Somerset County Community Health Needs Assessment: RWJUH Somerset Service Area 2021

November 2021

PREPARED BY
HEALTH RESOURCES IN ACTION

Robert Wood Johnson University Hospital Somerset | RWJBarnabas HEALTH

Healthier SOMERSET

Acknowledgements

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Executive Summary

Introduction

In early 2021, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, initiated the process of a community health needs assessment (CHNA) of the communities it serves in Somerset County, New Jersey. The purpose of the CHNA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. RWJUH Somerset is located in Somerville, New Jersey and is the lead convener of Healthier Somerset, which is a coalition that was created in 2010 to improve the health and wellbeing in Somerset County. The coalition is a collaborative effort of partners of over 60 diverse organizations.

Somerset County CHNA Focus Area

RWJUH Somerset is part of the RWJBarnabas Health System (RWJBarnabas), a non-profit healthcare system in New Jersey. RWJBH hired Health Resources in Action (HRiA), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. HRiA worked closely with RWJUH Somerset and the Healthier Somerset Coalition to support the Somerset County CHNA.

Context

This CHNA was conducted during an unprecedented time period due to the novel coronavirus (COVID-19) pandemic and the national movement for racial justice. The COVID-19 pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that residents raised in focus groups and key informant interviews. A wave of national protests for racial equity in 2020 highlighted how racism is embedded in systems across the US. The national movement informed the content of this report including the data collection processes, design of data collection instruments, and the input that was shared during focus groups, key informant interviews, and through survey responses.

Methods

The 2021 Somerset County CHNA aims to identify the community needs and strengths through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)—which have an impact on the community's health.

The CHNA process aims to describe the health needs of the service area, challenges to addressing these needs, current strengths and assets, and opportunities for action. To accomplish this, the Somerset County CHNA utilized several different methods for data collection including:

- Reviewing existing data on social, economic, and health indicators in Somerset County.
- Conducting a community survey with 801 residents designed and administered by the survey firm Bruno & Ridgway.

- Facilitating four virtual focus groups with 23 participants from specific populations of interest (e.g. South Asian seniors (ages 65+); African-American women who were cancer survivors; low-income residents seeking food assistance (who also were Spanish-speaking); and a more general population of Latino residents who were Spanish-speaking).
- Conducting nine key informant interviews or group discussions with 16 stakeholders in the community from a range of sectors.

Findings

The following provides a brief overview of key findings that emerged from this assessment:

Population Characteristics

- **Demographics**. Similar to New Jersey overall, most Somerset County townships experienced minimal population growth and shrinkage between the periods of 2010-2014 and 2015-2019. In 2015-2019, the racial and ethnic distributions varied widely across towns in Somerset County. The majority of residents in Branchburg (83.1%), Bernardsville (82.4%), Watchung (76.8%), and Bedminster (76.0%) identified as White; in comparison, more than one in every two residents in Bound Brook, Franklin, North Plainfield, and South Bound Brook identified as non-White in 2015-2019.[1] Asian residents in Somerset County made up 19.4% of the total population in 2015-2019 in Somerset County, which is more than double that of Asian residents in New Jersey (10.2%).[1] In 2015-2019, the foreign-born population ranged from 11.5% in Branchburg to 31.9% in Montgomery.[1]

Community Social and Economic Environment

- **Community Strengths and Assets.** Somerset County has numerous strengths according to assessment participants. When asked how much they agreed or disagreed with a number of statements about their community, nearly 90% of Somerset CHNA community survey respondents agreed or completely agreed that it was easy to find fresh fruits and vegetables in their community, their community was a good place to raise a family, and their community had safe outdoor places to walk and play.[2] Focus group participants and interviewees praised the County's outdoor green spaces, the proximity to New York City and its resources as well as the County's local infrastructure. They noted that they generally found the area to be welcoming and friendly with strong social cohesion.

> *"The neighbor spirit here is strong: your neighbors will check on you if the weather is bad, shovel your driveway. Everybody has a place in Somerset. I've lived in different neighborhoods throughout New Jersey, and I have come back to Somerset*." - Key informant interviewee

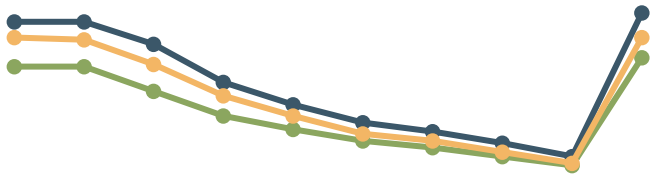
- **Income and Financial Security.** While the median household income for Somerset County ($113,611) exceeded that of New Jersey ($82,845), there was notable income inequality among certain racial/ethnic groups.[3] Asian ($162,035) and White ($119,046) households reported incomes that were 43**%** and 5**%** higher than median household income in Somerset County ($113,611) respectively, while Black ($80,549) and Hispanic/Latino ($75,324) households earned 29**%** and 34**%** below the county median.[3] Financial insecurity was reported as a priority concern in the majority of

[1] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014 and 2015-2019.
[2] Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021.
[3] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019.

focus groups and interviews, with participants indicating that COVID-19 has exacerbated long-standing issues of inequity.

- **Employment and Workforce.** The COVID-19 pandemic had a major effect on the unemployment rate in Somerset County. In 2019, Somerset County reported an unemployment rate of 3% which then increased to 7.8% in 2020.[4] The graph to the right shows the trend of unemployment across the last decade. Monthly unemployment rates during the pandemic indicate that unemployment rates increased to a peak of 12.8% for Somerset County in June 2020, with similar patterns in select towns with unemployment data including Franklin (13.6%), Bridgewater (12.8%), Hillsborough (11.8%), and Bernards (9.3%).[5] Focus group and interview participants described the challenges of the COVID-19 pandemic on essential front-line and lower wage workers, and how many lost their jobs, either temporarily or permanently. Focus group participants identified that Latino families were particularly impacted by COVID-19 because many of these residents work in industries most affected by the pandemic such as service industries and manufacturing.

Unemployment Rate, by State and County, 2011-2020



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	9.4%	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.8%
Somerset	7.4%	7.4%	6.3%	5.2%	4.6%	4.1%	3.8%	3.4%	3.0%	7.8%
Middlesex	8.7%	8.6%	7.5%	6.1%	5.2%	4.4%	4.1%	3.6%	3.1%	8.7%

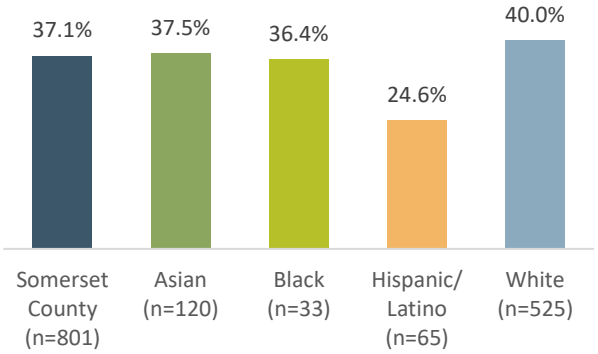
DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011-2019

- **Education.** Focus group participants and interviewees mostly described the educational system as an asset in Somerset County. Within Somerset County, 54.6% of adults 25 years and older had a college, graduate, or professional degrees compared to 39.7% of New Jersey residents of the same age in 2015-2019.[6] However, educational attainment and resources varied among residents. Manville, Bound Brook, South Bound Brook, North Plainfield, and Raritan had the largest populations of residents with a high school diploma or less in Somerset County.[6] Black students in Manville and Montgomery Township School Districts reported a four-year graduation rate of 69.2% in 2020, the lowest graduation rate for any race/ethnicity group across Somerset County public high schools.[7] Several focus group participants that were parents expressed the challenges of online schooling during COVID-19 for both parents and children alike.

[4] Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011-2019.
[5] Bureau of Labor Statistics, Local Area Unemployment Statistics, 2020-2021.
[6] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019.
[7] New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020.

- **Housing & Technology.** The high cost of housing and lack of affordable housing was a frequent theme that emerged in qualitative discussion. Participants expressed concern for seniors, young families, low- or fixed-income residents, and immigrants who have trouble affording to stay in the area due to housing costs. Only 37.1% of survey respondents agreed or completely agreed with the statement that there was enough affordable housing that is safe and well-kept in their community, and responses differed by race/ethnicity (see side graph).[8] Additionally, residents highlighted how a household's access to technology and Wi-Fi was critical for accessing social services, information, healthcare, and other resources. Households in Manville (85.9%), Raritan (88.5%), South Bound Brook (89.2%), and Watchung (90.8%) reported computer access that was below the county-wide percentage (94.9%).[6]

Percent of Community Survey Respondents Who Agreed or Completely Agreed with Statement "There is Enough Affordable Housing that is Safe and Well-Kept in My Community," by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

- **Transportation & Built Environment.** Transportation was identified as a top concern for many residents who participated in the assessment. Focus group participants expressed that Somerset County was a largely car dependent community and that public transportation options were insufficient for those who do not have access to a vehicle especially youth, seniors, and immigrants. Only 29% of Somerset County survey respondents agreed or completely agreed with the statement, "My community has transportation services available for seniors and those with disabilities."[8] Across Somerset County, 79.4% of people over age 16 commuted to work alone in a vehicle in 2015-2019 compared to 71.0% in New Jersey.[6]

- **Food Access & Food Insecurity.** The expense and accessibility of healthy food was a key area of concern shared by focus group participants and interviewees. In 2019, 53.5% of low-income residents in Somerset County – and 47.1% of low-income residents in New Jersey – lived in a food desert, defined as the share of low access, low-income population at 1 mile for urban areas and 10 miles for rural areas.[9] According to data from Feeding America, Map the Meal Gap, food insecurity has risen since 2018; 8.5% of Somerset County residents were considered food insecure in 2020, up 3.3% from 2018.

> *"All of these places like healthy grocery stores and farmers' markets are great, but they are not walkable. We have to go to other communities to get healthy food even healthy fast foods. Somerset is like a food desert when it comes to healthy food."*- Focus group participant

- **Crime and Violence.** Most participants shared that their communities and neighborhoods were a safe place to live, but other community members expressed concerns specifically regarding gun

[8] Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021.
[9] U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019.

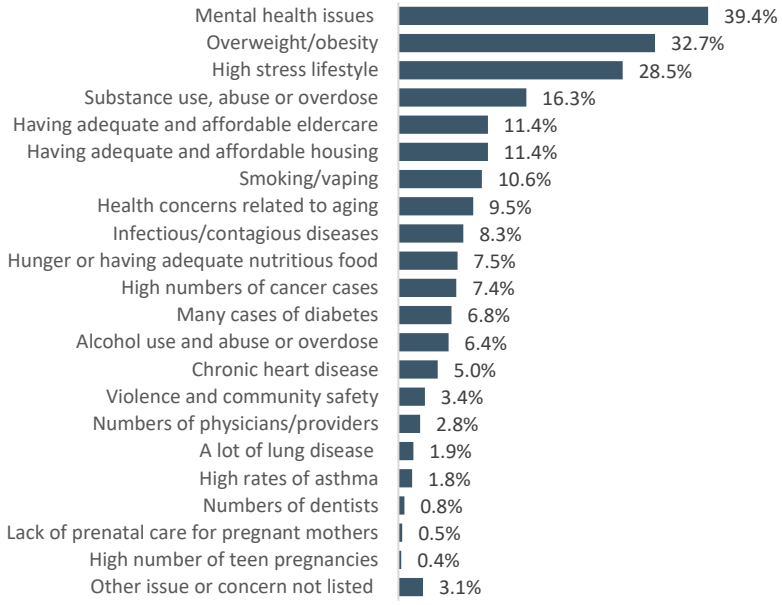
violence, domestic violence, and crimes involving substance use. Overall, approximately three-quarters of Somerset County survey respondents agreed or completely agreed that violence is not prevalent in their community and 40% reported that interpersonal violence is not prevalent in their community.[10] However, responses varied by race/ethnicity with Black survey respondents being the least likely to agree or completely agree with either of these statements.

- **Discrimination and Racism.** The discussion of systemic racism and discrimination was a theme across many different discussions, but perceptions related to discrimination and racism varied. Black and Latino residents highlighted the consequences of systemic racism and how it affects residents opportunities to live a healthy life. Survey respondents were asked whether they have experienced discrimination when recieving medical care; Black respondents were most likely to note discrimination due to race/ethnicity (42.4% reported being discriminated against), and Latino survey respondents were most likely to note discrimination based on their language/speech with 13.8% reporting this.[10] Additionally, an interviewee working with the LGBTQ community noted that their clients face significant challenges related to discrimination in employment and housing, especially among transgender residents.

Community Health Issues

- **Perceptions of Community Health.** When discussing community concerns, focus group participants and interviewees identified social and economic issues such as financial insecurity, housing, and transportation – and how these affected health issues such as healthy eating, obesity, and chronic conditions. They also discussed the challenges of accessing care and the increase in mental health concerns among the entire population, and especially among youth, seniors, and lower income residents. Survey respondents identified mental health, overweight/obesity, and high stress lifestyle as their top issues of community in concern (see graph).

Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (N=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno

- **Obesity, Healthy Eating, and Physical Activity.** Obesity, alongside related lifestyle factors of healthy eating and physical activity, was identified as a top health concern in prior CHNAs, but in assessment discussions, it was not brought up as much as a topic when compared to social and economic factors and mental health concerns. Participants did discuss their concern about the disproportionate impact of obesity among low-income residents and communities of color. About 23.5% of Somerset County adults were

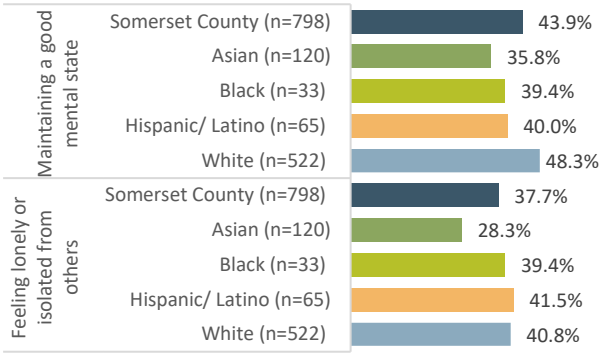
[10] Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021.

considered obese in 2017, an increase from 20.5% in 2016, based on self-reported data.[11] Food access, as it related to income and availability, was discussed.

- **Chronic Conditions.** Heart disease and cancer are continually the leading causes of death in the County (except possibly for the anomaly of 2020 during the COVID-19 pandemic), and chronic disease was a priority area during the 2018 CHNA.[12] Chronic conditions, similar to obesity, were not discussed at length in the focus groups and interviews. Black focus group participants expressed concerns with the social and economic factors contributing to diabetes and other chronic diseases—such as affordable healthy living and access to good healthcare—more than the conditions themselves. Incidence and mortality data indicate that residents of color have disproportionately higher rates of most chronic conditions such as diabetes and heart disease, although screening rates are still high among residents.

- **Mental Health.** Mental health was identified as a significant community health concern—as it was in previous CHNAs. The topic of mental health arose in almost all conversations conducted for this CHNA and it was considered the top community health concern among survey respondents.[10] Interviewees and focus group members noted that while mental health has been a longstanding health concern, the COVID-19 pandemic has made the issues of stress, isolation, and boredom more pressing. Nearly 44% of survey respondents indicated that they or a family member has found it difficult to maintain a good mental state since COVID-19 began. While mental health issues affected people of all ages, races, and genders, mental health for seniors, parents and youth, LGBTQ persons, Latino residents, and low-income adults were highlighted in qualitative discussions.

Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues since COVID-19 Started (n=798), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

- **Substance Use.** Substance use was mentioned as a community health concern in conversation this year, as it was in prior CHNAs. Several qualitative participants reported that substance use, particularly alcohol use, has increased over the past eighteen months, a consequence of the boredom, isolation, and anxiety of the pandemic. "Substance use, abuse, and overdose" and "smoking and vaping" were ranked fourth and sixth in overall community health concerns by survey respondents.[13] Qualitative discussions also focused on increased fentanyl use and resulting overdoses, lack of access to affordable substance use treatment, increased substance use among youth, and concern over the recent legalization of marijuana in New Jersey.

[11] Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017

[12] Leading Causes of Death Preliminary 2020 Data, New Jersey Resident Death Certificate Database, New Jersey Department of Health, 2020.

[13] Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021.

- **Communicable Disease.** COVID-19 was the dominant topic in conversations about infectious and communicable diseases, but it was often discussed in terms of economic instability and increased mental health concerns among residents. COVID-19 cases have fluctuated from January 2020 throughout September 2021. While Black residents only makeup 8.8% of the Somerset County population, they accounted for 14% of COVID-19 deaths in Somerset County.[14] As of September 17, 2021, Somerset County reported 230,640 individuals were fully vaccinated, which is about 70% of the County's 2019 population.[14] Public health workers stated it was challenging combating vaccine misinformation, shifting mask guidelines, and maintaining trust in public institutions.

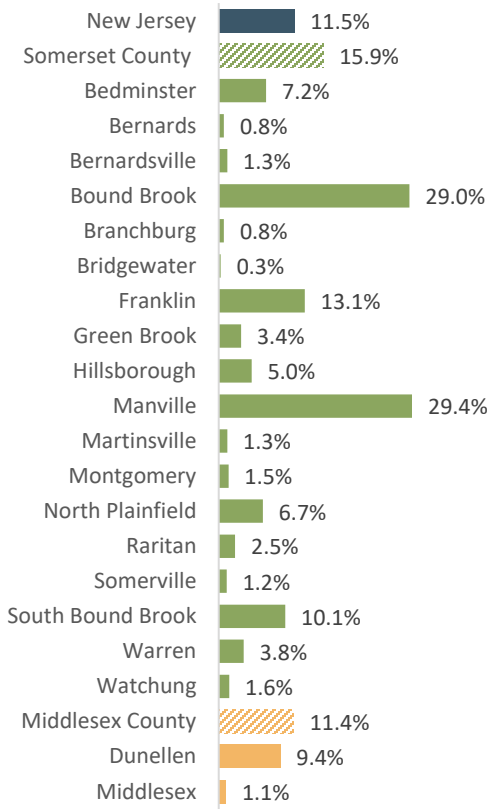
> *"More than anything about COVID, it's challenging with the kids. It's hard having them at home. I have 3 kids and the anxiety and impatience…I just can't. We don't know what to expect, and my daughter is scared that she can't share with her friends like she used to. My other feels scared to go to school. They're afraid to not hug their friends. And I think psychologically I really think it's impacted the kids the most."*- Focus group participant

Access to Services

- **Access to Healthcare Services.** While many focus group members and interviewees reported that Somerset County has high quality and extensive healthcare services, accessing these can be challenging for some residents. When survey respondents were asked about barriers to receiving medical care, they selected convenient timing of appointments (28.1%), insurance problems (19.3%), and cost of care (18.0%) as the top three concerns.[13] Health insurance and cost of medical care was highlighted in focus group discussions, especially among Latino residents. In 2015-2019, 15.9% of people under age 19 were uninsured in Somerset County, higher than New Jersey overall (11.5%) (see graph). Qualitative discussions also highlighted transportation, language, lack of racial and ethnic diversity among providers, and discrimination as barriers to receiving medical care. Black focus group participants and an interviewee who works with LGBTQ residents spoke about the need for greater cultural humility and sensitivity among providers.

- **Access to Social Services or Other Essential Services.** While several interviewees described the substantial and strong social services in Somerset County, many participants noted a lack of information about what resources are available to

Population Under 19 with No Health Insurance, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

[14] New Jersey Department of Public Health, COVID-19 Dashboard, September 22, 2021.

community members. As one person observed, *"There's a lot out there that people just don't know about. For example, if you get unemployment benefits, you can qualify for some education benefits or community classes credit. But people don't even know that's a thing."* School health professionals and parents also expressed the need for affordable afterschool programming for youth of low-income families. Additionally, social service providers shared that low wages, high stress, and other employment opportunities make it difficult for nonprofit and public sector employers to attract and retain staff.

Community Vision and Suggestions for the Future

Interviewees and focus group participants were asked about their vision for the next five years, including suggestions for future programs, services, and initiatives. Several suggestions emerged, though most frequently discussed were suggestions regarding behavioral health services, prevention programs, services for youth and seniors, strengthened healthcare services, and addressing the broader social determinants of health. There were fewer suggestions in these discussions involving policy and systems change – approaches recommended in the community health field. Interviewees and residents possibly did not bring up these larger systemic initiatives potentially due to the complexity and magnitude of these approaches.

- **Behavioral Health (Mental Health & Substance Use)**. Focus group members and interviewees suggested more community-based mental health services, including recovery programs that are affordable and accept all insurance types. They also advocated for more prevention education programs to address substance misuse in the community, especially among youth. Participants saw a need for more language capacity within the behavioral health services field, as well as training in caring for patients of different backgrounds, including LGBTQ patients and those who have experienced trauma.

- **Healthcare Services**: **Navigation & Cultural Sensitivity.** Several interviewees noted that some residents face challenges navigating the healthcare system. They saw a need for more education and support to address this, including an increase in navigators who can help patients engage with the healthcare system (e.g., what works for their insurance, following up with referrals, engaging with a coordinated healthcare team, what to do after discharge). Several participants suggested more trainings with healthcare providers and their staff to enhance their effectiveness in working with patients from different backgrounds and identities.

- **Economic & Employment Opportunities.** Expanding economic opportunities, especially for low-income workers, Latino residents, and LGBTQ residents, was suggested as a priority area by many assessment participants. Participants suggested improving initiatives to help those who face barriers to employment obtain jobs. Suggestions included a job fair in Spanish for the Latino community, financial support for those enrolled in certification programs (e.g., HVAC, barber, electronics), and education and incentives for employers hiring transgender and other LGBTQ people. Additional suggestions included supporting small business owners and providing expanded workforce protections (e.g., sick leave, improved wages) for certain essential workers.

- **Transportation & Built Environment.** Transportation was consistently brought up as a longstanding issue for Somerset County residents. Several focus group members and interviewees advocated for more buses and more bus routes especially in areas with greatest need, more bike lanes, and community bike and scooter share programs. Members of one focus group suggested lower costs for transportation, including a flat rate system. Participants praised current efforts to build

community infrastructure supportive of healthy lifestyles and suggested making healthy food and exercise options more walkable and accessible to different towns across Somerset.

- **Housing.** Access to affordable housing was among the most discussed issues in qualitative discussions. Residents also expressed a desire for more affordable housing for seniors to facilitate their ability to age in place. In terms of COVID-19, residents expressed concern about the lingering economic impact of the pandemic on housing affordability, impending evictions, and homelessness, and looked for initiatives to mitigate these challenges and the high cost of housing.

- **Services for Seniors and Youth.** Seniors and youth were often highlighted in qualitative discussions as priority populations that should be prioritized for programming. Seniors and providers who work with seniors shared that expanding technology support, enhancing virtual programming, offering intergenerational programs, and supporting the social and elder services workforce would improve senior health. Parent focus group members and school health professionals reported that the region needs more affordable, high quality after-school and summer programs for youth, including sports and enrichment programs. These participants mentioned it is important that programs offered in all towns that fit the needs of their communities, regardless of income, location, or ability level.

- **Access to Services & Community Organizations.** Interviewees and focus group participants observed that information about existing services and programs was not easily accessible to community members. They recommended more should be done to raise awareness including a community database, a resource fair, and outreach in paper and online, in multiple languages. Participants also suggested that trusted community organizations, such as libraries and faith-based organizations, should be engaged as partners in information sharing about community services and programs.

Key Themes

Several overarching themes emerged from this 2021 assessment in Somerset County.

- ***The COVID-19 pandemic has had substantial impact on the lives and the physical and mental health of Somerset residents.*** These impacts have been direct—anxiety, depression, substance misuse, and reduced access to healthcare. The pandemic has also affected economic livelihoods, education, and overall quality of life, all of which have an effect on long-term health and well-being. Preliminary 2020 data show that COVID-19 was the second leading cause of death in New Jersey, and recent national analysis shows it has impacted life expectancy for Americans. Black residents only makeup 8.8% of the Somerset County population, they accounted for 14% of COVID-19 deaths in Somerset County. Although communities and organizations across Somerset County rallied together to respond to the needs of its residents during the pandemic, the pandemic also highlighted issues of misinformation and distrust concerning public health measures such as masking and vaccination.

- ***The ongoing discussions about systemic racism on a national and local level brought to light the consequences of systemic racism and health inequities*.** Issues related to structural racism as well as interpersonal discrimination were discussed in many conversations in focus groups and interviews. Residents discussed how Black and Latino community members often lack the opportunities to live a healthy lifestyle and have higher rates of chronic disease, which made them more susceptible to COVID-19. When asked about discrimination while receiving medical care, Black respondents were most likely to report discrimination on race/ethnicity, and Latino residents were most likely to

report discrimination based on language/speech. Addressing systemic racism was a theme that emerged across interviews and focus groups.

- ***Some residents are struggling with lack of employment and economic opportunities, especially in light of COVID-19.*** In 2019, Somerset County reported an unemployment rate of 3%. However, during the pandemic, unemployment rates increased to 12.9% in May 2020, with similar patterns in Franklin (13.6%), Bridgewater (12.8%), Hillsborough (11.8%), and Bernards (9.3%). Latino residents were more likely to work as essential workers or worked in industries impacted by the pandemic were identified as facing unique challenges related to social and economic factors. More resources for career transitions and job training and technology were identified as critical to addressing these issues. Additionally, an interviewee noted LGBTQ residents face discrimination in employment, especially trans people, and there was more need for better employment incentives.

- ***Housing affordability and transportation continue to be concerns in Somerset County*****.** Housing affordability was identified as a pressing concern, particularly for seniors, young families, LGBTQ residents, immigrants, and low-income residents. Many renters across the area, especially in towns such as Manville (72.1%) and Bound Brook (74.4%), are spending more than 25% of their income on housing costs. Qualitative discussions highlighted how immigrants in Somerset County tend to work in low-wage jobs and often live in multigenerational or overcrowded housing conditions. In terms of transportation, participants described Somerset County as a car-dependent area and public transportation is not located in all areas, can be expensive, and difficult to understand. Suggestions to invest in alternate modes of transportation, such as bicycle and scooter share programs, increase walkability in communities, and offer a flat rate public transportation system with expanded bus service.

- ***Behavioral health, an umbrella term for mental and substance use conditions, was identified as a significant community health concern—as it was in previous CHNAs.*** Among Somerset community survey respondents, mental health was identified as the top community health concern, high stress lifestyle was the third, and substance use, abuse, and overdose was the fourth. Stress, anxiety, depression, and isolation were the most frequently cited challenges among Somerset County residents. Seniors, parents and youth, LGBTQ residents, and low-income adults were identified as the populations most impacted by mental health challenges in Somerset County during qualitative data collection. Residents also described how COVID-19 has exacerbated mental health and substance use issues in the community. Additionally, alcohol use and opioids, fentanyl in particular, and marijuana use were highlighted as concerns for substance use; several interviewees noted they noticed an increase in substance use among youth.

- ***Social determinants of health, such as leisure time and financial security required to be healthy, were viewed as more pressing concerns than chronic conditions themselves*****.** Obesity, stroke, high blood pressure, and cancer were discussed as prevalent in the community, especially among low-income residents and communities of color, and survey respondents indicated “overweight/obesity” was third most common health issue in their community. However, focus group participants focused on barriers to healthy living including affording healthy food, barriers to seeking medical care (including cost barriers), and having time to exercise and be outside.

- ***Somerset County has a wealth of social service organizations and health care services, though many residents experience barriers to accessing these resources.*** When survey respondents were asked about barriers to receiving medical care, they selected convenient timing of appointments,

insurance problems, and cost of care as the top three concerns. Affordable health insurance and cost of care was highlighted as a concern within the Latino community, which was also reflected in the survey results. Black and Latino residents also identified discrimination as a barrier to receiving medical care. Many residents highlighted how it is difficult to find affordable mental health care, especially for children and Spanish-speaking community members. Additionally, Somerset County was praised for having collaborative, strong social services, but it was noted that residents often face difficulty navigating these resources.

Conclusion

Through this comprehensive and iterative assessment process, nine major areas were identified as community needs after gathering input from qualitative data from residents and stakeholders, feedback from a community priorities survey, and quantitative surveillance and secondary data. These included:

- Coronavirus/COVID-19 (specifically related to testing, transmission, disease mitigation, etc.)
- Financial Insecurity/Unemployment
- Housing
- Transportation
- Systemic Racism, Racial Injustice & Discrimination
- Mental Health
- Alcohol & Substance Use
- Chronic Disease
- Access to Services

Using a set of prioritization criteria, the community prioritization process focused on the following four priority areas to address with improvement activities with an overarching emphasis on addressing systemic racism, racial injustice, and discrimination throughout:

1. Behavioral Health (Mental Health & Substance Abuse)
2. Economic Well-Being
3. Chronic Disease with a focus on Healthy Eating/Active Living (HEAL)
4. Access to Services

2021 Somerset County Community Health Needs Assessment

Introduction

Community Health Needs Assessment Purpose and Goals

A community health needs assessment (CHNA) is a systematic process to identify and analyze community health needs and assets, prioritize those needs, and then implement strategies to improve community health. In 2021, Robert Wood Johnson University Hospital Somerset (RWJUH Somerset) and the Healthier Somerset Coalition undertook its fourth CHNA process.

RWJUH Somerset is located in Somerville, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 11 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, RWJUH Somerset had nearly 12,300 inpatient admissions, over 39,000 emergency department visits, over 86,600 outpatient visits, and over 700 births in 2020. The hospital is a key convener of the Healthier Somerset Coalition.

The **Healthier Somerset Coalition** was created in 2010 to bring together a broad cross-section of organizations to improve the health and well-being - through collaboration and partnership - of those who live and work in Somerset County, NJ. Over 60 organizations are involved in the Coalition including representatives from businesses, local government, non-profit organizations, and social service agencies.

This assessment process builds off of previous assessment and planning processes conducted by the Healthier Somerset Coalition and RWJUH Somerset. See the Appendix for a description of the coalition's activities accomplished and their impact since 2018.

In early 2021, RWJBH hired **Health Resources in Action (HRiA**), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. HRiA worked closely with RWJUH Somerset and the Healthier Somerset Coalition to support the Somerset County CHNA.

The Somerset County CHNA aims to gain a greater understanding of the issues that community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the 2021 Somerset County needs assessment processes, which was conducted between March-September 2021.

The specific goals of this CHNA are to:

- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,

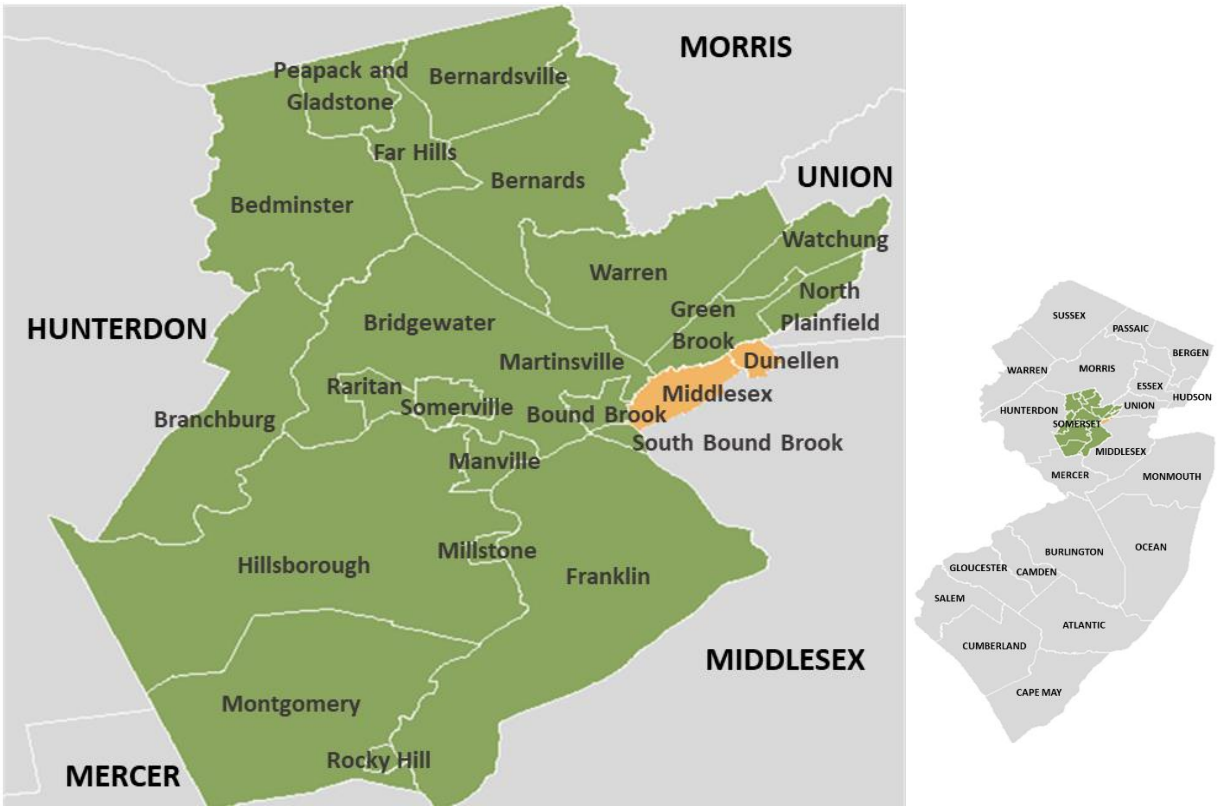
- Engage the community to help determine community needs and social determinant of health needs, and
- Fulfill the IRS mandate for non-profit hospitals.

Area of Focus

This CHNA process aims to fulfill multiple purposes for a range of stakeholders. The Healthier Somerset Coalition's focus area is all of Somerset County. RWJUH Somerset's primary service area is part of Somerset County (towns of Bound Brook, Bridgewater, Hillsborough, Manville, Martinsville, Raritan, Somerville, and South Bound Brook) and two communities in Middlesex County (Dunellen and Middlesex). Specifically, RWJUH Somerset's primary service area includes the zip codes 08807, 08844, 08876, 08835, 08846, 08805, 08812, 08869, 08880, and 08836. RWJUH Somerset's secondary service area includes the zip codes of 08873, 08854, 07060, 07080, 07059 ,08502, 07063, 07921, 07920, 08889, 08853, 07062, 08822, 08875, and 08887.

To be as inclusive as possible to both entities, the focus area for this CHNA includes all of Somerset County and the two towns in Middlesex County that are in RWJUH Somerset's service area (Dunellen and Middlesex). When only county-level data are available, Somerset County and Middlesex County are presented. When town-level data are available, 17 of Somerset County's towns are shown as well as data for Dunellen and Middlesex in Middlesex County. The four towns not included in town-level data are Far Hills, Millstone, Peapack & Gladstone, and Rocky Hill given their small population sizes (under 2,500 residents). The Somerset CHNA service area is shown in Figure 1.

Figure 1. Focused Somerset CHNA Area Map



Context for the Community Health Needs Assessment

This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content.

COVID-19 Pandemic

The novel coronavirus (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics, as well as concerns that participants put forth during discussions in focus groups and interviews. In March 2021, at the beginning of this CHNA process, the COVID-19 pandemic had already been in effect for over a year. Vaccinations had begun just a few months prior. In mid-summer 2021, case rates increased dramatically with the onset of the Delta variant. Logistically, the pandemic impacted the feasibility of convening in-person groups for the CHNA (e.g., subcommittees, focus groups, etc.) and the availability of key stakeholders and community members to participate in CHNA activities, given their focus on addressing immediate needs. Consequently, all data collection and engagement occurred in a virtual setting (e.g., telephone or video focus groups, interviews), and engagement of residents and stakeholders was challenging. (A more detailed description of this engagement process may be found in the Methods section, and COVID-19 data specific to this service area is provided in the Infectious and Communicable Disease section of this report.)

Substantively, during the CHNA process, COVID-19 was and remains a health concern for communities and also has exacerbated underlying inequities and social needs. The pandemic brought to light both the capabilities and gaps in the healthcare system, the public health infrastructure, and social service networks. In this context, an assessment of the community's strengths and needs, and in particular the social determinants of health, is both critically important and logistically challenging. This CHNA should be considered a snapshot in time, which is consistent with public health best practices. Moving forward the community should continue to be engaged to understand how identified issues may evolve and what new issues or concerns may emerge over time.

National Movement for Racial Justice

Over the past year, sparked by the national protests for racial equity amidst the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and many others, national attention was focused on how racism is embedded in every system and structure of our country, including housing, education, employment, and healthcare. This context impacted the content of the CHNA, including the design of data collection instruments and the input that was shared during interviews and focus groups. While racism and oppression have persisted in this country for over 400 years, it is important to acknowledge the recent focus on these issues in 2021 in the form of increased dialogue, locally and nationally, as context for this assessment.

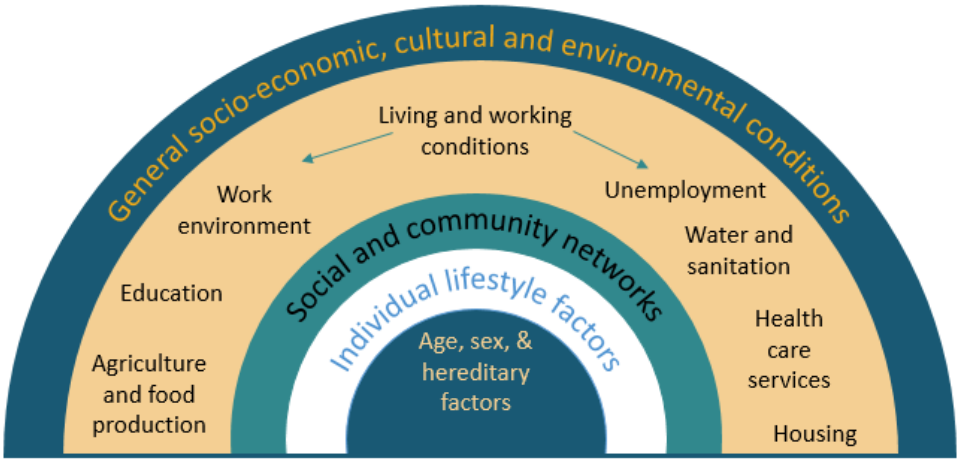
Methods

The following section details how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

Social Determinants of Health Framework
While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health
Having a healthy population is about more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays all have an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, but by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment status and educational opportunities.

Figure 2. Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. We hope to understand the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens
The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory

policies, and historical oppression of specific groups are a few of the factors that drive health inequities in the U.S.

In the present report, health patterns for the Somerset County area are described overall, as well as areas of need for particular population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Approach and Community Engagement Process

The CHNA aimed to engage agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, the Healthier Somerset Coalition and its two subcommittees (Data and Planning Subcommittees), and the community overall.

RWJBH System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBH system. Each of these CHNAs will use a consistent framework and minimum set of indicators but the approach and engagement process are tailored for each community. A Systemwide CHNA Steering Committee was convened twice during the period of the Somerset County CHNA process (early and late June 2021). This Steering Committee provided input and feedback on major data elements (e.g., secondary data key indicators, overall Table of Contents) and core prioritization criteria for the planning process. A list of Systemwide CHNA Steering Committee members can be found in Acknowledgments section.

Healthier Somerset Coalition Engagement

The Healthier Somerset Coalition was engaged throughout this process. Two key subcommittees guided the CHNA and planning process. The Data Subcommittee met five times over the course of the CHNA and was also engaged over email to provide input and feedback on CHNA methodology, data collection instruments (e.g., focus group and interview guides), local data sources, survey administration methods, and priority stakeholders and population groups to engage in discussions. The Planning Subcommittee met four times and was also engaged over email to provide input for the planning process including determining vision and values, performing outreach and engagement of community members, and utilizing CHNA data to inform community health priorities. Members of both subcommittees also provided outreach support for HRiA to connect with stakeholders and specific population groups. Additionally, members of both subcommittees participated in community prioritizations meetings (see below for more information). See Appendix A for a list of Data and Planning Subcommittee members.

Community Engagement

Community engagement is described further below under the primary data collection methods. Capturing and lifting up voices a range of voices, especially those not typically represented in these processes, was a core component to this initiative. It should be noted that, due to the COVID-19 pandemic, the community engagement for this CHNA occurred virtually. Additionally, while the CHNA aimed to engage a cross-section of individuals and to be inclusive of traditionally under-represented communities, outreach was challenging given the pandemic and competing priorities. Nevertheless, by engaging the community through multiple methods and in multiple languages, this CHNA aims to describe community strengths and needs during this unique time.

Secondary Data: Review of Existing Secondary Data, Reports, and Analyses
Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data for this CHNA were drawn from a variety of sources, including the U.S. Census American Community Survey (ACS), the U.S. Department of Labor Bureau of Labor Statistics, the Federal Bureau of Investigation Uniform Crime Reports, U.S. Bureau of Labor Statistics, the New Jersey Department of Education, New Jersey Department of Health's New Jersey State Health Assessment Data (NJSHAD), University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps, and a number of other agencies and organizations. This CHNA also utilizes reports from a variety of organizations at the community, state, and national level including but not limited to the United Way of New Jersey's ALICE Study, Somerset County's Walk Bike Hike report, Community in Crisis's Community in Conversations Assessment report, and others. Additionally, hospitalization data from the RWJBH system is also included in Appendix H. Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as frequencies (%) or rates per 100,000 population. It should be noted that when the narrative makes comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and *not* statistically significant differences.

This 2021 Somerset County community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities as well as two communities in Middlesex County (Dunellen and Middlesex) that are part of RWJUH Somerset's primary service area. Data from the towns of Dunellen and Middlesex, both part of Middlesex County, were included in the report because they are part of RWJUH Somerset's primary service area, but the data from the towns was not discussed in the narrative since the report focuses on Somerset County.

It should also be noted that for most social and economic indicators, the U.S. Census American Community Survey (ACS) 5-year (2015-2019) aggregate datasets were used over the one-year datasets, since many of the towns in the service area are smaller in population size. Since the ACS uses a probability sampling technique, using the five-year aggregate dataset over the one-year data provides a larger sample size and more precision in its estimates.

Primary Data Collection
Primary data are new data collected specifically for the purpose of the CHNA. Goals of the CHNA primary data were: 1) to determine perceptions of the strengths and needs within the service area and identify sub-populations most affected; 2) to explore how these issues can be addressed in the future; and 3) to identify the gaps, challenges, and opportunities for addressing community needs more effectively. Primary data were collected using three different methods for this CHNA: key informant interviews, focus groups, and a community survey.

Qualitative Discussion: Key Informant Interviews and Focus Groups

*Key Informant Int*erviews
A total of nine key informant interview discussions were completed with 16 individuals by Zoom or telephone. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders as well as front-line staff across sectors. Discussions explored interviewees' experiences of addressing community needs and priorities for future alignment,

coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: local public health department, housing services, transportation services, public safety/law enforcement, the faith community, mental health services, substance use treatment, and those who serve/work with specific populations (e.g., immigrant community, LGBTQ residents, senior population). See the Appendix C for the list of key informant interviewees and Appendix D for the key informant interview guide.

Focus Groups

A total of 23 community residents participated in 4 virtual focus groups (telephone or video) conducted with specific populations of interest: South Asian seniors (ages 65+), African American women who were cancer survivors, low-income residents seeking food assistance (who also were Spanish-speaking), and a more general population of Latino residents who were Spanish-speaking.

Focus groups were up to 60-minute semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Please see Appendix E for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded and then analyzed thematically by data analysts for main categories and sub-themes. Analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the service area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Survey

A community priorities survey was developed and administered over a five-month period from early April and through the end of August by the survey firm Bruno & Ridgway, who was contracted directly by the RWJBH system. The survey focused on health issues and concerns that impact the community; community safety and quality of life; personal health attitudes, conditions and behaviors; barriers to accessing health care; discrimination when receiving medical care; and the impact of COVID-19 and vaccination compliance. The survey was administered online and was available by paper in 5 languages (English, Spanish, Portuguese, Arabic, and Chinese).

Extensive outreach was conducted with assistance from Healthier Somerset Coalition members and organizations as well as through social media. A link to the online survey was displayed on RWJUH Somerset's web page and social media sites. Additionally, an online panel sample was recruited to capture additional survey responses from specific areas to augment the larger sample. Postcards with QR codes that linked to the survey were distributed at vaccination events for community members to take while they waited for their COVID-19 vaccine.

The final sample of the community priorities survey comprised 801 respondents who were residents of Somerset County. The Appendix G provides a table with demographic composition of survey

respondents. Respondents to the Somerset County Community Health Needs Assessment Survey were predominately White, female, heterosexual, and with a high socioeconomic status. About 62% were employed full-time. Throughout this report, Somerset County residents who participated in the Community Health Needs Assessment Survey are referred to as "respondents" (whereas focus group members and interviewees are referred to as "participants" for distinction.)

Analyses

Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied by question. Statistical testing (Z-tests) was conducted across sub-groups to determine whether there were significance differences between groups. Survey data by race/ethnicity specifically is presented in this report. Racial/ethnic groups are delineated by a letter (A, B, C, D). When a graph has a letter next to the bar, it indicates that the group for that bar has a statistically significant different frequency of responses compared to the group of the letter shown (e.g., when an A is on the bar of White respondents, it indicates that percentage of White respondents answering the question in that particular way is statistically significantly different than Asian respondents). Significant differences at 90% confidence levels are presented in the report.

Data Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

With many organizations and residents focused on the pandemic and its effects, community engagement and timely response to data collection requests were challenging. Additionally, with its online administration method, the community survey used a convenience sample. Since a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this potential bias, results cannot necessarily be generalized to the larger population. Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Due to COVID-19, focus groups and interviews were also conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or cell phones may have experienced difficulty participating. This report should be considered a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

Population Characteristics

Population Overview

Somerset County is made up of 21 municipalities that range in population size. According to the 2015-2019 American Community Survey (U.S. Census), the smallest towns by population are Far Hills (860 residents), Millstone (498), Rocky Hill (636), and Peapack-Gladstone (2,226) (data not shown throughout report given size of towns). Franklin (65,554 residents), Hillsborough (39,604), and Bridgewater (38,136) are the largest townships in Somerset County (Table 1). Similar to New Jersey overall, most Somerset County townships experienced minimal population growth and shrinkage between the periods of 2010-2014 and 2015-2019. The largest population growth occurred in Raritan (7.5% population growth), and the greatest population decline occurred in in North Plainfield (-2.5%).

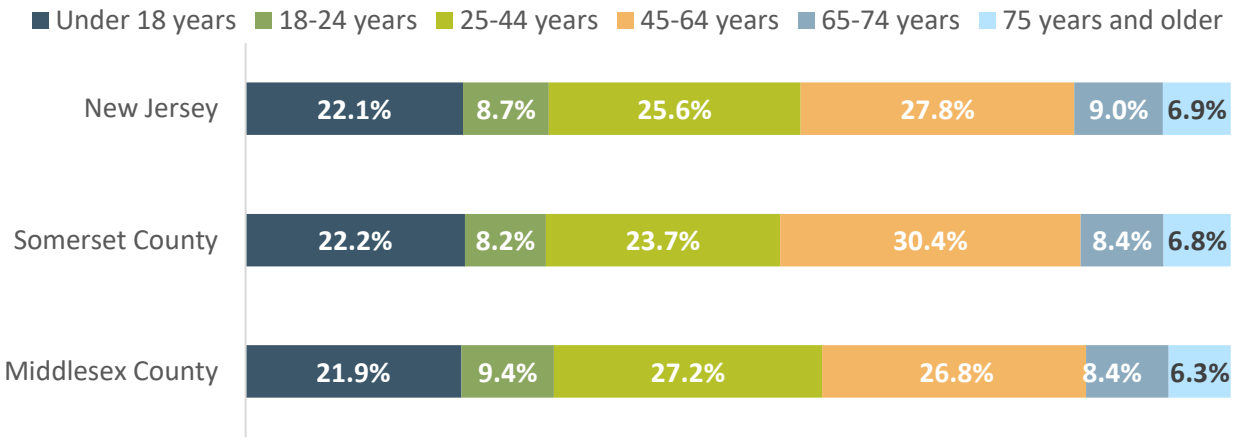
Table 1. Total Population, by State and County, 2010-2014 and 2015-2019

	2014	2019	% change
New Jersey	8,874,374	8,878,503	0.0%
Somerset County	328,704	329,838	0.3%
Bedminster	8,221	8,045	-2.1%
Bernards	26,849	27,082	0.9%
Bernardsville	7,766	7,678	-1.1%
Bound Brook	12,437	12,253	-1.5%
Branchburg	14,547	14,480	-0.5%
Bridgewater	38,242	38,136	-0.3%
Franklin	64,243	65,554	2.0%
Green Brook	7,183	7,114	-1.0%
Hillsborough	39,365	39,604	0.6%
Manville	10,426	10,230	-1.9%
Martinsville	3,868	3,776	-2.4%
Montgomery	22,529	23,045	2.3%
North Plainfield	22,056	21,501	-2.5%
Raritan	7,318	7,865	7.5%
Somerville	22,341	22,257	-0.4%
South Bound Brook	4,585	4,534	-1.1%
Warren	15,729	15,689	-0.3%
Watchung	5,855	6,039	3.1%
Middlesex County	824,046	825,920	0.2%
Dunellen	14,435	14,223	-1.5%
Middlesex	13,766	13,662	-0.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014 and 2015-2019

Somerset County had a similar distribution of ages compared to New Jersey in 2015-2019 (Figure 3), with about 22% of the population being under age 18 and over 15% being age 65+ years old. Age distribution data by town can be found in the Appendix of additional data. Children aged 18 and under made up 25% or more of residents in Martinsville, Montgomery, and Bernards in 2015-2019, and the largest populations of adults over 65 was in Watchung (23.1%) and Bedminster (20.5%), see appendices (Table 20).

Figure 3. Age Distribution, by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

When examining age distribution data by race/ethnicity in Somerset County, children under 18 are a greater percentage of the population among Asian, Black, and Hispanic/Latino residents, and a smaller portion for White residents. Seniors - adults aged 65 and over - comprise 22% of the White population, whereas this age group is 12.8% of Black adults, 11.5% of Asian adults, and 6.3% of Hispanic/Latino adults of the same age range, see Table 2.

Table 2. Age Distribution, by Race/Ethnicity, State, and County, 2015-2019

	Asian					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	20.6%	7.7%	33.1%	26.2%	7.5%	4.9%
Somerset County	23.8%	7.1%	28.6%	29.0%	6.9%	4.6%
Middlesex County	23.6%	8.2%	32.7%	24.6%	6.6%	4.3%
	Black					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	22.4%	10.0%	28.4%	26.4%	7.6%	5.2%
Somerset County	21.2%	10.2%	25.6%	30.3%	9.7%	3.1%
Middlesex County	19.9%	11.5%	29.7%	27.7%	7.2%	4.0%
	Hispanic/ Latino					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	22.4%	9.9%	30.2%	22.5%	5.2%	3.3%
Somerset County	21.2%	10.1%	30.1%	23.9%	4.4%	1.9%
Middlesex County	19.9%	10.7%	29.7%	22.2%	4.5%	2.8%
	White					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	18.2%	7.6%	22.4%	30.0%	12.0%	9.8%

Somerset County	16.9%	7.5%	20.0%	33.7%	11.7%	10.3%
	White					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
Middlesex County	15.3%	8.5%	22.1%	30.3%	13.1%	10.7%
	Some Other Race					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	29.5%	10.6%	21.8%	20.8%	4.5%	4.3%
Somerset County	32.9%	13.5%	21.6%	19.1%	3.0%	2.9%
Middlesex County	32.1%	9.4%	20.2%	20.5%	2.1%	3.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Racial, Ethnic, and Language Diversity

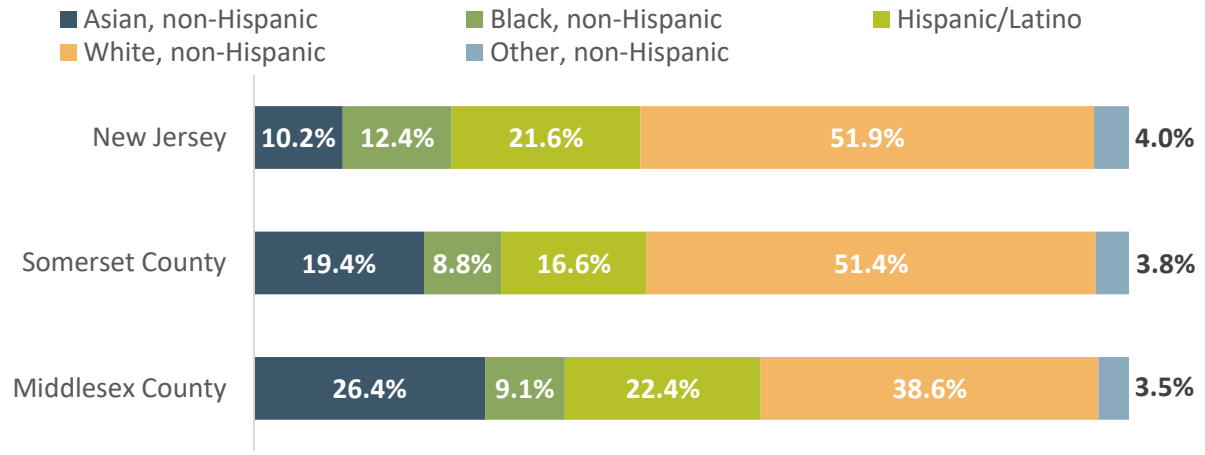
<u>*Racial and* Ethnic Composition</u>

Focus group members and interviewees described their communities as racially and ethnically diverse, however, they noted that diversity varies across the 21 towns. Several participants also noted how some towns have a more homogenous, predominately White population. The secondary data support these perceptions. Asian residents in Somerset County made up 19.4% of the total population, which is more than double that of Asian residents in New Jersey (10.2%), but Somerset County has less Black (8.8%) and Hispanic/Latino (16.6%) residents compared to New Jersey overall (Figure 4). See the Table 23 for detailed data tables.

> *"[In Somerville] my kids go to schools and have friends from every nationality. That intercultural exchange where they can learn other languages and learn other cultures is so important."* – Focus group participant

In 2015-2019, the racial and ethnic distributions varied widely across towns in Somerset County. For example, Bound Brook, Franklin, North Plainfield, and South Bound Brook had more than one in every two residents identify as non-White in 2015-2019. During the same time period, the majority of residents in Branchburg (83.1%), Bernardsville (82.4%), Watchung (76.8%), and Bedminster (76.0%) identified as White. Bound Brook and North Plainfield had the largest Hispanic/Latino populations (44.2% and 49.4% respectively); Franklin and North Plainfield had the largest non-Hispanic Black populations (27.9% and 17.3%%); and Montgomery and Bridgewater had the largest non-Hispanic Asian populations (35.9% and 26.2% respectively). See Table 23 in the Appendix for detailed data tables.

Figure 4. Racial and Ethnic Distribution, by State and County, 2020

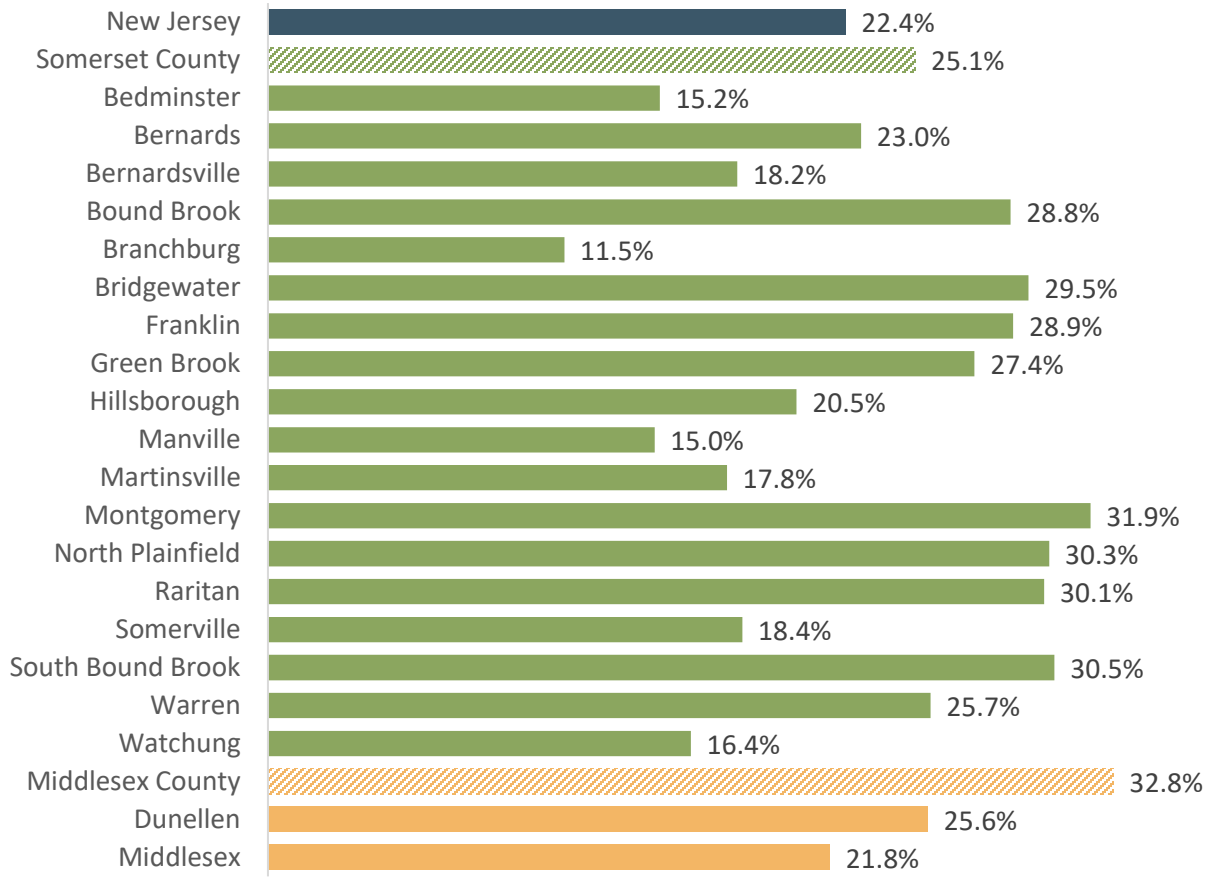


DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020

Foreign-Born Population

Key informant and focus group participants described a robust immigrant community in Somerset County. Manville and Bound Brook were described as having large Latino populations, with many Costa Rican and other Latino residents, while other communities have more residents from East Asia and South Asia. Secondary data show varying levels of the foreign-born population across Somerset County. In 2015-2019, the foreign-born population ranged from 11.5% in Branchburg to 31.9% in Montgomery (Figure 5). In Somerset County, the most common countries of origin for immigrant residents were India and China. The Latin American region was generally the next most common area, with Mexico, Costa Rica, Columbia, and Peru being the most frequent countries of origin from this region. A few towns also had larger immigrant communities from the Philippines, Poland, and Albania.

Figure 5. Percent Foreign Born Population, by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Participants also noted how they valued the diversity within their communities, including the ability to learn from other cultures and access different types of foods. Spanish-speaking focus group members reported that they appreciated the connection and support that comes from living near people from their own cultures. In addition to their contributions to their communities, the resiliency of immigrants was mentioned in several conversations. As one interviewee stated, *"They're coming here, and it's hard enough to live day to day when you're from this place, but they [immigrants] are making a new home and they bring a lot."*

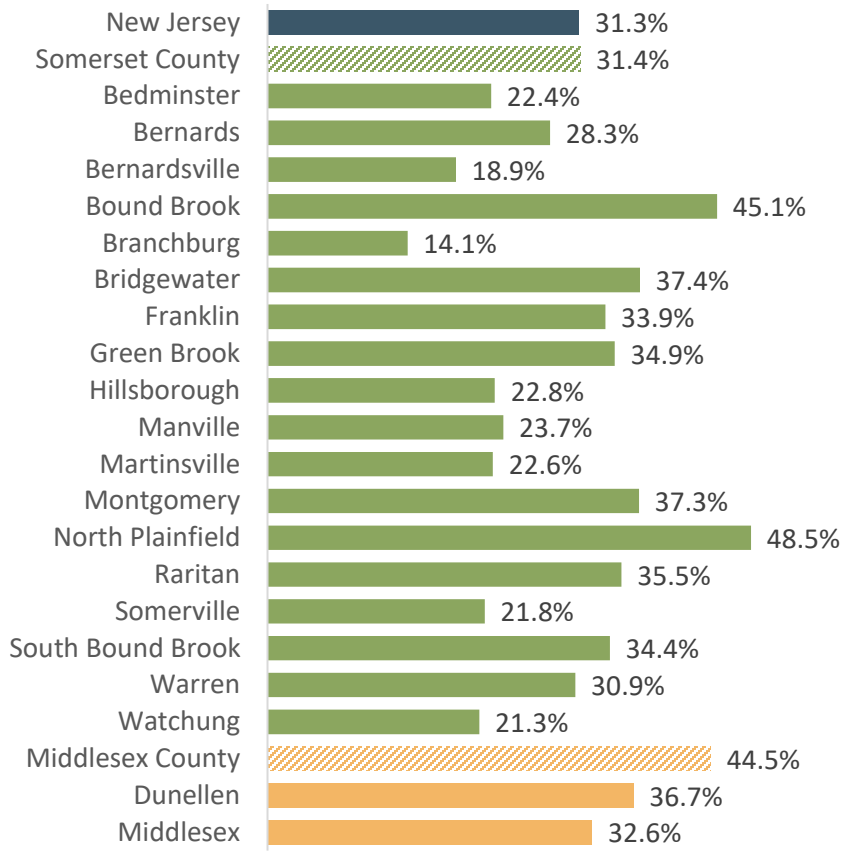
On the other hand, undocumented residents were described as particularly vulnerable, often isolated and unable or fearful of accessing services, including healthcare. As one community provider from Somerville stated, "*One hidden thing in our area is that we have a large portion of residents that are undocumented. There's a lot of people without access to help*." One Latino resident mentioned "*I have people who don't have papers and need jobs. It's really hard when you don't have papers. It's a heaviness when you don't have access to resources.*"

Language Diversity

Among New Jersey residents over age five, 31.3% reported speaking a language other than English at home in 2015-2019. A variety of languages are spoken across Somerset County, as indicated in the secondary data and supported by qualitative discussions. For example, almost one in two residents in

Bound Brook and North Plainfield speak a language other than English at home compared to 14.1% of residents in Branchburg (Figure 6). The most spoken languages other than English in Somerset County are Spanish, other Indo-European languages (e.g., Portuguese, Hindi, Gujarati), Spanish, Chinese, and Russian, Polish, or other Slavic languages (Table 3).

Figure 6. Population Aged 5+ Speak Language Other Than English at Home, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 3. Top 5 Languages Spoken at Home, by State, County, and Town, 2015-2019

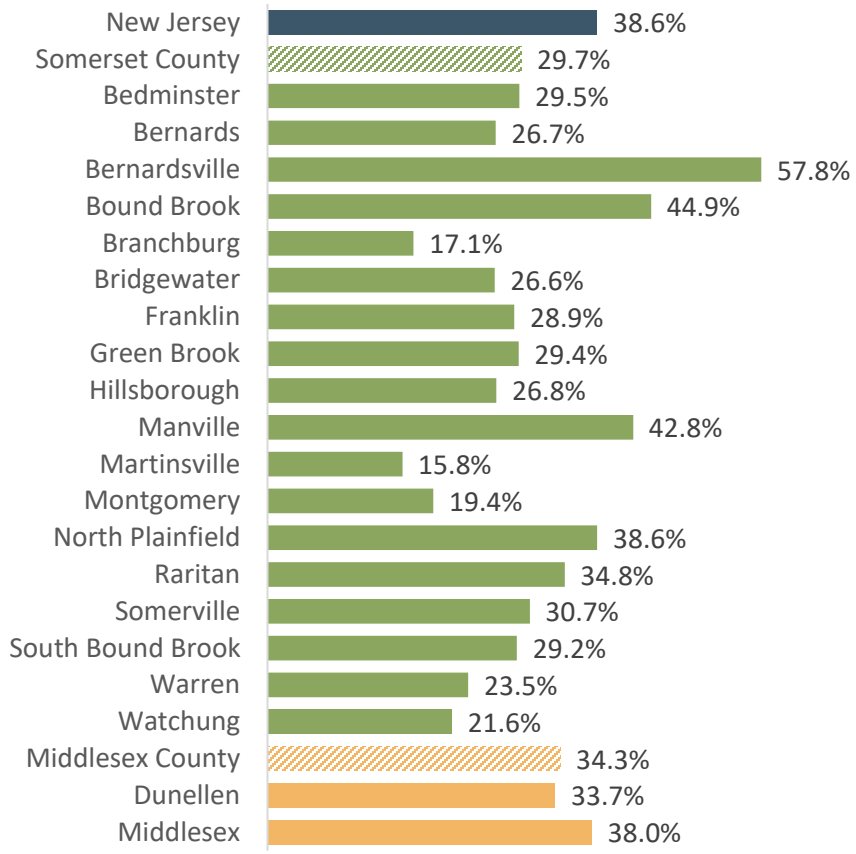
	English only	Spanish	Other Indo-European languages	Russian, Polish, or other Slavic languages	Chinese
New Jersey	66.5%	16.5%	6.0%	2.0%	1.7%
Somerset County	62.1%	13.0%	9.6%	2.5%	4.1%
Bedminster	77.6%	11.4%	4.6%	0.7%	1.5%
Bernards	71.7%	4.0%	6.2%	1.9%	7.7%
Bernardsville	81.1%	8.7%	1.1%	0.6%	1.9%
Bound Brook	54.9%	38.8%	3.0%	0.8%	0.2%
Branchburg	85.9%	2.6%	3.4%	1.4%	1.6%

	English only	Spanish	Other Indo-European languages	Russian, Polish, or other Slavic languages	Chinese
Bridgewater	62.6%	7.0%	11.4%	3.3%	6.3%
Franklin	66.1%	11.9%	7.2%	1.2%	3.4%
Green Brook	65.1%	5.5%	11.1%	3.6%	10.2%
Hillsborough	77.2%	5.3%	7.9%	2.3%	3.1%
Manville	76.3%	14.9%	1.5%	4.3%	0.8%
Martinsville	77.4%	4.3%	9.1%	1.1%	3.8%
Montgomery	62.7%	2.9%	12.6%	2.5%	9.3%
North Plainfield	51.5%	42.7%	2.9%	0.2%	0.4%
Raritan	64.5%	15.1%	6.4%	0.8%	2.0%
Somerville	78.2%	10.2%	3.1%	1.0%	1.5%
South Bound Brook	65.6%	26.0%	3.2%	0.6%	0.4%
Warren	69.1%	4.0%	11.3%	2.7%	6.7%
Watchung	78.7%	5.3%	6.1%	1.3%	5.6%
Middlesex County	51.9%	18.3%	14.1%	2.4%	3.1%
Dunellen	63.3%	16.6%	5.7%	2.2%	6.1%
Middlesex	67.4%	24.6%	3.1%	0.5%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

While diversity is a substantial community strength, participants noted that it can also be challenging. Those working in the social sector worry about populations not reached with information or services. Language barriers were frequently mentioned—bilingual providers, interpreters, and translated materials are limited. One social service provider explained, "*We're always looking and hearing of a lot of need in Bound Brook and Manville. The people we're having the hardest time helping is people who have low literacy, even in their own language. They don't have flexibility or the time. It's not enough to help people who are at that level*." Nearly 14% of Latino community survey respondents specifically noted that they have felt discriminated against because of language/speech issues when receiving medical care (discussed in greater detail in the Discrimination and Racism section of this report.) Within Somerset County, Bernardsville (57.8%), Bound Brook (44.9%), and Manville (42.8%) reported the highest percentages of the population that lack English proficiency (Figure 7).

Figure 7. Population Lacking English Proficiency (Out of Population who Speak a Language Other than English at Home), by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

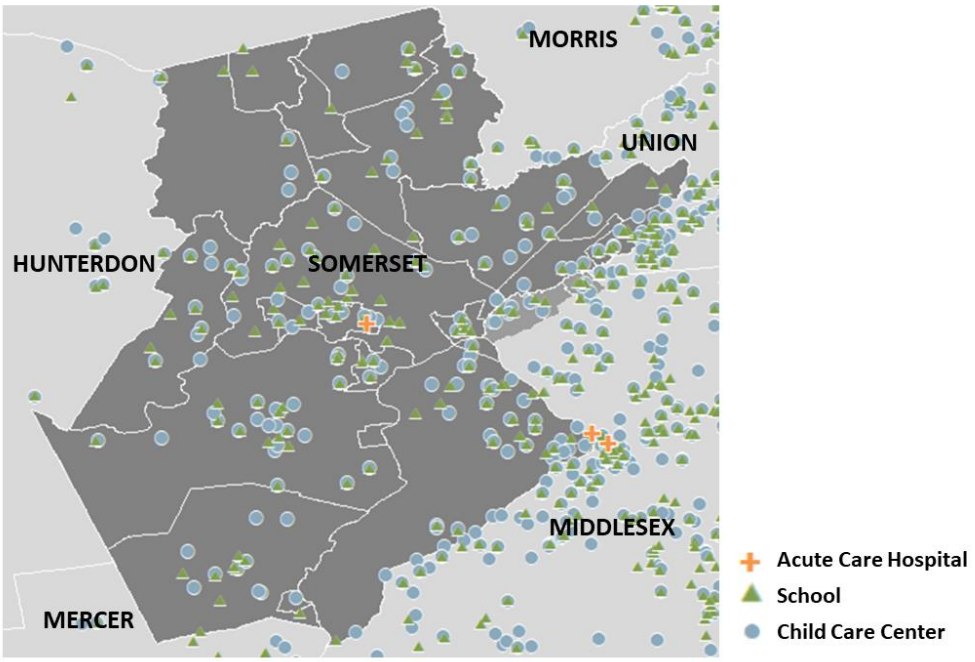
Community Social and Economic Environment

Community Strengths and Assets

Residents participating in interviews and focus groups overwhelmingly reported that they enjoyed living in Somerset County, for several reasons. They cited the canal and the region's many parks as places to relax, walk, and hike. Beaches and mountains are also close by. As one interviewee commented, "*(Somerville) is in the middle of a populous area but immersed in nature; the resources of suburban and urban areas are nearby*." Several residents shared how important these green spaces have been for the community during the pandemic. Community members also appreciated the arts and cultural institutions, restaurants, shops, and libraries in their towns. Proximity to New York City is another asset. Older residents reported that the region is "senior friendly": it has senior centers, numerous assisted living facilities and senior communities for residents aged 55 and over. Focus group members and interviewees also appreciated the healthcare resources in the region. As one interviewee stated, *"We have good medical facilities. We have a wide variety of everything."* As Figure 8 shows below, there is one acute care hospital as well as 143 schools and 155 child care centers in Somerset County. Appendix F provides a resource inventory of services in the area.

> *"The neighbor spirit here is strong: your neighbors will check on you if the weather is bad, shovel your driveway. Everybody has a place in Somerset. I've lived in different neighborhoods throughout New Jersey, and I have come back to Somerset*." - Key informant interviewee

Figure 8. Community Assets Map of Somerset County, 2018 & 2020

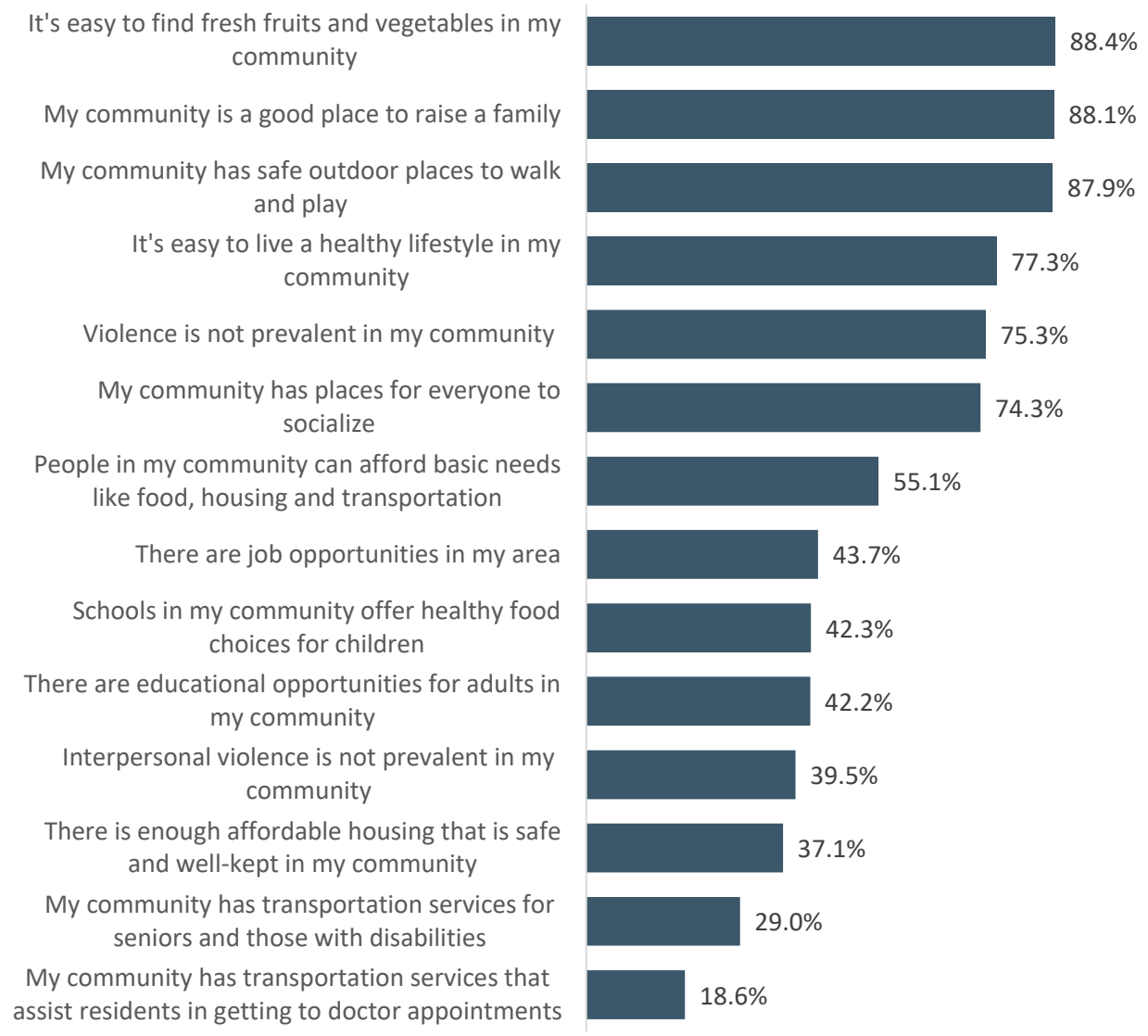


DATA SOURCE: New Jersey Geographic Information Network (NJGIN), Schools and Child Care Centers, 2018 and Acute Care Hospitals, 2020

A theme in several conversations was social cohesion. Residents described their community as having a *"small town feel"* with friendly and helpful neighbors and a strong community culture. As one focus group member shared, *"I like living here. Neighbors are good and welcoming."* Community volunteerism was reported to be high, and participants shared recent examples of this including meal delivery programs, development of website campaigns to help people find employment and support local businesses, and greater neighbor-to-neighbor outreach and support. For some, this is a "silver lining" of the pandemic. As one person from Somerville related, *"Since the pandemic, there's a lot more focus on being community oriented. I know my neighbors a lot better than we used to."*

Community survey respondents agreed with many of these themes. When asked how much they agreed or disagreed with a number of statements about their community, nearly 90% agreed or completely agreed that it was easy to find fresh fruits and vegetables in their community, that their community was a good place to raise a family, and their community had safe outdoor places to walk and play (Figure 9).

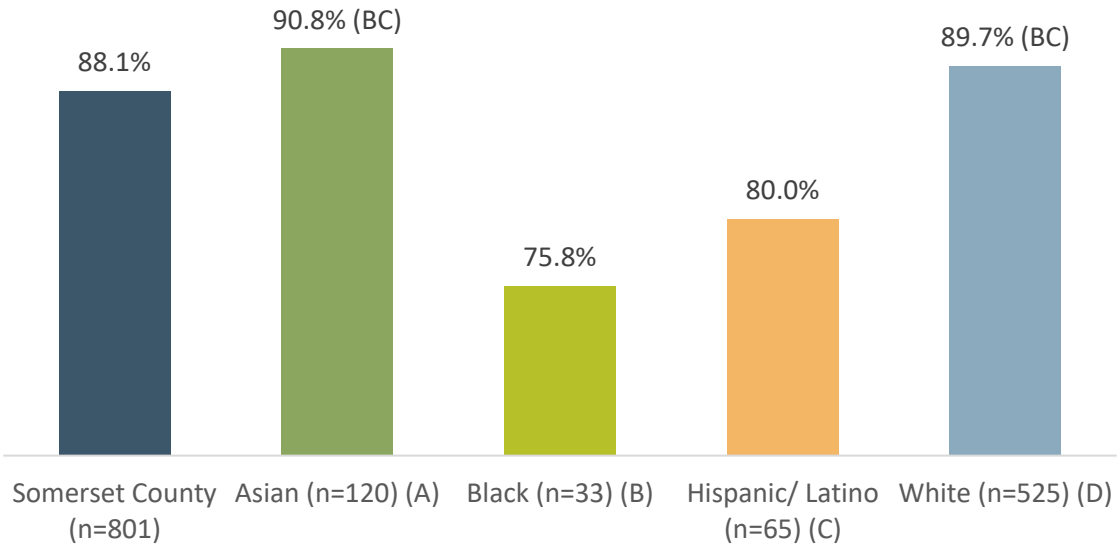
Figure 9. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

However, groups of respondents across Somerset County varied in their responses to these questions. While 88.1% of total Somerset County survey respondents agreed or completely agreed that their community was a good place to raise a family, these responses differed by race/ethnicity. As described in the Methods section, when a graph of community survey data has a letter next to the bar, it indicates that the group for that bar has a statistically significant different frequency of responses compared to the group of the letter shown. In this case, Asian and White respondents, (at 90.8% and 89.7% respectively) were significantly more likely than Black respondents (75.8%) and Latino respondents (80.0%) to say this about their community (Figure 10). (More detailed discussions of responses by different population groups of other survey questions are found in the topic-specific sections of this report.)

Figure 10. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "My Community is a Good Place to Raise a Family," by Race/Ethnicity (n=801), 2021

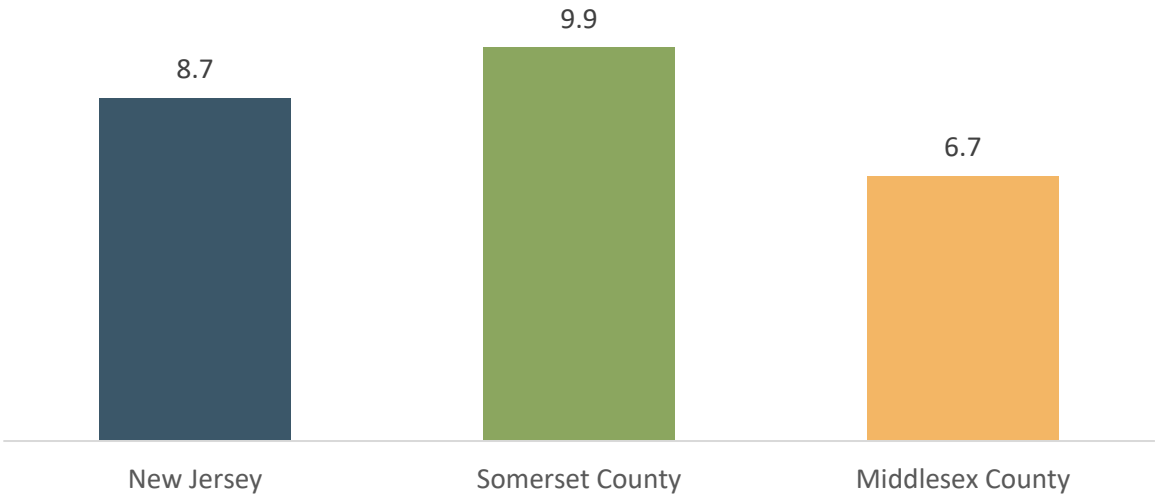


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

As noted earlier from the focus group and interview findings, social connectedness was a strong theme in assessment conversations. This was reiterated in survey findings. Nearly three-quarters of survey respondents in Somerset County indicated that their community has places for everyone to socialize (e.g., the library, churches, local clubs, senior meetings, etc.). Responses to this question did not differ significantly by race/ethnicity, but they did by income level. Those who earned over $100,000 were significantly more likely to agree/completely agree with this statement (77%) than those who earned less (70.9% of those earning just over $50K-$100K and 66.7% for those earning $50K or less).

Surveillance data also indicate that there are strong social connections in Somerset County. As analyzed by Robert Wood Johnson Foundation-sponsored County Health Rankings, Somerset County's membership in social associations is higher than Middlesex County and New Jersey overall (Figure 11).

Figure 11. Membership in Social Associations per 10,000 Population, by State and County, 2018



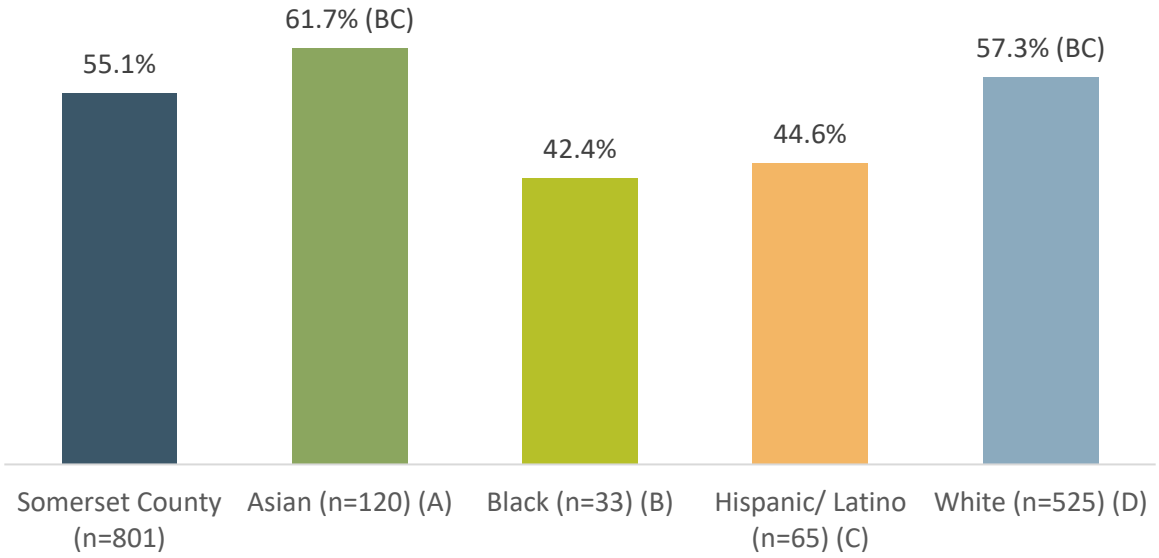
DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018
NOTE: The associations include membership identified by the North American Industry Classification System (NAICS) as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and/or professional organizations.

A strong and collaborative social and public services infrastructure was also cited as a substantial community asset. Interviewees and focus group participants described the RWJ Barnabas Health service area as having many health, social service, and faith institutions, all committed to meeting the needs of community residents. Those working in the social sector shared that community organizations are collaborative. As one provider shared, *"No one is trying to build their own kingdom. There's not a lot of power, infighting, trying to grab someone else's people."* Another interviewee shared a similar perspective saying, *"Although systems and institutions make me crazy because they're so limited, I think for the most part, we live in a relatively small county and our systems function pretty well."* Those from public institutions shared a similar view, pointing to collaboration across police departments, schools, and public health institutions.

Income and Financial Security

While focus group members and interviewees see Somerset County as relatively prosperous, they noted that some residents face significant economic challenges, which has been further exacerbated during this time of the COVID-19 pandemic. Financial insecurity was a major concern throughout focus groups and interviews. Additionally, Black (42.4%) and Latino (44.6%) residents were less likely to agree that people in their community can afford basic needs (Figure 12). While many adults in the community are employed in New York City and the large multinational corporations in New Jersey, others work in the lower-paying service and retail sectors.

Figure 12. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "People in My Community Can Afford Basic Needs like Food, Housing, and Transportation", by Race/Ethnicity (n=801), 2021



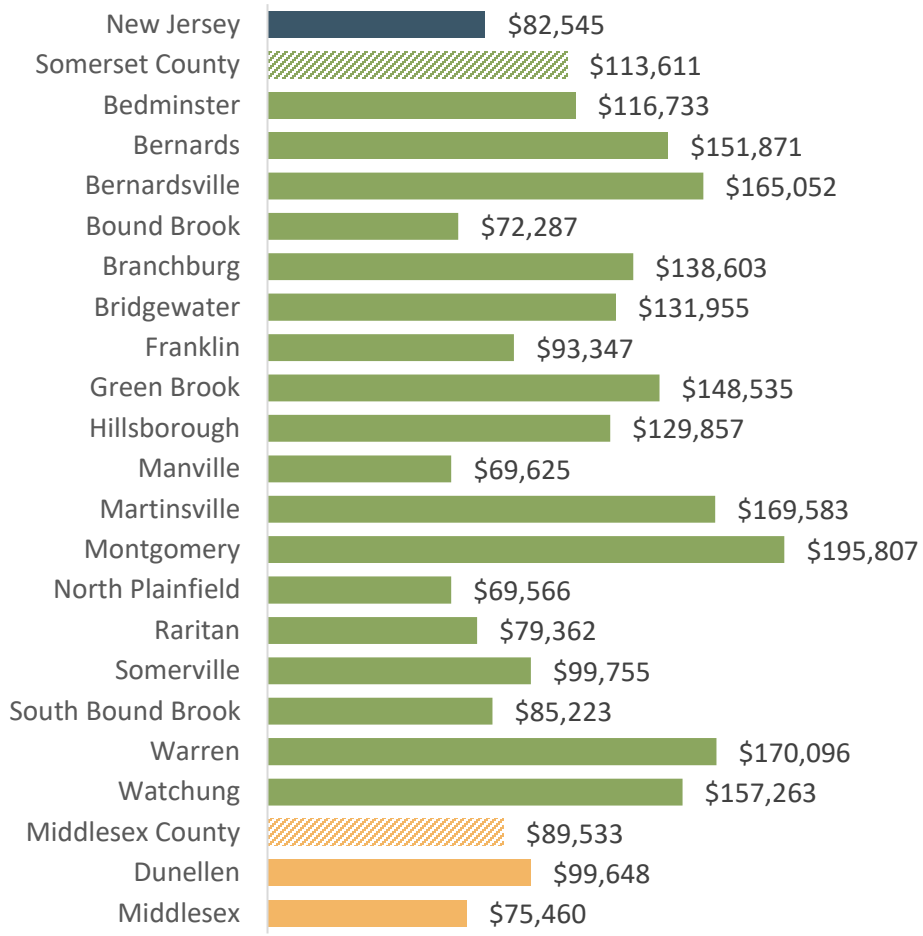
DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Household Income and Poverty

In Somerset County, financial wellbeing and insecurity varied by town. According to the 2015-2019 American Community Survey (U.S. Census), while the median household income for Somerset County ($113,611) exceeded that of New Jersey ($82,845), the median annual household income in 2015-2019 ranged from just under $70,000 in North Plainfield and Manville to $195,807 in Montgomery (Figure 13). Bound Brook, Manville, North Plainfield, Raritan, and South Bound Brook reported having a median household income below the state average ($82,845).

> *"We are a more affluent community. The wealth is skewed: we have a lot of citizens that need great support, and we also have people with good fortune*." -Key informant interviewee

Figure 13. Median Household Income, by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

However, Black and Latino households had lower median household incomes relative to the average across Somerset County. While Asian ($162,035) and White ($119,046) households reported incomes that were 43% and 5% higher than median household income in Somerset County ($113,611) respectively, Black ($80,549) and Hispanic/Latino ($75,324) households earned 29% and 34% below the county median respectively (Table 4).

Table 4. Median Household Income, by Race/Ethnicity, State, County, and Town, 2015-2019

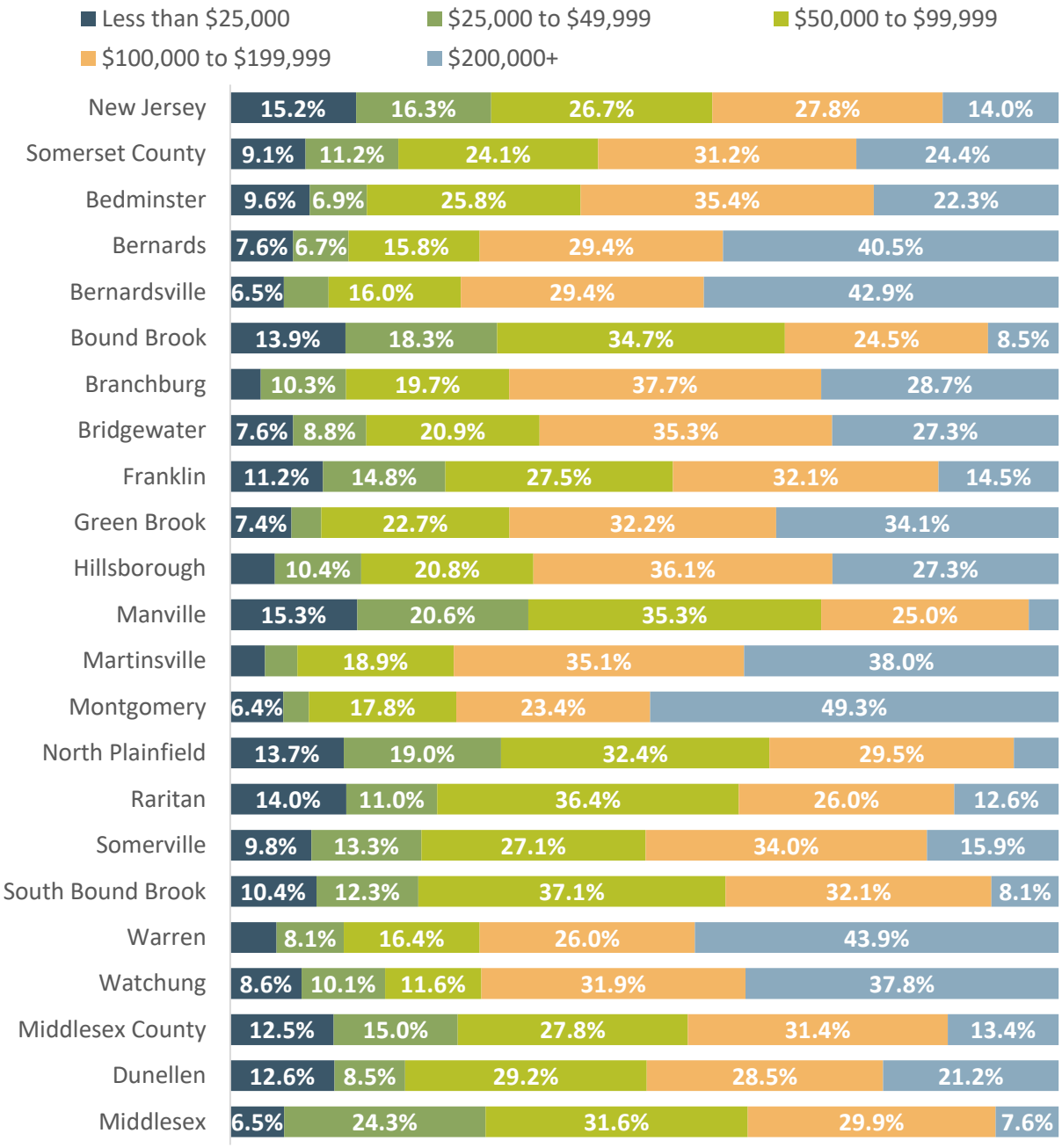
	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	$121,111	$53,247	$57,068	$94,462	$49,881
Somerset County	$162,035	$80,549	$75,324	$119,046	$64,301
Bound Brook	$162,019	-	$71,250	$119,071	-
Bedminster	$248,203	-	$121,875	$148,803	$125,417
Bernards	$250,000+	-	$71,176	$183,854	-
Bernardsville	$83,958	$44,063	$62,857	$85,938	$41,949

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race, Non-Hispanic
Branchburg	$139,028	-	$173,000	$136,684	-
Bridgewater	$162,103	$95,776	$74,531	$126,587	$70,375
Franklin	$126,938	$86,030	$89,167	$87,238	-
Green Brook	$195,000	-	$250,000+	$125,759	-
Hillsborough	$185,880	$98,210	$98,158	$127,982	$81,818
Manville	$82,500	-	$53,430	$76,830	$53,256
Martinsville	250,000+	-	$250,000+	$155,938	-
Montgomery	$221,143	$79,097	$127,933	$196,281	-
North Plainfield	$73,963	$79,118	$59,406	$90,675	$55,065
Raritan	$132,159	-	$67,946	$77,905	-
Somerville	$104,554	$52,333	$64,688	$107,172	$48,636
South Bound Brook	$85,897	$71,842	$69,839	$85,500	$60,272
Warren	$203,958	-	-	$161,447	-
Watchung	$250,000+	-	$171,250	$125,563	-
Middlesex County	$124,038	$75,227	$64,667	$88,470	$65,152
Dunellen	$137,868	$99,167	$76,272	$99,800	$71,316
Middlesex	-	$88,793	$59,735	$82,917	$47,262

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Census estimates demonstrate how higher earning households and low-income households are concentrated in different towns across Somerset County. Montgomery (49.3%), Warren (43.9%), and Bernardsville (42.9%) residents had more than 40% of their households earning $200,000 or higher in 2015-2019 (Figure 14). On the other hand, about one in three households in Manville, North Plainfield, and Bound Brook earn a household income of $50,000 or less.

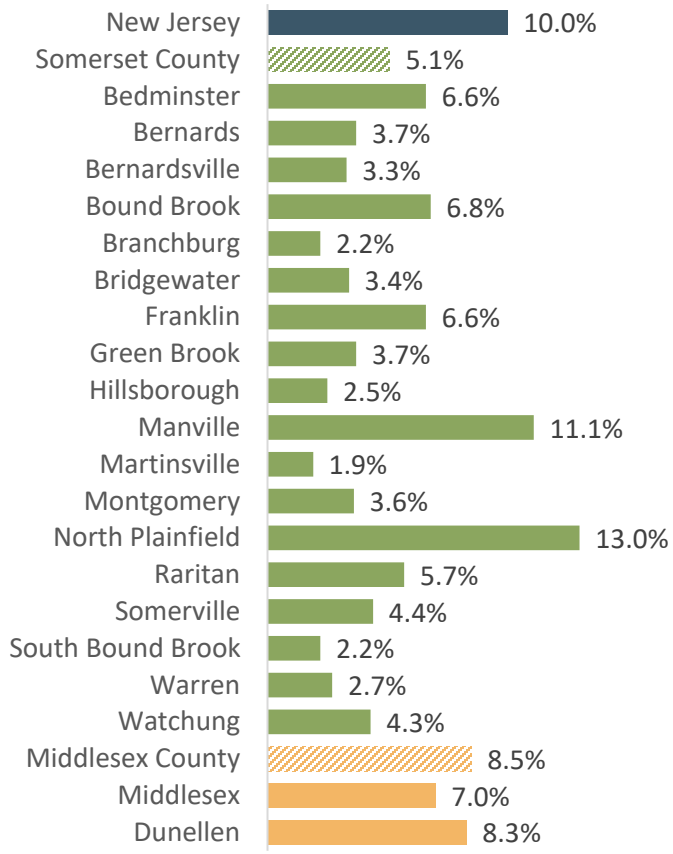
Figure 14. Distribution of Household Income, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

The percentage of Somerset County residents living below the poverty level represents the most extreme level of financial insecurity. For context, the federal poverty line is the same across the country – regardless of cost of living – but changes by household size. In 2021, individuals living alone or considered a household of one would fall below the federal poverty level at an income level of $12,880, while federal poverty level for a family of four is $26,500. Figure 15 presents data on the percentage of residents falling below the poverty line in the state, county, and town-level. In Somerset County, 5.1% of individuals fall below the poverty line, but it is 13% in North Plainfield and 11% in Manville. Table 5 presents town level poverty data by race/ethnicity.

Figure 15. Individuals Below Poverty Level, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 5. Individuals Below Poverty Level, by Race/Ethnicity, State, County, and Town, 2015-2019

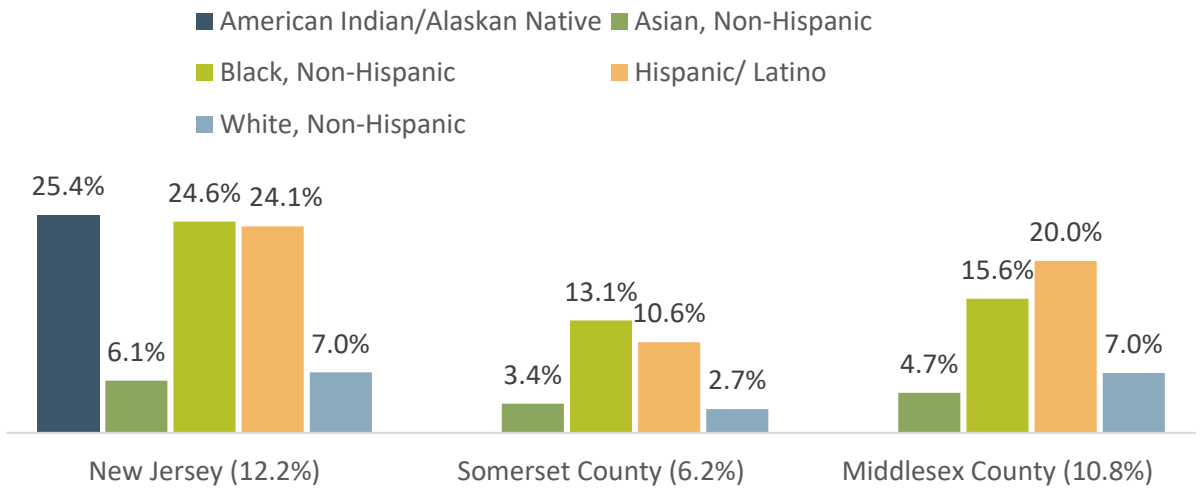
	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic / Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	6.7%	17.3%	17.9%	5.9%	21.3%
Somerset County	4.0%	9.8%	9.7%	3.3%	18.7%
Bedminster	22.5%	0.0%	8.5%	4.8%	25.0%
Bernards	3.6%	39.7%	4.6%	2.8%	7.0%
Bernardsville	0.0%	**	0.0%	4.0%	0.0%
Bound Brook	13.1%	16.8%	10.0%	2.1%	13.4%
Branchburg	8.5%	3.2%	3.4%	1.5%	0.0%
Bridgewater	2.6%	12.6%	7.0%	2.9%	5.9%
Franklin	4.5%	8.8%	6.2%	4.3%	23.2%
Green Brook	3.7%	4.0%	1.7%	4.3%	0.0%
Hillsborough	2.1%	4.9%	4.8%	2.3%	6.9%
Manville	22.7%	24.5%	25.4%	3.5%	34.4%
Martinsville	3.1%	**	0.0%	1.8%	-

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic / Latino	White, Non-Hispanic	Other Race, Non-Hispanic
Montgomery	3.3%	14.3%	12.0%	2.7%	-
North Plainfield	26.8%	4.9%	16.6%	6.9%	27.1%
Raritan	0.9%	0.9%	6.8%	6.9%	9.5%
Somerville	2.8%	22.2%	6.6%	2.5%	1.8%
South Bound Brook	0.0%	2.9%	3.8%	1.8%	11.8%
Warren	1.7%	2.8%	17.1%	1.9%	0.0%
Watchung	0.0%	4.1%	0.5%	5.6%	-
Middlesex County	5.8%	11.2%	15.4%	6.1%	15.2%
Dunellen	12.2%	18.1%	7.9%	5.6%	10.3%
Middlesex	6.7%	9.4%	13.0%	3.7%	20.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: ** data suppressed where n<5

According to County Health Rankings, 6.2% of children in Somerset County lived in poverty in 2019, but 13.1% of Black children and 10.6% percent of Hispanic/Latino children lived in poverty (Figure 16).

Figure 16. Children in Poverty, by Race/Ethnicity, State, and County, 2019

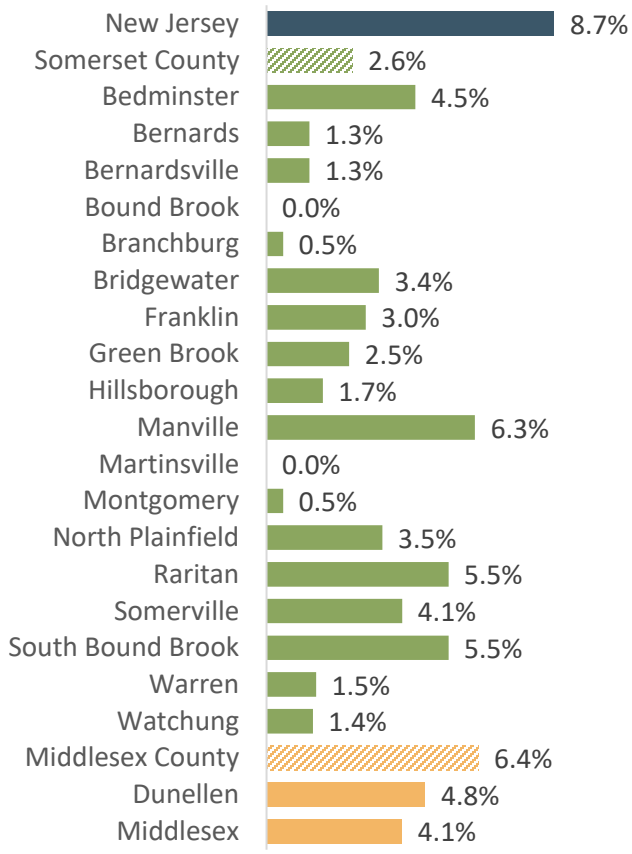


DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Income and Public Assistance

Several national programs administered by the state help low-income individuals and families in Somerset County afford basic needs and necessities. The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to certain income-eligible Somerset County residents. From 2015-2019, 2.6% of households in Somerset County were receiving SNAP benefits (Figure 17). Of note, Bound Brook and Martinsville had 0% of households receiving SNAP benefits.

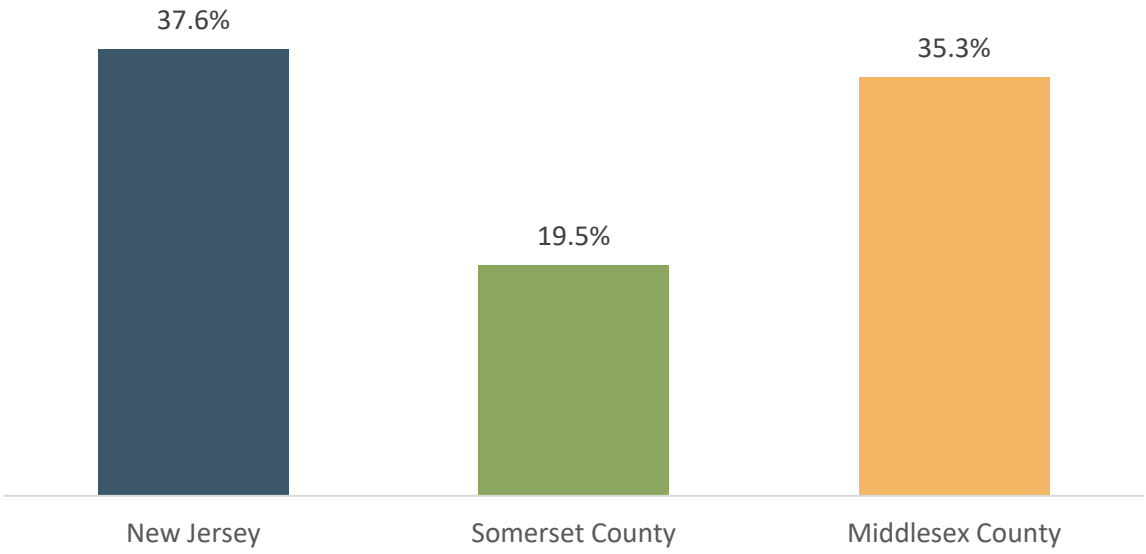
Figure 17. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Public schools nationwide and across New Jersey offer free lunch programs for children living at or near the poverty line (although it should be noted that many public schools currently provide free lunch to all students as part of the federal COVID relief funding.) However, the percentage of children eligible for the traditional free or reduced-price lunch in Somerset County was 19.5% in the 2018-2019 school year, much lower than Middlesex County or the state overall (Figure 18).

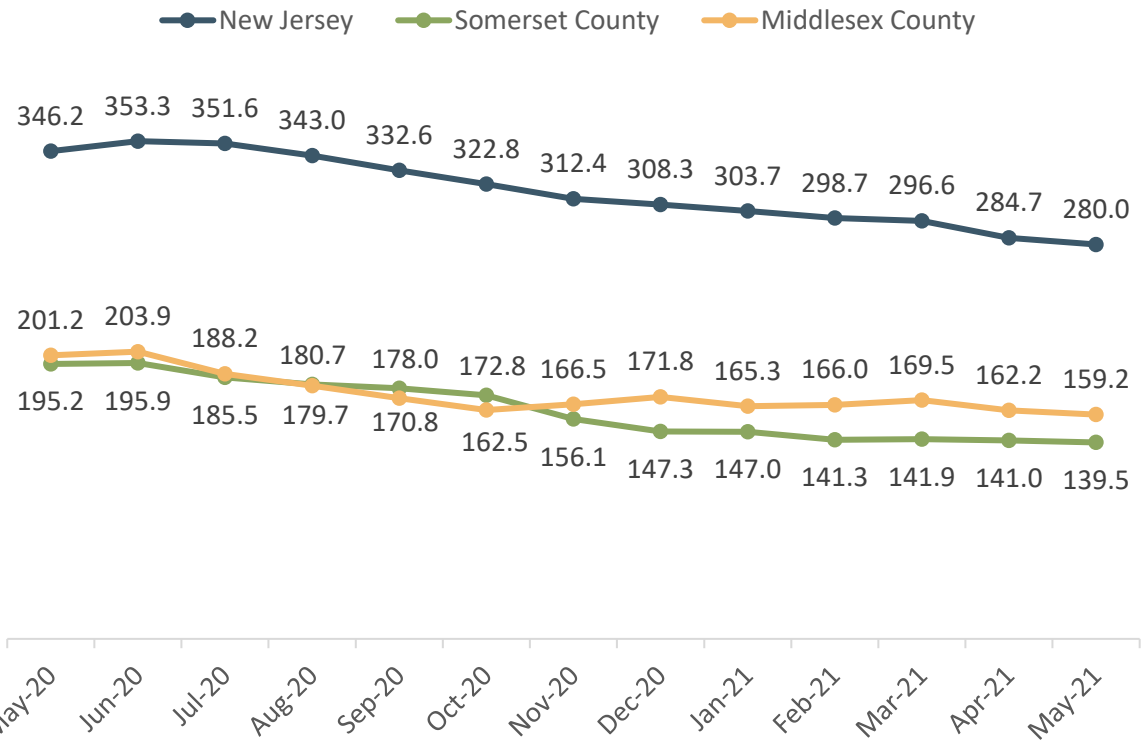
Figure 18. Children Eligible for Free or Reduced-Price Lunch, by State and County, 2018-2019



DATA SOURCE: National Center for Education Statistics, 2018-2019 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

Work FirstNJ (WFNJ) provides cash assistance and other support services through the federal Temporary Assistance for Needy Families (TANF) program. During the COVID-19 pandemic, several focus group participants and key informant interviewees mentioned increased demand for public assistance programs for families during the initial part of the pandemic. In Figure 19, the participant rate for persons, adults, and children receiving TANF peaked in June 2020 with a rate of 195.9 people participating in Somerset County per 100,000 population and the rate gradually decreased until May 2021 at 139.5.

Figure 19. Participating Persons, Adults, and Children Receiving WFNJ/TANF per 100,000, by County, May 2020 – May 2021

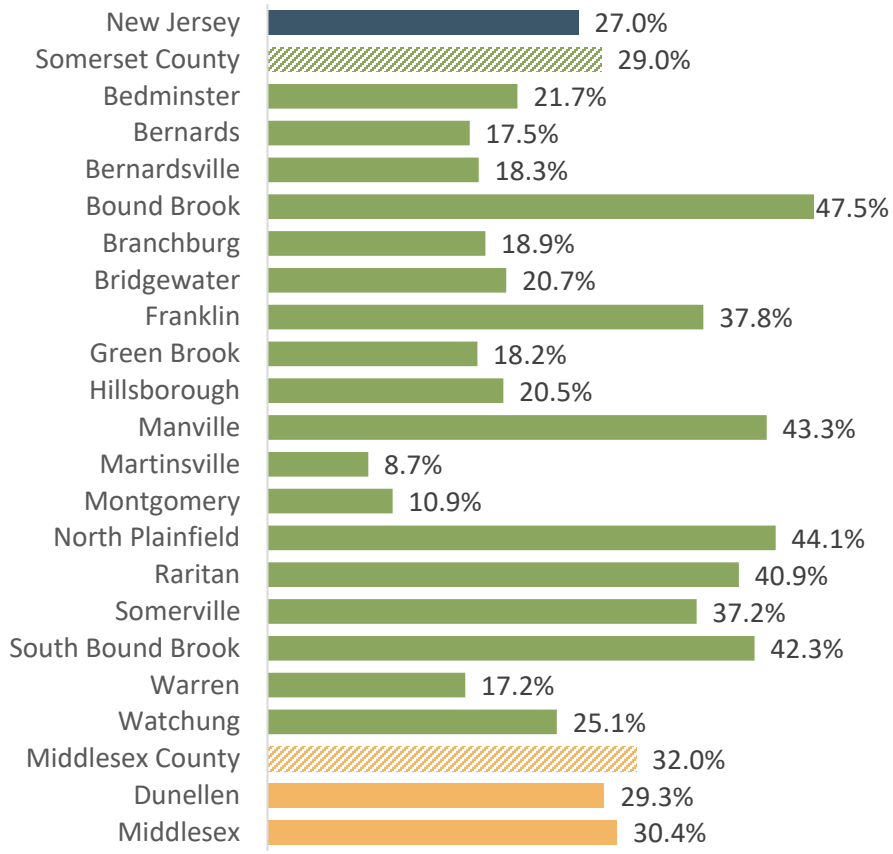


DATA SOURCE: Current Program Statistics, Division of Family Development, New Jersey Department of Human Services, 2020-2021
NOTE: Rate per 100,000 calculated using population estimates from U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Challenges of Financial Insecurity

Many assessment participants discuss how the high cost of living in the region makes the situation more difficult for already struggling families as well as seniors. In 2018, 29% of the County's households were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 20). In Manville, North Plainfield, Bound Brook, over four in every ten households fell below the ALICE threshold. As one interviewee shared, *"We're always looking and hearing of a lot of need in Bound Brook and Manville. They're the same people affected by transportation or their jobs, and there's a whole ripple effect if one those things go."*

Figure 20. Percent Households Falling into ALICE Population, by State, County, and Town, 2018



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018 as reported by United Ways of New Jersey, Alice in New Jersey: A Financial Hardship Study, 2020
NOTE: ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE population represents those among us who are working, but due to childcare costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck.

In addition to low wages, interviewees talked about the potential negative consequences of slight increases in income among poorer residents who receive assistance benefits. For example, for residents receiving housing assistance, even small increases in income can mean the loss of housing support – referred to as a "cliff effect" in the field. As one interviewee explained, ***"****People are afraid to take a job because they will become homeless as a result: $13 an hour doesn't pay for housing, but that job loses housing assistance."*

Employment and Workforce

Some focus group members and interviewees spoke specifically about employment challenges in the community, describing various workforce-related issues. Most often, participants talked about the challenges of the COVID-19 pandemic on essential front-line and lower wage workers, many of whom lost their jobs, either temporarily or permanently. These workers, participants also noted, also face substantial risk of COVID exposure and often do not have health benefits or paid sick time.

> "*We have three kids—the kids eat, and they need more things. Everything continues even if you don't have a job. The world doesn't stop, and everything keeps on going. It's been a very difficult economic time."*– Focus group participant

As one key informant interviewee described, *"If I have something that comes up, I could take some time out of my workday with no problem. As long as I'm not on a Zoom call, there's no problem, there's some flexibility. Most of our folks don't have that kind of flexibility, they work hourly jobs, they're at the bottom of the ladder."* A few focus group participants also described difficulty of taking time off during the pandemic and how it has impacted the health of essential workers. One focus group participant explained, "*If your health is not well, you're going to lose more days of work. For example, a young man who had COVID and didn't go to hospital until he couldn't breathe. He really didn't want to lose his job, but then he was hospitalized for 3 months. That's the aspect about waiting until the very end, whatever it may be. The work, the job, the money.*"

> *"Latinos are the front line workers, but also the jobs that closed first [babysitters, domestic workers, factories]. The service industry, the painting industry. What that did was that Latino people didn't have food to eat."*– Key informant interviewee

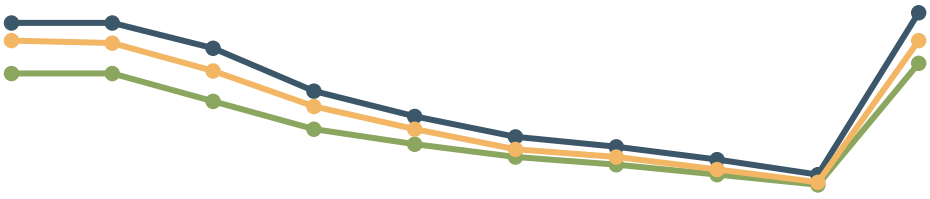
Many working and lower income families in the region have faced additional economic hardship as a result of COVID-19. Latino families were described as particularly hard hit as many work in industries most directly affected by the pandemic: child care, housekeeping, restaurants, and factories. Participants in Spanish-speaking focus groups shared their financial struggles and the trade-offs they have made to make ends meet. One Latina resident described her experience, "*I owned my own beauty salon for 14 years, and [the pandemic] really impacted me emotionally because there was no way to survive in that business after the pandemic…the rent is way too hard to get another business, so how can you rebuild? That impacts someone emotionally because that's your livelihood."*

At the same time, those working in the social services and healthcare sectors shared their challenges finding workers such as, certified nursing assistants and home health aides, which has substantial implications for serving the community's most vulnerable residents including seniors and people with disabilities. One interviewee who works with seniors described, *"We need to work together to improve salaries and benefits for home health. It's a minimum wage $15-16 job and people need to be able to drive between houses, it limits the amount they can get paid if they are driving all over."*

An interviewee who works with the LGBTQ community suggested that more should be done to incentivize employers to hire trans and other LGBTQ residents. The interviewee said, "*In terms of employment, we have trans patients who try and get a job but…they're not getting hired. Even though they're going to different interviews and trying to get a job, it's so hard for them. And what that leads to is them being forced to not be themselves and work somewhere and have to pretend to be a man when they're women. Things they have to live with in a heteronormative world."* The same person described how trans residents must alter their identity in order to get hired, but that altering one's identity can lead to mental health concerns for her clients, including suicidal ideation and mental health crises.

In 2019, prior to the pandemic, Somerset County reported its lowest unemployment rate (3.0%) that it had experienced since 2011 according to the Bureau of Labor Statistics (Figure 21). Pre-pandemic unemployment rates across Somerset County towns ranged from 2.3% in Green Brook to 7.5% in Warren from 2015-2019 (Table 6).

Figure 21. Unemployment Rate, by State and County, 2011-2020



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	9.4%	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.8%
Somerset	7.4%	7.4%	6.3%	5.2%	4.6%	4.1%	3.8%	3.4%	3.0%	7.8%
Middlesex	8.7%	8.6%	7.5%	6.1%	5.2%	4.4%	4.1%	3.6%	3.1%	8.7%

DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011-2019
NOTE: There were revised population controls and model re-estimation when calculating the percentages for New Jersey for 2013 and onward.

Table 6. Unemployment Rate, by Town 2015-2019

	2015-2019
Bedminster	4.4%
Bernards	4.3%
Bernardsville	4.2%
Bound Brook	3.0%
Branchburg	4.8%
Bridgewater	3.6%
Dunellen	5.3%
Franklin	5.6%
Green Brook	2.3%
Hillsborough	4.2%
Manville	4.1%
Martinsville	4.6%
Middlesex	4.2%
Montgomery	5.3%
North Plainfield	6.4%
Raritan	4.7%
Somerville	4.9%
South Bound Brook	6.0%
Warren	7.5%
Watchung	5.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

When examining unemployment rates from the 2015-2019 American Community Survey by race/ethnicity, Black residents and Hispanic/Latino residents had unemployment rates of 6.5% and 5.1% respectively in 2015-2019; White and Asian residents had an unemployment rate of 4.3% and 3.5% respectively for the same time period (Table 7).

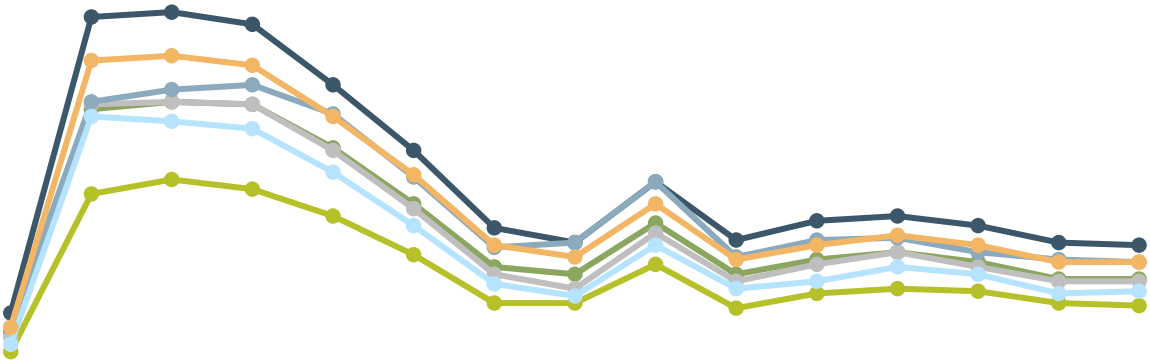
Table 7. Unemployment Rate by Race/Ethnicity, State, and County, 2015-2019

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Other Race, Non-Hispanic
New Jersey	4.2%	9.8%	5.8%	4.6%	8.5%	6.7%	6.3%
Somerset County	3.5%	6.5%	5.1%	4.3%	0.0%	0.0%	6.1%
Bedminster	6.3%	0.0%	4.9%	4.2%	-	-	0.0%
Bernards	2.9%	0.0%	0.0%	5.2%	-	-	0.0%
Bernardsville	0.0%	-	0.0%	5.4%	0.0%	-	0.0%
Bound Brook	6.3%	2.4%	1.3%	4.5%	0.0%	0.0%	1.9%
Branchburg	3.7%	13.8%	11.1%	4.3%	-	-	0.0%
Bridgewater	2.4%	3.2%	6.4%	3.3%	-	-	6.1%
Franklin	4.6%	6.3%	6.4%	5.0%	0.0%	0.0%	8.4%
Green Brook	3.4%	0.0%	0.0%	2.7%	0.0%	-	0.0%
Hillsborough	2.5%	6.1%	1.8%	4.4%	0.0%	-	13.8%
Manville	0.0%	4.7%	4.5%	4.3%	-	-	0.0%
Martinsville	4.2%	-	0.0%	5.1%	-	-	-
Montgomery	3.4%	31.7%	7.5%	3.9%	0.0%	-	-
North Plainfield	0.0%	5.3%	8.3%	3.1%	0.0%	-	7.5%
Raritan	8.6%	0.0%	3.0%	4.5%	-	-	0.0%
Somerville	2.6%	7.8%	4.1%	4.9%	-	-	4.4%
South Bound Brook	8.4%	0.0%	7.6%	6.3%	0.0%	-	11.5%
Warren	3.3%	0.0%	2.5%	2.8%	-	-	0.0%
Watchung	2.3%	0.0%	0.0%	6.3%	-	-	-
Middlesex County	4.6%	7.2%	4.9%	5.0%	6.5%	0.0%	6.5%
Dunellen	3.0%	12.7%	9.1%	2.8%	45.5%	-	11.8%
Middlesex	4.5%	8.8%	7.3%	2.4%	0.0%	-	11.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Across the country, the COVID-19 pandemic had a major effect on the unemployment rate in Somerset County. Figure 22 shows unemployment data across New Jersey, Somerset County, select Somerset County towns, and surrounding counties during the COVID-19 pandemic, between March 2020 to May 2021. During the pandemic, unemployment rates increased to 12.8% for Somerset County in June 2020, with similar patterns in select towns with unemployment data including Franklin (13.6%), Bridgewater (12.8%), Hillsborough (11.8%), and Bernards (9.3%).

Figure 22. Unemployment Rate, by State, County and Selected Towns, 2020-2021

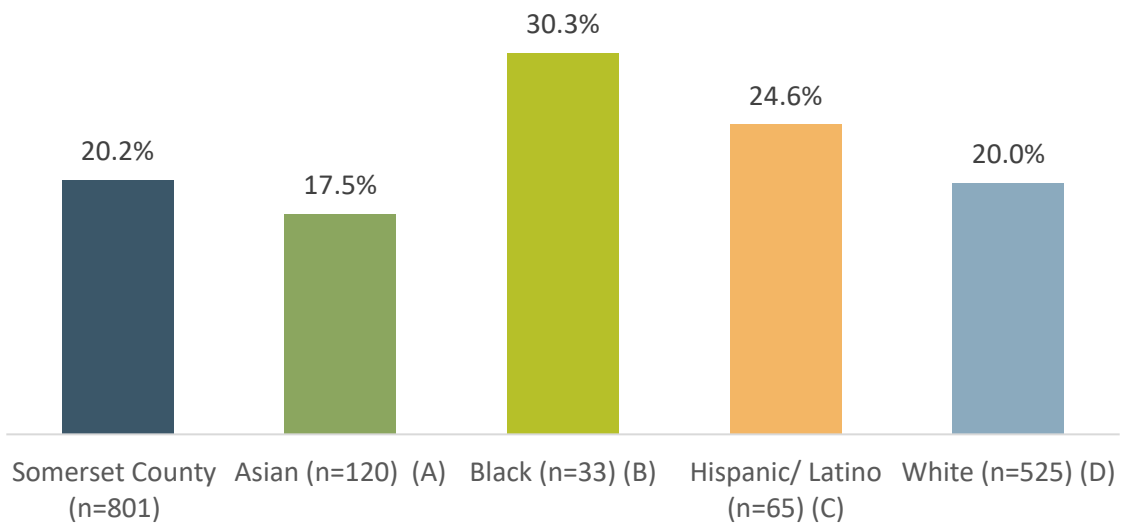


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
New Jersey	4.2%	16.4%	16.6%	16.1%	13.6%	10.9%	7.7%	7.1%	9.6%	7.2%	8.0%	8.2%	7.8%	7.1%	7.0%
Somerset County	3.4%	12.6%	12.9%	12.8%	11.0%	8.7%	6.1%	5.8%	7.9%	5.8%	6.4%	6.7%	6.3%	5.6%	5.6%
Bernards	2.6%	9.1%	9.7%	9.3%	8.2%	6.6%	4.6%	4.6%	6.2%	4.4%	5.0%	5.2%	5.1%	4.6%	4.5%
Bridgewater	3.2%	12.8%	12.9%	12.8%	10.9%	8.5%	5.8%	5.2%	7.5%	5.5%	6.2%	6.7%	6.1%	5.5%	5.5%
Franklin	3.6%	12.9%	13.4%	13.6%	12.4%	9.8%	6.9%	7.1%	9.6%	6.5%	7.2%	7.3%	6.7%	6.4%	6.3%
Hillsborough	2.9%	12.3%	12.1%	11.8%	10.0%	7.8%	5.4%	4.9%	7.0%	5.2%	5.5%	6.1%	5.8%	5.0%	5.1%
Middlesex County	3.6%	14.6%	14.8%	14.4%	12.3%	9.9%	7.0%	6.5%	8.7%	6.4%	7.0%	7.4%	7.0%	6.3%	6.3%

DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2020-2021

Experiences with unemployment resonated with survey respondents, as 20.2% of total respondents indicated that they or a member of their family had lost employment due to the COVID-19 pandemic (Figure 23). These responses differed by race/ethnicity; three out of 10 Black respondents indicated that they or a family member had lost employment, compared to nearly one-quarter of Latino respondents, 20% of White respondents, and 17.5% of Asian respondents.

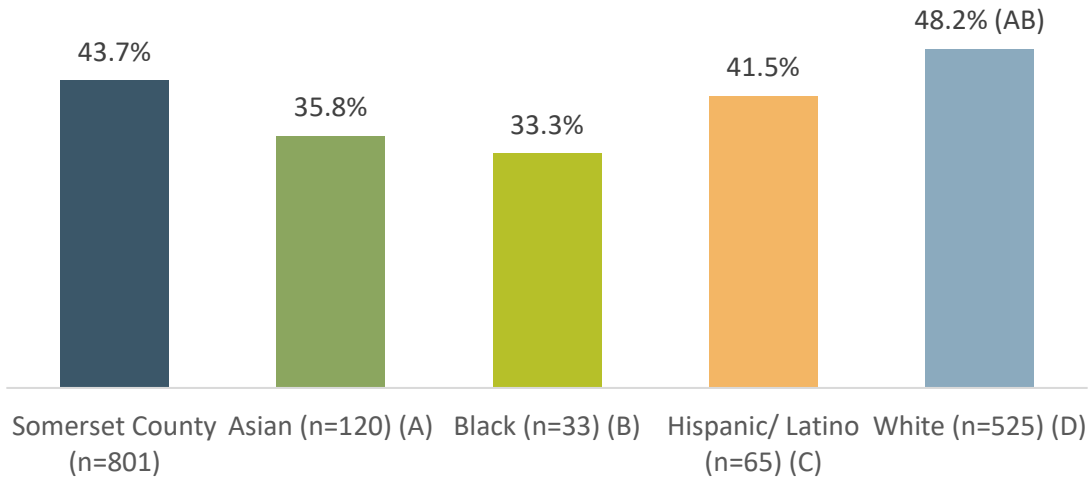
Figure 23. Percent of Community Survey Respondents Reporting that They or a Member of Their Family Lost Employment Due to COVID-19 (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Perspectives on the employment opportunities available in the community also differed by race/ethnicity. Overall, 43.7% of Somerset County survey respondents agreed or completely agreed with the statement, "There are job opportunities in my area" (Figure 24). However, at 48.2%, White respondents were significant more likely than Asian and Black respondents (at 35.8% and 33.3% respectively) to agree with this statement.

Figure 24. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are Job Opportunities in My Area," by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Education

Educational attainment is another important measure of socioeconomic position that can provide additional perspectives about a population, alongside measures of income, wealth, occupation, and poverty.

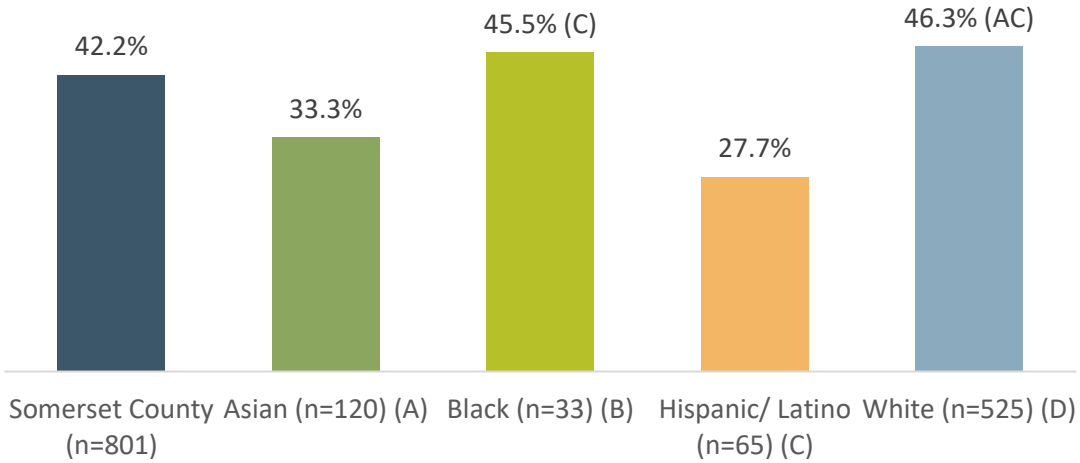
> *"The community has a great school system with a lot of people who get educated here and stay here."*
> – Focus group participant

Educational Attainment and Opportunity

Within Somerset County, 54.6% of adults 25 years and older had a college, graduate, or professional degrees compared to 39.7% of New Jersey residents of the same age in 2015-2019, see Appendix G (Table 27). Among the towns in Somerset County, Manville, Bound Brook, South Bound Brook, North Plainfield, and Raritan had the largest populations of residents with a high school diploma or less. Data on educational attainment among adults 25 years and older by race/ethnicity can also be found in Appendix G (Table 28).

Overall, participants viewed the schools in the community favorably: high quality schools and a well-educated workforce were described as community assets. One shared, "*We have a lot of strong assets countywide…strong schools and partnerships with those schools."* However, similar to other discussions about community assets and resources, residents varied when talking about availability and access. While 42.2% of Somerset County survey respondents agreed or completely agreed with the statement, "There are educational opportunities for adults in my community," responses differed by race/ethnicity (Figure 25). In this instance, Latino respondents were least likely to agree or completely agree with this statement, with only 27.7% reporting this level of agreement about educational opportunities available for adults. White and Black respondents had the highest percentages of those who agreed and completely agreed with this statement (46.3% and 45.5% respectively), both of which were significantly more likely than Latino respondents to state this.

Figure 25. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are educational opportunities for adults in my community," by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Graduation Rates and Educational Experiences during COVID-19

Most (91%) of New Jersey students who started high school in 2016-2020 completed it in four years, graduating in 2020 (Table 8). Across Somerset County school districts, Bound Brook, North Plainfield, and Manville School Districts had 4-year graduation rates below the statewide average (Table 8). Black students in Manville and Montgomery Township School Districts reported a 4-year graduation rate of 69.2% in 2020, the lowest graduation rate for any race/ethnicity group across all Somerset County School Districts.

Table 8. 4-Year Adjusted Cohort High School Graduation Rate, by Race/Ethnicity and School District, 2020

New Jersey	Statewide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	2+ Races
	91.0%	96.8%	85.7%	84.8%	95.0%	92.0%
Somerset County	District Wide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Two+ Races
Bernards Township School District	97.4%	100.0%	*	88.9%	97.1%	100.0%
Bound Brook School District	83.4%	*	87.5%	80.6%	86.2%	*
Bridgewater-Raritan Regional School District	94.9%	98.3%	82.1%	87.1%	96.3%	*
Franklin Township Public School District	93.0%	94.3%	93.6%	92.9%	91.9%	*
Somerset County	District Wide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Two+ Races
Hillsborough Township Public School District	94.3%	97.7%	96.0%	85.1%	94.2%	*
Manville School District	88.9%	*	69.2%	91.5%	90.7%	N
Montgomery Township School District	96.6%	98.4%	69.2%	92.9%	96.9%	*
North Plainfield School District	88.9%	*	90.7%	88.0%	96.7%	*
Somerville Public School District	94.3%	100.0%	92.9%	91.1%	94.8%	*
Watchung Hills Regional High School District	97.1%	98.7%	100.0%	96.4%	97.1%	91.7%
Middlesex County	District Wide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic	White, Non-Hispanic	Two+ Races
Dunellen Public School District	86.0%	*	90.9%	81.6%	86.8%	N
Middlesex Borough School District	94.5%	94.4%	90.0%	95.0%	94.7%	*
Middlesex County Vocational and Technical School District	96.9%	98.9%	97.8%	97.5%	95.2%	*

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020 NOTE: * indicates that data is not displayed to protect student privacy. An N indicates that no data is available.

Several interviewees and parent focus group participants brought up the challenges of COVID-19 pandemic and online schooling on parents and their children. One parent stated, "*I have 3 kids and it was just so hard to get them online doing their courses. So then I decided to stay home with them and do virtual school with them. It's not only hard for them but it's hard for a parent. It's hard because you run out of ideas and you run out of things to keep them enterained. What do I cook? What ideas do I do to keep them entertained? To keep them happy?"*

School professionals also described how online schooling and hybrid learning impacted student wellbeing and educational success; these interviewees described that virtual schooling meant fewer opportunities to reach out to kids and were concerned about the lack of engagement among students, especially students struggling with mental health, substance use, or general engagement. One school counselor interviewee described, "*There's a pandemic malaise that's happening. My theory is that an object at rest stays at rest. The kids in Boundbrook could choose to have a half day, so the kids who don't want to be at school chose the virtual option. There seems to be, especially with teenage boys, that it's not cool to do schoolwork. You hear them talking about failing and laughing, but it's not funny and they're stuck in this awful rut and the pandemic made it worse because they're not doing anything."* While school health professionals described that returning to school should help keep kids more engaged and help them access needed resources in person, they expressed concern about lasting impacts of the pandemic on at-risk youth. One interviewee noted, "*I have a fear of how we get out of that in the next couple years. They were already at risk, and the pandemic happened, so how do we get them out in the next couple years*?"

Housing

Safe and affordable housing is integral to the daily lives, health, and well-being of a community.

> *"The cost of land is really expensive, housing is so expensive here*."-Key Informant Interviewee

<u>*Housing Landscape*</u>

As in past CHNAs, focus group members and interviewees identified housing in Somerset County as a substantial community challenge. Many participants noted that housing costs and high taxes were concerns. They described how affordable housing was scarce for members of their community who needed it, like low-wage earners and fixed income residents, and it is harder for others, such as seniors and young families, to remain in the area.

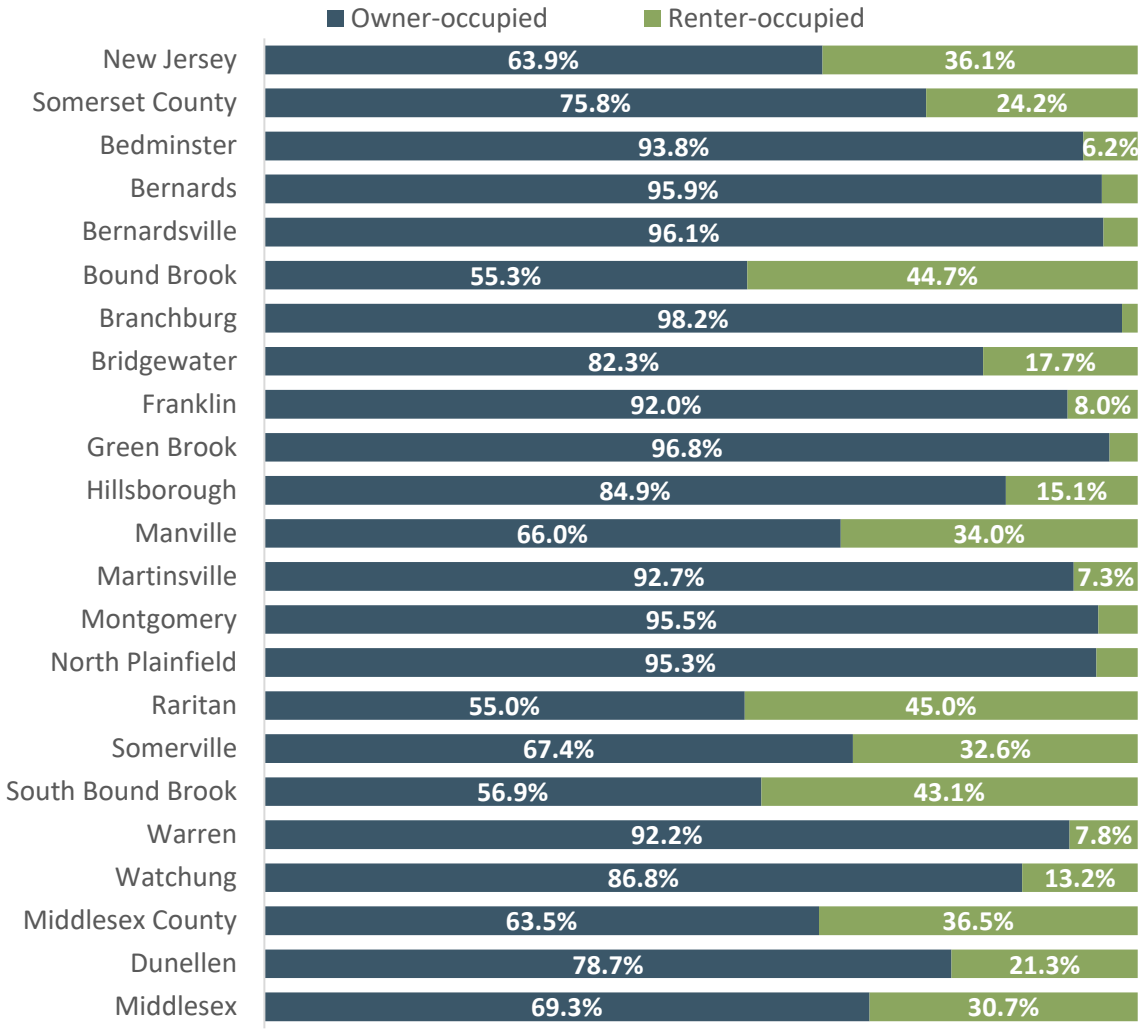
Assessment participants discussed how some residents seem to be leaving the area for lower cost surrounding communities. One consequence of this, according to focus group members, is that families are living farther apart. As one focus group member shared, *"A lot of our children live farther away because they can't afford to live in New Jersey."* While participants reported that some new housing is being built, it is not affordable for most. One interviewee stated, "*It's expensive to live here, and the housing that's getting built are luxury apartments so people can commute into the city through the train*."

Interviewees and focus group participants highlighted housing concerns for immigrant communities in Somerset County. One faith leader informant explained, "*There's an enormous immigrant population in Somerset County. A lot of the workforce in the service industry, including high end restaurants and diners, is Hispanic, and they're living on a shoestring trying to send money home. I've noticed that the inexpensive garden apartments, where there are a number of bicycles are chained up outside at night. A*

lot of people live in intergenerational households, a lot of young men live together and cycle through the same apartment."

In New Jersey, 63.9% of housing units were owner occupied versus 36.1% renter-occupied (Figure 26). In most towns in Somerset County, owner-occupied units were more numerous than in the state overall, for example 96.8% in Green Brook and 95.5% in Montgomery. The exceptions were Bound Brook (55.3%) and Raritan (55.0%) where home ownership was the lowest in the service area.

Figure 26. Home Occupancy, by State, County, and Town 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Median monthly housing costs for owner occupied households with a mortgage ranged from $2,083 in Manville to >$4,000 in Warren (Table 9). Median monthly housing costs for renter occupied households ranged from $1,408 in Somerville to $2,290 in Green Brook during the same time period of 2015-2019.

Table 9. Monthly Median Housing Costs, by State and County, 2015-2019

	Owner-occupied	Renter- occupied
New Jersey	$2,465	$1,334
Somerset County	$2,784	$1,594
Bedminster	$2,289	$2,027
Bernards	$3,657	$1,938
Bernardsville	$3,565	$1,787
Bound Brook	$2,199	$1,456
Branchburg	$2,946	$1,546
Bridgewater	$2,880	$1,616
Franklin	$2,325	$1,642
Green Brook	$3,188	$2,290
Hillsborough	$2,750	$1,814
Manville	$2,083	$1,355
Martinsville	$3,244	$1,445
Montgomery	$3,963	$1,917
North Plainfield	$2,340	$1,382
Raritan	$2,268	$1,672
Somerville	$2,587	$1,408
South Bound Brook	$2,287	$1,422
Warren	$4000+	$1,652
Watchung	$3,829	$2,021
Middlesex County	$2,482	$1,469
Dunellen	$2,927	$1,307
Middlesex	$2,288	$1,416

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

The average percent of income spent on housing costs is an important measure of an area's availability of affordable housing. In New Jersey, 47.6% of owner-occupied households with a mortgage and 63% of all renters reported spending spend more than 25% of their income on housing costs (Table 10). The towns in Somerset County experience a range of housing cost burden. In Bedminster, 30.6% of owner-occupied and 43.4% of renter-occupied households reported high housing costs whereas 51.7% of owner-occupied and 72.1% of renter-occupied residences in Manville reported spending more than 25% of their income on housing costs.

Table 10. Households whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2015-2019

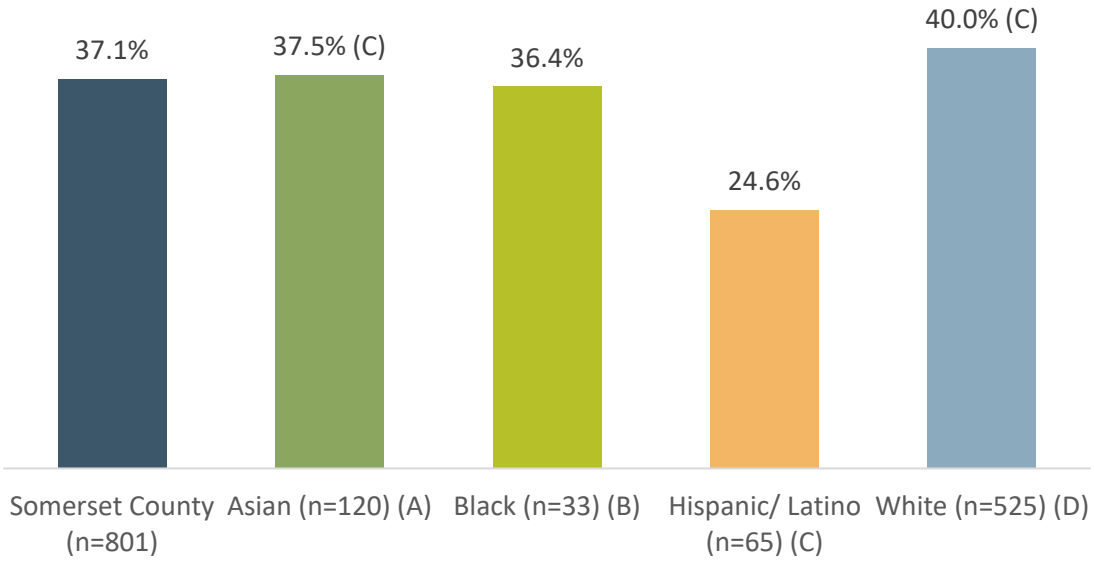
	Owner-occupied	Renter- occupied
New Jersey	47.6%	63.0%
Somerset County	42.7%	61.0%
Bedminster	30.6%	43.4%
Bernards	39.8%	60.1%
Bernardsville	45.8%	63.3%

	Owner-occupied	Renter- occupied
Bound Brook	44.1%	74.4%
Branchburg	32.9%	52.0%
Bridgewater	40.0%	55.6%
Franklin	50.0%	60.8%
Green Brook	40.5%	54.0%
Hillsborough	38.6%	60.9%
Manville	51.7%	72.1%
Martinsville	47.4%	25.8%
Montgomery	32.7%	49.9%
North Plainfield	56.8%	64.0%
Raritan	42.6%	59.9%
Somerville	39.9%	60.0%
South Bound Brook	53.5%	53.4%
Warren	58.9%	29.1%
Watchung	44.7%	69.5%
Middlesex County	46.7%	59.6%
Dunellen	47.5%	68.1%
Middlesex	48.6%	33.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

When survey respondents were asked to agree/disagree on statements about assets in their community, the statement about affordable housing had one of the lowest percentages of agreement – right above transportation. Only 37.1% of survey respondents agreed or completely agreed with the statement that there was enough affordable housing that is safe and well-kept in their community (Figure 27). Agreement was least likely among Latino respondents, where only 24.6% agreed/completely agreed with the statement about affordable housing.

Figure 27. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There is Enough Affordable Housing that is Safe and Well-Kept in My Community," by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Housing Instability and Homelessness

The COVID-19 pandemic exacerbated people's concerns about housing affordability and housing stability. With some residents' financial situations being more uncertain or diminishing during the pandemic, there was greater concern that residents might lose their housing, even with the multiple housing eviction moratoriums in place. Among Black community survey respondents (n=33), 6.1% reported that they or an immediate family member had lost their housing due to COVID-19.

Overcrowding is an issue that came up in some discussions, especially when providers and community residents discussed residents living in multi-generational houses and with extended family, especially more common among immigrant communities. One indicator of overcrowding is number of people per room, with housing units having more than one person per room generally viewed as "overcrowded". As shown in Table 11, few Somerset County communities had housing units that were considered overcrowded, with the most prevalent being in Bound Brook, Manville, Somerville, and South Bound Brook.

Table 11. Household Occupants per Room, by State and County, 2015-2019

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.8%	2.1%	1.1%
Somerset County	98.5%	1.1%	0.4%
Bedminster	97.6%	1.0%	1.4%
Bernards	99.7%	0.3%	0.0%
Bernardsville	100.0%	0.0%	0.0%

	1.00 or less	1.01 to 1.50	1.51 or more
Bound Brook	97.6%	2.4%	0.0%
Branchburg	99.4%	0.6%	0.0%
Bridgewater	98.0%	1.5%	0.5%
Franklin	97.8%	1.7%	0.5%
Green Brook	100.0%	0.0%	0.0%
Hillsborough	98.6%	1.2%	0.2%
Manville	98.2%	1.8%	0.0%
Martinsville	100.0%	0.0%	0.0%
Montgomery	99.3%	0.5%	0.1%
North Plainfield	99.4%	0.5%	0.1%
Raritan	98.7%	0.7%	0.7%
Somerville	97.0%	1.8%	1.2%
South Bound Brook	97.0%	1.5%	1.4%
Warren	99.8%	0.2%	0.0%
Watchung	100.0%	0.0%	0.0%
Middlesex County	95.7%	3.0%	1.2%
Dunellen	98.7%	1.0%	0.4%
Middlesex	97.4%	2.7%	0.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Several focus group and interview participants mentioned homelessness in Somerset County communities. The New Jersey Housing and Mortgage Finance Agency estimated that on January 28th, 2020, during their point-in-time count, there were 342 individuals experiencing homelessness on a single night in Somerset County, representing a total of 268 households. This number reflects people in sheltering programs (e.g., emergency shelter, transitional housing, and safe haven programs) and unsheltered individuals, but does not reflect the full population that does not have a permanent home, such as those who are "couch surfing" at friends' or family member's houses. Interviewees working with vulnerable populations, including LGBTQ persons, stated that it is difficult to find shelter housing for their clients. One LGBTQ care navigator expressed frustration over the inability to help people with housing: *"It's really a cycle. Can't find appropriate housing, can't find jobs. Get housing far away, lose your job, etc. There's a whole system of 'we say we have it, say we can help' but when people actually go for the help, it's not existent."*

> *"I've had a few homeless transgender patients in Somerset…We could not get any housing [for one of the patients]. We ended up having to send the patient to Newark to a shelter. And they put her in a male facility, where she had sexual encounter that was unwanted. And she's not even from area. She had a job over here, but she couldn't find housing, so she ended up losing her job. It's really a cycle."*
> – Key informant interviewee

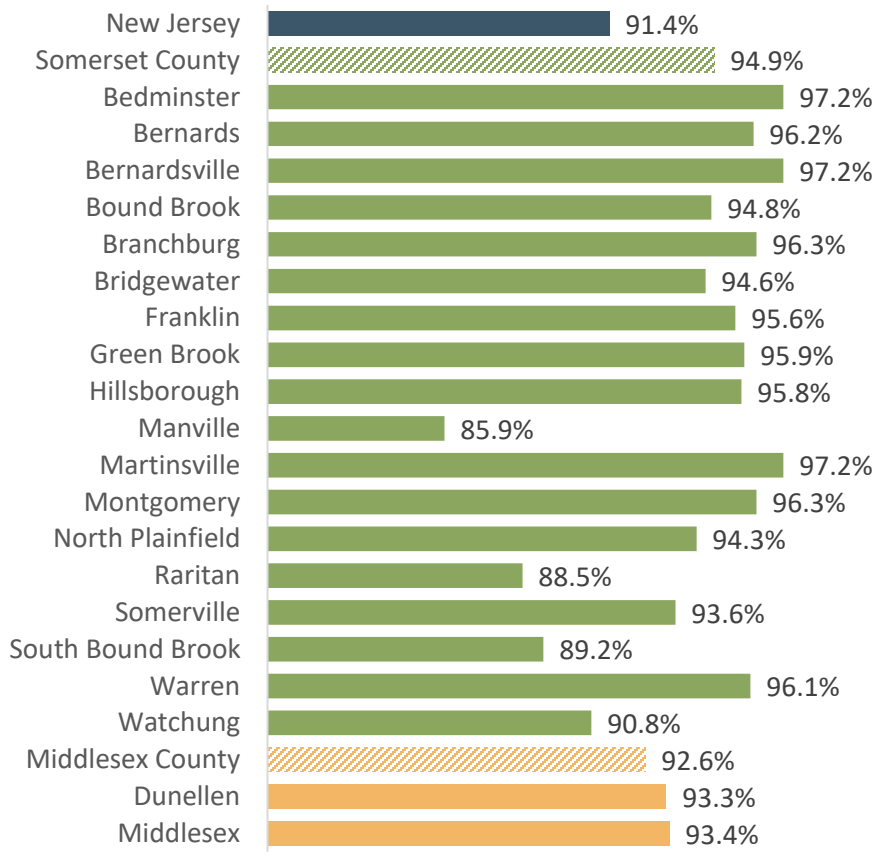
Some focus group participants mentioned that they thought the rising number of people who were unhoused, specifically in Somerville, were not originally from the area but were coming to Somerset County because of the resources here and it was easy to take the train from Newark or New York.

Housing and Technology Infrastructure

Technology is an important tool to access information, services, and resources for individuals, families, and households. The importance of technology – and the consequences of the digital divide – became even more pressing and evident during the COVID-19 pandemic. The ability to be online, participants noted, is essential for residents to connect to resources for education, employment, and other services. Given the growth in telehealth, technology is also becoming essential to accessing healthcare. Yet some community residents do not have access to technology—they are unable to afford computers or internet access, or do not know how to use it. One social service provider that works with immigrant communities described, *"Another challenge is technology. They may have the device, but they might not have the know how or ability. From a bigger perspective, everything is online. If we want info, we Google it. I don't think most of the students who are struggling more use their phones for that."*

In 2015-2019, about 95% percent of Somerset County households had access to a computer (Figure 28). Households in Manville (85.9%), Raritan (88.5%), South Bound Brook (89.2%), and Watchung (90.8%) reported computer access that was below the county-wide percentage.

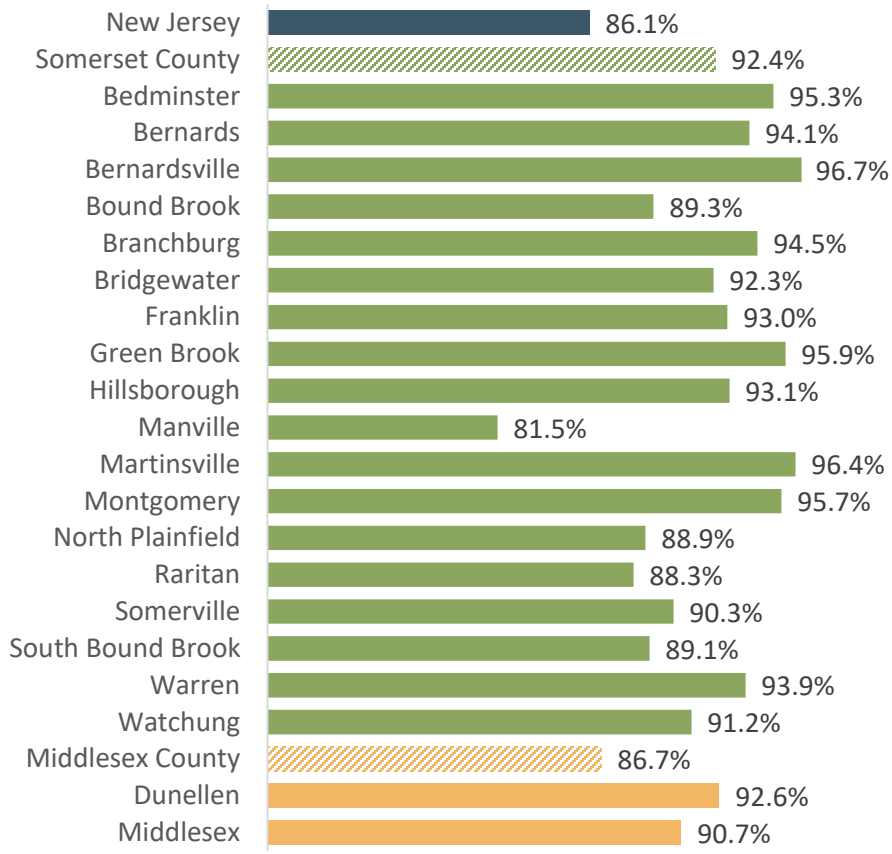
Figure 28. Households with a Computer, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

There were similar trends in household internet access. Most of the towns that reported a lower percentage of computer access when compared to Somerset County also reported lower levels of access to internet including Manville (81.5%), Raritan (88.3%), North Plainfield (88.9%), Bound Brook (89.3%), South Bound Brook (89.1%) Watchung (91.2%), and Somerville (90.3%) (Figure 29).

Figure 29. Households with Internet, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Transportation

Somerset County residents discussed being car dependent and that transportation can be difficult for residents who do not have access to a vehicle. Transportation access was also identified as a concern in previous CHNAs in Somerset County.

> *"Transportation is the biggest barrier in life. If you don't have a way to get to an interview or job, you lose those opportunities."*- Key informant interviewee

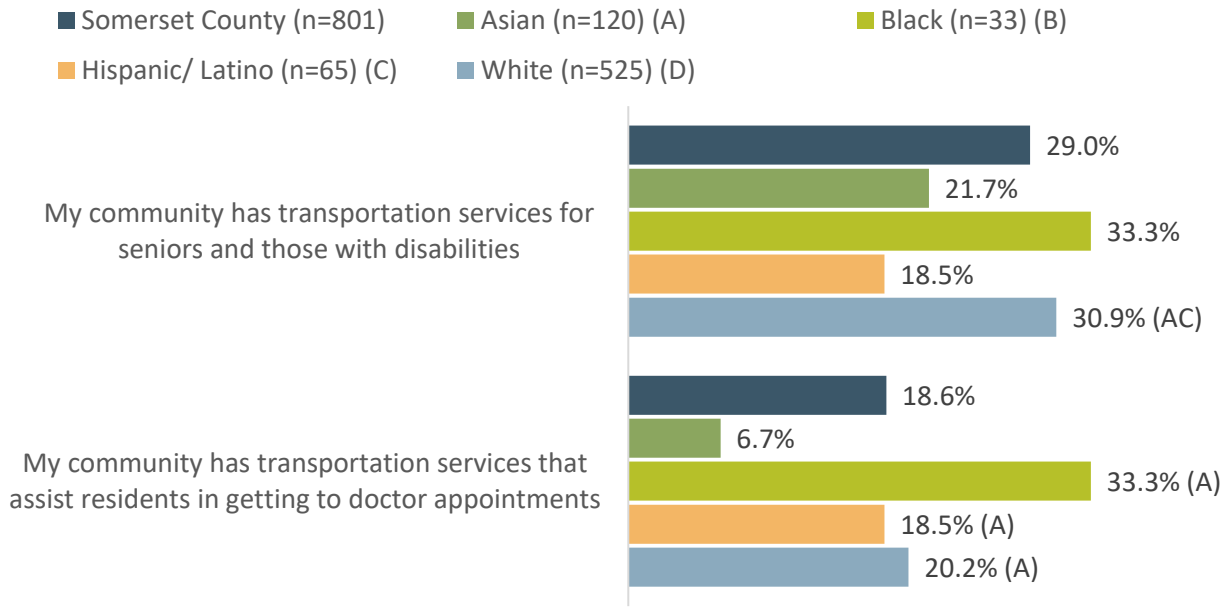
Perceptions of Transportation Infrastructure

Assessment participants had varying views about the transportation infrastructure in the County, but many noted that residents in the County overall seemed quite dependent on cars. Several participants and interviewees mentioned some towns, like Bound Brook and Somerville, were more walkable and attracted certain people without cars, but other parts of the Somerset County were noted as being more rural and without public transportation options. One parent interviewee mentioned, "*Bound Brook being only a square mile is very attractive for families who*

don't have their own resources. We don't have public transportation, but it's hard [to walk] when it's raining or there's snow."

While transportation was discussed as a significant need among focus group and interview participants, survey respondents also noted the current limits of transportation infrastructure, especially among particular population groups. As shown in Figure 30, only 29% of Somerset County survey respondents agreed or completely agreed with the statement, "My community has transportation services available for seniors and those with disabilities," and the responses were significantly lower among Asian and Latino respondents compared to White respondents. Similarly, only 18.6% of survey respondents agreed/completely agreed that their community had transportation services to assist residents in getting to doctor appointments, and that number was much lower among Asian respondents (6.7% agreed/completely agreed).

Figure 30. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Transportation-Related Statements about Their Community, by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

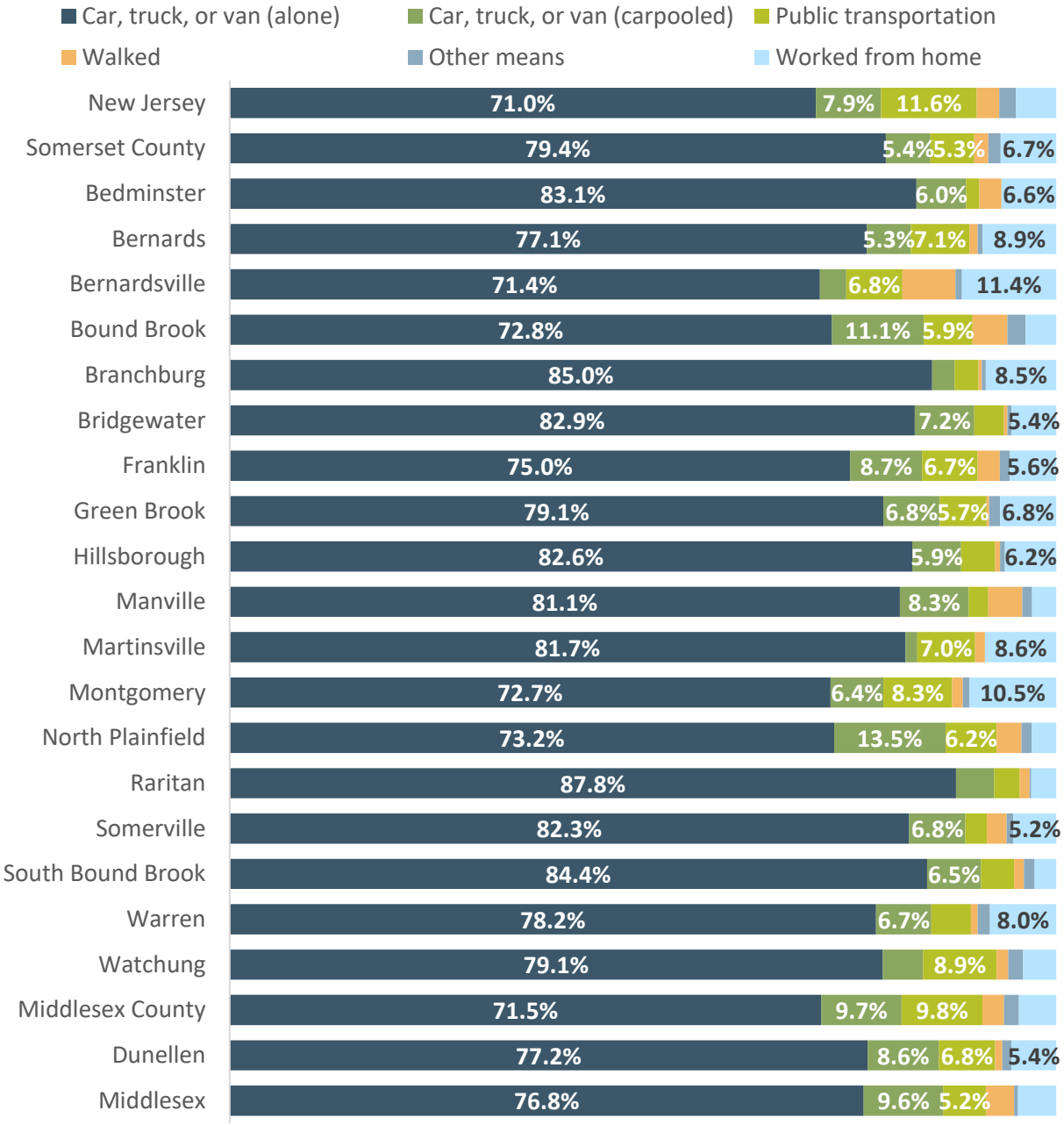
In focus groups and interviews, participants, especially lower income residents who did not have vehicles, discussed the current public transportation landscape. When asked about public transportation, some participants commented that it was good and improving. Interviewees reported that senior centers provide some transportation services for older residents and that there are also transportation subsidies for lower income residents who qualify. However, many focus group members and interviewees reported that the County's transportation resources seemed insufficient for the need. One resident said, *"Buses are infrequent or there are too few. I often just volunteer to drive people to the food pantry because the bus is too expensive."* They stated that public transportation is not located in all areas, schedules vary across systems, and the zone fare system is expensive and can be difficult to understand. As one interviewee summarized, *"We do not have an exhaustive network of public transportation that caters to everyone. There are no Somerset County buses that travel on the weekends,*

New Jersey Transit only works on the weekdays, but it won't get a lot of people to work on the weekends, the availability is a huge barrier."

Means of Transportation

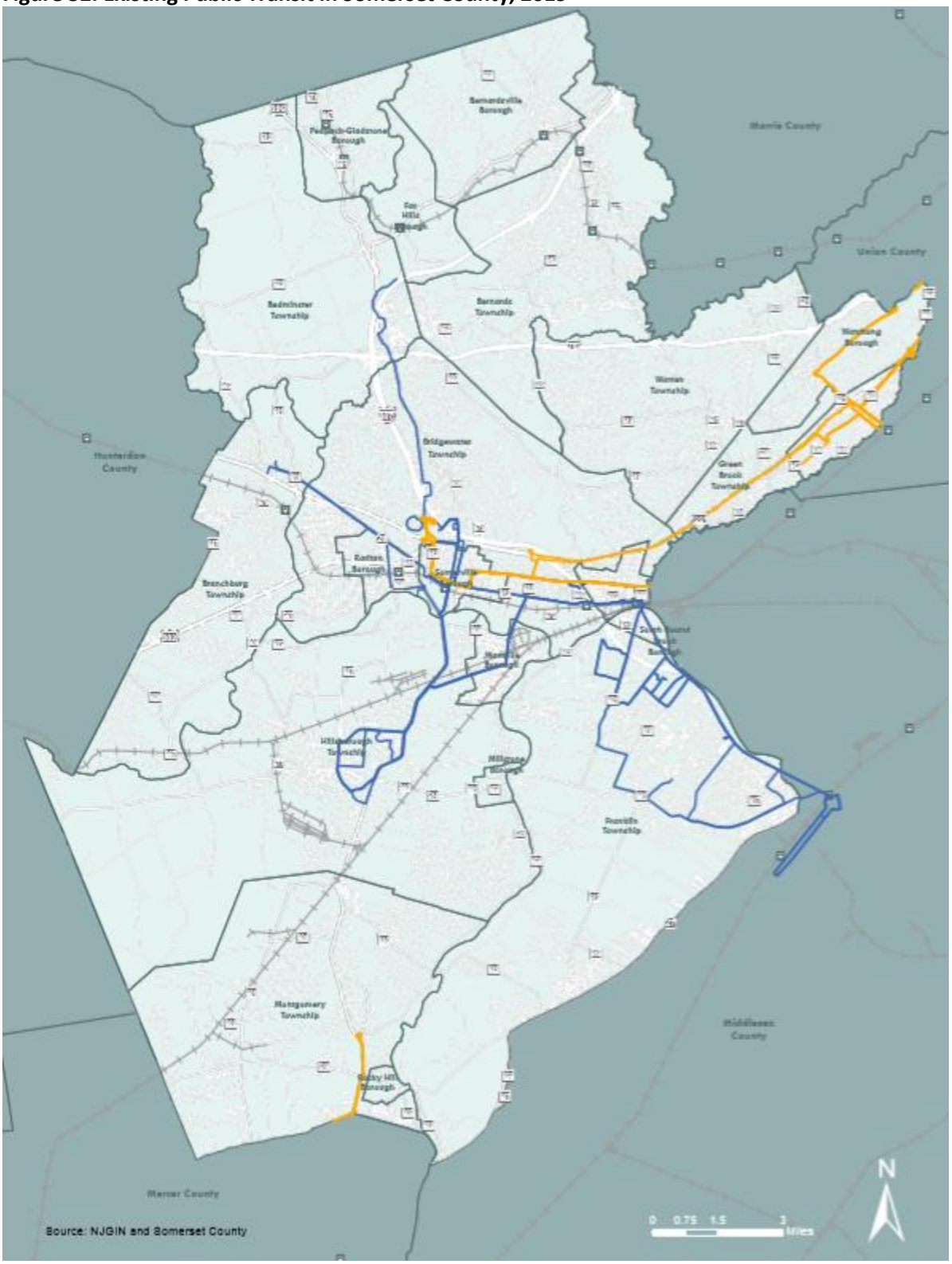
Data from the U.S. Census confirmed residents' viewpoints regarding car-dependent lifestyles. Across Somerset County, 79.4% of people over age 16 commuted to work alone in a vehicle in 2015-2019 compared to 71.0% in New Jersey, town level data ranged from 71.4% of workers in Bernardsville to 87.8% of workers in Raritan commuting alone by vehicle. Bernardsville, Bound Brook, and Manville had the highest percentage of residents aged 16 and over who commuted to work by walking (Figure 31). For commuting purposes, public transportation use was greatest in Watchung (8.9%), Montgomery (8.3%), Bernards (7.1%), and Martinsville (7.0%) for commuting purposes. Figure 32 shows the public transportation options and routes in Somerset County.

Figure 31. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 32. Existing Public Transit in Somerset County, 2019



DATA SOURCE: NJGIN and Somerset County, 2019 as reported in Walk, Bike, Hike, 2019
NOTE: Bus routes added as of April 2021 not included. For more information see: County Shuttle Schedules.

Similar to other factors, owning a private vehicle is not equally distributed across County residents. Those without a car also typically are not home-owners. Across Somerset County, 2.2% of owner-occupied households and 25.4% of renter-occupied households did not have access to a personal vehicle in 2015-2019 (Figure 33). In Martinsville and Watchung, over 30% of households with renters did not have a vehicle.

Figure 33. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2015-2019

	Owner-occupied	Renter-occupied
New Jersey	3.6%	25.4%
Somerset County	2.2%	13.2%
Bedminster	0.5%	6.0%
Bernards	2.0%	18.0%
Bernardsville	1.3%	15.2%
Bound Brook	1.5%	17.2%
Branchburg	1.5%	4.3%
Bridgewater	1.7%	19.0%
Franklin	2.1%	11.3%
Green Brook	0.6%	0.0%
Hillsborough	2.3%	9.2%
Manville	5.4%	17.4%
Martinsville	0.0%	30.9%
Montgomery	3.2%	12.2%
North Plainfield	3.9%	10.0%
Raritan	3.2%	9.6%
Somerville	2.5%	15.1%
South Bound Brook	7.0%	14.1%
Warren	1.8%	1.7%
Watchung	0.7%	36.3%
Middlesex County	3.1%	16.5%
Dunellen	1.7%	1.1%
Middlesex	1.4%	3.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Transportation Barriers

Focus group members and interviewees stressed that public transportation is critical to connect the region's most vulnerable residents, including seniors, immigrants, and those with disabilities, to employment, healthcare, and other services. As one transportation advocate explained, *"If you can't get to someplace, if you can't get to your required check-ins, you can get cut off from other benefits."* Social service providers stated that residents had trouble accessing their services without reliable means of transportation. One school professional described*, "Our food pantries are very spread apart, so for a lot of folks without good transportation, it's hard to get to them."* For seniors, lack of transportation can lead to social isolation, with consequences for physical and mental health. One senior resident

described, *"We do not have bus transportation in Franklin Township, that could be a huge asset for older people who do not drive, in my old town we had that. That could really improve our lives."*

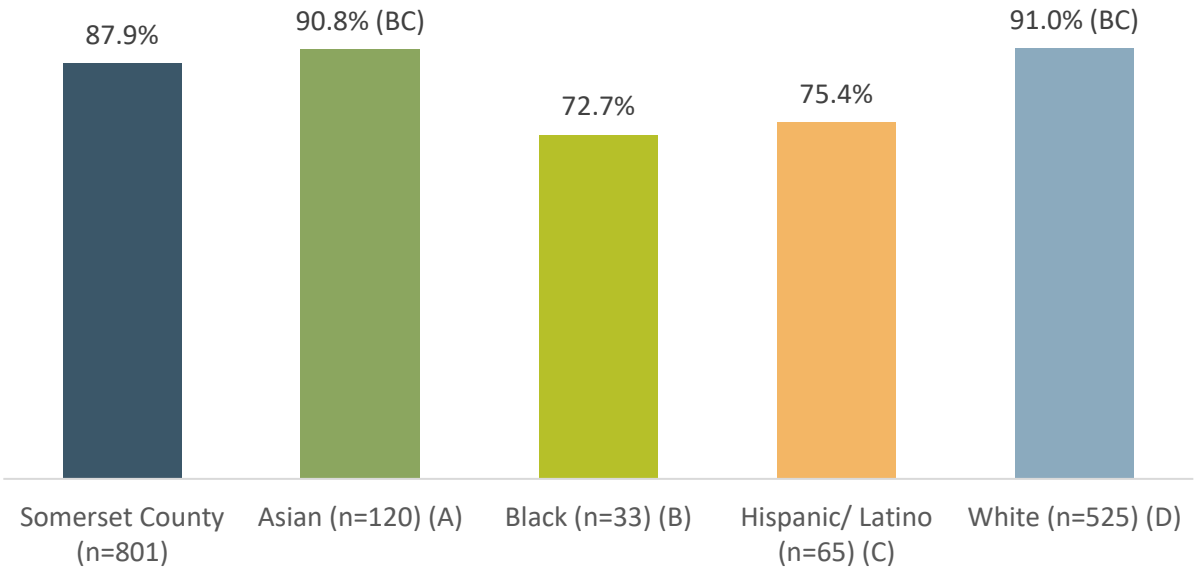
Green Space and Built Environment

Built environment, including green space, zoning, streets, sidewalks, and others, influence the public's health, particularly in relation to chronic diseases. Some focus group members and interviewees praised Somerset County's built environment. They identified the canal, parks and other green spaces, walkable communities as key features that make the region a great place to live. One interviewee stated that the built environment has been a key initiative of state and local government; the State adopted a complete streets policy several years ago.

> *"Somerset County parks and preserves are fantastic. I am in Franklin Township, I can head south towards Princeton and have cows and farms around me, and then more dense parts in the North... We have a canal that comes up one whole side in the county"*- Key informant interviewee

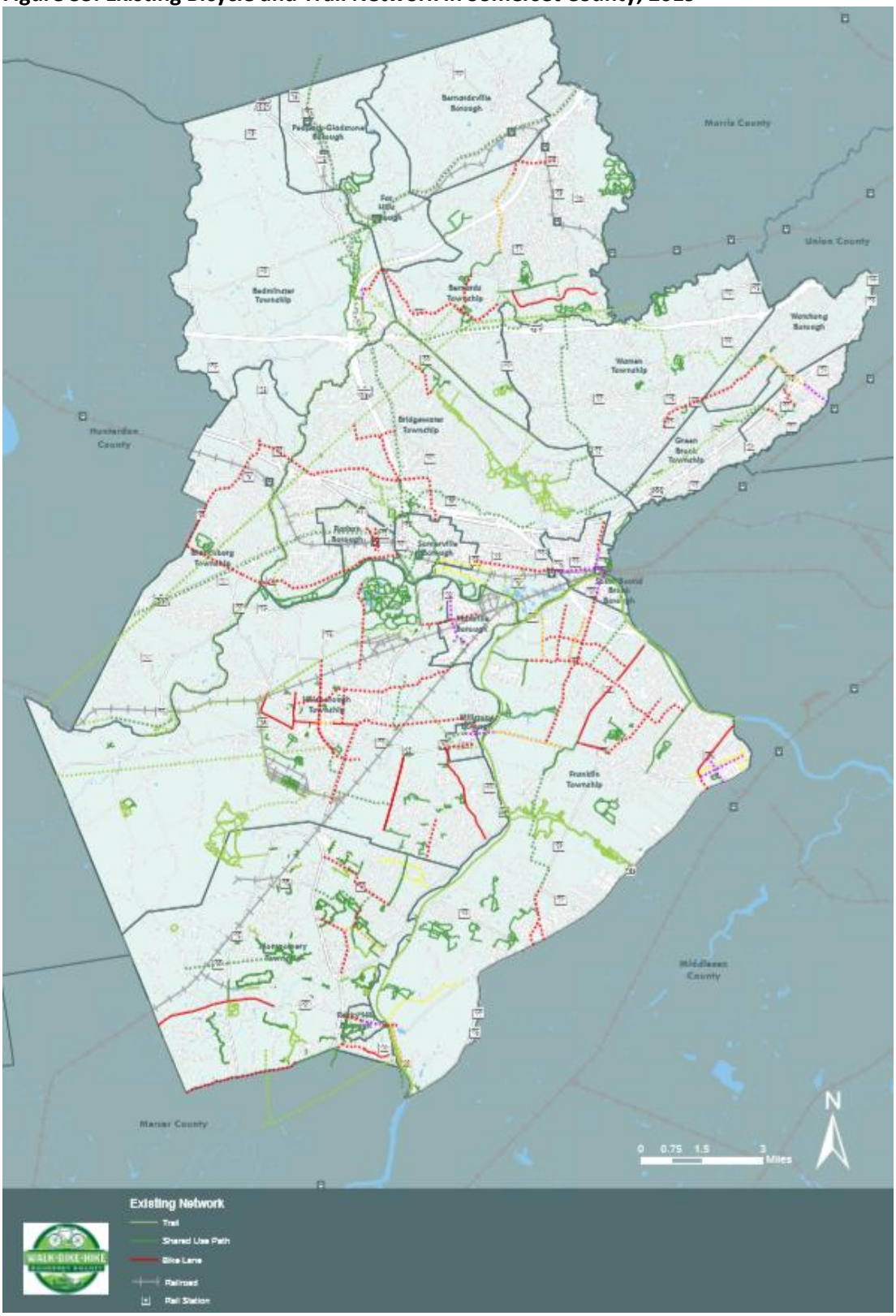
Most survey respondents agreed that the area has appropriate green space. Nearly 88% of Somerset County survey respondents agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play" (Figure 34). However, responses significantly differed by race/ethnicity. Black (72.7%) and Latino (75.4%) survey respondents were much less likely than Asian or White respondents (90.8% and 91.0%) to agree with the statement about safe outdoor space. Additionally, Figure 35 presents the bike and trail network for Somerset County.

Figure 34. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "My Community has Safe Outdoor Places to Walk and Play," by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Figure 35. Existing Bicycle and Trail Network in Somerset County, 2019



DATA SOURCE: Somerset County, Walk, Bike, Hike, 2019

In 2019, Somerset County released the Walk, Bike, Hike Plan which lays out a comprehensive vision for the built environment, consistent with the culture and infrastructure of each community, and reflecting substantial community input. A few focus group participants expressed concern about traffic and in the region. One participant mentioned, *"Increasing of traffic due to the opening of Amazon warehouses in central and southern NJ, the 287 corridor especially, I can't think of all of them but there are several".*

Other indicators related to the built environment such as access to grocery stores and healthy foods are described in the next section.

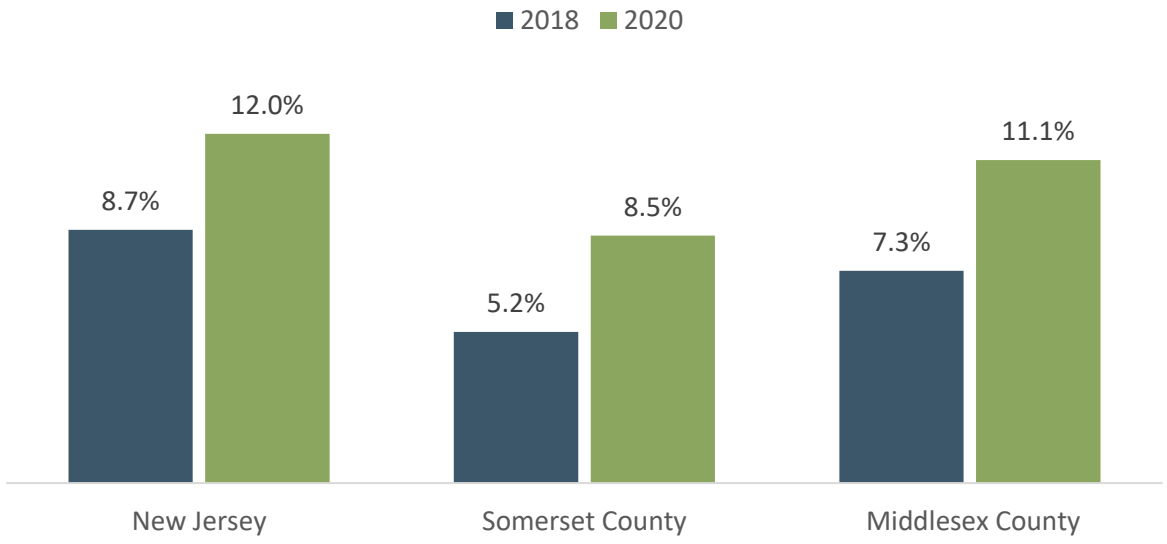
Food Access & Food Insecurity

The expense and accessibility of healthy food was a key area of concern shared by focus group participants and interviewees. Food insecurity—not having reliable access to enough affordable, nutritious food—is directly related to financial insecurity. Focus group participants spoke about the high cost of healthy food and the convenience of fast food. As one observed, *"If you want something healthy, it's expensive. If you go to a place for a salad, it's $13!"* Others discussed the struggles of just trying to put food on the table each day for their family and the importance of food assistance programs like the food pantries in their communities.

> *"All of these places like healthy grocery stores & farmers' markets are great, but they are not walkable. We have to go to other communities to get healthy food even healthy fast foods. Somerset is like a food desert when it comes to healthy food."*- Focus group participant

According to data from Feeding America, Map the Meal Gap, food insecurity has risen since 2018; 8.5% of Somerset County residents were considered food insecure in 2020, up 3.3% from 2018 (Figure 36). Patterns are even greater in New Jersey overall and in Middlesex County.

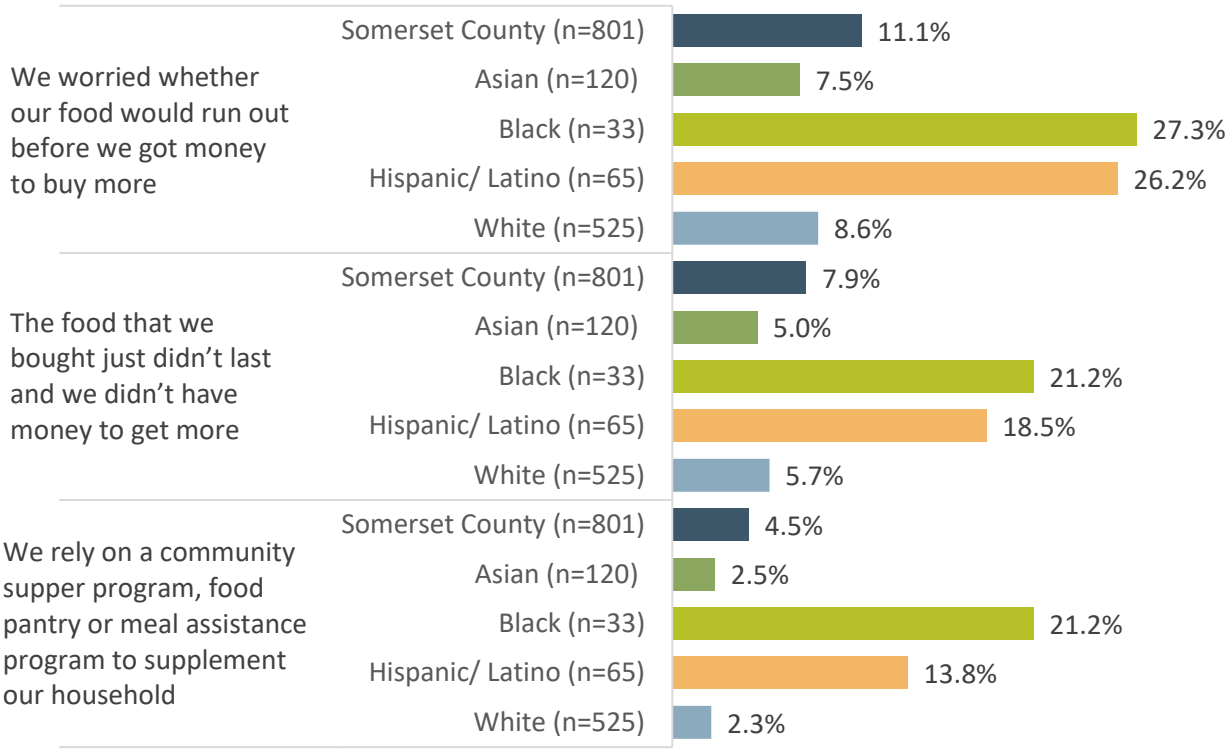
Figure 36. Percent Population Food Insecure, by State and County, 2018 and 2020



DATA SOURCE: Feeding America, Map the Meal Gap, 2018 and 2020
NOTE: 2020 data are estimated projections based on available employment and poverty data, and were revised in March 2021; therefore, data are subject to change. Food insecurity is defined as the household-level economic and social condition of limited or uncertain access to adequate food.

Current data from the CHNA community survey confirms the current expansiveness of food insecurity (Figure 37). While more than one in ten survey respondents indicated that it was sometimes or often true that they worried their food would run out before they got more money to buy more, responses were over 25% for Black and Latino respondents. Black and Latino survey respondents also were more likely to indicate that they accessed food assistance programs.

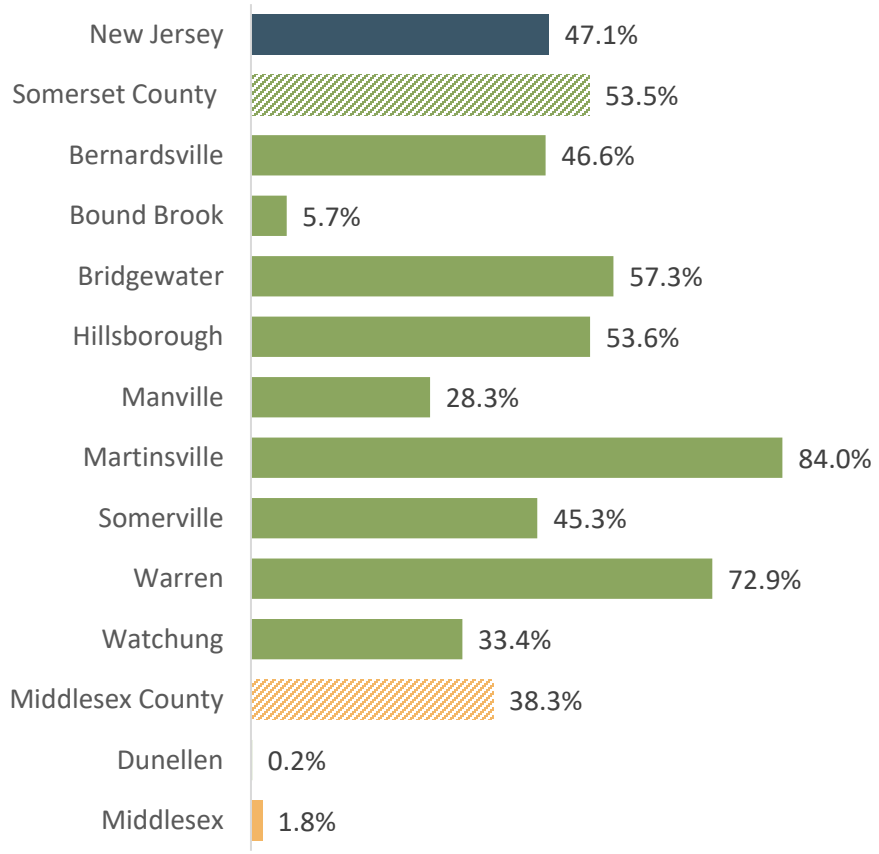
Figure 37. Percent of Community Survey Respondents Reporting Food Insecurity (Noting Statements as Sometimes or Often True), by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

While food insecurity is a significant challenge for those who are low income, limited opportunities for food access also contribute to this issue. In 2019, 53.5% of low-income residents in Somerset County – and 47.1% of low-income residents in New Jersey - lived in a food desert, defined as the share of low access, low-income population at 1 mile for urban areas and 10 miles for rural areas (Figure 38**Error! Reference source not found.**). This varied by town with communities such as Martinsville, Warren, and Bridgewater having higher percentages of those living in a food desert.

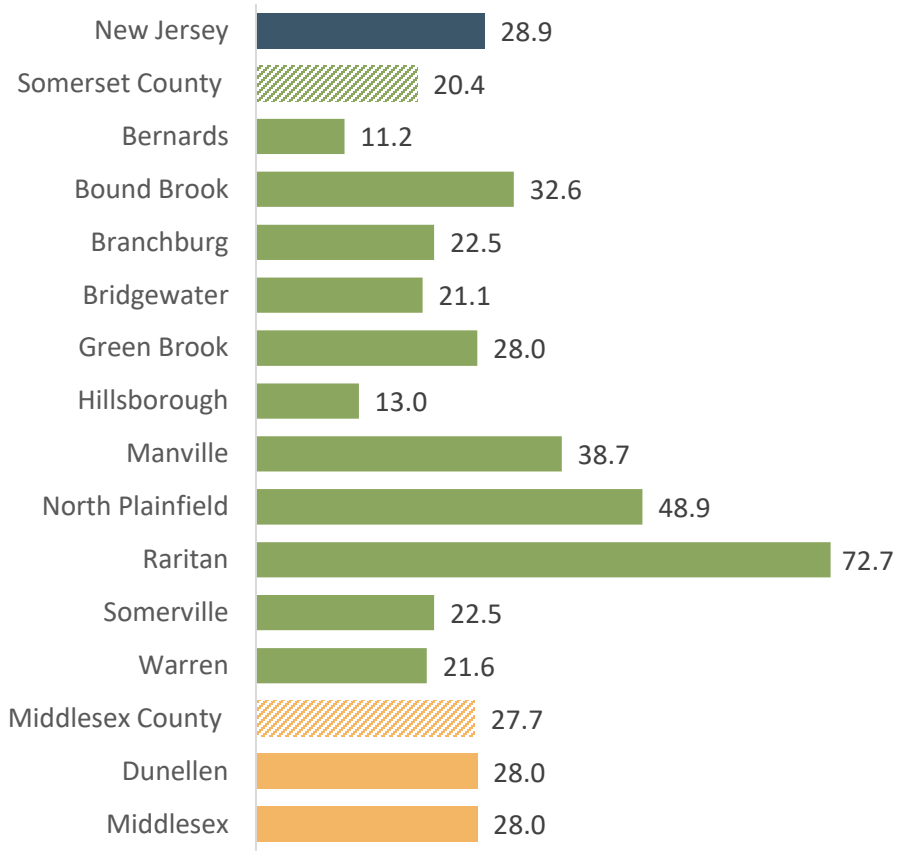
Figure 38. Food Desert among Low-Income Residents, by State, County, and Town, 2019



DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019
NOTE: Food desert defined as the share of low access, low-income population at 1 mile for urban areas and 10 miles for rural areas

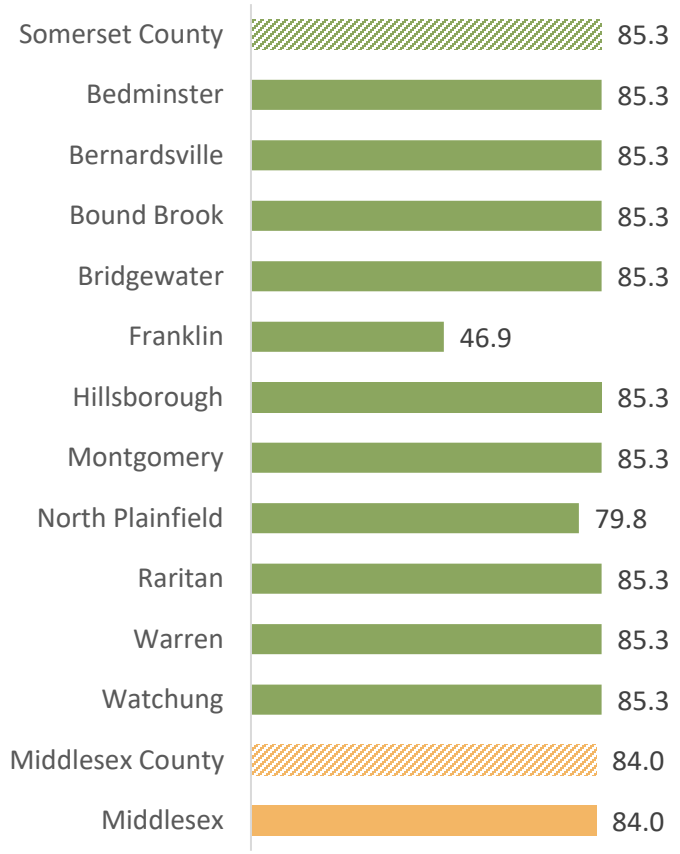
Similar to food deserts, the availability of grocery store establishments and fast food establishments varied by town. There were 20.4 grocery stores and supermarkets per 100,000 residents in Somerset County in 2018. Bernards (11.2) and Hillsborough (13.0) had the lowest amount of grocery stores per population in Somerset County (Figure 39). The number of fast food establishments remained mostly consistent in towns residents across Somerset County at 85.3 establishments per 100,000 persons (Figure 40).

Figure 39. Grocery Stores and Supermarkets per 100,000 by State, County, and Town, 2018



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2018

Figure 40. Fast Food Establishments per 100,000 by State, County, and Town, 2018



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2018
NOTE: Statewide average was not available

Crime and Violence

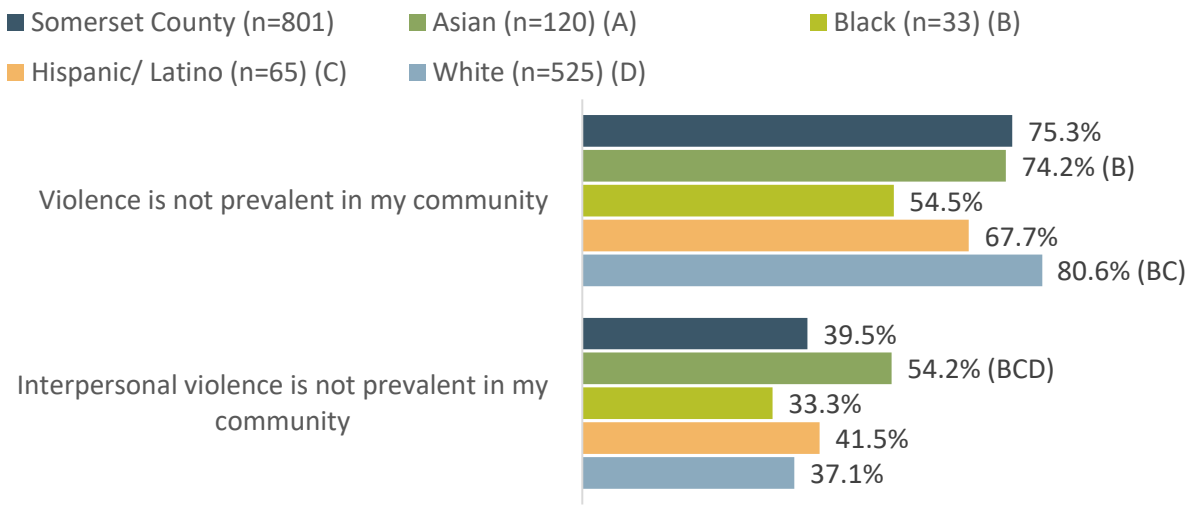
Community safety was not a prominent theme in focus group discussions or interviews. Those who spoke about it shared differing views – among resident focus group members discussing safety, many indicated that their neighborhood felt safe, while some reported that they have seen violence in their communities.

Of the participants that expressed concern about crime and violence, their viewpoints tended to focus on specific forms of violence including gun violence, domestic violence, and crimes related to substance use. When discussing gun violence, one participant mentioned, "*A while back I heard gunshots outisde of my house but the police didn't do any investigation….*"

Several interviewees, however, did express concern about domestic violence. A school nurse explained that dating violence and unhealthy relationships are issues among youth. Other interviewees shared that the restrictions and confinement of COVID have been stressful for families, at times leading to conflict and abuse. A provider working with the transgender community, for example, stated that COVID has been difficult for trans and gay persons who live with families that do not accept their sexuality. According to New Jersey's Department of Law and Public Safety, there were 59,645 domestic violence occurrences across New Jersey in 2019.

Figure 41 presents survey data on the percent of respondents who agreed or completely agreed with statements related to violence in their community, overall and by race/ethnicity. Overall, approximately three-quarters of Somerset County survey respondents agreed or completely agreed that violence is not prevalent in their community and 40% reported that interpersonal violence is not prevalent in their community. However, responses varied by race/ethnicity with Black survey respondents being the least likely to agree or completely agree with either of these statements.

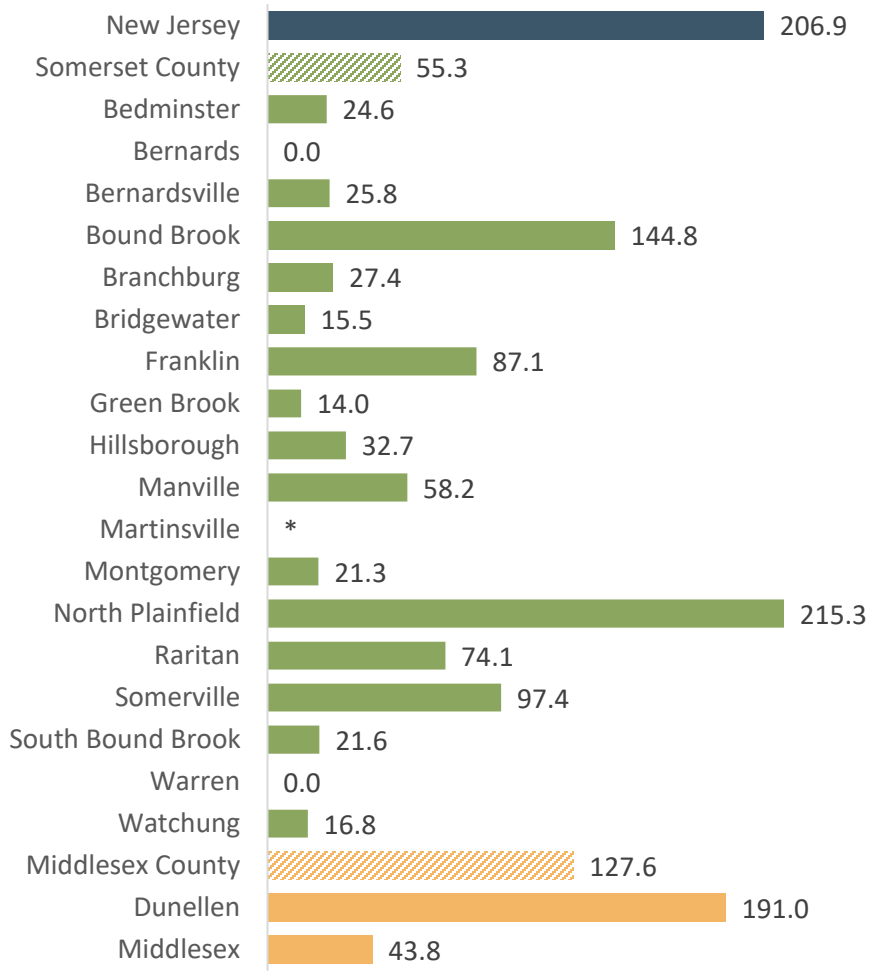
Figure 41. Percent of Community Survey Respondents Who Agreed/Completely Agreed with statements Related to Violence, by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

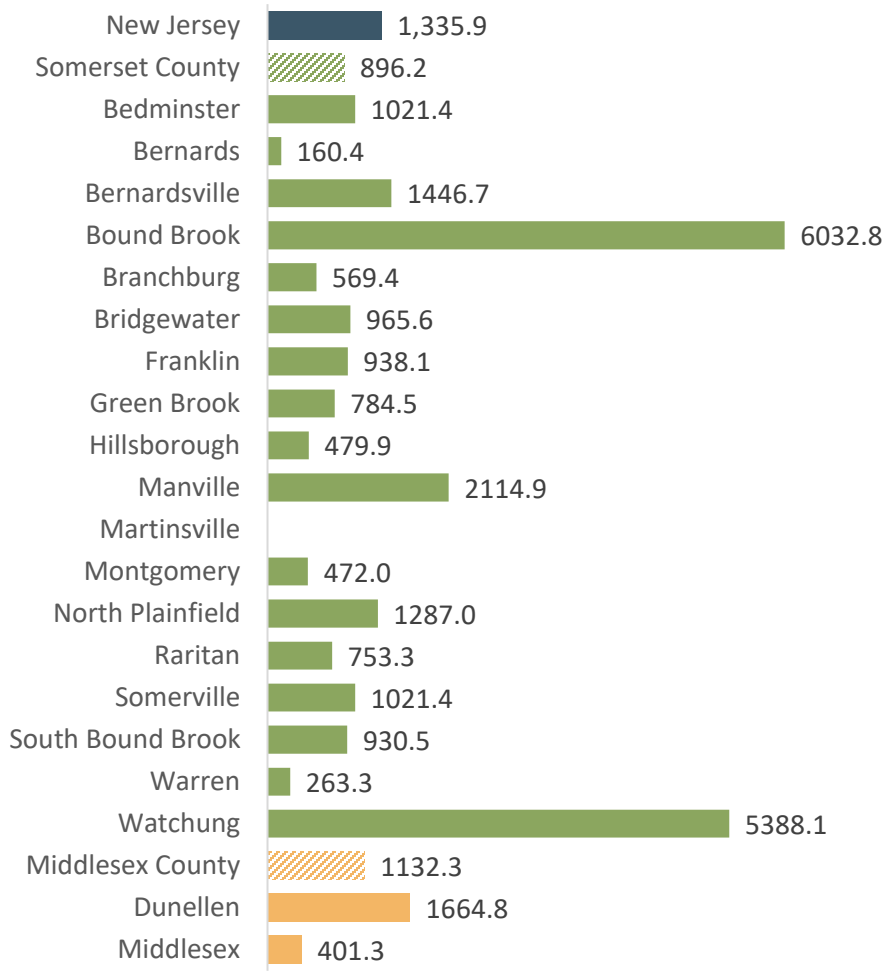
In 2019, rates of violent crime (i.e. murder, rape, aggravated assault) varied widely across Somerset County towns. North Plainfield (215.3) had a higher rate than the state average of 206.9 incidents per 100,000 residents; Bound Brook had a violent crime rate 2.5 times greater than that of Somerset County (Figure 42). Property crime (i.e. burglary, larceny, and auto theft) is much more common than violent crime. Among towns in Somerset County, property crime was most common in Bound Brook (6,032.8 per 100,000 residents), Watchung (5,388.1), and Manville (2,144.9) (Figure 43).

Figure 42. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2019



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2019
NOTE: * indicates data not available. Violent crime includes homicide, rape, robbery, assault, and simple assault.

Figure 43. Property Crime Rate per 100,000 Population, by State, County, Town, 2019



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2019
NOTE: Violent crime includes homicide, rape, robbery, assault, and simple assault

Systemic Racism and Discrimination

Discrimination Based on Race, Ethnicity, and Culture

Focus group and interview participants discussed issues related to discrimination and structural racism in several different conversations. They spoke about these issues at the individual and interpersonal level, as well as the pervasive inequities experienced by people of different groups. For example, participants noted these issues largely impacted communities of color because of the policies and practices embedded throughout American society. Highlights from these discussions that touch upon specific topic areas (e.g., housing discrimination, unequal access to clinical trials) are also mentioned in other sections of this report.

> *"Racism is passed from parents to children. It is difficult to treat and change. The parents see it as normal, but it shouldn't be that way."*- Focus group participant

Black and Latino residents highlighted the consequences of systemic racism and how it affects access to education, food, employment, and opportunities to live a healthy life. One Black focus group participants described, "*The pandemic showed how the Black community has struggled with health inequities and disparities. In this area, we are really consumed with it. Stroke, diabetes. I understand we are not receiving good healthcare, but we also need to make healthy lifestyles more affordable and attractive*." Latino residents described the food deserts in their community. Black and Latino residents discusssed that it did not seem like supermarkets or other retail stores that promoting healthier lifestyles wanted to invest in their community, another marker of continuing inequites. Several Black and Latino residents also discussed in the focus groups and noted in the survey (as mentioned in previous sections) that they did not think there were as ample job and educational opportunities for them as White residents in their communities.

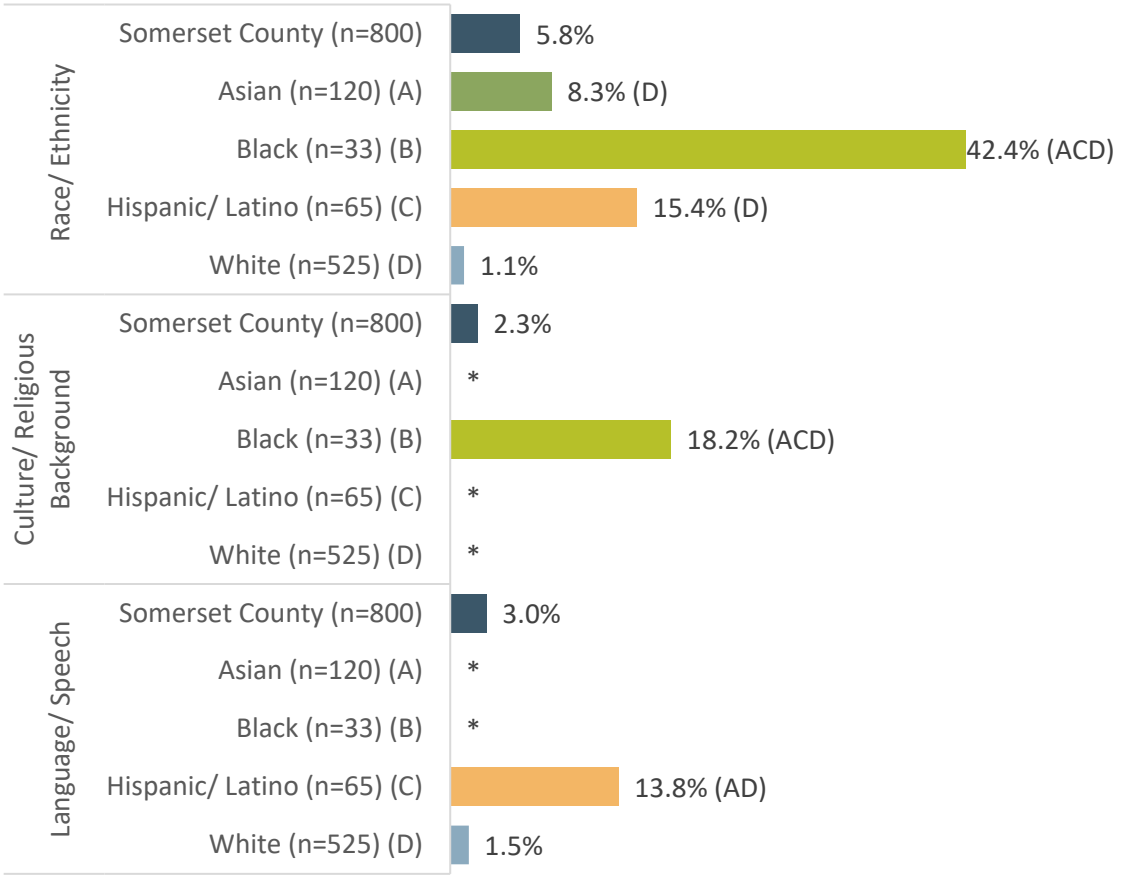
Focus group and interview participants discussed that there has been much more dialogue about racism and discrimination over the past year. However, perceptions about the extent of discrimination and racism in the community varied throughout qualitative discussions. Focus group participants from Southeast Asia said they had not experienced interpersonal discrimination. By contrast, Spanish-speaking focus group members shared several examples. One focus group participant stated, *"There is a lot of intolerance. I had an incident where someone yelled something at me from a car while I was crossing the street."*

Members of another focus group discussed relationships with police, with one person commenting that *"A lot of people say that if cops see a Latino, they just stop them because they're Latino. I see that as racism here in the community."* At the same time, participants also stated that work is being done to increase understanding across communities. An interviewee from law enforcement said that sheriffs and police are doing more to connect and reach out to community residents, often working in collaboration with community leaders and nonprofits. A Latino focus group member likewise stressed the importance of good relationships: *"[The police] need to know who we are because they patrol the streets and know the situations, but really so that the Latino community can learn who is in charge of keeping order in the community. We have a responsibility to try and have relationships and for future generations to have those relationships."*

Figure 44 presents survey respondents' perceptions of whether they felt like they have ever personally been discriminated against when receiving medical care for their race/ethnicity, culture/religious

background, or language/speech issues. Black respondents were most likely to note discrimination due to race/ethnicity (42.4% reported being discriminated against) and cultural/religious background (18.2%). Latino survey respondents were most likely to report feeling discriminated against in receiving medical care based on their language/speech, with 13.8% reporting this.

Figure 44. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

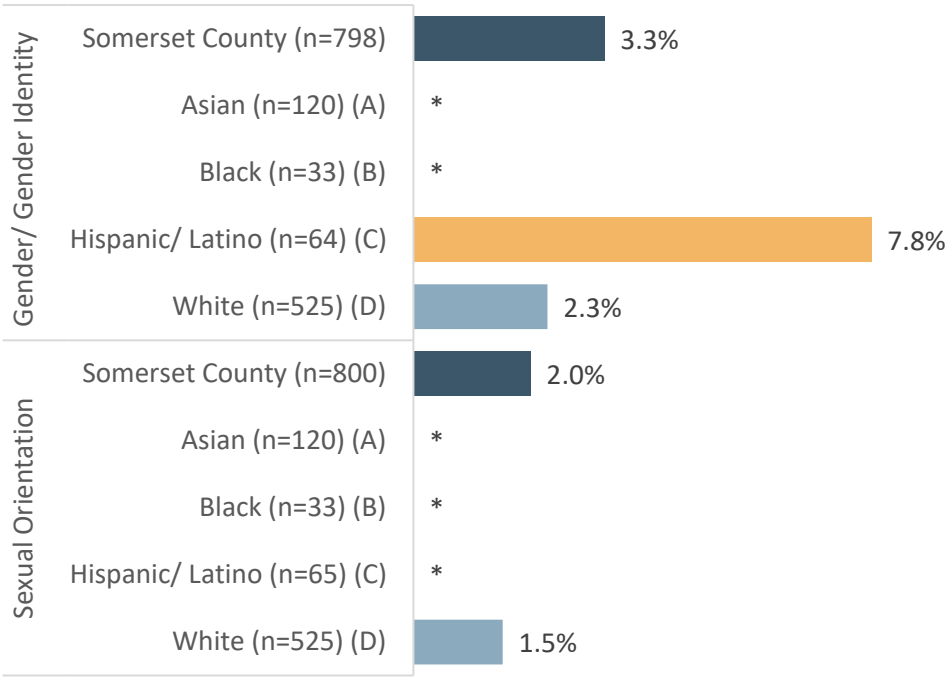
Discrimination based on Sexual Orientation and Gender Identity

As discussed earlier, an interviewee who worked with the LGTBQ community indicated that several of their clients have had significant challenges related to discrimination in employment and housing, especially those who were transgender. The interviewee described, "*During COVID, we've seen a lot of patients at home with their parents, and their parents and their relationship is already difficult because they're trans or gay. So, you see these tense situations, or maybe the parent kicks them out. There can be verbal abuse amongst parents/family, or abusive relationships which we see. Lots of people will stay in verbally abusive households and sometimes it leads to living on the streets*." Additionally, employment is difficult to obtain for LGBTQ residents who experience difficulty being accepted for their gender and/or

sexual orientation in the workplace, or they have to maintain a heteronormative presentation in order to fit in, which results in poor mental health.

Among survey respondents, about 2% of Somerset County survey respondents indicated that they had felt discriminated against when receiving medical services because of their gender/gender identity or sexual orientation (Figure 45**Error! Reference source not found.**); however, nearly 8% of Latino residents indicated they felt discriminated against because of their gender/gender identity.

Figure 45. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity (n=801), 2021

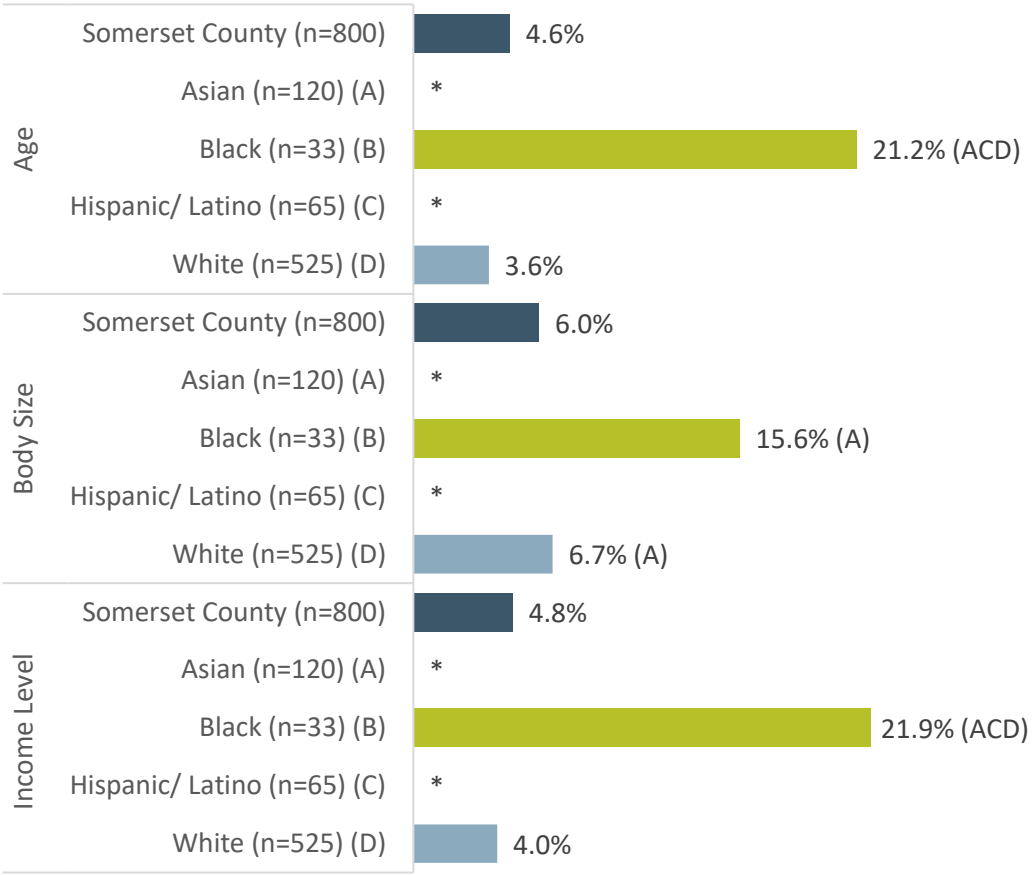


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Additional Population Groups and Discrimination

The survey asked about experienced with discrimination due to other factors, such as age, body size, and income level, when receiving medical care (Figure 46). In each of these instances, Black respondents consistently had the highest proportion of respondents indicating experiencing this type of discrimination.

Figure 46. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Community Health Issues

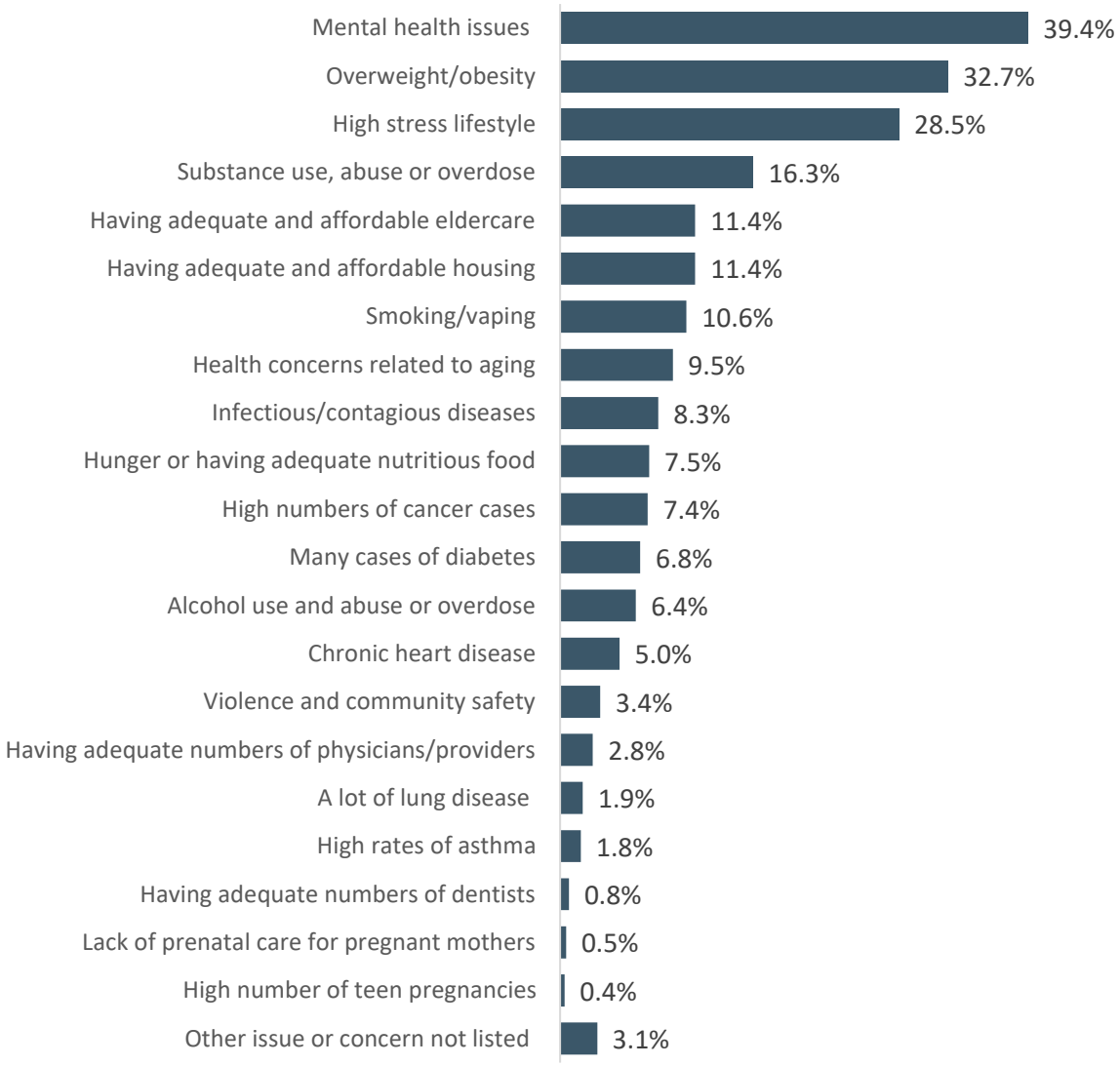
Community Perceptions of Health

Understanding the health issues that community residents perceive as pressing is a critical step in the CHNA process. Community survey respondents were asked to rank community health issues to provide a "real life" perspective of lived experiences and challenges. This feedback complements quantitative data concerning health status and conditions. When asked about top concerns in their community, focus group participants and interviewees identified social and economic issues such as financial insecurity, housing, and transportation – and how these affected health issues such as healthy eating, obesity, and chronic conditions. They also discussed the challenges of accessing care and the increase in mental health concerns among the entire population, and especially among youth, seniors, and lower income residents.

Survey respondents were presented with a list of specific issues and were asked to mark the top three health concerns or issues for their community. As shown in Figure 47, mental health, overweight/obesity, high stress lifestyle, substance use, and adequate and affordable eldercare were the top five noted among survey respondents – a slightly different list (other than mental health) than the major topics that came up in the focus groups and interviews. Compared to the 2018 Somerset County CHNA, the frequency of residents identifying obesity as a health concern fell from 50.0% to 32.7% in the 2021 community survey. Mental health remained a stable top concern across both community surveys.

The order of topics did slightly differ by race/ethnicity (Figure 48). While mental health issues were the top concern among White and Latino survey respondents, overweight/obesity was the top concern among Asian and Black respondents. Having adequate and affordable housing ranked as the top two concern among Black survey respondents and number four among Latino respondents. Smoking/vaping was in the top five concerns among Asian respondents.

Figure 47. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (N=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

Figure 48. Percent of Community Survey Respondents Reporting the Top Health Issues or Concerns in Their Community, by Race/Ethnicity (N=801), 2021

	Asian (n=119)	Black (n=33)	Hispanic/ Latino (n=65)	White (n=525)
1	Overweight/ obesity (26.9%)	Overweight/ obesity (42.4%)	Mental health issues (52.3%)	Mental health issues (44.2%)
2	Mental health issues (25.2%)	Having adequate and affordable housing (27.3%)	Overweight/ obesity (40.0%)	Overweight/ obesity (33.0%)
3	High stress lifestyle (21.8%)	Mental health issues (24.2%)	High stress lifestyle (33.8%)	High stress lifestyle (30.9%)
4	Smoking/ vaping (18.5%)	High stress lifestyle (21.2%)	Having adequate and affordable housing (20.0%)	Substance use, abuse or overdose (19.8%)
5	Substance use, abuse or overdose (11.8%)	Many cases of diabetes (15.2%)	Substance use, abuse or overdose (12.3%)	Having adequate and affordable eldercare (12.0%)

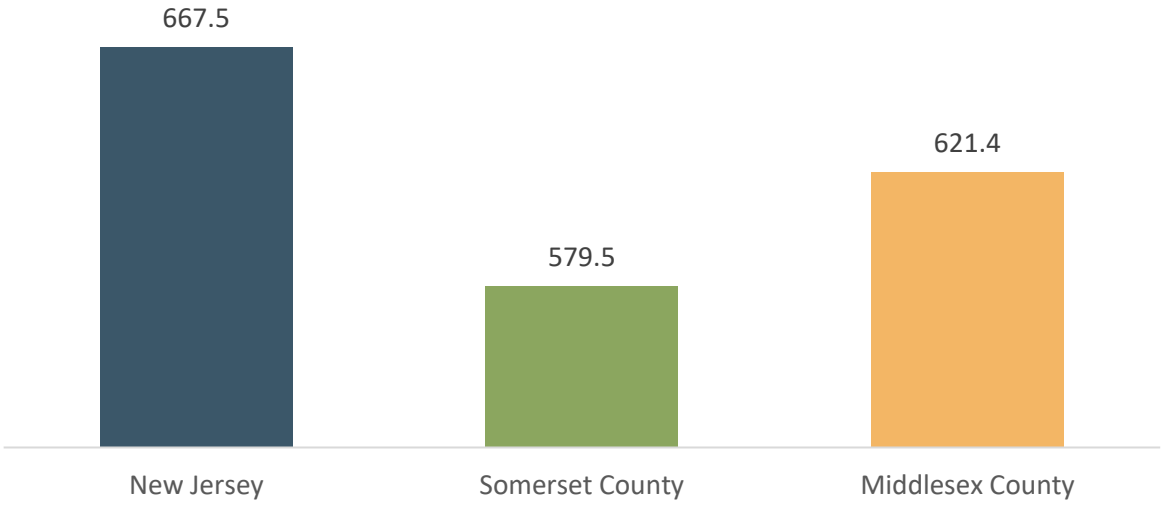
DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

Mortality, Hospitalizations, and Overall Health Status

Mortality and Leading Causes of Death

Mortality rates and life expectancy help to measure the burden and impact of disease on a population. The most current finalized data for mortality rates is from 2017-2019, prior to the COVID-19 pandemic. Age-adjusted mortality rates per 100,000 Somerset County residents was 579.5 in this period (Figure 49); this was 17% below the mortality rate in New Jersey during the same time period. Official data files for the 2020 and 2021 death rates have not been finalized by the New Jersey Department of Health; however, preliminary analyses indicate that the 2020 mortality rate for the state of New Jersey will be one of the highest on record, currently estimated at 1,160 per 100,000 population, likely due to COVID-19.

Figure 49. Age-Adjusted Mortality Rate per 100,000 population, 2017-2019

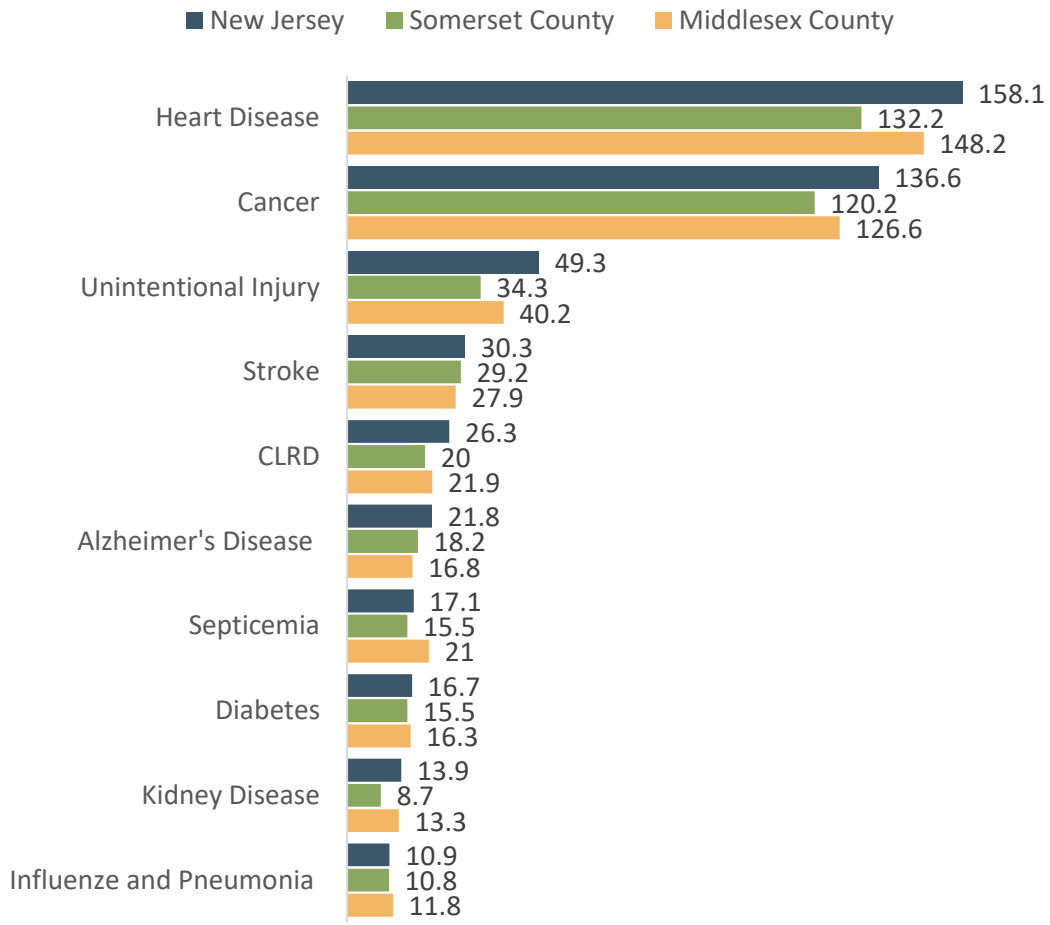


DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2017-2019

Based on pre-COVID-19 data, the most common cause of death in Somerset County was heart disease (132.2 per 100,000), followed by cancer (120.2 per 100,000) in 2017-2019 (Figure 50). Additional leading causes of death include unintentional injury (including unintentional poisonings including drug overdoses, unintentional motor vehicle accidents, unintentional drownings, and falls), stroke, and chronic lower respiratory disease (CLRD – e.g., chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma).

Final leading causes of death data for 2020 are not yet finalized, but preliminary counts for leading causes of death for New Jersey overall in 2020 indicate heart disease is still the leading cause of death in the state, but it is followed by COVID-19 (Table 12).

Figure 50. Top 10 Age Adjusted Mortality Rates per 100,000, by State and County, 2019



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2019

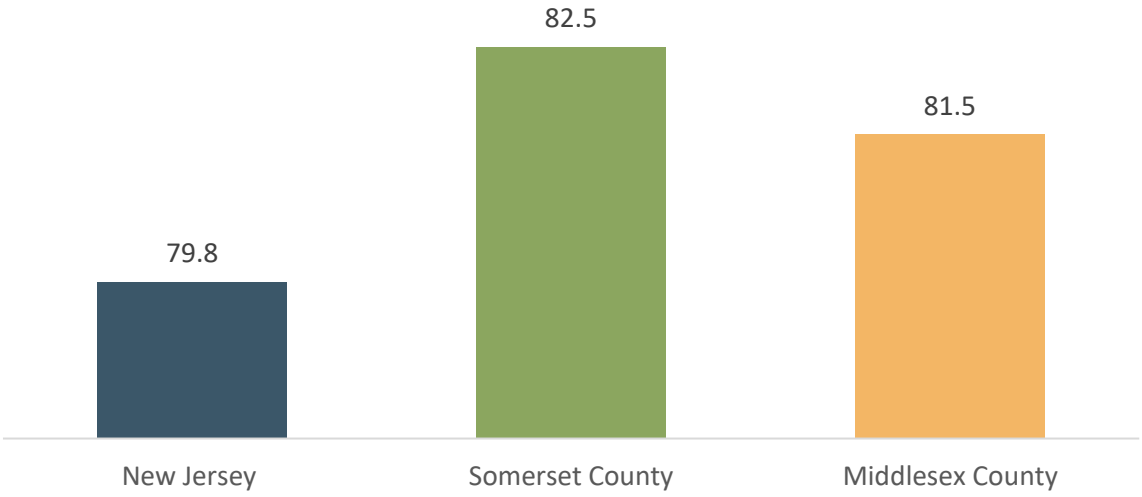
Table 12. Leading Causes of Death among New Jersey Residents, Preliminary 2020 Data

Leading Causes of Death	Counts
Heart disease	19,501
COVID-19	16,318
Cancer	15,492
Unintentional Injury	4,369
Stroke	3,688
CLRD	2,925
Alzheimer’s Disease	2,666
Diabetes	2,424
Septicemia	2,064
Kidney Disease	1,666

DATA SOURCE: New Jersey Resident Death Certificate Database, New Jersey Department of Health

Pre-COVID data indicate that life expectancy for residents of Somerset County was 82.5 years, which was higher than both Middlesex County and New Jersey overall (Figure 51). Recent national analyses have discussed how COVID-19 has reduced the life expectancy figures for Americans, especially males, over the past year. It would be expected that this pattern is similar in Somerset County as well.

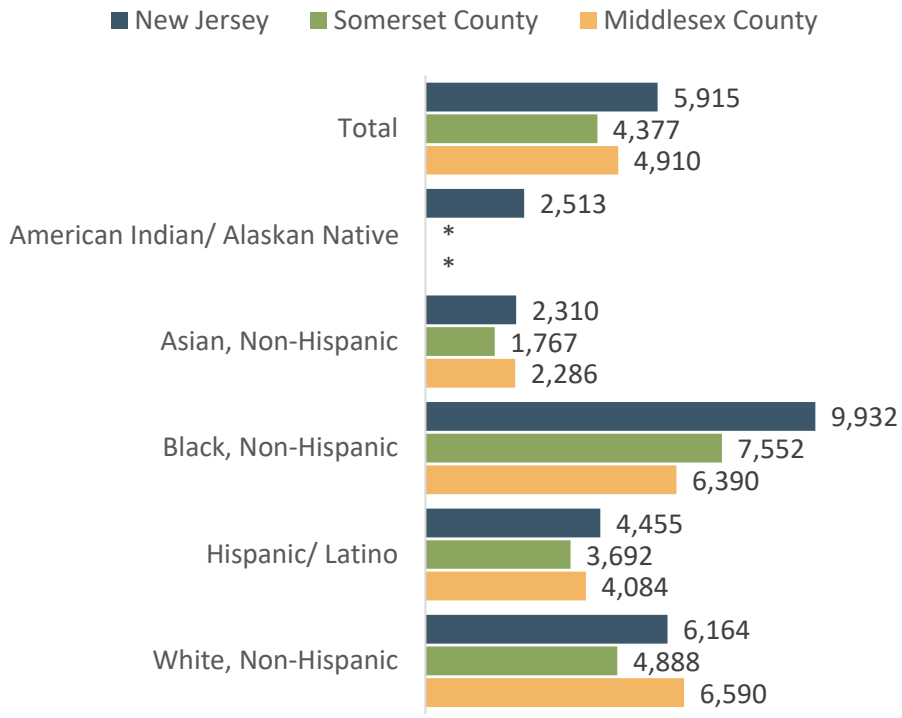
Figure 51. Life Expectancy, by State and County, 2018



DATA SOURCE: National Center for Health Statistics, Mortality in the United States, and Vital Health Statistics, Small-area Life Expectancy Estimates Project: Methodology and Results Summary, 2018, reported by the Robert Wood Johnson Foundation (RWJF)

Premature mortality data (in this report, deaths before age 75 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. In 2017-2019—the time period for the most available data—Somerset County had a premature mortality death rate of 4,377 per 100,000, compared to 5,915 per 100,000 in New Jersey (Figure 52).

Figure 52. Premature Mortality (deaths before age 75) Rate per 100,000 Population, by State and County, 2017-2019



DATA SOURCE: National Center for Health Statistics, Mortality Files, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2017-2019
NOTE: * indicates data not available.

Hospitalization and Overall Health

Hospitalization data provides a lens to the morbidity in a population. Table 13 includes overall hospital discharge data for the RWJB system for New Jersey and RWJUH Somerset, specifically, for ambulatory care sensitive conditions—conditions that typically can be treated via outpatient services and chronic disease management. Conditions typically part of this grouping include asthma, diabetes, and heart disease, among others. Thus, hospitalization for these conditions is an indicator on the progression of disease or lack of disease management. Rates indicate that hospital discharges are slightly lower than those of New Jersey, but overall Black patients have higher rates of hospital discharges than patients of other races/ethnicities. Appendix H includes numerous tables with additional hospitalization data.

Table 13. Hospital Discharges for Ambulatory Care Sensitive Conditions, by Race/Ethnicity, Rate per 1,000 Population, 2019

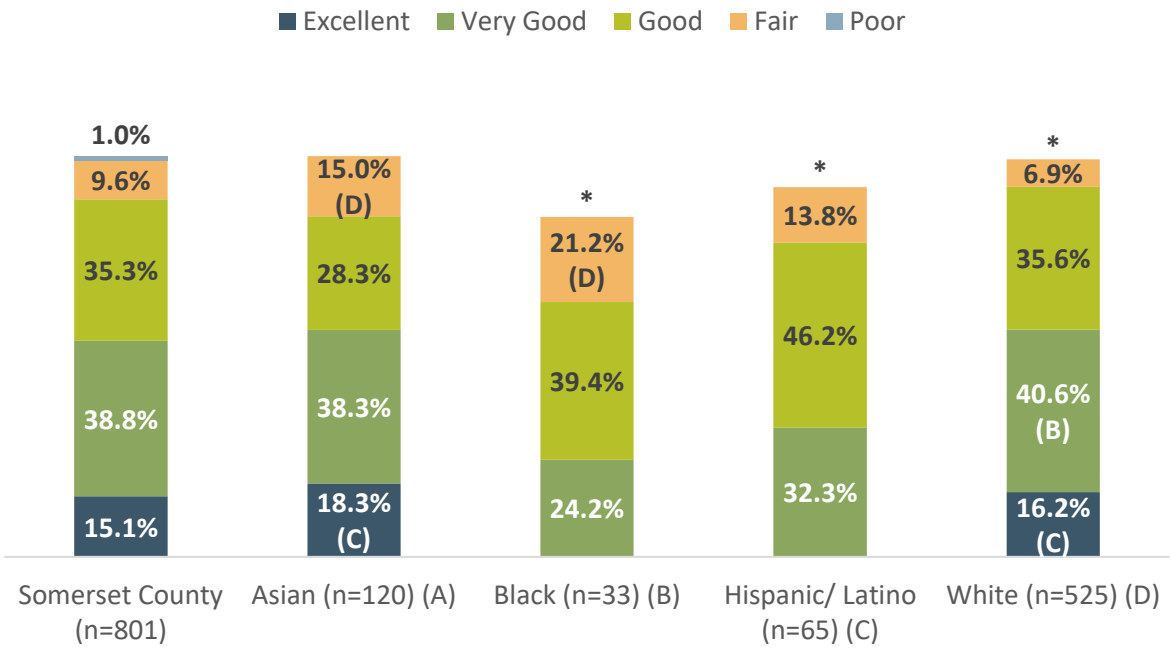
		Admission Rate			
	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	All Race/Ethnicities	10.4	2.8	7.7	2.0
	White	9.6	2.9	6.7	1.5
	Black	16.7	3.0	13.7	4.1
	Asian	2.6	0.8	1.8	0.4
	Hispanic	5.4	1.4	4.0	1.5

		Admission Rate			
	Race/Ethnicity	Total	Acute	Chronic	Diabetic
RWJUH Somerset	All Race/Ethnicities	7.6	1.6	6.0	1.5
	White	8.1	1.8	6.3	1.2
	Black	11.6	1.0	10.6	5.5
	Asian	2.0	0.5	1.5	0.4
	Hispanic	4.5	1.1	3.5	1.4

DATA SOURCE: RWJBarnabas Health System Data, 2019

Self-reported health is considered a validated measure that is strongly correlated with overall health. Survey respondents were asked to describe their overall health as excellent, very good, good, fair or poor. About one-third of respondents overall rated their health as excellent or very good. Black respondents, at 21.2%, and Asian respondents, at 15.0%, were significantly more likely to rate their health as fair compared to White respondents (Figure 53). It should be noted that fewer than 5 respondents who self-identified as Black and Latino rated their health as excellent and poor, so data are not shown due to small cell sizes.

Figure 53. Percent of Community Survey Respondents on Their Self-Reported Health (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: * indicates n<5. Black and Hispanic/Latino responses n<5 for Excellent and Poor. Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Obesity, Healthy Eating, and Physical Activity

Obesity was identified as a top health concern in prior CHNAs, but it was not raised as a primary theme in qualitative conversations conducted for this CHNA. This may be because COVID and its impact on mental health. Additionally, social determinants of health, such as leisure time and financial security were viewed as more pressing concerns than chronic conditions.

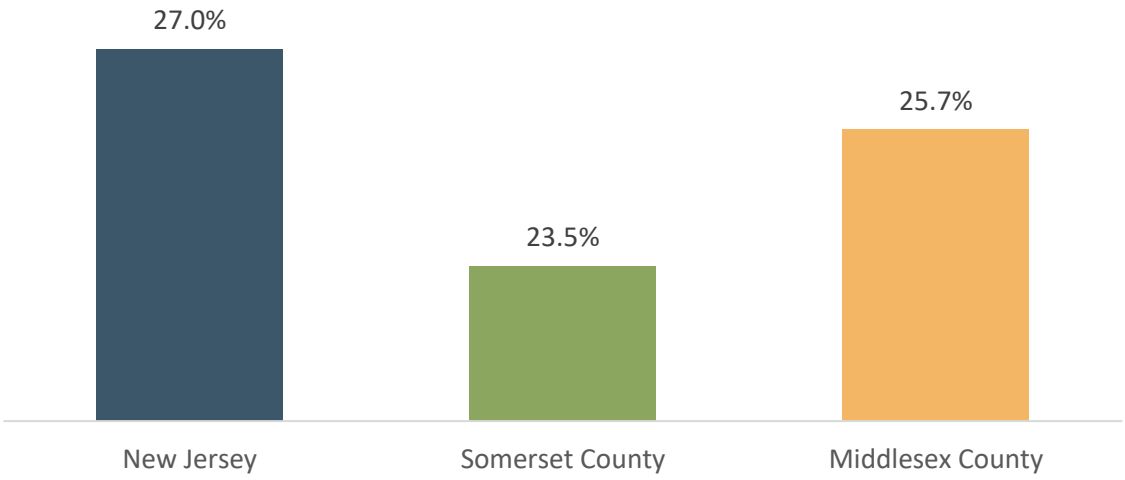
> *"It's much easier to go to the dollar menu than go to the store or go to Whole Foods and shop organic. When someone is working, they get out at 6pm, it's late. It's easier to feed the kids a happy meal, with a soda and french fries. It's bad, but it's cheaper*."– Focus group participant

Overweight and Obesity

As discussed earlier in the Perceptions of Community Health section, obesity was cited as the second top health concern in the community on the survey (after mental health). However, it was not discussed at length in the focus groups or interviews by participants. When participants did bring it up, they described obesity as being prevalent in the community, especially among low-income residents and communities of color. They discussed the economic challenges to buying healthy food, access issues in living in a food desert, barriers to the seeking regular medical care, and having safe and accessible green space for activity. (See sections related to Food Access and the Built Environment for survey data and surveillance data on perceptions and the landscape related to the food and physical activity environment.)

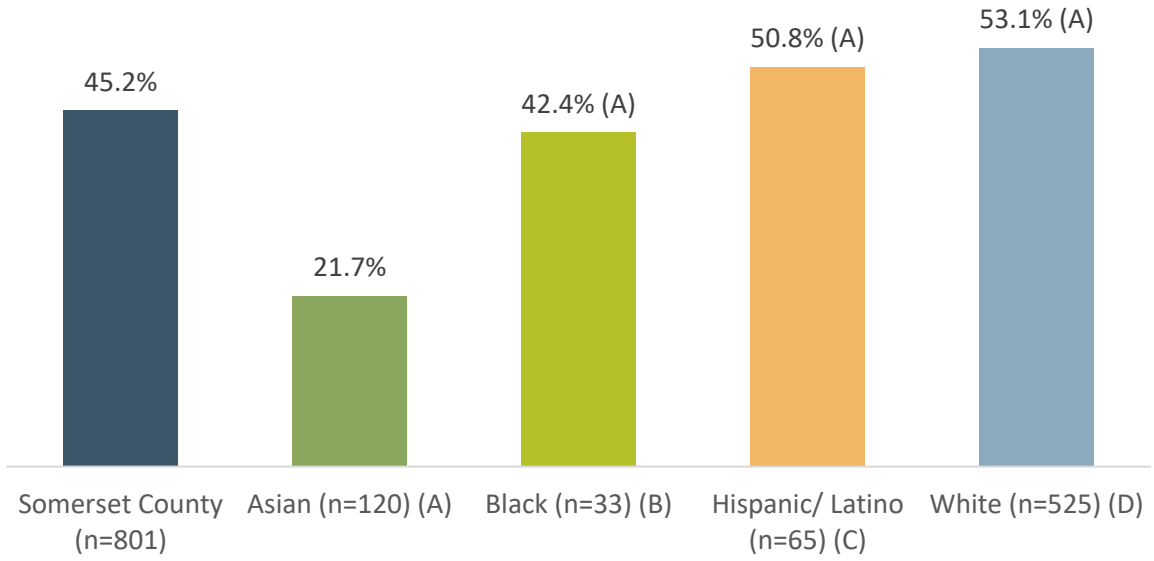
The latest surveillance data on overweight/obesity is from several years ago. Adults at the state and county level were asked to self-report their height and weight. Based on this self-report, about 23.5% of Somerset County adults were considered obese, and 27% of adults in New Jersey were (Figure 54). In the current community survey for this CHNA, respondents in Spring-Summer 2021 were asked to indicate whether they or a household family member were ever told by a doctor or health professional that they had a weight problem (Figure 55). Among these respondents, 48.3% indicated yes, although responses varied by race/ethnicity with Asian respondents least likely to report this.

Figure 54. Adults Self-Reported Obese, by State and County, 2017



DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017

Figure 55. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Have Had a Weight Problem (n=362), 2021

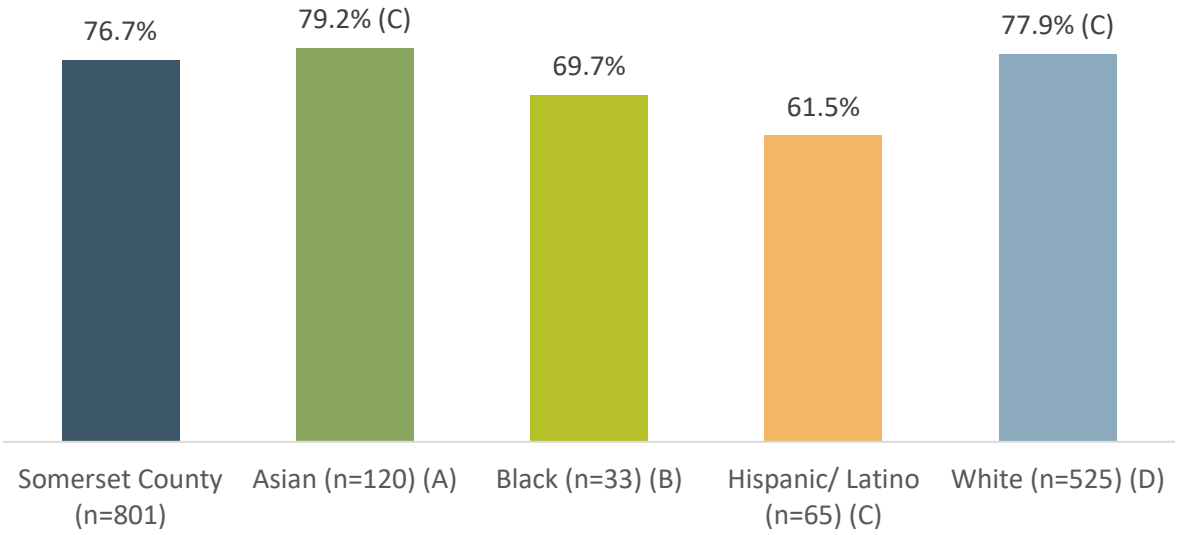


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Physical Activity

Some focus group participants discussed that it was challenging to be physically active during the COVID-19 pandemic, while others talked about how they enjoyed the outdoors more than they had before. Community survey respondents were asked whether they felt that they were physically active, and nearly 77% indicated yes (Figure 56). However, Latino survey respondents were least likely to say that they were currently physically active, with only 61.5% saying yes, a significantly lower proportion when compared to Asian (79.2%) or White respondents (77.9%). As discussed earlier in this report, Black and Latino survey respondents were also significantly less likely than Asian or White respondents to indicate that there were safe outdoor places to walk and play in their community.

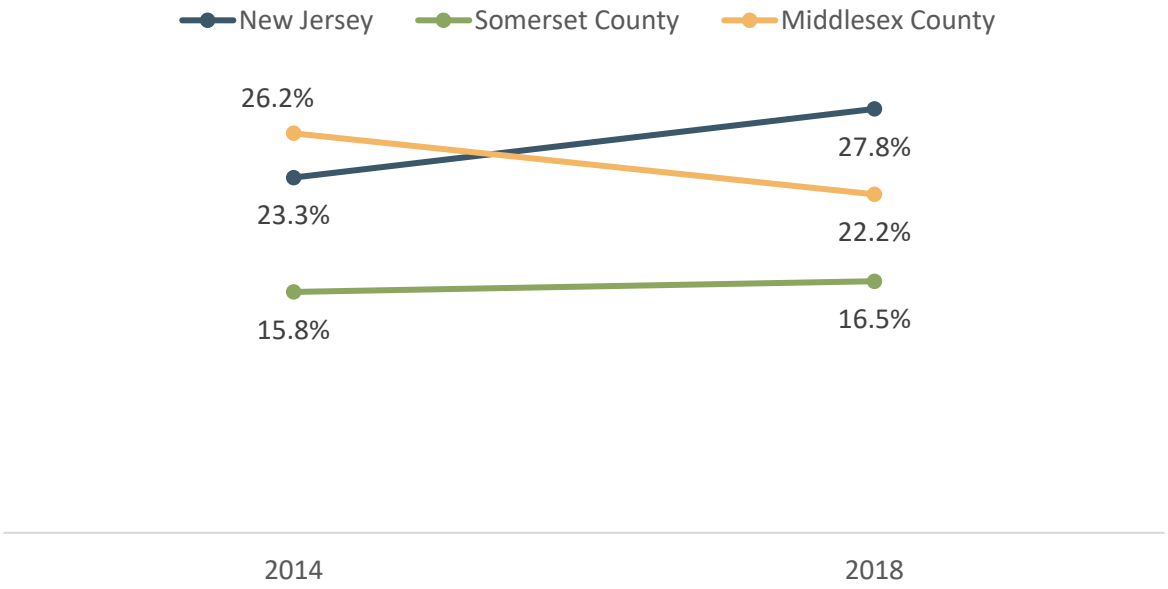
Figure 56. Percent of Community Survey Respondents Indicating that They Felt That They are Physically Active (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

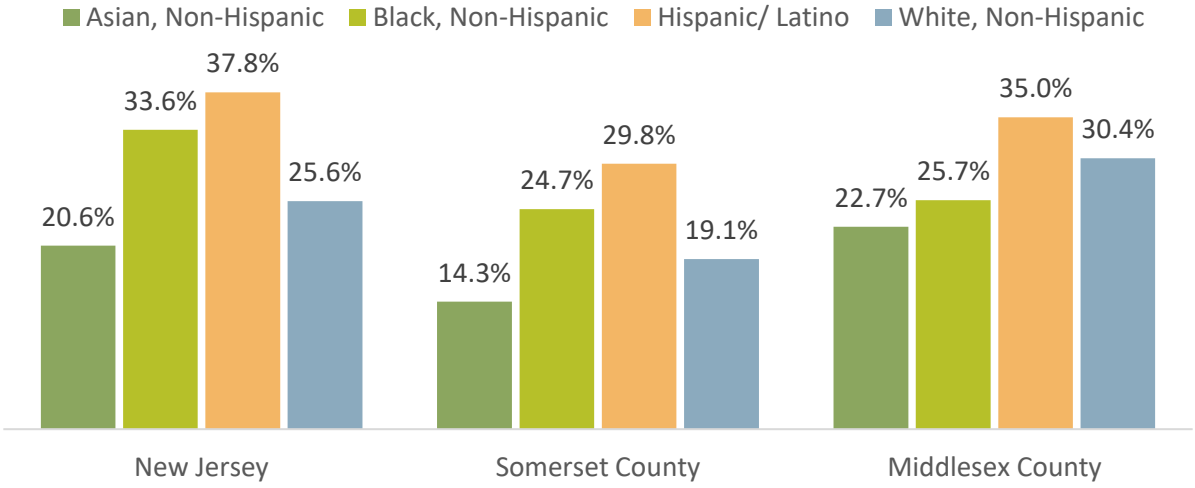
Surveillance data on physical activity, collected pre-COVID, shows similar patterns as the community survey. These data sources collect data on whether respondents had no leisure time activity. Across the state and by county, the percentages of those with no leisure time physical activity were higher in 2018 than in 2014 (Figure 57). In Somerset County, 16.5% of adults reported participating in no leisure time in 2018, while the figure was 15.8% in in 2014. Surveillance data from 2015 to 2017, by race/ethnicity indicate that Latino respondents were most likely to report participating in no leisure physical activity time (Figure 58).

Figure 57. Percent Adults Reported to Have Had No Leisure Time Physical Activity, by State and County, 2014 and 2018



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2018

Figure 58. Percent Adults Reported to Have Had No Leisure Time Physical Activity by Race/Ethnicity, by State and County, 2015-2017

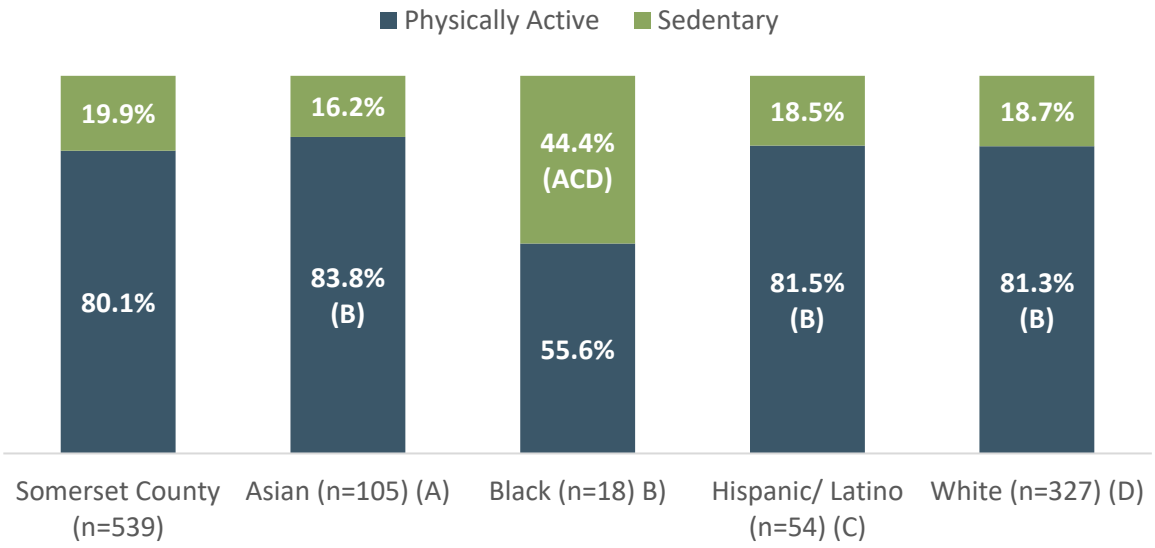


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2017

Community survey respondents who were parents also indicated whether they would describe their children as physically active or sedentary after school or on weekends (Figure 59). Over 80% of Somerset County parent survey respondents described their children as physically active, with 20% describing children as sedentary. However, Black respondents were least likely to describe their children as physically active (55.6%) and most likely to describe their children as sedentary (44.4%). (As noted

previously, Black and Latino respondents were also most likely to indicate that there were not safe outdoor places to walk and play in their community.)

Figure 59. Percent Survey Respondents who are Parents or Guardians who Described Their Children as Physically Active or Sedentary during After School Hours and Weekends (n=539), 2021



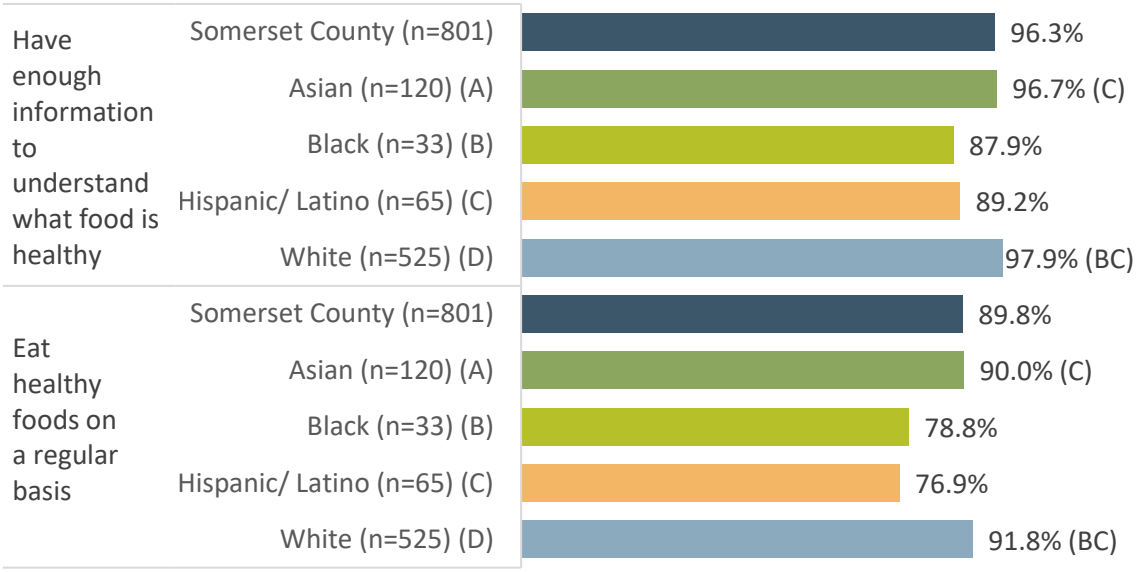
DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Healthy Eating

As discussed at greater length in the Food Access & Food Insecurity section and Built Environment section of this report, focus group and interview participants discussed the challenges of accessing healthy foods in their communities. These difficulties included limited transportation to grocery stores, lack of availability and affordability of healthy foods, living in a "food desert," and having the time it takes to cook healthier meals for a family especially when working multiple jobs.

Current surveillance data on fruit and vegetable consumption is not available for Somerset County. New Jersey data indicate that 19.1% of New Jersey adults reported in 2017 that they ate vegetables less than one time per day and 33.6% of New Jersey adults reported eating fruit less than one time per day, according to the Behavioral Risk Factor Surveillance Survey. The Somerset County community survey fielded for this initiative in spring/summer 2021 asked residents whether they have enough information to understand what food is healthy and whether they eat healthy foods on a regular basis. As shown in Figure 60, nearly 90% or more of Somerset County survey respondents indicated yes to both of these questions; however, Latino survey respondents were the least likely to indicate that they had enough information on healthy foods or whether they eat healthy foods on a regular basis.

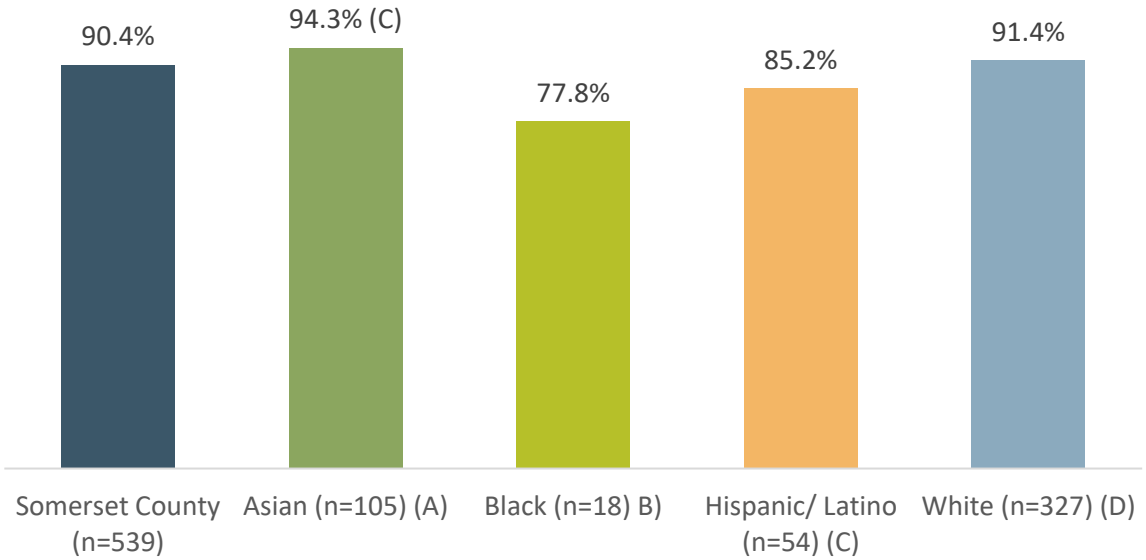
Figure 60. Percent of Community Survey Respondents who Indicated They Have Enough Information on Food is Healthy and that They Eat Healthy Foods on a Regular Basis (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Survey respondents who were parents or guardians also reported whether their children eat breakfast on a daily basis (Figure 61). Over 90% of survey respondents indicated that their children regularly ate breakfast, but Black and Latino respondents were least likely to report this.

Figure 61. Percent of Community Survey Respondents who are Parents or Guardians Reporting Whether Children Eat Breakfast Daily (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

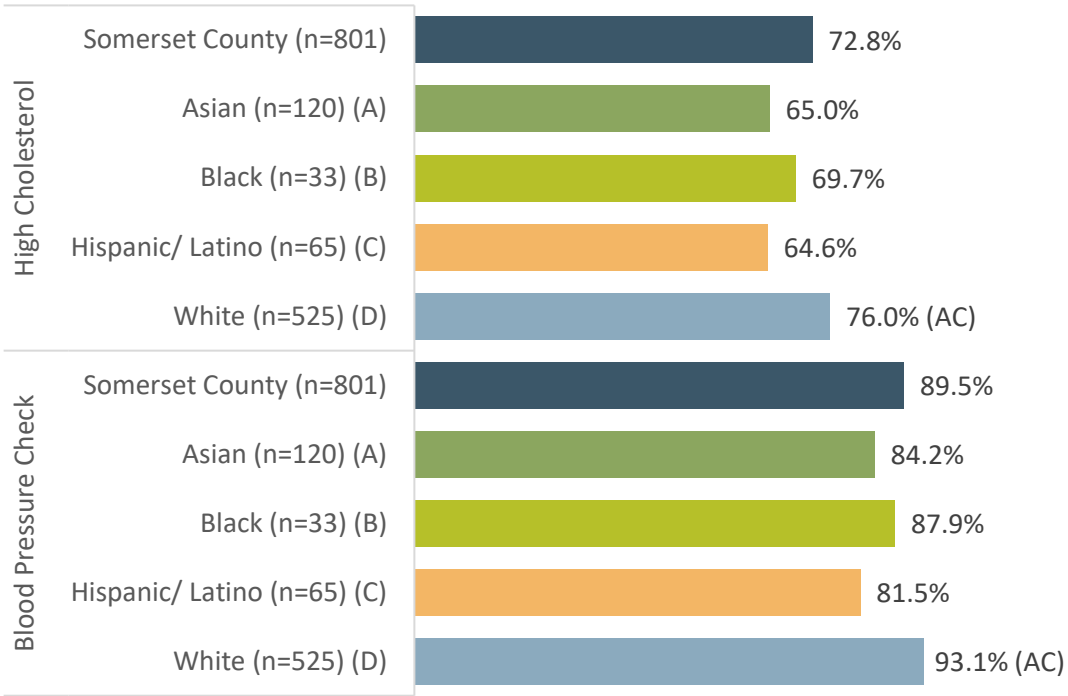
Chronic Conditions

Chronic conditions, such as heart disease, diabetes, COPD, and cancer, are some of the most prevalent conditions in the United States, including in Somerset County. Heart disease and cancer continually are the leading causes of death in the County (except possibly for the anomaly of 2020 during the COVID-19 pandemic). However, chronic conditions were not discussed at length in the focus groups and interviews, even among the one group of cancer survivors. The focus of these conversations was more related to the challenges of preventing, managing, and getting care for chronic conditions – transportation to services, sufficient income to pay for healthy foods, access to green space, and employment that provides sick benefits, etc. These social and economic factors are discussed in greater detail in other sections of this report. The following section describes the health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases.[15] Community survey respondents in spring/summer 2021 were asked about their participation in different types of health screenings over the past two years (Figure 62). Nearly three-quarters (72.8%) of Somerset County survey respondents indicated that they have received a cholesterol screening, and nearly 90% had participated in a blood pressure screening. White respondents were significantly more likely than Asian or Latino respondents to indicate that they had participated in either type of screening over the past two years.

Figure 62. Percent of Community Survey Respondents Reporting that They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years (n=801), 2021

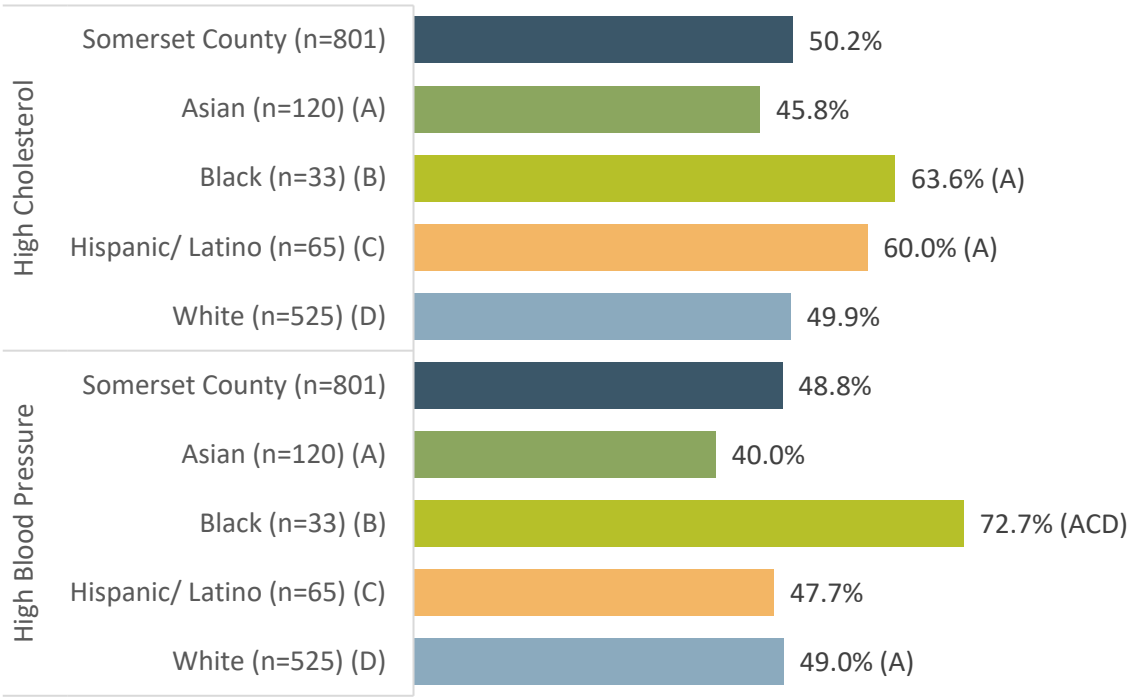


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

[15] https://www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm

Many residents are affected by high cholesterol and high blood pressure. Approximately 50% of Somerset County survey respondents indicated that they or member of their family has been told by a health professional that they have high cholesterol, and similarly for high blood pressure (Figure 63). Black respondents, with the highest rates of both, were significantly more likely than Asian respondents, the lowest rates in both, to indicate that they or a family member has high cholesterol or high blood pressure.

Figure 63. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had High Cholesterol or High Blood Pressure (n=801), 2021



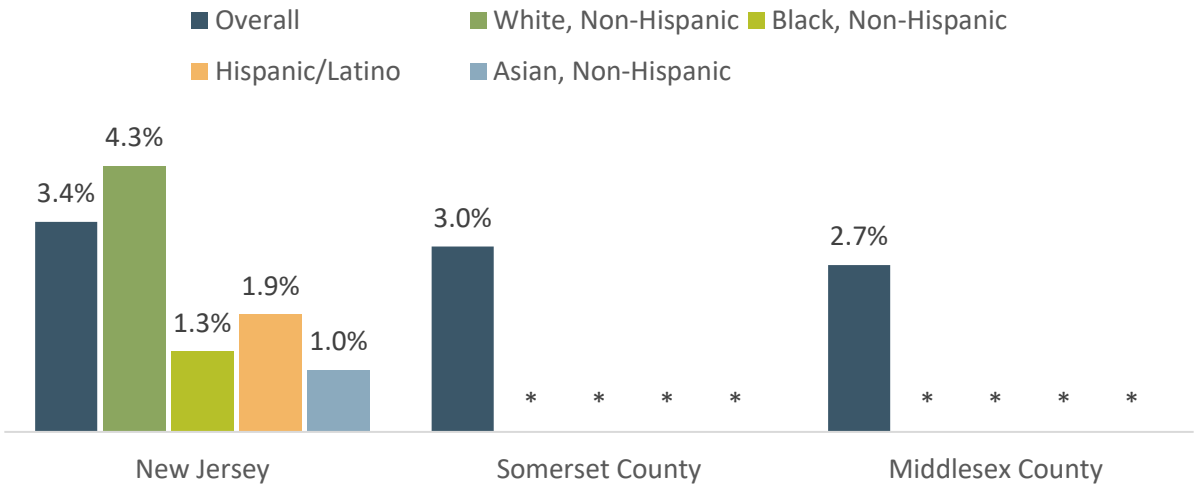
DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Heart Disease

While focus group and interview participants mentioned issues related to obesity and healthy eating, they did not discuss heart disease as a significant issue of concern. However, heart disease is still the leading cause of death in Somerset County.

In the following graph, surveillance data are presented on the percentage of adults that reported angina or coronary heart disease in 2018, by race/ethnicity. Across the state, the percentage of those reporting angina or coronary heart disease was highest among White, Non-Hispanics (4.3%), followed by Hispanic/Latino (1.9%), Black, Non-Hispanics (1.3%), and Asian, Non-Hispanics (1.0%) (Figure 64). Data were not able to be presented by race/ethnicity by county due to small sample sizes, but 3.0% of the adult population overall reported angina or coronary heart disease in Somerset County in 2018.

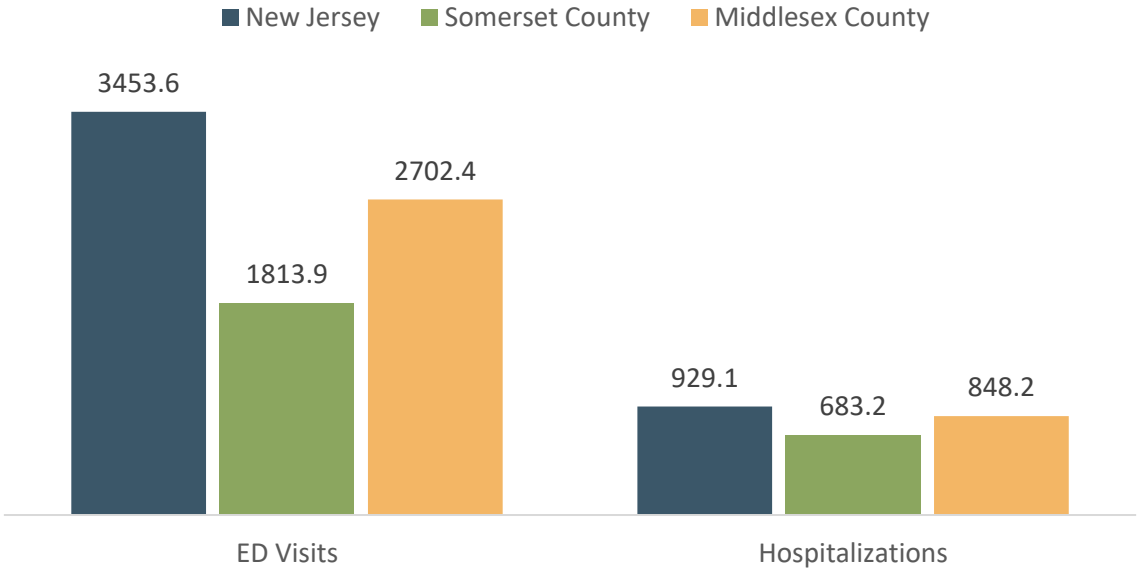
Figure 64. Adults Reporting Angina or Coronary Heart Disease, by Race/Ethnicity, State, and County 2018



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: * indicates data not available.

In 2016-2019, the rate of heart disease emergency department (ED) visits per 10,000 population was 3,453.6 visits and the rate of heart disease hospitalizations per 10,000 population was 929.1 hospitalizations in New Jersey (Figure 65). Somerset county had a rate of 1813.9 ED visits and 683.2 hospitalizations per 10,000 population.

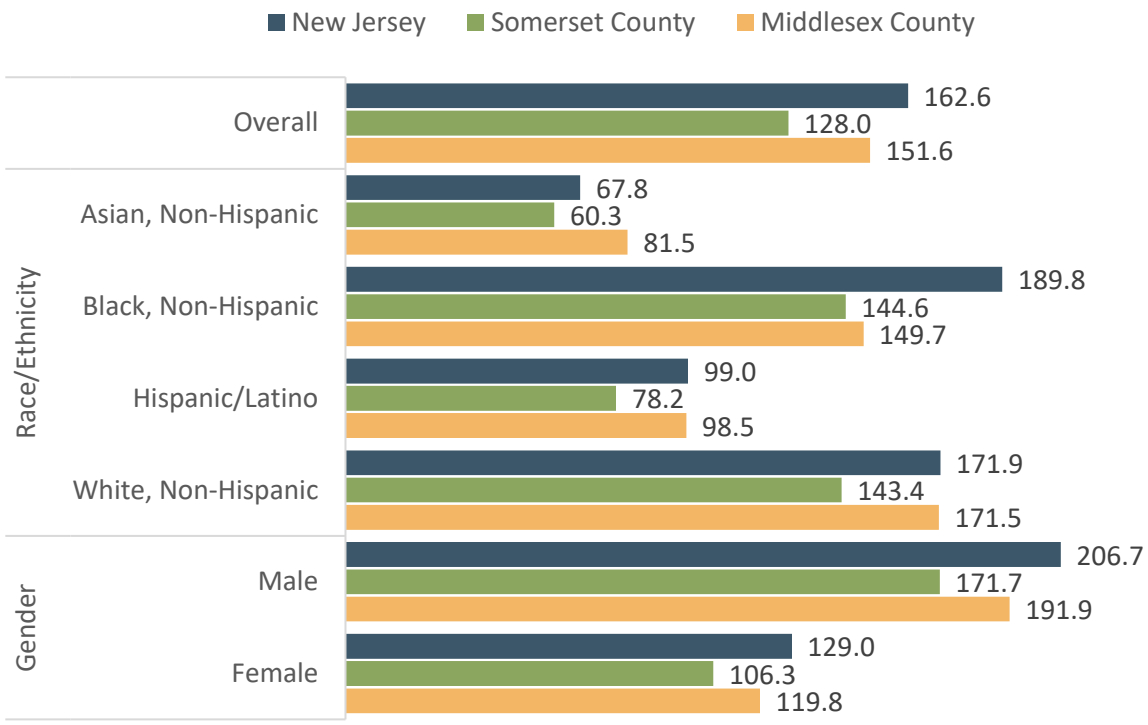
Figure 65. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population, by State and County, 2016-2019



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2019

Death certificate data is presented for rate of cardiovascular disease mortality per 100,000 in 2015-2019 overall and by race/ethnicity and gender. Across the state, the overall mortality per 100,000 was 162.6 and was highest among Black, Non-Hispanics (189.8 per 100,000) and White Non-Hispanics (171.9 per 100,000) and males (206.7 per 100,000) (Figure 66). At the county level, the overall mortality per 100,000 was 128.0 in Somerset County and was highest among Black, Non-Hispanics (144.6 per 100,000) and White, Non-Hispanics (143.4 per 100,000) and males (171.7 per 100,000).

Figure 66. Cardiovascular Disease Mortality per 100,000, by State and County, 2015-2019



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

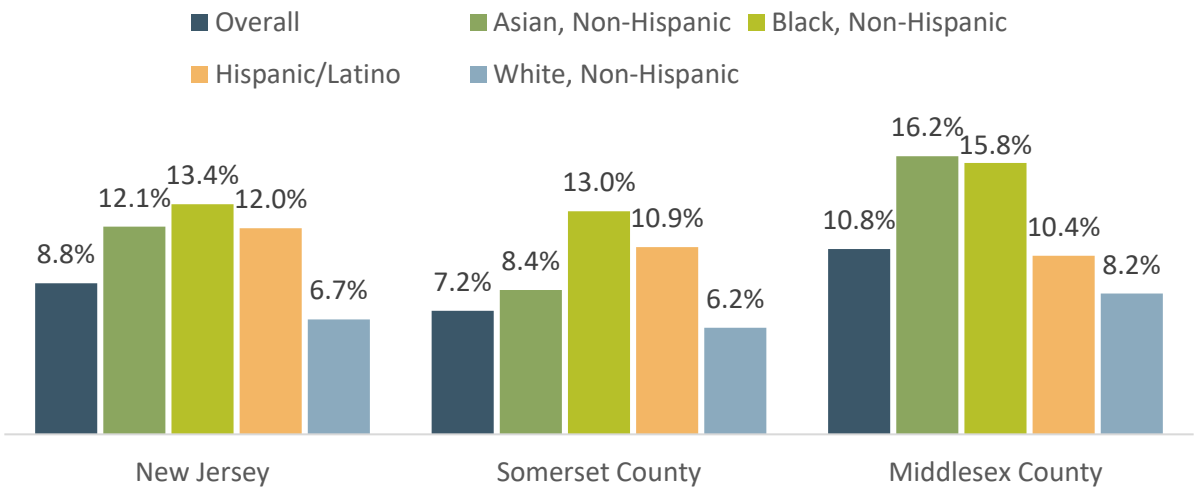
Diabetes

In focus groups and interviewees, diabetes was discussed as an issue of concern within the Black community, but Black focus group participants expressed concerned with the social and economic factors contributing to the disease—such as affordable healthy living and access to good healthcare—more than the condition itself. As one focus group participant stated, "*The pandemic showed how the Black community has struggled with health inequities and disparities. In this area, we are really consumed with it. Stroke, diabetes. I understand we are not receiving good healthcare, but we also need to make healthy lifestyles more affordable and attractive.*"

The following figure shows the percent of adults that reported a diagnosis of diabetes overall and by race/ethnicity in 2014 to 2018, the most recent that surveillance data is available. In New Jersey, 8.8% of adults reported a diabetes diagnosis. This percentage was highest among Black, Non-Hispanics (13.4%), followed by Asian, Non-Hispanics (12.1%), Hispanic/Latino (12.0%) and White, Non-Hispanics (6.7%) (Figure 67). At the county level, 7.2% of adults in Somerset County reported a diabetes diagnosis, with

the highest percentage among Black, Non-Hispanics (13.0%) and followed by Hispanic/Latino (10.9%), Asian, Non-Hispanics (8.4%), and White, Non-Hispanics (6.2%).

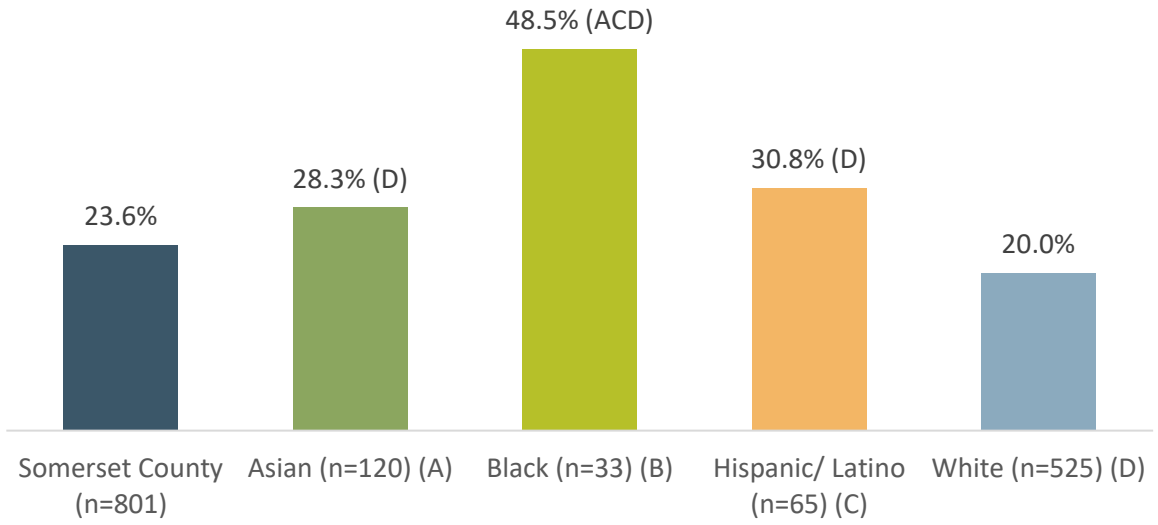
Figure 67. Percent Adults Reported to Have Been Diagnosed with Diabetes, by State and County, 2014-2018



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014-2018

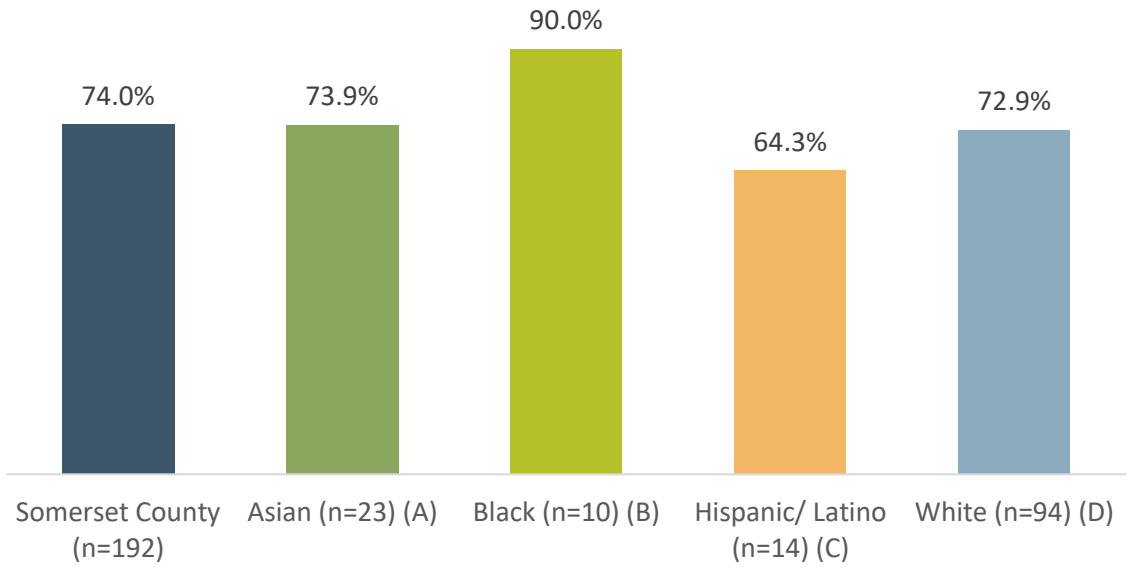
When asked about diabetes in the community survey fielded in spring/summer 2021, approximately one-quarter of Somerset County respondents indicated that they or a family member has ever been told by a health professional that they had diabetes (Figure 68). Asian residents had a significantly lower proportion of respondents indicating that they or a family member had been diagnosed with diabetes. Among those respondents who have been diagnosed or care for a family member who has been diagnosed, nearly eight in ten (80.4%) indicated that they were under care for diabetes (Figure 69).

Figure 68. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had Diabetes (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Figure 69. Percent of Community Survey Respondents Reporting Under Care for Diabetes, among Those Told They or a Family Member Has Diabetes (n=189), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

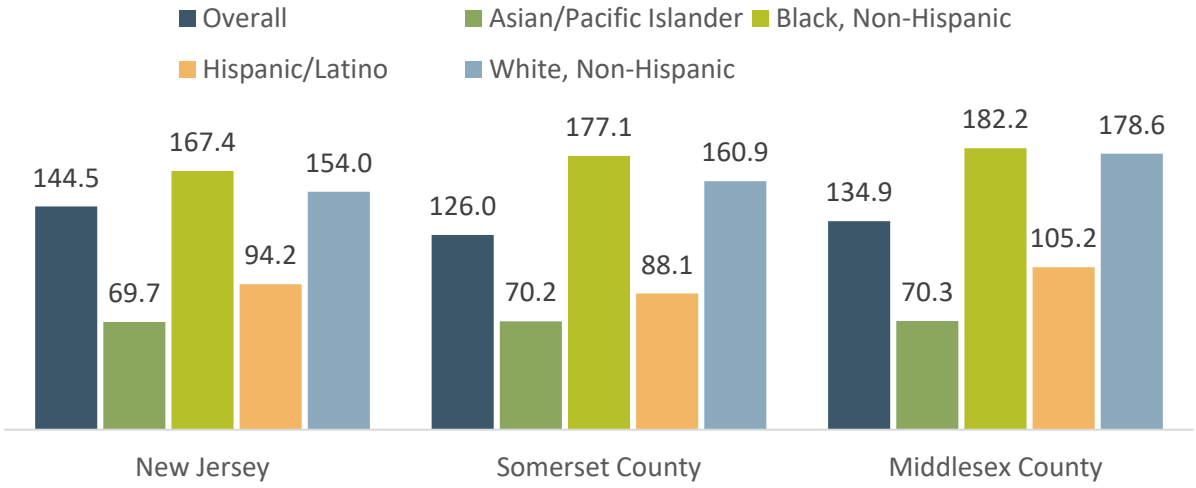
Cancer

While cancer is one of the leading causes of death in Somerset County, it was not discussed much during the focus groups or interviews, except for the group with Black women who were also cancer survivors. In this discussion, several participants mentioned concerns about health disparities in the Black community regarding cancer incidence, treatment, and mortality. One participant described, *"I was diagnosed with breast cancer 10 years ago and at the doctor's office, they had a map that showed the highest areas of incidence. Somerset was not highlighted on the map, but a lot of African American areas had the highest mortality rates, but it seems like we are diagnosed less. Our White counterparts are diagnosed more and die less."*

Several participants also mentioned historical mistrust between the medical community and Black people, particularly how it affects access to clinical trials. One participant highlighted how the healthcare and scientific research fields need to work with the Black community to address these inequities, *"We are also not represented in clinical trials- Black folks when offered say "no," but we are barely offered the opportunity. We need to get more involved in clinical trials. In healthcare, the community and scientists need to work together."*

Death certificate data is presented below for cancer mortality rates per 100,000 in 2015-2019 overall and by race/ethnicity. Across the state, the overall mortality per 100,000 was 144.5 and was highest among Black, Non-Hispanics (167.4 per 100,000) and White Non-Hispanics (154.0 per 100,000) (Figure 70). At the county level, the overall mortality per 100,000 was 126.0 in Somerset County and was highest among Black, Non-Hispanics (177.1 per 100,000) and White, Non-Hispanics (160.9 per 100,000). Appendix I. in the back of this report contains additional cancer data including incidence and mortality data and five-year trends for all cancers across New Jersey and Somerset and Middlesex Counties. There is an additional table of tumor registry data for RWJUH Somerset, and information on the patient origin of Somerset's outpatient and inpatient cancer treatment population.

Figure 70. Cancer Mortality Rate per 100,000 Population (Overall, Combined for Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by Race/Ethnicity, State, and County, 2015-2019

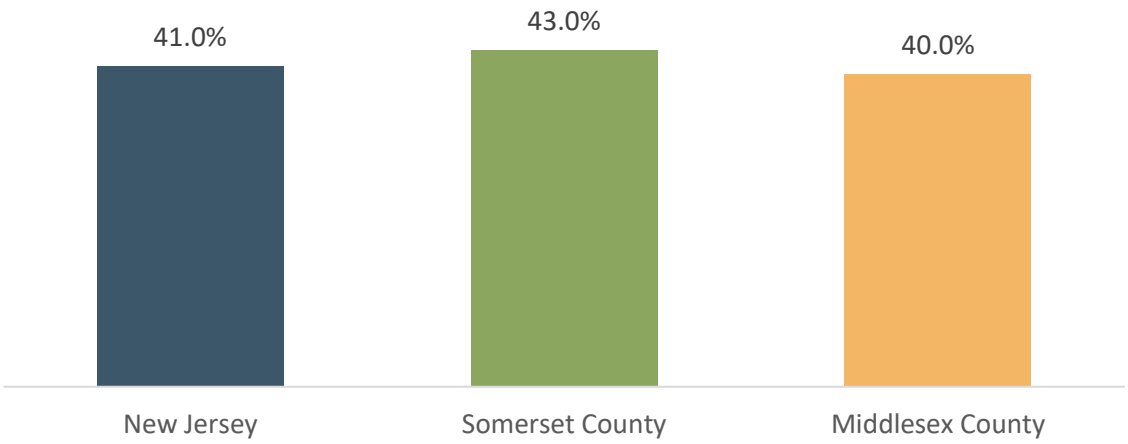


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

Breast Cancer

The following figure shows the percentage of female Medicare enrollees, ages 65-74, that received an annual mammography screening in 2018. At the state level, 41.0% of females Medicare enrollees in that age group had received an annual screening (Figure 71). In Somerset County, 43.0% of this group had received an annual screening.

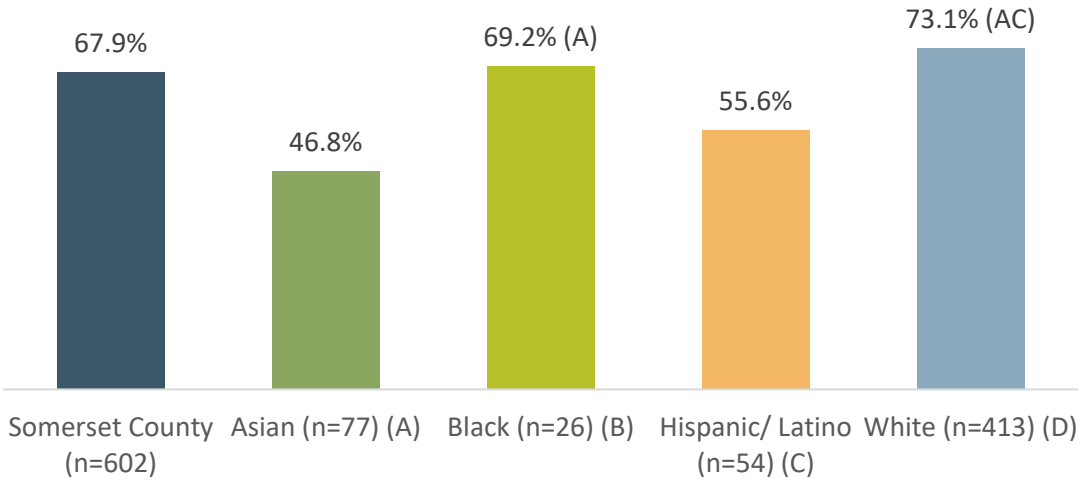
Figure 71. Female Medicare Enrollees Ages 65-74 that Received an Annual Mammography Screening, by State and County, 2018



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

The community survey in spring/summer 2021 also asked female survey respondents whether they had participated in a mammogram over the past two years (Figure 72). Approximately two-thirds (67.9%) reported that they had, but Asian female respondents were significantly less likely than White or Black female respondents to indicate that they had received a mammogram in the past two years.

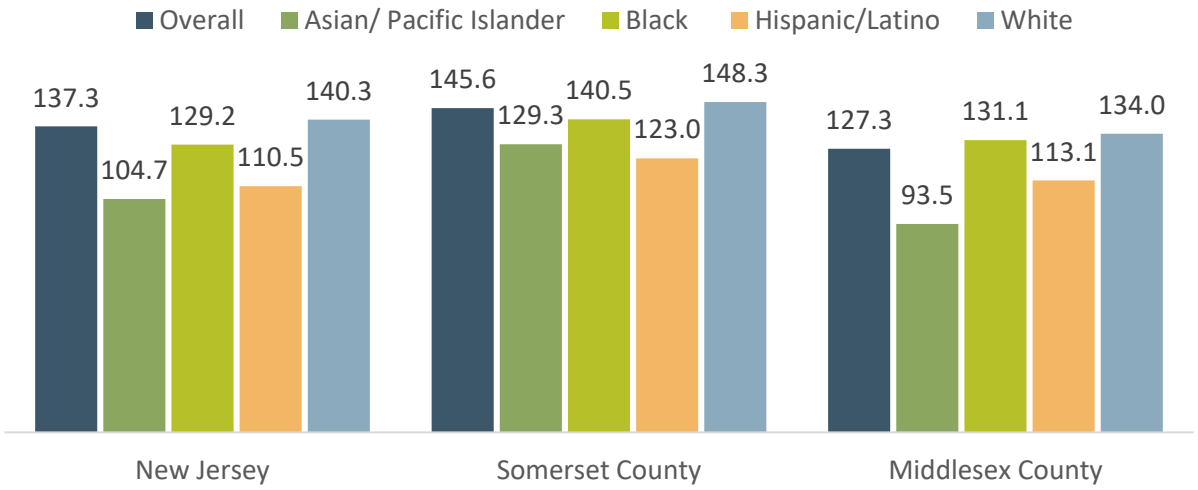
Figure 72. Percent of Female Community Survey Respondents Reporting that They Have Participated in a Mammogram in the Past Two Years (n=602), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Cancer registry data is presented for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2013-2017 across New Jersey and in 2014-2018 for Middlesex and Somerset County, overall and by race/ethnicity. Across the state, the overall age-adjusted incidence rate per 100,000 was 137.3 and was highest among the White population (140.3 per 100,000) and Black population (129.2 per 100,000) (Figure 73). At the county level, the overall incidence rate per 100,000 was 145.6 in Somerset County and was highest among the White population (148.3 per 100,000) and similar among the Black (140.5 per 100,000) populations. Rates were slightly higher among Asian/Pacific Islander (129.3 per 100,000) compared to Hispanic/Latino (123.2 per 100,000) populations.

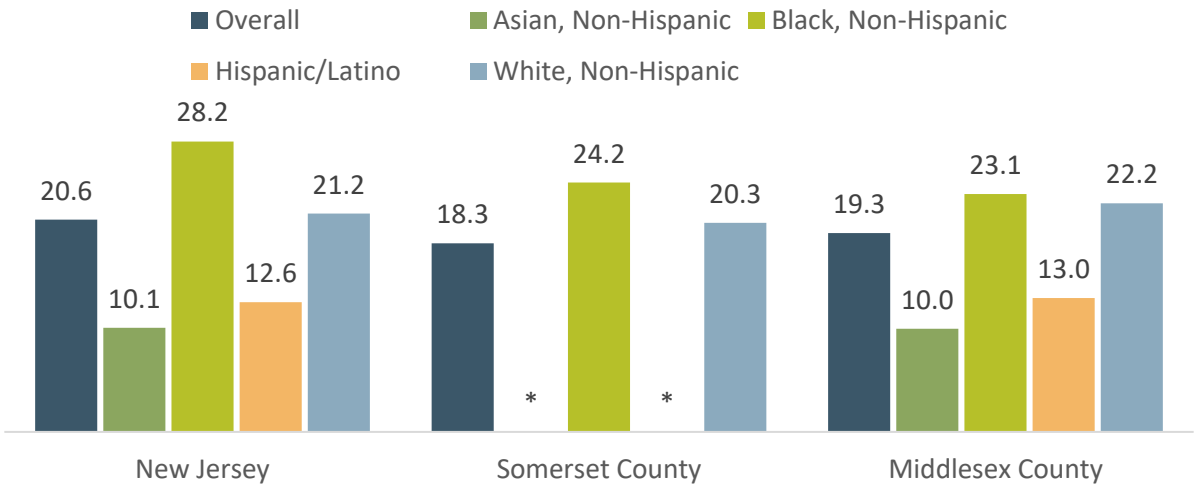
Figure 73. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by State and County, 2013-2018*



NOTE: *New Jersey incidence rates reflect values from 2013-2017. Hispanics/Latinos who also identify Asian, Black, or White are included in categories for New Jersey. For Somerset and Middlesex County, all racial groups include Hispanic residents, except White.
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018

Death certificate data is presented for rate of breast cancer mortality per 100,000 in 2015-2019 overall and by race/ethnicity. Across the state, the overall mortality per 100,000 was 20.6 and was highest among Black, Non-Hispanics (28.2 per 100,000) and White Non-Hispanics (21.2 per 100,000) (Figure 74). At the county level, the overall mortality per 100,000 was 18.3 in Somerset County and was highest among Black, Non-Hispanics (24.2 per 100,000), followed by White, Non-Hispanics (20.3 per 100,000). The mortality rates for Asian, Non-Hispanics and Hispanic/Latino were not presented for Somerset County due to small numbers.

Figure 74. Breast Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

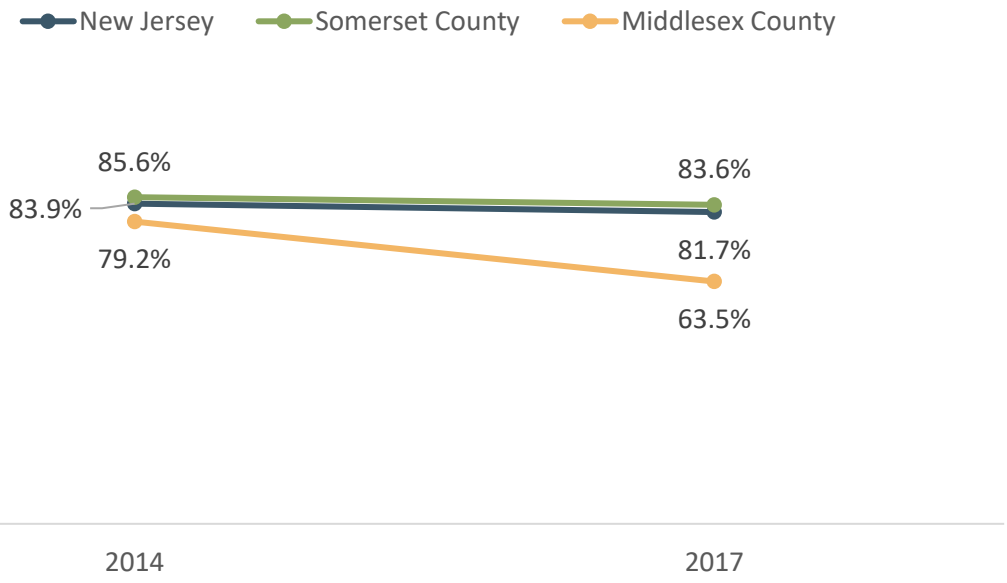


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: * indicates data not available.

Cervical Cancer

Data are presented on the percentage of females, ages 21-65, that reported having had a pap test in the past three years in 2014 and 2017. At the state level, 83.9% of females in that age group reported having had a pap test in the past three years in 2014 and 81.7% in 2017 (Figure 75). In Somerset County, 85.6% of this group reported having a pap test in the past three years in 2014 and 83.6% in 2017.

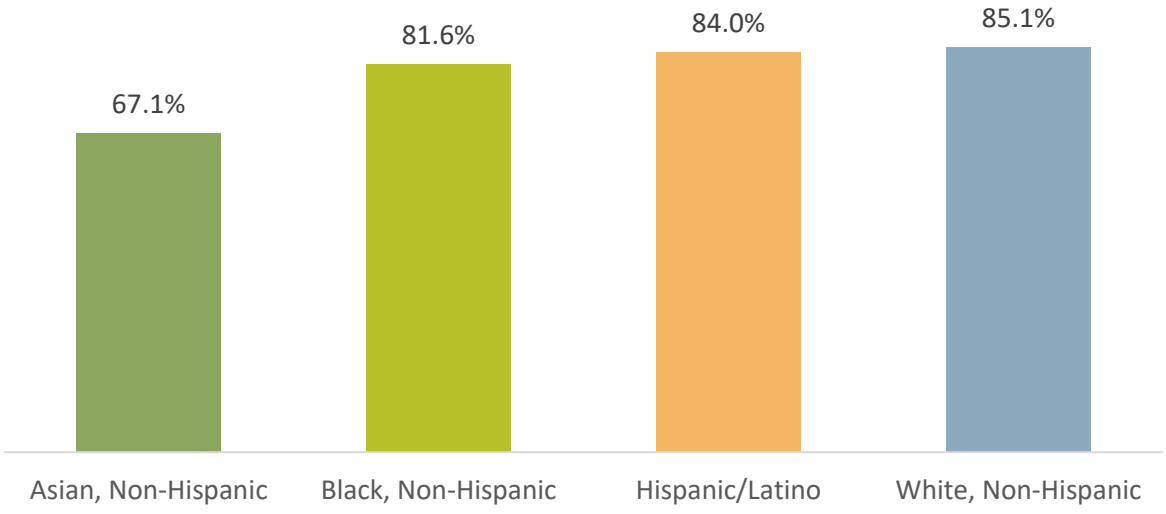
Figure 75. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by State and County, 2014 and 2017



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2017

Data are also presented at the state level on the percentage of females, ages 21-65, that reported having had a pap test in the past three years in 2017 by race/ethnicity. In New Jersey, 85.1% of White, Non-Hispanics, 84.0% of Hispanics, 81.6% of Black, Non-Hispanics, or 67.1% of Asian, Non-Hispanics reported having a pap test in the past three years in 2017 (Figure 76).

Figure 76. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years by Race/Ethnicity, by State, 2017

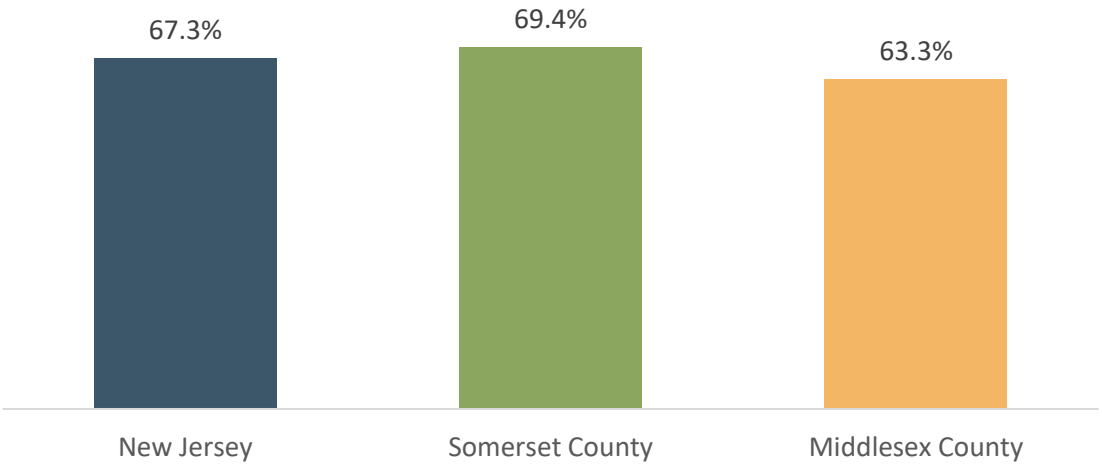


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017

Colorectal Cancer

The following figure presents 2018 surveillance data on the percentage of adults aged 50 to 75 who are current in their colorectal cancer screenings. At the state level, 67.3% of adults in that age group reported having had a colorectal cancer screening (Figure 77). In Somerset County, 69.4% of this group reported having a screening.

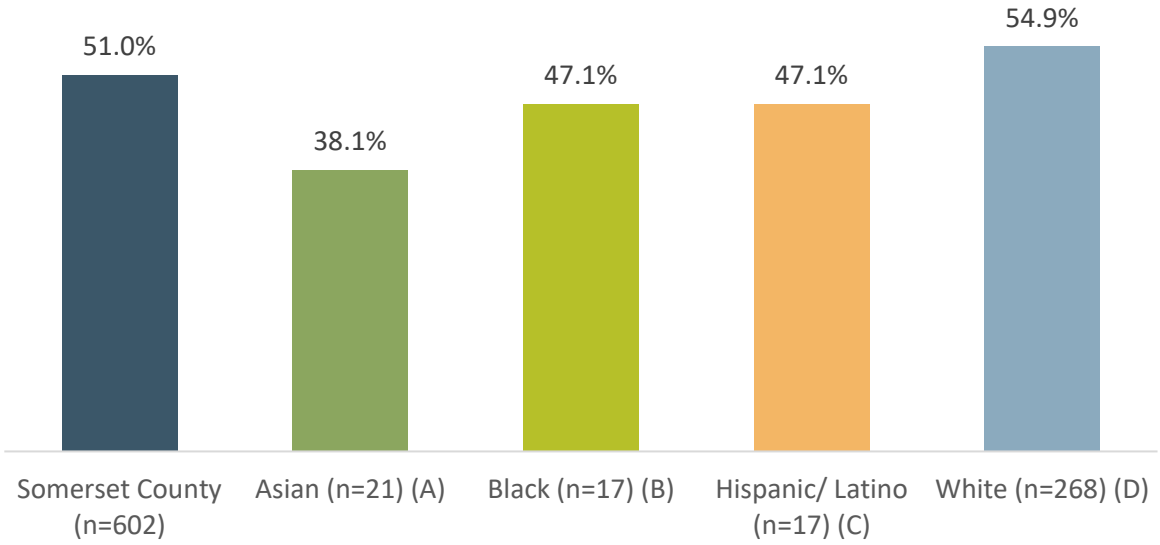
Figure 77. Percent with Current* Colorectal Cancer Screening (Adults aged 50-75), by State and County, 2018



*Note: An individual is considered current if they have had a take-home fecal immunochemical test (FIT) or high-sensitivity fecal occult blood test (FOBT) within the past year, and/or a flexible sigmoidoscopy within the past 5 years with a take-home FIT/FOBT within the past 3 years, and/or a colonoscopy within the past ten years
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018

The community survey fielded in spring/summer 2021 asked Somerset County residents about their colorectal screening participation. Among respondents ages 50 years old and older, 51% indicated that they had a received a colon cancer screening in the past two years (Figure 78).

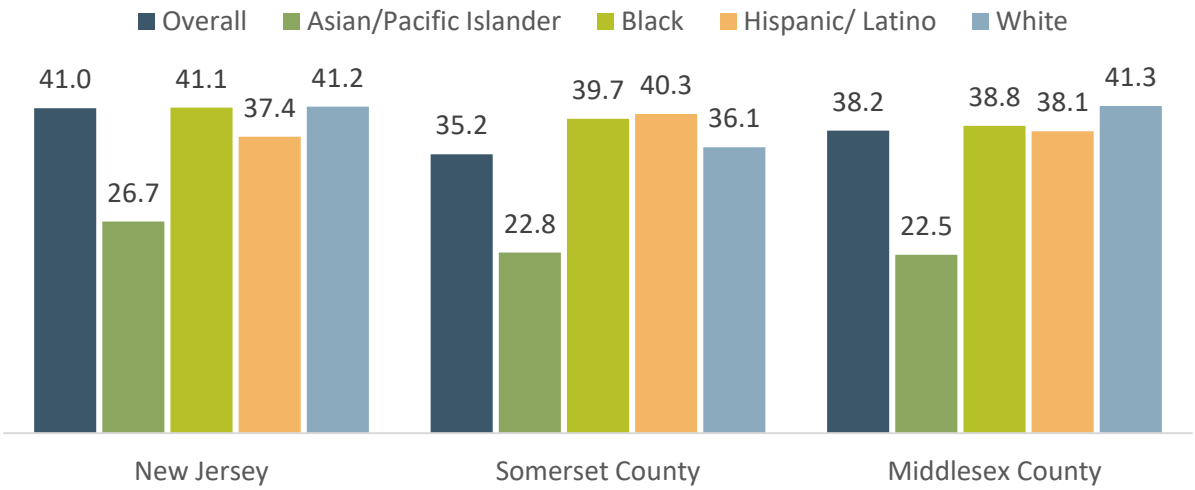
Figure 78. Percent of Community Survey Respondents (ages 50+) Reporting that They Have Participated in a Colon Cancer Screening in the Past Two Years (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Cancer registry data is presented for the age-adjusted incidence rate of colorectal cancer per 100,000 population in 2013-2017 across New Jersey and in 2014-2018 for Middlesex and Somerset County, overall and by race/ethnicity. Across the state, the overall age-adjusted incidence rate per 100,000 was 41.0 and was highest among the White (41.2 per 100,000) and Black (41.1 per 100,000 populations (Figure 79) populations. At the county level, the overall incidence rate per 100,000 was 35.2 in Somerset County and was highest among the Hispanic/Latino population (40.3 per 100,000) and similar among the Black (39.7 per 100,000) and White (36.1 per 100,000) populations.

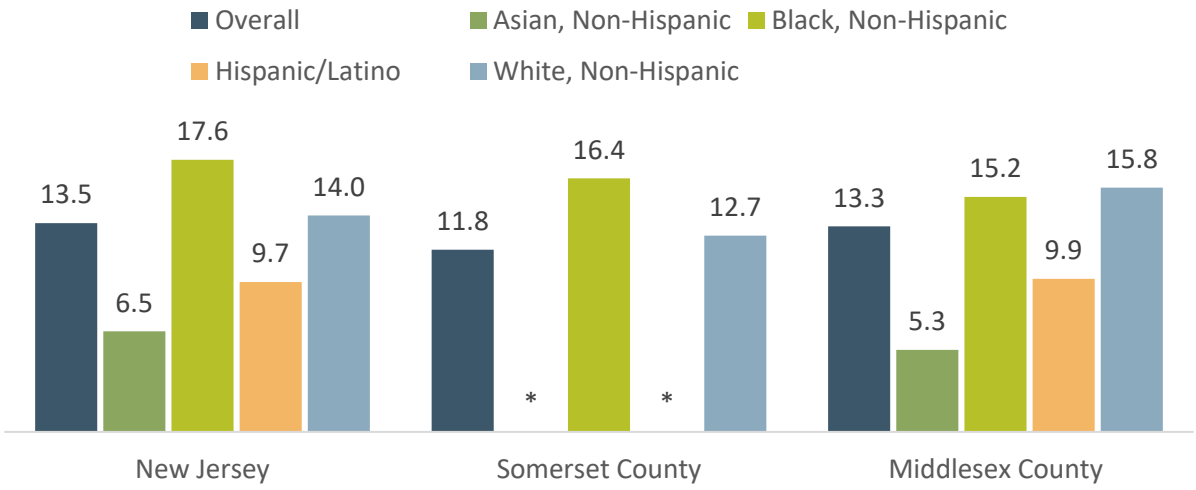
Figure 79. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2013- 2018*



NOTE: *New Jersey incidence rates reflect values from 2013-2017. Hispanics/Latinos who also identify Asian, Black, or White are included in categories for New Jersey. For Somerset and Middlesex County, all racial groups include Hispanic residents, except White.
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018

Death certificate data is presented for rate of colorectal cancer mortality per 100,000 in 2015-2019 overall and by race/ethnicity. Across the state, the overall mortality rate per 100,000 was 13.5 and was highest among Black, Non-Hispanics (17.6 per 100,000) and White Non-Hispanics (14.0 per 100,000) (Figure 80). At the county level, the overall mortality per 100,000 was 11.8 in Somerset County and was highest among Black, Non-Hispanics (16.4 per 100,000), followed by White, Non-Hispanics (12.7 per 100,000). The mortality rates for Asian, Non-Hispanics and Hispanic/Latino were not presented for Somerset County due to small numbers.

Figure 80. Colorectal Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

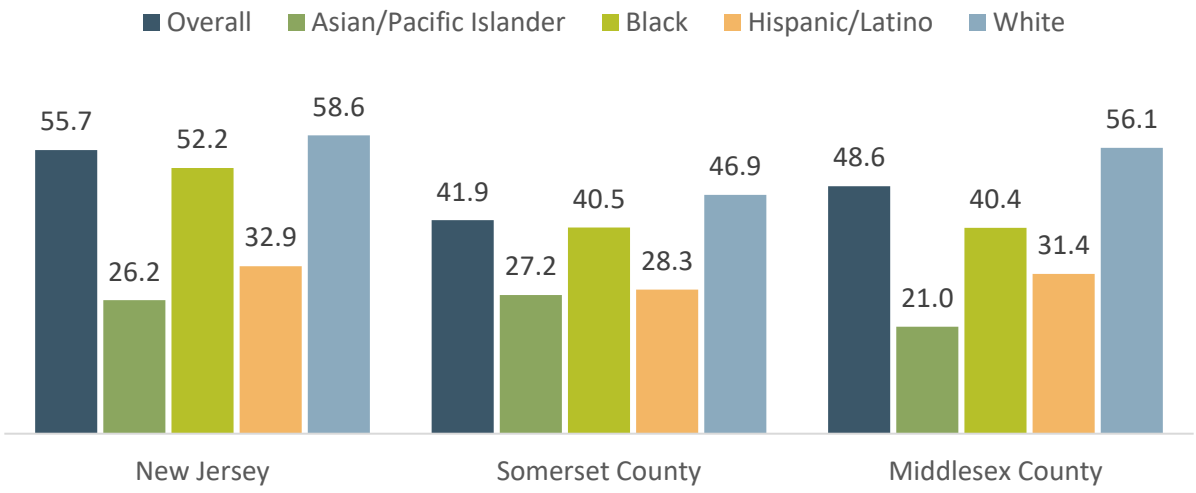


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: * indicates data not available.

Lung Cancer

Cancer registry data is presented for the age-adjusted incidence rate of lung cancer per 100,000 population in 2013-2017 across New Jersey and in 2014-2018 for Middlesex and Somerset County, overall and by race/ethnicity. Across the state, the overall age-adjusted incidence rate per 100,000 was 55.7 and was highest among the White (58.6 per 100,000) and Black (52.2 per 100,000) populations (Figure 81). At the county level, the overall incidence rate per 100,000 was 41.9 in Somerset County and was highest among the White (46.9 per 100,000) and Black (40.5 per 100,000) populations.

Figure 81. Age-Adjusted Lung Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2013-2018*

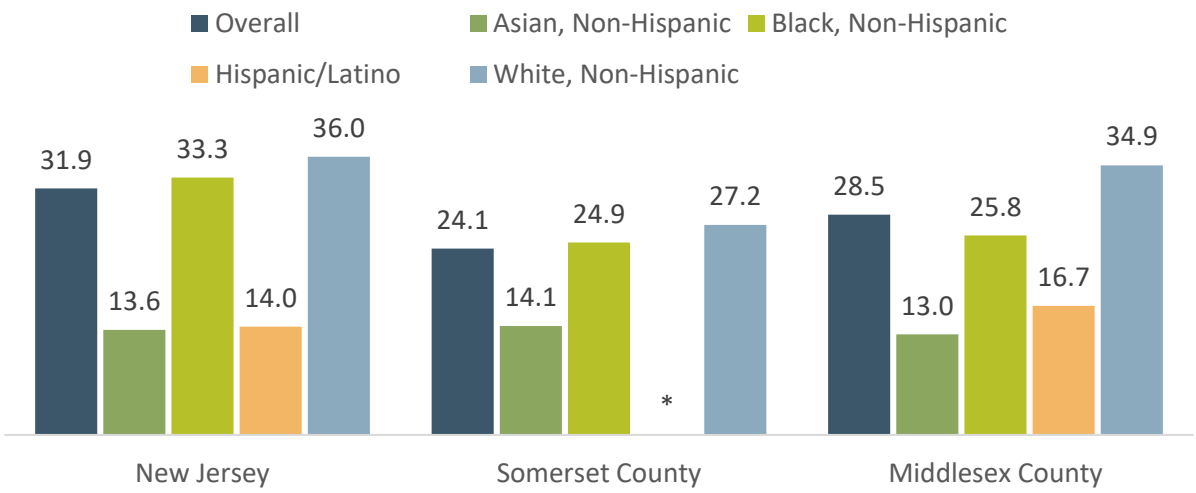


NOTE: *New Jersey incidence rates reflect values from 2013-2017. Hispanics/Latinos who also identify Asian, Black, or White are included in categories for New Jersey. For Somerset and Middlesex County, all racial groups include Hispanic residents, except White.

DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018

Death certificate data is presented for rate of lung cancer mortality per 100,000 in 2015-2019 overall and by race/ethnicity. Across the state, the overall mortality rate per 100,000 was 31.9 and was highest among White, Non-Hispanics (36.0 per 100,000) and Black, Non-Hispanics (33.3 per 100,000) (Figure 82). At the county level, the overall mortality per 100,000 was 24.1 in Somerset County and was highest among White, Non-Hispanics (27.2 per 100,000), followed by Black, Non-Hispanics (24.9 per 100,000). The mortality rates for Hispanic/Latino were not presented for Somerset County due to small numbers.

Figure 82. Lung Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

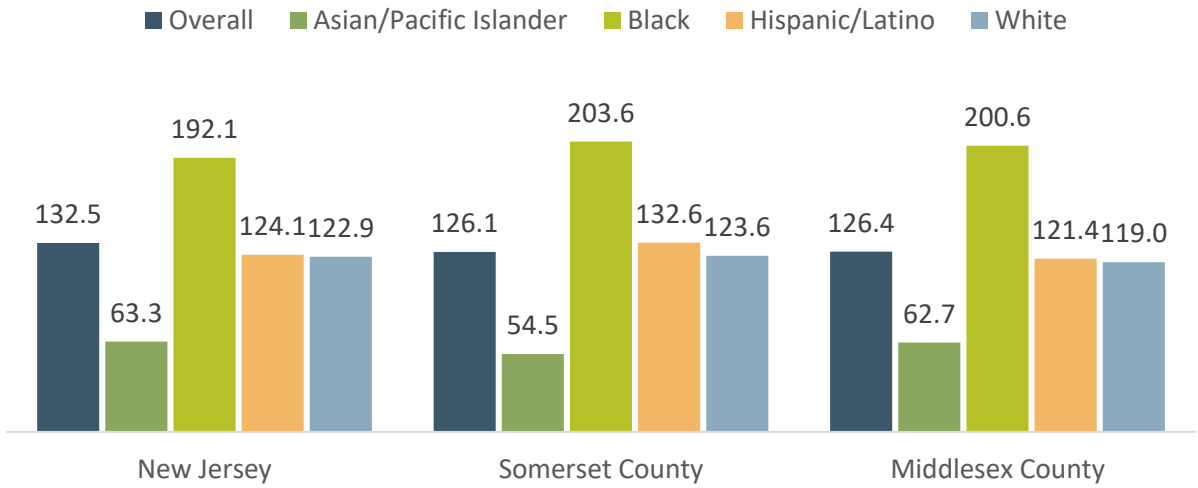


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: * indicates data not available.

Prostate Cancer

Cancer registry data is presented for the age-adjusted incidence rate of prostate cancer per 100,000 population in 2013-2017 across New Jersey and in 2014-2018 for Middlesex and Somerset County, overall and by race/ethnicity. Across the state, the overall age-adjusted incidence rate was 132.5 and was 192.1 per 100,000 in the Black population (Figure 83). At the state level, incidence rates were similar among Hispanic/Latino (124.1 per 100,000) and White (122.9 per 100,000) populations. At the county level, the overall age-adjusted incidence rate was 126.1 in Somerset County and was highest among Black residents (203.6 per 100,000), followed by Hispanic/Latino (132.6 per 100,000) and White (123.6 per 100,000) populations.

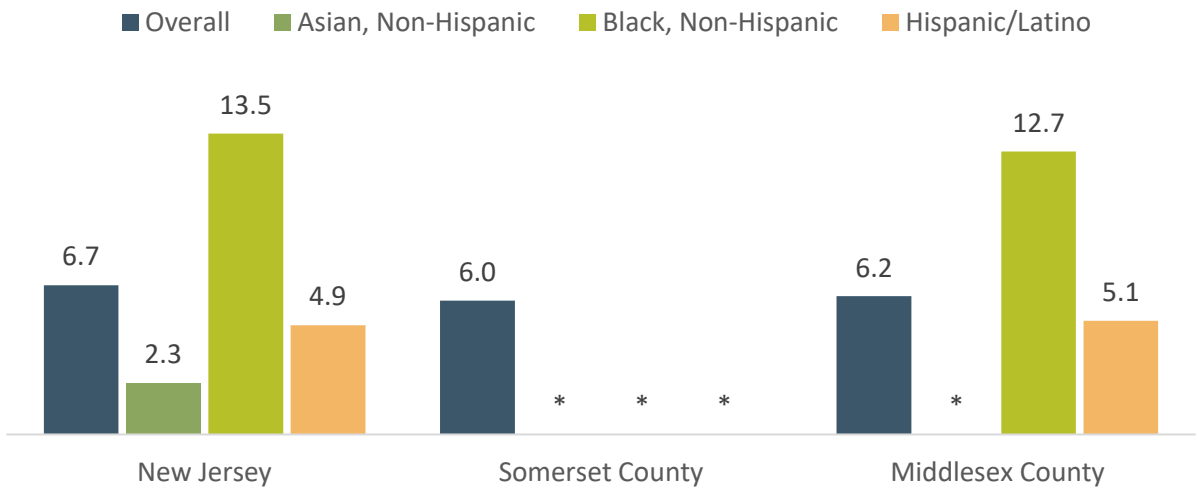
Figure 83. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by State and County, 2013-2018*



NOTE: *New Jersey incidence rates reflect values from 2013-2017. Hispanics/Latinos who also identify Asian, Black, or White are included in categories for New Jersey. For Somerset and Middlesex County, all racial groups include Hispanic residents, except White.
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018

Death certificate data is presented for rate of prostate cancer mortality per 100,000 in 2015-2019 overall and by race/ethnicity. Across the state, the overall mortality rate per 100,000 was 6.7 and was highest among Black, Non-Hispanics (13.5 per 100,000) and Hispanics/Latinos (4.9 per 100,000) (Figure 84). At the county level, the overall mortality rate per 100,000 was 6.0 in Somerset County. Data was not presented by race/ethnicity for Somerset County due to small numbers.

Figure 84. Prostate Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

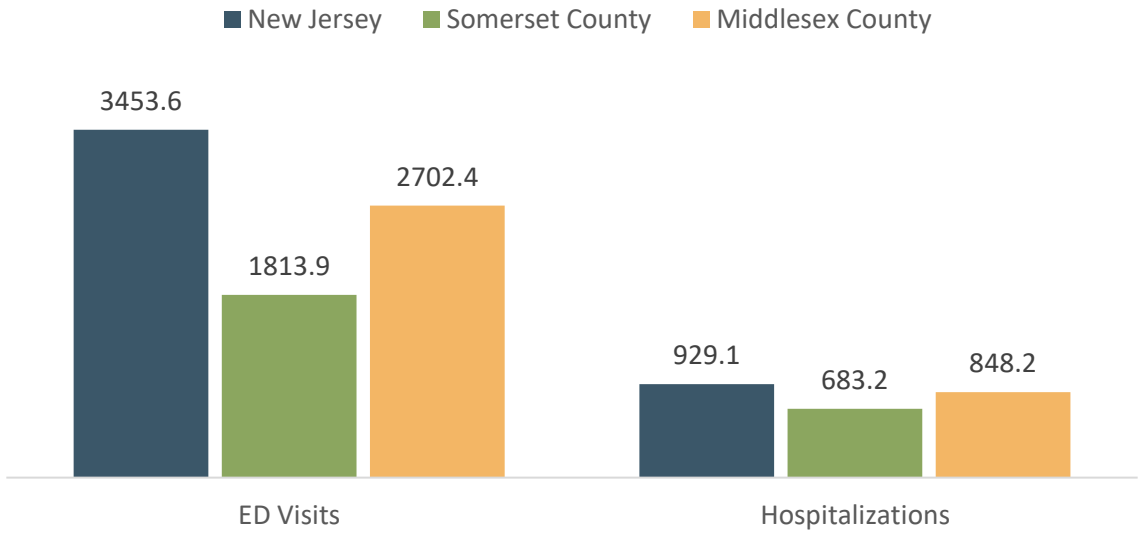


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: * indicates data not available.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. It is one of the main diseases in the grouping of chronic lower respiratory disease (CLRD), the fifth leading cause of death in Somerset County in 2019. Data are presented on the rate of emergency department (ED) visits and hospitalizations for chronic obstructive pulmonary disease (COPD) per 100,000 population at the state and county level from 2016-2019. The state overall had a rate of 3,453.6 ED visits and 929.1 hospitalizations per 100,000 population (Figure 85). Somerset County had a rate of 1813.9 ED visits and 683.2 hospitalizations per 100,000 population.

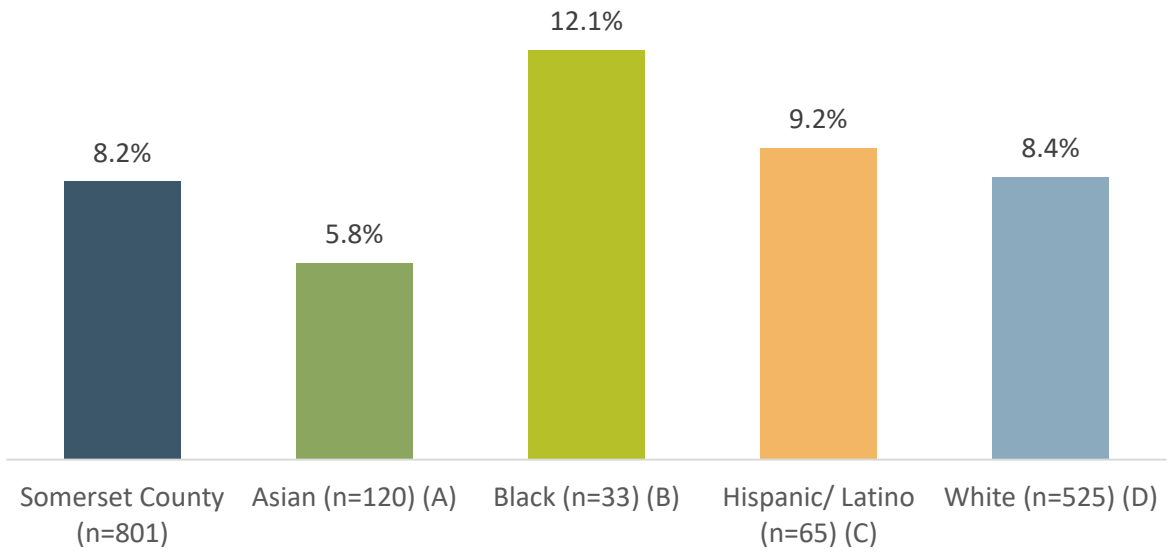
Figure 85. ED Visits and Hospitalizations due to COPD per 100,000, by State and County, 2016-2019



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2019

Among community survey respondents in spring/summer 2021, 8.2% indicated that they or a family member had ever been told by a health professional that they had a lung disease (Figure 86).

Figure 86. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had a Lung Disease (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Disability

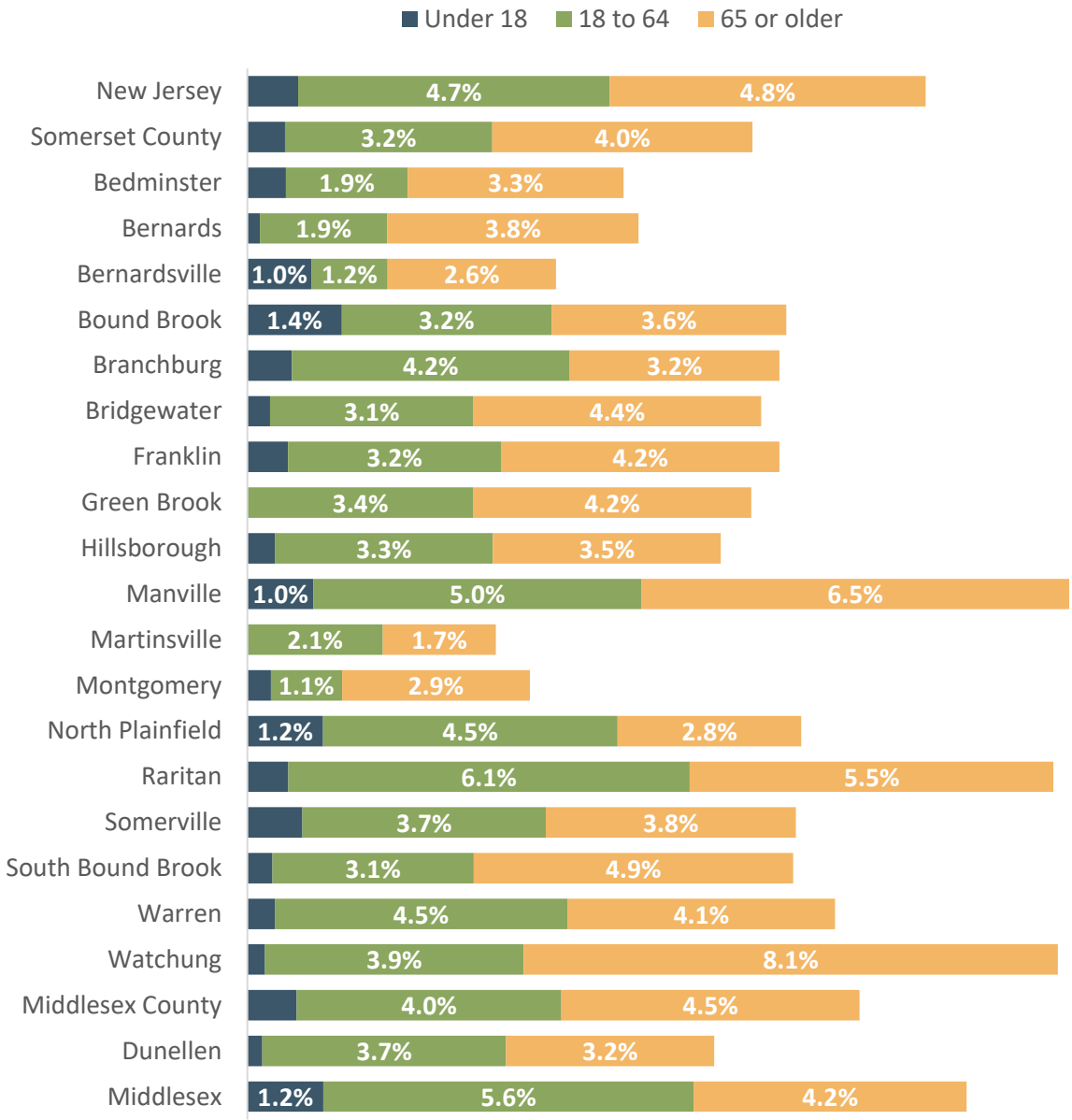
During the qualitative data collection process, a few interviewees discussed the needs of residents with disabilities. One interviewee who works with residents with disabilities stated that Somerset County had limited funding to support these residents compared to other states. In New Jersey, the Divisions of Developmental Disabilities (DDD) and Disability Services' (DDS) provide support for individuals until they turn 21, and after individuals reach age 60, they can access resources from the Office of Aging and Disability. One social service provider expressed that there are supportive services and funding to help people with disabilities work, pursue post-secondary education, and volunteer. A few interviewees discussed that people with disabilities have challenges affording and accessing transportation. With navigating the public transportation system already being difficult for many residents, it is even more challenging for those with disabilities.

> *"One child I work with, he is 21 years old, he has to work for DVR in Somerset to get disability benefits, but both parents work, so how does he get to be able to continue his education? Just because he has a disability, doesn't mean he doesn't want to continue his education, but how can he navigate public transportation without help? Luckily I can help him."*- Key informant interviewee

Data around the civilian noninstitutionalized population by age show that almost five percent of both people 18-64-year-olds (4.7%) and people 65 or older (4.8%) had a disability in New Jersey (Figure 87). Under one percent of the state population under 18 had a disability. At the county level, 3.2% of 18- to 64-year-olds had a disability in Somerset County and 4.0% of the 65 and older population. Again, under one percent of the county's population under 18 had a disability. At the town level, among 18- to 64-

year-olds, Manville and Raritan each had five percent or greater of their population with a disability (5.0% and 6.1% respectively). Among those 65 and older, Manville, Raritan, and Watchung each had over five percent of their population with a disability (6.5%, 5.5%, and 8.1% respectively). Among those under 18, Bound Brook had the highest percentage of those with a disability at 1.4%.

Figure 87. Civilian Noninstitutionalized Population with a Disability, by Age, State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: Values <1.0% not presented.

Behavioral Health: Mental Health & Substance Use

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the field, mental health and substance use are typically discussed under the larger framework of behavioral health.

Mental Health

Mental health was identified as a significant community health concern—as it was in previous CHNAs. The topic of mental health arose in almost all conversations conducted for this CHNA. Interviewees and focus group members noted that while mental health has been a longstanding health concern, the COVID-19 pandemic has made the issue more pressing. Job loss and economic pressures, virtual schooling, social isolation, and the uncertainty associated with the pandemic were all cited as contributors to increased stress, depression, and trauma among Somerset's residents. At the same time, some pointed out, social media, political polarization, and mistrust have also taken a toll on individual and collective psyches. Among community survey respondents, mental health was the top community health issue with 39.1% of respondents identifying it as an area of concern, as noted previously in the Perceptions of Community Health section.

> *"Socialization makes it easier; we have to socialize. The loneliness of the pandemic [among seniors] can be a huge thing." –Focus group participant*

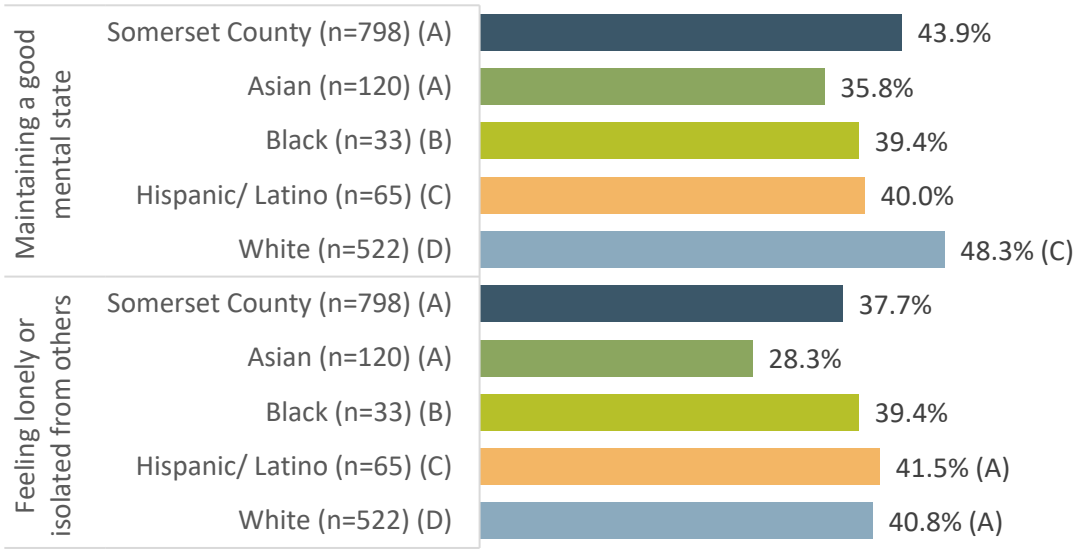
Mental Health and COVID-19 Pandemic

While mental health issues affected people of all ages, races, and genders, mental health for seniors, parents and youth, LGBTQ persons, Latino residents, and low-income adults were highlighted in the qualitative discussions. Latino residents in the focus groups who were parents stated they are experiencing anxiety and stress; they shared stories about the challenges of losing their businesses, paying the rent, feeding their families, and worrying about how their children are coping. Senior focus group participants and interviewees who work with seniors talked about isolation and loneliness among older residents, which was harder during the pandemic when senior centers and other social outlets closed down. One social service provider shared that depression, stress, and suicide ideation is high among transgender and LGBTQ residents.

Those working in the social sector talked about the mental health of their staff who have faced tremendous pressure over the past months. As an interviewee from public health described, *"We were able to step up and do what was required, but it came with consequences for our staff's mental health."* An interviewee from the social services sector shared a similar view saying, *"I watch for selfcare, and how my staff is doing. We have to be more mindful of that even than before, because we got the stuffing beat out of us too. And I want to make sure that we're okay."*

Reiterating the impact of the pandemic on mental health, 43.9% of survey respondents reported that they or someone in their family has personally experienced difficulty with maintaining a good mental state, while 37.7% reported feeling lonely or isolated from others since COVID-19 began (Figure 88).

Figure 88. Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues since COVID-19 Started (n=798), 2021

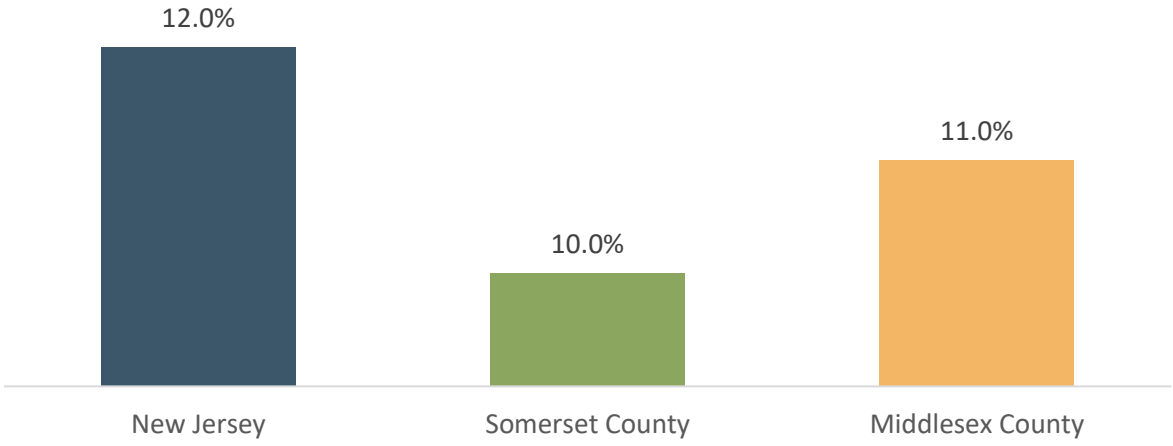


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Mental Health Incidence, Hospitalization, and Mortality

When examining surveillance data on mental health from prior to the COVID-19 pandemic, a tenth of adults in Somerset County reported 14 or more days of poor mental health in past month (10.0%) (Figure 89).

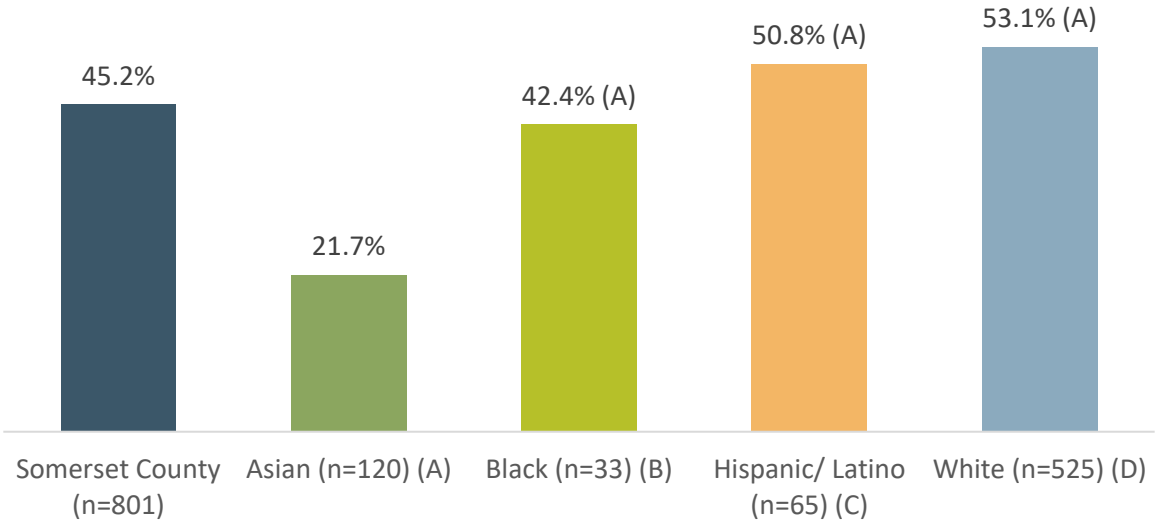
Figure 89. Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month, by State and County, 2017



DATA SOURCE: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017

In the Somerset County community survey fielded in spring/summer 2021, 45.2% of community survey respondents indicated that they or a family member has ever been told by a health professional that they had depression or anxiety (Figure 90).

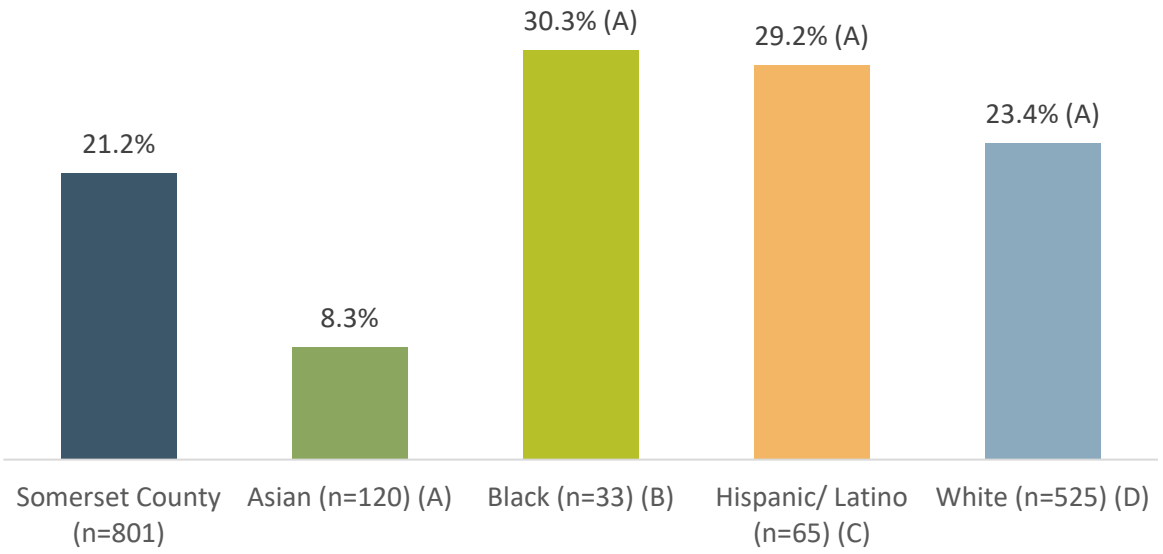
Figure 90. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had Depression or Anxiety (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

When asked about mental health counseling, 21.2% of Somerset County community survey respondents from this spring/summer 2021 reported that they had participated in mental health counseling in some form over the past two years (Figure 91). Asian respondents were significantly less likely to report participating in any mental health counseling, with only 8.3% indicating this. Approximately 30% of Black and Latino respondents and one-quarter of White respondents had participated in some form of mental health counseling over the past two years.

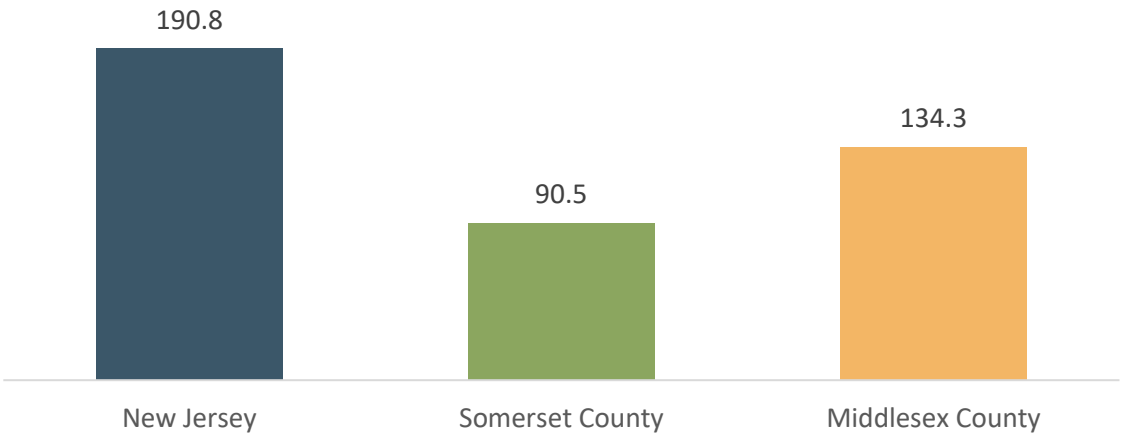
Figure 91. Percent of Community Survey Respondents Reporting Having Participated in Any Form of Mental Health Counseling in the Past Two Years (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Data on mental health admission specific to the RWJB system can be found in the Appendix H. Mental health surveillance data from New Jersey Department of Health can be found in this section. The 2018 data indicate that Somerset County had a rate of 90.5 emergency department (ED) visits due to mental health per 100,000 population, which was a smaller than the rate statewide (Figure 92).

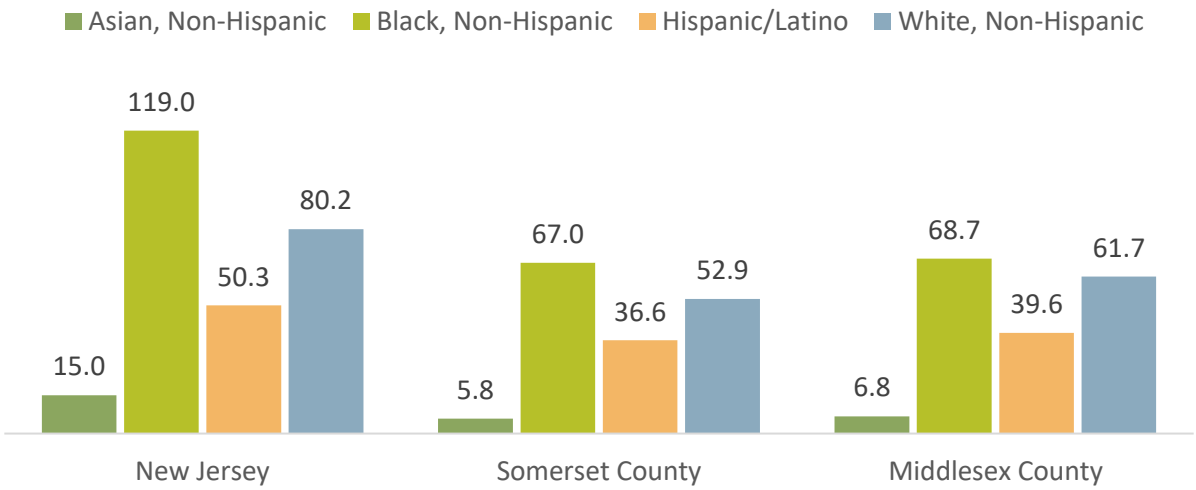
Figure 92. ED Visits due to Mental Health per 100,000, by State and County, 2018



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2018

Data are presented on the rate of hospitalizations due to mental health per 100,000 population by race/ethnicity in 2018. The state rate was highest among Black, Non-Hispanics (119.0 per 100,000), followed by White, Non-Hispanics (80.2 per 100,000), Hispanic/Latino (50.3 per 100,000), and Asian, Non-Hispanics (15.0 per 100,000) (Figure 93). At the county level, the Somerset County rate was highest among Black, Non-Hispanics (67.0 per 100,000), followed by White, Non-Hispanics (52.9 per 100,000), Hispanic/Latino (36.6 per 100,000), and Asian, Non-Hispanics (5.8 per 100,000).

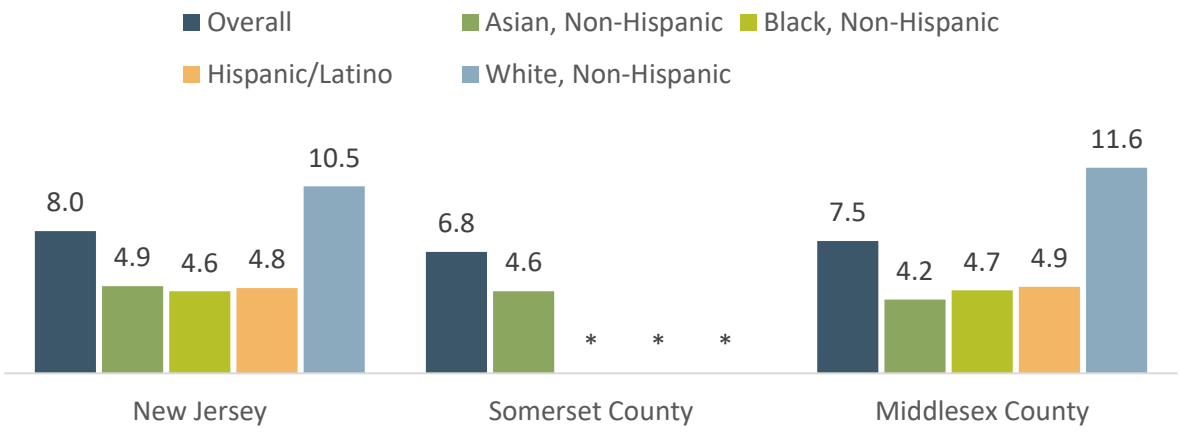
Figure 93. Hospitalizations due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2018



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2018

Data from 2015-2019 (aggregated across multiple years due to small numbers) indicate that Somerset County's suicide rate was 6.8 per 100,000 population. Data by race/ethnicity was unavailable for the most part. This overall rate was slightly lower than that seen in Middlesex County and New Jersey overall (Figure 94).

Figure 94.Suicide Rate per 100,000 Population (Age-Adjusted), by State and County, 2015-2019



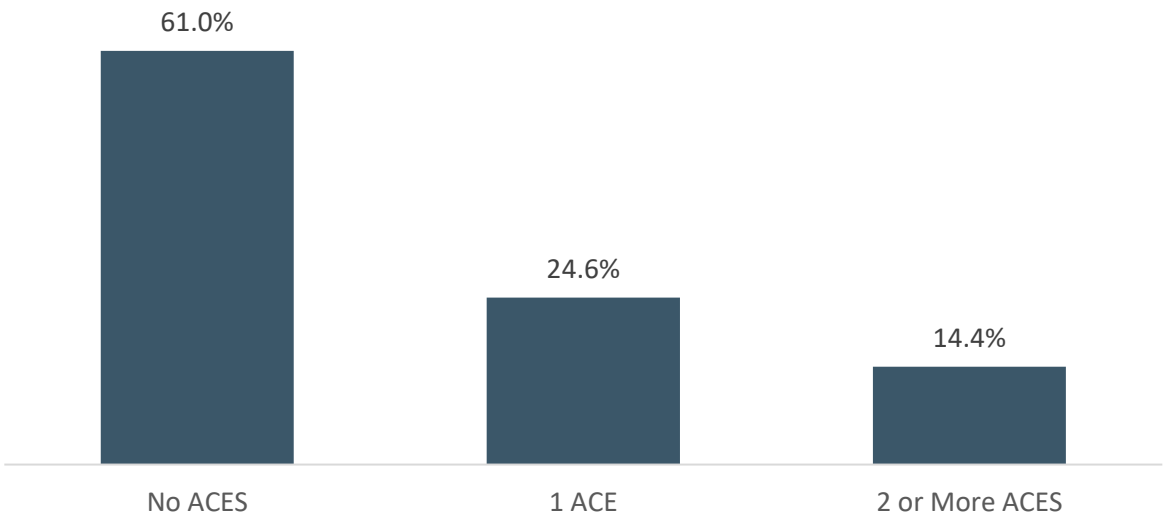
DATA SOURCE: National Center for Health Statistics, Mortality Files as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015-2019
NOTE: * indicates data not available.

Youth Mental Health

Focus group participants and interviewees voiced great concern about the mental health of Somerset County's children and adolescents. Parents stated that lack of social interaction and the return to in-person school this year has been challenging for their children. Public health interviewees reported rising rates of depression and suicide ideation among teens, especially since the pandemic. School nurses worried about students, particularly those at risk, who have "fallen through the cracks" during the past eighteen months. As one stated, *"They're stuck in this awful rut and the pandemic made it worse because they're not doing anything. They were already at risk, and the pandemic happened, so how do we get them out [of that rut] in the next couple years?"*

Adverse childhood experiences (ACEs) such as experiencing abuse, witnessing community violence, and mental illness in the home are a significant risk factor for mental health and other health issues. Data from The Child and Adolescent Health Measurement Initiative found that over a third of children in the state of New Jersey reported experiencing at least one adverse childhood experience (Figure 95). Specific ACEs include (but are not limited to): parent/guardian divorced or separated, lived with someone with alcohol/drug problem, parent/guardian served jail time, lived with someone who was mentally ill, saw or heard parent or community violence, etc. County-specific data were not available.

Figure 95. Percent of Children with Adverse Childhood Experiences (ACEs), New Jersey, 2019



DATA SOURCE: Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, National Survey of Children's Health Interactive Data Query, 2019

In 2021, Communities in Crisis conducted a study to understand perceptions on youth mental health and substance use among parents and educators in Somerset Hills. Among the 302 parents surveyed in this study, the majority had moderate or great concern about their child's stress and anxiety. However, parents of 19- to 22-year-olds expressed great concern most often, followed by parents of 14- to 16-year-olds (Table 14).

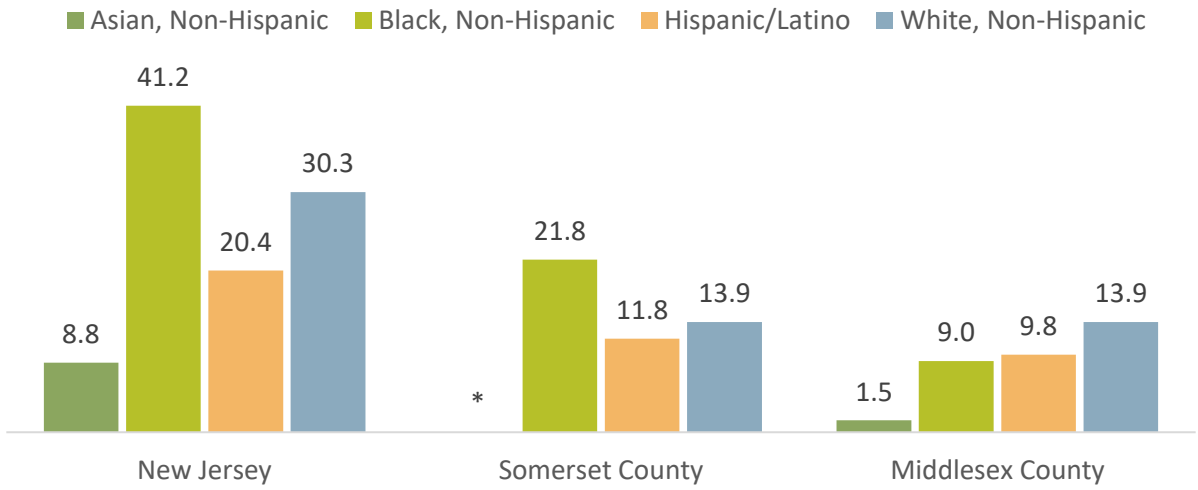
Table 14. Percent of Parents Concerned about their Child's Anxiety and Stress by the Age of the Child in Somerset Hills, 2021

	Parents of 11-13 years olds	Parents of 14-16 year olds	Parents of 17-18 year olds	Parents of 19-22 year olds
Great concern	21%	31%	18%	40%
Moderate concern	36%	29%	27%	17%
Slight concern	36%	27%	32%	25%
No concern	7%	14%	23%	17%

DATA SOURCE: Community in Conversation Community Assessment: 2021 Findings, Community in Crisis.

Figure 96 presents 2018 data on the rate of pediatric hospitalizations for youth 19 and under due to mental health per 100,000 population by race/ethnicity. The Somerset County rate was highest among Black, Non-Hispanics (21.8 per 100,000), followed by White, Non-Hispanics (13.9 per 100,000), and Hispanic/Latino (11.8 per 100,000).

Figure 96. Pediatric Hospitalizations (Ages 19 and under) due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2018



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2018

Mental Health Services

Focus group members and interviewees reported that finding mental health services in Somerset County can be challenging, especially for residents unable to pay out of pocket for these services. As one focus group member shared, "*We don't have specialists or access to counselors for behavioral health*." Richard Hall, the community mental health center, and RWJUH Somerset provide mental health services, as do private providers. However, participants report, the number of providers the community is insufficient to meet the demand for services, leading to long wait times for appointments. One interviewee stated that, *"To get an appointment, you're waiting 3-4 months out. That doesn't help people who need it now. So then they end up in crisis."* While the community has private providers, these are expensive and out of reach for many residents. Free or lower cost mental health services tend to be limited to those who have the most serious conditions, as one school nurse explained: *"If you're not suicidal or a harm to yourself or others, there isn't a whole lot out there if you don't have insurance*

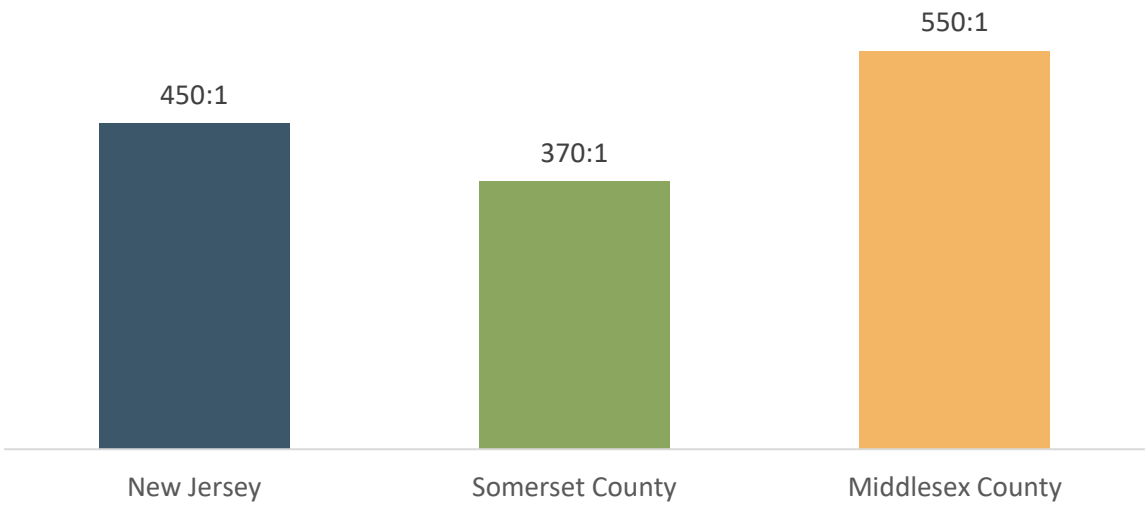
or are able to pay out of pocket expenses." At the same time, stigma around mental health creates a barrier to accessing services in some communities. One focus group participant shared that in the Latino community, *"There's a lot of taboo for mental health."*

Schools often identify and connect students to mental health services, but school nurse and student support/counseling offices are understaffed. As one school nurse explained, *"Most of my visits are mental health issues, but the staffing seems to be a huge issue. We know we're going to have even more because of the pandemic."* Likewise, schools are limited in the mental health services they can provide. As another school nurse shared: *"School can only go so far, and we can only put so many strategies in place. You know that [students] need more help and we can't provide it."*

The availability of multilingual providers within the mental health system was also reported to be a challenge. Participants stated that there are some Spanish speaking providers, but not enough to meet demand; there are few mental health providers who speak other languages. Interviewees also saw a need for mental health providers trained to provide culturally competent care to those from different backgrounds, including LGBTQ patients, as well as those experienced in working with patients who have experienced trauma.

Data are presented on the ratio of population to mental health providers in 2019. At the state level, there were 450 people for every mental health provider (Figure 97). In Somerset County, the ratio was 370 people for every mental health provider.

Figure 97. Ratios of Population to Mental Health Provider, by State and County, 2019



DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Substance Use

Substance use was mentioned as a community health concern in conversation this year, as it was in prior CHNAs. Several participants reported that substance use, particularly alcohol use, has increased over the past eighteen months, a consequence of the boredom, isolation, and anxiety of the pandemic. As one interviewee working in behavioral health services explained, "*The numbers seem to be up across the country, and a fair amount are people who are posted up at home and without access to their support. It's no surprise there's been a resurgence. When we heap hopelessness on people, what do we expect?"* Substance misuse was described as affecting all groups, across all socioeconomic groups, although some reported that misuse is more hidden within higher income communities.

> *"I know people who have fallen into depression and aniety because they've lost their jobs. I know a lot of people who have turned to alcohol. People are drinking so much, drowning in alcohol."*- Focus group participant

Youth Substance Use

Some focus group members and interviewees expressed particular concern about rising rates of substance misuse among youth. One parent shared, "*There's lots of drugs in the community. No one is doing anything about it. The schools don't help, they aren't enforcing or providing other things to do. The schools are full of drugs."* Several participants reported that alcohol use among youth has increased since the pandemic. Vaping was also described as a concern as was marijuana. As one school nurse stated, *"I have concerns that New Jersey passed the recreational marijuana law. We're not seeing it too much, but it's coming. It's a concern when looking at students that are hanging around and looking for ways to bide their time."* Others noted that substance use among younger students is also increasing.

Recent surveillance data on youth substance use, such as the Youth Risk Surveillance Survey, is not available. In 2021, Community of Crisis conducted a study of parents and educators in Somerset Hills to understand better the issues of youth mental health and substance use in the community. Among the over 300 parents surveyed, the majority (60-70%) had great or moderate concern around youth engaging in a range of substance use behaviors in the community (Table 15). Parents were most likely to have great concern about youth vaping and prescription opioid misuse. It should be noted that responses were much lower (typically less than 10% for great or moderate concern) in later questions when parents were asked about their concern for their own child participating in these activities.

Table 15. Percent of Parents Concerned about Youth Substance Use in Somerset Hills, 2021

	Youth Alcohol Use	Youth Vaping	Youth Marijuana Use	Prescription Opioid Misuse	Heroin Use
Great concern	30%	43%	35%	45%	42%
Moderate concern	39%	31%	37%	27%	25%
Slight concern	25%	19%	21%	25%	24%
No concern	6%	6%	7%	4%	10%

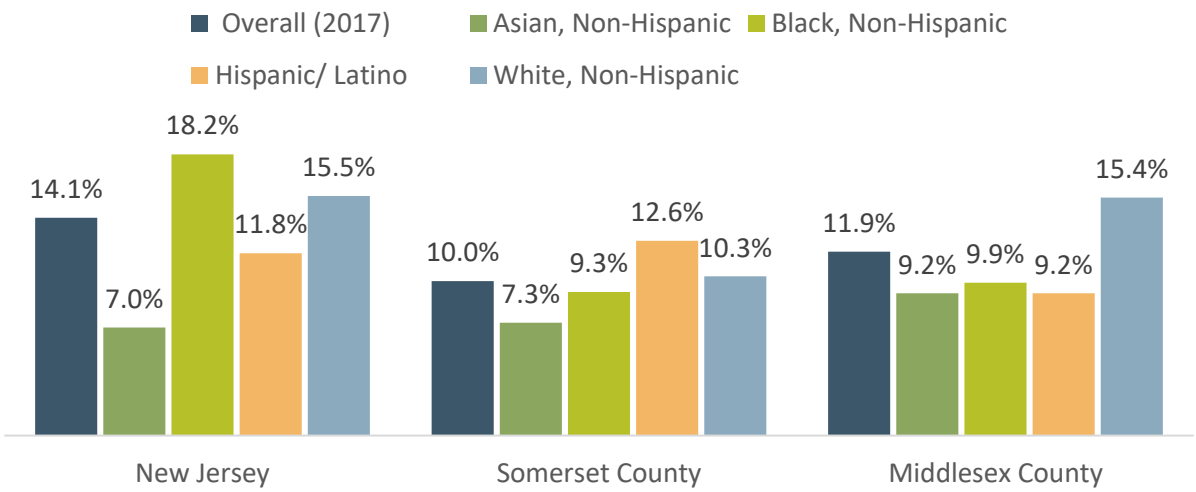
DATA SOURCE: Community in Conversation Community Assessment: 2021 Findings, Community in Crisis.

Tobacco Use

Only older surveillance data pre-COVID is available for smoking status, and data are aggregated for 2014 and 2017 for adequate sample size when examining data by race/ethnicity. When looking at the

percentage of adults who are current smokers, Figure 98 show that in New Jersey, 14.1% of adults reported current smoking. This percentage was highest among Black, Non-Hispanics (18.2%), followed by White, Non-Hispanics (15.5%), Hispanics (11.8%) and Asian, Non-Hispanics (7.0%). At the county level, 10.0% of adults in Somerset County reported current smoking, with the highest percentage among Hispanics (12.6%) and followed by White, Non-Hispanics (10.3%), Black, Non-Hispanics (9.3%), and Asian, Non-Hispanics (7.3%).

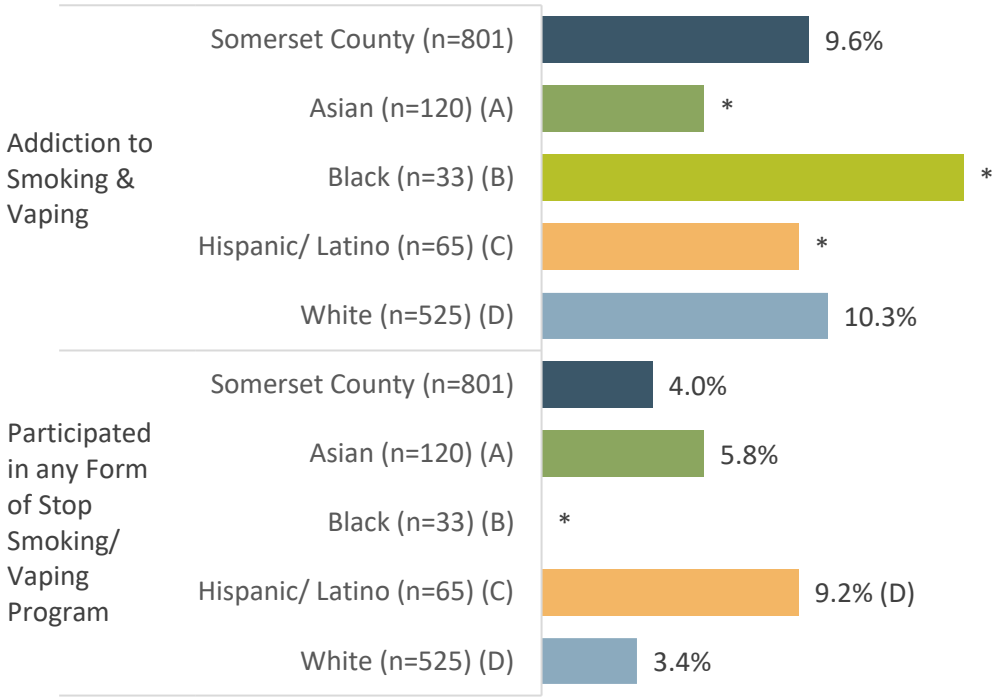
Figure 98. Percent Adults Reported Current Smokers, by Race/Ethnicity, State, and County, 2014 and 2017



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2017

In the recent community survey in Somerset County, about 10% of survey respondents indicated that they or a family member has ever been told by a health professional that they had an addiction to smoking or vaping (Figure 99). Out of the nearly 10% of those indicating they had an addiction to smoking or vaping, 4.0% reported that they have participated in a stop smoking/vaping program within the past 2 years. The participation rate in a program was higher among Latinos (9.2%) relative to White residents (3.4%).

Figure 99. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had an Addiction to Smoking or Vaping and Those That Participated in a Stop Smoking/Vaping Program in the Past 2 Years (n=801), 2021

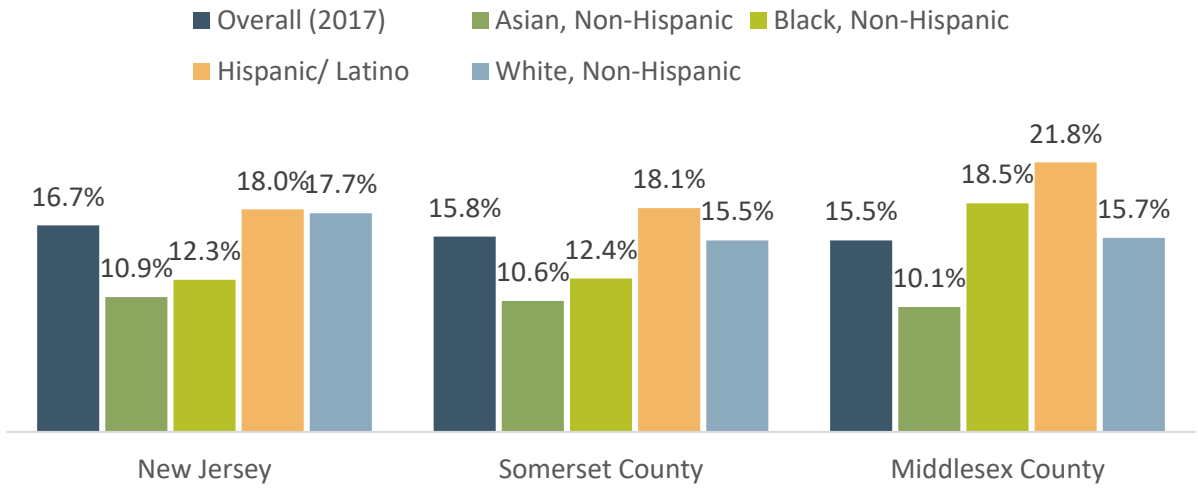


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Alcohol Use

While focus group and interview participants discussed that they were concerned that alcohol consumption has increased since the pandemic, current surveillance data are not available on this topic for Somerset County. Data that are aggregated for 2014 and 2017 show binge drinking behaviors for the state and county and by race/ethnicity. In New Jersey, 16.7% of adults reported binge drinking. This percentage was highest among Hispanics (18.0%), followed by White, Non-Hispanics (17.7%), Black, Non-Hispanics (12.3%) and Asian, Non-Hispanics (10.9%) (Figure 100). At the county level, 15.8% of adults in Somerset County reported binge drinking, with the highest percentage among Hispanics (18.1%) and followed by White, Non-Hispanics (15.5%), Black, Non-Hispanics (12.4%), and Asian, Non-Hispanics (10.6%).

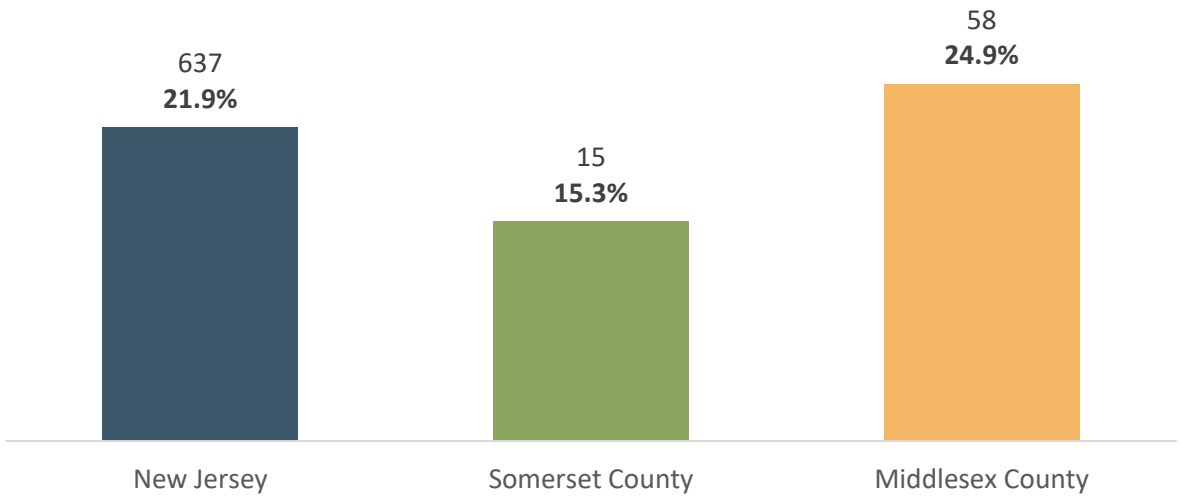
Figure 100. Percent Adults Reported Binge Drinking in the Last 30 Days, by State and County, 2015-2017



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2017

Data below show the count of driving deaths and the percentage of those deaths that involved alcohol from 2014 to 2018. In New Jersey, there were 637 driving deaths from 2014 to 2018 and 21.9% of those deaths involved alcohol (Figure 101). At the county level, there were 15 driving deaths in Somerset County and 15.3% involved alcohol.

Figure 101. Count of Driving Deaths and Percent with Alcohol Involvement, by State and County, 2014-2018



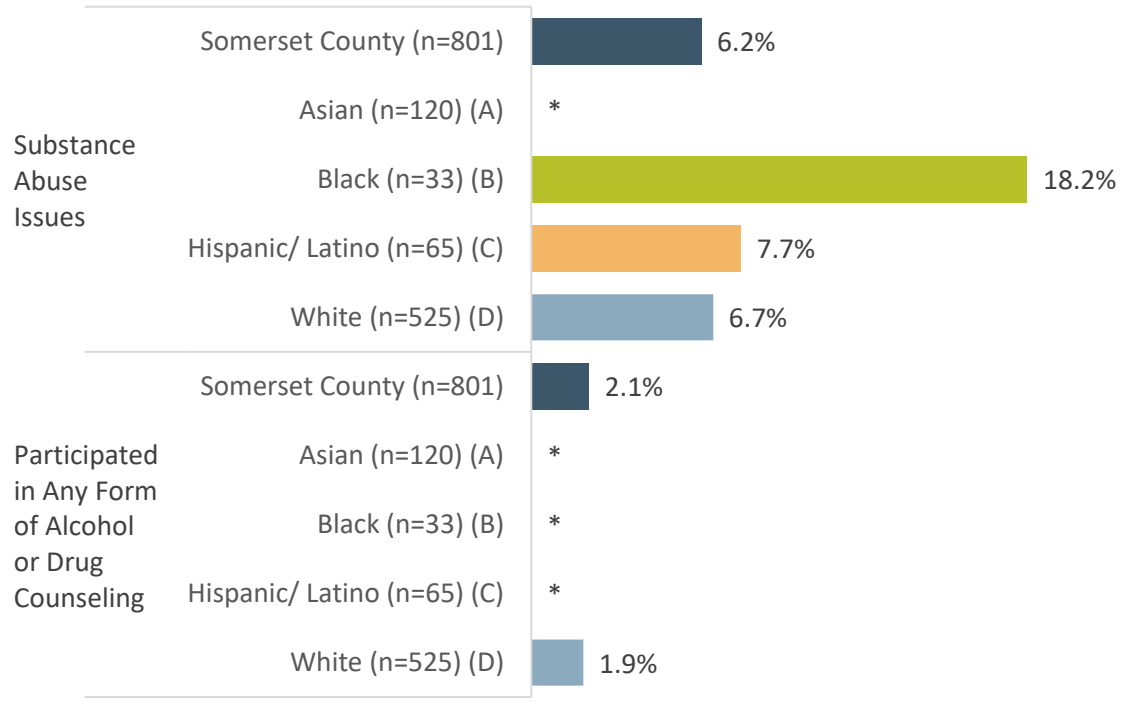
DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2018

*Opio*id and Other Drug Use

Misuse of other substances was discussed in several focus group and interview discussions. An interviewee in law enforcement stated that, as around the country, misuse of opiates has risen in Somerset as have concerns about fentanyl. This person shared that, *"Right now we see a majority of opiates. Then Narcan came out and people are more likely to overdose because they have Narcan."* Others expressed concern about the long-term implications of marijuana legalization on substance use trends in the community.

When asked on the survey, 6.2% of survey respondents indicated that they or a family member has ever been told by a health professional that they had a substance abuse issue (drug or alcohol) (Figure 102). Black respondents, at 18.2%, were significantly more likely to report this. Only 2.1% of all survey respondents reported participating in any form of alcohol or drug counseling in the past 2 years.

Figure 102. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had a Substance Abuse Issue (Drug or Alcohol) and Percent Personally Participated in any Form of Alcohol or Drug Counseling in the Past 2 Years, (n=801), 2021

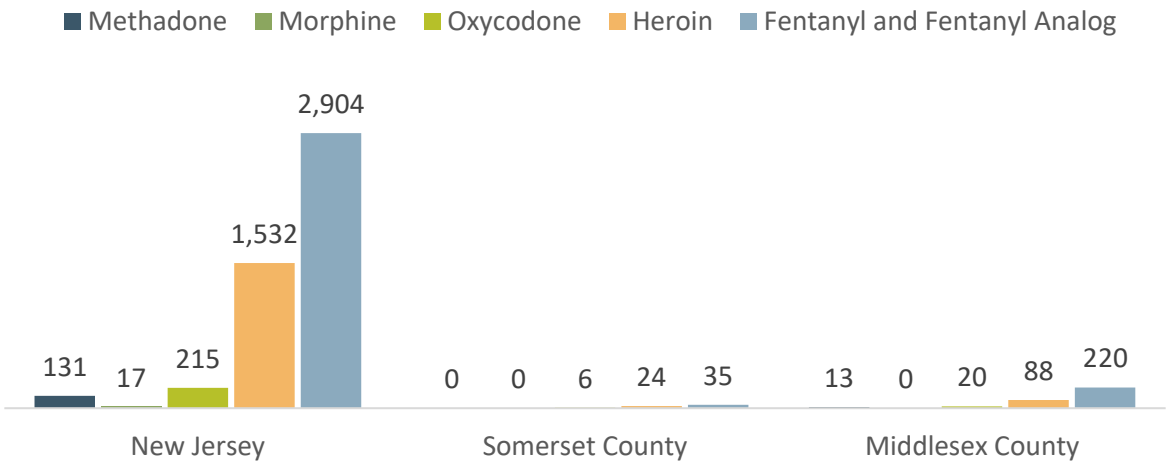


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

State medical examiner data show the count of opioid related deaths by specific drug type in 2018. At the state level, in 2018 the greatest number of deaths were from fentanyl and fentanyl analog (2,904), followed by heroin (1,532), oxycodone (215), methadone (131), and morphine (17) (Figure 103). In Somerset County in 2018, there were 35 deaths due to fentanyl and fentanyl analog, followed by heroin

(24), and oxycodone (6). There were no opioid related deaths due to methadone or morphine in Somerset County in 2018.

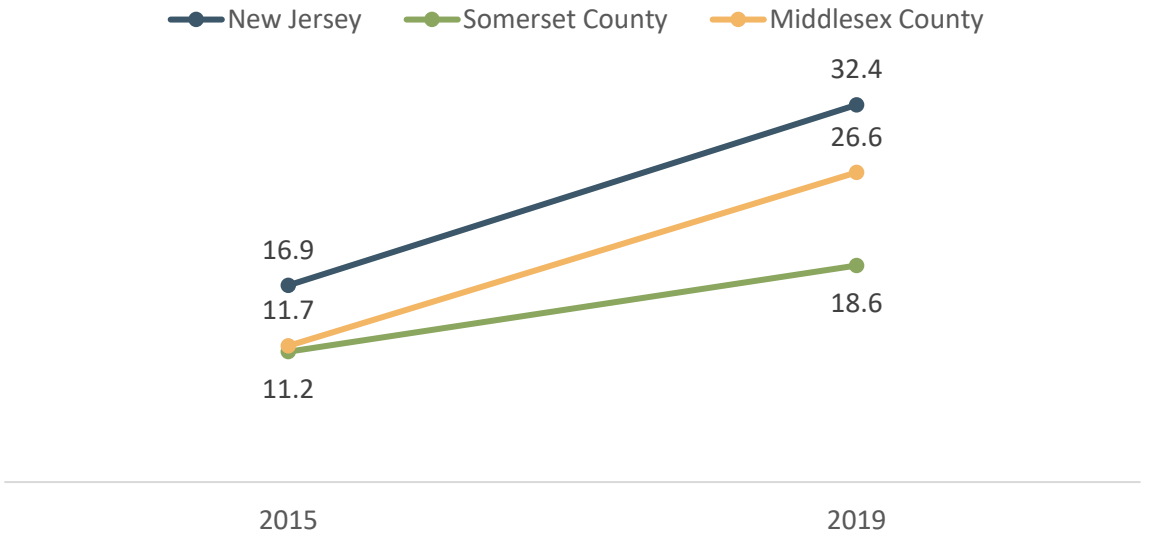
Figure 103. Count of Opioid Related Deaths by Drug, by State and County, 2018



DATA SOURCE: Drug Deaths for 2018, New Jersey Office of the State Medical Examiner, as reported by NJ CARES, New Jersey Office of the Attorney General, 2018

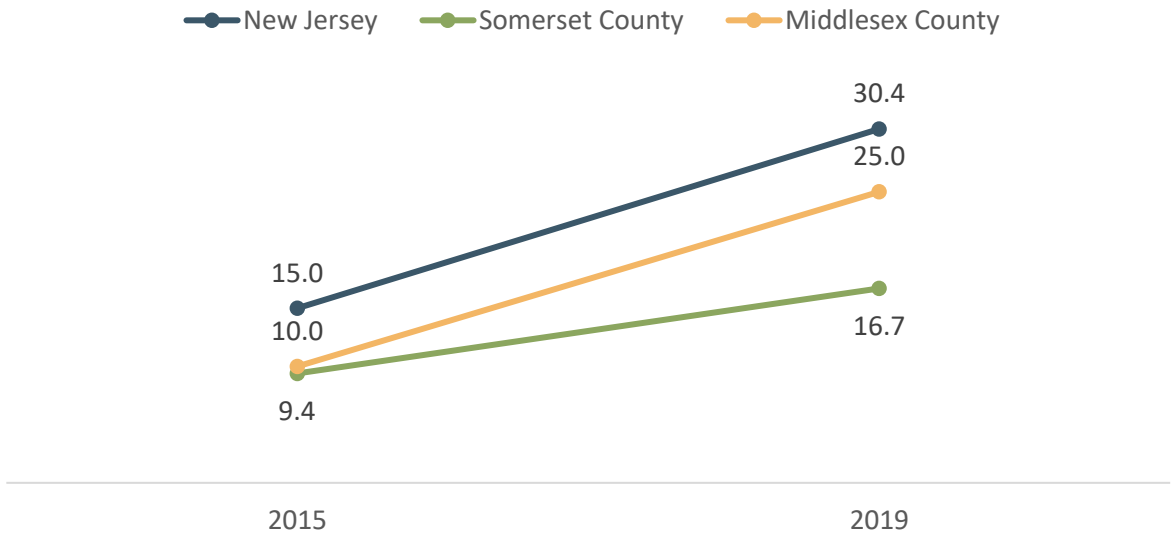
The following figure shows the age-adjusted drug poisoning mortality rate per 100,000 population in 2015 and 2019. In New Jersey, the age-adjusted rate per 100,000 was 16.9 in 2015 and 32.4 in 2019 (Figure 104). The Somerset County rates were lower than the state, with mortality rates per 100,000 at 11.2 in 2015 and 18.6 in 2019. Similar trends are also presented in Figure 105 for unintentional drug induced poisoning mortality per 100,000.

Figure 104. Age-Adjusted Drug Poisoning Mortality Rate per 100,000 Population, by State and County, 2015 and 2019



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, 2015 and 2019
NOTE: Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14

Figure 105. Age-Adjusted Unintentional Drug Induced Poisoning Mortality Rate per 100,000 Population, by State and County, 2015 and 2019



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, 2015 and 2019
NOTE: Includes ICD-10 codes X40-X44

Substance Use Treatment & Prevention

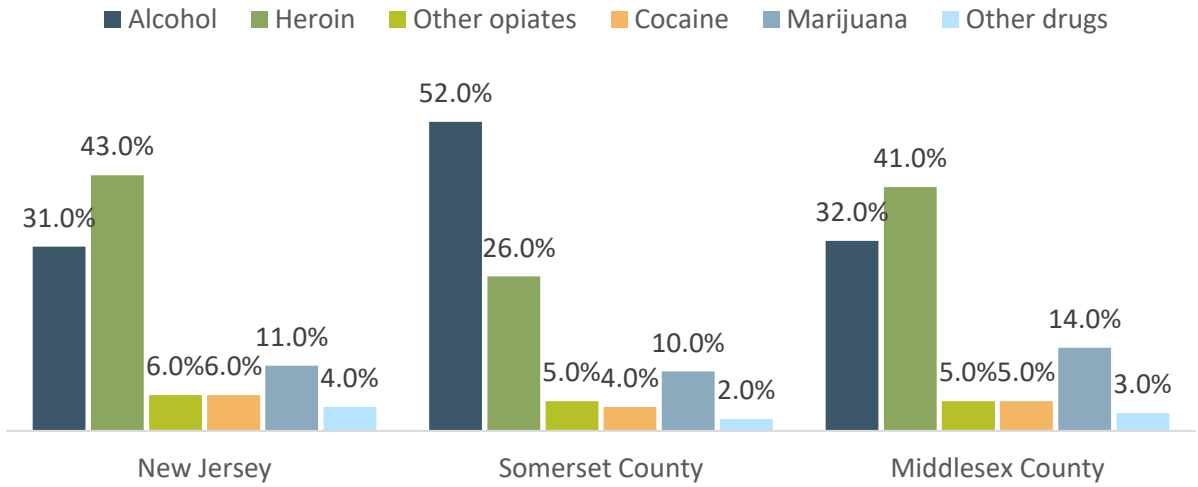
While substance use programs exist in the community, they are insufficient to meet demand according to focus group participants and interviewees. Participants advocated for more programs, including community-based recovery programs. They also saw a need for greater accessibility, including convenient locations and programs that are low cost and accept all types of insurances. Additionally, qualitative participants advocated for more prevention education programs to address substance misuse in the community, especially among youth. Those working in the substance use field shared that it is also important to address the stigma and denial of substance misuse in some groups. As one person stated, *"Substance use really cuts across every economic group, so part of it is helping those areas that don't think they have problems to recognize their problems so we can help them. Help those who are mired in problems, but also help those who think everything is peachy keen."*

A few interviewees also mentioned that more needs to be done to address substance misuse within the criminal justice system. One interviewee who deals with public safety identified how crimes committed in the community can have a drug component, for example a robbery that was committed by a person who uses drugs. They emphasized how it is complex to find treatment for people who use drugs who are involved in the criminal justice system. As an interviewee explained, *"I see people go to drug rehab but then they end up right back on the street doing the same thing, if you want to make it work, but you need to take them out of the element of the street and give them the chance to succeed in their treatment."* Interviewees noted how much it was needed to improve the effectiveness of substance use programs for the incarcerated. While substance use treatment is available in the prison system, high turnover often means that people do not participate long enough for these to be successful. Another suggestion offered was taking more action to control the flow of drugs into the community.

The following figure shows the percentage of substance use treatment admissions by primary drug in 2019. At the state level, 43.0% of admissions were for heroin, 31.0% for alcohol, 11.0% for marijuana,

and under 10% each for cocaine, other opiates, and other drugs (Figure 106). In Somerset County treatment sites, 52.0% of admissions were for alcohol, 26.0% for heroin, 10.0% for marijuana, and under 10% each for other opiates, cocaine, and other drugs.

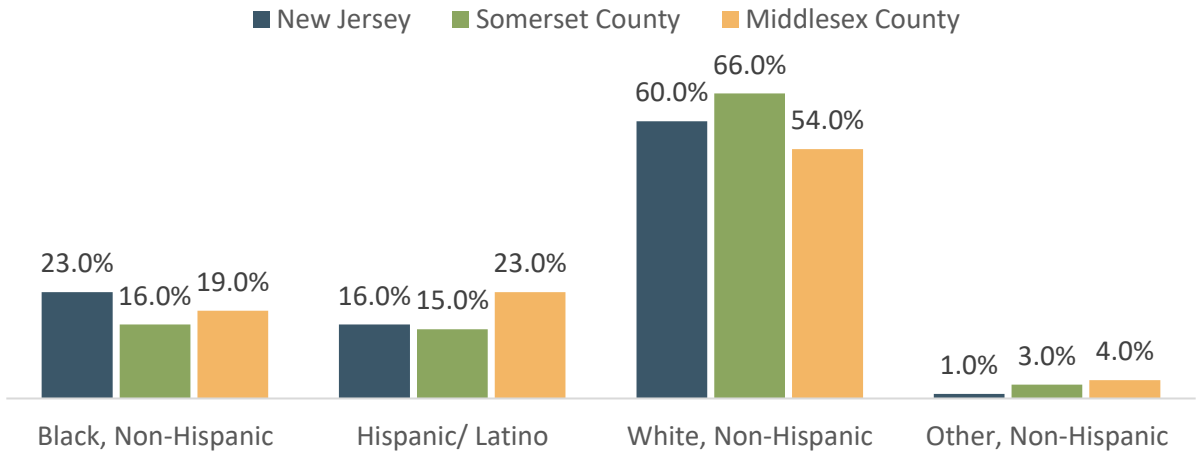
Figure 106. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2019
NOTE: Percentages by county are by county of treatment site

Data is also presented showing the percentage of substance use treatment admissions by race/ethnicity in 2019. At the state level, 60.0% of admissions were of White, Non-Hispanics, 23.0% Black, Non-Hispanics, 16.0% Hispanics/Latinos, and 1.0% other races/ethnicities, Non-Hispanic (Figure 107). In Somerset County treatment sites, 66.0% of admissions were of White, Non-Hispanics, 16.0% Black, Non-Hispanics, 15.0% Hispanics, and 3.0% other races/ethnicities, Non-Hispanic.

Figure 107. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2019

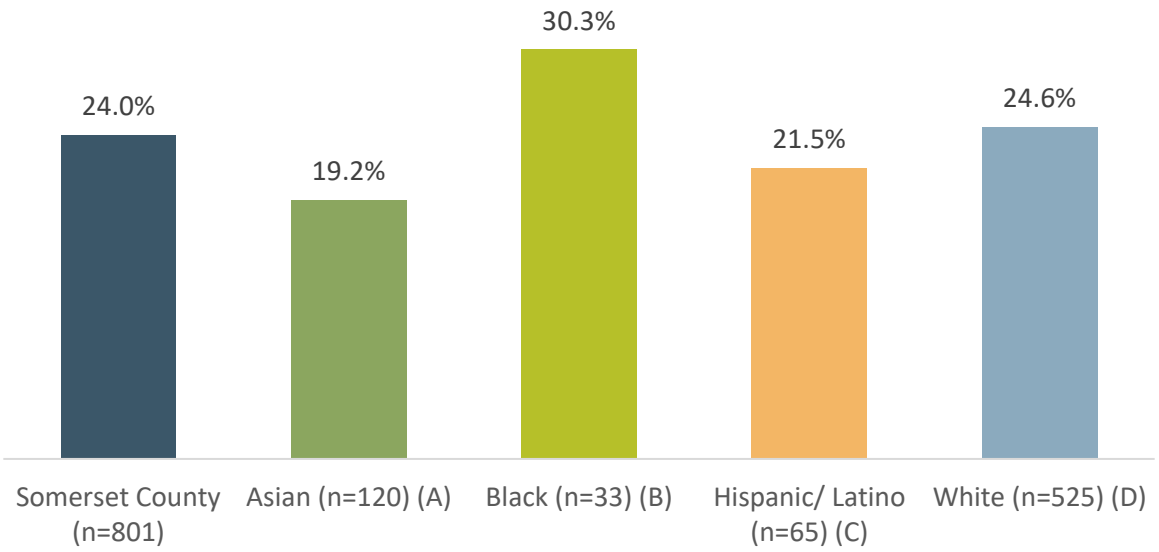
Environmental Health

A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far reaching and include exposure for hazardous substances in the air, water, soil or food; natural disasters and climate change; and the built environment. Environmental health issues were rarely brought up by focus group participants or interviewees.

Asthma

Asthma was not mentioned in the focus groups and interviews. However, public health data typically show that 1 in 13 adults has asthma and it disproportionately affects low-income communities and communities of color.[16] When asked about it in the survey, 24% of survey respondents in Somerset County indicated that they or a family member has been told by a health professional that they have asthma (Figure 108). Among those who have been diagnosed with asthma, three-quarters were under care for a health professional for it (Figure 109).

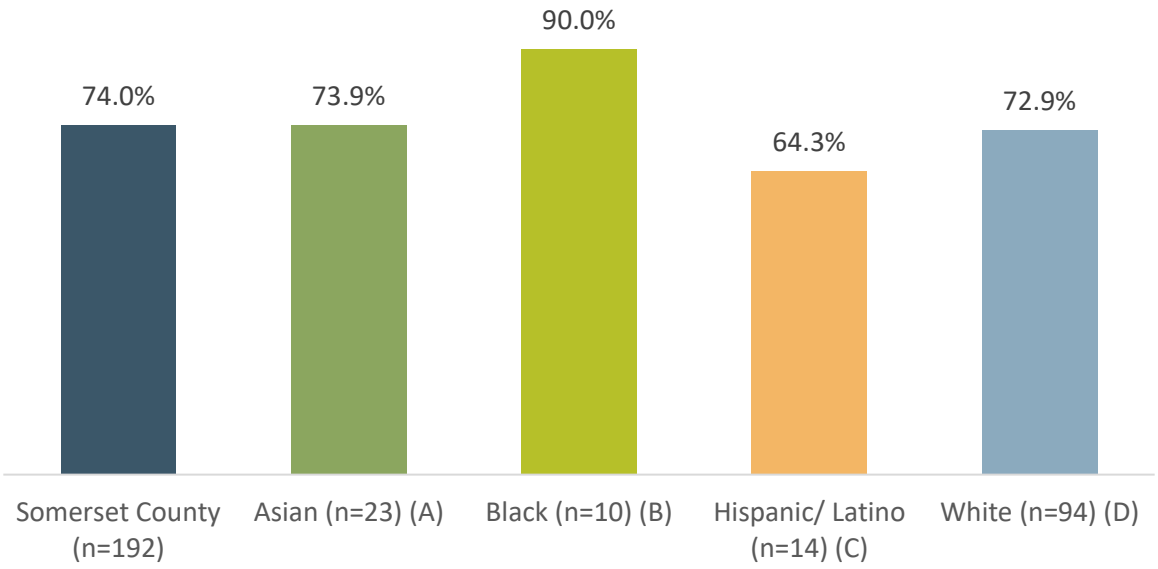
Figure 108. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had Asthma (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

[16] https://www.aafa.org/asthma-facts/

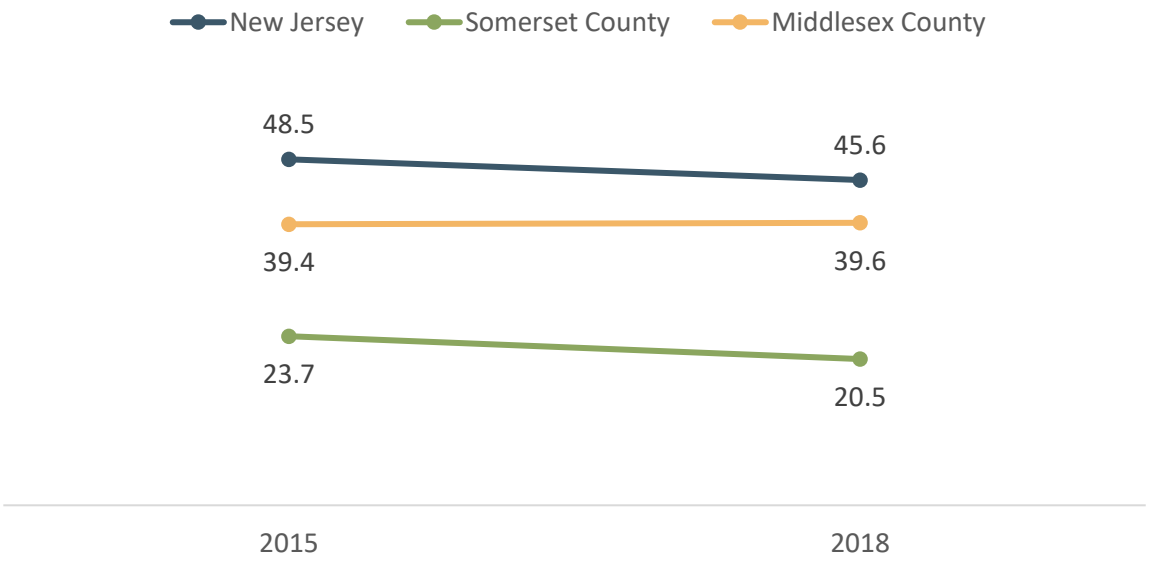
Figure 109. Percent of Community Survey Respondents Reporting Under Care for Asthma, among Those Indicating They or a Family Member Has Asthma (n=192), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

The following figure shows the rate of asthma ED visits in 2015 and 2018. At the state level, there was a slight decrease from 2015 (48.5 per 10,000) to 2018 (45.6 per 10,000) (Figure 110). Similarly, Somerset County saw a decrease of 3.2 asthma ED visits per 10,000 population during the same period.

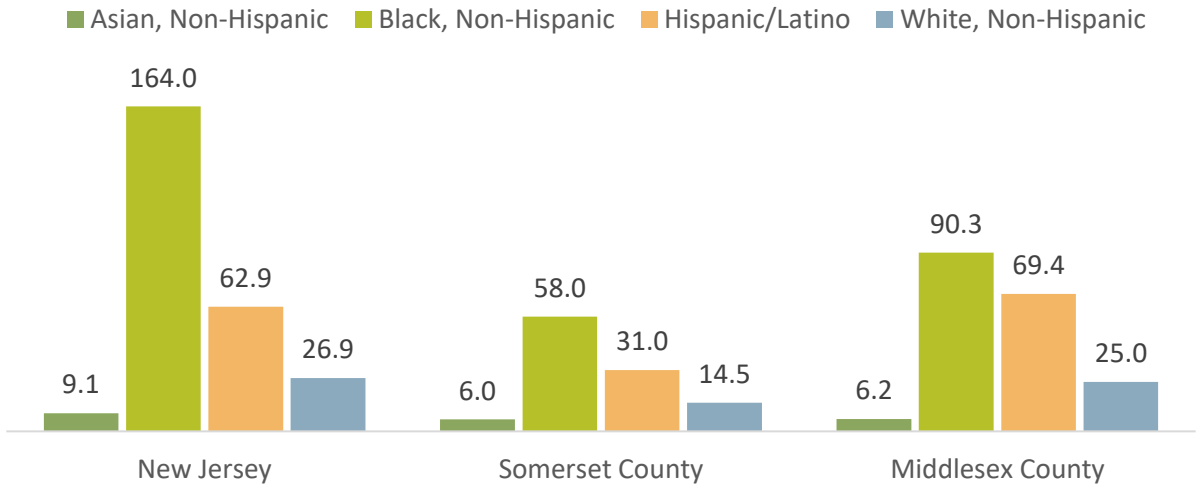
Figure 110. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population, by State and County, 2015 and 2018



DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015 and 2018
NOTE: Data includes ED visits where asthma was primary diagnosis

Data is also presented for asthma ED visits per 10,000 in 2018, by race/ethnicity. Across the state Black, Non-Hispanics had the highest rate of ED visits (164.0 per 10,000), followed by Hispanics/Latinos (62.9 per 10,000), White, Non-Hispanics (26.9 per 10,000), and Asian, Non-Hispanics (9.1 per 10,000) (Figure 111). Rates in Somerset County were nearly half of those at the state level for all race/ethnicities. The highest rate in Somerset County was among Black, Non-Hispanics (58.0 per 10,000), followed by Hispanics/Latinos (31.0 per 10,000), White, Non-Hispanics (14.5 per 10,000), and Asian, Non-Hispanics (6.0 per 10,000).

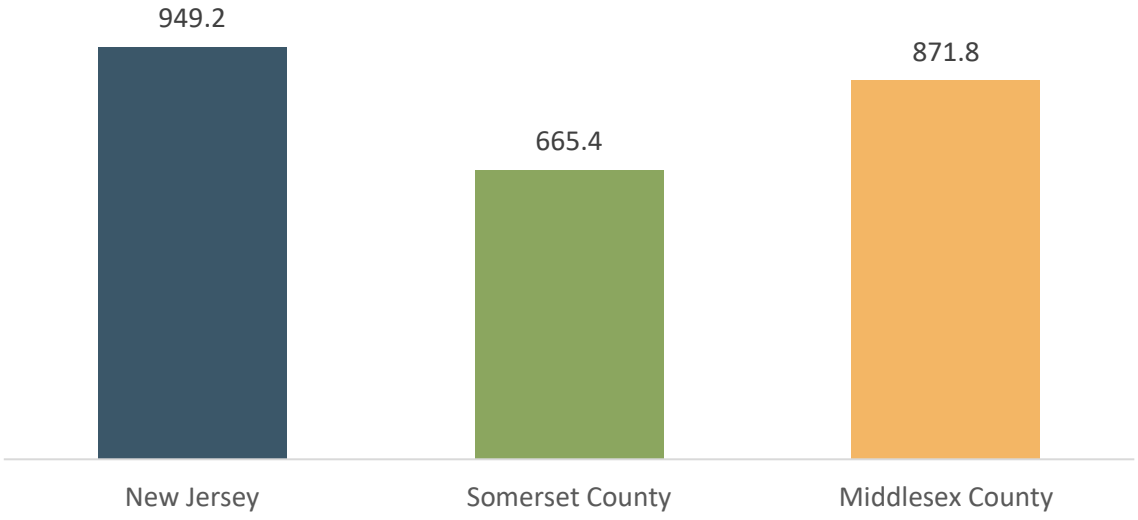
Figure 111. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, State and County, 2018



DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Data includes ED visits where asthma was primary diagnosis

Data are presented on the rate of asthma hospitalizations per 100,000 population in 2018. In New Jersey, the age-adjusted rate per 100,000 was 949.2 in 2018 (Figure 112). Somerset County had a rate of 665.4 visits per 100,000.

Figure 112. Age-Adjusted Rate of Asthma Hospitalizations per 10,000 Population, by State and County, 2018

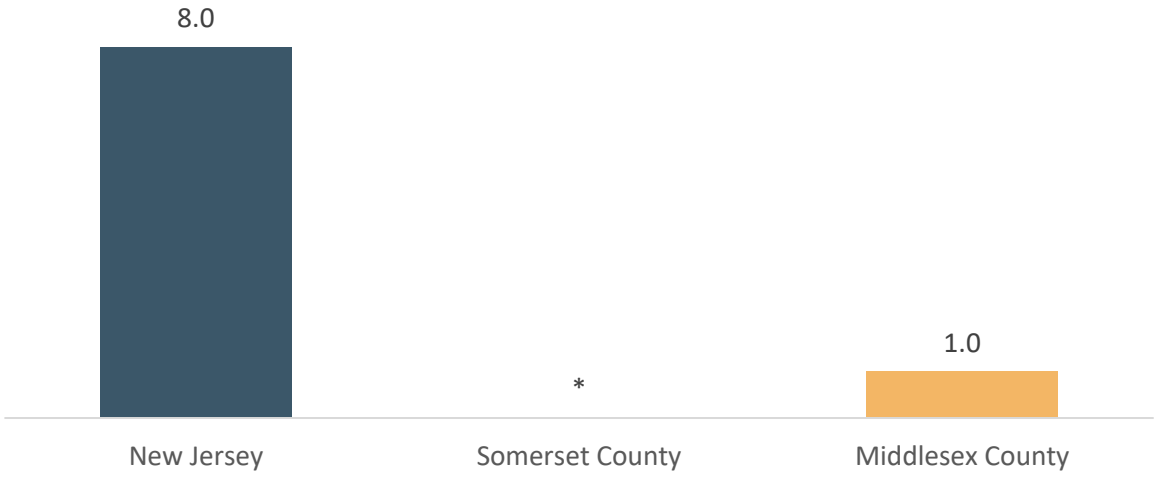


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018

Air Quality

In 2020, there were 8 days statewide where ozone in outdoor air exceeded the federal health-based standard for ozone (8-hr period above 0.070 ppm). This is a decrease compared to ozone air quality from 2014-2019, however, it is a possibility that COVID-19 impacted these rates as more people spent time indoors and less time traveling (Figure 113). Data on air pollution particulate matter can be found in the Appendix G (Figure 144).

Figure 113. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hour period above 0.070 ppm), 2020

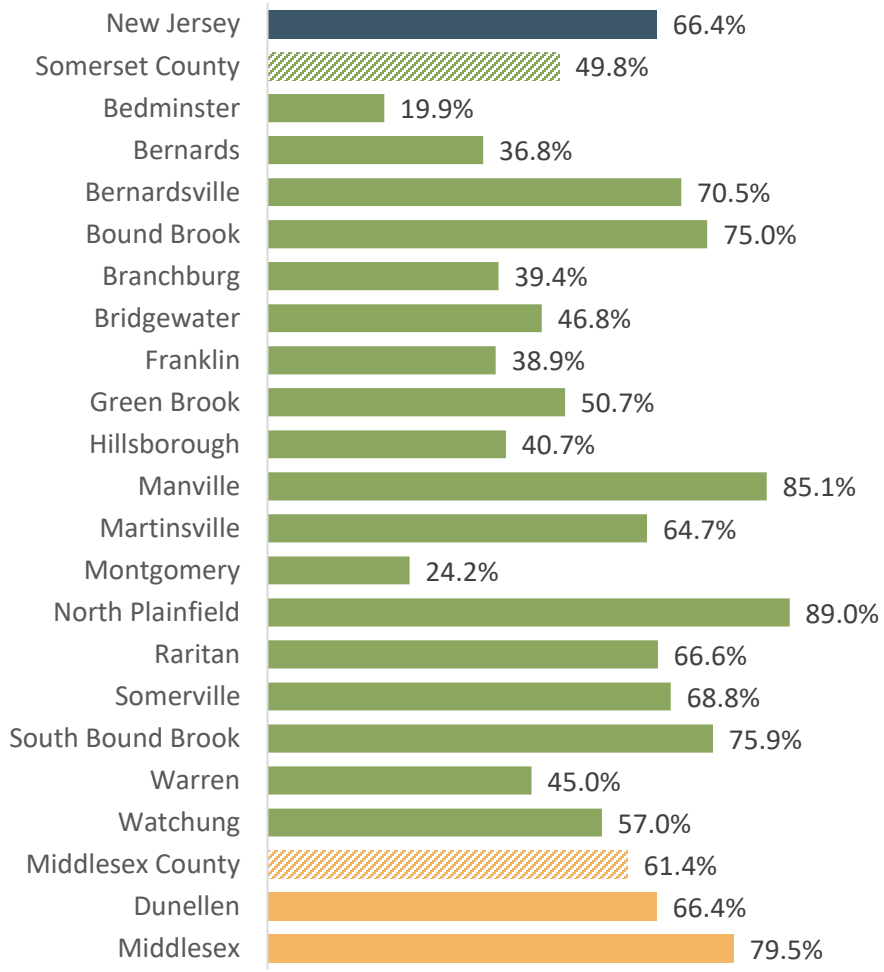


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: * indicates data not available

Lead

In 1978, the federal government banned consumer uses of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. The following figure shows the proportion of housing built prior to 1980. As shown in Figure 114, in Somerset County, 49.8% of housing was built prior to 1980; however, there are notable differences by town. Among towns in Somerset County, North Plainfield had the highest percentage of housing built before 1980 (89.0%), followed by Manville (85.1%), and South Bound Brook (75.9%). Towns such as Bedminster (19.9%), Montgomery (24.2%), and Bernards (36.8%) had the lowest percentage of housing units built pre-1980.

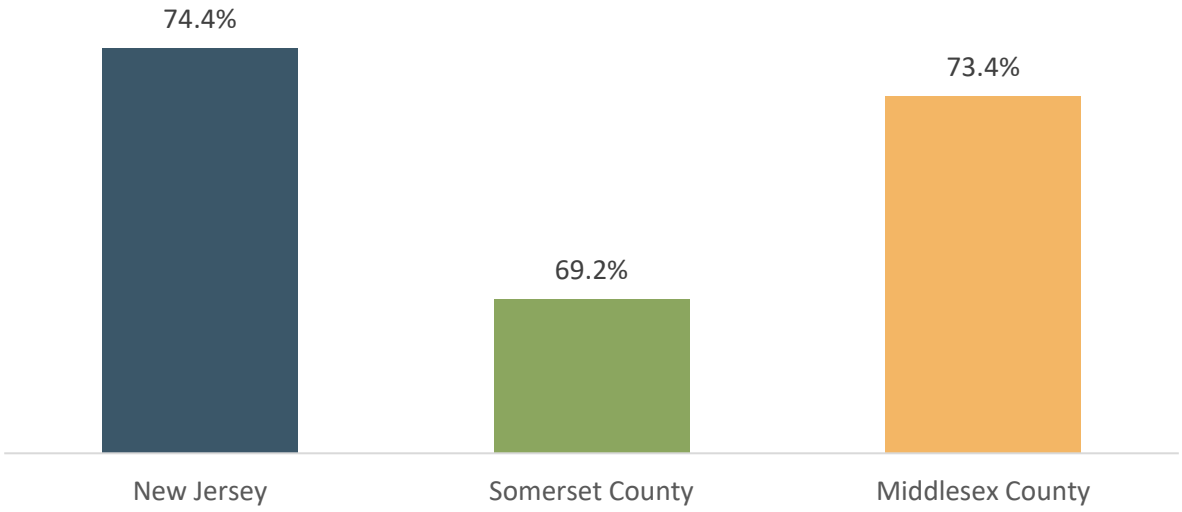
Figure 114. Housing Built Pre-1980, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

New Jersey Child Health Program data shows the percent of children testing for lead exposure before their third birthday in 2014. In Somerset County, 69.2% of children were tested for lead exposure (Figure 115). Across the state of New Jersey, nearly 3 in 4 children were tested for lead exposure. From 2012 to 2015, 0.4% of children in New Jersey ages 1 to 5 have ever had blood lead levels meeting or exceeding 10mcg/dL.

Figure 115. Percent Children Tested for Lead Exposure Before 36 Months of Age Among Children Born in 2014, by State and County, 2014



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015 and 2018

Infectious and Communicable Disease

This section discusses COVID-19 and sexually transmitted infections.

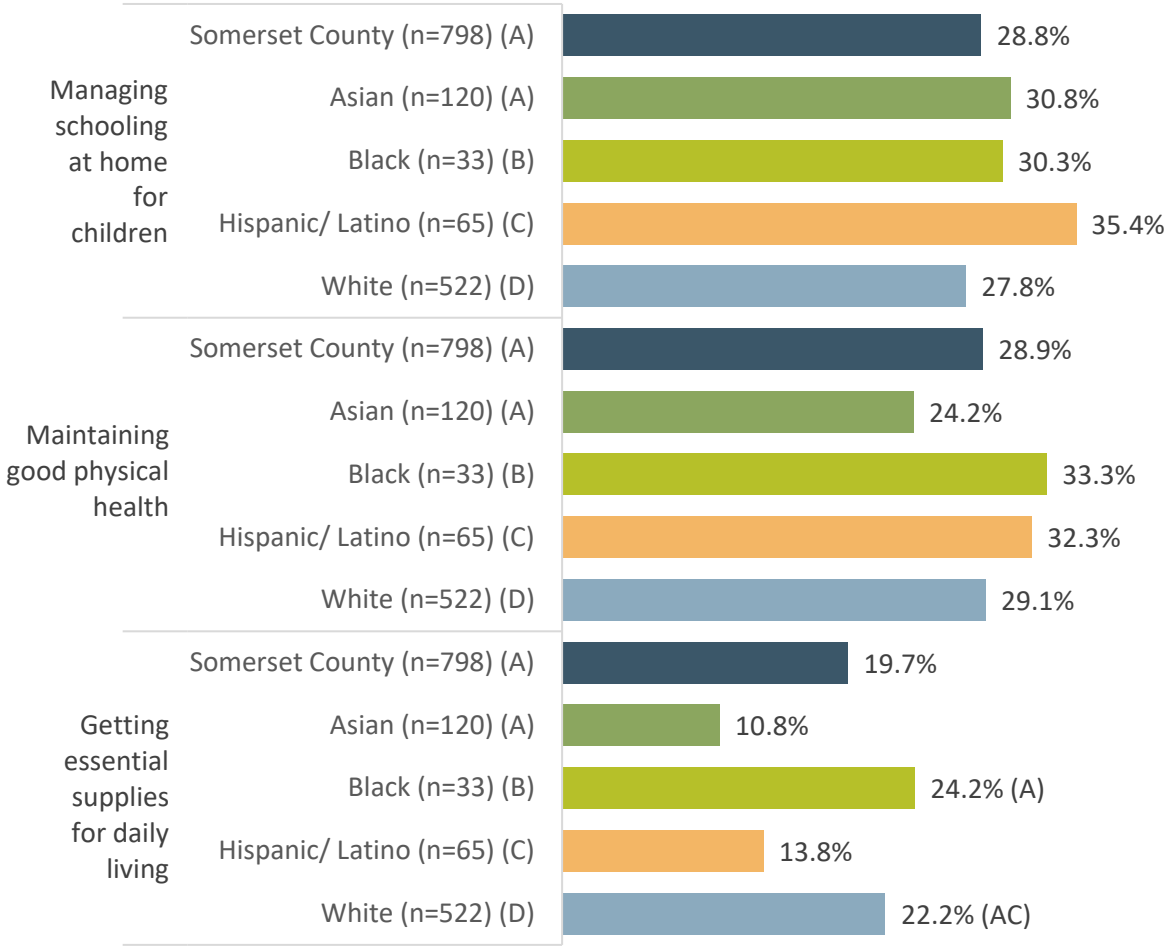
COVID-19

Given the unprecedented time, COVID-19 was the dominant topic in conversations around infectious and communicable diseases. Focus group and interview participants discussed extensively how COVID-19 and the shutdown surrounding it has exacerbated immensely the social and economic inequities that had already existed. The pandemic – and resulting life experience for many of not leaving their house, dealing with remote school, and fear for their and their family's health and safety – heightened anxiety, depression, and other mental health issues.

> *"More than anything about COVID, it's challenging with the kids. It's hard having them at home. I have 3 kids and the anxiety and impatience…I just can't. We don't know what to expect, and my daughter is scared that she can't share with her friends like she used to. My other feels scared to go to school. They're afraid to not hug their friends. And I think psychologically I really think it's impacted the kids the most."*- Focus group participant

Community survey respondents noted whether they or someone in their immediate family had personally experienced difficulty since COVID-19 started. As shown in Figure 116, nearly 30% of Somerset County respondents indicated that they had difficulty managing schooling at home for their children and maintaining good physical health, while nearly 20% had difficulty getting essential supplies for daily living.

Figure 116. Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty since COVID-19 Started (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

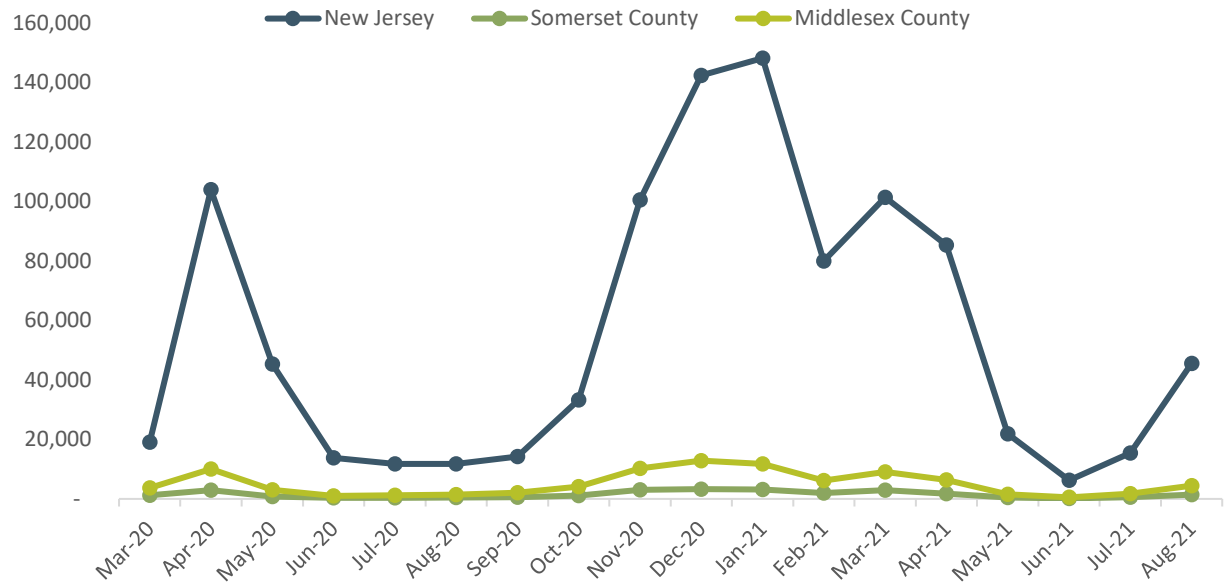
However, given the unprecedented time of dealing with a pandemic, many interviewees and focus group members reported that COVID-19 response by public health and health systems and subsequent vaccination efforts in Somerset County were well handled. They described extensive outreach and education efforts, including use of traditional and social media, as well as on-the-ground approaches to reach those who faced barriers, including language minorities, undocumented residents, those who do not have transportation, and people who are incarcerated.

Those working in public health reported challenges, however, reaching those who are most isolated and disconnected from healthcare and vaccine skeptics, some of whom were described as "combative." They also shared that they have had to contend with widespread misinformation and changing and varying mask guidelines across towns and school districts. They also expressed concern about what they see as the more enduring and damaging implications of this—mistrust of public institutions. As one public health interviewee shared, "*For such a long time, public health was flu shots, inspections, etc., but*

public health is so much more than that and it's time we build up our systems to respond to these issues in a more robust fashion."

There were 990,761 confirmed cases of COVID-19 in New Jersey and 27,246 cases in Somerset County as of September 22, 2021. Cases have fluctuated from January 2020 throughout 2021; notable peaks in cases per day across New Jersey include April 5, 2020 (>4,000 cases), December 12, 2020 (>6,000 cases), January 13, 2021 (nearly 7,000 cases), and April 1, 2021 (almost 4,700 cases). Below, Figure 117 shows new confirmed cases per day on the first of the month from March 2020 through August 2021.

Figure 117. New Confirmed COVID-19 Cases per 100,000 Population, by State and County, 2020-2021



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
New Jersey	19,073	103,977	45,272	13,767	11,719	11,747	14,275	33,283	100,542	142,400	148,175	79,965	101,398	85,333	21,837	6,258	15,375	45,577
Somerset County	1,165	2,974	734	361	340	415	558	1,091	3,050	3,286	3,152	1,992	2,969	1,728	444	167	622	1,406
Middlesex County	3,741	9,996	3,049	1,014	1,249	1,392	2,108	4,147	10,214	12,866	11,759	6,119	9,100	6,374	1,490	520	1,755	4,457

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2021

There are racial/ethnic disparities among COVID-19 deaths in New Jersey. While Black residents only makeup 8.8% of the Somerset County population, they accounted for 14% of COVID-19 deaths in Somerset County (Table 16). Of note, 64.2% of COVID-19 deaths occurred among White residents in Somerset County, even though they only make up 51.4% of the population. This could potentially be due to the large amount of nursing homes and seniors in Somerset County. When examining age of COVID-19 mortality, 85% of deaths in Somerset County were in residents aged 65 and over and 53% of deaths were in residents aged 80 and over according to the Somerset County COVID-19 Weekly Report 9/18/21.

Table 16. Count of Confirmed COVID-19 Deaths and Percent of COVID-19 Deaths by Race/Ethnicity, by State and County, 2021

	Total Deaths	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/Ethnicity, Non-Hispanic
New Jersey	24,491	4.8%	16.7%	18.7%	55.0%	4.9%
Somerset County	753	5.8%	14.0%	11.6%	64.2%	4.3%
Middlesex County	2,156	12.1%	8.7%	17.5%	54.8%	6.8%

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2021
NOTE: Counts are up to date as of September 22nd, 2021.

As of September 17, 2021, 5,795,162 individuals in New Jersey have been fully vaccinated, representing around 65% of the population (using the 2019 census population estimates to calculate the percentage); Somerset County has reported 230,640 individuals are fully vaccinated, which is about 70% of the Count's 2019 census population (Table 17**Error! Reference source not found.**).

Table 17. Population Fully Vaccinated for COVID-19 and Percent Vaccinated by Race/Ethnicity, State, and County, 2021

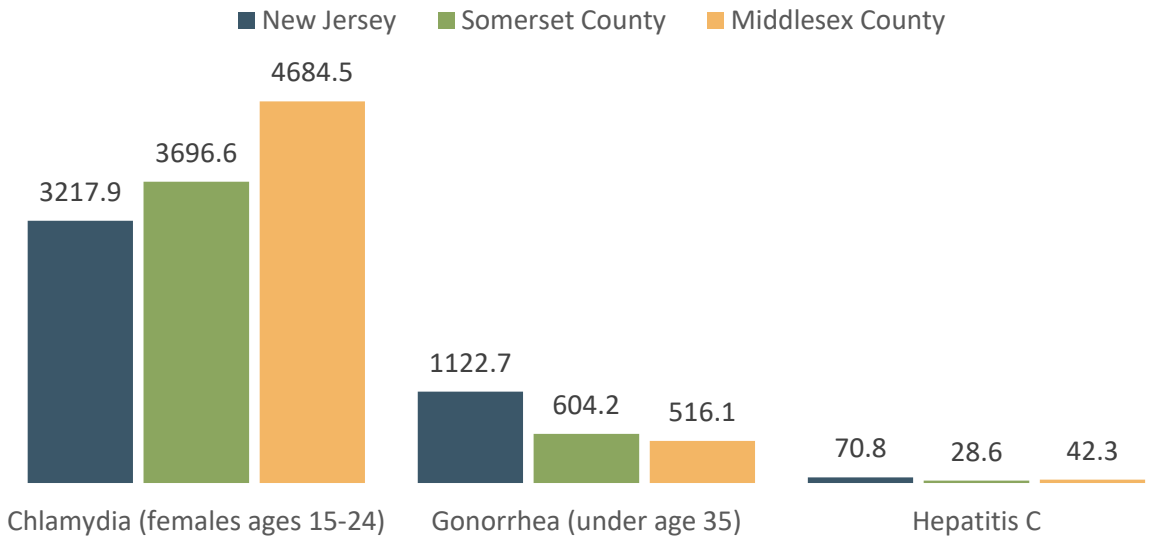
	Total Vaccinated	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic	Unknown Race/ Ethnicity
New Jersey	5,795,162	10%	8%	16%	47%	10%	8%
Somerset County	230,640	18%	6%	13%	45%	10%	8%
Middlesex County	536,982	26%	6%	16%	34%	11%	7%

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2021
NOTE: Counts are up to date as of September 17th, 2021. Data by race/ethnicity does not include those vaccinated out of state and through federal programs.

Sexual Health and Sexually Transmitted Diseases

Sexual health and sexually transmitted diseases were not brought up as concerns by focus group and interview participants. In 2019, there were 3,217.9 cases of chlamydia per 100,000 population in New Jersey among females aged 15-24, the case rate was greater for Somerset County (3,696.6 per 100,000) (Figure 118). Somerset County reported lower levels of Gonorrhea, of people under age 35 (604.2 per 100,000) and Hepatitis B (28.6 per 1000,000) compared to New Jersey overall (1,122.7 and 70.8 persons per 100,000 persons respectively).

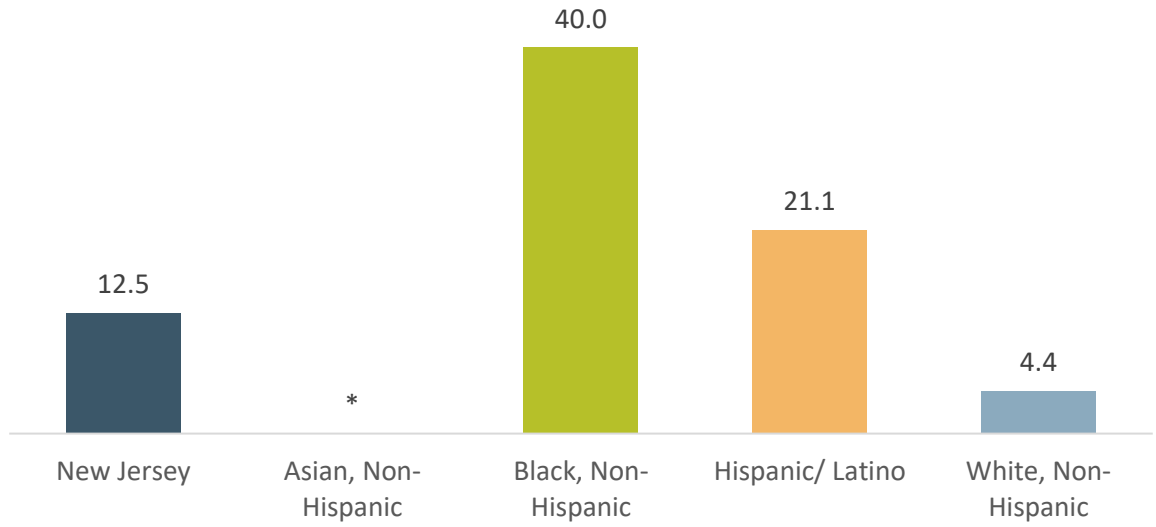
Figure 118. Chlamydia, Gonorrhea, and Hepatitis C per 100,000 Population, by State and County, 2019



DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD), 2019

HIV transmission data was not available for the county but for the state overall. The rate of HIV transmission for Black residents in New Jersey was 40 per 100,000 persons, which was over nine times the rate of transmission for White residents (21.1 per 100,000) and over three times the rate for all New Jersey residents (4.4 per 100,000) (Figure 119). Hispanic/Latino residents had a HIV transmission rate of 21.1 per 100,00 persons, almost three times greater than that of NJ residents.

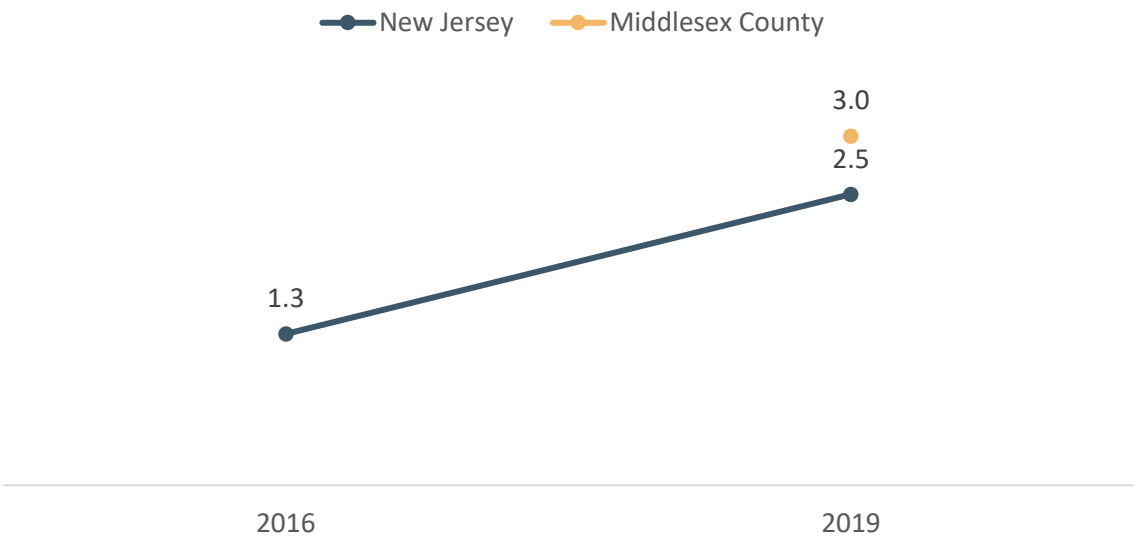
Figure 119. HIV Transmission per 100,000 Population (Age 13 and Older), by State and Race/Ethnicity, 2019



DATA SOURCE: Enhanced HIV/AIDS Reporting System (eHARS), Division of HIV/AIDS, STD, and TB Services, as reported by the New Jersey Health Assessment Data (NJSHAD), 2019
NOTE: * indicates data not available

Syphilis incidence data was not available for Somerset County in 2016, but Syphilis incidence increased in New Jersey from 1.3 cases per 100,000 residents in 2016 to 2.5 cases per 100,000 residents in 2019 (Figure 120).

Figure 120. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2019



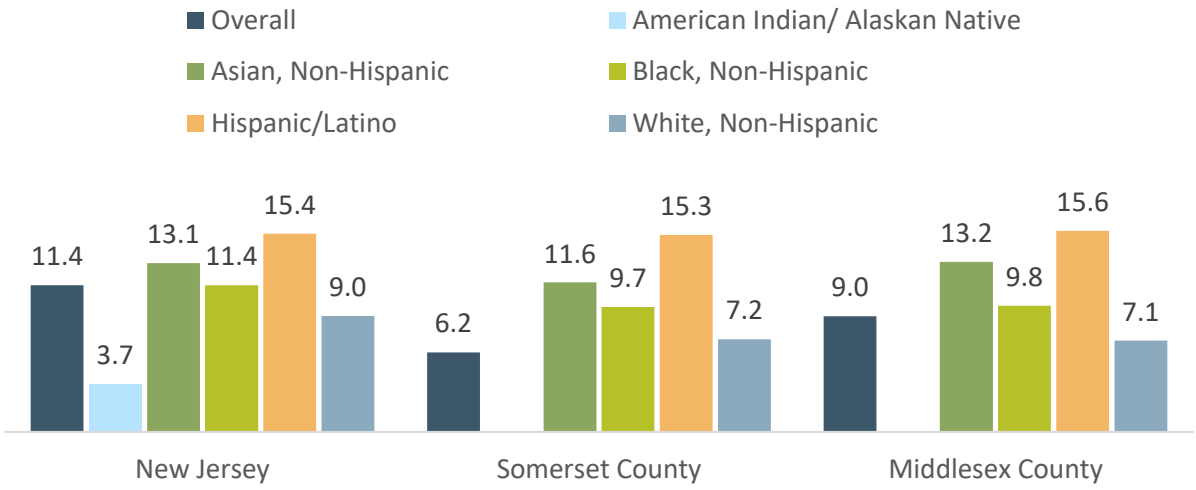
DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2019

Maternal and Infant Health

As discussed earlier in the report, parents in focus groups and interviews described their concerns about their struggles of caring for children during the pandemic. However, issues specifically related to pregnancy and newborns were not mentioned.

Data from the New Jersey Birth Certificate Database shows the number of teen births per 1,000 female population from 2015 to 2019, by race/ethnicity. At the state level, the overall teen birth rate is 11.4 per 1,000 and the highest teen birth rate was among Hispanics/Latinos (15.4 per 1,000), followed by Asian, Non-Hispanics (13.1 per 1,000), Black, Non-Hispanics (11.4 per 1,000), White, Non-Hispanics (9.0 per 1,000), and American Indians/Alaskan Natives (3.7 per 1,000). In Somerset County the overall teen birth rate was 6.2 per 1,000 (Figure 121). The highest birth rate in Somerset County was 15.3 per 1,000 among Hispanics/Latinos, followed by Asian, Non-Hispanics (11.6 per 1,000), Black, Non-Hispanics (9.7 per 1,000), and White, Non-Hispanics (7.2 per 1,000).

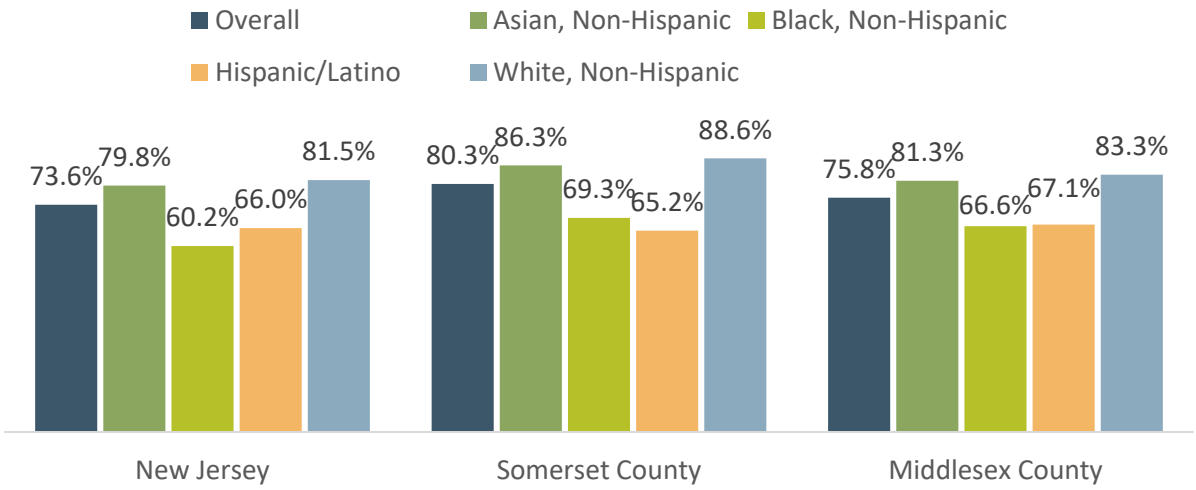
Figure 121. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, State, and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

Statewide, nearly 3 in 4 births had prenatal care within the first trimester (Figure 122). By race/ethnicity, White, Non-Hispanics (81.5%) had the highest percent receiving prenatal care, followed by Asian, Non-Hispanics (79.8%), Hispanics/Latinos (66.0%), and Black, Non-Hispanics (60.2%). In Somerset County, 80.3% of births received prenatal care in the first trimester. Similar to statewide trends, Hispanics/Latinos (69.3%) and Black, Non-Hispanics (65.2%) had the lowest proportion receiving prenatal care in Somerset County.

Figure 122. Percent Births with Prenatal Care in First Trimester by Race/Ethnicity, State, and County 2015-2019

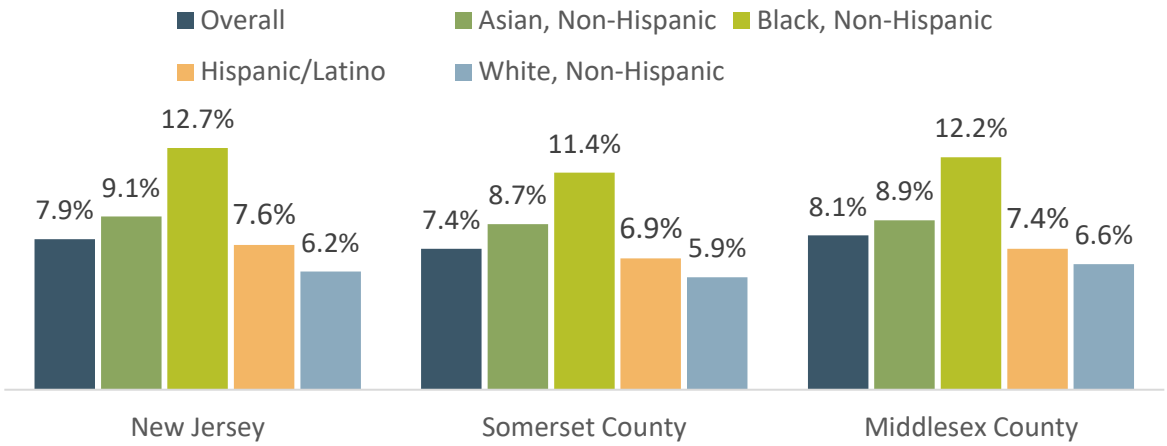


DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

The following figure presents percent of low birthweight births from 2015 to 2019, by race/ethnicity. Across New Jersey, 7.9% of births are low birthweight (weighing less than 2,500 grams) (Figure 123). In

New Jersey, Black, Non-Hispanics have the greatest proportion of low weight births (12.7%), followed by Asian, Non-Hispanics (9.1%), Hispanics/Latinos (7.6%), and White, Non-Hispanics (6.2%). Similarly, 7.4% of births in Somerset County were low birth weight births with Black, Non-Hispanics having the highest proportion of low birth weight births (11.4%).

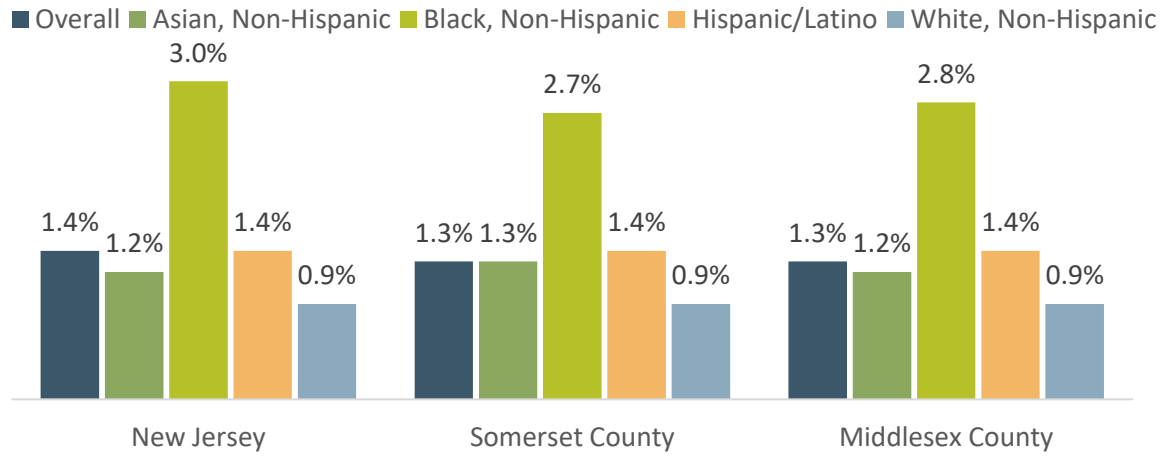
Figure 123. Percent Low Birth Weight Births by Race/Ethnicity, State and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Low birth weight as defined as less than 2,500 grams

Data presented shows the percent of very low weight births from 2015 to 2019, by race/ethnicity. At the state level, 1.4% of all births were very low weight births (weighing less than 1,500 grams) (Figure 124.) Similar to low birth weight, Black, Non-Hispanics in New Jersey had the highest percentage of very low weight births (3.0%), followed by Hispanics/Latinos (1.4%), Asian, Non-Hispanics (1.2%), and White, Non-Hispanics (0.9%). In Somerset County, 1.3 % of births were very low weight births. Similarly, Black, Non-Hispanics had the highest percentage of very low weight births (2.7%).

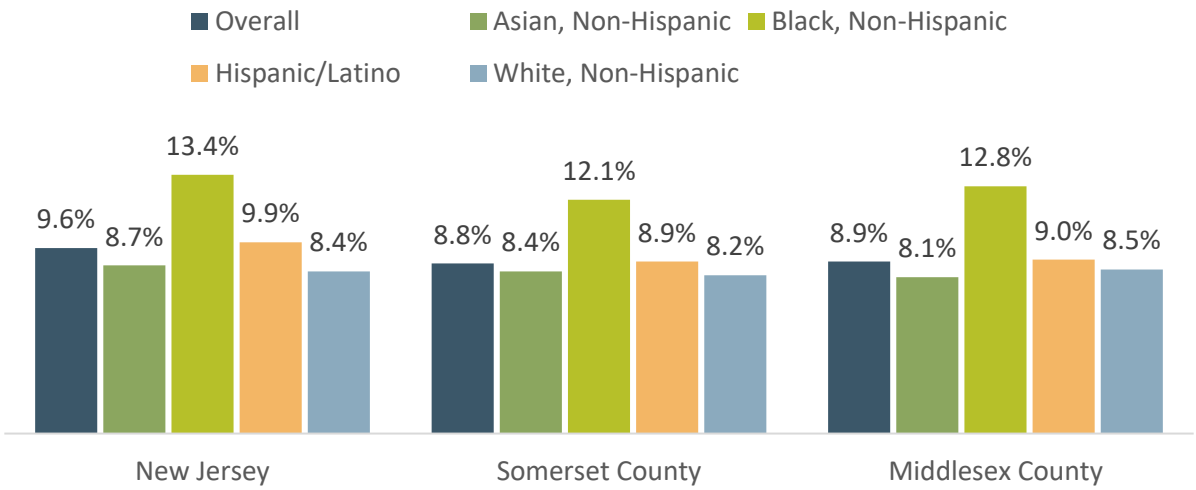
Figure 124. Percent Very Low Weight Births, by Race/Ethnicity, State, and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Very low birth weight as defined as less than 1,500 grams

The percent of preterm births, an additional marker of infant health, is presented below for births from 2015 to 2019, by race/ethnicity. Overall, 96% of births statewide were preterm (less than a 37-week gestation period) (Figure 125). The greatest proportion of preterm births statewide was among Black, Non-Hispanics (13.4%). In Somerset County, 8.8% of births were preterm, with Black, Non-Hispanics (12.1%) having the highest percent of preterm births, followed by Hispanic/Latinos (8.9%), and Asian, Non-Hispanics (8.4%), and White, Non-Hispanics (8.2%).

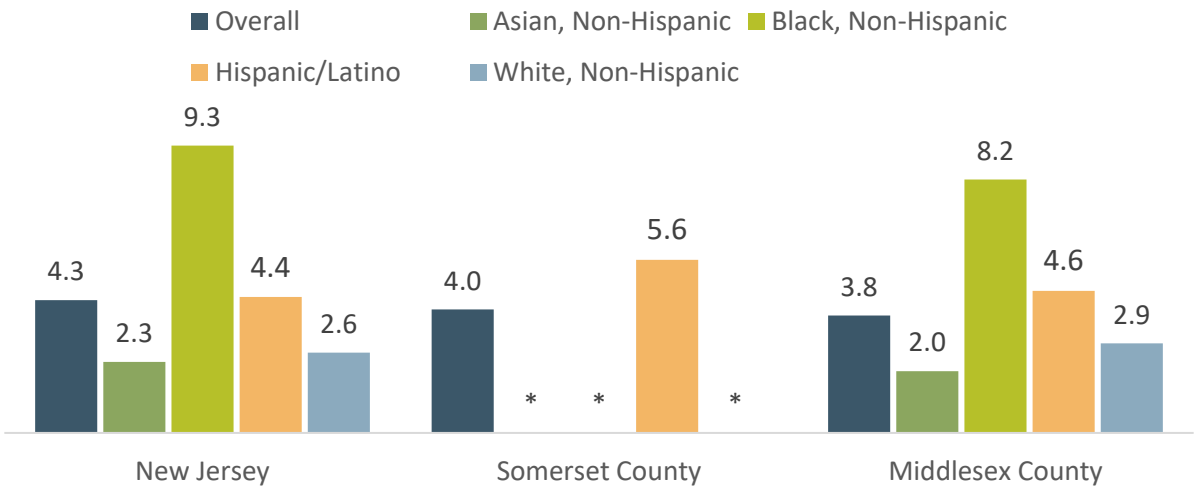
Figure 125. Percent Preterm Births, by Race/Ethnicity, State, and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Preterm as defined as less than 37 weeks gestation

From 2014 to 2018, the statewide infant mortality rate was 4.3 deaths per 1,000 births (Figure 126). By race/ethnicity, the highest infant mortality rates were among Black, Non-Hispanics (9.3 per 1,000) and Hispanics/Latinos (4.4 per 1,000). Similar to the statewide rate, Somerset County had an infant mortality rate of 4.0 deaths per 1,000.

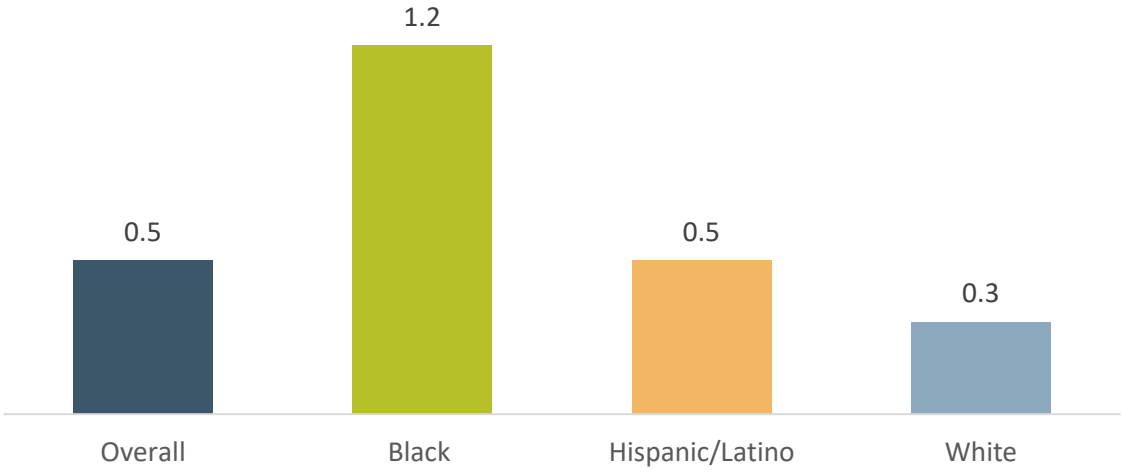
Figure 126. Infant Mortality Rate per 1,000 Births by Race/Ethnicity, State, and County, 2014-2018



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2014-2018
NOTE: * indicates data not available.

Across the state, the maternal mortality rate was 0.5 deaths per 100,000 population from 2015 to 2019 (Figure 127). In line with other measures of infant and maternal health, Black, Non-Hispanics had the highest maternal mortality rate (1.2 deaths per 100,000), with other racial/ethnic groups closer to the statewide average.

Figure 127. Maternal Mortality Rate per 100,000 Population, by State and Race/Ethnicity, 2015-2019



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

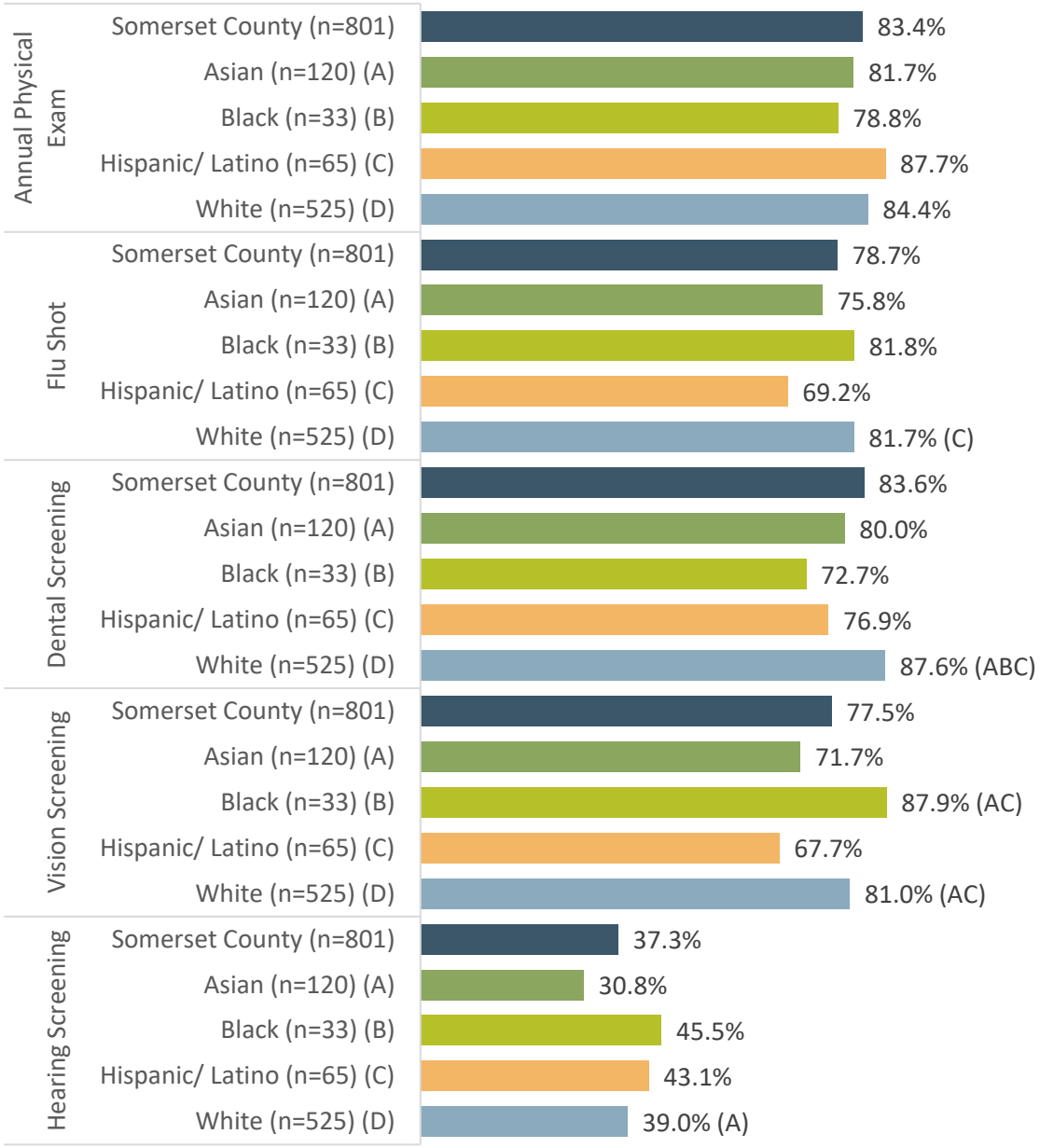
Access to Services

This section discusses the use of healthcare and other services, barriers to accessing these services, and health professional landscape in the region.

Access and Utilization of Preventive Services, Including Immunizations

Some focus group and interview participants discussed delaying care, particularly routine preventive services, during the pandemic either because of concerns around health and safety related to COVID, their work did not offer time off/sick time benefits, or they had limited telehealth capacity. The community survey fielded in spring/summer 2021 asked respondents their participation in various healthcare screenings, including preventive services. Approximately 83% of Somerset County survey respondents indicated that they had participated in an annual physical exam in the past two years and had a dental screening in the past two years, while approximately 78% said they received a flu shot and had a vision screening in the past two years. Fewer – 37% - reported that they had had a hearing screening in the past two years. Figure 128 presents these data for all Somerset County survey respondents and by race/ethnicity.

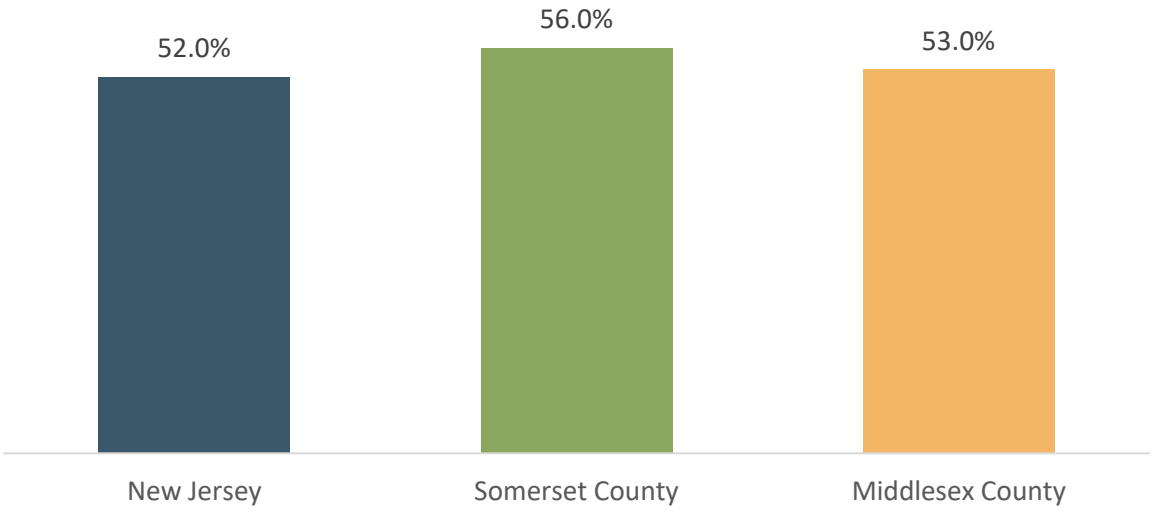
Figure 128. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services and Screenings in the Past Two Years (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

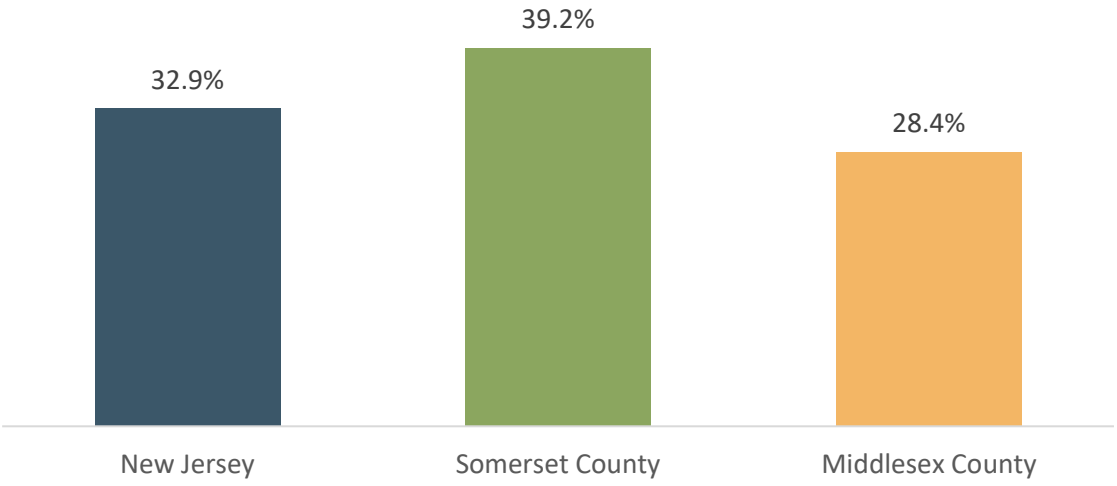
Immunizations is an important preventive measure. Surveillance data from previous years indicate that 56% of Somerset County residents who were Fee-for-Service (FFS) Medicare enrollees reported having received an annual flu vaccination compared to 52% of enrollees in New Jersey overall (Figure 129). Among those eligible to receive a pneumonia vaccine, 39.2% of Somerset County residents reported having received a pneumonia vaccine (Figure 130).

Figure 129. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by State and County, 2018



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

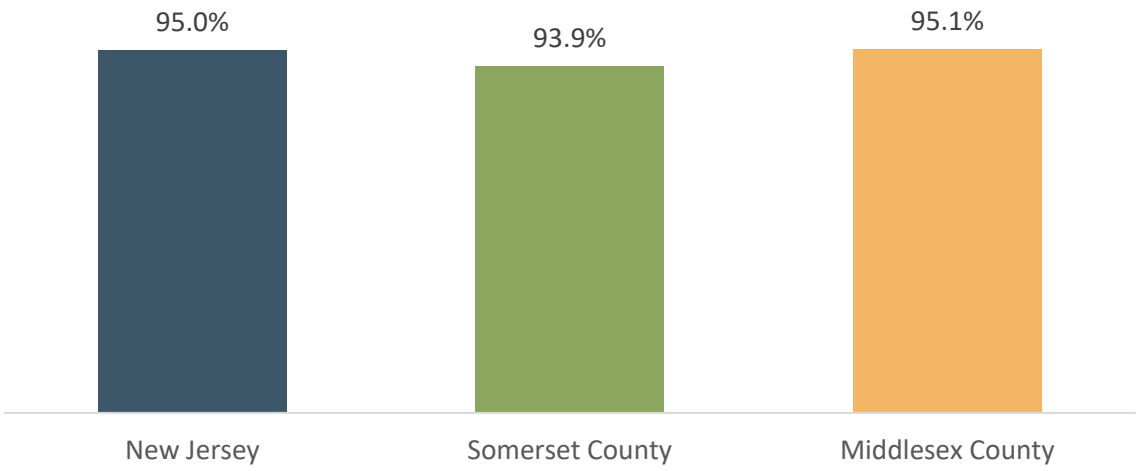
Figure 130. Age-Adjusted Pneumonia Vaccination (Ever), by State and County, 2017



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017

Among children in Somerset County, surveillance data from 2017-2018 indicates nearly 94% of children were fully immunized (Figure 131).

Figure 131. Percent of Immunized Children, by State and County, 2017-2018



DATA SOURCE: Annual Immunization Status Reports, Communicable Disease Service, New Jersey Department of Health, as reported by New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2017-2018
NOTE: Includes childcare/preschool, Kindergarten/Grade 1 (entry level), Grade 6, and transfer students in any grade

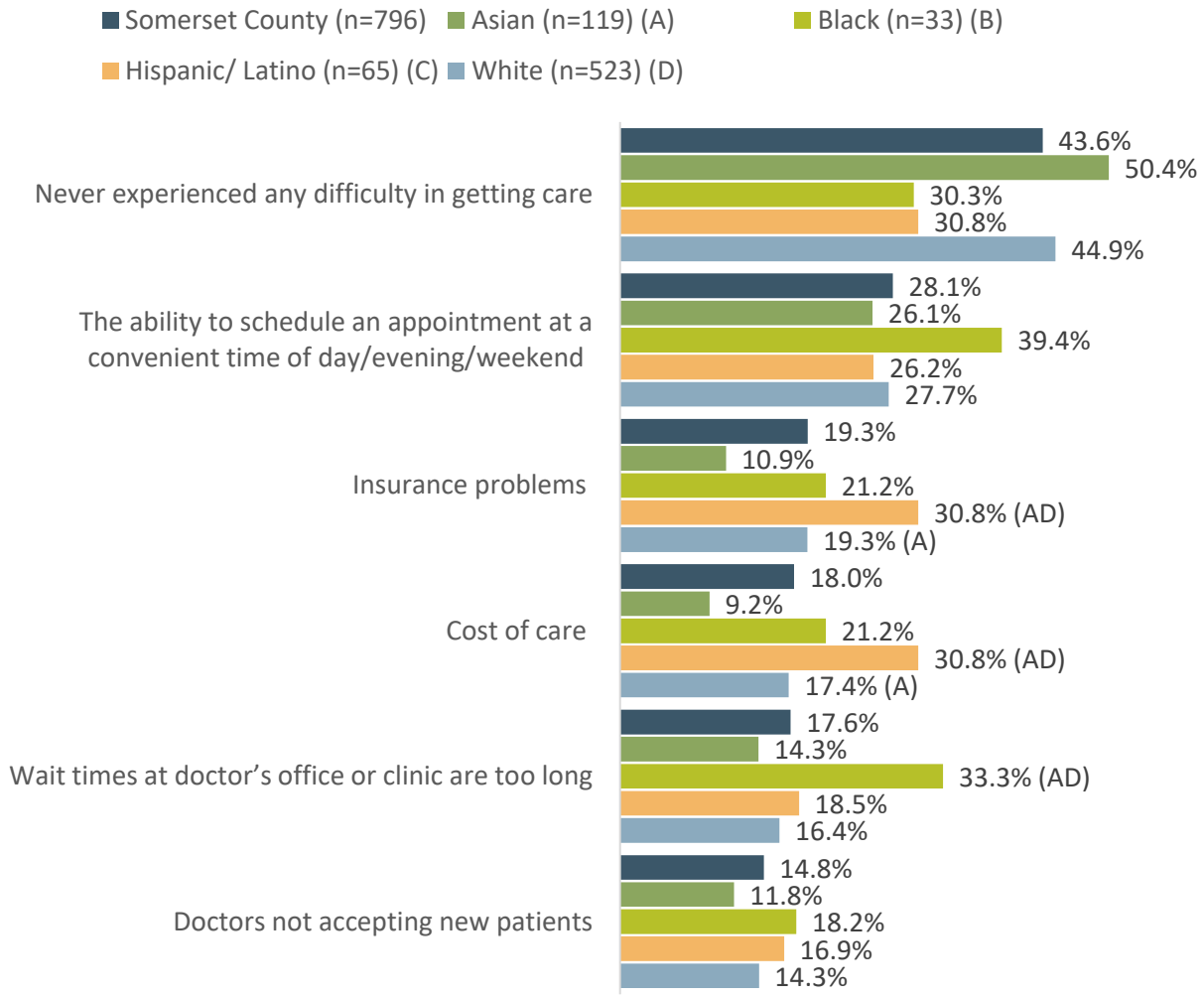
Appendix G provides additional data from the Community Survey around health care access including satisfaction and openness to using telemedicine, who and where community respondents seek health information from, and where and how often community survey respondents seek medical care.

Barriers to Accessing Healthcare Services

Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. While many focus group members and interviewees reported that Somerset County has high quality and extensive healthcare assets, accessing these can be challenging for some residents. Barriers identified include lack of insurance/insurance challenges, high healthcare costs, scheduling convenience, wait times, provider availability for new patients, transportation, discrimination, and language barriers.

Questions related to barriers to healthcare access were discussed in multiple ways (e.g., survey, focus groups, interviews) and different issues emerged via the various methods. In the community survey, respondents marked off which barriers they have experienced from a list. Importantly, it should be noted that 44% of survey respondents indicated that they have never experienced difficulty in getting healthcare. The top issues survey respondents marked overall were ability to schedule an appointment at a convenient time, insurance problems, cost of care, wait times, and doctors not accepting new patients. Figure 132 presents this data overall and by race/ethnicity. Language problems – e.g., difficulty communicating with a health provider or office staff – was not cited much by Somerset County survey respondents overall, but it was noted by 20% of Latino survey respondents.

Figure 132. Percent of Community Survey Respondents Reporting Which Issues Made It Difficult for Them or a Family Member to Get Medical Treatment or Care When Needed (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

In comparison to the 2018 Somerset County CHNA , 43.6% of participants completing the 2021 survey reported not experiencing difficulties in getting care, increasing from 34% of survey respondents in 2018. However, more residents at the county level in 2021 noted experiencing all other barriers to care, except "doctors not accepting new patients" when compared to the 2018 survey. It is possible that COVID-19 increased each specific type of barrier to medical care for Somerset County residents.

The sections below highlight some of the major themes related to access to care:

Cost and Affordability of Care

Focus group participants talked about the high cost of healthcare. Participants shared the challenges of paying insurance deductibles, co-pays, and other out-of-pocket costs related to healthcare. Members of one Spanish speaking focus group discussed the expense of specialty care which sometimes resulted in delayed or inconsistent health care. As one person summed up, "*You go to the hospital and they refer you to a specialist for everything. One for eye, one for feet. It scares you because you go doctor to doctor and each one costs. Then one charges you just to tell you you have to go to a specialist and they send you to a third place."*

> *"But really, health care is not affordable, even with insurance. You have to have tests done and it's nothing short of $1,000. Why would you go to a consultation that you pay for when you can't pay for the follow up? That's why people don't go*." - Focus group participant

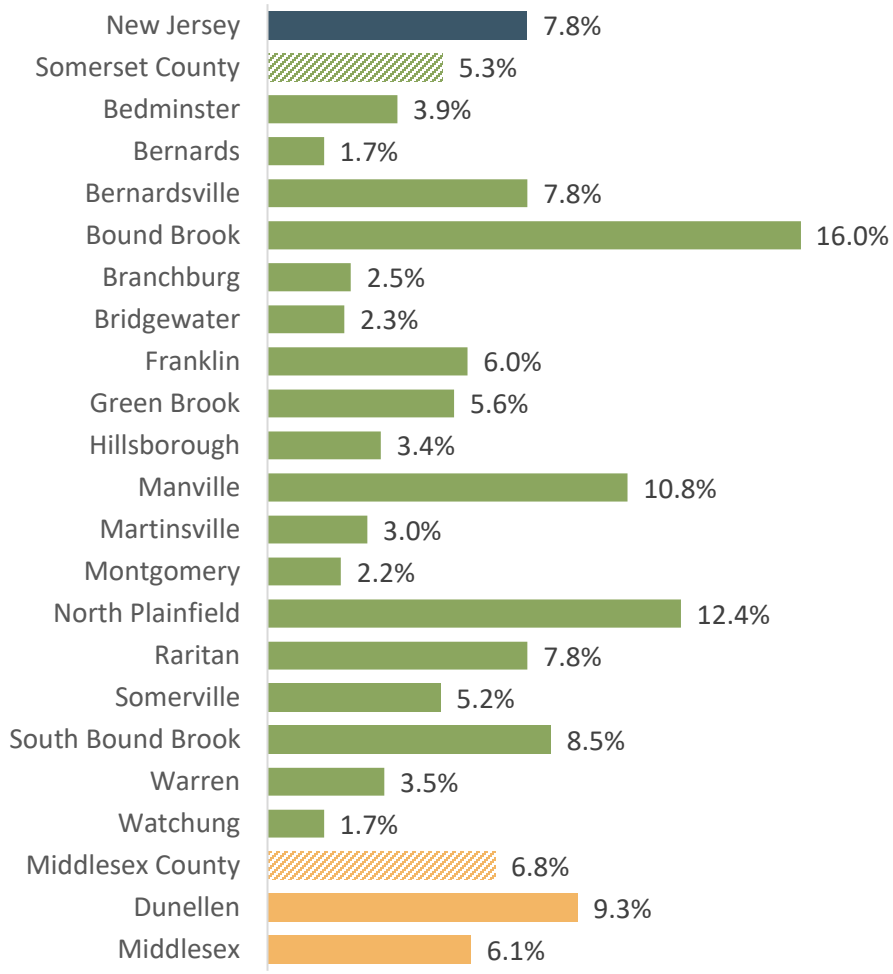
Health Insurance

Several participants stated that lack of health insurance and insufficient coverage are barriers to accessing healthcare. The high cost of health insurance was mentioned in several focus groups. As one person stated, *"Health insurance has been a huge issue, but I don't think I'll see a change in my lifetime, but I know I must keep up a certain about of money for my health and health insurance at this age."* Participants enrolled in Medicare were grateful to have this insurance, although one senior focus group member noted that it does not cover dental and eye care, both of which are expensive. Another focus group participant shared that switching doctors when switching insurances was challenging and affects continuity of healthcare. This was especially challenging for seniors whose partners or spouses were on Medicare, but they were not over 65 and had to access insurance using the marketplace.

The importance of health care system literacy was another theme in discussions, with one interviewee commenting that more education about this is needed: *"Knowing the right way to access health services. Navigating that and knowing when to use or not use emergency services. If you can take the Uber for seven dollars, don't take the ambulance for nine hundred. If you have a sniffle, don't go to the emergency room."*

Census data indicate that health insurance coverage is still an issue for some residents, although this varies by town. While only 5.3% of Somerset County residents are uninsured, the percent of population with no health insurance rages from 1.7% in Bernards and Watchung to 16.0% in Bound Brook (Figure 133).

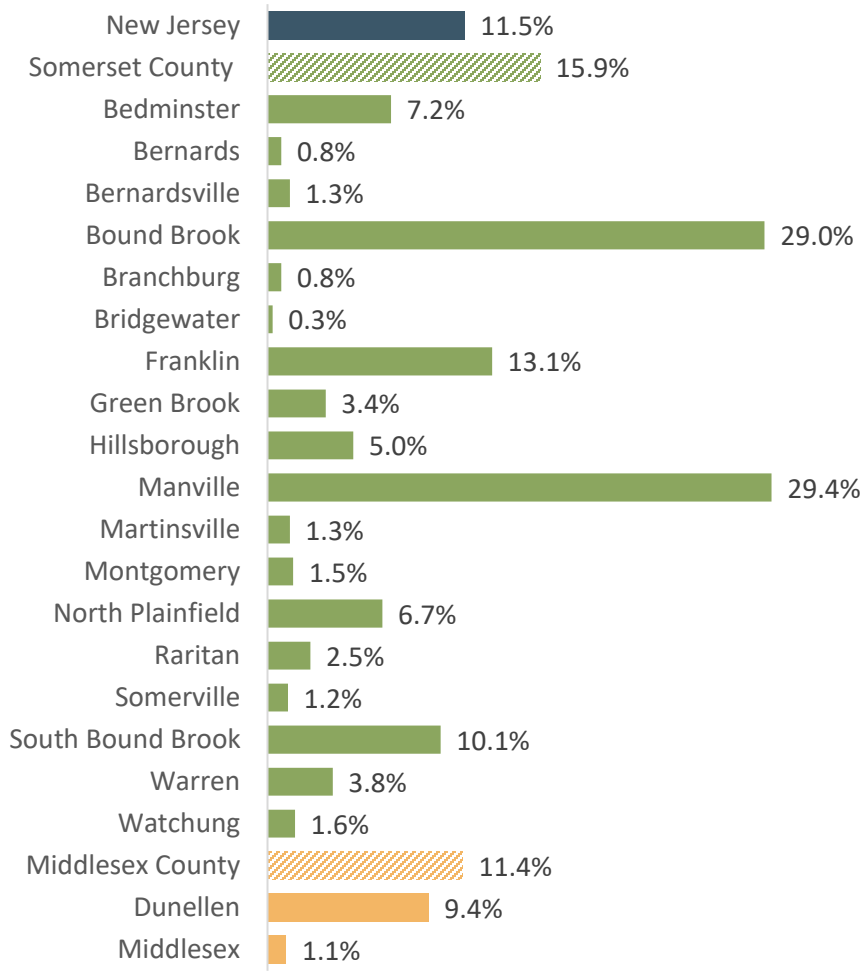
Figure 133. Percent Population Uninsured, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

In 2015-2019, 15.9% of people under age 19 were uninsured in Somerset County, higher than the state at 11.5% (Figure 134). Manville and Bound Brook had about 3 in every 10 residents 18 and under that were uninsured. Additionally, among residents aged 18 and under 13.1% of residents in Franklin and 10.1% of residents in South Bound Brook reported going without health insurance. Of note, most towns in Somerset County had relatively low rates of being uninsured compared to statewide and countywide percentages.

Figure 134. Population Under 19 with No Health Insurance, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Transportation

Transportation also played a role in making access to healthcare difficult for some Somerset residents. As discussed earlier, lack of access to a car and a difficult public transportation system was exceptionally challenging for lower income residents and seniors to get to the doctor. Several residented noted it could be overwhelming to navigate the public transportation system and time consuming as well.

Discrimination and Language Barriers

As discussed in an earlier section of this report, 42% of Black survey respondents indicated they believed they experienced discrimination based on their race when getting healthcare services, and 14% of Latinos indicate they they felt discriminated against based on language when receiving healthcare services. Language barriers and lack of racial and ethnic diversity among providers were additional themes that also came up in the focus group discussions with residents. As one focus group member remarked, *"None of my providers looks like me."* Spanish-speaking focus group participants discussed the challenges of navigating a complex system when you are not proficient in the language or the way the system works. Black focus group participants and an interviewee who works with LBGTQ residents spoke about the need for greater cultural competency among providers.

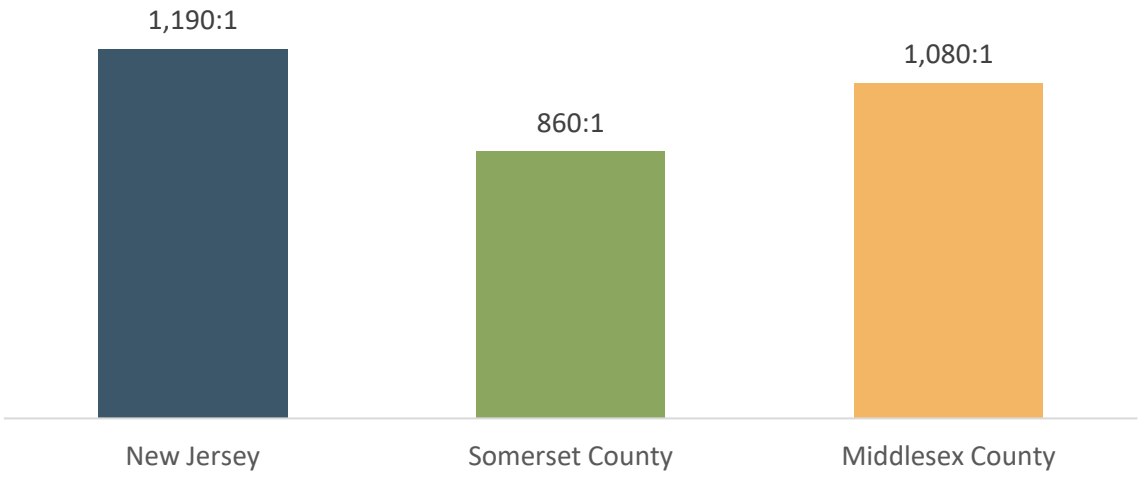
Delaying Health Care

Several participants stated that residents are delaying needed health care. The cost of health care and other barriers are some reasons for this. The pandemic has also had an effect. As one person explained, "*COVID scared people from going to the doctor, and now you can't have a support person go in with you for appointments or procedures."* Members of Spanish speaking focus groups spoke about the tendency for Latinos to seek medical care only when it is essential. As one person observed, "*For Latinos, whatever country, we're pretty much of the mindset that we don't go unless it's bad."* Participants provided several reasons for this including culture, fear of doctors and medical facilities, and inability to take time off from work.

Health Provider Availability

While residents face challenges in accessing healthcare, there are several providers and services in Somerset County. Surveillance data from 2017 indicate that Somerset County has fewer people per every primary care physician (860:1) than New Jersey overall (1,190:1), indicating a smaller people to provider ratio (Figure 135).

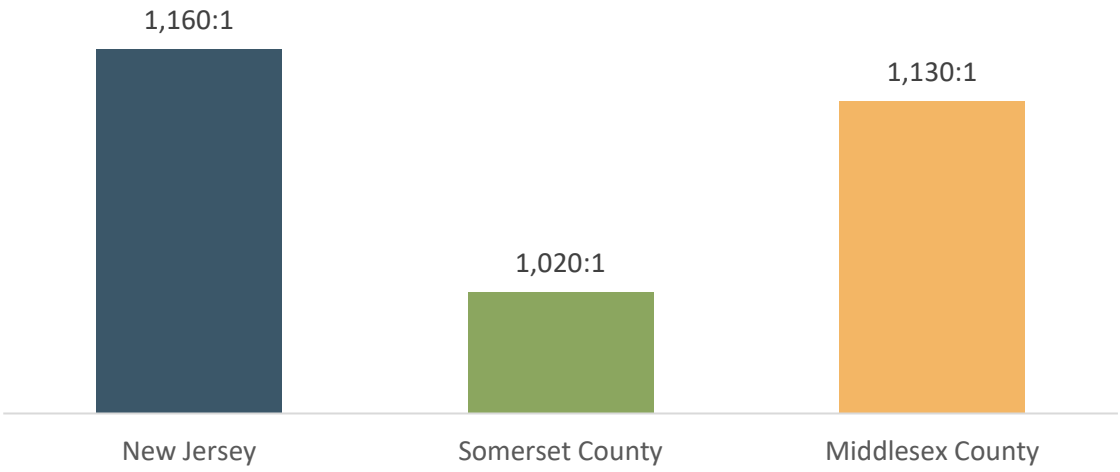
Figure 135. Ratio of Population to Primary Care Physicians, by State and County, 2017



DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017

Similar patterns are seen among dentists, where there is a smaller population to dentist ratio in Somerset County, indicating more dental providers per capita than the state (Figure 136).

Figure 136. Ratio of Population to Dentists, by State and County, 2018



DATA SOURCE: National Provider Identification file, Centers for Medicare and Medicaid Services, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Access to Social Services or Other Essential Services

Somerset County was decribed as having substantial and strong social services. Community-based nonprofits were seen as mission-driven and committed to their clients. The public health infrastructure was described as strong, although stressed by responding to COVID-19. Participants also spoke about County-wide efforts such as Healthier Somerset which have promoted prevention, identified and addressed public health gaps, and coordinated efforts across public health, hospitals, and community-based nonprofits as well engaged the business community.

> *"I see a lot of caring people involved in the County and providing social services to those in need, but…we only have so many people and can only ask them to do so much; our biggest challenge is the hands to do things*."-."-Key informant interviewee

One challenge several participants mentioned is lack of information about the resources that are available in the community. Those working in the social sector reported that residents, particularly those who could most benefit, do not know about their programs and services. Residents shared a similar view. As one focus group participant explained, *"I don't know what's in my community to tell you what's missing. I need to inform myself. I hate to say, but I don't know what's available to say what's not out there."* One interviewee shared that their food pantry in Somerville developed a book of referral sources for community services which has been helpful to bring information about local resources together in one place. A related issue is understanding how social sector programs work—including eligibility requirements and how to apply. As one person observed, *"There's a lot out there that people just don't know about. For example, if you get unemployment benefits, you can qualify for some education benefits or community classes credit. But people don't even know that's a thing."*

A common theme in several conversations was the lack of programming for Somerset youth, particularly those who are lower income. As one focus group member described, "*There aren't a lot of programs for kids after school, no sports and nothing to do*." Those programs that do exist, are often expensive. Focus group members shared that Middle Earth provides more affordable youth programming, but more youth opportunities are needed. As one focus group member explained, *"I dream a lot of sending my kids to [enrichment]services, but I can't because there's three of them that you have pay for. It's hard for me to tell my kids they can't participate in things that other people in their school do."*

One substantial constraint in the social service sector is staffing. Provider interviewees shared that low wages, high stress, and other employment opportunities make it difficult for nonprofit and public sector employers to attract and retain staff. The sectors most affected are those who care for the community's most vulnerable: young children, seniors, and those with disabilities. As one social service provider shared, "*People who work in elder care or disability services are leaving the field for more flexibility. They want to work from home*."

Community Vision and Suggestions for the Future

Interviewees and focus group participants were asked about their vision for the next five years, including suggestions for future programs, services, and initiatives. Several suggestions emerged, though most frequently discussed were suggestions regarding behavioral health services, prevention programs, services for youth and seniors, strengthened healthcare services, and addressing the broader social determinants of health.

There were fewer suggestions in these discussions involving policy and systems change – approaches recommended in the community health field. Interviewees and residents possibly did not bring up these larger systemic initiatives due to the complexity and magnitude of these approaches.

Expanding and Strengthening of Behavioral Health and Overall Healthcare Services

Greater Accessibility and Availability of Behavioral Health Services

Mental health and substance use were both identified by focus group participants and interviewees as top priority concern for Somerset County residents that have both been exacerbated since the pandemic. Focus group members and interviewees suggested more community-based mental health services, including recovery programs, that are affordable and accept all insurance types. Interviewees also urged that programs and services should be offered to wealthier communities, as well as lower income. As one interviewee explained, "*[Kids in Hillsborough] need [free and affordable] services just as much because we still have part of our population that can't afford it. Even though we're considered a high socioeconomic community, it doesn't mean that we don't need help for our kids and some people have trouble paying for it."* They also advocated for more prevention education programs to address substance misuse in the community, especially among youth. Participants saw a need for more language capacity within the behavioral health services field, as well as training in caring for patients of different backgrounds, including LGBTQ patients and those who have experienced trauma.

Navigation and Cultural Sensitivity related to Healthcare Services

Several participants provided suggestions to enhance healthcare services in Somerset County to help patients engage with the healthcare system more effectively, and vice versa. These suggestions focused on greater healthcare navigation support and increased cultural sensitivity and humility among providers and healthcare staff:

- *Healthcare navigation support*. Several interviewees noted that some residents face challenges navigating the healthcare system: understanding insurance, managing multiple doctors, following up after hospital discharge, managing medication. They saw a need for more education and support to address this, including an increase in navigators who can help patients figure out how to engage with the healthcare system (e.g., what works for their insurance, following up with referrals, engaging with a coordinated healthcare team, what to do after discharge). When describing Medicare requirements and coverage, one senior focus group participant stated, *"We spend a lot of time looking this stuff up, but it would be great if there was a streamlined way to get this information."*
- *Cultural Sensitivity and Humility*. Several participants suggested more trainings with healthcare providers and their staff to enhance their effectiveness in working with patients from different backgrounds and identities. Understanding how different population groups view the healthcare system and what their preferred communication approaches are was important. Also, it was important that providers be versed in trauma-informed care as well. One interviewee suggested

more training and education for providers about caring for the LGBTQ patients. Members of a focus group encouraged more training for providers relative to having conversations with and counseling people of color and finding ways to encourage more diversity in the healthcare workforce.

Focusing on the Upstream Factors and the Social Determinants of Health

Economic and Employment Opportunities

Expanding economic opportunities, especially for low-income workers, Latino residents, and LGBTQ residents, was suggested as a priority area by many assessment participants. Participants suggested improving initiatives to help those who face barriers to employment obtain jobs. Suggestions included a job fair in Spanish for the Latino community, financial support for those enrolled in certification programs (e.g., HVAC, barber, electronics), and education and incentives for employers relative to hiring transgender and other LGBTQ people. One focus group member stated that there are many small business owners in Somerset County who are starting over after having closed due to the pandemic. This person suggested more resources, including a job fair, for these and others who want to restart or open new businesses and want to connect with people with experience. Additionally, a few participants brought up expanding workforce protection, including increasing minimum wage and providing guaranteed sick leave, for essential workers such as restaurant industry workers, home health aides, and other workers.

Expanding Accessibility to Transportation and the Built Environment

Transportation was consistently brought up as a longstanding issue for Somerset County residents. Several focus group members and interviewees suggested more support was needed to address transportation barriers. They advocated for more buses and more bus routes especially in areas with greatest need, more bike lanes, and community bike and scooter share programs. Members of one focus group suggested lower costs for transportation, including a flat rate system. Participants praised current efforts to build community infrastructure supportive of healthy lifestyles. They suggested continuing efforts to develop bike lanes and walkability within communities. Additional suggestions included more wayfinding signage to connect people to healthy opportunities, bike racks, and pedestrian-only plazas. Participants in a focus group for cancer survivors suggested more farmer's markets, community gardens, and healthy grocery stores within walking distance. Another focus group member suggested a community gym for cancer survivors similar to one offered by Robert Wood Johnson. Participants emphasized that efforts should be county-wide, not limited to a few towns.

Housing

Access to affordable housing was among the most discussed issues in qualitative discussions. Not only are housing options limited for low to moderate income individuals, but it is also difficult for seniors and young families to afford staying in the area due to housing prices and property taxes. Residents also expressed a desire for more affordable housing for seniors to facilitate their ability to age in place. In terms of COVID-19, residents expressed concern about the lingering economic impact of the pandemic on housing affordability, impending evictions, and homelessness.

Targeting Specific Populations: Seniors and Youth

Services for Seniors

Seniors and providers who work with seniors shared several suggestions to improve senior health:

- *Technology support*. Given the growing emphasis on telehealth and the power of technology to connect with those who are more isolated, participants suggested programs to help seniors become more tech-savvy. This includes assistance to obtain Wi-Fi and equipment and education about how to use technology. As one person pointed out, among other things, *"This would allow home bound individuals to access a whole new engagement with services."*
- *Enhanced virtual programming*. One interviewee suggested using technology to more actively engage with older residents through activities such as virtual discussions and meetings, trivia games, and support groups. The interviewee saw this as particularly promising in reaching the most isolated and frail seniors.
- *Intergenerational programs.* Members of one senior focus group suggested more programming that engaged older and younger residents as a way to build community and understanding across generations. As one member explained, "*Kids should go to nursing homes and talk to older people to get to know them*."
- *Workforce stabilization*. More broadly, those working in the social sector and elder services advocated for more attention to the workforce challenges in this sector. Expanding home health services are critical to enable residents to age in place safely; licensed nursing assistants are the backbone of nursing home care, they indicated. Interviewees see higher salaries, full-time employment opportunities, and benefits as essential to creating a sufficient and high-quality workforce.

Initiatives for Youth

Parent focus group members and school health professionals reported that the region needs more affordable, high quality after-school and summer programs for youth, including sports and enrichment programs. These are seen as critical to reducing risky behavior and enhancing youth outcomes. School nurses stated that these services should be available in all communities and to all students, including those with autism and disabilities. As stated, *"I'd like to see more county-based programs, and some of that traveling based programs. That effect gives kids healthy, fun options. I'd like to see more stuff based in the communities that's free."* One nurse suggested engaging staff from the schools (including social workers and nurses) to identify specific needs in each school district and designing appropriate programming.

Greater Engagement and Access to Existing Initiatives

Access to Services & Community Outreach

Interviewees and focus group participants observed that information about existing services and programs are not easily accessible to community members. They recommended more be done to raise awareness. Suggestions included a community database (Aunt Bertha was mentioned), a resource fair, and outreach in paper and online, in multiple languages. To support newcomers to the community from other countries, one person suggested a "welcome wagon" or a program such as the New Americans Program in Middlesex County. Participants in one focus group suggested that information be targeted specifically to women and mothers, who make many of the family decisions. Additionally, an interviewee noted that food pantries are spread apart and difficult to access without good

transportation, one person suggested a more regional approach to food distribution or a mobile food pantry are needed.

Engagement of Community Organizations & Community Building

Participants also suggested that trusted community organizations be engaged as partners in outreach and information sharing about community service and programs. One person suggested libraries: *"I think the libraries are a great source; they're wonderful and people feel comfortable going there."* Another participant stressed the importance of engaging faith-based organizations especially given their reach and level of trust in the community. One interviewee stressed the need to make sure community members can weigh in with what their needs are what types of programming would be more beneficial. As this person shared, *"You create good programs because you think you know, but you don't. Finding how to make sure that the community is represented equitably and that they have a voice. We don't always have the bandwidth to do that, but it's important."* While community cohesion was mentioned as a community asset, participants expressed concern about polarization and mistrust within the community. One person suggested community-based events, such as a block party, to reinforce community connections.

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

- ***The COVID-19 pandemic has had substantial impact on the lives and the physical and mental health of Somerset residents.*** These impacts have been direct—anxiety, depression, substance misuse, and reduced access to healthcare. The pandemic has also affected economic livelihoods, education, and overall quality of life, all of which have an effect on long-term health and well-being. Preliminary 2020 data show that COVID-19 was the second leading cause of death in New Jersey, and recent national analysis shows it has impacted life expectancy for Americans. Black residents only makeup 8.8% of the Somerset County population, they accounted for 14% of COVID-19 deaths in Somerset County. Although communities and organizations across Somerset County rallied together to respond to the needs of its residents during the pandemic, the pandemic also highlighted issues of misinformation and distrust concerning public health measures such as masking and vaccination.

- ***The ongoing discussions about systemic racism on a national and local level brought to light the consequences of systemic racism and health inequities*****.** Issues related to structural racism as well as interpersonal discrimination were discussed in many conversations in focus groups and interviews. Residents discussed how Black and Latino community members often lack the opportunities to live a healthy lifestyle and have higher rates of chronic disease, which made them more susceptible to COVID-19. When asked about discrimination while receiving medical care, Black respondents were most likely to report discrimination on race/ethnicity, and Latino residents were most likely to report discrimination based on language/speech. Addressing systemic racism was a theme that emerged across interviews and focus groups.

- ***Some residents are struggling with lack of employment and economic opportunities, especially in light of COVID-19.*** In 2019, Somerset County reported an unemployment rate of 3%. However, during the pandemic, unemployment rates increased to 12.9% in May 2020, with similar patterns in Franklin (13.6%), Bridgewater (12.8%), Hillsborough (11.8%), and Bernards (9.3%). Latino residents were more likely to work as essential workers or worked in industries impacted by the pandemic were identified as facing unique challenges related to social and economic factors. More resources for career transitions and job training and technology were identified as critical to addressing these issues. Additionally, an interviewee noted LGBTQ residents face discrimination in employment, especially trans people, and there was more need for better employment incentives.

- ***Housing affordability and transportation continue to be concerns in Somerset County*****.** Housing affordability was identified as a pressing concern, particularly for seniors, young families, LGBTQ persons, immigrants, and low-income residents. Many renters across the area, especially in towns such as Manville (72.1%) and Bound Brook (74.4%), are spending more than 25% of their income on housing costs. Qualitative discussions highlighted how immigrants in Somerset County tend to work in low-wage jobs and often live in multigenerational or overcrowded housing conditions. In terms of transportation, participants described Somerset County as a car-dependent area and public transportation is not located in all areas, can be expensive, and difficult to understand. Suggestions to invest in alternate modes of transportation, such as bicycle and scooter share programs, increase

walkability in communities, and offer a flat rate public transportation system with expanded bus service.

- ***Behavioral health, an umbrella term for mental and substance use conditions, was identified as a significant community health concern—as it was in previous CHNAs.*** Among Somerset community survey respondents, mental health was identified as the top community health concern, high stress lifestyle was the third, and substance use, abuse, and overdose was the fourth. Stress, anxiety, depression, and isolation were the most frequently cited challenges among Somerset County residents. Seniors, parents and youth, LGBTQ residents, and low-income adults were identified as the populations most impacted by mental health challenges in Somerset County during qualitative data collection. Residents also described how COVID-19 has exacerbated mental health and substance use issues in the community. Additionally, alcohol use and opioids, fentanyl in particular, and marijuana use were highlighted as concerns for substance use; several interviewees noted they noticed an increase in substance use among youth.

- ***Social determinants of health, such as leisure time and financial security required to be healthy, were viewed as more pressing concerns than chronic conditions themselves*.** Obesity, stroke, high blood pressure, and cancer were discussed as prevalent in the community, especially among low-income residents and communities of color, and survey respondents indicated "overweight/obesity" was third most common health issue in their community. However, focus group participants focused on barriers to healthy living including affording healthy food, barriers to seeking medical care (including cost barriers), and having time to exercise and be outside.

- ***Somerset County has a wealth of social service organizations and health care services, though many residents experience barriers to accessing these resources.*** When survey respondents were asked about barriers to receiving medical care, they selected convenient timing of appointments, insurance problems, and cost of care as the top three concerns. Affordable health insurance and cost of care was highlighted as a concern within the Latino community, which was also reflected in the survey results. Black and Latino residents also identified discrimination as a barrier to receiving medical care. Many residents highlighted how it is difficult to find affordable mental health care, especially for children and Spanish-speaking community members. Additionally, while Somerset County was praised for having collaborative, strong social services, but residents often face difficulty navigating these resources. Several participants noted a need for more affordable afterschool programming for youth.

Prioritization Process and Priorities Selected for Planning

Prioritization allows organizations and coalitions to target and align resources, leverage efforts, and focus on achievable goals and strategies for addressing priority needs. Priorities for the community health improvement plan (CHIP) were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the process and outcomes of the Somerset County CHNA prioritization process.

Criteria for Prioritization

Planning participants utilized set prioritization criteria to help determine what community health issues should be prioritized for the CHIP. The following seven criteria were decided upon by the RWJBH Systemwide CHNA Steering Committee; they were used to guide prioritization discussions and voting processes with Healthier Somerset Coalition members.

Prioritization Criteria

- **Burden**: How much does this issue affect health in the community?
- **Equity**: Will addressing this issue substantially benefit those most in need?
- **Impact**: Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/accessibility?
- **Systems Change**: Is there an opportunity to focus on/implement strategies that address policy, systems, environmental change?
- **Feasibility**: Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass**: Are there existing groups across sectors already working on or willing to work on this issue together?
- **Significance to Community**: Was this issue identified as a top need by a significant number of community members?

Prioritization Process

The prioritization process was multifaceted and aimed to be inclusive, participatory, and data driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection

During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities, as well as the three highest priority issues for future action and investment (Appendices E and F). Community Priorities Survey respondents also were asked to select up to five of the most important issues for future action on in their communities noted in the Community Health Issues section of the CHNA Report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents as well as social, economic, and health data from surveillance systems, nine major priorities were identified for Somerset County:

- Coronavirus/COVID-19 (specifically related to testing, transmission, disease mitigation, etc.)
- Financial Insecurity/Unemployment
- Housing
- Transportation
- Systemic Racism, Racial Injustice & Discrimination

- Mental Health
- Alcohol & Substance Use
- Chronic Disease
- Access to Services

Step 2: Data-Informed Voting via a Coalition Prioritization Meeting

On, September 9, 2021, a one-hour virtual community meeting was held for the Healthier Somerset Coalition CHNA-CHIP Data and Planning Subcommittee members (Appendix A), so coalition members could discuss and vote on preliminary community priorities. During the prioritization meeting (held virtually), attendees heard a brief data presentation on the key findings for Somerset County CHNA. Participants were asked to identify any additional priorities that they thought were missing from the data-derived list using the Chat feature of Zoom.

Next, meeting participants were divided into small groups to discuss the data and offer their own perspectives and expertise on the various priorities. Meeting participants then shared information from their discussions with the full group. Additionally, participants were also given a prioritization matrix tool so that they could rate the nine health issues on how they meet the prioritization criteria (Burden, Equity, Impact, Systems Change, Feasibility, Collaboration/Critical Mass, Significance to Community). The tool allowed users to rate each of the issues as 1=low, 2=medium, 3=high, or 4=very high for each of the criteria and tally the total to help participants rank issues against one another.

At the end of the meeting, using Mentimeter's online polling tool, meeting participants were asked to vote for up to four of the nine priorities identified from the data and based on the specific prioritization criteria. A total of twenty coalition subcommittee members voted during the Community Prioritization Meeting.

Voting identified that several issues ranked closely together:

- Systemic Racism, Racial Injustice, and Discrimination 60% (12/20)
- Financial Insecurity/Unemployment 60% (12/20)
- Transportation 55% (11/20)
- Mental Health 50% (10/20)
- Access to Services 50% (10/20)
- Chronic Disease 45% (9/20)
- Housing 45% (9/20)

Step 3: Prioritization Refinement via a Coalition Prioritization & Planning Meeting

All members of the Healthier Somerset Coalition were invited to participate in a series of four planning sessions to refine priority areas and identify goals, objectives, and strategies to improve health for each priority area. As part of the pre-planning orientation meeting on October 5, 2021, planning participants, made up of Healthier Somerset Coalition members and community members, met virtually to discuss CHNA findings and the outcome of the previous prioritization meeting that was held for the Data & Planning Subcommittees. The goal of this meeting was to refine and narrow priorities into four priority areas.

In the meeting, participants were presented with information that reviewed key findings from the CHNA and the previous ranking of priorities from Joint Meeting of the CHNA-CHIP Data and Planning Subcommittees. Participants were divided into small groups to discuss if the findings were consistent

with their experience and understanding of the community, and they were asked to discuss the following prioritization options:

- A) Should Systemic Racism, Racial Injustice, and Discrimination be its own priority area, or should it be integrated across ALL priorities of the plan?
- B) Would you be in favor of combining Access to Health Care and Transportation under one priority?
- C) Would you be in favor of combining Mental Health and Substance Use under one priority?
- D) Would you like to keep Chronic Disease broadly focused as a priority, or focus specifically on Healthy Eating and Active Living (HEAL)?

Participants were asked to submit individual responses to the questions above based on their discussion and personal viewpoint using Mentimeter's online polling tool. A total of 36 individuals responses responded to prioritization question A and 38 respondents participated in questions B, C, and D. Participants elected to:

- A) Integrate addressing systemic racism, racial injustice, and discrimination across all categories. 66% (24/36)
- B) Keep access to health care and transportation separate priorities. 51% (19/37)
- C) Combine mental health and substance use under a behavioral health priority. 92% (34/37)
- D) Focus the chronic disease priority on healthy eating and active living (HEAL). 58% (21/36)

After planning participants voted on the above items, the priority areas were adjusted to reflect these new additions. Planning participants were then asked via a Mentimeter poll to identify their top three CHIP priorities based on the seven condensed categories for voting results. The following four areas were identified as priorities:

- Behavioral Health (Mental Health & Substance Use)- 77% (27/35)
- Financial Insecurity/Unemployment- 51% (18/35)
    - Of note, planning participants later elected to rename this priority as "Economic Wellbeing"
- Chronic Disease with a focus on Healthy Eating/Active Living- 51% (18/35)
- Access to Services- 46% (16/35)

These four priority areas have been the focus of planning sessions being conducted in late Fall 2021 to develop a plan to identify goals, measurable objectives, and strategies to address these issues.

APPENDICES

Appendix A – Healthier Somerset Coalition Data and Planning Subcommittee Members
Appendix B – Healthier Somerset Coalition Organizational Members
Appendix C – Key Informant Interviewees
Appendix D – Key Informant Interview Guide
Appendix E – Focus Group Guide
Appendix F – Resource Inventory
Appendix G – Additional Data Tables
Appendix H – Hospitalization Data
Appendix I – Cancer Data
Appendix J – Results and Outcomes Report from

Appendix A – Healthier Somerset Coalition Data and Planning Subcommittee Members

Data Subcommittee	Organization	Planning Subcommittee	Organization
Serena Collado	Community Health, Robert Wood Johnson University Hospital Somerset	Serena Collado	Community Health, Robert Wood Johnson University Hospital Somerset
Melissa Feltmann	Healthier Somerset	Melissa Feltmann	Healthier Somerset
Annette Arnold		Kristen Schiro	EmPoWER Somerset
Lea Kimmelman	Morris-Somerset Regional Chronic Disease Coalition	Maria Strada	Middle Earth
Maryann Couch	Montgomery Township Board of Health	Walter Lane	Planning, Policy, and Economic Development-Somerset County
Kim Cole	Greater Somerset County YMCA	Chris Corvino	The Arc of Somerset County
Toni Lewis	New Jersey Health Initiatives	Tiffany Neal	Hillsborough Township Health Department
Kevin Sumner	Middle-Brook Regional Health Commission	Susan Bruder	Somerset County Department of Education
Siobhan Spano	Hillsborough Township Health Department	Aimee Lam	Literacy Volunteers of Somerset County
Vanessa Freire	Bridgewater Township Health Department	Linda Rapacki	RideWise Inc.
Danielle King	Babs Siperstein PROUD Center, Robert Wood Johnson University Hospital Somerset	Christine Newman	AARP NJ
Shisha Patel	Robert Wood Johnson University Hospital Somerset	Cristina Anastasio	AARP NJ
Joanne Chan	Robert Wood Johnson University Hospital Somerset	Jennifer Salt	Zufall Health Center
Meg Isbitski	Somerset County Department of Human Services	Sigrid Solis	Family & Community Health Sciences (FCHS), Somerset County
Marcella O'Herlihy	Robert Wood Johnson University Hospital Somerset	Nicole Wiggs	Housing & Community Development Network of New Jersey
Heather Bielefeldt	Alternatives, Inc.	Dina Fornataro-Healey	Somerset County Park Commission
Karolina Georgens	Community Health, Robert Wood Johnson University Hospital Somerset	Namitha Reddy	Somerset County Department of Health
Amy Harris	Epiphany Community Services	Stephanie Carey	Montgomery Township Health Department
		Lucy Forgione	Bernards Township Health Department

Appendix B – Healthier Somerset Coalition Organizational Members

Organization
AARP NJ
Adult Day Center of Somerset County
Affinity Credit Union
Allied Wealth Partners
Allstate
Alternatives, Inc.
American Heart Association
American Lung Association
Bernards High School
Bernards Township
Bernards Township Health Department
Bonnie Brae
Bound Brook
Branchburg Health Department
Brandywine Living at Middlebrook Crossing
Bridgewater Raritan Regional School District
Bridgewater Township
Bridgeway
Bridgeway Rehab
Brother International
Building Bridges to Better Health
CrossRoads4Hope
Center For Neuro Muscular Therapy
Centerpath Wellness
Central Jersey Family Health Consortium
Comfort Keepers
Community in Crisis
Community Visiting Nurse Assocation
Courier News
Duke Farms
EmPoWER Somerset
EOS Partners
Epiphany Community Services
Feeding Hands
Final Touch Plantscaping
Franklin Township
Franklin Township Clarement Elementary School Nurse
Franklin Township Elizabeth Avenue School
Franklin Township MacAfee School
Franklin Township Parks & Rec
Greater Somerset County YMCA - Hillsborough

Organization
Greater Somerset County YMCA - Somerset Hills
Greater Somerset County YMCA - Somerville
Greater Somerset County YMCA Association
Green Brook Township Public Schools
Green Brook Township
Healthier Middlesex
High Focus Centers Branchburg
Hillsborough Ag Adv.
Hillsborough BOE
Hillsborough Township
Hillsborough Township Public Schools
Hope Street
Horizon Blue Cross Blue Shield of New Jersey
Horizon Blue Cross Blue Shield
Horizon NJ Health
Housing and Community Development Network of New Jersey
IHN
IMH Stigma Free N Plainfield
Jewish Family Services
Johnson & Johnson
LifeCamp
Literacy Volunteers of Somerset County
Manville School District
March of Dimes
Marriott
Matheny
Mental Health Directs
MHANJ
Middle Earth
Middle-Brook Regional Health Commission
Middlebush Reformed Church & Church Based Mental Health Services
Montgomery Township
Montgomery Twp, SC Health Officers Association
Mtg Bd of Health Advisor
NAMI Somerset
Natural Medicine & Rehabilitation
New Jersey Health Initiatives
Nicotine Anonymous

Organization
NJ Center for Tourette Syndrome & Associated Disorders
North Plainfield
Norz Hill Farm
OFS Fitel
Ortho Clinical Diagnostics
Peapack-Gladstone Bank
Perkins Partnership
Prestige Medical Solutions
Profile Plan
Raritan Valley Habitat for Humanity
RideWise, Inc.
Right At Home Home Care
Rock Steady Boxing
Rutgers
Rutgers Cooperative Extension
Rutgers Cooperative Extension Family & Community Health Sciences, RCE
Rutgers University - New Jersey Agricultural Experiment Station
RWJUH Somerset
Safe+Sound Somerset
Sanofi
Social Security
Somerset County
Somerset County Action Program
Somerset County Adjusters Office
Somerset County Business Partnership
Somerset County Department of Education
Somerset County Department of Health

Organization
Somerset County Department of Human Services
Somerset County Freeholders
Somerset County Library System of New Jersey
Somerset County Office on Aging & Disability Services
Somerset County Park Commission
Somerset County Planning Board
Somerset County Department of Public Works
Somerset County Prosecutor's Office
Somerset County Public Health and Safety /Emergency Management
Somerset County Public Information
Somerset County Richard Hall
Somerset County School Nurses Association
Somerset County Youth Services
Somerset IFSS
Somerset Treatment Services
South Bound Brook Council
South Bound Brook Mayor
Steeplechase Cancer Center - RWJUH Somerset
The Arc of Somerset County
The Center for Great Expectations
The Greater Raritan Workforce Development Board
United Way of Northern New Jersey
Verizon
Verizon Wireless
Visions & Pathways
Watchung Finance
WWFH-NJ (We Work for Health)
Zufall Health Center
Zufall Health Center - SNAP-Ed

Appendix C – Key Informant Interviewees for the CHNA

Name	Title	Organization
Aimee Lam	Executive Director	Literacy Volunteers of Somerset County
Cynthia “Cindy” Povall	School Counselor	Hillsborough High School
Danielle King	Babs Siperstein PROUD Center Coordinator/LGBTQ+ Patient Navigator	RWJUH Somerset, PROUD Center
Jennifer Amponin	School Nurse	Hillsborough High School
Jennifer Dixon	Director of School Counseling	Union Catholic High School
Joanne Fetzko	Executive Director	Office on Aging and Disability Services
Joanne Hala	Associate Director of Workforce Development & Grants	United Way of Northern New Jersey
Linda Rapacki	Marketing Manager	RideWise
Lucy Forgione	Health Officer	Bernards Township Health Department
Namitha Reddy	Director and Health Officer	Somerset County Department of Health
Reverend Gerald McLynn	Pastor	Emmanuel Church Somerville
Reverend Tim Wolf	Director & Lead Pastor	Pioneer Family Success Center & New Horizon Christian Fellowship
Sheriff Darrin Russo	Sheriff	Somerset County Sheriff’s Office
Siobhan Spano	Health Officer	Hillsborough Township Health Department
Stephanie Carey	Health Officer	Montgomery Township Health Department
Vanessa Freire	Health Officer	Branchburg Health Department

Appendix D – Key Informant Interview Guide for the CHNA

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by Healthier Somerset, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

I. BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today.

- A few months ago, the Healthier Somerset coalition began undertaking a community health assessment effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these around Somerset County with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We recognize this is a unique time we are in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

- Our interview will last about 45 – 60 minutes. After all the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during these discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.

- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

- Can you tell me a bit about your organization/agency? **[TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]**

- [PROBE ON ORGANIZATION: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]
    i. What are some of the biggest challenges your organization faces in conducting your work in the community?
    ii. How have these changed during COVID-19? What new challenges do you anticipate going forward?

III. COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (10 MINUTES)

- How would you describe the **community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)**

a. What do you consider to be the community's strongest assets/strengths?
b. How have you seen the community change over the last several years?
c. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE IF NOT YET MENTIONED ON: transportation; affordable housing; discrimination; financial stress; food security; violence; employment; cultural understanding; language access; impacts of environmental problems and climate change, etc.] REPEAT QUESTIONS FOR DIFFERENT ISSUES]
    i. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
    ii. How has [ISSUE] affected their daily lives?
    iii. How have these issues changed during/since COVID-19?

[REPEAT SET OF QUESTIONS FOR TWO OR THREE ISSUES MENTIONED]

IV. HEALTH ISSUES (10 MINUTES)

- What do you think are the most pressing health concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS. PROBE FOR HEALTH ISSUES NOT DIRECTLY RELATED TO COVID-19, OR ISSUES THAT HAVE CHANGED BECAUSE OF COVID-19]

    - How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]
        i. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?
        ii. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?
        [PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP: Cost or economic hardship, transportation, stigma, attitudes towards seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, insurance coverage, etc.]

- What are current or emerging trends that could have an impact on the public health system or the community? Has anything become apparent due to the Coronavirus pandemic?

V. *TAILORED SECTION* - SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE AND ASK A FEW QUESITONS IF NOT YET BROUGHT UP. (5-10 MINUTES)

For Interviewees Working in Housing and/or Transportation

- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?

- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- What has been working well in the community to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are there opportunities for improvement or innovation?

For Interviewees Working in Financial Instability, Employment, and Workforce Development
- What challenges are residents facing regarding hiring, employment, or job security?
- What were the needs in this community around workforce development? What is needed to improve residents' employability? What training or resources are needed?
- Are there any approaches to improving workforce development and financial stability that you think will have to change in light of the pandemic and its impacts?

For Interviewees Working with Communities where Immigration and/or Discrimination is a Concern
- What are some of the specific challenges around immigration issues or discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How has the pandemic and/or movements for racial justice impacted addressing issues and needs of diverse groups?

For Interviewees Working with Seniors/Older Adults
- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Substance Use or Mental Health
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- How has the pandemic impacted community members regarding substance use and mental health?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

VI. VISION FOR THE FUTURE (10 MINUTES)

- I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?

    - What do you see as the next steps in helping this vision become reality?
    - We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organization/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

- As you think about your vision, what do you think needs to be in place to support sustainable change?
  - How do we move forward with lasting change across organizations and systems?
  - Where do you see yourself or your organization in this?

- We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?

VII. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Your perspectives about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and for sharing your opinion

Appendix E – Focus Group Guide for the CHNA

Goals of the focus group:

- To determine perceptions of the strengths and needs of the community
- To understand residents' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

I. BACKGROUND (5-10 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.

- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

NORMALLY, WE WOULD BE DOING THIS IN-PERSON AS A GROUP.

- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- A few months ago, the Healthier Somerset coalition began undertaking a community health assessment effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these around Somerset County with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We recognize this is a unique time we have been in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- [NOTE IF AUDIORECORDING] We plan to audio record these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings. Does anyone have any concerns with me turning the recorder on now?

- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (5 minutes)

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do for fun. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

For the following questions, we will be discussing the strengths and concerns in your community.

1. If someone was thinking about moving into your community, what would you say are some of its biggest strengths about your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
    a. How have these strengths changed during COVID-19?

2. To contrast that, what are some of the biggest problems or concerns in your community? How have these concerns changed during COVID-19? [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]
    a. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis? [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]
    b. How have these changed during COVID-19?
    c. What specific population groups do you think have been most at-risk for these issues in your community?

3. In the past year, there has been more national dialogue around racial injustice, inequity, and structural racism.
    a. How has this dialogue played out in the [COMMUNITY NAME] community? How have issues of inequity played out in the [COMMUNITY NAME] community?
    b. How can different community organizations effectively contribute to the ongoing conversation and movement for racial justice?

4. What do you think are the most pressing *health* concerns in your community?
    a. How did these health issues affect your community? In what way?
        i. How have these changed during COVID-19?
    b. What specific population group are most at-risk for these issues?

5. Thinking about health and wellness, what makes it easier to be healthy in your community?
        i. What supports your health and wellness?
    b. What makes it harder to be healthy in your community?

IV. PERCEPTIONS OF COMMUNITY NEEDS, BARRIERS, AND OPPORTUNITIES (15 minutes)
What are the top three issues of concern that have been mentioned? [MODERATOR TO NAME THE MAJOR 3-4 ISSUES – HEALTH, TRANSPORTATION, SOCIAL, ECONOMIC, ETC. --THAT HAVE COME UP SO FAR.] Let's talk about some of the issues.

6. Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

7. Let's talk about [ISSUE]. *(Moderator to select one major issue discussed.)* What are the some of the barriers or challenges residents face in dealing with [ISSUE]? [PROBE: BARRIERS TO SERVICES, ASSISTANCE, COORDINATION, SOCIAL/ECONOMIC FACTORS, DISCRIMINATION, ETC.]
    a. Thinking about your larger community environment – the services and resources available, your state and local policies or practices, etc. -- what do you see as some of the biggest challenges for your community to tackle this issue or make improvements?
    b. What do you think should happen in the community to address this issue? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

[REPEAT Q6 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

8. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
    a. What do you think needs to happen in the community to make this vision a reality?
    b. Who should be involved in this effort?

9. We talked about a lot of things today. Thinking about what would make the most impact, who is most affected by the different issues we talked about, and how realistic it is to make change: What do you think are the most important areas of action to improve the health in Somerset County? If organizations and agencies are going to work together to tackle the community's biggest issues, what should they put at the top of the list?

VI. CLOSING (2 minutes)
Thank you so much for your time. This is a very difficult time for everyone, and your perspective will be a great help in determining how to improve the systems that affect your community.

That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS CAN GET INVOLVED FURTHER OR RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT.]

Appendix F – Resource Inventory

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Ambulatory Care	Basking Ridge	136 MOUNTAIN VIEW Blvd.	BASKING RIDGE	07920	(212) 639-8810	SSA-2
Ambulatory Care	RIDGE	140 ALLEN ROAD	BASKING RIDGE	07920	(908) 604-7800	SSA-2
Ambulatory Care	Franklin Surgical Center	175 MORRISTOWN ROAD - SUITE 102	BASKING RIDGE	07920	(908) 766-5556	SSA-2
Ambulatory Care	University Radiology Group, PC	1 ROBERTSON DRIVE, SUITE	BEDMINSTER	07921	(908) 234-0205	
Ambulatory Care	REJUV SURGERY CENTER, L.L.C.	59 MINE BROOK ROAD	BERNARDSVILLE	07924	(908) 630-0007	
Ambulatory Care	BRIDGEWATER DIALYSIS CENTER	2121 ROUTE 22 WEST	BOUND BROOK	08805	(732) 469-7202	
Ambulatory Care	University Radiology Group, PC	33 MONROE STREET	BRIDGEWATER	08807	(908) 725-1291	
Ambulatory Care	Ambulatory Surgical Center Of Somerset	1081 ROUTE 22 W, SUITE	BRIDGEWATER	08807	(908) 809-1000	
Ambulatory Care	ARTHUR W PERRY MD	3055 ROUTE 27	FRANKLIN PARK	08823	(732) 422-9600	
Ambulatory Care	Hillsborough Radiology Centers, LLC	105 RAIDER BOULEVARD	HILLSBOROUGH	08844	(908) 359-9331	
Ambulatory Care	Hillsborough Radiology Centers, LLC	375 ROUTE 206, SUITE ONE	HILLSBOROUGH	08844	(908) 874-7600	
Ambulatory Care	Digestive Healthcare Center, Pa	412 COURTYARD DRIVE	HILLSBOROUGH	08844	(908) 218-9222	
Ambulatory Care	Hillsborough Dialysis Center	220 TRIANGLE ROAD	HILLSBOROUGH	08844	(908) 369-0398	
Ambulatory Care	Central Jersey Ambulatory Surgical Center,	511 COURTYARD DRIVE	HILLSBOROUGH	08844	(908) 895-0001	
Ambulatory Care	ATLANTIC MATERNAL FETAL MEDICINE AT	784-792 CHIMNEY ROCK	MARTINSVILLE	08836	(973) 971-7082	
Ambulatory Care	NEIGHBORHOOD HEALTH CENTER CARDINAL	950 PARK AVENUE	PLAINFIELD	07060	(908) 754-5840	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Ambulatory Care	Dialysis Clinic, Inc., Somerset	950 HAMILTON STREET	SOMERSET	08873	(732) 565-5440	PSA
Ambulatory Care	University Radiology Group, PC	75 VERONICA AVENUE	SOMERSET	08873	(732) 246-0060	PSA
Ambulatory Care	Somerset Dialysis Center	240 CHURCHILL AVENUE	SOMERSET	08873	(732) 937-5000	PSA
Ambulatory Care	ProCure Proton Therapy Center	103 CEDAR GROVE LANE	SOMERSET	08873	(732) 357-2600	PSA
Ambulatory Care	University Orthopaedic Associates, LLC	2 WORLDS FAIR DRIVE	SOMERSET	08873	(732) 537-0909	PSA
Ambulatory Care	Fresenius Medical Care Piscataway	1135 EASTON AVENUE	SOMERSET	08875	(781) 699-9000	PSA
Ambulatory Care	Hamilton Street Dialysis	920 HAMILTON STREET, SUITE C-3	SOMERSET	08873	(732) 220-1593	PSA
Ambulatory Care	Urgent Care Imaging Center, LLC	107 CEDAR GROVE LANE, SUITE 108	SOMERSET	08873	(201) 774-9990	PSA
Ambulatory Care	Multi Care Therapy Center	1527 STATE ROUTE 27, SUITE 1100	SOMERSET	08873	(732) 545-7474	PSA
Ambulatory Care	AMBULATORY SURGICAL CENTER AT BASKING RIDGE L.L.C.	81 VERONICA AVENUE	SOMERSET	08873	(973) 871-2533	PSA
Ambulatory Care	Raritan Valley Surgery Center	100 FRANKLIN SQUARE DRIVE, SUITE 100	SOMERSET	08873	(732) 560-1000	PSA
Ambulatory Care	University Center for Ambulatory Surgery	2 WORLDS FAIR DRIVE	SOMERSET	08873	(732) 748-1117	PSA
Ambulatory Care	SOMERSET EYE INSTITUTE PC	562 EASTON AVENUE	SOMERSET	08873	(732) 828-5900	PSA
Ambulatory Care	Physicians Dialysis Somerville	1 ROUTE 206 NORTH	SOMERVILLE	08876	(908) 450-0396	
Ambulatory Care	Ambulatory Surgical Center of Somerville, LLC	1 ROUTE 206	SOMERVILLE	08876	(908) 393-8360	
Ambulatory Care	University Radiology Group, PC	16 MOUNTAIN BOULEVARD	WARREN	07059	(908) 769-7200	
Ambulatory Care	CSH-OUTPATIENT CENTER WARREN	266 KING GEORGE ROAD	WARREN	07059	(732) 258-7050	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Ambulatory Care	Surgicare of Central Jersey, LLC	40 STIRLING ROAD	WATCHUNG	07069	(908) 769-8000	
Behavioral Health	East Mountain Hospital	40 EAST MOUNTAIN ROAD	BELLE MEAD	08502	(908) 281-1500	
Behavioral Health	CARRIER CLINIC	252 ROUTE 601	BELLE MEAD	08502	(908) 281-1000	
Behavioral Health	Bridgeway Rehabilitation, Inc.	515 Church St	BOUND BROOK	08805	(908) 704-8252	
Behavioral Health	Easter Seal Society of NJ	21 Davenport Street	BRIDGEWATER	08807	(908) 722-4300	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 253-3160	
Behavioral Health	Catholic Charities - Diocese of Metuchen	540 Route 22 East	BRIDGEWATER	08807	(908) 722-1881	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 253-3128	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Alternatives, Inc.	600 First Avenue	Raritan	08869	(908) 685-1444	
Behavioral Health	Somerset County Department of Human	27 Warren St. - 3rd Floor	SOMERVILLE	08876	(908) 704-6320	
Behavioral Health	Easter Seal Society of NJ	245 US Highway 22, Suite	SOMERVILLE	08876	(908) 722-4300	
Behavioral Health	Easter Seal Society of NJ	21 Davenport Street	SOMERVILLE	08876	908) 722-4300	
Behavioral Health	Somerset County PESS	282 Main St	SOMERVILLE	08876	(908) 526-4100	
Behavioral Health	Freedom Trail SHC	166 West Main Street	SOMERVILLE	08876	(908) 722-5778	
Clinical Care	Somerset Valley Urgent Care	470 U.S. Highway 202/206 & Hills Drive	BEDMINSTER	07921	908-781-7171	
Clinical Care	AFC Urgent Care Bound Brook	601 W Union Ave	BOUND BROOK	08805	732-469-3627	
Clinical Care	Access Medical Associates	Building 1 3322 Route 22	Branchburg	08876	908-704-0100	
Clinical Care	Dental Care Bridgewater	475 N Bridge St	BRIDGEWATER	08807	(908) 947-0320	
Clinical Care	U.S. HealthWorks Medical Group	350 Grove Street at Route 22 Eas	BRIDGEWATER	08807	908-231-0777	
Clinical Care	Brunswick Urgent Care	3185 NJ-27	FRANKLIN PARK	08823	732-422-4889	
Clinical Care	Family Care PA	257 US-22	Green Brook	08812	732-968-7878	
Clinical Care	RWJ Physician Enterprise Urgent Care	751 Route 206 North Suite	HILLSBOROUGH	08844	908-685-2513	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Clinical Care	Hillsborough Comprehensive Dental Care	390 Amwell Rd Suite 108	HILLSBOROUGH	08844	(908) 431-5624	
Clinical Care	Dental Care Hillsborough	706 US-206	HILLSBOROUGH	08844	(908) 533-9027	
Clinical Care	Hunterdon Healthcare Urgent Care	45F 206 South	Raritan	08869	908-237-4122	
Clinical Care	Dental Care Somerset	441 Elizabeth Ave	SOMERSET	08873	(908) 333-4995	PSA
Clinical Care	Krantz Dental Care	7 Cedar Grove Ln #33	SOMERSET	08873	(732) 469-8083	PSA
Clinical Care	Platinum Dental Group, LLC	636 Easton Ave	SOMERSET	08873	732) 828-0606	PSA
Clinical Care	Cedar Grove Dental	97 Cedar Grove Ln	SOMERSET	08873	(732) 271-1220	PSA
Clinical Care	Somerset Dentists	710 Easton Ave Ste 1	SOMERSET	08873	(732) 545-4465	PSA
Clinical Care	KK Dental	1323 NJ-27	SOMERSET	08873	(732) 249-0411	PSA
Clinical Care	Brunswick Dental Care	225 Demott Ln	SOMERSET	08873	(732) 246-0100	PSA
Clinical Care	Complete Dental Care	25 Clyde Rd	SOMERSET	08873	(732) 873-4122	PSA
Clinical Care	Belbar Dental Associates	812 Hamilton St	SOMERSET	08873	(732) 846-2494	PSA
Clinical Care	Esteem Dental Services	84 Veronica Ave B1017	SOMERSET	08873	(732) 210-0505	PSA
Clinical Care	Zufall Health Center	71 Fourth St.	SOMERVILLE	08876	(908) 526-2335	
Clinical Care	ME Urgent Care Center	1569 US Highway 22	WATCHUNG	07069	908-322-2631	
Communicable Disease	Planned Parenthood of Greater Northern	203 South Main Street	Manville	08835	908) 231-9230	
Communicable Disease	Somerset Family Practice	110 Rehill Avenue	SOMERVILLE	08876	908) 685-2900	
Communicable Disease	Women's Health & Counseling Center	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335	
Family & Social Support Services	Somerset County Vocational Technical High	14 Vogt Drive	BRIDGEWATER	08807	(908) 526-8900 ext. 7286	
Family & Social Support	Safe and Sound Somerset	427 Homestead Road	HILLSBOROUGH	08844	(908) 359-0003	
Family & Social Support	Somerset County Board of Social Services	391-D Somerset Street	North Plainfield	07060	(908) 526-8800	
Family & Social Support	Somerset County Board of Social Services	610 Franklin Blvd.	SOMERSET	08873	(732) 846-6499	PSA
Family & Social Support	Somerset County Board of Social Services	73 East High Street	SOMERVILLE	08876	(908) 526-8800	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Family & Social Support	Zufall Health Center	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335	
Family & Social Support	Community Child Care Solutions	86 East Main Street	SOMERVILLE	08876	(908) 927-0869	
Family & Social Support	Empower Somerset, Inc.	34 W. Main Street, Suite	SOMERVILLE	08876	(908) 722-4400	
Family & Social Support Services	EmPOWER Family Success Center	34 West Main Street Second Floor, Suite 201	SOMERVILLE	08876	(908) 722-4400	
Family & Social Support Services	Franklin High School	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335 ext. 133	
Family & Social Support	VanDerveer #10	Union Avenue	SOMERVILLE	08876	(732) 324-8200	
Family & Social Support Services	Somerset County Child Assault Prevention	PO Box 155	South Bound Brook	08880	(732) 356-1422	
Healthcare Locations	RWJ SLEEP CENTER	331 US HIGHWAY ROUTE 206 - 2ND FLOOR	HILLSBOROUGH	08844	(908) 231-6180	
Healthcare Locations	THE MATHENY SCHOOL AND HOSPITAL	65 HIGHLAND AVENUE	PEAPACK	07977	(908) 234-0011	
Healthcare Locations	SPORTS MEDICINE INSTITUTE AT SPUH, THE	562 EASTON AVENUE	SOMERSET	08873	(732) 745-8600	PSA
Healthcare Locations	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET	110 REHILL AVE	SOMERVILLE	08876	(908) 685-2200	
Healthcare Locations	Somerset Medical Center	110 REHILL AVE	SOMERVILLE	08876	908-685-2200	
Maternal and Pediatric	Central Jersey Womens Health	1 Robertson Dr # 25	BEDMINSTER	07921	(908) 532-0787	
Maternal and Pediatric	All Women's Healthcare	3461 US-22	Branchburg	08876	(908) 788-6469	
Maternal and Pediatric	Somerset OB/GYN Associates	215 Union Ave A	BRIDGEWATER	08807	(908) 722-2900	
Maternal and Pediatric	Somerset Ob/gyn Associates	1 New Amwell Rd B	HILLSBOROUGH	08844	(908) 874-5900	
Maternal and Pediatric	First Choice Women's Resource Centers	211 W Front St #118	PLAINFIELD	07060	(908) 561-0079	
Maternal and Pediatric	Zufall Health Center - Medical	71 4th St	SOMERVILLE	08876	(908) 526-2335	
Senior Services	Assisted Living at Fellowship Village	9000 Fellowship Road	BASKING RIDGE	07920	(908)580-3824	SSA-2
Senior Services	Sunrise Of Basking Ridge	404 King George Road	BASKING RIDGE	07920	(908)542-9000	SSA-2

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Senior Services	VISITING NURSE ASSOCIATION OF SOMERSET HILLS HOME HEALTH & HOSPICE SERVICES,	200 MT AIRY ROAD	BASKING RIDGE	07920	(908) 766-0180	SSA-2
Senior Services	VNA SOMERSET HILLS HOSPICE	200 MT AIRY ROAD	BASKING RIDGE	07920	(908) 766-0180	SSA-2
Senior Services	Fellowship Garden State Hospice	8000 FELLOWSHIP ROAD	BASKING RIDGE	07920	(908) 580-9519	SSA-2
Senior Services	Skilled Nursing at Fellowship Village	8000 Fellowship Drive	BASKING RIDGE	07920	(908)580-3800	SSA-2
Senior Services	Care One at Somerset Valley Assisted Living	1621 Route 22 West	BOUND BROOK	08805	(732)469-2000	
Senior Services	Care One at Somerset Valley	1621 Route 22 West	BOUND BROOK	08805	(732)469-2000	
Senior Services	Compassionate Care Hospice of Clifton, L.L.C.	9 LAMINGTON ROAD, SUITE	BRANCHBURG	08876	(908) 526-2600	
Senior Services	Friends Retirement Concepts at Arbor Glen	100 MONROE STREET	BRIDGEWATER	08807	(908) 595-6500	
Senior Services	The Chelsea at Bridgewater	680 202/206 North	BRIDGEWATER	08807	(908)252-3400	
Senior Services	Avalon at Bridgewater	565 State Highway 28	BRIDGEWATER	08807	(908)707-8800	
Senior Services	Brandywine Assisted Living at Middlebrook	2005 Route 22 West	BRIDGEWATER	08807	(732)868-8181	
Senior Services	Friends Retirement Concepts	100 Monroe Street	BRIDGEWATER	08807	(908)595-6565	
Senior Services	Bridgeway Care and Rehabilitation Center at	270 Route 28	BRIDGEWATER	08807	(908)722-7022	
Senior Services	Friends Retirement Concepts/Arbor Glen	100 Monroe Street	BRIDGEWATER	08807	(908)595-6565	
Senior Services	Green Knoll Center	875 Route 202-206 North	BRIDGEWATER	08807	(908)526-8600	
Senior Services	N. J. Eastern Star Home, Inc.	111 Finderne Avenue	BRIDGEWATER	08807	(908)722-4140	
Senior Services	N. J. Eastern Star Home, Inc.	111 Finderne Avenue	BRIDGEWATER	08807	(908)722-4140	
Senior Services	Abingdon Care & Rehabilitation Center	303 Rock Ave	Green Brook	08812	(732)968-5500	
Senior Services	Adult Learning Center At Hillsborough	216 Rt 206 S	HILLSBOROUGH	08844	(908)904-1055	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Senior Services	The Avalon At Hillsborough	393 Amwell Road	HILLSBOROUGH	08844	(908)874-7200	
Senior Services	Brookdale Hillsborough	600 Auten Road	HILLSBOROUGH	08844	(908)431-1300	
Senior Services	Bridgeway Care And Rehabilitation Center At Hillsborough	395 Amwell Road	HILLSBOROUGH	08844	(908)281-4400	
Senior Services	Foothill Acres Rehabilitation & Nursing	39 East Mountain Road	HILLSBOROUGH	08844	(908)369-8711	
Senior Services	SarahCare At Watchung Square	130 Route 22 East	North Plainfield	07060	(908)561-8888	
Senior Services	Rehab at River's Edge	633 Route 28	Raritan	08869	(908)526-8950	
Senior Services	Stonebridge At Montgomery Health Care	100 Hollinshead Spring	Skillman	08558	(609)759-3600	
Senior Services	Stonebridge At Montgomery Health Care	100 Hollinshead Spring	Skillman	08558	(609)759-3654	
Senior Services	Forever Young Medical Day Care, L.L.C.	18 Worlds Fair Drive	SOMERSET	08873	(732)271-8010	PSA
Senior Services	Rainbow Home	370 Campus Drive, Suite	SOMERSET	08873	(732)412-7167	PSA
Senior Services	Martin and Edith Stein Assisted Living	350 Demott Lane	SOMERSET	08873	(732)568-1155	PSA
Senior Services	Spring Hills at Somerset	473 Demott Lane	SOMERSET	08873	(732)873-4800	PSA
Senior Services	The Martin and Edith Stein Hospice	49 VERONICA AVENUE, 206	SOMERSET	08873	(732) 227-1212	PSA
Senior Services	Parker at McCarrick	15 Dellwood Lane	SOMERSET	08873	(732)545-4200	PSA
Senior Services	Regency Heritage Nursing and Rehabilitation	380 Demott Lane	SOMERSET	08873	(732)873-2000	PSA
Senior Services	Somerset Woods Rehabilitation & Nursing	780 Old New Brunswick	SOMERSET	08873	(732)653-3000	PSA
Senior Services	Willow Creek Rehabilitation and Care Center	1165 Easton Ave	SOMERSET	08873	(732)246-4100	PSA
Senior Services	Community Visitng Nurse Service	110 WEST END AVENUE	SOMERVILLE	08876	(908) 725-9355	
Senior Services	Community Care Hospice	110 WEST END AVENUE	SOMERVILLE	08876	(908) 725-9355	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Senior Services	The Chelsea at Warren	274 King George Road	WARREN	07059	(908)903-0911	
Senior Services	Brightview Warren	57 Mt Bethel Road	WARREN	07059	(908)756-3790	
Senior Services	Brandywine Senior Living at Mountain Ridge	680 Mountain Boulevard	WATCHUNG	07069	(908)754-8180	
Senior Services	McAuley Hall Health Care Center	1633 Highway 22	WATCHUNG	07069	(908)754-3663	
Substance Abuse Services	CARRIER CLINIC OUTPATIENT ADDICTION TREATMENT SERVICES	252 RTE 601	BELLE MEAD	08502	(908) 281-1412	
Substance Abuse Services	CARRIER CLINIC BLAKE RECOVERY CENTER	252 ROUTE 601 PO BOX 147	BELLE MEAD	08502	(908) 281-1000	
Substance Abuse Services	FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY	339 WEST SECOND STREET	BOUND BROOK	08805	(732) 356-1082	
Substance Abuse Services	AMERICAN DAY CD CENTERS D/B/A/ HIGH FOCUS CENTERS	3322 ROUTE 22 WEST, SUITE 1403	Branchburg	08876	(732) 474-7447	
Substance Abuse Services	GENPSYCH	981 US HIGHWAY 22	BRIDGEWATER	08807	(908) 526-8370	
Substance Abuse Services	COMPREHENSIVE FAMILY TREATMENT OF	540-550 ROUTE 22 EAST	BRIDGEWATER	08807	9087221881	
Substance Abuse Services	RICHARD HALL COMMUNITY MENTAL HEALTH CENTER OF SOMERSET COUNTY	500 NORTH BRIDGE STREET	BRIDGEWATER	08807	(908) 725-2800	
Substance Abuse Services	CAPITOL CARE AT SOMERSET	2121 ROUTE 22 WEST	BRIDGEWATER	08873	(844) 437-3482	
Substance Abuse Services	GENPSYCH	981 US HIGHWAY 22	BRIDGEWATER	08807	(908) 231-0511	
Substance Abuse Services	DAYTOP VILLAGE OF NEW JERSEY AT	362 SUNSET ROAD	SKILLMAN	08558	(908) 874-5153	
Substance Abuse Services	THE CENTER FOR GREAT EXPECTATIONS	19 B DELLWOOD LN	SOMERSET	08873	(732) 247-7003	PSA

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Substance Abuse Services	GUIDED LIFE STRUCTURES	75 VETERANS MEMORIAL DRIVE	SOMERVILLE	08876	(908) 704-0011	
Substance Abuse Services	SOMERSET TREATMENT SERVICES	118 WEST END AVENUE	SOMERVILLE	08876	(908) 722-1232	

Appendix G – Additional Data Tables

Table 18. Somerset CHNA Community Survey Respondent Sample Characteristics (n=801), 2021

Age	
Under 30	6.6%
30 to 49	48.2%
50 to 64	32.5%
65+	10.9%
Gender	
Female	75.2%
Male	22.2%
Additional Gender Category/ Transgender	0.7%
Race/Ethnicity	
African American/ Black	4.1%
Asian	15.0%
Hispanic/ Latino, Latino(a)	8.1%
Multiracial	1.6%
White/ Caucasian	65.5%
Other	2.1%
Sexual Orientation	
Heterosexual	86.8%
Homosexual	1.5%
Bisexual	2.2%
Additional Sexual Orientation	1.10%
Education	
Less than high school graduate or GED	4.4%
High school graduate or GED	4.7%
Some college	9.7%
Associate or technical degree/ certification	6.2%
College graduate	35.3%
Post-graduate or professional degree	38.0%

Income	
Under $25,000	3.0%
$25,000 to $50,000	8.2%
$50,001 to $100,000	18.9%
$100,001 to $125,000	10.1%
$125,001 to $150,000	14.0%
$150,001 to $200,000	18.5%
Over $200,000	19.9%
Employment	
Employed full-time	62.2%
Employed part-time	11.4%
Student	5.0%
Homemaker	8.7%
Disabled	1.4%
Retired	9.9%
Unemployed	5.2%
Marital Status	
Married	71.2%
Single	14.4%
Separated/divorced/widowed	10.6%
Domestic partnership/civil union/living together	3.6%

Population Overview

Table 19. Total Population, by Gender, State, and County, 2010-2014 and 2015-2019

	2014		2019		% change	
	Male	Female	Male	Female	Male	Female
New Jersey	48.8%	51.2%	48.8%	51.2%	0.0%	0.0%
Somerset County	48.8%	51.2%	48.9%	51.1%	0.1%	-0.1%
Bedminster	43.4%	56.6%	44.9%	55.1%	1.5%	-1.5%
Bernards	46.6%	53.4%	49.6%	50.4%	3.0%	-3.0%
Bernardsville	56.2%	43.8%	52.4%	47.6%	-3.8%	3.8%
Bound Brook	53.4%	46.6%	47.3%	52.7%	-6.1%	6.1%
Branchburg	48.9%	51.1%	47.5%	52.5%	-1.4%	1.4%
Bridgewater	47.8%	52.2%	48.2%	51.8%	0.4%	-0.4%
Franklin	48.7%	51.3%	48.3%	51.7%	-0.4%	0.4%
Green Brook	46.1%	53.9%	48.5%	51.5%	2.4%	-2.4%
Hillsborough	50.0%	50.0%	47.3%	52.7%	-2.7%	2.7%
Manville	48.5%	51.5%	45.5%	54.5%	-3.0%	3.0%
Martinsville	47.3%	52.7%	49.3%	50.7%	2.0%	-2.0%
Montgomery	49.3%	50.7%	50.9%	49.1%	1.6%	-1.6%
North Plainfield	50.0%	50.0%	50.0%	50.0%	0.0%	0.0%
Raritan	45.9%	54.1%	48.9%	51.1%	3.0%	-3.0%
Somerville	50.2%	49.8%	49.0%	51.0%	-1.2%	1.2%
South Bound Brook	44.9%	55.1%	52.8%	47.2%	7.9%	-7.9%
Watchung	53.5%	46.5%	45.4%	54.6%	-8.1%	8.1%
Warren	49.5%	50.5%	49.6%	50.4%	0.1%	-0.1%
Middlesex County	49.1%	50.9%	49.3%	50.7%	0.2%	-0.2%
Dunellen	49.1%	50.9%	48.8%	51.2%	-0.3%	0.3%
Middlesex	48.2%	51.8%	49.7%	50.3%	1.5%	-1.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014 and 2015-2019

Table 20. Age Distribution and Percent Change, by Town, 2010-2014 and 2015-2019

	Under 18 years			18-24 years			25-44 years			45-64 years			65-74 years			75 years and older		
	2010 - 2014	2015 - 2019	%change	2010 - 2014	2015 - 2019	%change	2010 - 2014	2015 - 2019	%change	2010 - 2014	2015 - 2019	%change	2010 - 2014	2015 - 2019	%change	2010 - 2014	2015 - 2019	%change
Bedminster	11.9%	14.3%	2.4%	4.8%	5.8%	1.0%	26.9%	28.1%	1.2%	35.4%	31.3%	-4.1%	12.1%	12.5%	0.4%	5.6%	8.0%	2.4%
Bernards	23.6%	25.0%	1.4%	6.6%	7.3%	0.7%	20.1%	16.9%	-3.2%	31.7%	35.3%	3.6%	6.7%	7.3%	0.6%	6.6%	8.3%	1.7%
Bernardsville	21.2%	24.5%	3.3%	7.9%	5.0%	-2.9%	19.7%	22.6%	2.9%	32.0%	35.6%	3.6%	10.1%	7.5%	-2.6%	4.0%	4.8%	0.8%
Bound Brook	12.5%	23.5%	11.0%	8.3%	10.5%	2.2%	33.2%	30.7%	-2.5%	26.0%	23.1%	-2.9%	4.1%	5.4%	1.3%	6.5%	6.7%	0.2%
Branchburg	18.8%	21.6%	2.8%	6.9%	10.1%	3.2%	22.7%	17.7%	-5.0%	34.1%	36.0%	1.9%	7.5%	9.0%	1.5%	4.3%	5.6%	1.3%
Bridgewater	20.4%	22.5%	2.1%	7.6%	7.7%	0.1%	22.4%	22.7%	0.3%	31.4%	30.7%	-0.7%	6.2%	8.1%	1.9%	7.3%	8.2%	0.9%
Dunellen	17.7%	25.5%	7.8%	6.4%	7.7%	1.3%	24.5%	25.2%	0.7%	32.3%	29.1%	-3.2%	6.9%	6.2%	-0.7%	6.3%	6.5%	0.2%
Franklin	14.6%	18.9%	4.3%	6.5%	8.3%	1.8%	29.7%	27.1%	-2.6%	27.1%	27.8%	0.7%	8.5%	10.5%	2.0%	6.9%	7.4%	0.5%
Green Brook	20.1%	22.8%	2.7%	5.3%	8.3%	3.0%	21.1%	21.6%	0.5%	33.3%	32.7%	-0.6%	9.2%	7.5%	-1.7%	7.0%	7.0%	0.0%
Hillsborough	18.5%	22.8%	4.3%	8.3%	7.1%	-1.2%	24.5%	25.1%	0.6%	32.3%	31.7%	-0.6%	5.8%	8.1%	2.3%	4.5%	5.2%	0.7%
Manville	15.0%	24.7%	9.7%	7.2%	9.8%	2.6%	29.5%	24.4%	-5.1%	27.9%	25.8%	-2.1%	7.0%	7.1%	0.1%	8.6%	8.4%	-0.2%
Martinsville	17.7%	27.3%	9.6%	6.5%	4.8%	-1.7%	15.2%	18.8%	3.6%	39.7%	34.7%	-5.0%	10.6%	9.0%	-1.6%	6.7%	5.4%	-1.3%
Middlesex	22.7%	23.1%	0.4%	9.4%	6.1%	-3.3%	24.8%	26.1%	1.3%	30.0%	29.5%	-0.5%	6.9%	10.7%	3.8%	4.6%	5.9%	1.3%
Montgomery	25.8%	25.9%	0.1%	5.9%	7.5%	1.6%	19.8%	19.6%	-0.2%	32.7%	33.5%	0.8%	6.2%	7.8%	1.6%	5.1%	5.6%	0.5%
North Plainfield	19.1%	24.2%	5.1%	9.4%	9.8%	0.4%	31.0%	29.1%	-1.9%	27.2%	26.6%	-0.6%	4.5%	7.1%	2.6%	3.3%	3.1%	-0.2%
Raritan	19.8%	17.3%	-2.5%	6.8%	12.3%	5.5%	26.6%	22.3%	-4.3%	27.0%	33.6%	6.6%	6.3%	7.9%	1.6%	7.3%	6.6%	-0.7%
Somerville	15.0%	20.9%	5.9%	6.8%	10.4%	3.6%	28.4%	26.8%	-1.6%	29.2%	28.7%	-0.5%	8.1%	7.2%	-0.9%	4.9%	6.0%	1.1%
South Bound Brook	15.8%	24.1%	8.3%	5.2%	8.2%	3.0%	36.7%	28.0%	-8.7%	27.6%	28.9%	1.3%	3.9%	6.1%	2.2%	5.8%	4.6%	-1.2%
Warren	26.5%	22.5%	-4.0%	7.4%	7.7%	0.3%	17.8%	17.2%	-0.6%	33.1%	34.4%	1.3%	8.0%	9.2%	1.2%	7.2%	7.5%	0.3%
Watchung	15.1%	21.4%	6.3%	10.2%	6.5%	-3.7%	16.8%	19.8%	3.0%	30.8%	29.2%	-1.6%	12.1%	8.1%	-4.0%	10.1%	15.0%	4.9%

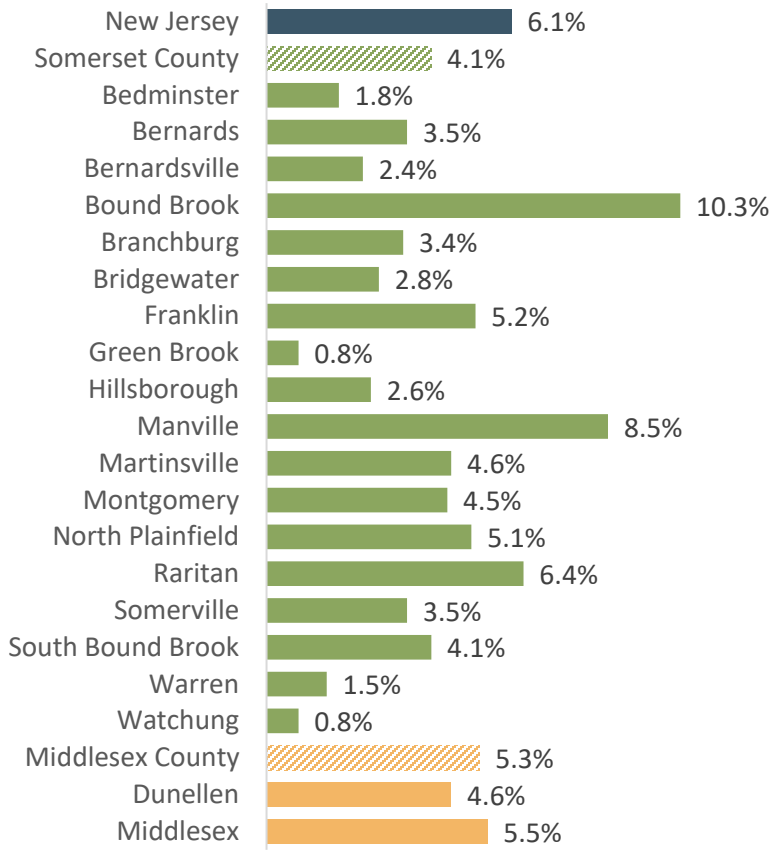
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 21. Age Distribution, by Gender, State, and County, 2015-2019

	Under 18 years		18-24 years		25-44 years		45-64 years		65-74 years		75 years and older	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
New Jersey	51.0%	49.0%	51.2%	48.8%	50.2%	49.8%	48.5%	51.5%	45.9%	54.1%	39.2%	60.8%
Somerset County	51.3%	48.7%	51.3%	48.7%	49.5%	50.5%	48.9%	51.1%	46.5%	53.5%	38.5%	61.5%
Bedminster	61.0%	39.0%	38.1%	61.9%	42.8%	57.2%	43.2%	56.8%	37.5%	62.5%	46.9%	53.1%
Bernards	53.0%	47.0%	57.9%	42.1%	47.9%	52.1%	47.4%	52.6%	51.2%	48.8%	43.2%	56.8%
Bernardsville	50.0%	50.0%	47.0%	53.0%	52.2%	47.8%	53.2%	46.8%	58.2%	41.8%	55.3%	44.7%
Bound Brook	46.6%	53.4%	43.0%	57.0%	51.6%	48.4%	46.9%	53.1%	52.7%	47.3%	33.4%	66.6%
Branchburg	46.0%	54.0%	50.1%	49.9%	47.1%	52.9%	49.7%	50.3%	43.9%	56.1%	40.7%	59.3%
Bridgewater	53.5%	46.5%	48.8%	51.2%	48.7%	51.3%	48.9%	51.1%	43.2%	56.8%	33.7%	66.3%
Franklin	49.4%	50.6%	55.8%	44.2%	49.6%	50.4%	47.8%	52.2%	45.3%	54.7%	38.7%	61.3%
Green Brook	38.0%	62.0%	58.1%	41.9%	55.2%	44.8%	51.0%	49.0%	37.3%	62.7%	50.2%	49.8%
Hillsborough	52.2%	47.8%	53.4%	46.6%	48.7%	51.3%	48.8%	51.2%	49.4%	50.6%	36.8%	63.2%
Manville	48.7%	51.3%	44.4%	55.6%	46.4%	53.6%	51.6%	48.4%	46.0%	54.0%	37.2%	62.8%
Martinsville	39.7%	60.3%	53.0%	47.0%	43.9%	56.1%	51.3%	48.7%	43.4%	56.6%	40.4%	59.6%
Montgomery	56.1%	43.9%	62.8%	37.2%	45.0%	55.0%	49.2%	50.8%	47.4%	52.6%	46.0%	54.0%
North Plainfield	53.8%	46.2%	41.2%	58.8%	52.1%	47.9%	50.8%	49.2%	45.7%	54.3%	31.5%	68.5%
Raritan	50.2%	49.8%	53.9%	46.1%	48.5%	51.5%	48.4%	51.6%	48.1%	51.9%	40.7%	59.3%
Somerville	48.4%	51.6%	47.3%	52.7%	52.5%	47.5%	51.3%	48.7%	45.0%	55.0%	32.5%	67.5%
South Bound Brook	52.1%	47.9%	53.0%	47.0%	56.1%	43.9%	53.6%	46.4%	42.4%	57.6%	43.8%	56.2%
Warren	46.8%	53.2%	50.7%	49.3%	50.7%	49.3%	47.8%	52.2%	47.0%	53.0%	39.9%	60.1%
Watchung	47.5%	52.5%	31.9%	68.1%	54.2%	45.8%	49.6%	50.4%	53.5%	46.5%	23.9%	76.1%
Middlesex County	51.1%	48.9%	51.1%	48.9%	50.6%	49.4%	49.1%	50.9%	46.3%	53.7%	39.6%	60.4%
Dunellen	48.0%	52.0%	54.9%	45.1%	52.9%	47.1%	47.0%	53.0%	39.6%	60.4%	46.3%	53.7%
Middlesex	50.7%	49.3%	72.7%	27.3%	51.0%	49.0%	47.9%	52.1%	35.6%	64.4%	46.6%	53.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 137. Single Parent Households by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Racial, Ethnic, and Language Diversity

Table 22. Percent Change in Racial and Ethnic Distribution in New Jersey, 2010-2019

	New Jersey			Somerset County			Middlesex County		
	2014	2019	% change	2014	2019	% change	2014	2019	% change
Asian	8.7%	9.4%	0.7%	15.2%	17.6%	2.4%	22.8%	23.9%	1.1%
Black or African American	12.8%	12.7%	-0.1%	8.7%	9.2%	0.5%	9.0%	9.5%	0.5%
Hispanic or Latino, any race	18.6%	20.2%	1.6%	13.7%	14.7%	1.0%	19.2%	21.2%	2.0%
White, non-Hispanic	57.8%	55.4%	-2.4%	60.3%	56.3%	-4.0%	47.0%	43.1%	-3.9%
Other	2.0%	2.3%	0.3%	2.2%	2.2%	0.0%	2.0%	2.2%	0.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Table 23. Percent Change in Racial and Ethnic Distribution, by Town, 2010-2019

	Asian			Black or African-American			Hispanic/ Latino			White, NH			Other Race, NH		
	2014	2019	% change	2014	2019	% change	2014	2019	% change	2014	2019	% change	2014	2019	% change
New Jersey	8.7%	9.4%	0.7%	12.8%	12.7%	-0.1%	18.6%	20.2%	1.6%	57.8%	55.4%	-2.4%	0.4%	2.3%	1.9%
Somerset County	15.2%	17.6%	2.4%	8.7%	9.2%	0.5%	13.7%	14.7%	1.0%	60.3%	56.3%	-4.0%	0.3%	2.2%	1.9%
Bedminster	6.9%	8.0%	1.1%	1.5%	1.1%	-0.4%	6.3%	12.8%	6.5%	82.9%	76.0%	-6.9%	0.6%	0.0%	-0.6%
Bernards	13.9%	20.7%	6.8%	1.9%	2.5%	0.6%	4.9%	6.1%	1.2%	76.6%	68.4%	-8.2%	0.0%	0.2%	0.2%
Bernardsville	3.7%	4.3%	0.6%	0.3%	0.1%	-0.2%	12.0%	12.8%	0.8%	83.1%	82.4%	-0.7%	0.0%	0.0%	0.0%
Bound Brook	3.0%	4.0%	1.0%	5.1%	5.3%	0.2%	41.5%	44.2%	2.7%	48.0%	44.7%	-3.3%	0.1%	1.0%	0.9%
Branchburg	10.1%	8.3%	-1.8%	5.3%	3.0%	-2.3%	5.2%	4.9%	-0.3%	78.8%	83.1%	4.3%	0.0%	0.2%	0.2%
Bridgewater	21.0%	26.2%	5.2%	3.1%	2.1%	-1.0%	10.8%	9.3%	-1.5%	63.5%	61.5%	-2.0%	0.3%	0.0%	-0.3%
Franklin	22.2%	20.7%	-1.5%	25.2%	27.9%	2.7%	11.2%	14.5%	3.3%	38.1%	33.8%	-4.3%	0.5%	0.9%	0.4%
Green Brook	23.5%	23.2%	-0.3%	2.2%	5.2%	3.0%	6.8%	14.8%	8.0%	66.5%	56.2%	-10.3%	0.0%	0.0%	0.0%
Hillsborough	13.3%	18.4%	5.1%	5.2%	3.7%	-1.5%	8.1%	7.6%	-0.5%	71.5%	67.1%	-4.4%	0.1%	0.4%	0.3%
Manville	2.5%	3.3%	0.8%	3.3%	8.7%	5.4%	20.7%	22.6%	1.9%	73.4%	63.3%	-10.1%	0.0%	0.2%	0.2%
Martinsville	14.6%	13.6%	-1.0%	2.1%	0.1%	-2.0%	8.4%	6.4%	-2.0%	74.3%	77.8%	3.5%	0.3%	0.0%	-0.3%
Montgomery	28.5%	35.9%	7.4%	1.9%	3.5%	1.6%	4.9%	4.0%	-0.9%	62.5%	54.6%	-7.9%	0.4%	0.0%	-0.4%
North Plainfield	5.8%	3.6%	-2.2%	16.7%	17.3%	0.6%	45.6%	49.4%	3.8%	30.3%	26.8%	-3.5%	0.9%	0.5%	-0.4%
Raritan	13.4%	16.0%	2.6%	3.4%	0.9%	-2.5%	19.7%	17.4%	-2.3%	59.6%	62.9%	3.3%	0.0%	2.6%	2.6%
Somerville	9.4%	9.8%	0.4%	6.9%	7.0%	0.1%	13.8%	14.7%	0.9%	68.5%	66.8%	-1.7%	0.2%	0.3%	0.1%
South Bound Brook	5.6%	12.1%	6.5%	8.0%	12.8%	4.8%	31.9%	30.2%	-1.7%	46.0%	41.6%	-4.4%	0.0%	0.0%	0.0%
Watchung	13.9%	15.3%	1.4%	1.8%	0.7%	-1.1%	7.2%	6.9%	-0.3%	75.9%	76.8%	0.9%	0.3%	0.0%	-0.3%
Warren	16.9%	20.5%	3.6%	1.1%	1.1%	0.0%	9.3%	5.5%	-3.8%	72.5%	72.1%	-0.4%	0.0%	0.6%	0.6%
Middlesex County	22.8%	23.9%	1.1%	9.0%	9.5%	0.5%	19.2%	21.2%	2.0%	47.0%	43.1%	-3.9%	0.3%	2.2%	1.9%

	Asian			Black or African-American			Hispanic/ Latino			White, NH			Other Race, NH		
	2014	2019	% change	2014	2019	% change	2014	2019	% change	2014	2019	% change	2014	2019	% change
Dunellen	13.5%	15.3%	1.8%	6.0%	8.8%	2.8%	18.1%	23.9%	5.8%	60.6%	51.3%	-9.3%	0.2%	0.2%	0.0%
Middlesex	5.8%	6.3%	0.5%	5.2%	6.9%	1.7%	14.8%	28.7%	13.9%	72.7%	56.5%	-16.2%	0.0%	0.0%	0.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

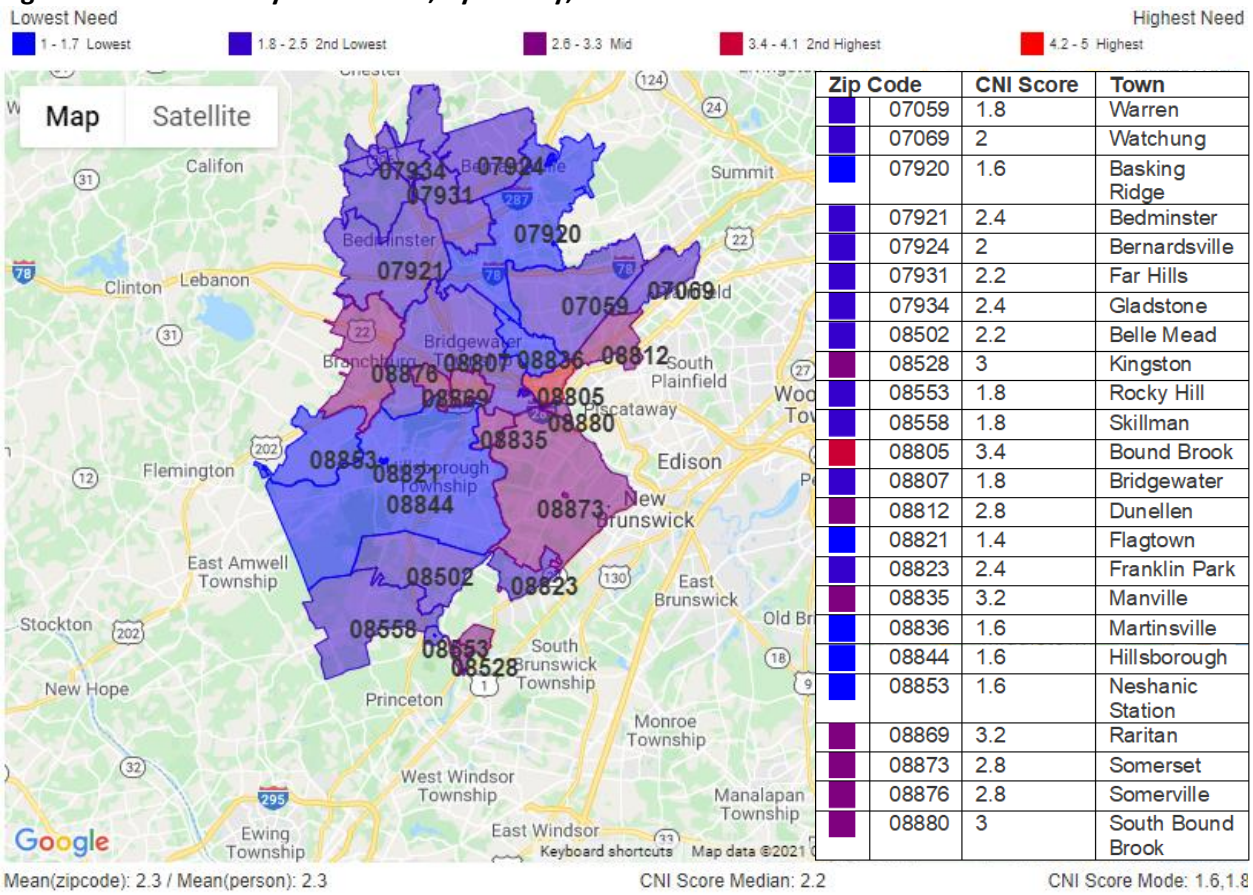
Table 24. Population Employed by Industry Type, State, County, and Town, 2015-2019

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
New Jersey	0.4%	6.3%	8.0%	3.2%	10.3%	6.6%	2.4%	8.6%	13.7%	24.3%	8.0%	4.1%	4.2%
Somerset County	0.3%	4.5%	13.7%	3.2%	10.0%	4.8%	4.1%	10.8%	14.5%	21.0%	6.9%	4.0%	2.3%
Bedminster	1.5%	5.2%	13.6%	3.8%	9.8%	0.8%	6.0%	13.5%	14.0%	20.5%	2.3%	5.7%	3.1%
Bernards	0.3%	2.9%	14.3%	3.7%	6.2%	2.0%	5.2%	19.3%	15.0%	21.7%	4.7%	2.3%	2.5%
Bernardsville	0.0%	8.0%	11.2%	5.2%	7.4%	0.9%	4.4%	12.1%	23.5%	14.6%	6.7%	5.3%	0.8%
Bound Brook	0.5%	7.1%	13.1%	3.4%	10.9%	9.6%	1.2%	5.3%	12.4%	16.9%	10.9%	7.0%	1.7%
Branchburg	0.4%	4.4%	10.0%	4.4%	10.1%	3.2%	4.9%	12.1%	15.5%	22.0%	6.5%	3.3%	3.3%
Bridgewater	0.2%	3.3%	14.6%	3.6%	11.6%	3.6%	4.6%	10.5%	16.5%	21.9%	5.1%	2.6%	1.8%
Franklin	0.4%	2.5%	11.1%	3.1%	9.1%	5.4%	5.6%	8.5%	16.2%	26.0%	5.5%	3.4%	3.2%
Green Brook	0.0%	5.7%	7.8%	4.8%	12.8%	2.4%	5.0%	9.8%	14.5%	22.8%	7.3%	2.0%	5.0%
Hillsborough	0.9%	3.9%	12.6%	4.7%	9.0%	3.2%	3.6%	10.5%	15.5%	23.0%	6.7%	3.4%	3.0%
Manville	1.1%	9.3%	10.1%	2.0%	11.6%	8.8%	3.6%	5.7%	10.7%	19.4%	7.3%	6.8%	3.6%
Martinsville	0.0%	7.9%	12.1%	4.9%	6.0%	2.6%	4.8%	11.3%	15.3%	22.8%	6.4%	4.4%	1.4%
Montgomery	0.2%	2.6%	13.6%	3.5%	4.9%	1.8%	5.5%	15.6%	20.5%	22.1%	5.0%	2.5%	2.1%
North Plainfield	0.0%	7.4%	12.3%	3.8%	11.6%	8.6%	4.2%	4.8%	11.0%	20.4%	9.4%	3.9%	2.5%

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
Raritan	0.0%	7.9%	10.8%	3.5%	7.4%	4.4%	2.0%	5.2%	10.4%	20.6%	16.3%	5.5%	6.0%
Somerville	0.3%	4.7%	10.3%	3.8%	11.2%	2.9%	3.1%	9.3%	14.9%	21.1%	11.0%	4.1%	3.3%
South Bound Brook	0.5%	4.7%	15.6%	4.5%	16.6%	8.8%	0.5%	4.3%	12.0%	16.2%	5.1%	7.0%	4.1%
Warren	0.1%	5.0%	9.7%	3.8%	11.8%	3.4%	3.8%	14.3%	17.3%	18.6%	7.4%	3.2%	1.7%
Watchung	0.0%	3.4%	6.6%	3.2%	7.8%	3.5%	2.8%	14.0%	15.0%	24.9%	8.9%	4.4%	5.5%
Middlesex County	0.1%	5.2%	8.0%	3.5%	9.7%	9.2%	2.6%	8.9%	15.1%	24.4%	5.9%	3.8%	3.5%
Dunellen	0.0%	7.8%	8.3%	3.6%	10.9%	4.0%	4.6%	8.0%	16.3%	21.8%	8.4%	3.5%	2.9%
Middlesex	0.0%	8.9%	10.9%	6.7%	11.9%	5.2%	3.7%	6.2%	12.3%	21.0%	6.9%	4.9%	1.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 138. Community Need Index, by County, 2020



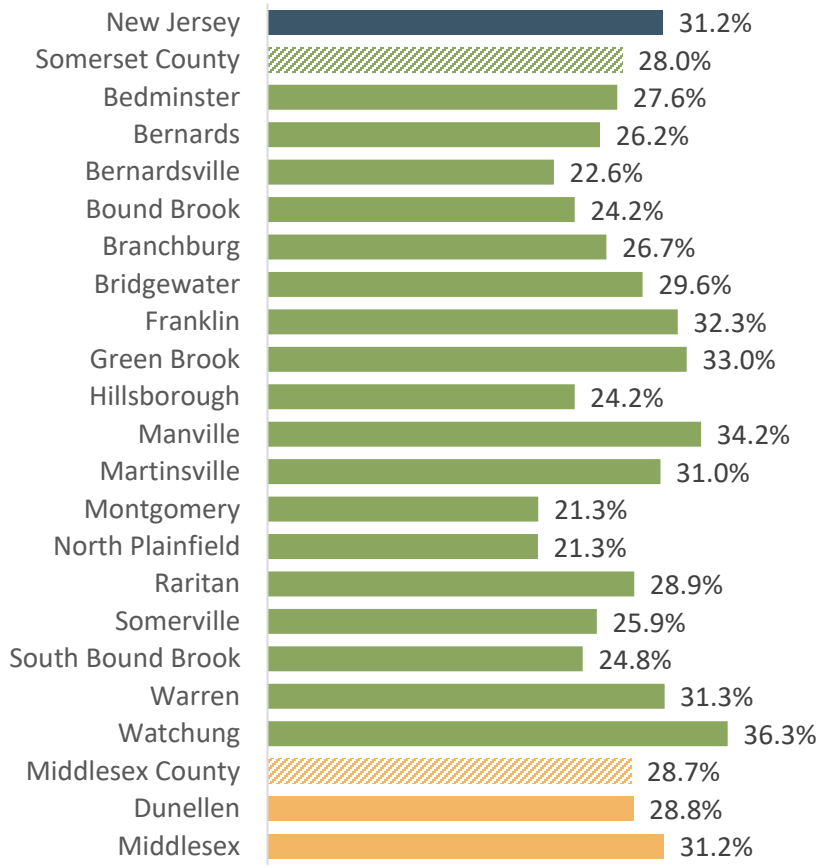
Zip Code	CNI Score	Town
07059	1.8	Warren
07069	2	Watchung
07920	1.6	Basking Ridge
07921	2.4	Bedminster
07924	2	Bernardsville
07931	2.2	Far Hills
07934	2.4	Gladstone
08502	2.2	Belle Mead
08528	3	Kingston
08553	1.8	Rocky Hill
08558	1.8	Skillman
08805	3.4	Bound Brook
08807	1.8	Bridgewater
08812	2.8	Dunellen
08821	1.4	Flagtown
08823	2.4	Franklin Park
08835	3.2	Manville
08836	1.6	Martinsville
08844	1.6	Hillsborough
08853	1.6	Neshanic Station
08869	3.2	Raritan
08873	2.8	Somerset
08876	2.8	Somerville
08880	3	South Bound Brook

DATA SOURCE: Truven Health Analytics, 2020; Insurance Coverage Estimates, 2020; The Nielson Company, 2020; and Community Need Index, 2020.

NOTE: The CNI is associated with a community's demand for healthcare services. It is an aggregate index that incorporates income, culture/language, education, housing, and health insurance coverage. The index ranges from 1 (lowest need) to 5 (highest need).

Income and Financial Security

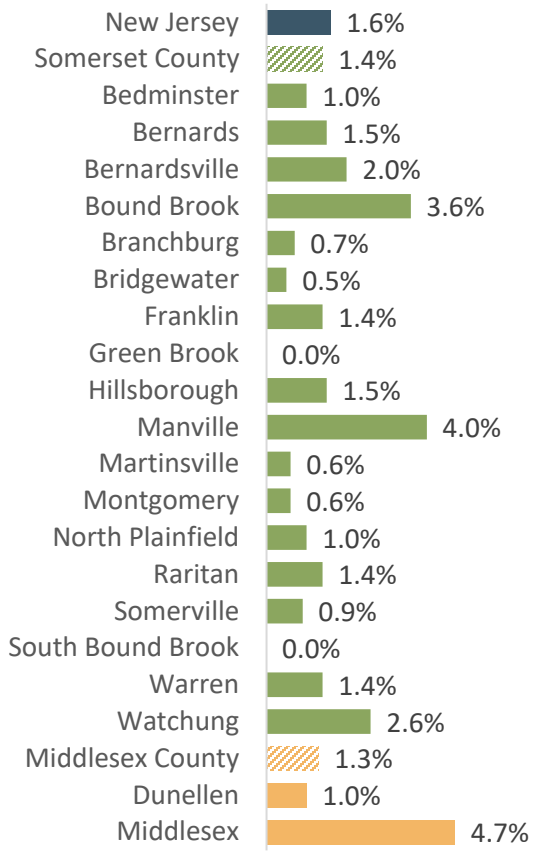
Figure 139. Percent Households Receiving Social Security Income, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

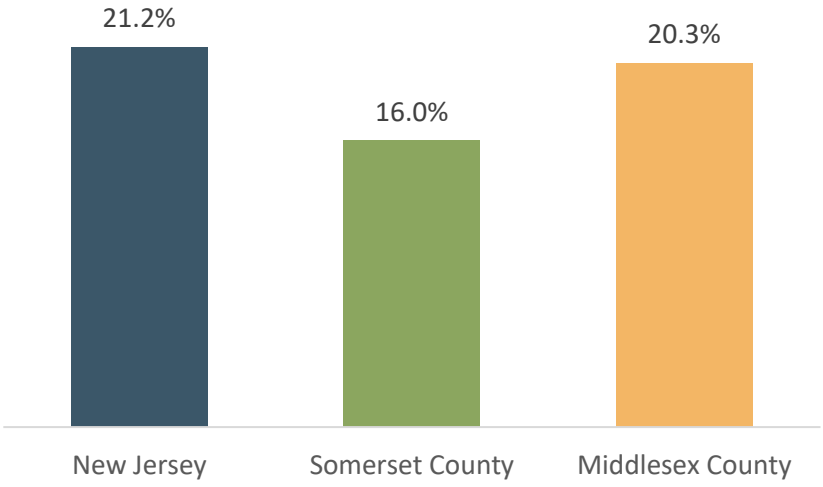
Housing

Figure 140. Homeowner Vacancy Rate, by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 141. Severe Housing Problems, by State and County, 2013-2017



DATA SOURCE: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2013-2017
NOTE: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

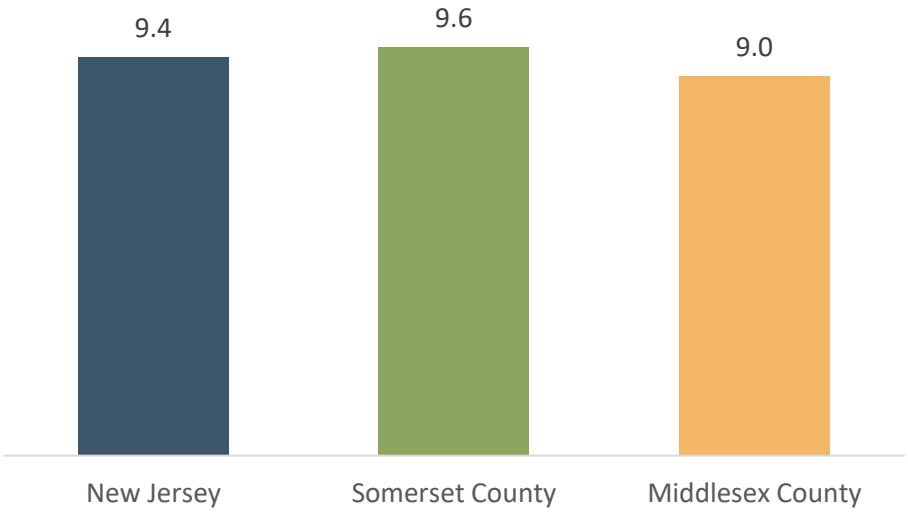
Built Environment

Table 25. Race/Ethnicity among those Receiving Food Stamps/SNAP Benefits, by State, County, and Town, 2015-2019

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
New Jersey	4.9%	27.6%	37.2%	29.8%	13.7%
Somerset County	11.5%	26.0%	23.9%	37.7%	9.2%
Bedminster	0.0%	0.0%	0.0%	100.0%	0.0%
Bernards	13.2%	11.6%	14.0%	61.2%	14.0%
Bernardsville	-	-	-	-	-
Bound Brook	6.4%	14.4%	27.1%	52.1%	22.3%
Branchburg	29.6%	0.0%	33.3%	37.0%	0.0%
Bridgewater	28.2%	15.2%	20.6%	43.8%	0.0%
Franklin	13.0%	47.7%	29.9%	8.7%	15.7%
Green Brook	0.0%	0.0%	0.0%	100.0%	0.0%
Hillsborough	13.6%	3.4%	18.2%	64.8%	9.7%
Manville	0.0%	41.8%	8.0%	50.2%	0.0%
Martinsville	-	-	-	-	-
Montgomery	51.3%	12.8%	0.0%	35.9%	0.0%
North Plainfield	0.0%	16.4%	45.3%	25.0%	18.0%
Raritan	0.0%	0.0%	40.9%	59.1%	8.5%
Somerville	2.4%	46.2%	19.5%	32.0%	3.6%
South Bound Brook	8.0%	21.6%	11.4%	33.0%	11.4%
Warren	9.1%	0.0%	39.0%	51.9%	0.0%
Watchung	100.0%	0.0%	0.0%	0.0%	0.0%
	Asian, Non-Hispanic	**Black, Non-Hispanic**	**Hispanic/ Latino**	**White, Non-Hispanic**	**Other Race/ Ethnicity, Non-Hispanic**
Middlesex County	14.2%	15.4%	38.4%	31.7%	7.6%
Dunellen	0.0%	0.0%	50.9%	49.1%	28.0%
Middlesex	5.5%	6.5%	50.3%	22.6%	50.3%

Food Access & Food Insecurity

Figure 142. Food Environment Index, by State and County, 2021



DATA SOURCE: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018 as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018
NOTE: The Food Environment Index measures factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Employment and Workforce

Figure 143. Unemployment Rate by Gender, State, County, and Town, 2015-2019

	Male	Female
New Jersey	5.2%	5.2%
Somerset	4.3%	4.3%
Bedminster	1.5%	5.6%
Bernards	5.2%	2.4%
Bernardsville	1.2%	9.5%
Bound Brook	2.8%	3.3%
Branchburg	4.1%	4.2%
Bridgewater	3.3%	2.9%
Franklin	5.1%	5.2%
Green Brook	2.8%	2.4%
Hillsborough	4.9%	2.3%
Manville	4.2%	2.8%
Martinsville	3.8%	5.8%
Montgomery	4.6%	5.8%
North Plainfield	5.8%	7.0%
Raritan	4.1%	1.4%
Somerville	4.5%	5.1%
South Bound Brook	3.1%	7.8%
Warren	2.8%	3.0%
Watchung	3.5%	8.3%
Middlesex County	4.5%	5.2%
Dunellen	4.7%	3.9%
Middlesex	2.7%	5.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 26. Unemployment Rate by Age, State, and County, 2015-2019

	16 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 44 years	45 to 54 years	55 to 59 years	60 to 64 years	65 to 74 years	75 years and over
New Jersey	17.9%	11.2%	6.1%	4.9%	4.3%	4.3%	4.2%	4.1%	4.2%	4.0%
Somerset County	13.2%	9.6%	4.1%	4.6%	3.1%	3.4%	3.8%	5.6%	5.9%	2.9%
Bedminster	0.0%	0.0%	3.5%	2.2%	4.3%	3.8%	6.1%	3.2%	12.7%	0.0%
Bernards	6.9%	9.6%	7.4%	12.2%	3.8%	2.1%	3.7%	2.1%	8.4%	6.7%
Bernardsville	0.0%	38.8%	0.0%	0.0%	0.0%	4.0%	4.4%	4.3%	0.0%	0.0%
Bound Brook	0.0%	6.0%	5.3%	1.1%	1.6%	2.8%	1.4%	7.1%	5.3%	0.0%
Branchburg	20.7%	3.2%	1.7%	4.8%	4.7%	2.7%	4.0%	8.5%	3.6%	0.0%
Bridgewater	12.1%	6.7%	5.7%	4.5%	2.1%	2.6%	2.2%	1.9%	7.7%	4.8%
Franklin	12.0%	13.3%	3.9%	4.7%	3.4%	3.5%	6.1%	8.1%	11.4%	6.3%
Green Brook	0.0%	11.8%	6.6%	0.0%	3.0%	1.2%	0.0%	0.0%	0.0%	0.0%
Hillsborough	14.2%	7.3%	3.9%	6.5%	2.3%	3.0%	2.8%	4.1%	6.8%	0.0%
Manville	22.3%	6.0%	8.9%	2.9%	3.2%	2.3%	0.7%	0.0%	3.9%	0.0%
Martinsville	10.1%	19.6%	5.6%	0.0%	6.6%	6.3%	0.0%	0.0%	0.0%	0.0%
Montgomery	20.4%	17.4%	2.8%	3.9%	2.2%	3.8%	1.9%	18.0%	0.0%	0.0%
North Plainfield	19.6%	11.0%	3.0%	5.7%	4.5%	8.3%	8.0%	3.7%	1.0%	0.0%
Raritan	29.8%	10.4%	1.5%	6.6%	0.0%	1.7%	3.1%	0.0%	0.0%	17.5%
Somerville	12.9%	1.8%	2.4%	6.7%	6.7%	5.5%	3.5%	3.9%	2.8%	0.0%
South Bound Brook	58.3%	20.1%	6.1%	3.0%	4.1%	0.9%	6.6%	12.4%	13.9%	0.0%
Warren	0.0%	7.5%	3.2%	0.0%	2.9%	1.9%	3.8%	3.6%	3.1%	0.0%
Watchung	0.0%	10.7%	5.7%	0.0%	0.0%	6.5%	0.0%	21.6%	0.0%	0.0%
Middlesex County	18.6%	9.7%	5.9%	4.1%	3.9%	4.5%	4.2%	4.0%	4.6%	4.0%
Dunellen	12.5%	9.1%	3.0%	3.4%	4.7%	4.2%	3.2%	2.0%	16.7%	0.0%
Middlesex	4.5%	5.9%	4.3%	0.0%	11.5%	0.0%	1.5%	6.6%	4.8%	0.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Education

Table 27. Educational Attainment among Adults 25 Years and Older, by State, County, and Town, 2015-2019

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate/ GED	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	4.9%	5.3%	27.2%	16.4%	6.5%	24.2%	15.5%
Somerset County	2.7%	2.7%	20.3%	13.7%	5.8%	29.6%	25.0%
Bedminster	0.9%	1.4%	12.1%	15.0%	5.0%	34.4%	31.2%
Bernards	1.8%	1.2%	10.1%	7.7%	4.1%	35.5%	39.6%
Bernardsville	3.3%	1.4%	12.1%	9.6%	3.8%	38.5%	31.1%
Bound Brook	7.1%	7.8%	35.2%	15.8%	8.5%	15.2%	10.3%
Branchburg	0.4%	1.7%	16.1%	13.6%	7.2%	34.3%	26.6%
Bridgewater	2.4%	2.3%	18.3%	12.5%	6.2%	30.3%	28.1%
Franklin	2.4%	3.0%	21.8%	14.8%	6.4%	28.8%	22.9%
Green Brook	4.5%	0.9%	22.0%	16.2%	4.0%	33.3%	19.1%
Hillsborough	1.1%	1.8%	18.6%	12.8%	6.1%	37.0%	22.6%
Manville	3.8%	5.9%	47.0%	18.8%	6.5%	13.8%	4.3%
Martinsville	0.2%	2.3%	13.0%	9.1%	4.2%	38.2%	33.0%
Montgomery	1.3%	0.3%	11.7%	8.1%	3.6%	29.6%	45.4%
North Plainfield	7.7%	7.1%	28.6%	21.7%	8.9%	18.2%	7.8%
Raritan	6.7%	3.2%	31.7%	16.7%	5.5%	21.7%	14.4%
Somerville	3.3%	4.0%	20.1%	15.4%	5.8%	31.4%	19.9%
South Bound Brook	2.7%	5.5%	34.8%	19.2%	9.3%	18.5%	9.9%
Warren	2.0%	1.6%	16.5%	10.7%	4.1%	31.7%	33.5%
Watchung	0.5%	0.8%	20.3%	16.1%	3.8%	27.8%	30.7%
Middlesex County	5.0%	5.2%	25.3%	14.8%	6.2%	25.8%	17.8%
Dunellen	4.0%	1.6%	28.6%	16.2%	5.8%	29.8%	14.0%
Middlesex	5.8%	4.7%	34.2%	22.3%	7.3%	15.9%	9.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

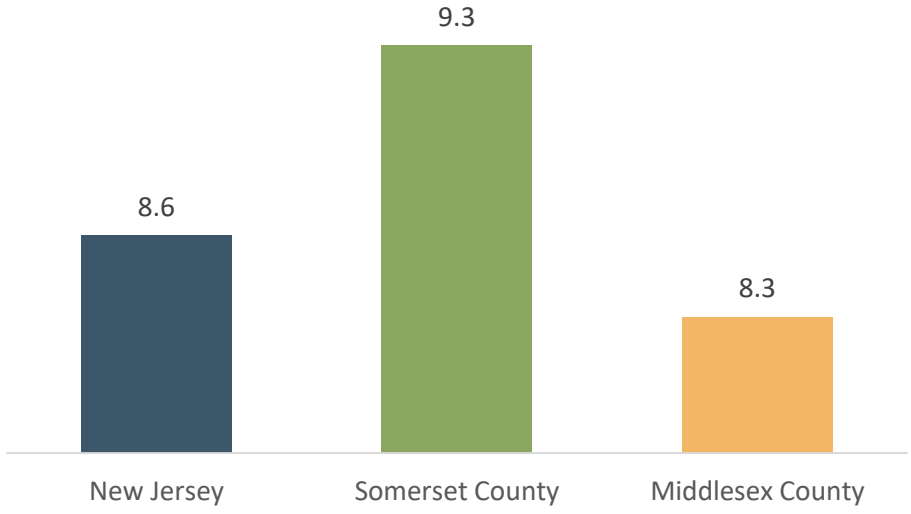
Table 28. Educational Attainment among Adults 25 Years and Older, by Race/Ethnicity and Town, 2015-2019

	Asian, NH		Black, NH		Hispanic/ Latino		White, NH		Other Race, NH	
	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+
New Jersey	92.5%	70.0%	88.2%	24.3%	74.4%	19.4%	94.3%	44.1%	70.6%	13.9%
Somerset County	95.5%	79.9%	93.8%	38.1%	81.8%	24.3%	97.0%	56.3%	81.8%	17.2%
Bedminster	96.0%	83.5%	67.8%	23.3%	92.1%	31.9%	99.0%	68.2%	100.0%	0.0%
Bernards	97.1%	88.8%	90.1%	39.3%	86.8%	42.1%	97.9%	74.8%	85.3%	37.4%
Bernardsville	100.0%	85.1%	100.0%	0.0%	72.5%	17.7%	99.5%	79.0%	100.0%	24.6%
Bound Brook	93.5%	69.9%	93.4%	36.4%	70.3%	9.8%	94.5%	32.4%	74.3%	13.8%
Branchburg	94.8%	78.6%	95.2%	77.9%	99.2%	47.2%	98.2%	59.1%	100.0%	41.0%
Bridgewater	94.7%	78.7%	95.1%	45.6%	86.8%	28.6%	96.7%	54.4%	90.0%	11.7%
Franklin	94.8%	76.9%	95.2%	41.4%	87.1%	31.2%	96.7%	51.8%	89.9%	28.3%
Green Brook	93.5%	79.0%	83.8%	48.5%	92.1%	55.0%	95.7%	42.5%	100.0%	26.1%
Hillsborough	97.9%	84.3%	97.4%	40.9%	90.0%	38.6%	97.5%	56.2%	90.5%	26.4%
Manville	78.6%	45.4%	86.5%	14.0%	84.3%	8.2%	92.4%	19.3%	91.2%	19.6%
Martinsville	100.0%	89.7%	-	-	100.0%	72.6%	97.0%	67.8%	-	-
Montgomery	97.2%	87.1%	99.4%	27.1%	96.1%	56.9%	99.1%	72.5%	-	-
North Plainfield	82.9%	29.3%	88.5%	27.5%	77.7%	15.2%	94.0%	40.4%	77.3%	11.7%
Raritan	97.8%	71.5%	100.0%	41.8%	68.7%	11.0%	93.4%	35.3%	70.0%	3.3%
Somerville	94.2%	80.2%	88.3%	25.6%	70.6%	19.6%	96.5%	55.6%	54.4%	7.9%
South Bound Brook	87.1%	51.3%	92.4%	33.1%	86.9%	11.5%	98.8%	30.1%	87.2%	13.3%
Warren	93.9%	81.8%	97.4%	67.5%	93.1%	39.3%	97.4%	62.1%	100.0%	100.0%
Watchung	100.0%	82.2%	100.0%	86.0%	100.0%	43.9%	98.3%	54.2%	-	-
Middlesex County	92.7%	73.8%	92.7%	34.4%	74.8%	18.2%	93.6%	39.9%	76.8%	18.0%
Dunellen	94.3%	72.8%	98.2%	48.1%	89.0%	30.7%	96.0%	39.5%	90.1%	15.7%
Middlesex	63.6%	42.0%	92.5%	36.2%	80.4%	15.0%	94.9%	27.0%	76.5%	13.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Environmental Health

Figure 144. Air Pollution Particulate Matter, by State and County, 2016



DATA SOURCE: Center for Disease Control and Prevention (CDC), Environmental Public Health Tracking Network, as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016

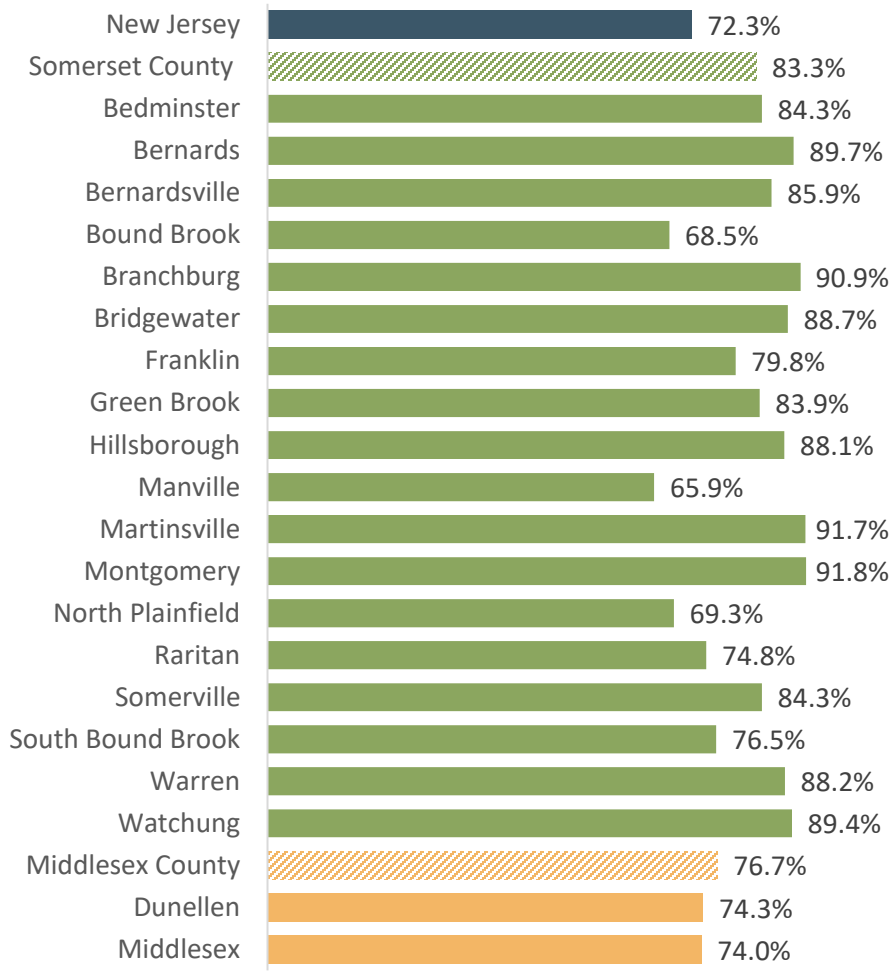
Table 29. Drinking Water Violations by County, 2019

	Z-score
New Jersey	-
Somerset County	0.47
Middlesex County	0.47

DATA SOURCE: Environmental Protection Agency, Safe Drinking Water Information System, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

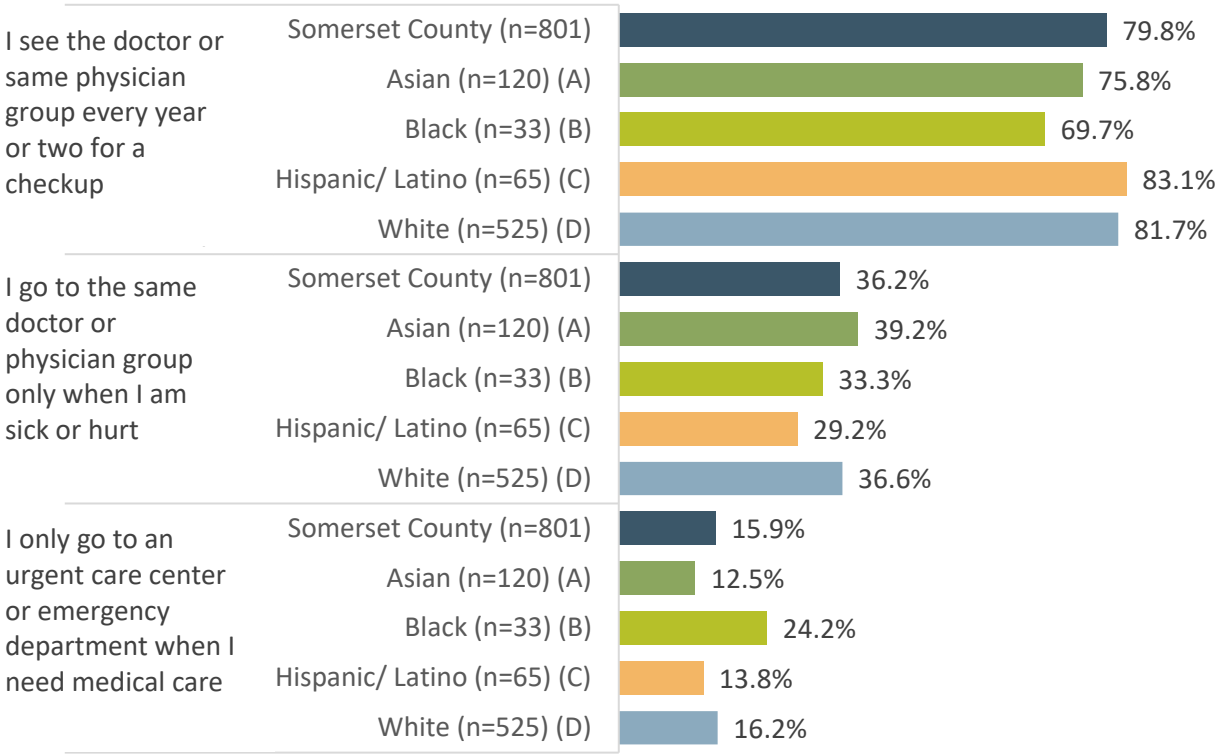
Access to Services

Figure 145. Population with Private Insurance, by State, County and Town, 2015-2019



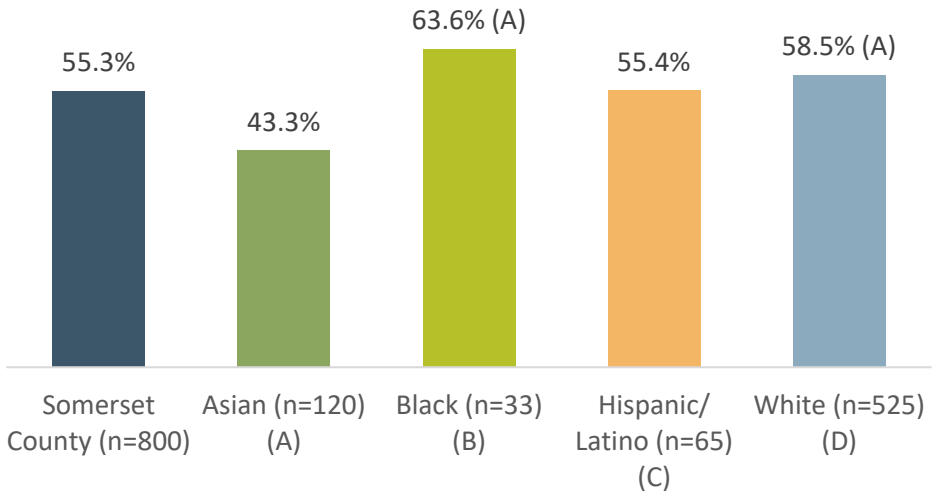
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 146. Percent of Community Survey Respondents Responding to the Statement "When you need medical care, which of the statements below best describes you?" by Race/Ethnicity (n=801), 2021



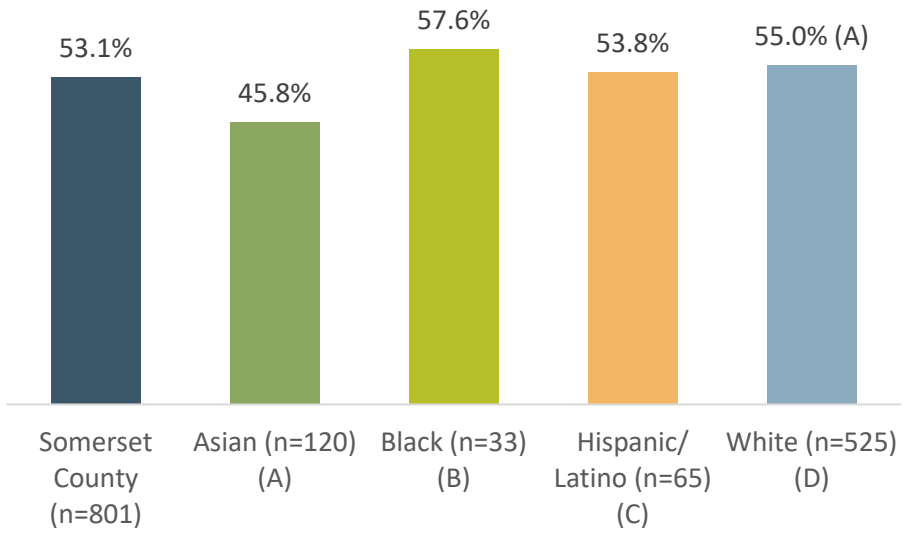
DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021

Figure 147. Percent of Community Survey Respondents Reporting that They Accessed Medical Care Virtually and Indicated They Were Satisfied/Very Satisfied with Using the Technology by Race/Ethnicity (n=800), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Figure 148. Percent of Community Survey Respondents Indicating They Would Access Medical Care Virtually if They Needed to and Were Able to Access Virtual Medical Care by Race/Ethnicity (n=801), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Figure 149. Percent of Community Survey Respondents Indicating Who and Where They Would Seek Health Information from by Race/Ethnicity (n=801), 2021

	Somerset County (n=801)	Asian (n=120) (A)	Black (n=33) (B)	Hispanic/ Latino (n=65) (C)	White (n=525) (D)
Health Care Provider	83.1%	80.0%	81.8%	73.8%	85.7% (C)
Online Resources	59.8%	61.7% (C)	54.5%	40.0%	63.2% (C)
Family Member	33.7%	30.0%	39.4%	27.7%	36.0%
Friends	28.1%	30.0%	21.2%	21.5%	30.3% (C)
Urgent Care	11.1%	-	18.2% (A)	7.7%	13.0% (A)
Social Media Resources	7.9%	6.7%	-	7.7%	7.4%
Local Health Department	6.2%	5.8%	-	-	6.3% (C)
Hospital Emergency Department	3.9%	-	-	0.0%	3.6%
Free Clinic	3.7%	-	-	12.3% (ABD)	2.9%
Faith-based Organization	2.6%	-	15.2% (AD)	9.2% (AD)	1.1%
There is no good source for me	1.4%	-	0.0%	-	1.0%

DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Appendix H – Hospitalization Data

Table 30. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients			Rate per 1,000 Population		
Year	Age	New Jersey Residents	Somerset County Residents	Middlesex County Residents	New Jersey Residents	Somerset County Residents	Middlesex County Residents
2017	0-17	690,506	14,101	55,640	334.4	174.4	300.0
	18-44	1,259,377	22,891	90,686	416.8	225.9	289.9
	45-64	757,159	15,329	53,227	302.2	148.6	232.4
	65+	450,704	10,267	31,574	320.4	202.7	260.1
	All Ages	3,157,746	62,588	231,127	350.9	186.3	272.3
2018	0-17	673,100	13,403	54,528	343.2	183.3	300.4
	18-44	1,217,047	21,434	86,864	394.5	198.7	280.9
	45-64	748,821	14,547	51,435	301.1	141.9	226.7
	65+	463,456	10,425	31,172	322.9	200.7	252.2
	All Ages	3,102,424	59,809	223,999	345.9	178.3	266.2
2019	0-17	658,207	13,244	51,727	334.6	183.7	284.4
	18-44	1,219,299	22,035	86,019	392.2	202.3	277.2
	45-64	760,293	15,403	51,416	305.8	151.0	226.5
	65+	489,485	11,594	32,739	330.6	213.5	254.6
	All Ages	3,127,284	62,276	221,901	345.8	184.6	261.7

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 31. Emergency Room Treat and Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	142,919	69.2
	18-44	242,892	80.4
	45-64	139,427	55.6
	65+	82,129	58.4
	All Ages	607,367	67.5
2018	0-17	145,643	74.3
	18-44	239,710	77.7
	45-64	139,051	55.9
	65+	82,293	57.3
	All Ages	606,697	67.6
2019	0-17	142,215	72.3
	18-44	238,051	76.6
	45-64	141,147	56.8
	65+	88,005	59.0
	All Ages	609,418	67.4

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 32. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Somerset County Resident Patients Treated at RWJUH Somerset, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	4,709	58.3
	18-44	10,492	103.5
	45-64	7,551	73.2
	65+	4,997	98.6
	All Ages	27,749	82.6
2018	0-17	4,271	58.4
	18-44	9,407	87.2
	45-64	7,051	68.8
	65+	5,205	100.2
	All Ages	25,934	77.3
2019	0-17	4,214	58.5
	18-44	9,888	90.8
	45-64	7,442	73
	65+	5,572	102.6
	All Ages	27,116	80.4

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 33. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Somerset's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	8,325	224.8
	18-44	14,653	261.4
	45-64	9,594	183.6
	65+	5,640	232.6
	All Ages	38,212	225.3
2018	0-17	8,133	223.7
	18-44	13,330	237.9
	45-64	9,102	175.2
	65+	5,897	237.7
	All Ages	36,462	215.6
2019	0-17	8,393	232.4
	18-44	13,938	245.8
	45-64	9,648	185.7
	65+	6,400	245.1
	All Ages	38,379	250.8

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 34. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Somerset's Primary Service Area Treated at RWJUH Somerset, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	4,692	126.7
	18-44	10,235	182.6
	45-64	7,254	138.8
	65+	4,546	187.5
	All Ages	26,727	157.6
2018	0-17	4,332	119.2
	18-44	9,090	162.3
	45-64	6,798	130.9
	65+	4,777	192.5
	All Ages	24,997	147.8
2019	0-17	4,273	118.3
	18-44	9,466	166.9
	45-64	7,160	137.8
	65+	5,088	194.8
	All Ages	25,987	152.1

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 35. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count			Rate per 100,000 Population		
Year	Race/Ethnicity	New Jersey Residents	Somerset County Residents	Middlesex County Residents	New Jersey Residents	Somerset County Residents	Middlesex County Residents
2017	American Indian or Alaska Native	6,530	137	1,028	201.1	229.1	326.9
	Asian	80,692	3,727	16,176	92.2	71.2	78.9
	Black or African American	780,645	11,690	36,192	628.0	429.7	412.1
	Hawaiian & Pacific Islander	3,949	167	224	985.5	1,452.2	759.3
	Other Race	610,721	12,362	84,002	935.3	1,028.4	1,265.6
	Two or More Races	11,014	265	646	38.6	30.9	22.8
	White	1,563,896	34,240	92,859	264.8	169.7	211.3
	All Race/Ethnicities	3,057,447	62,588	231,127	340.0	-	-
2018	American Indian or Alaska Native	6,035	124	1,023	185.4	202.0	320.2
	Asian	80,655	3,758	15,727	90.3	69.5	76.1
	Black or African American	755,704	11,180	35,351	608.9	405.4	402.6
	Hawaiian & Pacific Islander	8,405	234	317	2,031.7	1,933.9	1,174.1
	Other Race	633,209	11,806	85,097	961.3	960.2	1,269.1
	Two or More Races	11,395	231	683	39.5	26.3	24.1
	White	1,509,245	32,476	85,801	258.0	163.3	199.6
	All Race/Ethnicities	3,004,648	59,809	231,127	335.0	-	-
2019	American Indian or Alaska Native	5,360	102	620	164.0	156.4	196.8
	Asian	81,556	4,104	16,293	89.8	72.6	77.7
	Black or African American	754,534	11,248	35,583	600.1	403.4	403.2
	Hawaiian & Pacific Islander	4,203	110	349	1,005.3	916.7	1,203.4
	Other Race	683,104	12,042	83,512	1,012.6	968.7	1,209.1
	Two or More Races	11,025	302	779	37.5	34.2	27.1
	White	1,486,019	34,368	84,765	253.0	173.7	197.4
	All Race/Ethnicities	3,025,801	62,276	221,901	334.6	-	-

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 36. Emergency Room Treat and Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000
2017	American Indian or Alaska Native	608	18.7
	Asian	17,289	19.8
	Black or African American	197,472	158.9
	Hawaiian & Pacific Islander	577	144.0
	Other Race	147,525	225.9
	Two or More Races	1,571	5.5
	White	227,264	38.5
	All Race/Ethnicities	592,306	-
2018	American Indian or Alaska Native	548	16.8
	Asian	17,617	19.7
	Black or African American	198,391	159.8
	Hawaiian & Pacific Islander	474	114.6
	Other Race	153,992	233.8
	Two or More Races	1,745	6.0
	White	219,439	37.5
	All Race/Ethnicities	592,206	-
2019	American Indian or Alaska Native	593	18.1
	Asian	18,706	20.6
	Black or African American	195,413	155.4
	Hawaiian & Pacific Islander	480	114.8
	Other Race	162,149	240.4
	Two or More Races	1,946	6.6
	White	215,469	36.7
	All Race/Ethnicities	594,756	-

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 37. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Somerset County Resident Patients Treated at RWJUH Somerset, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	58	97.0
	Asian	1,586	30.3
	Black or African American	3,573	131.3
	Hawaiian & Pacific Islander	116	1,008.7
	Other Race	3,790	315.3
	Two or More Races	135	15.7
	White	18,491	91.6
	All Race/Ethnicities	27,749	--

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2018	American Indian or Alaska Native	39	63.5
	Asian	1,650	30.5
	Black or African American	3,361	121.9
	Hawaiian & Pacific Islander	48	396.7
	Other Race	2,892	235.2
	Two or More Races	124	14.1
	White	17,820	89.6
	All Race/Ethnicities	25,934	--
2019	American Indian or Alaska Native	42	64.4
	Asian	1,709	30.2
	Black or African American	3,362	120.6
	Hawaiian & Pacific Islander	24	200.0
	Other Race	3,403	273.8
	Two or More Races	128	14.5
	White	18,448	93.2
	All Race/Ethnicities	27,116	--

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 38. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Somerset's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	78	228.1
	Asian	1,964	80.5
	Black or African American	4,569	496
	Hawaiian & Pacific Islander	126	1680
	Other Race	7,302	790.8
	Two or More Races	186	39.5
	White	23,987	197.2
	All Race/Ethnicities	38,212	225.3
2018	American Indian or Alaska Native	78	223.5
	Asian	2,019	79.8
	Black or African American	4,471	470.8
	Hawaiian & Pacific Islander	100	1,298.7
	Other Race	6,587	694.7
	Two or More Races	176	36.5
	White	23,031	192.6
	All Race/Ethnicities	36,462	215.6
2019	American Indian or Alaska Native	51	135.3
	Asian	2,195	82.9
	Black or African American	4,488	456.8
	Hawaiian & Pacific Islander	73	924.1
	Other Race	7,219	742.5
	Two or More Races	202	41.3
	White	24,151	202.1
	All Race/Ethnicities	38,379	224.6

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 39. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in RWJUH Somerset's Primary Service Area Treated at RWJUH Somerset, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	51	149.1
	Asian	1,346	55.1
	Black or African American	3,214	348.9
	Hawaiian & Pacific Islander	107	1426.7
	Other Race	3,991	432.2
	Two or More Races	136	28.9
	White	17,882	147
	All Race/Ethnicities	26,727	157.6
2018	American Indian or Alaska Native	43	123.2
	Asian	1,411	55.8
	Black or African American	3,073	323.6
	Hawaiian & Pacific Islander	48	623.4
	Other Race	3,056	322.3
	Two or More Races	131	27.2
	White	17,235	144.1
	All Race/Ethnicities	24,997	147.8
2019	American Indian or Alaska Native	37	98.1
	Asian	1,434	54.2
	Black or African American	3,076	313.1
	Hawaiian & Pacific Islander	22	278.5
	Other Race	3,549	365
	Two or More Races	131	26.8
	White	17,738	148.4
	All Race/Ethnicities	25,987	152.1

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 40. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and RWJUH Somerset, 2019

		Admission Rate per 1,000 Population			
	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	All Race/Ethnicities	10.4	2.8	7.7	2.0
	White	9.6	2.9	6.7	1.5
	Black	16.7	3.0	13.7	4.1
	Asian	2.6	0.8	1.8	0.4
	Hispanic	5.4	1.4	4.0	1.5
RWJUH Somerset	All Race/Ethnicities	7.6	1.6	6.0	1.5
	White	8.1	1.8	6.3	1.2
	Black	11.6	1.0	10.6	5.5
	Asian	2.0	0.5	1.5	0.4
	Hispanic	4.5	1.1	3.5	1.4

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 41. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and RWJUH Somerset, 2019

		Admission Rate per 1,000			
		Total Overall	Cardiac	Mental Health	Substance Use
New Jersey	Asian	5.2	3.9	1.0	0.3
	Black	26.1	16.6	6.7	2.7
	Hispanic	10.3	6.2	2.6	1.5
	White	17.2	12.2	3.2	1.9
	All Race/Ethnicities	18.6	12.5	4.0	2.1
RWJUH Somerset	Asian	35.0	3.6	0.8	0.3
	Black	80.3	11.0	4.0	2.1
	Hispanic	53.7	5.1	2.6	1.3
	White	72.6	11.7	2.6	1.5
	All Race/Ethnicities	73.2	10.6	2.8	1.5

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 42. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and RWJUH Somerset, 2019

		Admission Rate per 1,000 Population					Emergency Department Visits per 1,000 Population				
	Age	All Race/ Ethnicities	White	Black	Asian	Hispanic	All Race/ Ethnicities	White	Black	Asian	Hispanic
New Jersey	All	18.6	17.2	26.1	5.2	10.3	403.0	271.2	682.4	108.8	430.2
	Under 18	1.6	1.1	1.9	0.4	1.4	344.0	181.7	477.1	99.8	497.4

		Admission Rate per 1,000 Population					Emergency Department Visits per 1,000 Population				
	Age	All Race/ Ethnicities	White	Black	Asian	Hispanic	All Race/ Ethnicities	White	Black	Asian	Hispanic
	18 to 64	15.0	12.0	26.5	3.5	9.3	396.6	248.0	760.5	91.4	392.4
	65+	54.8	48.7	73.3	25.3	46.6	505.8	428.5	698.1	233.8	548.2
RWJUH Somerset	All	73.2	72.6	80.3	35.0	53.7	239.4	184.4	461.6	87.7	331.1
	Under 18	12.2	8.2	14.4	11.2	12.2	239.3	137.2	402.4	96.4	459.8
	18 to 64	60.4	52.3	89.2	32.6	55.0	228.3	175.2	493.0	72.9	283.2
	65+	210.7	210.1	182.6	105.1	212.5	285.7	265.6	393.5	159.9	401.0

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 43. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count			Rate per 1,000 Population		
Year	Age	New Jersey Residents	Somerset County Residents	Middlesex County Residents	New Jersey Residents	Somerset County Residents	Middlesex County Residents
2017	0-17	131,591	3,647	12,355	63.7	45.1	66.6
	18-44	231,158	5,747	19,275	76.5	56.7	61.6
	45-64	226,349	5,945	17,644	90.3	57.7	77.0
	65+	363,285	10,573	30,500	258.2	208.7	251.2
	All Ages	952,383	25,912	79,774	105.8	77.1	94.0
2018	0-17	130,739	3,582	12,011	66.7	49.0	66.2
	18-44	225,360	5,531	18,193	73.0	51.3	58.8
	45-64	221,118	5,649	17,134	88.9	55.1	75.5
	65+	364,459	10,460	29,623	254.0	201.4	239.6
	All Ages	941,676	25,222	76,961	105.0	75.2	91.5
2019	0-17	127,024	3,491	11,221	64.6	48.4	61.7
	18-44	218,270	5,457	17,357	70.2	50.1	55.9
	45-64	215,320	5,528	17,001	86.6	54.2	74.9
	65+	368,288	11,243	30,289	248.7	207.0	235.6
	All Ages	928,902	25,719	75,868	102.7	76.2	89.5

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 44. Inpatient Discharge Counts and Rates per 1,000 Population of Patients, by Residence and Age, 2017-2019

Year	Age	Count		Rate per 1,000 Population	
		New Jersey Resident Inpatient Discharges at RWJBH Hospitals	Somerset County Resident Inpatient Discharges at RWJUH Somerset	New Jersey Resident Inpatient Discharges at RWJBH Hospitals	Somerset County Resident Inpatient Discharges at RWJUH Somerset
2017	0-17	32,923	437	15.9	5.4
	18-44	50,878	1,521	16.8	15.0
	45-64	44,240	2,319	17.7	22.5
	65+	68,104	4,648	48.4	91.8
	All Ages	196,145	8,925	21.8	26.6
2018	0-17	32,768	376	16.7	5.1
	18-44	49,365	1,301	16.0	12.1
	45-64	43,076	2,085	17.3	20.3
	65+	67,477	4,303	47.0	82.8
	All Ages	192,686	8,065	21.5	24.0
2019	0-17	32,107	355	16.3	4.9
	18-44	48,316	1,318	15.5	12.1
	45-64	41,662	2,076	16.8	20.4
	65+	67,539	4,642	45.6	85.5
	All Ages	189,624	8,391	21.0	24.9

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 45. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Residence in RWJUH Somerset's Service Area and Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
		Residents of RWJUH Somerset's Primary Service Area	Residents of RWJUH Somerset's Primary Service Area
2017	0-17	2,219	59.9
	18-44	3,588	64
	45-64	3,962	75.8
	65+	6,061	250
	All Ages	15,830	93.3
2018	0-17	2,171	59.7
	18-44	3,501	62.5
	45-64	3,632	69.9
	65+	5,789	233.3
	All Ages	15,093	89.2
2019	0-17	2,192	60.7
	18-44	3,439	60.7

	45-64	3,521	67.8
	65+	6,282	240.6
	All Ages	15,434	90.3

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 46. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated at RWJUH Somerset, by Residence in RWJUH Somerset's Service Area and Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
		Residents of RWJUH Somerset's Primary Service Area	Residents of RWJUH Somerset's Primary Service Area
2017	0-17	420	11.3
	18-44	1,387	24.7
	45-64	2,345	44.9
	65+	4,377	180.5
	All Ages	8,529	50.3
2018	0-17	385	10.6
	18-44	1,241	22.2
	45-64	2,077	40
	65+	4,078	164.4
	All Ages	7,781	46
2019	0-17	356	9.9
	18-44	1,264	22.3
	45-64	2,080	40
	65+	4,351	166.6
	All Ages	8,051	47.1

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 47. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	Somerset County Residents	Middlesex County Residents	Somerset County Residents	Middlesex County Residents
2017	American Indian or Alaska Native	35	271	58.5	86.2
	Asian	2,527	10,010	48.3	48.8
	Black or African American	3,008	8,729	110.6	99.4
	Hawaiian & Pacific Islander	36	122	313.00	413.6
	Other Race	2,972	16,669	247.20	251.10
	Two or More Races	35	74	4.1	2.6
	White	17,299	43,899	85.7	99.9

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	Somerset County Residents	Middlesex County Residents	Somerset County Residents	Middlesex County Residents
	All Race/Ethnicities	25,912	79,774	-	-
2018	American Indian or Alaska Native	25	257	40.7	80.4
	Asian	2,505	9,399	46.3	45.5
	Black or African American	3,140	8,583	113.9	97.8
	Hawaiian & Pacific Islander	69	142	570.20	525.90
	Other Race	2,922	16,760	237.7	250.00
	Two or More Races	36	89	4.1	3.1
	White	16,525	41,731	83.1	97.1
	All Race/Ethnicities	25,222	76,961	-	-
2019	American Indian or Alaska Native	32	160	49.1	50.8
	Asian	2,462	9,018	43.6	43
	Black or African American	2,967	8,830	106.4	100.1
	Hawaiian & Pacific Islander	54	125	450	431.00
	Other Race	3,016	16,628	242.6	240.70
	Two or More Races	50	86	5.7	3
	White	17,138	41,021	86.6	95.5
	All Race/Ethnicities	25,719	75,868	-	-

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 48. Inpatient Discharge Counts and Rates per 1,000 Population of Residents of Somerset County Treated & Released at RWJUH Somerset, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	11	18.4
	Asian	647	12.4
	Black or African American	622	22.9
	Hawaiian & Pacific Islander	17	147.80
	Other Race	615	51.2
	Two or More Races	6	0.7
	White	7,007	34.7
	All Race/Ethnicities	8,925	--
2018	American Indian or Alaska Native	2	3.3
	Asian	576	10.7
	Black or African American	597	21.6
	Hawaiian & Pacific Islander	7	57.9
	Other Race	460	37.4
	Two or More Races	9	1
	White	6,414	32.3
	All Race/Ethnicities	8,065	--
2019	American Indian or Alaska Native	4	6.1
	Asian	631	11.2
	Black or African American	570	20.4
	Hawaiian & Pacific Islander	4	33.3
	Other Race	488	39.3
	Two or More Races	8	0.9
	White	6,686	33.8
	All Race/Ethnicities	8,391	--

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 49. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Residence in RWJUH Somerset's Service Area and Race/Ethnicity, 2017-2019

		Count	Rate per 1,000 Population
Year	Race/Ethnicity	Residents of RWJUH Somerset's Primary Service Area	Residents of RWJUH Somerset's Primary Service Area
2017	American Indian or Alaska Native	20	58.5
	Asian	1,263	51.7
	Black or African American	1,078	117
	Hawaiian & Pacific Islander	27	360
	Other Race	1,839	199.2
	Two or More Races	21	4.5
	White	11,582	95.2
	All Race/Ethnicities	15,830	93.3
2018	American Indian or Alaska Native	12	34.4
	Asian	1,270	50.2
	Black or African American	1,052	110.8
	Hawaiian & Pacific Islander	30	389.6
	Other Race	1,731	182.6
	Two or More Races	29	6
	White	10,969	91.7
	All Race/Ethnicities	15,093	89.2
2019	American Indian or Alaska Native	11	29.2
	Asian	1,277	48.3
	Black or African American	984	100.2
	Hawaiian & Pacific Islander	27	341.8
	Other Race	1,860	191.3
	Two or More Races	22	4.5
	White	11,253	94.2
	All Race/Ethnicities	15,434	90.3

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 50. Inpatient Discharge Release Counts and Rates per 1,000 Population of Patients Treated at RWJUH Somerset, by Residence in RWJUH Somerset's Service Area and Race/Ethnicity, 2017-2019

		Count	Rate per 1,000 Population
Year	Race/Ethnicity	Residents of RWJUH Somerset's Primary Service Area	Residents of RWJUH Somerset's Primary Service Area
2017	American Indian or Alaska Native	11	32.2
	Asian	516	21.1
	Black or African American	558	60.6
	Hawaiian & Pacific Islander	17	226.7
	Other Race	639	69.2
	Two or More Races	6	1.3
	White	6,782	55.8
	All Race/Ethnicities	8,529	50.3
2018	American Indian or Alaska Native	4	11.5
	Asian	485	19.2
	Black or African American	520	54.8
	Hawaiian & Pacific Islander	6	77.9
	Other Race	478	50.4
	Two or More Races	9	1.9
	White	6,279	52.5
	All Race/Ethnicities	7,781	46
2019	American Indian or Alaska Native	2	5.3
	Asian	517	19.5
	Black or African American	489	49.8
	Hawaiian & Pacific Islander	2	25.3
	Other Race	502	51.6
	Two or More Races	6	1.2
	White	6,533	54.7
	All Race/Ethnicities	8,051	47.1

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 51. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder Treated in New Jersey, by County of Residence, 2017-2019

	Count			Rate per 1,000 Population		
Year	New Jersey Residents	Somerset County Residents	Middlesex County Residents	New Jersey Residents	Somerset County Residents	Middlesex County Residents
2017	73,005	1,662	4,471	8.1	4.9	5.3
2018	69,282	1,404	4,063	7.7	4.2	4.8
2019	65,610	1,322	3,647	7.3	3.9	4.3

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 52. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Diseases and Disorders of the Circulatory System Treated in New Jersey, by County of Residence, 2017-2019

	Count			Rate per 1,000 Population		
Year	New Jersey Residents	Somerset County Residents	Middlesex County Residents	New Jersey Residents	Somerset County Residents	Middlesex County Residents
2017	126,968	3,525	10,851	14.1	10.5	12.8
2018	125,886	3,472	10,552	14.0	10.4	12.5
2019	126,198	3,615	10,841	14.0	10.7	12.8

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 53. Inpatient Discharge Counts and Rates per 1,000, Residents of Somerset County Treated at RWJUH Somerset, by Major Diagnostic Category, 2017-2019

	Count			Rate per 1,000 Population		
Major Diagnostic Category	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	730	492	462	2.2	1.5	1.4
Diseases and Disorders of the Circulatory System	1,478	1,418	1,452	4.4	4.2	4.3

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 54. RWJUH Somerset Emergency Department Cases, by Race, 2020-2021

	2020		2021 (Jan-March)	
	Cases	%	Cases	%
American Indian or Alaska Native	52	0.1%	21	0.2%
Asian	1,867	4.8%	480	4.8%
Black or African American	5,362	13.7%	1,381	14.0%
Multiracial	193	0.5%	30	0.3%
Native Hawaiian or Other Pacific Islander	411	1.1%	111	1.1%
White	25,767	66.0%	6,387	64.5%
Other	4,874	12.5%	1,319	13.3%
Refuse to Answer	84	0.2%	22	0.2%
Unknown	430	1.1%	148	1.5%
Total	39,040	100.0%	9,899	100.0%

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 55. RWJUH Somerset Total Cases, by Race, 2020-2021

	2020		2021 (Jan-March)	
	Cases	%	Cases	%
American Indian or Alaska Native	120	0.1%	50	0.2%
Asian	5,914	5.9%	1,604	6.1%
Black or African American	10,527	10.5%	2,773	10.5%
Multiracial	317	0.3%	73	0.3%
Native Hawaiian or Other Pacific Islander	1,739	1.7%	431	1.6%
White	65,921	66.0%	16,847	64.0%
Other	10,607	10.6%	3,109	11.8%
Refuse to Answer	662	0.7%	194	0.7%
Unknown	4,144	4.1%	1,232	4.7%
Total	99,951	100.0%	26,313	100.0%

DATA SOURCE: RWJBarnabas Health System, 2017-2019

Table 56. RWJUH Somerset Emergency Department Cases, by Ethnicity, 2020-2021

	2020		2021 (Jan-March)	
	Cases	%	Cases	%
Non-Hispanic	29,576	75.8%	7,558	76.4%
Central or South American	4,361	11.2%	1,009	10.2%
Mexican	522	1.3%	169	1.7%
Puerto Rican	1,192	3.1%	292	2.9%
Cuban	110	0.3%	25	0.3%
Other Spanish	2,809	7.2%	694	7.0%
Not Classifiable or Unknown	402	1.0%	132	1.3%
Declined to Answer	68	0.2%	20	0.2%
Total	39,040	100.0%	9,899	100.0%

DATA SOURCE: RWJBarnabas Health System, 2020-2021

Table 57. RWJUH Somerset Total Cases, by Ethnicity, 2020-2021

	2020		2021 (Jan-March)	
	Cases	%	Cases	%
Non-Hispanic	76,878	76.9%	20,243	76.9%
Central or South American	8,545	8.5%	2,129	8.1%
Mexican	1,093	1.1%	254	1.0%
Puerto Rican	2,068	2.1%	523	2.0%
Cuban	252	0.3%	62	0.2%
Other Spanish	5,130	5.1%	1,520	5.8%
Not Classifiable or Unknown	4,583	4.6%	1,211	4.6%
Declined to Answer	1,402	1.4%	371	1.4%
Total	99,951	100.0%	26,313	100.0%

DATA SOURCE: RWJBarnabas Health System, 2020-2021

Table 58. RWJUH Somerset Inpatient Readmissions, by Race, 2020-2021

	2020			2021 (Jan-March)		
	Cases	Readmission Count	% Readmitted	Cases	Readmission Count	% Readmitted
American Indian or Alaska Native	14	0	0	7	0	0
Asian	721	51	7.1%	315	30	9.5%
Black or African American	1,306	168	12.9%	351	50	14.2%
Native Hawaiian or Other Pacific Islander	149	5	3.4%	36	2	5.6%
White	8,761	1,009	11.5%	2,324	325	14.0%
Other	1,140	61	5.4%	195	16	8.2%
Multiracial	33	0	0.0%	5	0	0.0%
Unknown	164	4	2.4%	94	2	2.1%
Refuse to Answer	35	0	0.0%	11	0	0.0%
Total	12,323	1298	10.5%	3,338	425	12.7%

DATA SOURCE: RWJBarnabas Health System, 2020-2021

Table 59. RWJUH Somerset Inpatient Readmissions, by Ethnicity, 2020-2021

	2020			2021 (Jan-March)		
	Cases	Readmission Count	% Readmitted	Cases	Readmission Count	% Readmitted
Non-Hispanic	9,585	1,158	12.1%	2,608	374	14.3%
Central or South American	932	62	6.7%	206	16	7.8%
Mexican	128	6	4.7%	300	8	2.7%
Puerto Rican	236	34	14.4%	27	5	18.5%
Cuban	41	6	14.6%	58	14	24.1%
Other Spanish	437	28	6.4%	127	8	6.3%
Not Classifiable or Unknown	934	3	0.3%	4	0	0.0%
Declined to Answer	30	1	3.3%	8	0	0.0%
Total	12,323	1,298	10.5%	3,338	425	12.7%

DATA SOURCE: RWJBarnabas Health System, 2020-2021

Appendix I – Cancer Data

Table 60. RWJUH Somerset Cancer Inpatient and Outpatient, by Patient Origin, 2020

Cancer Patient Origin	2020 RWJUH Somerset Inpatients	%	2020 RWJUH Somerset Outpatients	%
Somerset County	794	64.5%	1,093	61.8%
Primary Service Area	730	59.3%	1,040	58.8%
Secondary Service Area	359	29.2%	447	25.3%
Out of Service Area (NJ)	130	10.6%	272	15.4%
Out of State	12	1.0%	11	0.6%
TOTAL	**1,231**	**100.0%**	**1,770**	**100.0%**
Bridgewater (08807)	157	12.8%	218	12.3%
Hillsborough (08844)	128	10.4%	15	8.9%

DATA SOURCE: RWJUH Somerset, Decision Support, 2020
NOTE: Inpatient volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

Table 61. Cancer Count and Incidence Rate per 100,000 Population, New Jersey, 2013-2017

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	485.9	51,689	falling	-0.8
Bladder	23.1	2,487	falling	-1.1
Brain & ONS	6.8	673	*	*
Breast	136.6	7,668	rising	0.5
Cervix	7.7	382	falling	-1.9
Colon & Rectum	40.8	4,342	falling	-1.6
Esophagus	4.3	469	falling	-1.3
Kidney & Renal Pelvis	16.3	1,736	rising	0.8
Leukemia	15.7	1,610	rising	0.8
Liver & Bile Duct	7.8	869	rising	2.1
Lung & Bronchus	55.3	5,950	falling	-1.6
Melanoma of the Skin	22.2	2,335	stable	0.5
Non-Hodgkin Lymphoma	21.8	2,272	stable	0
Oral Cavity & Pharynx	11.1	1,204	rising	0.8
Ovary	11.8	679	falling	-2.1
Pancreas	14.4	1,556	rising	1.1
Prostate	131.3	6,723	falling	-2.9
Stomach	7.9	847	falling	-1.1
Thyroid	19.3	1,840	stable	-0.3

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
Uterus (Corpus & Uterus, NOS)	31.9	1,913	rising	0.8

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2013-2017
NOTE: Rising and falling refers to the recent 5-year trend.

Table 62. Cancer Count and Incidence Rate per 100,000 Population, Middlesex County, 2013-2017

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	460.8	4293	falling	-0.9
Bladder	22.8	211	falling	-1
Brain & ONS	6.8	60	*	*
Breast	129.7	639	stable	-0.1
Cervix	6.9	32	stable	-1.5
Colon & Rectum	39.6	370	falling	-3
Esophagus	3.6	34	falling	-2
Kidney & Renal Pelvis	15.7	146	stable	0
Leukemia	15.4	139	stable	0.3
Liver & Bile Duct	7.9	76	rising	2.5
Lung & Bronchus	49.7	459	falling	-2.1
Melanoma of the Skin	18.1	167	stable	1
Non-Hodgkin Lymphoma	22.1	202	stable	-0.1
Oral Cavity & Pharynx	10.7	100	rising	1.6
Ovary	11.8	59	falling	-2.1
Pancreas	12.9	121	stable	0.8
Prostate	124.1	555	stable	1.2
Stomach	7.5	70	falling	-2.5
Thyroid	19.2	169	stable	-0.9
Uterus (Corpus & Uterus, NOS)	32	168	stable	0.5

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2013-2017
NOTE: Rising and falling refers to the recent 5-year trend.

Table 63. Cancer Count and Incidence Rate per 100,000 Population, Somerset County, 2013-2017

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	463.3	1827	falling	-0.8
Bladder	20.1	79	stable	-1.2
Brain & ONS	6.5	23	*	*
Breast	144.2	306	stable	0.1
Cervix	7.5	13	stable	4.7
Colon & Rectum	35.2	139	falling	-3.4
Esophagus	3.2	13	stable	-1.6
Kidney & Renal Pelvis	14.6	58	stable	-0.1
Leukemia	15.4	57	stable	-0.5
Liver & Bile Duct	6	25	stable	1.6
Lung & Bronchus	44	173	falling	-1.8
Melanoma of the Skin	24.4	97	stable	0.2
Non-Hodgkin Lymphoma	23.7	92	stable	0.3
Oral Cavity & Pharynx	10.5	43	stable	0.4
Ovary	13.6	29	falling	-2.1
Pancreas	12.8	51	stable	1.1
Prostate	122	232	falling	-2.9
Stomach	7	28	falling	-1.8
Thyroid	19.8	71	falling	-12.1
Uterus (Corpus & Uterus, NOS)	32.4	73	stable	0.4

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2013-2017
NOTE: Rising and falling refers to the recent 5-year trend.

Table 64. Cancer Incidence Rate Age-Adjusted Rate per 100,000 Population by Selected Types of Cancer and Demographics, Somerset County, 2014-2018

	Breast	Cervix	Colon & Rectum	Lung & Bronchus	Prostate
All Race, All Ages	145.6	8.0	35.2	41.9	126.1
Asian or Pacific Islander (includes Hispanic), All Ages	129.3	*	22.8	27.2	54.5
Black (includes Hispanic), All Ages	140.5	*	39.7	40.5	203.6
Hispanic (any race), All Ages	123.0	*	40.3	28.3	132.6
White Non-Hispanic, All Ages	148.3	9.7	36.1	44.5	123.6
Males	n/a	n/a	40.2	46.7	126.1
Females	145.6	8.0	30.8	38.7	n/a

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2014-2018

NOTE: Asterisk (*) indicates data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

Table 65. Cancer Count and Mortality Rate per 100,000 Population, New Jersey, 2014-2018

Cancer Site	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	148.4	16,302	falling	-2.1
Bladder	4.6	507	falling	-0.6
Brain & ONS	4.2	449	*	*
Breast	20.9	1,274	falling	-2.3
Cervix	2.1	117	falling	-2.3
Colon & Rectum	13.7	1,517	falling	-3
Esophagus	3.5	390	falling	-1.1
Kidney & Renal Pelvis	3.1	340	falling	-1.4
Leukemia	6	646	falling	-1.5
Liver & Bile Duct	5.9	665	rising	1.4
Lung & Bronchus	33.7	3,698	falling	-4.6
Melanoma of the Skin	2.1	227	falling	-8.2
Non-Hodgkin Lymphoma	5.3	574	falling	-1.5
Oral Cavity & Pharynx	2	226	stable	-0.6
Ovary	6.5	402	falling	-4.1
Pancreas	11.3	1,247	stable	0
Prostate	17.6	776	falling	-2.6
Stomach	3.3	361	falling	-3.4
Thyroid	0.5	54	stable	-0.2
Uterus (Corpus & Uterus, NOS)	5.9	366	rising	0.7

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2014-2018
NOTE: Rising and falling refers to the recent 5-year trend.

Table 66. Cancer Count and Mortality Rate per 100,000 Population, Middlesex County, 2014-2018

Cancer Site	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	138.9	1,322	falling	-1.8
Bladder	4.1	38	falling	-0.8
Brain & ONS	3.9	36	*	*
Breast	20.1	107	falling	-2.4
Cervix	1.2	6	falling	-2.9
Colon & Rectum	13.9	133	falling	-3.3
Esophagus	3.1	30	stable	-0.8
Kidney & Renal Pelvis	3.4	33	falling	-1.2
Leukemia	6.1	56	falling	-1
Liver & Bile Duct	5.1	50	rising	1.1
Lung & Bronchus	30.8	290	falling	-3.2
Melanoma of the Skin	1.5	14	falling	-2.8
Non-Hodgkin Lymphoma	5.4	51	stable	-0.6
Oral Cavity & Pharynx	2	18	falling	-2.1
Ovary	5.3	29	falling	-2.4
Pancreas	10.2	98	falling	-0.6
Prostate	15.9	61	falling	-4.2
Stomach	2.7	27	falling	-3.5
Thyroid	0.5	5	*	*
Uterus (Corpus & Uterus, NOS)	5.3	28	stable	1

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2014-2018
NOTE: Rising and falling refers to the recent 5-year trend.

Table 67. Cancer Count and Mortality Rate per 100,000 Population, Somerset County, 2014-2018

Cancer Site	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	129.8	525	falling	-5.9
Bladder	4.5	19	stable	0.1
Brain & ONS	4	16	*	*
Breast	17.3	41	falling	-2.8
Cervix	*	3 or fewer	*	*
Colon & Rectum	11.6	47	falling	-2.8
Esophagus	2.4	9	falling	-2.4
Kidney & Renal Pelvis	2.4	10	stable	-1.4
Leukemia	5.3	21	falling	-1.7
Liver & Bile Duct	5.2	22	stable	1.2
Lung & Bronchus	26.3	105	falling	-2.6
Melanoma of the Skin	1.5	6	falling	-23.9
Non-Hodgkin Lymphoma	6	24	falling	-2
Oral Cavity & Pharynx	1.8	7	stable	-1.6
Ovary	6.7	15	falling	-1.7
Pancreas	10.4	43	stable	0.5
Prostate	15.5	24	falling	-3.7
Stomach	3.1	12	falling	-3.5
Thyroid	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	5.9	14	stable	1

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2014-2018
NOTE: Rising and falling refers to the recent 5-year trend.

Table 68. Cancer Mortality Age-Adjusted Rate per 100,000 Population by Selected Types of Cancer and Demographics, Somerset County, 2015-2019

	Breast	Cervix	Colon & Rectum	Lung & Bronchus	Prostate
All Race, All Ages	18.0	*	11.7	24.0	15.2
Asian or Pacific Islander (includes Hispanic), All Ages	*	*	*	15.5	*
Black (includes Hispanic), All Ages	22.4	*	15.2	24.5	36.4
Hispanic (any race), All Ages	*	*	*	*	*
White Non-Hispanic, All Ages	19.5	*	12.4	25.6	15.2
Males	n/a	n/a	14.0	28.2	15.2
Females	18.0	*	10.1	21.0	n/a

DATA SOURCE: National Cancer Institute, Surveillance, Epidemiology and End Results (SEER), 2015-2019
NOTE: Asterisk (*) indicates data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

Table 69. Summary of Overall Analytical Cancer Cases Diagnosed at Stage 3 or 4, RWJUH Somerset, 2018-2019

		Cases (both analytic and non-analytic)		2018			2019			2018-2019			
Main Site	Subsite	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
Breast		234	232	5.1%	2.8%	7.9%	5.2%	5.2%	10.3%	-2	0.1%	2.4%	2.5%
	Breast	234	232	5.1%	2.8%	7.9%	5.2%	5.2%	10.3%	-2	0.1%	2.4%	2.5%
Digestive Organs		165	137	15.9%	24.6%	40.6%	13.2%	33.1%	46.3%	-28	-2.7%	8.5%	5.7%
	Colon	51	47	20.5%	9.1%	29.5%	15.9%	22.7%	38.6%	-4	-4.5%	13.6%	9.1%
	Pancreas	33	26	0.0%	48.0%	48.0%	11.5%	53.8%	65.4%	-7	11.5%	5.8%	17.4%
	Rectum	14	20	33.3%	8.3%	41.7%	15.8%	10.5%	26.3%	6	-17.5%	2.2%	-15.4%
	Stomach	24	37	4.3%	17.4%	21.7%	0.0%	40.0%	40.0%	13	-4.3%	22.6%	18.3%
Eye, Brain And Other Parts Of Central Nervous System		24	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-5	0.0%	0.0%	0.0%
	Meninges	13	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2	0.0%	0.0%	0.0%
Female Genital Organs		32	48	0.0%	26.3%	26.3%	10.6%	14.9%	25.5%	16	10.6%	-11.4%	-0.8%
	Corpus Uteri	20	26	0.0%	7.1%	7.1%	11.5%	7.7%	19.2%	6	11.5%	0.5%	12.1%
	Ovary	[redacted]	11	0.0%	100.0%	100.0%	18.2%	36.4%	54.5%	[redacted]	18.2%	-63.6%	-45.5%
Hematopoietic And Reticuloendothelial Systems		37	51	0.0%	20.8%	20.8%	0.0%	0.0%	0.0%	14	0.0%	-20.8%	-20.8%
	Hematopoietic And Reticuloendothelial Systems	37	51	0.0%	20.8%	20.8%	0.0%	0.0%	0.0%	14	0.0%	-20.8%	-20.8%
Lip, Oral Cavity And Pharynx		16	[redacted]	15.4%	30.8%	46.2%	0.0%	0.0%	0.0%	[redacted]	-15.4%	-30.8%	-46.2%
Lymph Nodes		26	29	9.5%	38.1%	47.6%	0.0%	0.0%	0.0%	3	-9.5%	-38.1%	-47.6%
Male Genital Organs		78	79	20.0%	21.7%	41.7%	20.3%	12.7%	32.9%	1	0.3%	-9.0%	-8.8%

Main Site	Subsite	Cases (both analytic and non-analytic)		2018			2019			2018-2019			
		2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
	Prostate Gland	73	76	21.8%	23.6%	45.5%	19.7%	13.2%	32.9%	3	-2.1%	-10.5%	-12.6%
	Testis	[redacted]	14	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	[redacted]	33.3%	0.0%	33.3%
Respiratory System And Intrathoracic Organs		90	126	12.8%	47.4%	60.3%	11.3%	47.8%	59.1%	36	-1.5%	0.4%	-1.1%
	Bronchus And Lung	82	108	12.5%	48.6%	61.1%	10.3%	50.5%	60.7%	26	-2.2%	1.9%	-0.4%
	Thymus	[redacted]	12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%	0.0%
Skin		13	16	14.3%	0.0%	14.3%	0.0%	23.1%	23.1%	3	-14.3%	23.1%	8.8%
Thyroid And Other Endocrine Glands		13	21	0.0%	8.3%	8.3%	0.0%	10.0%	10.0%	8	0.0%	1.7%	1.7%
	Thyroid Gland	[redacted]	17	0.0%	14.3%	14.3%	0.0%	13.3%	13.3%	[redacted]	0.0%	-1.0%	-1.0%
Unknown Primary Site		16	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	0.0%
Urinary Tract		88	84	5.9%	7.1%	12.9%	3.6%	10.7%	14.3%	-4	-2.3%	3.7%	1.3%
	Bladder	59	45	3.5%	5.3%	8.8%	2.3%	2.3%	4.5%	-14	-1.2%	-3.0%	-4.2%
	Kidney	26	35	12.0%	12.0%	24.0%	2.9%	20.0%	22.9%	9	-9.1%	8.0%	-1.1%
Grand Total		841	926	9.2%	16.7%	25.9%	8.0%	17.5%	25.5%	85	-1.2%	0.7%	-0.5%

DATA SOURCE: RWJUH Somerset, Tumor Registry, 2018-2019
NOTE: Cells with values less than 10 have been blocked out for data privacy.

Appendix J – Outcomes and Results Report of the 2018 Healthier Somerset Community Health Improvement Plan

Community Health Improvement Plan –

Outcomes and Results








Robert Wood Johnson University Hospital Somerset

RWJBarnabas HEALTH

Healthier SOMERSET

INTRODUCTION

In 2018, Robert Wood Johnson University Hospital Somerset ("RWJS") conducted and adopted its Community Health Needs Assessment ("CHNA"). The CHNA was based upon a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Coalition comprised of public health officers, community-based organizations, other providers and community representatives. The Plan can be accessed at https://www.rwjbh.org/rwj-university-hospital-somerset/about/community-health-needs-assessment/.

Through the CHNA process, health need priorities were chosen based capacity, resources, competencies, and the needs specific to the populations served. The Improvement or Implementation Plan addresses the manner in which RWJS and its coalition partners will address each priority need and the expected outcome for the evaluation of its efforts. The improvement plan and results which follows are based on the four selected priority areas*:

- **Mental Health and Substance Abuse**
- **Prevent and reduce obesity through Strategies that promote health**
- **Reduce the impact of chronic disease through education, prevention and management**
- **Improve access & awareness of health care services for those living and working in Somerset County including underserved populations**

RWJS participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. This includes working with local health departments, the Healthier Somerset Coalition and other agencies and providers to support health planning and to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

**The four focus areas do not represent the full extent of the Hospital's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified included:*

- *Health concerns related to aging*
- *Transportation*
- *Awareness of services and resources*
- *LGBTQIA*
- *Health Equity*
- *Cancer diagnosed at late state*
- *Heart disease and related risk factors*
- *Diabetes*

PRIORITY 1:

MENTAL HEALTH AND SUBSTANCE ABUSE

GOAL: ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE CONCERNS THROUGH TREATMENT, PREVENTION, AND HEALTH PROMOTION

KEY CHNA FINDINGS:

- In 2016, 12.5% of Somerset County residents reported a history of Depression, up from 9.2% in 2012
- In 2016, the percentage of Somerset County residents reporting heavy drinking was higher than Hunterdon, Morris, and NJ rates

OBJECTIVES:

1. Reduce the prevalence of depression by 10% (from 12.5% to 11%) by December 31,2021
2. Reduce the prevalence of substance abuse by 10% from 5.5% to 4.95% by December 31,2021

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
1.1 Provide 3 new satellite locations to offer weekly older adult activities.	# of new locations # of programs offered at these locations # of seniors attending these programs # of clinical interventions held (screening, time of day)	RWJUH Somerset developed a "Fitness Station" in Green Brook park in 2020. The fitness station can be used daily throughout the weekly by all age groups. Due to COVID-19 restrictions, RWJUH Somerset Sports Medicine has made 4 videos for senior outreach between 2019 and 2021. A "Fitness in the Park" event was canceled twice due to inclement weather. During the COVID-19 pandemic, RWJUH Somerset Community Health converted to a virtual platform and offered weekly webinars that were senior-specific and medically-focused. From April 2020 - December 2021, RWJUH Somerset offered 564 programs in which 27,922 attended. According to the Pew Research Center, 73 percent of people over 65 in the U.S. use the internet. As a result, 20,383 participants are estimated to be seniors. Note: Age identification for virtual events were not available. • Through its Healthier Somerset Coalition, the MHSA CHIP Committee explored various collaborations for satellite locations. These are as follows… • *The Manville Public Library and Recreation Department would become a satellite location with Healthier Somerset partners providing services. Unfortunately, the COVID-19 pandemic hit and the Library could no longer operationalize for various reasons.* Community In Crisis worked with Valley Brook Village and the Somerset Hills YMCA to become satellite locations. With the pandemic slowing down, 7 WISE sessions were offered at both sites in 2021. Community In Crisis uses these satellite locations to outreach to the older adult community.
1.2 Increase participation in school-based programs by 25% and add peer mentoring in 2 additional schools by June 30, 2020.	# of new peer mentoring programs added # of participants in peer mentoring # of participants in school-based programs (not only in peer mentoring)	In collaborating with Somerset County School Nurses' Association, RWJS conducted a survey of school nurses in 2019 to determine school-based programs and peer mentoring programs. The survey showed that over 53 different school-based programs are offered in Somerset County schools and 17 schools offered mentoring programs. Middle Earth expanded our 21st Century Community Learning Center academic based after-school program into Manville and we now serve 190 families in Bound Brook and Manville through this program. In addition, Middle Earth expanded our Lunch-Time mentoring program into Manville. Middle Earth expanded Youth College Readiness Program into Manville and now serve 100 youth in Bound Brook, Manville and Bernards.

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
		During the 2019-2021 timeframe, Healthier Somerset partners worked with the SCSNA to develop 6 new peer mentoring programs. Unfortunately when the COVID-19 pandemic broke out, Somerset County schools ceased school-based programs and transitioned to virtual learning. As a result, the percentage of participation in school-based programming decreased.
1.3 Train 600 people in Mental Health First Aid between Jan. 1, 2019 and Dec. 31, 2021.	# of people completing MHFA training	Through collaboration with numerous organizations, EmPoWER Somerset trained 606 by December 8, 2020 During the 2019-2021 timeframe, RWJUH Somerset offered 12 mental health first aid trainings in English and 2 trainings in Spanish.
1.4 Train 50 MHFA Trainers by December 31, 2020.	# of people completing MHFA training	Through a collaboration with numerous organizations, EmPoWER Somerset trained 53 MHFA instructors as of January 22, 2021
1.5 Enhance existing bullying prevention programs with adding modules on social skills by June 30, 2020.	# of school districts adding social skills modules to anti-bullying programs # of students receiving expanded social skills education	In 2019, RWJUH Somerset conducted a survey of the S. County School Nurses Association as a baseline. Somerset County School Nurses reported that 38 schools offer bullying prevention programs. Of those schools, only 23 schools bullying prevention programs included social skills. The Mental Health & Substance Abuse (MHSA) Committee of Healthier Somerset worked with the Somerset County School District. As a result, all students participate in some type of social skills program within Somerset County schools. 9 schools added social skills modules in the 2020-2021 school year These social skills modules included: 1. The Character Tree: Character education videos and worksheets to be used in the classroom lessons by elementary school counselors; 2. Therapist Aid: Evidence-based education and therapy tools for all grade levels. To assist in counseling conversations with students as they transition back to school from distance learning; 3. Everyday Speech: A social and emotional learning platform for educators in which skills progress sequentially; 4. Mental Health Awareness Resources for middle and high schools that are utilized during counseling; 5. The Secret to Calm Group: Manage stress. Be mindful. Review tips, tricks and coping strategies; 6. Morning Meeting for every school within the district due to COVID-19; 7. Friendship Club, social skills and peer conflicts and SEL lessons. 8. Second Step SEL Lessons including Grades K-8; 9. Second Step program PK-8; 10. Warrior wellness group for students. Our Social Emotional Learning Coordinator, Ms. Surbhi Alaigh has created monthly LOOM videos that highlight one of the 5 SEL Components. The videos consist of discussion questions, additional videos that talk about the topic along with ways to implement the skills into their daily lives. In addition, there are weekly discussion questions every week in one of the core subject area classes to facilitate an SEL discussion on the SEL component of the month. 11. Fun with Friends is a pilot program that aims to engage our disenfranchised elementary school students by providing a safe space with opportunities for socialization and structured play; 12. "Fun with Friends" is a socialization program; and 13. Each school has a period dedicated to SEL at least twice per week where the teachers deliver social skills lessons guided by the school counselors.

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
1.6 Increase the number of Middle School & High School students involved in weekly after-school activities by 25% by June 30, 2021 including adding after school bus service where not available.	# of students participating in after-school activities Utilization rates of after-school buses	The MHSA CHIP Committee conducted a survey through the Somerset County School District. The survey showed a decrease due to COVID-19 restrictions. Middle Earth expanded our Journeys Community Youth Center into Manville where it is housed within the school. Middle Earth serve hundreds of youth in this program in our locations in Bound Brook, Manville and soon to be in Franklin's new Youth Center. Middle Earth expanded our Youth College Readiness Program into Manville and now serve 100 youth in Bound Brook, Manville and Bernards. Unfortunately when the COVID-19 pandemic broke out, Somerset County schools ceased after-school programs and transitioned to virtual learning. As a result, the percentage of participation after-school activities decreased.
1.7 Increase the number of employers offering Employee Assistance Programs as part of their Wellness program.	# of Employers offering Employee Assistance Programs Utilization rates of EAP programs	The Healthier Somerset Workplace Wellness Committee which includes the Somerset County Business Partnership conducted a survey of Somerset County businesses to determine which offered Employee Assistance Programs. Based upon the 2019 survey, 42% of companies reported offering an EAP Program, 48% of businesses reported no EAP Program and 10% indicated it was unknown. To increase this number, Healthier Somerset in collaboration with the Somerset County Business Partnership conducted a webinar on workplace wellness programs with EAP services in April 2020. Approximately 40 individuals attended. Other webinars were offered by SCBP. The Greater Raritan Workforce Development is expanding its service outreach through a collaboration with the NJ Department of Labor Service and conducted three webinars in 2021 with 75 employer participants focusing on NJ's Family Leave benefits, COVID leave benefits and related wellness initiatives. Despite the COVID-19 pandemic, SCBP offered 26 wellness programs since 2019 in which over 1,382 individuals attended. Based upon the 2021 survey, 55% of businesses reported offering EAP services and 45% reported no EAP services. Thus, the number of employers increased from 2019 to 2021.
1.8a Increase the availability of "Screening/ Brief Intervention/ Referral to Treatment" (SBIRT) programs in schools by 20% by June 30, 2021.	# of schools offering SBIRT # of students utilizing SBIRT	Somerset County Schools all have adopted screening tools. Some have SBIRT and other schools use different screen. Due to the COVID-19 pandemic, schools closed to in person learning and were unable to implement SBIRT virtually.
1.8b Increase the availability of SBIRT in medical settings.	# of medical community settings utilizing	EmPoWER Somerset educated 100 professionals on SBIRT. Middle Earth received SBIRT from EmPoWER. Zufall, a FQHC participated in the training. Zufall adopted SBIRT in medical practice. As a result of Zufall adopting this screening, the availability of SBIRT increased
1.9a Engage the community of Manville to identify community factors that influence substance abuse by December 31, 2019.	Community Forum held # of participants	Through the Healthier Somerset Coalition, the responsible parties collaborated to host a Community Forum in Manville on November 13, 2019 at the Manville Public Library. 19 community residents attended the forum and provided the group with feedback which include the development of a community center with health-related activities

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
1.9b Develop and implement an evidence-based intervention(s) to address the community factor(s) identified in the Forum by December 31, 2020.	Intervention identified Intervention implemented (specific intervention measures to be based on intervention selected) Manville targeted intervention on substance abuse	Along with responsible parties, RWJUH Somerset's plan included the receipt of a grants to address the social determinants of health. Several grants were submitted and unfortunately none were received. Nonetheless, RWJUH Somerset addressed the following SDOH factors: 1. Personal Safety - during the pandemic, distributed masks and hand sanitizers. RWJUH Somerset held outreach events to educate on COVID-19 prevention 2. Education - held educational events within the town to increase knowledge of health issues. 3. Food Insecurity - donated 2 pallets of food and 150 boxes of food from Common Market. 4. Workplace Development - RWJUH Somerset held 2 events for students to learn about allied health careers at the hospital. Students from Manville attended. 5. Activity Center - since funds were unavailable to develop an activity center and COVID-19 impeded programs, RWJUH Somerset explored a virtual hub between the Manville Public Library and Recreation Departments. RWJUH Somerset and other Healthier Somerset partners would offer specific programming.
1.10 Increase the number of mental health providers who have evening hours and who accept insurances.	# of mental health providers with evening hours # of mental health providers who accept insurance	RWJUH Somerset conducted a survey of mental health providers in 2019 as to who held evening hours and who accepted insurance. The survey revealed that 51 out of 70 or 73% of providers offered evening hours and 41 out of 70 or 59% of providers accepted insurance (Note: evening appointments defined as 5 p.m. or later) RWJUH Somerset and RWJBarnabas Health educated providers on the importance of access to care and launched several campaigns including one on telemedicine. These campaigns would assist providers during the COVID-19 pandemic as in-person visitations were restricted. With the implementation of telemedicine, more providers were able to accommodate evening hours. EPIC reports dated November 23, 2021 reveal that 1,906 evening appointments were scheduled between May 23 and November 22 alone. Additional 141 evening appointments are scheduled until December 31, 2021.
1.11 Sponsor a Grand Rounds/Professional Education Seminar on routinely screening patients for mental health as part of primary care visit.	# of educational programs held # of providers trained	RWJUH Somerset held a Grand Rounds on Mental Health screenings during primary care visit on August 20, 2020. The Grand Rounds was entitled, "The Effects of Substance Abuse on Mental Health and the Benefits of Early Intervention." A total of 16 physicians attended. Muhammed Zeshan, MD, Jennifer Gomez, Josh Wolf and Radhika Patel presented. In addition, another Grand Rounds on Alternative Approaches to Pain Management was held on September 24, 2020. The Grand Rounds was entitled, "Deliberate Reduction of Opioid Prescribing: (DROP) Initiative at RWJUH Somerset (Credit Eligible). Stephanie DeRosa, Amanda Hagl and Elliot Liebling presented.

PRIORITY 2:
OBESITY

GOAL: PREVENT & REDUCE OBESITY THROUGH STRATEGIES THAT PROMOTE HEALTH

KEY CHNA FINDINGS:

- Between 2015-2016 the percent of Somerset County residents reporting no leisure time physical activity trended upward from 15.8% in 2014 to 23.6% in 2016.
- 61.9% of Somerset County residents are overweight or obese (higher in those with less than a college education)

OBJECTIVES:

1. Increase the number of adults who report any leisure time physical activity 10% from 76% to 84% by December 31, 2021
2. Reduce adult overweight and obesity prevalence 5% from 61.9% to 58% by December 31,2021

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
2.1 Advance implementation of 3 multi-use trails in Somerset County plans by December 31, 2021 (*especially those that close connectivity gaps, and who have advocacy partners*).	Miles of multi-use trails added to Master Plan Miles of multi-use trails in design phase Miles of multi-use trails built Utilization rate of pathways	Somerset County Planning advanced more than 3 multi-use trails by conducting a Walk, Bike, Hike Plan which identified connectivity (i.e. D&R Greenway, Duke Farms & Sourland Mountain Preserve and Raritan River Greenway. The Walk, Bike, Hike Connecting Vibrant Communities Plan identified over 270 miles of new County and municipal bicycle, pedestrian, and trail facilities. The Plan recommendations will be incorporated into and updated Somerset County Circulation Master Plan Element. The update of the County circulation will begin in early 2022. Several municipalities have completed various trail segments over the last three years.
2.2 Increase awareness of Somerset County's multi-use trails by including them in Somerset County Tourism's "10 Things to Do" list by June 30, 2019. Distribute list at 4 community events per year through December 31, 2021.	Published — 10 things to do list # of community day events attended # of participants receiving the list at events # of downloads Central Link at County Park's website of all events	The SCBP featured SC trails in the Top 10 list four times between Jan. 1 - June 20, 2019. In 2019 and 2021lists were distributed at the SC DiversityFest, SCBP BizFest/Wellness Expo, SC 4H Fair and Weekend Journey. No events were held in 2020 due to the pandemic.
2.3 Contact 4 Municipalities per year to discuss built environment policies. – SRTS – Pathways – Land use and infrastructure policies and regulations to promote active lifestyles	# of 1-page advocacy fact sheets prepared # of presentations to elected officials # of trainings to stakeholders on HIAP Recruit advocates/ local champions — # of advocates recruited	Through Building Bridges to Better Health (BBBH), elected officials in Bound Brook and South Bound Brook were contacted about promoting Complete Streets and tactical urbanism. On page fact sheets were prepared for each town. Also, in February of 2019 leaders from both towns attended a training on Health Impact assessments. Ridewise and Somerset County speaks to municipalities to adopt and/or expand their Complete Streets efforts Rocky Hill, Franklin and South Bound Brook adopted Complete Streets in this CHIP timeframe.

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
2.4 Increase the number of Employee Wellness programs in Somerset County business community.	# of Employee Wellness programs # of businesses recognized for exemplary programs	The Healthier Somerset Workplace Wellness Committee which includes the Somerset County Business Partnership conducted a survey of Somerset County businesses to determine which offered Employee Assistance Programs. Based upon the 2019 survey, 50% of companies reported offering a Workplace Wellness Program. Despite the COVID-19 pandemic, SCBP offered 26 wellness programs since 2019 in which over 1,382 individuals attended. Based upon 2021 survey results, 66% of the businesses offered a workplace wellness program. Survey results also revealed that walking at work increased from 23% to 31% and access to care increase from 33% to 62% due to telehealth and reminders for well visits
2.5 Have 3 additional municipalities adopt Complete Streets Policies by December 31, 2021.	# of HIAP trainings to local officials, including mixed use # of advocacy presentations to elected officials # of municipalities adopting Complete Streets	Healthier Somerset partners worked to educate and advocate for the adoption of Complete Streets. The following municipalities adopted this policy during the 2019-2021 timeframe: 4/4/2019 Franklin Township 11/4/2019 Rocky Hill 6/8/2020 Bernardsville Based upon the adoption of these 3 municipalities, this objective was met. Note: Somerset County has 16 municipalities and Somerset County have adopted a Complete Streets Policy.
2.6 Have 3 additional schools launch or revitalize school gardens by June 30, 2021.	# of schools implementing or revitalizing school gardens # of school gardens with a sustainability plan	Through a New Jersey Healthy Communities Network grant, Healthier Somerset launched school gardens. Healthier Somerset partners worked to launch school-based gardens in Alexander Batcho Intermediate School in 2020. Due to the pandemic, outdoor gardens could not be implemented. Instead, Healthier Somerset purchased Aerogardens and Family & Community Health Sciences (FCHS), a part of Rutgers Cooperative Extension, and provided nutrition curriculum for students to learn whether from home or at school. With the positivity of COVID-19 decreasing, HS is working with ABIS to develop an outdoor garden in 2021. HS also expanded Aerogardens to Smalley School in Bound Brook in 2020. HS expanding the Smalley School gardens to other classrooms by purchasing garden boxes. Rutgers Cooperative Extension worked with Bernardsville High School in 2019 to implement a tower garden. Nutrition curriculum to support the tower garden is used today.
2.7 Create Grand Rounds Program to encourage exercise "prescriptions" Increase # of physician referrals to exercise programs such as Somerset County YMCA's "B. Fit" / Y-First Physician Referral Program or equivalent programs by 50% by 12/31/2021	Number of Grand Rounds or Physician Education programs provided on increasing physical activity # of referrals to exercise prescriptions issued	RWJUH Somerset held a Grand Rounds on exercise prescriptions on August 13, 2020. The Grand Rounds was entitled, "Combatting Obesity Using Exercise prescriptions." A total of 35 physicians attended. David Ward, MD, Walter Lane from Somerset County Planning and Dina Healey from Somerset County Park Commission presented.

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
2.8 Have elementary schools implement 30 daily minutes of Active Recess by December 31, 2021. Gym minimum standards policy middle/ HS adopted by all school districts. Use curriculum to bring physical activity to 5 additional day cares/school programs by June 30, 2021. Bring evidence based physical activity curriculum to 5 additional schools/ daycares by June 30, 2021.	% of schools implementing Uniform Implementation Plan Developed # of meetings with principals on physical activity	Healthier Somerset worked on several initiatives to increase physical activity in the schools. Through its New Jersey Healthy Communities Network grant, Healthier Somerset implemented the CATCH Program in the Alexander Batcho Intermediary School in Manville. Zufall/SNAP-ED works with the schools and provided curriculum for classroom instruction. Due to the pandemic, Somerset County schools closed for the 2019-2020 school year and additional schools were unable to adopt since classroom instruction was virtual. To promote physical activity and support mental health, Healthier Somerset launched a snowman and dance contest for all students in Somerset County. Between the two contests, over 100 students participated. Winners received gift cards. Healthier Somerset also created a flyer of online exercise programs/classes for students to access during the pandemic.
2.9 Increase # of schools participating in "Walk & Bike to School Month" by 10% every October until 2021.	# of schools participating # of students participating	A 2018 baseline is not available. Based upon the new guidelines, Healthier Somerset partners met the objective. In 2019, 14 schools participated in Walk & Bike events. In 2020, 11 schools participated and in 2021, only 5 schools so far are participating. Due to the COVID-19 pandemic, schools closed and could not participate despite the extensive promotion of this initiative by RideWise Inc.

PRIORITY 3:

CHRONIC DISEASE

GOAL: REDUCE THE IMPACT OF CHRONIC DISEASE THROUGH EDUCATION, PREVENTION AND MANAGEMENT

KEY CHNA FINDINGS:

- Four of the top 5 leading causes of death for Somerset County are chronic diseases: diseases of the heart, cancer, stroke and Alzheimer's Disease
- Hospitalized patients from Somerville and Manville had among the highest rates for heart failure and CHF diagnosis
- More than a quarter (26.7%) of Somerset County residents indicated they were told they had high blood pressure
- A third of Somerset County residents reported high cholesterol
- Patients using a hospital service from Skillman reported the highest rate for cancer diagnosis (45.62/1000)
- Residents of Manville had the highest rate of COPD
- The percent of Somerset County residents reporting arthritis increased from 18.8% in 2013 to 22.5% in 2016

OBJECTIVES:

1. Reduce Somerset County diabetes rate 3% from 9.3% to 9.0% by December 31,2021
2. Increase hypertension screening and referrals to treatment for identified high risk populations 30% from 1,114 to 1,448 by December 31, 2021

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
3.1 Create Grand Rounds Program to encourage exercise "prescriptions." Increase # of physician referrals to exercise program such as Somerset County YMCA's "B. Fit"/Y-First Physician Referral Program or equivalent programs by 50% by December 31, 2021.	# of new locations # of programs offered at these locations # of seniors attending these programs # of clinical interventions held (screening, time of day)	In collaborating with Somerset County Planning and Somerset County Parks Commission, RWJUH Somerset held a Grand Rounds on exercise prescriptions on August 13, 2020. The Grand Rounds was entitled, "Combatting Obesity Using Exercise Prescriptions." A total of 35 physicians attended. David Ward, MD, Walter Lane from Somerset County Planning and Dina Healey from the Somerset County Park Commission presented.
3.2 Increase participation in school- based programs by 25% and add peer mentoring in 2 additional schools by June 30, 2020.	# of participants registered in program Marketing plan developed and implemented # of people at monthly meetings	In collaborating with Somerset County School Nurses' Association, RWJUH Somerset conducted a survey of school nurses in 2019 to determine school-based programs and peer mentoring programs. The survey showed that over 53 different school-based programs are offered in Somerset County schools and 17 schools offered mentoring programs. During the 2019-2021 timeframe, Healthier Somerset partners worked with the SCSNA to develop 6 new peer mentoring programs. Unfortunately when the COVID-19 pandemic broke out, Somerset County schools ceased school-based programs and transitioned to virtual learning. As a result, the percentage of participation in school-based programming decreased.

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
3.3 Provide 3 new satellite locations to offer weekly older adult activities.	# of new locations # of programs offered at these locations # of seniors attending these programs # of clinical screening interventions held	RWJUH Somerset developed a "Fitness Station" in Green Brook park in 2020. The fitness station can be used daily throughout the weekly by all age groups. Due to COVID-19 restrictions, RWJUH Somerset Sports Medicine has made 4 videos in the park between 2019 - 2021 for senior outreach. A "Fitness in the Park" event was canceled twice due to inclement weather. During the COVID-19 pandemic, RWJUH Somerset Community Health converted to a virtual platform and offered weekly webinars that were senior-specific and medically-focused. From April 2020 - December 2021, RWJUH Somerset offered 564 programs in which 27,922 attended. According to the Pew Research Center, 73 percent of people over 65 in the U.S. use the internet. As a result, 20,383 participants are estimated to be seniors. Note: Age identification for virtual events were not available. Through its Healthier Somerset Coalition, the MHSA CHIP Committee explored various collaborations for satellite locations. These are as follows… • The Manville Public Library and Recreation Department would become a satellite location with Healthier Somerset partners providing services. Unfortunately, the COVID-19 pandemic hit and the Library could no longer operationalize for various reasons. • Community In Crisis worked with Valley Brook Village and the Somerset Hills YMCA to become satellite locations. • With the pandemic slowing down, 7 WISE sessions were offered at both sites in 2021. Community In Crisis uses these satellite locations to outreach to the older adult community.
3.4 Engage high-utilization communities (i.e. Manville, Somerville and Skillman) to identify community factors that influence prevalence of chronic disease by December 31, 2019.	Community Forums held # of participants	Through the Healthier Somerset Coalition, the responsible parties collaborated to host a Community Forum in Manville on November 13, 2019 at the Manville Public Library. 19 community residents attended the forum and provided the group with feedback which include the development of a community center with health-related activities. RWJUH Somerset annually hosts a community meeting at the hospital in Somerville where community members are engaged to identify needs and the hospital reports on services it provides to meet those needs. Each year from 2019 -2021 a meeting was held. RWJUH Somerset participated in a community meeting in Montgomery (Skillman) to identify needs among its underserved populations (i.e. Asian Indian). RWJUH Somerset developed its Indian Medical Program to meet those needs and educated the Montgomery community.
3.5 Increase participation in evidence- based chronic disease self-management programs by 50% by December 31, 2021.	# of participants # of series held	To increase participation in evidenced-based chronic disease self-management programs, RWJUH Somerset obtained several grants to offer new programs: 1. ScreenNJ - this grant promotes colonoscopies for individuals who are uninsured or underinsured while educating the community. In 2020, RWJUH Somerset educate 250 individuals and then assist 25 individuals in getting colonoscopies. 2. NJ Healthy Communities Network - this grant fostered the development of school-based gardens with nutrition curriculum to promote healthy diets and the implementation of the CATCH Program to promote more physical activity in the schools. The evidence-based programs reached over 40 students in an effort to reduce chronic disease. 3. HPV - this program seeks to reduce the prevalence of cancer by increasing HPV vaccinations among 9- and 26-year-olds. 500 individuals will be educated and 40+ plus additional adolescents vaccinated (Note: grant period is from October 2021 through June 2022).

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
3.6 Increase number of physician practices that include referrals to evidence-based chronic disease self-management programs on their checklist/SOPs by 10% by December 31, 2021.	# of practices with referral SOP # of referrals provided	Through the marketing plan, the Grand Rounds and the development of new evidence-based chronic disease self-management programs, Healthier Somerset/RWJUH Somerset increased the number of physician practices referring to chronic disease self-management programs. For instance, one gastroenterologist and over 15 family practitioners referred the ScreenNJ and the HPV programs. The number of referrals are noted above.
3.7 Develop a joint marketing plan for all providers of evidence-based chronic disease self-management programs in the service area by December 31, 2019.	• Marketing Plan Developed • Elements listed in marketing plan implemented	Healthier Somerset partners developed a marketing plan in 2019 which included the development of a brochure of all evidence-based chronic disease self-management programs, promotion of programs in the community and among health care providers. The plan included the education of physicians at a Grand Rounds.
3.8 Conduct a Grand Rounds training for physicians on how to refer patients to evidence-based chronic disease self-management programs by December 12, 2019.	• # of trainings held • # of physicians attending	During the 2019-2021 period, Healthier Somerset in collaboration with RWJUH Somerset offers 3 Grand Rounds on evidence-based chronic disease self-management programs that shared resources and instructed on how to refer. These are as follows: • RWJUH Somerset held a Grand Rounds on Mental Health screenings during primary care visit on August 20, 2020. The Grand Rounds was entitled, "The Effects of Substance Abuse on Mental Health and the Benefits of Early Intervention." A total of 16 physicians attended. Muhammed Zeshan, MD, Jennifer Gomez, Josh Wolf and Radhika Patel presented. • In addition, another Grand Rounds on Alternative Approaches to Pain Management was held on September 24, 2020. The Grand Rounds was entitled, "Deliberate Reduction of Opioid Prescribing: • (DROP) Initiative at RWJUH Somerset (Credit Eligible). Stephanie DeRosa, Amanda Hagl and Elliot Liebling presented. • RWJUH Somerset held a Grand Rounds on exercise prescriptions on August 13, 2020. The Grand Rounds was entitled, "Combatting Obesity Using Exercise Prescriptions." A total of 35 physicians attended. David Ward, MD, Walter Lane and Dina Healey presented.

PRIORITY 4:

ACCESS TO CARE

GOAL: IMPROVE ACCESS & AWARENESS OF HEALTH CARE SERVICES FOR THOSE LIVING & WORKING IN SOMERSET COUNTY INCLUDING UNDERSERVED POPULATIONS

KEY CHNA FINDINGS:

- Key informants expressed concern over (1) the lack of health equity and transportation; (2) the lack of health professionals for medically underserved populations; and (3) health literacy
- Approximately 7% of Somerset County residents had limited access to healthy food
- In 2016, nearly 7% of Somerset County residents 18–64 were uninsured

OBJECTIVES:

1. Reduce the number of uninsured by 5% from 7% in 2018 to 6% in 2021
2. Reduce the number of individuals who lack Primary Care Physicians by 5% from 14,985 in 2018 to 14,236 in 2021

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
4.1 Explore potential opportunities to enhance bus services from Bound Brook, Manville, and Somerville to RVCC by December 31, 2021 so that: • People get an education to get a job with health insurance & no longer be underserved • Increase enrollment of people from these communities in nursing/allied health programs	# of advocacy encounters # of new or expanded routes	Healthier Somerset partners explore opportunities to enhance bus services from Bound Brook, Manville and Somerville to RVCC. In fact, the responsible parties made the following enhancements: 1. Inclusion of additional CAT2r departure from RVCC to Somerville to offer students less downtime on campus, access a transport hub in Somerville with greater options and increase access to work and personal schedules 2. Addition of CAT1r "flag down" stops along Easton Ave to improve access to New Brunswick Transportation hub to improve multi-modal transport access to RVCC 3. Outreach to 40+ students at RVCC directly re: transport education, use of existing resources. The county operates ten public transit routes, two of these routes (CAT1A & B and CAT2) provide service directly to RVCC Monday through Friday connecting Franklin Township, North Plainfield, Bound Brook, So. Bound Brook, Green Brook, Somerville and serves as connections to New Brunswick, Bound Brook and Somerville Train Stations. Consumers can connect to these CAT routes from all the other routes to get to RVCC, for more information here is a link to the bus schedules…. https://www.co.somerset.nj.us/government/public-works/transportation/county-shuttle-schedules

STRATEGY AND TACTICS	PERFORMANCE INDICATOR	RESULTS
4.2 Explore the potential development of a school-based Health Center by December 31, 2021.	Identify existing models Identify potential funders Identify best-demonstrated practices Plan for the development of a school-based clinic	Healthier Somerset through its Building Bridges to Better Health Initiative explored a school-based Health Center. The Blueprint for Action to address social determinants in Bound Brook & South Bound Brook included the development of a school-based Health Clinic. In working with the Bound Brook School District, the Lehigh Valley School Health Clinic in Pennsylvania was identified as a best-demonstrated practice and existing model. BBBH also explored school-based clinics in New Jersey in July 2019. The two existing clinics are located in Orange and Paterson community schools and are sustained by Department of Education grant funding. The group also consulted with the School-Based Health Alliance (national) https://www.sbh4all.org RWJUH Somerset explored the use of its Family Practitioners as staffing for the clinic. It was determined that New Jersey laws prohibit health care organizations from billing for services rendered in a school setting. Therefore, the group would be unable to develop a sustainable health center. Instead, Healthier Somerset worked with the school district on a mental health clinic in which Richard Hall provided services 2 days per week and the school hired a full-time counselor. This model was sustainable due to funding provided by the school and Richard Hall.
4.3 Recruitment of Minority Students for Health Care Careers.	# of career days # of high school internships	RWJUH Somerset regularly provides youth workforce development opportunities with the focus on health care. 1. Somerville Shadowing Program - In partnering with Somerville High School, the diverse student population shadow hospital staff to learn about the health care industry and allied health professions. In 2019, 38 students participated. In 2020, 39 students participated virtually only due to the pandemic and in 2021, 37 students participated virtually. 2. Allied Health Days - RWJS educates students in medical clubs like Doctors of Tomorrow in Montgomery and Future Health Care Leaders of American in Bridgewater, John F. Kennedy School in Raritan and Thomas Edison Charter School in Edison. In 2019, for instance, RWJUH Somerset staff/speakers from various allied health professions educated over 519 students. Even though the COVID-19 pandemic broke out, RWJS still educate X students in 2020 and X in 2021 3. Interns - RWJS hosts high school and college interns. In 2019, Community Health hosted 6 college interns and 1 high school intern. North Plainfield High School which has a diverse population collaborates with Community Health 4. Somerset County Youth Leadership - RWJS partners with S. County Youth Leadership annually to educate 45 students annually on allied health professions. Students also receive a tour of the hospital. While 45 students participated in 2019, the program was ceased in 2020 and 2021 due to the pandemic. 5. Leadership Somerset - RWJUH Somerset annually speaks to emerging leaders each year and educates 45 young professionals on the health care industry and its profession.

		6. The partners of the Greater Raritan Workforce Development Board provide career-related and supportive services to out-of-school youth in Hunterdon and Somerset counties. The goal is to work with the youth so they embark on career pathways, and develop skills that are applicable to employability and career growth. In 2019 and 2020, the program's partners, including Greater One-Stop Career Training Center staff and two local agencies, Middle Earth and the Hunterdon County Vocational School District, worked with 172 clients – 94 in Somerset County and 78 in Hunterdon County. In 2021, they are currently working with 26 clients – total case numbers have been lower because of COVID but began picking up in September 2021. 7. Middle Earth offers three different employment readiness programs that target specific underserved populations. Youth are offered one-to-one attention and work through an evidence-based curriculum that teaches them how to obtain and maintain employment. We also offer paid internships and assistance in finding employment. Many youth seek out careers in the health care industry (see End of Year report and Job Readiness report).
4.4 Implement text message appointment reminders, medication adherence reminders, and self-management reminders (effective for smoking cessation and prenatal care).	# of text message appointment reminders # of medication adherence reminders # of self-management reminders	Robert Wood Johnson Physician Enterprise (RWJPE), the hospital owned physician entity which serves RWJUH Somerset supported use of text message appointment, medication and self-management reminders by providing technology which allows this. It is estimated that between 2019 - 2021, A November 23 EPIC report shows that between May 23 and November 22, 2021 alone; RWJUH Somerset providers 6,657 telephonically assisted visits, including appointment reminders, medication adherence and self-management reminders (Note: prior to 2019, this technology was not offered to RWJPE providers).
4.5 Educate providers on uses of telemedicine to increase # of people receiving monitoring for chronic illness who may have difficulty getting to a doctor's office (diabetes, hypertension in elderly or underserved).	# of participants # of unscheduled doctor's visits avoided	RWJBarnabas Health including RWJUH Somerset developed a telemedicine campaign in 2019 and started to advertise telemedicine. In 2020, the COVID-19 pandemic outbreak occurred. RWJPE offices immediately adopted telemedicine. A November 23 EPIC report shows that between May 23 and November 22, 2021 alone; RWJUH Somerset providers reported over 26, 871 telemedicine (video) office visits and 6,657 telephonically supported visits. Thus, a total of 33,528 patients utilized this service (Note: prior to 2019, telemedicine was not offered to RWJPE providers).
4.6 Enhance health literacy through education.	# of libraries offering programs # of ESL programs	Numerous Healthier Somerset partners offer health education seminars or webinars to enhance health literacy. For instance, RWJUH Somerset offered over 600 education events (i.e. seminars, health screenings, support groups) in 2019 to increase literacy. Due to the pandemic, RWJUH Somerset was unable to offer the same amount of programming. Like other Healthier Somerset partners, the hospital converted to virtual webinars and as a result, was able to offer 300 education events. RWJUH Somerset expects to offer the same in 2021. RWJUH Somerset offered 2 ESL classes in 2021 and 1 Introduction to Spanish class. The Literacy Committee of the Greater Raritan Workforce Development Board collaborates with GRWDB-funded and state-funded ESL providers as well as non-profit agencies in Hunterdon and Somerset Counties. This includes working with programs that provides ESL to more than 150 people annually who are connected to other services, including career services and supportive services as their language skills improve. The Literacy Committee also shares resources and programming and plans to do more of this in 2022 and beyond.

4.7 Increase the # of doctor's offices with evening hours.	# of offices implementing evening hours	RWJUH Somerset conducted a survey of its affiliated doctors' offices in 2019. The survey revealed that 255 out of 830 or 30.7% of providers offered evening hours. Providers do not want to commit to evening hours due to family commitments, hospital shifts, lack of provider coverage and/or other commitments. RWJUH Somerset and RWJBarnabas Health educated providers on the importance of access to care and launched several campaigns including one on telemedicine. This campaign would assist providers during the COVID-19 pandemic as in-person visitations were restricted. With the implementation of telemedicine, more providers were able to accommodate evening hours. EPIC reports dated November 23, 2021 reveal that 1,906 evening appointments 2021 alone. Additional 141 evening appointments are scheduled until December 31, 2021.