



United Way  
of Hunterdon County

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# Hunterdon County Latino Behavior Risk Factor Surveillance Survey (BRFSS) 2022

# 2022

# A MESSAGE TO THE COMMUNITY

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It is my pleasure to share with the Hunterdon County community the results of the 2022 Latino BRFSS.

United Way of Hunterdon County has an ongoing commitment to understand and address the disparities in health, income and education that impact our communities. The Latino Behavior Risk Factor Surveillance Survey (BRFSS) is one example of this work. Over the years the BRFSS had been implemented without a meaningful representation of the Latino community. Realizing this unmet need, United Way of Hunterdon County first began implementing the Latino BRFSS in 2007, continuing the effort in 2011, 2016 and most recently in 2022.

In comparison to the 2016 survey, the 2022 survey shows encouraging results, such as an increase in those reporting that they have a regular health care provider and an increase in women receiving routine mammograms. However, significant health disparities persist, as evidenced by 75.1% of respondents reporting that they do not have health insurance, as compared to the overall county average of 5.1%. In addition, 33.2% of respondents reported that within the last year, there was a time that they needed to see a doctor but did not due to cost – a 9% increase from the 2016 Latino BRFSS results.

As we share these results, I would like to give a special acknowledgement to CEO Emeritus Bonnie Duncan for her dedication and commitment to leading the 2022 Latino BRFSS.

It is our hope that this information will help build bridges to improved access to health services and create a culture of health that continues through generations to come.



**Brenda Esler**

CEO

United Way of Hunterdon County

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The Latino community is the second-fastest growing racial/ethnic group in the United States.[1] According to 2020 Census data, there are 62.1 million Hispanic/Latinos living in the country[2], which represents 18.9% of the total U.S. population, being the second largest racial or ethnic group. The U.S. Department of Health and Human Services (HHS) Office of Minority Health reports that New Jersey is ranked 7th among the top 10 states displaying the largest Hispanic/Latino population. Hunterdon County, one of New Jersey’s 21 counties, has a large Hispanic/Latino community- with 7.8% of the population, or approximately 10,000 Latinos residing in the county. The Hispanic/Latino, hereafter referred to as “Latino community” has documented poorer health outcomes on many measures.

As a whole, the community suffers from a greater burden of noncommunicable disease and, at the same time, are less likely to have access to high-quality health care. More recently, Latinos were nearly five times more likely to be hospitalized due to COVID-19 in comparison to White Americans, further highlighting the inequalities suffered by this community.

This community health needs assessment was conducted between March-October 2022 and is the fourth “Latino Health Behavior Risk Factor Survey” conducted in Hunterdon County; with the last having been conducted in 2016.

[1] Pew Research Center. How the U.S. hispanic population is changing. 18 Sept 2017. Available at: <https://www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/> [Accessed 16 Nov 2022]

[2] United States Census Bureau. 2020 Census illuminates racial and ethnic composition of the Country. Available at: <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html#:~:text=The%20Hispanic%20or%20Latino%20population,origin%20grew%204.3%25%20since%202010.> [Accessed 16 Nov 2022].

# METHODOLOGY

Between March and October 2022, United Way of Hunterdon County, located in Flemington, New Jersey, conducted a Behavior Risk Factor Surveillance Survey (BRFSS) with the Hispanic/Latino community using a semi-structured survey with variables included from previous versions of the BRFSS. Items were adapted from the Centers for Disease Control and Prevention (CDC) and were discussed with a core group of five members from United Way of Hunterdon County and the Hunterdon Healthcare System. Additional items were added after a rapid literature search in regarding COVID-19 vaccination given the current ongoing pandemic in addition to questions on food insecurity and gender-based violence.

A convenience sampling strategy was utilized to reach Hispanic/Latino residents of Hunterdon County. Spanish-speaking employees of United Way of Hunterdon County engaged in community outreach during activities, such as community-based COVID-19 vaccination campaigns organized in partnership with the local Department of Health, and local food pantries.

People who were approached were informed that participation was voluntary and anonymous. Those who agreed to participate were administered the survey verbally or online. In some instances, links to completing the survey online were sent by text message for participants to complete at a later time.

Assuming a population of 8,000 Latinos residing in Hunterdon County, to have a representative sample with 95% confidence and a margin of error of +/- 5 points, a minimum of 367 survey participants were needed.

01

## STEP 1

Working group review of the survey questions

02

## STEP 2

Administration of survey and collection of results

03

## STEP 3

Data review and analysis & write-up of results

# METHODOLOGY

This community health needs assessment study is one of a number of community health assessments conducted within Hunterdon County. This specific assessment (2022) is the fourth 'Latino Health Behavior Risk Factor Surveillance Survey' (BRFSS) conducted within the county; with the first three having been carried out in 2007, 2011 and 2016. The findings from this study can be compared to earlier findings from the 2016 Latino assessment. This study is conducted to provide the evidence needed to construct a comprehensive community health improvement plan (CHIP) for Latinos residing Hunterdon County in collaboration with the members of the Partnership for Health.

Hunterdon County has shifted away from conducting a countywide BRFSS and is using electronic health records for their data collection. Consequently, we were unable to make the comparisons as we have done with previous surveys. In order to glean health disparities within our Latino community, some data was collected from the 2020 Census reports and the NJSHAD (New Jersey State Health Assessment Data) and discussed in the summary of findings.

# RESULTS

## GENERAL DESCRIPTION AND DEMOGRAPHIC CHARACTERISTICS (N=300)

A total of 300 people were surveyed, reaching 81% (300/367) of the target sample size needed. Six participants were excluded because they were under 18 years old. The total sample size consisted of 294 participants.

The majority of participants reported living in Flemington (216;73.47%), followed by Raritan township (21;7.14%) and Lambertville (16;5.44%) ([Table 1](#)). All surveyed participants municipalities are seen in [Map 1](#). In the 2016 BRFS survey, participants with the Flemington postal code made up 50.4% of participants.

*Table 1. Hunterdon County (New Jersey) municipality of surveyed Latino participants*

Municipality	Frequency	Percent (%)
Alexandria	1	0.34
Annandale	1	0.34
Bloomsbury	1	0.34
Clinton	9	3.06
East Amwell	10	3.40
Flemington	216	73.47
Franklin	3	1.02
Frenchtown	1	0.34
Hampton	1	0.34
Hillsborough	1	0.34
Lambertville	16	5.44
Lebanon	2	0.68
Raritan	21	7.14
Readington	8	2.72
Somerset	1	0.34
West Amwell	2	0.68

# RESULTS

Map 1. Reported municipality of residence of study participants, n=294



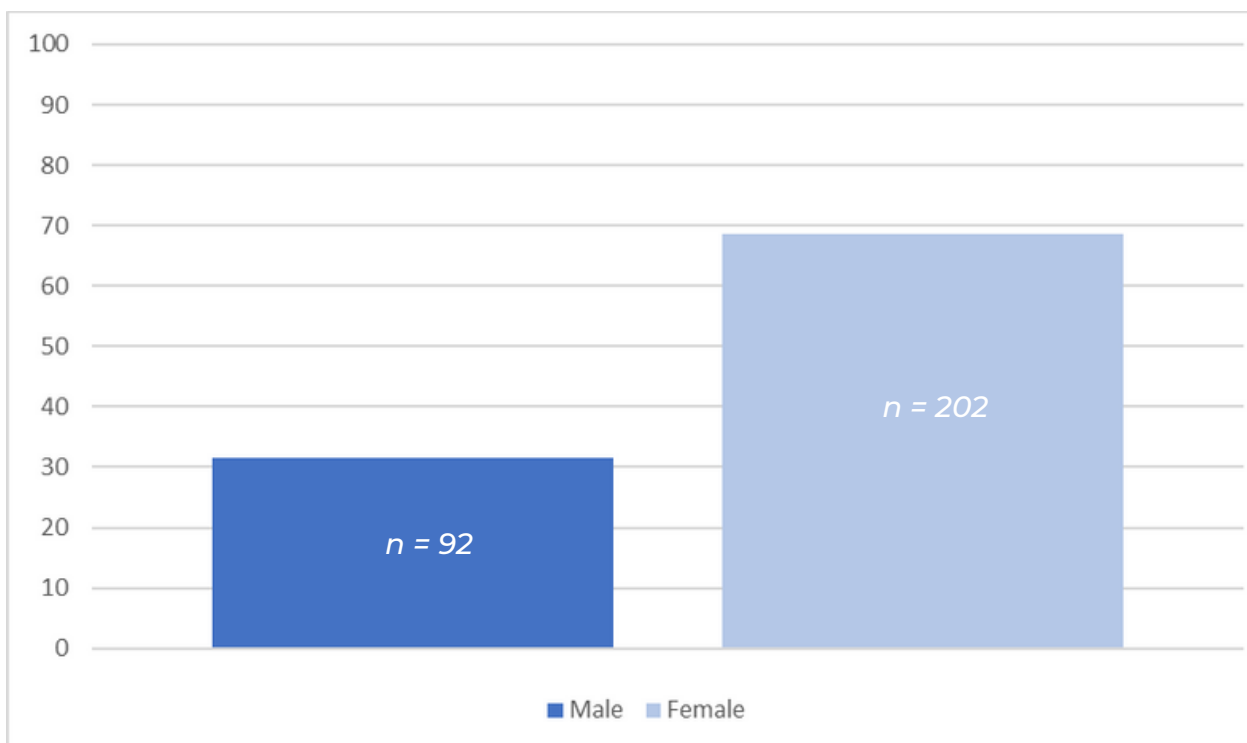
Participants were predominantly female (202/ 68.7%) (Figure 1), and half of all respondents reporting being married (152/ 51.7%) or living with their partner although not married (53/ 18.0%) (Table 2).

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The majority of respondents were women

Figure 1. Participants reported gender, as percentages and proportion (n=294)





# RESULTS

*Table 2. Marital status of surveyed participants, n=294*

Marital status	Frequency	Percent (%)
Never been married	44	14.97
Living with partner, unmarried	53	18.03
Married	152	51.70
Civil partnership	5	1.70
Separated	17	5.78
Divorced	19	6.46
Widowed	4	1.36

Participants' ages ranged from 18 to 74 years, with an average age of 39.1 years (SD:11.0) and the median (50th percentile) of 37 years (Table 3). The mode, also referred to as the most common or frequent score, was also 37 years, suggesting that the distribution of age was slightly skewed towards a younger age (skewness 0.488). In comparison to 2016 data, participants were slightly older (mean in 2016; 35.7 years) in 2022.

*Table 3. Participant age categories*

Age category	Frequency	Percent (%)
18-25 years	27	9.18
26-35 years	97	32.99
36-50 years	129	43.88
51-62 years	31	10.54
63+ years	10	3.40

# RESULTS

More than one quarter of people surveyed had received schooling up to primary school or less (79/ 26.87%) and about another third (28.91%) had completed middle school (Table 4). These results are not comparable to data from 2016 because in 2016, participants who had no formal education were classified into their own group, whereas in 2022 “primary school or less” was considered one category option. A very low proportion of participants had completed a four-year college degree (11/ 3.74%) or associate’s degree (14/ 4.76%).

**Table 4. Highest level of education completed by participants, n =299**

Education level	Frequency	Percent (%)
Primary school or less	79	26.87
Middle school/junior high	85	28.91
Some high school	29	9.86
High school (GED)	36	12.24
Some university	34	11.56
Associate's Degree	14	3.74
Bachelor's Degree	11	4.76
Trade school	2	0.68
Post-graduate studies (Master's or higher)	4	1.36

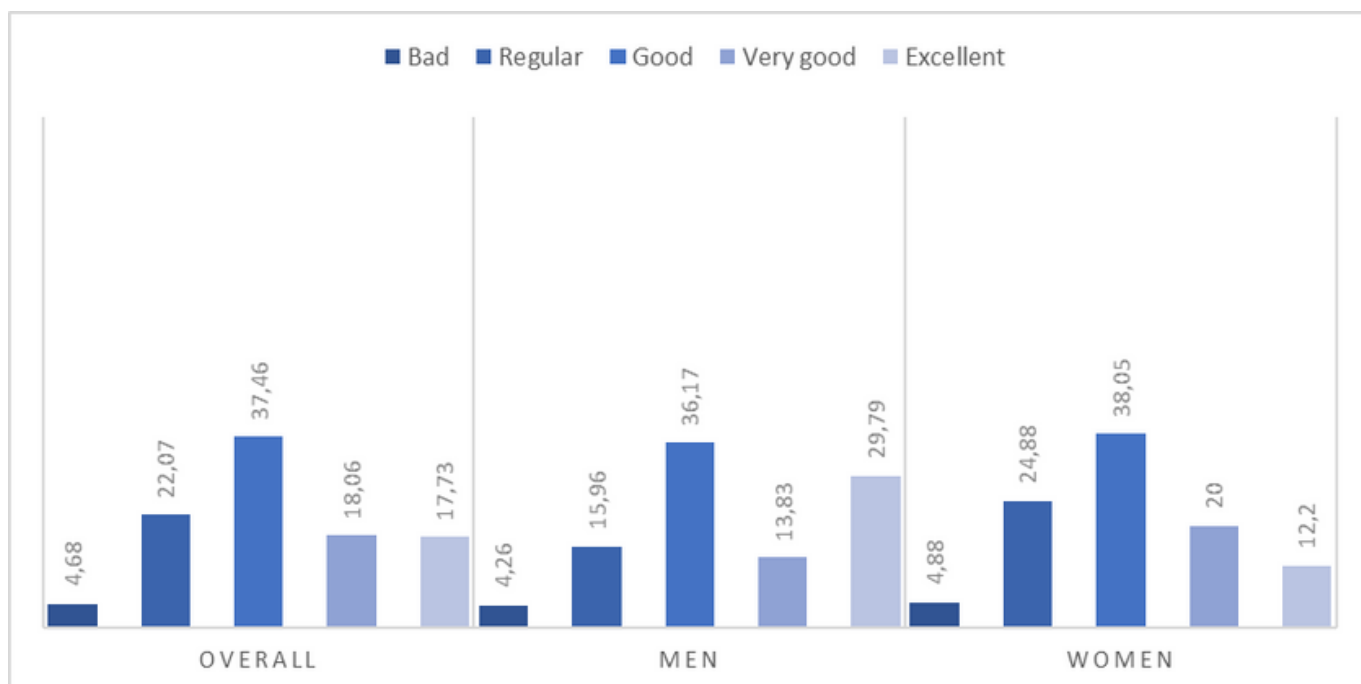


# RESULTS

## GENERAL HEALTH AND HEALTH-SEEKING BEHAVIORS

A third of participants reported having "very good" (52/ 17.69%) or "excellent" (53/ 18.03%) health, a slight increase in comparison to 2016 data (Figure 2). While more people reported having "good" health, participants with self-reported "bad" health increased by about 3%. The most frequently reported category of health was "good", which decreased to 37% from 44.6% in 2016. Women more frequently reported having "regular" health, in comparison to men (25.25% versus 16.30%;  $p=0.004$ ) but there were no differences between men and women reporting "bad" health (4.95% versus 4.35%). Women reported having "excellent" less frequently than men (12.38% versus 30.43%).

Figure 2. Overall self-reported level of health, and sorted by gender, reported as percentages



### Health insurance status

Overall, 26.5% (78/294) reported having health insurance, showing no changes in comparison to the 26.1% reported in 2016. Among those reporting having health insurance, 47% (37/78) reporting being covered through Medicare. (Table 5). Eighty people (27.2%) reported paying for their medical care out of pocket and 133 (45.2%) were receiving some medical care through the charity care program.



# RESULTS

Table 5. Payment for health services, including type of health insurance coverage among participants (n=294)

Health insurance	Frequency	Percent (%)
Private insurance	34	11.6
Pre-paid health insurance	7	2.4
Charity care	133	45.2
Medicare	37	12.6
Out of pocket	88	29.9

Women more frequently reported having health insurance in comparison to men (80.2% versus 51.1%), and this difference was statistically significant ( $p < 0.001$ ). Age was not associated with significant differences in health insurance coverage, with the proportion of people in each age group reporting similar health insurance status ( $p = 0.681$ ). However, people between the ages of 18-25 had the least reported health insurance coverage (62.9%) in comparison to those in older age groups (26-35/ 70.1%, 36-50/ 71.3%, 51-62/ 80.6%, and 63+/ 70.0%). There was no statistically significant difference in health insurance coverage and reported level of education.

## Barriers to seeing a doctor

Overall, more than one third (33.2%;  $n = 97$ ) of participants reported not being able to see a doctor in the last year due to cost. This percentage is substantially higher than the 23% of the residents who reported inability to see a doctor in the past year in the 2016 BRFSS. In the inferential statistics carried out, no significant differences in sex or age group were observed, which was the same trend seen in 2016. Contrary to what was seen in 2016, education level was also not a statistically significant factor. However, while not statistically significant, those between the ages of 36-50 reported the highest proportion of barrier due to cost (48.45%) in comparison to the other age groups.

# RESULTS

Language was reported as a barrier to having visited a doctor in the last year in 20.1% (n=58) of the respondents, with no differences being seen among men (18.2%) and women (20.9%) (p=0.596). No statistically significant differences were seen among age groups or education level either.

## Doctor's visits

More than half (171/ 58.9%) of the survey participants reported seeing a doctor for a routine checkup in the last year. This result is similar with findings from 2016, which found that 58.2% of respondents during that year had also visited a doctor. When examining these differences by sex, females were more likely to have seen a doctor for a routine checkup in comparison to men (p<0.001) (Table 6).

Table 6. Overall time since reported last doctor’s visit, and sorted by gender (n=290)

	Overall n (%)	Females n (%)	Males n (%)
Within the past 12 months	171 (58.9)	132 (66.3)	39 (42.9)
Within the past 2 years	58 (20.0)	145 (22.6)	13 (14.3)
Within the past 5 years	21 (7.2)	7 (3.5)	14 (15.4)
More than 5 years ago	24 (8.3))	13 (6.5)	11 (12.1)
Never	16 (5.5)	2 (1.0)	14 (15.4)

Overall, 64.7% (n=185) of respondents reported having a particular clinic, health center, doctor’s office or other place to go to if they are sick or need advice about their health. This is substantial increase in comparison to 2016, when only 50.4% of respondents reported having a regular doctor or clinic to go to. In bivariate analysis, women more frequently reported having a particular location-or medical home- in comparison to men (72.16% versus 48.91%;p<0.001). No significant differences were seen among age groups or education levels.

# RESULTS



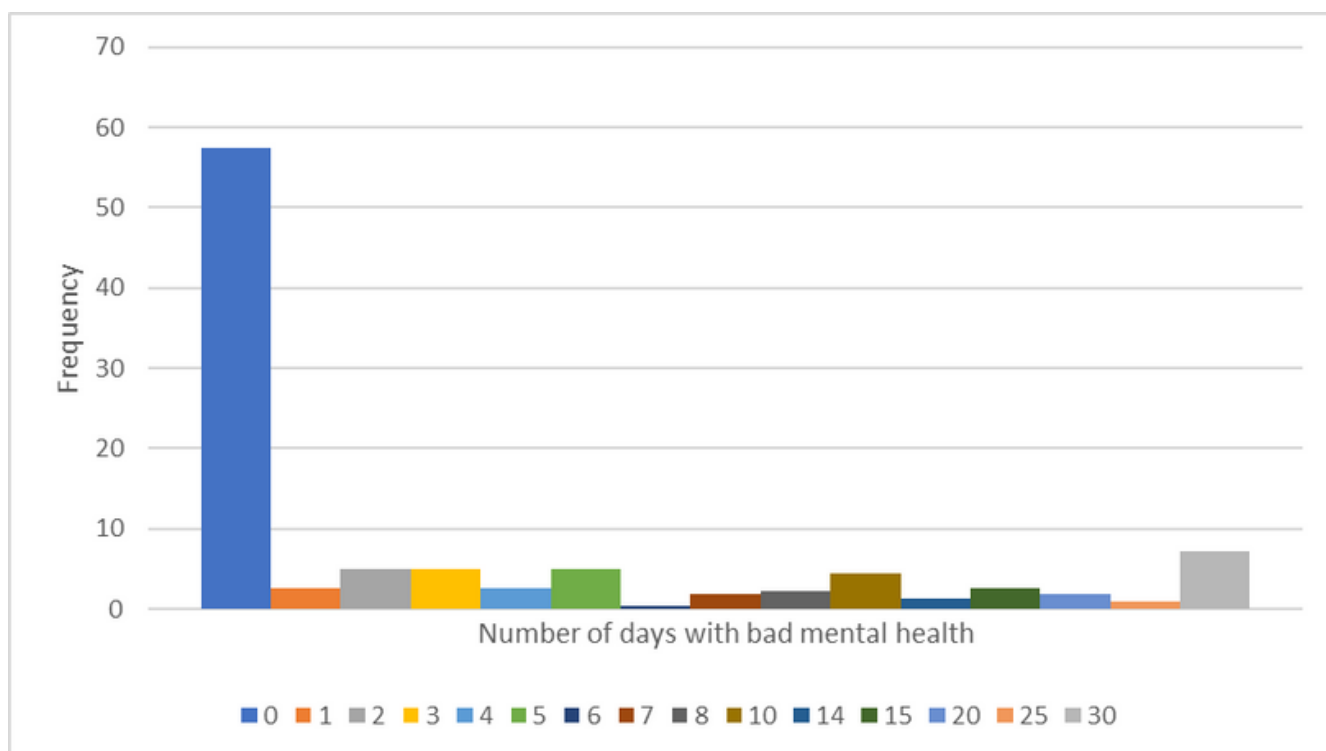
## Emergency room visits

Among those answering this question (n=289), 20.8% (n=60) reported going to the emergency room to get care for themselves in the past 12 months. Among those reporting having gone to the emergency room, more than half (n=33) reported going one time and 20 (33%) reported going two times in the last 12 months. The remaining emergency room visits were between 3-13 times. Women were more likely to visit the emergency room to receive care for themselves in the past year in comparison to men (24.2% versus 13.2%;p=0.031). No differences among age groups or education levels were seen.

## Mental health

Among the 226 participants who responded this question, 57.2% (n=130) reported having no-or zero- bad mental health days during the past thirty (30) days. The remaining participants reported at least one bad mental health day during the same period, with people reporting having bad mental health every day (30 days) most frequently (7% of respondents) (Figure 3).

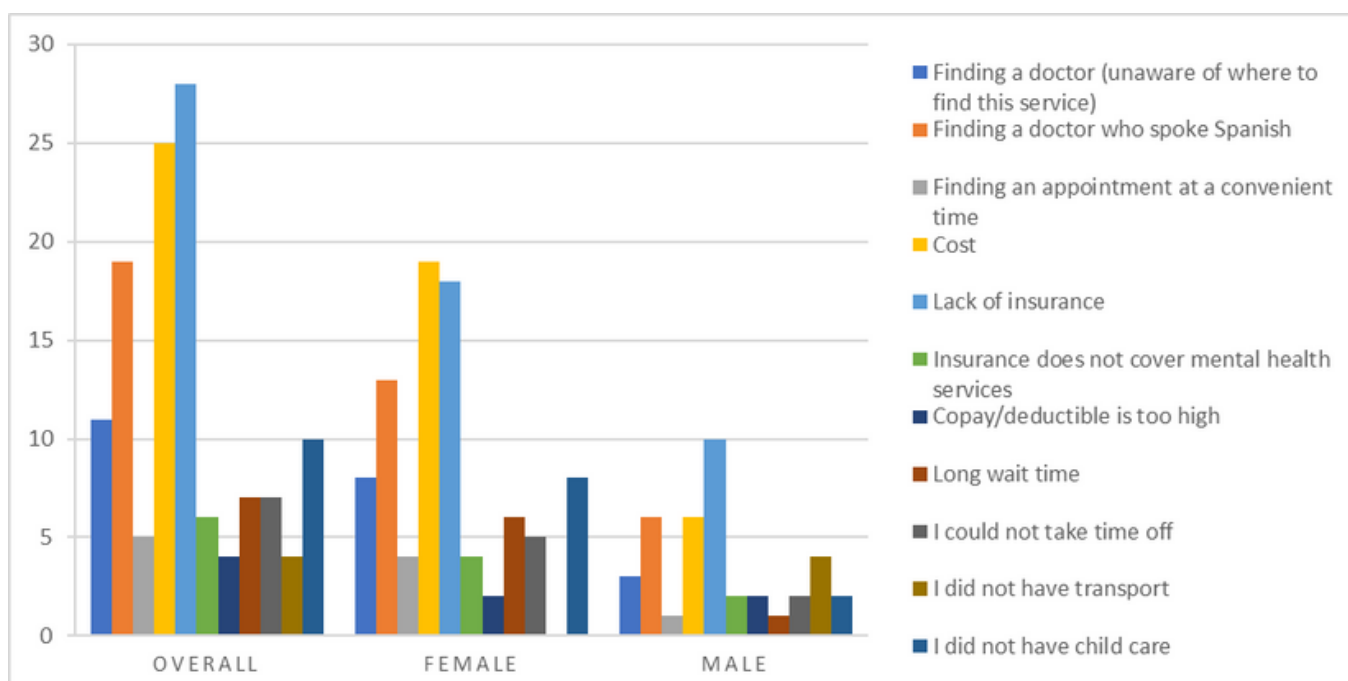
Figure 3. Proportion of respondents reporting number of days with bad mental health during the last 30 days



# RESULTS

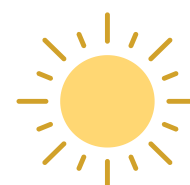
When asked about barriers to accessing mental health services in the past year, the most frequent barrier to accessing a mental health appointment with a specialist was not having insurance (n=28) followed by cost (n=25) and not finding a health care professional who spoke Spanish (n=19) ([Figure 4](#)).

Figure 4. Frequency of barriers to accessing mental health services in the past year, overall and sorted by sex.



## Protection against the sun

Overall, nearly one third (82/ 28.1%) of the Latino participants reported never using sunscreen when they are outside on a sunny summer day. This is a substantial improvement in comparison to 2016, where 50% reported never using sunscreen outside. Overall, sunscreen use has improved in comparison to 2016 ([Table 7](#)).



# RESULTS

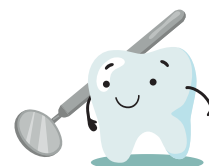


Table 7. Reported frequency of sunscreen use in 2022 BRFFS in comparison to the 2016 BRFFS

	2022 BRFFS (n=292) n (%)	2016 BRFFS (n=307) n (%)
Never	82 (28.08)	152 (49.5)
Seldom	53 (18.15)	92 (30.0)
Sometimes	74 (25.34)	24 (7.8)
Almost always	27 (9.25)	25 (8.1)
Always	56 (19.18)	14 (4.6)

Women were twice as likely to report always wearing sunscreen in comparison to men (22.5% versus 11.9%; $p=0.011$ ). No statistically significant differences were seen among age groups or education levels.

## Visting the dentist

Overall, 39.5% (n=115) of the survey participants indicated that they had visited a dentist or dental clinic within the past year (Table 8). While low, this is an improvement in comparison to the 35% of Latinos who reported visiting a dentist within the past year in 2016 and an even greater substantial increase in comparison to 2011 (22%). There were no statistically significant differences among gender, age groups, or education level.

Table 8. Reported frequency of last dentist visit among overall participants (n=291)

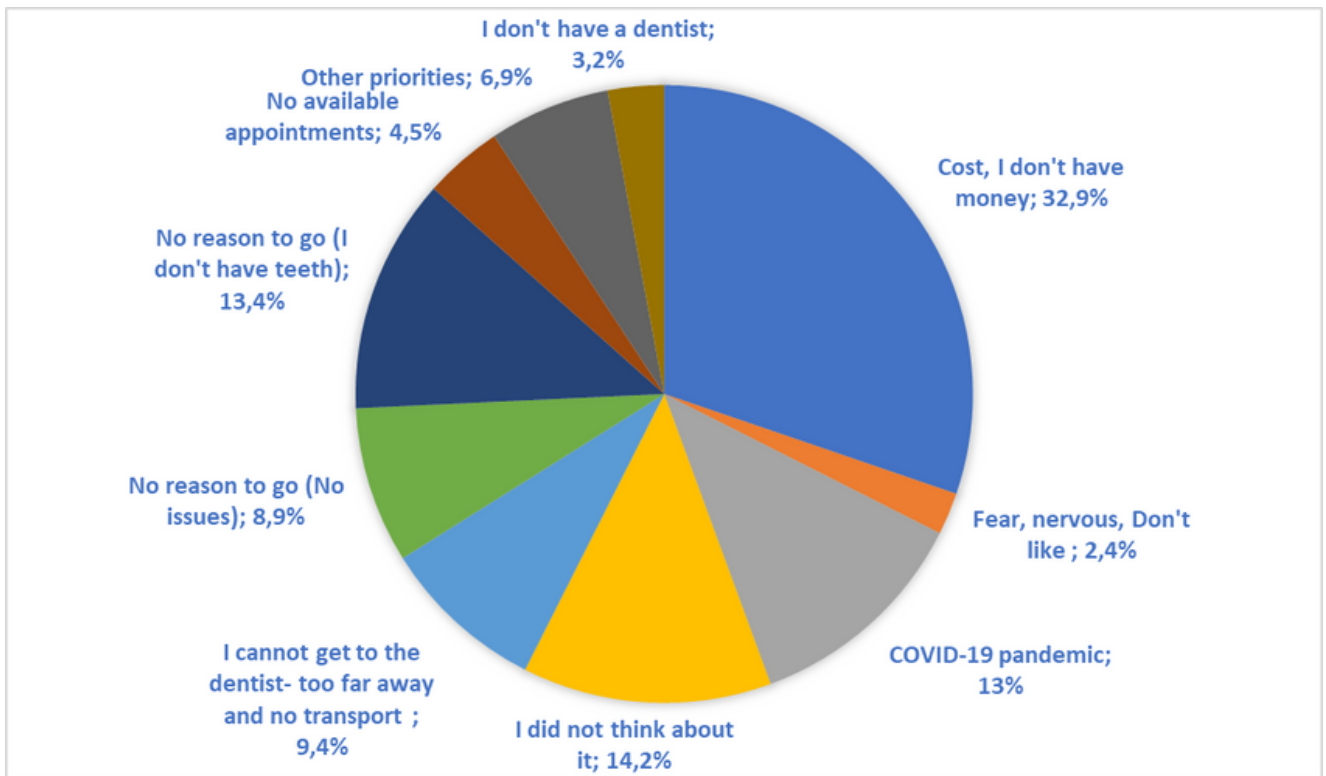
	Frequency	Percent (%)
Never	24	8.25
Within the past year	115	39.52
Within the past 2 years	89	30.58
Within the past 5 years	30	10.31
5 or more years ago	25	8.59
Don't know/Can't Remmber	8	2.75



# RESULTS

When exploring the main reason why participants had not visited the dentist in the last year, the main reason reported by 32.9% of respondents was due to cost followed by not having thought about it (14.2%) and not having a reason to go because they do not have teeth (13.4%) (Figure 5).

Figure 5. Main reasons for not attending the dentist in the last year (n=246)

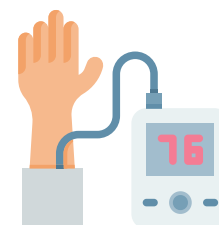


## Noncommunicable diseases

### *Blood pressure*

Overall, half of participants (n=147) who responded to this question (n=289) reported having had their blood pressure taken within the past six months. This is a 12% decrease in comparison to 2016, bringing the proportion back down to 2011 levels (49%). We also saw a slight increase in the amount of people reporting never having had their blood pressure taken in 2022 (9%) in comparison to 2016 (7.6%) (Table 9).

# RESULTS



Women were twice as likely to have had their blood pressure checked in the past six months in comparison to men (61.8% versus 26.7%; $p < 0.001$ ) and men were about 5 times more likely to have never had their blood pressure checked before in comparison to women (21.1% versus 3.5%). Those aged 63 and above were twice as likely to report having had their blood pressure checked in the past six months in comparison to those aged 18-25 (60% versus 29.6%; $p = 0.010$ ), however, those between the ages of 50-62 most frequently reported having had their blood pressure checked in the past six months (67.7%) in comparison to all age groups. No statistically significant differences were seen among education level.

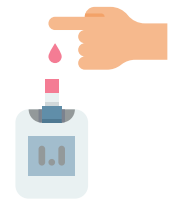
**Table 9. Overall time from last blood pressure check among participants (n=289) and sorted by gender**

	Overall (n=289) n (%)	Females (n=199) n (%)	Males (n=90) n (%)
I have never had my BP taken	26 (9.0)	7 (3.52)	19 (21.11)
In the last 6 months	147 (50.87)	123 (61.81)	24 (26.67)
In the past year	63 (21.80)	38 (19.10)	25 (27.78)
Between 2-5 years ago	39 (13.50)	21 (10.55)	18 (20.0)
More than 5 years ago	14 (4.84)	10 (5.03)	4 (4.44)

## *Hypertension, cholesterol, diabetes & pre-diabetes*

15.5% (n=45) respondents reported having been told that they have hypertension, a slight increase in comparison to 2016 (12.7%). No differences were observed between men and women.

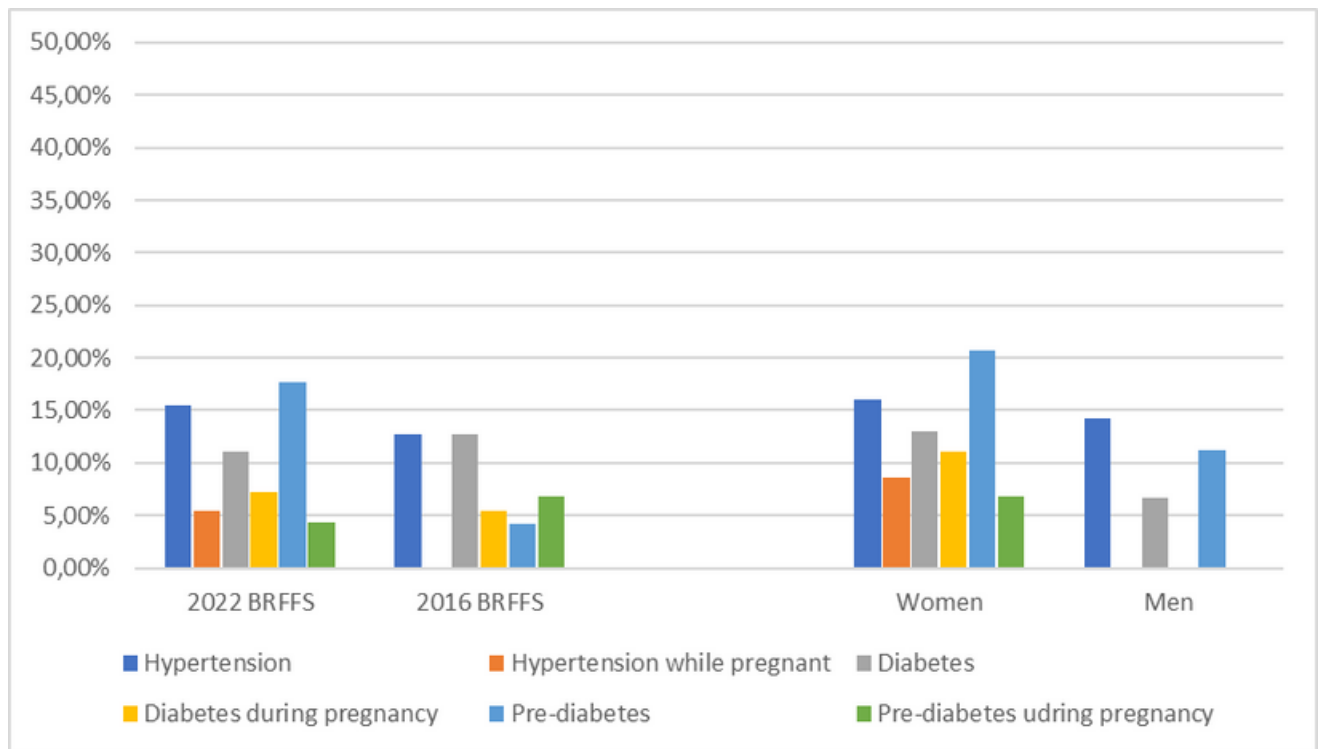
High cholesterol was reported in 22.0% (n=63) of respondents, with no significant differences seen between men and women.



# RESULTS

Similarly, 11.0% of respondents reported being told they have diabetes, with an additional 17.7% of people reporting being told they have pre-diabetes (Figure 6). In contrast to hypertension, women reported being told they have diabetes and pre-diabetes more frequently than men; 13% versus 6.6% ( $p=0.010$ ) and 20.7% versus 11.2% ( $p=0.042$ ), respectively. The self-reported prevalence of hypertension, diabetes, and pre-diabetes is substantially higher than what was reported in 2016; 12.7%, 7.9%, and 4.2%, respectively.

Figure 6. Diabetes and hypertension diagnoses among participants, sorted by gender and BRFFS year



Among those who were told they have diabetes ( $n=32$ ), 43% ( $n=14$ ) report checking their glucose on a daily basis. Eight respondents (25%) reported checking their glucose 2-3 times per week and four (12.5%) participants reported checking it 4-5 times per week.

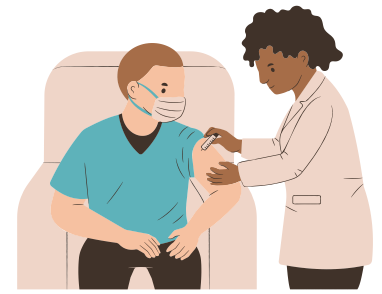
Among those who responded to the question on A1C (a measure to know the average blood sugar levels over the past 3 months) ( $n=261$ ), 41.4% ( $n=108$ ) reported never hearing of this test. 13.8% ( $n=36$ ) reported having it checked once in the past year and 6.9% ( $n=18$ ) reported having had it checked 2-4 times in the past year.

# RESULTS

## Vaccinations

### Flu vaccination

More than one third (114/ 38.8%) of participants reported not having received the flu vaccine in the past 12 months and another 5.4% (n=16) did not remember. About half of all participants reported having received the flu shot in the last year, similar to the proportion reported in 2016 (50.5%). Women were significantly more likely to report having received the flu vaccine in the past year compared to men (62% vs 40.2%;p<0.001).



### COVID-19 vaccination

Among respondents, 79.2% (n=233) reported having received the COVID-19 vaccine, with men and women both reporting similar proportions of vaccination (80.2% vs 81.6%;p=0.772). Among those reporting COVID-19 vaccination, the majority (143/ 62.2%) reported having received two doses. Six respondents who reported contradictory answers about receiving or not receiving the COVID-19 vaccine were considered as "Not having received the vaccine." The Pfizer vaccine was the most commonly reported vaccine type (79/ 26.7%), followed by Moderna (65/ 22.2%) and Johnson & Johnson (50/ 17.1%). The remaining reported having a combination of vaccines and two people reported having received the AstraZeneca vaccine (Figure 7, Table 10).

Figure 7. Pie chart of COVID-19 vaccine type received (n=233)

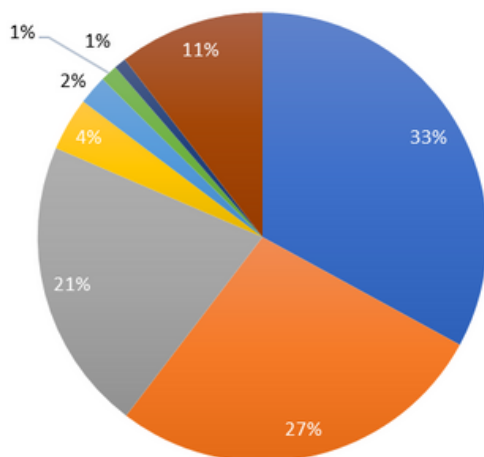


Table 10. Type of COVID-19 vaccine received (n=233)

Vaccine type	n (%)
Pfizer	79 (26.7)
Moderna	65 (22.2)
J & J	50 (17.1)
J & J and Pfizer	9 (3.1)
J & J and Moderna	5 (1.7)
Moderna & Pfizer	3 (1.0)
Astrazeneca	2 (0.7)
Missing values	20 (8.5)

# RESULTS

## Behaviors

### *Smoking*

The large majority of participants reported not smoking ever (236/ 80.3%). Thirty five respondents (11.9%) also chose the “not sure” response option. Nine participants reported smoking on a daily basis (3.1%) and six (2.0%) reported occasionally smoking. The question asked in 2016 about smoking was phrased differently and therefore cannot be compared. Similarly, only five (1.7%) participants reported smoking electronic cigarettes some days and three (1.0%) reported smoking electronic cigarettes on a daily basis.

### *Alcohol consumption*

When asked with what frequency they consume beverages containing alcohol, 286 responded to the question. More than half of respondents (n=164, 57.3%) reported never drinking alcohol. In comparison to 2016, this proportion is less than what was reported then (73.5%). 12 (4.2%) respondents reported drinking alcohol 2-3 times per week. Among those who reported drinking alcohol (n=151), 105 (69.5%) reported drinking 1-2 drinks usually. Only three participants (2.0%) reported drinking more than 10 drinks in one sitting regularly. Of the 151 people who reported how many drinks they consumed, 29 respondents did not report the frequency of drinking alcohol.

## Preventive services

### *Women*

### *Mammogram services*



All women responded to the question on ever having received a mammogram, of which, 91 (44.2%) reported ever having received a mammogram before. Of these, 33 (36.3%) had a mammogram this year and 25 (27.5%) had a mammogram the year before. Seven women (7.7%) had last received a mammogram more than 5 years ago. In comparison to 2016, there is a substantial increase in the proportion of women reporting having ever received a mammogram before. In 2016, only 36% of women reported having ever received a mammogram before. When asked whether women had ever been taught how to carry out a breast-examination to check for lumps, 68.8% (n=139) reported having been taught.

# RESULTS

This is slightly less than what was reported in 2016 (75.4%). Women aged between 51-62 had the highest proportion reporting having received a mammogram before (19/ 61.3%) in comparison to other age categories. Women between the ages of 26-35 least frequently reported having received a mammogram before (17/ 17.5%) followed by women between the ages of 18-25 (5/ 18.5%).

## *Men*

### *Rectal examinations*

Among men aged 39 and older (n=48), 47 responded to the question. 30 (62.5%) reported not having ever done a prostate specific antigen (PSA) exam (blood test to screen for prostate cancer). One person preferred not to say (2.1%) and 16 men (34.0%) reported having had a prostate exam before. Similarly, 29 men (61.7%) reported having ever received a rectal exam, two men (4.3%) preferred not to say, and 16 (34.0%) reported having received a rectal exam before.

### *Colonoscopy*

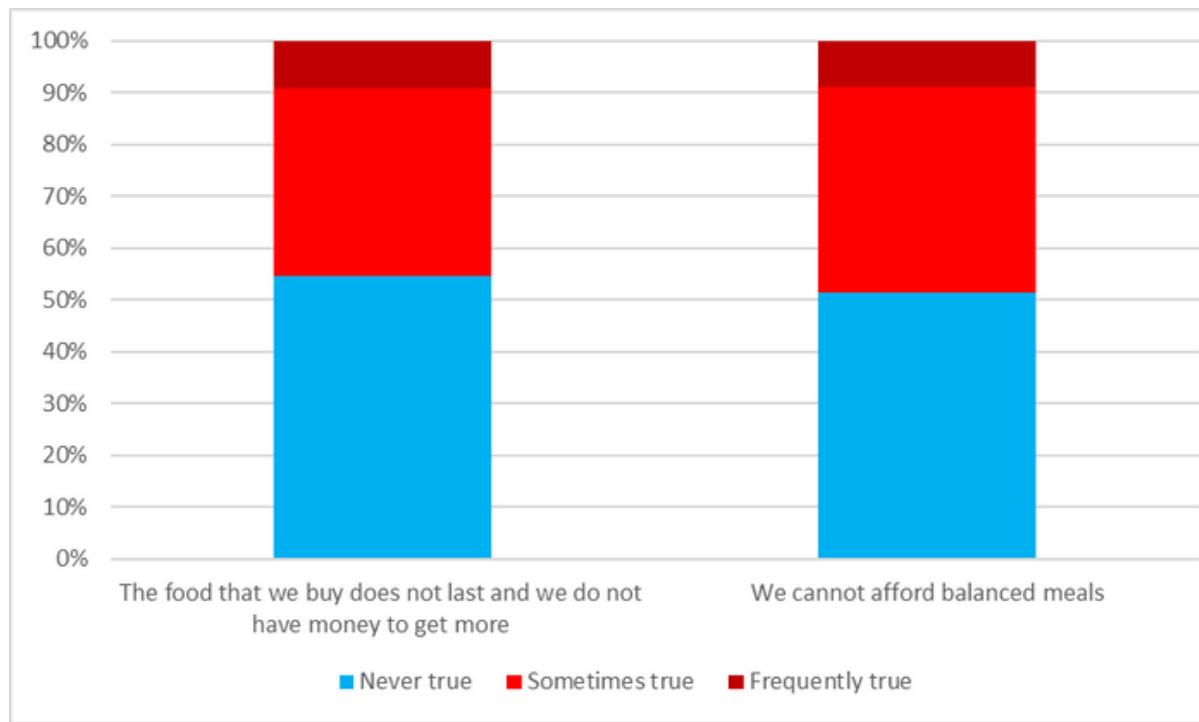
Among men aged 45 and older (n=32), all 32 responded to the question. Nine men (28.1%) reported having ever received a colonoscopy before and 23 (71.9%) reported never having received a colonoscopy before. Among those who reported ever having received a colonoscopy before, three (33.3%) reported having had received it two years ago and two additional men (22.2%) reported having had it done more than 3 years ago.

### *Food Insecurity*

Food insecurity was reported in nearly half of all respondents who responded (n=273). Thirty five percent (n=98) reported the following statement to be sometimes true in the past month: “the food that we buy does not last and we do not have money to get more”. This statement was reported frequently true in an additional 10% of respondents (n=27).

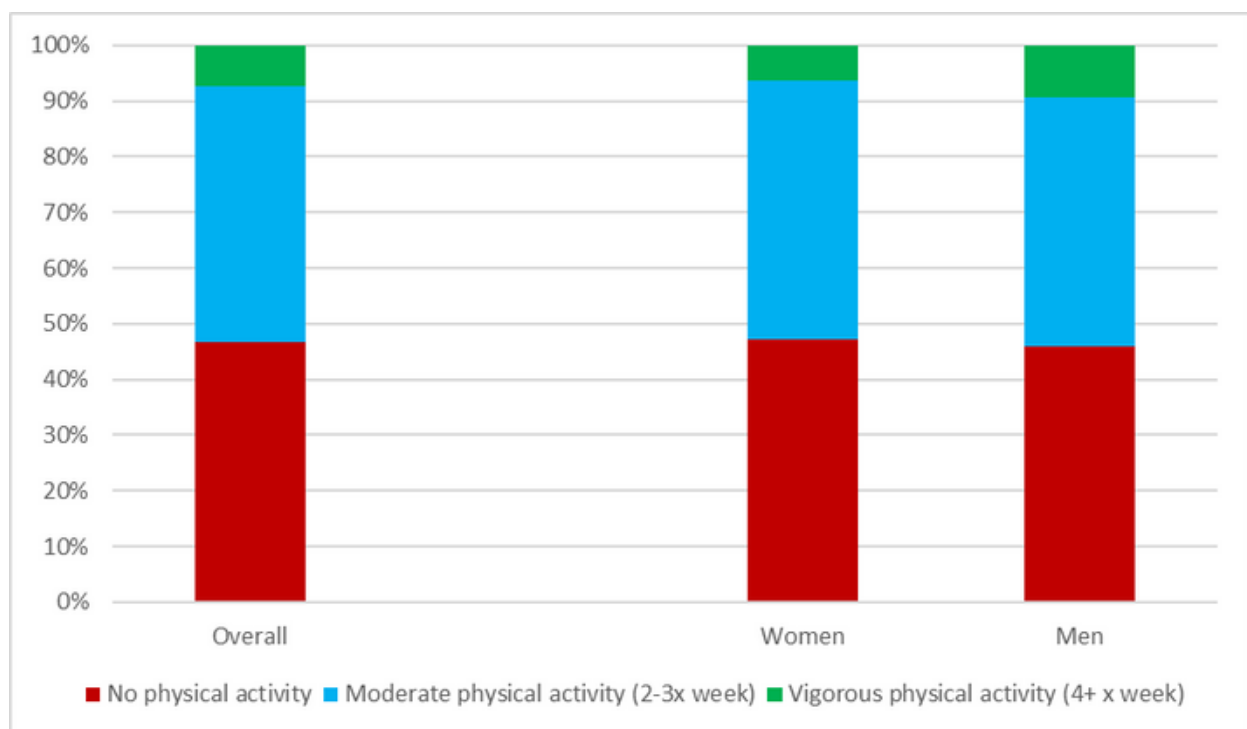
Similarly, 39.5% (n=106) of respondents who responded (n=268) reported the following statement to be sometimes true in the past month “we cannot afford balanced meals” with an additional 8.9% (n=24) reporting this to be frequently true.

Figure 8. Reported food insecurity among respondents



Nearly half of all respondents (127/ 46.7%) reported not engaging in any physical activity and another 45.9% (n=125) reported moderate physical activity every week. There were no statistically significant differences among men and women in respect to physical activity. In both men and women, no physical activity was reported in about half of respondents (45.8% versus 47%, respectively, p=0.680) (Figure 9).

Figure 9. Reported frequency of physical activity among respondents



## Gender-based violence

**Table. Responses to the question "In the last year, have you been humiliated or emotionally abused by your partner or ex-partner?"**

	Frequency	Percent (%)
Yes	7	2.6
No	253	93.4
Prefer not to say	11	4.0

Among those who reported experiencing abuse in the past year, 5 of the 7 (71%) were women.

**Table. Responses to the question "In the last year, have you been raped or forced to engage in a sexual act by your partner or ex partner?"**

	Frequency	Percent (%)
Yes	2	0.7
No	263	95.9
Prefer not to say	9	3.3

Among those who reported being raped or forced to engage in a sexual act by their partner, 2/2 (100%) were men.

**Table. Responses to the question "In the last year, have you been physically hit, kicked, slapped, or physically injured by a partner or ex partner?"**

	Frequency	Percent (%)
Yes	5	1.8
No	260	95.6
Prefer not to say	7	2.6

Among those who reported being physically injured by their partner or ex partner in the past year, 4/5 (80%) were men.



# SUMMARY OF THE FINDINGS

## Overall health

In the 2020 New Jersey New Jersey State Health Assessment Data (SHAD), 5.8% of Hunterdon County residents rated their health as “fair” to “poor”. In contrast, 26.75% of the Hispanics/Latinos residing in Hunterdon County in 2022 rated their health as “fair” to “poor”. When comparing the present study to the data collected in the 2016 Latino Assessment, a slight increase was noted.

## Lack of health insurance and Access to health care

Overall, 75.1% of the survey participants reported not having health care insurance coverage. This is a slight increase for those without health insurance in 2016. In contrast the overall Hunterdon County rate of individuals who are uninsured is 5.1%.

Overall, 33.2% of the Hunterdon Hispanics/Latinos in this 2022 study reported not being able to see a doctor in the last year due to cost. When compared to the 2016 Latino Assessment, this is an 9% increase when 24% of participants reported not being able to see a doctor due to cost.

More than half of the survey participants reported seeing a doctor for a routine checkup in the last year. This finding is consistent with the findings in the 2016 Latino Assessment. Significantly improved is the 14.3% (up to 64.7%) increase in respondents having a medical home compared with the findings in the 2016 Latino Assessment (50.4%).

The percentage of those reporting language barriers to access services appears to be similar to the results reported in the 2016 Latino Assessment.

## Mental health

While the 7% of the participants reported bad mental health (in line with the County’s rate of 8.8%), the barriers of not having health insurance, cost, and not finding a health care professional who spoke Spanish was noted.

# SUMMARY OF THE FINDINGS

## Sun safety

Overall, approximately 28.1% of the Latino participants reported never using sunscreen. This percentage has substantially improved from the 50% who reported never using sunscreen in the 2016 Latino assessment. Hispanic/Latina females within the county use sunscreen and/or sun block more so than Hispanic/Latino men.

## Oral health

While improved, 39.5% of Latinos have visited the dentist in the past year vs the overall Hunterdon County rate of 76.9%. The Partnership should consider what impact from having a Zufall dental office has had on these results. The primary reason for Hispanics/Latinos not receiving dental services was cost (32.9%), which is improved from the 67% figure reported in the 2016 Latino assessment.

About 14% of participants indicated they did not visit a dentist because they had not thought about it and 13.4% reported not going because they have no teeth. A continued need exists to improve dental health literacy in the participants regarding the importance for preventive dental care and hygiene.

## Hypertension

Overall, 15.5% of the survey participants reported having been told they have hypertension, a slight increase in comparison to 2016 (12.7%). In contrast the overall Hunterdon County rate of individuals who are hypertensive is 23.6%

## Blood cholesterol

Overall, 22% of the survey participants reported having been told they have high cholesterol. In contrast the overall Hunterdon County rate of individuals who have high cholesterol is 30.1%

## Diabetes

The percentage of Latinos being told they have pre-diabetes (17.7%) is slightly higher than the Hunterdon County rate of 15.6%. However, the overall percentage of Latinos being told they have diabetes (11%) is more than double the Hunterdon County rate of 5.3%.

# SUMMARY OF THE FINDINGS

## Smoking cigarettes

Overall, very few Latinos in Hunterdon County report smoking tobacco. Only 3.1% reported smoking daily, with another 2% indicating they smoked some days. These figures are fairly consistent with the 2016, with an additional 11.9% responding not sure. The Hunterdon County rate is 11.7% of individuals who have smoked. Also, very few Latinos in Hunterdon County reported smoking electronic cigarettes.

## Alcohol consumption

Overall, 57.3% of participants reported they don't drink alcohol compared to the Hunterdon County rate of 29.7%, suggesting that Latinos are drinking less frequently than the general population.

## Breast health

For women 44.2% reported having a mammogram. This finding is a substantial improvement from the 2016 Latino assessment which found 36% of women having had a mammogram. While this type of cancer screening has witnessed a significant improvement in the Latino community, it still lags behind the 79.6% of Hunterdon County women that reported having had a mammogram in the past 2 years.

## Prostate health

For men older than 40 years of age, 37.5% reported yes to having had a PSA Test. This figure is higher than the 31% of 40+ men assessed to have a PSA test in the 2016 assessment. In this and the previous Latino assessment, a number of men refused to answer this question, suggesting PSAs are a stigmatized health screen among Latino men. Continued work is needed to improve attitudes and adherence regarding PSA screens for prostate cancer. Similar responses were found when asking about colonoscopies.

## Colorectal screening

Only 28.1% of men aged 45 and older reported yes to having a sigmoidoscopy or colonoscopy. This percentage is lower than the 55% indicating yes on the 2016 assessment. Significant improvements are needed in assuring the 45+ Latino community has access to this important colorectal cancer prevention service.

# SUMMARY OF THE FINDINGS

## Food insecurity

Food insecurity was reported in nearly half of all respondents as compared to the Hunterdon County rate of 5.5%.

## Education

When we consider education as a social determinant of health it is important to note that Hunterdon County reports 95.7% attained high school or higher (<https://www.census.gov/quickfacts/hunterdoncountynewjersey>) whereas the Latino community reports 34.34% have achieved this level of education.

## Impact of COVID-19 on immigrants

We are living together, in an unprecedented time of crisis as a result of the Covid-19 virus, and the ripple effect it has had on our communities and society as a whole. Make The Road NJ released "Essential and Excluded: Immigrants in New Jersey Under COVID-19," a report based on phone surveys with more than 200 immigrants across New Jersey. The results reveal staggering disparities in access to health care, deep financial insecurity and pervasive labor rights violations. Some of the findings of the report included:

- One in two immigrants surveyed who were sick haven't seen a doctor; 86% of undocumented immigrants lacked insurance.
- Among undocumented survey respondents, 64% report not having gone to a doctor or using local services in the past because they were worried about immigration enforcement or the impact on their status.
- Among renters surveyed, 86% are worried about being able to pay rent next month. And among undocumented individuals:
  - 91% were worried about being able to pay utilities or other bills
  - 83% were worried about accessing enough food for their families
  - 70% were worried about buying medicine for themselves or for their families
- Despite being available to all workers regardless of immigration status, a majority of undocumented survey respondents reported that they were not provided with paid sick days by their employer.
- Undocumented respondents were less likely to report that their employers were doing everything they could to keep workers safe (including safety trainings, providing masks, etc.)

# KEY RECOMMENDATIONS FOR ACTION

01

## Increase access to cancer screenings

Men and women reported less frequently receiving basic cancer screen prevention methods (mammograms, PSAs, and colonoscopies)

02

## Increase access to dental health services

Dental health services were the least frequently reported health services utilized by respondents.

03

## Increase access to health education and literacy on sun safety

Given the high risk of exposure, efforts are needed to communicate the importance of proper sun safety

04

## Increase access to health promotion: healthy eating & weight management

High rates of Non communicable diseases (NCDs) were reported, particularly diabetes.

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We would like to thank everyone for their participation.

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*Our focus is on education, health, and financial stability—the building blocks for a good quality of life.*

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