

Jeffrey S. Martin
Mayor



Public Health
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director
Chris Hellwig, Health Officer

TOWNSHIP OF HAMILTON

DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

Community Health Survey Report

June 2023

About the Survey

The Hamilton Township Division of Health (HDOH) Community Health Survey was developed to gain a greater insight into the health status of the Hamilton community. Many current available data sets include county or state level data with minimal municipal level data available.

Survey Questions

Questions for the survey consist of demographic questions, general health, substance use, physical health, mental health and food insecurity.

- Demographic Questions: questions 1, 2, 3 and 4 on the survey
- General Health Questions: questions 5, 6, 13, 14, 15, 16 and 17
 - [NJ BRFS](#) (5, 6, 13, 14, 15, 16, 17)
- Substance Use Questions: questions 7, 8, 9 and 10
 - [Single question screening test for drug use](#) (question 7)
 - [AUDIT 1-3](#) (US) (questions 8, 9, 10)
- Food Insecurity Questions: questions 11 and 12
 - The Hunger Vital Sign™ two question [food insecurity screening tool](#)

Data Collection

Data collection started in October 2022 and continued through April 2023 for a total of 6 months of data collection time. Survey data was collected electronically using Google Forms and on paper, in both English and Spanish. Paper surveys were then entered into the Google Forms link for analysis. Copies of the survey are included at the end of this report.

The survey was advertised in the following ways:

- Posted in the Division of Health public facing areas (clinic and vestibule entrance)
- Hamilton Township Public Library with an accompanying drop box for paper forms
- Given to residents at public flu and COVID-19 vaccine clinics
- At outreach events and health fairs HDOH staff attended
- Sent via email to a community listserv
- Posted in the Hamilton Township Newsletter and social media pages

A total of 194 responses were collected. Of those responses 173 reported a zip code located within Hamilton Township. Zip codes shared between Hamilton and other Mercer County towns were included in the analysis.

Participation in the survey was voluntary and participants could leave any response blank they did not want to answer. Unanswered questions were coded and analyzed as 'Unknown.'

Participants had the option to complete the survey in English or Spanish, on the online platform or on the paper version.

Data Analysis

Raw data from the survey was analyzed in Microsoft Excel. Only responses with a Hamilton zip code were included in the analysis (n=173). Responses for the 65+ age group were also analyzed separately (n=92).

Analysis consists of frequency distributions of each question based on count and percent of total responses for each question. Percentages greater than 95% or less than 5% are notated as >95% and <5%, respectively.

Questions 8, 9 and 10 were analyzed separately based on the AUDIT 1-3 US, three question screening to identify excessive drinking (n=161). Unknown/unanswered responses for any of these three questions were not included in the analysis (n=12).

Mercer County Estimates include data obtained from NJSHAD. All estimates are from the most recent data available for each measure from the NJ Behavioral Risk Factor Survey Data.

Limitations

Although the data collected provides the HDOH staff with insight into the health status of the Hamilton community it is important to note limitations. Data from this survey is self-report which introduces the potential for self-report bias in responses. Additionally, a majority of the responses (52%) were in adults aged 65+, and overall sample size was limited (n=173) so caution should be used if trying to generalize these findings to the whole of the Hamilton community. Despite these limitations, the data collected does aid the HDOH and partners to continue to provide health services and resources to our community, especially the older adult population. Additionally, this survey was only administered in the adult population, we do not have data on family size and if children are present in the households.

Conclusion

Despite the limitations, the Community Health Survey has provided some interesting findings regarding the health status of Hamilton residents. Comparisons to the Mercer County NJBRFS data show higher percentages of those having high blood pressure, diabetes and those visiting the doctor for a routine check-up in the past year. These differences are likely due to the age distribution of the Community Health Survey data where most of the participants were over the age of 65. The food insecurity results from the Community Health Survey indicate higher levels of food insecurity may be present within the Township, specifically among the 65+ population. In comparison, according to Feeding America (2021) it is estimated that 7.2% of Mercer County residents are food insecure. Results from this survey warrant continued data collection to gather a more representative sample of Township residents to understand health needs. Additionally, health education programming in the areas of chronic disease prevention should continue, especially for older adults. Providing older adults with assistance regarding food is important including linkages to SNAP, the Senior Nutrition Program, Meals on Wheels and food pantries.

Demographic Data Summary

Zip Code Data

| What is your zip code? | | |
|------------------------|--|--|
| Zip Code | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| 08609 | 10% | 7% |
| 08610 | 16% | 16% |
| 08611 | <5% | <5% |
| 08619 | 29% | 32% |
| 08620 | 6% | 5% |
| 08629 | 8% | 8% |
| 08690 | 24% | 26% |
| 08691 | <5% | <5% |

Age Range Data

| What is your age? | |
|-------------------|--------------------------|
| Age Range | Percent of Total (n=173) |
| 18-24 years | <5% |
| 25-34 years | <5% |
| 35-49 years | 15% |
| 50-64 years | 25% |
| 65+ years | 53% |

Gender Data

| What is your gender? | | |
|----------------------|--|--|
| Gender | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| Male | 47% | 50% |
| Female | 51% | 50% |
| Other | <5% | - |
| Prefer not to say | <5% | - |

Health Insurance Data

| What is the current primary source of your health insurance? | | | |
|--|--|--|-------------------------------------|
| Health Insurance | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=520) |
| Medicaid or other government sponsored plan | 5% | <5% | -- |
| Medicare | 40% | 72% | -- |
| No health insurance | 8% | <5% | 14.6% |
| Private insurance plan (from an employer or a plan you buy) | 44% | 22% | -- |
| Unknown | <5% | <5% | -- |

General Health Questions Data Summary

High Blood Pressure

| Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? | | | |
|--|---|---|--|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2017 (n=537) |
| Yes | 53% | 67% | 30.3% |
| No | 46% | 33% | 69.7% |
| Unknown | <5% | - | -- |

Diabetes

| Have you ever been told by a doctor, nurse or other health professional that you have diabetes? | | | |
|---|---|---|--|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=521) |
| Yes | 18% | 18% | 8.7% |
| No | 82% | 82% | 91.3% |
| Unknown | - | - | -- |

Healthy Days

| Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | | | |
|---|---|---|--|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=513) |
| 0-13 days | 84% | 86% | 95.3% |
| 14 or more days | 8% | 7% | 4.7% |
| Unknown | 8% | 8% | -- |

| 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? | | | |
|--|---|---|--|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=511) |
| 0-13 days | 83% | 87% | 88.8% |
| 14 or more days | 9% | 7% | 11.2% |
| Unknown | 8% | 7% | -- |

Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=518) |
|---------|--|--|-------------------------------------|
| Yes | 69% | 77% | 81.3% |
| No | 26% | 20% | 18.7% |
| Unknown | 5% | <5% | -- |

Primary Care Visit

About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.)

| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020 (n=515) |
|--|--|--|-------------------------------------|
| 5 or more years ago | <5% | <5% | -- |
| Within the last year (any time less than 12 months ago) | 80% | 86% | 72.1% |
| Within the past 2 years (1 year but less than 2 years ago) | 11% | 9% | -- |
| Unknown | <5% | <5% | -- |

General Health Status

Would you say that in general your health is:

| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) | Mercer County Estimate 2020, (n=546) |
|-----------|--|--|--------------------------------------|
| Excellent | 8% | 8% | 21.5% |
| Very Good | 34% | 34% | 38.4% |
| Good | 41% | 41% | 29.9% |
| Fair | 13% | 14% | 7% |
| Poor | <5% | <5% | 3.3% |
| Unknown | <5% | <5% | -- |

Substance Use Data Summary

Single Question Screening for Drug Use

| How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (for example, because of the experience or feeling it caused)? | | |
|---|---|---|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| 0 times | >95% | >95% |
| 1 or more times | <5% | <5% |
| Unknown | <5% | <5% |

The Single question screening test for drug use is a validated single-question screening tool for drug use. A response of ≥ 1 is considered positive (Smith et al., 2010).

AUDIT 1-3 (US) Screening for Excessive Drinking

| How often do you have a drink containing alcohol? | | |
|--|---|---|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| Never | 29% | 24% |
| Less than monthly | 31% | 39% |
| Monthly | 14% | 12% |
| Weekly | 8% | 8% |
| 2-3 times a week | 11% | 9% |
| 4-6 times a week | <5% | <5% |
| Daily | 5% | 7% |
| Unknown | <5% | <5% |

| How many drinks containing alcohol do you have on a typical day you are drinking? | | |
|--|---|---|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| None - I don't drink alcohol | 37% | 34% |
| 1 drink | 31% | 39% |
| 2 drinks | 18% | 16% |
| 3 drinks | 6% | <5% |
| 4 drinks | <5% | <5% |
| Unknown | 6% | 5% |

| How often do you have 5 or more drinks on one occasion (men) or 4 or more drinks on one occasion (women and men over age 65)? | | |
|---|--|--|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| Never | 72% | 79% |
| Less than monthly | 15% | 10% |
| Monthly | 6% | 5% |
| 2-3 times a week | <5% | <5% |
| Weekly | <5% | <5% |
| Unknown | 5% | <5% |

Scored responses for the AUDIT 1-3

| Percent of responses where scoring is indicative of excessive drinking, according to AUDIT 1-3 US scoring (n=161) | |
|---|---------|
| Excessive Drinking Identified* | Percent |
| Yes | 7% |
| No | 93% |

*Excessive drinking score of yes or no is calculated using the scoring guide below for individual responses in questions 8, 9 and 10. Only responses where participants answered all three questions are included (n=161), an unanswered response for any of the three questions was not included in the analysis. A total score of 7 or more (for women and men over 65) and 8 or more (for men younger than 65) is considered positive and is evidence excessive drinking may be present.

How to Score: Each response is scored using the numbers at the top of each response column. Write the appropriate number associated with each answer in the column at the right. Then add all numbers in that column to obtain the total score.

| QUESTIONS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Score |
|---|---------|-------------------|----------|----------|------------------|------------------|-------------------|-------|
| 1. How often do you have a drink containing alcohol? | Never | Less than Monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| 2. How many drinks containing alcohol do you have on a typical day you are drinking? | 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-9 drinks | 10 or more drinks | |
| 3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| Total | | | | | | | | |

Source: CDC (2014) Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

Food Insecurity Data

| Within the past 12 months, we worried whether our food would run out before we got money to buy more. | | |
|--|---|---|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| Never true | 73% | 77% |
| Sometimes true | 17% | 14% |
| Often true | 6% | <5% |
| Unknown | <5% | <5% |

| Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more. | | |
|---|---|---|
| Answer | Percent of Total, all age groups (n=173) | Percent of Total, 65+ age group (n=92) |
| Never true | 75% | 78% |
| Sometimes true | 17% | 14% |
| Often true | 5% | <5% |
| Unknown | <5% | <5% |

A response of 'often true' or 'sometimes true' to one or both questions is an indicator of food insecurity in families with children, with 97% sensitivity and 83% specificity (Hager et al., 2010). The Hunger Vital Sign™ is validated in English and Spanish (FRAC, 2017; Children's Health Watch, n.d.). These same two questions are also valid predictors of food insecurity among adult populations. Using a U.S. population-based survey Gunderson et al., (2017) found these two items to have a sensitivity of 97% or greater and specificity of 70% or greater among different adult population groups. Thus, the Hunger Vital Sign™ is a recommended screening tool for clinical settings to identify food insecurity across various populations (Gunderson et al., 2017). It is important to note that these two questions do not indicate the severity of food insecurity within the family or the complexities surrounding food insecurity (Gunderson et al., 2017).

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DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

Community Health Survey

Thank you for taking the time to complete this survey. It should take approximately 5-minutes to complete. *Your responses will remain confidential.* The Hamilton Township Division of Health takes pride in the services that it provides. The purpose of this survey is to better understand the general health status of the Hamilton Township community. In order to continue to provide residents with high quality public health services we need and value your feedback. If you have any questions please contact us at chellwig@hamiltonnj.com or 609-890-3828.

Directions: Please read the following questions and answer them to the best of your ability. You may skip any question you do not want to answer. For open-ended questions, please clearly write your answer in the space provided. For multiple-choice questions, please check the box next to your answer choice.

| |
|---|
| 1. What is your home ZIP code? _____ |
| 2. What is your age? <input type="checkbox"/> 18-24 years <input type="checkbox"/> 35-49 years <input type="checkbox"/> 65+ years <input type="checkbox"/> 25-34 years <input type="checkbox"/> 50-64 years |
| 3. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify |
| 4. What is the current primary source of your health insurance? <input type="checkbox"/> Private insurance plan (from an employer or a plan you buy) <input type="checkbox"/> Medicaid or other government sponsored plan <input type="checkbox"/> Medicare <input type="checkbox"/> No health insurance |
| 5. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been told by a doctor, nurse or other health professional that you have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (for example, because of the experience or feeling it caused)? <input type="checkbox"/> 0 times <input type="checkbox"/> 1 or more times |
| 8. How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> Less than monthly <input type="checkbox"/> 4-6 times a week <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly |

More questions on the back



9. How many drinks containing alcohol do you have on a typical day you are drinking?

- 1 drink 3 drinks 5-6 drinks 10 or more drinks
 2 drinks 4 drinks 7-9 drinks None– I don't drink alcohol

10. How often do you have 5 or more drinks on one occasion (men) or 4 or more drinks on one occasion (women and men over age 65)?

- Never 2-3 times a week
 Less than monthly 4-6 times a week
 Monthly Daily
 Weekly

11. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

- Often true
 Sometimes true
 Never true

12. Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

- Often true
 Sometimes true
 Never true

13. Would you say that in general your health is:

- Excellent Fair
 Very Good Poor
 Good

14. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- 0-13 days
 14 or more days

15. 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?

- 0-13 days
 14 or more days

16. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- Yes
 No

17. About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, *not* an exam for a specific injury, illness or condition.)

- Within the last year (any time less than 12 months ago)
 Within the past 2 years (1 year but less than 2 years ago)
 Within the past 5 years (2 years but less than 5 years ago)
 5 or more years ago

18. If you would like someone from the Division of Health to contact you regarding information on this survey, or other health concerns please provide your contact information below. (OPTIONAL)

Name: _____ Phone: _____ Email: _____

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Encuesta de Servicios al Cliente

Gracias por tomarse el tiempo para completar esta encuesta. Esto tardará aproximadamente 5 minutos para completar. *Su respuesta será confidencial.* El Departamento de Salud de Hamilton se enorgullece en los servicios que proporcionamos. Para continuar proporcionando a los residentes con servicios de salud público de alta calidad, valoramos y necesitamos sus comentarios. Si usted tiene preguntas, por favor contáctanos por chellwig@hamiltonnj.com o al 609-890-3828.

Direcciones: Por favor lea las siguientes preguntas y conteste las a lo mejor que pueda. Usted puede omitir cualquiera pregunta que usted no quiere contestar. Para las preguntas abiertas, por favor escriba claramente su respuesta en el espacio proporcionado. Para las preguntas de opción múltiple, por favor marque la caja al lado de su respuesta.

| |
|---|
| 1. ¿Cuál es su código postal? _____ |
| 2. ¿Cuántos años tiene? <input type="checkbox"/> 18-24 años <input type="checkbox"/> 35-49 años <input type="checkbox"/> 65+ años <input type="checkbox"/> 25-34 años <input type="checkbox"/> 50-64 años |
| 3. ¿Cuál es su género? <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Femenino <input type="checkbox"/> Prefiero no especificar |
| 4. ¿Cuál es su seguro médico primario actualmente? <input type="checkbox"/> Seguro privado (del trabajo o un plan que usted compra) <input type="checkbox"/> Medicaid u otro plan patrocinado por el gobierno <input type="checkbox"/> Medicare <input type="checkbox"/> No tengo seguro médico |
| 5. ¿Alguna vez un médico, enfermera u otro profesional de la salud le ha dicho que tiene presión arterial alta? <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 6. ¿Alguna vez un médico, enfermera u otro profesional de la salud le ha dicho que tiene diabetes? <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 7. En el último año, ¿cuántas veces ha usado una droga ilegal o medicamento prescripción por razones no médicas (ej. – para la experiencia o efecto que le causa)? <input type="checkbox"/> 0 veces <input type="checkbox"/> 1 o más veces |
| 8. ¿Con qué frecuencia tiene una bebida que contiene alcohol? <input type="checkbox"/> Nunca <input type="checkbox"/> Semanal <input type="checkbox"/> Diario <input type="checkbox"/> 2-3 veces a la semana <input type="checkbox"/> Menos que mensualmente <input type="checkbox"/> 4-6 veces a la semana <input type="checkbox"/> Mensual |

Más preguntas en el otro lado 

