



Hillsborough Township Rapid Public Health Assessment

I. Rapid Public Health Assessment Goal

From the beginning of the COVID-19 pandemic through the date of this assessment, public health response has evolved daily through testing, contact tracing, quarantine, isolation, and vaccination to prevent the spread of infectious diseases and protect the public's health. As part of the Strengthening Local Public Health Capacity 2024 Grant, and in response to the unprecedented COVID-19 public health pandemic and emerging infectious diseases, the Hillsborough Township Health Department prepared this Rapid Public Health Assessment, to be referenced as the *Assessment* going forward in this document. The goal of this Assessment is to:

- Defines and categorize priority populations within the LHD's jurisdiction(s);
- Detail the community demographics of the LHD's service area(s);
- Describe the populations in need, health disparities, and community impacts of COVID-19 and other specific infectious diseases targeted by the LHD;
- List community agencies that provide support to priority populations; and
- Summarize key findings and priorities.

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

II. Underlying Medical Conditions and Increased Risk

CDC updated the list of underlying medical conditions that increase the risk of severe COVID-19 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

<ul style="list-style-type: none"> • Obesity (BMI of 30 or higher) 	<ul style="list-style-type: none"> • Sickle cell disease
<ul style="list-style-type: none"> • Immunocompromised state (weakened immune system) from solid organ transplant 	<ul style="list-style-type: none"> • Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
<ul style="list-style-type: none"> • Down Syndrome 	<ul style="list-style-type: none"> • Pregnancy and Breastfeeding

Source: <https://www.cdc.gov/media/releases/2020/p0625-update-expands-covid-19.html>

III. Defining Priority Populations in the Community

Priority 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 priority 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 condition. (Source: <https://www.ajmc.com/view/nov06-2390ps348-s352>) Additionally, the disparities in health and environmental risk factors that priority populations experience put them at greater risk for COVID-19/other infectious disease related morbidity and mortality. To reduce the number of poor health outcomes due to COVID-19 and other infectious diseases in priority populations, LHDs must identify these populations in the community and work closely with the social support agencies to connect them to COVID-19/other infectious prevention measures, testing, contact tracing, containment, isolation, quarantine, vaccination, primary care, and other social supports. (Source: <https://www.ajmc.com/view/nov06-2390ps348-s352>)

The following are multiple types and categories of priority populations present within the community(ies) served by the Hillsborough Township Health Department.

Priority Populations

<p>Economic Disadvantage 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 and sole caregivers; Low wage workers in multiple jobs</p>	<p>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers) People with low literacy Persons with limited English language proficiency, who may also have limited literacy in their native language:</p> <ul style="list-style-type: none"> o Spanish o South Asian (e.g. Hindi, Gujarati, Urdu, Tamil, Telugu, Punjabi, Kannada, Marathi, Bengali) o East Asian (e.g. Mandarin, Cantonese, Taiwanese, Korean) o European (e.g. Portuguese, Russian, Polish, French, Italian, Hungarian, Slovak) <p>Immigrants; Refugees</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: LTC/Assisted Living Facilities or Other Long-Term Care Settings; Group Homes</p>	<p>Isolation (cultural, geographic, or social) Persons in the LGBTQ community; 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; Undocumented immigrants; Persons unable to afford transportation; People dependent on public transportation; Persons living in temporary living conditions/ locations; Commuters; People displaced by fire or disaster</p>

Hospitalized persons

Persons that are hospitalized; Persons living in congregate Long-Term Care Facilities/Assisted Living Facilities/Veteran's Homes; 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 a 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

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 an acute injury (e.g., broken bones, recent surgery, back injury, burns)

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

Individuals at High Risk for Severe Illness from COVID-19:

- Individuals aged 65 and older, and individuals ages 16-64 with medical conditions, as defined by the CDC, which increase the *risk of severe illness* from the virus (see Section II).
- People aged 75 years and older.

Individuals at High Risk for Infection from COVID-19:**Frontline Essential Workers**

- Sworn law enforcement, firefighters, and other first responders
- 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.)

Healthcare Personnel

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

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

Source: https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

Source: <https://covid19.nj.gov/faqs/nj-information/slowing-the-spread/who-is-eligible-for-vaccination-in-new-jersey-who-is-included-in-the-vaccination-phases>

IV. 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, 2022, (V2022)		
PEOPLE		
Population		
Population estimates, July 1, 2022, (V2022)	43,228	1,050
Population estimates base, April 1, 2020, (V2022)	43,276	Not available
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	-0.1%	Not available
Population, Census, April 1, 2020	43,276	Not available
Population, Census, April 1, 2010	38,303	Not available
Age and Sex		
Persons under 5 years, percent	4.8%	Not available
Persons under 18 years, percent	21.9%	24%
Persons 65 years and over, percent	13.8%	11%
Female persons, percent	51%	57%
Male persons, percent	49%	43%
Race and Hispanic Origin		
White alone, percent	66.7%	90%
Black or African American alone, percent	4.4%	1%
American Indian and Alaska Native alone, percent	0.4%	0%

Demographic Characteristic	Hillsborough Township	Flagtown
Asian alone, percent	21.2%	7%
Native Hawaiian and Other Pacific Islander alone, percent	0.0%	0%
Two or More Races, percent	5.1%	1%
Hispanic or Latino, percent	9.0%	1%
White alone, not Hispanic or Latino, percent	62.0%	90%
Population Characteristics		
Veterans, 2017-2021	1,147	7
Foreign born persons, percent, 2017-2021	22.2%	4%
Housing		
Housing units, July 1, 2022, (V2022)	15,270	363
Owner-occupied housing unit rate, 2017-2021	84.1%	100%
Median value of owner-occupied housing units, 2017-2021	\$459,000	\$552,300
Median selected monthly owner costs -with a mortgage, 2017-2021	\$2,800	Not available
Median selected monthly owner costs -without a mortgage, 2017-2021	\$1,380	Not available
Median gross rent, 2017-2021	\$1,962	Not available
Building permits	263 (valued at \$15.6 million dollars)	Not available
Families & Living Arrangements		
Households, 2017-2021	15,270	328
Persons per household, 2017-2021	2.79	3.2

Demographic Characteristic	Hillsborough Township	Flagtown
Living in same house 1 year ago, percent of persons aged 1 year+, 2017-2021	92.6%	Not available
Language other than English spoken at home, percent of persons aged 5 years+, 2017-2021	25.9%	Not available
Computer and Internet Use		
Households with a computer, percent, 2017-2021	96.3%	Not available
Households with a broadband Internet subscription, percent, 2017-2021	94.7%	Not available
Education		
High school graduate or higher, percent of persons aged 25 years+, 2017-2021	96.1%	97.6%
Bachelor's degree or higher, percent of persons aged 25 years+, 2017-2021	60.7%	58.3%
Health		
With a disability, under age 65 years, percent, 2017-2021	5.5%	Not available
Persons without health insurance, under age 65 years, percent	3.4%	Not available
Economy		
In civilian labor force, total, percent of population age 16 years+, 2017-2021	72.9%	Not available

Demographic Characteristic	Hillsborough Township	Flagtown
In civilian labor force, female, percent of population age 16 years+, 2017-2021	67.7%	Not available
Total accommodation and food services sales, 2017 (\$1,000)	67,026	Not available
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	240,372	Not available
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)	55,909	Not available
Total retail sales, 2017 (\$1,000)	458,092	Not available
Total retail sales per capita, 2017	\$11,617	Not available
Transportation		
Mean travel time to work (minutes), workers aged 16 years+, 2017-2021	34.5	29.2
Income & Poverty		
Median household income (in 2021 dollars), 2017-2021	\$145,565	\$158,026
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$63,749	\$67,734
Persons in poverty, percent	2.7%	1.2%
Business		
Total employer establishments, 2021	1,000+	Not available
Total employment, 2023	23,000	Not available
Total annual payroll, 2021 (\$1,000)	Not available	Not available

Demographic Characteristic	Hillsborough Township	Flagtown
Total employment, percent change, 2022-2023	.02%	Not available
Total non-employer establishments, 2019	Not available	Not available
All firms, Reference year 2017	928	Not available
Men-owned firms, Reference year 2017	S	Not available
Women-owned firms, Reference year 2017	S	Not available
Minority-owned firms, Reference year 2017	S	Not available
Non minority-owned firms, Reference year 2017	579	Not available
Veteran-owned firms, Reference year 2017	S	Not available
Non veteran-owned firms, Reference year 2017	779	Not available
Geography		
Population per square mile, 2020	792.4	617.6
Population per square mile, 2010	702.3	Not available
Land area in square miles, 2020	54.61	1.7
Land area in square miles, 2010	54.54	1.7

Sources:

Hillsborough - [U.S. Census Bureau QuickFacts: Hillsborough township, Somerset County, New Jersey](#)

Flagtown - [Flagtown, NJ - Profile data - Census Reporter](#)

S = Suppressed; does not meet publication standards

V. Disparities Observed due to the Impact of Social Determinants of Health on COVID-19, Other Infectious Diseases, and Emerging Diseases

There have been a significant number of impacts of the social determinants of health throughout the COVID-19 pandemic on the community served by the Hillsborough Township Health Department. 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 the potential for severe illness and death from COVID-19/Other Infectious Diseases/Emerging Diseases. Systemic social and health inequities have placed people from racial and ethnic minority groups at increased risk of dying from COVID-19/Other Infectious Diseases/Emerging Diseases. For example, CDC data shows that the highest percentage of COVID-19 cases have disproportionately affected non-Hispanic White persons, ethnic and racial minority populations. Some of the greatest observed effects of COVID-19 on priority populations have been in the areas of economic stability, education, healthcare access and quality, neighborhood and built environment, and within the social and community context.

Sources: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/increased-risk-illness.html>; <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>

Nationwide, data shows that the following priority groups have experienced disproportionately higher rates of infection and/or complications/death due to COVID-19:

- 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 (Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html>)
- People of color, particularly African Americans, and persons of Hispanic ethnicity
(Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/increased-risk-illness.html>)

Within the Hillsborough Township Health Department's 2024 Strengthening Local Public Health Capacity Grant application the following Other Infectious Disease(s) were selected:

- Influenza
- RSV
- Tick-borne illness

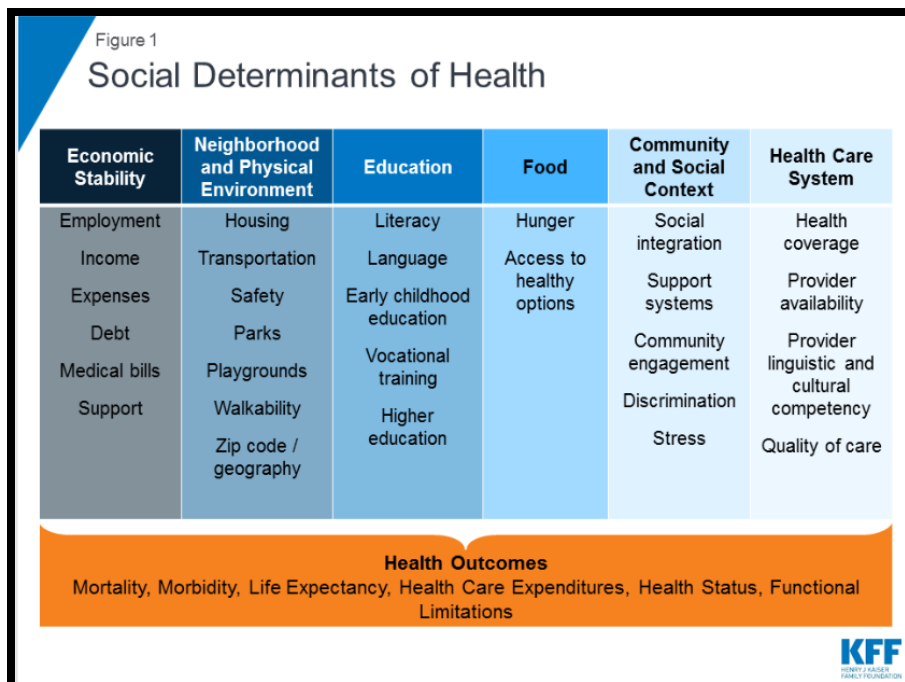
Within the LHD's jurisdiction, identified geographic locations that include priority populations disproportionately affected by COVID-19 and Other Infectious Disease(s) include:

- Census tract 053805 (northeastern part of town bordering Manville and Millstone)
- Census tract 053705 (west of 206 between New Amwell and Amwell)

(Source: <https://www.cityhealthdashboard.com/>)

VI. VI. RAPID IDENTIFICATION OF SOCIAL DETERMINANTS OF HEALTH ASSESSMENT AND PRIORITIZATION OF SHORT-TERM LHD STRATEGIES

During the 2024 Strengthening Grant Cycle, grantees will continue to focus on assessment, mitigation, response, and outreach to priority populations affected by the health and social impacts of COVID-19 and Other Infectious Diseases by supporting linkages to testing, vaccination, and support services, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 and Other Infectious Disease-related activities. In this year's Rapid Public Health Assessment, grantees will consider the social determinants of health affecting the populations served, including health outcomes, populations affected, and the identification and prioritization of *short-term* strategies that the LHD and its local public health continuum may implement through this grant to assist communities in need.



INSTRUCTIONS:

The following chart outlines the social determinants of health including *Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context*.

For each of the social determinants of health categories:

1. Select a minimum of one (1) social determinant of health for the LHD's service area;
2. Considering the selected social determinant of health, describe the direct or indirect impacts/health outcomes on the community;
3. Indicate the priority groups/communities/populations impacted; and
4. Provide a short-term LHD strategy to help mitigate the impact of the social determinant of health and increase health equity in the population served. *Think about resources already available in your municipality, region, or county that can assist priority populations. Consider how your LHD can assist in furthering the impact of these available resources.*
5. Prioritize the short-term LHD strategies (1,2,3,4,5,6,7,8,9,10, etc.) with #1 being the highest priority. The highest priority items should be accomplished **during this grant cycle** (by June 30, 2024). **Important Note:** These short-term strategies should require no/low resources and a low amount of time/effort to complete.

RAPID IDENTIFICATION OF SOCIAL DETERMINANTS OF HEALTH ASSESSMENT AND PRIORITIZATION OF SHORT-TERM LHD STRATEGIES

Social Determinants of Health (<i>select a minimum of 1 and up to 3 Social Determinants of Health</i>)	1. Selected Social Determinant of Health for LHD Community(ies) Served	2. Description of Direct or Indirect Impacts/Health Outcomes [Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations]	3. Priority Groups/ Communities/ Populations Impacted (i.e., children, persons >65, ethnic minorities, etc.)	4. Short-Term LHD Strategies to Mitigate Impacts of Determinant/ Increase Health Equity	5. Prioritize Short-Term LHD Strategies (1,2,3,4,5,6,7,8,9,10, etc.) with #1 being the highest priority
ECONOMIC STABILITY: <ul style="list-style-type: none"> • Employment • Income • Expenses • Debt • Medical Bills • Health care • Housing • Hunger • Access to Healthy Food Options • Childcare • Other (add here) 	Example: Hunger	Many families struggle to put food on the table	General population	Post local food pantry resource list on municipal/LHD website	
	Childcare	Many families struggle to afford childcare/pre-school for their children	Low-income	Develop and share list of local resources to help find affordable childcare	2
EDUCATION ACCESS AND QUALITY: <ul style="list-style-type: none"> • Literacy • Language • Early childhood education • Vocational Training • Higher Education • Other (add here) 	Limited English proficiency	Immigrants new to this country face language barriers that impede their ability to integrate, access services, and find resources.	Spanish-speaking immigrants	Partner with library to offer and promote more ESL classes	4
HEALTHCARE ACCESS AND QUALITY: <ul style="list-style-type: none"> • Health coverage • Provider availability • Provider linguistic and cultural competency • Quality of care • Other (add here) 	Health coverage	People without health insurance have difficulty going to doctor's appointments and paying for care	Low-income Hispanic population	Advertise/promote free health clinics and LHD-hosted child health clinic on website and in town communications	1

Social Determinants of Health (<i>select a minimum of 1 and up to 3 Social Determinants of Health</i>)	1. Selected Social Determinant of Health for LHD Community(ies) Served	2. Description of Direct or Indirect Impacts/Health Outcomes [Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations]	3. Priority Groups/ Communities/ Populations Impacted (i.e., children, persons >65, ethnic minorities, etc.)	4. Short-Term LHD Strategies to Mitigate Impacts of Determinant/ Increase Health Equity	5. Prioritize Short-Term LHD Strategies (1,2,3,4,5,6,7,8,9,10, etc.) with #1 being the highest priority
NEIGHBORHOOD AND BUILT ENVIRONMENT: <ul style="list-style-type: none"> Housing Transportation Safety Parks Playgrounds Walkability Zip Code/Geography Other (add here) 	Parks	Ticks are common in parks and trails around town, making people susceptible to tick-borne illnesses.	General population, especially those who spend a lot of time outdoors	Post tick warning signs at parks	5
SOCIAL AND COMMUNITY CONTEXT: <ul style="list-style-type: none"> Social integration Support systems Community engagement Discrimination Stress Other (add here) 	Community engagement	People are unaware of existing services and resources	General population, especially low income and seniors	Improve communication through a variety of channels about existing resources and services	3

Sources:

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

https://communityactionpartnership.com/wp-content/uploads/2020/04/FINAL_FINAL_COVID-Community-Assessment-Tools-Template-and-Guide_4.14.20.pdf

VII. Community Agencies Supporting Priority Populations

Priority Population	Agency	Types of Services Provided
Seniors, low-income people	Hillsborough Social Services Department	CAN Food Pantry, senior programs, housing assistance
Low-income people	Feeding Hands Food Pantry	Food distribution
Uninsured and underinsured people	Zufall Health Center	Health care services
Youth, families, veterans, community members	EmPOWER Somerset	Substance use prevention programs
Families with children, low-income people, immigrants	Catholic Charities	Childcare, financial assistance, counseling services, immigration services
Unemployed and underemployed people	Greater Raritan Workforce Development Board	Employment assistance
General public, children, English language learners	Hillsborough library (branch of the Somerset County Library System of New Jersey)	Media borrowing, free programming, research assistance, job assistance, language classes, etc.
Mentally and physically disabled, as well as the homeless	Alternatives, Inc.	Clinical, housing, employment, transition, and recreation services
Low-income people	Central Jersey Housing Resource Center	Outreach programs and services for quality affordable housing
Low-income people	Norwescap	Housing, education, employment, and financial assistance
Families with children	Pioneer Family Success Center	Free events, programs & local activities for families
Pregnant women and families with children	Central Jersey Family Health Consortium	Maternal and child health
Survivors of domestic abuse and sexual violence	Safe & Sound Somerset	Emergency housing, counseling, legal advocacy and education
Families with children	Community Childcare Solutions	Childcare education, advocacy, referrals and access to financial assistance
General public, people without a car	Ridewise	Transportation advocacy and education

VIII. Conclusion - Key Findings and Priorities

Hillsborough Township is a relatively wealthy community that enjoys many benefits, such as green space, excellent schools, great township programs and services, and more. Like other municipalities across New Jersey and the nation, we have faced unprecedented challenges over the last three years. Thankfully, due to the development of vaccines, implementation of preventive measures, and the hard work of our public health and health care workers, we have made great strides in our fight against COVID-19. However, many residents have a more difficult time dealing with infectious diseases like COVID-19.

In order to identify and address our biggest health needs and challenges, two years ago we formed the Hillsborough Health Collaborative (HHC). The HHC is a group of local stakeholders led by the Health Department. Our members include representatives from various township departments, elected officials, non-profit organizations, faith-based groups, local businesses, parents, senior citizens, healthcare providers, and other community members. We meet monthly to share resources and best practices, troubleshoot challenges, and develop strategies to improve the health and wellness of our residents.

Based on discussions with the HHC, published data, and focus groups/interviews we conducted, we identified several priority populations for the next year. These include: seniors, low-income residents, people without health insurance, immigrants (especially those who don't speak English), and people without a car. We plan to work with these populations, and the organizations that serve them, in various capacities. This includes improving vaccine and testing access, providing linkages to primary care and support services, and participating in community events to spread awareness and education. To address social determinants of health, we will focus on: promoting linkages to free health clinics and services, developing a list of low-cost childcare services, promoting ESL classes, posting tick warning signs at local parks/trails, and improving communication through a variety of channels about existing resources and services.