

Healthier Middlesex Community Health Needs Assessment

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PREPARED BY
HEALTH RESOURCES IN ACTION

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Questions

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Executive Summary

Introduction

In 2025, Robert Wood Johnson University Hospital (RWJUH) New Brunswick and Saint Peter's University Hospital, in partnership with the Healthier Middlesex Consortium, completed a new cycle of the Community Health Needs Assessment (CHNA) for Middlesex County, New Jersey. This process builds on prior assessments and fulfills the Internal Revenue Service requirement for non-profit hospitals to conduct a CHNA every three years. 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, the RWJUH New Brunswick service area 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.

Healthier Middlesex CHNA Focus Area Map, 2025



DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

Methods

While aiming for a comprehensive view of community health, the 2025 Healthier Middlesex CHNA prioritized upstream social and economic factors that shape health outcomes. Data collection was guided by a social determinants of health framework and a health equity lens and employed a mixed-methods participatory approach that engaged agencies, organizations, and residents through multiple channels. Community engagement strategies were intentionally designed to reach populations that have been historically medically underserved.

The CHNA process was carried out in collaboration with the Healthier Middlesex Consortium, which includes RWJUH New Brunswick, Saint Peter's University Hospital, and more than 30 partner organizations. An Advisory Board comprised of representatives from partner organizations provided strategic guidance, while community engagement strategies were tailored to elevate the voices of populations that are often medically underserved or underrepresented in decision-making processes.

Data collection methods included:

- Reviewing existing demographic, social, economic, and health data from national, state, and local sources across Middlesex County.

- Conducting a community survey with more than 2,500 Middlesex County residents, administered in eight languages, to capture perspectives on health concerns, access to care, and lived experiences across diverse populations.
- Facilitating 4 virtual focus groups with 24 participants from populations of interest including immigrants, individuals experiencing food insecurity, seniors, and LGBTQIA+ community members.
- Conducting including 9 key informant interviews with community stakeholders from a range of sectors.

Together, these data sources provided a comprehensive and nuanced understanding of community strengths, health needs, and the structural factors influencing health and equity in Middlesex County.

Findings

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

Population Characteristics

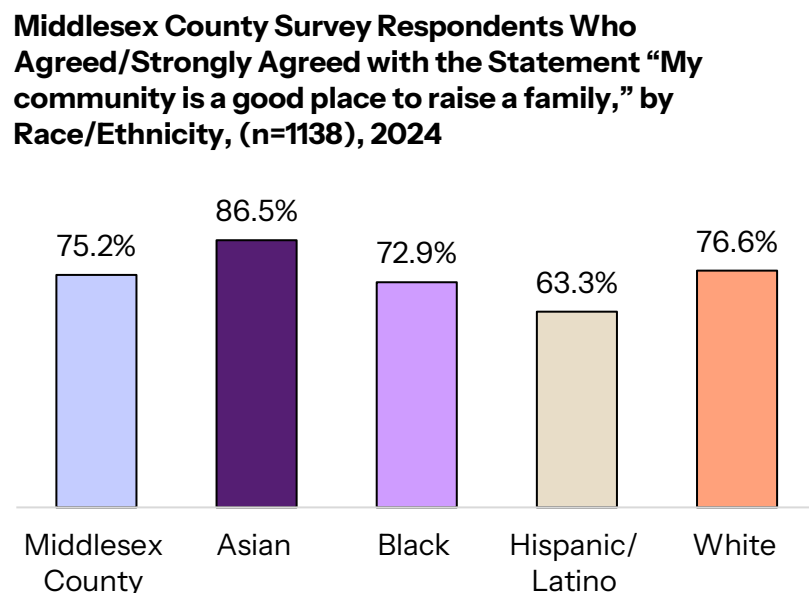
- **Demographics.** The Healthier Middlesex Consortium serves an estimated 861,535 residents across 25 municipalities. Between 2014–2018 and 2019–2023, the population grew by 4.0% overall, with Monroe gaining 10.2% and Jamesburg declining 3.1%. Middlesex County is racially and ethnically diverse: 44.2% of residents identify as White, 25.1% as Asian, and 23.0% as Hispanic/Latino. Nearly half of residents (47.0%) speak a language other than English at home, compared to 32.7% statewide.

Community Social and Economic Environment

- **Community strengths and assets.** Residents consistently described Middlesex County’s diversity as one of its greatest assets. Cultural vibrancy, immigrant communities, and the presence of supportive organizations created a strong sense of belonging.

Participants highlighted green space, parks, and walkable neighborhoods as important resources, alongside accessible health and social services offered by nonprofits,

religious institutions, and local government partners. Top strengths identified by Middlesex County respondents to the Community Health Needs Assessment Survey



in 2024 included that the community had safe outdoor places to walk and play (80.6%), was a good place to raise a family (75.2%), and that it promoted a healthy lifestyle (64.5%).

- **Education.** Middlesex County performs well across several key educational indicators, with several districts exceeding the state’s graduation rate of 91.1%. Metuchen (97.8%) and Middlesex County Vocational and Technical (98.4%) were among the highest, with East Brunswick (96.0%), Middlesex Borough (95.9%), and Edison (92.8%) also above average. However, graduation rates varied across students of different racial background and. In Edison, Asian students graduated at 96.3% compared to 84.6% of Black and 86.5% of Hispanic students. While Highland Park reported 100% for Asian students but only 75% for Black students. However, overall residents highlighted local schools and investments in education, and postsecondary institutions as a community asset.

“I love the school system in my community. [They are] blue ribbon schools and are good for family builders. They are very highly rated.” – Focus group participant
- **Employment and Workforce.** Middlesex County’s unemployment rate was 6.4%, close to the state average of 6.2%. However, Black (7.8%) and Hispanic/Latino (7.9%) residents faced higher unemployment than White (6.0%) and Asian (5.1%) residents. Only 46.8% of county survey respondents agreed there are job opportunities in their area, with Asian (54.5%) and White (53.9%) respondents most optimistic. Just 32.6% of Hispanic/Latino respondents agreed, highlighting disparities in perceived opportunity. Focus group participants noted that rising costs and reliance on low-wage industries continue to undermine economic stability, leaving many residents vulnerable despite steady employment.
- **Income and Financial Security.** Middlesex County shows wide income variation. While 21.0% of households earn over \$200,000—above the state average of 13.4%—over 21.5% earn less than \$50,000, including 10.2% under \$25,000. In 2022, 26% of households fell below the ALICE threshold, meaning they earned too little to cover basic needs despite being employed. Income disparities are stark across towns: Cranbury leads with 52.5% of households earning above \$200,000, while Dunellen, Carteret, and New Brunswick have large shares earning under \$50,000. Fewer than half of survey respondents believe people in their community can afford essentials like food, housing, and transportation—with only 38% of Black and 38.7% of Hispanic/Latino respondents agreeing, compared to 62.1% of Asian and 51.7% of White respondents.
- **Food Insecurity and Healthy Eating.** Food insecurity remains a pressing issue in Middlesex County, with nearly one-third of community survey respondents reporting worry about running out of food before having money to buy more—rising to nearly 59% among Hispanic/Latino residents. Participants described difficult tradeoffs between food and other essentials like rent and medication, and noted that while food assistance programs are available, barriers such as stigma, transportation challenges, and limited cultural relevance persist. Residents also highlighted geographic

disparities, including food deserts in cities like New Brunswick, and emphasized that affordability and time constraints often limit access to healthy foods. Despite these challenges, programs like REPLENISH and faith-based initiatives were highlighted for their role in reducing hunger.

- **Housing.** Housing affordability is a major concern in Middlesex County—only 36.2% of survey respondents agreed there is enough safe, affordable, and well-maintained housing. Agreement was lowest among Hispanic/Latino (24.0%) and Black (29.6%) respondents. Housing instability is also unequally felt, with 41.0% of Hispanic/Latino and 26.4% of Black residents worried about their housing situation. While overall homelessness has declined, chronic homelessness rose by 121%, disproportionately affecting Black residents. Renters face the greatest financial strain, with 46.4% spending over 30% of income on housing. Cities like New Brunswick and Perth Amboy show high renter occupancy and cost burdens, while towns like Metuchen and Carteret also report high rental costs.

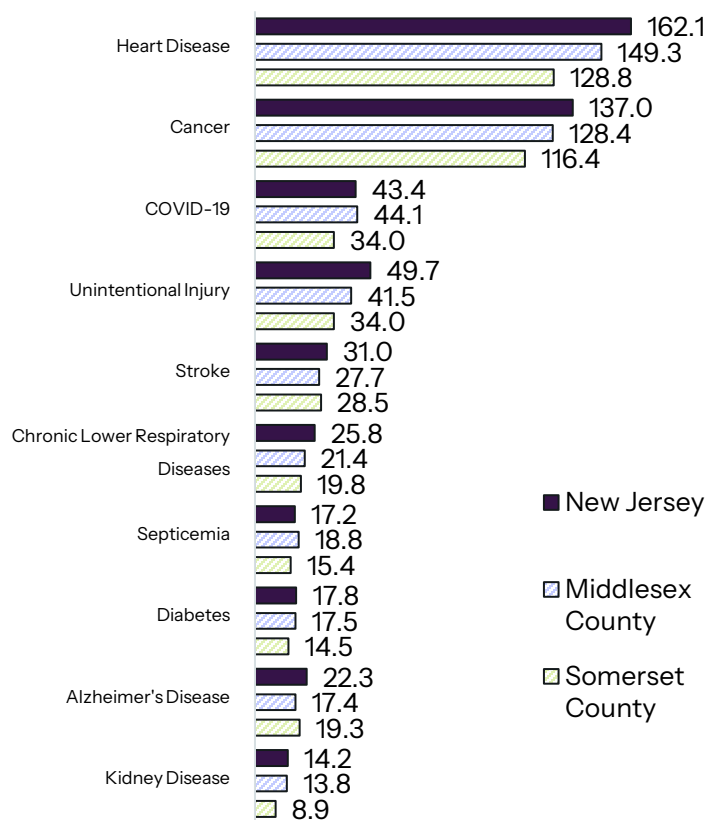
“To buy a house is getting very expensive in New Brunswick and central jersey. Rent in New Brunswick was low a couple years ago, now the market is getting saturated, so rent is very expensive.” – Key Informant Interviewee
- **Transportation and Built Environment.** Access to green space and a well-designed built environment plays a critical role in community health and well-being. In Middlesex County, 80.6% of survey respondents agreed that their community has safe outdoor places to walk and play, though perceptions varied by race and ethnicity—only 65.7% of Hispanic/Latino respondents agreed, compared to 87.7% of Asian and 85.5% of White respondents. While some areas benefit from strong public transportation and walkability, others face barriers such as limited transit access, lack of sidewalks, and high vehicle dependence. Renters are more likely than homeowners to lack access to a vehicle, compounding challenges in reaching essential services.
- **Violence Prevention and Safety.** Safety concerns vary across Middlesex County. While 67.1% of community survey respondents felt their neighborhoods were generally safe, only 53.4% of Hispanic/Latino respondents agreed. Just over half (51.0%) felt their communities had few issues with interpersonal violence. Focus groups highlighted rising youth violence, especially in schools, linked to stress, limited recreation, and gaps in mental health support. Residents noted that fear of violence affects daily routines and emphasized the need for preventive strategies and stronger partnerships between schools, community organizations, and law enforcement.
- **Systemic Racism and Discrimination.** Focus group participants described discrimination as a persistent public health issue, especially for immigrant and LGBTQIA+ residents. Survey data echoed these concerns: 45.9% of Black and 35.3% of Latino respondents reported racial or ethnic discrimination in healthcare, compared to 20.3% overall. Discrimination based on culture, language, and sexual orientation was also common—nearly 30% of Latino respondents cited language barriers, and 30.0% of LGBTQIA+ respondents reported bias due to sexual

orientation. These findings highlight the need for culturally responsive care and inclusive policies.

Community Health Issues

- Community Perceptions of Health.** Community survey respondents linked social and economic pressures—like housing, food, and transportation challenges—to poor health outcomes. Access to care was a concern, with cost, insurance, and language barriers cited. Mental health needs were especially noted among youth, seniors, and immigrants. The community survey revealed diabetes (50.2% Asian, 43.6% Hispanic/Latino, 39.0% Black) and cancer (38.3% White) as top health concerns. Mental health ranked in the top five for all groups but was lower among Asian respondents (19.2%) compared to White (27.7%) and Hispanic/Latino (24.2%) respondents. Housing affordability was also a major concern for Black (18.9%) and Hispanic/Latino (18.1%) respondents, highlighting the link between health and social conditions.

Top 10 Causes of Death, by State and County, 2017–2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

- Chronic Conditions.** Chronic disease prevention and management remained a central focus in Middlesex County. Community health data revealed racial and ethnic disparities in chronic disease burden. Black residents in Middlesex County experienced markedly higher rates of cardiovascular disease inpatient

hospitalizations (103.6 per 10,000) compared to the county average (77.4 per 10,000). Additionally, prevalence rates for diabetes were higher among Hispanic (14.0%) and Asian (13.6%) residents—both exceeding the county average of 10.0%. Cancer mortality rates also reflected inequities, with White residents experiencing the highest rate (150.5 per 100,000), followed by Black residents (135.6 per 100,000).

- **Mental Health and Behavioral Health.** Mental health emerged as a top concern across all data sources, with over 40% of survey respondents reporting struggles since COVID-19. Stress, anxiety, depression, and isolation were especially prevalent among youth, seniors, and immigrant families. Barriers to care included cost, insurance limitations, provider shortages, long waitlists, and stigma—particularly in immigrant and faith-based communities.

“Mental health, both for kids and for parents. It ends up affecting everything—violence, drug use, safety. Immigration is making the situation worse because people are afraid to leave their houses.”

– Focus group participant

Despite these challenges, there are signs of progress. 22.4% of residents received mental health counseling in the past two years, with higher engagement among White (28.2%) and Black (26.0%) respondents.

Middlesex County had lower rates of ED visits (125.3 per 10,000 and hospitalizations (41.9 per 10,000) for mental health than the state, and suicide rates (6.4 per 100,000) were also below the state average. Pediatric mental health hospitalization rates were consistently lower (11.4 vs. 28.5 per 10,000 statewide). Substance use remains a concern, with heroin (37.6%), alcohol (37.9%), and marijuana (8.4%) most cited in treatment admissions. However, Middlesex County’s overdose mortality rate (22.7 per 100,000) and adult smoking rate (7.0%) were both lower than state averages, pointing to some areas of resilience.

- **Environmental Health.** Residents expressed concern about environmental issues, though these were discussed less frequently than other health challenges. Air quality, exposure to mold and lead in older housing, and localized flooding were all raised as issues affecting health. Climate-related impacts, such as extreme heat and poor air days, were noted as particularly challenging for seniors and children with respiratory conditions. While data show asthma disproportionately affects Black residents, it was not widely mentioned in focus groups, suggesting a need for further education and outreach.
- **Infectious and Communicable Diseases.** Although the COVID-19 emergency has ended, its long-term impacts remain visible in Middlesex County, including delayed preventive care and unequal access to testing and vaccination. Black and Latino residents experienced higher case rates and lower vaccination uptake than White and Asian residents. However, a successful statewide vaccination campaign led to a dramatic reduction in COVID-19 deaths—from 1,513 in 2020 to just 83 in 2023 in Middlesex County. By 2024, COVID-19 was no longer a top concern among assessment participants, reflecting strong public health response and recovery.

Beyond COVID-19, concerns about sexually transmitted infections and other communicable diseases were raised, particularly among youth and immigrant populations. Barriers such as language, stigma, and limited culturally appropriate services continue to hinder prevention and treatment. Still, Middlesex County reported lower rates of Chlamydia (1,866.4 per 100,000), Gonorrhea (117.8), and Hepatitis C (33.3) compared to state averages. HIV incidence was also lower overall (10.7 vs. 13.9 per 100,000), with particularly low rates among Asian (2.8) and White (3.2) residents.

Maternal and Infant Health. Maternal and infant health indicators are critical markers of health equity, as most complications during pregnancy and childbirth are preventable with timely access to quality care, information, and comprehensive sexual education. While maternal and infant health were not explicitly raised as concerns by focus group and interview participants in Middlesex County, quantitative data suggest that these issues remain a concern. From 2018 to 2022, Middlesex County had a slightly higher percentage of low-birth-weight babies (8.1%) compared to the New Jersey state average (7.8%). Racial and ethnic disparities persist, with 11.4% of Black newborns in Middlesex County born with low birth weight, compared to 6.1% of White newborns. These disparities mirror statewide trends and were consistent with findings from the 2022 CHNA-CHIP, where maternal and infant health were identified as priority areas.

Prenatal care access also varied by race and ethnicity. While 75.5% of pregnant women in Middlesex County received prenatal care in the first trimester—slightly above the state average of 74.1%—only 66.5% of Latina women and 67.4% of Black women accessed early prenatal care, compared to 84.0% of White women. Severe maternal morbidity (SMM) rates further highlight inequities. In New Jersey, Black non-Hispanic women experienced the highest rate of SMM with transfusion at 41.2 per 1,000 delivery hospitalizations, compared to 17.7 for White non-Hispanic women.

Healthcare Access

- **Access and Utilization of Preventive Services, Including Immunizations.** While Middlesex County is home to well-established healthcare institutions and a wide range of providers, barriers to care persist. Residents cited challenges with the cost of services, limited insurance coverage, and transportation difficulties, particularly for those living in suburban and rural areas. Language and cultural barriers were also highlighted, with immigrant residents noting that even when services were available, navigating the system could be confusing and intimidating. One in five residents reported experiencing discrimination in medical care in 2024—up from 12% in 2021—underscoring how systemic racism, bias, and immigration-related fears can erode trust and limit access. Other barriers included long wait times, shortages of behavioral health specialists, and a lack of providers accepting Medicaid or uninsured patients, contributing to disparities across populations. At the same time, there are signs of progress. Community members highlighted collaboration among local agencies and providers, citing frequent health fairs and mobile clinics offering preventive services such as flu and COVID-19 vaccinations. Over 82% of residents reported having an annual physical in the past two years, and 71.7% received a flu shot. Healthcare

providers were also the most trusted source of health information for more than 80% of respondents. Middlesex County maintains a stronger ratio of primary care providers (1,106:1) than the state average (1,279:1), and its uninsured rate (7.1%) is slightly lower than the state's, with some towns like Pleasant Plains (0.0%) and Monroe (1.0%) reporting exceptionally high coverage.

- **Access to Social Services and other essential services.** Access to essential services—including healthcare, food, housing, and transportation—was identified as a top priority in Middlesex County. Nearly half of survey respondents (49.5%) said people in their community struggle to afford basic needs, with even lower agreement among Black (38.0%) and Hispanic/Latino (38.7%) residents. Transportation gaps, especially in suburban and rural areas, limit access to healthcare and food. Only 32.8% of residents said public transit was easy to use for daily needs. Food insecurity affects nearly 1 in 5 residents, and SNAP participation reaches 23.1% in Perth Amboy and 20.7% in New Brunswick.

Community Vision and Suggestions for the Future

Community members and community partners shared their vision for the next five years, emphasizing equity, access, and connection:

- **Improving access to healthcare.** Participants emphasized the need for more providers, shorter wait times, affordable care options for the uninsured, and expanded language access for the county's diverse population.
- **Expanding affordable housing.** With many residents expressing concern about housing stability—particularly Black (26.4%) and Latino (41.0%) respondents—participants called for more rental assistance and initiatives to ease housing stress.
- **Fostering collaboration.** Breaking down organizational silos and pooling resources was seen as key to more efficient and equitable service delivery.
- **Strengthening health education and awareness.** Participants called for greater promotion of preventive care, targeted outreach to men, and better visibility of existing resources.
- **Increasing economic opportunities.** Residents underscored the importance of jobs with livable wages, highlighting how rising costs in housing, food, and healthcare outpace stagnant wages.

These visions underscore the importance of collaboration across hospitals, public health, and community-based partners to ensure all residents of Middlesex County can thrive.

Key Themes

Through a review of secondary social, economic, and health data; a countywide community survey; and in-depth discussions with residents and stakeholders, the 2025 Healthier Middlesex CHNA examined the current health status of communities served by the Healthier Middlesex Consortium. Several key themes emerged:

- **A diverse and resilient community is a core asset.** Middlesex County continues to be recognized for its cultural diversity, strong community fabric, and proximity to services and nature. Residents described their communities as peaceful, family-friendly, and vibrant, with rich arts, cultural heritage, and outdoor spaces. Nearly 80% of survey respondents agreed their community is safe and a good place to raise a family.
- **Financial insecurity and high cost of living strain families.** While unemployment has stabilized at 6.4% (similar to the state average), the high costs of housing, food, childcare, and transportation continue to pressure households. More than one-quarter of households fall into the ALICE (Asset Limited, Income Constrained, Employed) category, and 26% of survey respondents expressed concern about making ends meet.
- **Affordable housing and housing instability remain critical challenges.** One in five survey respondents worried about their housing stability in the next two months, with even higher concern among Hispanic/Latino (41%) and Black (26%) residents. Rising rents, overcrowding, and limited shelter options were consistently identified as urgent concerns.
- **Transportation and the built environment impact access.** While new programs such as RIDE On-Demand show promise, limited public transportation outside major hubs and uneven walkability remain barriers to accessing healthcare, food, and essential services. These challenges were most acute for older adults, people with disabilities, and those without reliable vehicles.
- **Food insecurity and healthy eating are growing concerns.** Nearly one in five respondents reported food insecurity, and high food costs (36%) and time constraints (28%) were frequently cited barriers to healthy eating. Local food deserts, such as in New Brunswick, were specifically highlighted. Programs such as REPLENISH and faith-based food initiatives were recognized as vital but insufficient to meet all needs.
- **Mental and behavioral health are top concerns across populations.** Mental health emerged as the most pressing health issue across all age groups, with youth, seniors, immigrant residents, and low-income households most affected. Barriers to care include stigma, language access, provider shortages, and long wait times. Substance use, particularly involving alcohol and opioids, continues to impact community safety and well-being.
- **Chronic disease prevention and disparities in outcomes persist.** While Middlesex County performs better than state averages on some chronic disease indicators, disparities remain. Cancer deaths are highest among Black and White non-Hispanic residents, and access to preventive screenings such as Pap tests and colorectal screenings lags behind state benchmarks.
- **Access to healthcare and essential services is uneven.** Nearly 38% of respondents reported difficulty scheduling appointments at convenient times, and Hispanic/Latino respondents reported the highest unmet behavioral health needs. While the county

has a strong network of providers and services, gaps in awareness, transportation, cultural competence, and fear of discrimination continue to limit access.

Conclusions

Through a collaborative and mixed-methods process—including a multilingual community survey (n=2,514), interviews with cross-sector leaders, and focus groups with priority populations—the 2025 Middlesex County CHNA identified both major strengths and persistent challenges shaped by economic pressures, health system gaps, and systemic inequities.

The most pressing community needs identified include:

- Financial insecurity
- Affordable housing
- Transportation access
- Food insecurity and healthy eating
- Systemic racism and discrimination
- Mental health and behavioral health
- Chronic disease prevention and management
- Healthcare access
- Access to social and essential services

Compared to the 2021 CHNA, the 2025 assessment reflects a shift in priorities. Technology access and violence, which were previously identified as key concerns, were not prioritized in this cycle. Instead, transportation and access to social and essential services emerged as more prominent themes, underscoring the county’s evolving needs and the importance of continued collaboration across partners.

After a multistep prioritization process that entailed the vote of the 2025 Healthier Middlesex Advisory Board, and taking into consideration existing expertise, capacity, and experience, Healthier Middlesex will focus on the following four priority areas: Mental Health and Behavioral Health; Food Insecurity and Healthy Eating; Access to Healthcare and Access to Social Services; and as priorities for the development of its 2025-2027 implementation plan. Healthier Middlesex will address these priority action areas as part of ongoing community engagement efforts, with an overarching emphasis on addressing systemic racism and discrimination and promoting health and racial equity.

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 2025, 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, and a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, RWJUH New Brunswick had approximately 36,492 inpatient admissions, over 98,500 emergency department visits, over 276,000 outpatient visits, and over 2,600 births in 2024. 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, NJ (Saint Peter's), is part of Saint 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, a regional perinatal center, and 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 major clinical affiliate of Rutgers Biomedical and Health Sciences. Saint Peter's employs more than 900 doctors and dentists on staff at its hospital. On an annual basis, Saint Peter's has more than 21,000 inpatient admissions, more than 260,000 outpatient visits and 67,000 emergency department visits.

The **Healthier Middlesex Consortium** is a collaboration between RWJUH and Saint Peter's and 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 and its partners currently represent approximately 900,000 residents 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. In developing the 2022 Community Health Improvement Plan (CHIP), Healthier Middlesex adopted overarching goals and objectives aimed at addressing health equity in established priority areas financial insecurity and housing instability; behavioral health (mental health and substance use); access to health care with chronic disease and technology as sub-categories; and food insecurity. See the Appendix H for a description of the activities accomplished and their impact since 2021.

In early 2024, RWJBH contracted **Health Resources in Action (HRiA)**, a non-profit public health consultancy organization, to support, facilitate, conduct data analysis, and develop report deliverables for the CHNAs across the RWJBH 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 2025 Middlesex County needs assessment processes, which was conducted between January and September 2025.

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.

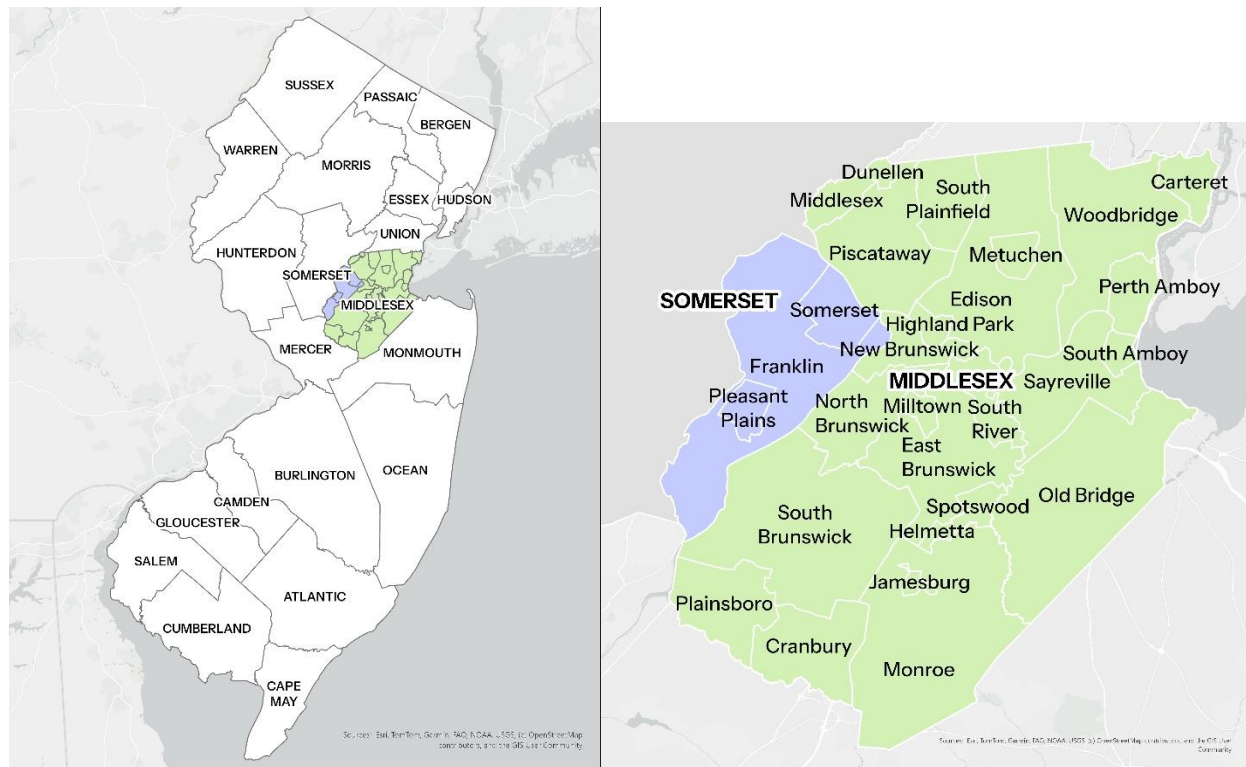
Area of Focus

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 Peter's 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, the RWJUH New Brunswick service area 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. Healthier Middlesex Public Health Partnership CHNA Focus Area Map, 2025



DATA SOURCE: NJ Office of Information Technology, Office of GIS (NJOGIS), 2023

Methods

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

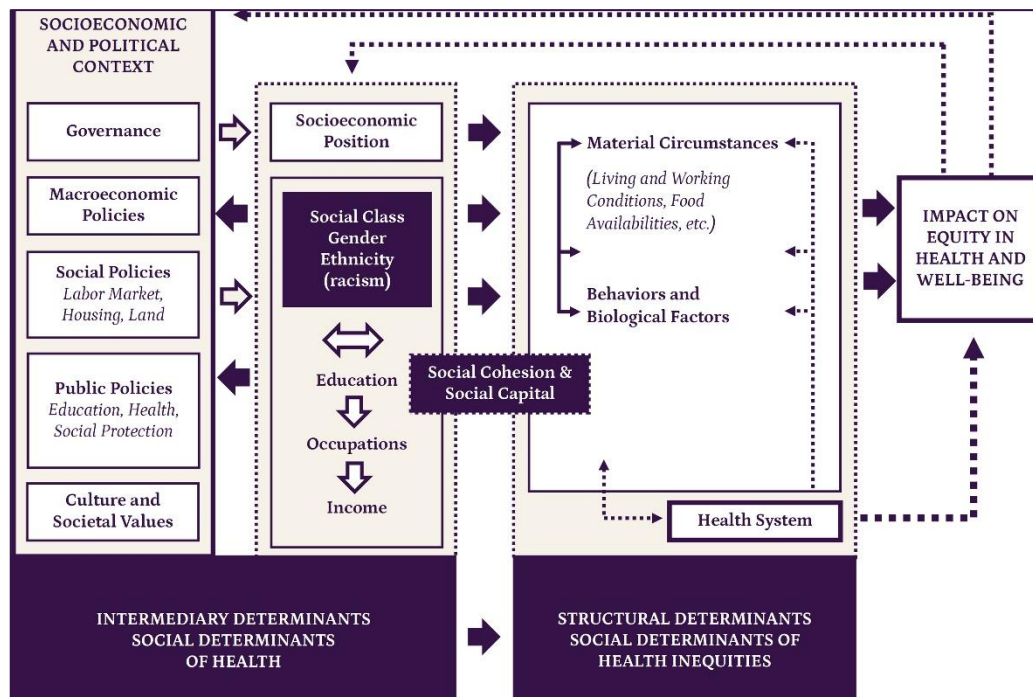
Social Determinants of Health Framework

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 requires more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays has an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, the intermediary social determinants of health, but also by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, depicting how individual lifestyle factors are influenced by structural social determinants of health, that shape a person's access to educational opportunities and income, which in turn are influenced by the socioeconomic and political context. Further, the health system moderates the relationship between the material and biopsychosocial factors and health and well-being.

Figure 2. Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010.

Further, healthcare insurers, regulators, and providers have recognized health-related social needs as those social factors that directly impact the health of individuals, such as economic strain and food availability. Healthcare sector partners can take steps to address and mitigate the impact of health-related social factors on health through screening and referrals to social and community-based services.¹

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 describe the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens

The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities.

The present report describes health patterns for the Greater Middlesex County population overall, as well as areas of need for specific subpopulations. Understanding factors that contribute to health patterns for these groups can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to thrive and live a healthy life.

Approach and Community Engagement Process

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.

Healthier Middlesex 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 provided strategic oversight to the CHNA process and liaised with the larger Healthier Middlesex Consortium. The Advisory Board met five times over the course of the CHNA and was also engaged over

¹Centers for Medicare & Medicaid Services, Social Drivers of Health and Health-Related Social Needs, 2024

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. 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 Data, Reports, and Analyses

Secondary data are data that have already been collected for other purposes. Examining secondary data helps us to understand trends and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Secondary data for this assessment were drawn from a variety of national, state, and local sources, including the U.S. Census Bureau American Community Survey (ACS), the County Health Rankings 2024, the U.S. Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the NJ Department of Health's State Health Assessment Data (NJSHAD), the NJ Department of Health Office of Vital Statistics and Registry, the NJ State Cancer Registry, the NJ Housing and Mortgage Finance Agency's NJ Counts, the United Ways of New Jersey ALICE (Asset Limited, Income Constrained, Employed), the National Survey of Children's Health, the New Jersey Hospital Discharge Data Collection System (NJDDCS), NJ SUDORS v.01232024, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, CDC's High School Youth Risk Behavior Survey, NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, New Jersey Department of Education, Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, the U.S. Department of Labor Bureau Statistics, Feeding America, Map the Meal Gap, CDC's ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), Point-In-Time Count, U.S. EPA, National Walkability Index, and NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting. Additionally, hospitalization data were provided by participating hospitals and culled by the RWJBH system data team. The cancer appendix was prepared by the RWJBH system data team based on the CDC's State Cancer Profiles and each hospital's tumor registry.

Secondary data were analyzed by the agencies that collected or received the data. Data were downloaded from the respective websites between January and March 2025, and reflect the last year for which data were available at that time. Data are typically presented as frequencies (%) or rates per 100,000 population. The race and ethnicity categories used in this report are as reported by the respective agencies. When the narrative makes

comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and not statistically significant differences. Since the U.S. Census Bureau does not recommend using the one-year ACS estimates for areas with fewer than 65,000 inhabitants, and many of the towns in the focus area fall below this population threshold, the U.S. Census Bureau ACS five-year estimates (2019–2023) were used to present the social and economic indicators. Sometimes, reporting agencies do not provide certain data points. This could be due to several reasons: the agency might not have the statistics, they might have suppressed the data because of low numbers, or the data might not have met statistical reliability standards. In any of these cases, we placed an asterisk (*) to indicate data were not available.

Primary Data Collection

Primary data are new data collected specifically for the CHNA. The goals of these data are to 1) describe perceptions of the strengths and needs within the service area by key populations; 2) explore which issues are perceived to be most urgent; and 3) identify the gaps, challenges, and opportunities for addressing these issues more effectively. Primary data were collected using three different methods: key informant interviews, focus groups, and a community health survey. All qualitative discussions were conducted between March and April 2025.

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of six key informant interview discussions were completed with seven individuals by Zoom. Interviews lasted from 45 to 60 minutes. They were semi-structured discussions that engaged institutional, organizational, and community leaders as well as frontline staff across sectors. Discussions explored interviewees' experiences addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: housing services, social services, maternal health services, and those who work with specific populations, including the immigrant community, LGBTQIA+ residents, and older adults. See Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups for a list of sectors and organizations represented and Appendix B: Key Informant Interview Guide for the guide used.

Focus Groups

A total of 23 community residents participated in 4 virtual focus groups on Zoom conducted with specific populations of interest: newly arrived immigrants who are Spanish-speaking, people experiencing food insecurity who are Spanish-speaking, those working with seniors, and LGBTQIA+ community members. Two focus groups were conducted in Spanish and the other two in English. Focus groups were up to 90-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 C: Focus Group Guide for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded and then analyzed thematically by HRiA data analysts to identify main categories and sub-themes. The 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. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the focus area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Health Needs Assessment Survey

A community health needs assessment survey was developed with the input of a broad range of partners and administered from May to September 2024. The survey was piloted and validated with Healthier Middlesex Consortium members, as well as community residents. The survey focused on the social determinants of health and health issues that impact the community: community priorities, assets and challenges, health status and concerns, healthcare access and barriers, and mental health and substance use. The survey was administered online and by hard copy in person. It was available in eight languages (English, Spanish, Portuguese, Arabic, simplified Chinese, Haitian Creole, Hindi, and Yiddish). A shorter version of the survey was available to facilitate outreach to low-literacy, hard-to-reach groups. These strategies were specifically tailored to reach medically underserved groups, including low-income and uninsured or underinsured community members, among others.

Extensive community outreach was conducted with assistance from Healthier Middlesex Consortium members, Greater Middlesex County-based organizations, RWJBH staff, Saint Peter’s staff, and RWJUH Community Health Ambassadors. A link to the online survey was displayed on partners’ web pages and social media sites. Recruitment and marketing materials, including flyers and postcards with QR codes that linked to the survey, were distributed online and at community-wide events. A landing site was developed where partners could download the survey and the recruitment materials in eight languages. A dashboard was created for partners to view progress toward goals in real-time. Partners disseminated the survey link and the hardcopy version at in-person events and in organizations throughout the county, such as the public library, health facility waiting rooms, and health fairs.

Survey Respondent Characteristics

The **2024 Middlesex County Community Health Needs Assessment Survey** captured insights from more than 2,500 residents, reflecting the county’s diverse and multifaceted population. The responses provide a rich window into who lives in the county, offering context for understanding both community strengths and ongoing challenges.

Table 1 provides the sociodemographic characteristics of Middlesex County survey respondents. In this report, people who completed the survey are referred to as “respondents” (whereas those who were part of focus groups and interviews are referred to as “participants” for distinction). Respondents represented a broad age range, with most falling between 45 and 64 years old, about 38% of the sample (Table 1).

Table 1. Characteristics of Middlesex County Survey Respondents (N=2570)

Age (n=2334)		Income (n=1183)	
18 to 24	5.2%	Less than \$10,000	4.8%
25 to 44	28.5%	\$10,000 to \$14,999	2.0%
45 to 64	38.4%	\$15,000 to \$24,999	5.0%
65+	28.0%	\$25,000 to \$34,999	6.2%
Gender (n=1873)		\$35,000 to \$49,999	9.2%
Woman	69.9%	\$50,000 to \$74,999	14.3%
Man	28.8%	\$75,000 to \$99,999	12.8%
Transgender woman	*	\$100,000 to \$149,999	20.8%
Transgender man	*	\$150,000 to \$199,999	11.2%
Non-binary/queer	*	\$200,000 or more	13.8%
Agender/I don't identify with any gender	*	Marital Status (n=1384)	
Other self-identified gender identity	*	Married	54.8%
Race/Ethnicity (n=2445)		Single	23.6%
American Indian and Alaska Native	0.5%	Separated/divorced/widowed	17.6%
Asian	12.4%	Domestic partnership/civil union/living together	4.5%
Black/African American	10.5%	Education (n=2128)	
Hispanic/Latino	30.3%	Less than high school	4.7%
Middle Eastern and North African	1.5%	Some high school	5.4%
Native Hawaiian/Pacific Islander	*	High school graduate or GED	15.0%
White/Caucasian	45.4%	Some college	11.6%
Other self-identified race/ethnicity	3.2%	Associate or technical degree/certification	11.5%
Sexual Orientation (n=1706)		College graduate	28.2%
Straight or heterosexual	93.4%	Postgraduate or professional degree	25.6%
Gay or lesbian	2.1%		
Bisexual, pansexual, or queer	3.3%		
Asexual	0.6%		
Additional category	0.6%		

DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Respondents who selected multiple race/ethnicities were assigned to each category selected. 87 people or 3.6% of the sample (n=2445) are multiracial aka any combination of Asian, Black, Latino, MENA, NHOPI, AI/AN, White, or other race. The top combinations are Latino/White (16), Latino/Black (13), and Black/White (12). All other combinations had n<10.

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. Survey data presents race and ethnicity categories as selected by respondents. The race and ethnicity categories are asked in a multiple-choice question that allows for several answers. To recognize respondents' multiple identities, the race and ethnicity categories are presented alone or in combination. For example, if someone selected "Asian" and "Black or African American" they would appear in both categories. Thus, as with other multiple-choice questions that allow for multiple responses, the percentages may not add to 100 percent. To protect respondents' privacy, an asterisk (*) is placed in any table cell with fewer than 10 responses.

Data Limitations

As with all data collection efforts, several limitations should be acknowledged when interpreting data. 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 and ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data were not available by specific population groups (e.g., age) 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.

The community health survey used a convenience sample. Since a convenience sample is a type of non-probability sampling strategy, there is potential selection bias in who participated or was asked to participate in the survey. Respondents' sociodemographic distribution does not represent the sociodemographic distribution of Middlesex County respondents. For example, 69.9% of the sample identified as women, compared to 50.3% of the county's population. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of Middlesex County as a whole. However, a range of strategies such as multiple collection sites, access points, and survey administration modalities were used to minimize selection bias (e.g., extensive community outreach at public venues and key events, reliance on community health workers to outreach to the community, and availability of survey on paper, among others) and multiple population groups – patients, RWJBH and Saint Peter's employees, the community at large, and a focus on population groups typically underrepresented in surveillance data (e.g., specific language and demographic groups) – were engaged to try to yield a sample that was similar to the Middlesex County 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. Focus groups and interviews were conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or phones may have experienced difficulty participating. Further, qualitative data were collected in early 2025, a period of significant transition and policy changes by the incoming federal administration. The changing landscape posed difficulties in engaging with some stakeholders and community members—particularly those belonging to or working with some of the most vulnerable populations—in

CHNA activities, who were often fearful and focused on responding to immediate challenges. Of note, those who were able to engage were eager to participate and uplifted the value of partnerships, solidarity, and collaboration to build and strengthen communities (A more detailed account of this engagement process can be found in the Primary Data Collection section). This CHNA should be considered a snapshot of the current time, which is consistent with public health best practices. Moving forward, community engagement should continue to be prioritized to understand how the identified issues may evolve and what new issues or concerns may emerge over time.

Context for Comparisons to Previous CHNA

Throughout this report, as appropriate, comparisons are made between this 2025 CHNA and the previous 2022 CHNA. It is important to keep in mind that these comparisons may not be as relevant given that the data collection strategies were different, particularly in regard to primary data collection, and that the previous CHNA was conducted during the height of the COVID-19 pandemic which exacerbated existing social, economic, and health inequities.

Population Characteristics

Population Overview

The Healthier Middlesex Consortium serves a county population of 861,535 (Table 2). Overall, Middlesex County is comprised of 25 municipalities that range in population size. The smallest towns by population are Helmetta (2,317 residents), Cranbury (4,063), and Jamesburg (5,763). Edison (107,027 residents), Woodbridge (103,428), and Old Bridge (67,392) are the largest townships in Middlesex County (Table 2). Most Middlesex County townships experienced minimal population growth or shrinkage between 2014-2018 and 2019-2023.

The largest population growth occurred in Monroe (10.2% population growth), and the greatest population decline occurred in Jamesburg (-3.1%). Further, among the three referenced towns for Somerset County, across both periods, Pleasant Plains reported the greatest increase in population (41.4%). Based on the prior community health needs assessment, Pleasant Plains had actually experienced a decline in population of 35.6%. The overall average percent change across Middlesex County was a moderate 4.2%, reflecting trends across its constituent municipalities.

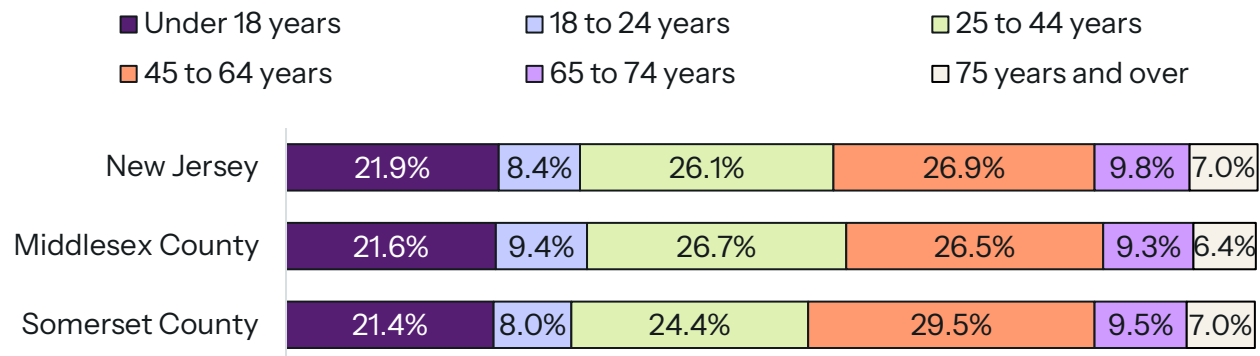
Table 2. Total Population and Percent Change, by State, County, and Town, 2014-2023

	2014-2018	2019-2023	% change
New Jersey	8,881,845	9,267,014	4.3%
Middlesex County	826,698	861,535	4.2%
Carteret	23,682	25,187	6.4%
Cranbury	3,821	4,063	6.3%
Dunellen	7,284	7,711	5.9%
East Brunswick	47,981	49,411	3.0%
Edison	100,809	107,027	6.2%
Helmetta	2,283	2,317	1.5%
Highland Park	13,992	14,981	7.1%
Jamesburg	5,947	5,763	-3.1%
Metuchen	13,858	14,982	8.1%
Middlesex	13,659	14,518	6.3%
Milltown	6,993	6,994	0.0%
Monroe	43,828	48,299	10.2%
New Brunswick	56,084	55,744	-0.6%
North Brunswick	41,948	43,867	4.6%
Old Bridge	65,935	67,392	2.2%
Perth Amboy	51,832	55,278	6.6%
Piscataway	56,931	60,632	6.5%
Plainsboro	23,120	23,954	3.6%
Sayreville	44,285	45,237	2.1%
South Amboy	8,694	9,714	11.7%
South Brunswick	45,255	46,686	3.2%
South Plainfield	23,906	24,231	1.4%
South River	16,091	16,007	-0.5%
Spotswood	8,293	8,112	-2.2%
Woodbridge	100,187	103,428	3.2%
Somerset County	330,176	346,203	4.9%
Franklin	65,452	68,367	4.5%
Pleasant Plains	379	536	41.4%
Somerset	24,527	23,851	-2.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-2018 & 2019-2023

The age distribution of Middlesex County in 2019-2023 was similar to that of New Jersey overall (Figure 3), with a slightly higher percentage of young adults ages 18-24 (9.4%) compared to the state (8.4%). Age distribution data by town and by race can be found in Appendix E: Additional Data Tables and Graphs.

Figure 3. Age Distribution, by State and County, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

The racial and ethnic composition of Middlesex County in 2019-2023 was more diverse compared to New Jersey overall. Middlesex County had a higher percentage of Asian, non-Hispanic residents (25.1%) compared to the state (9.9%). The county also had a slightly higher percentage of Hispanic/Latino residents (23.0%) compared to New Jersey (21.9%). The percentage of White, non-Hispanic residents in Middlesex County (44.2%) was lower than the state average (56.9%). Among the municipalities, Edison had the highest percentage of Asian, non-Hispanic residents (50.3%), while Perth Amboy had the highest percentage of Hispanic/Latino residents (80.8%). Additionally, Pleasant Plains, which had previously experienced a decline in population of 35.6%, reported a diverse racial and ethnic composition with 21.4% Asian, non-Hispanic, 23.1% Black or African American, non-Hispanic, and 46.8% White, non-Hispanic residents (Table 3).

Table 3. Race and Ethnicity of Middlesex County Residents, by State, County, and Town, 2019-2023

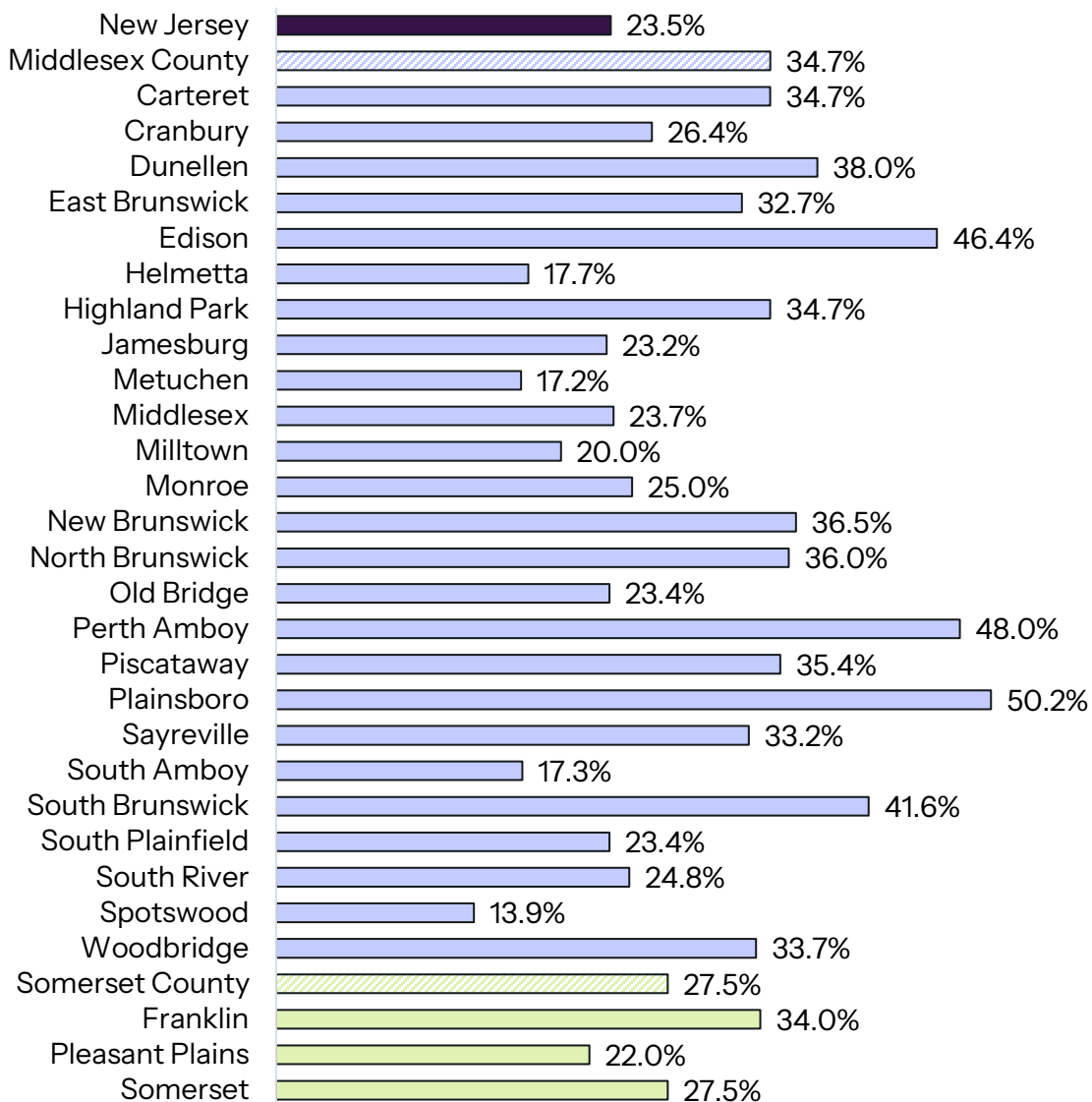
	American Indian and Alaska Native, non-Hispanic	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/Latino	White, non-Hispanic
New Jersey	0.5%	9.9%	13.0%	21.9%	56.9%
Middlesex County	0.9%	25.1%	10.4%	23.0%	44.2%
Carteret	0.6%	24.5%	17.3%	34.0%	27.2%
Cranbury	0.0%	24.0%	4.8%	3.1%	63.1%
Dunellen	0.0%	11.5%	5.9%	45.0%	36.8%
East Brunswick	0.1%	28.1%	5.5%	12.9%	51.3%
Edison	0.2%	50.3%	8.9%	11.4%	27.5%
Helmetta	0.0%	10.1%	5.7%	11.3%	76.0%
Highland Park	2.2%	20.3%	5.5%	15.0%	59.3%
Jamesburg	0.0%	5.3%	1.9%	35.6%	67.3%
Metuchen	0.1%	16.8%	5.1%	7.7%	64.1%
Middlesex	1.6%	11.7%	7.1%	26.3%	60.7%
Milltown	0.0%	3.4%	4.6%	10.5%	78.5%
Monroe	0.1%	25.0%	2.3%	5.7%	68.6%
New Brunswick	7.3%	8.6%	13.1%	51.1%	37.3%
North Brunswick	0.4%	22.8%	21.0%	26.6%	30.0%
Old Bridge	0.1%	14.8%	9.5%	16.2%	62.3%
Perth Amboy	3.0%	1.7%	7.7%	80.8%	32.3%
Piscataway	0.3%	32.9%	20.4%	14.3%	32.4%
Plainsboro	0.0%	56.3%	7.2%	4.4%	31.4%
Sayreville	0.3%	16.9%	13.2%	21.2%	52.8%
South Amboy	0.2%	4.9%	10.7%	20.5%	65.3%
South Brunswick	0.1%	48.3%	5.8%	7.2%	35.5%
South Plainfield	0.5%	16.0%	11.0%	18.6%	55.0%
South River	0.9%	4.3%	11.8%	26.7%	58.1%
Spotswood	0.5%	7.6%	1.4%	12.3%	79.0%
Woodbridge	0.2%	24.3%	12.1%	23.5%	44.1%
Somerset County	0.4%	19.1%	9.6%	17.0%	54.1%
Franklin	0.2%	24.2%	26.2%	17.7%	31.4%
Pleasant Plains	5.2%	21.4%	23.1%	2.1%	46.8%
Somerset	0.0%	21.4%	32.0%	12.0%	36.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Foreign-Born Population

Figure 4 shows that the percentage of the foreign-born population in Middlesex County (34.7%) is relatively higher than the state average for New Jersey (23.5%). Within Middlesex County, the town of Plainsboro has the highest percentage of foreign-born residents at 50.2%, followed by Perth Amboy (48.0%) and Edison (46.4%). Other towns with high percentages of foreign-born residents include South Brunswick (41.6%) and Dunellen (38.0%). Conversely, towns like Spotswood (13.9%) and Helmetta (17.7%) have the lowest percentages of foreign-born residents. The overall average percentage of foreign-born population across all municipalities is 30.1%, highlighting the diverse and multicultural nature of Middlesex County.

Figure 4. Percent of Population Foreign-Born, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 4 shows the top five birth places for foreign-born residents in New Jersey, Middlesex County, and Somerset County for the period 2019–2023. In New Jersey, the largest groups are from India (12.6%), the Dominican Republic (9.7%), Mexico (4.8%), Ecuador (4.6%), and Colombia (4.4%). In Middlesex County, the top places of birth are India (32.7%), Dominican Republic (10.6%), Mexico (4.8%), China (4.5%), and Philippines (3.6%). In Somerset County, the largest groups are from India (25.6%), China (8.5%), Dominican Republic (4.4%), Colombia (4.2%), and Philippines (3.8%). Additional information on foreign born populations, such as the percent change in foreign born population can be found in Appendix E: Additional Data Tables and Graphs.

Table 4. Top 5 Places of Birth for Foreign Born Residents, by State, County, and Town, 2019–2023

	New Jersey	Middlesex County	Somerset County
1	India (12.6%)	India (32.7%)	India (25.6%)
2	Dominican Republic (9.7%)	Dominican Republic (10.6%)	China (8.5%)
3	Mexico (4.8%)	Mexico (4.8%)	Dominican Republic (4.4%)
4	Ecuador (4.6%)	China (4.5%)	Colombia (4.2%)
5	Colombia (4.4%)	Philippines (3.6%)	Philippines (3.8%)

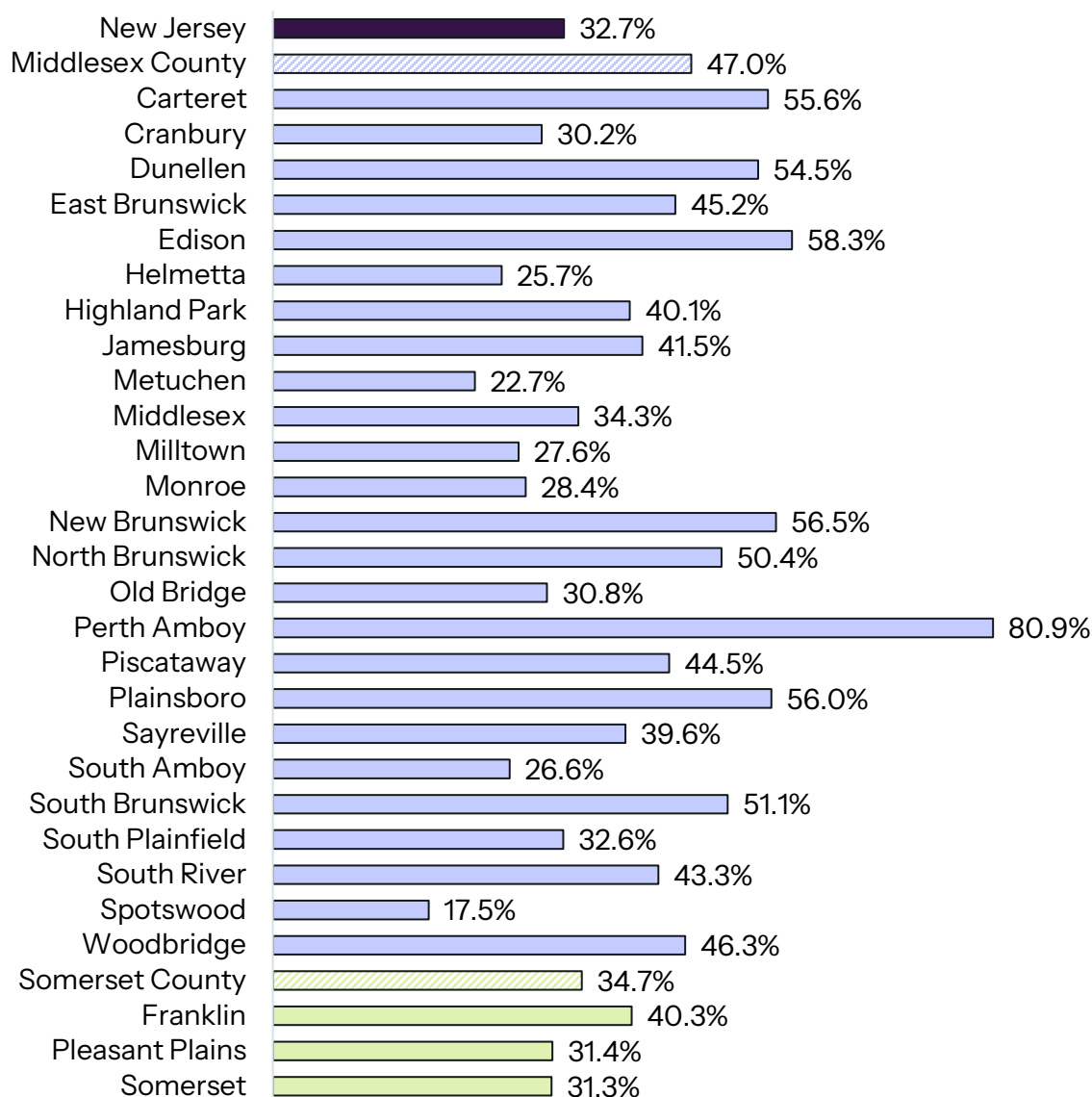
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

NOTE: Data shown for China does not include Hong Kong or Taiwan.

Language Diversity

Figure 5 illustrates that nearly half (47.0%) of the residents in Middlesex County speak a language other than English at home, which is notably higher than the state average for New Jersey, where 32.7% of the population speaks a language other than English at home. Within Middlesex County, Perth Amboy has the highest percentage of residents speaking a language other than English at home, at 80.9%, followed by Edison (58.3%) and Plainsboro (56.0%). Other towns with high percentages include Carteret (55.6%), Dunellen (54.5%), and South Brunswick (51.1%). Conversely, towns like Spotswood (17.5%) and Metuchen (22.7%) have the lowest percentages.

Figure 5. Percent Population Aged 5+ Speaking Language Other than English at Home, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 5. Top 5 Languages Spoken at Home, by State, County, and Town, 2019-2023 highlights the top five languages spoken at home in New Jersey, Middlesex County, Somerset County, and selected towns for the period 2019-2023. In New Jersey, the most commonly spoken language other than English is Spanish (17.0%), followed by other Indo-European languages (5.5%), other Asian and Pacific Island languages (1.6%), Chinese (Mandarin, Cantonese) (1.4%), and French, Haitian, or Cajun (1.1%).

In Middlesex County, Spanish is also the most spoken language at home (18.3%), but there is a higher percentage of residents speaking other Indo-European languages (13.4%) and other Asian and Pacific Island languages (4.9%). Chinese (Mandarin, Cantonese) is spoken by 2.7%

of the population, and French, Haitian, or Cajun by 0.7%. Additionally, in Carteret, 27.3% of residents speak Spanish at home, while in Dunellen, 40.4% of residents speak Spanish.

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 89 located in Appendix E: Additional Data Tables and Graphs demonstrates that 35.6% of Middlesex County population lack English proficiency among those who speak a language other than English at home. This data underscores the linguistic diversity within Middlesex County and the importance of providing multilingual services to meet the needs of its residents.

Table 5. Top 5 Languages Spoken at Home, by State, County, and Town, 2019-2023

	Spanish	Other Indo-European languages	Other Asian and Pacific Island languages	Chinese (Mandarin, Cantonese)	French, Haitian, or Cajun
New Jersey	17.0%	5.5%	1.6%	1.4%	1.1%
Middlesex County	18.3%	13.4%	4.9%	2.7%	0.7%
Carteret	27.3%	20.0%	1.1%	0.1%	2.2%
Cranbury	3.1%	10.8%	2.1%	10.7%	0.0%
Dunellen	40.4%	3.8%	0.9%	0.0%	0.0%
East Brunswick	9.3%	12.9%	3.1%	6.3%	0.3%
Edison	9.0%	23.8%	12.3%	5.5%	0.7%
Helmetta	5.2%	5.0%	0.9%	0.4%	0.0%
Highland Park	12.9%	6.6%	3.1%	7.8%	0.3%
Jamesburg	27.5%	6.2%	0.5%	1.7%	0.0%
Metuchen	3.7%	8.2%	1.2%	3.6%	0.5%
Middlesex	18.3%	8.3%	0.7%	0.0%	0.5%
Milltown	7.2%	4.9%	1.0%	0.2%	2.1%
Monroe	3.1%	12.2%	6.0%	1.4%	0.6%
New Brunswick	47.0%	2.3%	1.2%	2.9%	0.4%
North Brunswick	22.7%	12.6%	5.0%	1.5%	0.2%
Old Bridge	8.6%	11.0%	0.9%	0.9%	0.9%
Perth Amboy	76.3%	1.2%	0.2%	0.1%	0.2%
Piscataway	10.7%	16.1%	4.6%	4.3%	1.3%
Plainsboro	2.0%	17.9%	18.0%	10.0%	0.7%
Sayreville	13.0%	13.1%	1.8%	1.2%	0.9%
South Amboy	13.9%	2.8%	0.9%	0.7%	0.1%
South Brunswick	5.5%	21.0%	14.9%	4.0%	0.2%
South Plainfield	12.8%	7.8%	3.9%	0.8%	0.4%
South River	18.6%	16.3%	0.0%	1.4%	0.0%
Spotswood	4.0%	6.5%	0.4%	1.7%	0.4%
Woodbridge	17.4%	16.8%	3.4%	0.6%	1.2%
Somerset County	13.1%	8.4%	3.1%	3.7%	1.0%
Franklin	12.8%	13.3%	2.9%	2.6%	1.9%
Pleasant Plains	0.0%	16.6%	0.0%	3.3%	0.0%
Somerset	6.7%	8.3%	2.9%	3.6%	2.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Community Social and Economic Environment

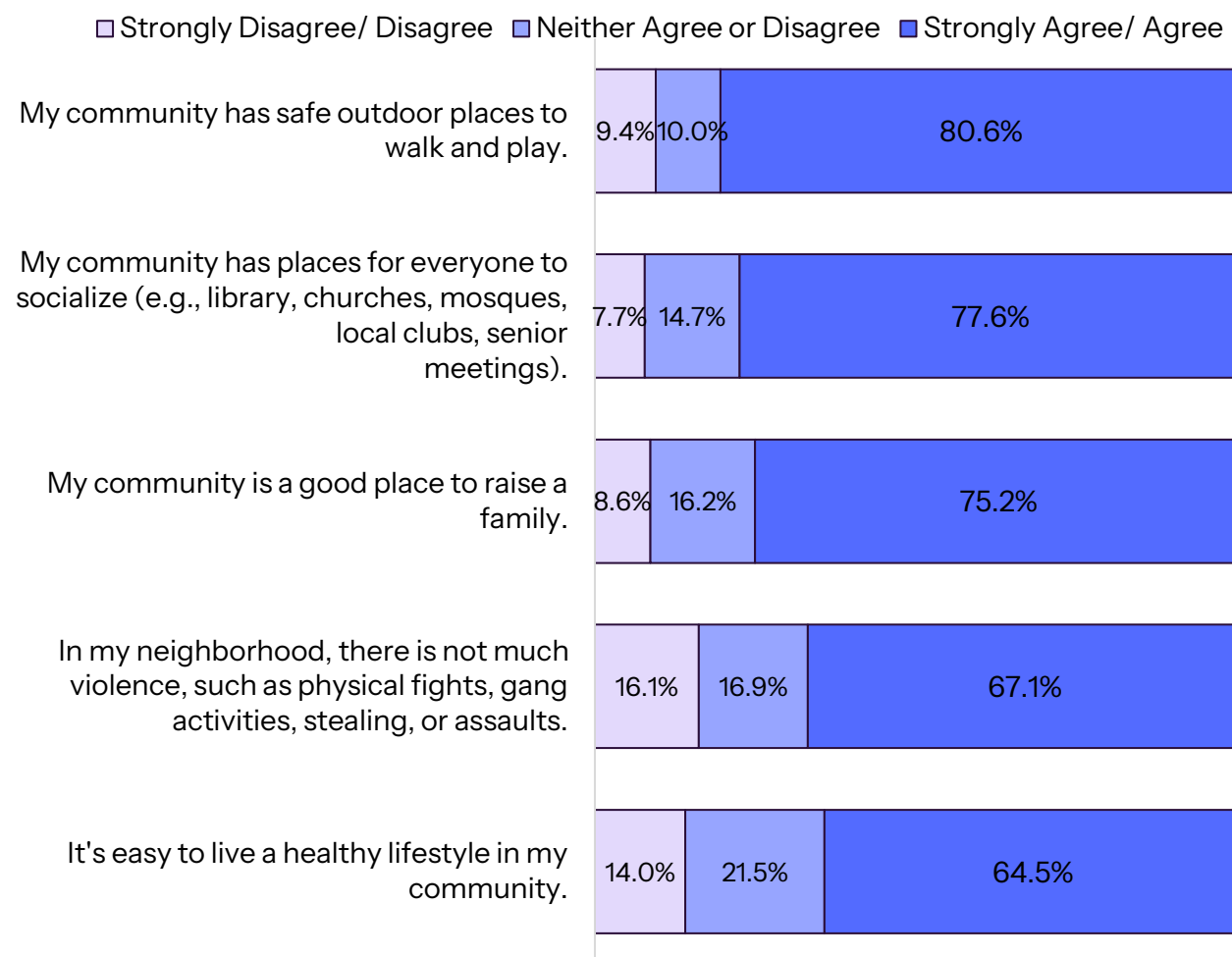
Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that facilitate physical activity, resident engagement, and access to 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 linked with health and healthcare access, and contribute to stressful life events that affect multiple aspects of health.

Community Strengths and Assets

Interviewees and focus group participants identified numerous strengths of their community. Residents appreciated that Middlesex County had many amenities nearby including green spaces and parks, restaurants and shops, vibrant arts and history, and good schools. An interview participant stated, *“we have a vibrant community in Middlesex County. [We’re] rich in culture, history heritage, and traditions”* with a focus group participant describing, *“it’s very peaceful here. There’s a park where I can go running and there are trees that flower and I really like that.”* In addition to the many amenities available in and near Middlesex County, qualitative discussion participants named the county’s diversity as a key strength. An interview participant stated, *“Middlesex County itself is diverse in all meanings of the word. It’s one of the most diverse [counties] ethnically and racially in the country.”*

Community survey respondents agreed with these themes. Community survey respondents highlighted several key assets: 80.6% reported that their community had safe outdoor places to walk and play, 77.6% noted the availability of places for everyone to socialize, and 75.2% felt their community was a good place to raise a family. Additionally, 67.1% of respondents believed their community had low levels of violence, and 64.5% indicated that it made it easy to live a healthy lifestyle (Figure 6).

Figure 6. Community Characteristics Rated by Level of Agreement by Middlesex County Survey Respondents, 2024

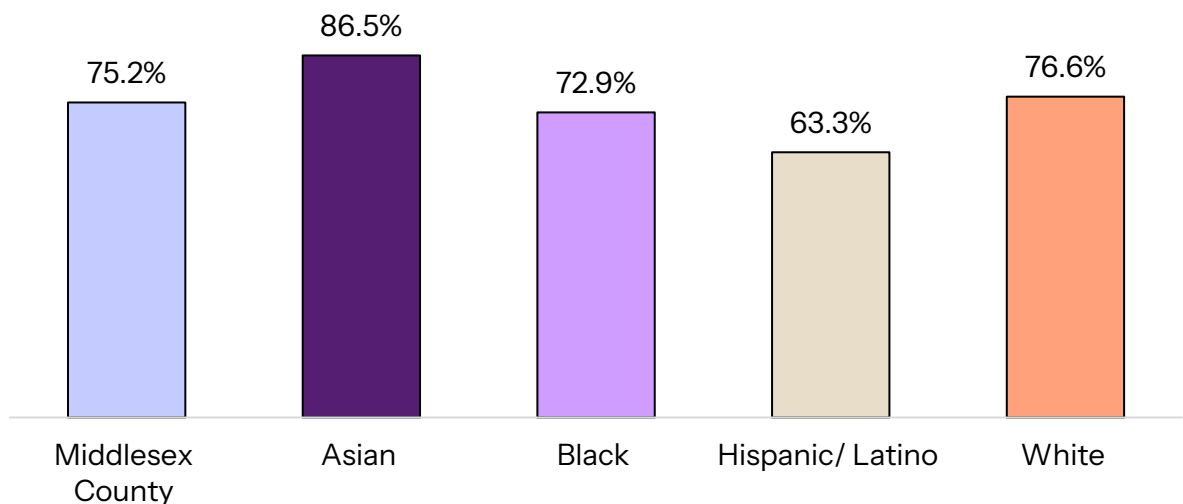


DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: The number of respondents ranged from n=1,138 to n=1,334 for the questions shown.

Of note, responses to survey questions about community characteristics varied by race and ethnicity. As shown in Figure 7, White and Asian respondents were more likely than Black and Hispanic/Latino respondents to agree or strongly agree that their community is a good place to raise a family. Specifically, 86.5% of Asian respondents and 76.6% of White respondents affirmed this statement, compared to 72.9% of Black respondents and just 63.3% of Hispanic/Latino respondents. These differences highlight the importance of examining community experiences through an equity lens, as perceptions of community quality and support can differ across demographic groups.

Figure 7. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement “My community is a good place to raise a family,” by Race/Ethnicity, (n=1138), 2024



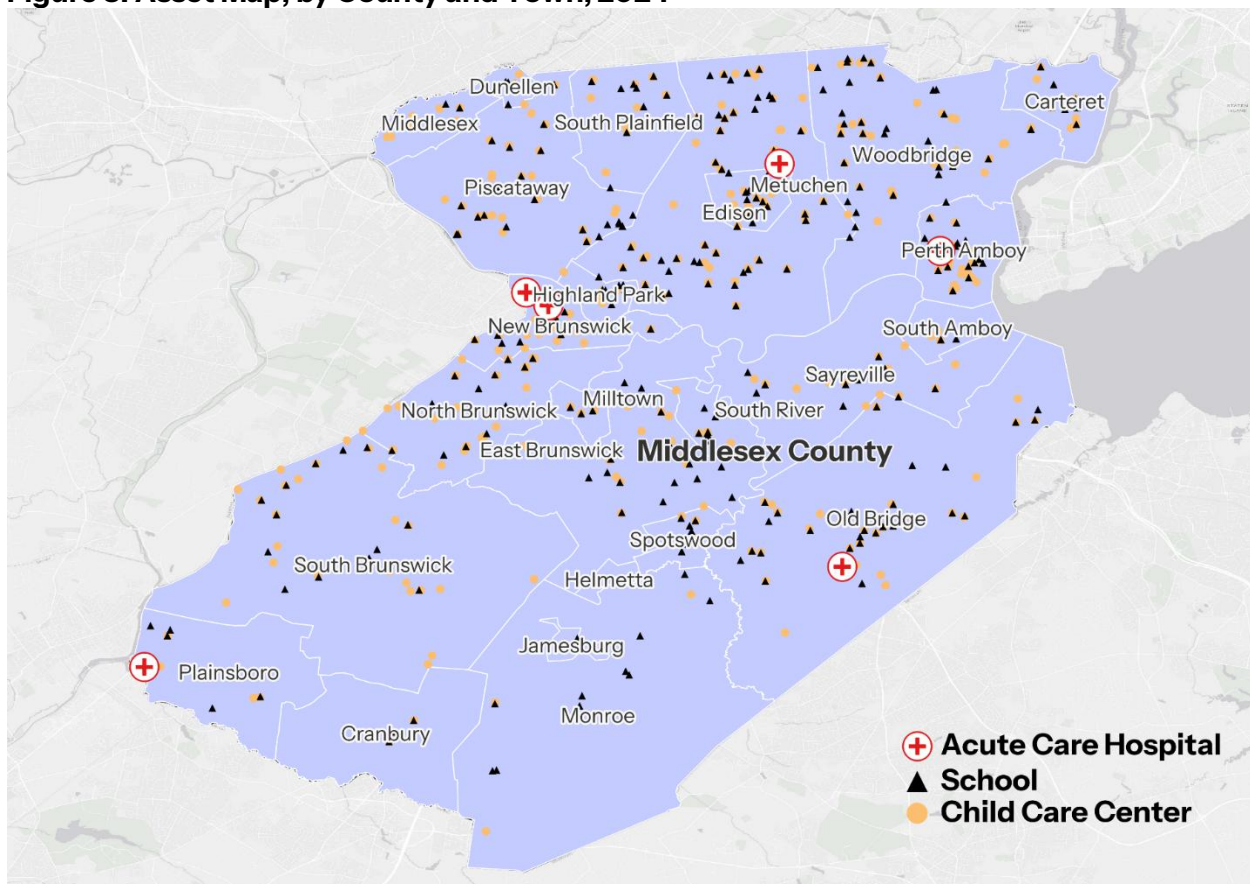
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Many interviewees valued and emphasized the high level of collaboration and partnership across the services available from across different sectors and institutions that serve Middlesex County residents. One key informant described, *“I think what’s so beautiful about Healthier Middlesex is we have a collaboration and network of different organizations from the social to the healthcare sector. In order to assist a person overall, we need to address both, we need to address social and health needs. So, the fact we have such an integrated collaborative helps us see what we have available in our community so that we can connect patients to address both needs.”*

“I like that there are a lot of supports in place for children, students, and for families in general. I like that for the health clinics here, you don’t need to have Medicaid for them to provide transportation to appointments. Also there is a lot of support from the community centers here”.
– Focus Group Participant

Many interviewees and focus group participants also valued the many resources available to residents in Middlesex County. The wealth of resources available in Middlesex County is visually presented in the map below. There are six acute care hospitals as well as 309 schools and 343 childcare centers in Middlesex County (Figure 8). More information on assets in New Jersey can be found in Figure 90 in Appendix E: Additional Data Tables and Graphs.

Figure 8. Asset Map, by County and Town, 2024



DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Education

Educational attainment is a key indicator of socioeconomic position, offering insights beyond income, wealth, and poverty. According to NJ Department of Education data, most (91.1%) New Jersey public school students graduated from high school (Table 6). In Middlesex County, several school districts exceeded the state average, reflecting strong educational outcomes in the region.

For example, Metuchen Public School District reported a graduation rate of 97.8%, one of the highest in the county, with 100% graduation rates for both Black and Hispanic students. Similarly, Middlesex County Vocational and Technical School District achieved an impressive 98.4% graduation rate overall. Other high-performing districts included East Brunswick Township (96.0%), Middlesex Borough (95.9%), and Edison Township (92.8%).

Graduation rates varied across racial and ethnic groups. In Edison Township, Asian students graduated at a rate of 96.3%, while Black and Hispanic students had lower rates at 84.6% and 86.5%, respectively. Highland Park Boro School District showed a perfect 100% graduation rate for Asian students but a lower rate of 75.0% for Black students.

While most districts in Middlesex County performed well, disparities by race and ethnicity persist, highlighting the need for continued efforts to ensure equitable educational outcomes for all students. More detailed information on educational attainment in Middlesex County can be found in Appendix E: Additional Data Tables and Graphs.

Table 6. Four-Year Adjusted Cohort High School Graduation Rates, by Race/Ethnicity, by State and School District, 2019-2023

	Overall	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic / Latino	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Carteret Public School District	91.9%	95.2%	94.7%	90.5%	92.3%
Dunellen Public School District	92.5%	*	100.0%	86.0%	100.0%
East Brunswick Township School District	96.0%	97.3%	100.0%	86.7%	96.9%
Edison Township School District	92.8%	96.3%	84.6%	86.5%	90.0%
Highland Park Boro School District	92.2%	100.0%	75.0%	90.3%	100.0%
Metuchen Public School District	97.8%	97.5%	100.0%	100.0%	96.9%
Middlesex Borough School District	95.9%	*	100.0%	90.8%	100.0%
Middlesex County Vocational and Technical School District	98.4%	100.0%	95.0%	98.6%	97.9%
Monroe Township School District	94.2%	98.7%	85.0%	82.4%	94.4%
New Brunswick School District	73.9%	*	79.3%	73.0%	*
North Brunswick Township School District	94.8%	94.6%	95.1%	94.5%	95.2%
Old Bridge Township School District	93.9%	94.1%	89.7%	89.4%	95.7%
Perth Amboy Public School District	85.6%	*	80.6%	85.8%	*
Piscataway Township School District	94.9%	93.9%	97.0%	92.1%	96.9%
Sayreville School District	89.9%	94.0%	81.0%	86.0%	93.9%
South Amboy School District	94.9%	*	100.0%	87.0%	97.4%
South Brunswick School District	95.8%	98.4%	92.0%	85.9%	94.4%
South Plainfield School District	93.3%	95.3%	95.3%	89.4%	95.1%
South River Public School District	93.9%	*	87.5%	93.8%	94.3%
Spotswood Public School District	94.2%	100.0%	*	95.7%	94.6%

Table 6 continues on the next page.

Table 6. Four-Year Adjusted Cohort High School Graduation Rates, by Race/Ethnicity, by State and School District, 2019-2023 (Continued)

	Overall	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic /Latino	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Woodbridge Township School District	92.0%	93.7%	90.9%	88.9%	93.5%
Franklin Township Public School District	88.0%	97.2%	91.6%	80.2%	91.0%
Somerset County Vocational and Technical School District	98.8%	100.0%	*	100.0%	97.5%
Somerset Hills Regional School District	86.4%	90.9%	*	61.4%	96.1%

DATA SOURCE: New Jersey Department of Education, School Performance, 2023

NOTE: Asterisk (*) indicates that data are not displayed to protect student privacy.

Focus group and interview participants highlighted the presence of strong school systems and opportunities for higher education within their communities. In addition to existing strengths, they observed that townships across the county are actively expanding and improving local schools. One participant remarked, “the township is spending more money to bring different schools [here] so if you are building your family this is an ideal place to live.” Participants also pointed to the presence of Middlesex College as an asset in the community, and described it as, “a county college and it’s a traditional community college and is one of best in [the] country.”

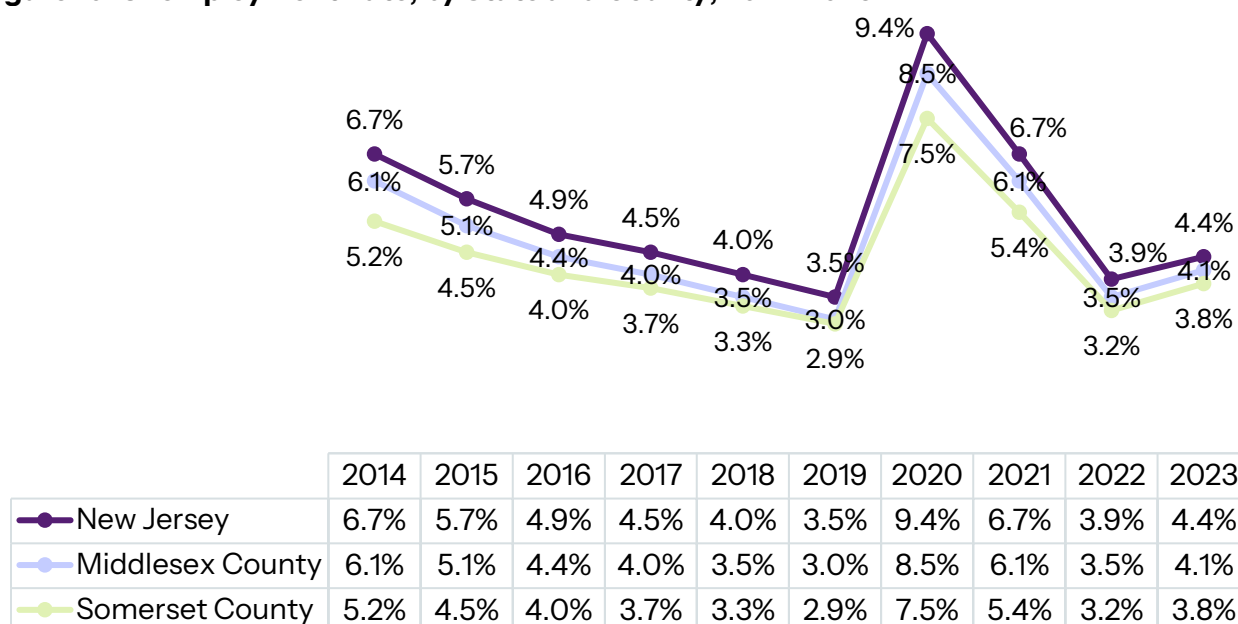
“I love the school system in my community. [They are] blue ribbon schools and are good for family builders. They are very highly rated.” – Focus group participant

Employment and Workforce

Employment is a key driver of health and well-being, providing income, benefits, and stability. Yet, many residents in Middlesex County continue to face economic insecurity—even while employed. According to data from the Bureau of Labor Statistics, unemployment rates in New Jersey and Middlesex County generally declined between 2014 and 2023 and characterized by major disruptions during the COVID-19 pandemic.

In 2014, New Jersey’s unemployment rate was 6.7%, compared to 6.1% in Middlesex County. By 2019, just before the pandemic, rates had dropped to 4.0% statewide and 3.5% in Middlesex, reflecting a strong labor market. The pandemic caused a sharp spike in 2020, with unemployment rising to 9.4% statewide and 8.5% in Middlesex. Recovery began in 2021, and by 2023, rates had nearly returned to pre-pandemic levels: 4.4% statewide and 4.1% in Middlesex (Figure 10).

Figure 10. Unemployment Rate, by State and County, 2014–2023



DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014–2023

Note: Somerset County data is included in Figure 10 for reference only.

Table 7 shows persistent disparities in unemployment rates in New Jersey between 2019 and 2023, underscoring the structural inequalities embedded in the labor market. While the overall unemployment rate for the state stood at 6.2%, this figure masked marked variation among different communities. Black or African American (non-Hispanic) residents experienced the highest unemployment rate at 9.0%, followed by Hispanic/Latino individuals at 7.2%. In contrast, Asian (non-Hispanic) residents had the lowest rate at 4.7%, with White (non-Hispanic) individuals at 5.3%. Those categorized under “Additional Race” faced a rate of 7.4%, further highlighting the uneven distribution of economic opportunity.

In Middlesex County, the overall unemployment rate was slightly higher at 6.4%, with similar racial disparities. Black (non-Hispanic) residents had a 7.8% unemployment rate, and Hispanic/Latino individuals faced a rate of 7.9%. Asian (non-Hispanic) residents again had a lower rate at 5.1%, while White (non-Hispanic) individuals were at 6.0%. The “Additional Race” category in Middlesex showed an even higher rate of 8.7%, suggesting that certain groups within the county faced compounded barriers to employment.

At the municipal level, disparities were pronounced. Carteret’s overall unemployment was 8.8%, but 13.2% among Asian (non-Hispanic) residents. Cranbury had just 4.4% overall, yet 25.0% among Black (non-Hispanic) residents. More data by age and gender is available in Appendix E. Table 7 shows that Dunellen, Black (non-Hispanic) residents faced a 10.2% unemployment rate, compared to 3.8% for White (non-Hispanic) residents—underscoring racial disparities despite low overall unemployment.

Table 7. Unemployment Rate, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/Latino	White, non-Hispanic	Additional Race
New Jersey	6.2%	4.7%	9.0%	7.2%	5.3%	7.4%
Middlesex County	6.4%	5.1%	7.8%	7.9%	6.0%	8.7%
Carteret	8.8%	13.2%	8.9%	7.5%	4.6%	2.4%
Cranbury	4.4%	1.4%	25.0%	0.0%	4.1%	0.0%
Dunellen	5.6%	6.1%	10.2%	6.3%	3.8%	8.4%
East Brunswick	4.6%	6.7%	0.6%	6.3%	3.7%	3.4%
Edison	5.8%	5.6%	6.0%	6.1%	5.6%	5.1%
Helmetta	6.8%	5.5%	0.0%	16.3%	4.9%	17.5%
Highland Park	4.7%	1.8%	3.9%	1.7%	6.7%	2.5%
Jamesburg	4.5%	0.4%	0.0%	9.1%	4.7%	7.8%
Metuchen	5.3%	2.3%	7.4%	4.9%	4.9%	4.5%
Middlesex	4.7%	2.5%	10.2%	4.2%	4.6%	7.6%
Milltown	4.8%	0.0%	0.0%	3.2%	5.7%	0.0%
Monroe	5.7%	3.5%	0.0%	7.3%	6.9%	0.0%
New Brunswick	6.5%	4.3%	14.7%	6.3%	5.2%	7.4%
North Brunswick	6.5%	8.8%	5.8%	5.1%	6.1%	5.8%
Old Bridge	7.1%	5.0%	10.4%	6.2%	6.9%	3.4%
Perth Amboy	12.8%	6.7%	13.7%	13.5%	9.7%	14.4%
Piscataway	7.4%	5.4%	12.2%	8.1%	6.0%	9.2%
Plainsboro	4.8%	4.8%	1.5%	0.0%	4.9%	7.9%
Sayreville	5.1%	4.3%	3.8%	4.4%	5.8%	3.0%
South Amboy	5.8%	2.5%	0.0%	12.5%	4.6%	9.6%
South Brunswick	5.7%	2.6%	12.3%	9.7%	6.4%	16.2%
South Plainfield	7.2%	3.5%	1.2%	14.9%	7.2%	20.4%
South River	8.9%	0.0%	0.0%	7.0%	11.1%	12.6%
Spotswood	9.6%	7.6%	0.0%	4.4%	11.0%	0.0%
Woodbridge	4.7%	4.4%	6.5%	4.3%	4.2%	5.2%
Somerset County	4.8%	3.8%	4.8%	5.5%	4.9%	5.7%
Franklin	4.4%	4.4%	3.6%	2.7%	5.6%	0.1%
Somerset	3.8%	2.8%	4.3%	2.5%	4.8%	0.0%
Pleasant Plains	10.3%	0.0%	0.0%	0.0%	0.0%	*

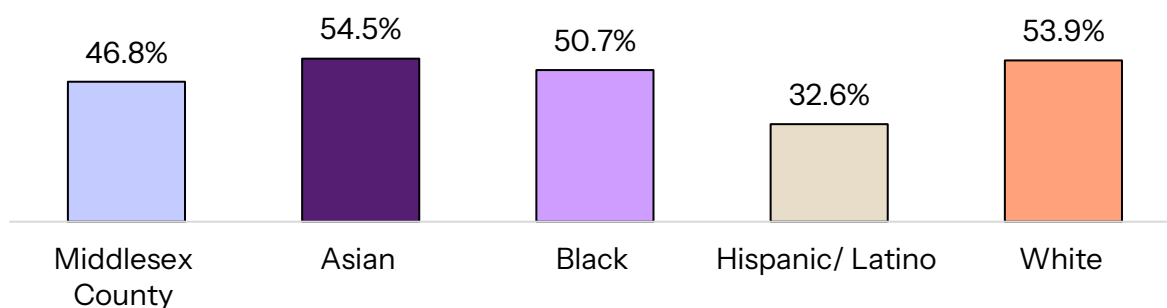
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Asterisk (*) means that data are suppressed.

Figure 11 shows that based on the 2024 Community Health Needs Assessment Survey, disparities exist in perceptions of local job opportunities across different racial and ethnic groups. For example, when asked whether they agreed or strongly agreed with the statement, “There are job opportunities in my area,” only 46.8% of all respondents in the county responded affirmatively. Breaking this down by race and ethnicity, Asian respondents were the most optimistic, with 54.5% expressing agreement. White respondents followed closely behind at 53.9%, while Black respondents showed a moderate level of agreement at 50.7%.

In stark contrast, only 32.6% of Hispanic/Latino respondents felt there were job opportunities in their area, highlighting a notable gap in perceived economic opportunity. These findings suggest that while a slight majority of some racial groups see promise in the local job market, others—particularly Hispanic/Latino residents—may face barriers or hold more pessimistic views about employment prospects.

Figure 11. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement “There are job opportunities in my area,” by Race/Ethnicity, (n= 1334), 2024



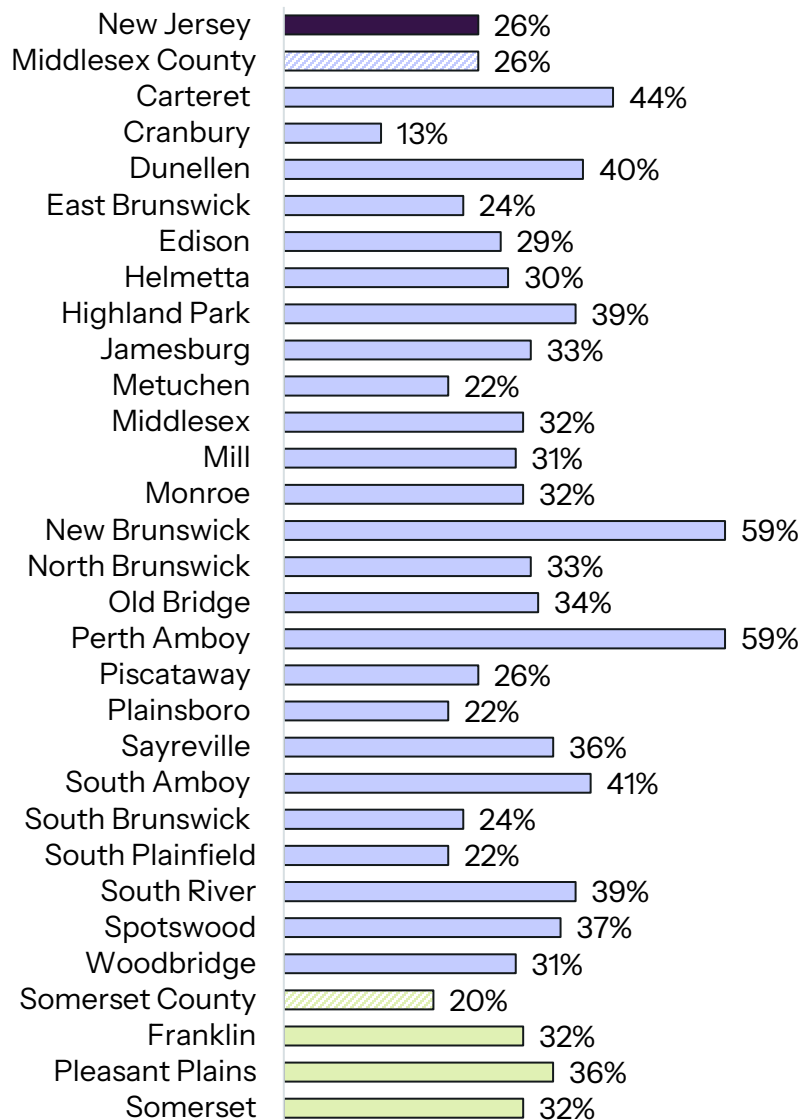
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Income and Financial Security

Income is a powerful social determinant of health—it shapes where people live and their ability to access essential resources like housing, food, transportation, and healthcare. In 2022, 26% of households in both New Jersey and Middlesex County lived below the ALICE threshold—Asset Limited, Income Constrained and Employed, meaning they earned too little to meet basic needs despite being employed. Figure 12 illustrates how this financial insecurity varies widely across communities.

In Middlesex County, nearly 60% of households in New Brunswick and Perth Amboy fell below the ALICE threshold. Other towns with high rates included Carteret (44%), South Amboy (41%), Dunellen (40%), Highland Park (39%), and South River (39%). In contrast, more affluent communities such as Cranbury (13%), Plainsboro (22%), South Plainfield (22%), and Metuchen (22%) reported comparatively lower rates. Somerset County had a lower overall ALICE rate at 20%, but towns like Franklin Township (32%), Pleasant Plains (36%), and Somerset (32%) still faced notable economic challenges.

Figure 12. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022



DATA SOURCE: United For ALICE 2024, derived from American Community Survey, 2010-2022

NOTE: The ALICE Threshold is calculated by United Way's United For ALICE initiative. ALICE stands for Asset Limited, Income Constrained, and Employed. Households living below the ALICE threshold represent households with working adults who cannot afford basic needs (childcare, transportation, housing, food, etc.).

Table 8 shows that across Middlesex County, household economic conditions vary widely. Between 2019 and 2023, data from the U.S. Census Bureau's American Community Survey revealed notable disparities in income across the county. While the median household income in Middlesex was \$109,028, exceeding the state median of \$101,050, this prosperity was not evenly distributed.

The range of incomes across communities was striking. At the high end, Cranbury reported a median household income of \$212,250, more than double the county average. Other affluent towns included Metuchen (\$157,779), East Brunswick (\$140,769), and South Brunswick (\$145,575), reflecting strong local economies and access to high-paying jobs.

In contrast, communities like Perth Amboy (\$58,490) and New Brunswick (\$60,248) had median incomes that were nearly half the county average, highlighting persistent economic challenges. These disparities—ranging from under \$60,000 to over \$200,000—underscore a more than threefold difference in household income within the same county (Table 8).

These income disparities are reflected in the lived experiences of residents, as described in interviews and focus groups conducted for this assessment. Current economic challenges and financial insecurity were discussed in several interviews and focus groups. Participants described rising costs across essential needs—gas, housing, food, transportation, childcare, and healthcare—and the daily struggle to afford them. While the rising cost of living affects everyone, participants noted that the impact has been especially severe for low-income individuals, including young adults entering the workforce and recent immigrants.

Table 8. Median Household Income, by State, County, and Town, 2019-2023

	Median income
New Jersey	\$ 101,050
Middlesex County	\$ 109,028
Carteret	\$ 87,553
Cranbury	\$ 212,250
Dunellen	\$ 84,789
East Brunswick	\$ 140,769
Edison	\$ 124,388
Helmetta	\$ 104,143
Highland Park	\$ 101,991
Jamesburg	\$ 117,719
Metuchen	\$ 157,779
Middlesex	\$ 107,063
Milltown	\$ 119,958
Monroe	\$ 106,892
New Brunswick	\$ 60,248
North Brunswick	\$ 117,301
Old Bridge	\$ 100,661
Perth Amboy	\$ 58,490
Piscataway	\$ 126,308
Plainsboro	\$ 124,852
Sayreville	\$ 98,629
South Amboy	\$ 110,125
South Brunswick	\$ 145,575
South Plainfield	\$ 126,063
South River	\$ 101,853
Spotswood	\$ 101,388
Woodbridge	\$ 108,347
Somerset County	\$ 135,960
Franklin	\$ 118,034
Pleasant Plains	*
Somerset	\$ 113,603

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Asterisk (*) means that data is suppressed.

Income Distribution in Middlesex County

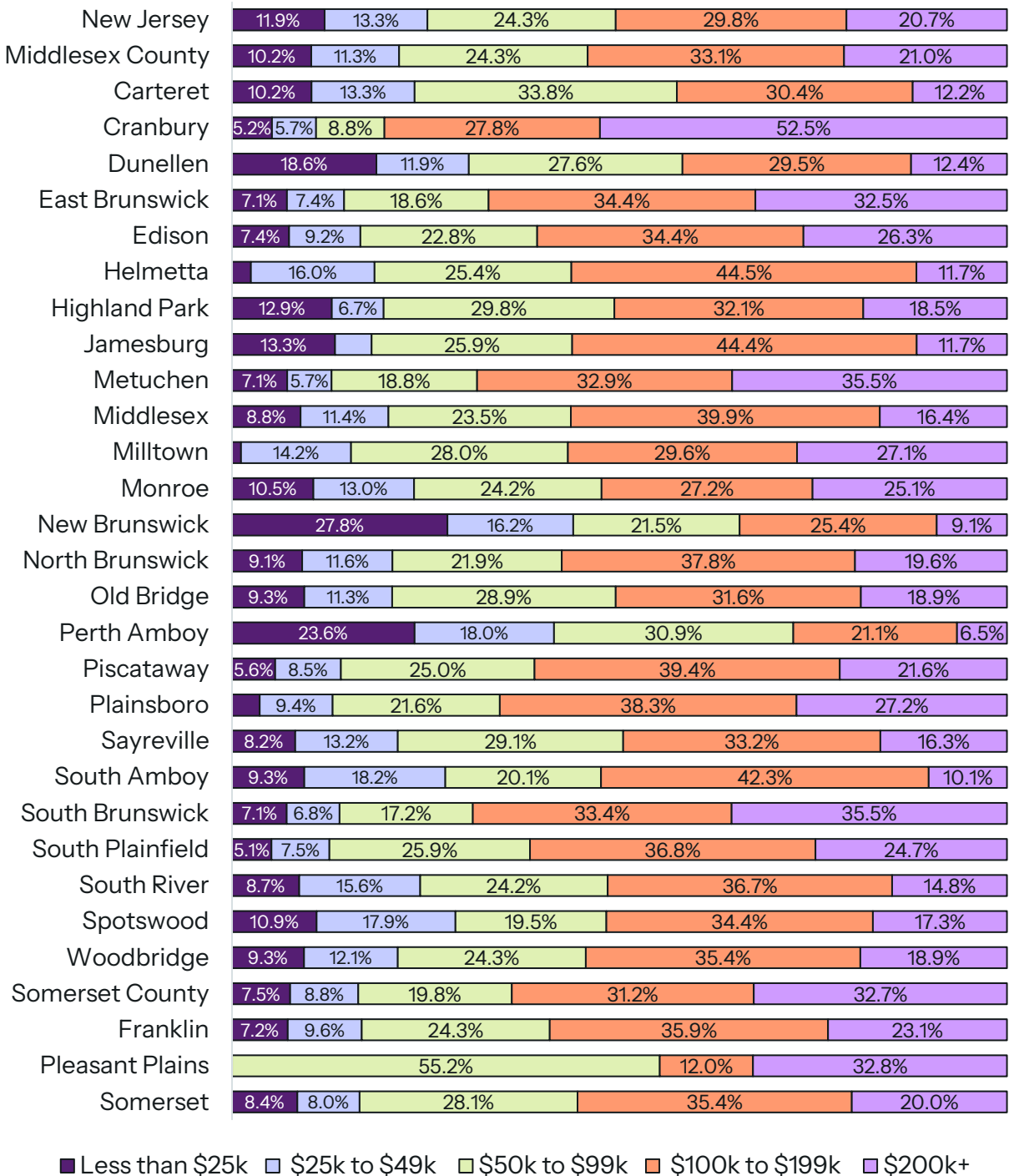
Recent data from the 2019–2023 American Community Survey highlights not only differences in median household income across Middlesex County, but also the distribution of income brackets within its communities—revealing a more nuanced picture of economic well-being (Figure 13). Middlesex County shows a diverse income profile, with 21.0% of households earning over \$200,000, slightly above the statewide average of 20.7% of households earning over \$200,000. Additionally, 10.2% of Middlesex County households earn less than \$25,000, slightly below the state average of 11.9% of households.

However, town-level variation is striking:

- Cranbury remains the most affluent, with 52.5% of households earning above \$200,000 and just 5.2% earning under \$25,000.
- Dunellen reflects a more modest profile, with 18.6% of households earning less than \$25,000 and only 12.4% earning above \$200,000.
- Carteret and Helmetta show predominantly middle-income distributions, with most households earning between \$50,000 and \$199,000, and smaller high-income segments (12.2% and 11.7%, respectively, earning over \$200,000).
- East Brunswick and Edison demonstrate a greater proportion of upper-middle-class residents, with over 30% of households earning between \$100,000 and \$199,000 and growing shares in the \$200,000+ bracket (32.5% and 26.3%, respectively).
- Perth Amboy and New Brunswick have the highest shares of households earning under \$25,000 (23.6% and 27.8%, respectively), highlighting areas of concentrated economic need.

Overall, the data suggest that while the county overall is relatively prosperous, inequities in income distribution persist.

Figure 13. Distribution of Household Income, by State, County, and Town, 2019–2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

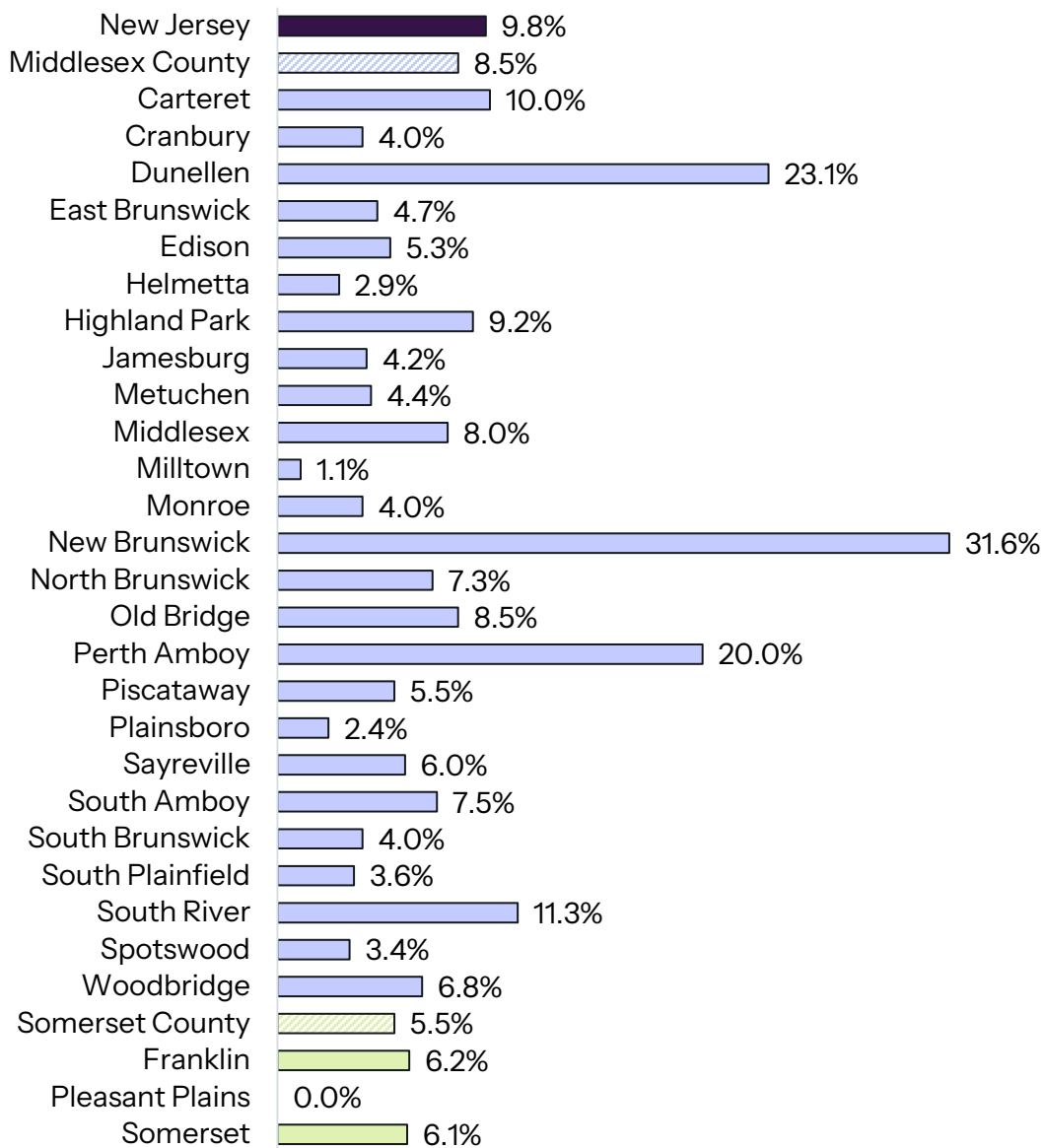
NOTE: Data labels under 5.0% are not shown.

Between 2019 and 2023, data from the U.S. Census Bureau's American Community Survey revealed that approximately 1 in 10 New Jersey residents lived below the poverty line (Figure 9). In comparison, Middlesex County reported a slightly lower poverty rate of 8.5%, indicating somewhat better overall economic conditions. However, this countywide average conceals substantial disparities among individual municipalities, where poverty levels vary widely.

At the high end of the spectrum, New Brunswick reported a poverty rate of 31.6%, more than three times the county average and the highest among all towns listed. Dunellen (23.1%) and Perth Amboy (20.0%) also faced elevated poverty levels, indicating concentrated economic hardship in these communities.

In contrast, several towns reported very low poverty rates, suggesting economic stability. Milltown (1.1%), Plainsboro (2.4%), Helmetta (2.9%), and South Plainfield (3.6%) were among the lowest, with Cranbury, Monroe, and South Brunswick all at or below 4.0%. While middle-income towns such as Edison (5.3%), Piscataway (5.5%), and Franklin (6.2%) hovered near or below the state average, reflecting moderate levels of economic vulnerability. Additional data is available in Appendix E: Additional Data Tables and Graphs.

Figure 9. Individuals Below Poverty Level, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

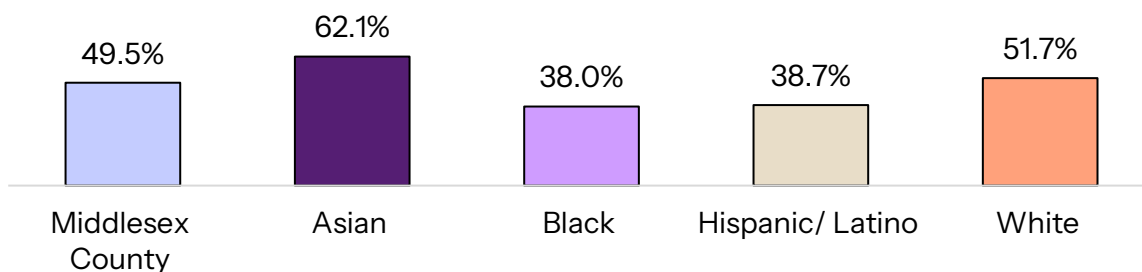
Perceptions of Economic Security Vary by Race and Ethnicity in Middlesex County

According to the 2024 Community Health Needs Assessment Survey, fewer than half of Middlesex County residents (49.5%) agreed or strongly agreed that people in their community can afford basic needs such as food, housing, and transportation (Figure 10). This perception of economic insecurity varied across racial and ethnic groups, revealing disparities in how different communities experience or observe financial stability.

- Asian respondents were the most likely to perceive economic sufficiency in their communities, with 62.1% expressing agreement.
- In contrast, only 38.0% of Black respondents and 38.7% of Hispanic/Latino respondents felt the same highlighting a stark gap in perceived access to basic needs.
- White respondents fell near the county average, with 51.7% agreeing that basic needs are generally affordable in their communities.

These findings suggest that economic perceptions are closely tied to racial and ethnic identity, potentially reflecting lived experiences with affordability, access to resources, and systemic inequities.

Figure 10. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement “People in my community can afford basic needs like food, housing, and transportation,” by Race/Ethnicity, (n= 1257), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food Insecurity and Healthy Eating

Food insecurity—not having reliable access to enough affordable, nutritious food—was a pressing and rising concern among many Middlesex County residents. Several participants discussed how food insecurity has seemed to increase as a consequence of inflation and rising costs of living. One focus group participant described the difficult choices that must be made by saying, *“the first thing that needs to be paid is the rent and then the utilities. Sacrifices end up being made when it comes to food.”* Interviewees and focus group participants described multiple community-based programs offering food to low-income populations, however challenges with access and stigma associated with these programs were viewed as barriers limiting access. An interviewee working in the food insecurity space explained, *“there is no shortage of food but it’s the efficiency in getting it where it needs to go in a timely manner, making it a welcoming and encouraging environment [while also] providing additional services on site.”*

“People who are food insecure make difficult choices—it’s either eat or pay my rent or pay my medications, the utilities. So, I think this is a big challenge. – Key Informant Interviewee

While many food access barriers are related to income constraints, they may also be related to geography and transportation challenges. Often, these three factors intersect to inhibit food access. Transportation costs have made it more difficult for residents, particularly those who are economically vulnerable, to access healthy foods. Focus group and interview participants reported a lack of chain grocery stores in major cities leading to more expensive prices. A participant explained, “New Brunswick doesn’t have big chain supermarkets, so they tend to be local groceries that are more expensive.”

In addition to higher prices at local supermarkets, focus group and interview participants described the presence of food deserts in some communities, particularly New Brunswick, making access to healthy food more challenging. An interview participant said, *“you’ll notice that major cities such as New Brunswick are food deserts at this point. Which transportation doesn’t help with when people have to go out through the entire city to get their groceries, which is an issue because of transportation issues as well. And we all know that people who need groceries might not actually have the transportation to get there.”* New Brunswick City and Perth Amboy City were classified as food deserts by the New Jersey Economic Development Authority (2022) (Table 34 located in Appendix E: Additional Data Tables and Graphs).

Figure 11 presents the proportion of households receiving food stamps/SNAP benefits across the state of New Jersey, Middlesex County and its municipalities, as well as selected towns in Somerset County, based on data from the U.S. Census Bureau’s American Community Survey (2019–2023). Table 33 located in Appendix E: Additional Data Tables and Graphs shows households receiving food stamps/SNAP by race/ethnicity.

Across New Jersey, 8.8% of households reported receiving food stamps/SNAP benefits. Middlesex County’s overall rate was slightly lower at 7.7%. However, this countywide average masks substantial variation at the municipal level.

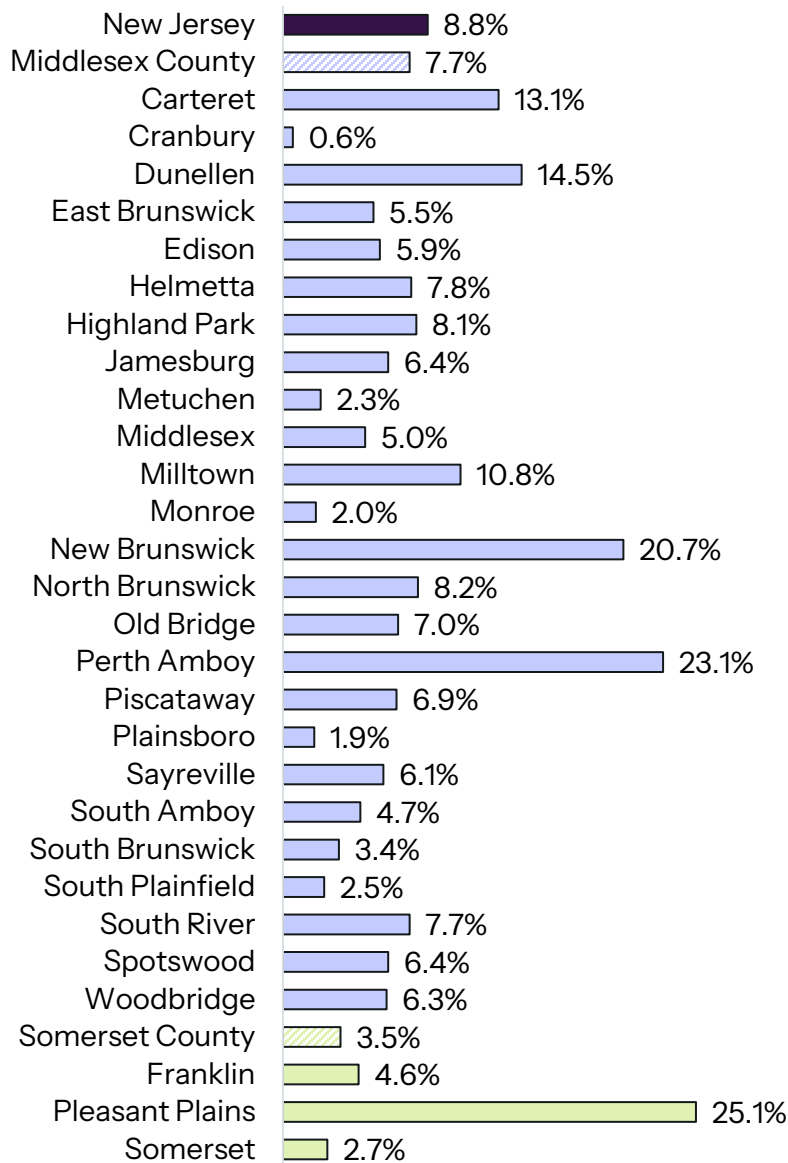
Within Middlesex County, Perth Amboy (23.1%) and New Brunswick (20.7%) had the highest proportions of households receiving SNAP benefits—more than double the state average and nearly triple the county average. Other municipalities with notably high rates include Dunellen (14.5%), Carteret (13.1%), and Milltown (10.8%).

In contrast, a number of towns reported SNAP participation rates well below the county and state averages. These include Cranbury (0.6%), Monroe (2.0%), Plainsboro (1.9%), and Metuchen (2.3%). These wide disparities point to differing levels of economic vulnerability and access to public assistance programs across the region.

In Somerset County, which overall had a lower household SNAP participation rate of 3.5%, the municipality of Pleasant Plains stood out with the highest rate in the entire figure—25.1%—exceeding even the highest rates in Middlesex County. Meanwhile, Somerset (2.7%) and Franklin (4.6%) reported rates below the state average.

Overall, the data suggests sharp geographic disparities in food insecurity and economic need, underscoring the importance of disaggregated data in understanding where support services are most urgently needed.

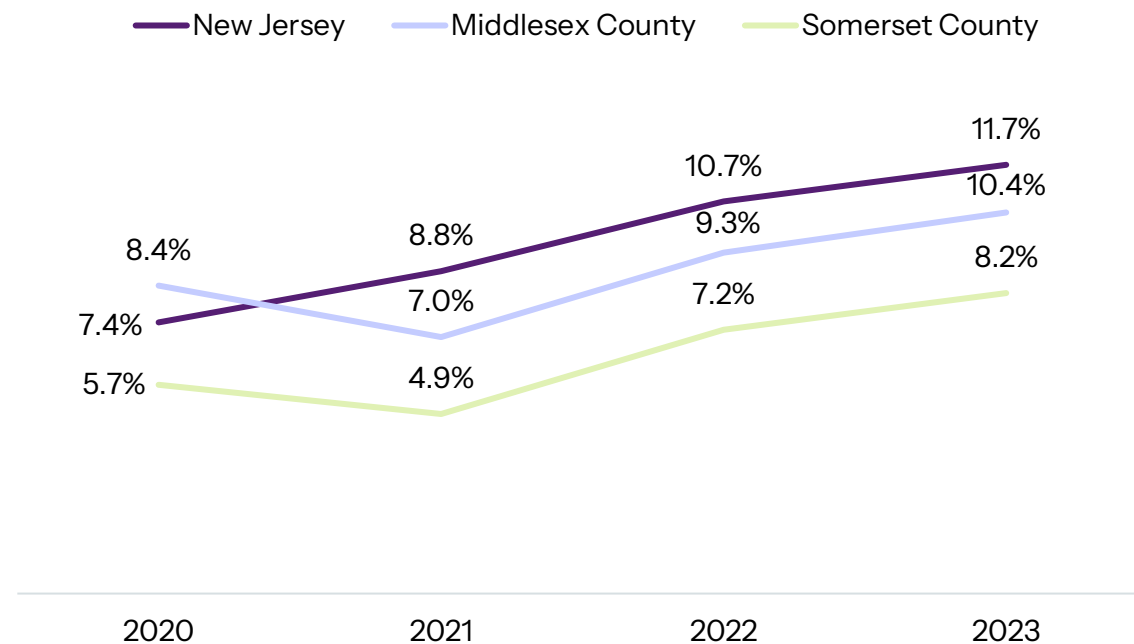
Figure 11. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 12 below visualizes the percent of the population who are food insecure by state and county. From 2021 to 2023 the percent of food insecure community members increased in both Middlesex and Somerset counties.

Figure 12. Percent Food Insecure, by State and County, 2020-2022



DATA SOURCE: Map the Meal Gap, Feeding America, 2023

Figure 13 highlights disparities in food insecurity across racial and ethnic groups in Middlesex County, based on responses to three food hardship questions asked in the 2024 Community Health Needs Assessment Survey.

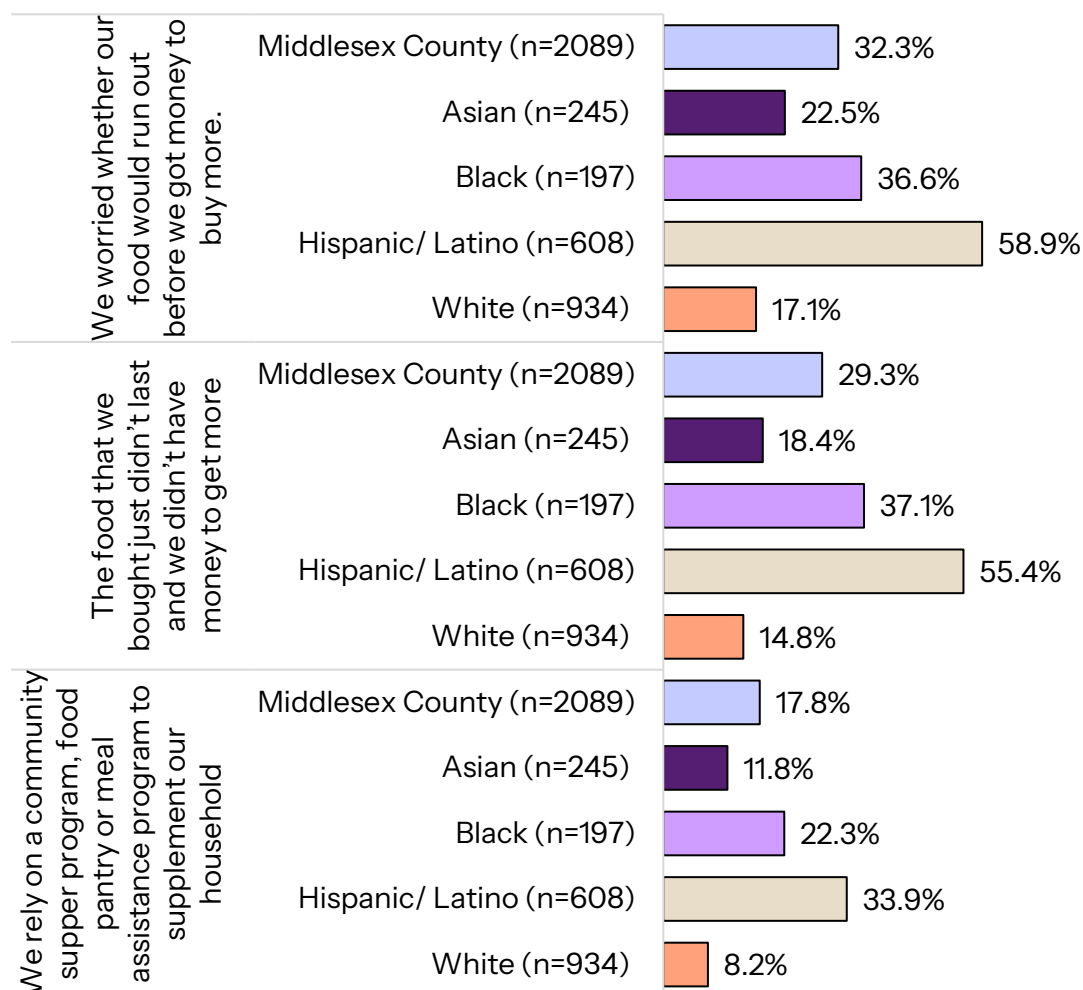
Across the county, 32.3% of respondents said they often or sometimes worried whether food would run out before they could afford to buy more. However, this concern was far more prevalent among Hispanic/Latino residents (58.9%), followed by Black residents (36.6%), both well above the county average. In contrast, White respondents (17.1%) and Asian respondents (22.5%) reported considerably lower levels of food-related worry.

Similar patterns emerged regarding whether households had enough money to buy more food after running out. Again, Hispanic/Latino residents (55.4%) and Black residents (37.1%) reported the highest levels of hardship, while Asian (18.4%) and White (14.8%) respondents reported lower levels of concern. The average for this measure was 29.3%.

Disparities were also evident in the use of food assistance programs. Nearly 34% of Hispanic/Latino respondents and 22.3% of Black respondents reported relying on a food pantry or assistance program to support their household—compared to only 11.8% of Asian and 8.2% of White respondents. The overall rate for the county was 17.8%.

These data points underscore the disproportionate burden of food insecurity borne by Hispanic/Latino and Black communities in Middlesex County. While the county average masks these inequities, disaggregated data reveals how structural and economic barriers to food access continue to affect communities of color at much higher rates.

Figure 13. Household Food Situation over the Past 12 Months, Percent of Middlesex County Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

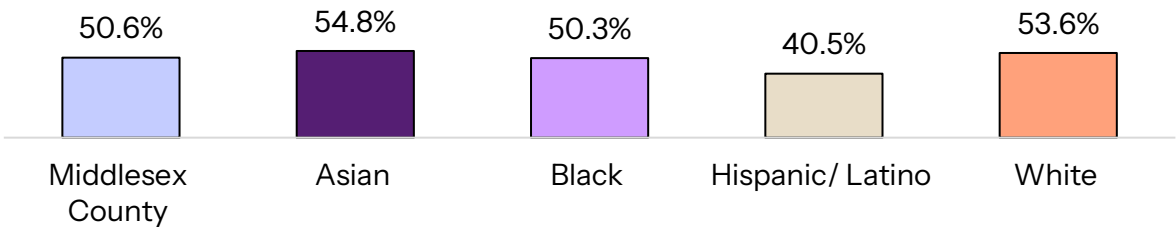
Figure 14 presents perceptions of the nutritional quality of school food options across racial and ethnic groups in Middlesex County, based on responses from the 2024 Community Health Needs Assessment Survey.

Countywide, just over half of respondents (50.6%) agreed or strongly agreed that schools in their community offer healthy food choices for children. However, perceptions varied across racial and ethnic groups.

Asian (54.8%) and White (53.6%) respondents were most likely to agree that schools offer healthy food options, slightly exceeding the county average. In contrast, Black respondents (50.3%) aligned closely with the county rate, while Hispanic/Latino respondents (40.5%) expressed the least confidence in school food offerings—falling more than 10 percentage points below the countywide average.

These findings suggest that while a modest majority of residents view school nutrition offerings positively, notable gaps in perception—particularly among Hispanic/Latino residents—may reflect differences in school-level practices, communication, or broader concerns about equity in access to healthy foods in schools

Figure 14. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement “Schools in my community offer healthy food choices for children,” by Race/Ethnicity, (n= 1138), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 9 illustrates the most commonly reported barriers to healthy eating among Middlesex County residents, disaggregated by race and ethnicity. Responses reflect self-identified reasons for not eating foods that are part of a healthy diet, based on the 2024 Community Health Needs Assessment Survey.

Across the county, the most common response (41.1%) was that nothing keeps residents from eating healthy foods, suggesting a general sense of autonomy or access among a portion of the population. This sentiment was highest among White residents (51.4%), followed by Asian (43.5%) and Black (38.1%) respondents. Notably, Hispanic/Latino residents were the least likely (24.3%) to report that nothing stood in their way—highlighting possible structural or cultural barriers more acutely experienced by this group.

The cost of healthy foods emerged as a consistent barrier across most groups, especially for Hispanic/Latino residents (49.5%), followed by Black (38.1%), Asian (32.3%), and White (28.1%) respondents. Countywide, 35.9% cited price as a major deterrent, underscoring the persistent affordability gap in access to nutritious food.

Lack of time to buy or prepare healthy meals was the third most cited barrier overall (28.0%), especially among Asian (29.3%), Black (29.8%), and White (22.7%) respondents. Interestingly, this ranked first for Hispanic/Latino residents (37.6%), revealing time constraints as a significant factor affecting dietary habits in this population.

Knowledge-related barriers also surfaced, particularly the response: “Don’t always know what foods are part of a healthy diet.” This was selected by 12.7% countywide, but notably higher among Hispanic/Latino residents (20.2%), pointing to an opportunity for culturally tailored nutrition education.

Other barriers included not knowing how to buy or prepare healthy foods and dislike of taste or lack of satiety from healthy foods, especially among Asian and Hispanic/Latino respondents. White respondents were more likely to cite “not in the mood for healthy foods” (10.0%)—a barrier less frequently reported among other groups.

Overall, the data reveal important racial and ethnic differences in the types of challenges residents face in maintaining a healthy diet. While structural barriers like cost and time are prevalent, informational and cultural factors also shape dietary behavior—highlighting the need for multifaceted, equity-centered strategies that address both access and knowledge in healthy eating.

Table 9. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among Middlesex County Residents, by Race/Ethnicity, 2024

	Middlesex County (n=1972)	Asian (n=232)	Black (n=181)	Hispanic/ Latino (n=598)	White (n=867)
1	Nothing keeps me from eating healthy foods (41.1%)	Nothing keeps me from eating healthy foods (43.5%)	Nothing keeps me from eating healthy foods (38.1%)	Price of healthy foods (49.5%)	Nothing keeps me from eating healthy foods (51.4%)
2	Price of healthy foods (35.9%)	Price of healthy foods (32.3%)	Price of healthy foods (38.1%)	Lack of time to buy or prepare healthy meals (37.6%)	Price of healthy foods (28.1%)
3	Lack of time to buy or prepare healthy meals (28.0%)	Lack of time to buy or prepare healthy meals (29.3%)	Lack of time to buy or prepare healthy meals (29.8%)	Nothing keeps me from eating healthy foods (24.3%)	Lack of time to buy or prepare healthy meals (22.7%)
4	Don't always know what foods are part of a healthy diet (12.7%)	Don't always know what foods are part of a healthy diet (10.8%)	Don't always know what foods are part of a healthy diet (10.5%)	Don't always know what foods are part of a healthy diet (20.2%)	Not in the mood for healthy foods (10.0%)
5	Don't know how to buy or prepare healthy foods (8.6%)	Don't like the taste or healthy foods don't fill me up (9.5%)	Don't know how to buy or prepare healthy foods (6.1%)	Don't know how to buy or prepare healthy foods (14.7%)	Don't always know what foods are part of a healthy diet (8.4%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Housing

Housing Affordability

Safe and affordable housing is integral to life, health, and well-being. Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing in Middlesex County is scarce. A focus group participant described, “there’s no low-income housing around here. It’s necessary to earn \$3000-5000 in order to pay rent.” Another focus group participant went further saying, “there were meetings years ago about building new apartments for low-income housing for residents in this area, but it’s been years since we’ve heard anything about them.”

Participants reported that the housing issues cut across race and age, but that immigrant and undocumented communities faced a higher burden due to their employment opportunities. An interview participant explained, *“because it’s an immigrant community, jobs are hard to come by and the wages they earn are not in tune with the going rate for rent, especially with the university here that skyrockets rent prices.”*

“To buy a house is getting very expensive in New Brunswick and central jersey. Rent in New Brunswick was low a couple years ago, now the market is getting saturated, so rent is very expensive.” – Key Informant Interviewee

According to several interviewees, the shelters and housing available for the housing unstable, low-income population in Middlesex County, are not sufficient to meet the need. One interview participant described: *“the housing situation is really hard...and even finding shelters is so hard [you’re] getting bounced from county shelter to county shelter.”*

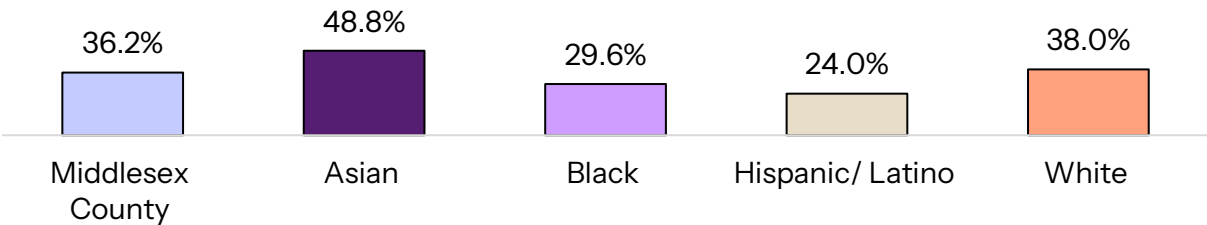
Overall, just 36.2% of county respondents agreed or strongly agreed that there is enough affordable, safe, and well-maintained housing in their community (Figure 15). However, these views varied by race and ethnicity.

Asian respondents (48.8%) were the most likely to express agreement with the statement—substantially above the county average—followed by White respondents (38.0%), whose views roughly mirrored the broader population.

In contrast, Black (29.6%) and Hispanic/Latino (24.0%) respondents were far less likely to feel that adequate housing was available in their communities. These lower rates point to disparities in access to affordable and safe housing—issues that disproportionately affect communities of color.

The data suggest that while some groups experience relative housing stability, others, particularly Hispanic/Latino and Black residents, face structural barriers that limit their access to quality, affordable housing.

Figure 15. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement “There is enough housing that I can afford that is safe and well-kept in my community,” by Race/Ethnicity, (n= 1257), 2024

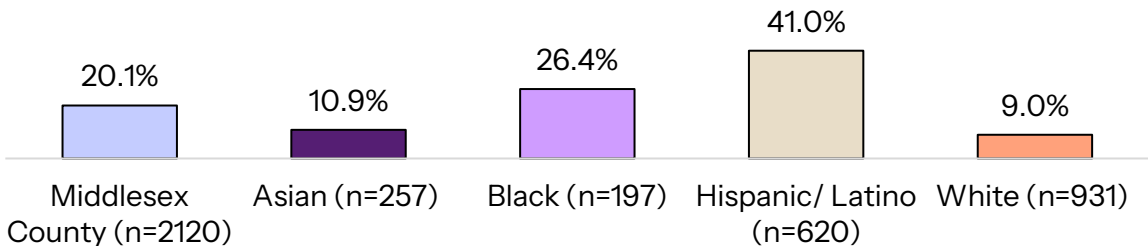


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Additionally, countywide, 20.1% of respondents expressed concern about their housing stability in the next two months. However, this average masks striking differences across racial and ethnic groups.

Hispanic/Latino respondents (41.0%) were by far the most likely to report housing instability concerns—more than double the countywide rate. Similarly, over one-quarter of Black respondents (26.4%) shared this concern, also well above the county average. In contrast, concerns were much lower among Asian (10.9%) and White (9.0%) respondents, suggesting a greater degree of housing security within those populations (Figure 16).

Figure 16. Percent of Middlesex County Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=2120), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Overall, the total homeless population increased by 71.8% in New Jersey between 2021 and 2025. Table 10 shows that as of January 28, 2025 there were 622 unhoused residents living in Middlesex County making up 4.5% of New Jersey’s total unhoused population. According to the 2025 Point-in-Time Count, there was almost no change in the number of people experiencing homelessness in Middlesex County between 2021 and 2025. The number of people who are unsheltered in Middlesex County over that period increased by 40%. While 10.4% of the general population identified as Black/African American in Middlesex County, they made up 39% of the population experiencing homelessness in that county. A majority of the homeless population in Middlesex (51%) reported having at least one type of disability. These findings point to a widening gap in housing precarity that disproportionately affects communities of color—particularly of Black/African Americans.

Table 10. Number and Percent of Homeless Population, by State and County, January 28, 2025

	N	%
New Jersey	13,748	100%
Middlesex County	622	4.5%
Somerset County	546	4.0%

DATA SOURCE: Point-in-Time 2025 Data Dashboard, Monarch Housing Associates, 2025

Note: Percentages reflect each county’s share of the total unsheltered population in New Jersey. The 100% figure corresponds to the statewide total.

Housing Landscape

In terms of housing occupancy, statewide, 63.7% of housing units in New Jersey were owner-occupied, while 36.3% were renter-occupied. Middlesex County mirrored this closely with a 63.5% homeownership rate and 36.5% rental rate. However, considerable variation exists at the municipal level (Figure 17).

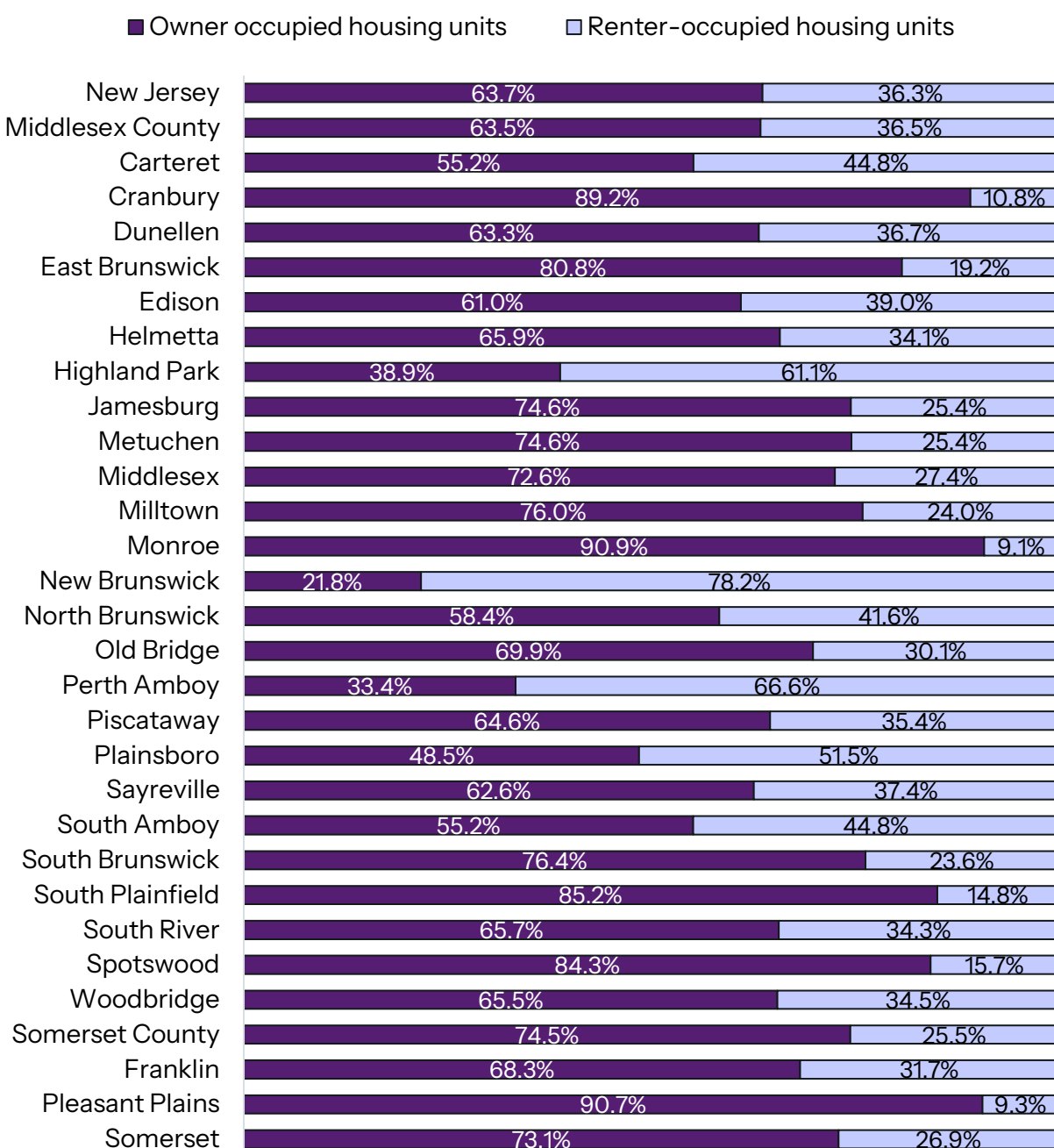
In Middlesex County, Monroe (90.9%), Cranbury (89.2%), South Plainfield (85.2%), and Spotswood (84.3%) reported the highest shares of owner-occupied units—indicating communities where homeownership dominates. In contrast, New Brunswick (21.8% owner / 78.2% renter) and Highland Park (38.9% owner / 61.1% renter) were among the most renter-dense areas in the county, signaling higher housing turnover or greater concentrations of student and low-income populations.

Municipalities like Perth Amboy (33.4% owner / 66.6% renter) and Plainsboro (48.5% owner / 51.5% renter) also leaned toward renter occupancy, reflecting patterns often associated with urbanization, housing affordability, or economic diversity.

Somerset County overall showed higher homeownership (74.5%) compared to Middlesex County. Within Somerset, towns like Pleasant Plains (90.7%) and Somerset (73.1%) had high rates of owner-occupied housing, consistent with broader trends in suburban or semi-rural areas.

These data reveal substantial geographic variation in housing tenure. Municipalities with higher renter occupancy may face different challenges and policy needs—including housing affordability, eviction prevention, and tenant protections—while areas with high homeownership may benefit more from policies that support long-term stability, aging in place, or home maintenance assistance. Understanding this distribution is essential for tailoring local housing strategies to the specific dynamics of each community.

Figure 17. Home Occupancy, by State, County, and Town, 2019–2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

In terms of monthly median housing costs, Table 11 presents monthly median housing costs across New Jersey, Middlesex and Somerset counties, and their municipalities, disaggregated by housing tenure: owner-occupied with a mortgage, owner-occupied without a mortgage, and renter-occupied units.

At the state level, monthly housing costs were highest for households with a mortgage (\$2,787), followed by renters (\$1,653), and lowest for owners without a mortgage (\$1,205). In Middlesex County, this pattern holds, though median monthly housing costs were slightly higher for all groups: \$2,837 for owners with a mortgage, \$1,208 for owners without, and \$1,810 for renters.

Within Middlesex County, substantial variation exists across municipalities. Among homeowners with a mortgage, the highest monthly costs were in Cranbury (over \$4,000) and Plainsboro (\$3,738), with several other towns—including South Brunswick (\$3,449), Metuchen (\$3,474), and Highland Park (\$3,419)—reporting monthly payments well above \$3,000. In contrast, more affordable areas for mortgaged homeowners included Perth Amboy (\$2,298), Helmetta (\$2,188), and New Brunswick (\$2,178).

For households without a mortgage, typical monthly costs ranged from around \$863 in Jamesburg to \$1,500 or more in towns like East Brunswick, Cranbury, Highland Park, and Plainsboro. These higher costs for mortgage-free owners suggest elevated property taxes or other housing-related expenses in wealthier areas.

Renter-occupied units also exhibited considerable cost variation. Towns with the highest median rent burdens included Carteret (\$2,012), Metuchen (\$2,019), Franklin (\$1,987), and Somerset (\$2,050)—all exceeding the state and county rental averages. New Brunswick (\$1,790) and South Amboy (\$1,644) remained more affordable by comparison, although still reflecting high rent levels relative to income in some communities.

In Somerset County, median costs were higher across the board: \$3,124 for mortgaged owners, \$1,367 for mortgage-free owners, and \$1,921 for renters—exceeding Middlesex County and state averages in all categories. Pleasant Plains, a small town within Somerset, reported renter costs of \$1,493, though owner costs were not available.

Overall, the data reveals a housing affordability challenge that cuts across tenure types but is particularly acute for renters and mortgage holders in high-cost municipalities.

Table 11. Monthly Median Housing Costs, by State, County, and Town, 2019–2023

	Owner-Occupied with Mortgage	Owner-Occupied without Mortgage	Renter-Occupied
New Jersey	\$2,787	\$1,205	\$1,653
Middlesex County	\$2,837	\$1,208	\$1,810
Carteret	\$2,475	\$936	\$2,012
Cranbury	4,000+	1,500+	\$1,651
Dunellen	\$2,761	\$1,242	\$1,461
East Brunswick	\$3,185	1,500+	\$2,080
Edison	\$3,149	\$1,303	\$1,885
Helmetta	\$2,188	\$979	\$2,081
Highland Park	\$3,419	1,500+	\$1,881
Jamesburg	\$2,769	\$863	\$1,841
Metuchen	\$3,474	\$1,420	\$2,019
Middlesex	\$2,764	\$1,232	\$1,493
Milltown	\$2,703	\$1,264	\$1,500
Monroe	\$3,149	\$1,195	\$1,882
New Brunswick	\$2,178	\$1,019	\$1,790
North Brunswick	\$2,761	\$1,217	\$2,059
Old Bridge	\$2,634	\$1,151	\$1,487
Perth Amboy	\$2,298	\$1,014	\$1,629
Piscataway	\$2,802	\$1,167	\$1,934
Plainsboro	\$3,738	1,500+	\$1,909
Sayreville	\$2,580	\$1,047	\$1,641
South Amboy	\$2,417	\$1,088	\$1,644
South Brunswick	\$3,449	\$1,366	\$1,864
South Plainfield	\$2,697	\$1,103	\$1,928
South River	\$2,482	\$955	\$1,599
Spotswood	\$2,690	\$1,231	\$1,097
Woodbridge	\$2,732	\$1,207	\$1,927
Somerset County	\$3,124	\$1,367	\$1,921
Franklin	\$2,673	\$1,196	\$1,987
Pleasant Plains	-	\$1,493	-
Somerset	\$2,624	\$1,126	\$2,050

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates
Subject Tables, 2019–2023

NOTE: '\$1500+' and '\$4000+' indicate that the median falls in the highest interval of the open-ended distribution in their respective categories.

Consistent with themes shared in focus groups and interviews, data show that Middlesex County lacks sufficient affordable housing stock. For example, Table 12 highlights housing cost burden across New Jersey, Middlesex and Somerset counties, and their municipalities. A household is considered cost-burdened if it spends 30% or more of its income on housing. The data are presented separately for owner-occupied households with a mortgage, owner-occupied households without a mortgage, and renter-occupied households, based on American Community Survey data from 2019–2023.

Statewide, 32.4% of homeowners with a mortgage and 22.0% of those without a mortgage are cost burdened. Among renters, the burden is more severe: 50.8% spend at least 30% of their income on housing. In Middlesex County, the trend closely follows the state: 32.8% of mortgaged homeowners, 21.5% of mortgage-free homeowners, and 46.4% of renters are cost-burdened.

However, there is considerable local variation:

- East Brunswick (44.3%), North Brunswick (41.8%), Spotswood (33.5%), and Piscataway (46.6%) had the highest shares of mortgaged homeowners spending 30%+ of their income on housing.
- Among mortgage-free homeowners, Metuchen stands out dramatically (71.8%), suggesting that even without a mortgage, many residents face high taxes or housing-related expenses.
- Renters experience the greatest financial strain in New Brunswick (66.1%), Piscataway (64.6%), North Brunswick (58.7%), Woodbridge (58.3%), East Brunswick (56.5%), and Spotswood (52.4%)—all exceeding state and county averages.

At the other end of the spectrum, municipalities like Sayreville, Highland Park, and South Plainfield report lower cost-burden rates across all tenure types, indicating relatively more affordable housing conditions. Overall, the data clearly indicates that renters are disproportionately burdened across nearly all communities, often experiencing cost burdens at higher rates than homeowners. Additionally, some towns with high home values, such as Metuchen and East Brunswick, are also experiencing high-cost burdens among homeowners that combined suggest a dual challenge of high housing prices and income disparities.

Table 12. Households whose Housing Costs are 30%+ of Household Income, by State, County, and Town, 2019-2023

	Owner-Occupied with Mortgage	Owner-Occupied without Mortgage	Renter-Occupied
New Jersey	32.4%	22.0%	50.8%
Middlesex County	32.8%	21.5%	46.4%
Carteret	27.1%	19.2%	47.9%
Cranbury	33.9%	25.2%	40.9%
Dunellen	37.0%	15.0%	50.7%
East Brunswick	44.3%	15.3%	56.5%
Edison	28.4%	17.6%	48.5%
Helmetta	29.6%	19.0%	36.8%
Highland Park	26.7%	14.7%	31.4%
Jamesburg	33.0%	20.9%	36.6%
Metuchen	35.5%	71.8%	48.6%
Middlesex	25.5%	23.2%	39.1%
Milltown	38.3%	16.9%	45.6%
Monroe	28.6%	16.2%	70.6%
New Brunswick	33.4%	28.0%	66.1%
North Brunswick	41.8%	23.6%	58.7%
Old Bridge	30.8%	23.7%	37.0%
Perth Amboy	35.6%	17.2%	44.5%
Piscataway	46.6%	25.8%	64.6%
Plainsboro	30.1%	18.7%	39.5%
Sayreville	22.1%	28.2%	31.4%
South Amboy	32.2%	15.9%	45.2%
South Brunswick	35.7%	40.4%	32.7%
South Plainfield	27.3%	18.2%	42.8%
South River	30.4%	14.9%	46.9%
Spotswood	33.5%	11.3%	52.4%
Woodbridge	29.4%	30.0%	58.3%
Somerset County	37.4%	24.4%	45.8%
Franklin	29.4%	15.1%	43.1%
Pleasant Plains	70.4%	40.0%	0.0%
Somerset	28.0%	16.7%	56.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates
Subject Tables, 2019-2023

More information on housing such as homeowner vacancy rate (Figure 95), household occupants per room (Table 35), and percent of households with an internet subscription (Figure 96) can be found in Appendix E: Additional Data Tables and Graphs.

Green Space and Built Environment

Neighborhood characteristics, including the availability of green space and the quality of 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, increasing the incidence of health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles.

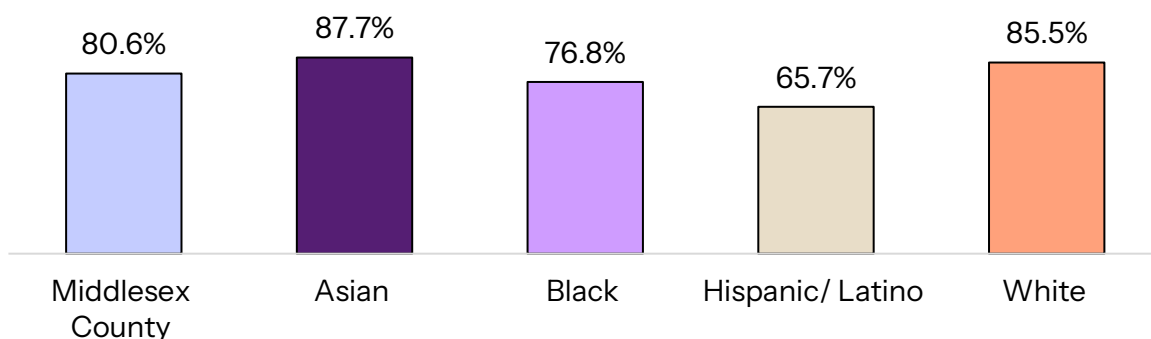
Playgrounds, green spaces, and trails, as well as bike lanes, and safe sidewalks and crosswalks, all encourage physical activity and social interaction, which can positively affect physical and mental health. Focus group participants valued the recreational areas in their neighborhoods with one stating, *"there are good places to run around here. There are spaces with a lot of elevation, spaces for training, classes, and parks"*

"I use the parks whenever I get a chance, and the spaces are great. They bring in festivals and things like that and are always having events at the parks." – Key Informant Interviewee

and another saying, *"the parks are good for barbecuing and spending time in."* According to the RWJF County Rankings, most Middlesex County residents (97%) had adequate access to a location for physical activity (Figure 92 in Appendix E: Additional Data Tables and Graphs).

Community survey data from 2024 indicate that 80.6% of survey agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play." Figure 18 shows data for the overall sample and by race/ethnicity. White (85.5%) and Asian (87.7%) respondents were more likely than Black (76.8%) and Latino (65.7%) respondents to agree or strongly agree with that statement.

Figure 18. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community has safe outdoor places to walk and play," by Race/Ethnicity, (n=1138), 2024

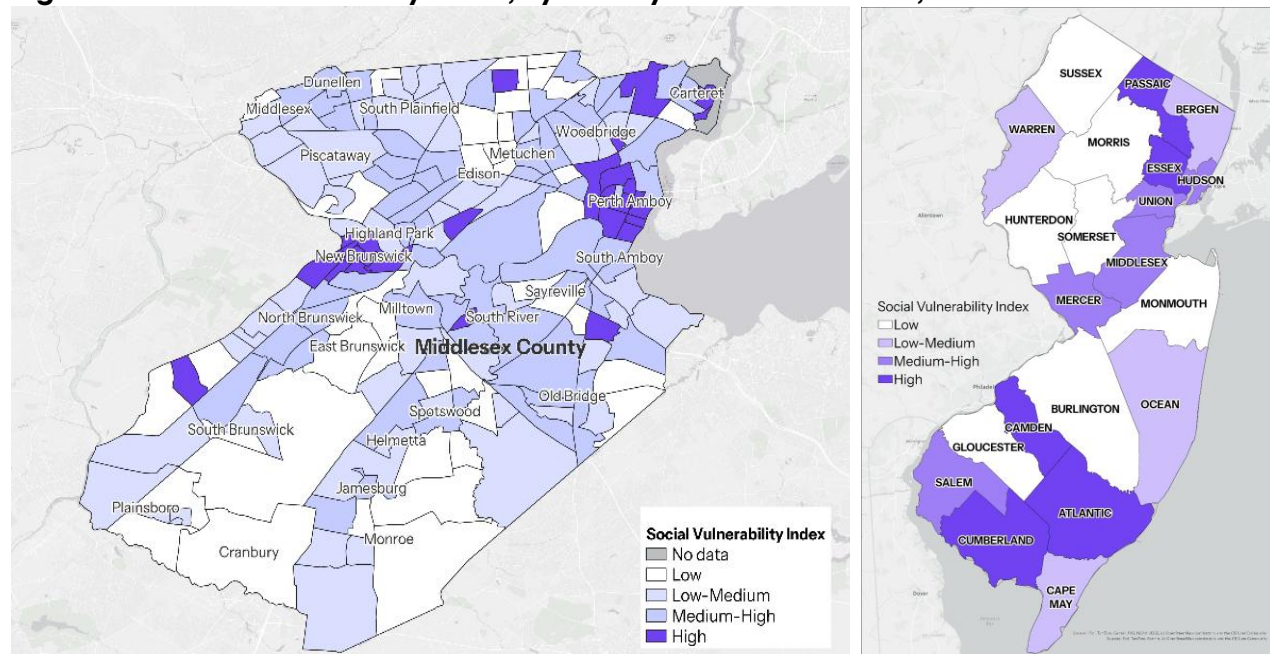


DATA SOURCE: Community Health Needs Assessment Survey, 2024

The CDC's Social Vulnerability Index (SVI) is a combined measure of factors (such as socioeconomic status, household composition, housing, and transportation) that may adversely affect residents' health and well-being. The SVI score represents the proportion of

counties or census tracts that are equal to or lower than the area of interest in terms of social vulnerability. The higher the SVI, the more social vulnerability in that area, meaning that that community may need more resources to thrive. Middlesex County's SVI in 2022 was 0.6, which means that 60% of counties in NJ were less vulnerable than Middlesex County and 40% were more vulnerable. Census tracts around New Brunswick and Perth Amboy were areas of high social vulnerability within the county (SVI ≥ 0.9) (Figure 19). More data on the social vulnerability index can be found in Appendix E: Additional Data Tables and Graphs.

Figure 19. Social Vulnerability Index, by County and Census Tract, 2022



DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
 NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Transportation and Walkability

Interviewees and focus group participants shared varied perspectives on transportation and walkability in Middlesex County. Participants indicated that some areas, including neighborhoods in New Brunswick, had public transportation available. An interview participant described the transportation in New Brunswick by saying, *"I actually think transportation is one of the city's strengths. We have the public bus system with a lot of routes. Even out to Edison and North Brunswick and we also have smaller shuttles."* However, not all participants agreed with one reporting, *"I live in the outskirts of New Brunswick, and in this part of town there is no public transportation, and I have to walk everywhere."* Additionally, focus group members named distance to services, cost of transportation, and absence of sidewalks as barriers to accessing basic needs, such as health care and food, for those without vehicles. An interview participant

"The accessibility is great but if you don't drive you are screwed. You need a car because you can't just get on a bus and go. – Focus group participant"

noted that, *“when I talk with neighbors and people at work, they report people have the resources, but they can’t get to them because of transportation.”*

Interviewees and focus group participants mentioned several promising programs and initiatives to improve transportation and road safety. Participants noted that the county participates in the Vision Zero initiatives. One interview participant described, *“Middlesex County is number one in traffic fatalities and they’re almost all on highways...but Middlesex County is moving to the Vision Zero idea and is the first county to adopt that.”* Additionally, participants highlighted promising initiatives such as the RIDE On-Demand Program, which provides residents with affordable transportation to their destinations as improving transportation within Middlesex County.

Consistent with qualitative data, the Walkability Index map showed pockets of walkable areas throughout the county, primarily around New Brunswick, Perth Amboy, Highland Park Borough, and Woodbridge Township, and large swaths where walking was difficult, particularly around Cranbury Township, South Brunswick Township, and Helmetta Borough (See Figure 97 in Appendix E: Additional Data Tables and Graphs).

In terms of means of transportation, Figure 20 shows that statewide, the most common method of commuting is driving alone in a car, truck, or van (63.7%), followed by working from home (15.0%), and using public transportation (8.5%). Middlesex County mirrors these patterns closely, with 63.1% commuting alone by car and 16.2% working remotely. Carpooling, walking, and other modes account for smaller shares.

At the municipal level, commuting patterns vary:

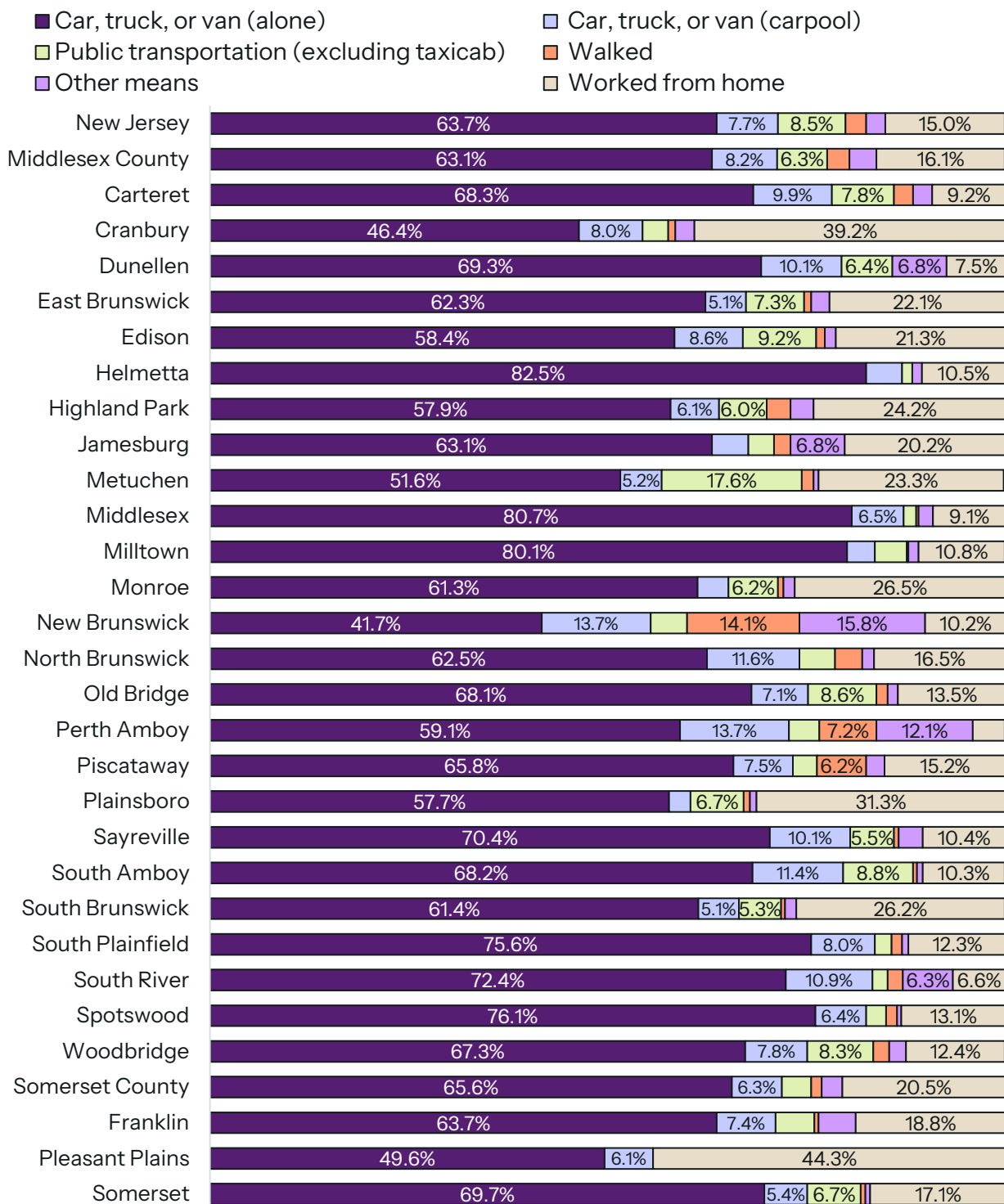
Driving alone remains dominant in most municipalities, with the highest rates in Helmetta (82.5%), Middlesex Borough (80.7%), Milltown (80.1%), and South Plainfield (75.6%). Municipalities with notably lower drive-alone rates include New Brunswick (41.7%), Cranbury (46.4%), and Pleasant Plains (49.6%), where residents rely more on alternative transportation or remote work.

Public transportation usage is highest in New Brunswick (14.1%), Perth Amboy (7.2%), and Piscataway (6.2%), likely reflecting higher urban density and transit access. Still, usage across most municipalities remains below 10%, highlighting continued dependence on cars.

Walking to work exceeds 5% in only a few areas like New Brunswick (15.8%), Metuchen (17.6%), and Cranbury (9.8%) often correlating with compact, pedestrian-friendly environments or proximity to employment centers.

Work-from-home rates vary considerably from over 31% in Plainsboro, 26.5% in Monroe, and 26.2% in South Brunswick, to under 10% in municipalities such as Middlesex (9.1%), Dunellen (7.5%), and South River (6.6%). This variation may reflect differences in job types, broadband access, and socioeconomic factors. Overall, the figure illustrates that while solo driving remains the dominant mode of transportation, remote work has become a substantial—and in some towns, dominant—mode of commuting. Meanwhile, use of public transit and active transportation (walking) remains limited in most areas, pointing to potential gaps in infrastructure, accessibility, or transit investment.

Figure 20. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Data labels under 5.0% are not shown.

In terms of households without access to a vehicle, across the board, renter-occupied households are far more likely to lack vehicle access than owner-occupied households (Table 13). In Middlesex County, 16.2% of renters lack a vehicle compared to just 3.3% of homeowners. This disparity is even more pronounced in places like New Brunswick (35.8%), Spotswood (33.3%), and Perth Amboy (26.7%). While car access is nearly universal among owner-occupied households in most communities, lack of access remains a barrier for a large portion of renters—highlighting potential transportation challenges that intersect with income, housing, and access to jobs, food, and health care.

Table 13. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2019-2023

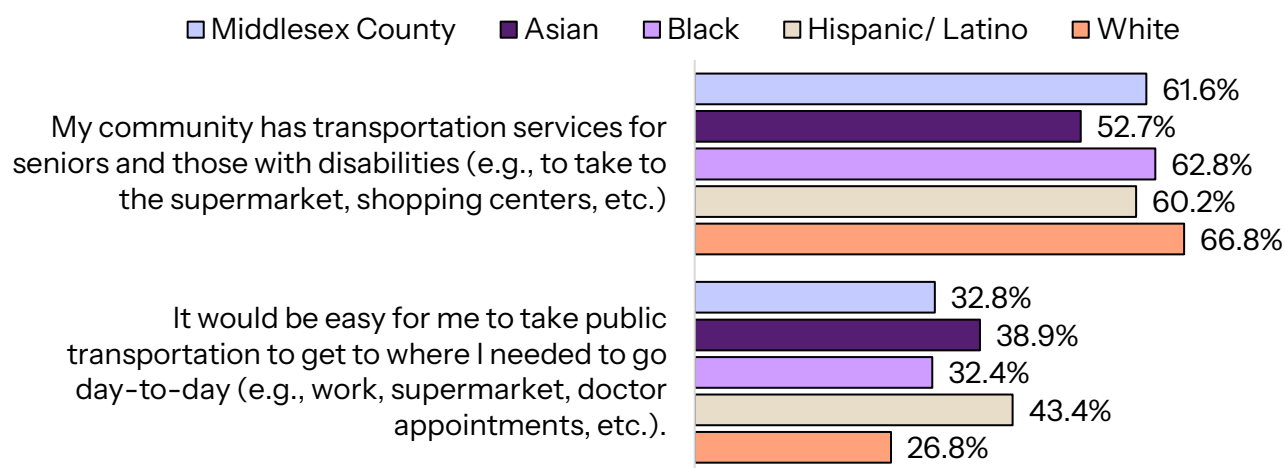
	Owner occupied	Renter occupied
New Jersey	3.7%	24.6%
Middlesex County	3.3%	16.2%
Carteret	6.6%	9.9%
Cranbury	2.7%	4.6%
Dunellen	1.7%	13.4%
East Brunswick	3.1%	9.6%
Edison	2.8%	11.8%
Helmetta	2.8%	13.1%
Highland Park	3.6%	20.2%
Jamesburg	1.3%	13.0%
Metuchen	0.8%	12.0%
Middlesex	1.4%	16.5%
Milltown	2.1%	9.4%
Monroe	5.5%	17.8%
New Brunswick	3.9%	35.8%
North Brunswick	4.4%	10.9%
Old Bridge	2.7%	13.8%
Perth Amboy	7.5%	26.7%
Piscataway	2.3%	9.8%
Plainsboro	5.6%	5.3%
Sayreville	3.2%	9.8%
South Amboy	3.2%	18.5%
South Brunswick	1.5%	12.2%
South Plainfield	1.6%	8.7%
South River	1.3%	11.8%
Spotswood	4.4%	33.3%
Woodbridge	2.7%	11.3%
Somerset County	1.8%	11.1%
Franklin	2.5%	4.9%
Pleasant Plains	0.0%	0.0%
Somerset	2.5%	4.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

In terms of perceptions of transportation availability, countywide, 61.6% of respondents agreed their community has transportation services for seniors and individuals with disabilities, with higher agreement among White (66.8%) and Black (62.8%) respondents, and lower agreement among Asian residents (52.7%)(Figure 21).

However, fewer residents overall felt that public transit was easy to use for daily needs, with only 32.8% agreeing countywide. Perceptions were most positive among Hispanic/Latino respondents (43.4%), while White respondents (26.8%) were the least likely to agree. These results suggest that while many residents recognize services for vulnerable populations, gaps remain in the perceived accessibility and ease of day-to-day public transportation, especially across racial and ethnic groups.

Figure 21. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=1334), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Violence Prevention and Safety

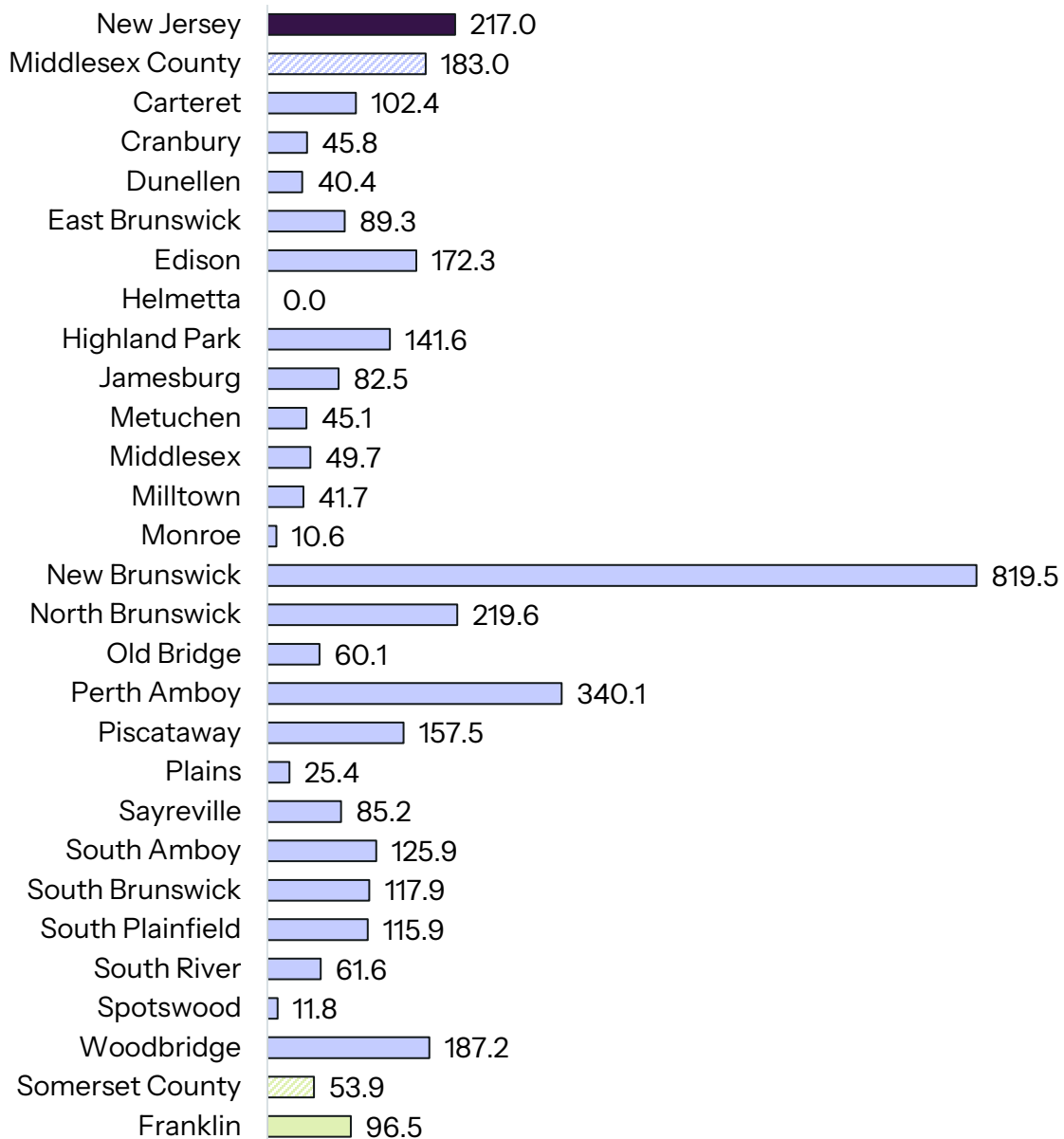
Resident perceptions of crime and safety varied during focus group and interview discussions. Participants felt crime and safety were more of an issue in urban areas such as New Brunswick compared to other municipalities within the county. A focus group participant described, *“I worry about safety here because there is a lot of violence on the streets. Recently a 16-year-old was killed around here, and I worry about my children being out on the streets alone because I worry about safety here in New Brunswick.”* Participants felt crime is more visible now due to the increase of technology, one focus group participant described, *“there have always been thefts and assaults and drugs, but now with technology everything is more visible.”*

Violence and trauma are important public health issues that affect both physical and mental health. Exposure to violence can take many forms—whether as a direct victim of assault or crime, or indirectly through witnessing or hearing about incidents in one’s community.

Data from the Uniform Crime Reporting Unit in the State of New Jersey show that in 2022, violent crime rates (which include offenses such as murder, rape, and aggravated assault) varied across municipalities (Figure 23). New Brunswick had the highest rate in Middlesex County, with 819.5 violent crimes per 100,000 residents, more than four times higher than the countywide rate (183.0) and well above the state rate (217.0). Other municipalities such as Perth Amboy (340.1) and North Brunswick (219.6) also exceeded county and state rates.

Property crime, which includes burglary, larceny, and auto theft, was more prevalent overall and followed similar geographic patterns across the county (Figure 23). New Brunswick reported the highest property crime rate at 2,065.1 per 100,000 residents, exceeding both the county average (1,259.0) and the state average (1,429.5). Other municipalities with comparatively high property crime rates included Milltown (1,860.3), Edison (1,778.5), and Woodbridge (1,753.3), indicating concentrated areas of concern for local law enforcement and community safety efforts.

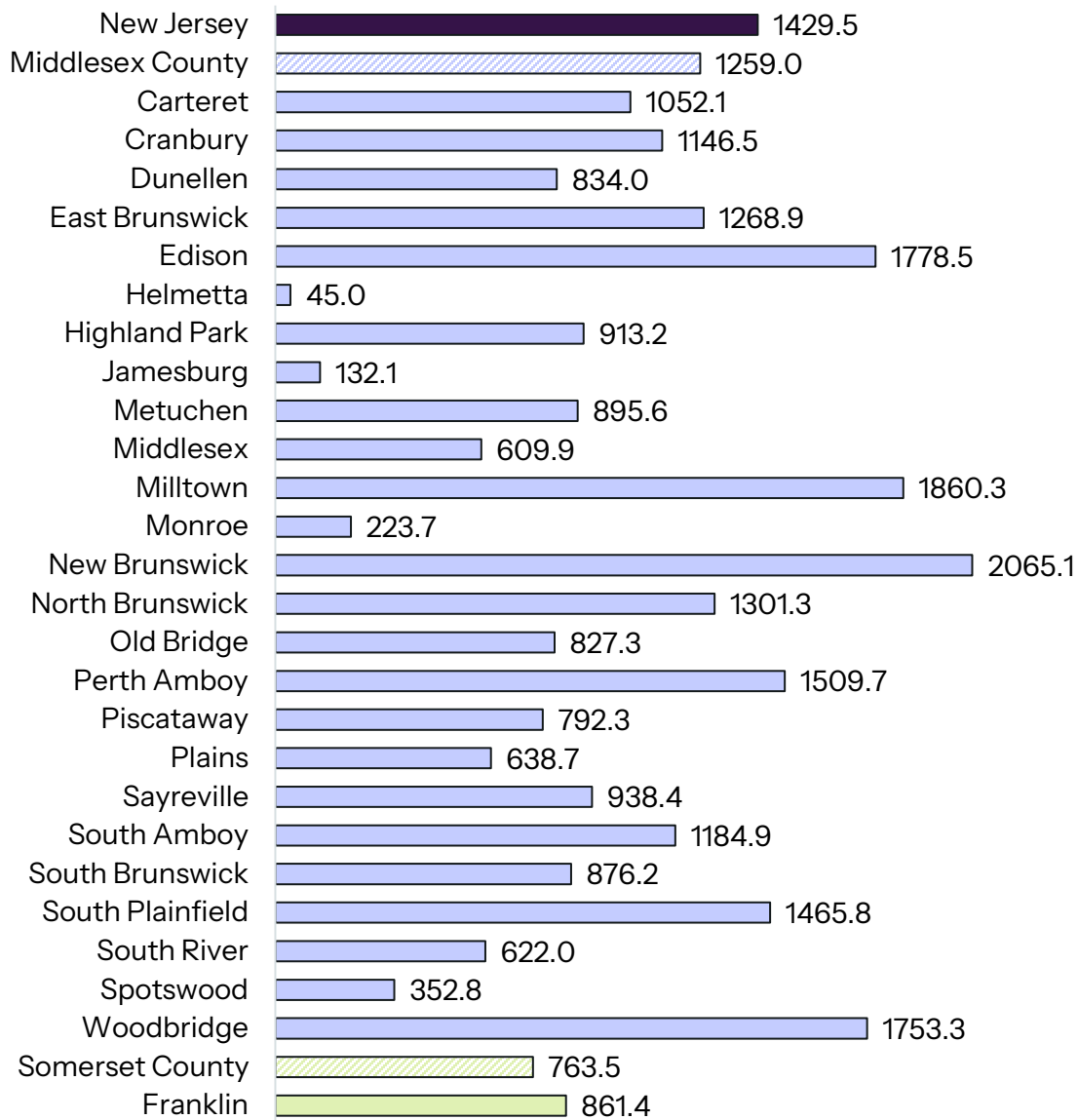
Figure 22. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

NOTE: Rates for Somerset and Pleasant Plains are not available.

Figure 23. Property Crime Rate per 100,000 Population, by State, County and Town, 2022



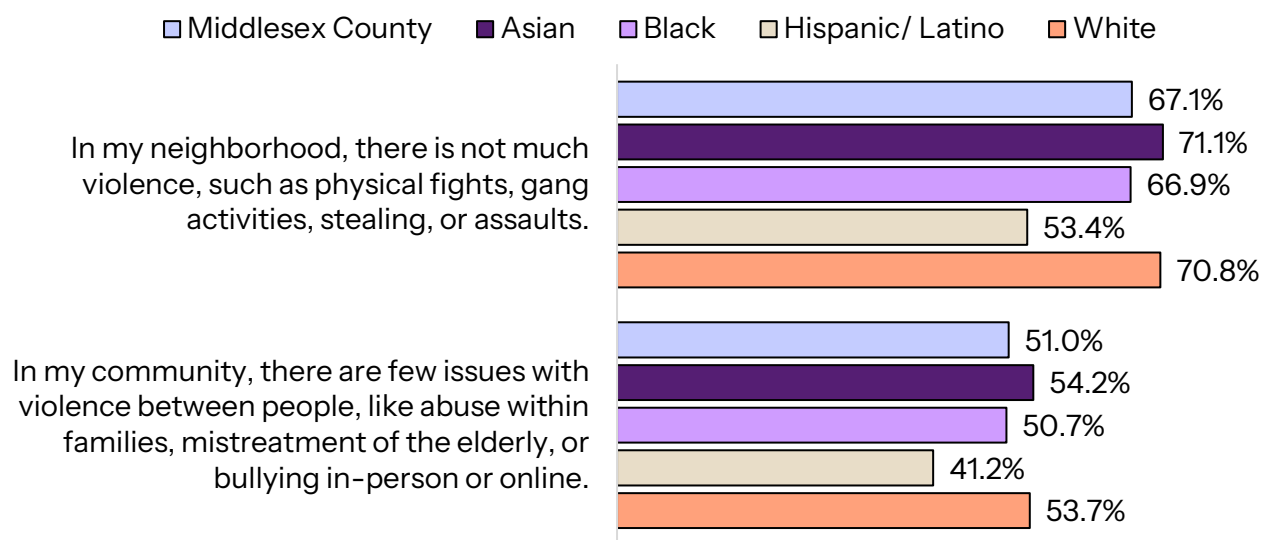
DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

NOTE: Rates for Somerset and Pleasant Plains are not available.

About 7 in 10 respondents (67.1%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied by race, with more Asian (71.1%) and White (70.8%) respondents agreeing, compared to 53.4% of Hispanic/Latino respondents (Figure 24). Just over half of the respondents agreed that there were few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community (51.0%). Agreement was highest among Asian (54.2%) respondents and lowest

among Hispanic/Latino (41.2%) respondents. Notably, bullying was among the top community concerns for children and youth, endorsed by 30.3% respondents (Figure 28).

Figure 24. Percent of Middlesex County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n= 1257), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Systemic Racism and Discrimination

These discussions took place against the backdrop of growing national polarization and backlash against effort to address systemic racism and promote diversity, equity, and inclusion—regardless of gender, race, or other aspects of identity. Locally, this context was compounded by increased ICE enforcement and a heightened sense of vulnerability among immigrant communities.

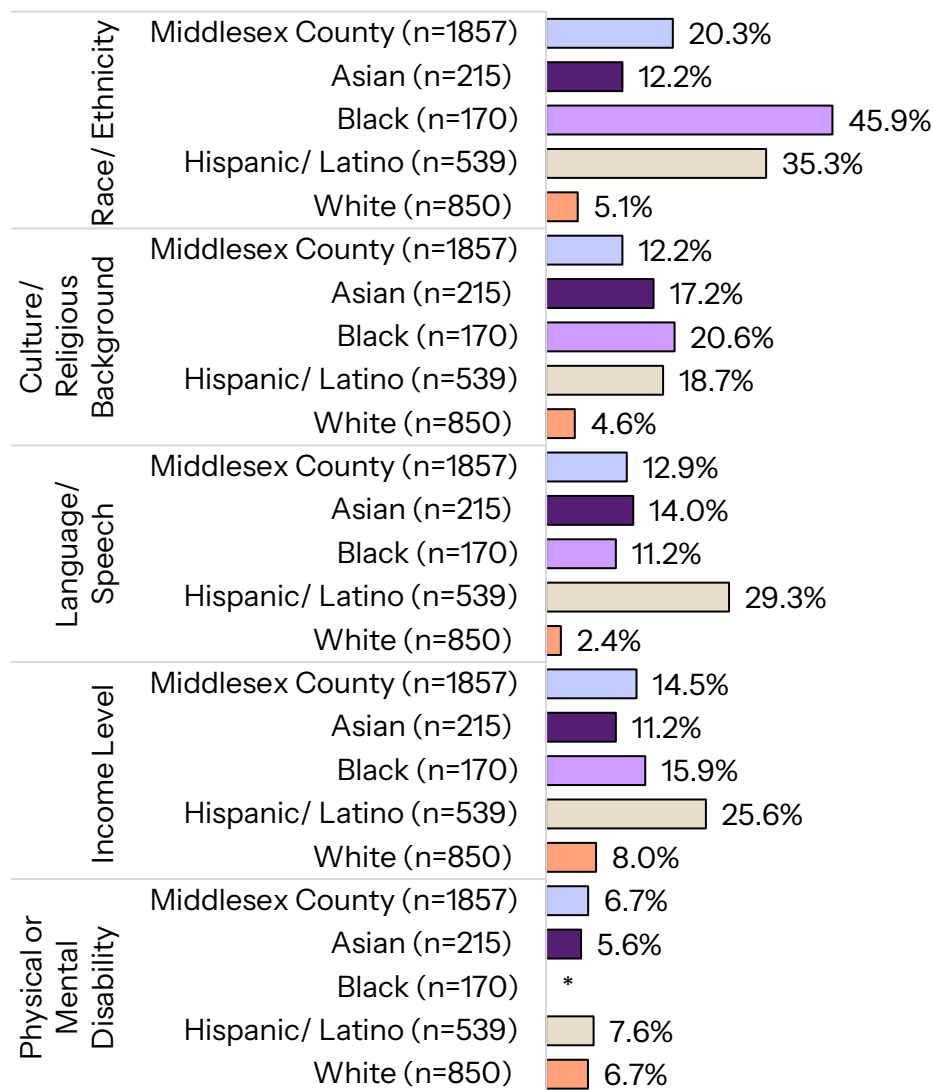
Additionally, these discussions took place during a time of increased enforcement by ICE and increased targeting of immigrant communities. Many interviewees and focus group participants recognized increased instances of discrimination and feeling unsafe due to their appearance and identity in Middlesex County, particularly members of immigrant and LGBTQIA+ communities. A focus group participant mentioned that “sometimes Immigration is looking for someone else, but you could get caught up in it and deported if they come across you instead.” One participant described feeling unsafe navigating public spaces due to visible identity markers. “I have to walk past [them] to get to that train station and I’m walking with my visibly queer and trans body and it’s 80 degrees but I [have to] wear a sweatshirt to [safely] walk past them.”

“There has always been discrimination and it’s driving a wedge between people in this country. We never came to steal from this country; we came to help boost the economy and help our families. But we’re treated like criminals and discriminated against just because we don’t have the right documents” – Focus group participant

Survey respondents who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. Data from the 2024 community survey provide additional insight into experiences of discrimination when receiving healthcare. More than one-third of Black (45.9%) and Latino (35.3%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 20.3% of respondents overall (Figure 25). Additionally, Latino (18.7%), Black (20.6%), and Asian (17.2%) survey respondents also reported feeling discriminated against when receiving medical care based on their culture and religious background. Nearly 3 in 10 Latino respondents (29.3%) also reported feeling discriminated against due to their language/speech.

Other forms of discrimination while receiving medical care also emerged from the survey with 30.0% of LGBTQIA+ respondents experiencing discrimination due to their sexual orientation compared to 3.6% of heterosexual respondents (Figure 26).

Figure 25. Percent of Middlesex County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Figure 26. Percent of Middlesex County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, (n= 1857), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: The LGB category includes gay, lesbian, bisexual, pansexual, queer, or asexual.

Community Health Issues

Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

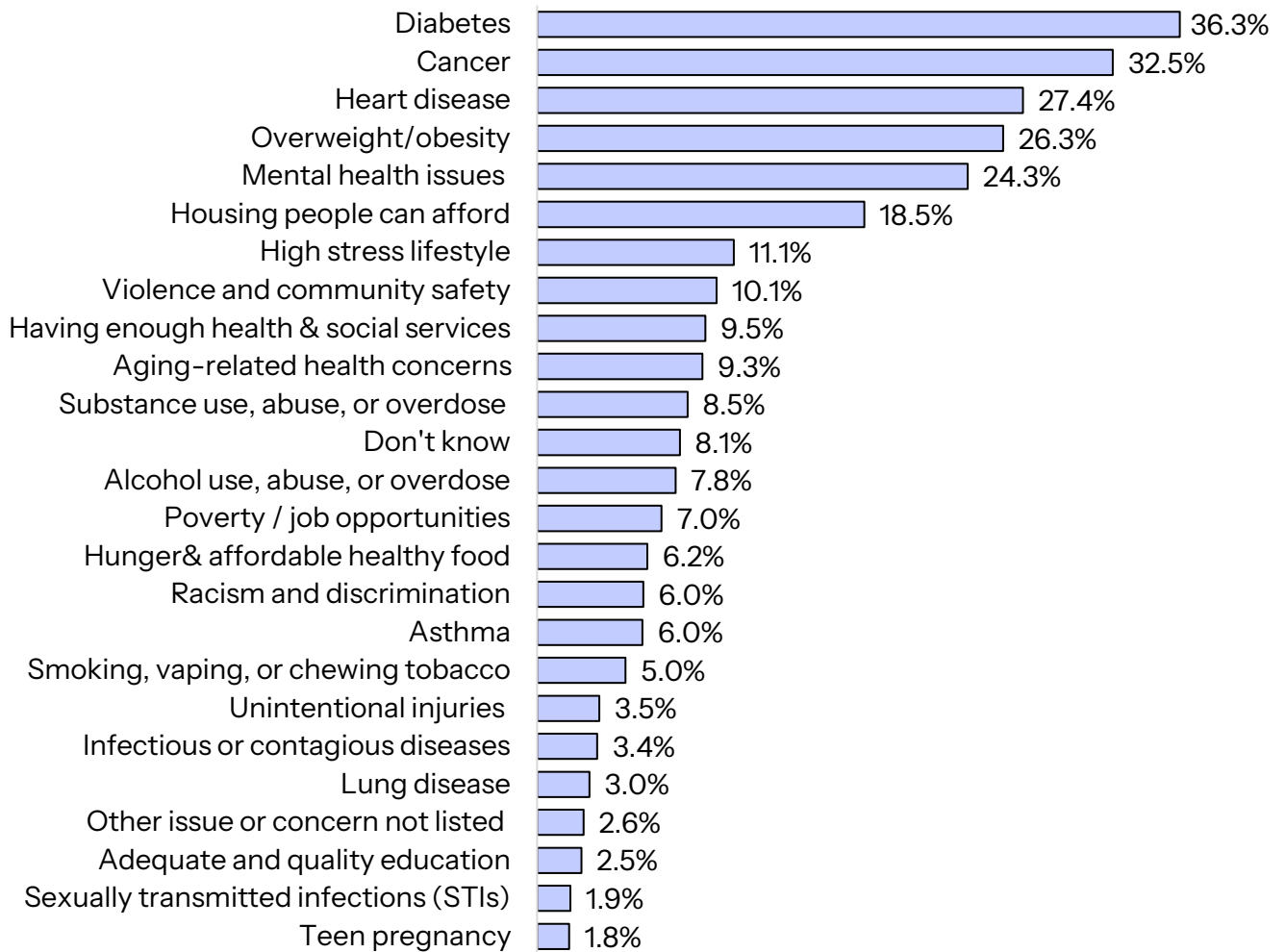
Community Perceptions of Health

Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns, and facilitators and barriers to addressing health conditions. Focus group participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as financial and food insecurity, housing, and transportation – and how these were associated with chronic conditions that affect many members of the community, including high blood pressure and diabetes. They also discussed the challenges of accessing care, the increase in mental health concerns, particularly among seniors, youth, and immigrant communities, and increasing instances of discrimination leading to increasing distrust of the government and a reduction in community members seeking services.

Community survey respondents were presented with a list of issues and also could write in others and were asked to mark the top three health concerns or issues in their community overall. Respondents in Middlesex County ranked diabetes (36.3%), followed by cancer (32.5%), heart disease (27.4%), overweight/obesity (26.3%), and mental health issues (24.3%) as the top five health issues in their communities (Figure 27).

For community survey respondents who selected “other” top health concerns in your community, write-in responses included reference to specific diseases (e.g. tick-borne illnesses, long-COVID), access to specialty services (e.g. dental care, services for disabled and older adults, LGBTQ healthcare), environmental exposures (e.g., lead and asbestos removal, air and water quality), and climate change.

Figure 27. Top Health Concerns in the Community Overall, Middlesex County Residents, (n= 2505), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

There were differences in top health issues by race/ethnicity

Table 14). Diabetes was the top concern among Asian, Black, and Latino survey respondents. Cancer was identified as the top concern among White respondents. Heart disease ranked as the second top concern among Asian and White respondents, with Black and Latino respondents identifying cancer and overweight/obesity as the second top concerns, respectively.

Table 14. Top Health Concerns in the Community Overall, Middlesex County Residents, by Race/Ethnicity, (n=2505), 2024

	Asian (n=291)	Black (n=254)	Hispanic/ Latino (n=702)	White (n=11106)
1	Diabetes (50.2%)	Diabetes (39.0%)	Diabetes (43.6%)	Cancer (38.3%)
2	Heart disease (36.1%)	Cancer (30.3%)	Overweight/obesity (28.1%)	Heart disease (33.6%)
3	Overweight/obesity (24.7%)	Heart disease (26.8%)	Cancer (27.9%)	Mental health issues (27.7%)
4	Cancer (23.0%)	Mental health issues (20.1%)	Mental health issues (24.2%)	Overweight/obesity (27.0%)
5	Mental health issues (19.2%)	Housing people can afford (18.9%)	Housing people can afford (18.1%)	Diabetes (26.9%)

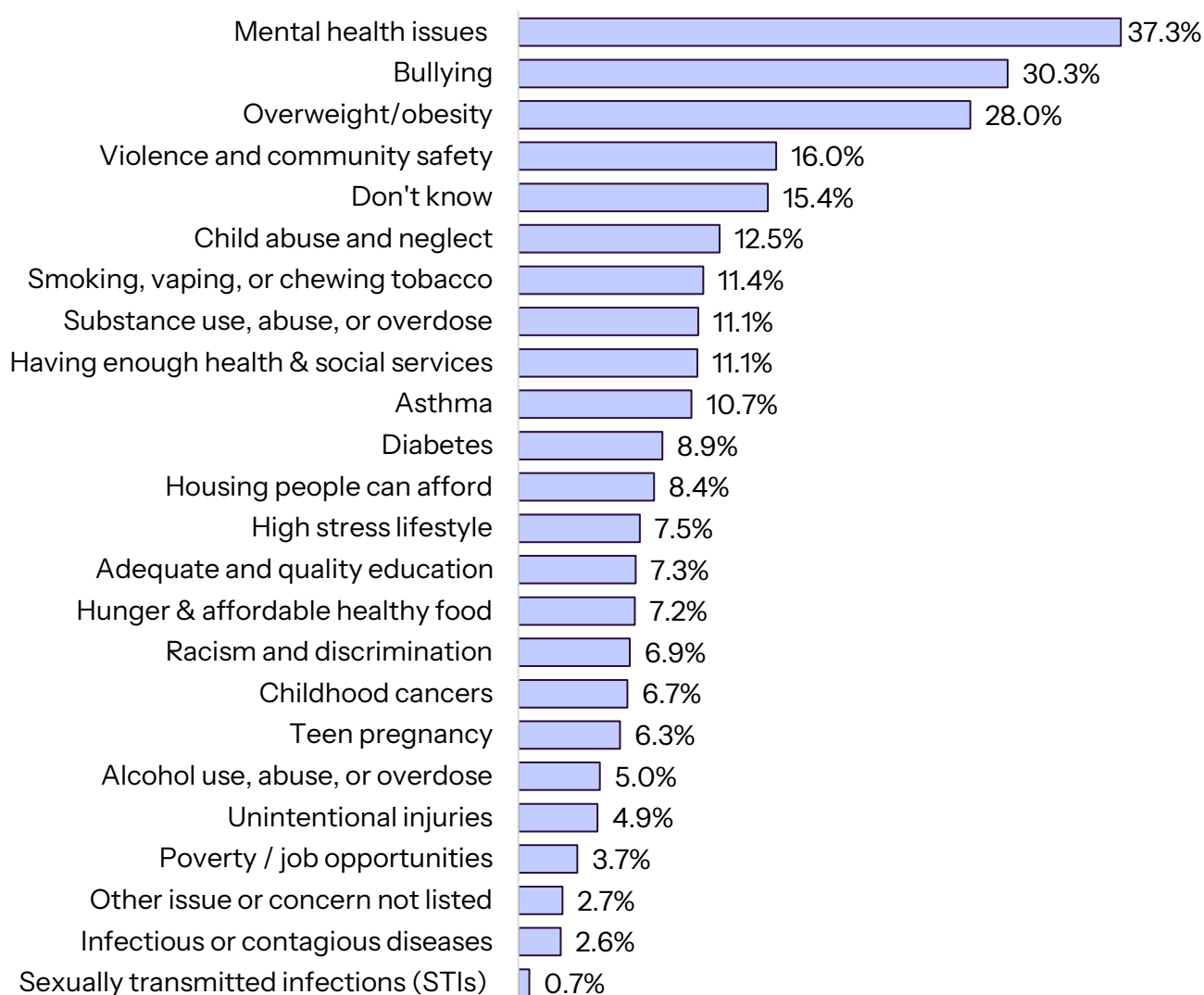
DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

Survey respondents also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (37.3%), followed by bullying (30.3%), overweight/obesity (28.0%), violence and community safety (16.0%), and don't know (15.4%) as the top five health issues in their communities (Figure 28).

For community survey respondents who selected "other" top health concerns for youth and children, write-in responses included concerns about social media use and extensive screen time, a lack of stable adult support and male role models for youth, opportunities and spaces to support positive youth development, support for neurodivergent children, affordable childcare, exposure to toxins and pollution, and climate change.

Figure 28. Top Health Concerns in the Community for Children and Youth, Middlesex County Residents, (n= 1943), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

As with other issues, there were differences by race/ethnicity (Table 15). However, while top health concerns varied by race/ethnicity, all groups ranked mental health as their highest priority. Bullying was ranked as the second top concern for children and youth among White respondents, with Asian, Latino and Black respondents identifying overweight/obesity as the second top concerns for children and youth, respectively. Of note, asthma was a top concern for children among Black residents.

Table 15. Top Health Concerns in the Community for Children and Youth, Middlesex County Residents, by Race/Ethnicity, (n= 1943), 2024

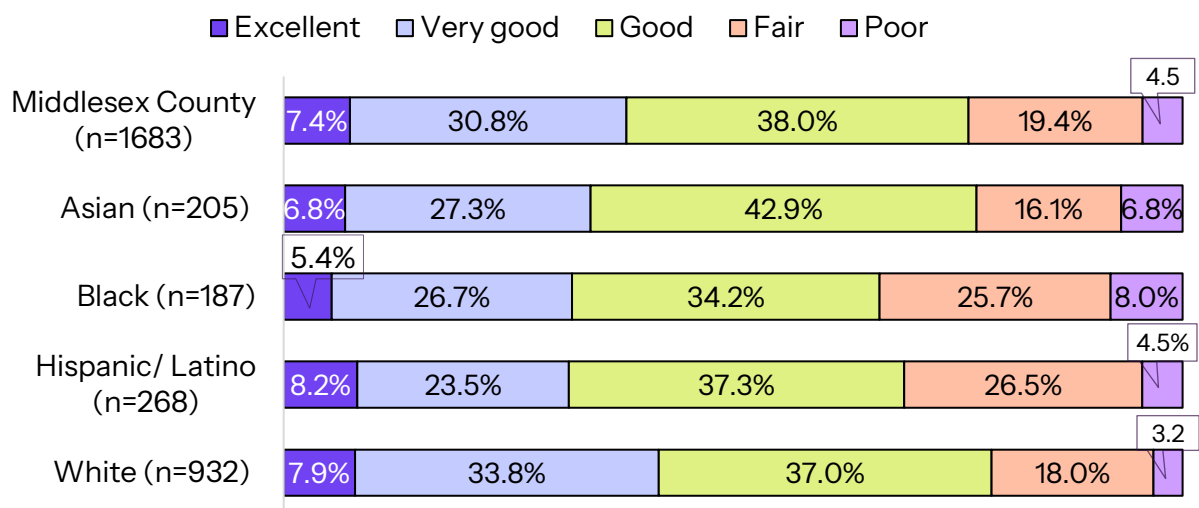
	Asian (n=244)	Black (n=227)	Hispanic/ Latino (n=327)	White (n=1036)
1	Mental health issues (34.8%)	Mental health issues (32.6%)	Mental health issues (36.7%)	Mental health issues (40.3%)
2	Overweight/obesity (29.1%)	Overweight/obesity (29.5%)	Overweight/obesity (26.6%)	Bullying (33.3%)
3	Bullying (27.9%)	Bullying (24.2%)	Bullying (26.3%)	Overweight/obesity (27.5%)
4	Don't know (18.0%)	Don't know (16.3%)	Violence and community safety (15.3%)	Violence and community safety (17.2%)
5	High stress lifestyle (16.0%)	Asthma (16.3%)	Child abuse and neglect (15.3%)	Don't know (14.5%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Respondents were asked to select their top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

Most survey respondents perceived their health to be good (38.0%) or very good (30.8%) (Figure 29).

Figure 29. Self-Assessed Overall Health Status, Middlesex County Residents, by Race/Ethnicity, (n=1683), 2024



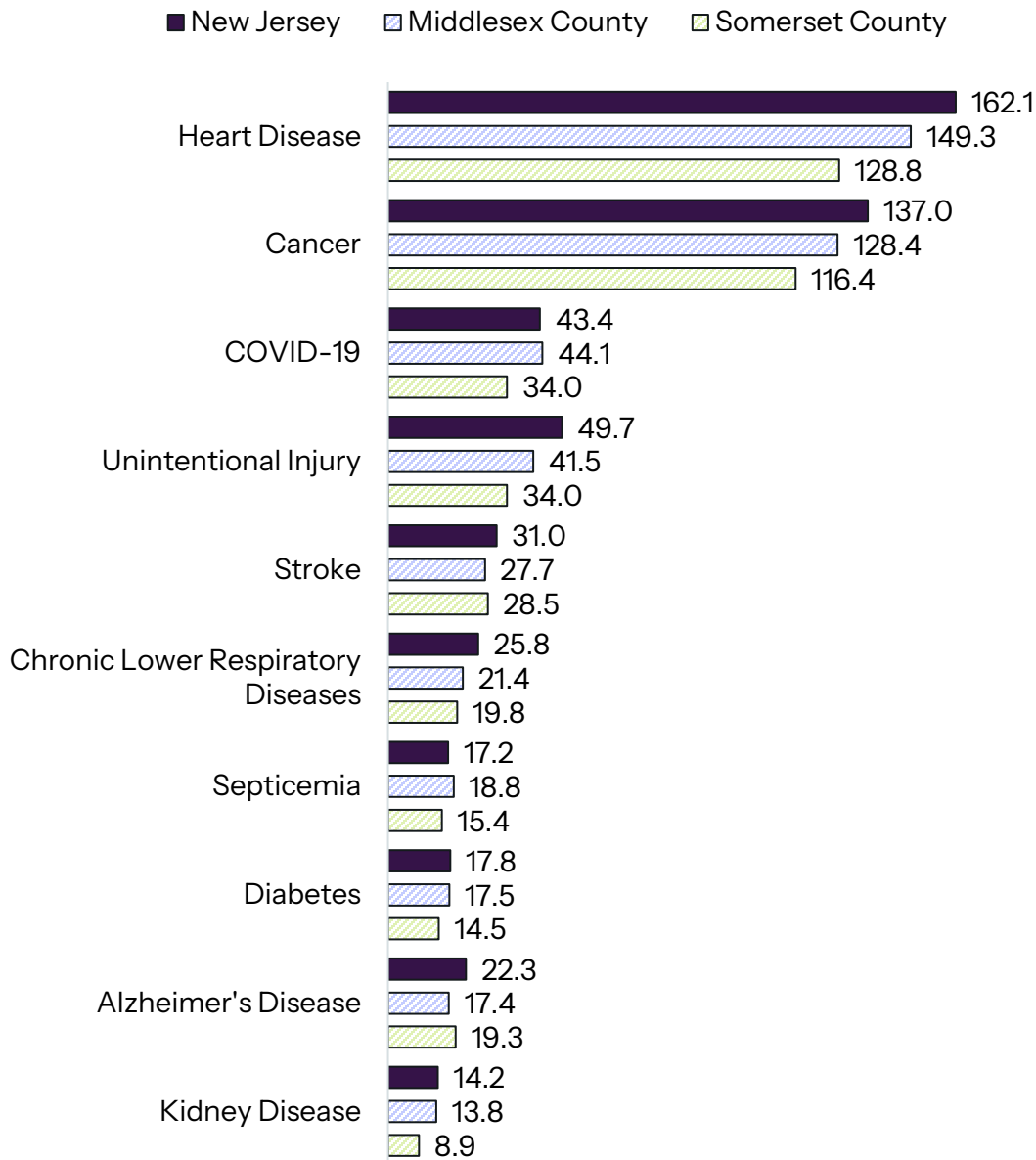
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before the age of 75 years) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted.

The most current mortality data from New Jersey's surveillance systems are available for 2021, the second year of the COVID-19 pandemic. Figure 30 shows the age-adjusted mortality rate per 100,000 residents for the top 10 causes of death by state and county in 2021. The leading cause of death in Middlesex County in 2021 was heart disease (149.3 per 100,000), followed by cancer (128.4 per 100,000), and COVID-19 (44.1 per 100,000). More data on injury deaths and hospitalizations as well as life expectancy can be found in Appendix E: Additional Data Tables and Graphs.

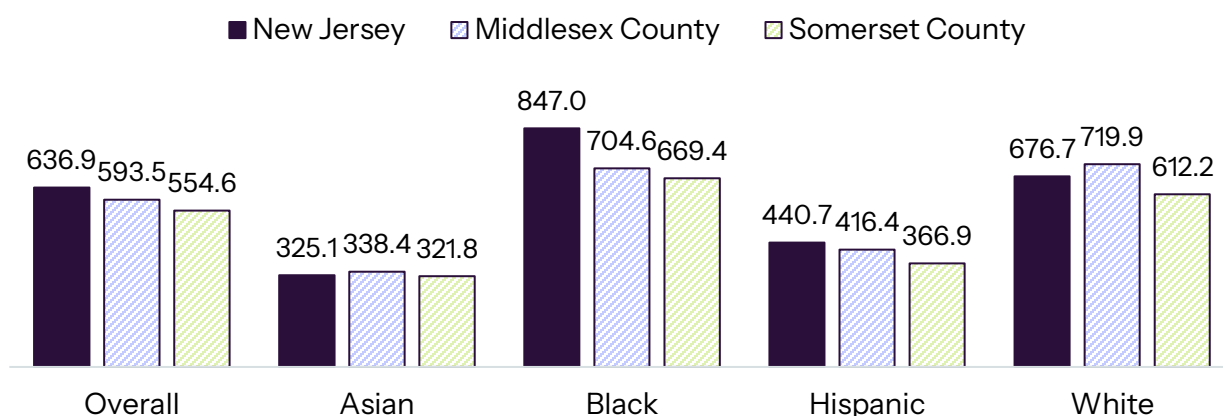
Figure 30. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2017–2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 31 presents the overall age-adjusted mortality rate per 100,000 residents in 2023. White residents had the highest age-adjusted mortality rate with 719.9 per 100,000 residents compared to the county average of 593.5 per 100,000 residents.

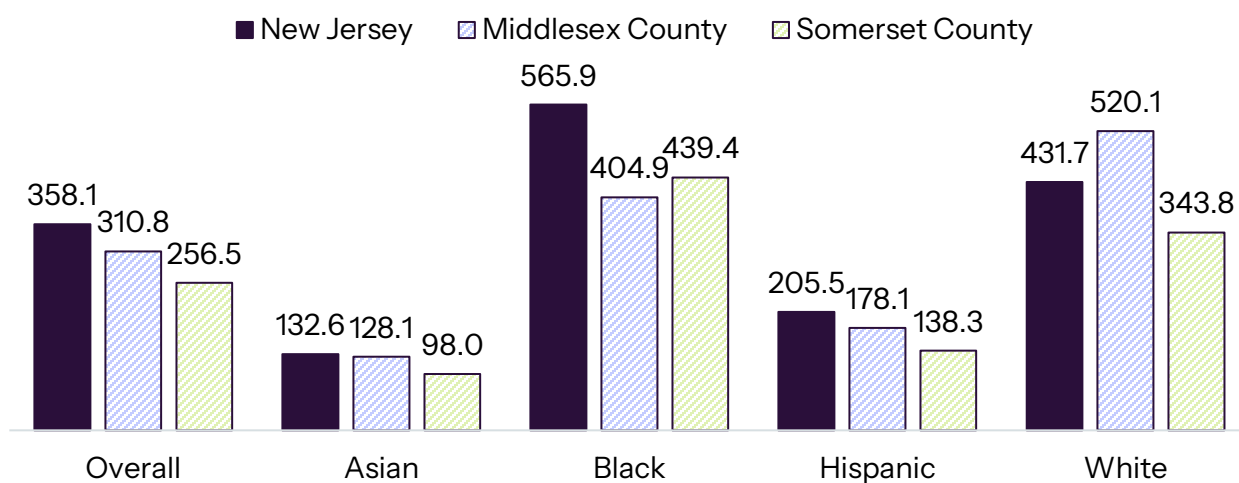
Figure 31. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 32 shows premature mortality (deaths before age 75) rates per 100,000 population by state, county, and race/ethnicity. In 2023, the premature mortality rate in Middlesex County (310.8 per 100,000) was lower than for the state (358.1 per 100,000). White residents in the Healthier Middlesex service area experienced a higher premature mortality rate (520.1 per 100,000) than residents of other races/ethnicities, and higher than the average premature mortality rate of White residents in New Jersey overall (431.7 per 100,000).

Figure 32. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

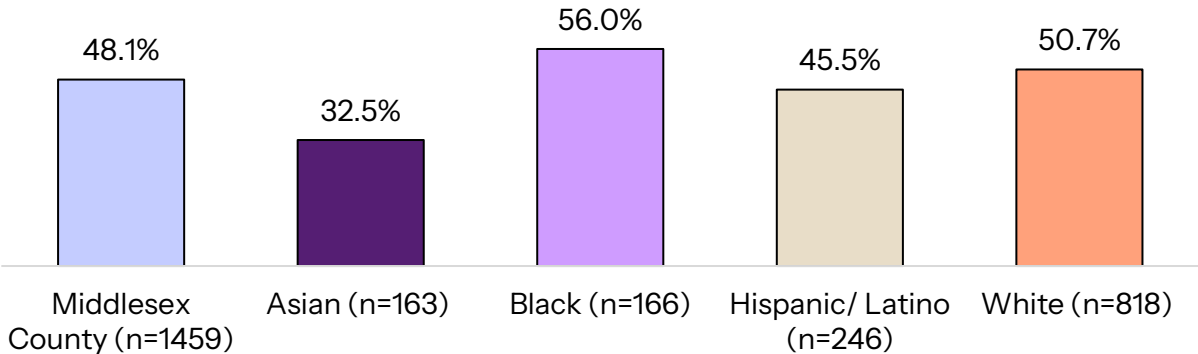
Overweight, Obesity, and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. While overweight/obesity was

identified as the fourth top health concern by community survey respondents, and the third top health concern among children and youth, it was not a prominent theme in conversations with focus group members or interviewees.

Almost half (48.1%) survey respondents in Middlesex County reported ever being told by a healthcare provider that they had a weight problem (Figure 33). This proportion varied by race/ethnicity and ranged from 32.5% of Asian to 56.0% of Black residents. Figure 99 in Appendix E: Additional Data Tables and Graphs, shows 24% of Middlesex County residents self-reported being obese in 2021.

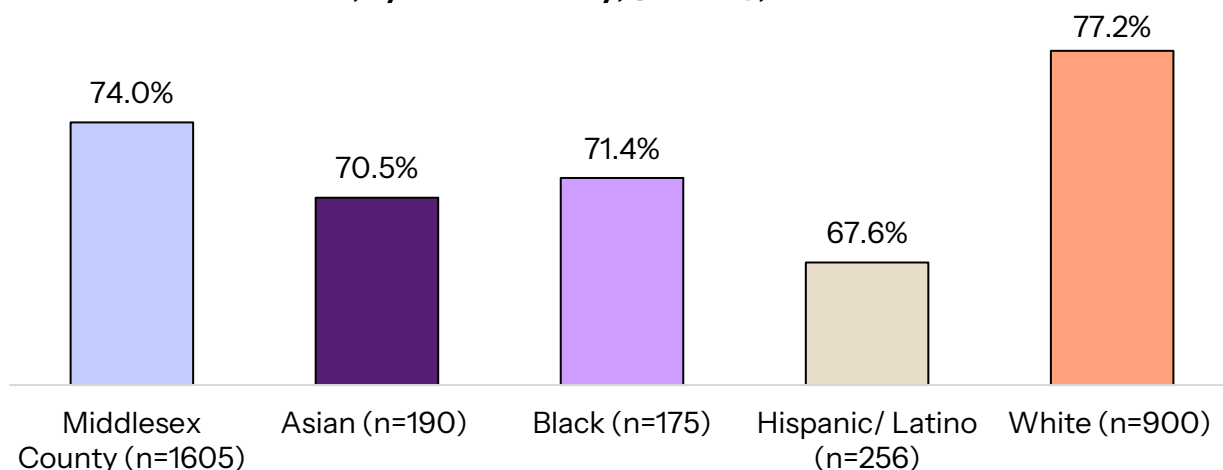
Figure 33. Middlesex County Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=1459), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked if they had engaged in any physical activity in the past month. A majority of Middlesex County respondents (74.0%) indicated that they did so, ranging from 67.6% of Latino to 77.2% of White respondents (Figure 34).

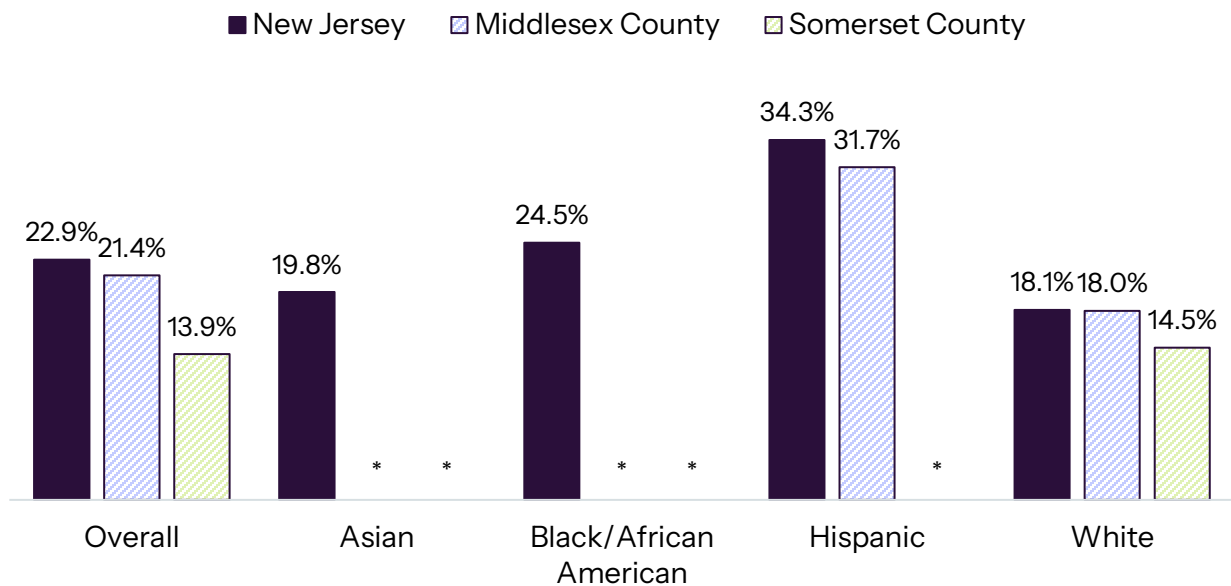
Figure 34. Middlesex County Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=1605), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, focus group participants valued that there were green areas and parks to walk and play sports in their neighborhoods. Yet, many Middlesex County residents reported not spending time on physical activity. According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 21.4% of Middlesex County residents reported having no leisure time for physical activity. There were differences by race and ethnicity with 31.7% of Latino respondents reporting no leisure time compared to 18.0% of White respondents (Figure 35). Figure 92 in Appendix E: Additional Data Tables and Graphs reports the percentage of the population with adequate access to a location for physical activity by state and county from 2020-2023.

Figure 35. Percent of Adults Reporting No Leisure Time for Physical Activity, by Race/Ethnicity, by State and County, 2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: **Percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because they do not meet the CDC BRFSS standard for data release.

Chronic Conditions

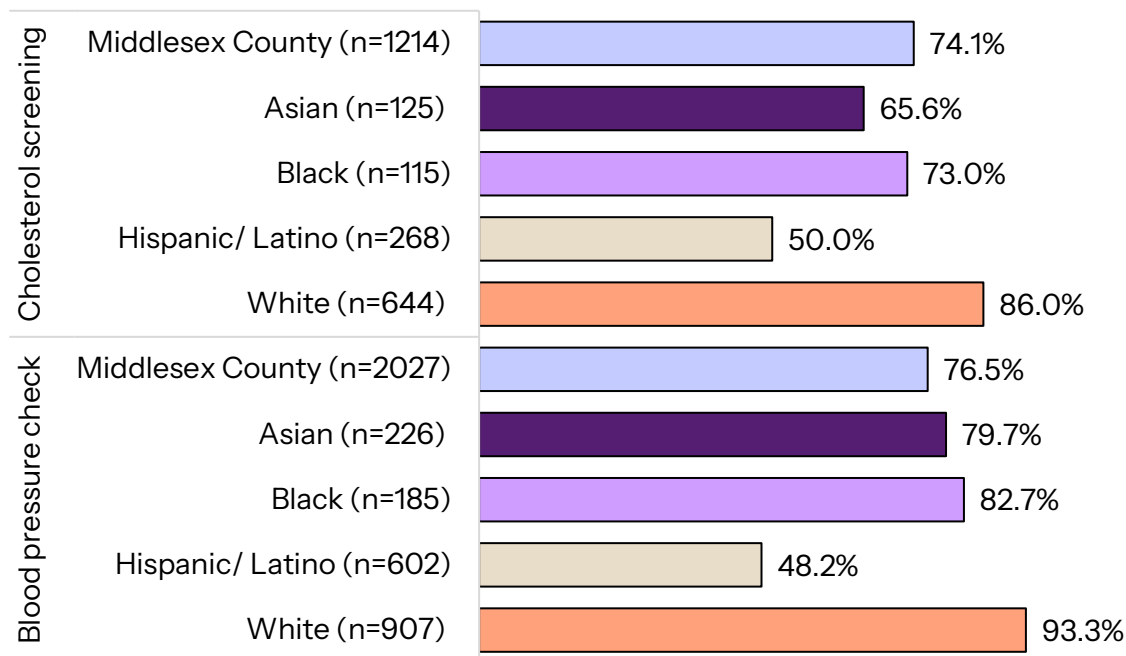
Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer, are some of the most prevalent conditions in the United States. Chronic disease was mentioned as a community concern by several interviewees who noted that Middlesex County had, like the rest of the country, high rates of diabetes, asthma, and cancer. Of particular concern were chronic disease management particularly for diabetes. Inequities in diabetes was identified as a community concern in the 2022 CHNA. The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in Middlesex County.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases. There are three steps to address these conditions: prevention, screening and diagnosis, and management. Prevention based on lifestyle and behavior was discussed earlier in the sections on food insecurity and healthy eating, and on overweight, obesity, and physical activity. This section focuses on diagnosis and management. Community survey respondents in 2024 were asked if they had ever received a cholesterol or blood pressure screening in the past two years. Just under three-quarters (74.1%) indicated that they had participated in a cholesterol screening, and 76.5% in a blood pressure screening (Figure 36). The results differed by race/ethnicity. Only 50.0% of Latino and 65.6% of Black respondents reported being screened for cholesterol, compared to 86.0% of White respondents. Blood pressure checks also differed by race/ethnicity. Notably, only 48.2% of

Latino respondents indicated that they had participated in blood pressure screenings compared to 93.3% of White respondents.

Figure 36. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, 2024

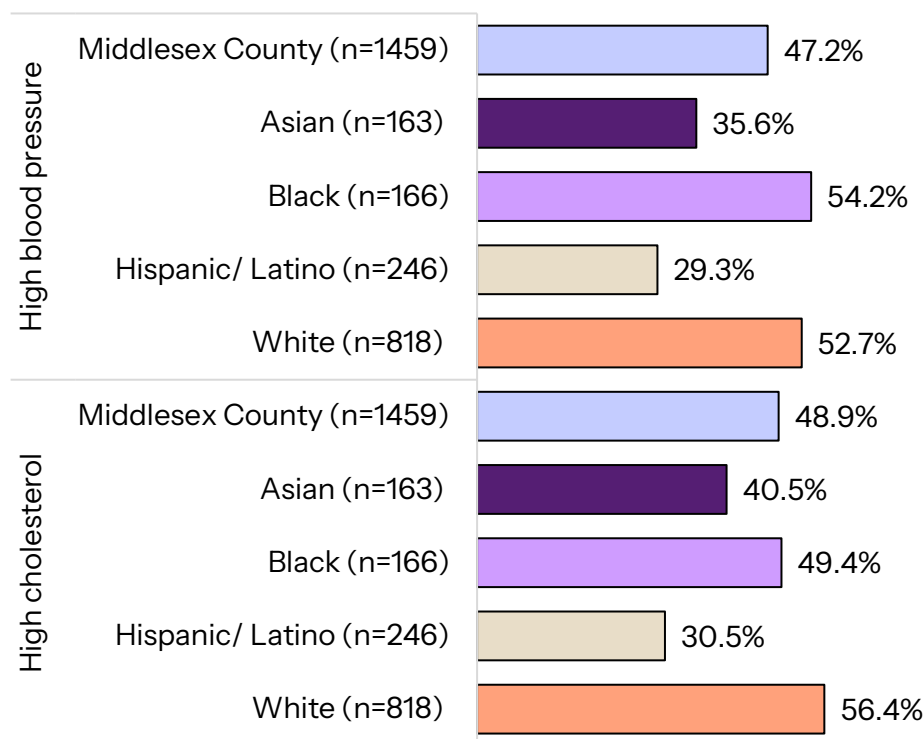


DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Cholesterol screening is recommended for those assigned male at birth aged 35 years and older and those assigned female at birth aged 45 years and older.

A high proportion of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 47.2% of survey respondents in Middlesex County reported ever being told by a healthcare provider that they had high blood pressure and 48.9% that they had high cholesterol (Figure 37). Fewer Latino (29.3%) and Asian (35.6%) respondents reported having been told they had high blood pressure compared to Black respondents (54.2%). In terms of high cholesterol, percentages ranged from 30.5% of Latino to 56.4% of White respondents. These percentages should not be interpreted as the prevalence of the conditions among survey respondents, given that this survey used a convenience sample and there are inequities in access to a healthcare provider to obtain a diagnosis.

Figure 37. Percent of Community Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, Middlesex County Residents, by Race/Ethnicity, 2024

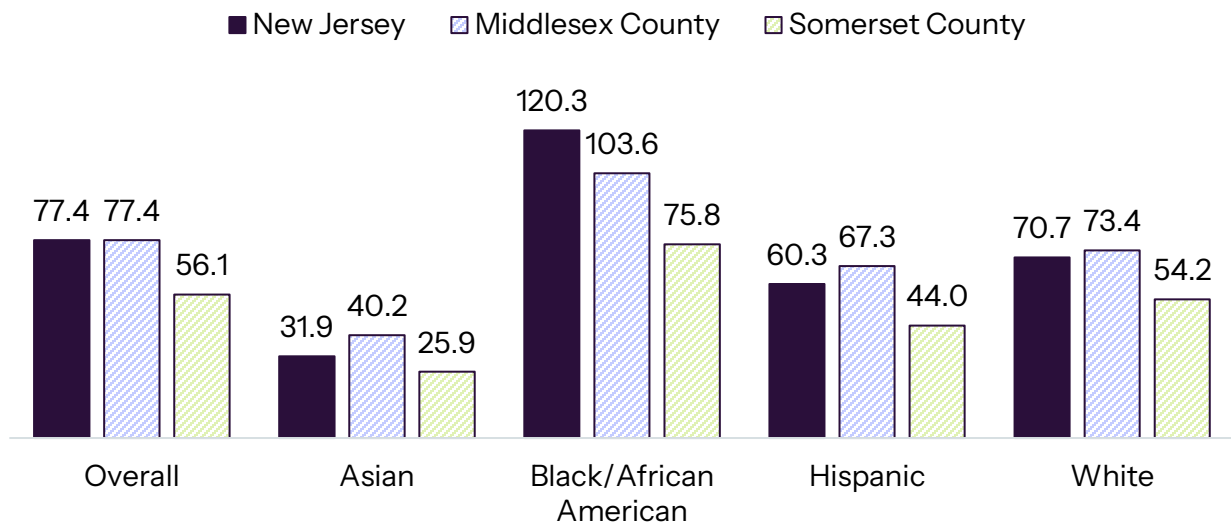


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Heart Disease

According to surveillance data, the rate of cardiovascular disease hospitalizations (77.4 per 10,000 population) was the same in Middlesex County as it was in New Jersey overall (Figure 38). Disparities exist within Middlesex County with Black residents being hospitalized due to cardiovascular disease at higher rates than the county rate (103.6 per 10,000).

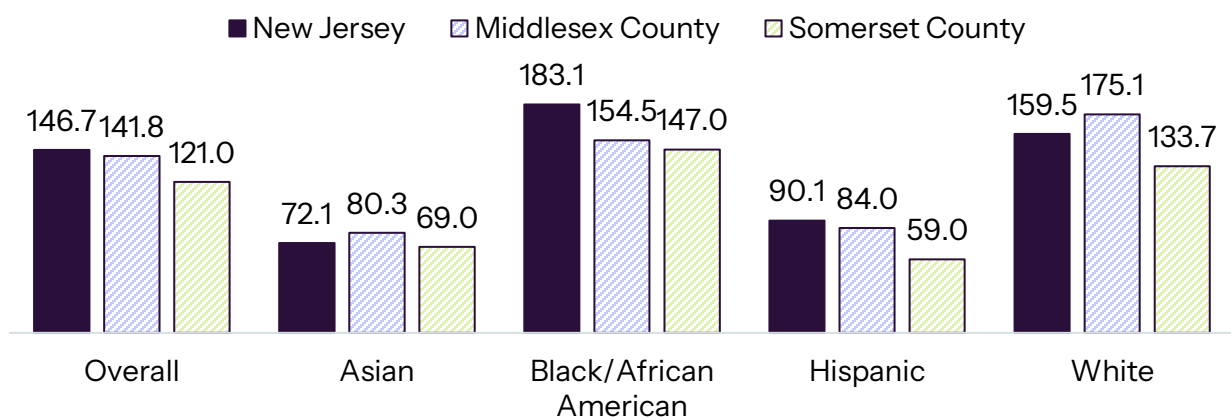
Figure 38. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death certificate data show that in 2023 the heart disease mortality rate was slightly lower in Middlesex County (141.8 per 100,000 residents) than in the state (146.7 per 100,000) (Figure 39). Heart disease mortality rates were highest among White (175.1 per 100,000), followed by Black (154.5 per 100,000) residents.

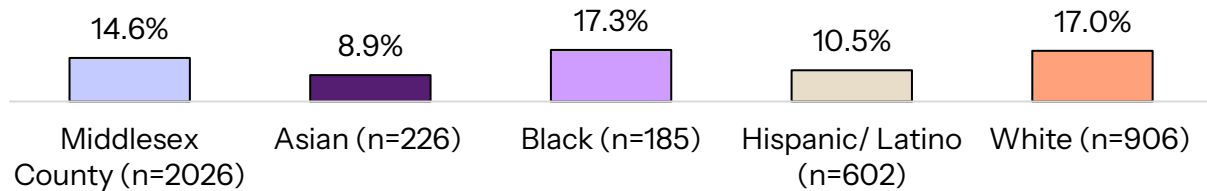
Figure 39. Age-Adjusted Rate of Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Overall, 14.6% of community survey respondents in Middlesex County indicated receiving heart disease education in the past two years (Figure 40). Participation in heart disease education differed by race/ethnicity, with only 8.9% of Asian residents reporting participating compared to 17.3% of Black and 17.0% of White residents.

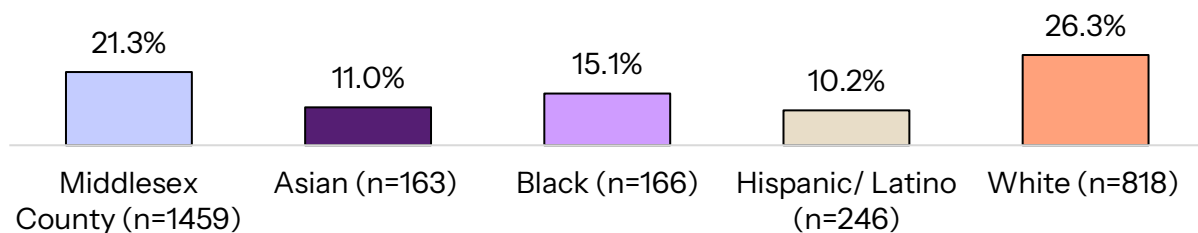
Figure 40. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Overall, 21.3% of community survey respondents indicated ever having been told by a provider that they had a heart condition (Figure 41). As with other health indicators, differences existed by race/ethnicity with a higher percentage of White (26.3%) and Black (15.1%) respondents reporting having been told they had a heart condition.

Figure 41. Percent of Community Survey Respondents Ever Being Told They Had a Heart Condition by a Provider, Middlesex County Residents, by Race/Ethnicity, (n=1459), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

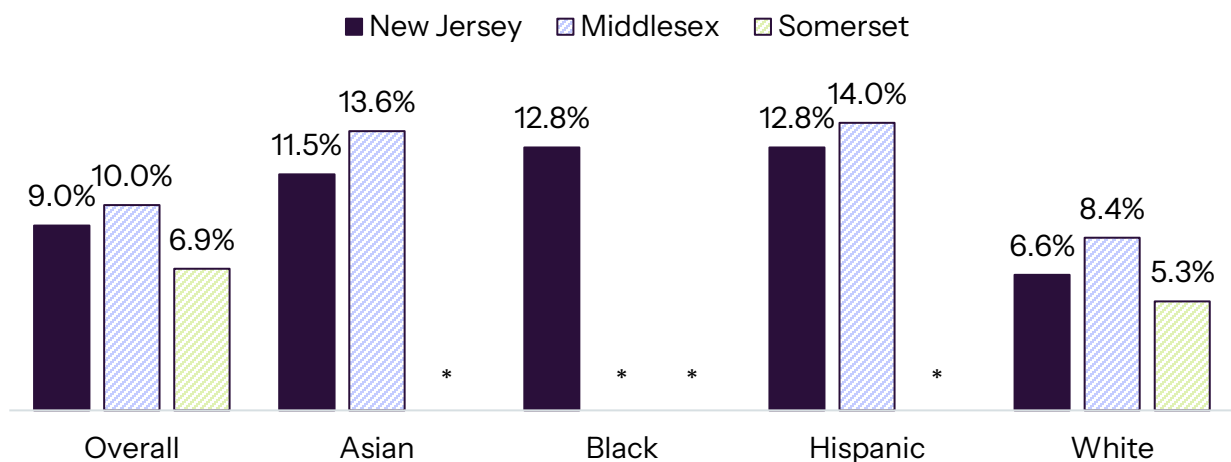
Diabetes

Diabetes and diabetes management to prevent worse health outcomes was a concern mentioned by discussion participants. Participants noted that diabetes was prevalent in their communities and indicated access to preventative screenings, healthy food, and health education was lacking, leading to increased rates of diabetes. An interviewee noted, “if there is no access to healthy, nutritious and culturally appropriate food-different underlying conditions such as heart disease and diabetes exist” Another interviewee recounted their clients’ experiences with the condition saying, “diabetes is a big one. It’s so detrimental because a lot of my clients come in and where their lives turn is when they get sick. They could be doing amazing, and then they get sick, usually with diabetes and then they can’t work. They just waited too late [to seek care].”

“A lot of people have issues with blood pressure, blood sugar, and diabetes. It’s difficult to control because there aren’t enough resources for people with diabetes.” – Focus Group Participant

Figure 42 shows the percentage of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2018 to 2022, the most recent years that surveillance data are available and aggregated over time due to small numbers. Overall diabetes rates were higher in Middlesex County (10.0%) than in New Jersey (9.0%). Diabetes rates in Middlesex County were highest among Latino (14.0%) and Asian (13.6%) residents, in both cases, surpassing those of New Jersey. Community survey respondents identified diabetes as their number one top health concern overall.

Figure 42. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018–2022

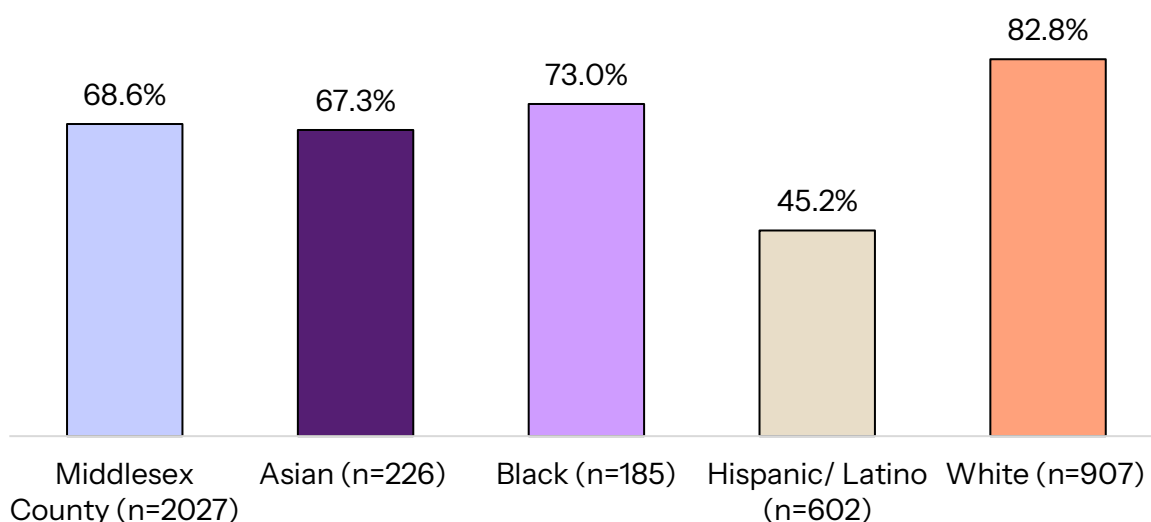


DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2017–2021

NOTE : The asterisk (*) means that data are not shown due to fewer than 50 completed surveys and/or relative standard error (RSE) > 30%, and do not meet the CDC BRFSS standard for data release.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In Middlesex County, 68.6% of respondents were screened for diabetes (Figure 43). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 45.2% among Latino to 82.8% among White respondents.

Figure 43. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, (n=2027), 2024



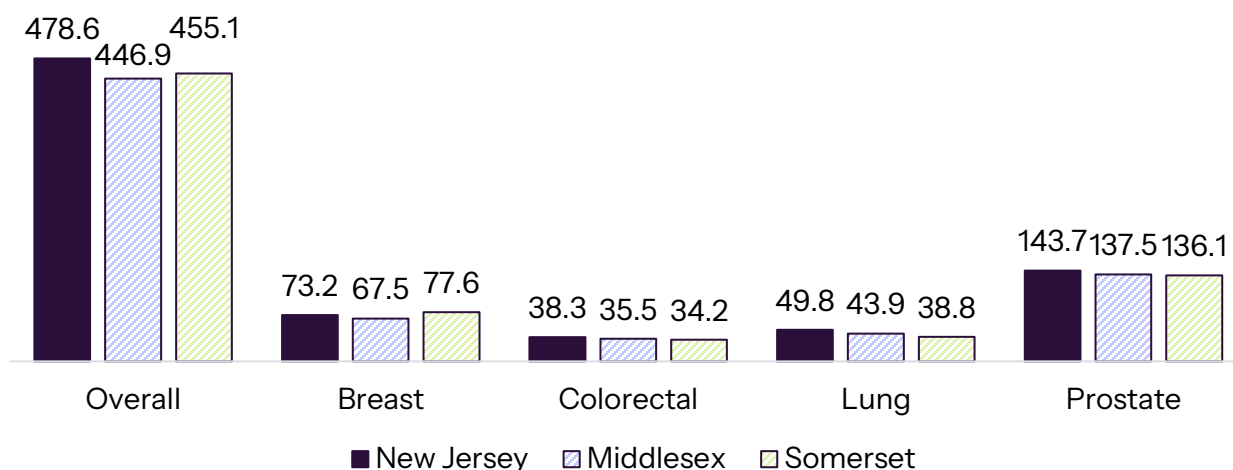
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Cancer

Even though cancer is the second leading cause of death in Middlesex County and New Jersey overall, it was not a prominent theme discussed in focus groups. In addition, cancer was identified as the second top concern among community survey respondents. Community respondents and quantitative data suggest that cancer is a health issue in Middlesex County.

Overall, there were 446.9 cases of cancer per 100,000 residents in Middlesex County, according to the NJ State Cancer Profile; prostate (137.5 cases per 100,000 males), breast (67.5 cases per 100,000 females), and lung and bronchus (43.9 cases per 100,000 population) cancers were the most common types of cancer in 2017-2021 (Figure 44). Recent trends indicate that overall cancer incidence is declining (see Appendix G: Cancer Data). More information can be found in Appendix E: Additional Data Tables and Graphs for additional data on cancer-related deaths.

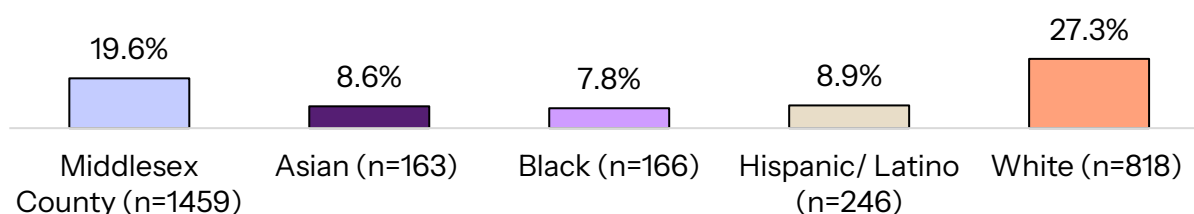
Figure 44. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

Among Middlesex County community survey respondents, 19.6% reported ever being told they had cancer by a provider (Figure 45). Percentages differed by race/ethnicity, ranging from 7.8% of Black to 27.3% of White respondents.

Figure 45. Percent of Community Survey Respondents Ever Told They Had Cancer by a Provider, Middlesex County Residents, by Race/Ethnicity (n=1459), 2024



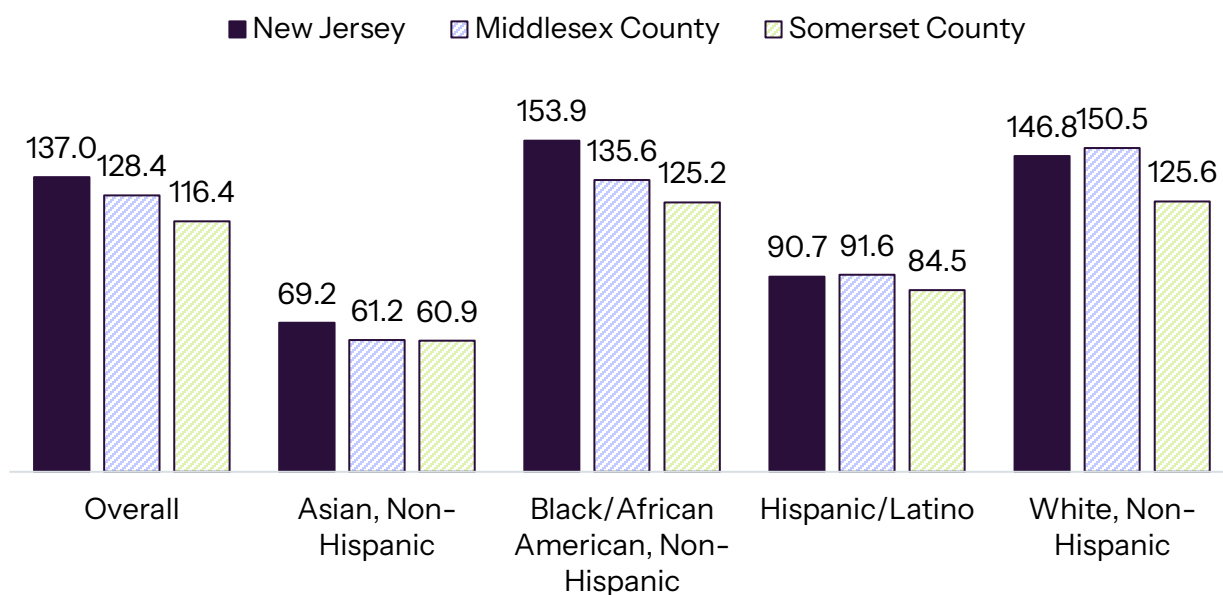
DATA SOURCE: Community Health Needs Assessment Survey, 2024

According to hospital tumor registries, in 2023, 12.8% and 14.4% of overall cancer cases in RWJUH were Stage 3 and Stage 4, respectively. At Saint Peter's, 9.1% and 12.4% of cancer cases were Stage 3 and Stage 4, respectively, that year (Appendix G: Cancer Data).

In 2021, the last year for which these data were available, the overall cancer mortality rate in Middlesex County (128.4 per 100,000) was slightly lower than that of the state (137.0 per 100,00) (Figure 46). White (150.5 per 100,000) and Black (135.6 per 100,000) residents had a higher cancer mortality rate than the county average, while Asian (61.2 per 100,000) and

Latino (91.6 per 100,000) residents had the lowest cancer mortality rates of any race/ethnic group.

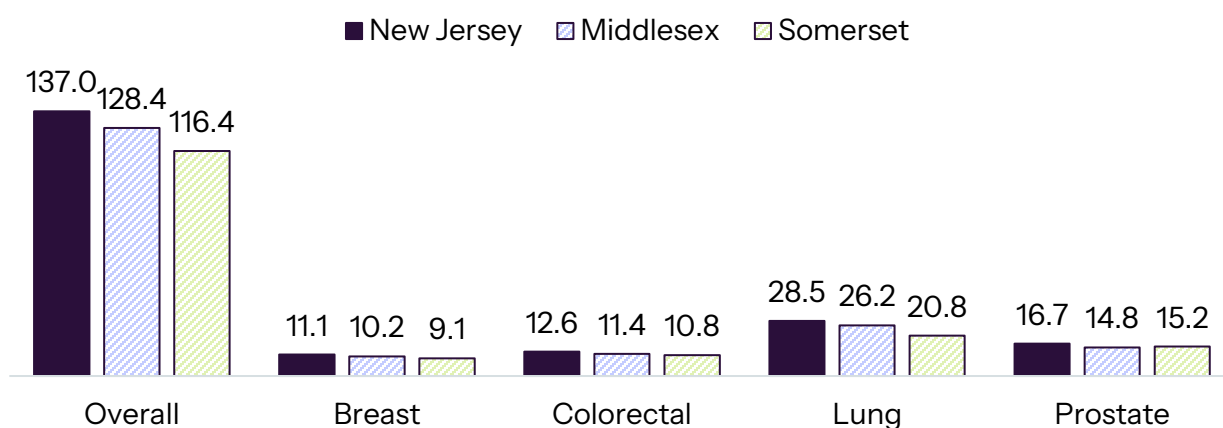
Figure 46. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The cancers that claimed the most lives in Middlesex County were lung and bronchus cancer (26.2 deaths per 100,000 population), followed by colorectal (11.4 deaths per 100,000 females), and breast (10.2 deaths per 100,000 population) cancers (Figure 47).

Figure 47. Age-Adjusted Cancer Mortality Rate per 100,000, by Cancer Site, by State and County, 2017-2021

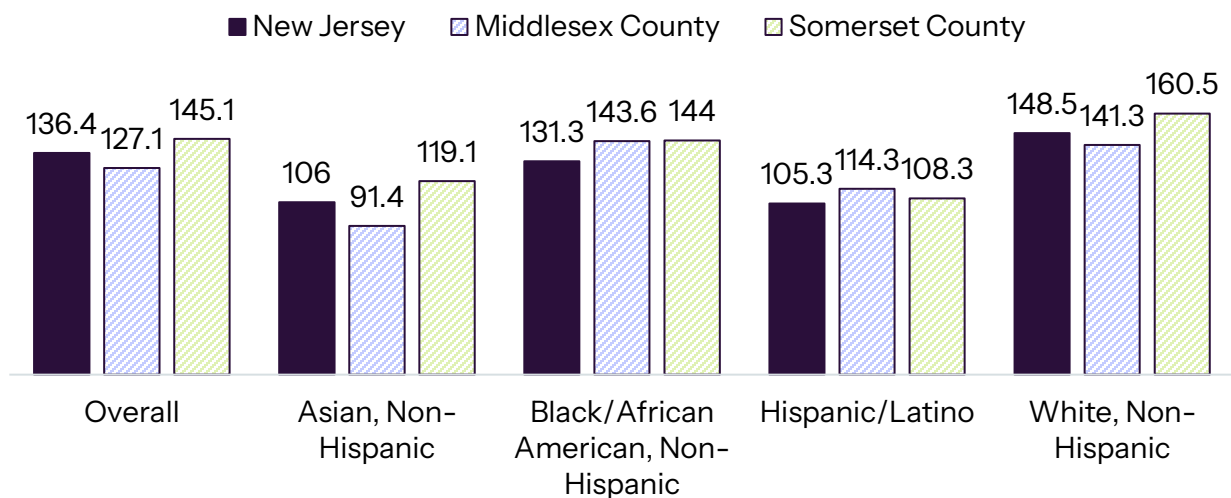


DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Breast Cancer

Cancer registry data are presented in Figure 48 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017–2021 across New Jersey and in Middlesex County by race/ethnicity. The breast cancer incidence rate in Middlesex County (127.1 per 100,000) was highest among Black (143.6 per 100,000) and lowest among Asian (91.4 per 100,000) residents. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry, caution should be used when comparing rates among Latino residents to rates in the different racial groups. More information on breast cancer deaths can be found in Figure 100 in Appendix E: Additional Data Tables and Graphs.

Figure 48. Age-Adjusted Rate of Female Breast Cancer per 100,000 Females, by Race/Ethnicity, by State and County, 2017–2021

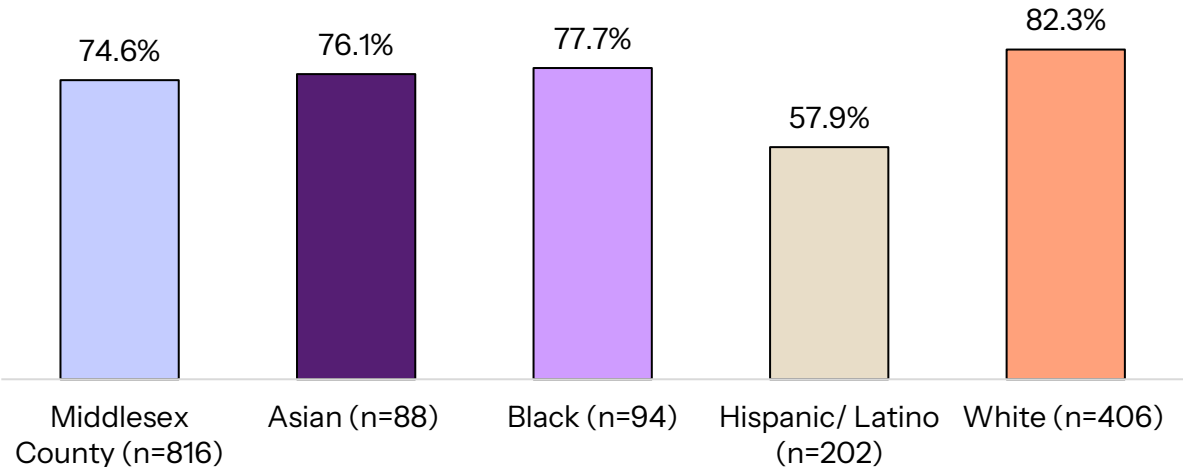


DATA SOURCE: New Jersey State Cancer Registry, 2024

NOTE: The asterisk (*) means that rates are not stable due to counts under 15.

Screening and early detection are critical to improved cancer-related outcomes. Community survey participants who identified as female were asked if they had participated in mammography screenings in the past two years. Overall, 74.6% of female Middlesex County residents had a mammography in the past two years (Figure 49). However, there were differences by race/ethnicity with Latina respondents reporting participating the least (57.9%) and White respondents the most (82.3%).

Figure 49. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, (n=816), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
 NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Mammograms or breast examination screenings are recommended for those assigned female at birth aged 40 to 74 years old.

HPV-Associated Cancers

Human papillomavirus (HPV) is a group of viruses that spread through vaginal, anal, and oral sex. HPV infections are prevalent among sexually active people. Whereas most infections resolve on their own, in some cases HPV can cause cancers such as throat (or oropharyngeal) cancer, anal cancer, penile cancer, vaginal cancer, and vulvar cancer. Throat was the most common HPV-associated cancer in Middlesex County in 2017-2021 (11.4 per 100,000) (Table 16). The Middlesex County rates of HPV-associated cancers rates were comparable to those of the state. Figure 101 in Appendix E: Additional Data Tables and Graphs presents additional data on deaths due to prostate cancer in 2020.

Table 16. Age-Adjusted Invasive HPV-Associated Cancers Incidence Rates per 100,000, by State and County, 2017-2021

	Oral Cavity & Pharynx	Anus	Penis	Vagina	Vulva	Cervix Uteri
New Jersey	11.2	1.8	0.9	0.6	2.9	7.2
Middlesex	11.4	1.6	0.8	0.7	2.5	6.9
Somerset	11.5	1.5	0.9*	0.8*	2.2	5.1

DATA SOURCE: New Jersey State Cancer Registry, 2025
 NOTE: An asterisk (*) means that data is suppressed, as there are less than 15 cases to calculate a stable age-adjusted rate.

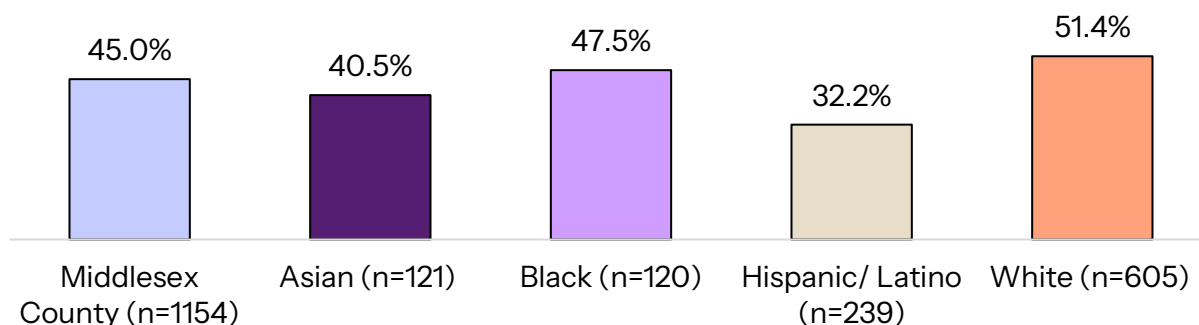
Colon and Skin Cancer Screenings

Colon and skin cancers are relatively common and may not have noticeable symptoms in their early stages. Regular cancer screenings are one of the most effective means to detect

and treat it early, when treatment is easier. Community survey respondents were asked about their participation in screenings for colon and skin cancer within the past two years. Less than half (45.0%) of respondents reported receiving a colon cancer screen (Figure 50) and over one-fourth (25.1%) a skin cancer screen in the last two years (Figure 51). The proportion of Asian, Black, and Latino residents screened for skin cancer was substantially lower than for White residents.

Of note, the percentages of colon cancer screenings found in the community health survey are lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 66.3% of 50+ year old adults in Middlesex County self-reported being current with colorectal cancer screening recommendations in 2020 (defined as having had a take-home fecal immunochemical test (or high-sensitivity fecal occult blood test 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). In 2020, 71.6% of New Jersey 50+ year old adults were current with colorectal cancer screening recommendations in New Jersey in 2020 (Figure 105). A consideration is that the community health survey data are drawn from a convenience sample and may not be representative of the population of New Jersey or Middlesex overall. In addition, the lower percentages observed in the community health survey may be indicative of disruptions in access to care caused by the COVID-19 pandemic. Finally, these discrepancies may be due to differences in the question wording.

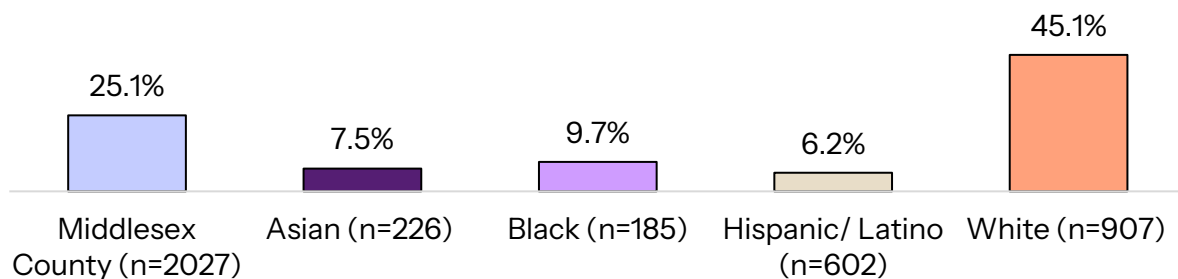
Figure 50. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, Middlesex County Residents, by Race/Ethnicity, (n=1154), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Colon cancer screening is recommended for adults aged 45 to 75 years old.

Figure 51. Percent of Community Respondents Screened for Skin Cancer in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, (n=2027), 2024

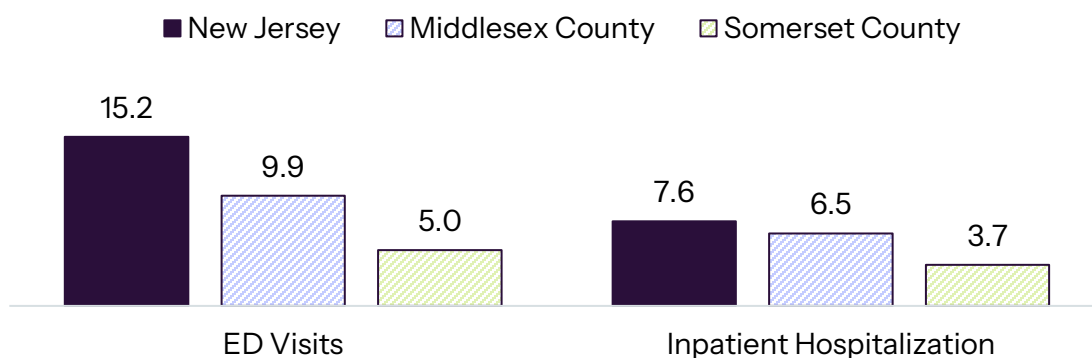


DATA SOURCE: Community Health Needs Assessment Survey, 2024

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, the sixth leading cause of death in the state in 2021 (Figure 30). In 2023, Middlesex County had lower rates of emergency department (ED) visits (9.9 per 10,000 population) and inpatient hospitalizations (6.5 per 10,000) due to COPD than New Jersey overall (15.2 per 10,000 and 7.6 per 10,000 population respectively) (Figure 52). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F: Hospitalization Data.

Figure 52. Age-Adjusted Rate of Emergency Department (ED) Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Disability

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

Whereas disability was not a prominent theme discussed in focus groups or interviews, it was of concern to interviewees working with people living with disabilities. New Jersey and Middlesex County were described to have progressive and great early intervention programs for people living with disabilities. To illustrate this point, an interviewee described, *"New Jersey as a state is quite progressive as it relates to people with disabilities. There is strong Early Intervention."* In addition to New Jersey being a leader in services for people living with disabilities, interview participants also named the Lakeview

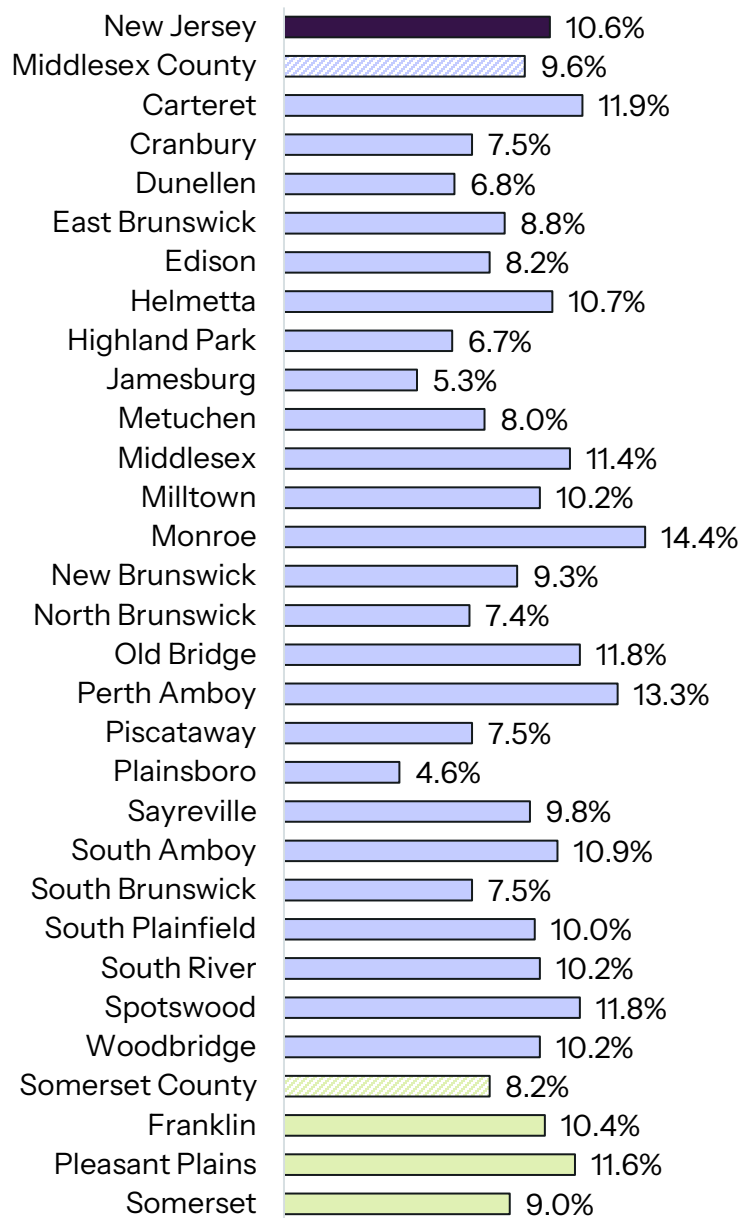
School as a tremendous asset to the community within Middlesex County. The Lakeview school was described as providing a full complement of care and services for their students. The interview participant described that, *"in addition to the special education, they offer extensive rehabilitation programs to students, and they have over 30 full time rehabilitation therapists on staff and also have a number of physicians who do their clinics right on site."* The ability for students and families to have access to their full complement of care in one setting was viewed as a key strength and facilitator to early intervention and subsequent care.

"Our society needs have an actual appreciation for people with disabilities and not see them as the takers or the inconvenience. There still does not exist a true acceptance of people with disabilities. When ADA was signed 40 years ago that was just the beginning of the struggle not the end." – Key informant interviewee

A rising concern for interviewees working with people living with a disability is the number of mothers and parents with disabilities caring for children with disabilities. The interviewee described, *"There seems to be a growing number of and this is anecdotal because we can't track this but a growing number of babies who are in care of mothers who have their own intellectual disabilities."* The interviewee described how this can create a barrier to treatment when training families because, *"we are training the families in a way to nurture their children so when you have young parents who have their own disabilities it's very hard to gain traction on that priority."*

American Community Survey data from 2019–2023 show that the number of people with disabilities differs across the Middlesex County service area. Overall, about 9.6% of Middlesex County residents have a disability. The percentage of individuals living with a disability range by town within Middlesex County from Plainsboro (4.6%) to Monroe (14.4%) (Figure 53). More information on the percent of residents with a disability by age can be found in Table 36 in Appendix E: Additional Data Tables and Graphs.

Figure 53. Percent of Persons with a Disability, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates, 2019-2023

Mental Health and Behavioral Health

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health. Reducing the impact of trauma on health outcomes and increasing prevalence of trauma informed care was a priority of the 2022 CHNA-CHIP process.

Mental Health

Mental health was identified as a community concern in nearly every interview and focus group. Participants identified depression, anxiety, stress, trauma, and substance use as mental health challenges for community residents and noted that these all have been exacerbated since the pandemic. Poor mental health has a negative impact on overall well-being: those with mental health conditions have difficulty managing other health conditions and accessing services such as healthcare, housing, and food resources.

“I think emotional health is the biggest issue. Everyone is dealing with different things, but we’re all affected by lack of work, bills, rent, immigration and what will happen with our kids if we get deported.”

– Focus group participant

Youth mental health was of particular concern to interviewees and focus group participants. One interviewee explained, “[we need] more focus on youth; psychologists in the schools that can help children see the reality that we’re living in now. I’ve seen a lot of youth with trauma ...So many young people have witnessed murders or their friends being hurt or robberies, and then they have to deal with those traumas. They end up with mental health issues from having to cope with violence.”

The mental health of older adults was also mentioned as a community concern by several focus group participants. Participants reported that older residents, particularly those who were homebound, living alone, or did not have family close by were suffering from isolation and the negative mental health impacts associated with it. One focus group participant stated seniors are dealing with, “the issue of isolation. One part of it is you have the percent of seniors that are not tech savvy or aren’t open to it, and there’s also the issue of isolation and those who live alone and don’t have a support system.”

Another community concern, noted by many interviewees and focus group participants, was the mental health of immigrant populations. Participants reported that immigrant populations in Middlesex County experienced high levels of trauma, particularly with the ongoing immigration crackdowns and ICE enforcement. One focus group participant stated, “I’m currently seeing a psychologist and she tells me I need to walk more, but I tell her I don’t want to go out to walk because what happens if Immigration comes after me while I’m out? So I have to keep an eye out for strange trucks or people following me. It causes a lot of fear. I don’t want to leave my son here alone.”

“Mental health, both for kids and for parents. It ends up affecting everything—violence, drug use, safety. Immigration is making the situation worse because people are afraid to leave their houses.”

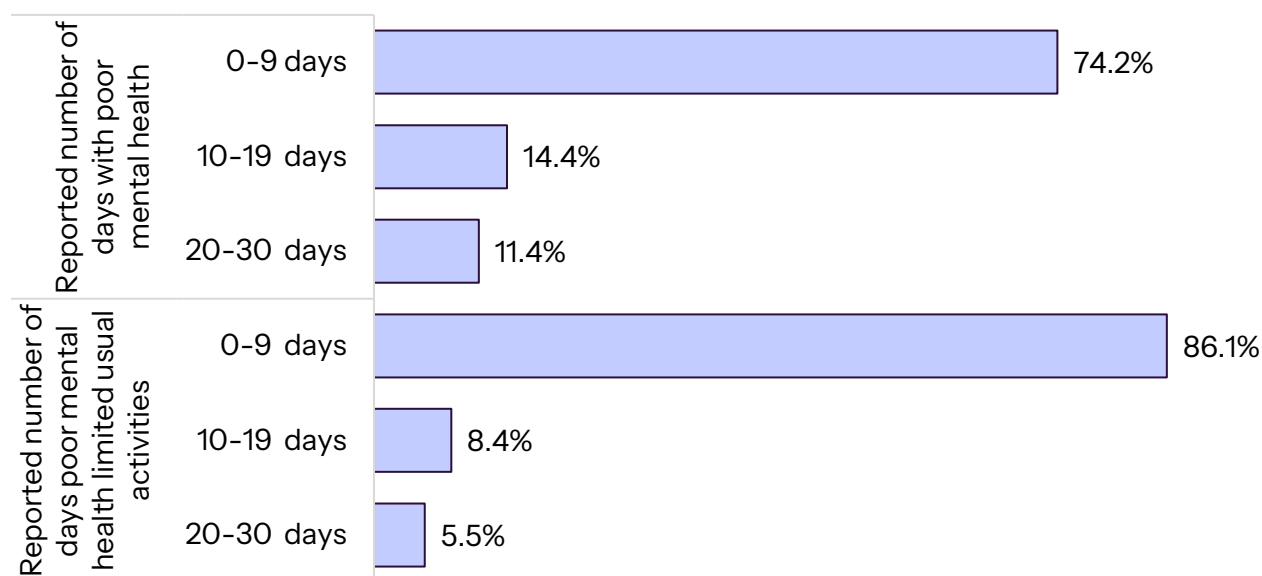
– Focus group participant

Quantitative data confirm participants’ perceptions that mental health is a pressing community issue. As described earlier, community survey respondents identified mental health issues as a top health concern in their communities. Among Middlesex County survey community respondents, 14.4% reported experiencing 10–19 days of poor mental health, and 11.4% reported 20–30 days of poor mental health in the last 30 days (Figure 54). Additionally, 8.4% of survey respondents reported experiencing 10–19 days in which poor mental health

limited their usual activities, and 5.5% reported 20–30 days in which poor mental limited their usual activities. Prevalence of depression can be found in Figure 106 in Appendix E: Additional Data Tables and Graphs. Mental and behavioral health was identified as a priority area during the 2022–CHNA–CHIP process as well.

Figure 54 shows 14.4% of community survey respondents had 10–19 days with poor mental health in the last 30 days, with 11.4% of respondents having 20–30 days with poor mental health. Additionally, 86.1% of community survey respondents from Middlesex County reported 0–9 days where poor mental health impacted their usual activities.

Figure 54. Percent of Middlesex County Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024



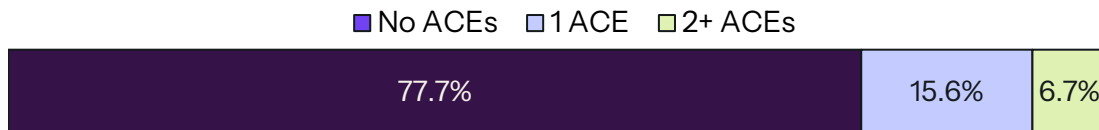
DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” was answered by 1759 respondents.

“During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?” was answered by 1763 respondents.

Experiencing adverse childhood experiences (ACEs) is a strong risk factor for poor mental and physical health outcomes in childhood and in adulthood. While ACEs data at the county or town level is not readily available, the National Survey of Children’s Health indicates that in 2022–2023, 15.6% of children in the state of New Jersey had experienced one ACE, and 6.7% had experiences 2 or more ACEs (Figure 55).

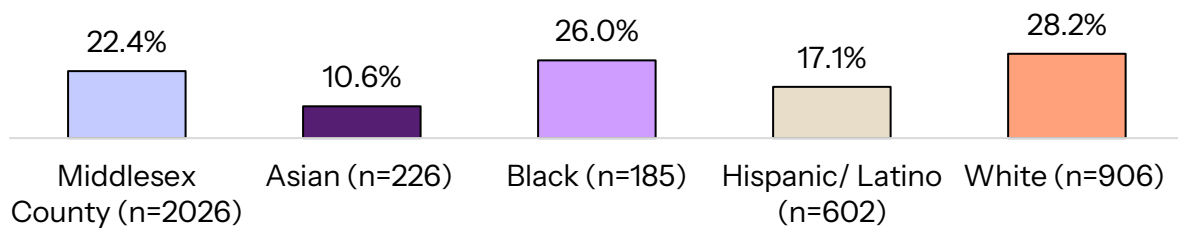
Figure 55. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2022-2023



DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau

More than 1 in 5 (22.4%) of Middlesex County survey respondents reported receiving mental health counseling in the past two years. Rates of participation varied by race/ethnicity. Proportionally more White (28.2%) and Black (26.0%) respondents reported receiving mental health counseling in the last two years compared to Asian (10.6%) and Latino (17.1%) respondents (Figure 56).

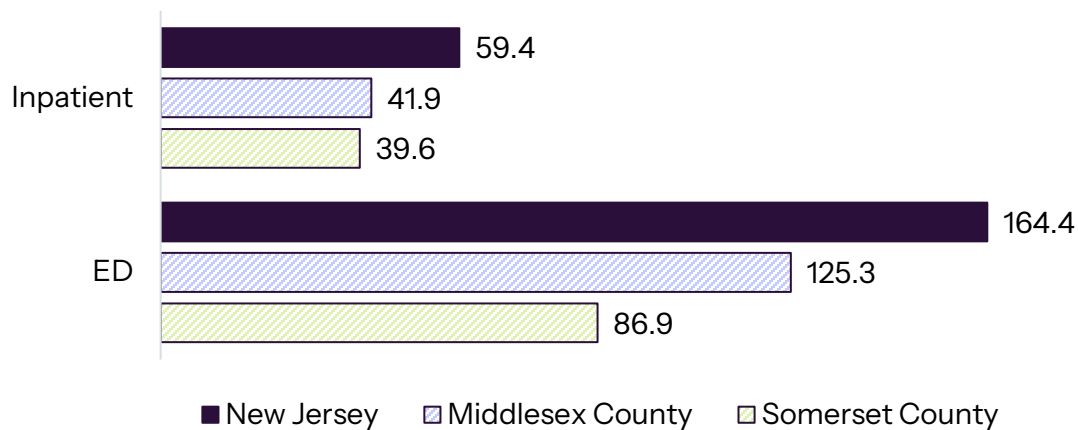
Figure 56. Percent of Middlesex County Survey Respondents who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Hospital discharge data from 2023 show that Middlesex County had relatively lower rates of emergency department (ED) visits (125.3 per 10,000) and inpatient hospitalizations (41.9 per 10,000) due to mental health than New Jersey (164.4 and 59.4 per 10,000, respectively) (Figure 57).

Figure 57. Age-Adjusted Rate of Inpatient Hospitalizations & Emergency Department (ED) Visits due to Mental Health per 10,000, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death Certificate Database data from 2023 indicate that overall suicide rates in Middlesex County (6.4 per 100,000) were lower than in the state (7.3 per 100,000). White New Jersey residents had the highest rate of suicide deaths of any other racial/ethnic group (Table 17).

Table 17. Age-Adjusted Suicide Death Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2017-2021

	Overall	Asian	Black	Hispanic/Latino	White
New Jersey	7.3	4.3	4.2	4.3	9.1
Middlesex	6.4	3.1	3.7	4.4	8.8
Somerset	6.2	4.1	5.2	3.9	7.3

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2023

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2019-2023 were lower in Middlesex County (11.4 per 10,000) than in New Jersey (28.5 per 10,000). Rates were highest in Middlesex County among Black children (14.4 per 10,000) and lowest among Asian children (3.0 per 10,000) (Table 18).

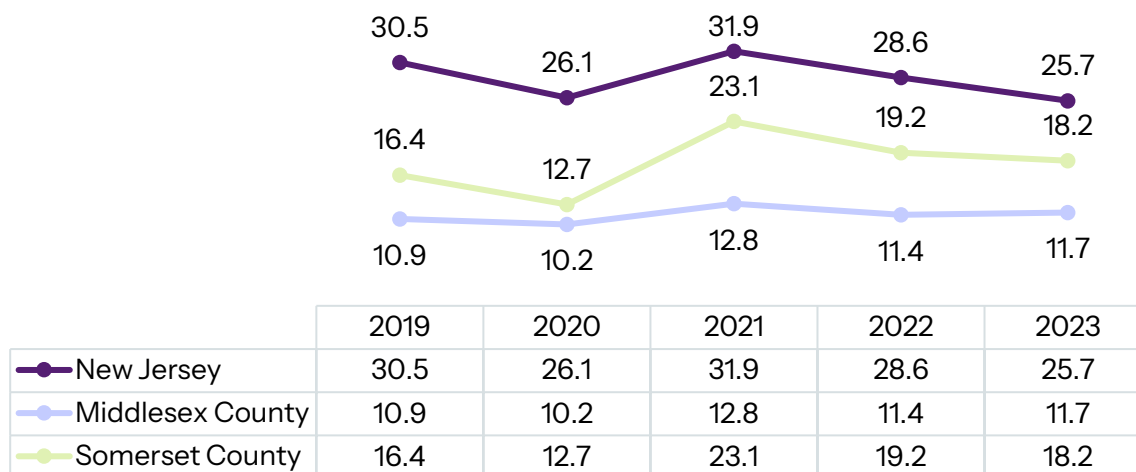
Table 18. Rate of Pediatric Hospitalizations due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023

	Overall	Asian	Black	Hispanic/Latino	White
New Jersey	28.5	7.3	38.4	19.1	27.5
Middlesex	11.4	3.0	14.4	8.1	13.2
Somerset	17.9	3.8	18.8	15.6	18.2

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Pediatric hospitalizations due to mental health were consistently lower in Middlesex County compared to New Jersey between 2019 and 2023 (Figure 58).

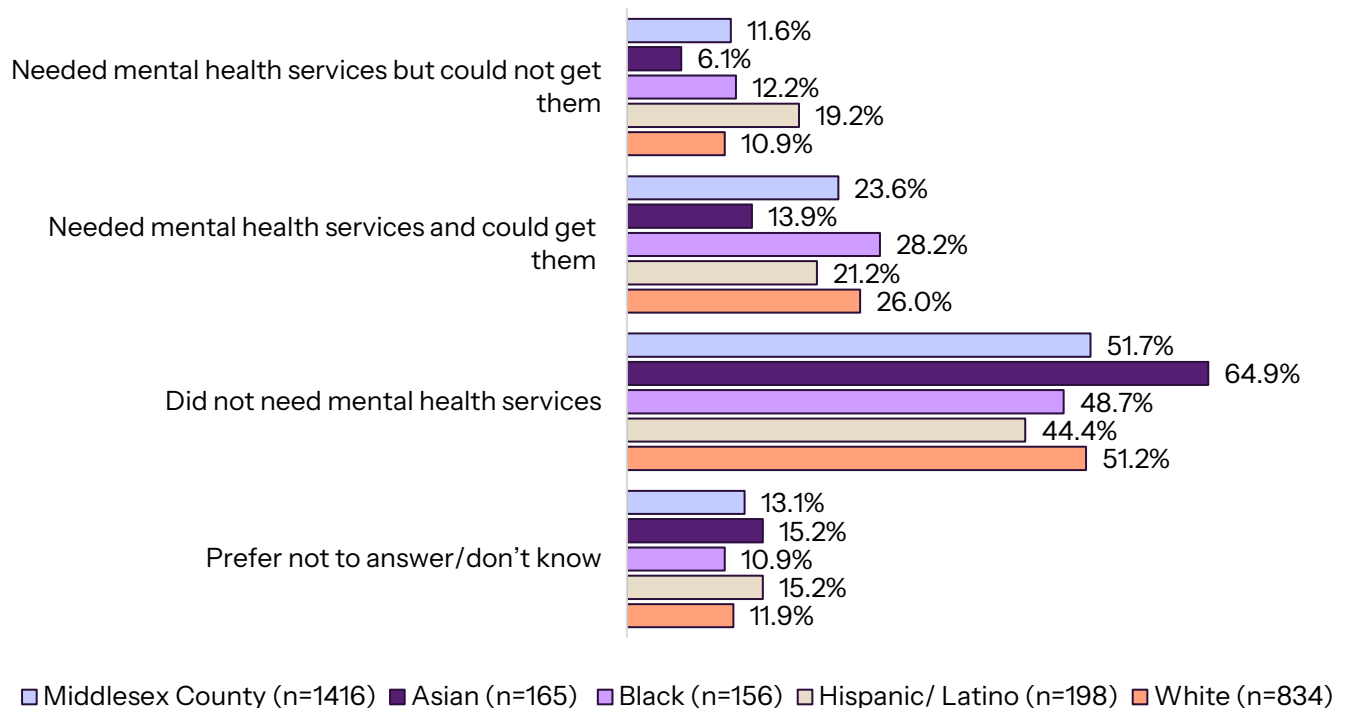
Figure 58. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019–2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD)

Difficulty accessing mental health services was a theme in focus group and interview conversations, as described below. Middlesex County community survey respondents were asked about their experiences seeking help for mental health problems for themselves or a family member over the past two years. Overall, 11.6% of Middlesex County respondents who reported seeking mental health services and/or treatment indicated that they could not access them (Figure 59). A higher proportion of Latino respondents (19.2%) reported not being able to access needed help. In Middlesex County, 23.6% of respondents sought mental health services and/or treatment and accessed them in the past two years. Black respondents (28.2%) were the most likely to access needed mental health help.

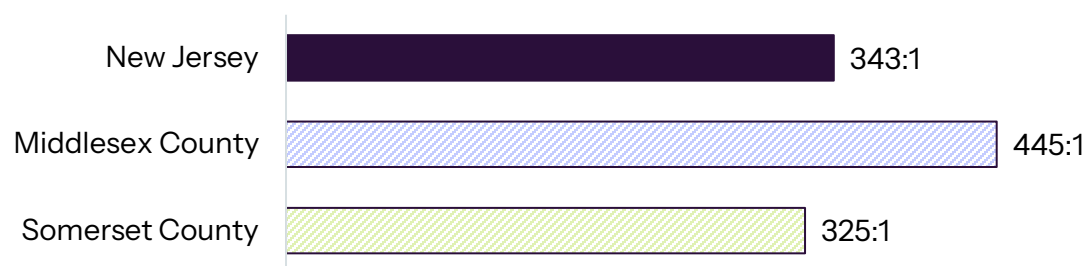
Figure 59. Access to Mental Health Services for Respondent or a Family Member in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Mental health workforce data indicate that, in 2023, Middlesex County had a worse population to mental health provider ratio than the state; there was one mental health provider per 445 Middlesex County residents compared to one provider per 343 New Jersey residents (Figure 60).

Figure 60. Ratio of Population to Mental Health Provider, by State and County, 2023



DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings 2024

Substance Use

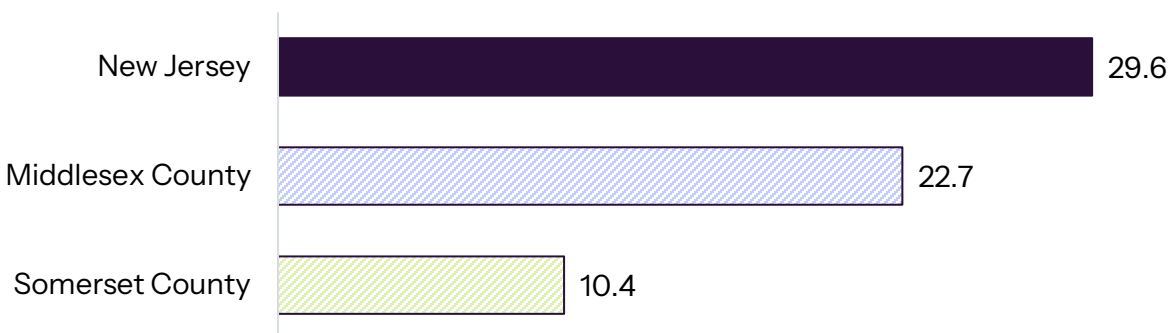
Problem substance use is the uncontrolled consumption of a substance, including alcohol, tobacco, or other psychoactive substances, despite harmful consequences. Substance misuse may impact health and affect social and economic well-being. Several interviewees and focus group participants identified substance misuse, particularly alcohol and opioids, as a problem. One interview participant described, “one of the things we often see in the area is drug use and homelessness,” with another saying, “alcoholism is really high in the neighborhood.” The presence of fentanyl and xylazine was worrisome, as described by an interviewee working with the unhoused population:

“Opioids and substance use and the effect on community [they have] with xylazine and fentanyl and those other chemicals in the drugs [is worrying].”

“Recently there has been a lot of drug addiction. Young people that have their entire future ahead of them are losing themselves to drugs
– Focus group participant

Figure 61 shows the age-adjusted unintentional overdose rate per 100,000 population in 2023. Middlesex County had lower rates of unintentional overdose mortality (22.7 per 100,000 population) when compared to the state rate (29.6 per 100,000 population). Most overdose deaths in 2023 were attributable to opioids. That year, Middlesex County reported an age-adjusted opioid-related overdose mortality rate of 18.1 per 100,000 population (Figure 119). A rate lower than the New Jersey state average of 24.8 per 100,000. Additional data on other substances are presented in the Substance Use section of Appendix E: Additional Data Tables and Graphs.

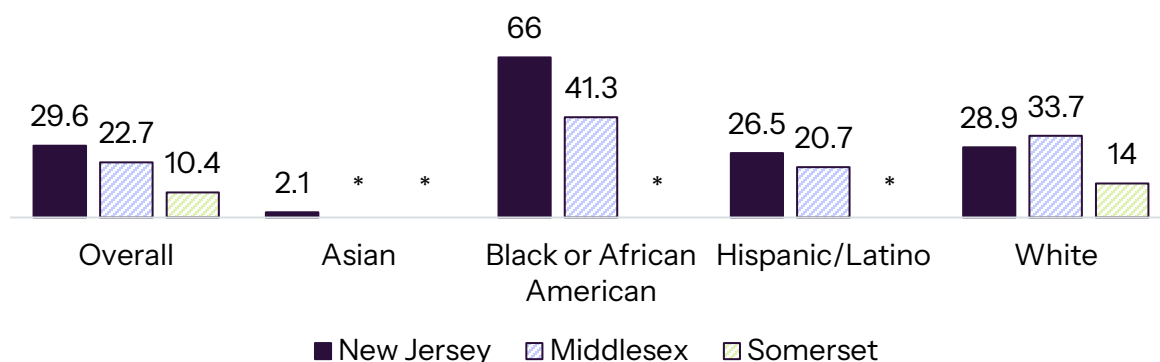
Figure 61. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by State and County, 2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

The unintentional overdose mortality differed across race/ethnicity with the highest rates appearing among Black residents (41.3 per 100,000) followed by White (33.7 per 100,000) and Latino residents (20.7 per 100,000 population) (Figure 62).

Figure 62. Age-Adjusted Rate of Unintentional Overdose Mortality, per 100,000 Population, by Race/Ethnicity, by State and County, 2023

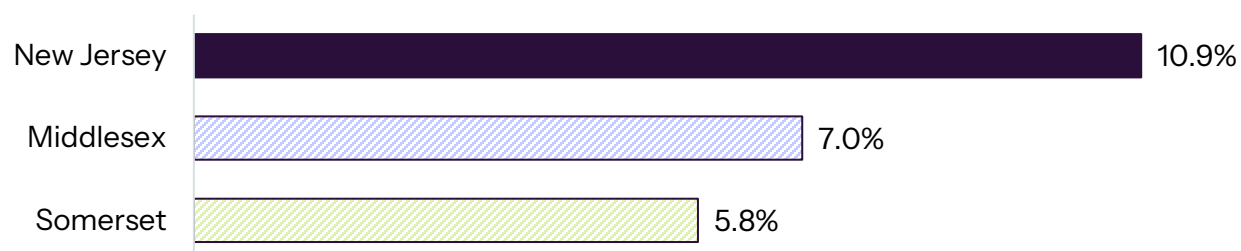


DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

NOTE: An asterisk (*) means that data is suppressed, as there were fewer than 20 observations.

Tobacco is among the most consumed substances. In 2022, the percentage of adults who reported currently smoking was lower in Middlesex County (7.0%) compared to the state overall (10.9%) (Figure 63). Additional data on alcohol and opioid use may be found in Appendix E: Additional Data Tables and Graphs.

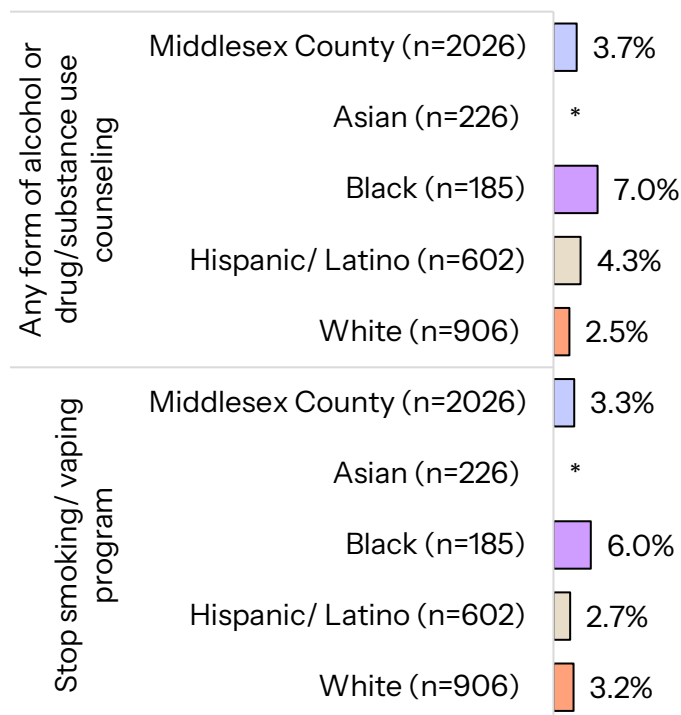
Figure 63. Percent of Adults Who Reported Current Smoking, by State and County, 2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health 2024

Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use over the past two years. Overall, 3.7% of Middlesex County residents reported receiving substance use counseling, with the highest participation among Black residents (7.0%) (Figure 64). Survey respondents were also asked about their participation in any programs to reduce smoking or vaping over the past two years. Overall, 3.3% of respondents indicated that they participated in such programs. Black respondents reported the highest percentage of participation with 6.0% followed by White respondents at 3.2%.

Figure 64. Percent of Participation in Substance Use/ Stop Smoking Counseling in the Past 2 Years, Middlesex County Survey Respondents, by Race/Ethnicity, 2024

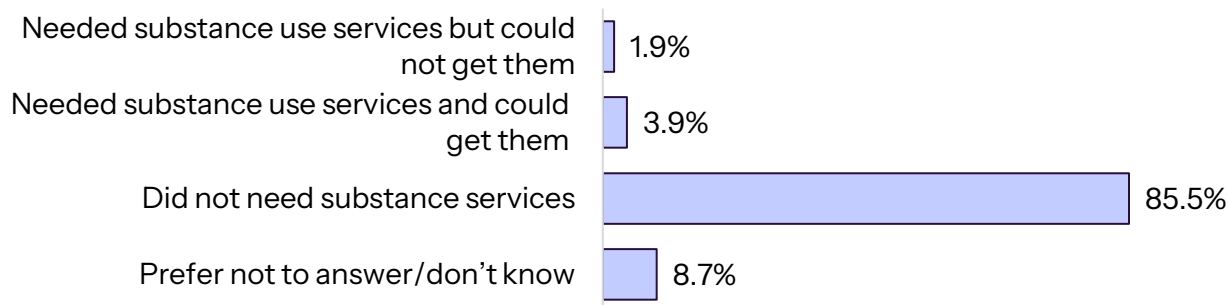


DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data are suppressed.

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member in Middlesex County over the past two years. Overall, 1.9% of Middlesex County respondents indicated that they needed substance use services and/or treatment but could not access them. On the other hand, 3.9% of Middlesex County survey respondents reported that they or a family member needed substance use services and were able to obtain them (Figure 65).

Figure 65. Access to Substance Use/Treatment for Respondent or a Family Member in the Past 2 Years, Middlesex County Survey Respondents, by Race/Ethnicity, 2024

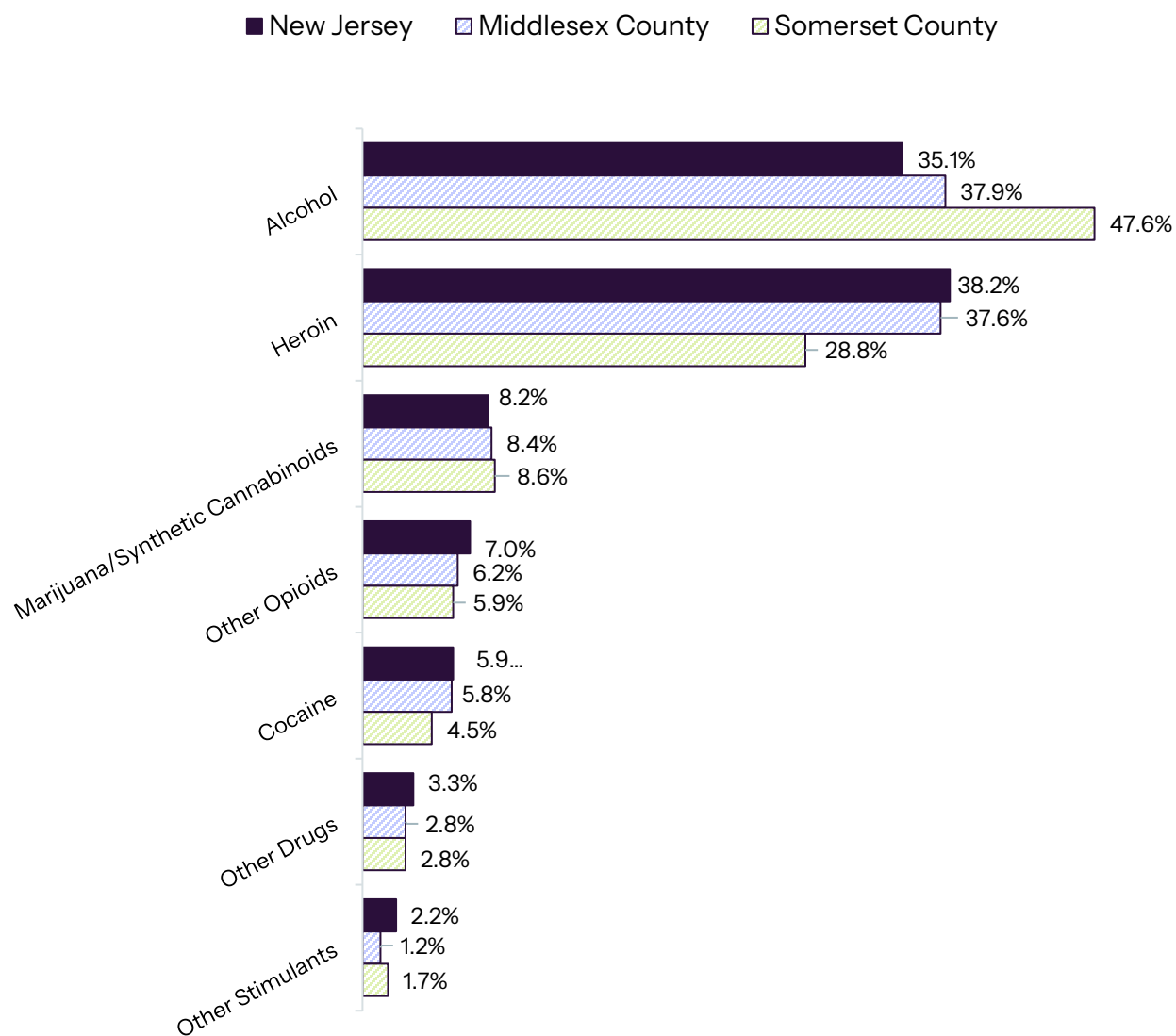


DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data are suppressed.

Figure 66 shows the percentage of substance use treatment admissions by primary drug from 2019–2023. Admission rates were highest for alcohol and heroin. In Middlesex County, more than one-third of admissions to substance use treatment services were for alcohol (37.9%) and heroin (37.6%) misuse. Additional information on substance use treatment admission from 2019–2023 can be found in Figure 111 in Appendix E: Additional Data Tables and Graphs.

Figure 66. Substance Use Treatment Admissions, by Primary Drug, by State and County, 2019–2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

Difficulties Accessing Mental Health and/or Substance Use Services

Participants stated that there were challenges accessing resources to address mental health concerns. Focus group participants, especially those who were uninsured or insured by Medicaid, and non-English speaking residents, reported difficulty finding mental health providers. An interview participant described, *“it’s harder getting appointments for mental health and sometimes I hear people say they have to wait over a month.”* Participants noted it was even harder to find mental health providers who treat specific conditions, such as PTSD. An interview participant described, *“the other thing I find a lot are clients get counseling but not specific to their needs like, PTSD. So they will be treated for depression and anxiety but not PTSD. There is a lack of clinicians and specialty certifications and many who have the certifications, work in private practice and those who work in community health centers are fresh out of school and get burnt out fast.”*

“In general, there are mental health services available, but if you don't have insurance or if you have Medicaid, they have long wait lists. And aside from the long wait list, if you speak Spanish only, last I checked, there was like one counselor that spoke Spanish, and they could only see that counselor like 30 minutes once a month. And this is for a client that has a lot of comorbid conditions that really needs weekly counseling” – Focus group participant

Community survey respondents were asked to list their top five reasons they had difficulty obtaining mental health or substance use services in the past two years. The main issues that Middlesex County residents who tried to obtain mental health services listed as barriers to obtaining such services were: counselors or services not accepting new patients (30.2%), long wait times (28.5%), insurance problems (27.7%), cost of care (25.3%), and fear/dislike of providers/do not feel welcome (16.0%) as the top five reasons (Figure 67).

Figure 67. Barriers Faced by Middlesex County Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, (n= 494), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data are suppressed.

There were differences in top challenges for getting mental health and/or substance use services in the 2024 survey by race/ethnicity (Table 19). Cost of care was the top reason among Black (32.8%) and Latino (35.8%) survey respondents, and counselors or services not accepting new patients for White respondents (33.0%). Insurance problems ranked as the second top reason among White (30.1%) and Latino (30.9%) respondents, while Black

respondents (28.1%) identified counselors or services not accepting new patients as the second top reason.

Table 19. Top Five Barriers Faced by Respondents When Getting Mental Health or Substance Use Services and/or Treatment by the Respondent or a Family Member in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, 2024

	Middlesex County (n=494)	Asian (n=31)	Black (n=64)	Hispanic/ Latino (n=81)	White (n=309)
1	Counselors or services not accepting new patients (30.2%)	*	Cost of care (32.8%)	Cost of care (35.8%)	Counselors or services not accepting new patients (33.0%)
2	Wait times are too long (28.5%)	*	Counselors or services not accepting new patients (28.1%)	Insurance problems (30.9%)	Insurance problems (30.1%)
3	Insurance problems (27.7%)	*	Wait times are too long (23.4%)	Wait times are too long (28.4%)	Wait times are too long (29.8%)
4	Cost of care (25.3%)	*	Insurance problems (21.9%)	Counselors or services not accepting new patients (24.7%)	Cost of care (22.7%)
5	Fear or dislike of providers; do not feel welcome (16.0%)	*	Fear or dislike of providers; do not feel welcome (17.2%)	Stigma or shame about getting these services (24.7%)	Fear or dislike of providers; do not feel welcome (14.6%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data are suppressed. To protect respondents' privacy, an asterisk (*) is placed in any table cell with fewer than 10 responses.

Environmental Health

A healthy environment is associated with a high quality of life and good health.

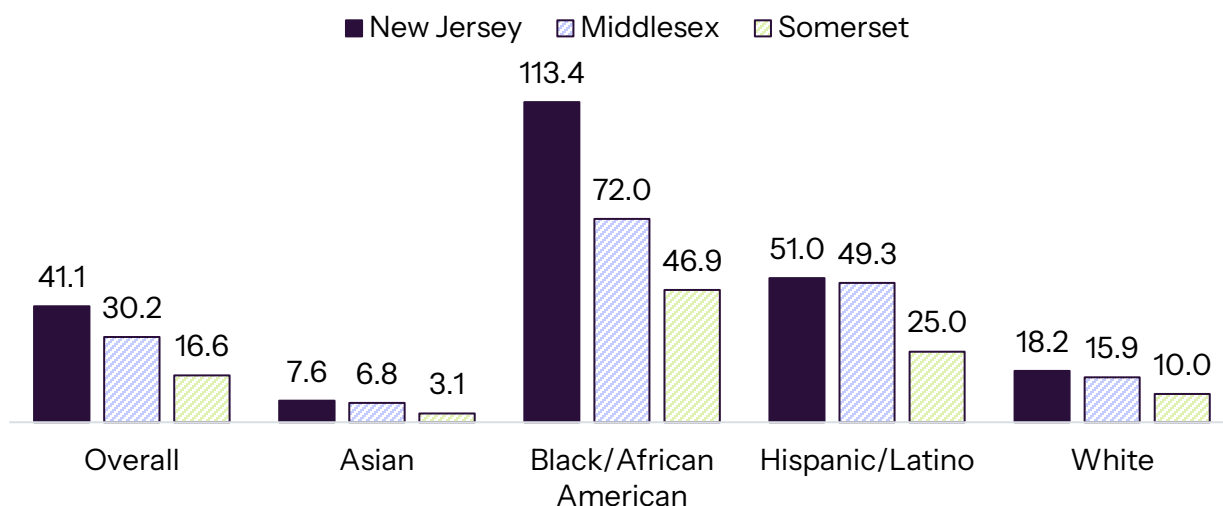
Environmental factors are various and far-reaching and include exposure to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both environmental health factors in the Middlesex County service area and the prevalence of conditions these factors can trigger.

Asthma

While asthma is a relatively common chronic condition and disproportionately affects communities of color, it was not mentioned in the focus groups and interviews as a top concern. However, 10.7% of community health survey respondents ranked asthma as the top

concern for children and youth. Hospital discharge data shows the age-adjusted asthma emergency department (ED) visit rate per 10,000 population by race/ethnicity in the state overall and in Middlesex County. In 2023, the age-adjusted asthma ED visit rate for Black residents was over double the rate of the state and Middlesex County overall (Figure 68). The age-adjusted asthma ED visit rate was lowest among Asian residents in Middlesex County. Figure 112 in Appendix E: Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

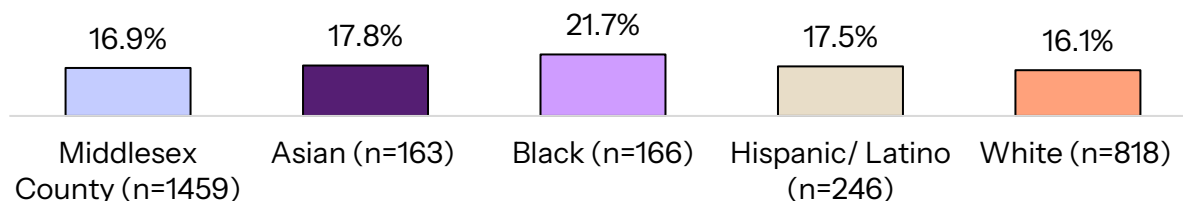
Figure 68. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment, 2024 Data (NJSHAD) 2023

Community survey respondents were asked if they or a member of their household had ever been told by a healthcare provider that they had asthma. In Middlesex County, 16.9% of respondents reported ever being told by a healthcare provider that they or a household member had asthma (Figure 69).

Figure 69. Percent of Community Health Survey Respondents in Middlesex County Ever Being Told by a Healthcare Provider that They or a Household Member Had Asthma, by Race/Ethnicity, (n=1459), 2024

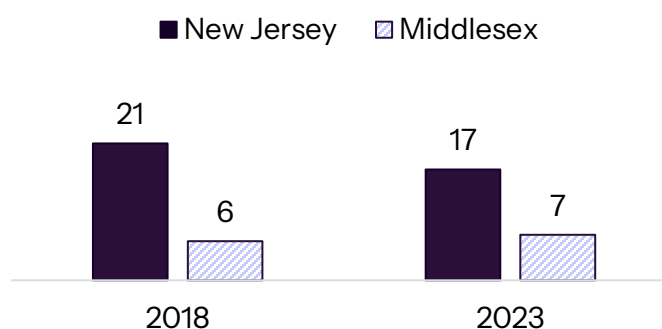


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Air Quality

The air quality in Middlesex County is better than the air quality of the state overall, but there has been a slight decrease in air quality from 2018 to 2023. In 2023, there were 17 days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone levels (an eight-hour period above 0.070 ppm). Middlesex County had 7 days of poor air quality in 2022, compared to 6 in 2018 (Figure 70).

Figure 70. Days with Ozone Levels Exceeding the Federal Standard, by State and County, 2018 and 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), U.S. Environmental Protection Agency (EPA), 2024

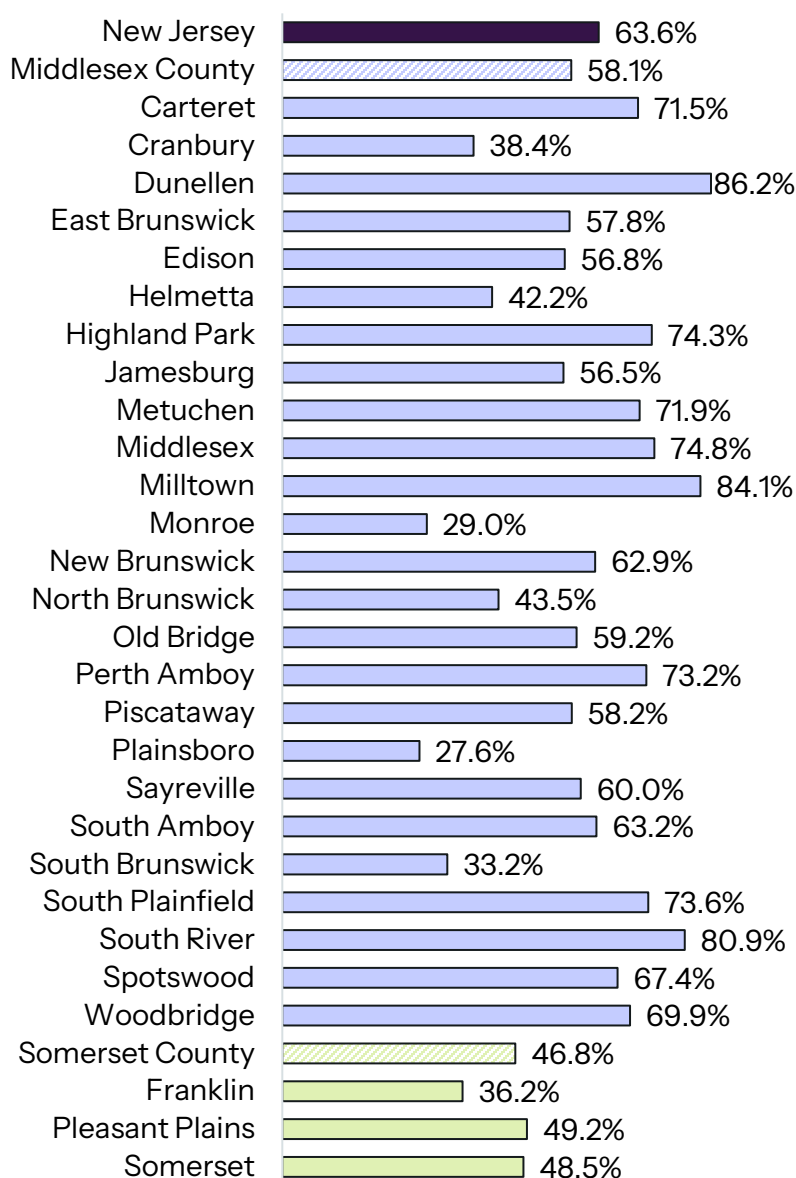
NOTE: Not all New Jersey counties have a monitoring station for ozone. Only those counties with monitoring stations are listed.

Lead

In 1971, New Jersey banned the sale of lead-based paint and the federal government followed in 1978. 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. Most housing in the Middlesex County service area was built prior to 1979. However, in most cases, the proportion of older housing is lower in Middlesex County municipalities than in the state overall. Carteret, Dunellen, Highland Park, Metuchen, Middlesex, Milltown, Perth Amboy, South Plainfield, South River, Spotswood, and Woodbridge had a greater proportion of older housing stock when compared to the state average (Figure 71). Lead contamination in water is of grave concern to children’s health. Water violations were reported in Middlesex County (Table 37 in Appendix E: Additional Data Tables and Graphs).

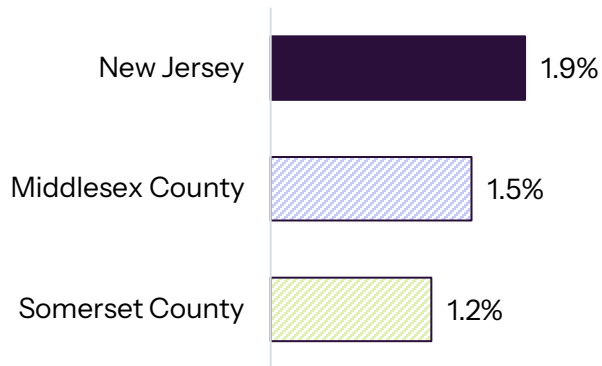
Figure 71. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2019-2023

New Jersey Department of Health data from 2022 show that the percentage of children aged 1-5 with elevated blood lead levels was slightly lower in Middlesex County (1.5%) than in the state overall (1.9%) (Figure 72).

Figure 72. Percent of Children Younger than Six Years of Age with Elevated Blood Lead Levels, by State and County, 2022

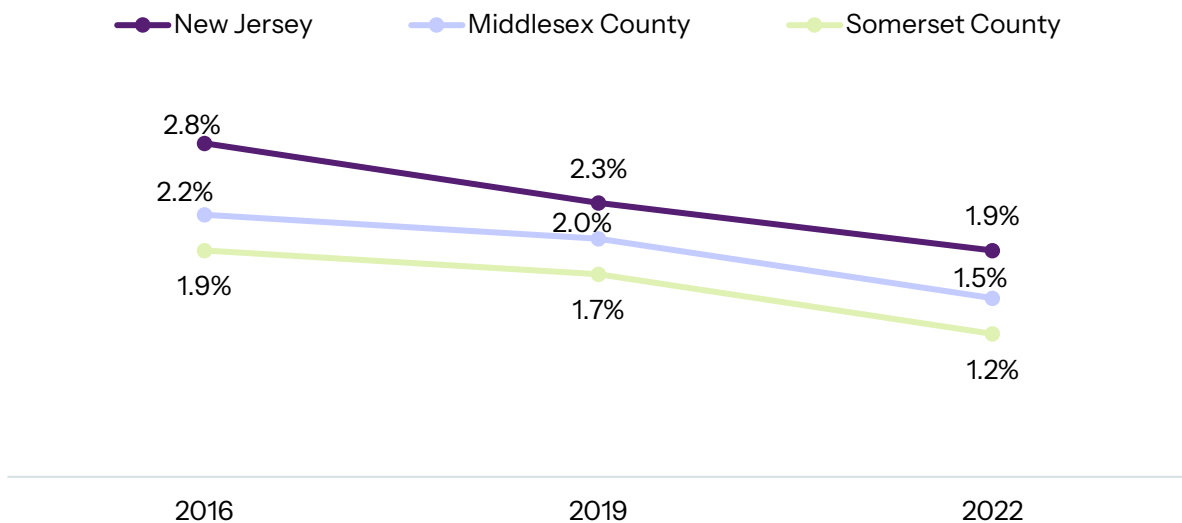


DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2022

NOTE: The state of New Jersey defined elevated blood lead levels in children as at or above 5 µg/dL until 2023, and as at or above 3.5 µg/dL since 2024.

Between 2016 and 2022, the percentage of children under six with elevated blood lead levels declined in both Middlesex County and New Jersey overall. Middlesex County's rates remained consistently below the statewide average throughout the period (Figure 74).

Figure 73. Percent of Children Younger than Six Years of Age with Elevated Blood Lead Levels, by State and County, 2016–2022



DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2016–2022

NOTE: The state of New Jersey defined elevated blood lead levels in children as at or above 5 µg/dL until 2023, and as at or above 3.5 µg/dL since 2024.

Infectious and Communicable Diseases

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

Despite a sharp increase in COVID-19 case rates between 2020 and 2022, New Jersey’s public health response—particularly its vaccination campaign—was a major success in reducing COVID-19-related deaths. As shown in Table 20, COVID-19 case rates in New Jersey rose from 6,332.8 per 100,000 in 2020 to 12,701.0 in 2021, and slightly more to 12,899.6 in 2022. Middlesex County followed a similar trend, with rates increasing from 6,189.9 in 2020 to 13,008.4 in 2022, even surpassing the state rate in the final year. Somerset County consistently reported lower case rates than both the state and Middlesex County.

Table 20 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. COVID-19 rates increased each year from 2020 to 2022 in the state and the county. Overall, Middlesex County had comparable rates of COVID-19 cases to the state with the greatest difference in 2021 and Middlesex County reporting more cases than the state in 2022.

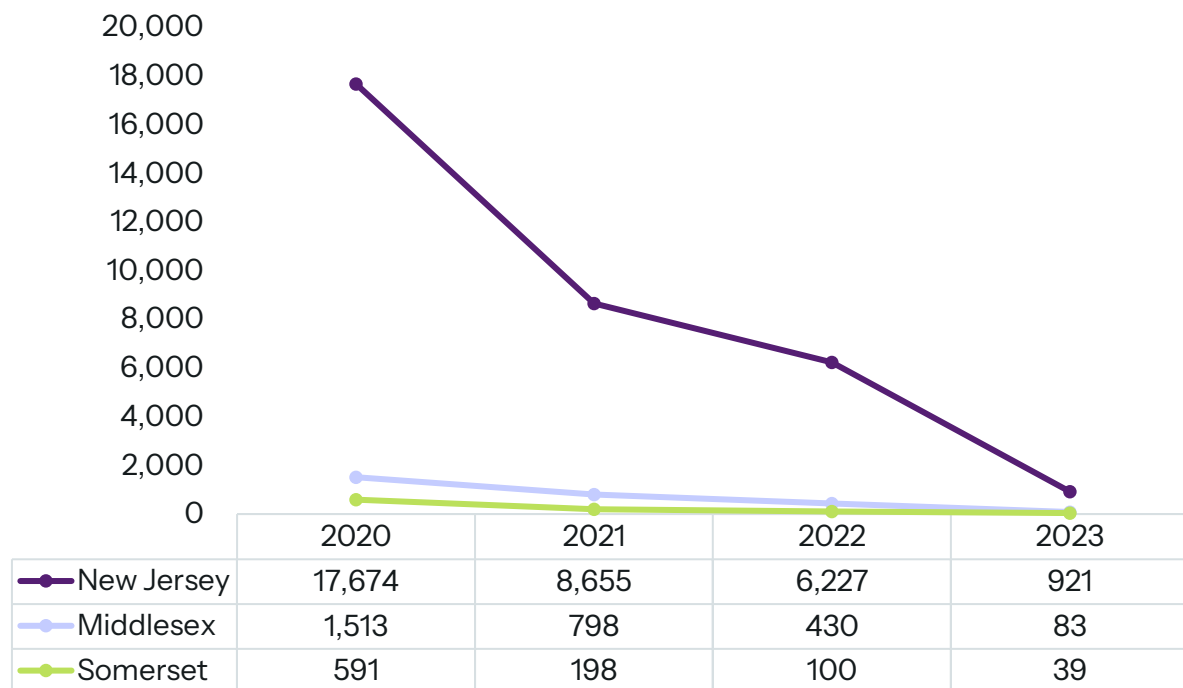
Table 20. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022

	2020	2021	2022
New Jersey	6,332.8	12,701.0	12,899.6
Middlesex	6,189.9	11,913.5	13,008.4
Somerset	4,884.4	10,694.7	11,907.9

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

NOTE: Crude rate.

However, amid this surge in infections, COVID-19 death rates declined, thanks to a successful statewide vaccination campaign. By May 2023, New Jersey had administered at least one vaccine dose to nearly 8.5 million residents—95% of the population—and fully vaccinated over 7 million residents. This outcome underscores the effectiveness of coordinated public health efforts in mitigating the impact of a global pandemic—even in the face of rising infection rates.

Figure 74. Number of COVID-19 Confirmed Deaths, by State and County, 2020-2023

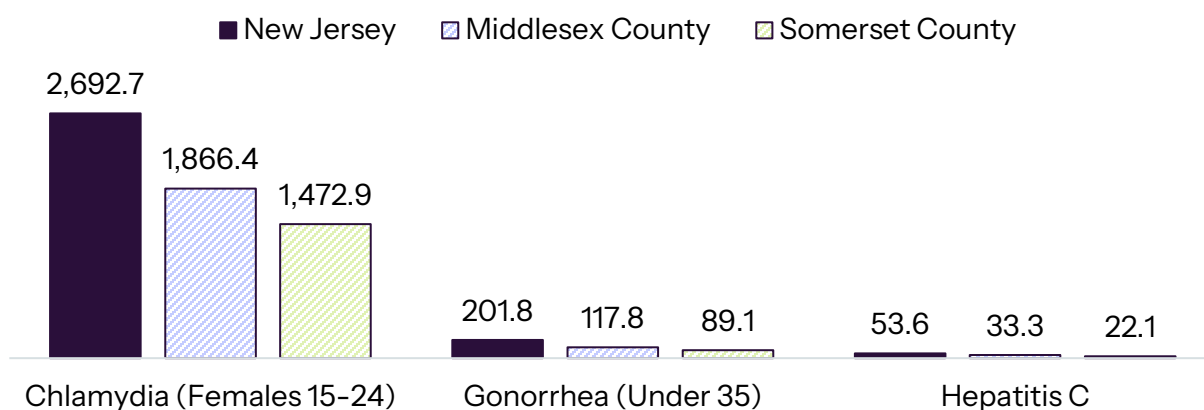
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

Sexual Health and Sexually Transmitted Infections

Sexual health and sexually transmitted infections were not brought up as concerns by focus group and interview participants. However, sexually transmitted infections are associated with adverse birth outcomes, including preterm birth and low birth weight, two issues of concern in Middlesex County. Chlamydia was the most common sexually transmitted disease in the state and across the Middlesex County service area, with fewer cases per

100,000 population in Middlesex County than in the state overall (1,866.4 and 2,692.7 per 100,000, respectively) (Figure 75). Rates of Gonorrhea (117.8 per 100,000) and Hepatitis C (33.3 per 100,000) were also lower in Middlesex County, compared to the state, 201.8 and 53.6 per 100,000 population in New Jersey overall respectively. More information on sexual health and sexually transmitted infections can be found in Table 38 in Appendix E: Additional Data Tables and Graphs.

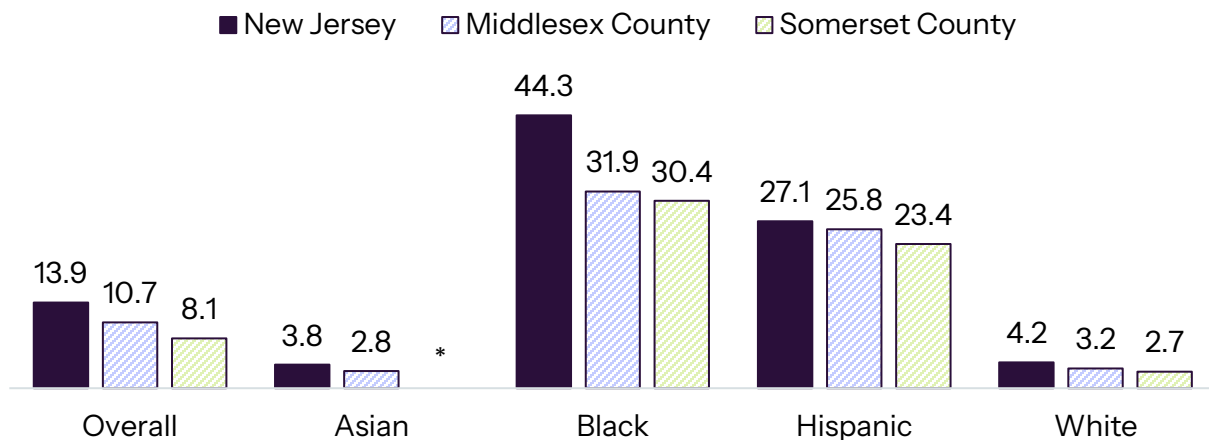
Figure 75. Crude Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C per 100,000, by State and County, 2019-2023



DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The average 5-year HIV incidence rate was 10.7 per 100,000 Middlesex County residents in 2017-2021 (Figure 76). The HIV incidence rates were substantially higher among Black (31.9 per 100,00) and Latino (25.8 per 100,00) residents.

Figure 76. HIV Incidence Rate per 100,000 (Age 13+), by Race/Ethnicity, by State and County, 2017–2021



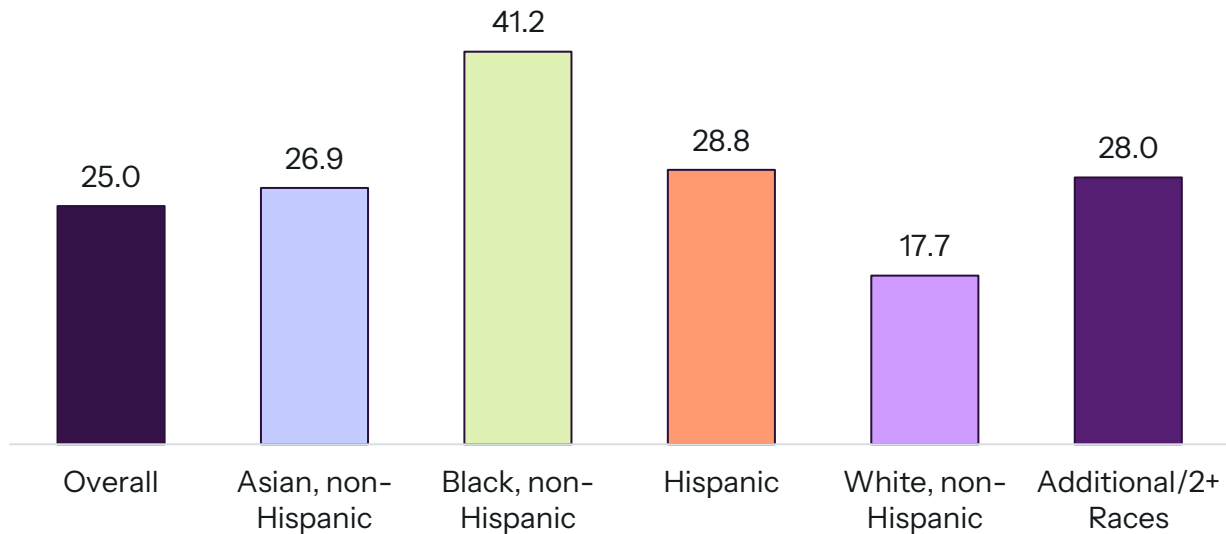
DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
 NOTE: Asterisk (*) means that data is based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30%. Data are not shown because they do not meet the CDC BRFSS standard for data release.

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. Maternal and infant health was not brought up as concerns by focus group and interview participants. An interview participant described seeing an increase in residents seeking maternal and infant health services in the county.

In 2023, severe maternal morbidity (SMM) involving transfusion affected birthing individuals across New Jersey, with clear racial and ethnic disparities (Figure 78). The overall rate was 25.0 per 1,000 delivery hospitalizations, but Black, non-Hispanic individuals experienced the highest rate at 41.2, more than double that of White, non-Hispanic individuals at 17.7. Rates among Hispanic (28.8), Asian, non-Hispanic (26.9), and Additional or Two or More Races (28.0) were also above the state average, highlighting persistent inequities in maternal health outcomes.

Figure 77. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023

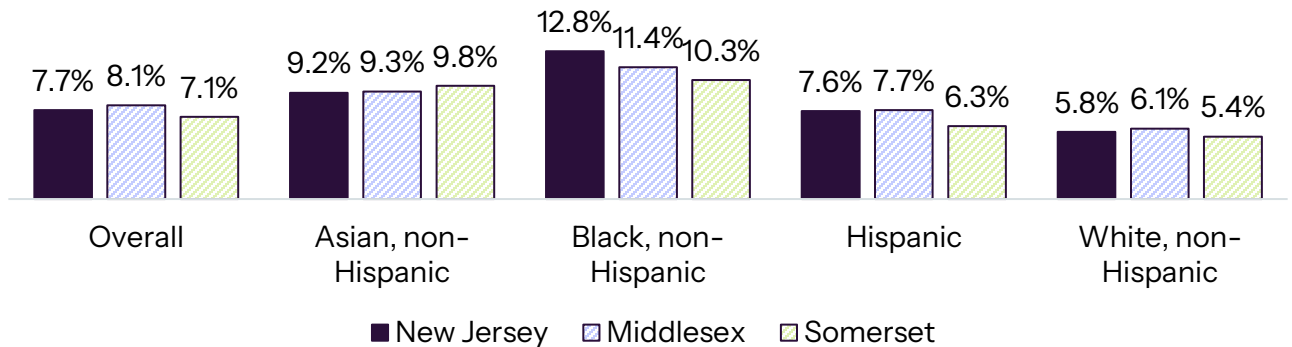


DATA SOURCE: New Jersey Electronic Birth Certificate Database (EBC), Office of Vital Statistics and Registry, New Jersey Department of Health; New Jersey Hospital Discharge Data Collections System (NJDDCS), Healthcare Quality and Informatics, New Jersey Department of Health

NOTE: Severe maternal morbidity (SMM) is a composite outcome measure that indicates serious, potentially life-threatening maternal health problems

Racial and ethnic disparities exist in maternal and infant health outcomes. Birth data from the NJ Birth Certificate Database showed that Middlesex County (8.1%) had a slightly higher percentage of low-birth-weight babies born from 2019-2023 than the state (7.7%) (Figure 78). Data across racial/ethnic groups shows that a higher percentage of Black newborns were of low birth weight compared to other races/ethnicities in Middlesex County and the state, with White women having the lowest percentage of low-birth-weight births in the county. Additional figures and tables on maternal and infant health can be found in Appendix E: Additional Data Tables and Graphs.

Figure 78. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2019-2023

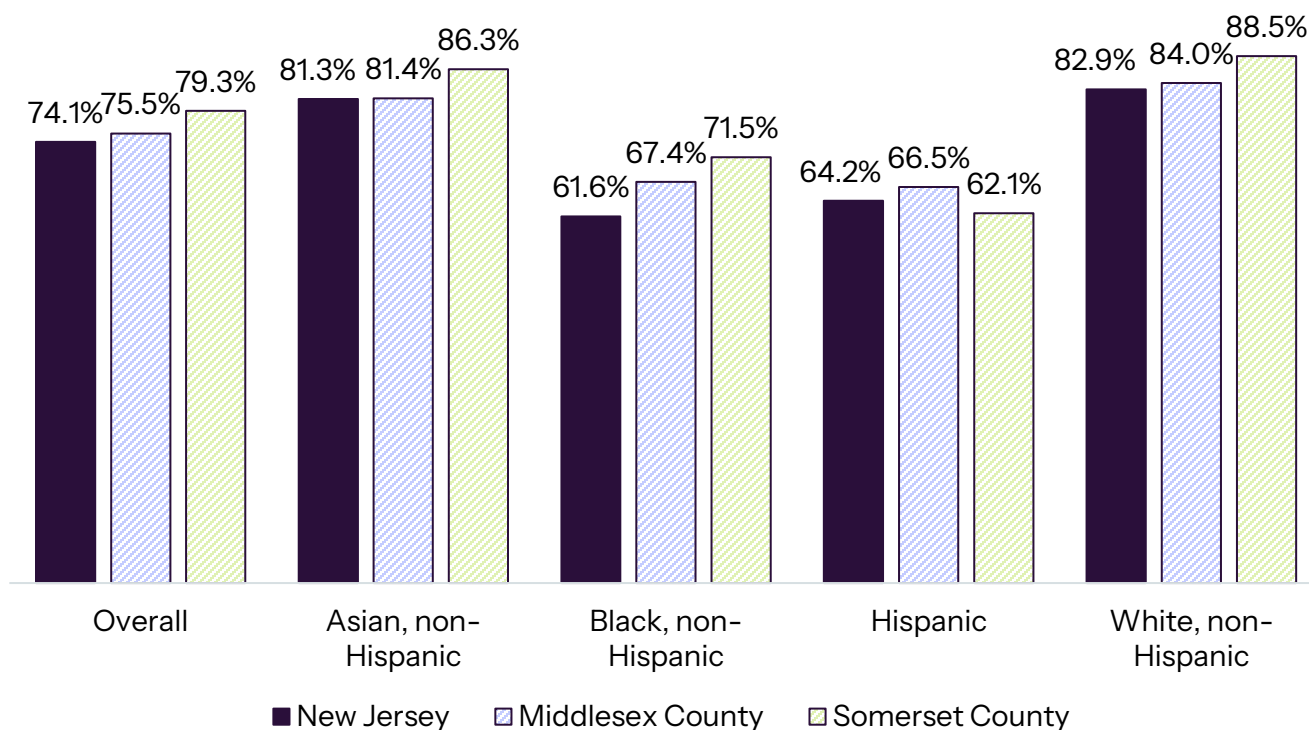


DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation. Low birthweight is defined as that under 2500 grams.

Prenatal care is a critical evidence-based strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. The percentage of pregnant women receiving prenatal care in the first trimester was slightly higher in Middlesex County (75.5%) than in New Jersey overall (74.1%). There were stark differences by race/ethnicity, with 66.5% of Latino women and 67.4% of Black women in Middlesex County receiving prenatal care in the first trimester compared to 84.0% of White women in Middlesex County (Figure 79).

Figure 79. Percentage of Live Births to Women Who Had Prenatal Care In First Trimester, by Race/Ethnicity, by State and County, 2018–2022

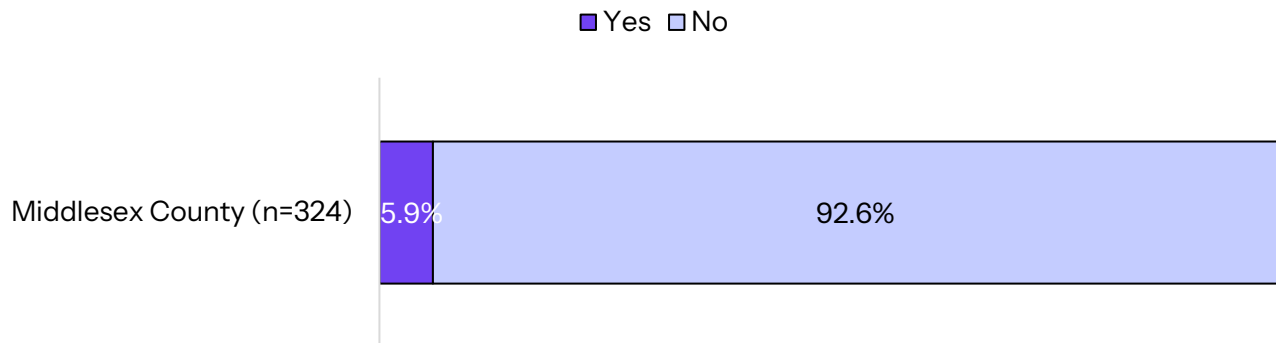


DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked about their participation in parenting classes over the past two years. Overall, 5.9% of Middlesex County respondents reported attending parenting classes (Figure 80).

Figure 80. Participation in Parenting Classes in Past 2 Years, Middlesex County Residents, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Percentages are calculated for parenting classes only among respondents reporting having any children under age 18 living with them at home or who they are regularly responsible for.

The sum does not add up to 100% because we excluded "Don't Know" responses.

Healthcare Access

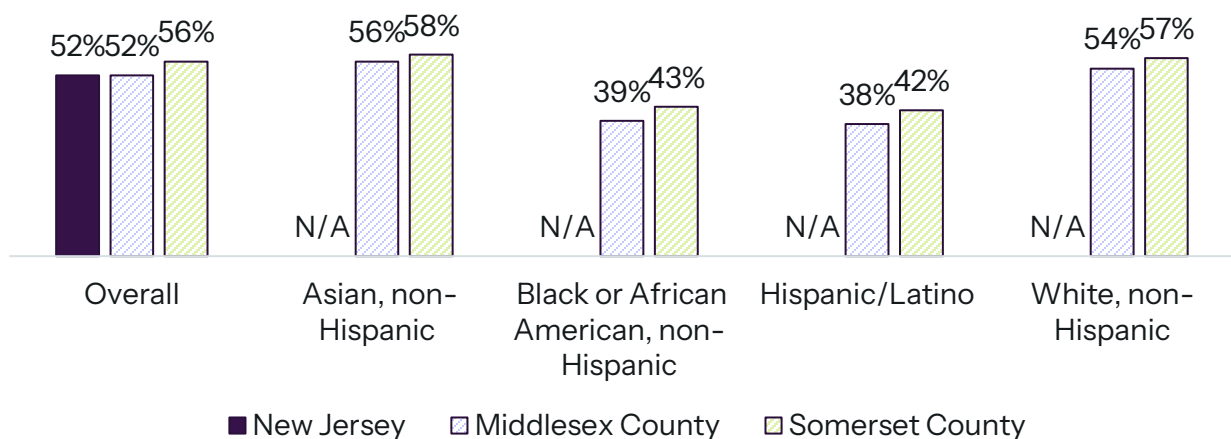
This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature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

Access and Utilization of Preventive Services, Including Immunizations

Access to preventive services was a theme in interviews and focus group discussions. Several participants mentioned that the county's agencies and service providers are very collaborative, which makes attaining services easier. One participant stated, *"Part of my job is organizing events for family parish and a lot of what we do is clinics. Recently with DPH (Office of Health Services) we had a flu and COVID-19 vaccine clinic, and we recently had two blood pressure clinics with Saint Peter's. They're very passionate about helping the community, they sit down and have in-depth conversations with our clients."* Another interview participant described, *"there's always some kind of health fair or community event in all our communities at some point and you can go to whether you are part of the town or not."*

Over half (52.0%) of Middlesex County residents enrolled in fee-for-service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with Asian (56.0%) and White (54.0%) residents in Middlesex being vaccinated at the highest percentages compared to Latino (42.0%) and Black (43.0%) residents (Figure 81).

Figure 81. Percent Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2021



DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2024

Community survey respondents were asked what their top five sources of health information were. The top five sources of health information for Middlesex County survey respondents overall were healthcare providers (83.2%), online resources (42.5%), urgent care (24.3%),

family member (23.6%), and hospital emergency department (18.1%) (Table 21). The top two sources of health information were consistent across race/ethnicity.

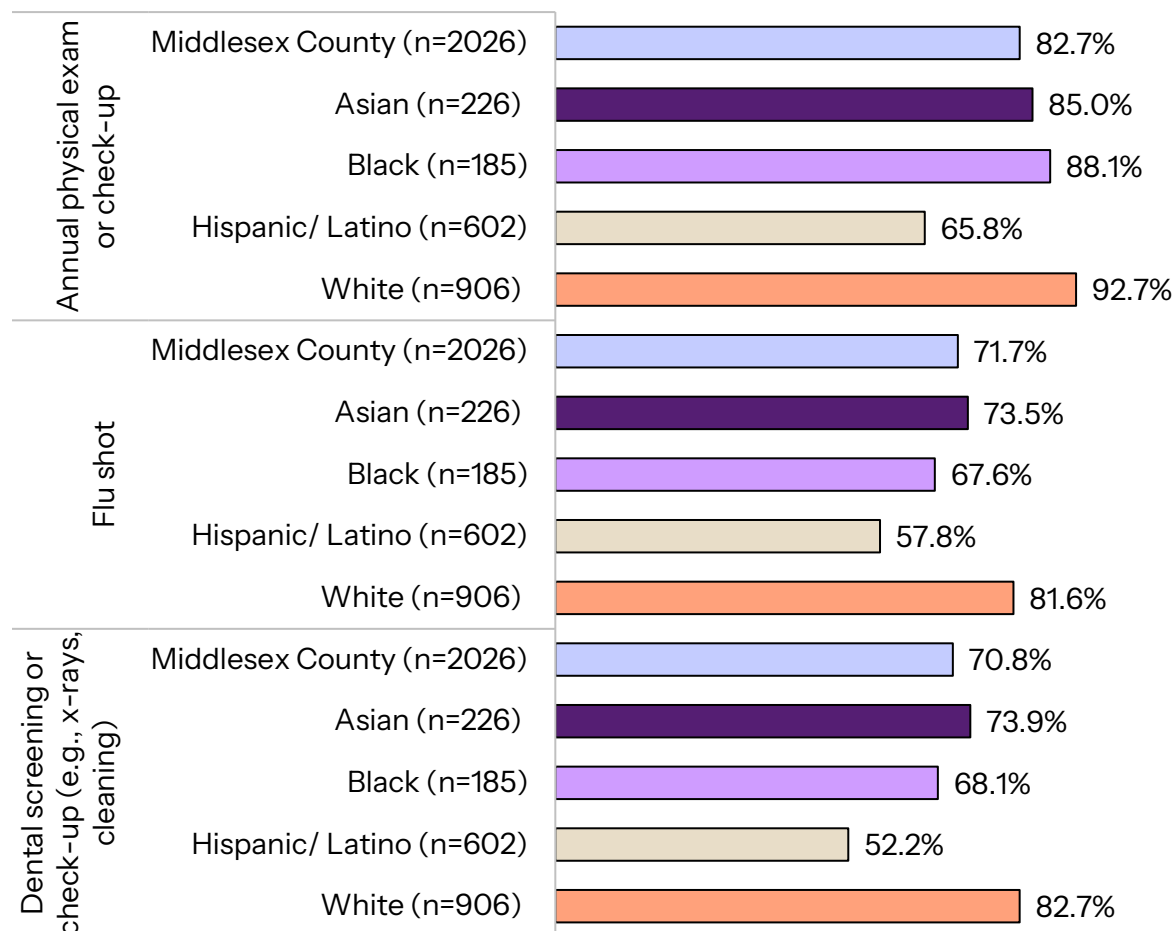
Table 21. Top 5 Sources of Health Information among Middlesex County Survey Respondents, by Race/Ethnicity, 2024

	Middlesex County (n=1488)	Asian (n=175)	Black (n=161)	Hispanic/ Latino (n=217)	White (n=867)
1	Health care provider (83.2%)	Health care provider (82.3%)	Health care provider (85.7%)	Health care provider (62.7%)	Health care provider (88.9%)
2	Online resources (42.5%)	Online resources (40.6%)	Online resources (49.7%)	Online resources (30.9%)	Online resources (46.3%)
3	Urgent care (24.3%)	Family member (32.0%)	Hospital emergency department (28.0%)	Urgent care (20.7%)	Urgent care (25.7%)
4	Family member (23.6%)	Friends (22.9%)	Urgent care (27.3%)	Family member (19.8%)	Family member (22.7%)
5	Hospital emergency department (18.1%)	Urgent care (20.6%)	Family member (21.1%)	Hospital emergency department (18.4%)	Hospital emergency department (17.9%)
				Free clinic (18.4%)	Friends (17.9%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Respondents to the 2024 community survey were asked about their participation in various health screenings and preventive services in the last two years. Overall, 82.7% of survey respondents in the Healthier Middlesex service area reported having an annual physical exam in the last two years, while 71.7% reported having a flu shot, and 70.8% received dental screening (Figure 82). Latino respondents reported the lowest percentage of participation in screenings with 65.8%, 57.8%, and 52.2% of respondents reporting having a physical exam, receiving a flu shot, and receiving a dental screening, respectively in the last two years.

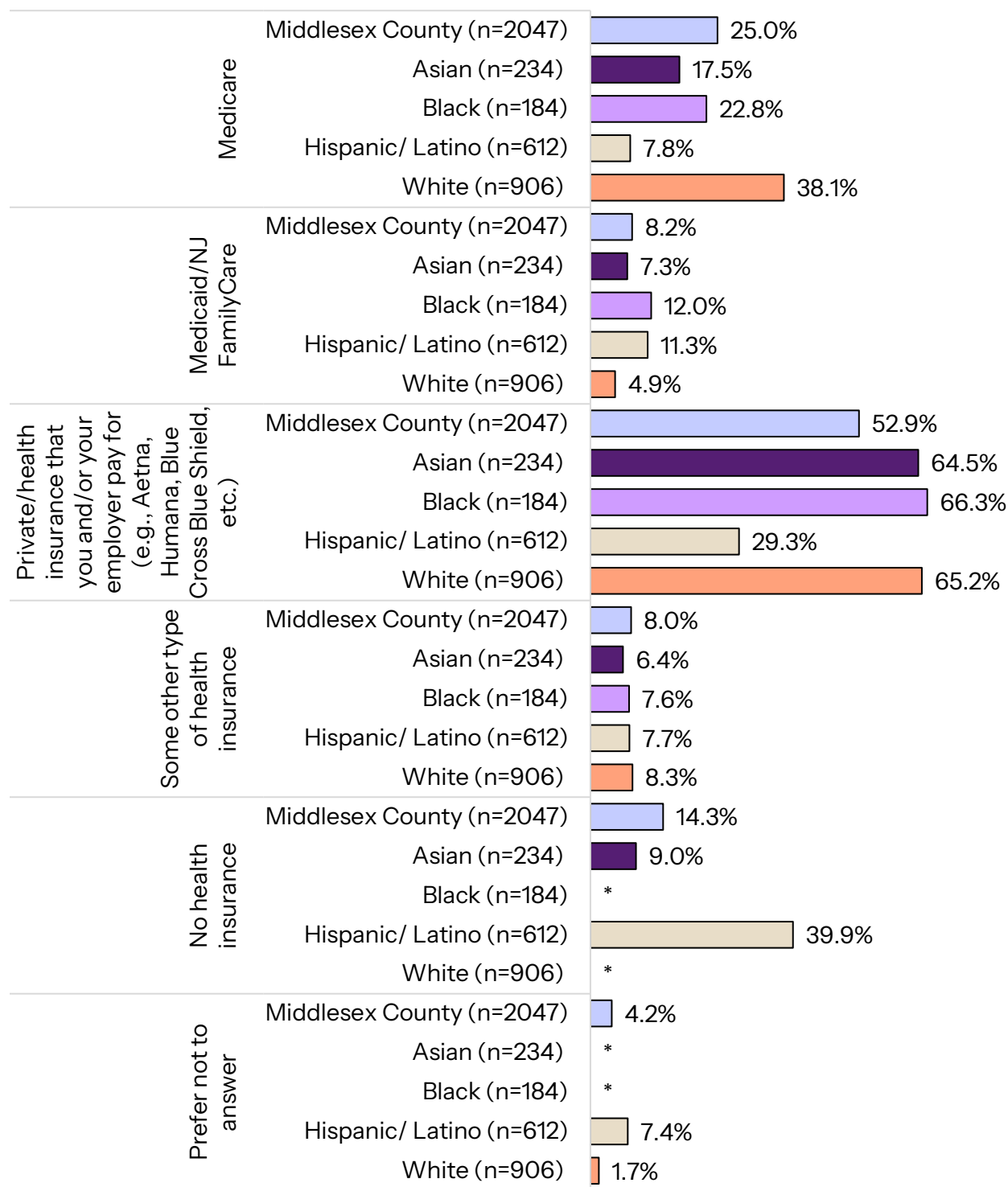
Figure 82. Participation in Selected Preventive Services in the Past 2 Years, Middlesex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about their health insurance coverage. Overall, 25.0% of survey respondents in the Healthier Middlesex service area reported having Medicare, 8.2% reported having Medicaid/NJ FamilyCare, 52.9% reported having private insurance, and 8.0% reported having some other type of insurance (Figure 83). The biggest racial/ethnic disparities in insurance coverage were among the uninsured residents. Over 1 in 3 (39.9%) of Latino respondents reported being uninsured compared to 14.3% of Middlesex County respondents, overall. Additional information on percent of residents with private health insurance can be found in Table 40 located in Appendix E: Additional Data Tables and Graphs.

Figure 83. Type of Health Insurance, Middlesex County Residents, by Race/Ethnicity, 2024

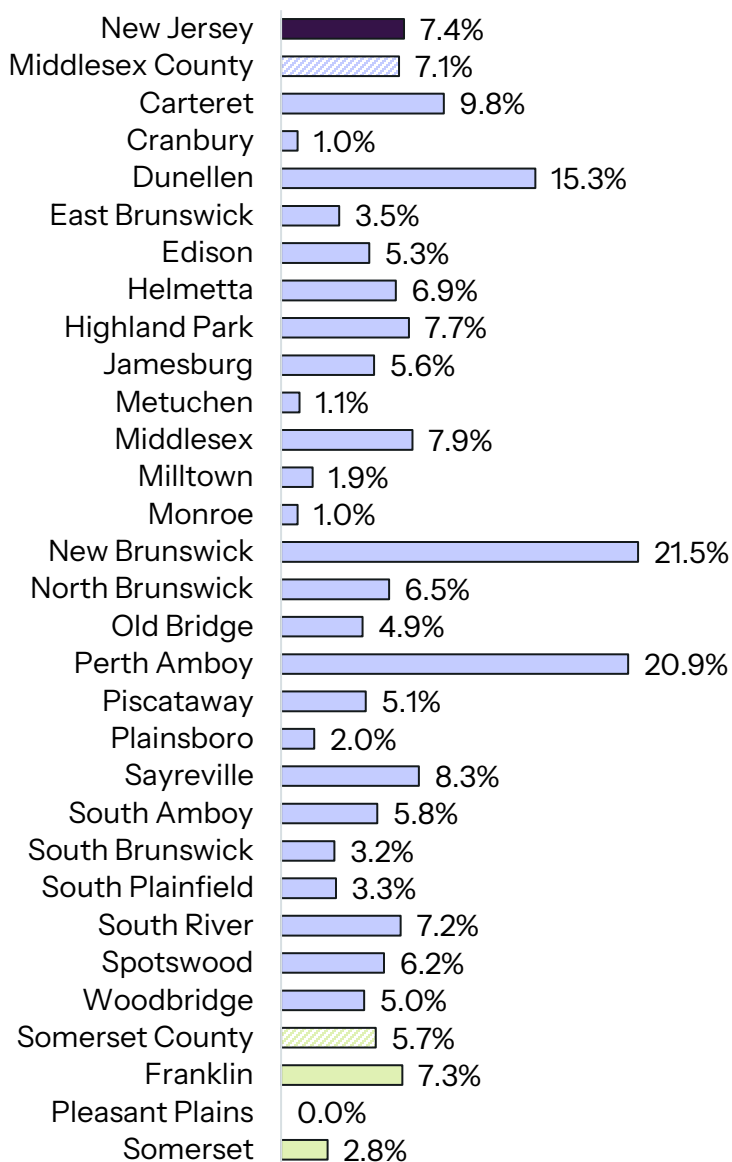


DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data are suppressed.

U.S. Census data show the percentage of uninsured population from 2019–2023. Overall, Middlesex County has a similar percentage of uninsured population than New Jersey (7.1% and 7.4%, respectively). Differences exist across towns in Middlesex County with Pleasant Plains (0.0% uninsured population) having the lowest and New Brunswick (21.5% uninsured population) having the highest percentage of uninsured residents (Figure 84). More information on health insurance rates can be found in Table 40 in Appendix E: Additional Data Tables and Graphs.

Figure 84. Percent Uninsured, by State, County, and Town, 2019–2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5–Year Estimates Subject Tables, 2019–2023

Barriers to Accessing Healthcare Services

Interviewees and focus group participants shared that Middlesex County residents faced barriers to accessing healthcare. Challenges such as cost, lack of providers, lack of insurance, language and transportation barriers, lack of culturally competent care, fear, and stigma or bias were among the barriers mentioned. An interview participant described transportation and wait time barriers and stated, *“when I talk with neighbors and people at work, people have the resources but can’t get to it because of transportation or they have insurance and access but have to wait for appointments.”* Another interview participant described a lack of awareness and education around available services and stated, *“in New Brunswick there are a lot of places that help with health care, transportation, etc. but a lot of people don’t receive the information they need.”* An additional interview participant described language barriers to services and stated, *“and language barriers, they’re scared they can’t communicate their needs, and that stops people from searching out healthcare until it’s too late and it’s last resort.”*

“There is a lot of help available as far as accessing medical services, but perhaps people aren’t utilizing them because they’re afraid. They’re afraid to leave the house because of the political climate; they’re afraid of receiving test results. A lot of people just wait for an emergency to go to the doctor.”

– Focus group participant

Data from the 2024 County Health Rankings show the ratio of population to primary care providers in 2021. Middlesex County has a smaller ratio at 1106:1 compared to New Jersey overall with 1279:1 (Figure 85) indicating more primary care providers available in Middlesex County compared to the state average. **DATA SOURCE:** U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

Figure 118 and Figure 119 in Appendix E provide a ratio of population to mental health provider and dentist, respectively, by state and county in 2022. More information on the ratio of population to mental health providers and dentists can be found in Figure 118 and Figure 119 located in Appendix E: Additional Data Tables and Graphs.

Figure 85. Ratio of Population to Primary Care Provider, by State and County, 2021

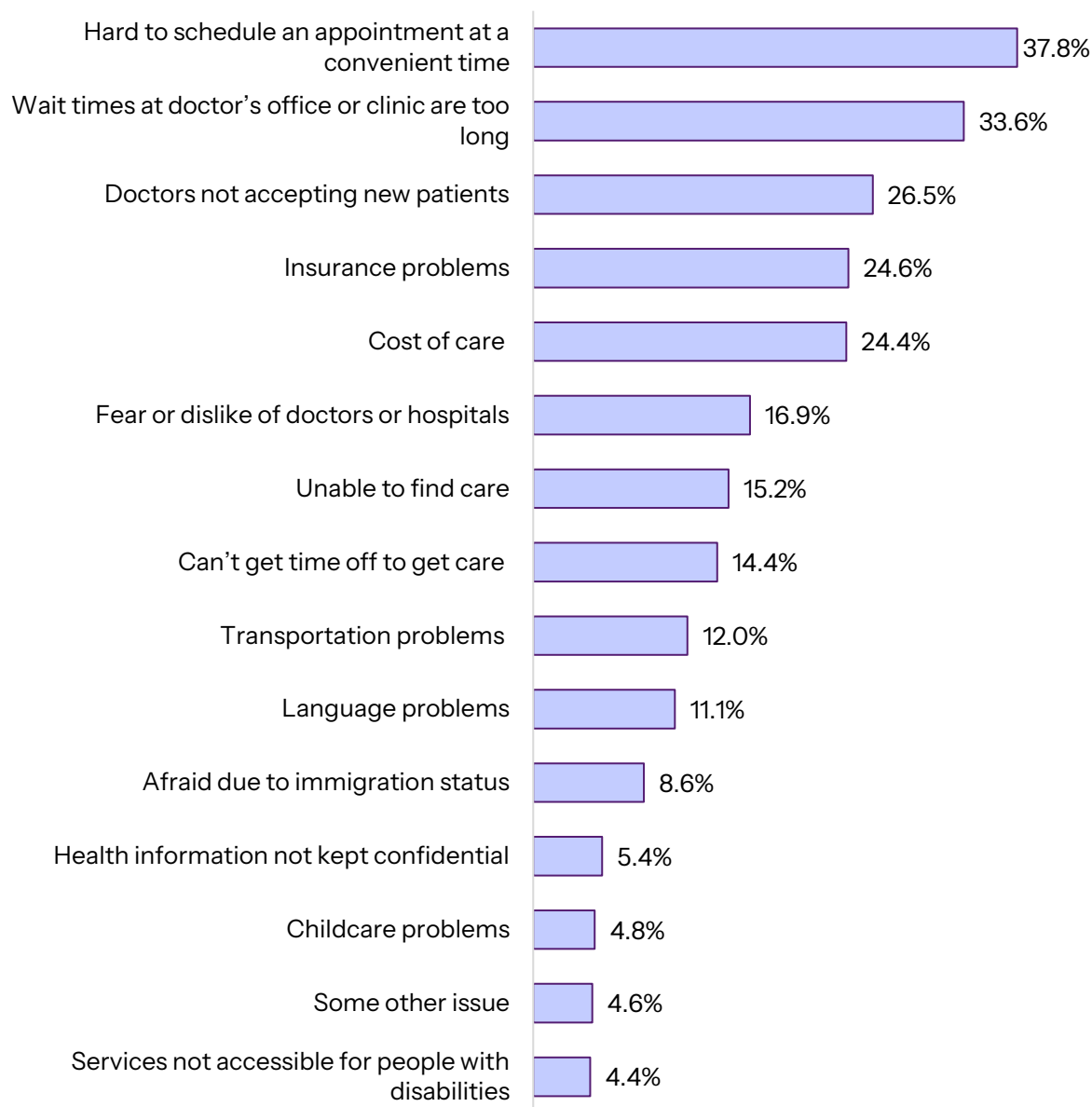


DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2024

Community survey respondents were asked to identify the issues that made it harder for them or a family member to get medical care or treatment when needed. The full list of

barriers is graphed below (Figure 86). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (37.8%), long wait times (33.6%), doctors not accepting new patients (26.5%), insurance problems (24.6%), and cost of care (24.4%).

Figure 86. Health Care Access Barriers Reported by Community Health Survey Respondents in Middlesex County, (n=1944), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Responses are only among survey respondents who reported seeking specialty care.

Table 22 below presents the top five challenges by racial/ethnic groups. Residents across racial/ethnic groups reported challenges scheduling appointments at a convenient time and wait times at doctor's offices or clinics being too long as the first and second most common

barriers. Of note, the third most common barrier for Black Residents was cost of care (21.8%) and the third most common barrier for Hispanic/Latino Residents was insurance problems (37.3%).

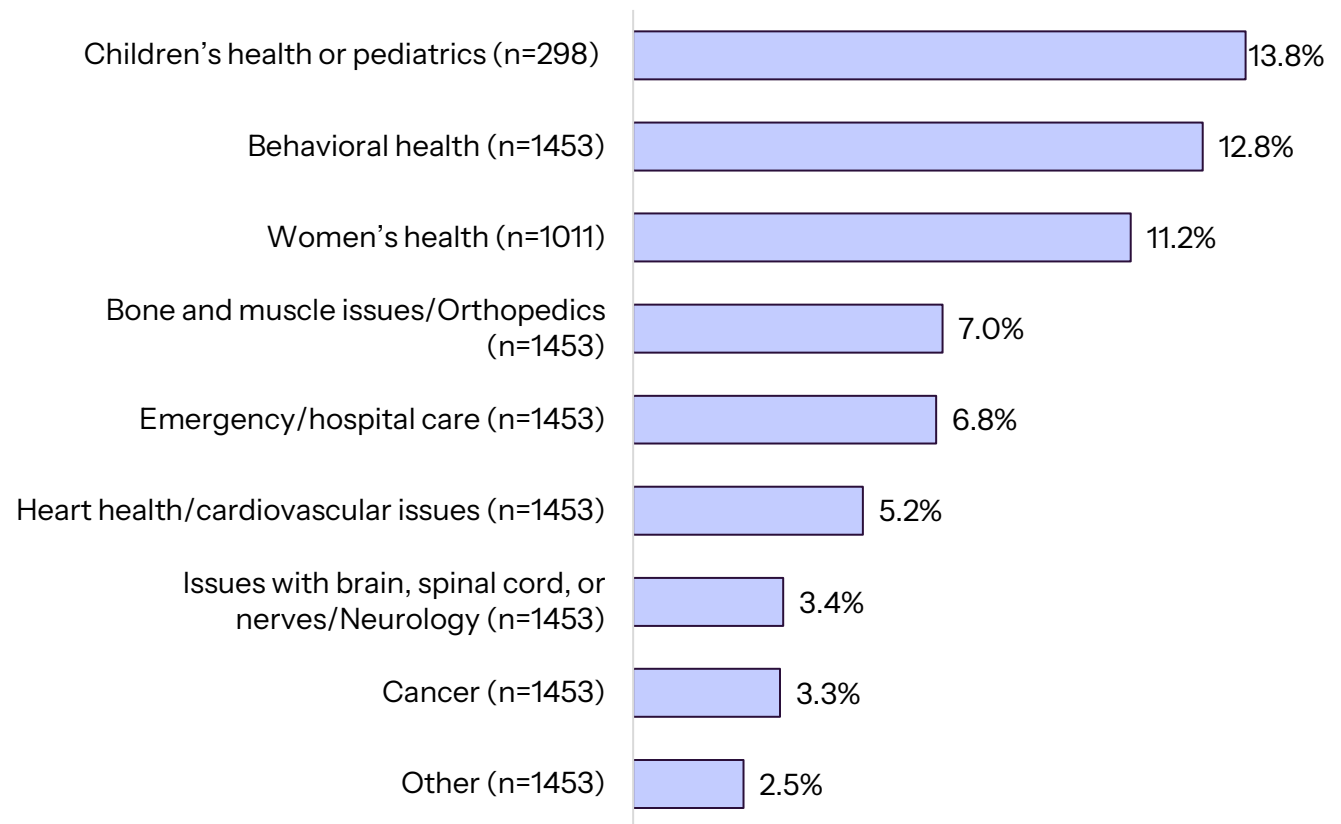
Table 22. Top 5 Healthcare Access Barriers, Middlesex County Residents, by Race/Ethnicity, 2024

	Middlesex County (n=1944)	Asian (n=215)	Black (n=179)	Hispanic/ Latino (n=569)	White (n=888)
1	Hard to schedule an appointment at a convenient time (37.8%)	Hard to schedule an appointment at a convenient time (40.0%)	Hard to schedule an appointment at a convenient time (29.6%)	Hard to schedule an appointment at a convenient time (44.6%)	Hard to schedule an appointment at a convenient time (35.0%)
2	Wait times at doctor's office or clinic are too long (33.6%)	Wait times at doctor's office or clinic are too long (32.6%)	Wait times at doctor's office or clinic are too long (23.5%)	Wait times at doctor's office or clinic are too long (41.0%)	Wait times at doctor's office or clinic are too long (30.2%)
3	Doctors not accepting new patients (26.5%)	Doctors not accepting new patients (27.9%)	Cost of care (21.8%)	Insurance problems (37.3%)	Doctors not accepting new patients (27.1%)
4	Insurance problems (24.6%)	Cost of care (23.7%)	Doctors not accepting new patients (16.2%)	Cost of care (36.0%)	Insurance problems (20.7%)
5	Cost of care (24.4%)	Insurance problems (19.5%)	Insurance problems (15.6%)	Language problems (30.7%)	Cost of care (18.5%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Below is the percentage of community survey respondents from Middlesex County who reported needing specialist care and not being able to access such care, by type of care (Figure 87). The greatest proportion of respondents facing difficulties in accessing care were for those needing pediatric care (13.8%), behavioral health care (12.8%), and women's health care (11.2%).

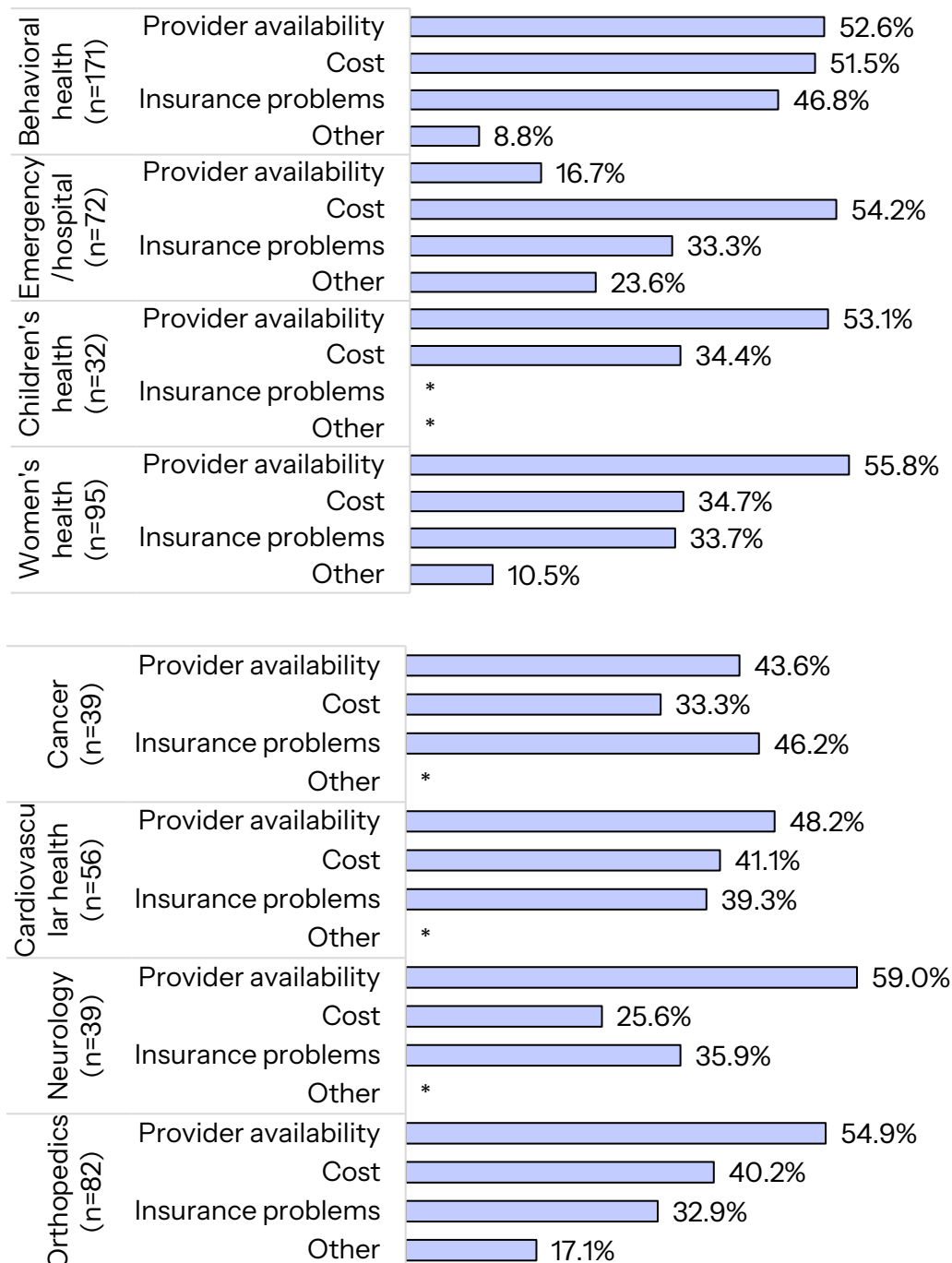
Figure 87. Percent of Community Survey Respondents in Middlesex County Who Reported Needing Specialist Care and Not Being Able to Obtain It, by Type of Care Needed, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

The largest barrier to seeking care for behavioral health (52.6%), children's health (53.1%), women's health (55.6%), cardiovascular health (48.2%), neurology (59.0%), and orthopedics (54.9%) was provider availability (Figure 88). Community respondents reported the largest barrier to seeking care from hospitals and/or emergency departments (54.2%) was cost, and the biggest barrier for care for cancer was insurance problems (46.2%).

Figure 88. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, Middlesex County Survey Respondents, by Provider Type, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

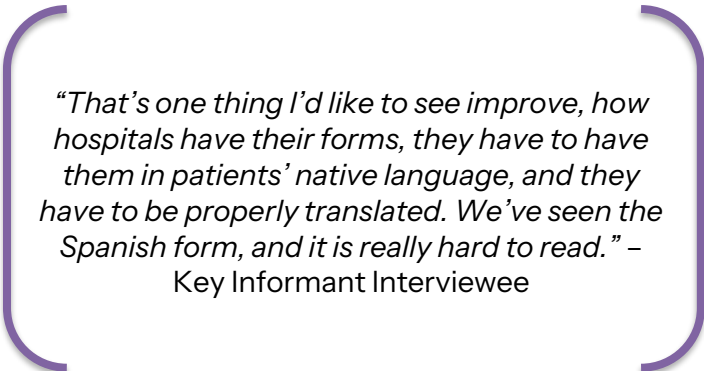
NOTE: Asterisk (*) means that data are suppressed. Responses are only among respondents who needed specialist care and were not able to obtain it.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing community needs and their vision for the future of their communities. Community participants included organizational leaders from different health and social service sectors such as food assistance/food insecurity, mental health providers, social work, faith community leaders, local public health officials, school systems, transportation and organizations that work with specific populations (e.g., undocumented residents, and people living with disabilities) and Middlesex County residents at large belonging to specific population groups, including Latino and LGBTQIA+ adults. The following section summarizes the assessment participants' recommendations for future consideration.

Improved access to health centers/medical facilities within Middlesex County.

Community participants noted the need for easier access to health service providers and facilities in Middlesex County. Community survey respondents considered the lack of provider availability as a main barrier to accessing various types of health services within the county (Figure 88). Additionally, focus group and interview participants noted a need for more providers, decreased wait times for appointments, more options for residents without insurance, and improved language access. One participant stated, *"I would say availability of resources especially health resources. I think there is an urgent need for more medical professionals, more availability of appointments and accessibility of appointments to accommodate the needs of the community."* Another participant noted, *"we have a very big percentage of the population that's Spanish speaking...It's a big thing and there should be more language access."*



"That's one thing I'd like to see improve, how hospitals have their forms, they have to have them in patients' native language, and they have to be properly translated. We've seen the Spanish form, and it is really hard to read." –
Key Informant Interviewee

Increased collaboration across organizations and breaking down silos. Assessment participants reported a desire for more collaboration across organizations. One participant stated the need to work together by saying, *"I think moving towards the future we need to plan more regionally and start working together and start getting away from silos. In New Jersey we have home rule, and everyone has their own services, and we spend a lot of money maintaining home rule when we could pool resources and get more and be more collaborative."* Another interviewee illustrated the need for more collaboration and stated, *"getting people to collaborate and work together [is needed] because one challenge we're really trying to overcome is that a lot of services are working in silos with their heads down."*

Expansion of affordable housing. Another vision for the future among community participants was expanding affordable housing. Housing was identified as a top concern among community survey respondents with 20.1% of Middlesex County residents worried about their housing stability in the next two months (Figure 16). These concerns were greater

“There is not enough affordable housing for people, so they end up being homeless.”

– Focus Group Participant

among Black (26.4%) and Latino (41.0%) respondents. Focus group and interview participants also noted a need to expand affordable housing and increase rental assistance in the county with one participant saying, *“in a perfect world, more rental assistance programs for sure. We have a long waitlist of clients, and we can only stretch our funds so far. If there were more initiatives to tackle those [housing] hardships it’d be so helpful. It’d make such a big difference. That would take away a lot of stress from one of the biggest stressors in the community.”*

Increased health education and awareness of available resources in the community.

Focus group and interview participants expressed a desire for more health education and increased promotion and awareness of resources that are available in the community. One participant said, *“I would love to see a coordinated integrated network from the county to the local level to increase awareness of resource[s]. We know there are a lot of resources we still need but there are a lot of resources that people don’t know about.”* Discussion participants identified a need for more education around the importance of preventative medicine. An interview participant stated, *“I think more promotion for medical care is needed, there’s not enough promotion for preventative care.”* Another participant expressed a desire for more health education, particularly for men in the county and stated: *“We have a lot of male breadwinners who need to be educated on preventative care. I have seen very few men’s health fairs and things geared towards men and I see a lot of maternal or mother and child but not as many men’s preventative fairs and that outreach and engagement with males.”*

More jobs with livable wages. Interview and focus group participants noted a desire for better access to jobs with livable wages and better conditions. A focus group participant described wanting, *“dignified work for all ages to help us feel useful and also keep being able to survive. There should be jobs for all ages—older people have experience and younger people have physical strength.”* An interview participant described how the increasing cost of living including costs of food, housing, medical care, and more were leading to the same wages having to stretch further and cover more expenses. The interview participant described, *“jobs are hard to come by and the wages they earn are not in tune with the going rate for rent.”*

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 examined the current health status of the communities that the Healthier Middlesex Consortium serves. Several key themes emerged from this synthesis:

- ***A diverse and resilient community is a core asset.*** Middlesex County continues to be recognized for its cultural diversity, strong community fabric, and proximity to nature and services. Survey responses and qualitative feedback consistently noted the community as peaceful, family-friendly, and vibrant, with rich arts, cultural heritage, and outdoor spaces. Nearly 80% of residents agreed their community is safe and a good place to raise a family.
- ***Financial insecurity and high cost of living strain families.*** While unemployment has stabilized (6.4%, similar to New Jersey overall), the high cost of living, particularly housing, food, and transportation, continues to place pressure on many residents. Over one-quarter of households fall into the ALICE category (Asset Limited, Income Constrained, Employed), and 26% of survey respondents expressed concern about making ends meet.
- ***Affordable housing and housing instability remain critical challenges.*** Housing insecurity continues to be a pressing issue. One in five survey respondents worried about their housing stability in the next two months, with even higher concern among Hispanic/Latino (41%) and Black (26%) residents. Rising rents, overcrowding, and limited shelter options were consistently raised.
- ***Transportation and the built environment impact access.*** While programs like RIDE On-Demand show promise, limited public transportation outside major hubs and poor walkability were reported as barriers to accessing health care, food, and services, especially for older adults, people with disabilities, and those without vehicles.
- ***Food insecurity and healthy eating are growing concerns.*** More residents reported food insecurity compared to previous years. While 41% said nothing kept them from eating healthy, others cited high food costs (36%) and time constraints (28%) as barriers. Local food deserts, such as in New Brunswick, were also highlighted.
- ***Mental and behavioral health are top concerns across populations.*** Mental health emerged as the most pressing issue across all age groups. Specific populations of concern included youth, seniors, immigrant residents, and those experiencing poverty. Barriers included stigma, language access, provider shortages, and long wait times. Substance use, particularly alcohol and opioids, continues to impact safety and well-being.
- ***Chronic disease prevention and disparities in outcomes.*** While Middlesex County performs better than state averages on some chronic disease indicators (e.g., obesity,

asthma, Emergency Department visits), racial disparities remain. Cancer deaths remain highest among Black and White non-Hispanic residents. Access to screenings (e.g., Pap tests, colorectal screenings) lags behind state benchmarks.

- ***Access to healthcare and essential services is uneven.*** Scheduling challenges, language barriers, and long wait times limit access to care. Nearly 38% of respondents cited difficulty getting appointments, and Hispanic/Latino respondents reported the highest unmet behavioral health needs. While Middlesex has a strong network of social services, gaps in awareness, transportation, cultural competence, and fear of discrimination persist. Nearly 38% of respondents cited difficulty scheduling appointments at convenient times, and 19.2% of Hispanic/Latino respondents reported unmet behavioral health needs in the past two years.
- ***Systemic racism and discrimination continue to undermine health.*** One in five survey respondents reported experiencing discrimination during medical care due to race, ethnicity, or language, a sharp increase from 12.3% in 2021 to 20.3% in 2024. Community members shared the need for more culturally and linguistically responsive care, alongside growing fear and mistrust due to immigration enforcement and systemic bias.

Conclusions

Through a collaborative and mixed-methods process—including a multilingual community survey (n=2,514), interviews with cross-sector leaders, and focus groups with priority populations—Middlesex County’s 2025 CHNA identified major strengths, persistent challenges, and evolving concerns shaped by economic pressures, health system gaps, and systemic inequities as described in the following section.

Healthier Middlesex Community Health Needs Assessment: Appendix

October 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

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Prioritization and Alignment Process and Priorities Selected for Planning

Prioritization allows hospitals, organizations, and coalitions to target and align resources, leverage efforts, and focus on achievable objectives and strategies for addressing priority needs. Priorities for this process were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the approach and outcomes of the prioritization process.

A detailed set of prioritization criteria were used to guide conversations with the Healthier Middlesex Advisory Board to refine the priorities:

- **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, and environmental change?
- **Feasibility:** Can we take steps to address this issue given the current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass:** Are 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 and Alignment Process

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

Step 1: Data-Informed Voting via a Prioritization Meeting

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 and the three top priority issues for future action and investment (Appendices B and C). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the Community Health Issues section of this report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, nine major initial issue areas were identified for Healthier Middlesex (listed below in no particular order):

The most pressing community needs identified include:

- Financial Security
- Affordable Housing
- Transportation
- Food Insecurity and Healthy Eating
- Systemic Racism and Discrimination
- Mental Health and Behavioral Health
- Chronic Disease Prevention/Management
- Healthcare Access
- Access to Social Services and Other Essential Services

On May 1, 2025, a 120-minute virtual Key Findings Presentation and Prioritization meeting was held with Healthier Middlesex members and partners to present and discuss the preliminary findings and conduct a poll on the preliminary priorities for action.

During the prioritization meeting, attendees heard a brief data presentation on the preliminary key findings from the assessment. Next, meeting participants discussed the data as a group and offered their perspectives and feedback on the various issues. At this time, participants uplifted Health and Racial Equity and Systemic Racism & Discrimination as cross-cutting issues. Then, using the polling platform Mentimeter, meeting participants were asked to vote for up to four of the nine priorities identified from the data and based on the high-level prioritization criteria. Preliminary polling results identified the following five issues: Mental Health and Behavioral Health; Food Insecurity and Healthy Eating; Healthcare Access; Access to Social Services and Other Essential Services; and Affordable Housing.

Step 2: Healthier Middlesex Advisory Board Review & Recommendation

The Healthier Middlesex Advisory Board met to review the polling results and discuss priorities for the Community Health Improvement Plan (CHIP). Discussions resulted in removing housing as an area of focus. HRiA met with Healthier Middlesex's Project Director to refine priority area titles and the topics to be included under each priority based on assessment data. The resulting recommendations for priorities areas were shared with members of the Healthier Middlesex Board for approval.

It is noted that the needs prioritized and selected by Healthier Middlesex for improvement planning are in line with the New Jersey State Health Improvement Plan 2020, which addresses strategies for improvement Health Equity, Mental Health/Substance Use, Nutrition, Physical Activity and Chronic Disease (additional focus areas included Birth Outcomes, Immunizations and Alignment of State and Community Health Improvement Planning). Further, actions for the prioritized needs support the four, broad Health New Jersey 2030 topic areas that represent the key elements that influence health:

- 1) Access to Quality Care
- 2) Healthy Communities
- 3) Healthy Families
- 4) Healthy Living

Priorities Selected for Planning

Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience the Healthier Middlesex Consortium selected the following priorities to focus on when developing their implementation plan: Mental Health and Behavioral Health; Access to Healthcare; Access to Social and Other Essential Services; and Food Insecurity and Healthy Eating.

Compared to the 2021 CHNA, the 2025 assessment reflects a shift in community priorities. Technology access and violence, which were previously identified as key concerns, were not prioritized in 2025. Instead, transportation and access to social and essential services emerged as more prominent themes, highlighting evolving community needs.

In 2025 and 2026, Healthier Middlesex Consortium members will work together, bringing together stakeholders and subject matter experts, for their planning process and the development of their CHIP to address the identified priorities.

Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups

Organization	Sector
Puerto Rican Action Board	Mental Health Services
Robert Wood Johnson University Hospital	Social Work
Holy Family for All	Faith Based Leadership
Catholic Charities of Middlesex County	Undocumented Population
REPLENISH	Food Insecurity
Middlesex County Office of Health Services	Local Public Health
NJ Coalition to End Homelessness	Housing/Homeless Services
New Brunswick Public School	School Systems
Keep Middlesex Moving	Transportation
New Jersey Institute for Disabilities	Disabilities
Promotora's	Immigrant Population
Unity Square Community Center (Catholic Charities)	Food Insecurity
New Brunswick Senior Center	Seniors/Older Adults
Middlesex County Office on Aging	Seniors/Older Adults
RWJUH	Seniors/Older Adults
Saint Peter's Community Health Services in Monroe	Seniors/Older Adults
AARP	Seniors/Older Adults
PRIDE Center	LGBTQIA+ Population

Appendix B: Key Informant Interview Guide

Health Resources in Action Healthier Middlesex 2024 Community Health Assessment-Community Health Improvement Plan

Virtual Key Informant Interview Guide 7.28.24

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively
- To understand the priorities for action

I. BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for _____. Thank you for taking the time to talk with me today.
- Healthier Middlesex is conducting a community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively
- Our interview will last about 45 – 60 minutes. After all the data is collected, we will summarize the key themes that have emerged during these discussions into a report. In this report we will be including quotes, but will not include any names or identifying information. Nothing you say here will be directly tied to you.
- [NOTE IF TRANSCRIBING] We plan to transcribe 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 reviewing the transcription. Do you have any concerns with me turning on the transcription now?
- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does?

[PROBE: What is your organization's mission/services? What communities do you work in? Who are your main clients/audiences?]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community.

2. What makes your community great? What are it's biggest strengths?
3. What are some of the biggest problems or concerns in your community? What are neighbors worried about?
 - a. [PROBE ON SOCIAL DETERMINANTS OF HEALTH – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]
 - b. [IF NOT ADDRESSED ABOVE] What do you think are the most pressing health concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)
4. How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]
 - a. Are there groups in the community that are more impacted by these concerns than others? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

IV. PRIORITIES (18 minutes) [Tailor section with questions from the Question Pool]

5. Can you tell me about some promising initiatives in your community to tackle the issues we've discussed?
6. Can you describe existing partnerships and collaborations that are helping to strengthen the community? What health issue are they tackling? Who are they serving? What have been the main accomplishments?
7. What are the gaps in existing services? Are there groups or populations that are not being reached?
8. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

V. VISION FOR THE FUTURE (10 MINUTES)

8. If you had one major takeaway call to action, need, or issue for us to address urgently, what would that be, and why? In other words, what change needs to happen to address the main issues in this community?
9. I'd like you to think 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?
 - a. What are the next steps to help this vision become a reality?

VI. CLOSING (2 MINUTES)

Thank you so much for your time and sharing your opinions.

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. Your feedback is valuable, and we greatly appreciate your time.

Appendix C: Focus Group Guide

Health Resources in Action Healthier Middlesex 2024 Community Health Assessment-Community Health Improvement Plan Virtual Focus Group Guide 7.8.24

Goals of the focus group:

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

I. BACKGROUND (5 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization based in Boston that works throughout the US. I'd also like to introduce my colleague _____. They work with me on this project and are here to take notes during our discussion, so I can give you my full attention. Thank you for taking the time to talk with me today.
- Healthier Middlesex is conducting a community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively.
- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community. We greatly appreciate your feedback, insight, and honesty.
- 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 from you. There are no right or wrong answers. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share what you think, both positive and negative. 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.
- This discussion will last about 60-90 minutes. 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.

- When we are done collecting data, we will write a report on the key themes that came up during these discussions. We will include quotes, but we will not share any names or identifying information. Nothing that you say here will be connected directly to you in our report.
- [NOTE IF AUDIORECORDING/TRANSCRIBING] We'd like to audio record/transcribe this conversation to ensure we have captured the main points of the discussion. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings/reading the transcript. Does anyone have any concerns with me turning the recorder/transcription on now? [Only turn transcript on if nobody objects]
- Does anyone have any questions before we begin?

II. INTRODUCTIONS (5 minutes)

First, let's spend some 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
- 3) One thing you love about where you live. [MODERATOR STARTS THEN ALL PARTICIPANTS INTRODUCE THEMSELVES]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community that you live in.

1. If someone was thinking about moving into your neighborhood, what would you say are the biggest strengths of your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
2. What are some of the biggest problems or concerns in your community? What are neighbors worried about?
 - a. [PROBE ON SOCIAL DETERMINANTS OF HEALTH - FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]
 - b. [IF NOT ADDRESSED ABOVE] What do you think are the most pressing health concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)
3. How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]

- a. Are there groups in the community that are more impacted by these concerns than others? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

IV. PRIORITIES (14 minutes) [You can use the question pool to tailor this section]

I've heard in our conversation today that NAME ISSUES are a top concern for the community. [NAME THE MAJOR 2-3 ISSUES MENTIONED IN THE DISCUSSION- FOOD INSECURITY/HEALTHY EATING; ACCESS TO HEALTHCARE; MENTAL HEALTH; BEHAVIORAL HEALTH; CHRONIC DISEASE; TRANSPORTATION; SOCIAL; ECONOMIC; ETC.]

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

Now let's talk about some of these issues in more detail [Moderator to select one major issue discussed.]

5. From your perspective, what are the main issues related to this [ISSUE]? What are the main factors affecting [ISSUE] in your community? [PROBE: Barriers and facilitators to access, Service Coordination, Social/Economic Factors, Discrimination, Etc.; Population groups most affected]
6. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?
7. What services or programs currently exist to address [ISSUE]?
8. What are the main gaps in existing services? Do the existing services work for everyone? [PROBE: Groups not being reached, neighborhoods less served, etc.]

[REPEAT Q5-Q8 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (14 minutes)

9. I'd like you to think ahead about the future of your community. When you envision the community 3 years from now, what change would you like to see happen?
10. What is one action or investment that should happen in the community to improve health and wellness? Why?

VI. CLOSING (2 minutes)

Thank you so much for your time and for sharing your opinions with us. Your perspective 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 sharing your opinion. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS WILL RECEIVE GIFT CARD AND WHO TO CONTACT IF THEY HAVE QUESTIONS.]

Appendix D: Resource Inventory

Part 1: Acute and Long Term Care Facilities

Acute Care Facilities Resource Middlesex County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	22243	UNIVERSITY RADIOLOGY GROUP, LLC (NJ22243)	483 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 390-0030	(732) 238-9514	University Radiology Group, Llc
AMBULATORY CARE FACILITY	22244	UNIVERSITY RADIOLOGY GROUP, LLC (NJ22244)	260-264 AMBOY AVENUE METUCHEN, NJ 08840	METUCHEN	NJ	08840	MIDDLESEX	(732) 548-2322	(732) 548-3392	University Radiology Group, Llc
AMBULATORY CARE FACILITY	22297	NJIN OF EDISON (NJ22297)	3826-3830 PARK AVENUE EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 494-9061	(732) 494-5960	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	22620	PERTH AMBOY DIAGNOSTIC IMAGING (NJ22620)	607 AMBOY AVENUE PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 442-5444	(732) 442-2626	Perth Amboy Health Care, Llc
AMBULATORY CARE FACILITY	22624	NJIN OF WOODBRIDGE (NJ22624)	1500 SAINT GEORGES AVENUE AVENEL, NJ 07001	AVENEL	NJ	07001	MIDDLESEX	(732) 574-8999	(732) 574-3488	Mri Of Woodbridge
AMBULATORY CARE FACILITY	22716	PRINCETON RADIOLOGY ASSOCIATES PA (NJ22716)	9 CENTRE DRIVE, SUITE 110 JAMESBURG, NJ 08831	JAMESBURG	NJ	08831	MIDDLESEX	(609) 655-1448	(609) 655-4016	Princeton Radiology Associates, Pa
AMBULATORY CARE FACILITY	22867	UNIVERSITY RADIOLOGY GROUP, LLC (NJ22867)	3900 PARK AVENUE EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 548-6800	(732) 548-6290	University Radiology Group, Llc
AMBULATORY CARE FACILITY	22911	A P DIAGNOSTIC IMAGING, INC (NJ22911)	1692 OAK TREE ROAD, SUITE 25 EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 635-9729	(732) 635-9855	A P Diagnostic Imaging
AMBULATORY CARE FACILITY	22989	HACKENSACK MERIDIAN IMAGING OLD BRIDGE (NJ22989)	3548 ROUTE 9 SOUTH OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 321-7550	(732) 767-2914	Hackensack Meridian Ambulatory Care, Inc.
AMBULATORY CARE FACILITY	23103	EAST BRUNSWICK OPEN UPRIGHT MRI LLC (NJ23103)	620 CRANBURY ROAD, SUITE 10 EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 698-1717	(732) 638-2727	E Brunswick Ventures Llc

			NJ 08816							
AMBULATORY CARE FACILITY	23493	WOODBIDGE RADIOLOGY (NJ23493)	530 GREEN STREET ISELIN, NJ 08830	ISELIN	NJ	08830	MIDDLESEX	(732) 326-1515	(732) 326-1522	Open Mri Radiology, Llc
AMBULATORY CARE FACILITY	23961	UNIVERSITY RADIOLOGY GROUP, LLC (NJ23961)	111 UNION VALLEY ROAD MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 390-0040	(609) 395-1718	University Radiology Group, Llc
AMBULATORY CARE FACILITY	24388	MEDICAL WALKIN AND WELLNESS (NJ24388)	162 MAIN STREET METUCHEN, NJ 08840	METUCHEN	NJ	08840	MIDDLESEX	(732) 494-8100	(732) 494-8101	Sai Medical Services, L.L.C.
AMBULATORY CARE FACILITY	24450	EAST BRUNSWICK IMAGING CENTER, LLC (NJ24450)	647 ROUTE 18 SOUTH EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 613-6300	(732) 613-6318	East Brunswick Imaging Center, Llc
AMBULATORY CARE FACILITY	24482	PRINCETON ORTHOPAEDIC ASSOCIATES (NJ24482)	11 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 924-8131	(609) 924-8532	Princeton Orthopaedic Associates II, P.A.
AMBULATORY CARE FACILITY	24877	EDISON MEDICAL IMAGING, LLC (NJ24877)	1907 OAK TREE ROAD, SUITE 101 EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 243-9909	(848) 200-7372	Edison Medical Imaging, Llc
AMBULATORY CARE FACILITY	24879	NJIN OF MENLO PARK (NJ24879)	10 PARSONAGE ROAD EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 494-9061	(732) 494-5960	The New Jersey Imaging Network, L.L.C.
AMBULATORY CARE FACILITY	24892	RARITAN BAY DIAGNOSTIC IMAGING LLC (NJ24892)	551 NEW BRUNSWICK AVENUE PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 786-4111	(732) 442-0830	Raritan Bay Diagnostic Imaging, L.L.C.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	24896	CHOP CARE NETWORK SPECIALTY CARE PRINCETON AT PLAINSBORO (NJ24896)	101 PLAINSBORO ROAD PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 520-1717	(609) 520-9333	Children'S Hospital Of Philadelphia, The
AMBULATORY CARE FACILITY	25013	AQ IMAGING (NJ25013)	1921 OAKTREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 662-1831	(732) 662-1833	Aq Imaging, Llc
AMBULATORY CARE FACILITY	25040	CSN HEALTH AND WELLNESS, LLC (NJ25040)	2477 ROUTE 516, SUITE 202 OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(888) 753-3736	(888) 458-7888	Comprehensive Health And Wellness, Llc
AMBULATORY CARE FACILITY	25121	PRINCETON RADIATION ONCOLOGY CENTER (NJ25121)	9 CENTRE DRIVE, SUITE 115 MONROE TWP, NJ	MONROE TWP	NJ	08831	MIDDLESEX	(609) 655-5755	(609) 655-5725	Regional Cancer Care Associates, Llc

			08831							
AMBULATORY CARE FACILITY	25145	SOUTH PLAINFIELD RADIOLOGY CORP (NJ25145)	116 CORPORATE BOULEVARD SOUTH PLAINFIELD, NJ 07080	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(718) 683-4152		Robert Wood Johnson University Hospital - Hamilton
AMBULATORY CARE FACILITY	25467	UNITED THERANOSTICS (NJ25467)	8 FORRESTAL ROAD S, SUITE 105 PRINCETON, NJ 08540	PRINCETON	NJ	08540	MIDDLESEX	(651) 308-1445		Princeton Theranostics, P.C.
AMBULATORY CARE FACILITY - SATELLITE	22258	PLANNED PARENTHOOD OF NCSNJ (NJ22258)	450 MARKET STREET PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(973) 879-1306	(732) 442-7150	Planned Parenthood Of Ncsnj
AMBULATORY CARE FACILITY - SATELLITE	25436	CENTRAL JERSEY MEDICAL CENTER - CARTERET (NJ25436)	1540 ROOSEVELT AVE CARTERET, NJ 07008	CARTERET	NJ	07008	MIDDLESEX	(732) 376-6615		Central Jersey Medical Center - Hobart
AMBULATORY SURGICAL CENTER	22984	SAME DAY SURGERY CENTER OF CENTRAL JERSEY (22984)	225 MAY STREET, UNIT C EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 661-0570	(732) 661-0084	Same Day Sc Of Central Nj, Llc
AMBULATORY SURGICAL CENTER	R24578	OAK TREE SURGERY CENTER, LLC (31C0001101)	1931 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 603-8603	(732) 603-8634	Oak Tree Surgery Center Llc
AMBULATORY SURGICAL CENTER	24371	ROBERT WOOD JOHNSON-ENDOSURGICAL CENTER LLC (NJ22700)	800 RYDERS LANE EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 432-6880	(732) 432-6885	Robert Wood Johnson-Endosurgical Center Llc
AMBULATORY SURGICAL CENTER	24031	MIDDLESEX SURGERY CENTER, LLC (NJ24031-1)	1921 OAKTREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 494-8800	(732) 494-8181	Middlesex Surgery Center, Llc
AMBULATORY SURGICAL CENTER	24196	METROPOLITAN SURGICAL INSTITUTE LLC (NJ24196)	540 BORDENTOWN AVENUE SOUTH AMBOY, NJ 08879	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 525-2227	(732) 525-2224	Metropolitan Surgical Institute
AMBULATORY SURGICAL CENTER	24210	SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK LLC (NJ24210)	1520 HIGHWAY 130 NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 422-9900	(732) 422-9901	Specialty Surgical Center Of North Brunswick, Llc
AMBULATORY SURGICAL CENTER	24828	MENLO PARK SURGERY CENTER, LLC (NJ24828)	10 PARSONAGE ROAD, SUITE 204 EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 243-9500	(732) 243-9501	Menlo Park Surgery Center, L.L.C.

AMBULATORY SURGICAL CENTER	71274	UNIVERSITY SURGICENTER (NJ31C0001017)	561 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 390-4300	(732) 390-0556	East Brunswick Surgery Center, Llc
AMBULATORY SURGICAL CENTER	R24585	SPECIALIZED SURGICAL CENTER OF CENTRAL NJ, LLC (NJ31C0001071)	41 ARTHUR STREET EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 828-5900	(732) 828-0290	Somerset Eye Institute Pc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY SURGICAL CENTER	R24499	ENDO SURGI CENTER OF OLD BRIDGE LLC (NJ31C0001091)	42 THROCKMORTON LANE OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 679-8808	(732) 679-7280	Endo Surgi Center Of Old Bridge, L.L.C.
AMBULATORY SURGICAL CENTER	22288	SURGERY CENTER OF CENTRAL NEW JERSEY (NJ31C0001097)	107 NORTH CENTER DRIVE NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 297-8001	(732) 297-8007	Eye Surgical Specialists Of New Jersey
AMBULATORY SURGICAL CENTER	R24600	EDISON SURGERY CENTER LLC (NJ31C0001109)	10 PARSONAGE ROAD, SUITE 206 EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 243-9798	(833) 450-5106	Edison Surgery Center, Llc
AMBULATORY SURGICAL CENTER	22695	CARES SURGI CENTER, LLC (NJ31C0001121)	240 EASTON AVENUE - 3RD FLOOR NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 565-5400	(732) 626-6652	Cares Surgicenter, Llc
AMBULATORY SURGICAL CENTER	22900	AMBULATORY SURGERY CENTER AT OLD BRIDGE (NJ31C0001141)	400 PERRINE ROAD, SUITE 408 OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 553-9222	(732) 721-0828	Ambulatory Surgery Center At Old Bridge, L.L.C.
AMBULATORY SURGICAL CENTER	23060	MAY STREET SURGI CENTER (NJ31C0001149)	205 MAY STREET, SUITE 103 EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 661-9075	(732) 661-9619	May Street Surgi Center, Llc
AMBULATORY SURGICAL CENTER	R24540	AMBULATORY SURGICAL CENTER OF NEW JERSEY, LLC (NJ90053)	5 PROGRESS STREET- SUITE 2 EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(908) 755-9671	(908) 755-9675	Ambulatory Surgical Center Of New Jersey, Llc
AMBULATORY SURGICAL CENTER	R24526	ADVANCED SURGICAL ARTS CENTER, LLC (NJ90075)	1150 AMBOY AVENUE EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 548-8194	(732) 205-1543	Advanced Surgical Arts Center, Llc
AMBULATORY SURGICAL CENTER	R24506	VEIN TREATMENT ACCESS CARE, LLC (NJR24506)	215A NORTH CENTER DRIVE NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 305-6556	(732) 305-6559	Highland Park Surgical Associates, Pa

			NJ 08902							
AMBULATORY SURGICAL CENTER	R24588	PISCATAWAY ENDOVASCULAR CENTER, LLC (NJR24588)	1 WILLS WAY, CENTRAL NJ MEDICAL PARK PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 529-0223	(732) 592-0225	James F McGuckin Md Of Nj, Pa
AMBULATORY SURGICAL CENTER ASC-ST	R24539	BROOKLINE SURGERY CENTER, LLC (NJR24539)	620 CRANBURY ROAD, SUITE 115 EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 210-4199	(732) 510-0181	Brookline Surgery Center, Llc
CHILDREN REHABILITATION HOSPITAL	22249	CHILDREN'S SPECIALIZED HOSPITAL (31-3300)	200 SOMERSET ST NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 258-7050	(732) 258-7210	Children'S Specialized Hospital
COMPREHENSIVE REHABILITATION HOSPITAL	22293	JFK JOHNSON REHABILITATION INSTITUTE (NJ22293)	65 JAMES STREET EDISON, NJ 08818	EDISON	NJ	08818	MIDDLESEX	(732) 321-7051	(732) 549-8532	Hmh Hospitals Corporation
END STAGE RENAL DIALYSIS	22401	OLD BRIDGE DIALYSIS (NJ22401)	262 TEXAS ROAD OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 591-4931	(732) 561-3448	Kidney Life, Llc
END STAGE RENAL DIALYSIS	22943	EDISON DIALYSIS (NJ22943)	29 MERIDIAN ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 205-9883	(732) 205-9883	Dva Renal Healthcare, Inc.
END STAGE RENAL DIALYSIS	24358	DIALYSIS CLINIC INC MONROE (NJ24358)	2 RESEARCH WAY MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 356-7200	(609) 395-0300	Dialysis Clinic, Inc.
END STAGE RENAL DIALYSIS	24428	DURHAM CORNERS DIALYSIS (NJ24428)	241 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(908) 222-2971	(908) 753-0783	Kidney Life, Llc
END STAGE RENAL DIALYSIS	24444	FRESENIUS MEDICAL CARE EDISON (NJ24444)	2 OLSEN AVENUE EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 549-3286	(732) 906-5452	Bio-Medical Applications Of New Jersey, Inc.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
END STAGE RENAL DIALYSIS	24476	NEW BRUNSWICK DIALYSIS (NJ24476)	303 GEORGE STREET, SUITE G-8 NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 937-4791	(732) 937-4795	Kidney Life, Llc
END STAGE RENAL DIALYSIS	24692	WOODBRIIDGE DIALYSIS CENTER (NJ24692)	541 MAIN STREET WOODBRIDGE, NJ 07095	WOODBRIIDGE	NJ	07095	MIDDLESEX	(732) 750-0639	(732) 750-0612	Kidney Life, Llc

END STAGE RENAL DIALYSIS	24764	EAST BRUNSWICK DIALYSIS (NJ24764)	629 CRANBURY ROAD, SUITE 101 EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 238-1909	(732) 967-8173	Unicoi Dialysis Llc
END STAGE RENAL DIALYSIS	24858	GARDEN STATE KIDNEY CENTER (NJ24858)	345 MAIN STREET WOODBRIDGE, NJ 07095	WOODBRI	NJ	07095	MIDDLESEX	(732) 855-2100	(732) 855-2101	Woodbridge Dialysis Center, Llc
END STAGE RENAL DIALYSIS	24885	MONROE TOWNSHIP DIALYSIS (NJ24885)	298 APPLGARTH ROAD, SUITE A MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(609) 409-4259	(609) 395-7697	Kidney Life, Llc
END STAGE RENAL DIALYSIS	24922	METUCHEN DIALYSIS (NJ24922)	319 LAKE AVENUE METUCHEN, NJ 08840	METUCHEN	NJ	08840	MIDDLESEX	(732) 906-5714	(732) 906-2373	Tunnel Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	24952	PLAINSBORO DIALYSIS (NJ24952)	100 PLAINSBORO ROAD, SUITE 1A PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 275-5550	(609) 275-5568	Merrick Dialysis, Llc
END STAGE RENAL DIALYSIS	25101	SAYREVILLE DIALYSIS (NJ25101)	2909 WASHINGTON ROAD, SUITE 130 PARLIN, NJ 08859	PARLIN	NJ	08859	MIDDLESEX	(732) 316-4960	(732) 316-4966	Isd Renal, Inc.
END STAGE RENAL DIALYSIS	25164	FRESENIUS KIDNEY CARE EAST BRUNSWICK (NJ25164)	1020 STATE ROUTE 18 EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 238-1405	(732) 238-1404	Fresenius Medical Care East Brunswick, Llc
END STAGE RENAL DIALYSIS	25269	SOUTH EDISON DIALYSIS (NJ25269)	561 ROUTE 1, PAD H EDISON, NJ 08817	EDISON	NJ	08817	MIDDLESEX	(908) 332-0239	(908) 332-0259	Braburry Dialysis, Llc
END STAGE RENAL DIALYSIS	41202	DCI-NEW BRUNSWICK (NJ312525)	235 GEORGE STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 940-8368	(732) 940-0191	Dialysis Clinic, Inc.
END STAGE RENAL DIALYSIS	22400	PERTH AMBOY DIALYSIS (NJ312540)	271 KING STREET PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 442-3836	(732) 826-2428	Dva Renal Healthcare, Inc.
END STAGE RENAL DIALYSIS	41201	BIO-MEDICAL APPLICATIONS OF SOUTH PLAINFIELD (NJ41201)	2201 SOUTH CLINTON AVENUE SOUTH PLAINFIELD, NJ 07080	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(908) 668-8007	(908) 668-7844	Fresenius Medical Care
END STAGE RENAL DIALYSIS	80340	BIO-MEDICAL APPLICATIONS	1250 ROUTE #27 COLONIA, NJ	COLONIA	NJ	07067	MIDDLESEX	(732) 382-7333	(732) 382-7444	Bio-Medical Applications Of New

		OF COLONIA (NJ80340)	07067							Jersey, Inc.
END STAGE RENAL DIALYSIS	25291	SPOTSWOOD DIALYSIS (NJ25291)	404 MAIN STREET STE E SPOTSWOOD, NJ 08884	SPOTSWOOD	NJ	08884	MIDDLESEX	(860) 990-6920		Gabion Dialysis, Llc
FEDERALLY QUALIFIED HEALTH CENTERS	24001	RUTGERS RWJ ERIC B. CHANDLER HEALTH CENTER (311867)	123 CHURCH STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 235-2052	(732) 235-6726	Rutgers, The State University Of New Jersey

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
FEDERALLY QUALIFIED HEALTH CENTERS	24975	JEWISH RENAISSANCE FOUNDATION COMMUNITY HEALTH CEN (NJ24975)	1931 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 482-9600	(732) 372-0800	Jewish Renaissance Foundation
FEDERALLY QUALIFIED HEALTH CENTERS	22211	RUTGERS RWJ ERIC B. CHANDLER HEALTH CENTER (NJ311811)	277 GEORGE STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 235-6700	(732) 235-6726	Rutgers, The State University Of New Jersey
FEDERALLY QUALIFIED HEALTH CENTERS	22864	CENTRAL JERSEY MEDICAL CENTER (NJ311833)	275 HOBART STREET ROBERT MENENDEZ MEDICAL PAVILLION PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 376-9333	(732) 324-5765	Central Jersey Medical Center, Inc.
GENERAL ACUTE CARE HOSPITAL	11103	PENN MEDICINE PRINCETON MEDICAL CENTER (NJ11103)	ONE-FIVE PLAINSBORO ROAD PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 853-6500	(609) 853-7101	Princeton Healthcare System, A Nj Nonprofit Corp
GENERAL ACUTE CARE HOSPITAL	11201	JFK UNIVERSITY MEDICAL CENTER (NJ11201)	65 JAMES STREET EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 321-7000	(732) 318-3693	Hmh Hospitals Corporation
GENERAL ACUTE CARE HOSPITAL	11202	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (NJ11202)	ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901	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 (NJ11205)	254 EASTON AVE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7938	Saint Peter's University Hospital
GENERAL ACUTE CARE HOSPITAL	11206	OLD BRIDGE MEDICAL CENTER (NJ11206)	ONE HOSPITAL PLAZA OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 360-1000	(732) 324-5330	Hmh Hospitals Corporation

GENERAL ACUTE CARE HOSPITAL	11203	RARITAN BAY MEDICAL CENTER (NJ310039)	530 NEW BRUNSWICK AVE PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-5000	(732) 324-5330	Hmh Hospitals Corporation
HOME HEALTH AGENCY	72001	HACKENSACK MERIDIAN JFK AT HOME (NJ317059)	485 B US HIGHWAY 1, SUITE 400 ISELIN, NJ 08830	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 (NJ317079)	972 SHOPPE S BOULEVARD NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 224-6991	(732) 784-9710	Robert Wood Johnson Visiting Nurses, Inc.
HOSPICE CARE BRANCH	22664	HACKENSACK MERIDIAN HOSPICE (NJ22664-1)	485 B US HIGHWAY 1, STE 400, DOOR 2 ISELIN, NJ 08830	ISELIN	NJ	08830	MIDDLESEX	(732) 321-7769	(732) 744-5531	Hackensack Meridian Ambulatory Care, Inc.
HOSPICE CARE PROGRAM	24015	GRACE HEALTHCARE SERVICES LLC (NJ20415)	105 FIELDCREST AVENUE, SUITE 402 EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 225-4100	(732) 225-4110	Grace Hs, L.L.C.
HOSPICE CARE PROGRAM	22594	ROBERT WOOD JOHNSON VISITING NURSE, INC (NJ22594)	972 SHOPPE S BOULEVARD NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 224-6991	(732) 743-4659	Robert Wood Johnson Visiting Nurses, Inc.
HOSPICE CARE PROGRAM	22800	KINDRED HOSPICE (NJ22800)	242 OLD NEW BRUNSWICK ROAD, SUITE 140 PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 562-8800	(732) 562-8686	Odyssey Healthcare Operating B, Lp
HOSPICE CARE PROGRAM	22886	CARING HOSPICE SERVICES OF CENTRAL JERSEY (NJ22886)	1090 KING GEORGES POST ROAD #703 EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 661-9373	(732) 661-9058	Caring Hospice Services Of Central Jersey, Llc
HOSPICE CARE PROGRAM	24819	SEASONS HOSPICE & PALLIATIVE CARE OF NEW JERSEY LL (NJ24819)	2147 ROUTE 27 SOUTH, SUITE 101 EDISON, NJ 08817	EDISON	NJ	08817	MIDDLESEX	(609) 570-4800	(609) 651-8233	Seasons Hospice & Palliative Care Of New Jersey Ll

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPICE CARE PROGRAM	25232	Spero Hospice & Palliative Care (NJ25232)	758 ROUTE 18 NORTH, SUITE 103B EAST BRUNSWICK, NJ	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 955-6648	(732) 955-6673	Osprey Hospice Llc

			NJ 08816							
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY CTR ST	1223	MEDIPLEX SURGERY CENTER (NJ1223)	98 JAMES STREET SUITE 108 EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 632-1600	(732) 632-1678	Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1005	SAINT PETER'S FAMILY HEALTH CENTER (NJ1005)	123 HOW LANE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7909	Saint Peter'S University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1029	SAINT PETER'S COMMUNITY MOBILE HEALTH UNIT (NJ1029)	254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-9099	Saint Peter'S University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1211	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - EHS (NJ1211)	181 SOMERSET STREET, SUITE 300 NEW BRUNSWICK, NJ 08903	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 937-8714	(732) 418-8196	Robert Wood Johnson University Hospital, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1226	FOR KEEPS CHILDREN'S ACUTE PARTIAL HOSPITALIZATION (NJ1226)	123 HOW LANE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-7938	Saint Peter'S University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1297	JFK IMAGING CENTER (NJ1297)	60 JAMES STREET EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 321-7000	(732) 549-8532	Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1312	PRE ADMISSION TESTING SERVICES (NJ1312)	10 PLUM STREET, THIRD FLOOR THIRD FLOOR NEW BRUNSWICK, NJ 08903	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 937-8746	(732) 418-8485	Robert Wood Johnson University Hospital, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1313	CENTER FOR AMBULATORY SURGERY-MONROE (NJ1313)	8 CENTRE DRIVE MONROE TOWNSHIP, NJ 08831	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 STHSPOFF	1355	CSH - NB PHYSICIAN SERVICES (NJ1355)	10 PLUM STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(908) 233-3720	(908) 301-5546	Children'S Specialized Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1363	SPUH OUTPATIENT WOUND CARE CENTER AT MONROE (NJ1363)	294 APPLER GARTH ROAD MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(732) 745-8600	(732) 745-9099	Saint Peter'S University Hospital

HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1366	COMPREHENSIVE CARE GROUP AT CARES (NJ1366)	240 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-8600	(732) 745-9099	Saint Peter'S University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1376	RWJ CENTER FOR WOUND HEALING (NJ1376)	48 FRENCH STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 418-8084	(732) 418-8420	Robert Wood Johnson University Hospital, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1427	SAINT PETER'S UNIVERSITY HOSPITAL'S CANCER CENTER (NJ1427)	215 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 745-7944	(732) 745-9099	Saint Peter'S University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1440	RWJUH PROTON THERAPY CENTER (NJ1440)	141 FRENCH STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 253-3176	(732) 253-3464	Robert Wood Johnson University Hospital, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1519	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL EDISON VAC (NJ1519)	97 SUNFIELD AVENUE EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 828-3000		Robert Wood Johnson University Hospital, Inc.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1301	GAMMA KNIFE CENTER AT RWJUH, THE (NJ24408)	10 PLUM STREET - MEDICAL OFFICE BUILDING NEW BRUNSWICK, NJ 08903	NEW BRUNSWICK	NJ	08903	MIDDLESEX	(732) 418-8002	(732) 253-3475	Robert Wood Johnson University Hospital, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1549	CHILDREN'S SPECIALIZED HOSPITAL AT EAST BRUNSWICK (NJ1549)	645 NJ STATE HIGHWAY 18 EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 258-7000		Children'S Specialized Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1546	RARITAN BAY MED CTR PHYSICAL THERAPY & REHAB SERV (NJ1546)	500 CONVERY BLVD PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-5042		Hmh Hospitals Corporation
MATERNAL AND CHILD HEALTH CONSORTIUM	22272	CENTRAL JERSEY FAMILY HEALTH CONSORTIUM (NJ22272)	30 SILVERLINE DRIVE, SUITE 1 NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 937-5437	(732) 937-5540	Central Jersey Family Health Consortium
PSYCHIATRIC HOSPITAL	22328	UNIVERSITY BEHAVIORAL HEALTH CARE (NJ22328)	671 HOES LANE WEST PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 235-5900	(732) 235-4594	Rutgers Health Group, Inc.
SPECIAL HOSPITAL HOSP-LT	23098-1clo	CARE ONE AT RARITAN BAY MEDICAL CENTER (NJ23098- 1)	530 NEW BRUNSWICK AVENUE PERTH	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-6090		The Rehabilitation Hospital At Raritan Bay Mc

			AMBOY, NJ 08861							
SPECIAL HOSPITAL HOSP-LT	23098	CARE ONE AT SAINT PETER'S UNIVERSITY HOSPITAL (NJ24426)	254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 324-6090	(732) 324-6091	The Rehabilitation Hospital At Raritan Bay Mc
SPECIAL HOSPITAL HOSP-LT	25009	HACKENSACK MERIDIAN LTACH (NJ25009)	530 NEW BRUNSWICK AVENUE, 4TH FLOOR/GREEN PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 324-4714	(732) 324-4702	Franklin Ltach, Llc

Reference: New Jersey Department of Health, Health Facilities search downloaded July 31, 2025

Long Term Care Facilities Resource Middlesex County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	2CPTS8	JUST HOME MEDICAL ADULT DAY (2CPTS8)	7 EDGEBORO ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 432-9990	(732) 432-9993	Just Home, Inc.
ADULT DAY HEALTH SERVICES FACILITY	KCWWKE	BUCKINGHAM PLACE (KCWWKE)	700 WOODS LANE, SUITE A MONMOUTH JUNCTION, NJ 08852	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(732) 329-8954	(732) 329-9225	Buckingham Place, Llc
ADULT DAY HEALTH SERVICES FACILITY	12008	PARKER AT THE PAVILION ADULT DAY HEALTH SERVICES C (NJ12008)	443 RIVER ROAD HIGHLAND PARK, NJ 08904	HIGHLAND PARK	NJ	08904	MIDDLESEX	(732) 565-2440	(732) 565-2430	Parker @ The Pavilion Adult Day Hlth Svcs Ctr, Inc
ADULT DAY HEALTH SERVICES FACILITY	12009	GOLDEN ERA MEDICAL ADULT DAY CARE (NJ12009)	23 NEVSKY STREET EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 549-2273	(732) 549-2277	Golden Era Medical Adult Day Care, Llc
ADULT DAY HEALTH SERVICES FACILITY	12010	EDISON ADULT DAY CARE CENTER, LLC (NJ12010)	1655-150 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 494-1001	(732) 947-3001	Edison Adult Day Care Center, Llc
ADULT DAY HEALTH SERVICES FACILITY	12011	GOLDEN PATH ADULT DAY HEALTH CARE, INC (NJ12011)	50-52 CHARLES STREET NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08901	MIDDLESEX	(732) 640-1122	(732) 640-1118	Golden Path Adult Day Health Care, Inc
ADULT DAY HEALTH SERVICES FACILITY	12012	JUST LIKE HOME (NJ12012)	106 MAIN STREET SOUTH AMBOY, NJ 08879	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 721-9200	(888) 843-6925	Reliance Healthcare (NJ), Inc
ADULT DAY HEALTH SERVICES FACILITY	12013	STERLING ADULT DAY CARE CENTER LLC (NJ12013)	119-120 NORTH CENTER DRIVE NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732) 951-2020	(732) 951-2307	Sterling Adult Day Care Center, Llc
ADULT DAY HEALTH SERVICES FACILITY	12014	SUNNY DAYS ADULT DAY CARE CENTER (NJ12014)	1 ETHEL ROAD, SUITE 106C EDISON, NJ 08817	EDISON	NJ	08817	MIDDLESEX	(732) 791-4888	(908) 769-5104	Satyanarayan Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	12015	HARMONY ADULT MEDICAL DAY CARE	220 CENTENIAL	PISCATAWAY	NJ	08854	MIDDLESEX	(732) 667-5527	(732) 667-5528	Harmony Adult Medical Day Care Center, Inc

		CENTER (NJ12015)	AVENUE PISCATA WAY, NJ 08854							
ADULT DAY HEALTH SERVICES FACILITY	12020	GRACELAND ADULT MEDICAL DAY CARE (NJ12020)	316 MADISON AVENUE PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08 86 1	MIDDLESEX	(732) 826- 0680	(732) 826- 0684	Graceland Adult Medical Day Care, Inc
ADULT DAY HEALTH SERVICES FACILITY	12021	CIRCLE OF LIFE ADULT DAY SERVICES (NJ12021)	3000 HADLEY ROAD SOUTH PLAINFIELD, NJ 07080	SOUTH PLAINFIELD	NJ	07 08 0	MIDDLESEX	(732) 839- 3333	(732) 839- 3332	South Plainfield Day Care Llc
ADULT DAY HEALTH SERVICES FACILITY	12022	SECOND INNING ADULT DAY CARE CENTER (NJ12022)	1501 LIVINGSTON AVENUE NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08 90 2	MIDDLESEX	(732) 626- 5544	(732) 626- 5543	Second Inning, Llc
ADULT DAY HEALTH SERVICES FACILITY	12025	ISELIN ADULT DAY CARE CENTER (NJ12025)	477 LINCOLN HIGHWAY 27 ISELIN, NJ 08830	ISELIN	NJ	08 83 0	MIDDLESEX	(732) 283- 1373	(732) 283- 1379	Iselin Adult Day Care Center, Llc
ADULT DAY HEALTH SERVICES FACILITY	12031	SEWA ADULT DAY CARE (NJ12031)	1020 ROUTE 18 NORTH, SUITE M EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08 81 6	MIDDLESEX	(732) 210- 2727	(732) 210- 2666	Sewa Adult Day Care, Llc
ADULT DAY HEALTH SERVICES FACILITY	12033	VCARE ADULT CENTER, LLC (NJ12033)	121 ETHEL ROAD WEST PISCATA WAY, NJ 08854	PISCATAWAY	NJ	08 85 4	MIDDLESEX	(732) 640- 0455	(732) 640- 0454	Shravan Adult Day Llc
ADULT DAY HEALTH SERVICES FACILITY	12034	VATSALYA ADULT DAY CARE (NJ12034)	1412 STELTON ROAD, UNIT 6-10 PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08 85 4	MIDDLESEX	(732) 331- 8966		Vatsalya Adult Day Care Llc
ADULT DAY HEALTH SERVICES FACILITY	12046	MEDICAL ADULT DAY CARE AT PRINCETON HEALTH CAMPUS (NJ12046)	2 HOSPITAL DRIVE, BUILDING B PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08 53 6	MIDDLESEX	(908) 812- 5079		Medical Adult Day Care At Princeton Health Campus
ADULT DAY HEALTH SERVICES FACILITY	12049	PRINCETON ADULT DAY	2245 ROUTE 130 SOUTH,	DAYTON	NJ	08 81 0	MIDDLESEX	(732) 783- 7997	(732) 823- 1101	Princeton Adult Day Care, Llc

		CARE (NJ12049)	SUITE 106 DAYTON NJ 08810							
ADULT DAY HEALTH SERVICES FACILITY	12057	GRACE SENIOR CARE (NJ12057)	217-225 DURHAM AVENUE SOUTH PLAINFIELD NJ 07080	SOUTH PLAINFIELD	NJ	07080	MIDDLESEX	(732) 791-4888		Satyanarayan Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	13008	ACTIVE DAY ADULT SERVICES (NJ13008)	426 RARITAN STREET SAYREVILLE, NJ 08872	SAYREVILLE	NJ	08872	MIDDLESEX	(732) 845-3332	(732) 845-3339	Active Day Adult Social Services, Llc
ADULT DAY HEALTH SERVICES FACILITY	13013	CARE FOREVER ADULT DAY CARE CENTER (NJ13013)	7 PROGRESS STREET EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 646-8483	(732) 993-7074	Care Forever Adult Day Care Center Llc
ADULT DAY HEALTH SERVICES FACILITY	13017	SOUTH BRUNSWICK ADC (NJ13017)	2000 CORNWALL ROAD MONMOUTH JUNCTION, NJ 08852	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(732) 201-6100		South Brunswick Adc Llc
ADULT DAY HEALTH SERVICES FACILITY	508101	ALWAYS AT HOME (NJ508101)	8A JOCAMA BLVD OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 591-9155	(732) 591-9611	Reliance Adult Day Care, Inc
ADULT DAY HEALTH SERVICES FACILITY	508300	NIRVANA ADULT DAY CARE (NJ508300)	835 ROUTE 1 SOUTH ISELIN, NJ 08830	ISELIN	NJ	08830	MIDDLESEX	(848) 200-7343	(848) 200-7344	Nirvana Adult Day Care, Llc
ADULT DAY HEALTH SERVICES FACILITY	508310	SOUTH AMBOY ADULT DAY HEALTH CARE CENTER (NJ508310)	540 BORDENTOWN AVENUE SOUTH AMBOY, NJ 08879	SOUTH AMBOY	NJ	08879	MIDDLESEX	(732) 553-1600	(732) 553-1608	First Healthcare Llc
ADULT DAY HEALTH SERVICES FACILITY	83001	PARKER AT MONROE ADULT DAY HEALTH SERVICES CTR, INC (NJ83001)	200 OVERLOOK DRIVE, PONDVIEW PLAZA MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08831	MIDDLESEX	(848) 237-2386	(609) 409-1310	Parker @ The Pavilion A D Health Srvs Center, Inc
ADULT DAY HEALTH SERVICES FACILITY	AD12004	DAWN TO DUSK WELLBEING CENTER (NJAD12004)	12 STULTS ROAD, SUITE 125 DAYTON NJ 08810	DAYTON	NJ	08810	MIDDLESEX	(732) 447-9420		Parr Enterprises, Llc
ADULT DAY HEALTH SERVICES FACILITY	ZOSFLR	2ND HOME PERTH AMBOY, LLC (ZOSFLR)	420 FAYETTE STREET PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08861	MIDDLESEX	(732) 826-8012	(732) 826-1961	2Nd Home Perth Amboy Operations, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	AD12005	ROUTE ONE ADULT DAY CARE AND WELLNESS CENTER (NJAD12005)	2600 ROUTE 1 NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(908) 812-6396	(609) 395-8760	Route One Adult Day Care And Wellness Center
ASSISTED LIVING PROGRAM	50A110	HERITAGE OF CLARA BARTON (NJ50A110)	1015 AMBOY AVENUE EDISON, NJ 08837	EDISON	NJ	08837	MIDDLESEX	(732) 225-5990	(732) 225-5288	Clara Barton Alf Llc
ASSISTED LIVING RESIDENCE	11A013	ARTIS SENIOR LIVING OF PRINCETON JUNCTION (NJ11A013)	861 ALEXANDER ROAD PRINCETON, NJ 08540	PRINCETON	NJ	08540	MIDDLESEX	(609) 454-3360	(609) 580-1143	Artis Senior Living Of Princeton Junction, Llc
ASSISTED LIVING RESIDENCE	12a001	CIEL SENIOR LIVING OF PRINCETON (NJ12A001)	4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852	MONMOUTH JUNCTION	NJ	08852	MIDDLESEX	(609) 375-0172		Bfg Princeton Propco Iv, Llc
ASSISTED LIVING RESIDENCE	12A007	PARKER AT STONEGATE (NJ12A007)	443 RIVER ROAD HIGHLAND PARK, NJ 08904	HIGHLAND PARK	NJ	08904	MIDDLESEX	(732) 565-2500	(732) 247-1435	The Francis E. Parker Memorial Home, Inc.
ASSISTED LIVING RESIDENCE	12A040	MAPLEWOOD AT PRINCETON (NJ12A040)	1 HOSPITAL DRIVE PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08536	MIDDLESEX	(609) 285-5427	(609) 324-5539	Maplewood At Princeton, Llc
ASSISTED LIVING RESIDENCE	12A041	GRACELAND GARDENS, LLC (NJ12A041)	1628 ROUTE 27 NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08902	MIDDLESEX	(732)658-6490		Extended Family Senior Services, Llc
ASSISTED LIVING RESIDENCE	50A000	MIRA VIE AT EAST BRUNSWICK (NJ50A000)	606 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08816	MIDDLESEX	(732) 651-6100	(732) 651-6446	East Brunswick Senior Care, Llc
ASSISTED LIVING RESIDENCE	50A001	BRIGHTON GARDENS OF EDISON (NJ50A001)	1801 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08820	MIDDLESEX	(732) 767-1031	(732) 767-0835	Welltower Opco Group Llc
ASSISTED LIVING RESIDENCE	50a002	REFORMED CHURCH HOME (NJ50A002)	1990 ROUTE 18 NORTH OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08857	MIDDLESEX	(732) 607-9230	(732) 607-9231	Reformed Church Ministries To The Aging

ASSISTED LIVING RESIDENCE	50a003	BROOKDALE MONROE (NJ50A003)	380 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08 83 1	MIDDLESEX	(609) 409-7525	(609) 409-7529	Ahc Monroe Township, Llc
ASSISTED LIVING RESIDENCE	50a004	SUNRISE ASSIST LIVING OF E BRUNSWICK (NJ50A004)	190 SUMMERHILL ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08 81 6	MIDDLESEX	(732) 613-1355	(732) 613-1365	Al I/East Brunswick Senior Housing, L.L.C.
ASSISTED LIVING RESIDENCE	50a005	HERITAGE OF CLARA BARTON (NJ50A005)	1015 AMBOY AVENUE EDISON, NJ 08837	EDISON	NJ	08 83 7	MIDDLESEX	(732) 225-5990	(732) 225-5288	Clara Barton Alf li, lp
ASSISTED LIVING RESIDENCE	50A006	COMPLETE CARE AT WHISPERING WOODS LLC (NJ50A006)	62 JAMES STREET EDISON, NJ 08820	EDISON	NJ	08 82 0	MIDDLESEX	(732) 744-5541	(732) 549-3812	Complete Care At Whispering Woods Llc
ASSISTED LIVING RESIDENCE	50A8312	MONROE VILLAGE ASSISTED LIVING (NJ50A8312)	ONE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08 83 1	MIDDLESEX	(732) 521-6400	(732) 521-6456	Springpoint At Monroe Village, Inc
ASSISTED LIVING RESIDENCE	082462	MIRA VIE AT FORSGATE (NJ82462)	319 FORSGATE DRIVE JAMESBURG, NJ 08831	JAMESBURG	NJ	08 83 1	MIDDLESEX	(732) 656-1000	(732) 656-0081	Forsgate Senior Care ,Llc
ASSISTED LIVING RESIDENCE	AL12001	CARE ONE AT EAST BRUNSWICK ASSISTED LIVING (NJAL12001)	664 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08 81 6	MIDDLESEX	(732) 653-1178		Care One At East Brunswick Assisted Living, Llc
COMPREHENSIVE PERSONAL CARE HOME	50C000	ST JOSEPH'S SENIORS' HOME (NJ50C000)	1-3 ST. JOSEPH'S TERRACE WOODBRIDGE, NJ 07095	WOODBRI DGE	NJ	07 09 5	MIDDLESEX	(732) 634-0004	(732) 634-4586	The Little Servant Sister
LONG TERM CARE FACILITY	051225	NEW JERSEY VETERANS MEMORIAL HOME MENLO (NJ51225)	132 EVERGREEN RD EDISON, NJ 08818	EDISON	NJ	08 81 8	MIDDLESEX	(732) 452-4100	(732) 603-3016	State Of Nj/Dept. Military & Veteran Affairs
LONG TERM CARE FACILITY LTC-PRIV	061206	FRANCIS E PARKER MEMORIAL HOME (61206)	501 EASTON AVE AT LANDING LANE NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08 90 1	MIDDLESEX	(732) 545-3110	(732) 545-2201	Francis E. Parker Memorial Home Bd Of Trustees

LONG TERM CARE FACILITY LTC-PRIV	12039	PARKER AT MONROE (NJ12039)	395 SCHOOL HOUSE ROAD MONROE, NJ 08831	MONROE	NJ	08 83 1	MIDDLESEX	(732) 992-5200		Parker At Monroe, Inc.
LONG TERM CARE FACILITY LTC-PRIV	061213	FRANCIS E PARKER MEMORIAL HOME (NJ61213)	1421 RIVER ROAD PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08 85 4	MIDDLESEX	(732) 545-8330	(732) 846-4229	Francis E. Parker Memorial Home Bd Of Trustees
LONG TERM CARE FACILITY SNF/NF	061205	EMBASSY MANOR AT EDISON NURSING AND REHABILITATION (61205)	10 BRUNSWICK AVENUE EDISON, NJ 08817	EDISON	NJ	08 81 7	MIDDLESEX	(732) 985-1500	(732) 572-3399	Edison Healthcare Llc
LONG TERM CARE FACILITY SNF/NF	11103L	MERWICK CARE & REHAB CENTER, LLC (NJ11103L)	100 PLAINSBORO ROAD PLAINSBORO, NJ 08536	PLAINSBORO	NJ	08 53 6	MIDDLESEX	(609) 759-6000	(609) 759-6005	Merwick Care & Rehabilitation Center, Llc
LONG TERM CARE FACILITY SNF/NF	12023	ROOSEVELT CARE CENTER AT OLD BRIDGE (NJ12023)	1133 MARLBOROUGH ROAD OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08 85 7	MIDDLESEX	(732) 360-9830	(732) 360-9831	Middlesex County Improvement Authority
LONG TERM CARE FACILITY SNF/NF	12035	VENETIAN CARE & REHABILITATION CENTER, THE (NJ12035)	275 JOHN T O'LEARY BOULEVARD SOUTH AMBOY, NJ 08879	SOUTH AMBOY	NJ	08 87 9	MIDDLESEX	(732) 721-8200	(732) 967-6732	The Venetian Care & Rehabilitation Center, Llc
LONG TERM CARE FACILITY SNF/NF	12056	ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY (NJ12056)	10 STERLING DRIVE PISCATAWAY, NJ 08854	PISCATAWAY	NJ	08 85 4	MIDDLESEX	(732) 917-2900	(732) 286-5650	Skiles Ave & Sterling Dr Urban Renewal Operati

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	030709	REFORMED CHURCH HOME (NJ30709)	1990 ROUTE 18 NORTH OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08 85 7	MIDDLESEX	(732) 607-9230	(732) 607-9231	Reformed Church Ministries To The Aging
LONG TERM CARE FACILITY SNF/NF	021203	ROOSEVELT CARE CENTER (NJ55501)	118 PARSONAGE ROAD EDISON, NJ 08837	EDISON	NJ	08 83 7	MIDDLESEX	(732) 321-6800	(732) 321-1452	Middlesex County Improvement Authority

LONG TERM CARE FACILITY SNF/NF	061109	GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T (NJ61109)	189 APPELGARTH ROAD MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08 83 1	MIDDLESEX	(609) 448-7036	(609) 426-9618	The Gardens At Monroe Healthcare And Rehab Ctr Llc
LONG TERM CARE FACILITY SNF/NF	061201	SPRING CREEK HEALTHCARE CENTER (NJ61201)	1 LINDBERGH AVENUE PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08 86 1	MIDDLESEX	(732) 826-0500	(732) 826-0348	M R Of Amboy
LONG TERM CARE FACILITY SNF/NF	061202	CAREONE AT THE HIGHLANDS (NJ61202)	1350 INMAN AVENUE EDISON, NJ 08820	EDISON	NJ	08 82 0	MIDDLESEX	(908) 754-7100	(908) 754-0506	Care One At Birchwood Llc
LONG TERM CARE FACILITY SNF/NF	061204	ROSE MOUNTAIN CARE CENTER (NJ61204)	ROUTE 1 & 18 27 US HIGHWAY 1 NEW BRUNSWICK, NJ 08901	NEW BRUNSWICK	NJ	08 90 1	MIDDLESEX	(732) 828-2400	(732) 828-2494	Rose Mountain Care Center, Inc.
LONG TERM CARE FACILITY SNF/NF	061209	ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE (NJ61209)	303 ELM STREET PERTH AMBOY, NJ 08861	PERTH AMBOY	NJ	08 86 1	MIDDLESEX	(732) 442-9540	(732) 324-8145	Alameda Ctr For Rehabilitation And Healthcare Llc
LONG TERM CARE FACILITY SNF/NF	061210	AUTUMN LAKE HEALTHCARE AT OLD BRIDGE (NJ61210)	111 ROUTE 516 PO BOX 746 OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08 85 7	MIDDLESEX	(732) 254-8200	(732) 613-0017	Summer Hill Nursing & Rehabilitation Center, Llc
LONG TERM CARE FACILITY SNF/NF	061211	THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY (NJ61211)	61 MAPLEWOOD AVENUE CRANBURY, NJ 08512	CRANBURY	NJ	08 51 2	MIDDLESEX	(609) 395-0641	(609) 395-8200	Cranbury Healthcare Center, Inc
LONG TERM CARE FACILITY SNF/NF	061216	ARISTACARE AT CEDAR OAKS (NJ61216)	1311 DURHAM AVENUE SOUTH PLAINFIELD NJ 07080	SOUTH PLAINFIELD	NJ	07 08 0	MIDDLESEX	(732) 287-9555	(908) 462-6011	Aristacare At Cedar Oaks, Llc
LONG TERM CARE FACILITY SNF/NF	061218	HARTWYCK AT OAK TREE (NJ61218)	2048 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08 82 0	MIDDLESEX	(732) 906-2100	(732) 321-9217	Hackensack Meridian Ambulatory Care, Inc.
LONG TERM CARE FACILITY SNF/NF	061219	VILLAGE POINT (NJ61219)	THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP	MONROE TOWNSHIP	NJ	08 83 1	MIDDLESEX	(732) 521-6407	(732) 521-6540	Springpoint At Half Acre Road, Inc

			NJ 08831							
LONG TERM CARE FACILITY SNF/NF	061220	PREFERRED CARE AT OLD BRIDGE, LLC (NJ61220)	6989 RT18 OLD BRIDGE, NJ 08857	OLD BRIDGE	NJ	08 85 7	MIDDLESEX	(732) 360-2277	(732) 360-1534	Preferred Care At Old Bridge, Llc
LONG TERM CARE FACILITY SNF/NF	061222	BRIGHTON GARDENS OF EDISON (NJ61222)	1801 OAK TREE ROAD EDISON, NJ 08820	EDISON	NJ	08 82 0	MIDDLESEX	(732) 767-1031	(732) 767-0835	Welltower Opco Group Llc
LONG TERM CARE FACILITY SNF/NF	061223	ST JOSEPH'S HOME AL & NC, INC (NJ61223)	1-3 ST JOSEPH'S TERRACE WOODBRIDGE, NJ 07095	WOODBRI	NJ	07 09 5	MIDDLESEX	(732) 750-0077	(732) 634-1811	The Little Servant Sister
LONG TERM CARE FACILITY SNF/NF	061224	CRANBURY CENTER (NJ61224)	292 APPLGAR RTH ROAD MONROE TOWNSHIP, NJ 08831	MONROE TOWNSHIP	NJ	08 83 1	MIDDLESEX	(609) 860-2500	(609) 860-2767	292 Applegarth Road Operations Llc
LONG TERM CARE FACILITY SNF/NF	061345	COMPLETE CARE AT PARK PLACE LLC (NJ61345)	2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852	MONMOUTH JUNCTION	NJ	08 85 2	MIDDLESEX	(732) 274-1122	(732) 274-1991	Complete Care At Park Place, Llc
LONG TERM CARE FACILITY SNF/NF	NJNDFH9U	CAREONE AT EAST BRUNSWICK (NJNDFH9U)	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	EAST BRUNSWICK	NJ	08 81 6	MIDDLESEX	(732) 967-0100	(732) 967-1110	Care One At East Brunswick, Llc
RESIDENTIAL DEMENTIA CARE HOME	D35002	MOBILITY MEMORY CARE (NJD35002)	1313 AARON ROAD NORTH BRUNSWICK, NJ 08902	NORTH BRUNSWICK	NJ	08 90 2	MIDDLESEX	(732) 820-9700	(732) 820-9701	Goldenview Living Llc
RESIDENTIAL DEMENTIA CARE HOME	D35006	MILLENNIUM MEMORY CARE AT MONROE LLC (NJD35006)	310 BUCKELEW AVENUE MONROE, NJ 08831	MONROE	NJ	08 83 1	MIDDLESEX	(201) 529-4660	(201) 529-5685	Millennium Memory Care At Monroe Llc
RESIDENTIAL DEMENTIA CARE HOME	D35013	FOX TRAIL MEMORY CARE LIVING GREEN BROOK (NJD35013)	205 ROCK AVENUE GREEN BROOK, NJ 08812	GREEN BROOK	NJ	08 81 2	MIDDLESEX	(732) 968-9385	(732) 968-9387	Phnj, Llc
RESIDENTIAL DEMENTIA CARE HOME	D35021	FOX TRAIL MEMORY CARE LIVING SOUTH RIVER (NJD35021)	69 BURTON AVENUE SOUTH RIVER, NJ 08882	SOUTH RIVER	NJ	08 88 2	MIDDLESEX	(732) 390-4663	(732) 387-2221	Phnj, Llc
RESIDENTIAL HEALTH	503300	HARTWYCK AT	2048 OAK	EDISON	NJ	08	MIDDLESEX	(732) 906-		Hackensack

CARE in a LONG-TERM CARE FACILITY		OAK TREE (NJ503300)	TREE ROAD EDISON, NJ 08820			820	X	2100		Meridian Ambulatory Care, Inc.
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Reference: New Jersey Department of Health, Health Facilities search downloaded July 17, 2025

Health Resources for Middlesex County

Part 2: Mental Health Services

MIDDLESEX COUNTY

<p>Acute Care Family Support Rutgers University Behavioral Health Care 671 Hoes Lane Piscataway, NJ 08855 (732) 235-6184</p> <p>Certified Community Behavioral Health Clinic (CCBHC) Rutgers University Behavioral Health Care (UBHC) 100 Metroplex Drive Edison, NJ 08817 (732) 235-8400</p> <p>Community Support Services (CSS) PennReach 18 South Main Street Allentown, NJ 08501 (609) 802-1702</p> <p>Community Support Services (CSS) SERV Centers of NJ 491 So. Washington Avenue Piscataway, NJ 08854 (732) 968-7111</p> <p>Community Support Services (CSS) Volunteers of America Northern NJ Division 205 West Milton Avenue Rahway, NJ 07065 (732) 827-2444</p> <p>Early Intervention Support Services (EISS) <i>(Crisis Intervention Services)</i> Rutgers University Behavioral Health Care 667 Hoes Lane West Piscataway, NJ 08855 (732) 235-4422</p> <p>Homeless Service (PATH) Rutgers University Behavioral Health Care 151 Centennial Avenue Piscataway, NJ 08855 (732) 235-6184</p> <p>Intensive Family Support Services (IFSS) Rutgers University Behavioral Health Care 151 Centennial Avenue Piscataway, NJ 08855 (732) 235-6184</p> <p>Intensive Outpatient Treatment and Support Services (IOTSS) Rutgers University Behavioral Health Care 303 George Street New Brunswick, NJ 08901 (800) 969-5300</p>	<p>Certified Community Behavioral Health Clinic (CCBHC) Rutgers University Behavioral Health Care (UBHC) 303 George Street New Brunswick, NJ 08901 (732) 235-6800</p> <p>Certified Community Behavioral Health Clinic (CCBHC) Rutgers University Behavioral Health Care (UBHC) 4326 US Route 1 North Monmouth Junction, NJ 08852 (732) 235-5790</p> <p>Community Support Services (CSS) Easter Seals Society of NJ 25 Kennedy Blvd Suite 600 East Brunswick, NJ 08816 732-898-4151</p> <p>Community Support Services (CSS) Rutgers University Behavioral Health Care 100 Bayard Street New Brunswick, NJ 08901 (732) 235-5353</p> <p>Community Support Services (CSS) Triple C Housing 1 Distribution Way Monmouth Junction, NJ 08852 (732) 297-5840</p> <p>County Mental Health Board Middlesex Co. Office of Human Services JFK Square – 5th Floor New Brunswick, NJ 08901 (732) 745-4313</p> <p>Homeless Services (PATH) Catholic Charities, Diocese of Metuchen 26 Safran Avenue Edison, NJ 08837 (732) 738-1323</p> <p>Integrated Case Management Services (ICMS) Rutgers University Behavioral Health Care 30 Knightsbridge Road 2nd Floor Piscataway, NJ 08851 (732) 235-5000</p> <p>Involuntary Outpatient Commitment (IOC) Legacy Treatment Center 68 Culver Rd Monmouth Junction, NJ 08852 (609) 667-7526</p>
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MIDDLESEX COUNTY (Continued)

<p>Justice Involved Services UMDNJ University Behavioral Health Care 30 Knightsbridge Road Piscataway, NJ 08854 (732) 235-5000</p> <p>Outpatient Catholic Charities, Diocese of Metuchen 288 Rues Lane East Brunswick, NJ 08816 (732) 257-6100 or (800) 655-9491</p> <p>Outpatient Rutgers University Behavioral Health Care 100 Metroplex Edison, NJ 08817 (800) 969-5300</p> <p>Outpatient Rutgers University Behavioral Health Care 303 George Street New Brunswick, NJ 08901 (800) 969-5300</p> <p>Partial Care Rutgers University Behavioral Health Care 667 Hoes Lane Piscataway, NJ 08855 (732) 235-5910</p> <p>Program of Assertive Community Treatment (PACT) Catholic Charities, Diocese of Metuchen 26 Safran Avenue Edison, NJ 08837 (732) 447-3244 (PACT I)</p> <p>Catholic Charities, Diocese of Metuchen 288 Rues Lane East Brunswick, NJ 08816 (732) 387-1307 (PACT II)</p> <p>Residential Intensive Support Team (RIST) Bridgeway Rehabilitation Services, Inc. 720 King Georges Road, Suite 111 Fords, NJ 08863 (732) 771-2300</p>	<p>Outpatient George J. Otlowski Mental Health Center 570 Lee Street Perth Amboy, NJ 08861 (732) 442-1666</p> <p>Outpatient Rutgers University Behavioral Health Care 4326 Route 1 No. Monmouth Junction, NJ 08852 (732) 235-8799</p> <p>Partial Care George J. Otlowski Mental Health Center 570 Lee Street Perth Amboy, NJ 08861 (732) 442-1666</p> <p>PEER Respite Program - CSP Middlesex Respite (732) 354-4403</p> <p>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</p> <p>Emergency Services - <i>Affiliated w/Screening Center</i> Raritan Bay Medical Center 530 New Brunswick Avenue Perth Amboy, NJ 08861 (732) 324-5289</p> <p>Program of Assertive Community Treatment (PACT) Catholic Charities, Diocese of Metuchen 319 Maple Street Perth Amboy, NJ 08861 (732) 857-3894 (PACT III)</p> <p>Residential Services Easter Seal Society of NJ Middlesex Behavioral Health Services 1 Kimberly Road East Brunswick, NJ 08816 (908) 257-6662</p>
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MIDDLESEX COUNTY (Continued)

Residential Services

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

Residential Services

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

Short Term Care Facility

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

Short Term Care Facility Raritan Bay

Medical Center 530 New Brunswick Avenue
Perth Amboy, NJ 08861 (732) 324-5119
Supported Employment Services
Pending

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

Residential Services

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

Self-Help/Wellness Center

Moving Forward CWC 25 Elizabeth St., 2nd Fl.
New Brunswick, NJ 08901 (732) 317-2920

Short Term Care Facility

Princeton House
905 Herrontown Road
Princeton, NJ 08540
(609) 497-2651

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 Behavioral Health Services 373 Clermont Terrace
Union, NJ 07083
(908) 687-9666

Voluntary Unit

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

Reference: Department of Human Services, Division of Mental Health and Addiction Services.
Directory of Mental Health Services (DHMAS contracted providers only), updated March 2025 and
downloaded July 31, 2025

Appendix E. Additional Data Tables and Graphs

Population Overview

Table 23. Age Distribution, by State, County and Town, 2019-2023

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.9%	8.4%	26.1%	26.9%	9.8%	7.0%
Middlesex County	21.6%	9.4%	26.7%	26.5%	9.3%	6.4%
Carteret	22.2%	11.0%	24.9%	26.7%	8.6%	6.4%
Cranbury	21.0%	4.4%	17.0%	36.0%	11.3%	10.5%
Dunellen	23.4%	9.5%	26.4%	27.3%	7.5%	5.9%
East Brunswick	24.4%	6.3%	24.4%	28.0%	10.6%	6.1%
Edison	24.3%	6.4%	28.8%	25.2%	9.3%	6.0%
Helmetta	18.4%	6.1%	30.8%	31.5%	9.5%	3.7%
Highland Park	18.6%	9.4%	31.8%	29.0%	6.7%	4.7%
Jamesburg	24.7%	7.0%	33.6%	22.7%	7.4%	4.8%
Metuchen	26.9%	4.2%	28.4%	25.8%	9.8%	4.8%
Middlesex	20.7%	5.4%	25.2%	31.1%	9.6%	8.1%
Milltown	25.8%	3.7%	28.0%	30.8%	7.6%	3.9%
Monroe	16.6%	3.5%	14.2%	26.7%	18.9%	20.0%
New Brunswick	21.6%	29.3%	26.5%	16.1%	3.9%	2.7%
North Brunswick	22.2%	8.3%	30.2%	24.9%	9.2%	5.2%
Old Bridge	19.9%	6.8%	26.3%	29.5%	10.8%	6.7%
Perth Amboy	24.2%	10.0%	28.1%	25.4%	7.4%	4.8%
Piscataway	17.6%	20.9%	26.2%	22.9%	7.4%	5.0%
Plainsboro	21.8%	5.6%	32.9%	28.1%	6.5%	5.1%
Sayreville	21.9%	7.0%	28.2%	27.9%	9.7%	5.2%
South Amboy	17.2%	6.8%	28.5%	30.9%	13.6%	3.2%
South Brunswick	22.7%	7.4%	23.7%	32.2%	9.1%	5.1%
South Plainfield	20.9%	6.8%	27.2%	27.2%	11.0%	7.0%
South River	25.8%	6.0%	30.0%	24.6%	6.7%	6.9%

Spotswood	19.1%	6.4%	23.7%	27.8%	14.7%	8.2%
Woodbridge	20.6%	7.1%	28.7%	27.9%	9.3%	6.3%
Somerset County	21.4%	8.0%	24.4%	29.5%	9.5%	7.0%
Franklin	20.1%	7.9%	27.1%	26.3%	11.2%	7.3%
Pleasant Plains	16.6%	16.6%	9.1%	28.8%	21.6%	7.3%
Somerset	19.4%	7.7%	28.6%	26.8%	9.9%	7.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 24. Age Distribution, by Race/Ethnicity, by State and County, 2019-2023

		Asian, non-Hispanic			Black, non-Hispanic			Hispanic/Latino		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	2.1%	6.7%	1.4%	2.8%	8.1%	1.8%	6.4%	14.1%	2.1%
Middlesex County	861,535	6.0%	16.7%	3.2%	2.4%	7.1%	1.4%	6.9%	15.1%	2.1%
Somerset County	346,203	4.8%	13.2%	2.4%	2.3%	6.1%	1.3%	5.1%	11.5%	1.4%
		White, non-Hispanic			Additional Race, non-Hispanic			2+ Races		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	8.9%	29.7%	12.1%	2.7%	6.9%	0.9%	2.7%	5.5%	4.1%
Middlesex County	861,535	5.1%	21.9%	9.8%	3.4%	8.4%	1.2%	2.2%	3.9%	3.1%
Somerset County	346,203	7.7%	28.9%	12.1%	2.0%	6.7%	0.6%	2.1%	5.4%	3.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

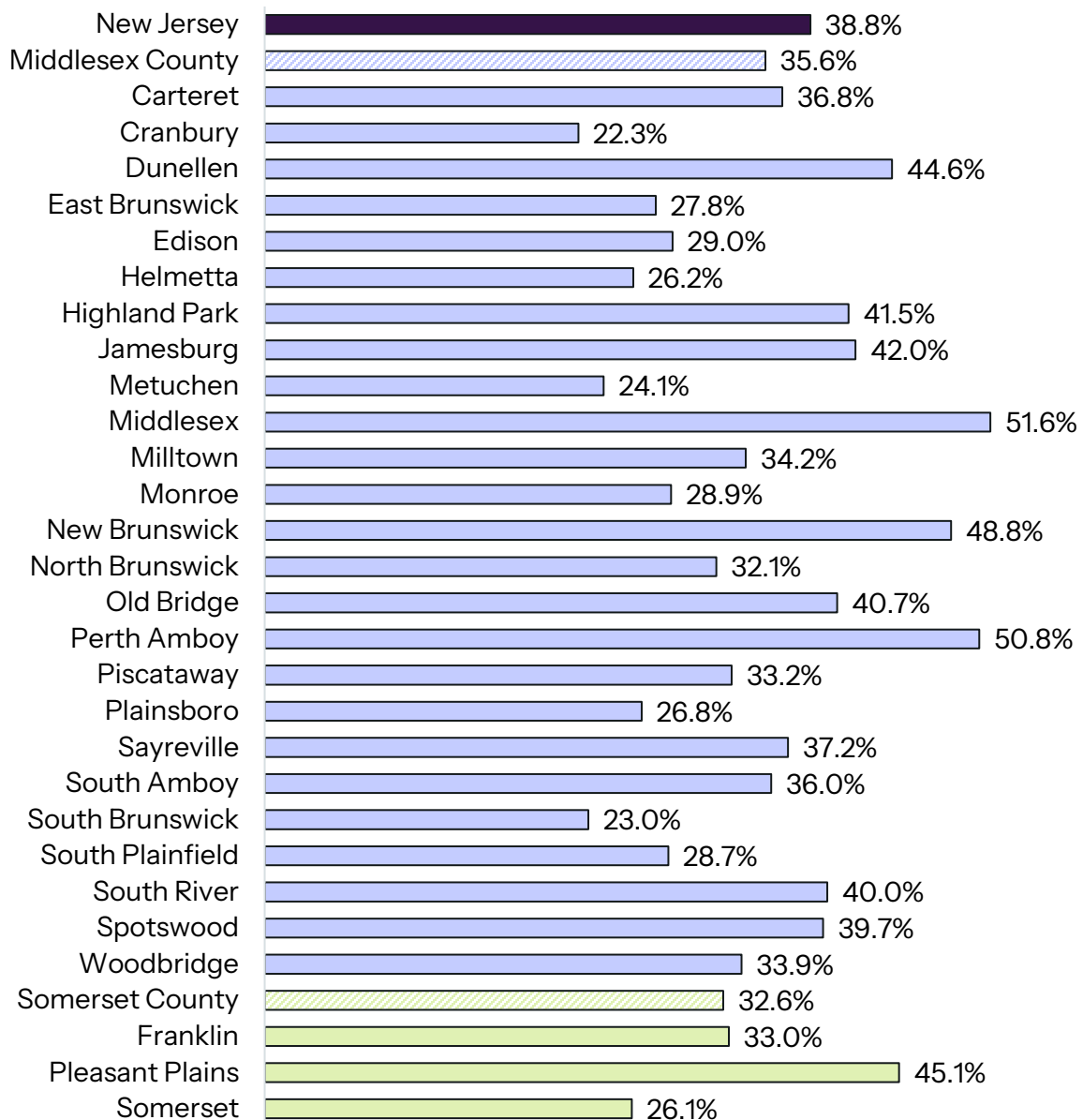
NOTE: Percentages shown are out of each geographical area's total population.

Table 25. Percent Change in Foreign-Born Population, by State, County, and Town, 2014-2023

	2014-2018	2019-2023	% change
New Jersey	22.2%	23.5%	1.3%
Middlesex County	32.7%	34.7%	2.0%
Carteret	32.0%	34.7%	2.7%
Cranbury	14.9%	26.4%	11.5%
Dunellen	22.6%	38.0%	15.4%
East Brunswick	33.2%	32.7%	-0.5%
Edison	46.5%	46.4%	-0.1%
Helmetta	14.5%	17.7%	3.2%
Highland Park	27.7%	34.7%	7.0%
Jamesburg	26.1%	23.2%	-2.9%
Metuchen	20.2%	17.2%	-3.0%
Middlesex	21.4%	23.7%	2.3%
Milltown	13.7%	20.0%	6.3%
Monroe	22.8%	25.0%	2.2%
New Brunswick	34.0%	36.5%	2.5%
North Brunswick	33.2%	36.0%	2.8%
Old Bridge	22.6%	23.4%	0.8%
Perth Amboy	41.6%	48.0%	6.4%
Piscataway	32.3%	35.4%	3.1%
Plainsboro	50.1%	50.2%	0.1%
Sayreville	27.3%	33.2%	5.9%
South Amboy	13.6%	17.3%	3.7%
South Brunswick	40.5%	41.6%	1.1%
South Plainfield	24.0%	23.4%	-0.6%
South River	30.0%	24.8%	-5.2%
Spotswood	11.9%	13.9%	2.0%
Woodbridge	32.5%	33.7%	1.2%
Somerset County	25.0%	27.5%	2.5%
Franklin	29.6%	34.0%	4.4%
Pleasant Plains	28.0%	22.0%	-6.0%
Somerset	26.2%	27.5%	1.3%

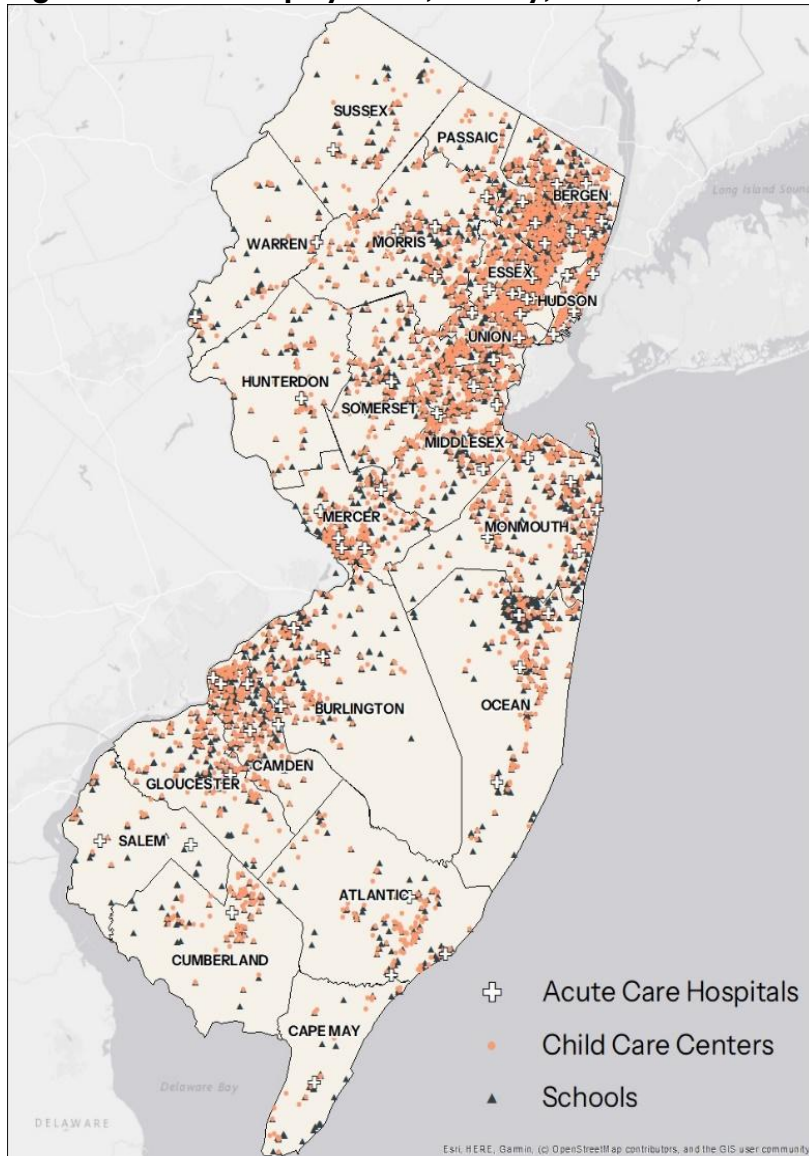
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 89. Percent Population Lacking English Proficiency Among Population Who Speak a Language Other than English at Home, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 90. Asset Map by State, County, and Town, 2024



DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

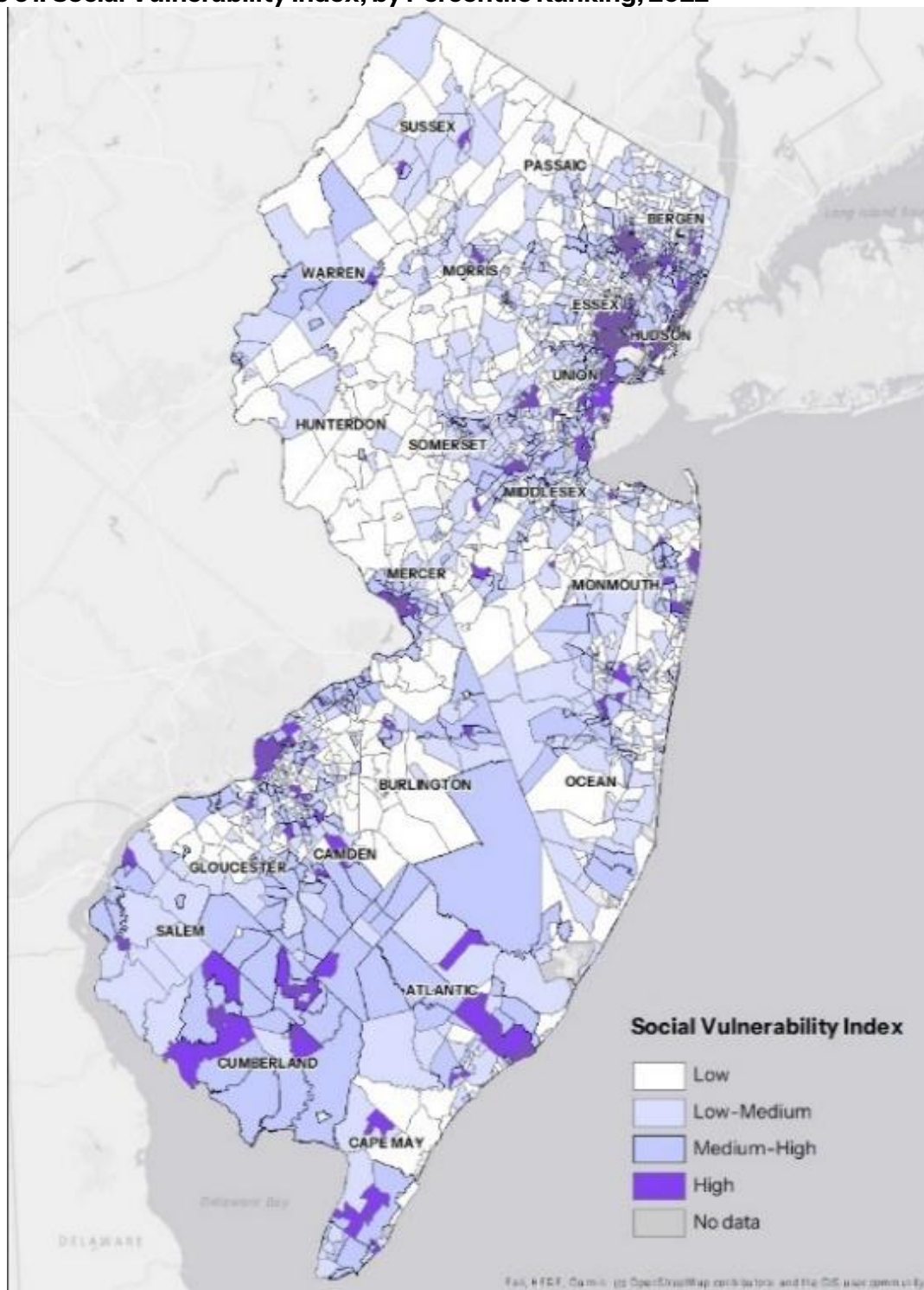
Table 26. Social Vulnerability Index, by State and County, 2022

	Overall SVI
New Jersey	0.5
Middlesex County	0.6

DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022

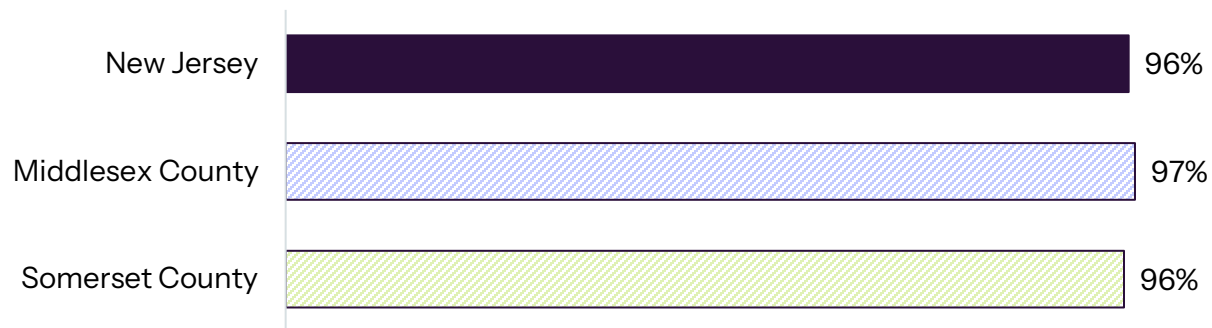
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking of 0.85 signifies that 85% of tracts (or counties) in the state or nation are less vulnerable than the tract (or county) of interest and that 15% of tracts (or counties) in the state or nation are more vulnerable.

Figure 91. Social Vulnerability Index, by Percentile Ranking, 2022



DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability.

Figure 92. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



DATA SOURCE: Business Analyst, Delorme map data, ESRI, & U.S. Census Files, as cited by RWJF-County Health Rankings 2020-2023

Education

Table 27. Education Attainment for Population Aged 25+, by State, County, and Town, 2019-2023

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate or	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree	High school graduate	Bachelor's degree or higher
New Jersey	4.6%	4.7%	25.7%	15.3%	6.7%	25.8%	17.1%	90.7%	42.9%
Middlesex County	5.3%	5.4%	23.4%	14.2%	6.6%	26.1%	19.0%	89.3%	45.1%
Carteret	7.9%	7.5%	33.6%	16.3%	7.0%	20.3%	7.4%	84.6%	27.7%
Cranbury	1.1%	1.0%	7.5%	9.8%	2.3%	35.9%	42.5%	98.0%	78.3%
Dunellen	4.8%	11.5%	31.0%	14.6%	8.1%	23.2%	6.7%	83.7%	29.9%
East Brunswick	1.9%	4.5%	16.5%	13.2%	6.4%	31.1%	26.5%	93.6%	57.6%
Edison	3.6%	4.1%	17.8%	11.7%	5.5%	31.4%	25.9%	92.2%	57.4%
Helmetta	0.6%	3.0%	27.0%	20.5%	5.1%	29.2%	14.6%	96.4%	43.7%
Highland Park	3.2%	3.1%	10.8%	7.8%	5.0%	32.0%	38.2%	93.7%	70.2%
Jamesburg	8.4%	8.0%	28.6%	15.6%	7.5%	25.9%	6.1%	83.7%	32.0%
Metuchen	1.1%	2.2%	11.3%	12.0%	6.6%	34.9%	31.9%	96.7%	66.8%
Middlesex	3.6%	5.5%	31.6%	16.3%	8.5%	23.0%	11.5%	90.9%	34.5%
Milltown	0.7%	3.0%	19.4%	22.6%	11.0%	32.3%	10.9%	96.3%	43.2%
Monroe	1.4%	2.7%	22.8%	14.4%	5.5%	30.7%	22.5%	95.9%	53.2%
New Brunswick	22.8%	11.3%	27.4%	10.5%	4.0%	12.8%	11.2%	65.9%	24.0%
North Brunswick	7.1%	5.6%	20.7%	14.8%	6.9%	26.5%	18.5%	87.3%	45.0%
Old Bridge	2.8%	4.2%	30.1%	17.6%	7.8%	24.3%	13.1%	93.0%	37.4%

Perth Amboy	18.8%	12.8%	30.1%	16.3%	6.8%	10.6%	4.6%	68.3%	15.2%
Piscataway	4.0%	4.3%	20.3%	13.8%	7.6%	29.3%	20.6%	91.7%	50.0%
Plainsboro	1.2%	0.9%	7.2%	7.1%	5.3%	34.9%	43.5%	98.0%	78.4%
Sayreville	2.5%	5.4%	32.1%	15.6%	7.5%	25.2%	11.7%	92.0%	36.8%
South Amboy	2.5%	9.7%	28.5%	21.3%	8.0%	16.9%	13.1%	87.8%	30.0%
South Brunswick	1.7%	3.3%	12.8%	9.9%	4.8%	36.3%	31.1%	95.0%	67.4%
South Plainfield	3.2%	4.3%	25.3%	17.6%	7.6%	24.7%	17.3%	92.5%	42.0%
South River	8.9%	4.7%	31.8%	15.7%	7.7%	19.7%	11.5%	86.4%	31.1%
Spotswood	6.4%	2.8%	31.3%	16.3%	8.8%	22.6%	11.8%	90.8%	34.4%
Woodbridge	4.2%	6.0%	27.6%	15.6%	7.8%	23.7%	15.1%	89.8%	38.8%
Somerset County	3.1%	3.1%	18.0%	12.4%	6.1%	31.1%	26.3%	93.8%	57.4%
Franklin	3.5%	3.6%	16.6%	13.5%	7.2%	30.3%	25.2%	92.9%	55.5%
Pleasant Plains	0.0%	0.0%	39.4%	7.0%	3.9%	32.1%	17.6%	100.0%	49.7%
Somerset	1.5%	2.5%	16.0%	12.3%	9.1%	33.6%	25.0%	96.0%	58.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 28. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by Race/Ethnicity, by State, County, and Town, 2019-2023

	Asian, non-Hispanic		Black, non-Hispanic		Hispanic/Latino		White, non-Hispanic		Additional Race Category, non-Hispanic		2+ Races	
	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher
New Jersey	92.8%	72.0%	89.9%	28.0%	76.2%	22.5%	95.4%	47.9%	71.3%	18.0%	84.4%	32.4%
Middlesex County	91.8%	74.0%	92.5%	35.7%	73.2%	18.8%	94.4%	42.8%	68.9%	17.1%	84.2%	30.4%
Carteret	75.8%	40.4%	95.7%	29.6%	81.4%	19.0%	88.0%	24.9%	75.5%	14.9%	87.4%	20.5%
Cranbury	97.5%	93.1%	94.8%	29.9%	80.0%	35.7%	99.0%	78.7%	78.3%	23.9%	94.7%	61.8%
Dunellen	100.0%	86.7%	86.5%	31.8%	65.9%	6.1%	94.2%	30.0%	68.1%	4.7%	64.8%	37.1%
East Brunswick	92.5%	77.1%	94.5%	45.1%	84.5%	28.9%	95.7%	54.8%	79.7%	36.0%	91.8%	29.2%
Edison	92.1%	76.3%	93.9%	41.3%	86.7%	32.1%	94.3%	41.2%	82.1%	31.7%	90.3%	31.8%
Helmetta	100.0%	69.4%	100.0%	22.8%	93.2%	50.3%	96.0%	42.2%	100.0%	82.4%	93.7%	17.9%
Highland Park	97.9%	81.9%	86.3%	36.7%	80.9%	40.3%	96.2%	78.3%	100.0%	41.3%	96.3%	41.6%
Jamesburg	100.0%	60.9%	100.0%	100.0%	56.8%	4.9%	95.4%	40.1%	49.6%	6.3%	91.5%	11.3%
Metuchen	93.3%	84.0%	99.5%	44.2%	89.0%	53.4%	97.7%	64.3%	76.4%	34.6%	97.7%	77.4%
Middlesex	83.7%	41.8%	99.8%	48.1%	76.0%	10.5%	96.5%	38.8%	71.4%	9.7%	93.5%	19.7%
Milltown	90.9%	31.1%	100.0%	17.8%	96.0%	30.1%	96.2%	45.4%	100.0%	26.9%	95.6%	44.2%
Monroe	93.4%	80.5%	96.3%	54.2%	95.0%	18.7%	96.7%	47.4%	83.2%	25.6%	95.7%	32.8%
New Brunswick	91.7%	82.9%	77.7%	19.0%	50.9%	8.6%	93.6%	57.8%	50.2%	7.8%	61.3%	22.3%
North Brunswick	93.5%	77.9%	93.3%	35.1%	64.9%	13.9%	92.5%	46.9%	53.5%	7.6%	93.5%	39.9%
Old Bridge	89.9%	58.7%	91.6%	24.2%	86.0%	24.8%	95.5%	36.7%	81.1%	21.1%	87.9%	30.2%
Perth Amboy	88.0%	67.6%	84.4%	23.8%	63.7%	11.2%	84.0%	25.8%	62.2%	11.0%	61.6%	14.3%
Piscataway	90.0%	68.0%	97.8%	45.8%	78.9%	24.7%	94.9%	42.4%	77.6%	24.7%	85.9%	38.4%
Plainsboro	98.2%	90.8%	96.3%	52.1%	88.5%	59.6%	98.5%	69.0%	100.0%	76.2%	95.3%	61.2%
Sayreville	92.0%	69.2%	91.6%	30.0%	88.3%	25.7%	93.3%	31.1%	78.7%	23.0%	90.1%	32.9%

South Amboy	96.8%	74.8%	96.0%	32.6%	79.3%	17.4%	87.8%	28.9%	78.2%	0.0%	88.8%	32.7%
South Brunswick	94.5%	86.4%	98.1%	45.2%	89.1%	31.8%	96.8%	55.2%	86.1%	13.5%	88.1%	55.5%
South Plainfield	88.3%	69.0%	97.9%	38.3%	86.5%	35.4%	94.3%	36.3%	93.3%	46.8%	87.8%	30.7%
South River	84.9%	51.0%	91.8%	29.1%	69.8%	18.9%	91.3%	34.2%	68.1%	18.1%	69.3%	16.2%
Spotswood	89.9%	68.3%	100.0%	73.9%	91.8%	25.3%	90.3%	30.5%	79.7%	44.4%	96.7%	33.4%
Woodbridge	89.8%	66.0%	91.2%	34.4%	83.2%	22.1%	92.7%	32.1%	76.7%	20.7%	90.6%	30.0%
Somerset County	95.0%	82.0%	94.0%	40.6%	79.4%	27.1%	97.1%	59.6%	73.9%	18.8%	89.2%	44.8%
Franklin	91.9%	76.1%	94.6%	40.5%	79.0%	29.4%	97.3%	61.4%	72.0%	25.0%	85.3%	41.8%
Pleasant Plains	100.0%	100.0%	100.0%	74.3%	100.0%	100.0%	100.0%	34.1%	*	*	*	*
Somerset	95.6%	79.7%	96.0%	46.1%	92.0%	41.5%	97.3%	60.7%	90.8%	48.0%	92.8%	52.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Asterisk (*) means that data are suppressed. HS = High School degree or GED completed; BA/BS+ = Bachelor's degree or above obtained.

Table 29. Unemployment Rate, by Age Group, by State, County, and Town, 2019–2023

	16 to 19 years	20 to 24 years	25 to 44 years	45 to 64 years	65+ years
New Jersey	15.9%	11.6%	17.4%	14.9%	11.6%
Middlesex County	15.1%	11.9%	18.5%	14.4%	19.5%
Carteret	4.4%	27.8%	13.6%	9.4%	24.9%
Cranbury	0.0%	7.4%	34.0%	7.3%	10.9%
Dunellen	0.0%	25.8%	23.1%	6.4%	33.9%
East Brunswick	19.1%	14.3%	11.7%	10.5%	3.2%
Edison	6.8%	15.1%	19.5%	12.9%	10.7%
Helmetta	0.0%	31.6%	21.5%	10.4%	8.6%
Highland Park	5.4%	2.3%	9.6%	17.5%	13.7%
Jamesburg	0.0%	21.7%	3.8%	5.8%	21.3%
Metuchen	19.2%	21.3%	23.2%	4.2%	17.9%
Middlesex	0.0%	4.9%	17.9%	5.2%	98.1%
Milltown	0.0%	2.9%	9.7%	16.4%	0.0%
Monroe	1.7%	6.3%	28.4%	15.9%	16.2%
New Brunswick	16.0%	8.9%	15.8%	15.4%	4.2%
North Brunswick	5.8%	8.7%	24.7%	18.0%	10.0%
Old Bridge	13.5%	13.9%	21.3%	18.8%	14.3%
Perth Amboy	30.9%	22.0%	37.1%	23.7%	49.2%
Piscataway	20.2%	8.5%	12.6%	23.2%	20.3%
Plainsboro	3.4%	3.4%	16.0%	6.9%	16.1%
Sayreville	7.0%	9.0%	10.2%	16.8%	11.2%
South Amboy	0.0%	1.8%	19.2%	17.6%	2.1%
South Brunswick	32.3%	5.0%	18.2%	11.7%	37.5%
South Plainfield	20.0%	11.4%	17.4%	10.7%	47.7%
South River	28.6%	3.2%	34.7%	13.6%	5.4%
Spotswood	0.0%	0.0%	58.2%	11.4%	12.1%
Woodbridge	9.0%	14.2%	10.6%	10.6%	17.3%
Somerset County	10.6%	9.6%	13.0%	12.4%	10.4%
Franklin	1.5%	11.0%	9.7%	12.5%	13.7%
Pleasant Plains	*	0.0%	0.0%	33.7%	0.0%
Somerset	3.9%	8.1%	7.2%	10.2%	19.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5–Year Estimates Subject Tables, 2019–2023

NOTE: An asterisk (*) means that data is suppressed.

Table 30. Unemployment Rate, by Gender, by State, County, and Town, 2019-2023

	Overall	Male	Female
New Jersey	6.2%	5.7%	6.0%
Middlesex County	6.4%	5.4%	6.5%
Carteret	8.8%	11.2%	4.6%
Cranbury	4.4%	7.2%	2.3%
Dunellen	5.6%	7.2%	2.5%
East Brunswick	4.6%	3.9%	4.8%
Edison	5.8%	3.8%	8.0%
Helmetta	6.8%	6.5%	7.6%
Highland Park	4.7%	3.1%	5.1%
Jamesburg	4.5%	4.1%	4.0%
Metuchen	5.3%	4.8%	4.1%
Middlesex	4.7%	3.9%	5.3%
Milltown	4.8%	8.1%	2.3%
Monroe	5.7%	4.9%	5.4%
New Brunswick	6.5%	4.1%	7.4%
North Brunswick	6.5%	6.7%	6.9%
Old Bridge	7.1%	7.7%	5.8%
Perth Amboy	12.8%	10.5%	13.2%
Piscataway	7.4%	6.2%	6.1%
Plainsboro	4.8%	1.6%	7.6%
Sayreville	5.1%	5.9%	3.3%
South Amboy	5.8%	5.6%	6.8%
South Brunswick	5.7%	3.8%	5.7%
South Plainfield	7.2%	3.6%	8.0%
South River	8.9%	5.8%	12.0%
Spotswood	9.6%	12.8%	6.7%
Woodbridge	4.7%	3.6%	5.1%
Somerset County	4.8%	3.9%	5.2%
Franklin	4.4%	3.5%	4.8%
Pleasant Plains	10.3%	24.1%	0.0%
Somerset	3.8%	3.2%	3.3%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Income and Financial Security

Table 31. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/Latino	White, non-Hispanic	Additional Race, non-Hispanic	2+ Races
New Jersey	\$ 101,050	\$ 154,105	\$ 68,457	\$ 74,331	\$ 113,091	\$ 70,457	\$ 84,641
Middlesex County	\$ 109,028	\$ 160,165	\$ 91,149	\$ 81,447	\$ 106,034	\$ 80,821	\$ 91,185
Carteret	\$ 87,553	\$ 110,000	\$ 110,407	\$ 80,078	\$ 72,788	\$ 67,229	\$ 80,102
Cranbury	\$ 212,250	250,000+	*	*	\$ 194,524	*	\$ 198,516
Dunellen	\$ 84,789	\$ 127,269	\$ 101,080	\$ 74,722	\$ 80,739	*	\$ 98,478
East Brunswick	\$ 140,769	\$ 190,793	\$ 112,466	\$ 153,306	\$ 131,236	\$ 100,023	\$ 154,287
Edison	\$ 124,388	\$ 166,525	\$ 74,773	\$ 93,121	\$ 101,826	\$ 89,873	\$ 114,452
Helmetta	\$ 104,143	\$ 158,750	\$ 104,688	\$ 102,813	\$ 102,685	*	\$ 117,917
Highland Park	\$ 101,991	\$ 158,000	\$ 54,434	\$ 86,419	\$ 104,353	*	\$ 86,233
Jamesburg	\$ 117,719	\$ 225,833	\$ 138,125	\$ 82,442	\$ 118,322	\$ 81,250	\$ 125,125
Metuchen	\$ 157,779	\$ 171,250	\$ 94,493	\$ 156,250	\$ 166,028	\$ 115,114	\$ 158,021
Middlesex	\$ 107,063	\$ 137,500	\$ 124,800	\$ 64,514	\$ 116,645	\$ 62,593	*
Milltown	\$ 119,958	\$ 186,083	*	250,000+	\$ 118,813	*	\$ 137,198
Monroe	\$ 106,892	\$ 201,045	\$ 138,429	\$ 127,545	\$ 87,560	\$ 67,917	\$ 107,315
New Brunswick	\$ 60,248	\$ 68,558	\$ 32,226	\$ 61,893	\$ 84,668	\$ 70,361	\$ 51,455
North Brunswick	\$ 117,301	\$ 148,934	\$ 104,375	\$ 107,683	\$ 106,275	\$ 100,195	\$ 91,523
Old Bridge	\$ 100,661	\$ 122,891	\$ 77,639	\$ 76,447	\$ 104,359	\$ 49,444	\$ 87,680
Perth Amboy	\$ 58,490	\$ 151,875	\$ 55,465	\$ 55,952	\$ 67,998	\$ 65,291	\$ 49,360
Piscataway	\$ 126,308	\$ 153,583	\$ 115,686	\$ 110,558	\$ 122,356	\$ 110,331	\$ 97,386
Plainsboro	\$ 124,852	\$ 171,548	\$ 88,914	\$ 74,157	\$ 97,059	\$ 77,031	\$ 124,744
Sayreville	\$ 98,629	\$ 134,769	\$ 76,703	\$ 89,049	\$ 101,721	\$ 81,964	\$ 119,665
South Amboy	\$ 110,125	\$ 177,500	\$ 82,188	\$ 87,283	\$ 112,852	\$ 141,023	\$ 86,902
South Brunswick	\$ 145,575	\$ 188,311	*	\$ 73,711	\$ 140,353	\$ 40,767	\$ 113,261
South Plainfield	\$ 126,063	\$ 159,273	\$ 138,548	\$ 128,261	\$ 116,875	\$ 129,300	\$ 141,272
South River	\$ 101,853	*	\$ 144,343	\$ 93,351	\$ 106,571	\$ 93,837	\$ 59,671
Spotswood	\$ 101,388	*	\$ 143,214	\$ 99,500	\$ 100,985	*	\$ 91,250
Woodbridge	\$ 108,347	\$ 150,523	\$ 99,736	\$ 94,462	\$ 105,373	\$ 86,729	\$ 84,408
Somerset County	\$ 135,960	\$ 205,119	\$ 105,286	\$ 96,989	\$ 137,958	\$ 81,635	\$ 122,845
Franklin	\$ 118,034	\$ 151,211	\$ 110,044	\$ 102,596	\$ 109,993	\$ 96,485	\$ 135,067
Pleasant Plains	*	250,000+	*	*	*	*	*
Somerset	\$ 113,603	\$ 126,667	\$ 108,750	\$ 97,306	\$ 98,693	\$ 96,743	\$ 146,117

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Asterisk (*) means that data are suppressed.

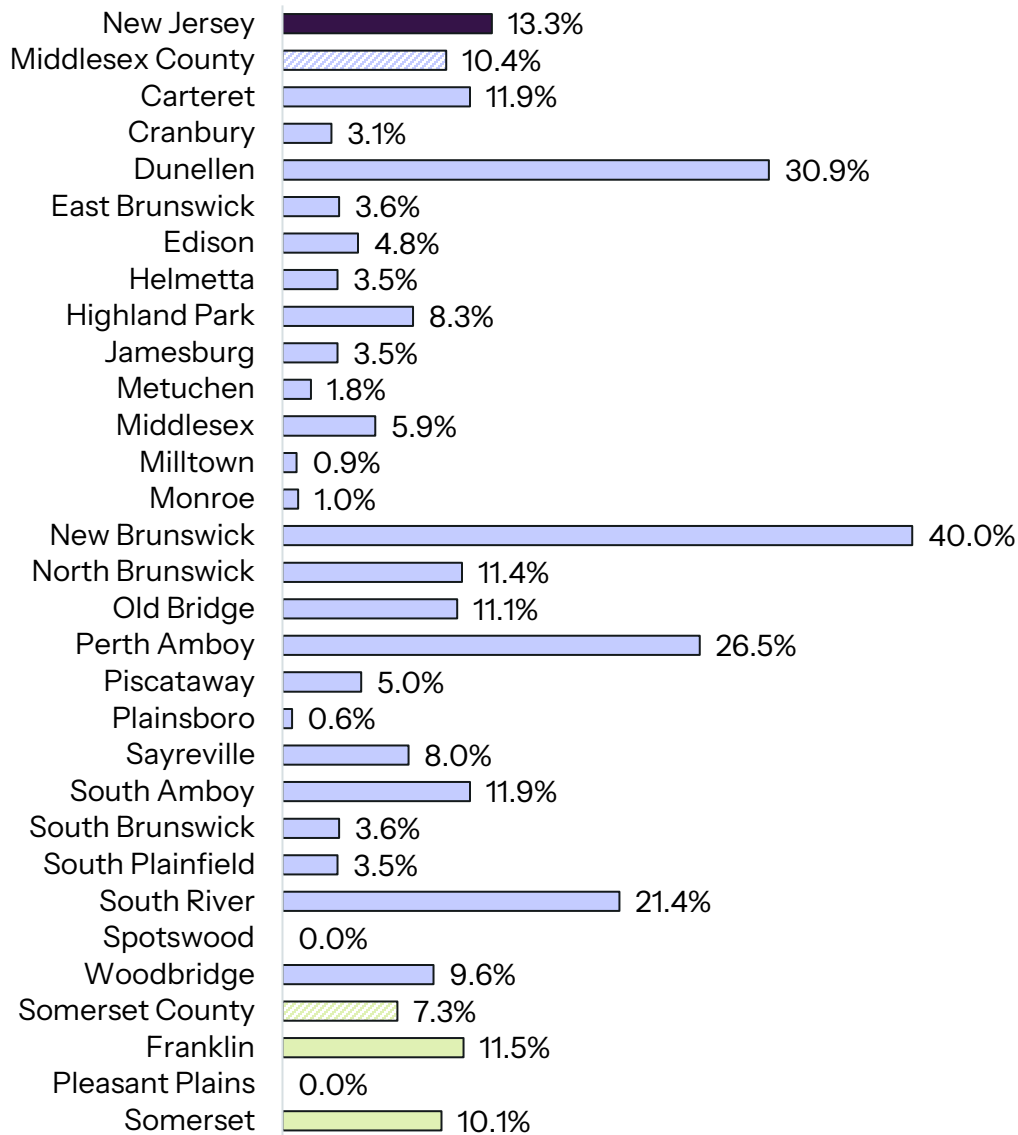
Table 32. Percent of Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/Latino	White, non-Hispanic	Additional Race, non-Hispanic	2+ Races
New Jersey	9.8%	5.7%	16.3%	16.1%	6.3%	17.9%	13.0%
Middlesex County	8.5%	4.6%	9.4%	16.5%	6.1%	17.1%	13.1%
Carteret	10.0%	3.3%	6.7%	16.5%	10.9%	21.7%	15.3%
Cranbury	4.0%	0.5%	0.0%	1.1%	5.1%	36.8%	2.5%
Dunellen	23.1%	19.9%	22.8%	38.8%	5.2%	29.2%	51.7%
East Brunswick	4.7%	4.9%	5.8%	4.9%	4.6%	7.2%	3.0%
Edison	5.3%	3.9%	5.6%	9.5%	4.8%	12.6%	9.2%
Helmetta	2.9%	0.0%	0.0%	6.9%	3.0%	0.0%	0.0%
Highland Park	9.2%	11.6%	12.9%	22.7%	4.8%	43.6%	6.3%
Jamesburg	4.2%	0.0%	0.0%	1.7%	6.8%	3.3%	0.0%
Metuchen	4.4%	4.9%	7.7%	4.4%	4.0%	9.3%	3.5%
Middlesex	8.0%	12.4%	4.6%	14.7%	4.0%	8.9%	15.9%
Milltown	1.1%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%
Monroe	4.0%	3.2%	5.5%	1.7%	4.3%	12.0%	3.8%
New Brunswick	31.6%	48.7%	35.4%	26.7%	31.1%	28.6%	30.4%
North Brunswick	7.3%	2.2%	5.8%	12.2%	8.8%	15.1%	3.1%
Old Bridge	8.5%	6.1%	15.5%	18.1%	6.3%	26.4%	11.3%
Perth Amboy	20.0%	7.6%	17.0%	21.7%	14.5%	14.9%	30.4%
Piscataway	5.5%	5.0%	3.3%	10.7%	5.3%	12.5%	4.5%
Plainsboro	2.4%	1.2%	0.9%	7.8%	4.0%	0.0%	3.1%
Sayreville	6.0%	4.8%	7.9%	6.0%	5.4%	8.2%	8.7%
South Amboy	7.5%	6.4%	16.4%	16.6%	3.5%	6.5%	19.0%
South Brunswick	4.0%	1.6%	8.6%	11.2%	3.7%	5.7%	18.3%
South Plainfield	3.6%	3.4%	1.0%	9.1%	2.0%	10.5%	2.4%
South River	11.3%	2.2%	5.1%	16.7%	10.9%	20.2%	9.9%
Spotswood	3.4%	6.5%	0.9%	0.3%	3.7%	0.0%	1.4%
Woodbridge	6.8%	3.7%	6.7%	12.6%	5.5%	18.4%	8.2%
Somerset County	5.5%	4.0%	8.4%	9.7%	3.8%	15.2%	6.4%
Franklin	6.2%	5.2%	7.5%	8.3%	3.1%	13.4%	8.3%
Pleasant Plains	0.0%	0.0%	0.0%	0.0%	0.0%	*	*
Somerset	6.1%	6.6%	8.8%	1.9%	4.7%	0.0%	4.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

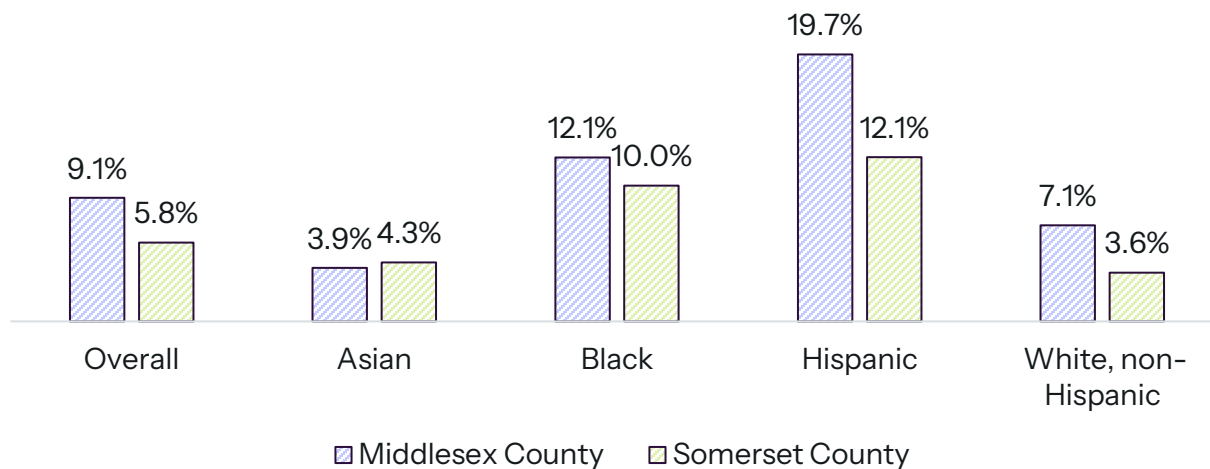
NOTE: Asterisk (*) means that data are suppressed.

Figure 93. Percentage of Children Living Below the Poverty Line, by State and County, 2019–2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019–2023

Figure 94. Percent Children in Poverty, by Race/Ethnicity, by County, 2022



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 2024

Food Access and Food Insecurity

Table 33. Households Receiving Food Stamps/SNAP, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic or Latino origin (of any race)	White, non-Hispanic	Additional Races, non-Hispanic	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Middlesex County	7.7%	14.1%	18.0%	42.5%	25.1%	22.9%	9.0%
Carteret	13.1%	32.0%	9.4%	45.0%	12.4%	30.8%	14.3%
Cranbury	0.6%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Dunellen	14.5%	0.0%	0.0%	64.6%	29.5%	44.8%	25.6%
East Brunswick	5.5%	19.1%	4.1%	21.3%	54.5%	11.3%	11.1%
Edison	5.9%	35.4%	16.5%	12.9%	30.8%	5.4%	6.2%
Helmetta	7.8%	0.0%	45.5%	42.9%	22.1%	0.0%	0.0%
Highland Park	8.1%	10.4%	32.6%	8.3%	40.9%	5.7%	5.1%
Jamesburg	6.4%	0.0%	0.0%	27.9%	72.1%	27.9%	0.0%
Metuchen	2.3%	3.9%	7.9%	7.9%	80.3%	7.9%	0.0%
Middlesex	5.0%	35.2%	0.0%	37.0%	21.4%	37.0%	6.4%
Milltown	10.8%	0.0%	50.4%	0.0%	49.6%	0.0%	0.0%
Monroe	2.0%	26.6%	0.0%	0.0%	73.4%	0.0%	0.0%

New Brunswick	20.7%	0.8%	31.6%	60.7%	6.6%	31.2%	8.3%
North Brunswick	8.2%	13.0%	35.4%	19.8%	31.0%	13.2%	4.6%
Old Bridge	7.0%	20.7%	28.2%	20.5%	37.2%	4.2%	7.1%
Perth Amboy	23.1%	0.6%	6.6%	91.0%	3.7%	47.3%	15.4%
Piscataway	6.9%	30.0%	30.3%	25.9%	10.2%	23.1%	4.4%
Plainsboro	1.9%	7.3%	29.2%	8.3%	43.2%	0.0%	12.0%
Sayreville	6.1%	13.3%	9.6%	35.5%	42.0%	12.4%	12.2%
South Amboy	4.7%	0.0%	20.2%	19.7%	60.1%	0.0%	0.0%
South Brunswick	3.4%	35.6%	15.2%	11.0%	38.2%	5.7%	3.7%
South Plainfield	2.5%	8.3%	2.5%	7.4%	81.9%	7.4%	0.0%
South River	7.7%	8.2%	17.8%	31.5%	42.5%	26.4%	5.1%
Spotswood	6.4%	25.8%	0.0%	0.0%	74.2%	0.0%	0.0%
Woodbridge	6.3%	14.8%	16.2%	43.5%	26.6%	24.9%	7.9%
Somerset County	3.5%	14.1%	19.5%	38.8%	24.2%	14.9%	21.3%
Franklin	4.6%	19.2%	29.3%	31.3%	17.3%	18.3%	15.9%
Pleasant Plains	25.1%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Somerset	2.7%	21.6%	17.8%	5.0%	48.3%	5.0%	7.3%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5–Year Estimates Subject Tables, 2019–2023

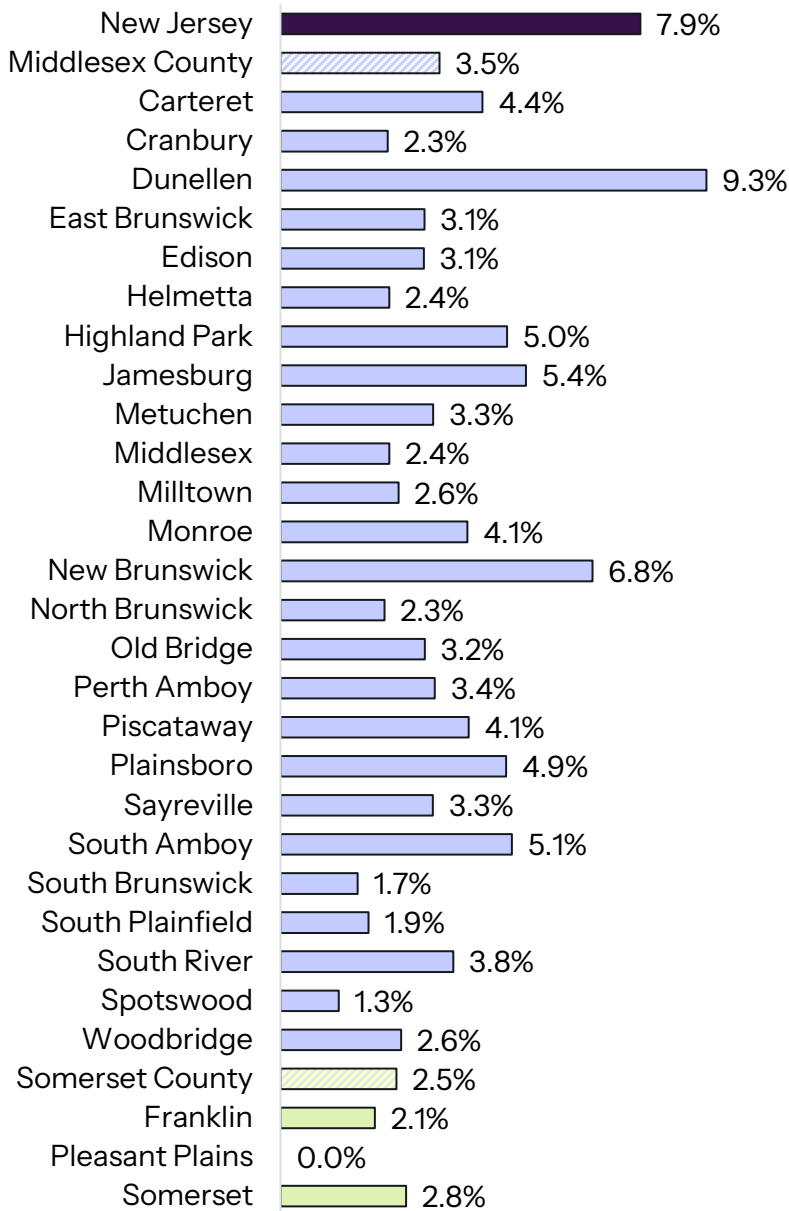
Table 34. Food Desert Factor Score, by Designated Food Desert Communities, 2022

		Population Weighted Average Food Desert Factor Score	Average Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Middlesex	New Brunswick city	56.9	99.3	49,408
	Perth Amboy city	43.1	56.4	30,997

DATA SOURCE: New Jersey Economic Development Authority, 2022

NOTE: Food Desert Factor Score ranges from 0 to 100. Higher scores indicate more factors consistent with being a Food Desert Community.

Figure 95. Homeowner Vacancy Rate, by State, County, and Town, 2019–2023



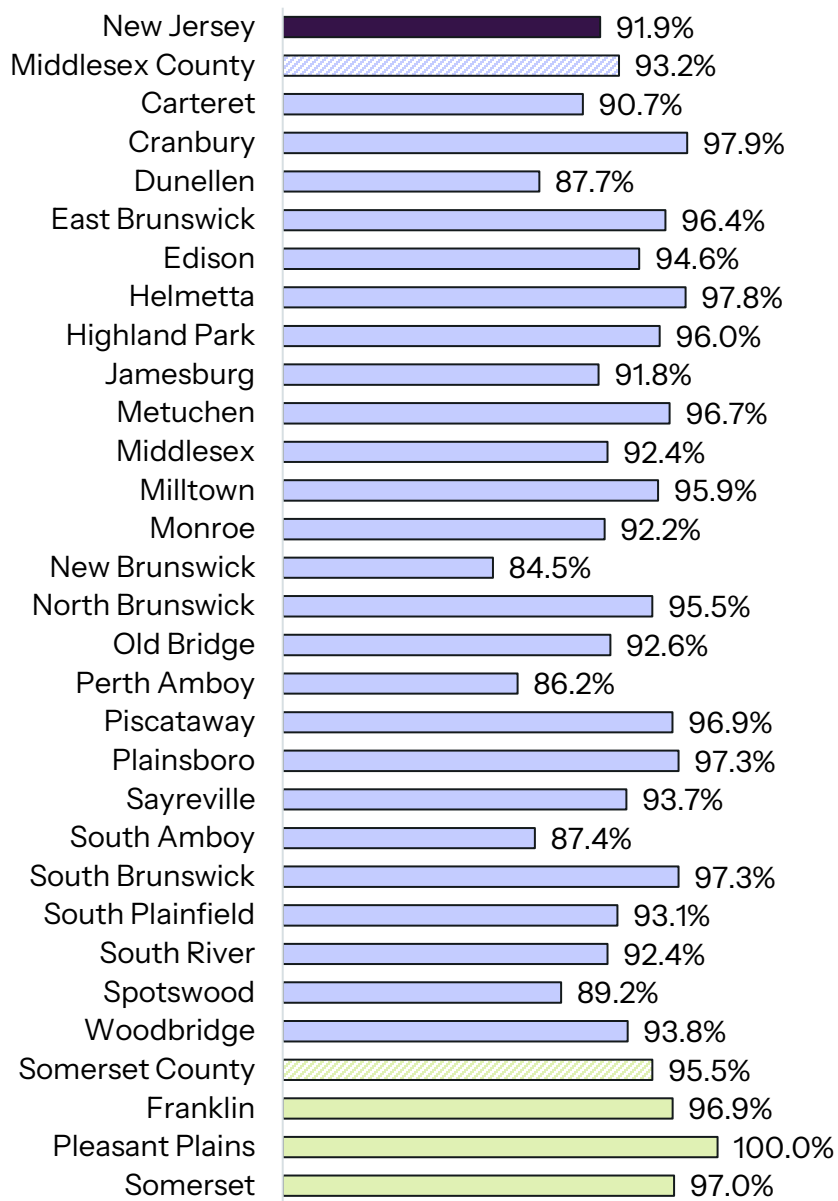
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

Table 35. Household Occupants per Room, by State, County, and Town, 2019-2023

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.3%	2.4%	1.3%
Middlesex County	94.9%	3.6%	1.5%
Carteret	89.2%	8.6%	2.2%
Cranbury	100.0%	0.0%	0.0%
Dunellen	93.7%	3.4%	2.9%
East Brunswick	95.9%	3.0%	1.0%
Edison	93.4%	4.7%	1.9%
Helmetta	96.1%	2.2%	1.6%
Highland Park	95.8%	2.6%	1.5%
Jamesburg	97.0%	3.0%	0.0%
Metuchen	98.9%	0.9%	0.2%
Middlesex	98.2%	1.7%	0.1%
Milltown	99.0%	1.0%	0.0%
Monroe	99.7%	0.2%	0.1%
New Brunswick	84.4%	10.4%	5.2%
North Brunswick	93.7%	5.2%	1.2%
Old Bridge	95.8%	2.3%	1.9%
Perth Amboy	91.7%	5.3%	3.0%
Piscataway	95.7%	3.6%	0.7%
Plainsboro	94.5%	2.8%	2.8%
Sayreville	94.8%	3.4%	1.8%
South Amboy	99.8%	0.2%	0.0%
South Brunswick	97.7%	2.0%	0.3%
South Plainfield	98.5%	1.1%	0.4%
South River	96.0%	2.4%	1.7%
Spotswood	99.4%	0.6%	0.0%
Woodbridge	95.4%	3.5%	1.1%
Somerset County	97.4%	1.7%	0.8%
Franklin	96.0%	3.1%	0.9%
Pleasant Plains	100.0%	0.0%	0.0%
Somerset	96.3%	1.9%	1.8%

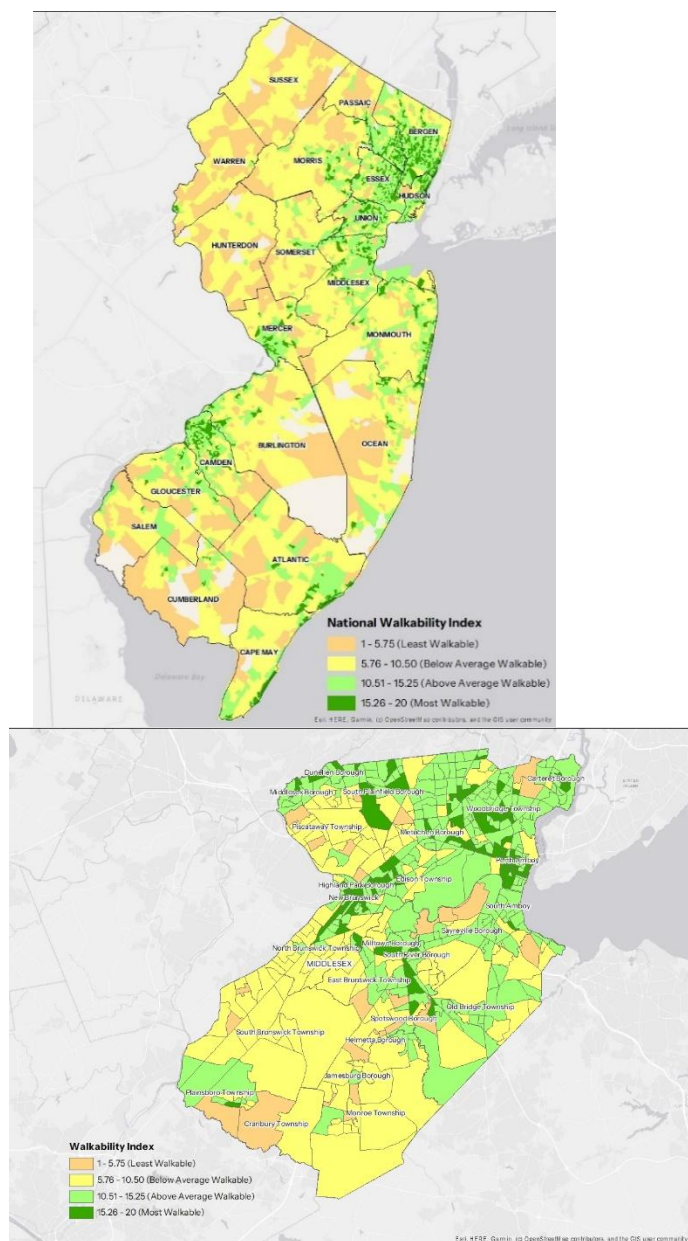
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 96. Percent of Households with an Internet Subscription, by State, County, and Town, 2019–2023



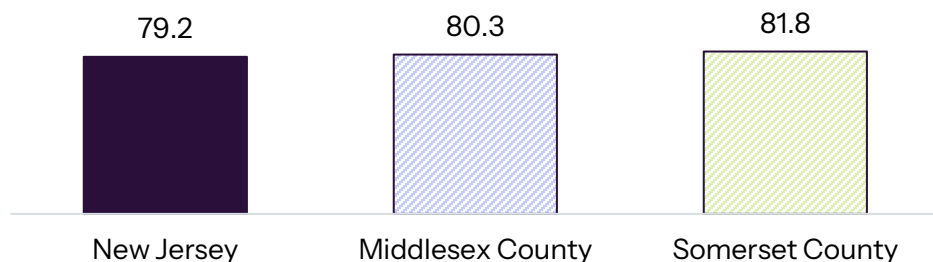
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

Figure 97. National Walkability Index, by State and Town, 2021



Leading Causes of Death and Premature Mortality

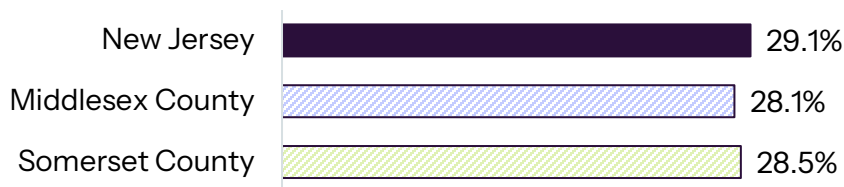
Figure 98. Life Expectancy in Years, by State and County, 2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Obesity and Physical Activity

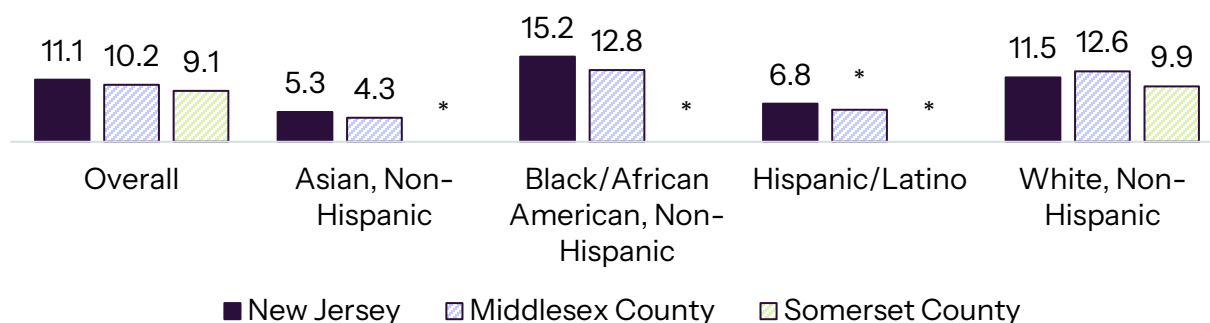
Figure 99. Percent Adults Self-Reported Obese, by State and County, 2022



DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2024

Cancer and Chronic Disease

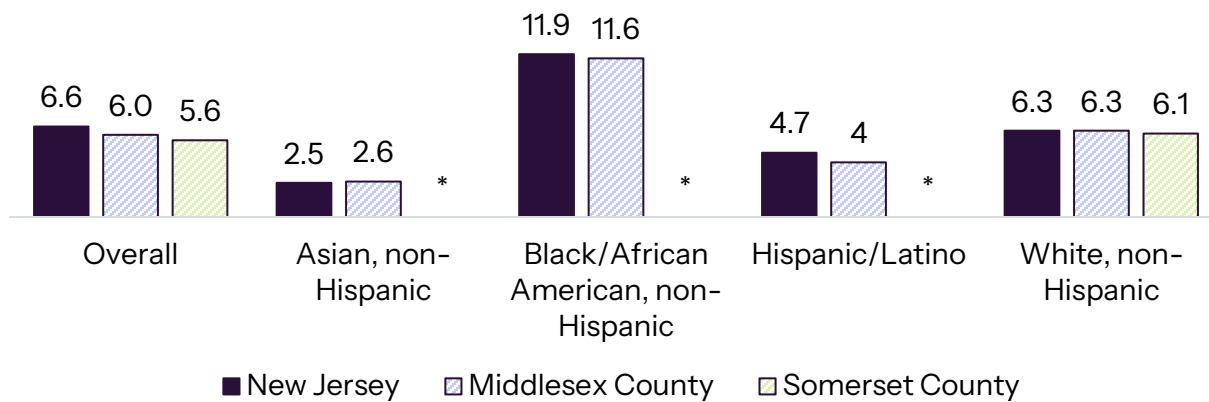
Figure 100. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2027-2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department, of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

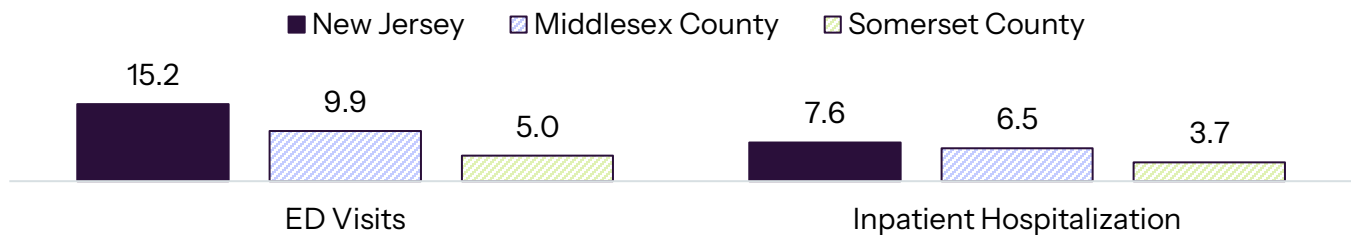
NOTE: *Rate does not meet National Center for Health Statistics standards of statistical reliability for presentation (RSE $\geq 23\%$ and $n < 20$).

Figure 101. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017–2021



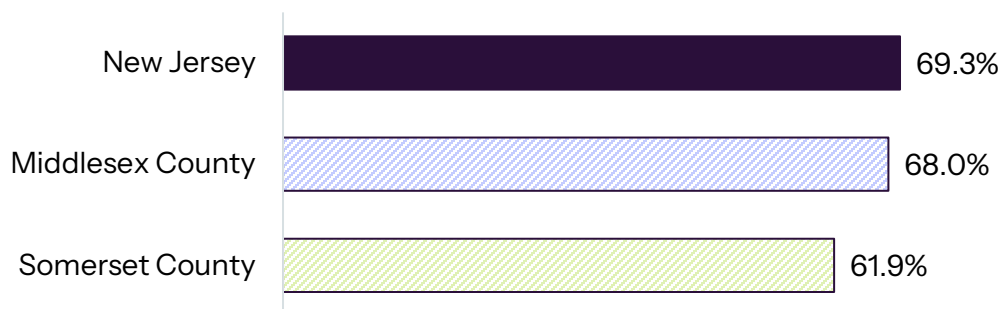
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department, of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
 NOTE: *Rate does not meet National Center for Health Statistics standards of statistical reliability for presentation (RSE \geq 23% and $n < 20$).

Figure 102. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023



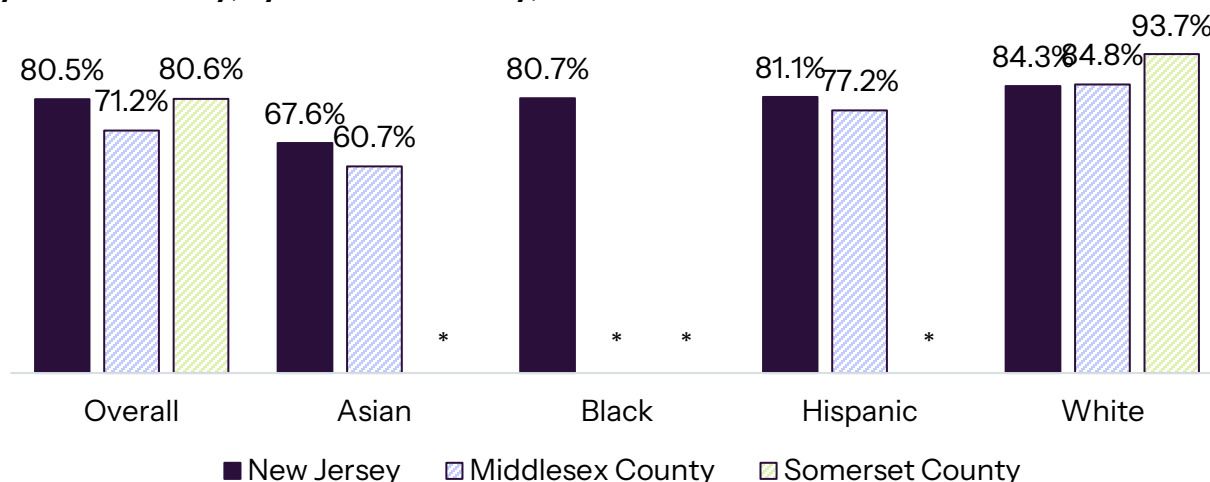
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 103. Percent with a Mammography Screening Within the Past Two Years (Age 40–74), by State and County, 2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2022
 NOTE: **Percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) $> 30\%$ are not shown because they do not meet the CDC BRFSS standard for data release.

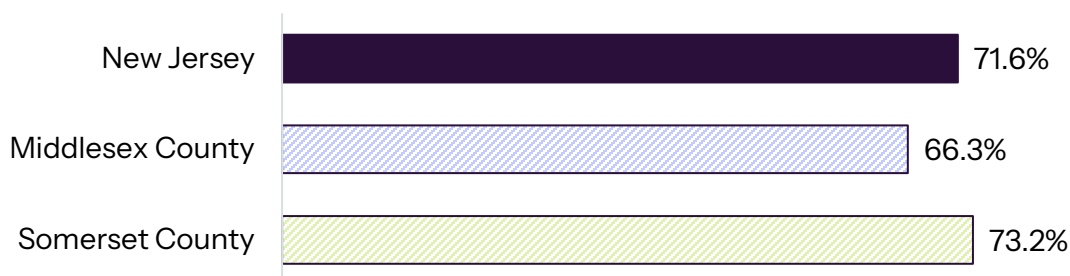
Figure 104. Percent of Females Aged 21-65 Self-Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State and County, 2017-2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE : An asterisk (*) means that percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because they do not meet the CDC BRFSS standard for data release.

Figure 105. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

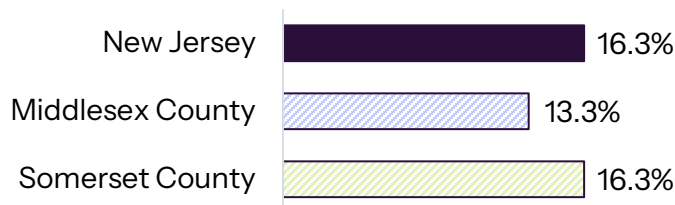
Table 36. Percent with Disability, by Age, by State, County, and Town, 2019-2023

	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
New Jersey	0.4%	4.9%	5.7%	9.2%	20.1%	43.2%
Middlesex County	0.5%	5.1%	4.7%	7.9%	18.7%	44.7%
Carteret	3.4%	2.4%	3.7%	11.1%	25.0%	59.7%
Cranbury	0.0%	4.3%	7.6%	3.6%	17.8%	23.3%
Dunellen	0.0%	3.6%	3.3%	5.6%	26.8%	18.3%
East Brunswick	0.0%	3.6%	7.7%	5.9%	19.5%	38.4%
Edison	0.2%	4.9%	4.3%	5.3%	17.3%	48.2%
Helmetta	0.0%	0.0%	7.3%	12.1%	24.7%	32.9%
Highland Park	0.0%	3.3%	2.3%	6.5%	13.7%	45.7%
Jamesburg	0.0%	4.4%	2.1%	1.8%	22.4%	33.9%
Metuchen	0.0%	8.4%	3.7%	5.9%	9.9%	44.8%
Middlesex	0.0%	8.1%	4.0%	9.3%	13.6%	50.2%
Milltown	0.0%	16.7%	4.3%	7.8%	12.5%	44.0%
Monroe	0.0%	5.7%	6.6%	5.5%	17.6%	39.1%
New Brunswick	1.1%	6.9%	5.6%	10.8%	35.3%	49.5%
North Brunswick	0.0%	2.0%	3.8%	7.2%	12.4%	41.3%
Old Bridge	0.4%	6.8%	6.2%	10.6%	15.1%	53.6%
Perth Amboy	1.4%	9.5%	5.9%	13.1%	31.5%	57.7%
Piscataway	0.0%	2.9%	2.4%	7.7%	17.2%	44.7%
Plainsboro	0.0%	2.1%	3.8%	2.8%	6.9%	37.0%
Sayreville	1.7%	4.8%	4.7%	9.1%	20.7%	40.8%
South Amboy	0.0%	5.2%	0.5%	7.8%	37.8%	52.5%
South Brunswick	0.0%	1.6%	5.1%	7.2%	14.8%	34.6%
South Plainfield	0.0%	5.7%	4.8%	10.1%	13.9%	38.7%
South River	0.0%	6.4%	3.1%	9.8%	17.3%	48.1%
Spotswood	0.0%	1.9%	3.3%	6.7%	23.8%	58.8%
Woodbridge	0.0%	5.6%	6.0%	7.8%	19.4%	46.4%
Somerset County	0.2%	4.0%	4.1%	5.8%	16.5%	40.3%
Franklin	0.0%	6.4%	3.2%	8.2%	20.8%	46.1%
Pleasant Plains	0.0%	0.0%	0.0%	7.4%	32.8%	23.1%
Somerset	0.0%	10.2%	3.7%	6.1%	16.6%	37.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

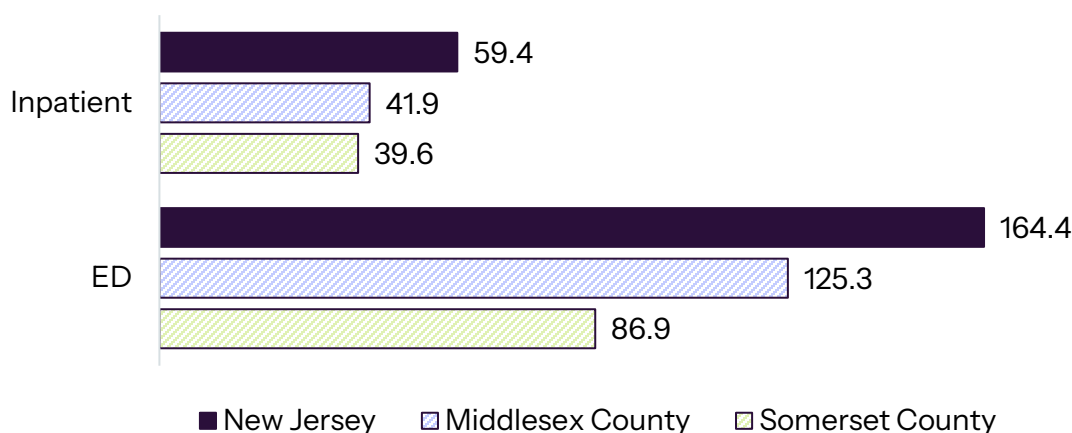
NOTE: Data labels under 5.0% are not shown.

Figure 106. Percent Adults Ever Diagnosed with Depression, 2020-2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health

Figure 107. Age-Adjusted Rate of Inpatient Hospitalizations & Emergency Department (ED) Visits due to Mental Health per 10,000, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 108. Percent Adults Reported Excessive Drinking, by State and County, 2024



DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings 2023

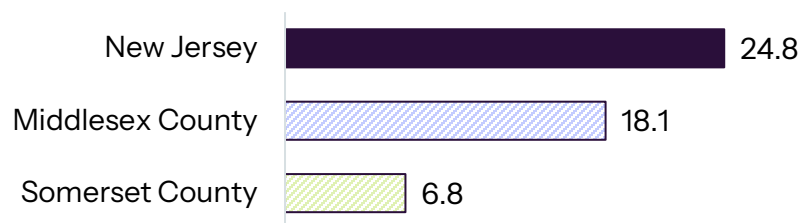
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week) or binge drinking (4 or more drinks on one occasion within a two-hour window for women and 5 or more drinks on one occasion within a two-hour window for men).

Figure 109. Percent Driving Deaths with Alcohol Involvement, by State and County, 2020-2024



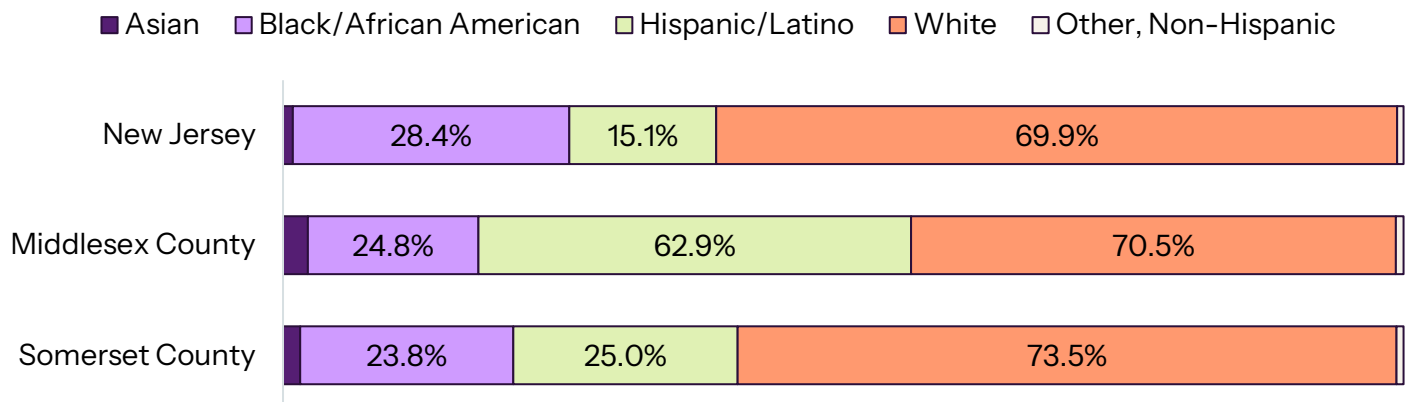
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings 2023

Figure 110. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

Figure 111. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019-2023

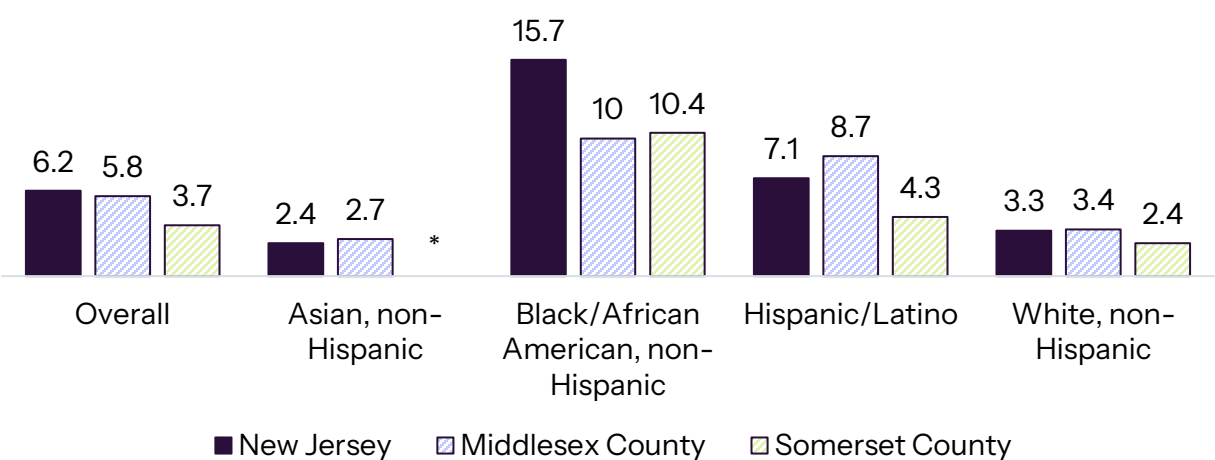


DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

NOTE: Data labels under 5.0% are not shown.

Environmental Health

Figure 112. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population by Race/Ethnicity, by State and County, 2019-2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment, 2024 Data (NJSHAD) 2023
NOTE: The asterisk (*) means that data does not meet National Center for Health Statistics standards of statistically reliability for presentation (RSE >=23% and n<20).

Table 37. Presence of Drinking Water Violations, by County, 2022

	Presence of Violation
Middlesex County	Yes
Somerset County	Yes

DATA SOURCE: Safe Drinking Water Information System as cited by County Health Rankings 2024

Infectious and Communicable Disease

Table 38. Age-Adjusted Rate of Primary/Secondary Syphilis per 100,000, by Race/Ethnicity, by State and County, 2019-2023

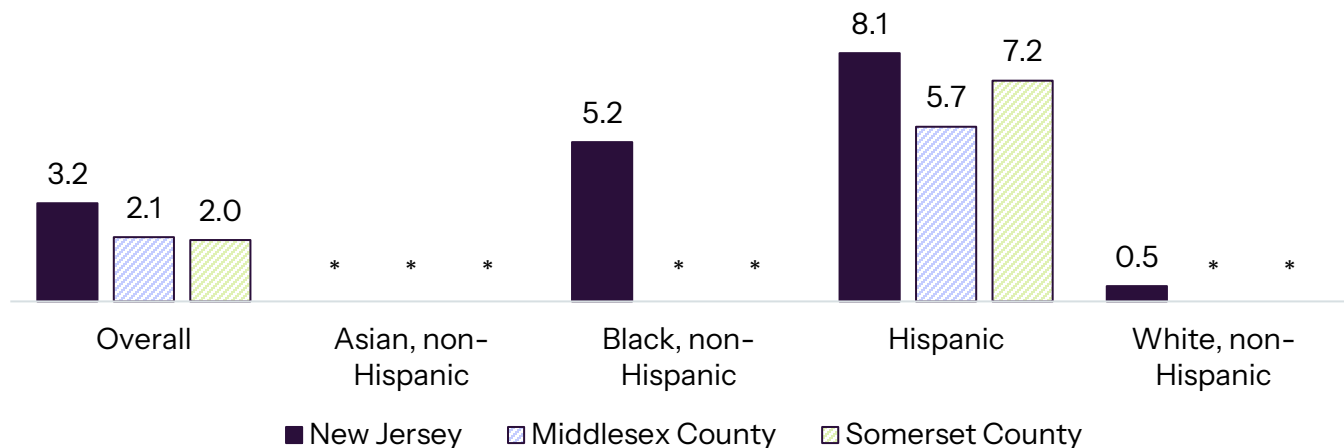
	Overall	Asian, non-Hispanic	Black/African American, non-Hispanic	Hispanic/Latino	White, non-Hispanic
New Jersey	8.9	2.6	26.8	12.1	4.2
Middlesex County	6.3	2.8	13.6	9.8	4.8
Somerset County	4.4	*	*	8.0	2.9

DATA SOURCE: Communicable Disease Reporting and Surveillance System Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

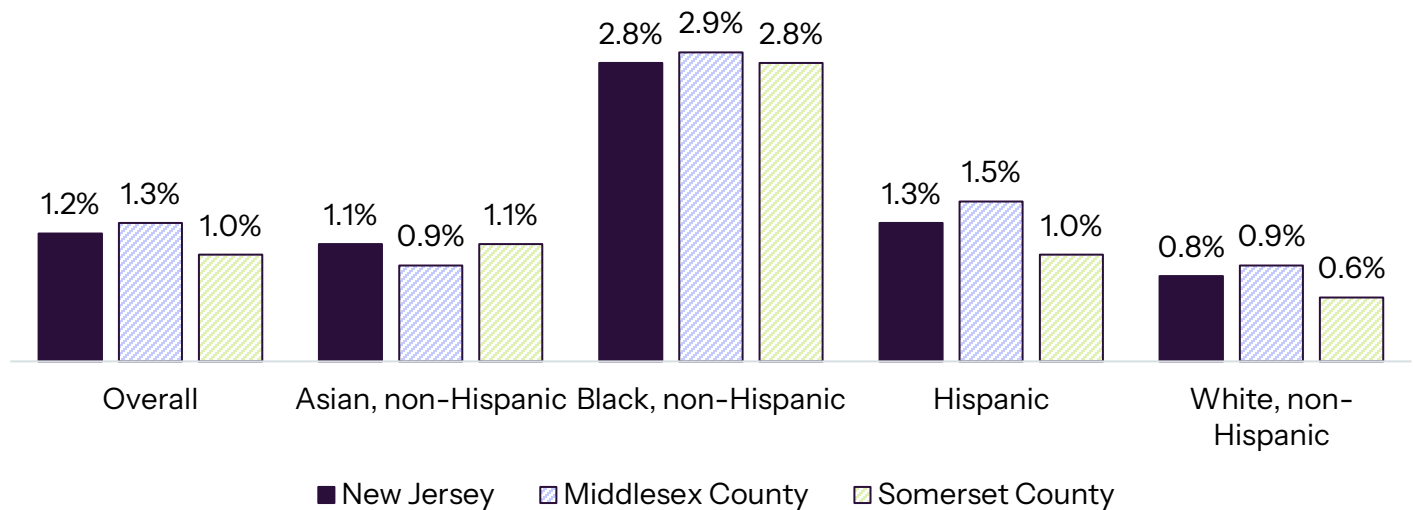
Maternal and Infant Health

Figure 113. Live Births per 1,000 Female Population Aged 15-17, by Race/Ethnicity, by State and County, 2020-2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023

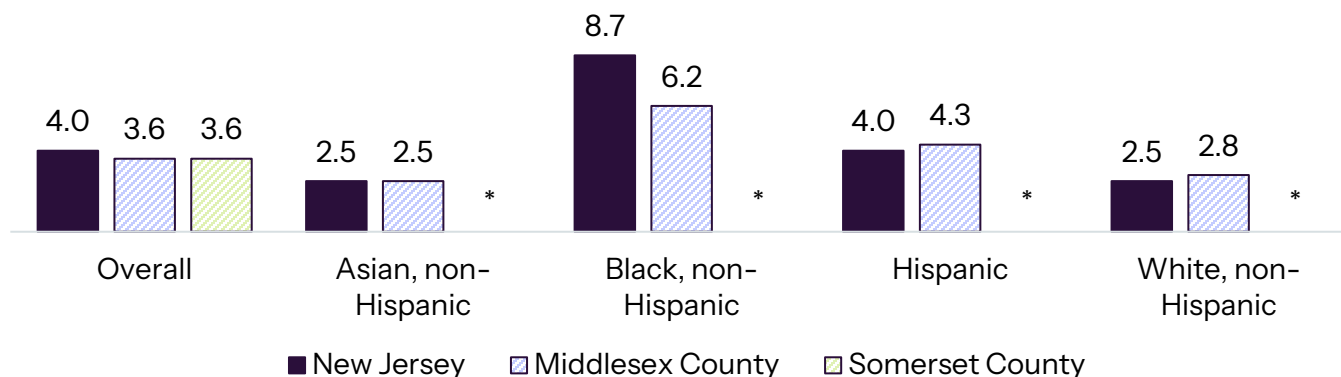
Figure 114. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2019-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

NOTE: Very low birth weight is defined as less than 1,500 grams.

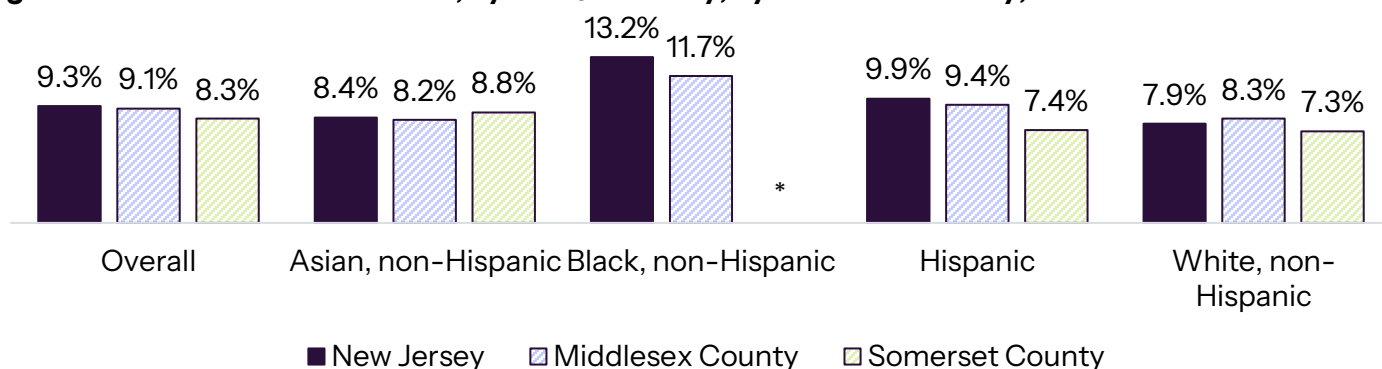
Figure 115. Infant Mortality Rate per 1,000 Births, by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

NOTE: *Rate does not meet National Center for Health Statistics standards of statistical reliability for presentation (RSE >=23% and n<20).

Figure 116. Percent Preterm Births, by Race/Ethnicity, by State and County, 2021-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

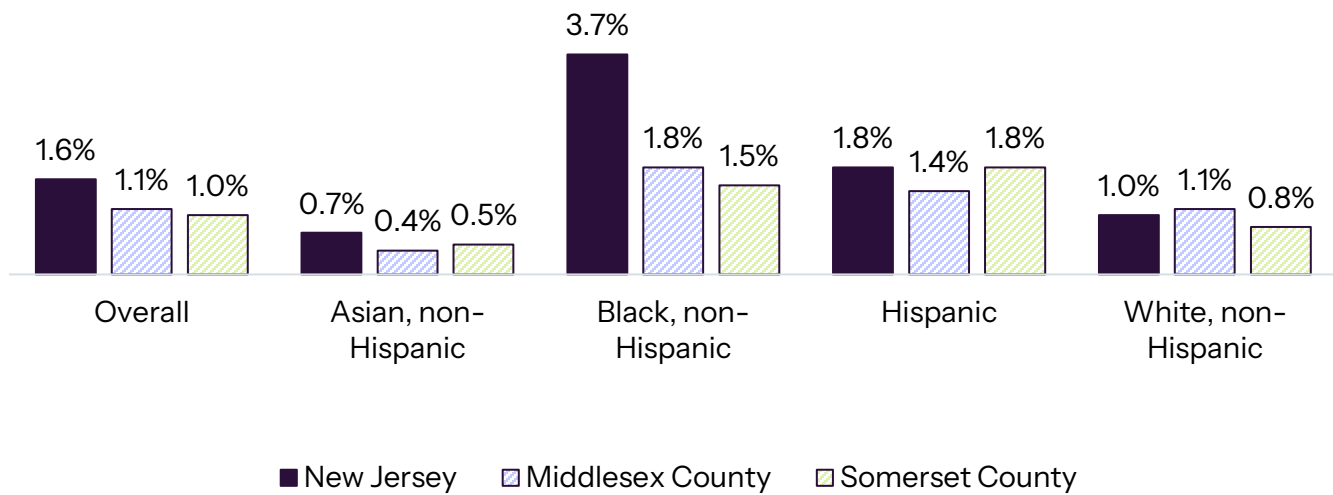
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. Asterisk (*) means that data are suppressed.

Table 39. Percent Immunized Children, by State, 2020

	Overall
United States	70.5%
New Jersey	68.7%

DATA SOURCE: National Immunization Survey, Center for Disease Control and Prevention via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 117. Percent Births with Mothers Receiving No Prenatal Care, by Race/Ethnicity, by State and County, 2018–2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Access to Care

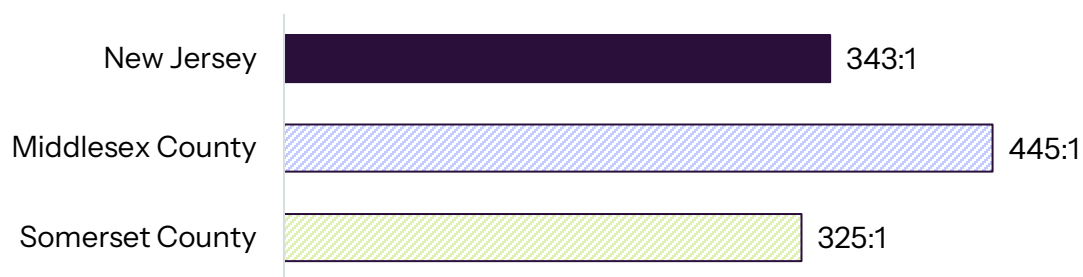
Table 40. Percent with Private Health Insurance, by State, County, and Town, 2019–2023

	%
New Jersey	71.1%
Middlesex County	74.0%
Carteret	66.9%
Cranbury	90.9%
Dunellen	57.7%
East Brunswick	81.9%
Edison	79.0%
Helmetta	76.0%
Highland Park	81.0%
Jamesburg	75.4%
Metuchen	88.5%
Middlesex	74.8%
Milltown	82.0%
Monroe	81.6%
New Brunswick	51.1%
North Brunswick	71.7%
Old Bridge	75.2%
Perth Amboy	40.7%
Piscataway	80.7%
Plainsboro	89.3%

Sayreville	73.4%
South Amboy	75.8%
South Brunswick	84.3%
South Plainfield	83.1%
South River	69.5%
Spotswood	79.0%
Woodbridge	76.3%
Somerset County	81.3%
Franklin	77.0%
Pleasant Plains	79.5%
Somerset	84.3%

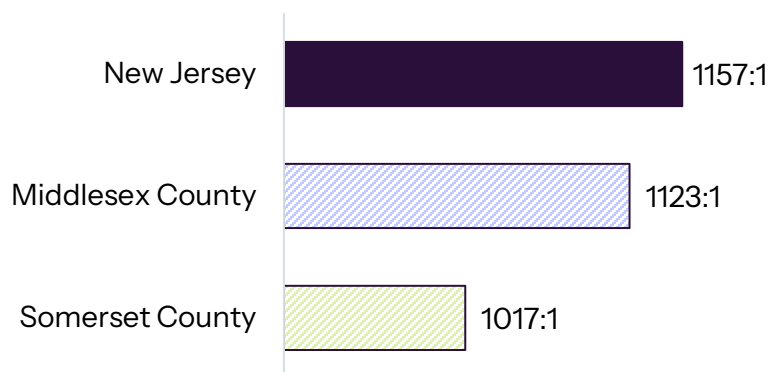
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 118. Ratio of Population to Mental Health Provider, by State and County, 2023



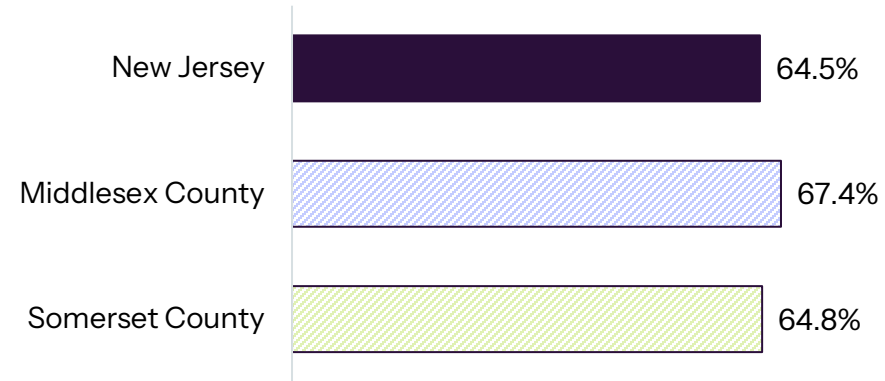
DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings 2024

Figure 119. Ratio of Population to Dentist, by State and County, 2022



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Figure 120. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2020-2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Injury

Table 41. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023

	Rate per 100,000
New Jersey	597.7
Middlesex	479.8
Somerset	344.3

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Table 42. Injury Deaths per 100,000 Population, by State and County, 2017-2021

	Rate per 100,000
New Jersey	65.5
Middlesex County	53.5
Somerset County	45.2

DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings 2023

Appendix F. Hospitalization Data

Table 43. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Middlesex County	Somerset County	Inner Circle PSA
Total	304.6	250.5	162.2	242.6
Under 18	67.4	280.8	172.0	291.9
18-64	185.6	242.4	151.1	226.3
65 and over	51.6	242.1	190.0	241.9

DATA SOURCE: RWJBarnabas Health System, 2022

Table 44. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Middlesex County	Somerset County	Inner Circle PSA
Total	304.6	250.5	162.2	242.6
Asian	90.7	78.4	172.0	145.6
Black	546.9	341.6	151.1	357.7
Hispanic	373.3	383.1	190.0	78.8
White	219.3	185.4	162.2	414.0

DATA SOURCE: RWJBarnabas Health System, 2022

Table 45. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Overall	8.1	3.8	2.5	1.8
	Asian	1.6	2.2	1.5	0.9
	Black	13.1	5.0	4.3	3.9
	Hispanic	5.8	2.7	1.5	1.6
	White	8.2	4.1	2.6	1.5
Middlesex County	Overall	7.8	3.7	2.4	1.7
	Asian	2.7	1.3	0.8	0.5
	Black	9.8	3.8	3.2	2.9
	Hispanic	6.7	3.3	1.7	1.7
	White	9.0	4.3	3.1	1.7
Somerset County	Overall	5.6	2.6	1.9	1.1
	Asian	0.2	0.1	0.1	0.1
	Black	9.2	3.7	2.8	2.7
	Hispanic	4.7	2.5	1.1	1.1
	White	6.0	2.8	2.2	1.0
Inner Circle PSA	Overall	7.8	3.5	2.5	1.8
	Asian	2.7	1.3	0.8	0.6
	Black	11.0	4.4	3.5	3.2
	Hispanic	6.6	3.2	1.4	2.0
	White	7.6	3.4	2.7	1.4

DATA SOURCE: RWJBarnabas Health System, 2022

Table 46. Hospital Admission Rates per 1,000 Population, by Condition, by State, County, and Primary Service Area, 2022

	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	75.8	1.1	10.7	10.7	3.4	1.5
Middlesex County	70.1	1.3	10.1	10.2	1.9	1.1
Somerset County	67.8	0.9	9.9	9.9	2.7	1.0
Inner Circle PSA	75.1	1.1	10.3	11.0	1.9	1.2

Table 47. Hospital Admission Rates per 1,000 Population, by Age, Race/Ethnicity, State, County, and Primary Service Area, 2022

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18-64	Total	39.5	1.1	10.6	3.6	2.6	1.4
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Middlesex County	Total	Total	70.1	1.3	10.1	10.2	1.9	1.1
		Asian	29.9	0.1	9.0	3.6	0.4	0.1
		Black	75.3	1.8	9.7	11.4	2.5	1.2
		Hispanic	60.1	1.8	13.7	6.0	1.5	1.2
		White	79.5	1.3	6.5	14.3	2.2	1.4
	Under 18	Total	16.3	0.0	0.2	0.2	0.6	0.0
		Asian	8.2	-	-	0.1	0.1	-
		Black	19.7	-	0.2	0.2	0.7	-
		Hispanic	16.9	0.0	0.6	0.2	0.5	-
		White	14.9	0.0	0.1	0.1	0.8	-
	18-64	Total	58.1	2.0	16.1	5.4	2.3	1.6
		Asian	26.9	0.2	14.1	1.9	0.5	0.2
		Black	71.5	2.6	14.6	8.8	3.1	1.7
		Hispanic	65.5	2.8	21.4	4.5	2.0	1.8
		White	53.4	2.0	10.8	6.0	2.6	2.1
		Total	185.5	0.2	0.0	41.4	2.0	0.6
		Asian	87.8	-	-	19.1	0.3	0.0

	65 and over	Black	210.2	0.3	-	49.7	3.0	0.7
		Hispanic	168.5	0.2	-	37.6	1.2	0.6
		White	182.9	0.2	-	43.3	2.3	0.7
Somerset County	Total	Total	58.1	0.7	8.2	8.8	2.2	0.8
		Asian	28.0	0.0	8.1	3.3	0.7	0.1
		Black	77.4	1.9	8.8	12.4	3.3	1.4
		Hispanic	42.5	0.9	10.6	3.8	1.8	0.7
		White	63.1	0.5	6.7	10.9	2.3	0.9
	Under 18	Total	13.3	0.0	0.2	0.1	0.5	-
		Asian	7.8	-	-	-	0.2	-
		Black	21.1	-	0.2	0.2	0.3	-
		Hispanic	12.8	-	0.6	0.1	0.3	-
		White	12.2	-	0.0	0.2	0.5	-
	18-64	Total	44.6	1.0	13.2	3.9	2.9	1.2
		Asian	24.2	0.1	12.7	1.7	1.0	0.1
		Black	69.2	2.9	13.3	8.1	4.3	2.1
		Hispanic	46.8	1.4	16.2	3.1	2.5	1.0
		White	40.9	0.8	11.0	3.7	3.2	1.3
	65 and over	Total	159.7	0.1	-	36.7	1.6	0.5
		Asian	88.3	-	-	18.0	0.6	-
		Black	194.3	0.2	-	49.5	2.7	0.2
		Hispanic	119.5	-	-	23.9	1.4	0.2
		White	156.3	0.2	-	37.2	1.6	0.6
Inner Circle PSA	Total	Total	75.1	1.1	10.3	11.0	1.9	1.2
		Asian	34.7	0.1	11.0	4.0	0.4	0.1
		Black	89.6	1.9	10.1	14.2	2.8	1.6
		Hispanic	65.7	1.3	16.5	5.1	1.3	1.5
		White	72.5	1.0	5.3	13.7	2.0	1.2
	Under 18	Total	18.6	0.0	0.3	0.2	0.5	0.0
		Asian	11.8	0.0	0.0	0.2	0.2	0.0
		Black	24.4	0.0	0.3	0.1	0.6	0.0
		Hispanic	22.1	0.0	0.9	0.3	0.4	0.0
		White	11.9	0.0	0.0	0.1	0.5	0.0
	18-64	Total	58.4	1.6	16.3	5.1	2.3	1.7
		Asian	29.8	0.2	16.5	1.9	0.5	0.2
		Black	80.1	2.8	15.3	9.8	3.4	2.3
		Hispanic	72.3	2.0	25.0	3.9	1.6	2.2
		White	42.0	1.4	8.7	4.6	2.1	1.7
	65 and over	Total	210.0	0.3	0.0	46.9	2.5	0.6
		Asian	106.7	0.0	0.0	23.1	0.3	0.0
		Black	240.8	0.3	0.0	58.5	3.3	0.7

		Hispanic	221.8	0.2	0.0	44.4	1.9	1.4
		White	190.2	0.3	0.0	45.8	2.8	0.7

DATA SOURCE: RWJBarnabas Health System, 2022

NOTE: Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

APPENDIX G1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN MIDDLESEX COUNTY 2023

Over thirty one percent of RWJUH's cancer inpatients and 28.8% of cancer outpatients resided in the Primary Service Area. In total, 48.5% of inpatients and 52.7% of outpatients resided in Middlesex County. Franklin (08873) and New Brunswick (08901) represent the largest segment of RWJUH's inpatient cancer patients. Similarly, Monroe (08831) and Piscataway (08854) represent the largest segments of RWJUH's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2023 RWJ NB IP PATIENTS	%	2023 RWJ NB OP PATIENTS	%
Middlesex County	3,031	48.5%	3,252	52.7%
Primary Service Area	1,954	31.3%	1,775	28.8%
Secondary Service Area	2,189	35.0%	2,443	39.6%
Out of Service Area (NJ)	1,988	31.8%	1,812	29.4%
Out of State	120	1.9%	135	2.2%
TOTAL	6,251	100.0%	6,165	100.0%
Franklin (08873)	287	4.6%		
New Brunswick (08901)	275	4.4%		
Monroe (08831)			259	4.2%
Piscataway (08854)			239	3.9%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX G2: CANCER INCIDENCE RATE REPORT: MIDDLESEX COUNTY 2016-2020

INCIDENCE RATE REPORT FOR MIDDLESEX COUNTY 2016-2020				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	452.9	4,432	falling	-0.7
Bladder	21.4	210	falling	-1.1
Brain & ONS	6.3	58	stable	-0.8
Breast	128.5	651	stable	-0.1
Cervix	7.9	37	stable	-1.1
Colon & Rectum	36.1	353	falling	-2.9
Esophagus	3.7	38	stable	-1.5
Kidney & Renal Pelvis	15.8	155	stable	0.3
Leukemia	16	147	stable	0.3
Liver & Bile Duct	7.7	78	rising	2.1
Lung & Bronchus	45.9	453	falling	-2
Melanoma of the Skin	15.4	149	falling	-5.5
Non-Hodgkin Lymphoma	21.5	207	stable	-0.1
Oral Cavity & Pharynx	11.6	115	rising	1.9
Ovary	11.2	58	falling	-2.3
Pancreas	13.4	134	stable	0.9
Prostate	135.1	645	rising	4.8
Stomach	7	69	falling	-2.2
Thyroid	17.1	151	stable	-1.7
Uterus (Corpus & Uterus, NOS)	32.5	175	stable	0.6

The Source for G2 and following tables G3, G4, G5 and G6 is : <https://statecancerprofiles.cancer.gov>

APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: MIDDLESEX COUNTY 2016-2020
SELECT CANCER SITES: RISING INCIDENCE RATES

		Liver & Bile Duct	Oral Cavity & Pharynx	Prostate
INCIDENCE RATE REPORT FOR MIDDLESEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	7.7	11.6	135.1
	Average Annual Count	78	115	645
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.1	1.9	4.8
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	6.8	12.9	132.4
	Average Annual Count	43	73	380
	Recent Trend	rising	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	2.1	2.3	-1.2
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	5	9.6	237.4
	Average Annual Count	4	8	89
	Recent Trend	stable	*	falling
	Recent 5-Year Trend (‡) in Incidence Rates	-1.1	*	-2.7
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	6.7	10.6	70
	Average Annual Count	13	21	64
	Recent Trend	stable	stable	stable
	Recent 5-Year Trend (‡) in Incidence Rates	-0.7	1.3	-2
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	13.3	8.6	130.5
	Average Annual Count	17	11	75
	Recent Trend	stable	stable	falling
	Recent 5-Year Trend (‡) in Incidence Rates	2.9	7	-3.3
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	11.7	16.9	135.1
	Average Annual Count	55	79	645
	Recent Trend	stable	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.5	2.2	4.8
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	4.2	6.9	n/a
	Average Annual Count	23	36	n/a
	Recent Trend	rising	stable	n/a
	Recent 5-Year Trend (‡) in Incidence Rates	2.9	1.3	n/a

* 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).

APPENDIX G4: CANCER MORTALITY RATE REPORT: MIDDLESEX COUNTY 2016-2020

MORTALITY RATE REPORT: MIDDLESEX COUNTY 2016-2020					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	No	131.1	1,294	falling	-2
Bladder	***	4.1	40	falling	-0.8
Brain & ONS	***	4	39	stable	0.2
Breast	No	19.1	104	falling	-2.4
Cervix	Yes	1.3	7	falling	-2.7
Colon & Rectum	Yes	12.4	121	falling	-3.4
Esophagus	***	3	30	falling	-1
Kidney & Renal Pelvis	***	3.3	33	falling	-1.4
Leukemia	***	5.4	51	falling	-1.2
Liver & Bile Duct	***	5.5	56	rising	1
Lung & Bronchus	No	27.1	266	falling	-5.2
Melanoma of the Skin	***	1.6	16	falling	-2.3
Non-Hodgkin Lymphoma	***	5.3	51	stable	-0.8
Oral Cavity & Pharynx	***	1.6	16	falling	-2.1
Ovary	***	5.3	30	falling	-2.6
Pancreas	***	10.2	102	stable	-0.5
Prostate	Yes	14.9	61	falling	-3.9
Stomach	***	2.9	29	falling	-3.5
Thyroid	***	0.5	5	*	*
Uterus (Corpus & Uterus, NOS)	***	5.5	30	rising	1

*** No Healthy People 2030 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).

APPENDIX G5: CANCER MORTALITY DETAILED RATE REPORT: MIDDLESEX COUNTY 2016-2020

		Liver & Bile Duct	Uterus (Corpus & Uterus, NOS)
MORTALITY RATE REPORT FOR MIDDLESEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	5.5	5.5
	Average Annual Count	56	30
	Recent Trend	rising	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	5.3	5.5
	Average Annual Count	33	19
	Recent Trend	rising	stable
	Recent 5-Year Trend in Death Rates	1.1	1
Black (includes Hispanic), All Ages	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	4.8	12.4
	Average Annual Count	4	6
	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	4.6	*
	Average Annual Count	9	3 or fewer
	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	8.5	*
	Average Annual Count	10	3 or fewer
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*
MALES	Met Healthy People Objective	***	n/a
	Age-Adjusted Death Rate - per 100,000	7.5	n/a
	Average Annual Count	34	n/a
	Recent Trend	stable	n/a
	Recent 5-Year Trend in Death Rates	0	n/a
FEMALES	Met Healthy People Objective	***	***
	Age-Adjusted Death Rate - per 100,000	3.8	5.5
	Average Annual Count	22	30
	Recent Trend	rising	rising
	Recent 5-Year Trend in Death Rates	1.2	1

*** No Healthy People 2030 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).

APPENDIX G6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
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	481.9	53,389	falling	-0.5
US (SEER+NPCR)	442.3	1,698,328	stable	-0.3
Cape May County	559	900	stable	-0.4
Gloucester County	533.7	1,930	stable	-0.2
Ocean County	532.8	4,817	stable	1.5
Monmouth County	526.4	4,389	rising	1
Burlington County	519.4	3,025	stable	-0.3
Camden County	517.6	3,187	stable	-0.3
Sussex County	512	979	falling	-0.5
Salem County	510.2	436	stable	0
Warren County	507.5	740	stable	-0.4
Cumberland County	504	891	stable	0.1
Mercer County	491.4	2,165	falling	-0.5
Atlantic County	490.4	1,755	falling	-0.7
Morris County	484.4	3,134	falling	-0.6
Hunterdon County	474.7	836	stable	-0.2
Bergen County	465.8	5,678	stable	-0.4
Passaic County	455.7	2,624	falling	-0.6
Somerset County	453	1,882	falling	-0.6
Middlesex County	452.9	4,432	falling	-0.7
Essex County	452.5	4,014	stable	-0.3
Union County	446.4	2,875	falling	-1
Hudson County	398.2	2,679	stable	0.3
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22	2,487	falling	-1.1
US (SEER+NPCR)	18.9	74,016	falling	-2
Cape May County	29.8	50	falling	-4.1
Ocean County	27.6	276	stable	5.2
Hunterdon County	25.6	46	stable	0.2

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Sussex County	25.5	49	stable	-0.3
Monmouth County	25.1	216	stable	-0.2
Gloucester County	24.7	89	falling	-5.2
Burlington County	24.5	146	stable	-0.3
Cumberland County	24	43	stable	-0.4
Salem County	23.9	22	stable	0.2
Warren County	23.9	37	stable	-1
Atlantic County	23.1	85	falling	-4.5
Morris County	22.8	152	falling	-1.4
Camden County	22	136	stable	-1.2
Middlesex County	21.4	210	falling	-1.1
Mercer County	21.2	94	falling	-3.2
Bergen County	20.9	266	falling	-1.5
Passaic County	20.2	118	stable	-1.3
Somerset County	19.7	82	stable	-1.1
Union County	18.9	122	falling	-2
Essex County	16.8	147	falling	-1.4
Hudson County	15.5	99	falling	-1.8
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	689	falling	-0.4
US (SEER+NPCR)	6.4	22,602	falling	-0.7
Gloucester County	8.4	27	stable	1.2
Ocean County	8.2	60	stable	0.2
Somerset County	7.9	29	stable	-0.2
Cape May County	7.7	11	stable	-1
Monmouth County	7.5	57	stable	-0.8
Bergen County	7.4	80	stable	-0.2
Sussex County	7.3	12	stable	-1.4
Burlington County	7.2	38	stable	0.7
Passaic County	7.2	38	stable	-0.2
Mercer County	6.9	28	stable	-0.5
Hunterdon County	6.8	11	stable	-0.9
Camden County	6.8	39	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Salem County	6.7	5	*	*
Morris County	6.5	39	falling	-3.4
Middlesex County	6.3	58	stable	-0.8
Warren County	6.2	8	stable	1.1
Atlantic County	6	20	stable	-1.7
Cumberland County	5.8	9	stable	-1.5
Union County	5.7	34	stable	-0.9
Hudson County	5.7	39	stable	-0.6
Essex County	5.6	47	stable	-0.3
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	137.1	7,854	rising	0.6
US (SEER+NPCR)	127	249,750	rising	0.5
Burlington County	151	454	rising	1.4
Monmouth County	150.9	650	stable	0.3
Morris County	146.7	483	stable	0.2
Hunterdon County	146.2	130	stable	0.5
Gloucester County	145.4	279	rising	1.8
Bergen County	144	896	rising	0.9
Cape May County	143.9	112	stable	0.2
Somerset County	142.5	309	stable	0.2
Sussex County	141	139	stable	0
Camden County	138.7	450	stable	0.6
Ocean County	135.2	616	stable	0.9
Passaic County	134.9	402	rising	1.5
Mercer County	132.7	302	stable	0
Union County	132.6	451	stable	0.3
Warren County	132.3	99	stable	-0.2
Essex County	130.6	625	rising	1.4
Atlantic County	130.3	239	stable	0.2
Middlesex County	128.5	651	stable	-0.1
Salem County	122.7	53	stable	0.5
Cumberland County	120.8	111	stable	0.8
Hudson County	112.5	403	stable	0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.4	365	falling	-1.7
US (SEER+NPCR)	7.5	12,553	stable	-0.4
Cumberland County	10.9	9	stable	-2
Cape May County	9.5	5	stable	1
Passaic County	9.5	24	stable	-1.5
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4
Atlantic County	8.1	12	stable	-1.7
Union County	8	25	stable	-0.8
Middlesex County	7.9	37	stable	-1.1
Mercer County	7.6	15	stable	6.1
Burlington County	7.4	18	stable	-1
Camden County	7.4	21	falling	-2.4
Ocean County	7	23	stable	-1.3
Gloucester County	6.8	11	stable	-1
Warren County	6.8	3	stable	-1.2
Morris County	6.7	19	stable	-0.9
Hunterdon County	6.3	4	stable	21.6
Monmouth County	6.2	22	stable	-1.4
Somerset County	5.8	11	stable	2.3
Bergen County	5.3	30	stable	-1.3
Sussex County	5.1	4	falling	-3.7
Salem County	*	3 or fewer	*	*
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	38.7	4,270	falling	-1.5
US (SEER+NPCR)(1)	36.5	138,021	falling	-1.1
Cape May County(7)	45.1	71	stable	-0.2
Gloucester County(7)	44.3	158	falling	-2.5
Salem County(7)	44.1	36	falling	-1.9
Sussex County(7)	43.8	82	stable	0
Camden County(7)	43.2	263	stable	-2
Cumberland County(7)	42.7	74	stable	-1.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County(7)	42.5	62	stable	0
Ocean County(7)	41.7	378	stable	-1.6
Burlington County(7)	40.6	234	falling	-2.4
Passaic County(7)	39.6	227	stable	-0.5
Essex County(7)	38.7	340	stable	-1.1
Monmouth County(7)	38.6	319	stable	-1.8
Atlantic County(7)	38.5	136	falling	-3.4
Bergen County(7)	37.3	460	stable	-0.4
Hudson County(7)	37	247	falling	-2.7
Morris County(7)	36.5	239	stable	0.4
Union County(7)	36.3	232	falling	-3
Middlesex County(7)	36.1	353	falling	-2.9
Mercer County(7)	35.1	154	falling	-3.3
Hunterdon County(7)	34.9	61	falling	-2.3
Somerset County(7)	34.7	145	falling	-2.8
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	4.2	486	falling	-1.2
US (SEER+NPCR)(1)	4.5	17,922	stable	-0.1
Cape May County(7)	6.3	11	stable	0.8
Ocean County(7)	6	57	stable	-0.3
Warren County(7)	5.6	9	stable	0
Hunterdon County(7)	5.6	11	stable	-0.8
Gloucester County(7)	5.4	20	stable	1.4
Camden County(7)	5.3	34	stable	-0.7
Cumberland County(7)	5.3	9	stable	0
Sussex County(7)	5.2	11	stable	-1.1
Atlantic County(7)	4.9	18	stable	-1.5
Morris County(7)	4.6	31	stable	-0.3
Monmouth County(7)	4.5	39	stable	-1
Burlington County(7)	4.3	26	stable	-1.4
Passaic County(7)	4.1	24	stable	-0.8
Mercer County(7)	3.8	17	falling	-3.2
Middlesex County(7)	3.7	38	stable	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County(7)	3.4	22	stable	-1.7
Bergen County(7)	3.4	42	falling	-1.8
Essex County(7)	3.4	30	falling	-3.1
Hudson County(7)	3	21	stable	-2.1
Somerset County(7)	2.8	12	stable	-1.1
Salem County(7)	*	3 or fewer	*	*
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	16.2	1,785	stable	0.6
US (SEER+NPCR)(1)	17.2	65,490	rising	1.2
Salem County(7)	21	17	stable	1.3
Camden County(7)	19	116	stable	0.2
Burlington County(7)	18.8	109	stable	-0.2
Mercer County(7)	18.6	81	rising	2.5
Cape May County(7)	18.4	28	stable	1.8
Gloucester County(7)	18.2	68	stable	0.3
Ocean County(7)	17.9	156	rising	1.6
Warren County(7)	17.6	25	stable	1
Cumberland County(7)	17	30	falling	-6.6
Atlantic County(7)	16.5	58	stable	-0.2
Bergen County(7)	16.3	200	stable	0.6
Monmouth County(7)	15.8	132	rising	1.1
Middlesex County(7)	15.8	155	stable	0.3
Hunterdon County(7)	15.6	26	stable	0.3
Passaic County(7)	15.4	90	stable	0.7
Morris County(7)	15.3	99	stable	0.8
Sussex County(7)	15	30	stable	-0.5
Union County(7)	14.5	93	stable	0.6
Essex County(7)	14	124	stable	0.7
Hudson County(7)	13.7	94	rising	1
Somerset County(7)	13.3	56	stable	0
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	15.8	1,686	rising	1
US (SEER+NPCR)(1)	13.9	51,518	falling	-1.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Sussex County(7)	23.3	39	rising	3.6
Monmouth County(7)	18.7	149	rising	1.8
Hunterdon County(7)	18.2	31	stable	0.3
Morris County(7)	17.9	111	rising	1.5
Mercer County(7)	17.4	74	rising	2.1
Gloucester County(7)	17.3	59	stable	1
Ocean County(7)	17.3	157	stable	0.8
Warren County(7)	16.6	23	stable	1.4
Burlington County(7)	16.3	92	stable	1
Middlesex County(7)	16	147	stable	0.3
Cape May County(7)	15.5	24	stable	-0.6
Camden County(7)	15.2	90	stable	0.6
Bergen County(7)	15	176	stable	-2.4
Somerset County(7)	14.8	59	stable	-0.2
Union County(7)	14.7	91	stable	0.3
Essex County(7)	14.1	123	stable	0.8
Cumberland County(7)	13.9	24	stable	-8.9
Atlantic County(7)	13.8	47	stable	0
Passaic County(7)	13.6	75	stable	-9.3
Hudson County(7)	12.6	83	stable	0.6
Salem County(7)	11.9	9	stable	-1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	8	935	stable	0.5
US (SEER+NPCR)(1)	8.6	34,900	stable	0
Cumberland County(7)	11.9	21	rising	4.1
Cape May County(7)	11	19	rising	4.5
Atlantic County(7)	10.5	40	stable	2.2
Camden County(7)	9.2	61	stable	-4.4
Hudson County(7)	9	62	rising	2.8
Ocean County(7)	8.9	86	rising	3.6
Salem County(7)	8.7	8	rising	4
Essex County(7)	8.3	77	stable	1.1
Mercer County(7)	8.2	38	rising	1.8

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Passaic County(7)	7.8	47	stable	0.9
Bergen County(7)	7.7	98	rising	1.4
Middlesex County(7)	7.7	78	rising	2.1
Sussex County(7)	7.6	16	stable	1.9
Union County(7)	7.5	50	rising	2.3
Burlington County(7)	7.5	46	rising	2.1
Gloucester County(7)	7.3	28	rising	1.7
Monmouth County(7)	7.2	63	rising	2
Morris County(7)	7	47	rising	2.2
Warren County(7)	6.9	10	stable	1.5
Somerset County(7)	6.4	28	rising	2.2
Hunterdon County(7)	5.3	10	rising	2.2
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	51.3	5,849	falling	-1.9
US (SEER+NPCR)(1)	54	215,307	falling	-1.8
Salem County(7)	77.9	70	stable	1.4
Cape May County(7)	70.8	125	stable	-0.8
Ocean County(7)	69.8	702	stable	0.7
Gloucester County(7)	68.8	251	falling	-4.9
Cumberland County(7)	66.2	120	falling	-0.9
Warren County(7)	63.9	96	stable	-0.6
Atlantic County(7)	63.5	236	falling	-1.5
Camden County(7)	60.4	382	falling	-1.4
Burlington County(7)	57.4	346	falling	-1.1
Sussex County(7)	57	113	falling	-1.4
Monmouth County(7)	55.6	480	falling	-1.5
Mercer County(7)	50.5	228	falling	-1.5
Middlesex County(7)	45.9	453	falling	-2
Bergen County(7)	45.4	576	falling	-1.6
Morris County(7)	44.4	295	falling	-1.9
Passaic County(7)	43.4	254	falling	-1.9
Essex County(7)	42.9	379	falling	-2.2
Somerset County(7)	39.6	166	falling	-1.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hudson County(7)	39.2	257	falling	-2.4
Hunterdon County(7)	38.6	72	falling	-12.5
Union County(7)	37.9	245	falling	-5.8
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21	2,295	stable	0.4
US (SEER+NPCR)(1)	22.5	83,836	stable	1.5
Cape May County(7)	50.1	79	stable	1.9
Hunterdon County(7)	34.7	61	stable	1.6
Ocean County(7)	31.6	274	stable	-0.2
Monmouth County(7)	29.9	245	stable	-1.3
Sussex County(7)	28.6	53	stable	0.4
Gloucester County(7)	28.2	99	stable	1
Atlantic County(7)	26.9	94	rising	1.7
Morris County(7)	26.1	166	stable	0.3
Warren County(7)	25.7	37	stable	0.6
Burlington County(7)	25.6	146	stable	0.6
Somerset County(7)	24.8	102	stable	0.4
Salem County(7)	23.7	20	stable	-0.5
Camden County(7)	22.6	135	stable	0.5
Mercer County(7)	21.8	96	stable	0.4
Cumberland County(7)	17.5	30	stable	1.6
Bergen County(7)	16.8	202	falling	-1.5
Middlesex County(7)	15.4	149	falling	-5.5
Union County(7)	14.2	92	stable	-1.5
Passaic County(7)	12.3	70	stable	-0.3
Essex County(7)	10.4	92	stable	-0.6
Hudson County(7)	7.7	53	stable	-0.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21.3	2,323	stable	0
US (SEER+NPCR)(1)	18.6	70,394	falling	-1.3
Monmouth County(7)	24.2	200	stable	1.7
Morris County(7)	23.6	151	stable	-0.1
Sussex County(7)	23.5	44	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County(7)	23.3	34	stable	-0.4
Somerset County(7)	22.8	93	stable	0.3
Bergen County(7)	22.6	271	stable	0.2
Mercer County(7)	22.5	97	stable	0
Camden County(7)	22.3	135	stable	0.3
Ocean County(7)	22.1	202	stable	0.6
Burlington County(7)	21.8	125	stable	-0.2
Middlesex County(7)	21.5	207	stable	-0.1
Cumberland County(7)	20.8	36	stable	0.2
Passaic County(7)	20.6	117	stable	0.4
Atlantic County(7)	20.6	73	stable	-0.2
Gloucester County(7)	20.5	72	stable	-4.8
Union County(7)	18.8	120	stable	-0.3
Hunterdon County(7)	18.5	34	stable	-0.8
Essex County(7)	17.8	154	falling	-1.8
Salem County(7)	17.2	15	stable	-0.9
Hudson County(7)	17.1	113	stable	-0.5
Cape May County(7)	16.9	28	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.4	1,298	rising	0.9
US (SEER+NPCR)	11.9	46,507	stable	0
Cape May County	15.8	25	stable	0.5
Salem County	15	14	stable	0.7
Cumberland County	14.5	26	rising	2.2
Sussex County	14.2	27	stable	1.5
Ocean County	13.9	124	stable	2.6
Atlantic County	12.8	48	rising	1.4
Monmouth County	12.8	110	stable	0.8
Camden County	12.6	79	rising	1.6
Warren County	12.3	18	stable	2
Gloucester County	12	45	stable	0.9
Middlesex County	11.6	115	rising	1.9
Morris County	11.4	75	stable	1.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Burlington County	11.2	68	stable	1.1
Somerset County	11.1	48	stable	0.4
Passaic County	11	65	stable	2.3
Hunterdon County	10.9	21	stable	1.3
Mercer County	10.7	49	rising	8.2
Essex County	10.7	96	stable	-2.3
Bergen County	9.8	123	stable	0.2
Hudson County	9.4	66	stable	-0.7
Union County	8.6	55	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.3	654	falling	-2
US (SEER+NPCR)	10.1	19,863	falling	-3.3
Warren County	15	11	stable	0.9
Cape May County	14.7	11	stable	-0.2
Somerset County	12.6	27	falling	-2
Mercer County	12.3	29	stable	-0.9
Atlantic County	12.3	22	stable	-2.4
Cumberland County	11.9	11	stable	-1.2
Burlington County	11.8	35	stable	-0.9
Hudson County	11.8	42	stable	-0.8
Union County	11.6	39	falling	-1.9
Camden County	11.6	38	falling	-2.1
Hunterdon County	11.5	10	falling	-2.5
Sussex County	11.2	11	falling	-3.1
Middlesex County	11.2	58	falling	-2.3
Ocean County	11.1	52	falling	-1.3
Essex County	10.9	51	falling	-1.7
Bergen County	10.7	68	stable	-1
Monmouth County	10.6	47	falling	-2
Gloucester County	10.5	20	falling	-2.9
Passaic County	10.4	32	falling	-2.5
Morris County	10.2	36	falling	-3.1
Salem County	*	3 or fewer	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	14.8	1,687	rising	1.2
US (SEER+NPCR)(1)	13.2	52,045	rising	1
Ocean County(7)	16.8	162	rising	1.6
Salem County(7)	16.7	15	stable	1.8
Camden County(7)	16.4	103	rising	1.4
Cumberland County(7)	16.4	30	stable	1.6
Sussex County(7)	15.7	30	rising	3.1
Atlantic County(7)	15.6	58	rising	1.4
Burlington County(7)	15.6	92	rising	1.7
Gloucester County(7)	15.4	57	stable	1.1
Mercer County(7)	15.3	69	rising	1.9
Morris County(7)	15.2	102	rising	1.5
Warren County(7)	14.9	22	stable	-13.4
Essex County(7)	14.7	130	stable	0.8
Monmouth County(7)	14.6	127	rising	1.1
Bergen County(7)	14.3	182	stable	0.4
Passaic County(7)	14.2	84	stable	0.6
Hudson County(7)	14.2	93	stable	3.3
Hunterdon County(7)	14.1	26	stable	1.7
Somerset County(7)	13.4	59	rising	1.4
Middlesex County(7)	13.4	134	stable	0.9
Union County(7)	13.3	86	stable	0.4
Cape May County(7)	13	23	stable	0
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	143.3	7,783	stable	3.6
US (SEER+NPCR)	110.5	212,734	rising	2.5
Essex County	167.5	690	stable	4.7
Burlington County	165.9	480	stable	2.8
Mercer County	158.4	337	falling	-1.9
Cape May County	158	135	falling	-1.5
Gloucester County	156.5	284	falling	-1.5
Union County	154.8	478	rising	5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	151.9	456	falling	-1.6
Monmouth County	150.2	636	rising	6.3
Cumberland County	148.6	128	stable	-0.2
Passaic County	145.8	405	falling	-2.2
Morris County	142.4	463	falling	-2.6
Salem County	142.2	63	stable	-1.6
Bergen County	137.3	823	stable	-1.6
Somerset County	136	277	falling	-2.2
Middlesex County	135.1	645	rising	4.8
Hunterdon County	130	124	rising	7.5
Atlantic County	127.9	231	falling	-2.2
Ocean County	127.7	563	stable	6.6
Sussex County	124.7	128	falling	-3.7
Warren County	120	92	falling	-3.1
Hudson County	114.1	344	stable	1.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	7.5	832	falling	-1
US (SEER+NPCR)(1)	6.2	23,883	falling	-1
Passaic County(7)	10.4	59	stable	-0.1
Essex County(7)	9.2	81	falling	-1.3
Cumberland County(7)	8.8	15	stable	-1.5
Union County(7)	8.8	56	stable	-0.9
Hudson County(7)	8.4	56	falling	-1.9
Camden County(7)	8.3	51	stable	0.4
Bergen County(7)	8.2	101	stable	-0.7
Atlantic County(7)	7.7	28	stable	-0.8
Middlesex County(7)	7	69	falling	-2.2
Somerset County(7)	7	29	stable	-1.3
Monmouth County(7)	6.8	59	stable	6.5
Mercer County(7)	6.8	30	stable	-0.9
Sussex County(7)	6.6	13	stable	-0.6
Burlington County(7)	6.5	39	stable	-0.2
Gloucester County(7)	6	22	stable	-1.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Morris County(7)	6	39	falling	-1.7
Ocean County(7)	5.9	54	stable	-0.8
Warren County(7)	5.7	9	stable	-0.1
Salem County(7)	5.3	4	stable	-0.5
Hunterdon County(7)	5.3	10	stable	0.1
Cape May County(7)	5.2	9	stable	-1.7
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	17.5	1,673	falling	-2.2
US (SEER+NPCR)(1)	13.3	44,551	falling	-2.3
Monmouth County(7)	24.3	165	stable	0.2
Ocean County(7)	23.4	146	stable	0.1
Gloucester County(7)	21.7	67	rising	3.1
Warren County(7)	20.6	25	rising	2.2
Salem County(7)	20	13	stable	2.8
Hunterdon County(7)	19.2	26	rising	4.6
Bergen County(7)	18.8	191	stable	-0.6
Camden County(7)	18.6	100	falling	-6.1
Mercer County(7)	18.3	73	falling	-14.3
Burlington County(7)	17.8	88	falling	-3.8
Middlesex County(7)	17.1	151	stable	-1.7
Morris County(7)	16.9	91	stable	-2.6
Sussex County(7)	16.8	26	rising	3.4
Atlantic County(7)	16.2	46	stable	0.2
Somerset County(7)	16.1	57	falling	-6.1
Passaic County(7)	15	79	stable	-1.1
Cape May County(7)	14.9	15	stable	-3.2
Union County(7)	14.8	87	stable	3.8
Hudson County(7)	13.7	98	stable	-0.6
Essex County(7)	13.1	111	stable	-0.4
Cumberland County(7)	11.2	18	stable	-0.4
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,967	rising	0.8
US (SEER+NPCR)	27.4	56,871	rising	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex County	32.5	175	stable	0.6
Monmouth County	31.8	147	stable	0
Cape May County	31.7	27	stable	-12.7
Burlington County	31.7	103	stable	1.1
Essex County	31.6	160	rising	1.6
Morris County	31.4	113	stable	0.4
Union County	31.1	113	stable	1.1
Atlantic County	31	62	stable	-8
Somerset County	30.9	73	stable	0.1
Gloucester County	30.9	64	stable	1
Hudson County	30	112	rising	1.4
Bergen County	29.3	199	stable	0.1
Salem County	28.5	14	stable	0.3
Passaic County	28.5	91	stable	0.2

APPENDIX G7: TUMOR REGISTRY AND CANCER DIAGNOSTIC STAGING 2023

In 2023, RWJUH's tumor registry data showed that 12.8% and 14.4% 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: Retroperitoneum and Peritoneum (50.0%), Lip Oral Cavity (40.6%), Respiratory Systems (35.0%), Digestive Organs (28.9%), Lymph Nodes (26.0%).

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BONES, JOINTS and ARTICULAR CARTILAGE		16	0.0%	10.0%	10.0%
	BONES, JOINTS AND ARTICULAR CARTILAGE OF OTHER AND UNSPECIFIED SITES	12	0.0%	10.0%	10.0%
BREAST		627	4.2%	5.2%	9.4%
	BREAST	627	4.2%	5.2%	9.4%
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES		56	12.1%	9.1%	21.2%
	CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES	56	12.1%	9.1%	21.2%
DIGESTIVE ORGANS		881	21.2%	28.9%	50.1%
	ANUS AND ANAL CANAL	28	30.0%	0.0%	30.0%
	COLON	256	23.3%	31.6%	54.9%
	ESOPHAGUS	39	11.8%	29.4%	41.2%
	GALLBLADDER	17	12.5%	62.5%	75.0%
	LIVER AND INTRAHEPATIC BILE DUCTS	86	25.6%	37.2%	62.8%
	OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT	23	21.4%	21.4%	42.9%
	PANCREAS	160	10.2%	36.4%	46.6%
	RECTOSIGMOID JUNCTION	18	33.3%	22.2%	55.6%
	RECTUM	84	44.4%	13.3%	57.8%
	SMALL INTESTINE	40	12.5%	25.0%	37.5%
	STOMACH	126	17.6%	24.3%	41.9%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		184	0.0%	0.0%	0.0%
	BRAIN	87	0.0%	0.0%	0.0%
	MENINGES	66	0.0%	0.0%	0.0%
	SPINAL CORD, CRANIAL NERVES, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	24	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		397	20.8%	13.5%	34.3%
	CERVIX UTERI	54	41.9%	12.9%	54.8%
	CORPUS UTERI	200	16.8%	6.9%	23.7%
	OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS	23	26.3%	26.3%	52.6%
	OVARY	60	17.1%	25.7%	42.9%
	UTERUS, NOS	12	16.7%	50.0%	66.7%
	VAGINA	11	40.0%	0.0%	40.0%
	VULVA	37	11.1%	16.7%	27.8%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		537	2.4%	1.6%	3.9%
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	537	2.4%	1.6%	3.9%

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
LIP, ORAL CAVITY AND PHARYNX		148	14.2%	40.6%	54.7%
	GUM	13	10.0%	70.0%	80.0%
	OTHER AND UNSPECIFIED PARTS OF MOUTH	19	0.0%	46.2%	46.2%
	OTHER AND UNSPECIFIED PARTS OF TONGUE	33	3.6%	53.6%	57.1%
	PAROTID GLAND	11	44.4%	22.2%	66.7%
	TONSIL	26	26.7%	6.7%	33.3%
LYMPH NODES		280	18.7%	26.0%	44.7%
	LYMPH NODES	280	18.7%	26.0%	44.7%
MALE GENITAL ORGANS		598	19.3%	13.2%	32.5%
	PROSTATE GLAND	548	18.2%	14.5%	32.7%
	TESTIS	39	31.8%	0.0%	31.8%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		417	18.2%	35.0%	53.2%
	BRONCHUS AND LUNG	349	18.9%	34.8%	53.7%
	HEART, MEDIASTINUM, AND PLEURA	10	0.0%	25.0%	25.0%
	LARYNX	38	16.7%	40.0%	56.7%
	THYMUS	10	25.0%	25.0%	50.0%
RETROPERITONEUM AND PERITONEUM		11	0.0%	50.0%	50.0%
	RETROPERITONEUM AND PERITONEUM	11	0.0%	50.0%	50.0%
SKIN		563	8.0%	1.9%	9.9%
	SKIN	563	8.0%	1.9%	9.9%
THYROID AND OTHER ENDOCRINE GLANDS		209	4.2%	5.6%	9.7%
	ADRENAL GLAND	12	11.1%	0.0%	11.1%
	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	36	0.0%	0.0%	0.0%
	THYROID GLAND	161	4.4%	7.0%	11.4%
UNKNOWN PRIMARY SITE		51	0.0%	0.0%	0.0%
	UNKNOWN PRIMARY SITE	51	0.0%	0.0%	0.0%
URINARY TRACT		402	16.3%	13.2%	29.5%
	BLADDER	181	20.0%	8.7%	28.7%
	KIDNEY	168	17.0%	15.6%	32.6%
	OTHER AND UNSPECIFIED URINARY ORGANS	12	0.0%	33.3%	33.3%
	RENAL PELVIS	26	4.5%	18.2%	22.7%
	URETER	15	0.0%	9.1%	9.1%
Grand Total		5378	12.8%	14.4%	27.2%

G8: CANCER REGISTRY AND CANCER DIAGNOSTIC STAGING 2024

CANCER PATIENT ORIGIN	2024 SPUH IP PATIENTS	%	2024 SPUH OP PATIENTS	%
Middlesex County	50	3.89%	953	47.77%
Primary Service Area	978	75.99%	727	36.44%
Secondary Service Area	148	11.50%	315	15.79%
Out of Service Area (NJ)	91	7.07%	0	0.00%
Out of State	20	1.55%	0	0.00%
TOTAL	1,287	100.00%	1,995	100.00%
Franklin (08873)	146	37.15%	0	0.00%
New Brunswick (08901)	81	20.61%	192	58.18%
Monroe (08831)	96	24.43%	0	0.00%
Piscataway (08854)	70	17.81%	138	41.82%
TOTAL	393	100.00%	330	100.00%

Data source- Decision Support 9/12/2025

In 2024, Saint Peter's University Hospital's cancer registry data showed that 9.1% and 12.4% of overall analytic cases were Stage 3 and 4 respectively. The following primary sites have a case volume of 10 or greater and are made up of more than 25% of Stage 4 cases: Respiratory System (41.5%), Lymphoma (30.8%), Digestive Organs (30.7%).

Main Site	Subsite	Cases (both analytic and non-analytic) - 2024	% Stage 3 (analytic cases)	% Stage 4 (analytic cases)	Total % Stage 3 & 4 (analytic cases)
BONES, JOINTS and ARTICULAR CARTILAGES		1	0.0%	100.0%	100.0%
	BONES AND JOINTS	1	0.0%	100.0%	100.0%
BREAST		456	5.9%	2.5%	8.4%
	BREAST	456	5.9%	2.5%	8.4%
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES		3	0.0%	0.0%	0.0%
	CONNECTIVE,SUBCUTANEOUS, AND OTHER SOFT TISSUES	3	0.0%	0.0%	0.0%
DIGESTIVE ORGANS		186	13.6%	30.7%	44.3%
	ANUS AND ANAL CANAL	1	0.0%	0.0%	0.0%
	COLON	37	13.3%	26.7%	40.0%
	ESOPHAGUS	11	16.7%	50.0%	66.7%
	GALLBLADDER	2	0.0%	100.0%	100.0%
	LIVER AND INTRAHEPATIC BILE DUCTS	23	20.0%	40.0%	60.0%

OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT	7	0.0%	0.0%	0.0%
OTHER DIGESTIVE ORGANS	1	0.0%	0.0%	0.0%
PANCREAS	46	12.9%	45.0%	57.9%
RECTOSIGMOID JUNCTION	5	0.0%	0.0%	0.0%
RECTUM	19	31.3%	25.0%	56.3%
SMALL INTESTINE	10	0.0%	22.2%	22.2%
STOMACH	24	10.5%	21.1%	31.6%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	73	0.0%	0.0%	0.0%
BRAIN	20	0.0%	0.0%	0.0%
EYE AND ORBIT	1	0.0%	0.0%	0.0%
CRANIAL NERVES, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	52	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS	78	10.8%	12.2%	23.0%
CERVIX UTERI	4	50.0%	0.0%	50.0%
CORPUS UTERI AND UTERUS, NOS	58	7.0%	1.8%	8.8%
OVARY	14	9.0%	63.6%	72.6%
OTHER FEMALE GENITAL ORGANS	2	50.0%	50.0%	100.0%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	36	0.0%	0.0%	0.0%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	36	0.0%	0.0%	0.0%

Main Site	Subsite	Cases (both analytic and non- analytic) - 2024	% Stage 3 (analytic cases)	% Stage 4 (analytic cases)	Total % Stage 3 & 4 (analytic cases)
ORAL CAVITY AND PHARYNX		12	12.5%	0.0%	12.5%
	GUM AND OTHER MOUTH	3	0.0%	0.0%	0.0%
	SALIVARY GLANDS	4	0.0%	0.0%	0.0%
	TONGUE	4	33.3%	0.0%	33.3%
	TONSIL	1	0.0%	0.0%	0.0%
LYMPHOMA		50	23.1%	30.8%	53.9%
	LYMPHOMA	50	23.1%	30.8%	53.9%
MALE GENITAL ORGANS		103	11.6%	10.1%	21.7%
	PENIS	2	0.0%	0.0%	0.0%
	PROSTATE GLAND	94	11.7%	11.7%	23.4%
	TESTIS	7	14.3%	0.0%	14.3%
MISCELLANEOUS		25	0.0%	0.0%	0.0%
	MISCELLANEOUS	25	0.0%	0.0%	0.0%

RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS	96	16.9%	41.5%	58.4%
BRONCHUS AND LUNG	91	17.5%	42.9%	60.4%
MEDIASTINUM, AND PLEURA	1	0.0%	0.0%	0.0%
LARYNX	3	0.0%	0.0%	0.0%
NOSE, NASAL CAVITY AND MIDDLE EAR	1	0.0%	0.0%	0.0%
RETROPERITONEUM AND PERITONEUM	3	0.0%	0.0%	0.0%
RETROPERITONEUM AND PERITONEUM	3	0.0%	0.0%	0.0%
SKIN	13	20.0%	0.0%	20.0%
SKIN	13	20.0%	0.0%	20.0%
THYROID AND OTHER ENDOCRINE GLANDS	37	0.0%	0.0%	0.0%
OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	17	0.0%	0.0%	0.0%
THYROID GLAND	20	0.0%	0.0%	0.0%
URINARY TRACT	85	7.5%	10.0%	17.5%
BLADDER	44	2.3%	9.3%	11.6%
KIDNEY AND RENAL PELVIS	36	15.6%	9.4%	25.0%
OTHER AND UNSPECIFIED URINARY ORGANS	1	0.0%	0.0%	0.0%
URETER	4	0.0%	25.0%	25.0%
Grand Total	1,257	9.1%	12.4%	21.5%

Appendix H. Outcomes and Results from Previous Implementation Plan

During the reporting period for Community Health Improvement Plan (10887), January 2023 through December 2025, throughout this 2023–2025 CHIP, a total of \$568,295 has been allocated from Saint Peters University Hospital and Robert Wood Johnson University Hospital in support of 1.5 Staffing FTE (CHIP Manager, CHIP Administrative Assistant), and 1 Program Coordinator FTE housed at RWJUH (ended in 2023), as well as office and programming expenses. 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 Saint Peter’s University Hospital (SPUH)- and Robert Wood Johnson University Hospital (RWJUH)-supported staff (CHIP Manager 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 as needed to plan and implement specific objectives. During 2023 to 2025, 18 Healthier Middlesex meetings have been held. The SPUH- and RWJUH-supported staff also attends regular meetings on behalf of Healthier Middlesex in support of the CHIP objectives: Mayor’s Health and Wellness Committee Member, Woodbridge Township; East Brunswick Mayor’s Wellness Committee; Feeding Middlesex; Feeding New Brunswick; 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; and the Middlesex and Union Counties’ Regional Chronic Disease Coalition.

Resources were also used to maintain a website (www.healthiermiddlesex.com) and to engage on social media to promote the activities of the Healthier Middlesex partners in achieving the goals. Health educational materials, program flyers, and information from Healthier Middlesex partners are distributed via the Healthier Middlesex email listserv, allowing partners to share with their respective networks. Information is also posted on Healthier Middlesex’s social media accounts (Facebook, Instagram, and X [Twitter]). Since incorporating social media 6 years ago, Healthier Middlesex has seen a significant increase in engagement, with 697 Facebook followers, 210 Twitter followers, and 1,121 Instagram followers.

Please note that the reporting period for 2023–2025 reflects data collected from January 2023 through September 2025, unless otherwise noted. Due to the timing of this report’s completion, data from the final quarter of 2025 could not be included.

High-level Highlights from 2023–2025:

Priority Area I: Mental Health and Substance Use

Goal I: Establish a system to enhance equitable, local access to, and availability and utilization of, affordable, culturally aware mental health and substance use resources for all in Middlesex County.

Objective 1.1: By December 2025, increase equitable access and availability of mental health and substance use prevention and wellness programs in Middlesex County by updating and aligning the Behavioral Health Resource and Referral Guide (BHRRG) and the Middlesex County Service Locator.

- Between 2023 and 2025, several initiatives were undertaken to enhance behavioral health resources and engagement in New Brunswick. In 2023, a cross-comparison between the Behavioral Health Resource and Referral Guide (BHRRG) and the Middlesex County Service Locator tool revealed that the latter may serve as a more effective future option. However, it still lacked complete information and clear usage instructions. In 2024, collaboration began on a service provider gap analysis project with New Brunswick Tomorrow, Rutgers Medical School, and local mental health providers, which concluded that additional input from community residents was needed. This led to the development, in 2025, of a community survey to assess residents' perceptions of mental health and improve engagement in support networks. The BHRRG has continued to be promoted in partnership with Rutgers Medical School and Healthier Middlesex, resulting in a measurable increase in online engagement—1,633 website hits in 2023 and 2,274 in 2024, reflecting nearly a 40% year-over-year rise.

Objective 1.2: By December 2025, increase utilization of mental health, substance use, and wellness services by 10% from baseline.

- From 2023 to 2025, Healthier Middlesex and its partners implemented multiple initiatives to reduce behavioral health stigma and strengthen community mental health education. One key effort was the First Annual Stigma Education Forum, which drew nearly 80 participants. Additional efforts included presentations from New Jersey's 988 representatives (Suicide and Crisis Lifeline), ARRIVE Together, and NJDHHS Division of Mental Health and Addiction Resources —Designated Screening Services Centers — working with those experiencing psychiatric emergencies to provide crisis intervention, information, and referrals. Throughout the CHIP period, Healthier Middlesex supported Mental Health First Aid (MHFA) training, aiming to train 125 individuals—a 10% increase from the previous CHIP—and ultimately certified 147 people by 2025. In 2024, Healthier Middlesex and partners, including the New Brunswick School System and NAMI En Español, hosted the “Healing in Community” mental health conference, featuring Spanish-speaking speakers and workshops, and approximately 200 attendees. In addition, the RWJUH Community Health Ambassadors (CHAs) supported outreach/education efforts related to mental health and wellness by canvassing neighborhoods about these events, and also by attending educational presentations such as one about youth mental health presented by local partner Coordinated Family Care, as well as another by a Rutgers researcher about

serious mental illness in Latino populations which was presented to RWJUH's Latino Diabetes Support Group.

- To further promote resilience and empowerment, RWJUH Community Health Promotions Program (CHPP) hosted the annual Artists Mentoring Against Racism, Drugs & Violence (AMARD&V) summer program for approximately 50 children each year. RWJUH CHPP also supported vulnerable families through other initiatives. These included distributing 400 backpacks and school supplies to low-income children, hosting Annual Night Out events for about 60 families each year, connecting 110 families through the Adopt-A-Family program, providing 300 families with turkeys during the holiday drive, and hosting a holiday celebration for 895 children in 2024. These annual efforts will all continue this upcoming holiday season.

Objective 1.3: By December 2025, expand the RWJUH- Hospital Violence Intervention Program (HVIP), serving traumatically injured adult victims of community violence, to improve patient outcomes, reduce patient re-injury, and reduce retaliatory violence. And Objective 1.4: By December 2025, enhance and support collaborations with internal and external partners to improve outcomes for HVIP participants.

- From 2023 to 2025, RWJUH's Hospital Violence Intervention Program (HVIP) provided comprehensive support to crime victim survivors, expanding both outreach and impact across Middlesex County. Over the three years, a total of 760 survivors were served, with 33% enrolling formally in the program in 2023 and others receiving brief interventions. In 2023, 51% of enrolled clients received mental health counseling with our community partner, the Puerto Rican Action Board (PRAB), with 86.6% of those reporting improved mental health and reduced traumatic symptoms; 43.9% also received assistance with VCCO (Victims of Crime Compensation Office) applications. In 2024, 107 survivors were served (39 carried over and 68 newly identified), and 60 participated in counseling, 89.5% of whom reported symptom improvement. The program also hosted four W.A.V.E. Community Consortium meetings and reached 715 participants through domestic violence awareness and education sessions. From January to September 2025 (Q1-Q3), HVIP served 80 survivors (including ongoing clients) and made 48 referrals to PRAB, which provided 239 therapy sessions; most clients showed improvement, and nearly half reported significant progress. Also, thus far in 2025, program staff participated in 19 community events and anti-violence trainings, engaging 1,398 individuals, while both NBDVAC and W.A.V.E. Consortia continued to meet quarterly to advance violence prevention goals and initiatives.

Priority Area II: Financial Well-Being and Housing Stability

Goal II: Everyone has equitable access to secure the financial resources to meet their basic needs, save for the future, and maintain safe, quality, and stable housing.

Objective 2.1: By December 2025, increase the number of people who participate in financial literacy programs within Middlesex County, with a focus on engaging traditionally underserved communities/populations.

- From 2023 to 2025, Healthier Middlesex advanced efforts to strengthen financial literacy and security among community members and partners. A 2022 survey established that 41% of Healthier Middlesex partners offered financial security programs, which increased to 53% in 2023. In 2024, partnerships were formed with Chase Bank, Ocean First, PNC, Magyar Bank, Columbia Bank, and Affinity Credit Union to expand financial education workshops throughout Middlesex County. To prevent data duplication, 2024–2025 data collection was temporarily paused to identify improved tracking methods. Healthier Middlesex also sponsored a financial resources education conference for New Brunswick businesses in August 2023 at Saint Peter’s, attended by 50 community members and local business owners, with RWJUH promoting and providing staff to help facilitate the event. Additionally, RWJUH continued promoting a debt-free program at the hospital.

Objective 2.2: By December 2025, partner with community-based organizations in Middlesex County to hold five employment fairs within the community for county residents.

- From 2023 to 2025, both RWJUH and SPUH consistently supported local employment through annual hiring events, job fairs, and college and university recruitment. RWJUH organized three large Hire Local Employment Fairs, each drawing about 150 participants, and held 10 total hiring events in 2023, 30 in 2024, and 27 by August 2025, combining large-scale and department-specific efforts. In 2024, Saint Peter’s expanded its outreach by sending Human Resources representatives to community events not focused on hiring to strengthen local recruitment. Additionally, the Middlesex County Workforce Development Board hosted multiple hiring events each year of the CHIP, attracting hundreds of residents. Information about these opportunities was regularly shared through the Healthier Middlesex listserv. At the same time, RWJUH actively promoted job openings through social media, community fairs, word of mouth, and its Community Health Ambassadors.
- In 2023, RWJUH partnered with the Youth Advocate Program (YAP) and Middlesex College to offer the Healthcare Hospitality Certificate Program, a comprehensive 8-week program designed to expose youth to healthcare careers. The program provides summer job training through department rotations and via job skills training to ensure participants gain valuable insights and experiences across various facets of the healthcare organization. The program includes classroom learning modules, hands-on orientation training, mentorship, and shadowing to equip students with the foundational skills for job readiness and career development. In 2023, 15 teens graduated from the program, and four were hired for entry-level positions in the hospital. In 2024, 25 youth graduated from the program, and in 2025, 20 youth graduated, with six additional students hired at the hospital following program completion.

Objective 2.3: By December 2025, hold three workshops per year to increase the education and awareness of safe, affordable housing options.

- During this CHIP period, Healthier Middlesex and its partners advanced housing stability initiatives through education, legal support, and community engagement. In 2023, the coalition partnered with the New Brunswick Healthy Housing Collaborative,

LCNJ, Middlesex County, New Brunswick Tomorrow, and other local partners to produce Tenant's Rights videos for the Healthier Middlesex Resource Hub, which were uploaded in December 2023. That same year, collaborations with LAMP, Legal Services, Rutgers, and Johnson & Johnson resulted in two Tenant's Rights and Eviction Prevention workshops attended by 75 families, with RWJUH Community Health Ambassadors (promotoras) supporting outreach and attending sessions. In 2024, four additional workshops were held with Legal Services of New Jersey and Rutgers, reaching over 50 community members. RWJUH's Medical Legal Partnership, which provides legal aid to low-income patients, served 45 patients with housing-related cases from 2023 to 2025. Additionally, the Middlesex County Human Services Advisory Council hosted the Middlesex County Housing Policy Summit in August 2024 at Middlesex College, drawing over 150 attendees to discuss New Jersey's new A-4/S-50 law redefining municipal affordable housing obligations.

Priority Area III: Access to Healthcare

Goal III: Ensure all community members have awareness of and equitable access to affordable, comprehensive, and culturally appropriate health education/ information and quality care.

Objective 3.1: By December 2025, create a dynamic access point/hub for culturally appropriate social determinants of health provider information and service resources.

- In early 2023, Healthier Middlesex launched an online Resource HUB at healthiermiddlesex.com featuring directories for social determinants of health (SDOH) provider information, including REPLENISH's Healthy Foods Access Map, the Middlesex County Service Locator Tool, Just for the Health of It, and the Behavioral Health Referral and Resource Guide (BHRRG). In 2024, the HUB was expanded to include Tenant's Rights videos in English and Spanish, Tenant's Rights infographics, and the Tri-County Food Security Index to identify areas with high food insecurity. In partnership with RWJUH and the East Brunswick Public Library, and supported through New Jersey Health Initiative (NJHI) funding, "Just for the Health of It— Accessing Health Education and Information" videos were created and posted to the library website, which Healthier Middlesex continues to promote and monitor. From 2023 through September 2025, the site attracted 54,564 unique users and 84,569 website visits, demonstrating strong engagement and success in providing accessible community health information.

Objective 3.2: By December 2025, develop a standard for the collection, analysis, and sharing of health service use data by individual, community, and county.

- Healthier Middlesex healthcare systems, including Robert Wood Johnson University Hospital, Saint Peter's University Hospital, Hackensack Meridian Health, and the Middlesex County Office of Health Services, follow the standards of data collection and reporting that are required by the Federal and State governments. Community Health Needs Assessments are public and include [hospital-level data that can be utilized](#).

Objective 3.3: By December 2025, coordinate and align data collected from the community, health systems, and stakeholders to consistently measure Social Determinants of Health (SDOH) (e.g., housing) and identify linguistically/culturally appropriate solutions.

- In 2023, Healthier Middlesex collected and analyzed SDOH screening tools from RWJUH, SPUH, and Hackensack Meridian to compare data and identify collaboration opportunities. A 2024 meeting between the three health systems resulted in an agreement to share screening information to strengthen connections with organizations addressing social determinants of health beyond hospital settings. On September 9, 2024, all three hospitals presented their SDOH screening data to the whole Healthier Middlesex consortium. A follow-up presentation occurred on March 12, 2025, with a few changes reported.

Objective 3.4: By December 2025, increase (by 10%) the number of people in Middlesex County that participate in education programs to improve their health literacy, with a focus on engaging traditionally underserved communities/populations within the county.

- To improve access to community resources, Middlesex County partnered with Findhelp.org to launch a free Service Locator Tool for residents and community-based organizations. Healthier Middlesex promoted the tool and hosted four trainings between 2023 and 2025, engaging a total of 278 participants, with another session planned for November 2025. The coalition also partnered with National Library of Medicine-trained librarians from the East Brunswick Public Library to produce a multilingual Health Literacy Education Video created in English, Spanish, Arabic, Russian, Hindi, Korean, and Mandarin. These videos were distributed to partners and posted online in early 2024. Additionally, RWJUH nurses provided health literacy training for Community Health Ambassadors, who completed 38 sessions across 2023 and 2024 to strengthen community education efforts.

Objective 3.5: By December 2025, increase annually by 10%, the number of residents that can access health and social services within their community with a focus on engaging medically underserved populations within the county in their preferred language.

- Established in 1995, Saint Peter's University Hospital's (SPUH) Mobile Community Health Services continues to provide biometric screenings to residents who work, live, play, and worship in Middlesex County. SPUH Mobile Community Health Services "plants the seeds of wellness" by empowering participants to take charge of their healthcare needs through screenings and health education. The CHS team provides biometric screenings for blood pressure, blood sugar, A1c, total cholesterol, and bone density. Other services provided by the CHS team include vision/hearing testing, dermascan, skin cancer assessments, healthcare lectures, Influenza/COVID vaccinations, and hosts health fairs. Referrals are made to various healthcare agencies and resources, including the participant's primary healthcare providers. If the participant does not have insurance or a primary medical home, referrals are made to the Saint Peter's Family Health Center. At the Family Health Center, participants can address their healthcare needs, apply for financial programs, and access the Food

Market to obtain food that supports their prescribed diet. The Mobile Community Health Service team recognizes and respects cultural differences and ensures that language barriers do not impede the provision of healthcare education. The team nurses also reach out to participants to ask whether they have followed up with their primary healthcare provider and whether they need additional assistance, such as educational reinforcement or resources to access care. From 2023 to 2025, SPUH Mobile Community Health Services provided a total of 18,760 biometric screenings and/or health education interactions at 718 unique sites in Middlesex County. SPUH Mobile Community Health has also administered 6,652 influenza vaccinations at 85 unique sites and 533 COVID-19 vaccinations at 18 unique sites.

- Starting in 2023, Saint Peter’s Community Outreach Department offered programs that covered “Implicit Bias and Social Determinants of Health”. This program is a multi-module course that includes pre-work, a required in-person session, and a post-course exam. This program was specifically designed for clinical and non-clinical health care providers to explore and define bias, learn to recognize it, take accountability, and find ways to mitigate its potential impacts. In 2023, one session was provided with a total of 41 participants, including one community partner. In 2024, four in-person sessions were held, with a total of 158 participants: 127 Saint Peter’s Healthcare System employees and 31 community partners. In 2025, three in-person sessions were held with a total of 46 participants. Then the program was moved to an asynchronous online format, with 1,696 participants from SPSHS completing the course.
- Healthier Middlesex partners have also worked hard on this objective. In partnership with the Mobile Family Success Center (Catholic Charities), Healthier Middlesex delivered community health and safety education through interactive events such as Bike Rodeos and Bike Tours. From 2023 to 2025, these educational Bike Rodeos and Bike Tours were held across Middlesex County to teach children and families essential bike safety skills through hands-on activities and guided rides. Over this period, 17 events were held, with 1,956 participants. Additional family-oriented initiatives included Healthy Kids Day, held annually to connect families with health and wellness resources, attracting a combined 551 participants from 2023 to 2025, and annual Community Baby Showers, which supported new and expecting parents with health education and community resources, engaging 181 participants across 2023–2024 (with 2025 data pending). Additionally, Hackensack Meridian Health’s Community Outreach team conducted 11,923 screenings across 132 sites in 2023–2024, with 2025 data still being collected.
- Staff with the RWJUH Community Health Promotions Program (CHPP) were very busy with this objective over the last three years. CHPP staff have delivered 1,888 flu shots to children in New Brunswick, 370 free cervical cancer screenings, 80 free eye screenings, and 25 free mammograms, while hosting 18+ other health fairs and screening events that reached 3,145+ attendees, with at least 630 people screened. The Mexican Consulate of New Brunswick and RWJUH launched the Ventanilla de Salud/Window of Health partnership in mid-2024. Since the program’s inception, they have provided 7,548 health education and screening services to over 8,656 attendees, distributed 6,786 educational flyers, and made 415 medical referrals. These numbers include 1,208 blood pressure and glucose screenings, 131 HIV tests, 518 flu/COVID vaccinations, and 118 cervical cancer screenings. RWJUH Community

Health Ambassadors (Promotoras/Team Salud) conducted extensive outreach in the greater Middlesex County area during this CHIP period, making a combined 48,465 touchpoints through community canvassing and social media engagement. Between January and September 2025, the promotoras attended five educational and professional workshops, participated in 28 outreach events, and supported 63 additional community activities through tabling and educational efforts. The Your Health Kiosk program, a collaboration between RWJUH and Rutgers Medical School, also aimed to expand access to healthcare through navigation support, community partnerships, and a digital text-based platform. Over its duration from 2023 until the grant ended in September 2025, the program staff enrolled 2,327 people, participated in 139 community events, and issued 323 medical referrals, 131 referrals for procedures and screenings, 540 referrals for SDOH needs, and provided transportation 519 times. In 2025 alone, 1,020 individuals interacted with the chat platform, exchanging 14,636 messages. Additionally, the RWJUH Women's Health Clinic served 3,059 patients from 2024 through September 2025, completing 1,708 Pap smears and administering 210 HPV vaccine doses, with additional vaccination data pending for 2025.

- From 2023 to 2025, RWJUH's Latino Diabetes Wellness & Prevention Program also continued to expand its reach and impact in the New Brunswick community. The program maintained an average monthly support group size of 40–50 participants, with a total attendance of 1,411 over the three-year period, including 394 individuals with diabetes and 54 supporting family members in 2025 alone. The annual Salsa & Salud Diabetes Health Fair attracted a combined 406 participants in 2023 and 2024 (with the next event occurring in November 2025), while diabetes education classes for newly diagnosed individuals served 194 people across all three years. The team also participated in 16 community outreach events in 2024, including educational presentations, tabling, and/or cooking demonstrations, and 22 so far in 2025. Project Inspire—a weeklong educational program for children and grandchildren of support group members—reached 198 African American and Latino children total from 2023 to 2025, with another Project Inspire planned before the end of the year. Notably, staff members maintained strong participation in these programs despite widely reported difficulties stemming from the political climate and concerns about community members' safety.
- In addition, RWJUH Community Health Education offers free virtual and in-person classes in stretching, stress relief, cooking, and education to our culturally diverse Central New Jersey population, serving a total of 3,341 participants from 2023 through the first three quarters of 2025. The program also provides space and support for community support groups meeting weekly or monthly at the RWJ Fitness and Wellness Center in New Brunswick, with a combined attendance of 7,060 people over the same period. Beginning in late 2024, Community Health Education expanded outreach to Middlesex County senior centers, reaching 52 seniors that year and an additional 241 seniors through 11 classes in 2025, along with four more educational sessions conducted at food banks and other partner sites. Additionally, from 2023 to 2025, RWJUH Community Health conducted community tours and educational seminars on the health beliefs and practices in minority communities, reaching 70 people total.

Priority Area IV: Supplemental Food Assistance

Goal IV: Ensure access to and utilization of local, healthy, culturally appropriate, and sustainable food choices without stigma or barriers.

Objective 4.1: By December 2025, establish and increase the number of organizations addressing food insecurity that educate their staff and utilize REPLENISH Healthy Foods Access map.

Objective 4.2: By December 2025, increase annually by 10% from baseline, the number of health and social service providers who are educated on food resources and barriers to access. Objective 4.3: By December 2025, to create and expand volunteer base (healthcare and other social service providers) by 50% from baseline to assist Middlesex County's food insecurity programs.

- In 2023, Healthier Middlesex collaborated with REPLENISH to develop and deliver a curriculum training five organizations on how to use the REPLENISH Healthy Foods Map, with survey results showing improved understanding of food insecurity and awareness of available food assistance resources. In 2024, REPLENISH conducted a Capacity Assessment of Middlesex County pantries, revealing that only 36% operated under a Client Choice Model (CCM), prompting plans to support additional conversions to this model. In 2024, the RWJUH Maternal Wellness Pantry converted to the Client Choice Model. That same year, Healthier Middlesex contributed to the creation of the Middlesex County Food Insecurity Index, a project led by the Trenton Health Team and supported by the New Jersey Office of the Food Security Advocate. Ongoing support for Feeding Middlesex County continues to be guided by executive staff from the anchor health systems, with Mariam Merced of RWJUH and Ishani Ved of SPUH serving as board members in 2024 and 2025. They both volunteer to identify additional funding for REPLENISH programming. Volunteer opportunities are shared via Healthier Middlesex and REPLENISH's listservs. Both RWJUH and SPUH have staff who volunteer at REPLENISH, and they work with many volunteers at their own pantries as well.

Objective 4.4: By December 2025, increase access to supplemental food resources within the healthcare setting.

- The RWJUH Maternal Wellness Food Pantry was started in April 2022, serving pregnant women and women who have recently given birth at RWJUH who live in New Brunswick. At that time, 20 households were served per month, and 4,125 total pounds of food were distributed. The program continued to grow in 2023, serving an average of 34 households and 170 individuals. On average, 1,067 pounds of food were distributed each month that year. We saw further growth in 2024, serving an average of 66 households and 315 individuals each month. On average, 1,504 pounds of food were distributed per month. From January through September 2025, pantry staff saw an average of 89 households with 436 individuals per month. 39,912 pounds of food were distributed in total, or 4,434 pounds per month on average, reflecting a 345%

increase in households served and a 315% increase in total food distributed since its start in 2022. Staff also distributed 15,690 period products and 47,766 diaper products to their participants during this time.

- RWJUH hired a full-time SNAP Navigator in December 2024. From January through September 2025, 173 SNAP applications were completed, 348 other people received technical assistance of any kind, and 103 events/pantries were attended where our SNAP Navigator tabled and provided information about the services she offers. Events/locations where our SNAP Navigator tables include food pantries and food banks, farmers markets, the RWJUH Family Planning Clinic, community events, and many different health fairs hosted by RWJUH and other community partners in New Brunswick and greater Middlesex County.
- The SPUH Family Health Center Food Market also provides essential food and nutrition support to local families. In 2024, the pantry served an average of 35 households (130 individuals) per month, distributing approximately 1,667 pounds of food monthly. As of September 2025, the program continues to grow, serving an average of 38 households (146 individuals) per month and distributing 1,249 pounds of food, demonstrating its ongoing and vital role in addressing food insecurity in the community. Additionally, as of December 2024, a SNAP Navigator from Community Food Bank of NJ is established at locations around Middlesex County: RNYMCA, SPUH, Unity Square, and RBYMCA.