



## **Montgomery Township Health Department Rapid Public Health Assessment**

### **I. Rapid Public Health Assessment Goal**

From the beginning of the COVID-19 pandemic through the date of this assessment, the 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 Montgomery 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:

- Define 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 Montgomery Township Health Department which includes Montgomery Township and Rocky Hill Borough. The Assessment is to be presented by the Local Health Outreach Coordinator (LHOC) to the Montgomery Township 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. 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
• 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

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 conditions. (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, Local Health Departments (LHDs) must identify these populations in the community and work closely with the social support agencies to connect them to COVID-19/other infectious disease 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 communities served by the Montgomery Township Health Department.

#### Priority Populations

<p><b>Economic Disadvantage</b></p> <p>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; Homeless; Medicaid recipients; Working poor with limited resources, often working multiple jobs; Single mothers and sole caregivers; Low wage workers in multiple jobs</p>
<p><b>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers)</b></p> <p>Persons with limited English language proficiency (read, write) in their 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, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog, Dravidian, Polynesian, and Micronesian languages)</li> </ul>

<ul style="list-style-type: none"> <li>o Other Indo-European languages (Germanic, Scandinavian, Slavic, Romance French, Italian), Indic, Celtic, Baltic, Iranian, and Greek languages)</li> <li>o All other languages (Uralic and Semitic languages as well as Indigenous languages of the Americas); Sign Languages/American Sign Language (ASL)</li> </ul> <p>Foreign visitors; Undocumented immigrants; Immigrants; Refugees</p>
<p><b>Age</b></p> <p>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></p> <p>People experiencing Homelessness; People living in: Shelters/Temporary Housing; LTC/Assisted Living Facilities or Other Long-Term Care Settings; Veterans homes; Correctional facilities (prisons, juvenile centers, county jails); Intellectual and Developmental Disabilities (IDD) Group Homes; Group Homes; Mental Health Group Homes; Schools, Colleges, Universities, Boarding Schools; Psychiatric Hospitals; Migrant Workers/ Undocumented Immigrants; Tribal Populations; Public Housing; Other Congregate Settings</p>
<p><b>Isolation (cultural, geographic, or social)</b></p> <p>Persons in the LGBTQ community; Homeless people; People living in shelters (homeless, runaways, or 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 with spotty or no reception of mass media; Undocumented immigrants; Persons unable to afford transportation; People dependent on public transportation; Rural and urban ethnic groups; Religious communities; Seasonal, temporary, migrant workers and families (i.e. farm, other); Persons living in temporary living conditions/ locations; Commuters; People displaced by fire or disaster; Seasonal tourists, residents, and workers; People isolated by recreational activity (e.g. primitive campers or backpackers)</p>
<p><b>Hospitalized persons</b></p> <p>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</p> <p><b>Non-hospitalized patients</b></p> <p>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)</p> <p><b>Challenges with Accessing Healthcare</b></p> <p>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>

### **Individuals at High Risk for 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. These conditions include:

- Cancer
- Chronic kidney disease
- 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 At-Risk for COVID-19**

- Sworn law enforcement, firefighters, and other first responders, including:
  - New Jersey State Police troopers
  - Municipal and county police officers
  - Campus 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 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 At-Risk for COVID-19**

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

- Skilled nursing facilities
- Veteran homes
- 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
- Other populations in congregate, long-term settings

Source: [https://emergency.cdc.gov/workbook/pdf/ph\\_workbookfinal.pdf](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 Montgomery Township Health Department's jurisdiction.

<b>Demographic Characteristic</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
<b>Population estimates, July 1, 2022, (V2022)</b>	<b># 23,559</b>	<b># 752</b>
Population estimates base, April 1, 2020, (V2022)	# 23,684	NA
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	-0.5%	NA
Population, Census, April 1, 2020	# 23,690	#752
Population, Census, April 1, 2010	# 22,254	# 579
<b>Age and Sex</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Persons under 5 years, percent	3.7%	5.7%
Persons under 18 years, percent	25.7%	19.8%
Persons 65 years and over, percent	12.8%	18.8%
Female persons, percent	50.1%	46.0%
Male persons, percent	49.9%	54.0%
<b>Race and Hispanic Origin</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
White alone, percent	53.2%	91.1%
Black or African American alone, percent	3.5%	2.1%

American Indian and Alaska Native alone, percent	0.3%	0.3%
Asian alone, percent	38.6%	2.3%
Native Hawaiian and Other Pacific Islander alone, percent	0.0%	0.0%
Two or More Races, percent	3.5%	3.3%
Hispanic or Latino, percent	4.9%	5.2%
White alone, not Hispanic or Latino, percent	50.1%	87.1%
<b>Population Characteristics</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Veterans, 2017-2021	# 400	# 603
Foreign born persons, percent, 2017-2021	32.3%	18.88 %
<b>Housing</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Housing units, July 1, 2022, (V2022)	<b>X</b>	# 280
Owner-occupied housing unit rate, 2017-2021	83.6%	86.1%
Median value of owner-occupied housing units, 2017-2021	\$619,300	\$535,100
Median selected monthly owner costs -with a mortgage, 2017-2021	\$3,930	\$3,438

Median selected monthly owner costs - without a mortgage, 2017-2021	\$1,500+	\$1,254
Median gross rent, 2017-2021	\$1,940	\$1,500
Building permits, 2022	X	NA
<b>Families &amp; Living Arrangements</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Households, 2017-2021	# 7,960	# 280
Persons per household, 2017-2021	# 2.93	# 2.63
Living in same house 1 year ago, percent of persons aged 1 year+, 2017-2021	91.0%	92.7%
Language other than English spoken at home, percent of persons aged 5 years+, 2017-2021	40.1%	18.6%
<b>Computer and Internet Use</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Households with a computer, percent, 2017-2021	96.8%	97.9%
Households with a broadband Internet subscription, percent, 2017-2021	97.1%	97.1%
<b>Education</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>

High school graduate or higher, percent of persons aged 25 years+, 2017-2021	98.8%	97.0%
Bachelor's degree or higher, percent of persons aged 25 years+, 2017-2021	76.0%	76.7%
<b>Health</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
With a disability, under age 65 years, percent, 2017-2021	1.5%	41.3%
Persons without health insurance, under age 65 years, percent	1.1%	2.2%
<b>Economy</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
In civilian labor force, total, percent of population age 16 years+, 2017-2021	68.2%	63.2%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	62.2%	62.8%
Total accommodation and food services sales, 2017 (\$1,000)	# 37,016	NA
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	D	NA
Total transportation and warehousing receipts/ revenue, 2017 (\$1,000)	D	NA

Total retail sales, 2017 (\$1,000)	# 241,257	NA
Total retail sales per capita, 2017	\$10,408	NA
<b>Transportation</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Mean travel time to work (minutes), workers aged 16 years+, 2017-2021	# 39.1	N
<b>Income &amp; Poverty</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Median household income (in 2021 dollars), 2017-2021	\$196,857	\$126,389
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$83,108	\$81,530
Persons in poverty, percent	4.2%	3.5%
<b>Business</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Total employer establishments, 2021	X	NA
Total employment, 2021	X	NA
Total annual payroll, 2021 (\$1,000)	X	NA
Total employment, percent change, 2020-2021	X	NA

Total non-employer establishments, 2020	<b>X</b>	<b>NA</b>
All firms, Reference year 2017	# 621	<b>NA</b>
Men-owned firms, Reference year 2017	# 362	<b>NA</b>
Women-owned firms, Reference year 2017	# 156	<b>NA</b>
Minority-owned firms, Reference year 2017	# 234	<b>NA</b>
Nonminority-owned firms, Reference year 2017	# 323	<b>NA</b>
Veteran-owned firms, Reference year 2017	<b>S</b>	<b>NA</b>
Nonveteran-owned firms, Reference year 2017	# 530	<b>NA</b>
<b>Geography</b>	<b>Montgomery Township</b>	<b>Rocky Hill Borough</b>
Population per square mile, 2020	# 733.4	# 1,101.4
Population per square mile, 2010	# 688.8	# 1,072.4
Land area in square miles, 2020	# 32.30	# 0.61
Land area in square miles, 2010	# 32.31	<b>NA</b>

**NA = Data Not Available      S= Suppressed; Does Not Meet Publication Standards**  
**X= Not Applicable          D= Suppressed to Avoid Disclosure of Confidential Information**  
 Source: <https://www.census.gov/quickfacts>

## A. Financial Vulnerability and Educational Assistance

The census data above sheds light on various facets of Montgomery Township and Rocky Hill Borough's demographic profile and provides a broad understanding of the township's population. To build upon this foundation, the following focus will be on specific subsets of the

community that can struggle with financial difficulties. ALICE stands for Asset Limited, Income Constrained, Employed, which refers to households that earn more than the Federal Poverty Level but still fall short of covering the basic cost of living for their respective counties. ALICE households represent an essential population of the community and the following figures can provide insight on the number of individuals impacted within this township. Figure 1 below illustrates the ALICE thresholds for both Montgomery Township and Rocky Hill Borough in the year 2021. The ALICE threshold serves as a measure to quantify and describe the number of financially struggling households, irrespective of factors like race/ethnicity, gender, or age.

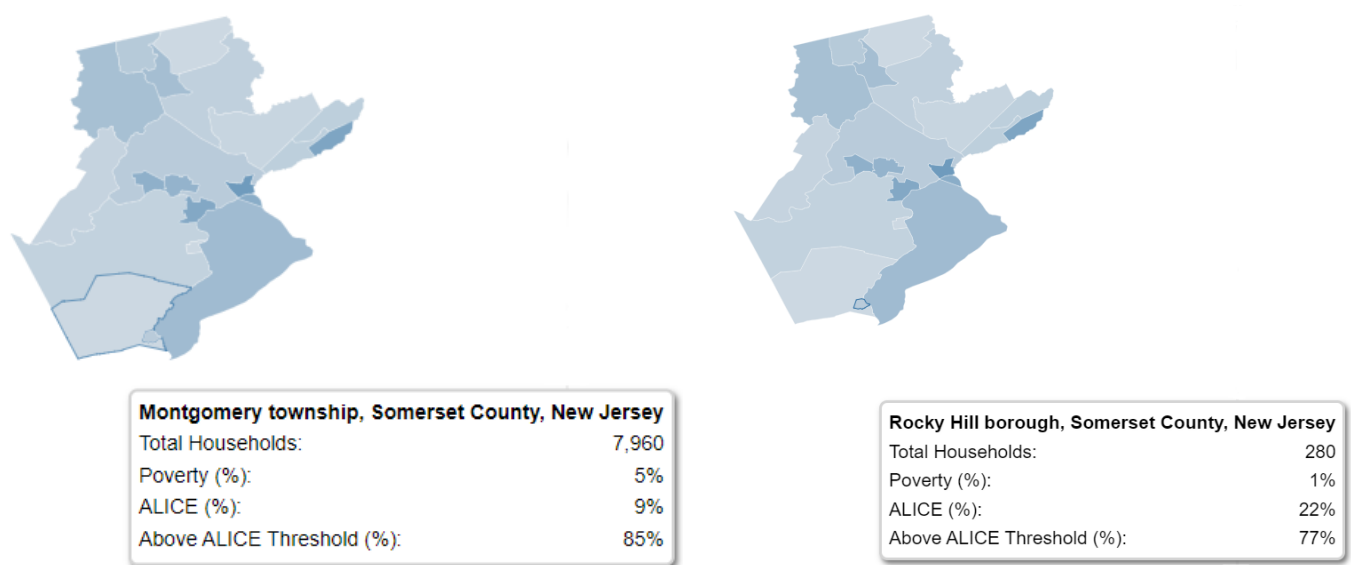


Figure 1. Source: American Community Survey, 2021; ALICE Threshold, 2021. <https://www.unitedforalice.org/county-reports/new-jersey>

In Montgomery Township, approximately 9% of 7,960 total households are classified as ALICE households, amounting to roughly 716 households grappling with increasing essential living expenses. Additionally, in Rocky Hill Borough approximately 22% of its 290 total households falls into the ALICE category, affecting about 61 households in the Borough. These households often find themselves confronted with difficult choices, such as deciding between investing in quality childcare or covering rent expenses. It is important to recognize that the financial stability of a community is closely connected to the well-being of its individual members. Therefore, when ALICE families are compelled to make challenging decisions, such as choosing between paying rent or buying food, or prioritizing the electric bill over essential medications, the repercussions are felt by the entire community.

However, when considering the larger context of Somerset County, it can be noted that 21% of households in the county fall into the ALICE category. This suggests that the issue of financial stability extends beyond Montgomery Township and affects a notable portion of our county's residents. It is crucial to recognize that these challenges faced by ALICE households are not isolated incidents but represent a broader regional concern.

Additionally, when looking at the state level, New Jersey reports an even higher prevalence of ALICE households, with approximately 26% of households falling into this category. While this statewide data emphasizes the magnitude of the issue, it also demonstrates the urgent need for targeted interventions and community support to address specific needs of Montgomery Township and Rocky Hill Borough residents.

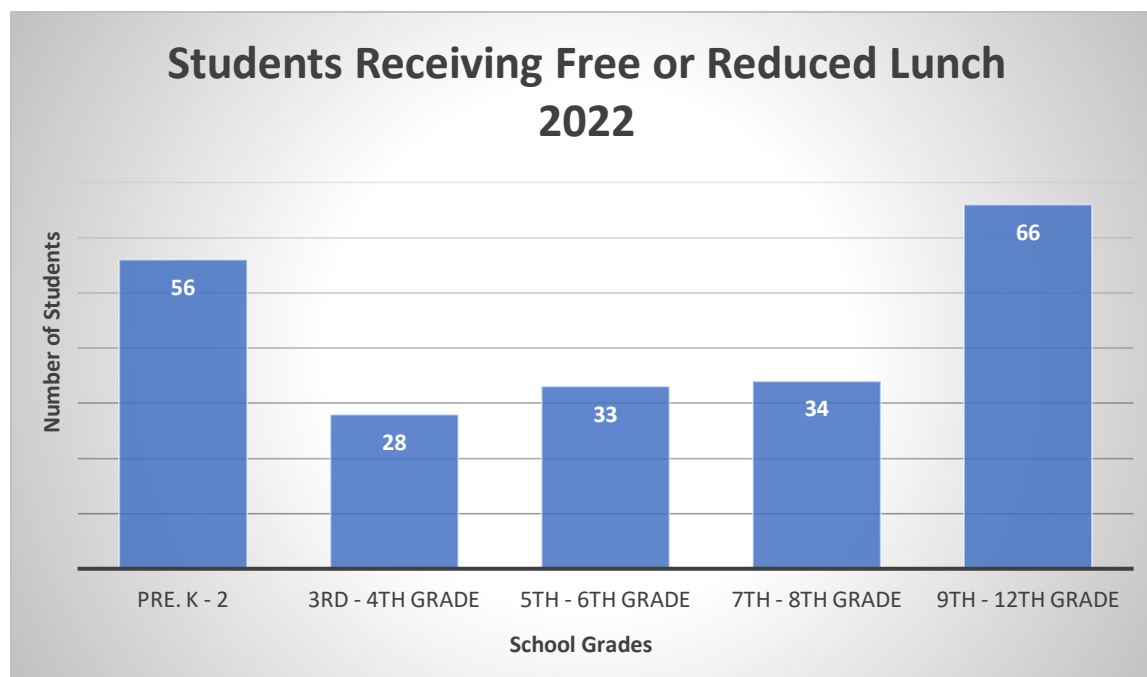


Figure 2: Students within the Montgomery Township School District receiving free or reduced lunches, 2022.

Figure 2 above shows the number of students in Montgomery Township School District from Pre-K through 12<sup>th</sup> grade that are receiving free or reduced lunch. The data is from the Montgomery Township Board of Education and was most recently updated on April 26, 2022. As of 2022, there are about 6,831 school-age students attending Montgomery Township Public Schools. According to the dataset above, 217 students within the Montgomery Township School District are receiving free or reduced lunches, or roughly 3.2% of the total number of school-aged children in Montgomery in the year of 2022.

Figures 1 and 2 highlight the potential impact of socioeconomic conditions on the educational needs and experiences of students within the same community. A higher percentage of ALICE households can increase the likelihood that some students in Montgomery Township and Rocky Hill Borough may face obstacles in accessing fundamental necessities and educational resources.

Upon examining Figures 1 and 2, it is apparent that there are various financial challenges that ALICE households face. To provide adequate support to ALICE households within Montgomery Township and Rocky Hill Borough, the community may require changes in how the schools and

community services within the townships assist them, including the need for tailored programs aimed at supporting priority populations.

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

Social determinants of health are the conditions and factors in the social and physical environment in which people are born, live, work, and play that can influence outcomes and disparities. These determinants play a crucial role in molding an individual's overall health and well-being and can have a significant impact on their risk of illness, access to healthcare, and life expectancy.

The COVID-19 pandemic has highlighted the numerous impacts of infectious disease on the social determinants of health within the communities served by the Montgomery Township Health Department. 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 American Indian and Alaska Native, Non-Hispanic 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.

Source: [https://www.cdc.gov/nchs/nvss/vsrr/covid19/health\\_disparities.htm#SocialVulnerabilityIndex](https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm#SocialVulnerabilityIndex)

Source: [https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC\\_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC\\_2067-DM114324#demographicsovertime](https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC_2067-DM114324#demographicsovertime)

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
- People of color, particularly African Americans, and persons of Hispanic ethnicity

Source: [https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC\\_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC\\_2067-DM114324#underlying-med-conditions](https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC_2067-DM114324#underlying-med-conditions)

Source: [https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC\\_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC\\_2067-DM114324#demographicsovertime](https://covid.cdc.gov/covid-data-tracker/?ACSTrackingID=USCDC_2067-DM114324&ACSTrackingLabel=COVID-19%20Adobe%20Newsletter%20for%209%2F29%2F23&deliveryName=USCDC_2067-DM114324#demographicsovertime)

While the impact of infectious diseases on social determinants of health is widely recognized, it is vital to understand the implications of these disparities on the community. The COVID-19 pandemic, in particular, has underscored the critical need for increased support and coordination among various community services. In response to the evolving challenges posed by infectious diseases, the Montgomery Township Health Department has observed a growing demand for social

support services from essential community responders such as the Police Department, EMS, and the Health Department.

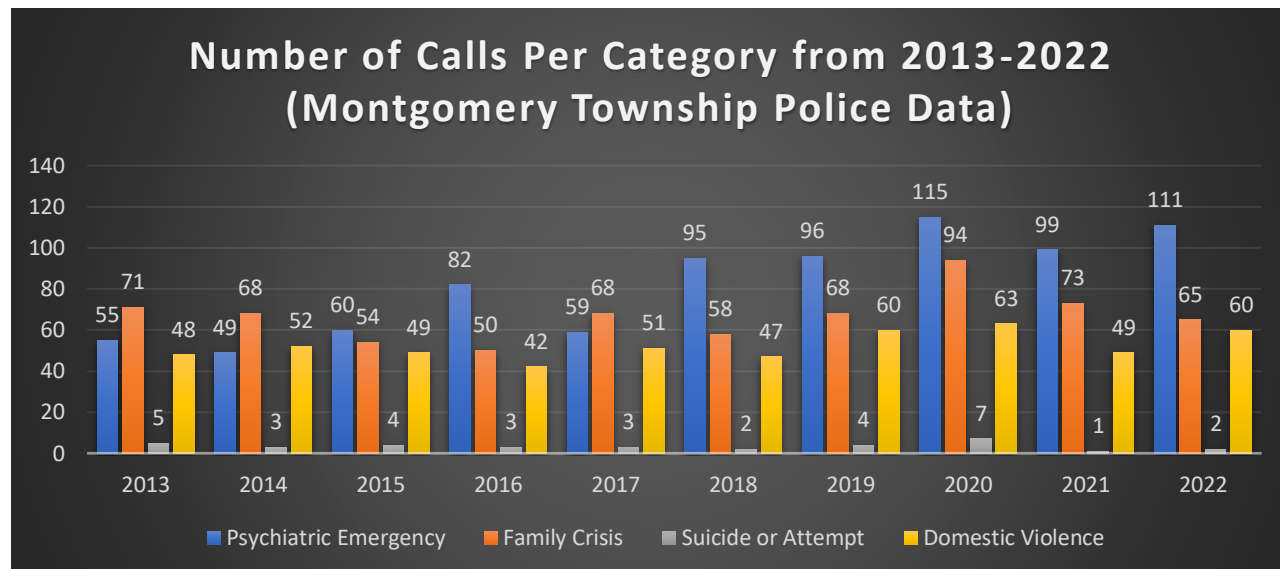


Figure 3: Data compiled from the Montgomery Police Department depicting the numbers of calls from residents categorized by type of emergency between the years of 2013 through 2022.

The data presented in Figure 3 is from the Montgomery Township Police Department and provides insights into the nature of emergencies and the volume of calls associated with social services. Analyzing this data reveals a notable trend; over the years, the occurrence of each type of emergency call is becoming more frequent.

The variation in call volume across the different categories can be attributed to several factors, such as a growing population or an increased prevalence of emergencies. Nonetheless, the overarching conclusion remains consistent: with the passage of time, there is a discernible positive trajectory in the number of emergency calls. Consequently, it may be imperative for the township to allocate additional resources and support to alleviate the burden on the Local Police Department in addressing the rising number of social services-related emergencies.

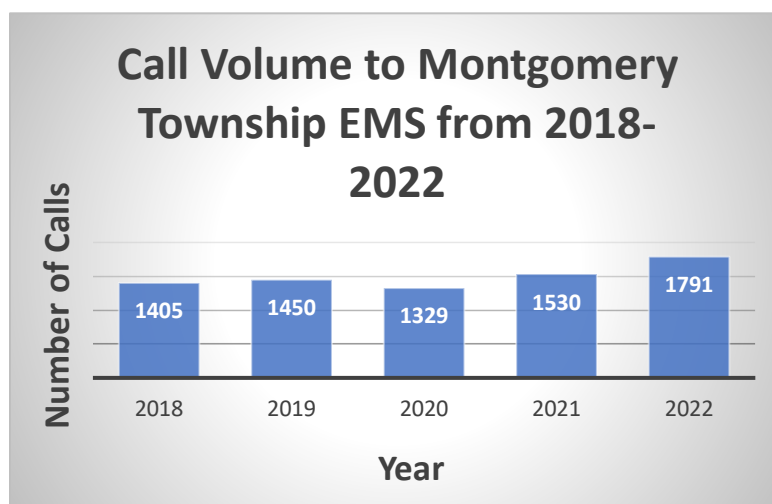


Figure 4: Call volume data from Montgomery Township EMS, 2018-2022.

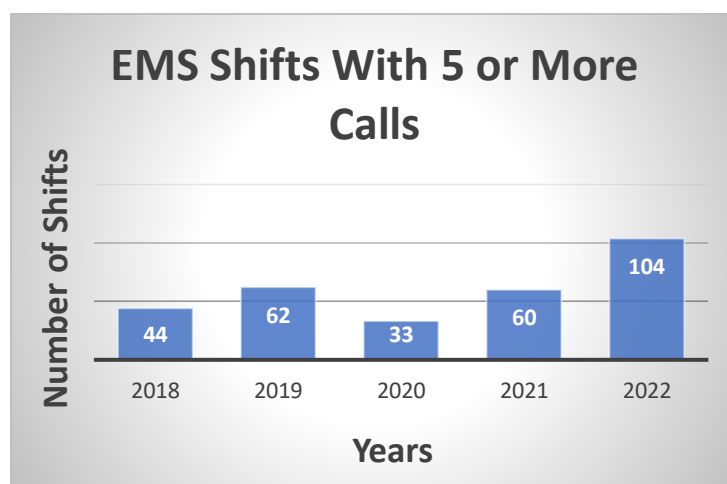


Figure 5: EMS data demonstrates the number of shifts with 5 or more calls from the years 2018-2022.

In a manner akin to the surge in emergency calls to the Montgomery Township Police Department, the call volume handled by the Montgomery Township EMS has also witnessed an increase. Figures 4 and 5 highlight the overall increase in service demands within Montgomery Township. Figure 4 presents data illustrating a 4-year compound annual growth rate of 6.3% in call volume attended to by Montgomery Township EMS. Furthermore, Figure 5 supplies information indicating a rise in the instances where EMS teams have had to respond to 5 or more calls during a shift. The number of shifts involving 5 or more calls over a span of 4 years demonstrates a compound annual growth rate of 24%. These findings from both the Montgomery Township EMS and Police Department data continue to underscore the increasing need for social services-related support within Montgomery Township.

REDCap is a web-secured system used by authorized members of the Montgomery Township Health Department to collect data in compliance with HIPAA regulations. It serves as a platform

for documenting and managing outreach efforts to and from Montgomery Township residents. These services encompass categories such as “Behavioral Health”, “Food”, “Healthcare”, “Housing”, “Transportation”, “Utilities”, or “Other”. The “Other” category allows for documenting outreach attempts that do not fall into the other predefined social determinant categories (i.e., determining eligibility for Register Ready, questions regarding ADA compliancy within the community, determining health department’s role in a situation, etc.). Additionally, when documenting data, some calls may involve more than one category of services required.

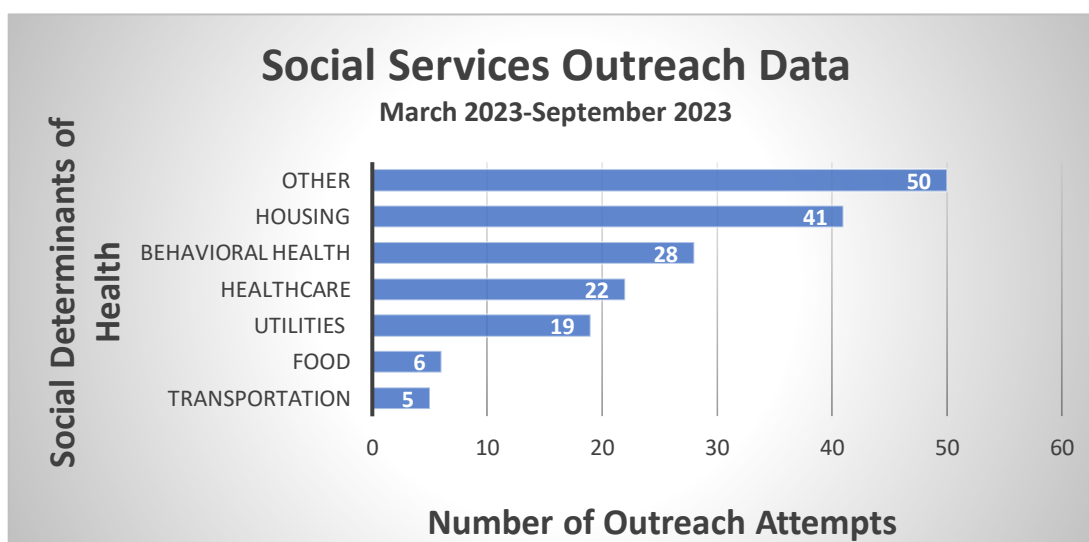


Figure 6: Number of outreach attempts categorized by social determinants of health documented by REDCap data program.

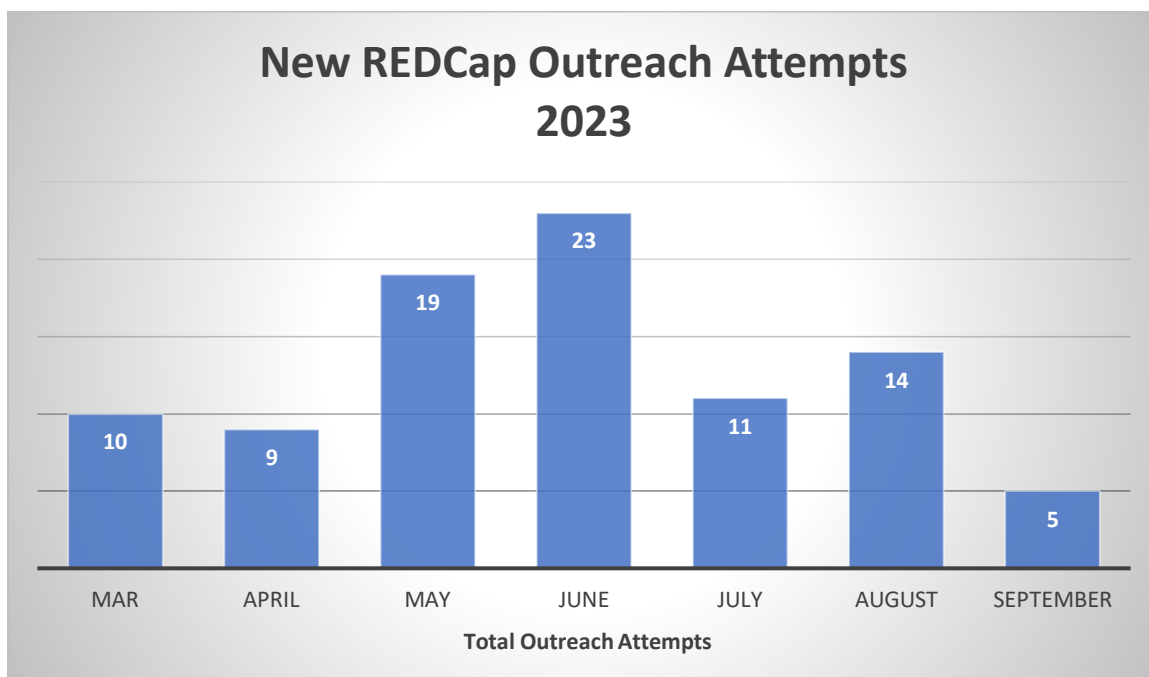


Figure 7: Number of total outreach attempts documented by REDCap for 2023.

Figure 6 above illustrates the volume of calls related to each social service request documented in the REDCap platform, spanning from March 2023 to September 2023. Among the 171

documented calls, the services most frequently requested by residents are “Behavioral Health”, “Housing”, and “Other”. The types of requests and services offered in each health determinant category depends on the needs of the residents and availability of support resources. Ultimately, this data indicates that residents in Montgomery Township are facing challenges related to social determinants of health.

Recognizing the profound influence of infectious diseases on the social determinants of health, it is imperative to address these health disparities head-on. In line with the commitment to community well-being and the mission to improve public health outcomes, this assessment includes a strategic focus on requests for social supports throughout the township and the impacts of other emerging and infectious diseases. For this grant cycle, Montgomery Township Health Department will be focusing on the infectious diseases with the highest incidence in our communities:

- Respiratory Diseases (e.g., COVID-19, Influenza).
- Vectorborne Diseases (e.g., Lyme Disease, Babesiosis)
- Foodborne Diseases (e.g., Campylobacteriosis, Salmonellosis, Shigellosis, Hepatitis A).

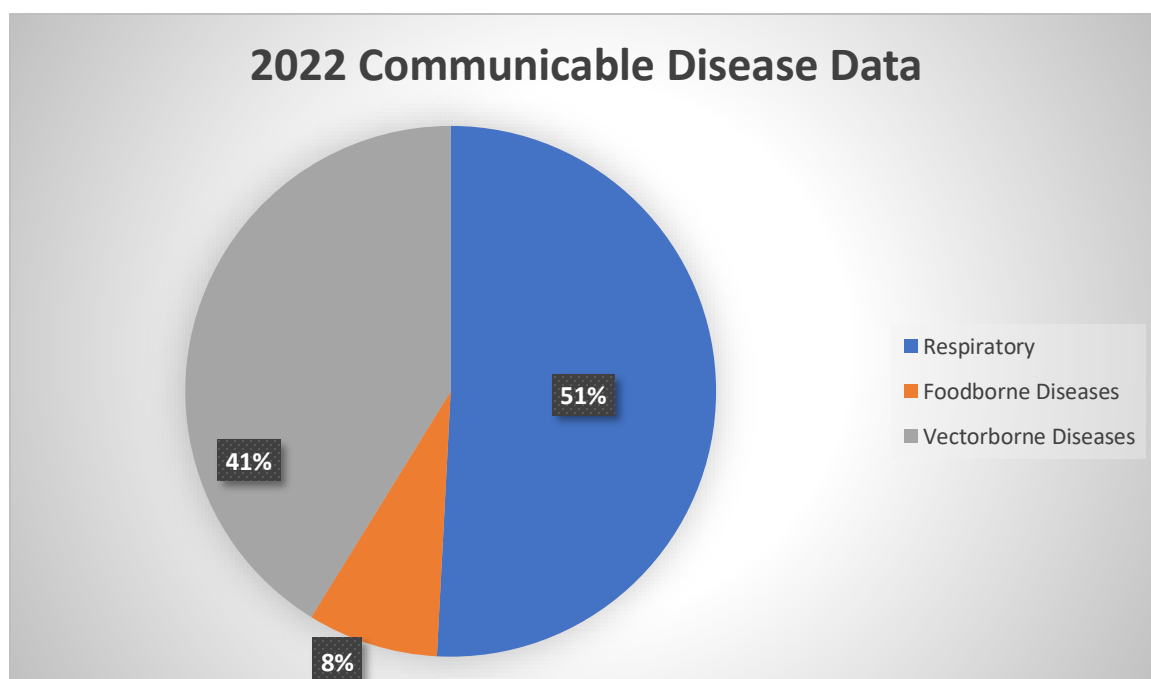


Figure 8. Communicable Disease Reporting and Surveillance System Statistical Report Data for Report from 1/1/2022 through 12/31/2022.

The data in Figure 8 shows the number of infectious disease reported through New Jersey Department of Health’s Communicable Disease Reporting and Surveillance System (CDRSS) from January 1, 2022 to December 31, 2022. These data highlight the infectious diseases that are

most likely to affect the social determinants of health of priority populations within our community.

**Within the Montgomery Township Health Department’s jurisdiction, identified geographic locations that include priority populations disproportionately affected by COVID-19 and Other Infectious Disease(s) include:**

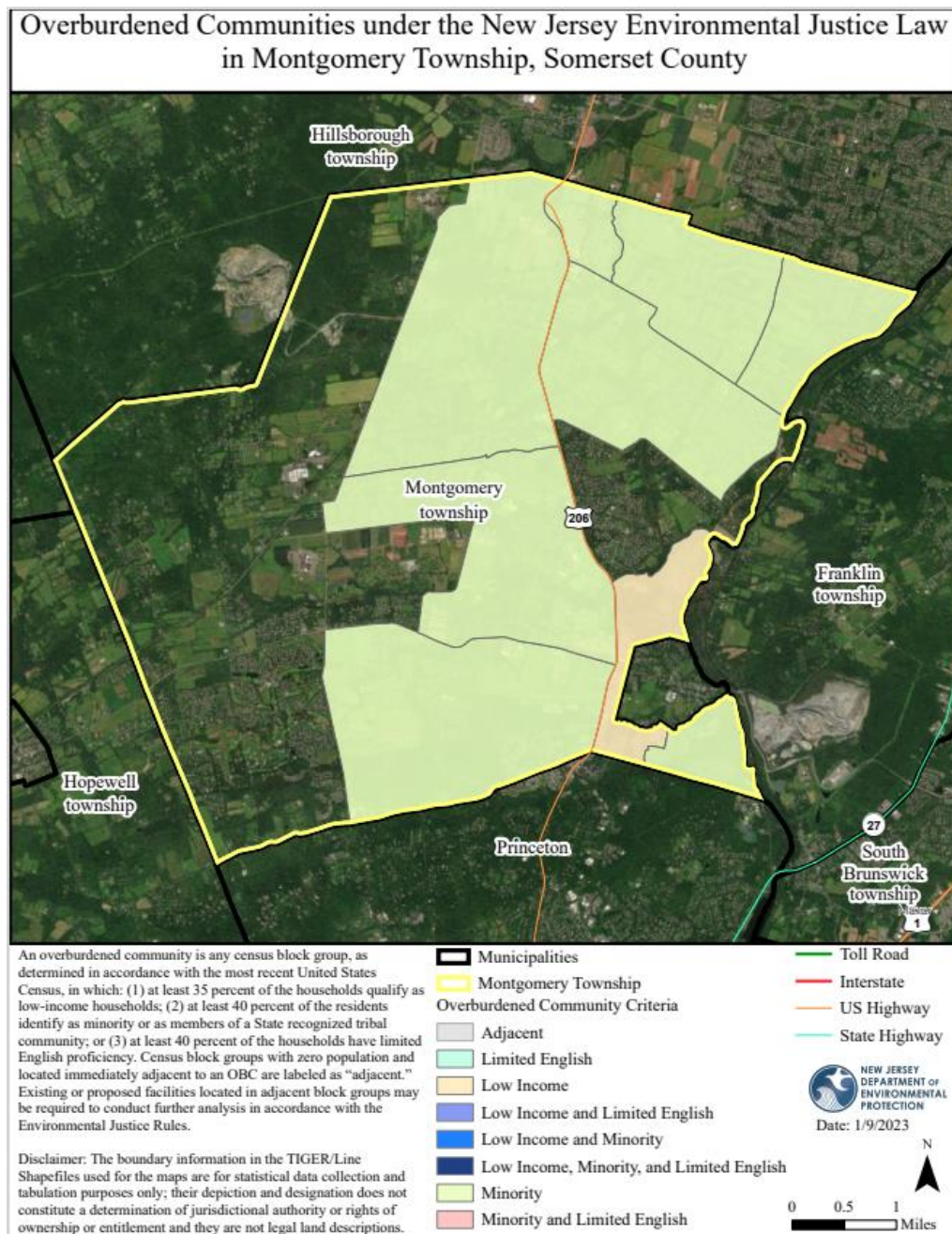


Figure 9. Source: *Overburdened Communities*, Department of Environmental Protection, 2023. <https://dep.nj.gov/wp-content/uploads/ej/docs/somerset-montgomery-twp-maps-obc.pdf>

Figure 9 illustrates the geographic locations within Montgomery Township where priority populations, as defined by the criteria in this assessment, are overburdened and disproportionately impacted by not only COVID-19 but also other infectious diseases.

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

During the 2024 Strengthening Grant Cycle, the Health Department 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.

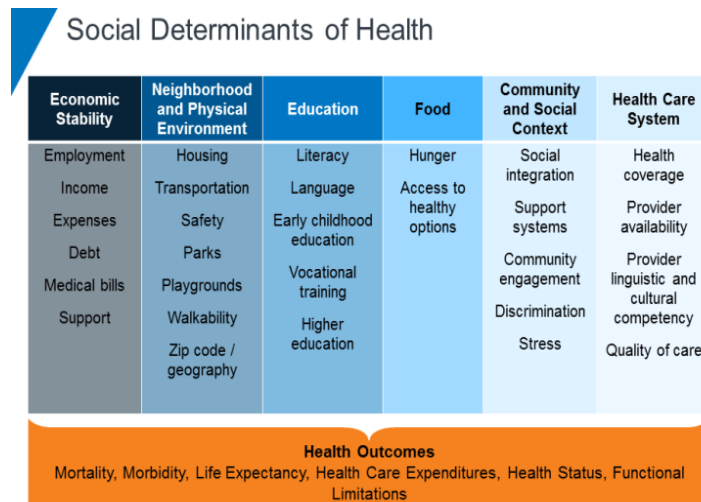


Figure 10. Source: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

## 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 Communities 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
<b>ECONOMIC STABILITY:</b> <ul style="list-style-type: none"> <li>Employment</li> <li>Income</li> <li>Expenses</li> </ul>	Housing	Estimated 44.3% households experiencing high rent burden.	General population, ALICE households.	Form partnership with Housing Authority to address goals of preventing and reducing homelessness.	1

<ul style="list-style-type: none"> <li>Debt</li> <li>Medical Bills</li> <li>Health care</li> <li>Housing</li> <li>Hunger</li> <li>Access to Healthy Food Options</li> <li>Childcare</li> <li>Other (add here)</li> </ul>	Food Insecurity	About 1180 households in Montgomery Township and Rocky Hill Borough are ALICE households or living in poverty and struggle to put food on the table.	General population, ALICE households, those living in poverty.	Post local food pantry resource list on municipal/LHD website	2
<b>EDUCATION ACCESS AND QUALITY:</b> <ul style="list-style-type: none"> <li>Literacy</li> <li>Language</li> <li>Early childhood education</li> <li>Vocational Training</li> <li>Higher Education</li> <li>Other (add here)</li> </ul>	Language	More than 50% of residents speak a language other than English in the home. These individuals may experience functional limitations and difficulty navigating within the community.	Ethnic minorities	Distribute Township materials in different languages spoken in town. Encourage residents to attend English Second Language programs at Library and ELKS club.	1
<b>HEALTHCARE ACCESS AND QUALITY:</b> <ul style="list-style-type: none"> <li>Health coverage</li> <li>Provider availability</li> <li>Provider linguistic and cultural competency</li> <li>Quality of care</li> <li>Other (add here)</li> </ul>	Health Coverage	About 275 residents under the age of 65 are without health insurance.	General Population under 65 years of age.	Adopt screening tools within surveys to identify health-related social needs of residents.	1
	Health Care	Many families are unfamiliar with the behavioral/mental health navigation system or services available.	General population.	Distribute Social Support Resources trifold to community and post on municipal/LHD website	2
<b>NEIGHBORHOOD AND BUILT ENVIRONMENT:</b> Housing <ul style="list-style-type: none"> <li>Transportation</li> <li>Safety</li> <li>Parks</li> <li>Playgrounds</li> <li>Walkability</li> <li>Zip Code/Geography</li> <li>Other (add here)</li> </ul>	Transportation	NJ Transit 605 bus is the only public transportation that goes through Montgomery.	General population, individuals with low income, individuals with disabilities.	Work with county representative to provide better options for residents in the area.	1
	Walkability	Walkability score of 43. Increased dangers of pedestrian/driver accidents and functional limitations.	General population and persons who use wheelchairs.	Host pedestrian safety listening sessions to better advocate for residents when speaking with State Department of Transportation.	2
<b>SOCIAL AND COMMUNITY CONTEXT:</b> <ul style="list-style-type: none"> <li>Social integration</li> <li>Support systems</li> <li>Community engagement</li> <li>Discrimination</li> <li>Stress</li> <li>Other (add here)</li> </ul>	Stress	Due to the aforementioned issues, residents experience high stress environments are created.	Residents, general population.	Implement community programming to share stress relief strategies. Encourage residents to engage in Mayor's Wellness Campaign.	1

Sources: <https://www.cityhealthdashboard.com/NJ/Montgomery/city-overview>  
<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/>

## VII. Community Agencies Supporting Priority Populations

Priority Population	Agency	Types of Services Provided
Older adults & Individuals with Disabilities	Somerset County Office on Aging & Disability Services	Telephone Reassurance Program, Disability services, Referrals, Assistance, Care Management, etc.
	New Jersey Register Ready	Emergency Response Services
	Montgomery Township Senior Services and Wellness Center	Resource, Support
	Aging and Disability Resource Connection	Resource Referral
	Cooperative Housing Corporation	Resource, Support
	LogistiCare	Resource Referral
	State Health Insurance Assistance Program	Resource Referral
	Senior Medicare Patrol	Support, Referral
Ethnic Minorities	Montgomery Township Branch Library	English as a Second Language program
Ethnic Minorities	Princeton Elks Lodge	Food bank and English as a Second Language program
Uninsured Children	Office of New Americans	Health insurance for all children 19 years and younger
Refugee	Interfaith RISE	Resource Referral, Education, etc.
Domestic Violence Victims	Safe + Sound Domestic Violence Hotline	Mediation, Resources, Support, etc.
	Domestic Violence Hotline	Resources, Support, etc.
	Womanspace	Referrals, Care Management, etc.
General Population	Montgomery Senior Center	Food pantry
	Food Bank Network of Somerset County	Food Bank, Support
	Princeton ELKS Club	Food Bank, Support
	National Hunger Hotline	Resource Referral, Support, etc.
General Population	Central Jersey Housing Resource Center	Outreach programs and referral services for housing assistance
General Population	Healthier Somerset	Mental Health Services
General Population	Greater Mercer Transportation Management Association	Pedestrian Safety and Transportation Services

	Somerset County Human Services/ Social Services	Referrals, Assistance, Vouchers, etc.
	Zufall Health Center	Health Care Services for Uninsured/Underinsured
	Zufall Health Dental Services	Health Care Services for Uninsured/Underinsured
	Screen NJ	Cancer Screening, Treatment, Patient Services, etc.
	New Jersey Family Care	Insurance Support
	211 New Jersey	Resource Referral
	Somerset County Behavioral Health System Navigator	Resource Referral
	Bridgewater Psychiatric Emergency Screening Services	Mental Health Services
	Carrier Clinic	Mental Health Services
	Catholic Charities	Mental Health Services, outpatient treatment, and support
	Early Intervention Support Services	Mental Health Services, Psychiatry
	National Alliance on Mental Illness	Resource Referral, Mental Health Services
	NJ Mental Health Cares	Information and referrals
	National Suicide/ Crisis Hotline	Emergency Support, prevention, resource referral
	NJ Hopeline	Emergency Support, prevention, resource referral
	H.O.P.E.	Grief Support, resource, education
	National Eating Disorder Association	Support, Prevention, Education, Resource
	Faith Leaders	Support
	Montgomery Business Association	Support
	Rental Development Property Managers/Owners	Support
	Farmers	Support
Individuals Experiencing Homelessness	Homeless Hotline	Support, Resource Referral, etc.
	State Homeless Hotline	Support, Resource Referral, etc.
	Agape House	Shelter, Case Management, etc.
	Homefront	Housing, Food, Furniture, Family Support, etc.
	Arm in Arm	Housing, Job Support, etc.

	NJ SHARES	Assistance for Utilities
	Central Jersey Housing Resource Center	Resource Referral, etc.
	Anchor House (Ages 12-21)	Shelter, Outreach, Supportive Housing, etc.
Veterans	Office of Veteran's Services	Program Referrals, Resources, Assistance, etc.
	NJ Veteran's Benefits Hotline	Resource Referral
	NJ Vet2Vet	Peer Support, Resource Referral, etc.
Youth	Somerset County Youth Services	Resource Referral
	Montgomery Township Municipal Alliance	Resource, Programs, Education, etc.
	2 <sup>nd</sup> Floor Youth Helpline	Support, Prevention, Resources, etc.
	The Trevor Project	Emergency Support, Prevention, Education, Referral, etc.
	Good Grief	Support
	Children's Home Society	Support
	NJ Family Helpline	Support, Prevention, Resource, Education, etc.
	NJ Parent Link	Resource Referral, Support, etc.
	Family and Community Services of Somerset County	Support, Resource, etc.
	Youth Action Board, Youth Leadership Council	Support
	PTA, PTO, PTSA, SEPTA	Support
	Schools	Support, Resource
Individuals Experiencing Substance Abuse	NJ Addiction Helpline	Support, Resource, Referral, Prevention, etc.
	NJ Addictions Access Center	Support, Resource, Referral, Prevention, etc.
	Reach NJ	Support, Resource, Referral, Prevention, etc.

## VIII. Conclusion

Montgomery Township Health Department conducted a Rapid Public Health Assessment as part of the Strengthening Local Public Health Capacity 2024 Grant, with a focus on understanding priority populations and health disparities related to COVID-19 and other infectious diseases. This assessment details the demographic information, priority populations, and key health

disparities identified within the communities served by Montgomery Township Health Department. Additionally, this assessment includes key community agencies supporting these priority populations.

The priority populations encompass individuals facing economic disadvantage, language and technology barriers, various age groups, those in congregate living situations, isolated individuals, hospitalized and non-hospitalized patients, and those with challenges accessing healthcare. These populations have been disproportionately affected by COVID-19 and other infectious diseases. In response, the assessment aims to inform the development of strategies and interventions to assist these communities. The gathered data will help create a community resource directory and support targeted outreach efforts related to COVID-19 prevention, testing, contact tracing, containment, isolation, quarantine, vaccination, and social support.

In summary, this assessment underscores the importance of addressing health disparities, considering social determinants of health, and implementing strategies to support priority populations in the face of infectious diseases like COVID-19. We, as a community, will continue to support our residents by advocating for and providing resources for food security, linking to rental assistance, support groups, community events and programming, transportation, and other social endorsements.