

Somerset County Community Health Needs Assessment: RWJUH Somerset Service Area 2024

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PREPARED BY
HEALTH RESOURCES IN ACTION



Robert Wood Johnson
University Hospital
Somerset

Acknowledgments

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Questions regarding the RWJB Community Health Needs Assessments should be directed to RWJBarnabas Health System Development/Planning at BHPlanningDept@rwjbh.org.

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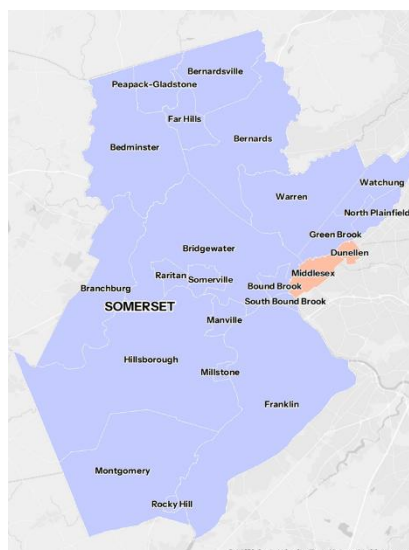
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Executive Summary

Introduction

In 2024, Robert Wood Johnson University Hospital (RWJUH) Somerset and the Healthier Somerset Coalition undertook a community health needs assessment (CHNA) process. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health. The CHNA also fulfills the mandate for non-profit hospitals put forth by the Internal Revenue Service. RWJUH Somerset is located in Somerville, New Jersey, and is the lead convener of Healthier Somerset, which is a coalition that was created in 2010 to improve health and wellbeing in Somerset County. The coalition is a collaborative effort of over 100 diverse organizations. The Healthier Somerset Coalition's focus area is all of Somerset County. RWJUH Somerset's primary service area is part of Somerset County and two communities in Middlesex County. To be as inclusive as possible to both entities, the focus area for this CHNA includes all of Somerset County and these two communities in Middlesex County (Dunellen and Middlesex).

Somerset County CHNA Focus Area



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

Methods

The 2024 Somerset County CHNA's data collection approach focused on the social and economic upstream issues that affect a community's health, recognizing that health is not only affected by people's genes and lifestyle behaviors but also by upstream factors such as employment status, quality of housing, and economic policies. The CHNA also utilized a health equity lens and presents health patterns for the Somerset County population overall, as well as areas of need for specific subpopulations.

The CHNA process engaged the Healthier Somerset Coalition and was guided by an Advisory Committee comprised of volunteers from the full coalition. Community engagement strategies were tailored to reach traditionally medically underserved populations. The CHNA utilized several different methods for data collection including:

- Reviewing existing social, economic, and health data in Somerset and Middlesex County.
- Conducting a community health survey designed and administered by HRiA with 1,922 Somerset County respondents.

- Facilitating 3 virtual focus groups with 21 participants from populations of interest: newly arrived immigrants who are Spanish-speaking, people experiencing homelessness/housing insecurity, and youth.
- Conducting 9 key informant interviews with 15 community stakeholders from a range of sectors and perspectives.

Findings

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

Population Characteristics

- **Demographics.** The overall population in Somerset County grew by 3.5% between 2013–2017 and 2018–2022.¹ Somerset County is racially and ethnically diverse, with around 1 in 3 (33.7%) residents speaking a language other than English at home.² Residents identifying as White made up 52.6% of the county’s residents, followed by Asian (19.0%), Latino (15.5%), and Black (9.2%).² In 2018–2022, 26.9% of Somerset County residents were born outside the United States with a range from 13.9% in Bernardsville to 40.5% in North Plainfield.²

Community Social and Economic Environment

- **Community strengths and assets.** Focus group and interview participants noted that Somerset County neighborhoods have many amenities such as parks and excellent schools and described the community as supportive and safe. Over 80% of 2024 Somerset County CHNA survey respondents agreed or strongly agreed that the community is a good place to raise a family and that their community has safe outdoor places to walk and play. Assessment participants also emphasized strong collaborations within Somerset County among service providers and county government as a strength of the county.

*“To come into [Somerset County], I was accustomed to having people not care about me and my circumstances, but I came into encounter with **people who did care about my success and me as a person and me as a mom raising kids.**” – Focus group participant*

- **Education.** Several focus group and interview participants noted that Somerset County has excellent school systems. Six of eleven school districts in Somerset County, including Somerset County Vocational and Technical School District (98.8%), Watchung Hills Regional School District (97.8%), and Hillsborough Township Public School District (95.3%) outperformed graduation rates of New Jersey as a whole (91.1%).³ However,

¹ U.S. Census Bureau, American Community Survey, ACS 5–Year Estimates Subject Tables, 2013–2017 & 2018–2022

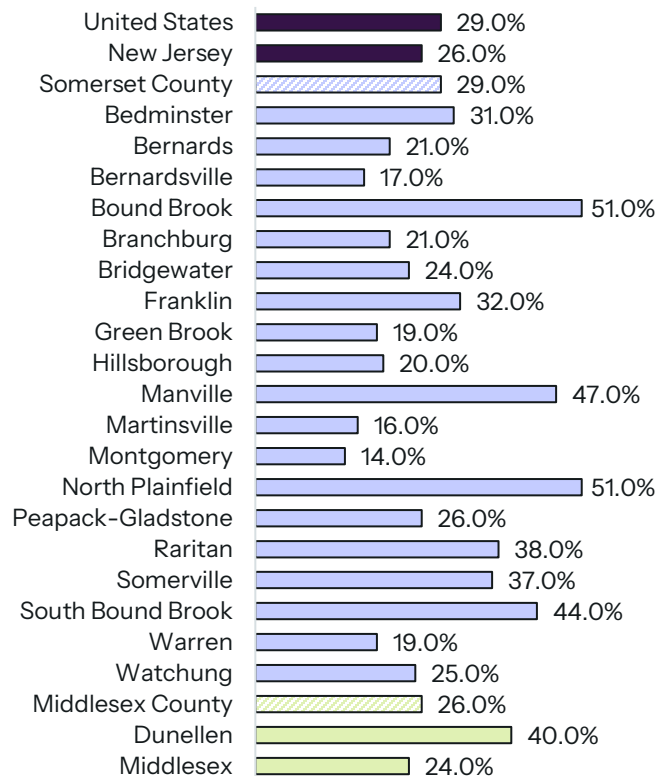
² U.S. Census Bureau. American Community Survey, ACS 5–Year Estimates Subject Tables, 2018–2022

³ New Jersey Department of Education, School Performance, 2023

graduation rates varied across students of different racial and ethnic backgrounds with Latino (85.8%) and Black (86.7%) students generally experiencing lower graduation rates compared to their Asian (96.7%) and White (95.0%) counterparts. Among residents over 25 years of age in the county, between 28.6% (Manville) and 78.8% (Montgomery) of residents had a Bachelor's degree or higher, compared to 57.3% in Somerset County overall².

- Employment and Workforce.**
 Unemployment rates in Somerset County are lower than those of New Jersey as a whole (3.8% and 4.4%, respectively, in 2023).⁴ However, unemployment rates vary by race/ethnicity with residents who identify as Black and Latino having higher unemployment rates and Asian residents having lower unemployment rates. Additionally, in 2022, 29.0% of the Somerset County's households were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they could not afford basic needs such as childcare, transportation, housing, and food.
- Income and Financial Security.**
 Median household income in Somerset County varies by municipality, ranging from \$78,776 in Bound Brook to \$224,185 in Montgomery.² The percent of individuals living below the poverty level also ranges, with the highest percentage in North Plainfield (12.2%), Manville (10.6%) and Bound Brook (9.4%).² Focus group and interview participants discussed challenges related to rising costs in their day-to-day lives: the prices of gas, housing, food, transportation, childcare, and healthcare continue to climb. A little more than half of 2024 Somerset County survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation.

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



DATA SOURCE: ALICE Threshold, 2022; American Community Survey, 2022 NOTE: ALICE stands for Asset Limited, Income Constrained, and Employed. The ALICE population represents those who work but cannot afford basic needs (childcare, transportation, housing, food, etc.).

⁴ U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2023

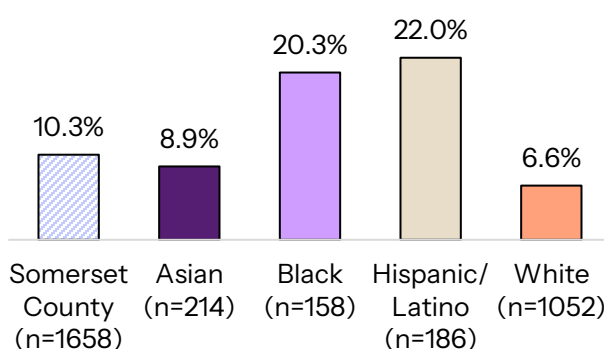
- **Food Insecurity and Healthy Eating.** Several participants shared the perception that food insecurity is rising as a consequence of inflation and rising costs of living. Participants noted that food insecurity impacts Somerset County residents across the board including working individuals and families. According to data from Feeding America, between 2020 and 2022, the percentage of Somerset County’s population who

“[Food insecurity impacts] all populations... [the] undocumented, seniors with affordability issues, families with children, it runs the gamut.” – Key informant interviewee

was food insecure grew from 5.7% to 7.2%.⁵ About one in five 2024 Somerset County community survey respondents (18.3%) overall and 46.5% of Latino respondents reported that it was sometimes or often true that they worried their food would run out before they had more money to buy more. Survey respondents also indicated that the price of food and a lack of time to buy or prepare healthy meals were top barriers to maintaining a healthy diet.

- **Housing.** Participants reported that housing issues in Somerset County cut across race and age and there is a lack of affordable housing and shelter options in the county. As one interviewee shared, *“more and more we have people who can’t afford to live here because it is real expensive and we don’t have much affordable housing in Somerset County.”* Overall, less than half (41.1%) of 2024 community survey respondents from Somerset County agreed there was sufficient affordable and safe housing in their community. In Somerset County, 28.2% of owner-occupied households with a mortgage and 46.9% of renter-occupied households reported spending 30% or more of their income on housing costs².

Somerset County Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

- **Transportation and Built Environment.** Interviewees and focus group participants frequently discussed a lack of public transportation and noted that many areas in the county are not walkable; limited transit was also cited as a barrier to accessing services. Less than one quarter (16.8%) of 2024 Somerset County community survey respondents agreed or strongly agreed with the statement *“it would be easy for me to take public transportation to where I needed to go day-to-day”*.
- **Violence Prevention and Safety.** Focus group and interview participants generally described Somerset County as a safe community. Crime and violence were not major themes in any of the focus groups or key informant interviews. Overall, a little more than half (55.5%) of 2024 Somerset County community survey respondents agreed or strongly

⁵ Feeding America, Map the Meal Gap, 2020–2022

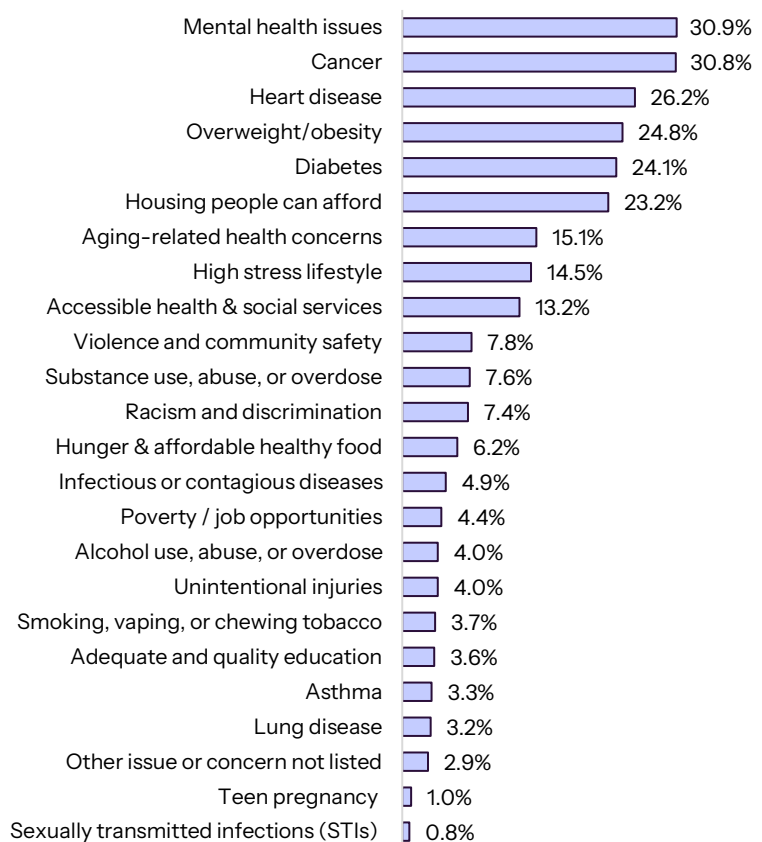
agreed that there are few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community. Notably, survey respondents indicated that bullying was among the top community concerns for children and youth.

- Systemic Racism and Discrimination.** Several participants in focus groups and interviews recognized discrimination and hatred as a systemic public health issue; others shared examples of discrimination against Latino community members and LGBTQ+ populations within Somerset County, including in schools, communities, and healthcare systems. More than one third of Black (39.6%) and Latino (33.8%) 2024 Somerset County community survey respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 15.2% of respondents overall.

Community Health Issues

- Community Perceptions of Health.** Participants identified social and economic issues such as a high cost of living, housing, food insecurity, and transportation as pressing concerns. They also discussed the challenges of accessing care and ongoing mental health concerns, particularly among youth, seniors, and immigrant populations. Somerset County survey respondents ranked mental health, cancer, heart disease, overweight/obesity, and diabetes as the top five health issues in their communities overall. Community survey respondents also ranked the top health issues for youth and children: mental health issues (46.2%), bullying (34.2%), overweight/obesity (23.7%), substance use, abuse, or overdose (14.2%), and having enough health and social services that children or youth can use (14.0%).

Top Health Concerns in the Community Overall, Somerset County Respondents (n=1,893), 2024

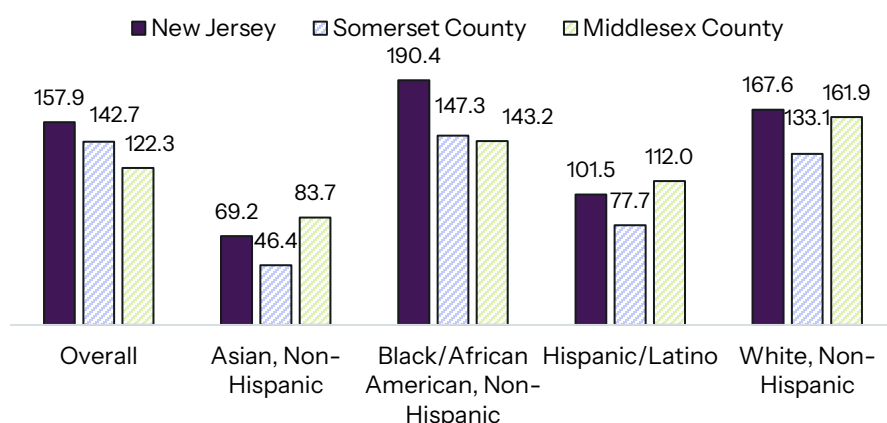


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

- **Overweight, Obesity, and Physical Activity.** While not a prominent theme during interview and focus group discussions, a few participants did highlight concerns related to obesity in particular the impact that weight can have on management of other chronic conditions and the connection between food insecurity and obesity. Based on the most recently available self-report data, about 21.3% of Somerset County adults were considered obese in 2021 compared to 28.7% of adults in New Jersey.⁶ A majority (79.4%) of 2024 Somerset County community survey respondents indicated they had engaged in any physical activity in the past month.

- **Chronic Conditions.** Heart disease and cancer are the leading causes of death in Somerset County.⁷ While there are many successful screening initiatives, interviewees stressed the need for continuing screening programs

Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, State, and County, 2021



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

(including for cancer, diabetes, and hypertension) and targeting outreach in particular to immigrant communities, the Black community, and the LGBTQ+ community. In general, compared to the state overall, screening rates in Somerset County are similar and rates of chronic disease are lower. For example, the percentage of adults self-reporting diabetes diagnoses was lower in Somerset County (6.2%) compared to New Jersey (9.2%) overall.⁶ However, incidence and mortality data indicate that there are disparities in rates of chronic conditions. For example, the cancer mortality rate in Somerset County was highest among Black residents (137.0 per 100,000), followed by White residents (121.4 per 100,000).⁷ The cancers that claimed the most lives in Somerset County were lung cancer, followed by breast, and prostate cancers.⁷

- **Disability.** Disability was discussed by some focus group and interview participants. They mentioned specific challenges that individuals with disabilities may face including: accessibility, transit, group home staffing and maintaining consistent case managers for continuity of care, challenges finding home health care, and limited options for giving

⁶ Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

⁷ Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

caregivers a break. Overall, about 8.2% of Somerset County residents have a disability (this includes residents of all ages, both adults and children).

- **Behavioral Health: Mental Health and Substance Use.** Mental health issues were the top community health priority selected by Somerset County community survey respondents in 2024 for both adults and youth/children and was a prominent theme in interviews and focus groups. Participants most often named depression and anxiety as pressing mental health concerns, particularly for seniors, youth, and immigrant communities. According to self-report data, 17.5% of adults in Somerset County have ever been diagnosed with depression compared to 16.1% of adults in New Jersey overall.⁶ Specific to substance use, interview and focus group participants were concerned about substance use among youth and limited recovery housing options in the area. In Somerset County, substance use treatment admission rates for all substances were lower than the state overall except for alcohol, where the rate in Somerset County was 45.8% compared to 32.8% for the state overall.⁸
- **Environmental Health.** While environmental health was not a prominent topic of discussion in interviews and focus groups, data indicate that many residents are dealing with health concerns from environmental impacts.. For example, the age-adjusted emergency department visit rate per 10,000 population for asthma in 2021 was 39.4 among Black residents and 19.5 among Latino residents compared to 9.2 among White residents within Somerset County⁹.
- **Infectious and Communicable Diseases.** COVID-19 was not a prominent topic among focus group and interview participants though few individuals noted that community members are still struggling with the impact of isolation during the COVID-19 pandemic. Participants also did not bring up sexually transmitted infections, and rates of Chlamydia, Gonorrhea, and Hepatitis C were all less prevalent in Somerset County than the state of New Jersey overall.
- **Maternal and Infant Health.** While some participants discussed schools and other resources and activities for children in Somerset County, issues specific to pregnancy and newborn health were not mentioned, and teen pregnancy was not ranked as a top community concern among 2024 Somerset County community survey respondents. However, secondary data demonstrate that racial and ethnic disparities exist in maternal and infant health outcomes. For example, in 2018-2022, while Somerset County (7.2%)

“People don't talk about mental health – but we do have mental health issues in [the] South Asian population...” –Key informant interviewee

“I think mental health is even more of an issue than physical health for immigrants.” – Focus group participant

⁸ Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services

⁹ Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023

had a slightly lower percentage of low birth weight babies compared to the state (7.8%), Black birthing people in Somerset County had the highest percentage of low birth weight births (10.9%) and White birthing people had the lowest percentage (5.7%).¹⁰

- **Access to Services.** Participants shared that barriers to accessing social and other essential services include long wait times, limited transportation, language barriers, and a general need for continued outreach and relationship-building with communities. Specific to medical care, participants discussed insurance or underinsurance as a barrier, with a limited number of providers that accept certain types of insurance and cost associated with care even for those who are insured. Other barriers that were discussed included a lack of culturally competent care, lack of trust, and stigma/bias, particularly for the LGBTQ+ community.

*“If clients come in with no insurance then they go to charity care and get referred to the federally qualified health center and they don’t have enough providers and the wait times are months long... **even though we are a well-off county we have people who are underserved....**”* – Key informant interviewee

Top 3 Barriers to Accessing Health Care, Somerset County Respondents, by Race/Ethnicity, 2024

Somerset County (n=1524)	Asian (n=184)	Black (n=152)	Hispanic/ Latino (n=163)	White (n=983)
Ability to schedule convenient appointment (34.8%)	Ability to schedule convenient appointment (39.1%)	Ability to schedule convenient appointment (32.9%)	Ability to schedule convenient appointment (39.9%)	Ability to schedule convenient appointment (33.6%)
Long wait times at doctor’s office or clinic (26.1%)	Long wait times at doctor’s office or clinic (28.3%)	Cost of care (27.0%)	Insurance problems (38.0%)	Long wait times at doctor’s office or clinic (26.0%)
Doctors not accepting new patients (25.3%)	Doctors not accepting new patients (25.5%)	Long wait times at doctor’s office or clinic (25.7%)	Cost of care (36.8%)	Doctors not accepting new patients (25.4%)

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Somerset County community survey respondents were asked to identify the biggest barriers to obtaining service through the 2024 community health survey. The top issues survey respondents identified overall were ability to schedule an appointment at a convenient time (34.8%), wait times (26.1%), and doctors not accepting new patients (25.3%). Across a majority of barriers, a higher proportion of Latino respondents reported

¹⁰ Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

experiencing issues compared to the proportion of respondents overall. Community survey respondents also were asked about barriers to seeking care from a provider or specialist in 2024. The largest proportion of respondents reported barriers to seeing a behavioral health provider (13.3%) followed by a children's health or pediatric provider (12.5%).

Community Vision and Suggestions for the Future

Focus group and interview participants shared the following suggestions for addressing community needs and for their vision for the future of their communities.

Expand and strengthen access to healthcare and social services.

- Expand primary care options and increase provider space within Somerset County, including for the LGBTQ+ community, the Latino community, and under- or uninsured individuals.
- Continue to provide and seek to expand targeted outreach and healthcare screenings and follow-up care for vulnerable populations.
- Provider workforce development with a focus on mental health providers.
- Improve multilingual and culturally competent care in Somerset County.

Focus on upstream factors to improve health.

- Expansion of affordable housing.
- Improve transportation within Somerset County.
- Expand recreation and employment options for youth.
- Develop systems for navigation across available services.

Key Themes

Several overarching themes emerged from this 2024 assessment in Somerset County.

- ***Somerset County has many strengths and resources.*** Participants described Somerset County as a supportive community with excellent schools, strong collaborations between community and government entities, and safe green spaces for recreation.
- ***Somerset County compares favorably to the state overall on many indicators, yet (similar to the state overall) disparities remain.*** Compared to New Jersey, Somerset County residents overall have lower rates of food insecurity and more favorable rates of chronic disease (for example, lower rates of obesity). However, secondary data about health status and healthcare access, and community survey data reflect challenges for different populations. Black residents in Somerset County experience higher cancer mortality, rates of diabetes diagnosis, rates of asthma related admissions to hospitals, and higher percentages of low-birth-weight births, compared to residents overall. Latino residents who completed the community health survey have lower preventive screening rates and reported that appointment scheduling and insurance problems are top barriers to care. A greater percentage of Black residents and Latino residents responding to the community survey reported feeling discriminated against when receiving medical care.

- ***While there have been some shifts since the 2021 CHNA, many of the same key challenges and concerns have remained.*** The previous CHNA, completed in 2021, was conducted during an unprecedented time at the height of the COVID-19 pandemic. While concerns related to employment were top of mind for participants in 2021, in 2024 participants named barriers to employment for immigrant populations but generally focused more on challenges related to the high cost of living in the county. In 2024, rising concerns related to food insecurity, limited affordable housing, and limited transportation options were frequently discussed by participants. Behavioral health remained a pressing concern, as mental health issues were ranked as the top concern among community survey respondents in both 2021 and 2024. Chronic diseases emerged as more of a pressing concern in 2024 among survey respondents and participants in interviews and focus groups. Perceptions of access barriers remained similar. It should be noted that many of these concerns are systemic issues that are unlikely to change substantially within a three-year time period.
- ***High cost of living means that some individuals are struggling to afford basic needs, such as food.*** While the unemployment rate in Somerset County is lower than the state overall, the percentage of households falling into the ALICE (Asset Limited, Income Constrained, Employed) population is higher in Somerset County (29.0%) compared to the state (26.0%). This population represents people who are working, but due to child care costs, transportation challenges, high cost of living and more are living paycheck to paycheck. Rates of food insecurity rose between 2021 and 2022 in Somerset County, and interview participants shared the perception that this is a pressing and rising need. A greater percentage of Black residents and Latino residents responding to the community survey reported experiencing food insecurity compared to other respondents.
- ***Lack of affordable housing as well as shelter and supportive housing is a gap.*** A lack of affordable housing was noted by almost all interview and focus group participants. Overall, 10.3% of Somerset County community survey respondents indicated that they were worried about their housing stability in the next 2 months; however, 20.3% of Black respondents and 22.0% of Hispanic/Latino respondents indicated they were concerned about housing stability. Participants also shared that there is a need for more stable shelter options as well as more transitional and recovery housing.
- ***Transportation options are limited.*** Transportation limitations were noted by a majority of assessment participants, specifically that public transit is available but limited (few buses, limited hours) and that many areas are not walkable. Participants underscored how transportation limitations can impact access to health care and social services.
- ***Mental health continues to be a challenge, especially among youth, seniors, and immigrant communities.*** “Mental health issues” were ranked as the top health concern for the community overall and for children and youth on the community survey. Depression and anxiety are key concerns. Participants noted mental health concerns for some specific populations (seniors, youth, and immigrant populations) and the issue of stigma in relation to mental health, especially among the South Asian and Spanish-speaking communities. Among community survey respondents, 13% overall and 21% of

Hispanic/Latino respondents indicated that in the past 2 years they needed to see a Behavioral Health Provider or Specialist but could not access one.

- **Substance use among youth is a concern.** The percentage of substance use treatment admissions for alcohol is higher in Somerset County (45.8%) compared to New Jersey (32.8%). However, self-reported rates of adult excessive drinking is similar in Somerset County (18.8%) to New Jersey overall (18.6%). Participants were concerned about a perceived increase in overdoses and also that youth are using substances at younger ages. As one focus group participant shared, *“At the park even like younger kids like 12 years old would walk around with vapes and cartridges of weed in their pockets...”*.
- **Chronic diseases remain key concerns and leading causes of death.** Chronic diseases were rated as top community concerns for Somerset County survey respondents. Heart disease and cancer were among the top 3 leading causes of death in 2021. While cancer screening rates in Somerset County are generally similar to the state overall, assessment participants noted that maintaining and expanding screening programs that outreach to specific communities such as the LGBTQ+ community, the Black community and the South Asian community would be beneficial.
- **Barriers to primary care and mental health care include insurance and a need for more providers.** Participants shared that accessing primary care, pediatric care, and mental health care is challenging for uninsured and under-insured populations in particular. While there is a federally qualified health center, participants shared that wait times to see providers there can be quite long. Participants noted that more providers who serve low-income populations are needed, as well as more multilingual and diverse staff and more trainings in providing culturally competent care.

Conclusions

Through this comprehensive and iterative assessment process, nine major areas were identified as community needs after gathering input through qualitative data from residents and stakeholders, feedback from the community health survey, and quantitative surveillance and secondary data. Listed below in alphabetical order:

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

Using a set of prioritization criteria, the Healthier Somerset Coalition finalized the following four priorities to focus on for planning sessions, with Equity as a cross-cutting theme:

- Mental Health & Behavioral Health
- Food Insecurity & Healthy Eating
- Chronic Disease Prevention/Management
- Access to Services

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 and prioritize those needs to inform the implementation of strategies to improve community health. In 2024, Robert Wood Johnson University Hospital Somerset (RWJUH Somerset) and the Healthier Somerset Coalition undertook a CHNA process using a mixed-methods and participatory approach.

RWJUH Somerset is located in Somerville, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH) system**. RWJBH is a non-profit healthcare organization which includes 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, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, RWJUH Somerset continuously works to provide our patients with the best health care possible and have been recognized for our outstanding quality and dedication to patient safety, earning the prestigious Magnet® Award for Nursing Excellence. Some of our local Centers of Excellence include cardiovascular services, cancer care (a designated Comprehensive Community Cancer Center by the American College of Surgeons' Commission on Cancer), stroke (honored with the American Heart Association/American Stroke Association's Get with the Guidelines®-Stroke GOLD PLUS Achievement Award and Health Grades Excellence Award for Neuroscience and Stroke care), and joint replacement care (receiving Joint Commission Gold Seal of Approval).

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

This assessment process builds off previous assessment and planning processes conducted by the Healthier Somerset Coalition and RWJUH Somerset. See Appendix I. Outcomes and Results from Previous Implementation Plan for a description of the coalition's activities accomplished and their impact since 2021. In particular, since 2021, the coalition has been working and making progress in the areas of housing, access to care / medical navigation, mental health and substance use programming, and chronic disease programming.

In early 2024, RWJBH hired **Health Resources in Action (HRiA)**, a non-profit public health consultancy organization, to provide support, help facilitate and conduct data analysis for the CHNA. HRiA worked closely with RWJUH Somerset and the Healthier Somerset Coalition to support the Somerset County CHNA. HRiA was also contracted by RWJBarnabas Health to

administer a community health resident survey across the entire health system. The survey data for Somerset County was incorporated in the Somerset County CHNA.

The Somerset County CHNA aims to gain a greater understanding of the issues that Somerset County 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 assessment process conducted from February to September 2024.

The specific goals of this CHNA are to:

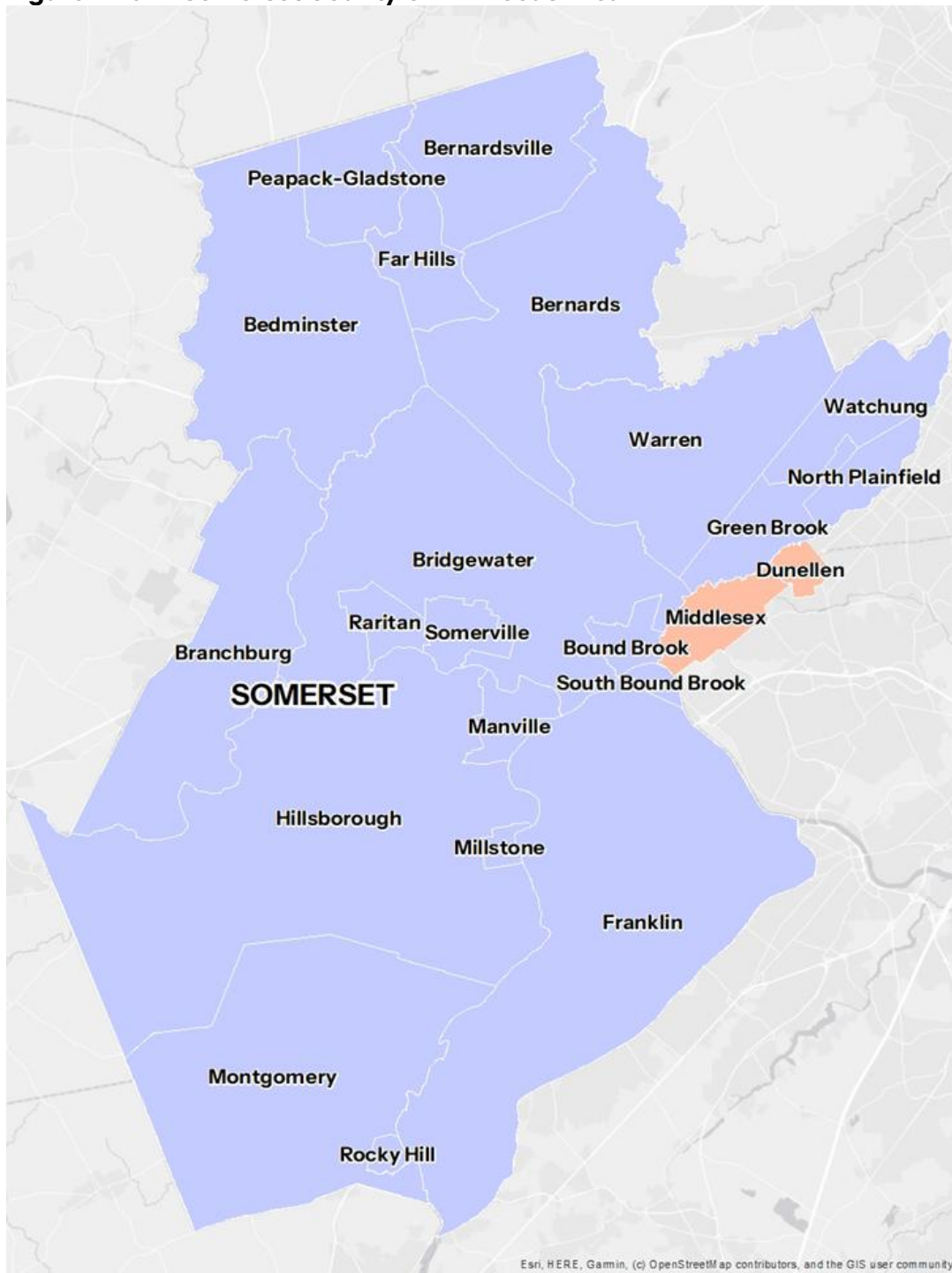
- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine the needs and opportunities for action, and
- Fulfill the IRS mandate for non-profit hospitals.

Area of Focus

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

To be as inclusive as possible to both entities, the focus area for this CHNA includes all of Somerset County and the two towns in Middlesex County that are in RWJUH Somerset's primary service area (Dunellen and Middlesex). When only county-level data are available, Somerset County and Middlesex County are presented. When town-level data are available, 18 of Somerset County's municipalities are shown as well as data for Dunellen and Middlesex in Middlesex County. Data specifically for Martinsville, a census-designated place within Bridgewater (Somerset County), is also presented to align with RWJUH Somerset's primary service area. The three towns not included in town-level data are Far Hills, Millstone, and Rocky Hill given their small population sizes (under 2,500 residents). The Somerset County CHNA focus area is shown in Figure 1.

Figure 1. 2024 Somerset County CHNA Focus Area



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.

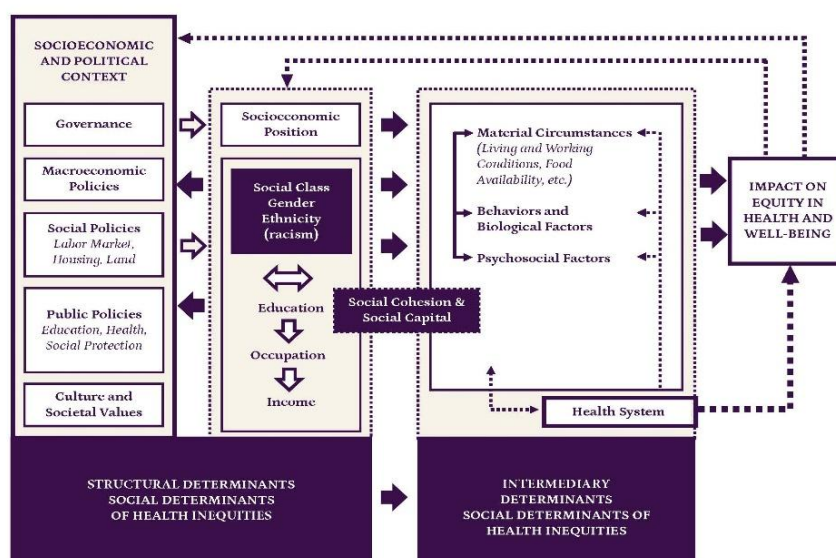
Social Determinants of Health Framework

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 the health-related social factors on health through screening and referrals to social and community-based services.¹¹

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 Somerset 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

The CHNA aimed to engage a broad range of stakeholders that contribute to residents' health, including health departments, hospitals, community-based organizations, academic partners, and community residents through different avenues. This CHNA process was guided by the Healthier Somerset Coalition, an Advisory Committee comprised of volunteers from the full Healthier Somerset Coalition, and the community overall.

Healthier Somerset Coalition Engagement

The Healthier Somerset Coalition was engaged throughout this process. An Advisory Committee guided the CHNA and planning process. The Advisory Committee met three times over the course of the CHNA and was also engaged over email. The Advisory Committee provided input and feedback on data collection instruments (e.g., focus group and interview guides), local data sources, survey administration methods, and priority stakeholders and population groups to engage in discussions. The Advisory Committee also provided outreach support for HRiA to connect with stakeholders and specific population groups. Additionally, members of the Advisory Committee participated in community

¹¹ Centers for Medicare & Medicaid Services, Social Drivers of Health and Health-Related Social Needs, 2024

prioritization meetings (see below for more information). A list of Advisory Committee members is included in the Acknowledgements section above.

Community Engagement

Community engagement is described 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 of this initiative. Community engagement was done via virtual focus groups and surveys, both online and in person. By engaging the community through multiple methods and in multiple languages, this CHNA aimed to depict a full and multifaceted picture of current community strengths and needs. Community engagement strategies were tailored to specifically reach traditionally medically underserved groups, including low-income, uninsured and underinsured, and racially minoritized populations.

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 in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data for this CHNA were drawn from a variety of national, state, and local sources, including the U.S. Census Bureau American Community Survey (ACS), the U.S. Department of Labor Bureau Statistics, the National Survey of Children's Health, the U.S. Centers for Disease Control and Prevention's (CDC) Centers for Disease Control and Prevention, the National Center for Health Statistics, CDC's Behavioral Risk Factor Surveillance System (BRFSS), the County Health Rankings & Roadmaps, the Environmental Protection Agency's National Walkability Index, the NJ State Police Uniform Crime Reports, the NJ Department of Education, 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 NJ Geographic Information Network, the NJ Annual Report on Childhood Lead Exposure, the NJ Department of Human Services' New Jersey Drug and Alcohol Use Treatment Substance Use Overview, and the NJ Office of the Chief State Medical Examiner Dashboard. Additionally, hospitalization data for the RWJUH Somerset PSA were provided by the hospital 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 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 (2018-2022) 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 were 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.

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of nine key informant interview discussions were completed with fifteen 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: food assistance/food insecurity, housing, mental health providers, faith community leaders, local public health officials, senior service agencies, and organizations that work with specific populations (e.g., the Southeast Asian community, the LGBTQ+ community, the African American community). See Appendix B: Organizations Represented in Key Informant Interviewees and Focus Groups and Appendix C: Key Informant Interview Guide.

Focus Groups

A total of 21 community residents participated in 3 virtual focus groups on Zoom conducted with specific populations of interest: newly arrived immigrants who are Spanish-speaking, people experiencing homelessness/housing insecurity, and youth. The first focus group was 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 D: Focus Group Guide. Additionally, HRiA reviewed notes from 4 focus groups with key stakeholders and agencies that were conducted as part of a parallel assessment process led by the Somerset County Department of Health and incorporated these findings into the CHNA.

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 survey was developed with the input of a broad range of partners and administered over four months from April to July. The survey was piloted and validated with 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 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 Somerset Coalition members, RWJUH Somerset staff, and RWJBH staff. 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 facilities, such as the library and health fairs.

The sample presented here is based on 1,922 responses from Somerset County received through July 29, 2024.¹² Table 1 provides the sociodemographic characteristics of Somerset 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.)

¹² The community health resident survey was administered across a large section of central and northern New Jersey to support a number of community health assessment and planning processes. The survey stayed open into mid-August 2024; however, the Somerset County sample was pulled on July 29, 2024 to ensure sufficient time for analysis for the Somerset County CHNA; therefore all survey analyses are for respondents up to that date. Analyses from the final Somerset County survey dataset will be provided in 2025.

Table 1. Characteristics of Somerset County Survey Respondents (N=1922)

Age (n=1715)		Income (n=1077)	
18 to 24	2.4%	Less than \$10,000	1.8%
25 to 44	23.2%	\$10,000 to \$14,999	1.0%
45 to 64	38.3%	\$15,000 to \$24,999	3.8%
65+	36.2%	\$25,000 to \$34,999	4.5%
Gender (n=1405)		\$35,000 to \$49,999	9.2%
Woman	71.4%	\$50,000 to \$74,999	12.3%
Man	27.0%	\$75,000 to \$99,999	13.6%
Transgender woman	*	\$100,000 to \$149,999	19.1%
Transgender man	*	\$150,000 to \$199,999	13.6%
Non-binary/queer	*	\$200,000 or more	23.1%
Agender/I don't identify with any gender	*	Marital Status (n=1285)	
Other self-identified gender identity	*	Married	61.8%
Race/Ethnicity (n=1823)		Single	23.6%
American Indian and Alaska Native	*	Separated/divorced/widowed	15.6%
Asian	13.8%	Domestic partnership/civil union/living together	3.4%
Black/African American	10.6%	Education (n=1613)	
Hispanic/ Latino, Latino(a)	11.8%	Less than high school	1.3%
Middle Eastern/North African	0.8%	Some high school	0.9%
Native Hawaiian or Other Pacific Islander	*	High school graduate or GED	7.5%
White/Caucasian	64.8%	Some college	9.4%
Other self-identified race/ethnicity	2.5%	Associate or technical degree/certification	7.9%
Sexual Orientation (n=1354)		College graduate	28.2%
Straight or heterosexual	93.2%	Postgraduate or professional degree	40.3%
Gay or lesbian	2.6%		
Bisexual, pansexual, or queer	3.4%		
Asexual	*		
Additional category	*		

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) indicates data are suppressed due to low response (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 by question. 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. 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 are 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. Additionally, the U.S. Census and its related data sources (e.g., the American Community Survey) may undercount certain population groups such as residents who are not U.S. citizens and those who are homeless.

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. 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, and availability of survey on paper, among others), and multiple population groups – patients, RWJBH 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.

While the community health survey sample is diverse on many characteristics (race, ethnicity, age, socioeconomic status), it is not necessarily representative of the larger Somerset County population. For example, 71.4% of the Somerset County sample identified as women, compared to 50.7% of the county's population. Additionally, 27% of the sample was missing gender identity since the question came at the end of the survey. Also, given the intent of the CHNA, certain sociodemographic groups were intentionally over-sampled; for example, medically underserved, low-income, and food insecure residents were the focus of stronger outreach efforts. Differences in responses by demographic variables such as gender were mixed, with some differences in responses being significantly different by certain demographic variables while others were not. The current survey findings in this report are unweighted and do not control for potentially confounding variables. Results cannot necessarily be generalized to the larger population and community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of Somerset

County as a whole. However, the size and diversity of this sample, the representation of perspectives from populations that are typically not heard from in similar surveys, and the breadth of topic areas included make these data a valuable resource for understanding the local community, in particular when synthesized alongside secondary data from surveillance systems and qualitative data to explore issues more in depth.

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. This report should be considered a snapshot of the current time. The findings in this report can be built upon through future data collection efforts.

A Note on Race and Ethnicity

Often, data in this report are presented by racial and ethnic categories, as described above. There are limitations to categorizing people according to these heterogeneous groups, as well as, to using racial identity as a proxy for experiences of racism and discrimination. However, it is vitally important to measure health and economic inequities by race and ethnicity to inform public health policies and programs aimed at redressing systemic racism.

Context for Comparisons to Previous CHNA

Throughout this report, as appropriate, comparisons are made between this 2024 CHNA and the previous 2021 CHNA. However, it is important to note that the previous CHNA was conducted during the height of the COVID-19 pandemic which exacerbated many already existing social, economic, and health inequities. During primary data collection for the 2021 CHNA, COVID-19 related concerns were top of mind for many participants. Therefore, comparisons between 2021 and 2024, particularly for primary data, may not be as relevant given this unique context for the 2021 CHNA.

Population Characteristics

Population Overview

Somerset County is made up of 21 municipalities that range in population size. According to the 2018–2022 American Community Survey (U.S. Census), the smallest towns by population are Millstone (584), Rocky Hill (794) and Far Hills (1,047 residents) (data not shown throughout report given size of towns). Franklin (68,219 residents), Bridgewater (46,079) and Hillsborough (43,007) are the largest townships in Somerset County (Table 2). The overall population in Somerset County grew by 3.5% between 2013–2017 and 2018–2022.

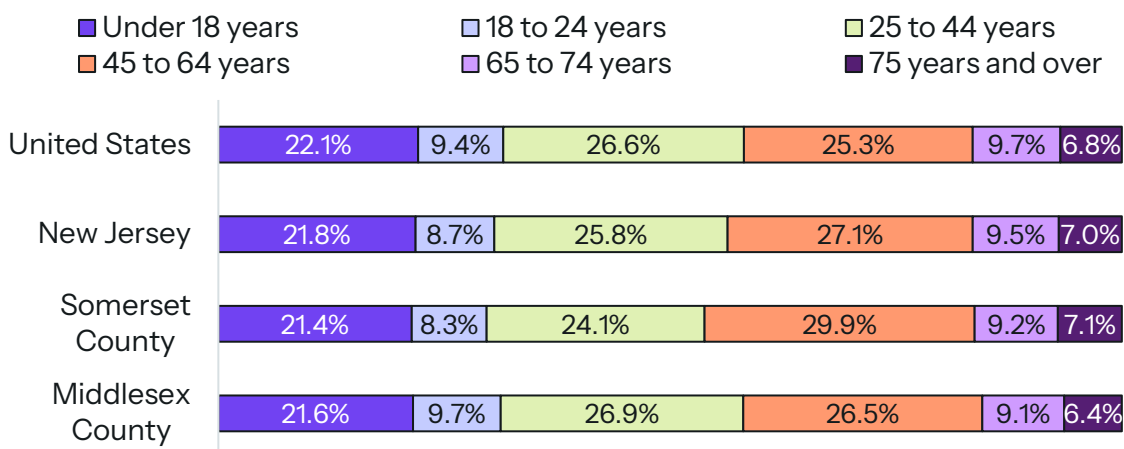
Table 2. Total Population and Percent Change, by State, County and Town, 2013–2022

	2013–2017	2018–2022	% change
United States	321,004,407	331,097,593	3.1%
New Jersey	8,960,161	9,249,063	3.2%
Somerset County	333,316	344,978	3.5%
Bedminster	8,244	8,245	0.0%
Bernards	27,032	27,768	2.7%
Bernardsville	7,792	7,888	1.2%
Bound Brook	10,510	11,906	13.3%
Branchburg	14,683	14,882	1.4%
Bridgewater	45,336	46,079	1.6%
Franklin	65,999	68,219	3.4%
Green Brook	7,210	6,956	-3.5%
Hillsborough	39,712	43,007	8.3%
Manville	10,436	10,892	4.4%
Martinsville	11,707	12,370	5.7%
Montgomery	23,059	23,558	2.2%
North Plainfield	22,092	22,695	2.7%
Peapack-Gladstone	2,595	2,561	-1.3%
Raritan	7,758	8,301	7.0%
Somerville	12,234	12,467	1.9%
South Bound Brook	4,606	4,838	5.0%
Warren	15,998	15,874	-0.8%
Watchung	5,961	6,417	7.6%
Middlesex County	837,288	860,147	2.7%
Dunellen	7,392	7,598	2.8%
Middlesex	13,875	14,525	4.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2013–2017 & 2018–2022

The age distribution of Somerset County in 2018–2022 was similar to that of New Jersey overall (Figure 3), with a slightly higher percentage of adults ages 45 to 64 (29.9%) compared to the state (27.1%). Age distribution data by race/ethnicity, by state, county, and town can be found in Table 22 in Appendix F. Additional Data Tables and Graphs.

Figure 3. Age Distribution by State and County, 2018–2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

Racial and ethnic diversity varies across Somerset County communities. Interview and focus group participants shared the perception that the County is becoming more diverse, with one interviewee sharing: “*The county is also starting to become more colorful...it was traditionally homogeneous, made up of the Caucasian community, and there have always been pockets of others but it has started to expand with other communities so it is great to see that growth in Somerset County.*” Secondary data show that, compared to New Jersey overall, Somerset County has a higher proportion of residents who identify as Asian (19.0%), and a lower proportion of residents who identify as Black (9.2%) and Latino (15.5%) (Table 3). There is great variation between municipalities. Over half of Bound Brook residents (51.6%) and almost half of North Plainfield residents (48.2%) identify as Latino. A majority of Bernardsville residents (85.4%) and Watchung residents (74.5%) identify as White. More information on the racial, ethnic, and language diversity of Somerset County can be found in Figure 95, Table 23, and Table 24 located in Appendix F. Additional Data Tables and Graphs.

Table 3. Race and Ethnicity of Somerset County Residents, by State, County, and Town, 2018-2022

	American Indian and Alaska Native	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Pacific Islander	White
New Jersey	0.1%	9.8%	12.4%	21.2%	0.0%	53.0%
Somerset County	0.1%	19.0%	9.2%	15.5%	0.0%	52.6%
Bedminster	0.0%	10.9%	2.4%	13.1%	0.0%	67.5%
Bernards	0.0%	23.9%	1.2%	6.6%	0.0%	64.7%
Bernardsville	0.0%	2.6%	0.8%	9.5%	0.0%	85.4%
Bound Brook	0.0%	4.5%	4.8%	51.6%	0.0%	35.1%
Branchburg	0.3%	11.6%	4.6%	6.7%	0.0%	74.3%
Bridgewater	0.1%	24.9%	2.7%	9.3%	0.0%	60.1%
Franklin	0.1%	23.1%	25.5%	16.2%	0.0%	30.8%
Green Brook	0.3%	24.4%	0.0%	18.2%	0.0%	58.0%
Hillsborough	0.1%	21.4%	3.6%	8.9%	0.0%	62.2%
Manville	0.0%	3.9%	9.8%	17.0%	0.0%	65.7%
Martinsville	0.0%	15.5%	1.5%	5.8%	0.0%	73.3%
Montgomery	0.2%	39.1%	3.1%	4.5%	0.0%	50.1%
North Plainfield	0.0%	4.7%	21.2%	48.2%	0.0%	22.7%
Peapack-Gladstone	0.0%	4.3%	4.3%	10.1%	0.0%	79.1%
Raritan	0.1%	16.7%	3.5%	21.0%	0.0%	53.8%
Somerville	0.1%	11.5%	10.9%	22.6%	0.0%	50.4%
South Bound Brook	0.4%	3.0%	16.1%	34.2%	0.0%	43.0%
Warren	0.0%	16.7%	3.2%	6.9%	0.0%	69.3%
Watchung	0.0%	13.8%	0.2%	7.3%	0.0%	74.5%
Middlesex County	0.1%	24.9%	9.5%	22.3%	0.0%	40.0%
Dunellen	0.0%	9.0%	4.6%	45.6%	0.0%	37.9%
Middlesex	0.0%	10.7%	5.3%	26.7%	0.0%	55.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

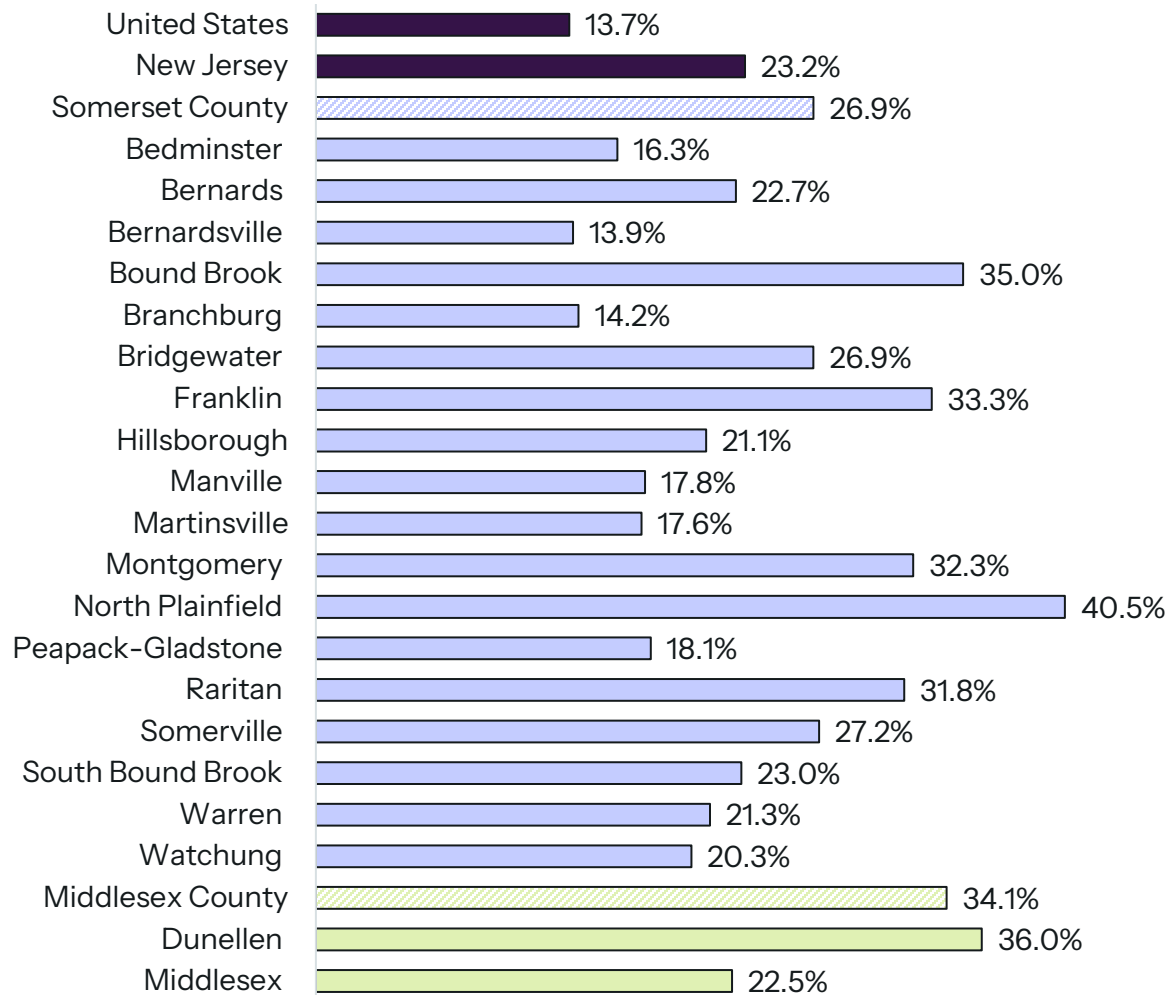
Foreign-Born Population

Discussion participants noted that Somerset County includes many immigrant communities, including Hindu, Chinese, and Spanish-speaking communities. Participants stressed the need to recognize the diversity within these communities. For example, one interviewee shared that the Spanish-speaking population within Somerset County includes people from

Guatemala, Colombia, and Peru. This interviewee further explained that among some immigrant communities, literacy can sometimes be limited, for example for some residents from “*Guatemala where the women finish school in second grade and men probably sixth so a lot of them don't know how to read or write Spanish which makes it harder to learn English.*” Other immigrant populations, such as those from Columbia and Peru, this person explained, are “*typically more educated.*”

Quantitative data show that approximately one in four Somerset County residents are foreign-born (26.9%), with large differences across municipalities (Figure 4). North Plainfield (40.5%) and Bound Brook (35.0%) had the highest proportion of foreign-born residents, while Bernardsville and Branchburg had the lowest proportion of foreign-born residents (13.9% and 14.2% respectively). The proportion of foreign-born residents in Somerset County grew by 2.3% between 2013–2017 and 2018–2022, with North Plainfield (7.5%) and Peapack-Gladstone (7.4%) experiencing the largest growth and South Bound Brook the largest decline (–4.8%) (See Table 24 in the Appendix F. Additional Data Tables and Graphs, for percentage change in foreign-born population state, county, and town). Immigrants from Somerset County come primarily from India, China (excluding Hong Kong and Taiwan, the Philippines, Colombia, and the Dominican Republic (Figure 5).

Figure 4. Percent Foreign-Born Population by State, County, and Town, 2018–2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Figure 5. Top 5 Places of Birth for Foreign-Born Population, by State and County 2018–2022

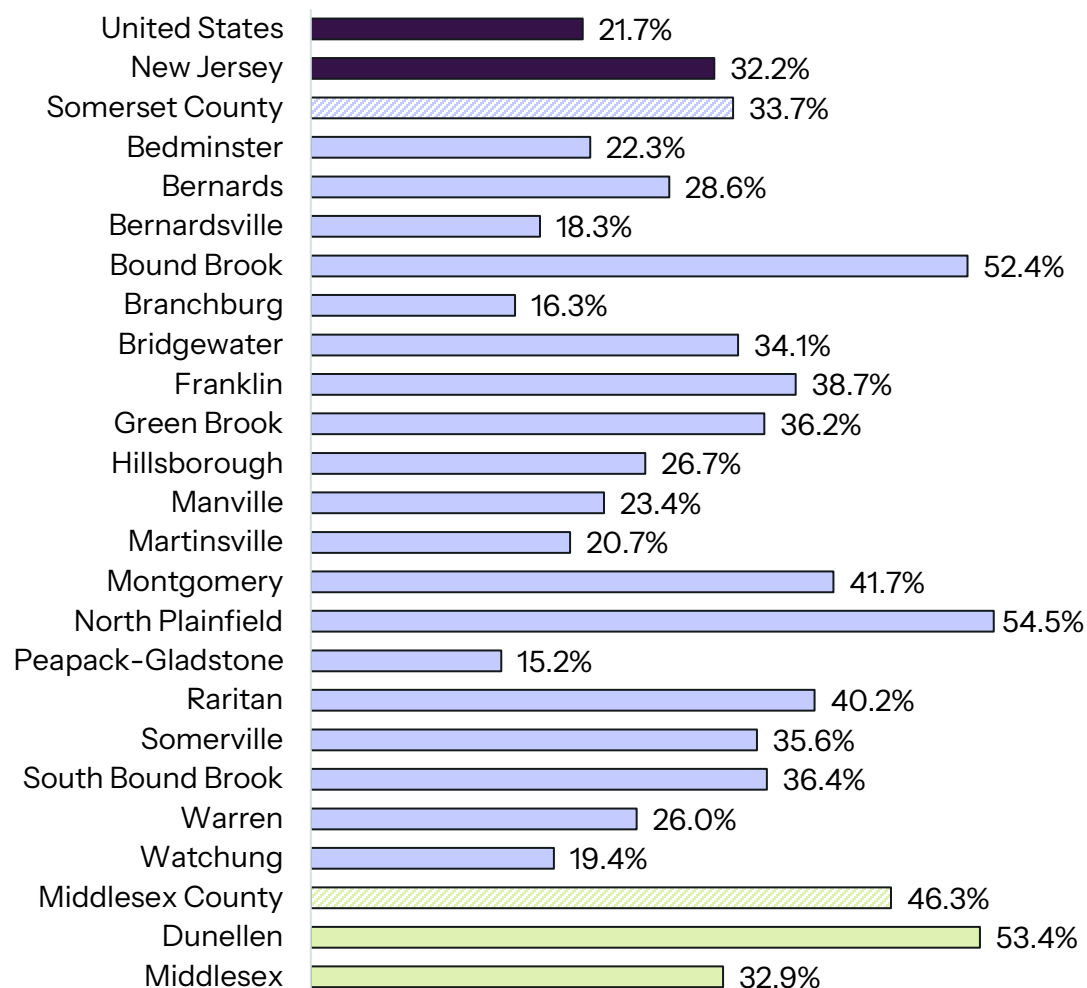
	New Jersey	Somerset County	Middlesex County
1	India	India	India
2	Dominican Republic	China, excluding Hong Kong and Taiwan	Dominican Republic
3	Mexico	Philippines	China, excluding Hong Kong and Taiwan
4	Ecuador	Colombia	Mexico
5	Colombia	Dominican Republic	Philippines

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Language Diversity

Approximately 1 in 3 (33.7%) residents in Somerset County speak a language other than English at home (Figure 6). In North Plainfield and Bound Brook, over half of residents over the age of 5 speak a language other than English (54.5% and 52.4%, respectively), followed by 41.7% of Montgomery residents. In contrast, a far smaller proportion of Peapack-Gladstone and Branchburg residents speak languages other than English at home (15.2% and 16.3%, respectively).

Figure 6. Percent Population Aged 5+ Speak Language Other than English at Home, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Spanish is the most common language other than English spoken in Somerset County (11.9%) (Table 4). Geographic differences exist. In North Plainfield, 40.5% of residents speak Spanish, followed by 38.3% in Bound Brook and 30.1% in South Bound Brook. In Green Brook, 19.5% of residents speak Chinese (including Mandarin and Cantonese), and in Montgomery 10.0% of residents speak other Asian and Pacific Island languages. In Montgomery, 13.4% of residents speak other Indo-European languages, followed by 13.0% in Warren.

Despite the prevalence of English-language learners in Somerset County and the multilingual outreach efforts, interviewees and focus group participants commented that language is a barrier to accessing healthcare and other services in their communities. Participants stressed that it is often challenging for English language learners to navigate systems and build relationships. As one focus group participant described, *“Many Hispanics, because of the language barrier, don’t feel comfortable asking for help... If you see a general practitioner, sometimes they’ll ask you about your mental health, but you’re usually talking through an interpreter. So, I think a lot of times people don’t ask for the help that they need because they’re not able to really make a connection with the person that is able to provide that help [the doctor].”*

Table 4. Top 5 Languages Spoken at Home, by State, County, and Town, 2018-2022

	English only	Spanish	Other Indo-European languages	Chinese (incl. Mandarin, Cantonese)	Other Asian and Pacific Island languages	Russian, Polish, or other Slavic languages
United States	77.6%	12.7%	2.2%	1.2%	1.1%	0.8%
New Jersey	65.8%	16.7%	6.0%	1.7%	1.6%	2.1%
Somerset County	64.2%	11.9%	8.7%	4.4%	3.2%	2.2%
Bedminster	77.0%	6.6%	7.9%	2.4%	2.9%	0.6%
Bernards	67.4%	6.1%	9.3%	8.4%	2.2%	1.7%
Bernardsville	85.2%	9.0%	2.4%	1.0%	0.4%	0.0%
Bound Brook	50.6%	38.3%	3.7%	0.7%	1.5%	2.8%
Branchburg	80.3%	4.6%	4.6%	2.6%	2.6%	1.9%
Bridgewater	62.5%	9.0%	10.3%	6.2%	4.6%	3.2%
Franklin	61.4%	11.3%	10.6%	4.0%	3.1%	1.4%
Green Brook	48.4%	13.2%	9.7%	19.5%	1.8%	3.3%
Hillsborough	69.9%	5.4%	9.5%	2.9%	4.5%	2.8%
Manville	73.2%	12.4%	1.8%	0.7%	0.0%	6.7%
Martinsville	74.3%	5.0%	9.2%	4.5%	1.9%	2.4%
Montgomery	53.6%	3.5%	13.4%	11.8%	10.0%	2.8%
North Plainfield	48.7%	40.5%	4.5%	0.6%	0.0%	0.6%
Peapack-Gladstone	75.9%	14.1%	4.4%	0.0%	0.0%	1.5%
Raritan	56.7%	15.0%	10.7%	1.9%	2.3%	1.4%
Somerville	65.1%	15.5%	5.2%	0.6%	3.5%	1.4%
South Bound Brook	63.6%	30.1%	1.5%	0.0%	1.3%	1.6%
Warren	66.7%	3.4%	13.0%	5.9%	2.7%	2.3%
Watchung	76.9%	6.1%	10.1%	3.0%	0.0%	1.7%
Middlesex County	51.3%	17.9%	13.2%	3.2%	4.9%	2.9%
Dunellen	44.8%	33.5%	6.5%	0.0%	0.0%	2.3%
Middlesex	66.4%	20.4%	7.5%	0.0%	0.0%	1.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

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.

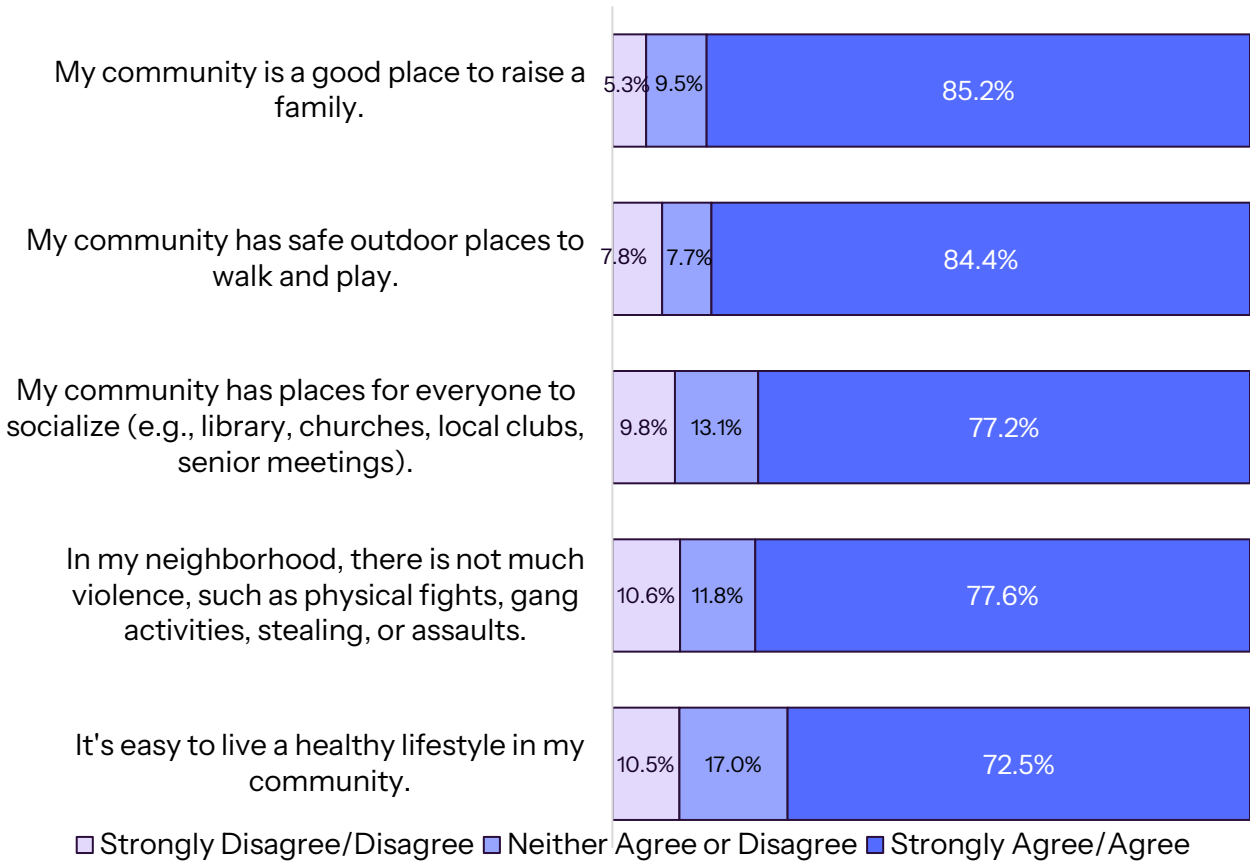
Community Strengths and Assets

Understanding the resources and services available in a community—as well as their geographic distribution—helps to identify the assets that can be drawn upon to address community health, as well as any gaps that might exist. Interviewees and focus group participants mentioned numerous strengths of their communities. Residents appreciated that Somerset County neighborhoods have amenities, such as green areas and parks, and stated that area is safe and has excellent schools. Speaking of their experience living in Somerset County, a focus group member stated, *It's very peaceful, there's very little noise, there's a lot of nature. I like that about it.* Additionally, participants reported that Somerset County is a supportive community. For example, an interview participant shared: *"[before coming] into Somerville, I was accustomed to having people not care about me and my circumstances, but I came into encounter with people who did care about my success and me as a person and me as a mom raising kids. I witnessed when they see you want to make it and want to change your life you have people that really care about making your life better."*

"One is we are fortunate to have a county government starting at [the] Commissioner level and more specifically through partner of human services and board of social services that are very hands on, very supportive, very collaborative. We are fortunate to have a group of folks who are engaged and supportive at the county government level." – Key informant interviewee

Community survey responses align with these themes on community assets. The strengths identified by the greatest proportion of survey respondents were that their community was a good place to raise a family (85.2%), and that their community had safe outdoor places to walk and play (84.4%), and to socialize (77.2%) (Figure 7).

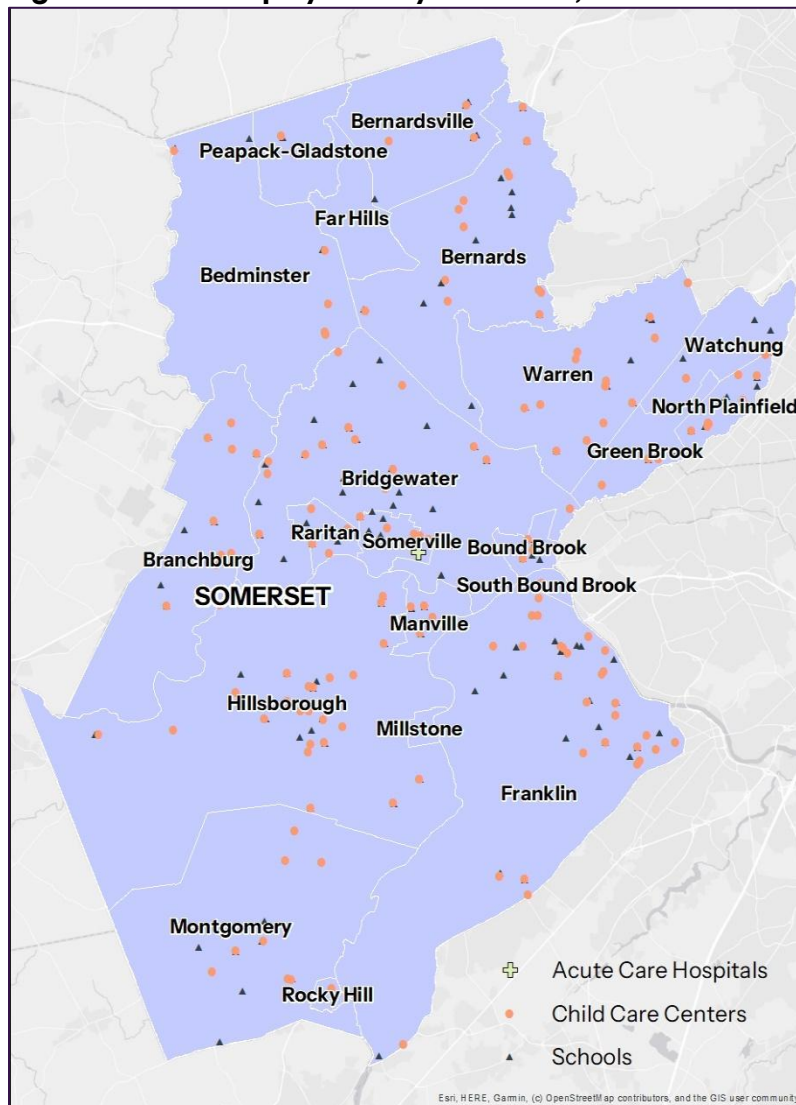
Figure 7. Community Characteristics Rated by Level of Agreement by Somerset County Respondents, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=1144 to n=1762 for these questions.

Assessment participants also emphasized strong collaborations within Somerset County among service providers and county government as a strength of the county. As one interviewee described: *“we are fortunate to have a county government... that [is] very hands on, very supportive, very collaborative. We are fortunate to have a group of folks who are engaged and supportive at the county government level.”* The wealth of resources available in Somerset County are visually presented in the map below. Figure 8 shows the location of acute care hospitals, child care centers, and schools in the county.

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 an important measure of socioeconomic position that may reveal additional nuances about populations, in addition to measures of income, wealth, and poverty. Several focus group and interview participants noted that the school system within the County is an asset; one interview participant stated: “Somerset County in particular has excellent school districts and school systems in most of the county.”

“[There are] a lot of things in the community for the kids and I used to live in Somerville its very nice and they have good schools here from what I saw” -Focus Group Participant

NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school (Table 5). Graduation rates varied by public school

district. Six of eleven school districts in Somerset County, including Somerset County Vocational and Technical School District (98.8%), Watchung Hills Regional School District (97.8%), and Hillsborough Township Public School District (95.3%) outperformed New Jersey as a whole. However, Somerset Hills Regional School District (86.4%) and North Plainfield School District (87.8%) experienced lower graduation rates than other municipalities and the state. Graduation rates varied across students of different racial and ethnic backgrounds as well: Latino (85.8%) and Black (86.7%) students generally experienced lower graduation rates than their Asian (96.7%) and White (95.0%) counterparts. Of note, Latino students in the Somerset Hills Regional School District had the lowest graduation rate, 61.4%, for any race/ethnicity group across all the school districts. Additional information on educational attainment within Somerset County can be found in Table 25 in Appendix F. Additional Data Tables and Graphs.

Table 5. 4-Year Adjusted Cohort High School Graduation Rates by Race/Ethnicity, by State and County, 2023

	Overall	Asian	Black/ African American	Hispanic/ Latino	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Somerset County Vocational and Technical School District	98.8%	100.0%	*	100.0%	97.5%
Bernards Township School District	94.0%	91.7%	*	87.1%	95.6%
Bound Brook School District	88.9%	*	85.2%	88.5%	91.3%
Bridgewater-Raritan Regional School District	93.8%	98.1%	90.9%	87.5%	93.5%
Franklin Township Public School District	88.0%	97.2%	91.6%	80.2%	91.0%
Hillsborough Township Public School District	95.3%	97.1%	83.9%	91.5%	96.2%
Manville School District	90.8%	*	*	88.3%	94.3%
Montgomery Township School District	96.8%	98.7%	91.7%	88.0%	96.5%
North Plainfield School District	87.8%	100.0%	88.7%	86.1%	92.5%
Somerset Hills Regional School District	86.4%	90.9%	*	61.4%	96.1%
Watchung Hills Regional High School District	97.8%	96.9%	100.0%	94.6%	98.5%
Middlesex County Vocational and Technical School District	98.4%	100.0%	95.0%	98.6%	97.9%
Dunellen Public School District	92.5%	*	100.0%	86.0%	100.0%
Middlesex Borough School District	95.9%	*	100.0%	90.8%	100.0%

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

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

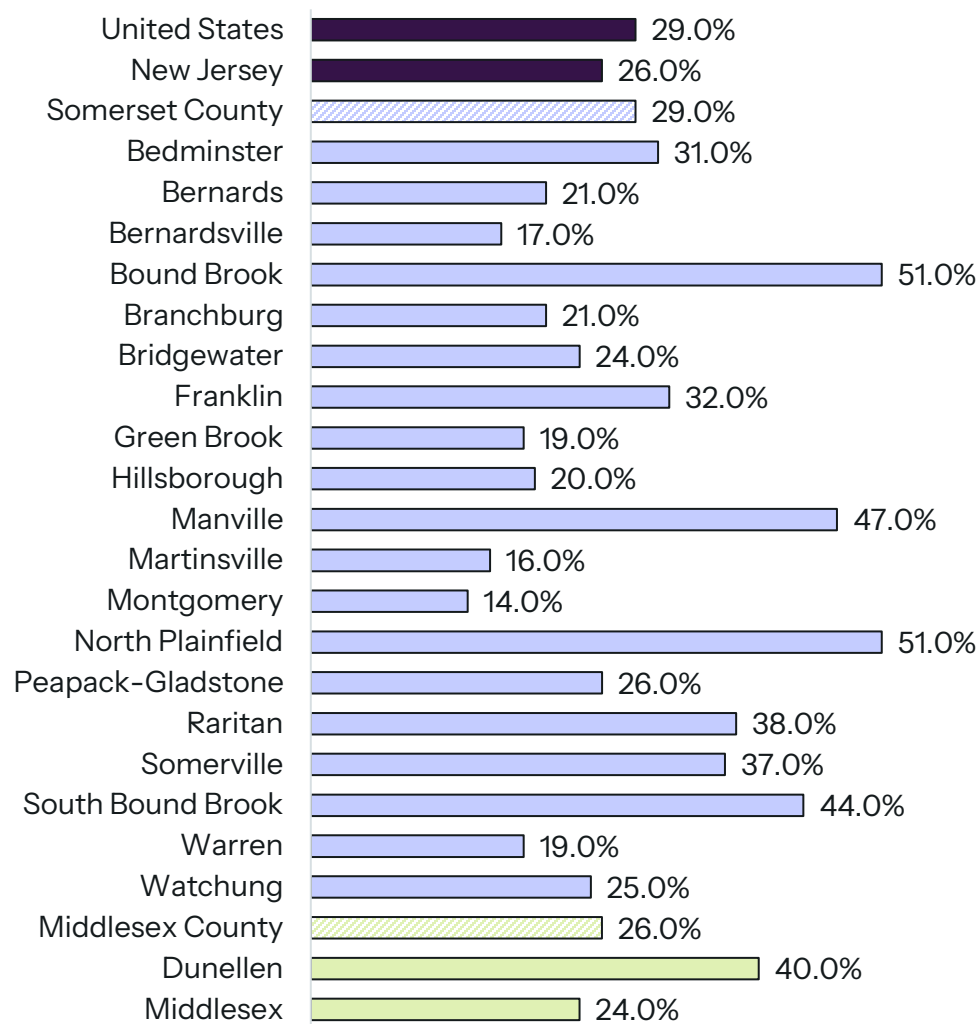
Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. Young people, people of color, and immigrant communities in Somerset County bear the burden of unemployment and underemployment. Challenges with finding employment within Somerset County were shared during both the youth and new immigrant focus groups, with one participant stating that: *“as an immigrant without a Social Security card, unfortunately, job options are limited. All of your options in this country depend on whether you have a Social Security number or not.”*

“...for us like 15, 16 [year olds] there's nothing for us here and for me I have to work like 3 towns over.”
-Focus group participant

In 2022, 29.0% of the county's households were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 9), ranging from 14.0% in Montgomery to 51.0% in Bound Brook and North Plainfield.

Figure 9. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022

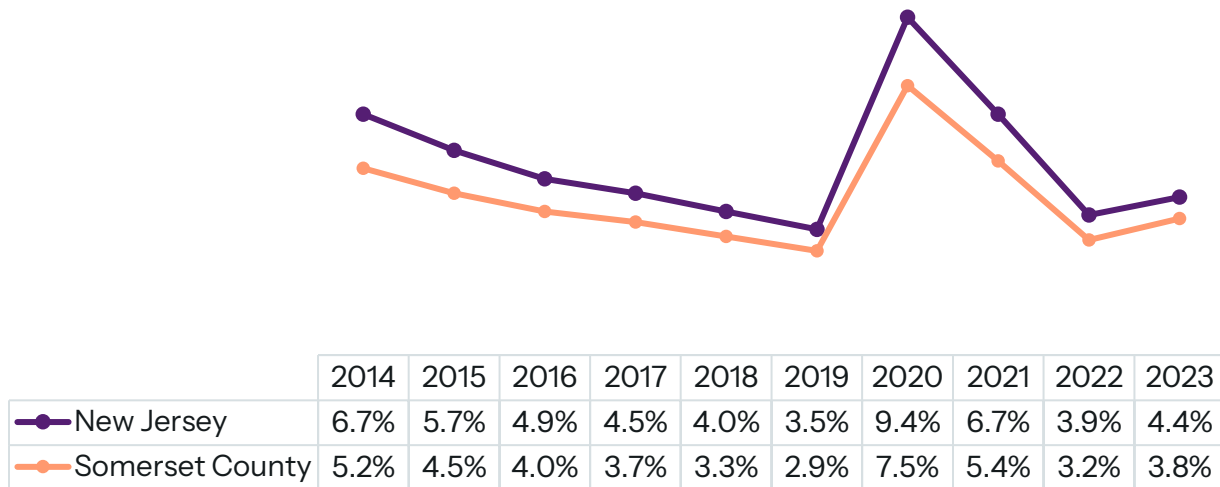


DATA SOURCE: ALICE Threshold, 2022; American Community Survey, 2022

NOTE: ALICE stands for Asset Limited, Income Constrained, and Employed. The ALICE population represents those who work but cannot afford basic needs (child care, transportation, housing, food, etc.).

Data from the Bureau of Labor Statistics show that unemployment rates in Somerset County are lower than those of New Jersey as a whole and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 10). Fortunately, unemployment rates declined post-2020. Town-level data from the 2018-2022 American Community Survey show that North Plainfield and South Bound Brook experienced the highest unemployment rates (9.6% and 7.3% respectively), while Peapack-Gladstone and Warren experienced the lowest (1.8% and 2.4%, respectively) (Table 26 in Appendix F. Additional Data Tables and Graphs).

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

Unemployment rates varied by race/ethnicity. Residents who identify as Black (5.6%) and Latino (5.7%) had higher unemployment rates than other racial/ethnic groups, while Asian residents had lower unemployment rates (3.6%) (Table 6). Additional information on unemployment rates within Somerset County can be found in Figure 96 and Table 27 in Appendix F. Additional Data Tables and Graphs.

Table 6. Unemployment Rate by Race/Ethnicity, by US, State, County, and Town, 2018-2022

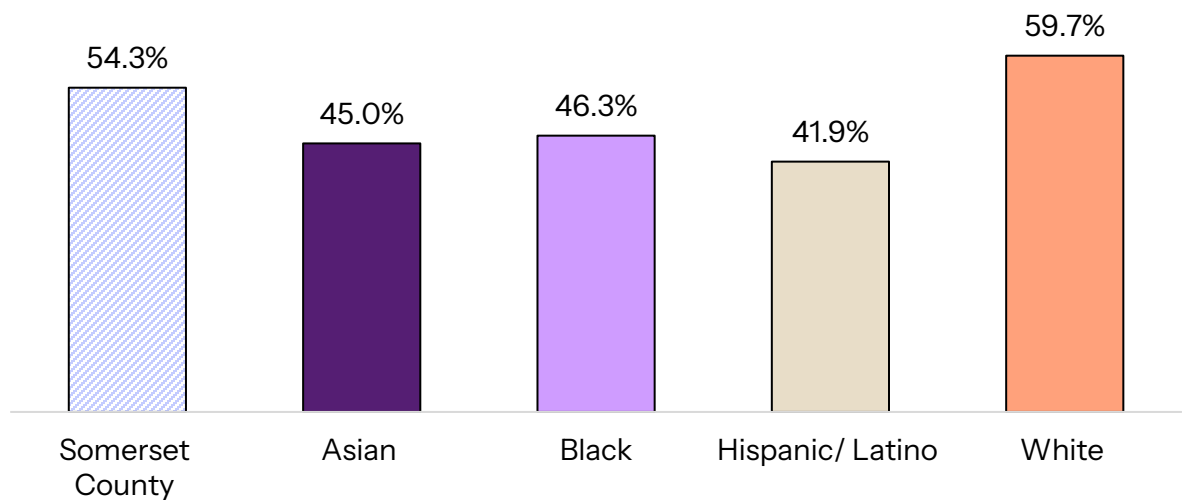
	Asian	Black/African American	Hispanic/Latino	White
United States	4.4%	8.9%	6.2%	4.3%
New Jersey	4.7%	9.2%	7.2%	5.3%
Somerset County	3.6%	5.6%	5.7%	4.9%
Bedminster	4.5%	0.0%	4.9%	5.2%
Bernards	1.9%	35.6%	0.0%	5.0%
Bernardsville	0.0%	47.5%	0.0%	6.0%
Bound Brook	7.7%	5.2%	6.3%	6.8%
Branchburg	1.5%	7.6%	11.2%	6.6%
Bridgewater	1.9%	2.5%	3.3%	4.0%
Franklin	5.6%	4.7%	3.5%	6.5%
Green Brook	6.2%	*	5.1%	4.0%
Hillsborough	1.9%	2.7%	6.3%	4.3%
Manville	0.0%	2.6%	7.5%	3.4%
Martinsville	2.3%	0.0%	4.5%	3.0%
Montgomery	2.3%	3.2%	9.4%	4.5%
North Plainfield	27.0%	11.1%	9.3%	3.9%
Peapack-Gladstone	39.4%	0.0%	0.0%	0.9%
Raritan	5.8%	0.0%	3.0%	7.3%
Somerville	4.1%	0.3%	2.6%	4.3%
South Bound Brook	5.8%	0.0%	10.9%	8.3%
Warren	2.4%	6.0%	6.1%	2.0%
Watchung	2.0%	0.0%	6.5%	7.8%
Middlesex County	5.4%	6.8%	7.4%	6.0%
Dunellen	0.0%	10.0%	5.0%	3.8%
Middlesex	3.6%	9.8%	4.0%	6.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

NOTE: Asterisk (*) indicates that data are suppressed. Race/ethnicity categories present populations of that race/ethnicity alone.

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, slightly over half (54.3%) of Somerset County respondents agreed that there were job opportunities in their area. White respondents were notably more positive, with 59.7% agreeing, compared to respondents from all other races/ethnicities (Figure 11).

Figure 11. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statement “There are job opportunities in my area,” by Race/Ethnicity (n=1426), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources that affect health and well-being.

Current economic challenges and financial insecurity were discussed in several interviews and focus groups. Participants talked about rising costs across the board: gas, housing, food, transportation, and healthcare. Focus group and interview participants shared the day-to-day challenge of affording necessities as prices continue to climb. An interview participant outlined the severity of the issue and stated, “make it so people can afford to live and raise the minimum wage to a spot where people can afford to work and afford the necessities they need.”

“And Somerset is supposed to be one of the richer counties in NJ, and I love being here, but I cannot afford to live here. Even people who have two jobs cannot afford to live here.”
– Focus Group Participant

Across Somerset County, there is variation in household financial well-being. Data from the 2018–2022 American Community Survey show that the median household income in Somerset County (\$131,948) was above that of New Jersey overall (\$97,126) over that period. In addition, there were differences across communities, where the median household income ranged from \$78,776 in Bound Brook to \$224,185 in Montgomery, a near three-fold difference (Table 7). More information on income and financial stability within Somerset County can be found in Appendix F. Additional Data Tables and Graphs.

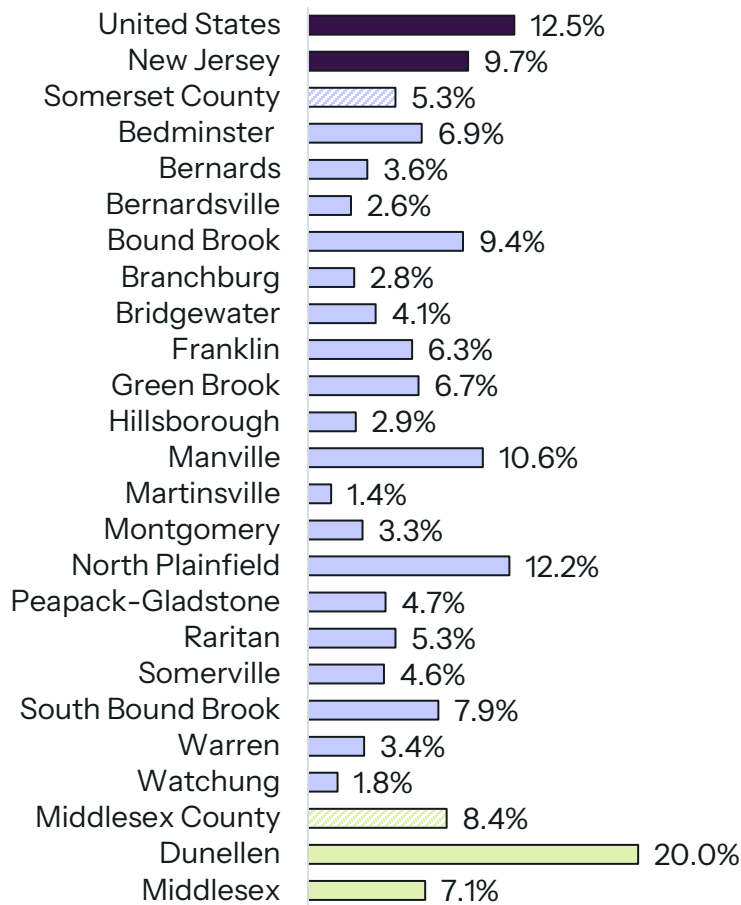
Table 7. Median Household Income, by State, County, and Town, 2018-2022

	2018-2022
United States	\$75,149
New Jersey	\$97,126
Somerset County	\$131,948
Bedminster	\$126,190
Bernards	\$174,072
Bernardsville	\$220,060
Bound Brook	\$78,776
Branchburg	\$163,800
Bridgewater	\$158,514
Franklin	\$111,017
Green Brook	\$202,321
Hillsborough	\$152,818
Manville	\$85,925
Martinsville	\$194,485
Montgomery	\$224,185
North Plainfield	\$81,219
Peapack-Gladstone	\$183,125
Raritan	\$99,928
Somerville	\$102,423
South Bound Brook	\$92,625
Warren	\$191,875
Watchung	\$157,065
Middlesex County	\$105,206
Dunellen	\$86,532
Middlesex	\$101,868

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

The percentage of Somerset County residents living below the poverty level represents the most extreme level of financial insecurity. For context, the federal poverty line is the same across the country – regardless of cost of living – but changes by household size. In 2022, individuals living alone or considered a household of one would fall below the federal poverty line at an income level of \$13,590, while the federal poverty level for a family of four was \$27,750. Figure 12 presents data on the percentage of residents falling below the poverty line in the state, county, and town. In Somerset County, on average, 5.3% of individuals fell below the poverty line between 2018-2022, but 12.2% of North Plainfield residents did so compared to 1.4% and 1.8% in Martinsville and Watchung respectively. Table 29 in Appendix F. Additional Data Tables and Graphs presents state, county, and town-level poverty data by race/ethnicity.

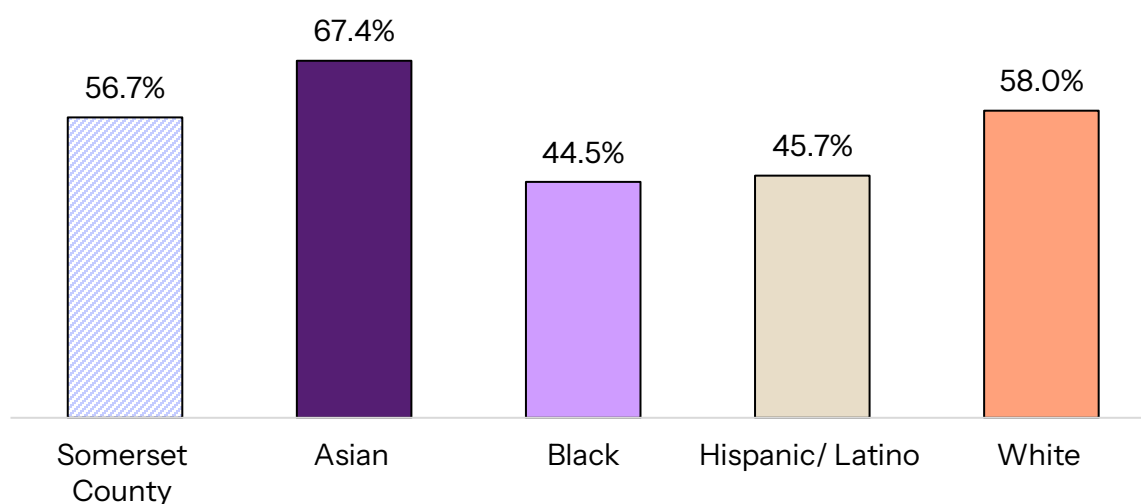
Figure 12. Individuals Below Poverty Level, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

A little more than half of Somerset County survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation (Figure 13). Among them, a greater proportion of Asian respondents agreed with this statement (67.4%), compared to other groups. In contrast, proportionally fewer Black (44.5%) and Hispanic/Latino (45.7%) respondents were in agreement with this statement.

Figure 13. Percent of Somerset 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=1,482), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Food Insecurity and Healthy Eating

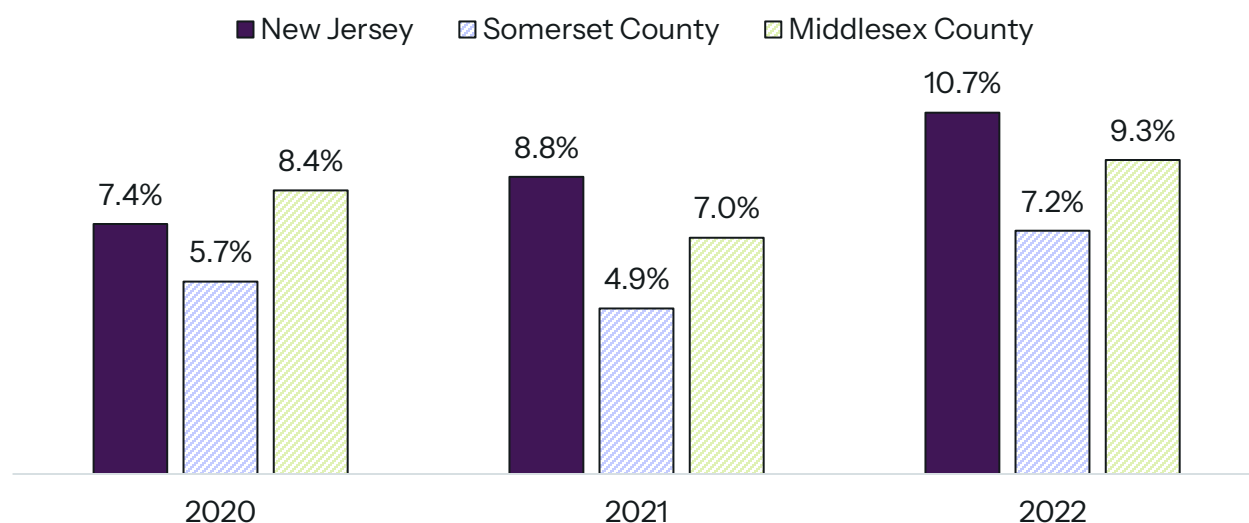
Food insecurity—not having reliable access to enough affordable, nutritious food— was a top-of-mind concern among many Somerset County residents. Several participants shared the perception that food insecurity is rising as a consequence of inflation and rising costs of living; participants also noted that food insecurity impacts working individuals and families in Somerset County. A focus group participant stated, *“food insecurity isn’t a poor person problem anymore. And we can see, you know by the kind of cars, the kind of people that come here particularly the latter half of the month. These are people who are working, who have incomes, and they have families, and the money doesn’t stretch through the month.”*

Focus group and interview participants discussed how food insecurity challenges within the community began increasing during the COVID-19 pandemic with one interview participant stating, *“since COVID it has exploded but it’s across all populations and I was talking to [a] Food Coordinator and it’s those who are coming here illegally, undocumented, seniors with affordability issues, families with children, it runs the gamut.”* Interviewees described multiple community-based programs and food pantries that offer food to food insecure residents. Participants noted Boy and Girl Scouts, churches, and supermarkets as helpful resources for collecting food for food pantries and school lunch programs.

“We know students on reduced and free lunches increases every year and families attending food banks are increasing but there is a stigma around these services where people would rather go to smaller non-profits to get services than the senior centers.” – Key informant interviewee

Consistent with interviewee and focus group perceptions, between 2020–2022, the percent of Somerset County’s population who was food insecure grew from 5.7% in 2020, to 7.2% in 2022 (Figure 14).

Figure 14. Percent Population Food Insecure by State and County, 2020-2022

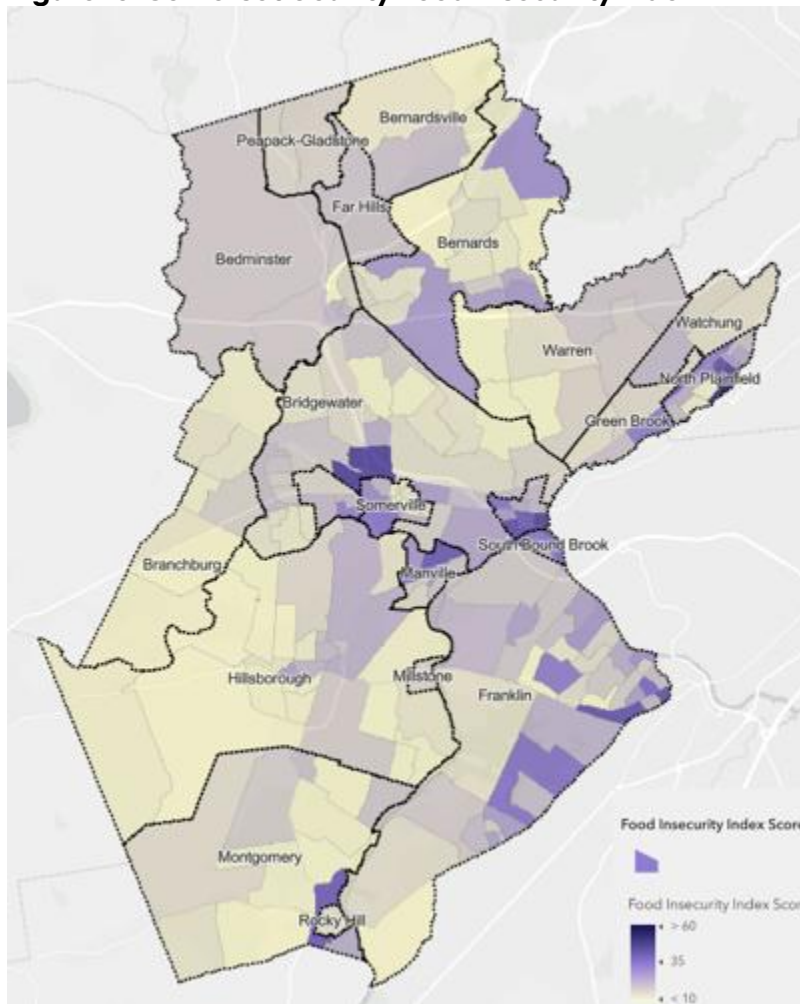


DATA SOURCE: Feeding America, Map the Meal Gap, 2020-2022

The Food Insecurity Index shown in Figure 15 is a score developed to compare the likelihood of food insecurity at the census block group level.¹³ A higher score on the Food Insecurity Index indicates a greater level of food insecurity, meaning residents in that area face more significant barriers to accessing nutritious, affordable food, while a lower score suggests better food access and fewer challenges. The score is a composite of eleven demographic and socioeconomic indicators that reflect people's ability to purchase and access food. Figure 15 shows the varying levels of food insecurity across Somerset County with higher rates of food insecurity existing in pockets within Bound Brook, South Bound Brook, Manville, and Somerville and lower rates of food insecurity being found in Branchburg, Montgomery, and Hillsborough.

¹³ Trenton Health Team Food Insecurity Index, accessed November 2024:
<https://experience.arcgis.com/experience/3d8a1d834ad04d71adf16777f3939844/page/Food-Insecurity-Index/>

Figure 15. Somerset County Food Insecurity Index

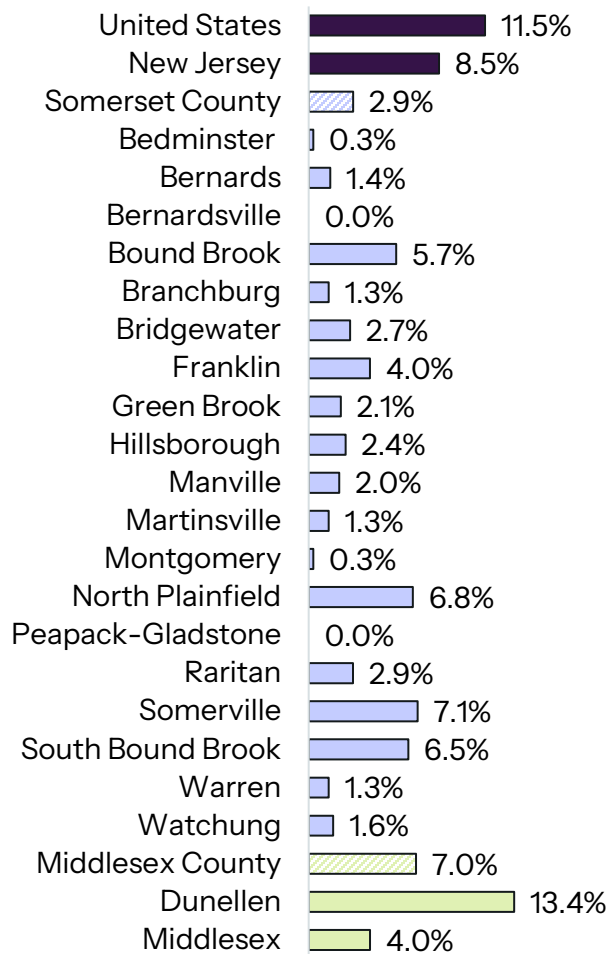


DATA SOURCE: Trenton Health Team Food Insecurity Index, 2024

NOTES: Trenton Health Team (THT), in collaboration with a group of local food security stakeholders, developed this Food Insecurity Index to highlight the intensity of food insecurity in Mercer, Middlesex, and Somerset counties.

Data from the United States Census shows the percentage of households receiving food stamps/SNAP from 2018–2022 in Somerset County (2.9%) is lower than the state average (8.5%) and Middlesex County (7.0%). However, disparities do exist among the municipalities within Somerset County. Peapack–Gladstone (0.0%), Bernardsville (0.0%), Bedminster (0.3%), and Montgomery (0.3%) had the lowest percent of their population receiving food stamps/SNAP compared to Somerville (7.1%), North Plainfield (6.8%), South Bound Brook (6.5%), and Bound Brook (5.7%) having the highest percentage (Figure 16). Overall, while Somerset County data related to food insecurity compares favorably to the state, there remain communities of need within the County. Additional information on food deserts (Table 30) and food insecurity within the state and Somerset County can be found in Appendix F. Additional Data Tables and Graphs.

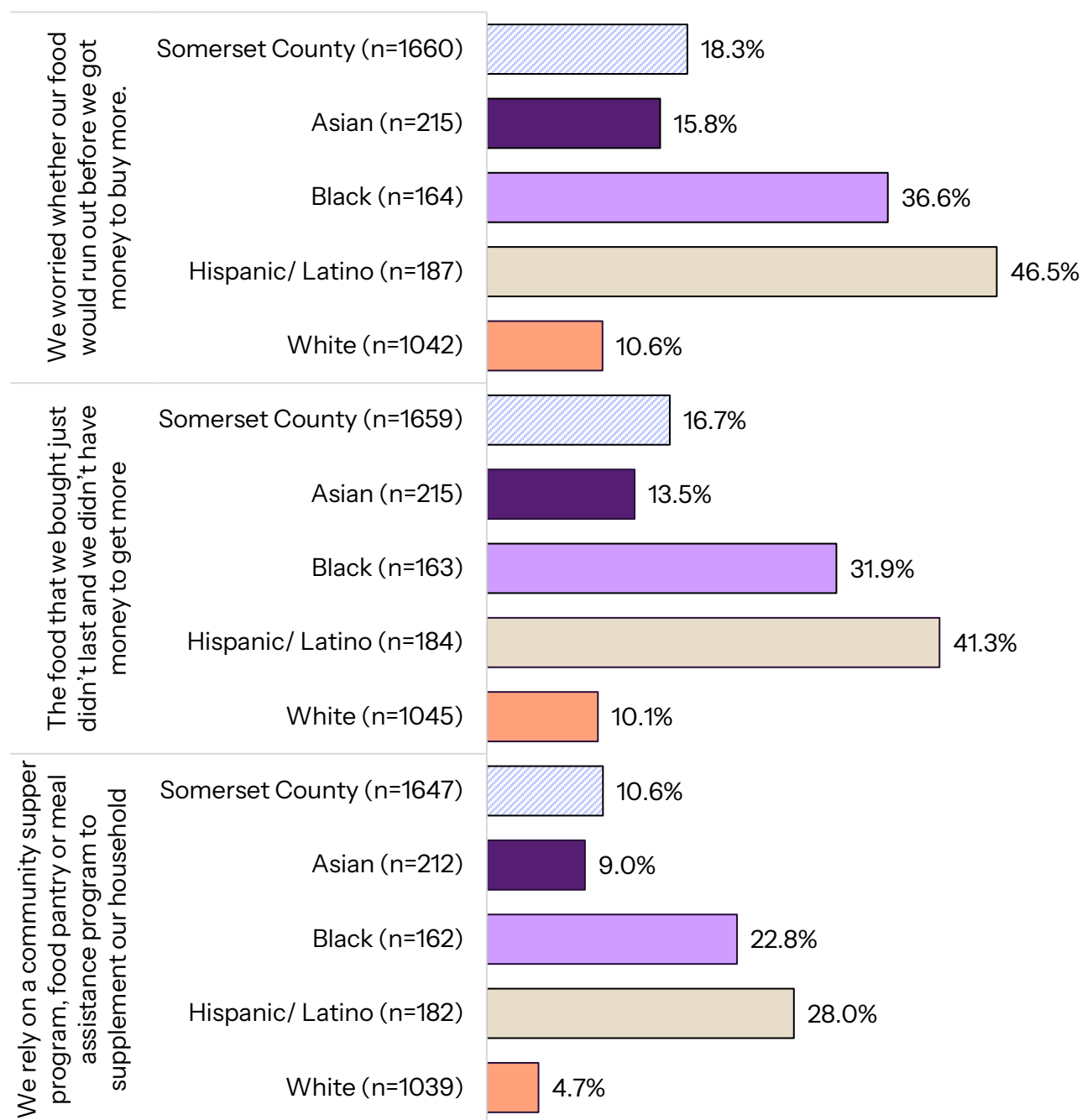
Figure 16. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

While the community survey for this CHNA used a convenience sample, Somerset County respondents who completed the survey indicated that food insecurity is a common issue for many of them. About one-fifth (18.3%) of community survey respondents reported that it was sometimes or often true that they worried their food would run out before they got money to buy more, and (Figure 17). The situation was more dire for Latino respondents; 46.5% of them worried that their food would run out before they had more money to buy more and 28.0% of them relied on a food assistance program.

Figure 17. Household Food Situation over the Past 12 Months, Percent of Somerset County Respondents Reporting "Often or Sometimes True", by Race/Ethnicity, 2024

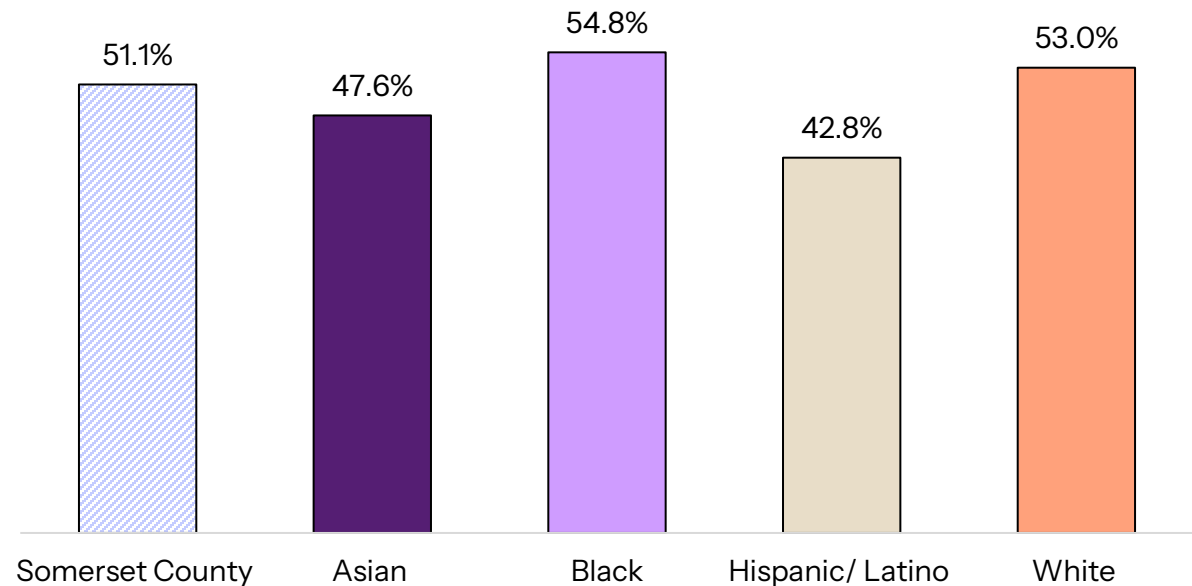


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Unfortunately, just over half of survey respondents (51.1%) agreed or strongly agreed that the schools in their community offered healthy food choices for children. This proportion was mostly consistent across racial/ethnic groups with slight

differences among Asian (47.6%) and Latino (42.8%) of respondents agreeing or strongly agreed that schools provide healthy food choices in their community (Figure 18).

Figure 18. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statement “Schools in my community offer healthy food choices for children,” by Race/Ethnicity (n= 1,144), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

The price of food (28.1%) and lack of time to buy or prepare healthy meals (25.6%) were the top reasons given by survey respondents as barriers to maintaining a healthy diet (Table 8). The proportion of respondents indicating that the price of food kept them from a healthy diet was highest among Latino (46.9%) and Black (37.7%) residents. A lower proportion of residents indicated that health literacy -or not knowing what constitutes a healthy diet- (7.6%) and transportation (3.4%) were obstacles to eating healthy foods.

Food security and healthy eating, and the connection with chronic disease prevention, have been areas of particular focus for the Healthier Somerset coalition and RWJUH-Somerset hospital. For example, since the last CHNA, Healthier Somerset expanded the Farmers Produce Program, introduced Share My Meals and expanded those efforts, and initiated a Healthy Corner Store program. See Appendix I for more information.

Table 8. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among Somerset County Respondents, by Race/Ethnicity, 2024

	Somerset County (n=1572)	Asian (n=201)	Black (n=159)	Hispanic/Latino (n=179)	White (n=986)
1	Nothing keeps me from eating healthy foods (50.3%)	Nothing keeps me from eating healthy foods (48.8%)	Price of healthy foods / healthy foods cost too much (37.7%)	Price of healthy foods / healthy foods cost too much (46.9%)	Nothing keeps me from eating healthy foods (53.9%)
2	Price of healthy foods / healthy foods cost too much (28.1%)	Lack of time to buy or prepare healthy meals (27.9%)	Lack of time to buy or prepare healthy meals (28.3%)	Lack of time to buy or prepare healthy meals (36.3%)	Lack of time to buy or prepare healthy meals (23.4%)
3	Lack of time to buy or prepare healthy meals (25.6%)	Price of healthy foods / healthy foods cost too much (25.4%)	Nothing keeps me from eating healthy foods (42.1%)	Nothing keeps me from eating healthy foods (34.1%)	Price of healthy foods / healthy foods cost too much (23.3%)
4	Not in the mood for healthy foods (10.1%)	Don't like the taste or healthy foods don't fill me up (11.9%)	Don't always know what foods are part of a healthy diet (10.1%)	Don't always know what foods are part of a healthy diet (16.2%)	Not in the mood for healthy foods (12.3%)
5	Don't always know what foods are part of a healthy diet (7.6%)	Not in the mood for healthy foods (10.5%)	Not in the mood for healthy foods (8.2%)	Don't know how to buy or prepare healthy foods (10.1%)	Don't like the taste or healthy foods don't fill me up (6.9%)

DATA SOURCE: RWJBH 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 Somerset County is scarce. Participants reported that housing issues in Somerset County cut across race and age and there is a lack of affordable housing options in the county. An interview participant stated, *“more and more we have people who can't afford to live here because it is real expensive and we don't have much affordable housing in Somerset County.”* In addition to the lack of affordable housing options in Somerset County, participants also reported that some available affordable housing options are still out of reach. One focus group participant stated, *“I noticed that a lot of these new places say we have affordable housing units, but when you ask what the amount is for the affordable housing and even if coming through TANF [Temporary Assistance for Needy Families] or [other programs]... they give you certain obligations for [the] rental price, now*

these same places are saying you need to make 3x your rent to afford it and won't allow you to have a co-signer. They force you to go into a situation where you can't survive or find yourself not being eligible and you think, 'how am I supposed to make it if these are the stipulations but you are telling me we are eligible for the programs'."

"...I think to me the biggest gap non-food gap that I see in the county is a lack of... affordable housing..., folks get on a list and stay on a list for months and months and meanwhile the needs still exist."

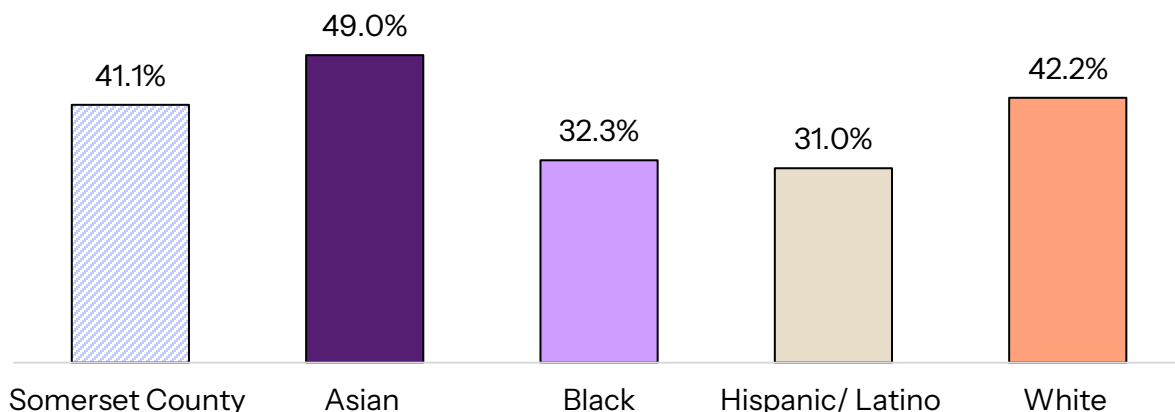
– Key informant interviewee

According to several interviewees, the shelters and affordable housing options in Somerset County, including for older adults, immigrants, and those with substance use conditions, are not sufficient to meet the need. One key informant described how this scarcity has developed overtime, describing how: *"I am a lifelong resident, and we used to have enough housing for shelters, hotels, code blues and there was always space for this, and now we have to send people out to different towns like 30 miles away which affects jobs.... and that is because the local shelters are at capacity, and the homelessness population is growing. It used to be earlier in my career where people would say I would never live in a shelter, to now people asking if they have any spots in shelters because they have nowhere to go."*

Housing has been an area of particular focus for the Healthier Somerset Coalition and RWJUH-Somerset hospital. For example, since the last CHNA, a Healing Homes house has been added (there are now 2 Healing Homes) as well as numerous other additional housing options across the County. Healing Homes allows a housing insecure family to occupy one of the hospital-owned homes for up to 24 months with the goal of building equity toward buying or renting something of their own. See Appendix I for more information.

Overall, only 41.1% of survey respondents in Somerset County agreed that there was sufficient affordable and safe housing in their community (Figure 19). This proportion was higher for Asian respondents (49.0%) and lower for Black (32.3%) and Latino (31.0%) respondents.

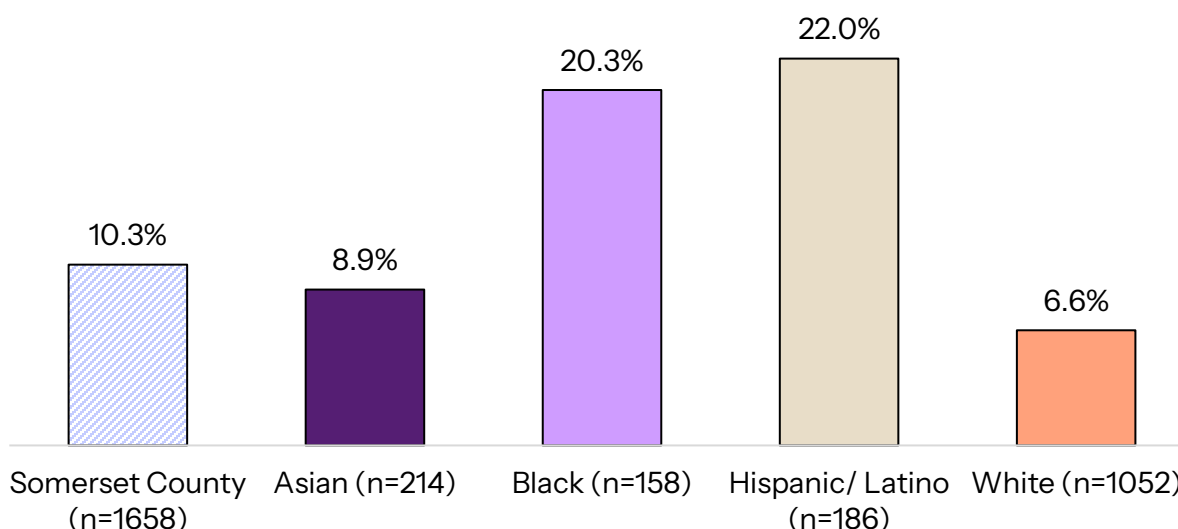
Figure 19. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statement "There is enough housing that I can afford that is safe and well-kept in my community," by Race/Ethnicity (n= 1,576), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Echoing qualitative discussions, in Somerset County, 10.3% of community survey respondents were concerned about their housing stability in the next two months (Figure 20). This concern was highest among Latino respondents (22.0%), followed by Black respondents (20.3%). In contrast, only 8.9% of Asian respondents and 6.6% of White respondents shared this concern.

Figure 20. Somerset County Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, 2024

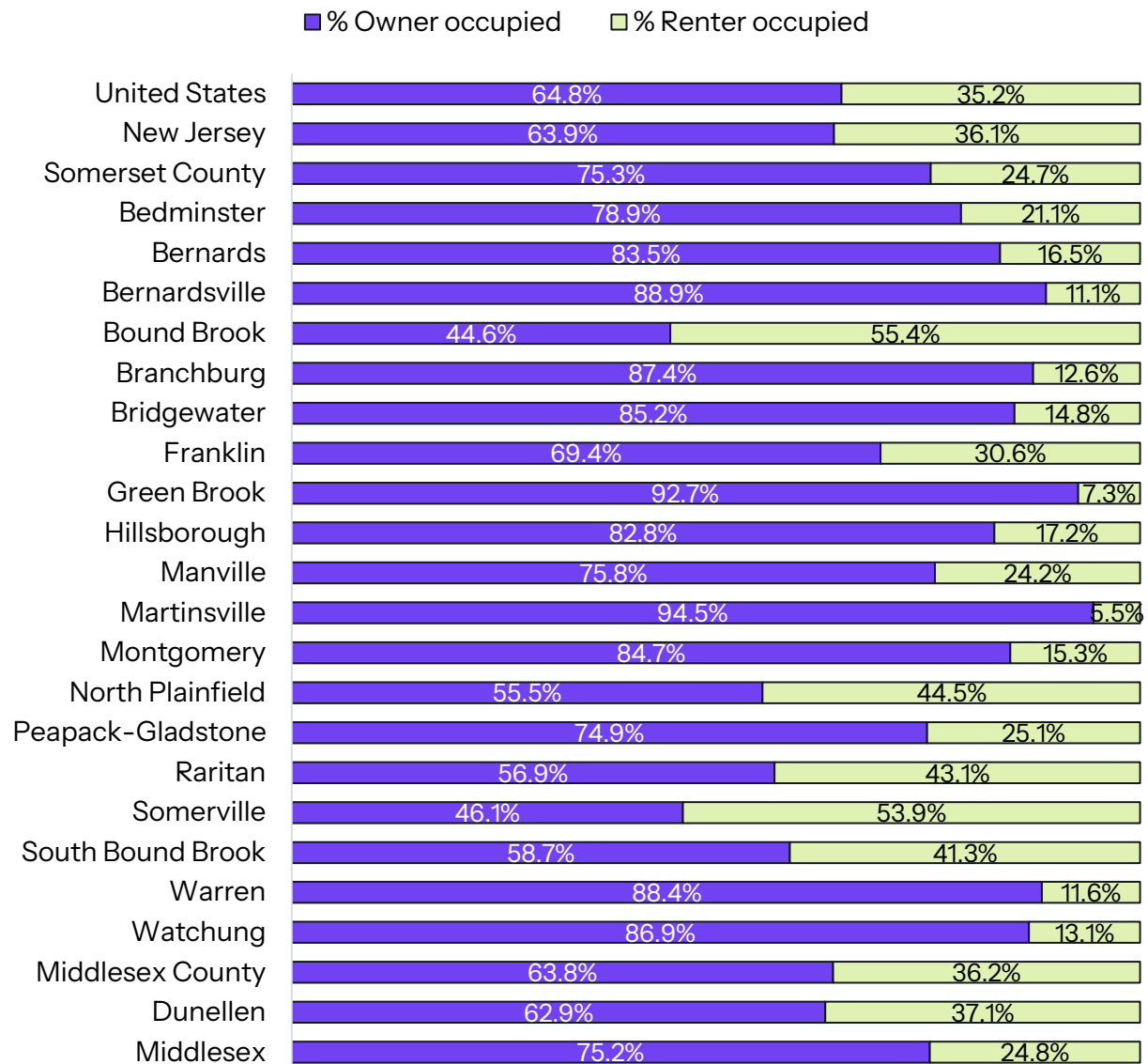


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Housing landscape

Low housing stock drives housing costs. Across Somerset County, the homeowner vacancy rate is low (0.8%), with South Bound Brook having the highest homeowner vacancy rate (3.3%) (Figure 99 located in Appendix F). In Somerset County, 75.3% of housing units were owner-occupied versus 24.7% renter-occupied (Figure 21) in 2018–2022. In most municipalities, owner-occupied units made up a higher percentage of housing stock than in the county overall. Exceptions were Bound Brook and Somerville where 55.4% and 53.9% of housing units, respectively, were renter-occupied. Homeownership rates were highest in Martinsville (94.5%) and Green Brook (92.7%). Despite this burden, 97.7% of Somerset County households had on average 1 adult occupant or less per room, indicating a low incidence of overcrowding (Table 31 located in Appendix F).

Figure 21. Home Occupancy, by State, County, and Town 2018–2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Monthly median housing costs for owner-occupied households with a mortgage ranged from \$2,270 in Manville to over \$4,000 in Bernards, Montgomery, Warren, and Watchung (Table 9) in 2018–2022. Monthly median housing costs for renter-occupied households ranged from \$1,485 in North Plainfield to \$2,302 in Watchung.

Table 9. Monthly Median Housing Costs, by State, County, and Town, 2018-2022

	Owner-occupied with a mortgage	Owner-occupied w/o a mortgage	Renter-occupied
United States	\$1,828	\$584	\$1,268
New Jersey	\$2,728	\$1,175	\$1,577
Somerset County	\$3,063	\$1,323	\$1,846
Bedminster	\$2,508	\$1,168	\$2,168
Bernards	\$4,000+	\$1,500+	\$2,266
Bernardsville	\$3,872	\$1,500+	\$2,003
Bound Brook	\$2,434	\$1,047	\$1,727
Branchburg	\$3,386	\$1,181	\$1,792
Bridgewater	\$3,158	\$1,291	\$1,873
Franklin	\$2,587	\$1,186	\$1,969
Green Brook	\$3,327	\$1,500+	\$2,089
Hillsborough	\$2,973	\$1,451	\$2,191
Manville	\$2,270	\$982	\$1,673
Martinsville	\$3,679	\$1,382	\$1,845
Montgomery	\$4,000+	\$1,500+	\$1,984
North Plainfield	\$2,650	\$1,146	\$1,485
Peapack-Gladstone	\$3,853	\$1,500+	\$1,832
Raritan	\$2,404	\$1,309	\$1,810
Somerville	\$2,884	\$1,257	\$1,662
South Bound Brook	\$2,411	\$1,053	\$1,598
Warren	\$4,000+	\$1,500+	\$2,032
Watchung	\$4,000+	\$1,500+	\$2,302
Middlesex County	\$2,775	\$1,174	\$1,739
Dunellen	\$2,615	\$1,105	\$1,402
Middlesex	\$2,664	\$1,201	\$1,471

DATASOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

NOTE: '\$1500+' and '\$4000+' indicate that the value is \$1500 or more and \$4000 or more, respectively.

Consistent with themes shared in focus groups and interviews, data show that Somerset County lacks sufficient affordable housing stock. The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In Somerset County, in 2018-2022, 28.2% of owner-occupied households with a mortgage and 46.9% of renter-occupied households reported spending 30% or more of their income on housing costs (Table 10). Across the county, renters experience a higher housing cost

burden than homeowners. Bound Brook experienced the highest proportion of households burdened by housing costs with 68.5% of renters spending 30% or more of their income on housing.

Table 10. Households whose Housing Costs are 30%+ of Household Income, by US, State, County, and Town, 2018-2022

	Owner-occupied with a mortgage	Owner-occupied w/o a mortgage	Renter-occupied
United States	27.3%	13.6%	49.9%
New Jersey	33.0%	22.3%	50.7%
Somerset County	28.2%	19.3%	46.9%
Bedminster	25.1%	22.5%	36.9%
Bernards	25.9%	17.9%	49.5%
Bernardsville	30.1%	15.3%	39.1%
Bound Brook	36.3%	23.7%	68.5%
Branchburg	21.3%	9.9%	41.2%
Bridgewater	26.8%	16.4%	47.2%
Franklin	31.9%	18.1%	41.8%
Green Brook	24.0%	24.2%	38.8%
Hillsborough	22.7%	16.8%	43.4%
Manville	28.6%	33.6%	58.3%
Martinsville	27.9%	16.6%	63.0%
Montgomery	23.2%	15.2%	46.3%
North Plainfield	45.3%	25.8%	50.3%
Peapack-Gladstone	23.6%	25.1%	81.0%
Raritan	25.7%	38.6%	41.2%
Somerville	30.1%	24.3%	35.9%
South Bound Brook	39.7%	14.9%	66.9%
Warren	29.4%	17.6%	40.3%
Watchung	35.4%	29.9%	65.3%
Middlesex County	33.4%	22.1%	46.1%
Dunellen	43.5%	24.1%	39.7%
Middlesex	41.4%	20.1%	53.7%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Additional information on housing within Somerset County can be found in the Housing sub-section of Appendix F. Additional Data Tables and Graphs.

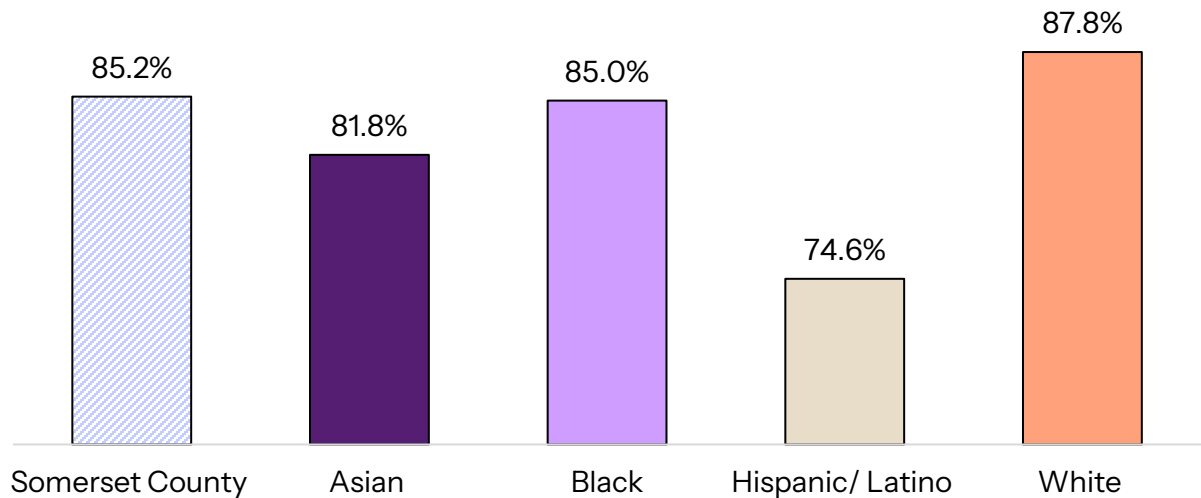
Green Space and Built Environment

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.

Green space was not discussed frequently during interviews and focus groups. However, a few focus group participants valued the recreational kid-friendly areas in their neighborhoods with one participant sharing that: *“There are a lot of green spaces where you can spend time with your family,”* and another stating that: *“There is a basketball court close to where I live, and I like to take my kids there. They’re able to run around and play safely.”* According to the RWJF County Rankings, most Somerset County residents (96%) had adequate access to a location for physical activity (Figure 105).

Community survey data from 2024 indicate that 85.2% of survey respondents agreed or strongly agreed with the statement, “My community has safe outdoor places to walk and play.” Figure 22 presents data for the overall sample and by race/ethnicity. White and Black respondents were more likely than Asian and Latino respondents to agree or strongly agree with this statement.

Figure 22. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statement “My community has safe outdoor places to walk and play,” by Race/Ethnicity (n= 1,762), 2024

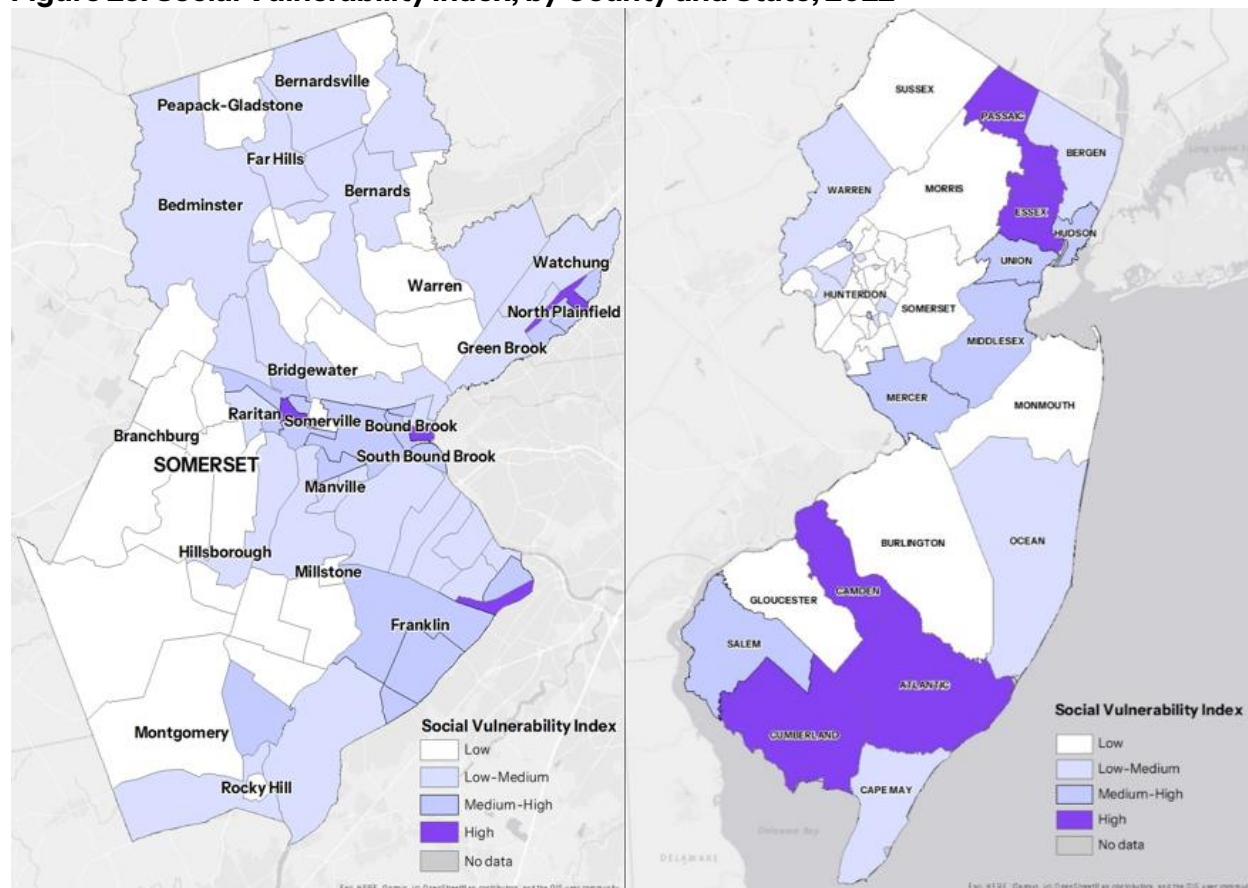


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

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. Somerset County's SVI in 2022 was 0.1, which means that 10% of counties in NJ were less vulnerable than Somerset County and 90% were more vulnerable. Census tracts around Somerville, Bound Brook, and North Plainfield were areas of high social vulnerability within the county (SVI ≥ 0.9) (Figure 23).

Figure 23. Social Vulnerability Index, by County and State, 2022



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

Transportation and Walkability

Transportation was frequently discussed by interviewees and focus group participants who shared several perspectives on transportation and walkability in Somerset County. Overall, transportation and walkability were main concerns among community participants, with participants specifically identifying a lack of public transportation available and Somerset County not being walkable. Interview participants described Somerset County as being a rural community with *"USDA rural distinction in most towns in Somerset."* One interview participant shared that: *"The vast majority of spaces in my community have no sidewalks and no walkability... and it's kind of dangerous. I remember watching a*

"We do have NJ transit but it doesn't come as often so people will sometimes have to wait 2-3 hours to get the next bus" – Key informant interviewee

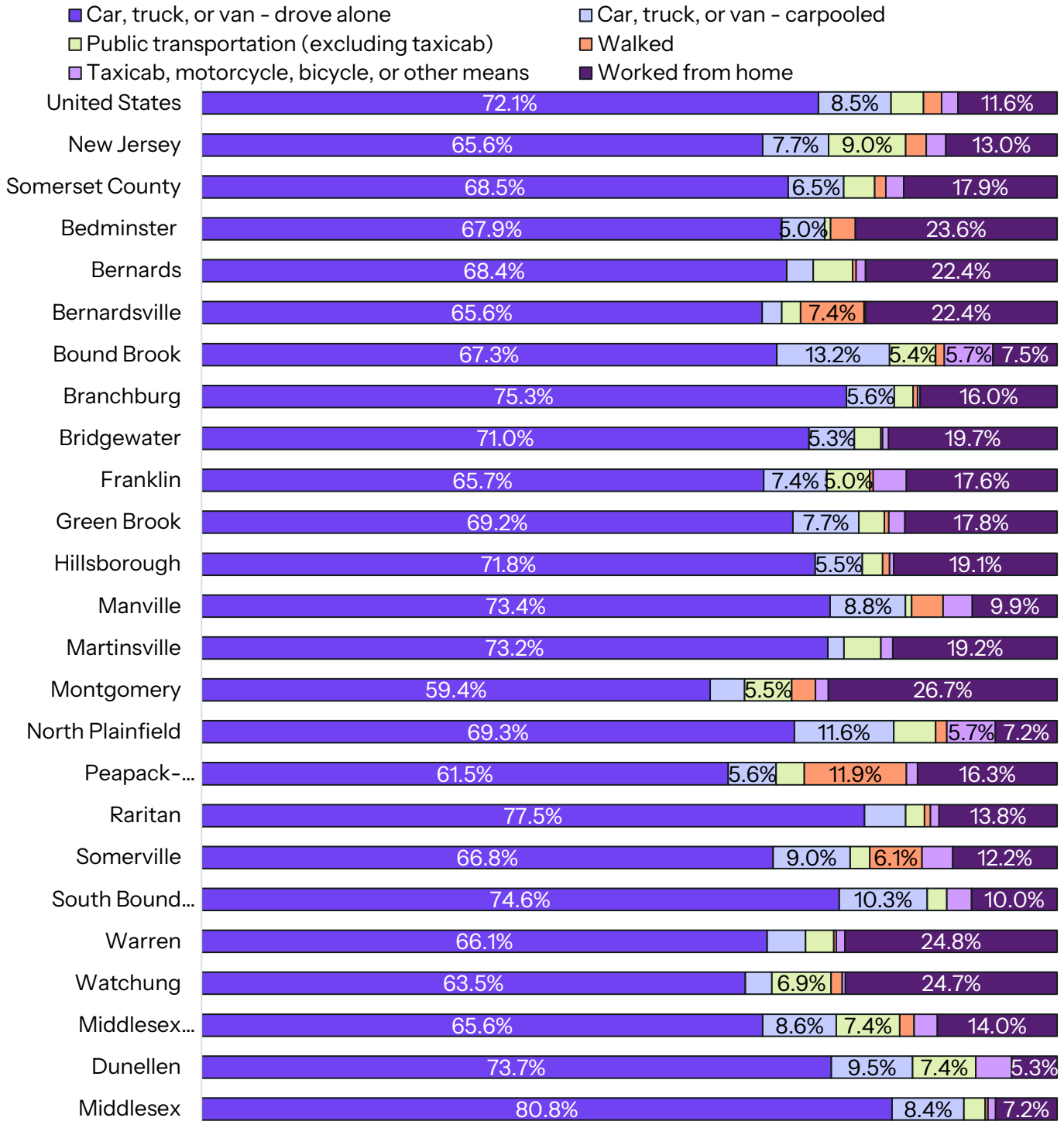
lady push a baby down those roads and it was terrifying.”

When discussing transportation within the county, participants shared that public transportation is limited; while NJ Transit is available, it is limited and does not come often. One interview participant elaborated, *“if you don’t have a vehicle at least in my communities there is virtually no public transportation unless you pay for an uber,”* with another stating, *“the county does have a transportation system – but it’s not enough.”* Transportation as a barrier to seeking services was noted by participants with one interview participant stating, *“transportation alone comes up and also has a myriad of things that come along with it – without transportation you can’t get into your counseling, and you can’t get to your primary care doctor.”* Another interview participant said, *“transportation is definitely still a concern for us, as well as probably every organization within the county.”*

Consistent with qualitative data, the Walkability Index map shows pockets of walkable areas throughout the county, primarily around Somerville, Bound Brook, North Plainfield, Far Hills, Rocky Hill, and large swaths of where walking is difficult, particularly around Bernardsville, Franklin, Hillsborough, and Branchburg (See Figure 102 in Appendix F. Additional Data Tables and Graphs).

Quantitative data show that most Somerset County residents commuted to work alone by car, truck, or van, and few used public transportation (Figure 24). However, there are differences across towns. Data from the 2018–2022 American Community Survey showed that Raritan (77.5%) and Branchburg (75.3%) had the highest proportion of commuters who relied on private transportation while Bound Brook (13.2%) had the highest proportion of commuters who carpooled. In addition, in Montgomery (26.7%), Warren (24.8%), and Watchung (24.7%) around one-quarter of residents worked from home.

Figure 24. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

NOTE: Data labels under 5.0% are not shown.

As mentioned above, residents without a vehicle face barriers accessing basic needs. Private vehicle ownership is not equally distributed across county residents. In Somerset County, 2.1% of owner-occupied households and 12.0% of renter-occupied households did not have access to a personal vehicle in 2018–2022 (Table 11); these percentages are lower than those of New Jersey as a whole. However, there is variation across communities in the county. Manville (25.1%), Watchung (22.7%), and South Bound Brook (22.0%) had the highest proportion of renter-occupied households without access to a vehicle.

Table 11. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by US, State, County, and Town, 2018–2022

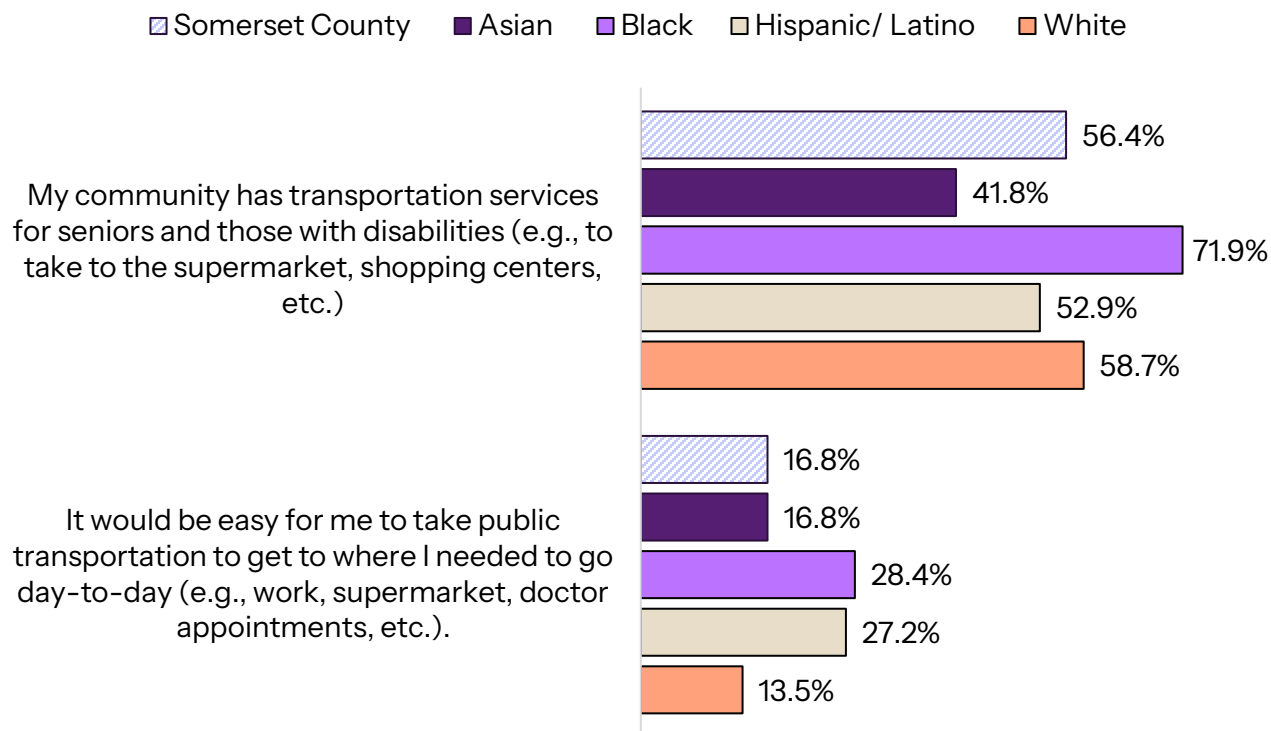
	Owner-occupied	Renter-occupied
United States	3.1%	17.9%
New Jersey	3.7%	24.7%
Somerset County	2.1%	12.0%
Bedminster	0.2%	1.1%
Bernards	0.6%	18.6%
Bernardsville	3.3%	0.0%
Bound Brook	1.3%	20.7%
Branchburg	1.1%	5.1%
Bridgewater	1.3%	15.2%
Franklin	2.1%	6.0%
Green Brook	1.8%	0.0%
Hillsborough	2.3%	11.1%
Manville	6.1%	25.1%
Martinsville	1.3%	14.1%
Montgomery	1.6%	17.2%
North Plainfield	4.3%	12.4%
Peapack-Gladstone	3.7%	0.0%
Raritan	4.0%	8.0%
Somerville	2.8%	15.7%
South Bound Brook	7.9%	22.0%
Warren	1.5%	6.0%
Watchung	1.0%	22.7%
Middlesex County	3.3%	16.6%
Dunellen	1.6%	13.5%
Middlesex	1.2%	19.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

A majority of Somerset County survey respondents agreed or strongly agreed that their community provides transportation services for seniors and those with disabilities (56.4%),

with the highest agreement among Black respondents (71.9%) (Figure 25). However, fewer respondents found public transportation easy to use for daily needs (16.8%), with Black respondents again reporting the highest agreement (28.4%).

Figure 25. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

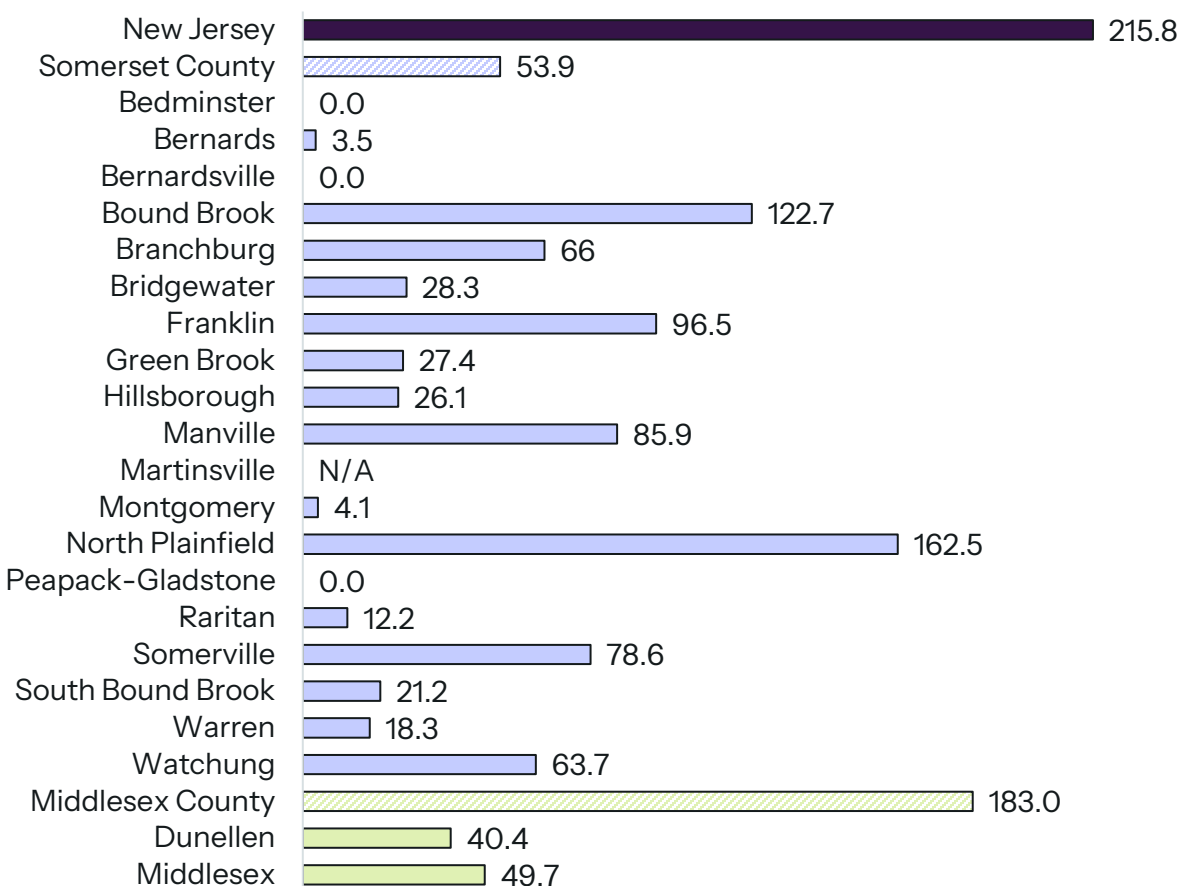
NOTE: “My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)” was answered by 1326 residents.

“It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.)” was answered by 1631 residents.

Violence Prevention and Safety

Discussion participants generally described Somerset County as a safe community, and this perception is supported by secondary data. A focus group participant described, “*I think I feel safe on a broader spectrum. You know things can happen, but overall, I feel safe in Somerset County.*” Crime and violence were not major themes in any of the focus groups or key informant interviews. However, violence and trauma are important public health issues affecting physical and mental health. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries, or witness or hear about crime and violence in their community. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2020 varied widely across municipalities, but was overall lower than state rates (Figure 26). Property crime (i.e., burglary, larceny, and auto theft) was much more common than violent crime and followed similar patterns by municipality (Figure 27). At 4563.0 incidents per 100,000 residents, Watchung had a rate almost six times higher than that of the county (765.3 per 100,000 residents) and nearly four times higher than that of the state (1154.0 per 100,000 residents).

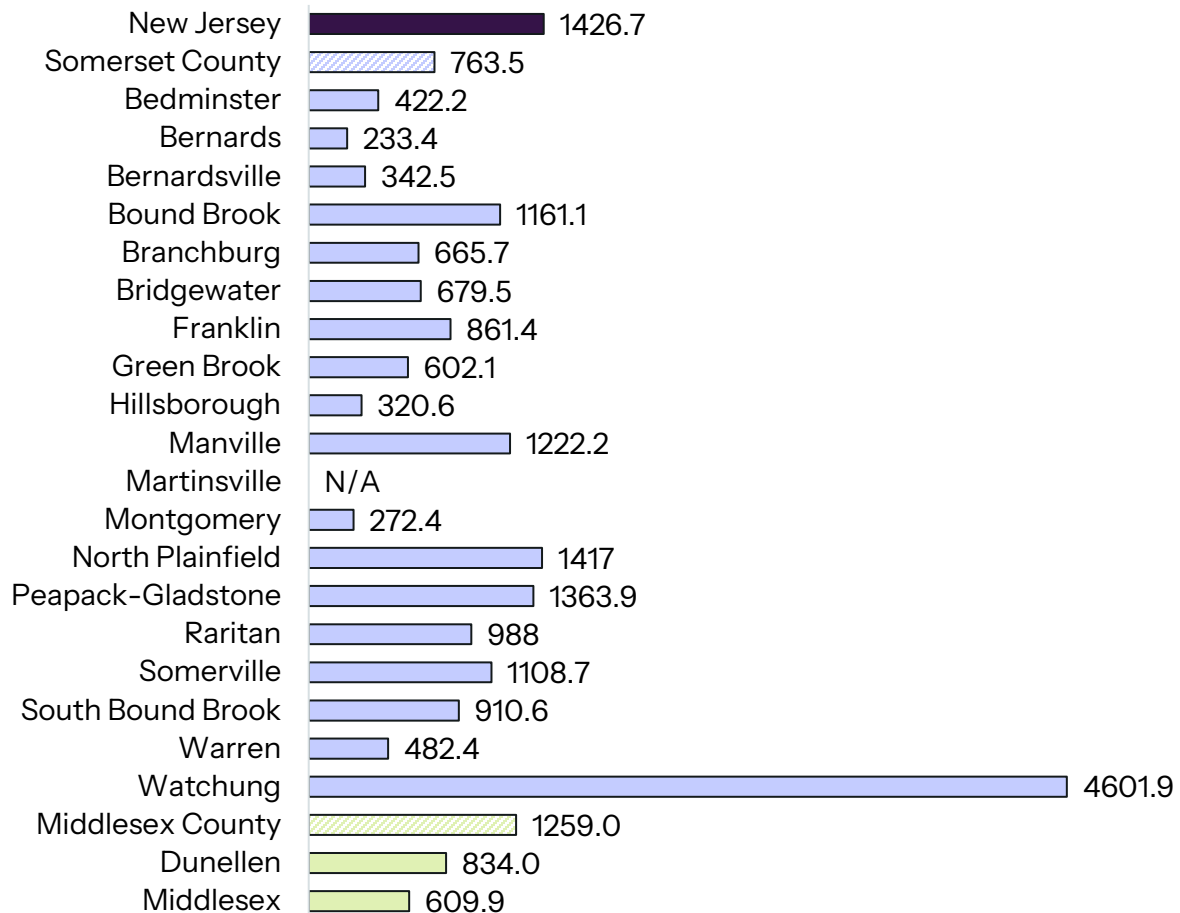
Figure 26. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022



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

NOTE: N/A means that the data are unavailable for the respective geography.

Figure 27. Property Crime Rate per 100,000 Population, by State, County, and Town, 2022

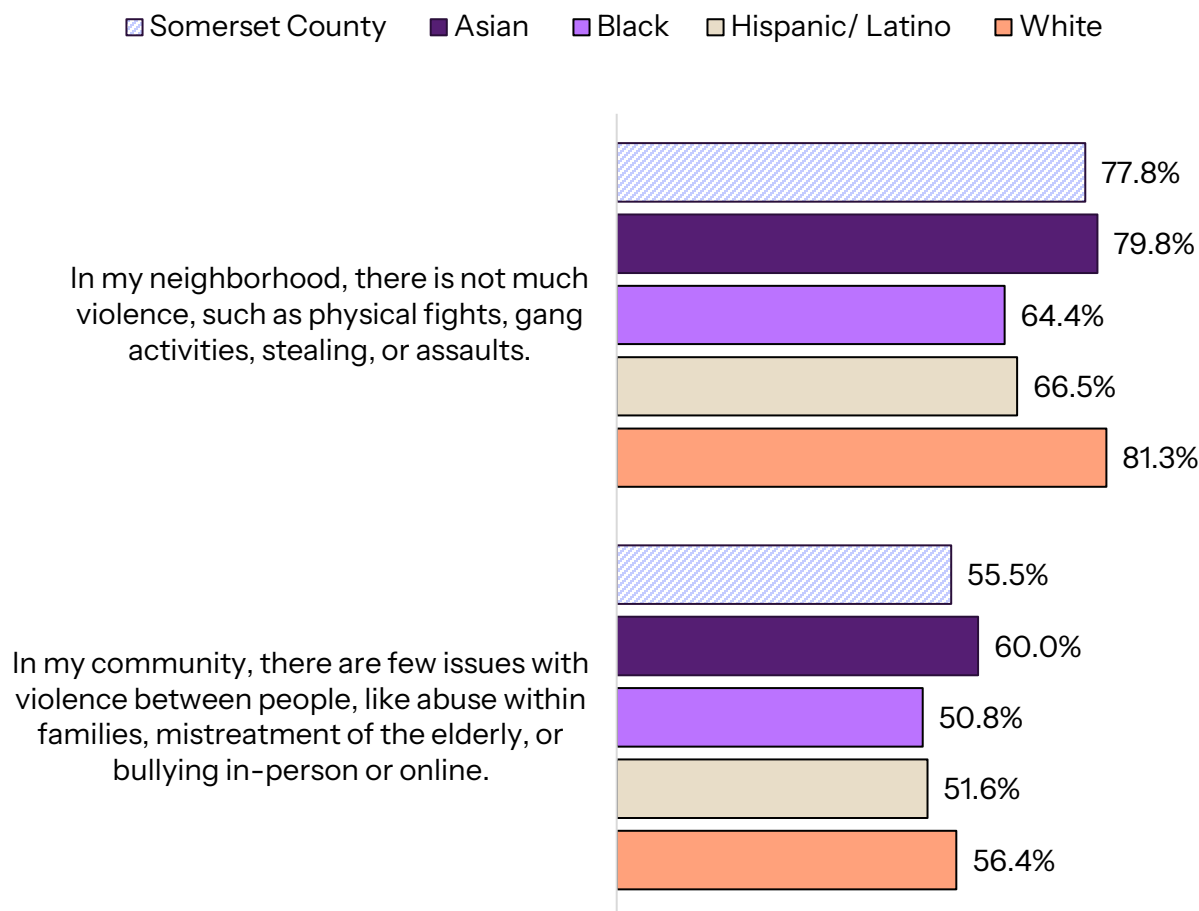


DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

NOTE: N/A means that the data are unavailable for the respective geography.

About 8 in 10 Somerset County survey respondents (77.8%) agreed or strongly agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied significantly by race, with a higher proportion of Asian (79.8%) and White (81.3%) respondents agreeing or strongly agreeing, compared to 66.5% of Hispanic/Latino and 64.4% of Black respondents (Figure 28). A little more than half of the respondents (55.5%) agreed that there are few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community. Agreement was highest among Asian (60.0%) respondents and lowest among Hispanic/Latino (51.6%) and Black (50.8%) respondents. Notably, bullying was among the top community concerns for children and youth, endorsed by 34.2% of respondents (See Figure 32 Below).

Figure 28. Percent of Somerset County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: “In my neighborhood, there is not much violence, such as physical fights, gang activities, stealing, or assaults” was answered by 1638 residents.

“In my community, there are few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online” was answered by 1358 residents.

Systemic Racism and Discrimination

Perceptions related to discrimination and racism varied throughout qualitative discussions. These discussions took place in a national context of polarization and backlash against efforts to redress systemic racism and discrimination and promote diversity, equity, and inclusion for all regardless of gender and racial identity, among other identity categories. Several interviewees and focus group participants recognized discrimination and hatred as a systemic, public health issue. An interviewee mentioned that *“there is a movement right now and an anti-LGBTQ movement at the board of education, and they want us to take down our pride flag, but it is very tense as it relates to school age kids and the parents.”* Another interviewee described how documentation requirements impeded residents born in other countries from benefiting from social services. One participant emphasized that *“since I don’t have a Social Security number, I can’t work anywhere. All immigrants have the same problem. There is a lot of exploitation, discrimination, unjustified termination just because someone is*

an immigrant and doesn't have rights.” Interviewees described instances of discrimination and stereotyping against Hispanic/Latino community members in particular with one focus group participant explaining, “another time, someone hit our neighbor’s car, and they blamed it on us. They left us a note telling us we shouldn’t be driving, etc. There’s so much discrimination against us as Hispanics even though we keep to ourselves and don’t do anything to them. I’ve lived here for 8 years, so I wouldn’t want to move, but these situations make it uncomfortable to live there, particularly in the summer.”

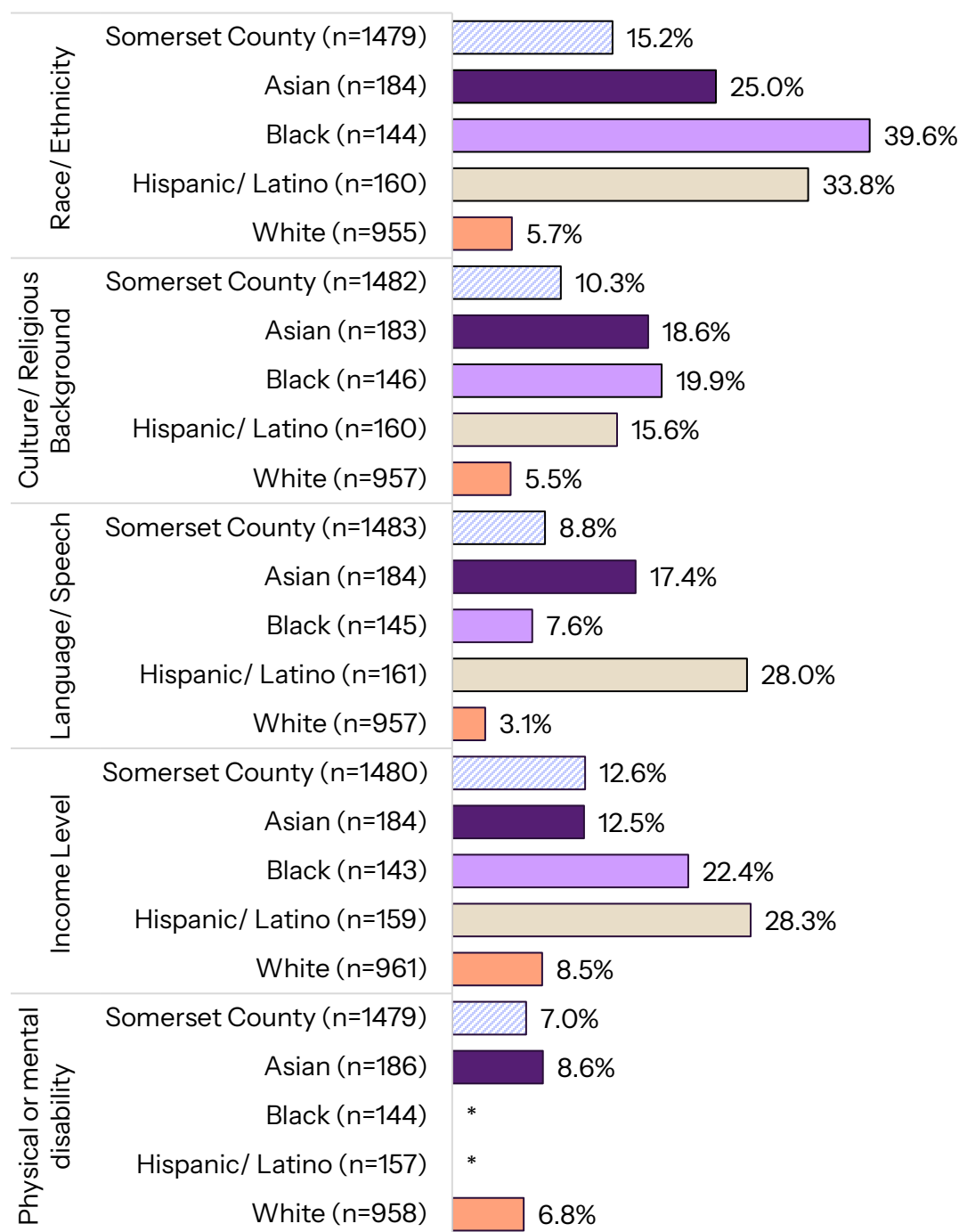
Somerset County survey respondents provide additional insight into experiences of discrimination when receiving healthcare. More than one-third of Black (39.6%) and Latino (33.8%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 15.2% of respondents overall (Figure 29).

Additionally, Latino (15.6%), Black (19.9%), and Asian (18.6%) survey respondents also reported feeling discriminated against when receiving medical care based on their culture and religious background. Furthermore 28.0% of Latino respondents and 17.4% Asian respondents also reported feeling discriminated against due to their language/speech.

“We feel like no matter what we do, if we make any noise or do anything, they’ll call the police on us.” – Focus group participant

Other forms of discrimination while receiving medical care also emerged from the survey. In Somerset County, 15.8% of survey respondents felt discriminated against due to their age, 14.8% due to their body size, 8.0% due to their gender or gender identity, and 4.9% due to their sexual orientation. However, 34.1% of LGBTQ+ respondents experienced discrimination due to their sexual orientation (Figure 30).

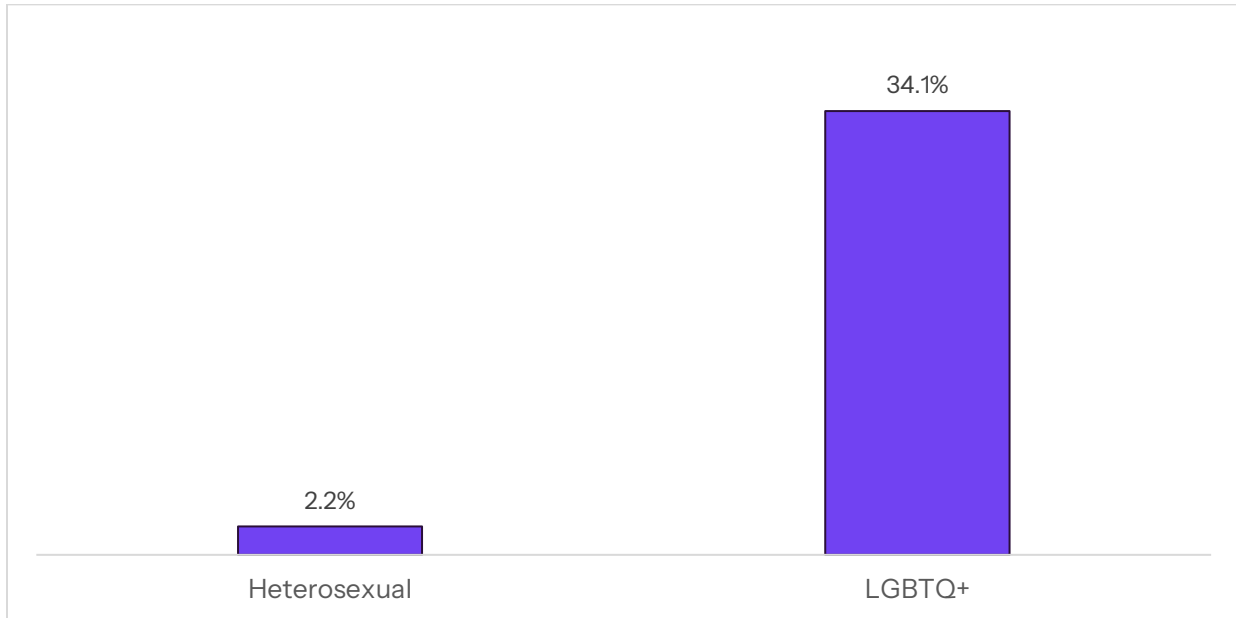
Figure 29. Experiences of Interpersonal Discrimination while Receiving Medical Care by Different Characteristics, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) indicates data are suppressed due to low response (n<10).

Figure 30. Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, Somerset County Respondents, by Sexual Orientation (n=1480), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: The LGBTQ+ category includes gay, lesbian, bisexual, pansexual, queer, asexual, and other unspecified categories.

Community Health Issues

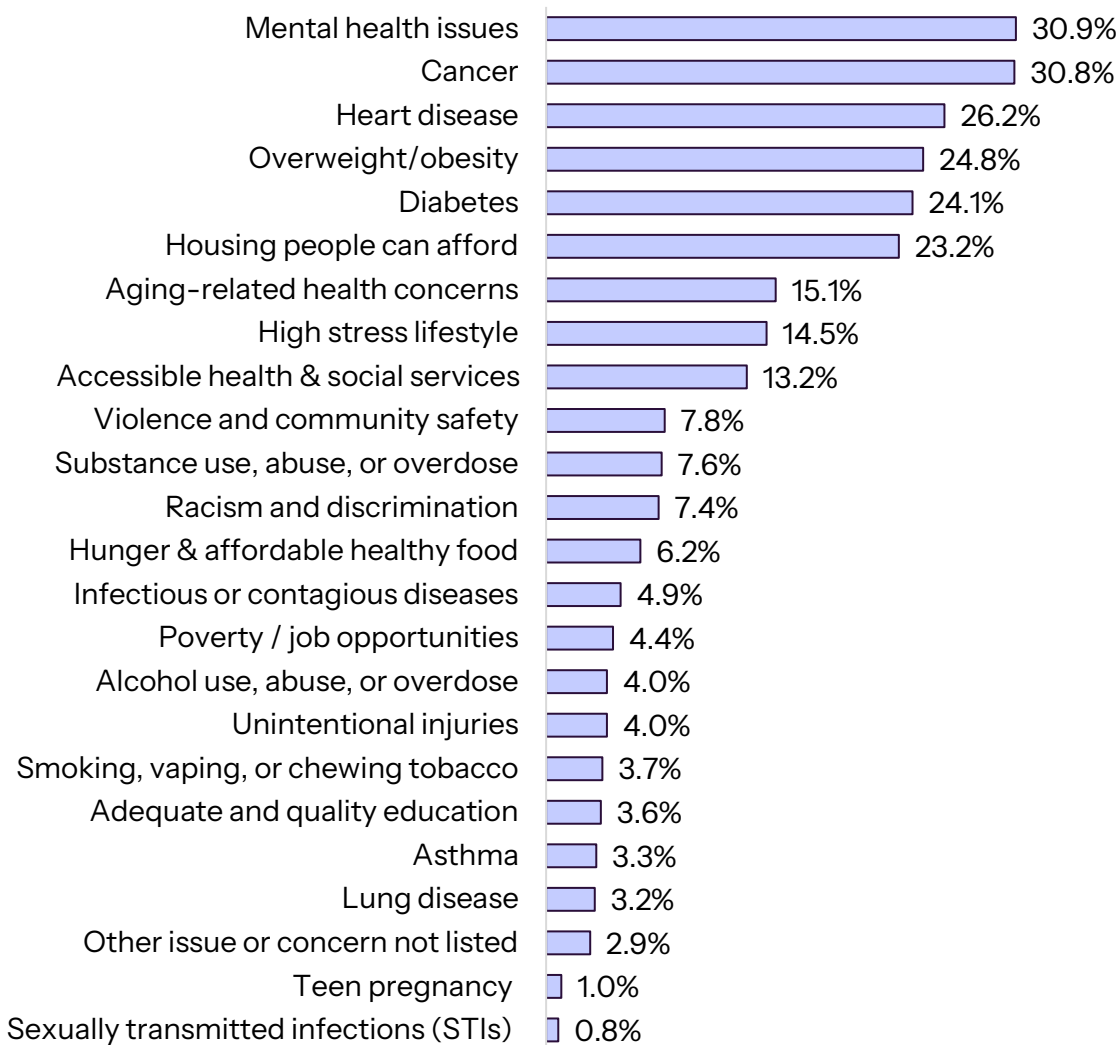
Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

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 a high cost of living, housing, food insecurity, and transportation as pressing concerns. They also discussed the challenges of accessing care and the ongoing mental health concerns, particularly among youth, seniors, and immigrant populations. Some participants connected these concerns and inequities to systemic racism.

Community survey respondents were presented with a list of specific issues with the option to write in additional issues and were asked to mark the top three health concerns or issues in their community overall. Respondents in Somerset County ranked mental health (30.9%), followed by cancer (30.8%), heart disease (26.2%), overweight/obesity (24.8%), and diabetes (24.1%) as the top five health issues in their communities (Figure 31). In the 2021 CHNA, residents also identified mental health (39.4%) as their top health issue or concern, followed by overweight/obesity (32.7%), high stress lifestyle (28.5%), substance use, abuse, or overdose (16.3%), and having adequate and affordable eldercare (11.4%) and having adequate and affordable housing (11.4%). Among the respondents that selected "Other issues or concern not listed," the most common write-in responses were environmental and climate issues, a limited sense of community and community activities, and complex conditions (e.g., autism, special needs, Parkinson's disease, autoimmune conditions).

Figure 31. Top Health Concerns in the Community Overall, Somerset County Respondents (n=1,893), 2024



DATA SOURCE: RWJBH 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 12). Diabetes was the top concern among Asian and Black survey respondents, whereas overweight/obesity was the top concern among Latino survey respondents and mental health issues were the top concern among white survey respondents. Housing people can afford ranked a top concern for Black, Latino, and White respondents. Of note, a high-stress lifestyle was a top concern for Asian respondents.

Table 12. Top Health Concerns in the Community Overall, Somerset County Respondents, by Race/Ethnicity, (n=1,893), 2024

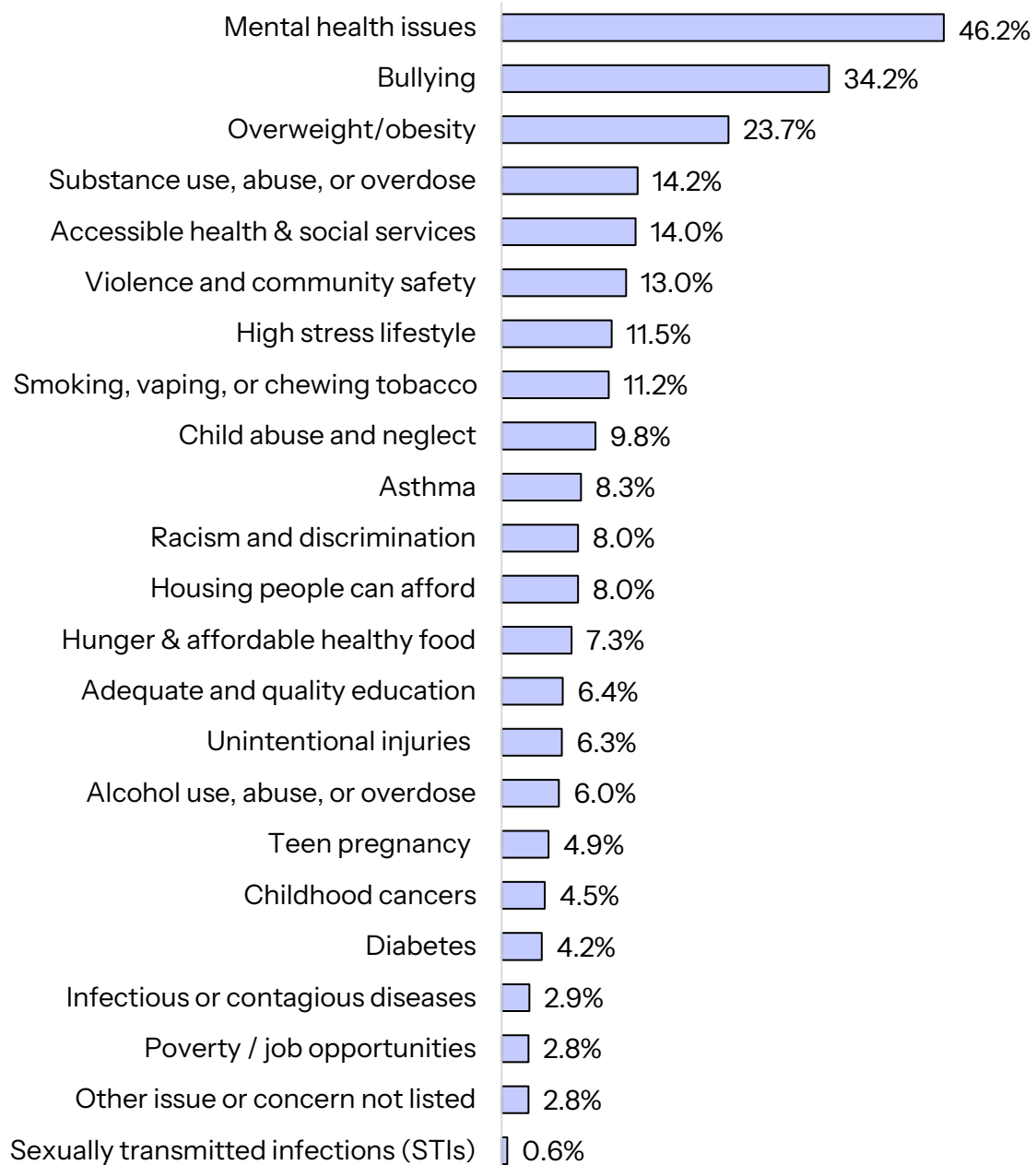
	Asian (n=247)	Black (n=189)	Hispanic/ Latino (n=209)	White (n=1177)
1	Diabetes (39.7%)	Diabetes (32.8%)	Overweight/obesity (33.0%)	Mental health issues (35.2%)
2	Heart disease (28.7%)	Housing people can afford (32.3%)	Diabetes (31.1%)	Cancer (34.3%)
3	Mental health issues (25.1%)	Cancer (29.1%)	Housing people can afford (23.4%)	Heart disease (27.6%)
4	Cancer (22.3%)	Mental health issues (24.9%)	Mental health issues (21.5%)	Overweight/obesity (25.1%)
5	High stress lifestyle (21.9%)	Heart disease (22.2%)	Cancer (19.1%)	Housing people can afford (24.5%)

DATA SOURCE: RWJBH 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 (46.2%), followed by bullying (34.2%), overweight/obesity (23.7%), substance use, abuse, or overdose (14.2%), and having enough health and social services that children or youth can use (14.0%) as the top five health issues in their communities (Figure 32). Among the respondents that selected “Other issues or concern not listed,” the most common write-in responses were social media, screen time, affordable child care and spaces for children to safely play and explore, and environmental exposures (e.g., air quality, toxic chemicals).

Figure 32. Top Health Concerns in the Community for Children and Youth, Somerset County Respondents, (n=1,698), 2024



DATA SOURCE: RWJBH 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.

The top three health concerns for children and youth were consistent when survey results are presented by race/ethnicity (**Table 13**). Across Asian, Black, Latino and White respondents,

mental health issues were the top concern for children and youth in Somerset County, followed by bullying and overweight/obesity.

Table 13. Top Health Concerns in the Community Overall, Somerset County Respondents, by Race/Ethnicity, (n=1,698), 2024

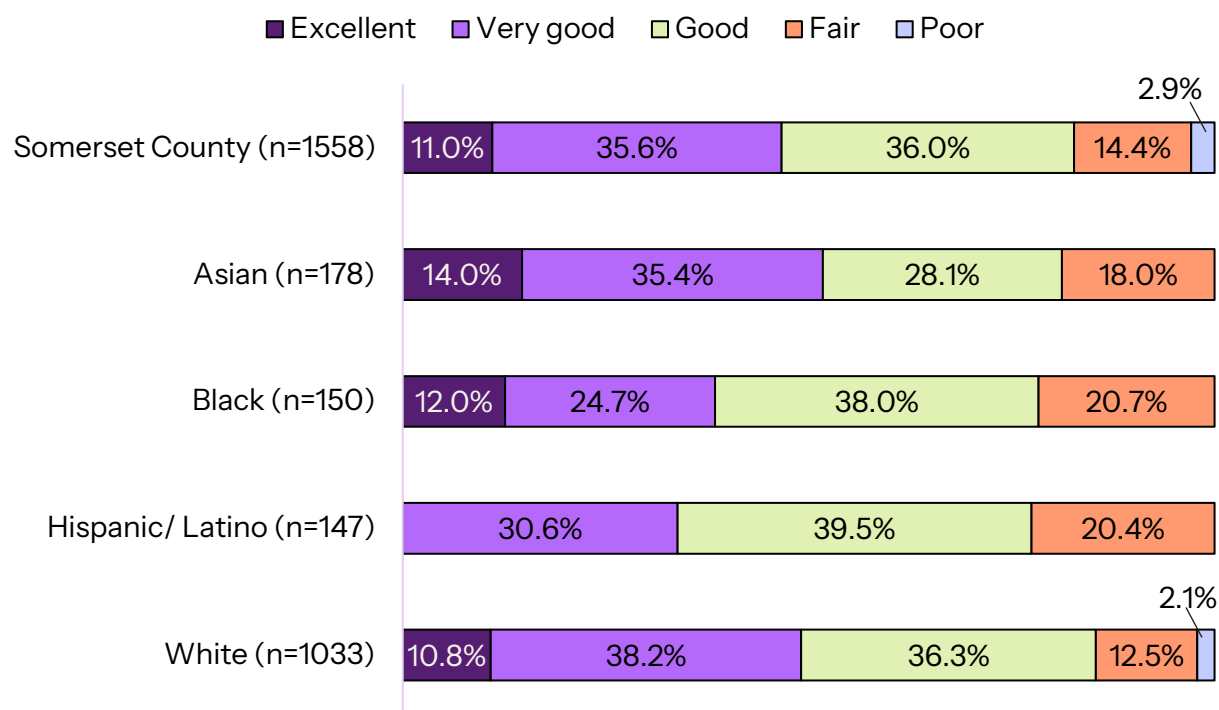
	Asian (n=202)	Black (n=161)	Hispanic/ Latino (n=171)	White (n=1101)
1	Mental health issues (43.1%)	Mental health issues (37.9%)	Mental health issues (36.3%)	Mental health issues (50.8%)
2	Bullying (38.1%)	Bullying (24.2%)	Bullying (32.3%)	Bullying (36.4%)
3	Overweight/obesity (23.3%)	Overweight/obesity (23.6%)	Overweight/obesity (28.7%)	Overweight/obesity (23.3%)
4	High stress lifestyle (21.3%)	Having enough health & social services that children or youth can use (18.0%)	Child abuse and neglect (14.6%)	Substance use, abuse, or overdose (15.6%)
5	Racism and discrimination (13.9%)	Violence and community safety (15.5%)	Smoking, vaping, or chewing tobacco (14.6%)	Don't know (14.5%)

DATA SOURCE: RWJBH 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 (36.0%) or very good (35.6%) (Figure 33). Proportionally more Black and Latino respondents considered themselves to be in Fair or Poor health compared to Asian and White respondents.

Figure 33. Self-Assessed Overall Health Status, Somerset County Respondents, by Race/Ethnicity, (n=1,558), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

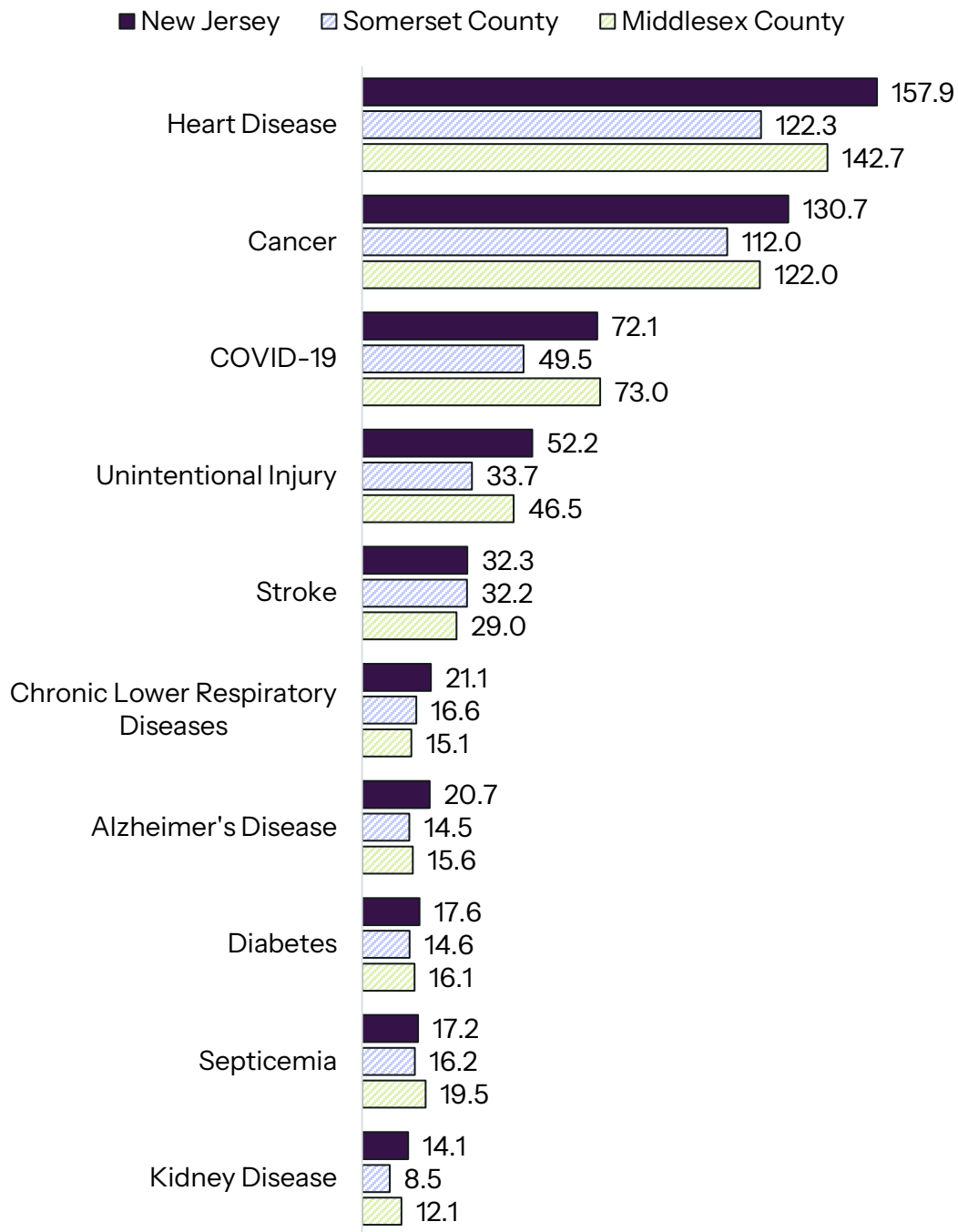
NOTE: Data do not always sum to 100% because data for some health status ratings are suppressed due to low response (n<10).

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 are available for 2021, the second year of the COVID-19 pandemic. Figure 34 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 Somerset County in 2021 was heart disease (122.3 per 100,000), followed by cancer (112.0 per 100,000), and COVID-19 (49.5 per 100,000). Of note, the mortality rate for all conditions shown below is lower in Somerset County compared to the state overall, except for stroke where the rate is similar.

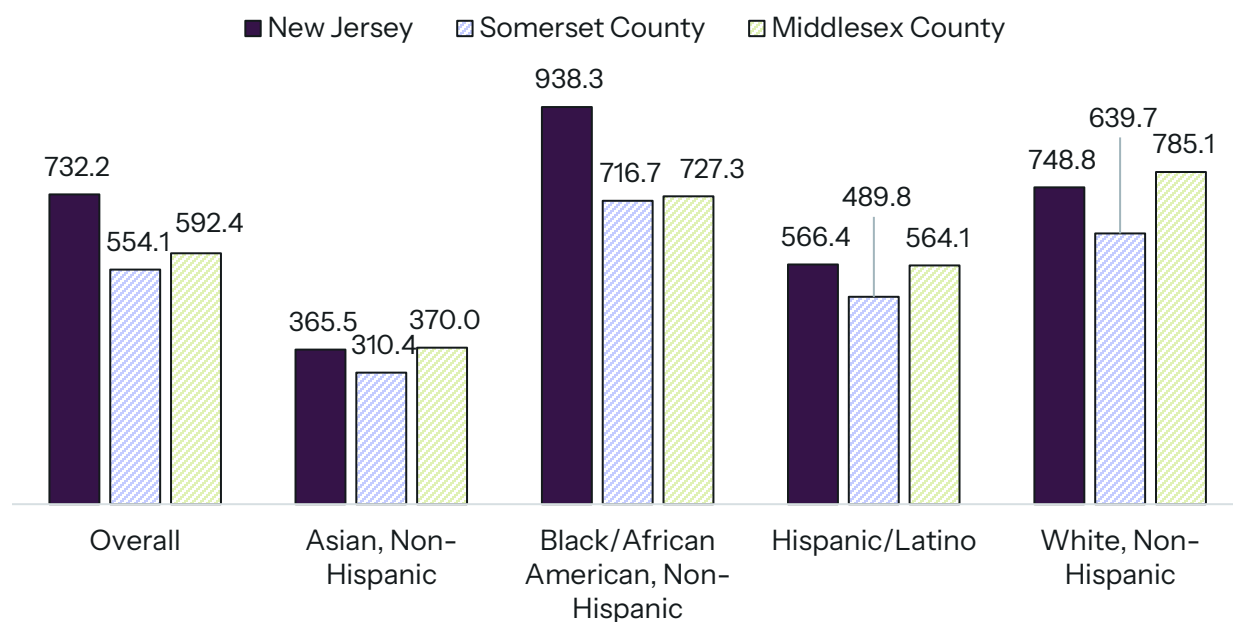
Figure 34. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2021



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

Figure 35 presents the overall age-adjusted mortality rate per 100,000 residents in 2021. In Somerset County, Black residents had the highest age-adjusted mortality rate with 716.7 per 100,000 residents compared to the county average of 554.1 per 100,000 residents.

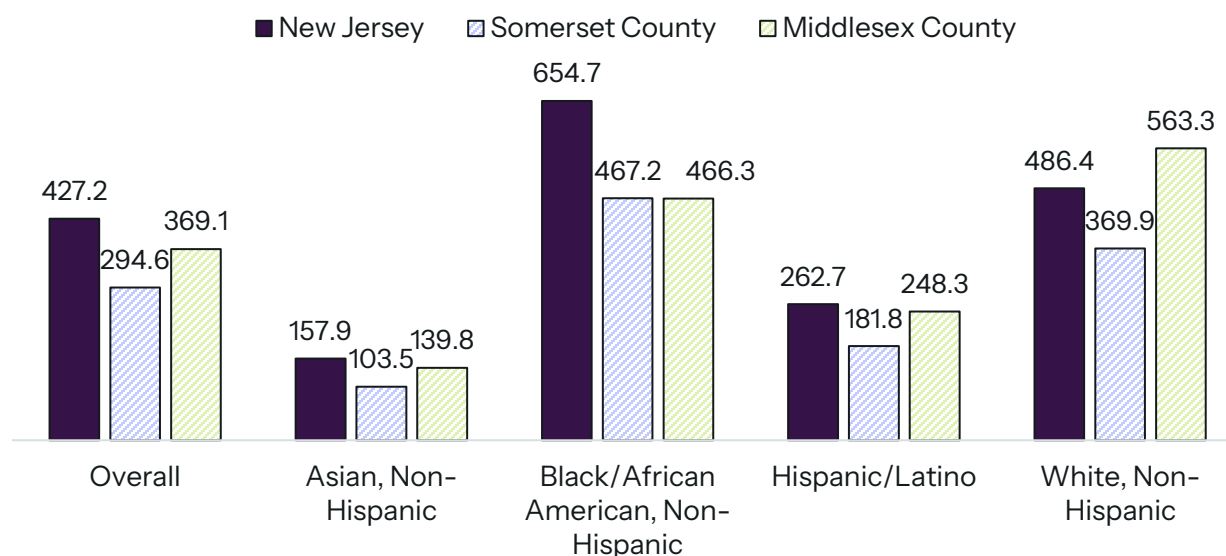
Figure 35. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2021



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

Figure 36 shows premature mortality (deaths before age 75) rates per 100,000 population by state, county, and race/ethnicity. In 2021, the premature mortality rate in Somerset County (294.6 per 100,000) was lower than the state rate (427.2 per 100,000). Black residents in the Somerset County experienced a higher premature mortality rate (467.2 per 100,000) compared to county residents of other races/ethnicities; however, the premature mortality rate of Black residents in Somerset County was lower than the average premature mortality rate of Black residents in New Jersey overall (654.7 per 100,000).

Figure 36. Premature Mortality (Deaths Before Age 75) Rate per 100,000 Population by Race/Ethnicity, by State and County, 2021



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

More information on the leading causes of death and premature mortality within Somerset County can be found in Appendix F. Additional Data Tables and Graphs.

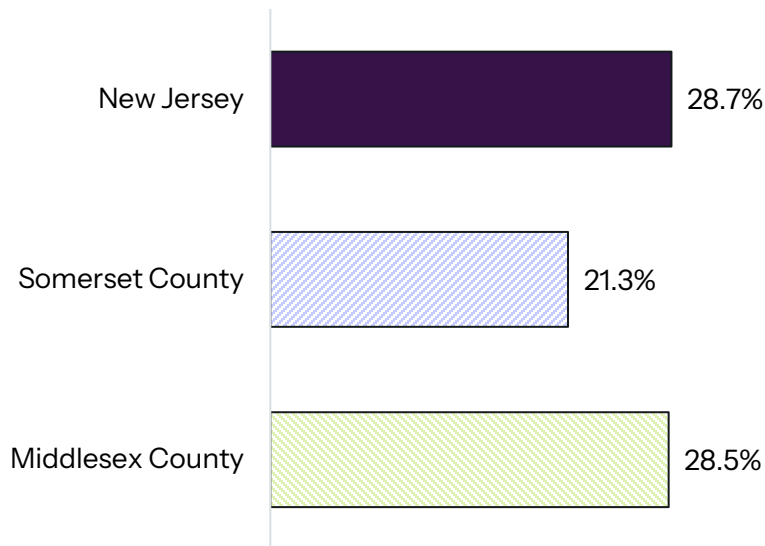
Overweight, Obesity and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. Overweight/obesity was identified as the fourth top health concern by community survey respondents, and the third top health concern among children and youth. While not a prominent theme during interview and focus group discussions, a few participants did highlight concerns related to obesity in particular the impact that weight can have on management of other chronic conditions and the connection between food insecurity and obesity. As one interviewee shared, “people point to people who are obese and say, ‘how can this person be food insecure?’ and it’s because the only things they can afford are crappy food.”

“Obesity is still an issue – the problem with that is when people are obese when they do have a chronic condition or health problem or cardio issues, weight also impacts that” – Key informant interviewee

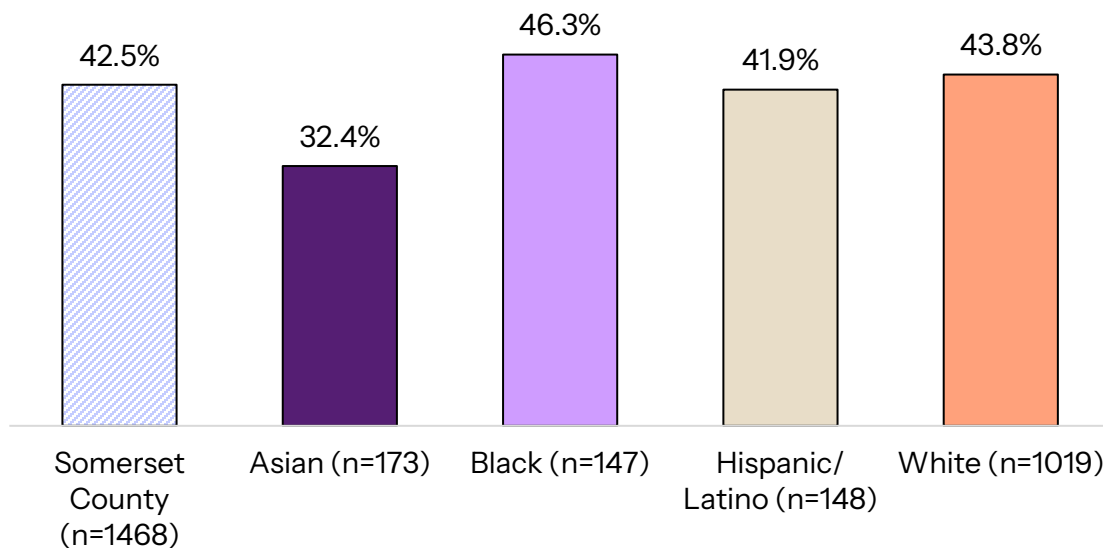
The latest surveillance data on overweight/obesity is from several years ago (2021). Adults at the state and county level were asked to self-report their height and weight. Based on this self-report, about 21.3% of Somerset County adults were considered obese, and 28.7% of adults in New Jersey were (Figure 37). Among Somerset County community health survey respondents, approximately 2 in 5 (42.5%) respondents reported ever being told by a healthcare provider that they had a weight problem (Figure 38). This proportion varied by race/ethnicity and ranged from 32.4% of Asian respondents to 46.3% of Black respondents.

Figure 37. Adults Self-Reported Obese, by State and County, 2021



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

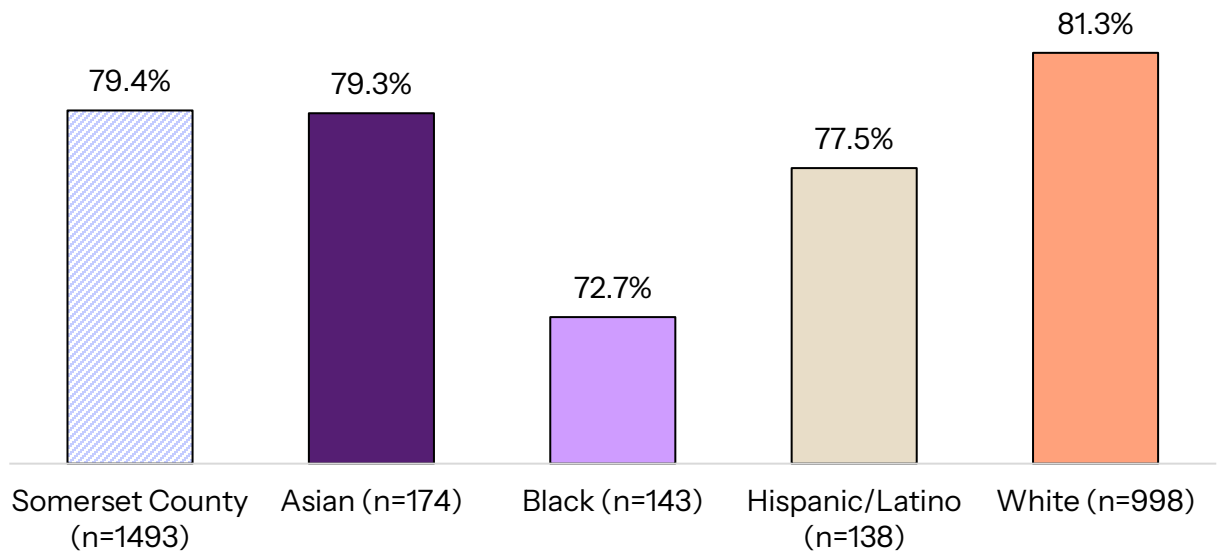
Figure 38. Somerset County Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=1,468), 2024



DATA SOURCE: RWJBH 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 Somerset County respondents (79.4%) indicated that they did so, ranging from 72.7% of Black respondents to 81.3% of White respondents (Figure 39). On average, respondents with children indicated that their children had been physically active for at least 60 minutes in 5 of the past 7 days.

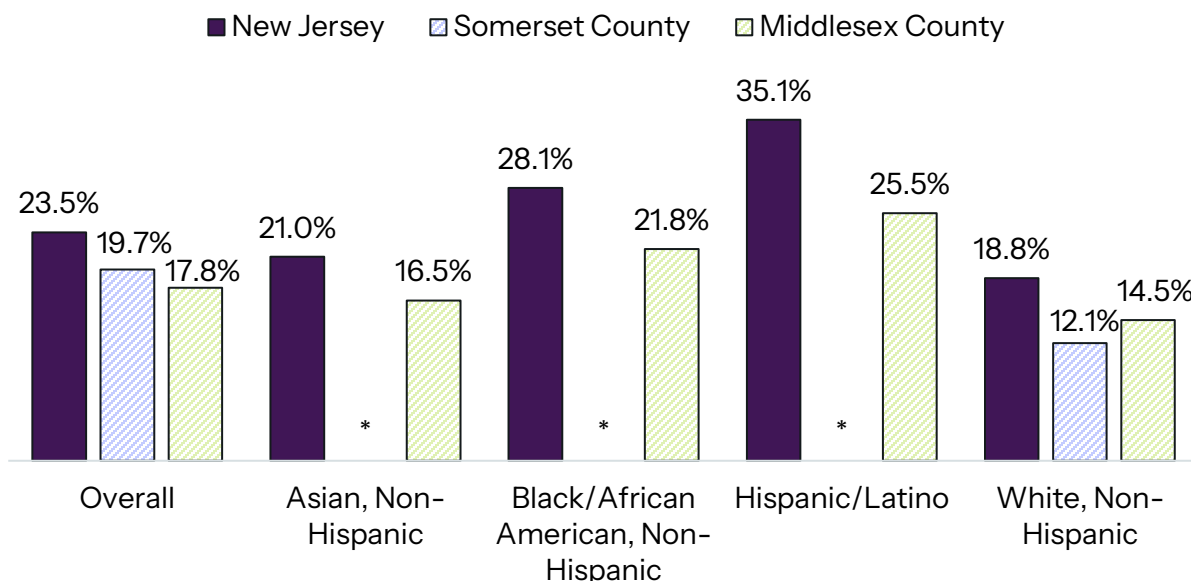
Figure 39. Somerset County Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=1,493), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As described earlier, safe parks and green spaces were noted by discussion participants as strengths of the community. However, even with those community resources, many Somerset County residents report not being physically active. In 2021, 19.7% of Somerset County residents reported participating in no physical activity during their leisure time activity (Figure 40). While data by race/ethnicity for Somerset County is suppressed, among New Jersey residents overall and Middlesex County residents, the percentage of adults reporting no leisure time for physical activity is highest among Latino residents.

Figure 40. Percent of Adults Reporting No Physical Activity during Leisure Time, by State, County, and Race/Ethnicity, 2021



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

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

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. Interviewees noted that there are many successful screening initiatives and also that the county runs chronic disease management programs, although these programs fill up quickly. Interviewees stressed the need for continuing screening programs (including for cancer, diabetes, and hypertension) and targeting outreach in particular to immigrant communities (who may not be accustomed to seeking out preventive screenings, depending on their country of origin), the Black community, and the LGBTQ+ community. Interviewees noted the importance of building trust and diversifying and training staff to best serve and reach all residents. While these chronic conditions were not identified as top concerns in the 2021 community survey, in the current 2024 community survey, cancer, heart disease, and diabetes were among the top five health concerns among Somerset County survey respondents (see the “Community Perceptions of Health” section above). The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in Somerset County.

“We are seeing epic rates of diabetes, obesity, hypertension and certainly during covid the Black and Brown community is disproportionately affected by that” – Key informant interviewee

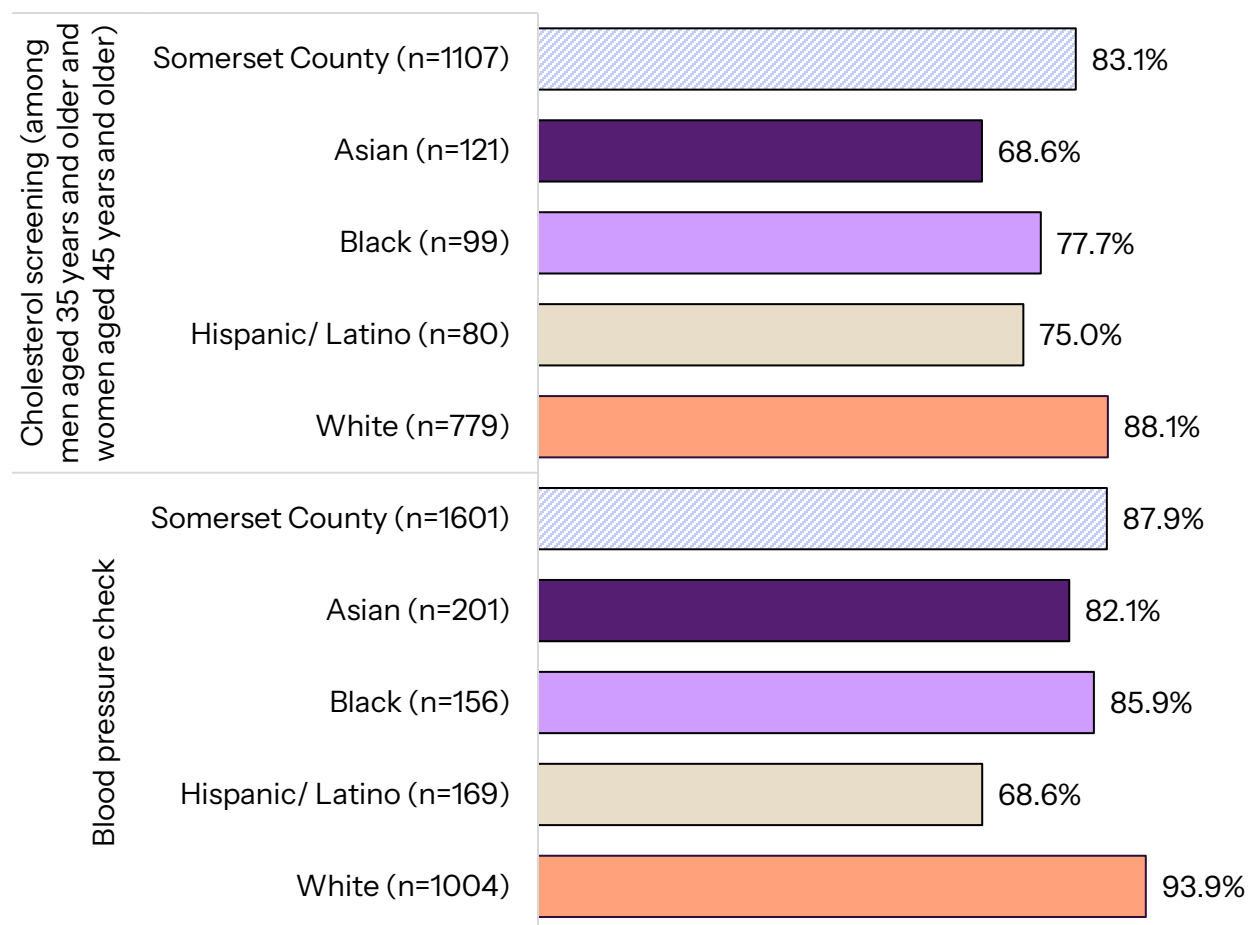
High Cholesterol and High Blood Pressure

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 will focus 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. Over four out of five (83.1%) indicated that they had participated in a cholesterol screening, and 87.9% had participated in a blood pressure screening (Figure 41). The results differed by race/ethnicity. Only 68.6% of Asian respondents reported they were screening for cholesterol, compared to 88.1% of White respondents. Blood pressure checks also differed by race/ethnicity. Notably, only 68.6% of Latino respondents participated in blood pressure screenings compared to 93.9% of White respondents.

Figure 41. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024

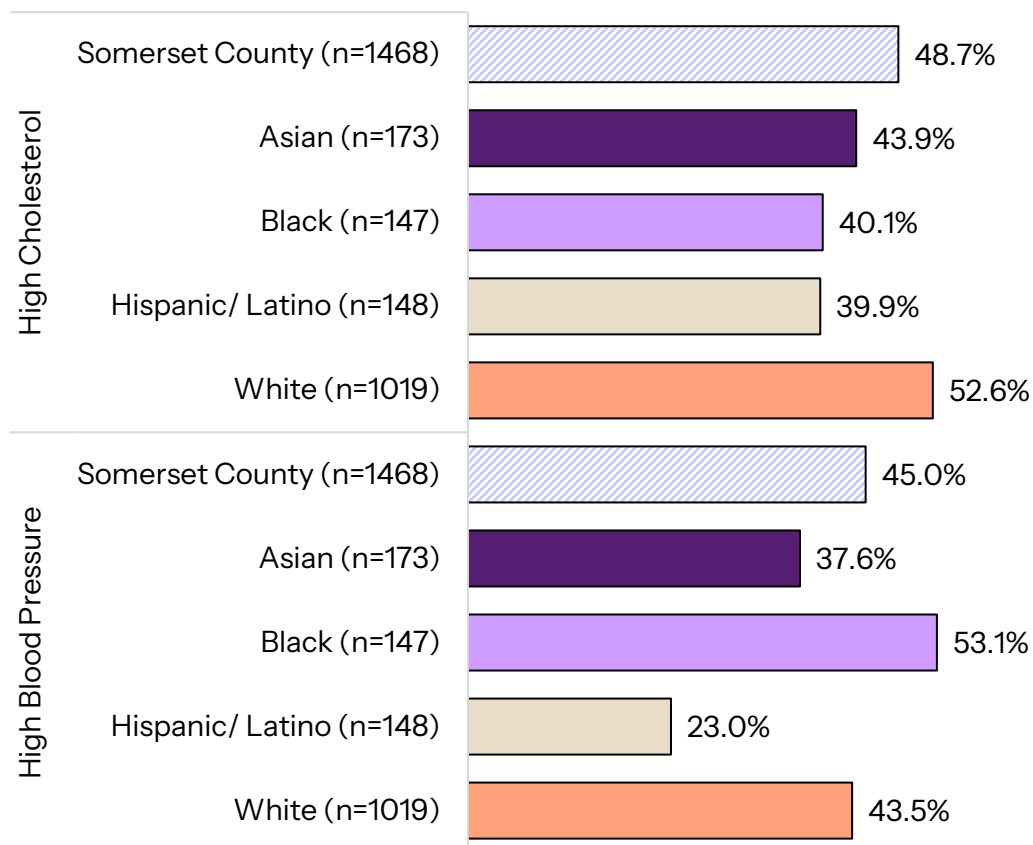


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Cholesterol screening percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. That is, men (including those identifying as transgender women, gender fluid, and additional gender) aged 35 years and older and women (including those identifying as transgender men, gender fluid, and additional gender) aged 45 years and older.

A high proportion of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 48.7% of survey respondents in Somerset County had ever been told by a healthcare provider that they had high cholesterol and 45.0% that they had high blood pressure (Figure 42). Fewer Latino (39.9%) and Black (40.1%) respondents indicated that they had been told they had high cholesterol compared to White respondents (52.6%). In terms of high blood pressure, percentages ranged from 23.0% of Latino to 53.1% of Black respondents. These percentages should not be interpreted as the prevalence of the conditions among survey respondents, given that there are inequities in access to a healthcare provider to obtain a diagnosis. For example, as seen above, there are variations in the proportion of residents screened for these conditions, with proportionally fewer Latino residents being screened.

Figure 42. Percent of Community Survey Respondents Ever Being Told They Had High Blood Pressure or High Cholesterol by a Provider, Somerset County Respondents, by Race/Ethnicity, 2024



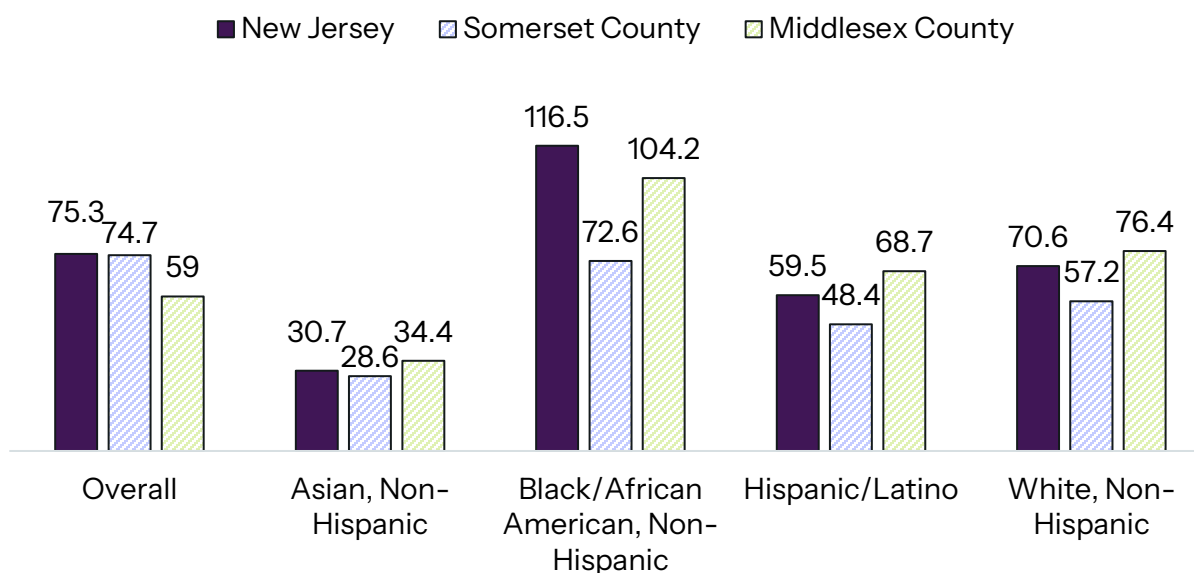
DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Heart Disease

Heart disease is the leading cause of death in Somerset County, and closely associated with other conditions such as diabetes and overweight/obesity.

According to surveillance data, the rate of cardiovascular disease hospitalizations (74.7 per 10,000 population) was slightly lower in Somerset County compared to New Jersey overall (75.3 per 10,000) (Figure 43). Disparities exist within Somerset County with Black residents being hospitalized due to cardiovascular disease at a rate of 72.6 per 10,000 compared to a rate of 28.6 per 10,000 among Asian residents.

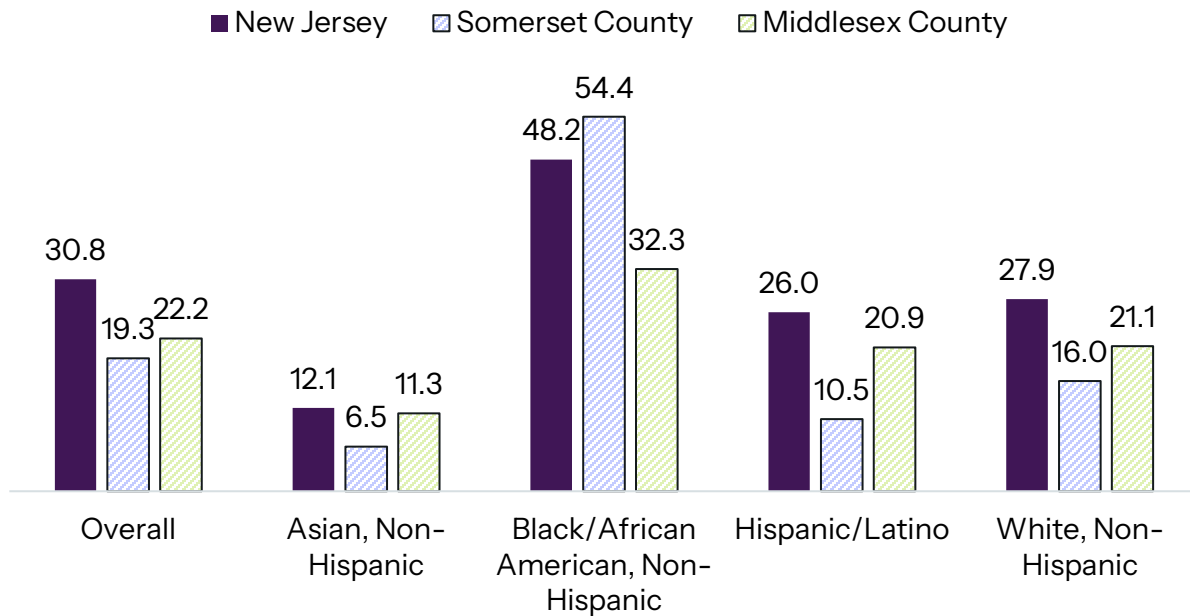
Figure 43. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000 Population, by Race/Ethnicity, State, and County, 2021



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

Similar to inpatient hospitalization for cardiovascular disease, the rate of emergency department visits due to cardiovascular disease (19.3 per 10,000 population) was lower in Somerset County compared to New Jersey overall (30.8 per 10,000) (Figure 44). Despite this, stark disparities exist within Somerset County with Black residents being seen at emergency departments due to cardiovascular disease nearly three times the rate of Somerset County overall, at a rate of 54.4 per 10,000 compared the Somerset County rate of 19.3 per 10,000 residents.

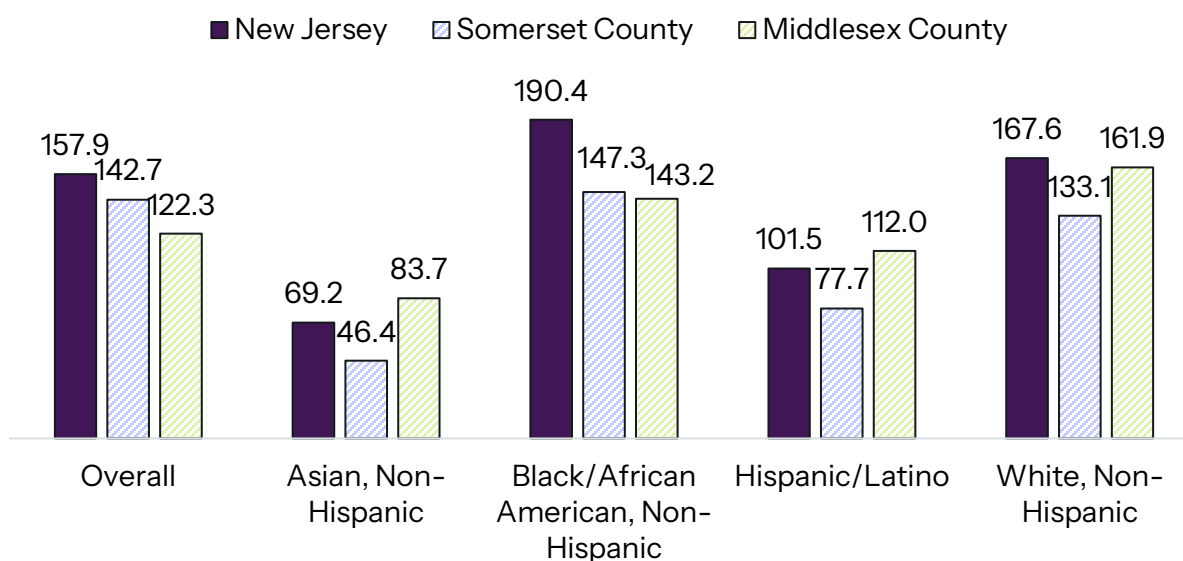
Figure 44. Emergency Department Visits with Cardiovascular Disease as Primary Diagnosis, Age-Adjusted, by Race/Ethnicity, by State and County, 2020



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

Death certificate data show that in 2021 the heart disease mortality rate was lower in Somerset County (142.7 per 100,000 residents) compared to the state (157.9 per 100,000) (Figure 45). In Somerset County, heart disease mortality rates were highest among Black (147.3 per 100,000), followed by White (133.1 per 100,000), residents.

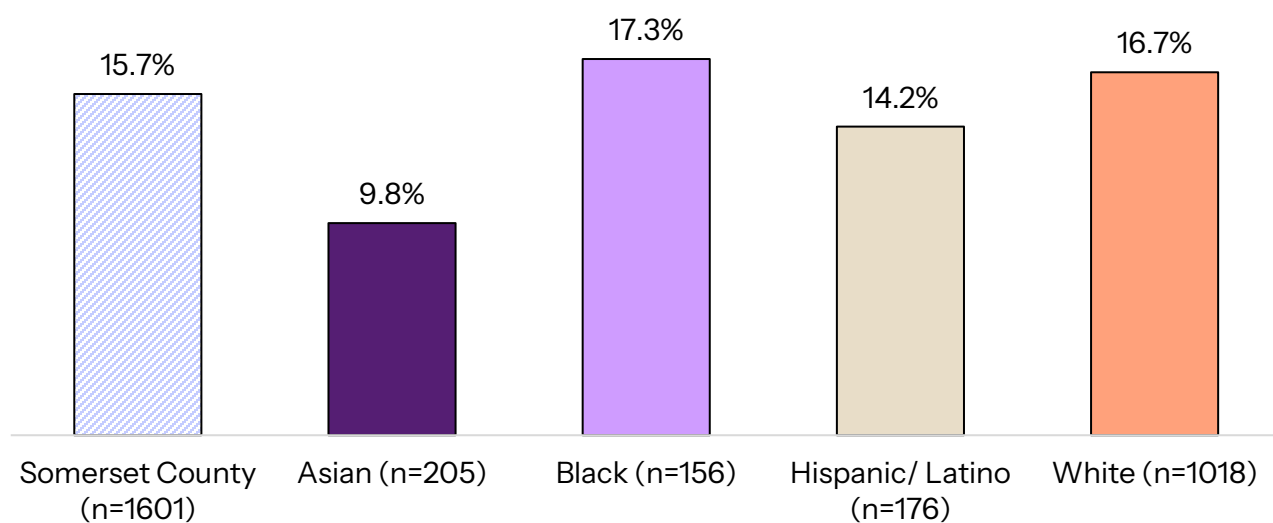
Figure 45. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, State, and County, 2021



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

Overall, 15.7% of community survey respondents in Somerset County indicated receiving heart disease education in the past two years (Figure 46). Participation in heart disease education differed by race/ethnicity, with only 9.8% of Asian residents participating compared to 16.7% of White and 15.3% of Black residents.

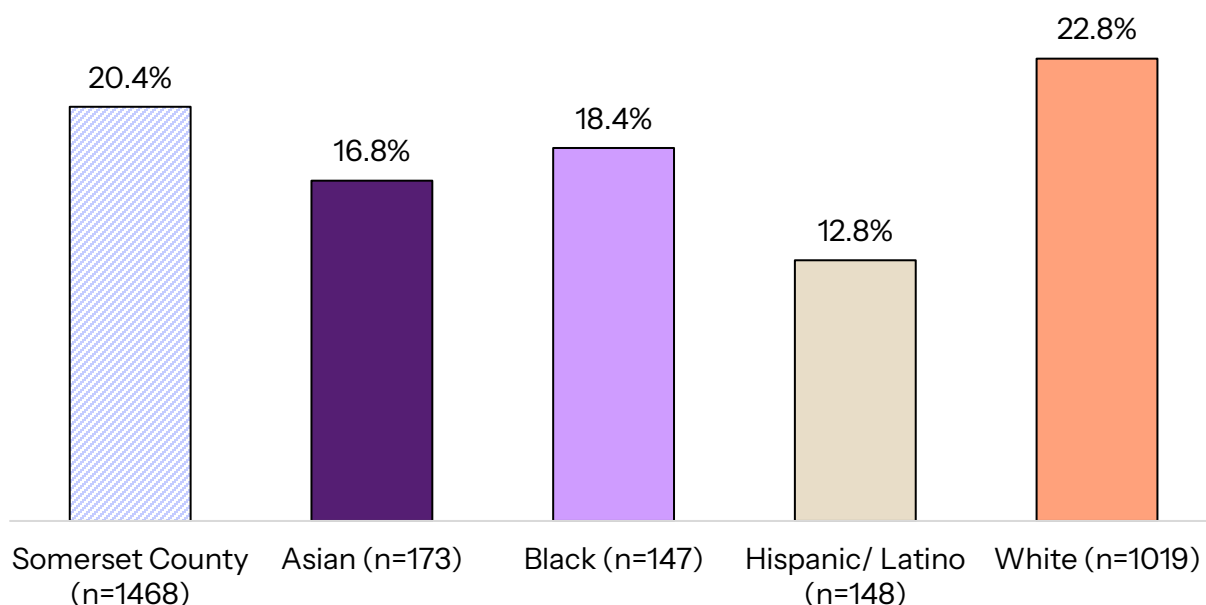
Figure 46. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Overall, 20.4% of Somerset County community survey respondents had ever been told by a provider that they had a heart condition (Figure 47), and 2.7% that they had a stroke. As with other health indicators, differences in having a heart condition existed by race/ethnicity with a higher percentage of White (22.8%) and a lower percentage of Latino (12.8%) respondents having been told they had a heart condition.

Figure 47. Percent of Community Survey Respondents Ever Being Told They Had a Heart Condition by a Provider, Somerset County Respondents, by Race/Ethnicity, 2024



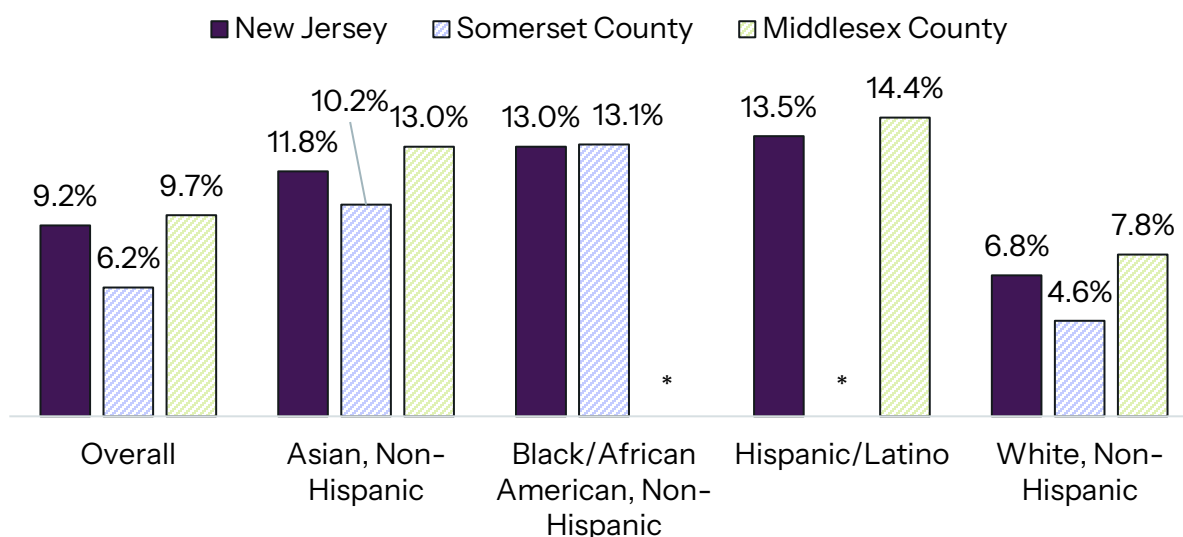
DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Diabetes

Concerns related to diabetes were raised by some interview participants. Participants shared the perception that the Black community and the South Asian community in Somerset County are substantially impacted by diabetes. As one interviewee shared, “*diabetes [is] prevalent in South Asians... [and] many individuals have diabetes, but they don't know...*”. This interviewee described a need for more education about the importance of screening, and then about what resources are available and “*where to go if they're diagnosed with diabetes.*”

Figure 48 shows the percent of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2021, the most recent years that surveillance data are available. Diabetes rates overall were lower in Somerset County (6.2%) than the rest of New Jersey (9.2%). Community survey respondents identified diabetes as their fifth top health concern overall.

Figure 48. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, State and County, 2021

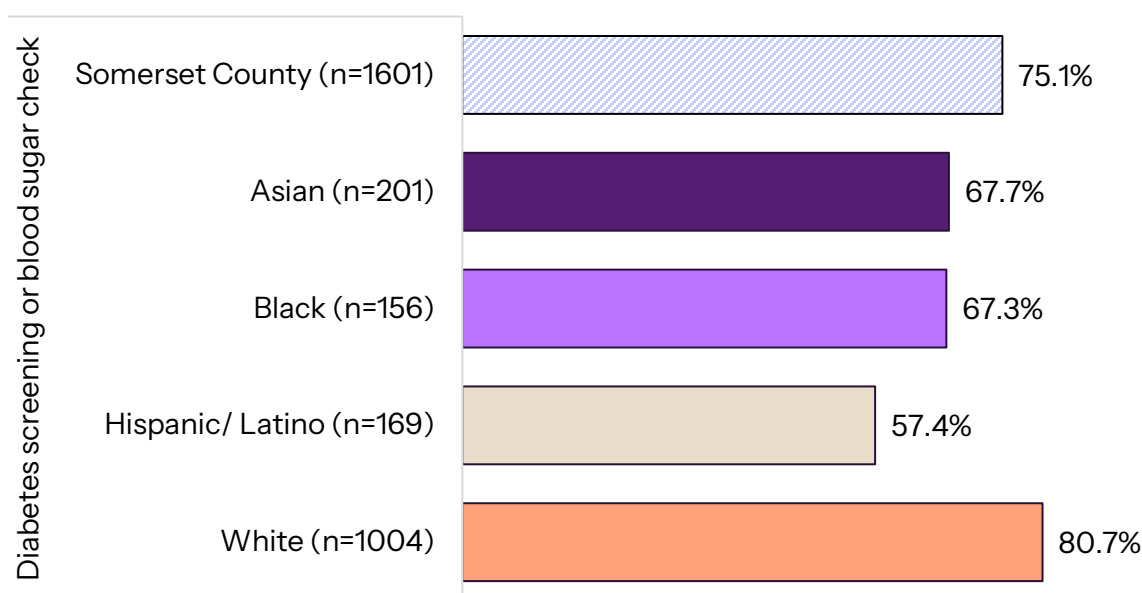


DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD)

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

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years with 75.1% of Somerset County respondents participating in screenings (Figure 49). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 57.4% among Latino to 80.7% among White respondents. Among South Asian (e.g., Indian, Pakistani, Bangladeshi, Nepalese) respondents specifically, 61.8% (n = 123, data not shown) indicated they had participated in diabetes screenings or blood sugar checks in the past two years.

Figure 49. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, Somerset County Respondents, by Race/Ethnicity, (n=1,601), 2024



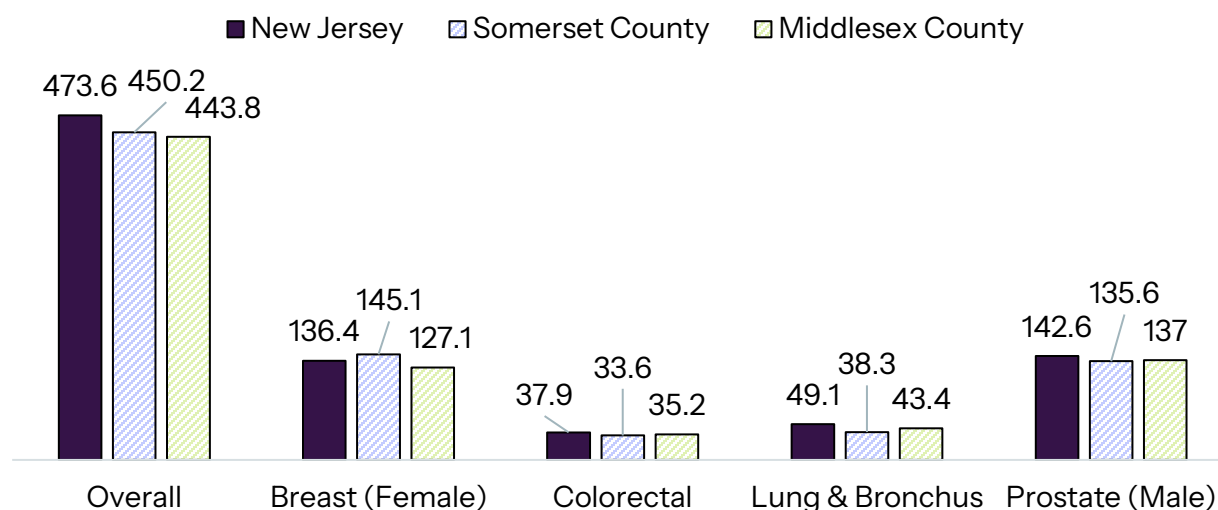
DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Cancer

Overall, cancer was not a prominent theme discussed in focus groups, even though it is a leading cause of death in the county and one of the top two health concerns cited among survey respondents. However, one interviewee cited concern for late-stage cancer diagnoses among Black women, and interviewees discussed the need for focusing cancer screenings on certain populations such as the trans community and the South Asian community. As one interviewee shared, “*folks don't want to get screened at all [for example for prostate or testicular cancer] due to gender dysphoria... we need to make sure everyone is getting screened for cancers whether you are transgender male or female due to hormone replacement.*” Another interviewee noted that: “*not many Indians get the colonoscopy... of course people who [have] lived in this country for a long time understand but people who come from India they don't have the mindset [for seeking preventive care].*” In addition, cancer was identified as a top concern among community survey respondents. Community respondents and quantitative data suggest that cancer is a health issue in Somerset County.

Overall, there were 450.2 cases of cancer per 100,000 population in Somerset County, according to the NJ State Cancer Profile; prostate (135.6 cases per 100,000 males), breast (145.1 cases per 100,000 females), and lung and bronchus (38.3 cases per 100,000 population) cancers were the most common types of cancer in 2017–2021 (Figure 50). Notably, the cancer incidence rate in Somerset County is lower compared to the state of New Jersey overall and for these most common cancer types, except for breast cancer where the rate in Somerset County (145.1 cases per 100,000 females) is higher than for the state overall (136.4 cases per 100,000 females).

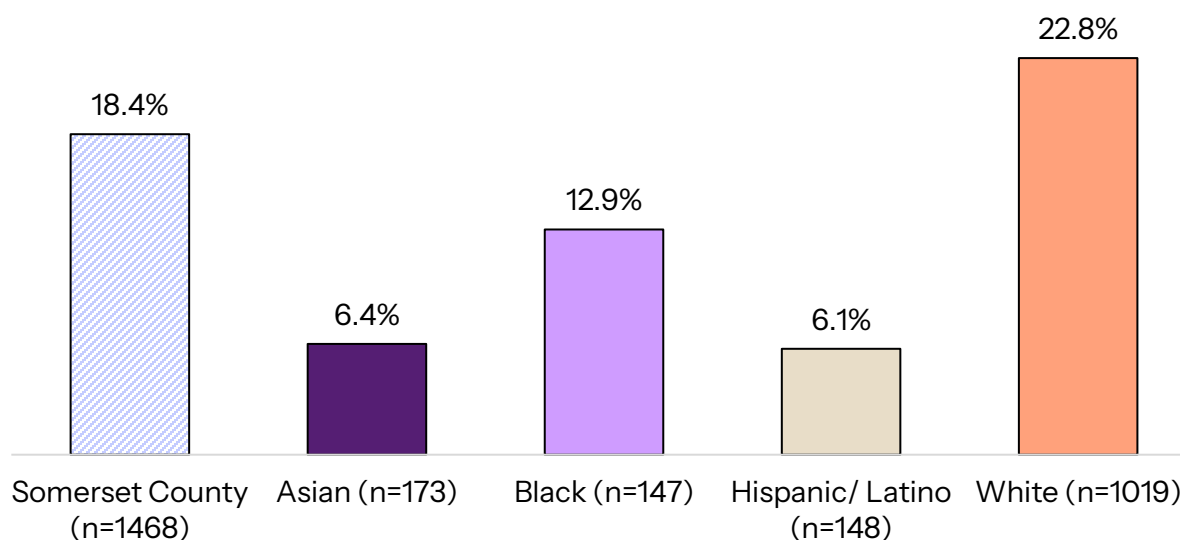
Figure 50. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2023

Among Somerset County community survey respondents, 18.4% reported ever being told they had cancer by a provider (Figure 51). Percentages differed by race/ethnicity, ranging from 6.1% of Latino to 22.8% of White respondents.

Figure 51. Percent of Community Survey Respondents Ever Being Told They Had Cancer by a Provider, Somerset County Respondents, by Race/Ethnicity (n=2587), 2024



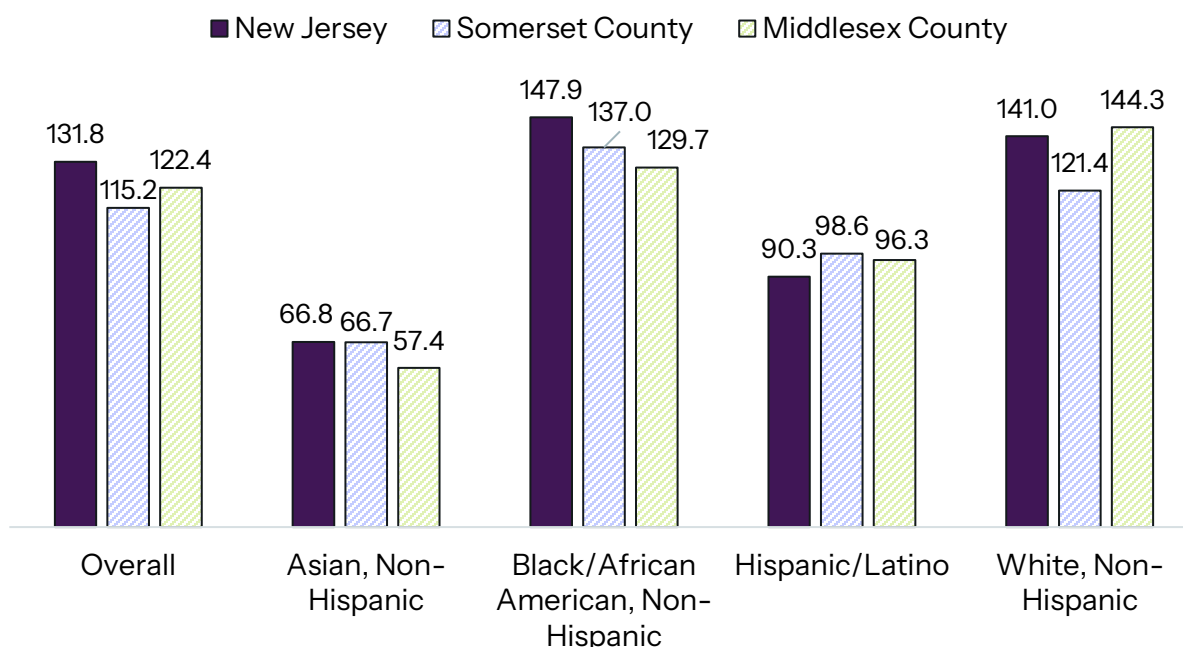
DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

According to hospital tumor registries, in 2023, 9.1% and 16.4% of cancer cases in RWJUH-Somerset were Stage 3 and Stage 4, respectively. About two-thirds of skin cancer cases (66.7%) and approximately half of digestive organs (52.9%), lymph nodes (52.8%), and

respiratory system and intrathoracic (50.0%) cancer cases at RWJUH-Somerset were Stage 3 and 4.

The overall cancer mortality rate in Somerset County was lower than that of the state in 2020 (115.2 per 100,00 in Somerset County) (Figure 52). Black residents had a higher cancer mortality rate (137.0 per 100,000) than Somerset County as a whole, while Asian (66.7 per 100,000) and Latino (98.6 per 100,000) had the lowest cancer mortality rates.

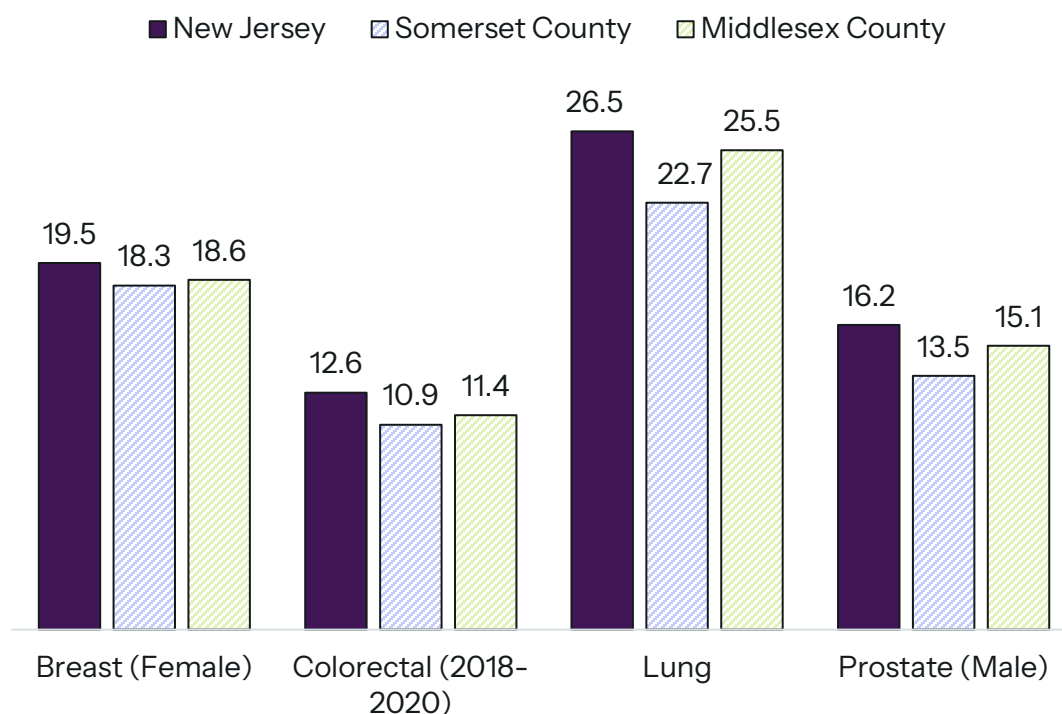
Figure 52. Age-Adjusted Deaths Due to Cancer per 100,000 Population, by Race/Ethnicity, by State and County, 2020



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

The cancers that claimed the most lives in Somerset County were lung cancer (22.7 deaths per 100,000 population), followed by breast (18.3 deaths per 100,000 females), and prostate (13.5 deaths per 100,000 population) cancers (Figure 53).

Figure 53. Age-Adjusted Deaths Due to Cancer per 100,000 Population, by Cancer Site, State and County, 2020

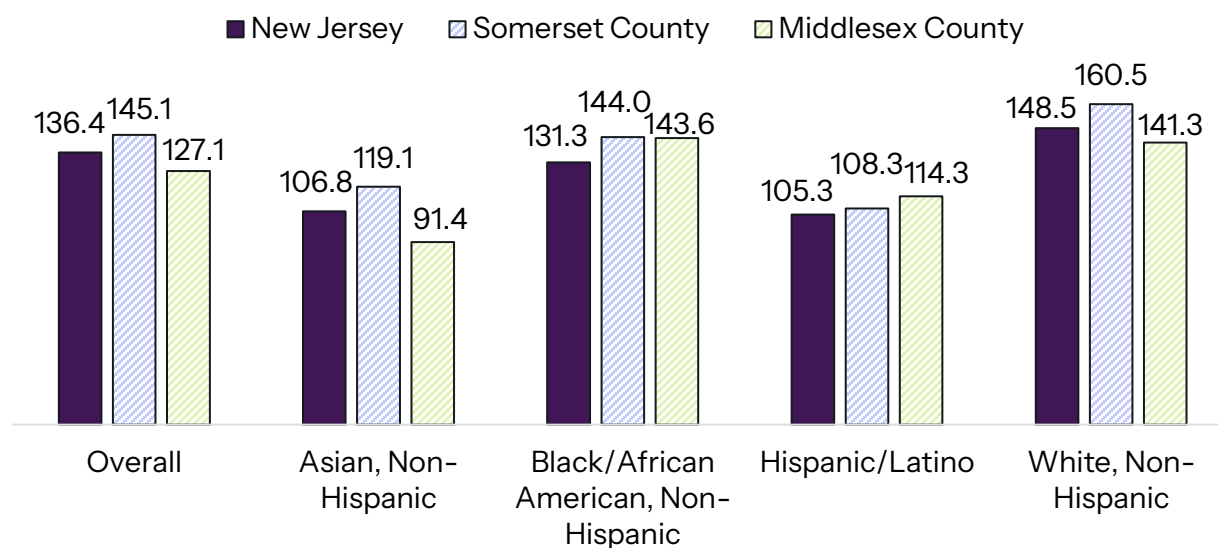


DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Breast Cancer

Cancer registry data are presented for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017–2021 across New Jersey and in Somerset County by race/ethnicity. The breast cancer incidence rate in Somerset County (145.1 per 100,000) was highest among the White residents (160.5 per 100,000) and lower among Asian (119.1 per 100,000), and Hispanic/Latino (108.3 per 100,000) residents (Figure 54). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Latino residents to rates in the different racial groups.

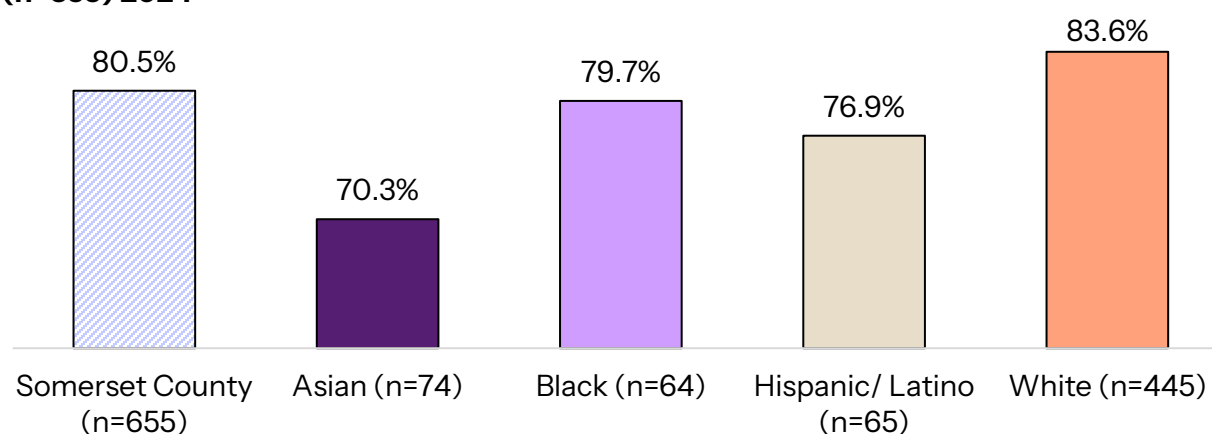
Figure 54. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

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 screening in the past two years. Overall, 80.5% of female Somerset County residents had a screening in the past two years (Figure 55). However, there were differences by race/ethnicity with Asian respondents reporting participating the least (70.3%) and White respondents the most (83.6%).

Figure 55. Percent of Community Survey Respondents who Had Mammography Screening in the Past 2 Years, Somerset County Respondents, by Race/Ethnicity, (n=655) 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. For mammograms or breast examination screenings, this is women (including those identifying as transgender men, gender fluid, and additional gender) 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 Somerset County in 2017-2021 (11.2/100,000) (Table 14). The Somerset County rates of HPV-associated cancers rates were lower than those of the state.

Table 14. HPV-Associated Cancers Incidence Rates per 100,000, Age-Adjusted, by State and County, 2017-2021

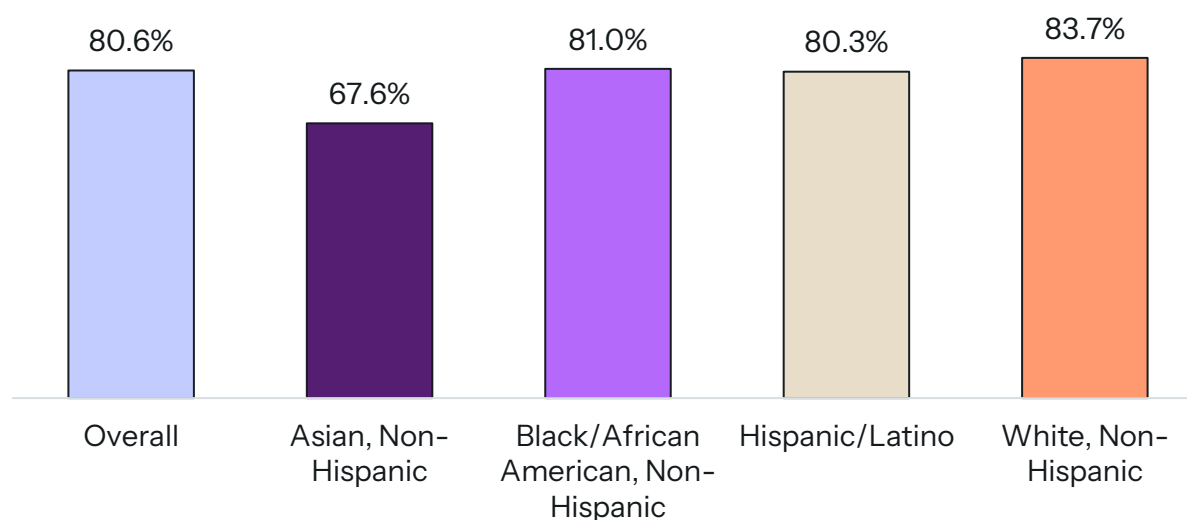
	Overall	Oral Cavity & Pharynx	Anus	Penis (Male)	Vagina (Female)	Vulva (Female)	Cervix Uteri
New Jersey	473.6	11.2	1.8	0.9	0.6	2.9	7.2
Somerset County	450.2	11.5	1.5	0.9*	0.6*	2.2	5.1
Middlesex County	443.8	12.6	1.6	0.8	0.7	2.5	6.9

DATA SOURCE: New Jersey State Cancer Registry, 2017-2021

NOTE: Asterisk (*) means that the age-adjusted rate is not stable due to less than 15 cases.

The HPV vaccine is the primary method to prevent HPV infection. Additionally, pap tests are used to detect precancerous or abnormal cells in the cervix, often caused by HPV, and which can lead to cervical cancer if untreated. Between 2017-2020, 80.8% of females ages 21-65 years in Somerset County reported having a pap test in the past three years, as recommended by current screening guidelines. This rate is similar to the state overall (80.6%). State-level data by race/ethnicity show that fewer Asian women (67.6%) had a pap test compared to New Jersey overall (80.6%) (Figure 56).

Figure 56. Percent of Females Aged 21-65 Self-Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State, 2017-2021



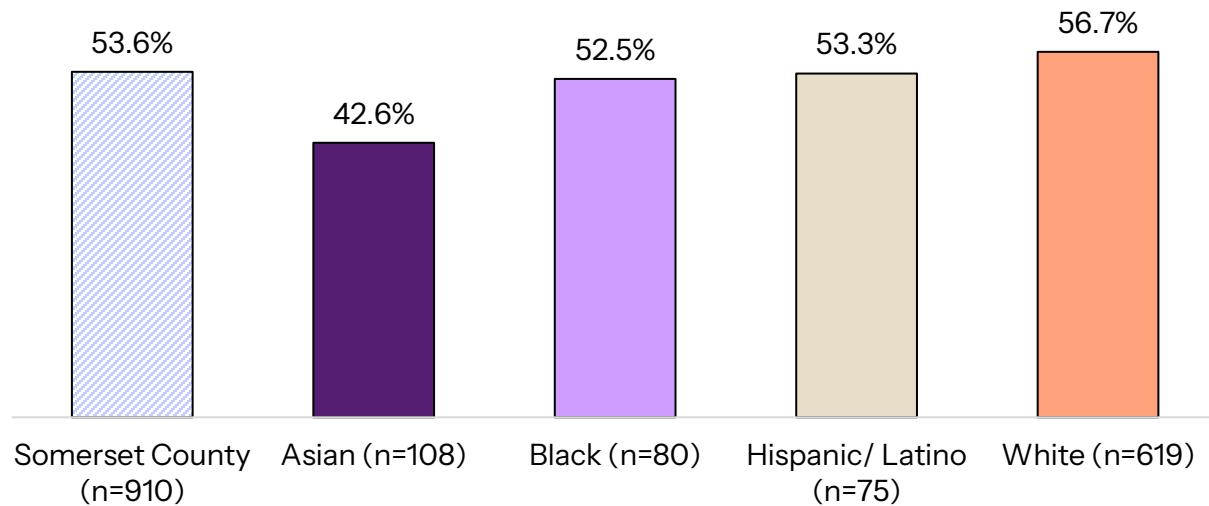
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: Somerset County and Middlesex County data by race/ethnicity is not presented because of low numbers.

Colon, Prostate and Skin Cancer Screenings

Community survey respondents were asked about their participation in screenings for colon, prostate, and skin cancer within the past two years. About half (53.6%) of respondents reported receiving a colon cancer screen (Figure 57), two-thirds (66.7%) a prostate cancer screening (Figure 58), and over one-third (36.9%) a skin cancer screen in the last two years (Figure 59). The proportion of Asian, Black, and Latino residents screened for skin cancer was substantially lower than for White residents.

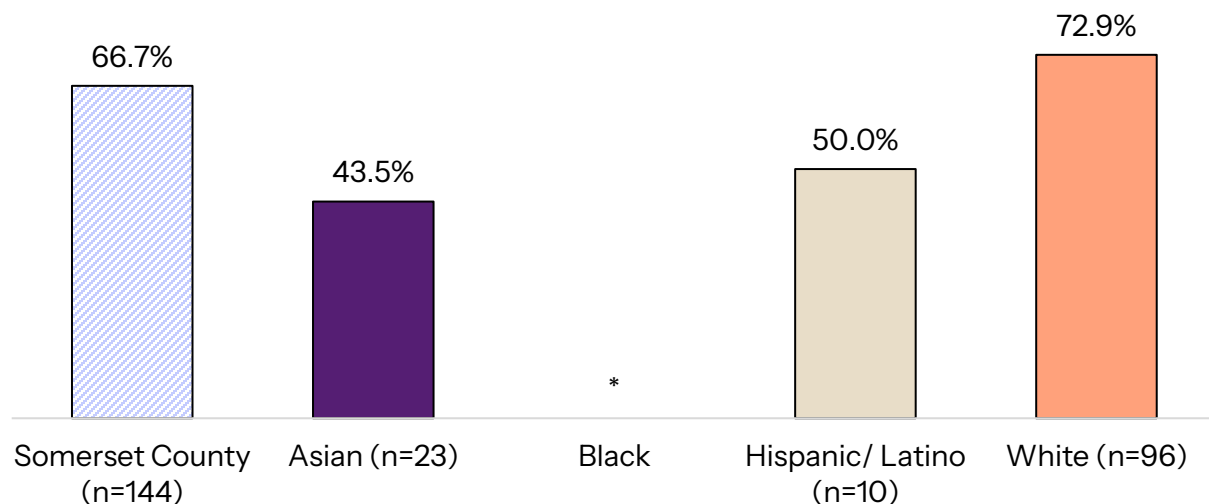
Figure 57. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, Somerset County Respondents, by Race/Ethnicity, (n=910), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

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

Figure 58. Percent of Community Respondents Screened for Prostate Cancer in the Past Two Years, Somerset County Respondents, by Race/Ethnicity, (n=144), 2024

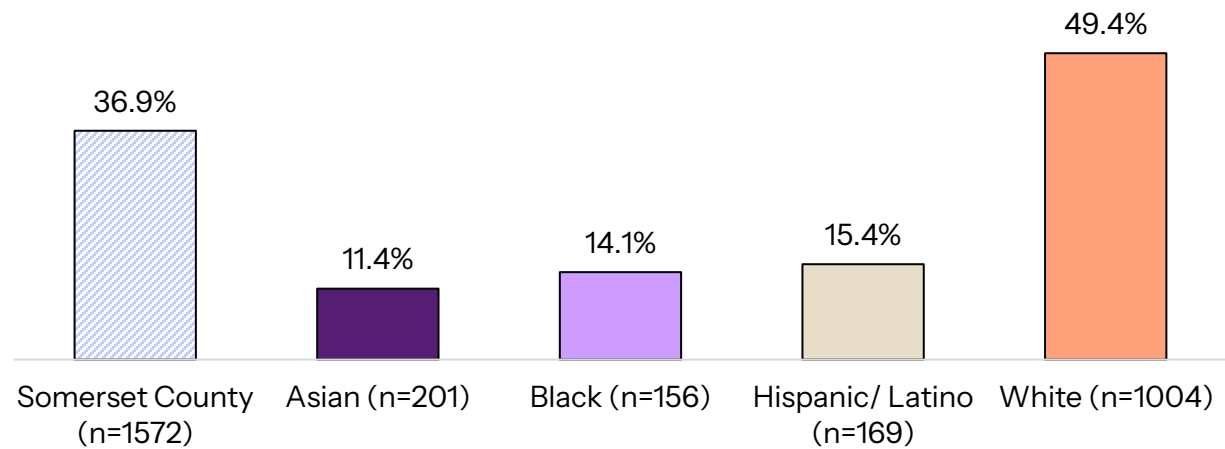


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Asterick (*) indicates data are suppressed due to low response (n<10).

NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. For prostate cancer screening, this includes men (including transgender women, gender fluid, additional gender) aged 55 to 69 years old.

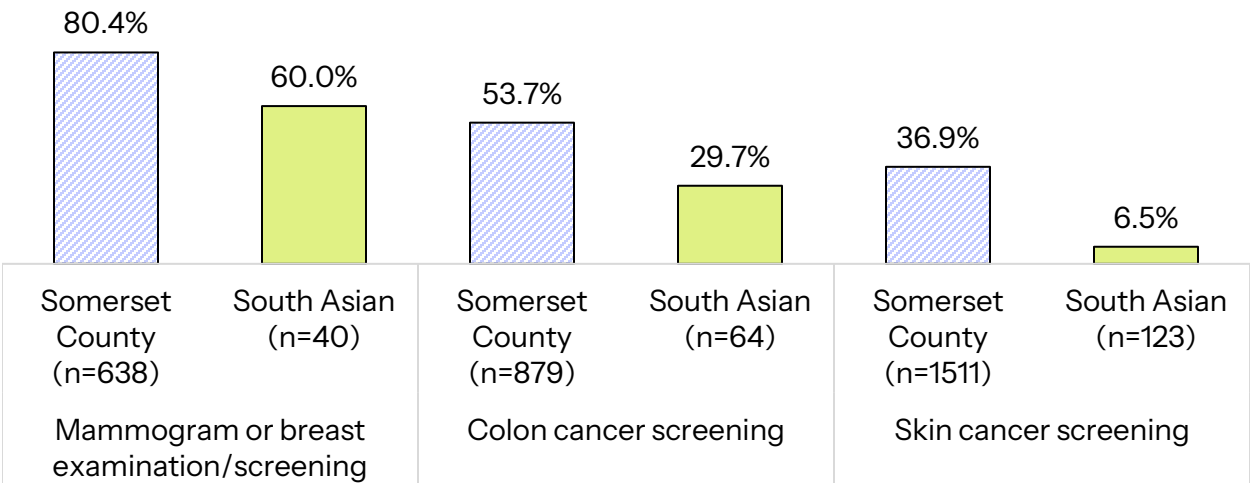
Figure 59. Participation in Skin Cancer Screening in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, (n=1,572), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

As described earlier, discussion participants described a need for a continued focus on cancer screenings among the South Asian community. Figure 60 shows reported rates of screening participation among Somerset County survey respondents that identified as South Asian (e.g., Indian, Pakistani, Bangladeshi, Nepalese). Participation in certain cancer screenings in the past two years were lower among South Asian Somerset County survey respondents compared to Somerset County overall.

Figure 60. Participation in Breast, Colon, and Skin Cancer Screening in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024.



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

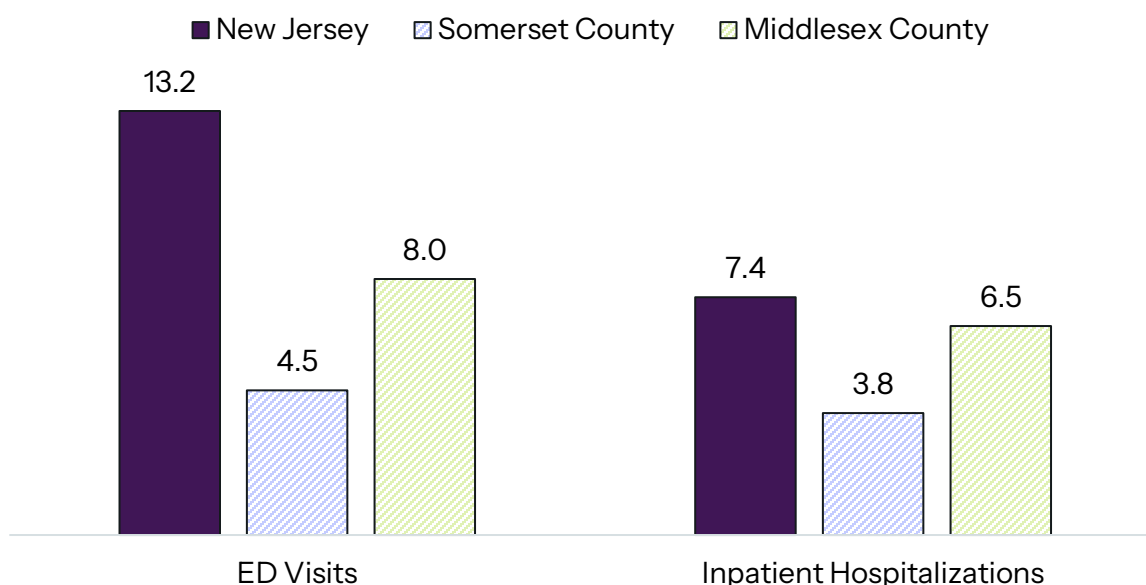
NOTE: Data not shown for prostate cancer screening due to n<10.

NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. For mammograms or breast examination screenings, this is women (including those identifying as transgender men, gender fluid, and additional gender) aged 40 to 74 years old. For colon cancer screening, this is adults aged 45 to 75 years old.

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 34). In 2021, Somerset County had lower rates of emergency department (ED) visits due to COPD (4.5 per 10,000 residents) than New Jersey overall (13.2 per 10,000) and lower rates of COPD-related hospitalizations than the state (3.8 per 10,000 and 7.4 per 10,000 residents, respectively) (Figure 61).

Figure 61. Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000 Population, Age-Adjusted, by State and County, 2022



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

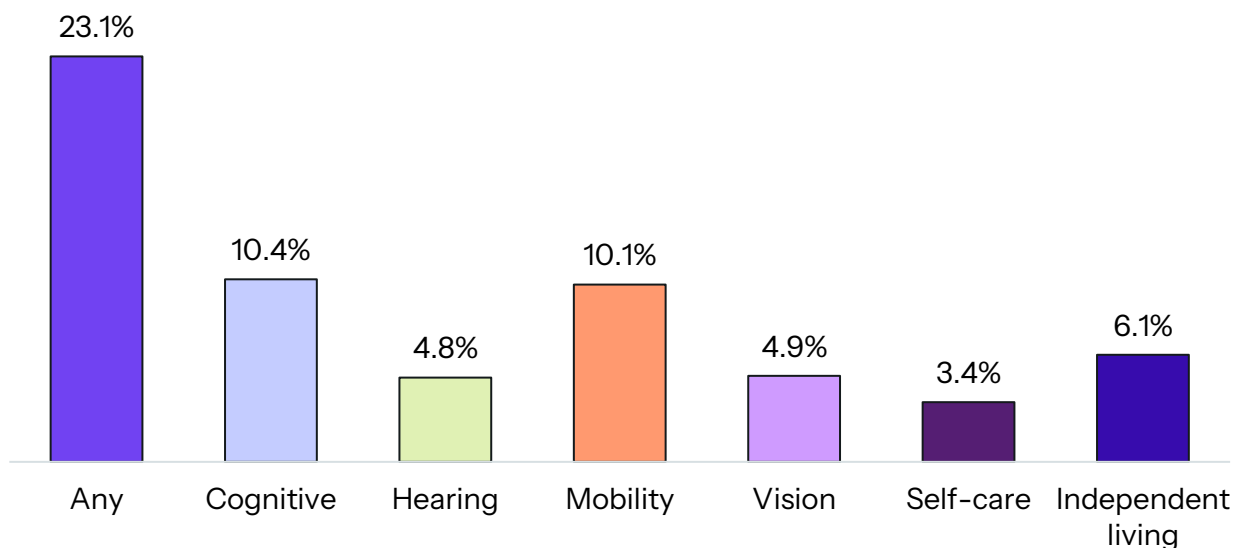
Disability

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.

Disability was discussed by some interview participants. Interviewees noted the challenges that individuals with disabilities may face related to accessibility and transit, with one person noted that sidewalks are challenging for individuals in wheelchairs and another commenting that transportation costs are high for people on disability income. Other challenges named were: group home staffing and maintaining consistent case managers for continuity of care, challenges finding home health care, and limited options for giving caregivers a break. As one interviewee shared, *"It has been a challenge to find people to stay with the family to give the caregivers a rest... These caregivers are struggling... they get worn out."* About half (56.2%) of Somerset County survey respondents agreed or strongly agreed with the statement: *"my community has transportation services for seniors and those with disabilities."*

Across the state, about a fifth of adults (23.1%) had a disability in 2022. The most common types of disabilities among adults were cognitive (10.4%) and mobility (10.1%) disabilities, followed by independent living disabilities (6.1%) (Figure 62).

Figure 62. Percent Adults with a Disability, by State, 2022

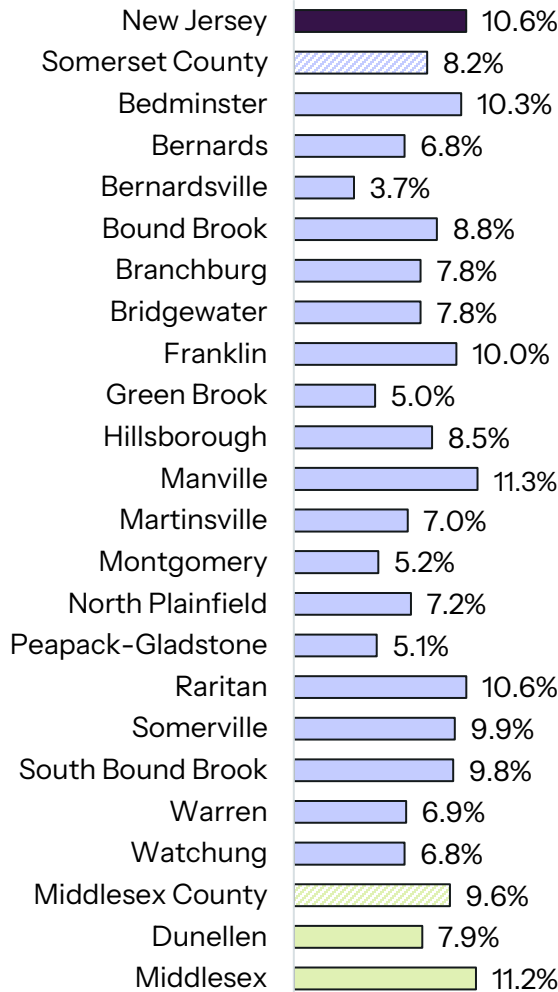


DATA SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), 2024

NOTE: The BRFSS defines disability as any cognitive, hearing, mobility, vision, self-care, or independent living disability.

American Community Survey data from 2018–2022 show that the number of people with disabilities differs across the Somerset County service area. Overall, about 8.2% of Somerset County residents have a disability (this includes residents of all ages, both adults and children). The percentage of individuals living with a disability ranges by town within Somerset County with the lowest percent being in Bernardsville (3.7%) and the highest percent being in Manville (11.3%) (Figure 63).

Figure 63. Percent with Disability, by State, County, and Town, 2018–2022



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

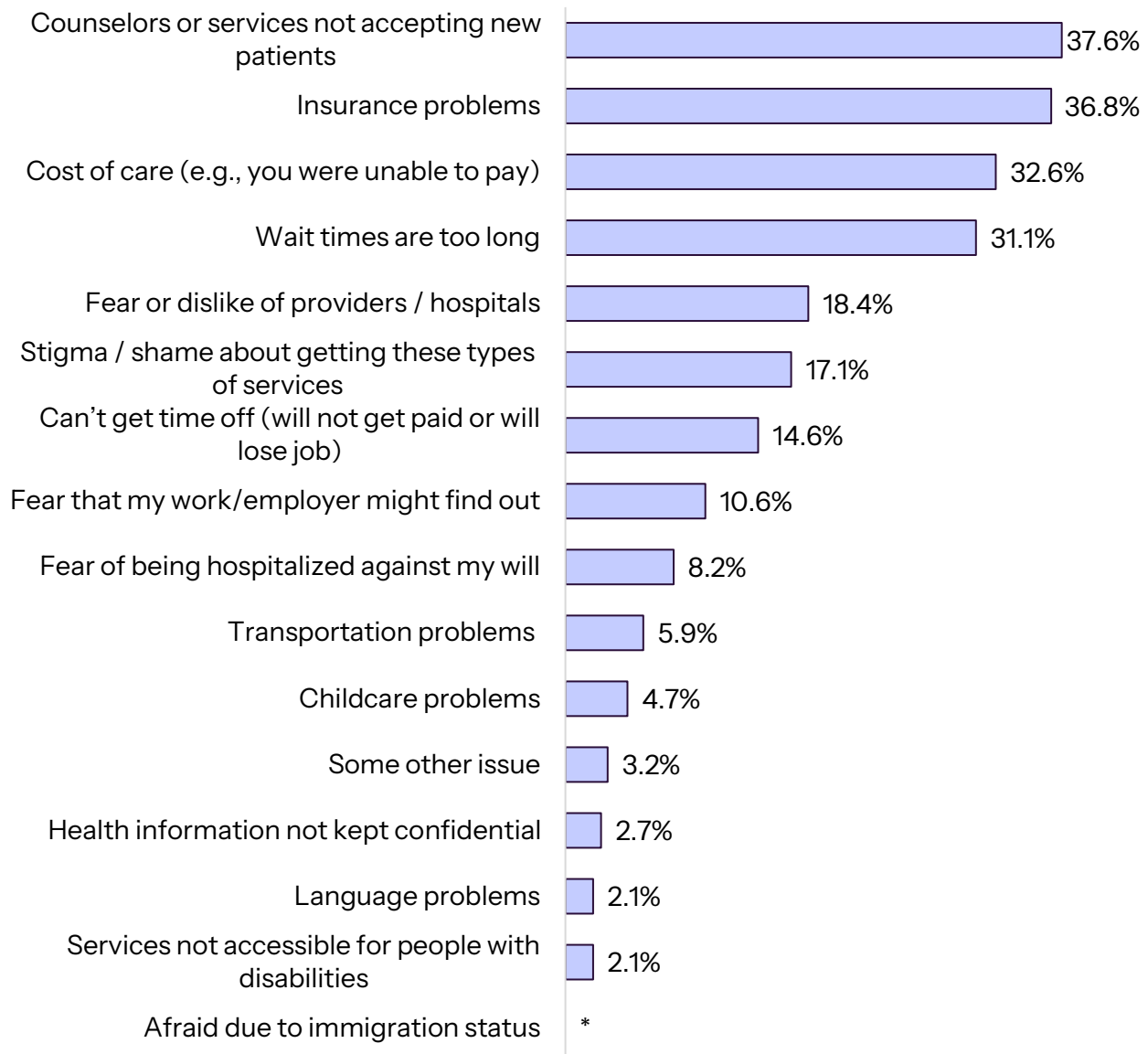
NOTE: The American Community Survey determines disability status from the responses to questions based on six types of difficulty: hearing, vision, cognitive, ambulatory, self-care, and independent living. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

Behavioral Health: Mental Health and Substance Use

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.

Community survey respondents were asked to list their top five reasons they have difficulty getting mental health or substance use services in the past two years. Overall Somerset County respondents listed: counselors or services not accepting new patients (37.6%), insurance problems (36.8%), cost of care (32.6%), wait times are too long (31.1%), and fear or dislike of providers (18.4%) as the top five reasons (Figure 64).

Figure 64. Reasons for Difficulty Getting Mental Health or Substance Use Services and/or Treatment by Respondent or a Family Member in Past 2 Years, Somerset County Respondents (n=473), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) indicates data are suppressed due to low response (n<10).

There were differences in top challenges for getting mental health and/or substance use services in the 2024 survey by race/ethnicity (Table 15). Cost of care was the top reason among Black survey respondents (56.4%) and wait times were the top reason among Asian respondents (51.4%). Insurance problems were the top reason among Latino respondents (39.5%) and counselors or services not accepting new patients was the top reason among White respondents (37.9%). Please note, these findings by race/ethnicity should be interpreted with caution given small sub-sample sizes (Table 15).

Table 15. Top 5 Reasons for Difficulty Getting Mental Health or Substance Use Services and/or Treatment by Respondent or a Family Member in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024

	Somerset County (n=473)	Asian (n=35)	Black (n=39)	Hispanic/Latino (n=43)	White (n=354)
1	Counselors or services not accepting new patients (37.6%)	Wait times are too long (51.4%)	Cost of care (56.4%)	Insurance problems (39.5%)	Counselors or services not accepting new patients (37.9%)
2	Insurance problems (36.8%)	Insurance problems (48.6%)	Counselors or services not accepting new patients (53.9%)	Cost of care (34.9%)	Insurance problems (36.7%)
3	Cost of care (32.6%)	Cost of care (42.9%)	Wait times are too long (41.0%)	Wait times are too long (32.6%)	Cost of care (30.2%)
4	Wait times are too long (31.1%)	Counselors or services not accepting new patients (42.9%)	Insurance problems (46.2%)	Counselors or services not accepting new patients (27.9%)	Wait times are too long (29.9%)
5	Fear or dislike of providers (18.4%)	Can't get time off to get care (25.7%)	Can't get time off to get care (28.2%)	*	Fear or dislike of providers (17.5%)

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

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

Mental Health

Mental health was identified as a community concern in a majority of interviews and focus groups. Participants most often named depression and anxiety as pressing mental health concerns. A few individuals noted that the isolation many people experienced during the COVID-19 pandemic has started to subside, but that many community members are still struggling with the impact of isolation during the pandemic.

Discussion participants named mental health concerns for seniors, youth, and immigrant communities. Participants noted that more seniors are living alone and that transportation for this population is limited, leading to isolation and mental health concerns. Interviewees, particularly those that worked closely with schools and school nurses, also shared concerns about youth mental health. As described earlier, the top concerns for youth and children

among community survey respondents were mental health issues and bullying. Lastly, interviewees and focus group participants discussed mental health challenges for immigrant populations, particularly those that have experienced significant trauma. As one focus group participant shared, *“I think mental health is even more of an issue than physical health for immigrants.”*

Participants also discussed stigma related to mental health, especially within the South Asian and Spanish-speaking communities. As one interviewee shared, *“People don't talk about mental health – but we do have mental health issues in [the] South Asian population”.*

Another interviewee described stigma in the following way: *“Recently depression that leads to suicide has become an increasing issue especially in the Spanish community. And [in] the culture people tend to make fun of it or just ignore it which isn't good either because if people are feeling something they won't share because people will make fun of them.”*

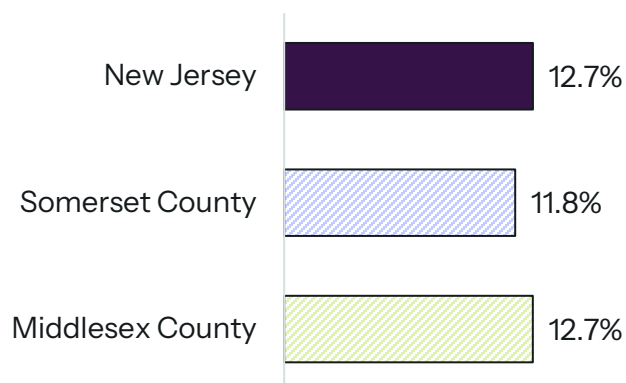
“Locally we have been struggling with the increased calls for service relating to mental health and its our police, fire EMS who are getting these calls and sometimes multiple calls from the same person and our first responders have limited capacity and they can get overwhelmed. Even our first responder services are thinned out due to the increase in mental health service requests.” – Key informant interviewee

Mental health and substance use programming have been areas of particular focus for the Healthier Somerset coalition and RWJUH-Somerset hospital. For example, since the last CHNA, the amount and diversity of programming went up substantially. Somerset County also hired a Substance Use navigator. See Appendix I for more information.

Quantitative data from the 2024 community survey and from national and state secondary sources confirm interviewees' and focus group participants' perceptions that mental health is a pressing community issue. As described earlier, community survey respondents identified mental health issues as the top health concern in their communities.

Secondary surveillance data from the Behavioral Risk Factor Surveillance System show that in 2020, 11.8% of Somerset County adults reported 14 or more days of poor mental health in the past month (Figure 65).

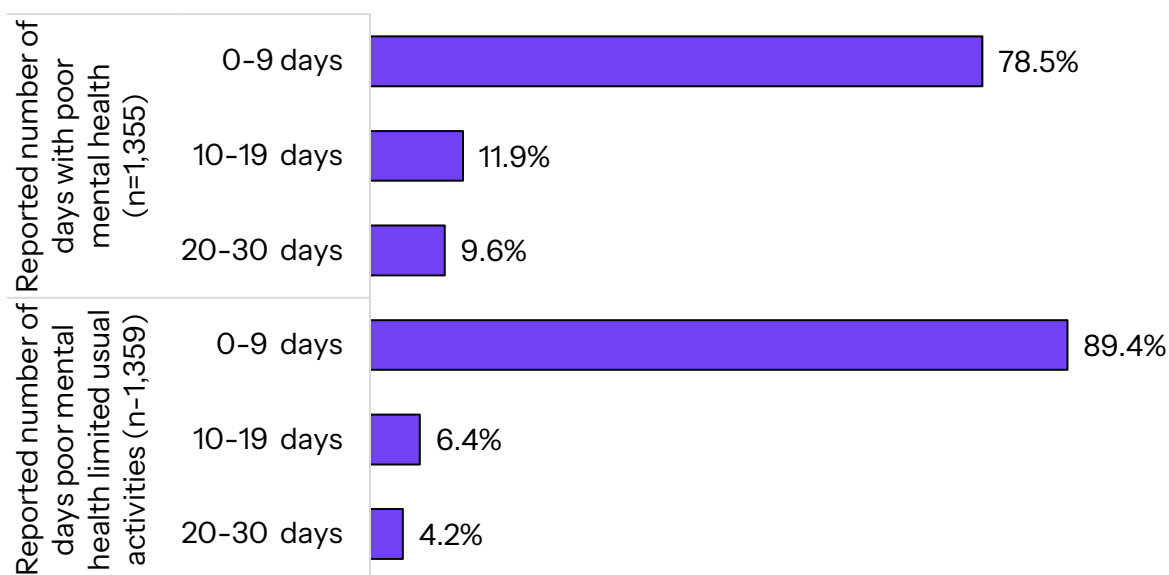
Figure 65. Percent Adults Reporting 14 or More Days of Poor Mental Health in Past Month, 2020



DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2023

Community survey results also show the impact of mental health with 11.9% reporting 10–19 days with poor mental health and 9.6% reporting 20–30 days with poor mental health per month (Figure 66, n=1,355). Additionally, 6.4% of survey respondents reported 10–19 days with poor mental health that limited usual activities and 4.2% reported 20–30 days per month with poor mental that limited their usual activities (Figure 66, n=1,359).

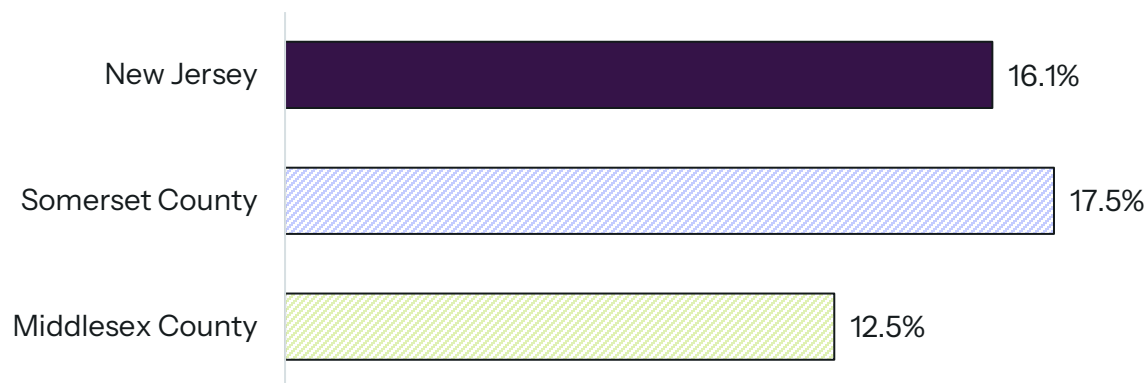
Figure 66. Mental Health Status in the Last 30 Days, Somerset County Respondents, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Surveillance data from the behavioral risk factor survey shows that between 2018–2021, 17.5% of Somerset County residents had ever diagnosed with depression compared to 16.1% of New Jersey residents overall (Figure 67).

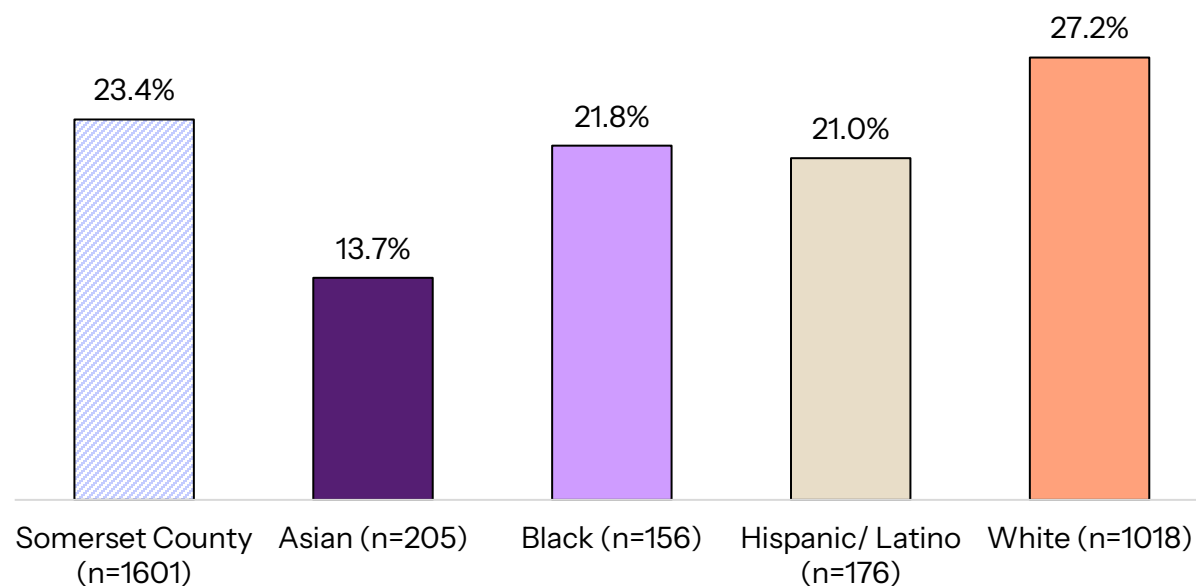
Figure 67. Percent Adults Ever Diagnosed with Depression, Age-Adjusted, by State and County, 2018–2021



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Community survey respondents were asked about their participation in mental health counseling over the past two years with 23.4% of Somerset County residents reporting participating. Rates of participation varied by race/ethnicity with White respondents (27.2%) participating in mental health counseling at higher rates compared to 13.7% of Asian respondents (Figure 68).

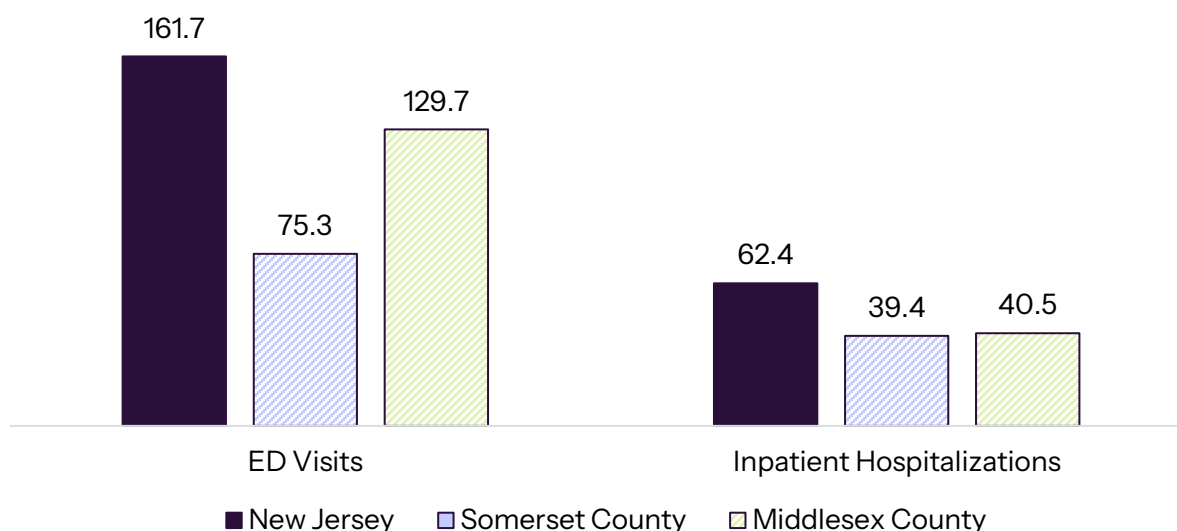
Figure 68. Participation in Mental Health Counseling in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Hospital Discharge Data from 2021 show that Somerset County had relatively lower rates of ED visits (75.3 per 10,000 population) and inpatient hospitalizations (39.4 per 10,000 population) due to mental health than New Jersey with 161.7 per 10,000 and 62.4 per 10,000 population respectively (Figure 69).

Figure 69. Emergency Visits and Inpatient Hospitalizations due to Mental Health per 10,000 Population, by State and County, 2021



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

Data from 2021 indicates that overall suicide rates in Somerset County (5.5 per 100,000 population) was lower than the state (7.1) (Table 16).

Table 16. Suicide Deaths, Age-Adjusted Rates, per 100,000 Population, by Race/Ethnicity, by State and County, 2021

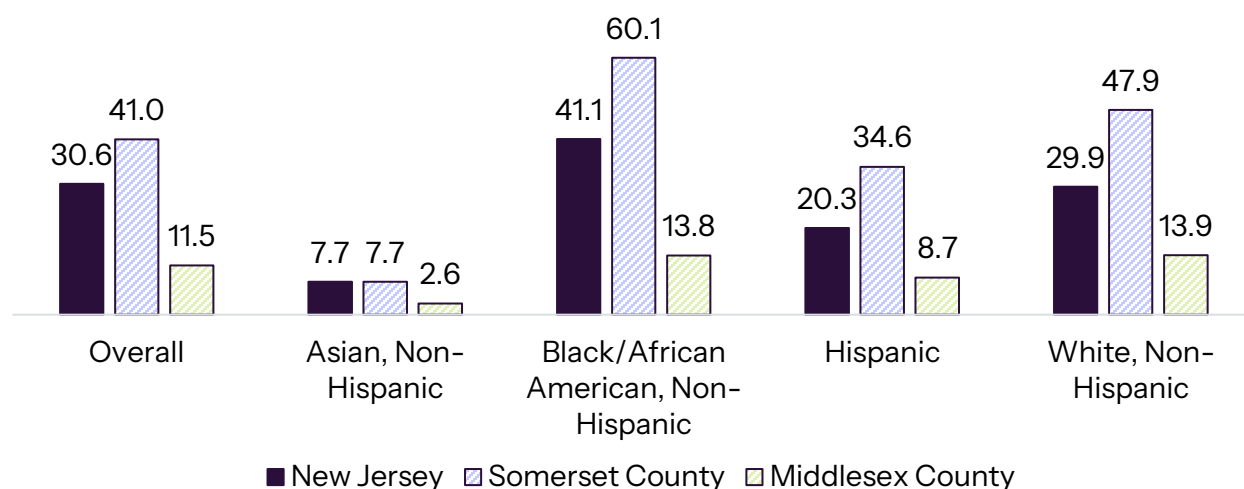
	Rate	Asian	Black/African American	Hispanic/Latino	White
New Jersey	7.1	4.4	4.5	4.2	9.1
Somerset County	5.5	*	*	*	*
Middlesex County	5.1	*	*	*	8.2

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

NOTE: Asterisk (*) means that data are suppressed due to small numbers.

Recent data on pediatric hospitalizations due to mental health shows that hospitalization rates are highest in Somerset County for Black children (60.1 per 10,000) followed by White children (47.9 per 100,000). Overall, pediatric hospitalizations due to mental health are higher in Somerset County compared to the state (Figure 70).

Figure 70. Pediatric Hospitalizations (Ages 19 and under) due to Mental Health per 10,000, by Race/Ethnicity, State, and County, 2021

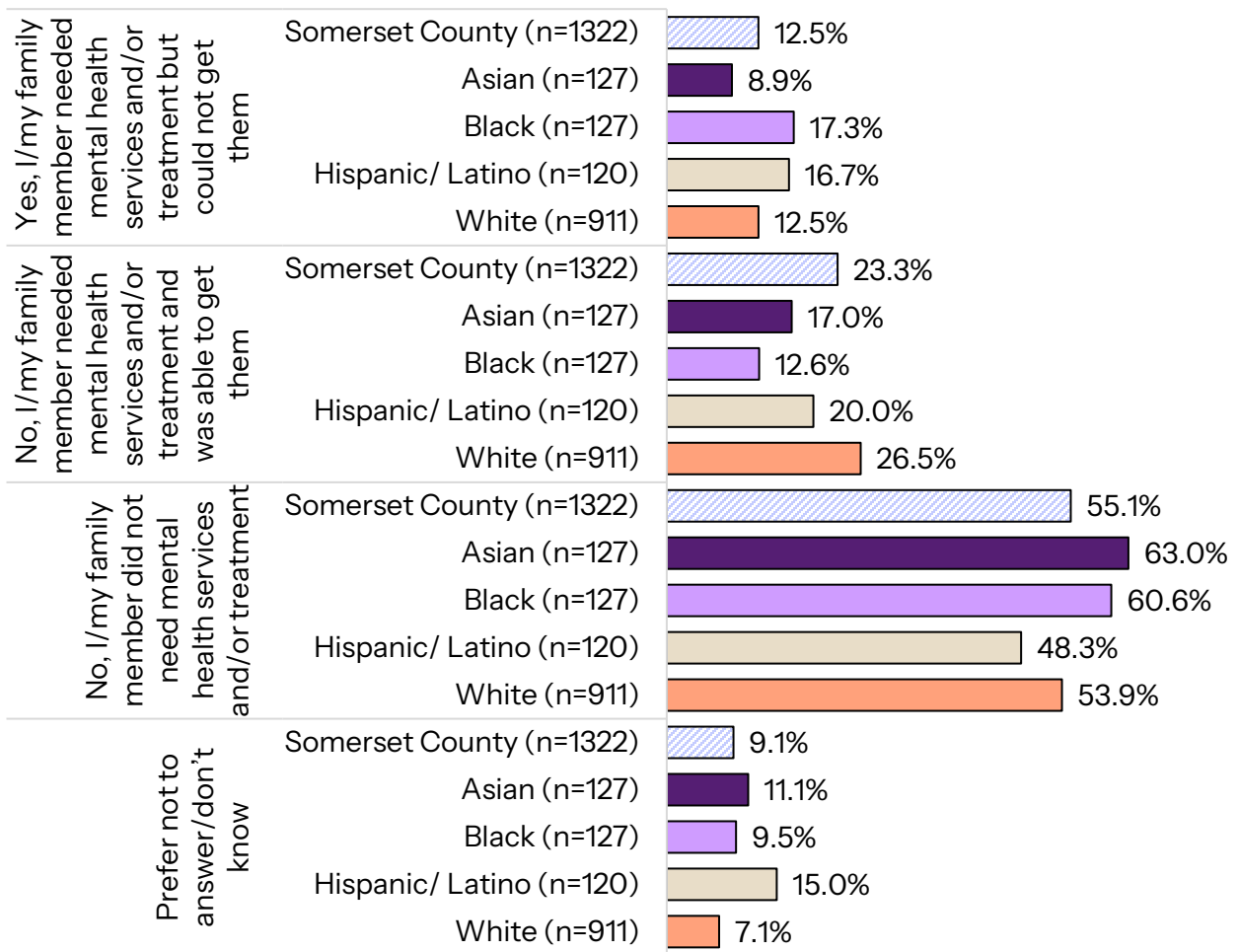


DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD)
 NOTE: Crude rate. Asterisk (*) that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Difficulty accessing mental health services discussed by focus group and interview participants. In addition to challenges related to cost, interviewees shared that there is a need for more BIPOC and bilingual (particularly Spanish-speaking) local mental health providers. As one interviewee shared, *“There are not a lot of people of color who are in the mental health professions and those that are, are booked.”*

Community survey respondents were asked about their access to mental health counseling for themselves or a family member in Somerset County over the past two years. Overall, 12.5% of Somerset County respondents were in need of mental health services and/or treatment but could not access them. This differs by race/ethnicity with Black (17.3%) and Latino (16.7%) respondents reporting the highest percent of needing services but not getting them, compared to White respondents with 12.5% needing but not getting services (Figure 71).

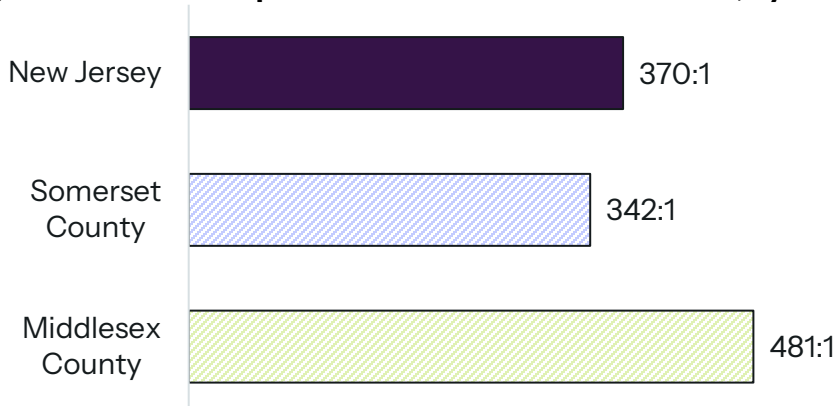
Figure 71. Access to Mental Health Counseling for Respondent or a Family Member in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Data about the mental health workforce indicate that in 2022, Somerset County had 342 people for every mental health provider, a rate lower than the state (370:1) (Figure 72).

Figure 72. Ratio of Population to Mental Health Provider, by State and County, 2022



DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings 2023

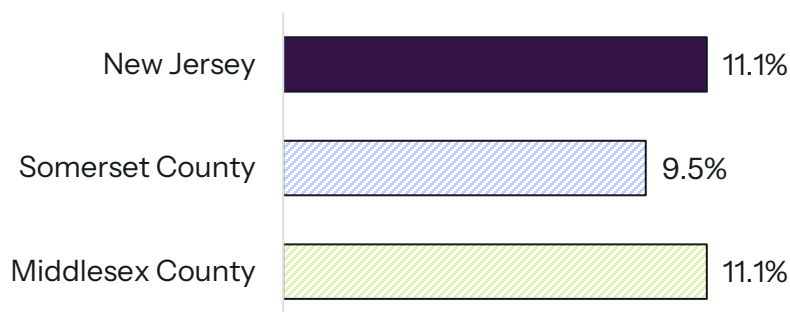
Substance Use

Some interviewees and focus group participants identified substance misuse as a community concern. Some shared the perception that overdoses related to opioid use had recently been increasing. Others noted that substance use among youth is a concern, with youth using substances at younger ages. As one focus group participant shared, “*At the park even like younger kids like 12 years old would walk around with vapes and cartridges of weed in their pockets...*”. While discussion participants noted that treatment options for substance use are available, they shared that there are limited longer-term options such as recovery housing. As one interviewee shared, “*We don’t have a lot of sober living opportunities, [there is] not a lot of assistance in terms of housing programs that take people who have been in addiction lately.*”

“I’m not a guy who likes vaping or smoking of anytime and when I go to the bathroom sometimes at school its disgusting i smell weed and vapes and everything else” –
Focus group participant

In 2020, the percent of adults who reported currently smoking was lower in Somerset County (9.5%) compared to statewide (11.1%) (Figure 73).

Figure 73. Percent Adults Reported Current Smoking, by State and County, 2020



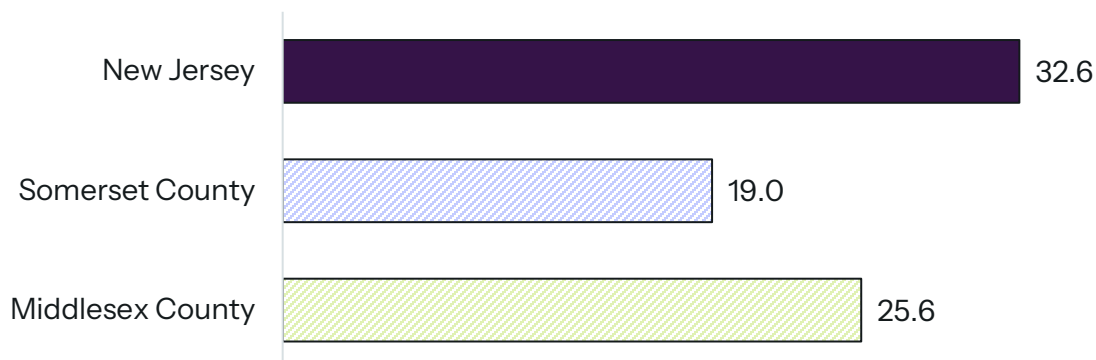
DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2023

Community survey respondents were asked about their participation in substance use/stop smoking counseling within the past two years. 1.7% of Somerset County residents overall reported participating in any form of alcohol or drug/substance use counseling. Survey

participants were also asked about their participation in stop smoking/vaping programs over the past two years with 1.9% of Somerset County survey participants reporting to have participated.

Figure 74 shows the age-adjusted unintentional overdose rate per 100,000 population in 2020. Somerset County had lower rates of unintentional overdose mortality (19.0 per 100,000 population) when compared to the state rate (32.6 per 100,000 population).

Figure 74. Unintentional Overdose Mortality Rate per 100,000, Age-Adjusted, by State and County, 2020

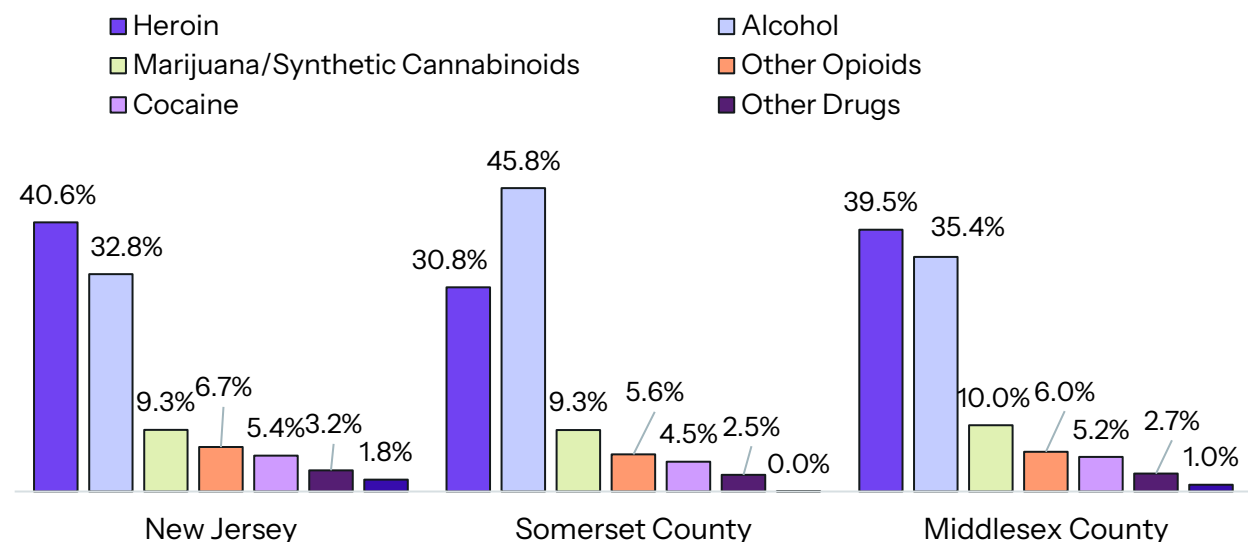


DATA SOURCE: NJ SUDORS v.01232024

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member in Somerset County over the past two years. Overall, 2.1% of Somerset County respondents were in need of substance use services and/or treatment but could not access them (n=1,325).

Figure 75 shows the percentage of substance use treatment admissions by primary drug from 2018–2022. Admission rates were highest for alcohol and heroin. In Somerset County, admission rates for all substances were lower than the state overall except for alcohol, where the rate in Somerset County was 45.8% compared to 32.8% for the state overall.

Figure 75. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2018–2022



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

More information on mental health and substance use within Somerset County can be found in the Behavioral Health sub-section of Appendix F. Additional Data Tables and Graphs.

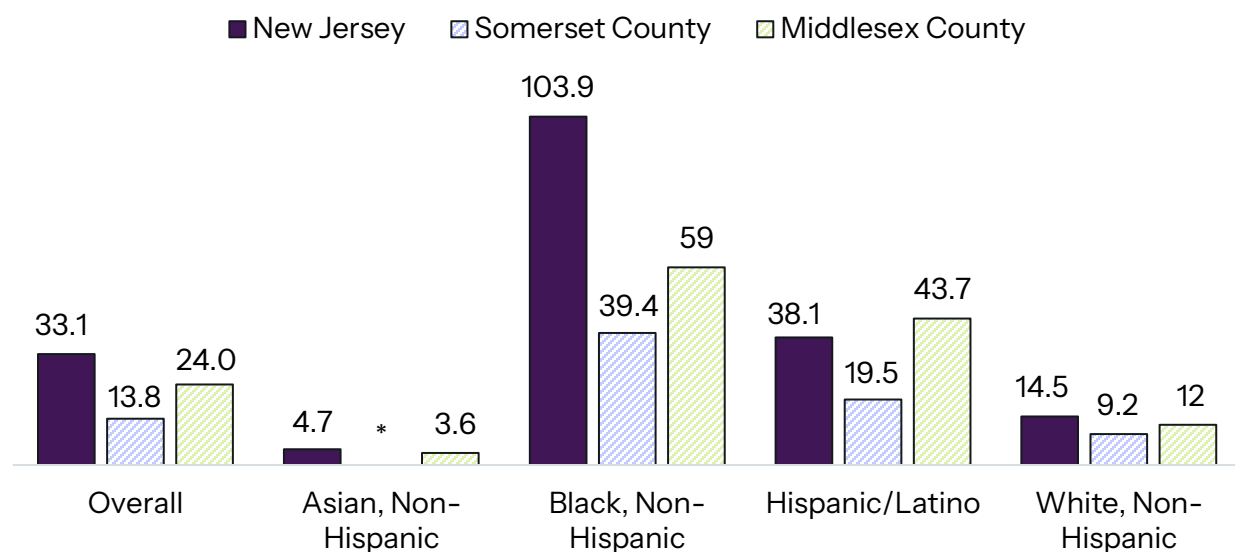
Environmental Health

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 Somerset County service area and the prevalence of conditions these factors can trigger.

Asthma

Asthma was not mentioned in the focus groups and interviews. Hospital discharge data shows the age-adjusted asthma emergency department visit rate per 10,000 population by race/ethnicity in the state overall and in Somerset County. In 2021, the age-adjusted asthma ED visit rate for Black residents was almost triple the rate for Somerset and over double any other racial/ethnic group in Somerset County. The age-adjusted asthma ED visit rate was lowest among White residents in Somerset County (Figure 76). Additional information on the asthma inpatient hospitalization rate can be found in Figure 113 located in Appendix F. Additional Data Tables and Graphs.

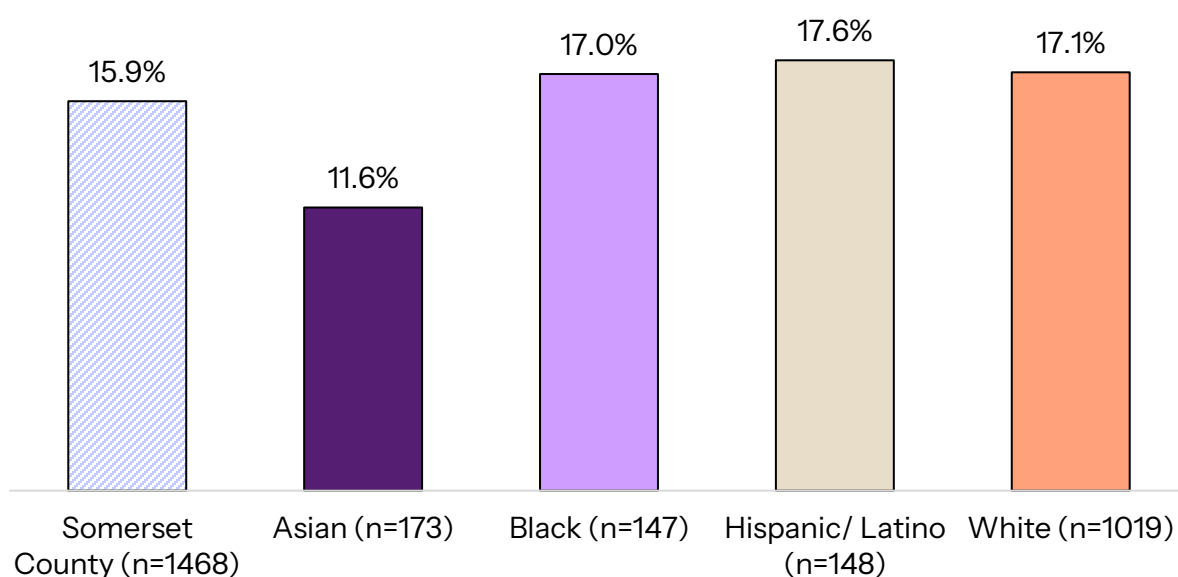
Figure 76. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, by State and County, 2021



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
 NOTE: Includes visits where asthma is a primary diagnosis. Rates for Native Hawaiian/Pacific Islander, other single race, two or more races, unknown race, and any data points shown with an asterisk (*) are not presented because rates do not meet National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked if they or a member of their household had asthma, with 15.9% reporting they had been told they had asthma (Figure 77).

Figure 77. Somerset County Respondents Reporting Being Told They Have Asthma by a Provider, by Race/Ethnicity, 2024

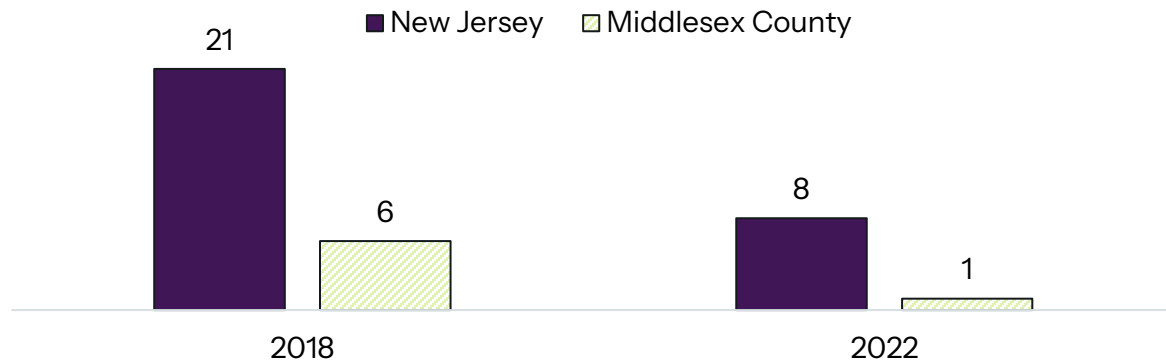


DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Air Quality

In 2022, there were eight days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone (eight-hour period above 0.070 ppm). Middlesex County had three days of poor air (Figure 78); Somerset County data is not available.

Figure 78. Days with Ozone Exceeding the Standard, by State and County, 2018-2022



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

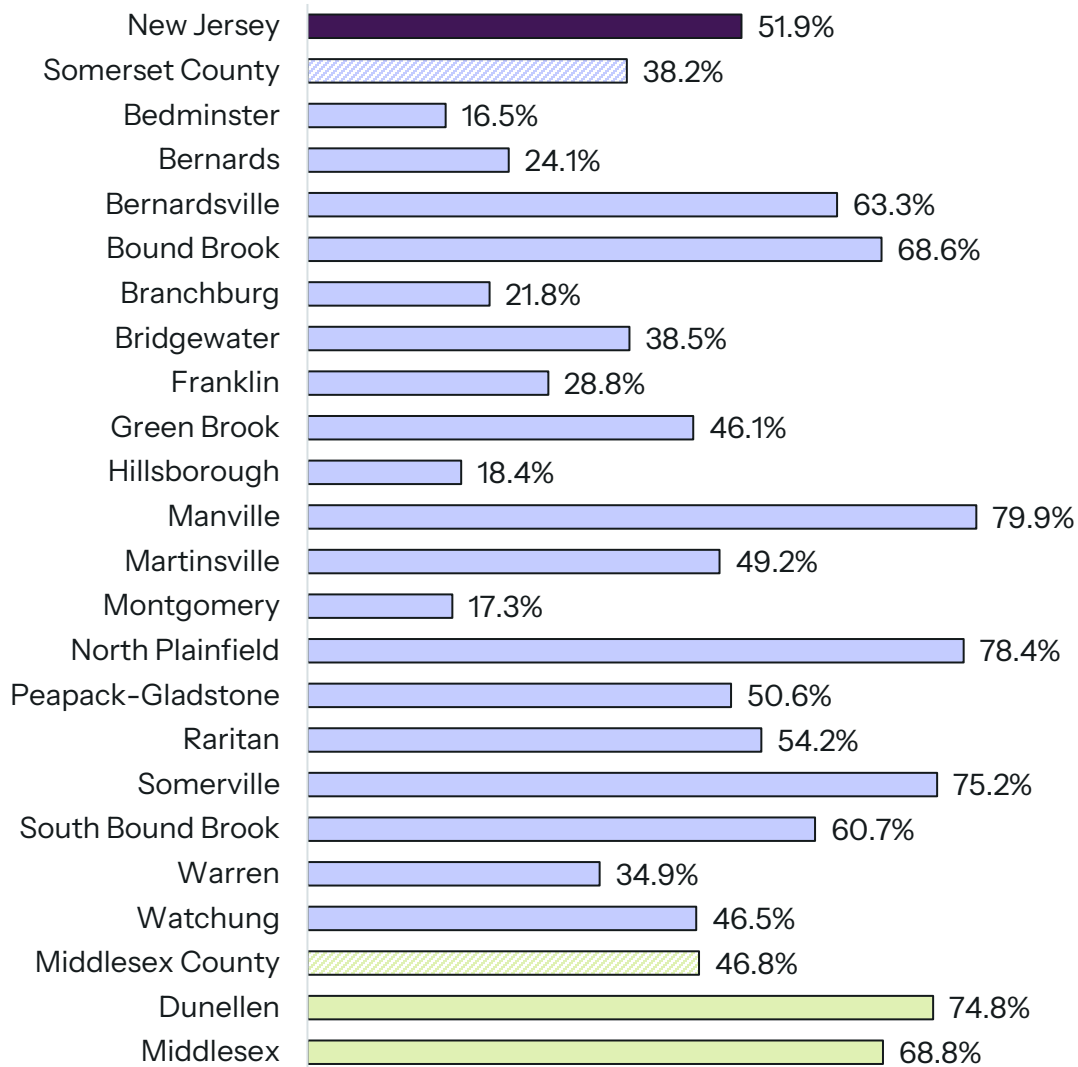
NOTE: The federal health-based standard for ozone in outdoor air is 0.070 parts per million (ppm) averaged over an 8-hour period. Somerset County does not have a monitoring station for ozone.

NOTE: Data for Somerset County is not available

Lead

In 1978, the federal government banned consumer use of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Figure 79 shows that more than a third of houses within the Healthier Somerset service area were built prior to 1979. In most cases, the proportion of older housing is lower in Somerset County cities and towns than the state overall. Bernardsville, Bound Brook, Manville, North Plainfield, Raritan, Somerville, and South Bound Brook had a greater proportion of older housing stock when compared to the state average. Within Somerset County, 12 towns had a lower proportion of older housing stock compared with the state overall, with Bedminster having the lowest proportion at 16.5% (Figure 79).

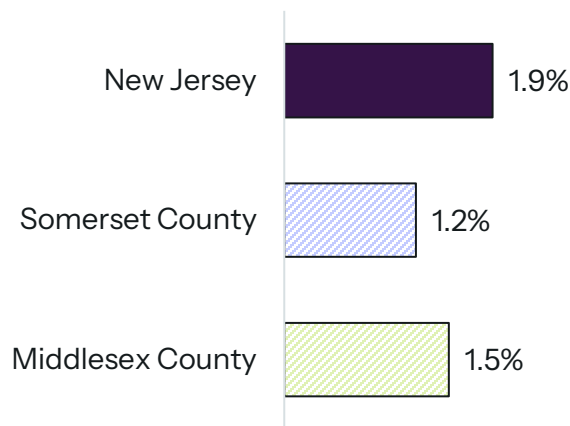
Figure 79. Percent Houses Built Prior to 1979, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2018-2022

New Jersey Department of Health data from 2022 shows that the percentage of children with elevated blood lead levels was lower in Somerset County (1.2%) than the state overall (1.9%) (Figure 80).

Figure 80. Percent Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, FY2022



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

Infectious and Communicable Disease

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

COVID-19 was not a top concern among most participants who were engaged in the assessment process. The lasting impacts of the COVID-19 pandemic were discussed in a few focus group conversations and interviews. Participants shared the perception that some community members, particularly seniors, continue to be more isolated than before the pandemic, with one interviewee noting that *“the isolation is slowly decreasing but is still there.”* Interviewees noted that this isolation can impact mental health. Additionally, a few interviewees noted that in-person events are not as well-attended as before the pandemic, though numbers are increasing, and that some health education opportunities that were available pre-pandemic have not been reinstated yet. As one interviewee shared, *“in the past before the COVID pandemic we organized several health seminars”* and it would be great to *“bring those things back post pandemic.”*

Table 17 shows rate of COVID cases per 100,000 population from 2020–2022. Overall Somerset County has lower rates of COVID-19 cases compared to the state overall.

Table 17. Rate of COVID cases per 100,000 population, by State and County, 2020–2022

	Rate (2020)	Rate (2021)	Rate (2022)
New Jersey	5,679.0	11,010.2	12,868.3
Somerset County	4,884.8	10,699.9	11,913.8
Middlesex County	6,190.5	11,914.0	13,003.6

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

Despite the increase in COVID-19 rates over time, there has been a decrease in the number of COVID-19 deaths each year in Somerset County and New Jersey overall (Table 18).

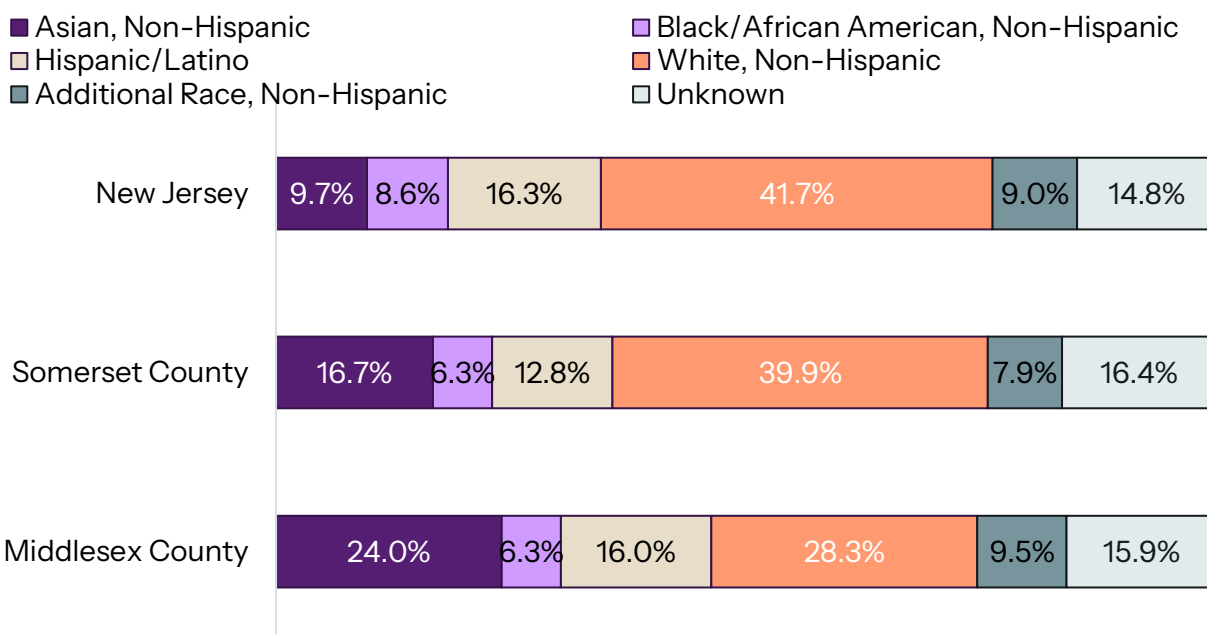
Table 18. Number of COVID-19 Confirmed Deaths, by Race/Ethnicity, by State and County, 2020-2024

	2020	2021	2022	2023
New Jersey	17,622	8,654	6,228	922
Somerset County	591	198	100	36
Middlesex County	1,510	796	430	83

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

As of 2024, Since the start of the pandemic, over 840,000 individual COVID-19 vaccines have been administered in Somerset County. Over a third (39.9%) of the primary series vaccine doses administered (first set of vaccines for COVID-19, not booster shots) were to White residents, followed by 16.7% to Asian residents (Figure 81).

Figure 81. Percent of COVID-19 Primary Series Vaccine Doses Administered, by Race/Ethnicity, County, and State, 2020-2023



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

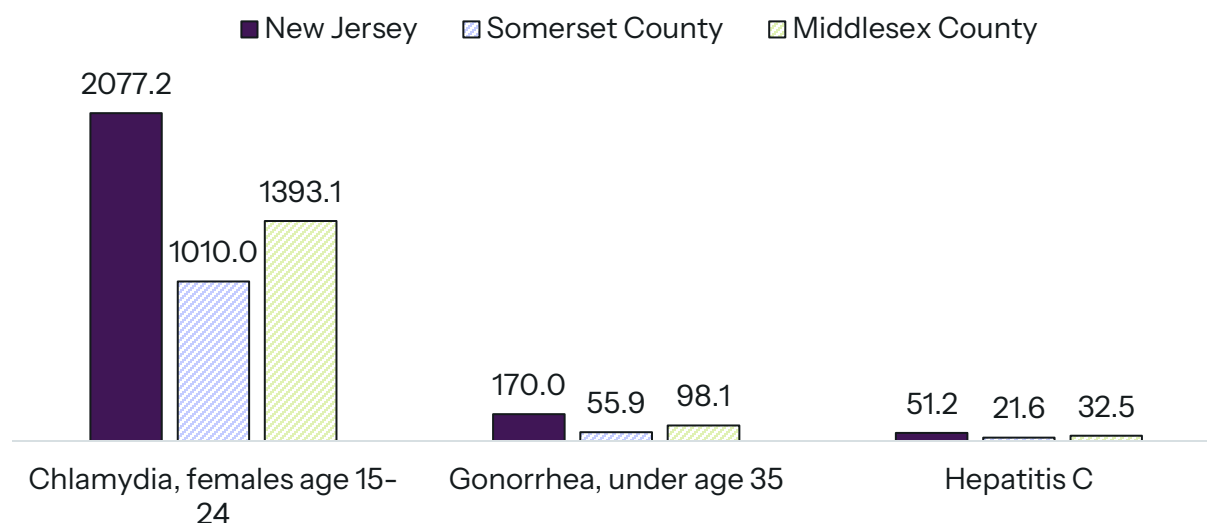
NOTE: The final vaccine update occurred on 10/22/2023.

Sexual Health and Sexually Transmitted Infections

Sexual health and sexually transmitted diseases were not brought up as concerns by focus group and interview participants. Chlamydia was the most common sexually transmitted disease in the state and across the Somerset County service area, those the number of cases per 100,000 population in Somerset County was lower than the state overall with 1,010.0 and

2,077.2 per 100,000 respectively (Figure 82). Rates of Gonorrhea were also lower in Somerset County, compared to the state, 55.9 per 100,000 for Somerset County compared to 170.0 per 100,000 population for New Jersey overall.

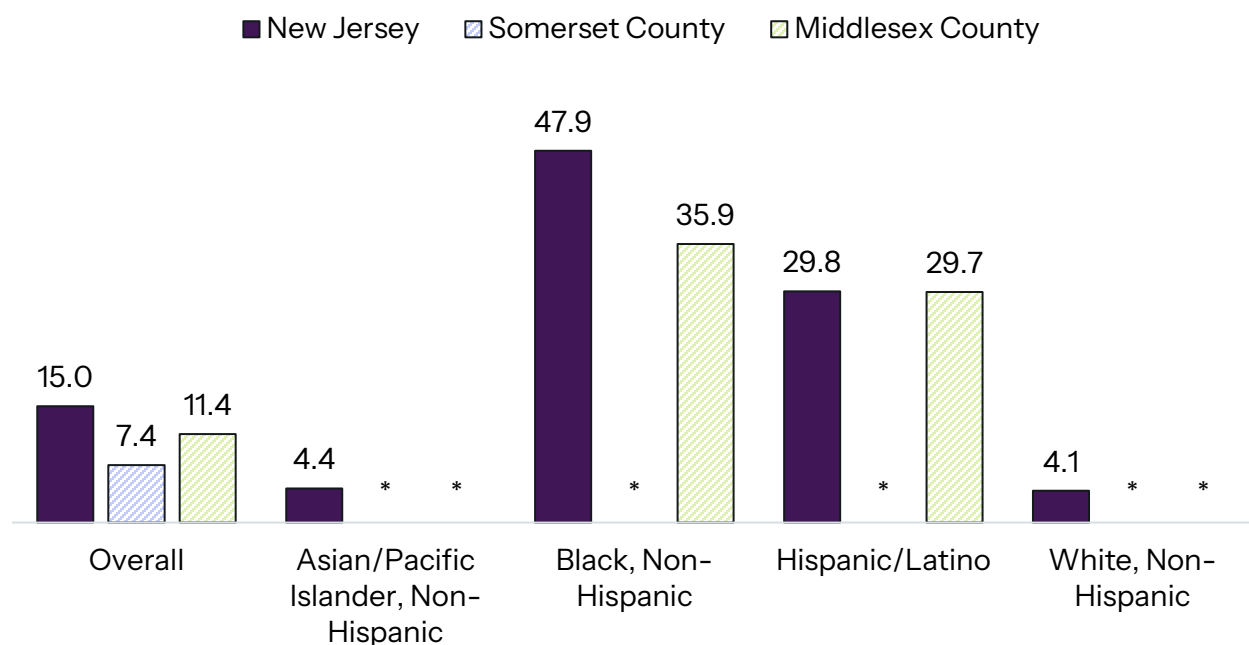
Figure 82. Incidence Rate of Chlamydia (Females Aged 15–24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000 population, by State and County, 2022



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 rate of HIV transmission in Somerset County was 7.4 per 100,000 persons, which was lower than the state rate of 15.0 per 100,000 residents (Figure 83).

Figure 83. HIV Transmission per 100,000 population Age 13 and Older, by Race/Ethnicity, by State and County, 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 are suppressed.

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. While some participants discussed schools and other resources and activities for children in Somerset County, issues specific to pregnancy and newborn health were not mentioned. On the community survey, teen pregnancy was not ranked highly among top community concerns.

Table 19 shows the percent births by female population aged 15–19 in 2022, by Mother’s race/ethnicity, state, and county. The percent of births by females aged 15–19 was highest in Somerset County among Latino mothers making up 73.5% of births, followed by Black and White mothers making up 14.3% and 10.2% of births respectively (Table 19). The rate of births per 1,000 females aged 15–17 is lower in Somerset County at 2.2 per 1,000 compared to 3.6 per 1,000 for New Jersey overall (Figure 115).

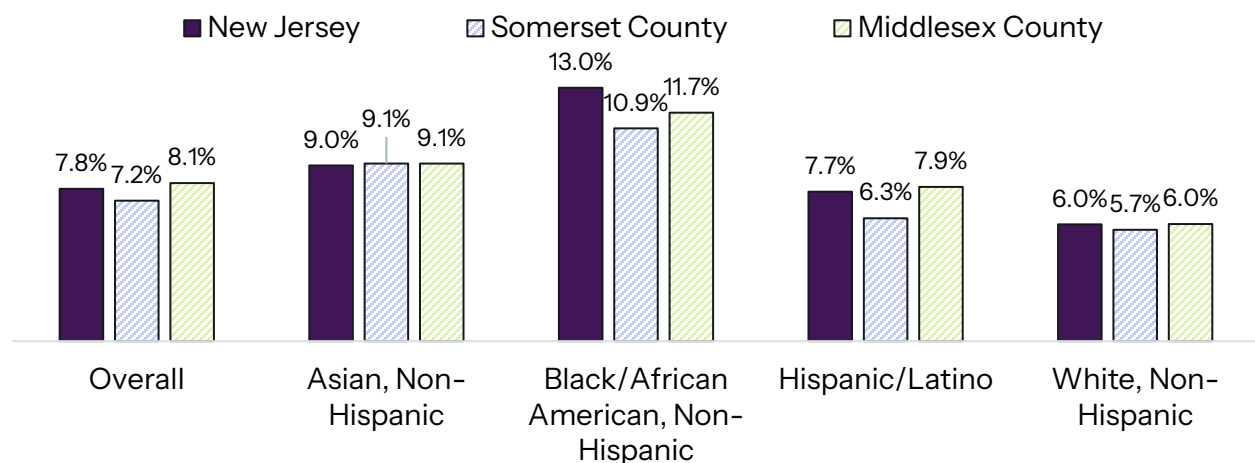
Table 19. Percent Births by Female Population Aged 15–19, by Mother's Race/Ethnicity, State, and County, 2022

	Overall	American Indian and Alaska Native	Asian	Black/ African American	Hispanic/ Latino	White	Additional Race	2+ Races
New Jersey	2287	0.1%	0.7%	18.6%	66.5%	11.0%	0.6%	2.1%
Somerset County	49	0.0%	0.0%	14.3%	73.5%	10.2%	0.0%	2.0%
Middlesex County	162	0.6%	2.5%	8.6%	79.0%	5.6%	0.6%	3.1%

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

Birth data from the NJ Birth Certificate Database show that Somerset County (7.2%) had a slightly lower percentage of low birthweight babies born in 2022 than the state (7.8%) (Figure 84). Data across racial/ethnic groups shows that a higher percentage of Black women have low birthweight births compared to other races/ethnicities in Somerset County and the state, with White women having the lowest percent of low birthweight births in the county (Figure 84).

Figure 84. Percent Low Birthweight Births, by State and County, 2022

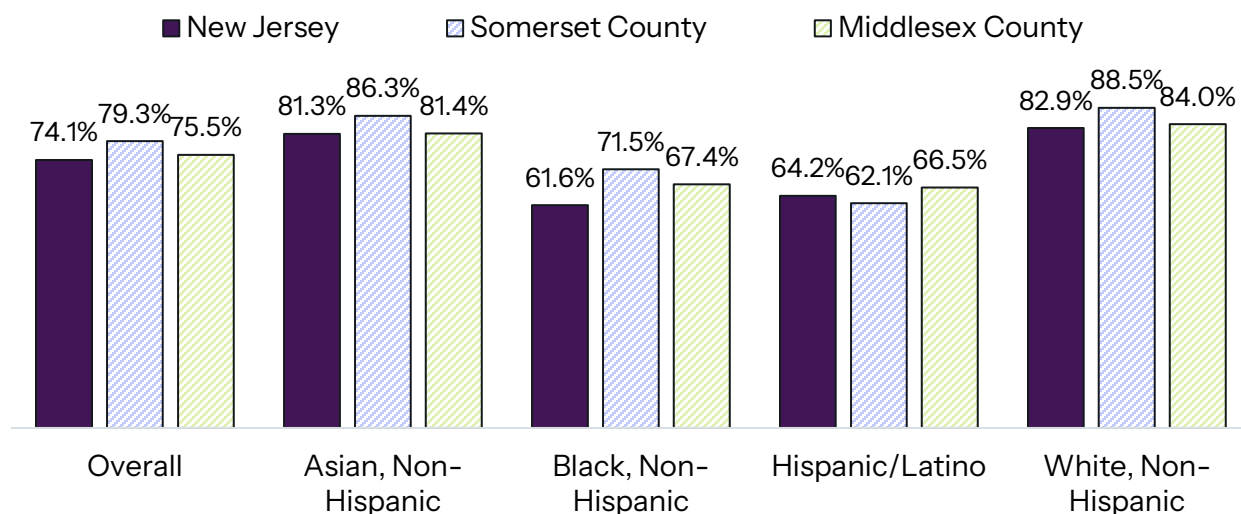


DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

NOTE: Low birth weight is defined as less than 2,500 grams.

The percentage of residents receiving prenatal care in the first trimester is higher in Somerset County (79.3%) than the rest of New Jersey (74.1%). However, only 62.1% of Latino residents in Somerset County were receiving prenatal care in the first trimester compared to 88.5% of White residents in Somerset County in 2022 (Figure 85).

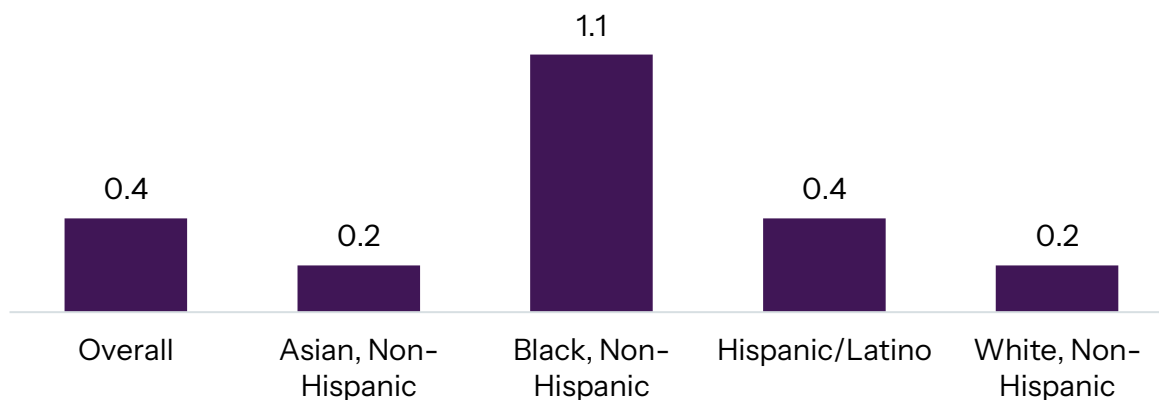
Figure 85. Percent Receiving Prenatal Care in First Trimester, by State and County, 2022



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

Within New Jersey, Black residents have almost triple the rate of maternal mortality (1.1 per 100,000 population) compared to the overall state average (0.4 per 100,000 population) (Figure 86).

Figure 86. Maternal Mortality Rate per 100,000 Population, by State, 2017-2021



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

Note: Maternal mortality is defined as deaths due to pregnancy, childbirth, and the puerperium. Asterisk (*) means that data are suppressed, as the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Additional information on maternal and infant health such as percent of very low birth weight babies (Figure 114), percent of preterm births (Figure 116), infant mortality rate (Figure 117), prenatal care data (Figure 118 & Figure 119), and immunized children (Table 36 & Table 37) can be found in Appendix F. Additional Data Tables and Graphs.

Access to Services

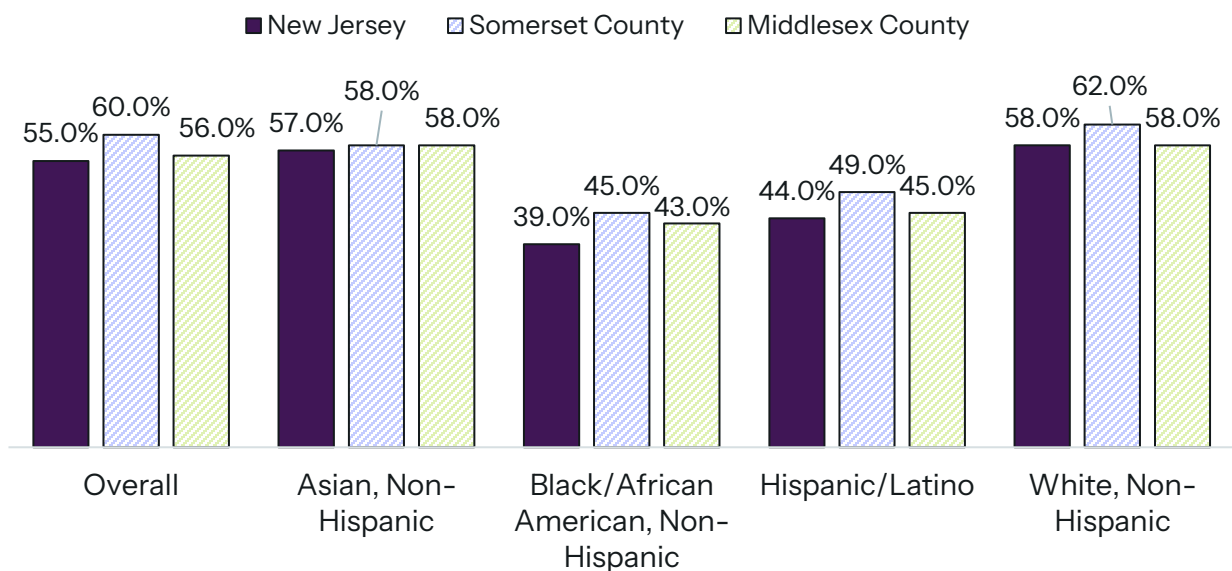
This section discusses the use of healthcare and other services, barriers to accessing these services, and access to social services and other essential services in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing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

Access to and Utilization of Primary Care and Preventive Services, Including Immunizations

Interview and focus group participants shared perspectives on accessing primary care in the region. Access to primary care was named as a challenge, especially for individuals who are uninsured or underinsured. As one interviewee shared, *“If clients come in with no insurance, then they go to charity care and get referred to the federally qualified health center, and they don't have enough providers, and the wait times are months long... even though we are a well-off county we have people who are underserved”*.

Data from the 2023 County Health Rankings reports 60.0% of Somerset County residents enrolled in fee for service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with White (62.0%) residents in Somerset County being vaccinated at the highest percents compared to Black (45.0%) and Latino (49.0%) residents (Figure 87).

Figure 87. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2023

Community survey respondents were asked what their top five sources of health information were and overall Somerset County residents reported: health care provider (87.4%), online resources (48.3%), family member (25.8%), urgent care (25.6%), and friends (18.7%) as main

sources (Figure 88). The top two sources of health information were consistent across race/ethnicity (health care provider and online resources).

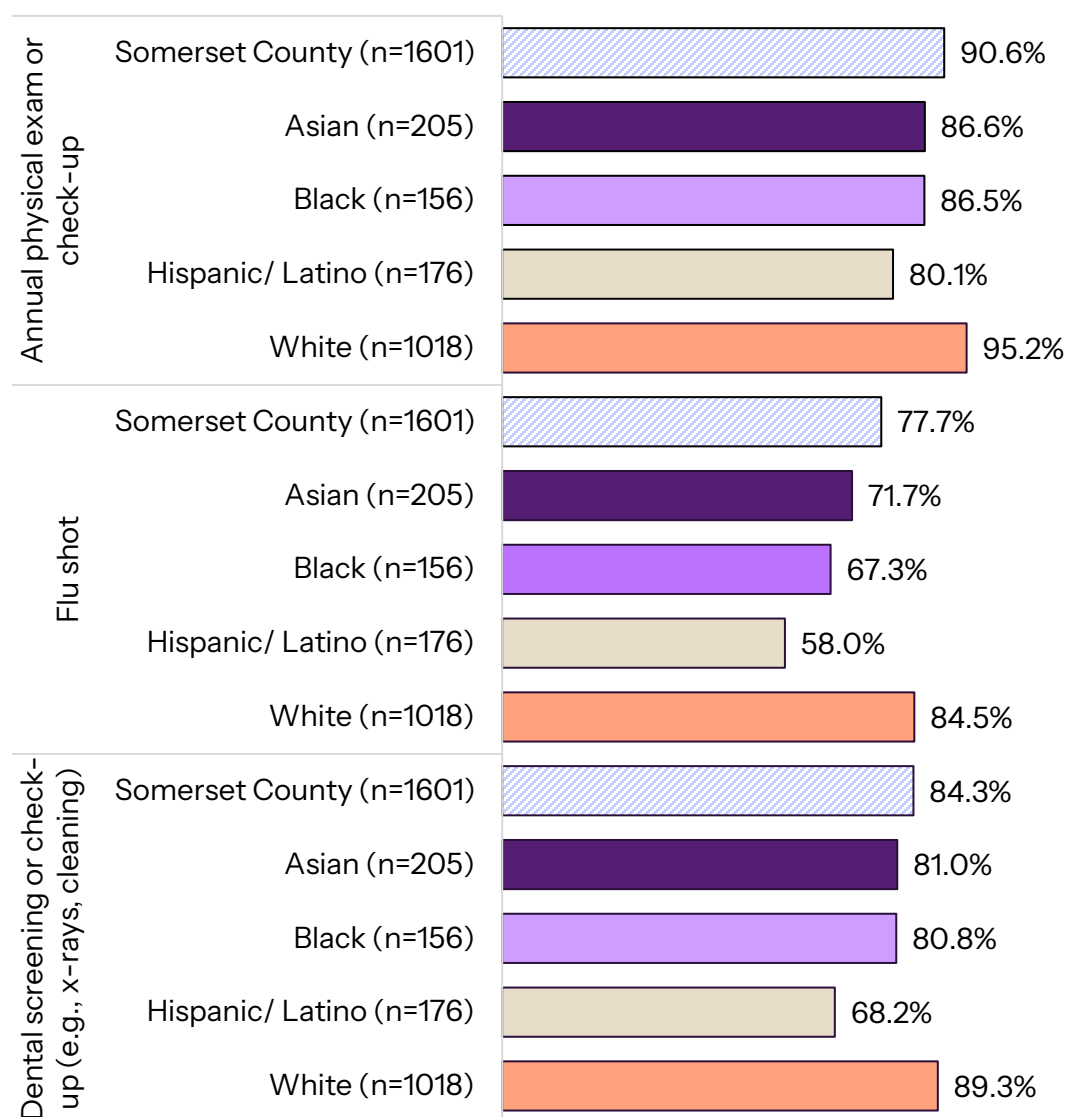
Figure 88. Top 5 Sources of Health Information, Somerset County Respondents, by Race/Ethnicity, 2024

	Somerset County (n=1394)	Asian (n=148)	Black (n=131)	Hispanic/Latino (n=126)	White (n=955)
1	Health care provider (e.g., physician, nurse practitioner) (87.4%)	Health care provider (e.g., physician, nurse practitioner) (79.1%)	Health care provider (e.g., physician, nurse practitioner) (88.6%)	Health care provider (e.g., physician, nurse practitioner) (77.8%)	Health care provider (e.g., physician, nurse practitioner) (90.6%)
2	Online resources (e.g., WebMD) (48.3%)	Online resources (e.g., WebMD) (50.7%)	Online resources (e.g., WebMD) (40.5%)	Online resources (e.g., WebMD) (47.6%)	Online resources (e.g., WebMD) (50.8%)
3	Family member (25.8%)	Family member (29.7%)	Family member (27.5%)	Family member (23.8%)	Urgent care (26.4%)
4	Urgent care (25.6%)	Urgent care (26.4%)	Urgent care (25.2%)	Urgent care (21.4%)	Family member (25.6%)
5	Friends (18.7%)	Friends (16.9%)	Friends / Hospital emergency department (tied) (22.1% each)	Friends (12.7%)	Friends (19.1%)

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Respondents to the 2024 community survey were asked about their participation in various healthcare screenings, including preventive services. 90.6% of survey respondents from Somerset County reported having an annual physical exam, while 77.7% reported that they have had their flu shot, and 84.3% received dental screening (Figure 89). Latino respondents reported the lowest percentage of participation in screenings with 80.1%, 58.0%, and 68.2% of respondents reporting to have participated in an annual physical exam, receiving a flu shot, or receiving dental screenings respectively (Figure 89).

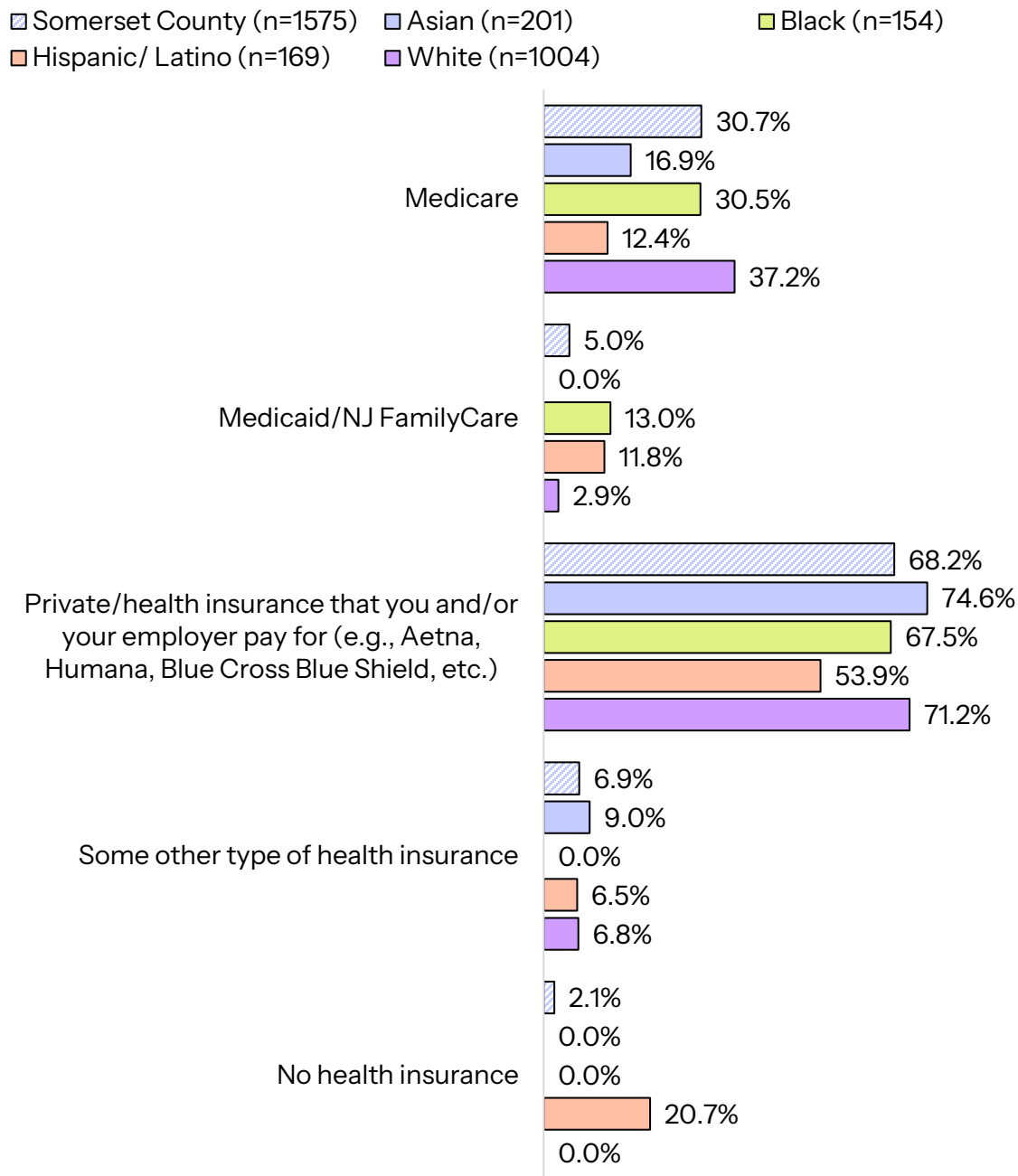
Figure 89. Participation in Annual Physical Exam or Check-Up, Flu Shot and Dental Screening or Check-Up in Past 2 Years, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Community survey respondents were also asked about their health insurance coverage. Approximately 30.7% of survey respondents from Somerset County reported having Medicare, 5.0% reported they have Medicaid/NJ FamilyCare, 68.2% reported having private insurance, 6.9% reported having some other type of insurance, and 2.1% reported having no health insurance (Figure 90). A higher proportion of Black (13.0%) and Latino (11.8%) respondents reported having Medicaid/NJ FamilyCare compared to White respondents (2.9%).

Figure 90. Type of Health Insurance, Somerset County Respondents, by Race/Ethnicity, 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Respondents could select multiple options therefore total percentages does not equal 100%.

Additional information on access to and utilization of preventative services can be found in the Access to Services sub-section of Appendix F. Additional Data Tables and Graphs.

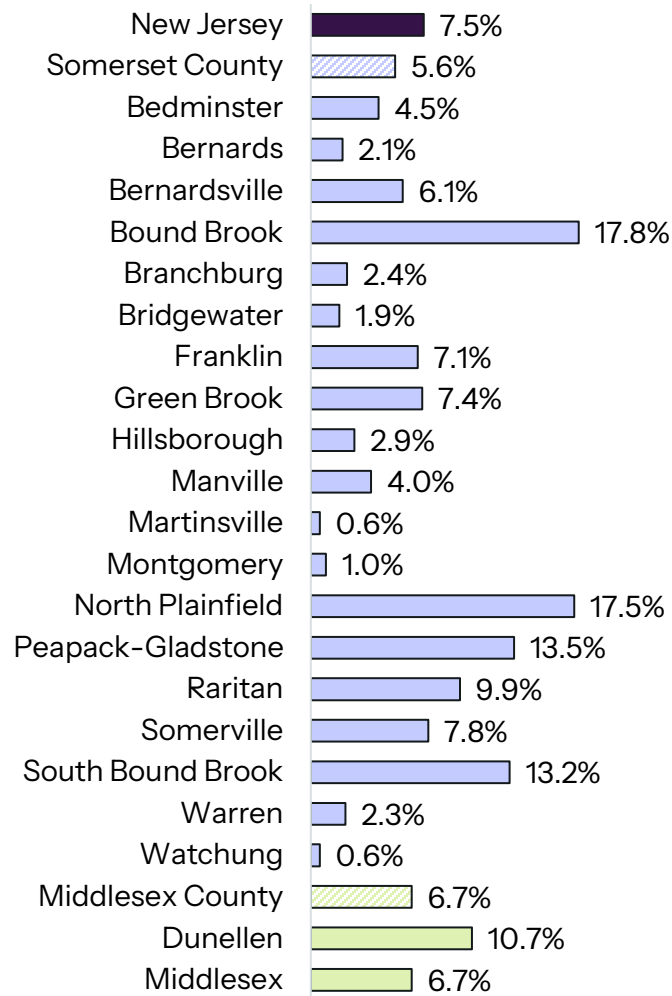
Barriers to Accessing Health Care Services

Interviewees and focus group participants discussed barriers to accessing health care services. As one focus group participant shared, *“I have been waiting for 2 months already now and I haven't been able to see the doctor at all, I need to go for my arm, back, knee, teeth, eyes, everything and I am waiting for the insurance and I need to go to the doctor now and I can't get insurance to be able to go and its sad because we are human beings.”* As this quote illustrates, many discussion participants discussed insurance or underinsurance as a barrier to care, with a limited number of providers that accept certain types of insurance and cost associated with care even for those who are insured. Other barriers that were discussed included a lack of culturally competent care and stigma/bias, particularly for the LGBTQ+ community. As one interviewee shared, *“There is huge barrier to care [for the] LGBTQ community. [One person had not] seen a doctor in 9 years because he came out to the doctor and the doctor told him he wasn't comfortable treating homosexuals and that was only 9 years ago.”*

Access to care has been an area of particular focus for the Healthier Somerset Coalition and RWJUH-Somerset hospital. For example, since the last CHNA, the American Hospital Association Hospital Collaborative recognized Healthier Somerset's efforts to navigate individuals in an underserved community (Bound Brook) for medical services. The medical navigation number increased between 2021 and 2023. See Appendix I for more information.

Data for the 2022 United States Census shows the percent of uninsured population in from 2018–2022. Overall Somerset County has a lower percentage of uninsured population when compared to New Jersey overall with 5.6% uninsured and 7.5% uninsured respectively. Differences exist across towns in Somerset County with Martinsville (0.6% uninsured) and Watchung (0.6% uninsured) having the lowest and Bound Brook (17.8% uninsured) and North Plainfield (17.5% uninsured) having the highest percentage of uninsured residents (Figure 91).

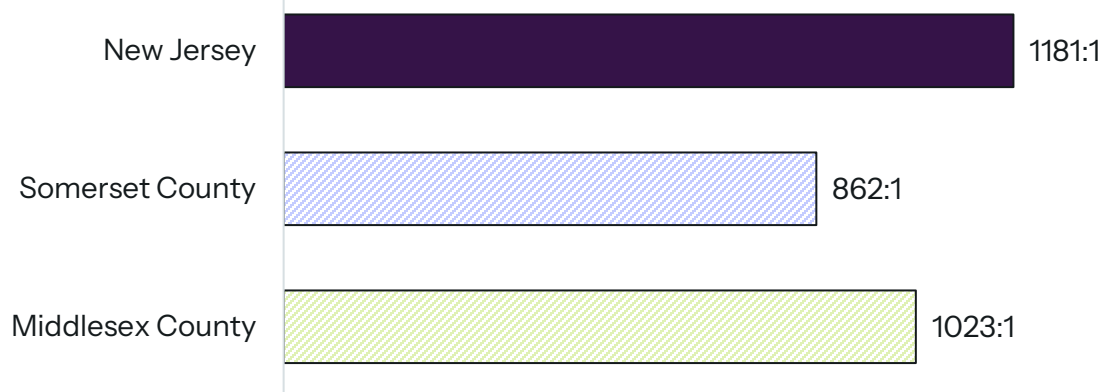
Figure 91. Percent of Population Uninsured, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Data from the 2023 County Health Rankings show the ratio of population to primary care providers in 2021. Somerset County has a smaller ratio at 862:1 compared to New Jersey overall with 1181:1 (Figure 92) indicating a favorable ratio of primary care providers compared to the rest of the state.

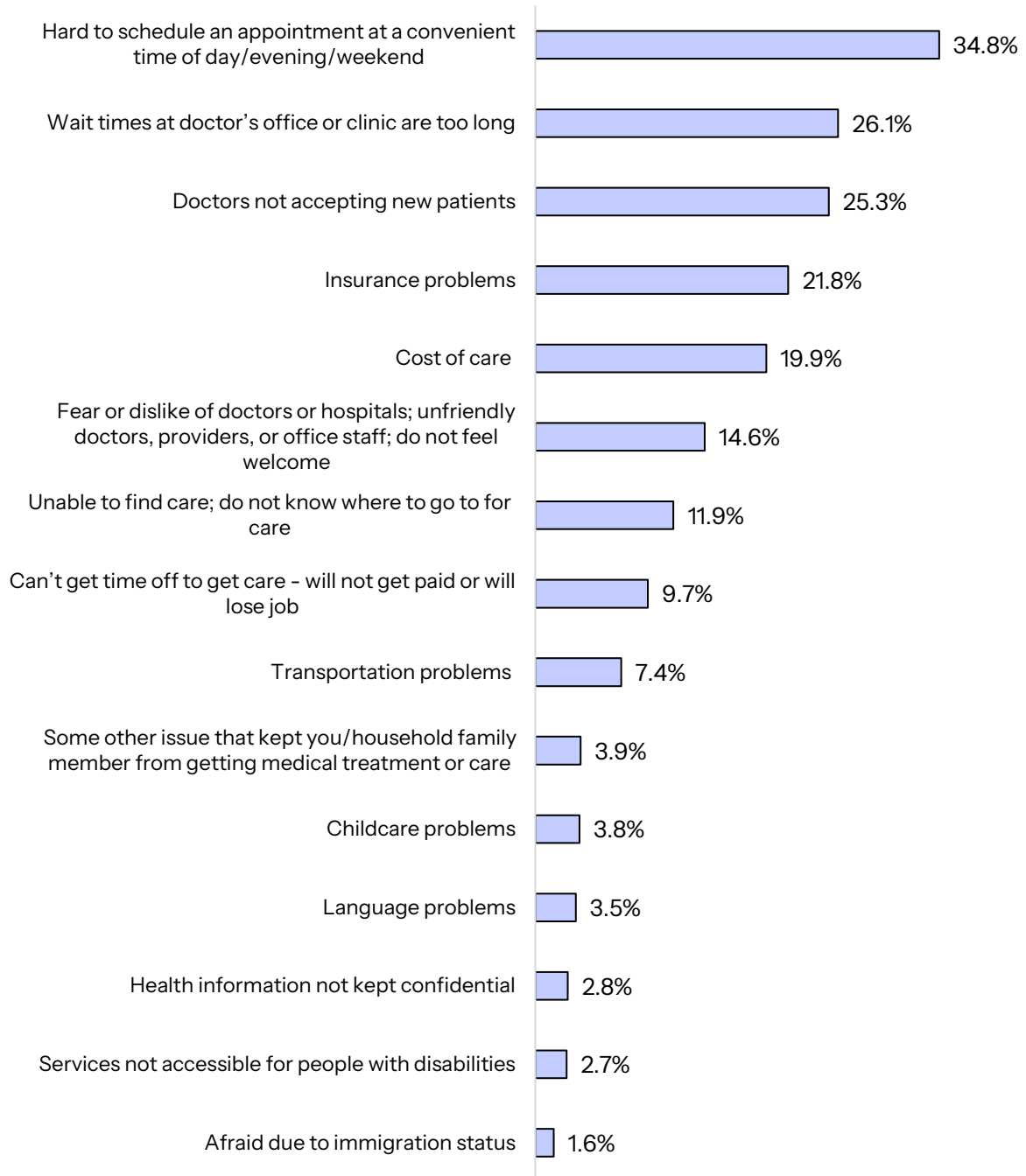
Figure 92. Ratio of Population to Primary Care Provider, by State and County, 2021



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2023

Community survey respondents were asked to identify which barriers they have experienced when trying to access healthcare. The top issues survey respondents identified overall were ability to schedule an appointment at a convenient time (34.8%), wait times (26.1%), and doctors not accepting new patients (25.3%) (Figure 93). Across a majority of barriers, a higher proportion of Latino respondents reported experiencing issues compared to the proportion of respondents overall; for example, 19.9% of respondents overall and 36.8% of Latino respondents reported that cost of care was a barrier to accessing healthcare. Top challenges differed slightly by racial/ethnic groups, with insurance problems (38.0%) ranking as the second top barrier for Latino respondents (Table 20).

Figure 93. Barriers to Accessing Health Care, Somerset County Respondents, (n=1,542), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

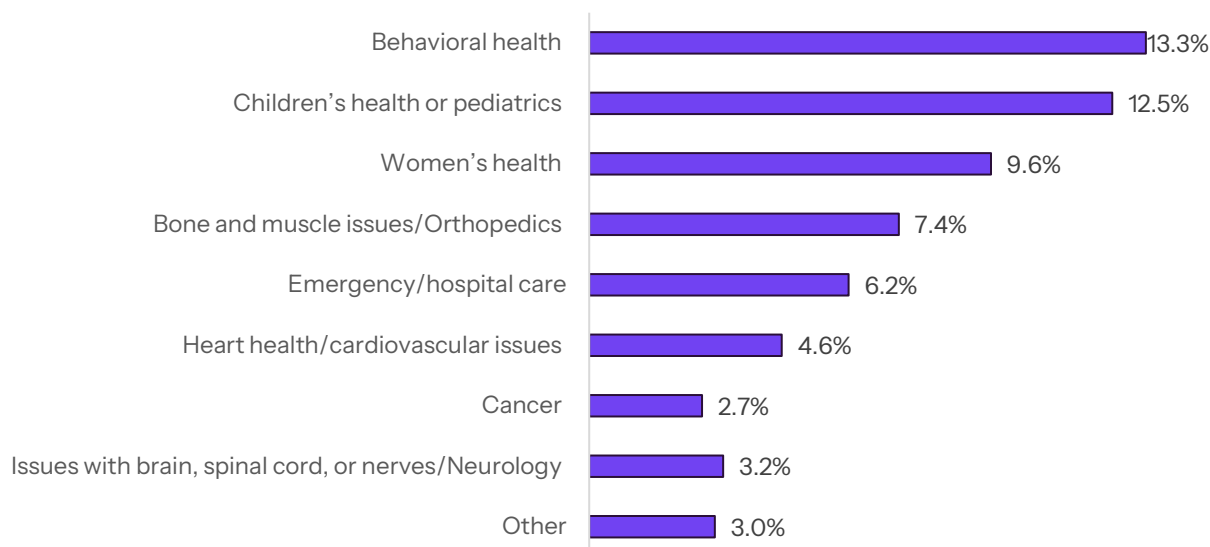
Table 20. Top 5 Barriers to Health Care according to Somerset County Respondents, by Race/Ethnicity, 2024

	Somerset County (n=1524)	Asian (n=184)	Black (n=152)	Hispanic/Latino (n=163)	White (n=983)
1	Hard to schedule an appointment at a convenient time of day/evening/weekend (34.8%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (39.1%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (32.9%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (39.9%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (33.6%)
2	Wait times at doctor's office or clinic are too long (26.1%)	Wait times at doctor's office or clinic are too long (28.3%)	Cost of care (27.0%)	Insurance problems (38.0%)	Wait times at doctor's office or clinic are too long (26.0%)
3	Doctors not accepting new patients (25.3%)	Doctors not accepting new patients (25.5%)	Wait times at doctor's office or clinic are too long (25.7%)	Cost of care (36.8%)	Doctors not accepting new patients (25.4%)
4	Insurance problems (21.8%)	Insurance problems (20.1%)	Insurance problems (22.4%)	Wait times at doctor's office or clinic are too long (31.9%)	Insurance problems (19.6%)
5	Cost of care (19.9%)	Cost of care (17.9%)	Doctors not accepting new patients (22.4%)	Doctors not accepting new patients (29.5%)	Cost of care (16.3%)

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about barriers to seeking care from a provider or specialist in 2024. The largest proportion of respondents reported barriers to seeing a behavioral health provider (13.3%) followed by a children's health or pediatric provider (12.5%) (Figure 94). A lack of children's health or pediatric providers was also mentioned by an interview participant who stated, "*primary care and pediatricians are available for those who are insured and then there is a huge gap in providers for those who are underinsured or uninsured.*" There was also variation by race and ethnicity. For example, while 13.3% of Somerset County survey respondents overall indicated that in the past 2 years, they needed to see a behavioral health specialist but could not due to cost, availability, or insurance problems, 21.1% of Latino respondents faced these barriers to accessing a behavioral health specialist (data not shown).

Figure 94. Somerset County Respondents Who Could Not See Health Care Provider or Specialist Because of Cost, Availability, or Insurance Problems in the Past 2 Years, (n=1,359), 2024



DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Children's health or pediatric providers, among respondents with any children under age 18 living with them at home or for whom they have regular responsibility; Women's health among respondents who identified as women, including transgender men, gender fluid, additional gender.

The largest barrier for seeking care for behavioral health (62.4%), children's health (62.1%), cardiovascular health (41.1%), neurology (55.7%), women's health (56.2%), and other health (50.0%) was provider availability (Table 21). Community respondents reported the largest barrier to seeking care for cancer (42.6%) and care from hospitals and/or emergency departments (49.6%) was cost, and the biggest barriers for care for orthopedics was identified as a split between provider availability (40.7%) and cost (40.7%) (Table 21).

Table 21. Barriers to Seeing a Provider or Specialist, Somerset County Respondents, 2024

Behavioral health (n=175)	Provider availability	62.9%
	Cost	60.6%
	Insurance problems	41.1%
	Other	8.6%
Children's health or pediatrics (n=32)	Provider availability	68.8%
	Cost	31.3%
	Insurance problems	*
	Other	*
Cancer (n=28)	Provider availability	46.4%
	Cost	39.3%
	Insurance problems	39.3%
	Other	*
Cardiovascular health (n=51)	Provider availability	45.1%
	Cost	41.2%
	Insurance problems	39.2%
	Other	*
Emergency/hospital (n=70)	Provider availability	25.7%
	Cost	65.7%
	Insurance problems	32.9%
	Other	15.7%
Neurology (n=42)	Provider availability	57.1%
	Cost	35.7%
	Insurance problems	45.2%
	Other	21.4%
Orthopedics (n=84)	Provider availability	45.2%
	Cost	42.9%
	Insurance problems	42.9%
	Other	19.0%
Women's health (n=73)	Provider availability	71.2%
	Cost	26.0%
	Insurance problems	30.1%
	Other	11.0%
Other health (n=33)	Provider availability	51.5%
	Cost	42.4%
	Insurance problems	39.4%
	Other	*

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) indicates data are suppressed due to low response (n<10).

Barriers to Accessing Social Services and Other Essential Services

As described earlier, interview and focus group participants noted that Somerset County has many resources and services. However, discussion participants did discuss some barriers to accessing services.

Challenges included long wait times for services (such as affordable housing) and limited transportation to services, are discussed earlier. Some focus group participants also named the “cliff effect” challenge where “*if you make more money you get less benefits and I have met some people who don't want to get a raise because then their assistance will be cut because they make more and it makes no sense and doesn't add up.*” These participants noted

that this reality can make it seem like “*the system is designed to fail.*” Other discussion participants suggested that more ways to connect across services and help residents navigate across resources would be beneficial to all. As one interviewee shared, “*there are so many organizations doing great work but how do we connect ourselves in such a way that we are connected and we are not connecting people who have the need into a black hole where you give them a number and that is the end of the line... There is so much information and it is so inefficient in terms of matching people up in the system and to me that is one of the biggest gaps.*” Lastly, discussion participants noted that there is a need for more multilingual services (including in health care and social service settings) and generally continued and intentional outreach and relationship-building with communities across the county given the history of structural racism. As one interviewee shared, “*[In the] Black and Brown community there is a lot of mistrust with major organizations. It may be healthcare [or] the justice system, etcetera. We have seen that structural racism affecting the community's view on organizations so what we have tried to do is really reach out to the community and reflect the community we serve and working on diversifying our staff.*”

*“Many Hispanics, because of the **language barrier**, don't feel comfortable asking for help. Language is a barrier. If you see a general practitioner, sometimes they'll ask you about your mental health, but you're usually talking through an interpreter. So I think a lot of times people don't ask for the help that they need because they're not able to really make a connection with the person that is able to provide that help [the doctor].” – Focus group participant*

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 over the next three years. Community participants included leaders from a variety of sectors: food assistance/food insecurity, housing, mental health providers, faith community leaders, local public health officials, senior service agencies, and organizations that work with specific populations (e.g., the Southeast Asian community, the LGBTQ+ community, the African American community). Participants also included Somerset County residents at large belonging to specific population groups, including newly arrived immigrants, people experiencing homelessness/housing insecurity, and youth. The following section summarizes these recommendations for future consideration.

Expand and strengthen access to healthcare and social services.

- **Expand primary care options and increase provider space within Somerset County, including for the LGBTQ+ community, the Latino community, and under- or uninsured individuals.** Several interviewees and focus group participants noted more primary care providers were needed within Somerset County to help address access challenges.
 - Specifically, more providers and clinic space for these providers were requested for doctors **specializing in LGBTQ+ care**. One interview participant noted how New Jersey and specifically Somerset County have become sanctuaries for access to LGBTQ+ care. This participant noted, *“when I first started, we had 900 patients two and a half years ago and now we have almost 2,500 patients. We have two working exam rooms and thank God for virtual [appointments]. We have a very tiny space and it is hard to get ahead of that waitlist especially as we have become a sanctuary state so access is difficult.”*
 - To expand access and decrease wait times, focus group and interview participants also recommended increasing the number of clinics and care options available for **Spanish-speaking and low-income individuals** who may also be uninsured or under-insured. An interview participant explained, *“right now [the federally qualified health center], it’s an affordable clinic in Somerset County and the waiting time is a month and a half for a family to get the first appointment.”* As another focus group participant shared, *“it would be good to have more clinics focused on Hispanics and people with low-income.”*
- **Continue to provide and seek to expand targeted outreach and healthcare screenings and follow-up care for vulnerable populations.** Multiple focus group and interview participants identified the need for expanding access to health screenings and necessary follow-up care as a need in Somerset County. Participants noted a need for increased screenings for vulnerable populations, particularly the LGBTQ+ and immigrant communities within the county. An interview participant said, *“next*

three years I would say all the individuals regardless of documented immigration status, they all should be able to get basic health screenings done whenever they need.” Another interview participant identified the need for increased screenings and noted, *“I would say [focus on] on cancer screenings and the reason this is a concern for me is because the trans community... what concerns me is that a transgender woman is going to be less likely to be checked for colon cancer or prostate cancer or testicular cancer.”* Participants also stressed the need for connection to follow-up care once a positive screen or diagnosis is received. As one interviewee shared, among the South Asian community, *“they don't get enough info on where to go if they are diagnosed with cancer or where to go if they're diagnosed with diabetes.”* Lastly, participants shared that mobile health care units have been successful in the past.

- ***Provider workforce development with a focus on mental health providers.*** Several participants suggested increasing workforce development to address availability of mental health providers, long wait times, and accessibility within Somerset County. An interview participant stated, *“With the mental health it has to do with bringing more people through social work school and [preparing] them to meet the challenge... Focusing on that workforce piece and being able to have more providers. Those who not only have the baseline competency but more psychologists and those who are specialists who can have a large impact.”*
- ***Improve multilingual and culturally competent care in Somerset County.*** Community respondents identified a need to improve access to multilingual and culturally competent care. One interview participant described, *“you have to meet the population where they're at and there are people with limited English ability. How do we really implement great programs that people really understand that they can engage in, that they can practice.”* In addition to providing more multilingual services, one interviewee noted that it is important to consider literacy levels of community members – some immigrant communities, for example, may have lower literacy levels depending on their country of origin and therefore prefer to receive information in non-written formats (this interviewee began using voice messages instead of text messages). In addition to providing more multilingual programs, participants recommended cultural competency training and education as well as diversifying providers and staff. As described earlier, 15.2% of community survey respondents reported experiencing discrimination when receiving medical care, with Black respondents (39.6%) and Latino respondents (33.8%) being affected at higher levels. This concern was echoed by focus group and interview respondents, particularly with concern to the LGBTQ+ community, who also noted that given the history of structural racism there is mistrust among some communities of health care and other institutions. Participants recommended implementing staff trainings around cultural sensitivities and also noted that efforts to diversify staff are important.

Focus on upstream factors to improve health.

- ***Expansion of affordable housing.*** A main vision for the future among community participants was expanding affordable housing. Housing was identified as a concern among community survey respondents with 10.3% of Somerset County residents worried about their housing stability in the next two months (Figure 20). These

concerns were greater among Black (20.3% worried about housing stability in next two months) and Latino (22.0% worried about housing stability in next two months) respondents. Many focus group and interview participants also noted a need to expand affordable housing in the county with one focus group participant reporting a need for, *“more affordable housing and more housing options. Just for housing to not be so expensive to just rent an apartment.”* Focus group participants also explained that in addition to more affordable housing there was the need for a simpler process to apply for affordable housing. One participant stated, *“actual affordable housing is needed and not having like 5 loopholes to jump through and still not being able to make it.”* Lastly, focus group participants suggested expanding stable shelter options, where people are not constantly rotating and having to vacate during the day.

- **Improve transportation within Somerset County.** Transportation was identified as a concern in most interviews and focus group conversations with assessment participants. Somerset County was identified by participants as being a rural county with limited public transportation options and low walkability in most places. One interview participant acknowledged, *“if you don’t have a vehicle at least in my communities, there is virtually no public transportation unless you pay for an uber and those who don’t have their own don’t have money to pay for that either.”* Improving transportation within Somerset County was identified as a priority for the future overall and as well as a way of improving access to care within the county. One interviewee also noted that in addition to expanding transportation (for example, running more buses more frequently), it would be important to provide *“information to people and if it’s all in English then people won’t be able to access it.”*
- **Expand recreation and employment options for youth.** Youth participants were particularly passionate about expanding spaces for recreation and named adding more gyms, basketball courts, malls, restaurants, and parks as a priority vision for the future of Somerset County. One focus group participant suggested, *“some of the rundown places should be renovated into new concepts like restaurants or places to hangout”* while another youth focus group participant suggested adding an *“indoor basketball gym and things like that”*. Some youth focus group participants also were interested in more youth employment opportunities.
- **Develop systems for navigation across available services.** As described earlier, many participants noted that Somerset County has many resources and services. However, both interview and focus group participants noted a need for more coordination across services. One focus group participant suggested creating a “low-income system” that would cover, *“everything like housing, transportation, [and] insurance [needs] and [would be] specifically for low-income individuals; that would benefit so many people who need a system like that.”* An interviewee who is a service provider echoed this sentiment, asking *“how do we connect ourselves [e.g. service providers] in such a way that we are connected, and we are not connecting people who have the need into a black hole where you give them a number and that is the end of the line.”* This interviewee noted the need to explore options for an easy referral system that could connect people to housing, employment, and insurance resources, for example, and facilitate warm hand-offs.

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 examines the current health status of Somerset County residents. Several key themes emerged from this synthesis:

- ***Somerset County has many strengths and resources.*** Participants described Somerset County as a supportive community with excellent schools, strong collaborations between community and government entities, and safe green spaces for recreation. Community survey data supports these perceptions. For example, 85% of Somerset County survey respondents agreed or strongly agreed that "*my community is a good place to raise a family.*" Somerset County is racially and ethnically diverse, with about a third of the population speaking a language other than English at home.
- ***Somerset County compares favorably to the state overall on many indicators, yet (similar to the state overall) disparities remain.*** Compared to New Jersey, Somerset County residents overall have lower rates of food insecurity and more favorable rates of chronic disease (for example, lower rates of obesity). However, secondary data about health status and healthcare access, and community survey data reflect challenges for different populations. Black residents in Somerset County experience higher cancer mortality, rates of diabetes diagnosis, rates of asthma related admissions to hospitals, and higher percentages of low-birth-weight births, compared to residents overall. Latino residents who completed the community health survey have lower preventive screening rates and reported that appointment scheduling and insurance problems are top barriers to care. A greater percentage of Black residents and Latino residents responding to the community survey reported feeling discriminated against when receiving medical care.
- ***While there have been some shifts since the 2021 CHNA, many of the same key challenges and concerns have remained.*** The previous CHNA, completed in 2021, was conducted during an unprecedented time at the height of the COVID-19 pandemic. While concerns related to employment were top of mind for participants in 2021, particularly given the pandemic context, in 2024 participants named barriers to employment for immigrant populations but generally focused more on challenges related to the high cost of living in the county. In 2024, rising concerns related to food insecurity (which is directly related to cost of living and struggling to make ends meet), limited affordable housing, and limited transportation options were frequently discussed by participants. Behavioral health remained a pressing concern, as mental health issues were ranked as the top concern among community survey respondents in both 2021 and 2024. Chronic diseases emerged as more of a pressing concern in 2024 among survey respondents and participants in interviews and focus groups. For example, cancer and heart disease were the second and third issues ranked as concerns among community survey respondent in 2024 but were not among the top 5 issues in 2021. Perceptions of access barriers remained similar. It should be noted

that many of these concerns are systemic issues that are unlikely to change substantially within a three-year time period.

- **High cost of living means that some individuals are struggling to afford basic needs, such as food.** While the unemployment rate in Somerset County is lower than the state overall, the percentage of households falling into the ALICE (Asset Limited, Income Constrained, Employed) population is higher in Somerset County (29.0%) compared to the state (26.0%). This population represents people who are working, but due to child care costs, transportation challenges, high cost of living and more are living paycheck to paycheck. Rates of food insecurity rose between 2021 and 2022 in Somerset County, and interview participants shared the perception that this is a pressing and rising need. A greater percentage of Black residents and Latino residents responding to the community survey reported experiencing food insecurity compared to other respondents.
- **Lack of affordable housing as well as shelter and supportive housing is a gap.** A lack of affordable, available housing was noted by almost all interview and focus group participants. Overall, 10.3% of Somerset County community survey respondents indicated that they were worried about their housing stability in the next 2 months; however, 20.3% of Black respondents and 22.0% of Hispanic/Latino respondents indicated they were concerned about housing stability. In addition to affordable housing options, participants shared that there is a need for more stable shelter options as well as more transitional and recovery housing.
- **Transportation options are limited.** Transportation limitations were noted by a majority of assessment participants, specifically that public transit is available but limited (few buses, limited hours) and that many areas are not walkable. Participants underscored how transportation limitations can impact access to health care and social services. Only 17% of Somerset County community survey respondents strongly agreed or agreed that *"it would be easy for me to take public transportation to get where I needed to go day to day."*
- **Mental health continues to be a challenge, especially among youth, seniors, and immigrant communities.** "Mental health issues" were ranked as the top health concern for the community overall and for children and youth on the community survey. Participants specified that depression and anxiety are key concerns and noted mental health concerns for some specific populations including seniors (e.g. due to isolation), youth, and immigrant populations. The issue of stigma in relation to mental health was also noted, especially among the South Asian and Spanish-speaking communities, with one interviewee stating that *"people don't talk about mental health – but we do have mental health issues in [the] South Asian population."* Among community survey respondents, 13% overall and 21% of Hispanic/Latino respondents indicated that in the past 2 years they needed to see a Behavioral Health Provider or Specialist but could not access one.
- **Substance use among youth is a concern.** The percentage of substance use treatment admissions for alcohol is higher in Somerset County (45.8%) compared to New Jersey (32.8%). However, self-reported rates of adult excessive drinking is similar

in Somerset County (18.8%) to New Jersey overall (18.6%). Participants were concerned about a perceived increase in overdoses and also that youth are using substances at younger ages. As one focus group participant shared, *“At the park even like younger kids like 12 years old would walk around with vapes and cartridges of weed in their pockets...”*. Assessment participants noted that while there are treatment options available, there are limited recovery housing options in the area which allow for longer term support.

- ***Chronic diseases remain key concerns and leading causes of death.*** Chronic diseases were rated as top community concerns for Somerset County survey respondents. Heart disease and cancer were among the top 3 leading causes of death in 2021. While Cancer screening rates in Somerset County are generally similar to the state overall, and assessment participants noted that maintaining and expanding screening programs that outreach to specific communities such as the LGBTQ+ community, the Black community and the South Asian community would be beneficial. Chronic disease is linked to social determinants of health such as an unhealthy diet, unstable housing, unsafe/polluted neighborhoods, lack of leisure time, and is exacerbated by the high cost of living participants noted in the county.
- ***Barriers to primary care and mental health care include insurance and a need for more providers.*** Participants shared that accessing primary care and mental health care is challenging for uninsured and under-insured populations in particular. While there is a federally qualified health center, participants shared that wait times to see providers there can be quite long. Participants noted that more providers who serve low-income populations are needed, as well as more multilingual and diverse staff and more trainings in providing culturally competent care.

Prioritization Process and Priorities Selected for Planning

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

Criteria for Prioritization

A set of criteria were used to determine which issues from the CHNA are potential priorities for collective action. The RWJBH Systemwide CHNA Steering Committee put forth the following criteria to guide prioritization processes across the RWJBH system; these criteria were used to guide prioritization discussions and voting processes with Healthier Somerset Coalition members.

Prioritization Criteria

- **Burden:** How much does this issue affect health in the community?
- **Equity:** Will addressing this issue substantially benefit those most in need?
- **Impact:** Can working on this issue achieve both short-term and long-term changes?
Is there an opportunity to enhance access/accessibility?
- **Systems Change:** Is there an opportunity to focus on/implement strategies that address policy, systems, 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 Process

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

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

During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the three highest priority issues for future action and investment (Appendix C: Key Informant Interview Guide and Appendix D: Focus Group Guide). Community survey respondents were also asked to select up the top three issues or concerns in their communities overall, noted in the Community Health Issues section of the CHNA Report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, nine major initial issue areas were identified for Somerset County (listed below alphabetical order):

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

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

On September 10, 2024, a 90-minute virtual community meeting was facilitated for the Healthier Somerset Coalition CHNA-CHIP Advisory Committee so members could discuss and vote on preliminary community priorities. During the prioritization meeting, attendees heard a brief data presentation on the key findings for the Somerset County CHNA. Participants were asked to reflect on how the findings reflected what they see in the community, what was surprising or missing from the key themes, and what they saw as top issues for future collaborative efforts and investment in the community. Participants used a virtual “sticky note” board to record their thoughts and then engaged in a facilitated discussion. Additionally, participants also reviewed the Prioritization Criteria so that they could consider how to rank the nine health issues in relation to the prioritization criteria (Burden, Equity, Impact, Systems Change, Feasibility, Collaboration/Critical Mass, Significance to Community).

At the end of the meeting, using Mentimeter’s online polling tool, meeting participants were asked to vote for up to four of the nine priorities identified from the data and based on the specific prioritization criteria. A total of sixteen Advisory Committee members voted during this Prioritization Meeting.

Voting identified that several issues ranked closely together:

- Mental Health & Behavioral Health: 88% (14/16)
- Chronic Disease Prevention/Management: 75% (12/16)
- Food Insecurity & Healthy Eating: 69% (11/16)
- Healthcare Access: 38% (6/16)
- Access to social services & Other essential services: 38% (6/16)
- Affordable Housing: 38% (6/16)

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

All members of the Healthier Somerset Coalition were invited to participate in a series of four, virtual planning sessions in October to identify goals, objectives, and strategies to improve health for each selected priority area.

As part of the pre-planning orientation meeting with the Healthier Somerset Coalition on September 17, 2024, coalition members met virtually to discuss CHNA findings and the outcome of the previous prioritization meeting that was held for the Advisory Committee. The goal of this meeting was to refine and narrow priorities into four main areas that would be the focus for future planning.

In the meeting, participants were presented with information that reviewed key findings from the CHNA and the previous ranking of priorities from the Advisory Committee Meeting. The Prioritization Criteria were also shared with participants. Participants were then asked to consider the CHNA key findings and the criteria and, using Mentimeter's online polling tool, to vote for up to four of the nine priorities identified from the data. A total of fifty-three Healthier Somerset coalition members voted during this Prioritization Meeting.

Voting identified that several issues ranked closely together:

- Mental Health & Behavioral Health: 81% (43/53)
- Food Insecurity & Healthy Eating: 57% (30/53)
- Healthcare Access: 53% (28/53)
- Chronic Disease Prevention/Management: 51% (27/53)
- Affordable Housing: 42% (22/53)
- Access to social services & Other essential services: 40% (21/53)

Through a facilitated discussion, participants decided to combine Healthcare Access and Access to social services and Other essential services into one area: Access to Services. Participants also determined that, particularly given the Feasibility criterion, Affordable Housing, while a pressing issue for the county along with other concerns such as transportation, would not be selected as a priority for planning. Coalition members also underscored that Equity should be woven into the planning process across all areas.

Priorities Selected for Planning

The Healthier Somerset Coalition finalized the following four priorities to focus on for planning sessions, with Equity as a cross-cutting theme:

- Mental Health & Behavioral Health
- Food Insecurity & Healthy Eating
- Chronic Disease Prevention/Management
- Access to Services

Somerset County Community Health Needs Assessment: RWJUH Somerset Service Area 2024 Appendix

November 2024

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Appendix A: Healthier Somerset Coalition Organizational Members

Organization	Organization
A Place at Home	Community Visiting Nurse Association
AARP NJ	Courier News
Aetna	CrossRoads4Hope
Adult Day Center of Somerset County	Department of Veteran Affairs - Suicide Prevention
Affinity Credit Union	Diversi Print, Inc.
Allstate	Division of Child Protection and Permanency
Alternatives, Inc.	Duke Farms
Amazon	Edward Jones
American Heart Association	Ellie Mental Health
American Lung Association	EmPoWER Somerset
ARC of Somerset	EOS Partners
Bens Total Wellness	Epiphany Community Services
Bernards High School	Fairfield Inn & Suites Somerset
Bernards Township	Feeding Hands
Bernards Township Health Department	Fellowship Foundation
Bonnie Brae	Fellowship LIFE
Bound Brook	Final Touch Landscaping
Brain Injury Alliance of NJ	Food Bank Network of Somerset County
Branchburg Health Department	Foothill Acres
Brandywine Living at Middlebrook Crossing	Forest Hills Financial Group
Bridgewater Raritan Regional School District	Franklin Food Bank
Bridgewater Township	Franklin Food Insecurity and Safety Coalition
Bridgeway Rehab	Franklin Township
Brother International	Franklin Township Claremont Elementary School Nurse
Building Bridges to Better Health	Franklin Township Elizabeth Avenue School
Caring Transitions of Somerset County	Franklin Township MacAfee School
Center For Neuro Muscular Therapy	Franklin Township Parks & Rec
Centerpath Wellness	Fully Promoted Princeton
Central Jersey Family Health Consortium	Greater Somerset County YMCA - Bridgewater and Somerville
Central Jersey Housing Resource Center	Greater Somerset County YMCA - Hillsborough
Central NJ Health Outreach, Soldier On	Greater Somerset County YMCA - Somerset Hills
Clinical Pharmacist, Chair of Franklin BOH Advisory Council	Greater Somerset County YMCA - Franklin
CogniCare Psychological Services LLC	Greater Somerset County YMCA Association
Community in Crisis	Greater Workforce Development Board

Organization	Organization
Green Brook Township	March of Dimes
Green Brook Township Public Schools	Marriott
Grow A Row	MassMutual
GYMGUYZ Greater Middlesex County	Matheny School and Hospital
Healing Pathways Counseling and Supervision Center	Mental Health Directs
Healthier Middlesex	Meraki Team
Healthier Somerset	Merrill Lynch
Heath Village Retirement Community	MHANJ
High Focus	Middle Earth
Hillsborough Ag Adv.	Middle-Brook Regional Health Commission
Hillsborough BOE	Middlebush Reformed Church & Church Based Mental Health Services
Hillsborough Township	Montgomery Township
HomeSharing, Inc.	Mtg Bd of Health Advisor
HOPES CAP	NAMI Somerset
Horizon Blue Cross Blue Shield of New Jersey	NJ Advance Media
Housing and Community Development Network of New Jersey	NJ Center for Tourette Syndrome & Associated Disorders, Inc.
Hunger Free NJ	Norris McLaughlin
Hyatt House Bridgewater	North Plainfield
I Can Make A Difference (iCMAD)	North Plainfield Food Pantry
IMH Stigma Free N Plainfield	Norwescap
Inclusion Wellness Center	Norz Hill Farm
Insmad Incorporated	Office of the Food Security Advocate
Insta Crystal LLC	OFS Fitel
Jewish Community Center	Ortho Clinical Diagnostics
Jewish Family Services	Parker Life
Johnson & Johnson	Peapack-Gladstone Bank
Kearny Bank	Performance Rehabilitation
LabCorp	Perkins Partnership
Lambent Data	PESS
Laurel Circle	Phillippine Nurse Association
LifeCamp	Planned Parenthood of Northern, Central and Southern NJ
Literacy Volunteers of Somerset County	Police Alliance Coordinator
Manville Board of Education	Premiere Media (CazTV)
Manville School District	Prestige Medical Solutions
Manville School District, Superintendent	Princeton Justice Initiative
Manville, Recreation Department	Profile Plan
	Provident Bank

Organization	Organization
Raritan Valley Habitat for Humanity	Somerset County Office of Planning
Regional Chronic Disease Coalition	Somerset County Office on Aging & Disability Services
Rehab At River's Edge	Somerset County Park Commission
Richard Hall Community Health and Wellness Center	Somerset County Public Health and Safety /Emergency Management
RideWise, Inc.	Somerset County Richard Hall
Right at Home	Somerset County School Nurses Association
Rock Steady Boxing	Somerset County Treatment Services
Rose & Lilly Photography	Somerset County Youth Services
Rutgers	Somerset Hills Education Foundation NJ
Rutgers Cancer Institute of New Jersey	Somerset IFSS
Rutgers Cooperative Extension	Somerset Treatment Services
Rutgers Equity Alliance for Community Health (REACH)	Somerville Pharmacy
Rutgers University - New Jersey Agricultural Experiment Station	Sourland Conservancy
Rutgers, New Brunswick	South Bound Brook Council
RWJUH Somerset	South Bound Brook Mayor
Safe+Sound Somerset	Spectrum 360.org
Sanofi	State of NJ Department of Law & Public Safety
Senior Advisors	Steeplechase Cancer Center - RWJUH Somerset
Share My Meals	Sunrise Senior Living
Social Security	T Mobile
Somerset County	The Arc of Somerset County
Somerset County Action Program	The Bristol at Somerset
Somerset County Addiction Services	The Center for Great Expectations
Somerset County Adjusters Office	The Delaney at Bridgewater
Somerset County Board of Chosen Commissioners	The Greater Raritan Workforce Development Board
Somerset County Business Partership	The Jewish Federation of Somerset, Hunterdon & Warren Counties
Somerset County Department of Education	The Meraki
Somerset County Department of Health	The Salty Moon Wellness Center
Somerset County Department of Human Services	T-Mobile
Somerset County Department of Public Works	Township of Warren
Somerset County DHS	United Way of Northern New Jersey
Somerset County Freeholders	Verdini Studios
Somerset County Library System of New Jersey	Verizon
Somerset County Municipal Alliance	Visions & Pathways

Organization
Watchung Finance
Wealth-Pulse Solutions
WWFH-NJ (We Work for Health)
Wyncrest Supprt
Zarepath Food Pantry
Zufall Health Center
Zufall Health Center - SNAP-Ed

Appendix B: Organizations Represented in Key Informant Interviewees and Focus Groups

Organization	Sector
Middle Earth	Youth and Adolescents
HOME of Somerset County	People experiencing homelessness/ housing insecurity
ESL Class	Newly arrived immigrant populations
Central Jersey Housing Resource Center	Housing or homelessness services
Richard Hall Community Health & Wellness Center	Mental health care providers
Food Bank of Somerset County, Franklin Food Bank, Feeding Hands	Food assistance and food insecurity services
Local public health officials	Public Health services
Somerset County Office on Aging and Disability Services	Senior service agencies or senior centers
Camino de Fe Church	Leader in the faith community
Health Camp of New Jersey	South Asian Community
Babs Siperstein PROUD Center	LGBTQ+ Community
First Baptist Church of Lincoln Gardens	Leader in the faith community

Appendix C: Key Informant Interview Guide

Health Resources in Action Healthier Somerset 2024 Community Health Needs Assessment-Community Health Improvement Plan

Virtual Key Informant Interview Guide 4.18.24

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by Healthier Somerset, and identify sub-populations most affected
- To delve deeply into previous CHNA-CHIP priorities (behavioral health; chronic disease with a focus on healthy eating and active living; economic well-being; and access to services), depending on interviewee expertise
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT. QUESTIONS MARKED WITH A * SHOULD BE PRIORITIZED IF TIME IS LIMITED.]

BACKGROUND (3 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization 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.
- The Healthier Somerset Coalition is conducting a community health needs 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 gathering is completed, we will be writing a summary report on key themes that have emerged during these discussions. We will be including quotes, but we will not include any names or identifying information. Nothing that you say here will be connected directly to you in our report.
- [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?

INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does?*[TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION].
 - a. What is your organization's mission/services?
 - b. What communities do you work in? Who are your main clients/audiences?

SOCIAL DETERMINANTS OF HEALTH: COMMUNITY ASSETS AND CONCERNS (15 minutes)

2. What are some of the community's strongest assets/strengths?*
 - a. Can you tell me about some promising initiatives in your community?
 - b. 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?
 - c. How have these strengths changed over the last several years?
3. What are some of the biggest problems or concerns in your community?*[PROBE on social determinants of health if needed – food insecurity/healthy eating; housing affordability/homelessness; economic well-being/employment; transportation; stigma/discrimination; etc.]
 - a. How do these issues affect people's daily lives?
 - b. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
 - c. What resources or services are available to help people address those challenges? What are the main barriers to accessing existing services?*
 - d. What do you see as gaps in services that are needed to help people address these issues?
 - e. How have these issues changed in recent years?

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

PERCEPTIONS OF HEALTH ISSUES, HEALTHCARE ACCESS, AND BARRIERS (15 minutes)

4. What do you think are the most pressing health concerns in the community/among the residents you work with?* (EX. Mental health; substance use; chronic disease; access to care, etc.)
 - a. What do you see as the biggest barriers or challenges to addressing these issues?
 - b. Are there groups in the community that are more impacted by these concerns? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Uninsured, Low-Income Residents, Individuals living with intellectual disabilities)
 - c. What resources or services are available to help people address those health challenges? What are the main barriers to accessing existing healthcare and health-related services?*
 - d. What do you see as gaps in services that are needed to help address these health issues?
 - e. What do you think the community should do to address these issues?
 - f. Which groups/organizations can address these issues/are addressing these issues?

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

5. What are some of the communities' priorities related to racial equity and health?
6. In what ways have stigma, racism and discrimination affected the concerns we've discussed? How have these experiences affected specific groups?
7. What current efforts are in place that you know of working to address health inequities?

TAILORED SECTION - SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON INTERVIEWEE EXPERTISE. (10 MINUTES)

For Interviewees Working in the Areas of Substance Use or Mental Health

1. Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region?
2. What are your major concerns for the future? What has been going "right" that could be built on going forward?
3. Have you noticed any changes in trends in your community as it relates to stress and behavioral health stemming from isolation?
4. Can you tell me more about the impact you've seen trauma/violence have on health outcomes in your community?
5. Have you noticed any new or shifting trends relating to substance use and overdose in Somerset County? Can you tell me more about that, and any specific populations that are impacted?

For Interviewees Working in Food Assistance and Food Security

- What barriers do you see residents experiencing around accessing affordable and healthy food?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this?
- What has been working well in the community to improve access to healthy, affordable food?
- What has been challenging or not working well? What opportunities exist for improvement or innovation?

For Interviewees Working in Financial Instability, Employment, and Workforce Development (or related sectors)

- What challenges are residents facing regarding hiring, employment, or job security? What challenges are residents facing regarding cost-of-living?
- What were the needs in this community around workforce development? What is needed to improve residents' employability? What training or resources are needed?
- Are there any approaches to improving workforce development and financial stability that you think has changed because of the pandemic and its impacts?

For Interviewees Working in Housing and/or Transportation

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

For Interviewees Working with Communities where Discrimination is a Concern

- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)

For Interviewees Working with Seniors/Older Adults

- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?

- What has been going “right” that could be built on going forward?

For Interviewees Working with Immigrant Populations

- Can you tell me about some of the challenges facing the immigrant populations you work with?
- How have the demographics of the clients you work with changed over the last three years?
- Can you tell me more about the resources that are available to support immigrant populations and their needs within the community?
- What are some of the challenges or things that haven’t been working well? Are there areas for improvement?

For Interviewees Working in the Faith Community

- What are some of the most pressing needs you are seeing from members of your community? (probe on food insecurity, housing, mental health, needs of seniors)
- Can you describe some of the resources available to you to help address the needs of your community? How have these resources changed in the last 3 years?
- What are some of the challenges or things that haven’t been working well in your community? Are there areas or opportunities for improvement?
- How have the demographics of your community shifted over the past three years?

For Interviewees Working in Local Public Health

- What do you believe are the biggest challenges or needs facing Somerset County? How has this shifted in the past three years?
- Are there specific barriers that are impacting community members’ ability to access care and resources at the County level?
- What are your main concerns for the future in Somerset County? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working on Health and Community Policy

- Can you tell me about some of the recent policy work or changes you have taken part in as it relates to health and the community?
- What are challenges you have experienced relating to policy?
- What are some opportunities you see for collaboration to improve funding for health and community programs?

VISION FOR THE FUTURE (10 MINUTES)

6. 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? What do you think is achievable and realistic?
 - a. What are the next steps to help this vision become a reality?
7. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?* [MAKE SURE TO ASK THIS QUESTION]
8. If you had to name one thing that should be done to improve health and wellness in your community, what would that be and why?

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 D: Focus Group Guide

Health Resources in Action Healthier Somerset Coalition 2024 Community Health Needs Assessment- Community Health Improvement Plan Virtual Focus Group Guide 4.18.24

<u>Goals of the focus group:</u>
<ul style="list-style-type: none">• 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

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT. QUESTIONS MARKED WITH A * SHOULD BE PRIORITIZED IF TIME IS LIMITED.]

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.
- The Healthier Somerset Coalition is conducting a community health needs 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. I want everyone to know there are no right or wrong answers during our discussion. We want to know your

opinions, and those opinions might differ. This is fine. Please feel free to share what you think, both positive and negative.

- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.
- After all the data gathering is completed, we will be writing a summary report on key themes that have emerged during these discussions. We will be including quotes, but we will not include any names or identifying information. Nothing that you say here will be connected directly to you in our report.
- To thank you for your time, we will be providing you with a \$50 gift card. We'll explain more about that process at the end of the discussion.
- [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?
- 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.
- Does anyone have any questions before we begin?

INTRODUCTIONS (5 minutes)

First, let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us:

- Your first name
- What city or town you live in
- One thing you love about where you live.

[MODERATOR STARTSTHEN ALL PARTICIPANTS INTRODUCE THEMSELVES]

COMMUNITY ASSETS AND CONCERNS (10-15 minutes)

Now, we're going to move to talking more about the community that you live in.

1. If someone was thinking about moving into your neighborhood, what would you say are some of the biggest strengths of your community - or the most

positive things about it?*[PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

- a. How have these strengths changed over the last several years?
2. What are some of the biggest problems or concerns in your community?*[PROBE ON ISSUES IF NEEDED – food insecurity/healthy eating; housing affordability/homelessness, economic security/employment; access to care/services; transportation; stigma/discrimination; etc.]
 - a. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?*[PROBE ON ISSUES ABOVE IF NEEDED]
 - b. Are there groups in the community that are more impacted by these concerns? If yes, which groups?*(PROBE: New Immigrants, Youth, Seniors, Uninsured, Low-Income Residents, Individuals living with intellectual disabilities, etc.)
 - c. What are some of the lasting impacts COVID-19 has had on your community? How have concerns changed within the last three years? (PROBE ON: Housing, Food, Mental Health, Isolation, Basic Needs, Impact on Children, Impact on Seniors, etc.)

PERCEPTIONS OF HEALTH ISSUES AND BARRIERS (10-15 minutes)

3. What do you think are the most pressing health concerns in your community?*(EX. mental health; substance use; chronic disease management, access to care, etc.)
 - a. How do these health issues affect your community? In what way?
 - b. Are there groups in the community that are more impacted by these concerns? If yes, which groups?*(PROBE: New Immigrants, Youth, Seniors, Uninsured, Low-Income Residents, Individuals living with intellectual disabilities, etc.)
4. Thinking about health and wellness, what makes it easier to be healthy in your community?
 - a. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?
5. What are some of the communities' priorities related to racial equity and health?
 - a. What are some current efforts in place that you know of working to address health inequities? (PROBE DEPENDING ON GROUP).
 - b. What racial inequities or impacts of structural racism remain present in your community? How have specific groups been impacted?

- i. What else could be done to address racism and discrimination in your community? (PROBE DEPENDING ON GROUP, ETC).

PERCEPTIONS OF NEEDS, BARRIERS AND OPPORTUNITIES (15 minutes)

I've heard in our conversation today that NAME ISSUES are a top concern for the community. [NAME THE MAJOR 3-4 ISSUES MENTIONED IN THE DISCUSSION SO FAR.]

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

Let's talk about some of these issues [FACILITATOR TO ASK QUESTIONS ABOUT 3-4 PRIORITY ISSUES THAT CAME UP]

7. Let's talk about [ISSUE]. (*Moderator to select one major issue discussed.*) From your perspective, what are the key issues related to [ISSUE] in your community? [PROBE: Barriers to services, Coordination, Social/Economic Factors, Discrimination, Etc.]
 - a. What services or programs currently exist to address [ISSUE]?*
 - i. What are the main barriers to accessing these existing services?*
 - b. What do you think should happen in the community to better address this issue?* [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]
 - c. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

[REPEAT Q7 FOR 2-3 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

8. I'd like you to think ahead about the future of your community. When you envision the community 3 years from now, what would you like to see?
 - a. What do you see as the immediate next steps in working towards this vision?
 - b. What do you think needs to be in place to support achievable and sustainable change?
9. We've talked about a lot of issues today, thinking about what would make the most impact, who is most affected by the issues, and how feasible it is to make change – What do you think are the 3 highest priority issues for action? What issues are the most important to make greater investments in?*

10. If you had to name one thing that should be done to improve health and wellness in your community, what would that be and why?*

CLOSING (2 minutes)

Thank you so much for your time and sharing your opinions. 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 E: Resource Inventory

Acute, Ambulatory and Long Term/Residential Care

FACILITY TYPE	ALPHA_NAME	ADDRESS	TELEPHONE
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, LLC	375 ROUTE 206, SUITE ONE HILLSBOROUGH, NJ 08844	(908) 874-7600
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, LLC	16 MOUNTAIN BOULEVARD WARREN, NJ 07059	(908) 769-7200
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, P.C.	75 VERONICA AVENUE SOMERSET, NJ 08873	(732) 246-0060
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, LLC	33 MONROE STREET BRIDGEWATER, NJ 08807	(908) 725-1291
AMBULATORY CARE FACILITY	MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	136 MOUNTAIN VIEW BOULEVARD BASKING RIDGE, NJ 07920	(212) 639-8810
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, LLC	1 ROBERTSON DRIVE, SUITE 16 BEDMINSTER, NJ 07921	(908) 234-0205
AMBULATORY CARE FACILITY	PRINCETON PROCURE MANAGEMENT LLC	103 CEDAR GROVE LANE SOMERSET, NJ 08873	(732) 357-2600
AMBULATORY CARE FACILITY	UNIVERSITY ORTHOPAEDIC ASSOCIATES, L.L.C.	2 WORLDS FAIR DRIVE SOMERSET, NJ 08873	(732) 537-0909
AMBULATORY CARE FACILITY	URGENT CARE IMAGING CENTER, LLC	107 CEDAR GROVE LANE, SUITE 108 SOMERSET, NJ 08873	(732) 560-7172
AMBULATORY CARE FACILITY	HUNTERDON MEDICAL CENTER	1121 ROUTE 22 WEST BRIDGEWATER, NJ 08807	(908) 788-6152
AMBULATORY CARE FACILITY	PERFORMANCE REHABILITATION & REGENERATIVE MEDICINE	3150 ROUTE 22 BRANCHBURG, NJ 08876	(908) 246-4558
AMBULATORY CARE FACILITY	COMPLETE MEDICAL WELLNESS, LLC	3322 US-22, SUITE 511 BRANCHBURG, NJ 08876	(877) 241-2772
AMBULATORY CARE FACILITY	FRIENDS RETIREMENT CONCEPTS, INC.	100 MONROE STREET BRIDGEWATER, NJ 08807	(908) 595-6500
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF NCSNJ	1323 ROUTE 27 SOMERSET, NJ 08873	(973) 879-1306
AMBULATORY SURGICAL CENTER	AMBULATORY SURGICAL CENTER OF SOMERVILLE, LLC	1 ROUTE 206 SOMERVILLE, NJ 08876	(908) 393-8360
AMBULATORY SURGICAL CENTER	SOMERSET OUTPATIENT SURGERY, LLC	100 FRANKLIN SQUARE DRIVE, SUITE 100 SOMERSET, NJ 08873	(732) 560-1000
AMBULATORY SURGICAL CENTER	THE JOINT REPLACEMENT AND SPINE SURGICAL INSTITUTE, LLC	1081 ROUTE 22 W, SUITE 200 BRIDGEWATER, NJ 08807	(908) 809-1000
AMBULATORY SURGICAL CENTER	UNIVERSITY CENTER FOR AMBULATORY SURGERY LLC	2 WORLDS FAIR DRIVE SOMERSET, NJ 08873	(732) 748-1117
AMBULATORY SURGICAL CENTER	BRIDGEWATER AMBULATORY SURGERY CENTER, LLC	1121 HIGHWAY 22 WEST, SUITE 301 BRIDGEWATER, NJ 08807	(908) 237-4146
AMBULATORY SURGICAL CENTER	TRINITY SURGICAL AND PAIN MANAGEMENT CENTER, LLC	1081 ROUTE 22 WEST, SUITE 201 BRIDGEWATER, NJ 08807	(908) 756-2424
AMBULATORY SURGICAL CENTER	CENTRAL JERSEY AMBULATORY SURGICAL CENTER, LLC	511 COURTYARD DRIVE HILLSBOROUGH, NJ 08844	(908) 895-0001
AMBULATORY SURGICAL CENTER	SURGICARE OF CENTRAL JERSEY, L.L.C.	40 STIRLING ROAD WATCHUNG, NJ 07069	(908) 769-8000
AMBULATORY SURGICAL CENTER	FRANKLIN SURGICAL CENTER L.L.C.	175 MORRISTOWN ROAD - SUITE 102 BASKING RIDGE, NJ 07920	(908) 766-5556
AMBULATORY SURGICAL CENTER	LIBERTY CORNER SURGICAL CENTER, LLC	140 ALLEN ROAD BASKING RIDGE, NJ 07920	(973) 871-1229
AMBULATORY SURGICAL CENTER ASC-ST	REJUV SURGERY CENTER, LLC	59 MINE BROOK ROAD BERNARDSVILLE, NJ 07924	(908) 630-0007
AMBULATORY SURGICAL CENTER ASC-ST	Stemmee	59 VERONICA AVENUE, 1ST FLOOR SOMERSET, NJ 08873	(732) 875-3500

FACILITY_TYPE	ALPHA_NAME	ADDRESS	TELEPHONE
COMPREHENSIVE OUTPATIENT REHAB	NKR, LLC	1527 STATE ROUTE 27, SUITE 1100 SOMERSET, NJ 08873	(732) 545-7474
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	240 CHURCHILL AVENUE SOMERSET, NJ 08873	(732) 937-5000
END STAGE RENAL DIALYSIS	ALENES DIALYSIS, LLC	220 TRIANGLE ROAD HILLSBOROUGH, NJ 08844	(908) 369-0398
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE PISCATAWAY, L.L.C.	1135 EASTON AVENUE SOMERSET, NJ 08875	(732) 220-1043
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	920 HAMILTON STREET, SUITE C-3 SOMERSET, NJ 08873	(732) 220-1593
END STAGE RENAL DIALYSIS	LOGOLEY DIALYSIS, LLC	3079 STATE ROUTE 27, UNIT H FRANKLIN PARK, NJ 08823	(732) 305-7855
END STAGE RENAL DIALYSIS	ZELLIER DIALYSIS, LLC	1260 ROUTE 22 EAST NORTH PLAINFIELD, NJ 07060	(908) 754-5190
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	2121 US HWY 22 BOUND BROOK, NJ 08805	(732) 469-7202
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE SOMERVILLE, LLC	1 ROUTE 206 NORTH SOMERVILLE, NJ 08876	(908) 450-0396
FEDERALLY QUALIFIED HEALTH CENTERS	ZUFALL HEALTH CENTER	71 4TH STREET SOMERVILLE, NJ 08876	(908) 526-2335
GENERAL ACUTE CARE HOSPITAL	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.	110 REHILL AVE SOMERVILLE, NJ 08876	(908) 685-2200
HOME HEALTH AGENCY	VNA SOMERSET HILLS HOME HEALTH & HOSPICE SRVS	200 MT AIRY ROAD BASKING RIDGE, NJ 07920	(908) 766-0180
HOME HEALTH AGENCY	SOMERSET VALLEY VISITING NURSE ASSOCIATION	110 WEST END AVENUE SOMERVILLE, NJ 08876	(908) 725-9355
HOSPICE CARE BRANCH	COMPASSIONATE CARE HOSPICE OF CLIFTON, LLC	1430 HIGHWAY 206, SUITE 200 BEDMINSTER, NJ 07921	(908) 526-2600
HOSPICE CARE PROGRAM	SOMERSET VALLEY VISITING NURSE ASSOCIATION	110 WEST END AVENUE SOMERVILLE, NJ 08876	(908) 725-9355
HOSPICE CARE PROGRAM	THE MARTIN AND EDITH STEIN HOSPICE	354 DEMOTT LANE SOMERSET, NJ 08873	(732) 227-1212
HOSPICE CARE PROGRAM	FELLOWSHIP SENIOR LIVING, INC.	8000 FELLOWSHIP ROAD BASKING RIDGE, NJ 07920	(908) 580-9519
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.	331 US HIGHWAY ROUTE 206 - 2ND FLOOR HILLSBOROUGH, NJ 08844	(908) 231-6180
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	SAINT PETER'S UNIVERSITY HOSPITAL	562 EASTON AVENUE SOMERSET, NJ 08873	(732) 745-8600
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	AHS HOSPITAL CORP	784-792 CHIMNEY ROCK ROAD MARTINSVILLE, NJ 08836	(973) 971-7082
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.	120 REHILL AVENUE SOMERVILLE, NJ 08876	(908) 685-2200
PSYCHIATRIC HOSPITAL	HMH CARRIER CLINC, INC.	252 ROUTE 601 BELLE MEAD, NJ 08502	(908) 281-1000
SPECIAL HOSPITAL HOSP-LT	THE MATHENY SCHOOL AND HOSPITAL, INC.	65 HIGHLAND AVENUE PEAPACK, NJ 07977	(908) 234-0011

FACILITY_TYPE	ALPHA_NAME	ADDRESS	TELEPHONE
SURGICAL PRACTICE	PRINCETON ORTHOPAEDIC ASSOCIATES II, P.A.	3055 ROUTE 27 FRANKLIN PARK, NJ 08823	(732) 422-9600
SURGICAL PRACTICE	SOMERSET SURGICAL SERVICES, LLC	81 VERONICA AVENUE SOMERSET, NJ 08873	(973) 871-1229
ADULT DAY HEALTH SERVICES FACILITY	PARADISE ADULT DAY HEALTHCARE, LLC	23 WORLD FAIR DRIVE SOMERSET, NJ 08873	(732) 595-5315
ADULT DAY HEALTH SERVICES FACILITY	NEW LIFE ADULT DAYCARE, LLC	727 FRANKLIN BOULEVARD, SUITE # 6 SOMERSET, NJ 08873	(732) 253-5658
ADULT DAY HEALTH SERVICES FACILITY	RAINBOW HEALTHCARE, INC	370 CAMPUS DRIVE, SUITE #114 SOMERSET, NJ 08873	(732) 412-7167
ADULT DAY HEALTH SERVICES FACILITY	PARKER HOME AND COMMUNITY BASED SERVICES, INC.	15 DELLWOOD LANE EAST MILLSTONE, NJ 08873	(732) 565-2417
ADULT DAY HEALTH SERVICES FACILITY	FOREVER YOUNG MEDICAL DAY CARE, L.L.C.	18 WORLDS FAIR DRIVE SOMERSET, NJ 08873	(732) 271-8010
ADULT DAY HEALTH SERVICES FACILITY	THE MATHENY SCHOOL AND HOSPITAL, INC.	216 RT 206 S SUITE 3 & 4 HILLSBOROUGH, NJ 08844	(908) 904-1055
ADULT DAY HEALTH SERVICES FACILITY	NAND GHANSHYAM, LLC	347 ELIZABETH AVENUE SOMERSET, NJ 08873	(972) 489-8092
ASSISTED LIVING RESIDENCE	LCS BRIDGEWATER OPERATIONS II LLC	901 FRONTIER ROAD BRIDGEWATER, NJ 08807	(732) 507-5151
ASSISTED LIVING RESIDENCE	BRIGHTVIEW WARREN, LLC	57 MT BETHEL ROAD WARREN, NJ 07059	(908) 756-3790
ASSISTED LIVING RESIDENCE	1621 ROUTE 22 WEST OPERATING, LLC	1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	(732) 469-2000
ASSISTED LIVING RESIDENCE	BRIDGEWATER OPCO, LLC	390 US 22 BRIDGEWATER, NJ 08807	(908) 605-2074
ASSISTED LIVING RESIDENCE	SHI-II HILLSBOROUGH, LLC	351 ROUTE 206 HILLSBOROUGH, NJ 08844	(516) 496-1505
ASSISTED LIVING RESIDENCE	LCS BRIDGEWATER OPERATIONS LLC	100 MONROE STREET BRIDGEWATER, NJ 08807	(908) 595-6500
ASSISTED LIVING RESIDENCE	SPRING HILLS AT SOMERSET, L.L.C.	473 DEMOTT LANE SOMERSET, NJ 08873	(732) 873-4800
ASSISTED LIVING RESIDENCE	SUMMERVILLE AT HILLSBOROUGH, LLC	600 AUTEN ROAD HILLSBOROUGH, NJ 08844	(908) 431-1300
ASSISTED LIVING RESIDENCE	MIRA VIE AT WARREN OPCO, LLC	274 KING GEORGE ROAD WARREN, NJ 07059	(908) 903-0911
ASSISTED LIVING RESIDENCE	WELL BL OPCO LLC	2005 ROUTE 22 WEST PO BOX 6100 BRIDGEWATER, NJ 08807	(732) 868-8181
ASSISTED LIVING RESIDENCE	WELL BL OPCO LLC	680 MOUNTAIN BOULEVARD WATCHUNG, NJ 07069	(908) 754-8180
ASSISTED LIVING RESIDENCE	BRIDGEWAY ASSISTED LIVING LLC	565 STATE HIGHWAY 28 BRIDGEWATER, NJ 08807	(908) 707-8800
ASSISTED LIVING RESIDENCE	Mira Vie at Green Knoll OPCO LLC	680 202/206 NORTH BRIDGEWATER, NJ 08807	(908) 252-3400
ASSISTED LIVING RESIDENCE	WELLTOWER OPCO GROUP LLC	404 KING GEORGE ROAD BASKING RIDGE, NJ 07920	(908) 542-9000
ASSISTED LIVING RESIDENCE	MARTIN AND EDITH STEIN ASSISTED LIVING RESIDENCE,	350 DEMOTT LANE SOMERSET, NJ 08873	(732) 568-1155
ASSISTED LIVING RESIDENCE	SPRINGPOINT AT MONTGOMERY, INC	100 HOLLINSHEAD SPRING ROAD SKILLMAN, NJ 08558	(609) 759-3600
ASSISTED LIVING RESIDENCE	PILGRIM RIVER, LLC	393 AMWELL ROAD HILLSBOROUGH, NJ 08844	(908) 874-7200
ASSISTED LIVING RESIDENCE	FELLOWSHIP SENIOR LIVING, INC.	9000 FELLOWSHIP ROAD BASKING RIDGE, NJ 07920	(908) 580-3824

FACILITY_TYPE	ALPHA_NAME	ADDRESS	TELEPHONE
ASSISTED LIVING RESIDENCE	SOMERSET SENIOR CARE,LLC	1870 EASTON AVENUE SOMERSET, NJ 08873	(516) 747-1200
ASSISTED LIVING RESIDENCE	BASKING RIDGE OPERATOR, LLC	3066 AND 3074 VALLEY ROAD BASKING RIDGE, NJ 07920	(404) 402-9489
ASSISTED LIVING RESIDENCE	LCB BASKING RIDGE, LLC	219 MOUNT AIRY ROAD BASKING RIDGE, NJ 07920	(908)495-6100
LONG TERM CARE FACILITY	FELLOWSHIP SENIOR LIVING, INC.	8000 FELLOWSHIP DRIVE BASKING RIDGE, NJ 07920	(908) 580-3800
LONG TERM CARE FACILITY	1621 ROUTE 22 WEST OPERATING, LLC	1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	(732) 469-2000
LONG TERM CARE FACILITY	LCS BRIDGEWATER OPERATIONS LLC	100 MONROE STREET BRIDGEWATER, NJ 08807	(908) 595-6500
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	N. J. EASTERN STAR HOME, INC.	111 FINDERNE AVENUE BRIDGEWATER, NJ 08807	(908) 722-4140
LONG TERM CARE FACILITY SNF/NF	FOOTHILL ACRES REHABILITATION & NURSING CENTER	39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844	(908) 369-8711
LONG TERM CARE FACILITY SNF/NF	SENIOR LIVING SOLUTIONS, LLC	395 AMWELL ROAD HILLSBOROUGH, NJ 08844	(908) 281-4400
LONG TERM CARE FACILITY SNF/NF	SOMERSET WOODS REHABILITATION & NURSING CTR, LLC	780 OLD NEW BRUNSWICK ROAD SOMERSET, NJ 08873	(732) 653-3000
LONG TERM CARE FACILITY SNF/NF	REGENCY HERITAGE NURSING AND REHAB CENTER, LLC	380 DEMOTT LANE SOMERSET, NJ 08873	(732) 873-2000
LONG TERM CARE FACILITY SNF/NF	GREENBROOK MANOR CARE & REHABILITATION CENTER, LLC	303 ROCK AVE GREEN BROOK, NJ 08812	(732) 968-5500
LONG TERM CARE FACILITY SNF/NF	GREEN KNOLL CARE, LLC	875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807	(908) 526-8600
LONG TERM CARE FACILITY SNF/NF	RIVERS EDGE SNF LLC	633 STATE ROUTE 28 RARITAN, NJ 08869	(908) 526-8950
LONG TERM CARE FACILITY SNF/NF	BRIDGEWAY, INC.	270 ROUTE 28 BRIDGEWATER, NJ 08807	(908) 722-7022
LONG TERM CARE FACILITY SNF/NF	PARKER AT SOMERSET, INC.	15 DELLWOOD LANE SOMERSET, NJ 08873	(732) 545-4200
LONG TERM CARE FACILITY SNF/NF	MCAULEY HALL, INC.	1633 HIGHWAY 22 WATCHUNG, NJ 07069	(908) 754-3663
LONG TERM CARE FACILITY SNF/NF	SPRINGPOINT AT MONTGOMERY, INC	100 HOLLINSHEAD SPRING ROAD SKILLMAN, NJ 08558	(609) 759-3654
LONG TERM CARE FACILITY SNF/NF	COMPLETE CARE AT WILLOW CREEK LLC	1165 EASTON AVE SOMERSET, NJ 08873	(732) 246-4100
RESIDENTIAL HEALTH CARE in a LONG-TERM CARE FACILITY	N. J. EASTERN STAR HOME, INC.	111 FINDERNE AVENUE BRIDGEWATER, NJ 08807	(908) 722-4140

Somerset County Mental Health Services

<p>County Mental Health Board Somerset County Department of Human Services 27 Warren Street – 3rd Floor Somerville, NJ 08876 (908) 704-6320 / 6300</p> <p>Integrated Case Management Services (ICMS) Easter Seal Society of NJ 241 Forsgate Drive Jamesburg, NJ 08831 (732) 812-6396</p> <p>Intensive Outpatient Treatment and Support Services (IOTSS) Catholic Charities - Diocese of Metuchen SPIRIT Program (<i>Supportive Partners in Recovery & in Treatment</i>) 540 Route 22 East Bridgewater, NJ 08807 (908) 722-1881 (908) 235-7511 (after hours)</p> <p>PRIMARY SCREENING CENTER for SOMERSET Bridgeway Rehabilitation 282 East Main Street Somerville, NJ 08876 HOTLINE: (908) 526-4100</p> <p>Program of Assertive Community Treatment (PACT) Bridgeway Rehabilitation, Inc. Millennium Office Plex 515 Church St Bound Brook, NJ 08805 (908) 704-8252 (PACT VI)</p> <p>Self-Help/Wellness Center Freedom Trail CWC 166 West Main Street Somerville, NJ 08876-2204 (908) 722-5778</p> <p>Short Term Care Facility (STCF) St. Francis Medical Center 601 Hamilton Avenue Trenton, NJ 08629 (609) 599-5183 or 599-6569</p>	<p>Early Intervention Support Service (EISS) Rutgers University Behavioral Health Care Branchburg Commons 3322 Route 22 West, Suite 703 & 704 Branchburg, NJ 08876 <i>**Currently operating from Middlesex County**</i> (848) 334-0501</p> <p>Homeless Services (PATH) Richard Hall Community Health and Wellness Center 500 North Bridge Street Bridgewater, NJ 08807 (908) 253-3165 (Access Center)</p> <p>Involuntary Outpatient Commitment (IOC) Richard Hall Community Health and Wellness Center 500 North Bridge Street Bridgewater, NJ 08807 (908) 253-3137 (Direct Line) / (908) 253-3165 (Access Center)</p> <p>Outpatient Richard Hall Community Health and Wellness Center 500 North Bridge Street Bridgewater, NJ 08807 (908) 725-2800 (Main Number)/ (908) 253-3165</p> <p>Residential Services Easter Seal Society of NJ 21 Davenport Street Somerville, NJ 08876 (908) 722-4300</p> <p>Short Term Care Facility (STCF) Capital Health, Fuld Campus 750 Brunswick Avenue Trenton, NJ 08638 (609) 394-6000</p>
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<p>Short Term Care Facility Princeton House Behavioral Health 905 Herrontown Road Princeton, NJ 08540 (800) 242-2550</p> <p>Community Support Services Bridgeway Rehabilitation Services, Inc. 265 West Grand Street Elizabeth, NJ 07202 (908) 249-4100</p> <p>Community Support Services Easter Seal Society of NJ 25 Kennedy Blvd, Suite 600 East Brunswick, NJ 08816 (908) 722-4300</p>	<p>Supported Employment Services Richard Hall Community Health and Wellness Center 500 North Bridge Street Bridgewater, NJ 08807 (908) 725-2800 (Main Number) / (908)-253-3165 Access Center</p> <p>Community Support Services Alternatives, Inc. 600 First Avenue Raritan, NJ 08869 (908) 685-1444</p> <p>Community Support Services Community Hope 959 Route 46 Suite 402 Parsippany, NJ 07094 (973) 463-9600</p> <p>Community Support Services Alternatives 600 First St Raritan, NJ 08864 (908) 685-1444</p>
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ADDICTION SERVICES TREATMENT DIRECTORY – SOMERSET COUNTY

- **Alena Antohina MD/DO**

NPI Number: 1891956652

Phone No: [908-231-0511](tel:908-231-0511)

Type of Medication Offered: Buprenorphine

Services:

- Medication-Assisted Treatment

Address:



[981 US Highway 22](#)

[Bridgewater New Jersey 08807](#)

- **Comprehensive Family Treatment of Addictions**

License No: 2000188

Agency Type: Non-Profit

Phone No: [9087221881](tel:9087221881)

Services:

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

IDRC affiliated: Yes

Address:



[540-550 ROUTE 22 EAST](#)

[BRIDGEWATER NJ 08807](#)

- **Essex Healthcare LLC.dba Rubicon Recovery Center**

License No: 2000946

Agency Type: Profit

Phone No: [0](tel:0)

Services:

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

Address:



[40 STIRLING RD.](#)

[SUITE 208](#)

[WATCHUNG NJ 07069](#)

- **Family and Community Services of Somerset County**

License No: 2000059

Agency Type: Unknown

Phone No: [7323561082](#)

Services:

- Co-Occurring Treatment Services
- Outpatient Treatment

IDRC affiliated: Yes

Address:

 [339 West Second Street](#)
[Bound Brook NJ 08805](#)

- **GENPSYCH, PC**

License No: 2000461

Agency Type: Profit

Phone No: [9085268370](#)

Services:

- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

 [380 FOOTHILL ROAD](#)
[BRIDGEWATER NJ 08807](#)

- **Guided Life Structures**

License No: 2000133

Agency Type: Non-Profit

Phone No: [9087040011](#)

Type of Medication Offered:

Buprenorphine , Vivitrol

Services:

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

Address:

 [286 East Main Street](#)
[Somerville NJ 08876](#)

- **Hackensack Meridian Health Carrier Clinic Blake Recovery Center**

License No: 1000150

Agency Type: Non-Profit

Phone No: [9082811000](tel:9082811000)

Services:

- Short Term Residential Substance Abuse Treatment

Beds Capacity: 16 Available:12

- Inpatient Withdrawal Management

Beds Capacity: 24 Available:24

Address:

 [252 COUNTY ROAD 601](#)
[BELLE MEAD NJ 08502](#)

- **Hackensack Meridian Health Carrier Clinic Outpatient Addiction Treatment Services**

License No: 2000808

Agency Type: Non-Profit

Phone No: [9082811000](tel:9082811000)

Services:

- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

 [252 COUNTY ROAD 601](#)
[BELLE MEAD NJ 08502](#)

- **Henry Odunlami MD/DO**

NPI Number: 1174570212

Phone No: [908-231-0511](tel:908-231-0511)

Type of Medication Offered:

Buprenorphine

Services:

- Medication-Assisted Treatment

Address:

 [981 US Highway 22](#)
[Bridgewater New Jersey 08807](#)

- **Richard Hall Community Mental Health Center of Somerset County.**

License No: 2000053

Agency Type: Non-Profit

Phone No: [9087252800](tel:9087252800)

Type of Medication Offered:

Buprenorphine ,Vivitrol

Services:

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

IDRC affiliated: Yes

Address:



[500 North Bridge Street](#)
[Bridgewater NJ 08807](#)

- **Somerset Treatment Services**

License No: 2000200

Agency Type: Non-Profit

Phone No: [9087221232](tel:9087221232)

Type of Medication Offered:

Methadone ,Buprenorphine

Services:

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

IDRC affiliated: Yes

Address:



[118 West End Avenue](#)
[Somerville NJ 08876](#)

- **Stress Care of New Jersey, LLC**

License No: 2000910

Agency Type: Profit

Phone No: [7326794500](tel:7326794500)

Services:

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

IDRC affiliated: Yes

Address:



[61 VERONICA AVENUE](#)

SOMERSET NJ 08873

- **The Center for Great Expectations**

License No: 1000004

Agency Type: Non-Profit

Phone No: 7322477003

Services:

- Co-Occurring Treatment Services
- Long Term Residential Substance Abuse Treatment

Beds Capacity: 8 Available:2

Address:



19 B DELLWOOD LN

SOMERSET NJ 08876-2501

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

New Jersey Human Services is here to help you and your family.

GET HELP WITH:



AFFORDING HEALTH CARE COVERAGE

Visit www.NJFamilyCare.org
1-800-701-0710



AFFORDING GROCERIES

Visit www.NJSNAP.gov
1-800-687-9512



INCOME ASSISTANCE FOR INDIVIDUALS AND FAMILIES

Visit NJHelps.org



CHILD CARE

Visit www.ChildCareNJ.gov
1-800-332-9227



ADDICTION TREATMENT AND RECOVERY

Call 844-REACHNJ



MENTAL HEALTH & EMOTIONAL SUPPORT

Suicide & Crisis Lifeline 988
NJMentalHealthCares 866-202-HELP
ASL Videophone 973-870-0677



SUPPORTS FOR OLDER RESIDENTS

Call 877-222-3737



SERVICES FOR INDIVIDUALS WITH DISABILITIES

Call 888-285-3036



State of New Jersey
Phil Murphy, Governor | Tahesha L. Way, Lt. Governor



Department of Human Services
Sarah Adelman, Commissioner

Toll-Free Hotlines/Helpines



Child Abuse/Neglect Hotline 1-877-NJ ABUSE (652-2873)

1-800-835-5510 (TTY)

24 hours a day - 7 days a week

Any person having reasonable cause to believe that a child has been abused or neglected has a legal responsibility to report it to DCF's Child Protection and Permanency (CP&P). Calls can be made anonymously.

Safe Haven Hotline 1-877-839-2339

24 hours a day - 7 days a week

This hotline is for distressed parents who wish to give up an unwanted infant, 30 days or younger, anonymously. While no names or records are required, callers are encouraged to voluntarily provide information.

2ND Floor Youth Helpline 1-888-222-2228

24 hours a day - 7 days a week

This is a youth helpline serving all youth and young adults in New Jersey. Youth who call are assisted with their daily life challenges by professional staff and trained volunteers. Anonymity and confidentiality are assured except in life-threatening situations.

2-1-1 www.nj211.org

24 hours a day - 7 days a week

This phone number connects callers to various human services organizations in their community.

DCF Info Line 1-855-INFO-DCF (463-6323)

8:30 a.m. - 4:30 p.m. Monday - Friday

This helpline provides callers with general information about the Department of Children and Families' (DCF) programs and services.

Children's System of Care 1-877-652-7624

24 hours a day - 7 days a week

Call this number to find out about services for children and teens with emotional and behavioral health care challenges and their families.

Crisis Text Line Text "NJ" to 741741

24 hours a day - 7 days a week

Connect with a crisis counselor, trained in active listening and collaborative problem solving, helping to defuse a "hot" moment or a crisis.

Family Helpline 1-800-THE-KIDS (843-5437)

24 hours a day - 7 days a week

If you're feeling stressed out, call to speak to a trained volunteer of Parents Anonymous who can provide support and refer you to resources in your community.

Domestic Violence Hotline 1-800-572-SAFE (7233)

24 hours a day - 7 days a week

Call for information about domestic violence services in your local area.

Sexual Violence Hotline 1-800-601-7200

24 hours a day - 7 days a week

Call for information about sexual violence services in your local area.

NJ Helps www.njhelps.org

At this web site you can find out about services and programs for children, families and individuals. You can also prescreen for eligibility for programs such as Food Stamps, Medicaid and others.

MOM2MOM 1-877-914-MOM2 (914-6662)

24 hours a day - 7 days a week

The Mom2Mom helpline offers 24/7 peer support to mothers of children with special needs.

**Get The Help
You Need To Recover
From Addiction**



**Call 844-ReachNJ for
addiction help**

**Ask about Medication
that can Support Recovery**

1-844-REACHNJ ♦ 1-844-732-2465

ReachNJ is an addiction and treatment referral hotline that is answered 24 hours a day, 7 days a week by trained substance counselors familiar with the addiction treatment community in New Jersey. **ReachNJ** serves residents of all ages regardless of insurance status or ability to pay.

Funding for this brochure is made possible by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grants Catalogue of Federal Domestic Assistance (CFDA) No. 93.788.



People who overdose once are likely to overdose again, but appropriate addiction treatment can get you on the road to sustained recovery. The information in this brochure can help you get on that road to sustained recovery.

Somerset County
**Local County Alcoholism and
Drug Abuse Director**
Lisa Federico
(908) 541-5739



**Division of Mental Health
and Addiction Services**
1-800-382-6717
dmhas@dhs.nj.gov



Department of Human Services
Sarah Adelman, Commissioner

Somerset County

**Help That Can
Save Your Life**



State of New Jersey
Phil Murphy, Governor
Tahesha Way, Lt. Governor

1-844-REACHNJ ♦ 1-844-732-2465

Opioid Overdose Recovery Program (OORP)

The OORP responds to individuals who are brought to the emergency room after having been reversed from an opioid overdose. This free program uses recovery specialists and patient navigators to provide assistance, support, and referral information. The recovery specialists and patient navigators will maintain follow up for up to eight weeks after initial contact. Additionally, recovery coaches and patient navigators will link you to services and provide support and resources throughout the eight weeks.

Somerset County Opioid Overdose Recovery Program

RWJBarnabas Health Institute for Prevention and Recovery: 848-303-0008

Telephone Recovery Support (TRS)

Peers provide weekly telephone recovery support calls to people seeking recovery from opioid addiction. Confidential, free information and support. Call 833-825-5877 (833-TALKTRS).



Opioid Overdose Prevention Program (OOPP)

The OOPP provides free education for individuals at risk for an opioid overdose, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide life-saving rescue measures to reverse the effects of an opioid overdose.

Central Region Opioid Overdose Prevention Program

JSAS Healthcare, Inc: 732-988-8877

Community Peer Recovery Centers (CPRC)

CPRCs are a place where individuals can access free peer support, information about substance use disorder treatment, recovery support services, and information about other community resources in a supportive substance free environment.

Community in Crisis Recovery Center:
973-434-0911

Support Team for Addiction Recovery (STAR)

The STAR program provides free case management and recovery support services for individuals with opioid use disorders. Case managers will work with you to assist with issues that often come with an opioid abuse disorder, such as homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care, child welfare involvement, child care, health insurance and documentation. The program's recovery specialists will provide assistance and recovery support services. The goal is to help you remain in the recovery zone for as long as possible, help to reduce the risk of recurring episodes of opioid-related problems and prevent future overdose.

Richard Hall Community Mental Health
Center: 908-253-3119

Family Support Center (FSC)

The FSC provides free support to family members who are struggling with their loved one's substance use disorder. The Center offers support, education, resources and advocacy in an environment that is safe and non-discriminatory. Through the Center, families are taught self-protection along with non-confrontational skills to help empower their loved one to seek recovery.

Central Regional Family Support Center
Sharing the Hope Family Support Center:
908-481-5191

Maternal Wrap Around Program (M-WRAP)

MWRAP is a statewide initiative that provides free intensive case management and recovery support services for pregnant women with substance use disorder during pregnancy and up to one year after the birth event.

Rutgers University Behavioral Health Care
Maternal Wrap Around Program: 732-235-5000



NALOXONE SAVES LIVES

Available for free and anonymously at participating pharmacies.

Appendix F. Additional Data Tables and Graphs

Population Characteristics

Table 22. Age Distribution, by Race/Ethnicity, by US, State, County and Town, 2018-2022

	Asian						Black or African American Alone					
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	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	21.4%	7.7%	32.2%	26.2%	7.5%	4.9%	22.7%	10.2%	28.3%	26.3%	7.6%	5.0%
Somerset County	24.5%	6.4%	29.4%	28.5%	6.6%	4.6%	21.0%	9.5%	27.7%	29.2%	7.9%	4.7%
Bedminster	15.7%	1.6%	45.4%	30.8%	2.7%	3.9%	30.3%	10.0%	39.4%	15.4%	5.0%	0.0%
Bernards	32.8%	3.7%	25.6%	31.8%	2.8%	3.4%	9.3%	3.4%	17.7%	39.2%	18.9%	11.5%
Bernardsville	27.4%	17.8%	0.0%	39.4%	0.0%	15.4%	3.2%	0.0%	95.2%	1.6%	0.0%	0.0%
Bound Brook	16.9%	2.6%	45.6%	34.3%	0.0%	0.6%	18.7%	5.7%	46.2%	11.9%	9.3%	8.2%
Branchburg	19.6%	1.7%	26.1%	30.9%	12.7%	9.0%	34.3%	8.9%	8.5%	39.2%	1.0%	8.1%
Bridgewater	26.2%	5.5%	25.7%	30.7%	6.1%	5.9%	25.6%	9.7%	30.7%	18.0%	6.9%	9.1%
Franklin	17.4%	8.1%	33.7%	24.5%	11.1%	5.1%	21.9%	8.1%	26.0%	30.4%	9.4%	4.2%
Green Brook	29.8%	9.2%	19.4%	34.6%	3.6%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hillsborough	27.3%	5.7%	32.8%	24.7%	4.7%	4.8%	12.6%	3.4%	40.7%	24.6%	15.5%	3.2%
Manville	14.2%	24.2%	24.4%	33.6%	3.3%	0.2%	38.0%	29.8%	17.5%	14.7%	0.0%	0.1%
Martinsville	24.7%	4.9%	20.8%	33.6%	10.5%	5.4%	31.6%	17.7%	9.1%	37.7%	0.4%	3.5%
Montgomery	30.7%	6.3%	29.1%	28.6%	2.1%	3.1%	32.2%	4.0%	22.4%	29.9%	3.3%	8.2%
North Plainfield	29.1%	3.0%	25.4%	21.1%	15.3%	6.2%	14.1%	13.7%	29.1%	35.0%	5.0%	3.0%
Peapack-Gladstone	50.5%	15.6%	0.0%	29.4%	4.6%	0.0%	46.8%	22.9%	16.5%	13.8%	0.0%	0.0%
Raritan	17.7%	7.1%	34.6%	31.9%	6.7%	2.0%	22.1%	0.0%	30.5%	14.2%	19.6%	13.6%
Somerville	15.4%	8.9%	41.1%	29.0%	3.1%	2.6%	15.2%	8.8%	44.0%	18.4%	3.7%	9.9%
South Bound Brook	8.2%	5.4%	61.2%	25.2%	0.0%	0.0%	13.5%	17.5%	9.9%	50.3%	1.3%	7.5%
Warren	20.9%	7.6%	16.6%	37.7%	13.1%	4.1%	34.3%	7.9%	27.6%	25.6%	0.6%	4.0%
Watchung	21.1%	7.2%	16.8%	34.6%	13.2%	7.1%	3.8%	0.0%	57.7%	38.5%	0.0%	0.0%
Middlesex County	23.8%	8.6%	31.5%	24.9%	6.9%	4.3%	21.4%	11.6%	28.3%	27.7%	7.0%	3.9%
Dunellen	15.6%	0.0%	12.5%	41.8%	4.9%	25.2%	8.5%	2.0%	39.4%	33.4%	16.7%	0.0%
Middlesex	18.3%	2.1%	19.0%	28.3%	1.0%	31.3%	18.4%	0.0%	41.2%	35.1%	2.2%	3.0%

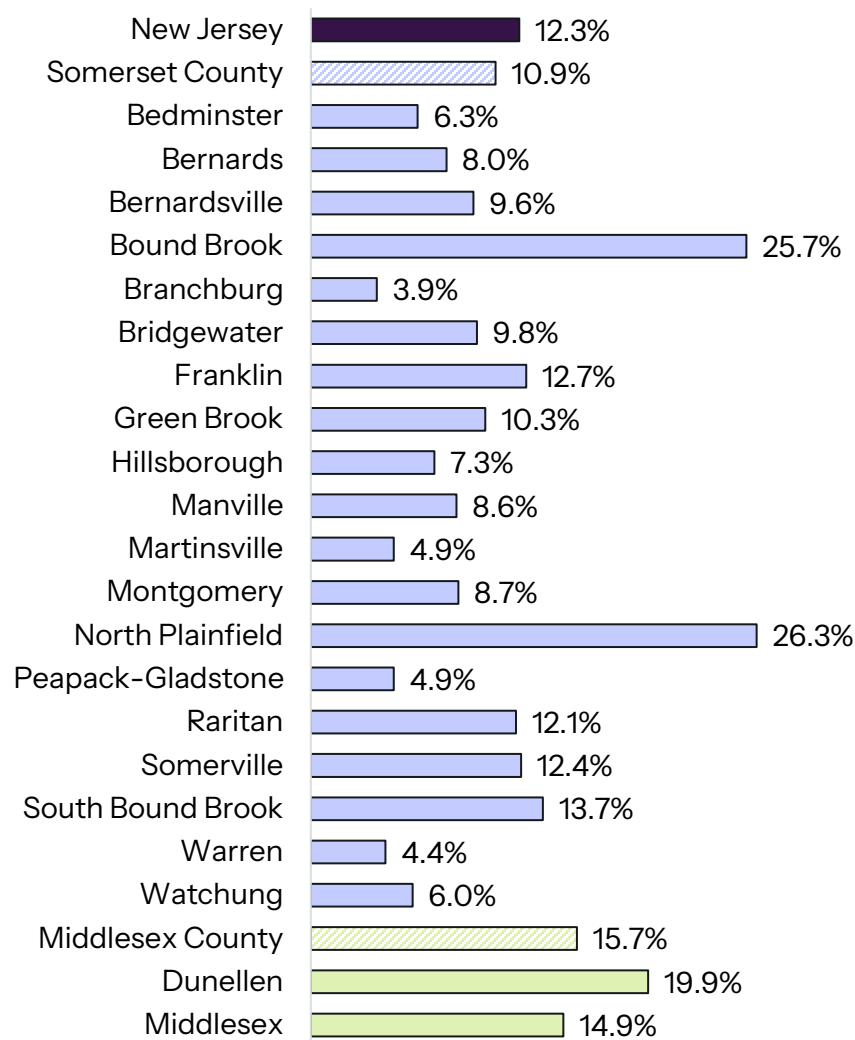
Table 21. Age Distribution, by Race/Ethnicity, by US, State, County and Town, 2018–2022

	Hispanic or Latino						White Alone, Not Hispanic or Latino					
	Under 18 years	18 to 24 years	Under 18 years	18 to 24 years	Under 18 years	18 to 24 years	Under 18 years	18 to 24 years	Under 18 years	18 to 24 years	Under 18 years	18 to 24 years
New Jersey	28.5%	10.3%	28.5%	10.3%	28.5%	10.3%	28.5%	10.3%	28.5%	10.3%	28.5%	10.3%
Somerset County	28.5%	10.6%	28.5%	10.6%	28.5%	10.6%	28.5%	10.6%	28.5%	10.6%	28.5%	10.6%
Bedminster	32.4%	14.9%	32.4%	14.9%	32.4%	14.9%	32.4%	14.9%	32.4%	14.9%	32.4%	14.9%
Bernards	34.6%	9.2%	34.6%	9.2%	34.6%	9.2%	34.6%	9.2%	34.6%	9.2%	34.6%	9.2%
Bernardsville	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bound Brook	28.9%	10.5%	28.9%	10.5%	28.9%	10.5%	28.9%	10.5%	28.9%	10.5%	28.9%	10.5%
Branchburg	32.8%	16.4%	32.8%	16.4%	32.8%	16.4%	32.8%	16.4%	32.8%	16.4%	32.8%	16.4%
Bridgewater	23.5%	6.5%	23.5%	6.5%	23.5%	6.5%	23.5%	6.5%	23.5%	6.5%	23.5%	6.5%
Franklin	31.8%	12.2%	31.8%	12.2%	31.8%	12.2%	31.8%	12.2%	31.8%	12.2%	31.8%	12.2%
Green Brook	31.0%	8.5%	31.0%	8.5%	31.0%	8.5%	31.0%	8.5%	31.0%	8.5%	31.0%	8.5%
Hillsborough	35.1%	10.5%	35.1%	10.5%	35.1%	10.5%	35.1%	10.5%	35.1%	10.5%	35.1%	10.5%
Manville	30.2%	7.4%	30.2%	7.4%	30.2%	7.4%	30.2%	7.4%	30.2%	7.4%	30.2%	7.4%
Martinsville	35.6%	2.5%	35.6%	2.5%	35.6%	2.5%	35.6%	2.5%	35.6%	2.5%	35.6%	2.5%
Montgomery	28.7%	11.8%	28.7%	11.8%	28.7%	11.8%	28.7%	11.8%	28.7%	11.8%	28.7%	11.8%
North Plainfield	25.3%	11.4%	25.3%	11.4%	25.3%	11.4%	25.3%	11.4%	25.3%	11.4%	25.3%	11.4%
Peapack-Gladstone	30.2%	7.0%	30.2%	7.0%	30.2%	7.0%	30.2%	7.0%	30.2%	7.0%	30.2%	7.0%
Raritan	16.5%	16.8%	16.5%	16.8%	16.5%	16.8%	16.5%	16.8%	16.5%	16.8%	16.5%	16.8%
Somerville	24.4%	9.3%	24.4%	9.3%	24.4%	9.3%	24.4%	9.3%	24.4%	9.3%	24.4%	9.3%
South Bound Brook	35.2%	9.1%	35.2%	9.1%	35.2%	9.1%	35.2%	9.1%	35.2%	9.1%	35.2%	9.1%
Warren	46.3%	6.2%	46.3%	6.2%	46.3%	6.2%	46.3%	6.2%	46.3%	6.2%	46.3%	6.2%
Watchung	16.3%	0.0%	16.3%	0.0%	16.3%	0.0%	16.3%	0.0%	16.3%	0.0%	16.3%	0.0%
Middlesex County	29.0%	11.2%	29.0%	11.2%	29.0%	11.2%	29.0%	11.2%	29.0%	11.2%	29.0%	11.2%
Dunellen	31.7%	14.8%	31.7%	14.8%	31.7%	14.8%	31.7%	14.8%	31.7%	14.8%	31.7%	14.8%
Middlesex	31.1%	13.2%	31.1%	13.2%	31.1%	13.2%	31.1%	13.2%	31.1%	13.2%	31.1%	13.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Racial, Ethnic, and Language Diversity

Figure 95. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 23. Race/Ethnicity Distribution and Percent Change, by US, State, County, and Town, 2018-2022

	Asian, Non-Hispanic			Black/African American, Non-Hispanic		
	2017	2022	% change	2017	2022	% change
United States	5.3%	5.7%	0.4%	12.3%	12.1%	-0.2%
New Jersey	9.4%	9.8%	0.4%	12.7%	12.4%	-0.3%
Somerset County	17.0%	19.0%	2.0%	9.0%	9.2%	0.2%
Bedminster	7.0%	10.9%	3.9%	1.4%	2.4%	1.0%
Bernards	19.0%	23.9%	4.9%	2.3%	1.2%	-1.1%
Bernardsville	4.4%	2.6%	-1.8%	0.0%	0.8%	0.8%
Bound Brook	2.0%	4.5%	2.5%	4.0%	4.8%	0.8%
Branchburg	8.2%	11.6%	3.4%	4.8%	4.6%	-0.2%
Bridgewater	22.5%	24.9%	2.4%	2.7%	2.7%	0.0%
Franklin	22.4%	23.1%	0.7%	25.9%	25.5%	-0.4%
Green Brook	24.6%	24.4%	-0.2%	5.9%	0.0%	-5.9%
Hillsborough	16.8%	21.4%	4.6%	5.4%	3.6%	-1.8%
Manville	1.6%	3.9%	2.3%	4.6%	9.8%	5.2%
Martinsville	11.9%	15.5%	3.6%	3.0%	1.5%	-1.5%
Montgomery	32.2%	39.1%	6.9%	2.0%	3.1%	1.1%
North Plainfield	6.1%	4.7%	-1.4%	19.9%	21.2%	1.3%
Peapack-Gladstone	1.3%	4.3%	3.0%	4.1%	4.3%	0.2%
Raritan	15.5%	16.7%	1.2%	2.6%	3.5%	0.9%
Somerville	11.2%	11.5%	0.3%	9.3%	10.9%	1.6%
South Bound Brook	11.9%	3.0%	-8.9%	8.1%	16.1%	8.0%
Warren	18.1%	16.7%	-1.4%	0.8%	3.2%	2.4%
Watchung	14.9%	13.8%	-1.1%	1.0%	0.2%	-0.8%
Middlesex County	23.9%	24.9%	1.0%	9.3%	9.5%	0.2%
Dunellen	5.7%	9.0%	3.3%	10.1%	4.6%	-5.5%
Middlesex	7.4%	10.7%	3.3%	9.3%	5.3%	-4.0%

	Hispanic/Latino			White, Non-Hispanic		
	2017	2022	% change	2017	2022	% change
United States	17.6%	18.7%	1.1%	61.5%	58.9%	-2.6%
New Jersey	19.7%	21.2%	1.5%	56.1%	53.0%	-3.1%
Somerset County	14.4%	15.5%	1.1%	57.7%	52.6%	-5.1%
Bedminster	7.1%	13.1%	6.0%	83.7%	67.5%	-16.2%
Bernards	5.4%	6.6%	1.2%	71.5%	64.7%	-6.8%
Bernardsville	13.5%	9.5%	-4.0%	82.1%	85.4%	3.3%
Bound Brook	52.2%	51.6%	-0.6%	41.2%	35.1%	-6.1%
Branchburg	3.3%	6.7%	3.4%	83.0%	74.3%	-8.7%
Bridgewater	9.2%	9.3%	0.1%	64.0%	60.1%	-3.9%
Franklin	13.6%	16.2%	2.6%	35.7%	30.8%	-4.9%
Green Brook	11.8%	18.2%	6.4%	69.0%	58.0%	-11.0%
Hillsborough	7.7%	8.9%	1.2%	67.8%	62.2%	-5.6%
Manville	23.4%	17.0%	-6.4%	69.4%	65.7%	-3.7%
Martinsville	5.0%	5.8%	0.8%	78.1%	73.3%	-4.8%
Montgomery	4.6%	4.5%	-0.1%	59.4%	50.1%	-9.3%
North Plainfield	47.1%	48.2%	1.1%	24.8%	22.7%	-2.1%
Peapack-Gladstone	11.4%	10.1%	-1.3%	82.7%	79.1%	-3.6%
Raritan	18.6%	21.0%	2.4%	61.2%	53.8%	-7.4%
Somerville	21.8%	22.6%	0.8%	55.5%	50.4%	-5.1%
South Bound Brook	33.3%	34.2%	0.9%	40.8%	43.0%	2.2%
Warren	5.7%	6.9%	1.2%	73.2%	69.3%	-3.9%
Watchung	13.2%	7.3%	-5.9%	69.9%	74.5%	4.6%
Middlesex County	20.4%	22.3%	1.9%	44.3%	40.0%	-4.3%
Dunellen	29.1%	45.6%	16.5%	53.4%	37.9%	-15.5%
Middlesex	24.6%	26.7%	2.1%	58.2%	55.2%	-3.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 24. Percent Change Foreign Born Population by US, State, County, and Town, 2013-2022

	2013-2017	2018-2022	% change
United States	13.4%	13.7%	0.3%
New Jersey	22.1%	23.2%	1.1%
Somerset County	24.6%	26.9%	2.3%
Bedminster	14.1%	16.3%	2.2%
Bernards	21.7%	22.7%	1.0%
Bernardsville	18.5%	13.9%	-4.6%
Bound Brook	30.3%	35.0%	4.7%
Branchburg	11.8%	14.2%	2.4%
Bridgewater	24.9%	26.9%	2.0%
Franklin	30.3%	33.3%	3.0%
Green Brook	27.4%	27.9%	0.5%
Hillsborough	19.0%	21.1%	2.1%
Manville	21.4%	17.8%	-3.6%
Martinsville	17.1%	17.6%	0.5%
Montgomery	29.3%	32.3%	3.0%
North Plainfield	33.0%	40.5%	7.5%
Peapack-Gladstone	10.7%	18.1%	7.4%
Raritan	30.2%	31.8%	1.6%
Somerville	22.6%	27.2%	4.6%
South Bound Brook	27.8%	23.0%	-4.8%
Warren	22.2%	21.3%	-0.9%
Watchung	19.1%	20.3%	1.2%
Middlesex County	32.6%	34.1%	1.5%
Dunellen	20.5%	36.0%	15.5%
Middlesex	20.4%	22.5%	2.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Education

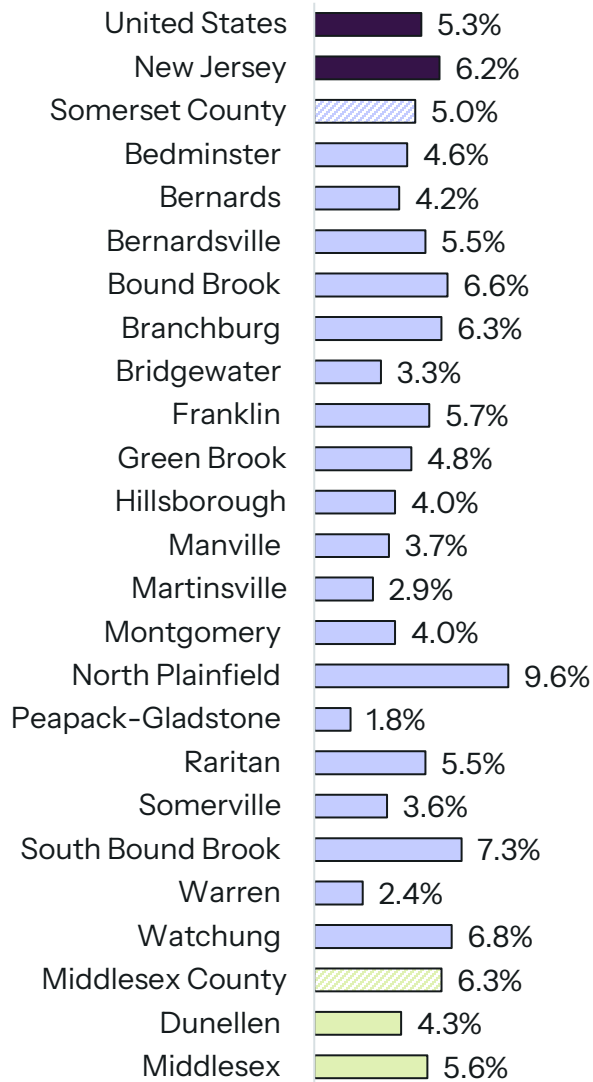
Table 25. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by State, County, and Town, 2018-2022

	High school graduate or higher	Bachelor's degree or higher
United States	89.1%	34.3%
New Jersey	90.6%	42.3%
Somerset County	94.0%	57.3%
Bedminster	98.4%	62.7%
Bernards	96.4%	73.2%
Bernardsville	93.3%	68.5%
Bound Brook	87.5%	29.9%
Branchburg	97.3%	63.9%
Bridgewater	95.2%	61.0%
Franklin	93.0%	56.6%
Green Brook	93.4%	52.3%
Hillsborough	96.0%	61.2%
Manville	93.5%	28.6%
Martinsville	97.4%	68.5%
Montgomery	98.6%	78.8%
North Plainfield	84.5%	29.4%
Peapack-Gladstone	98.2%	64.7%
Raritan	89.9%	37.4%
Somerville	90.1%	53.8%
South Bound Brook	91.5%	27.2%
Warren	97.1%	66.6%
Watchung	95.6%	60.3%
Middlesex County	89.7%	45.1%
Dunellen	89.6%	32.8%
Middlesex	90.0%	35.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Employment and Workforce

Figure 96. Unemployment Rate by US, State, County, and Town, 2018–2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018–2022

Table 26. Unemployment Rate by Age, by US, State, County, and Town, 2018-2022

	16 to 19 years	20 to 24 years	25 to 44 years	45 to 64 years	65 +
United States	14.8%	9.3%	15.4%	11.5%	7.9%
New Jersey	15.9%	11.8%	17.7%	15.0%	12.0%
Somerset County	10.6%	9.2%	14.0%	12.8%	11.2%
Bedminster	0.0%	0.8%	9.9%	5.1%	68.7%
Bernards	23.4%	6.8%	12.2%	5.2%	13.5%
Bernardsville	8.7%	15.8%	11.5%	21.1%	0.0%
Bound Brook	0.0%	12.0%	13.5%	25.8%	7.0%
Branchburg	13.9%	22.2%	3.6%	14.5%	7.7%
Bridgewater	8.8%	9.0%	7.6%	10.7%	5.4%
Franklin	1.2%	14.1%	12.9%	16.0%	18.6%
Green Brook	11.1%	7.6%	23.9%	1.9%	9.2%
Hillsborough	3.9%	6.1%	11.4%	14.2%	0.0%
Manville	0.0%	1.7%	25.1%	8.9%	1.1%
Martinsville	0.0%	8.5%	5.4%	10.1%	8.0%
Montgomery	20.3%	9.5%	20.2%	7.5%	0.0%
North Plainfield	18.2%	5.9%	44.7%	19.0%	1.0%
Peapack-Gladstone	0.0%	0.0%	1.1%	10.6%	0.0%
Raritan	26.6%	7.2%	6.6%	18.1%	3.7%
Somerville	11.1%	3.0%	6.6%	14.3%	1.8%
South Bound Brook	49.4%	0.8%	29.0%	18.7%	0.0%
Warren	2.9%	10.7%	5.4%	6.4%	2.8%
Watchung	0.0%	18.0%	7.2%	23.0%	7.9%
Middlesex County	15.5%	11.3%	17.7%	14.6%	19.8%
Dunellen	0.0%	19.4%	11.7%	6.5%	27.6%
Middlesex	28.0%	5.2%	17.5%	9.4%	104.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 27. Unemployment Rate by Gender, by US, State, County, and Town, 2018-2022

	Male	Female
United States	5.0%	4.9%
New Jersey	5.8%	6.0%
Somerset County	4.5%	5.0%
Bedminster	1.2%	3.1%
Bernards	2.9%	3.7%
Bernardsville	2.6%	9.9%
Bound Brook	8.6%	4.5%
Branchburg	4.0%	7.9%
Bridgewater	3.3%	3.0%
Franklin	5.6%	5.1%
Green Brook	3.6%	5.6%
Hillsborough	4.1%	4.2%
Manville	6.1%	1.7%
Martinsville	1.7%	4.0%
Montgomery	3.5%	4.3%
North Plainfield	8.4%	11.4%
Peapack-Gladstone	0.2%	3.9%
Raritan	6.4%	2.1%
Somerville	2.3%	5.0%
South Bound Brook	3.4%	10.0%
Warren	2.4%	2.4%
Watchung	6.2%	7.7%
Middlesex County	5.5%	6.1%
Dunellen	5.5%	1.2%
Middlesex	4.5%	5.5%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Income and Financial Security

Table 28. Distribution of Household Income, by State, County, and Town, 2018-2022

	Less than \$25,000	\$25,000 to \$49,000	\$50,000 to \$99,000	\$100,000 to \$199,000	\$200,000 or more
United States	15.7%	18.1%	28.9%	25.9%	11.4%
New Jersey	12.5%	13.9%	24.8%	29.5%	19.2%
Middlesex County	10.5%	12.3%	24.9%	33.3%	19.0%
Somerset County	7.8%	9.2%	20.8%	31.3%	30.9%
Dunellen	16.4%	12.7%	29.3%	28.8%	12.6%
Middlesex	9.3%	14.6%	22.9%	39.5%	13.9%
Bedminster	11.7%	7.9%	22.9%	27.5%	29.9%
Bernards	7.9%	6.0%	12.1%	29.2%	44.9%
Bernardsville	6.9%	2.2%	16.6%	22.3%	51.9%
Bound Brook	12.2%	19.7%	30.6%	27.0%	10.4%
Branchburg	3.8%	7.4%	17.1%	32.7%	39.0%
Bridgewater	7.2%	7.5%	17.5%	30.6%	37.2%
Franklin	7.6%	11.0%	25.5%	35.6%	20.2%
Green Brook	6.0%	5.5%	13.1%	24.6%	50.9%
Hillsborough	5.7%	5.8%	16.7%	34.5%	37.1%
Manville	15.3%	14.6%	25.7%	30.4%	14.1%
Montgomery	5.1%	3.4%	11.0%	23.9%	56.6%
North Plainfield	11.6%	15.8%	35.2%	28.5%	8.9%
Peapack-Gladstone	9.8%	12.6%	8.7%	21.6%	47.4%
Raritan	6.8%	11.5%	31.8%	32.5%	17.4%
Somerville	10.1%	10.7%	28.5%	38.2%	12.8%
South Bound Brook	8.9%	16.6%	26.6%	43.8%	4.0%
Warren	5.0%	8.2%	12.3%	27.1%	47.4%
Watchung	5.2%	8.6%	17.6%	29.4%	39.2%
Martinsville	3.7%	7.7%	12.7%	29.1%	46.7%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

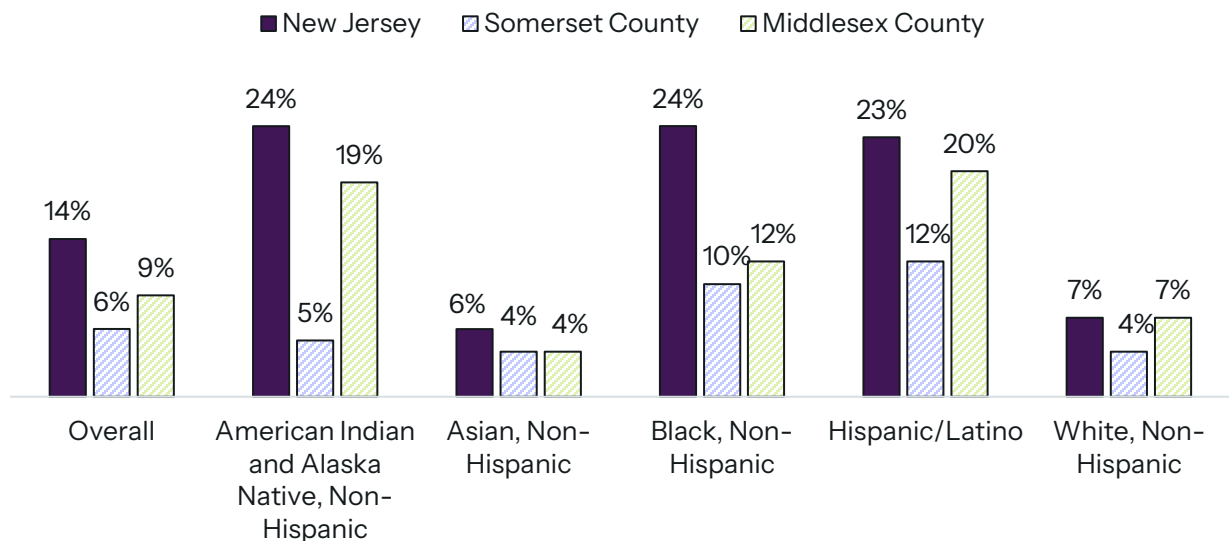
Table 29. Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2018-2022

	Asian, Non- Hispanic	Black/African American, Non- Hispanic	Hispanic/Latino	White, Non- Hispanic
United States	10.1%	21.5%	17.2%	9.2%
New Jersey	6.1%	16.1%	16.5%	6.2%
Somerset County	4.6%	6.6%	9.5%	3.9%
Bedminster	20.6%	7.3%	5.1%	5.9%
Bernards	4.0%	21.4%	4.2%	3.1%
Bernardsville	0.0%	3.3%	2.0%	2.8%
Bound Brook	0.0%	8.3%	13.6%	5.6%
Branchburg	0.0%	10.7%	8.8%	2.3%
Bridgewater	2.1%	8.9%	10.1%	3.4%
Franklin	7.4%	5.5%	9.4%	3.2%
Green Brook	17.0%	*	1.7%	2.8%
Hillsborough	2.3%	10.8%	5.1%	2.8%
Manville	0.0%	25.8%	17.2%	6.8%
Martinsville	0.7%	1.4%	1.2%	1.5%
Montgomery	3.7%	1.7%	7.1%	2.8%
North Plainfield	16.6%	2.9%	14.7%	13.0%
Peapack-Gladstone	0.0%	0.0%	0.0%	5.8%
Raritan	6.2%	15.5%	8.8%	3.3%
Somerville	1.7%	8.6%	1.7%	5.9%
South Bound Brook	0.0%	0.1%	5.9%	13.6%
Warren	0.8%	7.4%	2.6%	3.7%
Watchung	0.0%	60.0%	0.0%	2.1%
Middlesex County	5.2%	9.1%	15.9%	6.0%
Dunellen	25.2%	28.6%	31.6%	4.9%
Middlesex	24.3%	4.3%	8.8%	3.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

NOTE: Asterisk (*) means that data are suppressed, as there are either no sample observations or too few sample observations available to compute a standard of error or margin of error.

Figure 97. Children in Poverty, by Race/Ethnicity, by State and County, 2018–2022



DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings 2023

Food Insecurity and Healthy Eating

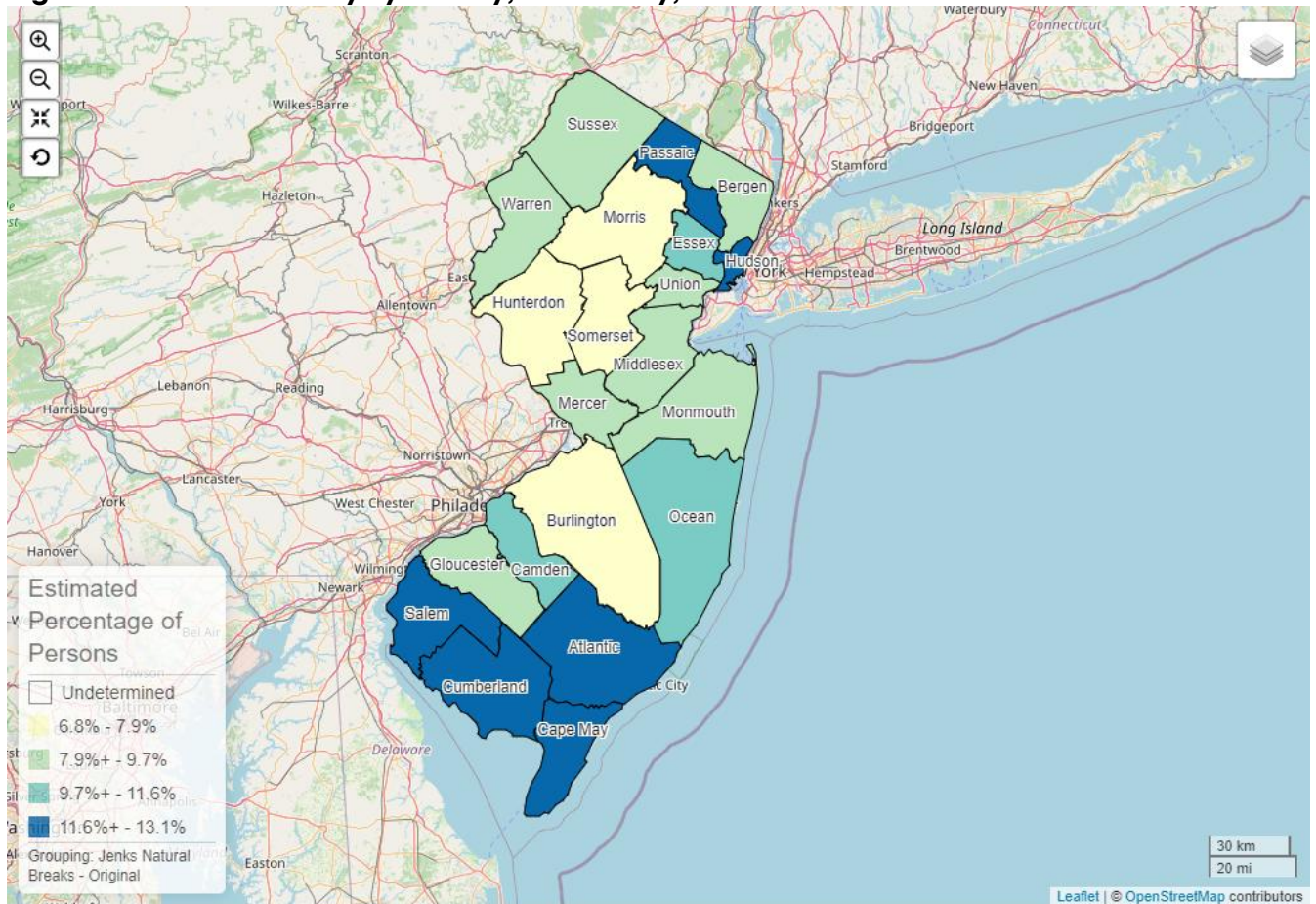
Table 30. Food Desert Score, by Designated Food Desert Communities, 2022

		Population Weighted Average Food Desert Factor Score	Average Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Somerset	Bound Brook	42.4	25.6	1,823
Middlesex	New Brunswick	56.9	99.3	49,408
	Perth Amboy	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.

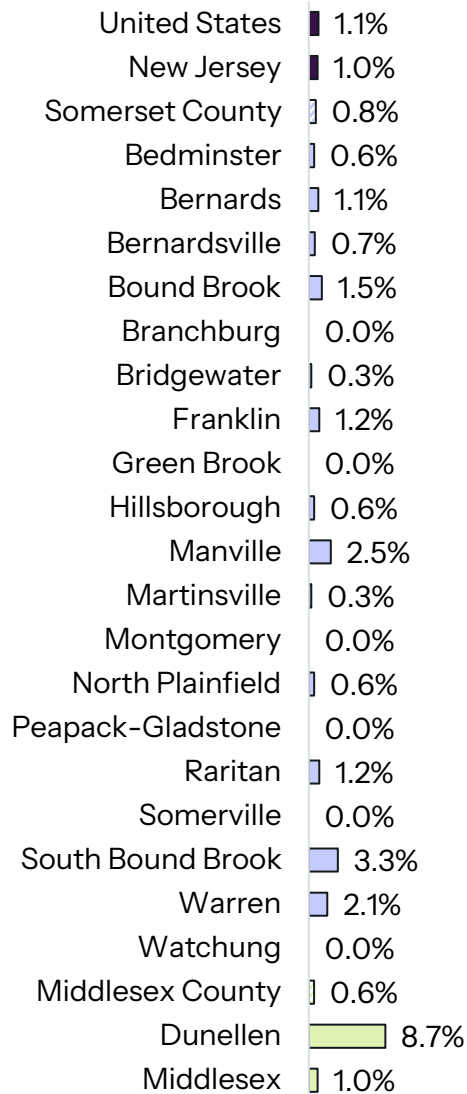
Figure 98. Food Insecurity by County, New Jersey, 2022



DATA SOURCE: Office of Nutrition and Fitness, Division of Community Health, New Jersey Department of Health

Housing

Figure 99. Homeowner Vacancy Rate, by State, County, and Town, 2018-2022



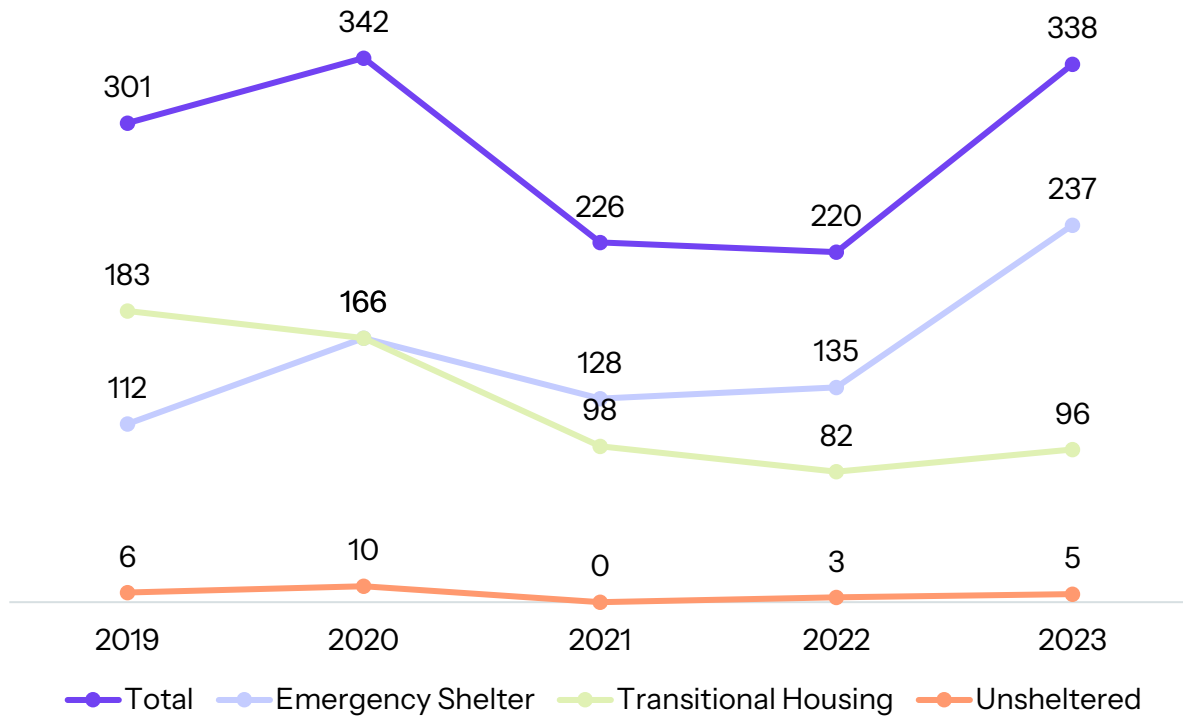
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Table 31. Household Occupants per Room, by State, County, and Town, 2018-2022

	1.00 or less	1.01 to 1.50	1.51 or more
United States	96.6%	2.2%	1.1%
New Jersey	96.4%	2.3%	1.3%
Somerset County	97.7%	1.7%	0.7%
Bedminster	98.3%	1.3%	0.4%
Bernards	99.1%	0.9%	0.0%
Bernardsville	100.0%	0.0%	0.0%
Bound Brook	96.4%	2.7%	0.9%
Branchburg	99.5%	0.5%	0.0%
Bridgewater	98.8%	0.8%	0.3%
Franklin	96.8%	3.0%	0.2%
Green Brook	98.7%	1.3%	0.0%
Hillsborough	98.7%	1.2%	0.1%
Manville	99.2%	0.3%	0.5%
Martinsville	100.0%	0.0%	0.0%
Montgomery	99.6%	0.4%	0.1%
North Plainfield	89.8%	5.7%	4.5%
Peapack-Gladstone	99.0%	1.0%	0.0%
Raritan	97.4%	1.2%	1.4%
Somerville	95.9%	2.2%	1.9%
South Bound Brook	92.8%	1.6%	5.5%
Warren	99.6%	0.4%	0.0%
Watchung	98.6%	0.0%	1.4%
Middlesex County	95.3%	3.2%	1.5%
Dunellen	95.1%	1.9%	3.0%
Middlesex	98.5%	1.5%	0.0%

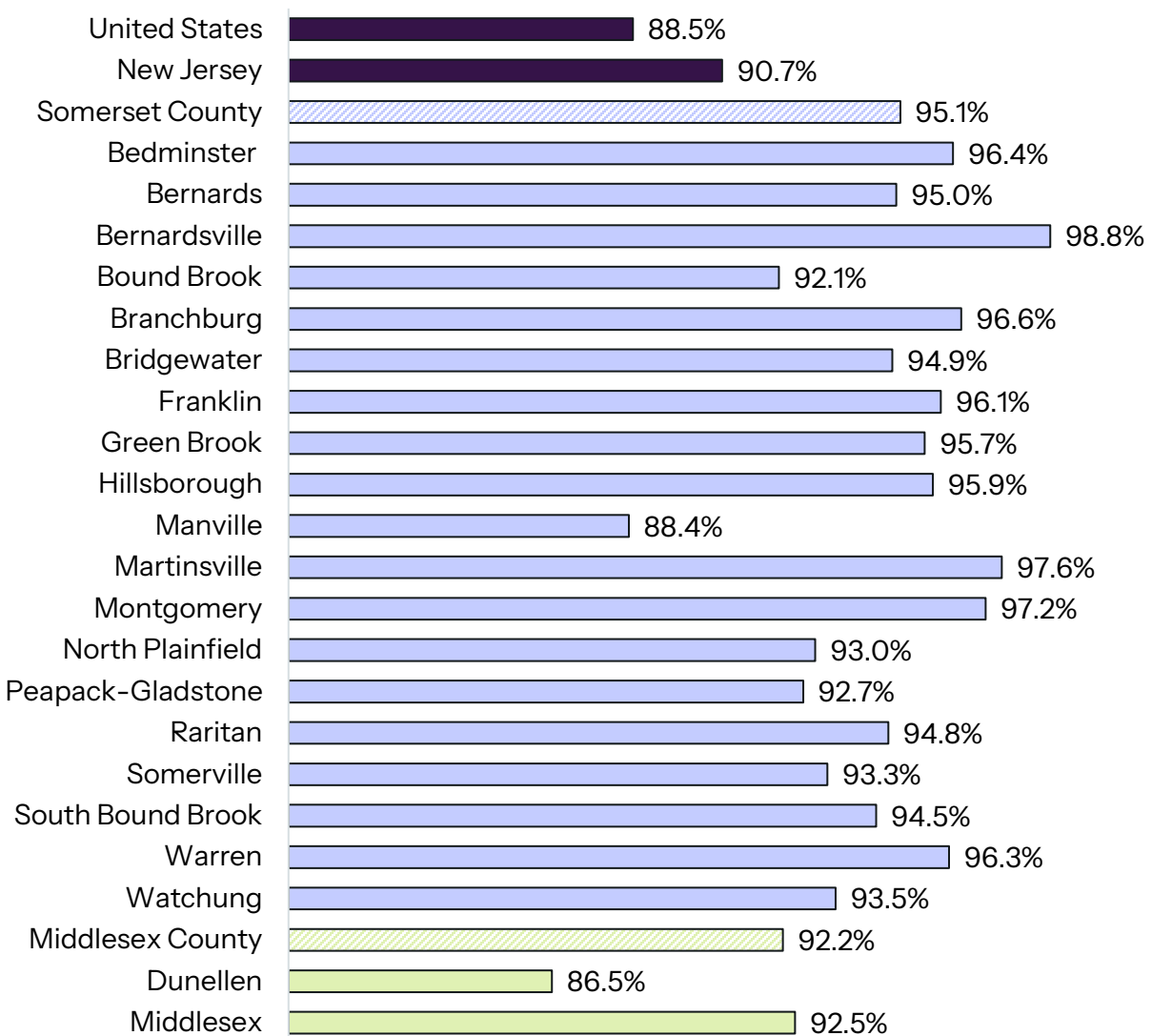
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Figure 100. 5-Year Comparison of Total Homeless Population by Housing Situation, 2019-2023



DATA SOURCE: NJCounts's annual Point-in-Time (PIT) Count of the Homeless, Commissioned by the New Jersey Housing and Mortgage Finance Agency (2023)

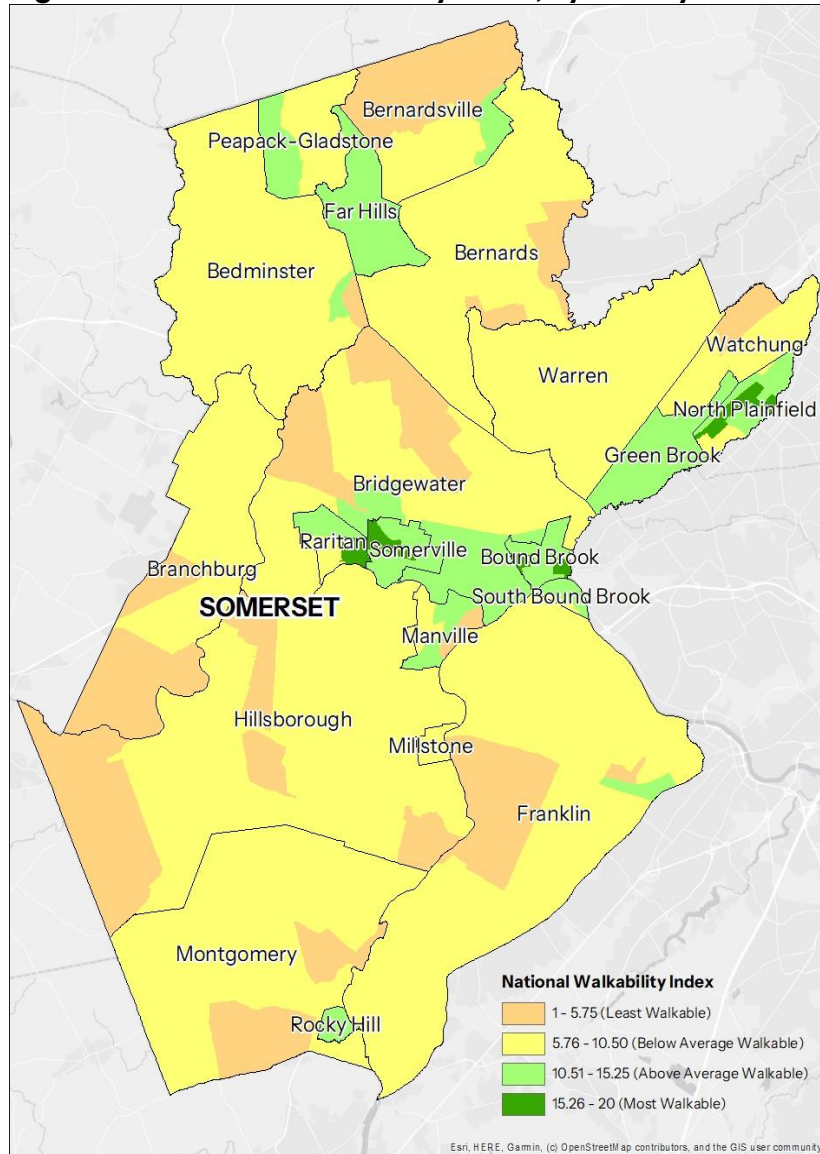
Figure 101. Households with Internet, by State, County, and Town, 2018-2022



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Green Space and Built Environment

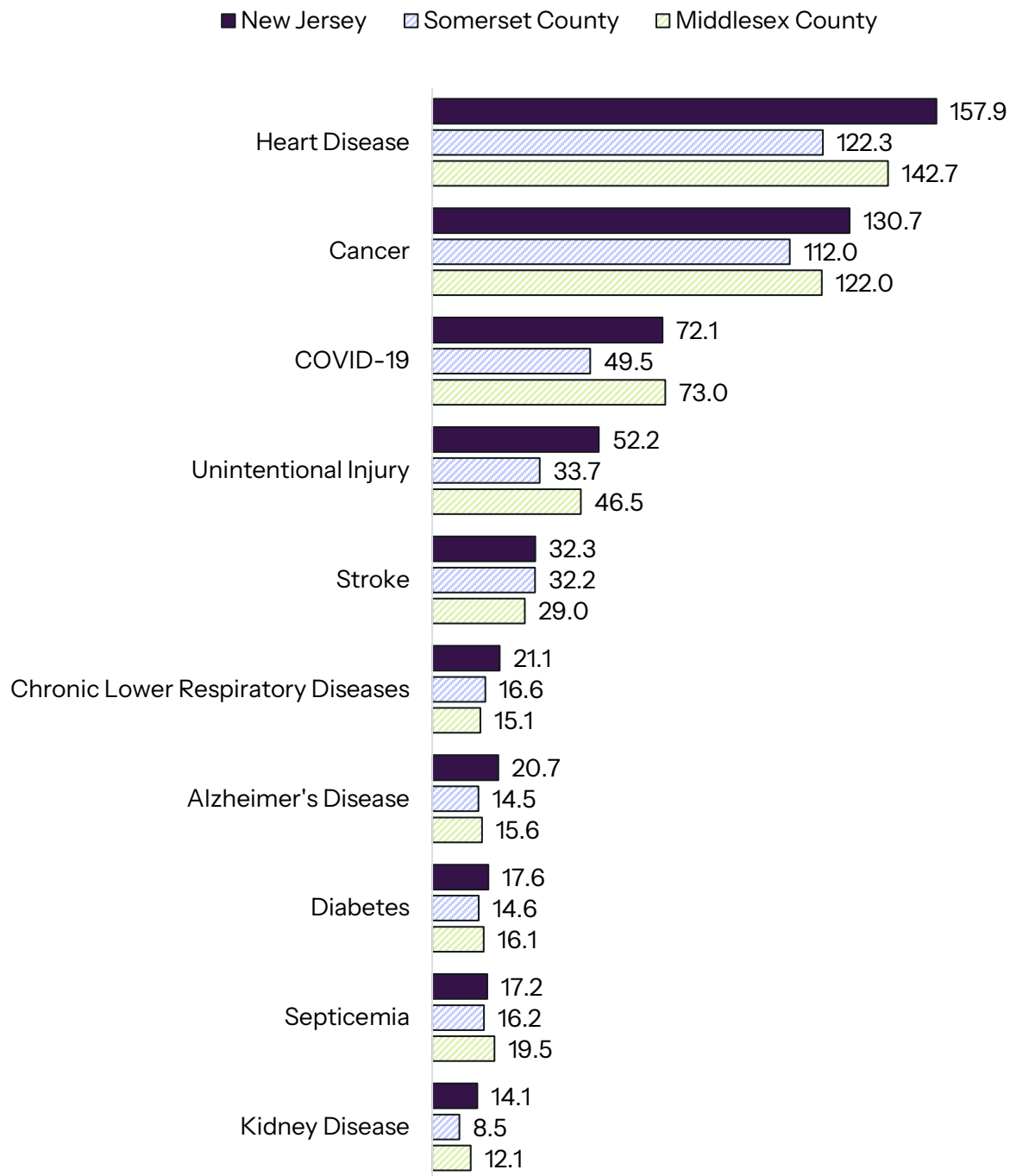
Figure 102. National Walkability Index, by County and Town, 2021



DATA SOURCE: U.S. Environmental Protection Agency. National Walkability Index, by State and Town, 2021

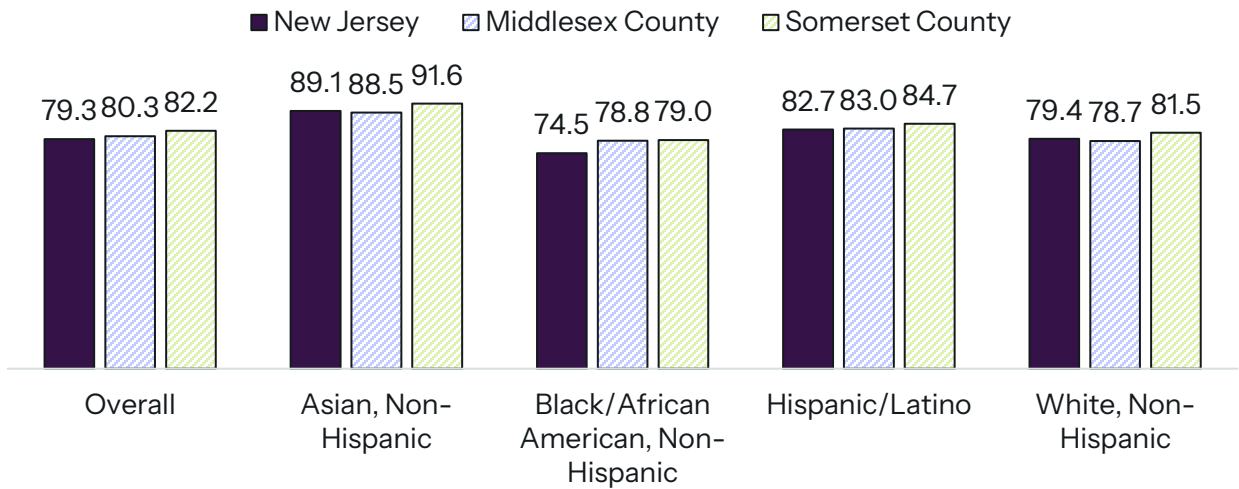
Leading Causes of Death and Premature Mortality

Figure 103. Top 10 Causes of Death, by State and County, 2021



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

Figure 104. Life Expectancy by Race/Ethnicity, by State and County, 2021



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

Table 32. Injury Deaths per 100,000 Population, by State and County, 2016-2020

	Rate
New Jersey	63
Middlesex County	52
Somerset County	44

DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings 2023

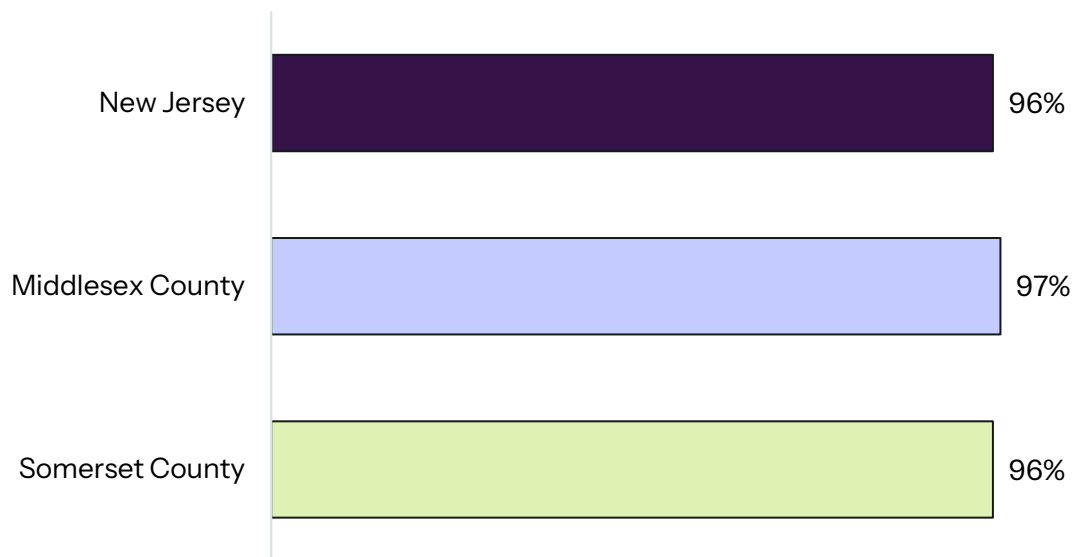
Table 33. Rate of Hospital Emergency Department Visits per 10,000 Population, age-adjusted to the U.S. 2000 Standard Population, for Injury, Poisoning, and Certain Other Consequences of External Causes, by State, 2021

	Rate
New Jersey	543.6

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), 2023

Obesity and Chronic Conditions

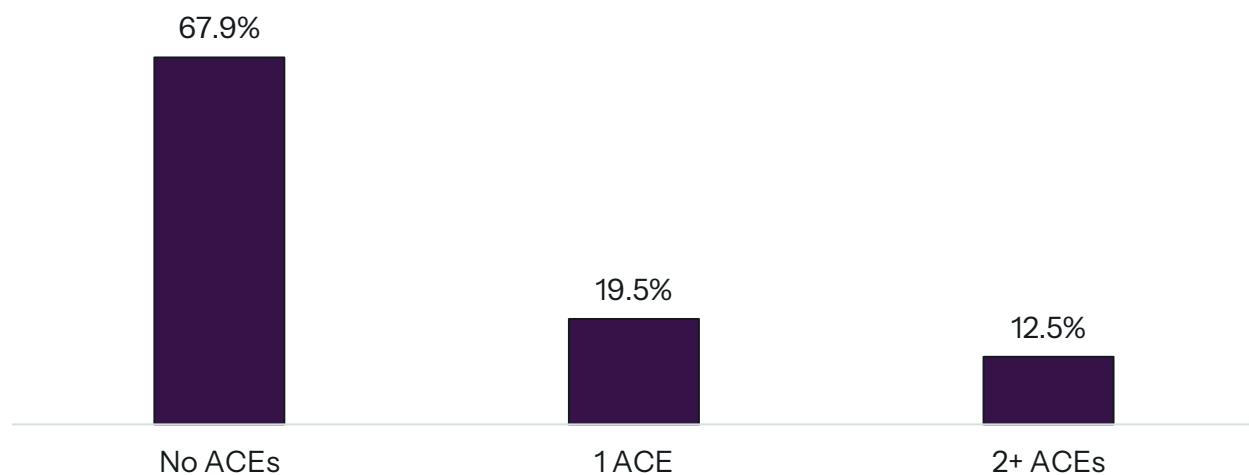
Figure 105. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



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

Behavioral Health: Mental Health and Substance Use

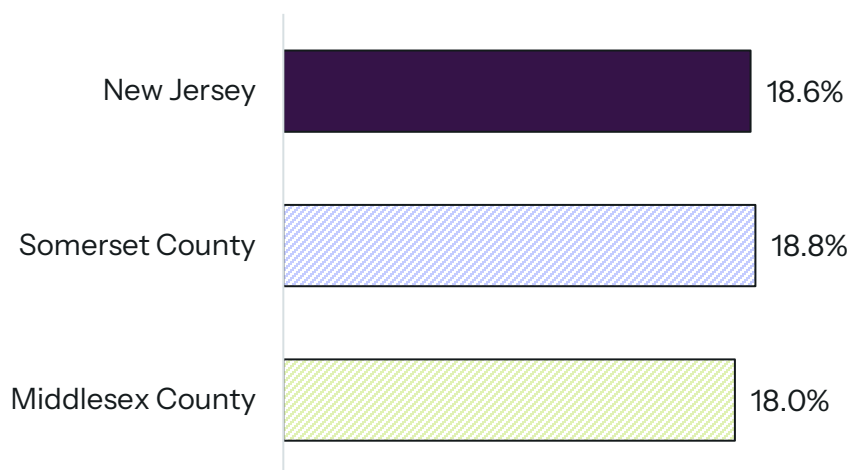
Figure 106. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2021-2022



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

NOTE: Data for Somerset County is not available.

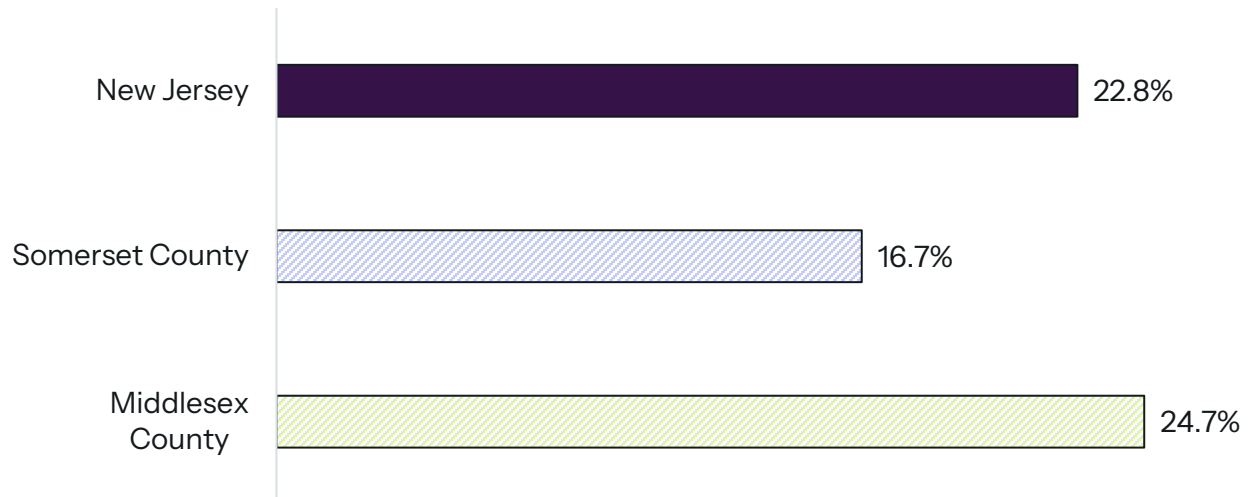
Figure 107. Percent Adults Reported Excessive Drinking, by State and County, 2020



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

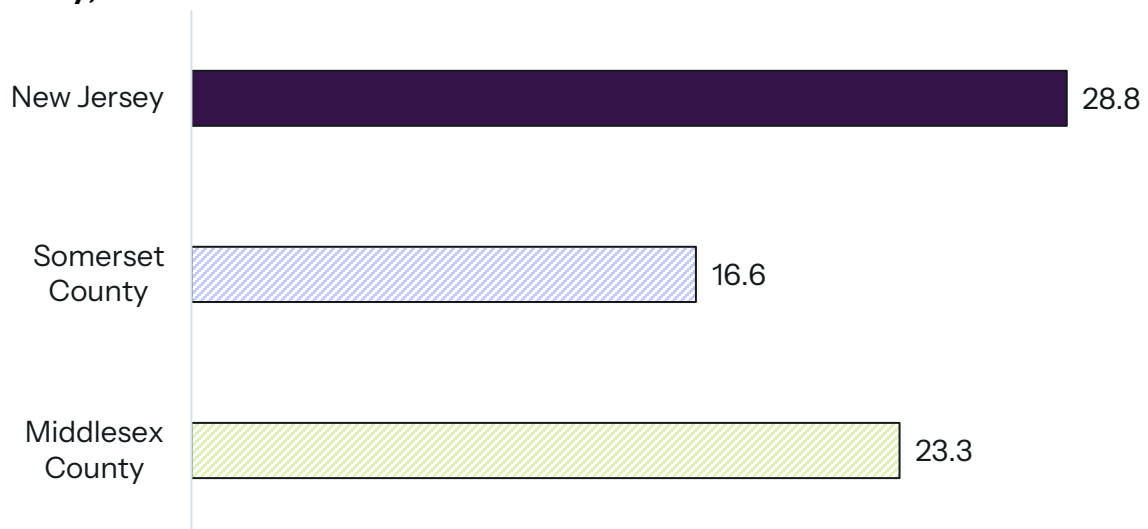
NOTE: Excessive drinking refers to heavy drinking () or binge drinking ().

Figure 108. Percent Driving Deaths with Alcohol Involvement, by State and County, 2016-2020



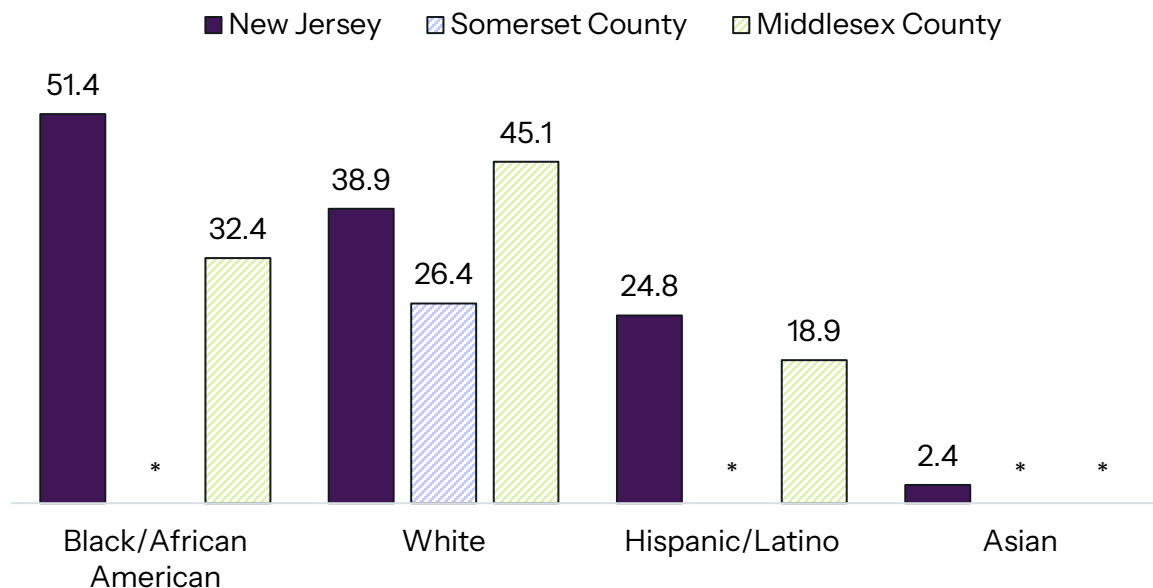
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings 2023

Figure 109. Opioid-Related Overdose Mortality Rate per 100,000, Age-Adjusted, by State and County, 2020



DATA SOURCE: NJ SUDORS v.01232024

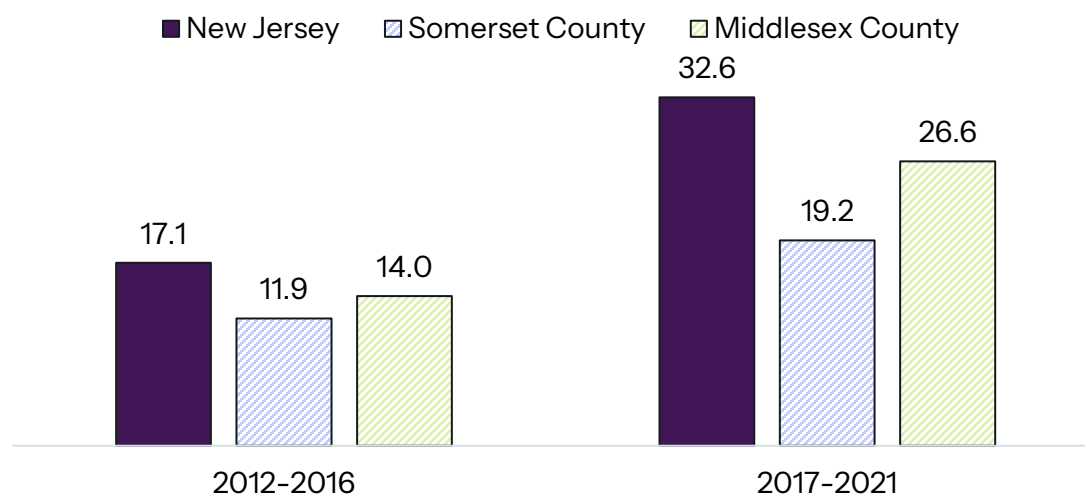
Figure 110. Unintentional Overdose Mortality Rate per 100,000, Age-Adjusted, by State and County, 2020



DATA SOURCE: NJ SUDORS v.01232024

NOTE: Asterisk (*) means that data are suppressed. Data for 2 or more races, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native groups are suppressed.

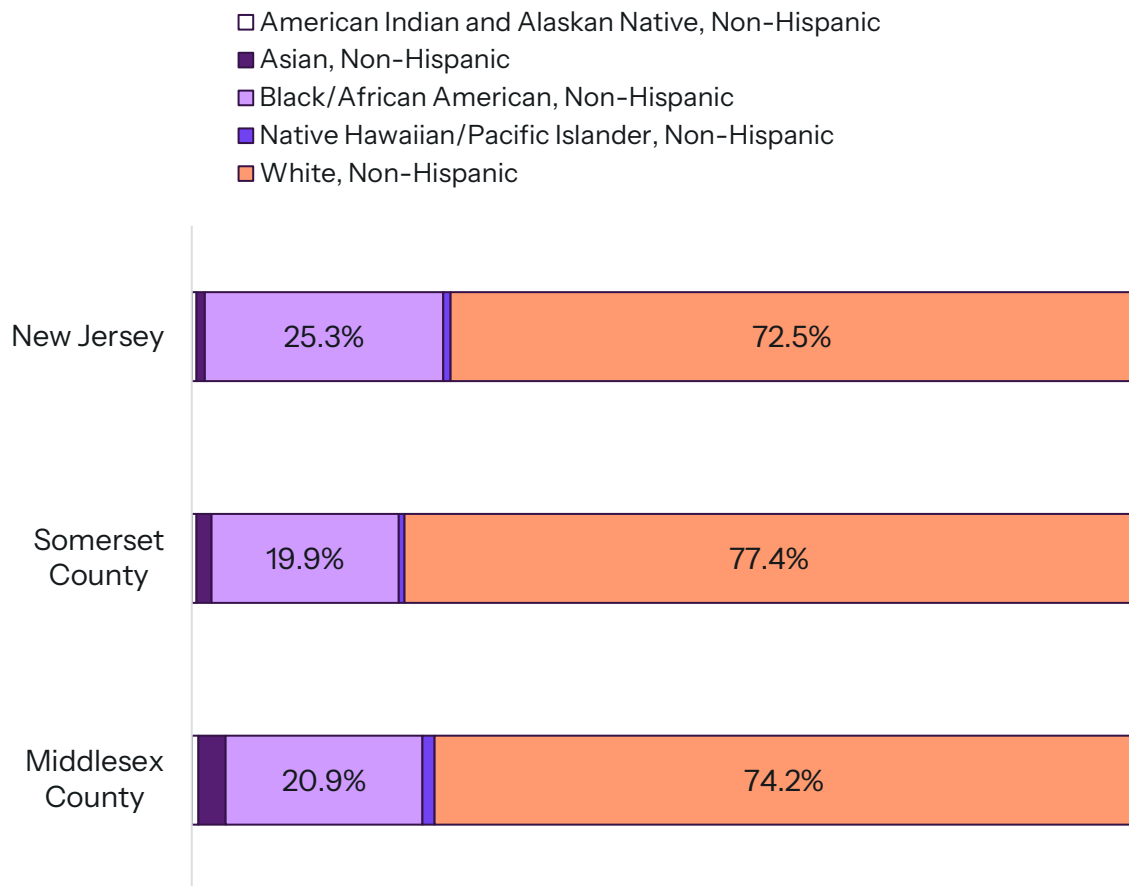
Figure 111. Drug-Induced Deaths per 100,000, Age-Adjusted, by State and County, 2012-2016, 2017-2021



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

NOTE: Drug-induced deaths is an NCHS standard grouping that corresponds to a variety of health outcomes as a result of drug use, including overdose, poisonings, and drug use-related conditions. An asterisk (*) means that data is suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 112. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2018-2022

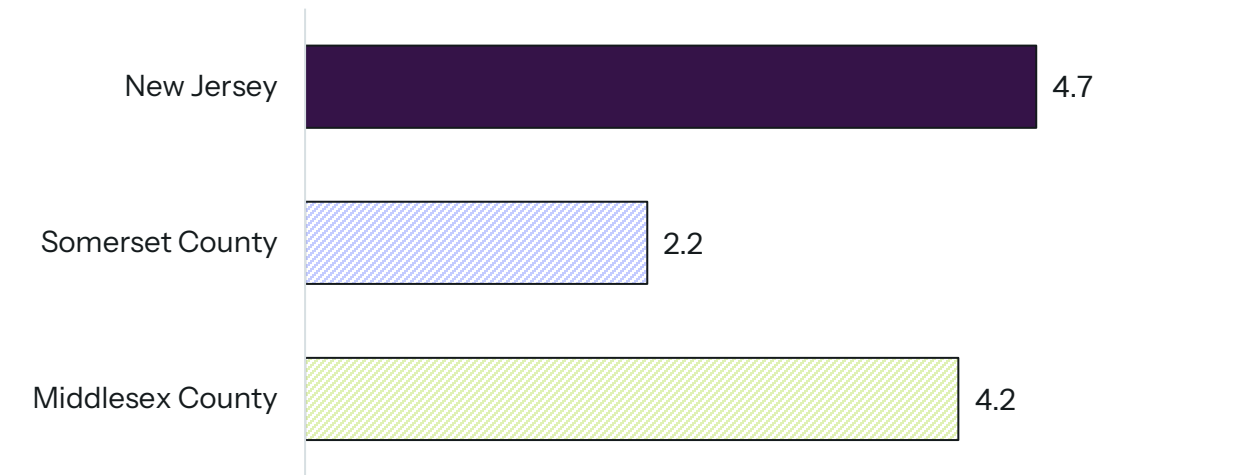


DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services

NOTE: Data labels under 5.0% are not shown.

Environmental Health

Figure 113. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population by Race/Ethnicity, by State and County, 2021



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

Table 34. Presence of Drinking Water Violations, by County, 2021

	Presence of Water Violation
Middlesex County	Yes
Somerset County	Yes

DATA SOURCE: Safe Drinking Water Information System as cited by County Health Rankings 2023

Infectious and Communicable Disease

Table 35. Rate of Primary/Secondary Syphilis per 100,000 population, by Race/Ethnicity, by State and County, 2015 to 2022

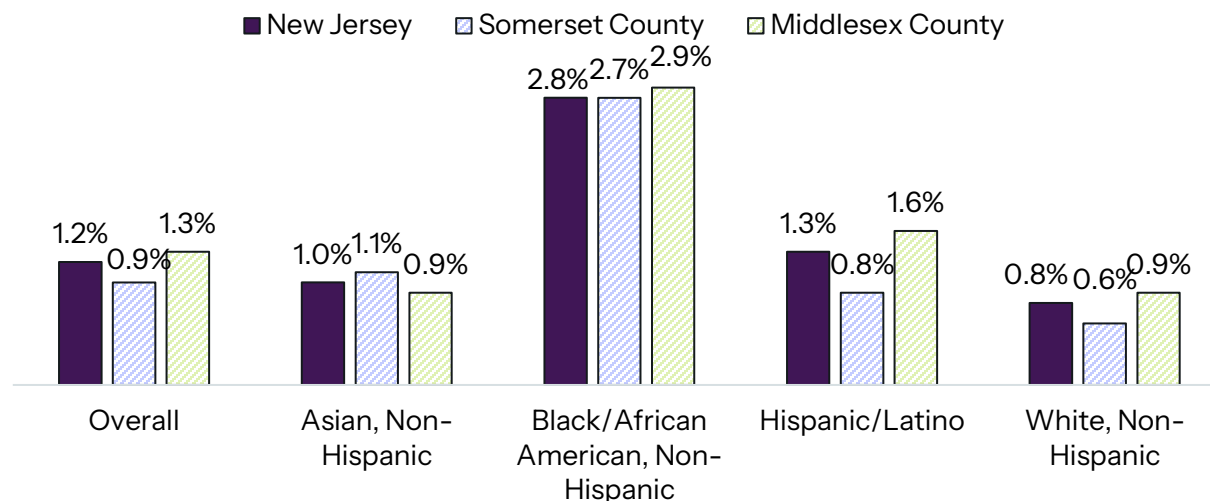
	2015	2016	2017	2018	2019	2020	2021	2022
New Jersey	4.2	5.3	5.6	6.4	7.1	8.2	9.8	11
New Jersey, Asian/Pacific Islander, Non-Hispanic	*	*	*	2.9	*	2.7	3.2	2.7
New Jersey, Black, Non-Hispanic	12.1	14.4	15.7	19.6	20.6	26.6	29	32.7
New Jersey, Hispanic/Latino	5.3	7.9	6.9	8.4	9.1	10.3	12.2	16.4
New Jersey, White, Non-Hispanic	2.5	2.6	3.2	2.8	3.6	3.7	5.2	4.9
Somerset County	*	*	*	*	*	*	*	*
Somerset County, Asian/Pacific Islander, Non-Hispanic	*	*	*	*	*	*	*	*
Somerset County, Black, Non-Hispanic	*	*	*	*	*	*	*	*
Somerset County, Hispanic/Latino	*	*	*	*	*	*	*	*
Somerset County, White, Non-Hispanic	*	*	*	*	*	*	*	*
Middlesex County	2.9	*	3.3	5	7	5.3	7.3	4.7
Middlesex County, Asian/Pacific Islander, Non-Hispanic	*	*	*	*	*	*	*	*
Middlesex County, Black, Non-Hispanic	*	*	*	*	*	*	*	*
Middlesex County, Hispanic/Latino	*	*	*	*	12.3	10.3	*	11.4
Middlesex County, White, Non-Hispanic	*	*	*	*	7	*	6.1	*

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

NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Maternal and Infant Health

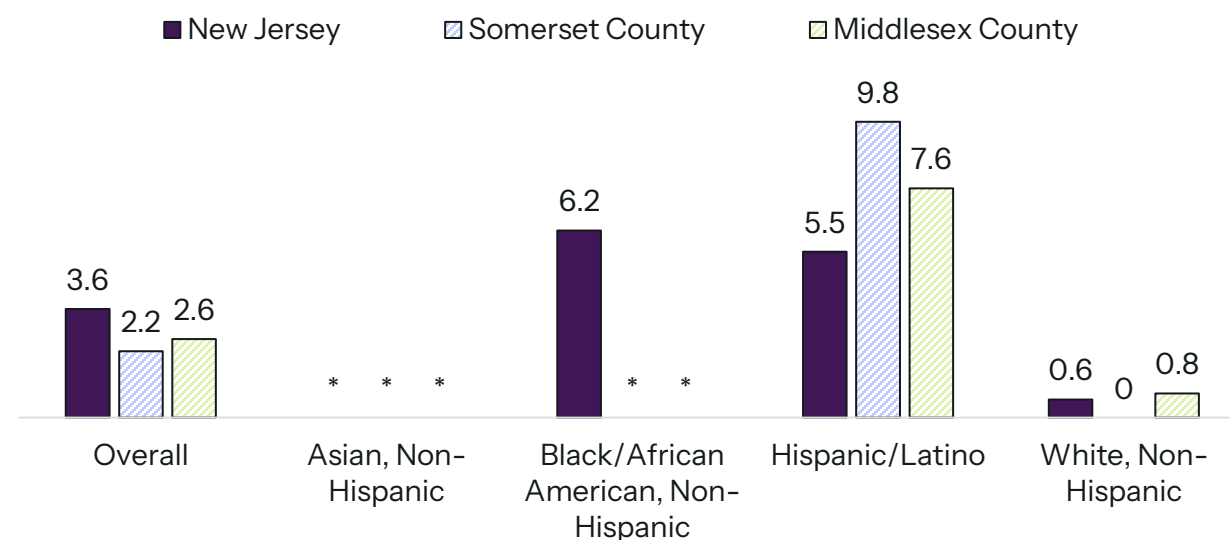
Figure 114. Percent Very Low Birth Weight Births, by State and County, 2022



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.

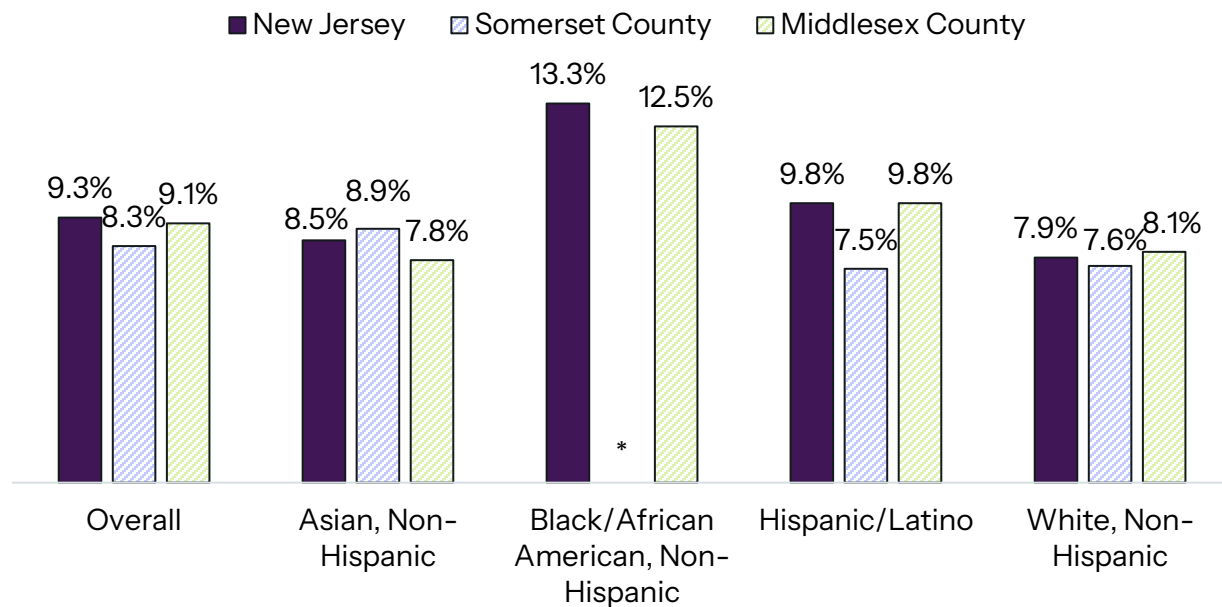
Figure 115. Births per 1,000 Female Population Aged 15-17, by Race/Ethnicity, by State and County, 2018-2022



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

NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

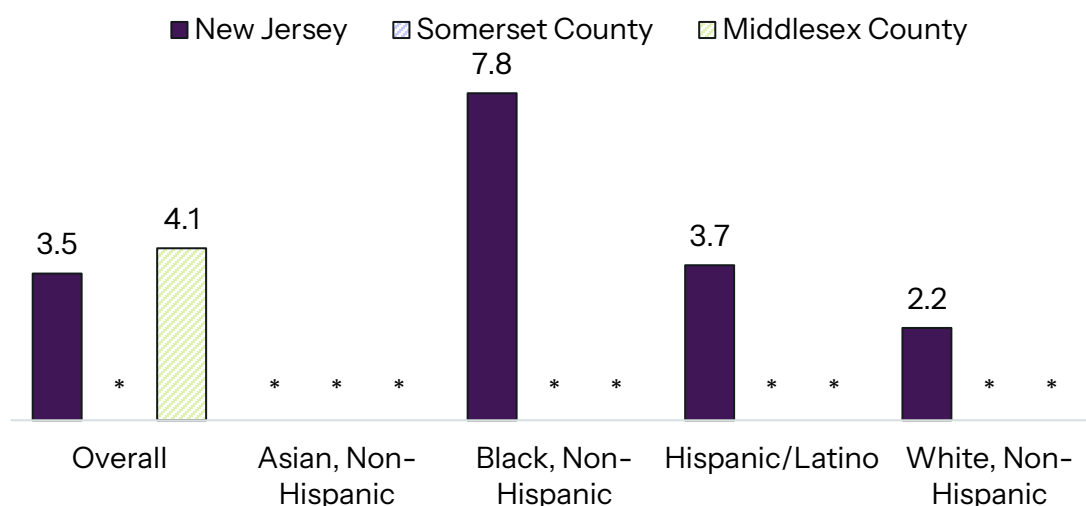
Figure 116. Percent Preterm Births, by State and County, 2022



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.

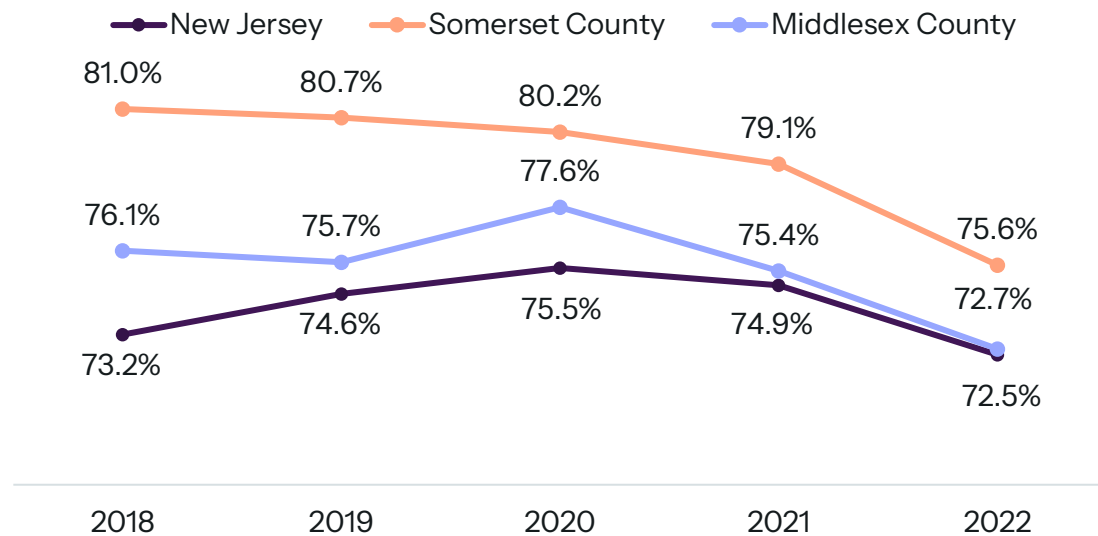
Figure 117. Infant Mortality Rate per 1,000 Births, by State and County, 2021



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

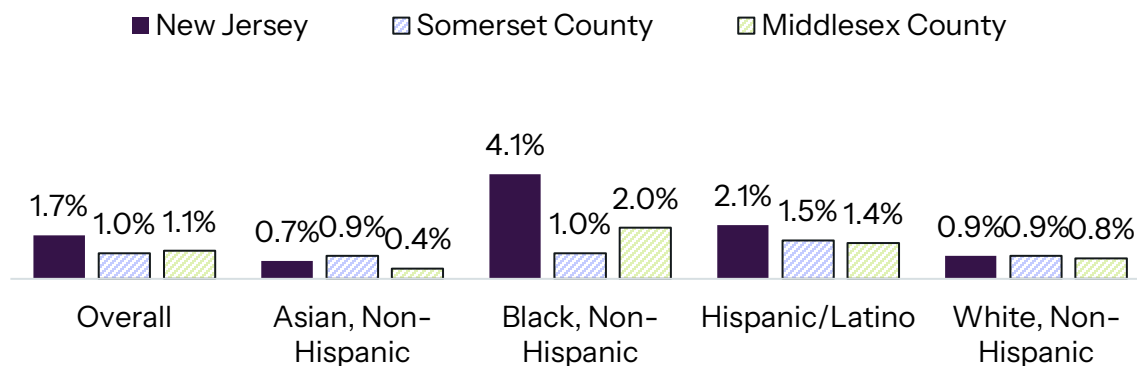
NOTE: Asterisk (*) means that data are suppressed.

Figure 118. Percent Receiving Prenatal Care in First Trimester, by State and County, 2018–2022



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

Figure 119. Percent Receiving No Prenatal Care, by State and County, 2022



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

Table 36. Percent Immunized Children, by State, 2020

	Overall
New Jersey	68.7%

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

Table 37. Percent of Children Meeting All Immunization Requirements, by State and County, 2022-2023

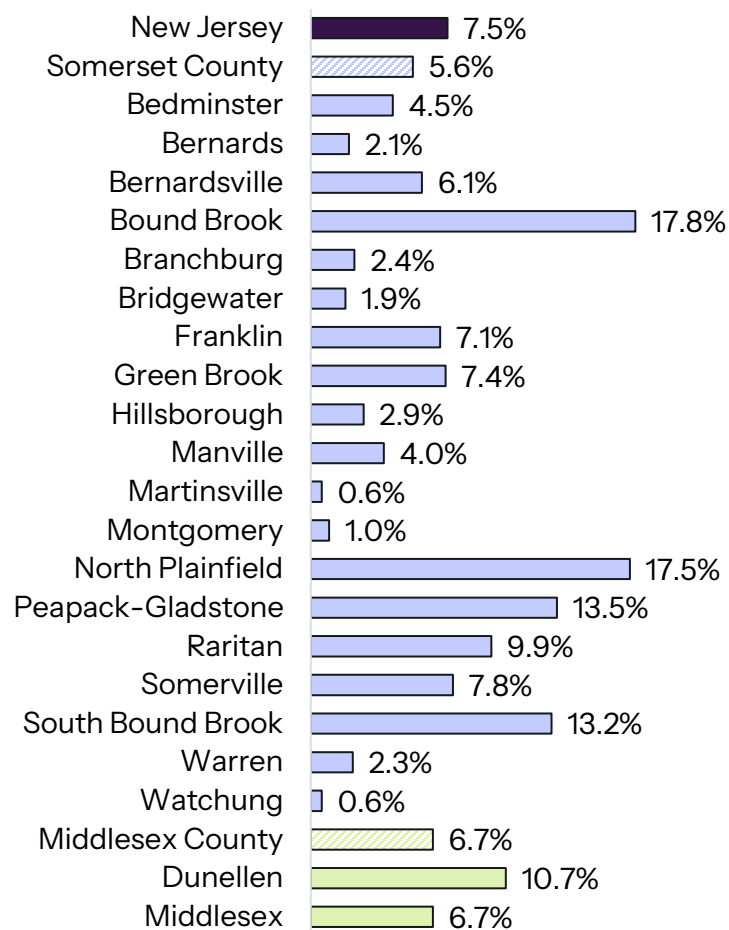
	Overall
New Jersey	92.80%
Somerset County	93.50%
Middlesex County	94.20%

DATA SOURCE: New Jersey Annual Immunization Status Reports, 2022-2023

NOTE: Children defined by those in school up to sixth grade.

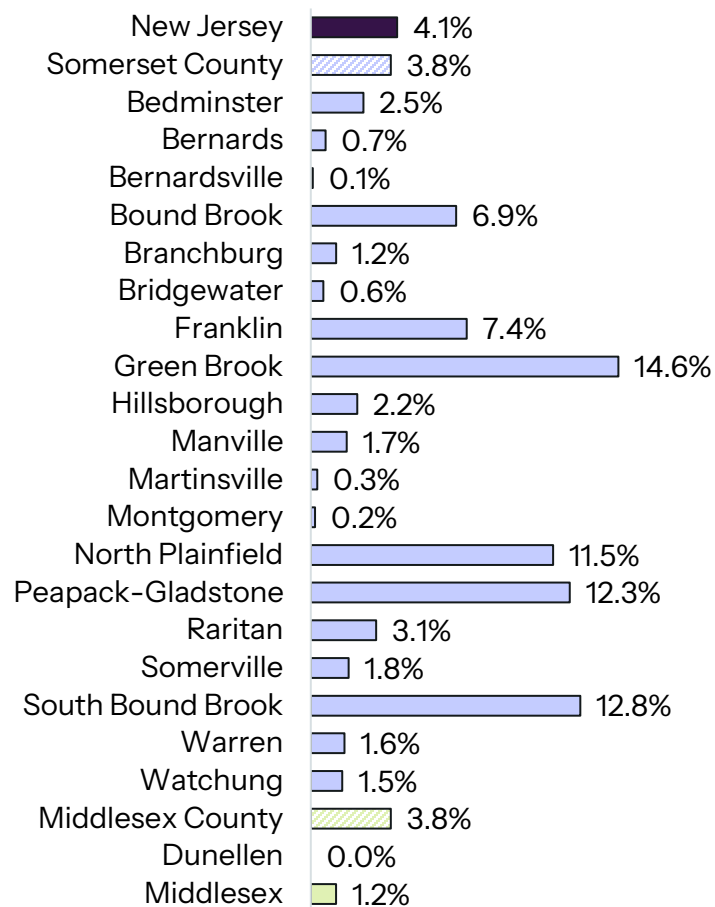
Access to Services

Figure 120. Percent of Population Uninsured, by State, County, and Town, 2018-2022



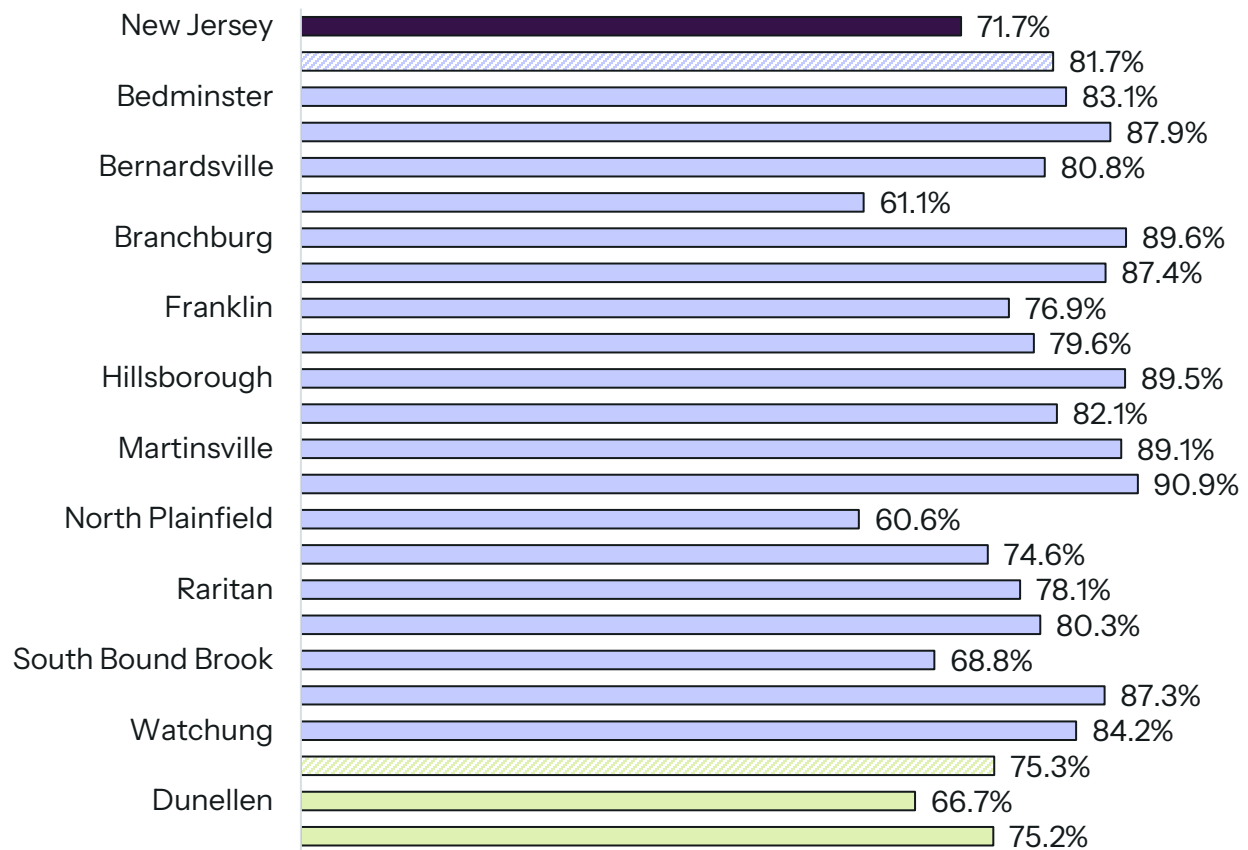
DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Figure 121. Percent of Population under 19 Uninsured, by State, County, and Town, 2018-2022



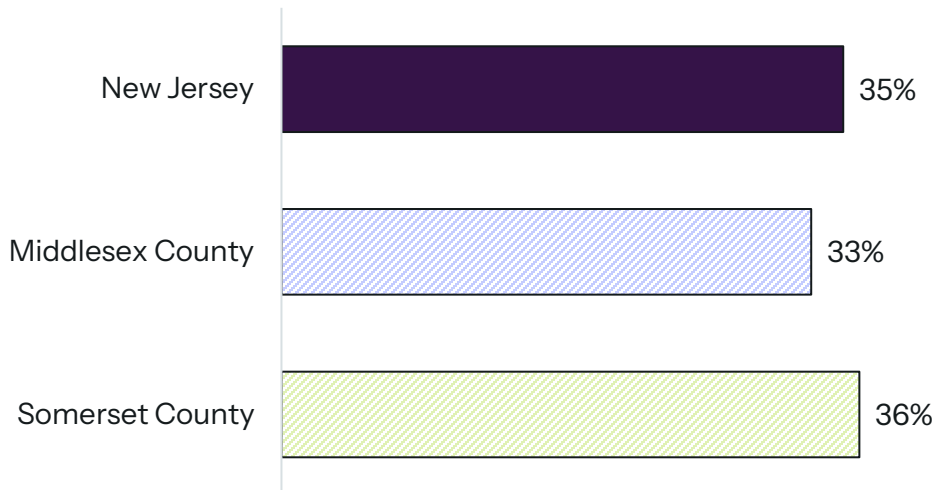
DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Figure 122. Percent of Population with Private Health Insurance, by State, County, and Town, 2018-2022



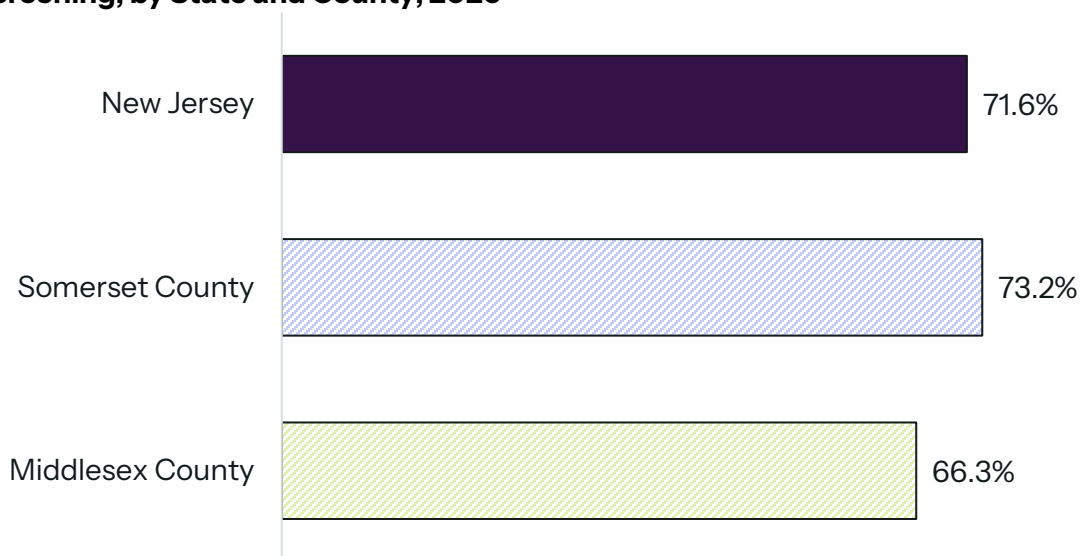
DATA SOURCE: Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2022

Figure 123. Percent with a Mammography Screening in the Past Year, by State and County, 2020



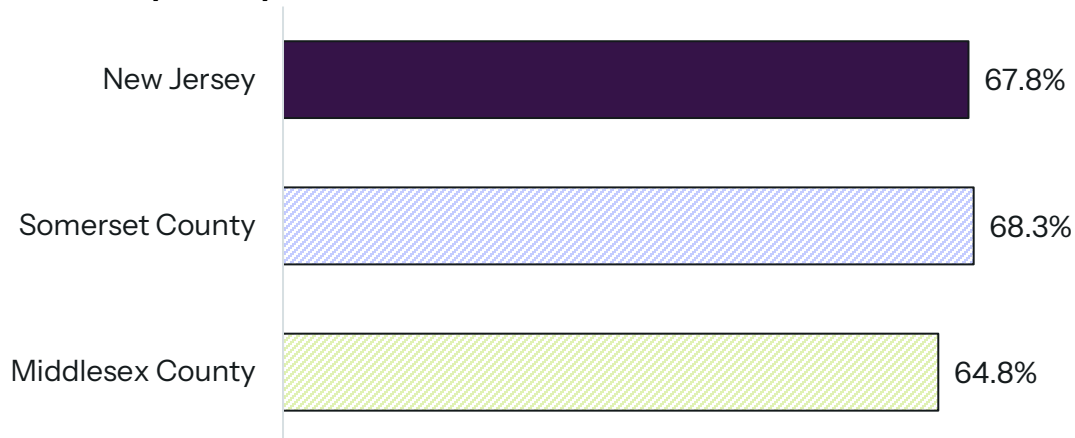
DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2023

Figure 124. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020



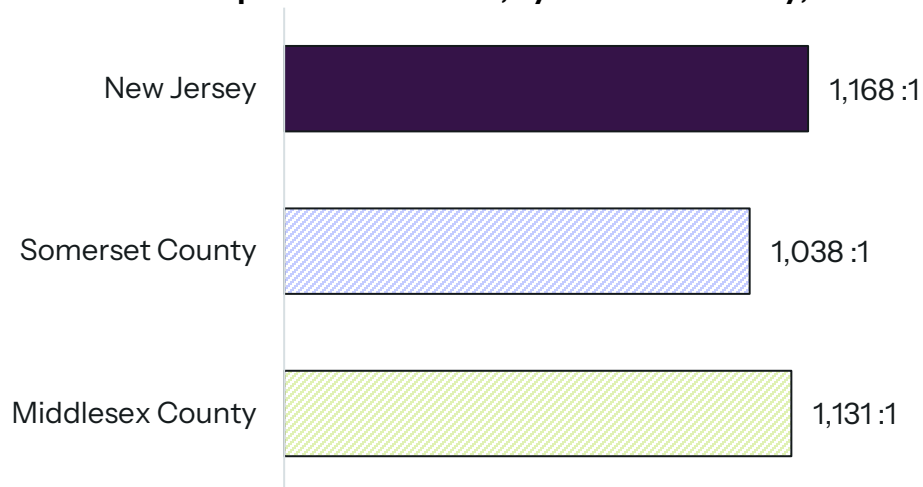
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 125. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by County and State, 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

Figure 126. Ratio of Population to Dentist, by State and County, 2021



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2023

Appendix G. Hospitalization Data

Table 38. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Somerset County	RWJUH-Somerset PSA
Total	304.6	162.2	193.1
Under 18	67.4	172.0	205.2
18-64	185.6	151.1	180.6
65 and over	51.6	190.0	228.5

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 39. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Somerset County	RWJUH-Somerset PSA
Total	304.6	162.2	193.1
Asian	90.7	172.0	59.7
Black	546.9	151.1	280.7
Hispanic	373.3	190.0	218.7
White	219.3	162.2	137.1

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 40. 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	Total	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
Somerset County	Total	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
RWJUH-Somerset PSA	Total	6.8	3.1	2.3	1.4
	Asian	2.1	1.2	0.7	0.2
	Black	13.7	4.7	3.8	5.2
	Hispanic	5.7	3.0	1.5	1.2
	White	6.7	3.0	2.5	1.2

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

Table 41. 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	Sub 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	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	0.1	0	0.3	0
		Asian	1.4	0	0	0	0.1	0
		Black	4.3	0	0.1	0	0.6	0
		Hispanic	3.9	0	0.2	0.1	0.3	0
		White	1.7	0	0	0	0.3	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	7.1	0.4	0.1
		Asian	12	0	0	2.4	0.1	0
		Black	33.3	0	0	7.8	0.5	0.2
		Hispanic	14.3	0	0	3	0.2	0
		White	42.7	0.1	0	9.1	0.5	0.2
	Total	Total	58.1	0.7	8.2	8.8	2.2	0.8

Somerset County		Asian	28	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	0.2	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	0.2	0.5	-
	18-64	Total	44.6	1	13.2	3.9	2.9	1.2
		Asian	24.2	0.1	12.7	1.7	1	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
		White	40.9	0.8	11	3.7	3.2	1.3
	65 and over	Total	159.7	0.1	-	36.7	1.6	0.5
		Asian	88.3	-	-	18	0.6	-
		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
RWJUH-Somerset PSA	Total	Total	67.8	0.9	9.9	9.9	2.7	1
		Asian	32.3	0.1	9.8	3.8	0.8	0
		Black	88.5	2.5	12.4	12.4	6.4	2.6
		Hispanic	53.9	1.2	14.4	4.3	2.2	1
		White	68.1	0.7	7.1	11.5	2.5	0.9
	Under 18	Total	15.5	0.1	0.2	0.1	0.7	0

		Asian	7.8	0	0	0	0.1	0
		Black	25.6	0	0.6	0	1.1	0
		Hispanic	15.5	0.1	0.4	0.1	0.6	0
		White	13.5	0	0.1	0.2	0.7	0
	18-64	Total	52.7	1.3	15.5	4.2	3.5	1.5
		Asian	28.7	0.1	15.3	1.9	1.1	0
		Black	86	3.7	18.2	9.2	8.2	3.8
		Hispanic	59.4	1.7	21.8	3.6	2.9	1.5
		White	44.7	1.1	11.1	3.9	3.2	1.4
	65 and over	Total	200.7	0.1	0	46.2	2.3	0.4
		Asian	101.9	0	0	21.6	1.1	0
		Black	198.4	0	0	48.1	5.2	0
		Hispanic	178.6	0	0	31.9	2.1	0.5
		White	196.3	0.1	0	47.4	1.9	0.4

DATA SOURCE: NJ State Database, 2022; courtesy of RWJBarnabas Health System

NOTE: "Sub use" refers to substance use. Dash (-) means that data are suppressed.

Appendix H. Cancer Data

APPENDIX D1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN SOMERSET COUNTY 2023

A little over fifty nine percent of RWJ-S' cancer inpatients and 58.8% of cancer outpatients resided in the Primary Service Area. In total, 64.5% of inpatients and 61.8% of outpatients resided in Somerset County. Bridgewater (08807) and Hillsborough (08844) represent the largest segment of RWJ-S' inpatient cancer patients. Similarly, the same zip codes represent the largest segments of RWJ-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	2020 RWJ SOM IP PATIENTS	%	2020 RWJ SOM OP PATIENTS	%
Somerset County	794	64.5%	1,093	61.8%
Primary Service Area	730	59.3%	1,040	58.8%
Secondary Service Area	359	29.2%	447	25.3%
Out of Service Area (NJ)	130	10.6%	272	15.4%
Out of State	12	1.0%	11	0.6%
TOTAL	1,231	100.0%	1,770	100.0%
Bridgewater (08807)	157	12.8%	218	12.3%
Hillsborough (08844)	128	10.4%	158	8.9%

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 D2: CANCER INCIDENCE RATE REPORT: SOMERSET COUNTY 2016-2020

INCIDENCE RATE REPORT FOR SOMERSET 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	453	1,882	falling	-0.6
Bladder	19.7	82	stable	-1.1
Brain & ONS	7.9	29	stable	-0.2
Breast	142.5	309	stable	0.2
Cervix	5.8	11	stable	2.3
Colon & Rectum	34.7	145	falling	-2.8
Esophagus	2.8	12	stable	-1.1
Kidney & Renal Pelvis	13.3	56	stable	0
Leukemia	14.8	59	stable	-0.2
Liver & Bile Duct	6.4	28	rising	2.2
Lung & Bronchus	39.6	166	falling	-1.9
Melanoma of the Skin	24.8	102	stable	0.4
Non-Hodgkin Lymphoma	22.8	93	stable	0.3
Oral Cavity & Pharynx	11.1	48	stable	0.4
Ovary	12.6	27	falling	-2
Pancreas	13.4	59	rising	1.4
Prostate	136	277	falling	-2.2
Stomach	7	29	stable	-1.3
Thyroid	16.1	57	falling	-6.1
Uterus (Corpus & Uterus, NOS)	30.9	73	stable	0.1

The Source for D2 and following tables D3, D4, D5 and D6 is :
<https://statecancerprofiles.cancer.gov>

APPENDIX D3: CANCER INCIDENCE DETAILED RATE REPORT: SOMERSET COUNTY 2016-2020 SELECT
CANCER SITES: RISING INCIDENCE RATES

		Liver & Bile Duct	Pancreas
INCIDENCE RATE REPORT FOR SOMERSET COUNTY 2013-2017 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	6.4	13.4
	Average Annual Count	28	59
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.2	1.4
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	5	14
	Average Annual Count	15	43
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.7	2
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	9.3	17.6
	Average Annual Count	4	6
	Recent Trend	*	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	-2.4
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	9.9	7.1
	Average Annual Count	5	4
	Recent Trend	*	*
	Recent 5-Year Trend (‡) in Incidence Rates	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	*	15.2
	Average Annual Count	3 or fewer	5
	Recent Trend	*	*
	Recent 5-Year Trend (‡) in Incidence Rates	*	*
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	10.2	14.2
	Average Annual Count	20	28
	Recent Trend	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	2.9	0.8
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	3.4	12.8
	Average Annual Count	8	31
	Recent Trend	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	0.1	1.8

* 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 D4: CANCER MORTALITY RATE REPORT: SOMERSET COUNTY 2016-2020

MORTALITY RATE REPORT: SOMERSET 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	Yes	118.7	506	falling	-4
Bladder	***	4.9	22	stable	0.1
Brain & ONS	***	4.2	18	stable	-0.4
Breast	No	16.7	40	falling	-2.6
Cervix	***	*	3 or fewer	*	*
Colon & Rectum	Yes	10.5	45	falling	-2.9
Esophagus	***	2	8	falling	-2.6
Kidney & Renal Pelvis	***	2.1	9	falling	-1.7
Leukemia	***	5.2	21	falling	-1.7
Liver & Bile Duct	***	4.5	20	stable	1
Lung & Bronchus	Yes	23	98	falling	-6.3
Melanoma of the Skin	***	1.2	5	falling	-2.1
Non-Hodgkin Lymphoma	***	5.3	22	falling	-2.3
Oral Cavity & Pharynx	***	1.4	6	falling	-1.8
Ovary	***	6.9	17	falling	-1.6
Pancreas	***	10.2	44	stable	0.5
Prostate	Yes	14.7	25	falling	-3.8
Stomach	***	2.5	11	falling	-3.6
Thyroid	***	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	5.4	13	stable	0.6

*** 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 D5: CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): SOMERSET COUNTY
2016-2020

		Lung & Bronchus	Colon & Rectum	Pancreas
MORTALITY RATE REPORT FOR SOMERSET COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	Yes	Yes	***
	Age-Adjusted Death Rate - per 100,000	23	10.5	10.2
	Average Annual Count	98	45	44
	Recent Trend	falling	falling	stable
	Recent 5-Year Trend in Death Rates	-6.3	-2.9	0.5
White Non-Hispanic, All Ages	Met Healthy People Objective	No	Yes	***
	Age-Adjusted Death Rate - per 100,000	25.5	11.2	11.1
	Average Annual Count	79	34	36
	Recent Trend	falling	falling	rising
	Recent 5-Year Trend in Death Rates	-7	-2.7	0.8
Black (includes Hispanic), All Ages	Met Healthy People Objective	No	No	***
	Age-Adjusted Death Rate - per 100,000	25.1	15.8	*
	Average Annual Count	8	5	3 or fewer
	Recent Trend	falling	falling	*
	Recent 5-Year Trend in Death Rates	-3	-2.1	*
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	Yes	***	***
	Age-Adjusted Death Rate - per 100,000	15	*	6.5
	Average Annual Count	7	3 or fewer	3
	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	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
MALES	Met Healthy People Objective	No	No	***
	Age-Adjusted Death Rate - per 100,000	27.2	12.7	12.5
	Average Annual Count	49	22	23
	Recent Trend	falling	falling	stable
	Recent 5-Year Trend in Death Rates	-6.5	-2.7	1
FEMALES	Met Healthy People Objective	Yes	No	***
	Age-Adjusted Death Rate - per 100,000	19.9	9	8.4
	Average Annual Count	49	22	21
	Recent Trend	falling	falling	stable
	Recent 5-Year Trend in Death Rates	-1.8	-3	-0.2

* 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 D6: CANCER 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				
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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				
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5- Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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				
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5- Year Trending Incidence Rates
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5- Year Trending Incidence Rates
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	*	*
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cape May County	158	135	falling	-1.5
Gloucester County	156.5	284	falling	-1.5
Union County	154.8	478	rising	5
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

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
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6

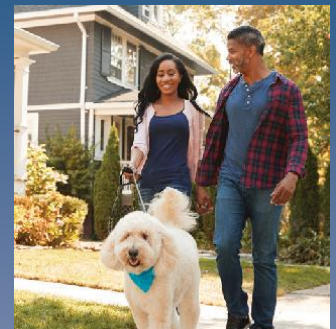
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5- Year Trending Incidence Rates
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex 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 D7: RWJ Somerset - TUMOR REGISTRY SUMMARY

In 2023, RWJ-S' tumor registry data showed that 9.1% and 16.4% 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: Digestive Organs (39.7%) followed by Lymph Nodes (38.9%), Respiratory System (36.7%) and Skin (33.3%). 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) -	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		355	3.6%	5.3%	8.9%
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES			20.0%	20.0%	40.0%
DIGESTIVE ORGANS		162	13.2%	39.7%	52.9%
	COLON	41	15.2%	36.4%	51.5%
	ESOPHAGUS	10	14.3%	57.1%	71.4%
	LIVER AND INTRAHEPATIC BILE DUCTS	11	25.0%	25.0%	50.0%
	PANCREAS	39	12.5%	40.6%	53.1%
	RECTUM	16	22.2%	33.3%	55.6%
	STOMACH	21	11.8%	47.1%	58.8%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		42	0.0%	0.0%	0.0%
	BRAIN	19	0.0%	0.0%	0.0%
	MENINGES	21	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		75	15.1%	28.3%	43.4%
	CERVIX UTERI		16.7%	50.0%	66.7%
	CORPUS UTERI	39	18.8%	15.6%	34.4%
	OVARY	15	0.0%	71.4%	71.4%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		90	8.6%	3.4%	12.1%
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	90	8.6%	3.4%	12.1%
LIP, ORAL CAVITY AND PHARYNX		15	0.0%	22.2%	22.2%
LYMPH NODES		46	13.9%	38.9%	52.8%
MALE GENITAL ORGANS		224	14.5%	17.4%	31.9%
	PROSTATE GLAND	216	13.7%	18.3%	32.1%
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM			0.0%	0.0%	0.0%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		131	13.3%	36.7%	50.0%
	BRONCHUS AND LUNG	121	14.1%	38.0%	52.2%
SKIN		15	33.3%	33.3%	66.7%
THYROID AND OTHER ENDOCRINE GLANDS		60	0.0%	0.0%	0.0%
	THYROID GLAND	55	0.0%	0.0%	0.0%
URINARY TRACT		101	12.2%	7.8%	20.0%
	BLADDER	56	0.0%	9.8%	9.8%
	KIDNEY	33	32.1%	3.6%	35.7%
Grand Total		1346	9.1%	16.4%	25.5%

Community Health Improvement Plan (2022 - 2024): Outcomes and Results



**Robert Wood Johnson
University Hospital
Somerset**

**RWJBarnabas
HEALTH**



INTRODUCTION

In 2021, Robert Wood Johnson University Hospital Somerset ("RWJS") conducted and adopted its Community Health Needs Assessment ("CHNA"). The CHNA was based upon a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Coalition, Healthier Somerset ("HS"), comprised of public health officers, community based organizations, other providers and community representatives. The Plan can be accessed at <https://www.rwjbh.org/rwj-university-hospital-somerset/about/community-health-needs-assessment/>.

Through the CHNA process, health need priorities were chosen based capacity, resources, competencies, and the needs specific to the populations served. The Improvement or Implementation Plan addresses the manner in which RWJS and its coalition partners will address each priority need and the expected outcome for the evaluation of its efforts. The improvement plan and results which follows are based on the four selected priority areas*:

- **Behavioral Health (Mental Health and Substance Abuse)**
- **Chronic Disease, with a Focus on Healthy Eating/Active Living (HEAL)**
- **Economic Wellbeing**
- **Access to Services**

Initially, addressing systemic racism, racial injustice, and discrimination was identified as a priority area, but planning participants elected to integrate this priority as a cross-cutting theme in the CHIP. These issues have been identified as key focal points for integration across all the priority areas in the plan and are incorporated into each priority through related strategies.

RWJS participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. This includes working with local health departments, the Healthier Somerset Coalition and other agencies and providers to support health planning and to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

**The four focus areas do not represent the full extent of the Hospital's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified in the 2021 CHNA included:*

- *Coronavirus/COVID-19 (specifically related to testing, transmission, disease mitigation, etc.)*
- *Financial Insecurity/Unemployment (elements addressed in Economic Wellbeing)*
- *Housing (elements addressed in Economic Wellbeing)*
- *Transportation*
- *Systemic Racism, Racial Injustice & Discrimination (incorporated across activities)*

The Improvement Plan and results for its objectives follow.

Priorities	Goals	Objectives
Priority 1: Mental Health/ Substance Use	Goal 1: Prioritize mental health and substance use programming that is equitable and available without fear or judgment throughout Somerset County.	1.1: By December 2024, increase access to culturally appropriate mental health programming across the life span (youth, adults, and seniors) with an emphasis on traditionally underserved populations.
		RESULTS: Met – RWJS increased programming 424% from 2021 to 2024
		1.2: By December 2024, increase access to culturally appropriate substance use programming across the life span (youth, adults, and seniors) with an emphasis on traditionally underserved populations.
		RESULTS: Met – HS increased by 200% from 2021 and 2024. RWJS increased 13% from 2021 to 2024.
		1.3: By December 2024, reduce stigma around mental health issues and substance use disorders.
		RESULTS: Met - HS offered over 500 programs on the mental health and substance use issues to reduce stigma.
Priority 2: Chronic Disease with a focus on HEAL	Goal 2: Ensure all residents have equitable access to education and resources to promote healthy eating and active living and to prevent and manage chronic disease.	2.1: By December 2024, increase the number of people who are diagnosed with a chronic disease who can effectively manage their chronic health condition.
		RESULTS: Met - HS and RWJS increased the number of chronic disease programs and the number of individuals participating in them.
		2.2: By December 2024, increase fruit and vegetable consumption in Somerset County.
		RESULTS: Met - HS coalition member Franklin Food Bank increased the lbs of produce distributed by over 76% 765,012 to 1,001,518 in 2024. Share My Meals program launched and expanded.
		2.3: By December 2024, increase the percentage of residents who meet current federal physical activity guidelines.
		RESULTS: Met - RWJS increased the number of exercise classes by 33% from 17 in 2022 to 51 in 2024.

Priorities	Goals	Objectives
Priority 3: Economic Well-Being	Goal 3: Address the root causes of economic disparities in Somerset County so all have equitable access to economic opportunities and sustainable financial security.	3.1: By December 2024, increase the number of safe, energy efficient, and accessible housing options at all levels of affordability.
		RESULTS: Met – Affordable rental units increased by 63.5% from 2021 to 2024 in Somerset County. US Census Data also showed increases in home ownership. This includes RWJUH Somerset's Healing Homes program.
		3.2: By December 2024, increase participation in current/existing financial literacy programs/services that are targeted across the lifespan and have an equity focus.
		RESULTS: Met – CJHRC alone increased the number of programs offered by 60% from 2021 to 2024.
		3.3: By December 2024, increase the percent of people who can meet their living expenses and contribute to savings.
		RESULTS: Not Met - US Census Data shows improvement from 2021 to 2022 but then this number drops in 2023. 2024 data not available.
		3.4: By December 2024, increase the percent of people who rise above the ALICE (Asset, Limited, Income Constrained, Employed) poverty guidelines in Somerset County.
		RESULTS: Met – Based upon the 2022 Somerset County data for ALICE and the upward trending data for the State of NJ, it can be concluded that the % of individuals increased from 2021 to 2024.

Priorities	Goals	Objectives
Priority 4: Access to Services	Goal 4: Ensure residents have access to affordable, equitable, and high quality services where they are treated with dignity and respect in order to improve health and thrive in the communities they call home.	4.1: By December 2024, increase the number of patients who use medical navigation services.
		RESULTS: Met – HS improved medical navigation services by 36% from 2,425 in 2021 to 6,699 in 2023. 2024 data not yet available.
		4.2: By December 2024, improve the county-wide resource, navigation, and referral system for the full range of social services available in the county, especially for non-English speakers and seniors.
		RESULTS: Not Met – data does not substantiate improvement of this system.
		4.3: By December 2024, decrease the number of residents experiencing transportation challenges when accessing health and social services.
		RESULTS: Met – HS increased the number of transports by 86% from 158 in 2021 to 184 in 2023. 2024 data not yet available.
		4.4: By December 2024, increase the number of residents who can access health and social services within their community.
		RESULTS: Met – HS increased the number of individuals accessing health and social services by 78% from 10726 in 2021 to 13,718 in 2022. Note: 2023 data is incomplete and 2024 data not yet available