



# Hunterdon Health

## 2022

### Community Health Needs Assessment

*Our heart has a new look,  
but it's still at the center of everything we do.*



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## ACKNOWLEDGEMENTS

This assessment was different from any other in that much of the assessment was done using virtual platforms. The pandemic, although devastating, forced us to get creative in how we collected data and we ultimately were able to reach more people. Thank you to the many community members and organizations throughout Hunterdon and bordering counties of Somerset, Warren, and Mercer who participated in the focus groups and community stakeholder meetings.

We acknowledge our colleagues at the Hunterdon County Public Health Department, especially Karen DeMarco, Health Officer and Chair of the Hunterdon County Partnership for Health who welcomes collaboration and provides valuable insight into the local health conditions. Special thanks to the Hunterdon Health Population Health Team lead by Rose Puelle, PhD whose data analytics we depend on for an accurate assessment. We are thrilled to encourage the next generation of healthcare professionals and want to recognize the contributions of both Maya Jategaonkar, a sophomore and pre-med student at Northwestern University who assisted in both researching and writing the 2019 and 2022 assessments and Elena Luo, a rising junior at Hunterdon Central Regional High School, who helped with research and chart updates.

To our 70 plus organizations who make up the Hunterdon County Partnership for Health (Appendix A) and who are dedicated to the health and wellness of our residents, we appreciate your shared interest in the wellbeing of our community. The support and participation from our community partners has been invaluable during this process and we appreciate your continued commitment to future Community Health Needs Assessments and the 2023-2025 Community Health Improvement Plan.



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## ABOUT US

### **We Are Hunterdon Health**

We exist to be advocates of making better healthcare a reality for our patients, their families, and our community, inspiring a healthy way of living for all.

Hunterdon Health has unveiled a refreshed look and name change as it prepares to launch a new five-year strategic plan. The new name, Hunterdon Health, acknowledges the system's deep roots in the community and its continued commitment to serving the families who live and work in Hunterdon, Somerset, Mercer, and Warren counties.

According to President and CEO Patrick Gavin, Hunterdon Medical Center and its affiliates have spent the past year building a new and exciting five-year strategic plan and reinvigorating the system's mission, vision, and values. With input from physicians, nurses, employees, hospital leaders, and members of the community, this strategy supports the evolution of care delivery to meet the growing health needs of the system's communities.

"Hunterdon Health is a strong, identifiable name within the communities we serve. However, the past few years have shifted how healthcare is accessed, provided, and perceived. Research tells us that our community - our patients - think about health and wellness in a more personal way and want to play a more active role in their care. Renaming ourselves Hunterdon Health and updating our iconic heart symbolizes both our legacy of care and our continued commitment to delivering even better clinical and personal care experiences for our patients and our communities," says Gavin.

Hunterdon Health - and its flagship hospital, Hunterdon Medical Center - offers a full range of preventive, diagnostic, and therapeutic inpatient and outpatient primary and specialty care services. It has a growing network of more than 30 medical practices throughout Hunterdon, Somerset, Mercer, and Warren counties. The Hunterdon Medical Center Family Practice Residency Program is one of the most established family practice residency training programs in the country and continues to attract graduates from the finest medical schools worldwide.

"We have deep roots, a proud culture of caring, and a single-minded focus on supporting families throughout their health journey," adds Gavin. "This is an exciting time for Hunterdon as we turn our sights toward a bright new future to propel the health system forward."

## **Our Promise**

As partners in fulfilling the mission of Hunterdon Health, we are linked by a common calling to serve. This is our Hunterdon Health Promise:

- We promise to build positive relationships with patients, family members and each other.
- Together, we endeavor to create and maintain a collaborative work environment, recognizing an obligation to our teammates and the organization's goals, while doing everything possible to deliver safe, comfortable, high quality care on a more personal level.

## **Our Mission**

Embrace people, elevate care and cultivate healthier communities.

## **Our Vision**

To be distinguished for clinical excellence and seamless, personalized care.

## **Our Values**

Our values represent the guiding principles that unite us in fulfilling our mission and shape our culture and how we show up each day to serve each other and our patients.

### **Accountable**

We:

- take our responsibility seriously
- hold ourselves and our colleagues accountable
- understand that our actions impact others

### **Adaptive**

We:

- continually strive to be adaptive
- create change that improves patient care today and solutions that transform patient care tomorrow

### **Authentic**

We:

- embrace honesty, integrity, collaboration, and transparency to ensure our ability to continually deliver the best version of ourselves to our patients and one another

**Inclusive**

We:

- recognize every individual's rights
- respect the dignity and inclusivity of others without biases of any kind

**Committed**

We:

- are committed to improving ourselves and our service
- cultivate our knowledge
- enhance our skills to make a positive difference in the lives of our patients, employees, and community

**Empowered**

We:

- provide every individual with information and tools
- empower others to make decisions and take actions that continually enhance exceptional patient care and quality outcomes

## Our History

In 1946, Hunterdon was the only county in the state of New Jersey without a hospital. Rose Angell, who was the county's welfare director, decided that this was unacceptable, and with the help of Louise Leicester, a public relations specialist, she approached the Hunterdon County Board of Agriculture with a plea to build our county a hospital. Residents of Hunterdon County banded together to raise the funds to create their own community hospital. In 1953, Hunterdon Medical Center opened its doors and drew national attention for focusing on wellness and primary care.

Hunterdon Medical Center was created with the vision of an integrated healthcare delivery system in mind: namely, that primary care would be delivered by family physicians in the community, that consultative and specialty care would be hospital-based with patients returned to their personal physicians and, finally, that the hospital would be a training center for family physicians. This system has worked remarkably well with Hunterdon Medical Center currently enjoying one of the best quality care outcomes in the country, as well as having one of the lowest per capita costs for hospitalization in the nation. Family medicine is real in Hunterdon County.

The founders of Hunterdon Medical Center believed that a quality hospital should be a teaching hospital and that physicians who participate in ongoing medical education maintain their knowledge of advances in medicine and rise to the challenges set by inquisitive students. Hunterdon Medical Center's Family Practice Residency Program is one of the oldest and most respected in the nation. The residency program is consistently successful in attracting the best and brightest medical students from the finest medical schools worldwide. Each year, a large percentage of Hunterdon Medical Center graduates choose to remain in the hospital's service area. This has resulted in the continuous renewal of the medical philosophy of the importance of primary care and has sustained the unique synergy between the hospital and its specialists.

Hunterdon Health delivers compassionate and exceptional care that improves the health of the community. A non-profit organization, Hunterdon Health provides a full range of quality, integrated services and programs that respond to the needs of the community. Hunterdon Medical Center, which treats patients in Hunterdon, Somerset, Mercer, and Warren counties, is a 178-bed teaching hospital and is a Magnet designated facility, the nursing profession's highest honor. Hunterdon Medical Center provides a full range of preventive, diagnostic, and therapeutic inpatient and outpatient hospital and community health services. Hunterdon Health treats approximately 8,000

inpatients annually with about 26,500 Emergency Department visits and over 590,000 outpatient visits per year.

The COVID-19 pandemic has been a critical focus for the past two plus years. Over the course of the pandemic, 500 individuals were admitted to the hospital with COVID-19 and over 50,000 tests were performed in both the inpatient and the outpatient setting. The entire workforce reacted quickly to ensure a sufficient number of patient rooms would be available. Two floors of the hospital were completely renovated within one week to increase bed capacity from 178 to 366 rooms. The air ventilation system was upgraded, allowing us to convert 140 patient rooms into negative pressure rooms which re-route infected air away from the rest of the hospital population. These initiatives came along with hundreds of others that were taken across the community's entire health system.



## SERVICES

### **Hunterdon Behavioral Health**

Expert clinical staff provide high-quality, comprehensive mental health and addiction services. A knowledgeable team of psychiatrists and other specialists diagnose, treat, and care for adolescents and adults with mental illnesses, emotional difficulties, or substance use disorder. Hunterdon Behavioral Health offers evaluation, medication monitoring, and therapy for individuals with mental health issues as well as counseling for families in crisis to help provide a stable home environment. In addition, they provide support for adolescents and adults struggling with alcohol or drug addiction and employee assistance to work with employers to resolve personnel issues. Hunterdon Behavioral Health also includes a full-spectrum of psychiatric, counseling, and addictions services for the LGBTQIA population, including a dedicated LGBTQIA Navigator to help coordinate care.

### **Cancer Care**

The Hunterdon Regional Cancer Center offers comprehensive medical and radiation oncology services, early detection and screening programs, nutritional support, clinical research, and education programs. They are accredited by the American College of Surgeons' Commission on Cancer as a community hospital cancer program. The Hunterdon Regional Cancer Center consists of a wide network of board certified medical oncologists, surgeons, nurses, nurse navigators, genetic counselors, dietitians, social workers, physical therapists, clinical research nurses, radiation therapists, survivorship coordinators, financial counselors, community outreach and education specialists, and cancer registrars.

### **Cardiovascular Care**

Together with state-of-the-art technology, a knowledgeable staff of physicians and specialists work to bring you the most advanced cardiovascular care in Hunterdon and its surrounding counties. They specialize in diagnosing heart and vascular disease and performing interventional procedures on patients suspected of having a heart or vascular disease. A skilled heart and vascular services team provide a full range of cardiac care services from pre-hospital care, provided by the Department and Intensive/Cardiac Care Unit services, to a multi-phase cardiopulmonary rehabilitation program and cardiac testing services. Our cardiac catheterization suite offers patients a powerful tool in the diagnosis and treatment of heart disease, as well as Carotid and Peripheral Arterial Disease. The facility is designated a Primary Stroke Center by the

New Jersey State Department of Health and Senior Services. Hunterdon Cardiovascular Associates was recognized as 2019 Champions for Hypertension in Control, the only specialty practice in the United States to be recognized. In 2022, Hunterdon Medical Center was also awarded the Women's Choice Award for America's Best Hospitals in the category of Heart Care for providing the highest level of care and commitment to their patients' health and well-being.

### **Children's Health**

Hunterdon Pediatric Associates and multiple family practices offer well visits, sick care, sports medicine, and emergency care through all stages of life from birth through college graduation. Specialty care services for children include behavioral health services, a comprehensive concussion care program, Neurodevelopmental Pediatricians, and pediatric occupational and physical therapy.

### **Emergency Care**

Hunterdon Medical Center's Emergency Room provides care to patients experiencing a heart attack, stroke, trauma or severe and life-threatening illnesses and injuries. Ten Physician Specialists with specialty training in emergency medicine provide the highest level of round-the-clock critical care. The Emergency Department has set a goal of assuring that treatment is initiated for most patients within 30 minutes of their arrival. Additional physician specialists, critical care nurses, and diagnostic staff also provide immediate support. Mobile Intensive Care Units (MICUs) serve Hunterdon and southern Warren Counties, providing access to advanced treatment and life support equipment in the face of life-threatening emergencies. Hunterdon Medical Center also provides regular training opportunities in the latest emergency medical procedures for Emergency Medical Technicians (EMTs) from around the county.

### **Endocrinology and Diabetes Care/Weight Management**

The Center for Endocrine Health provides academic quality medicine through a multidisciplinary approach to disease management. They use an individualized integrated healthcare approach that concentrates on healthy living, disease management/prevention, and behavior modification. Diabetes and Endocrine Associates of Hunterdon provides healthcare for disorders of the endocrine system and diabetes. A highly qualified team of staff concentrates on a team approach to treating problems affecting the entire endocrine system. The Center for Nutrition and Diabetes Management has been awarded the prestigious American Diabetes Association (ADA) Certificate of Recognition for quality diabetes education programs. Their program

assists people in making positive behavioral changes to help them achieve and maintain good health and prevent or minimize possible complications. The Hunterdon Wound Healing Center is equipped and staffed to address all wound-healing circumstances.

### **Health and Wellness**

The Hunterdon Health & Wellness Centers, located in Clinton, Whitehouse Station, and Lambertville are medically-based facilities focused on disease management and health enhancement. The Center for Healthy Weight, located in Clinton, offers a comprehensive approach to wellness that includes fitness programs, nutrition counseling, medically supervised weight loss, and a variety of surgical and minimally invasive options. The Center for Advanced Pain Management located at Hunterdon Medical Center offers patients a comprehensive, multidisciplinary approach to chronic pain.

### **Home Care and Hospice**

Home Health Services and Hunterdon Hospice offer patients and families care and support, manage illnesses and help patients live as comfortably as possible. Home Health Services is a non-profit home health agency certified by the federal government, licensed by the New Jersey Department of Health, and accredited by the Joint Commission on Accreditation of Healthcare Organizations. Home Health Services ensures that each patient's program is carefully guided and planned so that all care including symptom management, therapeutic regimens, and better nutrition is integrated for maximum benefit. Hunterdon Hospice is a non-profit, Medicare-certified, organization with an interdisciplinary team of trained professionals providing hospice care to individuals in Hunterdon, Mercer, Warren and Somerset counties. They are licensed in the state of NJ, accredited by the Joint Commission on Accreditation of Healthcare Organizations, and a United Way member agency.

### **Lab and Imaging**

Hunterdon Health provides a wide range of laboratory services at four locations in Flemington, Clinton, Bridgewater, and Washington in order to maximize patient accessibility. Labs and many physician practices are linked through a courier system that offers year-round service for the transport of specimens and supplies. Many physician offices are linked electronically with information systems to expedite test ordering and reporting. Hunterdon Medical Center's laboratories are licensed by the

New Jersey State Department of Health and Senior Services, and accredited by the American Society of Clinical Pathologists (ASCP).

### **Maternity and Newborn Care**

Hunterdon Health's Maternity & Newborn Care Center is rated in the top 1% in patient experience for maternity care in New Jersey. Their physicians and nurses deliver nearly 1,000 babies annually. They know that every mom and newborn is unique, and no two deliveries are alike. From prenatal care and education to labor and delivery, and even after you bring your baby home, board-certified physicians and experienced Magnet-recognized nurses help every step of the way.

### **Men's Health**

Hunterdon Health offers a full range of men's health services, educational programs, and resources for prevention and treatment of diseases and conditions. These services include behavioral and cardiovascular health, acupuncture, pelvic health, and primary care and specialty centers.

### **Neurosciences**

Neurologists, neurosurgeons, nurses, technicians, and therapists provide a full circle of care for diseases and conditions that affect the brain and nerves. They offer comprehensive care for neurological conditions from primary care and emergency services through treatment and rehabilitation. This is in addition to the diagnosis, treatment, and rehabilitation of neurological conditions such as concussion, stroke, Alzheimer's Disease, epilepsy, migraines, multiple sclerosis, seizures, and sleep disorders. The newly designed operating room is equipped to address the most complex surgeries and a dedicated neurological care unit is focused on ensuring total care for each patient.

### **Orthopedics**

The Center for Bone and Joint Health offers a comprehensive approach that revolves around health and wellness. The Center offers preventive therapies, nutrition counseling and a full spectrum of non-invasive treatments that may completely eliminate the need for surgical options. However, if surgery is ultimately needed, the Center's wellness approach gets you back to a normal quality of life weeks sooner than traditional options.

## **Primary Care and Specialty Centers**

Primary care physicians provide comprehensive healthcare, routinely monitor patients' overall health, and make recommendations and coordinate care with specialists if needed. The Hunterdon Health network consists of over 30 primary and specialty practices in over 20 towns in Hunterdon, Somerset, Mercer, and Warren counties.

## **Seniors and Healthy Living**

The Center for Healthy Aging offers comprehensive evaluations of older adults as well as supportive and training services for caregivers. Brideside Adult Day Center offers activities designed to encourage independence and promote good health, nutrition, and self-esteem. The Center provides an alternative for care, enabling participants to remain part of the community. The Central Jersey Regional Memory Center provides consultative evaluation, diagnosis, treatment, and support to individuals with memory concerns.

## **Surgery**

Hunterdon Medical Center and the Hunterdon Center for Surgery have the most advanced technology, expert surgeons, and personalized patient care in a comforting environment. Skilled professional staff work with your primary care physicians to individualize care and recovery plans. Distinguished nurses, specially trained in surgery and post-anesthesia care, have achieved Magnet status, which recognizes excellence in nursing and quality patient care. When you have surgery at Hunterdon Medical Center, you will have access to the most advanced technology, expert surgeons and personalized patient care. Performing over 8,000 surgeries annually, our surgeons specialize in breast, head and neck, gynecologic, orthopedic, plastic, bariatric, neurologic, urologic and general surgeries. Hunterdon Health also has interests in the Hunterdon Center for Surgery and Hunterdon Wound Healing Center. The Health System also operates the Bridgewater Ambulatory Surgery Center.

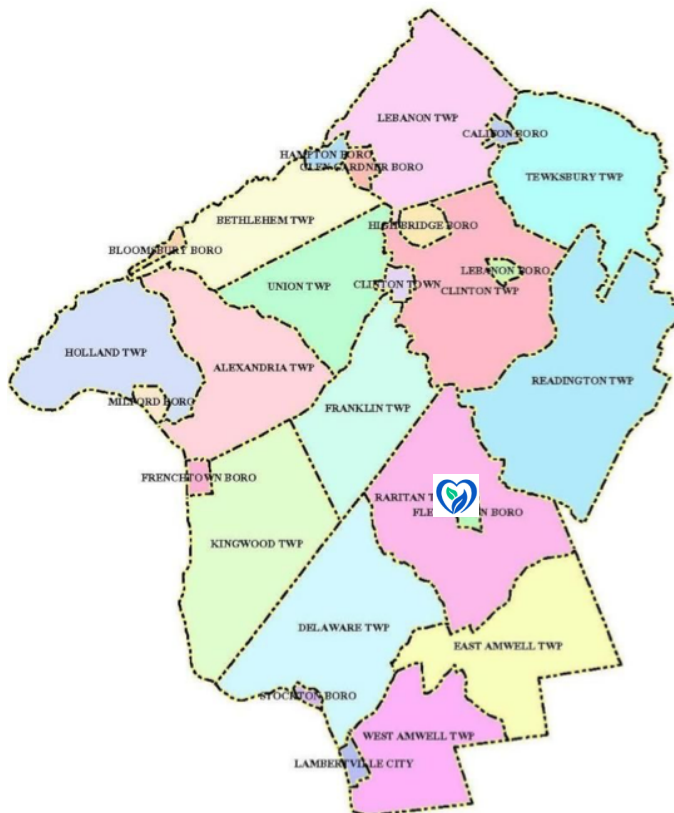
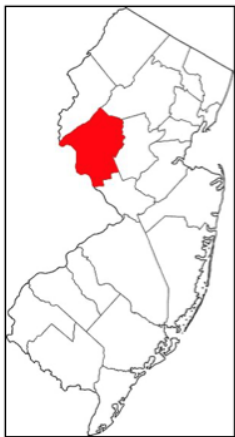
## **Women's Health**

Hunterdon Health offers resources related to women's reproductive, gynecological and overall health, support for growing families, prevention and treatment for diseases and conditions, emotional support, and resources for menopause and healthy aging. The Hunterdon Breast Surgery Center works closely with the Hunterdon Regional Cancer Center and the Hunterdon Women's Imaging Center to give patients access to state-of-the-art breast cancer screening, treatment, and research.

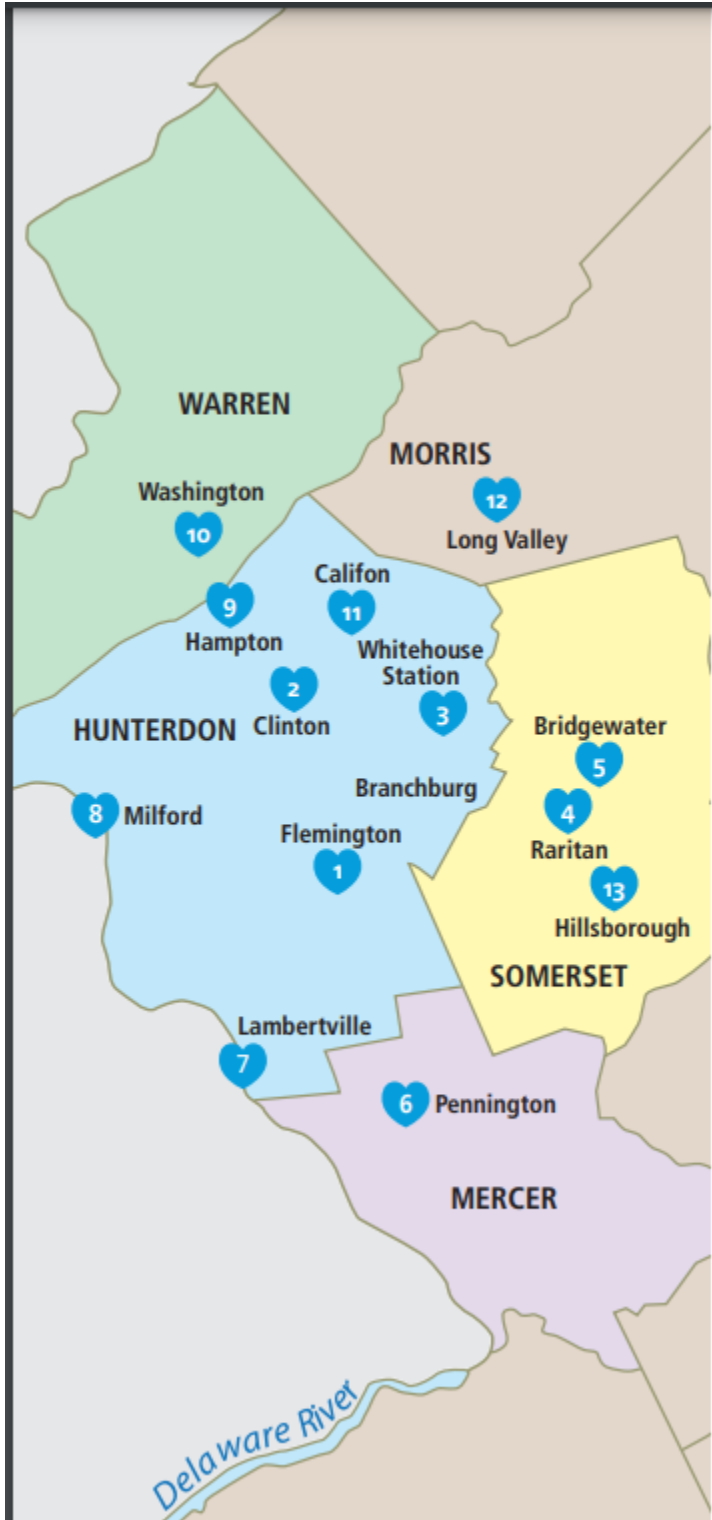
## COMMUNITY PROFILE

Hunterdon County, established in 1714, is a 427.8 square mile rural-suburban community located in Western New Jersey. Hunterdon is surrounded by New Jersey's Warren, Morris, Somerset, and Mercer Counties as well as part of Pennsylvania. Although it is the eighth largest county in NJ by total land area, Hunterdon is the 18th-most populated with 128,947 residents as of the 2020 US Census. Historically agricultural, Hunterdon has been transitioning into a more commercial, industrial, and residential community. Hunterdon County has also seen significant population growth consistent with national trends of families moving out of cities and into the suburbs due to the COVID-19 pandemic. The county, consisting of 26 municipalities, is the home of Hunterdon Medical Center (HMC), the only hospital in Hunterdon.

### Map of Hunterdon County and its Municipalities



Location of Hunterdon Medical Center, Raritan Township, NJ



### Our Service Area Locations

1. Flemington
2. Clinton
3. Whitehouse Station
4. Raritan
5. Bridgewater
6. Pennington
7. Lambertville
8. Milford
9. Hampton
10. Washington
11. Califon
12. Long Valley
13. Hillsborough

## Demographics

Hunterdon County is a rural county located in central New Jersey with an estimated population of 128,947. As of 2020, Hunterdon County exhibits a median household income of \$117,858. This number stands in stark contrast to the state’s median household income of \$85,245. As of 2020, Hunterdon continues to be the county with the lowest number of households in the state receiving SNAP (previously known as food stamps), though the number did increase significantly during the COVID-19 pandemic. Hunterdon County’s population is mostly white and non-Hispanic with the largest minorities being Hispanic or Latino and Asian. Additionally, 54% of county residents have a bachelor’s degree or higher, and above 95% have at least a high school diploma.

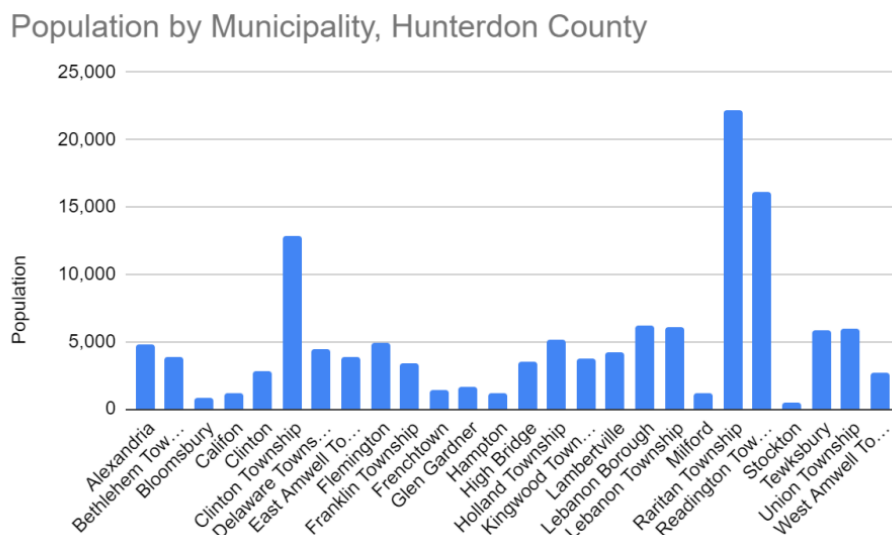
## Population

**TABLE 1: US Census Population Estimates for Hunterdon County**

2010 Census	2015 Estimate	2020 Census
128,349	125,488	128,947

Source: US Census Bureau QuickFacts

**FIGURE 1: Population by Municipality, Hunterdon County, 2018-2020**

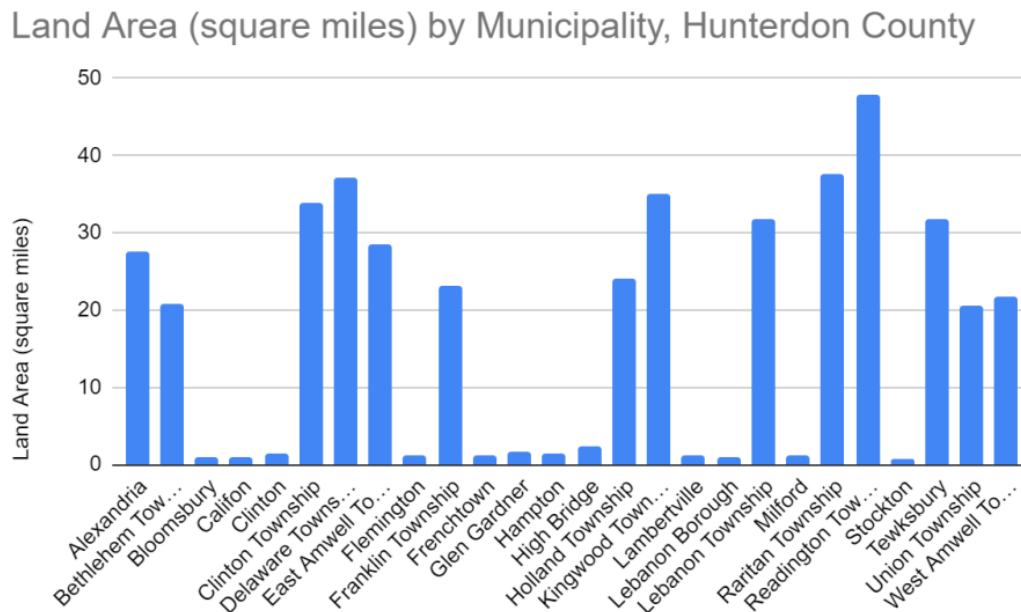


Source: 2018, 2020 data taken from each municipalities websites



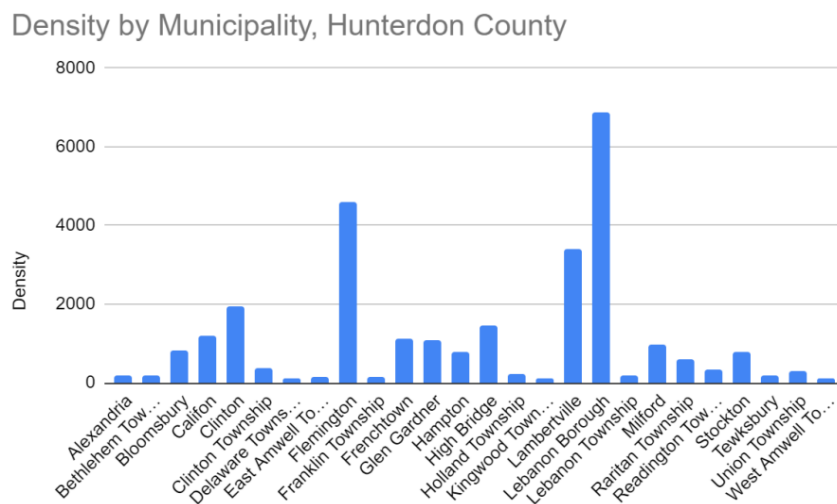
The most populated municipalities remain the townships of Raritan Township and Readington, respectively. They are also the largest by land area. Population density is the highest in Lebanon Borough and Flemington.

**FIGURE 2: Land Area by Municipality, Hunterdon County, 2018-2020**



Source: 2018, 2020 data taken from each municipalities websites

**FIGURE 3: Population Density by Municipality, Hunterdon County, 2018-2020**



Source: 2018, 2020 data taken from each municipalities websites

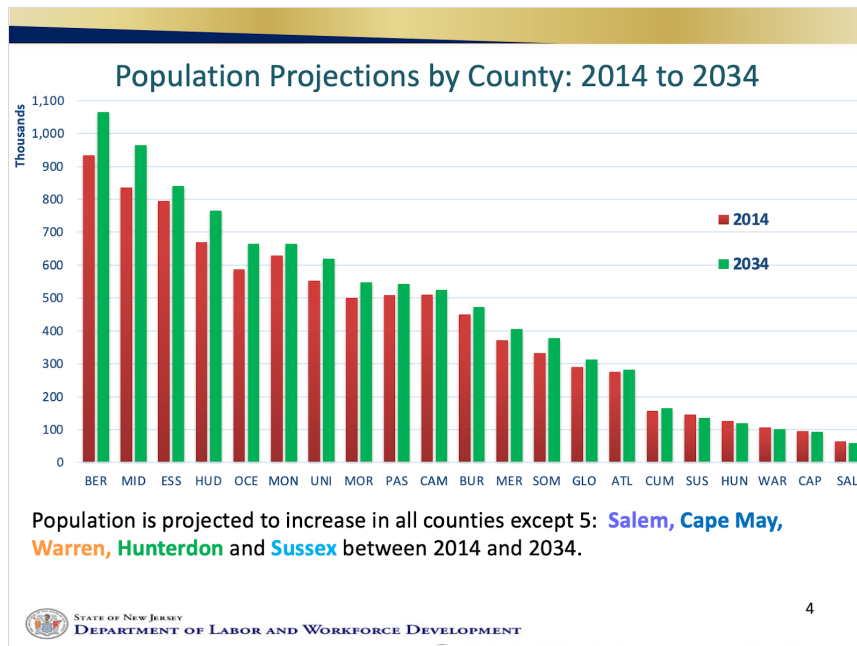
**Table 2: Hunterdon County Population Density, 2020**

Area in Square Miles	Resident Population	Population per Square Mile
<b>427.84</b>	<b>128,947</b>	<b>301.4</b>

Source: US Census Bureau QuickFacts, 2020 Census

The data above displays an increase from the population density calculated in the US Census Bureau’s 2018 estimate (291.5 people per square mile) showing significant population growth in past years. The COVID-19 pandemic likely contributed to this increase; trends of families moving out of cities and into the suburbs have become apparent across the country. According to the Pew Research Center, about one-in-five U.S. adults now prefer to live in a city, down from about a quarter in 2018. During the same few years, the percentage of Americans who would like to live in the suburbs has increased from 42% to 46% (Pew Research Center, 2021). Considering Hunterdon County’s proximity to both the New York and Philadelphia metro areas, it is likely that the increase in population density is due to this trend.

**FIGURE 4: New Jersey Population Growth Projections by County**

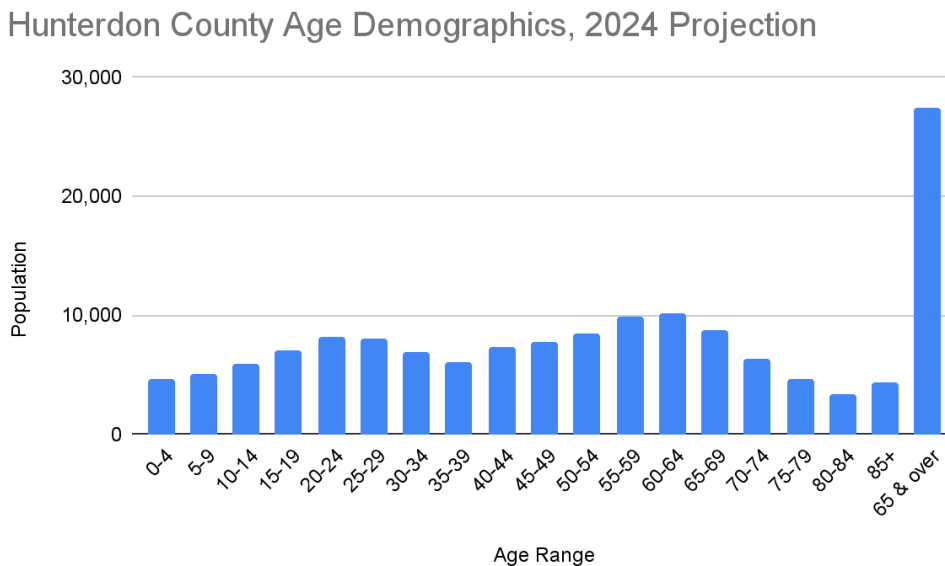


Source: State of NJ Department of Labor and Workforce Development - Population & Labor Force Projections 2014-2034

The 2014 estimate shows that the population of Hunterdon County was projected to decrease between 2014 and 2034, however the population actually increased by about 600 between 2010 and 2020. The nearby counties of Somerset and Warren also experienced population increases of about 22,000 and 950, respectively.

## Age

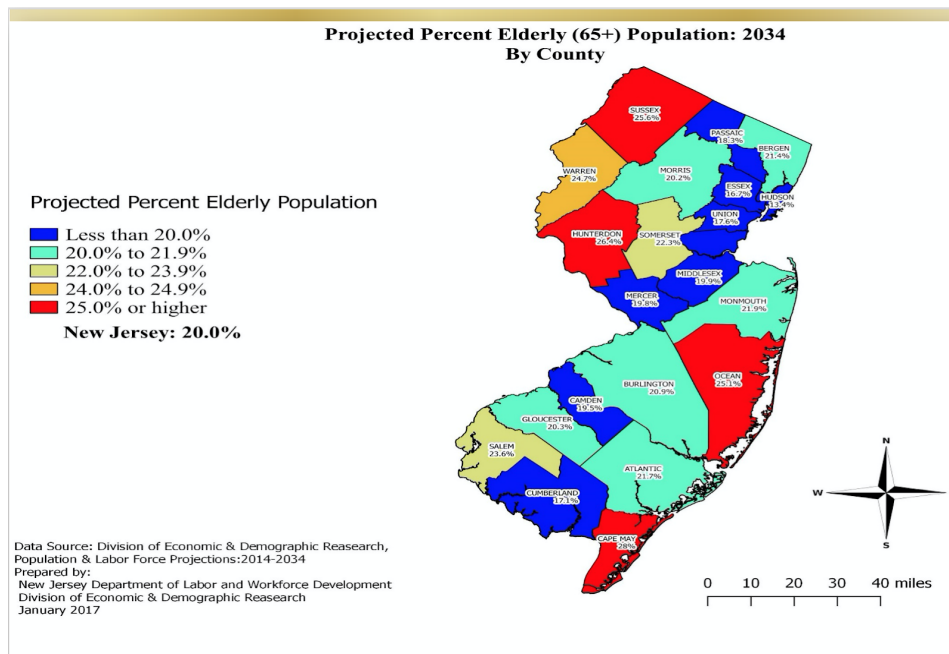
**FIGURE 5: Age Demographics, Hunterdon County, 2024 Projection**



*Source: NJ Department of Labor and Workforce Development, Population & Labor Force Projections 2014-2034*

As “Baby Boomers” continue to enter their retirement age, the share of New Jersey’s “working age” population (age 18 to 64) is projected to shrink. In stark contrast, New Jersey’s elderly population (age 65 and over) is projected to grow by 48% from 2014 to 2034, when it will account for 20% of the state’s total population. The aging population and increased longevity will certainly have an impact on the health of the community as well as the provision of healthcare. There is expected to be an increased need for social services as well as provision of services in the home. Unfortunately, at the same time, we have seen a decrease in home health caregivers, both nurses and aides. Home health aides typically receive low pay to perform difficult, physical work and many are choosing to leave the profession. Efforts to recruit and retain home health workers is essential to plan for the increasing demand.

**FIGURE 6: Projected Percent of Elderly (65+) Population: 2034 by County**



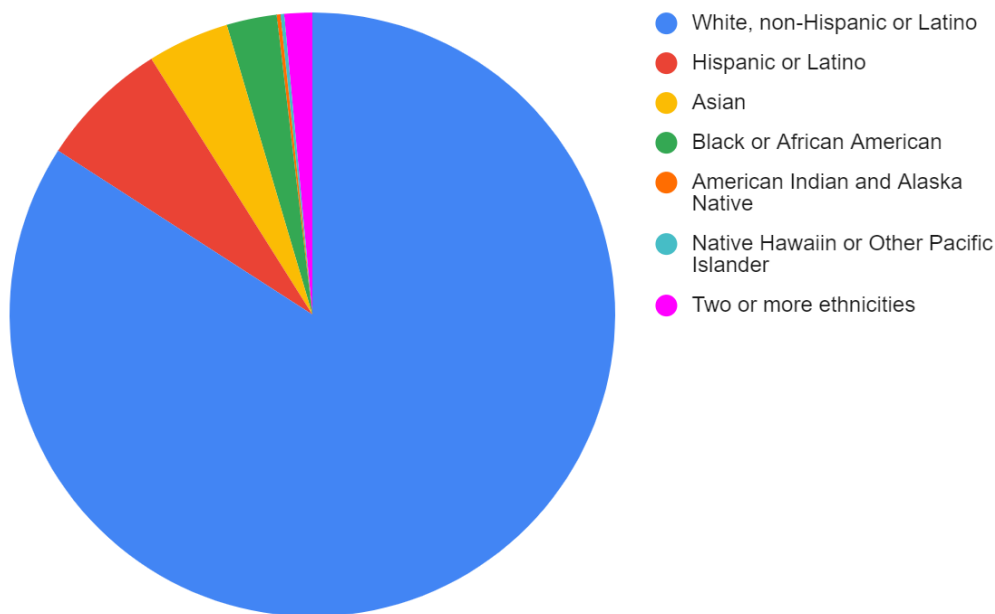
Source: New Jersey Department of Labor and Workforce Development, *Population & Labor Force Projections 2014-2034*

Prevalence of chronic conditions increases with age, leading to higher utilization of healthcare services among the elderly. It is expected that the complex care-needs of this growing population, both primary and specialty, will pose challenges to healthcare planning and delivery. If there are no home health workers to support people aging in-place, many will be forced to move into a long-term care facility, which is very costly.

### Race and Ethnicity

New Jersey is one of the most racially and ethnically diverse states in the country with residents representing more than 100 nations. However, diversity is not spread uniformly throughout the state. According to the 2021 US Census estimates, Hunterdon county is made up of predominantly white, non-Hispanic residents (83.1%), a much higher proportion than the state overall (53.5%). However, the county has seen tremendous growth in the number of people of different races and ethnicities in recent years. The Hispanic community has increased from 2.8% of the population in 2000 to 7.8% in 2021. Asians are the third largest group in Hunterdon and make up 4.8% of the county population, an increase from 1.6% in 2000. This increasing diversity is evident not only in Hunterdon, but across the nation as well and is projected to continue to grow over the next few decades.

**FIGURE 7: Race/Ethnicity, Hunterdon County (2020)**



*Source: County Health Rankings and Roadmaps, 2020*

Along with the increasing diversity in our community comes diversity in the primary language spoken in the home. In Hunterdon County, 12.9% of the population speaks a language other than English in the home. Spanish is the second-most common language spoken at home, followed by Chinese. In Somerset County 31.6% of households speak a language other than English which is the same for NJ as a whole.

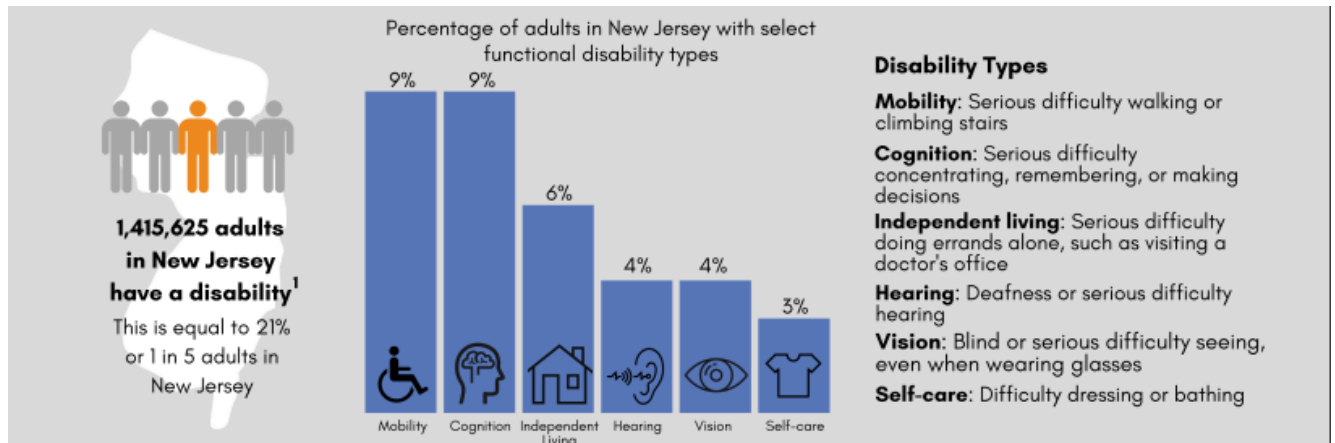
The growing diversity - racially, ethnically, culturally, and linguistically - is an asset to the community, as exposure to these differences has been suggested to promote tolerance, understanding, and open-mindedness. However, demographic changes also create challenges for the community, as well as the healthcare system. The ability of service providers to effectively and appropriately communicate with the community they serve is vital. There is a strong need for multilingual healthcare workers, particularly those who speak Spanish, which is spoken by the largest minority in Hunterdon County. Language and differences in cultural norms, beliefs, and attitudes, especially about healthcare, can act as barriers to accessing health and social services, and will necessitate increased awareness, understanding, and sensitivity among service providers. Hunterdon Medical Center has a Diversity Committee that addresses such topics and the Partnership for Health, a health coalition supported by Hunterdon Health, will continue to prioritize health equity in all its initiatives within the Community Health Improvement Plan. Hunterdon has recently hired bilingual Community Health Workers

to assist our Spanish speakers navigate the healthcare system and reduce barriers to care.

## Disability

According to the 2020 New Jersey BRFSS, 21% of adults 18 or older in the state reported having at least one type of disability. Mobility and cognition are the most common types of disability in New Jersey. Mobility refers to serious difficulty walking or climbing stairs, and cognition refers to serious difficulty concentrating, remembering, or making decisions. Based on US Census data from 2016-2020, the percentage of Hunterdon County residents ages 18-65 with one or more disabilities was lower than the state average. (5.2% in Hunterdon County vs. 6.6% in New Jersey)

**FIGURE 8: Percentage of Adults in New Jersey with Select Functional Disability Types, 2022**

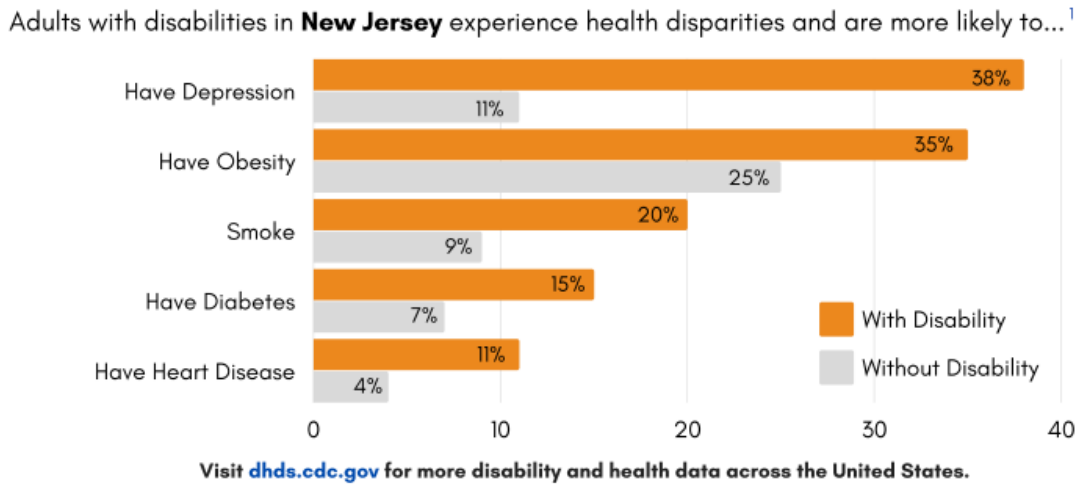


Source: Centers for Disease Control and Prevention, 2022

Adults with disabilities in New Jersey and across the country are more likely to experience comorbidities such as depression, obesity, and diabetes, putting them at an even higher overall risk. Hearing loss is often ignored by adults despite its critical impacts on health that people should be aware of. Johns Hopkins has done research which shows that hearing loss can lead to problems with ambulation, falls, and dementia. In a study that tracked 639 adults for nearly 12 years, doctors found that mild hearing loss doubled dementia risk and moderate hearing loss tripled the risk. People with severe hearing loss were five times more likely to develop dementia. Hunterdon Health Speech and Hearing Center provides evaluation and testing for hearing loss as well as assistance with hearing aids if needed. It's important that we continue to educate the community about how hearing loss can affect one's health. One of the

barriers to proper treatment is the high cost of hearing aids that are not covered by Medicare (Johns Hopkins Medicine, 2022). However, a new ruling under the US Food and Drug Administration will make over-the-counter hearing aids available for sale without a prescription. This should help to make them more available and hopefully more affordable.

**FIGURE 9: Comorbidities Present in Adults with Disabilities, New Jersey, 2022**

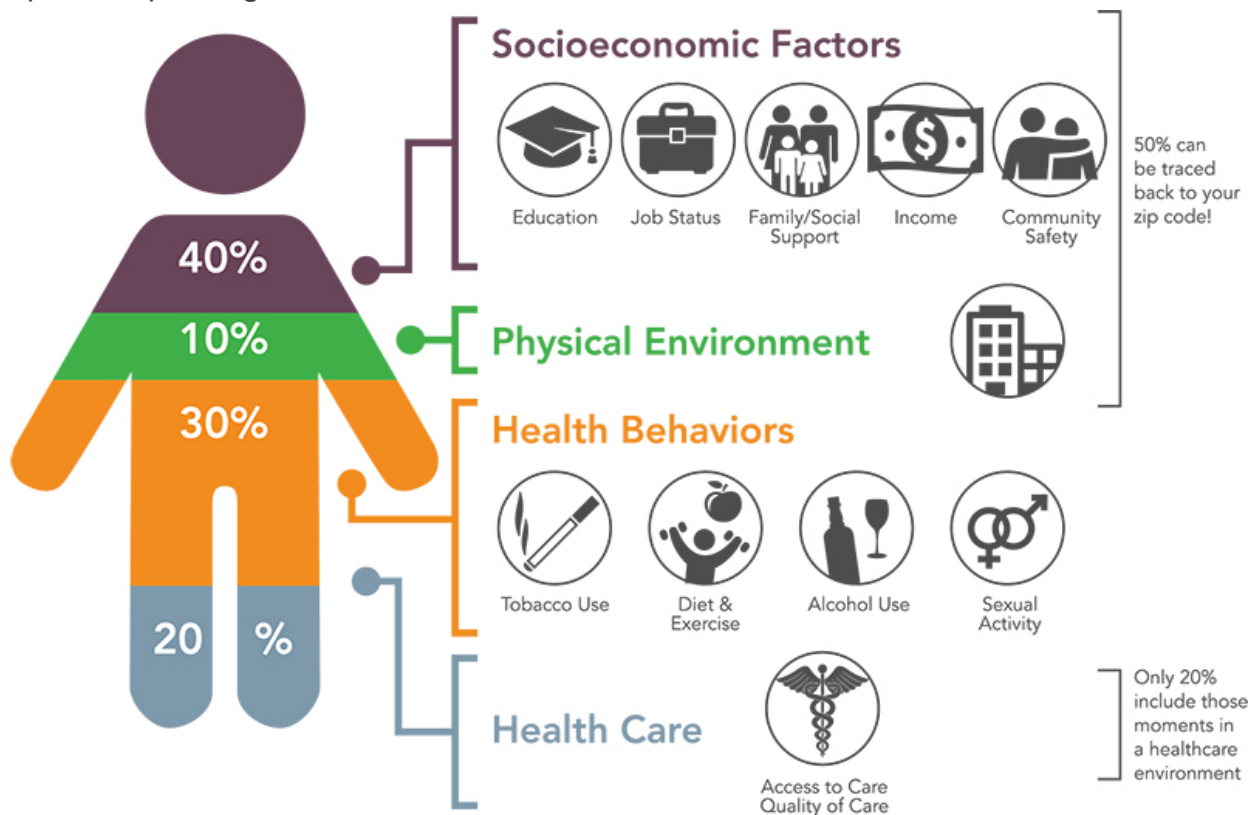


*Source: Centers for Disease Control and Prevention, 2022*

In addition, disability healthcare costs in New Jersey total to about \$24.8 billion per year, or up to 33% of the state’s healthcare spending. This comes out to about \$21,415 per person with a disability per year. Having services available and accessible to persons with disabilities is of important. Everyone can play a role in supporting more inclusive state programs, communities, and health care to help people with, or at risk for, disabilities be well and active in their communities.

## SOCIAL DETERMINANTS OF HEALTH

According to the World Health Organization, many factors combine together to affect the health of individuals and communities. Our circumstances and environment play a large role in determining whether we are healthy or not. Factors such as where we live, the state of our environment, genetics, income, education level, and relationships with friends and family all have considerable impacts on health. In fact, the more commonly considered factors such as access and use of health care services often have less of an impact. When designing a quality health delivery system the social determinants of health must be considered since clinical care is only a small part (about 20%) of what impacts health outcomes. At Hunterdon Health we assess our patients for things like food insecurity and transportation barriers. We work closely with our community partners to connect our patients to vital resources such as food, housing support, social networks and support groups, transportation options and assistance for our Spanish-speaking residents.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



## Equity

Equity and diversity play a large role in determining the health of our communities.

According to the CDC, “health equity is achieved when every person has the



opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.” Hunterdon Health has always held this value and as our mission states, we will continue to embrace people, elevate care and cultivate healthier communities.

Hunterdon Health has been intentional about addressing health equity. In 2022, Hunterdon Health was one of 496 healthcare providers

nationwide to receive the coveted “LGBTQ+ Healthcare Equality Leader” designation. Hunterdon Health received an evaluation score of 100 in the Human Rights Campaign Foundation’s 15th anniversary edition of the Healthcare Equality Index (HEI). HEI is the nation’s foremost benchmarking survey of healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of LGBTQ+ patients, visitors, and employees (Centers for Disease Control and Prevention, 2022).

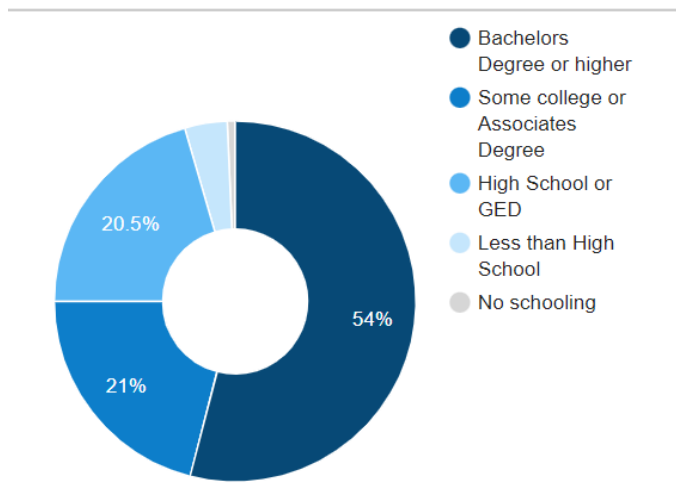
Hunterdon Health is committed to reducing barriers to healthcare. During one of our CHNA focus groups held in Spanish, residents expressed the need for more help navigating their health care appointments. Although we have some bilingual providers and translation services are always offered to assist patients, patients expressed wanting someone they can call within the system to assist them who speaks Spanish. In response to this need, we hired bilingual Community Health Workers for just this purpose. This will improve health access for our Spanish-speaking patients and help connect all of our patients to needed community resources.

It is important to acknowledge that although progress has been made, there is still work to be done. Our Diversity Committee, the Partnership for Health and our entire organization will continue to address health disparities and reduce barriers to advance health equity.

## Educational Attainment

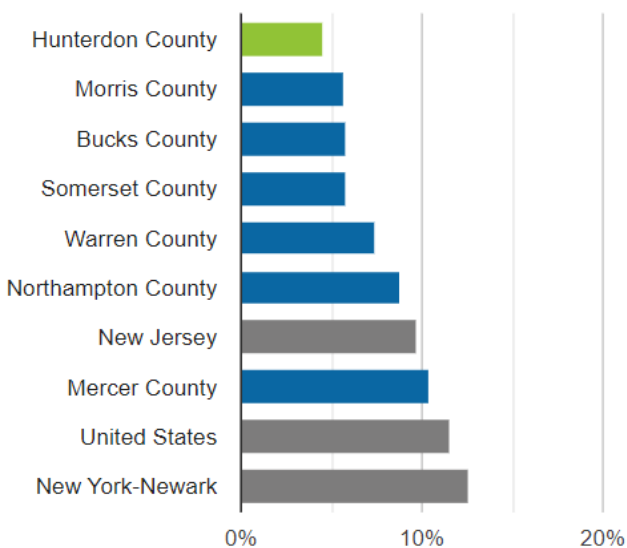
According to the US Census Bureau, over 95% of Hunterdon County residents age 25 or older have a high school level of education or higher, and 54% have a Bachelor's degree or higher. In Somerset County, 94.2% have completed high school and 55.6% have a Bachelor's degree or higher. Warren County's numbers stand at 92.7% and 34.5%, respectively. The majority of these numbers are significantly higher than those of the state of New Jersey overall, where 90.3% of residents have a high school diploma or higher and 40.7% have a Bachelor's degree or higher.

**FIGURE 10: Educational Attainment, Hunterdon County (2021)**



*Source: Hunterdon County, New Jersey Education Data, Towncharts (2021)*

**FIGURE 11: School Dropout Rate, Hunterdon and Surrounding Counties, 2021**



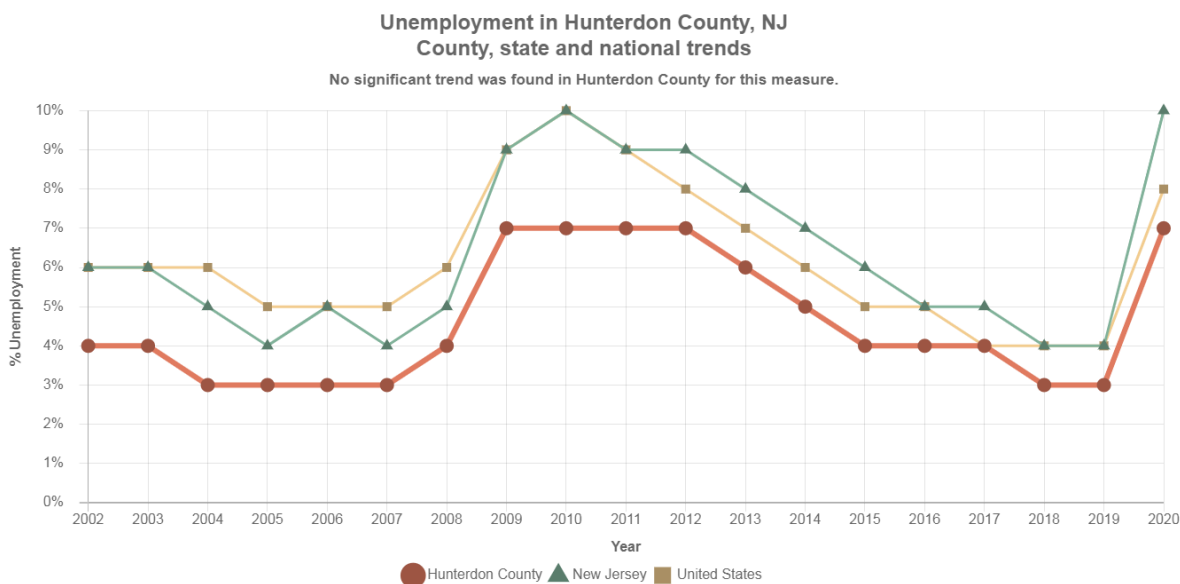
*Source: Hunterdon County, New Jersey Education Data, Towncharts 2021*

Hunterdon is known for its excellent public school system, with high school graduation rates higher than the state average (95% in Hunterdon compared to 90% in the state.) The high educational attainment of both adults and youths in the county is a key contributor to overall quality of life. The chart above shows that Hunterdon, Somerset and Warren Counties have some of the lowest high school dropout rates in the state. Studies have shown that educational attainment is strongly correlated with an individual’s health. It is suggested that better-educated individuals are more likely to have access to healthcare and are more health literate. Therefore, they typically benefit from better health outcomes and are more likely to contribute positively to their community.

## **Employment**

According to the County Health Rankings, in 2020, the unemployment rate in Hunterdon County was 7.2%, lower than the New Jersey unemployment rate of 9.8%. The rate in Somerset County was 7.8% during this same year. However, Hunterdon County’s unemployment rate nearly doubled in just a year; the number was only 3.6% in 2019. Unemployment rates skyrocketed in 2020. Many families already needed two incomes to afford to live in Hunterdon even before the pandemic. Our lower income residents often work more than one job to make ends meet. Many others live paycheck to paycheck. To quote one of our focus group participants, “I work two jobs to afford to rent here but it is worth it to have my children attend good schools and we feel safe walking down the street.”

**FIGURE 12: Unemployment Rates in Hunterdon, New Jersey, and United States 2002-2017**



Source: County Health Rankings, *Hunterdon*, 2022

### Income and Poverty

Hunterdon is the wealthiest of all the counties in New Jersey. In spite of its general affluence, according to the US Census data, 4.1% of Hunterdon County residents are living in poverty. In Hunterdon, where the cost of living is higher than average, the above numbers actually underestimate the level of poverty in the county. Statewide, there were 834,866 persons receiving NJ SNAP benefits (previously known as food stamps) as of May 2022. Hunterdon County had 3,132 NJ SNAP recipients. Flemington has the highest number of SNAP families in addition to concentrated pockets of SNAP families in Lambertville, Raritan Township, and Readington Township. It should also be noted that Hunterdon County has the lowest number of SNAP recipients in the entire state however we have experienced the greatest percentage growth in SNAP applicants in the past year or so.

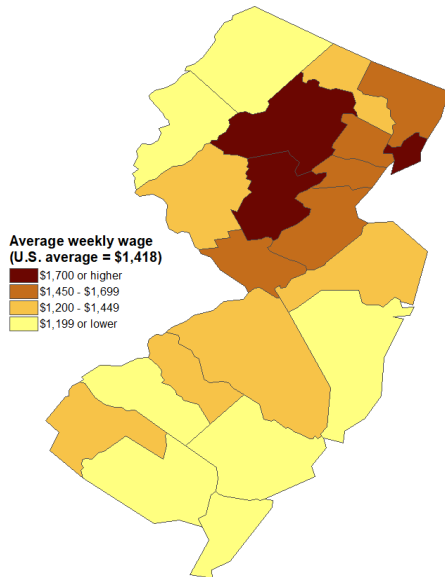
Hunterdon’s per capita income is \$58,795. Somerset county’s is \$58,021 and their median household income is \$116,510, slightly lower than Hunterdon’s. Warren County’s is much lower at \$83,497 with a per capita income of \$40,626. Mercer County’s per capita income is \$44,532. Mercer County has many areas of wealth, Princeton being one of them however, it also has large urban areas of poverty.

**TABLE 3: Per Capita Income and Median Household Income, Hunterdon County, New Jersey, and United States, 2016-2020**

	Hunterdon County	New Jersey	USA
Per capita income in past 12 months	\$58,795	\$44,153	\$35,384
Median Household income	\$117,858	\$85,245	\$64,994

Source: United States Census Bureau, 2020

**FIGURE 13: Average Weekly Wages by County, Fourth Quarter 2021**



Source: U.S. Bureau of Labor Statistics

Source: US Bureau of Labor Statistics, 2021

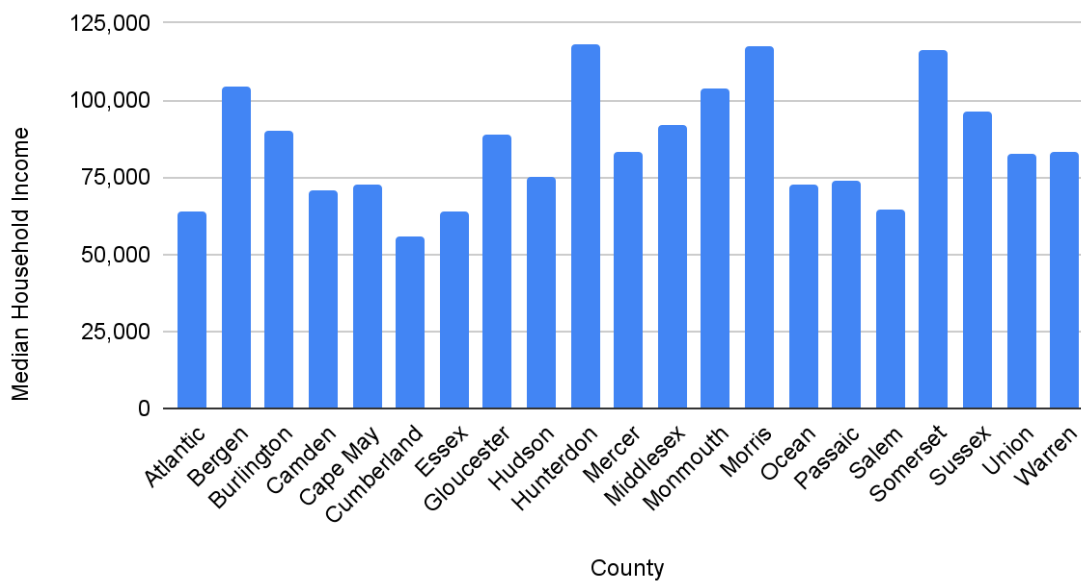
**TABLE 4: Federal Poverty Guidelines 2022**

Persons in Family/Household	Poverty Guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

Source: Office of the Assistant Secretary for Planning and Evaluation, 2022

**FIGURE 14: Median Household Income by County, 2022**

Median Household Income by County, New Jersey 2021



Source: County Health Rankings and Roadmaps

WorkFirst NJ, the state’s welfare reform program, aims to help New Jersey residents get off welfare, secure employment, and become self-sufficient. The program offers job training, education, and work activities. WFNJ provides temporary cash assistance and many other support services to families through the Temporary Assistance for Needy Families (TANF) program. WFNJ services are limited to five years. Hunterdon has the second lowest number of families on this support. Somerset and Warren have higher numbers than Hunterdon but still much lower than many other NJ counties. Mercer County’s numbers are much higher because of the urban areas in the county including Trenton.

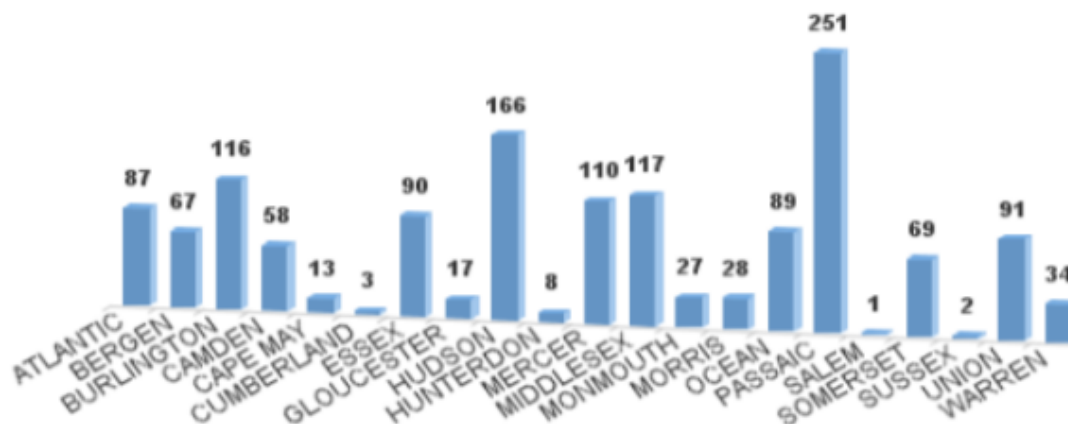
**FIGURE 15: Number of Families Receiving WFNJ/TANF by County, May 2020**

**TABLE 2:  
WFNJ/TANF PROGRAM NUMBER OF APPLICATIONS AND TERMINATIONS BY COUNTY DURING MAY 2020  
NUMBER OF ELIGIBLE FAMILIES RECEIVING WFNJ/TANF FOR MAY 2020**

County	Cases Added	Cases Closed **	Child-	Total			Total	%CHNG (3 Mon)	%CHNG (1 Yr.)
			Only Cases ‡	1-Adult Cases	Single-Heac Families	2-Parent Families	WFNJ/TANF Families		
ATLANTIC	49	9	287	438	725	46	771	4.0%	10.0%
BERGEN	26	8	67	209	276	27	303	10.6%	16.5%
BURLINGTON	21	1	144	294	438	28	466	11.5%	16.8%
CAMDEN	42	17	586	845	1,431	70	1,501	3.4%	4.8%
CAPE MAY	8	1	40	69	109	5	114	7.5%	15.2%
CUMBERLAND	20	9	172	210	382	27	409	5.7%	6.2%
ESSEX	78	61	422	1,177	1,599	87	1,686	1.1%	-7.6% *
GLOUCESTER	31	13	143	208	351	18	369	10.1%	9.2%
HUDSON	242	19	421	1,205	1,626	205	1,831	43.4%	33.7% Δ
HUNTERDON	2	2	11	27	38	7	45	9.8%	66.7% Δ
MERCER	29	9	252	455	707	30	737	6.7%	15.0%
MIDDLESEX	83	12	229	361	590	51	641	25.7%	31.4%
MONMOUTH	10	6	94	141	235	12	247	3.8%	1.6%
MORRIS	10	6	22	67	89	19	108	3.8%	0.0% *
OCEAN	26	7	103	267	370	24	394	7.7%	20.1%
PASSAIC	70	27	370	676	1,046	59	1,105	3.3%	-4.4% *
SALEM	18	3	55	100	155	14	169	21.6%	31.0%
SOMERSET	20	2	67	159	226	19	245	17.8%	40.8% Δ
SUSSEX	4	2	11	23	34	6	40	0.0%	17.6%
UNION	32	14	169	314	483	71	554	8.0%	5.5%
WARREN	11	4	31	116	147	20	167	31.5%	22.8%
<b>NJ Total</b>	<b>832</b>	<b>232</b>	<b>3,696</b>	<b>7,361</b>	<b>11,057</b>	<b>845</b>	<b>11,902</b>	<b>11.2%</b>	<b>10.2%</b>

*Source: Current Program Statistics, State of New Jersey, Department of Human Services, Division of Family Development*

**FIGURE 16: Number of WFNJ Families Receiving Emergency Assistance Funds by County, May 2020**



Source: Current Program Statistics, State of New Jersey, Department of Human Services, Division of Family Development

## Housing

Addressing housing affordability is no small task but its impact on health is enormous. Health and homelessness are intertwined. According to the National Healthcare for the Homeless Council, “Homelessness can take many forms, with people living on the

### Affordable Rent for Low Income Households

Minimum Wage Worker

\$676/mo

Household at 30% of Area Median Income

\$873/mo

Household at 50% of Area Median Income

\$1,455/mo

### Fair Market Rent

1-Bedroom Fair Market Rent

\$1,344/mo

2-Bedroom Fair Market Rent

\$1,629/mo

Source: National Low Income Housing Coalition

streets, in encampments or shelters, in transitional housing programs, or doubled up with family and friends”. The government reports 1.5 million people a year experience homelessness but the actual number

could be as much as double this estimate. COVID definitely highlighted the difficulty that so many of our county residents face related to housing (National Health Care for the Homeless Council, 2019).



A person making minimum wage must work 80 hours per week to afford a one bedroom rental home at Fair Market Rent (National Health Care for the Homeless Council, 2019). At the time of writing this report, a quick review of available rental properties in Flemington revealed only two options for one bedroom apartments with rent priced at \$1,400 and \$2,025 per month respectively. This means that someone making minimum wage would not be able to afford either of these apartments. In fact, generally, housing affordability is based on 30% of your income. That means that someone who rents an apartment for \$1400/month would need to make well over \$50,000 per year for the apartment to be considered within the accepted standard of affordability. As of 2022, someone making minimum wage makes \$13.00 per hour. That means the resident

would need to find a rent under \$700 per month to meet the affordability standard. This is next to impossible in Hunterdon and rare in NJ unless they find low-income housing or perhaps a room rental situation.

Working at minimum wage

**\$13.00/hr**

Each week you have to work

**80 HOURS**

To afford a modest 1 bedroom rental home at Fair Market Rent

Hunterdon County does not have a homeless shelter. This has been a long standing issue in the county. Prior to Covid, an agency within the county worked with religious organizations to temporarily house

families and individuals who didn't have housing. They slept at the church, synagogue or mosque, and then spent the day either at work or at a day center while their children could attend school. Oftentimes these individuals have just fallen on hard times. A

family member may get sick or lose a job and all of a sudden they cannot pay rent or start missing mortgage payments. Sheltering options are essential because they temporarily house people who then have the opportunity to get back on their feet and transition back to stable housing situations. There are so many misconceptions about those who are without homes or housing insecure depicted in movies and in the media and people become afraid of having a shelter in their neighborhood. In

<b>State Facts</b>	
MINIMUM WAGE	<b>\$13.00</b>
2-BEDROOM HOUSING WAGE	<b>\$31.32</b>
NUMBER OF RENTER HOUSEHOLDS	<b>1,177,627</b>
NUMBER OF RENTER HOUSEHOLDS BELOW 30% AMI	<b>300,702</b>
PERCENT OF RENTER HOUSEHOLDS BELOW 30% AMI	<b>26%</b>
NUMBER OF RENTER HOUSEHOLDS BELOW 50% AMI	<b>497,769</b>

Hunterdon, the people experiencing homelessness are already in our community. Many of these residents work in the businesses here and their children go to school here. Some are disabled or elderly. It is unfortunate that there is still a “not in my backyard” mentality when it comes to shelters, especially since it greatly impacts our community’s health.

On average, people who are homeless have higher rates of illness and die 12 years sooner than those with stable homes. “An injury or illness can start out as a health condition, but quickly lead to an employment problem due to missing too much time from work, exhausting sick leave, and/or not being able to maintain a regular schedule or perform work functions. This is especially true for physically demanding jobs such as construction, manufacturing, and other labor-intensive industries. The loss of employment due to poor health then becomes a vicious cycle: without funds to pay for health care (treatment, medications, surgery, etc.), one cannot heal to work again, and if one remains ill, it is difficult to regain employment. Without income from work, an injury or illness quickly becomes a housing problem. In these situations, any available savings are quickly exhausted, and relying on friends and family for assistance to help maintain rent/mortgage payments, food, medical care, and other basic needs can be short-lived. Once these personal safety nets are exhausted, there are usually very few options available to help with health care or housing. Ultimately, poor health can lead to unemployment, poverty, and homelessness.”(National Low Income Housing Coalition, 2022) No amount of health care can substitute for stable housing.

**TABLE 5: Owner-occupied Housing Units and Gross Rent, 2016-2020**

	<b>New Jersey</b>	<b>Hunterdon County</b>
Median value of owner-occupied housing units	\$343,500	\$418,700
Median gross rent	\$1,368	\$1,443

*Source: US Census Bureau QuickFacts 2016-2020*

### **Crime and Safety**

According to the County Health Rankings and Roadmaps, high levels of violent crime can compromise physical safety and psychological well-being. Repeated exposure to crime and violence may be linked to an increase in negative health outcomes. People who survive incidences of violent crime endure extreme physical pain and suffering long after the incident. They may also experience mental distress and reduced quality of life.

However, on a larger scale, higher rates of violent crime affect areas as a whole. High crime rates can deter residents from pursuing healthy behaviors such as exercising outdoors. As a result, many report poorer self-rated physical and mental health. It has also been found that people who perceive their environment to be less safe may exhibit higher levels of obesity due to reduced physical activity. Additionally, exposure to crime and violence has been shown to increase stress, which may increase risk of hypertension and other stress-related disorders. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses such as upper respiratory illness and asthma in neighborhoods with high levels of violence (Office of Disease Prevention and Health Promotion, 2022).

Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime residents view as serious events. These rates measure the number of events in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. Hunterdon’s violent crime rate based on 2022 data was 42 per 100,000 population, while Somerset County’s rate was 64. These rates are very low compared to many counties in NJ. Essex County had the highest violent crime rate in the state at 606. Hunterdon County repeatedly gets recognized nationally as a safe place to raise a family and many people chose to live here for this reason. Throughout community focus groups, safety was identified as one of the largest contributing factors to quality of life in our county.

**TABLE 6: Total Arrests in Hunterdon and Somerset Counties, 2020**

	Hunterdon	Somerset
<b>Larceny</b>	47	261
<b>Burglary</b>	10	35
<b>Assault</b>	21	32
<b>Robbery</b>	0	26
<b>Auto Theft</b>	1	5

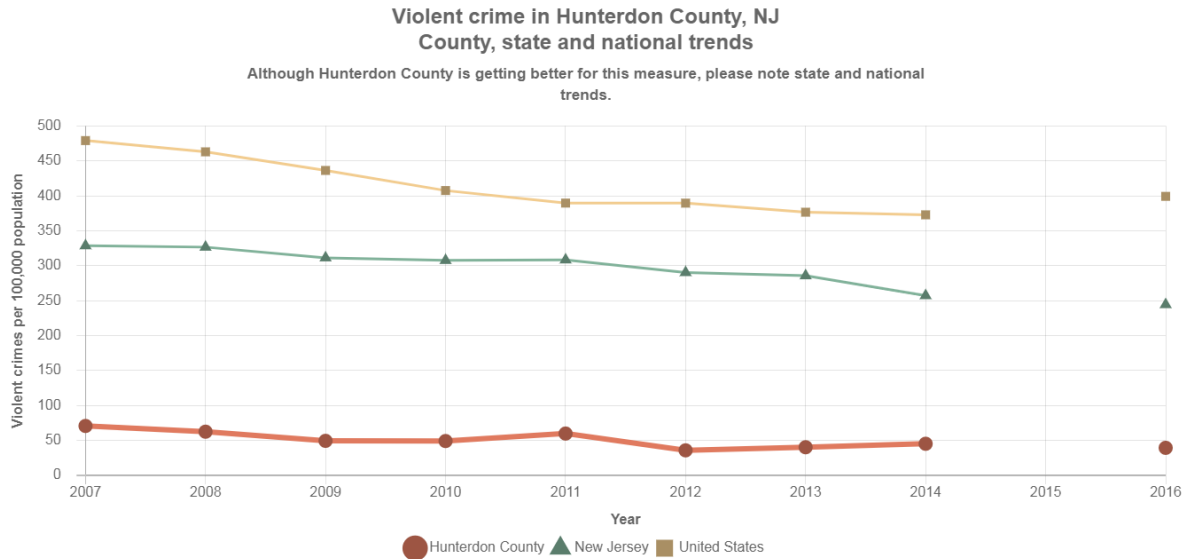
Source: New Jersey State Police, *2020 Uniform Crime Report*

**TABLE 7: Number of Offenses and Arrests, Hunterdon County 2020**

	Number of Offenses	Number of Arrests
<b>Hunterdon County</b>	501	82

Source: Uniform Crime Reports, New Jersey State Police

**FIGURE 17: Violent Crime Rates in Hunterdon County**



Source: County Health Rankings and Roadmaps 2020

### Food Insecurity

*"We've seen people who have never had to access the pantry, signing up. Our volume is up 30% from pre-pandemic."*

- Executive Director  
Flemington Food Pantry

Feeding America defines food insecurity as a lack of consistent access to enough food for every person in a household to live an active, healthy life. Before the COVID-19 pandemic, New Jersey had a food insecurity rate of 8.7%, representing the approximately 775,000 people who struggled to put food on the table. According to a September 2020 report by the Community Food Bank of New Jersey, one in five children were projected to experience food insecurity that year, representing a 75% increase due to the pandemic (CFBNJ, 2020). Food insecurity rates throughout the

state were projected to rise beyond levels seen during the 2008 Great Recession, and more than half of New Jersey’s 21 counties were projected to exceed their highest-ever rates pre-pandemic. All 15 of Hunterdon County’s food pantries saw substantial increases in demand (Hunterdon County Board of County Commissioners, 2021). The Flemington Food Pantry alone experienced a 30% increase in community use of their services during the COVID-19 pandemic.

**TABLE 8: Increases in Flemington Area Food Pantry Use from 2017-2021**

	2017-2021 Percent Change
Total Visits	33.51%
Seniors	143.34%
Adults	47.94%
Children	32.96%
Veterans	54.35%
New Client Families	69.18%
Average Visits per Month	4.76%

Source: Flemington Area Food Pantry

Hunterdon Health is addressing food insecurity in many ways. Collecting food insecurity data from our patients identifies those who need connection to community resources and helps us to provide holistic care. Patients are asked two questions developed by the CDC to screen for food insecurity. If a patient has a positive trigger they are given a list of food pantries throughout the county where they can access food throughout the year. Although Hunterdon County is known as a wealthy county, we know that disparities exist. Data helps us to localize the geographic areas of greatest risk and target our resources. Collecting this data has led to several grants to help support those in our community suffering from food insecurity.

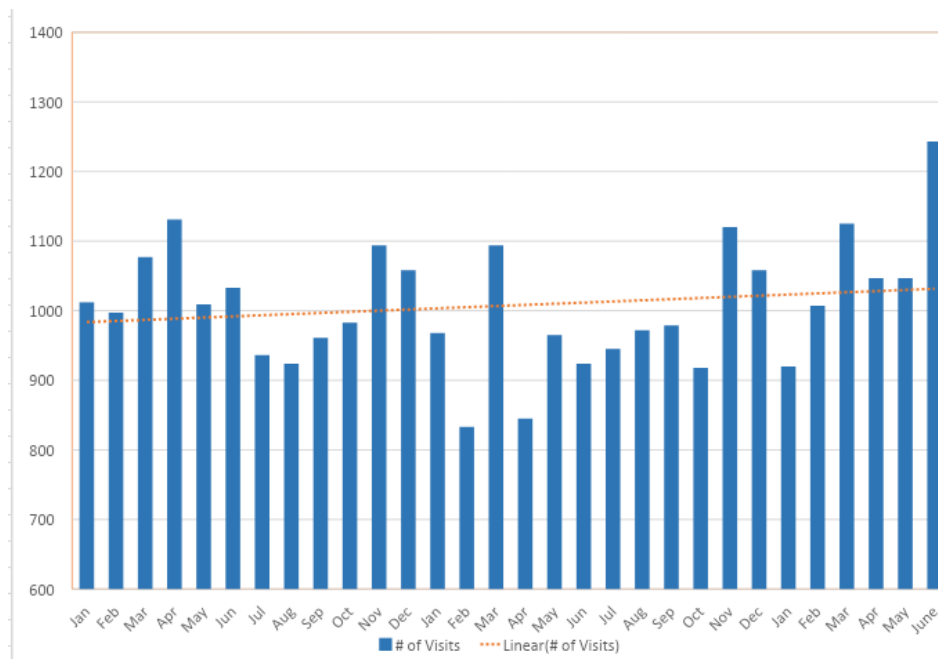
In 2021, Hunterdon Health and the Partnership for Health continued to work with school nurses throughout the county to coordinate food efforts. Schools received more federal and state food resources because of the pandemic so we shifted our focus to supporting food pantries, organizations which provide meals to homebound residents and food delivery services such as Meals on Wheels. We will continue to work with

county schools and other agencies to assess food access and connect our patients to food resources.

In the early stages of COVID-19 these organizations were overwhelmed. They were serving upwards of 30% more clients than they typically serve- we saw those numbers decrease and then increase again over 2021 and into 2022. Working together with our community partners we were able to assist these organizations by providing food, supplies, PPE and coordinating food donations. We also provided grocery store gift cards after Hurricane Ida destroyed over 40 homes in the southern part of our county. The Partnership for Health and its multi-sector membership was able to activate our communication network and pull together needed resources quickly.

The Backpack Program that typically provides weekend meals to in-need school age children was not needed while COVID federal food programs were in place. However, we still had a gap during the summer months when most children were not in school. In 2021 we again supported the Summer Lunch Program that supplies free lunch to children in Flemington Borough which is a designated in-need area for this program. We assisted the Salvation Army to recruit volunteers and also connected them to America's Grow-A-Row to provide bags of fresh produce to families who needed it. These items were delivered in 2021 due to the spread of COVID-19 and families reluctance to send their children back to an in-person program. We also used the deliveries to distribute information about the virus, safety precautions, and vaccines. The 2022 Summer Lunch Club, hosted by the local Salvation Army, was held in person. Campers were provided a healthy meal and fun activities in a day camp type setting. They provided produce donated by America's Grow A Row to the families whose children participated in the program as well as other families that requested assistance. As inflation and food prices increase, this program will ensure that our most vulnerable have access to healthy food. For continued access to healthy food, participants are being connected to area food pantries. This will be particularly helpful when the growing season is over and local produce is not available.

**FIGURE 18: Total Number of Flemington Area Food Pantry Client Visits from January 2020 to Present**



Source: Flemington Area Food Pantry

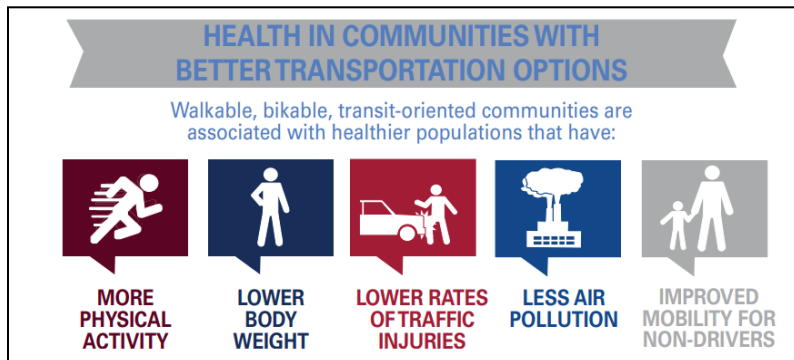
**TABLE 9: Flemington Area Food Pantry Client Demographics**

	2019	2020	2021
Native American/Alaska Native	5%	2%	0.59%
Asian	1.11%	1%	1.01%
Black/African American	8.54%	6%	6.11%
Hawaiian/Pacific Islander		0.2%	0.08%
Hispanic/Latino	25.69%	30.1%	34.09%
Middle Eastern/North African	1.37%	1.2%	1.17%
White	62.97%	58.7%	56.03%
Multiracial		1.3%	0.92%

Source: Flemington Area Food Pantry

## Transportation

Transportation is another social determinant of health. Transportation barriers can affect a person's access to health care and other community resources. These barriers may result in missed or delayed health care appointments. Patients who delay treatment may end up hospitalized or rehospitalized which increases health care costs and overall poorer health outcomes.



Transportation is interrelated with other social determinants of health such as poverty, social isolation, access to education and racial discrimination (Health Research & Educational Trust, 2017).

Public transportation options within Hunterdon County and to some extent the surrounding counties are very limited. This makes it difficult for a significant portion of the community to engage in community activities and access services. Low-income individuals, senior citizens, persons with disabilities, and those that are otherwise transportation dependent are impacted particularly negatively. The Hunterdon County LINK Transportation System provides deviated fixed route and demand response service within Hunterdon County; with limited connections to services outside of the county. LINK fares range from \$2.00- \$8.00, with discounted fares available for eligible riders.

Riders must request demand response service at least one day in advance. Wait times and ride times can be long on the demand response service, which are not ideal for persons with disabilities or senior citizens. Throughout the pandemic, the Link did not shut down but for limited trips to medical locations (not COVID testing sites), shopping and employment. They offered 50% capacity on board vehicles and all persons were and still are required to wear a mask. Anyone who appeared sick was asked not to travel. In July 2020, the governor opened ridership to 100% capacity for public transit. The Link is available to Hunterdon Health's main campus and many of our locations throughout the county. We keep Link brochures throughout our system's locations to assist patients with Link information.

We work closely with goHunterdon, a local non-profit transportation management association, who facilitated a partnership between Hunterdon Health and Lyft in March 2018 to designate three geo-coded locations at the Hunterdon Medical Center campus



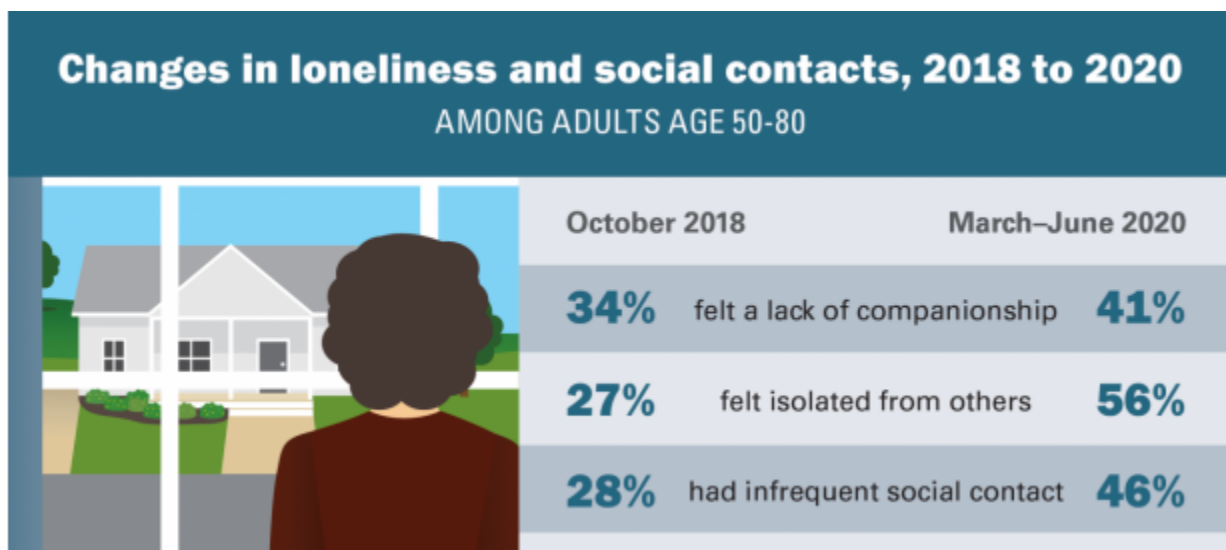
(Main Entrance, Emergency Department and Doctor's Building) for Lyft pick up and drop offs. Lyft usage to and from Hunterdon Medical Center had increased significantly in 2019, however, we did see a reduction in drivers directly related to the state shutdown and COVID mandates. We have seen a slow but positive trend in the number of drivers as well as ridership in 2022 as the state recovers post-pandemic. We will continue to work with goHunterdon to identify additional transportation options and opportunities to secure funding to support transportation services that can provide access to healthcare.

Modivcare is the State of New Jersey's medical transportation broker, responsible for arranging transportation for Medicaid recipients in all counties, including Hunterdon County. Service from Modivcare is often unavailable and can be unreliable, with Medicaid recipients reporting that rides are frequently canceled at the last minute by the provider or that the driver fails to show without notice. GoHunterdon and the Hunterdon County Department of Human Services are in discussions with the New Jersey Department of Human Services to document concerns and identify solutions.

## SOCIAL IMPACT

### Social Isolation and Mental Health

Social isolation caused by the COVID-19 pandemic has had unprecedented effects on mental health, especially for those most susceptible to the virus. According to the CDC, adults over the age of 60 are at a heightened risk of infection by COVID-19, experiencing higher rates of severe illness, hospitalization, ICU admission, and death. Because of this, many older adults have experienced serious social isolation and loneliness, potentially leaving lasting effects on their mental and physical health. The distancing likely disproportionately affected those with a pre-existing mental illness who likely already suffered from loneliness and social isolation prior to the pandemic, as well as older adults who depend on family members or community support (National Library of Medicine, 2020).



Source: University of Michigan National Poll on Healthy Aging

### Technology and Social Media

Social media has grown to be an extremely powerful tool used to instantly spread a message globally, with minimal investment of resources. The platform has seen its benefits in the medical field where doctors and researchers are able to spread and receive information swiftly amongst each other and with patients. During the COVID-19 pandemic, researchers in China identified groups of people who were more vulnerable

to the virus, including those with heart disease and cancer. This information was shared through social media to caution patients and helped guide US healthcare providers to develop group-specific treatments (Kwan et al., 2021). During the pandemic, 61% of healthcare workers used social media to obtain the most updated information about COVID-19, including the overall infection rate and new recommended treatments. Additionally, doctors have been able to use these platforms to advocate for themselves, including their need for more PPE, which quickly sparked community-based initiatives for mask donation and government-based allocation of medical resources. Social media also contributed to the increased use of telehealth during the pandemic (Kwan et al., 2021).

However, social media also augmented the spread of misinformation, emphasizing the detrimental impact constant scrolling can have on mental health. The COVID-19 pandemic saw a marked increase in use of technology and social media across the country and world. Elevated exposure to social media has always had a large effect on physical and mental health. Social distancing and isolation has led to even more use of technology, social media, and the internet. However, technology certainly improved many aspects of the pandemic as well, making virtual schooling possible, allowing friends and family to keep in contact during forced isolation, and making critical pandemic-related data on case numbers and vaccinations easily accessible. It allows adolescents and seniors alike to access information about current events and interact with others to build social networks without regard to geographic barriers.

The Pew Research Center found that 62% of online senior citizens use Facebook, and this number is on the rise (Bitner, 2020). Studies have shown that internet use can reduce a senior's risk of depression by as much as 33% (Cotten et al., 2014). It can also improve cognitive function, resulting in significant improvement in processing speed and inhibitory function (Quinn, 2018).

In general, though, social media use appears to be more harmful to teens than to senior citizens. The internet is a major distraction for adolescents, pulling them away from their academics and healthy activities. Extended activity on social media can disrupt sleep due to the high intensity blue light emitted by electronic screens, which simulates daylight. Also, social media could be potentially misused by teens to compare themselves to others, resulting in low self-esteem or even bullying (Bitner 2020). Constant exposure to others' posts creates unrealistic views of life and impractically high expectations, leading to low self-satisfaction and struggles with mental health such as anxiety and depression. Studies are ongoing to evaluate the effects of social media on youth and people of all ages.

## CLINICAL CARE

According to the County Health Rankings model, clinical care accounts for 20% of what affects our health. Although this seems like a small percentage, the US spent \$4.3 trillion on health expenditures in 2021 (Advisory Board, 2022). We depend on the medical expertise, research and specialized care that is accessible in the United States, and, more locally, in the northeast region. Hunterdon County is fortunate to have a large network of primary care physicians. Having a primary care provider can be very satisfying and reassuring to a patient, especially in times of illness. Primary care providers typically specialize in internal or family medicine, meaning that they have a broad base of medical knowledge. Having a primary care physician is extremely beneficial in many ways, the most important of which being that they are familiar with you and your health and wellness needs. This knowledge and familiarity with your medical history and your life in general leads to more comprehensive care. Many primary care physicians have been treating their patients for years, perhaps treating those patients' family members as well. Through this comprehensive and personalized care, Hunterdon achieves better health outcomes with prevention and individualized treatment.

The COVID-19 pandemic has introduced unprecedented challenges to the world of primary care, particularly for patients who do not have a primary care provider. During the pandemic, it became significantly more difficult for patients without a PCP to seek help when they were sick, whether it be with COVID or anything else. This, of course, puts these patients and the people around them at risk, emphasizing the importance of finding a primary care provider to see regularly. Along with the increased demand for primary care, the pandemic negatively impacted physician supply, which only amplified the stress on the clinical healthcare system across our nation. The Health Resources & Services Administration has estimated that, as of 2021, an additional 14,860 primary medical care providers are necessary to meet current U.S. health care needs. National primary care shortages are projected to range from 17,800 to 48,000 physicians by 2034, mainly due to population growth and aging (United Health Foundation, 2022).

In New Jersey and across the country many people, especially the elderly, were reluctant to seek preventive services during the pandemic. Especially early on, many seniors delayed treatment and avoided annual wellness checks and cancer screenings. Office closures and genuine, valid fear of the unknowns related to COVID discouraged our aging population from continuing their normal clinical care for a period of time.

## Healthcare Access and Utilization

Access to quality and timely healthcare is critical for an individual to achieve the best possible health outcome, as it impacts the individual's overall physical, social and mental well-being. Access to primary care is of particular importance as it is the first step in preventing, diagnosing, and treating an illness. Common barriers to accessing healthcare include high cost and deductibles, lack of insurance coverage, lack of transportation, and language difficulties. All of these barriers, at varying levels, are present in Hunterdon County.

In Hunterdon, we've historically maintained high numbers of residents with health insurance. Currently, 95% of adult residents reported having some form of health insurance compared to 93% in Somerset County and 91% in New Jersey. Although our insurance rates are high, disparity exists especially among the hispanic community, the fastest growing ethnic group in the county. According to the 2016 Latino Health Behavior Risk Factor Survey (BRFSS), overall, 26.1% (n=78) of the survey participants reported having healthcare insurance coverage, while 73.9% (n=221) reported they did not. The United Way of Hunterdon County is working on a new Latino BRFSS which will be published by the end of 2022 or early 2023. This will be helpful to evaluate the impact of COVID 19 on access to healthcare.

Based on today's available data, a little over one-fifth (n=71; 23.7%) of Hunterdon's Latino population surveyed reported not being able to see a doctor in the last year due to costs. This percentage is substantially higher than the 5.0% of residents who reported in the 2010 Hunterdon County BRFSS. Inferential statistics were conducted to determine whether there was a significant decrease in response to this question based on: a) gender; b) age group; and c) educational level. No significant differences were found for gender nor age group. However, even those with a high school education or higher were more likely to report needing to see a doctor, but could not due to the costs.

According to the Migration Policy Institute in 2019 there were approximately 440,000 unauthorized immigrants living in New Jersey. There are many articles that highlight undocumented people limiting their exposure to healthcare for fear of deportation. As more and more undocumented people enter our country and move into our area we will need to address the ongoing concern of how to best meet the medical needs of this growing population (Migration Policy Institute, 2022).

## Physician Supply

The COVID-19 pandemic has put extreme stress on the healthcare workforce across the nation, leading to workforce shortages as well as increased healthcare worker burnout, exhaustion, and trauma (US Department of Health and Human Services, 2022). This led to a mass exodus of the healthcare workforce across the country early on in the pandemic. Many healthcare workers who were close to retirement decided to retire early due to the stress of the pandemic or their own underlying health conditions. Others had family commitments and were required to stay home with their children, especially with social distancing making childcare much more challenging. Many hospitals have reported critical staffing shortages over the course of the pandemic, particularly when case numbers were high. During the Omicron surge in January and February 2022, the 7-day average of hospitals reporting critical staffing shortages peaked at 22 percent during mid-January 2022.

The COVID-19 pandemic also had wide-ranging effects on the entire healthcare industry. Many healthcare workers who were not directly on the front lines were furloughed or experienced a significant reduction in hours. In May of 2020, approximately 15 percent of hospital workers reported being unable to work at some point in the past 4 weeks because their employer closed or lost business due to the pandemic. The relative decline in employment was substantially larger for ambulatory care employees compared to hospital employees. Although the numbers started to slowly recover by the summer of 2020, many of the effects the pandemic has had on the health care workforce will likely persist even post-pandemic.

Nationally there is a shortage of Mental Health professionals. According to Saul Levin, MD, CEO and medical director of the American Psychiatric Association, “We have a chronic shortage of psychiatrists, and it’s going to keep growing. People can’t get care. It affects their lives, their ability to work, to socialize, or even to get out of bed.” This shortage affects New Jersey and our own service areas. The County Health Rankings and Roadmaps lists the ratio between population and mental health providers. The New Jersey ratio is 1:380. This means there is 1 mental health provider per 380 individuals. They define mental health providers as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. The ratio for Hunterdon County is 1:380 and Somerset County is 1:340. This is much worse than US Top Performers with ratios of 1:250. One of the reasons for lack of mental health providers nationally is high turnover and burnout. Across the country efforts to attract and retain mental health workers will be important as the need for these services has increased.

## **Preventive Services**

Hunterdon Health has always had a strong primary care network. It is the backbone of who we are. Within our hospital system, we empower patients to take measures to prevent disease and manage chronic illness. Our large primary care network and promotion of healthy life choices helps our patients to achieve their health goals. Prior to the pandemic nearly 67% of patients age 65 and above in our primary care setting sought preventive care in the 12 months prior. We set a 3-year goal to increase this number to about 71%. However, COVID-19 had a traumatic effect on preventive care in 2020. The shutdown and fear of infection drastically reduced the numbers of people of every age seeking preventive care. Some practices were temporarily closed or solely serving to assess and treat patients suffering from COVID-19. For many people, preventive care took a back seat. Unfortunately, in many instances, this meant delay of important cancer screenings as well. Hunterdon Health has worked very hard to educate patients about new processes and procedures within our hospital and off-site locations to ensure their safety and confidence in seeking care. This work will be ongoing as preventive care is critical to maintaining optimal health.

Our NJCEED program helps to connect those residents who are uninsured or underinsured to life saving cancer screenings. These services make sure that women have access to mammograms and cervical screenings and men have access to prostate screening. The NJCEED grant also provides free colorectal screening. Early detection saves lives. Accessibility and affordability of these preventive services is important.

## **COVID-19 Response**

On April 3, 2020, Hunterdon Health opened the Respiratory Assessment Tent stationed directly behind Hunterdon Medical Center. The tent was open daily from 10 a.m. – 6 p.m. The purpose of the Respiratory Assessment Tent was to offer individuals who were experiencing symptoms potentially related to the COVID-19 virus a direct and convenient connection to assessment. It also served to alleviate volume strain on the Emergency Department, allowing them to focus on patients who presented with conditions presumably unrelated to the COVID-19 virus. Although a written order was not required for someone to visit the Respiratory Assessment Tent, we encouraged people with existing primary care physicians to contact their doctor first to receive direction as to the best location for them to be further evaluated and/or tested. Communication between our patients and their primary care physicians was essential for continuity of care.

Following CDC guidance, Hunterdon Health actively shared testing criteria and instructions to receive care with its patients and the community through their patient portals, social media outlets, website ([hunterdonhealth.org](http://hunterdonhealth.org)), and local media partners. All Hunterdon Health providers and affiliates provided existing patients access to virtual visits and had strategically identified specific locations as Upper Respiratory Sites where patients who met COVID-19 screening criteria were directed to receive a coronavirus test.

In March 2020, Hunterdon Health launched the Hunterdon Health COVID Hotline, staffed by nurses who were available from 8 a.m. – 8 p.m., 7 days-a-week to answer questions and/or triage potential patients to the appropriate location for care. On average, the hotline received approximately 130 calls per day. Hunterdon Health proactively planned and trained staff for weeks to ensure the highest level of care and protection for all employees, providers, and patients.

Our communication with community partners increased significantly throughout 2020. As the central hub for health information and resources in the county, Hunterdon Medical Center became an important resource for schools, non-profits, houses of worship, businesses, and the community as a whole. We hosted weekly calls with the Hunterdon County Superintendent’s Association which included all school administrators and school nurses when appropriate. Hunterdon Health purchased and donated over 5,000 masks for school employees across the county and provided educational videos highlighting “safe return to school practices”. We worked collaboratively with the Hunterdon County Health Department who was an essential partner throughout 2020 and still is today.

Through our community partnerships, we were able to assist with the purchasing and/or distribution of food, masks, gloves, and cleaning supplies. We provided education, access to our professional staff for medical information, and ongoing support for our community. The outpouring of thanks and appreciation to the healthcare system staff was both amazing and humbling. We will continue to meet and exceed the needs of our community as a vital resource and beacon of hope to those we serve as we continue to navigate COVID-19.

Moving into 2021 our focus turned to vaccination efforts. Supply could not meet the demand for the vaccine. Appointments were limited by the supply and people were not happy. This was difficult at the local level because many community members were scared and angry, but healthcare workers were also frustrated as they had to wait for government distribution of vaccines before they could schedule vaccine clinics. Hunterdon Health hosted many large scale COVID-19 vaccination clinics and some



smaller special clinics to address harder to reach populations. We worked with many community partners to reduce barriers to getting vaccines and make sure that people were educated about the benefits of vaccination.

As more and more people contracted COVID-19 and testing supplies became hard to find, community frustration continued. Businesses, schools, and even healthcare systems were trying to navigate people's symptoms, testing, quarantine guidelines, and returning to work or school. Rules kept changing and this added to people's confusion and frustration.

As of August 2022, our county experienced 26,456 confirmed cases of COVID-19 and 225 deaths. However, we know the case number is much higher as some people remain asymptomatic or don't notify the health department of their illness. We will continue to monitor as new variants arise and recommend vaccination and precautions based on local conditions.

### **Emergency Care**

According to the National Institute of Health, "as the COVID-19 pandemic developed and intensified throughout the United States in the early part of 2020, state governments and healthcare systems enacted a range of mitigation strategies and operational changes to address the increasing number of infections in the community. Initial public health strategies recommended avoiding unnecessary healthcare utilization to decrease virus spread and to ensure that there is enough capacity to handle spikes in COVID-19 cases." We handled thousands of calls on the Hunterdon Health Community Hotline triaging patients and directing them to our Respiratory Assessment Tent or to the Emergency Department. Patients with non-emergent symptoms were educated in supportive care measures and instructed to quarantine. What we found frightening was the number of people with true medical emergencies who did not want to call 911 for fear of contracting COVID-19 if taken to the hospital. Some of these people were experiencing cardiac events. This phenomenon was not specific to Hunterdon County. Reports of delay in treatment for urgent care was a national problem. Hunterdon Health created an entire educational campaign surrounding this topic. This included a video of our physicians explaining safety measures put in place to keep our patients from contracting COVID-19 while receiving care in our hospital facilities.

**TABLE 10: Hunterdon Medical Center Emergency Department Visits, 2021**

<b>Overall Patient visits in 2021</b>	<b>30,559</b>
<b>Chest pain/Tightness</b>	<b>1416</b>
<b>Fall</b>	<b>1402</b>
<b>Respiratory distress/SOB/Difficulty breathing</b>	<b>1300</b>
<b>Abdominal pain</b>	<b>1106</b>
<b>Fever</b>	<b>1101</b>
<b>Back pain</b>	<b>755</b>
<b>Behavioral health</b>	<b>715</b>

Despite Hunterdon County’s good primary care to population ratio, the Emergency Department was hit the hardest during the early pandemic. Front line workers heroically managed a surge of incoming COVID cases while still providing a premier level of patient care. Our Emergency Department Director said, “The greatest impact on staff had to have been supporting patients and families during a time when so much was unknown, while dealing with our own fears. That challenge has now shifted from fear to frustration. After all, that ‘flatten the curve’ initiative initially said to last for 2 weeks has now lasted over 2 years. We just have to remember that it has been a very long time for everyone, including the healthcare workers who are immersed in it.”

## HEALTH OUTCOMES

### **Morbidity and Mortality**

According to the National Cancer Institute, *morbidity* refers to having a disease or a symptom of disease, or to the amount of disease within a population. Morbidity also refers to medical problems caused by a treatment (National Cancer Institute, *Dictionary of Cancer terms*). On the other hand, *mortality* is a term used to describe death rate, or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain gender, age, or ethnic group. In this case, we will examine causes of death and how the COVID-19 pandemic affected morbidity and mortality data in Hunterdon County.

In 2020, COVID was New Jersey's 2nd leading cause of death overall. Moreover, COVID was the leading cause of death in 2020 among New Jersey's Black, Hispanic, Asian, and foreign-born residents (The State of New Jersey, *COVID-19 Death Data 2022*). Nationally, in 2021, COVID-19 was the underlying or contributing cause of 460,513 deaths, an increase from 384,536 deaths in 2020 (Centers for Disease Control and Prevention, 2022). Those with underlying health conditions such as heart disease and cancer are more susceptible to death from COVID-19. It is important to consider how COVID-19 affects mortality numbers for other causes of death.

COVID-19 death counts in the United States in 2020 significantly underestimated total excess mortality attributable to COVID-19. COVID-19 excess deaths refer to increases in mortality over what would normally have been expected in the absence of the COVID-19 pandemic. An NIH study found that an estimated 17% of excess deaths attributable to COVID-19 were not assigned to COVID-19 on death certificates. This number was even higher in counties with lower average socioeconomic status, more comorbidities, low median incomes, less formal education, or more non-Hispanic black residents. It is possible that a substantial portion of these excess deaths of individuals with pre-existing chronic conditions who acquire COVID-19 and die as a result are ascribed to the pre-existing condition. For this reason, the overall mortality burden of COVID-19 likely considerably exceeds reported COVID-19 deaths (National Library of Medicine, 2020). This emphasizes the importance of health equity, as many communities with high racial and socioeconomic inequity are more prone to poor health and chronic illnesses like diabetes.

## Leading Causes of Death

**TABLE 11: Leading Causes of Death in New Jersey, 2020**

Rank	Cause of Death	Number of Deaths
1	Heart Disease	19,716
2	COVID-19	16,495
3	Cancer	15,564
4	Unintentional Injury	4,777
5	Stroke	3,726
6	CLRD	2,942
7	Alzheimer's Disease	2,673
8	Diabetes	2,442
9	Septicemia	2,060
10	Kidney Disease	1,670

Source: New Jersey Department of Health, 2022

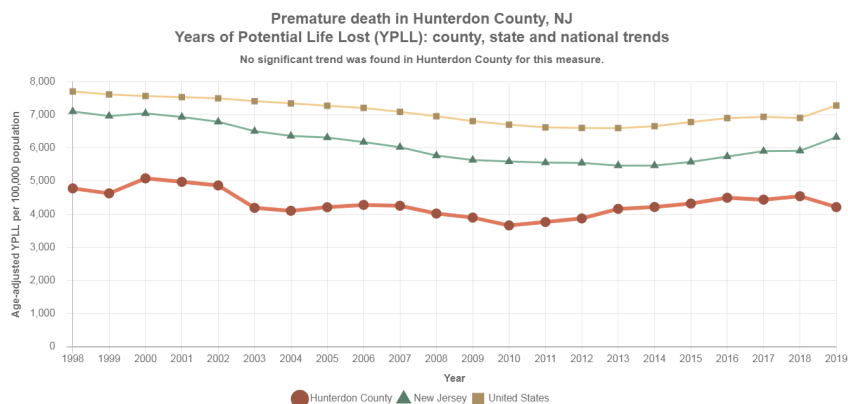
It is important to note that this chart includes data from 2020 and does not include the full scope of the number of deaths due to COVID-19 as of 2022. As of August 29, 2022, approximately 34,529 New Jersey residents have been lost to COVID-19 since the beginning of the pandemic (The New York Times, *New Jersey Coronavirus Map and Case Count 2020*).

**TABLE 12: Leading Causes of Death in Hunterdon County, 2020**

Rank	Cause of Death	Number of Deaths
1	Heart Disease	269
2	Cancer	229
3	COVID-19	145

Source: Complete Health Indicator Report of Leading Causes of Death, 2020

**FIGURE 19: Premature Death in Hunterdon County, Years of Potential Life Lost**



Notes:  
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Source: County Health Rankings and Roadmaps

In the above chart, years of potential life lost or potential years of life lost, is an estimate of the average years a person would have lived if they had not died prematurely. It is, therefore, a measure of premature mortality. Hunterdon has experience devastating loss of some of our young people due to suicide and accidental death in the past several years. These tragedies impact on our premature death numbers.

### Cancer

Cancer continues to be one of the leading causes of death in the United States and around the world. According to the American Cancer Society, an estimated 1,918,030 new cancer cases were diagnosed in the United States in 2022 (American Cancer Society, 2022). In 2022, New Jersey had an estimated 55,730 new cases and 15,710 estimated deaths (American Cancer Society, 2022). These statistics provide a snapshot in time of the burden of cancer on society. They tell us how many people are diagnosed with and die from cancer each year, the number of people who have survived a cancer diagnosis, the average age at diagnosis, and the numbers of people who are still alive at a given time after diagnosis. They also tell us about differences among groups defined by age, sex, racial/ethnic group, geographic location, and other categories.

#### Cancer in Hunterdon and Mercer Counties

Hunterdon and Mercer Counties are highly burdened by lung, prostate, breast and colorectal cancers.

HUNTERDON COUNTY		
Site	Population at Risk	Number of Cases
Breast	626,902	651
Prostate	309,915	472
Lung	626,920	407
Skin	626,920	326
Colorectal	626,920	309

MERCER COUNTY		
Site	Population at Risk	Number of Cases
Breast	1,843,516	1,594
Prostate	901,765	1,502
Lung	1,843,516	1,208
Colorectal	1,843,516	790
Thyroid	1,843,516	480

Source: NJ State Cancer Registry 2013-2017

Research has shown that some types of cancer are preventable, while others, if



detected in the early stages, are curable. This strongly supports our preventive care focus. Hunterdon Medical Center and Hunterdon

Regional Cancer Center delivered a

comprehensive portfolio of wellness and prevention initiatives to the community. Lung cancer is the second most

common cancer in both men and women (not counting skin cancer), according to the American Cancer



Society (2019). About 13% of all new cancers are lung cancers. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. The 2022 County Health Rankings reported data from 2018 with an adult smoking rate of 13% for Hunterdon County. In support of the 2021 Great American Smokeout campaign the Lung Cancer Prevention Workgroup provided an informational portal blast to all active family practices in the Hunterdon Health System; this reached 6,415 patients above the age of 18 who use tobacco products providing support and resources for smoking cessation.

## FACTS & FIGURES

- Every year, there are 53,360 new cancer cases\* and 15,870 deaths\* in the US.
- Cancer is the second leading cause of death in NJ and the US.
- Cancer is the leading cause of death among persons 45-79 years of age.
- Adults aged 59-74 account for 60% of all new cancer cases (>31,000 cases/year).
- 2021 estimates the top 5 cancers in NJ are: breast, prostate, lung, colorectal, and skin.
- The NJ age-adjusted incidence rate due to invasive cancer has been consistently higher than that of the US for many years.

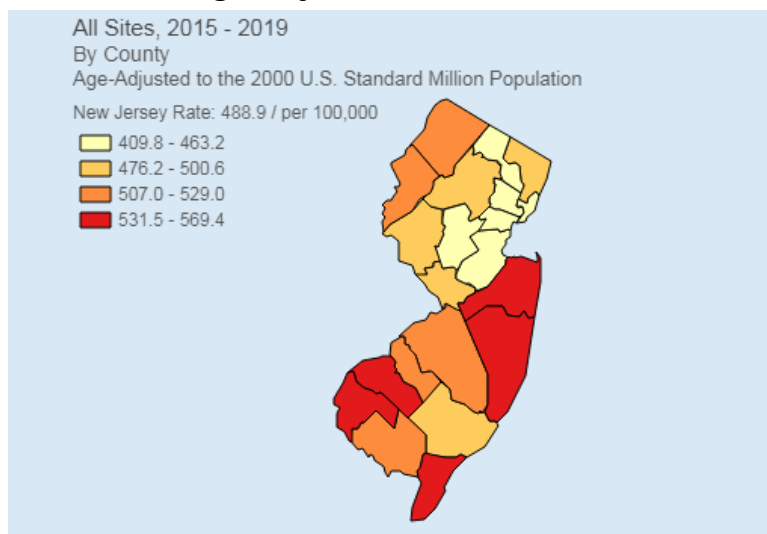
Knowledge about cancer prevention is constantly evolving and there continue to be differences in opinion and research. However, according to the Mayo Clinic, there are a few healthy lifestyle choices that can help reduce certain cancer risks: don't use tobacco, eat a healthy diet (limit alcohol, eat lean and light, avoid processed meats), maintain a healthy weight and physical activity regimen, wear sun protection, keep vaccines current, avoid risky behaviors (unprotected sex, sharing needles) and seek regular preventive medical care.

Hunterdon County continues to have one of the highest rates of melanoma in the state.

This may be due to our large agricultural community and the number of residents getting repeated sun exposure. Some residents may be waiting to seek treatment until

their cancer is more advanced, less treatable, or lethal, delaying medical attention because of lack of insurance or residency status. We have held free skin cancer screenings at our Cancer Center to support those without insurance and provide access to care. We have also hired two bilingual Community Health Workers to assist with connection to care for our Spanish speaking residents. We continue to pursue initiatives to educate migrant workers and the general public on the importance of prevention and screenings. This further emphasizes our commitment to equitable, accessible healthcare.

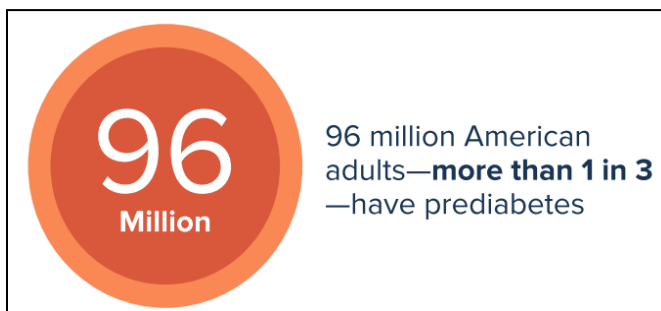
**FIGURE 20: Age-Adjusted Invasive Cancer Incidence Rates by County, 2015-2019**



Source: New Jersey State Cancer Registry Data File, November 2021

## Diabetes

Diabetes is a disease that results from high glucose (sugar) levels in a person’s blood which prevents the body from using insulin properly (United Health Foundation, 2022). 37.3 million people in the United States currently have diabetes (CDC, *National*



*Diabetes Statistics Report 2022*). This number represents 11.3% of the national population. Diabetes was the eighth leading cause of death among U.S. and New Jersey residents in 2020 (New Jersey State Health Assessment Data, 2022). People of every age, race, shape, and size can be affected by Type 1 diabetes. 96 million people

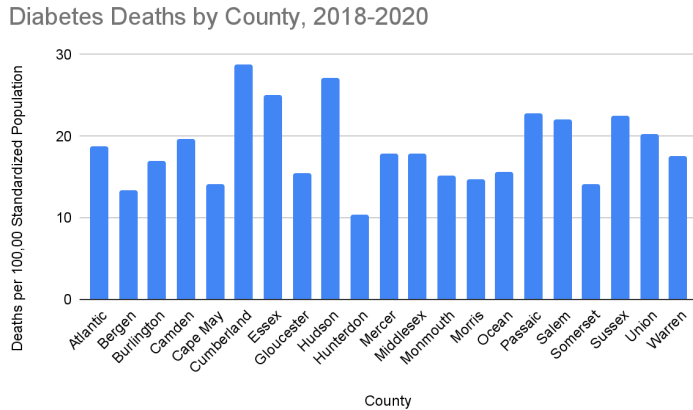
aged 18 years or older in the United States have prediabetes (38.0% of the adult US

population). Prediabetes is a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. People with prediabetes are at an increased risk of developing type 2 diabetes and cardiovascular disease, which can lead to a heart attack or stroke. The National Institute of Health defines Type 2 diabetes as the most common type of diabetes. It is a disease that occurs when your blood glucose, also called blood sugar, is too high and your body does not produce insulin or enough insulin. In New Jersey, approximately 760,249 people (10.5% of the adult population) have diagnosed diabetes, while an additional 207,000 people have diabetes but don't know it, which poses a great risk to their health. Some serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness, and death. 2,395,000 people in New Jersey, or 34% of the adult population, have prediabetes. Every year an estimated 64,094 people in New Jersey are diagnosed with diabetes. Diagnosed diabetes costs an estimated \$9.2 billion in New Jersey each year. The prevalence of diabetes among adults is higher in people of a certain demographic. Men, American Indian/Alaska Natives, Black and Hispanic adults, adults ages 25 and older with less than a high school education, and adults ages 25 and older with a household income less than \$25,000 all show a higher prevalence of diabetes than their respective counterparts. Diabetes prevalence also increases with age.

Diabetes is categorized into two types: type 1 and type 2. People with type 1 diabetes are not able to produce enough insulin. This type constitutes about 5%–10% of all cases of diabetes in the world. In type 1 diabetes, the pancreas does not release any insulin. Type 1 diabetes can happen at any age, but is most common in children and young people (National Library of Medicine, 2020). Type 2 diabetes occurs when your blood glucose is too high and your body does not produce enough insulin. Type 2 diabetes is by far the most common form of diabetes, accounting for 95% of the cases in New Jersey.



**FIGURE 21: Number of Deaths due to Diabetes by NJ County, 2018-2020**

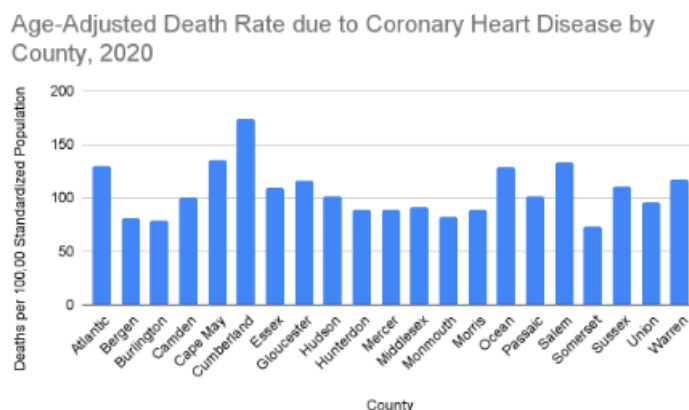


Source: New Jersey State Health Assessment Data, 2022

### Cardiovascular Health

According to the CDC, heart disease is the leading cause of death in the United States, affecting more than 696,962 people. As of 2020, 4.6% of adults have been diagnosed with heart disease. Coronary heart disease is the most common type of heart disease, killing 382,820 people in 2020. In addition, 805,000 people in the United States have a heart attack each year. Of these, 605,000 are a first heart attack and 200,000 are who have had a heart attack in the past. Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States, including African American, American Indian, Alaska Native, Hispanic, and white men. For women from the Pacific Islands and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer. In 2020, Hunterdon County had 89.1 deaths per 100,000 standardized population due to heart disease, about 10 below the number for the state (SHAD, 2020).

**FIGURE 22: Age Adjusted Death Rate due to Coronary Heart Disease by County,**



**New Jersey, 2020**

Source: New Jersey State Health Assessment Data, 2022

**Mental Health**

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to the World Health Organization. WHO Director-General Dr. Tedros Adhanom says “The information we have now about the impact of COVID-19 on the world’s mental health is just the tip of the iceberg. This is a wake-up call to all countries to pay more attention to mental health and do a better job of supporting their populations’ mental health” (World Health Organization, 2022). One major explanation for this increase is the unprecedented stress caused by the social isolation resulting from the pandemic. Linked to this were constraints on people’s ability to work, seek support from loved ones and engage in their communities. Loneliness, fear of infection, suffering and death for oneself and for loved ones, grief after bereavement, and financial worries have also all been cited as stressors leading to anxiety and depression. The pandemic has affected the mental health of young people especially hard, leaving them at a disproportionate risk of suicide and self-harm. Studies also indicate that women have been more severely impacted than men, along with those with pre-existing physical health conditions.

A new CDC study suggests helping young people feel engaged and cared for at home and at school can have substantial health benefits that last well beyond their teenage years.

Data suggests that people with pre-existing mental disorders do not appear to be disproportionately vulnerable to COVID-19 infection. Yet, when these people do become infected, they are more likely to suffer hospitalization, severe illness and death compared with people without mental

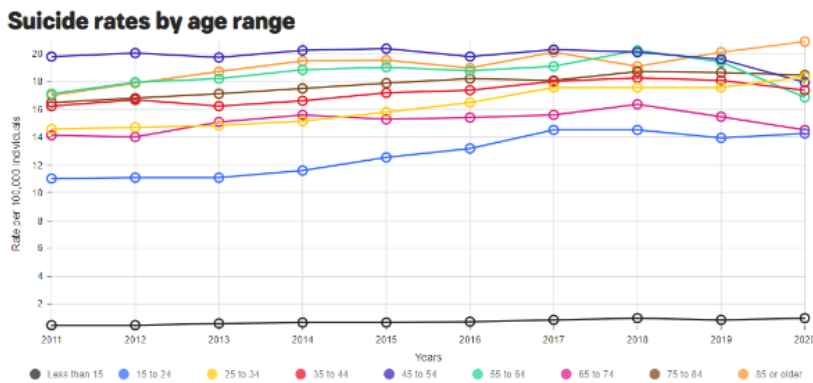
disorders. People with more severe mental disorders, such as psychoses, and young people with mental disorders, are particularly at risk.

This increase in the prevalence of mental health problems has coincided with severe disruptions to mental health services worldwide, leaving huge gaps in care for those who need it most. For much of the pandemic, services for mental, neurological and substance use conditions were the most disrupted among all essential health services reported by WHO Member States. Many countries also reported major disruptions in life-saving services for mental health, including suicide prevention.

The average number of poor mental health days per month, as reported by New Jersey residents, is 3.8. Poor mental health days are measured by the average number of mentally unhealthy days self-reported in the past 30 days. Hunterdon County has a similar number of 4.0. Unfortunately, Hunterdon experienced the 4th-highest suicide rate in the state based on data from the years 2016-2020 (County Health Rankings, *New Jersey 2022*).



**FIGURE 23: Suicide Rates in the United States by Age Range**



Source: American Foundation for Suicide Prevention, 2022

## HEALTH BEHAVIORS

### Healthy Weight, Physical Activity, and Nutrition

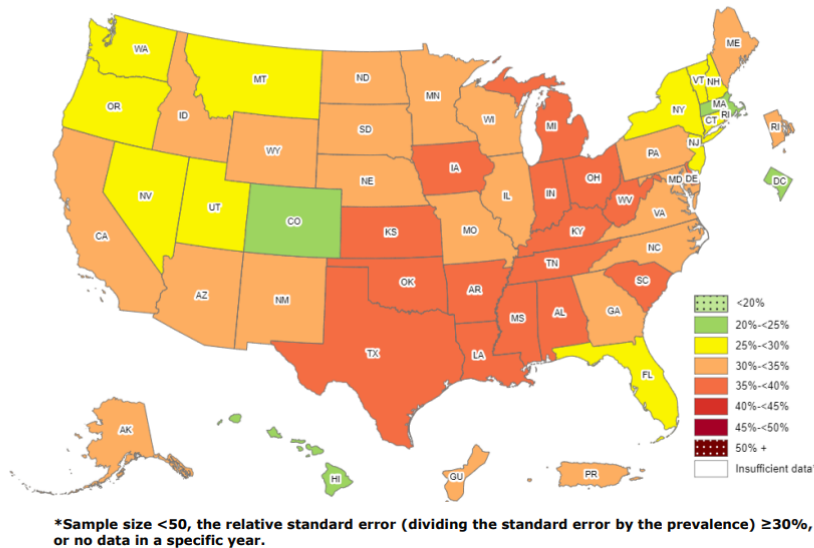
We all know that it can be extremely difficult to break old habits, however, the benefits of adopting a healthier lifestyle are worth it in the long run. Habits such as healthy eating and regular physical activity may help with weight management and increased energy levels. Motivation is a big part of taking that first step toward healthier behaviors.

Between 2017 and 2020, the United States obesity prevalence was 41.9%; this number has increased by 11.4% since 1999. The CDC defines obesity as having a body mass index (BMI) at or above the 95th percentile of the CDC sex-specific BMI-for-age growth charts. Adults with obesity have an increased risk of developing related conditions including heart disease, stroke, type 2 diabetes, and certain types of cancer. These conditions are among the leading causes of preventable, premature death.

**FIGURE 24: Prevalence of Self-Reported Obesity Among US Adults, 2020**

### Prevalence<sup>1</sup> of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2020

<sup>1</sup> Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Source: CDC Obesity Prevalence Maps 2020

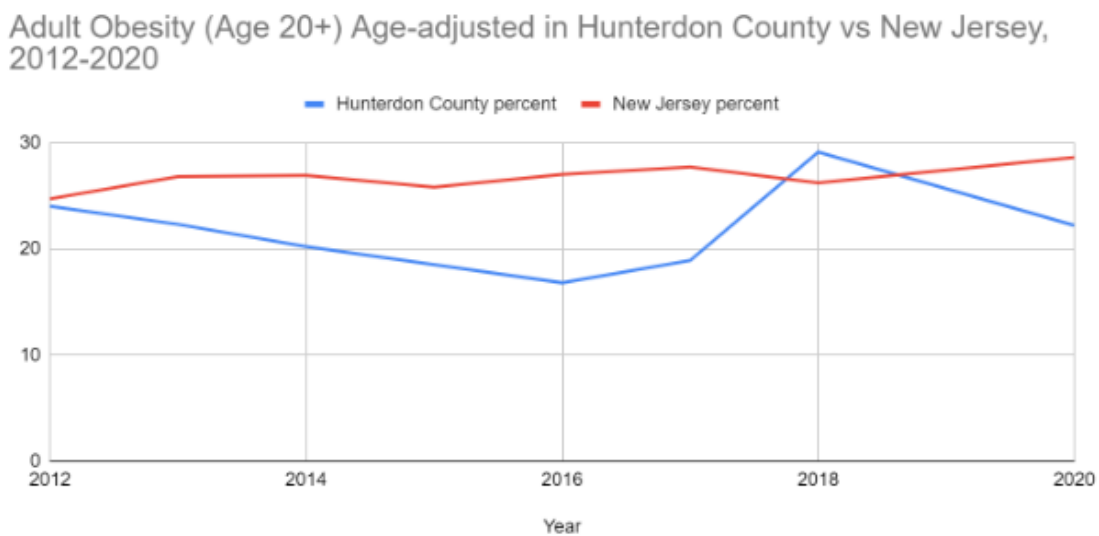
Data from the years 2018-2020 show that all states and territories had a prevalence of more than 20% of adults with obesity. New Jersey had a prevalence of 27.7%, significantly lower than the national average. The Northeast region has the lowest

prevalence of obesity when compared to the Midwest, South, and West. Furthermore, obesity affects certain groups more than others. According to the CDC National Center for Health Statistics, Non-Hispanic Black adults had the highest age-adjusted prevalence of obesity (49.9%), followed by Hispanic adults (45.6%). Adults aged 40-59 years have the highest obesity prevalence by age group at 44.3%. Men and women with college degrees had lower obesity prevalence compared to those with less education.

Childhood obesity is also a serious problem in the United States, with a prevalence of 19.7% among children and adolescents aged 2-19 years between 2017 and 2020. Trends show that the prevalence of obesity decreased as the household's level of education increased; this same trend is shown for household income. Obesity prevalence was 26.2% among Hispanic children, 24.8% among non-Hispanic Black children, 16.6% among non-Hispanic White children, and 9.0% among non-Hispanic Asian children.

Increased physical exercise is associated with lower risk of type 2 diabetes, heart disease, stroke, cancer, hypertension, and lower rates of obesity. According to the National Institute of Health (NIH), aerobic exercises, including jogging, swimming, cycling, walking, gardening, and dancing have been proven to reduce anxiety and depression. It also appears that regular exercise has a positive effect on the brain and may boost cognitive function.

**FIGURE 25: Age-Adjusted Obesity Prevalence in Adults Age 20+ in Hunterdon County and New Jersey**



Source: New Jersey State Health Assessment Data (NJSHAD)

Healthy eating means eating a variety of foods that give you the nutrients you need to maintain your health, feel good, and have energy. Residents of Hunterdon and Somerset are lucky to have access to many parks and outdoor recreation spaces as well as fresh farmers markets and large grocery stores that provide fresh produce during the growing season. Of course, this is assuming that they have the money and transportation to access it. Even though Hunterdon has several grocery stores, “food deserts” still exist in the county. The USDA defines these “food deserts” as parts of the country that are void of fresh fruit, vegetables, and other whole foods due to a lack of grocery stores, farmers’ markets, and healthy food providers.

For example, Lambertville, a small city located in Hunterdon County, has no grocery store, which poses a dilemma for residents without transportation. Some take advantage of the food pantry located in the city for fresh produce, however, supplies may vary throughout the year after the growing season has ended. Further, food deserts are usually found in impoverished areas, where grocery stores are substituted for local “quickie marts” that provide a wealth of processed, sugary, and fat laden foods that are known to contribute to the nation’s obesity epidemic. In Flemington, many lower income residents have reported using convenience stores and bodegas to buy most of their food.



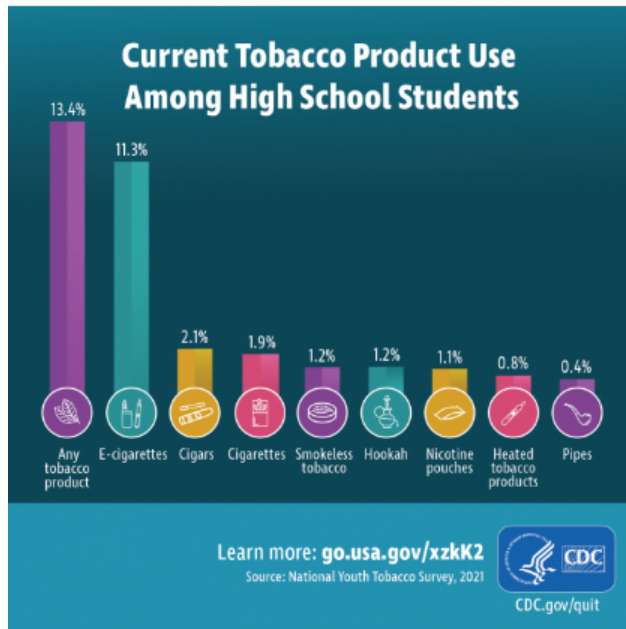
“Pick your own”, Hunterdon County

Hunterdon County has an obesity prevalence of 28%, slightly higher than the state’s rate of 26% (County Health Rankings, *Hunterdon* 2022). However, according to our electronic health record data, nearly 37% of people ages 18 and over are in a healthy weight range. The New Jersey Nutrition, Physical Activity, and Obesity (NPAO) Program within the NJDOH Office of Nutrition and Fitness coordinates efforts to work with communities to develop, implement, and evaluate interventions that address behaviors related to increasing

physical activity, breastfeeding initiation and duration, and the consumption of fruits and vegetables. They also emphasize decreasing the consumption of sugar-sweetened beverages and high-energy-dense foods and decreasing television viewing. The Healthy People Objective NWS-9 aims to reduce the proportion of adults with obesity nationally. The U.S. aims to reduce its number to 30.6%, while New Jersey aims to reduce theirs to 23.8% (New Jersey State Health Assessment Data, 2022).

## Tobacco and Vaping

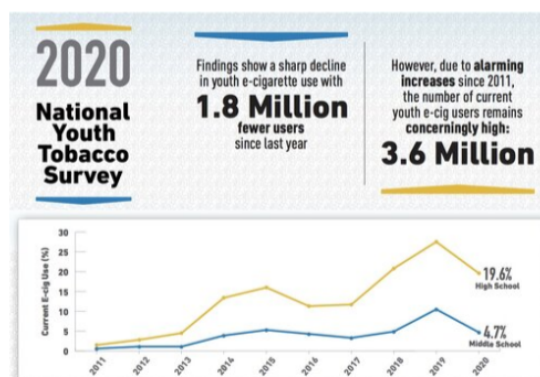
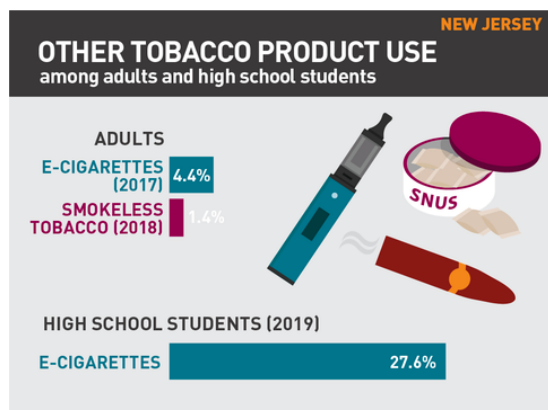
Smoking is the leading cause of preventable death, with tobacco use causing more than 480,000 deaths per year in the United States. This number includes 41,000 deaths resulting from secondhand smoke exposure. If trends don't change, 8 million people per year will die worldwide from diseases related to tobacco use by 2030. On average, smokers die 10 years earlier than nonsmokers. Moreover, for every person who dies because of smoking, at least 30 people live with a life changing smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, erectile dysfunction, and chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis. Smoking also increases risk of tuberculosis, certain eye diseases, and immune system problems including rheumatoid arthritis (Centers for Disease Control and Prevention, 2022).



According to the County Health Rankings and Roadmaps, 13% of New Jersey adults are current smokers. In Hunterdon cigarette-smoking adults make up 13% of the population. Although New Jersey's smoking rates have decreased since its Master Settlement Agreement-funded programs were initiated, more than one million New Jersey adults continue to smoke. People with fewer years of formal education report higher rates of tobacco use compared to the general population. Comprehensive and free quitting services are needed to help New Jersey smokers quit and ensure a decline in tobacco use rates among all population groups. The Office of Tobacco Control at the New Jersey Department of Health and its partners use comprehensive programs to prevent the initiation of tobacco use among young people, help tobacco users quit, eliminate nonsmokers' exposure to secondhand smoke, and reduce tobacco-related disparities. These programs include free quitting services, school- and community-based prevention programs and education regarding the New Jersey Smoke-Free Air Act (New Jersey State Health Assessment Data, 2022).



Despite the misconception that only older adults smoke cigarettes, thousands of young people start smoking cigarettes every day. In the United States, each day, approximately 2000 people under the age of 18 smoke their first cigarette, and 300 of them become daily cigarette smokers (Centers for Disease Control and Prevention, 2022). Although considerable progress has been made in reducing cigarette smoking among young people, the use of electronic cigarettes is becoming more and more popular. The term “vaping” refers to the inhalation of nicotine-containing aerosol from an e-cigarette. As of 2020, 5% of New Jersey adults reported using e-cigarettes or other electronic vaping products at least once in their lifetime and now use them daily or some days (United Health Foundation, 2022). In 2019, a staggering 27.6% of high school students in New Jersey used electronic vapor products at least once in the past 30 days (Truth Initiative, 2020). In January of 2020, Governor Phil Murphy signed legislation to make New Jersey the first state in the nation to impose a permanent ban on flavored vape products including menthol (State of New Jersey Office of the Governor, 2020). Anecdotally we’ve heard locally that vaping use by high school students may be on the downward trend. We hope this is the case and we will continue to include vaping screening for our young people. This is particularly important due to the legalization of marijuana and the fact that THC levels can be extremely high in its vaped form.



Source: South Bay Families Connected

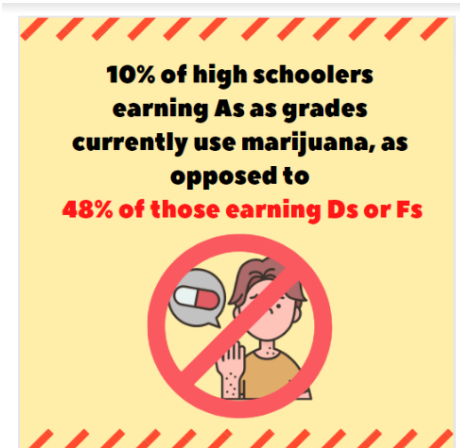
Source: Truth Initiative



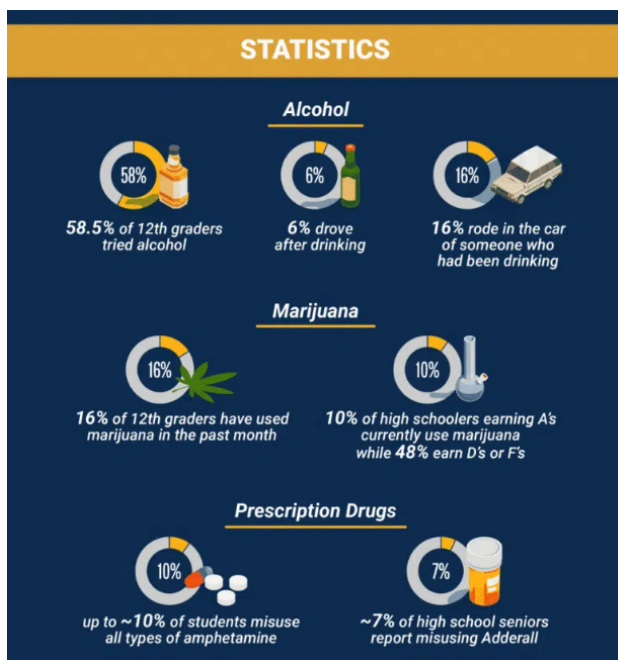
## Marijuana

Cannabis is made up of more than 60 cannabinoids. Cannabidiol (CBD) and tetrahydrocannabinol (THC), are the two most researched cannabinoids. THC is responsible for the “high” that many people experience from cannabis use and is the highly addictive chemical present in marijuana. CBD, on the other hand, is not responsible for the psychoactive effects of marijuana and can commonly be found in the form of oils, gummies, and other products (National Library of Medicine, 2012).

Marijuana use can cause cognitive impairment and if used, should be used with caution, especially in those who have mental health conditions. The effects of using marijuana include paranoia, anxiety, panic attacks, and hallucinations (Drug Enforcement Administration, 2020). Marijuana use might worsen manic symptoms in people who have bipolar disorder



Source: Drug Use in High School, The Recovery Village



Source: The Recovery Village, 2022

and can increase the risk of depression or worsen depression symptoms if used frequently. Research suggests that marijuana use increases the risk of psychosis in people who have schizophrenia. Additionally, the use of marijuana can increase heart rate and blood pressure and worsen respiratory conditions (Mayo Clinic, 2020). Marijuana users may also experience withdrawal and addiction problems (Drug Enforcement Administration, 2020).

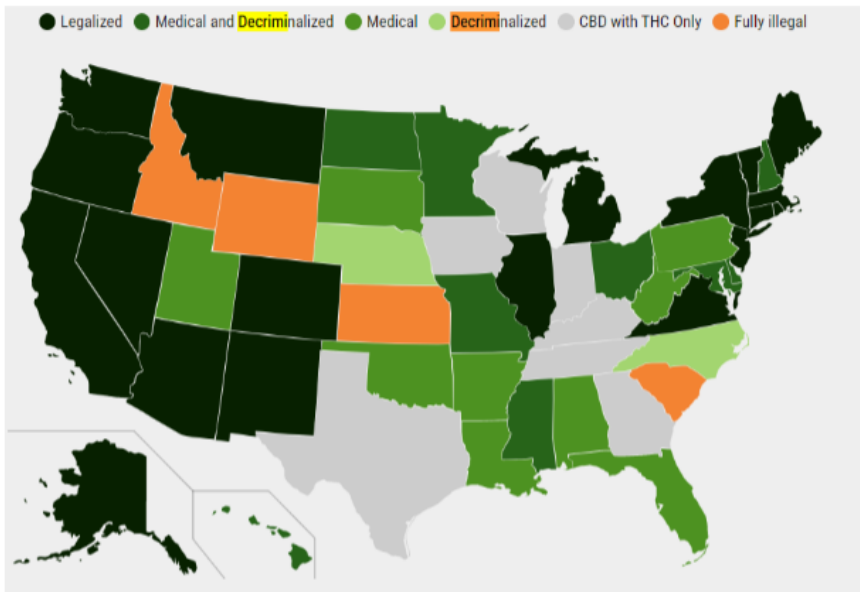
Marijuana use impairs attention, judgment, and coordination. Drivers who have been using marijuana drive differently than drunk drivers. While a drunk driver may drive faster than normal and miscalculate their skills, a driver under the influence of

marijuana tends to overcompensate for their deficits. In 2002, the National Survey on Drug Use and Health (NSDUH) estimated that 22 million Americans—9.4% of the population—have a substance use or dependence problem. Marijuana has been tried

by 40% of the population, and is smoked most commonly in the age group that experiences the most road traffic accidents. The contribution of marijuana smoking to road traffic accidents is of great concern to both governments and clinicians responsible for counseling patients struggling with substance abuse (Sewal, RA, 2009). Still, according to Mayo Clinic, “The FDA has approved two drugs, dronabinol (Marinol, Syndros) and nabilone (Cesamet), [which are] made from synthetic forms of ingredients found in marijuana. They can be legally prescribed for the treatment of nausea and vomiting caused by chemotherapy when other treatments have failed. Dronabinol might also be used for the treatment of decreased appetite associated with weight loss in people with HIV and AIDS. The FDA has also approved a liquid medication (Epidiolex) containing a purified form of cannabidiol (CBD), a chemical found in marijuana. This drug can be used for the treatment of rare forms of severe childhood epilepsy (Lennox-Gastaut syndrome and Dravet syndrome). Medical marijuana is available as an oil, pill, vaporized liquid and nasal spray, as dried leaves and buds, and as the plant itself. The herb is also used to treat epilepsy, chronic pain and muscle spasms” (Mayo Clinic, 2020).

In 2021, New Jersey Governor Phil Murphy signed the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act into law, which allows for the legal sale and use of cannabis and cannabis products for residents 21 years and older (State of New Jersey, 2021). The Governor also signed a bill clarifying marijuana and cannabis use and possession penalties for individuals younger than 21 years old (New Jersey League of Municipalities, 2022).

**FIGURE 26: States in Which Marijuana is Legalized, August 2022**

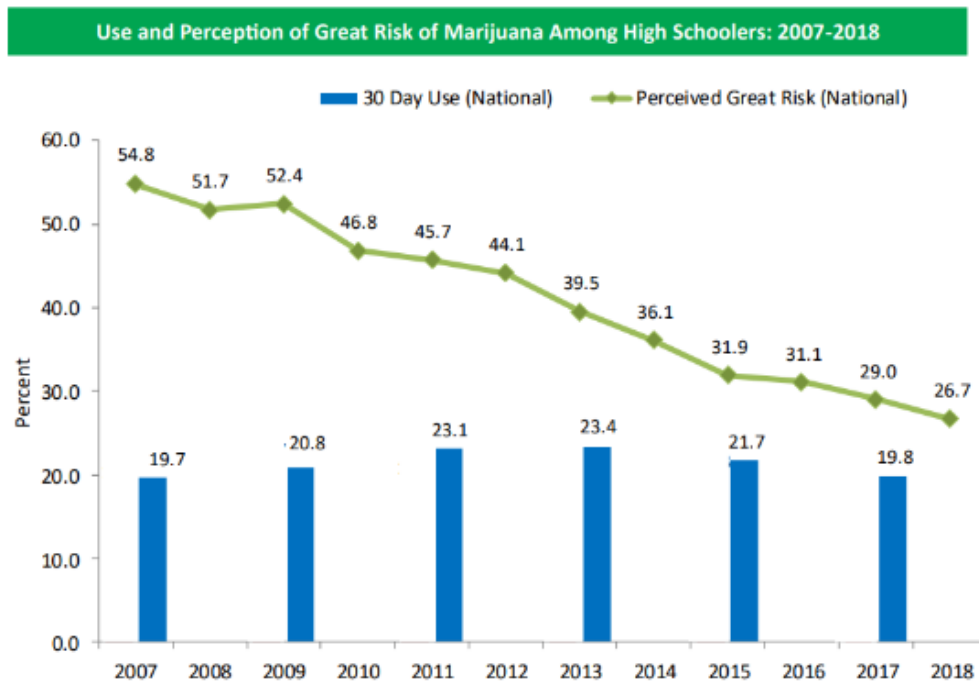


Note: "Decriminalization of cannabis means it would remain illegal, but the legal system would not prosecute a person for possession under a specified amount"

Source: DISA & The National Library of Medicine

In addition to the nicotine-vaping epidemic, electronic cigarettes are now also being used by marijuana smokers. This trend is becoming more popular among teens the same way nicotine-containing e-cigarettes are. Marijuana smokers use the devices to vaporize concentrated cannabis in liquid form, which produces an odorless vapor. This form of marijuana is much stronger than the regular form of marijuana, composed of 40-80% THC. The effects of this highly concentrated form of marijuana may be more psychologically and physically intense than plant marijuana use. Some of the side effects from vaporizing marijuana include memory loss and trouble concentrating, paranoia, respiratory related illnesses, and increased risk of several types of cancer. Since this is a relatively new development, long-term effects of marijuana concentrate use are not yet fully known (Drug Enforcement Administration, 2020).

**FIGURE 27: Use and Perception of Great Risk of Marijuana Among High Schoolers**



Source: Michigan Department of Health and Human Services

## Illicit Drugs

Nationally, in 2020, 59.3 million people aged 12 or older used illicit drugs in the past year. The percentage of illicit drug use was highest among young adults aged 18 to 25 (37% or 12.4 million people). Illicit drugs include cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as misuse of prescription stimulants, tranquilizers, sedatives, and pain relievers (Substance Abuse and Mental Health Services Administration, 2020).

The statewide *Substance Abuse Overview* provides statistics on substance abuse treatment in New Jersey. During the calendar year of 2020, there were 82,254 treatment admissions and 83,994 discharges reported by substance abuse treatment providers to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services (NJ Department of Human Services, Division of Mental Health and Addiction Services, 2020). 41% of New Jersey residents admitted to substance abuse treatment used heroin as their primary drug. An additional 32% were admitted for alcohol use disorder. Juveniles (under the age of 18) accounted for 1% of all

admissions, with adults and seniors accounting for the remaining 99%. Males made up 68% of those admitted and females the remaining 32%. 62% of patients admitted were white (non-Hispanic), 23% were Black (non-Hispanic), 14% were of Hispanic origin, and 1% were of other races/ethnicities.

**TABLE 13: Naloxone Incidents by County in 2022 (as of 7/31/22)**

Total Incidents by County		
County	Percent	Count
Atlantic	6.1%	487
Bergen	4.4%	347
Burlington	3.7%	298
Camden	14.5%	1,154
Cape May	1.5%	116
Cumberland	2.9%	229
Essex	19.1%	1,524
Gloucester	2.6%	210
Hudson	7.2%	577
Hunterdon	0.4%	35
Mercer	3.5%	278
Middlesex	6.2%	494
Monmouth	5.8%	463
Morris	2.4%	191
Ocean	5.1%	406
Passaic	4.8%	381
Salem	1.1%	89
Somerset	1.5%	118
Sussex	0.6%	47
Union	5.7%	455
Warren	0.8%	60
<b>Grand Total</b>		<b>7,959</b>

Source: NJ Department of Health Naloxone Dashboard, 2022\*

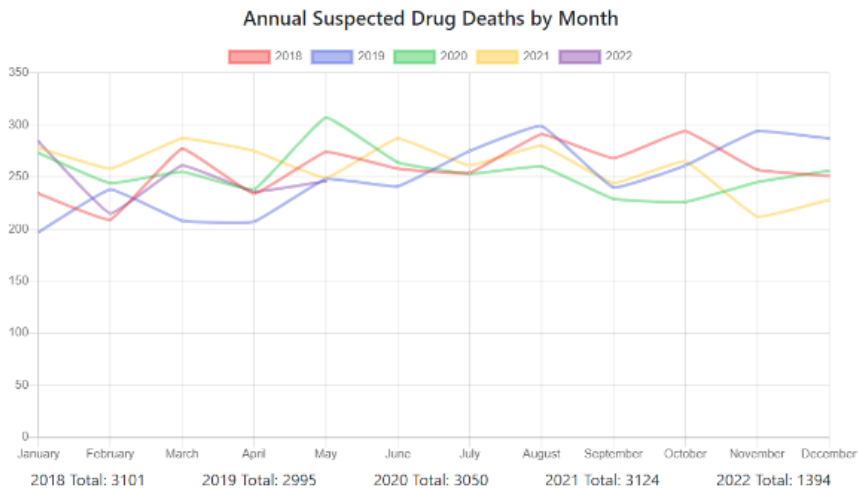
\*Note: Although the above number indicates 35 Naloxone incidents, local officials are reporting much higher numbers- over 170.

**TABLE 14: Confirmed Drug Overdose Substances, Hunterdon and Somerset 2020**

	Hunterdon	Somerset
Total	12	58
Heroin	4	20
Fentanyl	8	48
Fentanyl Analog	0	6
Oxycodone	2	5
Methadone	1	4
Cocaine	1	15
Methamphetamine	1	1
Benzodiazepine	4	4
Ethanol	2	14

Source: NJ Office of the Chief State Medical Examiner, 2020

**FIGURE 28: Annual Suspected Drug Deaths by Month and Year, New Jersey**

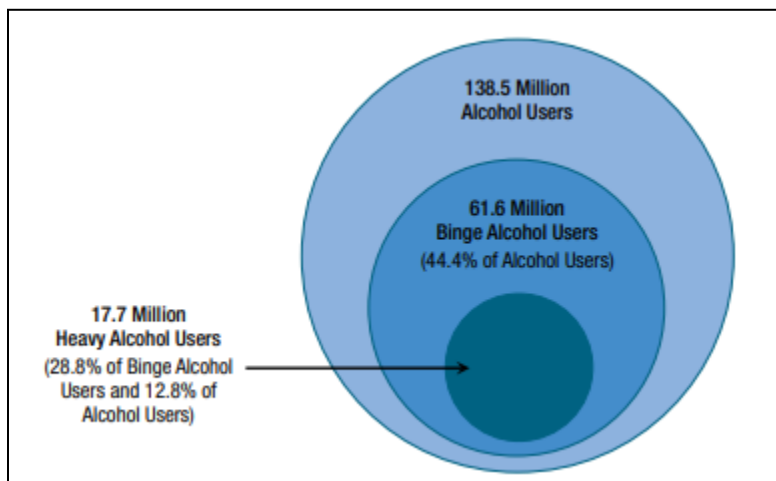


Source: New Jersey Overdose Data Dashboard, NJ Health, State of New Jersey Department of Health

## Alcohol

Alcohol is the most abused drug in the United States. Binge drinking for males is defined as drinking five or more drinks on the same occasion and, for females, four or more drinks on the same occasion. In 2020, 22.2% of people aged 12 or older reported being binge alcohol users in the past month. The highest percentage was among young adults aged 18 to 25 (31.4%), while the lowest percentage was among adolescents aged 12 to 17 (4.1%). Heavy alcohol use is defined as binge drinking on five or more days in the past 30 days. 6.4% of people aged 12 or older (or 17.7 million people) reported being heavy alcohol users in the past month (Substance Abuse and Mental Health Services Administration, 2020).

According to the CDC, alcohol is the most commonly used substance among young people in the US (Centers for Disease Control and Prevention, 2022). As of 2020, all 50 states and the District of Columbia prohibit the possession of alcoholic beverages by people younger than 21, and most states also prohibit underage consumption of alcohol. However, among people aged 12 to 20 in 2020, 16.1% were alcohol users. 9.2% of underage people were estimated to be binge drinkers and an estimated 1.8% were heavy alcohol users (Substance Abuse and Mental Health Services Administration, 2020). Youth who drink alcohol are more likely to experience physical illness, disruption of normal growth, physical and sexual violence, suicide and homicide, unintentional injuries, memory problems, misuse of other substances, changes in brain development, and alcohol poisoning. Moreover, they are at an increased risk of experiencing academic, social, and legal problems. In addition, studies show a



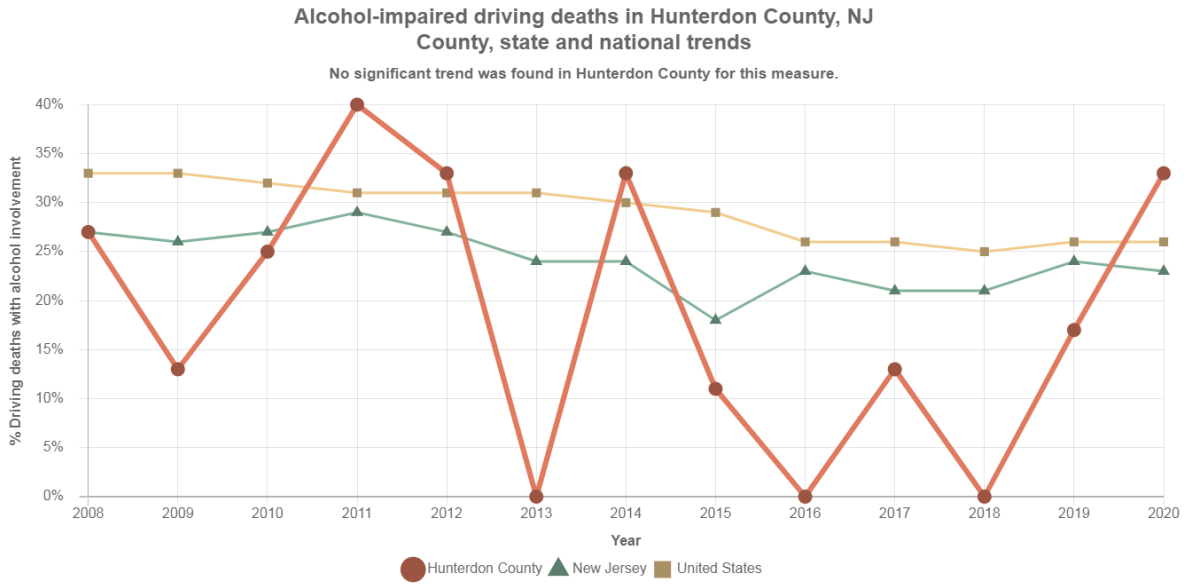
relationship between underage and adult drinking: a 5% increase in binge drinking among adults in a community is associated with a 12% increase in the chance of underage drinking in that community (Centers for Disease Control and Prevention, 2022).

Source: Substance Abuse and Mental Health Services Administration, 2020

According to the County Health Rankings and Roadmaps, in Hunterdon County, 21% of residents engage in excessive drinking. In addition, 18% of deaths are due to

alcohol-impaired driving. New Jersey’s numbers are 16% and 23%, respectively (County Health Rankings, 2022).

**FIGURE 29: Alcohol-Impaired Driving Deaths, Hunterdon County 2008-2020**



Source: County Health Rankings and Roadmaps, 2022



# COMMUNITY THEMES AND STRENGTHS ASSESSMENT

## Introduction

The purpose of the Community Themes and Strengths Assessment (CTSA) is to gather input from community members to develop a more in-depth understanding of issues they feel are important, as well as their concerns and perceptions about quality of life. Focus groups were the approach used to engage the community, generate ideas, prioritize issues perceived as having the greatest impact on the health of the community, and to obtain an in-depth view of their idea of a healthy community. Twenty community focus groups were conducted across diverse populations and sectors. A total of 141 (110 female, 31 male) people were interviewed. We included residents from Hunterdon, Somerset, Warren and Mercer Counties with the majority residing in our primary service area of Hunterdon. The age of participants ranged from 16-75+. Due to the pandemic and concern over community COVID-19 spread, the focus groups were done using Google Meet, a virtual platform. Although we originally had concerns about this new process, it worked very well and enabled us to conduct nearly twice as many focus groups than in past assessments and reach a more diverse group of people. The only in-person focus group was conducted by a bilingual United Way staff member for Spanish-speakers. This focus group was held at the United Way with the assistance of their staff and was attended by seventeen Latina women.

## Methodology

A modified version of the Nominal Group Technique (NGT) was employed in conducting the focus groups. These steps included:

1. An introduction of all participants and the facilitator
2. An outline of the general rules to be observed during the session
3. A review of the three questions to be posed:
  - a. What positively impacts the quality of life in Hunterdon County (and towns in bordering counties)?
  - b. What negatively impacts the quality of life in Hunterdon County (and towns in bordering counties)?
  - c. Provide recommendations to improve quality of life in Hunterdon County (and towns in bordering counties).
4. A “round-robin” method was used by the facilitator who called on each participant one at a time to share an idea in response to the question posed. Each unique idea was typed into a Google Sheet that was shared on the computer screen for all participants to see. Each participant got two turns to respond to each

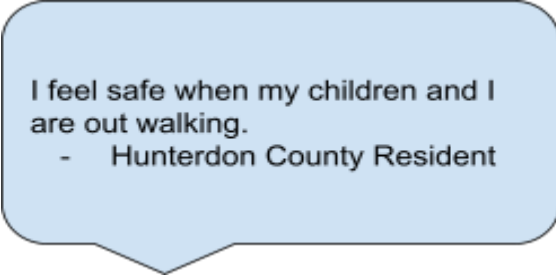
question. Afterwards, the facilitator “opened the floor” and asked participants to share any additional ideas they had that were not yet captured on the spreadsheet.

5. The ideas were grouped if similar/same before voting occurred. Each participant had the opportunity to vote on their top two ideas they believed to be most important. The votes were then tallied and recorded. The same steps were followed for all questions.

Data from all 20 focus groups were collected and analyzed independently and collectively. The analysis identified many prevailing themes that mirrored the 2019 assessment.

## Results

The people who participated in the focus groups were from varied backgrounds, ages, ethnicities, races and work/life experiences. We saw common themes among all the groups when asked what positively impacted quality of life but we did see some



I feel safe when my children and I are out walking.  
- Hunterdon County Resident

differences that were specific to age when we discussed what negatively impacts quality of life. A common theme among all focus group members was an appreciation of the beautiful rural nature of our area. Residents have access to parks, hiking trails, farms, fresh produce markets, wineries and river towns. Open space is abundant and the bucolic setting and access to nature is very appealing

to the people that live here. Many homeowners enjoy sizable properties for gardens and recreation. There are also many walkable downtowns in the counties we serve that boast fine eateries, boutiques and unique shops.

Education is valued in the county, which was evident in responses in every focus group. Even students currently attending area schools commented on the quality of our education system. Many mentioned “schools” as the primary reason they moved into the area to raise their family. Many of our schools are regionalized with large student bodies. They offer many college level courses giving students an opportunity to explore potential careers while still in high school. The county also hosts Hunterdon County Polytech to prepare students for future careers and technical training. Our graduation rates are some of the highest in the state. Somerset residents also frequently mentioned “good schools” as something that improves quality of life in their county.

Residents feel safe living here. Our low crime rate was another positive area that participants all valued. Our Spanish-speaking focus group was particularly appreciative of feeling safe while “walking down the street”.

Hunterdon and Somerset are two of the wealthiest counties in New Jersey. Money provides easier access to healthy food, stable housing, areas with good schools, safety, and for most, health insurance. However, not everyone is wealthy here. Focus group members noted the great disparity between those with means and those who struggle to make ends meet. “There are many resources in the area, but not everyone knows how to access them,” was reported by several participants. This is something we hear year after year, even though agencies have tried over the years to reach people via websites, social media, newsletter, emails, resource directories and other communication vehicles. There have been many efforts to break down this barrier and connect those in need of resources to them. This work will continue.

Most Common Focus Group Responses:

Factors Positively Impacting Quality of Life in Hunterdon (& towns in bordering counties)

Bucolic setting (outdoor activities, green space)
Great schools
Low crime rate- safe place to live
Wealth
Proximity to major cities (but still rural)
Access to quality healthcare
Access to fresh produce and farm markets
Wide range of community resources
Nice people, sense of community
Expansion of affordable housing
Expanding diversity
Collaboration between organizations

Most Common Focus Group Responses

Factors Negatively Impacting Quality of Life in Hunterdon (& towns in bordering counties)

High taxes and cost of living
Lack of transportation
Housing affordability
Lack of mental health providers
Social isolation
Obesity/Chronic Disease
Lack of awareness of available resources
Access to health insurance
Lack of Diversity
Lack of affordability for young (18+) and old (retirement age) to live here

This assessment year we were able to capture data from seventeen, 18-30 year olds. They tended to have slightly different concerns than the other age groups. Their biggest concern is housing affordability, and specifically rent. Many are moving back into their family home after college because they cannot afford to rent in this area. They also complained about the lack of nightlife in the area, although they do appreciate the breweries and wineries in the county. Some young people mentioned outdoor activities as a plus. Although some of them said they would like to stay in the area, most did not think they could afford to live here long-term. High school students long for a place to “hang out with our friends”.

Senior citizens also had concerns over the affordability of living here. The high taxes and high rents and housing becomes difficult in retirement. “We want to stay here but it just isn’t possible in retirement,” said one senior focus group member. Transportation is another area frequently mentioned by senior citizens and is truly essential to navigate this rural area. Social isolation can go hand-in-hand with transportation for many of our seniors who lose touch with friends and social organizations if they can no longer drive. The Link is a good option but frequently has long wait times which doesn’t work for everyone.

Focus group members of all ages expressed the need for more mental health providers and easier/faster access. The pandemic has increased those suffering with anxiety and depression. Social isolation was also mentioned due to COVID. Some said, "People need to reconnect to something outside themselves and bring back the importance of taking care of their neighbor, their community." School administrators suggested bringing back community service opportunities and volunteering. This not only helps with self-esteem but brings a mental health benefit. A sense of purpose and social connectedness is extremely healthy and necessary at any age.

In summary, residents love the beautiful landscape and open space Hunterdon and the surrounding service area provides. They feel safe living here. Many chose to raise their family here because of the excellent schools. However, these benefits come at a cost. High taxes and lack of enough affordable housing and rental properties make living here difficult for some- especially the young and old. The need for more mental health professionals is high on resident's priority list. People want easy, quick, affordable access to these services. Many residents have heard that Hunterdon and Somerset are two of the healthiest counties in NJ and yet they also realize that not everyone is healthy here. They noted obesity and its role in chronic disease and certain cancers. One teen said, "People don't always make good choices." when she was talking about nutrition. Transportation is a barrier and has come up in every focus group since our original CHNA in 2012. We have made some progress over the years but clearly there is much work to be done.

## FORCES OF CHANGE ASSESSMENT

### Introduction

The purpose of the Forces of Change Assessment (FOCA) is to identify and analyze present and future external forces expected to have an impact, be it positive or negative, on the public health system and the health of the community.

Forces of change include:

- **Trends-** patterns over time, such as migration in or out of the community or a growing disillusionment with government
- **Factors-** discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway

- **Events**- one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation

Categories of forces of change include: Social, Economic, Political, Technological, Environmental, Scientific, Legal and Ethical.

## **Methodology**

A total of 11 key stakeholders and community leaders participated in the Forces of Change brainstorming session. Participants represented many different sectors including healthcare, business, government, law enforcement, public health, population health, education and non-profit. The two-hour long assessment was held on May 17, 2022. Similar to the Community Health Needs Assessment focus groups, a modified version of the Nominal Group Technique was used. In “round robin” fashion, each participant identified a force of change. All responses were listed on the board by the facilitator. This process was repeated. Once every participant had the opportunity to share at least 2 responses, the facilitator asked if any of the forces written on the board could be combined (i.e. similar ideas). Next, participants were given a ballot which listed the final discrete forces identified and grouped during the brainstorming session. They were then asked to select their top five forces and rank them in order of significance (with 1 being the most significant). The ballots were collected and assigned points. The force ranked #1 (i.e. most important) received 5 points, #2 (i.e. 2nd most important) received 4 points, and so on. Points were added up and the 5 forces that had the highest point total were considered to be the most important “forces” for the entire group.

## **Results**

The following lists by category all the individual Forces of Change identified by the FOC participants:

### **Economy/Inflation**

- Supply chain issues
- High inflation
- Transportation costs
- Living wages
- Economy diversity

### **Social**

- Justice and policing
- Cost of living

- Affordable housing
- Workforce development & burnout
- Substance misuse
- Education & emotional development
- Aging population
- Growing diversity
- Volunteerism

Environmental

- Climate change
- Infectious disease
- Transportation & isolation

Technological

- Telehealth
- Social media's impact on mental health

Legal

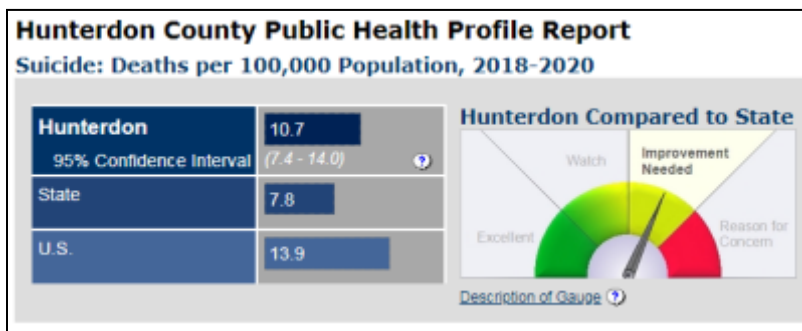
- Decriminalization of marijuana
- Increase in violent crimes

Political

- Public distrust of government and healthcare
- Shifting social institutions
- Political and social polarization

The group ultimately settled on a final list and ranked their Top 5 Forces of Change. The 5 ranked to be the leading Forces of Change are as follows:

1. Mental health & substance misuse: In 2020 suicide was the 12th leading cause of death among Americans and 15th among New Jerseyans. The average annual suicide count among New Jersey residents is about 740. There are approximately double the number of suicides as homicides in the state (New

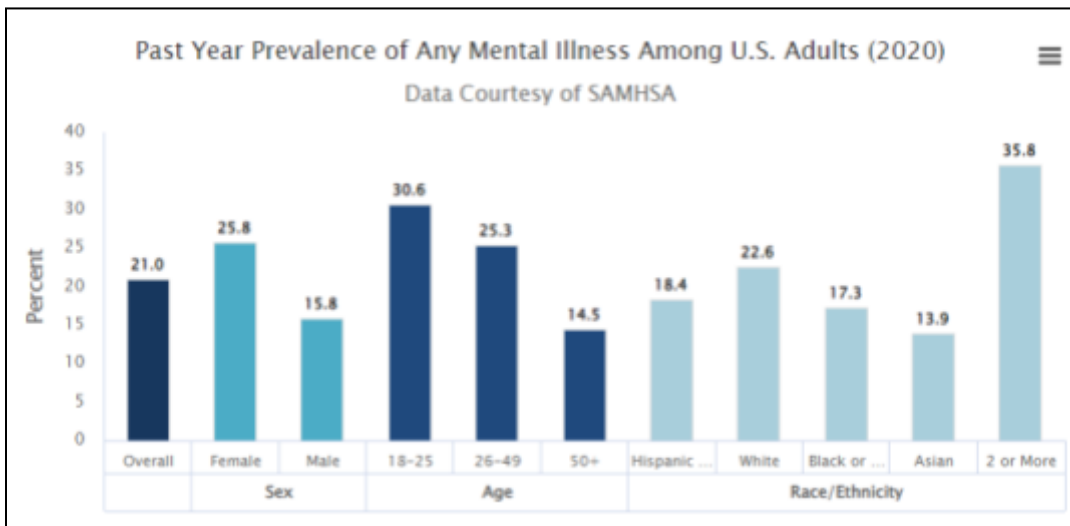


Jersey State Health Assessment Data, 2022). Suicide is a devastating public health issue that impacts families and communities. Who is at risk for suicide? People of all genders,

ages, ethnicities and economic backgrounds are at risk. However, there are

certain risk factors for suicide, including history of suicide attempts, depression, chronic pain, family history of mental disorder or substance use, exposure to violence, presence of guns in the home, recent release from incarceration, and exposure directly or indirectly to others' suicidal behavior. But it is important to note that most people who exhibit risk factors for suicide will not attempt suicide. In fact, it is difficult to know who may act on suicidal thoughts. According to CDC data, women are more likely to attempt suicide than men, but men are more likely to die by suicide because they typically use more lethal methods (US Department of Health and Human Services, 2021). However, recent CDC data suggest that the leading means of suicide for women may be shifting toward more lethal methods as well. The rate of suicide death among preteens and younger teens is lower than that of older adolescents and adults, however it has

**FIGURE 30: Past Year Prevalence of any Mental Illness Among US Adults**



Source: Substance Abuse and Mental Health Services Administration, 2022

unfortunately increased over time. Suicide now ranks as the second leading cause of death for youth ages 10 to 14. For children under age 12, research indicates that black children have a higher rate of suicide death than white children. Unfortunately our own community has experienced the pain and loss of too many of our Hunterdon County teens.

There are many mental health disorders and, in the US, nearly one in five US adults live with a mental illness. These vary in degree and severity from mild to moderate or severe (National Institute of Mental Health, 2022). People with a mental illness are more likely to experience substance use disorder than those not affected by a mental illness. According to SAMHSA's 2018 National Survey



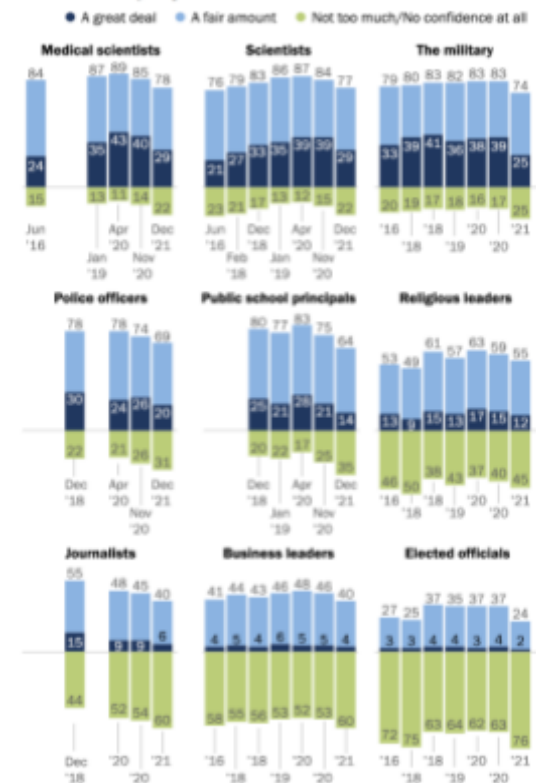
on Drug Use and Health, approximately 9.2 million adults in the US have a co-occurring disorder.

2. **Economy/Affordability:** According to the U.S. Bureau of Labor Statistics consumer prices have risen by 8.6% during the year ending in May 2022. Food, housing, energy and consumer product costs are all up with no end in sight. Interest rates are rising and the supply chain has experienced disruptions. This is all adding to increased costs due to demand for products that are in short supply. COVID and its global impact are creating economic hardships both domestically and in countries around the world.

3. **Polarization/Public mistrust:** Unfortunately there has been a growing distrust and dissatisfaction for the government over the past two decades. According to an article by Pew Research, “Just 6% say the phrase “careful with taxpayer money” describes the federal government extremely or very well; another 21% say this describes the government somewhat well.” A comparable small share (only 8%) describes the government as being responsive to the needs of ordinary people. Some responses are more positive than others depending on the issue. About 70% of Americans surveyed agreed that the government does a good job of dealing with natural disasters and homeland security but not as well with immigration and helping people get out of poverty. What is more recent is the growing distrust of institutions and scientists. In November 2020, 40% of people surveyed reported “a great deal of confidence” in scientists. Currently only 29% report any confidence in scientists at all (Kennedy et al., 2022).

**Public confidence in scientists and medical scientists has declined over the last year**

% of U.S. adults who have \_\_\_ of confidence in the following groups to act in the best interests of the public

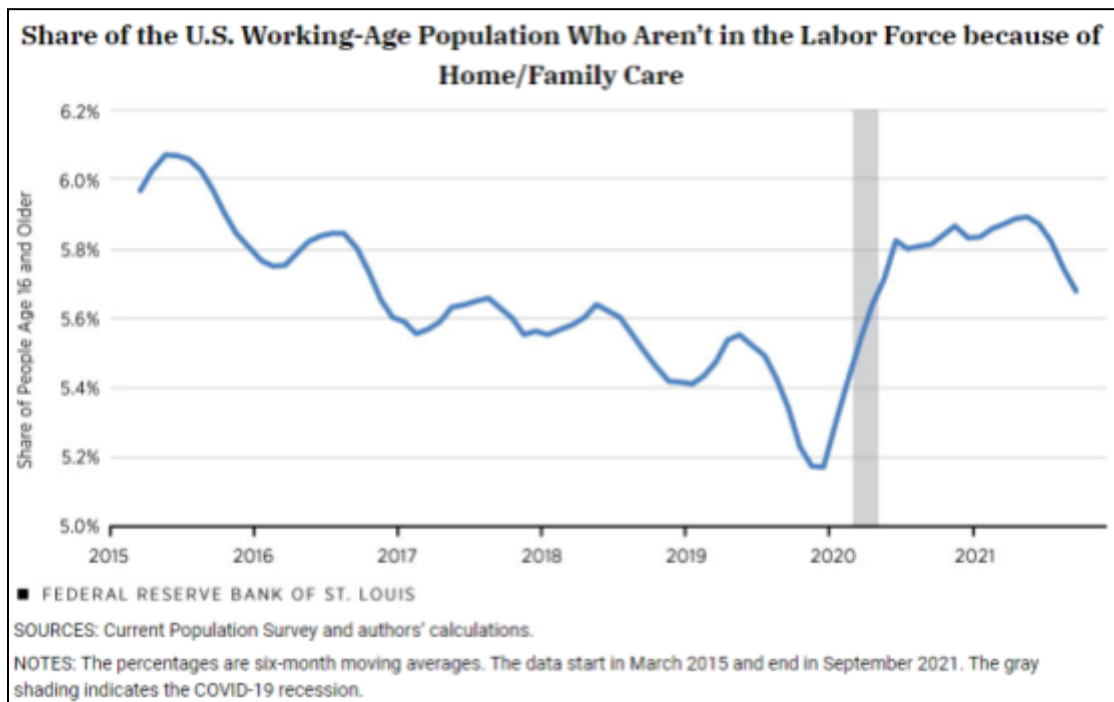


Note: Respondents who did not give an answer are not shown.  
Source: Survey conducted Nov. 30–Dec. 12, 2021.  
“Americans’ Trust in Scientists, Other Groups Declines”

PEW RESEARCH CENTER

4. Workforce development/burnout: Why are workers staying out of the US labor force? According to a March 2022 article in US News & World Report, “the workplace remains in a state to find workers. Wages are rising at an annual average of about 5%” (US News and World Report, 2022). The term “Great Resignation” is being used to describe this trend. Many of these workers are baby boomers who decided it was a good time to retire and others chose to remain home to care for family and have not returned to the workforce.

**FIGURE 31: Share of the US Working-Age Population Who Aren’t in the Labor Force because of Home/Family care**

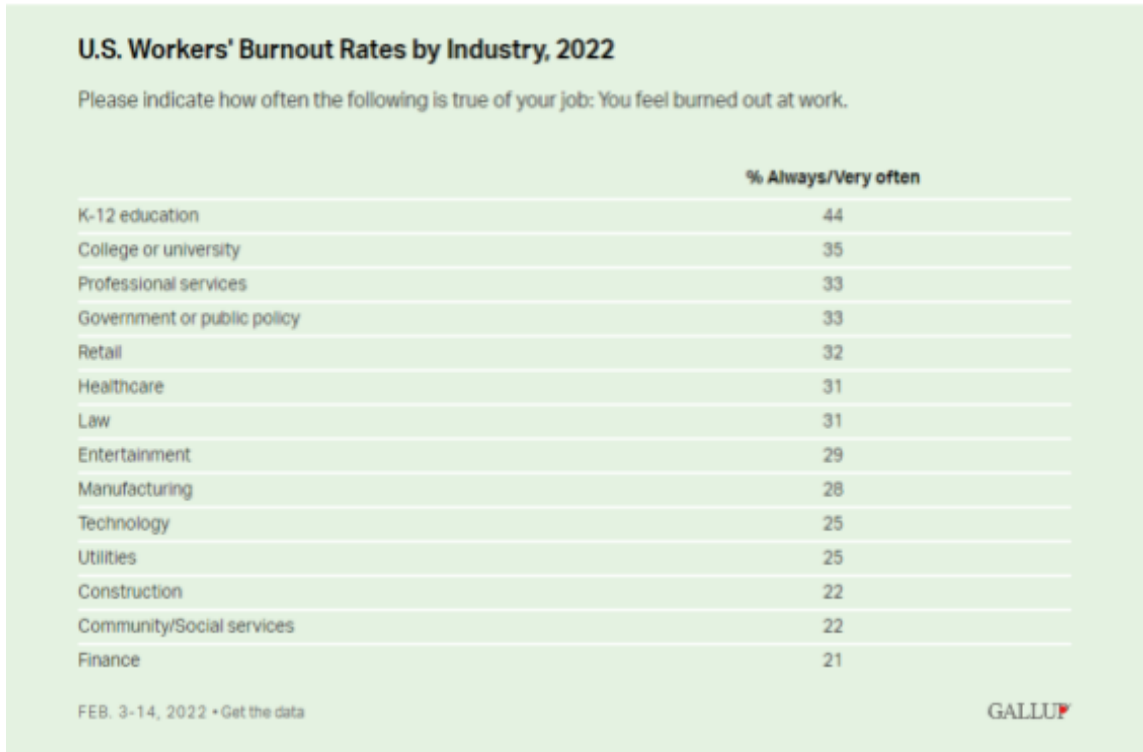


Healthcare workers are retiring at a faster rate than expected, some due to burnout over two plus years of working through the pandemic. This comes at a time when we have an aging population nationally and will need more healthcare workers in the years to come. In May 2022, the US Surgeon General posted an advisory expressing alarm over the projected shortage of more than 3 million essential low-wage health workers in the next five years and a projected

“Something has to change. Something good has to come out of this or it will be for nothing.”  
 Nisha B., Pittsburgh, PA / Palliative Social Worker

shortage of nearly 140,000 physicians by 2033. Some of the topline recommendations in the Surgeon General’s Advisory included areas surrounding transforming workplace culture to empower health workers and be responsive to their voice and needs, reduce administrative duties to allow more face-to-face interaction with patients, prioritizing social connection and community and protecting health workers’ safety.

**FIGURE 32: US Workers’ Burnout Rates by Industry, 2022**



5. Education & emotional development: Educators topped the list of “US Workers Burnout Rate by Industry” in a February 2022 Gallup poll (Agrawal & Marken, 2022). “School openings and closures, parent and community member frustrations with school pandemic responses, and social, academic and mental health challenges students faced only furthered K-12 burnout.” The pandemic exacerbated long-standing challenges in the profession related to low-wages, navigating student/family dynamics, and ever-changing policies coming in addition to new ones. Many states are also dealing with controversial politicized curriculum changes that have brought about much debate and stress for teachers and school administrators.

Students have also suffered. This public health crisis led to government enforced strict social distancing measures, including large-scale lockdowns, travel limitations, and school closures. These measures have disrupted people's everyday life and caused in some cases significant mental health burden. According to a report from the US Department of Education, "Nearly all students have experienced some challenges to their mental health and well-being during the pandemic and many have lost access to school-based services and supports, with early research showing disparities based on race, ethnicity, LGBTQ+ identity, and other factors." A systematic search of literature on PubMed and Collabovid of studies published January 2020-July 2021 revealed that both children and college students reported feeling more anxious, depressed,



fatigued, and distressed than they did prior to the pandemic. Social isolation was problematic for many students since online studies didn't fulfill their need for human interaction. This was particularly difficult in a rural area like Hunterdon where some people don't have neighbors close by. As a result of COVID-19, many students experienced long quarantine periods due to lockdowns, infection or exposure as

well as physical isolation from their friends, teachers, and extended family. They were forced to adapt to a virtual learning environment. "Due to this unexpected and forced transition, children and college students may not have adequate academic resources, social contact and support, or a home-learning environment, which may lead to a heightened sense of loneliness, distress, anger, and boredom—causing an increase in negative psychological outcomes" (National Library of Medicine, 2022).

The top five forces were identified and the group came up with both challenges or threats and opportunities or strategies regarding each one. Information will be shared with the PFH, hospital leadership and the public to inform future health initiatives.

Forces of Change	Challenge/Threats	Opportunities/Strategies
Economy/Inflation	<ul style="list-style-type: none"> <li>● Rising costs</li> <li>● Transportation</li> <li>● Affordable housing</li> <li>● Aging workforce</li> </ul>	<ul style="list-style-type: none"> <li>● Programs</li> <li>● Out of box solutions</li> <li>● Planting seeds/projects</li> <li>● Messaging</li> <li>● Promote current resources</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>● Lack of providers</li> <li>● Poor reimbursement</li> <li>● Stigma</li> <li>● Poor access</li> <li>● Complicated treatment options</li> <li>● Substance use disorder treatment</li> </ul>	<ul style="list-style-type: none"> <li>● Expand prevention education &amp; at younger age</li> <li>● Understand triggers &amp; categories</li> <li>● Early treatment</li> <li>● Decentralize behavioral health</li> </ul>
Polarization	<ul style="list-style-type: none"> <li>● Information overload</li> <li>● Recovering trust</li> </ul>	<ul style="list-style-type: none"> <li>● Messaging</li> <li>● Collaboration</li> <li>● Compromise</li> <li>● Educate de-escalation techniques</li> </ul>
Workforce Burnout	<ul style="list-style-type: none"> <li>● Lack of workers</li> <li>● Burnout</li> <li>● Exit out of NJ</li> <li>● Youth has a different approach to work</li> </ul>	<ul style="list-style-type: none"> <li>● Retain current employees</li> <li>● Entertainment for youth</li> <li>● Interest groups</li> <li>● Trade education</li> </ul>
Education	<ul style="list-style-type: none"> <li>● Policies within education</li> <li>● Adult education</li> </ul>	<ul style="list-style-type: none"> <li>● In-person mentoring with kids</li> <li>● Community service</li> </ul>

## CONCLUSION

This Community Health Needs Assessment report includes both qualitative and quantitative data, and provides an overview of the health status and health needs of the Hunterdon community as well as the towns in bordering counties of Somerset, Mercer, and Warren. Quantitative data was gathered from multiple sources, both primary and secondary, such as the 2020 US Census, County Health Rankings and Roadmaps, BRFSS, NJ Department of Health Data and others, including the Hunterdon Health electronic health record data. Qualitative data was collected from focus groups with diverse members of the community. Many sectors were represented in our focus groups including: schools, faith leaders, businesses, healthcare, social services, county employees, government, non-profit organizations, teens, senior citizens and both English and Spanish speaking residents. The Forces of Change brainstorming session with key community stakeholders drilled down the leading trends over the next 3 to 5 years that could impact health in our community.

Review and analysis of all data helped the members of Partnership for Health to identify the following health priorities: mental health (stress and anxiety), substance misuse (drugs and alcohol), obesity and heart disease, elder care, and access to healthcare (including cost, language barriers and transportation). These issues were no surprise to PFH members as they were also identified in the 2019 CHNA. COVID-19 had an enormous impact on our community and the initiatives and goals we set in our last Community Health Improvement Plan (CHIP). The group unanimously voted based on the data to continue our work in these key needs areas. The current action teams: Healthy Lifestyles, Mental Health, Senior Health Coalition, Drug-free Taskforce and Latino Coalition will remain. Equity and access to care will be overarching priorities in all of the teams. Action team members are tasked to reevaluate current team goals and objectives, make necessary changes, and develop clear strategies to address these health issues. All of this will be captured and documented in the 2023-2025 Community Health Improvement Plan.

Conducting a Community Health Needs Assessment during a pandemic presented many challenges but also some opportunities. We appreciate everyone who participated in this process and especially our community members who spoke openly and honestly about what is important to them. We look forward to working together to improve health and wellness for all.

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## APPENDICES

### **Appendix A: List of Partnership for Health Members**

- American Heart Association
- America's Grow a Row
- Alzheimer's Association
- Anderson House
- Calvary Episcopal Church
- Catholic Diocese of Metuchen
- Center for Healthy Aging
- Center for Nutrition and Diabetes Management
- Central Jersey Family Health Consortium
- Certified Fitness for Special Needs
- Clinton Public School
- Delaware Valley Family Health Center
- Easter Seals- New Jersey
- Family Promise
- Fisherman's Mark
- Flemington Jewish Community Center
- Francis Desmares Elementary School
- Flemington Area Food Pantry
- Foothill Acres
- Go Hunterdon
- Habitat for Humanity
- Hampton Public School
- Healthy Lifestyles Action Team
- High Point Partial Care
- Hunterdon Care Center
- Hunterdon Cardiovascular Associates
- Hunterdon Central Regional High School
- Hunterdon County Chamber of Commerce
- Hunterdon County Residents
- Hunterdon County Department of Human Services
- Hunterdon County Division of Health
- Hunterdon County Division of Senior, Disabilities and Veterans Services
- Hunterdon County Economic Development
- Hunterdon County Medication Access Partnership
- Hunterdon County Medical Reserve Corps
- Hunterdon County Office of the Prosecutor
- Hunterdon County Parks and Recreation
- Hunterdon County Public Health Nursing and Education



- Hunterdon County School Nurses Association
- Hunterdon County Superintendent's Association
- Hunterdon County Superintendent Office
- Hunterdon County Vocational School District
- Hunterdon County YMCA
- Hunterdon Helpline
- Hunterdon Health
- Hunterdon HealthCare Partners
- Home Health Services
- Hunterdon Behavioral Health
- Hunterdon Health Foundation
- Hunterdon/Mercer Chronic Disease Coalition
- Hunterdon Pediatric Associates
- Hunterdon Preparatory School
- Hunterdon Prevention Resources
- Hunterdon Regional Cancer Center
- Hunterdon Regional Community Health
- Hunterdon Hospice
- Hunterdon and Mercer County Regional Chronic Disease Coalition
- Hunterdon Prevention Resources
- Kingwood School
- Latino Health Committee
- Mental Health Action Team
- Nightingale NJ
- NJ Cancer Education and Early Detection (NJCEED)
- NJ SNAP- Ed
- New Jersey Department of Health
- New Jersey Health Initiatives
- North Hunterdon High School
- NORWESCAP
- Oceans Family Success Center
- One Voice
- Open Door Recovery Center
- Phillips Barber Family Health Center
- Polytech Technical High School
- Raritan Valley Community College
- Readington Township Board of Health
- Right at Home
- Rutgers Cooperative Extension Services
- Safe Communities Coalition of Hunterdon and Somerset County
- SAFE in Hunterdon
- The Salvation Army of Flemington
- Senior Health Coalition

- Sharing the Hope Family Support Center
- State of New Jersey- Department of Education
- Shoprite of Hunterdon County
- Templo Internacional de Restauración
- Town of Clinton
- United Way of Hunterdon County
- Valley Crest Farm
- Voorhees High School
- WakeFern Food Corporation
- Zufall Health