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HUNTERDON COUNTY NEW JERSEY

COMMUNITY HEALTH NEEDS ASSESSMENT

HUNTERDON HEALTH SERVICE AREA NEW JERSEY

2025

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Acknowledgements

Community Health Needs Assessment Steering Committee

This Community Health Needs Assessment (CHNA) is the product of a three-month process led by a Steering Committee with input from multiple individuals, organizations, and groups. The Steering Committee for this process was comprised of staff from Hunterdon Health and the Hunterdon County Health Department. These individuals were integral in making this comprehensive assessment possible. The Steering Committee would like to extend gratitude to all focus groups participants, community health leaders, and members of the community who gave their time, input, and provided information used in the development of this report.

Hunterdon Health Steering Committee Members		
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Karen DeMarco	Health Officer/ Department Head	Hunterdon County Health Department
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Christine Schwarz	COVID-19 Epidemiologist	Hunterdon County Health Department
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Hunterdon Health

Hunterdon Health serves as the primary healthcare provider for the Hunterdon Health Service Area, which encompasses 53 zip codes primarily within and around Hunterdon County, New Jersey. Hunterdon Medical Center is a 178-bed acute care teaching hospital that serves as the centerpiece of the Hunterdon Healthcare System, providing comprehensive medical services primarily to Hunterdon County and surrounding areas including Somerset, Warren, and Mercer counties in New Jersey. The medical center has received an “A” Leapfrog Hospital Safety Grade and a five-star rating from the Centers for

Medicare and Medicaid Services (CMS). It features advanced facilities including a 12-bed intensive care unit, 4-bed coronary care unit, 20-bed same day surgery center, 20-bed maternity and newborn care center, 10-bed pediatric unit, and 14-bed behavioral health wing, with over 5,000 surgeries performed annually and nearly 900 babies delivered each year. HMC has earned numerous prestigious recognitions including Magnet re-designation for nursing excellence, accreditation by The Joint Commission, designation as a primary stroke center by the New Jersey State Department of Health, and recognition as one of America's best breast centers through the Women's Choice Award. The hospital has also been noted for serving one of the healthiest counties in New Jersey according to the Robert Wood Johnson Foundation study and consistently ranks among the top 10% of national and New Jersey hospitals in quality healthcare performance indicators.

Hunterdon Health provides extensive community-based services through multiple delivery locations including the Hunterdon Health and Wellness Center with two premier fitness facilities in Whitehouse Station and Clinton, New Jersey, offering health education staff and wellness programming. The organization operates physician offices throughout Hunterdon County as well as in Somerset, Warren, Morris, and Mercer counties, with many specialty medical staff having offices in the Hunterdon Doctors' Office Building adjacent to the medical center. Community services include the Bright Tomorrows Child Care Center located on the medical center grounds, which provides care and early childhood education for children aged 6 weeks to 6 years and serves both hospital employees and community members. Additionally, Hunterdon Health offers a certified home health agency that provides skilled nursing, physical and occupational therapy (both inpatient and outpatient), hospice, home-based hospital (HBH), and speech pathology services directly in patients' homes, along with comprehensive support groups and health education programs delivered throughout the community.

Mission Embrace people, elevate care and cultivate healthier communities.

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

Values Through our actions and behaviors, all of us at Hunterdon Health promise to consistently and continually demonstrate our core values of accountable, adaptive, authentic, inclusive committed, and empowered to support our mission and uphold the success of our organization.

Hunterdon County Health Department

The Hunterdon County Health Department (HCHD) is the sole health department of Hunterdon County, serving approximately 130,000 residents in 26 municipalities. As the only public health authority in the county, HCHD works in close partnership with the New Jersey Department of Health (NJDOH), New Jersey Department of Environmental Protection (NJDEP), and New Jersey Department of Community Affairs (DCA) which

provides guidance, technical assistance, regulatory oversight, and access to statewide resources.

The HCHD is governed by the Board of County Commissioners for Hunterdon County and employs a staff of 45 within six Divisions: Environmental Health, Mosquito and Vector Control, Solid Waste and Recycling, Weights and Measures, Public Health Nursing, and Public Health Preparedness. HCHD is the enforcement agency upholding New Jersey Administrative Code for public health and provides grant-funded programs under the Recycling Enhancement Act, County Environmental Health Act, and Public Health Emergency Preparedness grant, among others.

The HCHD Public Health Nursing Division provides population-based community health services by integrating clinical knowledge of health and wellness with epidemiological methods to implement effective public health responses. The division offers communicable disease control and education, assistance with pregnancy and prenatal care, chronic disease monitoring, childhood vaccinations, lead poisoning prevention, and collaboration with partner agencies to provide essential dental care and vision screenings. It also promotes health through education and supports the medical community with professional development resources.

In the Division of Public Health Preparedness, a team of specialists create, develop, evaluate and implement action plans to help prevent, prepare for, and respond to serious public health crises including emerging diseases, pandemic influenza, disease outbreaks, wide-scale natural disasters, and medical countermeasures. Preparedness staff members focus on building and sustaining capacity associated with seven Public Health Preparedness Capabilities contained within the Centers for Disease Control & Prevention's National Standards for State & Local Planning.

The Environmental Health Division's programs include inspections and enforcement in the areas of food safety, safe drinking water, septic plan reviews and installation inspections, air pollution control, solid waste enforcement, rabies control, noise control, housing and nuisance complaints, and Right to Know inspections. The Division is responsible for inspections at body art facilities, tanning salons, kennels, pet shops and shelters. Environmental health staff also work with public health nurses to investigate cases of lead poisoning in children within the county. The Hazardous Materials Response Unit (HMRU) program is administered jointly by the Hunterdon County Department of Public Safety and HCHD to prevent the loss of life, protect property, and mitigate environmental impacts.

The Mosquito and Vector Division focuses on the abatement of mosquitoes pursuant to New Jersey health statutes Title 26:9 and insect surveillance. The Division's primary programs include statutory obligations with respect to mosquito surveillance and control, along with black fly control of the species *Simulium jenningsi*. The Division's programs

include testing various tick and mosquito pathogens and results are shared with other counties in New Jersey. This Division also provides information on a variety of entomologically related topics for the community including ticks, bed bugs, emerald ash borer, stink bugs, carpenter ants, wasps/hornets and mites.

The Solid Waste and Recycling Division provides recycling events throughout the year, participates in the Solid Waste Advisory Council, facilitates the Clean Communities and Recycling Enhancement Act funded through New Jersey Department of Environmental Protection (NJDEP) and manages operations at the Hunterdon County Transfer Station in partnership with Waste Management.

The Office of Weights and Measures enforces the laws and regulations in accordance with New Jersey Office of Weights and Measures and the National Conference of Weights and Measures under the Division of Consumer Affairs.

The Hunterdon County Office of Emergency Management is a Division of the County's Department of Public Safety. The Office of Emergency Management provides Hunterdon County with planning, mitigation, and resources for emergencies and disasters. The Hunterdon County Office of Emergency Management and Health Department routinely partner to prevent, respond, and recover from emergencies with the shared goal of protecting the safety and health of residents and the environment. Hunterdon County maintains a hybrid model of programming between the HCHD and the Office of Emergency management, which is unique to the County. This cross-discipline partnership has aided in robust Communicable Disease Control, Hazardous Materials Response, and Public Health and Emergency response planning.

Mission HCHD's mission is to prevent disease, promote healthy lifestyles, and protect the health and well-being of all residents and visitors of Hunterdon County.

Vision: The Health Department's vision is to improve the health of community residents and protect the environment of Hunterdon County while upholding New Jersey Practice Standards of Performance for Local Public Health, enforcing related regulations, and developing programming to serve the needs of identified health issues in the County.

Guiding Principles: The guiding principles of the department center on loyalty to environmental and public health, promoting sustainability and equity through inclusive, evidence-based policies and programs. Fairness, respect, and transparency are prioritized by removing barriers, fostering community collaboration, and ensuring accountability through open communication and regulatory compliance. Through innovation, reliability, and teamwork, HCHD aims to empower residents, support vulnerable populations, and create resilient, healthy environments for all.

Hunterdon County Partnership for Health

The Hunterdon County Partnership for Health (PFH)[1] is a community collaboration dedicated to achieving optimal health for all residents of Hunterdon County. The PFH works by setting data-driven priorities identified through CHNAs, harnessing collective power from leaders across multiple sectors, and committing to sustainable solutions that focus on systems, policies, and environmental changes. The PFH's work specifically aims to put optimal health within everyone's reach by addressing gaps that disproportionately affect the county's population, while continuously measuring and sharing their progress toward achieving community health goals. The PFH is led by an Executive Committee, of which both Hunterdon Health and the Hunterdon County Health Department are members.

Mission The Hunterdon County PFH is a community collaboration dedicated to achieving optimal health for all residents.

Vision Every individual of Hunterdon County has a state of optimal physical, mental, spiritual, and social well-being which allows the individual to pursue the most fulfilling life possible, and not merely a life absent of disease or infirmity.

Consultants

Hunterdon Health and Hunterdon County Health Department commissioned Ascendient Healthcare Advisors (Ascendient) to support the 2025 CHNA. Ascendient works with healthcare organizations and public health departments nationwide to complete IRS-compliant and Public Health Accreditation Board (PHAB) conforming community health needs assessments, improvement plans, and to establish progress tracking methods and mechanisms. The Ascendient team members involved in the development of this report included experienced planning professionals with expertise in community health assessment processes. To learn more about Ascendient, please visit their website at www.ascendient.com.

[1] For more information about the Hunterdon County Partnership for Health, including a list of the 70+ multi-sector partner organizations, please visit https://partnershipforhealth.hunterdonhealthcare.org/

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Community Health Needs Assessment

2025 Executive Summary

What is a community health needs assessment (CHNA)?

A Community Health Needs Assessment (CHNA) is a comprehensive study that identifies health challenges within a community and determines priorities. These assessments help hospitals and public health agencies focus resources where they can make the greatest impact.

Objectives of this Report

1. Determine the primary health challenges in the community by examining information about illness patterns and causes.
2. Identify shortcomings in healthcare and other support services in the community.
3. Establish which concerns leaders should prioritize for immediate action.
4. Support partners in meeting regulatory and accreditation standards.

Data Analyzed

Secondary Data: Supporting information for this CHNA was collected from various publicly accessible resources to outline geographic, population, social and economic characteristics, environmental influences, health conditions and illness patterns, psychological and behavioral wellness trends, and personal health practices.

Primary Data: New information was obtained and examined through community member and key leader surveys, key leader interviews, and focus group conversations.

Community Health Opinion Survey: 414 Responses

Key Leader Interviews: 7 Interviews

Key Leader Survey: 63 Responses

Focus Groups: 87 Total Participants

2025 Priority Health Needs

Mental Health

Healthy Lifestyle

Substance Use

Conclusion

Prioritizing these health needs will contribute to lowering the risk of chronic disease and cancer. The next step of the CHNA process is for health leaders to identify goals, objectives, and strategies for addressing these priority needs.

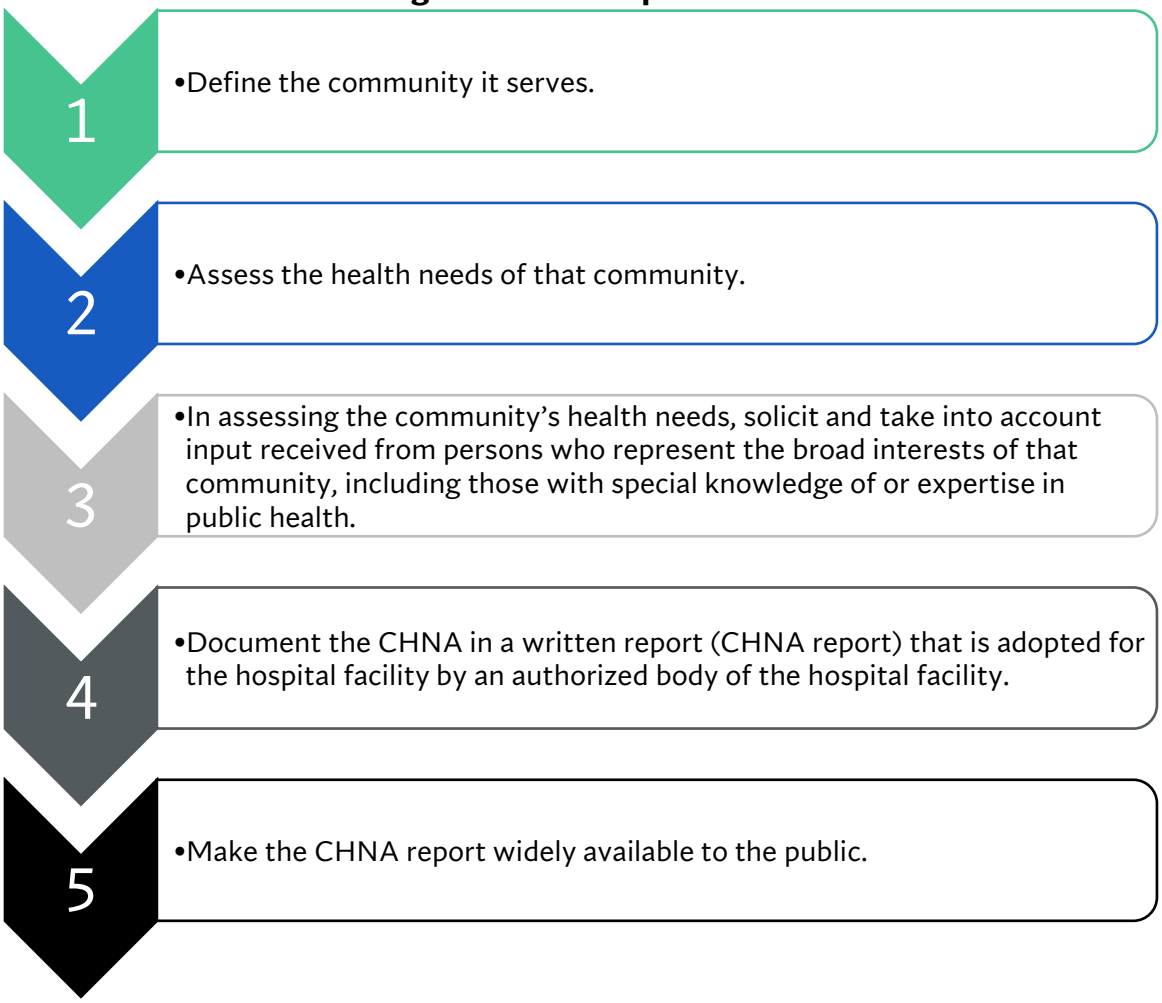
Introduction

The Hunterdon Health CHNA demonstrates a comprehensive approach to understanding and addressing community health needs while fulfilling CHNA requirements for both non-profit hospitals per Section 501(r)3 of the Internal Revenue Service (IRS) regulations for non-profit hospitals, and for public health, as defined by the Public Health Accreditation Board (PHAB).

Hospital Requirements

IRS Section 501(r)3 requires nonprofit hospitals to complete a CHNA every three years. The CHNA must consider the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. More specifically, hospital facilities must do the following to be considered in compliance with this IRS requirement:

Figure I.1: IRS Requirements



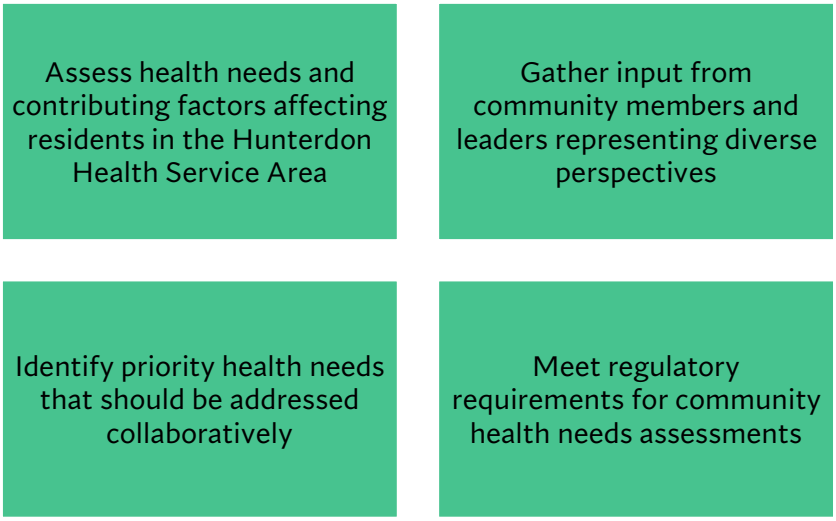
Public Health Requirements

The PHAB Standards and Measures for Initial Accreditation, Version 2022 outline requirements and provide guidance for governmental public health departments seeking to demonstrate their conformity with national practice standards. A community health assessment is required in Standard 1.1, with the purpose of ensuring health departments assess the health of the population served. It is the expectation that the community health assessment will be used to inform priority setting, planning, program development, policy change, coordination of resources, to prepare for funding applications, and to find new ways to collaboratively use community assets while making sure the assessment is available to other public health system partners who may also use it for similar purposes.

CHNA Process Overview

The process used to produce this CHNA was informed by the MAPP 2.0[2] framework. This is a community-based planning process used to assess health issues and align resources across sectors to address health priorities. Key objectives of the Hunterdon CHNA process were to:

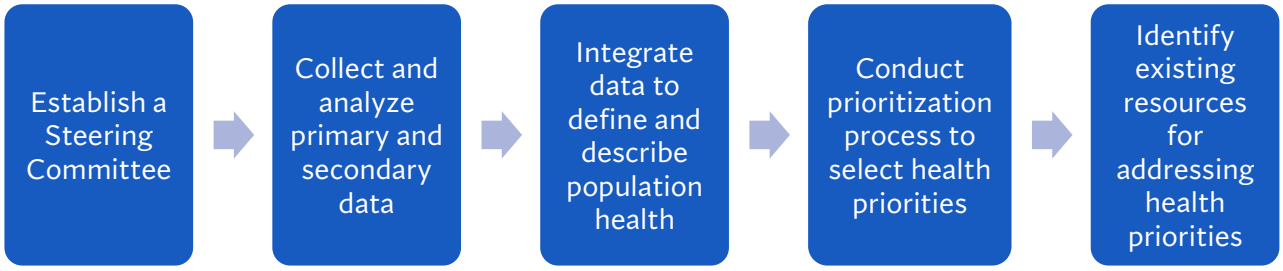
Figure I.2: Key CHNA Process Objectives



To achieve these objectives, the Steering Committee worked through a multi-step process from March through June 2025. The process included secondary data collection and analysis, primary data collection through surveys, focus groups, and key leader interviews, data integration and prioritization, and report development. Data was gathered, analyzed and incorporated into this report to provide a comprehensive overview of health and factors impacting health and wellbeing in the Service Area.

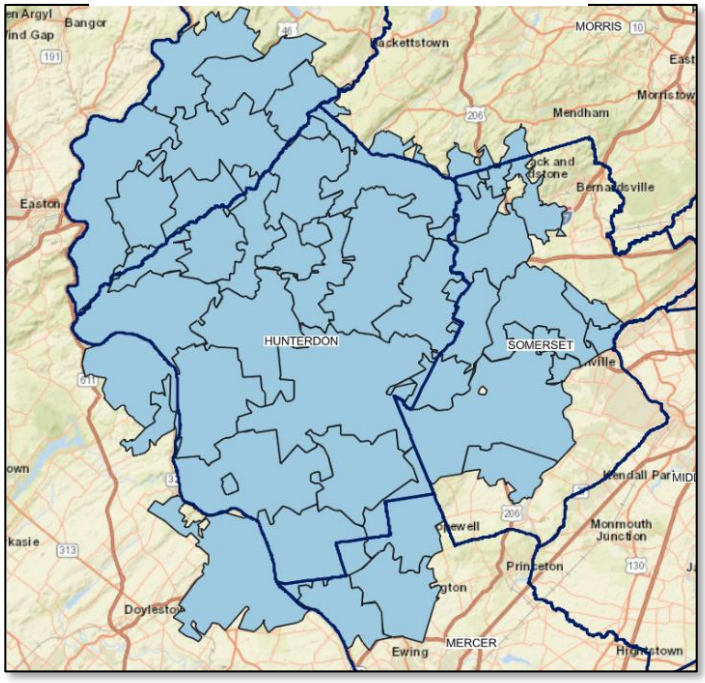
[2] For more information about MAPP 2.0, please visit this website.

Figure I.3: Multi-Step CHNA Process Overview



Service Area

Figure I.4: Map of Service Area



Hunterdon Health serves a unique Service Area comprised of 53 zip codes that encompasses Hunterdon County, New Jersey, and extends into bordering Mercer, Somerset, and Warren counties. This Service Area represents the geographic region where Hunterdon Health provides primary and specialty healthcare services to residents.

For this CHNA, Hunterdon Health worked with the Hunterdon County Health Department (HCHD) to study this defined Service Area. Though HCHD's official Service Area is limited to the boundaries of Hunterdon County, people residing in neighboring communities may seek services offered by HCHD. Secondary data in this report are presented for both Hunterdon County and the broader Service Area for comparison when possible. Primary data are aggregated for the entire Service Area, including responses from residents outside of Hunterdon County but within the 53-zip-code service region. Throughout this report, we'll refer to Hunterdon Health's Service Area as "the Service Area."

CHNA Report Structure

This report includes several chapters and appendices that further describe the processes and data used to arrive at priority health issues for Hunterdon Health.

Chapter 1 | Methodology – The methodology chapter provides an overall summary of how data and information were collected and incorporated into the development of this CHNA. This also includes study limitations and the process by which priority health needs were identified and selected.

Chapter 2 | Community Profile – This chapter details the demographic (such as age, gender, and race), geographic, and socioeconomic characteristics of the Service Area.

Chapter 3 | Priority Health Need Areas – This chapter describes each identified priority health need for the Service Area. It summarizes new and existing data that supports and explains each priority health need and why they were prioritized.

Chapter 4 | Health and Social Service Resource Inventory – This chapter documents existing health and social service resources currently available in the Service Area that can be leveraged to address the priority health needs.

Chapter 5 | Next Steps – This chapter briefly summarizes next steps that will occur to address the priority health need areas discussed throughout the CHNA report.

In addition, the appendices of this report define and describe various data sources used during the development of this report in detail, including:

Appendix 1 | Summary of Prior CHNA Implementation Plans – Included here is information about Steering Committee partners' actions taken to address priority health needs identified in previous CHNAs are presented in Appendix 1.

Appendices 2-4 | Detailed Summary of Secondary Data Measures and Findings – A full inventory of existing data measures and findings used in the prioritization process are presented in Appendices 2-4.

Appendix 5 | Primary Data Methodology and Sources – A detailed description of primary data sources used in this assessment, including methodology and instruments used to gather the data, is included in Appendix 5.

Appendix 6 | Detailed Primary Data Findings – Findings from each primary data source are presented in Appendix 6.

Appendix 7 | Equity Imperative Alignment Tool – A copy of the tool referenced by the Steering Committee and its partners during the CHNA process to determine alignment of priority health needs to the equity imperatives of the Partnership for Health Vision and Goals.

Appendix 8 | Hazard Mitigation – Additional information on Hunterdon County's Hazard Mitigation strategy, is included in Appendix 7. This is included as a reference to support the emerging threat considerations related to climate change that are discussed in Chapter 3 of this report.

Chapter 1 | Methodology

The process used to assess the Service Area's community needs, challenges, and opportunities included multiple steps. Both primary (new) and secondary (existing) data were used to ensure a more complete picture of health needs impacting these communities. Various data sources gathered and reviewed for this CHNA were considered individually and were triangulated to identify, explain, and assist the Steering Committee in best understanding the most pressing community health needs impacting the Service Area.

The following sections describe data gathered, analyzed, and used to inform the CHNA report and the subsequent prioritization and selection of priority health needs identified from this assessment process.

Primary Data

Engagement and feedback were gathered through multiple data collection processes over the course of several weeks from community residents and leaders throughout the Service Area. The Steering Committee worked with Ascendient Healthcare Advisors to administer online community health surveys and key leader surveys, to facilitate in-person and virtual community focus groups, and to complete key leader interviews. Across all four data collection strategies, over 570 community and key leaders participated and offered their input and insights about health and social issues impacting their communities. These data are summarized in the table below.

Table 1.1: Primary Data Inputs for 2025 CHNA Process

Data Collection Strategy	Total Number of Participants
Community Health (Resident) Opinion Survey	414 responses
Key Leader Survey	63 responses
Community Focus Groups	87 participants across 8 focus groups
Key Leader Interviews	7 interviews

Community Health Opinion Survey

The Steering Committee worked together to develop survey questions for the community health opinion survey (CHOS). Community members aged 18-years or older were asked to participate in the primarily online survey. Input from over 400 residents was gathered on a variety of topics, including perceptions about the most significant health and social needs in the community, personal health status, experiences seeking and receiving healthcare services, perceived barriers to accessing healthcare services, where they seek and receive health information, and health literacy. The CHOS was made available in both English and

Spanish to ensure broader community participation. Additional details about the CHOS tool and administration process can be reviewed in Appendix 5.

Key Leader Survey

Key leaders in the community were invited to participate in an online survey that gathered insights about their organizations, the populations they serve, and their perceptions about health challenges and assets in the community. More than 60 survey participants represented a cross-section of organizations and sectors, including healthcare, education, government, social services, business, and faith-based organizations. Additional details about the key leader survey tool and administration process can be reviewed in Appendix 5.

Community Focus Groups

Eight focus groups were conducted between April 22nd and May 29th 2025, with seven conducted in-person and one conducted virtually. A total of 87 community members (74 in-person and 13 virtually) participated in the focus groups, sharing their experiences living in and receiving healthcare in the Service Area. Focus groups were designed to gather in-depth qualitative information about community health needs, barriers to accessing healthcare, and community assets from the perspective of residents. Participants discussed topics such as healthcare access, social determinants of health, major health concerns, and highlighted community strengths and assets. Additional details about the community focus groups can be reviewed in Appendix 5.

Key Leader Interviews

Seven key leader interviews were conducted with individuals representing various sectors and organizations serving the Service Area. These interviews provided an opportunity to gather more detailed insights from community leaders about health priorities, existing resources, gaps in services, and potential solutions. Interviewees were asked about the community they serve, specifically relating to health, social, and environmental issues and access to healthcare challenges and barriers. Additional details about the key leader interviews can be reviewed in Appendix 5..

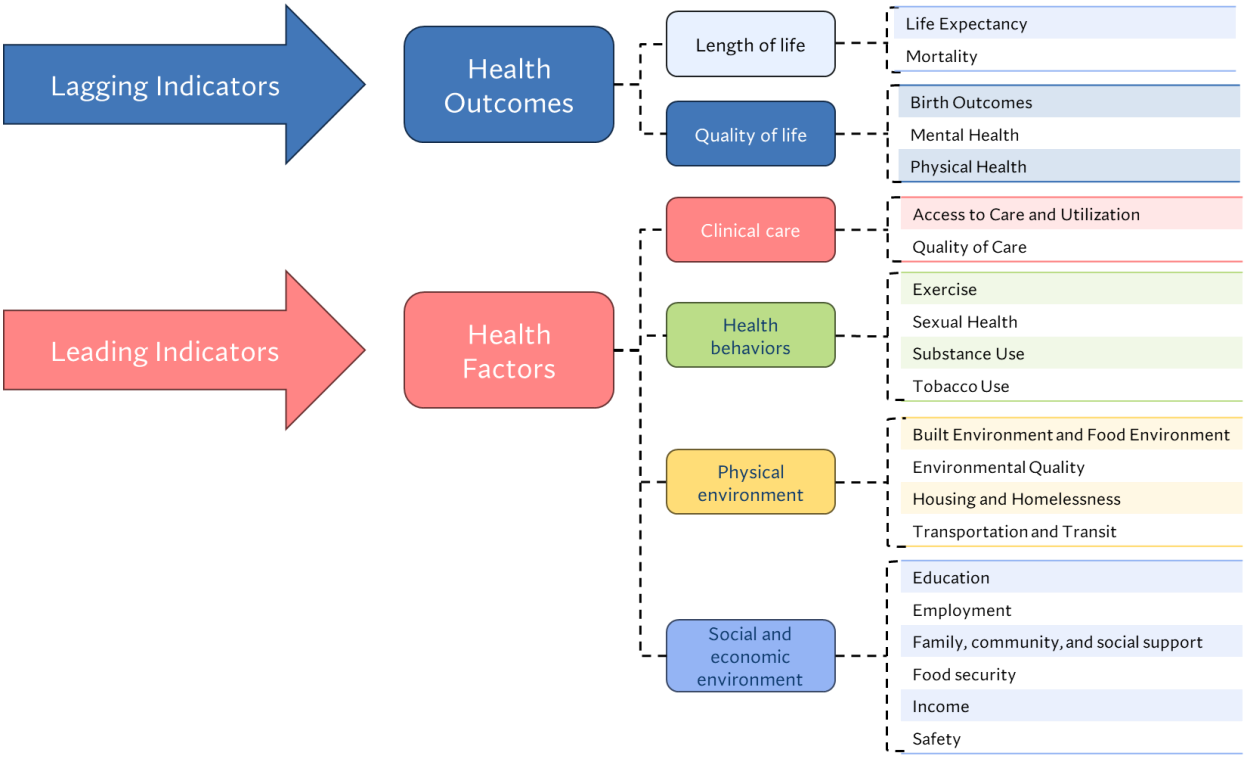
Secondary Data

Secondary data for this CHNA were gathered from multiple publicly available sources to describe geographic, demographic, social and economic factors, environmental factors, health status and disease trends, mental and behavioral health trends, and individual health behaviors. Data were gathered, organized, and presented to the Steering Committee following the groupings and subgroupings reflected in the County Health Rankings Model.[3]

[3]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

The County Health Rankings Model shows Health Outcomes influenced by Health Factors including Clinical Care, Health Behaviors, Physical Environment, and Social & Economic Factors.

Figure 1.1: Population Health Framework, Modeled after RWJF County Health Rankings Methodology[3]



Secondary data collection included the analysis of over 100 data indicators at the Service Area and county level, providing comprehensive baseline information about health outcomes and health factors affecting the Service Area population.

A subset of key secondary data sources used to inform the Service Area's CHNA process are reflected in the list below and cited throughout this report. Additional information about secondary data sources, such as timeframes for each indicator and indicator definitions are included in Appendix 2.

Figure 1.2: Secondary Data Sources

Comparisons

To identify priority health issues for the CHNA a systematic methodology was developed to compare health indicators for Hunterdon County and Service Area against New Jersey state benchmarks. This approach ensured community health issues of highest priority were identified an evidence-based approach and identify indicators for which local performance significantly differs from state averages.

Data Sources and Framework

The analysis utilized secondary data modeled after the County Health Rankings methodology, organizing health indicators into two primary categories (See Figure 1.1):

- **Lagging Indicators (Health Outcomes)**: Measures that reflect the current health status of the community, including length of life and quality of life indicators, and
- **Leading Indicators (Health Factors)**: Measures that influence future health outcomes, including clinical care, health behaviors, physical environment, and social and economic factors.

Criteria for Determining High Need Areas
Health indicators assessed for the CHNA were classified as "high need" areas if they met one or more of the following criteria when compared to New Jersey state averages:

1. **Rate-based indicators**: Performance at least 10% worse than the state average
   - *Rationale*: A 10% threshold for rates ensures that identified disparities represent meaningful differences that warrant attention and intervention. This threshold helps distinguish between minor statistical variations and substantive gaps in health outcomes or risk factors that could benefit from targeted community health efforts.

2. **Percentage-based indicators**: Performance at least 5 percentage points worse than the state average
   - *Rationale*: For percentage-based measures, a 5-percentage point difference represents a practically significant disparity that can impact population health. This threshold accounts for the different statistical properties of percentage measures compared to rates and ensures that identified needs reflect meaningful differences in community health status.

3. **Critical health measures**: Indicators representing concerning trends even if differences were smaller, particularly for measures with significant public health implications
   - *Rationale*: Certain health indicators, such as suicide rates or preventive care measures, may warrant attention even with smaller disparities due to their critical importance for population health and safety. This criterion ensures that high-impact health issues are not overlooked due to strict statistical thresholds alone.

Geographic Comparisons
The methodology for this assessment compared two primary geographies against New Jersey state benchmarks:

- Hunterdon County
- Service Area (broader service region, defined here)

This dual comparison approach allows for identification of needs that may vary between the county and the broader Service Area, ensuring comprehensive understanding of health disparities across the region served by Hunterdon Health.

Analytical Approach
Each health indicator was systematically reviewed to determine if local performance was significantly worse than New Jersey state benchmarks. Indicators meeting the high need criteria were categorized by their respective health domain and ranked by the magnitude of disparity from state averages. This process ensured that identified priorities reflect both

statistical significance and practical importance for community health improvement efforts.

Data Integration and Triangulation

Primary and secondary data integration is the process of combining information collected directly from community members (primary data) with existing datasets from official sources (secondary data) to create a more comprehensive understanding of health issues. Data triangulation is a method of research which uses multiple 'angles' to confirm findings and reduce potential for bias or limits associated with each single source of data. As noted in previous sections of this report, primary data includes information gathered specifically for the assessment through methods like surveys, interviews, and focus groups. These data provide context, lived experiences, and current perceptions that may not be captured in official statistics. In contrast, secondary data comes from pre-existing sources such as census reports, national and state assessments, hospital records, and research studies. These data offer quantifiable metrics, historical trends, and comparative benchmarks.

Integration and triangulation involved analyzing where these data sources align or diverge, identifying patterns that appear in both types of data, and using each to provide context for the other. This combined approach produces more robust findings that reflect both statistical realities and community perspectives, leading to more effective and targeted health interventions.

While data and key findings by data source and type are provided individually in the appendices of this CHNA report, data integration and triangulation across all available sources and types was applied in Chapter 3 to define, describe, and provide context and nuance surrounding the selected priority health needs.

Data Limitations

When considering the findings of this assessment, it is important to recognize the difference between using research methods to identify community needs and processes used to conduct scientific research to produce or discover new knowledge. This CHNA aligns more closely with the former, as it focused on gathering and using data from a variety of sources to identify and understand what is happening in the community. The CHNA accomplished this goal, but not without limitations described below.

Limitations in Secondary Data

Timing - CHNA data may not always reflect current community conditions due to timing challenges with data sources. Most secondary data sources have a one to three-year lag between collection and publication. For instance, Census Bureau data is typically released late the year after it's been collected.

Inconsistent Data Definitions and Methodologies - CHNA metrics often suffer from inconsistent definitions and methodologies across different data sources, making meaningful comparisons challenging. These inconsistencies can manifest in differing age group categories, racial/ethnic classifications, or geographic boundaries, creating data gaps when trying to compare communities across different regions.

Demographic Underrepresentation - Some existing data sources provide limited demographic breakdowns by factors such as gender, age, race, and ethnicity. Underrepresented populations, including undocumented immigrants, individuals experiencing homelessness, and those without reliable internet access are examples of subpopulations frequently missed in standard data collection processes.

To address these limitations, the Steering Committee intentionally conducted focus groups with some of the harder-to-reach groups in the community, such as Spanish-speaking residents, seniors, and included interviews with and surveys of leaders of local organizations serving underrepresented communities.

Limitations in Primary Data

Non-Representative Survey Sample - The CHOS sample is not representative of the community's demographics. The 414 survey respondents were predominantly women (81.4% vs 14.7% men), middle-aged to older adults (81% aged 45+), white (88%) and non-Hispanic (91%), and higher-income/higher-educated (53% earning $100K+, 74% with bachelor's degrees or higher). This demographic profile limits the ability to understand health disparities among men, younger adults, racial and ethnic minorities, and lower-income residents.

Convenience-Based Sampling - Due to time and resource constraints, primary data was collected through convenience-based sampling methods rather than probability-based sampling, which limits the generalizability of findings to the broader community population.

Efforts to Address Limitations - To partially address these limitations, the CHNA employed multiple data collection methods including eight focus groups with diverse populations, seven key leader interviews, and a separate key leader survey with 63 respondents representing various community organizations.

Prioritization Process Overview and Results

Once primary and secondary data were collected, analyzed, integrated and triangulated, a comprehensive prioritization process was conducted. This process involved stakeholders from the Partnership for Health, including representatives of the Steering Committee,

participating in a prioritization meeting where a comprehensive overview of the CHNA findings and preliminary priority areas identified through the data analysis were presented. During this stakeholder meeting, active members of the PFH, (defined in the PFH Operating Principles as Action Team members attending 6 out of 12 Action Team Meetings and 2 out of 4 PFH Quarterly Update Meetings) engaged in a live polling exercise to prioritize health needs of the Service Area. The voting process considered multiple factors including:

- **Severity and intensity of health needs** based on secondary data,
- **Whether possible interventions would be possible and effective,**
- **Health disparities associated with the health need,** and
- **Level of importance the community places on addressing the health need** based on primary data.

The voting exercise involved narrowing a broad list of health concerns and socio-environmental drivers that had emerged as possible priority health needs based on the data analysis. Through this collaborative stakeholder input process, priority health needs reflecting both data-driven evidence and community input from Partnership for Health members and other stakeholders throughout the Service Area were selected. Selected priority health needs for the 2025 CHNA included:

Figure 1.3: Service Area's 2025 Priority Health Needs

The priority health needs selected through this process were not ranked in order of importance; rather, each will be addressed over the next three years by the action teams comprised of Partnership for Health members and the CHNA Steering Committee.

Supplemental Priority Health Need Considerations

In addition to the priority health needs selected through the CHNA process, the Partnership for Health identified supplemental considerations for ensuring ongoing health improvement for the Service Area.

Health Equity

First, **health equity** was highlighted as an important consideration across priorities. The Steering Committee is committed to applying the Equity Imperative Alignment Tool (see Appendix 6) established by the Partnership for the forthcoming community health improvement planning (CHIP) process to ensure equity considerations are explicit in the development of goals, objectives, and strategies selected for the plan.

Social Isolation and Transportation

The CHNA uncovered two health factors – **transportation and social isolation** – that were emphasized consistently across data sources. Both are shown to contribute to poorer outcomes across the three prioritized health issues for this CHNA cycle. As such, these issues will be considered in the goal, objective, and strategy selection across each of the three Action Teams as plans are developed for the CHIP.

Priority Populations

Data reviewed in the CHNA process also highlighted the Hispanic/Latino and seniors in the Service Area as **priority populations**. To ensure the needs of these priority populations are given sufficient consideration in the CHIP process, the Partnership for Health plans to continue and/or establish Advisory Groups for these subpopulations.

The Partnership for Health has an existing Latino Access Coalition which will serve as the Advisory Group for the Hispanic/Latino community. A Senior Advisory Group will be established as part of the Partnership for Health's organizational structure.

Data Evaluation Action Team

A significant strength in developing the Community Health Needs Assessment (CHNA) for Hunterdon County lies in the strong collaboration among local community agencies, many of which are active members of the Partnership for Health. Each agency serves as a key informant, offering valuable data that reflects the populations they serve and informs the measurement of community change and program effectiveness.

Throughout the CHNA process, the breadth of available data was identified as both a strength and a challenge, highlighting the lack of a centralized repository for shared information. For instance, Hunterdon County operates a unique, centralized 911 dispatch center that captures critical data across all emergency calls. This system provides insight into the volume and types of medical and law enforcement emergencies, as well as the frequency of EMS patient transports beyond county lines — data that can help identify service gaps and program needs.

Similarly, centralized tracking of food pantry utilization and housing assistance programs offers a clearer picture of social determinants affecting health across the county. To better

leverage these resources, the CHNA Steering Committee recommends forming a **Data Evaluation Action Team**. This team will be tasked with developing a coordinated strategy for evaluating partner data to guide planning and decision-making efforts within the Partnership for Health in future CHNA and CHIP cycles.

Chapter 2 | Community Profile

Understanding the demographic, geographic, and socioeconomic characteristics of the Service Area is essential for identifying and addressing community health needs. This chapter provides a comprehensive overview of who lives in the Service Area, where they live, and the social and environmental conditions that influence their health and well-being.

Geographic Profile of the Service Area

The Service Area encompasses 53 zip codes primarily within and around Hunterdon County, New Jersey. This Service Area represents a unique geographic region in west-central New Jersey, characterized by its mix of suburban and rural communities situated within commuting distance of major metropolitan areas including New York City and Philadelphia.

Hunterdon County itself covers 427.83 square miles and maintains a relatively low population density compared to many other New Jersey counties. The area features rolling hills, farmland, and historic communities that contribute to its distinctive character within the state. The region's location provides residents with access to both rural landscapes and urban employment opportunities, creating a unique demographic and economic profile.

The Service Area contains several incorporated municipalities and unincorporated communities, with population centers that vary in density. There are two areas of Hunterdon County that are more densely populated than the rest - Flemington and Lambertville. While Flemington's population is increasing, the Lambertville area is experiencing a decreasing population, reflecting broader demographic trends across different parts of the Service Area.

Demographic Profile of the Hunterdon Service Area

Population figures discussed throughout this chapter were obtained from the U.S. Census Bureau American Community Survey and other reliable demographic data sources that provide comprehensive information about the Service Area.

Total Population Overview

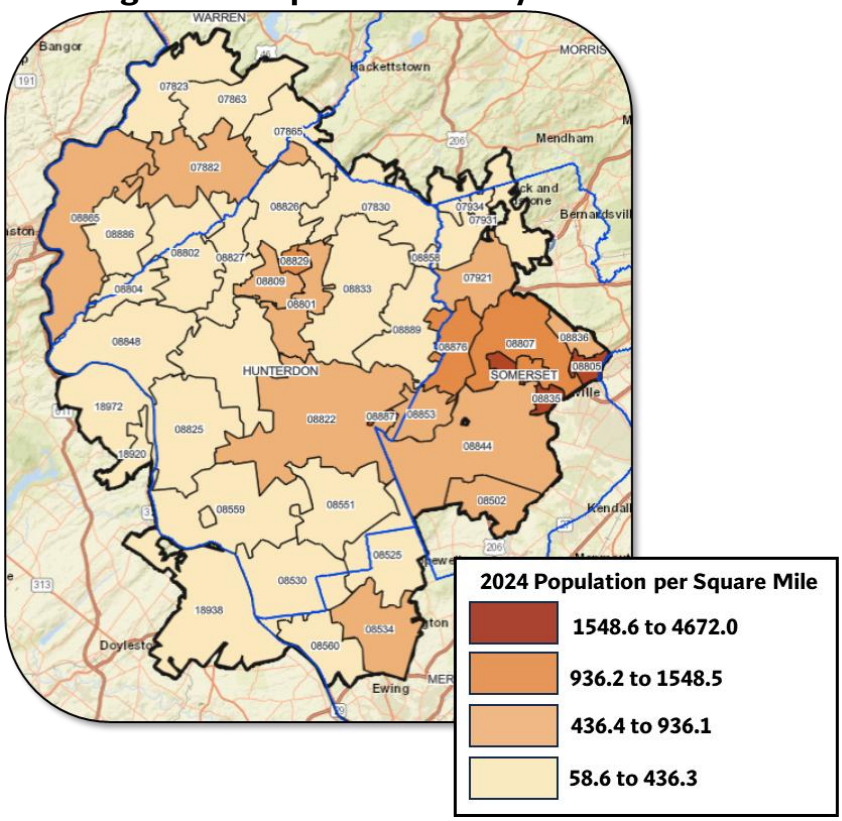
The Service Area encompasses a population of 409,784 residents, representing 4.4% of New Jersey's total population of 9,267,014 residents, while Hunterdon County is home to 129,448 residents.[4] The Service Area covers 53 zip codes across Hunterdon, Warren, Mercer, and Somerset counties.

Table 2.1: Population Statistics, 2019-2023[4]		
Geographic Area	**Total Population**	**Percent of NJ Population**
Hunterdon County	129,448	1.4%
Service Area	409,784	4.4%
New Jersey	9,267,014	100.0%
United States	333,287,557	-

Population Density

Population density in the Service Area reflects its urban and rural character. The area has a population density of 460 people per square mile, which is considerably lower than the New Jersey state average of 1,260 people per square mile, reflecting the area's more urban and rural character as compared to other geographies that are more heavily urbanized across the state.

Figure 2.1: Population Density of Service Area[5]



[4] US Census Bureau, American Community Survey. 2019-2023. (5-year average)
[5] Esri Business Analyst, 2024

This table shows that the Service Area is predominantly urban while Hunterdon County itself is more rural than state and national averages. The rural nature of parts of the Service Area is significant for community health planning because rural populations often face unique challenges including limited healthcare access and longer travel distances to services. Understanding this geographic distribution helps inform appropriate service delivery models and identifies potential access barriers.

Table 2.2: Population Living in Urban vs. Rural Areas, 2019-2023[4]		
Geographic Area	**Urban**	**Rural**
Hunterdon County	41.7%	58.4%
Service Area	66.8%	33.3%
New Jersey	93.8%	6.3%
United States	80.0%	20.0%

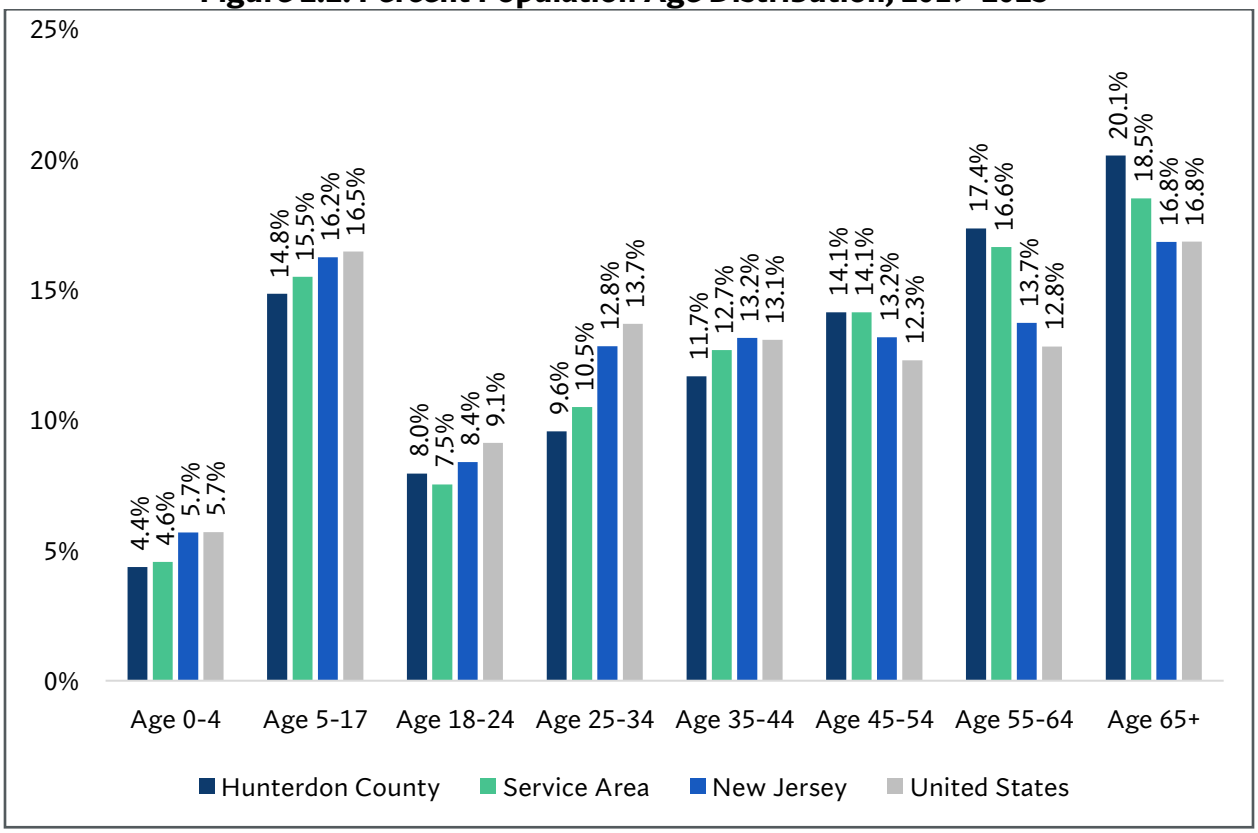
Age and Sex of Service Area Residents

Understanding the community's age and sex distribution helps healthcare leaders better understand and meet everyone's health needs. The age structure of a population influences healthcare service demands, from pediatric care for younger populations to specialized services for aging communities.

Population Age Distribution

The Service Area's population skews notably older than both state and national averages. This aging population has significant implications for healthcare service planning, as older adults typically require more frequent and specialized healthcare services. The proportion of residents in retirement age groups is particularly notable when compared to broader benchmarks.

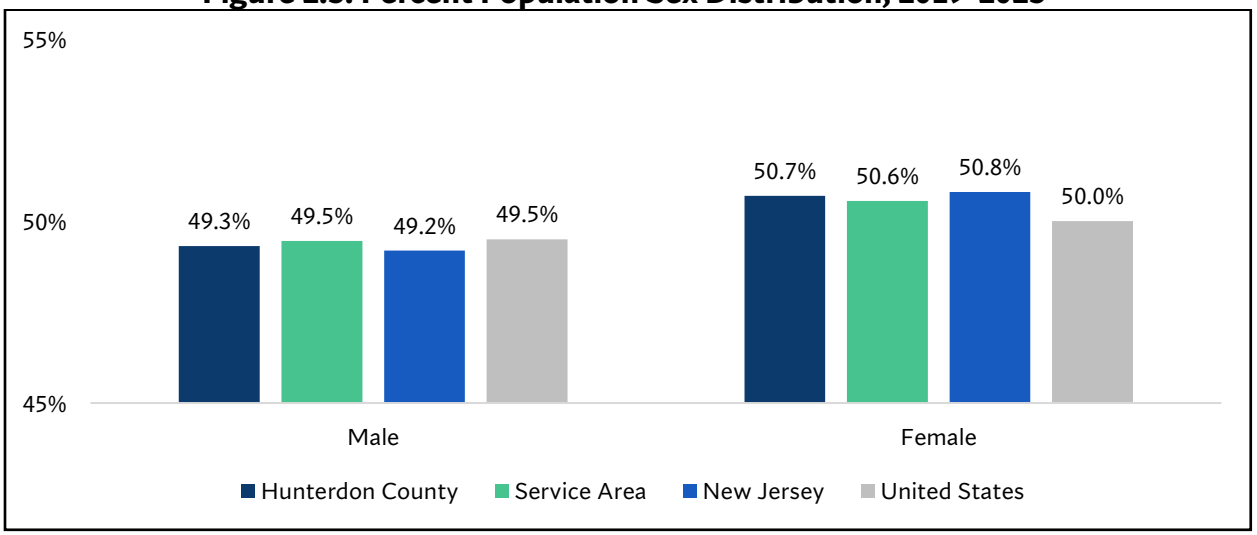
Figure 2.2: Percent Population Age Distribution, 2019-2023[4]



Population Sex Distribution

The sex distribution in the Service Area shows a relatively balanced population between males and females, which closely aligns with both state and national patterns.

Figure 2.3: Percent Population Sex Distribution, 2019-2023[4]



Race, Ethnicity, and Languages Spoken in the Service Area

Different cultural backgrounds can influence how people think about health, when they seek medical care, and what types of treatment they prefer. Language differences can also affect how easily community members can communicate with healthcare providers or understand health information.

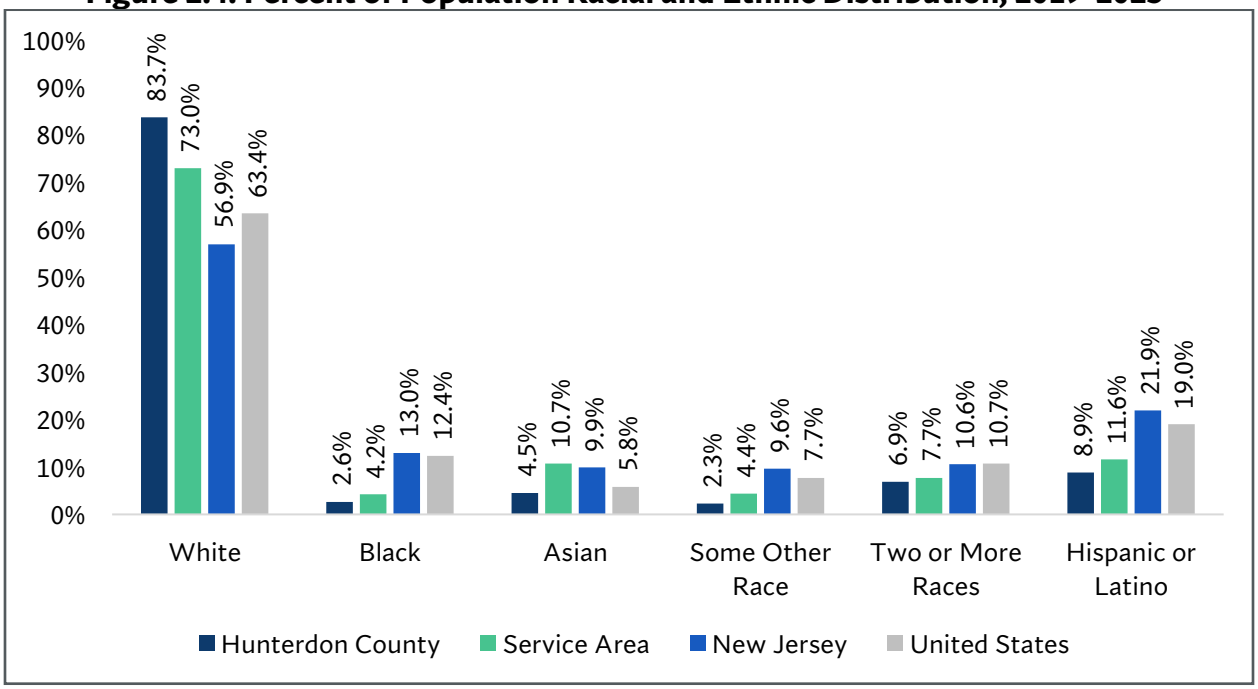
Race and Ethnicity of Residents

The Service Area demonstrates more racial diversity compared to Hunterdon County alone, particularly with higher representation of Asian residents. However, the area remains less racially diverse when compared to state and national benchmarks. The predominant racial group is White for the Service Area and county.

Hispanic and/or Latino Population

The Hispanic and/or Latino population in the Service Area represents 11.6% of residents, and while this proportion is lower than state and national averages, this community maintains a strong and vital presence throughout the region.

Figure 2.4: Percent of Population Racial and Ethnic Distribution, 2019-2023[4]

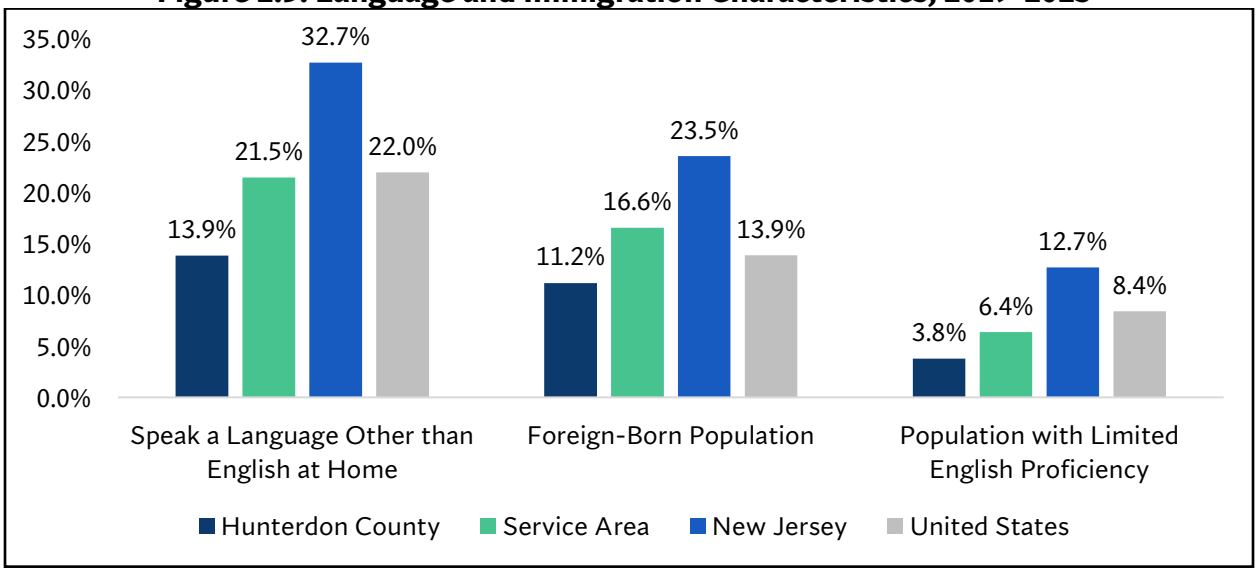


Languages Spoken at Home

Language diversity in the Service Area presents both opportunities and challenges for healthcare delivery. While there is notable linguistic diversity with residents speaking languages other than English at home, the rate of limited English proficiency remains relatively low compared to state averages. This suggests that while there is linguistic diversity, most non-English speakers are also proficient in English, though language

services remain important for ensuring equitable healthcare access. The second-most spoken language in the Service Area is Spanish.[4]

Figure 2.5: Language and Immigration Characteristics, 2019-2023[4]

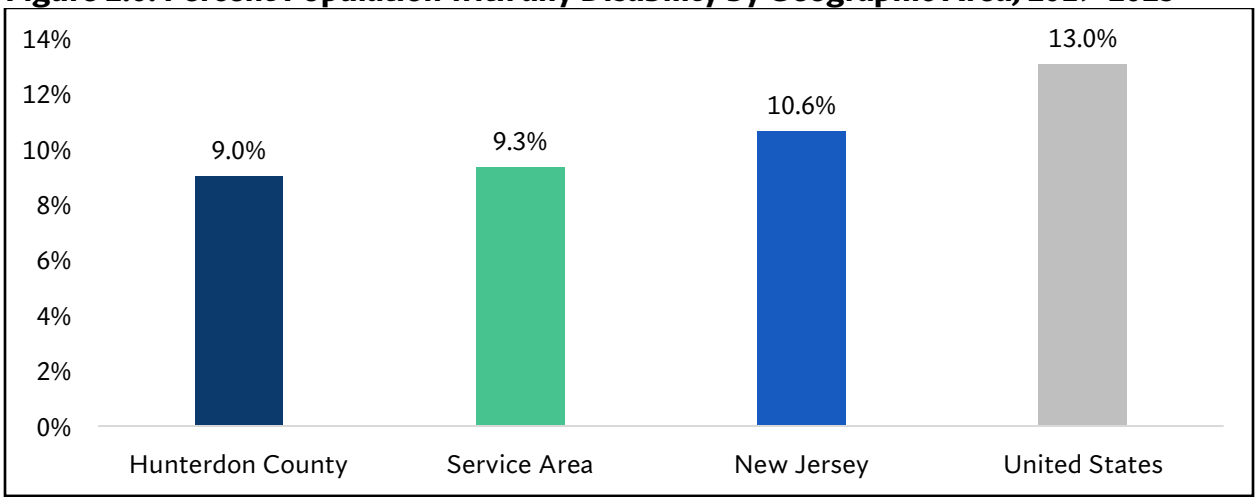


Disability and Veteran Status in the Service Area

Disability Status

Understanding how many community members live with disabilities helps ensure healthcare services and community programs are accessible and meet everyone's needs. People with disabilities may require specialized healthcare services, accessible medical facilities, or additional support services to maintain their health and independence.

Figure 2.6: Percent Population with any Disability by Geographic Area, 2019-2023[4]

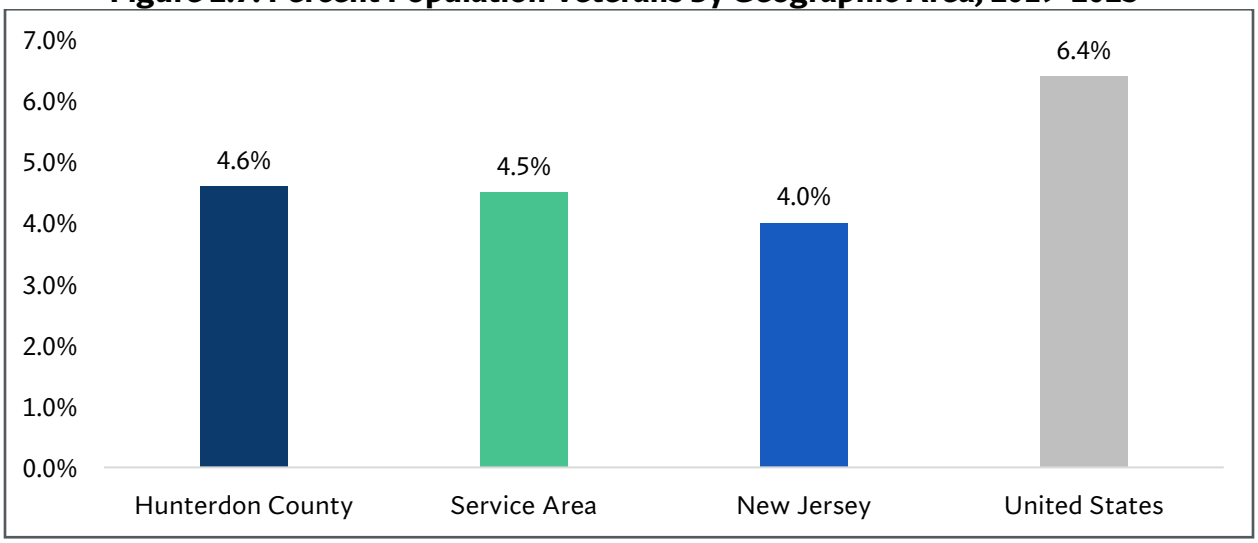


A smaller proportion of the population in Hunterdon County and the Service Area are living with a disability as compared to New Jersey and the United States' averages.

Veteran Status

Knowing how many veterans live in the community helps healthcare providers plan for their unique health needs, which may include service-related injuries or conditions requiring specialized care. There is a slightly higher percentage of the population in both Hunterdon County and the Service area who are veterans as compared to the average in New Jersey.

Figure 2.7: Percent Population Veterans by Geographic Area, 2019-2023[4]



Social, Economic, and Environmental Determinants of Health

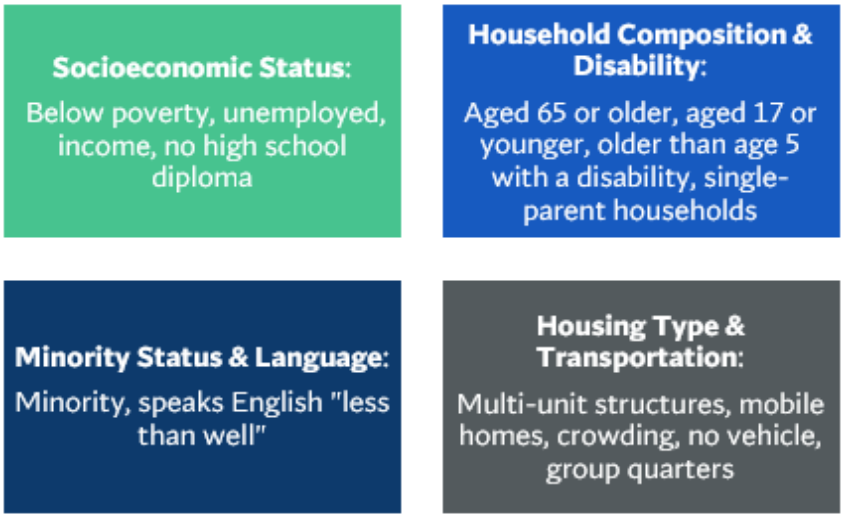
The conditions in which people live, work, and grow up - known commonly as the social determinants of health (SDOH)- play a crucial role in their overall health and well-being. These factors include access to good jobs, education, safe housing, healthy food, and transportation, as well as experiences of racism or discrimination. When communities lack these basic resources, residents are more likely to develop serious health conditions and may live shorter lives than people in communities with better resources.

Social Vulnerability Index (SVI)

The CDC/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) helps show which neighborhoods might need extra help during emergencies like natural disasters or disease outbreaks. Created by the CDC, this tool looks at different factors that can make it harder for communities to cope with these challenges, such as poverty, lack of transportation, or language barriers.

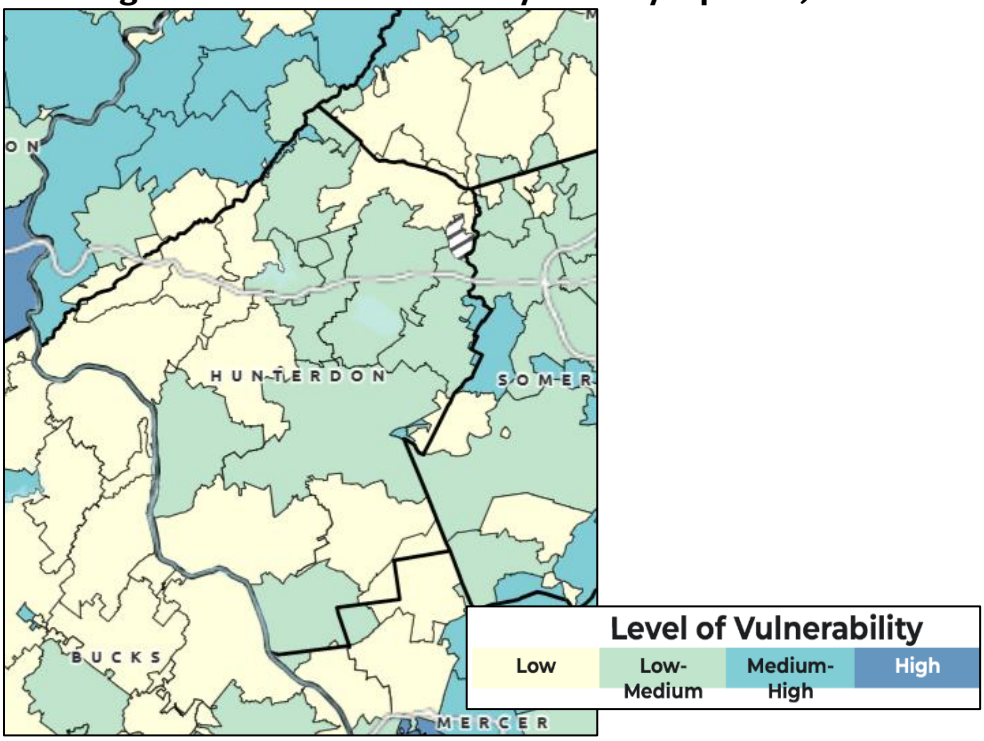
The SVI uses 16 US Census variables grouped into the four themes - socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. These are described further in the boxes to the right.

Figure 2.8: SVI Criteria



Hunterdon County has one of the lowest SVI scores when compared to other counties in New Jersey, with an SVI score of 0.00 relative to other New Jersey counties and 0.04 nationally, indicating very low vulnerability compared to other counties in the United States; however, there are still disadvantaged populations with unmet social and other needs residing in Hunterdon County.

Figure 2.9: Social Vulnerability Index by Zip Code, 2022[6]



[6] CDC Agency for Toxic Substances and Disease Registry, Social Vulnerability Index. https://www.atsdr.cdc.gov/place-health/php/svi/index.html

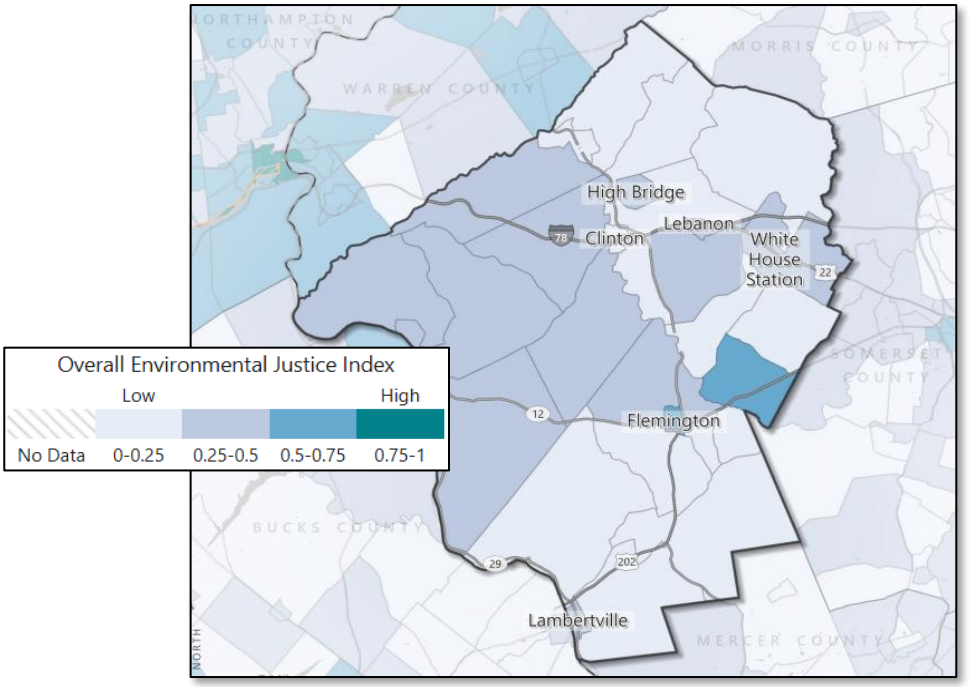
Environmental Justice Index (EJI)

The Environmental Justice Index (EJI) helps show which neighborhoods face more environmental health risks due to factors like pollution, toxic sites, or other environmental hazards. Created by the CDC, this tool combines information about environmental hazards with data about social factors like income and access to resources. The EJI examines three components:

- **Environmental Burden**: Air pollution, potentially hazardous and toxic sites, built environment, transportation infrastructure, water pollution
- **Social Vulnerability**: Racial/ethnic minority status, socioeconomic status, household characteristics, housing type
- **Health Vulnerability**: Asthma, cancer, high blood pressure, diabetes, poor mental health

Only 3.8% of residents in Hunterdon County live in areas considered environmentally burdened, with only 3.0% of census tracts ranking as medium to highly burdened. No census tract is considered highly burdened (EJI of 0.75 or greater) in Hunterdon County; however, there are disadvantaged populations living in parts of Hunterdon County with greater environmental health risks than others.

Figure 2.10: Environmental Justice Burden, 2022[7]

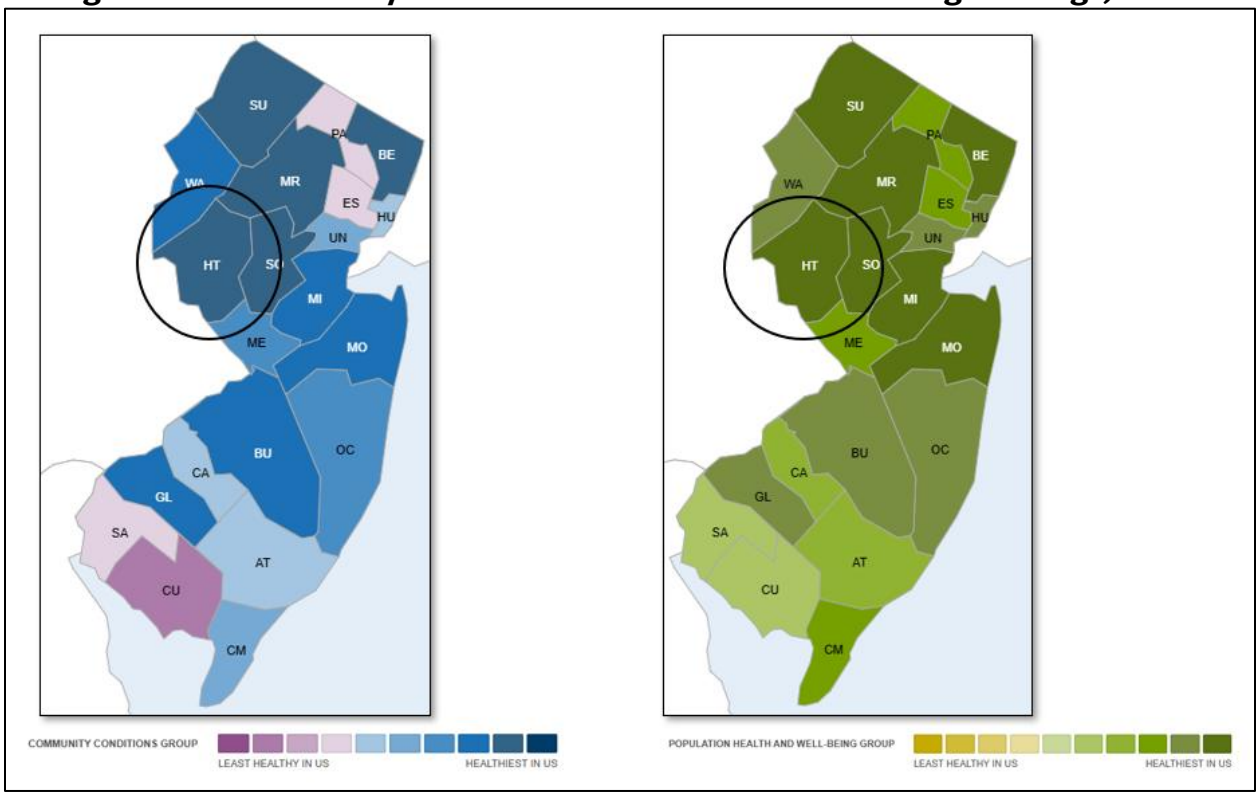


[7] CDC/ATSDR Environmental Justice Index (EJI) by County; CDC/ATSDR Social Vulnerability Index (SVI) | Place and Health | ATSDR

County Health Rankings – Health Outcomes and Health Factors

The County Health Rankings model uses standard measures of health outcomes and health factors to rank counties along a continuum from the least healthy to healthiest in the nation. Using this comparison methodology, Hunterdon County fares better than the average county in New Jersey for both Population Health and Well-being measures. Hunterdon County also performs better than the average county when compared to counties across the entire nation. ***These findings suggest Hunterdon County is among the healthiest counties in the United States.***

Figure 2.11: Community Conditions and Health and Well-Being Rankings, 2025[3]



Economic Factors Impacting the Service Area

Understanding economic conditions is crucial for addressing health needs effectively. Income, employment, and financial security directly impact residents' ability to access healthcare, afford healthy food, maintain stable housing, and manage stress.

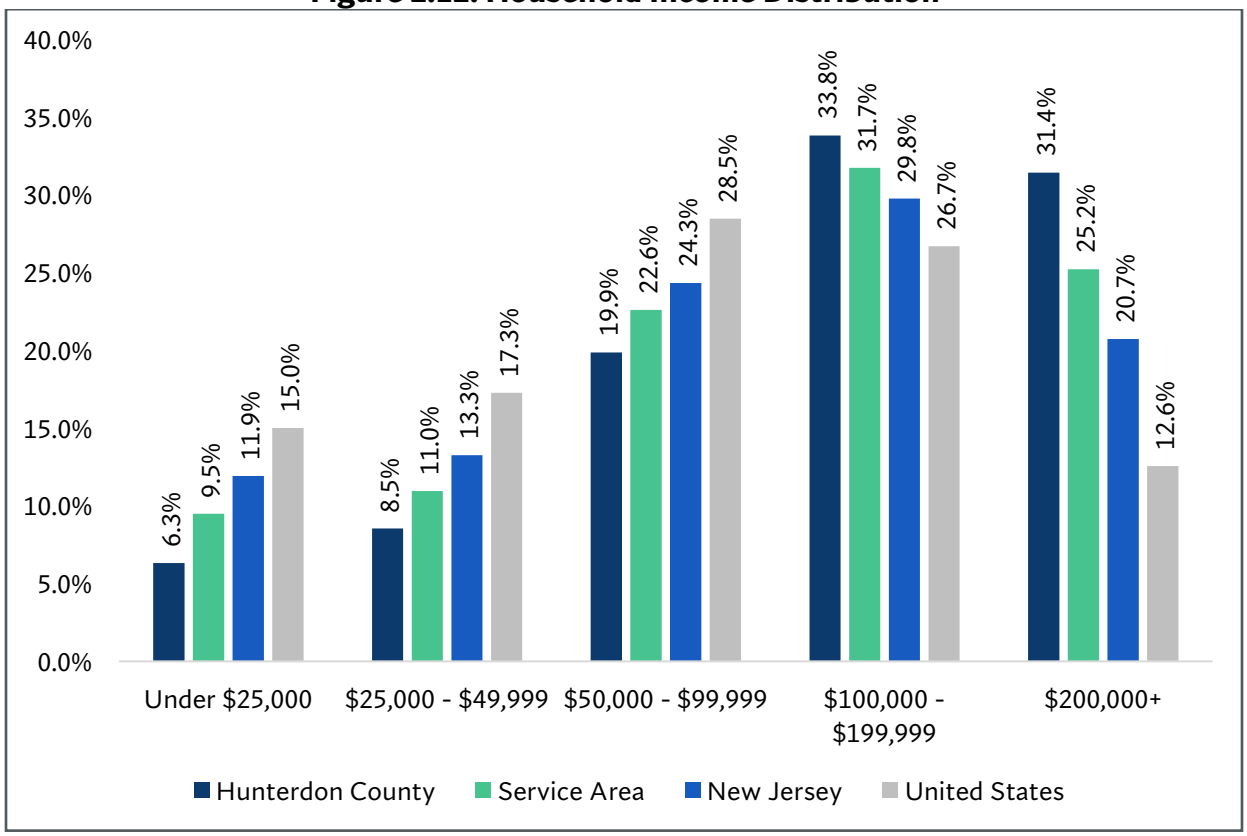
Income and Economic Security

The Service Area demonstrates strong economic conditions compared to state and national averages. Hunterdon County shows particularly high median household income, substantially exceeding both state and national benchmarks. However, economic disparities persist, with notable portions of the population experiencing financial hardship.

Table 2.3: Median Household Income, 2019-2023[4]				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Median Household Income	$137,334	$125,451	$99,716	$77,719

Income distribution patterns provide insight into economic equity within the community. The Service Area shows a relatively favorable income distribution compared to state and national patterns.

Figure 2.12: Household Income Distribution[4]



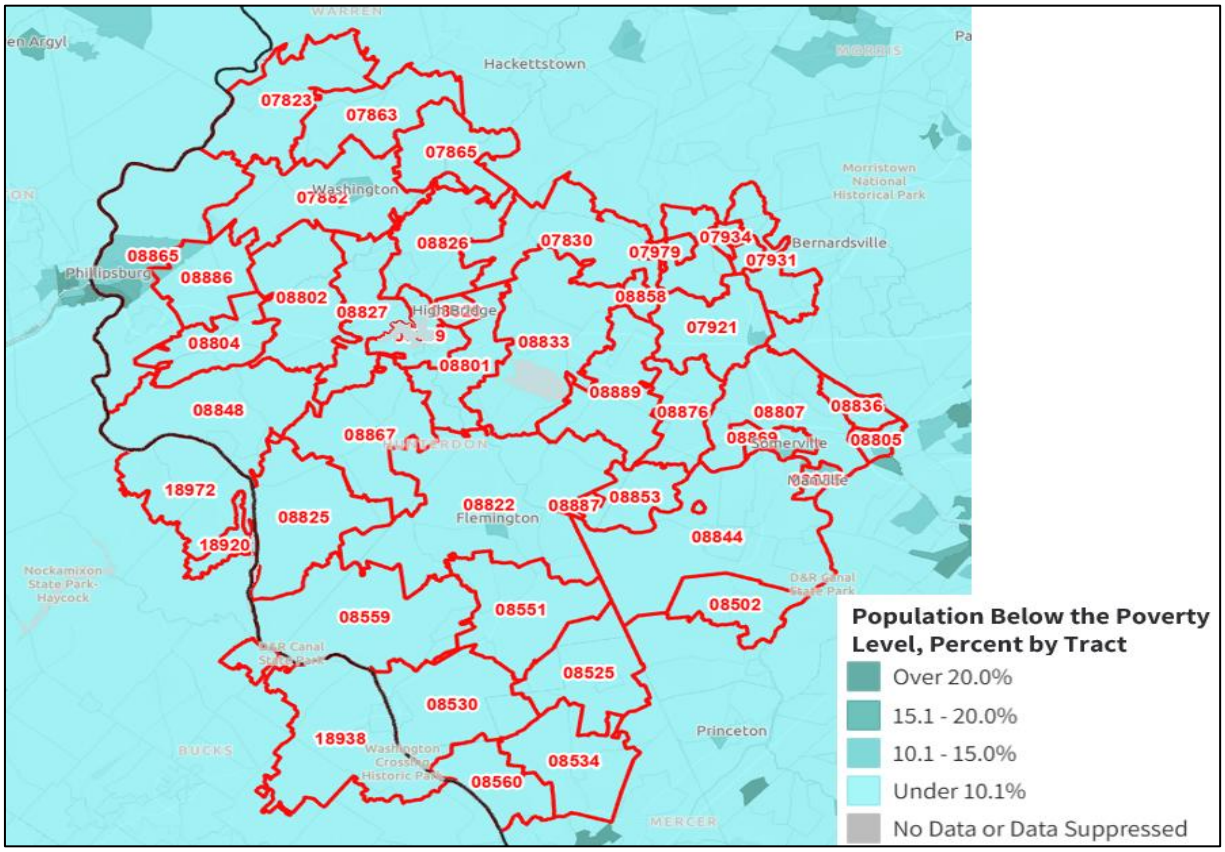
Poverty and Financial Hardship

The poverty rate in the Service Area is notably lower than state and national averages. Only 6.0% of the population lives below 100% of the federal poverty level, compared to 9.7% in New Jersey and 12.5% nationally. Even when examining broader measures of financial hardship, the Service Area performs well.

Table 2.4: Poverty Rates				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Population Below 100% Federal Poverty Level (Annual), 2023[8]	4.8%	6.0%	9.7%	12.5%
Children Below 200% Federal Poverty Level, 2019-2023[4]	10.0%	12.6%	28.8%	36.6%
ALICE Households + Poverty, 2021[9]	26.0%	-	37.0%	-

*ALICE = Asset Limited, Income Constrained, Employed – households earning above poverty level but below basic cost of living

Figure 2.13: Population Below the Poverty Level, Percent by Census Tract



While the poverty rates overall show fewer residents living in poverty in the Hunterdon County and in the Service Area when compared to New Jersey and the United States overall, pockets of poverty do exist in the Service Area. The map in Figure 2.13[4,10] shows

[8] US Census Bureau, Small Area Income and Poverty Estimates. 2023.
[9] United Way ALICE Report 2023 (Data from 2021) (ALICE = ALICE = Asset Limited, Income Constrained, Employed – households that earn more than the federal poverty level, but less than the basic cost of living)
[10] Map created by SparkMap.org

some areas in the Northwestern region (zip code 08865) as well as in and around the larger urban areas such as Flemington experience higher rates of poverty than the rest of the Service Area.

Employment

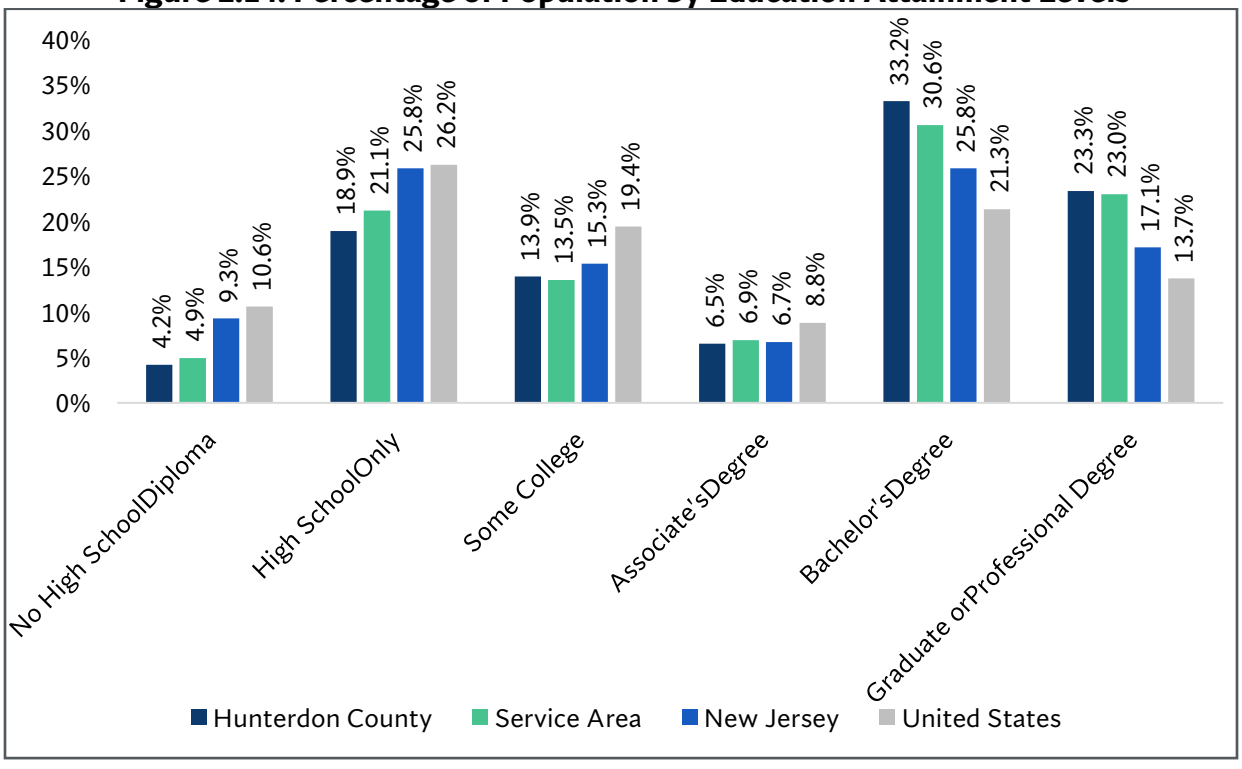
Stable employment is crucial for economic security and health. The Service Area maintains relatively low unemployment rates.

Table 2.5: Unemployment, 2024				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Unemployment Rate[11]	3.8%	4.0%	4.7%	4.1%

Education

Education is a powerful social determinant of health. Higher levels of education are associated with better health outcomes, higher incomes, and greater access to resources that support health and well-being. The Service Area demonstrates strong educational attainment, with significantly higher rates of college education compared to state and national averages.

Figure 2.14: Percentage of Population by Education Attainment Levels[4]



[11] US Department of Labor, Bureau of Labor Statistics. 2024 - December.

School Segregation and Funding

School funding adequacy in Hunterdon County and the Service Area exceeds required spending levels and is much higher than the New Jersey average. The school segregation index reports the extent to which students of different racial and ethnic groups are unevenly distributed, with higher values indicating more segregation. The school segregation index data for both Hunterdon County and the broader Service Area indicates relatively integrated schools compared to state and national patterns.

Table 2.6: School Segregation and Funding

	Hunterdon County	Service Area	New Jersey	United States
School Segregation Index, 2022-2023*[12]	0.05	0.13	0.29	0.24
School Funding Adequacy, 2025[3]**	$15,814	$12,801	$7,555	-$1,337

*Index ranges from 0 to 1 with lower values representing less segregation

**Gap between Actual and Required Spending (positive values indicate surplus)

Housing and Homeownership

Housing quality and affordability significantly impact health outcomes. Stable, affordable housing provides the foundation for health and well-being, while housing cost burden can limit resources available for healthcare and other necessities.

The Service Area demonstrates strong housing stability with homeownership rates exceeding both state and national averages, though Hunterdon County shows particularly high homeownership at nearly 85%. Despite overall housing prosperity, approximately one quarter of occupied units in both the county and Service Area face at least one substandard condition such as overcrowding, high housing costs, or inadequate facilities. Housing affordability remains a concern for vulnerable populations, with over one in ten households severely cost-burdened by spending half or more of their income on housing, though these rates remain below state and national benchmarks.

[12] National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023

Table 2.7: Housing Indicators				
	Hunterdon County	Service Area	New Jersey	United States
Homeownership Rate, 2019-2023[4]	84.8%	78.7%	63.7%	65.0%
Occupied Units with Substandard Conditions, 2019-2023*[4]	26.3%	27.8%	36.8%	32.0%
Severely Cost-Burdened Households, 2019-2023[4]**	11.5%	12.7%	16.4%	13.9%
Housing Insecurity, 2022[13]	7.2%	8.7%	12.7%	11.8%
Utility Services Threat, 2022[13]	4.2%	5.1%	7.3%	7.5%

*At least 1 of 4 problems: overcrowding, high housing costs, lack of kitchen/plumbing facilities
**Housing costs ≥50% of household income

Healthcare Access and Insurance Coverage

Access to healthcare services is a fundamental social determinant of health. This includes having health insurance coverage, proximity to healthcare providers, and availability of transportation to access care. The Service Area demonstrates strong healthcare infrastructure with overall favorable provider ratios and insurance coverage rates relative to state and national figures.

Table 2.8: Healthcare Access Indicators				
	Hunterdon County	Service Area	New Jersey	United States
Uninsured Population, 2019-2023[4]	2.9%	3.7%	7.4%	8.6%
Uninsured Adults (<65), 2019-2023[4]	5.0%	6.1%	9.5%	11.2%
Uninsured Children (<19), 2019-2023[4]	2.7%	2.9%	3.8%	5.1%
Primary Care Physicians Rate (Per 100,000 Population), 2025[14]	134.94	126.84	105.76	116.64
Dentists Rate (Per 100,000 Population), 2024[15]	77.55	81.27	77.41	66.67
Mental Healthcare Provider Rate (Per 100,000 Population), 2022-2023[14]	315.63	358.29	294.84	319.42
Addiction/Substance Abuse Providers Rate (per 100,000 Population), 2022-2023[14]	14.73	15.68	14.44	28.99

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
[14] Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). April 2025.
[15] Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.

Despite a strong healthcare infrastructure in the Service Area, transportation presents a significant barrier to healthcare access in this rural region. The absence of public transportation and limited options for residents without personal vehicles creates substantial challenges in reaching healthcare services. Even for those who might otherwise walk or bike to appointments, the rural nature of the area with limited sidewalks and pedestrian infrastructure further restricts access to care.

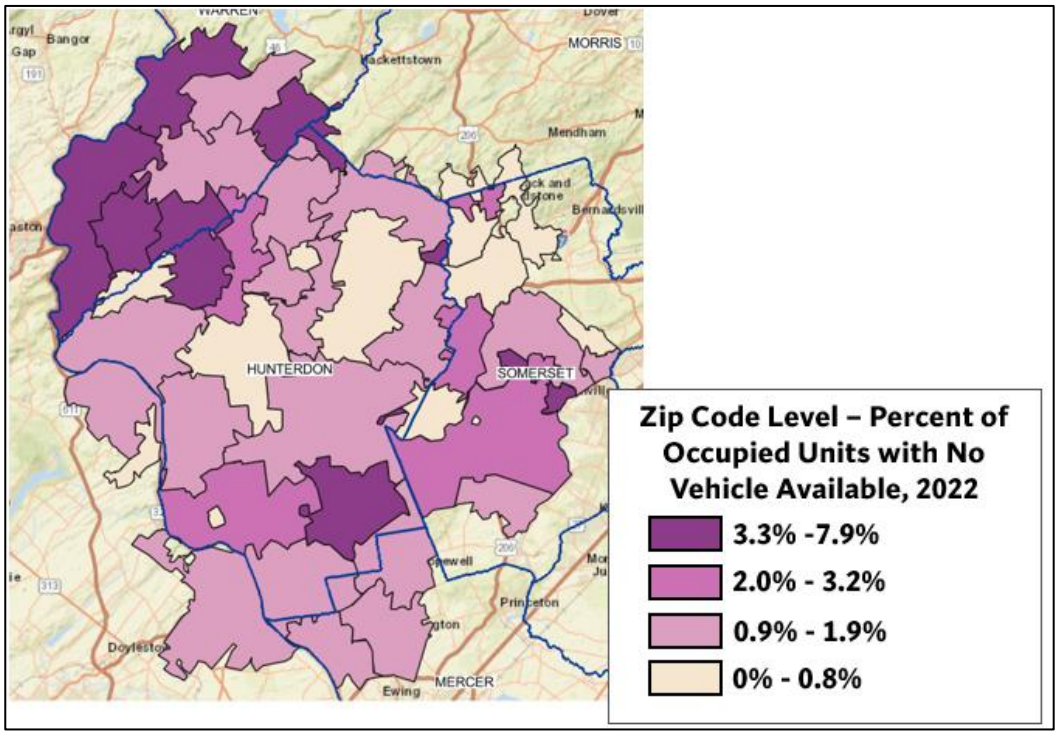
Transportation and Mobility

Access to reliable transportation is crucial for healthcare access and to support activities associated with overall well-being. Transportation serves as a critical link between residents and healthcare services, healthy food options, employment opportunities, and social connections. The Service Area faces unique and ongoing transportation challenges due to its rural character and limited public transit infrastructure.

Table 2.9: Transportation, 2019-2023[4]

	Hunterdon County	Service Area	New Jersey	United States
Commuting More than 60 Minutes	16.0%	14.6%	14.2%	8.7%
Using Public Transit for Commute	1.7%	2.1%	8.5%	3.5%

Figure 2.15: Population Without a Vehicle, by Zip Code[5]



Residents face longer commute times and have significantly less access to public transit than many other communities in New Jersey. With only 1.7% of Hunterdon County residents using public transit compared to 8.5% statewide, the area's heavy reliance on personal vehicles creates particular hardships for elderly residents, people with disabilities, and low-income families.

The northern region of the Service Area shows higher concentrations of households without vehicle access, suggesting pockets of transportation vulnerability that may compound other social and economic challenges. These transportation barriers may contribute to delayed medical care, missed appointments, and limited access to preventive services, potentially impacting health outcomes for vulnerable populations.

Food Security and Access

Access to affordable, nutritious food is essential for health. Food insecurity can lead to malnutrition, diet-related chronic diseases, and poor health outcomes across the lifespan. The Service Area has a relatively low food insecurity rate compared to national averages, though this still represents thousands of residents who may struggle with consistent access to adequate food. Despite the Service Area's overall economic prosperity, food access presents a significant paradox, with low-income residents facing substantially higher rates of limited food access compared to state and national averages.

Table 2.10: Food Security Indicators

	Hunterdon County	Service Area	New Jersey	United States
Adults with Food Insecurity[16]	6.8%	7.7%	10.0%	12.9%
Food Insecure Children[16]	3.0%	-	12.9%	18.0%
Children Eligible for Free or Reduced Lunch[17]	11.0%	17.9%	36.1%	53.5%
Households Receiving SNAP, 2019-2023[4]	2.9%	4.4%	8.8%	11.8%
Low Income with Low Food Access, 2021*[18]	24.7%	34.4%	15.9%	19.4%

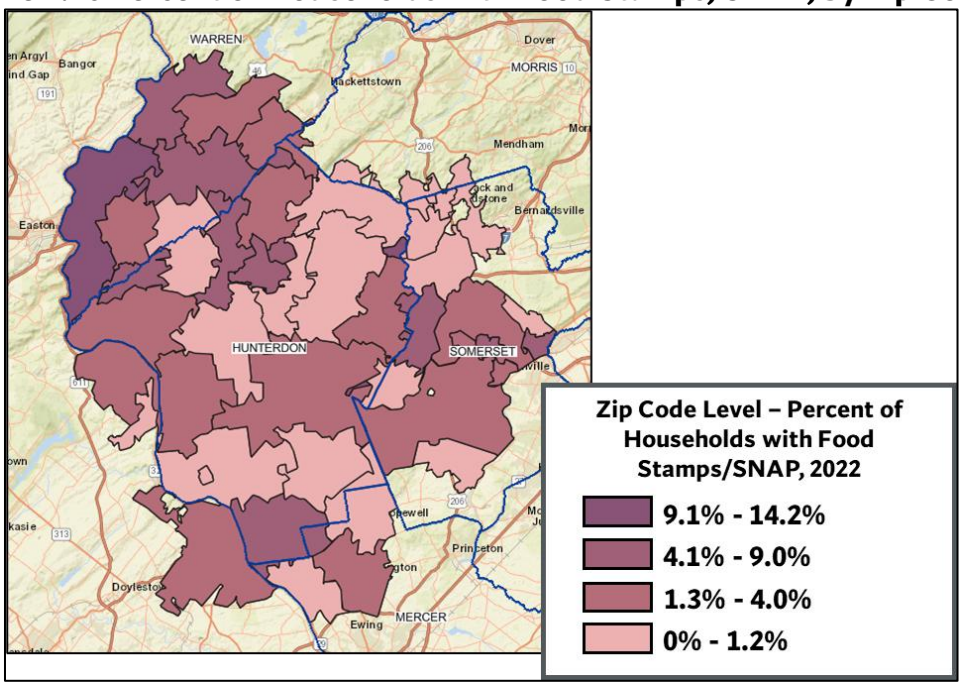
*Living >1 mile (urban) or >10 miles (rural) from nearest supermarket

The map in Figure 2.16 shows considerable variation in SNAP utilization across zip codes within the Service Area, with several areas showing higher concentrations of households

[16] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
[17] National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.
[18] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2021.

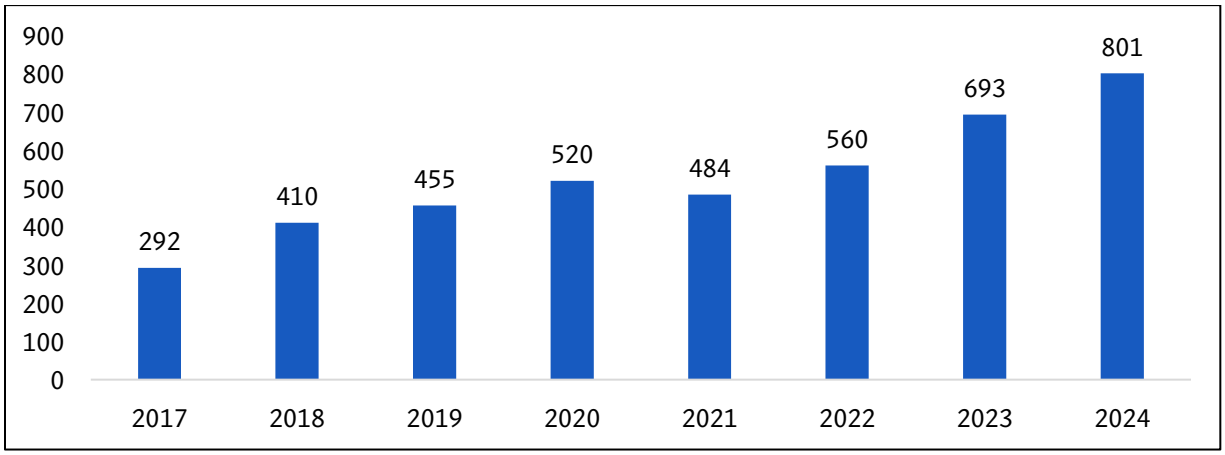
receiving food assistance, particularly in the northern and western portions of the region, suggesting pockets of food insecurity exist even within this relatively affluent community.

Figure 2.16 Percent of Households with Food Stamps, SNAP, by Zip Code[4,5]



Data from the Flemington Area Food Pantry illustrates growing food assistance needs within the Service Area, with new families served annually increasing from 292 in 2017 to 801 in 2024 - a 174% increase. This growth pattern suggests that despite the area's overall economic prosperity, significant pockets of food insecurity exist and have expanded over recent years, particularly following 2020.

Figure 2.17: Flemington Area Food Pantry Service Utilization, New Families Served 2017-2024[19]



[19] Flemington Area Food Pantry 2024 Report to the Community

Community Safety

Community safety affects both physical and mental health. Areas with higher crime rates often experience increased stress, reduced physical activity, and limited social cohesion, all of which can negatively impact health outcomes. The Service Area demonstrates lower rates of unintentional injuries, firearm deaths, and motor vehicle deaths compared to state and national averages, suggesting a relatively safe community.

Table 2.11: Safety Indicators, 2019-2023[20]

	Hunterdon County	Service Area	New Jersey	United States
Unintentional Injury (Accident) Crude Death Rate (Per 100,000 Population)	37.1	42.0	53.0	63.3
Homicide Mortality Rate (Per 100,000 Population) (2023)	1.5	-	3.2	6.8
Firearm Death Rate (Per 100,000 Population)	5.2	4.4	4.8	13.8
Motor Vehicle Crash Death Rate (Per 100,000 Population)	5.5	6.4	7.1	12.8

Conclusion

The Service Area presents a unique community profile characterized by exceptional economic indicators, high educational attainment, strong healthcare infrastructure, and overall ranking among the healthiest counties in both New Jersey and the United States.

However, important challenges remain that require attention in health planning efforts. Transportation access emerges as a significant barrier affecting multiple aspects of health and well-being. Economic disparities exist within the overall prosperous community, creating pockets of need that may be overlooked. The aging population profile creates both opportunities and challenges for healthcare delivery and community health improvement efforts.

Geographic factors create unique dynamics, with some areas experiencing population growth while others face decline. The rural nature of much of the Service Area, while contributing to quality of life, also creates challenges for service delivery and social connection.

These characteristics create both opportunities and challenges for healthcare delivery and community health improvement efforts in the region, setting the stage for the priority health needs identified in the following chapter.

[20] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. (5 year average)

Chapter 3 | Priority Health Need Areas

Introduction

Priority health needs were determined through comprehensive analysis of secondary data, primary data collection including community health surveys, key leader surveys, focus groups, and key leader interviews, followed by structured discussion and prioritization among Steering Committee members and community stakeholders serving as members of the Partnership for Health.

The three priority health needs that emerged from this process – **mental health**, **healthy lifestyle, and substance use** – represent interconnected challenges that affect residents across all demographics. Analysis further revealed three critical themes shown to influence each priority health need:

- **Transportation** barriers that prevent access to care and resources,
- **Health equity** concerns that create disparate health outcomes across populations, and
- **Social isolation** that compounds health risks across age groups and demographics.

These themes are considered in each of the three priority health need profiles presented in this chapter and will be addressed in the community health improvement planning process that will accompany this CHNA.

Figure 3.1: Service Area's 2025 Priority Health Needs

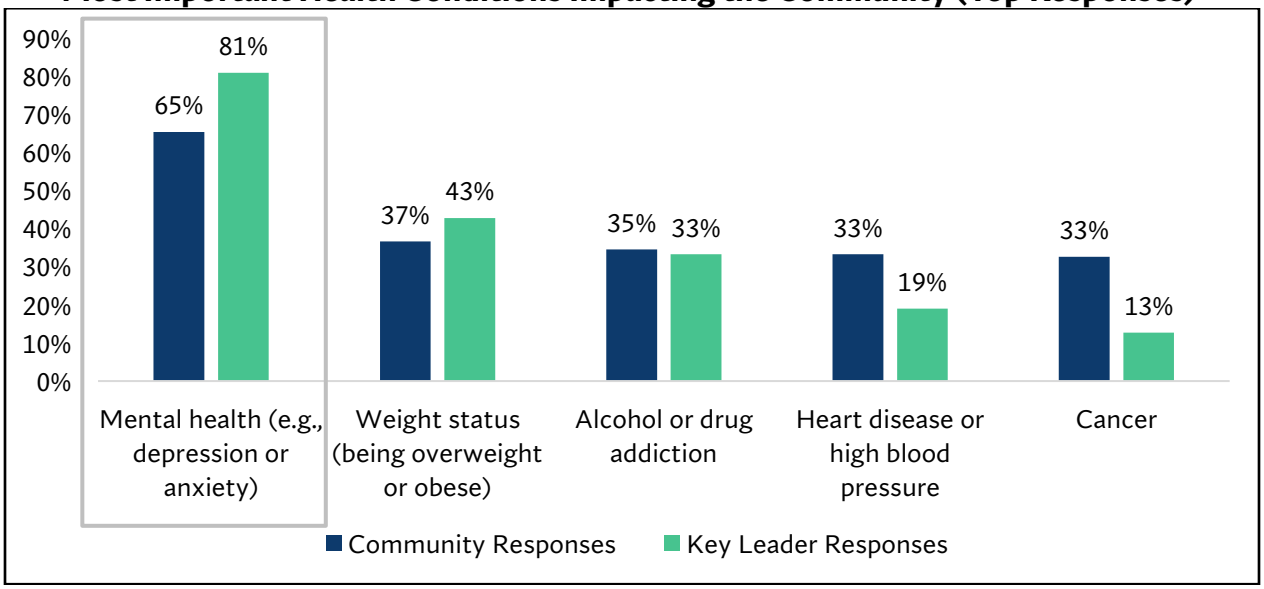
The prioritization process was guided by four criteria: severity and intensity of health needs based on data; feasibility of evidence-based interventions; health disparities associated with each need; and community-identified importance. This process demonstrated consistent findings across data sources, with the same health challenges emerging repeatedly as the most significant threats to community wellbeing.

The priority health needs highlighted in this chapter are not ranked hierarchically. Rather, each represents a critical component of community health requiring dedicated attention and resources. The interconnected nature of these challenges means that progress in one area often depends on simultaneous progress in others, underscoring why effective solutions must address root causes rather than symptoms alone.

Priority Area | Mental Health

Mental health was consistently identified as a top priority across all data sources, emerging from community voices, professional observations, and statistical indicators as one of the most pressing health challenges facing residents of the Service Area. An overwhelming majority of community members and key leaders selected mental health issues like depression and anxiety as the biggest health problems affecting their community.

Figure 3.2: CHOS and Key Leader Survey Results –
Most Important Health Conditions Impacting the Community (Top Responses)



These findings suggest a community may be experiencing significant psychological distress that affects families across all demographics and geographic areas. Key leader interviews identified the scope of this challenge with one leader saying:

> *"Mental health concerns have dramatically worsened since the pandemic. What was already a challenge before has now become a **full-blown crisis** especially for teenagers and young adults who seem to be experiencing unprecedented levels of anxiety and depression."*

The escalation from "challenge" to "full-blown crisis" suggests that multiple complex factors may be contributing to this trend, including but not limited to COVID-19 pandemic impacts, social media influences, gaps in coping skills development, and others. Further assessment of the underlying drivers behind this dramatic shift would help inform more targeted interventions. While the community has expanded mental health services, addressing this crisis may require a more comprehensive approach that builds resilience and coping skills from an early age, alongside examining broader social determinants that may be contributing to increased mental health challenges. Traditional service delivery models alone may be insufficient to address the multifaceted nature of this emerging crisis.

Overall Mental Health Status in the Service Area

Prevalence and Community Impact

Secondary data examining mental health indicators provides context for community observations about mental health challenges in Hunterdon County. The data in Table 3.1 shows key mental health indicators including prevalence of adult depression and poor mental health days per month, suggesting that community perceptions from the surveys align with measurable health outcomes.

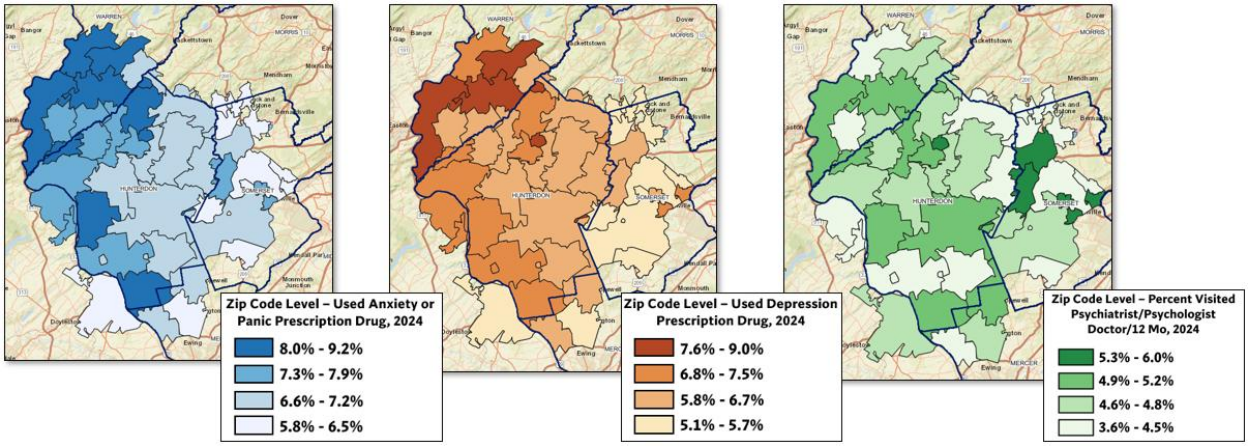
Table 3.1: Mental Health Indicators for Hunterdon County, 2021-2022[21]

	Hunterdon County	New Jersey	United States
Average Poor Mental Health Days per Month	4.4	4.5	4.9
Adults Ever Diagnosed with Depression (Age-adjusted)	18.8%	16.8%	21.1%

Additional indicators further illustrate the scope of mental health needs within the Service Area. Mental health medication prescribing patterns and psychologist visit data reveal trends in both the demand for mental health treatment and the utilization of available services. These utilization patterns provide insight into how residents are accessing mental healthcare and suggest both the extent of need and potential gaps in service delivery or access.

[21] University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021 and 2016-2022. (Average)

Figure 3.3: Mental Health Management in Service Area, by Zip Code[5]



CHOS data demonstrates the widespread impact of mental health challenges on daily life. Nearly two-thirds of respondents reported experiencing at least one day of poor mental health in the past month, with a significant minority experiencing chronic mental health struggles. Approximately one-quarter of respondents reported currently receiving mental health treatment, indicating engagement with services among those who can access them.

Figure 3.4: CHOS - Number of Poor Mental Health Days Per Month

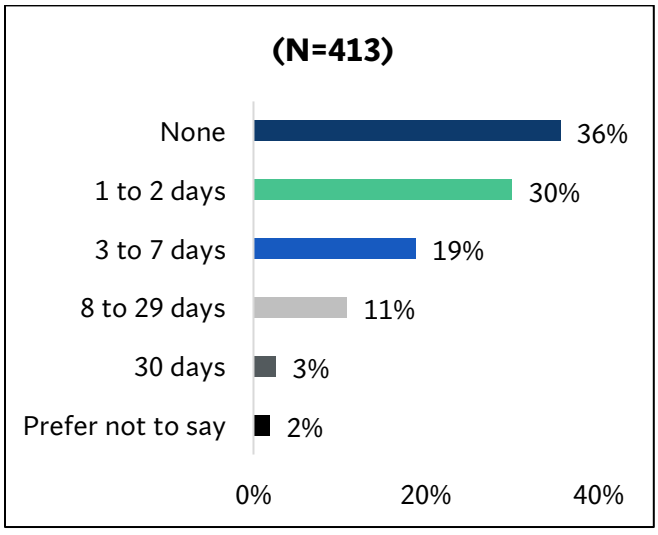
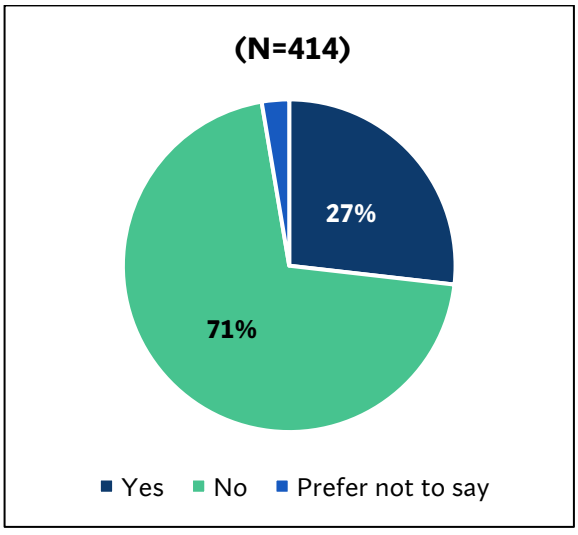


Figure 3.5: CHOS - Number of Respondents Currently Taking Medication or Receiving Treatment by Mental Health Professional



Understanding Suicide Risk in Context

The significantly elevated suicide rate in Hunterdon County compared to New Jersey represents an urgent mental health concern identified in this assessment. This disparity suggests that Hunterdon County residents may face elevated suicide risk factors that could benefit from attention and coordinated prevention efforts. While not as elevated as

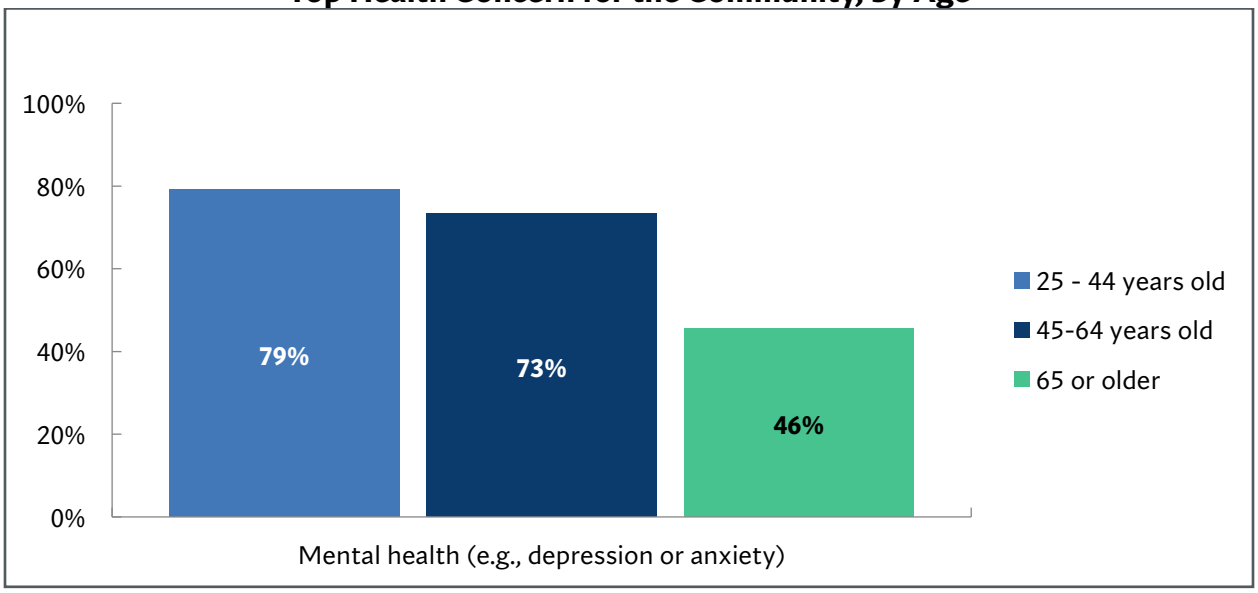
Hunterdon County's rate, the suicide death rate for the broader Service Area is also higher than New Jersey's overall rate.

Table 3.2: Suicide Rates, 2019-2023[20]				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Deaths by Suicide (Rate per 100,000 Population)	13.1	9.7	7.9	14.5

Age-Related Disparities

Differences exist across age groups in both mental health experiences and perceptions. In the CHOS, younger respondents identified mental health as a serious concern at higher rates compared to older residents, revealing a generational divide in awareness of mental health challenges.

Figure 3.6: CHOS - Percentage of Respondents who Selected "Mental Health" as a Top Health Concern for the Community, by Age



First responders provided context about age-related service patterns via focus group input, estimating that seniors represent nearly three-quarters of mental health-related emergency calls. One first responder explained that seniors may have had undiagnosed conditions that worsen over time:

> *"[**Seniors** seem to experience] unaddressed or under addressed mental health concerns for a very long time, and as they age, it's **really starting to catch up with them**."*

Multiple school nurses identified concerning trends among young people, noting early-onset mental health struggles including anxiety, pressure, and stress, often with parents lacking knowledge about management strategies. The academic pressure experienced by young people seems to create greater mental health risks. School nurses also noted that children place significant stress on themselves to succeed academically, contributing to anxiety among students across the Service Area. Stakeholders from the education sector also emphasized that mental health challenges have become the predominant health issue in schools.

Social Isolation as a Mental Health Crisis Driver

Social Isolation as a Mental Health Crisis Driver

Social isolation emerged across data sources as both a consequence of mental health challenges and a significant contributing factor to their development. Multiple focus group participants linked the COVID-19 pandemic to ongoing isolation challenges that continue affecting mental health across age groups.

"COVID did a lot of things... I think [it caused] a tremendous amount of isolation that we haven't really been able to totally shed."

Isolation Patterns Across Demographics

Focus group participants identified concerning patterns of social disconnection among young adult males noting they often lack friendships and social connection during life stages traditionally associated with community engagement. This creates mental health vulnerabilities that may go unrecognized by traditional support systems.

"Young men, they don't have friendships. It seems like they don't hang out with each other..."

Multiple participants described complex isolation affecting family systems, particularly the "bridge generation" of adults who find themselves managing responsibilities for children and aging parents simultaneously. This population faces high stress levels and time constraints which can limit social connection opportunities.

"Children after school are going home... there's no parent there, it's an expensive area, both parents are working... the children are going home sometimes to an empty house."

The mental health implications extend to children in these family systems, with participants noting latchkey situations where children return home to empty houses due to dual-parent employment necessities and a lack of places for children to go other than home after school. This pattern creates potential mental health risks during critical after-school hours when supervision and social connection support healthy development.

However, community assets exist to address isolation effectively. The Local Inter-community Neighborhood LINKage (also known as "The LINK") transportation system, which is available to all Hunterdon County residents,[22] consistently emerged as a vital resource addressing both transportation barriers and social isolation simultaneously for older residents.

Mental Health Service Access: Barriers and System Limitations

Provider Availability and Access Challenges

Secondary data on mental health provider availability provides context for understanding the mental healthcare landscape within the Service Area. While the data reveals that both Hunterdon County and the broader Service Area have higher ratios of mental health providers per 100,000 population than New Jersey and the United States averages, these favorable statistics may not fully capture the reality of accessing mental healthcare services for residents.

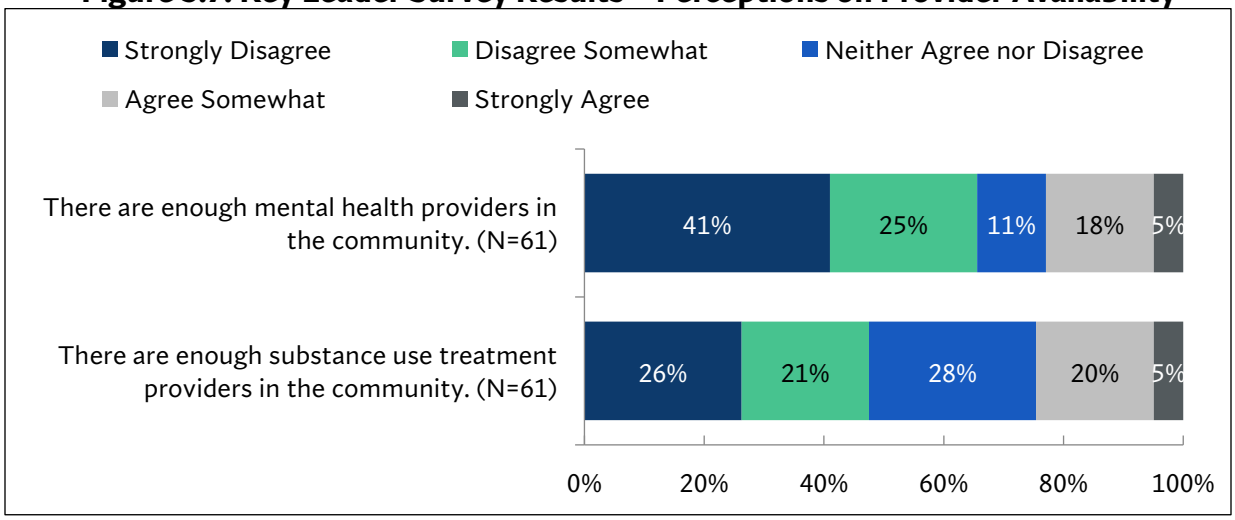
Table 3.3: Mental health provider-to-population ratios, 2022[14]

	Hunterdon County	Service Area	New Jersey	United States
Mental Healthcare Provider Rate (Per 100,000 Population)	315.63	358.29	294.84	319.42

Despite these seemingly adequate provider-to-population ratios, community perspectives reveal a more complex picture of mental healthcare accessibility. Key leader survey data indicates significant concerns about provider availability, with only 36% of leaders agreeing that there are enough mental health providers in the community and even fewer (26%) believing there are sufficient substance use treatment providers. These findings suggest that raw provider numbers and provider rates and ratios may not reflect the true capacity to meet community mental health needs, pointing to other potential barriers that limit actual access to care.

[22] Hunterdon County, NJ - *About the LINK*: https://www.co.hunterdon.nj.us/2798/About-the-LINK

Figure 3.7: Key Leader Survey Results – Perceptions on Provider Availability



Focus group participants and key leaders emphasized significant access barriers including long wait times, limited providers accepting Medicaid, and language barriers that prevent residents from receiving timely mental healthcare:

Figure 3.8: Community Leader and Member Perceptions of Barriers to Accessing Mental Healthcare

Community Leader Perspective	Healthcare Leader Perspective	Spanish-Speaking Community Member Perspective
"We [lack sufficient] mental health providers who accept Medicaid in the entire county, and [those accepting Medicaid] have waiting lists of 4-6 months. For someone in crisis, that's ***simply not acceptable***."	"Mental healthcare. No, we know that **we don't have enough providers**. Particularly if you're seeking in house treatment, it's prolonged... like psych beds. That's the challenge."	There is "not enough billingual assistance with mental health."

Financial Barriers and Economic Realities

CHOS data demonstrates the extent to which cost prevents residents from accessing needed mental healthcare. Among respondents who needed mental healthcare in the past year but did not receive it, cost emerged as the most frequently cited barrier, followed by difficulty getting appointments and scheduling conflicts.

Figure 3.9: CHOS Results – Percentage of Community Members who did NOT Receive Mental Healthcare When Needed

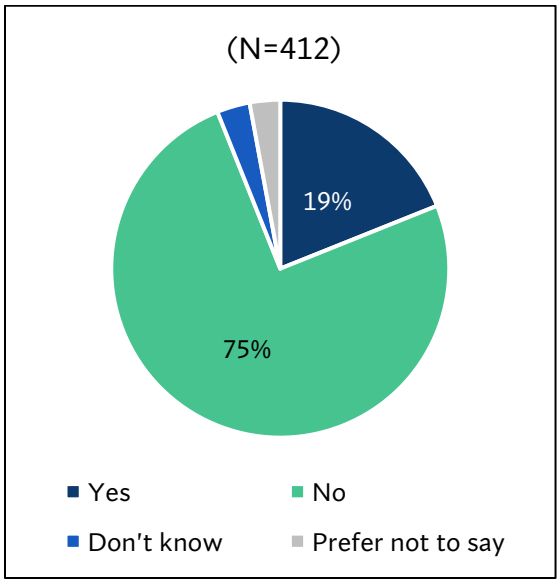
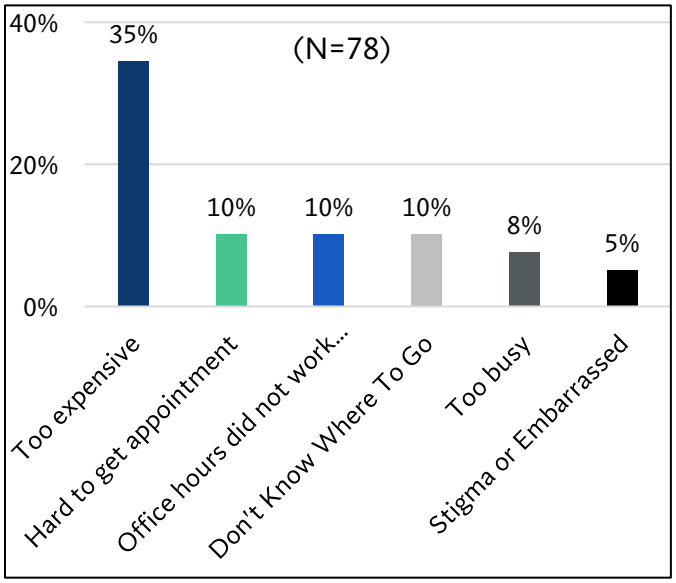


Figure 3.10: CHOS Results – Of Those Who Did Not Receive Mental Healthcare When Needed, Why They Did NOT Receive It



Focus group discussions highlighted how economic constraints create difficult choices that affect both access to care and family wellbeing. Focus group participants described how multiple job responsibilities affect healthcare seeking:

> *"People work multiple jobs and are too tired (or use that as an excuse) to seek care."*

The economic considerations extend to medication access, with other focus groups noting that many people in the Latino community use pharmacy cards like Family Wise and Good Rx to manage prescription costs. This suggests that even when mental healthcare is accessed, ongoing treatment costs create additional barriers to consistent care.

Emergency Response System Strain

First responders described how mental health crises place significant strain on emergency response systems. Mental health emergency calls now require substantially longer

> *"A simple mental health call, you know, could have been resolved prior in 20 minutes, now it takes two and a half hours. So, it's tying up resources."*

response times, creating cascading effects throughout the healthcare system by tying up ambulances and emergency department beds.

These resource allocation challenges highlight the need for enhanced crisis intervention services that can provide appropriate mental health response without overwhelming emergency systems designed primarily for medical emergencies.

Key Takeaways: Mental Health

1. **Widespread Impact Across Demographics**: Mental health challenges affect residents across all age groups, with nearly two-thirds of community members experiencing poor mental health days and nearly one in five unable to access needed care.

2. **Access Barriers Override Provider Availability**: Despite provider-to-population ratios that are better than state and national averages, residents face substantial barriers including extended wait times, cost concerns, and limited emergency mental health services, with only one-third of community leaders surveyed believing sufficient providers are available.

3. **Social Isolation Compounds Challenges**: Pandemic-accelerated isolation trends continue affecting mental health across age groups, with particular concerns for young adult males, caregiving adults, and children experiencing after-school isolation.

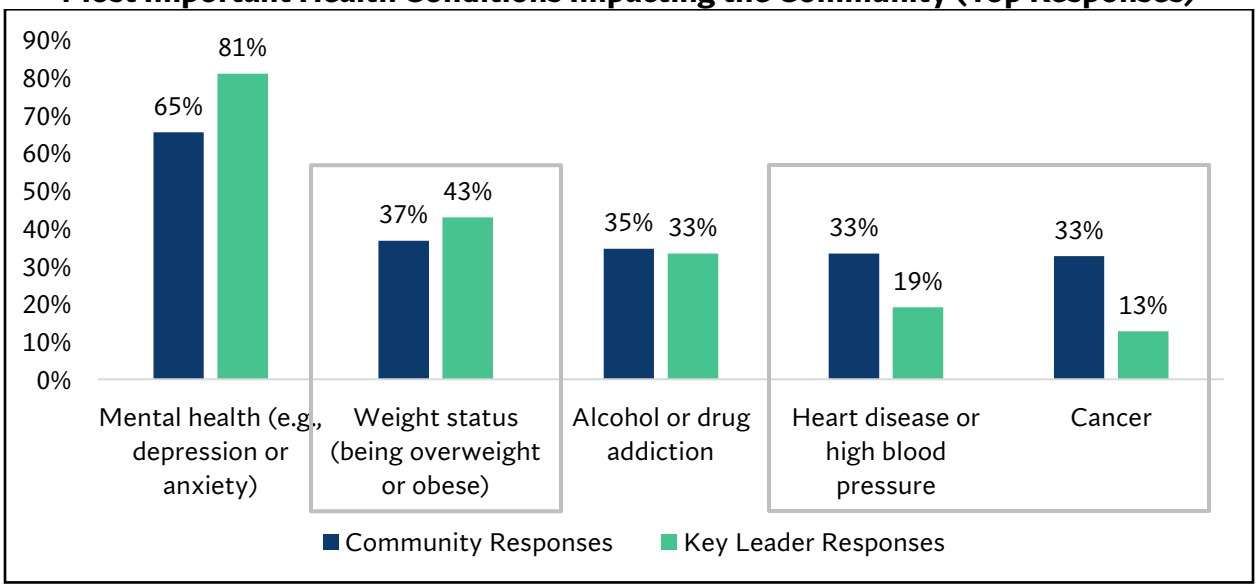
4. **System Strain Demands Specialized Response**: Mental health crises increasingly overwhelm emergency response systems, highlighting the need for specialized crisis intervention services that can address mental health needs without straining medical emergency resources.

5. **Elevated Suicide Risk Requires Immediate Action**: The significantly higher suicide rate compared to state averages demands coordinated prevention efforts and enhanced crisis response capacity to address this urgent public health concern.

Priority Area | Healthy Lifestyle

Factors impacting healthy lifestyle and the chronic disease outcomes associated with lack of healthy lifestyle were consistently identified as significant priorities across multiple data sources, emerging from community perspectives and professional observations as a fundamental health challenge affecting residents throughout the Service Area. CHOS data reveals the widespread nature of healthy lifestyle concerns, with weight status identified as the second most important health problem by community respondents. Key leaders reinforced this community perspective, identifying weight status as a top health challenge at even higher rates than community members, demonstrating strong alignment between community voices and professional observations.

Figure 3.11: CHOS and Key Leader Survey Results –
Most Important Health Conditions Impacting the Community (Top Responses)



These findings reflect community recognition of the critical importance of addressing modifiable risk factors that contribute to chronic disease development. The convergence of weight status concerns and related conditions like heart disease, diabetes, and cancer underscores the interconnected nature of healthy lifestyle factors and chronic disease prevention needs.

Overall State of Health in the Service Area

A Foundation of Health with Room for Improvement

Secondary data reveals that Hunterdon County and the Service Area consistently outperform both New Jersey and national averages across most health indicators, creating a strong foundation for community health. Residents experience significantly lower rates of physical inactivity, fewer poor physical health days, and fewer residents getting insufficient sleep than state and national benchmarks.

Table 3.4: Physical Health Indicators				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Physical Inactivity (Adults Age 20+ with No Leisure Time Physical Activity), 2021[23]	12.8%	15.9%	19.9%	19.5%
Adults Reporting Poor or Fair Health (Crude %), 2022[13]	11.0%	10.2%	11.4%	12.7%
Insufficient Sleep, 2022[13]	31.9%	34.9%	37.6%	36.0%

Mortality rates for heart disease and stroke are notably lower than comparison areas, reflecting the overall health advantages of the community.

Table 3.5: Mortality Rates for Heart Disease and Stroke, 2019-2023[20]				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Mortality - All Heart Disease (Rate per 100,000)	183.1	191.1	204.9	207.2
Mortality – Stroke (Rate per 100,000)	33	38.3	39.8	48.3

However, these favorable statistics may mask some health challenges that could benefit from attention to maintain current advantages and prevent future deterioration. While one in ten residents reporting poor or fair health may seem modest compared to higher rates elsewhere, it represents a significant population experiencing health challenges. Similarly, nearly one-third of residents experiencing insufficient sleep indicates a widespread lifestyle issue that can impact multiple health outcomes over time.

Community Health Awareness and Chronic Disease Recognition

"Chronic conditions go along with the sedentary lifestyle and unhealthy weight, so diabetes, hypertension, heart disease."

The contrast between favorable secondary data and community-identified concerns reveals sophisticated health awareness within the Service Area. Multiple focus group participants demonstrated deep understanding of chronic disease patterns, connecting lifestyle factors to health outcomes. Four focus groups discussed chronic disease as a prevalent community concern, with participants clearly linking sedentary lifestyles and weight status to diabetes, hypertension, and heart disease.

[23] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

Key leader interviews reinforced community observations about emerging health trends, with several leaders noting that heart disease and diabetes appear to be occurring more frequently. Multiple leaders emphasized the broad impact of lifestyle factors, particularly noting how COVID-19 pandemic restrictions may have worsened sedentary behaviors through increased screen time and reduced physical activity.

Physical Activity and Built Environment Context

Secondary data on physical activity reveals a mixed picture that aligns with community observations. While the Service Area demonstrates lower physical inactivity rates than state and national averages, infrastructure challenges create barriers to optimal physical activity engagement for some residents.

Table 3.6: Analysis of recreational facilities, walkability indicators, built environment factors supporting physical activity, and physical activity levels

	Hunterdon County	Service Area	New Jersey	United States
Population with Access to Exercise Opportunities, 2023[24]	90.7%	93.3%	96.3%	84.1%
Walkability Index, 2021[25]	8	7	10	10

Multiple key leaders emphasized the critical need for increased physical activity across age groups, with particular concern about younger generations and childhood obesity. Several leaders called for increased physical education in schools and community-wide approaches to promote active lifestyles.

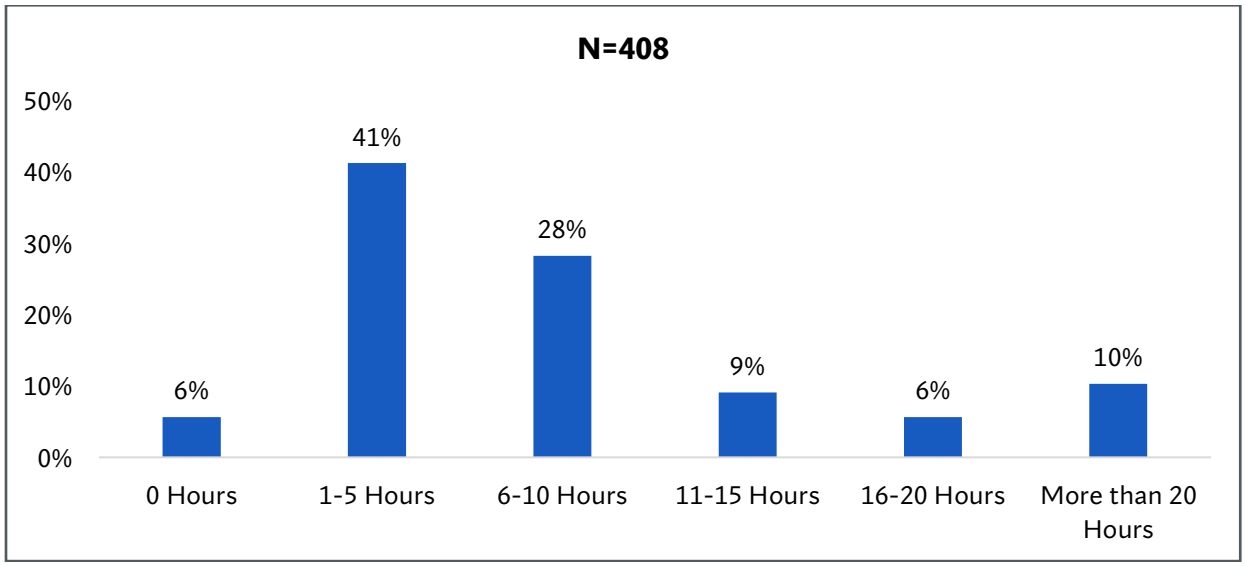
"Our community, as well as every other community, needs to keep moving and keep active. I don't think people are active enough. I especially don't think our younger generation is active enough. I think that the school systems throughout the nation should go back to having gym class. So that they can fight child obesity. I think child obesity is a huge problem."

CHOS data provides insight into physical activity patterns among residents, revealing that while the majority engage in regular physical activity, nearly half report relatively low activity levels. The infrastructure challenges extend beyond walkability to affect family physical activity, with parents noting safety concerns about existing roads.

[24] ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2023, 2022&2020 (Average)

[25] Environmental Protection Agency, EPA - Smart Location Database. 2021.

Figure 3.12: CHOS Results, Self-Reported Weekly Physical Activity Outside of Regular Job



Multiple focus groups identified specific infrastructure barriers to physical activity. School nurses noted that many residents live on township roads that are not walkable and impede a person's ability to exercise outside. They further described unsafe conditions:

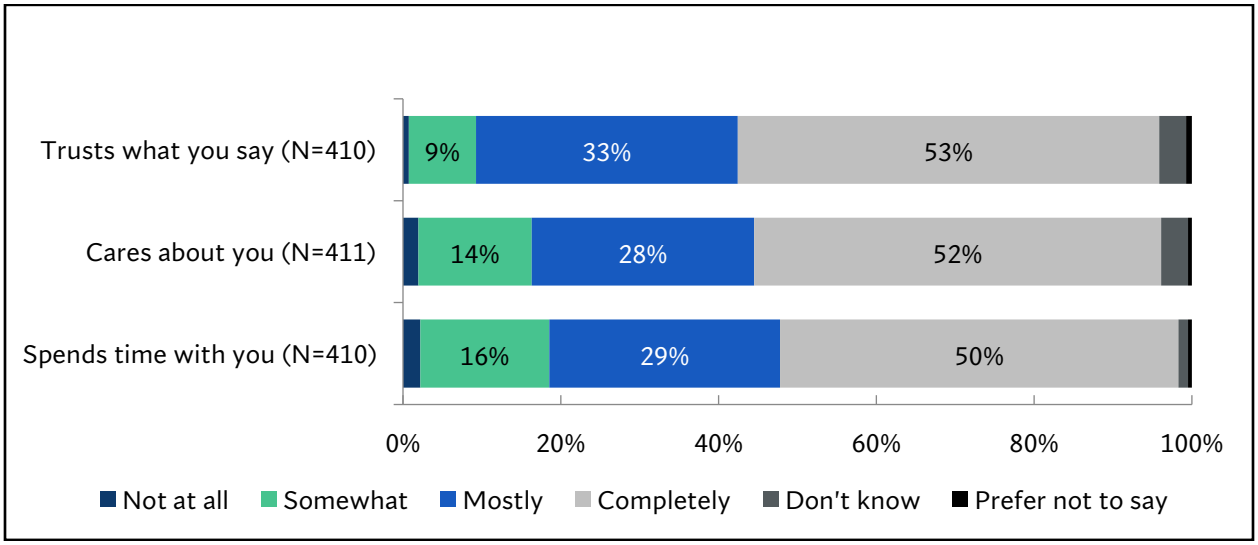
> *"It's not even that there's no sidewalk, but there's also no shoulder...and people tend to drive very fast all the time."*

Healthcare Access Barriers and Lifestyle Support

Foundational Trust with Implementation Challenges

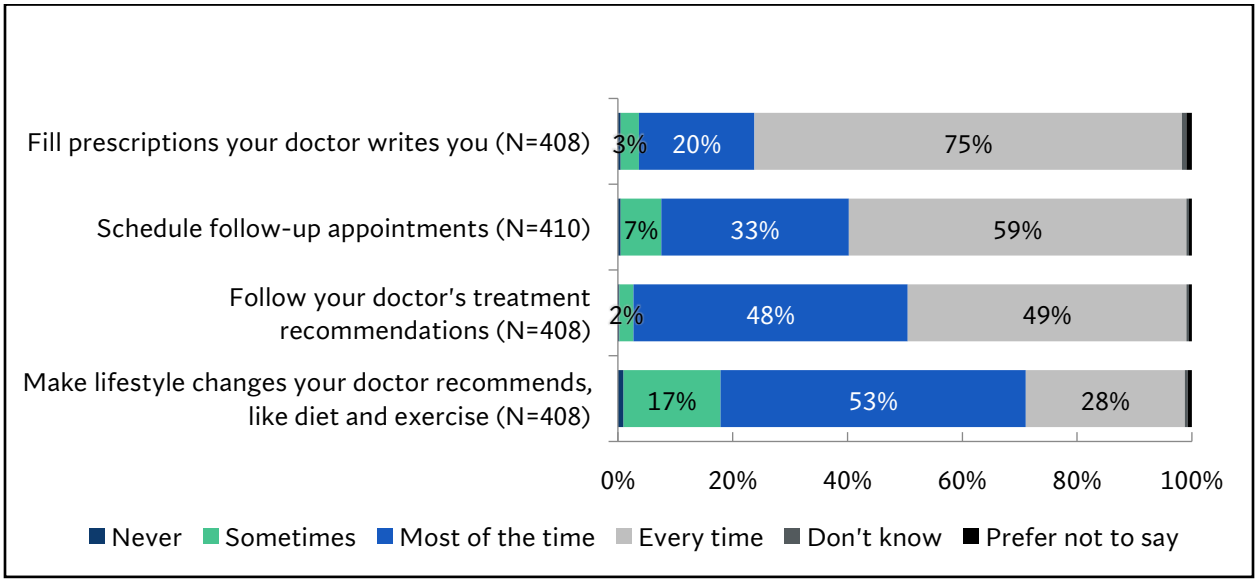
Community trust in healthcare providers in the Service Area suggests a strong community foundation for supporting healthy lifestyle-related prevention and interventions. Most community members report positive relationships with their healthcare providers, feeling their doctors trust them, care about them, and spend adequate time during visits. Quality of care, respectful treatment, and provider availability emerged as primary factors building trust in the healthcare system.

Figure 3.13: CHOS Responses to the Prompt "To What Extent Would You Say Your Doctor…"



However, patient adherence patterns expose important gaps in lifestyle intervention support. While most community members consistently fill prescriptions and schedule follow-up appointments, only about half report following doctor-recommended lifestyle changes like diet and exercise most of the time or always, suggesting the need for enhanced behavior change support systems.

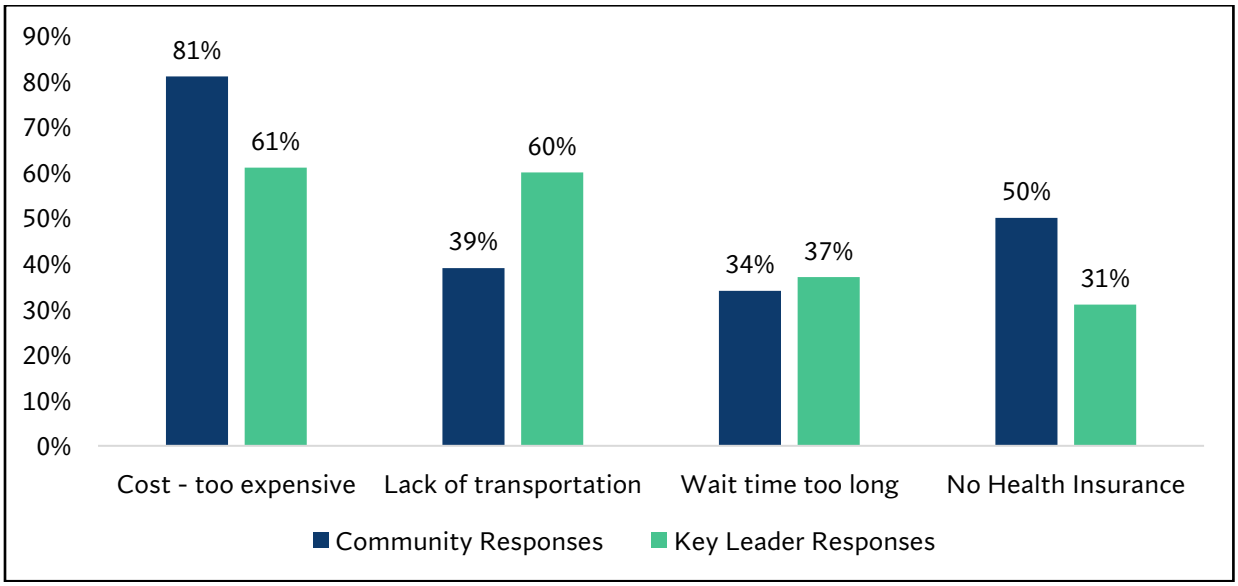
Figure 3.14: CHOS Results – How Often Respondents Adhere to Provider Recommendations



Healthcare Access Barriers Affecting Lifestyle Interventions

CHOS data reveals significant barriers to healthcare access that affect residents' ability to receive comprehensive lifestyle support. Cost emerged as an overwhelming barrier, identified by over 80% of community respondents, followed by lack of health insurance and transportation challenges. Key leaders confirmed similar patterns, with cost and transportation identified as the primary reasons they perceived community members cannot access healthcare when needed.

Figure 3.15: CHOS and Key Leader Survey Results - Top Barriers to Accessing Healthcare



These access barriers create particular challenges for lifestyle interventions that require ongoing support, regular monitoring, and sustained provider-patient relationships.

Multiple focus groups identified how economic constraints create difficult choices that affect both access to care and healthy lifestyle maintenance, with participants noting that people must prioritize between food and other necessities, particularly affecting those who earn too much to qualify for assistance programs but too little to afford optimal care and nutrition.

Food Access and Education Barriers

While secondary data shows generally favorable food security conditions compared to state and national averages, community discussions identified specific challenges related to nutrition-related knowledge and food access. Several focus groups noted that some areas of the county function as food deserts, creating barriers to healthy food access for certain populations.

Table 3.7: Secondary data on food security rates, SNAP participation, and food access indicators in Hunterdon County				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Adults 18+ Having Food Insecurity (Crude), 2022[13]	6.8%	7.7%	10.0%	12.9%
Food Insecure Children, 2022[13]	3.0%	-	12.9%	18.0%
Children Eligible for Free or Reduced Lunch, 2022-2023[26]	11.0%	17.9%	36.1%	53.5%
Households Receiving Food Stamp/SNAP, 2019-2023[4]	2.9%	4.4%	8.8%	11.8%

Focus group participants noted confusion about nutrition information and expressed interest in practical nutrition education. Participants also reflected on how changing nutrition guidance over time has contributed to current misconceptions about healthy eating, with one participant noting:

> *"One of my big issues is nutrition. I really think that we all grew up in a time where food pyramid changed a bunch of times, and what we think is healthy is processed foods."*

Opportunities for Health Improvement

Community Assets and Prevention Opportunities

Despite identified barriers, community members recognized significant assets that could support healthy lifestyle interventions. Teen focus groups acknowledged environmental advantages, describing the area as clean, safe, and accessible to the beach, mountains, and cities. Other focus group participants noted the area's recreational resources, with one stating:

> *"It's a healthy community. There's a lot of emphasis on green space, open space. Which helps, you know, everyone's health."*

Focus group participants and key leaders consistently emphasized the critical importance of shifting community health approaches from treatment-focused to prevention-focused strategies. This perspective reflects recognition that many chronic diseases develop through modifiable risk factors that could be addressed through community-level interventions. Multiple community members expressed strong interest in prevention-

[26] National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

oriented approaches, including education about lifestyle factors, access to healthy food options, and infrastructure improvements that support physical activity.

Infrastructure and Policy Improvements
Community members identified specific infrastructure needs that could significantly support healthy lifestyle maintenance, with sidewalk improvements mentioned repeatedly across focus groups as a critical gap. These targeted infrastructure investments could substantially expand physical activity opportunities for residents.

Transportation solutions emerged as another pressing need throughout both focus groups and key leader interviews. While community members recognized that traditional public transit may not be feasible in rural areas, they suggested innovative approaches to overcome transportation barriers and improve access to healthy lifestyle resources.

Key leaders emphasized the importance of taking comprehensive, system-level approaches to these challenges. As one leader noted:

"Make sure people understand that heart disease and cancer are the biggest killers so any policy, system or environmental change that improves the lifestyle choices folks make on a daily basis will have a big impact over time."

This perspective underscores how infrastructure and policy improvements can create lasting changes by making healthy choices more accessible and convenient for community members.

Key Takeaways: Healthy Lifestyle

1. **Strong Foundation with Proactive Intervention Needed**: While the Service Area demonstrates better health outcomes than state and national averages across most indicators, community awareness of emerging challenges like insufficient sleep, sedentary lifestyles, and chronic disease risk factors requires proactive intervention to maintain current health advantages.

2. **Healthcare Trust Enables Lifestyle Support**: Strong trust relationships between community members and healthcare providers create an ideal foundation for lifestyle interventions, though current support systems need enhancement to help patients implement recommended behavior changes effectively.

3. **Infrastructure Barriers Require Community Solutions**: Built environment limitations, including low walkability scores and safety concerns about roads, create systematic obstacles to physical activity that require coordinated community-level interventions addressing both individual and environmental factors.

4. **Food Access and Economic Disparities**: While food security indicators are generally favorable, specific geographic areas function as food deserts, and economic constraints force difficult choices between food and other necessities for some residents.

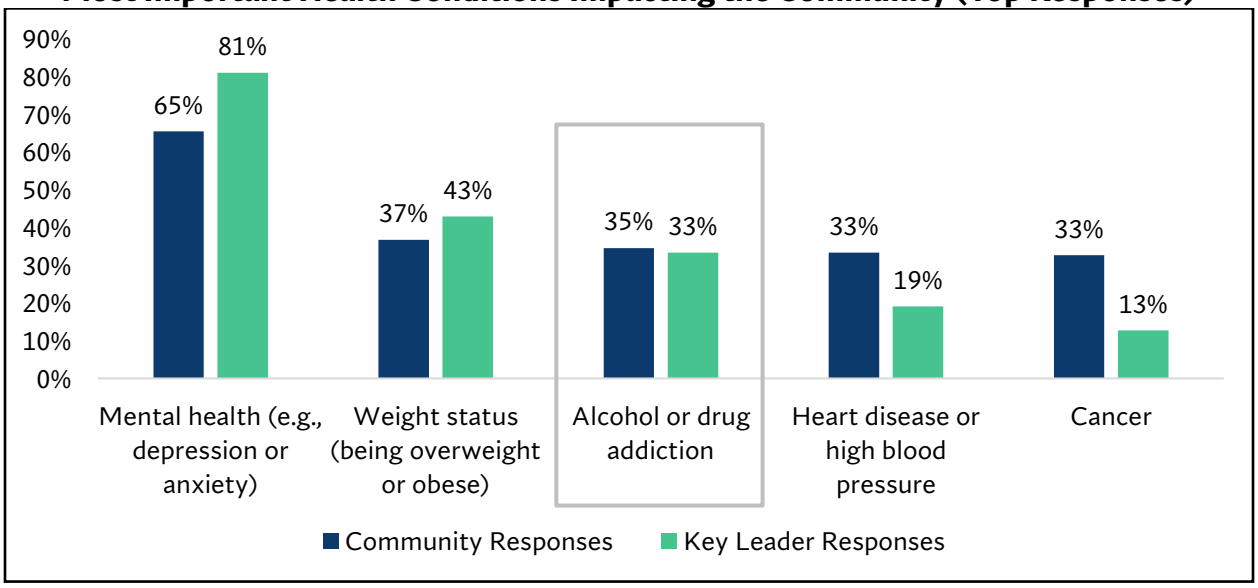
5. **Prevention-Focused Community Readiness**: Strong community awareness of healthy lifestyle challenges, combined with existing recreational assets and engaged residents, provides an ideal foundation for comprehensive prevention-focused interventions that leverage community strengths while addressing identified barriers.

6. **Integrated Approaches Essential**: Effective healthy lifestyle interventions must address interconnected challenges including transportation, food access, built environment improvements, healthcare system navigation, and behavior change support through coordinated approaches that recognize the complex relationship between individual behavior and community-level factors supporting health.

Priority Area | Substance Use

Substance use emerged as a multifaceted priority area where individual health challenges intersect with community culture, family dynamics, and systemic barriers to create complex patterns of risk and resilience. Community survey responses and key leader perspectives both identified alcohol and drug addiction as major health concerns, though with different emphasis reflecting varying perspectives on the scope and nature of substance use challenges.

Figure 3.16: CHOS and Key Leader Survey Results –
Most Important Health Conditions Impacting the Community (Top Responses)



The data suggests consistency across community voices and professional perspectives in identifying substance use as a significant health priority. This alignment across multiple data sources suggests substance use may be a community priority that could benefit from comprehensive intervention strategies.

Understanding Substance Use Patterns in the Community

Secondary Data Context

Secondary data reveals a complex substance use landscape in Hunterdon County. While the county demonstrates significantly lower rates of drug overdose deaths and opioid-related deaths compared to state and national averages, excessive drinking rates exceed both benchmarks.

Table 3.8: Alcohol and Substance Use Indicators				
	Hunterdon County	**Service Area**	**New Jersey**	**United States**
Percent of Population Reporting Excessive Drinking in Past 30 Days, 2022[13]	21.4%	-	17.4%	18.0%
Alcohol Use Disorder (Medicare Population) Prevalence, 2022[27]	2.0%	2.0%	2.0%	2.0%
Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population), 2019-2023[20]	36.6	38.7	49.8	58.5
Drug Overdose Death Rate (Per 100,000 Population), 2019-2023[20]	13.9	19.0	31.5	29.1
Opioid Crude Death Rate (Per 100,000 Population), 2019-2023[20]	11.4	16.6	28.1	22.0

These patterns indicate that although the county has made significant strides in addressing opioid-related challenges through improved prescribing practices, alcohol use represents a persistent and growing concern requiring targeted community intervention strategies.

Cultural Normalization of Alcohol Use

Multiple focus group participants identified alcohol as deeply embedded in community culture in ways that create unique challenges for prevention and treatment efforts. Four of eight focus groups discussed alcohol as a prevalent community health concern, with participants noting that alcohol is widely normalized across households and age groups.

> *"We have a huge problem with alcoholism... alcohol is so prevalent in our county... the houses are full of alcohol, and it's very normalized."*

Several key leaders confirmed the prevalence of excessive alcohol use in treatment settings, with one healthcare professional noting that behavioral health services serve more individuals with alcohol addiction than drug addiction. Multiple key leaders emphasized the severity of alcohol-related issues, describing use of alcohol as rampant and extending beyond casual use to problematic consumption patterns.

This cultural normalization creates specific challenges for individuals and families struggling with problematic alcohol use, as social acceptability makes it difficult to recognize when use becomes problematic. The normalization extends across age groups, with focus group participants noting that alcohol issues affect both youth and seniors.

[27] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Youth Substance Use: Patterns and Prevention Challenges

Focus group data from teens and school nurses highlighted specific patterns of substance use among young people in Hunterdon County. Teen participants reported that vaping is noticeable among high schoolers with some occurrences in middle school. They also noted concerning patterns of alcohol use including drinking at youth sporting events and intoxication at school. Key leader interviews confirmed these patterns, as noted by the following quote from one leader:

"Teen substance use, including the use of vaping devices and binge drinking, remains an ongoing public health concern."

The complexity of youth vaping prevention became apparent through teen focus groups, which revealed that while schools provide education about vaping risks, some students may not believe it will personally affect them. Marketing and perception challenges compound prevention efforts, with participants sharing perceptions that vaping might be less harmful than smoking, possibly due to advertising approaches.

Substance Use Treatment Access: Barriers and System Limitations

Access Barriers Affecting Vulnerable Populations

Key leader survey data reveals significant concerns about substance use treatment provider availability, with nearly half of community leaders indicating insufficient providers to meet community needs as shown in Figure 3.7 above. Multiple key leaders noted specific access challenges, including lack of Medication-Assisted Treatment options within the county and few general substance use treatment options:

"Our clients do not have access to MAT [Medication-Assisted Treatment] treatment without going out of county and there are few options when it comes to substance use treatment in general."

Leaders consistently identified dual challenges of insufficient overall provider capacity and even more limited availability of providers accepting insurance. Multiple key leaders emphasized funding gaps, noting that few providers accept insurance while calling for better funding for behavioral treatment services.

These findings indicate that substance use treatment faces barriers for individuals seeking affordable treatment options, potentially creating disparities based on ability to pay for services.

Information and Awareness Barriers
School nurses identified critical gaps in community-wide education about substance use issues, particularly noting the absence of educational programming about significant alcohol problems in the community.

> *"There is nothing to support in education in the community... about the significant alcohol problems that we have in this town."*

Beyond individual behavior change, school nurses emphasized that community education needs must extend to family systems and community-wide awareness of how substance use patterns develop and perpetuate. They identified a particular need for parenting education and support:

> *"I think there needs to be parenting programs, and I'm not blaming parents. I think parents need support."*

This observation highlights how addressing substance use requires a comprehensive approach that supports families and builds community awareness, rather than focusing solely on individual interventions.

Economic and Business Considerations
The complexity of addressing alcohol use as a community health priority may include economic considerations that warrant further exploration. The potential promotion of local wineries and breweries as tourist attractions and economic development strategies could create tension with public health goals, suggesting a need for careful navigation to balance legitimate business interests with community health needs and responsible consumption education. Further research is needed to fully understand the scope and impact of such economic factors on community alcohol use patterns.

Key Takeaways: Substance Use

1. **Cultural Challenges Require Community-Wide Approaches**: Alcohol use is deeply embedded in community culture, creating challenges for recognizing problematic use and accessing appropriate interventions. This normalization affects prevention efforts and treatment engagement across all age groups, requiring interventions that address social and cultural factors alongside individual treatment needs.

2. **Service Gaps Affect Treatment Access**: Significant gaps exist in substance use treatment capacity, with nearly half of community leaders reporting insufficient providers. Limited Medication-Assisted Treatment availability within the county and

few insurance-accepting providers create barriers for individuals seeking affordable treatment options.

3. **Youth Prevention Faces Complex Challenges**: Teen substance use patterns, including both vaping and alcohol use, with prevention efforts complicated by perceptions that some substances may be less harmful and marketing influences that counter educational messages.

4. **Education and Support Needs**: Community-wide education about substance use risks and parenting support represents a critical gap, with particular attention needed for alcohol-related problems that receive less community recognition despite their prevalence.

5. **Integrated Approaches Essential**: Effective substance use interventions must address cultural factors, family systems, and community-wide attitudes while coordinating prevention and treatment services to create comprehensive support systems for individuals and families affected by substance use disorders.

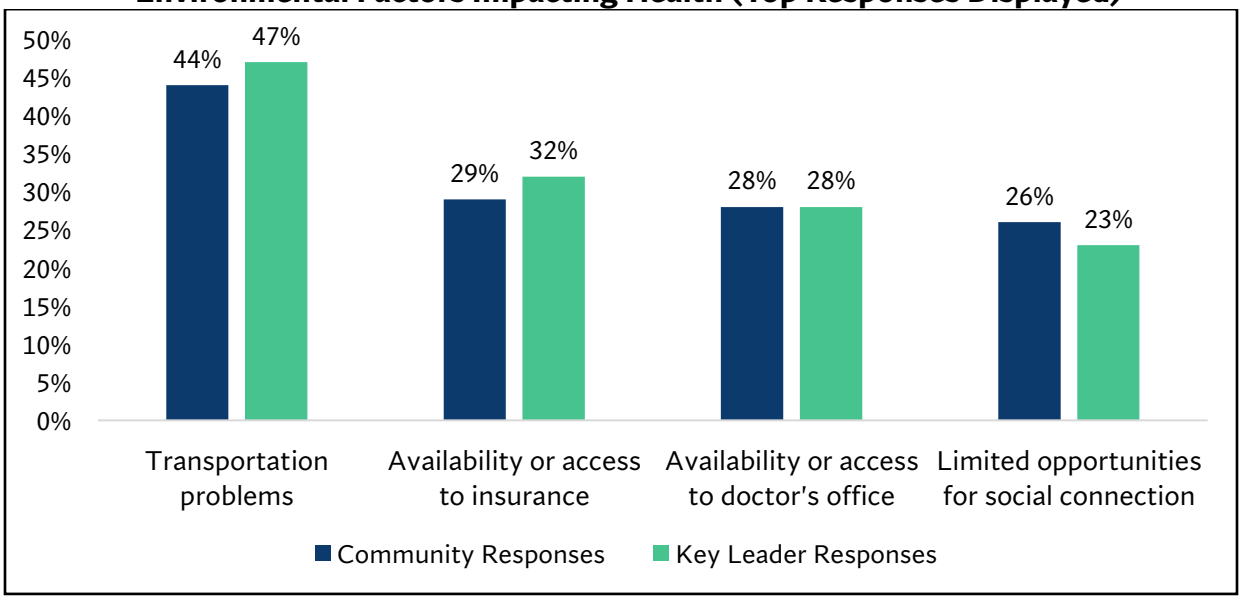
Cross-Cutting Themes

Three additional and critical themes emerged alongside the three priority health issues in this CHNA process. Each influences health outcomes and can impact intervention success regardless of the specific health challenge being addressed. These cross-cutting themes — transportation, health equity, and social isolation — will require coordinated attention to maximize the effectiveness of interventions in each of the three selected health priorities previously described.

Transportation Barriers

Transportation emerged as a fundamental barrier affecting access to mental health services, substance use treatment, and healthy lifestyle resources. Forty-four percent of CHOS respondents and 47% of key leader survey respondents identified transportation as a major social or environmental problem affecting community health in the Service Area.

Figure 3.17: Community Health Opinion and Key Leader Survey Results – Top Social or Environmental Factors Impacting Health (Top Responses Displayed)



The largely rural nature of the Service Area creates unique transportation challenges, as public transit options remain limited and many health and social services require travel to centralized locations (See Table 2.9 in Community Profile). This geographic reality disproportionately affects individuals without reliable personal transportation, including seniors, individuals with disabilities, and lower-income residents.

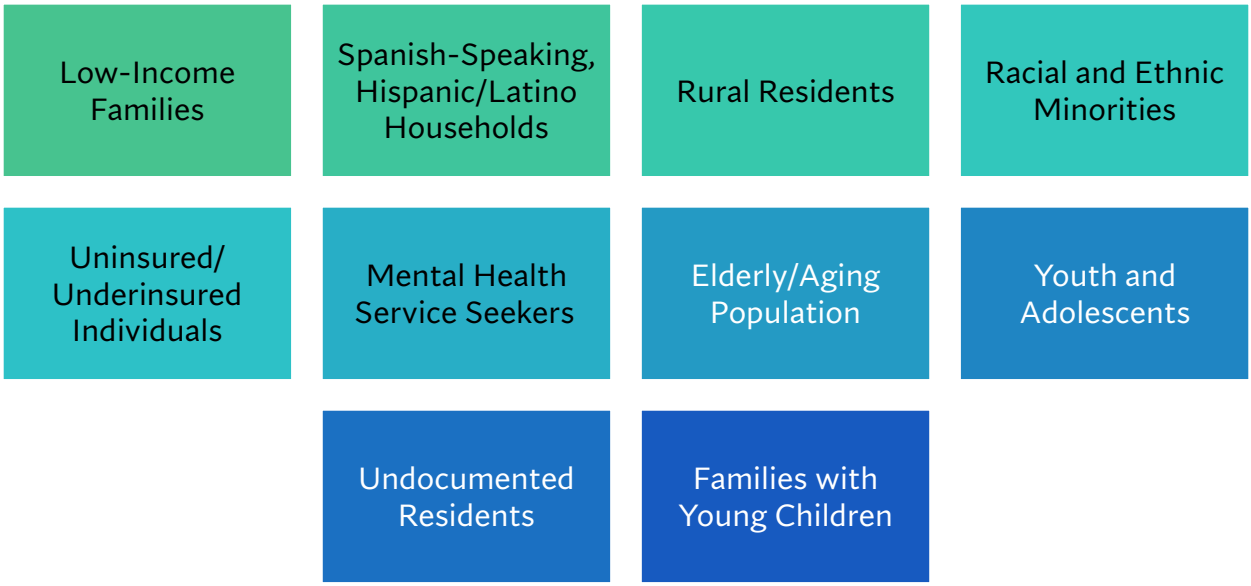
Transportation barriers compound other health challenges by preventing access to care when needed and limiting participation in community-based health promotion activities. Mental health appointments, substance use treatment programs, and fitness facilities all

require transportation access that may not be available to vulnerable populations in the Service Area.

Health Equity Concerns

Significant health disparities exist within the Service Area despite the county's overall reputation for favorable health outcomes. Key leaders and focus group participants identified **specific populations** experiencing greater unmet health and social service needs, including Hispanic/Latino communities, people in poverty, and those experiencing homelessness.

Figure 3.18: Priority Populations Identified through Key Leader Interviews and Focus Groups:



Language barriers create additional health equity challenges, with community members noting that individuals for whom English is a second language face difficulties navigating healthcare systems and accessing culturally appropriate services. These language barriers affect both healthcare access and the effectiveness of health education and promotion initiatives.

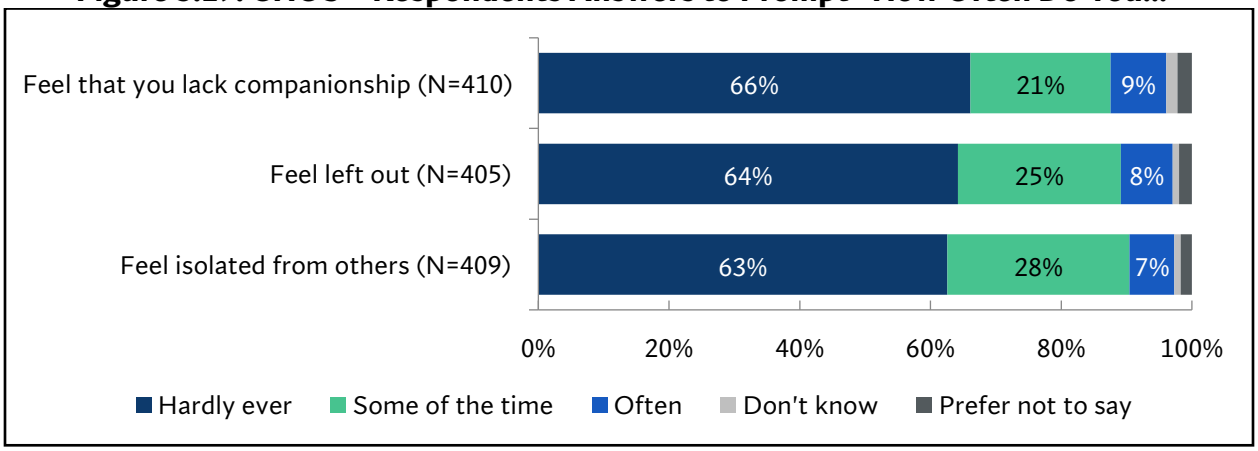
Socioeconomic disparities, while less visible due to the county's overall affluence, create substantial barriers to health improvement across all priority areas. Focus group participants described communities within the county where residents face significant financial constraints that limit their ability to access healthcare, healthy food, and other resources necessary for health maintenance. There are also demographic subpopulations

living in the Service Area who have lower educational attainment and therefore fewer opportunities for higher wage jobs.

Social Isolation

Social isolation affects health outcomes across all priority areas and has been exacerbated by COVID-19's ongoing negative effects on community connection. In the CHOS, 26% of respondents identified limited opportunities for social connection as a major social or environmental problem affecting health (See Figure 3.17 Above). Additionally, when community members were asked about feelings of isolation, over one third responded that they sometimes or often feel isolated from others.

Figure 3.19: CHOS – Respondents Answers to Prompt "How Often Do You…"



The impact of social isolation on mental health is well-documented, but isolation also affects substance use patterns and healthy lifestyle maintenance. Community members described how isolation contributes to problematic drinking patterns and limits participation in physical activity and other health-promoting behaviors.

"I think [drinking is] made almost the norm. And I hate to keep going back to COVID, but I feel like a lot of people were drinking, because what else were you gonna do?"

Rural geography and limited transportation options compound social isolation challenges, particularly affecting seniors, individuals with disabilities, and others who may have difficulty accessing community activities and social support networks.

"The absence of public transit systems exacerbates social isolation, particularly for seniors and individuals without reliable transportation."

Other Emerging Health Issues

Though they did not rise to the level of being selected as a priority during the current CHNA, several emerging health issues were identified during the CHNA process and require ongoing attention and monitoring. These issues may become more significant priorities in future assessments and warrant proactive planning and resource allocation.

Environmental Health Concerns

PFAS: Community members and key stakeholders identified environmental health issues as a topic of concern during the CHNA data collection process. Community members noted specific concerns about per- and polyfluoroalkyl substances (better known as "PFAS" or "forever chemicals") contamination in water systems, particularly in southern areas of the county. As one participant in the first responder focus group noted:

> *"I know down in Lambertville and West Amwell [there] is the concern with forever chemicals and water. So that's a new kind of emerging health concern now that we are starting to test their wells."*

Lead: Key leader interviews identified other environmental health challenges including aging housing stock that raises childhood lead poisoning risks, requiring continued monitoring and intervention to protect vulnerable populations. Historically, paint has been a large culprit for lead poisoning. Due to industry changes, residents living in homes built after 1978 are at less risk from harmful lead exposure. Homes built during the 1950s through 1978 are considered to have moderate risk of encountering lead hazards. However, people living in homes that were built prior to the 1950s have a higher risk of exposure. Hunterdon County has approximately 52,000 residential housing units, over 20% (10,825) of which were built prior to 1950.[28]

In 2022, Hunterdon County had the highest screening rate (53.5%) for children ages six through 26 months compared to other counties in New Jersey and the percentage of children with elevated lead blood levels was just 1.3%. Hunterdon County was one of four counties with the fewest environmental cases requiring investigation in 2022: Sussex County (4), Cape May County (5), Hunterdon County (8), Warren County (9).[29]

[28] New Jersey State Health Assessment Data – Health Indicator Report of 2019-2023, https://www-doh.nj.gov/doh-shad/indicator/view/pre1950home.percent.html

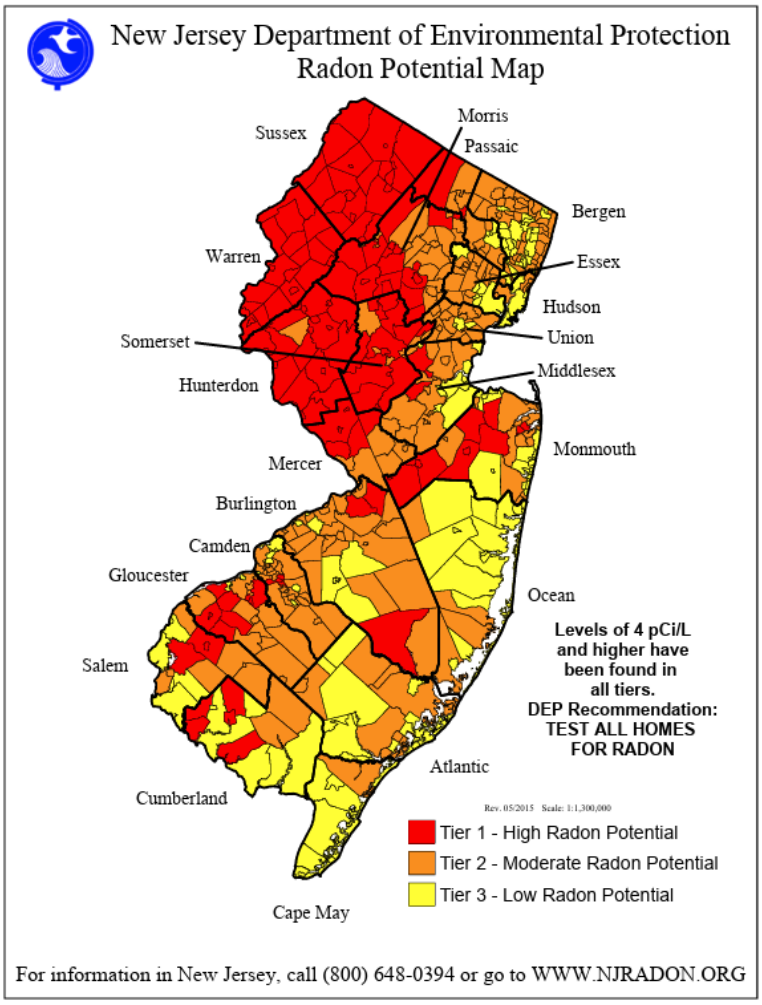
[29] 2022 Childhood Lead Exposure in New Jersey Annual Report, https://www.nj.gov/health/childhood-lead/reports-data/

Radon: Radon exposure is the second leading cause of lung cancer in the United States[30]. The New Jersey Department of Environmental Protection[31] ranks counties on the potential for radon to be found in a home based on testing results.

Most municipalities in Hunterdon County and the broader Service Area are ranked at Tier 1, which means there is a high potential for radon levels to be above the recommended action level of 4 picocuries per liter of air (red municipalities in the provided map).

Radon exposure is an ongoing concern in Hunterdon County and the broader Service Area that will require continued research and monitoring to understand its full impact on community health.

Figure 3.20: Map of Radon in New Jersey



Climate Change: Climate change effects, air quality concerns, and emerging contaminants may increasingly affect community health and require coordinated response strategies. The Hunterdon County All Hazard Mitigation Plan identifies multiple natural and human-caused hazards of concern, such as dam failures, disease outbreaks, and flooding, to which Hunterdon County may be more vulnerable. Climate change may adversely affect the severity and occurrences of the identified natural hazards and will require ongoing monitoring and vigilance to ensure the community is prepared, protected, and resilient to such hazards and threats. Please visit the HCHD website or view Appendix 7 of this plan for additional information about the types of natural and human-made threats with greatest potential to impact Hunterdon County.

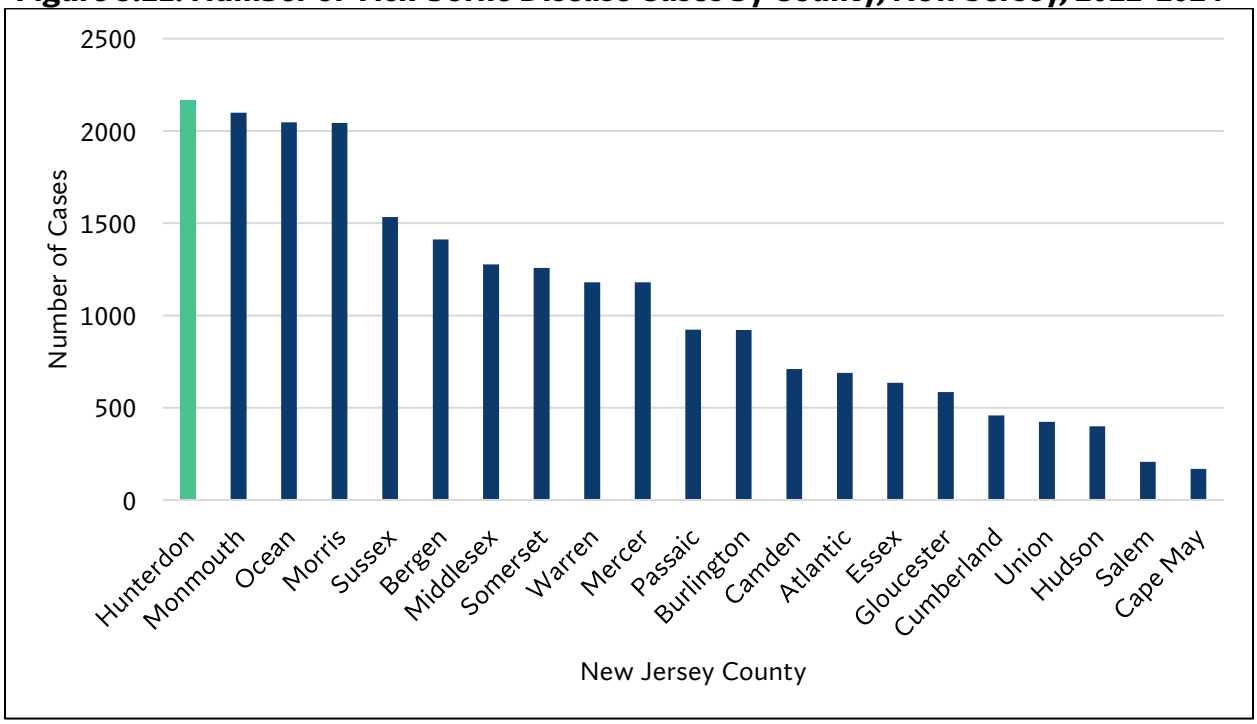
[30] American Lung Association. https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/basics/what-causes-lung-cancer

[31] New Jersey Department of Environmental Protection. https://www.nj.gov/dep/rpp/radon/radonin.htm

Tick-Borne Disease

Though mosquito-borne diseases are relatively rare in Hunterdon County, between 2022 and 2024, Hunterdon County reported the highest number of tick-borne diseases in all of New Jersey (Figure 3.21). While most of these cases were Lyme disease (1,899), others reported during this time included babesiosis, ehrlichiosis, anaplasmosis, Alpha-Gal syndrome, hard tick relapsing fever, and spotted fever group rickettsiosis.

Figure 3.21: Number of Tick-borne Disease Cases by County, New Jersey, 2022-2024[32]

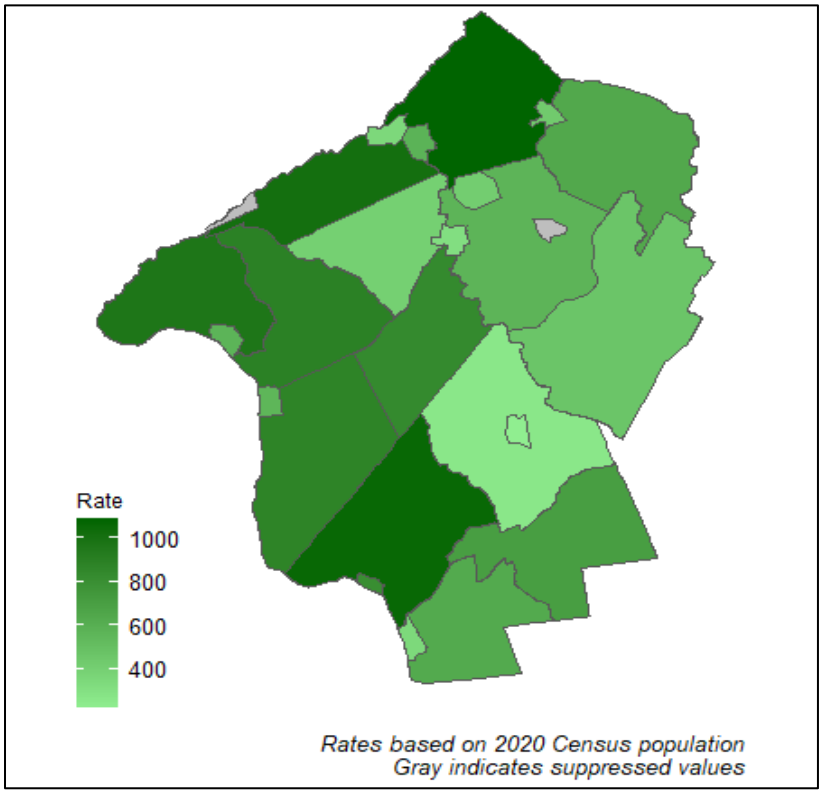


In Hunterdon County, high-population municipalities such as Clinton Township and Readington Township experienced the most cases during this time frame. However, when numbers are adjusted for population size, municipalities on the western border of Hunterdon County such as Lebanon Township, Delaware Township, Bethlehem Township, and Holland Township experienced the highest burden of tick-borne disease cases (Figure 3.22).

This emerging issue requires enhanced prevention education, environmental management strategies, and healthcare provider awareness to ensure appropriate diagnosis and treatment for those infected. The increasing prevalence of vector-borne diseases reflects broader environmental changes that may continue affecting community health. Proactive prevention strategies and community education initiatives can help reduce disease transmission and improve early detection and treatment outcomes.

[32] New Jersey Department of Health, Vector Borne Disease in New Jersey Dashboard

Figure 3.22: Tick-borne Disease Cases by Hunterdon County Municipality, Rate per 100,000, 2022-2024[32]

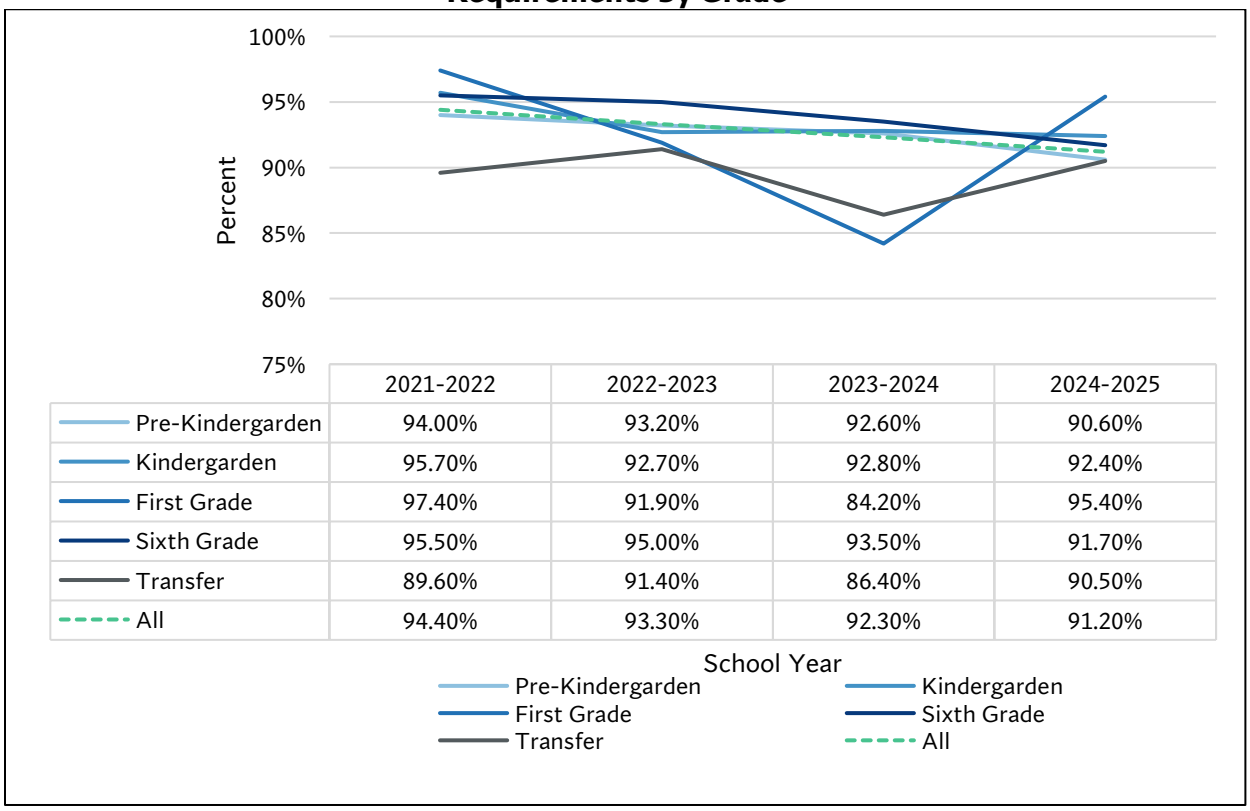


Childhood Vaccine Hesitancy

Immunization data suggest troubling trends among school-aged children meeting school vaccine requirements. Between the 2021-2022 and the 2024-2025 school years, there was a more than 3 percentage point downward trend in immunization compliance rates for all students (Figure 3.23).

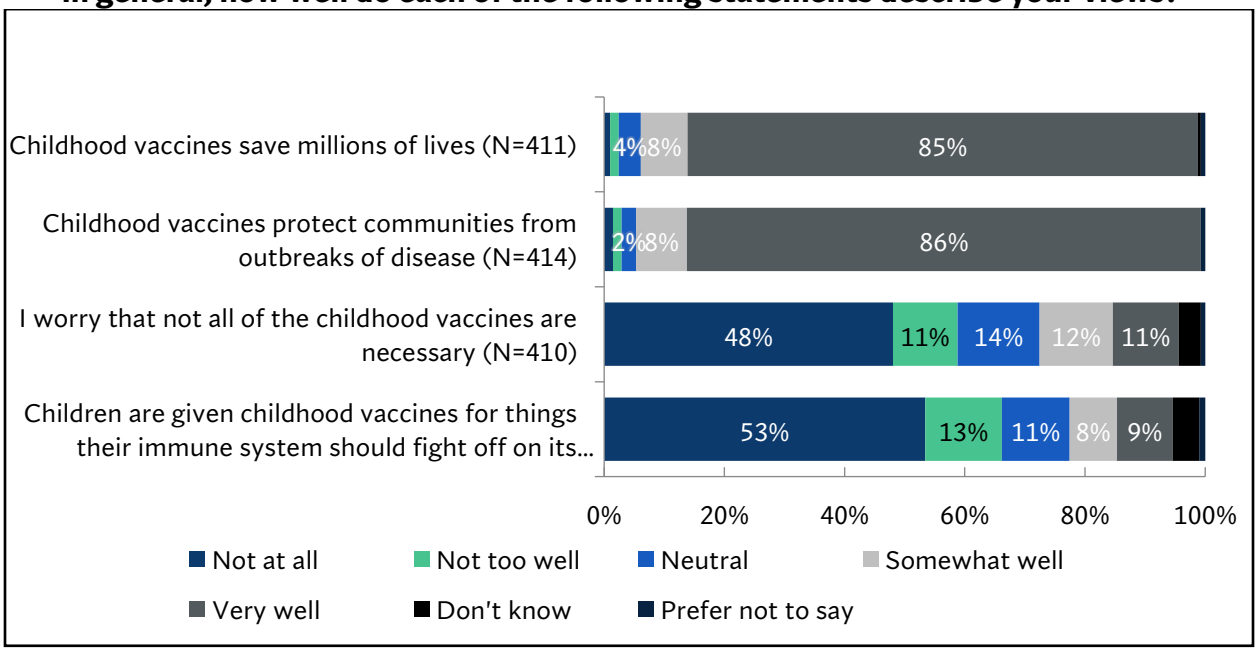
Though CHOS data showed generally positive perceptions about childhood vaccines - with 97% perceiving vaccines 'save lives' and 86% indicating vaccines protect communities from disease outbreaks – there were important nuances in community attitudes. Despite general agreement that vaccines are effective and do what they are intended to do, residents expressed some uncertainty about whether all vaccines are necessary and whether the immune system should be relied upon to fight off diseases naturally (Figure 3.24).

Figure 3.23: Percent of Hunterdon County Students that Met All Immunization Requirements by Grade[33]



	2021-2022	2022-2023	2023-2024	2024-2025
Pre-Kindergarden	94.00%	93.20%	92.60%	90.60%
Kindergarden	95.70%	92.70%	92.80%	92.40%
First Grade	97.40%	91.90%	84.20%	95.40%
Sixth Grade	95.50%	95.00%	93.50%	91.70%
Transfer	89.60%	91.40%	86.40%	90.50%
All	94.40%	93.30%	92.30%	91.20%

Figure 3.24: CHOS Results – Responses to Prompt "Thinking about childhood vaccines in general, how well do each of the following statements describe your views?"



[33] Hunterdon County Health Department, July 2025

Complexity in vaccination attitudes among Hunterdon County residents warrants further exploration to better understand the factors underlying these somewhat contradictory beliefs about vaccination. This will be necessary as health leaders work to maintain high vaccination coverage to protect the population against vaccine-preventable disease and to inform strategies for addressing concerns and misperceptions. Maintaining high vaccination rates requires continued education and outreach, particularly during periods of changing public health guidance or emerging vaccine-preventable diseases that may affect community attitudes toward immunization.

COVID-19

During the COVID-19 pandemic, Hunterdon County Health Department responded to significant increases in social service requests, documenting approximately 300 requests in 2021 that decreased to below 80 requests by 2022. The county facilitated connections to essential social supports through coordinated community partnerships, organizing transportation assistance via LINK, the county's transportation system, to help residents attend vaccination events and access healthcare services. Additionally, the health department delivered COVID Care Kits directly to local food pantries and worked collaboratively with community partners like the United Way of Hunterdon County to address the most common needs identified: loss of wages/financial concerns, food and grocery assistance, and sharing living space/quarantine and isolation guidelines.

While the COVID-19 pandemic has waned, the virus continues to evolve with new variants and seasonal patterns, making ongoing surveillance essential for early detection of potential outbreaks and monitoring of changing transmission dynamics. Sustained monitoring over the next three years will be crucial for informing public health preparedness, vaccination strategies, and resource allocation, particularly as immunity wanes and populations may become more susceptible to emerging strains.

Implications of Marijuana Legalization

The legalization of marijuana in New Jersey creates new considerations for substance use prevention and treatment programming. Teen focus groups noted marijuana use among peers, though prevalence levels remain unclear and require ongoing surveillance and monitoring.

A pilot study published in March 2024 studied substance use, mental health, and social media habits of young adults in New Jersey. While not specific to Hunterdon County, this information showed that 56% of respondents reported getting their marijuana from licensed dispensaries, 45% got it from another person, and 39% got it at a party or event.[34]

[34] New Jersey Department of Human Services, Division of Mental Health and Addiction Services, 2024 Young Adult Survey

The study also assessed young adult perceptions of harm associated with marijuana use. Less than 40% of respondents believed use of marijuana to pose a moderate or great risk when used once per month, and less than 60% of respondents believed use of marijuana to pose a moderate or great risk when used one or twice per week[34].

Legal cannabis access may affect approaches to prevention messaging, treatment approaches, and community attitudes toward substance use. More data on attitudes and use patterns is needed to fully understand how this policy change is impacting Hunterdon County's cannabis use. With better understanding, proactive planning can help ensure public health considerations are appropriately addressed as legal cannabis markets develop.

Commentary on Changing Political and Funding Landscape

Public health funding remains vulnerable to political shifts and budget constraints, creating challenges for maintaining essential services and emergency preparedness. The COVID-19 pandemic exposed both the vital need for robust public health infrastructure and the risks of inconsistent funding.

Hunterdon Health, the County Health Department, and the Partnership for Health are committed to addressing the health priorities identified in this assessment while maintaining flexibility to adapt to evolving regulations, emerging health threats, and changing community needs. This balanced approach—honoring established priorities while remaining responsive to change—ensures effective community service through dynamic circumstances.

Conclusion

The three priority health needs identified through this CHNA — mental health, substance use, and healthy lifestyle — represent interconnected challenges requiring coordinated, multi-sector responses. The cross-cutting themes of transportation, health equity, and social isolation must be addressed across priority health needs to maximize intervention effectiveness.

Emerging issues including environmental health concerns, tick-borne diseases, childhood vaccine hesitancy, COVID-19, implications associated with marijuana legalization in New Jersey, and the changing political and funding landscape. These issues, while not priorities in the 2025 CHNA require ongoing monitoring and proactive planning to prevent them from becoming more significant health challenges in the future.

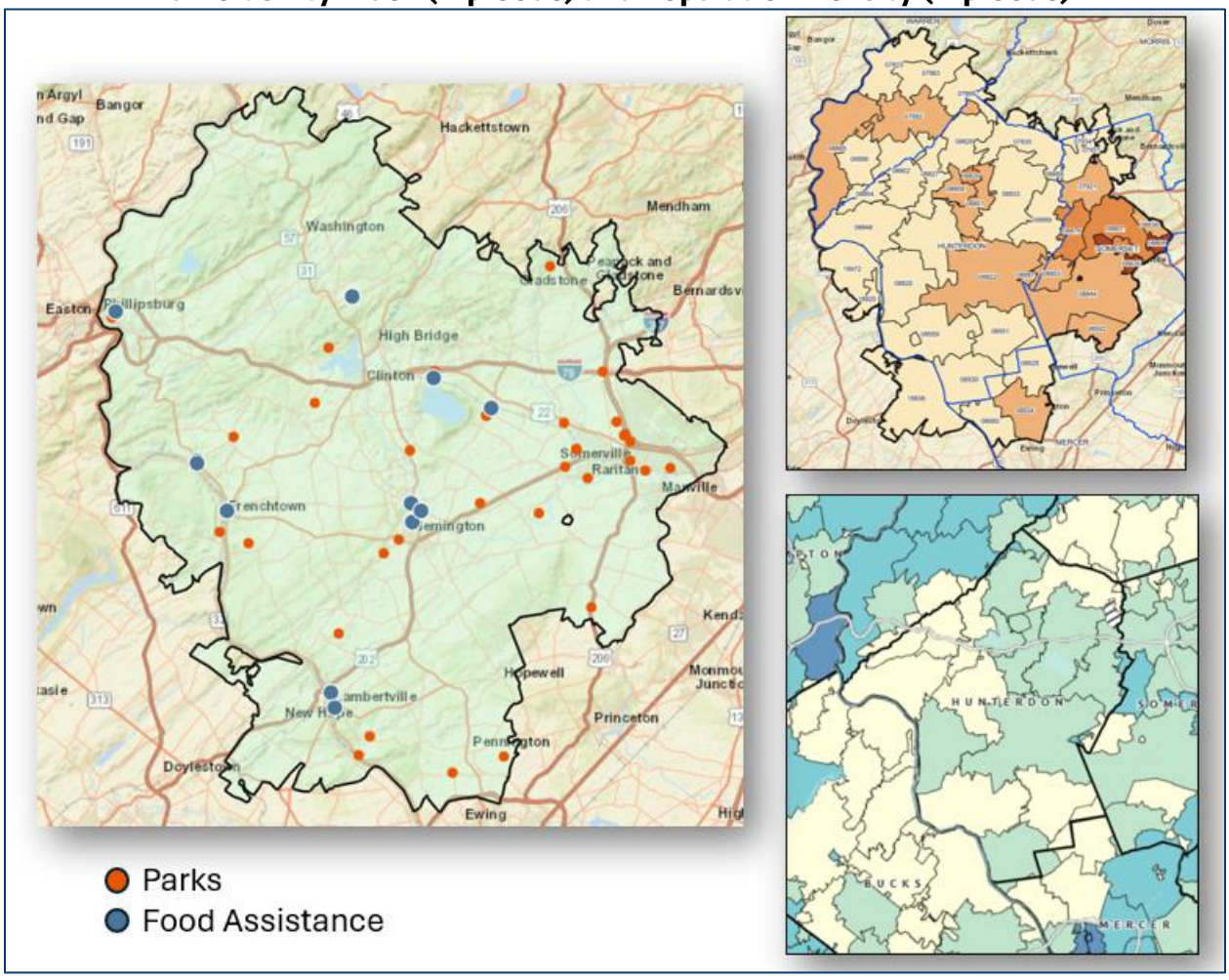
The Partnership for Health, including the Steering Committee organizations and various community partners, will address these priority health needs over the next three years through evidence-based interventions that leverage community assets while addressing identified barriers and disparities. Success will require continued collaboration across

sectors and sustained attention to both individual health behaviors and the broader social and environmental factors that influence health outcomes throughout the Service Area.

Chapter 4 | Health and Social Service Resource Inventory

The Service Area offers a comprehensive network of community services distributed throughout the region. The county provides multiple access points for food assistance through food pantries located across various municipalities, ensuring residents have geographic accessibility to nutritional support services. Primary care providers are strategically positioned throughout the county, offering essential healthcare services to support community health needs.

Figure 4.1: Map of Hunterdon Health Service Area Resources Compared to Social Vulnerability Index (Zip Code) and Population Density (Zip Code)



Hunterdon Service Area Parks

Name	Address
Alexandria Park	Little York Mount Pleasant Rd Milford, NJ 08848
Bamboo Brook Maintenance Build	Longview Rd Far Hills, NJ 07931
Bridgewater Parks & Recreation	Commons Way Bridgewater, NJ 08807
Bridgewater Township Park Maintenance	Garretson Rd Bridgewater, NJ 08807
Bucks County Parks Department	River Rd Upper Black Eddy, PA 18972
Burt Mills Park	Burnt Mills Rd Bedminster, NJ 07921
Cedars Pavilion	W Woodschurch Rd Lebanon, NJ 08833
Duke Island Park	Old York Rd Bridgewater, NJ 08807
Finn Road Park	Finn Rd Pittstown, NJ 08867
Harry Alley Memorial Park	Slayton Ave Bridgewater, NJ 08807
Hopewell Township Parks & Recreation	Washington Crossing Pe Rd Titusville, NJ 08560
Horseshoe Bend Park	Horseshoe Bend Rd Frenchtown, NJ 08825
Howell Living History Farm	Woodens Ln Lambertville, NJ 08530
Hunterdon County Parks & Recreation	State Route 31 Lebanon, NJ 08833
KW Park	US Highway 202 N Branchburg, NJ 08876
Lenape Park	Sergeantsville Rd Flemington, NJ 08822
Mercer County Park Commission-Admin Office	Blackwell Rd Pennington, NJ 08534
Mercer County Wildlife Center	River Rd Titusville, NJ 08560
Montgomery Township Park Office	Harlingen Rd Belle Mead, NJ 08502
Park Commission Office	Milltown Rd Bridgewater, NJ 08807

Name	Address
Park Valley Clinton LLC	Van Syckels Rd Clinton, NJ 08809
Raritan Township Parks & Recreation	Municipal Dr Flemington, NJ 08822
Readington Recreation Department	County Road 523 Whitehouse Station, NJ 08889
Readington Township Offices-Recreation Department	County Road 523 Whitehouse Station, NJ 08889
Santa Cruz County Parks Department	S Branch Rd Branchburg, NJ 08853
Sarah Dilts Farm Park	Buchanan Rd Stockton, NJ 08559
Somerset Co Park Commission	Nimitz St Bridgewater, NJ 08807
Somerset County Park Comm	Milltown Rd Bridgewater, NJ 08807
Somerset County Park Commission	Garretson Rd Bridgewater, NJ 08807
Somerset County Park Ranger	S Branch Rd North Branch, NJ 08876
Somerville Recreation Department	W End Ave Somerville, NJ 08876
Summer Road Park	Summer Rd Flemington, NJ 08822
Vans	Commons Way Bridgewater, NJ 08807
Walter Park LLC	Stockton St Phillipsburg, NJ 08865

Hunterdon Service Area Grocery Stores, Food Pantries, and Related Assistance

Name	Address	Service
Delaware Valley Food Pantry	1 Cherry Street #1, Lambertville, NJ 08530	Supporting Lambertville/New Hope
Fisherman's Mark Social Services	37 Main St., Lambertville, NJ 08530	Respond to needs of vulnerable population - Assist with any crisis
Flemington Area Food Pantry	154 Route 31 North across from WalMart, 154 NJ-31, Flemington, NJ 08822	Serving neighbors in need of food
Hunterdon County Department of Human Services	Route 31 County Complex, Gauntt Place, Flemington, NJ 08822-2900	Information and assistance for Hunterdon County residents in need of services/resources
Lebanon Reformed Church Food Pantry	100 Brunswick Ave., Lebanon, NJ 08833	Serving neighbors in need of food through a Partnership with Round Valley United Methodist Church food pantry
Meals on Wheels	5 Walter E. Foran Blvd. Suite 2006, Flemington, NJ 08822	Meal service for homebound elderly and/or disabled Hunterdon County residents
North Hunterdon Community Food Pantry	442 W. Hill Rd., Glen Gardner, NJ 08826	Serving neighbors in need of food
NORWESCAP	350 Marshall Street, Phillipsburg, NJ 08865	Non-profit corporation serving low-income individuals and families
Open Door Community Pantry	16 Third Street, Frenchtown, NJ 08825	"Pay-it-Forward" pantry, Open 24 hours a day
Readington Starfish Food Pantry	390 Main Street, Rt 523, Whitehouse Station, NJ 08889	Serving neighbors in need of food, Readington Township residents
St Edward The Confessor RC Church	61 Mill Street, Milford, NJ 08848	Serving neighbors in need of food
Village Food Pantry	70 Bridge street, Milford, NJ 08848	Serving neighbors in need of food

Additional Hunterdon Service Area Health and Social Resources

Beyond previously listed resources, Hunterdon Service Area residents have additional county and regional institutions, including the Hunterdon County Library system and the Hunterdon County Health Department, which provide programs, services, and spaces for promoting community connection and wellness. Transportation resources are available through Hunterdon County Transportation services and The Link, which help connect residents to healthcare appointments, employment opportunities, and essential services, particularly benefiting those who may face mobility or transportation barriers.

This network of organizations and resources demonstrate the county's commitment to addressing fundamental community needs including food security and healthcare access, while also ensuring ongoing provision of information and improving transportation connectivity throughout the service area. For more information, links to some of these local resources are provided in the table below.

Name	Website
Hunterdon Health	https://www.hunterdonhealth.org/
Hunterdon County	https://www.co.hunterdon.nj.us/2746/Human-Services-Resource-Guides
Hunterdon County Health Department	https://www.co.hunterdon.nj.us/162/Health-Department
Hunterdon County Human Services	https://co.hunterdon.nj.us/258/Human-Services
The Hunterdon County Library	https://www.hclibrary.us/home
Go Hunterdon	https://gohunterdon.org/mobility/bus/
The Link	https://www.ridethelink.com/

Chapter 5 | Next Steps

The findings from this CHNA will guide the Steering Committee, in collaboration with the PFH, in developing comprehensive strategies to address the three priority health needs—**mental health, substance use, and healthy lifestyle**—identified through the 2025 CHNA.

The Steering Committee and PFH will leverage these findings to create evidence-based implementation strategies and coordinated action plans for the Service Area. Through structured Action Teams focused on each priority area, they will develop measurable objectives and interventions that consider transportation barriers, health equity concerns, and social isolation as the three cross-cutting themes identified as important factors influencing each priority health area.

Building on the comprehensive stakeholder engagement process that informed this CHNA, the Steering Committee believes that the most effective strategies will be those developed through community partnerships and sustained by the collective commitment of organizations and residents throughout the Service Area. The strategies developed will incorporate measurable objectives through which progress toward improved community health outcomes can be tracked and evaluated over the three-year implementation period.

Appendix 1 | Summary of Prior CHNA Implementation Plans

Introduction

Hunterdon Health's 2022 CHNA represents a comprehensive evaluation of health status and needs across Hunterdon County and surrounding areas of Somerset, Mercer, and Warren counties. This assessment, conducted through the Hunterdon County Partnership for Health coalition of 70+ organizations, utilized both quantitative data from sources like the US Census, County Health Rankings, and electronic health records, as well as qualitative insights from 20 focus groups representing diverse community voices. The CHNA process is ongoing and cyclical, with findings directly informing the 2023-2025 Community Health Improvement Plan and establishing measurable goals to address identified health priorities over the next three years.

Priority Areas

Mental Health (Stress and Anxiety)

Mental health emerged as a critical concern, particularly following the COVID-19 pandemic which significantly increased anxiety and depression rates globally and locally. Hunterdon County experienced elevated suicide rates compared to state averages, with residents reporting multiple poor mental health days per month. The assessment revealed significant barriers to mental health care access, including provider shortages, poor reimbursement rates, stigma, and complex treatment options. Social isolation, exacerbated by the pandemic, particularly affected seniors and those with pre-existing mental health conditions.

Goal: Increase the number of residents in the service area being assessed and treated for behavioral health services.

Objectives:

- Increase depression screening and treatment plans for patients 65+ by 3 percentage points
- Increase depression screening for adolescents ages 12-19 by 3 percentage points
- Increase social connection measures for seniors by 4 percentage points

Action Steps:

- Expand screening protocols for depression targeting vulnerable populations
- Develop targeted outreach programs addressing mental health stigma reduction
- Improve linkages between patients and mental health supports
- Address healthcare worker shortages in behavioral health through retention and recruitment strategies

Substance Misuse (Drugs and Alcohol)

Substance abuse continues to impact the community significantly, with concerning rates of excessive drinking and alcohol-impaired driving deaths. The opioid crisis remains a major concern, with fentanyl present in the majority of confirmed drug overdoses. Vaping among teens reached alarming rates, while marijuana legalization has created new challenges around high-THC concentrates and impaired driving risks. The assessment identified needs for better prevention education and treatment access.

Goal: Reduce the prevalence and incidence of substance abuse in the service area.

Objectives:

- Maintain or exceed 68% screening rate for vaping in patients age 13+ in primary care
- Increase percentage of patients 18+ with stimulant prescriptions having signed Controlled Substance Agreements to 75%
- Increase by 3 percentage points the screening for alcohol use among patients 21+ with benzodiazepine prescriptions

Action Steps:

- Implement comprehensive substance abuse screening protocols
- Enhance controlled substance monitoring and patient education
- Expand medication-assisted treatment options
- Strengthen community prevention and education programs

Healthy Lifestyles (Weight and Nutrition)

Poor nutrition and physical inactivity contribute to high rates of obesity, diabetes, and other chronic diseases in the community. Food insecurity affects significant portions of the population, particularly among seniors and low-income families. The assessment revealed gaps in access to healthy foods, safe places for physical activity, and nutrition education programs.

Goal: Promote and support healthy lifestyles and wellness in the service area to reduce risk of chronic disease.

Objectives:

- Increase percentage of adults age 40-60 moving from no physical activity to higher activity levels
- Increase food insecurity screening for patients 65+ by 3 percentage points
- Improve healthy weight maintenance among Hispanic adults ages 35-50

Action Steps:

- Expand physical activity assessment and counseling protocols
- Implement systematic food insecurity screening and resource connection

- Develop culturally appropriate nutrition and weight management programs
- Strengthen partnerships with community organizations promoting healthy lifestyles

Senior Health

Complex care needs, increased healthcare utilization, and demand for home health services are growing while the workforce is shrinking. The assessment revealed gaps in fall risk assessments, preventive care access, and social isolation among seniors, with many avoiding medical care during the pandemic.

Goal: Reduce barriers and increase preventive care for senior residents (65+).

Objectives:
- Increase falls risk assessments for patients 65+ by 2 percentage points
- Increase preventive care utilization among seniors by 3 percentage points

Action Steps:
- Expand fall risk assessment protocols for older adults
- Improve preventive care outreach and access for seniors
- Address transportation barriers affecting elder care access
- Develop programs to reduce social isolation among older adults

Access to Healthcare

Healthcare access barriers include cost, language differences, transportation limitations, and insurance gaps. While most Hunterdon adults have health insurance, significant disparities exist particularly among the Hispanic community. Transportation remains a persistent challenge in this rural area, with limited public transit options and unreliable medical transportation services for vulnerable populations.

Goal: Collect data to inform strategies for reducing healthcare barriers for residents in the service area.

Objectives:
- Track bilingual Community Health Worker connections to resources
- Monitor Spanish-speaking patient navigation assistance
- Document transportation barriers in healthcare access

Action Steps:
- Continue development of bilingual Community Health Workers and culturally competent services
- Support transportation solutions and infrastructure development
- Improve resource connection systems for patients
- Strengthen collaboration through community partnerships to address access barriers

Documented Outcomes from Implementation (Data as of June 2025)

Mental Health Outcomes

Data collection and tracking showed strong performance in mental health screening initiatives:

- **Depression screening for patients 65+:** Consistently maintained above 75% throughout 2023-2025, reaching 76.59% by June 2025
- **Depression screening for adolescents 12-19:** Improved from 66.37% in 2022 to 68.37% by June 2025
- **Social isolation screening for patients 65+:** Achieved excellent performance, maintaining above 94% consistently from 2023-2025

The implementation of Integrated Behavioral Health services in primary care practices provided on-site clinical therapists for patients screening positive for depression. Depression screening metrics showed steady performance with workflow improvements that enhanced both screening documentation and referral tracking.

Substance Misuse Outcomes

All substance misuse targets demonstrated strong performance and continuous improvement:

- **Vaping screening for ages 13+:** Exceeded targets significantly, improving from 69.97% in 2022 to 81.60% by June 2025
- **Controlled substance agreements for stimulant prescriptions:** Achieved 69.71% by June 2025, approaching the 75% target from a 0% baseline in 2022
- **Alcohol screening for benzodiazepine patients:** Improved from 44.12% in 2022 to 49.07% by June 2025

Additional substance misuse initiatives included implementing medication-assisted treatment in the emergency department and creating educational campaigns about safe cannabis storage. The organization exceeded its vaping screening goals and made substantial progress on controlled substance monitoring.

Healthy Lifestyles Outcomes

Results showed significant progress in most areas with continued challenges in others:

- **Physical activity improvement for ages 40-60:** Exceptional improvement from 40.23% in 2022 to 75.16% by June 2025, far exceeding the 3 percentage point target
- **Food insecurity screening for ages 65+:** Improved from 46.85% in 2022 to 48.27% by June 2025

- **Healthy weight among Hispanic adults 35-50:** Declined from 19.88% in 2022 to 17.88% by June 2025, indicating continued challenges in this population

The Healthy Motion Workgroup successfully harmonized physical activity data collection in electronic health records and established it as an internal quality metric. The dramatic improvement in physical activity documentation represents a major success. Despite ongoing challenges with healthy weight metrics for Hispanic adults, improved race and ethnicity data collection continued to reveal the scope of needs in this population.

Community Outreach and Engagement

Significant expansion of community engagement activities included:

- **Speaker Bureau events:** Over 75 community events and 50+ presentations in 2023
- **Bilingual services:** Increased Spanish-language programming and bilingual Community Health Worker services
- **Specialized programs:** Black Moms Support Group, community doula program, and free breast cancer screenings for uninsured women
- **School health partnerships:** Quarterly meetings with county school nurses, providing continuing education on various health topics
- **Employee wellness:** Maintained over 99% of employees with documented primary care physicians

Data Collection and Monitoring Systems

The organization implemented comprehensive tracking systems:

- Monthly monitoring of all Community Health Improvement Plan metrics through electronic health records
- Annual reporting through IRS 990 submissions
- Development of population health dashboards for LGBTQ+ and Hispanic/Latino populations
- Participation in the Primary Care First alternative payment model emphasizing performance-based outcomes

Senior Health Outcomes

Senior health initiatives showed strong performance across multiple metrics:

- **Falls risk assessments for patients 65+:** Consistently maintained above 82% throughout 2023-2025, reaching 82.53% by June 2025
- **Preventive care visits for patients 65+:** Improved from 66.47% in 2022 to 72.55% by June 2025

These results demonstrate successful implementation of fall risk assessment protocols and improved preventive care access for the senior population. The consistent high performance in falls risk assessments indicates effective integration of these protocols into routine care.

Data collection and monitoring will be implemented through monthly tracking of all metrics via electronic health records with annual reporting. The comprehensive approach ensures that Hunterdon Health's community health improvement efforts are data-driven, collaborative, and responsive to the identified needs of the diverse populations they serve. The 2022-2025 outcomes demonstrate significant successes across most priority areas, with particularly strong performance in physical activity documentation (reaching 75.16%), vaping screening (81.60%), and social isolation screening (consistently above 94%). Areas showing continued progress include depression screening for adolescents, preventive care for seniors, and controlled substance monitoring. The ongoing challenge with healthy weight maintenance in Hispanic populations (declining to 17.88%) indicates the need for enhanced culturally appropriate interventions. The organization's commitment to monthly tracking and annual outcome reporting provides accountability and enables continuous improvement in community health initiatives.

Appendix 2 | Secondary Data Methodology and Sources

Introduction

A comprehensive analysis of secondary data indicators was conducted as part of the CHNA development process to identify priority health issues for Hunterdon County and the broader Hunterdon Health Service Area. These indicators provide detailed insights into current health outcomes and the underlying factors that influence the health and well-being of residents throughout the region. The secondary data encompasses both health outcome measures—reflecting the present health status of the community—and health factor indicators that influence future health outcomes.

Methodology

The analytical framework utilized secondary data structured according to the Robert Wood Johnson Foundation County Health Rankings methodology. Health indicators were organized into two primary categories:

- **Lagging Indicators (Health Outcomes)**: Measures reflecting the current health status of the community, including length of life and quality of life indicators.
- **Leading Indicators (Health Factors)**: Measures that influence future health outcomes, encompassing clinical care, health behaviors, physical environment, and social and economic environment factors.

To determine areas requiring focused attention, health indicators were systematically compared against New Jersey state benchmarks. Geographic comparisons included both Hunterdon County and the Hunterdon Health Service Area to ensure comprehensive understanding of health disparities across the region served by Hunterdon Health.

Criteria for Determining High Need Areas

Health indicators were classified as "high need" areas when they met one or more of the following criteria compared to New Jersey state averages:

- **Rate-based indicators**: Performance at least 10% worse than the state average
- **Percentage-based indicators**: Performance at least 5 percentage points worse than the state average

Secondary Data Sources

Each health indicator was systematically reviewed to determine if local performance was significantly worse than state benchmarks. Indicators meeting the high need criteria were categorized by their respective health domain and prioritized based on the magnitude of disparity from state averages. This evidence-based approach ensures that identified

priorities reflect both statistical significance and practical importance for community health improvement efforts.

The following tables are organized by focus area and contain detailed information about the secondary data indicators analyzed, including indicator descriptions, data sources, and timeframes for the most recent available data.

Table A2.1: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Uninsured Population (All Ages)	Percentage of the population without health insurance coverage. Numerator = Number of people currently uninsured in the county. Denominator = Number of people in the county.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Uninsured Adults (<65)	Percentage of the population ages 19 to 64 that have no health insurance coverage in a given county. Numerator = Number of people ages 19 to 64 who currently have no health insurance coverage. Denominator = County population ages 19-64.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Uninsured Children (<19)	Percentage of the population under age 19 that has no health insurance coverage in a given county. Numerator = Number of people under age 19 who currently have no health insurance coverage. Denominator = County population under age 19.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Primary Care Physicians Rate (Per 100,000 Population)	The ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the physicians were equally distributed across the population. Primary care physicians include practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	April 2025

Measure	Description	Data Source	Most Recent Data Year(s)
Dentists Rate (Per 100,000 Population)	The ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county were distributed equally across all practicing dentists. Registered dentists with a National Provider Identifier are counted.	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	2024
Mental Health Care Provider Rate (Per 100,000 Population)	The ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if providers were equally distributed across the population. Mental health providers are defined 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.	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	April 2025
Addiction/Substance Abuse Providers Rate (per 100,000 Population)	The ratio of the population to substance abuse treatment providers. The ratio represents the number of individuals served by one substance abuse treatment provider in a county, if providers were equally distributed across the population.	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	April 2025
Recent Dental Care Visits (18 years or older)	Percentage of adults who have had a dental visit in the past year.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
		Accessed via the PLACES Data Portal	
Percentage of Adults (18 years or older) with Annual Checkup	Percentage of adults who have had an annual checkup with a healthcare provider.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal; Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2022; 2019
Emergency Room Visit Rate (Per 100,000 Population)	Rate of emergency department visits per 100,000 population.	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File	2022

Table A2.2: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
% Broadband Access	Broadband Access is the percentage of households with a broadband internet connection through subscription. Numerator = Number of households in a county with a broadband internet subscription of any type. Denominator = Total number of households in county.	FCC FABRIC Data. Additional data analysis by CARES	June 2024
Households with Computer	Estimate of the percentage of households that own a computer.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Households with Computer with Broadband Access	Percentage of households with both a computer and broadband internet access.	FCC FABRIC Data. Additional data analysis by CARES	June 2024
Grocery Stores Establishments	Number of grocery store establishments per 100,000 population.	US Census Bureau, County Business	2022

Measure	Description	Data Source	Most Recent Data Year(s)
Rate per 100,000 Population		Patterns. Additional data analysis by CARES	
SNAP-Authorized Food Stores Rate per 100,000 Population	Number of SNAP-authorized food stores per 100,000 population.	US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES	2025
Percent Low Income Population with Low Food Access	Percentage of population that is low income and does not live close to a grocery store. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold. Living close to a grocery store is defined as living less than 1 mile (urban) or 10 miles (rural) from a grocery store.	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas	2021

Table A2.3: Demographics

Measure	Description	Data Source	Most Recent Data Year(s)
Total Population	Total resident population of the county and service area.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Population Growth	Annual population growth rate.	Esri Business Analyst	2024
Population Density	Population density per square mile.	Esri Business Analyst	2024
Population by Age Groups	Percentage of population by age groups (0-4, 5-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65+).	US Census Bureau, American Community Survey. 2019-23	2019-2023

Measure	Description	Data Source	Most Recent Data Year(s)
Population by Sex	Percentage of population by sex (male/female).	US Census Bureau, American Community Survey. 2019-23	2019-2023
Population by Race and Ethnicity	Percentage of population by race and ethnicity categories (White, Black, Asian, Some Other Race, Two or More Races, Hispanic or Latino).	US Census Bureau, American Community Survey. 2019-23	2019-2023
Urban vs Rural Population	Percentage of population living in urban versus rural areas.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Population with Limited English Proficiency	Percentage of population with limited English proficiency.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Speak a Language Other than English at Home	Percentage of population that speaks a language other than English at home.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Foreign-Born Population	Percentage of population that is foreign-born.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Veteran Population	Percentage of population that are veterans.	US Census Bureau, American Community Survey. 2019-23	2019-2023

Table A2.4: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical Inactivity (Adults Age 20+ with No Leisure Time Physical Activity)	Percentage of adults aged 20 and over reporting no leisure-time physical activity. Numerator = Number of respondents who answered "no" to the question	Centers for Disease Control and Prevention, National Center for Chronic	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	about participating in physical activities or exercises in the past month. Denominator = Number of respondents age 20 and older.	Disease Prevention and Health Promotion	
Population with Access to Exercise Opportunities	Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings	2023, 2022&2020
Walkability Index	The National Walkability Index is a nationwide index score that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit. The index ranges from 0 to 20 where the higher a score, the more walkable the community is.	Environmental Protection Agency, EPA - Smart Location Database	2021

Table A2.5: Education

Measure	Description	Data Source	Most Recent Data Year(s)
Educational Attainment by Level	Percentage of adults over age 25 by educational attainment levels (No High School Diploma, High School Only, Some College, Associate's Degree, Bachelor's Degree, Graduate or Professional Degree).	US Census Bureau, American Community Survey. 2019-23	2019-2023
School Segregation Index	School Segregation measures how evenly representation of racial and ethnic groups in the student population is spread across schools using an index.	National Center for Education Statistics, NCES - School Segregation Index.	2022-2023

Measure	Description	Data Source	Most Recent Data Year(s)
	The index ranges from 0 to 1 with lower values representing less segregation and higher values representing more segregation.	Accessed via County Health Rankings	
School Funding Adequacy	School Funding Adequacy is the average gap in dollars between actual and required spending per pupil among school districts. Required spending is an estimate of dollars needed to achieve United States average test scores in each school district.	County Health Rankings	2022

Table A2.6: Employment and Income

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate	Percentage of civilian labor force that is unemployed. Numerator = Total number of people in the civilian labor force, ages 16 and older, who are unemployed but seeking work. Denominator = Total number of people in the civilian labor force, ages 16 and older.	US Department of Labor, Bureau of Labor Statistics	2024 - December
Median Household Income	Income where half of households in a county earn more and half of households earn less.	US Census Bureau, American Community Survey. 2019-23; ESRI Business Analyst	2019-2023; 2024
Household Income Distribution	Percentage of households by income brackets (Under $25,000, $25,000-$49,999, $50,000-$99,999, $100,000-$199,999, $200,000+).	US Census Bureau, American Community Survey. 2019-23	2019-2023
Population Below 100% Federal Poverty Level	Percentage of population living below the federal poverty level.	US Census Bureau, Small Area Income and Poverty Estimates	2023

Measure	Description	Data Source	Most Recent Data Year(s)
Children Below 200% Federal Poverty Level	Percentage of children living in households with income below 200% of the federal poverty level.	US Census Bureau, American Community Survey. 2019-23	2019-2023
ALICE Households + Poverty	Percentage of households that are Asset Limited, Income Constrained, Employed (ALICE) plus those in poverty. ALICE households earn above poverty level but below basic cost of living.	United Way ALICE Report 2023 (Data from 2021)	2021
Income Inequality (GINI Index)	Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. The GINI Index ranges from 0 (complete equality) to 1 (complete inequality).	US Census Bureau, American Community Survey. 2018-2022	2018-2022
Gender Pay Gap	Gender Pay Gap is the ratio of women's median earnings to men's median earnings for all full-time, year round workers.	US Census Bureau, American Community Survey. 2018-2022	2018-2022

Table A2.7: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution (Particulate Matter 2.5)	This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year.	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network	2019
Drinking Water Violations	Number of health-related drinking water violations.	US Environmental Protection Agency	2022-2023
Air Toxin Cancer Risk (EJ Screen Index)	The EJ Index for Air Toxics Cancer Risk is a combination of environmental indicator and demographic index (average of percent low-income and percent people of color).	EPA EJ-Screen	2022

Table A2.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Children in Single-Parent Households	Percentage of children (under 18 years of age) living in family households that are headed by a single parent. Numerator = Number of children in family households where the household is headed by a single parent. Denominator = Number of children living in family households in a county.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Childcare Cost Burden	Child Care Cost Burden is the cost of child care for a household with two children as a percent of median household income.	United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings	2023&2022
Head Start Programs Rate (Per 10,000 Children Under Age 5)	Number of Head Start programs per 10,000 children under age 5.	US Department of Health & Human Services, HRSA - Administration for Children and Families	2024
Social Associations Rate (Per 100,000 Population)	Number of membership associations per 100,000 population. The membership organizations include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.	US Census Bureau, County Business Patterns. Additional data analysis by CARES	2022
Adults Having Lack of Social and Emotional Support (Age-Adjusted)	Percentage of adults age 18+ reporting lack of social and emotional support.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
		Accessed via the PLACES Data Portal	
Disconnected Youth	Percentage of population age 16-19 not in school and not employed.	US Census Bureau, American Community Survey. 2019-23	2019-2023

Table A2.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Adults with Food Insecurity	Percentage of adults 18+ who experience food insecurity, defined as lacking access at times to enough food for an active, healthy life.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Food Insecure Children	Percentage of children who experience food insecurity.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Children Eligible for Free or Reduced Lunch	Children Eligible for Free or Reduced Price Lunch is the percentage of children enrolled in public schools that are eligible for free or reduced price lunch. Numerator = Number of public school students, grades PK-12, eligible for free or reduced price lunch. Denominator = Total number of students enrolled in public schools, grades PK-12.	National Center for Education Statistics, NCES - Common Core of Data	2022-2023
Households Receiving SNAP	Percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits.	US Census Bureau, American Community Survey. 2019-23	2019-2023

Table A2.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Occupied Housing Units with One or More Substandard Conditions	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Homeownership Rate	Percentage of occupied housing units that are owned by the occupant.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Severely Burdened Households	Percentage of households where housing costs are 50% or more of total household income.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Adults Having Housing Insecurity	Percentage of adults age 18+ having housing insecurity.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Adults Having Utility Services Threat	Percentage of adults age 18+ having utility services threat (age-adjusted).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A2.11: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Life Expectancy	Life Expectancy measures the average number of years from birth people are expected to live, according to the current mortality experience (age-specific death rates) of the population.	University of Wisconsin Population Health Institute, County Health Rankings	2020-2022
Years of Potential Life Lost Before Age	All the years of potential life lost in a county during a 3-year period are summed and divided by the total population of the county during that	Centers for Disease Control and Prevention, CDC - National Vital	2020-2022

Measure	Description	Data Source	Most Recent Data Year(s)
75 per 100,000 Population	same time period. This value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people.	Statistics System. Accessed via County Health Rankings	
Leading Causes of Death	Mortality rates for the top causes of death including diseases of heart, malignant neoplasms, COVID-19, accidents, and cerebrovascular diseases.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Mortality - Cancer	Age-adjusted mortality rate from cancer per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Mortality - All Heart Disease	Age-adjusted mortality rate from heart disease per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Mortality - Lung Disease	Age-adjusted mortality rate from lung disease per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Mortality - Stroke	Age-adjusted mortality rate from stroke per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Mortality - Liver Disease	Age-adjusted mortality rate from liver disease per 100,000 population.	Centers for Disease Control and	2019-2023

Measure	Description	Data Source	Most Recent Data Year(s)
		Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	

Table A2.12: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Low Birthweight (Percent of Births)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Numerator = Number of live births for which the infant weighed less than 2,500 grams. Denominator = Total number of live births for which weight was recorded.	University of Wisconsin Population Health Institute, County Health Rankings	2016-2022
Infant Mortality Rate (Rate per 1,000 Live Births)	Number of all infant deaths (within 1 year), per 1,000 live births. Numerator = Cumulative number of deaths occurring before one year of age. Denominator = Total number of live births.	University of Wisconsin Population Health Institute, County Health Rankings	2015-2021

Table A2.13: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Mental Health Days per Month	Poor Mental Health Days is the average number of mentally unhealthy days reported in the past 30 days. Numerator = Number of days respondents reported to the question about mental health not being good in the past 30 days. Denominator = Total number	University of Wisconsin Population Health Institute, County Health Rankings	2015-2021 and 2016-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	of adult respondents in a county.		
Deaths by Suicide (Crude Rate per 100,000 Population)	Number of deaths due to suicide per 100,000 population. Numerator = Number of deaths due to suicide as defined by ICD-10 codes. Denominator = County population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Adults Ever Diagnosed with Depression (Age-adjusted)	Percentage of adults who report that a health professional has told them that they have a depressive disorder (age-adjusted).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Used Anxiety or Panic Prescription Drug	Percentage of adults who were prescribed and used anti-anxiety medications in the last 12 months.	2024 ESRI Business Analyst MRI - Simmons	2024
Used Depression Prescription Drug	Percentage of adults who were prescribed and used antidepressant medications in the last 12 months.	2024 ESRI Business Analyst MRI - Simmons	2024
Visited Psychiatrist/Psychologist Doctor Last 12 Months	Percentage of adults who saw a psychologist or psychiatrist in the past 12 months.	2024 ESRI Business Analyst MRI - Simmons	2024

Table A2.14: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Physical Health Days per Month	Poor Physical Health Days measures the average number of physically unhealthy days reported in the past 30 days. Numerator = Average number of days	Centers for Disease Control and Prevention, Behavioral Risk Factor	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	reported by respondents to the question about physical health not being good in the past 30 days. Denominator = Total number of adult respondents in a county.	Surveillance System. Accessed via County Health Rankings	
Adults Reporting Poor or Fair Health	Percentage of adults in a county who consider themselves to be in poor or fair health. Numerator = Number of respondents who answered "fair" or "poor" to the question about general health status. Denominator = Total number of adult respondents in a county.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average. Numerator = Number of adults who sleep less than 7 hours per night. Denominator = Total number of adult respondents in a county.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Adult Obesity (BMI >= 30)	Adult Obesity is based on responses to Behavioral Risk Factor Surveillance System (BRFSS) surveys and is the percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	Maryland BRFSS. Data accessed July 2024	2022
Adult Diabetes Prevalence	Percentage of adults 18 years and older who responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Both Type 1 and Type 2 diabetes diagnoses are included.	Maryland BRFSS. Data accessed July 2024	2022

Table A2.15: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
High Blood Pressure Management	Percentage of adults Age 18+ with HTN who take medicine for HTN (age-adjusted).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Diabetes Management	Percentage of Medicare enrollees (65 years or older) with diabetes who have had a hemoglobin A1c test with annual exam.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2019
Annual Flu Vaccine (18 years or older)	Percentage of adults who have received an annual flu vaccination.	Centers for Disease Control and Prevention, CDC - FluVaxView	2021
COVID-19 Fully Vaccinated Adults	Percentage of adults who are fully vaccinated against COVID-19.	Centers for Disease Control and Prevention, CDC - FluVaxView	2021
Cervical Cancer Screening	Percentage of females 21-65 years of age who have had cervical cancer screening.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2020
Colorectal Cancer Screening	Percentage of adults age 45-75 years of age who have had colorectal cancer screening.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Females Age 50-74 with Recent Mammogram	Percentage of females age 50-74 who have had a recent mammogram (age-adjusted).	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2022

Table A2.16: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Unintentional Injury (Accident) Crude Death	Number of deaths from unintentional	Centers for Disease Control and Prevention, CDC - National Vital Statistics	2019-2023

Measure	Description	Data Source	Most Recent Data Year(s)
Rate (Per 100,000 Population)	injuries per 100,000 population.	System. Accessed via CDC WONDER	
Homicide Mortality Rate (Per 100,000 Population)	Number of deaths from homicide per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2023
Firearm Death Rate (Per 100,000 Population)	Number of deaths due to firearms per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Motor Vehicle Crash Death Rate (Per 100,000 Population)	Number of deaths due to motor vehicle crashes per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023

Table A2.17: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Adult HIV Prevalence (rate per 100,000 Population)	HIV Prevalence is the rate of diagnosed cases of HIV for people aged 13 years and older in a county per 100,000 population.	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
Chlamydia Incidence (rate per 100,000 Population)	Number of reported chlamydia cases per 100,000 population.	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2023
Gonorrhea Incidence (rate per 100,000 Population)	Number of reported gonorrhea cases per 100,000 population.	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral	2023

Measure	Description	Data Source	Most Recent Data Year(s)
		Hepatitis, STD, and TB Prevention	
Teen Births (rate per 1,000 Female Population Age 15-19)	Teen Births is the number of births to females ages 15-19 per 1,000 females in a county. Numerator = Total number of births to mothers ages 15-19. Denominator = Female population, ages 15-19.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings	2016-2022

Table A2.18: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Percent of Population Reporting Excessive Drinking in Past 30 Days	Percentage of adults that report binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Alcohol Use Disorder (Medicare Population) Prevalence	Percentage of Medicare population with alcohol use disorder.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2022
Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population)	Combined crude death rate from suicide and drug/alcohol poisoning per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Drug Overdose Death Rate (Per	Number of deaths due to drug overdose per 100,000 population.	Centers for Disease Control and	2019-2023

Measure	Description	Data Source	Most Recent Data Year(s)
100,000 Population)	Deaths from accidental, intentional, and undetermined drug poisoning by and exposure to various drugs.	Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	
Opioid Crude Death Rate (Per 100,000 Population)	Number of deaths due to opioids per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Opioid Dispensing Rate per 100 Persons	Opioid prescriptions dispensed per 100 persons. Prescriptions are based on the location of the prescriber, rather than the location of the pharmacy.	CDC	2022

Table A2.19: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Current Smokers	Percentage of adults who are current smokers. Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A2.20: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Population Commuting More than 60 Minutes	Percentage of workers who have a commute time of more than 60 minutes to work.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Population Using Public Transit for Commute to Work	Percentage of workers who use public transportation for their commute to work.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Percent of Occupied Units with No Vehicle Available	Percentage of occupied housing units that do not have a vehicle available.	ESRI Business Analyst	2022

Appendix 3 | Secondary Comparisons

High Need Area Identification Criteria

Health indicators were classified as "high need" areas when local performance was significantly worse than New Jersey state averages, using the following quantitative thresholds:

1. **Rate-based indicators**: Performance at least 10% worse than state average
2. **Percentage-based indicators**: Performance at least 5 percentage points worse than state average
3. **Total number indicators**: Performance at least 5 units worse than state average

Geographic Comparisons

The methodology compared two primary geographies against New Jersey state benchmarks:

- **Hunterdon County**
- **Hunterdon Health Service Area** (broader 53-zip-code service region)

This dual comparison approach enabled identification of health needs that may vary between the county and broader service area, ensuring comprehensive understanding of health disparities across the region served by Hunterdon Health.

Health Outcomes

Table A3.1: Life Expectancy

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Years of potential life lost before age 75 per 100,000 population	4,363	5,135	6,562	8,367	2020-2022	No
Life Expectancy at Birth	82.8	81.2	79.0	77.2	2020-2022	No

Table A3.2: Mortality

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Mortality - Cancer	179.0	173.6	169.7	182.7	2019-2023	No
Mortality - All Heart Disease	183.1	191.1	204.9	207.2	2019-2023	No
Mortality - Lung Disease	25.0	27.8	30.0	44.9	2019-2023	No
Mortality - Stroke	33	38.3	39.8	48.3	2019-2023	No
Mortality - Liver Disease	11.4	10.7	10.5	15.7	2019-2023	No

Table A3.3: Birth Outcomes

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Low Birthweight (Percent of Births)	6.3%	7.1%	7.9%	8.3%	2015-2021 and 2016-2022	No
Infant Mortality (Rate per 1,000 Live Births)	3.2	4.0	4.1	5.7	2015-2021 and 2016-2022	No

Table A3.4: Mental Health

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Average Poor Mental Health Days per Month	4.4	-	4.5	4.9	2015-2021 and 2016-2022	No
Deaths by Suicide (Crude Rate per 100,000 Population)	13.1	9.7	7.9	14.5	2019-2023	Yes
Adults ever diagnosed with depression (Age-adjusted)	18.8%	-	16.8%	21.1%	2022	No
Used Anxiety or Panic Prescription Drug	7.41%	7.25%	7.05%	8.4%	2024	No
Used Depression Prescription Drug	6.62%	6.52%	6.49%	7.7%	2024	No
Visited Psychiatrist/Psychologist Doctor last 12 months	4.79%	4.82%	5.13%	5.0%	2024	No

Table A3.5 Physical Health

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Average Poor Physical Health Days per Month	2.7	-	3.2	3.3	2021	No
Adults Reporting Poor or Fair Health (Crude)	11.0%	10.2%	11.4%	12.7%	2022	No
Insufficient Sleep (Crude)	31.9%	34.9%	37.6%	36.0%	2022	No

Health Factors

Table A3.6: Access to Care

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Uninsured Population	2.9%	3.7%	7.4%	8.6%	2019-23	No
Uninsured Adults (<65)	5.0%	6.1%	9.5%	11.2%	2019-23	No
Uninsured Children (<19)	2.7%	2.9%	3.8%	5.1%	2019-23	No
Primary Care Physicians Rate (Per 100,000 Population)	134.94	126.84	105.76	116.64	April 2025	No
Dentists Rate (Per 100,000 Population)	77.55	81.27	77.41	66.67	2024	No
Mental Health Care Provider Rate (Per 100,000 Population)	315.63	358.29	294.84	319.42	April 2025	No
Addiction/Substance Abuse Providers Rate (per 100,000 Population)	14.73	15.68	14.44	28.99	April 2025	No

Table A3.7: Utilization

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Recent Dental Care Visits (18 years or older)	71.4%	-	65.3%	63.4%	2022	No
Percentage of Adults (18 years or older) with Annual Checkup	73.6%	79.3%	75.0%	74.2%	2019	No
Emergency Room Visit Rate (Per 100,000 Population) (2022)	491	-	557	576	2022	No

Table A3.8: Quality of Care

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
High Blood Pressure Management	55.9%	-	58.9%	58.9%	2021	No
Diabetes Management	88.8%	88.1%	87.7%	87.5%	2019	No
Annual Flu Vaccine (18 years or older)	51.0%	-	44.8%	44.5%	2021	No
COVID-19 Fully Vaccinated Adults	82.0%	80.0%	79.1%	72.7%	2021	No
Cervical Cancer Screening (2020)	85.7%	85.8%	83.1%	82.8%	2020	No
Colorectal Cancer Screening (2022)	69.9%	67.4%	63.4%	66.3%	2022	No
Females Age 50-74 with Recent Mammogram (Age-Adjusted)	77.9%	-	75.2%	76.0%	2022	No

Table A3.9: Exercise

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Walkability Index	7	8	12	10	2021	No
Population with Access to Exercise Opportunities	90.7%	93.3%	96.3%	84.1%	2023, 2022&2020	Yes
Physical Inactivity (Adults Age 20+with No Leisure Time Physical Activity)	12.8%	15.9%	19.9%	19.5%	2021	No

Table A3.10: Sexual Health

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Adult HIV Prevalence (rate per 100,000 Population)	334.4	205.17	449.7	334.4	2022	No
Chlamydia Incidence (rate per 100,000 Population) (2023)	141.3	-	384.1	492.2	2023	No
Gonorrhea Incidence (rate per 100,000 Population) (2023)	33.8	-	109.1	179.0	2023	No
Teen Births (rate per 1,000 Female Population Age 15-19)	2.1	5.1	9.6	16.6	2016-2022	No

Table A3.11: Substance Use Disorders

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Percent of Population Reporting Excessive Drinking in Past 30 Days	21.4%	-	17.4%	18.0%	2022	Yes
Alcohol Use Disorder (Medicare Population) Prevalence	2.0%	2.0%	2.0%	2.0%	2022	No
Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population)	36.6	38.7	49.8	58.5	2019-2023	No
Drug Overdose Death Rate (Per 100,000 Population)	13.9	19.0	31.5	29.1	2019-2023	No
Opioid Crude Death Rate (Per 100,000 Population)	11.4	16.6	28.1	22	2019-2023	No
Opioid Dispensing Rate per 100 Persons	19.0	-	28.0	39.5	CDC, 2022	No

Table A3.12: Tobacco Use

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Current Smokers	9.9%	-	11.6%	13.2%	2022	No

Table A3.13: Built Environment

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Households with Computer with Broadband Access, Percent (2024)	96.2%	95.7%	93.7%	92.1%	June 2024	No
Households without computer	3.24%	3.48%	4.74%	5.20%	2019-23	No
Grocery Stores Establishments, Rate per 100,000 Population	18.61	12.25	26.06	18.9	2022	Yes
Percent Low Income Population with Low Food Access	24.7%	34.4%	15.9%	19.4%	2021	Yes
SNAP-Authorized Food Stores (Rate per 100,00 Population)	4.09	4.14	6.19	7.89	2025	Yes

Table A3.14: Environmental Quality

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Air Pollution	0.00%	0.03%	0.04%	0.64%	2019	No
Drinking Water Violations	6	-	118	16,107	2022-2023	No

Table A3.15: Housing and Homelessness

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Occupied Housing Units with One or More Substandard Conditions	26.3%	27.8%	36.8%	32.0%	2019-23	No
Homeownership	84.8%	78.7%	63.7%	65.0%	2019-23	No
Severely Burdened Households	11.5%	12.7%	16.4%	13.9%	2019-23	No
Adults Age 18+ Having Housing Insecurity (Crude)	7.2%	8.7%	12.7%	11.8%	2022	No
Adults Age 18+ Having Utility Services Threat (Age-Adjusted)	4.2%	5.1%	7.3%	7.5%	2022	No

Table A3.16: Transportation and Transit

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Population Commuting More than 60 Minutes, Percent	16.0%	14.6%	14.2%	8.7%	2019-23	No
Population Using Public Transit for Commute to Work	1.7%	2.1%	8.5%	3.5%	2019-23	Yes

Table A3.17: Education

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
School Segregation Index	0.05	0.13	0.29	0.24	2022-2023	No
School Funding Adequacy	$15,814	$12,801	$7,555	-$1,337	2022	No

Table A3.18: Family, Community, & Social Support

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Children in Single-Parent Households	10.9%	13.1%	21.4%	24.8%	2019-23	No
Childcare Cost Burden	25.3%	25.3%	27.4%	27.1%	2023&2022	No
Head Start Programs, Rate (Per 10,000 Children Under Age 5)	5.5	3.89	5.6	11.36	2024	Yes
Social Associations-Establishments Rate (Per 100,000 Population)	96.16	66.63	88.36	96.98	2022	Yes
Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted)	22.7%	-	28.1%	25.7%	2022	No
Population Age 16-19 Not in School and Not Employed, Percent	3.5%	4.6%	5.1%	6.8%	2019-23	No

Table A3.19: Food Security

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Adults 18+ Having Food Insecurity (Crude)	6.8%	7.7%	10.0%	12.9%	2022	No
Food Insecure Children	3.0%	-	12.9%	18.0%	2022-2023	No
Children Eligible for Free or Reduced Lunch	11.0%	17.9%	36.1%	53.5%	2022-2023	No
Households Receiving Food Stamp/SNAP	2.9%	4.4%	8.8%	11.8%	2019-23	No

Table A3.20: Income & Employment

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Population Below 100% Federal Poverty Level (Annual)	4.8%	6.0%	9.7%	12.5%	2023	No
Children Below 200% Federal Poverty Level	10.0%	12.6%	28.8%	36.6%	2019-23	No
ALICE Households + Poverty	26.0%	-	37.0%	-	2023 (Data from 2021)	No
Income Inequality	0.44	-	0.48	0.48	2018-2022	No
Gender Pay Gap	0.81	0.78	0.81	0.82	2018-2022	No
Median Household Income	$152,071	-	$101,875	$75,149	2024	No
Unemployment Rate	3.8%	4.0%	4.7%	4.1%	2024 - December	No

Table A3.21: Safety

Indicator	Hunterdon County	Service Area	New Jersey	United States	Most Recent Year of Data	High Need
Unintentional Injury (Accident) Crude Death Rate (Per 100,000 Population)	37.1	42.0	53.0	63.3	2019-2023	No
Homicide Mortality Rate (Per 100,000 Population) (2023)	1.5	-	3.2	6.8	2019-2023	No
Firearm Death Rate (Per 100,000 Population)	5.2	4.4	4.8	13.8	2019-2023	No
Motor Vehicle Crash Death Rate (Per 100,000 Population)	5.5	6.4	7.1	12.8	2019-2023	No

Appendix 4 | Summary of Secondary Data

The figure below includes a summary of potential priority need areas, as identified by the secondary data analysis process, as well as priority areas of need identified by other state, local, and national sources.

Potential Priority Area	Secondary Data	Hunterdon Health Previous CHNA/CHIP	NJ SHIP	Focus Groups	Key Leader Interviews	Key Leader Survey	Community Health Opinion Survey
Length of Life							
Quality of Life: Birth Outcomes			✓				
Quality of Life: Mental Health	✓	✓	✓	✓	✓	✓	✓
Quality of Life: Physical Health		✓	✓	✓	✓	✓	✓
Clinical Care: Access to/Utilization of Care		✓	✓	✓	✓	✓	✓
Clinical Care: Quality of Care				✓			
Health Behaviors: Exercise		✓					
Health Behaviors: Sexual Health							
Health Behaviors: Substance Use Disorders		✓	✓	✓	✓	✓	✓
Health Behaviors: Tobacco Use							
Physical Environment: Built & Food Environment	✓						
Physical Environment: Environmental Quality							
Physical Environment: Housing & Homelessness				✓	✓		
Physical Environment: Transportation & Transit	✓	✓		✓	✓	✓	✓
Social and Economic: Education							
Social and Economic: Employment/Income							
Social and Economic: Food Security				✓			
Social and Economic: Safety							
Social and Economic: Family, Community, & Social Support	✓			✓		✓	✓

Appendix 5 | Primary Data Methodology and Sources

This CHNA's development incorporated primary data collection via multiple methods: focus group discussions, key leader interviews, web-based key leader and community health opinion surveys. An overview of the processes, tools, analytic methods used to determine key findings, and brief key findings from each data source are provided in this Appendix. More detailed findings from each primary data source are provided in Appendix 6.

Community Health Opinion Survey (CHOS)

Overview

A total of 434 residents accessed the community survey and approximately 414 provided answers. Survey participants had to be 18 years of age or older and live in one of the Hunterdon Health Service Area zip codes. The survey was available in English and Spanish. It was administered using an online survey platform; Steering Committee members also distributed paper copies of the survey to specific target populations throughout the region. In general, survey questions focused on community health problems and concerns, community social/ environmental problems and concerns, access and barriers to healthcare, and physical health, mental health, and substance use topics.

Figure A5.1 CHOS Survey Respondents Zip Code

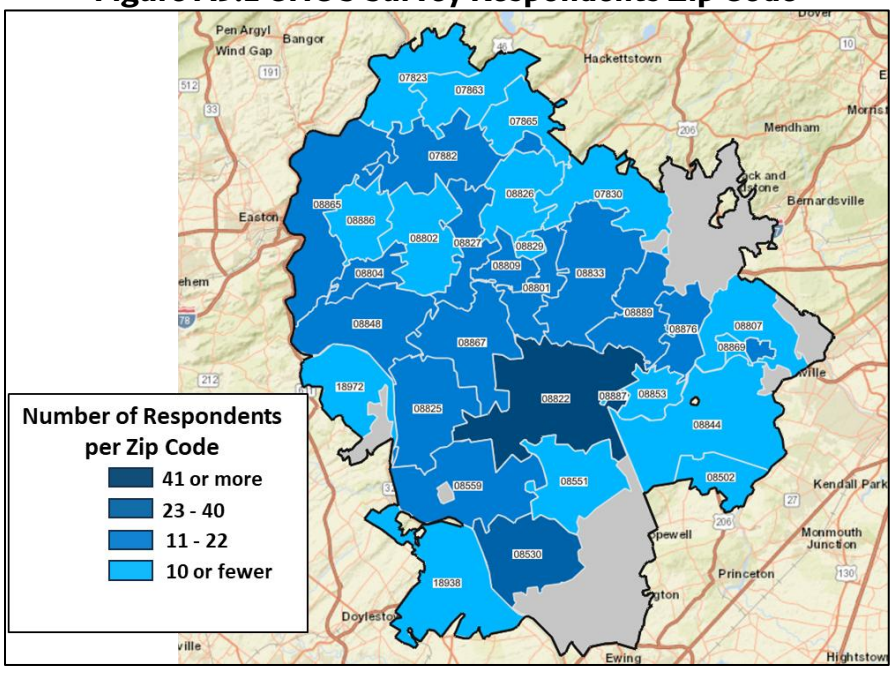


Figure A5.1 shows the number of survey respondents by zip code. The zip code with the most participation was 08822, which is the location of Hunterdon Health. Additional demographic data about CHOS respondents is described in the figures that follow.

Figure A5.2: Respondents by Gender Identity

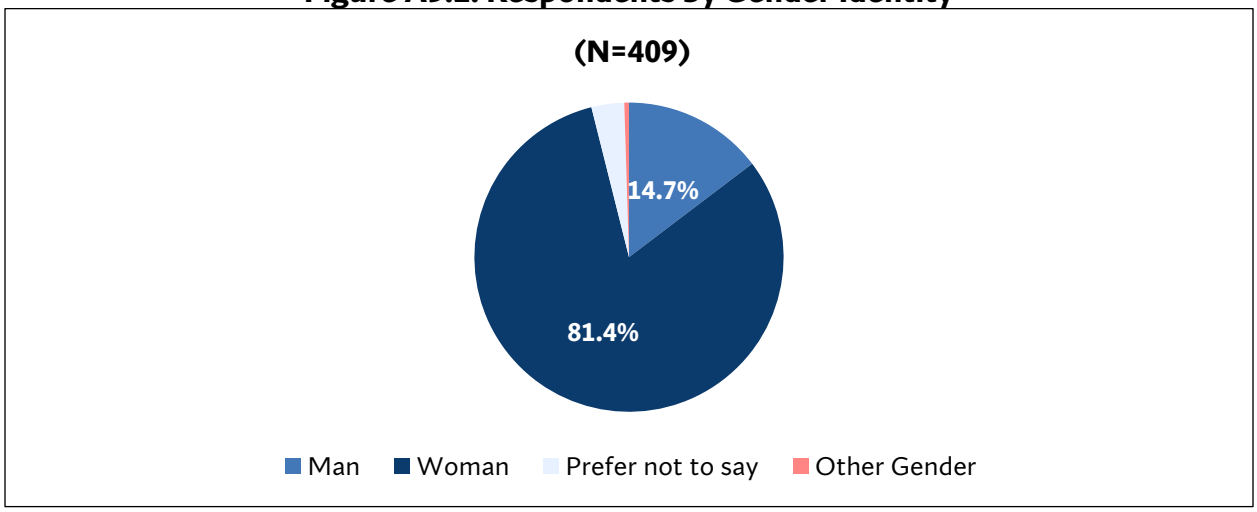


Figure A5.3: Respondents by Age

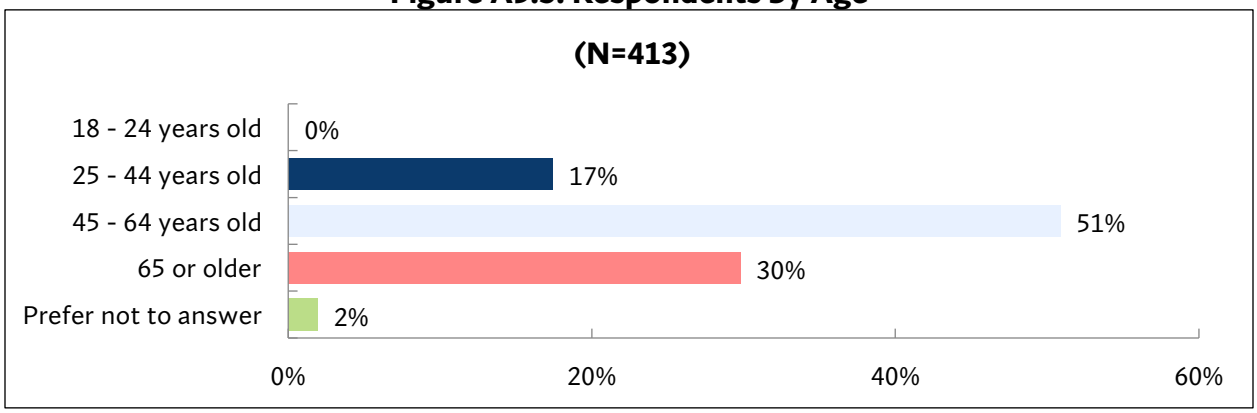
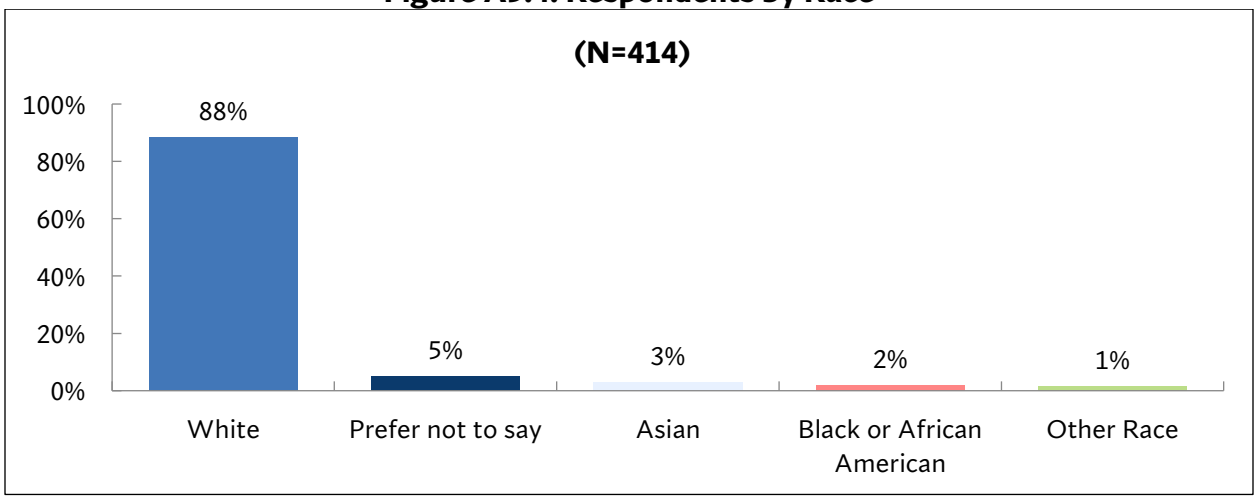


Figure A5.4: Respondents by Race



Summary of Key Findings from Community Health Opinion Survey

The key findings from the Community Health Opinion Survey are detailed below:

Hunterdon Service Area Community Health Opinion Survey

Dear Neighbor,

Please take our community health survey. Your answers will help Hunterdon Health and Hunterdon County Health Department learn what our community needs to be healthier. Your answers are private—no one will know who filled out the survey.

This survey is for people 18 and older who live in the Hunterdon Health service area (including all of Hunterdon County and parts of Warren, Somerset, and Mercer counties in New Jersey, and Bucks County in Pennsylvania).

The survey takes about 15 minutes to complete. If you have questions, please email chelseysaari@ascendient.com. Ascendient Healthcare Advisors is helping us with this survey.

Thank you for your time!

---

1. We are only surveying adults 18 and older. Are you 18 years old or older? (Select one option) *

- Yes
- No

2. Do you live in Hunterdon County, New Jersey? (Select one option) *

- Yes
- No
- Not sure

3. Please enter your zip code: _____

Topic: Community Health Opinions

4. What are the 3 most important health problems that affect the health of your community? [Please select at most 3 options.]

- Alcohol or drug addiction
- Alzheimer's disease and other dementias
- Mental health (e.g., depression or anxiety)
- Cancer
- Chronic illnesses (e.g., autoimmune disorders, chronic pain)
- Diabetes or high blood sugar
- Heart disease or high blood pressure
- HIV/AIDS
- Breathing problems (e.g., lung disease, asthma, COPD)
- Stroke
- Smoking or tobacco use
- Weight status (being overweight or obese)
- Prefer not to say
- Other (Please specify) _____
- None of the above

5. What are the 3 most important social or environmental problems that affect the health of your community? [Please select at most 3 options.]

- Availability or access to doctor's office
- Availability or access to insurance
- Child abuse or neglect
- Discrimination based on age
- Discrimination based on ability
- Discrimination based on gender
- Discrimination based on race
- Domestic violence
- Housing or homelessness
- Lack of affordable childcare
- Lack of job opportunities
- Limited access to healthy foods
- Limited places to exercise
- Neighborhood safety or violence
- Limited opportunities for social connection
- Poverty
- Limited or poor educational opportunities
- Transportation problems
- Environmental problems (e.g., climate change or air pollution)
- Prefer not to say
- Other (Please specify) _____
- None of the above

6. What are the 3 most important reasons people in your community do not get health care? [Please select at most 3 options.]

- Cost – too expensive or can't pay
- Wait time for appointment is too long
- No health insurance
- No doctor nearby
- Lack of transportation
- Insurance not accepted
- Language barriers
- Cultural or religious beliefs
- Prefer not to say
- Other (Please specify) _____
- None of the above

7. What are the 3 things that would help make your community healthier? [Please select at most 3 options.]

- Better information sharing
- More local health programs
- Better healthcare services
- Focus on fixing health disparities
- Including different community leaders
- More doctors, nurses, or other healthcare providers
- Asking the community what they need
- Better parks and streets
- New businesses that think about health
- Working together more
- Online health information
- Prefer not to say
- Other (Please specify) _____
- None of the above

8. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (Select all that apply):

- You didn't have transportation
- You live in a rural area where distance to the health care provider is too far
- You were nervous about seeing a health care provider
- You couldn't get time off work
- You couldn't get childcare
- You provide care to an adult and could not leave him/her
- You couldn't afford the copay
- Your deductible was too high/could not afford the deductible
- You had to pay out of pocket for some or all of the visit/procedure
- You did not delay care for any reason
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Access to Care

9. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (Select all that apply):

- Prescription medicines
- Mental health care or counseling
- Emergency care
- Dental care (including checkups)
- Eyeglasses
- To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
- To see a specialist
- Follow-up care
- Prefer not to say
- Other (Please specify) _____

10. Do you have health insurance? (Select one option)

- Yes, Medical only
- Yes, Medical + Vision
- Yes, Medical + Vision + Dental
- No
- Don't Know
- Prefer not to say
- Other (Please specify)

Topic: Diet and Exercise

11. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink EACH DAY? _____

12. DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? _____

Topic: Understanding Health Information

13. How confident are you filling out medical forms by yourself? (Select one option)

- Very confident
- Confident
- Somewhat confident
- Not so confident
- Not at all confident
- Not sure
- Prefer not to say

14. How often do you have a problem understanding what is told to you about your medical condition(s)? (Select one option)

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Not sure
- Prefer not to say

Topic: Social Support

15. How often do you have someone you can rely on to help with the following items, as needed?

	Never	Sometimes	About half the time	Most of the time	Always	Don't know	Not applicable to me
(a) Food							
(b) Transportation							
(c) Childcare							
(d) Other Support							

16. How often do you...

	Hardly ever	Some of the time	Often	Don't know	Prefer not to say
(a) Feel that you lack companionship					
(b) Feel left out					
(c) Feel isolated from others					

Topic: Access to Healthy Food

17. IN THE PAST 12 MONTHS, have you gotten fresh fruits and vegetables from any of the following sources? (Select all that apply):

- Corner Store, Convenience Store or Gas Station
- Farmer's Market or Permanent Farm Stand
- Food Bank, Pantry
- Homegrown or home garden
- Church, or Community Organization
- Grocery Store or a Superstore Such as Wal-Mart
- Don't know
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Childhood Vaccines

18. Thinking about childhood vaccines in general, how well do each of the following statements describe your views?

	Not at all	Not too well	Neutral	Some-what well	Very well	Don't know	Prefer not to say
(a) Childhood vaccines save millions of lives							
(b) Childhood vaccines protect communities from outbreaks of disease							
(c) I worry that not all of the childhood vaccines are necessary							
(d) Children are given childhood vaccines for things their immune system should fight off on its own							

19. Are your children (under age 18) up to date on their childhood vaccinations? (Select one option)

- I do not have children under age 18
- Yes, all of my children are up to date
- Yes, at least one, but not all, of my children are up to date
- No, my children are not up to date
- Don't know
- Prefer not to say

Topic: Mental Health

20. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the PAST 30 DAYS was your mental health NOT good? (Select one option)

- None
- 1 to 2 days
- 3 to 7 days
- 8 to 29 days
- 30 days
- Prefer not to say

21. Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time? (Select one option)

- Yes
- No
- Don't know
- Prefer not to say

22. What was the MAIN reason you did not get mental health care or counseling? (Select one option) [Note: Answer this question only if you answered "Yes" to Question 21]

- Too expensive
- No insurance
- Too far away
- Don't Know Where To Go
- Worried about privacy
- Office hours did not work for schedule
- No child care
- No counselors/mental health providers available
- No way to get there
- Bad experience before
- Stigma or Embarrassed
- Too busy
- Wait for an appointment too long
- Hard to get appointment
- Not sure
- Prefer not to say
- Other (Please specify) _____

23. Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED? (Select one option)

- Yes
- No
- Don't know
- Prefer not to say

Topic: Physical Health

24. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Select all that apply):

- Arthritis
- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia/Short-term memory loss
- Depression or anxiety
- Diabetes (not during pregnancy)
- Heart disease, stroke, or other cardiovascular disease
- High blood pressure (hypertension)
- High cholesterol
- Immunocompromised condition not otherwise listed
- Kidney disease
- Liver disease
- Long COVID
- Lung disease
- Osteoporosis
- Physical disabilities
- Mental illness not otherwise listed (including bipolar disorder, schizophrenia, borderline personality disorder, dissociative identity disorder)
- Sexually transmitted diseases (including chlamydia, syphilis, gonorrhea and HIV)
- Stroke
- Vision and sight problems
- Don't know
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Substance Use

25. IN THE PAST YEAR, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)? (Select one option)

- Yes
- No
- Not sure
- Prefer not to say

26. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? (Select one option)

- Not at all
- A little
- Somewhat
- A great deal
- Not Sure
- Prefer not to say

Topic: Tobacco Use

27. Do you currently use any of the following tobacco or nicotine products? (Select all that apply):

- Cigarettes
- Vape/Electronic cigarettes (e-cigarettes) (JUUL, Stig, Puff Bars, Blue, etc.)
- Smokeless tobacco (chew, dip, snuff, snus)
- Cigars
- Pipes
- Hookah
- I don't use any tobacco products
- Prefer not to say
- Other (Please specify)

Topic: Attitudes Towards Healthcare

28. Did you choose your primary doctor based on...

	Yes	Somewhat	No	Prefer not to say
(a) Insurance Coverage				
(b) Convenience				
(c) Recommendation				
(d) Doctor Rating				
(e) Age				
(f) Gender				
(g) Race/Ethnicity				

29. To what extent would you say your doctor...

	Not at all	Somewhat	Mostly	Completely	Don't know	Prefer not to say
(a) Trusts what you say						
(b) Spends time with you						
(c) Cares about you						

30. How often do you do the following?

	Never	Sometimes	Most of the time	Every time	Don't know	Prefer not to say
(a) Fill prescriptions your doctor writes you						
(b) Follow your doctor's treatment recommendations						
(c) Schedule follow-up appointments						
(d) Make lifestyle changes your doctor recommends, like diet and exercise						

31. How has the COVID-19 pandemic impacted your level of trust in the health care system overall? (Select one option)

Decreased Trust
Trust remains the same
Increased Trust
Don't know
Prefer not to say

32. Please select the top 3 things that influence your trust in the health care system. [Please select at most 3 options.]

Delivers high quality care
Is there for you when you need it
Treats you with respect
Protects your privacy
Puts your health ahead of profits
Follows up on test results
Prepares you for how much your care will cost
Is easy to navigate and interact with
Values your time
Is a good value
Prefer not to say
Other (Please specify) _____
None of the above

Topic: Demographics:

33. How old are you? (Choose one):

18-20 years old
21-24 years old
25-34 years old
35-44 years old
45-54 years old
55-64 years old
65-74 years old
75-84 years old
85 years or older
Prefer not to answer

34. Which of the following best describes your gender? (Choose one):

- Man
- Woman
- Prefer not to say
- Other Gender (please specify):

35. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country? (Choose one):

Tip: The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

- Yes
- No
- Not sure
- Prefer not to say

36. How would you describe your race? (Choose one):

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- White
- Not sure
- Prefer not to say
- Other race (please specify):

37. Which language is most often spoken in your home? (Choose one):

- English
- Spanish
- Not sure
- Prefer not to say
- Other (Please specify):

38. What is the highest grade or year of school you completed? (Choose one):

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/equivalent)
- Some college (no degree)
- Associate's Degree or Vocational Training
- Bachelor's degree
- Graduate or professional degree
- Don't know/Not sure
- Prefer not to say

39. For employment, are you currently... (Select all that apply):

- Employed full-time
- Employed part-time
- Retired
- Student
- Armed forces/military
- Self-employed
- Homemaker
- Unable to work due to illness or injury
- Unemployed for less than one year
- Unemployed for more than one year
- Unable to Work
- Prefer not to say

40. Which category best describes your yearly household income before taxes? (Choose one): *Tip: Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.*

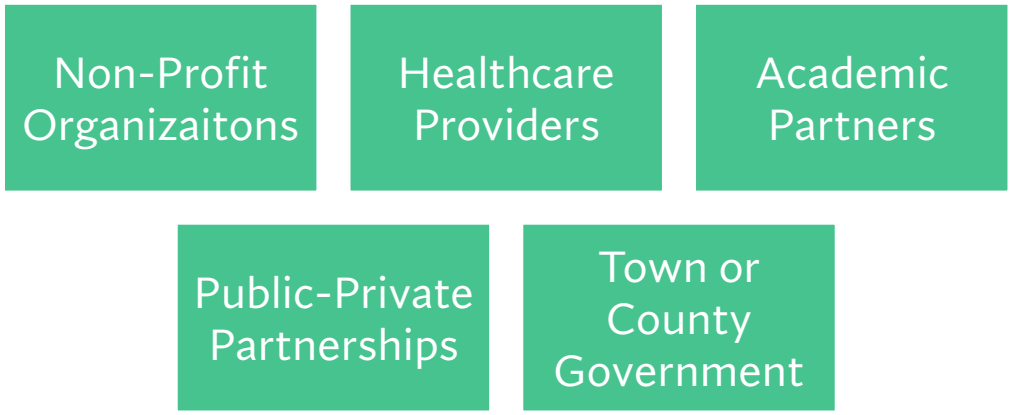
Less than $15,000	$75,000 - $99,999
$15,000 - $24,999	$100,000 - $149,999
$25,000 - $34,999	$150,000 - $199,999
$35,000 - $49,999	$200,000 or more
$50,000 - $74,999	Prefer not to say

Key Leader Surveys

Overview

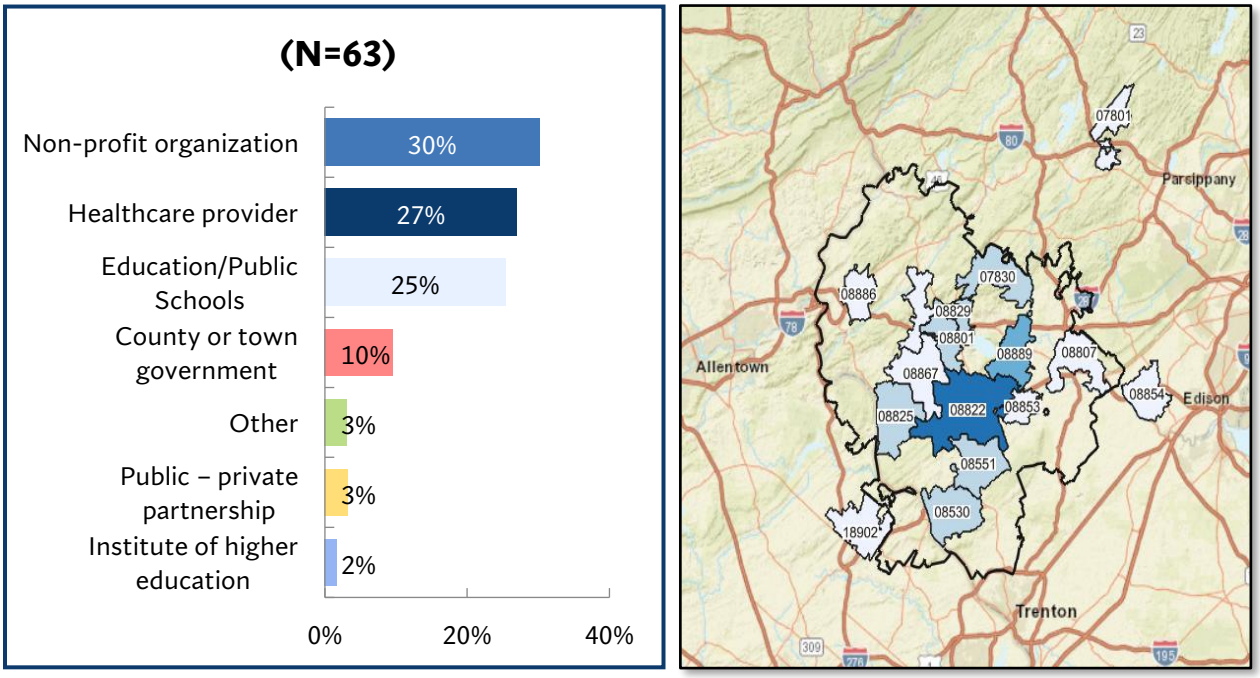
A total of 63 key leaders completed the web-based key leader survey, which was open for responses between May 12, 2025, and June 4th, 2025. In general, key leader survey questions focused on the topics depicted in the graphic below.

Key leaders represented a variety of organizations and geographies throughout the Service Area. Broad categories of key leader survey participants included:



The chart below shows the distribution of key leader survey respondents by type of organization, while the map shows the geographic distribution of key leader survey respondents based on the zip code in which their organization is located.

Figure 5.5: Key Leader Organization Type and Location



Summary of Key Findings from Key Leader Surveys

Key findings from the key leader survey are detailed below:

- ***Cost, lack of transportation, and long wait times*** were selected as the top 3 barriers to healthcare by key leaders. Almost one third also said lack of health insurance was a barrier to care.
- ***Mental health, weight status, and alcohol/drug addiction*** are the biggest health problems in the community, according to key leaders.
- ***Transportation problems and lack of availability or access to insurance*** were the top problems affecting the health of the community. Over one quarter also identified lack of availability or access to doctor's offices as an issue.
- Almost 40% of respondents said that the **Hispanic/Latino community** has the **highest unmet needs** in the Service Area.
- Organizations are increasingly working together, but **more collaboration, communication, and resource sharing is needed** to comprehensively meet the complex health and social needs of diverse community members.

Key Leader Survey Instrument

The questions administered via the Key Leader Survey instrument are below:

Dear Community Leader,
Thank you in advance for your participation in this survey, which is being conducted by Hunterdon Health and the Hunterdon County Health Department as a part of a Community Health Needs Assessment (CHNA). Input from community leaders is a critical component of this assessment process.

Questions in this survey were developed to assess the perceived health and social needs of residents throughout the region. Findings will be used to help identify specific groups within the region most in need of additional resources. The survey should take no more than 15 minutes to complete, and your answers are anonymous and confidential.

Ascendient Healthcare Advisors is the consultant partner for this CHNA process. For questions about this survey, please contact Ascendient Healthcare Advisors: chelseysaari@ascendient.com

Thank you for your time and participation!

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1. Please select the category that best describes your organization.

Faith-based organization
Non-profit organization
Media
County or town government
Institute of higher education
Healthcare provider
Public-private partnership
Community Development Corporation
Other (Please specify)

2. What is the zip code of your organization/facility?

3. Please select the county or counties your organization primarily serves.

Hunterdon County (NJ)
Warren County (NJ)
Somerset County (NJ)
Mercer County (NJ)
Bucks County (PA)
Other (Please specify)
None of the above

4. What is the name of the organization you work for? _____

5. How do you believe the health of the community you serve has changed over the past three years? (Select one option)

Greatly improved
Improved
No change
Worsened
Greatly worsened
Prefer not to answer

6. In what way(s) has the health of the community you serve improved?
(Answer only if Q#5 is Greatly improved OR Improved)

7. In what way(s) has the health of the community you serve worsened?
(Answer only if Q#5 is Worsened OR Greatly worsened)

8. What are the 3 main reasons people in your community can't get healthcare when they need it? (Please select at most 3 options)

Cost – too expensive or can't pay
No health insurance
Lack of transportation
Language barriers
Prefer not to say
Other (please tell us)
Wait time for appointment is too long
No doctor nearby
Insurance not accepted
Cultural or religious beliefs

9. What are the 3 biggest health problems in your community? (Please select at most 3 options)

Alcohol or drug addiction
Mental health (e.g., depression or anxiety)
Chronic illnesses (e.g., autoimmune disorders, chronic pain)
Heart disease or high blood pressure
Breathing problems (e.g., lung disease, asthma, COPD)
Smoking or tobacco use
Prefer not to say
Other (please tell us)
Alzheimer's disease and other dementias
Cancer
Diabetes or high blood sugar
HIV/AIDS
Stroke
Weight status (being overweight or obese)

10. Does your organization provide any resources to the community to address any of the health issues you identified in the previous question? (Select one option)

Yes
No
Not sure
Prefer not to say

11. If yes, please name at least one resource that could be leveraged.
(Answer only if Q#10 is Yes)

12. What are the 3 most important social or environmental problems that affect the health of your community? (Please select at most 3 options)

Availability or access to doctor's office
Child abuse or neglect
Discrimination based on ability
Discrimination based on race
Housing or homelessness
Lack of job opportunities
Limited places to exercise
Limited opportunities for social connection
Limited or poor educational opportunities
Environmental problems (e.g., climate change or air pollution)
Other (please tell us)
Availability or access to insurance
Discrimination based on age
Discrimination based on gender
Domestic violence
Lack of affordable childcare
Limited access to healthy foods
Neighborhood safety or violence
Poverty
Transportation problems
Prefer not to say

13. Does your organization provide any resources to the community to address some of the social/environmental issues you identified in the previous question?

Yes
No
Not sure
Prefer not to say

14. If yes, please name at least one resource that could be leveraged. (Answer only if Q#13 is Yes)

15. In your opinion, are health and social/environmental needs similar across the community you serve?

Yes
No
Prefer not to say
Not Sure

16. Which geographic areas do you feel experience the greatest level of need?
(Answer only if Q#15 is No)

17. Which subpopulation(s) on this list does your organization serve? (Select all that apply)

Black/African American community
Children/youth
Hispanic/Latino community
LGBTQIA+ community
Justice-involved individuals
Military and veterans
Persons experiencing homelessness
Persons in poverty
Persons with disabilities
Refugees/immigrants
Seniors/elderly
Uninsured population
Women in pregnancy
Young adults
Youth in foster care
Other (Please specify)

18. Among those served by your organization, which subpopulation(s) appear to have the greatest unmet needs when it comes to health and social services? (Please select at most 3 options)

Black/African American community
Children/youth
Hispanic/Latino community
LGBTQIA+ community
Justice-involved individuals
Military and veterans
Persons experiencing homelessness
Persons in poverty
Persons with disabilities
Refugees/immigrants
Seniors/elderly
Uninsured population
Women in pregnancy
Young adults
Youth in foster care
Other (Please specify)
None of the above

19. Please rate each of the following statements for the community you serve:

Rating Scale: Strongly Disagree | Disagree Somewhat | Neither Agree nor Disagree | Agree Somewhat | Strongly Agree

a) Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
b) Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
c) There are enough providers accepting Medicaid in the community.
d) There are enough providers accepting Medicare in the community.
e) There are enough providers accepting patients without insurance in the community.
f) There are enough dentists in the community.
g) There are enough culturally competent healthcare providers in the community.[35]
h) There are enough mental health providers in the community.
i) There are enough substance use treatment providers in the community.

20. From the list provided, where do you feel members of the community you serve most frequently seek medical care? (Select all that apply)

Alternative Medicine Provider (acupuncture, chiropractic, naturopath, etc.)
Community Clinic/FQHC
Emergency Department
Health Department
Hospital/Medical Campus
Pharmacy
Primary care provider (physician, nurse, etc.)
Telehealth or virtual visit
Walk-in or Urgent Care
A Veterans Affairs (VA) Hospital or Clinic
Do not seek care
Prefer not to say
Other (Please specify)
None of the above

[35] *Cultural competence is the ability of an individual to understand and respect values, attitudes, beliefs, and more that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions.*

21. Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?

Yes
No
Prefer not to answer
Not Sure

22. If no, what do you see as the biggest challenges/issues with health literacy among the populations served by your organization?

(Answer only if Q#21 is No)

23. What is working well in the community?

24. What suggestions do you have for health leaders in your community to improve the health and well-being of the community? Please write suggestions below.

Focus Groups

Overview

The following eight focus groups were conducted either virtually or in person between April 22, 2025, and May 29, 2025. These groups included representation from healthcare providers, community members, non-profit partners, first responders, and teenagers with over 80 participants providing responses.

Date	Participants and Location of Focus Group
April 22	Virtual Focus Group on Zoom with members of the Population Health team at Hunterdon Health
May 8	Partnership for Health (PFH) Members at the Hunterdon Chamber of Commerce
May 8	School staff/nurses at the Hunterdon Chamber of Commerce
May 9	Seniors at the Huntingdon County Senior Center
May 9	First responders at the Hunterdon County Health Department Nursing Office
May 13	Teens at Prevention Resources
May 22	Elected officials at the Hunterdon Chamber of Commerce
May 29	Spanish-speaking residents at Hunterdon County Health Department Nursing Office

Summary of Key Findings from Focus Groups

Key findings from the CHNA focus groups are highlighted in the figure below. More detailed findings can be found in Appendix 6.

Figure A5.6: Key Takeaways from Focus Groups

Focus Group Discussion Guide Script and Questions

The discussion guide used to guide semi-structured conversations with each focus group is provided below.

Hunterdon, NJ 2025 CHNA
Focus Group Discussion Guide

Facilitator Name	
Date	
Time	
Location	
Population(s) Represented	
Number of Participants	

Section	Lead Speaker	Core Questions and Probes
Welcome		• Welcome participants to the focus group on behalf of [Hunterdon Health]. • Introduce [co-]facilitator[s].
Participant Introductions		• Welcome • Please tell us your first name, your county of residence, and how long you've lived in the community, and something you like about living here.
Health and Wellness		• What are some of the issues that keep residents from living healthy lives? • What are some of the most serious health problems facing people who live in the community? • What do you think could be done to better address these issues and health problems within your community?
Health and Wellness – Disparities/ Inequities		• Thinking about the issues and health problems we've discussed so far, how do you think different groups of people are affected by those issues/problems? • Do you have a sense of who is most affected by these issues/health problems within the community? • Are there certain places (geographic areas) within your community where these issues/health problems seem

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Section	Lead Speaker	Core Questions and Probes
		to present more of an issue when compared with others?
Social & Env Determinants of Health		• We know that factors within communities, things like [*access to health insurance, violence and safety, housing access and quality, homelessness, poverty, employment, access to healthy food, discrimination, educational opportunities and others*] can impact health and quality of life. ○ What types of factors do you think are most impacting quality of life for people living in the area? • What do you think could be done to address some of these issues within your community?
Access to Care		• Access to healthcare is a concern for some residents in the area. What are some of the reasons people do not seek or receive healthcare when they need it? • What do you think health leaders within the community could be doing to improve access to healthcare for people living in your neighborhood? • When you think about your community and the healthcare services available in this county/area, do you think there are enough medical, dental, and behavioral health services nearby? ○ In your opinion, are there enough health services/facilities available to meet community need near where you live, work or spend most of your time? ○ Can you find medical, dental, and/or behavioral healthcare services within a reasonable timeframe when you need it? • We'd like to hear about your experiences with providers in the area. ○ When you think about times you've interacted with providers like doctors, dentists, nurses, therapists, emergency personnel or others, would you say it was generally more positive or negative? ○ Can you give us some examples as to why your experience was positive or negative?

Section	Lead Speaker	Core Questions and Probes

Suggestions/ Closing		• There are a lot of resources available in the area. What do you see as some of the greatest strengths or assets that you or others in your community can access to help you live a healthier life?
		• If you could speak directly to a local health leader, what would you tell them should or could be done in the community to make it a better place to live?
		  ○ What would improve your quality of life?
		  ○ What would you want local health leaders to know?
		• Given what we've discussed today, what do you think residents in your community – you, your neighbors, local leaders – could do to help improve the health of your community?

Conclusion		• Thank participants for their time and participation. • Ask if there are other thoughts or questions that were raised for participants during the discussion. [i.e., *was there anything we did not ask about or discuss that you think is important to share with health leaders in the community?*]

Key Leader Interviews

Overview

From May 2, 2025 and June 16, 2025, seven key leader interviews were conducted with individuals representing organizations across the Service Area to gain perspective on the health and well-being of residents. Participants provided insights into various aspects of healthcare and community life and represented the following types of local organizations:

Summary of Key Findings from Key Leader Interviews

Some of the key findings from the key leader interviews conducted for the CHNA process included the following:

Mental health emerged as a top issue requiring urgent, expanded, and coordinated response.

- **Mental health** emerged as the most critical health concern across **all interviews**, with 7 of 7 key leaders identifying it as a top issue. The county faces **capacity constraints**; leaders suggest expansion of services, integration of mental health screenings into primary care and schools and coordinated community-wide response.

Transportation barriers are fundamentally limiting access to healthcare and impacting quality of life.

- **Transportation** emerged as the most **frequently cited barrier** across multiple domains, mentioned by 6 of 7 leaders as a primary obstacle to healthcare access. The rural eastern portions of the county have "virtually no public transportation," limiting elderly residents and those without cars from accessing fresh food, healthcare appointments, and essential services. This **barrier compounds other challenges** and creates a cascade effect on health outcomes.

Significant socioeconomic disparities are hidden by the County's overall affluence.

- Despite Hunterdon's reputation as New Jersey's healthiest county, leaders identified **stark and growing economic disparities** that create substantial health inequities. These disparities are **geographically concentrated** in specific municipalities like Flemington and Lambertville, and **disproportionately affect** Hispanic/Latino populations, uninsured residents, and those for whom English is a second language. The county's overall **wealth can mask these serious inequities** that require targeted, culturally responsive interventions.

Key Leader Interview Questions

A copy of the data collection instrument used to guide semi-structured key leader interviews for the CHNA process is provided below.

Hunterdon, NJ 2025 CHNA
Key Leader Interview Guide

Facilitator Name	
Date	
Time	
Participant Name	
Participant Organization	

SUMMARY OF KEY DISCUSSION THEMES:

FACILITATOR INTRODUCTION:

"Thank you for participating in our interview today! My name is [NAME] and I represent Ascendient Healthcare Advisors, a consulting firm working with Hunterdon Health System and Hunterdon County Health Department. We are conducting a community health needs assessment to find out more about the health and social issues facing residents in the Hunterdon County area, the ways those needs are currently being addressed, and where there might be opportunities to address them more effectively. We are speaking to a variety of different community leaders and organizations through this process, and the results of these interviews will help health leaders throughout the service area develop programs and services to address some of these challenges. We expect this interview to take 45 to 60 minutes, and we are so appreciative of your time today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. Can I answer any questions for you before we begin the interview?"

INTRODUCTION

1. Can you please tell me a little bit about your role and the organization you work for? Is your work focused on specific populations or geographic areas of Hunterdon County?

HEALTH AND WELLNESS

2. What are some of the most significant problems or concerns in the community you serve?
    a. Which populations are most impacted by these concerns?

b. How have these concerns changed over the past three years (have they gotten better, worse or stayed the same?)

3. I'd like you to think more specifically about health conditions impacting the community you serve. What are the most serious health problems facing people who live in Hunterdon?

    a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?

    b. Are there particular areas in the community that are more affected by these problems than others?

    c. What resources are currently available to address these issues?

4. Thinking about the health problems you just described, what programs, interventions or strategies could be implemented to address these issues in the future?

SOCIAL & ENVIRONMENTAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for members of the community you serve?

    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.

    b. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?

    c. Are there particular areas in the community that are more affected by these problems than others?

    d. What resources are currently available to address these issues?

6. Thinking about the social and environmental issues you described, what programs, interventions or strategies could be implemented to address these issues in the future?

ACCESS TO CARE

7. What are some of the barriers that prevent people in Hunterdon County from getting healthcare when they need it?
    a. What suggestions do you have for addressing these barriers?
8. What are your perceptions of the health-related services that are available in Hunterdon County, including medical care, dental care and behavioral healthcare?
    a. Are there enough locations providing these types of care for people who need it?
    b. Do you think community members can find medical, dental or behavioral healthcare within a reasonable timeframe when they need it?

SUGGESTIONS FOR COMMUNITY IMPROVEMENTS

9. What are some of the strengths or community assets in Hunterdon County that can help residents live healthier lives?
10. What do you think local health leaders should do to improve health and quality of life in Hunterdon County? What do you want local health leaders to know?

CONCLUSION

11. Are there any other thoughts you'd like to share before we conclude?

Appendix 6 | Detailed Primary Data Findings

Community Health Opinion Survey (CHOS) Results

Charts detailing findings from the CHOS are displayed below:

Topic: Demographics

Figure A6.1: Do you live in Hunterdon County, New Jersey?

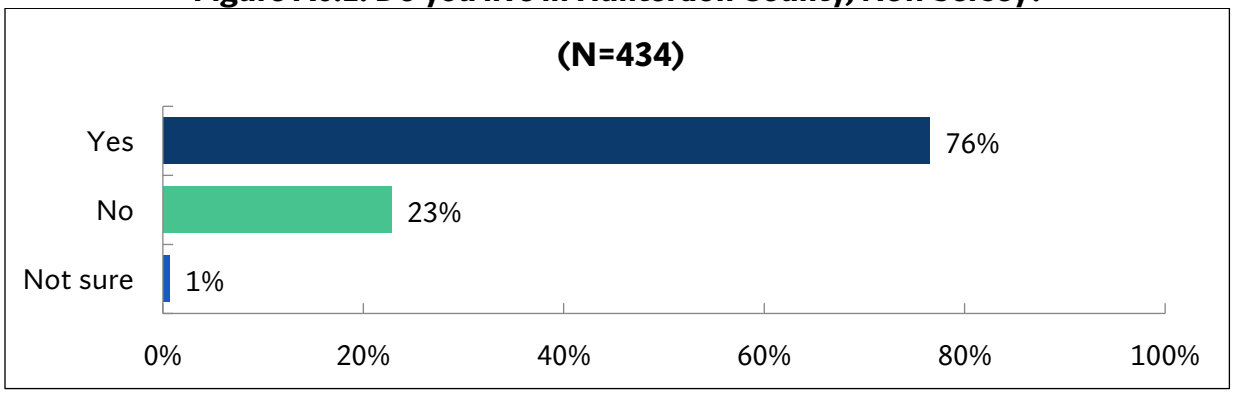


Figure A6.2: How old are you?

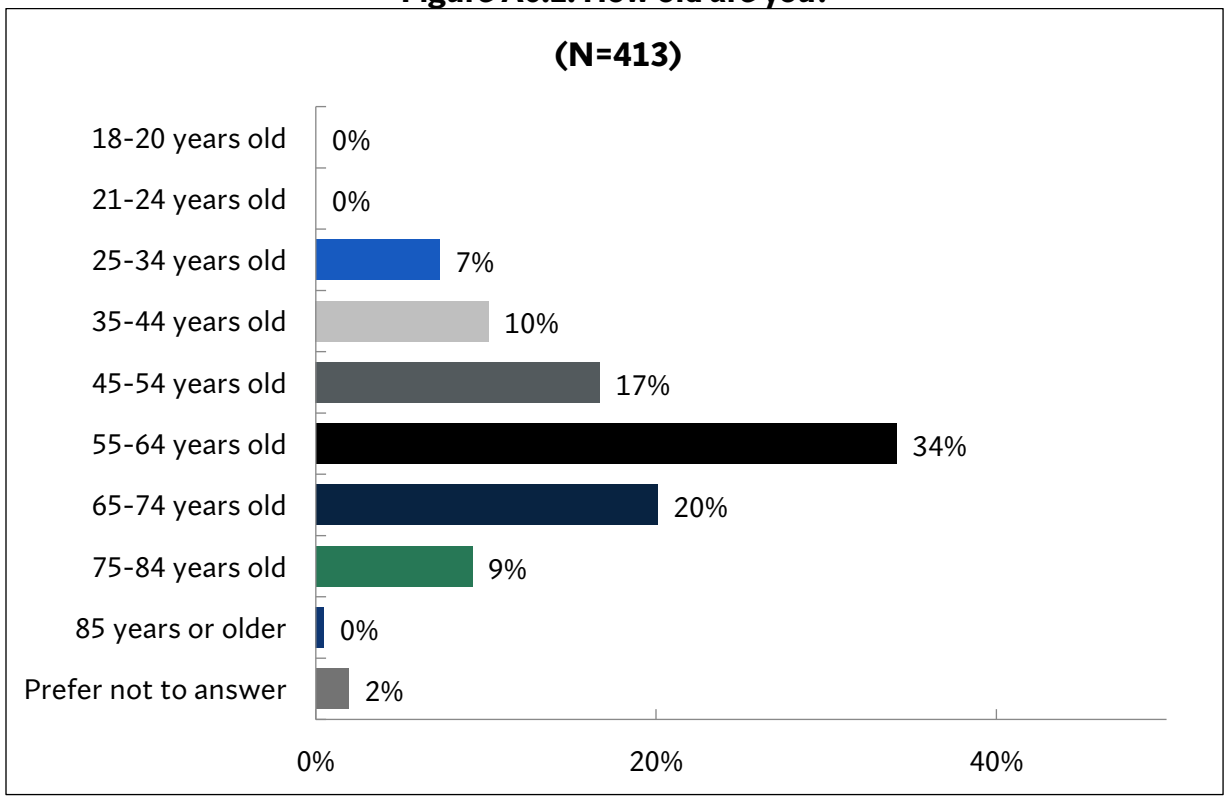


Figure A6.3: Which of the following best describes your gender? (Choose one):

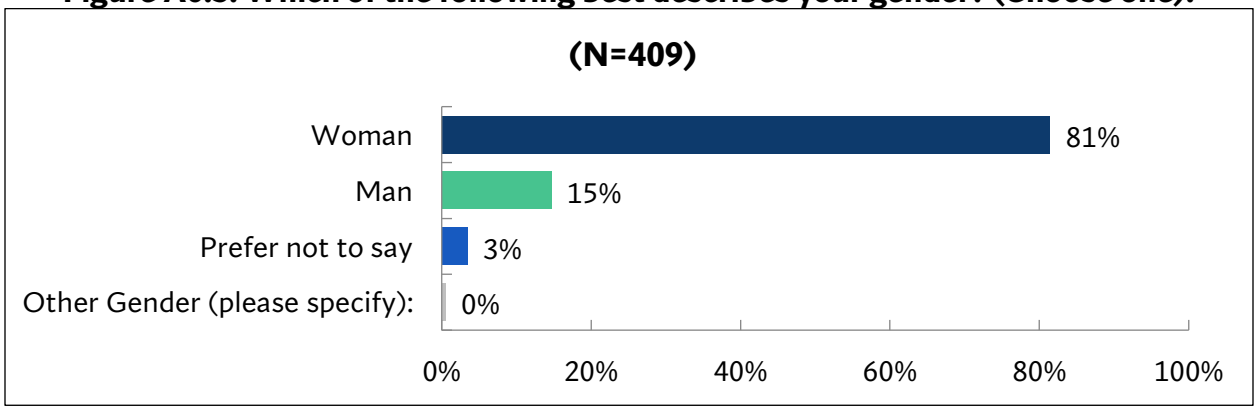


Figure A6.4: Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?

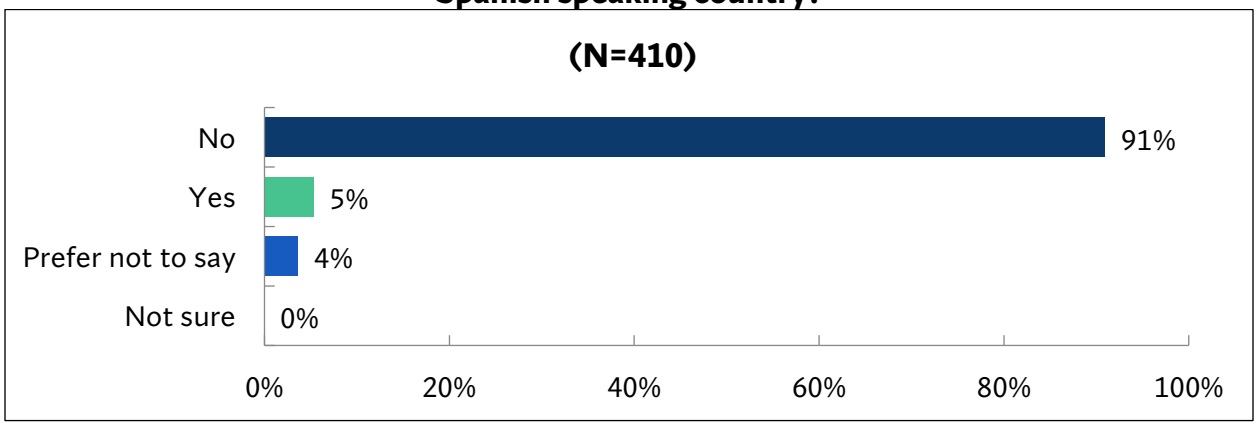


Figure A6.5: How would you describe your race? (Choose one):

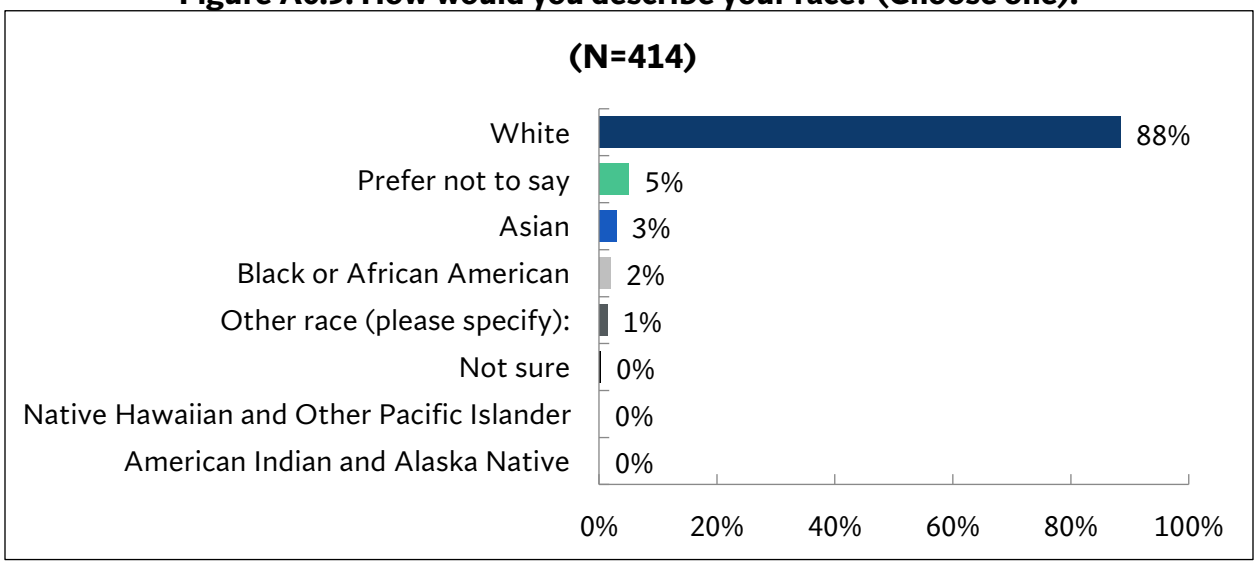


Figure A6.6: Which language is most often spoken in your home? (Choose one):

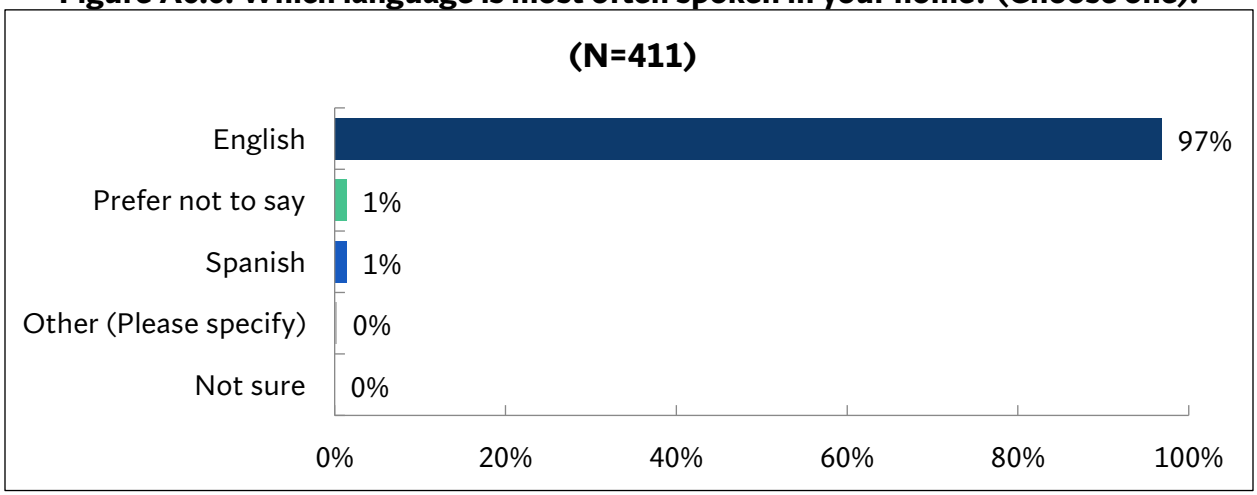


Figure A6.7: What is the highest grade or year of school you completed?

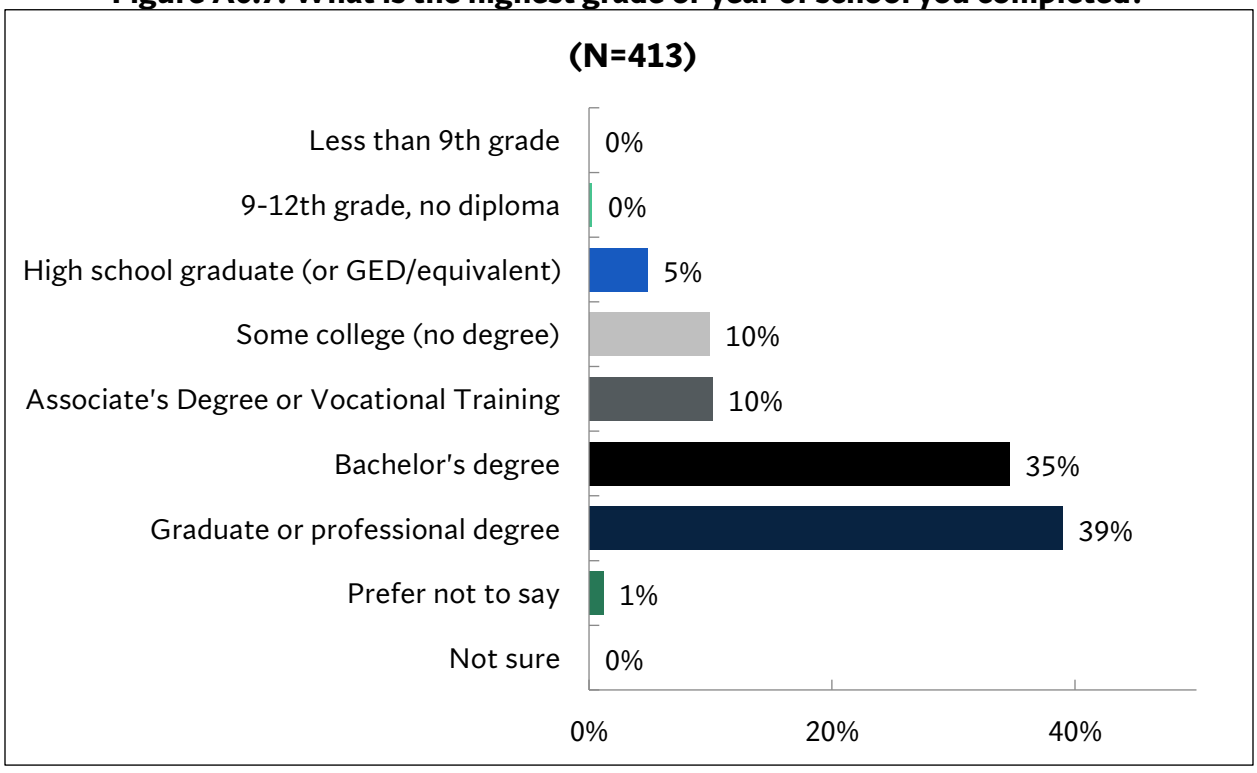


Figure A6.8: For employment, are you currently... (Select all that apply):

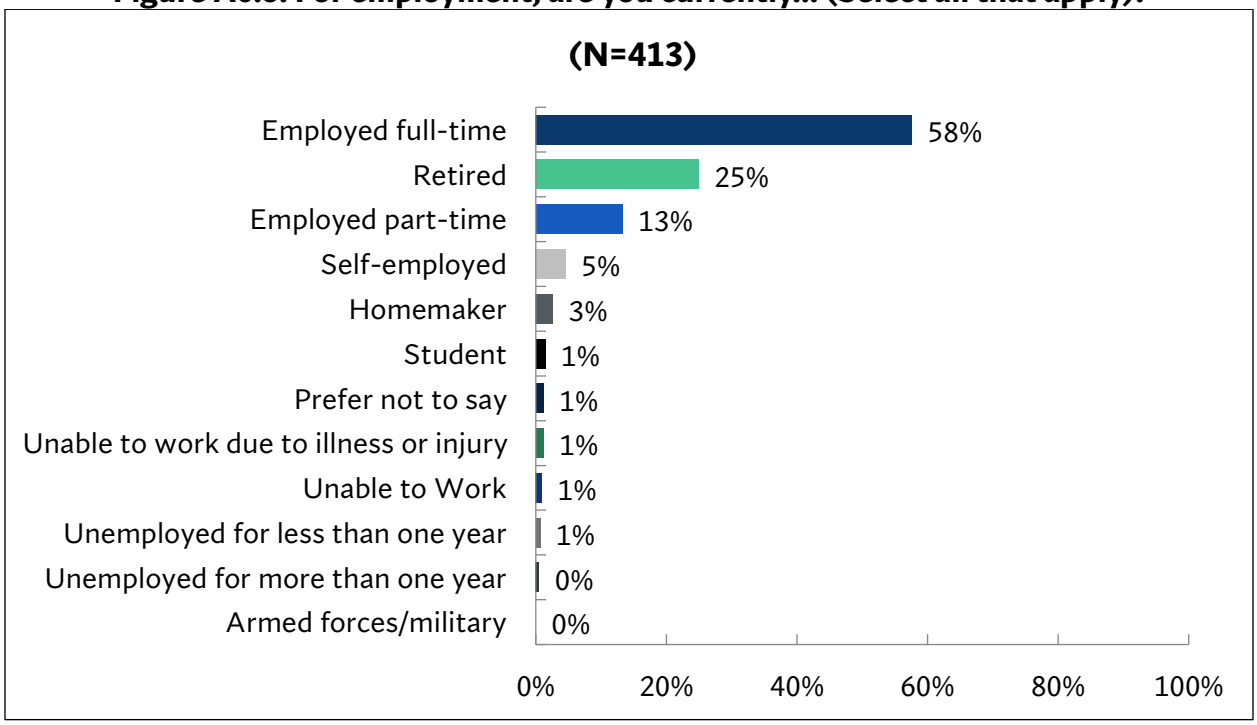
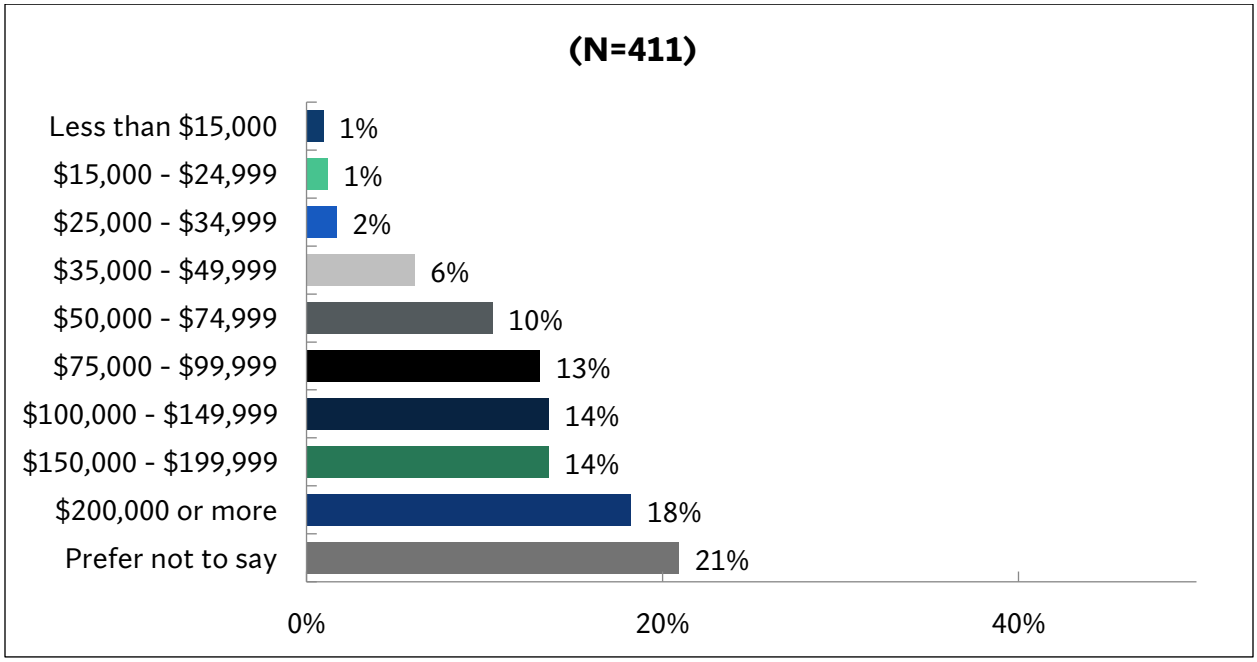


Figure A6.9: Which category best describes your yearly household income before taxes?



Topic: Community Health Opinions

Figure A6.10: What are the 3 most important health problems that affect the health of your community?

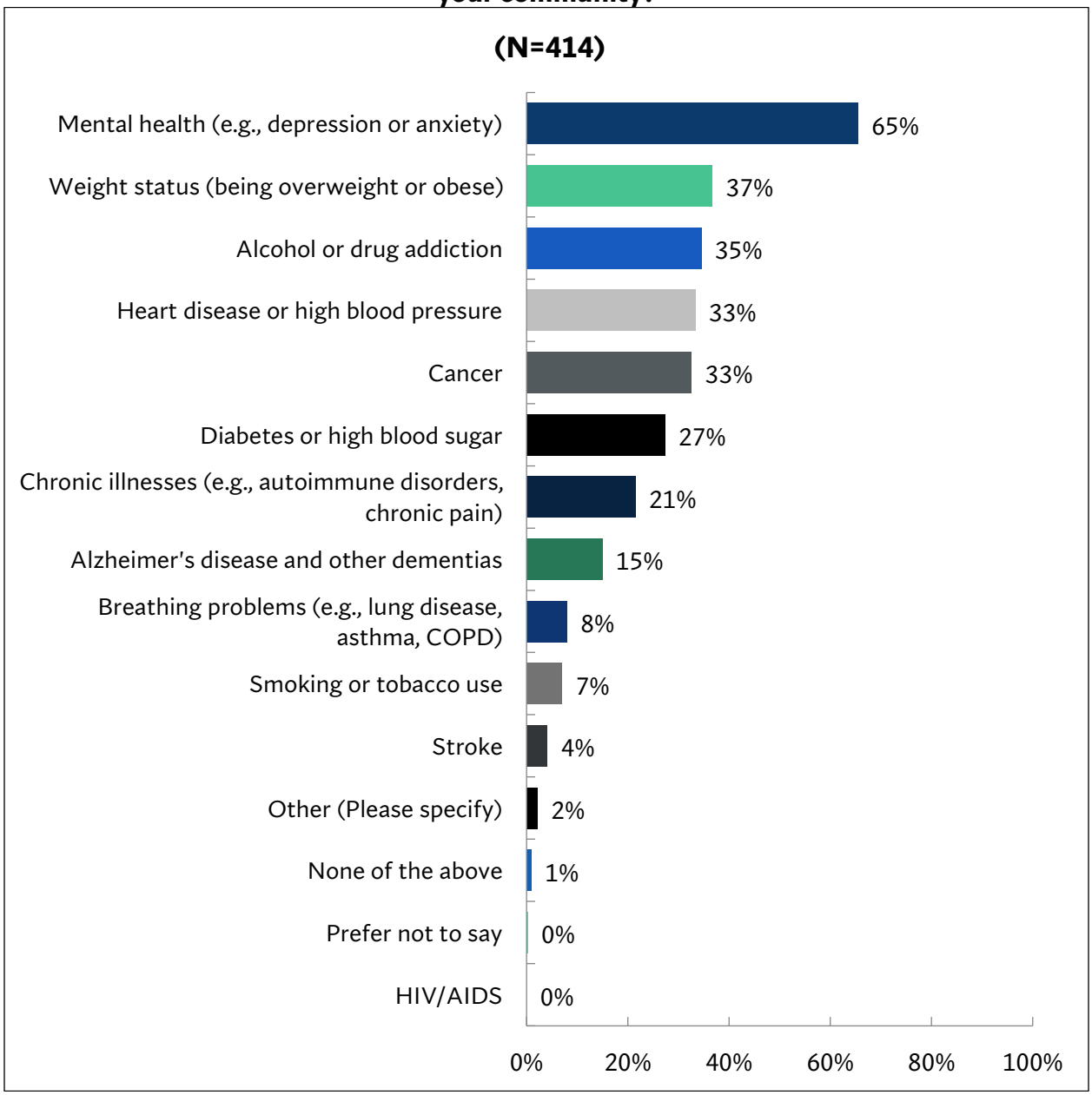


Figure A6.11: What are the 3 most important social or environmental problems that affect the health of your community?

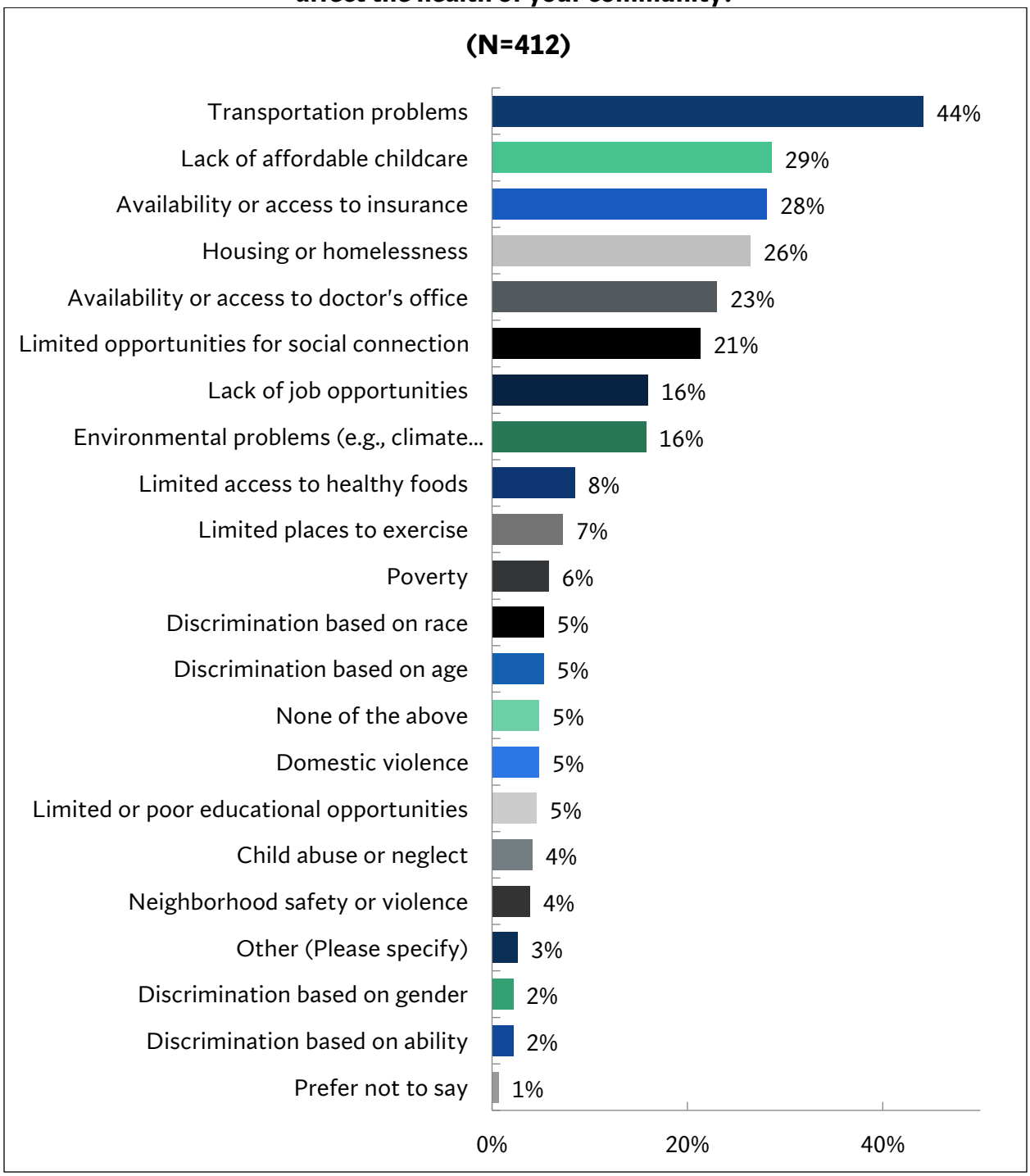


Figure A6.12: What are the 3 most important reasons people in your community do not get health care?

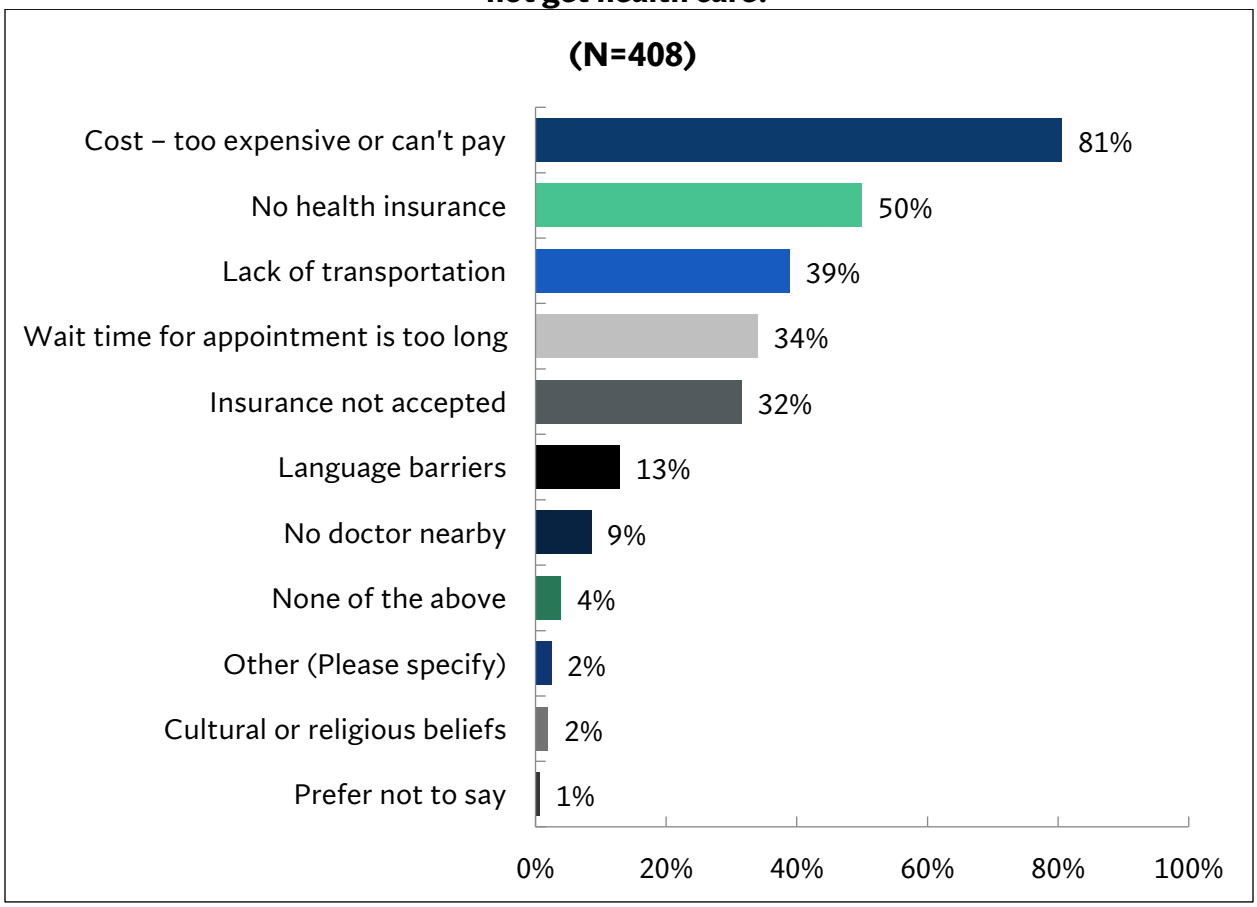
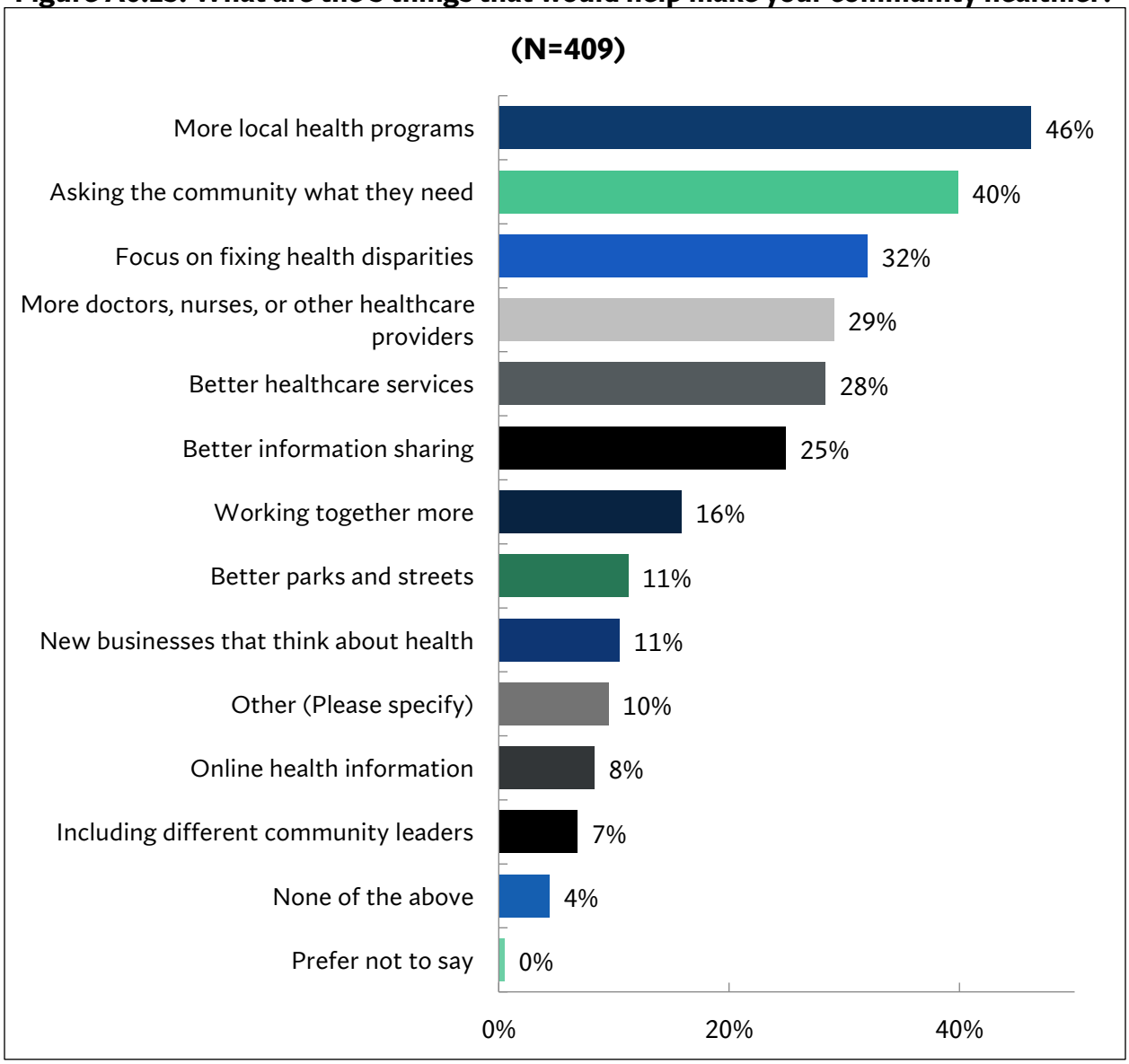


Figure A6.13: What are the 3 things that would help make your community healthier?



Topic: Access to Care

Figure A6.14: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (Select all that apply):

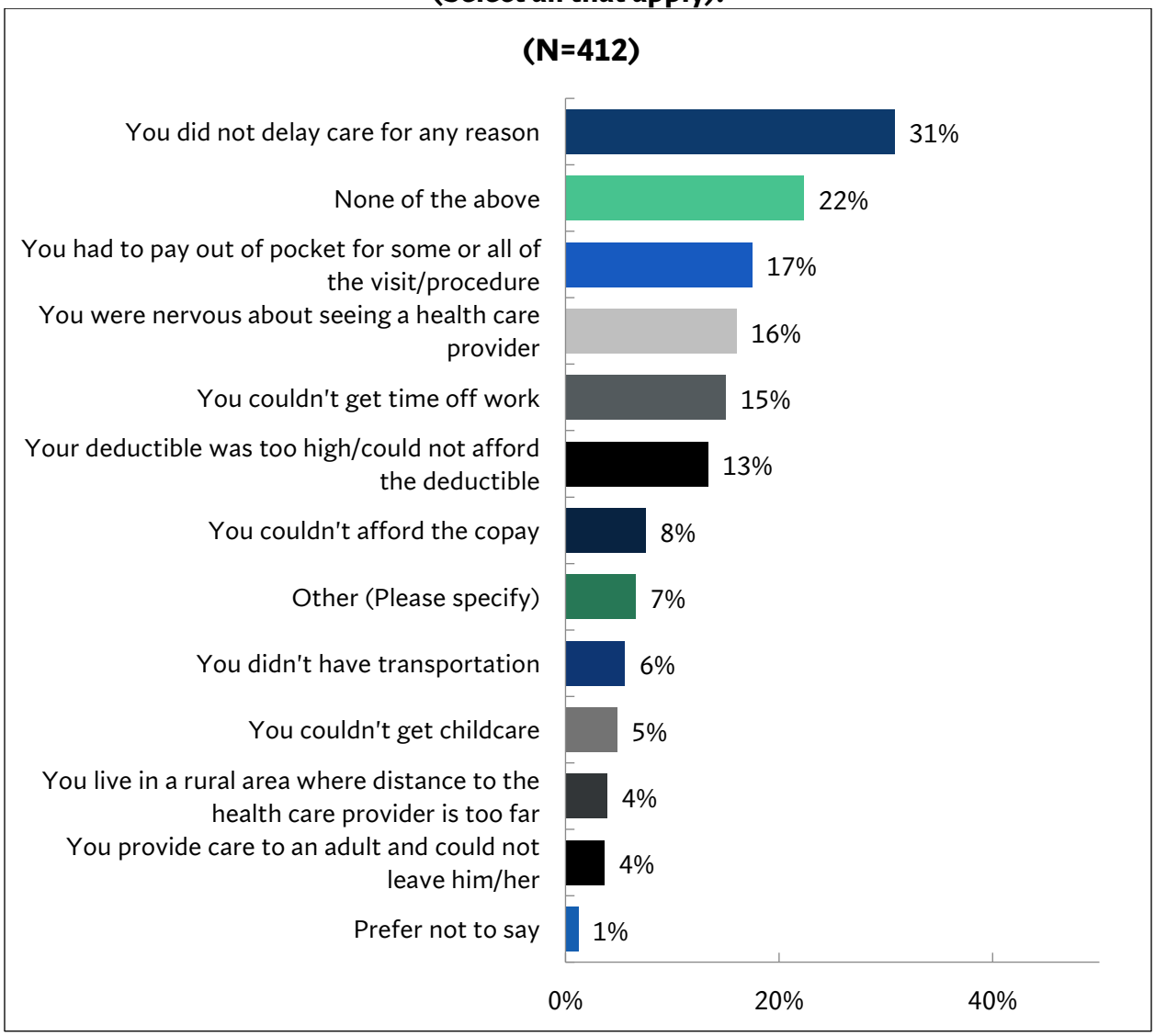


Figure A6.15: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (Select all that apply):

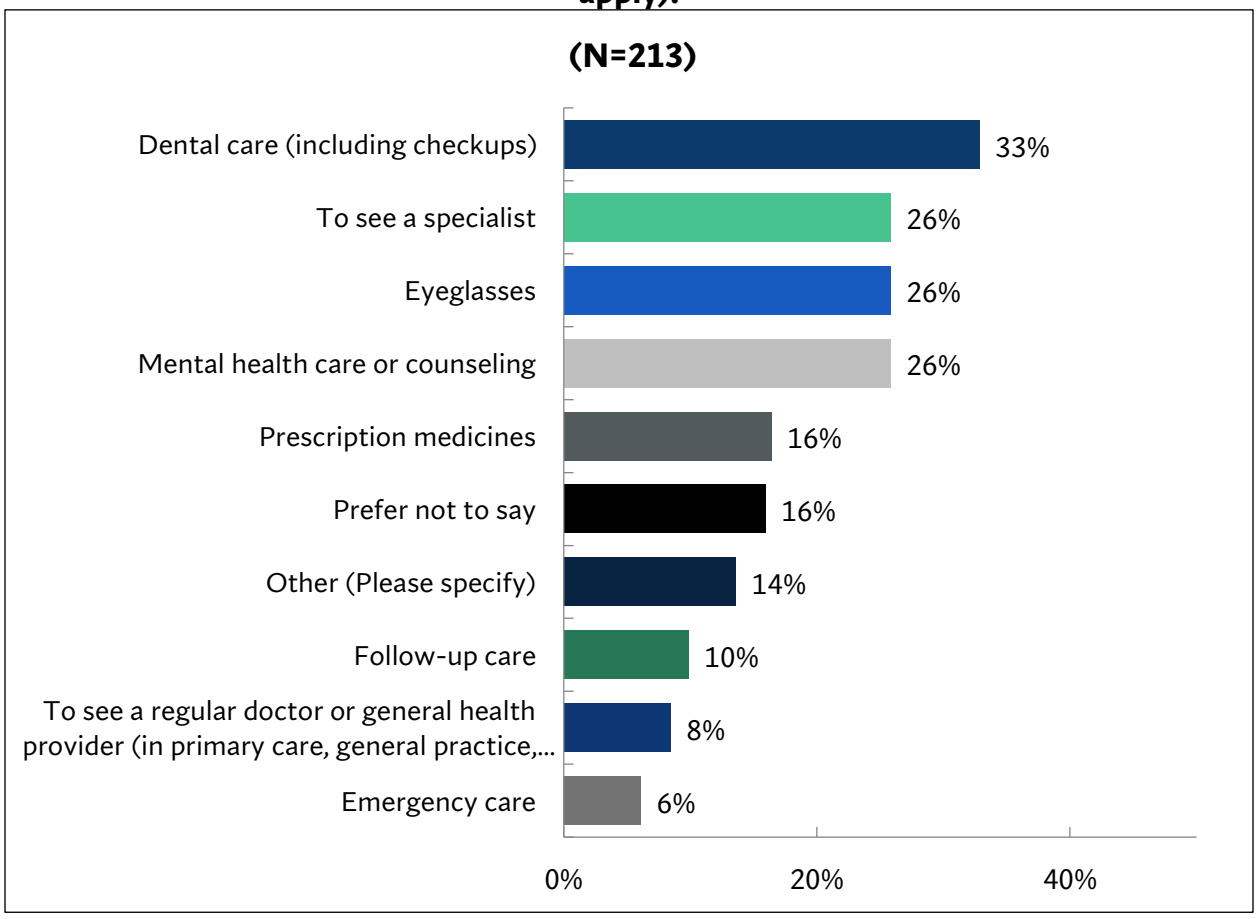
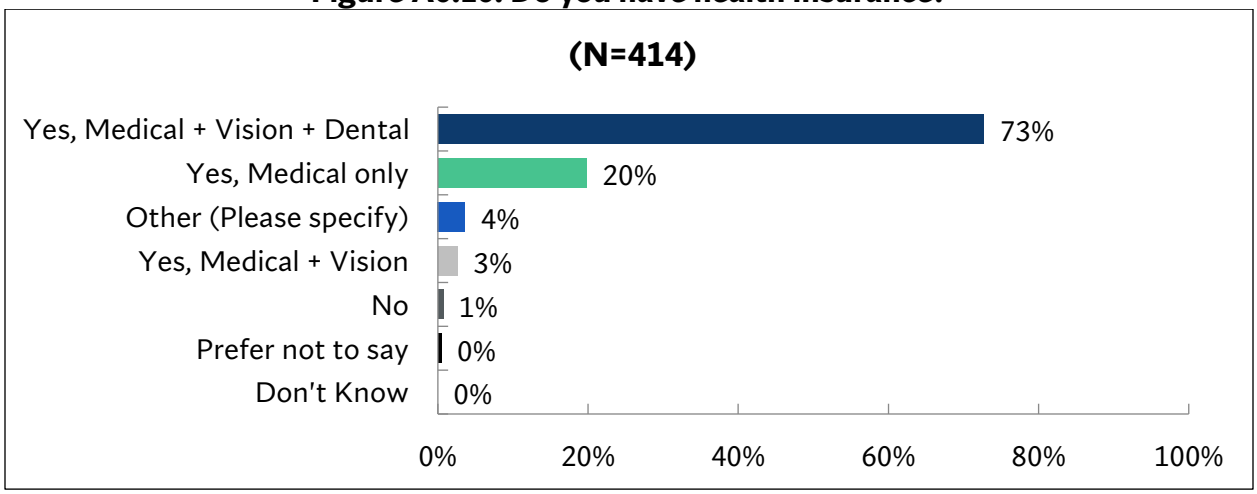


Figure A6.16: Do you have health insurance?



Topic: Diet and Exercise

Figure A6.17: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink EACH DAY?

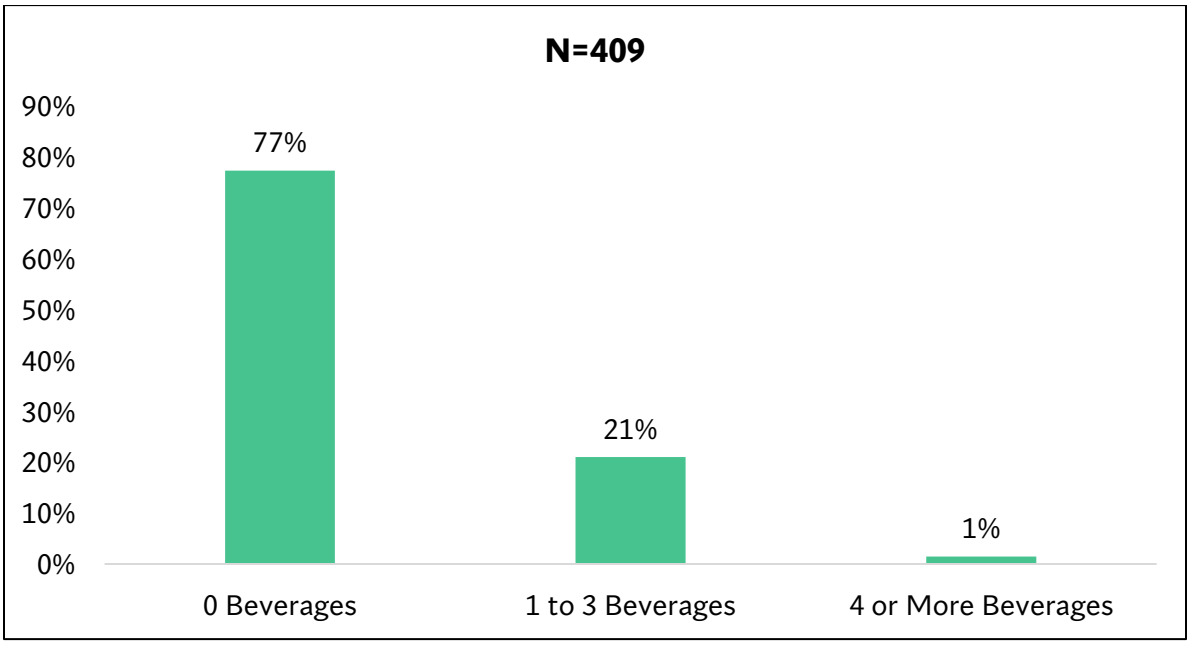
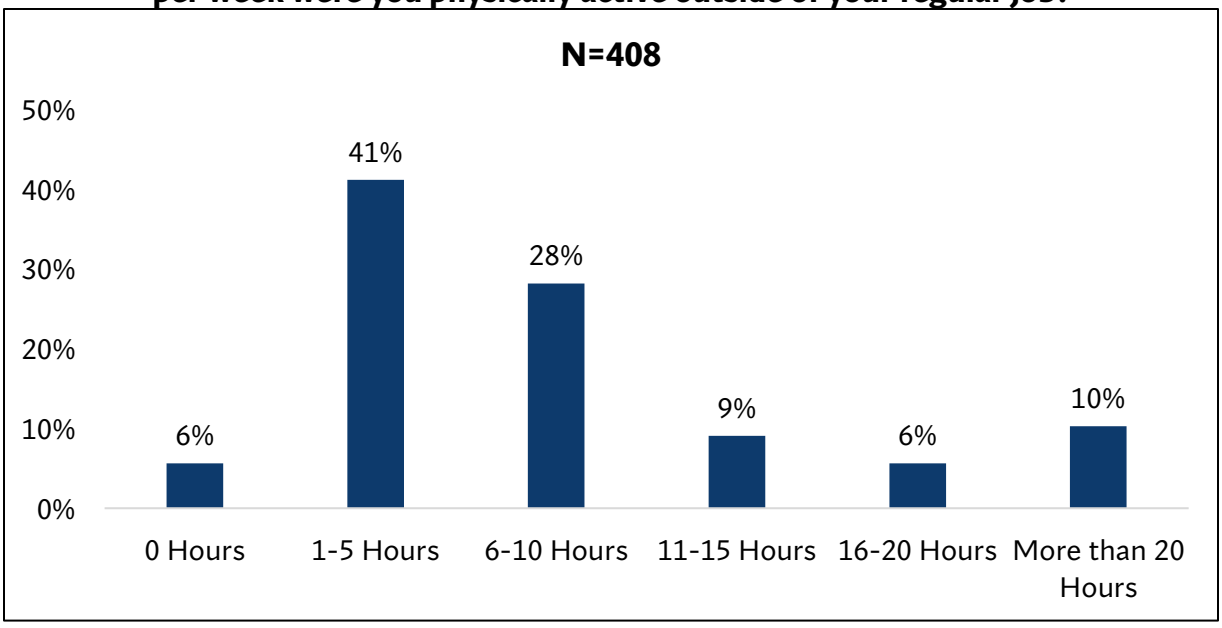


Figure A6.18: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job?



Topic: Health Literacy

Figure A6.19: How confident are you filling out medical forms by yourself?

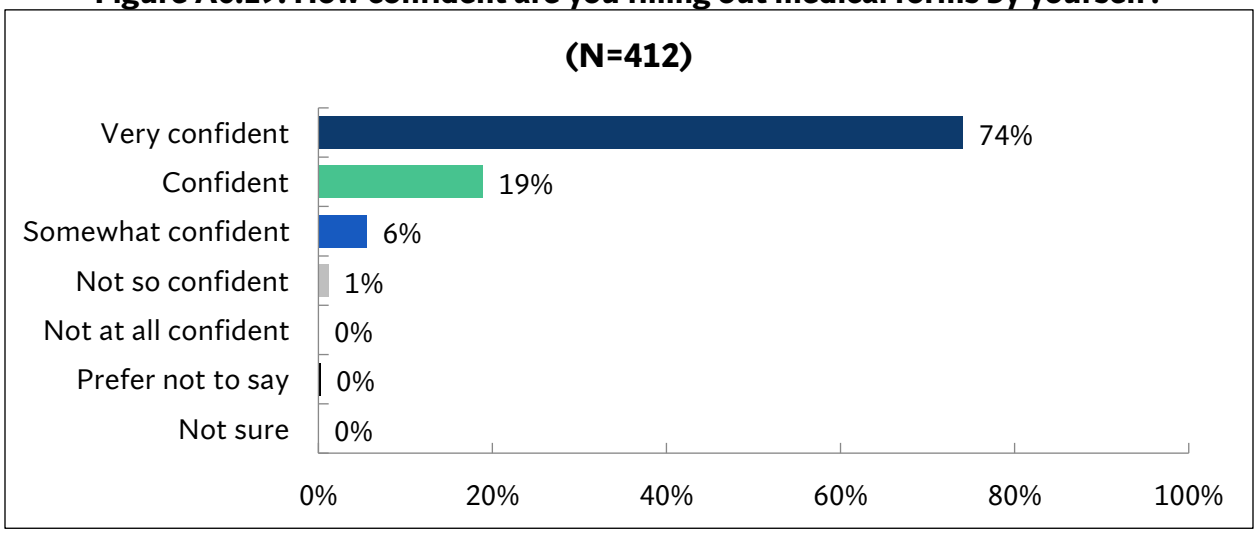
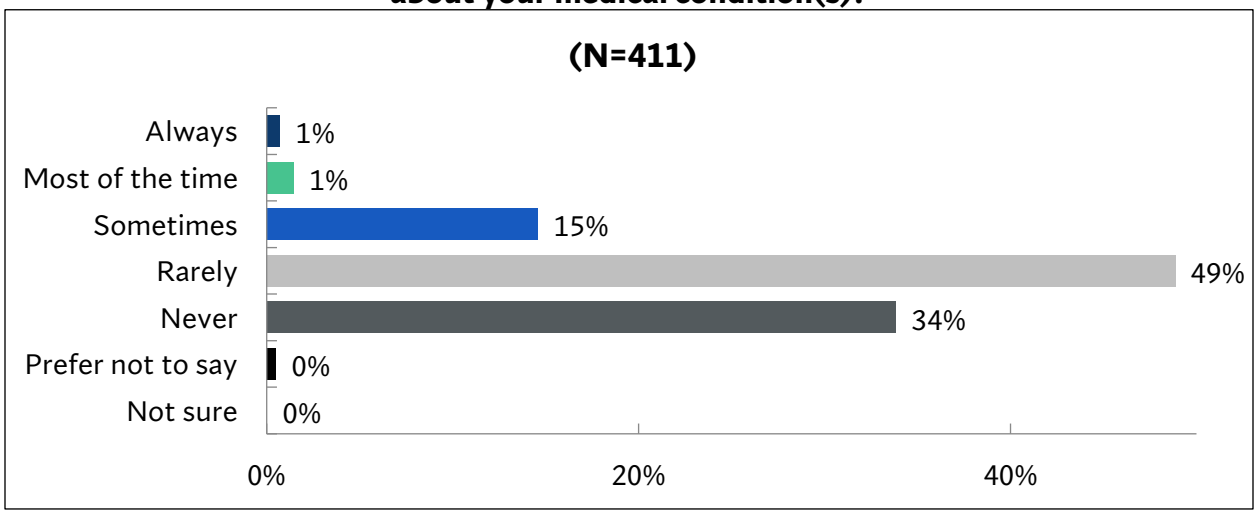


Figure A6.20: How often do you have a problem understanding what is told to you about your medical condition(s)?



Topic: Social Support

Figure A6.21: How often do you have someone you can rely on to help with the following items, as needed?

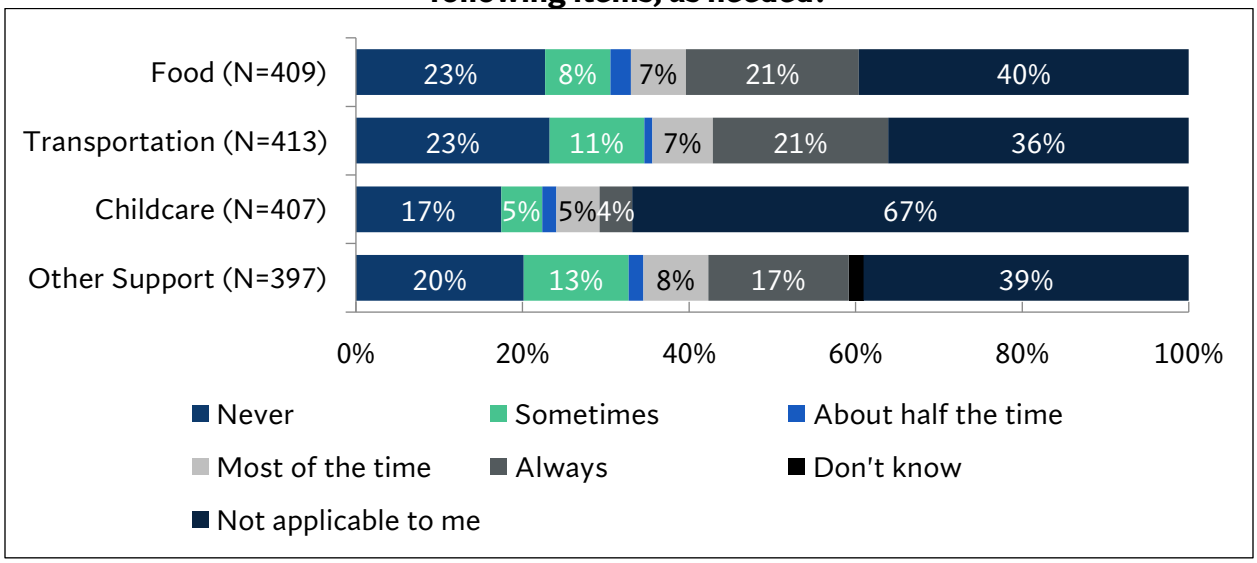
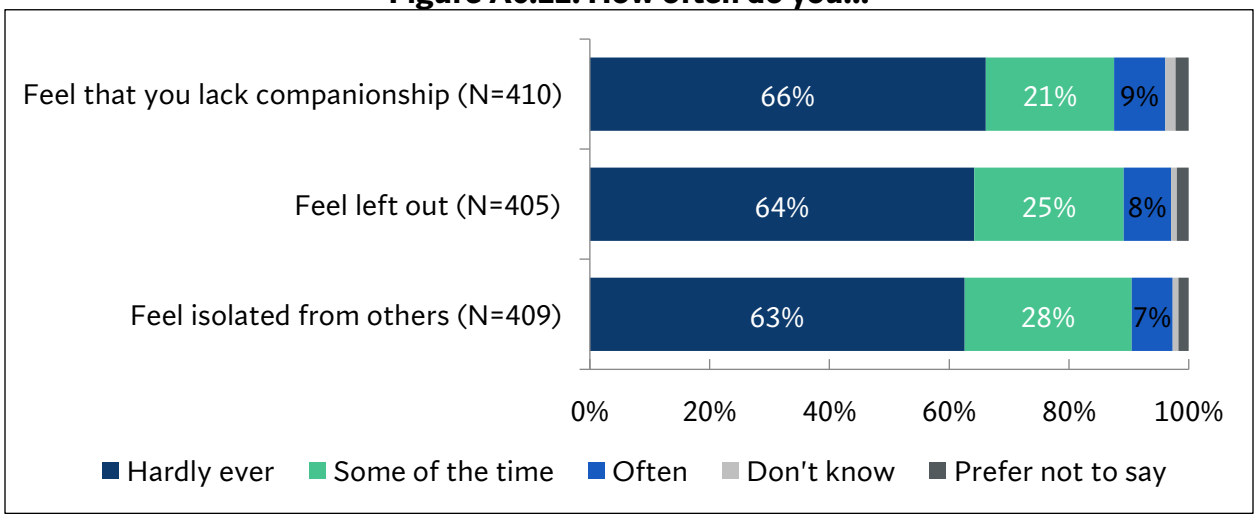
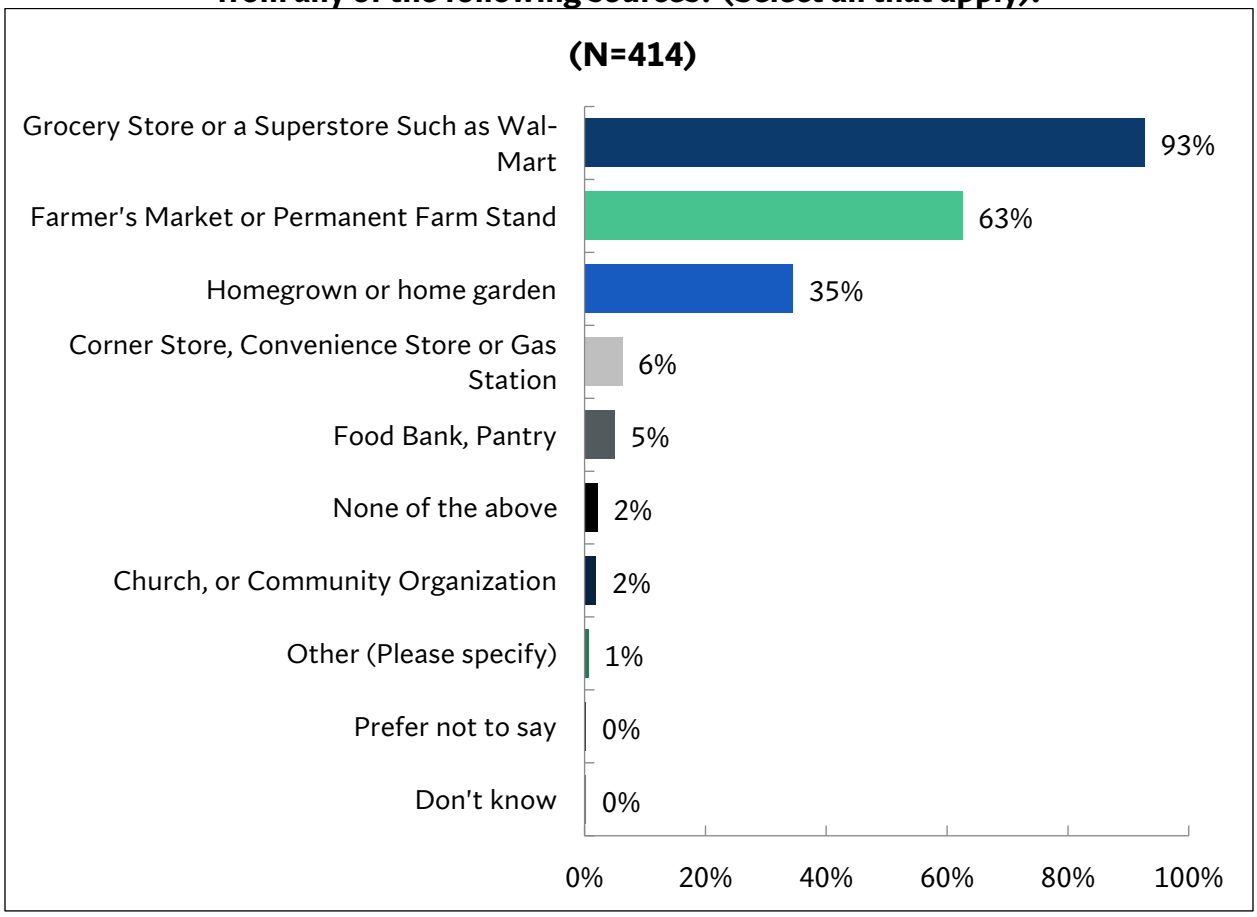


Figure A6.22: How often do you...



Topic: Community Resources

Figure A6.20: IN THE PAST 12 MONTHS, have you gotten fresh fruits and vegetables from any of the following sources? (Select all that apply):



Topic: Childhood Vaccines

Figure A6.21: Thinking about childhood vaccines in general, how well do each of the following statements describe your views?

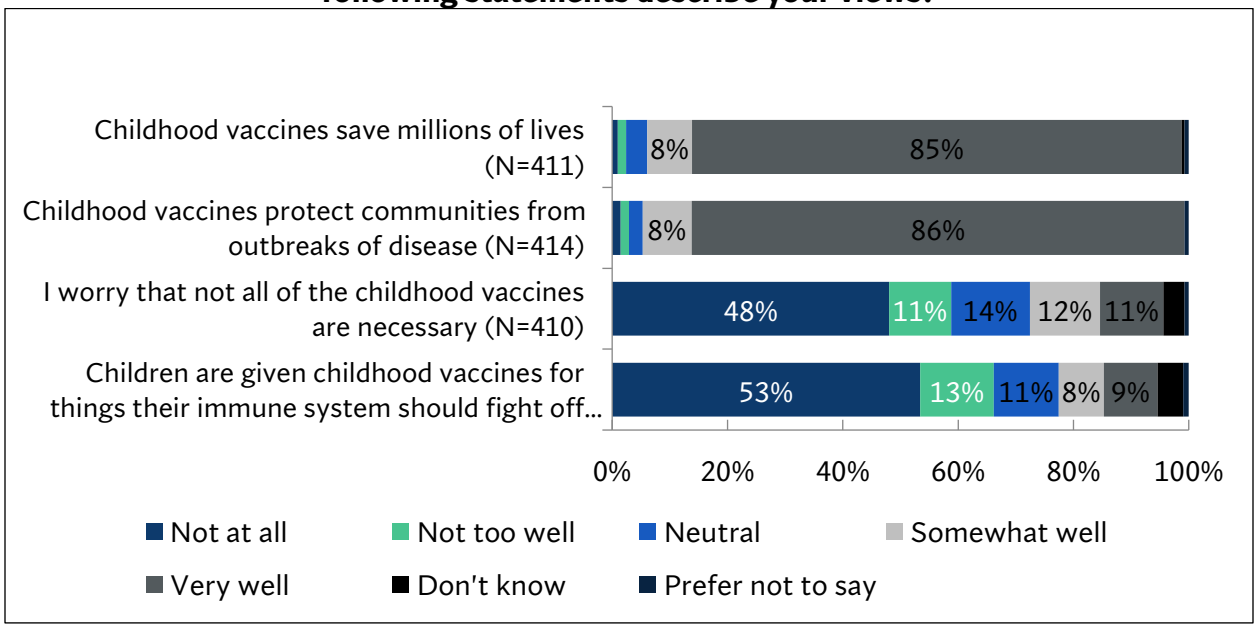
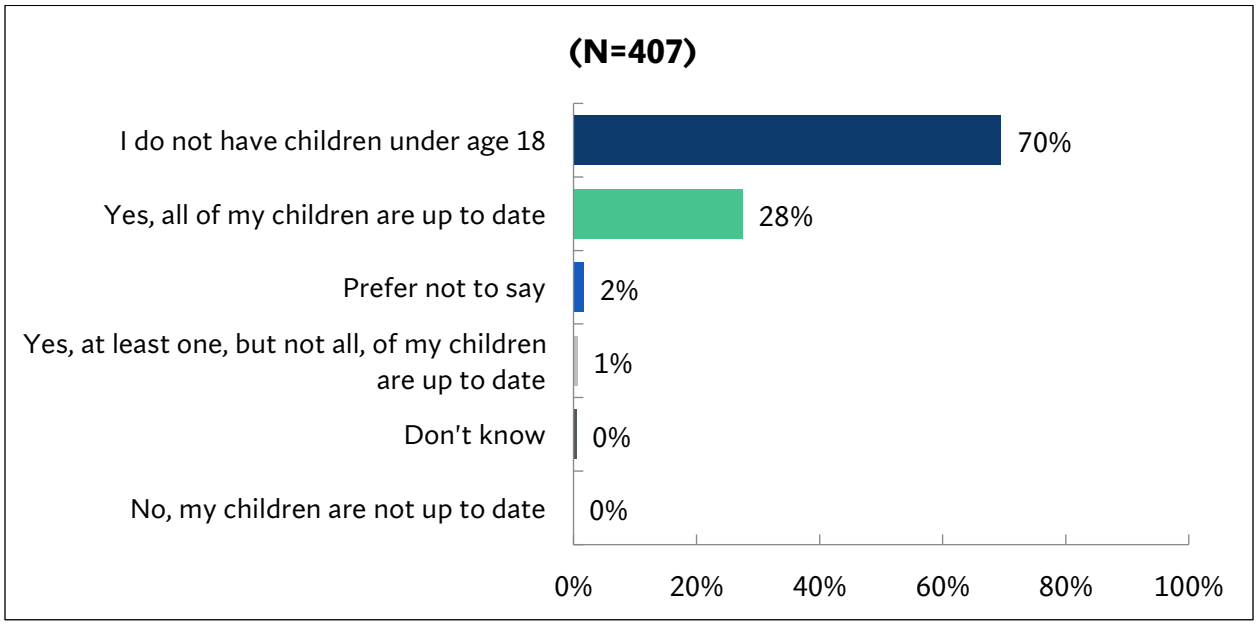


Figure A6.22: Are your children (under age 18) up to date on their childhood vaccinations?



Topic: Mental Health

Figure A6.23: Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the PAST 30 DAYS was your mental health NOT good?

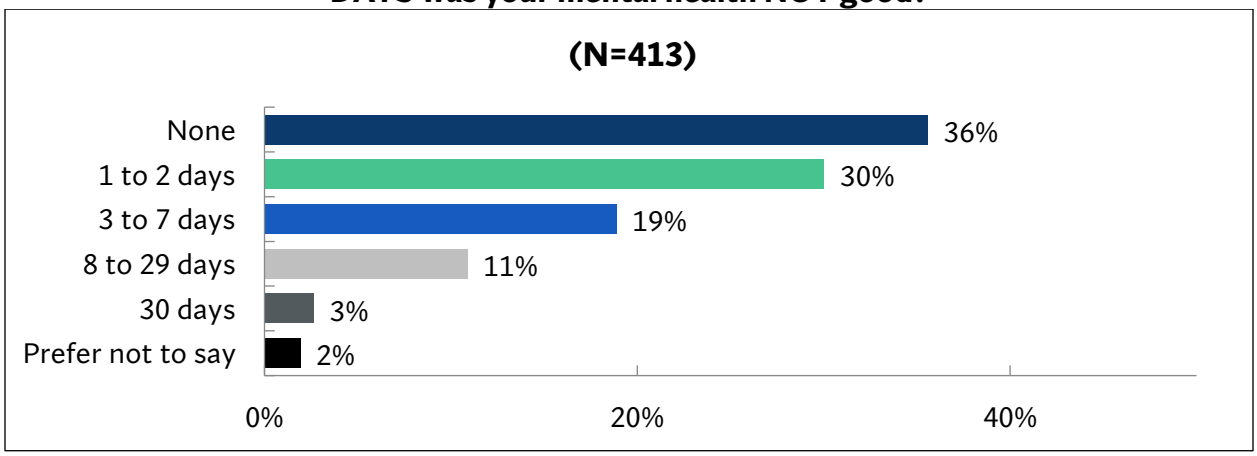


Figure A6.24: Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time?

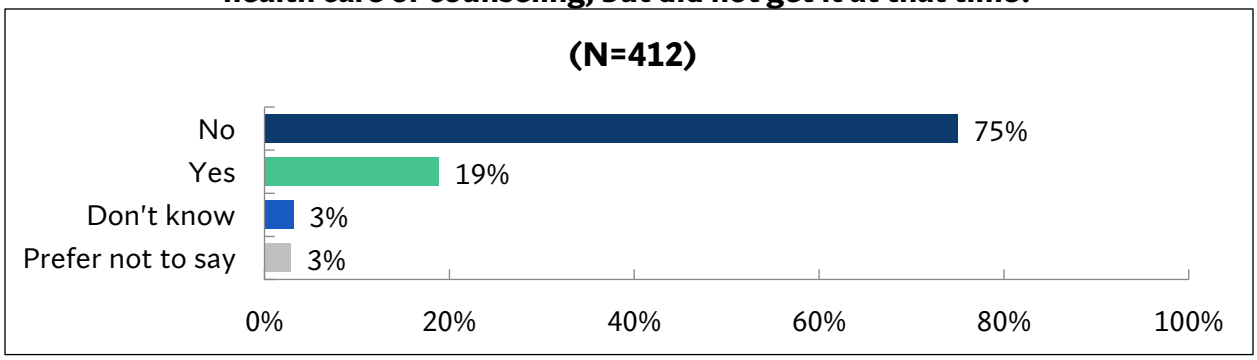


Figure A6.25: What was the MAIN reason you did not get mental health care or counseling?

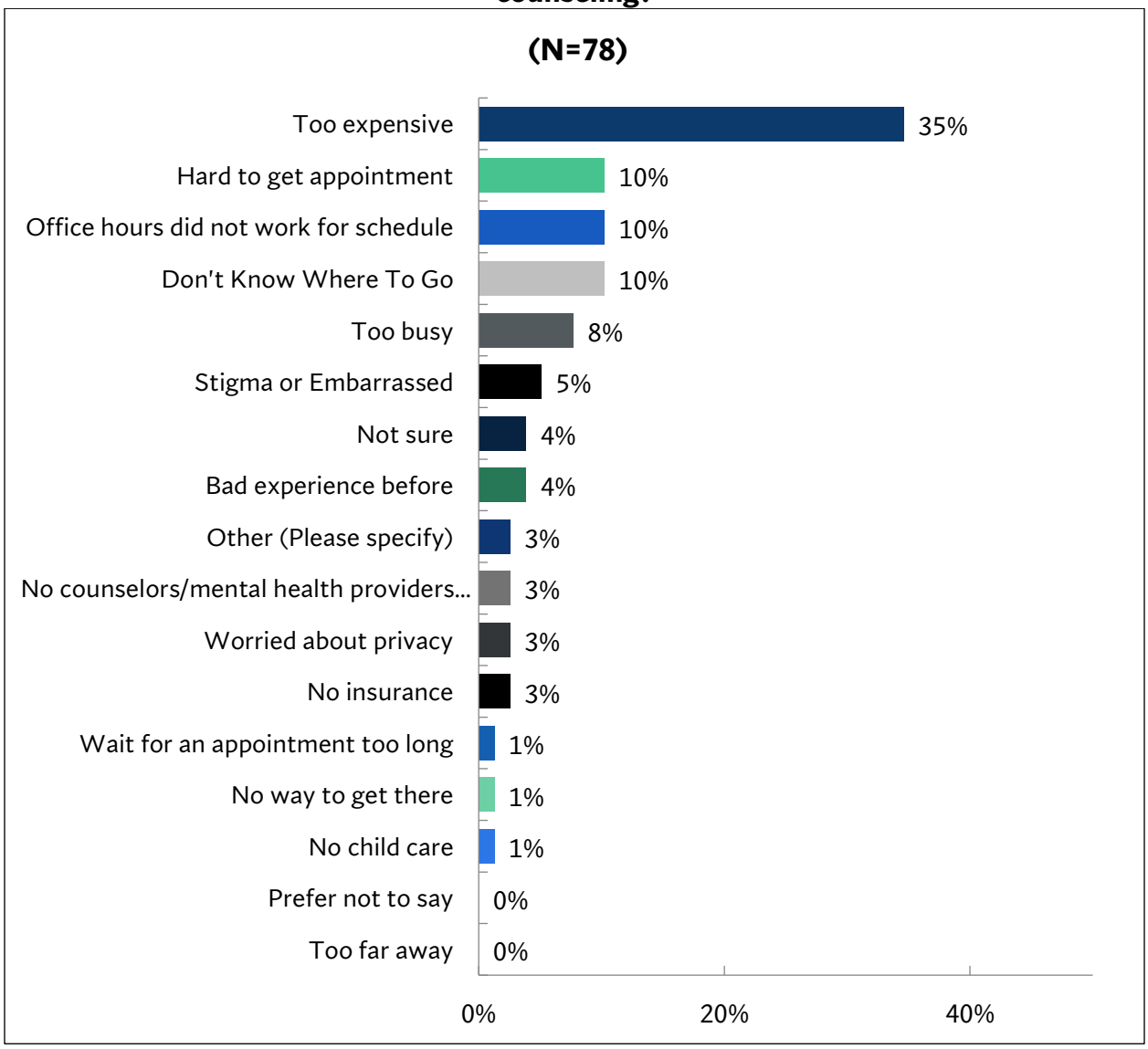
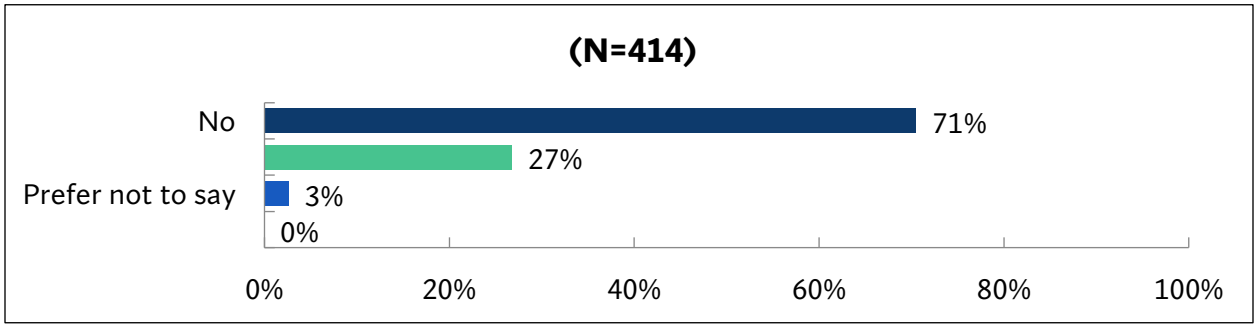
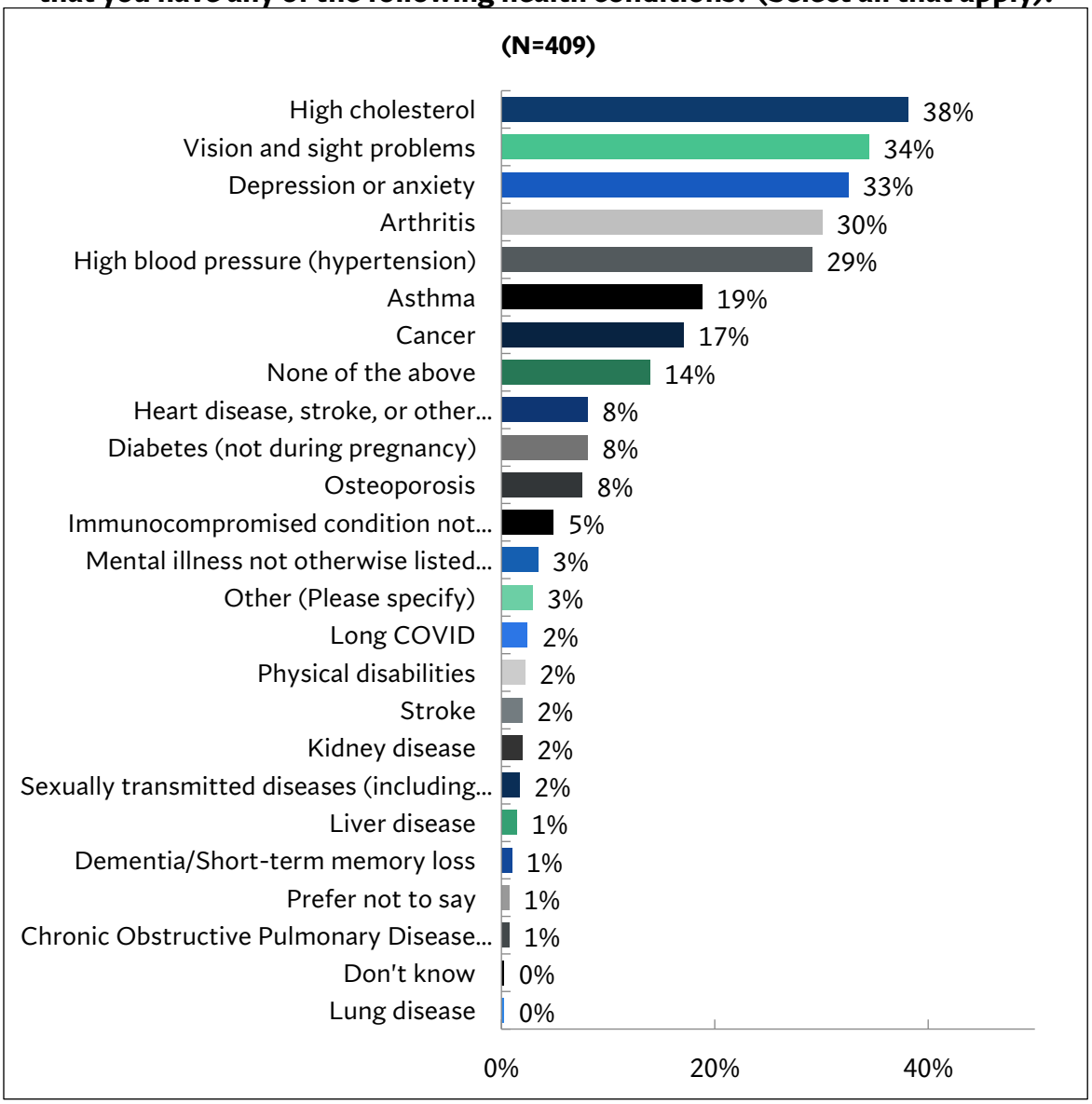


Figure A6.26: Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?



Topic: Physical Health

Figure A6.27: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Select all that apply):



Topic: Substance and Tobacco Use

Figure A6.28: IN THE PAST YEAR, have you or a member of your household misused any form of prescription drugs (*e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions*)?

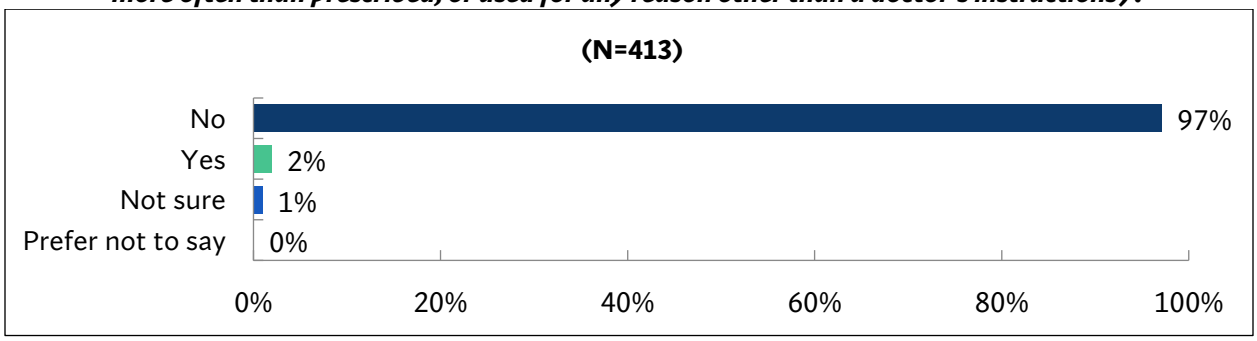


Figure A6.29: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs?

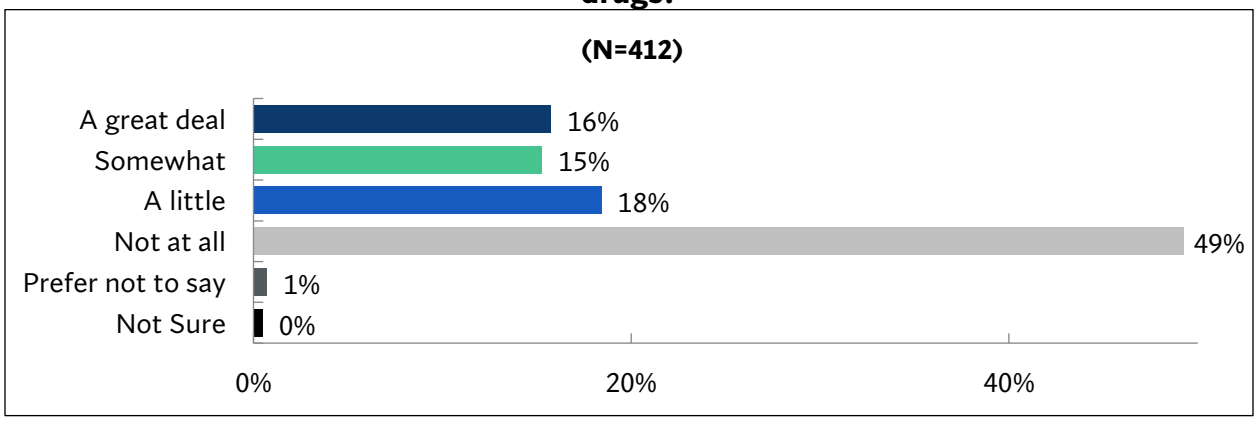
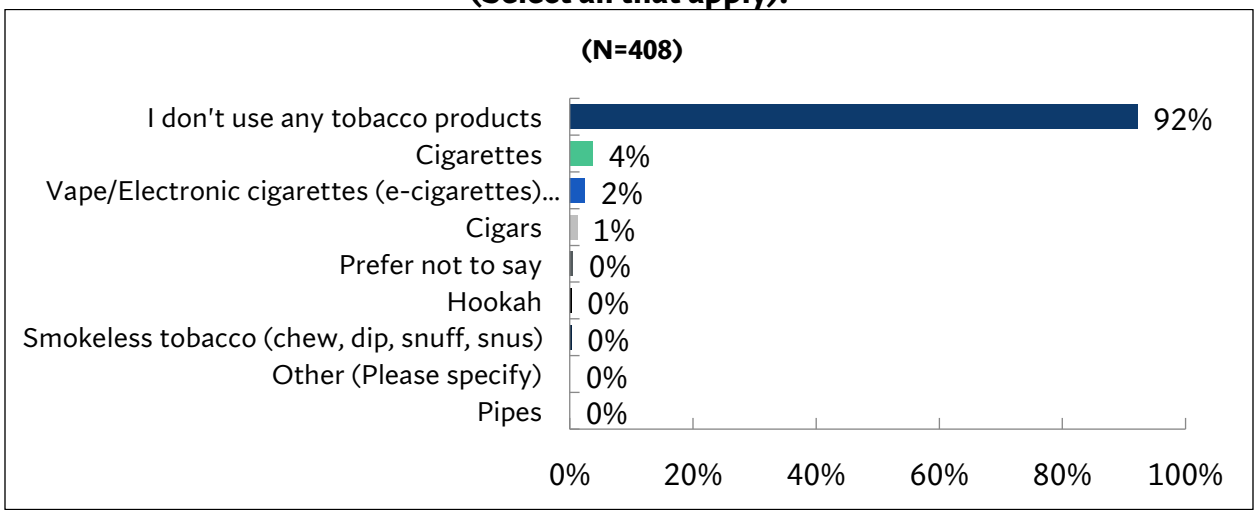


Figure A6.30: Do you currently use any of the following tobacco or nicotine products? (Select all that apply):



Topic: Trust in Healthcare Providers and System

Figure A6.31: Did you choose your primary doctor based on…?

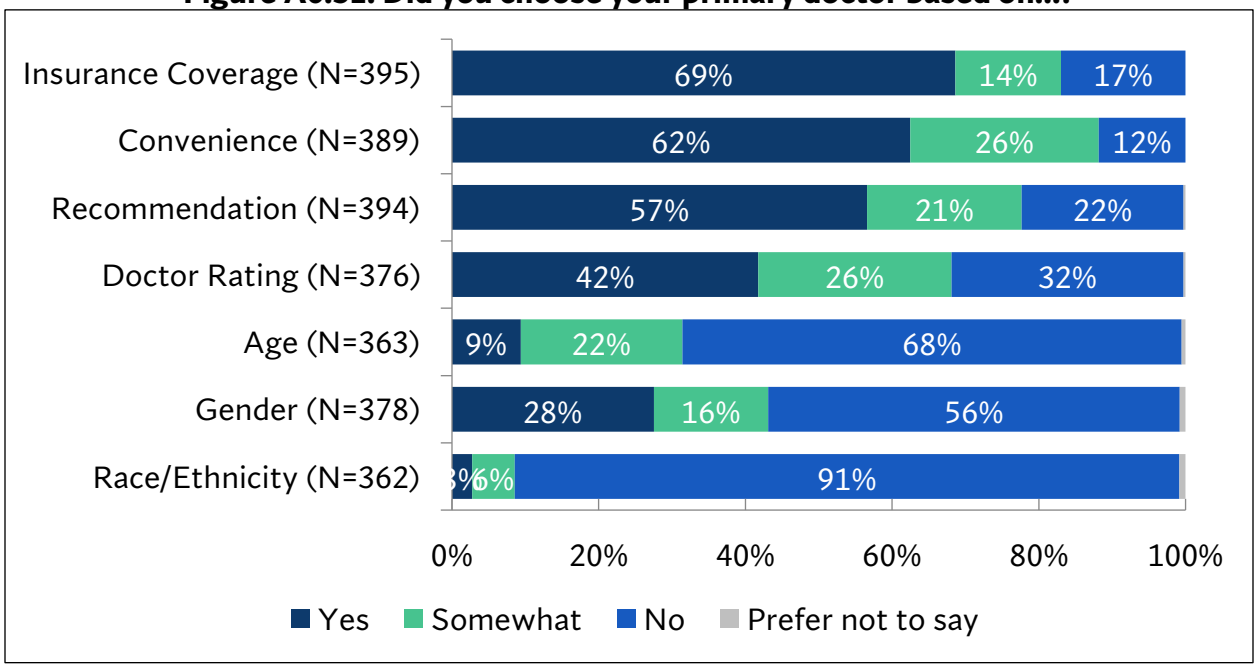


Figure A6.32: To what extent would you say your doctor…

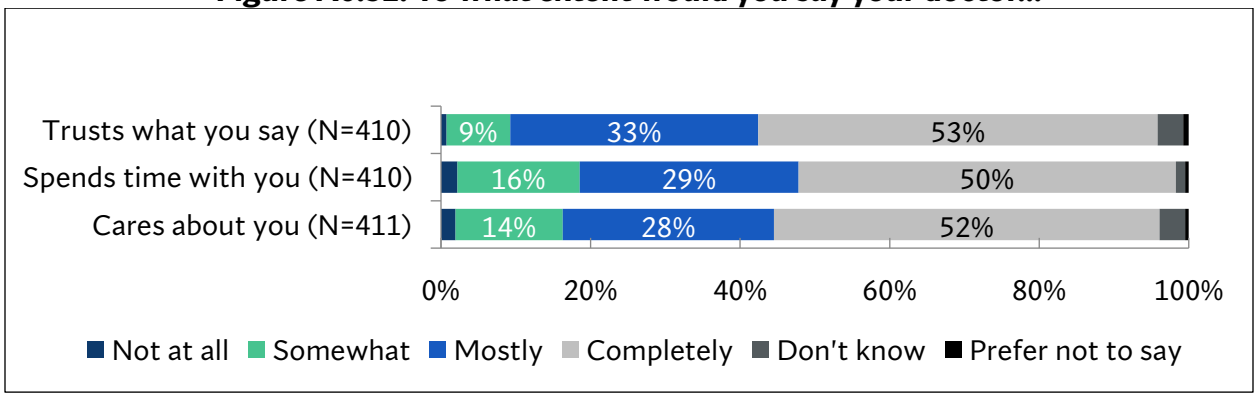


Figure A6.33: How often do you do the following?

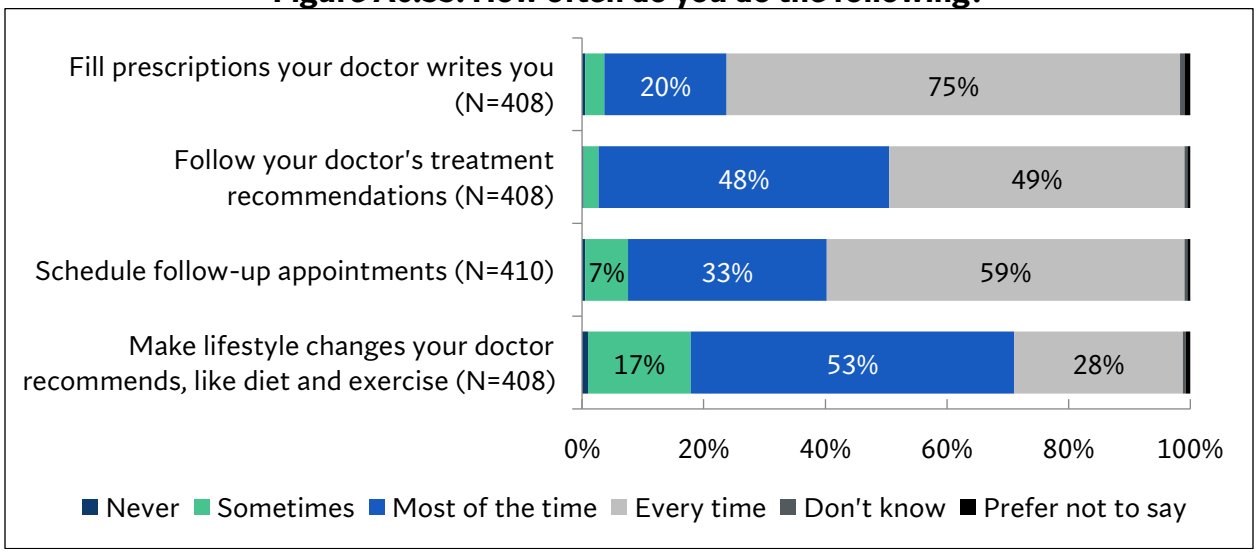


Figure A6.34: How has the COVID-19 pandemic impacted your level of trust in the health care system overall?

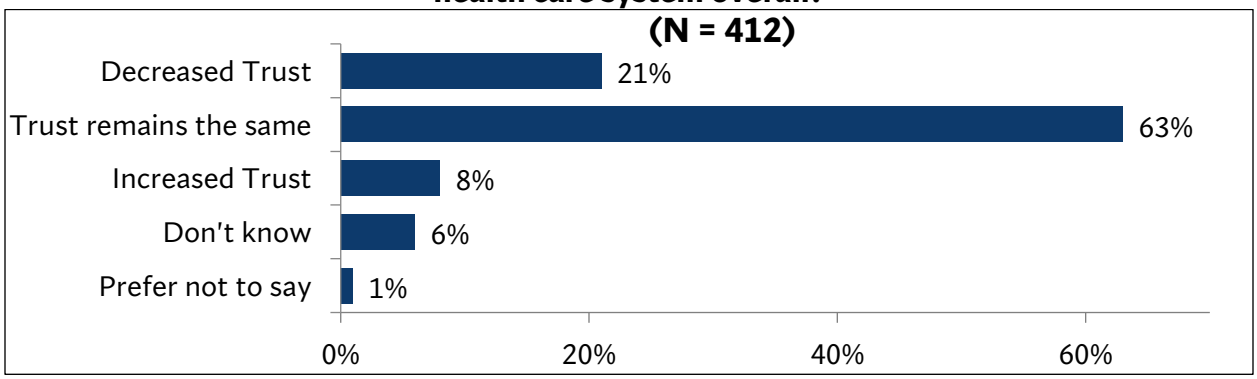


Figure A6.35: Please select the top 3 things that influence your trust in the health care system.

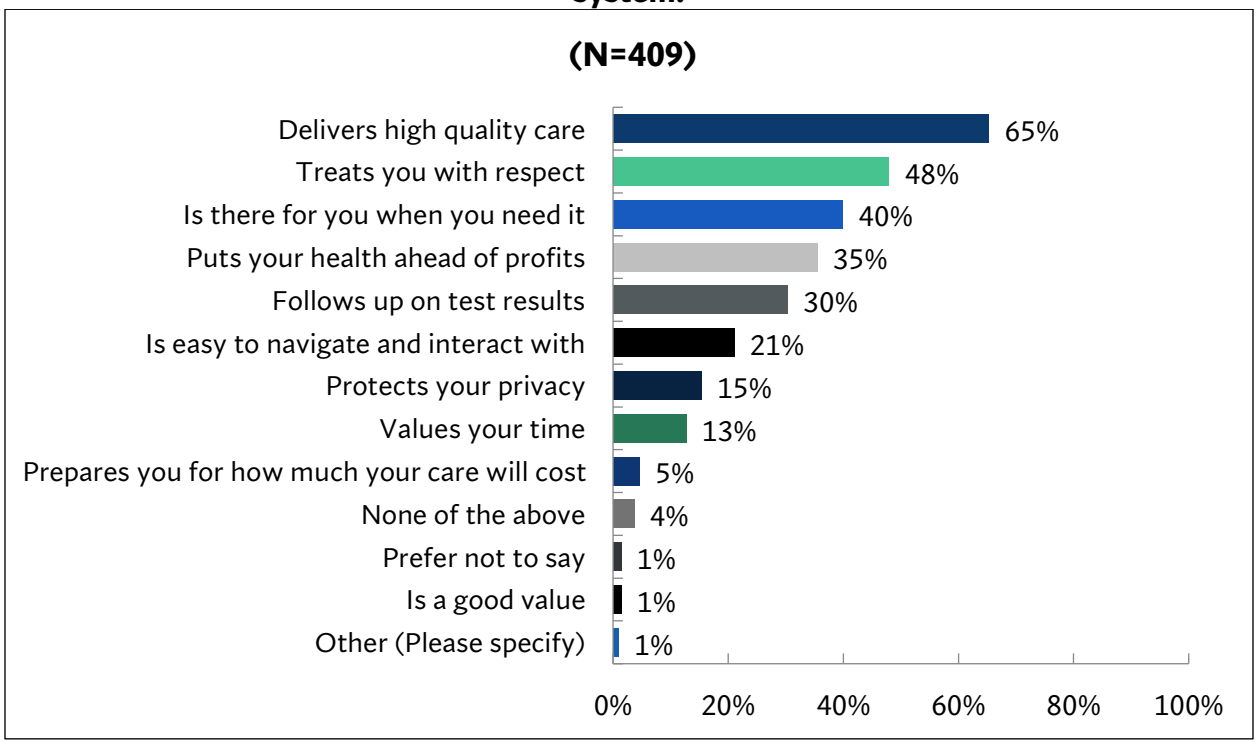


Figure A6.36: Please select the category that best describes your organization.

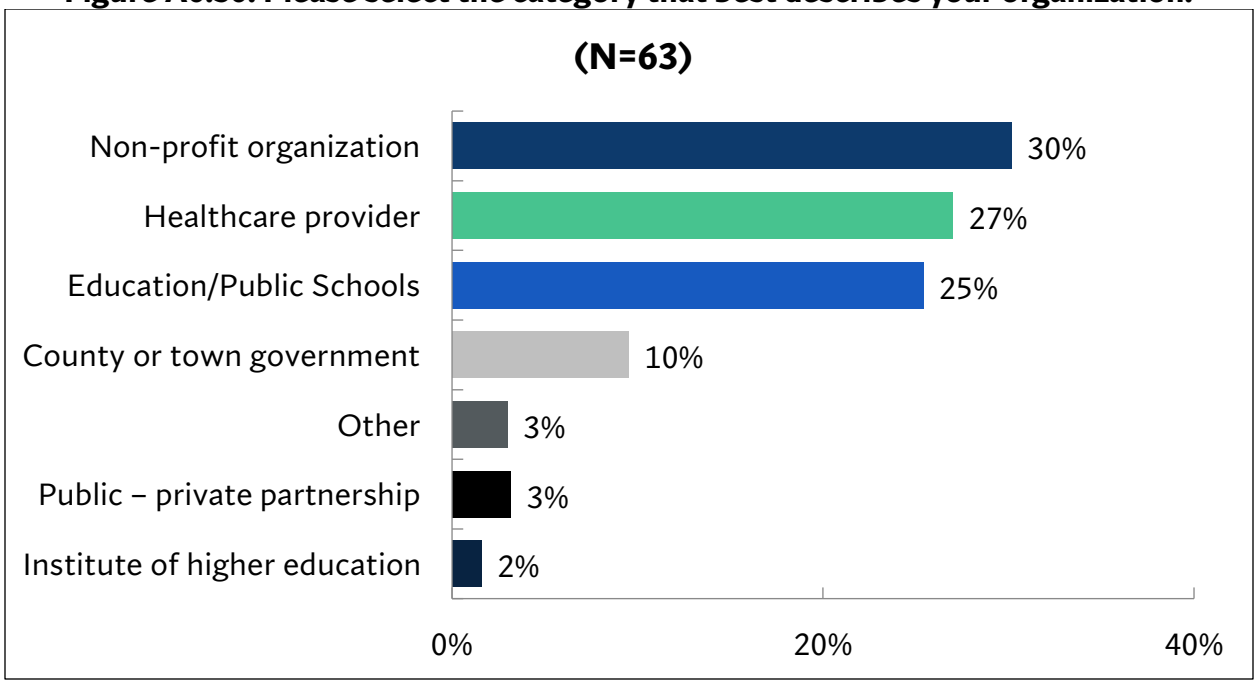


Figure A6.37: Please select the county or counties your organization primarily serves.

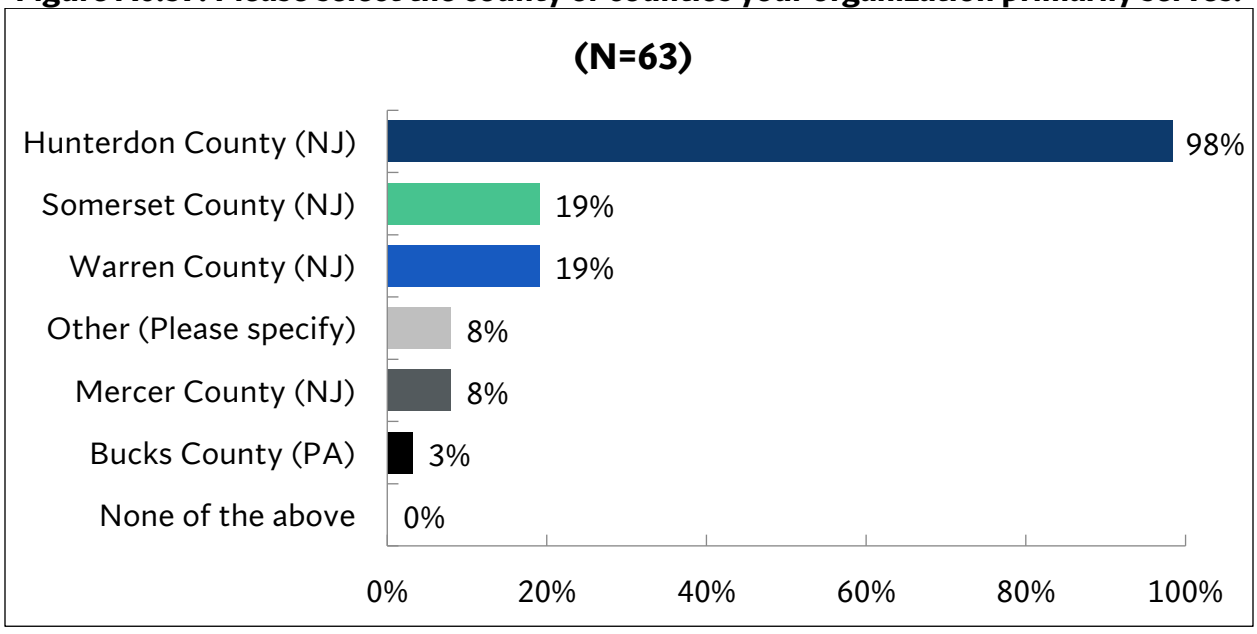


Figure A6.38: How do you believe the health of the community you serve has changed over the past three years?

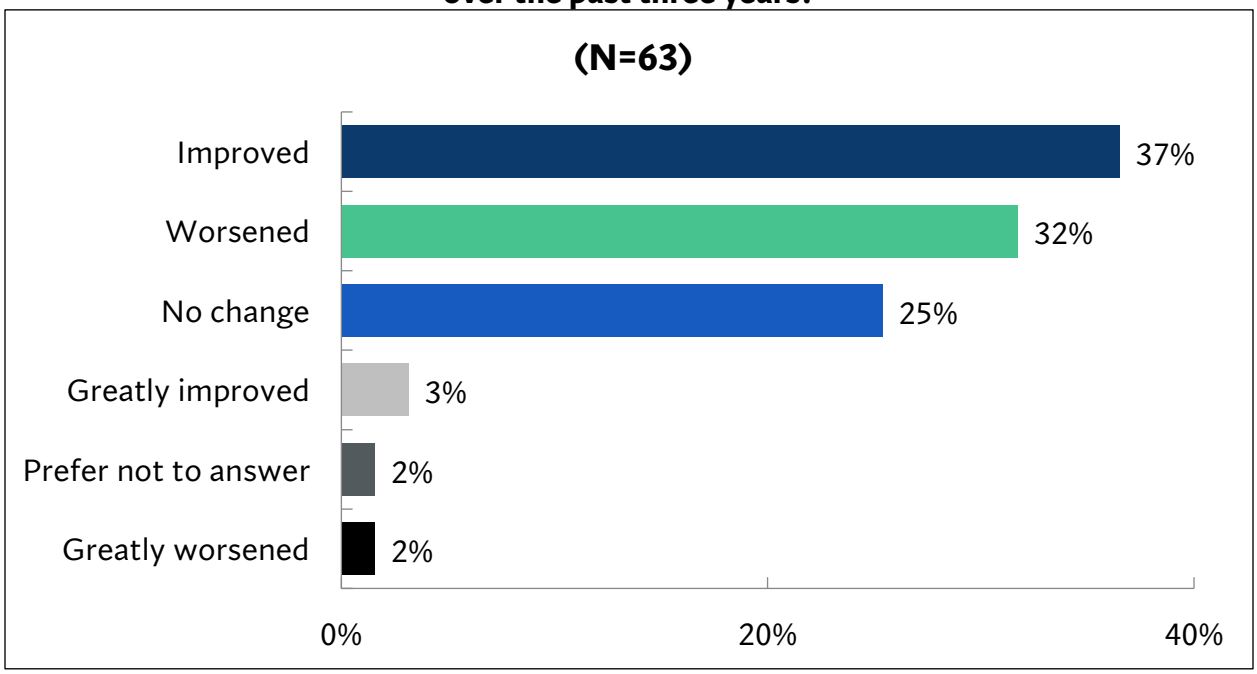


Figure A6.39: What are the 3 main reasons people in your community can't get healthcare when they need it?

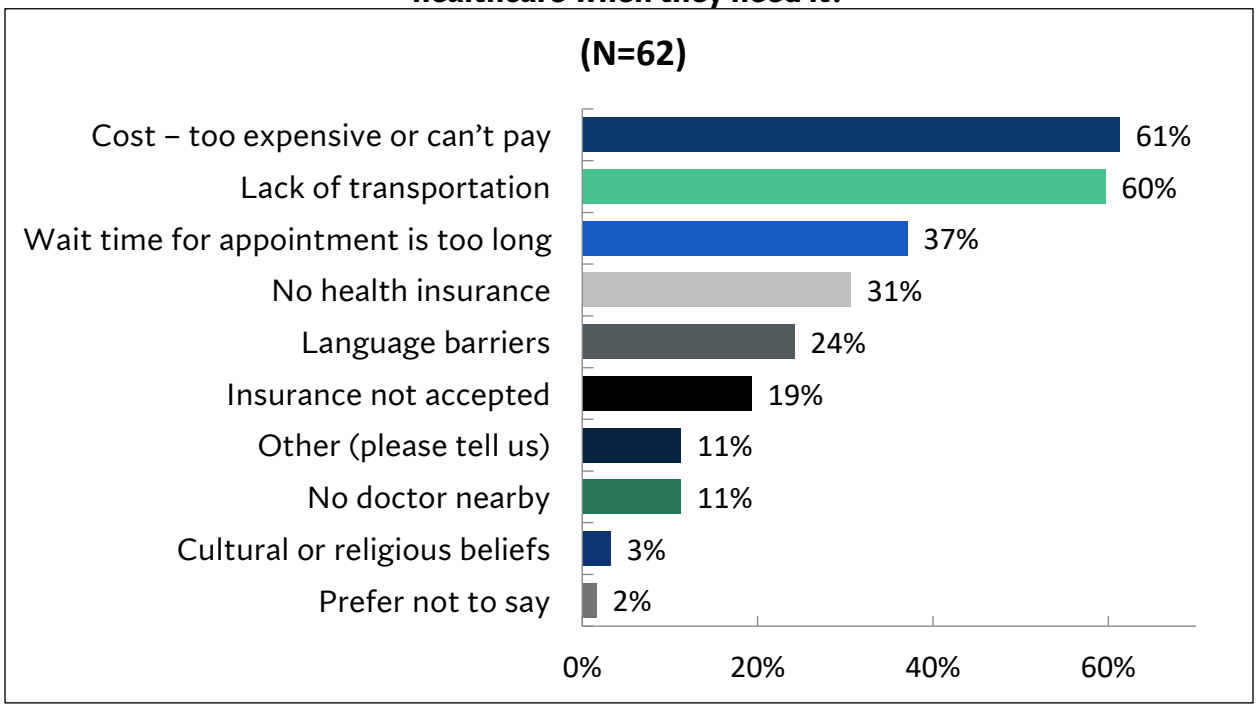


Figure A6.40: What are the 3 biggest health problems in your community?

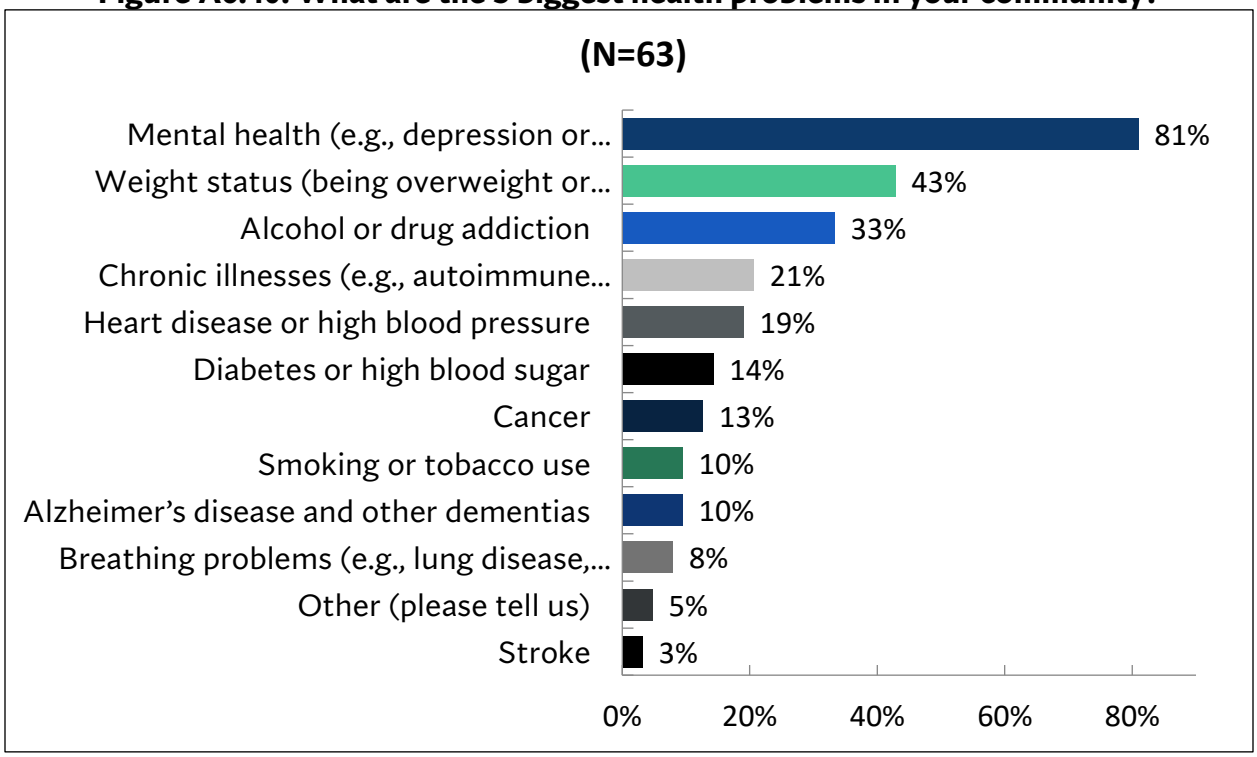


Figure A6.41: What are the 3 most important social or environmental problems that affect the health of your community?

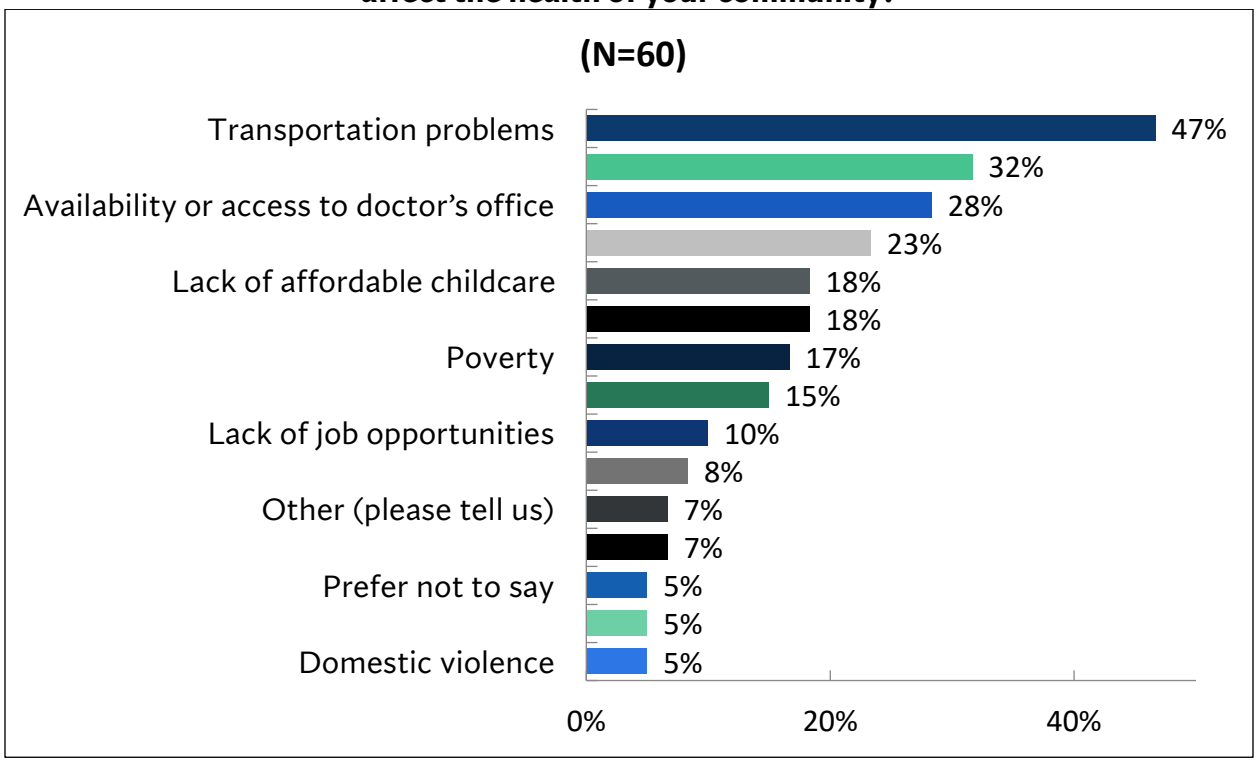


Figure A6.42: In your opinion, are health and social/environmental needs similar across the community you serve?

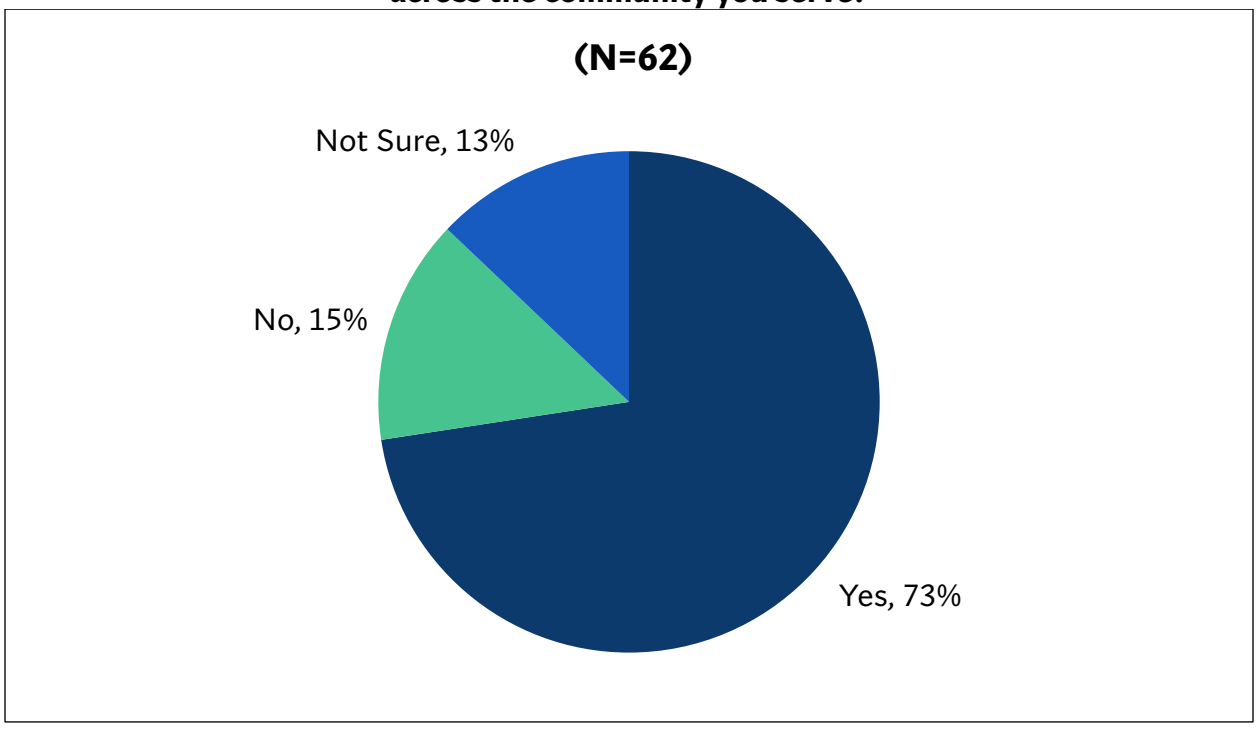


Figure A6.43: Which geographic areas do you feel experience the greatest level of need?

"People living further out in the more rural areas have greater difficulty with socialization"

"Rural areas of Hunterdon and Warren counties"

"The areas that do not have easy access to stores and doctor's offices due to lack of side walks"

"Flemington Borough & Lambertville as well as the most rural areas of the counties we serve"

"Flemington Borough, Hampton, Lambertville, Glen Gardner"

Figure A6.44: Which subpopulation(s) on this list does your organization serve?

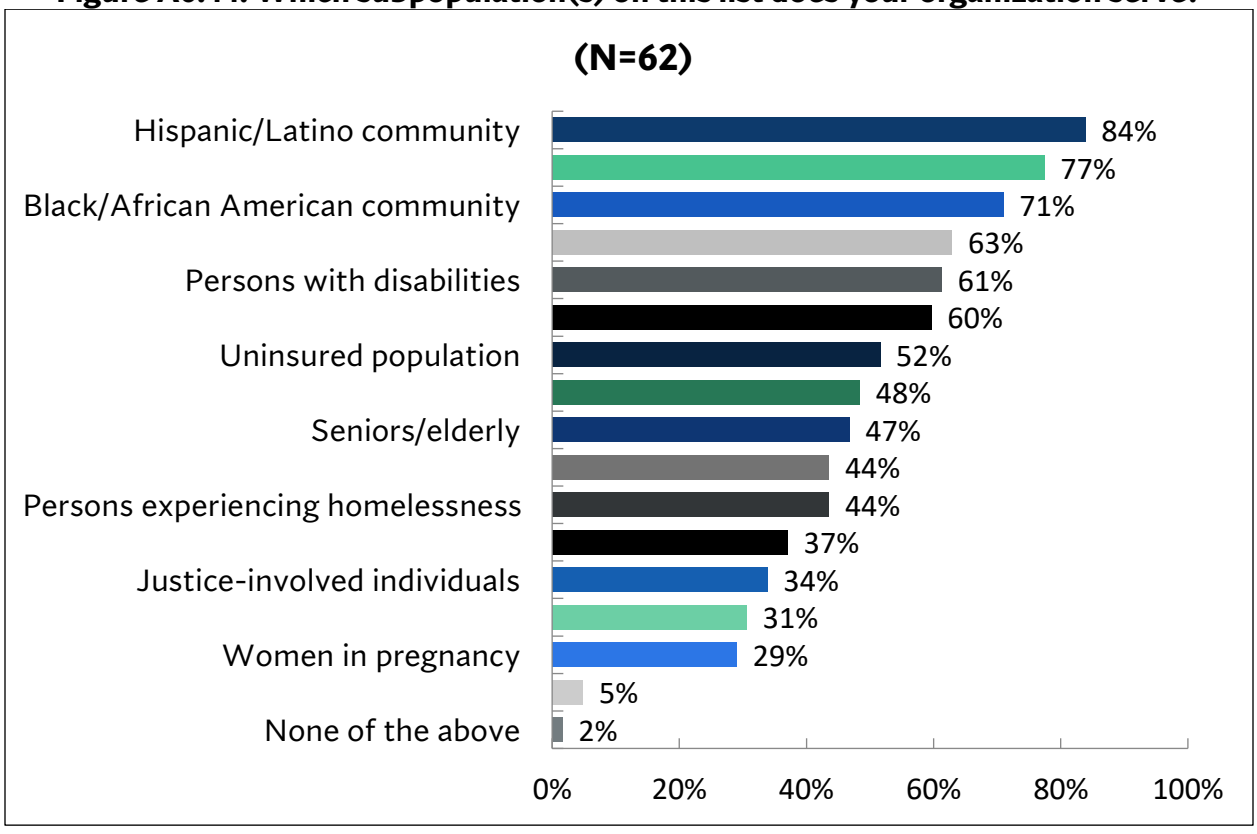


Figure A6.45: Among those served by your organization, which subpopulation(s) appear to have the greatest unmet needs when it comes to health and social services?

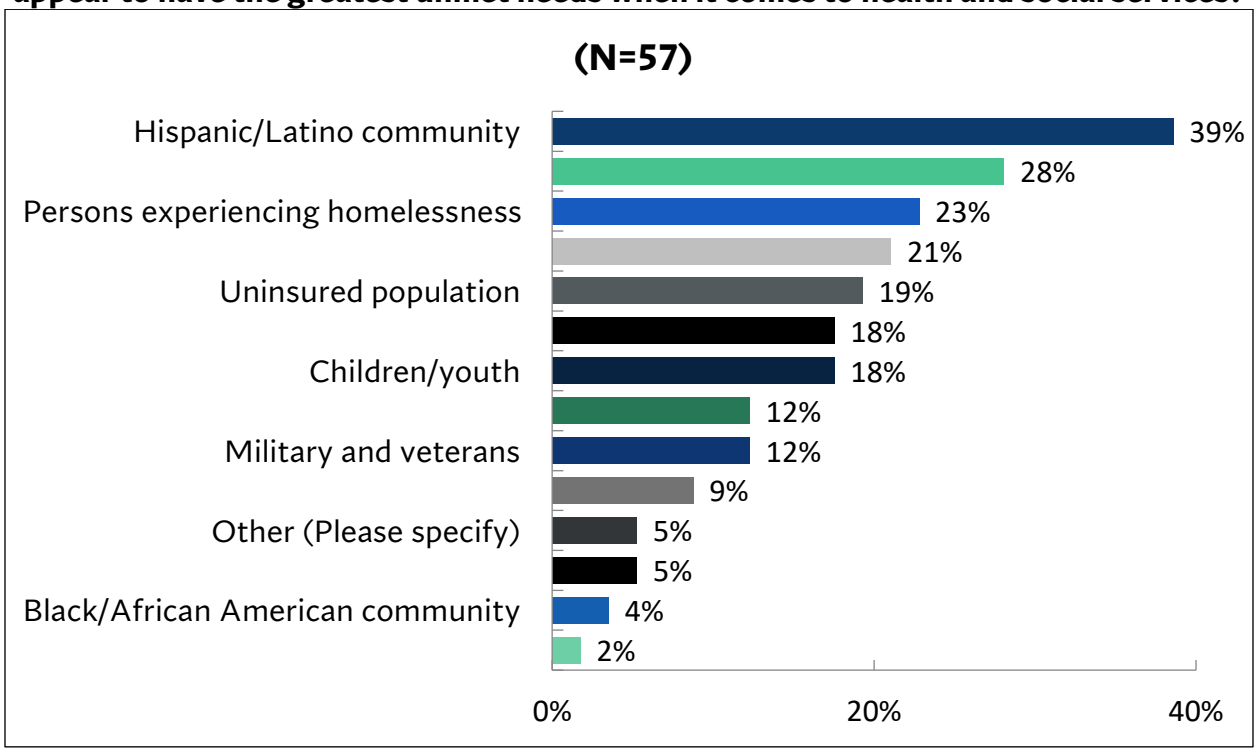


Figure A6.46: Please rate each of the following statements for the community you serve:

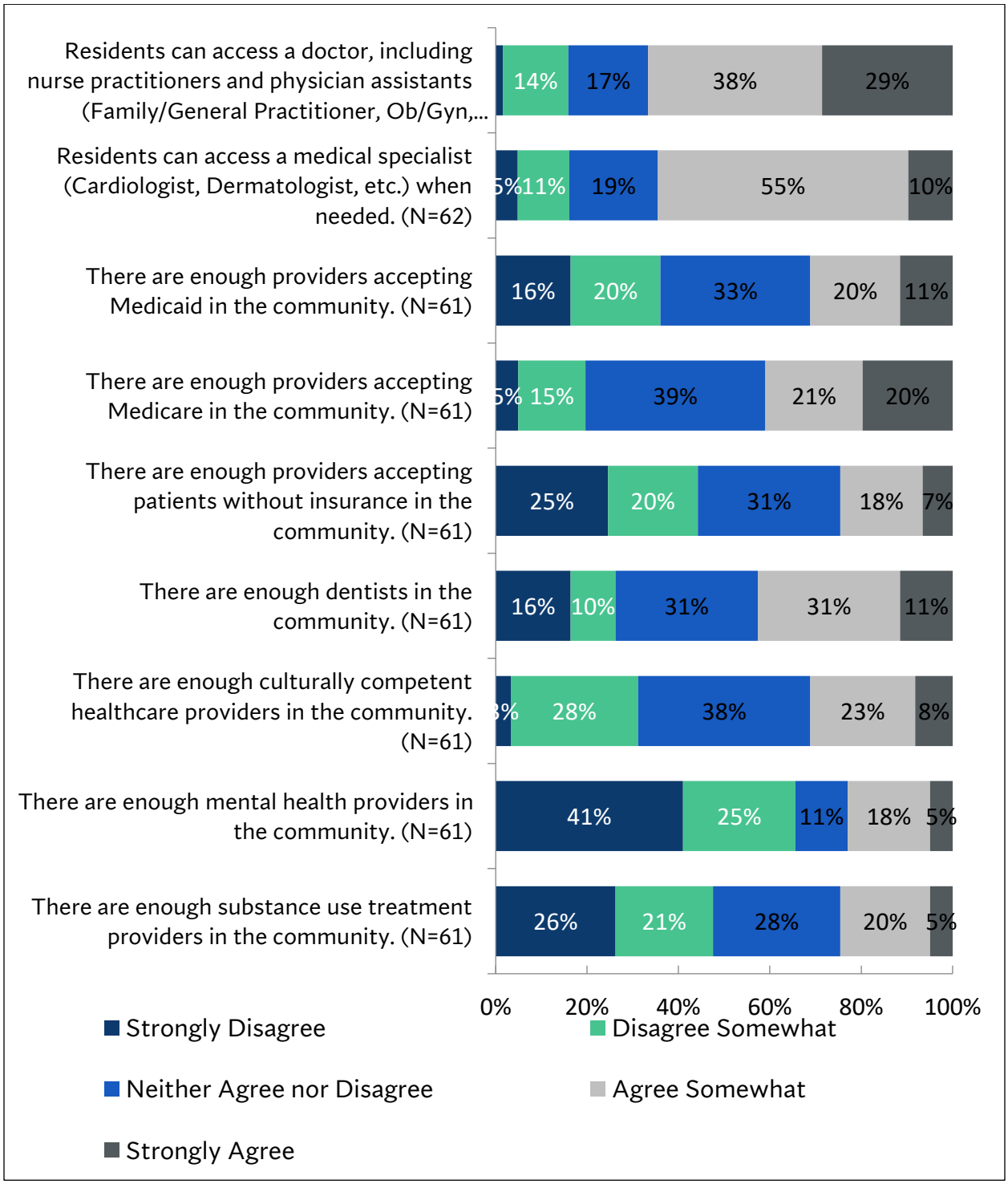


Figure A6.47: From the list provided, where do you feel members of the community you serve most frequently seek medical care?

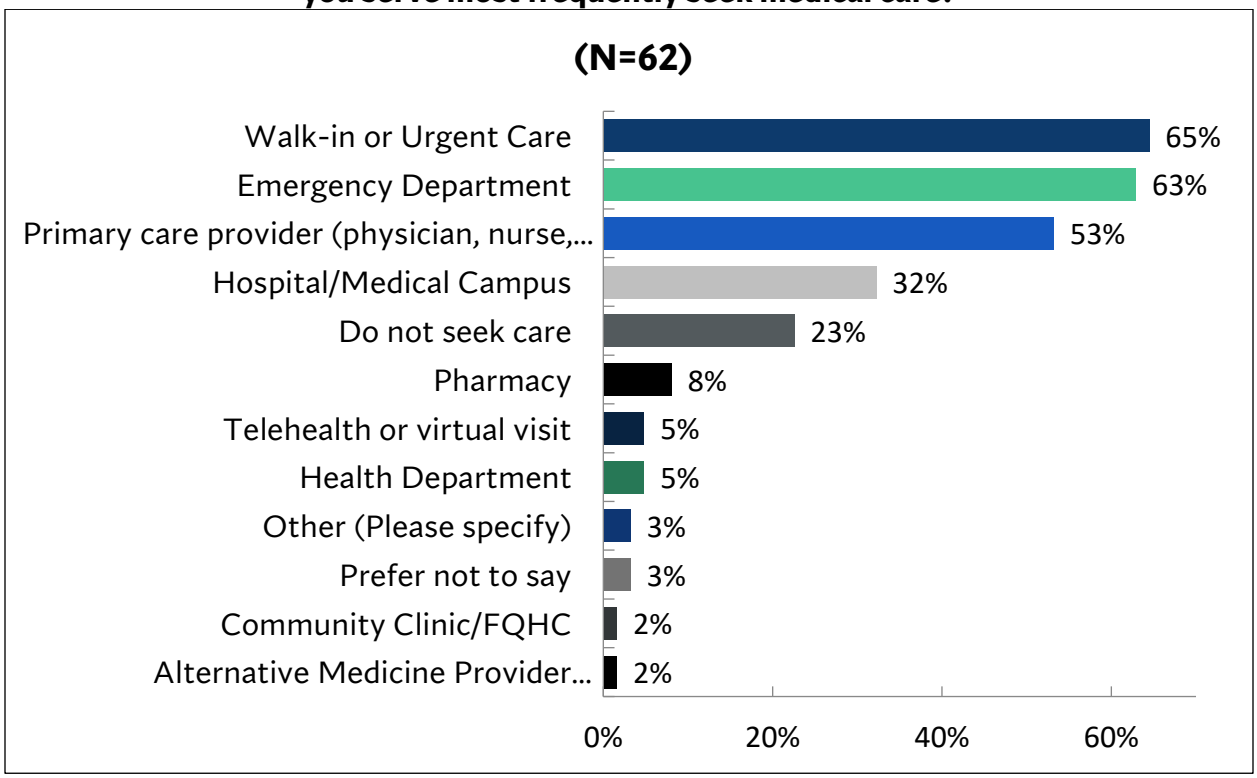


Figure A6.48: Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?

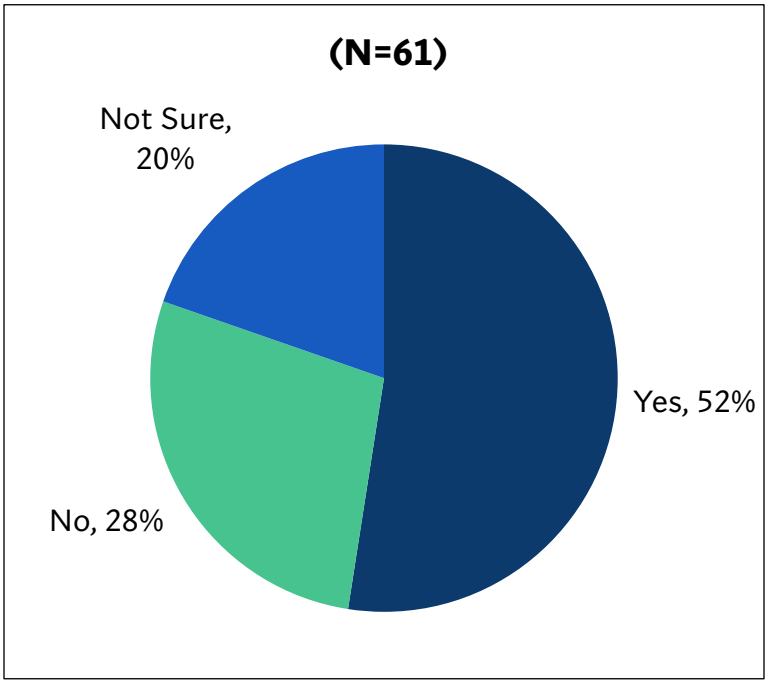


Figure A6.49: What do you see as the biggest challenges/issues with health literacy among the populations served by your organization?

Challenge 1: Language and Cultural Barriers: Many community members face language barriers in both their native language and English, with insufficient resources available in languages other than English or Spanish, and a lack of culturally competent healthcare providers.
Challenge 2: **Healthcare Provider Communication Issues:** Healthcare providers often rush through patient visits without adequate explanation, leaving patients to rely on memory or internet searches for medical information, which can lead to inaccurate understanding of their conditions and treatment plans.
Challenge 3: **Low Health Literacy and Education Levels:** Many patients struggle to understand complex medical terminology and available healthcare programs, with some relying on social media and pharmaceutical advertisements for health information rather than professional medical guidance.
Challenge 4: Resource and Access Limitations: Cost remains a significant barrier to accessing healthcare and health education resources for many community members.

Figure A6.50: What is working well in the community?

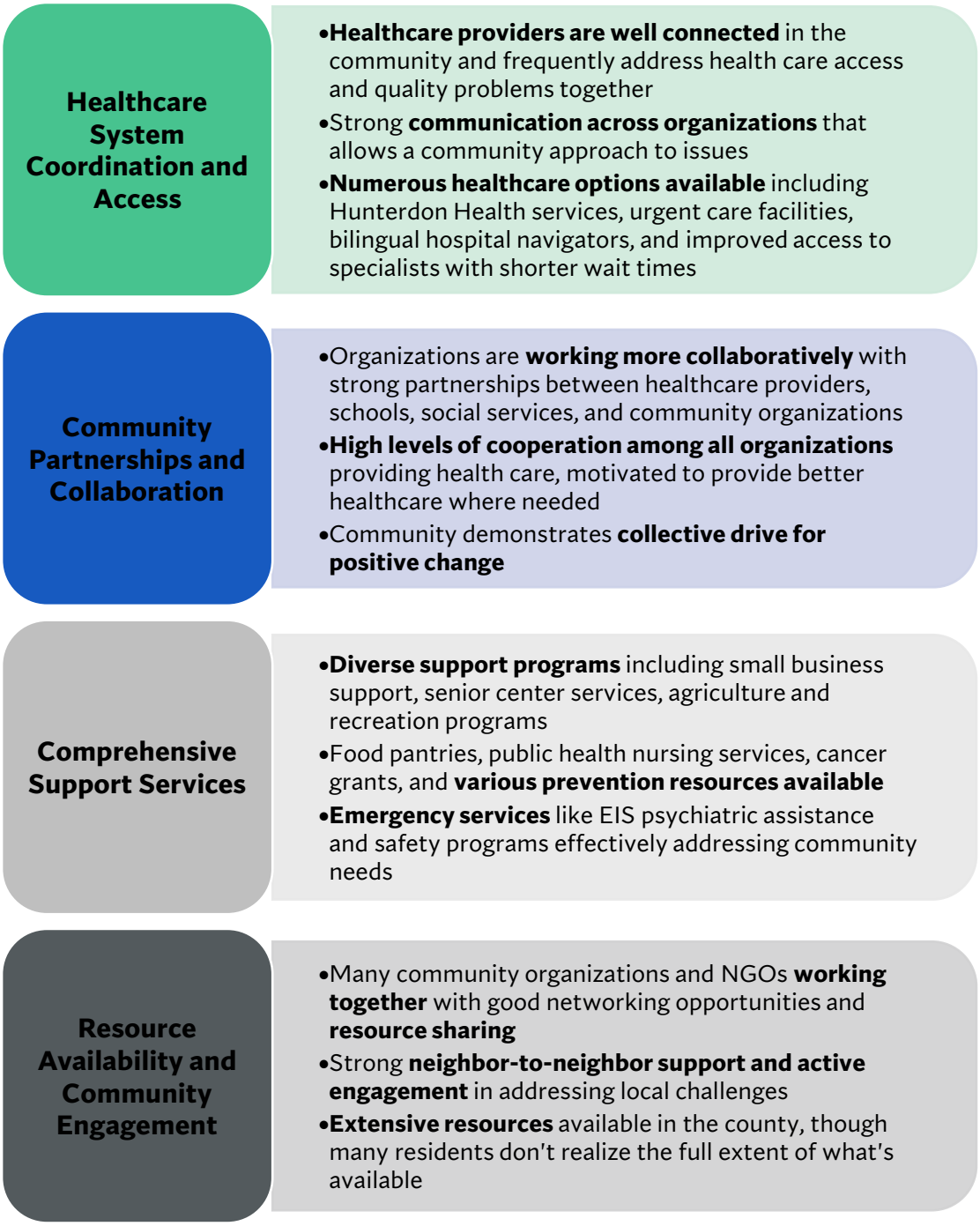


Figure A6.51: What suggestions do you have for health leaders in your community to improve the health and well-being of the community? Please write suggestions below.

Healthcare Access and Equity	Mental Health and Behavioral Services	Pediatric and Specialty Care
• *"A stronger focus on **improving access for people with disabilities of all kinds**, including implementing infrastructure changes, conducting outreach, and training staff to address their needs."* • *"Having health services especially for the **Spanish speaking** communities and **economically disadvantages** populations. Targeted support services."*	• *"It is near impossible to receive permanent in-person **mental health treatment** in the community without significant wait (months/years). Our clients do not have **access to MAT treatment** without going out of county and there are few options when it comes to substance use treatment in general."* • *"We need better funding for emotional /behavioral treatment/supports. **There are not enough providers and even less providers that take insurance**."*	*"There is a huge wait time for **pediatric specialists specifically developmental pediatricians and pediatric neurologists**. Sometimes special education services or 504 plans are dependent on diagnosis, and families are left waiting 6 or more months to get to these appointments."* *"The community and NJ as a whole needs **more practitioners for neurodevelopmental care**. The wait list is typically 6 months out."*

Figure A6.51 (CONT.): What suggestions do you have for health leaders in your community to improve the health and well-being of the community? Please write suggestions below.

Communication and Community Engagement	Healthcare System Quality and Coordination	Prevention, Wellness, and Community Health
• *"**Communication of available resources** in the community, including dentists, optometrists, mental health therapist and counselors available. **Awareness of which resources have multilingual assistance**."* • *"**Include community members in strategic planning** for new health services/programs so that they are most responsive to their needs (at all times not just at Needs Assessment time)."* • *"**Clear, concise messaging** and partnering with allied professionals to spread the word"*	• *"To take the time to **read a patient's chart** before asking questions, every single time I take my mother to her yearly visit the doctor asks if she has gone to get a mammogram even though she has had a double mastectomy."* • *"It's unreasonable that we need to be on hold for over a half an hour in order to get an appointment … **Wait times are too long just for the doctor to half listen and rush to the next**."*	• *"Encourage constructions or renovation and expansion of community open spaces…these types of recreation outlets bring community members together and foster connection."* • *"Make sure people understand that heart disease and cancer are the biggest killers so any policy, system or environmental change that improves the lifestyle choices folks make on a daily basis will have a big impact over time…"*

Focus Groups

Hunterdon Health Population Health Team Focus Group

Notable Quotes and High-Level Findings from the Hunterdon Health Population Health Team Focus Group	
"I think there's a big income disparity in Hunterdon County. We're known as a really wealthy county. And then there's a whole lot of folks that don't fit that category, and that really impacts their access to health insurance access to transportation access to higher paying jobs."	*"We got voted like healthiest county. I believe we won that award. And I think that's due to many people having primary physicians."*

Access to Care

- Transportation barriers for special needs populations and rural residents
- Strong primary care network with high percentage of residents having primary care providers
- High compliance rates with healthcare recommendations compared to neighboring counties
- Underinsured populations face financial barriers despite having insurance coverage
- Mental health service access particularly challenging with long wait times

Community Assets

- Strong partnership network with 70+ organizations collaborating through Partnership for Health
- Comprehensive continuum of care allowing residents to receive most services within the county
- Family medicine residency program that encourages providers to stay in the community
- Behavioral health services available through community hospital
- Hunterdon Helpline and other well-respected community resources

Healthcare and Wellness

- Chronic conditions related to sedentary lifestyle, including diabetes, hypertension, and heart disease
- Obesity and healthy weight management identified as primary concerns
- Mental health issues including depression and anxiety
- Alcohol misuse identified as health concern

Healthcare Experience

- Financial barriers affect care quality for underinsured residents with high deductibles
- Trust issues between patients and providers, particularly post-pandemic
- Difficulty accessing mental health services with wait times of 2-3 months

Social and Environmental Factors

- Housing affordability challenges even for residents with good jobs and steady paychecks
- Rural geography creates transportation and walkability barriers
- Food deserts in some towns with limited grocery store access
- Limited public transportation infrastructure compared to neighboring counties

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Elected Officials Focus Group

Notable Quotes and High-Level Findings from the Elected Officials Focus Group		
"I think mental health. Mental health... A lot of it gets unreported, I mean, you know, because who talks about it. It's not fashionable to talk about it yet."	*"There's two communities right - there is the general community and there's also the Latino community, and there's two different issues right there."*	*"Hunterdon County is regularly the healthiest county in New Jersey, and if not, it's #2. We're regularly in the top 25 healthiest counties in the country."*

Access to Care

- Mental health access severely limited with providers fully booked since COVID
- Transportation identified as biggest barrier for lower income community members
- Limited access to multiple cars within households in rural areas

Community Assets

- Consistently ranked as healthiest county in New Jersey and among top 25 in the country
- ShopRite and other community services providing support
- Strong overall health outcomes despite access challenges

Healthcare and Wellness

- Mental health identified as primary serious health problem affecting community
- Diabetes mentioned as prevalent health issue

- Underreporting of mental health issues due to stigma

Healthcare Experience

- Challenges with underreporting of mental health issues
- Need for better access to mental health workers
- Impact of COVID on mental health service availability

Social and Environmental Factors

- Recognition of diverse communities including Latino, Black, and Asian populations
- Rural nature creates transportation barriers
- Low overall poverty rate may mask concentrated need in certain areas
- Emerging homelessness issues affecting both individuals and community

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Partnership for Health Focus Group

Notable Quotes and High-Level Findings from the Partnership for Health Focus Group	
"We have a huge problem with alcoholism. That's what I was gonna say, too, alcohol is so prevalent in our county... the houses are full of alcohol, and it's very normalized."	*"The extremes in the county are really extreme. The parents who are going to get their child extra coaching, so they'll be the best kid on the soccer team, and can afford to do that, and the people who get injured and don't have access to healthcare."*

Access to Care

- Cost of prevention care identified as primary barrier, especially post-COVID
- Time constraints for working families limit healthcare access
- Gap between healthcare provider costs and insurance coverage

Community Assets

- Strong community partnerships and collaborative networks
- Diverse range of community organizations providing support services

Healthcare and Wellness

- Alcohol abuse identified as significant and normalized problem across county
- Diabetes specifically mentioned as concern in Latino community
- Mental health stress particularly high among youth and young adults due to high expectations
- Dental health problems identified as surprising concern

Healthcare Experience

- Cost barriers prevent preventive care utilization
- Time constraints limit healthcare access for working families
- Different health prioritization patterns observed across populations

Social and Environmental Factors

- Extreme disparities in resources and access to care despite county's wealthy reputation
- Latino community faces particular challenges
- Seniors often have limited support networks due to geographic distance from family

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Seniors Focus Group

Notable Quotes and High-Level Findings from the Seniors Focus Group	
"I think that answers your question about what populations are not taking care of themselves and why - it's the bridge generation that's not taking care of themselves because they're taking care of their kids and their parents at the same time."	*"The senior transportation program has been vital for elderly residents. They can get to appointments, the grocery store, and social activities without depending on family members."*

Access to Care

- Senior transportation program identified as vital asset for healthcare access
- Barriers to service utilization due to seniors not feeling they need support
- Geographic isolation creates additional access challenges for rural seniors

Community Assets

- Parks and recreation department offers extensive programming including trips, activities, and educational programs
- Strong transportation services specifically for seniors
- Historical programming and cultural activities available
- Proactive community outreach programs checking on isolated residents

Healthcare and Wellness

- Mental health identified as significant issue affecting both youth and elderly populations
- Hospice care underutilized due to misconceptions and fear

- Functional medicine approaches valued for addressing root causes
- Bridge generation neglects self-care while caring for children and aging parents

Healthcare Experience

- Mixed experiences with healthcare quality
- Time constraints in medical appointments limit thorough care
- Positive experiences noted with providers who take time and know patients personally
- Hospital protocols sometimes hinder recovery process

Social and Environmental Factors

- Senior caregivers face barriers to their own healthcare and social engagement
- COVID-19 exacerbated social isolation among seniors
- Rural seniors face additional challenges accessing services and social connections
- "Bridge generation" neglects self-care while caring for both children and aging parents

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First Responders Focus Group

Notable Quotes and High-Level Findings from the First Responders Focus Group	
"Mental health has overtaken like the Fentanyl heroin issue of like 2 or 3 years ago. Mental health is much more impacting at least emergency services wise."	*"People don't know what they have access to or how to get to it. You know it's there. But the education being out there... some people just don't even know that the services exist."*

Access to Care

- Transportation barriers identified as major issue affecting healthcare access, particularly for rural residents and seniors
- After-hours mental health services extremely limited - "certain people know if they call after 11 o'clock, no one's coming to get them"
- Emergency services being used inappropriately for transportation to healthcare when other options unavailable
- Geographic disparities in access - "hubs" like Flemington, Lambertville, Clinton have better walkability and transportation access
- Long wait times for mental health services - even those wanting help face limited availability from third-party providers

- Language barriers creating significant access issues for Hispanic/Latino community, especially around immigration status fears

Community Assets

- Strong emergency medical services with faster response times compared to many other regions - "when you look at our EMS program and wait times versus a lot of other places in the country, we are way better"
- Multiple urgent care facilities throughout county providing local healthcare options
- County health department programs including vision screening, biometrics, and mobile dental services
- Abundant parks, green spaces, and recreational opportunities for physical activity
- Strong sense of community cohesion and safety - "tight-knit community" mentioned by multiple participants
- Good access to grocery stores with dietitians and nutritionists available at no cost
- Excellent school systems serving as community anchors

Healthcare and Wellness

- Mental health issues identified as the primary concern, surpassing substance abuse - "Mental health has overtaken like the Fentanyl heroin issue of like 2 or 3 years ago"
- Significant increase in mental health emergency calls since COVID - "4 times the mental health calls now that we did before"
- Environmental health concerns emerging, particularly "forever chemicals" in well water in Lambertville and West Amwell areas
- Senior population experiencing high rates of mental health issues - "68% of our cases that we work on are senior population"
- Food insecurity among seniors and other vulnerable populations
- Hoarding conditions creating safety hazards for first responders and residents
- Substance abuse concerns, though mental health now predominates

Healthcare Experience

- Mental health emergency responses extremely time-consuming - "simple mental health call that could have been resolved in 20 minutes now takes 2 and a half hours"
- Limited crisis intervention resources - Ride Together program expanding to 24/7 but staffing challenges remain
- Frequent cycling of mental health patients through emergency department without resolution
- First responders inadequately trained for complex mental health situations they encounter
- Group homes and residential facilities often unable to handle client needs, defaulting to emergency services
- Urgent care facilities frequently transferring patients to hospital anyway, creating delays in appropriate care

Social and Environmental Factors

- High cost of living creating financial barriers to healthcare and healthy living
- Housing overcrowding in Latino community creating safety hazards
- Immigration status fears preventing community members from seeking healthcare
- Seniors facing eviction threats and food insecurity - "at least once a week about a possible eviction"
- Rural geography limiting transportation options and social connections
- Limited public transportation infrastructure outside main borough areas
- Communication gaps - many residents unaware of available county services and programs

First Responder Wellness Concerns

- Significant mental health challenges among first responders themselves
- Limited local mental health resources specifically for first responders - support systems "outside of the county" but "nothing really based here in the county"
- Cumulative stress from increased mental health calls and traumatic exposures
- Small community dynamics making it difficult for first responders to seek help - "everybody knowing each other" creates barriers to confidential treatment
- Need for specialized first responder mental health facilities and support programs

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School Nurses Focus Group

Notable Quotes and High-Level Findings from the School Nurses Focus Group	
"We have over 3,000 kids in just the K to 8 pre-K to 8. And so now, with all the mental health issues that are coming on. There is really nobody to follow up on catching those kids before they become the other, the other end of the spectrum."	*"I think that the outreach has to be more comprehensive, and it has to be a new approach on all of our parts, and I think the idea of the navigator is a great idea."*

Access to Care

- Transportation barriers identified as significant issue, particularly affecting ability to access grocery stores and medical services
- Latino community faces specific communication challenges, often relying on WhatsApp communication and may need to wait for wifi access
- Health Department serves as important resource but many community members don't know how to access services or contact them
- Even families who remember health department phone numbers from COVID vaccine rollout period have forgotten these resources are still available

- Insurance processing and prescription fulfillment identified as having lengthy wait times
- Some families report not having insurance and not knowing where to access services for children

Community Assets

- Health Department provides valuable services but awareness needs improvement
- Hospital has Spanish-speaking staff (Lucy and team) who help Spanish-speaking families with directions and basic navigation even when not providing medical care
- Strong network among school nurses who know how to navigate systems and make referrals
- Partnership for Health members present (substance use prevention and transportation focused)
- Public health and public health nursing county resources available

Healthcare and Wellness

- Food cost inflation affecting community's ability to access healthy foods
- Grocery access varies by location, with Aldi's mentioned as more affordable option
- Transportation continues to be barrier to accessing both healthcare and food

Healthcare Experience

- Language barriers create significant challenges for Latino population in accessing care
- Within immigrant communities, there are "communities within communities" with specific trust factors and hierarchical communication structures
- Trust concerns exist particularly around law enforcement connections to health services
- Elders within immigrant communities serve as navigators and decision-makers
- Youth often serve as translators, creating complex family dynamics
- Information vacuum exists - organizations have limited budgets for outreach and single newsletter mentions insufficient for behavior change
- Need for repeated messaging and comprehensive outreach approaches identified

Social and Environmental Factors

- Trust factors vary significantly between different cultural communities within the county
- Islamic center and Latino populations identified as examples of distinct communities with different needs and communication preferences
- Transportation barriers affect access to all services, not just healthcare
- Economic pressures from inflation affecting food security
- Need for navigation teams rather than individual navigators suggested to ensure availability of services

Teen Focus Group

Notable Findings from Teen Focus Group

Note: The following findings are based on facilitator notes rather than direct participant quotes

Access to Care

- People work multiple jobs and are too tired to seek care
- Political climate making people afraid to seek treatment and obtain resources
- Communication barriers - Latino community uses WhatsApp and may need to wait for wifi access
- 6 months' wait times for appointments
- Lack of providers in area prevents switching if patient unhappy with current provider

Community Assets

- Schools provide some health education and support
- Community has bilingual resources though they need expansion
- WhatsApp communication networks within Latino community

Healthcare and Wellness

- Substance use primary concern - vaping noticeable in high school and some middle school
- Alcohol use including drinking at football games and students coming to school drunk
- Marijuana use noted though prevalence uncertain
- Chronic diseases affecting broader community: coronary artery disease, diabetes, hypertension
- Increased diabetes rates in community

Healthcare Experience

- Critical patient safety concerns - interpreters potentially using Google Translate with incorrect translations
- Same doctor providing different quality care based on patient's English proficiency
- Trust deficit between healthcare systems and community members, particularly immigrants
- Need for culturally appropriate care and understanding of different health practices

Social and Environmental Factors

- Cultural barriers for immigrants not knowing how medical system works
- Some people from countries where they used traditional healers rather than doctors

- Political climate creating fear barriers to seeking care
- Transportation and infrastructure needs affecting access to care
- Economic barriers with people working multiple jobs affecting time for healthcare

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Spanish-Speaking Residents Focus Group

Notable Findings from Teen Focus Group

Note: The following findings are based on facilitator notes rather than direct participant quotes

Access to Care

- Language barriers identified as primary obstacle to healthcare access
- Inadequate medical interpretation services
- Cultural competency concerns with healthcare providers
- Fear of seeking care due to immigration status concerns

Community Assets

- Growing bilingual healthcare workforce
- Community organizations providing cultural support and navigation
- Religious institutions serving as trusted health information sources

Healthcare and Wellness

- Diabetes identified as particular concern within Latino community
- Mental health stigma affecting help-seeking behavior
- Preventive care underutilization due to access barriers

Healthcare Experience

- Trust issues with healthcare system
- Discrimination concerns affecting quality of care received
- Need for culturally appropriate health education and outreach

Social and Environmental Factors

- Housing overcrowding and unsafe living conditions
- Employment challenges affecting healthcare access and insurance
- Food insecurity and limited access to culturally appropriate foods
- Transportation barriers compounded by fear of authorities

Cross-Cutting Themes from All Focus Groups

Mental Health

- Mentioned in 5 of 8 focus groups
- "Mental health has overtaken like the Fentanyl (and) heroin issue of like 2 or 3 years ago. Mental health is much more impacting at least emergency services."

Substance Use (Especially Alcohol)

- Mentioned in 4 of 8 focus groups
- "We have a huge problem with alcoholism...alcohol is so prevalent in our county...the houses are full of alcohol, and it's very normalized."

Chronic Disease

- Mentioned in 4 of 8 focus groups
- "Chronic conditions that go along with the sedentary lifestyle and the, you know, unhealthy weight, so diabetes, hypertension, heart disease..."

Healthcare Access and Barriers

- Service availability gaps for pediatric specialists, mental health providers, geriatrics, and LGBTQ+ care
- Accessibility challenges including transportation, language barriers, cost, and insurance coverage
- Quality of care concerns including inadequate provider time and perceived discrimination
- System navigation difficulties with complex insurance requirements and lack of care coordination

Social Determinants of Health

- Physical environment: Limited walkability and transportation infrastructure
- Food and nutrition: Food deserts in some areas and embarrassment about food insecurity
- Transportation: Rural nature makes car ownership essential for accessing services

Quality of Life Factors

- High community satisfaction with rural-suburban character and proximity to urban amenities
- Social connection identified as key determinant of wellbeing
- Access to support services inconsistent across populations
- Health and wellness priorities vary significantly by population group

Key Leader Interviews

Healthcare Access and Barriers

Community leaders identified several significant barriers to healthcare access across Hunterdon County. **Transportation** emerged as the most prominent barrier, with multiple leaders emphasizing the county's lack of public transportation infrastructure. The existing Link transit system is underutilized and stigmatized, limiting access particularly for elderly residents, those without vehicles, and rural populations. **Geographic challenges** compound these issues, as the county's rural nature and 37.5 square mile coverage area create substantial distances between residents and services.

Financial barriers persist despite the county's overall affluence, with high insurance deductibles and co-pays causing residents to delay necessary care. The situation is particularly acute for undocumented residents who avoid seeking care due to deportation fears. Mental health services face specific access challenges, with not enough providers accepting Medicaid countywide and waiting lists for services exceeding 4-6 months. Leaders noted that while primary care and dental services are generally adequate, **specialty care often requires travel to neighboring counties**, creating additional barriers for working families and those without reliable transportation.

The healthcare system's transition from a primary care-centered model to a more fragmented, specialist-driven approach has created **challenges in care coordination and continuity**, particularly for older residents who struggle with multiple providers and complex care transitions. Price transparency issues also emerged as a concern, with even healthcare professionals expressing difficulty understanding medical bills.

Social Determinants of Health

Housing affordability was identified as a critical social determinant affecting community health. Leaders described a dramatic post-COVID increase in housing costs that has forced families to choose between rent and essential needs like food and medication. Multiple families are crowding into single-family homes, and the county's **homeless population has doubled** in recent years—a phenomenon previously unseen in the area.

The county's **geographic isolation** creates unique challenges, with limited employment opportunities from large employers and a significant mismatch between where residents live and work. Many residents commute outside the county for employment while workers from other counties commute in, creating **economic instability and transportation stress**. The lack of diversity throughout the county also presents challenges, with minority populations concentrated in just a few municipalities and facing additional barriers to healthcare access.

Environmental factors include **aging housing stock** that creates childhood lead poisoning risks, though leaders noted the county benefits from abundant open space and limited industrial pollution. The absence of public transportation particularly affects seniors and low-income residents in rural areas, limiting access to fresh food, healthcare appointments, and social connections that combat isolation.

Health Conditions and Concerns

Mental health emerged as the most significant health concern across all interviews, with leaders describing it as a "full-blown crisis" that has dramatically worsened since the pandemic. The shortage of mental health providers affects all age groups, from children to seniors, with particular concerns about unprecedented levels of anxiety and depression among teenagers and young adults. Leaders noted that untreated mental health issues often manifest as chronic physical symptoms, creating a cycle of emergency department visits for conditions that could be better managed through consistent mental health care.

Substance use patterns in the county are distinctive, with **alcohol** abuse being more prevalent than drug addiction—an unusual trend that leaders emphasized as "rampant" rather than simple use. **Teen vaping** has become a significant concern in schools, with infrastructure impacts demonstrating the extent of the problem. The county's aging population faces typical **geriatric health challenges** including strokes, heart attacks, and sepsis, while chronic conditions like heart disease, diabetes, and various cancers remain prevalent.

Vector-borne diseases, particularly Lyme disease, represent the most common reportable communicable diseases in the county. Leaders also identified **childhood obesity** as a growing concern, attributing it to decreased physical activity and the elimination of gym classes in schools. The COVID-19 pandemic exacerbated many existing health issues while also highlighting the importance of public health preparedness and coordination.

Vulnerable Populations

Several populations face disproportionate health challenges in Hunterdon County. The growing **Hispanic/Latino population** experiences significant barriers including language difficulties, health literacy challenges, and cultural barriers to accessing care. Many community members cannot read or write in their native language, creating additional challenges for health education and navigation of the healthcare system.

Uninsured residents face particular difficulties accessing clinical services, with limited direct care options available. **Lower-income groups**, despite living in an affluent county, often struggle with the stigma of seeking assistance, as many residents hold the perception that "I'm not poor" if they live in Hunterdon County. This stigma prevents access to available support services.

Geographic disparities are evident, with northern county areas like Hampton and Glen Gardner identified as having unique needs and lower affluence compared to the rest of the county. **Rural residents** throughout the county face transportation barriers that limit access to healthcare, fresh food, and social connections. The **elderly population** is particularly vulnerable to social isolation due to limited transportation options and services.

LGBTQ populations were identified as facing specific barriers to behavioral health care, though detailed information about their specific needs was limited in the interviews. **Undocumented individuals** face the dual challenge of economic barriers and fear of deportation, preventing them from seeking care even for their citizen children.

Resources and Strengths

Hunterdon County possesses **significant assets that support community health**. The county consistently ranks among the healthiest in New Jersey and nationally, reflecting the overall health status of its residents. The **healthcare system**, anchored by Hunterdon Healthcare, provides comprehensive services with a strong reputation that draws patients from neighboring counties. The system's unique focus on outpatient and primary care, combined with adequate networks of primary care physicians, urgent care centers, and dental providers, creates a solid foundation for community health.

Educational resources represent a major strength, with high-quality school systems that attract families and serve as platforms for health education and early intervention. Schools provide comprehensive mental health services through contracted providers, offering grief counseling, divorce groups, and individual therapy. The educational system also serves as a safety net, providing basic healthcare services for students lacking access to primary care.

The county's **extensive park system and abundant open spaces** provide opportunities for physical activity and mental health benefits, though leaders noted these resources are underutilized. **Strong faith communities**—churches, mosques, and synagogues—serve as trusted institutions that could be leveraged more effectively for health education and outreach. The community's **robust network of partnerships** among healthcare providers, social service agencies, and community organizations facilitates coordinated responses to health challenges.

Financial resources within the community enable initiatives and interventions, while five **food banks** throughout the county address food insecurity. The county's **caring, engaged population** demonstrates commitment to supporting vulnerable groups, though this varies across different community segments.

Recommendations for Improvement

Leaders emphasized **transportation as the highest priority** for improving community health outcomes. Recommendations include developing a coordinated public transportation system along major routes, reducing stigma around existing services, and exploring public-private partnerships to improve medical transportation access. The county's geography is considered conducive to efficient transit routes, though funding and coordination challenges must be addressed.

Mental health services require immediate attention through expanded partnerships between healthcare providers, schools, and community organizations. Leaders recommended integrating mental health screenings into routine primary care visits and schools to reduce stigma and identify problems earlier. Training community health workers from within the neighborhoods they serve could improve cultural competency and trust.

Healthcare system improvements include **breaking down organizational silos** to create coordinated, county-wide strategic plans with shared resources and metrics. Enhanced case management services, particularly 24/7 coverage in emergency departments, could reduce unnecessary hospitalizations and improve care transitions. Leaders also recommended expanding school-based health partnerships and increasing resources for youth mental health services.

Communication improvements emerged as a critical need, with leaders emphasizing better outreach about available services and programs. This includes culturally appropriate communication for Hispanic/Latino communities and addressing barriers in healthcare system navigation. Price transparency in healthcare billing was identified as an area requiring attention.

Community-specific recommendations include expanding the county's prescription produce program that combines food access with healthcare engagement, developing more recreational facilities and structured activities for youth, and leveraging faith communities more effectively for health education and outreach. Leaders also emphasized the **importance of maintaining local public health services despite federal policy changes and ensuring continued coordination** between county government and healthcare systems to maximize limited resources.

Appendix 7 | Equity Imperative Alignment Tool

EQUITY IMPERATIVE ALIGNMENT TOOL

Teams should use this equity rubric to align their project to the equity imperatives of the PFH Vision and Goals.

partnership FOR HEALTH — Hunterdon County's Healthy Communities Initiative

PFH Goals	- - -	- - +	- + +	+ + +	Guiding Questions
DATA To what extent do the project's problem statements describe root causes of inequity in access for marginalized communities?	☐	☐	☐	☐	Are the project's aims and steps responding to broad assumptions (---) or are they tightly targeted to address actionable and well-researched root causes (+++)?
CONSULTATION To what extent has the team sought input and feedback on the project's aims and implementation with leaders of impacted marginalized communities?	☐	☐	☐	☐	Were members of communities impacted by the problems absent from (---) or well-represented throughout (+++) conversations to develop solutions?
SCOPE To what extent are the project's aims meant to contribute to improvement in the experience of marginalization through policies, systems, and environmental changes?	☐	☐	☐	☐	Does this project offer just a bandaid (---) to an immediate issue or does it provide for long-term and sustainable change (+++)?
SOLUTIONS To what extent do the aims of the project seek to close gaps in access to optimal health for those in marginalized communities?	☐	☐	☐	☐	When the project is done, will it be measured just for having happened (---), or for impacting disproportionality in access and utilization (+++)?
COMMUNICATION To what extent does the project plan include continued involvement of and communication to members of marginalized communities?	☐	☐	☐	☐	Does the project plan include few opportunities to hear from members of the communities it hopes to serve (---) or does it provide for regular consultation (+++)?

Appendix 8 | Hazard Mitigation

Section 4.1: Risk Assessment – Identification of Hazards of Concern
DMA 2000 Hazard Mitigation Plan Update – Hunterdon County, New Jersey 4.1-8
July 2021

According to input from the County, and review of all available resources, a total of 12 natural hazards and one human-caused hazards of concern were identified as significant hazards affecting the entire planning area, to be addressed at the county level in this plan:

Natural Hazards of Concern

- Dam Failure
- Disease Outbreak
- Drought
- Earthquake
- Flood (including riverine, flash, urban flooding)
- Geologic (landslide, subsidence, and sinkholes)
- Hurricane and Tropical Storm
- Infestations and Invasive Species
- Nor'Easter
- Severe Weather (high winds, tornadoes, thunderstorms, hail, extreme temperature)
- Severe Winter Weather (heavy snow, blizzards, ice storms)
- Wildfire

Human-Caused Hazards of Concern

- Hazardous Materials (Fixed Sites and Transportation)

There are other natural and human-caused hazard events that have occurred within Hunterdon County; however, they have a low potential or are covered in other plans that specifically address technological and intentional hazards. Therefore, these hazards will not be further addressed within this version of the plan. However, if deemed necessary by the County, these hazards may be considered in future versions of the Hazard Mitigation Plan.

Please refer to the Hazard Mitigation Plan for more information.