



Hillsborough Township Health Department COVID-19 Vulnerable Population Assessment

I. Background

In New Jersey, local health departments (LHDs) are the boots on the ground for public health services. Through the statutory authority granted to municipalities, local boards of health are responsible for providing essential services in emergency response and disaster resiliency, communicable disease investigation and outbreak response, environmental and sanitation inspections, chronic disease prevention and health promotion. These LHDs have varied infrastructures, where some agencies may provide services to an entire county, some to a single city or municipality, and some to multiple municipalities. As such, it is critical that LHDs build communicable disease capacity in contact tracing and containment to ensure rapid response to and recovery from COVID-19 and other emergent pathogens.

To support COVID-19 response, the New Jersey Department of Health (NJDOH) Office of Local Public Health (OLPH) received federal funding from the Centers for Disease Control and Prevention (CDC) that was awarded to county and local health departments to support COVID-19 response and mitigation. Throughout COVID-19, LHDs have worked around the clock to prepare, respond to, and contain the spread of COVID-19 in the state, and these funds have provided LHDs with resources to identify, track and address local outbreaks rapidly.

\$9.3 million in CDC funds (ELC Strategy 5 Use Laboratory Data to Enhance Investigation, Response and Prevention) was made available through a non-competitive Strengthening Local Public Health Capacity 2021 Grant made available to 77 non-LINCS Agency LHDs to hire full-time Vulnerable Population Outreach Coordinators (VPOCs) to assess, mitigate and respond to the social and health impacts of COVID-19 through targeted outreach to at-risk vulnerable populations. Specifically, the purpose of this funding is to ensure that at-risk residents in their communities have access to testing, vaccination, and support services such as housing, primary medical care, insurance coverage, and unemployment compensation to allow them to quarantine effectively. Additionally, a total of \$1.7 million in Strengthening Local Public Health Capacity funds earmarked through the State's 2021 Budget was also allocated to assist non-LINCS Agency LHDs to strengthen communicable disease outbreak preparedness and boost COVID-19 response capacity. The Hillsborough Township Health Department received a Strengthening Local Public Health Capacity 2021 Grant in the amount of \$142,236.

The above funding was made available in addition to \$5 million in federal funding allocated to support LHDs statewide through the New Jersey Association of County and City Health Officials (NJACCHO) to carry out critical local public health efforts such as case contact tracing, providing guidance to long-term care facilities, standing up community testing and vaccination sites, ensuring individuals have a safe place to quarantine and a variety of other COVID-19 related activities.

II. COVID-19 Vulnerable Population Assessment Goal

From the beginning of the pandemic through the date of this report, public health response has evolved daily through testing, contact tracing, quarantine, isolation, and vaccination to prevent the spread of disease and protect the public's health. As part of the Strengthening Local Public Health Capacity 2022 Grant, and in response to this unprecedented

COVID-19 public health pandemic, the Hillsborough Township Health Department prepared this COVID-19 Vulnerable Population Assessment, to be referenced as the *Assessment* going forward in this document. This goal of this rapid assessment is to:

- Defines and categorize vulnerable populations within the LHD’s jurisdiction;
- Detail the community demographics of the LHD’s service area;
- Describe the vulnerability, health disparities and community impacts of COVID-19;
- List community agencies that provide support to these vulnerable populations; and
- Summarize key findings and priorities.

The data referenced within this Assessment applies to the following municipalities served by the Hillsborough Township Health Department including Hillsborough, Millstone, and Flagtown. The Assessment is to be presented by the VPOCs to the Hillsborough Township Health Department Health Officer and governing body. Completing this rapid Assessment will inform the development or update of a community resource directory of social support agencies (web-based, or another format) by the VPOC(s). The forming of connections with support services providers and other community stakeholders will enable VPOCs to effectively provide targeted outreach within the community in the areas of COVID-19 prevention, testing, contact tracing, containment, isolation, quarantine, vaccination.

III. Underlying Medical Conditions and Increased Risk

CDC updated the list of underlying medical conditions that increase risk of severe illness after reviewing published reports, pre-print studies, and various other data sources. CDC experts then determined if there was clear, mixed, or limited evidence that the condition increased a person’s risk for severe illness, regardless of age. There was consistent evidence (from multiple small studies or a strong association from a large study) that specific conditions increase a person’s risk of severe COVID-19 illness, and include:

● Chronic kidney disease	● Smoking
● Cancer	● Type 2 diabetes
● COPD (chronic obstructive pulmonary disease)	● HIV/AIDS
● Obesity (BMI of 30 or higher)	● Sickle cell disease
● Immunocompromised state (weakened immune system) from solid organ transplant	● Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
● Down Syndrome	● Pregnancy and Breastfeeding

IV. Defining Vulnerable Populations in the Community

Vulnerable populations are defined as those at greater risk for poor health status and health outcomes, experience significant disparities in life expectancy, often lack access to healthcare and social supports, and experience increased morbidity and mortality. The health needs of vulnerable populations are complex and intersect with the social and economic conditions they experience. These populations are also more likely to have one or more physical and/or mental health conditions. Additionally, the disparities in health and environmental risk factors that vulnerable populations experience put them at greater risk for COVID-19 related morbidity and mortality. In order to reduce the number of poor health outcomes due to COVID-19 in vulnerable populations, it is imperative that LHDs identify vulnerable populations in

the community and work closely with the social support agencies to connect them to COVID-19 prevention measures, testing, contact tracing, containment, isolation, quarantine, vaccination, primary care, and other social supports.

The following are multiple types and categories of vulnerable populations present within the communities served by the Hillsborough Township Health Department:

Vulnerable Populations

<p>Economic Disadvantage ALICE Families/Individuals; Low-income persons and those living at or under the poverty line, including those who have been in poverty for at least two generations; Ethnic and racial minorities; Medicaid recipients; Working poor with limited resources, often working multiple jobs; Single mothers/fathers and sole caregivers; Low wage workers in multiple jobs</p>	<p>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers) Persons with limited English language proficiency (read, write) in native language; low literacy or non-English speaking groups: <ul style="list-style-type: none"> ○ Spanish, Asian and Pacific Island languages (Chinese, Korean, Hindi, Gujarati) ○ Other Indo-European languages (German, French, Italian, Polish) ○ Sign Languages/American Sign Language (ASL) Foreign visitors; Undocumented immigrants; Immigrants Seniors often face difficulty accessing or utilizing technology</p>
<p>Age Elderly with limited strength, but not disabled; Senior citizens; Infants; Mothers with newborns; Teens, school-age children, latchkey children; Families with children who have health care needs; Grandparents who are guardians of grandchildren</p>	
<p>People living in Congregate, Crowded, Sub-Standard Living Situations: People living in: Shelters/Temporary Housing; LTC/Assisted Living Facilities or Other Long-Term Care Settings; Intellectual and Developmental Disabilities (IDD) group homes; Group Homes; Mental Health Group Homes; Schools; Migrant Workers/ Undocumented Immigrants; Affordable Housing; Other Congregate Settings</p>	<p>Isolation (cultural, geographic, or social) Persons in the LGBTQ community; People living in shelters (battered persons); Homebound elderly; People living alone; Sole caregivers; Single individuals without extended family; Low-income persons; Persons experiencing mental illness; Persons formerly or recently incarcerated and those soon to be released from custody; People living in remote rural areas; Undocumented immigrants; Persons unable to afford transportation; People dependent on public transportation; Seasonal, temporary, migrant workers and families (i.e. farm, other); Persons living in temporary living conditions/ locations; Commuters; People displaced by fire or disaster.</p>
<p>Hospitalized persons Persons that are hospitalized; Persons living in congregate Long-Term Care Facilities/Assisted Living Facilities; Blind and visually impaired; Deaf and hard of hearing; Developmentally disabled; Mobility impaired; Medically dependent (persons dependent on life support/medical equipment); Chronic disease/infirm; Drug and/or alcohol dependent (perhaps not in treatment); Persons with history of drug overdose; Diagnosed with mental illness; Drug use and substance use disorder; Mentally ill or having brain disorders/injuries; Persons with chronic pain</p> <p>Non-hospitalized patients Require renal dialysis; Require supplemental oxygen; Require daily medication (insulin, antihypertensive agents, narcotics, antipsychotics); Persons receiving chemotherapy or cancer treatment; Clinically depressed individuals who may be unable to follow directions; Stroke patients with limited mobility and additional care requirements; Pregnant women; People recuperating at home from acute injury (e.g. broken bones, recent surgery, back injury, burns)</p> <p>Challenges with Accessing Healthcare Persons uninsured or underinsured; Persons who have reduced access to medical care; Persons who are fearful of seeking care due to ability to pay, fear of prejudice or stigma; Persons with behavioral health issues that prevent them from seeking care</p>	
<p>Individuals at High Risk for COVID-19 (Phase 1B/Phase 1C Combined) <ul style="list-style-type: none"> ● Individuals aged 65 and older, and individuals ages 16-64 with medical conditions, as defined by the CDC, that increase the <i>risk of severe illness</i> from the virus. These conditions include: <ul style="list-style-type: none"> ○ Cancer ○ Chronic kidney disease ○ COPD (chronic obstructive pulmonary disease) </p>	

- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus
- Pregnant/Breastfeeding

● **People aged 75 years and older** because they are at high risk of hospitalization, illness, and death from COVID-19.

● **Frontline Essential Workers**

First Responders (Phase 1B) At-Risk for COVID-19

- Sworn law enforcement, firefighters, and other first responders, including:
 - New Jersey State Police troopers
 - Municipal and county police officers
 - Detectives in prosecutors' offices and state agencies
 - State agency/authority law enforcement officers (e.g. State Park Police and Conservation Officers, Palisades Interstate Parkway Officers, Human Services police, and NJ Transit police)
 - Investigator, Parole and Secured Facilities Officers
 - Aeronautical Operations Specialists
 - Sworn Federal Law Enforcement Officers and Special Agents
 - Bi-State law enforcement officers (e.g. Port Authority)
 - Court Security Officers
 - Paid and unpaid members of firefighting services (structural and wildland)
 - Paid and unpaid members of Search and Rescue Units including technical rescue units and HAZMAT teams
 - Paid and unpaid firefighters who provide emergency medical services
 - Paid and unpaid members of Industrial units that perform Fire, Rescue and HAZMAT services
 - Members of State Fire Marshal's Offices
 - Bi-State Fire Service Personnel (e.g. Port Authority)

Other Frontline essential workers: food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector (teachers, support staff, and daycare workers.)

● **Other essential workers**, such as people who work in transportation and logistics, food service, housing construction and finance, information technology, communications, energy, law, media, public safety, and public health.

Healthcare Personnel (Phase 1A) At-Risk for COVID-19

Paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including, but not limited to:

- Licensed healthcare professionals like doctors, nurses, pharmacists, and dentists
- Staff like receptionists, janitors, mortuary services, laboratory technicians
- Consultants, per diem, and contractors who are not directly employed by the facility
- Unpaid workers like health professional students, trainees, volunteers, and essential caregivers
- Community health workers, doulas, and public health professionals like Medical Reserve Corps
- Personnel with variable venues like EMS, paramedics, funeral staff, and autopsy workers
- All workers in acute, pediatric, and behavioral health hospitals and ambulatory surgical centers
- All workers in health facilities like psychiatric facilities, Federally Qualified Health Centers, and rehabs
- All workers in clinic-based settings like urgent care clinics, dialysis centers, and family planning sites
- All workers in long-term care settings like nursing homes, assisted living facilities, group homes, and others
- All workers in occupational-based healthcare settings like health clinics within workplaces, shelters, jails, colleges and universities, and K-12 schools
- All workers in community-based healthcare settings like PACE and Adult Living Community Nursing
- All workers in home-based settings like hospice, home care, and visiting nurse services
- All workers in office-based healthcare settings like physician and dental offices
- All workers in public health settings like local health departments, LINCS agencies, harm reduction centers, and medicinal marijuana programs
- All workers in retail, independent, and institutional pharmacies

- Other paid or unpaid people who work in a healthcare setting, who may have direct or indirect contact with infectious persons or materials, and who cannot work from home.

Long-Term Care Residents and Staff (Phase 1A) At-Risk for COVID-19

All residents and workers of long-term care and high-risk congregate care facilities, including:

- Skilled nursing facilities
- Assisted living facilities, continuing care retirement communities, and personal care homes
- Group homes like residential care homes, adult family homes, adult foster homes, and intellectual and developmental disabilities group homes
- HUD 202 Supportive Housing for the Elderly Program residences
- Institutional settings like psychiatric hospitals, correctional institutions, county jails, and juvenile detention facilities (for eligible minors, e.g. 16+ years of age may be eligible for Pfizer vaccine under the emergency use authorization)
- Other vulnerable, congregate, long-term settings

V. Community Demographic Profile

This section of the Assessment contains information about the age, sex, race, and socioeconomic composition of the population within the LHD’s jurisdiction. (*Data for Flagtown are limited due to the small size of the population.)

Demographic Characteristic	Hillsborough Township	Flagtown*
Population estimates, July 1, 2019, (V2019)	39,950	436
PEOPLE		
Population		
Population estimates, July 1, 2019, (V2019)	39,950	436
Population estimates base, April 1, 2010, (V2019)	38,316	354
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	4.3%	%
Population, Census, April 1, 2010	38,303	354
Age and Sex		
Persons under 5 years, percent	5.6%	2.5%
Persons under 18 years, percent	22.7%	13.5%
Persons 65 years and over, percent	13.3%	15.8%
Female persons, percent	50.6%	49.1%

Male persons, percent	49.4%	50.9%
Race and Hispanic Origin		
White alone, percent	72.1%	89%
Black or African American alone, percent	4%	0%
American Indian and Alaska Native alone, percent	.5%	0%
Asian alone, percent	18.6%	11%
Native Hawaiian and Other Pacific Islander alone, percent	0%	0%
Two or More Races, percent	2.8%	0%
Hispanic or Latino, percent	7.6%	8.7%
White alone, not Hispanic or Latino, percent	67%	80.3%
Population Characteristics		
Veterans, 2015-2019	957	unknown or N/A
Foreign born persons, percent, 2015-2019	20.6%	unknown or N/A
Housing		
Housing units, July 1, 2019, (V2019)	14,811	171
Owner-occupied housing unit rate, 2015-2019	84.9%	93.8%
Median value of owner-occupied housing units, 2015-2019	\$438,400	\$389,700
Median selected monthly owner costs -with a mortgage, 2015-2019	\$2,749	\$2088
Median selected monthly owner costs -without a mortgage, 2015-2019	\$1,174	\$1059

Median gross rent, 2015-2019	\$1,187	\$
Building permits, 2019	unable to obtain	unable to obtain
Families & Living Arrangements		
Households, 2015-2019	13,794	145
Persons per household, 2015-2019	2.85	3.01
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	93%	95.2%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	22.9%	20.2%
Computer and Internet Use		
Households with a computer, percent, 2015-2019	95.8%	100%
Households with a broadband Internet subscription, percent, 2015-2019	92.9%	100%
Education		
High school graduate or higher, percent of persons age 25 years+, 2015-2019	97.2%	100%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	59.3%	21%
Health		
With a disability, under age 65 years, percent, 2015-2019	4.4%	10.7%
Persons without health insurance, under age 65 years, percent	3.7%	3.4%

Economy		
In civilian labor force, total, percent of population age 16 years+, 2015-2019	73.4%	59.5%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	68%	55.7%
Total accommodation and food services sales, 2012 (\$1,000)	unable to obtain	unable to obtain
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	163,813	N/A or unknown
Total manufacturers shipments, 2012 (\$1,000)	95,396	N/A
Total merchant wholesaler sales, 2012 (\$1,000)	646,644	N/A
Total retail sales, 2012 (\$1,000)	298,629	N/A
Total retail sales per capita, 2012	\$7,681	N/A
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	32.8	21.2
Income & Poverty		
Median household income (in 2019 dollars), 2015-2019	\$129,284	\$56,313
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$55,907	unknown
Persons in poverty, percent	2.5%	0%

Business		
Total employer establishments, 2018	unable to obtain	N/A
Total employment, 2018	unavailable	unavailable
Total annual payroll, 2018 (\$1,000)	unavailable	unavailable
Total employment, percent change, 2017-2018	unavailable	unavailable
Total non-employer establishments, 2018	unavailable	unavailable
All firms, 2012	3,572	unavailable
Men-owned firms, 2012	2,094	unavailable
Women-owned firms, 2012	1,026	unavailable
Minority-owned firms, 2012	772	unavailable
Non Minority-owned firms, 2012	2,711	unavailable
Veteran-owned firms, 2012	284	unavailable
Non Veteran-owned firms, 2012	3,045	unavailable
Geography		
Population per square mile, 2010	702.3	unavailable
Land area in square miles, 2010	54.54	unavailable

VI. Vulnerability, Health Disparities, and Community Impacts of COVID-19

Vulnerability of the Community

There have been a significant number of emerging impacts on the community served by the Hillsborough Township Health Department that are categorized below. Some of the greatest vulnerable population impacts observed have been in the areas of health, education, employment, provision of human/social services, and community resources.

Within the LHD's jurisdiction, the following vulnerable population impacts have been observed in the following categories: See section below marked Ethnic and Racial Disparities

Within the LHD's jurisdiction, geographic locations with the highest vulnerability include:

We can define pockets of high vulnerability based upon participation in the Free and Reduced School Lunch Program, and the uninsured/unknown insurance status of families in the School District. The data indicates that the families might be highly vulnerable due to limited finances and possible limited access to healthcare around some of the elementary schools. In particular, these include the areas surrounding Sunnymead Elementary, Woodfern Elementary, and Hillsborough Elementary.

Disparities in Cases and Deaths from COVID-19

Conditions known as social determinants of health based on the places where people live, work, learn, play, and worship affect a great variety of health risks and outcomes, such as with COVID-19 infection, severe illness, and death. Systemic social and health inequities have placed many people from racial and ethnic minority groups at increased risk of dying from COVID-19. Although CDC data shows that the highest percentage of COVID-19 cases have affected non-Hispanic White persons, ethnic and racial minority populations are disproportionately represented among COVID-19 cases.

Nationwide, data shows that the following groups have experienced disproportionately higher rates of infection and/or complications/death as a result the COVID-19 pandemic:

- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)
- Older persons
- People of color, particularly African Americans, and persons of Hispanic ethnicity

The following outlines the variety of possible impacts of COVID-19 on the communities within the Hillsborough Township Health Department service area (including those who live or work here) thus far:

- **Health Impacts:** As of October 7, 2021, there have been 3,728 total confirmed COVID-19 cases in Hillsborough Township. Of those confirmed cases, 112 people have died. That is a 3% case mortality rate. Case counts have remained relatively steady over the last couple of months, with an increase in "break-through infections" of vaccinated individuals.

Individuals over 65, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.	Seniors living in nursing, residential, and rehab centers experienced high levels of COVID infection. Eighty-eight percent of the deaths in Hillsborough occurred in people aged 70 and above. The number of positive cases was lower in the 65+ population as compared to younger people; however, mortality was significantly higher. These seniors also experienced increased isolation due to multiple quarantines over the past year. Seniors who have difficulty accessing technology and/or are homebound found it difficult to access vaccines when they first became available. However, currently 116% of people over age 65 are fully vaccinated. (More than 100% vaccine
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	<p>coverage is due to multiple reasons: transient persons (i.e., people who have moved), those who are traveling and not residing in their home where the census counted them, students who may select their student residence for vaccination data, persons in long-term care (or other facility-based housing outside of the home) which might be counted in a different location for the census, and other reasons.)</p>
<p>Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.</p>	<p>In the various focus groups we conducted in the community Feb to April, a recurring theme was mental health issues, especially among school-age children and youth. The different service providers and community-facing and -liaising people we talked to reported community members attempting to reach out for psychological services but being met with a long wait list (e.g. child therapists). Additionally, during our focus groups about the youth perspective, adults who work with youth reported the impact on youth of not being able to attend school fully in-person last year has been detrimental to their mental health. Additionally, law enforcement in our focus groups reported more youth runaways and juveniles “acting out,” and an increase in overall crime in the month of September 2021. We should be prepared with information and referrals to mental health care at all levels. The Township will also want to examine the need for additional crisis response in response to mental health emergencies. This may simply be in the form of strengthened current or additional counseling, outpatient, and in-patient referral sources.</p>
<p>Nutrition impact</p>	<p>Last year, nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks was impacted as many were now removed from that food source due to school closures. School lunches were made available to all District students regardless of their financial eligibility for the Title IA program. The enrollment numbers for 2020-2021 appear to be skewed for that reason. Therefore, 2019-2020 numbers were probably a more accurate assessment of families’ needs. However, this area needs to be more closely examined as there may be even more families financially eligible now that more families are struggling post COVID.</p>
<p>Increased domestic/intimate partner violence</p>	<p>In 2020, the domestic violence agency for Somerset County, Safe+Sound Somerset, served 4040 survivors, which was a 21% increase in the number of clients served, and a 40% increase in services provided over 2019 numbers. These higher numbers have persisted so far through 2021. Since the start of the pandemic, survivors are reporting an increase in the frequency and severity of the violence. They are coming to the organization with more complex needs, and utilizing more of the programs, which include Emergency shelter, counseling, legal advocacy, family advocacy, financial empowerment and the Domestic Violence Housing First Initiative. Over 10% of clients reside in Hillsborough, making it the township with the 2nd highest utilization rates in the county.</p>

<p>Other health impacts</p>	<p>Hillsborough senior citizens (over age 60) accounted for 20% of the positive cases and 96% of COVID related deaths. The age group 0-19 accounted for 20% of the positive cases with no reported COVID related deaths. There were no deaths reported for people ages 39 and under. Therefore, and consistent with what is occurring nationally and globally, seniors over 60 have been disproportionately affected. However over the last six months, the positivity rate of seniors has declined slightly, as they have very high vaccination rates (116% of people 65+ are fully vaccinated.) In the last few months, we have seen a slight increase in the positivity rate of children below age 10, likely due to the fact that they are not yet eligible to be vaccinated.</p> <p>School nurses have reported a decrease in general immunization rates, perhaps due to parents delaying routine doctor visits during the extended lockdown phase. However, Hillsborough Schools report that they are sending out regular gentle reminders to parents about the importance of scheduling routine vaccines.</p>
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● **Employment Impacts:**

<p>Individuals in the healthcare field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular many of those workers with close, frequent contact with vulnerable individuals are lower-wage individuals.</p>	<p>Hillsborough has a large number of doctors offices, multiple group homes, 5 assisted living facilities, and 6 Home Care agencies. The workers at these facilities are at increased risk of COVID due to their types of duties and close interactions with clients.</p> <p>Some of the facilities have struggled to get their staff vaccinated due to fears and misconceptions regarding the vaccines. Long term care and assisted living facilities’ staff in Hillsborough have vaccination rates ranging from 86 - 97% vaccinated against COVID, which is an improvement; however, the facilities with lower rates are still concerning and the Vul Pop team will continue to work with them to provide evidence-based information about the COVID vaccine and encourage them to get vaccinated, especially since they are regularly in close contact with high-risk, elderly people. Some LTCs have expressed difficulty with staffing, as it can be challenging to hire qualified workers (especially nurses) during this time.</p>
<p>Day care centers are reporting difficulty finding qualified workers.</p>	<p>Many day care centers are struggling to hire qualified workers, which means the centers cannot offer additional spots for children. When families cannot get their children into affordable day care, they cannot return to work. This is consistent with trends state-wide and nationally.</p>
<p>Undocumented workers have difficulty accessing services.</p>	<p>Hillsborough has multiple businesses dependent on seasonal or “day workers” who do not have traditional employment relationships, such as landscaping companies and home cleaning services. These types of workers found it difficult to get the COVID vaccine because they did not have access to a computer during the day to schedule an appointment, and may speak English as a second language. The VPOC team worked to increase access to the vaccine to these groups through a variety of pop-up clinics. Additional actions are planned to continue impacting vaccination rates amongst this population.</p>

Retailers are having difficulty hiring workers.	Business Advocate has reported that employers in town have had difficulty finding and hiring qualified workers. This is consistent with trends state-wide and nationally. The unemployment rate in Hillsborough Township is now 5.7%.
Other employment impacts	Women have been disproportionately impacted by having to leave their jobs to stay at home for childcare or continue working from home even when their places of employment open for employees to return. There is a general lack of access to employment and workforce development services for young adults post- high school graduation.

● **Educational impacts:**

Students in Hillsborough have returned to full-time in person learning as of September 2021.	As of September 2021, the Hillsborough school district is open for full day learning. The school district led a summer program that identified students who were at risk and brought them back to school over the summer so they could get comfortable being back in school in the fall; as other students were identified, the school counselors reached out to them as well. As staff and students returned to schools, staff remained vigilant of the layered mitigation approach with regular and consistent collaboration with the local health department and district physician.
Access to remote learning	Prior to returning to full-time in person schooling, the Hillsborough School District worked with local internet providers in establishing access to families in the district identified as in need of internet support.
Impact of prolonged remote learning	It is not clear yet what the long-term impact of remote learning will be on students, and whether they have fallen behind or are not reaching age-appropriate educational milestones. We will know more once standardized testing takes place.

● **Impacts on Human Services Provision:**

Services to vulnerable populations have been curtailed or drastically changed. Some service providers are not operating, operating at reduced hours, or are not allowing walk-up services to clients, leaving gaps in services to the community. Other service providers have altered their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:	Services to vulnerable populations are improving but the capacity of all providers was stretched by the devastation of hurricane Ida. Most service providers have returned to regular operating hours and a handful are still operating remotely. Some agencies are experiencing staff shortages due to vaccination issues or staff not returning to the job. The ARPA funds are helping some families with housing rental recovery but there are those who will drop through the cracks due to income requirements. Ida recovery has also hindered families from finding affordable housing as the areas with the most available affordable housing were the hardest hit. School Based Mental Health has found that most students are happy with in-person, full-time learning. They are seeing an uptick in anxiety, stress, anger, and depression. There has been an increase in students seeking services and partaking in school-based
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	<p>counseling. Oftentimes, students are seeking to talk about how they can address issues or find a few moments to gather themselves and get through the grind of the day. In addition, social awareness seems to be lacking as a result of the isolation. Students need to relearn communicating respectfully with others regularly. There are frequent reports that functioning throughout the whole school day and being in class for a full day seems to be difficult. There are a few students who are burning out after the 6th period or so. Many students are lacking the abilities to cope well. Students like the new schedule and feel it gives them some flexibility in their day to catch up on classes or get some clarity from a teacher on an issue they struggled with in their classes.</p>
Other human services provision impacts	<p>There are 32 group homes in Hillsborough, operated by 13 different social service agencies. These homes support the needs of people living with developmental, intellectual, and behavioral conditions. The residents are at higher risk of COVID because of their congregate living situation, as well as staff members, who provide caregiving. However, outbreaks and case counts at these facilities have been very low since vaccinations have been made available.</p>

● **Community Resource Impacts:**

<p>The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food and emergency supplies) and/or needs for resources that have not previously been required in this community in any significant capacity.</p>	<p>There were some challenges with virtual meetings for clients who initially did not have access to technology. Some agencies purchased and had donated chromebooks and laptops for their clients.</p> <p>Service hours changed and the style in which services were delivered were adjusted so that there was no contact delivery of food and essentials.</p> <p>The Mass Feeding Sub Committee of the Somerset County Organizations Active in Disaster (SCOAD) is part of SCOAD and consists of agencies that deal with food distribution at all levels. They continue to meet monthly and added some meetings during the time immediately after the impact of Hurricane Ida. All food pantries and pop-up food pantries reported an increase in clients seeking food in the wake of hurricane Ida. Fortunately, they were well-stocked. Overall, the number of food pantry requests decreased from the same time last year. Stakeholders theorize that the free breakfast and lunch for all students, the extra tax credit (\$250 - \$300/month depending on age of child), and WIC's addition to EBT cards have increased residents' ability to buy food.</p>
<p>The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community, and many others. The Hillsborough Township</p>	<p>SCOAD met weekly in Sept due to hurricane Ida recovery coordination efforts. SCOAD plans to continue to meet monthly in the future. Hurricane Ida added to the challenges the families in the County were already facing. These are meetings in which community serving agencies and nonprofits meet virtually to provide information, identify needs and gaps in the system, and offer solutions and support. The SCOAD agencies participated in 4 MARCs (Multi Agency Resource Centers) to provide relief and</p>

<p>Health Department plays an important role convening organizations, people, and resources to support families.</p>	<p>support to families in Manville, Bound Brook, North Plainfield, and Somerville.</p> <p>Mass Feeding Subcommittee – Cathy Faerber, Hillsborough Assistant Director of Social Services, expanded the Township food pantry and distributed information regarding COVID safety precautions, testing, and eventually vaccination.</p> <p>Based on input from faith-based leaders, faith-based organizations saw an increase in social isolation, loneliness, anxiety, depression, and family discord. The faith community relies on personal interactions for spiritual, emotional, and physical support. Many churches pivoted quickly to online/virtual services. Some continued live services with significant limits on the numbers attending and strict protective guidelines. Some churches reported opening pop-up food pantries. Some facilitated the delivery of food and supplies to the elderly and infirmed, even those not previously from their own congregations.</p>
<p>Other community resource impacts</p>	

● **Ethnic and Racial Disparities**

<p>The impacts of COVID-19, health more broadly, and access to education and social services have negatively impacted Latinos in the community more than other groups.</p>	<p>In response to focus group data in relation to the disproportionate impact of COVID on our Latinx community, the Vul. Pop. Team scheduled vaccine clinics in the Township including onsite at several businesses that have a majority of latinx and black employees. This focused on factory workers, home health aides and landscapers. Additionally, Hillsborough staff translated multiple documents and information to Spanish to address any language barriers.</p> <p>Nine percent of the population in Hillsborough is Latinx, and 7% of the vaccinations given have been to Latinx people. Five percent of the population is Black, and 4% of the vaccinations given have been to Black people. So while still lower than the overall population data, Hillsborough has been accessing its targets.</p> <p>However, there is still a large number of Latinx community members that are reportedly undocumented and concerned about getting vaccinated, but attend church in Hillsborough. Discussions are currently taking place to set up a meeting (to increase trust) and eventually clinics for vaccination in response to a request by the church.</p>
<p>Blacks and Latinos are not equally represented in the community of Hillsborough Township.</p>	<p>Hillsborough community members and stakeholders regularly stated there is not enough representation by Black and Latino families in the community. Equally, they think Black and Latinos feel they are not adequately represented in the community. People expressed concern about the lack of diversity, equity and inclusion in leadership positions.</p>

- **Transportation & Community Infrastructure**

<p>Transportation and community infrastructure has long been an issue in Hillsborough Township.</p>	<p>Community members consistently expressed a concern over the lack of community infrastructure and transportation and described it as a “colossal problem” in Hillsborough. Residents who do not have a car can find it very difficult to access services like food, healthcare, education, employment, etc. Although Somerset County has some excellent social programs and services, not all families and individuals, especially the most vulnerable and in need, can access them without adequate transportation services. Some people think the lack of transportation and community infrastructure impacts mental and physical health and the economy in the community. Residents who do not have a car may find it more difficult to access health services, such as vaccinations and COVID testing. In response to this concern, the Vul. Pop. Team have held several pop-up clinics throughout the town.</p>
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- **Prolonged service disruptions**

<p>The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long term issues.</p>	<p>Hillsborough was a community that saw limited impact on the delivery of services. Over the past year, any challenges have since been resolved.</p>
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- **Prolonged employment issues**

<p>Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.</p>	<p>Many of the challenges that were faced by the workforce last year have been resolved. The biggest challenges that are being seen in the Township relate to having enough staff to effectively run restaurants and other customer service related businesses which includes Long Term Care Facilities.</p> <p>Unemployment, however, did go back down to pre-Covid levels overall.</p>
<p>Other employment issues</p>	<p>As the community reopened, there has been a “mixed bag” of positive and negative effects. As per the Hillsborough Business Association, two additional stores closed permanently: Chez Elody and a long time staple - Culinary Creations. Culinary Creations’ closure was COVID related as the primary owner passed away from complications due to the disease and after his passing the family chose to sell the business. One bar/restaurant closed temporarily (last spring) but stated they intended on re-opening although there has been no movement since that time.</p> <p>But, there have been signs of improvement with 5 businesses opening (1 being an expansion): El Wadi Grill Papa Vegan Flounder Brewing (Expanded to new location and offered free beer to anyone with a vaccination card) Pet Supplies Plus The Ice House</p>

- **Prolonged agency capacity issues**

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.	With the lifting of restrictions over the past year, more social service agencies and nonprofits have been able to reopen and serve the public in person. Some do continue to have a virtual option as well.
Other agency capacity issues	

- **Prolonged community resource/coordination issues**

With COVID-19 impacting the community for almost one-year, the need for community resource/coordination will continue long-term until the community begins to recover from the widespread effects of the pandemic. Recovery efforts will require coordination. Ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.	Regular meetings with the Hillsborough Health Department and community serving agencies will be part of planning for the future so that individuals and communities are better prepared for disasters and broad community impact issues.
Other community resource/coordination issues	Homebound seniors are especially vulnerable if they face challenges accessing the Internet to request a vaccine appointment, as well as community members who are not allowed to work from home and have fast-paced jobs and breaks that do not allow them enough time to seek appointments online or by phone. The Vul Pop team has been coordinating homebound visits for the J & J vaccine with Somerset County / VNA, as well as with a local pharmacist who can provide Moderna or Pfizer.

VII. Community Agencies Supporting Vulnerable Populations

Agency	Types of Services Provided
See ATTACHMENT for our list of agencies and resources.	

VIII. Conclusion

Quantitative and Qualitative Data

The Hillsborough Township Vulnerable Population Outreach Team collected quantitative and qualitative data to guide us in understanding vulnerable populations and preparing to develop an action plan. Our quantitative data includes

demographic information from multiple local, state, and national databases, ALICE Report Data, demographic information from the Board of Education, and the police department.

The qualitative data was derived from multiple focus group interviews/discussions (Principals from the Hillsborough School District, BoroSAFE [high school/community-based partnership for suicide prevention], Daycares/Nursery Schools, the Township Youth Services Commission, the Municipal Alliance, Faith-Based Leaders, and School Nurses), and conversations with business leaders and staff from agencies that serve members of the community in various ways. To update the assessment, qualitative data was obtained through members of the Hillsborough COVID Collaborative which includes members from the focus groups mentioned above in addition to Pharmacists and other community members that have assisted the Vulnerable Populations Team in their response efforts.

The ALICE data indicate that in Hillsborough, 2.5% (342) live at the poverty level and 20% (2,726) are ALICE households. In Flagtown, the data indicates no one living at the poverty level but 73% (96) ALICE households. In Millstone Borough the data is similar with 2.6% (4) living at the poverty level and 26% (41) that are considered Alice households. These are often the families that fall through the cracks as they make too much money to receive many social services support and too little money to adequately sustain their families. They are particularly vulnerable in a situation like the COVID pandemic as they were already stretched thin financially and emotionally. We continue to work on reaching this population through a variety of activities.

While Hillsborough is ethnically diverse, it is predominately white (67%) and English speaking (77.1%). However, 20.6% of Hillsborough residents are foreign-born. Other population groups of note are: 18.5% who identify as Asian with 5.9% speaking the languages of India; 3.1% who speak Chinese, and 2.7% who speak other Asian languages; 7.6% identify as Hispanic/Latino with 5.4% speaking Spanish. Nearly 4% identify as Black or African-American. The areas of non-English speaking and bilingual families, and minoritized communities have been groups we currently and will continue to focus on in our action plan.

As seen in the data on age in this assessment, the negative health impacts on people 60 years and older has been significant. Those 80 years and older experienced a 35% mortality rate from COVID. We learned from nursing home/residential care/long-term care and group home staff that COVID had a devastating effect on the senior population and was exacerbated in those with comorbidities.

Recurring Themes from our Focus Groups

In the 8 focus groups we had originally conducted, we encountered notable recurring themes. One recurring theme was that the mental/emotional toll on children and adults has been significant and the worst may not yet have been seen. A second recurring theme was the impact in multiple aspects of the lives of the elderly: they often lack understanding of/access to technology, food insecurity that was attributed to lack of transportation or limited finances, and social isolation. This includes the elderly living alone and in residential facilities.

A third theme surrounded the area of education and childcare. There were concerns by school leadership and staff that many children have had a poor experience with virtual and hybrid schooling and may not be at grade level. There are also concerns about the mental/emotional state of students (and their parents). We will want to find or develop emotional support systems, in addition to the ones already in the school system, that can help return impacted families to a healthy equilibrium.

Related to mental health, a fourth recurring theme was the significant hidden and underreporting of mental health and substance use issues among community members. So far, this has been difficult to tease out quantitatively, but we will see how these issues progress as the state reopens, and businesses and schools get back to normal operation.

In the past year, there has been some progress in these recurring themes. Telehealth resources were expanded, home visits and outreach by phone to seniors to address technology issues and moving to full day school attendance as the final phase after hybrid schooling to address educational and mental health issues have all had a positive impact on the community and its residents. Some specific impacts, however, will not be able to be assessed for quite some time (year or more).

COVID-19 Vaccination Concerns/Issues

There has been a significant drop in barriers to the vaccine. Hillsborough, based on documented residents, has one of the highest vaccine rates in the county and state for the 18+ population. There is still vaccine hesitancy amongst some adults for both themselves but more particularly for their children. There also seems to be some confusion which creates concerns around the third dose, booster, and the various vaccines. There is still an issue of hesitancy among municipal workers in Hillsborough Township with an estimate of about 70% having been vaccinated which is only a slight increase over the 50% reported last spring. Also impacting COVID-19 vaccinations is the start of flu vaccines. Many residents do not want to have both vaccines at the same time which is now creating a lag in boosters and new vaccinations.

To continue addressing COVID misinformation and vaccine hesitancy, the Vul. Pop. Team has held some educational and informational workshops but has concentrated more of their efforts in the social media realm. One project that was recently launched is a campaign with local Hillsborough residents stating why they got the vaccine. The graphics and videos will be shared on the Township's website and facebook page.

We know from our community sources which areas and demographics we need to continue to focus on, which include some high-risk, vulnerable groups and individuals. Various partners have indicated an interest in participating in such workshops and presentations. Community stakeholders have indicated a preference for an online/virtual educational/information session as well as information that we can share electronically. In this work, it is paramount we recognize the historical and current structural racism, ableism and other forms of oppression that have made it difficult for some communities (such as ethnic minoritized communities like people of color and people with disabilities) to fully trust the public health, medical and scientific community. As a local health department, we have been very cognizant, open and honest about the safety and development of the COVID-19 vaccine—what we know and what we do not know as things change and progress, and to listen to and try to understand individual concerns about the vaccine as well.

Looking Ahead

We have collected a wide variety of different types of data, and continue to do so. From this, we will continue to update our comprehensive action plan to meet the needs of the vulnerable populations in Hillsborough. In conjunction with our diverse variety of community partners, including community-serving and social service agencies, the school district, residential facilities, faith-based groups, etc., we will continue to advance our efforts in meeting the needs of many of those in Hillsborough who are vulnerable.