

About This Report

Place matters when it comes to health. Where someone is born and where they live can be the most significant factors in determining their overall level of well-being. This can be due to demographic and economic conditions in an area, access to medical services, access to resources like healthy food and affordable housing, and the local environment.

The PolicyMap Community Health Report can be used for Community Health Needs Assessments, to evaluate what changes might improve people's health, and to find areas that have been successful or face challenges in improving health outcomes.

Data presented in this report summarize the geographies specified in the citation information in each section.

Population in Mercer

Who lives in this area? How many residents are there? Is the population growing or shrinking? What age groups, races, and ethnicities live here that might be of special concern?

Estimated Population 2012-2016

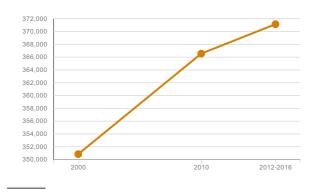


Population Change 2000 to 2012-2016

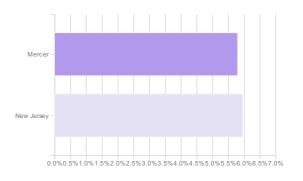
The population has grown by 5.8% from 2000 to 2012-2016.



Population Change over Time

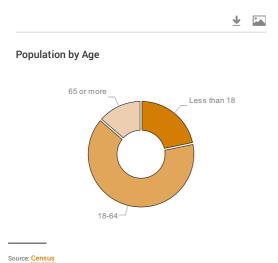


Percent Change in Population 2000 to 2012-2016



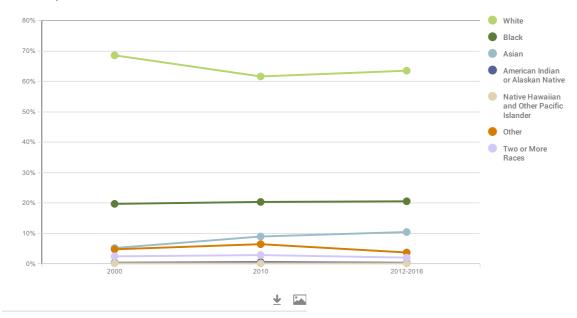
Source: Census Data Contains: 1 County

Age 2012-2016

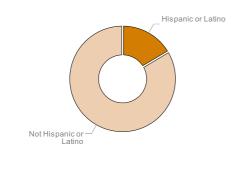


Race and Ethnicity

Racial Composition over Time



Percent of Population That Is Hispanic or Latino 2012-2016 The Hispanic or Latino population has increased by 78.62% from 2000 to 2012-2016.



Source: Census Data Contains: 1 County

Healthcare Access in Mercer

Does this area have sufficient doctors, dentists, and facilities for its population? Do its residents have health insurance to cover routine visits and treatment? And are people receiving adequate preventative care, like screenings and prevention?

Healthcare and Wellbeing

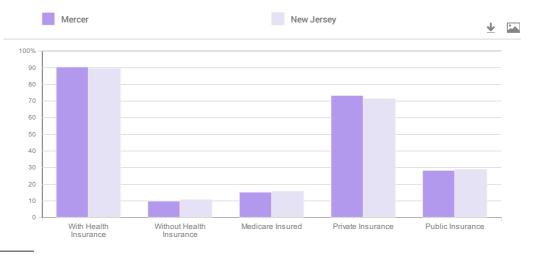


Healthcare- and Wellbeing-Related Facilities

Hospitals 2017	<u>6</u>	Source: HRSA
Mental Health Facilities 2016	17	Source: SAMHSA
Drug and Alcohol Treatment Facilities 2016	<u>16</u>	Source: SAMHSA
Nursing Facilities 2017	<u>16</u>	Source: HRSA
Community Health Centers (FQHC) and Look-alikes ¹ 2017	9	Source: HRSA

Access to Health Insurance As a Percent of Population 2012-2016

The estimated percent of people with health insurance in Mercer is 90.27%.



Source: Census

Data Contains: 1 County

Medically Underserved Areas 2018

Medically Underserved Areas (MUA) are designated as having too few primary care providers, high infant mortality, high poverty, and/or a high elderly population by the Health Resources and Services Administration. Medically Underserved Populations (MUP) are areas where a specific population group is underserved, including groups with economic, cultural, or linguistic barriers to primary medical care. If an area or population group does not meet the criteria for an MUA or MUP, but exceptional conditions exist which are barriers to health services, they can be designated with a recommendation from the state's governor.



Source: HRSA Data Contains: 1 County

Disease Screening and Prevention 2013

Flu Vaccination Percent of adults reporting having been vaccinated for the flu in the past year 2013	39.55%
HIV Test Percent of adults reporting having ever been tested for HIV 2013	<u>36.3%</u>
ce: CDC BRFSS & PolicyMap ²	
Contains: 1 County	
Contains: 1 County	
	N/A
Contains: 1 County Cholesterol Screening Percent of adults reporting a cholesterol screening within the last 5 years 2013 Mammogram Percent of female adults aged 50 to 74 years reporting a mammogram within the last two years 2013	N/A N/A

Source: CDC 500 Cities³

Data Contains: 1 County

Health Behaviors in Mercer

What risky and healthy behavior do people here engage in? Do they smoke or drink heavily? Do they eat healthily? Do they get exercise?

Smoking and Heavy Drinking As Reported by Adults 2013

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Adults Reporting	Mercer	New Jersey
Having Ever Smoked	42.05%	41.52%
Engaging in Heavy Drinking ⁴	4.29%	4.98%

Vegetable and Fruit Consumption Per day, as Reported by Adults 2013

		<u>↓</u>
Adults Reporting	Mercer	New Jersey
Fewer Than One Serving	7.11%	7.26%
Five or More Servings	17.08%	16.63%

Obesity and Physical Inactivity As Reported by Adults 2013

		<u> </u>	
Adults Reporting	Mercer	New Jersey	
Obese BMI of 30 or Greater	27.99%	26.32%	
Overweight BMI > 24.9 and < 30	38.02%	37.12%	
Physically Inactive in the Past 30 Days	31.01%	30.42%	

All data in this section:

Source: CDC BRFSS & PolicyMap, CDC BRFSS

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Data Contains: 1 County
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Small area estimates are based on regional survey results and local demographics.

General Health in Mercer

How are people's overall physical and mental health? How many people are disabled?

Physical and Mental Health In the Past 30 Days, as reported by Adults 2013

Respondents were asked to report the number of days out of the past 30 days where their physical health was not good due to illness and/or injury, and the number of days where their mental health was not good due to stress, depression, and problems with emotions.

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Adults Reporting Seven or More Days of	Mercer	New Jersey
Poor Physical Health	20.13%	20.54%
Poor Mental Health	17.71%	20.17%

Source: CDC BRFSS & PolicyMap

Data Contains: 1 County

People with Disabilities 2012-2016

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Percent of Pop. with a Disability

10.02%

Lower than New Jersey Average

Source: Census

Data Contains: 1 County

Morbidity in Mercer

How many people suffer from chronic conditions like high blood pressure and high cholesterol? How prevalent is cancer? How prevalent is HIV and other sexually transmitted diseases?

Chronic Conditions As Reported by Adults 2013

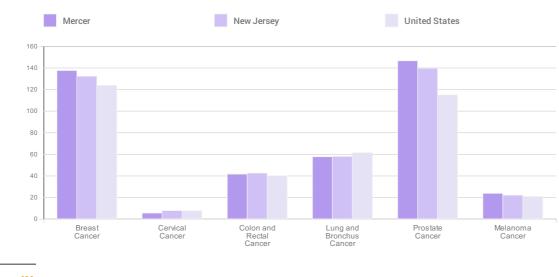
dults Reporting	Mercer	New Jersey	United States
ligh Blood Pressure (Hypertension)	35.48%	31.06%	32.04%
ligh Cholesterol	39.5%	39.19%	38.11%
troke	2.74%	2.52%	2.9%
sthma	8.64%	9.02%	8.86%
hronic Obstructive Pulmonary Disease (COPD), mphysema, or Chronic Bronchitis	6.26%	5.92%	6.4%
epression	13.78%	13.86%	17.52%
Diabetes	11.34%	9.19%	10.1%

Source: CDC BRFSS & PolicyMap



Cancer Incidence by Type Per 100,000 People

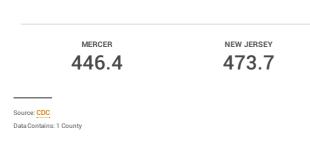
Includes incidence among females for breast and cervical cancers, and males for prostate cancer.



Source: CDC

Data Contains: 1 County

HIV Cases Per 100,000 People 2015



New STD Cases Per 100,000 People 2011-2015

 Mercer New Jersey Chlamydia Gonorrhea Primary & Secondary Syphilis 200 100 60 40 0

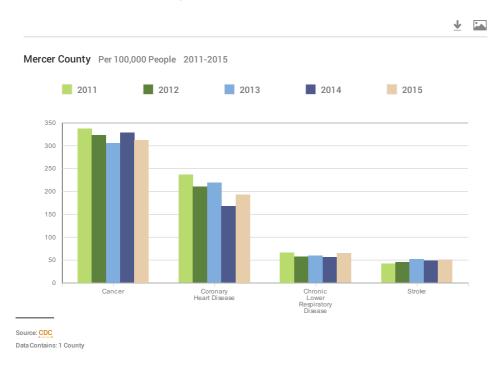
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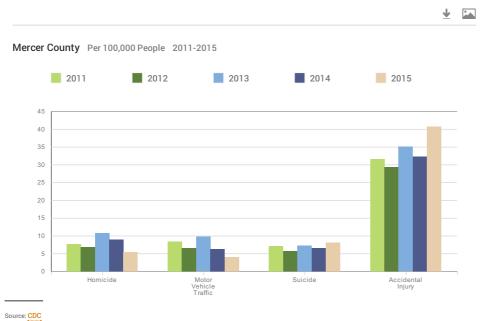
Mortality in Mercer

How many people have died of diseases, injuries, and drug overdoses? How many infant deaths have there been?

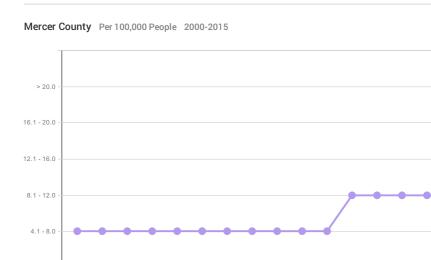
Disease-Related Mortality



Injury-Related Mortality



Drug Overdose Deaths



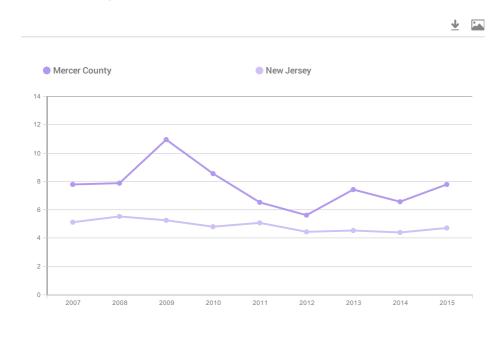


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Source: CDC Data Contains: 1 County

Infant Mortality Per 1,000 Live Births 2007-2015

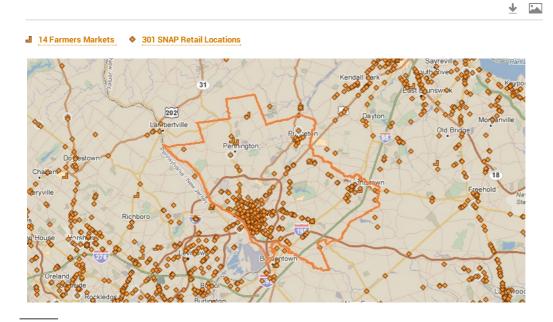


Source: <u>CDC</u> Data Contains: 1 County

Food Security in Mercer

How accessible is healthy food? How many farmers' markets are there? How many families receive SNAP benefits, and how many retailers accept them?

Farmers' Markets and SNAP Retail Locations 2017



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Source: USDA

Families Receiving Food Stamp/SNAP Benefits 2012-2016



Low Access Tracts

Low Access Tracts includes tracts with at least 500 people or 33 percent of the population living more than .5 miles in urban areas or 10 miles in rural areas from the nearest supermarket, supercenter, or large grocery store.⁵

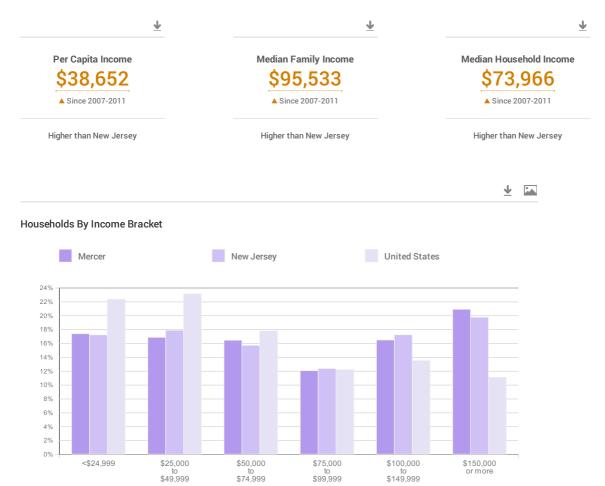


Source: Reinvestment Fund

Social Determinants of Health in Mercer

Some conditions not directly related to health can have an impact on physical and mental health. How much crime is in the area? What is the average level of educational attainment? What's the average income level and how prevalent is poverty? How old is the housing stock? How do people commute to work?





Source: <u>Census</u> Data Contains: 1 County

Poverty 2012-2016



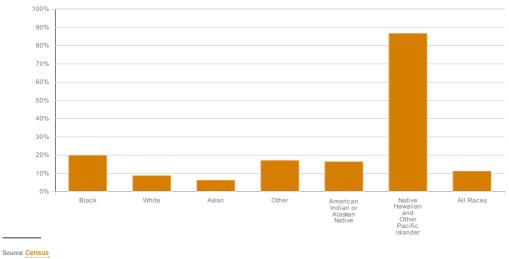
0%

2000

2007-2011

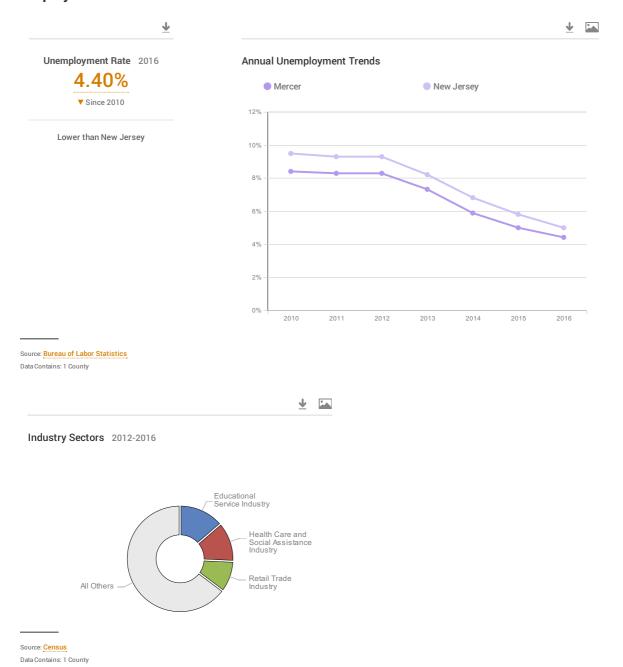
2012-2016

Poverty Rate by Race



Data Contains: 1 County

Employment

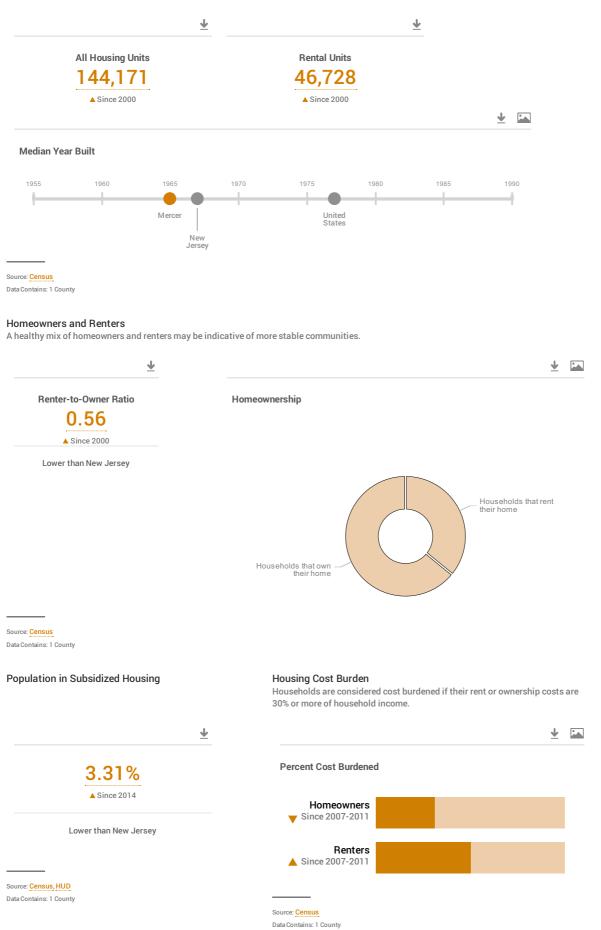


Housing 2012-2016

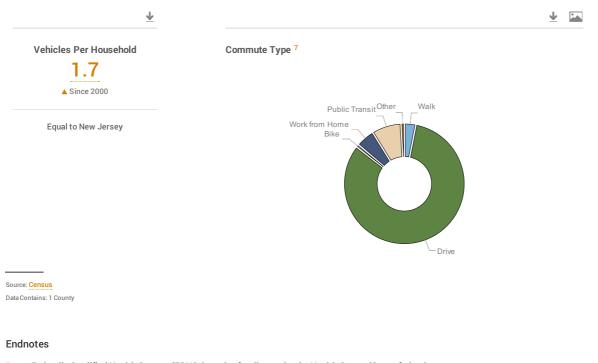
Age of housing stock and renter/owner status can have effects on health.

Housing Stock

Older housing may be indicative of presence of lead and other harmful substances.



Transportation 2012-2016



Federally Qualified Health Centers (FQHCs) receive funding under the Health Center Cluster federal grant program to provide care for underserved populations. The types of providers eligible include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Programs, and care providers for some tribal organizations.

Community Health Center Look-Alikes include community health centers that are eligible for but not currently receiving grant funding. Although they are not receiving grants, these "look-alike" providers are eligible for some benefits including enhanced reimbursement from Medicare and Medicaid. Considering both FQHCs and "look-alikes" might provide a fuller picture of the health-care safety net in a community.

- 2 CDC Behavioral Risk Factor Surveillance System (BRFSS) data are estimates based on a multilevel model with poststratification based on metropolitan area status, race, age, and income characteristics. The model formula is based on state-level estimates as well as the following state- and individual-level characteristics: age group, income level, racial/ethnic group, and metropolitan area status. Predicted responses were then post-stratified using 2009-2013 American Community Survey household population estimates for income, age, and racial/ethnic groups.
- 3 The 500 Cities data was calculated with small areas estimate techniques using the CDC's Behavioral Risk Factor Surveillance System (BRFSS) data, Census Bureau 2010 Census population data, and American Community Survey (ACS) estimates. Specifically, a peer-reviewed multi-level regression and poststratification (MRP) approach was used to connect the CDC BRFSS health survey with highly granular census demographic and socioeconomic data. The 500 cities included the top 497 largest American cities and the largest cities in Vermont (Burlington), West Virginia (Charleston), and Wyoming (Cheyenne). This data is available at the census tract and city level only.
- 4 Heavy drinkers are defined as adult men having more than two drinks per day and adult women having more than one drink per day.
- 5 According to the Reinvestment Fund study, Limited Supermarket Access areas are where residents travel longer distances to reach supermarkets than the average distance in medium and high income areas, taking population density and car ownership rates into account. Supermarkets include the following store types: supermarkets, supercenters, wholesale club, limited assortment, military commissary, and natural food stores. Superettes and dollar stores are excluded because they are less likely to provide a wide range of fresh groceries.
- 6 For the separate Employment and Crime Sections in this report, only locations for which data are available are included in the tables. If the section does not include information, no data was available for any of the locations or component parts of the area you requested for this report.
- 7 "Other" means of transportation include those other than commuting by car, car pool or van pool, public transit, motorcycle, bicycle, or walking.