



## **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 2021 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><b>Economic Disadvantage</b> 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><b>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers)</b> Persons with limited English language proficiency (read, write) in native language; low literacy or non-English speaking groups:</p> <ul style="list-style-type: none"> <li>○ Spanish, Asian and Pacific Island languages (Chinese, Korean, Hindi, Gujarati)</li> <li>○ Other Indo-European languages (German, French, Italian, Polish)</li> <li>○ Sign Languages/American Sign Language (ASL)</li> </ul> <p>Foreign visitors; Undocumented immigrants; Immigrants Seniors often face difficulty accessing or utilizing technology</p>
<p><b>Age</b> 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><b>People living in Congregate, Crowded, Sub-Standard Living Situations:</b> 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><b>Isolation (cultural, geographic, or social)</b> 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><b>Hospitalized persons</b> 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><b>Non-hospitalized patients</b> 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><b>Challenges with Accessing Healthcare</b> 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><b>Individuals at High Risk for COVID-19 (Phase 1B/Phase 1C Combined)</b></p> <ul style="list-style-type: none"> <li>● 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"> <li>○ Cancer</li> <li>○ Chronic kidney disease</li> </ul> </li> </ul>	

- COPD (chronic obstructive pulmonary disease)
- 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/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Severe Obesity (BMI ≥ 40 kg/m<sup>2</sup>)
- 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, LINC 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*
<b>Population estimates, July 1, 2019, (V2019)</b>	<b>39,950</b>	<b>436</b>
<b>PEOPLE</b>		
<b>Population</b>		
<b>Population estimates, July 1, 2019, (V2019)</b>	<b>39,950</b>	<b>436</b>
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
<b>Age and Sex</b>		
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%
<b>Race and Hispanic Origin</b>		
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%
<b>Population Characteristics</b>		
Veterans, 2015-2019	957	unknown or N/A
Foreign born persons, percent, 2015-2019	20.6%	unknown or N/A
<b>Housing</b>		
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
<b>Families &amp; Living Arrangements</b>		
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%
<b>Computer and Internet Use</b>		
Households with a computer, percent, 2015-2019	95.8%	100%
Households with a broadband Internet subscription, percent, 2015-2019	92.9%	100%
<b>Education</b>		
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%
<b>Health</b>		
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%
<b>Economy</b>		
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
<b>Transportation</b>		
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	32.8	21.2
<b>Income &amp; Poverty</b>		
Median household income (in 2019 dollars), 2015-2019	\$129,284	\$56313
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$55,907	unknown
Persons in poverty, percent	2.5%	0%
<b>Business</b>		
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
Nonminority-owned firms, 2012	2,711	unavailable
Veteran-owned firms, 2012	284	unavailable
Nonveteran-owned firms, 2012	3,045	unavailable
<b>Geography</b>		
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 March 30, 2021, there have been 2,851 total confirmed COVID-19 cases in Hillsborough Township. Of those confirmed cases, 89 people have died. That is a 3.1% case mortality rate. In the last two weeks of March 2021, there has been an uptick in new cases, with a total of 238 new cases in the most recent two-week reporting period.

<p>Individuals over 65, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.</p>	<p>Seniors living in nursing, residential, and rehab centers experienced high levels of COVID infection. Ninety-three 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 have found it difficult to access vaccines. We will need to understand the ongoing complications from COVID recovery for this population.</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>Some mental health issues have been masked and exacerbated by quarantine and lockdown at home. The issues may manifest more clearly when all children return to live school, parents return to live work, and businesses open for in-person service. In the various focus groups we have conducted in the community, a recurring theme is mental health</p>

	<p>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 it is especially challenging for youth during COVID because the person-to-person connection, especially for those in remote school only, is lacking. Additionally, law enforcement in our focus groups reported more youth runaways and juveniles “acting out.” 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 for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.</p>	<p>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 our focus groups and consistent with what is occurring nationally, law enforcement and school counselors reported an increase in the number of investigations related to domestic/intimate partner violence. Some of the focus group participants theorized this increase could be tied to substance use, loss of employment during COVID, people being on lockdown and quarantining and spending more time at home together in close proximity. In response to these investigations, local police and counselors reported more regularly providing information about Safe + Sound Somerset, which provides short-term, emergency shelter in a safe house to women and their children who are seeking confidential refuge from an unsafe, abusive living situation. During the prolonged COVID period, we should ensure there is enough and adequate safe housing for women, children and pets who experience abuse or violence at home.</p>

<p>Other health impacts</p>	<p>Hillsborough senior citizens (over age 60) accounted for 22% of the positive cases and 98% of COVID related deaths. The age group 0-19 accounted for 17% 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. This age group will be a priority in future advocacy and outreach.</p> <p>Many people with chronic illnesses delayed treatment at a physician’s office or the hospital due to their fears of contracting COVID or not being able to return home if they were exposed to COVID in the hospital or another clinical setting. Others delayed diagnosis of previously unknown illnesses due to similar fears.</p> <p>School nurses have reported a decrease in general immunization rates, perhaps due to parents’ concerns over bringing their children to the doctor and potentially exposing them to COVID. Additionally, preschool children are having a difficult time getting the flu shot.</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>There were several senior care facilities and group homes where staff were infected with COVID and apparently spread it to residents. The facilities all did their best with PPE and quarantine precautions. Many were proactive but some situations were reactive. Hillsborough also has six Home Care agencies, which employ people to provide caregiving services at different people’s homes. The workers 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. Although most of the long term care and assisted living facilities’ staff in Hillsborough are about 70-75 % vaccinated against COVID, there is one exception that is particularly concerning. Only about 30% of one particular long-term care facility’s staff is vaccinated. We will need to 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.</p>
<p>Individuals in the educational field, as well as other early childhood care settings, are working remotely due</p>	<p>One day care facility closed due to low enrollment. Others are struggling with low enrollment and have</p>

<p>to school shutdowns. Lower-wage workers in these fields are more vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.</p>	<p>had to lay off/furlough staff. All of those that are operational have PPE and social distancing rules in effect. Some daycares operated virtually until they thought it was safe to reopen.</p> <p>One of the challenges for the public school district is that teachers and support staff refuse to return due to fears of infection. Custodial staff also had hours cut and experienced layoffs/furloughs. Ramping up for complete live, in-building meetings will require coordination with the BOE, the Health Department, local community support agencies, and families.</p>
<p>Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.</p>	<p>In June 2020, unemployment rates in Hillsborough Township reached a high of 12.4% vs. 2.3% in June 2019. By December 2020, unemployment dropped to 5.5%. 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 may also find it difficult to get the COVID vaccine as they may not have access to a computer during the day to schedule an appointment, and may speak English as a second language.</p>
<p>Other employment impacts</p>	<p>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.</p>

- **Educational impacts:**

<p>Closing of public schools in Hillsborough have impacted children’s education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at risk for suffering learning loss during a protracted period of school closure.</p>	<p>At the end of the 2020 school year, the Board of Education did a heroic job in transitioning all schooling to virtual. It was met with limited success, however.</p> <p>For the 2020-2021 school year, a hybrid model of in-school and virtual learning was enacted. Some families opted to keep their children at home due to fears of COVID spreading to other family members, particularly those with elderly family members in the home and/or who serve as caretakers of the children. Learning disabled (LD) students with IEPs were disproportionately affected because it was a challenge fulfilling the requirements of the IEP. The change in routine also created a challenge to students who thrive on routine and consistency. Some parents of LD students opted to have their children learn virtually due to concerns regarding the students’</p>
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	<p>compromised immune systems or other physical challenges.</p> <p>In our meetings and focus groups with principals and Student Assistance Counselors (SACs), they reported that distance-learning is not optimal and has a significant negative impact on student success. Truancy was at an increased level and school staff have had to go to homes to try to connect with parents who would not otherwise respond. Principals and educators indicated the need for a process for home visits and greater physical, face-to-face contact with parents and families of school children during COVID. They requested that the Hillsborough Health Department partner with the schools to send staff to students' homes when they are chronically truant or underperforming in school. Schools have counselors willing to conduct home visits but they need some sort of community partnership to further this much-needed work. Schools need greater points of contact and better communication with parents and families of school children.</p> <p>School staff reported challenges as a result of not having a truancy officer that can monitor chronically truant students.</p> <p>Hillsborough Township educators in school settings stressed the increasing number of disengaged and hard-to-reach students and described the problem as "skyrocketing." Some school staff indicated there is a significant number of middle school students who are failing every class. Moreover, when a student is 16 years or older, schools cannot make the case for educational neglect because they are exempted due to their age. School staff discussed parents' stress in struggling with remote learning, especially with younger, elementary school age kids who need more adult assistance.</p>
<p>Caregivers of school age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.</p>	<p>As discussed previously, families of school age children struggle to work from home virtually and make sure their children were learning at home. Remote learning sites opened up in the Township (e.g. the YMCA opened a remote learning center). However, while these centers did their best to support students who could not attend their regular classrooms, the centers were not adequate due to staffing and limited resources. Moreover, school staff and other community members indicated a need for subsidized after-school programs that could include supervised afternoons with physical activities and homework assistance. The YMCA offers some excellent related services but it is not accessible to all</p>

	<p>families due to cost and the lack of transportation. There was some concern about the YMCA because they are overextended and sometimes parents send their children there to play only. Also, the YMCA has been struggling dealing with all of these educational and social-emotional needs for children and youth as they are normally tasked with running after-school programs but not a school-like environment. Additionally, Hillsborough community members and stakeholders expressed concern about the lack of access to internet hotspots as there are only 2 in-district to loan out to families.</p>
<p>COVID-related school closures have significantly affected the mental health of parents, families and caregivers of school-aged children.</p>	<p>Principals of schools indicated that parents of pre-school children want support to address the lack of community engagement during lockdowns, isolation, quarantine and exclusion, as well as managing stress in the household. They think it is especially difficult for families of children who are still non-verbal or have special needs. School staff are hearing regular venting by parents and families about wishing there were more services they could access to help them during these times. Importantly, COVID has created a new and larger “fringe” group: previously, most families could adequately cope with and manage their children’s educational needs. But now, a larger portion of this population cannot adequately support their children’s educational needs. Educators think the situation during COVID has “broken” the positive/good habits that parents and families of students previously had. School leadership is worried that when school resumes fully in person, it will be difficult to build social cohesion again. The resilience of parents and families has been broken in the past year.</p>
<p>Other educational impacts</p>	<p>People who work with school age children reported that families with transportation issues cannot readily access COVID testing and are more impacted by being excluded from school for the extended required quarantine days when unable to get tested. During our focus group for school principals, individuals expressed that although there is often staff who speak Spanish, there is a lack of speakers of other languages commonly spoken in the community, including Urdu. As a result, school principals found Urdu-speaking families and families who speak other languages are struggling more.</p>



- **Impacts on Human Services Provision:**

<p>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:</p>	<p>School Based Mental Health was negatively impacted due to students not having more immediate access to school counselors. Students can typically drop in or make an appointment for an in-school time at will. However, SACs, and other school counselors reported that students didn't show for virtual meetings and they did not find the virtual meetings as efficacious. Community mental health agencies and private mental health practitioners report similar issues. There were a few who had limited success with virtual appointments. SACs also indicated that when they are physically in school doing hybrid education, they can see students in their office. However, those who are attending school virtually often lack privacy when speaking with SACs because more household members are home together and space may be limited.</p> <p>Overall, virtual appointments are viable when there is no other option but face-to-face interaction is optimal for the best results when serving people with mental health needs.</p>
<p>Other human services provision impacts</p>	<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.</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. Service hours changed and the style in which services were delivered were adjusted so that there was no contact delivery of food and essentials. The Mass Food Sub Committee of the Somerset County Organizations Active in Disaster (SCOAD) met weekly for much of 2020 and January of 2021. All food pantries and pop-up food pantries reported an increase in clients seeking food. They all also reported being well-stocked on a regular basis and, at times, helped one another by sharing food and other resources.</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</p>	<p>SCOAD organized meetings immediately upon the realization of the magnitude of the pandemic. They held weekly meetings in which community serving</p>

<p>public health sector, first responders, educators, the business community, the faith community, and many others. The Hillsborough Township Health Department plays an important role convening organizations, people, and resources to support families.</p>	<p>agencies and nonprofits met virtually to provide information, identify needs and gaps in the system, and offer solutions and support.</p> <p>Mass Feeding Subcommittee – this subcommittee was part of SCOAD and consisted of agencies that dealt with food distribution at all levels. Food pantries and food banks from around the County met regularly to report on the flow of food and supplies and share challenges and needs they were experiencing. It was encouraging to participate in the way this group supported one another substantially with extra resources they had, and morally with encouragement and hope.</p> <p>Cathy Faerber, Hillsborough Assistant Director of Social Services, expanded the Township food pantry and distributed information regarding COVID safety precautions, testing, and eventually vaccination. 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>Focus group participants expressed concern for Latinos and how they are being impacted not only by COVID but also other social and health concerns. Latinos in Hillsborough were described as being among the lowest income population and “really struggling” economically. Educators in the focus groups stated Latino children and youth are the students who have been struggling the most during COVID and their parents and families have typically been less comfortable with allowing their children to go to school during COVID. One potential reason is that older children must often look after their younger siblings if their parents are essential workers and cannot work from home. School staff and others who work closely with youth in Hillsborough highlighted there is a lack of Latino representation in schools. They also stated language continues to be a barrier for some of the Spanish-speaking families, as well as access to high-speed</p>
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	<p>internet that is necessary to participate in virtual school from home. Also, due to immigration status, Latinos may face greater challenges accessing social services and obtaining employment.</p> <p>We also have qualitative data that indicates the day workers at the local production plant, who are also a majority ethnic minority and may have a language barrier, are another vulnerable population.</p> <p>Lastly, throughout NJ, vaccination rates for Blacks and Latinos are lower than for Whites. Additional efforts need to be made to reach these populations.</p>
Blacks and Latinos are not equally represented in the community of Hillsborough Township.	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.

- **Transportation & Community Infrastructure**

Transportation and community infrastructure has long been an issue in Hillsborough Township.	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 get their COVID vaccination if clinics are not close by.
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- **Prolonged service disruptions**

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.	There was limited impact on the delivery of services. Many community serving agencies, faith based groups and other concerned entities utilized previously established relationships to limit the disruption of services to those who were the most vulnerable.
Other community disruptions	

- **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>There were some challenges when the state closed down Workforce Development. When they opened again they were able to help clients remotely. Unemployment increased and those seeking benefits reported that it was a challenge to get help from staff in the office of unemployment. Anecdotally, one woman reported receiving an automated email for an appointment in 2026.</p> <p>Restaurants had extreme difficulty as many had to lay off staff. Some of the owners were back to running everything just as they did when they opened 10-15 years ago. Many were able to pivot to take-out or delivery services but the income from that is limited. Restaurants typically need 75% of their seating capacity filled on a regular basis just to stay afloat. The 25% and 50% seating level orders from the State left many in a precarious financial situation.</p> <p>The Landscaping and Personal Service Industry (hair and nail salons, etc.) had similar challenges with being closed and then, upon reopening, had additional difficulties due to lack of staff to serve customers.</p> <p>The largest local manufacturing plant had challenges with staff who were ill from COVID, taking care of ill loved ones, or having to stay home with their children.</p>
<p>Other employment issues</p>	<p>COVID-19 has had a negative and prolonged effect on different types of businesses throughout Hillsborough. The Hillsborough Business Association reported the following closures and changes recently:</p> <p>Big Heads (Bar) - Closed due to coronavirus restrictions;</p> <p>Pet Valu - Closed all stores nationally due to severe impact from COVID-19;</p> <p>Kathleen Academy of Dance - Closed studio due to safety concerns and switched to virtual classes;</p> <p>Sunnyside Gifts - Closed store due to safety concerns and switched to online store;</p> <p>30 Burgers - Closed due to coronavirus restrictions;</p> <p>Amwell Mall Dry Cleaners - Closed due to coronavirus restrictions.</p>

- **Prolonged agency capacity issues**

<p>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.</p>	<p>Many social service agencies, and nonprofits who serve the community, pivoted well from in-person to virtual connections. For those agencies that needed to meet in person for food, clothing, personal protective equipment (PPE) and the distribution of other goods, they followed CDC guidelines for social distancing and PPE.</p>
<p>Other agency capacity issues</p>	

- **Prolonged community resource/coordination issues**

<p>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.</p>	<p>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.</p>
<p>Other community resource/coordination issues</p>	<p>Somerset County is still only getting about 700 doses of the COVID vaccine per week and people are calling the local health department for help. There is also still difficulty for homebound seniors accessing the vaccine. The county is trying to reach out to homebound seniors but they still have not gotten to a list of their names and contact information shared with them by the local health department over 2 weeks ago. Many homebound seniors have recently indicated they have not received a call from the county yet. 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. In order to assess vaccine uptake among some of the elderly, we recently developed a survey for them to fill out before they can participate in group exercise activities that will soon open up in the Hillsborough Township municipal building.</p>

**VII. Community Agencies Supporting Vulnerable Populations**

Agency	Types of Services Provided
<p>See ATTACHMENT for our list of agencies and resources.</p>	

## **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.

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. These are often the families that fall through the cracks as they make too much money to receive many social services supports 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. They are a group that we will want to consider as we move forward with our action plan.

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 are potential groups to focus on as the action plan develops.

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 32% mortality rate from COVID. We learned from nursing home/residential care/long-term care and group home staff that COVID has 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 have conducted to date to gain a greater understanding of the vulnerable populations in Hillsborough, we have encountered notable recurring themes. One recurring theme is 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 is the impact in multiple aspects of the lives of the elderly: they often lack understanding of/access to technology, they face food insecurity that can be 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 are 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 is 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.

### **Barriers to the COVID-19 Vaccine**

Although there have been significant improvements in vaccine availability and distribution in the US and NJ recently, there are still communities and groups of people in Hillsborough Township and Somerset County who continue to face barriers accessing the vaccine or experience vaccine hesitancy. These include vulnerable populations such as homebound seniors, as noted above. Among municipal workers in Hillsborough Township, only about 50% have been vaccinated. Among those unvaccinated, some municipal workers are facing barriers to vaccine registration because they do not have the time to constantly monitor vaccine registration and appointment sites. Approximately 38% of Somerset County residents have received at least one dose of the vaccine, and 22.9% are fully vaccinated. However, we do not have data on Hillsborough specifically.

In a recent focus group with Hillsborough pastors, they reported that although most of their elderly congregants are fully vaccinated, people still have challenges with getting a vaccine appointment when they become eligible for it. This is especially affecting the age demographic of people in their 40s. It is anticipated that when the State opens up the vaccine to people 16+ later this month and supplies increase, we will begin to see a rapid rise in vaccine access among everybody who is eligible. As seen in neighboring states that have already made the vaccine available to populations of everyone 16+, however, there is some concern that the backlog of appointment registrations and wait times to get a vaccine will increase when more people become eligible. To counter this, in the last few weeks we reached out to the County to partner with them to increase the number of vaccine distribution sites, including the Hillsborough Township Health Department, and are waiting to hear back about the opportunity for collaboration.

To address COVID misinformation and vaccine hesitancy, we are planning to conduct educational and informational workshops and presentations throughout the community. We know from our community sources which areas and demographics we should focus on, which include some high-risk, vulnerable groups and individuals. We are currently developing a program using some of the Centers for Disease Control and Prevention's and the Massachusetts State Department of Health's educational information and guides on COVID hesitancy and how to conduct a community forum on this topic and will adapt it to our community. 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 want to be open and honest about the safety and development of the COVID-19 vaccine—what we know and what we do not know, 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 are poised to develop a 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 have the opportunity to meet the needs of many of those in Hillsborough who are vulnerable.