

West Windsor Health Department

2024 Rapid Public Health Assessment



Public Health
Prevent. Promote. Protect.



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West Windsor Health Department 2024 Rapid Public Health Assessment

September 2023 Update

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 West Windsor 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 West Windsor Health Department including West Windsor, Robbinsville, and Hightstown. The Assessment is to be presented by the LHOCs to the West Windsor 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
• 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

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 which may be present within the community(ies) served by the West Windsor Health Department.

Priority Populations

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; Homeless; Medicaid recipients; Working poor with limited resources, often working multiple jobs; Single mothers and sole caregivers; Low wage workers in multiple jobs	Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers) Persons with limited English language proficiency (read, write) in their native language; low literacy or non-English speaking groups: - Spanish Asian and Pacific Island languages (Chinese, Korean, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog, Dravidian, Polynesian, and Micronesian languages) - Other Indo-European languages (Germanic, Scandinavian, Slavic, Romance French, Italian), Indic, Celtic, Baltic, Iranian, and Greek languages) - All other languages (Uralic and Semitic languages as well as Indigenous languages of the Americas); Sign Languages/American Sign Language (ASL) Foreign visitors; Undocumented immigrants; Immigrants; Refugees
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	
People living in Congregate, Crowded, Sub-Standard Living Situations: 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	Isolation (cultural, geographic, or social) 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)

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 COVID-19 (Phase 1B/Phase 1C Combined)

- 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/m² or higher but < 40 kg/m²)
 - Severe Obesity (BMI ≥ 40 kg/m²)
 - Sickle cell disease
 - Smoking
 - Type 2 diabetes mellitus
 - Pregnant/Breastfeeding
- **People aged 75 years and older** because they are at high risk of hospitalization, illness, and death from COVID-19.
- **Frontline Essential Workers**
 - First Responders (Phase 1B) At-Risk for COVID-19**
 - Sworn law enforcement, firefighters, and other first responders, including:
 - New Jersey State Police troopers
 - Municipal and county police officers
 - 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 (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
- 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

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.

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Population estimates, July 1, 2022, (V2022)	29,612	15,341	5,855
PEOPLE			
Population			
Population estimates, July 1, 2022, (V2022)	29,612	15,341	5,855
Population estimates base, April 1, 2020, (V2022)	29,514	15,476	5,897
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	0.3%	-0.9%	-0.7%
Population, Census, April 1, 2020	29,518	15,476	5,900
Population, Census, April 1, 2010	27,165	13,642	5,494
Age and Sex			
Persons under 5 years, percent	6.0%	4.1%	3.0%
Persons under 18 years, percent	26.0%	26.9%	11.8%
Persons 65 years and over, percent	12.9%	10.9%	17.2%
Female persons, percent	50.1%	52.5%	48.2%

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Male persons, percent - need to calculate	49.9%	47.5%	51.8%
Race and Hispanic Origin			
White alone, percent	39.4%	62.3%	85.7%
Black or African American alone, percent	4.3%	4.7%	2.9%
American Indian and Alaska Native alone, percent	0.9%	0.0%	0.0%
Asian alone, percent	48.6%	30.1%	3.5%
Native Hawaiian and Other Pacific Islander alone, percent	0.0%	0.0%	0.0%
Two or More Races, percent	6.1%	2.8%	4.1%
Hispanic or Latino, percent	5.4%	3.4%	28.3%
White alone, not Hispanic or Latino, percent	38.5%	59.3%	63.8%
Population Characteristics			
Veterans, 2017-2021	423	261	227
Foreign born persons, percent, 2017-2021	42.1%	24.6%	27.5%
Housing			
Housing units, July 1, 2022, (V2022)	X	X	X
Owner-occupied housing unit rate, 2017-2021	67.0%	85.9%	71.9%

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Median value of owner-occupied housing units, 2017-2021	\$629,700	\$433,300	\$287,000
Median selected monthly owner costs -with a mortgage, 2017-2021	\$3,925	\$3,150	\$2,362
Median selected monthly owner costs -without a mortgage, 2017-2021	\$1,500+	\$1,373	\$1,129
Median gross rent, 2017-2021	\$2,148	\$1,689	\$1,503
Building permits, 2022	X	X	X
Families & Living Arrangements			
Households, 2017-2021	10,582	5,593	2,135
Persons per household, 2017-2021	2.76	2.73	2.70
Living in same house 1 year ago, percent of persons aged 1 year+, 2017-2021	89.7%	92.4%	95.0%
Language other than English spoken at home, percent of persons aged 5 years+, 2017-2021	48.0%	29.2%	33.0%
Computer and Internet Use			
Households with a computer, percent, 2017-2021	99.2%	94.8%	94.3%

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Households with a broadband Internet subscription, percent, 2017-2021	96.7%	90.5%	80.8%
Education			
High school graduate or higher, percent of persons aged 25 years+, 2017-2021	98.7%	97.0%	88.5%
Bachelor's degree or higher, percent of persons aged 25 years+, 2017-2021	82.6%	66.8%	37.5%
Health			
With a disability, under age 65 years, percent, 2017-2021	2.3%	4.7%	3.4%
Persons without health insurance, under age 65 years, percent	3.9%	2.0%	16.5%
Economy			
In civilian labor force, total, percent of population age 16 years+, 2017-2021	69.4%	74.4%	67.9%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	61.9%	69.8%	61.2%

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Total accommodation and food services sales, 2017 (\$1,000)	129,951	D	D
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	303,928	D	D
Total transportation and warehousing receipts/ revenue, 2017 (\$1,000)	12,069	76,762	20,371
Total retail sales, 2017 (\$1,000)	483,945	2,141,466	33,970
Total retail sales per capita, 2017	\$17,287	\$147,697	\$6,401
Transportation			
Mean travel time to work (minutes), workers aged 16 years+, 2017-2021	44.7	34.7	24.2
Income & Poverty			
Median household income (in 2021 dollars), 2017-2021	\$175,107	\$155,680	\$91,875
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$77,541	\$61,971	\$48,577
Persons in poverty, percent	5.4%	1.5%	1.1%
Business			

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Total employer establishments, 2021	X	X	X
Total employment, 2021	X	X	X
Total annual payroll, 2021 (\$1,000)	X	X	X
Total employment, percent change, 2020-2021	X	X	X
Total non-employer establishments, 2019	X	X	X
All firms, Reference year 2017	989	353	144
Men-owned firms, Reference year 2017	599	185	89
Women-owned firms, Reference year 2017	S	S	S
Minority-owned firms, Reference year 2017	291	64	S
Nonminority-owned firms, Reference year 2017	466	222	S
Veteran-owned firms, Reference year 2017	S	S	S

Demographic Characteristic	West Windsor	Robbinsville	Hightstown
Nonveteran-owned firms, Reference year 2017	720	281	105
Geography			
Population per square mile, 2020	1,155.3	757.1	4,785.1
Population per square mile, 2010	1,062.6	671.5	4,536
Land area in square miles, 2020	25.55	20.44	1.23
Land area in square miles, 2010	25.56	20.32	1.21

Source: Datasets provided by <https://www.census.gov/quickfacts>; please refer to key listed on bottom of the webpage

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 West Windsor 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:

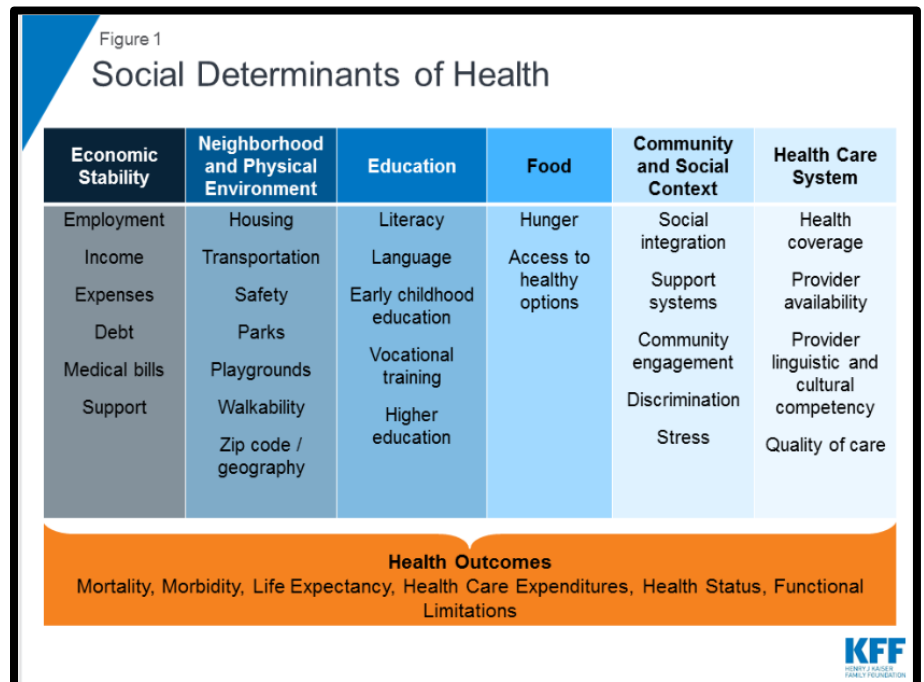
- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)
- Older persons (Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html>)
- 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 West Windsor Health Department 2024 Strengthening Local Public Health Capacity Grant application the following Other Infectious Disease(s) were selected:

- Tickborne Diseases
- In addition, the team will incorporate seasonal influenza prevention messaging alongside the COVID-19 outreach conducted during flu season.

VII. 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.



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: • Employment • Income • Expenses • Debt • Medical Bills • Health care • Housing • Hunger • Access to Healthy Food Options • Childcare • Other (add here)	Income	Low-income individuals tend to experience poorer health outcomes and can't pay for necessary resources as a result of financial burdens	West Windsor, Robbinsville, and Hightstown community. Low-income individuals are most concentrated in Hightstown.	Distribute LHD community resource directory to venues which serve priority groups. Post to LHD website.	6
	Hunger	Hunger linked to chronic disease and lower overall health status. In children, negative impacts on education.	Children, low income homes, persons over 65 on limited income, undocumented immigrants.	Include resources in LHD directory and promote available resources to community member to increase awareness to both utilize services and support the provider organizations.	5
EDUCATION ACCESS AND QUALITY: • Literacy • Language • Early childhood education • Vocational Training • Higher Education • Other (add here)	Language	Disruptions in seeking essential and preventive services due to language barriers. Patients exhibit low health-seeking behavior when they cannot comprehend the services available to them	Hightstown community, predominantly Spanish-speaking; West Windsor & Robbinsville – Asian languages.	Collaborate with local organizations that employ bilingual staff to translate educational materials and resource lists into Spanish. Increase access to materials in multiple languages.	4
HEALTHCARE ACCESS AND QUALITY: • Health coverage • Provider availability • Provider linguistic and cultural competency • Quality of care • Other (add here)	Health Coverage	Many uninsured/underinsured individuals face obstacles when accessing health services due to lack of coverage which results in unfavorable costs, conditions, and health outcomes	West Windsor, Robbinsville, and Hightstown community. Uninsured/underinsured individuals are most significant in Hightstown.	Create list of medical facilities that serve as a medical home for patients, regardless of insurance status; partner with FQHCs.	1
	Provider Availability	Lack of access to vaccination for certain groups due non-participating providers in the COVID-19 vaccination campaign	Children under 3; homebound residents, persons with physical disabilities, residents living in congregant care settings.	Mobilize and offer onsite vaccination clinics pre-commercialization. Link persons to available resources post transition.	2

NEIGHBORHOOD AND BUILT ENVIRONMENT: Housing • Transportation • Safety • Parks • Playgrounds • Walkability • Zip Code/Geography • Other (add here)	Transportation	Lack of vehicle access and inadequate infrastructure within the community perpetuates barriers to healthcare access. This causes no-show appointments, delayed care, etc.	West Windsor, Robbinsville, and Hightstown community. Lack of transportation is most significant in Hightstown. Seniors and low-income residents in West Windsor and Robbinsville are also challenged in access to services.	Partner with Greater Mercer Transportation Management Association to host trainings on how to use public transit systems, and promote awareness on local transportation assistance programs. Support awareness of the transportation challenges to inform policy.	7
	Community Engagement	Limited opportunities to interact with the public or face-to-face interactions during COVID peaks	West Windsor, Robbinsville, and Hightstown community.	Adapt existing programs into virtual modems and offer to the public via zoom, or other telecommunications, to maintain community connections	8
SOCIAL AND COMMUNITY CONTEXT: • Social integration • Support systems • Community engagement • Discrimination • Stress • Fear of Gov't Intervention	Fear of Government Interventions	Direct negative impacts on health results from failure to access preventative services (vaccination, testing, early medical intervention)	Undocumented residents, recent immigrant populations.	Offer walk-in clinics and free test kits to the public. Provide staff training to improve capacity building and ensure cultural competency.	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

VI. Community Agencies Supporting Priority Populations

Priority Populations	Agency	Types of Services Provided
Eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years	Adolescent Housing Hub – NJ Office of Housing	Housing assistance program (database tool)
Persons struggling with mental health challenges	All Access Mental Health	Mental health services, outpatient programs, behavioral health home, care management
Persons facing economical disadvantage, homelessness, and unemployment	Arm in Arm	Homelessness prevention, food pantry, job support, financial management
Youth, from primary education to higher education	Attitudes in Reverse	Comprehensive mental health education programs
Persons facing economical disadvantage and homelessness	Catholic Charities	Social services, mental health services, advocacy and disaster relief programs, addiction recovery services
Persons facing transportation barriers within Mercer and Ocean County	Greater Mercer Transportation Management Authority	Transportation services, education on available transportation programs
Low-income persons, and/or persons with disability	Hightstown Housing Authority	Independent housing for low-income residents and individuals with disabilities
Parents/caregivers that have children experiencing mental illness and/or addiction issues	iCare	Mental health and addiction services, parent support groups,
Persons or families experiencing food insecurity, mental health issues	Jewish Family & Children's Services	Social service organization, food bank, community center, counseling
Seniors experiencing food insecurity and isolation	Meals on Wheels Mercer	Food assistance
Persons and families experiencing financial burdens residing in Mercer County	Mercer County Board of Social Services	Social service organization, food assistance, medical assistance, child support, cash assistance, funeral/burial assistance, transportation,
Families and single adults in need	Mercer Street Friends	Food bank, family engagement programs, education
Low-to-moderate income persons	Piazza & Associates	Low-income and moderate-income housing program
Low-income persons, and/or persons with disability	Project Freedom West Windsor	Independent housing for low-income residents and individuals with disabilities, supportive services
Low-income persons, and/or persons with disability	Project Freedom Robbinsville	Independent housing for low-income residents and individuals with disabilities, supportive services
Low-income persons, and/or persons with disability	Project Freedom Robbinsville – Town Center	Independent housing for low-income residents and individuals with disabilities, supportive services
Low-income persons, persons facing economic disadvantages in Hightstown	RISE	Social service organization, food pantry, emergency assistance, English Language Learner (ELL) program
Persons aged 55+ in Robbinsville	Robbinsville Senior Center	Senior activities, fitness/dance programs, health and wellness fairs, senior lunches, senior freeze

		tax program, State Health Insurance Program (SHIP)
Kindergarten – 6 th graders facing food insecurity	Send Hunger Packing WW-P	Supplemental nutrition programs, backpack lunches
Persons aged 55+ in West Windsor	West Windsor Senior Center	Senior activities, fitness/dance programs, health and wellness fairs, language classes, State Health Insurance Program (SHIP)
Individuals, and families impacted by domestic and sexual violence	Womanspace	Emergency services, court advocacy, clinical support, counseling, residential housing
Underinsured/uninsured individuals	Zufall and Henry J Austin Health Center	Medical and dental home

VII.

COVID-19: The West Windsor Health Department identified several priority populations during the COVID-19 pandemic, and continues to serve these populations despite the end of the public health emergency in summer 2023. The department serves a diverse population covering residents of West Windsor, Robbinsville, and Hightstown. Priority populations within our communities include: individuals over the age of 65 years included those living in congregate care settings; individuals living in all forms of congregate or isolated housing settings; Spanish-speaking individuals (geographically concentrated in the Hightstown area); children attending school/daycares and their families; and essential workers including those in low wage brackets. The priority groups, in conjunction with the general population, remain a targeted focus for intervention and program implementation to reduce the burden of COVID-19. The Department further recognizes the need to identify resources for social supports, increase awareness and help to connect people to the available services. The evolving nature of the pandemic also enabled the West Windsor Health Department to reevaluate and reassess outreach plans to commensurate the needs in the community.

The West Windsor Health Department champions its strong collaboration with trusted community leaders and community partners (e.g. social service agencies, local school districts, faith-based organizations, housing facilities, group homes, senior centers, local healthcare providers, Zufall Health Center, etc.) to combat against COVID-19. Throughout the last 3 years of the pandemic, these partnerships have been leveraged to implement several disease mitigation tactics, especially a successful COVID-19 immunization campaign; the roll-out of the vaccination program was a key strategy in our prevention efforts beginning back to its Emergency Use Authorization (EUA) and it's many versions protecting against different variants as time progressed. Although demand for the vaccine shifted once the public health emergency ended, our vaccination clinics remained at the forefront and allowed pathways for collaboration to continue. The coordination, facilitation, and management of the vaccination clinics engineered powerful tools in program implementation. Challenges, gaps, and solutions have been identified and utilized to inform POD plans, and improve approaches for future events. A key bottleneck that continues to persist are potential barriers to language, especially within our predominantly Spanish speaking community of Hightstown and limited access to transportation. To overcome these challenges, clinic forms, flyers, information sheets, and educational materials are translated into Spanish and mobile clinic sites are located throughout the communities. Language services have also been another channel that the Department explored to assist with the translation of materials, and on-demand translation. We have partnered with numerous organizations such as RISE, the local school district, the Hightstown Library, Hightstown Housing Authority, faith-based organizations in Hightstown, and Hightstown Fire Department to offer clinics at easily accessible, familiar, and favorable settings to reach a wider audience.

In addition to our COVID-19 vaccination clinics, the infection control and outreach staff are also trained and readily equipped to report COVID vaccines into the New Jersey Immunization Information System (NJIS), a database that consolidates vaccination records for all registered patients in New Jersey. Due to the rise of technological resources being adapted, the West Windsor Health Department also incorporates online scheduling tools to enable feasibility of registration mechanisms. Although there are

have been shifts in the utilization of telecommunication tools, staff members are still available to set up appointments for individuals that struggle with accessing the internet or prefer personable approaches to scheduling. In order to maintain interpersonal ties within the community, staff members regularly address all health-related and vaccine-related inquiries both over the phone and in-person. The West Windsor Health Department staff is trained to screen residents and verify their vaccine eligibility criteria by guiding callers through information outlined by CDC and FDA-approved resources. All vaccination clinics offered by the West Windsor Health Department are remote and offered at revolving locations to accommodate residents throughout all areas of our jurisdiction. They are conveniently located in our three municipalities at trusted community establishments, such as the West Windsor Senior Center, Robbinsville Senior Centers, faith-based settings, West Windsor-Plainsboro Board of Education Office, Hightstown schools, Project Freedoms, group homes and assisted living facilities. etc. Additionally, prior to commercialization, homebound vaccinations for persons that are non-ambulatory, or bedbound, were widely available and provided by the public health nursing team.

In order to increase literacy about COVID-19, tickborne diseases, and flu, there are several staff members responsible for generating and disseminating public health messages about disease prevention and awareness. Educational materials are tailored to reach specific target audiences and age groups. Outreach mechanisms have been operationalized through various pathways: (1) community outreach events, (2) on-site visits to local businesses, (3) infection control package deliveries, (4) educational tabletops with priority populations, (5) routine email blasts, (6) telephone campaigns to reach priority populations, (7) and maintaining relations with local partners. These efforts have been especially resourceful in delivering risk communication and promoting community engagement within our township. The information shared includes information on local vaccination clinics, resources for testing, prevention messaging, importance of early-detection, available webinars/community programs that empower health literacy and disease awareness. By communicating directly with our residents, we have been able to gauge their insights and curate programs tailored to amplifying voices of the community. West Windsor Health Department has learned that the execution of our messaging systems is just as important as the content and we continue to emphasize the important of this lesson learned in our evolving plans.

As the COVID-19 public health emergency shifted once the declaration ended in summer 2023, the West Windsor Health Department also began to expand its general health promotion outreach programs. Where previously disrupted in years 2020-2022, the organization worked diligently to resume pre-COVID health education/promotion programs and to restore normalcy in the community. This includes planning blood pressure screenings, increasing visibility at community events, launching revamped educational programs, providing infection control trainings for healthcare workers, exercising boots-on-the-ground work, and many more. The amalgamation of these activities ensures that the West Windsor Health Department can achieve a collective impact for the community.

TICKBORNE DISEASE: Tickborne diseases remain a prevalent issue within our jurisdiction and can pose significant risks for individuals that live, work, and play in West Windsor, Robbinsville, and Hightstown. Due to environmental conditions and geographical dispositioning, our community members are susceptible to contracting common illnesses caused by tick bites. Deer ticks are common in our region and can transmit Lyme Disease, Anaplasmosis, and Babesiosis, most frequently in late spring to mid-summer. Outdoor activities are commonly held during this time as a result of summer programs/activities, youth camps, community-based events, etc. which harbors the ideal environment for ticks to attach to susceptible hosts and potentially transmit disease.

In January 2022 to September 2023, the local health department received 354 reports of tickborne diseases within the community. This includes Lyme Diseases, Babesiosis, Ehrlichiosis, and Rocky Mountain Spotted Fever. The West Windsor Health Department performs communicable disease investigations upon notice of a new case and ensures adequate follow-up is being conducted for each reportable case. The Department has identified two groups at increased risk and suspects that there may be overlap between them. These include persons who regularly play/work outdoors and foreign-born residents who may be unfamiliar with the local environment.

In order to reduce the burden of disease, outreach activities are tailored to promote awareness in efforts to prevent tick exposure and subsequent illness. By exercising boots-on-the-ground work, the West Windsor Health Department can encourage community members to engage in preventative measures, such as daily tick checks, showering soon after being outdoors, wearing bright colored attire, etc. Outreach mechanisms are typically channeled via onsite visits to deliver educational material, as well as participation at community events such as, health and wellness fairs, tabling events, seasonal festivals, etc. where information on tick prevention is distributed. The educational materials typically distributed include, but are not limited to, tick identification cards, infographic tick bookmarks, Lyme disease brochures, insect repellent wipes, etc. to help our residents become more knowledgeable. We also integrate interactive approaches to our programs, such as hands-on activities like the Spin Wheel, which is designed to appeal to all age groups and attract foot traffic at community events.