Healthier Middlesex Community Health Needs Assessment

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PREPARED BY
HEALTH RESOURCES IN ACTION

Robert Wood Johnson University Hospital | RWJBarnabas HEALTH

Healthier Middlesex
Working Together

SAINT PETER'S UNIVERSITY HOSPITAL
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM

Acknowledgements

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Healthier Middlesex Community Health Needs Assessment Advisory Committee

The Healthier Middlesex Community Health Needs Assessment was developed with the guidance of community members that provided oversight and input throughout the process as part of an Advisory Committee. Advisory Committee members included:

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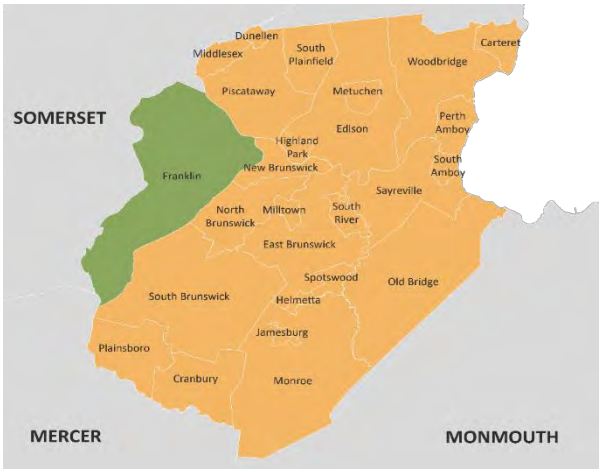
Executive Summary

Introduction

In 2022, Robert Wood Johnson University Hospital (RWJUH) New Brunswick and Saint Peter's University Hospital, in partnership with the Healthier Middlesex Consortium, initiated the process of a community health needs assessment (CHNA) of the communities it serves in Middlesex 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. The consortium is a collaborative effort of the diverse communities in Middlesex County through partnerships with over 30+ diverse organizations.

Healthier Middlesex CHNA Focus Area



Health Resources in Action (HRiA), a non-profit public health consultancy organization, provided support, facilitation, and data analysis for the Healthier Middlesex CHNA process.

Context for the Community Health Needs Assessment

This CHNA was conducted during an unprecedented time 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 2022 Healthier Middlesex 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 in addressing these needs, current strengths and assets, and opportunities for action. To accomplish this, the Healthier Middlesex CHNA utilized several different methods for data collection including:

- Reviewing existing data on social, economic, and health indicators in Middlesex County.
- Conducting a community survey with 526 residents designed and administered by the survey firm Bruno & Ridgway.
- Facilitating four virtual focus groups with 24 participants from specific populations of interest [e.g., newly arrived residents of South Asian descent, African American men between the ages

of 18-35, economically vulnerable residents (one group of English-speaking residents and one group of Spanish-speaking residents), and one group of youth and young adults].
  - Conducting eleven key informant interviews or group discussions with 13 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 Middlesex County towns experienced minimal population growth or shrinkage between the periods of 2010-2014 and 2015-2019. In 2020, the largest racial and ethnic demographic group in Middlesex and Somerset Counties was White, non-Hispanic residents (38.6%), with Middlesex County having a higher percentage of residents identifying as Hispanic/Latino (22.4%), Black, non-Hispanic (9.1%), and Asian, non-Hispanic (26.4) when compared to Somerset County[1]. Middlesex and Somerset Counties also had similar age distributions, with the largest age group being residents 45-64 years of age, followed by 18-24 years of age and under 18 years of age[2]. The percent of the population that was foreign-born ranged from 12.4% in Spotswood to 53.3% in Plainsboro, as did the percent of the population aged 5+ speaking a language other than English at home, which ranged from 14.8% in Spotswood to 80% in Perth Amboy[2].

Community Social and Economic Environment

- **Community Strengths and Assets.** Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. When focus group and interview participants were asked to describe the strengths of their community, they were most likely to discuss its culture and diversity, supportive community organizations, community culture and a sense of belonging, and accessibility and convenience to services and green space.

> *"I think people tend to reach out to their local community first… senior centers, local nonprofit agencies. They are valuable and they have the connections… The local senior centers and nonprofit agencies know their people on a more intimate level."*
> – Focus group participant

- **Education.** At the county level, 43.6% of adults 25 years and older in Middlesex County had a four-year degree or higher. Among the towns in Middlesex County, Perth Amboy, New Brunswick, Carteret, and South River reported having some of the largest populations of residents with a high school diploma or less. Several focus group participants expressed the challenges of online schooling during COVID-19 for both parents and children alike. For example, residents expressed concerns about the loss of learning opportunities resulting from the COVID-19 pandemic as school districts moved to a virtual learning format. As one participant reflected, "*[This loss in learning] will potentially impact them as they move on to other grades.*" Another participant also expressed the stress it brought upon parents and caregivers trying to support their student's learning needs by

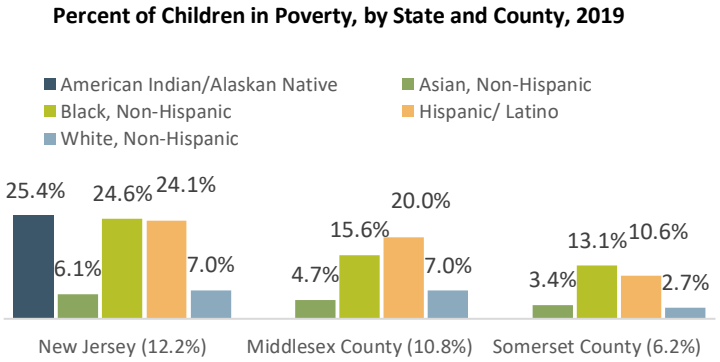
[1] DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020
[2] DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

stating, *"[With school now being virtual,] a lot of parents weren't able to help the kids with their schoolwork, some kids need hands-on."*

- **Employment and Workforce.** Focus group participants and interviewees spoke specifically about employment challenges in the community. Job loss was causing a domino effect of financial instability for families, including being evicted from their home and losing their source of transportation, resulting in isolation and stress. Many working and lower-income families in the region have faced additional economic hardship due to COVID-19. Latino and newly arrived families were described as particularly impacted by business closures as a result of being employed in industries most directly affected by the pandemic: childcare, housekeeping, restaurants, and factories. Participants in Spanish-speaking focus groups shared their financial struggles and the tradeoffs they have made to make ends meet. For example, one Latina resident described such challenges "*They also leave them [their children] in care of others because they have to go to work, you know, late shift work because they have to make ends meet. Now comes the pandemic, and these children are sometimes left alone and affected by isolation*."

> *"Do I work? Do I risk staying home? People who weren't laid off had to determine if they wanted to risk their health for the financial wellbeing of their family. It impacted a lot of employment."*
> – Focus group participant

- **Income and Financial Security.** Income is a powerful social determinant of health that influences where people live and their ability to access resources, affecting health and well-being. The impacts of living in poverty can also begin early in life. Similar to the state of New Jersey, children of color in Middlesex County were more likely to live in poverty, especially compared to the neighboring county of Somerset (see graph). Also, like the rest of the nation, Middlesex County experienced economic challenges due to the COVID-19 pandemic. Financial insecurity was a primary concern voiced in both focus groups and interviews, with several participants considering the loss of a job as detrimental and leading to the loss of a home, transportation, and increased isolation, stress, and anxiety. One participant observed, *"Since COVID, everything has become more difficult for them: isolation, lack of work, fear of going out for health reasons."*



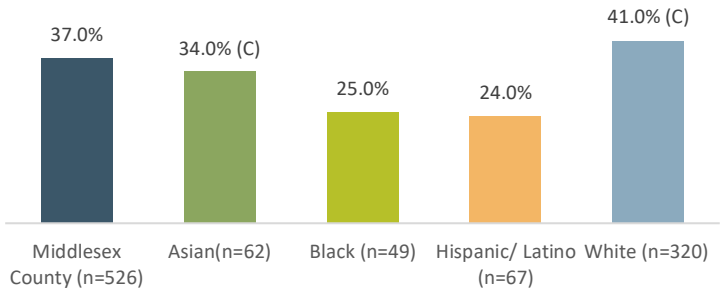
DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

- **Food Access and Food Insecurity.** Not having reliable access to affordable, nutritious food is directly related to financial insecurity. During conversations with residents, several participants voiced concerns about rising food costs, food availability, and how to best support the nutritional needs of children. An interviewee highlighted these issues and identified food insecurity as a challenge even for those receiving food assistance, stating, *"One of the other areas that we see is food insecurity even though someone receiving public service gets SNAP benefits. It does not cover all nutritional needs, especially for children of people we serve."* In the spring 2021 community survey, 20% of

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, with greater percentages among Black and Hispanic/Latino respondents. Residents in focus groups talked about stigma associated with getting help, but remarked that existing community resources were invaluable to residents who needed them.

- **Housing.** Focus groups held with residents identified challenges in finding affordable housing and rising homelessness in Middlesex County. Similarly, residents voiced concerns that the lack of quality affordable housing was more likely to impact immigrants, seniors, and economically vulnerable residents. Racial and ethnic minority survey respondents were also less likely to agree with the statement that there was enough affordable housing in their community (see graph). As one interviewee stated, *"You have people that are tripling up because those folks just don't have the means to find anything else."* Residents also believed that diminished access and affordability for housing were primarily driven by rapid population growth, rising demand, and new, more expensive housing development.

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=556), 2021



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

- **Transportation.** Middlesex community respondents mentioned that transportation barriers were more likely to exacerbate the social and economic circumstances of older persons who could no longer drive themselves and those living in poverty, with physical limitations, or who had prior involvement in the justice system. Other residents highlighted transportation as a barrier to access to medical care, stating that the *"Biggest barriers to addressing health issues include transportation to appointments."* Transportation access, including the need for improved coordination and infrastructure of transport services, was also identified as a concern in a recent Middlesex County Destination 2040 strategic plan.

- **Green Space and Built Environment.** Green space and the built environment influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, affecting health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles. Playgrounds, green spaces, and trails, as well as bike lanes and safe sidewalks and crosswalks, all encourage physical activity and social interaction, which can positively affect physical and mental health. Residents highlighted Middlesex County's built environment and the amenities supporting walkability, access, and convenience. They identified the parks, recreational areas, and green spaces, and as one participant stated, *"We have a lot of parks and areas for exercise, places you can go [and enjoy]."*

- **Crime and Violence.** In 2019, violent crime against persons (i.e., murder, rape, aggravated assault) varied widely across Middlesex County towns. New Brunswick (463.1), Perth Amboy (280.8), and South River (216.5) had higher rates than the state average of 206.9 incidents per 100,000 residents.

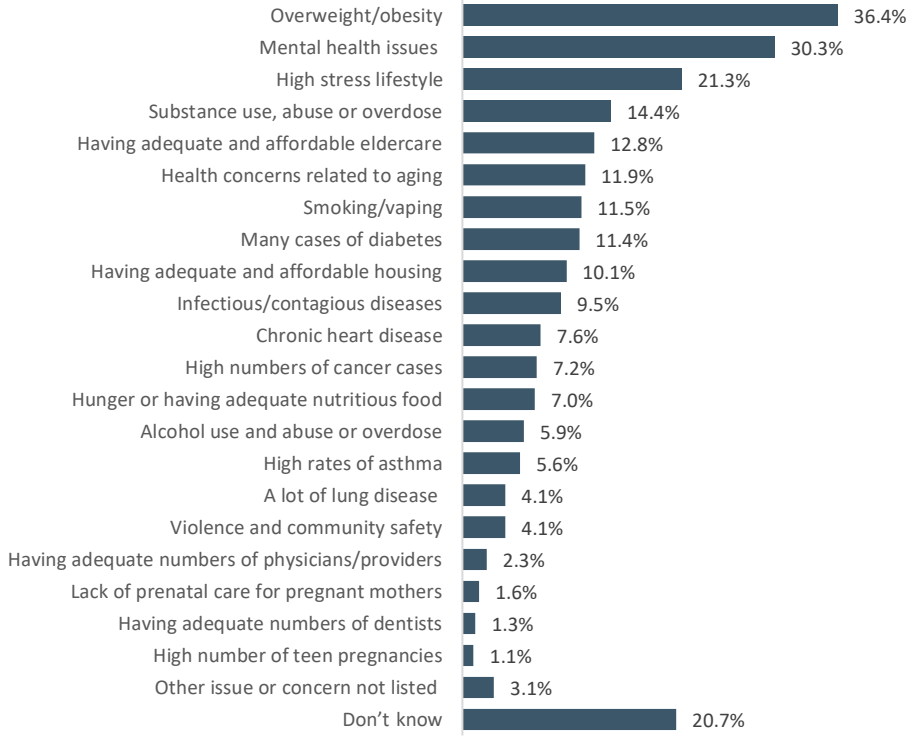
Increases in violence were also considered by several participants to be primarily driven by the pandemic and was a common theme across focus groups and interviews. In particular, there was a perception that youth violence in schools resulted from increased daily stressors and their impact on the emotional well-being of children and youth. For example, one participant stated, *"There is an uptick in violence in the high school and kids fighting, and that has increased over the last year; [as a result of their] mental health."*

- **Systemic Racism and Discrimination.** Regarding the role of systemic racism, racial injustice, and discrimination, focus group participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, and income. Interviewee participants also discussed the challenges Middlesex communities had with rapidly changing demographics, particularly in areas that were once comprised of a particular racial or ethnic group but were now composed of newly arrived immigrant diaspora. Among survey respondents, 30% of Black respondents reported having felt discrimination when getting medical services due to their racial or ethnic background. Nearly 20% of Latino survey respondents indicated feeling discriminated against in receiving medical care based on their language/speech.

Community Health Issues

- **Community Perceptions of Health.** When discussing community concerns, focus group participants and interviewees frequently identified social and economic issues such as financial insecurity, housing, and food insecurity, and described how these challenges negatively affected health issues such as healthy eating, obesity, and chronic conditions. Participants also shared that residents in the community have been delaying care, experiencing challenges in accessing care, and perceived an increase in mental health concerns among the entire population, and especially among youth, seniors, economically vulnerable, and immigrant residents. Survey respondents identified overweight/obesity, mental health, and high stress lifestyle as their top health issues or concerns in the community (see graph).

Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (n=555),



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

- **Leading Causes of Death and Premature Mortality.** In 2020, heart disease, COVID-19, and cancer are the top three causes of death for New Jersey, Middlesex County, and Somerset County. In 2017-2019, the premature mortality rate (deaths before 75 years old) was lower in Middlesex County than in New Jersey overall, but data show that that Non-Hispanic White and Non-Hispanic Black residents in Middlesex County experience higher rates of premature mortality than Hispanic/Latino and Non-Hispanic Asian residents.

- **Maternal and Infant Health.** In Middlesex County, the overall teen birth rate was 9.0 births per 1,000 female population. The highest teen birth rate was among Hispanic/Latinos (15.6 per 1,000), followed by Asian, non-Hispanic residents (13.2 per 1,000) and Black, non-Hispanic residents (9.8 per 1,000). In terms of low-weight births, defined as babies weighing less than 1,500 grams, about 1.3% of births were very low-weight births. Black, Non-Hispanics had the highest percentage of very low-weight births (2.8%).

- **Obesity, Healthy Eating, and Physical Activity.** Though obesity was cited as the top health concern in the community on the survey, it was not discussed at length in the focus groups or interviews. Instead, focus group and interview participants more frequently discussed challenges with access to healthy food and food instability, limited options for residents to participate in sports and social activities, and increased sedentary lifestyle due to the COVID-19 pandemic. Barriers to accessing healthy food included transportation challenges, affordability, and a reliance on foods provided in schools and food pantries that may not be culturally appropriate or meet dietary restrictions and needs. In 2017, 25.7% of Middlesex County adults were considered obese, which is lower than in New Jersey (27%)[3]. Survey respondents reported if they were currently physically active; of the 556 responses, Hispanic/Latino residents reported the lowest rates of physical activity (57.4%) compared to approximately 72% among Asian, Black, and White residents.[4]

- **Chronic Conditions.** Chronic disease is an ongoing challenge for the community, with conditions such as heart disease, diabetes, cancer, and COPD being prevalent conditions in Middlesex County and leading causes of death. Survey data indicate that participation in screenings varies by race/ethnicity (see graph). Furthermore, when survey respondents were asked to report whether they or a family member had been diagnosed by a physician with certain chronic conditions, the most widely diagnosed conditions included high blood pressure (61%), weight challenges (55%), and/or high cholesterol (51%)[4]. Chronic conditions, similar to obesity, were not discussed at length in the focus groups and interviews. However, through conversations around the impact of chronic disease and the barriers residents face, some interview participants highlighted that chronic disease conditions are being further compounded by staffing shortages, long wait times, a lack of access to affordable care and medication, and provider burnout. Furthermore, incidence and mortality data indicate that residents of color have disproportionately higher rates of certain chronic conditions such as diabetes and prostate cancer.

- **Environmental 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. Only one focus group participant commented that they felt concerned that low-

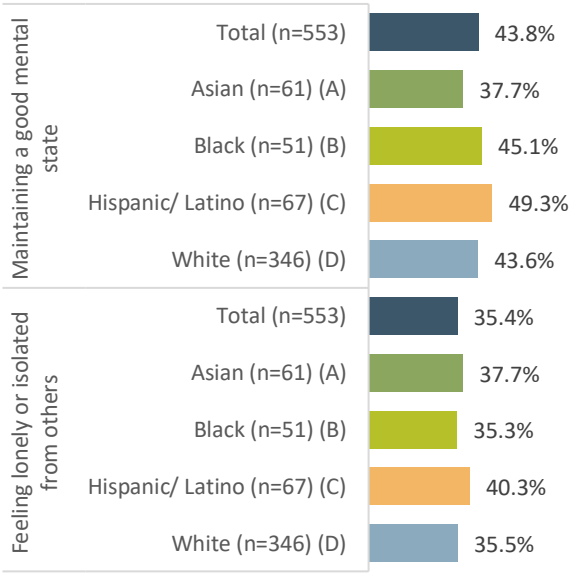
[3] DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017
[4] DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

quality housing and poor ventilation were contributing to respiratory ailments and lead exposure in children.

- **Substance Use.** Focus group and interview participants noted that they felt the pandemic was creating difficult personal situations and increased isolation, which could lead to people turning to substance use. Some residents also shared that they observed drug use in the community, for instance at parks and among youth in schools. Data on substance use treatment admissions by primary drug in 2019 indicate that heroin (41%), alcohol (32%) and marijuana (14%) were the top three most frequently reported drugs at the time of admission[5]. Interview participants described challenges in accessing substance use treatment, including a lack of charity care and rehabilitation services, interrupted treatment options during the pandemic, stigma, and a need for holistic and trauma informed care.

- **Mental Health.** The topic of mental health arose in almost all conversations conducted for this CHNA and it was considered one of the top three community health concerns among survey respondents. Interviewees and focus group members noted that while mental health has been a longstanding health concern, the COVID-19 pandemic has exacerbated challenges such as stress, isolation, grief, trauma, and other factors that contribute to a general feeling of being overwhelmed. Survey data further reiterate the impact of the pandemic on the community, with 43.8% of residents reporting that they or someone in their family has personally experienced difficulty with mental health issues since COVID-19 started, and 35.4% reported feeling lonely or isolated since COVID-19 started[4]. While mental health issues affected people of all ages, races, and genders, mental health for seniors, youth, and economically vulnerable residents were highlighted in qualitative discussions. Furthermore, participants explained that mental health demand is exceeding the services currently available, which is leading to waitlists and additional strain on providers. This was further reinforced when looking at the number of providers available, which is a ratio of 550:1 for

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=553), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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.

[5] 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

Middlesex County, which is higher than New Jersey overall at 450:1[6]. Participants also shared silver linings regarding mental health, including increased access to services due to telehealth and a perceived decrease in stigma.

- **Communicable Disease.** Though the pandemic had been ongoing for two years prior to this community health needs assessment, COVID-19 continued to be a frequent topic in all focus groups and interviews due to its substantial and far-reaching impacts on all sectors of life. Case numbers continue to fluctuate, and racial/ethnic disparities exist among COVID-19 deaths in New Jersey. While Black residents only made up 12.4% of the state population in 2020, they accounted for 16.6% of COVID-19 deaths as of August 2022. Also of note, 59.8% of COVID-19 deaths occurred among White residents in New Jersey, although they comprise 51.9% of the population[7]. Furthermore, disparities in vaccination rates persist, with Black residents having the lowest rate of vaccination and only 17% of Hispanic/Latino residents being fully vaccinated despite comprising 22.4% of the Middlesex County total population[7].

Access to Services

- **Access to Healthcare Services.** While some focus group members and interviewees reported that a strength of Middlesex County included accessible and affordable healthcare assets, other residents noted existing disparities in access to healthcare services. Barriers commonly identified through focus groups and interviews include lack of insurance/insurance challenges, high healthcare costs, limited charity care, long wait times, unreliable transportation, technology challenges related to telehealth, discrimination, and language barriers. The top issues that made it difficult to access care reported by survey respondents included the ability to schedule an appointment at a convenient time (28%), insurance problems (23.5%), cost of care (22%), wait times (21.3%), and doctors not accepting new patients (17.5%). It should also be noted that 35.8% of survey respondents indicated that they have never experienced difficulty in getting healthcare.[8] Furthermore, many 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, barriers around costs and insurance, and/or a lack of awareness regarding available services that different groups qualify for.

> *"With COVID people were skipping routine care, screenings, physicals. They are home more and more inactive; not getting exercise. There is increased obesity, depression, and having less screenings is leading to later stage diagnosis for cancers, hypertension, diabetes going undiagnosed, plus the ability to get medications every 3 months."*
>
> - Key informant interviewee

Community Vision and Suggestions for the Future

Interviewees and focus group participants were asked about their vision for the next five years, including their suggestions for future programs, services, and initiatives. Several suggestions emerged, and the most frequently discussed included fostering social connectedness, expanding access to services

[6] 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

[7] DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Data is as of 8/10/2022.

[8] DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

and resources that address the social determinants of health, addressing the health care needs of specific populations, and engaging in the formation of policies that deter the financial and economic participation of vulnerable communities.

- **Focus on opportunities that foster social connectedness, cultural understanding, and a sense of community.** Focus group and interview participants frequently suggested additional ways to encourage belonging and create a deeper sense of community, such as through community centers, the YMCA, and community events. In addition to physical locations where residents can spend time in community, participants also suggested expanding virtual and online forums that similarly encourage ways to connect. The need to foster community connections was especially emphasized for senior populations and newly arrived immigrants. Participants also frequently mentioned the diversity in Middlesex County and emphasized the need for cultural humility and sensitivity, particularly as it relates to language access, navigating the healthcare system, and maintaining mindfulness around culture and history when engaging with community. For example, within the healthcare system, residents explained that cultural humility could help with the COVID-19 response and vaccinations, increase access to services, and bridge the gap between providers and patients.

- **Expand access to services and resources that address the social determinants of health.** The social determinants of health, including housing, transportation, economic security, and food access, were raised by residents in every focus group and interview. Given the unprecedented time of this CHNA, residents explained that they felt the COVID-19 pandemic had disrupted nearly all facets of daily life and exacerbated pre-existing challenges and inequities. Residents' visions for the future included additional supports to increase housing affordability and reduce discrimination, reduced stigma around accessing food supports like food pantries, increased public transportation quality and options, increased options for medical transportation such as Uber Health, increased education and workforce development, and increased wages and benefits.

- **Address the health care needs of specific populations: seniors, youth, and newly arrived immigrants.** Focus groups and interviewees raised specific concerns for senior populations, youth, and newly arrived immigrants when discussing their visions for the future. Both focus group participants and interviewees stressed the need to continue focusing on care for older populations, including helping reduce isolation, adjusting to meet the changing needs of the populations, providing additional supports for older adults with disabilities, and helping seniors navigate the healthcare system and access affordable healthcare. Youth mental health was commonly mentioned as a concern in the community, and participants frequently suggested programs to encourage youth engagement in the community to help promote health, such as through clubs, social activities, and by creating opportunities for youth to process their feelings and receive support and counseling when needed. Lastly, participants described challenges faced by newly arrived immigrant residents, and suggested further developing online and in person platforms to connect with community, increasing cultural humility particularly regarding healthcare access and navigating healthcare systems, improving processing times for green cards and visas, and removing policy barriers that prohibit immigrant residents from leaving the country to visit family members.

- **Engage in the formation of policies that remove financial, social, and economic barriers to being part of the community.** When focus group and interview participants shared their visions for the future, several mentioned specific policies that create challenges and barriers for residents' ability to live a healthy life. In addition to the green card and visa changes mentioned previously, residents also discussed several policies related to housing, food, and medical care that could be improved.

Specific examples related to housing included removing credit checks and background checks as part of the application process to access or rent housing, adjusting the calculations used for those receiving housing benefits to reduce expenses from 40% of residents' income to 30% of income, and creating additional support programs for vulnerable residents. Participants also shared examples related to social safety nets and health care access, including revisiting the eligibility for programs like food stamps and Medicaid, and gradually decreasing benefits amounts based on income, rather than having a hard cut-off for eligibility that dis-incentivizes residents from seeking promotions and better opportunities due to fear of losing benefits.

Key Themes

- ***Cultural diversity and a well-established network of community-based organizations are considered core assets in Middlesex County.*** Discussions and interviews with residents highlighted the racial and ethnic diversity of Middlesex County that has served to foster a sense of belonging and inclusion. Residents also highlighted the collaborative nature of community organizations. For example, at the height of the COVID pandemic, residents observed that agencies came together to provide services to residents impacted by the COVID pandemic.

- ***The COVID-19 Pandemic upended Middlesex residents' everyday life but particularly impacted marginalized communities.*** Data from 2020 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 make up 12.4% of the Middlesex County population yet accounted for 17% of COVID-19 deaths. A recurring theme among residents was how the Pandemic impacted Middlesex residents in various ways, including unemployment, loss of health insurance coverage, home eviction, and food insecurity.

- ***Access to stable and affordable housing is at the forefront of concerns by Middlesex residents, with the COVID-19 pandemic considered to have exacerbated several challenges, including rising rental costs, overcrowding, homelessness, and spending a larger share of household income on housing.*** In addition, some residents believe such experiences to have negatively affected the physical and emotional well-being of individuals and families by forcing them to decide between paying their rent or mortgage or obtaining necessities such as food, light, and transportation, as well as affording visits to the doctor. Housing instability also disproportionately impacted specific populations, including children, older adults, persons with a disability, the newly arrived, and those in poor health on a fixed income or formerly incarcerated.

- ***Middlesex residents identified mental health as a significant community health concern exacerbated by the COVID-19 pandemic.*** A confluence of pandemic-related factors, including unemployment, school closures, and reductions in mental health services, were also considered to have amplified levels of stress, anxiety, loneliness, grief, and depression, particularly among young adults, people experiencing job loss, parents and children, older adults, communities of color, and essential workers.

- ***Access to healthcare services was substantially disrupted during the COVID-19 pandemic by staffing shortages, concerns of exposure to the virus, cost, technology, and transportation barriers*****.** Service providers observed that staff burnout and limited staffing resulted in reduced healthcare access, especially at the height of the pandemic. Meanwhile, residents reported delays in preventive care due to concerns about infection, medical costs due to lack of health insurance, and limited transportation options.

Conclusion

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

- Mental Health
- Access to Healthcare
- Systemic Racism, Racial Injustice, and Discrimination
- Food Insecurity
- Financial Insecurity and Unemployment
- Chronic Disease
- Housing Instability
- Technology Use and Access
- Substance Use
- Violence

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:

- Financial Insecurity and Housing Instability
- Behavioral Health (Mental Health and Substance Use)
- Access to Health Care with Chronic Disease and Technology as sub-categories
- Food Insecurity

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 2022, Robert Wood Johnson University Hospital (RWJUH) - New Brunswick, Saint Peter's University Hospital, and the Healthier Middlesex Consortium undertook a collaborative CHNA process using a mixed-methods and participatory approach.

RWJUH is located in New Brunswick, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 12 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, long term care facilities, 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 New Brunswick had nearly 32,800 inpatient admissions, over 86,300 emergency department visits, over 398,600 outpatient visits, and over 3,000 births in 2021. The hospital, in partnership with Saint Peter's University Hospital, is a key convener of the Healthier Middlesex Consortium.

Saint Peter's University Hospital is located in New Brunswick, New Jersey (NJ), and is part of St. Peter's Healthcare System, and is a non-profit acute care teaching hospital sponsored by the Roman Catholic Diocese of Metuchen. Saint Peter's is a state-designated children's hospital and a regional perinatal center and is a regional specialist in diabetes, gastroenterology, head and neck surgery, oncology, orthopedics, and women's services. Saint Peter's is also a sponsor of residency programs in obstetrics and gynecology, pediatrics, and internal medicine and is a primary clinical affiliate of Rutgers Biomedical and Health Sciences. Saint Peter's employs more than 3,600 healthcare professionals and support personnel, and more than 1,000 doctors and dentists are on staff at its hospital. On an annual basis, St. Peter's has more than 23,000 inpatient admissions and more than 245,000 outpatient visits.

The **Healthier Middlesex Consortium** brings together a broad cross-section of organizations with a mission to collectively improve the health and well-being of the diverse communities in Middlesex County through partnerships of individuals, groups, and organizations. Over 30+ organizations are involved in the Consortium, including stakeholders from community-based organizations, academic institutions, and health departments. The Consortium currently serves approximately 900,000 members whose diversity of backgrounds, experiences, and beliefs make them among the most culturally rich and unique populations in the state.

This assessment process builds off previous assessment and planning processes conducted by the Healthier Middlesex Consortium, RWJUH, and Saint Peter's University Hospital. See the Appendix J-Outcomes and Results Report of the Previous Plan for a description of the activities accomplished and their impact since 2019.

In early 2021, RWJBH contracted **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 New Brunswick, Saint Peter's University Hospital, and the Healthier Middlesex Consortium to support the Middlesex County CHNA.

The Middlesex 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 2022 Middlesex County needs assessment processes, which was conducted between December-June 2022.

The specific goals of this CHNA are to:

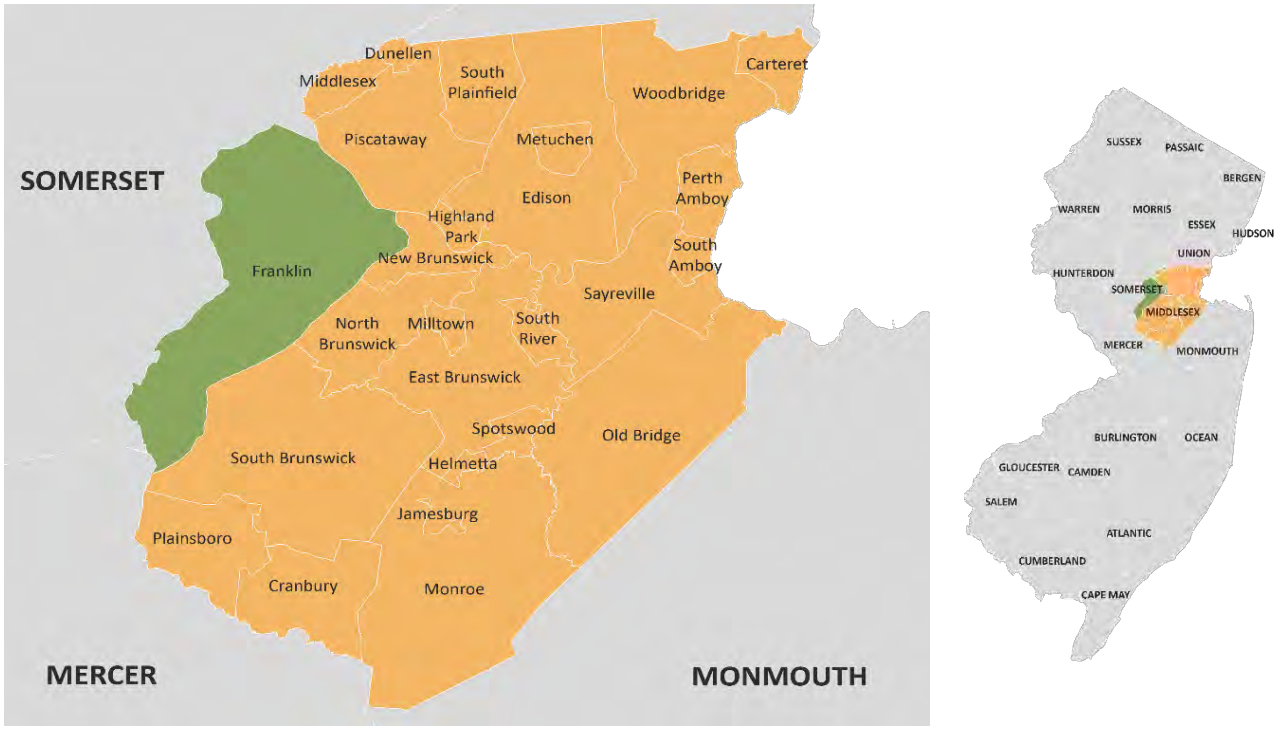
- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine community needs and social determinant 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. Healthier Middlesex Consortium is comprised of two hospital systems, Robert Wood Johnson University Hospital (RWJUH) New Brunswick, and Saint Peters University Hospital, and numerous partner organizations. The primary service area for RWJUH New Brunswick includes East Brunswick, Edison, Helmetta, Monroe Township, Milltown, Piscataway, Somerset, Spotswood, New Brunswick, North Brunswick, and Highland Park. More specifically, RWJUH New Brunswick includes the following zip codes: 08816, 08817, 08828, 08831, 08850, 08854, 08873, 08875, 08884, 08901, 08902, 08903, and 08904. Saint Peter's University Hospital's primary service area includes East Brunswick, Edison, Franklin Park, Helmetta, Jamesburg, Whittingham, Monroe, Milltown, Piscataway, Old Bridge, Somerset, South River, Spotswood, New Brunswick, North Brunswick, and Highland Park, including the following zip codes, 08816, 08817, 08832, 08828, 08831, 08850, 08854, 08857, 08873, 08882, 08884, 08901, 08902, and 08904.

To be as inclusive as possible to both entities, the focus area for this CHNA includes all of Middlesex County and three towns in Somerset County (Franklin, Pleasant Plains, and Somerset). When only county-level data are available, Somerset County and Middlesex County are presented. All towns listed are presented throughout this report in secondary data tables and visuals but are not discussed at length in the report narrative. The Healthier Middlesex CHNA service area is shown below in Figure 1.

Figure 1. Focused Healthier Middlesex 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 December 2021, at the beginning of this CHNA process, the COVID-19 pandemic had already been in effect for over a year. 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 few years, 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 2022 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

DATA 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, 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 Middlesex 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 and the Healthier Middlesex Consortium.

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, in early and late June 2021, to provide guidance for this process. 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 the Acknowledgments section.

Advisory Board Engagement

The Healthier Middlesex Advisory Board was engaged throughout this process. The Advisory Board is comprised of 17 members from various partner organizations who provide strategic oversight to the CHNA process and liaise with the larger Healthier Middlesex Consortium. The Advisory Board 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. Members of the Advisory Board also provided outreach support for HRiA to connect with stakeholders and specific population groups. See the Acknowledgements section for a complete list of the Healthier Middlesex Consortium members.

Community Engagement

Community engagement is described further below under the primary data collection methods. Capturing and lifting up 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), and a number of other agencies and organizations. Additionally, hospitalization data can be found in Appendices G and 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 2022 Middlesex County community health needs assessment focuses on Middlesex County, New Jersey, which includes 25 municipalities as well as three communities that are in Somerset County (Franklin, Pleasant Plains, and Somerset) and also fall within Healthier Middlesex's primary service area. It is for this reason that data for Franklin, Pleasant Plains, and Somerset were included in the report. However, data specific to these three towns was not discussed in the narrative since the report focuses on Middlesex County.

The U.S. Census American Community Survey (ACS) 5-year (2015-2019) estimates are the primary data source for social and economic indicators referenced in the report. Five-year estimates are considered the most reliable and comprise a relatively large sample size. Further, in the case of small population counts found in several municipalities in Middlesex County, five-year estimates provide a more precise statistical profile of the community of interest.

Quantitative data included in the report depicting racial/ethnic groups will follow standard terminology consistent with the U.S. Census unless the secondary data source utilizes different categories for race and ethnicity, which will be noted in the narrative. Qualitative data specific to racial/ethnic groups in the narrative will refer to residents using shortened terms such as White, Black, Latino, and Asian. The term communities of color may also be used when discussing themes that emerge, specifically among residents of multiple groups.

Primary Data Collection

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of eleven key informant interview discussions were completed with 13 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: individuals working to address structural racism and inequality, food assistance and housing services, workforce development, mental health and substance use services, and those who serve/work with specific populations (e.g., economically vulnerable residents, senior population). See the Appendix B- Key Informant Interviewees' Organization for the list of sectors represented by key informant interviewees and Appendix C- Key Informant Interview Guide for the key informant interview guide.

Focus Groups

A total of 24 community residents participated in five virtual focus groups (telephone or video) conducted with specific populations of interest: newly arrived residents of South Asian descent, African American men between the ages of 18-35, economically vulnerable residents (one group of English-speaking residents, and one group of Spanish-speaking residents), and one group of youth and young adults.

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 D- Focus Group Guide 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 2021 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 Middlesex Consortium members and organizations as well as through social media. A link to the online survey was displayed on RWJUH New Brunswick'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 526 respondents who were residents of Middlesex County. The Appendix E- Resource Inventory provides a table with demographic composition of survey respondents. Respondents to the Middlesex County Community Health Needs Assessment Survey were predominately White, female, married, and with a high socioeconomic status. About 64% were employed full-time. Throughout this report, Middlesex 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

Middlesex County is made up of 25 municipalities that range in population size. The smallest towns by population are Helmetta (2,475 residents), Cranbury (3,649), and Jamesburg (5,921). Edison (100,447 residents), Woodbridge (100,089), and Old Bridge (65,782) are the largest townships in Middlesex County (Table 1). Most Middlesex County townships experienced minimal population growth or shrinkage between 2010-2014 and 2015-2019. The largest population growth occurred in Monroe (7.5% population growth), and the greatest population decline occurred in Highland Park (-2.5%). Further, among the three referenced towns for Somerset County, across both periods, Pleasant Plains reported the greatest decline in population (-35.6%).

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

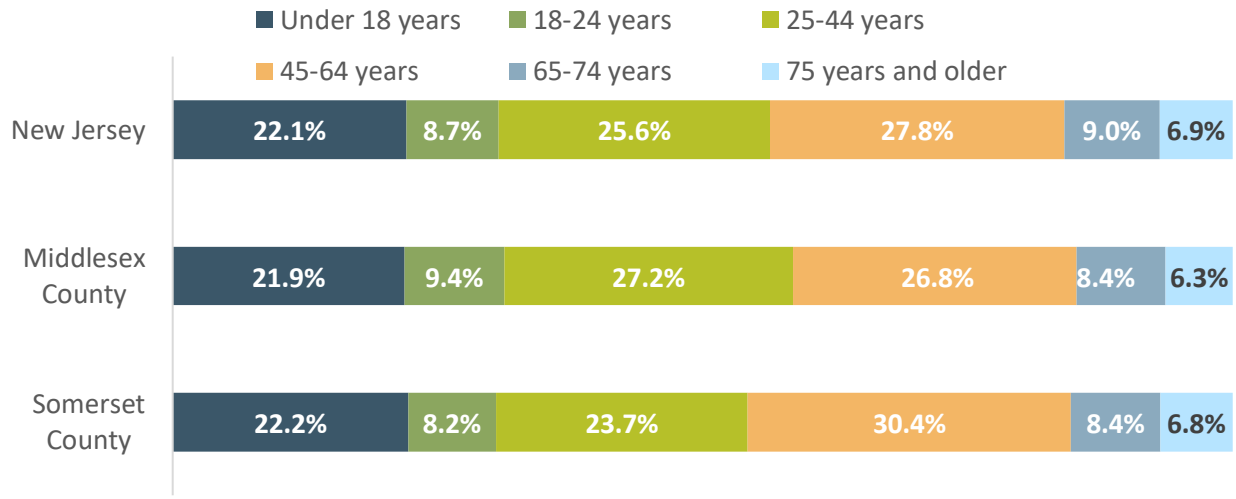
	2014	2019	% Change
New Jersey	8,874,374	8,878,503	0.0%
Middlesex County	824,046	825,920	0.2%
Carteret	23,770	23,589	-0.8%
Cranbury	3,705	3,649	-1.5%
Dunellen	14,435	14,223	-1.5%
East Brunswick	48,003	47,819	-0.4%
Edison	101,051	100,447	-0.6%
Helmetta	2,390	2,475	3.4%
Highland Park	14,224	13,883	-2.5%
Jamesburg	5,963	5,921	-0.7%
Metuchen	13,707	14,048	2.4%
Middlesex	13,766	13,662	-0.8%
Milltown	6,974	6,998	0.3%
Monroe	40,961	44,306	7.5%
New Brunswick	55,804	55,960	0.3%
North Brunswick	41,920	41,760	-0.4%
Old Bridge	66,272	65,782	-0.7%
Perth Amboy	51,727	51,678	-0.1%
Piscataway	57,636	56,884	-1.3%
Plainsboro	23,224	23,028	-0.9%
Sayreville	43,962	44,292	0.7%
South Amboy	8,749	8,772	0.3%
South Brunswick	44,355	45,400	2.3%
South Plainfield	23,686	23,956	1.1%
South River	16,177	16,001	-1.1%
Spotswood	8,359	8,269	-1.1%
Woodbridge	100,344	100,089	-0.3%

	2014	2019	% Change
Somerset County	328,704	329,838	0.3%
Franklin	64,243	65,554	2.0%
Pleasant Plains	732	540	-35.6%
Somerset	24,375	24,509	0.5%

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

Middlesex County had a similar distribution of ages compared to New Jersey in 2015-2019 (Figure 3), with 22.1% of the population being under age 18 and over 15.9% being age 65+ years old in New Jersey. Children aged 18 and under made up 21.9% of residents in Middlesex County in 2015-2019, and nearly 15% of the population is adults over 65 years of age. Age distribution data by town can be found in Appendix F- Additional Data Tables.

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



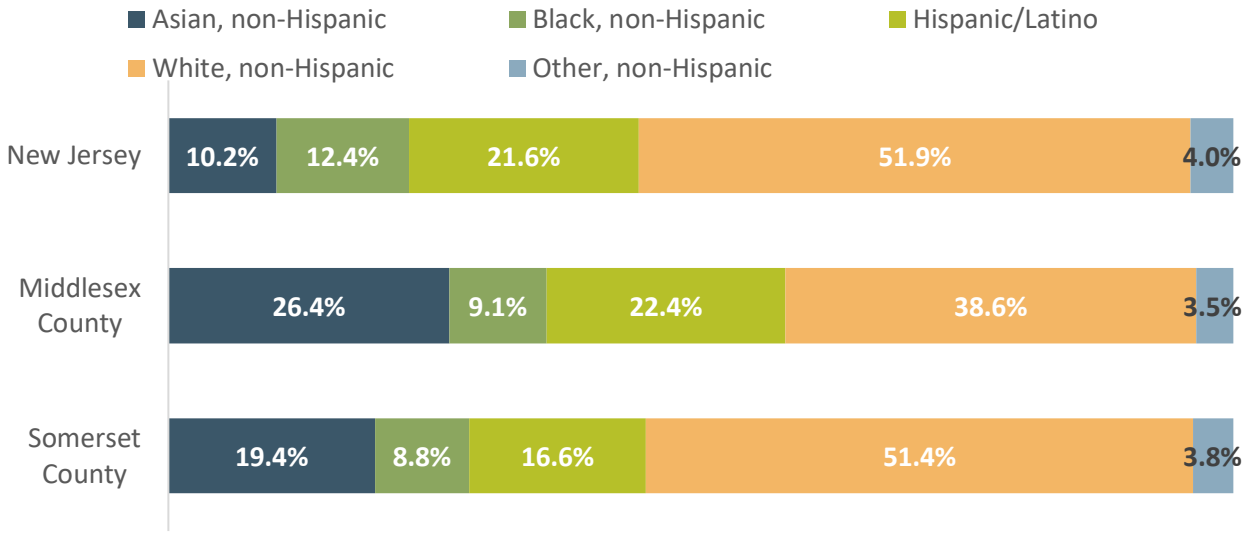
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

Focus group and interview participants explained that they view cultural, racial, and ethnic diversity as one of the key strengths of their community, however, they noted that diversity varies by town. The secondary data support these perceptions. Asian residents in Middlesex County made up 26.4% of the total population, which is more than double that of Asian residents in New Jersey (10.2%), but Middlesex County has fewer Black residents (9.1%) compared to New Jersey overall (12.4%) (Figure 4). See Appendix F- Additional Data Tables for more detailed information.

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

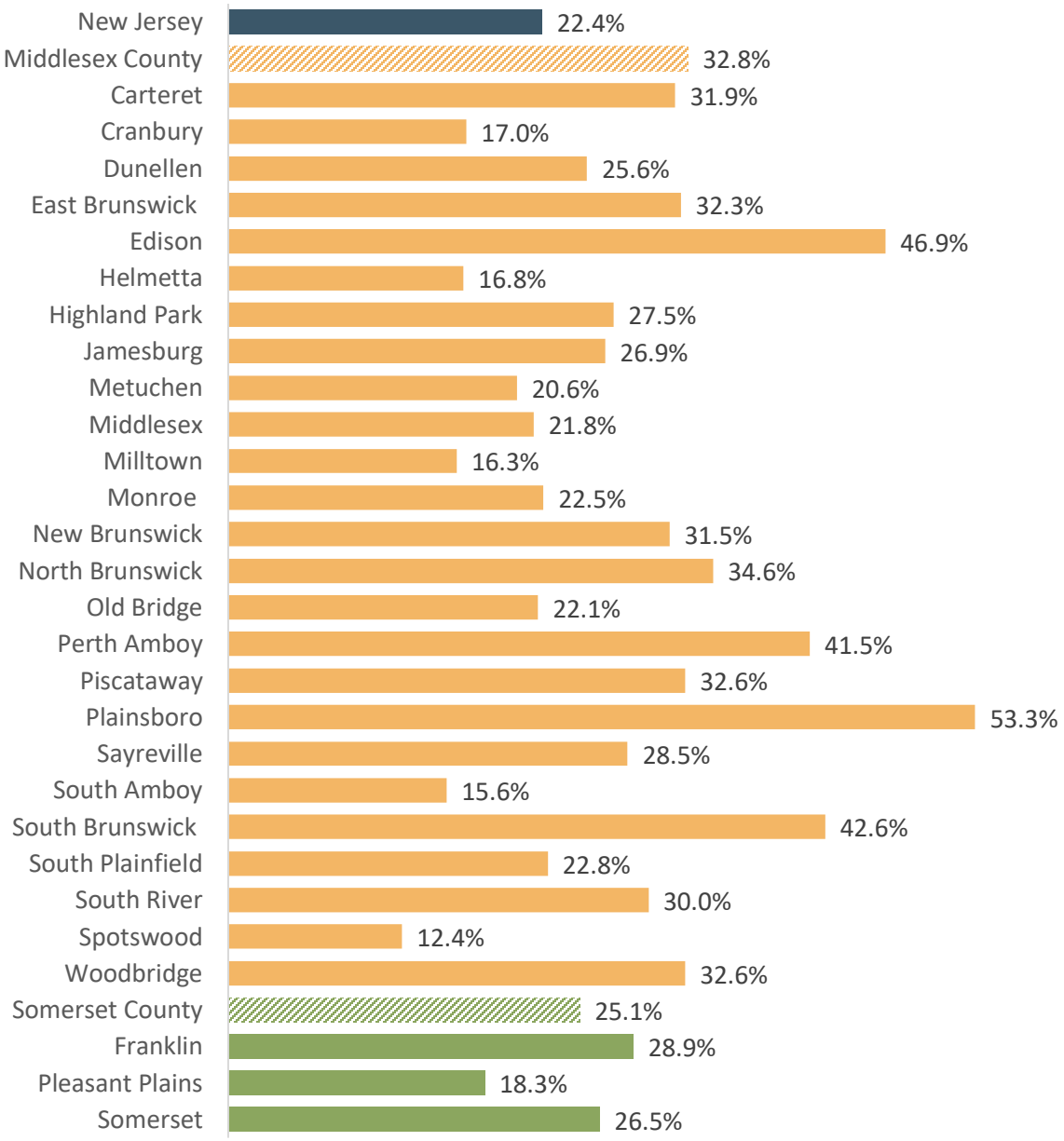


DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020

Foreign-Born Population

Key informant and focus group participants described a robust immigrant community in Somerset County. Secondary data show varying levels of foreign-born populations across Middlesex County. In 2015-2019, the foreign-born population ranged from 12.4% in Spotswood to 53.3% in Plainsboro (Figure 5). In Middlesex County, the most common country of origin for immigrant residents was India. The other most common countries of origin include the Dominican Republic, Mexico, the Philippines, and Colombia. See Appendix F- Additional Data Tables for additional information on the populations in Middlesex County.

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 described how they valued the diversity within their communities, including the ability to find local temples and community gathering spaces, find materials and residents who speak various languages, and access different types of foods and grocery stores. One focus group participant explained, "*Because of the diversity in the area, there is good access to cultural elements like temples, food options, and Indian grocery stores. It feels like we took part of India and brought it here."* South Asian focus group members reported that they felt included and were able to connect with and support their communities and people from their own cultures. In addition to their contributions to their communities, the resiliency of immigrant and underserved populations was mentioned in several

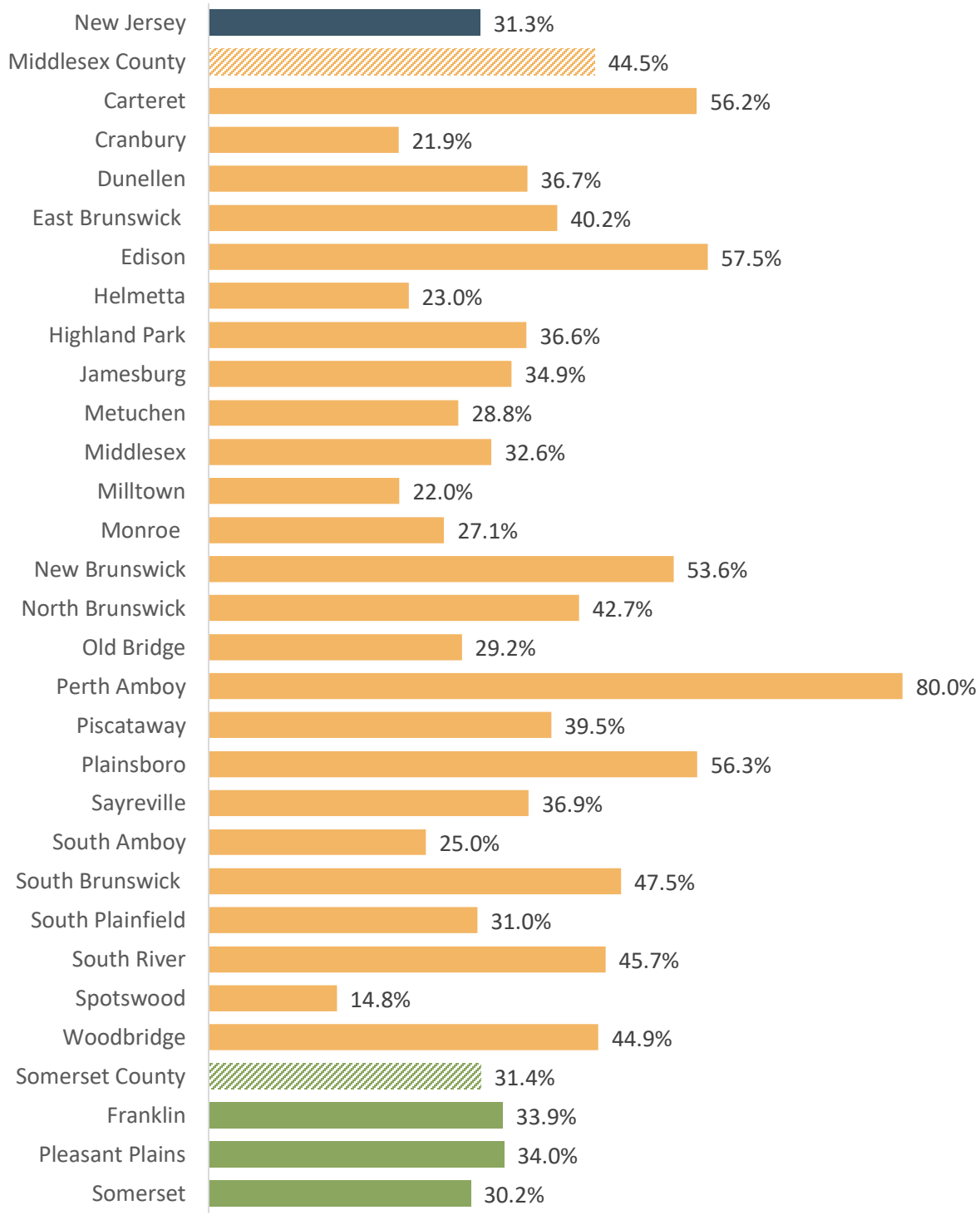
conversations. As one interviewee stated, *"[There is] individual resilience- parents are facing struggles but they are willing to come in and find services for their children and themselves. There is so much resiliency and determination, 'I have to provide for my family, but family comes first.'"*

On the other hand, undocumented residents were described as particularly vulnerable, especially when they could not produce documentation or were otherwise unable to access support services. As one interviewee stated, "*I wish we had data on how many [people in our community] are undocumented, to understand the gap, but [there are disparities in] timely access to care, waiting for charity care applications, one was submitted a month and a half ago and it just got approved. There is a barrier there for timely care*." Additionally, foreign born residents who did have documentation voiced struggled with current immigration policies, including travel limitations at a time in the pandemic when friends and family in their home countries may be ill or hospitalized. As one participant explained, "*We cannot leave the country, or we won't be able to come back, even if something happens to our nearest and dearest."*

Language Diversity

Among Middlesex County residents over age five, 44.5% reported speaking a language other than English at home in 2015-2019. A variety of languages are spoken across Middlesex County, as indicated in the secondary data and supported by qualitative discussions. For example, eight out of every ten residents in Perth Amboy reported speaking a language other than English at home compared to 14.8% of residents in Spotswood (Figure 6). The most spoken languages other than English in Middlesex County are Spanish, other Indo-European languages (e.g., Portuguese, Hindi, Gujarati), Russian, Polish, or other Slavic languages, and Chinese (Table 2).

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 2. 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%
Middlesex County	51.9%	18.3%	14.1%	2.4%	3.1%
Carteret	43.8%	31.9%	0.9%	18.4%	0.1%
Cranbury	78.1%	5.1%	1.5%	6.4%	4.7%
Dunellen	63.3%	16.6%	5.7%	2.2%	6.1%
East Brunswick	59.8%	5.6%	3.9%	10.0%	7.5%
Edison	42.5%	7.5%	2.1%	25.6%	5.4%
Helmetta	77.0%	10.9%	6.6%	1.6%	1.0%
Highland Park	63.4%	11.6%	2.5%	4.0%	7.1%
Jamesburg	65.1%	15.7%	2.2%	8.3%	0.0%
Metuchen	71.2%	5.9%	3.0%	9.3%	5.4%
Middlesex	67.4%	24.6%	3.1%	0.5%	0.1%
Milltown	78.0%	9.6%	2.6%	1.2%	0.4%
Monroe	72.9%	3.4%	1.1%	11.8%	1.6%
New Brunswick	46.4%	46.4%	0.8%	1.8%	1.5%
North Brunswick	57.3%	13.7%	0.6%	13.0%	1.3%
Old Bridge	70.8%	7.2%	4.3%	9.6%	1.6%
Perth Amboy	20.0%	76.6%	0.6%	1.2%	0.3%
Piscataway	60.5%	9.3%	1.0%	15.7%	2.8%
Plainsboro	43.7%	1.3%	2.8%	21.1%	9.4%
Sayreville	63.1%	10.9%	4.3%	11.4%	0.7%
South Amboy	75.0%	14.8%	4.2%	2.1%	0.2%
South Brunswick	52.5%	5.3%	1.5%	20.0%	3.1%
South Plainfield	69.0%	14.3%	1.2%	7.4%	1.4%
South River	54.3%	22.8%	4.5%	12.7%	1.2%
Spotswood	85.2%	5.7%	2.1%	4.3%	1.5%
Woodbridge	55.1%	15.3%	2.5%	16.9%	1.3%
Somerset County	62.1%	13.0%	9.6%	2.5%	4.1%
Franklin	66.1%	11.9%	7.2%	1.2%	3.4%
Pleasant Plains	66.0%	0.0%	0.0%	7.7%	3.5%
Somerset	69.8%	11.7%	1.4%	3.7%	4.3%

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

While diversity was noted as a substantial community strength, participants explained that it can also be challenging. Those working in social services voiced their concerns about supporting populations who might not be aware of services available or how to navigate U.S. systems. As one interviewee stated, "*[I feel it's] less about discrimination, if anything it's a blindness and thinking people automatically know certain things upon coming to the US. Like health literacy, we can't assume someone knows to call 911 in*

an emergency. We can't assume people from outside the country, or even people with different education levels, know everything. Some providers are frustrated with noncompliant patients, but they don't ask how they learn best or how they best remember things... It's a lot of education with people and providers who don't have that understanding." Language barriers were frequently mentioned, as well as a need for increased cultural humility among providers and those working to provide services to residents. One interviewee explained, "*[We] need to be more culturally competent. Need a central translation place within school districts. We are multi-lingual without enough multi-lingual supports. [We have a] large Southeast Asian population, large Spanish-speaking population. Our population of seniors is changing, and immigrants truly do not know how to navigate the healthcare system*."

Community Social and Economic Environment

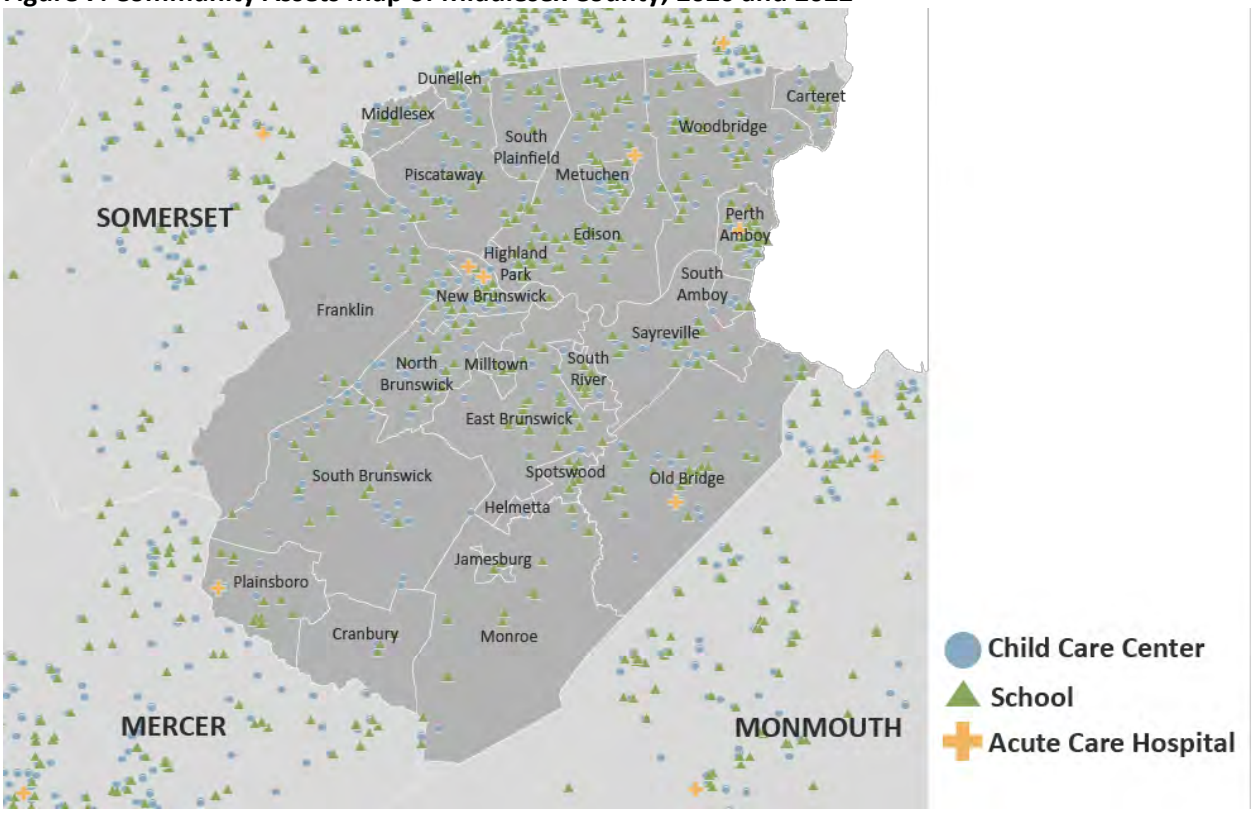
Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that promote physical activity and resident engagement, better access to affordable healthy foods), and provide income and benefits to access health care. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods and services that are linked with health, and health care and also contribute to stressful life circumstances that affect multiple aspects of health.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. When focus group and interview participants were asked to describe the strengths of their community, most participants began listing several factors without hesitation. The majority of participants noted strengths including culture and diversity, supportive community organizations, community culture and a sense of belonging, and accessibility and convenience. As shown in Figure 7, there are 6 acute care hospitals as well as 332 schools and 362 childcare centers in the Healthier Middlesex service area.

> *"I think people tend to reach out to their local community first… senior centers, local nonprofit agencies. They are valuable and they have the connections…The local senior centers and nonprofit agencies know their people on a more intimate level. "*
> – Focus group participant

Figure 7. Community Assets Map of Middlesex County, 2020 and 2022



DATA SOURCE: New Jersey Geographic Information Network (NJGIN), Schools and Child Care Centers, 2022 and Acute Care Hospitals, 2020

Focus group and interview participants explained that they considered the diversity in Middlesex County to be an asset and noted that they appreciated having access to different cultural elements like places to worship and grocery stores. As one focus group participant described, "*There is a lot of culture and diversity in this area, overall, you don't feel segregated or left out."* One interviewee also noted that county leadership values the diversity of the community and strives to help get the message out regarding programs and activities that benefit the community. However, residents also voiced an understanding that the diversity largely celebrated in Middlesex County is not reflective of other geographies in the United States.

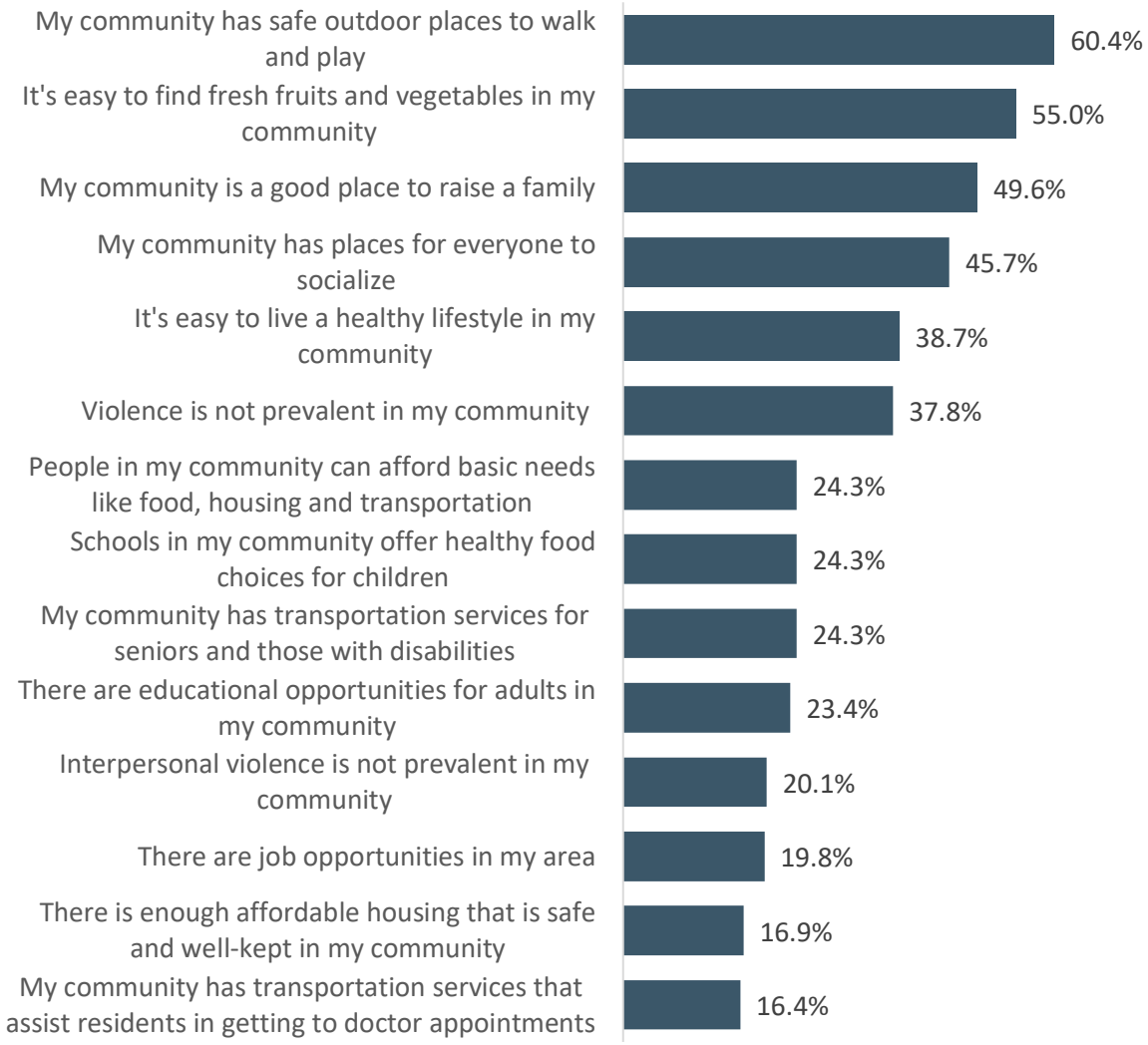
Committed and active support services and organizations were also noted by focus group and interview participants as another key strength of the Middlesex community. Remarks made by the participants emphasized that they felt a strong network existed between organizations, as one interviewee explained, "*Organizations are so connected in the community, whatever you are looking for someone knows a guy and [and can help] use relationships to cobble something together."* Participants commented that these organizations provided a wealth of benefits to the community, including helping residents access food, transportation, housing supports, vaccines, and emergency and medical services. One focus group member also described support systems to help populations in need, like residents with medical needs and seniors, stating, "*There are support systems in place to help people who are older or sick access care and food. People don't think they have to go back to India, they can survive here."*

Similar to the strong network existing between organizations, focus group and interview participants also commented on strong connections between residents. Resilience, a willingness to volunteer and care for residents in need and feeling a sense of community were discussed as strengths for Middlesex County. As one focus group participant summarized, "*Everyone knows each other, it feels like one big community."*

Participants also commented that Middlesex County is very accessible. Focus group and interview participants described being able to walk or easily access gyms, parks and greenspace, pharmacies, and hospitals. One focus group participant stated, "*Convenience, walkability, you never have to drive a far distance. There aren't many towns that have the resources that [my community] has*." However, while some participants discussed convenience and walkability as strengths, other focus group and interview participants described accessibility challenges such as slanted sidewalks and a lack of ramps. Other participants remarked that it can feel crowded in the community, emphasizing challenges with limited parking, overcrowded schools, and traffic.

Community survey respondents agreed with some of these themes. When asked how much they agreed or disagreed with a number of statements about their community, over 60% of respondents agreed or completely agreed that they had access to safe outdoor places to walk and play, that it was easy to find fresh fruits and vegetables in their community (55%), and that their community was a good place to raise a family (49.6%) (Figure 8). Community survey respondents and focus group and interview participants also shared similar insights when looking at which strengths received the lowest scores, namely job opportunities (19.8%), affordable housing (16.9%), and transportation (16.4%), all of which will be discussed in greater detail in this report.

Figure 8. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=556), 2021



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

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.

> *"[With schools going virtual during COVID] Especially if it's a single parent, they are left feeling like they don't know the work, they don't understand the new math or algebra and parents feel like they are failing and that's more anxiety."*
> – Focus group participant

Educational Attainment and Opportunity

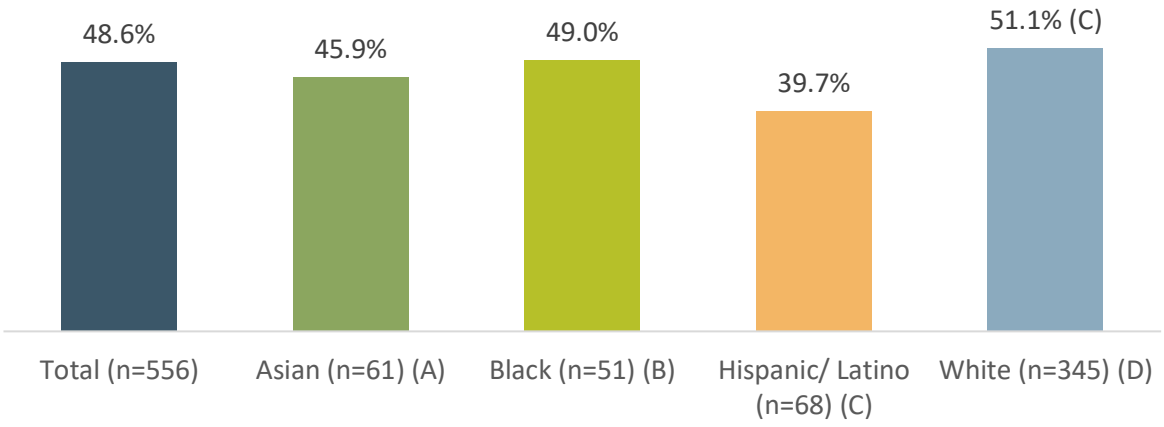
Within Middlesex County, 43.6% of adults 25 years and older had a four-year degree or higher, see Appendix F-Additional Data Tables. Among the towns in Middlesex County, Perth Amboy, New Brunswick, Carteret, and South River reported having some of the largest

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 F- Additional Data Tables.

Residents expressed concerns about the loss of learning opportunities resulting from the COVID-19 pandemic as school districts moved to a virtual learning format. As one participant reflected, "[This loss in learning] will potentially impact them as they move on to other grades." Another participant also expressed the stress it brought upon parents and caregivers trying to support their student's learning needs by stating, *"[With school now being virtual] a lot of parents weren't able to help the kids with their schoolwork, some kids need hands-on."*

Further, similar to other discussions about community assets and resources, residents varied regarding availability and access. For example, Figure 9 shows that while almost half of Middlesex County survey respondents agreed or completely agreed with the statement, "There are educational opportunities for adults in my community," responses differed by race/ethnicity. In particular, Latino respondents were least likely to agree or completely agree with this statement, with only 39.7% reporting this level of agreement about educational opportunities available for adults. Conversely, white and Black respondents had the highest percentages of those who agreed and completely agreed with this statement (51.1% and 49.0%, respectively).

Figure 9. Figure 8. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are educational opportunities for adults in my community," by Race/Ethnicity (n = 556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex 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%) New Jersey students who began high school in 2016 completed it in four years, graduating in 2020 (Table 3). Across school districts in the primary service area, Dunellen, Edison, New Brunswick, Perth Amboy, and Woodbridge had 4-year graduation rates below the statewide average. Hispanic/Latino students in New Brunswick School District reported a 4-year graduation rate of 70.5% in 2020, the lowest graduation rate for any race/ethnicity group across all districts in the service area.

Table 3. 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%
Middlesex County	**District Wide**	**Asian**	**Black**	**Hispanic**	**White**	**Two+ Races**
Carteret Public School District	91.5%	93.0%	91.1%	91.7%	87.9%	*
Cranbury (Princeton High School)	93.9%	97.2%	90.0%	73.7%	96.6%	94.7%
Dunellen Public School District	86.0%	*	90.9%	81.6%	86.8%	N
East Brunswick Township School District	96.1%	98.2%	95.1%	88.1%	95.8%	*
Edison Township School District	90.5%	97.9%	87.7%	82.0%	88.6%	*
Highland Park Boro School District	94.9%	100.0%	*	89.7%	97.9%	*
Metuchen Public School District	96.5%	95.1%	*	92.9%	97.3%	*
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%	*
Monroe Township School District	93.4%	97.0%	91.7%	79.2%	93.8%	*
New Brunswick School District	72.0%	*	81.7%	70.5%	*	N
North Brunswick Township School District	93.2%	96.4%	92.0%	91.5%	93.8%	*
Old Bridge Township School District	94.1%	96.4%	92.9%	95.8%	93.4%	*
Perth Amboy Public School District	83.8%	*	93.5%	83.2%	*	*
Piscataway Township School District	92.7%	94.7%	91.6%	91.0%	93.9%	*
West Windsor-Plainsboro Regional School District	97.7%	99.4%	95.7%	80.0%	96.5%	*
Sayreville School District	95.8%	95.7%	95.5%	97.8%	94.7%	*
South Amboy School District	98.4%	N	*	96.4%	100.0%	*
South Brunswick School District	97.0%	98.3%	90.4%	93.3%	97.0%	100.0 %
South Plainfield School District	95.1%	100.0%	84.2%	98.5%	94.9%	N
South River Public School District	93.8%	*	88.9%	94.3%	93.6%	*
Spotswood Public School District	94.8%	90.0%	*	91.2%	95.4%	*
Woodbridge Township School District	90.8%	94.3%	95.6%	89.1%	90.5%	*

Somerset County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Franklin Township Public School District	93.0%	94.3%	93.6%	92.9%	91.9%	*

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020
NOTE: Asterisk (*) indicates that data is not displayed to protect student privacy. N indicates that no data is available.
NOTE: Franklin Township Public School District includes the communities of Pleasant Plains and Somerset.
NOTE: Cranbury residents attend Princeton High School as the community's public high school. Helmetta and Milltown residents attend Spotswood High School. Jamesburg residents attend Monroe Township High School.

Employment and Workforce

Focus group participants and interviewees spoke specifically about employment challenges in the community. In particular, the loss of a job was discussed as being detrimental to them and their families. Job loss was causing a domino effect of financial instability, including being evicted from their home and losing their source of transportation, resulting in isolation and stress. Additionally, the COVID-19 pandemic was considered by several assessment participants to have exacerbated the financial vulnerability of individuals and communities.

> *"Do I work? Do I risk staying home?" people who weren't laid off had to determine if they wanted to risk their health for the financial wellbeing of their family. It impacted a lot of employment."*
> – Focus group participant

Some participants talked about the challenges of the COVID-19 pandemic of people trying to find ways to make a living from home, especially as businesses began to struggle and lay off staff. For example, one focus group participant described the situation as a no-win scenario for those looking for employment, while also trying to protect their families from exposure to COVID-19. *"Some people want to go to work but not in a building or from home. So, it's a no-win situation. And companies are laying off people because they lost a lot of business. So, it's bringing on a lot of anxiety, depression, which is affecting the economy, and there isn't a lot of assistance; they don't know where to turn."*

Another focus group participant observed that an employer doing a credit check as a requirement for work was more likely to negatively impact those that were already struggling financially, stating, *"[The] problem is in certain locations there are people who want to be employed, but now some places [are doing] credit checks and now people who want to work can't because they had trouble in the past. So that affects you from getting an apartment, a job, that credit score is a bit [of a] problem because if they lost their job or were involved in a layoff now, they have to go look for another job and the [credit] report will hurt a lot of people."*

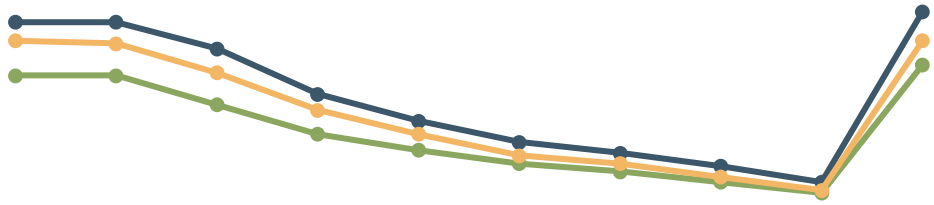
Many working and lower-income families in the region have faced additional economic hardship due to COVID-19. Latino and newly arrived families were described as particularly hard hit as many work in industries most directly affected by the Pandemic: childcare, housekeeping, restaurants, and factories. Participants in Spanish-speaking focus groups shared their financial struggles and the tradeoffs they have made to make ends meet. One Latina resident described not only the challenge of having to work to sustain the family but

> *"So you have these issues affecting the working poor but in particular the working poor who also happen to be immigrants."*
> – Focus group participant

also the hardship of having to leave their children, "*They also leave them in care of others because they have to go to work, you know late shift work because they have to make ends meet. Now comes the Pandemic, and these children are sometimes left alone and affected by isolation*." Another participant believed maintaining steady employment forced people to make tradeoffs, including spending less time with the family, losing social connections with friends and neighbors, and losing influence on what their children are learning.

In 2019, prior to the pandemic, Middlesex County reported its lowest unemployment rate (3.1%) that it had experienced since 2011 according to the Bureau of Labor Statistic (Figure 10).

Figure 10. Unemployment Rate, by State and County, 2011-2020

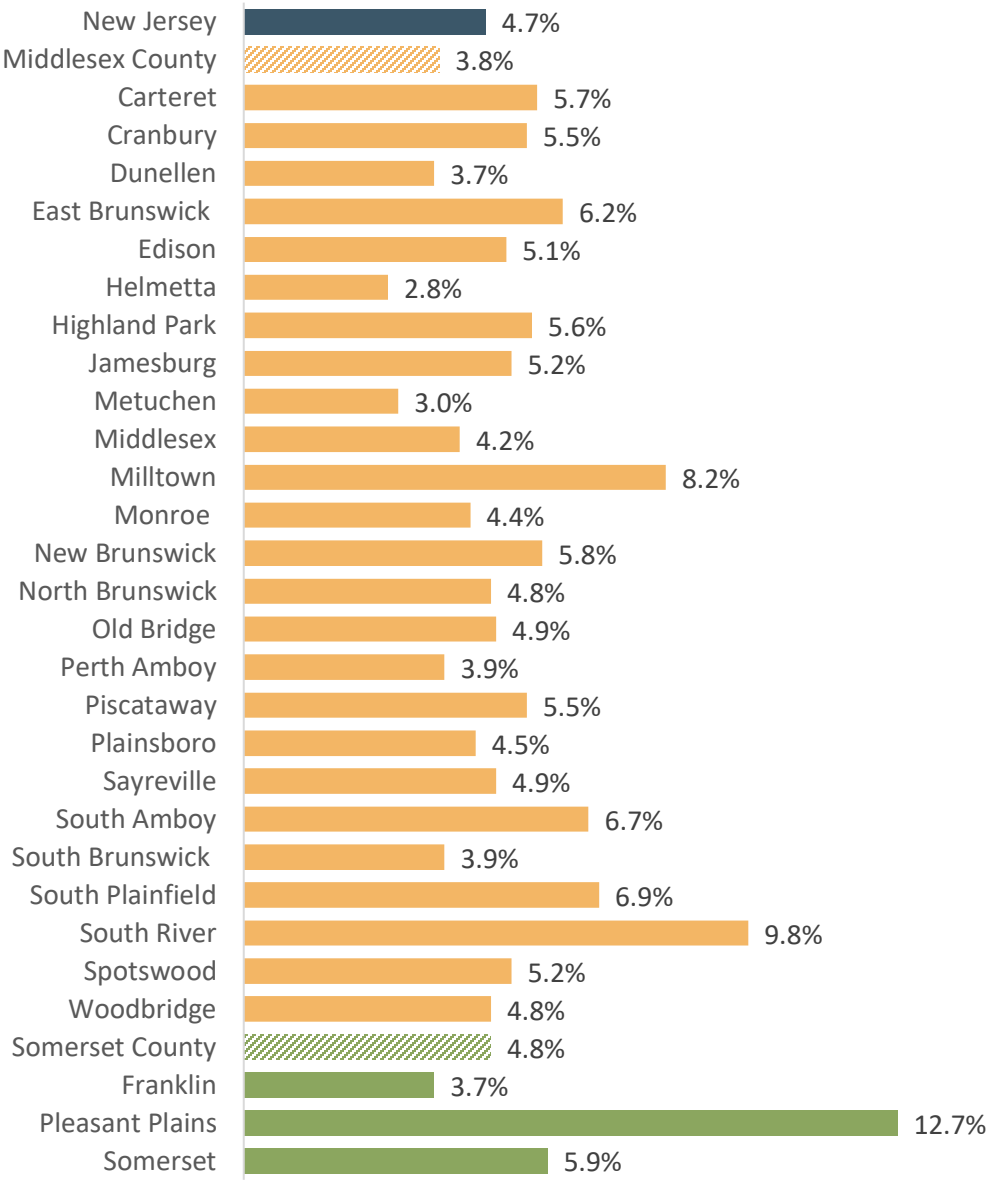


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	9.4%	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.8%
Somerset	7.4%	7.4%	6.3%	5.2%	4.6%	4.1%	3.8%	3.4%	3.0%	7.8%
Middlesex	8.7%	8.6%	7.5%	6.1%	5.2%	4.4%	4.1%	3.6%	3.1%	8.7%

DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011-2020
NOTE: There were revised population controls and model re-estimation when calculating the percentages for New Jersey for 2013 and onward.

Pre-pandemic unemployment rates across Middlesex County towns ranged from 2.8% in Helmetta to 8.2% in Milltown, 9.8% in South River, and 12.7% in Pleasant Plains, considered the highest rate of any town in Somerset County (Figure 11).

Figure 11. Unemployment Rate, by State, County and Selected Towns, 2015-2019



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

When examining unemployment rates by race/ethnicity, at both the state and county level, Black and American Indian, and Alaska Native residents were disproportionately represented in the ranks of the unemployed compared to their share the population, followed by Hispanics/Latino residents. In contrast, White and Asian residents had unemployment that hovered at under 5.0%, respectively, for the same period (Table 4). However, there was more variability in unemployment rates when looking at unemployment rates by township.

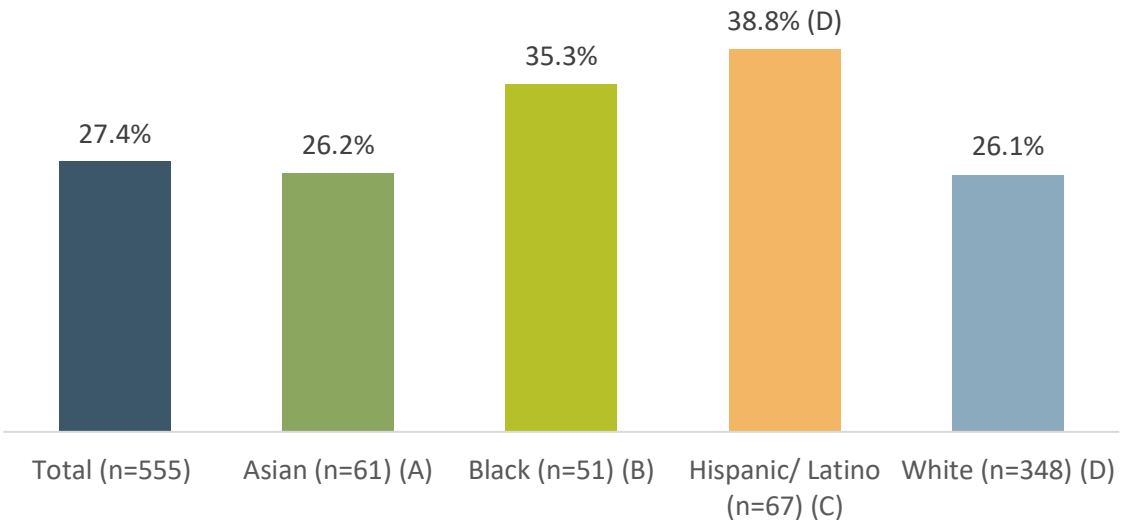
Table 4. Unemployment Rate by Race/Ethnicity, State, and County, 2015-2019

	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%
Middlesex County	4.6%	7.2%	4.9%	5.0%	6.5%	0.0%	6.5%
Carteret	3.1%	9.6%	6.0%	7.6%	0.0%	0.0%	0.0%
Cranbury	0.0%	16.7%	0.0%	6.5%	-	-	0.0%
Dunellen	3.0%	12.7%	9.1%	2.8%	45.5%	-	11.8%
East Brunswick	5.6%	13.3%	10.3%	5.4%	0.0%	0.0%	10.4%
Edison	4.6%	7.2%	5.4%	5.0%	0.0%	0.0%	3.8%
Helmetta	0.0%	0.0%	2.9%	3.1%	0.0%	-	0.0%
Highland Park	4.7%	9.7%	6.5%	4.6%	0.0%	-	0.0%
Jamesburg	30.8%	0.0%	6.2%	2.0%	-	-	0.0%
Metuchen	3.4%	4.0%	2.8%	2.5%	-	-	0.0%
Middlesex	4.5%	8.8%	7.3%	2.4%	0.0%	-	11.3%
Milltown	0.0%	22.1%	0.0%	10.0%	-	-	0.0%
Monroe	3.0%	4.8%	0.0%	5.0%	77.5%	0.0%	0.0%
New Brunswick	1.9%	12.9%	4.3%	4.4%	0.0%	-	7.8%
North Brunswick	3.8%	6.4%	6.3%	3.7%	0.0%	-	7.6%
Old Bridge	4.5%	5.5%	3.1%	5.3%	0.0%	-	3.3%
Perth Amboy	3.1%	7.2%	3.0%	7.1%	54.2%	-	9.7%
Piscataway	4.4%	8.1%	5.1%	4.0%	0.0%	-	6.6%
Plainsboro	4.0%	4.1%	4.2%	5.2%	0.0%	-	10.3%
Sayreville	6.1%	5.0%	3.4%	4.9%	0.0%	0.0%	0.0%
South Amboy	6.0%	5.9%	7.7%	6.3%	-	-	17.0%
South Brunswick	4.2%	4.6%	2.4%	3.5%	0.0%	-	2.4%
South Plainfield	10.1%	7.3%	6.1%	6.1%	-	0.0%	2.3%
South River	4.9%	2.2%	11.1%	10.6%	0.0%	-	11.6%
Spotswood	3.6%	7.7%	2.4%	5.5%	0.0%	-	0.0%
Woodbridge	5.2%	4.3%	5.8%	4.2%	0.0%	-	5.9%
Somerset County	3.5%	6.5%	5.1%	4.3%	0.0%	0.0%	6.1%
Franklin	4.6%	6.3%	6.4%	5.0%	0.0%	0.0%	8.4%
Pleasant Plains	30.9%	0.0%	-	0.0%	-	-	-
Somerset	5.0%	6.0%	8.5%	6.2%	0.0%	0.0%	14.1%

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

Experiences with unemployment resonated with survey respondents, as 27.4% of total community survey respondents indicated that they or a member of their family had lost employment due to the COVID-19 pandemic (Figure 12). Responses also differed by race/ethnicity, where Black and Latino survey respondents were more likely to report that they or a member of their family lost their job as result of the COVID-19 pandemic (35.3% and 38.8% respectively).

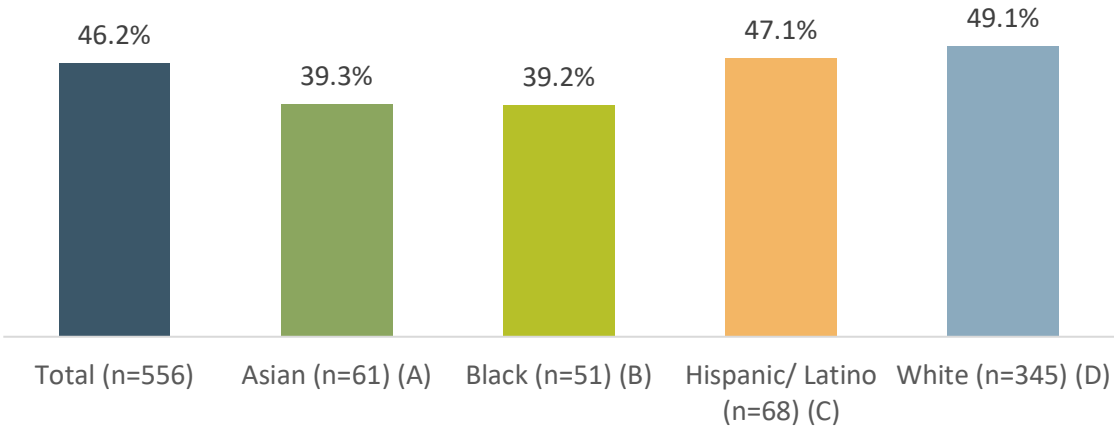
Figure 12. Percent of Community Survey Respondents Reporting that They or a Member of Their Family Lost Employment Due to COVID-19 (n=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex 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.

Perceptions regarding employment opportunities available in the community also differed by race/ethnicity. Overall, 46.2% of Middlesex County survey respondents agreed or completely agreed with the statement, "There are job opportunities in my area" (Figure 13). Further, almost half of White respondents (49.1%) and Hispanics (47.1%) were more likely than Asian and Black respondents (at 39.3% and 39.2%, respectively) to agree with this statement.

Figure 13. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are Job Opportunities in My Area," by Race/Ethnicity (n=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex 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.

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources, affecting health and well-being. Like the rest of the nation, Middlesex County experienced economic challenges due to the COVID-19 pandemic. The loss of employment and income exacerbated the financial vulnerability of individuals and communities.

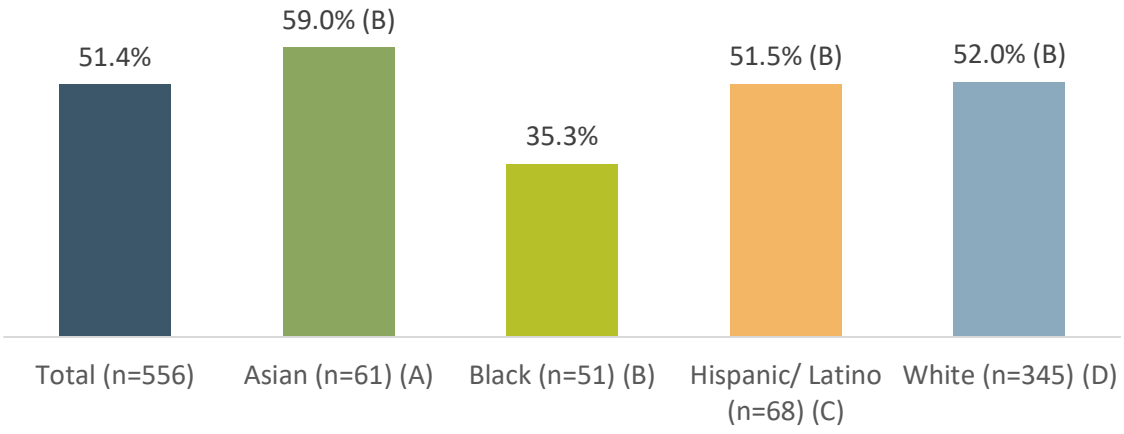
> *"Some people were working but now they aren't. Bringing on a lot of anxiety, depression, which is affecting the economy and there isn't a lot of assistance, they don't know where to turn."*
> – Focus group participant

Financial insecurity was a primary concern voiced in both focus groups and interviews, with several participants considering the loss of a job as detrimental and leading to the loss of a home, transportation, and increasing isolation, stress, and anxiety. One participant observed, *"Since COVID, everything has become more difficult for them: isolation, lack of work, fear of going out for health reasons."*

Indeed, the economic hardship faced by communities led to households struggling to meet even the most basic needs and was particularly highlighted by one focus group participant who shared the dual challenge of raising a grandchild on a fixed income, stating, "I only have one income on disability, but I'm raising my granddaughter, and I'm finding it hard sometimes, it's a struggle, but I try to do as I can. Even though I have a vehicle, it's hard to keep gas; I must stay home to protect my health."

This was similarly highlighted in community surveys, where just over half of Middlesex survey respondents agreed with the statement that people in their community could afford basic needs like food, housing, and transportation. Additionally, Black (35.3%) residents, in particular, were much less likely to agree that people in their community could afford basic needs (Figure 14).

Figure 14. 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=556), 2021

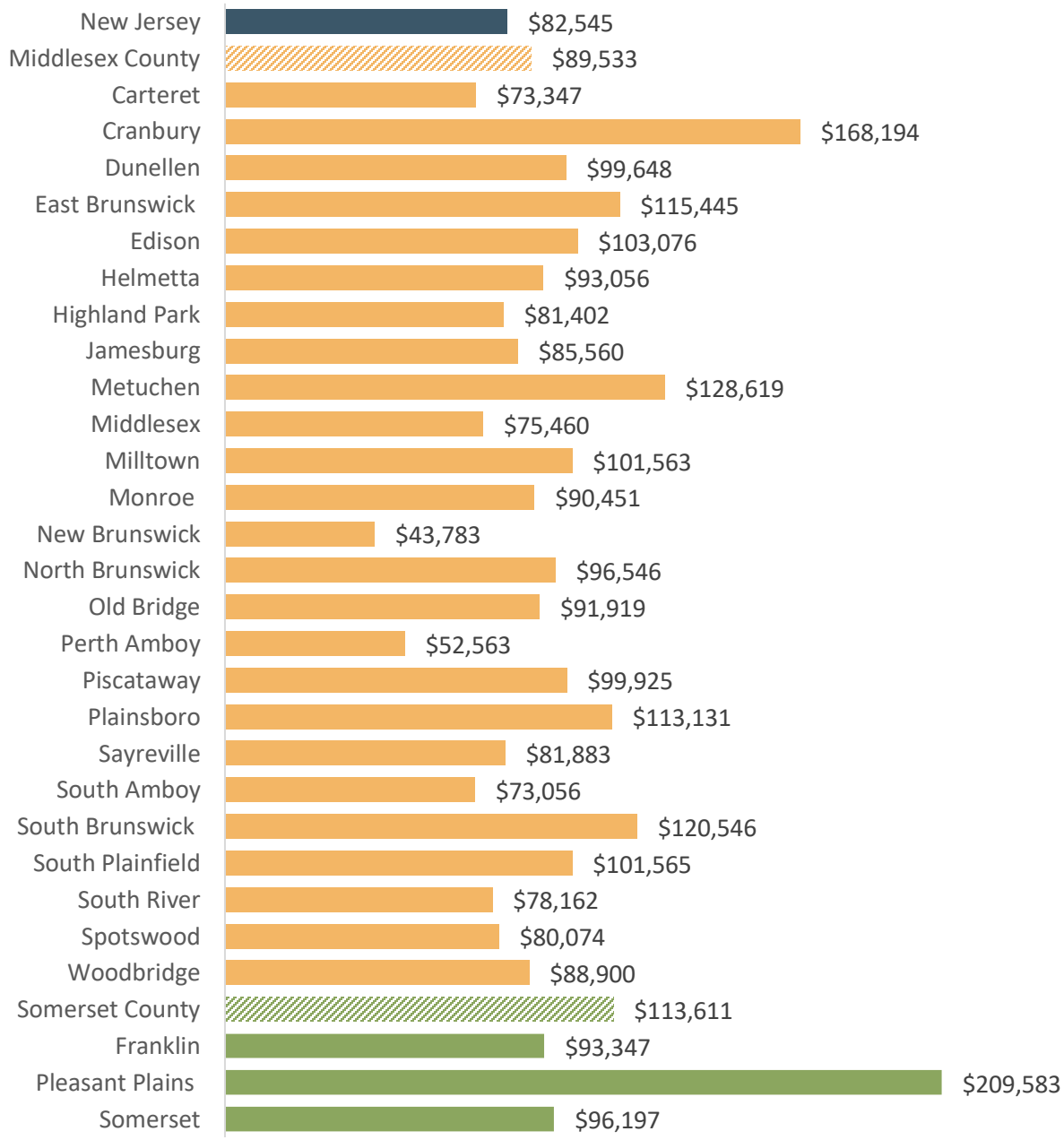


DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Household Income and Poverty

According to the 2015-2019 American Community Survey (U.S. Census), the median household income for Middlesex County ($89,545) exceeded that of New Jersey ($82,845) (Figure 15); however, it varied by town. For example, Cranbury ($168,194), Metuchen ($128,619), and South Brunswick ($120,546) reported median household incomes higher than the state average. In contrast, New Brunswick ($43,783) and Perth Amboy ($52,563) had some of the lowest household incomes in the county.

Figure 15. Median Household Income, by State and County, 2015-2019

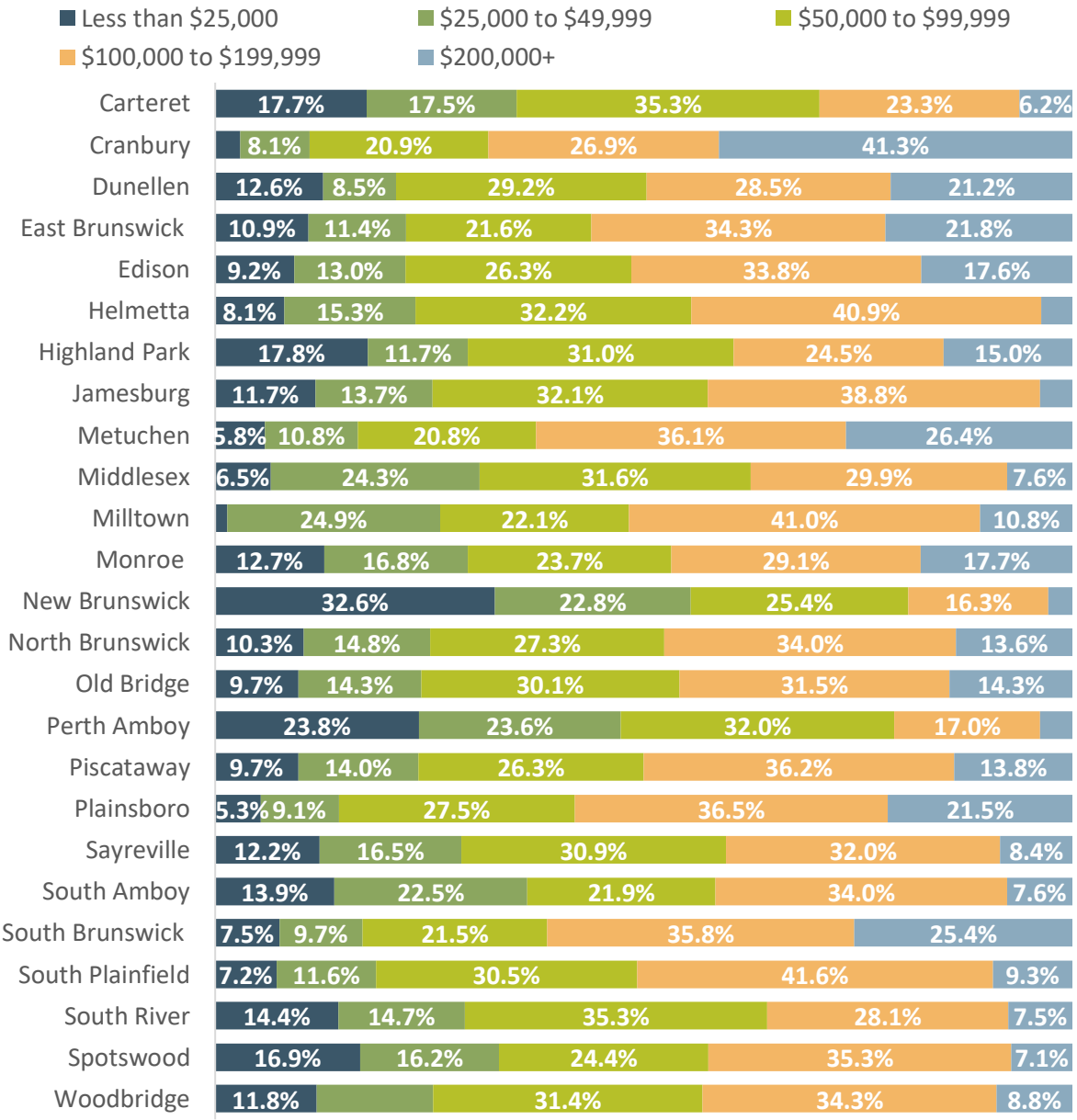


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Looking at household-level income categories by towns located across Middlesex County, Census estimates similarly identify wide variation in municipalities profiled by a greater representation of households with higher income (i.e., 100,000 and more) and those with lower household incomes (i.e., 50,000 or less).

For example, in the town of Cranbury, 40% of all households fell within the $200,000 or more, while in Metuchen, South Brunswick, East Brunswick, and Plainsboro, well over half of all households had incomes of $100,000 more (58.0% to 62.5%) (Figure 16). On the other hand, about half of households in Carteret and Highland Park had incomes of $50,000 or less, while nearly a third (32.6%) of New Brunswick households made about $25,000 or less.

Figure 16. 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

Further, when looking at differences in household median income by race and ethnicity, Black and Latino households had comparatively lower median household incomes ($75,227 and $64,667) as compared to Asian ($124,038) and White ($94,462) households (Table 5).

Table 5. Median Household Income, by Race/Ethnicity, State, County, and Town, 2015-2019

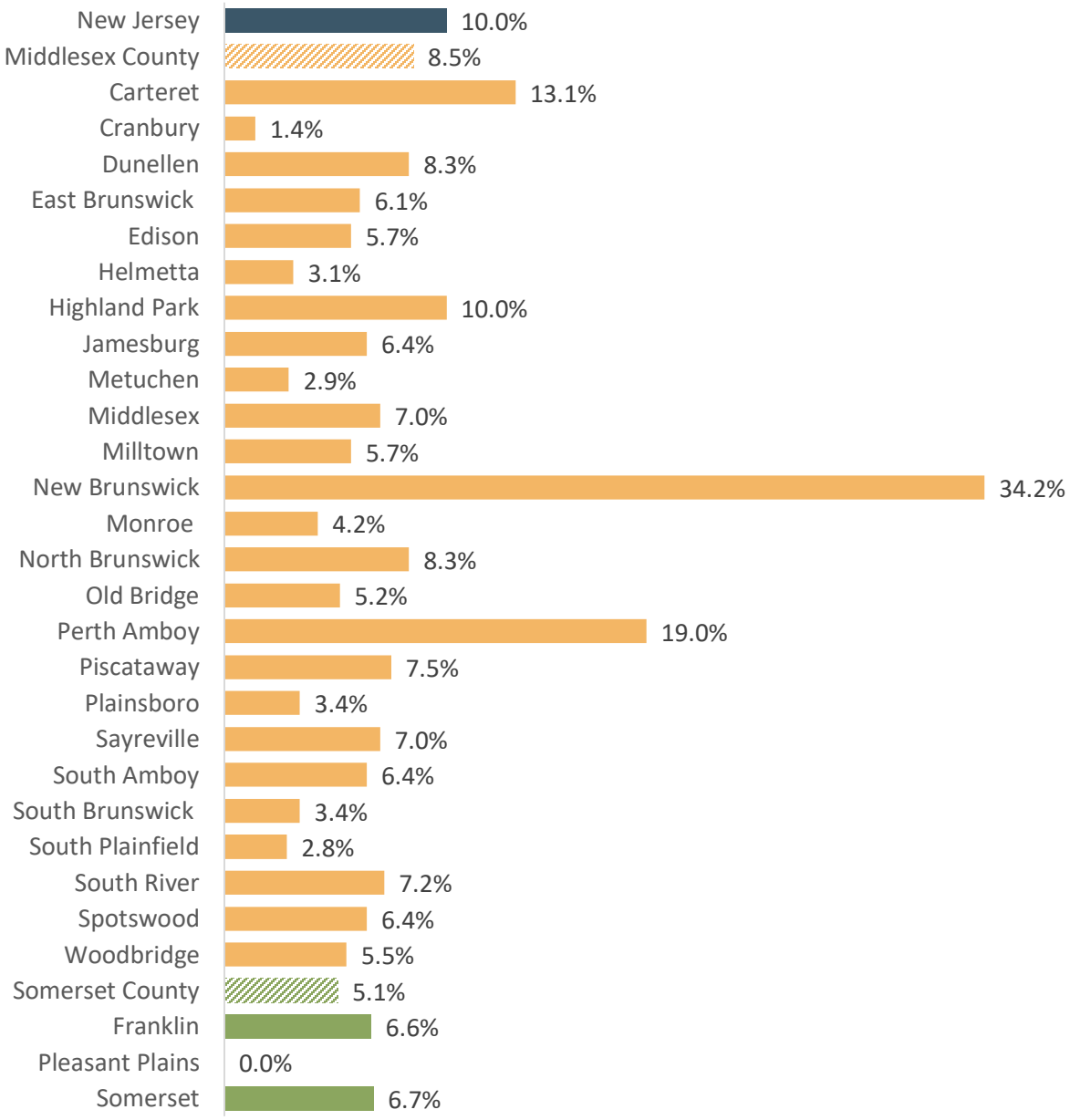
	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	$121,111	$53,247	$57,068	$94,462	$49,881
Middlesex County	$124,038	$75,227	$64,667	$88,470	$65,152
Somerset County	$162,035	$80,549	$75,324	$119,046	$64,301

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019; Estimates not available at the town/city level.

In terms of poverty, persons living below the poverty level represents the most extreme level of financial insecurity. Poverty is also considered a determinant of health that can persist across generations and whose etiology is rooted in factors that discrimination, education, and employment among other. Consequently, poverty can significantly influence the health and health outcomes of individuals.

For context, the federal poverty line is the same across the country – regardless of the cost of living – but changes by household size. For example, 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 the federal poverty level for a family of four is $26,500. Figure 17 presents data on the percentage of residents falling below the poverty line at the state, county, and town-level. However, while in Middlesex County, 8.5% of individuals fall below the poverty line, the rate was two to three times higher in towns like Perth Amboy (19.0%) and New Brunswick (34.2%).

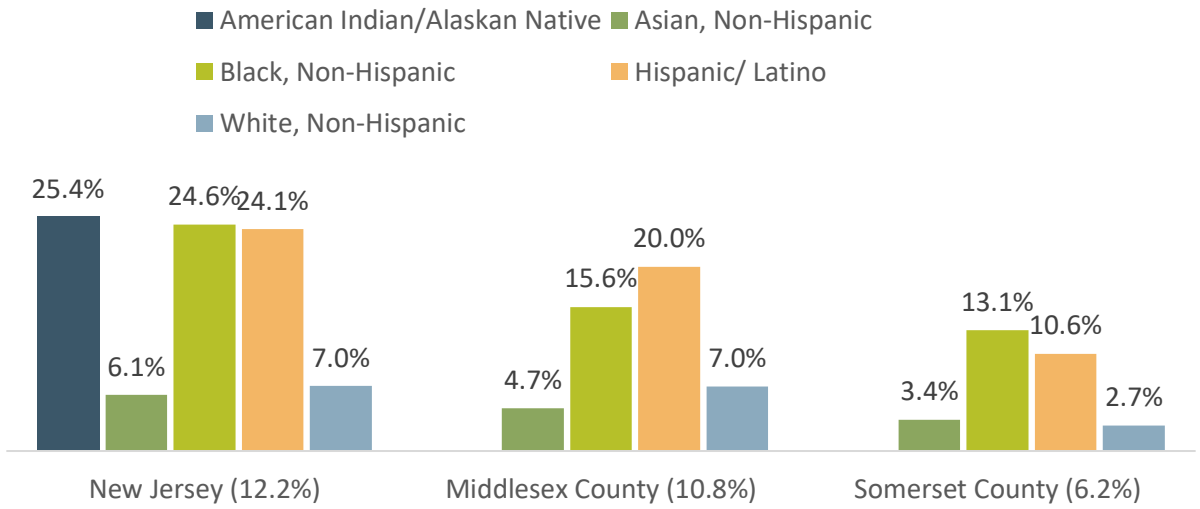
Figure 17. Individuals Below Poverty Level, by State, County, and Town, 2015-2019



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

According to County Health Rankings, 10.2% of children in Middlesex County lived in poverty in 2019, but 15.6% of Black children and 20.0% percent of Hispanic/Latino children lived in poverty (Figure 18). Further, while Middlesex County did not exceed the state rate, a greater percentage of children were living in poverty, especially compared to the neighboring county of Somerset (6.2%).

Figure 18. Children in Poverty, by Race/Ethnicity, State, and County, 2019

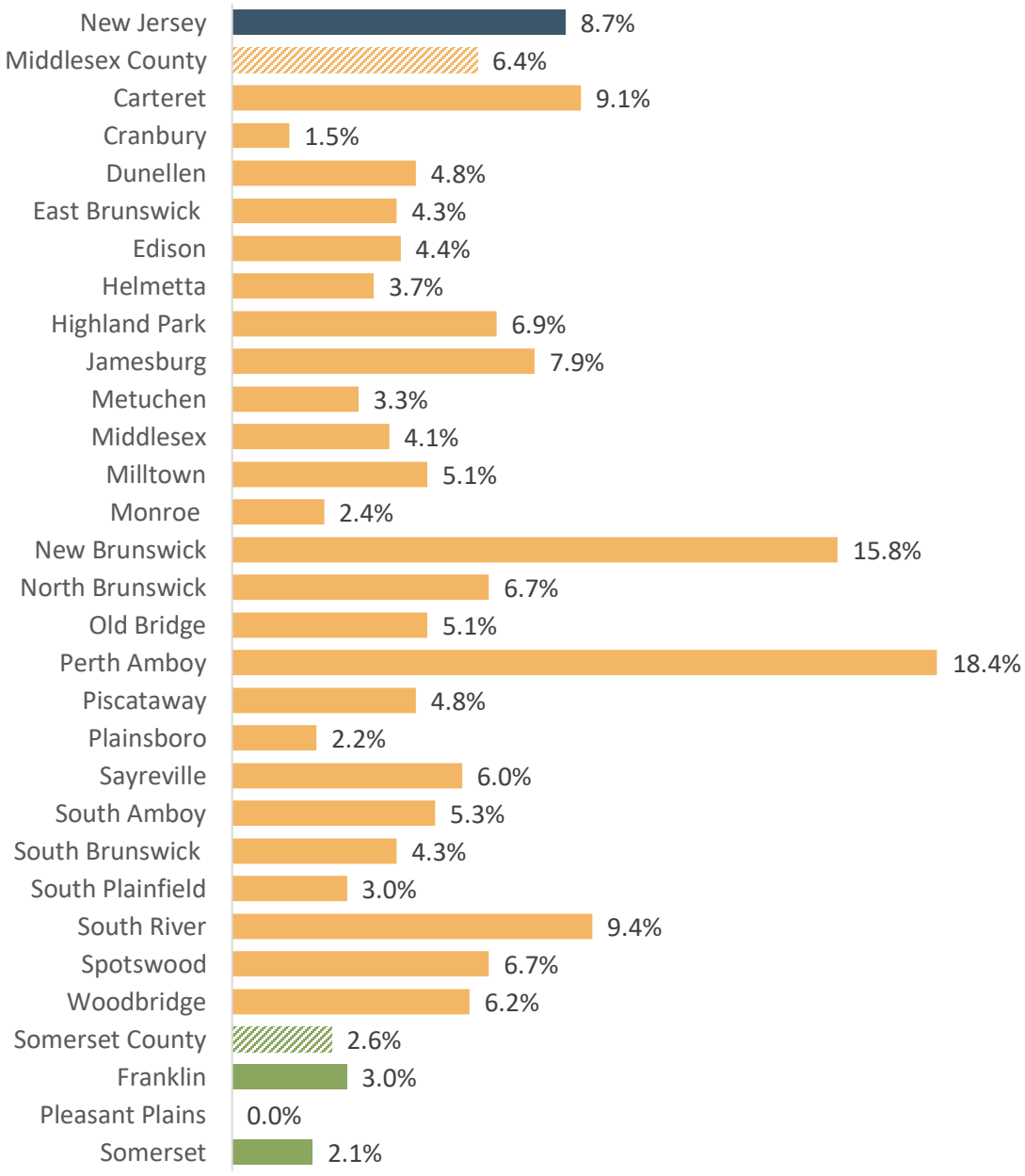


DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Income and Public Assistance

Several national programs administered by the state help low-income individuals and families in Middlesex County afford basic needs and necessities. The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to particular income-eligible Middlesex County residents. From 2015-2019, 6.4% of Middlesex County households received SNAP benefits (Figure 19). Of note, the percent of households receiving food stamps/SNAP in New Brunswick and Perth Amboy were two to almost three times the rate of Middlesex County (15.8% and 18.4%, respectively). In contrast, Cranbury had the lowest percentage of households receiving supplemental food assistance (1.5%).

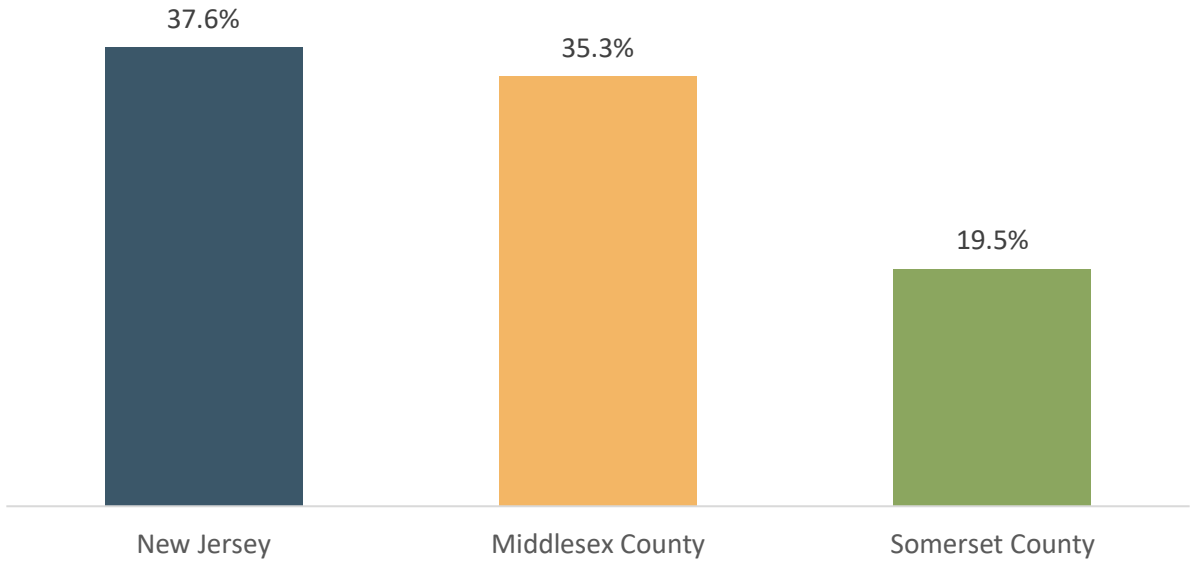
Figure 19. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2015-2019



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

Across the nation and New Jersey, public schools provide free lunch for children living at or near the poverty line. However, the percentage of children eligible for the traditional free or reduced-price lunch in Middlesex County was 35.3% during the 2018-2019 school year, which is much higher than Somerset County (19.5%), and just under the state rate (37.6%) (Figure 20).

Figure 20. Children Eligible for Free or Reduced-Price Lunch, by State and County, 2018-2019

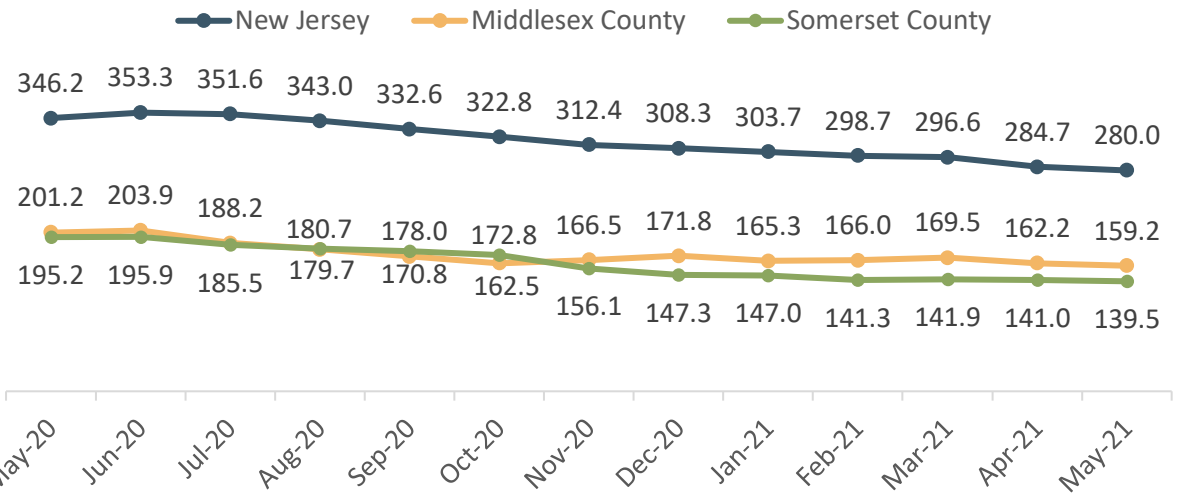


DATA SOURCE: National Center for Education Statistics, 2018-2019 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

Work First NJ (WFNJ) provides cash assistance and other support services through the federal Temporary Assistance for Needy Families (TANF) program. In Figure 19, the participation rate for persons, adults, and children receiving TANF peaked in June 2020, with 203.9 people participating in Middlesex County per 100,000 population. Then, the rate gradually decreased until May 2021 at 159.2.

It is important to note that during this period, amid this gradual decline, the rate of persons receiving WFNJ/TANF in Middlesex County was comparatively higher than in Somerset County (Figure 21).

Figure 21. Participating Persons, Adults, and Children Receiving WFNJ/TANF per 100,000, by County, May 2020 – May 2021

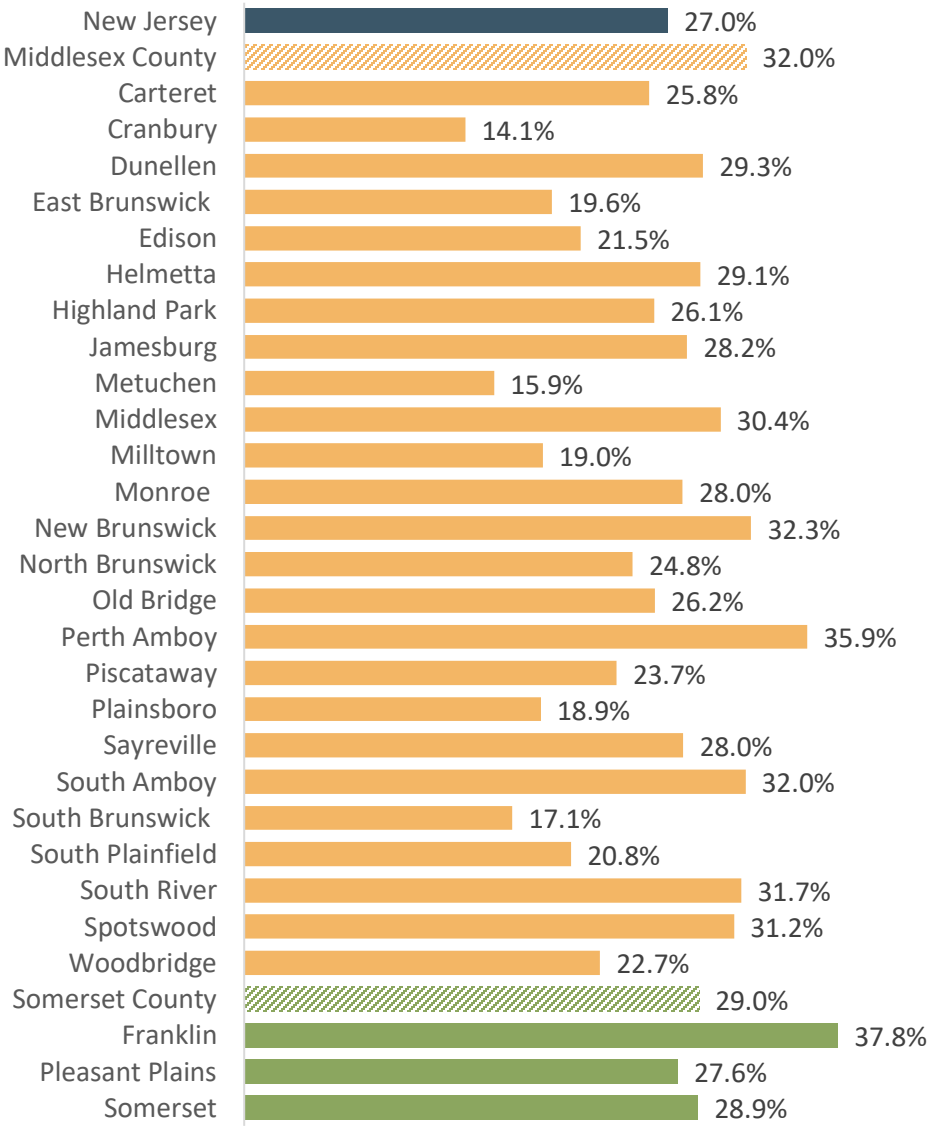


DATA SOURCE: Current Program Statistics, Division of Family Development, New Jersey Department of Human Services, 2020-2021

Challenges of Financial Insecurity

Several assessment participants echoed the rising cost of living as a critical issue. As one interviewee shared, *"Higher food pricing, gasoline, everything is prioritized based on what you need. It's getting hard to pay bills with the prices going up."* In 2018, almost one-third (32%) 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 22). In Middlesex County, this is most evident in Perth Amboy (35.9%), New Brunswick (32.2%), South Amboy (32.0%), South River (31.7%), Spotswood (31.2%), and Middlesex (30.4%). Franklin (37.8%), in Somerset County, was also high.

Figure 22. 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 rising costs, assessment participants conveyed a level of exasperation as they and their neighbors confronted financial uncertainty. As one interviewee explained, **"***Food is getting expensive, gas. Some people were working, but now they aren't. It's big trouble all over, not just here; I sit and watch the news every day, and I cry, and I thank God my parents aren't here to see this*."

Food Access & Food Insecurity

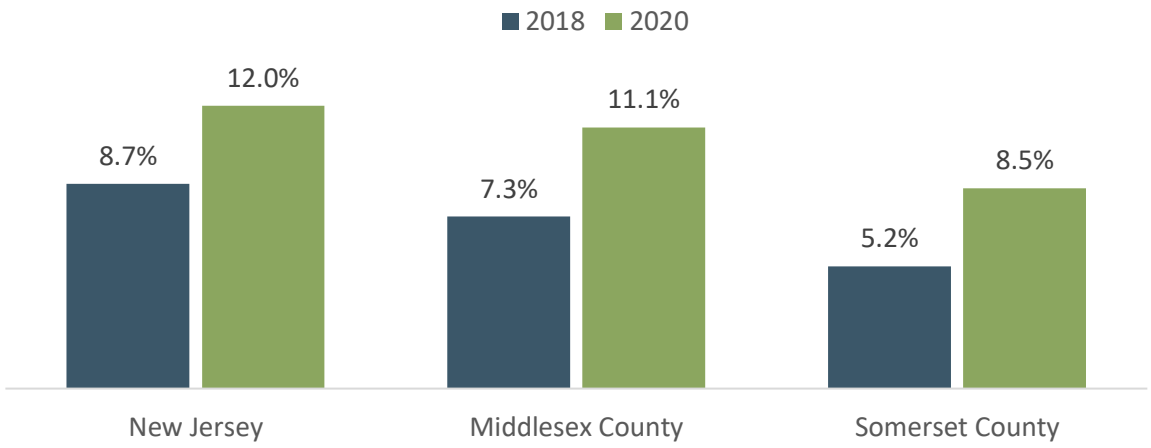
Not having reliable access to affordable, nutritious food is directly related to financial insecurity. During conversations with residents, several voiced concerns about rising food costs, availability, and how to best support the nutritional needs of children. An interviewee highlighted these issues and identified food insecurity as a challenge even for those receiving food assistance, stating, *"One of the other areas that we see is food insecurity even though someone receiving public service gets SNAP benefits. It does not cover all nutritional needs, especially for children of people we serve."* While another focus group participant also conveyed that food insecurity was made more challenging by the stigma of asking for help, *"[We] Need to de-stigmatize food pantries and normalize this as a support. Food pantries can be a place of community, support, socialization, not just a place to get a bag of food."*

> *"One of the other areas that we see is food insecurity even though someone receiving public assistance gets SNAP benefits. We are trying to alleviate these stressors, but people are reluctant to use food bank services because of stigma."*
> – Key informant interviewee

Amid these challenges, residents also noted that they saw community resources as being in place to help respond to the issue of food access and insecurity, particularly for those vulnerable populations. For example, one interviewee observed, *"There are support systems in place to help older or sick people access care and food."* While another focus group participant referenced the role of food pantries in the community, stating, *"There are a lot of food pantries in my area to help people with food stability."*

According to data from Feeding America, Map the Meal Gap, the percent of residents in Middlesex County in 2018 considered food insecure was 7.3%; this increased to 11.1% in 2020 (Figure 23). Further, while the percent of the population food insecure in Middlesex is lower than the state of New Jersey, Middlesex County had a slightly higher rate increase between 2018 and 2020 when compared to the state (3.8% versus 3.3% respectively).

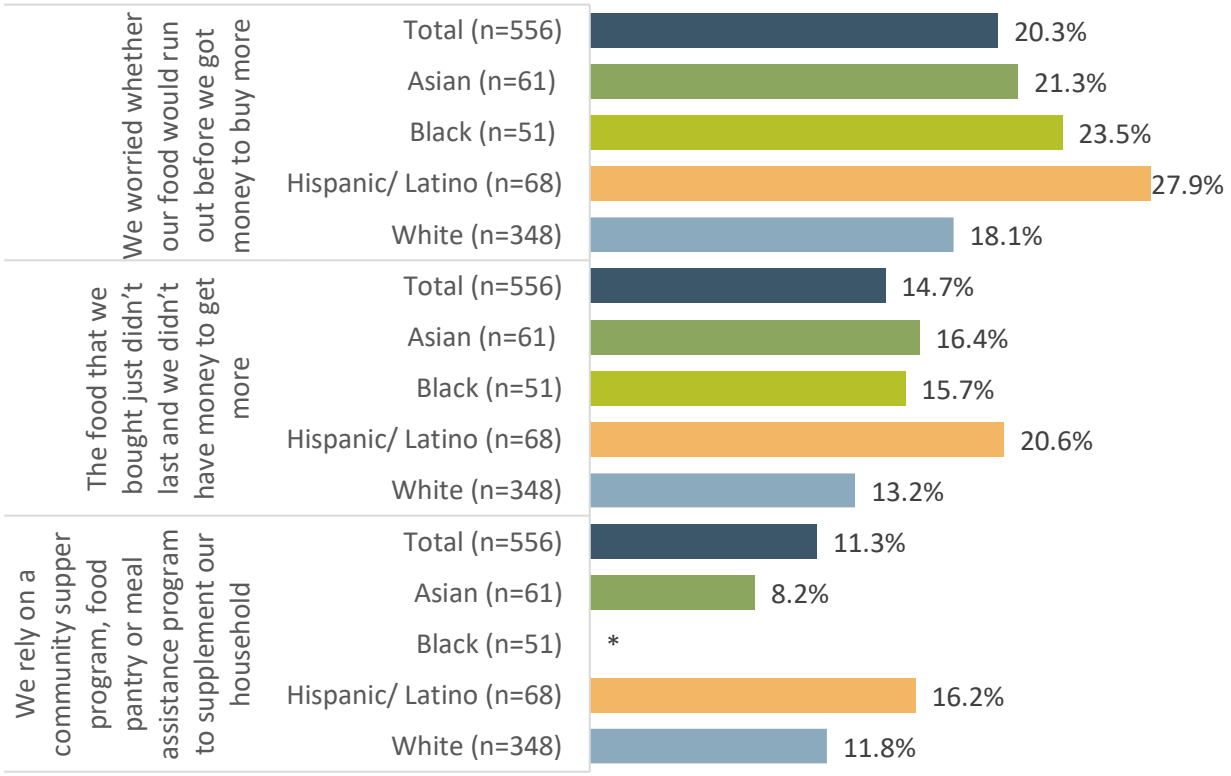
Figure 23. Percent Population Food Insecure, by State and County, 2018 and 2020



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 Middlesex County CHNA community survey also confirms the pervasiveness of food insecurity (Figure 24). Overall, about 20% of 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. However, percentages were more likely to be higher among communities of color, particularly among Black and Hispanic/Latino survey respondents (23.5% and 27.9%, respectively). Additionally, Hispanic/Latino survey respondents were more likely to report that they were food insecure and rely on food assistance programs (20.6% and 16.2%).

Figure 24. Percent of Community Survey Respondents Reporting Food Insecurity (Noting Statements as Sometimes or Often True), by Race/Ethnicity (n=556), 2021

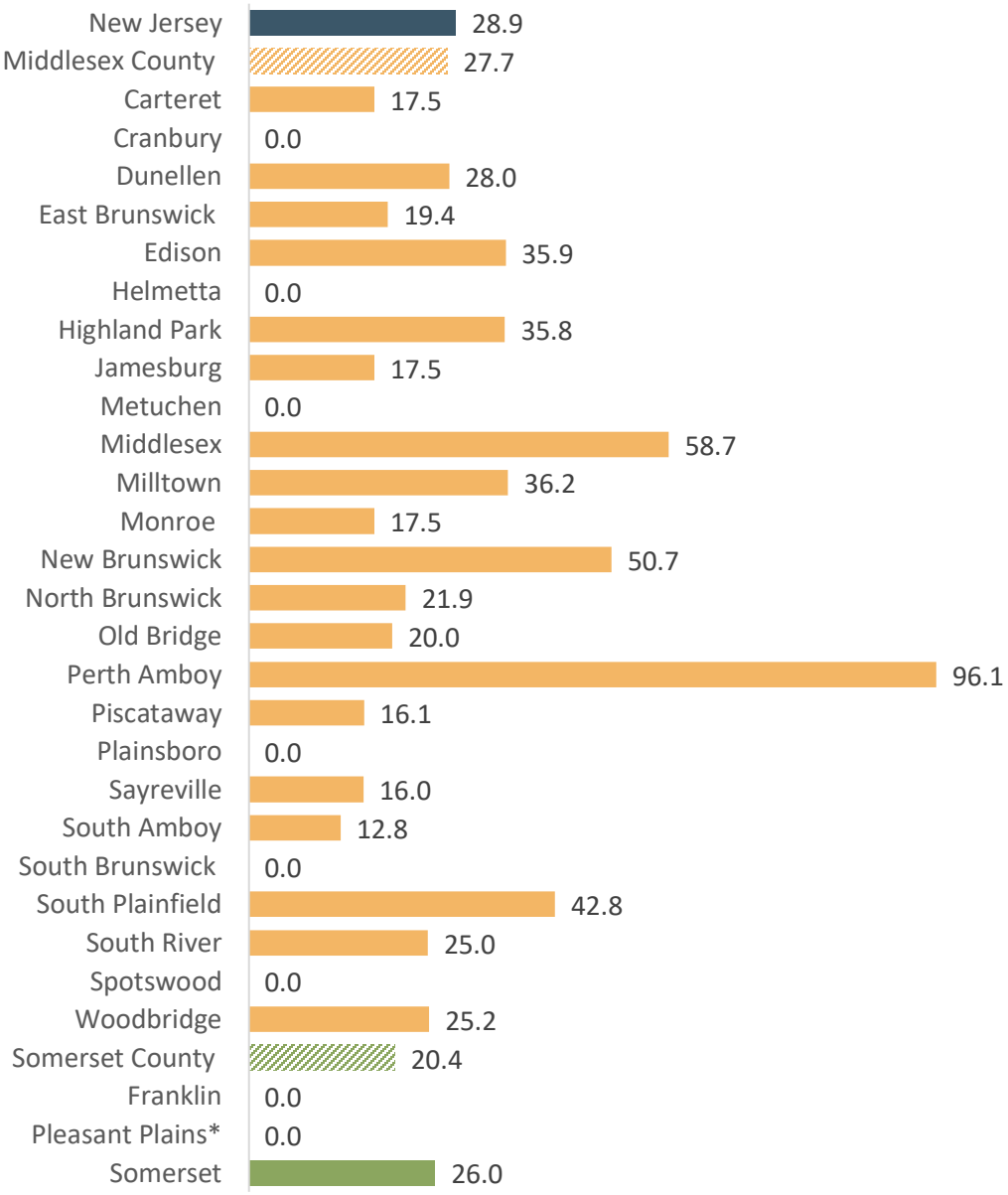


DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph

The quality, availability, and price of healthy foods can be influenced by the number of grocery stores and supermarkets in a given community. In general, these stores are more likely to offer residents a greater variety of healthy and affordable food options than convenience stores which may dedicate less shelf space to healthy items or provide more expensive food options. Middlesex County's number of grocery stores and supermarkets varied across municipalities. For example, Middlesex County has about 27.7 grocery stores or supermarkets per 100,000 persons, slightly lower than the state rate (28.9). At the same time, municipalities of South Amboy (12.8), Sayerville (16.0), and Piscataway (16.1) had some of the lowest amounts of grocery stores per population in Middlesex County (Figure 25). Conversely, other

towns like Middlesex (58.7) and Perth Amboy (96.1) reported two to three times the county rate of grocery stores and supermarkets per 100,000 residents.

Figure 25. Grocery Stores and Supermarkets per 100,000 by State, County, and Town, 2018

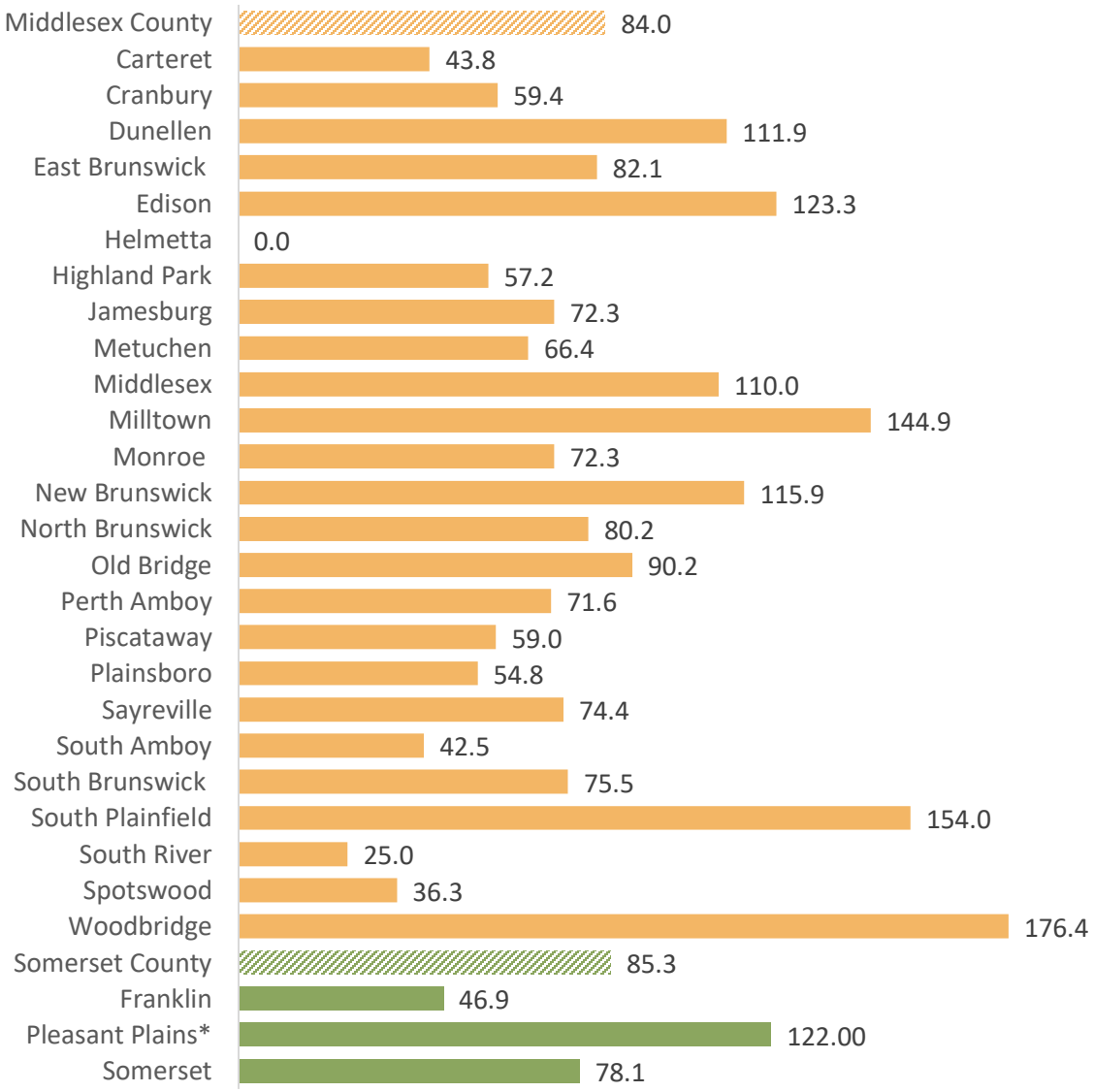


DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2019
NOTE: *Pleasant Plains data is taken from the Franklin Park zip code, which includes Pleasant Plains and Franklin; Townships reporting 0.0 denote zero reported establishments are based on data source report period (2019).

Similarly, access to healthy food and eating can be influenced by exposure to a food environment that limits options for residents to make healthy food choices. In particular, fast food quality, convenience, and affordability have been associated with poor diet. In Middlesex County, the number of fast food

establishments varied widely, ranging from 25.0 establishments per 100,000 persons in South River to 71.6 in Perth Amboy and 176.4 in Woodbridge (Figure 26).

Figure 26. 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; Data source lists Helmetta with zero fast food establishments during report period (2018).

Housing

Safe and affordable housing is integral to a community's daily lives, health, and well-being. Strong and growing evidence links stable and affordable housing to health. However, as housing costs have outpaced wages and incomes, households can struggle to acquire and maintain adequate shelter and

face difficult trade-offs in meeting other basic needs. Further, when most of a paycheck goes toward paying rent or mortgage, it makes it hard for individuals to afford doctor visits, healthy foods, utility bills, and reliable transportation to and from work or school.

> *"For example, on some occasions, they [children] are living in a small room because that is all the parents can afford, they don't have enough beds or space."*
> -Key informant interviewee

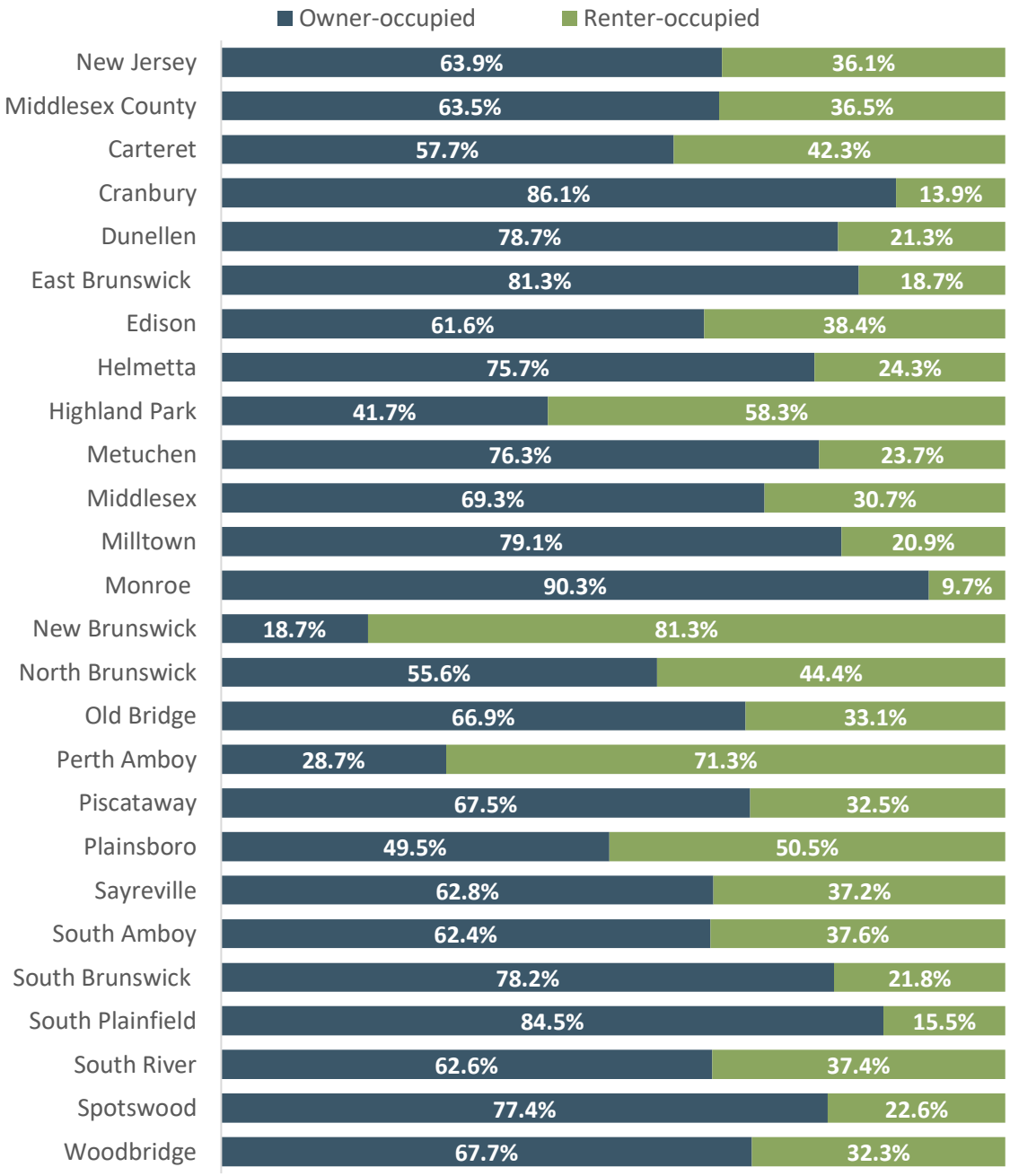
Housing as a significant community issue was similarly highlighted in the 2019 Middlesex County Needs Assessment, where eight in ten survey respondents identified housing as a basic need that required additional resources and support. More recently, focus groups held with residents in 2022 identified continued challenges in finding affordable housing and rising homelessness in Middlesex County. Similarly, residents voiced concerns about the lack of quality affordable housing was more likely to impact immigrants, seniors, and economically vulnerable residents. As one interviewee stated, *"You have people that are tripling up because those folks just don't have the means to find anything else."* Residents also believed that diminished access and affordability for housing were primarily driven by rapid population growth, rising demand, and new, more expensive housing development.

As one interview highlighted, *"Finding affordable housing due to gentrification is affecting all of us; I can't afford to rent an apartment now."* Community surveys also complement this concern. For example, only four in ten respondents agreed that there was enough affordable housing in their community, with the agreement being much lower among Black and Latino residents (25%).

Housing Profile

Figure 27 shows that overall, 63.9% of housing units in New Jersey were owner-occupied versus 36.1% being renter occupied. Compared to the state, most towns in Middlesex County had a greater share of owner-occupied units, in particular for the municipalities of Monroe (90.3), South Plainfield (84.5), and East Brunswick (81.3). Conversely, New Brunswick (18.7%) and Perth Amboy (28.7%) had some of the lowest home ownership in the service area.

Figure 27. Home Occupancy, by State, County, and Town 2015-2019



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

Compared to New Jersey, Middlesex County had a slightly higher median monthly housing cost for owner-occupied households and renter-occupied (Table 6). Additionally, within Middlesex County, median housing costs for those with a mortgage ranged from $1,916 in Helmetta to $3,644 in Cranbury (Table 6). In contrast, renter-occupied households ranged from $1,286 in Old Bridge to $1,779 in Helmetta.

Table 6. Monthly Median Housing Costs, by State and County, 2015-2019

	Owner-occupied	Renter-occupied
New Jersey	$2,465	$1,334
Middlesex County	$2,482	$1,469
Carteret	$2,115	$1,492
Cranbury	$3,644	$1,661
Dunellen	$2,927	$1,307
East Brunswick	$2,714	$1,439
Edison	$2,649	$1,528
Helmetta	$1,916	$1,770
Highland Park	$2,687	$1,467
Jamesburg	-	-
Metuchen	$2,898	$1,541
Middlesex	$2,288	$1,416
Milltown	$2,708	$1,673
Monroe	$2,820	$1,535
New Brunswick	$2,000	$1,470
North Brunswick	$2,559	$1,621
Old Bridge	$2,383	$1,286
Perth Amboy	$2,165	$1,340
Piscataway	$2,498	$1,644
Plainsboro	$3,136	$1,663
Sayreville	$2,214	$1,332
South Amboy	$2,442	$1,332
South Brunswick	$2,989	$1,634
South Plainfield	$2,354	$1,702
South River	$2,337	$1,288
Spotswood	$2,233	$938
Woodbridge	$2,325	$1,591
Somerset County	$2,784	$1,594
Franklin	$2,325	$1,642
Pleasant Plains	$3,894	-
Somerset	$2,247	$1,629

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

A key measure in assessing housing affordability in a given area is the household income dedicated to paying for housing. In New Jersey, 47.6% of owner-occupied households with a mortgage and 63% of all renters reported spending more than 25% of their income on housing costs (Table 7). The towns in Middlesex County experienced a range of housing cost burdens. For example, in Perth Amboy, 61.6% of owner-occupied households and 68.0% of renter-occupied households reported high housing costs. In addition, high housing cost burdens for both owner and renter-occupied were observed in Spotswood, South Amboy, and New Brunswick. Conversely, Cranbury and Metuchen had a lower percentage of households reporting high owner-occupied housing costs (31.4% and 38.5%). In comparison, in

Middlesex and Plainsboro, a lower rate of residents reported that 25 percent or more of their household income went to pay for renter-occupied housing (33.0% and 41.3%).

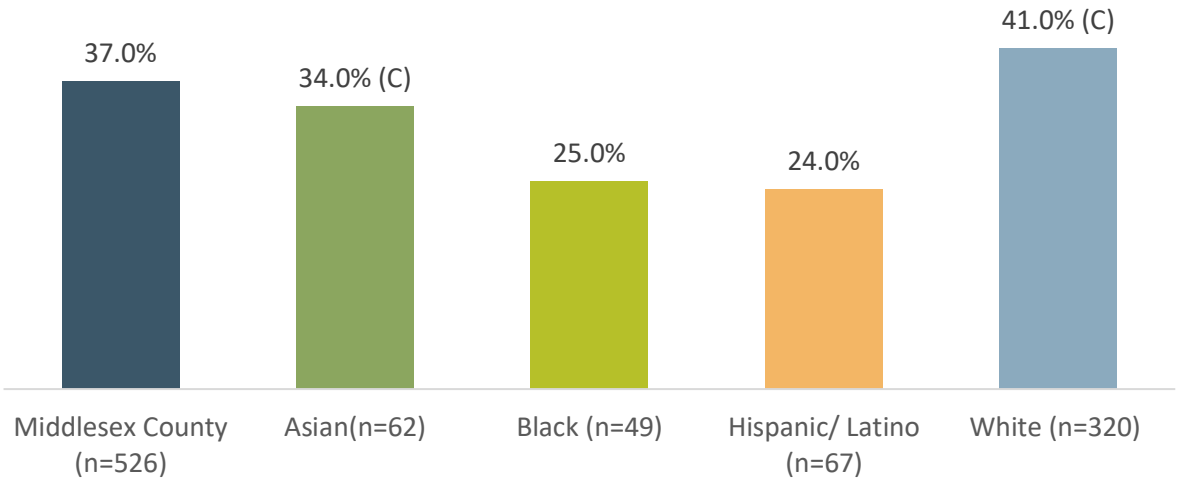
Table 7. Households whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2015-2019

	Owner-occupied	Renter-occupied
New Jersey	47.6%	63.0%
Middlesex County	46.7%	59.6%
Carteret	46.7%	72.6%
Cranbury	31.4%	62.3%
Dunellen	47.5%	68.1%
East Brunswick	43.4%	66.7%
Edison	44.3%	47.9%
Helmetta	48.9%	53.6%
Highland Park	41.5%	59.7%
Jamesburg	-	-
Metuchen	38.5%	49.1%
Middlesex	48.6%	33.0%
Milltown	41.2%	83.5%
Monroe	47.9%	74.3%
New Brunswick	52.3%	76.3%
North Brunswick	49.4%	53.2%
Old Bridge	42.7%	61.2%
Perth Amboy	61.6%	68.0%
Piscataway	43.4%	61.7%
Plainsboro	43.0%	41.3%
Sayreville	45.8%	56.4%
South Amboy	52.6%	57.3%
South Brunswick	43.6%	50.2%
South Plainfield	48.3%	60.2%
South River	49.8%	58.9%
Spotswood	54.4%	57.2%
Woodbridge	51.6%	51.5%
Somerset County	42.7%	61.0%
Franklin	50.0%	60.8%
Pleasant Plains	20.0%	0.0%
Somerset	47.7%	53.7%

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

Additionally, when survey respondents were asked to agree/disagree on statements about assets in their community, only 37.0% agreed completely or somewhat with the statement that there was enough affordable housing, safe and well-kept in their community (Figure 28). Agreement with this statement was also generally lower among racial and ethnic survey respondents, particularly among Hispanic/Latinos (24.0%) and Blacks (25.0%).

Figure 28. 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=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex 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 more concern that residents might lose their housing, even with the multiple housing eviction moratoriums in place. For example, some focus group participants considered the rise in homelessness to have worsened by the arrival of the COVID-19 pandemic. As expressed by a focus group member, *"COVID led to unemployment which led to people losing their income and becoming evicted."* Another focus group participant observed that stable housing is especially challenging for those burdened by poor health, *"Those with health conditions, people who can't afford to pay rent and get evicted, lost their homes, they are on the street, it's happening everywhere."*

Also, when asked about the impact of COVID-19, about 6% of Middlesex County community survey respondents reported that they or an immediate family member had lost their house due to the COVID-19 pandemic. In addition, Black and Hispanic/Latino respondents were more likely to report that they or an immediate family member had lost their housing due to COVID-19 (10% and 8%, respectively).

Overcrowding in housing was another issue during some discussions, primarily when community residents discussed living in multi-generational houses and extended family, which is considered more common among immigrant communities. One focus group participant highlighted this concern by stating, *"On some occasions, they [children] are living in a small room because that is all the parents can afford; they don't have enough beds or space."*

One measure of overcrowding is the number of people per room in a dwelling, with housing units with more than one person per room generally considered "overcrowded. Table 8 shows several Middlesex

County communities with housing units deemed crowded, with the most prevalent being in New Brunswick, Perth Amboy, Edison, Carteret, and North Brunswick.

Table 8. 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%
Middlesex County	95.7%	3.0%	1.2%
Carteret	94.8%	3.5%	1.7%
Cranbury	100.0%	0.0%	0.0%
Dunellen	98.7%	1.0%	0.4%
East Brunswick	98.0%	1.6%	0.4%
Edison	93.8%	4.3%	1.9%
Helmetta	98.8%	1.2%	0.0%
Highland Park	97.4%	1.5%	1.1%
Jamesburg	-	-	-
Metuchen	99.1%	0.3%	0.6%
Middlesex	97.4%	2.7%	0.0%
Milltown	97.7%	0.8%	1.5%
Monroe	99.3%	0.6%	0.2%
New Brunswick	86.3%	9.5%	4.2%
North Brunswick	94.9%	3.0%	2.1%
Old Bridge	97.9%	1.4%	0.7%
Perth Amboy	92.3%	5.5%	2.2%
Piscataway	95.7%	3.0%	1.3%
Plainsboro	95.5%	2.5%	2.0%
Sayreville	96.6%	2.0%	1.4%
South Amboy	99.6%	0.4%	0.0%
South Brunswick	97.7%	1.6%	0.6%
South River	96.6%	3.4%	0.0%
Spotswood	98.6%	1.2%	0.2%
Woodbridge	95.7%	3.7%	0.7%
Somerset County	98.5%	1.1%	0.4%
Franklin	97.8%	1.7%	0.5%
Pleasant Plains	100.0%	0.0%	0.0%
Somerset	97.5%	2.0%	0.6%

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

> *"I would have to say in Middlesex County at large, homelessness is considered to be a big issue, as [well as] the ability to afford quality housing."*
> – Key informant interviewee

Several focus group participants and interviewees who worked in housing services and support mentioned that homelessness was an issue in Middlesex County communities. For example, a recent homeless report funded by The New Jersey Housing and Mortgage Finance Agency, Monarch Housing Associates estimated that on January 26th, 2021, during their point-in-time count, there were a total of 458 households, including 629 individuals experiencing homelessness on a single night in Middlesex County. The report also identified a total of 175 chronically homeless individuals, with overall 138 individuals having no form of shelter on the night of the count. The findings reflect people in sheltering programs (e.g., emergency shelter, transitional housing, and haven programs) and unsheltered individuals but do not reflect the total population that does not have a permanent home. As one interviewee remarked about the homelessness situation, *"It's been tough. I can't tell you how many patients I have living out of their cars right now."*

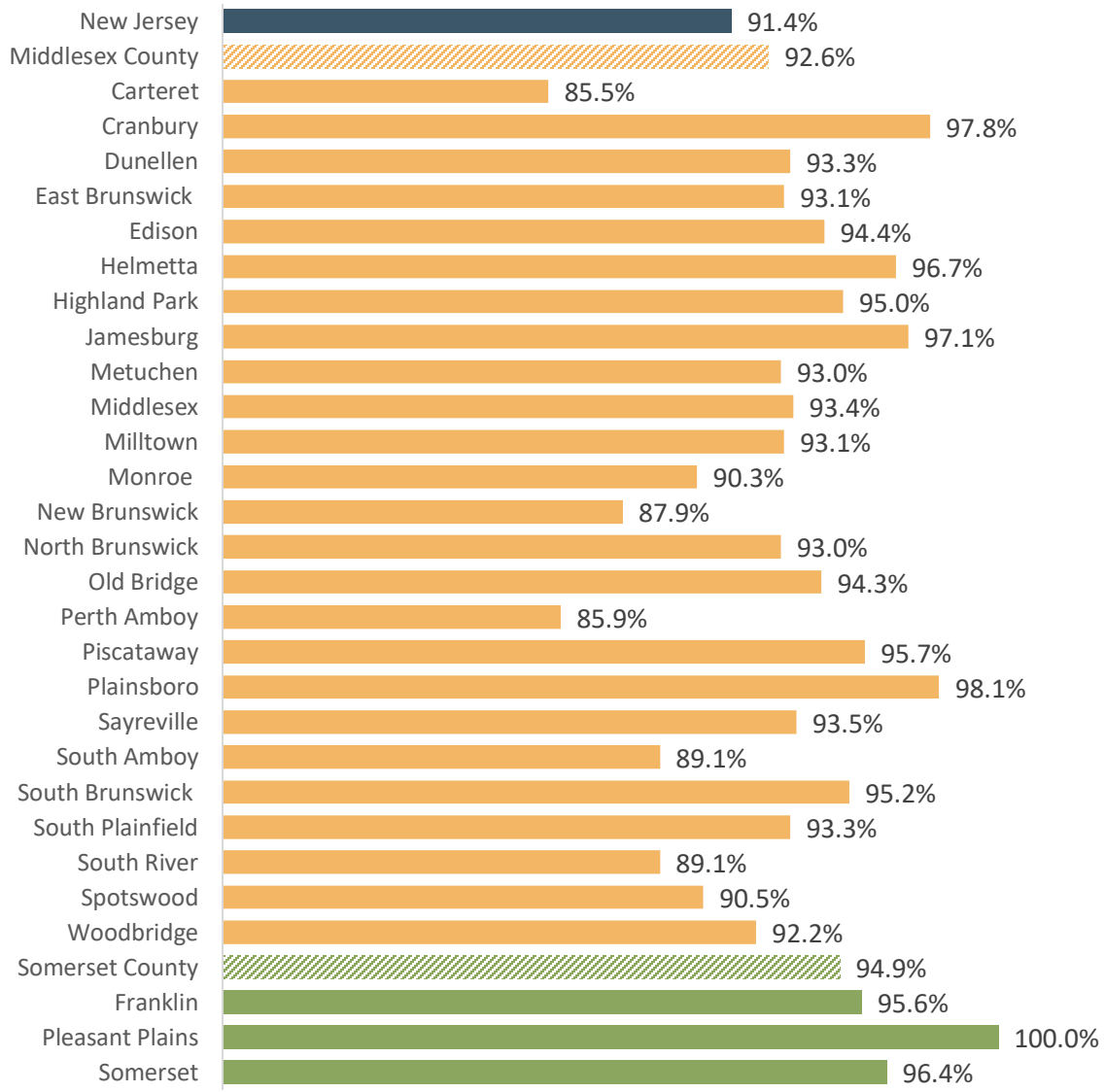
Interviewees working with vulnerable populations, including those that were limited English-proficient or newly arrived persons, stated that it is difficult to find shelter housing for their clients, especially those that required some form of documentation to prove their citizenship. For example, one interviewee highlighted these challenges: "The goal *was to get them into a location while we help work out the kinks for what they need to be able to get housing. So that brings back that [to the fact] this person has an SSN and can qualify, but for those who are undocumented, those are the gaps."*

Housing and Technology Infrastructure

Technology was frequently discussed during focus group and interviews as an important tool to access information, services, and resources for individuals, families, and households. Participants explained that 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. The role of technology, particularly as it relates to telehealth, is further discussed in the Access to Mental Health Services and Access to Services: Technology and Telehealth sections.

In 2015-2019, about 93% percent of Middlesex households had access to a computer (Figure 29). Households in Carteret (85.5%), Perth Amboy (88.5%), New Brunswick (89.1%), as well as South River and South Amboy (each with 89.1%) along with Monroe (90.3%) and Spotswood (90.5%) reported computer access that was below the county-wide percentage.

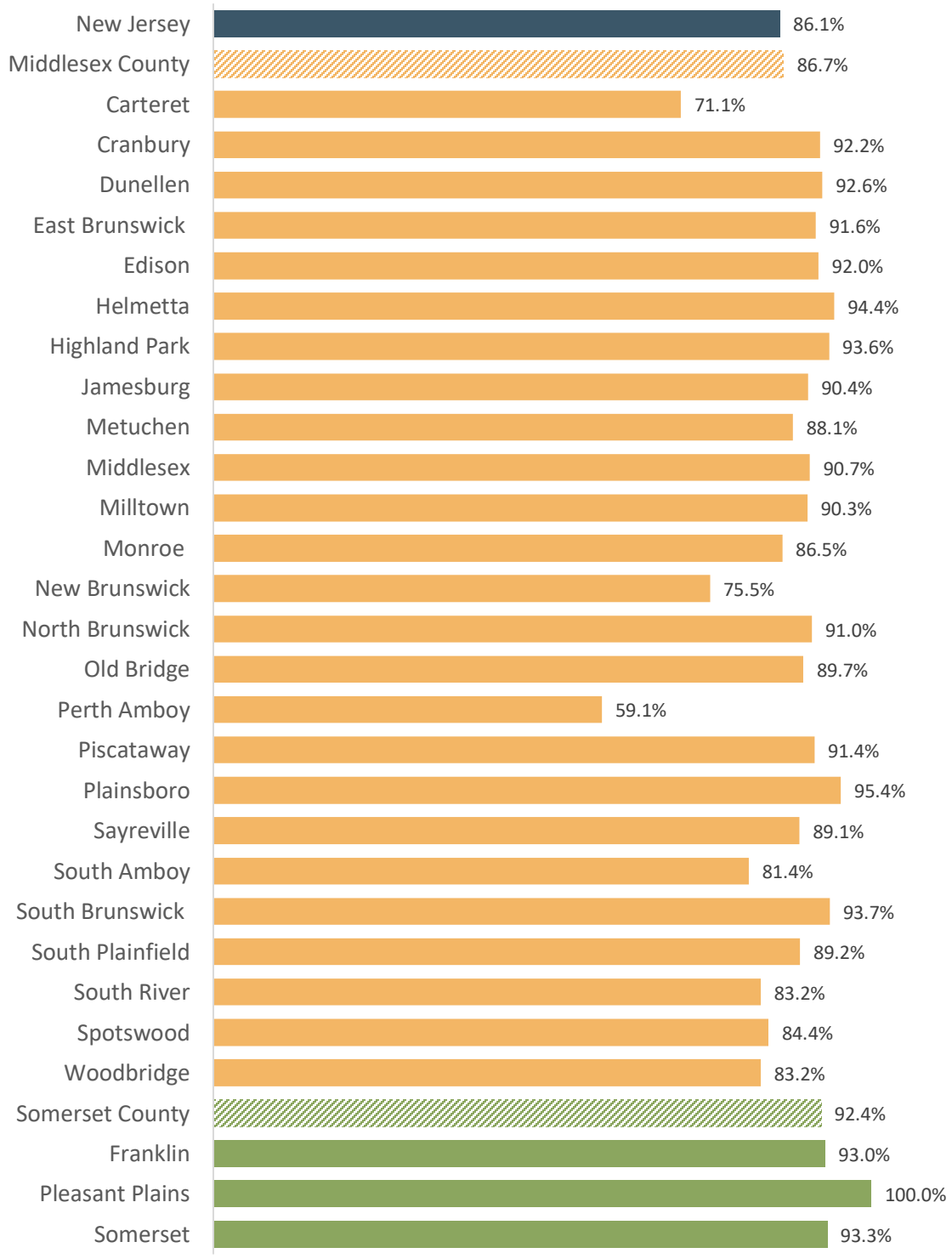
Figure 29. Households with a Computer, by State, County, and Town, 2015-2019



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

In terms of household Internet access, most towns that reported a lower percentage of computer access also reported lower levels of access to the Internet, including Carteret (71.1%), New Brunswick (75.5%), South Amboy (81.4%), Woodbridge and South River (each with 83.2%), and Spotswood (59.1%). However, Perth Amboy (59.1%) in particular had a much lower rate of households with Internet use, almost 30 percentage points lower when compared to Middlesex County (Figure 30).

Figure 30. 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

> *"[I am] trying to see clients and patients face to face now, but it's unfortunate which makes it even harder for some participants to come because of the distance. Some of them don't drive."*
> -Key informant interviewee

Transportation is considered an important economic and social factor that can influence the livelihood of individuals. For example, a reliable means of transportation is often required for a person to obtain employment, attend school, or even access medical care and is therefore considered an important social determinant of health. Additionally, barriers to transportation are more likely to exacerbate the social and economic circumstances of older persons who can no longer drive themselves or live in poverty, have physical limitations, or have prior involvement in the justice system.

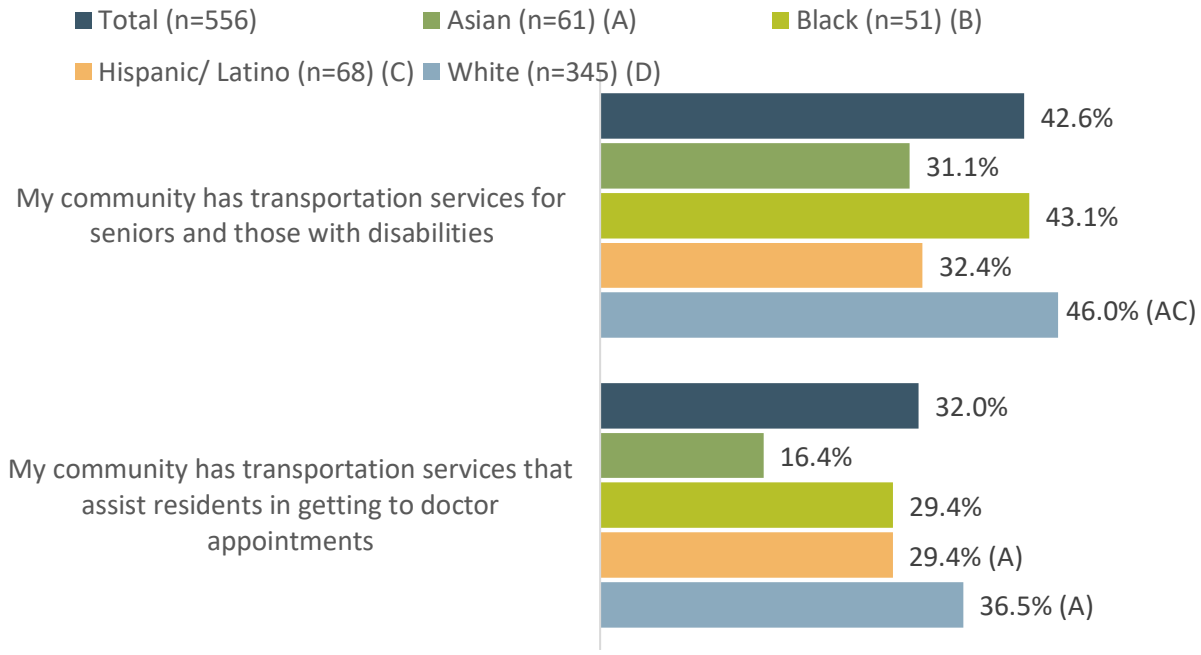
Transportation Barriers

Similarly, focus group discussions, and key informant interviews with Middlesex County residents touched on the importance of ensuring adequate transportation resources for seniors, particularly those who need medical appointments. As one focus group participant observed, *"Half our town is older adults, this [transportation] needs to be maintained [and] assure the population remains able to access and services in town."* Additionally, some focus group participants that received public assistance and had no means of transportation was a factor that employers considered in whether to hire someone for a job, *"[There is] discrimination and stigma for people who receive public assistance. Hard to convince employers to hire them."* While another participant highlighted transportation as a barrier to access to medical care, stating that the *"Biggest barriers to addressing health issues include transportation to appointments."* Transportation access including the need for improved coordination and infrastructure of transport services were also identified as a concern in a recent Middlesex County Destination 2040 strategic plan.

Perceptions of Transportation Infrastructure

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. For example, as shown in Figure 31, 42.6% of Middlesex County survey respondents agreed or completely agreed with the statement, "My community has transportation services available for seniors and those with disabilities." However, responses were significantly lower among Asian and Latino respondents compared to White respondents (31.1%, 32.4%, and 46.0%). Further, 32.0% of survey respondents agreed/completely agreed that their community had transportation services to assist residents in getting to doctor appointments, which was much lower among Asian respondents (16.4%).

Figure 31. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Transportation-Related Statements about Their Community, by Race/Ethnicity (n=556), 2021

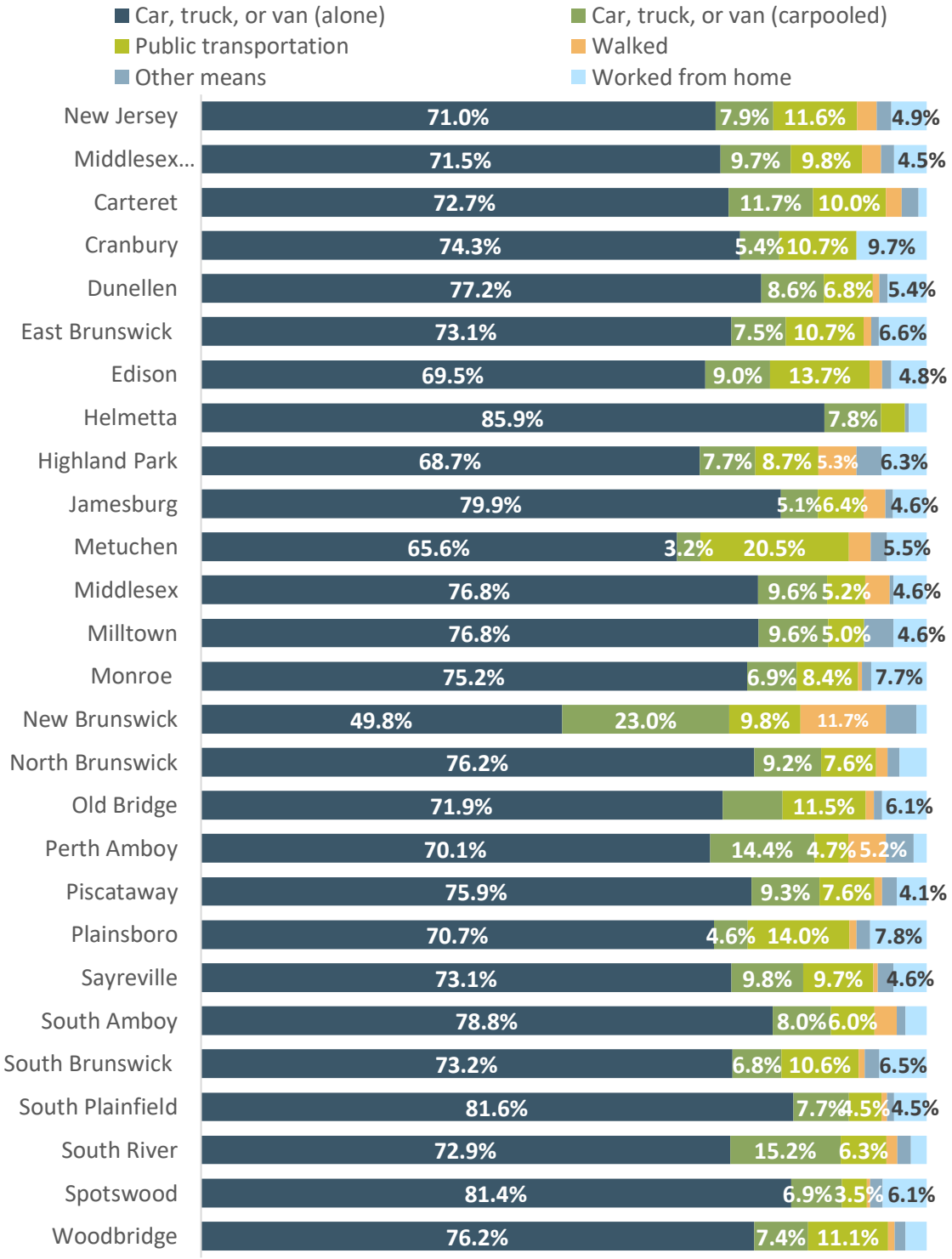


DATA SOURCE: Community Health Needs Assessment Survey Data, Middlesex County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Means of Transportation

Data from the U.S. Census confirmed residents' viewpoints regarding car-dependent lifestyles. Across Middlesex County, in 2015-2019 (pre-pandemic), 71.5% of people over age 16 commuted to work alone, which was relatively similar to 71.0% in New Jersey. Town-level data ranged from 49.8% of workers in New Brunswick to 81.4% of workers in Spotswood commuting alone by vehicle. New Brunswick and Highland Park had the highest percentage of residents aged 16 and over who commuted to work by walking (11.7% and 5.3%, respectively) (Figure 32). For commuting purposes, public transportation comprised a greater share of means of transportation in Plainsboro (14.0%), Edison (13.7%), Old Bridge (11.5%), and Woodbridge (11.0%). Figure 32 shows the public transportation options and routes in Middlesex County.

Figure 32. 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
Note: Data Labels under 4% not shown

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 Middlesex County, 3.6% of owner-occupied households and 25.4% of renter-occupied households did not have access to a personal vehicle in 2015-2019 (Table 9). In Monroe and New Brunswick, over 30% of households with renters did not have a vehicle.

Table 9. 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%
Middlesex County	3.1%	16.5%
Carteret	6.1%	13.8%
Cranbury	2.1%	0.0%
Dunellen	1.7%	1.1%
East Brunswick	2.7%	17.1%
Edison	2.5%	11.2%
Helmetta	3.6%	11.2%
Highland Park	3.3%	15.7%
Jamesburg	0.0%	13.4%
Metuchen	1.9%	10.0%
Middlesex	1.4%	3.7%
Milltown	1.2%	3.7%
Monroe	5.1%	36.2%
New Brunswick	6.6%	33.5%
North Brunswick	3.1%	9.1%
Old Bridge	2.2%	11.1%
Perth Amboy	5.0%	27.7%
Piscataway	1.5%	9.1%
Plainsboro	2.7%	5.0%
Sayreville	2.9%	10.2%
South Amboy	3.3%	18.2%
South Brunswick	2.5%	9.8%
South Plainfield	2.5%	9.8%
South River	3.2%	26.0%
Spotswood	3.5%	26.6%
Woodbridge	2.1%	9.8%
Somerset County	2.2%	13.2%
Franklin	2.1%	11.3%
Pleasant Plains	0.0%	0.0%
Somerset	2.1%	9.8%

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

Green Space and Built Environment

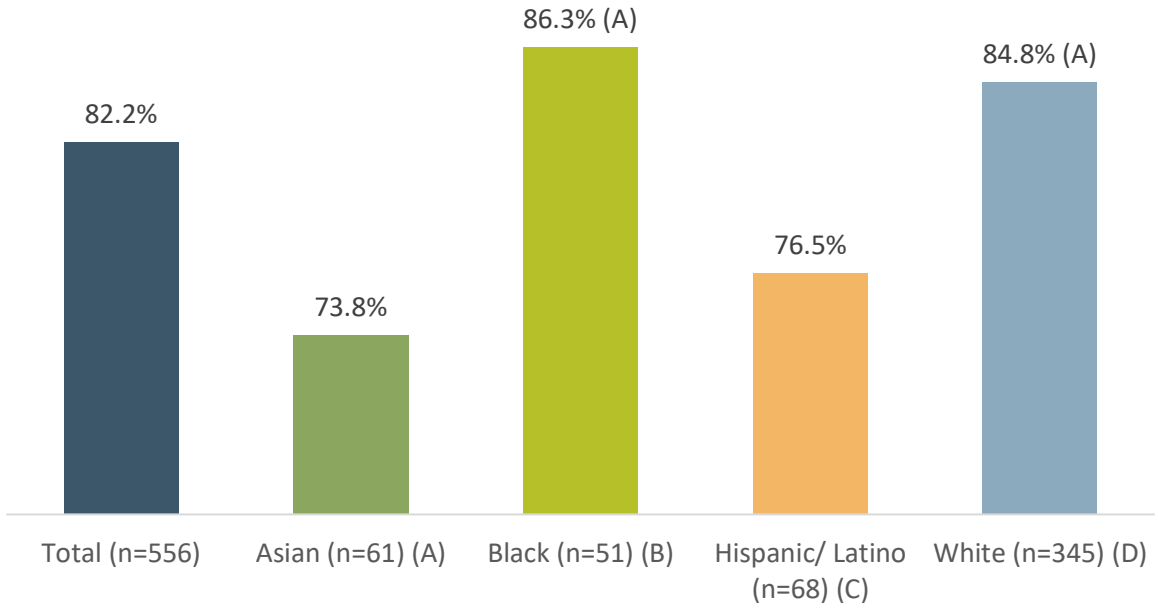
Green space and the built environment influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, affecting health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles. Playgrounds, green spaces, and trails as well as bike lanes and safe sidewalks and crosswalks all encourage physical activity and social interaction, which can positively affect physical and mental health.

Some focus group members and interviewees highlighted Middlesex County's built environment and the amenities supporting walkability, access, and convenience. They identified the parks, recreational areas, and green spaces and as one participant stated, *"We have a lot of parks and areas for exercise, places you can go [and enjoy]."*

> *"The areas around the city are more tuned for nature. We have a little garden area, it's nice to go there and get a breather, be outside and relax."*
> - Focus group participant

A majority of community survey respondents agreed or completely agreed with the statement that, "My community has safe outdoor places to walk and play" (Figure 33). However, responses differed by race/ethnicity. For example, Asian (73.8%) and Latino (76.5%) survey respondents were much less likely than Black (86.3%) or White respondents (84.8%) to agree with the statement about having a safe outdoor space to walk and play.

Figure 33. 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=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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.

Crime and Violence

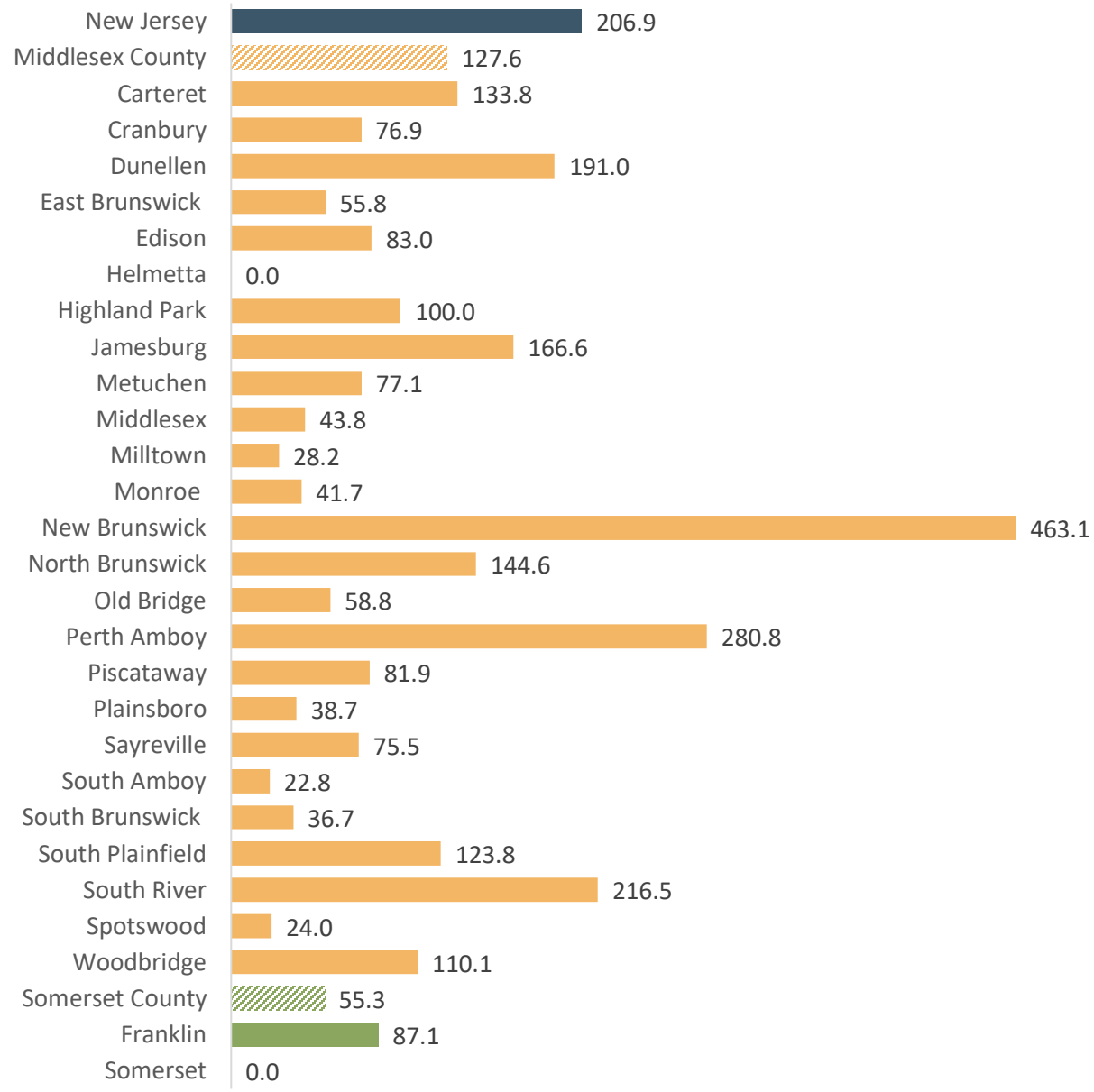
Violence and trauma are important public health issues that can affect the physical and mental health of individuals. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries and or witness or hear about crime and violence in their community.

Increases in violence were also considered by several participants to be primarily driven by the pandemic and was a common theme across focus groups and interviews. In particular, there was a perception that youth violence in schools resulted from increased daily stressors and their impact on the emotional well-being of children and youth. For example, one participant stated, *"There is an uptick in violence in the high school and kids fighting, and that has increased over the last year; [as a result of their] mental health."*

Another area of concern was what some participants considered a rise in intimate partner violence resulting from stressors brought on by the pandemic. Another participant highlighted this situation, stating that, "[*Domestic violence has] always been there, [but] being home exacerbated it, the kids being home all day, a lot of parents had to stop working. I don't have the statistics, [but] I read about it. Still, I think it's always a challenge because you are witnessing and helping them make safety plans, but they [individuals that are being abused] aren't ready or aren't able to leave the situation. It's like you're watching something horrible, and there's nothing you can do about it."*

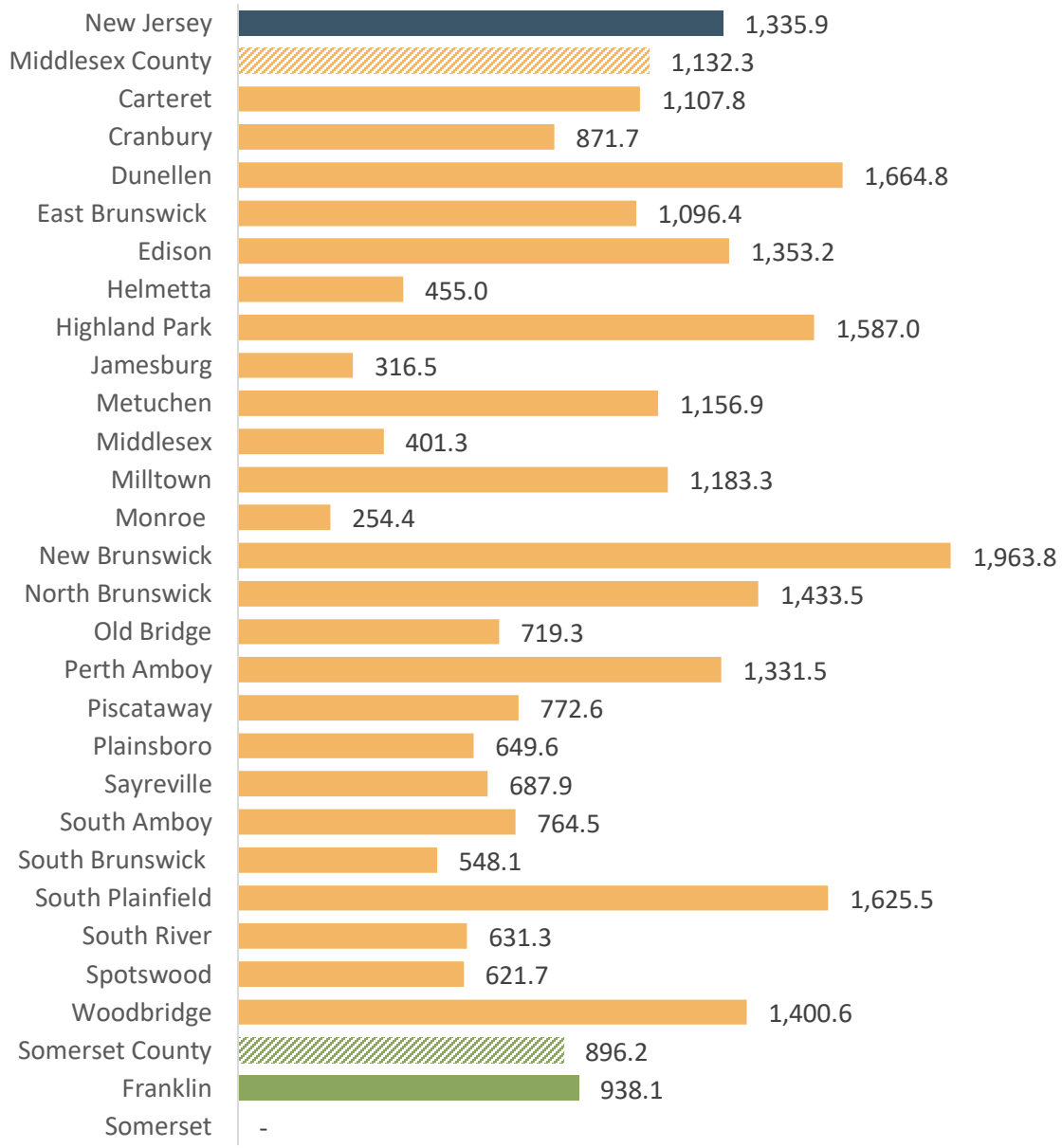
In 2019, violent crime against persons (i.e., murder, rape, aggravated assault) varied widely across Middlesex County towns (Figure 34). New Brunswick (463.1), Perth Amboy (280.8), and South River (216.5) had higher rates than the state average of 206.9 incidents per 100,000 residents. Property crime (i.e., burglary, larceny, and auto theft) is much more common than violent crime (Figure 35). Among towns in Middlesex County, property crime was most common in New Brunswick (1963.8 per 100,000 residents), Dunellen (1,664.8), and South Plainfield (1,400.6). In Somerset County, the overall rates for violent crime (55.3 per 100,000 residents) and property crime (896.2) were lower than those of Middlesex County (127.6 violent crime rate and 1,132.3 property crime rate).

Figure 34. 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: Asterisk (*) denotes data is not available for town. Violent crime includes homicide, rape, robbery, assault and simple assault. Pleasant Plains does not have its own police department reporting this data.

Figure 35. Property 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, Uniform Crime Report, 2019
NOTE: Asterisk (*) denotes data is not available for town. Property crime includes burglary, larceny, and auto theft. Pleasant Plains does not have its own police department reporting this data.

Systemic Racism and Discrimination

Discrimination Based on Race, Ethnicity, and Culture

When we look at systematic racism and discrimination issues, such sentiment and behavior are often not fully visible yet remain pervasive and are often 'structurally' embedded in our educational, economic, and political systems. Such systems consequently produce and condone the unfair and unequal treatment of people based on the color of their skin, language, sexual orientation, and place of origin, among others.

Regarding the role of systemic racism, racial injustice, and discrimination, focus group participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, and income. Interviewee participants also discussed the challenges Middlesex communities had with rapidly changing demographics, particularly in areas that were once comprised of a particular racial or ethnic group but were now composed of newly arrived immigrant diaspora.

> *"You know the increase in hate crimes and vandalism; based on the previous two elections you just see this sense of grief [against others] and divisiveness among community members."*
> - Focus group participant

As one interviewee observed, *"[It] is the continuing issue of racial disharmony, and this is the climate we are in." The* interviewee continued by describing a local incident surrounding a mural depicting refugees of Muslim and African descent that resulted in harassment of the artist and public criticism of the mural. The interviewee considered this incident rooted in the anti-immigrant sentiment exacerbated by the COVID-19 pandemic. As one South Asian focus group participant observed, "*I would say, although the U.S. has progressed in a lot of ways, there are still a lot of incidents, and there is still deep-rooted hatred and unacceptability towards immigrants. This is a country of immigrants, but there are still reservations. The pandemic in a way ignited those feelings [of resentment] because people lost jobs, [the economy] went downhill, thefts, it sparked a little bit."*

Focus group and interview participants also spoke about the discriminatory practices that placed an additional burden on communities of color regarding access to food or housing. For example, one interviewee observed that "[There is] *discrimination around food access and the quality of food in lower-income communities versus communities of middle and upper-range household incomes. So, people* [from lower-income communities] *have to go travel farther to get fresh food.*" In terms of housing, a similar sentiment was conveyed by focus group participants around a tendency to make housing unaffordable and, as a result, inaccessible for certain groups. As one interviewee stated, "*You may already know that there are a lot of Hispanic families and immigrant families that are* [as households] *doubling and tripling up. And so, they're* [doing this] *because they can't afford it, but even if they could, sometimes it's a function of [people that own those rent houses] not wanting to rent to certain people.*" The interviewee concluded by observing that such discriminatory practices result in people in a cycle of poverty and living in public housing.

Focus groups and key informant interviews highlighted the sentiment of not being accepted by the larger community. For example, one South Asian focus group participant observed, *"…you can feel sometimes you are not that much accepted."* This perspective was echoed by a Latino interviewee who touched on the plight of Latinos working in the service industry. As he highlighted, "*you know the truth is, if you look at who the workers are in a lot of these retail places and a lot of these restaurants, they*

tend to be a large percentage of Hispanics. And they end up having to travel further because they're not as welcome in the neighborhood [they work in], so they have to live outside of that particular community. [What these employers tell these workers is] you can work for me, but you can't live near me. So, it's almost like this sense of [people having to] operate in the shadows."

Focus group participants also shared a sense of mistrust of institutions both legal and medical; they talked about not only current incidents involving the community and law enforcement but also a legacy of racism and discrimination in health care. Mistrust of the medical community in particular was also considered a major reason why COVID-19 vaccine rates were relatively lower in communities of color. While separately one interviewee participant stated, *"[We have] disparities in covid vaccinations, [I read that] only 10% of Hispanic populations have received 3rd dose, only 6% of African American. Why is there a disparity? Is it a lack of trust? We know the Black population has mistrust in the healthcare system because of history. I was reading that some Hispanics while getting the COVID vaccines were asked for documentation and insurance. We know you don't need it to get the vaccine, but it creates a fear them [the community]."*

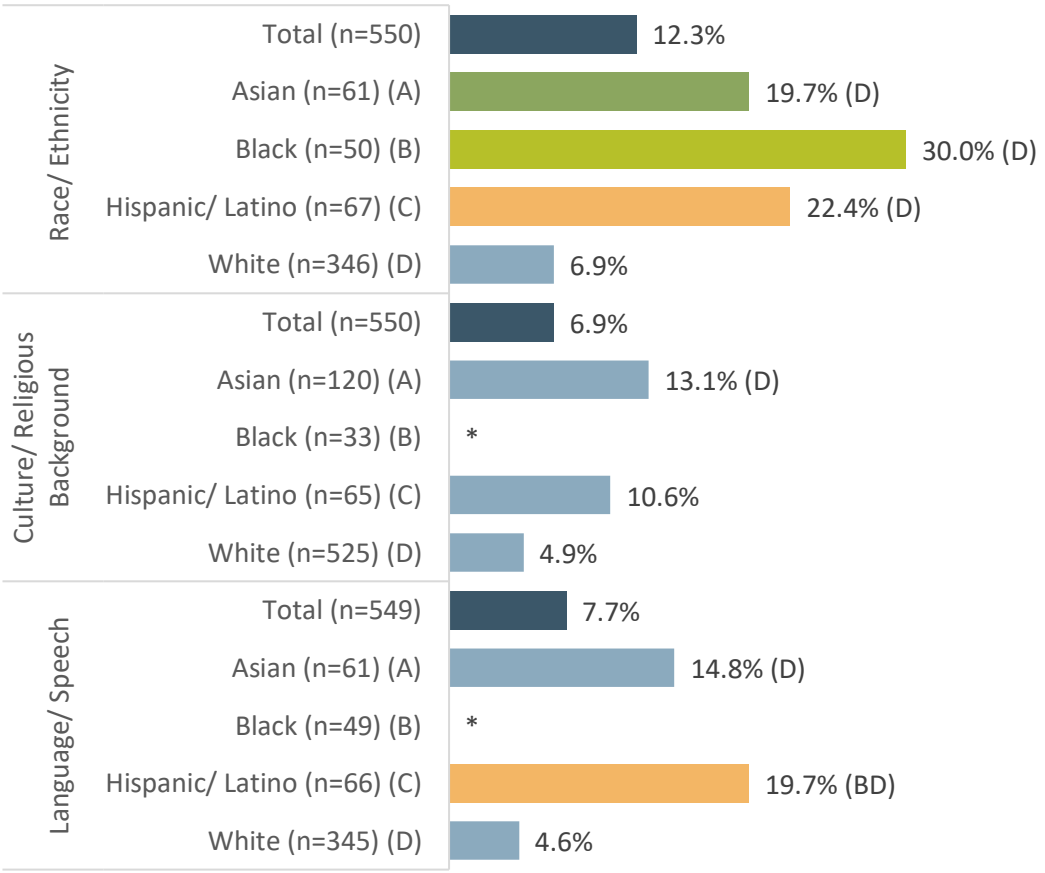
Another participant highlighted how racism and discrimination in medical training can perpetuate disparities in treatment, "[There is] *implicit bias and systemic racism. It still exists. Looking at what we've learned, for example physicians only saw pictures of certain body figures that are white in their medical books, so how do they know how to treat that when the person is Black? Now, if they see certain conditions on Black patients its different, skin conditions, different skin pigmentation, its different. It's at the system level."*

> *"I guess the energy from Floyd died about a year or so ago and the conversation has slowly shifted away and before it oh my God we need to do something but now people are going back to their comfort zone."*
> - Focus group participant

Lastly, focus group participants expressed concern that the initial activism and calls for social change (resulting from George Floyd's killing) had lost momentum. They considered the loss of attention to these issues to be a result of people beginning to return to a normal post-COVID-19 pandemic routine. This sentiment was highlighted by one Black focus group participant, stating *"You know we saw the killing of George Floyd and there were conversations and there was an 'Oh My God' moment and this is happening [but] racism has not gone away and people have the conversation about it but it has died down and we thought Congress would implement policy and the energy from 2020 went down, and nothing has changed, still going on you know?"*

Figure 36 presents survey respondents' perceptions of whether they felt they had been discriminated against based on their race/ethnicity, culture, or language when receiving medical care. Black respondents were most likely to report that they had felt discrimination due to their racial or ethnic background (30.0%). In contrast, Asian respondents were more likely to report that they had been discriminated against due to their cultural/religious background (13.2%). Latino survey respondents were most likely to report feeling discriminated against in receiving medical care based on their language/speech, with 19.7% reporting this.

Figure 36. 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=556), 2021

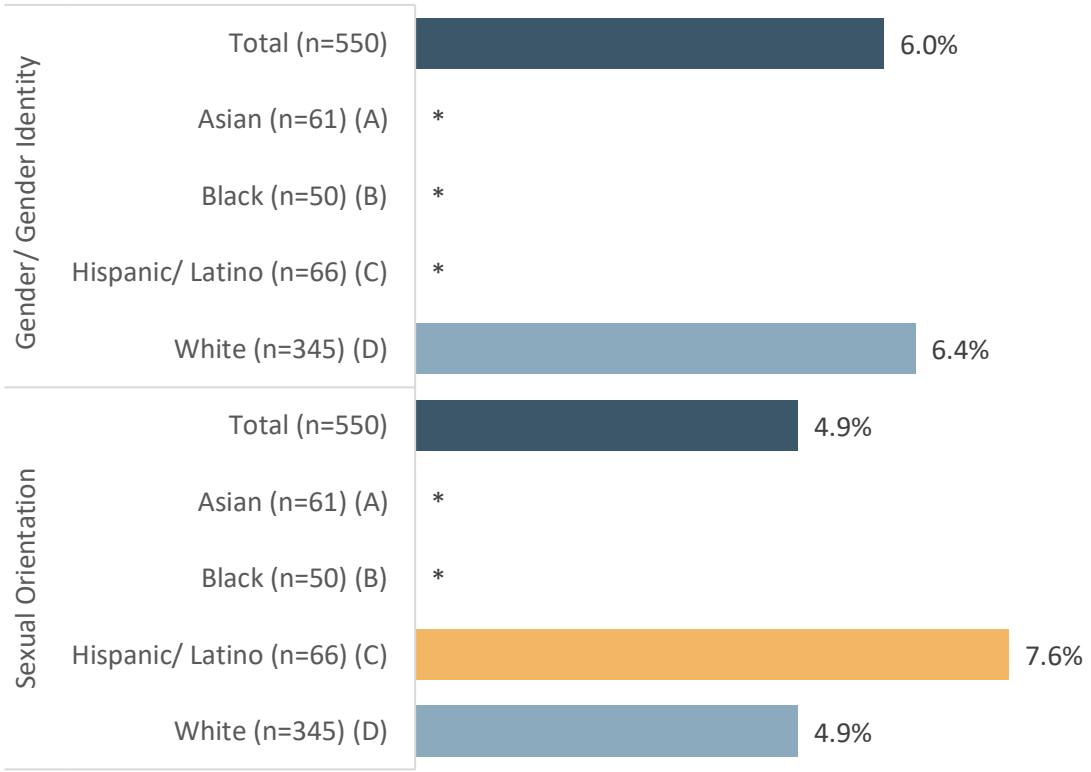


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Discrimination based on Sexual Orientation and Gender Identity

Additionally, employment is difficult for LGBTQ residents who experience difficulty being accepted for their gender or sexual orientation in the workplace or have to maintain a heteronormative presentation to fit in, resulting in poor mental health. Among Middlesex survey respondents, about 6% indicated that they had felt discriminated against because of their gender identity and about 5% for their sexual orientation (Figure 37); however, nearly 8% of Latino residents indicated they felt discriminated against because of their sexual orientation when receiving medical services.

Figure 37. 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=556), 2021

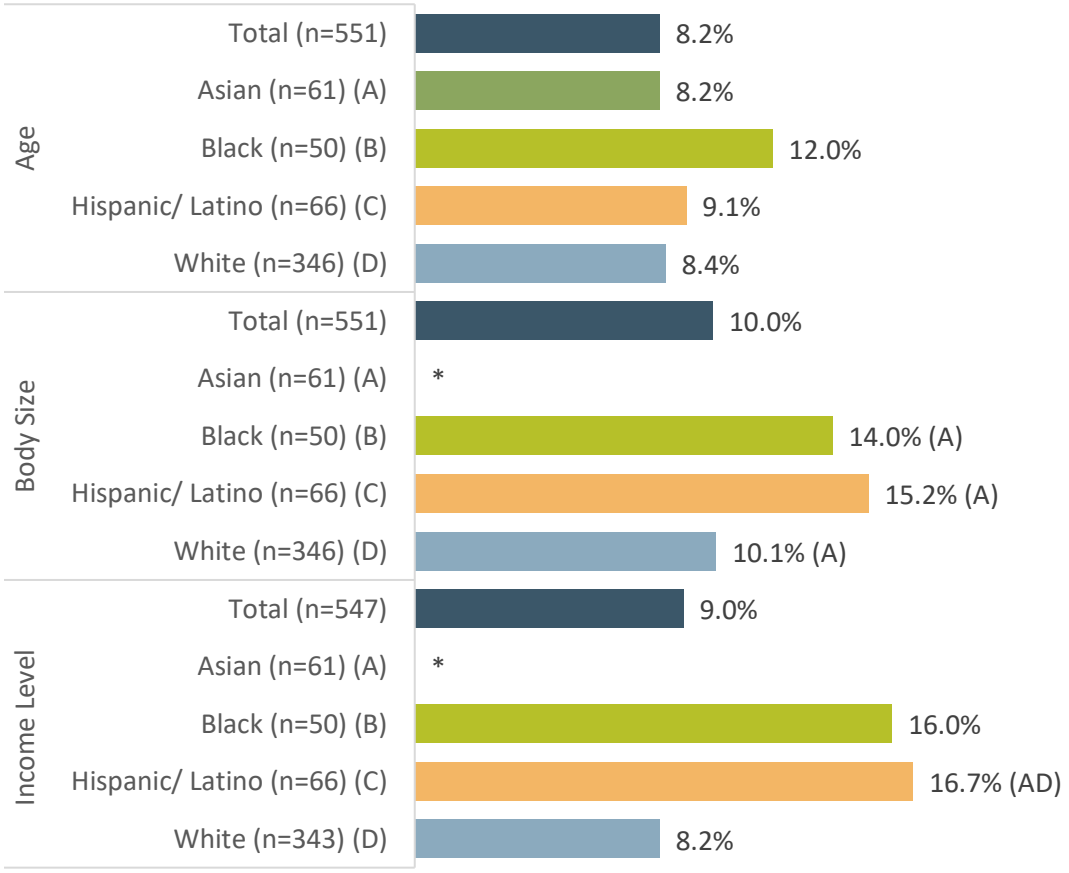


DATA SOURCE: Community Health Needs Assessment Survey Data, Somerset County, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Due to relatively small sample sizes, percentages could not be calculated for racial or ethnic groups.

Additional Population Groups and Discrimination

The survey asked about experiences with discrimination due to other factors, such as age, body size, and income level, when receiving medical care (Figure 38). In each of these instances, Black respondents followed by Hispanic/Latino respondents consistently had the highest proportion of respondents indicating experiencing this type of discrimination.

Figure 38. 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=556), 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

Understanding community health issues is a critical step in the CHNA process. The disparities seen in these issues mirror the historical patterns of structural, economic, and racial inequities experienced for generations across the city and the U.S.

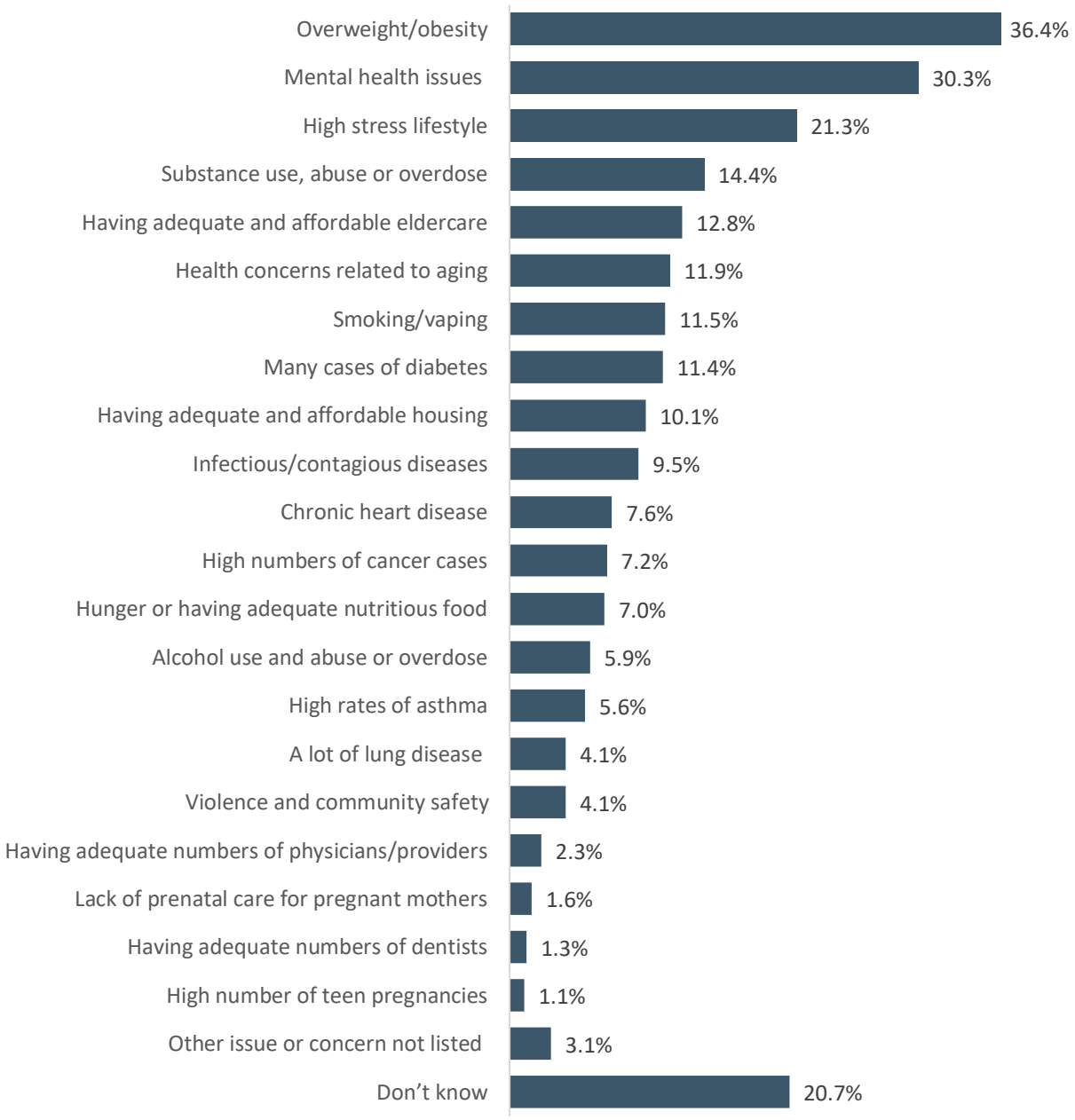
Community Perceptions of Health

Understanding residents' perceptions of health can provide insights into health concerns, facilitators, and barriers to addressing health conditions. Community survey respondents were asked to rank community health issues to give a "real life" perspective of lived experiences and challenges. Respondents could also add issues not listed, if desired. This feedback complements quantitative data concerning health status and conditions. For example, when asked to identify top concerns in their community, community residents identified financial insecurity, housing, access to healthy food, and transportation. They relayed how these challenges can influence health behaviors and conditions such as healthy eating, physical activity, and chronic diseases. They also discussed the challenges of accessing care and the increase in mental health needs in the community, especially among youth, seniors, and economically vulnerable residents.

Survey respondents were presented with a list of specific issues and the ability to add issues not listed from which they were asked to mark the top three health concerns or issues for their community. As shown in Figure 39, overweight/obesity (36.4%), mental health (30.3%), high stress lifestyle (21.3%), substance use (14.4%), and adequate and affordable eldercare (12.8%) were the top five noted among survey respondents. Health-specific concerns that came up more prominently in focus group and interview discussions were diabetes and prediabetes, obesity, hypertension, and mental health.

When looking at survey responses by race/ethnicity, there are some notable differences (Figure 40). While overweight/obesity was the top concern among White, Asian, and Black respondents, mental health issues were the top concern among Latino survey respondents. Having adequate and affordable housing ranked as the top fourth concern among Black and Latino survey respondents but was not one of the top concerns for White and Asian respondents. Smoking was in the top five concerns among Black respondents, and diabetes was in the top five concerns for Asian respondents.

Figure 39. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (n=555), 2021



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

Figure 40. Percent of Community Survey Respondents Reporting the Top Health Issues or Concerns in Their Community, by Race/Ethnicity (n=527), 2021

	Asian (n=61) (A)	Black (n=51) (B)	Hispanic/ Latino (n=67) (C)	White (n=348) (D)
1	Overweight/ obesity (41.0%)	Overweight/ obesity (31.4%)	Mental health issues (49.3%) (ABD)	Overweight/ obesity (36.2%)
2	High stress lifestyle (31.1%) (D)	Mental health issues (25.5%)	Overweight/ obesity (46.3%) (B)	Mental health issues (29.9%) (A)
3	Mental health issues (19.7%)	High stress lifestyle (23.5%)	High stress lifestyle (26.9%)	High stress lifestyle (18.4%)
4	Many cases of diabetes (14.8%)	Having adequate and affordable housing (15.7%)	Having adequate and affordable housing (14.9%) *	Substance use, abuse or overdose (16.7%) (C)
5	Having adequate and affordable eldercare (11.5%)	Smoking/ vaping (13.7%)	Substance use, abuse or overdose (14.9%) *	Having adequate and affordable eldercare (14.4%) (B)*
6				Health concerns related to aging (14.4%) (BC)*

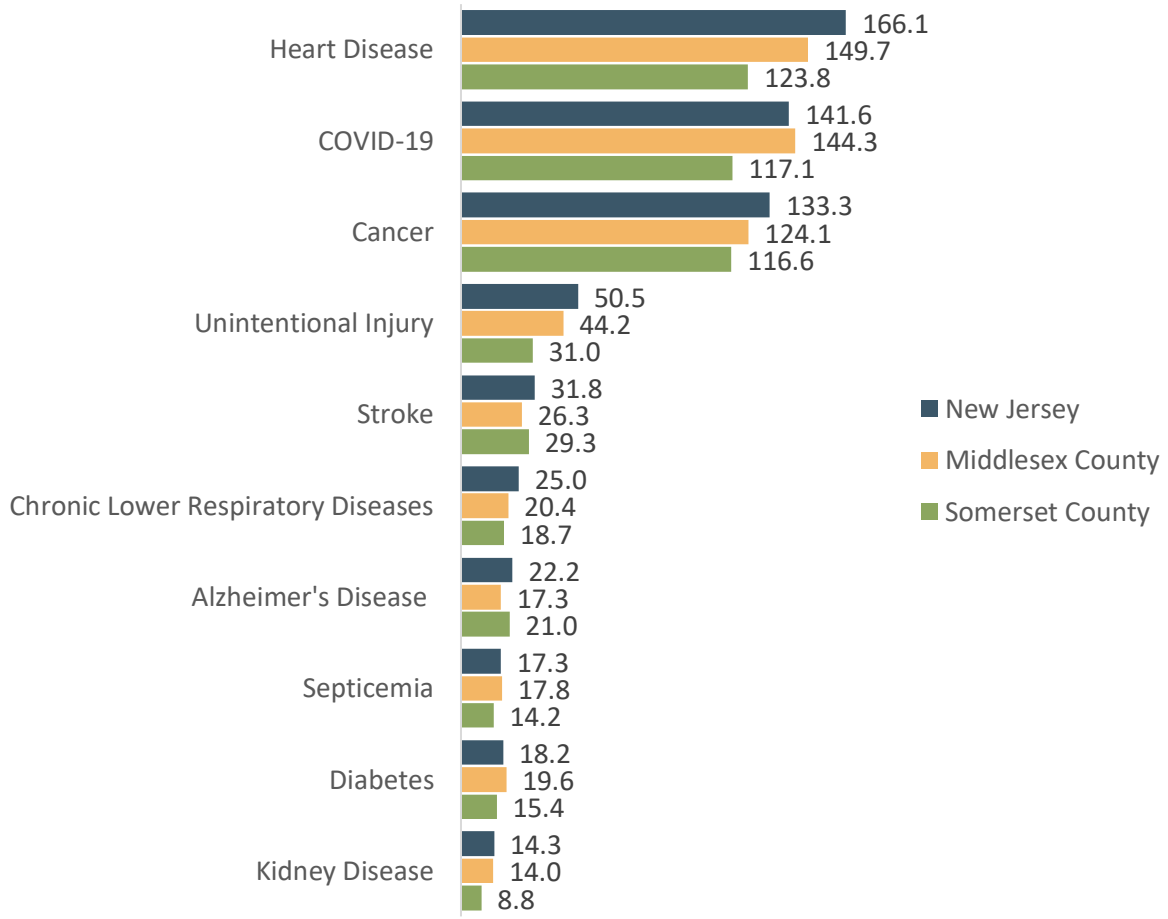
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. * Indicates health issues were tied. Cases where "don't know" was a frequently selected option are not presented in the table. **Health issue was tied with health concerns related to aging

Leading Causes of Death and Premature Mortality

Mortality and Leading Causes of Death

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (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. Figure 41 presents age-adjusted mortality rates per 100,000 residents for different diseases for the state of New Jersey, Middlesex County, and Somerset County, in 2020. Heart disease, COVID-19, and cancer are the top three causes of death for the state and both counties. 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), Alzheimer's disease, septicemia, diabetes, and kidney disease.

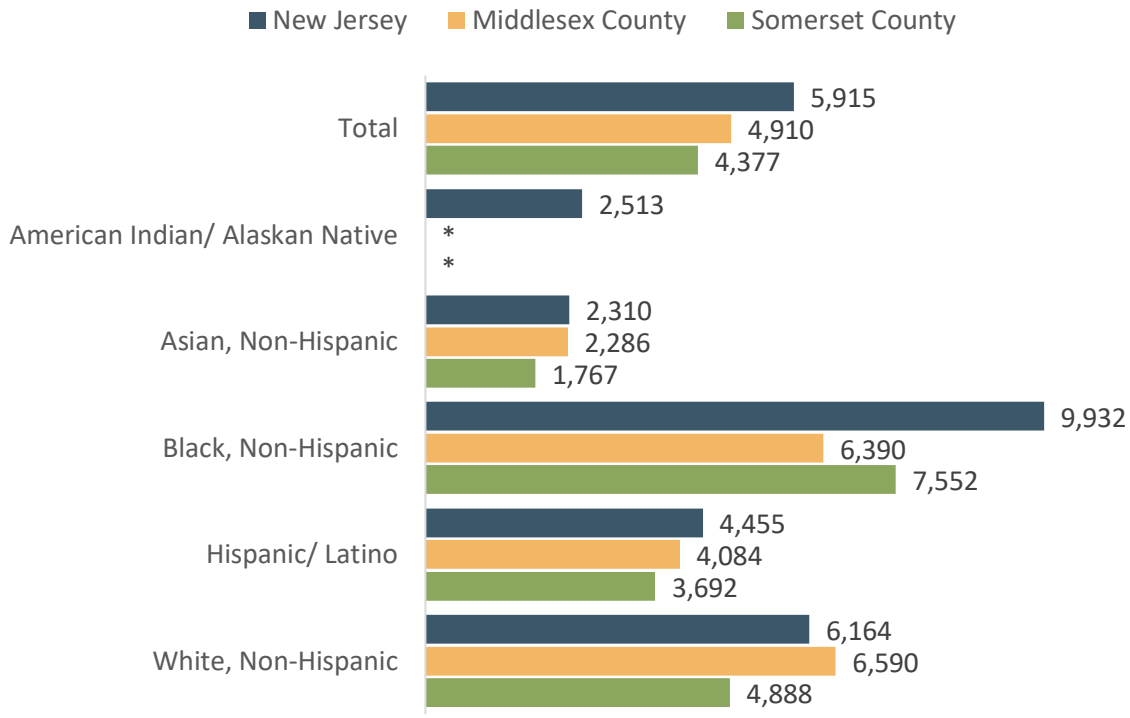
Figure 41. Top 10 Age Adjusted Mortality Rates per 100,000, by State and County, 2020



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), 2020

Figure 42 shows premature mortality (deaths before age 75) per 100,000 population by state, county, and race/ethnicity. In 2017-2019, the premature mortality rate in Middlesex County (4,910 per 100,000) was lower than for the state (5,915). Data about premature mortality in 2017-2019 across different racial and ethnic groups show that Non-Hispanic White (6,590) and Non-Hispanic Black (6,390) residents in Middlesex County experience higher rates of premature mortality than Hispanic/Latino (4,084) and Non-Hispanic Asian residents (2,286).

Figure 42. Premature Mortality (deaths before age 75) Rate per 100,000 Population, by State and County, 2017-2019



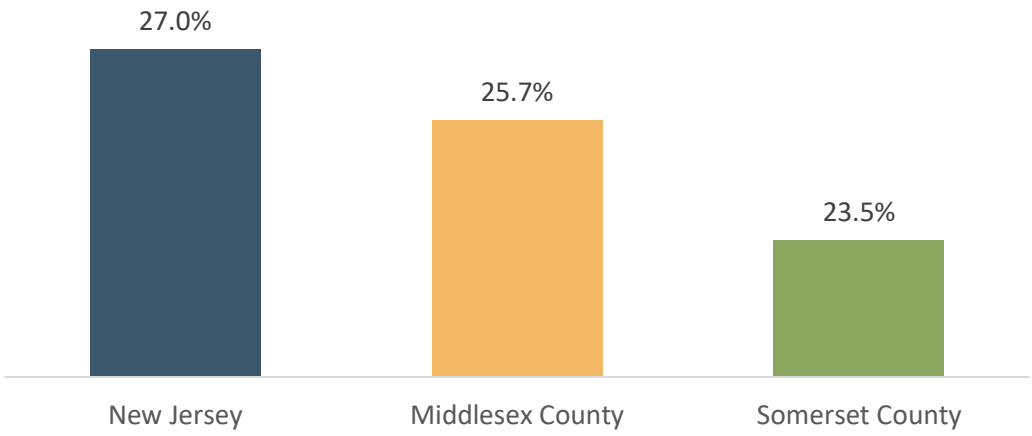
DATA SOURCE: National Center for Health Statistics, Mortality Files, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2017-2019
NOTE: Asterisk (*) denotes data is not available for this population

Obesity, Healthy Eating, and Physical Activity
Obesity is the second leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children.

Overweight and Obesity
As discussed earlier in the Perceptions of Community Health section, obesity was cited as the top health concern in the community on the survey. However, obesity was not discussed at length in the focus groups or interviews by participants. Instead, focus group and interview participants more frequently discussed challenges with access to healthy food and food instability, limited options for residents to participate in sports and social activities, and increased sedentary lifestyle due to the COVID-19 pandemic. (See sections related to Food Access and the Built Environment for survey data and surveillance data.)

The latest surveillance data on overweight/obesity is from several years ago (2017) and does not capture any developments that may have occurred during the pandemic. Adults at the state and county level were asked to self-report their height and weight. Based on this self-report, about 25.7% of Middlesex County adults were considered obese, and 27% of adults in New Jersey were (Figure 43).

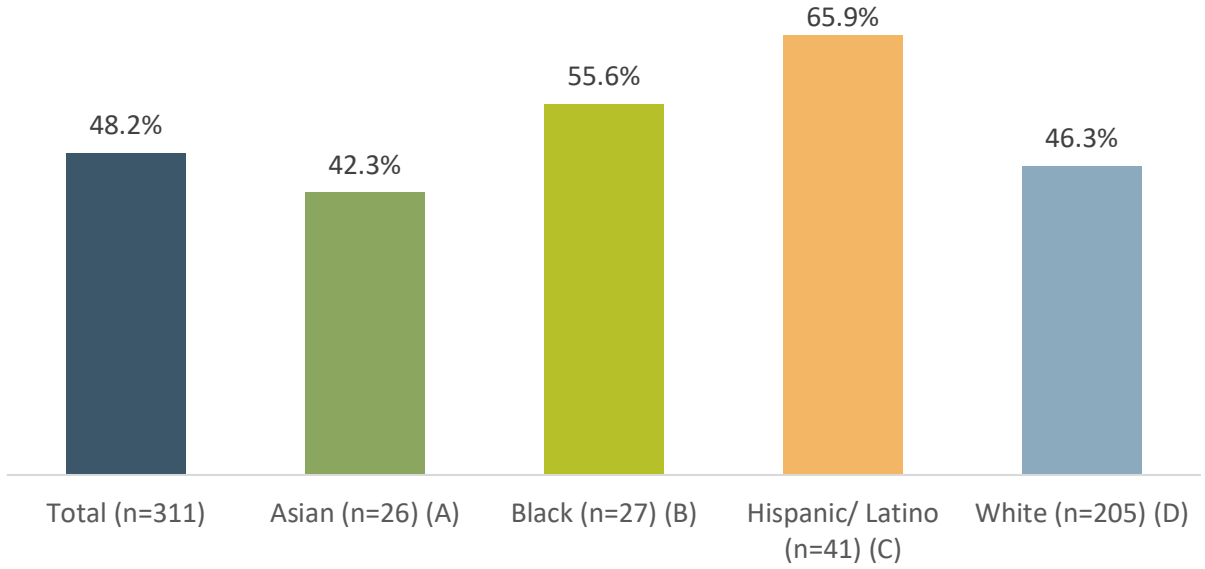
Figure 43. Adults Self-Reported Obese, by State and County, 2017



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

In the community survey conducted in 2021, respondents 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. Among those responding they or a family member had been told they had a weight problem, respondents were then asked if they were currently under care for a weight problem. 48.2% of respondents indicated yes, although responses varied by race/ethnicity with Asian respondents (42.3%) least likely to report being under care for a weight problem, and Hispanic/Latino respondents (65.9%) being most likely to report being under care for a weight problem. (Figure 44).

Figure 44. Of Those Told by a Doctor They Had a Weight Problem, Percent of Community Survey Respondents Indicating that They or a Family Member are Currently Under Care for a Weight Problem (n=311), 2021

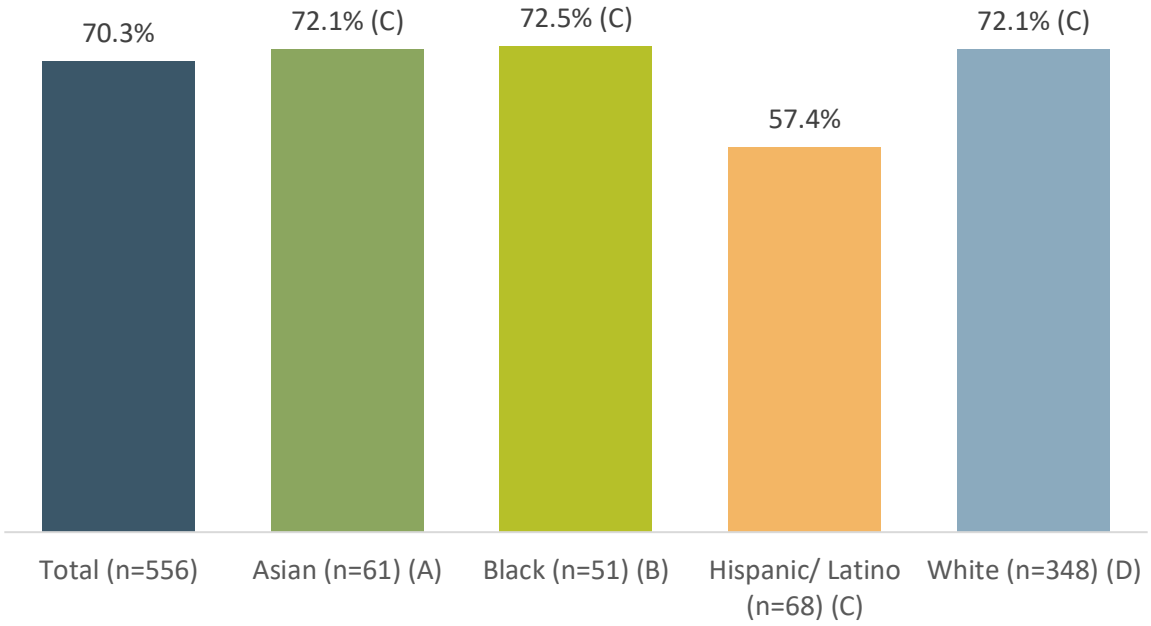


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Physical Activity

Several focus group participants noted that access to greenspace, community walkability, and access to gyms and fitness centers were major assets in their community which helped promote physical activity. However, some focus group participants also shared that the COVID-19 pandemic had created additional challenges to maintaining physically activity, noting that these challenges stemmed from social distancing recommendations, working from home, and online schooling. In addition to the participants reported behavior change due to the pandemic, one focus group with residents also discussed the drug use they observed in a local park, which, as one participant reported, led to a parent feeling uncomfortable having their children play there. The sentiments shared by the participants regarding pandemic behavior changes and the possibility that some parents don't feel safe with their children playing at the park is echoed in the community survey data. Community survey respondents were asked whether they felt that they were physically active, and 70.3% indicated yes (Figure 45). However, Latino survey respondents were least likely to say that they were currently physically active, with only 57.4% saying yes, a lower proportion when compared to White respondents (72.5%) and Black and Asian respondents (72.1%). As discussed earlier in this report in the Green Space and Built Environment section, Asian and Hispanic/Latino survey respondents were also less likely than Black or White respondents to indicate that there were safe outdoor places to walk and play in their community.

Figure 45. Percent of Community Survey Respondents Indicating that They Felt That They are Physically Active (n=556), 2021

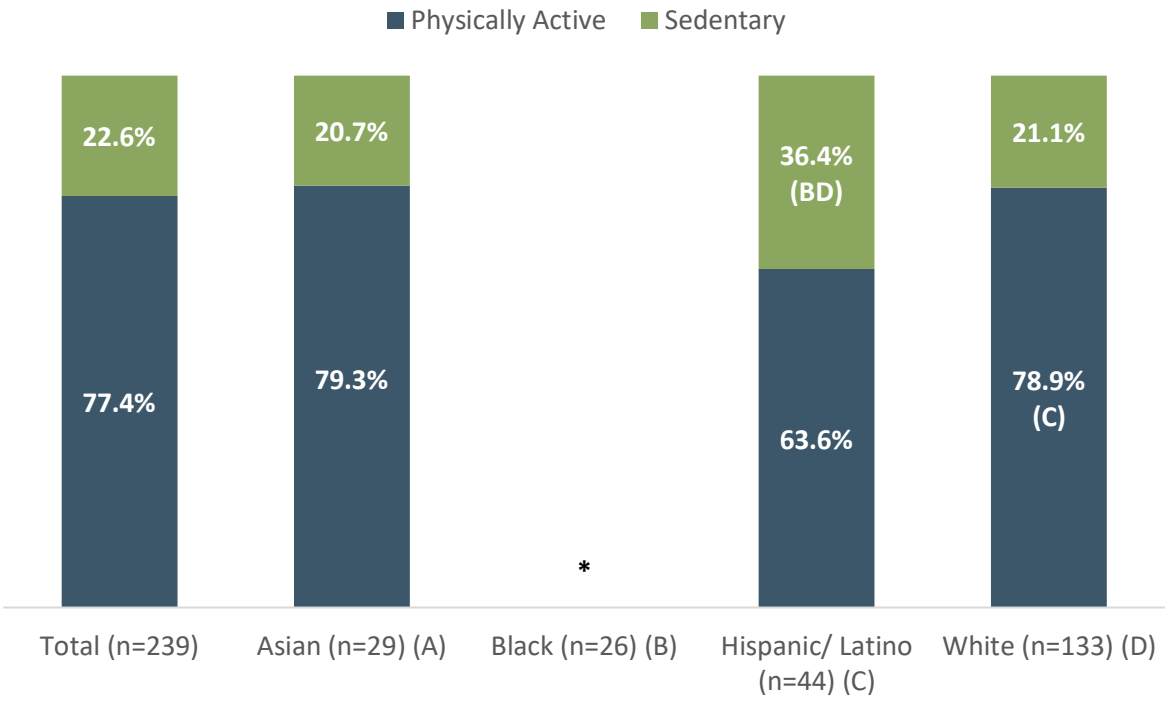


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Community survey respondents who were parents also indicated whether they would describe their children as physically active or sedentary after school or on weekends (Figure 46). Responses indicate that 77.4% of Middlesex County parent survey respondents describe their children as physically active, with 22.6% describing children as sedentary. However, Latino respondents were least likely to describe

their children as physically active (63.6%) and most likely to describe their children as sedentary (36.4%). (Due to a limited number of responses from Black residents, data for this group are not presented in Figure 46.)

Figure 46. Percent Survey Respondents who are Parents or Guardians who Described Their Children as Physically Active or Sedentary during After School Hours and Weekends (n=239), 2021



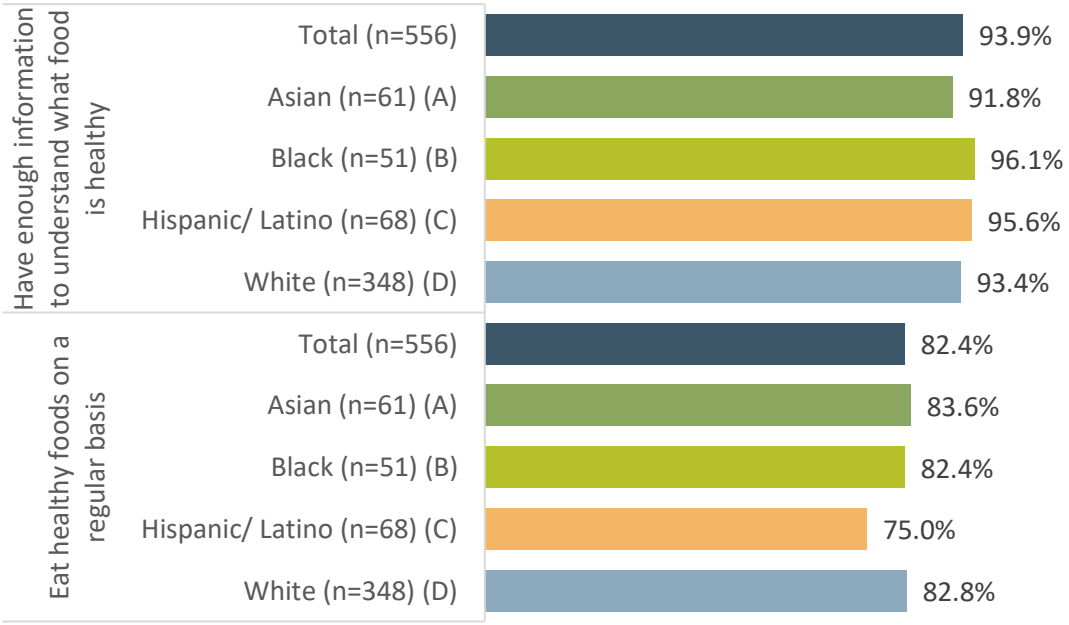
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. * indicates n<5. Black responses n<5.

Healthy Eating

As mentioned in the Food Access & Food Insecurity section of this report, focus group and interview participants discussed the challenges of accessing healthy and affordable foods in their communities. These difficulties included limited transportation to grocery stores, lack affordability of healthy foods, and relying on foods provided by schools, SNAP benefits, and food pantries, which may not provide enough food or foods that are appropriate for residents' dietary needs.

Current surveillance data on fruit and vegetable consumption is not available for Middlesex 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 Middlesex County community survey completed 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 47, 93.9% of Middlesex County survey respondents indicated that they have enough information to understand what healthy food is, and 82.4% of respondents reported eating healthy food on a regular basis. However, Latino survey respondents were the least likely to indicate that they eat healthy foods on a regular basis (75.0%).

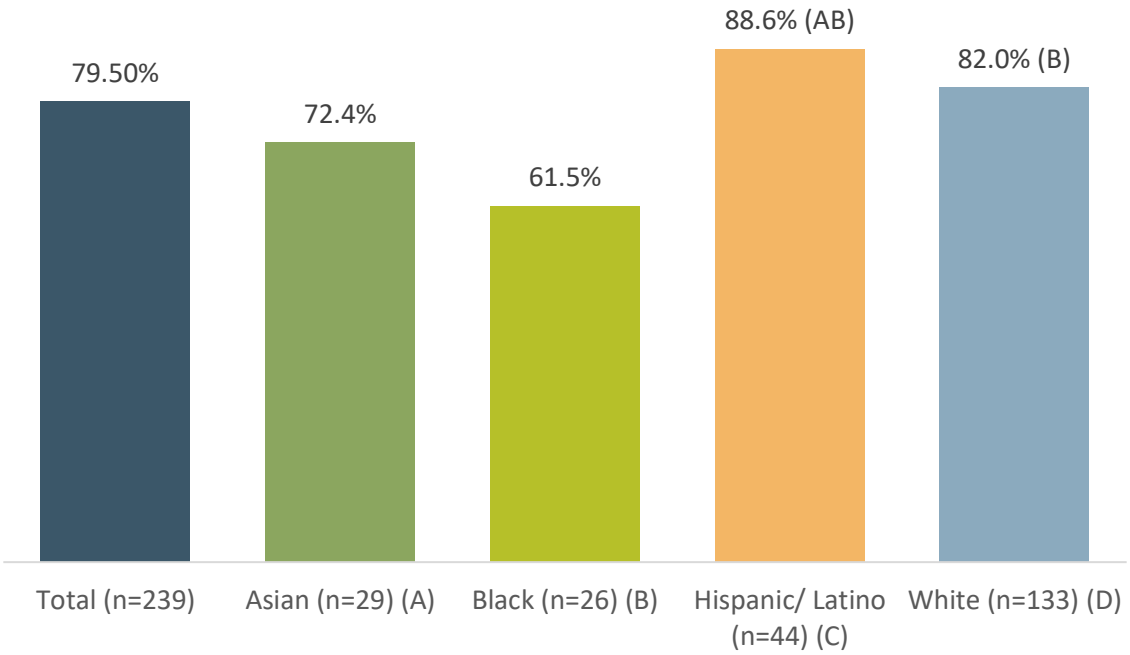
Figure 47. Percent Survey Respondents Who Report that They Feel They Have Enough Information to Understand What Healthy Food is and Eat Healthy Food on a Regular Basis (n=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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 48). Over 79% of survey respondents indicated that their children regularly ate breakfast, but Black (61.5%) and Asian (72.4%) respondents were least likely to report this, and Hispanic/Latino respondents were most likely to report this (88.6%).

Figure 48. Percent of Community Survey Respondents who are Parents or Guardians Reporting Whether Children Eat Breakfast Daily (n=239), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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.

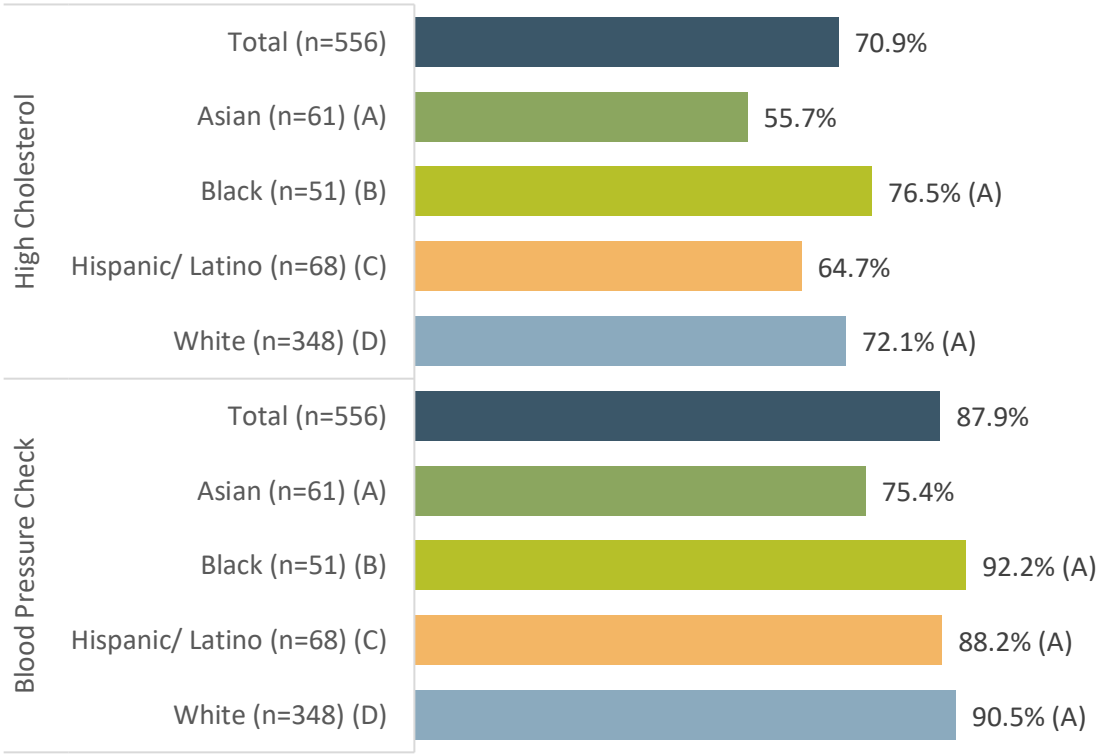
Chronic Conditions

Chronic conditions, such as heart disease, diabetes, COPD, and cancer, are some of the most prevalent conditions in the United States, including in Middlesex County. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable through changes in behavior such as reduced use of tobacco and alcohol and improved diet and physical activity. The following section describes the health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions.

High Cholesterol and High Blood Pressure

Community survey respondents in spring/summer 2021 were asked about their participation in different types of health screenings over the past two years (Figure 49). Nearly three-quarters (70.9%) of Middlesex County survey respondents indicated that they have received a cholesterol screening, and 87.9% had participated in a blood pressure screening. White respondents were more likely than Asian and Latino respondents to indicate that they had participated in either type of screening over the past two years, and Asian respondents were the least likely population to participate in either screening.

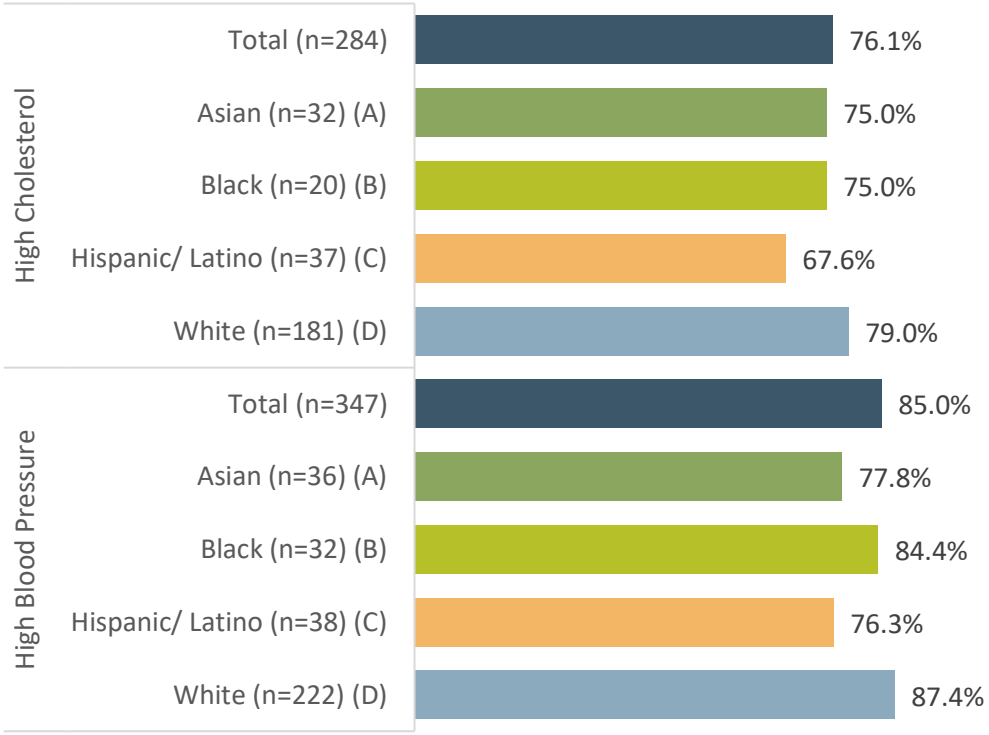
Figure 49. Percent of Community Survey Respondents Reporting that They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years (n=556), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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.

Many residents are affected by high cholesterol and high blood pressure. In the community survey conducted in 2021, respondents were asked to indicate whether they or a household family member were ever told by a doctor or health professional that they had high cholesterol and/or high blood pressure. Among those responding they or a family member had been told they had a high cholesterol and/or high blood pressure, respondents were then asked if they were currently under care for high cholesterol and/or high blood pressure. Approximately 76.1% of Middlesex County survey respondents indicated that they or a member of their household family are currently under care for high cholesterol, and an even higher percentage (85%) similarly for high blood pressure (Figure 50). White respondents had the highest rates of being under care for both high cholesterol (79.0%) and high blood pressure (87.4%), and Hispanic/Latino respondents had the lowest rates of being under care for both conditions (67.6% and 76.3%, respectively).

Figure 50. Of Those Told by a Doctor They Had High Cholesterol and/or High Blood Pressure, Percent of Community Survey Respondents Reporting that They or a Household Family Member are Currently Under Care for High Cholesterol and/or High Blood Pressure (n=248; n=347), 2021



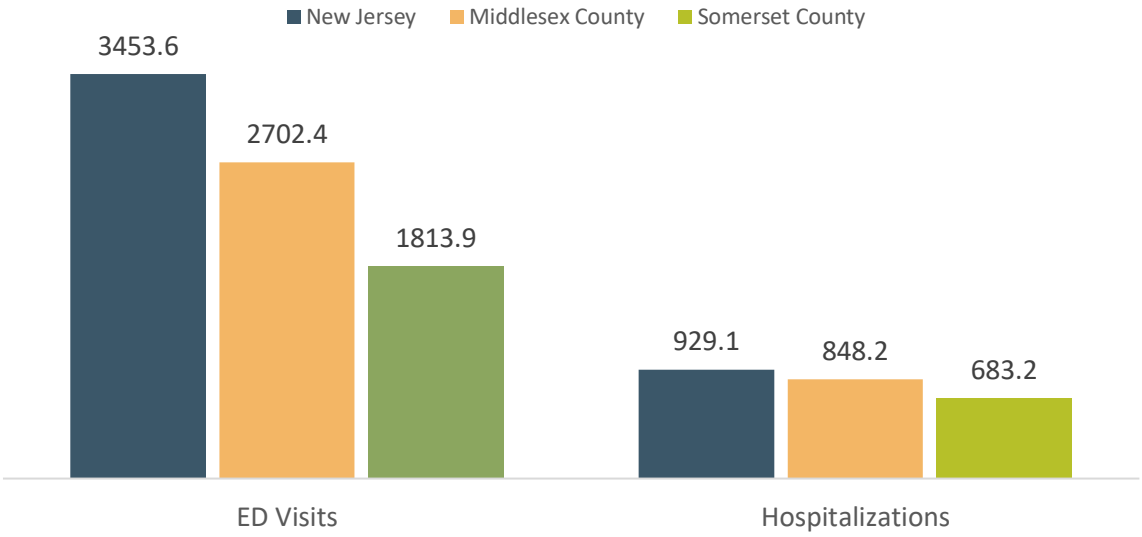
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Heart Disease

While focus group and interview participants mentioned issues related to obesity and healthy eating, they did not discuss heart disease as a primary issue of concern. However, heart disease is still the leading cause of death in Middlesex County, as referenced in the Leading Causes of Death and Premature Mortality section of this report.

In 2016-2019, the rate of major cardiovascular 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 51). Middlesex County had a rate of 2702.4 ED visits and 848.2 hospitalizations per 10,000 population.

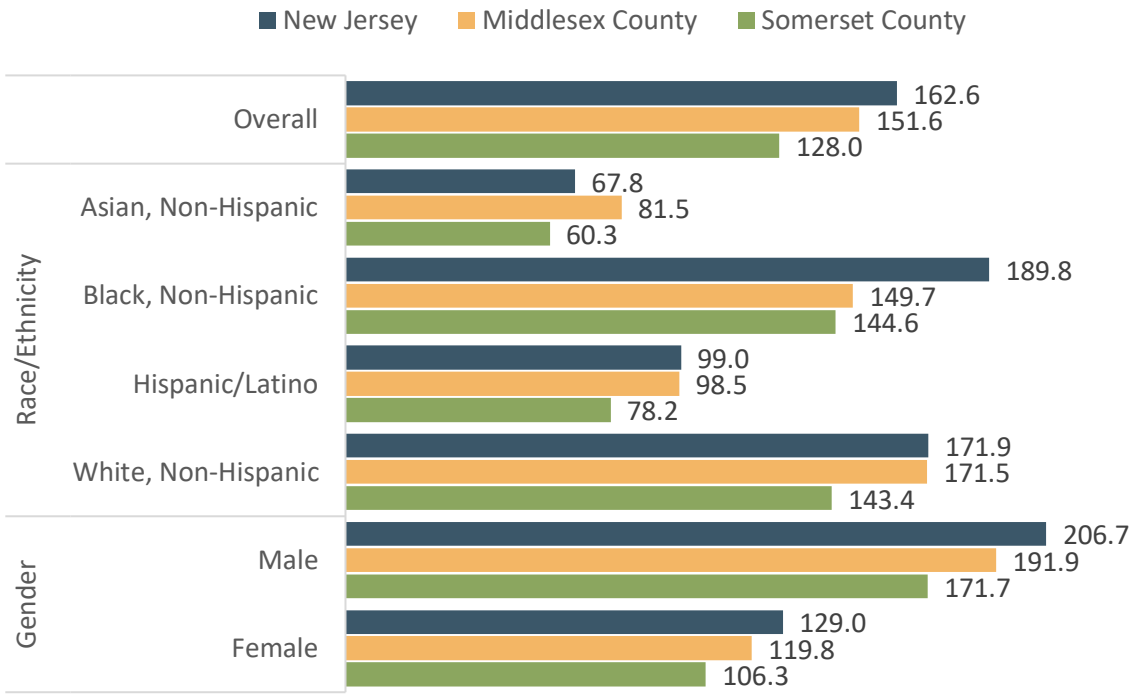
Figure 51. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population, 2016-2019



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 52). At the county level, the overall mortality per 100,000 was 151.6 in Middlesex County and was highest among White, Non-Hispanics (171.5 per 100,000) and Black, Non-Hispanics (149.7 per 100,000) and males (191.9 per 100,000).

Figure 52. Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity and By Gender, and by State and County, 2015-2019



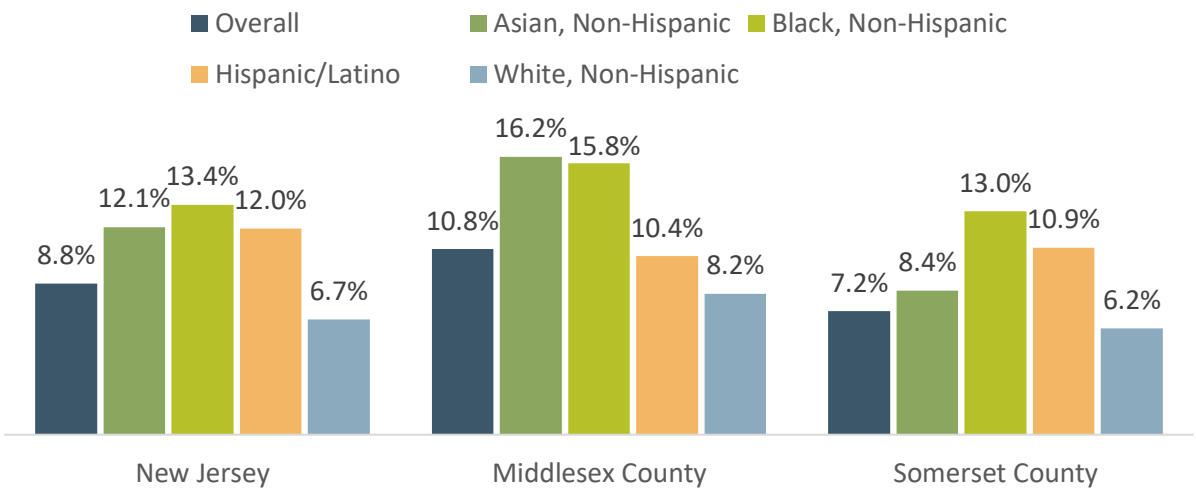
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

Diabetes

In focus groups and interviews, diabetes was discussed as an issue of concern generally and within the South Asian community, but participants primarily expressed concerns with the social and economic factors contributing to the disease—such as affordable healthy living, mental and social health, and access to good healthcare—more than the condition itself. One interviewee also described the impact of the pandemic on chronic disease, "*I do see families do their best to make sure kids are eating the best food but with the pandemic, increasing prices, it makes it difficult for families to eat healthy…. Sometimes families resort to eating fried foods and [that leads to] increasing high blood pressure, diabetes... The pandemic did a number on people in terms of health deteriorating and the lack of healthy food.*"

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 53). At the county level, 10.8% of adults in Middlesex County reported a diabetes diagnosis, with the highest percentage among Asian, Non-Hispanics (16.2) and Black, Non-Hispanics (15.8%), followed by Hispanic/Latino (10.4%), and White, Non-Hispanics (8.2%).

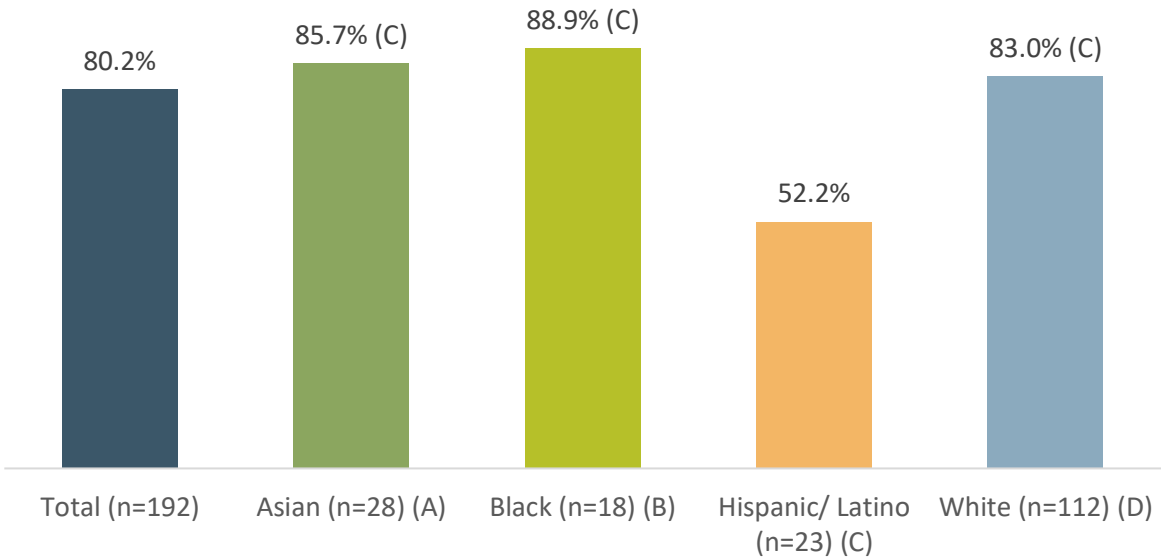
Figure 53. Percent Adults Reported to Have Been Diagnosed with Diabetes, by State and County, 2014-2018



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, respondents were asked to indicate whether they or a household family member were ever told by a doctor or health professional that they had diabetes. Among those responding they or a family member had been told they had diabetes, respondents were then asked if they were currently under care for diabetes. 80.2% of Middlesex County respondents indicated that they or a household family member are currently under care for diabetes (Figure 54). Black (88.9%), Asian (85.7%), and White (83.0%) residents were more likely to report that they or a household family member was currently under care for diabetes, compared to Hispanic/Latino residents (52.2%).

Figure 54. Of Those Told by a Doctor They Had Diabetes, Percent of Community Survey Respondents Reporting that They or a Household Family Member are Currently Under Care for Diabetes (n=192), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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

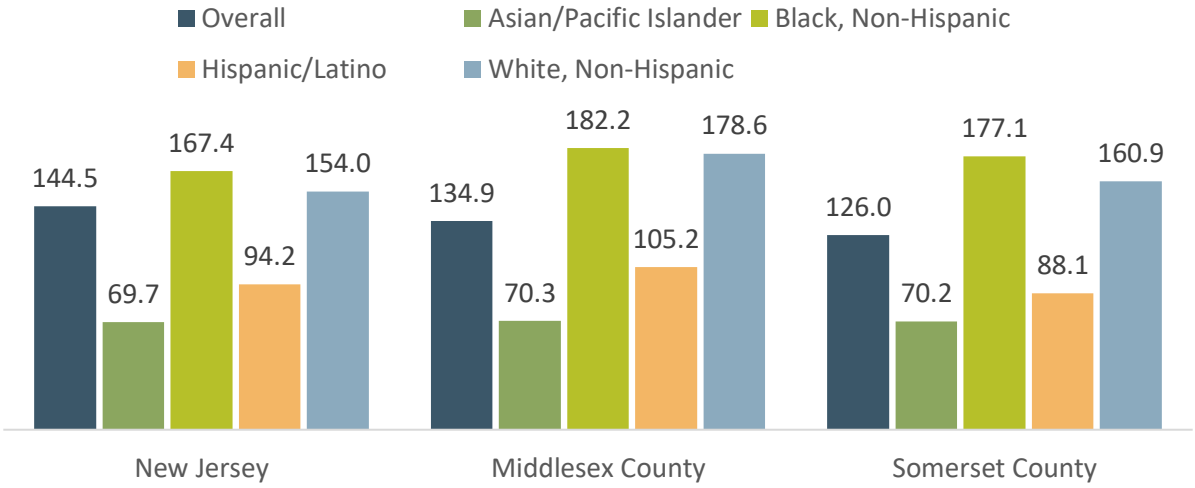
While cancer is one of the top three leading causes of death in Middlesex County, it was not frequently discussed during the focus groups or interviews, except when talking about delayed care and screenings resulting in a perceived increase in later stage diagnoses for cancers. Several participants also mentioned historical mistrust between the medical community and residents, particularly for residents of color, which participants explained is rooted in a history of discrimination and impacts decisions regarding treatments, vaccinations, medical appointments, and participation in clinical trials.

Death certificate data is presented below for cancer mortality rates per 100,000 by race/ethnicity (Figure 55. 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 55. Cancer Mortality Rate per 100,000 population (Overall, Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by State and County, 2015-2019).

At the county level, the overall mortality per 100,000 was 134.9 in Middlesex County and was highest among Black, Non-Hispanics (182.2 per 100,000) and White, Non-Hispanics (178.6 per 100,000).

Appendix I- Cancer Data 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 Middlesex and Somerset Counties.

Figure 55. Cancer Mortality Rate per 100,000 population (Overall, Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by State and County, 2015-2019

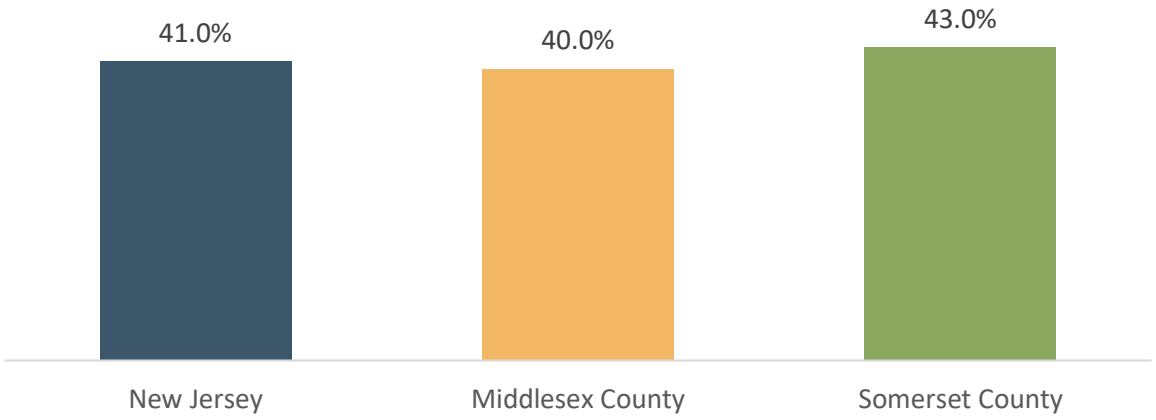


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

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 female Medicare enrollees in that age group had received an annual screening (Figure 56). In Middlesex County, 40.0% of this group had received an annual screening.

Figure 56. Percent of Female Medicare Enrollees ages 65-74 that Received an Annual Mammography Screening, by State and County, 2018

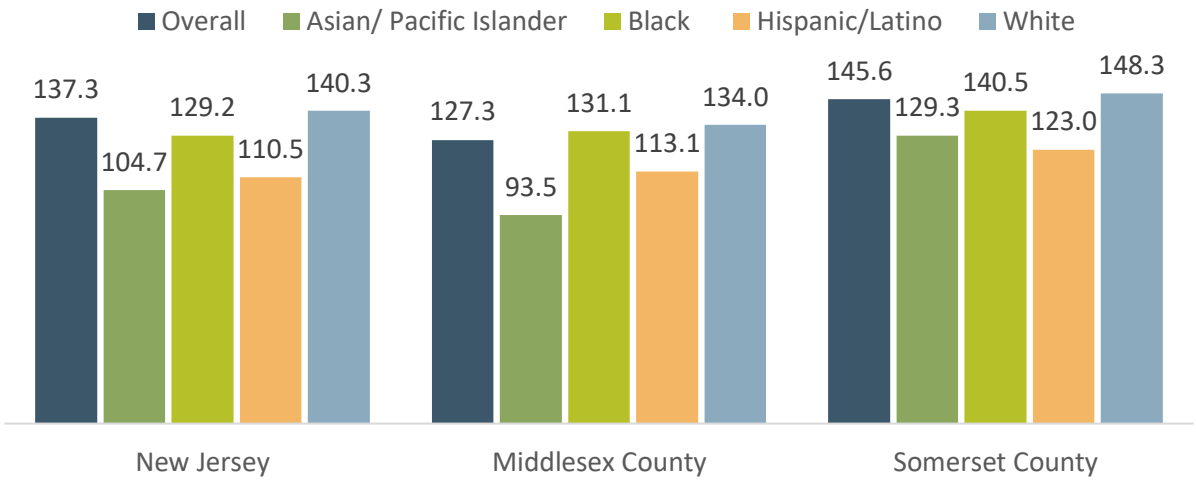


DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

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 57). At the county level, the overall incidence rate per 100,000 was 127.3 in Middlesex County and was highest among the White population (134.0 per 100,000) and among the Black (131.1 per 100,000) population. Rates were also higher among Hispanic/Latino populations (131.1 per 100,000) compared to Asian/Pacific Islander (93.5 per 100,000) populations.

Figure 57. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by State and County, 2013-2018

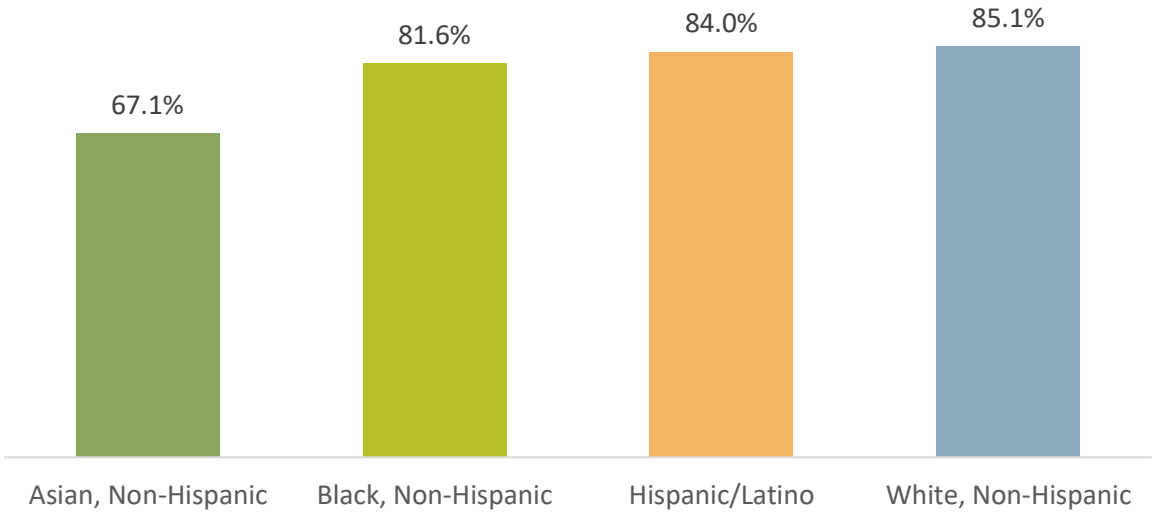


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018
NOTE: New Jersey incidence rates reflect values from 2013-2017

Cervical Cancer

Data presented in the figure below show the state level 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 Hispanic/Latinos, 81.6% of Black, Non-Hispanics, and 67.1% of Asian, Non-Hispanics reported having a pap test in the past three years in 2017 (Figure 58).

Figure 58. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years by Race/Ethnicity, by State, 2017

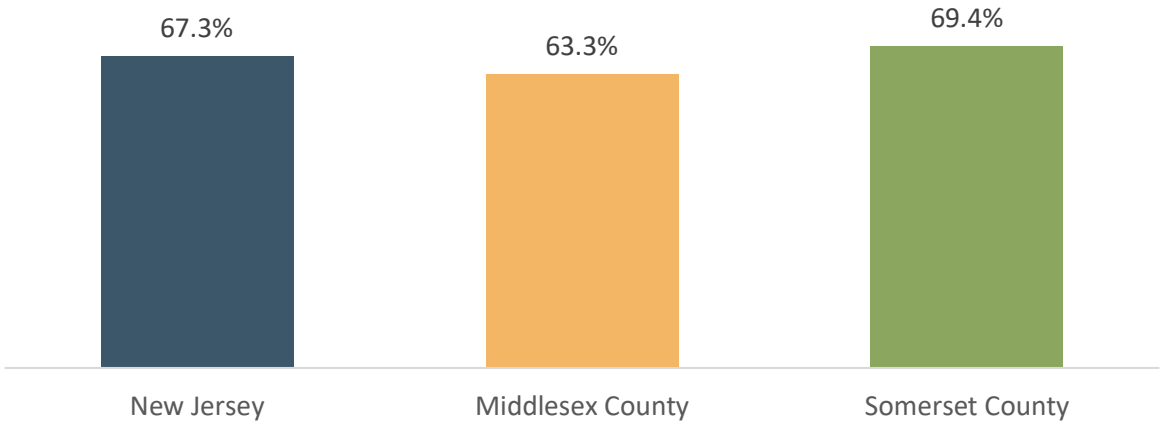


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017

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 59). In Middlesex County, 63.3% of this group reported having a screening.

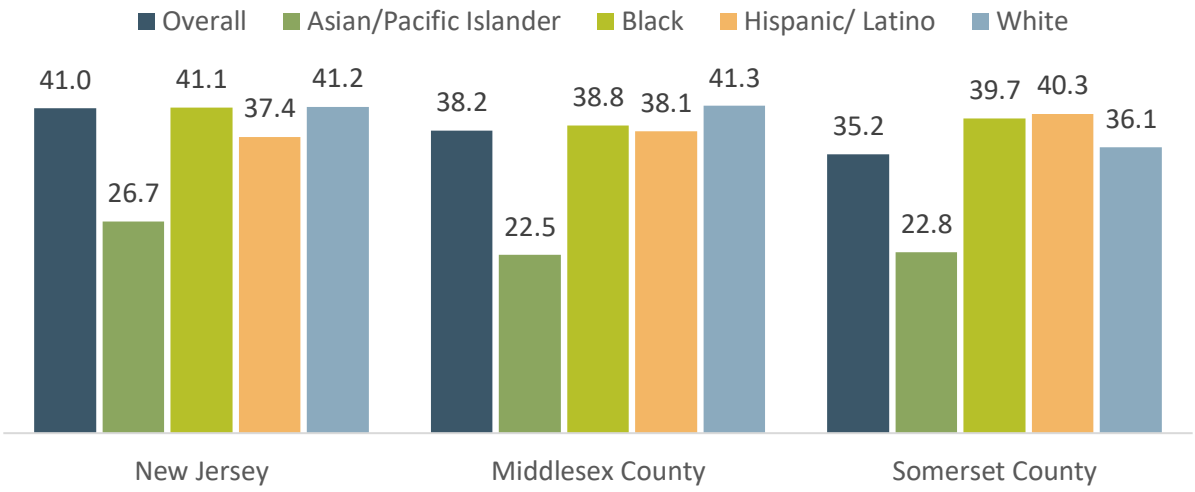
Figure 59. Percent with Current Colorectal Cancer Screening (Adults Aged 50-75), by State and County, 2018



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
NOTE: An individual is considered current with screening 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.

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 60). At the county level, the overall incidence rate per 100,000 was 38.2 in Middlesex County and was highest among the White population (41.3 per 100,000), and Black (38.8 per 100,000) and Hispanic/Latino (38.1 per 100,000) populations.

Figure 60. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State and County, 2013-2018

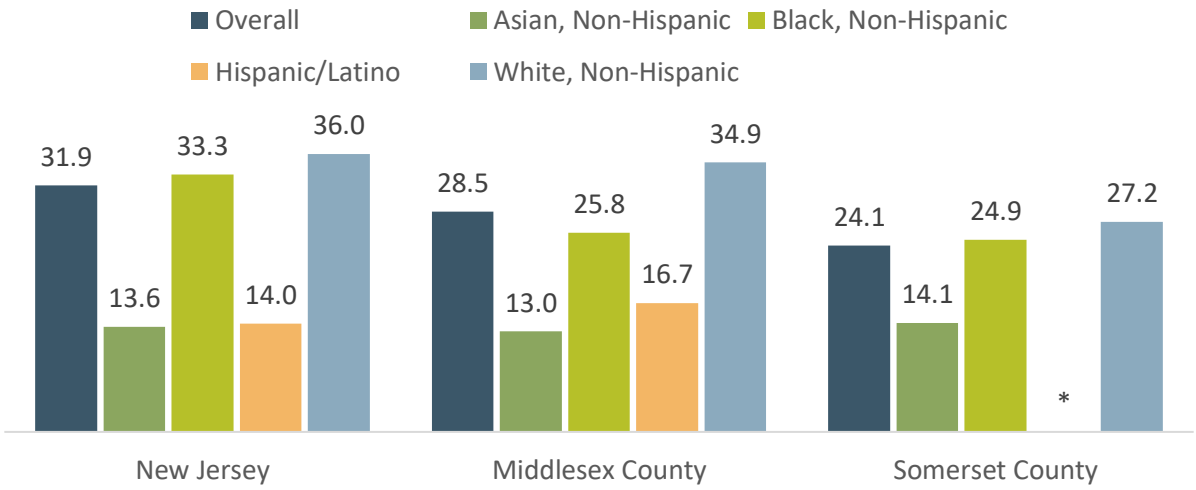


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018
NOTE: New Jersey incidence rates reflect values from 2013-2017

Lung Cancer

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 61). At the county level, the overall mortality per 100,000 was 28.5 in Middlesex County and was highest among White, Non-Hispanics (34.9 per 100,000), followed by Black, Non-Hispanics (25.8 per 100,000), and Hispanic/Latinos (16.7 per 100,000).

Figure 61. Lung Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

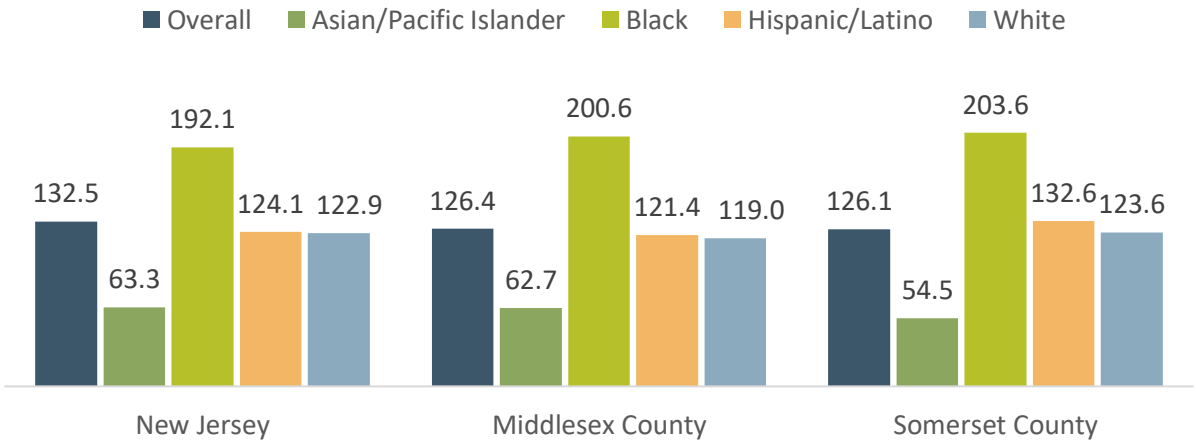


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Asterisk (*) indicates data not available.

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 62). 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 126.4 in Middlesex County and was highest among Black residents (200.6 per 100,000), followed by Hispanic/Latino (121.4 per 100,000) and White (119.0 per 100,000) populations.

Figure 62. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by State and County, 2013-2018

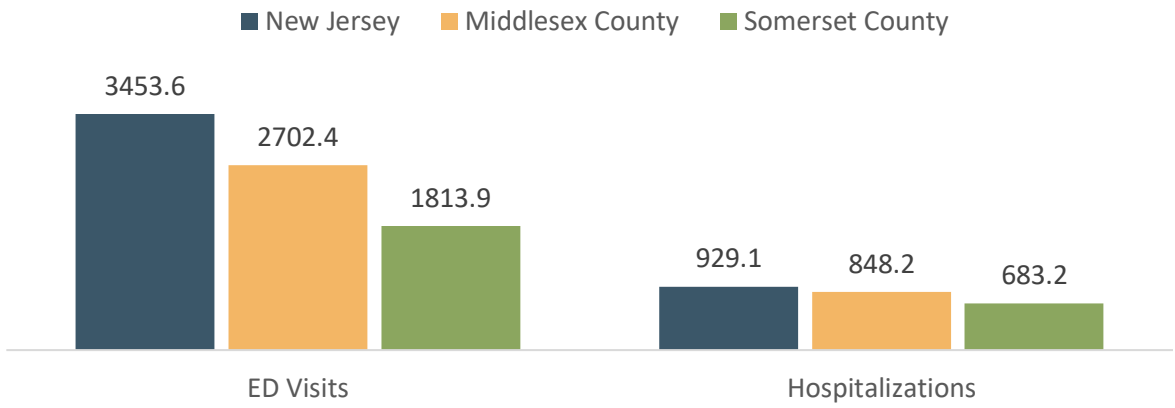


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2013-2017 and 2014-2018
NOTE: New Jersey incidence rates reflect values from 2013-2017

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), which is one of the top 10 leading causes of death in Middlesex County. 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 63). Middlesex County had a rate of 2702.4 ED visits and 848.2 hospitalizations per 100,000 population.

Figure 63. 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

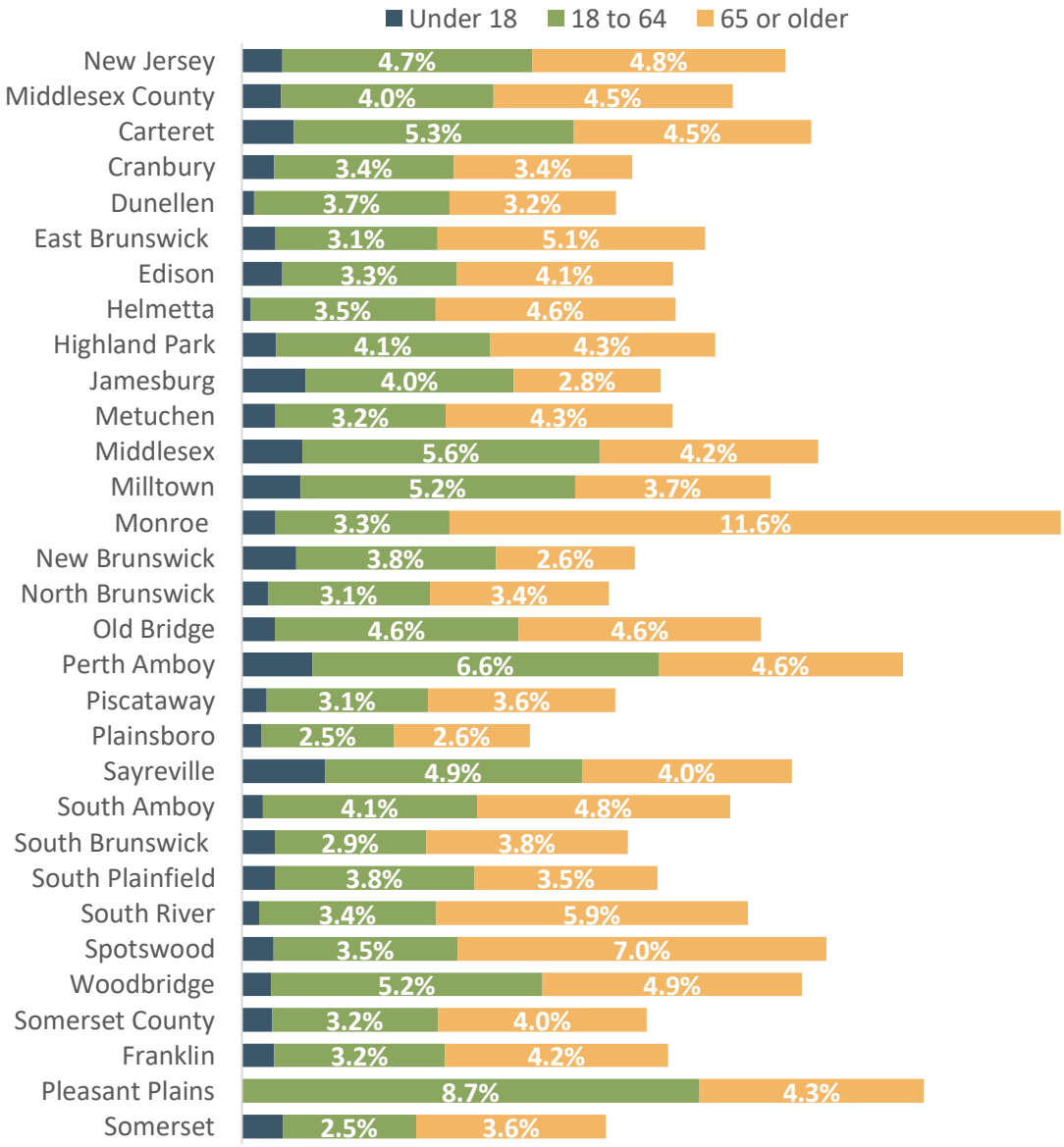
Disability

Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities. Other disabilities, such as hearing impairment, vision impairment, and cognitive impairment, may also impact residents' daily lives.

During the focus groups and interviews, participants rarely discussed the needs of residents with disabilities. Instead, the subject of disabilities was often mentioned when talking about income and the impact having a disability can have on financial security, and the barriers around applying for disability services. One interviewee explained, "*The process to apply for Medicaid, Medicare, or Disability is very arduous for people, the application can be daunting, and caregivers are already under stress. They feel overwhelmed. The state implemented [a program where] you can apply one time for 11 different programs. [It is also challenging] also when some things are only via computer."* When talking with residents impacted by disabilities, focus group and interview participants focused on the needs and barriers of aging populations. One interviewee further illustrated these barriers, "*In terms of age, I just helped someone who is older and deaf. He was behind on his bills because they were electronic, and he didn't know how to get access and went into collections. I had to help him make a call to billing because of his hearing. [We are] just assuming everyone has access to all of these things and knows all of these things."* Multiple focus group and interview participants emphasized the need for the community to connect with and caring for older populations, with one participant noting that they felt there was increased visibility and awareness because people are living longer, which was resulting in reduced stigma around disabilities.

American Community Survey Data around the civilian noninstitutionalized population by age show that almost five percent of both people 18-64 years old (4.7%) and people 65 or older (4.8%) had a disability in New Jersey (Figure 64). Under one percent of the state population under 18 had a disability (0.8%). In Middlesex County, 4.7% of 18 to 64-year-olds and 4.8% of those older than 65 had a disability. At the town level, Monroe residents over 65 years old had the largest percentage of members with a disability (11.6%), followed by 18- to 64-year-olds in Pleasant Plains (8.7%) and residents over 65 in Spotswood (7.0%). Among those under 18, Sayreville had the highest percentage of children with a disability at 1.6%.

Figure 64. Civilian Noninstitutionalized Population with a Disability, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: Data labels under 2.0% are omitted.

Behavioral Health: Mental Health and Substance Use

Behavioral health is the connection between the body and mind's health and well-being. In the field, mental health and substance use are typically discussed under the larger behavioral health framework. Additionally, results from the 2019 Middlesex County Needs Assessment reported that focus groups held with residents identified the need for additional treatment programs were needed. In particular, those jointly focused on addressing mental health and substance abuse.

Mental Health

The topic of mental health was prevalent in nearly all focus groups and interviews conducted for this CHNA. Many participants said that they felt the COVID-19 pandemic contributed to increases in stress for the community, which they felt led to an increase in mental health needs. Job loss and financial insecurity, virtual schooling, social isolation, loss of friends and family members, disruptions in access to care, and the general uncertainty associated with the pandemic were all cited as contributors to increased stress, depression, anxiety, and trauma among Middlesex's residents.

> *"I think people are realizing the fact that they are overwhelmed, really needing the services, the pandemic did a number in terms of people being home, an increased level of stress and overwhelming feelings*."
> - Key informant interviewee

Some participants also shared what they perceived to be a bright spot, noting that they felt the pandemic and increased media coverage of mental health was helping to reduce stigma. One participant explained, "*Now after the pandemic there is more emphasis on mental health, it's being talked about on national tv, talk shows, with celebrities, now people are coming out saying 'yes, I need it' and people are also comfortable enough talking about their treatment with their family members, so we are seeing people asking and referring family members*." Among community survey respondents, mental health (30.3%) and a high stress lifestyle (21.3%) were the second and third top community health issues reported, as noted previously in the Perceptions of Community Health section.

Mental Health and COVID-19 Pandemic

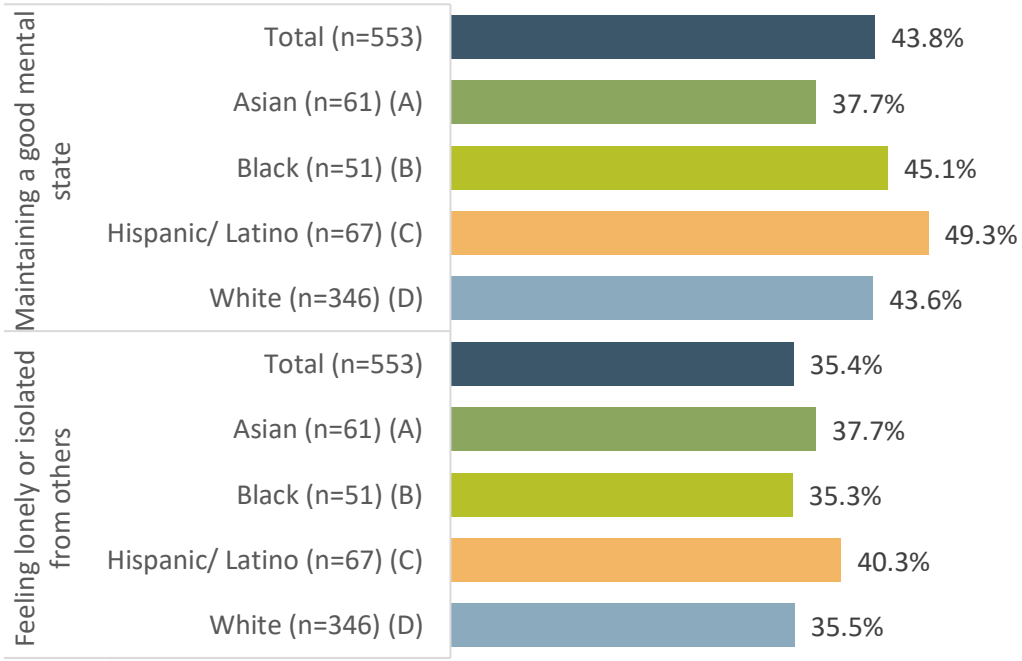
Though mental health challenges affect people of all ages and backgrounds, focus group and interview participants expressed particular concern for the mental health of residents who are economically vulnerable, seniors, and youth. Participants noted that they felt existing social support systems, such as access to family and friends, and events such as funerals, have been changed or disrupted by the pandemic which decreased the community's ability to respond to and cope with stress and tragedies. Older adults, interview participants explained, continue to face challenges of isolation, economic instability, transportation barriers, and mobility challenges, all of which may contribute to poor mental health outcomes. Throughout the pandemic youth have also experienced disruptions to their lives, including virtual schooling and canceled social activities such as camp and sports. Participants also explained that youth from lower income backgrounds may face additional struggles, "*Mental health is a top concern and that is really tied to poverty within Middlesex, you have people with no money to thrive and the stress is passed throughout the whole family*."

The topic of trauma-informed care was also commonly mentioned by focus group and interview participants. Interviewees explained that some populations, such as those with serious mental illness and residents who are immigrants, may require a more holistic and trauma informed approach when it comes to mental health. One interviewee explained, "*Sometimes people reach a limit with stress and overwhelming feelings, it could be COVID or a lack of work. For many, I've seen as long as they are*

working, they could be dealing with domestic violence or substances abuse, that could be from adverse childhood experiences, but they are highly functioning adults while they are working and socially involved. During COVID, people became more home-bound, lost jobs. It led to the trauma being more pronounced and bringing up issues from [their] upbringing."

Survey data further reiterate the impact of the pandemic on the community, with 43.8% of residents reporting that they or someone in their family has personally experienced difficulty with mental health issues since COVID-19 started, and 35.4% reported feeling lonely or isolated since COVID-19 started. When looking at differences by the race and ethnicity of survey respondents, survey respondents from a Hispanic or Latino background reported higher levels of difficulty maintaining a good mental state (49.3%) and feeling lonely or isolated (40.3%) than respondents of other backgrounds (Figure 65).

Figure 65. 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=553), 2021

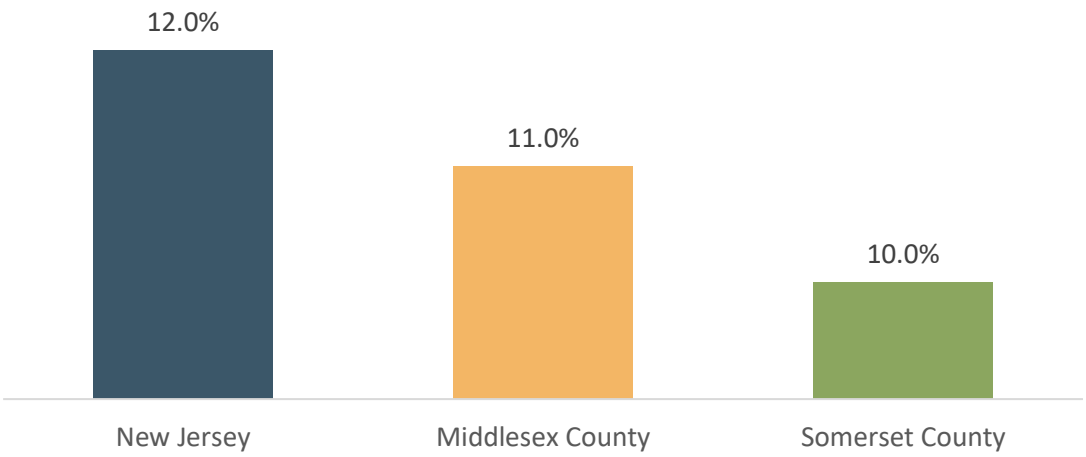


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Mental Health Incidence, Hospitalization, and Mortality

When examining surveillance data on mental health from before to the COVID-19 pandemic, over one tenth of adults in Middlesex County reported 14 or more days of poor mental health in past month (11.0%) which was slightly below the rate for the state of New Jersey (12.0%) (Figure 66).

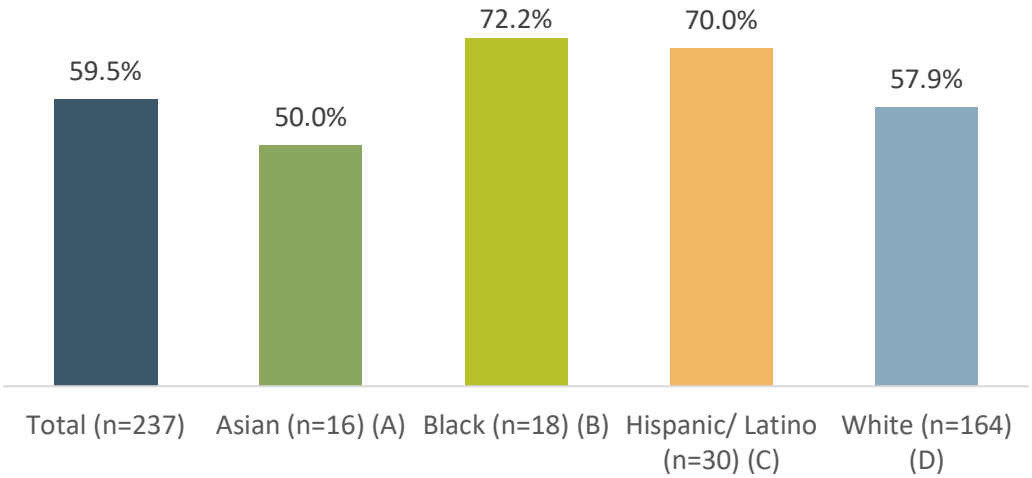
Figure 66. Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month, by State and County, 2017



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 Middlesex County community survey, fielded in spring/summer 2021, respondents were asked to indicate whether they or a household family member were ever told by a doctor or health professional that they had depression and/or anxiety. Among those responding they or a family member had been told they had a depression and/or anxiety, respondents were then asked if they were currently under care for depression and/or anxiety. 59.5% of community survey respondents indicated that they or a family member are currently under care for depression or anxiety (Figure 67).

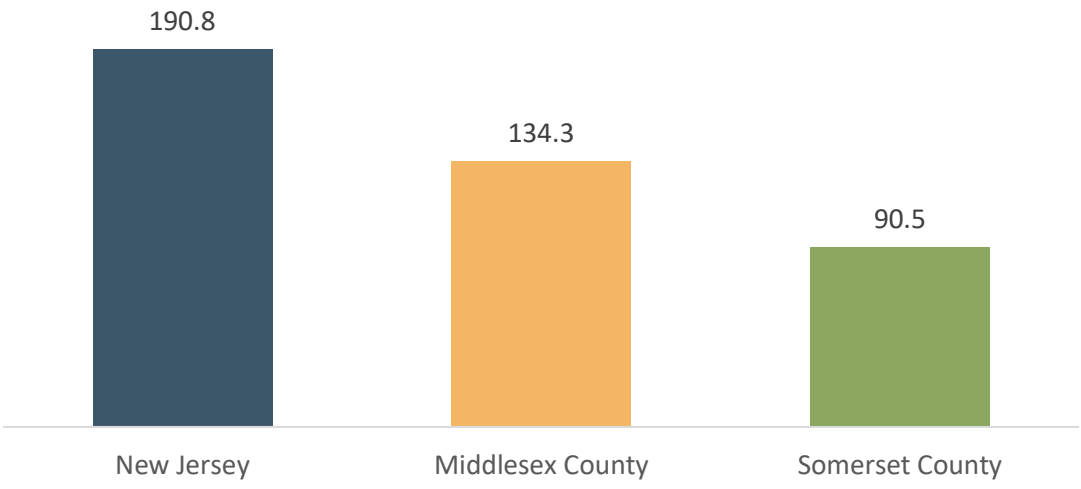
Figure 67. Of Those Told by a Doctor They Had Depression and/or Anxiety, Percent of Community Survey Respondents Reporting that They or a Family Member Are Currently Under Care for Depression or Anxiety (n=237), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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 surveillance data from New Jersey Department of Health can be found in this section. The 2018 data indicate that Middlesex County had a rate of 134.3 emergency department (ED) visits due to mental health per 100,000 population, which was less than the statewide rate (190.8 per 100,000) but higher than Somerset County (90.5 per 100,000) (Figure 68).

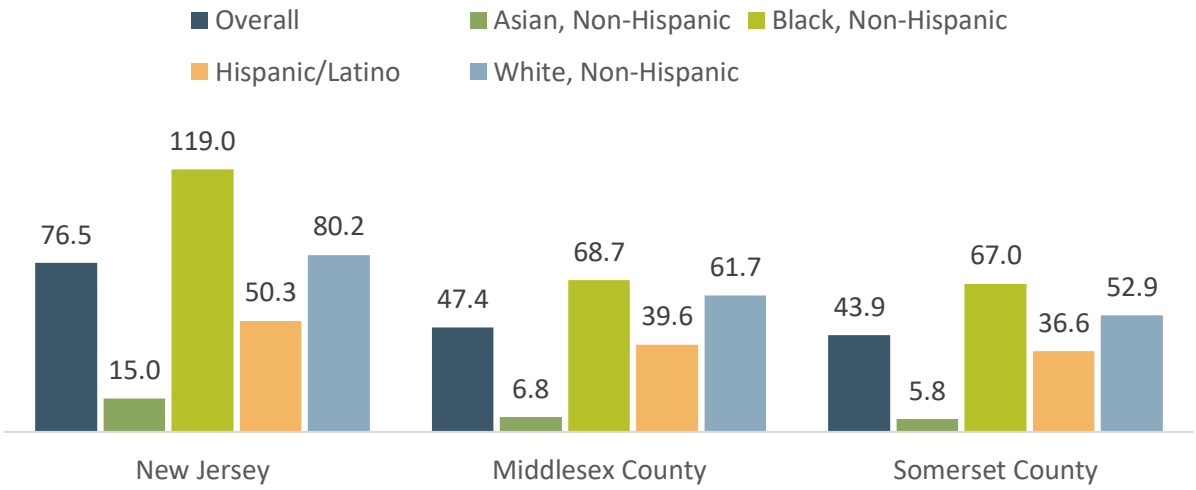
Figure 68. ED Visits due to Mental Health per 100,000, by State and County, 2018



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 69). At the county level, the Middlesex County rate was highest among Black, Non-Hispanics (68.7), followed by White, Non-Hispanics (61.7 per 100,000), Hispanic/Latino (39.6), and Asian, Non-Hispanics (6.8 per 100,000).

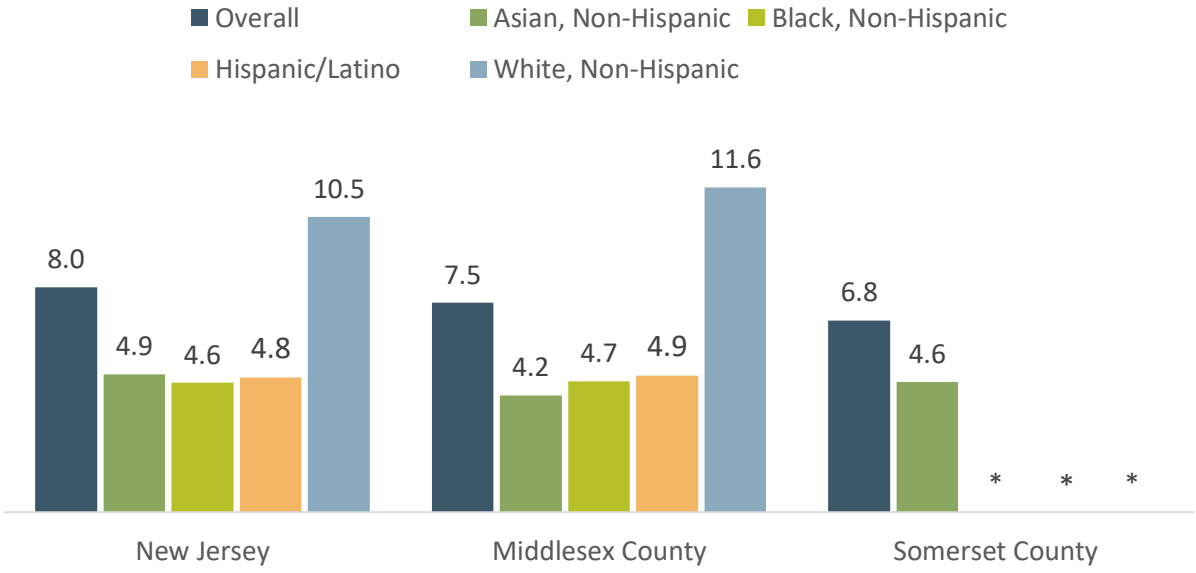
Figure 69. Hospitalizations due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2018



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 indicate that Middlesex County's suicide rate was 7.5 per 100,000 population. Rates were highest for the White, Non-Hispanic population (11.6), followed by the Hispanic/Latino population (4.9), the Black, Non-Hispanic population (4.7) and the Asian, Non-Hispanic population (4.2). This overall rate was slightly higher than that seen in Somerset County and slightly lower than seen in New Jersey overall (Figure 70).

Figure 70. 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: Asterisk (*) indicates data not available.

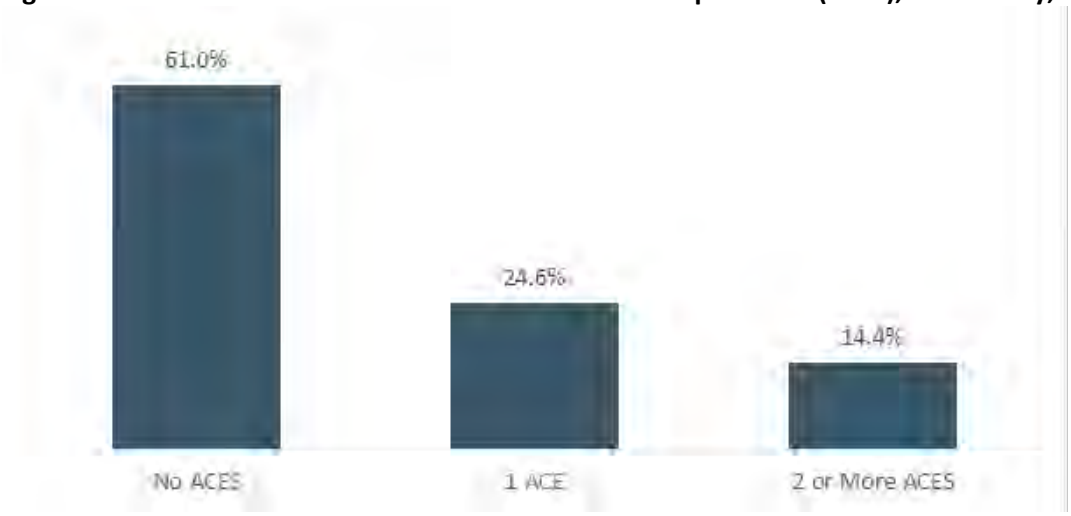
Youth Mental Health

When discussing the topic of mental health, focus group and interview participants expressed that they felt particular concern for children and adolescents. Most notably, participants emphasized that the pandemic had caused disruptions to schooling and social programs, leading to virtual schooling and what they perceived as increased time spent in isolation or at the computer. One focus group participant also explained that they felt there are limited options for local social opportunities youth can engage in, "*When they were taking the kids out of schools and they were being quarantined at home parents and kids didn't know how to adjust, they had to do school online, then you have the rest of the day when the kids get bored and you're stuck inside, no money to go out, it brings on a lot of anxiety for the parents and the kids. No one was prepared*." Focus group participants also stated that they felt teenagers and college-aged young adults also experienced higher stress levels due to online schooling and uncertainty at a time when they are planning for graduation and progressing into college or the workforce.

One interview participant also explained that, due to complications arising from the pandemic, some families were put in difficult situations when balancing work and children's education. One example the interviewee described was that many parents are obligated to continue working, but due to the pandemic schooling was virtual and/or childcare options were limited or non-existent. For some families, the interviewee explained, this resulted in leaving older siblings with caretaking responsibilities for younger siblings. "*I work with families where they have to look after their siblings after school. Parents come home at 6 or 7 [in the evening], and that takes away the youth's ability to be young. That's a cultural practice, something mom experienced, that doesn't make it ok, but it makes it impact generation after generation. So, we work with the parents to find a better balance and understand how youth behaviors like cutting class might be related. Most of those who are cutting classes we found are taking care of their home, and they need the space in the morning to be themselves."*

Adverse childhood experiences (ACEs) such as experiencing abuse, witnessing community violence, and mental illness in the home are a 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 71). 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.

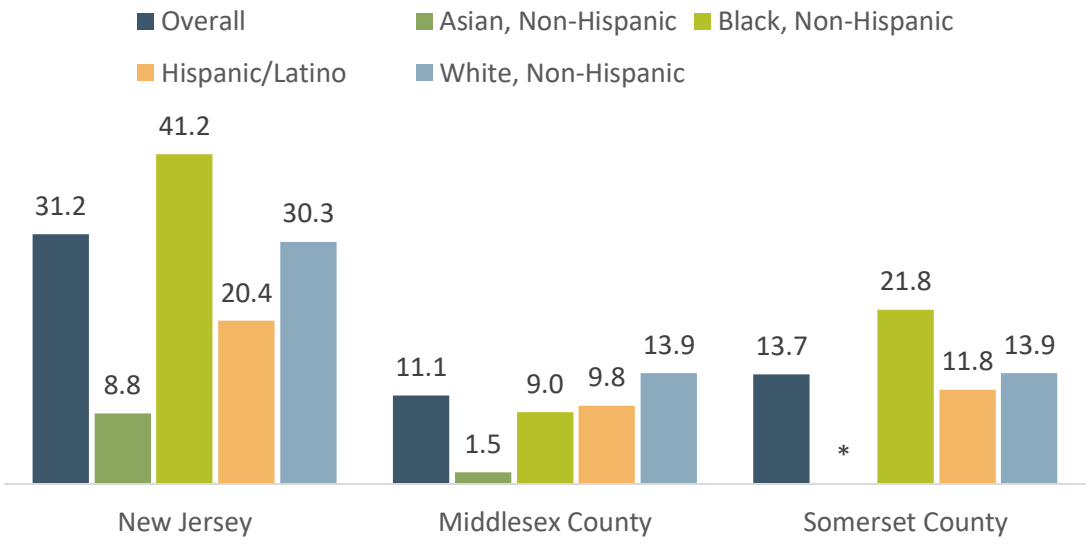
Figure 71. Percent of Children with Adverse Childhood Experiences (ACEs), New Jersey, 2019



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

Figure 72 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 Middlesex County rate was highest among White, Non-Hispanics (13.9), follow by Hispanic/Latino (9.8 per 100,000), Black Non-Hispanics (9.0 per 100,000), and Asian, Non-Hispanic (1.5).

Figure 72. 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

Access to Mental Health Services

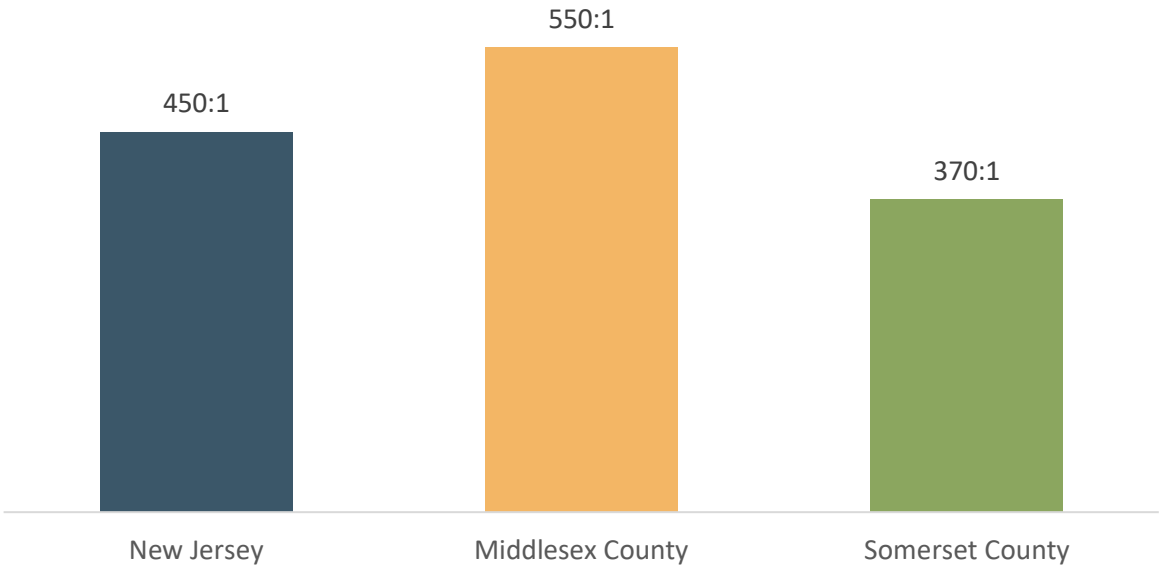
Focus group and interview participants routinely described the need for mental health services in the community; however, interviewees working in or adjacent to the mental health field provided additional nuance to the subject of mental health access. Some interviewees discussed that, due to the pandemic

and efforts to increase awareness of mental health, the demand for mental health services was increasing and creating waiting lists. As one interviewee explained, "*I have about 45 patients on my waiting list and I'm the only clinician…my schedule is very busy but there is a limit in how many patients I can see. I would say it takes between 3 weeks to 30 days for waiting list patients to receive treatment. I try to get it to 3 weeks, but I don't want to rush anyone's treatment either."*

To better meet the needs of Middlesex County residents, focus group and interview participants also emphasized the need for a holistic approach to care and implementation of trauma informed care. One interviewee noted, "*When I moved up here, we were starting to talk about [trauma informed care], now it's definitely spread here and when you think about the population [with serious mental illness], probably [the majority] have trauma so it's important to recognize that. We have tried to change our approach on an individual basis but it's hard to see the change system wide. From a system perspective we still operate within the medical model."* However, interviewees explained, a holistic approach to care delivery may involve additional referrals and coordination, which further strains the providers' workload. "*We connected with the school guidance counselor for this particular case to make sure the student is receiving food, if they need mental health services, we bring them in for services. Thinking about the wraparound does add more work to think about referrals."*

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 73). In Middlesex County, the ratio was 550 people for every mental health provider.

Figure 73. Ratios of Population to Mental Health Providers, 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

Furthermore, technology and telehealth services were viewed as playing a major role in access to mental health services, according to interviewees and focus group participants. Interviewees explained

that, for some residents who may have transportation, childcare, or other barriers that would prohibit them from accessing in-office services, telehealth has been a way to access treatment. When discussing telehealth, one interviewee stated, "*COVID has prompted a change in use of telehealth services and helped de-stigmatize mental health, which has been positive and increased access to care… [There is] more flexibility on the patient end for scheduling, and there is more adaptability on the clinician end. If we need to adapt, we can shift quickly. Finding different ways to make the session happen, if you are having trouble with zoom, we can do phone, the goal is to make sure you can talk to a professional about your mental health needs*."

However, while technology may help increase access for some populations, interview participants explained, it may increase barriers for other populations. Some examples described by the interviewees included older populations, individuals with physical disabilities such as blindness or hearing loss, and populations who may be experiencing domestic violence or unsafe living conditions. One interviewee noted, "*Even now with things improving there are still disparities and challenges to navigate Zoom and figure out how to get into the session. Even challenges being at home, I serve DV patients as well and having to come on a Zoom call and talk about abusers that takes certain skills to make sure the patient is safe and to make it sure like it's just any type of services*." However, despite the challenges of telehealth, 64% survey respondents reported that they had accessed virtual medicine, and 85% of those respondents indicated that they were satisfied or very satisfied with virtual medicine. For further information, see the section on Access to Services: Technology and Telehealth.

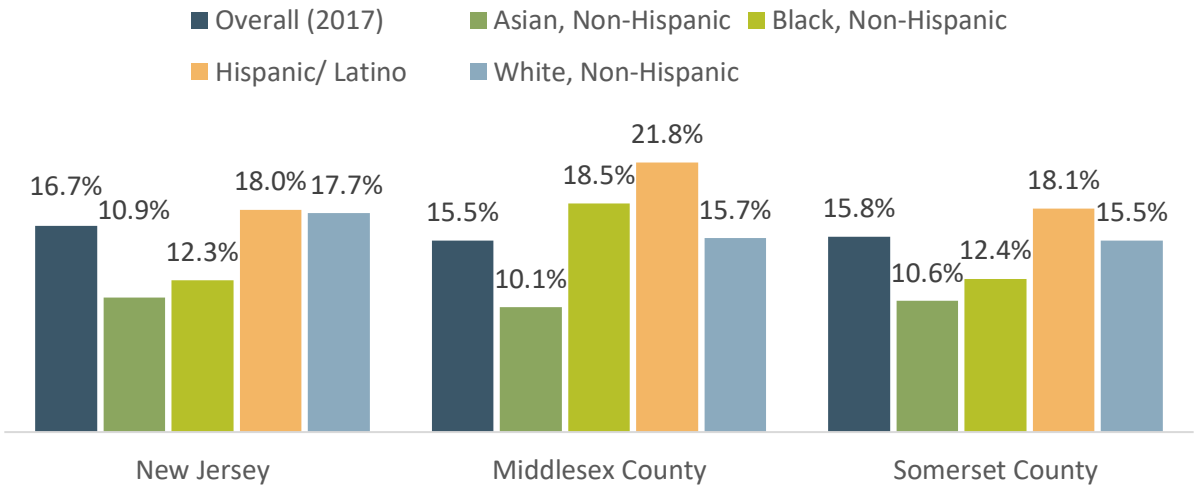
Substance Use

Substance use was mentioned as a concern by some focus group and interview participants. Participants noted that they felt the pandemic was creating difficult personal situations and increased isolation, which could lead to people turning to substance use. As one interviewee stated, "*It's caused a lot of isolation and depression; people are going through a situation they've never been through. People are turning to alcohol and drugs*." Other focus group and interview participants noted observing substance use in public spaces and on school grounds.

> "*At a park near me there are a lot of people who do drugs and drink alcohol, and they hang out there all day and night and some parents don't feel safe taking their kids to play there*."
> - Focus group participant

While focus group and interview participants discussed substance use needs and perceived prevalence in the community, current surveillance data are not available on this topic for Middlesex 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 74). At the county level, 15.5% of adults in Middlesex County reported binge drinking, with the highest percentage among Hispanics (21.8%) and followed by Black, Non-Hispanics (18.5%), White, Non-Hispanics (15.7%), and Asian, Non-Hispanics (10.1%).

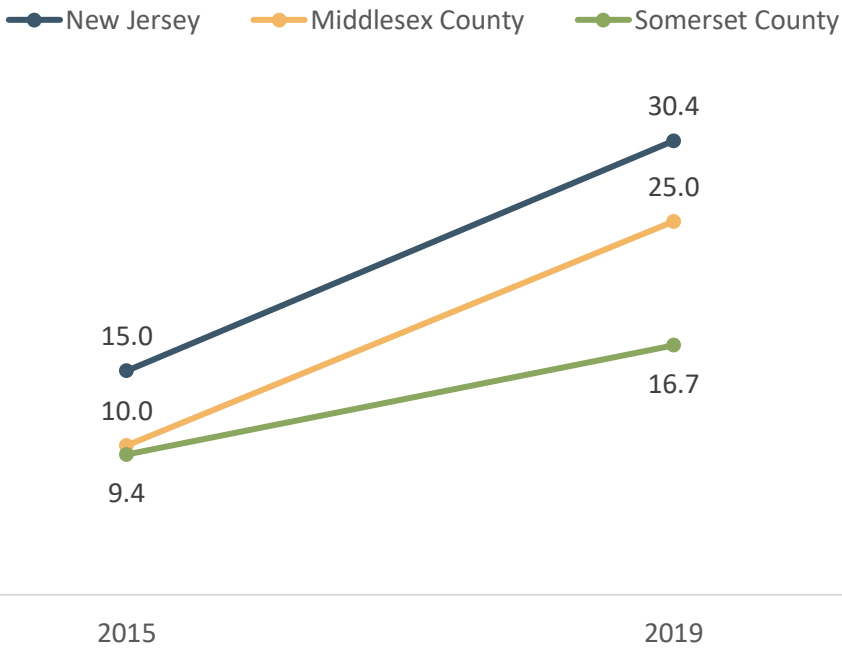
Figure 74. Percent Adults Reported Binge Drinking, by State and County, 2014 and 2017



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), 2015-2017 and 2017

The following figure shows the age-adjusted unintentional drug poisoning mortality rate per 100,000 population in 2015 and 2019. In New Jersey, the age-adjusted rate per 100,000 was 15.0 in 2015 and 30.4 in 2019 (Figure 75). The Middlesex County rates were lower than the state, with mortality rates per 100,000 at 10.0 in 2015 and 25.0 in 2019.

Figure 75. 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.

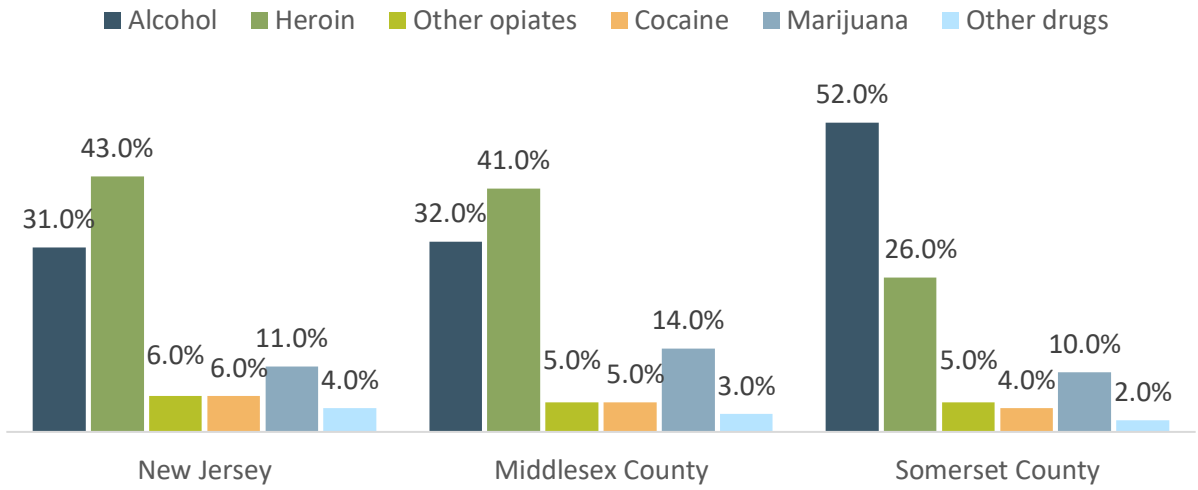
Substance Use Treatment

Interview participants described challenges in accessing substance use treatment, primarily due to limited access and complications resulting from the pandemic. As one interviewee explained, "*Patients can't be safely discharged from hospitals if the patient can't access rehab or hemodialysis, and then quality of life decreases because they have to stay in the hospital, all because charity care isn't available."* Another interviewee explained that programs to support treatment and recovery were interrupted during the pandemic, "*Connection is key for mental health and addiction recovery. Even the 12-step meetings were online, and people had to adjust. They are more in person now. We did some surveys asking if people liked telehealth and some do like it, but many say no because they want the connection*." Additionally, one interviewee noted that some residents who are court mandated to receive treatment are highly functioning and can require several sessions before beginning to open up and be receptive to treatment. "*In patients I'm seeing that are court mandated, they let you hear what you want to hear. Believe it or not most people we serve are highly functioning to the point you question why they are there before you know the diagnosis."*

Additionally, interview participants also emphasized the need for a holistic and trauma informed care approach when treating substance abuse, similar to the need for holistic care when treating mental health. As one interviewee stated, *"Once you start hitting on their bad experiences you can look at the layers of trauma they are living with. People are trying to take advantage of them, landlords taking advantage of them, so we look at how to deal with stress and overcome challenges in better ways than drinking.*" Some interviewees also described stigma related to substance use, including from providers, and explained how that created additional barriers for residents. "*You definitely need people who understand the population, we saw that with SUD [Substance Use Disorder], there were very few people who could provide prescriptions for treatment for SUD, even if you had a waiver to prescribe they would also limit the number of prescriptions, it took some advocacy to remove that barrier and a lot of people shy away from that."*

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 76). In Middlesex County treatment sites, 41.0% of admissions were for heroin, 32.0% for alcohol, 14.0% for marijuana, and under 10% each for other opiates, cocaine, and other drugs.

Figure 76. 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.

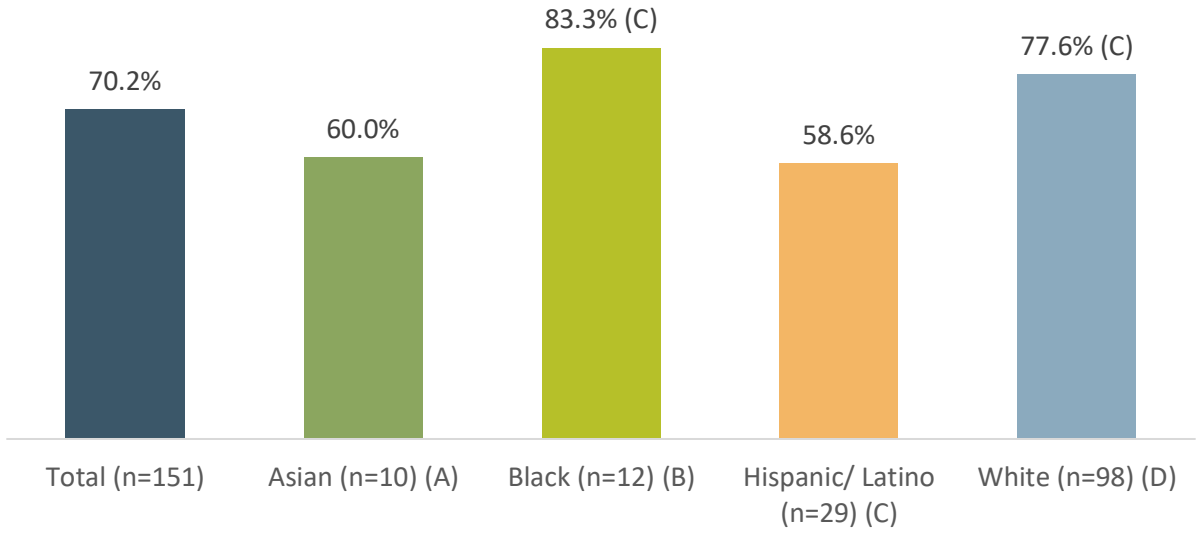
Environmental Health

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. Only one focus group participant commented that they felt concerned that low-quality housing and poor ventilation were contributing to respiratory ailments and lead exposure in children.

Asthma

Asthma and respiratory ailments were not a prevalent theme in the focus groups and interviews. In the community survey conducted in 2021, respondents were asked to indicate whether they or a household family member were ever told by a doctor or health professional that they had asthma. Among those responding they or a family member had been told they had asthma, respondents were then asked if they were currently under care for asthma. 70.2% of survey respondents in the service area indicated that they or a family member were currently under care for asthma (Figure 77). Black (83.3%) and White (77.6%) respondents reported this more frequently than Asian (60.0%) and Hispanic/Latino (58.6%) respondents.

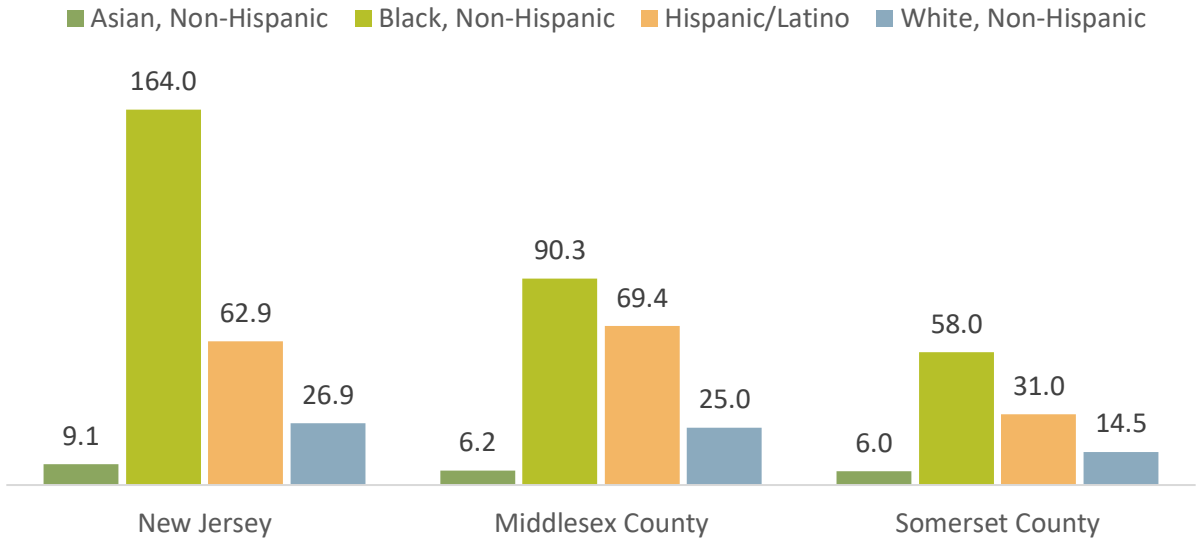
Figure 77. Of Those Told by a Doctor They Had Asthma, Percent of Community Survey Respondents Reporting Under Care for Asthma, among Those Indicating They or a Family Member Has Asthma (n=151), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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 is also presented for asthma ED visits per 10,000 in 2018, by race/ethnicity. At the state level, 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 78). 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). Rates in Middlesex County were lower than the state level, with rates of Black, Non-Hispanics being the highest at 90.3 per 10,000, followed by Hispanic/Latinos at 69.4, White, Non-Hispanics at 25.0, and Asian, Non-Hispanics at 6.2.

Figure 78. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, by State and County, 2018

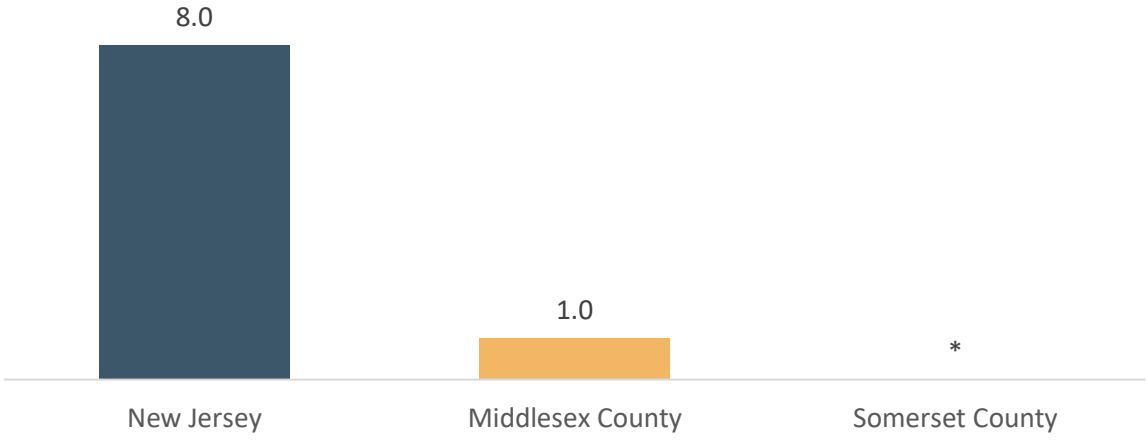


DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Data includes ED visits where asthma was primary diagnosis.

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) (Figure 79). 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 79. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hour above 0.070 ppm), 2020

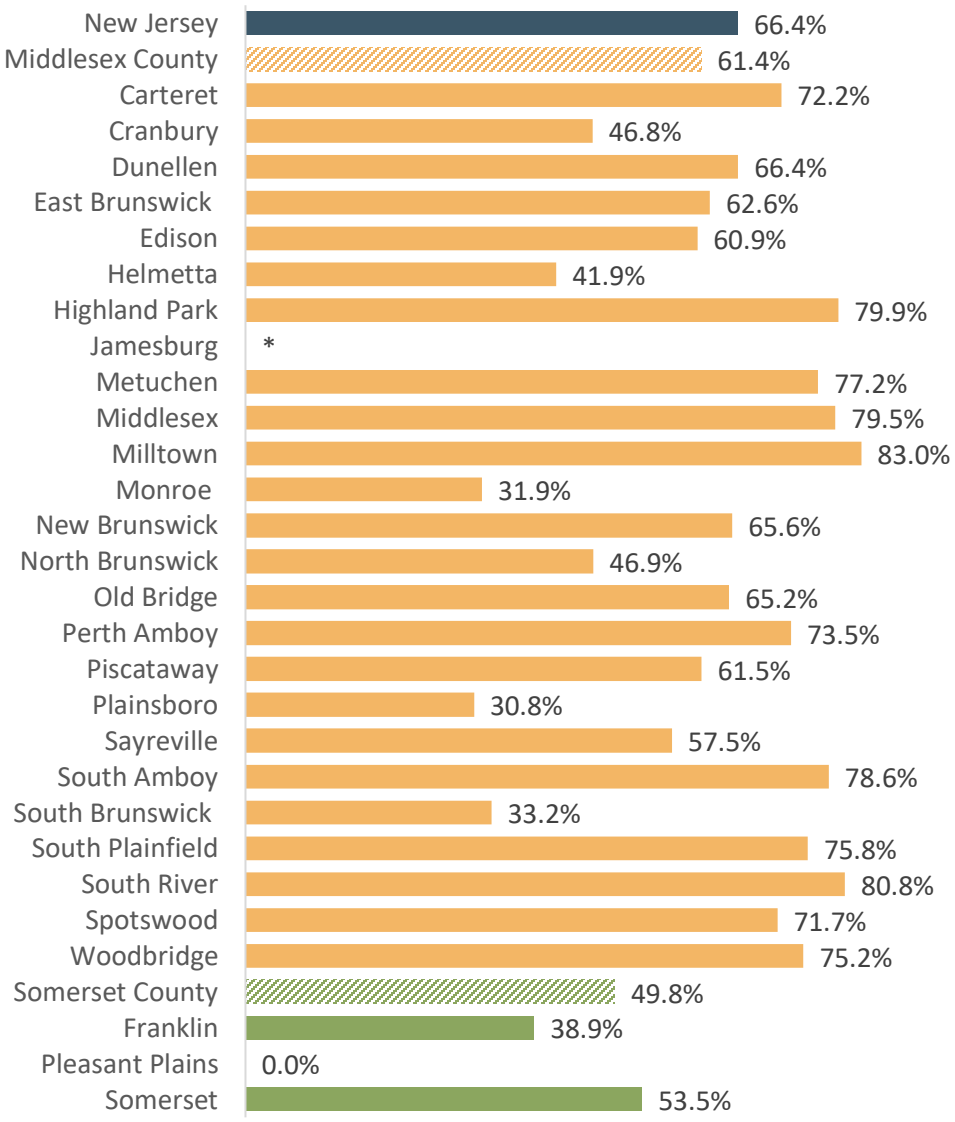


DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Asterisk (*) indicates data not available

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 80, in Middlesex County, 61.4% of housing was built prior to 1980; however, there are notable differences by town. Among towns in Middlesex County, Milltown had the highest percentage of housing built before 1980 (83.0%), followed by Highland Park (79.9%), and Middlesex (79.5%). Towns such as Pleasant Plains in Somerset County (0.0%), Plainsboro (30.8%), and Monroe (31.9%) had the lowest percentage of housing units built pre-1980.

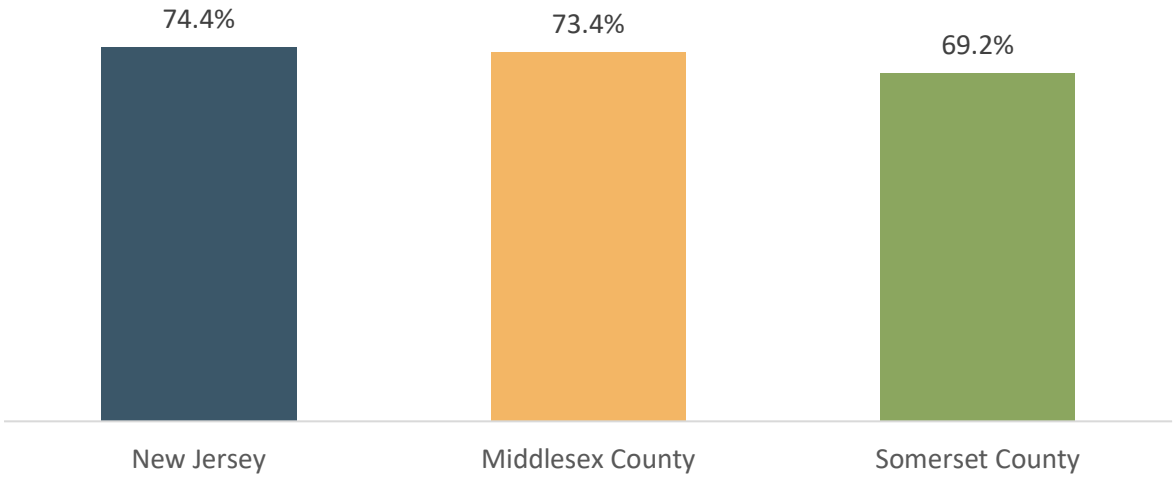
Figure 80. Housing Built Pre-1980, by State, County, and Town, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: Asterisk (*) indicates data not available

New Jersey Child Health Program data shows the percent of children testing for lead exposure before their third birthday in 2014. In New Jersey and Middlesex County respectively, 74.4% and 73.4% of children were tested for lead exposure (Figure 81).

Figure 81. 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.

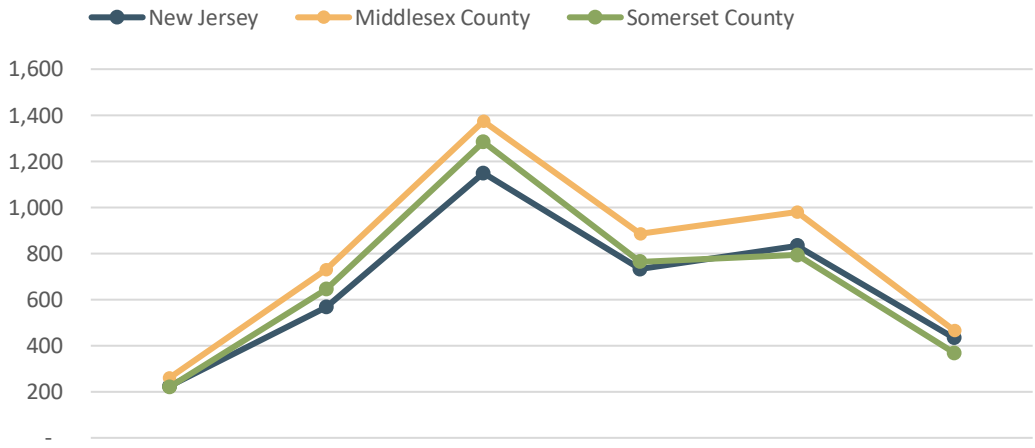
COVID-19

COVID-19 was a frequent topic in focus group conversations and interviews. The COVID-19 pandemic has affected all sectors of life and created substantial challenges for many. Participants shared the impact of the pandemic on social, financial, and mental well-being. Those with children discussed challenges with schooling and education lost. Community members providing healthcare related services discussed the stresses the pandemic caused on local care systems and on the workforce. The shutdowns and social distancing mandated through the pandemic and workforce shortages continuing today have affected healthcare access as well: participants shared experiences with delayed medical care, missing screenings, and increased wait times for appointments.

> "*With Covid and with us recognizing the [social determinants of health] we are asking more questions now on social concerns... COVID health issues, people being hesitant to come for care, even prenatal care, I do think socially our climate is evolving, which is requiring more attention, so patients have access to care…nurses were leaving due to covid and being burnt out*"
>
> - Key informant interviewee

Over the course of the Covid-19 pandemic cases numbers have fluctuated. Below, Figure 82 shows new confirmed cases per 100,000 population from March through August 2022. Case rates for Middlesex County were higher than that of New Jersey in March through August. Middlesex County consistently had the highest rates of new cases in this timeframe, despite the fluctuations in rates.

Figure 82. New COVID-19 Cases per 100,000 population, by State and County, 2022

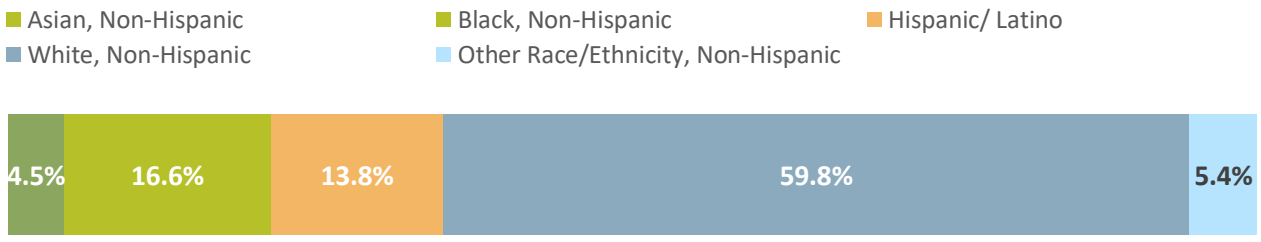


	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
New Jersey	224	567	1,149	732	834	434
Middlesex County	260	729	1,374	886	980	467
Somerset County	220	645	1,284	764	794	369

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: August data is as of 8/23/2022.

Racial/ethnic disparities exist among COVID-19 deaths in New Jersey. While Black residents only made up 12.4% of the state population in 2020, they accounted for 16.6% of COVID-19 deaths as of August 2022 (Figure 83). Of note, 59.8% of COVID-19 deaths occurred among White residents in New Jersey, although they comprise 51.9% of the population.

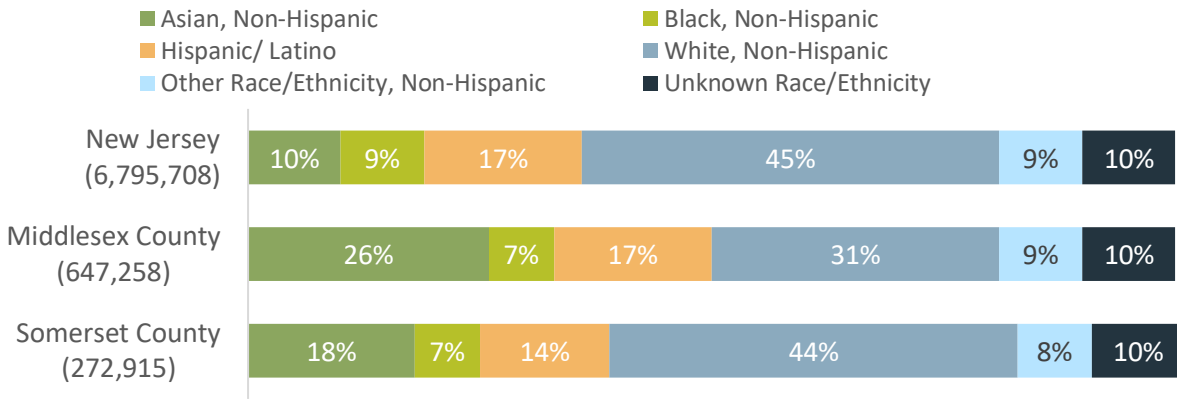
Figure 83. COVID-19 Confirmed Deaths, by Race/Ethnicity, by State, 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Data is as of 8/10/2022.

As of July 27, 2022, 6,795,708 people in New Jersey have been fully vaccinated, but racial/ethnic disparities exist among vaccinations (Figure 84). Black residents in the state, Middlesex County, and Somerset County have the lowest rate of vaccination (9%, 7%, and 7%, respectively) among all racial/ethnic groups. Those identifying as Hispanic/Latino also are under-represented in the fully vaccinated population – 17% of those fully vaccinated in Middlesex County are Hispanic/Latino, while in the general population Hispanic/Latino residents comprise 22.4% of Middlesex.

Figure 84. Percent of Eligible Residents Fully Vaccinated for COVID-19, by Race/Ethnicity, State, and County, 2022

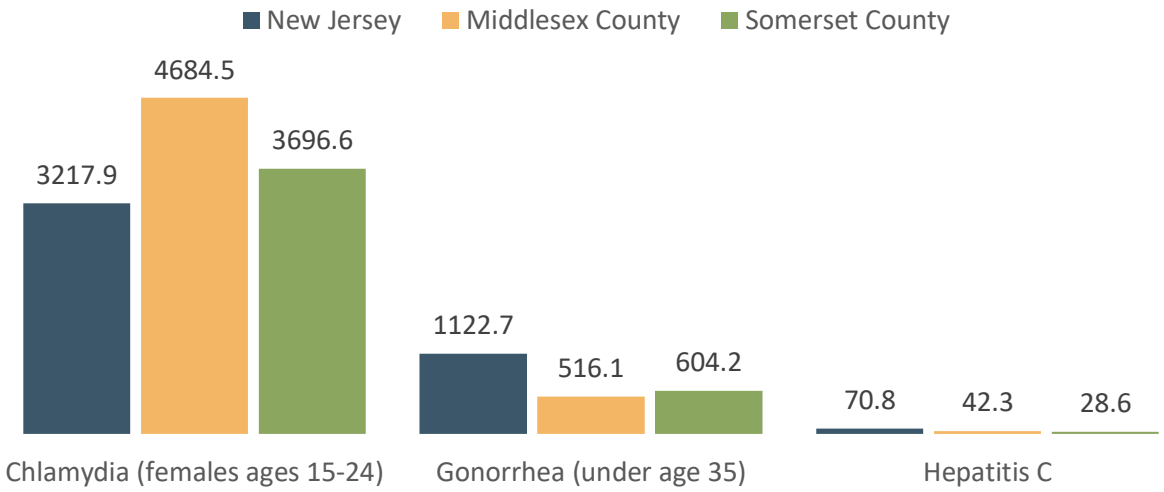


DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Data is up to date as of 7/27/22. Race/ethnicity data does not include those vaccinated out of state and by federal programs. Fully vaccinated refers to individuals who have received a single dose from a one-dose vaccine course, e.g., the J&J vaccine, or their second dose from a two-dose course.

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 Middlesex County (4,684.5 per 100,000) (Figure 85). Middlesex County reported lower rates than New Jersey for gonorrhea among those under age 35 (516.1 per 100,000 and 1,122.7 per 100,000, respectively) and hepatitis C (42.3 per 100,000 and 70.8 per 100,000).

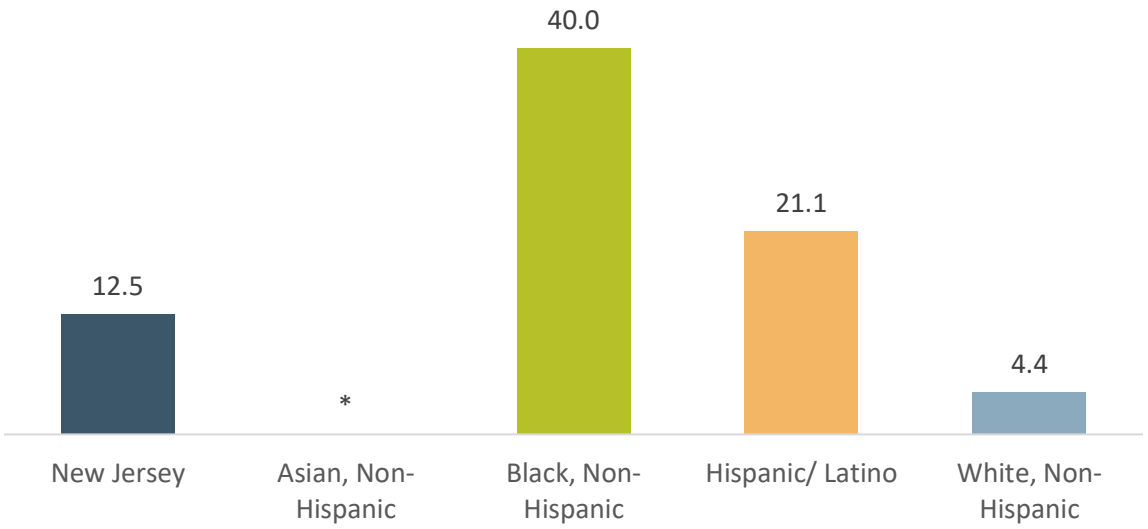
Figure 85. Chlamydia, Gonorrhea, and Hepatitis C per 100,000 Population, by State and County, 2019



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
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

HIV transmission data were only available for the state overall. The rate of HIV transmission for Black residents in New Jersey was 40.0 per 100,000 persons, which was over nine times the rate of transmission for White, Non-Hispanic residents (4.4 per 100,000) and over three times the rate for all New Jersey residents (12.5 per 100,000) (Figure 86). Hispanic/Latino residents had a HIV transmission rate of 21.1 per 100,00 persons, almost two times greater than that of NJ residents.

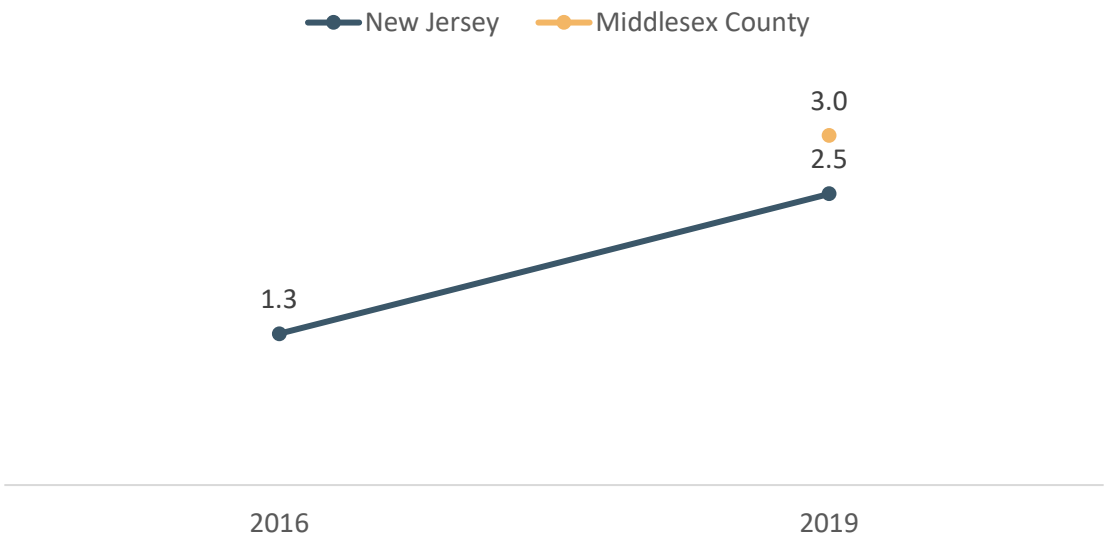
Figure 86. HIV Transmission per 100,000 population (Age 13 and Older), by Race/Ethnicity, by State



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: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 87 shows the syphilis incidence rate per 100,000 population in the state as a whole in 2016 and 2019 and in Middlesex County in 2019. The incidence of syphilis in the state overall increased nearly two-fold, from 1.3 per 100,000 to 2.5 per 100,000 from 2016 to 2019. In 2019 the Syphilis incidence rate was higher in Middlesex County (3.0 per 100,000) than in New Jersey overall (2.5 per 100,000)

Figure 87. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2019

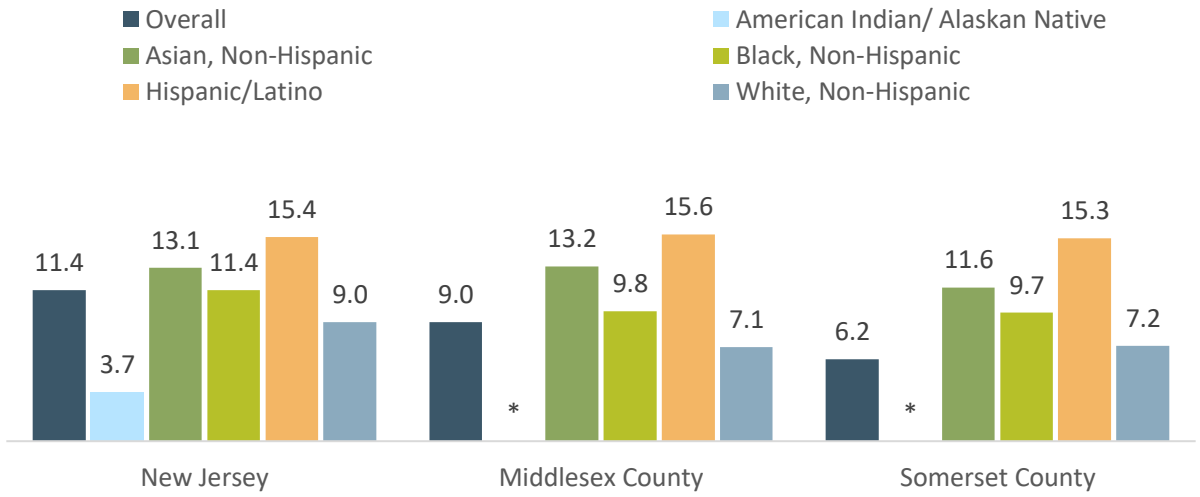


DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2019

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. 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). Middlesex County had an overall teen birth rate of 9.0 births per 1,000 female population. The highest rate among the racial/ethnic groups shown below was 15.6 births per 1,000 among Hispanic/Latinos, followed by Asian, non-Hispanic residents (13.2 per 1,000) and Black, non-Hispanic residents (9.8 per 1,000) (Figure 88).

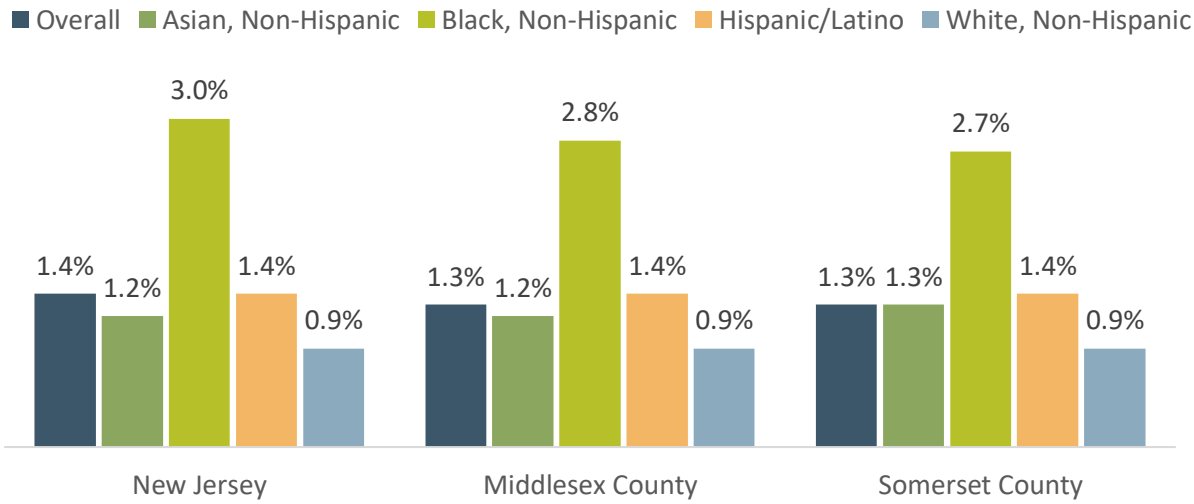
Figure 88. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, by State and County, 2015-2019



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: Asterisks (*) denote insufficient data to calculate reliable rate

Birth Data presented shows the percent of very low weight births, defined as babies born weighing less than 1,500 grams, in 2018, by race/ethnicity. At the state level, 1.4% of all births were very low weight births (Figure 89). 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 Middlesex County, 1.3% of births were very low weight births. Similarly, Black, Non-Hispanics had the highest percentage of very low weight births (2.8%).

Figure 89. Percent Very Low Birth Weight Births, by State and County, 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), 2018
NOTE: Very low birth weight is defined as less than 1,500 grams.

Access to Services

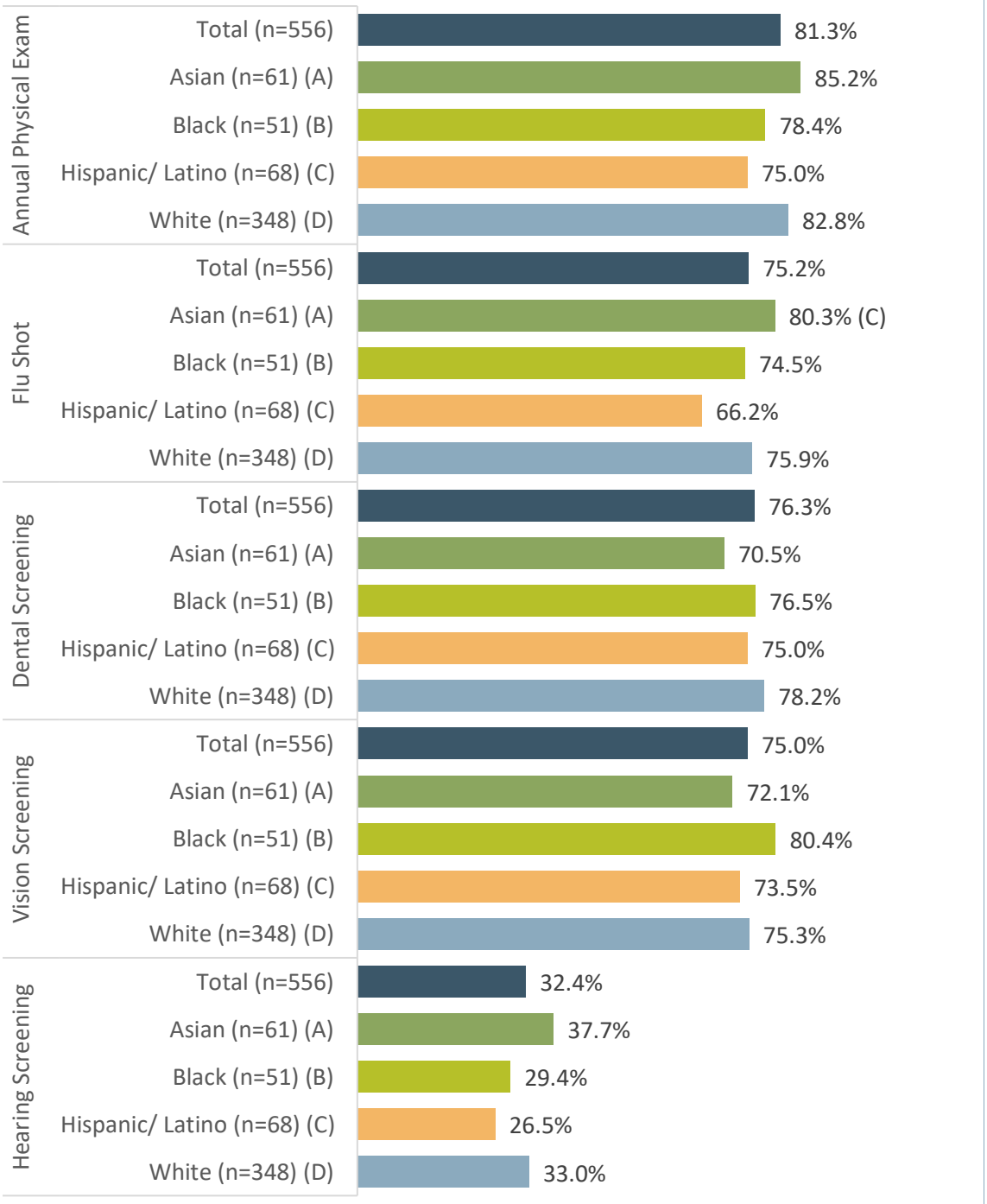
This section discusses the use of healthcare and other services, barriers to accessing these services, and health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death.

Access and Utilization of Preventive Services

Many 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, barriers around costs and insurance, and/or a lack of awareness regarding available services that different groups could qualify for. The community survey fielded in spring/summer 2021 asked respondents their participation in various healthcare screenings, including preventive services. Approximately 81.3% of Middlesex County survey respondents indicated that they had participated in an annual physical exam in the past two years and 76.3% of respondents had a dental screening in the past two years, while approximately 75% said they received a flu shot and had a vision screening in the past two years. Fewer respondents reported that they had had a hearing screening in the past two years (32.4%). On average, respondents identifying as Hispanic/Latino reported the lowest utilization rates for annual physical exams and flu shots, while residents identifying as Asian reported the lowest utilization rates for dental and vision screenings. Figure 90 presents these data for all Middlesex County survey respondents and by race/ethnicity.

> *"With COVID people were skipping routine care, screenings, physicals. They are home more and more inactive; not getting exercise. There is increased obesity, depression, and having less screenings is leading to later stage diagnosis for cancers, hypertension, diabetes going undiagnosed, plus the ability to get medications every 3 months."*
>
> - Key informant interviewee

Figure 90. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services and Screenings in the Past Two Years (n=556), 2021



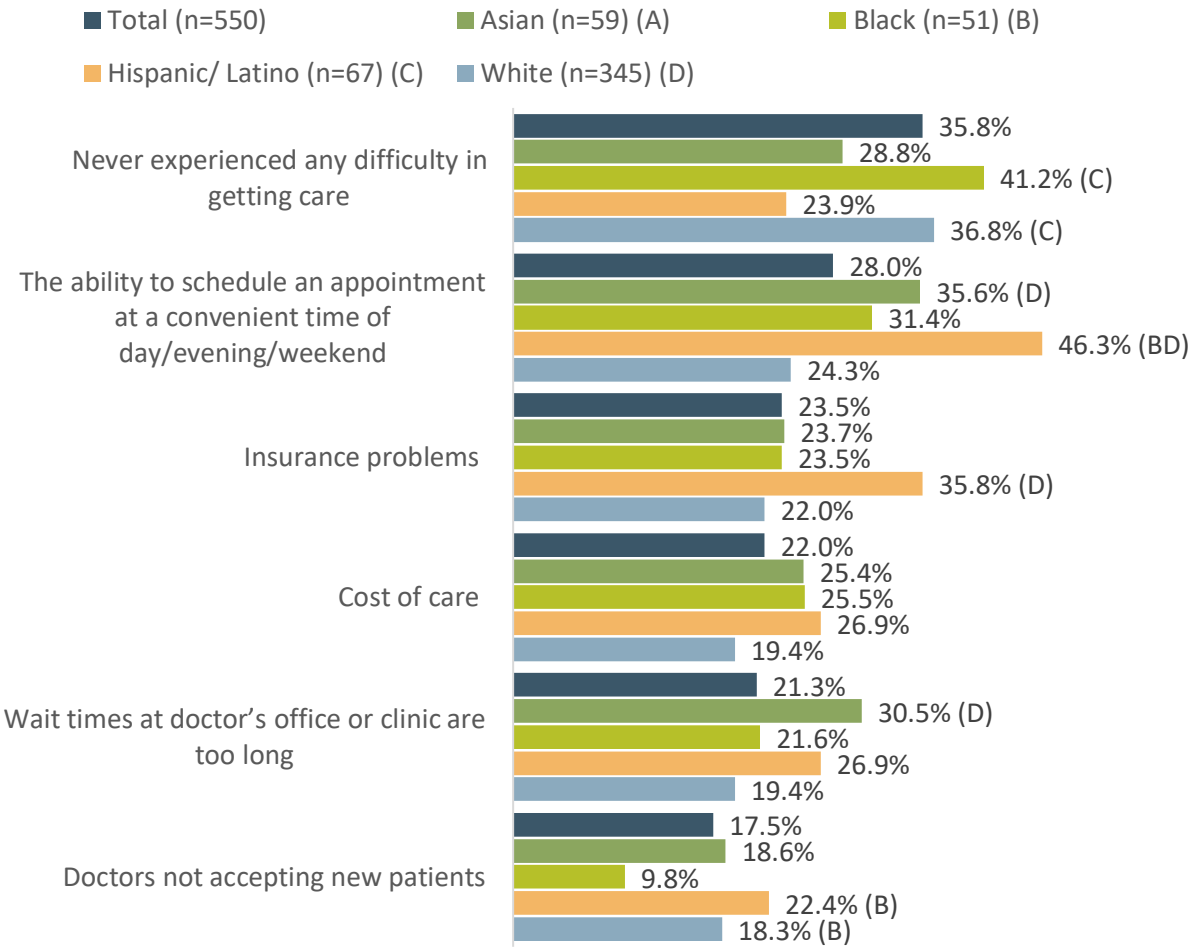
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Barriers to Accessing Healthcare Services

While some focus group members and interviewees reported that the strength of Middlesex County included accessible and affordable healthcare assets, other residents noted existing disparities in access to healthcare services. Barriers commonly identified through focus groups and interviews include lack of insurance, high healthcare costs, limited charity care, long wait times, technology challenges related to telehealth, discrimination, language barriers, and unreliable transportation. In addition, it is important to highlight that the 2019 Middlesex County Needs Assessment reported that residents similarly identified the issue of not having a reliable mode of transportation as a barrier to making their medical appointment.

Barriers to healthcare access were discussed in multiple ways through the survey, focus groups, interviews, and different challenges emerged through the various methods. In the community survey, respondents reported which barriers they have experienced from a list of options. Importantly, it should be noted that 35.8% 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 (28%), insurance problems (23.5%), cost of care (22%), wait times (21.3%), and doctors not accepting new patients (17.5%). Figure 91 presents this data overall and by race/ethnicity.

Figure 91. 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=550), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, 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.

Affordability and Health Insurance

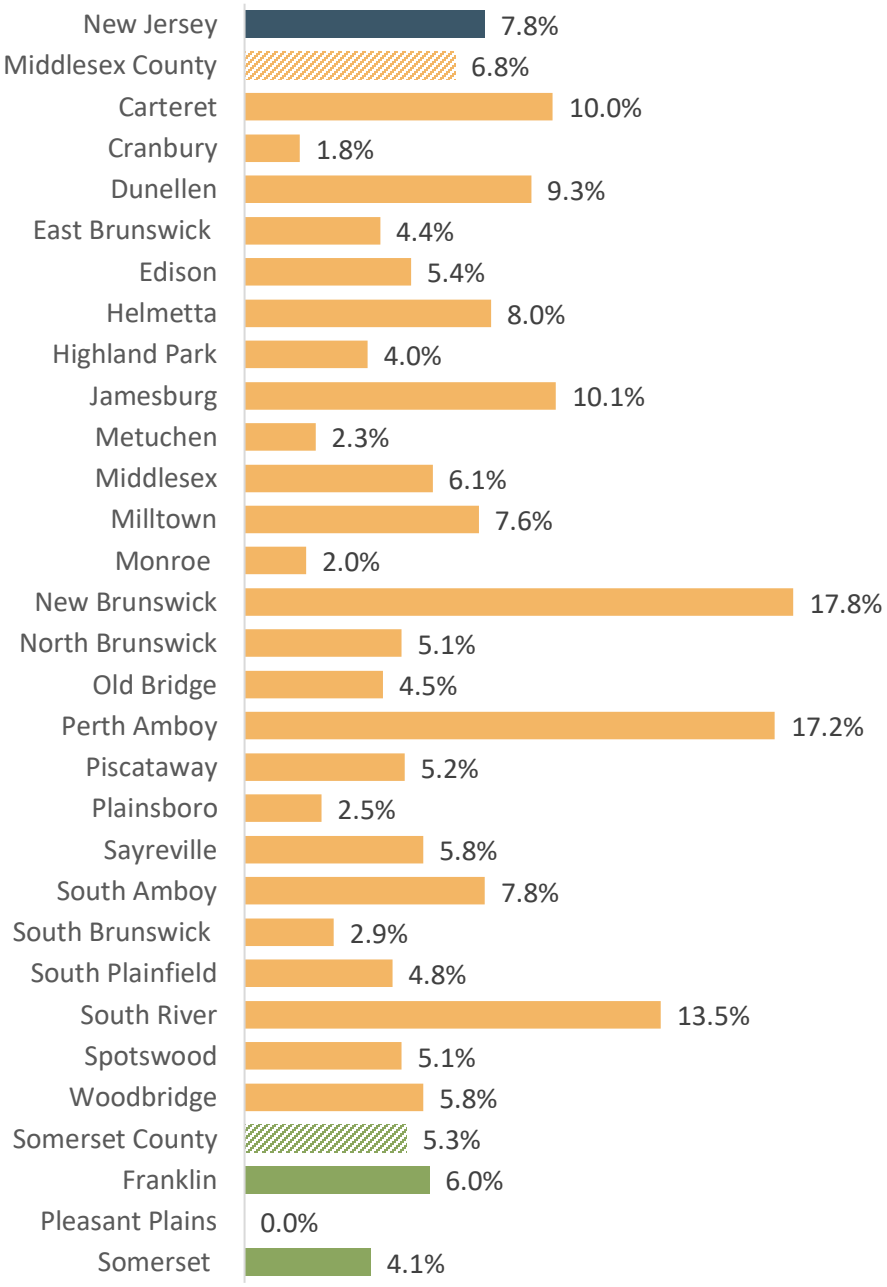
Many focus group and interview participants discussed the high costs of healthcare and challenges with affordability. Participants described high co-pays, challenges with private pay, and families falling in the gaps between private pay and qualifying for Medicaid or Medicare. These challenges, the focus group and interview participants explained, were more likely to impact older adults and seniors, residents who have immigrated to the U.S., and economically vulnerable residents. For residents who are unable to access insurance and private pay options, limited availability and longer wait times for charity care were also described by interviewees.

One interviewee noted that, even in instances where residents qualify for Medicaid, challenges also exist, "*We did have the Medicaid expansion that NJ participated in which allowed more people access who didn't qualify in the past, that has been amazing for adults who don't have children and others who didn't qualify. If you pay any copay its little to nothing, but its challenging getting providers to accept it.*

There are limitations because the reimbursement rate is so low a lot of providers don't want to accept it." In addition to the challenge of finding providers, the requirements to continue to qualify for Medicaid may have broader impacts on quality of life, as one interviewee explained, "*A lot of our folks have Medicaid and are getting general assistance or SSI, if they make below a certain amount they qualify Medicaid but they also have savings limits, so if you have savings of say, $3,000 you can't build a savings account to save for a deposit for a house because you aren't allowed to save enough because you will lose your Medicaid."* Participants also described systemic barriers related to Medicaid that have historically posed challenges for residents, as one focus group participant stated, "*Getting medical care, insurance, you used to have to renew Medicaid every year and people would have gaps or not realize it lapsed until they tried to get an appointment*."

Census data indicate that health insurance coverage continued to be an issue for some residents, although this varies by town. While only 6.8% of Middlesex County residents are uninsured, which is lower than the average rate for New Jersey (7.8%) the percent of population with no health insurance rages from 1.8% in Cranbury to 17.8% in New Brunswick (Figure 92). At this time, given the limitations of available data, it is not understood how the COVID-19 pandemic may have influenced the percent of the population that is uninsured.

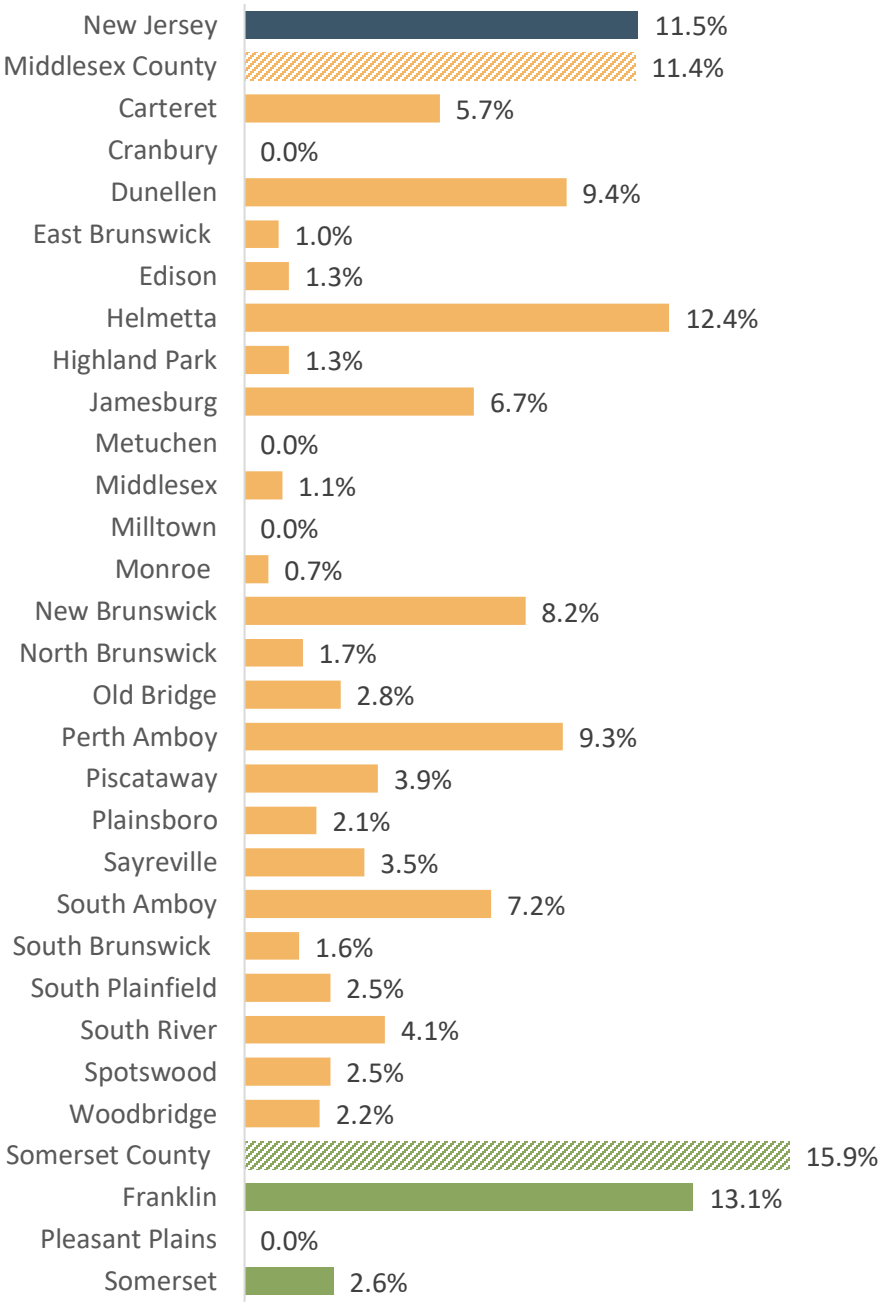
Figure 92. Percent Population Uninsured, by State, County, and Town, 2015-2019



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

In 2015-2019, 11.4% of people under age 19 were uninsured in Middlesex County, which was slightly lower than the state at 11.5% (Figure 93). Among residents aged 18 and under, 13.1% of residents in Franklin and 12.4% of residents in Helmetta reported going without health insurance. Of note, most towns in Middlesex County had relatively low rates of being uninsured compared to statewide and countywide percentages.

Figure 93. 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

Additional barriers described by focus group and interview participants included challenges in what medications and services can be covered by insurance, and whether individuals or families qualify for insurance based on immigrant status. One focus group participant described how insurance barriers and medication impact her health, *"Some medications I can't get because I can't afford it if the insurance doesn't cover it. Some are way beyond, I'm on a lot of medication, some I can't afford to buy it so I just take what I can afford and hopefully nothing goes wrong."* An interviewee also explained that residents who are undocumented or who don't have access to citizenship documentation experience additional

burdens when accessing care and meeting medical needs, "[*If you] don't have a SSN and don't qualify for a lot of transportation, financial support, even for dialysis and oxygen, even life sustaining equipment*."

Transportation

As described in the Transportation section earlier in this report, focus group and interview participants perceived access to reliable and affordable transportation as a barrier for many residents. In addition to general transportation needs for activities like getting to work and grocery shopping, focus group and interview participants also described challenges accessing transportation for medical appointments. Residents noted that Medicaid is able to provide transportation for medical appointments, though some residents explained that this transportation support is often unreliable and can lead to missed appointments. Participants explained that older adults, individuals who are economically vulnerable, and individuals with certain health conditions and/or disabilities are most likely to face transportation challenges.

Discrimination and Language Barriers

As discussed in an earlier section of this report, survey respondents and focus group and interview participants indicated that they believed residents continue to experience discrimination based on their race or language spoken when accessing healthcare services. Language barriers and lack of racial and ethnic diversity among providers were additional themes discussed in the focus group discussions with residents. As one interviewee remarked, *"I would say at least for [my work], I'm not Spanish speaking, and a large portion of my patients are immigrants from Spanish speaking countries."* Newly arrived immigrant focus group participants and interviewees explained the challenges of navigating a complex system, particularly when you are not proficient in the language or the way the system works, as one interviewee stated, "*[We have a] large Southeast Asian population, large Spanish-speaking population. Our population of seniors is changing, and immigrants truly do not know how to navigate the healthcare system."* The need for greater cultural humility among providers was also a common theme and recommendation among focus group and interview participants.

Delayed Health Care and Screenings

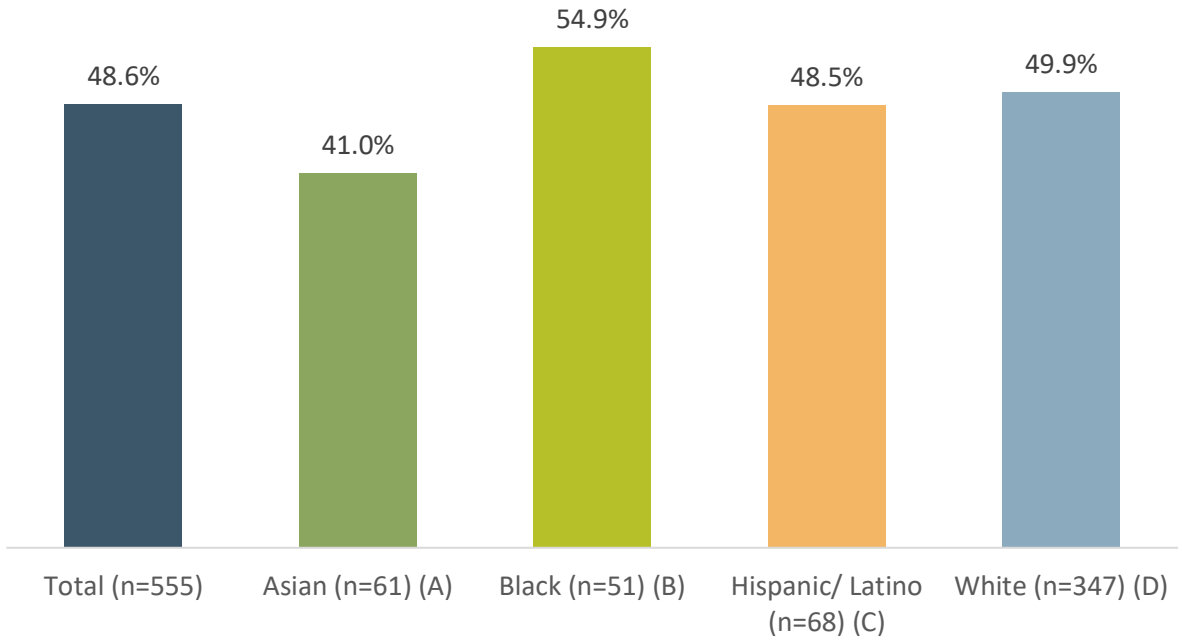
Several participants stated that residents are delaying needed health care and screenings, particularly during period of high COVID transmission. The cost of health care and other barriers are additional reasons for this. As one interviewee explained, "*Screening rates have gone down. Navigators weren't making as many appointments… Now we are seeing that when there is a spike in COVID our numbers go down which delays prevention services and being able to screen patients. For example, [delayed] breast care connections can mean later stage diagnosis."* Members of the South-Asian focus group also explained that some members of their community had a tendency avoid screenings and medical care unless it was viewed as essential. As one focus group member observed, *"[There is a reluctance] around accessing preventive care and screenings, and in participating in research. South Asians don't want to be in the limelight… We are happy the way we are."* One interviewee described the impact of delayed care on residents, "*[There is] risk of uncontrolled hypertension, uncontrolled diabetes. Then we have to go back and redirect our efforts to managing chronic disease and being able to gain the trust of the community to follow up every 3 months, maybe even every 2 weeks if we are playing catch up with disease progression. Then it's about whether they have the means to come in more frequently*."

Technology and Telehealth

As discussed in earlier sections, focus group and interview participants noted that, particularly after the onset of the pandemic, telehealth became a key method for residents to access providers while limiting the risk of COVID. However, residents explained that the use of technology proved a barrier for some populations, including those with physical disabilities (e.g., blindness), residents of South Asian descent, and economically vulnerable residents who may not have access to technology and internet. As one South Asian focus group participant explained, "*There is a reluctance to engage with online platforms like Zoom for telehealth and for health programs. We are having all of these events on Zoom…but no one wants to be part of something technologically based."* One interviewee also explained that, particularly for behavioral services, establishing a meaningful connection virtually with clients can be a challenge, "*We did some surveys asking if people liked telehealth and some do like it, but many say no because they want the connection."*

Survey data also support the sentiments shared by focus group and interview participants, with an average of 48.6% of survey respondents indicating that they would be extremely or very likely to access medical care virtually if needed and accessible. When looking at differences by the race and ethnicity of survey respondents, survey respondents identifying as Black reported that they were more likely to access medical care virtually (54.9%) than respondents of other backgrounds (Figure 94).

Figure 94. Percent of Community Survey Respondents Who Responded That They Were Extremely or Very Likely to Access Medical Care Virtually, for Example, Through FaceTime or Skype (n=555). 2021



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

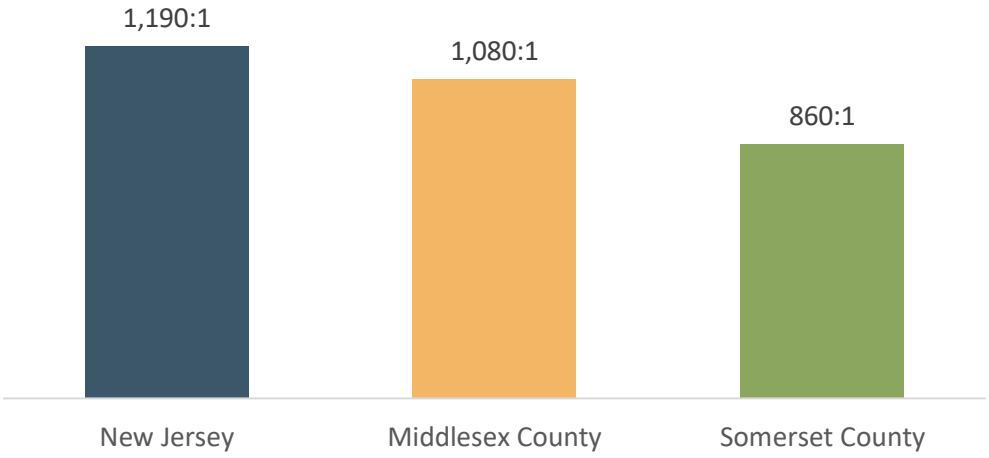
Staffing and Workforce Shortages

Some interview participants commented that, though some staffing challenges existed prior to the pandemic, they felt the situation has worsened since the onset of COVID-19. Workforce challenges were noted among health providers, social service organizations, and group homes and other 24-hour care providers. One interviewee described the challenge, "*I definitely think in some programs we haven't been able to accommodate [the need] and we are seeing other agencies trying to refer to us more*

because they don't have the staff either. I've had to provide shift coverage, directors are too, because there is nobody else left and it's stressful for those who remain too because they are covering the work and we don't want to lose them to burnout." Focus group and interview participants explained that they believed some of the workforce challenges were due to provider burnout, low wages, and an increased risk of COVID-19 exposure when working in the healthcare and social service sectors. One interviewee commented, "*Clinicians are underpaid, while organization leadership are making high salaries. We are a nonprofit and we don't have money for programs."*

Surveillance data from 2017 further reinforce the sentiments of the focus group and interview participants. This data indicates that Middlesex County has fewer people per every primary care physician (1,080:1) than New Jersey overall (1,190:1), indicating a smaller people to provider ratio (Figure 95).

Figure 95. 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

Limited Awareness of Social Services

As described in the Community Strengths and Assets section of this report, several focus group and interview participants described a network of support agencies that often provide access to food, transportation, and other important services and benefits to the community. However, some participants also explained that providing community members with up-to-date information of the services and supports available can be a challenge. As one interviewee stated, "*In terms of structural barriers, the siloing, where we know what we know but not other things out there… There is so much out there and its always changing, some people suggest making a resource book, and we have in the past, but it's outdated within a year… Sometimes we send emails too and we don't want it to be overwhelming, but someone might need that information. It's a challenge to stay up to date and share."* A related issue is understanding how social sector programs work—including eligibility requirements and how to apply. One interviewee supporting aging populations explained, "*You cannot age in place without a home health aide to provide assistance. Letting people know the services that are out there; people don't plan for our services, they call when there has been a life-changing event and they don't know where else to go."*

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration.

Several suggestions emerged from the focus group and interviews. The suggestions most frequently discussed included fostering social connectedness, expanding access to services and resources that address the social determinants of health, addressing the health care needs of specific populations, and engaging in the formation of policies that deter the financial and economic participation of vulnerable communities.

Focus on Opportunities That Foster Social Connectedness, Cultural Understanding, and a Sense of Community.

Suggested Ways to Connect as a Community

Focus group and interview participants frequently suggested ways to encourage belonging and create a deeper sense of community, such as through community centers, the YMCA, and events. Participants emphasized the importance of removing barriers, including ensuring that the engagement is not cost-prohibitive for individuals and families to join. In addition to physical locations where residents can spend time in community, participants also suggested expanding virtual and online forums that similarly encourage ways to connect where residents can "continue to stay and grow." Fostering community and encouraging connection through physical spaces and online platforms was more frequently mentioned as a method to reduce isolation and loneliness in senior populations, and as a way to support newly arrived immigrants. As one interviewee summarized, "*Three years seems a long time, and a lot can change. I would like to see continued support of virtual, online, and in person activities."*

Encourage Cultural Sensitivity and Awareness in People and Systems

During focus groups and interviews, residents frequently commented on the diversity in Middlesex County, including challenges such as discrimination and disparities. Emphasizing cultural humility and sensitivity, through improved language access, supports to navigate the healthcare system, and increased awareness and mindfulness of cultural diversity and history, were recommendations made by residents. As one participant explained, *"Lets meet the community where they are, that take humility and sensitivity to their needs. It extends beyond race and ethnicity, takes into account language and history, what are the barriers. For us to reach equity is looking at the patient where they are at the moment, what are their barriers and needs."* Though the need for cultural humility and sensitivity can be applied to all aspects of community, residents urged for action in the areas of healthcare, education, and supporting older populations, as one interviewee stated, *"We need to look at the person for who they are and address what is creating the disparity and the social needs."*

Within the healthcare system, residents explained that improved cultural humility could help with COVID-19 response and vaccinations, increased access to services, and to help bridge the gap between providers and patients. One interviewee explained how limited cultural awareness can impact access to care, stating, "*Thinking about virtual health we know we are advancing technologically but not every community is advancing as fast as we are. Some patients get a virtual health appointment and miss it because they don't know what screen to go to. Then they miss it and have to wait another 3 months. Documentation status, age, looking at the reality of does everyone have access and do they know how to use it."* Another interviewee explained that, when residents from diverse backgrounds do connect with

the healthcare system, they can still face challenges. "*Providers are mostly white and [come from] more of a [high socio-economic status], and it's hard to connect if you aren't educated about it and willing to talk about it with the people you are helping. We try to provide that training to understand what some people even need to overcome just to meet with us.*"

Expand Access to Services and Resources That Address the Social Determinants of Health

The social determinants of health, including housing, transportation, economic security, and food access, were raised by residents in every focus group and interview. Given the unprecedented time of this community health needs assessment occurring during the COVID-19 pandemic, residents explained that they felt the pandemic had disrupted nearly all facets of daily life and exacerbated pre-existing challenges and inequities. When participants were asked about their vision for the future, many commented on addressing challenges related to housing, food insecurity, transportation, and workforce development.

Housing Support

As discussed previously in the Housing section, residents face numerous challenges to acquiring safe and affordable housing. As one interviewee explained, "*Across the country, in the housing industry in general, affordable housing is a challenge and there aren't enough units. When they do try to build there is a lot of community response 'Not in my backyard."* Residents urged for housing to be seen as connected to health and emphasized the need for more affordable housing and protections from discrimination. One interviewee commented, "*Racial equity and socioeconomic status, having a voucher is great but if it's in a horrible area or they can't find somewhere to accept it, that's taking a step back."*

Addressing Food Insecurity

Food insecurity and limited access to affordable healthy food was another topic frequently discussed by participants, with additional details described earlier in this report in the Food Access & Food Insecurity section. Though residents often commented that food supports like pantries and churches were available, participants explained that stigma was often a barrier to accessing food for those in need. One participant described a vision for the future where stigma was eliminated, *"I want to see more people using food pantries, more commonly and familiarly out there as a normal part of community life and not a secret closet of shame in a church basement. More infrastructural support for pantries from municipalities. Townships can help with marketing, space, storage, transportation."*

Improved Transportation

Transportation was frequently discussed as a challenge in the community, and residents commented that in their ideal vision for the future "transportation issues are solved." One interviewee's suggestion for improving transportation stated, "*Eliminate transportation gap from north county to south county (light rail system, expand existing rail lines and buses). Destination 2040 County's Master Plan: trying to attract autonomous vehicles."* Residents also commented that there are transportation related programs in the community that works well and should be continued and expanded. One transportation program mentioned was Uber Health. As one interviewee explained, "*Some counties in New Jersey sought a partnership with Uber called Uber Health for Medical, and we have been flexible and using that a lot and people like it. It's just like calling an Uber. We are all dreading the day the money runs out because people really love it."*

Increased Education and Workforce Development

As residents voiced community challenges and visions for the future through focus groups and interviews, the topic of workforce and education was discussed. Residents explained that they would

like to see additional focus and collaboration from businesses to help proactively build skills in the community for future job opportunities. As one interviewee summarized, *"Expand the role of businesses determining what their training and skills needs are and for us to create programs to create pipelines to successful hires and career growth."* Interviewees alco commented on workforce shortages in the area of healthcare, with one individual stating, "*We see a greater need in our county in training people in healthcare professions. The issue [is] convincing people that [the] healthcare sector offers a great opportunity to find training and develop career pathways…. [There is a] Fear of going there because of COVID. We have a gap in quality staff to meet job demand."* In addition to workforce development and education, interviewees also shared that more competitive wages and benefits would help hire and retain qualified staff.

Addressing the Healthcare Needs of Specific Populations: Seniors, Youth, and Newly Arrived Immigrants

Focus groups and interviewees raised specific concerns for senior populations, youth, and newly arrived immigrants when discussing their visions for the future. Both focus group participants and interviewees stressed the need to continue focusing on care for older populations, including helping reduce isolation, adjusting to meet the changing needs of the populations, providing additional supports for older adults with disabilities, and helping seniors navigate the healthcare system and access affordable healthcare. One interviewee commented on the changing needs of the population, explaining, *"We have seen senior centers change hours because some older adults are still working. Later events, centers open on Saturdays."* Another interviewee shared a vision of a possible solution to help address some barriers related to transportation, communication, and affordability through a medication management system, stating, "*I would like to see a Pod system set up for older adults [(e.g., for distribution of drugs)]. To effectively get things out to the community without us having to make a dozen phone calls and scramble. I have no optimism about drug and medication management."*

Additional supports for youth were also discussed in both focus groups and interviews. The solutions proposed by the participants focused on youth engagement, such as through clubs, social activities, and by creating opportunities for youth to process their feelings and receive support and counseling when needed. One interviewee shared a program that has been working well for youth that they would like to see expanded, stating, "*For example, [there is a] Rutgers art therapy program in the New Brunswick school district, [with] art, dance, and photography. Its working well and kids want to talk. [There are] workshops for multiple groups, and [a focus on discussing] the agent of change to identify strengths and deficits. [This is] one example of a program that could be expanded."*

Lastly, focus group and interview participants explained some challenges and barriers that are more likely to impact newly arrived immigrant populations. These included language barriers, a lack of understanding of the healthcare system, difficulty connecting with community and supports, and policy challenges regarding immigration. When talking about a vision for the future, participants described increasing cultural humility in the community and further developing community centers, continuing to improve communication methods such as through the development of online platforms for community engagement, were discussed. Additionally, addressing policy barriers for green cards and visas to improve processing times and to allow immigrant residents travel to visit family in other countries was stressed by participants.

Engage in the Formation of Policies That Remove Financial, Social and Economic Barriers to Being a Part of the Community

When focus group and interview participants shared their visions for the future, several mentioned specific policies that create challenges and barriers for residents' ability to live a healthy life. In addition to the green card and visa changes mentioned in the section above, residents also discussed several policies related to housing, food, and medical care that could be improved. One example shared by participants was that background checks and credit checks as part of the application process for housing and renting were barriers for some residents in the community. As one interviewee explained, *"Background check and credit checks are a barrier to housing. Credit checks weren't originally for people getting housing, people may have poor credit or no credit because they don't have a history, getting rid of that would be helpful."* Another specific policy barrier shared by participants involved calculations for housing benefits, as one participant noted, "*Vouchers issued …require 40 % of income for some of them. If you're looking to buy a house, they advise not to spend more than 30% of your income and here we are taking people at the lowest end of the socioeconomic spectrum and asking them to pay 40%. If we could change that, that would be a nice step. We have people making $800/month and paying 40% in rent."* In addition to adjusting calculations for those receiving housing benefits, focus group and interview participants also suggested creating rent subsidies to support economically vulnerable residents who are paying 40% or more of their income on housing and/or rent costs.

Other policy-related visions for the future participants shared included revisiting eligibility requirements for benefits, such as food stamps and Medicaid. As one interviewee stated, "*[People need to] look at those requirements for insurance, food stamps, looking at that. Some patients are getting denied and I don't know how. With the amount they make, the children they have, it's insanity that some are denied.*" Furthermore, participants explained, for residents who are able to receive benefits there is often a disincentive to working hard and increasing incomes because of the immediate loss of benefits. One participant further emphasized this point, "*With patients they feel like they can't get ahead because as they do their assistance gets taken away… Can we expand [the] eligibility requirement for Medicaid? Then you can work a little harder, especially with the inflation rate…if I make $5.00 more but lose everything [all of my benefits] is it worth it? …Our community has to make more to sustain living… Patients want to work and get ahead but if you take everything away when they do then they are on it forever."*

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 Middlesex County during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

Cultural diversity and a well-established network of community-based organizations are considered core assets in Middlesex County. Discussions and interviews with residents highlighted the racial and ethnic diversity of Middlesex County that has served to foster a sense of belonging and inclusion. The diversity highlighted by participants also reflects changes in Middlesex County's demographic profile. For example, almost six in ten residents in Middlesex County belong to a racial and ethnic group of color; and one in three are foreign-born. Additionally, among persons aged five and older, just under half speak a language other than English at home in Middlesex County. Several residents also highlighted the collaborative nature of community organizations. For example, at the height of the COVID pandemic, residents observed that agencies came together to provide services to residents impacted by the COVID pandemic. Whether helping to address food insecurity, housing, transportation, or other needs, residents considered these resources integral to helping support the needs of Middlesex County residents. Further, as highlighted in the report, while diversity was a substantial community strength, participants explained that it could also be challenging for communities as they worked to acclimate to changes brought on by such diversity. Participants also highlighted the importance of coordinating services and building awareness of the community resources available to residents, especially the most vulnerable.

The COVID-19 Pandemic upended Middlesex residents' everyday life but particularly impacted marginalized communities. 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 make up 12.4% of the Middlesex County population yet accounted for 17% of COVID-19 deaths. A recurring theme among residents was how the Pandemic impacted Middlesex residents in various ways, including unemployment, loss of health insurance coverage, home eviction, and food insecurity. Additionally, Middlesex residents highlighted the fear, stress, and anxiety of stay-at-home policies that took children out of the classroom and removed adults from their livelihood as service-based industries (i.e., hotels and restaurants) closed. Such hardship was also more likely felt by vulnerable communities of color, including those working and lower income, newly arrived, with limited English proficiency, and older adults. Like other communities, Middlesex County mobilized its network of community services to distribute much-needed resources, especially to those most in need. Efforts to vaccinate residents against COVID-19 were also rolled-out; however, public health efforts were confronted by misinformation, distrust, and politicization concerning public health measures such as masking and vaccination.

Access to stable and affordable housing is at the forefront of concerns by Middlesex residents, with the COVID-19 pandemic considered to have exacerbated several challenges, including rising rental costs, overcrowding, homelessness, and spending a larger share of household income on housing. In addition, some residents believe such experiences to have negatively affected the physical and emotional well-being of individuals and families by forcing them to decide between paying their rent or mortgage or obtaining necessities such as food, light, and transportation, as well as affording visits to the doctor. Housing instability also disproportionately impacted specific populations, including children, older adults, persons with a disability, the newly arrived, and those in poor health on a fixed income or

formerly incarcerated. Further, Black and Latino community survey respondents were more likely to report that they or an immediate family member had lost their house due to the COVID-19 pandemic and less likely to agree that there was safe, affordable housing in their community. Residents also noted that finding and accessing stable and affordable housing was made even more challenging by the social circumstances resulting from being financially unstable.

Middlesex residents identified mental health as a significant community health concern exacerbated by the COVID-19 pandemic. Among Middlesex community survey respondents, mental health issues ranked near the top (second only to the issue of obesity) as an important community health concern. A confluence of pandemic-related factors, including unemployment, school closures, and reductions in mental health services, were also considered to have amplified levels of stress, anxiety, loneliness, grief, and depression, particularly among young adults, people experiencing job loss, parents and children, older adults, communities of color, and essential workers. Poverty and financial insecurity were also believed to have exacerbated mental health issues in the community. One resident observed, "*Mental health is a top concern, and that is tied to poverty in Middlesex; you have people with no money to thrive, and the stress is passed throughout the family."* Additionally, residents also felt that people turned to alcohol and drugs resulting from the daily hardship, including isolation, financial hardship, and limited treatment options that resulted from ongoing public health measures to limit exposure to the coronavirus.

Access to healthcare services was substantially disrupted during the COVID-19 pandemic by staffing shortages, concerns of exposure to the virus, cost, technology, and transportation barriers**.** Service providers observed that staff burnout and limited staffing resulted in reduced healthcare access, especially at the height of the pandemic. Meanwhile, residents reported delays in preventive care due to concerns about infection, medical costs due to lack of health insurance, and limited transportation options. One resident observed, *"With COVID, people [began] skipping routine care, screenings, physicals. [They stayed] home, not getting exercise. [This led to] increased obesity, depression, fewer screenings, leading to later stage diagnosis for cancers, uncontrolled hypertension, or [undiagnosed] diabetes."* Additionally, while telemedicine was introduced as a solution to help maintain patient care, residents identified challenges to accessing this platform, including not having access to a computer, connectivity issues, and not fully understanding how to navigate this new platform.

Prioritization Process and Priorities Selected for Planning

Prioritization allows organizations, partnerships, and consortia 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 Healthier Middlesex 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 Middlesex Consortium 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 and Priorities Selected for Planning
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 priority issues for future action and investment. Survey respondents also were asked to select up to five of the most important issues for future action 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, ten major priorities were identified for Middlesex County:

- Systemic Racism, Racial Injustice & Discrimination
- Financial Insecurity
- Food Insecurity
- Housing Instability
- Technology Use and Access
- Access to care
- Mental Health
- Substance Use
- Violence
- Chronic Disease

Step 2: Data-Informed Voting via a Consortium Prioritization Meeting
On June 27, 2022, a one-and-a-half-hour virtual community meeting was held for the Healthier Somerset Advisory Board members to discuss and vote on preliminary community priorities. During the prioritization meeting (held virtually), attendees heard a data presentation on the key findings for the Healthier Middlesex CHNA. Participants were asked to reflect on the data shared, including whether any key topics were missing, and to share thoughts via the Chat feature in 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 ten 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.

After the discussions, using Mentimeter's online polling tool, meeting participants were asked to vote for up to four of the ten priorities identified from the data and based on the specific prioritization criteria. A total of fifteen Consortium advisory board members voted during the Community Prioritization Meeting.

Voting resulted in several issues ranked by priority:

- Mental Health 80% (12/15)
- Access to Healthcare 60% (9/15)
- Systemic Racism, Racial Injustice, and Discrimination 53% (8/15)
- Food Insecurity 47% (7/15)
- Financial Insecurity and Unemployment 40% (6/15)
- Chronic Disease 40% (6/15)
- Housing Instability 33% (5/15)
- Technology Use and Access 20% (3/15)
- Substance Use 13% (2/15)
- Violence 13% (2/15)

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

All members of the Healthier Middlesex Consortium were invited to participate in an additional planning session on July 19, 2022, to further refine the top priorities. As part of this second meeting, all Consortium members met virtually to review and discuss a brief presentation on the CHNA findings and to review the outcome of the previous prioritization meeting that was held on June 27th, 2022 with the smaller Advisory Board. The goal of this meeting was to further refine and narrow priorities into four priority areas.

In the meeting, participants were asked to reflect on whether the findings were consistent with their experience and understanding of the community and specifically to discuss the following prioritization options:

- Should Mental Health and Substance Use be combined under one priority or kept separate?
- Should Systemic Racism be its own priority area, or should it be integrated across ALL priorities of the plan?
- Should Chronic Disease and Food Insecurity be combined under one priority or kept separate?
- Should Financial Insecurity and Housing be combined under one priority or kept separate?
- Should Access to Health Care and Technology Use and Access be combined under one priority or kept separate?

Participants were then asked to vote using Mentimeter's online polling tool to indicate which choices they were in favor of combining or keeping separate. A total of 21 individuals responses responded to the prioritization question. Participants elected to:

- Integrate addressing Systemic Racism across all categories - 57% (12/21)
- Combine Financial Insecurity and Housing Instability under a single priority - 67% (14/21)

- Combine Mental Health and Substance Use under a behavioral health priority - 62% (13/21)
- Keep Chronic Disease and Food Insecurity as separate priorities - 57% (12/21)
- Combine Access to Health Care and Technology into one category - 52% (11/21)

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 four priorities based on the condensed categories for voting results. Following the voting and subsequent discussions, the Healthier Middlesex Consortium decided on the following priorities for CHIP planning:

Addressing Systemic Racism as an overarching theme across all categories for four priority areas of:

- Financial Insecurity and Housing Instability
- Behavioral Health (Mental Health and Substance Use)
- Access to Health Care with Chronic Disease and Technology as sub-categories
- Food Insecurity

These priority areas have been the focus of planning sessions being conducted in late Fall 2022 to develop a plan to identify goals, measurable objectives, and strategies to address these issues.

APPENDICES

Appendix A – Healthier Middlesex Partners
Appendix B – Key Informant Interviewees Organizational Affiliation
Appendix C – Key Informant Interview Guide
Appendix D – Focus Group Guide
Appendix E – Resource Inventory
Appendix F – Additional Data Tables
Appendix G – RWJUH New Brunswick Hospitalization Data
Appendix H – Saint Peter's University Hospital Hospitalization Data
Appendix I – Cancer Data
Appendix J – Results and Outcomes Report of the Previous Implementation Plan

Appendix A- Healthier Middlesex Partners

The Healthier Middlesex Community Health Needs Assessment was developed with the guidance and support of numerous partners. These partners included:

- Ashley Ristaino, Woodbridge Health Department
- Bill Neary, Keep Middlesex Moving
- Brandy Alexander, Holy Family Parish
- Brenda Crespo, Raritan Bay Area YMCA
- Charoulla Castanos-Beaton, Middlesex County Municipal Alliance
- Chris Gonda, Keep Middlesex Moving
- Chris Barlics, Robert Wood Johnsons Fitness Center
- Deborah Morgan, New Brunswick NAACP
- Delma Avila, Community Food Bank of New Jersey
- Denise Nickel, Middlesex County Office of Planning
- Diana Starace, Robert Wood Johnson University Hospital
- Eric Jahn, MD, Rutgers Robert Wood Johnson Medical School
- Evelyn Fuertes, Cancer Institute of New Jersey
- Ezra Helfand, Wellspring Center for Prevention
- Gregg Ficarra, Woodbridge Township City Council
- Gabriel Rocha, Community Foodbank of New Jersey
- Gina Marie-Miraglia, Horizon Blue Cross Blue Shield of New Jersey
- Gina Stravic, Raritan Valley YMCA
- Melissa Hernandez, Robert Wood Johnson University Hospital
- Elaine M. Hewins, Robert Wood Johnson University Hospital
- Hiral Shukla, Cancer Support Network of New Jersey
- Indira Martir, WellCare
- Jacklyn Loyer, RWJ Fitness & Wellness Center
- Jagdish Vasudev, New Americans Program of New Jersey
- Jeanette Cullen, Catholic Charities- Diocese of Metuchen
- Jennifer Apostol, REPLENISH
- Jessica Guzman, Robert Wood Johnson University Hospital
- Jose Montes, Puerto Rican Action Board
- John Dowd, Middlesex County Office of Health Services
- Jaymie Santiago, New Brunswick Tomorrow
- Julie Marte, AARP of New Jersey
- Karen Parry, East Brunswick Public Library
- Laila Caune, Middlesex County Office of Aging
- Laura Lella-Smith, Hackensack Meridian Health
- Lisa Powell, NAMI NJ
- Lynn Sherman, Girls on the Run
- Maggie Luo, NAMI NJ
- Manuel Castaneda, New Brunswick Tomorrow
- Mara Carlin, Wellspring Center for Prevention
- Maria Pellerano, Rutgers Robert Wood Johnson Medical School
- Meredith Blount, NAMI, NJ
- Mirah Becker, Middlesex County Office of Planning

- Monica Hanna, Robert Wood Johnson Barnabas
- Nick Tufaro, Middlesex County Office of Planning
- Robin Krippa, Hackensack Meridian Health
- Rosela Roman, Mobile Family Success Center, Diocese of Metuchen
- Sandy Cross, Jewish Renaissance Medical Center
- Schwartz Elizabeth, Catholic Charities- Diocese of Metuchen
- Serena Collado, Robert Wood Johnson University Hospital, Somerset
- Shailja Mathur, Rutgers University Cooperative Extension
- Steve Jobin, Raritan Bay Area YMCA
- Susan Giordano, Rutgers Robert Wood Johnson Medical School -HIPHOP
- Toni Lewis, National Network of Public Health Institutes
- Twyla Page, Middlesex County Office of Health Services
- Ishani Ved, Saint Peter's University Hospital
- Venus Majeski, New Jersey Institute for Disabilities
- Victoria Galarza, Community Food Bank of New Jersey
- Victoria Lodato, Community Food Bank of New Jersey
- Viviana De Los Angeles, Middlesex County Office of Health Services
- Vivianne Soria, Community Affairs & Resource Center

Appendix B- Key Informant Interviewees' Organizational Affiliations

Organization	Population/Sector
RWJBarnabas Hospital	Economically Vulnerable Residents
Saint Peter's University Hospital	
PRAB, Inc.	Mental Health Providers
Rutgers-University Behavioral Health Care	
National Association for the Advancement of Colored People (NAACP)	Those working to address structural racism and inequality
PRAB, Inc.	
Raritan Bay YMCA	Those working in youth serving organizations
REPLENISH- Middlesex County Food Bank	Those working in food assistance and food security
Monroe Township Council	Those working at senior centers or with senior populations
Middlesex County Office of Aging and Disability	
Middlesex County Workforce Development Board	Those working in workforce development/ job placement/ business community

Appendix C- Key Informant Interview Guide

Health Resources in Action
Healthier Middlesex Community Health Needs Assessment
Virtual Key Informant Interview Guide (February 23, 2022)

Goals of the key informant interview
To determine perceptions of the strengths and needs of the community served by Healthier Middlesex, 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.]

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 Middlesex 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 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 directly to you in our report.

Do you consent to participating in this conversation today? Participation is voluntary, and if I ask a question that you don't feel comfortable answering it's okay, for us to skip and move on to the next questions.

Do you have any questions before we begin?

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?]

What are some of the biggest challenges your organization faces in conducting your work in the community?

How have these changed during COVID-19? What new challenges do you anticipate going forward?

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)

What do you consider to be the community's strongest assets/strengths?

How have you seen the community change over the last several years?

What are some of its <u>biggest concerns/issues</u> 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]

What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?

How has [ISSUE] affected their daily lives?

How have these issues changed during/since COVID-19?

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

HEALTH ISSUES (10 MINUTES)

What do you think are the most pressing <u>health</u> 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?]

From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?

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?

***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 Discrimination is a Concern
What are some of the specific challenges around 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 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?
*mention if other KIIs have brought up suicide in youth; isolation in older populations
What are your major concerns for the future? What has been going "right" that could be built on going forward?

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 with Youth/Young Adults
What are some of the challenges youths are facing in your community?
What should health care and social service providers consider when treating health and other issues in youth populations? How can institutions best respond to the needs of younger individuals?
How has the pandemic and its effects impacted youths and organizations serving younger individuals?
What are your major concerns for the future? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working in Food Assistance and Food Security
What barriers do you see residents experiencing around accessing affordable and healthy food?
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 food?
What has been challenging or not working well? What opportunities exist for improvement or innovation?

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?

OTHER

We are also interested in finding out ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

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 D- Focus Group Guide

Health Resources in Action
Healthier Middlesex Community Health Needs Assessment
Virtual Focus Group Guide

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

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 Middlesex 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 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?

Does everyone feel comfortable participating in this conversation today? Participation is voluntary, and if I ask a question that you don't feel comfortable answering it's okay,to skip and move on to the next questions. Please nod or unmute to communicate that you consent to be part of this focus group.

Any questions before we begin our introductions and discussion?

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]

COMMUNITY ASSETS AND CONCERNS (20 minutes)

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

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]

How have these strengths changed during COVID-19?

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.]

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.]

How have these changed during COVID-19?

What specific population groups do you think have been most at-risk for these issues in your community?

In the past year, there has been more national dialogue around racial injustice, inequity, and structural racism. How has this dialogue played out in the [COMMUNITY NAME] community? **How have issues of inequity played out in the [COMMUNITY NAME] community?**

How can different community organizations effectively contribute to the ongoing conversation and movement for racial justice?

What do you think are the most pressing *health* concerns in your community?

How did these health issues affect your community? In what way?

How have these changed during COVID-19?

What specific population group are most at-risk for these issues?

Thinking about health and wellness, what makes it easier to be healthy in your community?

What supports your health and wellness?

What makes it harder to be healthy in your community?

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.

Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

Let's talk about [ISSUE]. *(Moderator to select one major issue discussed.)* What are some of the barriers or challenges residents face in dealing with [ISSUE]? [PROBE: BARRIERS TO SERVICES, ASSISTANCE, COORDINATION, SOCIAL/ECONOMIC FACTORS, DISCRIMINATION, ETC.]

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?

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]

VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

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?

What do you think needs to happen in the community to make this vision a reality?

Who should be involved in this effort?

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 health in your community?** 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?

OTHER

We are also interested in finding out the ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

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.]

Health Resources for Middlesex County

Part 1: Acute, Long Term and Medical Ambulatory Services

Source: Department of Health
Download Oct 3, 2022

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH CARE SERVICES	Z0SFLR	2nd Home Perth Amboy, LLC	420 FAYETTE STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 826-8012	(732) 826-1961	2ND HOME PERTH AMBOY OPERATIONS, LLC
ADULT DAY HEALTH CARE SERVICES	508101	Always at Home	8A JOCAMA BLVD	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 591-9155	(732) 591-9611	RELIANCE ADULT DAY CARE, INC
ADULT DAY HEALTH CARE SERVICES	KCWWKE	Buckingham Place	700 WOODS LANE, SUITE A	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(732) 329-8954	(732) 329-9225	BUCKINGHAM PLACE, LLC
ADULT DAY HEALTH CARE SERVICES	13013	Care Forever Adult Day Care Center	7 PROGRESS STREET	EDISON	NJ	08820	MIDDLESEX	(732) 646-8483	(732) 993-7074	CARE FOREVER ADULT DAY CARE CENTER LLC
ADULT DAY HEALTH CARE SERVICES	12021	Circle of Life Adult Day Services	3000 HADLEY ROAD	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(732) 839-3333	(732) 839-3332	SOUTH PLAINFIELD DAY CARE LLC
ADULT DAY HEALTH CARE SERVICES	AD12004	Dawn to Dusk Wellbeing Center	12 STULTS ROAD, SUITE 125	DAYTON	NJ	08810	MIDDLESEX	(732) 447-9420		PARR ENTERPRISES, LLC
ADULT DAY HEALTH CARE SERVICES	12010	Edison Adult Day Care Center, LLC	1655-150 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 494-1001	(732) 947-3001	EDISON ADULT DAY CARE CENTER, LLC
ADULT DAY HEALTH CARE SERVICES	12009	Golden Era Medical Adult Day Care	36 MERIDIAN ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 549-2273	(732) 549-2277	GOLDEN ERA MEDICAL ADULT DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	12011	Golden Path Adult Day Health Care, Inc	50-52 CHARLES STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 640-1122	(732) 640-1118	GOLDEN PATH ADULT DAY HEALTH CARE, INC
ADULT DAY HEALTH CARE SERVICES	12057	Grace Senior Care	217-225 DURHAM AVENUE	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(732) 791-4888		SATYANARAYAN HEALTHCARE, LLC
ADULT DAY HEALTH CARE SERVICES	12020	Graceland Adult Medical Day Care	316 MADISON AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 826-0680	(732) 826-0684	GRACELAND ADULT MEDICAL DAY CARE, INC
ADULT DAY HEALTH CARE SERVICES	12015	Harmony Adult Medical Day Care Center	220 CENTENNIAL AVENUE	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 667-5527	(732) 667-5528	HARMONY ADULT MEDICAL DAY CARE CENTER, INC
ADULT DAY HEALTH CARE SERVICES	12025	Iselin Adult Day Care Center	477 LINCOLN HIGHWAY 27	ISELIN	NJ	08830	MIDDLESEX	(732) 283-1373	(732) 283-1379	ISELIN ADULT DAY CARE CENTER, LLC
ADULT DAY HEALTH CARE SERVICES	2CPTS8	Just Home Medical Adult Day	7 EDGEBORO ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 432-9990	(732) 432-9993	JUST HOME, INC.
ADULT DAY HEALTH CARE SERVICES	12012	Just Like Home	426 RARITAN STREET, RARITAN CENTER	SAYREVILLE	NJ	08872	MIDDLESEX	(732) 721-9200	(888) 843-6925	RELIANCE HEALTHCARE (NJ), INC
ADULT DAY HEALTH CARE SERVICES	12046	Medical Adult Day Care At Princeton Health Campus,LLC	2 HOSPITAL DRIVE, BUILDING B	PLAINSBORO	NJ	08536	MIDDLESEX	(908) 812-5079		MEDICAL ADULT DAY CARE AT PRINCETON HEALTH CAMPUS
ADULT DAY HEALTH CARE SERVICES	508300	Nirvana Adult Day Care	2050 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(848) 200-7343	(848) 200-7344	NIRVANA ADULT DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	83001	Parker at Monroe Adult Day Health Services Center	200 OVERLOOK DRIVE, PONDVIEW PLAZA	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(848) 237-2386	(609) 409-1310	PARKER @ THE PAVILION A D HEALTH SRVS CENTER, INC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH CARE SERVICES	12008	PARKER HOME AND COMMUNITY BASED SERVICES, INC.	443 RIVER ROAD	HIGHLAND PARK	NJ	08904	MIDDLESEX	(732) 565-2440	(732) 565-2430	PARKER HOME AND COMMUNITY BASED SERVICES, INC.
ADULT DAY HEALTH CARE SERVICES	12049	Princeton Adult Day Care	2245 ROUTE 130 SOUTH, SUITE 106	DAYTON	NJ	08810	MIDDLESEX	(732) 783-7997	(732) 823-1101	PRINCETON ADULT DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	12022	Second Inning Adult Day Care Center	1501 LIVINGSTON AVENUE	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 626-5544	(732) 626-5543	SECOND INNING, LLC
ADULT DAY HEALTH CARE SERVICES	12031	Sewa Adult Day Care	1020 ROUTE 18 NORTH, SUITE M	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 210-2727	(732) 210-2666	SEWA ADULT DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	508310	South Amboy Adult Day Health Care Center	540 BORDENTOWN AVENUE	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 553-1600	(732) 553-1608	FIRST HEALTHCARE LLC
ADULT DAY HEALTH CARE SERVICES	13017	South Brunswick Adc	2000 CORNWALL ROAD	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(732) 201-6100		SOUTH BRUNSWICK ADC LLC
ADULT DAY HEALTH CARE SERVICES	12013	Sterling Adult Day Care Center LLC	119-120 NORTH CENTER DRIVE	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 951-2020	(732) 951-2307	STERLING ADULT DAY CARE CENTER, LLC
ADULT DAY HEALTH CARE SERVICES	12014	Sunny Days Adult Day Care Center	1 ETHEL ROAD, SUITE 106C	EDISON	NJ	08817	MIDDLESEX	(732) 791-4888	(908) 769-5104	SATYANARAYAN HEALTHCARE, LLC
ADULT DAY HEALTH CARE SERVICES	12034	Vatsalya Adult Day Care	1412 STELTON ROAD, UNIT 6-10	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 331-8966		VATSALYA ADULT DAY CARE
ADULT DAY HEALTH CARE SERVICES	12033	Vcare Adult Center, LLC	121 ETHEL ROAD WEST	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 640-0455	(732) 640-0454	VCARE NJ HOLDINGS, LLC
AMBULATORY CARE FACILITY	22911	A. P. DIAGNOSTIC IMAGING, INC.	1692 OAK TREE ROAD, SUITE 25	EDISON	NJ	08820	MIDDLESEX	(732) 635-9729	(732) 635-9855	A P DIAGNOSTIC IMAGING
AMBULATORY CARE FACILITY	24896	CHOP CARE NETWORK SPECIALTY CARE PRINCETON AT PLAINSBORO	101 PLAINSBORO ROAD	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 520-1717	(609) 520-9333	CHILDREN'S HOSPITAL OF PHILADELPHIA, THE
AMBULATORY CARE FACILITY	25040	CSN HEALTH AND WELLNESS, LLC	2477 ROUTE 516, SUITE 202	OLD BRIDGE	NJ	08857	MIDDLESEX	(888) 753-3736	(888) 458-7888	CSN HEALTH AND WELLNESS, LLC
AMBULATORY CARE FACILITY	25013	DIAGNOSTIC IMAGING CENTER, LLC	1921 OAKTREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 331-8966	(732) 601-3524	DIAGNOSTIC IMAGING CENTER, LLC
AMBULATORY CARE FACILITY	24450	EAST BRUNSWICK IMAGING CENTER, LLC	647 ROUTE 18 SOUTH	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 613-6300	(732) 613-6318	EAST BRUNSWICK IMAGING CENTER, LLC
AMBULATORY CARE FACILITY	23103	EAST BRUNSWICK OPEN UPRIGHT MRI LLC	620 CRANBURY ROAD, SUITE 10	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 698-1717	(732) 638-2727	EAST BRUNSWICK OPEN UPRIGHT MRI, LLC
AMBULATORY CARE FACILITY	24877	EDISON MEDICAL IMAGING, LLC	1907 OAK TREE ROAD, SUITE 101	EDISON	NJ	08820	MIDDLESEX	(732) 243-9909	(848) 200-7372	EDISON MEDICAL IMAGING, LLC
AMBULATORY CARE FACILITY	22989	HACKENSACK MERIDIAN AMBULATORY CARE, INC	3548 ROUTE 9 SOUTH	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 321-7550	(732) 767-2914	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
AMBULATORY CARE FACILITY	24975	JEWISH RENAISSANCE FOUNDATION COMMUNITY HEALTH CENTER	1931 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 482-9600	(732) 372-0800	JEWISH RENAISSANCE FOUNDATION

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	24388	MEDICAL WALK-IN AND WELLNESS	162 MAIN STREET	METUCHEN	NJ	08840	MIDDLESEX	(732) 494-8101	(732) 494-8101	SAI MEDICAL SERVICES, L.L.C.
AMBULATORY CARE FACILITY	22297	NJIN OF EDISON	3826-3830 PARK AVENUE	EDISON	NJ	08820	MIDDLESEX	(732) 494-9061	(732) 494-5960	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	24879	NJIN OF MENLO PARK	10 PARSONAGE ROAD	EDISON	NJ	08837	MIDDLESEX	(732) 494-9061	(732) 494-5960	THE NEW JERSEY IMAGING NETWORK, L.L.C.
AMBULATORY CARE FACILITY	22624	NJIN OF WOODBRIDGE	1500 SAINT GEORGES AVENUE	AVENEL	NJ	07001	MIDDLESEX	(732) 574-8999	(732) 574-3488	NEW JERSEY IMAGING NETWORKS, LLC
AMBULATORY CARE FACILITY	22620	PERTH AMBOY DIAGNOSTIC IMAGING	607 AMBOY AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 442-5444	(732) 442-2626	PERTH AMBOY HEALTH CARE, LLC
AMBULATORY CARE FACILITY	24482	PRINCETON ORTHOPAEDIC ASSOCIATES	11 CENTRE DRIVE	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 924-8131	(609) 924-8532	PRINCETON ORTHOPAEDIC ASSOCIATES II, P.A.
AMBULATORY CARE FACILITY	22716	PRINCETON RADIOLOGY ASSOCIATES PA	9 CENTRE DRIVE	JAMESBURG	NJ	08831	MIDDLESEX	(609) 655-1448	(609) 655-4016	PRINCETON RADIOLOGY ASSOCIATES, PA
AMBULATORY CARE FACILITY	25153	PRINCETON RADIOLOGY ASSOCIATES, PA	9 CENTRE DRIVE, SUITE 115	JAMESBURG	NJ	08831	MIDDLESEX	(609) 655-1448		PRINCETON RADIOLOGY ASSOCIATES, PA
AMBULATORY CARE FACILITY	24892	RARITAN BAY DIAGNOSTIC IMAGING, L.L.C.	551 NEW BRUNSWICK AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 786-4111	(732) 442-0830	RARITAN BAY DIAGNOSTIC IMAGING, L.L.C.
AMBULATORY CARE FACILITY	25121	REGIONAL CANCER CARE	9 CENTRE DRIVE, SUITE 115	MONROE TWP	NJ	08831	MIDDLESEX	(609) 655-5755	(609) 655-5725	TITAN HEALTH PARTNERS, LLC
AMBULATORY CARE FACILITY	25145	SOUTH PLAINFIELD RADIOLOGY, CORP	116 CORPORATE BOULEVARD	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(718) 683-4152	(201) 350-1630	SOUTH PLAINFIELD RADIOLOGY CORP
AMBULATORY CARE FACILITY	22578	STELTON RADIOLOGY CORPORATION	1092 STELTON ROAD	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 287-8747	(732) 287-6737	STELTON RADIOLOGY CORPORATION
AMBULATORY CARE FACILITY	24293	UNIVERSITY RADIOLOGY AT ROBERT WOOD JOHNSON LLC	10 PLUM STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 249-4410	(732) 249-1208	UNIVERSITY RADIOLOGY AT ROBERT WOOD JOHNSON, LLC
AMBULATORY CARE FACILITY	23961	UNIVERSITY RADIOLOGY GROUP, LLC	111 UNION VALLEY ROAD	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 390-0040	(609) 395-1718	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	22867	UNIVERSITY RADIOLOGY GROUP, LLC	3900 PARK AVENUE	EDISON	NJ	08820	MIDDLESEX	(732) 548-6800	(732) 548-6290	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	22243	UNIVERSITY RADIOLOGY GROUP, LLC	483 CRANBURY ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 390-0030	(732) 238-9514	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	22244	UNIVERSITY RADIOLOGY GROUP, LLC	260-264 AMBOY AVENUE	METUCHEN	NJ	08840	MIDDLESEX	(732) 548-2322	(732) 548-3392	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	24784	WELLNESS CENTER OF SOUTH PLAINFIELD	3000 HADLEY ROAD	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(973) 714-9337	(973) 285-9101	WELLNESS CENTER OF SOUTH PLAINFIELD
AMBULATORY CARE FACILITY	23493	WOODBRIDGE RADIOLOGY	530 GREEN STREET	ISELIN	NJ	08830	MIDDLESEX	(732) 326-1515	(732) 326-1522	OPEN MRI RADIOLOGY, LLC
AMBULATORY CARE FACILITY - SATELLITE	24332	JEWISH RENAISSANCE MEDICAL CENTER MOBILE VAN	275 HOBART STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 376-9333	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY - SATELLITE	24775	JRMC-SBHC MOBILE VAN	275 HOBART STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 376-9333	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
AMBULATORY CARE FACILITY - SATELLITE	22258	PLANNED PARENTHOOD OF NCSNJ	450 MARKET STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(973) 879-1306	(732) 442-7150	PLANNED PARENTHOOD OF NCSNJ
AMBULATORY CARE FACILITY - SATELLITE	22524	PLANNED PARENTHOOD OF NCSNJ	10 B INDUSTRIAL DRIVE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(973) 879-1306	(732) 846-8799	PLANNED PARENTHOOD OF NCSNJ
AMBULATORY CARE FACILITY - SATELLITE	71792	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN NEW JERSEY, INC.	12 SNOWHILL ROAD, SUITE 3	SPOTSWOOD	NJ	08884	MIDDLESEX	(732) 723-9192	(732) 723-2448	PLANNED PARENTHOOD OF NCSNJ
AMBULATORY CARE FACILITY - SATELLITE	25273	ZUFALL HEALTH CENTER	1 PLAINSBORO ROAD	PLAINSBORO	NJ	08536	MIDDLESEX	(973) 328-9100		ZUFALL HEALTH CENTER
AMBULATORY SURGICAL CENTER	R24526	ADVANCED SURGICAL ARTS CENTER, LLC	1150 AMBOY AVENUE	EDISON	NJ	08837	MIDDLESEX	(732) 548-8194	(732) 548-1919	ADVANCED SURGICAL ARTS CENTER, LLC
AMBULATORY SURGICAL CENTER	22900	AMBULATORY SURGERY CENTER AT OLD BRIDGE	400 PERRINE ROAD, SUITE 408	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 553-9222	(732) 721-0828	AMBULATORY SURGERY CENTER AT OLD BRIDGE, L.L.C.
AMBULATORY SURGICAL CENTER	R24540	AMBULATORY SURGICAL CENTER OF NEW JERSEY, LLC	5 PROGRESS STREET-SUITE 2	EDISON	NJ	08820	MIDDLESEX	(908) 755-9671	(908) 755-9675	AMBULATORY SURGICAL CENTER OF NEW JERSEY, LLC
AMBULATORY SURGICAL CENTER	23182	AP SURGERY CENTER	1692 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 906-7800	(732) 906-6608	AP SURGERY CENTER
AMBULATORY SURGICAL CENTER	22695	CARES SURGI CENTER, L.L.C.	240 EASTON AVENUE - 3RD FLOOR	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 565-5400	(732) 626-6652	CARES SURGICENTER, LLC
AMBULATORY SURGICAL CENTER	R24608	CONTEMPORARY PLASTIC SURGICENTER, LLC	579A CRANBURY ROAD, SUITE 202	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 254-1919	(732) 254-0703	CONTEMPORARY PLASTIC SURGICENTER, L.L.C.
AMBULATORY SURGICAL CENTER	R24600	EDISON SURGERY CENTER LLC	10 PARSONAGE ROAD, SUITE 206	EDISON	NJ	08837	MIDDLESEX	(732) 243-9798	(848) 209-8150	EDISON SURGERY CENTER, LLC
AMBULATORY SURGICAL CENTER	R24499	ENDO SURGI CENTER OF OLD BRIDGE LLC	42 THROCKMORTON LANE	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 679-8808	(732) 679-7280	ENDO SURGI CENTER OF OLD BRIDGE, L.L.C.
AMBULATORY SURGICAL CENTER	R24537	JERSEY AMBULATORY SURGICAL CENTER, L.L.C.	561 CRANBURY ROAD - SUITE D	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 651-1300	(732) 651-0375	JERSEY AMBULATORY CENTER LLC
AMBULATORY SURGICAL CENTER	23060	MAY STREET SURGI CENTER, LLC	205 MAY STREET, SUITE 103	EDISON	NJ	08837	MIDDLESEX	(732) 661-9075	(732) 661-9619	MAY STREET SURGI CENTER, LLC
AMBULATORY SURGICAL CENTER	24828	MENLO PARK SURGERY CENTER, LLC	10 PARSONAGE ROAD, SUITE 204	EDISON	NJ	08837	MIDDLESEX	(732) 243-9500	(732) 243-9501	MENLO PARK SURGERY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24196	METROPOLITAN SURGICAL INSTITUTE L.L.C.	540 BORDENTOWN AVENUE	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 525-2227	(732) 525-2224	METROPOLITAN SURGICAL INSTITUTE
AMBULATORY SURGICAL CENTER	24031	MIDDLESEX SURGERY CENTER	1921 OAKTREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 494-8800	(732) 494-8181	MIDDLESEX SURGERY CENTER
AMBULATORY SURGICAL CENTER	R24578	OAK TREE SURGERY CENTER, L.L.C.	1931 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 603-8603	(732) 603-8634	OAK TREE SURGERY CENTER LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY SURGICAL CENTER	24915	PARK AVENUE SURGERY CENTER, L.L.C.	3848 PARK AVENUE	EDISON	NJ	08820	MIDDLESEX	(732) 243-9478	(732) 243-9479	PARK AVENUE SURGERY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24371	ROBERT WOOD JOHNSON-ENDOSURGICAL CENTER LLC	800 RYDERS LANE	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 432-6880	(732) 432-6885	ROBERT WOOD JOHNSON-ENDOSURGICAL CENTER LLC
AMBULATORY SURGICAL CENTER	22984	SAME DAY SURGERY CENTER OF CENTRAL JERSEY	225 MAY STREET, UNIT C	EDISON	NJ	08837	MIDDLESEX	(732) 661-0570	(732) 661-0084	SAME DAY SC OF CENTRAL NJ, LLC
AMBULATORY SURGICAL CENTER	R24585	SPECIALIZED SURGICAL CENTER OF CENTRAL NEW JERSEY, LLC	41 ARTHUR STREET	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 828-5900	(732) 828-3327	SPECIALIZED SURGICAL CNT OF CENTRAL NEW JERSEY,
AMBULATORY SURGICAL CENTER	24210	SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK LLC	1520 HIGHWAY 130	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 422-9900	(732) 422-9901	SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK, LLC
AMBULATORY SURGICAL CENTER	22288	SURGERY CENTER OF CENTRAL NEW JERSEY	107 NORTH CENTER DRIVE	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 297-8001	(732) 297-8007	EYE SURGICAL SPECIALISTS OF NEW JERSEY
AMBULATORY SURGICAL CENTER	71274	UNIVERSITY SURGICENTER	561 CRANBURY ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 390-4300	(732) 390-0556	EAST BRUNSWICK SURGERY CENTER, LLC
AMBULATORY SURGICAL CENTER	R24588	VASCULAR ACCESS CENTER OF CENTRAL NEW JERSEY LLC	1 WILLS WAY, CENTRAL NJ MEDICAL PARK	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 529-0223	(732) 592-0225	JAMES F MCGUCKIN MD OF NJ, PA
AMBULATORY SURGICAL CENTER	R24506	VEIN TREATMENT ACCESS CARE, LLC	215A NORTH CENTER DRIVE	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 305-6556	(732) 305-6559	HIGHLAND PARK SURGICAL ASSOCIATES, PA
ASSISTED LIVING PROGRAM	50A110	Heritage of Clara Barton	1015 AMBOY AVENUE	EDISON	NJ	08837	MIDDLESEX	(732) 225-5990	(732) 225-5288	HERITAGE OF CLARA BARTON CORP.
ASSISTED LIVING RESIDENCE	11A013	Artis Senior Living Of Princeton Junction	861 ALEXANDER ROAD	PRINCETON	NJ	08540	MIDDLESEX	(609) 454-3360	(609) 580-1143	ARTIS SENIOR LIVING OF PRINCTON JUNCTION, LLC
ASSISTED LIVING RESIDENCE	50A001	Brighton Gardens of Edison	1801 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 767-1031	(732) 767-0835	WELLTOWER OPCO GROUP LLC
ASSISTED LIVING RESIDENCE	50a003	Brookdale Monroe	380 FORSGATE DRIVE	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 409-7525	(609) 409-7529	AHC MONROE TOWNSHIP, LLC
ASSISTED LIVING RESIDENCE	AL12001	Care One at East Brunswick Assisted Living	664 CRANBURY ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 653-1178		CARE ONE AT EAST BRUNSWICK ASSISTED LIVING, LLC
ASSISTED LIVING RESIDENCE	50A000	The Chelsea At East Brunswick	606 CRANBURY ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 651-6100	(732) 651-6446	EAST BRUNSWICK SENIOR CARE, LLC
ASSISTED LIVING RESIDENCE	082462	The Chelsea at Forsgate	319 FORSGATE DRIVE	JAMESBURG	NJ	08831	MIDDLESEX	(732) 656-1000	(732) 656-0081	FORSGATE SENIOR CARE ,LLC
ASSISTED LIVING RESIDENCE	12a001	HarborChase of Princeton	4331 S US ROUTE 1	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(772) 492-5002		BFG PRINCETON PROPCO IV, LLC
ASSISTED LIVING RESIDENCE	50a005	Heritage of Clara Barton	1015 AMBOY AVENUE	EDISON	NJ	08837	MIDDLESEX	(732) 225-5990	(732) 225-5288	HERITAGE OF CLARA BARTON CORP.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ASSISTED LIVING RESIDENCE	12A040	Maplewood At Princeton	1 HOSPITAL DRIVE	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 285-5427	(609) 324-5539	MAPLEWOOD AT PRINCETON, LLC
ASSISTED LIVING RESIDENCE	50A8312	Monroe Village Assisted Living	ONE DAVID BRAINERD DRIVE	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 521-6400	(732) 521-6456	SPRINGPOINT AT MONROE VILLAGE, INC
ASSISTED LIVING RESIDENCE	12A007	Parker At Stonegate	443 RIVER ROAD	HIGHLAND PARK	NJ	08904	MIDDLESEX	(732) 565-2500	(732) 247-1435	THE FRANCIS E. PARKER MEMORIAL HOME, INC.
ASSISTED LIVING RESIDENCE	50a002	Reformed Church Home	1990 ROUTE 18 NORTH	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 607-9230	(732) 607-9231	REFORMED CHURCH MINISTRIES TO THE AGING
ASSISTED LIVING RESIDENCE	50a004	Sunrise Assisted Living Of East Brunswick	190 SUMMERHILL ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 613-1355	(732) 613-1365	AL I/EAST BRUNSWICK SENIOR HOUSING, L.L.C.
ASSISTED LIVING RESIDENCE	50A006	Hackensack Meridian Ambulatory Care, Inc.	62 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 744-5541	(732) 549-3812	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
CHILDREN REHABILITATION HOSPITAL	22249	CHILDREN'S SPECIALIZED HOSPITAL	200 SOMERSET STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 258-7050	(732) 258-7210	CHILDREN'S SPECIALIZED HOSPITAL
COMPREHENSIVE PERSONAL CARE HOME	50C000	St. Joseph's Seniors' Home Nursing Center & Assisted Living	1-3 ST. JOSEPH'S TERRACE	WOODBRIDGE	NJ	07095	MIDDLESEX	(732) 634-0004	(732) 634-4586	THE LITTLE SERVANT SISTER
COMPREHENSIVE REHABILITATION HOSPITAL	22293	JFK JOHNSON REHABILITATION INSTITUTE	65 JAMES STREET	EDISON	NJ	08818	MIDDLESEX	(732) 321-7051	(732) 549-8532	HMH HOSPITALS CORPORATION
END STAGE RENAL DIALYSIS	80340	BIO-MEDICAL APPLICATIONS OF COLONIA	1250 ROUTE #27	COLONIA	NJ	07067	MIDDLESEX	(732) 382-7333	(732) 382-7444	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	41201	BIO-MEDICAL APPLICATIONS OF SOUTH PLAINFIELD	2201 SOUTH CLINTON AVENUE	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(908) 668-8007	(908) 668-7844	FRESENIUS MEDICAL CARE
END STAGE RENAL DIALYSIS	25269	BRABURRY DIALYSIS LLC	561 ROUTE 1, PAD H	EDISON	NJ	08817	MIDDLESEX	(908) 332-0239	(908) 332-0259	BRABURRY DIALYSIS, LLC
END STAGE RENAL DIALYSIS	41202	DIALYSIS CLINIC INC - NORTH BRUNSWICK	105 NORTH CENTER DRIVE	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 940-8368	(732) 940-0191	DIALYSIS CLINIC, INC.
END STAGE RENAL DIALYSIS	24358	DIALYSIS CLINIC INC MONROE	2 RESEARCH WAY	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 356-7200	(609) 395-0300	DIALYSIS CLINIC, INC.
END STAGE RENAL DIALYSIS	24428	DURHAM CORNERS DIALYSIS	241 DURHAM AVENUE	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(908) 222-2971	(908) 753-0783	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	24764	EAST BRUNSWICK DIALYSIS CENTER	629 CRANBURY ROAD, SUITE 101	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 238-1909	(732) 967-8173	UNICOI DIALYSIS LLC
END STAGE RENAL DIALYSIS	22943	EDISON DIALYSIS	29 MERIDIAN ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 205-9883	(732) 205-9890	DVA RENAL HEALTHCARE, INC.
END STAGE RENAL DIALYSIS	25164	FRESENIUS KIDNEY CARE EAST BRUNSWICK	1020 STATE ROUTE 18	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 238-1405	(732) 238-1404	FRESENIUS MEDICAL CARE EAST BRUNSWICK, LLC

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END STAGE RENAL DIALYSIS	25202	FRESENIUS KIDNEY CARE PERTH AMBOY	530 NEW BRUNSWICK AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 293-1640	(732) 293-1648	FRESENIUS MEDICAL CARE PERTH AMBOY, LLC
END STAGE RENAL DIALYSIS	24444	FRESENIUS MEDICAL CARE EDISON	2 OLSEN AVENUE	EDISON	NJ	08820	MIDDLESEX	(732) 549-3286	(732) 906-5452	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	24858	GARDEN STATE KIDNEY CENTER	345 MAIN STREET	WOODBRIDGE	NJ	07095	MIDDLESEX	(732) 855-2100	(732) 855-2101	WOODBRIDGE DIALYSIS CENTER, LLC
END STAGE RENAL DIALYSIS	24922	METUCHEN DIALYSIS	319 LAKE AVENUE	METUCHEN	NJ	08840	MIDDLESEX	(732) 906-5714	(732) 906-2373	TUNNEL DIALYSIS, L.L.C.
END STAGE RENAL DIALYSIS	24885	MONROE TOWNSHIP DIALYSIS	298 APPLEGARTH ROAD	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 409-4259	(609) 395-7697	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	24476	NEW BRUNSWICK DIALYSIS	303 GEORGE STREET, SUITE G-8	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 937-4791	(732) 937-4795	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	22401	OLD BRIDGE DIALYSIS	262 TEXAS ROAD	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 591-4931	(732) 561-3448	DVA RENAL HEALTHCARE, INC.
END STAGE RENAL DIALYSIS	22400	PERTH AMBOY DIALYSIS	271 KING STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 442-3836	(732) 826-2428	DVA RENAL HEALTHCARE, INC.
END STAGE RENAL DIALYSIS	24952	PLAINSBORO DIALYSIS	100 PLAINSBORO ROAD, SUITE 1A	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 275-5550	(609) 275-5568	MERRIK DIALYSIS, LLC
END STAGE RENAL DIALYSIS	24932	RENAL CENTER OF MONROE	300 OVERLOOK DRIVE, PONDVIEW PLAZA, BLDG C	MONROE	NJ	08831	MIDDLESEX	(609) 642-8124	(609) 642-8128	RENAL CENTER OF MONROE, LLC
END STAGE RENAL DIALYSIS	25101	SAYREVILLE DIALYSIS	2909 WASHINGTON ROAD, SUITE 130	PARLIN	NJ	08859	MIDDLESEX	(732) 316-4960	(732) 316-4966	ISD RENAL, INC.
END STAGE RENAL DIALYSIS	24692	WOODBRIDGE DIALYSIS CENTER	541 MAIN STREET	WOODBRIDGE	NJ	07095	MIDDLESEX	(732) 750-0639	(732) 750-0612	TOTAL RENAL CARE, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	22864	JEWISH RENAISSANCE MEDICAL CENTER	275 HOBART STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 376-9333	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	24661	RUTGERS RWJ ERIC B CHANDLER HEALTH CENTER	1000 SOMERSET STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 235-7435	(732) 235-6726	RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
FEDERALLY QUALIFIED HEALTH CENTERS	22211	RUTGERS RWJ ERIC B. CHANDLER HEALTH CENTER	277 GEORGE STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 235-6700	(732) 235-6726	RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
FEDERALLY QUALIFIED HEALTH CENTERS	24001	RUTGERS RWJ ERIC B. CHANDLER HEALTH CENTER	123 CHURCH STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 235-2052	(732) 235-6726	RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
GENERAL ACUTE CARE HOSPITAL	11203	HMH HOSPITALS CORPORATION	530 NEW BRUNSWICK AVE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-5000	(732) 324-5330	HMH HOSPITALS CORPORATION
GENERAL ACUTE CARE HOSPITAL	11201	HMH HOSPITALS CORPORATION	65 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 321-7000	(732) 318-3693	HMH HOSPITALS CORPORATION
GENERAL ACUTE CARE HOSPITAL	11206	OLD BRIDGE MEDICAL CENTER	ONE HOSPITAL PLAZA	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 360-1000	(732) 324-5330	HMH HOSPITALS CORPORATION

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
GENERAL ACUTE CARE HOSPITAL	11103	PENN MEDICINE PRINCETON MEDICAL CENTER	ONE-FIVE PLAINSBORO ROAD	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 853-6500	(609) 853-7101	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP
GENERAL ACUTE CARE HOSPITAL	11202	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL	ONE ROBERT WOOD JOHNSON PLACE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 828-3000	(732) 253-3464	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
GENERAL ACUTE CARE HOSPITAL	11205	SAINT PETER'S UNIVERSITY HOSPITAL	254 EASTON AVE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7938	SAINT PETER'S UNIVERSITY HOSPITAL
HOME HEALTH AGENCY	72001	HACKENSACK MERIDIAN HEALTH JFK AT HOME	485 B US HIGHWAY 1, SUITE 400	ISELIN	NJ	08830	MIDDLESEX	(732) 317-5777	(732) 317-5740	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
HOME HEALTH AGENCY	22235	ROBERT WOOD JOHNSON VISITING NURSES, INC	972 SHOPPES BOULEVARD	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 224-6991	(732) 784-9710	ROBERT WOOD JOHNSON VISITING NURSES, INC.
HOSPICE CARE PROGRAM	22886	CARING HOSPICE SERVICES OF CENTRAL JERSEY, L.L.C.	1090 KING GEORGES POST ROAD #703	EDISON	NJ	08837	MIDDLESEX	(732) 661-9373	(732) 661-9058	CARING HOSPICE SERVICES OF CENTRAL JERSEY, LLC
HOSPICE CARE PROGRAM	24015	GRACE HEALTHCARE SERVICES L.L.C.	105 FIELDCREST AVENUE, SUITE 402	EDISON	NJ	08837	MIDDLESEX	(732) 225-4100	(732) 225-4110	GRACE HS, L.L.C.
HOSPICE CARE PROGRAM	22664	HMH RESIDENTIAL CARE, INC	80 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 321-7769	(732) 321-5531	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
HOSPICE CARE PROGRAM	22800	KINDRED HOSPICE	242 OLD NEW BRUNSWICK ROAD, SUITE 140	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 562-8800	(732) 562-8686	ODYSSEY HEALTHCARE OPERATING B, LP
HOSPICE CARE PROGRAM	25232	OSPREY HOSPICE LLC	758 ROUTE 18 NORTH, SUITE 103B	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 955-6648	(732) 955-6673	OSPREY HOSPICE LLC
HOSPICE CARE PROGRAM	22594	ROBERT WOOD JOHNSON VISITING NURSE, INC.	972 SHOPPES BOULEVARD	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 224-6991	(732) 743-4659	ROBERT WOOD JOHNSON VISITING NURSES, INC.
HOSPICE CARE PROGRAM	24819	SEASONS HOSPICE & PALLIATIVE CARE OF NEW JERSEY, LLC	2147 ROUTE 27 SOUTH, SUITE 101	EDISON	NJ	08817	MIDDLESEX	(866) 243-2157	(609) 570-4801	SEASONS HOSPICE & PALLIATIVE CARE OF NEW JERSEY LL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1313	CENTER FOR AMBULATORY SURGERY-MONROE	8 CENTRE DRIVE	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(866) 460-4766	(609) 853-7101	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1355	CHILDREN'S SPECIALIZED HOSPITAL-NB PHYSICIAN SERVICES	10 PLUM STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(908) 233-3720	(908) 301-5546	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1366	COMPREHENSIVE CARE GROUP AT CARES	240 EASTON AVENUE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-9099	SAINT PETER'S UNIVERSITY HOSPITAL

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1226	FOR KEEPS CHILDREN'S ACUTE PARTIAL HOSPITALIZATION	123 HOW LANE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7938	SAINT PETER'S UNIVERSITY HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1301	GAMMA KNIFE CENTER AT RWJUH, THE	10 PLUM STREET - MEDICAL OFFICE BUILDING	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 418-8002	(732) 253-3475	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1297	JFK IMAGING CENTER	60 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 321-7000	(732) 549-8532	HMH HOSPITALS CORPORATION
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1220	NEWARK BETH ISRAEL MEDICAL CENTER SPECIALTY SERVICES AT EDISON	102 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 494-4958	(732) 549-3714	NEWARK BETH ISRAEL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1312	PRE ADMISSION TESTING SERVICES	10 PLUM STREET, THIRD FLOOR	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 937-8746	(732) 418-8485	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1212	PRINCETON HEALTHCARE OCCUPATIONAL HEALTH	2 CENTRE DRIVE, SUITE 400	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(866) 460-4776	(609) 853-7101	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1211	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - EHS	181 SOMERSET STREET, SUITE 300	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 937-8714	(732) 418-8196	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1519	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL EDISON VACCINATION SITE	97 SUNFIELD AVENUE	EDISON	NJ	08837	MIDDLESEX	(732) 828-3000		ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1376	RWJ CENTER FOR WOUND HEALING	48 FRENCH STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 418-8084	(732) 418-8420	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1440	RWJUH PROTON THERAPY CENTER	141 FRENCH STREET	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 253-3176	(732) 253-3464	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1029	SAINT PETER'S COMMUNITY MOBILE HEALTH UNIT	254 EASTON AVENUE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-9099	SAINT PETER'S UNIVERSITY HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1005	SAINT PETER'S FAMILY HEALTH CENTER	123 HOW LANE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7909	SAINT PETER'S UNIVERSITY HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1427	SAINT PETER'S UNIVERSITY HOSPITAL'S CANCER CENTER	215 EASTON AVENUE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-7944	(732) 745-9099	SAINT PETER'S UNIVERSITY HOSPITAL

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1363	SPUH OUTPATIENT WOUND CARE CENTER AT MONROE	294 APPLEGARTH ROAD	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 745-8600	(732) 745-9099	SAINT PETER'S UNIVERSITY HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY SURGICAL CTR	1223	MEDIPLEX SURGERY CENTER	98 JAMES STREET	EDISON	NJ	08820	MIDDLESEX	(732) 632-1600	(732) 632-1678	HMH HOSPITALS CORPORATION
LONG TERM CARE FACILITY	061209	Alameda Center for Rehabilitation and Healthcare	303 ELM STREET	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 442-9540	(732) 324-8145	ALAMEDA CTR FOR REHABILITATION AND HEALTHCARE LLC
LONG TERM CARE FACILITY	061216	AristaCare at Cedar Oaks	1311 DURHAM AVENUE	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(732) 287-9555	(908) 462-6011	ARISTACARE AT CEDAR OAKS, LLC
LONG TERM CARE FACILITY	061222	Brighton Gardens of Edison	1801 OAKTREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 767-1031	(732) 767-0835	WELLTOWER OPCO GROUP LLC
LONG TERM CARE FACILITY	NJNDFH9U	Care One At East Brunswick	599 CRANBURY ROAD	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 967-0100	(732) 967-1110	CARE ONE AT EAST BRUNSWICK, LLC
LONG TERM CARE FACILITY	061202	Care One at The Highlands	1350 INMAN AVENUE	EDISON	NJ	08820	MIDDLESEX	(908) 754-7100	(908) 754-0506	CARE ONE AT BIRCHWOOD LLC
LONG TERM CARE FACILITY	061345	Complete Care at Park Place, llc	2 DEER PARK DRIVE	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(732) 274-1122	(732) 274-1991	COMPLETE CARE AT PARK PLACE, LLC
LONG TERM CARE FACILITY	061224	Cranbury Center	292 APPLEGARTH ROAD	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 860-2500	(609) 860-2767	292 APPLEGARTH ROAD OPERATIONS LLC
LONG TERM CARE FACILITY	061211	The Elms Of Cranbury	61 MAPLEWOOD AVENUE	CRANBURY	NJ	08512	MIDDLESEX	(609) 395-0641	(609) 395-8200	CRANBURY HEALTHCARE CENTER, INC
LONG TERM CARE FACILITY	061205	Embassy Manor at Edison Nursing and Rehabilitation	10 BRUNSWICK AVENUE	EDISON	NJ	08817	MIDDLESEX	(732) 985-1500	(732) 572-3399	EDISON HEALTHCARE LLC
LONG TERM CARE FACILITY	061206	Francis E Parker Memorial Home New Brunswick	501 EASTON AVE AT LANDING LANE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 545-3110	(732) 545-2201	FRANCIS E. PARKER MEMORIAL HOME BD OF TRUSTEES
LONG TERM CARE FACILITY	061213	Francis E Parker Memorial Home Piscataway	1421 RIVER ROAD	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 545-8330	(732) 846-4229	FRANCIS E. PARKER MEMORIAL HOME BD OF TRUSTEES
LONG TERM CARE FACILITY	061109	The Gardens at Monroe Healthcare and Rehabilitation	189 APPLEGARTH ROAD	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 448-7036	(609) 426-9618	THE GARDENS AT MONROE HEALTHCARE AND REHAB CTR LLC
LONG TERM CARE FACILITY	061218	Hartwyck At Oak Tree	2048 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 906-2100	(732) 321-9217	HARTWYCK AT OAK TREE, INC.
LONG TERM CARE FACILITY	11103L	Merwick Care & Rehabilitation Center	100 PLAINSBORO ROAD	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 759-6000	(609) 759-6005	MERWICK CARE & REHABILITATION CENTER, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY	051225	New Jersey Veterans Memorial Home Menlo Park	132 EVERGREEN RD	EDISON	NJ	08818	MIDDLESEX	(732) 452-4100	(732) 603-3016	STATE OF NJ/DEPT. MILITARY & VETERAN AFFAIRS
LONG TERM CARE FACILITY	12039	Parker at Monroe	395 SCHOOL HOUSE ROAD	MONROE	NJ	08831	MIDDLESEX	(732) 992-5200		PARKER AT MONROE, INC.
LONG TERM CARE FACILITY	061220	PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 360-2277	(732) 360-1534	PREFERRED CARE AT OLD BRIDGE, LLC
LONG TERM CARE FACILITY	12056	Promedica Senior Care of Piscataway NJ, LLC	10 STERLING DRIVE	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 917-2900	(732) 286-5650	PROMEDICA SENIOR CARE OF PISCATAWAY NJ, LLC
LONG TERM CARE FACILITY	030709	Reformed Church Home	1990 ROUTE 18 NORTH	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 607-9230	(732) 607-9231	REFORMED CHURCH MINISTRIES TO THE AGING
LONG TERM CARE FACILITY	021203	Roosevelt Care Center	118 PARSONAGE ROAD	EDISON	NJ	08837	MIDDLESEX	(732) 321-6800	(732) 321-1452	MIDDLESEX COUNTY IMPROVEMENT AUTHORITY
LONG TERM CARE FACILITY	12023	Roosevelt Care Center At Old Bridge	1133 MARLBORO ROAD	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 360-9830	(732) 360-9831	MIDDLESEX COUNTY IMPROVEMENT AUTHORITY
LONG TERM CARE FACILITY	061204	Rose Mountain Care Center	ROUTE 1 & 18	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 828-2400	(732) 828-2494	ROSE MOUNTAIN CARE CENTER, INC.
LONG TERM CARE FACILITY	061201	Spring Creek Rehabilitation and Nursing Center, LLC	1 LINDBERGH AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 826-0500	(732) 826-0348	SPRING CREEK REHABILITATION AND NURSING CENTER LLC
LONG TERM CARE FACILITY	061223	St. Joseph's Home Assisted Living & Nursing Ctr Inc DBA St. Joseph's Senior Home	1-3 ST JOSEPH'S TERRACE	WOODBRIDGE	NJ	07095	MIDDLESEX	(732) 750-0077	(732) 634-1811	THE LITTLE SERVANT SISTER
LONG TERM CARE FACILITY	061210	Summer Hill Nursing Home	111 ROUTE 516	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 254-8200	(732) 613-0017	SUMMER HILL NURSING & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	12035	The Venetian Care & Rehabilitation Center	275 JOHN T O'LEARY BOULEVARD	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 721-8200	(732) 967-6732	THE VENETIAN CARE & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	061219	Village Point	THREE DAVID BRAINERD DRIVE	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 521-6407	(732) 521-6540	SPRINGPOINT AT HALF ACRE ROAD, INC
MATERNAL AND CHILD HEALTH CONSORTIUM	22272	CENTRAL JERSEY FAMILY HEALTH CONSORTIUM	30 SILVERLINE DRIVE, SUITE 1	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 937-5437	(732) 937-5540	CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
PSYCHIATRIC HOSPITAL	22328	RUTGERS HEALTH - UNIVERSITY BEHAVIORAL HEALTH CARE	671 HOES LANE WEST	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 235-5900	(732) 235-4594	RUTGERS HEALTH GROUP, INC.
RESIDENTIAL DEMENTIA CARE HOME	D35013	Fox Trail Memory Care Living Green Brook	205 ROCK AVENUE	GREEN BROOK	NJ	08812	MIDDLESEX	(732) 968-9385	(732) 968-9387	PHNJ, LLC
RESIDENTIAL DEMENTIA CARE HOME	D35021	Fox Trail Memory Care Living South River	69 BURTON AVENUE	SOUTH RIVER	NJ	08882	MIDDLESEX	(732) 390-4663	(732) 387-2221	PHNJ, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
RESIDENTIAL DEMENTIA CARE HOME	D35002	Goldenview Living	1313 AARON ROAD	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 820-9700	(732) 820-9701	GOLDENVIEW LIVING LLC
RESIDENTIAL DEMENTIA CARE HOME	D35006	Millennium Memory Care At Monroe	310 BUCKELEW AVENUE	MONROE	NJ	08831	MIDDLESEX	(201) 529-4660	(201) 529-5685	TALL OAKS REAL ESTATE LLC
RESIDENTIAL HEALTH CARE	503300	Hartwyck At Oak Tree	2048 OAK TREE ROAD	EDISON	NJ	08820	MIDDLESEX	(732) 906-2100		HARTWYCK AT OAK TREE, INC.
SPECIAL HOSPITAL	23098-1	CARE ONE AT RARITAN BAY MEDICAL CENTER	530 NEW BRUNSWICK AVENUE	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-6090		THE REHABILITATION HOSPITAL AT RARITAN BAY MC
SPECIAL HOSPITAL	23098	CARE ONE AT SAINT PETER'S UNIVERSITY HOSPITAL	254 EASTON AVENUE	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 324-6090	(732) 324-6091	THE REHABILITATION HOSPITAL AT RARITAN BAY MC
SURGICAL PRACTICE	R24539	BROOKLINE SURGERY CENTER, LLC	620 CRANBURY ROAD, SUITE 115	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 210-4199	(732) 510-0181	BROOKLINE SURGERY CENTER, LLC
SURGICAL PRACTICE	R24611	CENTER FOR ADVANCED REPRODUCTIVE MEDICINE & FERTILITY	4 ETHEL ROAD, SUITE 405A	EDISON	NJ	08817	MIDDLESEX	(732) 339-9300	(732) 339-9400	CENTER FOR ADVANCED REPRODUCTIVE MEDICINE & FERTIL
SURGICAL PRACTICE	R24497	REPRODUCTIVE CENTER OF CENTRAL NEW JERSEY	3000 HADLEY ROAD	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(908) 412-9909	(908) 412-9910	REPRODUCTIVE CENTER OF CENTRAL NEW JERSEY

Health Resources for Middlesex County

Part 2: Mental Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services
Download Oct 3, 2022

MIDDLESEX COUNTY

Acute Care Family Support
Rutgers University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
(732) 235-6184

Early Intervention Support Services *(Crisis Intervention Services)*
Rutgers University Behavioral Health Care North
667 Hoes Lane West
Piscataway, NJ 08855
(732) 235-4422

Homeless Service (PATH)
Rutgers University Behavioral Health Care
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

Intensive Family Support Services
Rutgers University Behavioral Health Care
151 Centennial Avenue
Piscataway , NJ 08855
(732) 235-6184

Intensive Outpatient Treatment and Support Services (IOTSS)
Rutgers University Behavioral Health Care
303 George Street
New Brunswick, NJ 08901
(800) 969-5300

Outpatient
Rutgers University Behavioral Health Care
100 Metroplex
Edison , NJ 08817
(800) 969-5300

Outpatient
Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 257-6100 or (800) 655-9491

Outpatient
Rutgers University Behavioral Health Care
303 George Street
New Brunswick, NJ 08901
(800) 969-5300

County Mental Health Board
Middlesex Co. Office of Human Services
JFK Square – 5th Floor
New Brunswick, NJ 08901
(732) 745-4313

Homeless Services (PATH)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 738-1323

Integrated Case Management Services
Rutgers University Behavioral Health Care
30 Knightsbridge Road 2nd Fl.
Piscataway, NJ 08851
(732) 235-5000

Involuntary Outpatient Commitment
Legacy Treatment Center
68 Culver Rd
Monmouth Junction, NJ 08852
(609) 667-7526

Outpatient
Rutgers University Behavioral Health Care
4326 Route 1 No.
Monmouth Junction, NJ 08852
(732) 235-8799

Outpatient
George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Partial Care
George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

MIDDLESEX COUNTY (Continued)

Partial Care
Rutgers University Behavioral Health Care
667 Hoes Lane
Piscataway, NJ 08855
(732) 235-5910

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 447-3244 (PACT I)

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 387-1307 (PACT II)

Residential Intensive Support Team (RIST)
Bridgeway Rehabilitation Services, Inc.
720 King Georges Road, Suite 111
Fords, NJ 08863
(732) 771-2300

Residential Services
Volunteers of America - Northern NJ
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Residential Services
Easter Seal Society of NJ
Middlesex Behavioral Health Services
1 Kimberly Road
East Brunswick, NJ 08816
(908) 257-6662

Short Term Care Facility
Monmouth Medical Center/Barnabas
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6901

PRIMARY SCREENING CENTER for MIDDLESEX
Rutgers University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855-1392
HOTLINE: 1 (855) 515-5700 or 1 (855) 515-5001

Emergency Services - Affiliated w/Screening Center
Raritan Bay Medical Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5289

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
319 Maple Street
Perth Amboy, NJ 08861
(732) 857-3894 (PACT III)

Residential Services
Triple C Housing
1 Distribution Way
Monmouth Junction, NJ 08852
(732) 297-5840

Residential Services
SERV Centers of NJ
491 S. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Self-Help Center
Moving Forward SHC
Elizabeth St., 2nd Fl., Suite 2A
New Brunswick, NJ 08901
(732) 317-2920

Short Term Care Facility
Princeton House
905 Herrontown Road
Princeton, NJ 08540
(609) 497-2651

MIDDLESEX COUNTY (Continued)

Short Term Care Facility
Raritan Bay Medical Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5119

Supported Employment Services
Rutgers University Behavioral Health Care
195 New Street
New Brunswick, NJ 08901
(732) 235-6903

Community Support Services
Volunteers of America
Northern NJ Division
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Community Support Services
Triple C Housing
1 Distribution Way
Monmouth Junction, NJ 08852
(732) 297-5840

Systems Advocacy
Central Jersey Legal Services, Inc.
317 George Street, Suite 20
New Brunswick, NJ 08901-2006
(732) 249-7600

Voluntary Unit
Raritan Bay Medical Center
Center for Living
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5101

Short Term Care Facility
Trinitas Regional Medical Center
655 E. Jersey Street – 2nd Floor, 2 North
Elizabeth, NJ 07206
(908) 994-7275

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Floor
Union, NJ 07083
(908) 686-2956, ext. 104

Community Support Services
Rutgers University Behavioral Health Care
100 Bayard Street
New Brunswick, NJ 08901
(732) 235-5353

Community Support Services
SERV Centers of NJ
491 So. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Community Support Services
Penn Reach
18 South Main St
Allentown, NJ 08501
(609) 802-1702

Voluntary Unit
UMDNJ-UBHC
671 Hoes Lane
Piscataway, NJ 08855
(732) 895-3952

Community Support Services
Easter Seals Society of NJ25
Kennedy Blvd
Suite 600
East Brunswick, NJ 08816
732-898-4151

Health Resources for Middlesex County

Part 3: Addiction Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services
Download Oct 3, 2022

STATE OF NEW JERSEY
Department of Human Services
Division of Mental Health and Addiction Services

ADDICTION SERVICES TREATMENT DIRECTORY

Carole Johnson
Commissioner Department of Human Services(DHS)

Valerie Mielke
Assistant Commissioner
Division of Mental Health and Addiction Services (DMHAS)

5034 Atlantic Avenue OPCO, LLC d/b/a Recovery Centers of America at Raritan Bay
License No: 2000823
Agency Type: Profit
Phone No: 6109942928

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
901 ERNSTON ROAD
SOUTH AMBOY NJ 08879
County: Middlesex

5034 Atlantic Avenue OPCO, LLC dba Recovery Centers of America at Raritan Bay
License No: 1000152
Agency Type: Profit
Phone No: 6109942928

Services:
- Co-Occurring Treatment Services
- Long Term Residential Substance Abuse Treatment
  Beds Capacity:98 Available:20
- Inpatient Withdrawal Management
  Beds Capacity:40 Available:29

IDRC affiliated: **Yes**

Address:
901 ERNSTON ROAD
SOUTH AMBOY NJ 08879
County: Middlesex

Care First Associates, LLC dba Guardian New Jersey
License No: 2000850
Agency Type: Profit
Phone No: 7323744455

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
152 LIVINGSTON AVENUE
NEW BRUNSWICK NJ 08901
County: Middlesex

Care First Associates, LLC dba Guardian New Jersey
License No: 2000877
Agency Type: Profit
Phone No: 7325323928

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
33-41 NEWARK STREET
SUITE 4B
HOBOKEN NJ 07030
County: Middlesex

Catholic Charities Diocese of Metuchen/ Ozanam Family Shelter
License No: 2000878

Services:
- Co-Occurring Treatment Services
- Outpatient Treatment

Address:
89 TRUMAN DRIVE
EDISON NJ 08817
County: Middlesex

Agency Type: Unknown
Phone No: 7329850327

IDRC affiliated: **Yes**

Catholic Charities Diocese of Metuchen/St. John's Family Service Center, Outpatient Substance Abuse Treatment Facility
License No: 2000879
Agency Type: Unknown
Phone No: 7324472400

Services:
- Co-Occurring Treatment Services
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
24 ABEEL STREET
NEW BRUNSWICK NJ 08901
County: Middlesex

Catholic Charities, Diocese of Metuchen Community Mental Health Center
License No: 2000180
Agency Type: Non-Profit
Phone No: 7322576100

Services:
- Co-Occurring Treatment Services
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
288 RUES LANE
EAST BRUNSWICK NJ 08816
County: Middlesex

Center for Network Therapy, LLP
License No: 2000365
Agency Type: Unknown
Phone No: 7325601080

Services:
- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
333 Cedar Avenue, Building B, Suite 3
Middlesex NJ 08846
County: Middlesex

Clarity Treatment Center, LLC
License No: 2000671
Agency Type: Profit
Phone No: 7324423535

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
262 State Street
Perth Amboy NJ 08861
County: Middlesex

Clear Conscience Counseling, LLC
License No: 2000809
Agency Type: Profit
Phone No: 9734546711

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
2509 Park Avenue
Suite 2b
South Plainfield NJ 07080
County: Middlesex

College Recovery, LLC

Services:
- Co-Occurring Treatment

Address:

d/b/a SOBA College Recovery
License No: 1000153
Agency Type: Profit
Phone No: 7328472869

Services
- Short Term Residential Substance Abuse Treatment
  Beds Capacity: 12 Available: 7
- Inpatient Withdrawal Management
  Beds Capacity: 8 Available: 2

IDRC affiliated: **Yes**

23 DUKE STREET
NEW BRUNSWICK NJ 08901
County: Middlesex

College Recovery, LLC d/b/a SOBA New Jersey
License No: 2000540
Agency Type: Unknown
Phone No: 7328472869

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
104 Bayard Street
1st/2nd & 4th/5th Floors
New Brunswick NJ 08901
County: Middlesex

Core Behavioral Services, LLC d/b/a More Life Recovery NJ
License No: 2000830
Agency Type: Profit
Phone No: 8888258689

Services:
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
280 Main Street
Metuchen NJ 08840
County: Middlesex

Damon House Outpatient
License No: 2000325
Agency Type: Unknown
Phone No: 7322200284

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
25 ELIZABETH STREET
SUITE F
NEW BRUNSWICK NJ 08901
County: Middlesex

Damon House, Inc.
License No: 1000050
Agency Type: Unknown
Phone No: 7328286002

Services:
- Co-Occurring Treatment Services
- Long Term Residential Substance Abuse Treatment
  Beds Capacity: 64 Available: 16

IDRC affiliated: **Yes**

Address:
105 JOYCE KILMER AVE
NEW BRUNSWICK NJ 08901
County: Middlesex

Diamond Rehab Center, LLC, d/b/a/ Diamond Counseling Center

Services:
- Co-Occurring Treatment Services

Address:
DURHAM CENTER
1 ETHEL RD, SUITE 101-B

License No: 2000495
Agency Type: Non-Profit
Phone No: 7322481805

- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

EDISON NJ 08817
County: Middlesex

Diana Alavi
NPI Number: 1700276680
Phone No: 7322641163

Services:
- Medication-Assisted Treatment

Address:
69 County Road 516
Old Bridge New Jersey 08857
County: Middlesex

Gopal Sinha MD/DO
NPI Number: 1306887997
Phone No: 732-650-0009

Services:
- Medication-Assisted Treatment

Address:
2 Ethel Rd
206C
Edison New Jersey 08817
County: Middlesex

Jasbir Kasuri ATMD
NPI Number: 1841234473
Phone No: 7327771010

Services:
- Medication-Assisted Treatment

Address:
340 US Highway 1 Ste 340

Edison New Jersey 08817
County: Middlesex

JFK/Center for Behavioral Health
License No: 2000876
Agency Type: Unknown
Phone No: 7323217189

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
65 JAMES STREET
EDISON NJ 08818
County: Middlesex

Journey To Wellness, Inc.
License No: 2000437
Agency Type: Non-Profit
Phone No: 7327097440

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
220 Market Street
Perth Amboy NJ 08861
County: Middlesex

Legacy Healing and Treatment New Jersey, LLC
License No: 2000824
Agency Type: Profit
Phone No: 6092675656

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
800 KINGS HIGHWAY NORTH
SUITE 100
CHERRY HILL NJ 08002
County: Middlesex

IDRC affiliated: **Yes**

Nehabahen Shah MD/DO
NPI Number: 1932388931
Phone No: 732-516-0707

Services:
- Medication-Assisted Treatment

Address:
2141 Oak Tree Rd
Edison New Jersey 08820
County: Middlesex

New Beginnings Treatment Center
License No: 2000833
Agency Type: Unknown
Phone No: 9734931740

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
1460 Livingston Avenue
Bldg. 400, Room 301-303
North Brunwick NJ 08902
County: Middlesex

New Brunswick Counseling Center
License No: 2000164
Agency Type: Non-Profit
Phone No: 7322464025

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
320 Suydam Street
New Brunswick NJ 08901-2417
County: Middlesex

New Hope Foundation, Inc., The Open Door
License No: 2000319
Agency Type: Non-Profit
Phone No: 7322464800

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
6 KIRKPATRICK STREET
NEW BRUNSWICK NJ 08901
County: Middlesex

Princeton Detox and Recovery Center, LLC
License No: 1000151
Agency Type: Profit
Phone No: 6097599089

Services:
- Co-Occurring Treatment Services
- Inpatient Withdrawal Management
  Beds Capacity: 32 Available:18

IDRC affiliated: **Yes**

Address:
4287 U.S. 1
MONMOUTH JUNCTION NJ 08852
County: Middlesex

Resource Center for the Chemically Dependent, Inc., d/b/a Sussex County Aftercare Center

Services:
- Intensive Outpatient Treatment
- Opiate Treatment Program

Address:
124 HAMPTON HOUSE ROAD
NEWTON NJ 07860

License No: 2000829
Agency Type: Profit
Phone No: 9733838880

- Outpatient Treatment

IDRC affiliated: **Yes**

County: Middlesex

Right Choice Recovery
License No: 2000901
Agency Type: Profit
Phone No: (732)258-8572

Services:
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
12 STULTS ROAD SUITE 137
DAYTON NJ 08810
County: Middlesex

Rutgers University - Middlesex County Adult Correctional Center A.S.A.P. Program,
License No: 2000571
Agency Type: Unknown
Phone No: 7322355900

Services:
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
US HWY 130 & APPLE ORCHARD RD
NORTH BRUNSWICK NJ 08902
County: Middlesex

Rutgers University Behavioral Health Care
License No: 2000661
Agency Type: Unknown
Phone No: 7322355900

Services:
- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
671 Hoes Lane
Piscataway NJ 08854
County: Middlesex

Rutgers University Behavioral Healthcare
License No: 2000478
Agency Type: Unknown
Phone No: 7322355900

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
303 GEORGE STREET SECOND FLOOR
NEW BRUNSWICK NJ 08901
County: Middlesex

Samina Syed-Naqvi MD/DO
NPI Number: 1306998752
Phone No: 908-322-6611

Services:
- Medication-Assisted Treatment

Address:
415 Avenel St
Avenel New Jersey 07001
County: Middlesex

Seabrook Morristown
License No: 2000854
Agency Type: Unknown
Phone No: 9739468200

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
101 MADISON AVENUE SUITE 205
MORRISTOWN NJ 07960
County: Middlesex

IDRC affiliated: **Yes**

South Amboy Health Center, LLC.
License No: 2000837
Agency Type: Profit
Phone No: 7329521500

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
1 Main Street
South Amboy NJ 08879
County: Middlesex

Step Inc. Striving To Empower People
License No: 2000886
Agency Type: Non-Profit
Phone No: 7326361931

Services:
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
40 WOODBRIDGE AVENUE
SEWAREN NJ 07077
County: Middlesex

The Center for Great Expectations
License No: 2000163
Agency Type: Non-Profit
Phone No: 7329936403

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
984 BERGEN AVENUE
NORTH BRUNSWICK NJ 08902
County: Middlesex

The Counseling Center at Clark at Middlesex
License No: 2000690
Agency Type: Unknown
Phone No: 7328824639

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
127 UNION AVENUE
SUITE 1
MIDDLESEX NJ 08846
County: Middlesex

The Passion Care Center
License No: 2000575
Agency Type: Profit
Phone No: 7324107102

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
187 FAYETTE STREET
PERTH AMBOY NJ 08861
County: Middlesex

Trenton Healthcare, LLC, d/b/a Woodbridge

Services:
- Intensive Outpatient

Address:
670 ROUTE 1 NORTH

Healthcare Clinic
License No: 2000826
Agency Type: Profit
Phone No: 7322189749

Treatment
- Opiate Treatment Program
- Outpatient Treatment

IDRC affiliated: **Yes**

WOODBRIDGE NJ 08830
County: Middlesex

Veritas Recovery Center, LLC
License No: 1000139
Agency Type: Unknown
Phone No: 7327211000

Services:
- Co-Occurring Treatment Services
- Short Term Residential Substance Abuse Treatment
  Beds Capacity: 44 Available: 11
- Inpatient Withdrawal Management
  Beds Capacity: 20 Available: 15

IDRC affiliated: **Yes**

Address:
540 BORDENTOWN AVENUE
SUITE 4500
SOUTH AMBOY NJ 08879
County: Middlesex

Appendix F- Additional Data Tables

Table 10. Healthier Middlesex CHNA Survey Respondent Sample Characteristics (N=556), 2021

Age	
Under 30	11.3%
30 to 49	32.0%
50 to 64	36.4%
65+	20.4%
Gender	
Female	68.4%
Male	30.9%
Additional Gender Category/ Transgender	0.7%
Race/Ethnicity	
African American/ Black	9.1%
Asian	10.9%
Hispanic/ Latino, Latino(a)	12.2%
Multiracial	2.9%
White/ Caucasian	62.4%
Other	2.5%
Sexual Orientation	
Heterosexual	92.6%
Homosexual	2.5%
Bisexual	3.2%
Additional Sexual Orientation	1.7%
Education	
Less than high school graduate or GED	1.3%
High school graduate or GED	9.7%
Some college	13.7%
Associate or technical degree/certification	11.7%
College graduate	32.1%
Postgraduate or professional degree	31.7%

Income	
Under $25,000	5.5%
$25,000 to $50,000	13.6%
$50,001 to $100,000	33.0%
$100,001 to $125,000	12.8%
$125,001 to $150,000	11.4%
$150,001 to $200,000	9.2%
Over $200,000	14.5%
Employment	
Employed full-time	60.9%
Employed part-time	9.1%
Student	4.3%
Homemaker	3.3%
Disabled	3.4%
Retired	13.9%
Unemployed	5.0%
Marital Status	
Married	60.4%
Single	22.5%
Separated/divorced/widowed	12.2%
Domestic partnership/civil union/living together	4.9%

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

Population Overview

Table 11. 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%
Middlesex County	49.1%	50.9%	49.3%	50.7%	0.2%	-0.2%
Carteret	49.5%	50.5%	47.9%	52.1%	-1.6%	1.6%
Cranbury	50.6%	49.4%	51.1%	48.9%	0.5%	-0.5%
Dunellen	49.1%	50.9%	48.8%	51.2%	-0.3%	0.3%
East Brunswick	48.4%	51.6%	47.1%	52.9%	-1.3%	1.3%
Edison	48.8%	51.2%	50.0%	50.0%	1.2%	-1.2%
Helmetta	48.9%	51.1%	49.7%	50.3%	0.8%	-0.8%
Highland Park	48.1%	51.9%	47.8%	52.2%	-0.3%	0.3%
Jamesburg	48.4%	51.6%	50.0%	50.0%	1.6%	-1.6%
Metuchen	49.5%	50.5%	47.8%	52.2%	-1.7%	1.7%
Middlesex	48.2%	51.8%	49.7%	50.3%	1.5%	-1.5%
Milltown	50.6%	49.4%	50.2%	49.8%	-0.4%	0.4%
Monroe	46.9%	53.1%	47.0%	53.0%	0.1%	-0.1%
New Brunswick	49.3%	50.7%	47.8%	52.2%	-1.5%	1.5%
North Brunswick	49.6%	50.4%	49.3%	50.7%	-0.3%	0.3%
Old Bridge	48.6%	51.4%	48.4%	51.6%	-0.2%	0.2%
Perth Amboy	49.0%	51.0%	49.4%	50.6%	0.4%	-0.4%
Piscataway	49.2%	50.8%	51.2%	48.8%	2.0%	-2.0%
Plainsboro	47.6%	52.4%	48.8%	51.2%	1.2%	-1.2%
Sayreville	49.6%	50.4%	48.5%	51.5%	-1.1%	1.1%
South Amboy	48.2%	51.8%	52.4%	47.6%	4.2%	-4.2%
South Brunswick	49.0%	51.0%	50.0%	50.0%	1.0%	-1.0%
South Plainfield	49.4%	50.6%	50.4%	49.6%	1.0%	-1.0%
South River	50.6%	49.4%	50.5%	49.5%	-0.1%	0.1%
Spotswood	49.0%	51.0%	48.6%	51.4%	-0.4%	0.4%
Woodbridge	50.8%	49.2%	51.0%	49.0%	0.2%	-0.2%
Somerset County	48.8%	51.2%	48.9%	51.1%	0.1%	-0.1%
Franklin	48.7%	51.3%	48.3%	51.7%	-0.4%	0.4%
Pleasant Plains	44.4%	55.6%	47.2%	52.8%	2.8%	-2.8%
Somerset	48.8%	51.2%	48.5%	51.5%	-0.3%	0.3%

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

Table 12. 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%
Middlesex County	23.6%	8.2%	32.7%	24.6%	6.6%	4.3%
Somerset County	23.8%	7.1%	28.6%	29.0%	6.9%	4.6%
	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%
Middlesex County	19.9%	11.5%	29.7%	27.7%	7.2%	4.0%
Somerset County	21.2%	10.2%	25.6%	30.3%	9.7%	3.1%
	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%
Middlesex County	19.9%	10.7%	29.7%	22.2%	4.5%	2.8%
Somerset County	21.2%	10.1%	30.1%	23.9%	4.4%	1.9%
	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%
Middlesex County	15.3%	8.5%	22.1%	30.3%	13.1%	10.7%
Somerset County	16.9%	7.5%	20.0%	33.7%	11.7%	10.3%
	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%
Middlesex County	32.1%	9.4%	20.2%	20.5%	2.1%	3.5%
Somerset County	32.9%	13.5%	21.6%	19.1%	3.0%	2.9%

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

Table 13. 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
Middlesex County																		
Carteret	24.2%	23.7%	-0.5%	9.4%	7.8%	-1.6%	29.3%	39.9%	10.6%	26.2%	21.6%	-4.6%	6.1%	12.9%	6.8%	4.7%	6.1%	1.4%
Cranbury	26.0%	20.9%	-5.1%	4.6%	7.5%	2.9%	15.2%	26.8%	11.6%	36.5%	28.7%	-7.8%	8.5%	19.9%	11.4%	9.2%	8.1%	-1.1%
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%
East Brunswick	22.8%	21.0%	-1.8%	7.5%	6.9%	-0.6%	23.0%	33.1%	10.1%	31.9%	25.1%	-6.8%	7.9%	17.6%	9.7%	6.8%	7.5%	0.7%
Edison	22.7%	22.8%	0.1%	6.8%	5.4%	-1.4%	30.9%	38.6%	7.7%	26.8%	20.6%	-6.2%	6.9%	15.0%	8.1%	6.2%	6.4%	0.2%
Helmetta	21.7%	20.0%	-1.7%	8.2%	5.5%	-2.7%	30.8%	38.5%	7.7%	28.5%	27.3%	-1.2%	6.7%	14.4%	7.7%	3.9%	4.4%	0.5%
Highland Park	26.1%	20.9%	-5.2%	7.6%	9.0%	1.4%	33.7%	46.0%	12.3%	23.4%	20.1%	-3.3%	4.7%	12.2%	7.5%	4.6%	5.8%	1.2%
Jamesburg	28.5%	30.1%	1.6%	4.7%	4.4%	-0.3%	28.8%	37.0%	8.2%	29.9%	19.8%	-10.1%	5.6%	11.4%	5.8%	2.6%	5.2%	2.6%
Metuchen	23.5%	23.5%	0.0%	5.2%	4.5%	-0.7%	26.7%	35.3%	8.6%	29.8%	23.4%	-6.4%	7.0%	14.9%	7.9%	7.6%	6.6%	-1.0%
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%
Milltown	19.4%	23.5%	4.1%	4.7%	8.1%	3.4%	30.5%	37.6%	7.1%	31.4%	23.7%	-7.7%	8.8%	15.8%	7.0%	5.2%	5.5%	0.3%
Monroe	18.4%	17.3%	-1.1%	5.2%	3.5%	-1.7%	15.6%	22.0%	6.4%	25.9%	18.7%	-7.2%	15.1%	26.5%	11.4%	19.8%	18.6%	-1.2%
New Brunswick	23.0%	22.8%	-0.2%	31.4%	30.4%	-1.0%	28.2%	60.1%	31.9%	12.6%	11.9%	-0.7%	2.4%	5.7%	3.3%	2.3%	2.9%	0.6%
North Brunswick	22.6%	21.9%	-0.7%	9.0%	10.3%	1.3%	32.9%	45.5%	12.6%	25.8%	20.5%	-5.3%	5.1%	11.1%	6.0%	4.5%	5.1%	0.6%

	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
Old Bridge	20.8%	21.1%	0.3%	7.8%	6.4%	-1.4%	27.0%	36.4%	9.4%	31.2%	24.0%	-7.2%	8.5%	16.6%	8.1%	4.7%	5.5%	0.8%
Perth Amboy	27.2%	27.1%	-0.1%	9.8%	10.8%	1.0%	30.5%	42.9%	12.4%	21.8%	19.1%	-2.7%	5.8%	11.0%	5.2%	4.6%	4.7%	0.1%
Piscataway	19.4%	16.4%	-3.0%	19.9%	23.4%	3.5%	27.2%	52.5%	25.3%	23.0%	17.1%	-5.9%	6.5%	12.6%	6.1%	3.9%	4.5%	0.6%
Plainsboro	23.7%	24.6%	0.9%	6.3%	3.2%	-3.1%	33.8%	43.3%	9.5%	28.0%	20.8%	-7.2%	3.9%	11.1%	7.2%	4.4%	4.6%	0.2%
Sayreville	21.7%	21.8%	0.1%	7.7%	6.8%	-0.9%	28.6%	40.6%	12.0%	28.0%	21.2%	-6.8%	7.9%	14.8%	6.9%	6.0%	5.6%	-0.4%
South Amboy	20.8%	19.6%	-1.2%	7.0%	7.2%	0.2%	29.4%	35.5%	6.1%	28.5%	23.1%	-5.4%	7.3%	16.9%	9.6%	7.1%	6.7%	-0.4%
South Brunswick	25.9%	24.8%	-1.1%	7.4%	5.6%	-1.8%	26.1%	37.5%	11.4%	29.6%	24.3%	-5.3%	6.2%	14.4%	8.2%	4.9%	4.8%	-0.1%
South Plainfield	20.8%	21.9%	1.1%	7.1%	7.1%	0.0%	26.6%	37.2%	10.6%	30.9%	20.9%	-10.0%	7.4%	17.2%	9.8%	7.2%	6.0%	-1.2%
South River	23.9%	22.4%	-1.5%	10.1%	7.4%	-2.7%	28.4%	40.8%	12.4%	25.6%	21.1%	-4.5%	6.0%	12.9%	6.9%	5.9%	5.9%	0.0%
Spotswood	20.0%	21.1%	1.1%	7.2%	5.6%	-1.6%	26.8%	32.9%	6.1%	28.2%	20.1%	-8.1%	8.8%	19.3%	10.5%	9.0%	9.6%	0.6%
Wood-bridge	21.0%	20.3%	-0.7%	7.6%	6.3%	-1.3%	30.0%	39.3%	9.3%	28.8%	22.5%	-6.3%	6.7%	14.6%	7.9%	5.8%	6.7%	0.9%
Somerset County																		
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%
Pleasant Plains	18.6%	23.1%	4.5%	11.3%	15.4%	4.1%	33.2%	26.5%	-6.7%	30.0%	27.9%	-2.1%	5.7%	19.8%	14.1%	1.1%	6.3%	5.2%
Somerset	20.2%	18.0%	-2.2%	5.5%	10.1%	4.6%	31.3%	39.8%	8.5%	27.9%	22.7%	-5.2%	7.4%	14.2%	6.8%	7.8%	7.3%	-0.5%

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

Table 14. 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%
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%
Carteret	26.2%	21.4%	6.5%	8.9%	28.1%	27.8%	23.3%	20.1%	11.6%	14.0%	4.4%	7.7%
Cranbury	24.8%	16.8%	7.5%	7.4%	13.8%	16.1%	29.1%	28.2%	18.5%	21.2%	6.1%	10.2%
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%
East Brunswick	20.9%	21.0%	7.3%	6.5%	22.7%	21.7%	25.6%	24.4%	16.9%	17.9%	6.5%	8.4%
Edison	23.3%	22.2%	5.6%	5.2%	30.4%	29.4%	20.6%	20.6%	14.6%	15.2%	5.5%	7.2%
Helmetta	26.4%	13.6%	6.3%	4.8%	27.6%	29.2%	24.5%	30.1%	12.9%	16.0%	2.5%	6.3%
Highland Park	22.1%	19.8%	9.0%	9.0%	31.5%	32.5%	19.9%	20.2%	13.4%	11.0%	4.1%	7.4%
Jamesburg	25.8%	34.4%	6.5%	2.3%	30.2%	27.9%	21.5%	18.2%	10.9%	11.7%	5.0%	5.3%
Metuchen	26.2%	21.1%	4.5%	4.6%	26.4%	27.8%	23.4%	23.6%	14.5%	15.1%	5.1%	7.9%
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%
Milltown	27.6%	19.4%	8.0%	8.1%	22.1%	24.5%	24.1%	23.3%	13.1%	18.7%	5.2%	5.8%
Monroe	19.5%	15.4%	4.3%	2.9%	15.6%	14.9%	19.1%	18.4%	25.6%	27.4%	15.9%	21.1%
New Brunswick	22.8%	22.8%	29.8%	30.9%	28.9%	24.1%	11.5%	12.2%	5.2%	6.1%	1.9%	3.9%
North Brunswick	23.0%	20.8%	11.6%	9.1%	31.3%	31.1%	20.0%	20.9%	9.7%	12.4%	4.3%	5.8%
Old Bridge	22.9%	19.4%	6.2%	6.6%	26.9%	25.8%	23.3%	24.6%	16.3%	17.0%	4.3%	6.7%
Perth Amboy	28.8%	25.3%	10.9%	10.7%	26.9%	28.2%	19.4%	18.7%	10.0%	11.8%	4.0%	5.3%
Piscataway	17.6%	15.2%	25.1%	21.5%	26.7%	25.1%	15.2%	19.1%	11.6%	13.8%	3.8%	5.3%
Plainsboro	24.2%	25.0%	3.5%	2.9%	35.5%	35.8%	22.2%	19.7%	10.9%	11.1%	3.6%	5.5%
Sayreville	22.4%	21.2%	5.7%	7.8%	31.0%	28.6%	22.4%	20.2%	14.5%	15.1%	4.0%	7.0%
South Amboy	20.9%	18.2%	8.7%	5.5%	27.1%	25.9%	21.3%	25.0%	16.3%	17.4%	5.6%	7.9%
South Brunswick	26.8%	22.7%	5.8%	5.4%	25.4%	27.0%	23.2%	25.5%	15.5%	13.4%	3.5%	6.0%
South Plainfield	22.0%	21.8%	7.4%	6.8%	29.4%	24.5%	20.5%	21.4%	16.6%	17.9%	4.3%	7.6%

	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
South River	21.2%	23.5%	9.2%	5.5%	32.3%	28.2%	21.3%	21.1%	11.9%	13.8%	4.0%	7.9%
Spotswood	21.4%	20.9%	6.3%	4.9%	26.5%	22.4%	20.8%	19.2%	17.6%	20.7%	7.4%	11.7%
Woodbridge	19.5%	21.3%	6.7%	5.9%	30.8%	28.2%	23.3%	21.6%	14.5%	14.8%	5.2%	8.3%
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%
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%
Pleasant Plains	15.3%	30.2%	19.2%	11.9%	7.8%	7.0%	25.1%	30.5%	27.8%	12.6%	4.7%	7.7%
Somerset	20.3%	15.8%	9.8%	10.3%	28.8%	27.0%	23.5%	21.9%	12.8%	15.4%	4.8%	9.7%

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

Racial, Ethnic, and Language Diversity

Table 15. Percent Change in Racial and Ethnic Distribution in New Jersey, 2010-2019

	New Jersey			Middlesex County			Somerset County		
	2014	2019	% change	2014	2019	% change	2014	2019	% change
Asian	8.7%	9.4%	0.7%	22.8%	23.9%	1.1%	15.2%	17.6%	2.4%
Black or African American	12.8%	12.7%	-0.1%	9.0%	9.5%	0.5%	8.7%	9.2%	0.5%
Hispanic/ Latino, any race	18.6%	20.2%	1.6%	19.2%	21.2%	2.0%	13.7%	14.7%	1.0%
White, non-Hispanic	57.8%	55.4%	-2.4%	47.0%	43.1%	-3.9%	60.3%	56.3%	-4.0%
Other	2.0%	2.3%	0.3%	2.0%	2.2%	0.2%	2.2%	2.2%	0.0%

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 16. 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%
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%
Carteret	22.2%	20.2%	-2.0%	11.2%	12.0%	0.8%	30.9%	39.8%	8.9%	34.2%	26.5%	-7.7%	1.6%	1.5%	-0.1%
Cranbury	13.9%	12.8%	-1.1%	4.9%	4.7%	-0.2%	2.6%	6.0%	3.4%	78.2%	74.7%	-3.5%	0.5%	1.9%	1.4%
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%
East Brunswick	24.4%	25.7%	1.3%	4.7%	3.2%	-1.5%	7.2%	9.6%	2.4%	62.2%	59.5%	-2.7%	1.4%	2.0%	0.6%
Edison	46.6%	48.6%	2.0%	5.8%	7.8%	2.0%	8.9%	9.9%	1.0%	36.0%	30.7%	-5.3%	2.7%	3.0%	0.3%
Helmetta	11.3%	3.2%	-8.1%	1.7%	4.2%	2.5%	10.1%	15.2%	5.1%	76.0%	77.0%	1.0%	0.9%	0.4%	-0.5%
Highland Park	14.2%	13.9%	-0.3%	6.2%	11.3%	5.1%	13.0%	14.7%	1.7%	64.8%	56.9%	-7.9%	1.7%	3.2%	1.5%
Jamesburg	5.1%	7.3%	2.2%	5.2%	1.0%	-4.2%	17.5%	22.3%	4.8%	71.6%	65.3%	-6.3%	0.7%	4.1%	3.4%
Metuchen	14.0%	16.9%	2.9%	4.9%	5.9%	1.0%	6.6%	7.4%	0.8%	71.6%	66.2%	-5.4%	2.9%	3.6%	0.7%
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%
Milltown	3.1%	3.9%	0.8%	4.7%	2.7%	-2.0%	6.6%	16.4%	9.8%	83.8%	76.0%	-7.8%	1.8%	1.0%	-0.8%
Monroe	16.0%	19.4%	3.4%	3.9%	2.8%	-1.1%	3.6%	4.6%	1.0%	75.1%	71.0%	-4.1%	1.5%	2.1%	0.6%
New Brunswick	8.0%	9.7%	1.7%	12.6%	15.3%	2.7%	55.6%	46.8%	-8.8%	22.4%	26.7%	4.3%	1.3%	1.6%	0.3%
North Brunswick	25.0%	24.7%	-0.3%	16.7%	19.6%	2.9%	18.8%	19.1%	0.3%	37.8%	34.6%	-3.2%	1.6%	2.0%	0.4%
Old Bridge	15.6%	13.8%	-1.8%	5.9%	6.0%	0.1%	10.7%	15.2%	4.5%	65.9%	63.3%	-2.6%	1.9%	1.8%	-0.1%
Perth Amboy	1.7%	1.1%	-0.6%	7.3%	6.4%	-0.9%	80.0%	78.0%	-2.0%	10.1%	13.9%	3.8%	0.9%	0.6%	-0.3%
Piscataway	35.6%	37.0%	1.4%	18.9%	19.0%	0.1%	10.4%	14.1%	3.7%	32.2%	26.7%	-5.5%	2.9%	3.2%	0.3%
Plainsboro	46.2%	58.9%	12.7%	6.6%	5.9%	-0.7%	5.5%	2.7%	-2.8%	37.0%	29.7%	-7.3%	4.6%	2.8%	-1.8%
Sayreville	18.0%	15.1%	-2.9%	11.7%	11.2%	-0.5%	12.7%	17.5%	4.8%	56.4%	53.7%	-2.7%	1.1%	2.6%	1.5%
South Amboy	2.7%	3.4%	0.7%	3.3%	6.1%	2.8%	15.7%	22.5%	6.8%	77.1%	67.0%	-10.1%	1.3%	1.0%	-0.3%
South Brunswick	39.7%	45.1%	5.4%	7.4%	9.0%	1.6%	4.9%	6.6%	1.7%	46.1%	36.1%	-10.0%	2.1%	3.2%	1.1%

	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
South Plainfield	15.4%	14.6%	-0.8%	11.0%	11.7%	0.7%	14.3%	18.8%	4.5%	56.8%	51.7%	-5.1%	2.4%	3.2%	0.8%
South River	5.1%	4.2%	-0.9%	9.3%	6.1%	-3.2%	24.1%	25.3%	1.2%	59.7%	61.5%	1.8%	1.9%	2.7%	0.8%
Spotswood	2.1%	5.1%	3.0%	1.7%	3.7%	2.0%	6.2%	13.1%	6.9%	88.9%	76.4%	-12.5%	1.1%	1.6%	0.5%
Woodbridge	22.6%	24.2%	1.6%	11.3%	10.7%	-0.6%	16.5%	20.9%	4.4%	47.3%	41.5%	-5.8%	2.3%	2.6%	0.3%
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%
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%
Pleasant Plains	37.6%	40.0%	2.4%	10.7%	21.1%	10.4%	17.5%	0.0%	-17.5%	16.3%	38.9%	22.6%	18.0%	0.0%	-18.0%
Somerset	20.8%	18.2%	-2.6%	27.1%	28.3%	1.2%	9.0%	15.1%	6.1%	40.2%	35.4%	-4.8%	2.8%	3.1%	0.3%

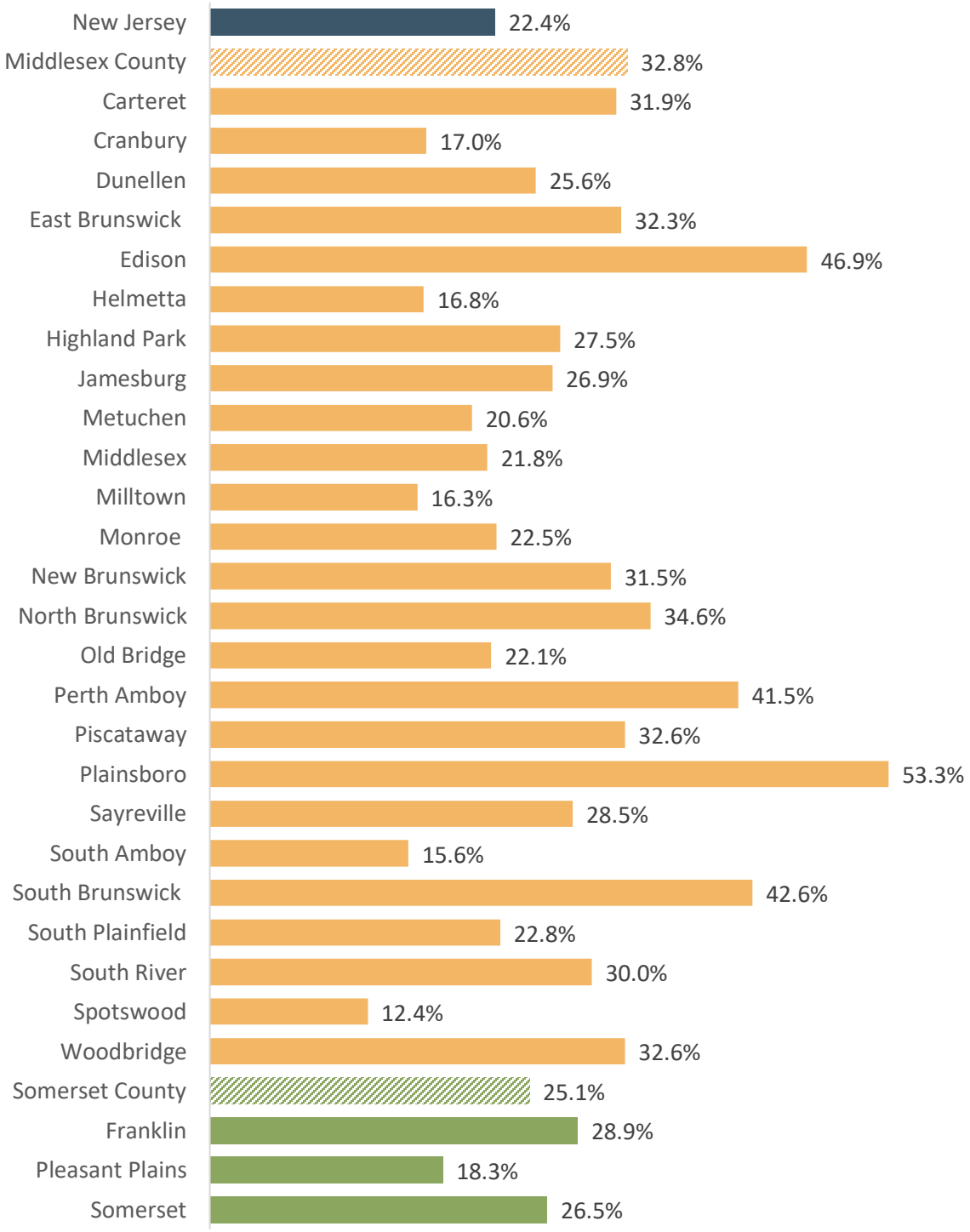
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 17. Racial and Ethnic Distribution, by Town, 2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
New Jersey	10.2%	12.4%	21.6%	51.9%	0.9%
Middlesex County	26.4%	9.1%	22.4%	38.6%	1.0%
Carteret	22.7%	15.1%	36.9%	22.1%	1.1%
Cranbury	20.9%	2.8%	4.8%	68.0%	0.5%
Dunellen	5.6%	8.8%	36.9%	44.4%	1.3%
East Brunswick	27.9%	4.3%	9.6%	54.7%	0.7%
Edison	53.6%	7.2%	10.0%	26.3%	0.8%
Helmetta	4.8%	4.0%	11.5%	75.2%	0.7%
Highland Park	17.5%	8.3%	14.9%	54.5%	1.3%
Jamesburg	4.6%	6.9%	31.9%	52.6%	0.8%
Metuchen	18.8%	4.3%	10.0%	61.5%	0.7%
Middlesex	7.9%	6.2%	25.6%	56.9%	0.5%
Milltown	3.5%	2.5%	11.5%	78.9%	0.5%
Monroe	26.5%	3.4%	5.7%	62.1%	0.5%
New Brunswick	10.4%	11.4%	56.8%	18.7%	1.5%
North Brunswick	25.5%	17.6%	24.3%	28.7%	1.2%
Old Bridge	15.1%	7.0%	13.9%	60.4%	0.8%
Perth Amboy	1.1%	6.3%	83.2%	7.5%	0.9%
Piscataway	39.4%	19.4%	13.6%	23.4%	1.6%
Plainsboro	56.4%	6.6%	6.0%	27.8%	0.7%
Sayreville	16.8%	12.7%	17.4%	49.3%	1.0%
South Amboy	5.0%	5.6%	22.2%	63.2%	0.6%
South Brunswick	48.0%	7.2%	7.5%	34.2%	0.6%
South Plainfield	18.8%	10.3%	18.7%	47.6%	1.4%
South River	5.1%	6.2%	26.0%	54.6%	2.8%
Spotswood	6.4%	3.3%	11.2%	75.3%	0.4%
Woodbridge	26.5%	9.8%	21.5%	38.9%	0.9%
Somerset County	19.4%	8.8%	16.6%	51.4%	0.7%
Franklin	23.2%	24.2%	17.5%	31.3%	0.9%
Pleasant Plains	39.0%	20.5%	4.3%	32.3%	-
Somerset	20.4%	27.4%	14.6%	33.4%	0.9%

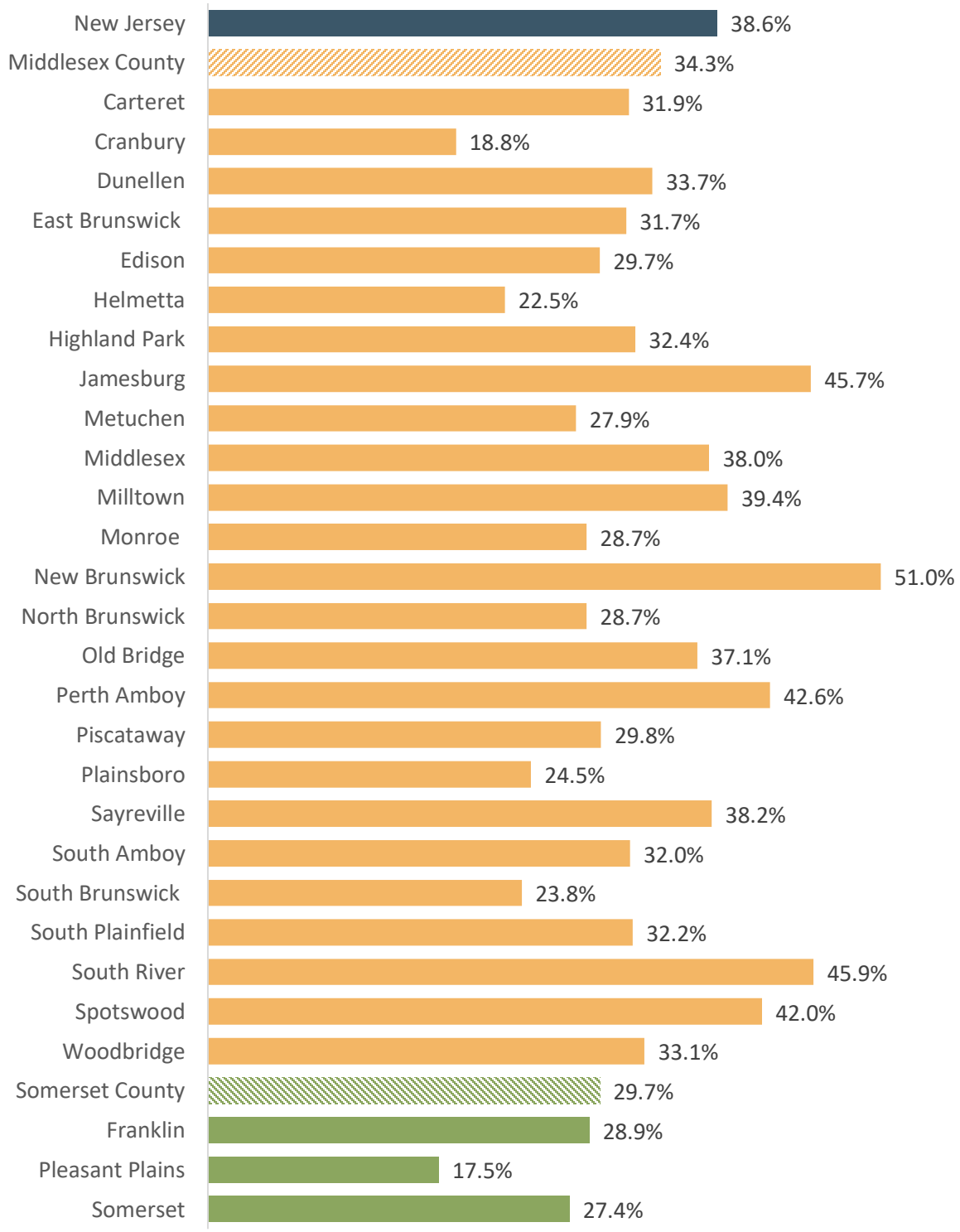
DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020

Figure 96. Foreign-Born Population by Top Countries of Origin, by State and County, 2015-2019



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

Figure 97. 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

Education

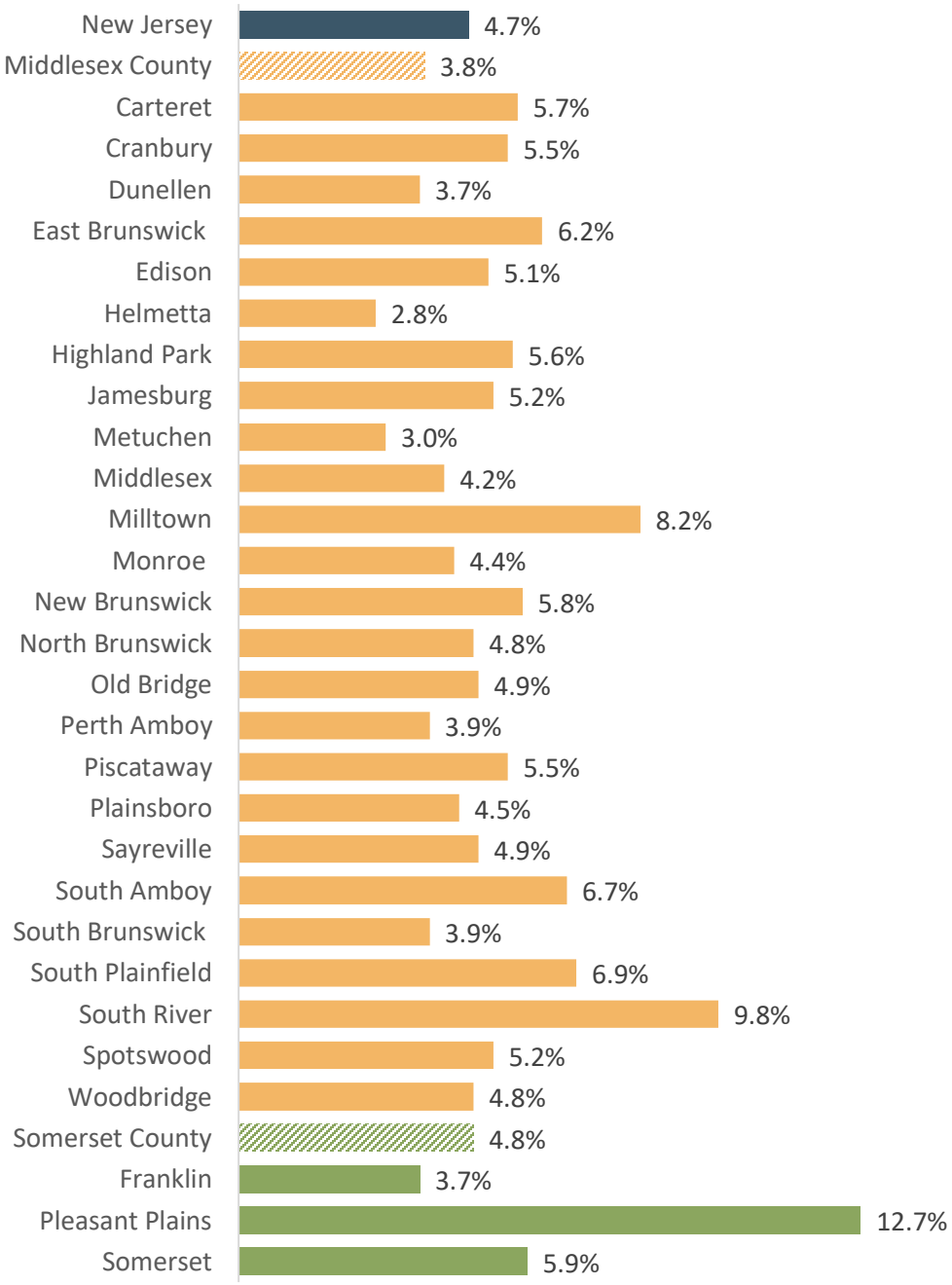
Table 18. Educational Attainment among Adults 25 Years and Older, by Race/Ethnicity and Town, 2015-2019

	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%
Middlesex County	92.7%	73.8%	92.7%	34.4%	74.8%	18.2%	93.6%	39.9%	76.8%	18.0%
Carteret	77.8%	39.0%	99.1%	23.9%	82.3%	14.4%	88.4%	24.6%	76.5%	15.0%
Cranbury	100.0%	90.8%	77.2%	34.8%	89.4%	27.2%	99.0%	72.6%	100.0%	0.0%
Dunellen	94.3%	72.8%	98.2%	48.1%	89.0%	30.7%	96.0%	39.5%	90.1%	15.7%
East Brunswick	91.8%	72.8%	94.7%	47.4%	90.3%	30.7%	96.3%	53.0%	81.2%	27.9%
Edison	93.0%	77.0%	94.7%	35.0%	82.0%	24.1%	93.3%	38.5%	72.2%	22.4%
Helmetta	100.0%	87.9%	77.7%	23.3%	94.1%	33.3%	92.8%	31.9%	100.0%	0.0%
Highland Park	97.1%	83.6%	96.8%	48.4%	81.4%	46.4%	98.7%	77.7%	79.4%	33.3%
Jamesburg	75.8%	71.7%	99.3%	13.3%	81.6%	7.1%	97.9%	35.9%	0.0%	0.0%
Metuchen	90.2%	75.9%	97.7%	30.3%	90.4%	58.5%	98.2%	63.1%	88.5%	71.6%
Middlesex	63.6%	42.0%	92.5%	36.2%	80.4%	15.0%	94.9%	27.0%	76.5%	13.7%
Milltown	100.0%	74.5%	100.0%	60.0%	82.5%	46.7%	96.0%	33.6%	100.0%	55.0%
Monroe	96.2%	81.7%	93.0%	34.7%	90.1%	22.2%	94.4%	41.4%	85.3%	65.9%
New Brunswick	90.1%	70.8%	80.8%	20.1%	44.4%	5.5%	91.0%	54.7%	55.9%	8.3%
North Brunswick	93.3%	77.0%	91.6%	38.3%	76.4%	26.4%	93.1%	45.8%	74.0%	12.8%
Old Bridge	91.5%	65.4%	90.6%	37.7%	87.0%	22.2%	93.9%	37.7%	84.1%	10.4%
Perth Amboy	80.3%	65.4%	85.2%	28.1%	66.0%	11.4%	83.0%	24.0%	62.2%	7.8%
Piscataway	92.0%	71.6%	95.0%	38.9%	86.4%	26.4%	94.8%	40.7%	90.8%	21.0%
Plainsboro	98.0%	90.2%	95.8%	51.5%	93.5%	31.3%	99.1%	70.2%	100.0%	42.3%
Sayreville	89.1%	63.0%	92.9%	35.6%	84.5%	22.4%	91.2%	29.7%	87.7%	15.2%
South Amboy	97.6%	90.0%	95.5%	9.3%	82.9%	17.3%	91.1%	29.6%	87.9%	0.0%
South Brunswick	96.0%	85.2%	92.2%	61.4%	97.6%	27.5%	97.1%	55.1%	100.0%	27.8%
South Plainfield	93.5%	55.4%	96.6%	33.4%	84.1%	29.6%	92.2%	31.2%	90.7%	38.1%
South River	100.0%	64.4%	95.7%	20.8%	81.4%	16.6%	82.6%	25.8%	72.9%	20.4%

	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+
Spotswood	81.0%	59.2%	100.0%	22.0%	89.5%	16.9%	92.5%	23.7%	87.1%	15.1%
Woodbridge	91.6%	65.0%	95.2%	26.4%	86.2%	23.0%	92.7%	28.2%	87.6%	26.0%
Somerset County	95.5%	79.9%	93.8%	38.1%	81.8%	24.3%	97.0%	56.3%	81.8%	17.2%
Franklin	94.8%	76.9%	95.2%	41.4%	87.1%	31.2%	96.7%	51.8%	89.9%	28.3%
Pleasant Plains	87.1%	87.1%	100.0%	100.0%	N/A	N/A	100.0%	51.8%	N/A	N/A
Somerset	95.6%	79.7%	97.9%	46.3%	91.2%	38.4%	97.1%	51.1%	100.0%	50.6%

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

Figure 98. Unemployment Rate Among Civilian Labor Force, by State, County, and Town, 2015-2019



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

Table 19. Population Employed by Industry Type, State, County, and Town 2015-2019

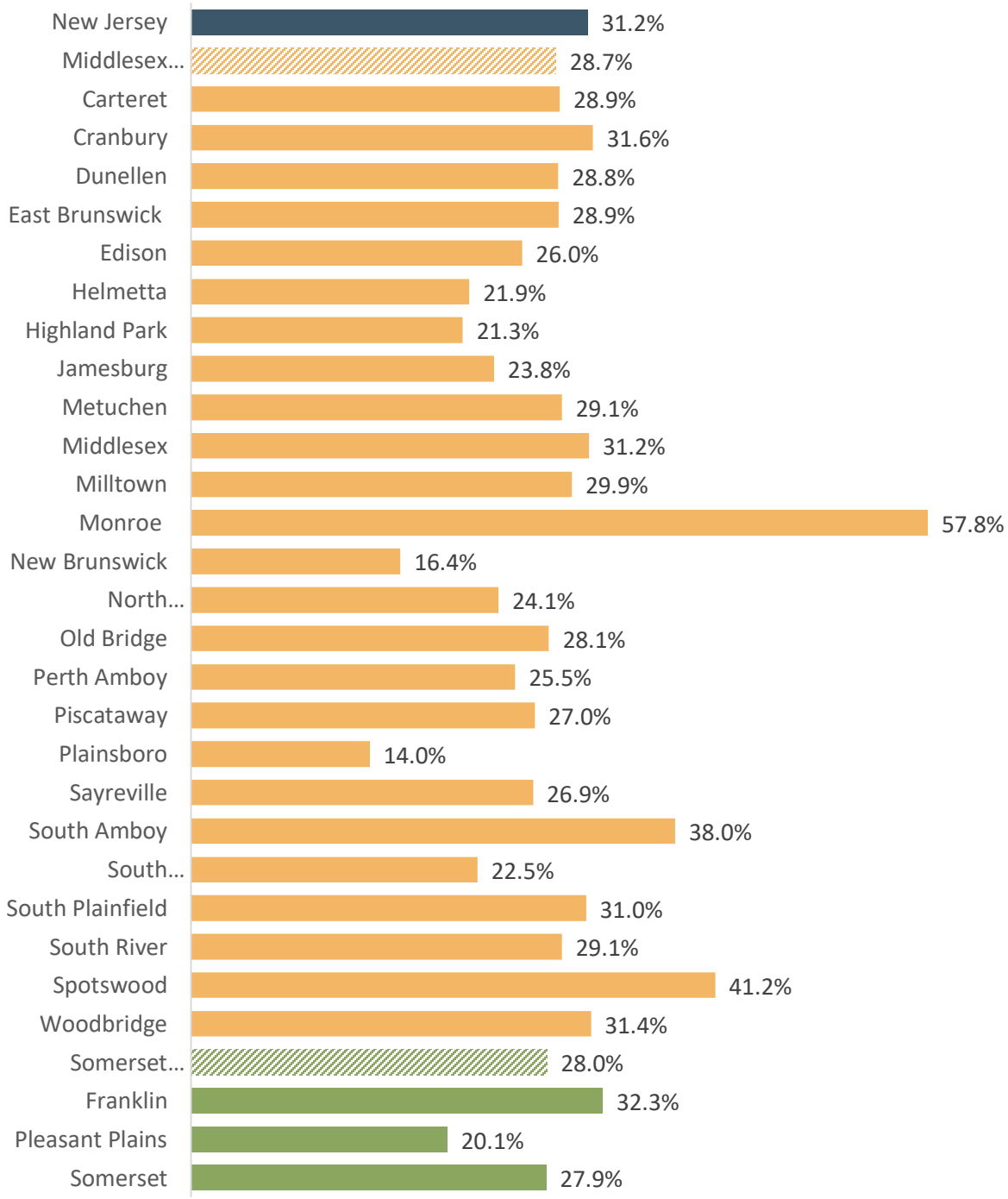
	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste 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%
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%
Carteret	-	4.1%	10.2%	4.6%	13.8%	15.0%	2.5%	4.6%	13.3%	17.9%	7.3%	3.5%	3.0%
Cranbury	0.9%	4.9%	5.7%	2.9%	3.7%	2.9%	5.6%	9.2%	30.2%	25.0%	2.9%	3.1%	3.1%
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%
East Brunswick	-	4.7%	8.6%	4.6%	9.2%	5.3%	4.2%	9.9%	14.2%	24.8%	7.3%	3.3%	4.1%
Edison	0.1%	3.5%	8.7%	3.9%	10.8%	6.7%	2.9%	10.7%	20.4%	20.3%	6.4%	2.9%	2.7%
Helmetta	0.7%	6.6%	13.6%	5.4%	11.1%	11.1%	1.7%	7.1%	8.4%	19.4%	7.3%	4.8%	2.7%
Highland Park	0.0%	2.0%	6.6%	4.2%	5.8%	4.5%	1.9%	7.1%	12.8%	40.6%	7.6%	4.2%	2.5%
Jamesburg	0.0%	11.2%	3.3%	3.3%	8.6%	8.5%	1.3%	2.8%	12.9%	20.6%	13.8%	6.0%	7.6%
Metuchen	0.5%	1.5%	6.9%	3.5%	6.7%	4.4%	5.2%	9.5%	19.3%	30.1%	6.3%	2.4%	3.7%
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%
Milltown	0.0%	10.3%	7.6%	1.8%	7.9%	9.4%	4.9%	6.7%	9.8%	25.8%	4.9%	3.2%	7.7%
Monroe	0.2%	4.5%	8.2%	3.8%	10.4%	4.4%	2.5%	14.1%	16.9%	22.2%	5.3%	3.5%	3.7%
New Brunswick	0.0%	5.5%	12.8%	3.3%	9.1%	7.9%	1.5%	3.0%	18.2%	22.3%	10.7%	3.1%	2.6%
North Brunswick	0.2%	5.1%	9.8%	3.9%	7.8%	7.1%	3.2%	8.4%	16.9%	24.4%	5.5%	3.6%	4.1%
Old Bridge	0.1%	5.8%	7.3%	3.4%	12.9%	7.4%	2.9%	10.3%	12.5%	22.9%	6.9%	3.8%	3.9%
Perth Amboy	0.3%	6.1%	10.3%	4.7%	11.6%	16.7%	1.0%	3.6%	14.4%	16.0%	7.4%	5.5%	2.4%
Piscataway	0.2%	4.0%	11.0%	3.3%	9.6%	6.1%	2.6%	7.7%	17.8%	24.7%	5.2%	5.2%	2.4%
Plainsboro	0.0%	1.4%	10.8%	2.0%	5.5%	2.4%	3.7%	14.7%	29.3%	22.0%	3.6%	1.5%	3.2%
Sayreville	0.4%	5.2%	6.9%	4.5%	11.7%	7.8%	3.7%	8.9%	12.0%	22.6%	7.7%	4.0%	4.6%
South Amboy	0.0%	6.9%	7.3%	3.2%	8.9%	14.5%	1.8%	10.9%	8.2%	23.1%	7.0%	4.1%	4.1%
South Brunswick	0.2%	2.7%	11.1%	3.6%	6.7%	5.3%	4.2%	12.1%	19.5%	21.6%	4.8%	3.4%	4.8%
South Plainfield	-	5.9%	10.9%	4.8%	10.4%	8.1%	2.1%	7.2%	14.7%	19.2%	7.0%	5.5%	4.3%

	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
South River	0.0%	17.5%	9.7%	2.9%	10.9%	7.0%	0.9%	4.4%	10.6%	19.8%	6.4%	6.3%	3.6%
Spotswood	0.3%	9.7%	9.8%	4.1%	15.3%	8.6%	1.6%	7.3%	6.2%	21.7%	8.1%	3.1%	4.3%
Woodbridge	0.0%	4.9%	7.1%	3.0%	12.1%	10.5%	2.6%	7.9%	14.8%	21.9%	6.3%	4.6%	4.3%
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%
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%
Pleasant Plains	0.0%	7.7%	0.0%	0.0%	10.7%	0.0%	0.0%	38.6%	19.7%	23.2%	0.0%	0.0%	0.0%
Somerset	0.1%	1.5%	9.8%	3.5%	8.4%	4.3%	7.0%	10.8%	15.7%	25.3%	7.8%	3.0%	2.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: n<10 not presented

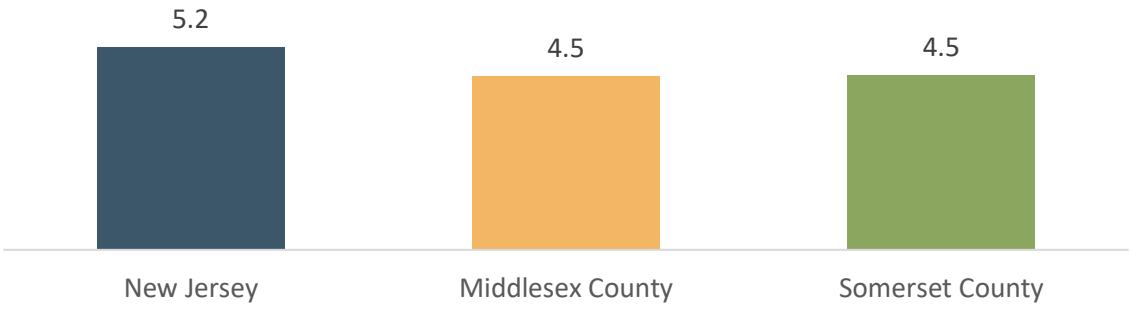
Income and Financial Security

Figure 99. 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

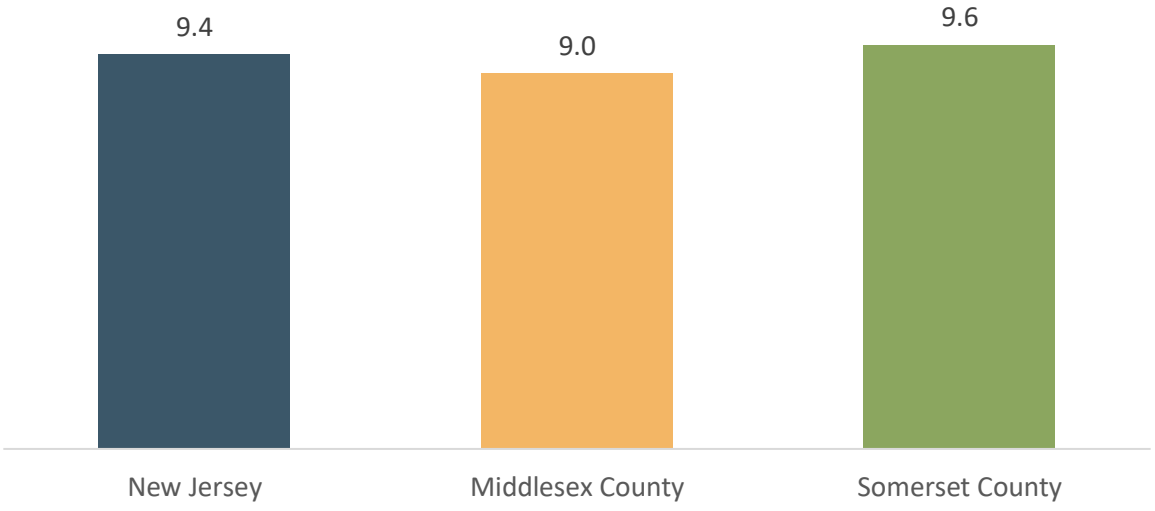
Figure 100. Income Inequality (80th Percentile Income Ratio), by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015-2019
NOTE: The ratio of household income at the 80th percentile to that at the 20th percentile, where the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Food Access and Food Insecurity

Figure 101. Food Environment Index, by State and County, 2021



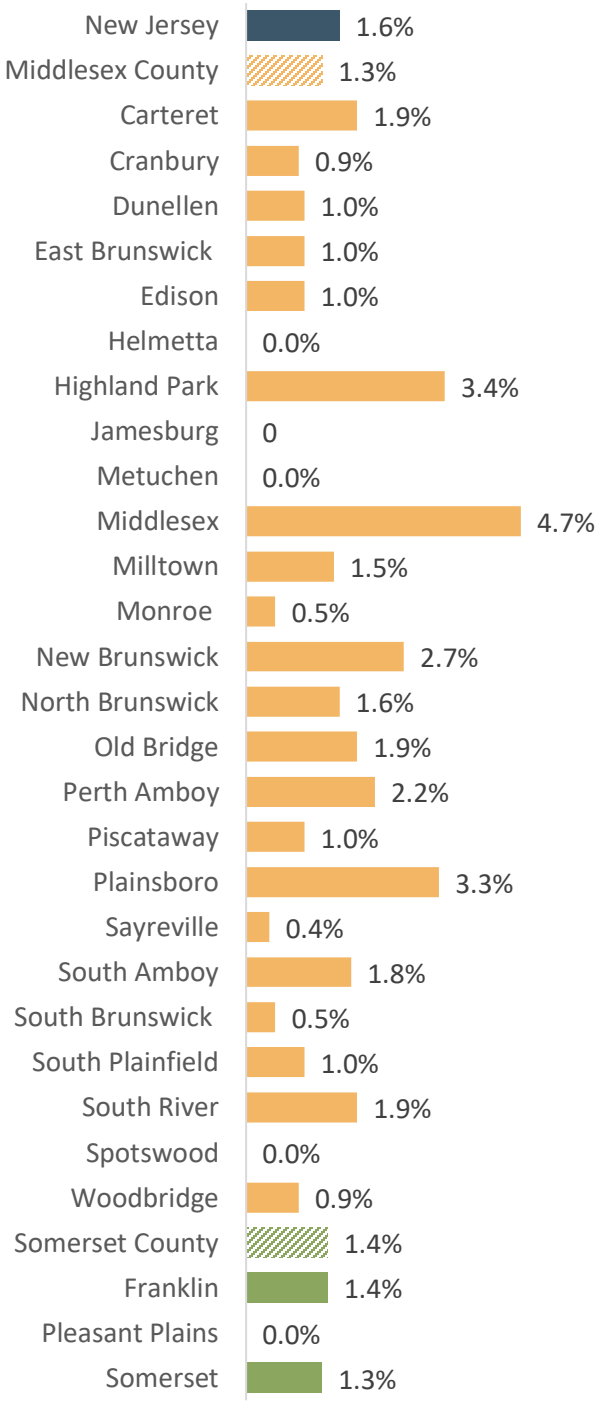
DATA SOURCE: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018 as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Figure 102. 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

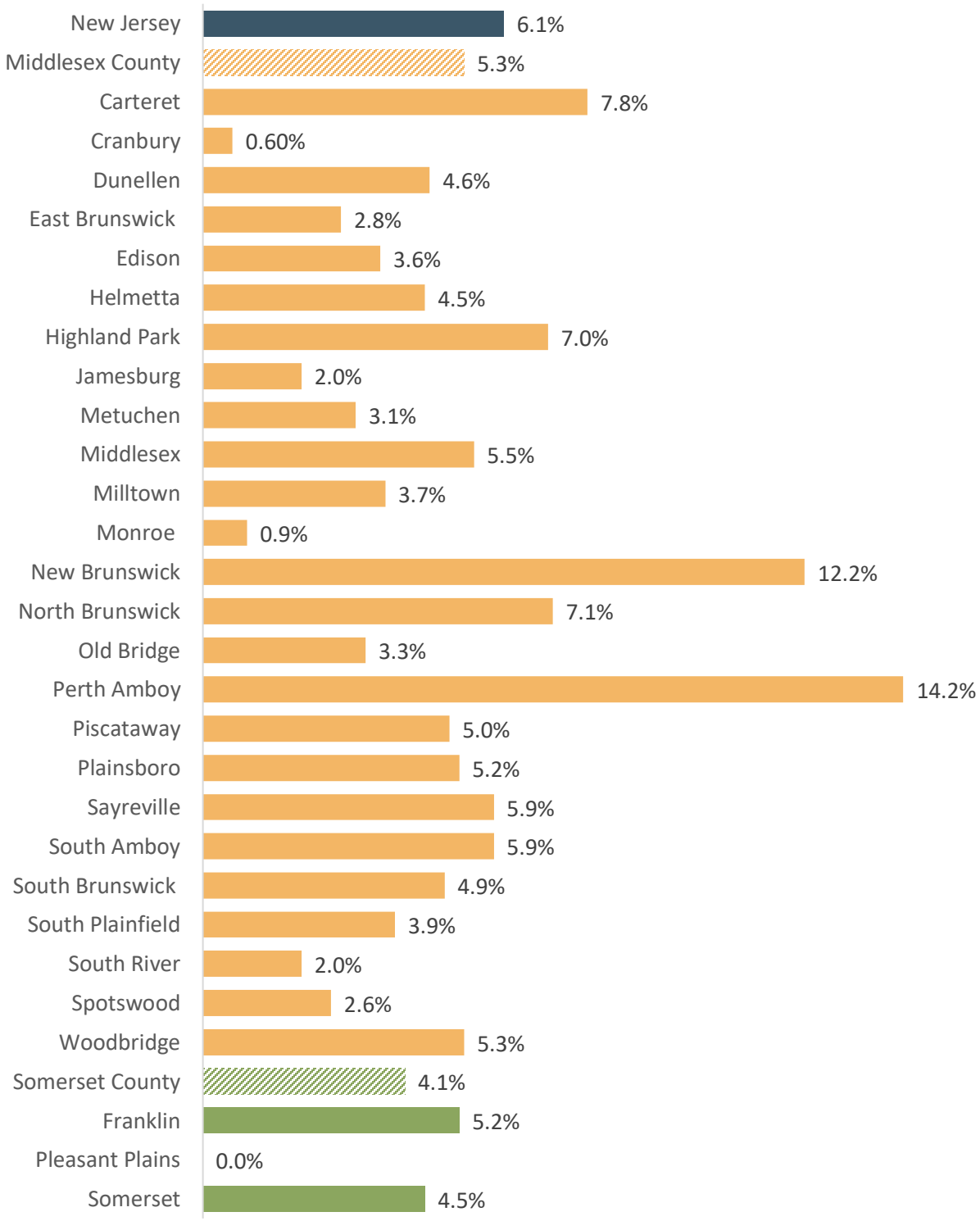
Housing

Figure 103. Homeowner Vacancy Rate, by State and County, 2015-2019



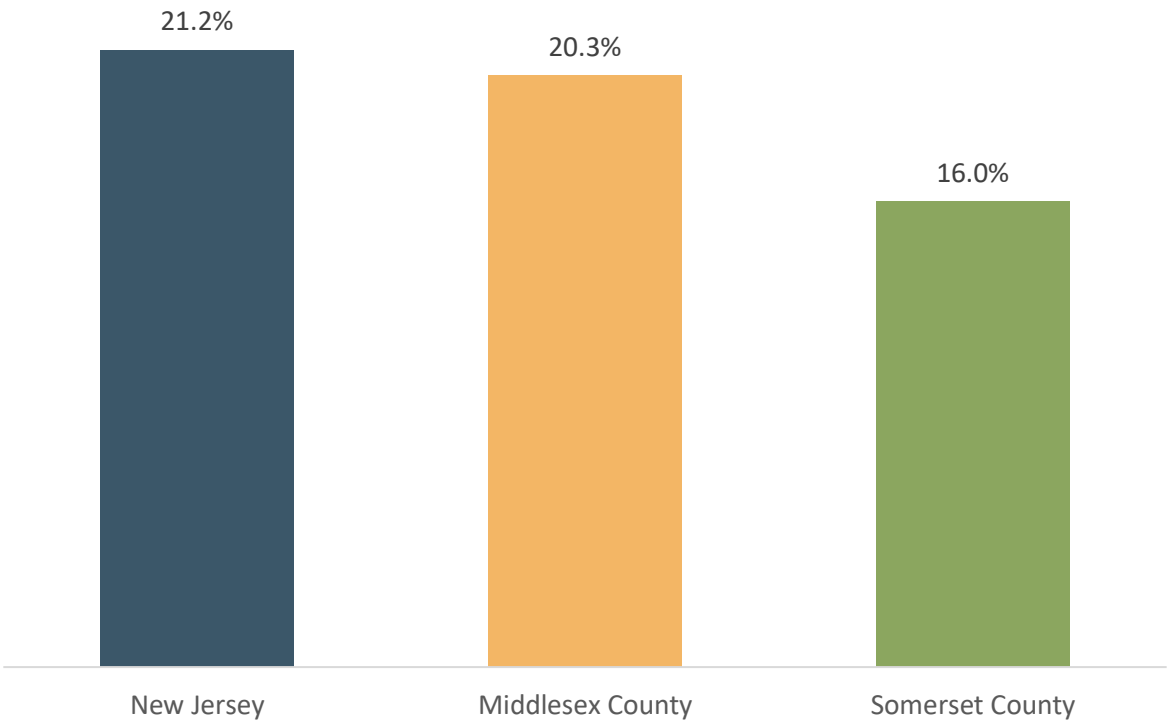
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 104. Single Parent Households by State, County, and Town, 2015-2019



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

Figure 105. Percent of Households with 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.

Crime and Violence

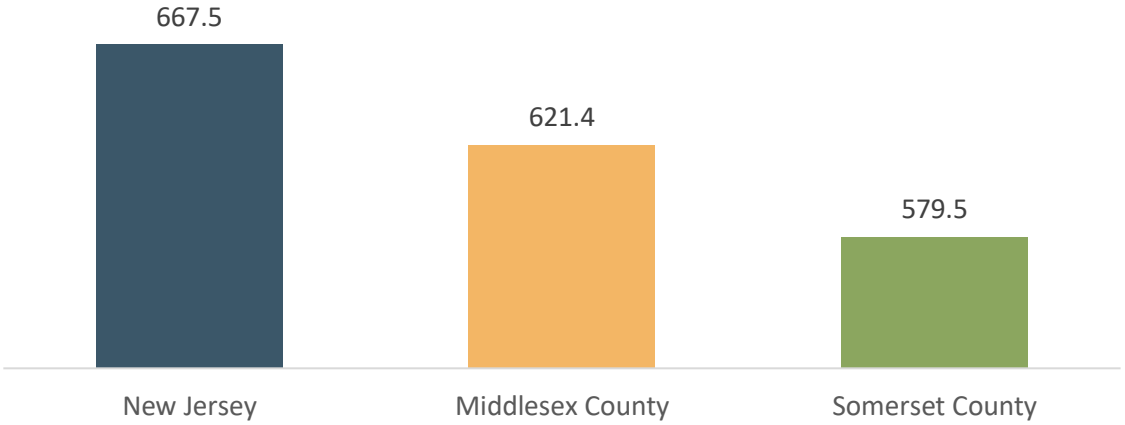
Table 20. Domestic Violence Offenses, by State, 2019

	2019
New Jersey	59,645

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2019

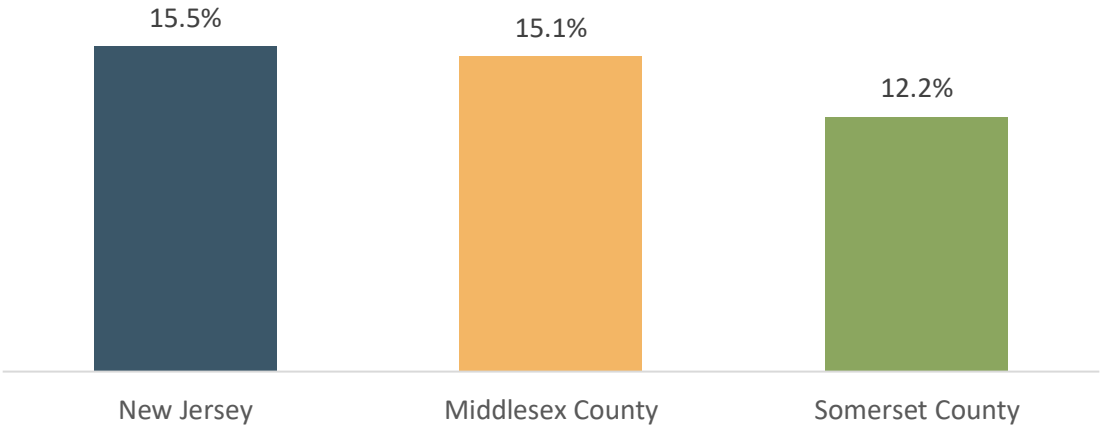
Leading Causes of Death and Premature Mortality

Figure 106. Age Adjusted Mortality Rate per 100,000 population, 2017-2019



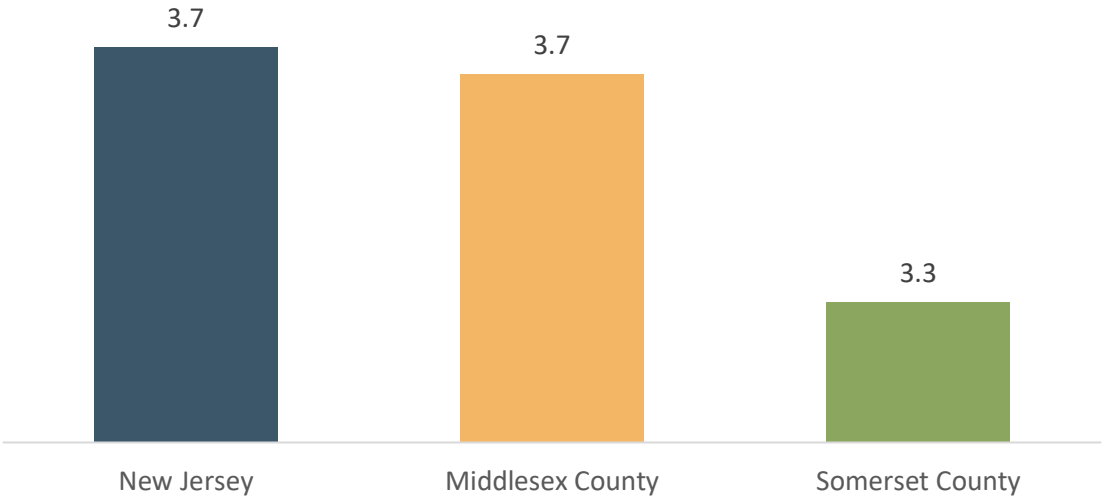
DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2017-2019

Figure 107. Percent Poor or Fair Health, by State and County, 2018



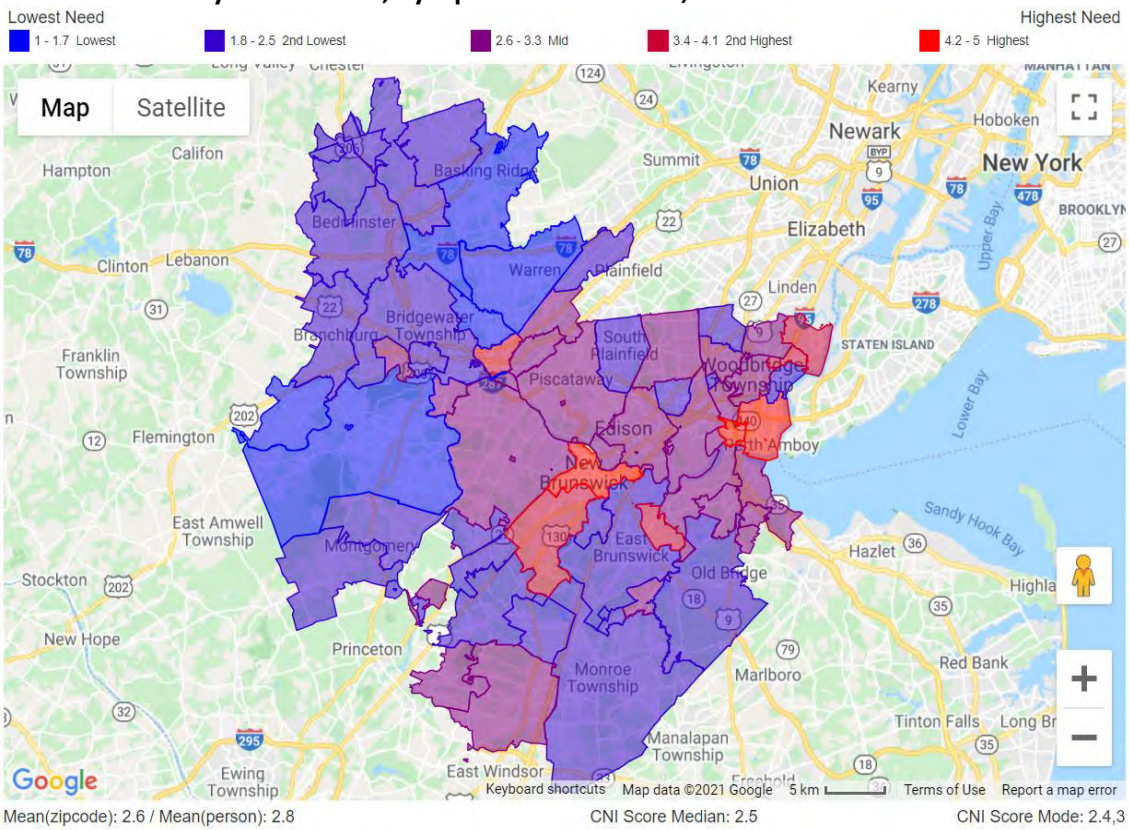
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 108. Poor Physical Health Days by State and County, 2018



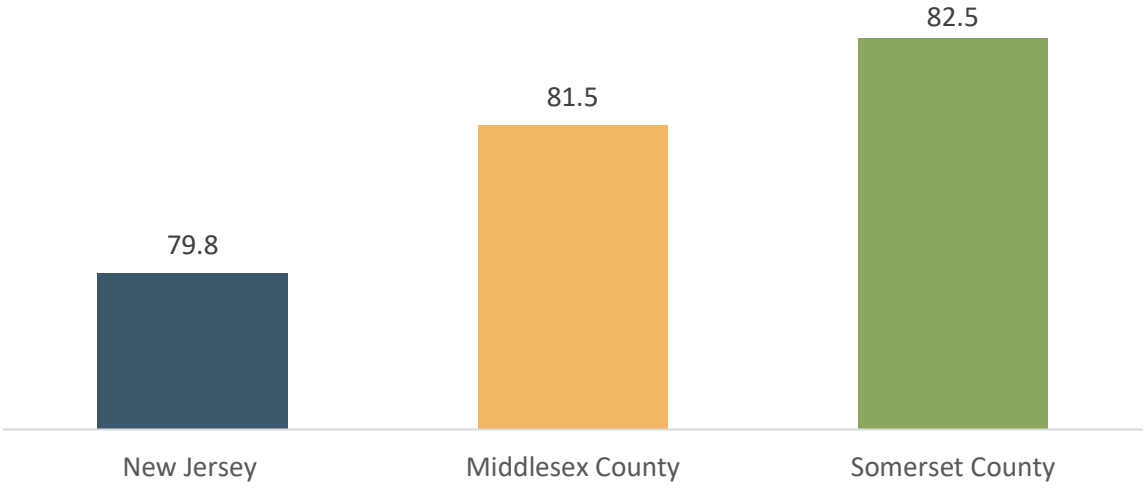
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 109. Community Needs Index, by Zip Code in Counties, 2020



DATA SOURCE: Truven Health Analytics, 2020; Insurance Coverage Estimates, 2020; The Nielson Company, 2020; and Community Need Index, 2020.

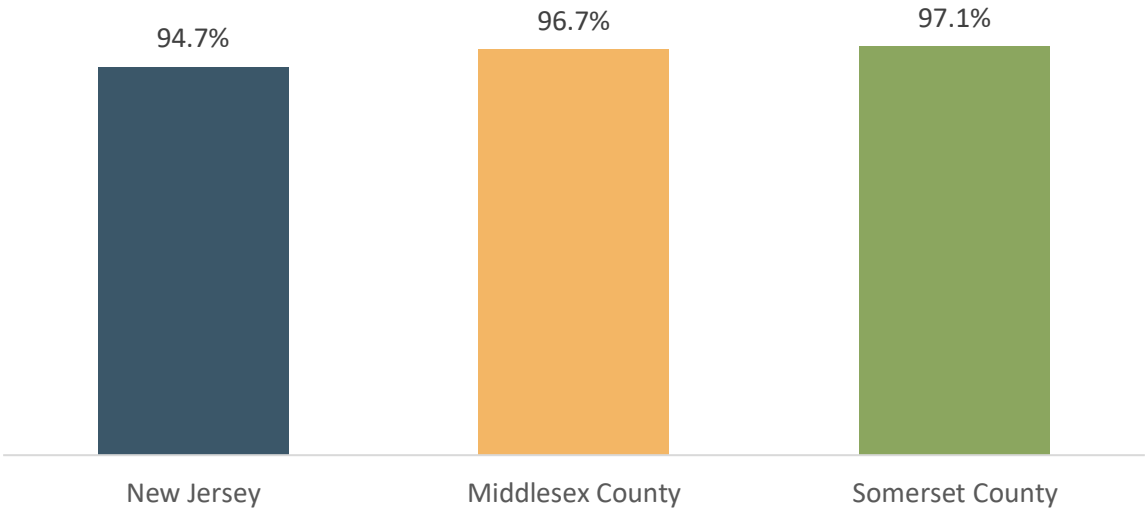
Figure 110. Life Expectancy by State and County, 2018



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)

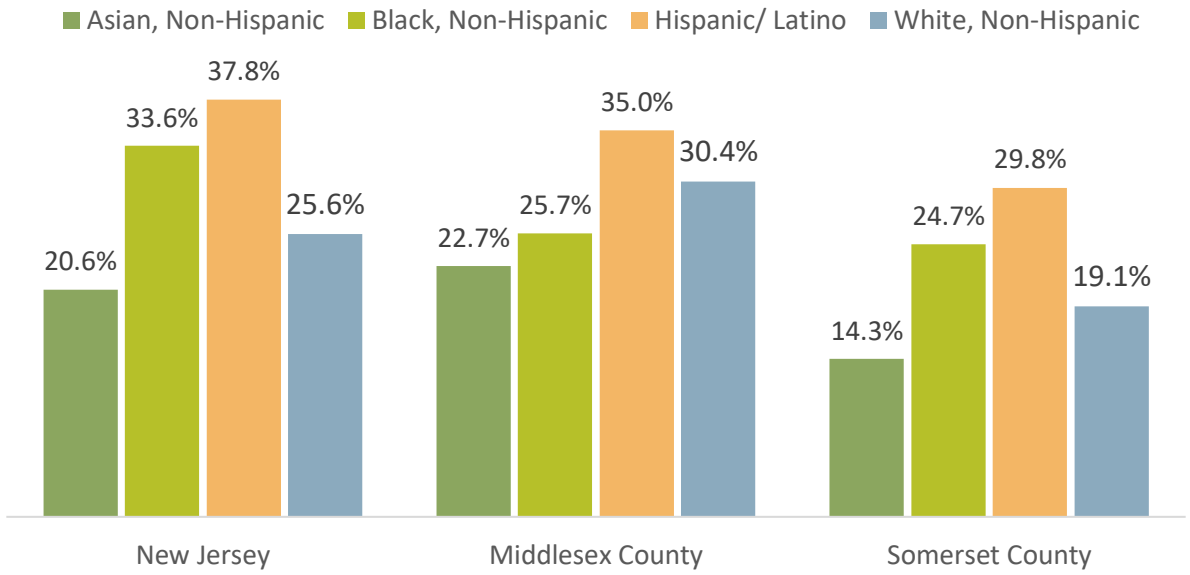
Obesity, Healthy Eating, and Physical Activity

Figure 111. Percent of Population with Adequate Access to Location for Physical Activity, by State and County, 2010 and 2019



DATA SOURCE: ESRI & U.S. Census Tigerline Files, Business Analyst, Delorme map data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2010 & 2019

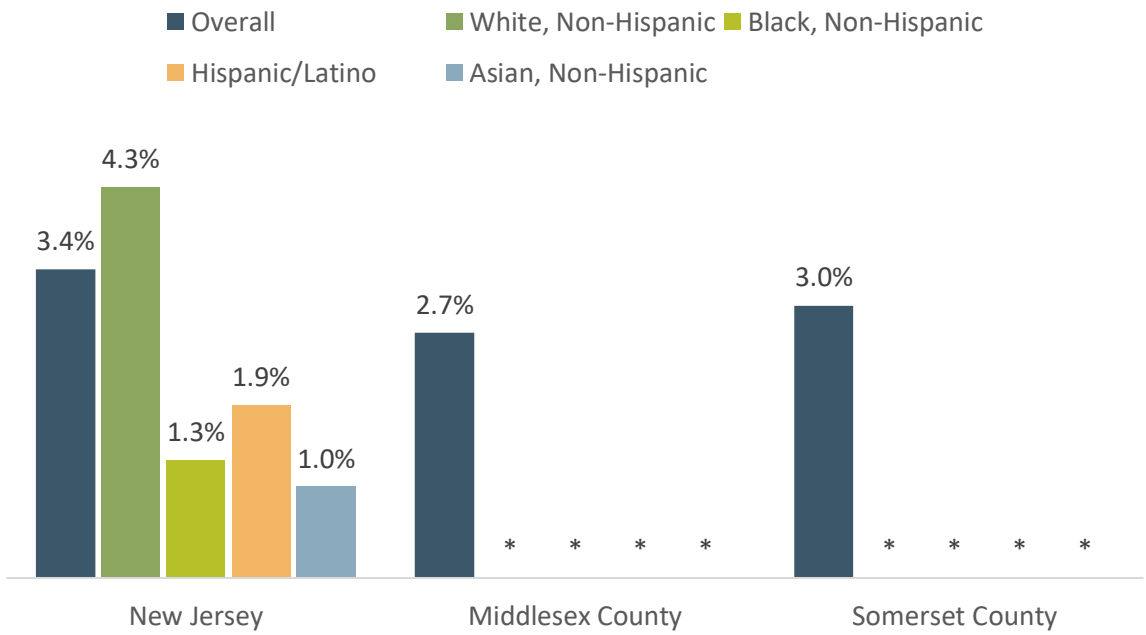
Figure 112. Percent of Adults Report to Have Had No Leisure Time Physical Activity by Race/Ethnicity, by State and County, 2015-2017



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

Chronic Diseases

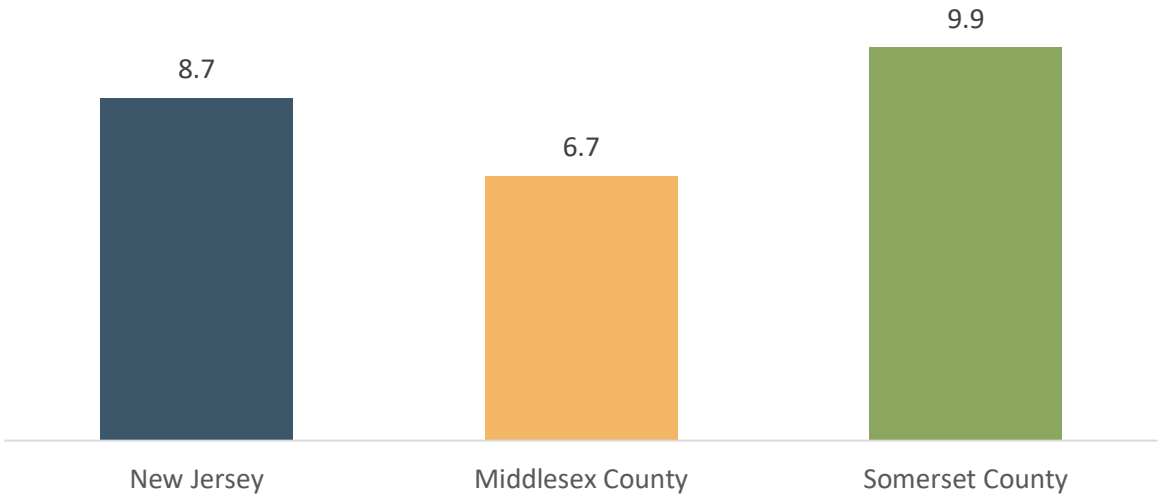
Figure 113. Percent of Adults Reporting Angina or Coronary Heart Disease, by State and County, by Race/Ethnicity, 2018



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

Mental Health

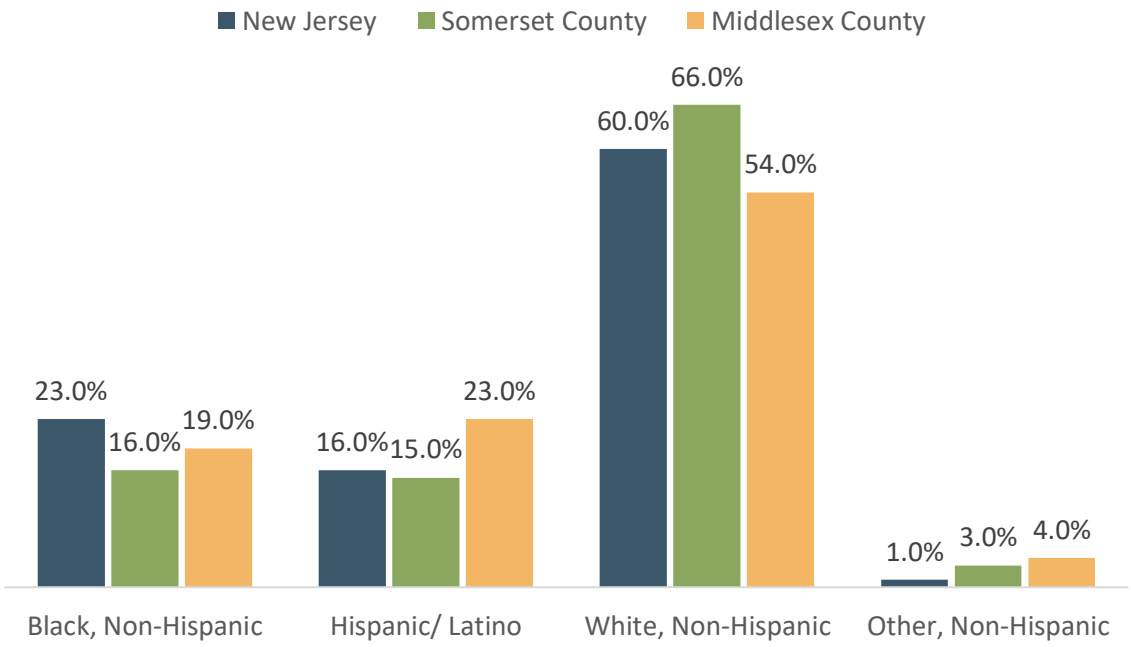
Figure 114. Membership in Social Associations by State and County, 2018



DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

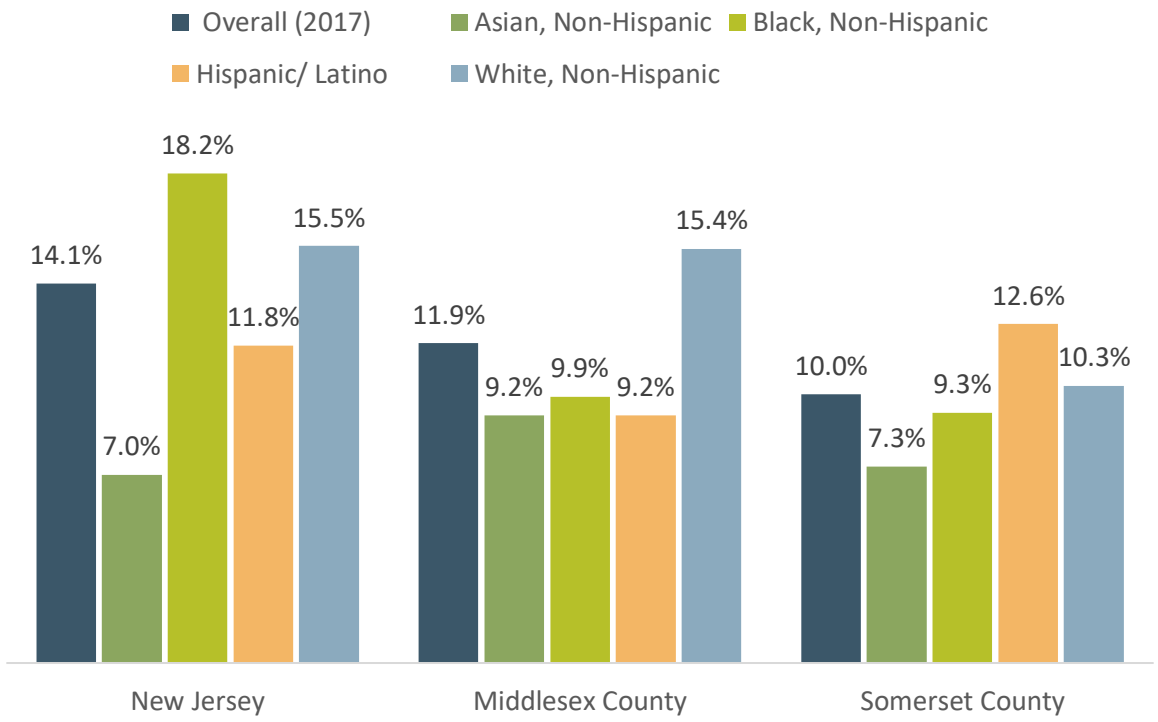
Substance Use

Figure 115. Substance Use Treatment Admission by Race/Ethnicity, by State and County, 2019



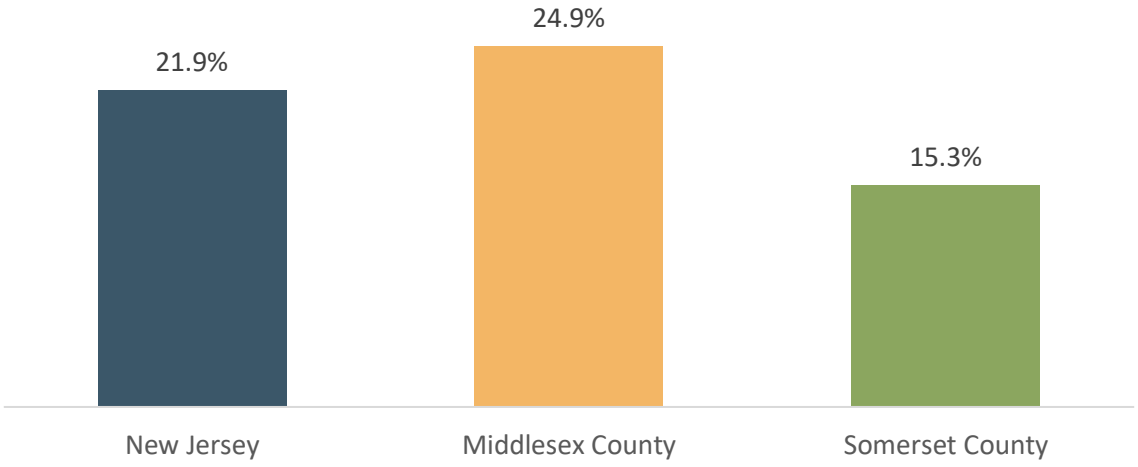
DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2019

Figure 116. Percent Adults Report Current Smokers, by State and County, 2014 and 2017



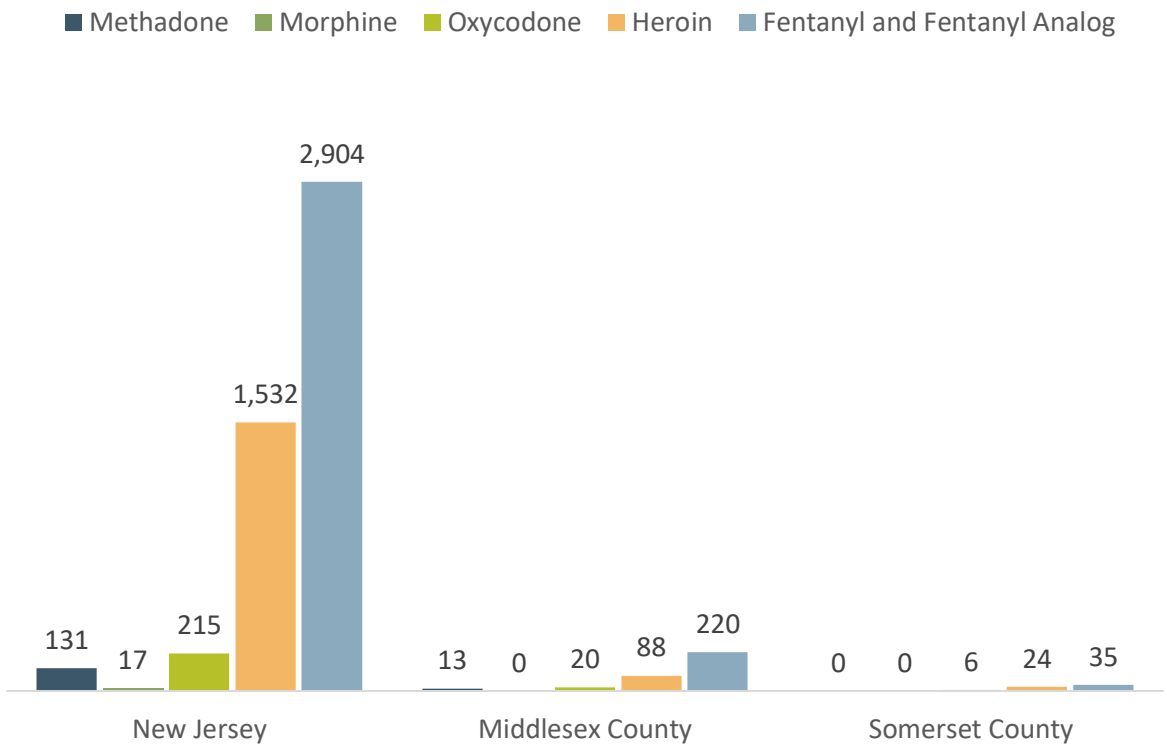
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2017 and 2017

Figure 117. Alcohol-Impaired Driving Deaths, by State and County, 2015-2019



DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015-2019

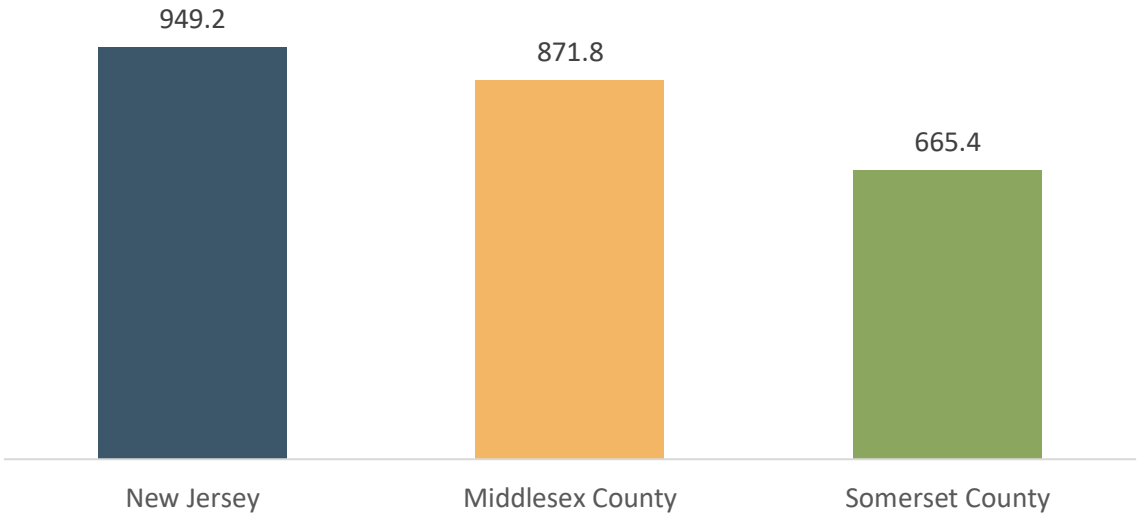
Figure 118. Count of Opioid Related Deaths by Drug, by State and County, 2018



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

Environmental Health

Figure 119. Age-Adjusted Rate of Asthma Hospitalizations, by State and County, 2018



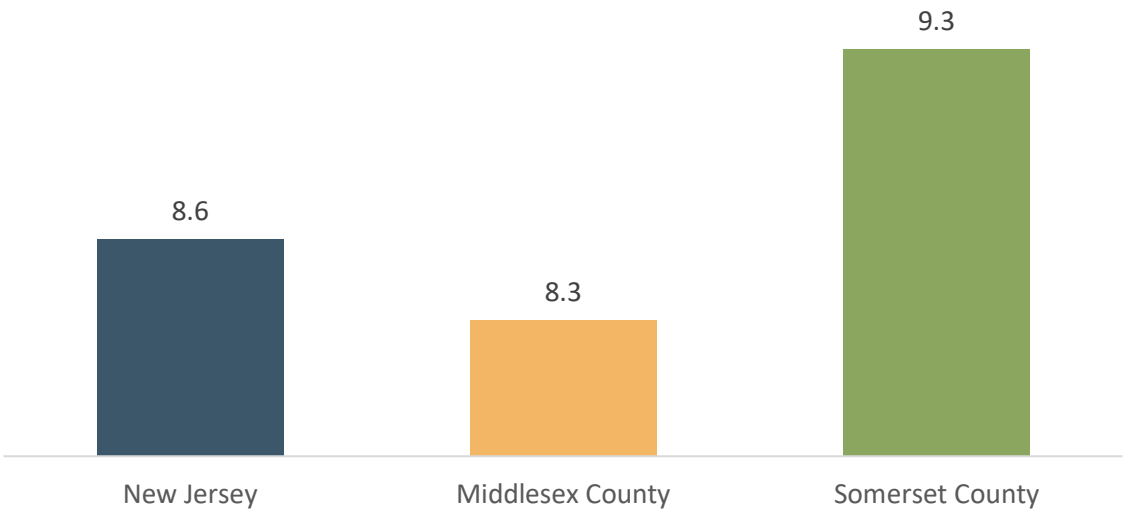
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018

Table 21. Percent of Children Aged 1 -5 Years Who Haver an Initial Blood Lead Level >= 10mcg/dL, by State, 2012-2015

	%
New Jersey	0.4%

DATA SOURCE: LeadTrax, Office of Local Public Health, New Jersey Department of Health as reported New Jersey State Health Assessment Data (NJSHAD), 2012-2015

Figure 120. 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

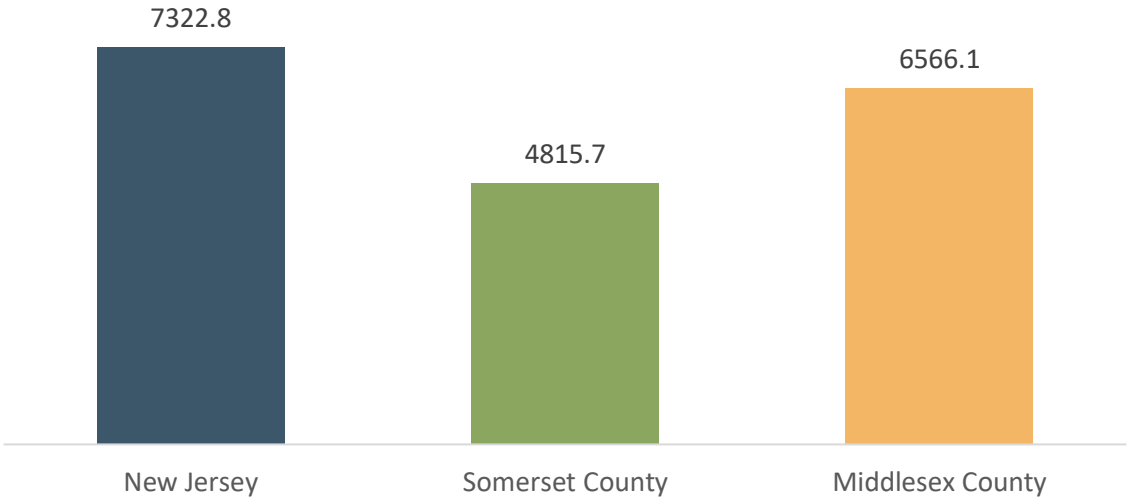
Table 22. Drinking Water Violations by County, 2019

	Z-score
New Jersey	-
Middlesex County	0.47
Somerset 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

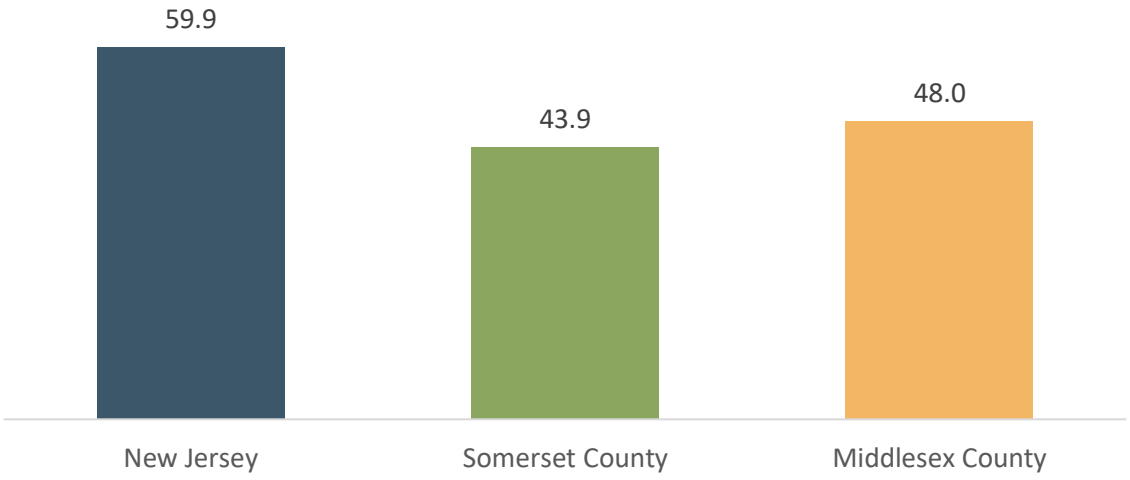
Injury

Figure 121. ED Visits Due to Unintentional Injury, Age-Adjusted, per 100,000, by State and County, 2013-2015



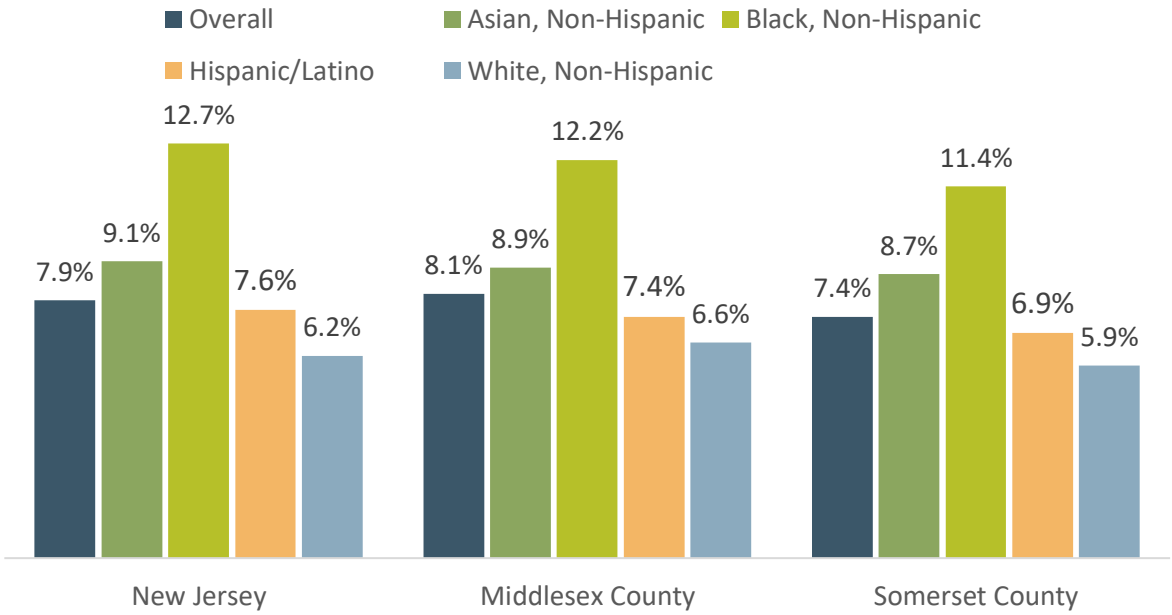
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2013-2015

Figure 122. Injury Deaths per 100,000 Population, by State and County, 2015-2019



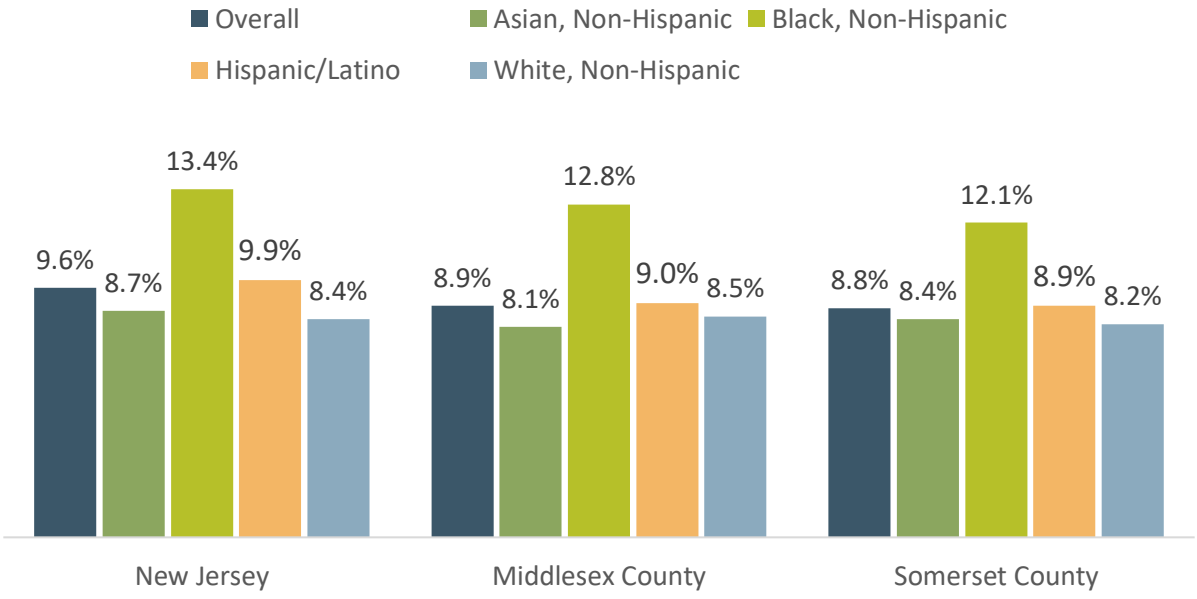
DATA SOURCE: National Center for Health Statistics, Mortality Files as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015-2019

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



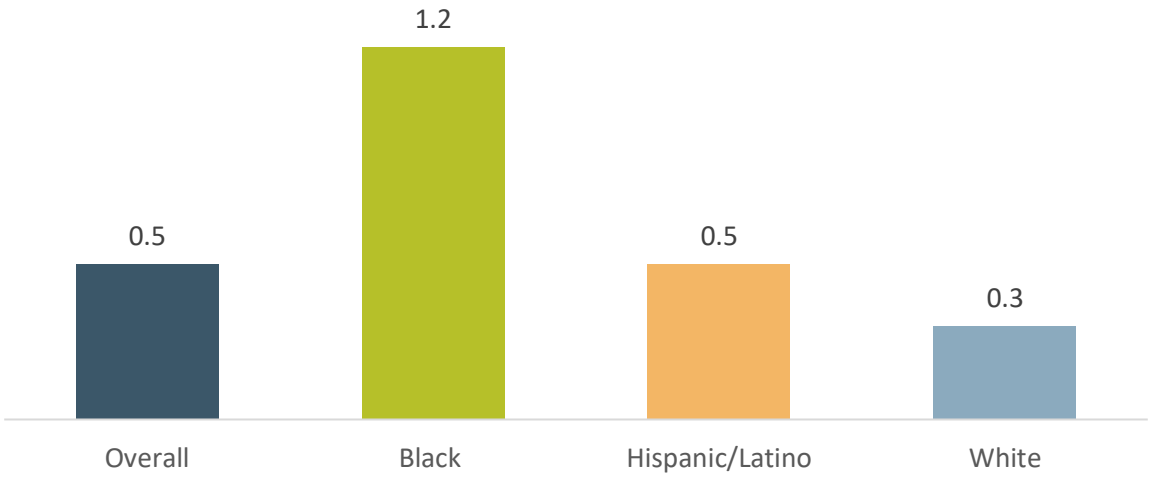
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Low birth weight as defined as less than 2,500 grams

Figure 124. Percent Preterm Births, by Race/Ethnicity, State, and Country, 2019



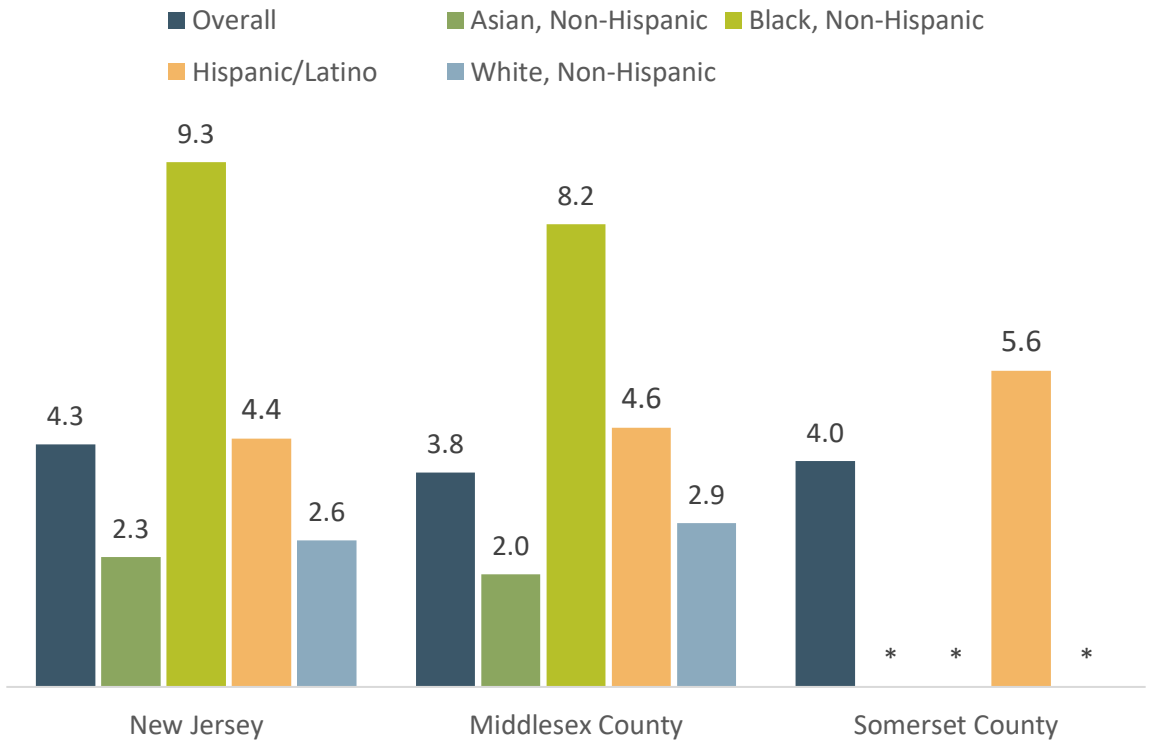
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016 and 2019
NOTE: Preterm as defined as less than 37 weeks gestation

Figure 125. Maternal Mortality Rate per 100,000 Population, by State and Race/Ethnicity, 2015-2019



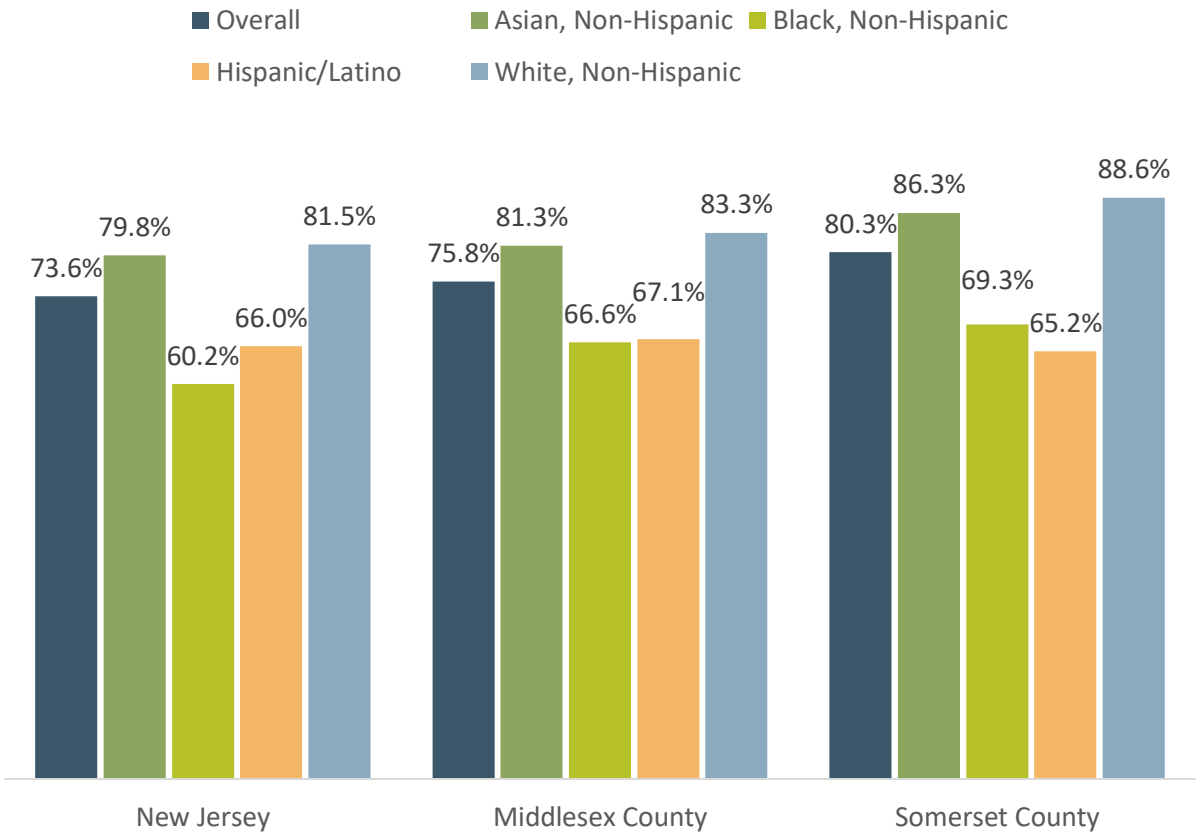
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

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



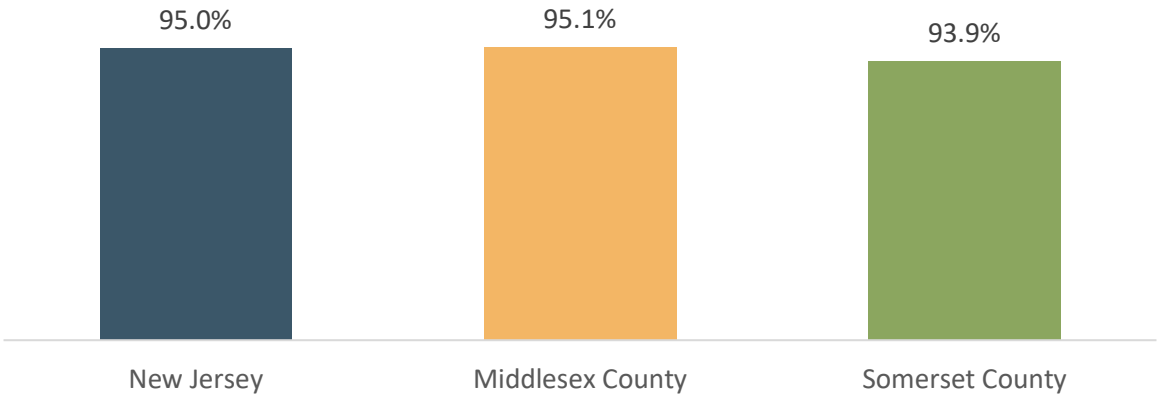
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2014-2018

Figure 127. Percent Births with Prenatal Care in First Trimester by Race/Ethnicity, by State, 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

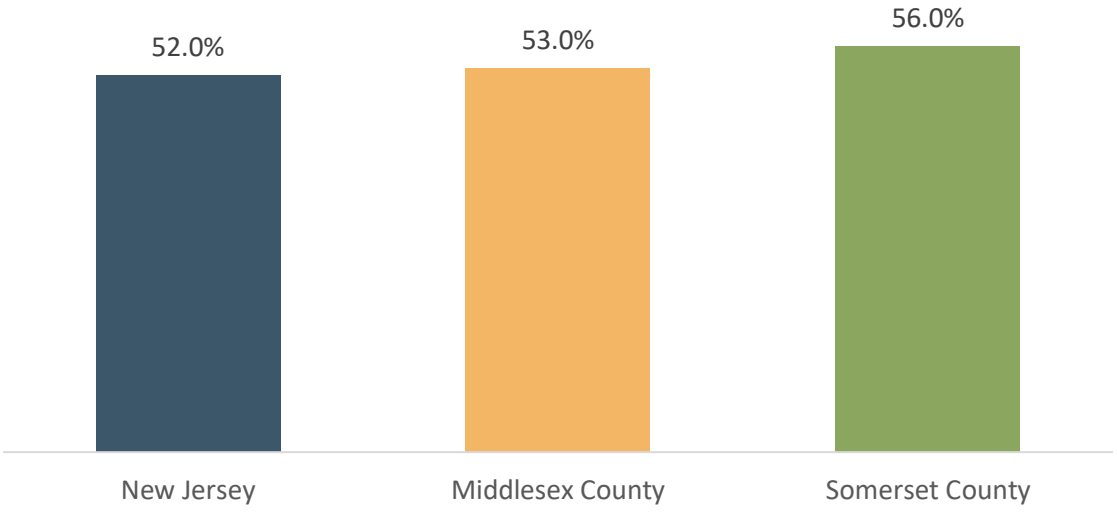
Figure 128. Percent of Immunized Children, by State and County, 2017-2018



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

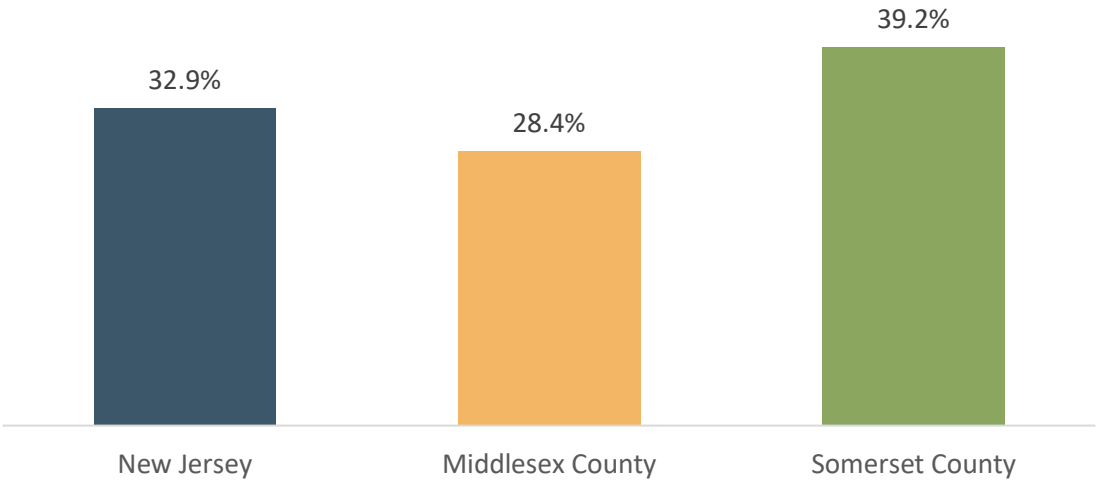
Preventative Health Care

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

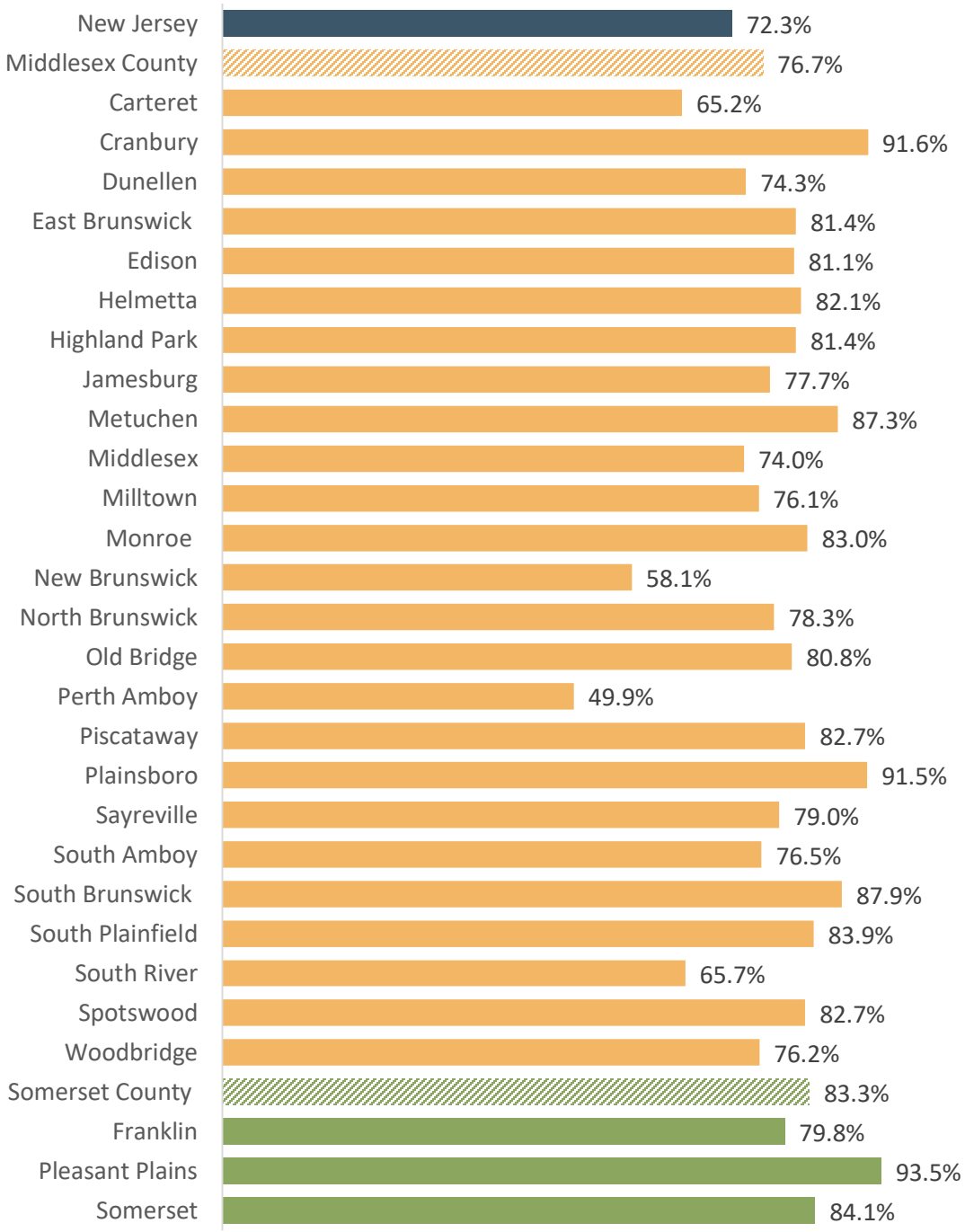
Figure 130. Age-Adjusted Pneumonia Vaccination (Ever), by State and County, 2017



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

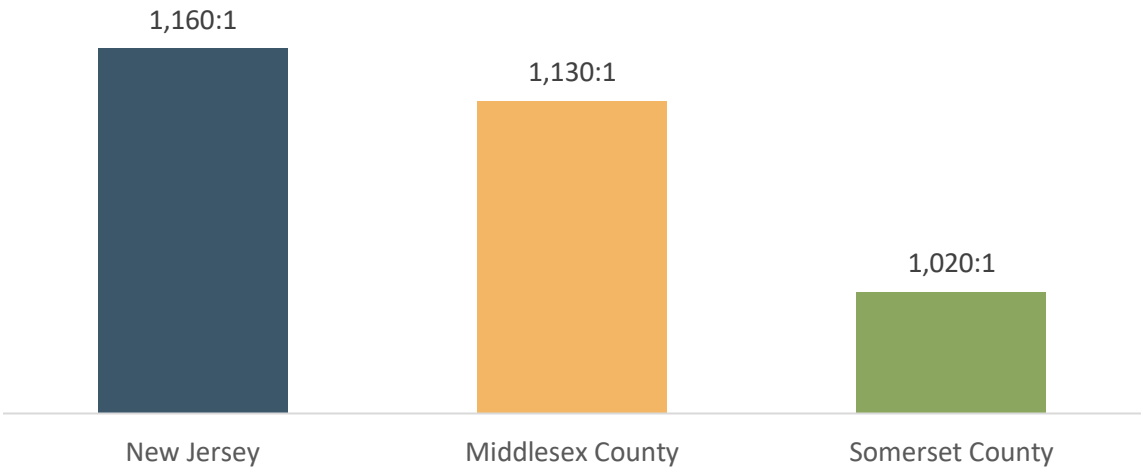
Access to Services

Figure 131. Percent of 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 132. 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

Appendix G- RWJUH New Brunswick Hospitalization Data

Figure 133. Emergency Room Treat & 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 Treated & Released			Rate per 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	0-17	690,506	55,640	14,101	334.4	300.0	174.4
	18-44	1,259,377	90,686	22,891	416.8	289.9	225.9
	45-64	757,159	53,227	15,329	302.2	232.4	148.6
	65+	450,704	31,574	10,267	320.4	260.1	202.7
	All Ages	3,157,746	231,127	62,588	350.9	272.3	186.3
2018	0-17	673,100	54,528	13,403	343.2	300.4	183.3
	18-44	1,217,047	86,864	21,434	394.5	280.9	198.7
	45-64	748,821	51,435	14,547	301.1	226.7	141.9
	65+	463,456	31,172	10,425	322.9	252.2	200.7
	All Ages	3,102,424	223,999	59,809	345.9	266.2	178.3
2019	0-17	658,207	51,727	13,244	334.6	284.4	183.7
	18-44	1,219,299	86,019	22,035	392.2	277.2	202.3
	45-64	760,293	51,416	15,403	305.8	226.5	151.0
	65+	489,485	32,739	11,594	330.6	254.6	213.5
	All Ages	3,127,284	221,901	62,276	345.8	261.7	184.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 134. Emergency Room Treat & 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: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 135. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Middlesex County Resident Patients Treated at Robert Wood Johnson University Hospital, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	12,234	66.0
	18-44	21,369	68.3
	45-64	12,452	54.4
	65+	6,083	50.1
	All Ages	52,138	61.4
2018	0-17	11,945	65.8
	18-44	20,133	65.1
	45-64	11,557	50.9
	65+	5,627	45.5
	All Ages	49,262	58.6
2019	0-17	11,905	65.4
	18-44	21,175	68.2
	45-64	12,771	56.3
	65+	7,050	54.8
	All Ages	52,901	62.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 136. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	28,415	340.5
	18-44	42,592	280.8
	45-64	23,372	240.0
	65+	14,803	241.6
	All Ages	109,182	277.3
2018	0-17	28,079	341.5
	18-44	41,621	278.2
	45-64	22,383	231.8
	65+	14,477	232.3
	All Ages	106,560	272.7
2019	0-17	26,864	325.7
	18-44	41,650	277.6
	45-64	23,193	239.8
	65+	16,144	248.8
	All Ages	107,851	273.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 137. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated at Robert Wood Johnson University Hospital, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	10,417	124.8
	18-44	18,281	120.5
	45-64	10,266	105.4
	65+	5,281	86.2
	All Ages	44,245	112.4
2018	0-17	9,786	119.0
	18-44	17,217	115.1
	45-64	9,523	98.6
	65+	4,882	78.4
	All Ages	41,408	106.0
2019	0-17	9,631	116.8
	18-44	17,879	119.2
	45-64	10,427	107.8
	65+	6,111	94.2
	All Ages	44,048	111.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 138. Emergency Room Treat & 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 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	American Indian or Alaska Native	6,530	1,028	137	201.1	326.9	229.1
	Asian	80,692	16,176	3,727	92.2	78.9	71.2
	Black or African American	780,645	36,192	11,690	628.0	412.1	429.7
	Hawaiian & Pacific Islander	3,949	224	167	985.5	759.3	1,452.2
	Other Race	610,721	84,002	12,362	935.3	1,265.6	1,028.4
	Two or More Races	11,014	646	265	38.6	22.8	30.9
	White	1,563,896	92,859	34,240	264.8	211.3	169.7
	All Race/ Ethnicities	3,057,447	231,127	62,588	340.0	-	-
2018	American Indian or Alaska Native	6,035	1,023	124	185.4	320.2	202.0
	Asian	80,655	15,727	3,758	90.3	76.1	69.5
	Black or African American	755,704	35,351	11,180	608.9	402.6	405.4
	Hawaiian & Pacific Islander	8,405	317	234	2,031.7	1,174.1	1,933.9
	Other Race	633,209	85,097	11,806	961.3	1,269.1	960.2

		Count			Rate per 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
	Two or More Races	11,395	683	231	39.5	24.1	26.3
	White	1,509,245	85,801	32,476	258.0	199.6	163.3
	All Race/ Ethnicities	3,004,648	223,999	59,809	335.0	-	-
2019	American Indian or Alaska Native	5,360	620	102	164.0	196.8	156.4
	Asian	81,556	16,293	4,104	89.8	77.7	72.6
	Black or African American	754,534	35,583	11,248	600.1	403.2	403.4
	Hawaiian & Pacific Islander	4,203	349	110	1,005.3	1,203.4	916.7
	Other Race	683,104	83,512	12,042	1,012.6	1,209.1	968.7
	Two or More Races	11,025	779	302	37.5	27.1	34.2
	White	1,486,019	84,765	34,368	253.0	197.4	173.7
	All Race/ Ethnicities	3,025,801	221,901	62,276	334.6	-	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 139. Emergency Room Treat & 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	Rate 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: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 140. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital'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	246	166.4
	Asian	6,982	74.9
	Black or African American	24,616	444.7
	Hawaiian & Pacific Islander	115	1,116.5
	Other Race	41,278	1,267.9
	Two or More Races	333	26.0
	White	35,612	179.7
	All Race/Ethnicities	109,182	277.3
2018	American Indian or Alaska Native	204	135.1
	Asian	7,055	74.8
	Black or African American	23,790	431.3
	Hawaiian & Pacific Islander	136	1,462.4
	Other Race	41,926	1,270.9
	Two or More Races	344	26.9
	White	33,105	170.8
	All Race/Ethnicities	106,560	272.7
2019	American Indian or Alaska Native	181	120.8
	Asian	7,397	76.4
	Black or African American	23,988	435.4
	Hawaiian & Pacific Islander	181	1,707.0
	Other Race	40,497	1,192.1
	Two or More Races	445	34.5
	White	35,162	181.5
	All Race/Ethnicities	107,851	273.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 141. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated at Robert Wood Johnson University Hospital, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	50	33.8
	Asian	2,748	29.5
	Black or African American	10,794	195.0
	Hawaiian & Pacific Islander	23	223.3
	Other Race	17,987	552.5
	Two or More Races	182	14.2
	White	12,461	62.9
	All Race/Ethnicities	44,245	112.4
2018	American Indian or Alaska Native	38	25.2
	Asian	2,742	29.1
	Black or African American	9,959	180.6
	Hawaiian & Pacific Islander	56	602.2
	Other Race	17,263	523.3
	Two or More Races	185	14.4
	White	11,165	57.6
	All Race/Ethnicities	41,408	106.0
2019	American Indian or Alaska Native	24	16.0
	Asian	2,981	30.8
	Black or African American	10,405	188.8
	Hawaiian & Pacific Islander	31	292.5
	Other Race	18,274	537.9
	Two or More Races	248	19.2
	White	12,085	62.4
	All Race/Ethnicities	44,048	111.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 142. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients Treated & Released			Rate per 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	0-17	24,837	1259	648	12.0	6.8	8.0
	18-44	91,990	6511	2003	30.4	20.8	19.8
	45-64	55,496	3355	950	22.1	14.6	9.2
	65+	10,688	802	250	7.6	6.6	4.9
	All Ages	183,011	11,927	3,851	20.3	14.1	11.5
2018	0-17	26,241	1422	572	13.4	7.8	7.8
	18-44	90,808	6745	1835	29.4	21.8	17.0
	45-64	55,715	3298	931	22.4	14.5	9.1
	65+	11,055	920	248	7.7	7.4	4.8
	All Ages	183,819	12,385	3,586	20.5	14.7	10.7
2019	0-17	25,172	1291	502	12.8	7.1	7.0
	18-44	90,172	6901	1998	29.0	22.2	18.3
	45-64	54,046	3357	998	21.7	14.8	9.8
	65+	11,851	845	307	8.0	6.6	5.7
	All Ages	181,241	12,394	3,805	20.0	14.6	11.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 143. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race, 2017-2019

		Count			Rate per 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	American Indian or Alaska Native	334	36	9	10.3	11.4	15.1
	Asian	3,380	647	146	3.9	3.2	2.8
	Black or African American	44,153	1,820	712	35.5	20.7	26.2
	Hawaiian & Pacific Islander	187	14	10	46.7	47.5	87.0
	Other Race	22,769	2,981	419	34.9	44.9	34.9
	Two or More Races	490	33	22	1.7	1.2	2.6
	White	106,929	6,285	2,497	18.1	14.3	12.4
	All Race/ Ethnicities	178,242	11,816	3,815	19.8	14.2	12.6
2018	American Indian or Alaska Native	350	48	4	10.8	15.0	6.5
	Asian	3,497	642	144	3.9	3.1	2.7
	Black or African American	44,282	2,022	608	35.7	23.0	22.0
	Hawaiian & Pacific Islander	187	14	10	45.2	51.9	82.6
	Other Race	24,682	3,592	342	37.5	53.6	27.8

	Two or More Races	651	40	14	2.3	1.4	1.6
	White	104,601	5,897	2,423	17.9	13.7	12.2
	All Race/ Ethnicities	178,250	12,255	3,545	19.9	14.9	11.7
2019	American Indian or Alaska Native	322	18	3	9.8	5.7	4.6
	Asian	3,466	637	151	3.8	3.0	2.7
	Black or African American	43,789	2,164	595	34.8	24.5	21.3
	Hawaiian & Pacific Islander	187	14	10	44.7	48.3	83.3
	Other Race	27,076	3,231	371	40.1	46.8	29.8
	Two or More Races	609	27	11	2.1	0.9	1.2
	White	99,593	6,075	2,590	17.0	14.1	13.1
	All Race/ Ethnicities	175,042	12,166	3,731	19.4	14.7	12.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 144. 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 of Patients Treated & Released			Rate per 1,000 Population		
Year	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	0-17	131,591	12,355	3,647	63.7	66.6	45.1
	18-44	231,158	19,275	5,747	76.5	616.0	56.7
	45-64	226,349	17,644	5,945	90.3	77.0	57.7
	65+	363,285	30,500	10,573	258.2	251.2	208.7
	All Ages	952,383	79,774	25,912	105.8	94.0	77.1
2018	0-17	130,739	12,011	3,582	66.7	66.2	49.0
	18-44	225,360	18,193	5,531	73.0	58.8	51.3
	45-64	221,118	17,134	5,649	88.9	75.5	55.1
	65+	364,459	29,623	10,460	254.0	239.6	201.4
	All Ages	941,676	76,961	25,222	105.0	91.5	75.2
2019	0-17	127,024	11,221	3,491	64.6	61.7	48.4
	18-44	218,270	17,357	5,457	70.2	55.9	50.1
	45-64	215,320	17,001	5,528	86.6	74.9	54.2
	65+	368,288	30,289	11,243	248.7	235.6	207.0
	All Ages	928,902	75,868	25,719	102.7	89.5	76.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 145. Inpatient Discharge 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	32,923	15.9
	18-44	50,878	16.8
	45-64	44,240	17.7
	65+	68,104	48.4
	All Ages	196,145	21.8
2018	0-17	32,768	16.7
	18-44	49,365	16.0
	45-64	43,076	17.3
	65+	67,477	47.0
	All Ages	192,686	21.5
2019	0-17	32,107	16.3
	18-44	48,316	15.5
	45-64	41,662	16.8
	65+	67,539	45.6
	All Ages	189,624	21.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 146. Inpatient Discharge Counts and Rates per 1,000 Population of Middlesex County Resident Patients Treated at Robert Wood Johnson University Hospital, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2,469	13.3
	18-44	3,874	12.4
	45-64	4,614	20.1
	65+	7,245	59.7
	All Ages	18,202	21.4
2018	0-17	2,405	13.2
	18-44	3,576	11.6
	45-64	4,529	20.0
	65+	7,142	57.8
	All Ages	17,652	21.0
2019	0-17	2,198	12.1
	18-44	3,323	10.7
	45-64	4,199	18.5
	65+	7,083	55.1
	All Ages	16,803	19.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 147. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	5,925	71.0
	18-44	9,230	60.9
	45-64	7,900	81.1
	65+	15,213	218.3
	All Ages	38,268	97.2
2018	0-17	5,766	70.1
	18-44	8,635	57.7
	45-64	7,880	81.6
	65+	15,187	243.7
	All Ages	37,468	95.9
2019	0-17	5,360	65.0
	18-44	8,254	55.0
	45-64	7,620	78.8
	65+	15,613	240.6
	All Ages	36,847	93.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 148. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated at Robert Wood Johnson University Hospital, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	1,679	20.1
	18-44	2,788	18.4
	45-64	3,062	31.4
	65+	5,724	93.4
	All Ages	13,253	33.7
2018	0-17	1,587	19.3
	18-44	2,489	16.6
	45-64	3,106	32.2
	65+	5,733	92.0
	All Ages	12,915	33.1
2019	0-17	1,472	17.8
	18-44	2,350	15.7
	45-64	2,761	28.5
	65+	5,542	85.4
	All Ages	12,125	30.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 149. 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	Age	New Jersey	Middlesex County	Somerset County	New Jersey	Middlesex County	Somerset County
2017	American Indian or Alaska Native	1913	271	64	58.9	86.2	24.9
	Asian	40,158	10,010	1,640	45.9	48.8	51.1
	Black or African American	164,073	8,729	14,247	132.0	99.4	109.9
	Hawaiian & Pacific Islander	1438	122	105	358.9	413.6	450.6
	Other Race	135,193	16,669	10,075	207.0	251.1	173.9
	Two or More Races	1733	74	90	6.1	2.6	4.3
	White	607,875	43,899	29,285	102.9	99.9	86.6
	All Race/ Ethnicities	952,383	79,774	55,506	268.3	-	-
2018	American Indian or Alaska Native	1689	257	61	51.9	80.4	24.1
	Asian	40,286	9,399	1,530	45.1	45.5	47.1
	Black or African American	160,752	8,583	13,386	129.5	97.8	103.4
	Hawaiian & Pacific Islander	2146	142	484	518.7	525.9	2050.8
	Other Race	146,436	16,760	10,481	222.3	250.0	178.8

	Two or More Races	1929	89	63	6.7	3.1	2.9
	White	588,438	41,731	26,881	100.6	97.1	80.1
	All Race/ Ethnicities	941,676	76,961	52,886	267.7	-	-
2019	American Indian or Alaska Native	1559	160	104	47.7	50.8	39.8
	Asian	38,291	9,018	1,486	42.2	43.0	45.6
	Black or African American	156,678	8,830	13,213	124.6	100.1	100.1
	Hawaiian & Pacific Islander	1442	125	191	344.9	431.0	802.5
	Other Race	152,844	16,628	11,423	226.6	240.7	188.3
	Two or More Races	1767	86	72	6.0	3.0	3.3
	White	576,321	41,021	27,388	98.1	95.5	80.7
	All Race/ Ethnicities	928,902	75,868	53,877	262.7	-	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System 2021

Figure 150. Inpatient Discharge 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	207	6.4
	Asian	8,753	10.0
	Black or African American	45,498	36.6
	Hawaiian & Pacific Islander	188	46.9
	Other Race	33,999	52.1
	Two or More Races	255	0.9
	White	107,245	18.2
	All Race/Ethnicities	196,145	55.2
2018	American Indian or Alaska Native	181	5.6
	Asian	8,850	9.9
	Black or African American	45,635	36.8
	Hawaiian & Pacific Islander	199	48.1
	Other Race	34,880	53.0
	Two or More Races	250	0.9
	White	102,691	17.6
	All Race/Ethnicities	192,686	54.8
2019	American Indian or Alaska Native	244	7.5
	Asian	8,642	9.5
	Black or African American	44,186	35.1
	Hawaiian & Pacific Islander	200	47.8
	Other Race	34,415	51.0
	Two or More Races	339	1.2
	White	101,598	17.3
	All Race/Ethnicities	189,624	53.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 151. Inpatient Discharge Counts and Rates per 1,000 Population of Middlesex County Resident Patients Treated at Robert Wood Johnson University Hospital, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	25	7.9
	Asian	1,972	9.6
	Black or African American	2,317	26.4
	Hawaiian & Pacific Islander	32	108.5
	Other Race	4,272	64.4
	Two or More Races	25	0.9
	White	9,559	21.8
	All Race/Ethnicities	18,202	-
2018	American Indian or Alaska Native	-	2.8
	Asian	1,927	9.3
	Black or African American	2,317	26.4
	Hawaiian & Pacific Islander	23	85.2
	Other Race	4,227	63.0
	Two or More Races	29	1.0
	White	9,120	21.2
	All Race/Ethnicities	17,652	-
2019	American Indian or Alaska Native	-	3.2
	Asian	1,886	9.0
	Black or African American	2,254	25.5
	Hawaiian & Pacific Islander	28	96.6
	Other Race	3,954	57.2
	Two or More Races	36	1.3
	White	8,635	20.1
	All Race/Ethnicities	16,803	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 152. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital'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	82	55.5
	Asian	4,577	49.1
	Black or African American	6,118	110.5
	Hawaiian & Pacific Islander	58	563.1
	Other Race	7,826	240.4
	Two or More Races	31	2.4
	White	19,576	98.8
	All Race/Ethnicities	38,268	97.2
2018	American Indian or Alaska Native	70	46.4
	Asian	4,470	47.4
	Black or African American	6,205	112.5
	Hawaiian & Pacific Islander	60	645.2
	Other Race	7,746	234.8
	Two or More Races	40	3.1
	White	18,877	97.4
	All Race/Ethnicities	37,468	95.9
2019	American Indian or Alaska Native	60	40.1
	Asian	4514	46.6
	Black or African American	6,079	110.3
	Hawaiian & Pacific Islander	59	556.6
	Other Race	7196	211.8
	Two or More Races	54	4.2
	White	18885	97.5
	All Race/Ethnicities	36,847	93.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 153. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in Robert Wood Johnson University Hospital's Primary Service Area Treated at Robert Wood Johnson University Hospital, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	-	5.4
	Asian	1,244	13.3
	Black or African American	2,294	41.4
	Hawaiian & Pacific Islander	23	223.3
	Other Race	3,064	94.1
	Two or More Races	14	1.1
	White	6,606	33.3
	All Race/Ethnicities	13,253	33.7
2018	American Indian or Alaska Native	-	5.3
	Asian	1,287	13.6
	Black or African American	2,349	42.6
	Hawaiian & Pacific Islander	19	204.3
	Other Race	2,975	90.2
	Two or More Races	18	1.4
	White	6,259	32.3
	All Race/Ethnicities	12,915	33.1
2019	American Indian or Alaska Native	-	4.0
	Asian	1317	13.6
	Black or African American	2,188	39.7
	Hawaiian & Pacific Islander	14	132.1
	Other Race	2756	81.1
	Two or More Races	30	2.3
	White	5814	30.0
	All Race/Ethnicities	12,125	30.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 154. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and Robert Wood Johnson University Hospital, 2019

		Admission Rate per 1,000			
		Total Overall	Acute	Chronic	Diabetic
New Jersey	Asian	2.6	0.8	1.8	0.4
	Black	16.7	3.0	13.7	4.1
	Hispanic	5.4	1.4	4.0	1.5
	White	9.6	2.9	6.7	1.5
	All Race/Ethnicities	10.4	2.8	7.7	2.0
RWJUH	Asian	2.2	0.7	1.6	0.4
	Black	11.9	2.1	9.9	3.2
	Hispanic	3.8	0.9	2.8	1.2
	White	9.6	2.7	6.9	1.5
	All Race/Ethnicities	8.1	2.1	6.0	1.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 155. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and Robert Wood Johnson University Hospital, 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	Asian	33.2	4.2	0.3	0.2
	Black	91.0	15.8	2.4	1.9
	Hispanic	55.9	5.0	1.1	1.2
	White	80.3	14.7	2.2	1.7
	All Race/Ethnicities	76.7	12.1	2.0	1.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 156. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and Robert Wood Johnson University Hospital, 2019

	Admission Rate per 1,000 Population						Emergency Department Visits per 1,000 Population				
	Age	Asian	Black	Hispanic	White	All Race / Ethnicities	Asian	Black	Hispanic	White	All Race/ Ethnicities
New Jersey	All	5.2	26.1	10.3	17.2	18.6	108.8	682.4	430.2	271.2	403.0
	Under 18	0.4	1.9	1.4	1.1	1.6	99.8	477.1	497.4	181.7	344.0
	18 to 64	3.5	26.5	9.3	12	15	91.4	760.5	392.4	248	396.6
	65+	25.3	73.3	46.6	48.7	54.8	233.8	698.1	548.2	428.5	505.8
RWJUH Hamilton	All	33.2	91.0	55.9	80.3	76.7	91.7	487.9	493.3	215.0	321.6
	Under 18	9.2	17.9	24.5	9.8	17.5	84.0	341.2	714.5	124.9	338.3
	18 to 64	30.1	87.6	57.9	48.2	60.5	77.4	528.1	411.9	180.1	294.2
	65+	107.8	254.8	167.2	208.5	213.2	203.5	568.9	482.6	363.3	404.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 157. 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	Middlesex County Residents	Somerset County Residents	New Jersey Residents	Middlesex County Residents	Somerset County Residents
2017	73,005	4,471	1,662	8.1	5.3	4.9
2018	69,282	4,063	1,404	7.7	4.8	4.2
2019	65,610	3,647	1,322	7.3	4.3	3.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 158. 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	Middlesex County Residents	Somerset County Residents	New Jersey Residents	Middlesex County Residents	Somerset County Residents
2017	126,968	10,851	3,525	14.1	12.8	10.5
2018	125,886	10,552	3,472	14.0	12.5	10.4
2019	126,198	10,841	3,615	14.0	12.8	10.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 159. Inpatient Discharge Counts and Rates per 1,000, Residents of Middlesex County Treated at Robert Wood Johnson University Hospital, 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	364	372	336	0.4	0.4	0.4
Diseases and Disorders of the Circulatory System	3,372	3,263	3,291	4.0	3.9	3.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Appendix H- Saint Peter's University Hospital Hospitalization Data

Figure 160. Emergency Room Treat and Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at SPUH Hospitals, by Age, 2018-2020

Year	Age	Count of Patients Treated & Released	Rate per 1,000 Population
2018	0-17	23,107	10.7
	18-44	15,133	5.3
	45-64	15,395	6.3
	65+	3,711	2.6
	All Ages	57,352	6.5
2019	0-17	22,643	10.5
	18-44	14,580	5.2
	45-64	15,504	6.3
	65+	4,107	2.8
	All Ages	56,840	6.4
2020	0-17	11,607	5.4
	18-44	10,628	3.8
	45-64	12,086	4.9
	65+	2,798	1.9
	All Ages	37,127	4.2

DATA SOURCE: Saint Peter's Healthcare System, 2018-2020

Figure 161. Emergency Room Treat and Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at SPUH Hospitals, by Race/Ethnicity, 2018-2020

Year	Race/Ethnicity	Count of Patients Treated & Released	Rate per 1,000 Population
2018	American Indian or Alaska Native	2,223	34.1
	Asian	1,365	1.4
	Black or African American	11,565	8.7
	Hawaiian & Pacific Islander	198	18.2
	Other Race	161	0.4
	Two or More Races	14,146	2.3
	White	27,688	34.8
	All Race/Ethnicities	57,352	6.5
2019	American Indian or Alaska Native	2,370	36.4
	Asian	1,635	1.7
	Black or African American	11,468	8.6
	Hawaiian & Pacific Islander	597	54.9
	Other Race	208	0.5
	Two or More Races	17,883	2.9
	White	22,673	28.5
	All Race/Ethnicities	56,840	6.4
2020	American Indian or Alaska Native	1,703	26.2
	Asian	1,071	1.1
	Black or African American	8,288	6.2
	Hawaiian & Pacific Islander	1,381	127.0
	Other Race	156	0.4
	Two or More Races	19,315	3.1
	White	5,205	6.5
	All Race/Ethnicities	37,127	4.2

DATA SOURCE: Saint Peter's Healthcare System, 2018-2020

Figure 162. Emergency Room Treat and Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at SPUH Hospitals by Race/Ethnicity, 2018-2021

Year	Race/ Ethnicity	Cardiology		Psychiatric		Substance Abuse	
		Encounter	Rate	Encounter	Rate	Encounter	Rate
2018	American Indian or Alaska Native	74.0	0.4	5.0	0.0	12.0	0.0
	Asian	59.0	0.3	3.0	0.0	1.0	0.0
	Black or African American	425.0	2.4	32.0	0.1	31.0	0.1
	Two or More Races	*	*	1.0	0.0	*	*
	White	964.0	7.0	66.0	0.3	73.0	0.3
	Other Races	316.0	1.5	43.0	0.1	34.0	0.1
2019	American Indian or Alaska Native	72.0	0.4	6.0	0.0	10.0	0.0
	Asian	78.0	0.4	2.0	0.0	*	*
	Black or African American	464.0	2.6	26.0	0.1	24.0	0.1
	Hawaiian & Pacific Islander	4.0	0.0	*	*	*	*
	Two or More Races	5.0	0.0	*	*	1.0	0.0
	White	1098.0	8.0	78.0	0.3	78.0	0.3
	Other Races	278.0	1.4	31.0	0.1	26.0	0.1
2020	American Indian or Alaska Native	90.0	0.6	8.0	0.0	5.0	0.0
	Asian	43.0	0.3	2.0	0.0	*	*
	Black or African American	399.0	2.9	18.0	0.1	39.0	0.2
	Hawaiian & Pacific Islander	8.0	0.0	2.0	0.0	*	*
	White	889.0	7.6	68.0	0.4	91.0	0.4
	Other Races	92.0	0.6	12.0	0.0	13.0	0.1
2021	American Indian or Alaska Native	87.0	0.6	5.0	0.0	6.0	0.0
	Asian	60.0	0.4	2.0	0.0	*	*
	Black or African American	468.0	3.7	31.0	0.2	29.0	0.1
	Hawaiian & Pacific Islander	6.0	0.0	*	*	3.0	0.0
	Two or More Races	2.0	0.0	*	*	1.0	0.0
	White	979.0	8.1	79.0	0.5	106.0	0.5
	Other Races	97.0	0.6	6.0	0.0	14.0	0.1

DATA SOURCE: Saint Peter's Healthcare System, 2018-2021

Appendix I- Cancer Data

Over thirty two percent of RWJUH's cancer inpatients and 25.5% of cancer outpatients resided in the Primary Service Area. In total, 50.4% of inpatients and 45.9% of outpatients resided in Middlesex County. Monroe (08831) and Somerset(08873) represent the largest segment of RWJUH's inpatient cancer patients. Similarly, Somerset (08873) and Perth Amboy (08861) represent the largest segments of RWJUH's outpatient cancer patients. The health factors and outcomesexplored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2020 RWJ NB IP PATIENTS	%	2020 RWJ NB OP PATIENTS	%
Middlesex County	2,721	50.4%	3,963	45.9%
Primary Service Area	1,755	32.5%	2,206	25.5%
Secondary Service Area	1,923	35.6%	3,362	38.9%
Out of Service Area (NJ)	1,598	29.6%	2,803	32.4%
Out of State	123	2.3%	268	3.1%
TOTAL	**5,399**	**100.0%**	**8,639**	**100.0%**
Monroe (08831)	306	5.7%		
Somerset (08873)	252	4.7%	348	4.0%
Perth Amboy (08861)			333	3.9%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volumeincludes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

INCIDENCE RATE REPORT FOR 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: https://statecancerprofiles.cancer.gov

		Liver & Bile Duct	Oral Cavity & Pharynx
INCIDENCE RATE REPORT FOR MIDDLESEX COUNTY 2013-2017 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate- cases per 100,000	7.9	10.7
	Average Annual Count	76	100
	Recent Trend	rising	rising
	Recent 5-Year Trend in Incidence Rates	2.5	1.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate- cases per 100,000	7	12.1
	Average Annual Count	44	68
	Recent Trend	rising	rising
	Recent 5-Year Trend in Incidence Rates	2.6	2.4
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate- cases per 100,000	8.6	6.8
	Average Annual Count	8	6
	Recent Trend	stable	*
	Recent 5-Year Trend in Incidence Rates	0.4	*
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate- cases per 100,000	8.4	9
	Average Annual Count	14	16
	Recent Trend	stable	stable
	Recent 5-Year Trend in Incidence Rates	0.7	0.2
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate- cases per 100,000	10.2	7.2
	Average Annual Count	12	9
	Recent Trend	stable	stable
	Recent 5-Year Trend in Incidence Rates	1.1	-0.1
MALES	Age-Adjusted Incidence Rate- cases per 100,000	12.2	15.1
	Average Annual Count	54	66
	Recent Trend	rising	stable
	Recent 5-Year Trend in Incidence Rates	2.1	1.6
FEMALES	Age-Adjusted Incidence Rate- cases per 100,000	4.3	7
	Average Annual Count	22	34
	Recent Trend	rising	stable
	Recent 5-Year Trend in Incidence Rates	2.9	1.6

** 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).*

MORTALITY RATE REPORT: MIDDLESEX COUNTY 2014-2018					
Cancer Site	Met Healthy People Objective ?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trendin 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

*** No Healthy People 2020 Objective for this cancer.*

** 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).*

		Liver & Bile Duct
MORTALITY RATE REPORT FOR MIDDLESEX COUNTY 2014-2018 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5.1
	Average Annual Count	50
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.1
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5.1
	Average Annual Count	32
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.1
	Average Annual Count	3
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.8
	Average Annual Count	8
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
Hispanic (any race), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.1
	Average Annual Count	7
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	7.3
	Average Annual Count	32
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	3.3
	Average Annual Count	19
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1.1

**** No Healthy People 2020 Objective for this cancer.*

** 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).*

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
All Cancer Sites: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	485.9	51,689	falling	-0.8
US (SEER+NPCR)	448.7	1,673,102	falling	-1
Cape May County	564.6	881	stable	-0.2
Salem County	554.1	462	stable	0
Gloucester County	541.6	1,853	stable	-0.2
Burlington County	527.8	2,956	falling	-0.4
Camden County	524.6	3,123	falling	-0.4
Monmouth County	523.2	4,160	stable	0.4
Ocean County	521.2	4,511	falling	-0.6
Cumberland County	512	895	stable	0.1
Sussex County	510.3	932	falling	-0.8
Warren County	506.4	706	falling	-0.8
Mercer County	503.9	2,138	falling	-0.6
Atlantic County	495.8	1,699	falling	-0.8
Morris County	487.9	3,030	falling	-0.9
Hunterdon County	475.1	794	stable	-0.4
Bergen County	472.4	5,571	falling	-1
Somerset County	463.3	1,827	falling	-0.8
Essex County	462.1	3,930	falling	-0.7
Middlesex County	460.8	4,293	falling	-0.9
Union County	453.7	2,802	falling	-1.2
Passaic County	451.6	2,510	falling	-0.8
Hudson County	403.5	2,607	falling	-1.2
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	23.1	2,487	falling	-1.1
US (SEER+NPCR)	20	74,787	falling	-1.9
Cape May County	30.9	51	stable	-0.3
Warren County	27.2	39	stable	-0.4
Gloucester County	27.1	90	stable	0
Atlantic County	26.8	93	stable	-0.6
Salem County	26.5	23	stable	0.6
Burlington County	26.5	151	stable	-0.2
Sussex County	25.9	48	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate -cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County	25.9	43	stable	0.5
Monmouth County	25.5	206	stable	-0.3
Camden County	25	148	stable	-0.8
Cumberland County	25	43	stable	-0.7
Morris County	24.2	152	falling	-1.5
Ocean County	23.9	231	falling	-2.2
Middlesex County	22.8	211	falling	-1
Bergen County	22.6	277	falling	-1.6
Passaic County	22.2	124	stable	-1
Mercer County	20.7	88	falling	-1.4
Union County	20.4	127	falling	-2
Somerset County	20.1	79	stable	-1.2
Essex County	18.4	154	falling	-1.4
Hudson County	17.6	108	falling	-1.6
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	673	*	*
US (SEER+NPCR)	6.5	22,781	*	*
Salem County	9.6	7	*	*
Warren County	9.1	12	*	*
Hunterdon County	8.6	12	*	*
Sussex County	7.9	13	*	*
Gloucester County	7.8	25	*	*
Burlington County	7.7	39	*	*
Ocean County	7.7	54	*	*
Mercer County	7.3	29	*	*
Bergen County	7.2	77	*	*
Morris County	7.2	40	*	*
Atlantic County	6.9	22	*	*
Cumberland County	6.9	11	*	*
Camden County	6.9	38	*	*
Middlesex County	6.8	60	*	*
Monmouth County	6.8	50	*	*
Passaic County	6.7	35	*	*
Somerset County	6.5	23	*	*
Cape May County	5.8	7	*	*
Hudson County	5.7	38	*	*
Union County	5.6	33	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	5.5	46	*	*
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	136.6	7,668	rising	0.5
US (SEER+NPCR)	125.9	244,411	rising	0.3
Morris County	148.1	480	stable	0
Burlington County	147	433	rising	1.3
Hunterdon County	146.2	129	stable	0.2
Monmouth County	146.2	616	stable	0.1
Gloucester County	144.3	267	stable	0.3
Somerset County	144.2	306	stable	0.1
Mercer County	141.9	316	stable	0.2
Camden County	141	450	stable	0.6
Bergen County	140.8	865	stable	0.5
Essex County	137.4	641	rising	1.9
Union County	136.7	454	stable	0
Cape May County	135.7	106	stable	-0.1
Sussex County	135.6	129	stable	-0.2
Ocean County	132.9	586	stable	-0.2
Atlantic County	131.4	238	stable	0.2
Salem County	130.6	56	stable	0.1
Middlesex County	129.7	639	stable	-0.1
Warren County	125.9	92	stable	-0.7
Passaic County	124.4	367	rising	1.1
Cumberland County	118.9	108	stable	0.6
Hudson County	111.1	389	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.7	382	falling	-1.9
US (SEER+NPCR)	7.6	12,833	stable	0.3
Cumberland County	15.3	11	stable	-1.4
Cape May County	11.7	5	stable	0.8
Salem County	10.6	3	*	*
Hudson County	9.4	33	falling	-2.2
Union County	9.3	29	stable	-0.3
Atlantic County	9.2	14	stable	-1.1
Essex County	9.2	40	falling	-3
Passaic County	8.6	23	stable	-2.1
Ocean County	8.2	27	stable	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate -cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	8.1	23	falling	-2.7
Warren County	8	4	stable	-0.5
Somerset County	7.5	13	stable	4.7
Gloucester County	6.9	12	stable	-0.8
Middlesex County	6.9	32	stable	-1.5
Bergen County	6.8	36	stable	-0.9
Burlington County	6.4	16	stable	12.6
Morris County	6.3	18	stable	-1.1
Mercer County	6.2	12	falling	-3.9
Monmouth County	6.1	21	stable	-2.3
Sussex County	5.9	5	stable	-2.7
Hunterdon County	5.1	3	falling	-4
Colon & Rectum: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	40.8	4,342	falling	-1.6
US (SEER+NPCR)	38.4	142,225	falling	-1.4
Salem County	48.4	40	falling	-2.6
Cape May County	46.5	72	falling	-2.8
Cumberland County	46.3	80	falling	-2.5
Gloucester County	44.8	151	falling	-2.7
Burlington County	44.7	249	stable	-1
Ocean County	43.7	393	falling	-1.8
Camden County	43.7	256	falling	-2.9
Warren County	42.8	61	falling	-3
Sussex County	42.1	74	falling	-3.4
Essex County	42.1	354	stable	-0.1
Monmouth County	40.9	325	falling	-3.3
Atlantic County	40.4	138	falling	-3.6
Hudson County	40.3	259	falling	-2.9
Middlesex County	39.6	370	falling	-3
Passaic County	39.5	220	stable	-0.8
Union County	39.1	243	falling	-3.2
Bergen County	39	464	stable	1.1
Hunterdon County	37.7	62	falling	-2.6
Mercer County	37.3	158	falling	-3.3
Morris County	37.1	233	falling	-3.4
Somerset County	35.2	139	falling	-3.4

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	4.3	469	falling	-1.3
US (SEER+NPCR)	4.5	17,419	falling	-1.1
Warren County	7	10	stable	-0.1
Gloucester County	6.4	23	rising	2.2
Cape May County	6.4	10	stable	1.4
Sussex County	6.1	12	stable	-1.1
Ocean County	5.7	52	stable	-0.7
Cumberland County	5.1	9	stable	-0.3
Camden County	5	31	stable	-0.8
Hunterdon County	4.7	8	stable	-1.8
Salem County	4.7	4	stable	-3.4
Morris County	4.6	30	stable	-0.4
Passaic County	4.5	25	stable	-0.3
Burlington County	4.4	25	stable	-0.9
Atlantic County	4.3	15	falling	-2.1
Monmouth County	4.3	36	falling	-2
Mercer County	4.2	18	falling	-2.8
Essex County	3.7	32	falling	-3
Union County	3.7	23	stable	-1.9
Middlesex County	3.6	34	falling	-2
Bergen County	3.2	39	falling	-1.4
Hudson County	3.2	20	falling	-2.8
Somerset County	3.2	13	stable	-1.6
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	16.3	1,736	rising	0.8
US (SEER+NPCR)	16.8	62,705	rising	0.6
Cumberland County	21	36	stable	-10.5
Burlington County	19.6	110	stable	1.3
Camden County	19.6	116	rising	2
Gloucester County	18.6	65	stable	0.4
Ocean County	17.8	147	rising	1.5
Mercer County	17.7	76	rising	2
Salem County	17.7	15	stable	0.2
Atlantic County	17.4	60	stable	0.2
Cape May County	17.3	26	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	16.7	133	rising	0.9
Warren County	16.5	22	stable	0.8
Bergen County	16.4	194	stable	0.5
Passaic County	15.8	88	stable	0.9
Morris County	15.7	98	stable	0.7
Middlesex County	15.7	146	stable	0
Sussex County	15.4	31	stable	-0.4
Union County	15	93	stable	0.2
Somerset County	14.6	58	stable	-0.1
Hunterdon County	13.8	23	stable	-0.7
Essex County	13.4	115	stable	0.6
Hudson County	12.8	84	stable	0.5
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	15.7	1,610	rising	0.8
US (SEER+NPCR)	14.2	51,227	falling	-2.1
Sussex County	19.4	32	rising	2.9
Monmouth County	17.4	134	rising	1.5
Gloucester County	17.4	58	stable	1.2
Ocean County	16.9	145	stable	0.6
Morris County	16.8	101	rising	1.2
Mercer County	16.6	68	rising	1.8
Cape May County	16.5	23	stable	-1.2
Burlington County	16.3	88	stable	0.9
Cumberland County	16.1	28	rising	1.7
Warren County	16	21	stable	0.4
Union County	15.7	93	stable	1
Bergen County	15.6	182	stable	1.3
Passaic County	15.6	83	stable	1
Somerset County	15.4	57	stable	-0.5
Middlesex County	15.4	139	stable	0.3
Camden County	15.3	88	stable	0.4
Hunterdon County	14.7	23	stable	-0.8
Essex County	14.2	117	stable	0.5
Atlantic County	13.7	45	stable	-0.2
Salem County	13.7	10	stable	-1.1
Hudson County	11.5	72	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.8	869	rising	2.1
US (SEER+NPCR)	8.4	33,355	stable	0.4
Cumberland County	10.5	19	rising	4.8
Cape May County	9.9	17	stable	4
Camden County	9.4	60	rising	2.4
Atlantic County	9.1	32	stable	2.1
Hudson County	8.7	57	rising	2.6
Gloucester County	8.6	30	rising	2.1
Mercer County	8.4	37	stable	1.8
Ocean County	8.3	75	rising	3.2
Salem County	8.3	7	stable	-15.4
Passaic County	8.2	47	stable	1.1
Essex County	7.9	71	stable	0.8
Middlesex County	7.9	76	rising	2.5
Burlington County	7.7	45	rising	2.4
Monmouth County	7.6	64	rising	2.4
Bergen County	7.1	89	stable	1.1
Warren County	6.7	10	stable	1.9
Sussex County	6.7	13	stable	1.5
Morris County	6.6	43	rising	2.2
Union County	6.3	40	rising	1.8
Somerset County	6	25	stable	1.6
Hunterdon County	5.4	10	rising	3
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	55.3	5,950	falling	-1.6
US (SEER+NPCR)	58.3	221,568	falling	-2
Salem County	85.4	73	rising	2.5
Cape May County	76.3	130	stable	-0.8
Gloucester County	74.6	252	falling	-1.2
Ocean County	70.8	672	falling	-1.1
Cumberland County	69.2	123	falling	-0.8
Camden County	67.2	404	falling	-1.4
Atlantic County	64.7	226	falling	-1.9
Warren County	63.8	91	stable	-1
Sussex County	62.5	114	falling	-1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Burlington County	61.8	350	falling	-1
Monmouth County	59.7	482	falling	-1.5
Mercer County	56.7	242	falling	-1.5
Middlesex County	49.7	459	falling	-2.1
Bergen County	49.4	598	falling	-1.7
Hunterdon County	48.6	81	stable	-1.2
Morris County	47.7	300	falling	-2
Essex County	46.9	393	falling	-2.4
Passaic County	44.8	250	falling	-5.8
Somerset County	44	173	falling	-1.8
Hudson County	43.7	273	falling	-2.5
Union County	43.1	262	falling	-2.2
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22.2	2,335	stable	0.5
US (SEER+NPCR)	22.3	81,226	rising	1.8
Cape May County	51.3	77	rising	3.3
Hunterdon County	39.8	65	stable	1.9
Ocean County	34	283	stable	0.2
Salem County	32.4	26	stable	-16.8
Monmouth County	32.1	249	rising	1.6
Sussex County	31.9	56	rising	3.1
Gloucester County	27.2	91	stable	0.7
Atlantic County	27.1	92	rising	1.6
Morris County	26.7	164	stable	0.2
Burlington County	26.4	146	stable	0.5
Warren County	25.7	34	stable	0.1
Somerset County	24.4	97	stable	0.2
Camden County	21.7	128	stable	0.3
Mercer County	21.1	88	stable	0.4
Middlesex County	18.1	167	stable	1
Bergen County	18	212	falling	-1.3
Cumberland County	16.4	28	stable	1.3
Union County	15.7	97	stable	0.2
Passaic County	14.3	77	stable	0.2
Essex County	12.2	103	stable	-0.1
Hudson County	8.2	53	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	21.8	2,272	stable	0
US (SEER+NPCR)	19.3	70,661	falling	-1.5
Warren County	24.9	34	stable	-0.2
Monmouth County	24.3	188	stable	0
Morris County	23.7	145	stable	-0.3
Somerset County	23.7	92	stable	0.3
Sussex County	23.5	41	stable	-0.5
Atlantic County	23.2	78	stable	0
Bergen County	23.1	268	stable	0.1
Mercer County	22.6	94	stable	0
Ocean County	22.5	196	stable	0.4
Gloucester County	22.1	73	rising	0.9
Middlesex County	22.1	202	stable	-0.1
Cumberland County	22	37	stable	-0.1
Union County	21.1	129	stable	-6.5
Burlington County	21.1	117	stable	-0.5
Salem County	20.8	17	stable	-0.5
Hunterdon County	20.6	35	stable	-0.3
Camden County	20.6	122	stable	-0.4
Passaic County	20.4	109	stable	0.4
Essex County	18.4	153	stable	-0.7
Cape May County	18.3	29	stable	-0.3
Hudson County	17.1	110	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.1	1,204	rising	0.8
US (SEER+NPCR)	11.8	45,129	stable	0
Salem County	16.1	14	stable	1.2
Cape May County	14.6	23	stable	0.2
Atlantic County	14.4	51	rising	1.5
Cumberland County	14	25	rising	2.3
Monmouth County	12.9	105	rising	1
Ocean County	12.8	108	rising	1.7
Sussex County	12.7	25	stable	1.7
Camden County	12.2	75	stable	1.2
Warren County	11.7	17	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Gloucester County	11.5	41	stable	0.8
Hunterdon County	11.4	21	stable	1.9
Morris County	11.4	74	rising	1.7
Burlington County	11.2	65	stable	1.3
Middlesex County	10.7	100	rising	1.6
Essex County	10.7	92	rising	8.2
Somerset County	10.5	43	stable	0.4
Passaic County	10.1	57	stable	-0.2
Bergen County	9.5	115	stable	-0.1
Mercer County	9.4	42	falling	-1.2
Union County	9	57	stable	-0.1
Hudson County	8.3	55	stable	-1.3
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.8	679	falling	-2.1
US (SEER+NPCR)	10.9	21,338	falling	-3.1
Cape May County	17.1	13	stable	0.2
Somerset County	13.6	29	falling	-2.1
Camden County	13.4	42	falling	-1.6
Mercer County	13.2	30	stable	-0.9
Burlington County	12.8	39	stable	-0.9
Warren County	12.5	9	stable	0.2
Atlantic County	12.3	22	falling	-2.7
Gloucester County	12.3	23	falling	-2.9
Ocean County	12	55	stable	-1.1
Hunterdon County	11.9	11	falling	-2.7
Middlesex County	11.8	59	falling	-2.1
Hudson County	11.7	41	stable	-1.1
Morris County	11.4	38	falling	-2.5
Bergen County	11.3	72	falling	-3.9
Essex County	11.3	54	falling	-1.8
Passaic County	11.2	34	falling	-2.7
Monmouth County	11	48	falling	-2.2
Union County	10.6	36	falling	-2.4
Cumberland County	10.4	9	stable	15.6
Sussex County	10.2	10	falling	-3.3
Salem County	9.3	4	stable	-2.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
New Jersey	14.4	1,556	rising	1.1
US (SEER+NPCR)	12.9	48,832	rising	0.8
Warren County	17	24	stable	1.8
Mercer County	16.1	69	rising	2.3
Salem County	15.9	14	stable	1.5
Burlington County	15.9	91	rising	2
Ocean County	15.7	148	rising	1.5
Hunterdon County	15.4	27	rising	2.2
Camden County	15.1	91	rising	1.1
Gloucester County	14.7	50	stable	0.8
Cape May County	14.7	25	stable	0.4
Monmouth County	14.5	121	rising	1.3
Essex County	14.2	120	stable	0.7
Atlantic County	14.2	50	stable	1.3
Bergen County	14.1	171	stable	0.3
Morris County	14	90	rising	1.3
Hudson County	14	87	rising	2.1
Passaic County	13.5	76	stable	0
Sussex County	13.5	25	stable	2.3
Cumberland County	13.4	24	stable	0.6
Union County	13.4	82	stable	0.5
Middlesex County	12.9	121	stable	0.8
Somerset County	12.8	51	stable	1.1
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	131.3	6,723	falling	-2.9
US (SEER+NPCR)	104.5	192,918	stable	-0.4
Essex County	153.1	593	falling	-3.2
Cape May County	152.9	122	falling	-1.9
Mercer County	148.1	300	falling	-2.3
Burlington County	147.9	407	falling	-3.1
Camden County	142.3	405	falling	-1.8
Gloucester County	140.7	236	falling	-1.8
Monmouth County	139.3	549	falling	-2.2
Salem County	139.3	58	stable	-1.7
Passaic County	136.2	359	falling	-2.5
Union County	134.6	390	falling	-3.7
Cumberland County	129.8	109	stable	-0.6

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County	128.6	729	falling	-3.3
Morris County	127.6	392	falling	-3.3
Middlesex County	124.1	555	stable	1.2
Somerset County	122	232	falling	-2.9
Warren County	120	85	falling	-3.5
Sussex County	119.2	117	falling	-4.3
Atlantic County	117.7	203	falling	-2.5
Hudson County	112.7	319	falling	-3.9
Ocean County	112.1	466	falling	-3.6
Hunterdon County	108	94	rising	9.1
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.9	847	falling	-1.1
US (SEER+NPCR)	6.5	24,190	falling	-1.1
Passaic County	10.4	58	stable	-0.2
Union County	9.7	59	stable	-0.8
Hudson County	9.5	60	falling	-1.7
Essex County	9	76	falling	-2
Cumberland County	8.8	15	stable	-2
Camden County	8.7	51	stable	0.3
Bergen County	8.6	104	stable	-0.9
Mercer County	8.1	34	stable	-0.5
Atlantic County	7.7	26	stable	-1
Middlesex County	7.5	70	falling	-2.5
Sussex County	7.5	14	stable	0.3
Burlington County	7	40	stable	-0.4
Ocean County	7	62	stable	-0.7
Somerset County	7	28	falling	-1.8
Gloucester County	6.7	23	stable	-0.9
Monmouth County	6.7	56	falling	-1.5
Morris County	6.4	41	falling	-1.7
Salem County	5.9	5	stable	0
Hunterdon County	5.7	9	stable	-0.1
Warren County	5.6	8	stable	0.7
Cape May County	5.1	8	stable	-1.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	19.3	1,840	stable	-0.3
US (SEER+NPCR)	14.3	48,211	falling	-2.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	26.8	182	stable	1.4
Gloucester County	24.4	76	rising	4
Mercer County	24.1	96	rising	4
Ocean County	24	147	rising	5.4
Camden County	22	118	rising	2.7
Burlington County	20.8	102	rising	2.4
Bergen County	20.3	207	stable	0.3
Salem County	20.2	13	rising	4
Somerset County	19.8	71	falling	-12.1
Middlesex County	19.2	169	stable	-0.9
Morris County	19.1	102	stable	-3.9
Sussex County	18	29	rising	3.9
Warren County	17	20	stable	1.6
Atlantic County	16.9	48	stable	0.9
Passaic County	16.2	85	stable	-7.6
Cape May County	16	17	rising	2.4
Union County	15.8	92	falling	-8.9
Hudson County	15.1	107	stable	-0.1
Cumberland County	14.6	24	stable	0.5
Hunterdon County	14.4	20	rising	3.6
Essex County	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,913	rising	0.8
US (SEER+NPCR)	27	55,004	rising	1.2
Warren County	39.3	30	stable	1.2
Cumberland County	39.1	37	rising	1.9
Cape May County	38.2	32	rising	3.1
Sussex County	36.3	38	stable	0.9
Camden County	35.3	119	rising	2.1
Mercer County	34.3	82	rising	1.6
Hunterdon County	34.3	31	stable	-1
Gloucester County	33.7	66	stable	1.2
Salem County	33.7	16	stable	1.1
Essex County	33.5	165	rising	1.7
Morris County	32.8	115	stable	0.3
Atlantic County	32.4	61	stable	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Somerset County	32.4	73	stable	0.4
Burlington County	32.2	101	stable	1
Middlesex County	32	168	stable	0.5
Ocean County	31.5	150	stable	0.2
Monmouth County	30.8	140	stable	-0.2
Bergen County	29.9	198	stable	-0.1
Union County	29.3	102	stable	1
Passaic County	28.8	90	stable	0.3
Hudson County	26.8	98	stable	0.6

RWJUH - TUMOR REGISTRY SUMMARY

In 2019, RWJUH's tumor registry data showed that 10.9% and 13.9% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Respiratory Systems (440.3%) followed by Lymphoma (31.2%) and Oral Cavity, Pharynx (29.8%)

Compared to 2018, there was an increase of 193 cases (+3.8%) in 2019. The three biggest increases in overall cases occurred in Female Genital Organs (69, +19.1%), followed by Respiratory Systems (66, +19.1%) and Oral Cavity, Pharynx (53, +80.3%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	Cases (both analytic and non-analytic)		2018			2019			2018 - 2019			
MainSite/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
ORAL CAVITY, PHARYNX	66	119	18.2%	39.4%	57.6%	15.5%	29.8%	45.2%	53	(2.7)	(9.6)	(12.3)
---Tongue	15	42	11.1%	33.3%	44.4%	14.8%	37.0%	W2	27	3.7	3.7	0.0%
---Salivary Gland	13	14	0.0%	60.0%	60.0%	0.0%	45.5%	45.5%	1	0.0	(14.5)	(14.5)
---Gum, Other Mouth		16	0.0%	83.3%	83.3%	36.4%	9.1%	45.5%	6	36.4	(74.2)	(37.9)
---Tonsil		22	60.0%	0.0%	60.0%	5.6%	27.8%	33.3%	14	(54.4)	27.8	(26.7)
DIGESTIVE SYSTEM	864	888	21.6%	23.5%	45.2%	16.9%	22.6%	39.5%	24	(4.7)	(0.9)	(5.7)
---Esophagus	51	45	36.7%	26.7%	63.3%	8.7%	13.0%	21.7%	(6)	(28.0)	(13.6)	(41.6)
---Stomach	86	94	11.8%	29.4%	41.2%	18.9%	34.0%	52.8%	8	7.1	4.6	11.7
---Small Intestine	25	28	28.6%	21.4%	50.0%	5.9%	11.8%	17.6%	3	(22.7)	(9.7)	(32.4)
---Colon, Rectum, Anus	372	396	26.7%	21.5%	48.2%	20.3%	22.2%	42.5%	24	(6.4)	0.7	(5.7)
---Liver, Gallbladder, Intrahep Bile Duct	140	144	19.3%	18.1%	37.3%	16.5%	14.1%	30.6%	4	(2.8)	(4.0)	(6.8)
---Pancreas	173	164	14.4%	31.1%	45.6%	13.0%	29.0%	42.0%	(9)	(1.4)	(2.1)	(3.6)
---Other Digestive Organs	11	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0	0.0	0.0
RESPIRATORY SYSTEM	346	412	13.5%	39.2%	52.7%	12.4%	40.3%	52.7%	66	(1.1)	1.1	0.0
---Larynx	16	27	20.0%	50.0%	70.0%	11.8%	52.9%	64.7%	11	(8.2)	2.9	(5.3)
---Lung and Bronchus	321	373	13.5%	39.4%	52.9%	12.8%	40.0%	52.8%	52	(0.7)	0.6	(0.1)
BONES, JOINTS		15	0.0%	20.0%	20.0%	0.0%	16.7%	16.7%	9	0.0	(3.3)	(3.3)
SOFT TISSUE INCLUDING HEART	53	52	5.9%	11.8%	17.6%	22.6%	6.5%	29.0%	(1)	16.7	(5.3)	11.4
SKIN	487	500	8.7%	2.4%	11.1%	5.8%	1.0%	6.8%	13	(2.9)	(1.4)	(4.3)
---Skin: Melanoma	460	482	8.3%	2.2%	10.5%	6.0%	1.0%	7.0%	22	(2.2)	(1.2)	(3.4)
---Skin: Other Non-Epithelial	26	18	18.8%	6.3%	25.0%	0.0%	0.0%	0.0%	(8)	(18.8)	(6.3)	(25.0)
BREAST	575	555	7.7%	6.1%	13.8%	6.8%	6.2%	13.0%	(20)	(0.9)	0.2	(0.8)
---Female Breast	566	547	7.8%	6.1%	14.0%	6.6%	6.0%	12.6%	(19)	(1.2)	(0.1)	(1.4)
FEMALE GENITAL SYSTEM	361	430	12.7%	14.7%	27.4%	16.4%	16.1%	32.6%	69	3.7	1.4	5.2
---Cervix Uteri	58	66	22.7%	11.4%	34.1%	19.6%	23.9%	43.5%	8	(3.2)	12.5	9.4
---Corpus, Uterus: NOS	183	226	7.6%	10.7%	18.3%	11.2%	14.1%	25.3%	43	3.5	3.4	7.0
---Ovary	60	75	16.2%	43.2%	59.5%	34.0%	21.3%	55.3%	15	17.8	(22.0)	(4.1)
---Vagina	15	12	22.2%	0.0%	22.2%	60.0%	0.0%	60.0%	(3)	37.8	0.0	37.8
---Vulva	26	35	0.0%	14.3%	14.3%	9.5%	19.0%	28.6%	9	9.5	4.8	14.3
---Other Female Genital Organs	19	16	23.5%	0.0%	23.5%	6.7%	0.0%	6.7%	(3)	(16.9)	0.0	(16.9)
MALE GENITAL SYSTEM	613	544	17.9%	15.4%	33.3%	18.7%	13.8%	32.5%	(69)	0.8	(1.7)	(0.9)
---Prostate	571	509	18.2%	16.5%	34.7%	18.1%	14.6%	32.7%	(62)	(0.0)	(1.9)	(1.9)
---Testis	31	30	6.7%	0.0%	6.7%	27.3%	0.0%	27.3%	(1)	20.6	0.0	20.6

	Cases (both analytic and non-analytic)		2018			2019			2018 - 2019			
MainSite/ SubSite	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage3	% Stage4	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
URINARY SYSTEM	384	387	14.3%	9.5%	23.8%	14.9%	6.5%	21.4%	3	0.6	(3.1)	(2.4)
---Urinary Bladder	182	171	6.9%	8.0%	14.9%	9.8%	3.3%	13.0%	(11)	2.9	(4.8)	(1.9)
---Kidney	166	177	19.1%	9.6%	28.7%	19.7%	7.6%	27.3%	11	0.6	(2.0)	(1.4)
---Renal Pelvis	14	15	15.4%	15.4%	30.8%	10.0%	10.0%	20.0%	1	(5.4)	(5.4)	(10.8)
---Ureter	13	12	20.0%	10.0%	30.0%	16.7%	33.3%	50.0%	(1)	(3.3)	23.3	20.0
BRAIN, OTHER NERVOUS SYSTEM	176	158	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(18)	0.0	0.0	0.0
---Brain: Malignant	92	71	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(21)	0.0	0.0	0.0
---Brain-CNS: Benign, Borderline	81	80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(1)	0.0	0.0	0.0
ENDOCRINE SYSTEM	218	226	3.0%	1.8%	4.8%	2.2%	1.7%	3.9%	8	(0.7)	(0.1)	(0.9)
---Thyroid	181	171	2.8%	2.1%	4.9%	3.0%	2.2%	5.2%	(10)	0.2	0.1	0.3
---Endocrine: Benign, Borderline	29	43	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14	0.0	0.0	0.0
LYMPHOMA	325	366	9.9%	34.5%	44.4%	10.4%	31.2%	41.6%	41	0.5	(3.3)	(2.7)
---Hodgkin Lymphoma	42	51	15.4%	30.8%	46.2%	14.3%	28.6%	42.9%	9	(1.1)	(2.2)	(3.3)
---Non-Hodgkin Lymphoma	283	315	9.3%	34.9%	44.2%	9.9%	31.6%	41.4%	32	0.6	(3.3)	(2.7)
MYELOMA	135	153	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18	0.0	0.0	0.0
LEUKEMIA	255	256	0.0%	4.3%	4.3%	0.7%	8.9%	9.6%	1	0.7	4.6	5.3
---Lymphocytic Leukemia	112	115	0.0%	11.5%	11.5%	1.7%	20.7%	22.4%	3	1.7	9.2	10.9
---Non-Lymphocytic Leukemia	128	125	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(3)	0.0	0.0	0.0
---Other Leukemia	15	16	0.0%	0.0%	0.0%	0.0%	20.0%	20.0%	1	0.0	20.0	20.0
MESOTHELIOMA	33	19	0.0%	18.8%	18.8%	0.0%	25.0%	25.0%	(14)	0.0	6.3	6.3
MISCELLANEOUS	155	170	0.0%	3.2%	3.2%	1.7%	3.4%	5.2%	15	1.7	0.3	2.0
TOTALS	5,062	5,255	11.4%	13.9%	25.3%	10.9%	13.9%	24.8%	193	(0.5)	0.0	(0.5)

Appendix J- Outcomes and Results Report of the Previous Plan

2019 – 2022 CHNA Activities Update Report

During the reporting period for this Community Health Needs Assessment, January 2019 to June 2022, a total of $145,882.58 has been allocated from Saint Peters University Hospital and $145, 882.58 from Robert Wood Johnson University Hospital for a total of $291,765.16 in support of 1.5 Staffing FTE (CHIP Coordinator and CHIP Administrative Assistant), as well as office and programming expenses. Additional expenditures of $60,000 are planned for July 1, 2022 through December 2022. These human and financial resources were utilized to address needs identified in the CHNA and outlined in the Community Health Improvement Plan (CHIP). The specific activities are detailed below.

The SPUH and RWJUH supported staff (CHIP Coordinator and CHIP Administrative Assistant) coordinate monthly meetings of the Healthier Middlesex lead partners (SPUH and RWJUH) and bi-monthly meetings of the Healthier Middlesex Consortium members (SPUH, RWJUH and community partners) to discuss CHIP related activities, provide updates and coordinate efforts to maximize resources. Additional workgroup meetings are held ass needed for planning and implementation of specific objectives. During the 2019-2022 reporting period, a total of 56 Healthier Middlesex and subject specific workgroup meetings have been held. The SPUH and RWJUH supported staff also attends meetings on behalf of Heathier Middlesex in support of the CHIP objectives: Mayor's Health and Wellness Committee Member, Woodbridge Township; Sustainable Jersey Team, Woodbridge Township; Middlesex County Human Services Advisory Council (HSAC); the HSAC Planning Committee; Wellspring Center for Prevention's Coalition for Health Communities; Middlesex County Human Services Public Transportation Planning Advisory Committee; Healthier Perth Amboy; Healthier Somerset; Alliance for a Healthier New Brunswick; RWJ Hospital Violence Intervention Program - Wave Consortium; NJHI COVID-19 Vaccine Learning Collaborative; and the Middlesex and Union Counties Regional Chronic Disease Coalition.

Resources were also used to maintain a website and social media engagement to promote the activities of the Healthier Middlesex partners in achievement of the goals. Program flyers and information from Healthier Middlesex partners are shared through email distribution to all Healthier Middlesex partners to share with their respective networks; posted on Healthier Middlesex social media (Facebook, Instagram, and Twitter); and posted in the events section of the Healthier Middlesex website.

Since the incorporation of social media three years ago, Healthier Middlesex has seen a significant increase in social media engagement with a gain of 541 additional Facebook followers,191 additional followers on Twitter, and 675 followers on Instagram.

PRIORITY AREA I: ACCESS TO CARE

Goal I: Utilizing A Technology Platform, Increase Accessibility of Transport Services Through Coordination of Existing Services.

- *Objective: Develop a comprehensive electronic database of available transportation services by 2021.*
    - Staff from **SPUH** sits on the Middlesex County Coordinated Public Transit Human Services Transportation Planning team. This team has been instrumental in providing guidance on the socioeconomical needs of the community, to assist Middlesex County as they prepare to update and modernize transportation services for county residents.

- A **RWJUH** staff member serves on the board of Keep Middlesex Moving, the non-profit transportation management association, for Middlesex County that is affiliated with the Middlesex County Improvement Authority. KMM partners with commuters, employers, local, county, and state government to coordinate transit, reduce traffic congestion, and improve air quality.
- To ensure that access to transportation resources are widely available to the community, front line/outreach staff were trained by Jennifer Apostol of Middlesex County's REPLENISH, and the Healthier Middlesex Coordinator on the use of the electronic database that identifies food security locations and WIC/SNAP retailers in the County.

Goal II: Increase Access to Behavioral Health Care and Behavioral Health Education for Adults and Children.

- *Objective 1: Train 70 people in Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA).*
    - Since October of 2020, the CHIP Coordinator (SPUH and RWJUH supported staff) has coordinated virtual training for Mental Health First Aid and Youth Mental Health First Aid for 95 community residents and partners. Additional trainings are being held in October of 2022. In 2021, Rutgers Robert Wood Johnson Medical School personnel and Healthier Middlesex staff trained an additional 25 public school administrators on how to use the guide.

- *Objective 2: Develop a hospital-based program to identify, refer and service victims of violence and build a Crime Victim Survivors Consortium of community-based organizations to provide education, resources and referrals for victims and survivors of violent crimes and their families.*
    - The Hospital Violence Intervention Program (HVIP) was launched at **RWJUH** in March 2021. During 2021, 51 crime victim patients and 3 family members received services (total 54 served) and 46 new crime victim patients were added to the existing caseload as of the first quarter of 2022. To date, 46% of patients introduced to the program have enrolled; 49% of enrolled HVIP clients receive mental health services and case management. In addition, 100% of enrolled clients received assistance with a Violent Crime Compensation Office award application and every eligible, enrolled patient received assistance applying for Charity Care to cover unpaid medical bills. The program support staff also link clients to basic needs (such as housing, public benefits, counseling, and legal services) with over 400 referrals made for patients/clients and family members. The HVIP W.A.V.E. (Working together Against Violence to Empower) Consortium was established (28+ external community partners and government agencies) to collectively provide education, resources and referrals for victims and survivors of violent crimes and their families.

- *Objective 3: Increase providers and community members knowledge on Adverse Childhood Experiences (ACEs).*
    - Healthier Middlesex (both **RWJUH** and **SPUH**) partnered with the Mobile Family Success Centers to provide 24 trainings for a total of 539 people to increase knowledge on Adverse Childhood Experiences (ACEs) in 15 municipalities throughout Middlesex County.

- *Objective 4: Advocate for the need, and garner support for the development of a Youth Detox Center in Middlesex County.*
    - Development of detox center for youth was explored with subject matter professionals within Middlesex County; high level challenges were discussed (including funds, location, local stigma, staffing and other regulatory challenges for a youth specific detox center). An awareness campaign for underutilized youth outpatient treatment services was suggested as an alternative.
- *Objective 5: Update, expand and increase utilization of the Behavioral Health Referral and Resource Guide (BHRRG).*
    - The Behavioral Health Referral and Resource Guide was updated and posted online and promoted. Community providers were train to utilize the BHRRG. Seven additional subject specific mini-guides were developed. All materials are now translated into Spanish.
- *Objective 6: Encourage schools, camps, after school programs and faith-based organizations to offer programs designed to provide children and families with the tools and resources they need to navigate the challenges they face on daily basis.*
    - Healthier Middlesex partnered with Wellspring Center for Prevention on their Footprints to Life program. This research-based primary prevention program builds assets and teaches important life skills to students in grades two and three. In 2021, Wellspring Center for Prevention delivered Footprints for Life to 31 schools and reached 3, 124 students.
    - During the height of pandemic in 2021, the **Saint Peter's** Opioid Task Force hosted 8 Virtual Education Lectures for Families on Adolescent Health issues with over 120 participants. Topics included: Adolescents and ways to Safely Socialize, Adolescent and Family Coping Skills during the Pandemic, Adolescent Brain Development and Addiction, Vaping and the Adolescent, Recovery Coaches, Successful Recovery from Addiction, Adverse Childhood Experiences and Self Care Strategies, The HPV Vaccine's Role in Cancer Prevention for your Adolescent

Goal III: To Create Healthy Communities Throughout Middlesex County by Mobilizing Librarians to Disseminate Health Information, Empowering Individuals to Achieve and Maintain a Healthy Quality of Life.

- *Objective 1: Increase the number of librarians in the Greater Middlesex Region trained in consumer health information sciences (CHIS) by the National Networks of Libraries of Medicine (NNLM) by 10%.*
- *Objective 2: increase the number of libraries in the Greater Middlesex Region that offer health information as part of the HILOW initiative by 10%.*
- *Objective 3: Deploy librarians to community sites to disseminate health information and promote health literacy.*
    - **RWJUH** staff was instrumental in working with the East Brunswick Public Library (EBPL) to secure and manage a grant of $100,000 to achieve the goal of mobilizing librarians to disseminate health information and empowering individuals to achieve and maintain a healthy quality of life.

- Both **SPUH** and **RWJUH** partnered with the East Brunswick Public Library to implement the grant activities and achieve the following: **10 librarians** received CHIS training; over **9,000 people** received heath information; **627 people** participated in virtual educational programs and **3,200** additional views of the YouTube posts for those programs; and **937** individual requests to the librarians for health information.
- Publicity about EBPL's health literacy program and articles about EBPL that appeared in American Libraries and Library Journal may have inspired some libraries outside the Middlesex library system to train librarians and implement health literacy initiatives into their operations. As of December 2021, **22 libraries** have become members of the Network of the National Library of Medicine (NNLM) which provides Consumer Health Information Specialization (CHIS) training for librarians. This includes Jersey City Free Public Library (CHIS – 1 Librarian); Scotch Plains (CHIS – 1 Librarian); Berkeley College Library, Newark (CHIS – 1 Librarian); Gloucester County Library (2); Jersey College - Teterboro Campus; Ocean County Library; Paterson Free Public Library; Princeton Public Library (2); Scotch Plain Public Library (2); Somerset County Library System of NJ; South County Regional Branch: Camden County Library; and Trenton Free Public Library (2). The program has expanded statewide.
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PRIORITY AREA II: PREVENTATIVE CARE AND VACCINE USE

Goal IV: Increase Utilization of Community Resource for Prevention and Management of Chronic Diseases.

- *Objective 1: Increase the number of chronic disease self-management peer leaders by training 10 new peer educators each year.*
  - Both **SPUH** and **RWJUH** partnered with the Middlesex County Office of Health Services (MCOHS) and the Rutgers Cooperative Extension to recruit and train **12** Peer Chronic Disease Management Leaders, **8** of the Peer Leaders continue to offer Chronic Disease Self-Management workshops in the community. An addition **71 people** have participated in the Diabetes Self-Management programs.
- *Objective 2: Increase participation in community health screenings related to chronic disease by 5% over the next 3 years.*
  - Due to COVID-19 social distancing restrictions and the reallocation of clinical staff from health screening events to COVID response, the number of chronic disease screenings conducted in the community decreased. Hospital based screenings were also low in 2020 but increased in 2021 and 2022 with 2479 screening mammograms and 299 Pap screenings were performed at **RWJUH**. This includes patients seen as part of the Cancer Education and Early Detection (CEED) program. During this reporting time period, there were several flu clinics held with 1880 children and 200 adults receiving the flu vaccine. Saint Peter's Community Health Services (**SPUH** CHS) continued to provide Cardiovascular (Blood Pressure, Cholesterol), Blood Sugar (A1C) and additional chronic disease screenings to the community during throughout the pandemic in addition to COVID Testing, Vaccines and Flu Vaccines.

- In 2020 **SPUH** CHS was able to provide 1,391 chronic disease screenings with an additional 4,579 Flu Shots. In 2021 due to limited access and social distancing restrictions, only 600 chronic disease screenings were conducted with an additional 4 4,600 flu shots. To date in 2022 (10/17/22), **SPUH** CHS has conducted 819 chronic disease screenings, 2,271 flu shots and is anticipating an additional 2,500 Flu shots.

Goal V: Improve Education About and Increase Access to Vaccine Use and Disease Prevention.

- *Objective 1: Increase awareness and education of Communicable and Vector born disease prevention and responses to preventable disease outbreaks.*
    - The Middlesex County Office of Health Services has materials on vector borne disease prevention available for consortium partners and have conducted trainings on various vector borne diseases during this reporting period.

- *Objective 2: Reduce the incidence of incidence of vaccine preventable diseases by increased used of vaccines for Flu (5%), Pneumonia (5%), maintaining childhood vaccination rates, decrease Hep A cases by 20 % by 2021, reduce STI rate by 5% by 2022.*
    - Due to the COVID-19 pandemic, clinical and support staff at both SPUH and RWJUH were re-directed from vaccine preventable disease outreach and screening to focus on COVID-19 response. **SPUH** and **RWJUH** partnered with the MCOHS and other community partners to distribute Coronavirus Care Kits (cloth and surgical masks, hand sanitizer, soap and bilingual educational information on COVID-19 prevention and local community resources). A total of 16,000 Coronavirus Care Kits (including 47,500 masks) were distributed to 111 different sites.
    - The Family Planning Clinic at **RWJUH** opened in 2022 to increase access to reproductive health services and decrease sexually transmitted infection rates; 418 patients were seen between 1/31/2022 and 7/31/2022.
    - **SPUH** Community Health Services was able to administer 8,730 Flu shots between 2020-2022 to Middlesex County residents.

Goal VI: Improve the Health and Wellbeing of Women, Infants and Children.

- *Objective 1: Decrease the rate of maternal morbidity and mortality, and build awareness of the importance of pre-conceptual, pre-natal, and post-partum care.*
    - Community Baby Showers were held in September 2021 and October 2022 in partnership with the Mobile Family Success Center (MFSC) and the Central Jersey Family Health Consortium (CJFHC). Overall, 70 families participated in the events with most participants coming from New Brunswick and Perth Amboy. The **SPUH** and **RWJUH** supported staff played a key role in coordination, recruitment and the provision of supplies for the Community Baby Showers.

PRIORITY AREA III: PHYSICAL ACTIVITY AND NUTRITION

Goal VII: Ensure the Public Has Access to Nutritious and Affordable Food Opportunities to Participate in Physical Activity.

- *Objective 1: Increase access to residents of free or low-cost options for healthy food.*
    - The **SPUH** and **RWJUH** supported staff worked with our community partner, REPLENISH (the Middlesex County food bank) and the MCOHS to develop the Middlesex County Healthy Foods Map. This interactive web-based map is used by providers and the public to show all food pantries, farmers markets, low-cost retain food suppliers, and SNAP/WIC retailers in Middlesex County overlaid with the NJ Transit options available.
    - During this time period, RWJUH provided 30,000 pounds of food to families in the greater New Brunswick area experiencing food insecurity.

- *Objective 2: Incorporate physical activity and wellness initiatives into existing programs through partner organizations and expand the utilization of Healthy Kids Camp, Walk with a Doc, and ParksRx*
    - In 2020, due to COVID-19 pandemic, there was limited opportunity and access to provide safe, socially distant physical activity opportunities. **Healthier Middlesex** Coordinator continued to share virtual opportunities for community members to stay physically active and remain engaged in healthy eating habits. These included virtual cooking demonstrations, Walk Your Neighborhood social media picture challenge, and virtual Healthy Kids Camp programming.
    - We continue to partner with MCOHS for the Walk with a Doc (WWD) events throughout the County. In 2021, there were **7 WWD** events with a total of 130 participants. The Rutgers Cooperative Extension has seen an increase in businesses interested in virtual worksite wellness materials. They now have 6 worksites who receive weekly health information on worksite wellness. Healthy Kids Camp this year saw a much-needed boost from 2020. Close to 1,200 children around Middlesex County receive health information and education from the Healthy Kids Camp partners. Partnering with RWJ Injury Prevention and Monroe Senior Centers, 7 seniors were graduated from the Matter of Balance, Fall Prevention Program.
    - In 2022, **Healthier Middlesex** partnered with Keep Middlesex Moving and the Mobile Family Success Center to hold 6 Bike Safety Rodeos throughout the County. This included, New Brunswick, North Brunswick, Sayreville, East Brunswick, Piscataway and Edison with over 500 children and families participating.
    - 2022 Healthy Kids Camp had 5 Camps participate with a little over 1,000 children receiving health information and education from our partners. A slight decrease from the previous year.
    - Between 2020 and 2022, 115 youth have participated in **RWJUH's** Project Inspire, a 5-day 'camp' session targeted to children of diabetics. Each session includes age-appropriate, hands-on educational activities designed to teach principles of healthy eating and active living, through nutrition and cooking demonstrations with a behavior modification component.