



Public Health
Prevent. Promote. Protect.

Bloomfield Department of Health

Bloomfield Department of Health
2022 Rapid Public Health Assessment

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I. Background

In New Jersey, local health departments (LHDs) are the boots on the ground for public health services. Through the statutory authority granted to municipalities, local boards of health are responsible for providing essential services in areas such as emergency response and disaster resiliency, communicable disease investigation and outbreak response, environmental and sanitation inspections, chronic disease prevention, and health promotion. There are currently 103 LHDs in New Jersey, serving diverse populations and ensuring swift and comprehensive public health response to the numerous communicable diseases that threaten the health and safety of the State's nearly nine (9) million residents. These LHDs have varied infrastructures, where some agencies may provide services to an entire county, some to a single city or municipality, and some to a group of municipalities.

To support COVID-19 response initiatives and prepare for future infectious disease events, the New Jersey Department of Health received \$29.9 million for state fiscal year 23 (7/1/22-6/30/23) in federal funding that it allocated for sub-grants to support county and local health departments for COVID-19 and other infectious disease response initiatives. During the COVID-19 pandemic, local health departments have been working around the clock to prepare, respond to and contain the spread of COVID-19 in the state, and these funds will provide health departments with more resources to identify and address local COVID-19 and other infectious disease outbreaks rapidly.

Health departments in each of the 21 counties and the City of Newark, known as Local Information and Network Communication System (LINCS) agencies, are responsible for preparedness and coordination of response to COVID-19 and other infectious diseases. For FY23, the New Jersey Department of Health received \$9.35 million in federal funding from the Centers for Disease Control and Prevention (CDC) to award to the 22 LINCS Agency LHDs for COVID-19 response and preparation for future infectious disease events.

The remaining 81 non-LINCS Agency Local Health Departments, each covering a varying number of municipal jurisdictions, were eligible to apply to receive a portion of \$20.6M that is funded through a combination of Federal and State funding sources. The breakdown of the FY2023 funding shown below is divided into three (3) categories to support the scope of this grant:

- **Local Health Outreach Coordinator (LHOC)**

\$9.26 million of federal CDC funds (ELC Strategy 5 Use Laboratory Data to Enhance Investigation, Response, and Prevention) will be distributed to the non-LINCS Agency LHDs to appoint/hire a full-time Local Health Outreach Coordinator (LHOC) [*formerly known as the Vulnerable Populations Outreach Coordinator (VPOC)*] to assess, mitigate and respond to populations disproportionately affected by the social and health impacts of COVID-19 and other infectious diseases. This includes ensuring that these populations have access to testing and support services such as housing, primary medical care, insurance coverage, and unemployment compensation to allow them to quarantine effectively.

- **Infectious Disease Preparedness Generalist (IDPG)**

Another \$9.72 million of federal CDC funds (Cooperative Agreement for Emergency Response: Public Health Crisis Response-Workforce Development) will be distributed to non-LINCS Agency LHDs to appoint/hire a full-time Infectious Disease Preparedness Generalist (IDPG) [*formerly known as the COVID-19 Generalist (CVG)*] to assist with outreach to populations disproportionately affected by COVID-19 and other infectious diseases through POD planning/vaccine logistics, testing, contact tracing, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 and other infectious disease-related activities.

- **Outbreak Preparedness (OP)**

Additionally, a total of \$1.6 million in Strengthening Local Public Health Capacity funds earmarked through the State’s 2023 Budget will also be allocated to non-LINCS Agency LHDs to strengthen Outbreak Preparedness and response capacity by reimbursing eligible COVID-19 and other Infectious Disease-Related Expenses (see Appendix 2) not covered by any other funding source.

Since Public Health Priority Funding was discontinued in 2011, most LHDs are funded solely through local taxes only; resulting in a reduced workforce and reduced available services, even though the need for public health services has increased. As such, LHDs must build sustainable communicable disease capacity in contact tracing and containment to ensure rapid response to and recovery from COVID-19 and be prepared for future infectious disease events.

II. 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 disease and protect the public’s health. As part of the Strengthening Local Public Health Capacity 2023 Grant, and in response to this unprecedented COVID-19 public health pandemic, the Bloomfield 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 populations disproportionately affected within the LHD’s jurisdiction;
- Detail the community demographics of the LHD’s service area;
- 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 these disproportionately affected populations; and
- Summarize key findings and priorities.

The data referenced within this Assessment applies to the following municipalities and boroughs served by the Bloomfield Department of Health including Bloomfield, Glen Ridge, and Caldwell in Essex County, Cranford and Springfield in Union County, and Madison, Chatham, and Mountain Lakes in Morris County. The Assessment is to be presented by the LHOCs to the Bloomfield Health Department Health Officer and governing body. Completing this rapid Assessment will inform the development or update of a community resource directory of social support agencies (web-based, or another format) by the 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, vaccination, referrals to social services and primary health care.

III. 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

<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>

IV. Defining Disproportionately Affected Populations in the Community

Disproportionately affected 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 disproportionately affected 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 disproportionately affected 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 disproportionately affected 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 disproportionately affected populations present within the community(ies) served by the Bloomfield Department of Health.

Disproportionately Affected Populations

<p>Economic Disadvantage 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; People experiencing homelessness; Medicaid recipients; Working poor with limited resources, (A.L.I.C.E.); Single mothers and sole caregivers; Women pushed out of workforce due to caregiving; Unpaid caregivers of older adults and persons with disabilities; Low-wage workers in multiple jobs; Long-term unemployed</p>	<p>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers)</p> <ul style="list-style-type: none"> ○ Persons with limited English language proficiency (read, write) in 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) <p>Foreign visitors; Undocumented immigrants; Immigrants; Refugees; Persons with lack of internet or technical literacy</p>
<p>Age Elderly with limited strength or mobility, 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>Isolation (cultural, geographic, or social) Persons in the LGBTQ community; People experiencing homelessness ; 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</p>
<p>People living in Congregate, Crowded, Sub-Standard Living Situations: People experiencing Homelessness; People living in: Shelters/Temporary Housing; LTC/Assisted Living Facilities or Other LTC Settings; Veterans homes; Intellectual and Developmental Disabilities (IDD) Group Homes; Group Homes;</p>	

<p>Mental Health Group Homes; Schools, Colleges, Universities, Boarding Schools; Psychiatric Hospitals; Migrant Workers/ Undocumented Immigrants; Public Housing; Other Congregate Settings</p>	<p>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>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</p> <p>Non-hospitalized patients Require renal dialysis; Require supplemental oxygen; Require daily medication (insulin, antihypertensive agents, narcotics, antipsychotics); Persons receiving chemotherapy or cancer treatment; Clinically depressed individuals who may be unable to follow directions; Stroke patients with limited mobility and additional care requirements; Pregnant women; People recuperating at home from an acute injury (e.g., broken bones, recent surgery, back injury, burns)</p> <p>Challenges with Accessing Healthcare Persons uninsured or uninsured; 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, immigration status; Persons with behavioral health issues that prevent them from seeking care</p>	



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, that 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
 - Sworn Federal Law Enforcement Officers and Special Agents
 - 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
 - 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.
 - **Those who are Unvaccinated**, Data shows that those who are unvaccinated are 5 times more likely to become infected with Covid-19, 10 times more likely to be hospitalized for Covid-19, and 10 times more likely to die from Covid-19 compared to fully vaccinated individuals (https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e1.htm?s_cid=mm7037e1_x).

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
- 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
- All workers in: acute, pediatric, and behavioral health hospitals and ambulatory surgical centers; health facilities; clinic-based settings; long-term care settings; community-based healthcare settings; home-based settings; office-based healthcare settings; public health settings; retail, independent, and institutional pharmacies

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

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

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

- Skilled nursing facilities
- Assisted living facilities, continuing care retirement communities, and personal care homes
- Group homes like residential care homes, adult family homes, adult foster homes, and intellectual and developmental disabilities group homes
- HUD 202 Supportive Housing for the Elderly Program residences
- 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>

V. Community Demographic Profile

This section of the Assessment contains information about the age, sex, race, and socioeconomic composition of the population within the LHD's jurisdiction.

Demographic Profile

The updated 2020 Census demographic data shows that the population of most municipalities in the LHD service area has grown in size and have become more racially and ethnically diverse.

Table 1. Demographic Characteristics

Demographic Characteristic	Bloomfield (Essex)	Glen Ridge (Essex)	Caldwell (Essex)	Mountain Lakes** (Morris)	Madison (Morris)	Chatham (Morris)	Cranford (Union)	Springfield (Union)
Population estimates, July 1, 2021, (V2021)	52,829	7,709	8,831	4,472	16,948	10,935	23,983	16,979
PEOPLE								
Population								
Population estimates, July 1, 2021, (V2021)	52,829	7,709	8,831	4,472	16,948	10,935	23,983	19,979
Population estimates base, April 1, 2020, (V2021)	53,186	7,824	8,955	4,270	16,955	10,984	23,836	17,169
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.7%	-1.5%	-1.4%	+7.5%	0%	-0.4%	0.6%	-1.1%

Population, Census, April 1, 2010	47,315	7,527	7,822	4,472	15,845	10,452	22,625	15,817
Age and Sex								
Persons under 5 years, percent	6.6%	7.6%	7.6%	4.3%	5.8%	5.1%	5.3%	5.5%
Persons under 18 years, percent	20.7%	31.7%	19.6%	31%	22.2%	29.2%	23.7%	21.0%
Persons 65 years and over, percent	13.8%	11%	14.4%	11%	13.5%	15.5%	19.1%	16.0%
Female persons, percent	51.1%	52.1%	50.3%	50.1%	51.9%	52.2%	50.8%	51.6%
Male persons, percent	48.9%	47.9%	49.7%	49.9%	48.1%	47.8%	49.2	48.4%
Race and Hispanic Origin								
White alone, percent	58.5%	79.3%	78.2%	74.7%	80.7%	81.2%	88.3%	70.3%
Black or African American alone, percent	20.7%	2.6%	4.4%	.4%	3.8%	2.0%	2.1%	10.6%
American Indian and Alaska Native alone, percent	0%	0%	1.0%	.1%	0%	0%	0%	0.5%
Asian alone, percent	8.8%	6.3%	12.2%	15.6%	7.2%	14.3%	3.7%	11.8%
Native Hawaiian and Other Pacific Islander alone, percent	0%	0%	0%	0%	0.1	0%	0%	0%

Two or More Races, percent	7%	10.5%	2.8%	8.3%	7.2%	2.1%	2.5%	1.0%
Hispanic or Latino, percent	28.5%	8.8%	11.4%	5.5%	13.2%	2.1%	7.8%	15.0%
White alone, not Hispanic or Latino, percent	40%	76.3%	70.3%	74.7%	73.1%	79.7%	83.0%	60.5%
Population Characteristics								
Veterans, 2016-2020	1,059	187	176	66	327	359	851	348
Foreign born persons, percent, 2016-2020	23.9%	9.4%	16.8%	17.7%	17.5%	15.4%	9.8%	26.8
Housing								
Housing units, July 1, 2021, (V2021)	X	X	X	1401	X	X	X	X
Owner-occupied housing unit rate, 2016-2020	51.7%	93.3%	45.5%	95%	64.5%	85.9%	79.3%	61.2%
Median value of owner-occupied housing units, 2016-2020	\$348,400	\$651,100	\$464,300	\$867,200	\$741,300	\$927,800	\$507,600	\$445,800
Median selected monthly owner costs -with a mortgage, 2016-2020	\$2,697	\$4,000+	\$3,186	X	\$3,666	\$4,000+	\$3,152	\$2,991

Median selected monthly owner costs -without a mortgage, 2016-2020	\$1,320	\$1,500+	\$1,279	X	\$1,332	\$1,500+	\$1,583	\$1,245
Median gross rent, 2016-2020	\$1,413	\$1,757	\$1,641	X	\$1,908	\$2,179	\$1,583	\$1,831
Building permits, 2021	X	X	X	X	X	X	X	X
Families & Living Arrangements								
Households, 2016-2020	18,965	2,396	3,163	1,342	5,745	3,536	9,079	6,797
Persons per household, 2016-2020	2.59	3.15	2.35	3.2	2.66	2.85	2.62	2.56
Living in same house 1 year ago, percent of persons aged 1 year+, 2016-2020	89.3%	93.1%	90%	93%	91.4%	91.9%	93.0%	89.6%
Language other than English spoken at home, percent of persons aged 5 years+, 2016-2020	35.8%	15.5%	19.3%	17.4%	21.4%	16.9%	13.0%	32.3%
Computer and Internet Use								
Households with a computer, percent, 2016-2020	94.8%	99.3%	97.2%	X	96.1%	97.7%	95%	97.4%

Households with a broadband Internet subscription, percent, 2016-2020	91.7%	97%	94.5%	X	93.8%	96.6%	90%	95.1%
Education								
High school graduate or higher, percent of persons aged 25 years+, 2016-2020	92.3%	99.3%	96.8%	98.3%	96.4%	98%	96.2%	96.1%
Bachelor's degree or higher, percent of persons aged 25 years+, 2016-2020	45.2%	79.5%	57.5%	85.8%	71.1%	80.5%	59.2%	65.3%
Health								
With a disability, under age 65 years, percent, 2016-2020	4.8%	4.2%	1.7%	X	4.2%	2.1%	4.0%	5.8%
Persons without health insurance, under age 65 years, percent	9.6%	1.9%	6.0%	X	4.3%	1.0%	2.3%	4.4%
Economy								
In civilian labor force, total, percent of population age 16 years+, 2016-2020	72.5%	73.4%	70.5%	59.3%	68.3%	62.2%	68.3%	74.7%

In civilian labor force, female, percent of population age 16 years+, 2016-2020	66.7%	69.6%	63.8%	47.7%	63%	52.6%	62.1%	70%
Total accommodation and food services sales, 2017 (\$1,000)	D	8,955	35,028	X	47,829	14,701	D	D
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	324,959	42,507	33,672	X	64,929	38,754	202,028	106,559
Total manufacturers' shipments, 2017 (\$1,000)		#	#	X	#	#		
Total merchant wholesaler sales, 2017 (\$1,000)	#	#	#	X	#	#		
Total retail sales, 2017 (\$1,000)	720,182	19,989	46,738	X	251,146	123,613	142,415	809,117
Total retail sales per capita, 2017	\$14,334	\$2,634	\$5,852	X	\$15,908	\$11,991	\$5,922	\$46,408
Transportation								
Mean travel time to work (minutes), workers aged 16 years+, 2016-2020	34.6	39.7	27.5	37.1	29.8	38.2	35.6	28.6

Income & Poverty								
Median household income (in 2020 dollars), 2016-2020	\$81,978	\$211,091	\$105,102	\$241,667	\$157,188	\$202,000	\$132,539	\$123,212
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$40,911	\$86,902	\$50,432	\$97,856	\$76,067	\$107,932	\$63,263	\$55,747
Persons in poverty, percent	6.8%	5.2%	6.4%	1.9%	4.4%	1.8%	2.7%	4.5%
Business								
Total employer establishments, 2020	X	X	X	X	X	X	X	X
Total employment, 2020	X	X	X	X	X	X	X	X
Total annual payroll, 2020 (\$1,000)	X	X	X	X	X	X	X	X
Total employment, percent change, 2019-2020	X	X	X	X	X	X	X	X
Total non-employer establishments, 2019	X	X	X	X	X	X	X	X

All firms, 2017	891	109	262	X	497	S	656	756
Men-owned firms, 2017	596	S	188	X	318	106	404	469
Women-owned firms, 2017	S	S	S	X	S	S	81	169
Minority-owned firms, 2017	173	S	S	X	79	S	166	117
Nonminority-owned firms, 2017	580	75	209	X	347	125	387	575
Veteran-owned firms, 2017	26	S	20	X	S	S	S	37
Nonveteran-owned firms, 2017	731	S	212	X	414	122	526	647
Geography								
Population per square mile, 2020	9,950.3	6,119.2	7,663	1,720	3,927	1,209.8	4,932.2	3,331
Land area in square miles, 2020	5.34	1.28	1.18	2.6	4.31	9.08	4.84	5.1

Source: <https://www.census.gov/quickfacts>

**Mountain Lakes data reflects the same information from the 2021 assessment due to the lack of updates. Census Quick Facts are only available to US towns with populations of 5,000 or more. Source for Mountain Lakes: <https://data.census.gov/>

Languages

Limited English language proficiency can reduce access to health and other information or resources, increasing a population’s vulnerability to poor health or financial outcomes. The LHD serves diverse populations across eight municipalities within three counties. Other than English, Spanish is the most common language spoken at home. The LHD provides health information in both English and Spanish.

There are also populations who speak Indo-European languages and Asian/Pacific Islander languages. Below is a table of the languages spoken at home in each municipality within the LHD jurisdiction, based on the US Census Bureau’s 2020 American Community Survey data.

Table 2. Languages Spoke at Home (2020 ACS Data)

Municipality	English Only	Spanish	Indo-European	Asian/Pacific Islander	Other
Essex County					
<u>Bloomfield</u>	<u>64.2%</u>	<u>20.7%</u>	<u>9.1%</u>	<u>4.4%</u>	<u>1.7%</u>
<u>Glen Ridge</u>	<u>84.5%</u>	<u>8.5%</u>	<u>5.2%</u>	<u>1.2%</u>	<u>.7%</u>
<u>Caldwell</u>	<u>80.7%</u>	<u>3.5%</u>	<u>6.4%</u>	<u>8.3%</u>	<u>1.1%</u>
Morris County					
<u>Mountain Lakes</u>	<u>81.4%</u>	<u>2.5%</u>	<u>7.7%</u>	<u>7%</u>	<u>0%</u>
<u>Madison</u>	<u>78.6%</u>	<u>10.3%</u>	<u>6.4%</u>	<u>3.9%</u>	<u>0.7%</u>
<u>Chatham Township</u>	<u>84.6%</u>	<u>3.2%</u>	<u>5.2%</u>	<u>6.9%</u>	<u>.1%</u>
Union County					
<u>Springfield</u>	<u>37.1%</u>	<u>8.3%</u>	<u>13.3%</u>	<u>36.2%</u>	<u>5.1%</u>
<u>Cranford</u>	<u>86%</u>	<u>5%</u>	<u>6%</u>	<u>2%</u>	<u>1%</u>

Source: www.data.census.gov

Unemployment by County

During the beginning of the COVID-19 pandemic, many non-essential workers faced lay-offs and unemployment skyrocketed. This specifically affected the at-risk, underserved populations and those with low waged jobs. While we have returned to normalcy since 2020, unemployment still has great effect on these communities. According to NJ Department of Labor and Workforce Development, the unemployment state average is 4% as of August 2022. Below is a table that depicts the percentage of unemployment from January 2022 until August 2022 for Essex, Morris, and Union county.

Table 3. Unemployment Percentage by County, January-September 2022

County	January	February	March	April	May	June	July	August
Essex (Bloomfield, Glen Ridge, Caldwell)	6.2	5.6	5.2	4.6	4.4	4.7	4.8	4.7

Morris (Madison, Chatham, Mountain Lakes)	3.7	3.4	3.2	2.7	2.6	2.9	2.9	2.8
Union (Cranford, Springfield)	5.3	4.8	4.4	3.8	3.6	3.9	4.0	3.9

Source: <https://www.nj.gov/labor/labormarketinformation/employment-wages/unemployment-rates-labor-force-estimates/>

Homelessness and COVID-19

Homelessness is an issue that was exacerbated due to the COVID-19 pandemic. Barriers such as lack of access to resources, overflowing shelter, financial setback and unemployment have influenced at-risk and disproportionately affected populations. Many of these populations faced uncertainty during the lockdowns. NJCounts, the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in New Jersey, serves as an indicator to understanding the amount of homelessness affecting NJ at a given time. Below is a table indicating homelessness number in three municipalities under our LHD jurisdiction that had reportable numbers of homelessness at that point-in-time (January 25, 2022).

Table 4. Number of Homeless Persons by Municipality and Percentages of County Total

Municipality	Total Homeless Persons	% of Total Homeless Persons	Sheltered Homeless Persons	% of Sheltered Homeless Persons	Unsheltered Homeless	% of Unsheltered Homeless Persons
Bloomfield (Essex)	31	1.7%	30	1.7%	1	0.7%
Mountain Lakes (Morris)	9	3.9%	9	4.1%	0	0%
Cranford (Union)	3	0.6%	3	0.7%	0	0%

Source: <https://monarchhousing.org/wp-content/uploads/2022/10/Essex-County-PIT-2022-Report.pdf> ; <https://monarchhousing.org/wp-content/uploads/2022/10/Morris-County-PIT-2022-Report.pdf> ; <https://monarchhousing.org/wp-content/uploads/2022/10/Union-County-PIT-2022-Report.pdf>

In Union County, the NJCounts PIT Report identified 500 households as experiencing homelessness. 433 of those households responded to the following question: “Are you homeless as a result of the COVID-19 pandemic?”. Out of those 433 respondents, 14% (61 households) indicated their current homeless experience is a direct result of COVID-19, 30% (18 households) were chronically homeless and another 11 households (18%) were unsheltered. All households were asked how the coronavirus affected their current living situation regardless if that was their stated reason for their homelessness. Of the 433 households that responded, Mental Illness, anxiety, fear was the most common impact identified by 29.8% of COVID-19 impacted households and 30.4% of households listed challenges accessing shelter. Source: <https://monarchhousing.org/wp-content/uploads/2022/10/Union-County-PIT-2022-Report.pdf>

In Morris County, the NJCounts PIT Report identified 351 households as experiencing homelessness. 157 of those households responded to the following question: ‘Are you homeless as a result of the COVID-19 pandemic?’ Are you homeless as a result of the COVID-19 pandemic?. Out of the 157 respondents, 11% (18 households) indicated their current homeless experience is a direct result of COVID-19; 4 households were identified as chronically homeless.



Among persons indicating their current episode of homelessness was caused by COVID-19, 4 households (22%) were chronically homeless. All households were asked how the coronavirus affected their current living situation regardless if that was their stated reason for their homelessness; 71 households responded and 47.9% stated mental illness/anxiety/fear was the most common impact and 29.6% listed loss or reduction of income. Source: <https://monarchhousing.org/wp-content/uploads/2022/10/Morris-County-PIT-2022-Report.pdf>

In Essex County, the NJCounts PIT Report identified 1,500 households as experiencing homelessness. 516 of those households responded to the following question: “Are you homeless as a result of the COVID-19 pandemic?” Out of the 516 respondents, 6% of respondents (31 households) indicated their current homeless experience is a direct result of COVID-19; 22.6% (7) of households were identified as chronically homeless. Another 9 households (29%) were identified as unsheltered. All households were asked how the coronavirus affected their current living situation regardless if that was their stated reason for their homelessness; 124 households responded and 42.7% stated that mental illness/anxiety/fear was the most common impact of COVID-19 and 25% of households listed challenges in accessing shelter due to limited capacity/access. Source: <https://monarchhousing.org/wp-content/uploads/2022/10/Essex-County-PIT-2022-Report.pdf>

Consumer-Related Inflation

Due to the COVID-19 pandemic, many industries faced economic issues; causing record inflation of many household products including, but not limited to, food, electricity, gasoline. This directly affects many at-risk and underserved populations within our communities, as wages have not drastically changed to offset the increase in product prices. Below is a graph from the U.S Bureau of Labor Statistics that depicts the percent change of items over the last 20 years.

Figure A. 12-month percentage change, Consumer Price Index, all items, not seasonally adjusted (New York-Newark-Jersey City, NJ-NY-PA area)



The shaded regions of the graph represent recession, as determined by the National Bureau of Economic Research.

Source: <https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-metro-area.htm>

Children Eligible for Free or Reduced Lunch

Based on 2017-2018 National Center for Education Statistics data through County Health Rankings and Roadmaps, the overall percentage of children enrolled in public schools that are eligible for free or reduced price lunch in NJ was 38%. Both Essex and Union counties were above that state average. Children and families who were relying on free or reduced price meals prior to the pandemic may have been severely impacted when schools moved to virtual, and food access became more difficult. Because the unemployment rate in NJ was high through 2020 into 2021, it is possible that the percentage of children enrolled in public schools who are eligible for free or reduced price meals has increased.

Source: <https://data.bls.gov/pdq/SurveyOutputServlet>

Below are the percentages of children enrolled in public school who are eligible for free or reduced price lunches in NJ counties that are included in the LHD jurisdiction, based on 2017-2018 National Center for Education Statistics data.

Table 5. Free or Reduced Price Lunch Eligibility, by County (2017-2018)

County	Percent of Children Eligible
Essex (Bloomfield, Glen Ridge, Caldwell)	55%
Morris (Madison, Chatham, Mountain Lakes)	14%
Union (Cranford, Springfield)	47%

Source: <https://www.countyhealthrankings.org/app/new-jersey/2020/measure/factors/65/data?sort=sc-2>

Access to Healthcare

Persons who lack health insurance often lack access to healthcare and thus are more likely to experience poor health status and poor health outcomes. County health data reflecting percentages of uninsured persons can help the health department understand which LHD jurisdictions may need more assistance. Specifically, by providing information and resources for free or low-cost health services or referrals to public insurance such as Medicaid in areas of vulnerability within municipalities.

Below is a table of the percent of uninsured people by age ranges in our three county jurisdictions (Essex, Morris and Union).

Table 6. Uninsured people by Age Range and County (Crude Rate, 2020)

County	Percent of Uninsured by Age Ranges (County Level)			
	18-34	35-49	50-64	65+
Essex (Bloomfield, Glen Ridge, Caldwell)	24.7%	14%	9.9%	3.0%
Morris (Madison, Chatham Township, Mountain Lakes)	15.6%	20.1%	3.0%	0%
Union (Cranford, Springfield)	23.5%	19.4%	13.7%	2.3%

Source: <https://www-doh.state.nj.us/doh-shad/query/result/njbrfs/Uninsured/UninsuredCrude11.html?ChartName=GroupedBar>

Underlying Health Conditions

Evidence shows that specific underlying health conditions such as cancer, COPD, diabetes, and smoking, increase a person’s risk of severe COVID-19 illness, hospitalization, and death. Source: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

The prevalence rate of chronic health conditions in each municipality within the LHD jurisdiction are listed in the below table, from highest to lowest under each health condition. Areas with high rates of chronic health conditions that increase the risk of severe COVID-19 illness or death are particularly vulnerable. Public health messaging on the risks of COVID-19-illness, COVID-19 vaccination eligibility, and health screenings and smoking cessation referrals may be targeted based on areas with high prevalence rates.

All municipalities have persons with underlying health conditions. However, Census tract-level estimates reveal disparities among communities. Census tracts within Bloomfield have prevalence rates higher than the 2017 NJ state-level estimates for COPD, diabetes, and current smoking. Cranford and Caldwell have at least one Census tract each with a COPD prevalence rate higher than the 2017 state-level estimate.

Sources: <https://www-doh.state.nj.us/doh-shad/indicator/view/COPDPrevalence.County.html>; https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/DiabetesPrevalence.html; https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/CigSmokAdlt.html; <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>

Table 7. Underlying Health Conditions**

	Municipality/County	Prevalence
All Cancers Excluding Skin	<u>Cranford/Union</u>	<u>8.1%</u>
	<u>Springfield/Union</u>	<u>7.9%</u>
	<u>Mountain Lakes/Morris</u>	<u>7.3%</u>
	<u>Caldwell/Essex</u>	<u>7%</u>
	<u>Madison/Morris</u>	<u>6.9%</u>
	<u>Chatham Twp./Morris</u>	<u>6.9%</u>
	<u>Glen Ridge/Essex</u>	<u>6.8%</u>
	<u>Bloomfield/Essex</u>	<u>6%</u>
	COPD	<u>Bloomfield/Essex</u>
<u>Caldwell/Essex</u>		<u>5.1%</u>
<u>Cranford/Union</u>		<u>5.1%</u>
<u>Springfield/Union</u>		<u>4.8%</u>
<u>Madison/Morris</u>		<u>4.3%</u>
<u>Chatham Twp./Morris</u>		<u>4.1%</u>
<u>Glen Ridge/Essex</u>		<u>4%</u>
<u>Mountain Lakes/Morris</u>		<u>3.7%</u>

Diabetes		
	<u>Bloomfield/Essex</u>	<u>9.5%</u>
	<u>Springfield/Union</u>	<u>8.3%</u>
	<u>Cranford/Union</u>	<u>8.1%</u>
	<u>Caldwell/Essex</u>	<u>7.9%</u>
	<u>Glen Ridge/Essex</u>	<u>7.4%</u>
	<u>Chatham/Morris</u>	<u>7%</u>
	<u>Madison/Morris</u>	<u>6.8%</u>
	<u>Mountain Lakes/Morris</u>	<u>6.8%</u>
Current Cigarette Smoking		
	<u>Bloomfield/Essex</u>	<u>13.7%</u>
	<u>Caldwell/Essex</u>	<u>11.8%</u>
	<u>Cranford/Union</u>	<u>11.6%</u>
	<u>Springfield/Union</u>	<u>11.1%</u>
	<u>Madison/Morris</u>	<u>10.6%</u>
	<u>Glen Ridge/Essex</u>	<u>9.6%</u>
	<u>Chatham Twp./Morris</u>	<u>9.4%</u>
	<u>Mountain Lakes/Morris</u>	<u>8.5%</u>

** Note that estimates for New Jersey are not available for measures based on the Behavioral Risk Factor Surveillance System (BRFSS) 2019. The state did not collect enough BRFSS data to meet the minimum requirements for inclusion in the 2019 annual aggregate data set. Therefore, data for 2017-2018 continues to be used**

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) have been on the rise nationally for years. For Strengthening Grant 2023, the Bloomfield Health Department decided to tackle STDs as an infectious disease to watch in combination with COVID-19. Many STD programs have been put on hiatus or halted due to the pandemic. However, it is clear from the overall increase of cases in recent years that STDs are an important public health concern. Many at-risk and disproportionately affected populations may not have the resources, knowledge or health insurance coverage to place concern on reproductive health issues. Some may engage in high-risk behavior leading to increased risk for contracting a STD. Below is a table of cases of sexually transmitted diseases in counties of LHD jurisdiction.

Table 8. Cases of Sexually Transmitted Diseases by County vs. State (2021)

	<u>Essex</u>	<u>Morris</u>	<u>Union</u>	<u>New Jersey</u>
Chlamydia	5,640	898	2,252	33,513

Gonorrhea	2,033	149	627	10,306
Syphilis (Primary)	44	**	21	299
Syphilis (Secondary)	102	**	76	614
Syphilis (Early latent)	287	22	99	1,143
Syphilis (Late latent)	233	33	108	1,316
Total	8,339	1,102	3,183	47,191

** The value has been suppressed because it does not meet standards of reliability or precision or because it could be used to calculate the number in a cell that has been suppressed.

Source: <https://www-doh.state.nj.us/doh-shad/query/result/std/STD/Count.html>

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

Vulnerability of the Community

There have been a significant number of emerging impacts of COVID-19 on the community served by the Bloomfield Department of Health. Some of the greatest observed disproportionately affected population impacts for COVID-19, of recent, have been in the areas of food insecurity, mental health, provision of human/social services, housing/financial assistance (especially due to unemployment and services for the undocumented).

In September 2022, the BDHHS Rapid Public Health Assessment Survey was created to collect input from community partners about the areas of concern within the community. The survey was sent out to 50 community partners and local leaders. The results of the survey from 6 participants were used to inform Section VI and Section VIII of this assessment. This helped determine the areas of need stated above.

Some populations within the community have been impacted more than others. These groups have experienced hardship related to the following:

Food Insecurity

Food insecurity has been an issue even prior to the pandemic. The Health Education Division within the Bloomfield Department of Health conducted a Population Health Outcomes Survey open to the public from June 2020 through December 2020. Compared to previous surveys conducted in 2017-2018 and 2019, survey respondents reported more difficulties in accessing healthy foods with the biggest barrier being cost (45% of respondents). Due to COVID, the volume in need for emergency food and food pantry services has increased dramatically. Smaller pantries needed to drastically increase their service volume in a short period of time. Bloomfield Presbyterian Church on the Green went from serving 2,011 people in 625 households throughout 2019 to serving 11,668 people in 2,730 households in 2020- a 480% increase in the number of people served. More recently, Church on the Green stated that there was another 50% increase beginning 6 months ago (approximately April-May). Other food pantries and soup kitchens like Toni's Kitchen in Montclair had to quickly mobilize to provide food delivery services to the Bloomfield Public Library, older residents and the Bloomfield Farmer's Market.

There has been an increase in households with school-aged children, Latinos, Spanish-speaking and undocumented persons who need emergency food services. There has also been an increase in the average household size of those seeking emergency food services. Increased need among families with school-age children is likely due to the impact of school closings and extensive economic need among families with children. The increase in undocumented persons seeking help may be due to the widespread unemployment and underemployment among service workers and because undocumented persons are often afraid to seek out help and do not qualify for assistance programs like SNAP. Food pantries have maintained or increased Spanish-speaking volunteers and workers to reach the Spanish-speaking and undocumented populations. Many food pantries and other community members are seeing multi-adult households and previously unaffected middle-class households increasingly in need of food assistance. The need among previously unaffected households shows the pervasiveness of food insecurity in the community.

School closings increased the need of food pantry services among economically disadvantaged or struggling families in Bloomfield. "Pandemic pantries" were created by the BDHHS and the Salvation Army, among other agencies, to manage the impact of reduced meals due to school closings. Pandemic pantries were serving about 200 families per week at the beginning of the pandemic. Food access has become a large issue among families with school-age children. Although Bloomfield Public School District has been providing breakfast and lunch pick-up services to children who were receiving

free and reduce price meals and has since expanded that service to all students, there has been an increase in families with school-age children needing food pantry services and meals. The Bloomfield Public Library was unable to hold its summer meal program in 2020, which had been serving 3,000 lunches to children from low-income families as well as older adults and people experiencing homelessness, which had filled the gaps for schoolchildren's food access in the summer. The Bloomfield Public Library has recently added an outside curb-site pick up food pantry, which is used by many people. Food insecurity among college students has also increased on campus and in the community. Services that provide access to healthy foods and meals will have to be available on a larger scale and reach families that have fallen through the cracks or do not know where to look for help.

People experiencing homelessness have been extremely vulnerable, especially during the beginning of the pandemic when their trusted places for meals and shelter closed. There have been few places where people experiencing homelessness could find congregate meals, warmth/AC due to the weather and use proper restrooms. Food pantries have seen an increase of social workers picking up food and meals for their homeless clients, instead of interacting directly with those who are experiencing homelessness. The loss of direct interaction with people experiencing homelessness may create a gap in outreach to this vulnerable population.

Older adults have been having experiencing food insecurity. This population is even more vulnerable to food insecurity due to potential reduced transportation access, reduced access to technology as a source of support and fear of COVID-19 infection preventing them from usual methods of accessing food. Free or low-cost congregate meals in soup kitchens, community centers and low-income senior apartment buildings have been suspended- limiting both food access and socialization for older residents. Homebound older residents have been in great need of food delivery service. This population is especially vulnerable because they are socially and physically isolated, some with no family to assist them and have limited access to technology to connect themselves with social services. Other older residents live in multi-adult or intergenerational households that are also experiencing food insecurity.

City Green provides healthy food access to Bloomfield residents via their Veggie Mobile truck, but had reduced ability to provide market stands in 2020 due to COVID-19. There were 8 stands held in 2020 compared to 11 in 2019. Although the Veggie Mobile had fewer stands, there was a significant increase in SNAP transactions and dollars spent in 2020 compared to 2019, suggesting an increased need for affordable healthy foods in the community. Interestingly, there were fewer Senior FMNP vouchers used which may indicate reduced access to healthy food opportunities in the community potentially due to the risk of COVID-19 infection or reduced access to transportation. However, during the 2022 Bloomfield Farmer's Market, the City Green Veggie Mobile made a significant return by offering their services every Tuesday from June 7th until October 25th. In that time, they have been a noticeable hit, selling out most weeks. They have had 35 SNAP, 13 WIC and 9 SFMNP transactions since the beginning of the market.

Food insecurity has increased in NJ overall. Feeding America's report, *The Impact of the Coronavirus on Food Insecurity*, shows that food insecurity is projected to increase from 2018 to 2020 due to the pandemic. The report is categorized by NJ Congressional Districts and projects a significant increase in persons who were food insecure within areas of NJ that are served by the LHD. In NJ Congressional District 11 (includes Glen Ridge, Caldwell, Madison, Mountain Lakes, Chatham Township, and Bloomfield north of Exit 149 on the Garden State Parkway), the number of people experiencing food insecurity was estimated to have increased by 76% to 7,6290. In NJ Congressional District 10 (includes Bloomfield south of Exit 149), the number of food insecure people increased to 146,170 people, a 33% increase. NJ Congressional District 7 (includes Springfield and Cranford) saw an 85% increase in food insecurity from 2018 to 2020, leaving 71,070 people food insecure.

The report also projects an increase in food insecurity among children at even higher rates from 2018 to 2020 in all three NJ Congressional Districts. District 11 saw a 100% increase in food insecurity among children, with approximately 23,990 children experiencing food insecurity. Food insecurity among children in District 10 rose to 46,590 children, a 46% increase. Food insecurity rose 129% in District 7, meaning 22,420 children experienced food insecurity in 2020.

As of September 2022, food access continues to be an issue for residents. Within the BDH Rapid Public Health Assessment, respondents reported that Food Access was an area of concern and that the need for food assistance has increased over the last 12 months especially for disproportionately affected and at-risk populations. This increase in need can also be a direct result of record inflation of food prices within the last year. As stated in Section V (Consumer Related Inflation), the prices of many household items and necessities such as food, gasoline, electricity have skyrocketed. This has made it even more difficult for low-income families to survive without assistance.

Our community partners report continued increase in demand for emergency food distributions. One local food pantry, Church on the Green, continues to serve an increased number of families compared to pre-pandemic; reporting 50% increase within the last 6 months. This partner has seen the need for food access among Spanish-speaking and Haitian Creole-speaking families. They state that the increased need may be due to inflation of food prices as well as illness, but the specifics have not been determined.

The continued need for food assistance is still apparent. At the Bloomfield Farmer's Market, BDH has distributed 350 food vouchers to residents in need amounting to around \$6200. This was utilized to offset the costs of food and veggies at the market. Often times, it is for families with young children or seniors. Many of which are frequent visitors to the market every week. This indicates that while the pandemic restrictions have lifted, there is still many issues at hand due to its effects.

Mental Health

Mental health needs have increased due to the pandemic while access has decreased. The Bloomfield Division of Human Services has seen a greater demand for mental health services and referrals among low-income persons in Bloomfield. Therapy sessions have moved to virtual and there has been an increase in referrals to other mental health services.

Among low-income and Black, Hispanic and other college students of color, many students have experienced illness or death of a loved one, stress of front-line essential work and other socioeconomic impacts that have led to dropping out of college-based counseling or dropping out of college altogether. Due to these impacts, these students have lost access to mental health resources through their college during a time of increased stress. Bloomfield College saw a drop in student counseling in March of 2020 among students who then never returned for mental health support, indicating a decreased access to care due to the pandemic. In contrast, students who continued to seek care from March 2020 onward stayed in counseling months longer than normal, suggesting an increased need for support among students who were still able to access mental health services. As of fall 2022, Bloomfield College has hired a mental health specialist to place someone in charge of programming, outsourcing resources and providing counseling support. The mental health specialist stated that many students, especially those who are freshman and sophomores, faced a lack of socialization that was counterintuitive to their life development.

Among K-8 Bloomfield Public School children, anxiety was high before the pandemic and increased as children were dealing with the emotional impacts of parents losing jobs and the losing family members to the virus. Bloomfield School District have taken a mental health approach after returning to in-person education by continuing their social emotional learning (SEL) programs.

Older adults have been severely impacted by social isolation. Older adults living in low-income senior housing and LTC facilities have not had access to communal meals or community rooms. Many of these older adults do not own computers or have access to internet services. The Division of Human Services worked with two senior buildings to provide social work by phone during COVID-19 outbreaks and services have returned to in-person. Older adults who had used the Bloomfield Public Library and the Senior Citizen Building as a place for community meetings, shared meals and places to find information, have been impacted by the inability to open to the public. However, as of September 2022, most of

these communal locations are open to the public, which may help with feelings of isolation that derived from the pandemic. Many of these older adults have visited the Bloomfield Farmer’s Market and have expressed their excitement in having COVID restrictions lifted. They stated that while they wanted to continue to remain cautious, they were experiencing immense loneliness during lockdown periods.

Faith communities that include many vulnerable populations have also seen an increase in emotional duress due to the lack of socialization, the loss of family members and the inability to visit loved ones in times of illness. Churches have also been impacted in their ability to provide faith services and social events, which were resources in the community for information, spiritual guidance and social interaction. As of September 2022, most churches offer both virtual and in-person options; some have also collaborated with BDHHS to offer COVID vaccinations or education. Sacred Heart Church in Bloomfield held a COVID-19 vaccination clinic for churchgoers in coalition with La Casa de Don Pedro (with incentives that helped those in need of financial assistance). New Light Baptist Church collaborated with BDHHS to offer education and COVID-19 Antigen Test Kits during their community day event that highlighted a number of community partners and an opportunity for socialization/de-stressing.

Although the need for mental health services has increased, access was limited. Many providers were closed in the beginning of the pandemic, individuals who lost employment and health insurance could not afford to seek help or were unaware of free or low-cost services, college students who dropped out lost access to mental health services, and many populations such as the homeless or isolated older adults do not have access to telehealth services. Community partners have also more recently began facing a new barrier; confrontational patrons. In the Rapid Public Health Assessment survey, participants reported that patrons have become much more combative, angry and confrontational since the pandemic.

As of September 2022, mental health continues to be an area of concern for residents, but the amount of in-person available resources has increased. Respondents of the BDH Rapid Public Health Assessment Survey reported that mental health was an area of concern and that the need for mental health services has increased in the last 12 months. One community partner, Family Service League, stated an increase of 50% of counseling intake recently. While the amount of resources may have increased, the waitlist for many of the affordable services remain to be extremely long. Those who are uninsured, undocumented, facing unemployment, have language barriers, or are not technological literate are still facing barriers to accessing mental health services.

Provision of human/social services

The Bloomfield Public Library has been receiving an increased amount of calls regarding referrals to social services for rental and mortgage support and COVID-19 vaccination registration and transportation, largely among older adults. The BPL refers such callers to BDH for more information and assistance. In 2022, the library has also had an influx of homeless patrons utilizing their facilities to eat, sleep and bathe. In that case, the BPL reached out to the BDH Local Health Outreach Coordinator for more information on social services to share with individuals/refer them to in combination with reaching out to Human services at BDHHS.

The Division of Human Services has continuously provided referrals and benefit screenings, including among those identified in contact tracing among all 8 municipalities in the LHD service area. From January 2021 to September 2021, there were 18 people identified in contact tracing who have been screened for benefits such as SNAP, food pantries, utility programs and health insurance. Individuals and their families have received gift card assistance with food, volunteer shoppers if they could not order online, utilities and rent payments. From June 2022 to September 2022, there were numerous families screened for benefits after direct outreach at the Bloomfield Farmer’s Market. Although the Human Services division in BDHHS serves Bloomfield, Human Services responded to emergencies in other towns throughout the pandemic.

United Way of Bloomfield provided more direct aid in 2020 than usual. There was an increased need for assistance with food, utilities, rent and mortgage payments, ShopRite gift cards, gift cards to pay for prescription medication, and job and resume help for individuals and donations of food to local food pantries. Families have also needed support for members who were sick with COVID-19 and did not have basic needs. As of 2022, United Way has created an A.L.I.C.E recovery fund for those living in poverty and/or are facing unemployment. United Way also refers people to Bloomfield’s Division of Human Services for other benefit screenings.

Many social service providers have had reduced capacity during the beginning of the pandemic. Others continue to provide services virtually. Due to service changes, increased need and other factors, many people who need assistance may not know how to find it or feel stigmatized by asking for help. Because the pandemic has affected so many people, including higher-earning households who have never had to access unemployment or other services, there is some social stigma. There are also communities who are not English speaking or are undocumented who do not know where to go for help or are afraid of seeking services due to their citizenship status. There are pockets of Filipino and Haitian communities in Bloomfield who may not seek help due to limited English, stigma or because they are unaware of available services.

As of September 2022, BDH community partners report continued limited access to social services among disproportionately affected populations. Although few community partners continue to experience service disruptions among their own organizations, those who had experienced disruptions cite a growing mistrust and unpredictability as reasons for disruptions in their organization’s capacity to serve its clients. They have also suggested making changes to how information is shared, doing more direct outreach in the community, and utilizing all avenues such as text messaging services to reach residents.

Housing/Financial Assistance (Unemployment)

Women, especially Black, Latino and other women of color, have been impacted by the pandemic’s impact on employment. Nationally, women have been overrepresented among those who lost their job during the pandemic. Locally, many women are the sole or main caregivers to young children and older adult relatives. Women are struggling to balance work and caregiving. Others are struggling financially while being both unemployed and serving as caregivers to children or older adults.

Source: <https://iwpr.org/wp-content/uploads/2021/01/QF-Women-Jobs-and-the-COVID-19-Feb-to-Dec-2020.pdf>

Prolonged unemployment and underemployment has led many families and individuals to become unable to make ends meet. During the pandemic, the NJ eviction moratorium protected many residents from being evicted from their homes. However, it ended on January 1st, 2022, and many families were still facing hardship at that point in time. Social service providers have found an increase in bullying by property owners among tenants in low-income housing, including seeking Court action so tenants have a record, which may lead to eviction and inability for the tenant to find future housing. This is can be a factor in the increase in homelessness seen (as reported by our community partners), especially in Bloomfield, in recent months.

In 2020, Neighbor to Neighbor Network worked closely with the Bloomfield Division of Human Services to distribute \$29,000 to assist Bloomfield and Glen Ridge residents with food insecurity, homelessness, utilities, housing costs, medical expenses, vocational training, and cash gift cards through its Pandemic Pantry assistance, Homeless Hotel fund, and Special Needs fund. In 2020, 241 Bloomfield and Glen Ridge residents were enrolled in the Bloomfield Division of Human Services Homelessness Prevention Program. In 2020, another 107 residents were discharged from the same program. The Population Health Outcomes Survey conducted by the Bloomfield Department of Health Health Education Division in 2020 reported that cost was a large barrier to access to resources. Participants reported financial insecurity as one of the largest public health issues in Bloomfield. The 2022 BDHHS Rapid Public Health Assessment Survey filled out by our community partners also put housing and financial insecurity as top concerns.

Similar to food insecurity, there has been an increase in residents struggling with and seeking help with rental and mortgage payments among households that did not previously need assistance. United Way of Bloomfield assisted with more utilities, rent and mortgage payments than normal. BDHHS saw a large increase in need for social services, including cash assistance, in Glen Ridge. BDHHS is serving 30 families in Glen Ridge, an affluent borough of only 7,574 residents. Again, because the pandemic affected households who have not previously been struggling, there is stigma surrounding accessing help and there is a lack of knowledge of how to find or qualify for assistance.

As of September 2022, housing and financial concerns continues to be an area of need for residents. BDHHS community partners reported serving clients who have been experiencing unemployment, resulting in the need for emergency mortgage/housing and financial assistance. Low- and middle-class families have been impacted by socioeconomic hardship and although there has always been need among these groups, the pandemic has exacerbated that need for assistance. Community partners reported increased need for unemployment and housing assistance over the last 12 months. Unemployment persists among the populations served by BDHHS partners. Employment issues have further affected mental health issues among residents, particularly among caregivers.

Services for the undocumented

Although many of the previous areas of need impact many populations of focus, there are special considerations for undocumented people and families with undocumented individuals. There are ongoing issues for undocumented residents in terms of health services, food access, and mental health services. Undocumented individuals have been seeking emergency assistance for food, employment and housing. Social services and community resources may be less accessible to undocumented residents due to fear and/or mistrust in institutions and the government, as well as language barriers.

BDHHS is aware from our community partners that there is a large undocumented and immigrant population within Bloomfield. BDHHS is also aware that there are limited sustainable government resources available to undocumented residents, such as WIC and SNAP food assistance programs and unemployment benefits. Community partners suggest providing local, representative and community-involved outreach to increase trust and outreach to raise awareness of existing available services.

Disparities in Cases and Deaths from COVID-19 and Other Infectious Diseases

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

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 groups have experienced disproportionately higher rates of infection and/or complications/death as a result of the COVID-19 pandemic:

- People with underlying health conditions (especially, lung disease, asthma, diabetes, cardiovascular disease, kidney disease, liver disease, severe obesity, and individuals with immunocompromised conditions)
- Older persons (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>)

COVID-19 has affected all municipalities within the LHD jurisdiction. Municipalities with the highest confirmed cases, as shown below, are also areas that have large populations, high population density and large proportions of older adults in the community and in LTC facilities.

Table 9. COVID-19 Cases, Incidence Rates, Deaths and Case Fatality Rates in NJ, LHD Service Area Counties, and LHD Service Area Municipalities October 5, 2022

	Total Confirmed Cases	Total Probable Cases	Total Deaths	Overall CFR**	Total Cases Reported by Facilities*	Total Deaths Reported by Facilities*	CFR** for Facility Residents*
New Jersey	2,333,446	419,262	31,656	1.4%	58,422	8,803	15.1%
Essex County	237,704	26,630	3,362	1.4%	4367	631	14.4
Bloomfield	14,339	2,097	16	1.2%	103	17	16.5%
Glen Ridge	1,513	230	18	1.2%	N/A	N/A	N/A
Caldwell	1,966	380	18	0.9%	15	1	6.7%
Morris County	124,489	25,893	1,313	1.1%	3656	567	15.5%
Mountain Lakes	922	178	3	0.3%	3	0	0%
Madison	3,012	909	30	1.0%	120	14	11.7%
Chatham Twp.	2,334	512	46	2.0%	18	38	20.3%
Union County	151,231	26,804	2,196	1.5%	3123	517	16.6%
Springfield	5,926	1,054	42	1.1%	N/A	N/A	N/A
Cranford	5,027	1,602	151	3.0%	496	102	20.6%

Sources; BDHHS Epidemiologist

*Residents of long-term care, assisted living facilities or group homes

**Case Fatality Rate (CFR) is the percentage of COVID-19 cases who have died from COVID-19 related illness

COVID-19 Vaccination Rates by Municipality

As of October 2022, NJ ranks in the top 10 states for vaccination rates against COVID-19. There remains to be some disparities among age groups even after almost two years of vaccination. Currently, children have the lowest vaccination rates among the age groups. Older adults (65+) have been the most vaccinated group in NJ to date. It is important when looking at how to educate the public on vaccination, to into account the geographical location/racial makeup of the area. While racial/ethnic minority groups, especially African Americans, are known to be disproportionately affected by COVID-19, the group also holds some of the lowest vaccination rates. Source:

https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml

Table 10. Vaccination Rates within the BDHHS Service Area as of October 14, 2022

LHD Jurisdiction	Persons with at least 1 Dose (all ages)	Person with at least 1 Dose (ages 5 through 11)	Persons fully Vaccinated (Primary Series-all ages)	Persons fully Vaccinated (Primary Series-5 through 11)
New Jersey	93.09%	-	77.82%	-
Bloomfield	>90%	53%	80%	46%
Glen Ridge	>90%	73%	>90%	66%

Caldwell	>90%	68%	80%	61%
Mountain Lakes	>90%	44%	85%	38%
Madison	>90%	62%	82%	56%
Chatham	>90%	46%	90%	42%
Springfield	89%	63%	80%	52%
Cranford	>90%	60%	82%	52%

Source: https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml

Within the Bloomfield Health Department 2023 Strengthening Local Public Health Capacity Grant application, the following Other Infectious Disease(s) was/were elected:

1. Sexually Transmitted Diseases

The following chart outlines *how COVID-19 and Other Infectious Diseases disproportionately affect populations within the Bloomfield Health Department service area thus far:*

Health Impacts:

COVID-19	
Individuals over 65, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.	Older adults living in LTC facilities and in the community have experienced COVID-19 illness, hospitalization or death at higher rates compared to other groups. Bloomfield and many of the municipalities we serve have a high population of older adults.
Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended period.	During the pandemic, many mental health services were cancelled, or transitioned to virtual services, which greatly affected those without the proper resources. Many communities such as older adults and school aged children faced an increase in stress due to the pandemic. However, as of September 2022, BDHHS has shared many resources pertaining to mental health through the community partner distribution emails. The Bloomfield Public Library collaborated with BDHHS to bring a telehealth program in which iPads are available to be borrowed at the library for telehealth (including mental health services) appointments. Social isolation was a big issue in older adults in LTC facilities, senior housing, school-aged children (prior to in-person schooling returned) and low-income families. In the last year, more resources have been made available and in-person activities return almost fully. Our community partners have stressed that mental health has been a top concern. They believe that the information about resources may not be readily available, especially for those who do not have access to digital resources regularly. The Bloomfield Public Library has reached out to BDHSS about the increase in homeless individuals with mental health concerns frequenting the library and not having the resources readily available to assist them.
Nutrition for school-aged children previously accessing free/reduced breakfast, lunch, and snacks is impacted as many are now removed from that food source due to school closures.	Beginning during the 2021-2022, NJ schools returned to in-person learning for the majority of the school year. That allowed for many low-income families with school-aged children to begin accessing free/reduced breakfast, lunch and snacks at their schools. T
Increased numbers of overdoses in the community have occurred during COVID-19.	Overdoses have decrease overall in NJ. While the number of overdoses increased from 2019 to 2021 (Peak of the

	pandemic), the amount has decreased within 2022 so far. This may be indicative of how social isolation began to end during 2022 and mental health resources became more readily available.
Other health impacts	COVID-19 has directly affected the fight against many other illnesses due to the reallocation of resources towards the pandemic. Many taskforces were reassigned to COVID-19 related positions; leaving many illnesses, disease projects, research and prevention/educational programming to face a decrease in available resources.
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Disease	
Increased sexually transmitted infections nationally have been an area of concern.	Preliminary sexually transmitted infection data from the CDC for 2021 shows that there were approximately 2.5 million cases of STI's in the United States. There has been an overall increase in cases of chlamydia, gonorrhea, syphilis, and congenital syphilis cases nationally. Bloomfield had 277 cases of sexually transmitted infection in 2021.
Individuals, who are a part of at-risk and disproportionately affected populations (socioeconomic, racial, etc.), are more susceptible sexually transmitted diseases.	According to the CDC, research shows that social conditions that affect certain racial/ethnic minority groups more have an influence on sexual health and STD contraction. Factors such as poverty, unemployment, wage gaps, and education levels all contribute to sexual health. In 2021, 103 of the total cases of sexually transmitted diseases in Bloomfield were individuals who identified as African American compared to 50 who identified as White. In many of the other LHD jurisdictions, those who identified as other had more cases in comparison to those who identified as White. Townships with more diverse racial and socioeconomic populations had more data pertaining to sexually transmitted diseases. Predominantly White and wealthier municipalities, such as Glen Ridge and Mountain Lakes, have suppressed data.

Employment Impacts:

COVID-19	
Individuals in the health care field are at high-risk of exposure to COVID-19 and are under tremendous stress due to additional work hours and challenging work conditions. In particular, many of those workers with close, frequent contact are disproportionately affected lower-wage individuals.	Workers in the field continue to experience burnout. However, total hospital COVID-19 hospitalizations have dropped in comparison to 2021, which offers health care workers a reprieve. The public health nurses at BDHHS are no longer overwhelmed with contact-tracing COVID-19 infections.
Individuals in the educational field – especially teachers and assistants in Head Start and Early Head Start as well as other early childhood care settings – are working remotely due to school shutdowns. Lower-wage workers in these fields are more disproportionately affected by layoffs and/or may lack the technology resources in their homes to work remotely.	During 2022, educational fields returned entirely to in-person education. Head Start and Early Head Start programs that moved to virtual settings or cancelled have also returned. Those who work in the educational field are now able to find more job opportunities because of this, but lacking technology resources in their homes to work efficiently is still a valid issue for lower-wage and underserved workers.
Individuals in many sectors of the economy – but particularly the service sector, the retail sector, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of the resources available to them and their families as they are experiencing unemployment for the first time.	There are many long-term unemployed persons who were working low-wage or part-time jobs. Black, Hispanic, and other people of color as well as undocumented persons are overrepresented in the service sector, meaning that they are less likely to be able to quarantine/isolate while receiving paid time off, more likely to be exposed to the virus, and more likely to have become unemployed.

Educational Impacts:

COVID-19	
The closing of public schools in the LHD’s jurisdiction has affected children’s education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at risk for suffering learning loss during a protracted period of school closure.	Many early childhood programs offered by the Bloomfield Public Library were previously cancelled or moved to a virtual setting. The closing of school has disproportionately affected low-income parents and decreased social interaction in students. School have returned to in-person education in 2022, which has provided relief to parents who did not have the ability to provide childcare during virtual learning.
Caregivers of school-age children must secure daycare arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges because of this situation.	During the height of COVID-19, low-income families faced the issue of providing childcare in the home during virtual learning hours. K-12 schooling has since returned to in person and has provided relief to parents in that aspect. However, K-12 still remain a population to watch carefully to determine their needs.

Human Services Provision Impacts:

COVID-19	
Services to disproportionately affected populations have been curtailed or drastically changed. Some service providers are not operating, operating at reduced hours, or are not allowing walk-up services to clients, leaving gaps in services to the community. Other service providers have altered their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:	As of September 2022, service providers have returned to operating within their normal hours and at full capacity. While the pandemic did cause a lot of disruptions and changes to these services being provided, most notably going completely remote, it has caused lasting changes that have had some benefits. For example, services that were initially only in-person, have taken on a more hybrid model to adapt to the times. Mental health services have become widely available virtually via organizations like Rutgers, Family Connections, and more. The amount of referrals in the last year dropped significantly for BDHHS. BDHHS still offers services to those who are most at risk to COVID-19 and homebound residents.
Other human services provision impacts	Community partners have a high level of concern for mental health, food insecurity and financial assistance; they feel that being able to share human services resources effectively and more widely should be a top priority. Many residents do not know where or when some resources are available, especially after returning from the pandemic.
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases	
Service provider altered services during the peak of the pandemic left gaps in service pertaining to other illnesses and concerns.	Sexual health was not the priority for the last three or so years of the pandemic. Ultimately, many people were probably unable to get appointments, did not have the resources to do telehealth or faced other significant barriers to obtaining testing or screenings in regards to sexual health. More recently, services have returned to normal, and many clinics now provide hybrid options to meet with health professionals.

Community Resource Impacts:

COVID-19	
<p>The impacts of COVID-19 on community resources are numerous and include a reduction in the availability of resources (access to group activities, commercial services), a scarcity of some resources (health care, food, and emergency supplies), and/or needs for resources that have not previously been required in this community in any significant capacity.</p>	<p>Many community resources have been stretched incredibly thin throughout the COVID-19 pandemic and the emergency response. Many services were moved to be virtual or were performed within a limited capacity at the BDHHS. However, as of September 2022, many community resources have returned to in-person and increased the availability of their resources. For example, BDHHS Health Educators have continued their virtual opportunities while beginning to plan and implement various in-person programs. The Bloomfield Farmer’s Market runs from June 7th until October 25th of 2022; providing fresh vegetables and a day to interact socially with various small businesses in the community. The Bloomfield Public Library, which is a huge asset to the at-risk and underserved population, has returned to their normal hours. Libraries serves as places for people experiencing homelessness to meet their basic needs through shelter, bathrooms, and congregate meals, provide information and referrals for those with limited technological literacy, provide socialization for older adults and children and education for low-income households. Community resources were not necessarily brought up as a need, but getting the word out about specific happenings in the area has been raised as a concern.</p>
<p>The broad impacts of COVID-19 on this community have created an even more urgent need for coordination and collaboration of resources among the public sector, the public health sector, first responders, educators, the business community, the faith community, and many others. The Bloomfield Health Department plays an important role in convening organizations, people, and resources to support families.</p>	<p>The Local Health Outreach Coordinator position has increased communications and collaboration with community partners in the area. This includes other BDHHS departments, township employees, other non-profits, faith-based organizations, private/public schools, and more. A Community Health Impact Meeting is held bi-monthly to continue increasing this interaction in Bloomfield.</p>
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases	
<p>The prevalence of sexually transmitted infections have caused an increased need in resources pertaining to sexual health.</p>	<p>Wide spread education and resources based on sexually transmitted infections need to be more readily available so residents can understand how to prevent contracting them. According to NJ State Health Assessment Data, NJ cases of sexually transmitted diseases rose from 43,731 in 2020 to 47,191 in 2021. The drop in cases from 2019 to 2020 could be tied to COVID-19 lockdown. However, the sharp increase back up from 2020 to 2021 can also be tied to loosened restrictions and the country opening back up.</p>

Prolonged Service Disruptions:

COVID-19	
<p>The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long-term issues.</p>	<p>Prolonged program affects BDHHS Health Education and Public Health Nursing Programs. Many of these programs shifted to virtual or were put on hold during the peak of the pandemic due to social distancing measures and safety concerns. Programs geared towards older adults or at-risk populations were harder to access. Many food pantries pivoted to food pick-up and delivery further making difficulties in reaching these populations during</p>

	<p>congregate meals. However, as of September 2022, Health Education and Public Health Nursing have increased their in-person programming, vaccination clinics and other social support activities. Health Education has begun implementing programs at senior living facilities, public libraries and civic centers in the area to further reach the populations in need. Public Health Nursing has increased the number of screenings and vaccination clinics they have for the general product by reaching out to childcare facilities and doing screenings or vaccinating in public settings such as the Bloomfield Farmer’s Market, Civic Center, Glen Ridge Train Station, etc.,</p>
<p>OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases</p>	
<p>Disruptions in sexually transmitted disease programming, screenings and other resources may cause long-term issues.</p>	<p>It is hard to tell as of now, September 2022, whether the effects of the COVID-19 pandemic will cause long-term issues for other illnesses. The lack of prioritizing may lead to challenges. Therefore, making sure to increase programming and education pertaining to STDs and sexual health is imperative.</p>

Prolonged Employment issues:

<p>COVID-19</p>	
<p>Sudden layoffs and other employment disruptions are being addressed by emergency response measures; however, it is anticipated that long-term recovery efforts will be required to help customers reconnect to the workforce, particularly those for whom employment assistance has not previously been required.</p>	<p>Many people experienced prolonged unemployment. People who were working in the service and gig economy and in low-wage jobs have been impacted. Women have also experienced job loss or have been unable to find new employment due to caregiving for children while schools were closed and older adults who are especially vulnerable during the pandemic. Unemployment and underemployment have also affected previously middle-class households who have not had to seek social or financial help in the past. There have been more resources made available as of September 2022, as BDHHS has returned to normalcy. NJ also offered different forms of assistance to those facing prolonged unemployment. For those who became ill long-term from COVID-19, NJ Sick Leave rules were more widely disclosed to the public.</p>

Prolonged Agency Capacity Issues:

<p>COVID-19</p>	
<p>Policies limiting in-person staff/customer interactions may be in place for an extended period and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.</p>	<p>As of September 2022, most operations have returned to in-person capabilities allowing for increased staff/customer interactions. Previously, those without access to internet or the resources to utilize telehealth services were disproportionately affected by remote work. This also affected those who are not technologically literate. Currently, many agencies provide both remote and in-person options. For example, BDHHS health educators have continued online education whilst implementing in person programming. The Bloomfield</p>

	Public Library has offered many in-person services and events within the last year but continue to provide virtual resources and opportunities to those who may need them.
Other agency capacity issues	Tropical Storm Ida created long-term location changes for BDHHS due to damages that were inflicted on the municipal building due to flooding. This caused the department to be split up
OTHER INFECTIOUS DISEASE(S)	
Due to most resources being re-allocated towards fighting the ongoing COVID-19 pandemic, virtual and in-person resources towards other illnesses became increasingly difficult to find.	Many STI programs and resources were halted or discontinued during the height of the pandemic nationally. According to the CDC, in March 2020, most available resources were allocated to combatting the pandemic, leaving many other areas of concern to become less of a priority. According to the CDC, 91% of jurisdictions reported that in April 2020, staff reassignment to COVID-19 work had moderate to a great deal of impact and 65% reported moderate to a great impact in October 2020. Many jurisdictions stated that they saw shortages in STD testing and treatments. Many social support services did not have the capacity to prioritize other illnesses.

Prolonged Community Resource Coordination Impacts:

COVID-19	
With COVID-19 affecting the community for over two years, the need for community resource coordination will continue long-term until the community begins to recover from the widespread effects of the pandemic. Recovery efforts will require coordination. Ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.	The community health impact meeting that is run by the BDHHS Local Health Outreach Coordinator has provided a space for prolonged coordination with community partners. Open communication about future community preparedness is an ongoing topic. Emergency operations plans are being tested and discussed currently with a tabletop in the works. Any updates or adjustments to the plan will be made after discussing with stakeholders in the area. It is important to note that COVID-19 in conjunction with other emergency disasters or diseases may need be looked as a whole. For example, in September of 2021, Hurricane Ida greatly affected NJ communities at large while in the midst of an ongoing pandemic.
OTHER INFECTIOUS DISEASE(S)	
Often times, there are stigmas that are placed upon sexually transmitted diseases. Community coordination can help create strategies to combat these stigmas and effectively educate the community on prevention and treatment.	Stigma can cause many people to be dissuaded about going to the doctor and speaking on their sexual health. Offering health education in coalition with other organizations such as Bloomfield Public Library, Bloomfield Public Schools, Family Service League and food banks can offer opportunities for dialogue and decrease stigma.

Other Issues:

GENERAL	
Natural disaster affects at-risk and disproportionately affected populations and difficulty accessing relief resources.	A year ago, Tropical Storm Ida affected many communities of NJ, especially the disproportionately affected populations. Bloomfield is a large flood zone and needs to be continuously prepared for disaster even with moderate rainfall. In preparation of any

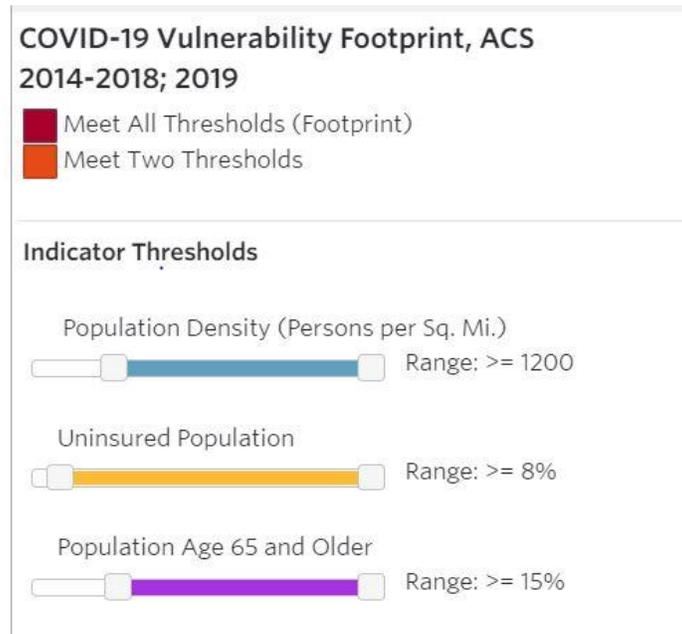
	storms for years to come, recovery resources need to continue to be made easily accessible and emergency preparedness needs to be a priority. Having lines of communication between different sectors such as fire, police, medical and public health services are necessary to properly and effectively respond to these emergencies.
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases	
Mental health and homelessness affect one’s ability to obtain the resources they need.	Recently, many community partners have told us that there has been an increase in need by Bloomfield residents. The Bloomfield Public Library stated that many homeless individuals come into the library to utilize it as a place of refuge and food banks such as Church on the Green have seen an increase in need for meals. Mental health resources and hygiene was at the forefront of those concerns.

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

VII. Locations Disproportionately Affected: COVID Vulnerability

Vulnerability is determined at the Census tract-level within each municipality. Bloomfield and Springfield have areas of both high vulnerability (meet all three criteria) and moderate vulnerability (meet 2 criteria). Caldwell has an area of high vulnerability. All areas of Cranford have moderate vulnerability. Madison and Chatham Township have areas of moderate vulnerability. Glen Ridge and Mountain Lakes are low vulnerability (meet 1 criteria) areas.

Below are the COVID-19 Vulnerability Footprint maps of the Census tracts within the eight municipalities in the LHD Service area, in order of relative vulnerability. Red indicates high vulnerability, orange indicates moderate vulnerability, and blue indicates low vulnerability. The key for the maps is also below.

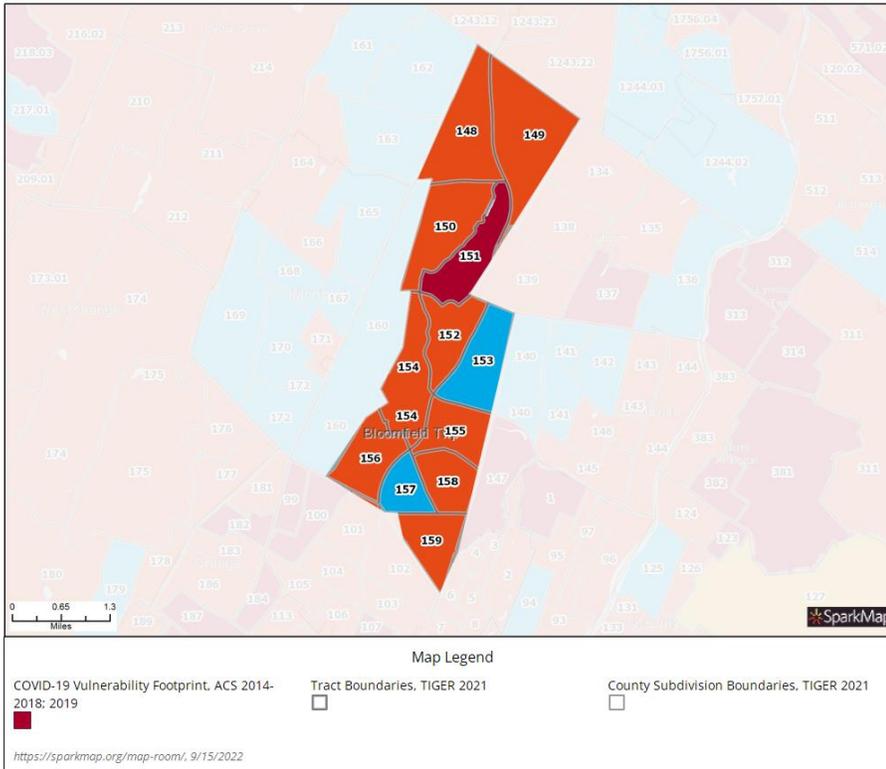


KEY: COVID-19 Vulnerability Footprint, ACS 2014-2018; 2019

1. Bloomfield (Essex)

- Census tract 151 in the 2nd Ward remains highly vulnerable. Most of Bloomfield is in the moderate vulnerability area that meets two thresholds as noted in the key; the census tracts of those locations include 148, 149, 150, 152, 154, 155, 156, 158, and 159; these cover locations in all three wards of Bloomfield (These locations fall into the thresholds of high population density/high proportion of older residents or high population density/high population of uninsured residents). There are two census tracts, 153 (1st Ward) and 157 (3rd Ward) that are only over the population density threshold. *See Figure 1.*

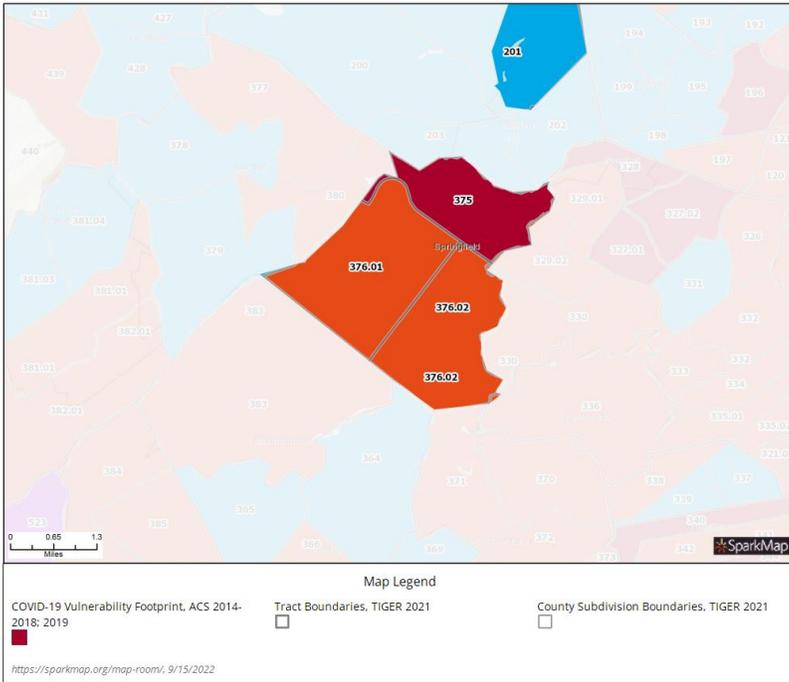
Figure 1 Bloomfield COVID Vulnerability Footprint



2. Springfield (Union)

- Census tract 375 in northern Springfield is highly vulnerable, and meets all three criteria in the above key. Tracts 376.01 and 376.02 are both moderately vulnerable and fall into the threshold of high population density and higher proportion of older adult residents. *See Figure 2.*

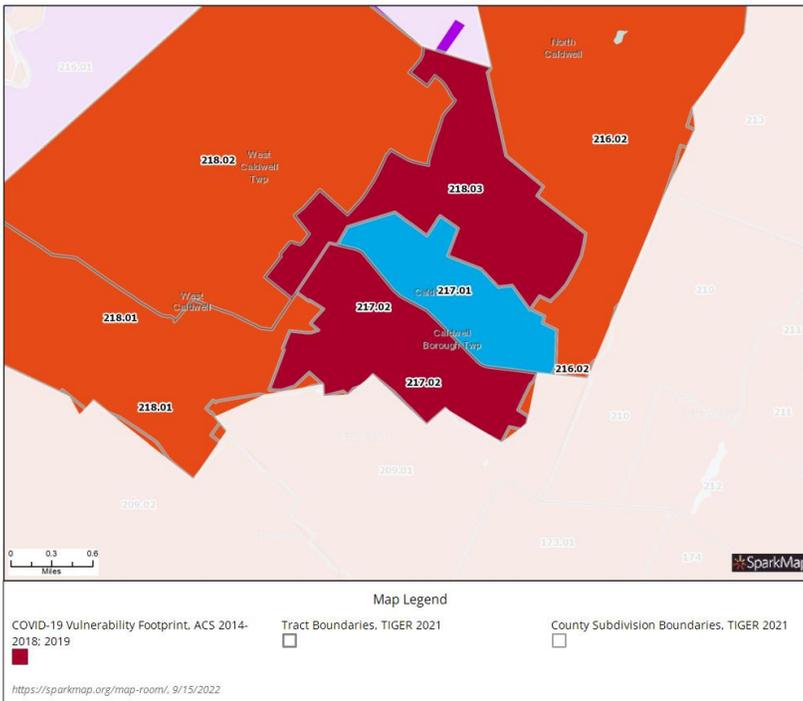
Figure 2 Springfield COVID Vulnerability Footprint



3. Caldwell (Essex)

- Census tract 217.01 in northern Caldwell meets the population density threshold. Census tract 217.02 meets the thresholds for high population density and proportion of residents over age 65 and uninsured. Note that this only accounts for Caldwell specifically and not West Caldwell or North Caldwell townships. See Figure 3.

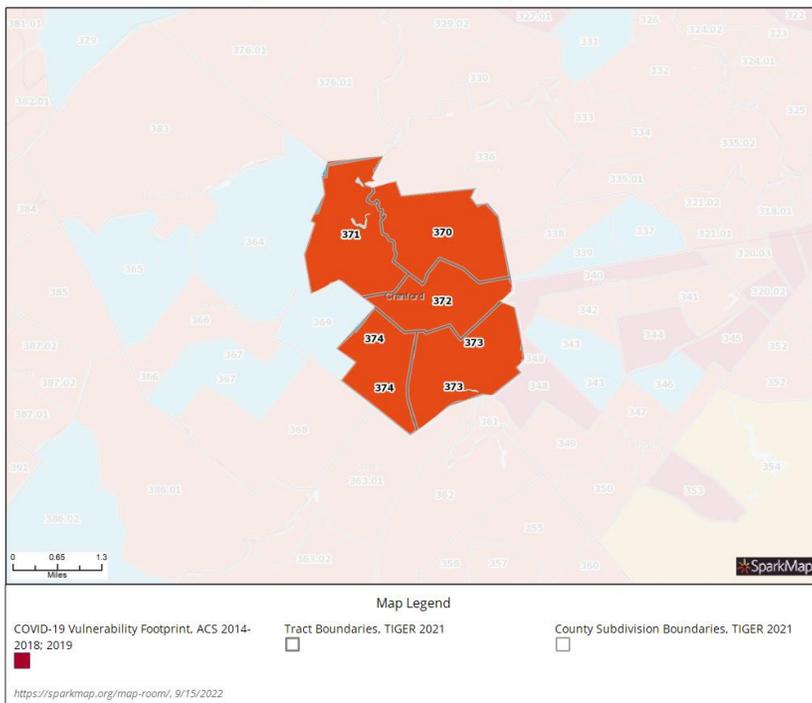
Figure 3 Caldwell COVID Vulnerability Footprint



4. Cranford (Union)

- All five census tracts are moderately vulnerable with high population density and high proportions of older adult residents. See Figure 4.

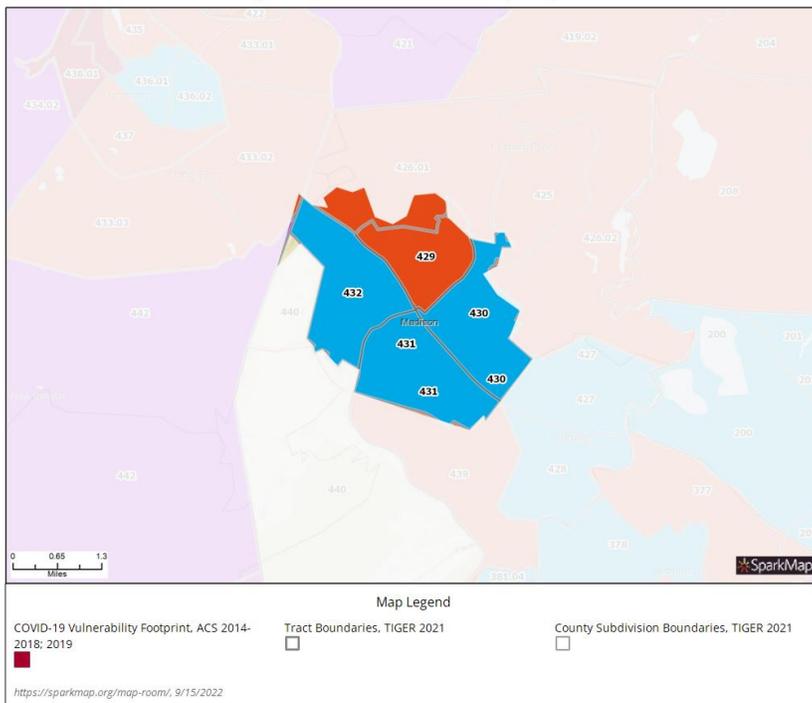
Figure 4 Cranford COVID Vulnerability Footprint



5. Madison (Morris)

- Census tract 429 is the only area of Madison that remains moderately vulnerable due to high population density and large older adult population. Tracts 430, 431, and 432 only meet the threshold for high population density. See Figure 5.

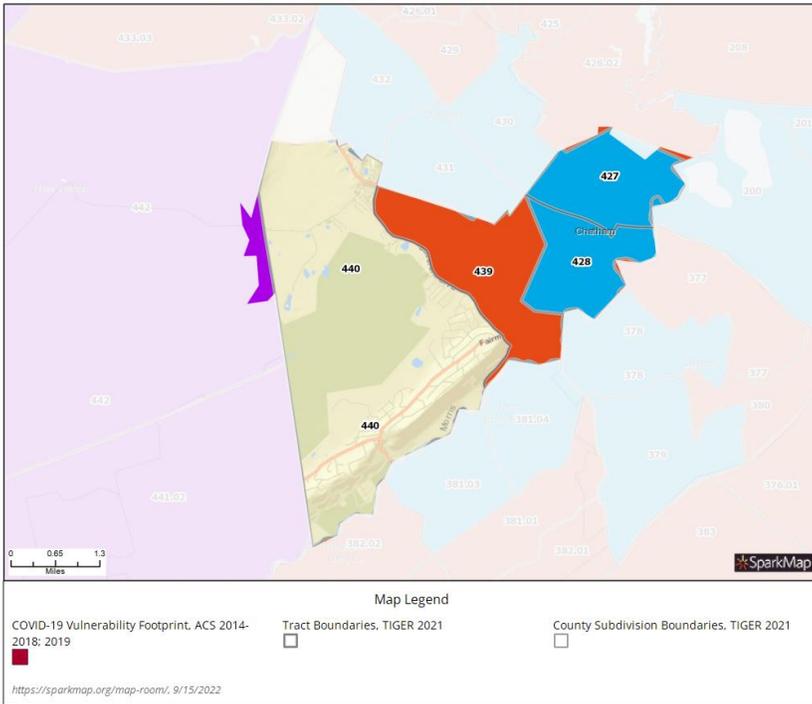
Figure 5 Madison COVID Vulnerability Footprint



6. Chatham Township (Morris)

- Census tract 439 is moderately vulnerable in terms of both a high population density and high population of older adults. Census tract 440, which is a part of Chatham Township, meets none of the criteria and remains unshaded. See Figure 6.

Figure 6 Chatham Township COVID Vulnerability Footprint



7. Glen Ridge (Essex)

- Glen Ridge, a smaller geographical location, has only one census tract, 160, that only meets the population density threshold. See Figure 7.

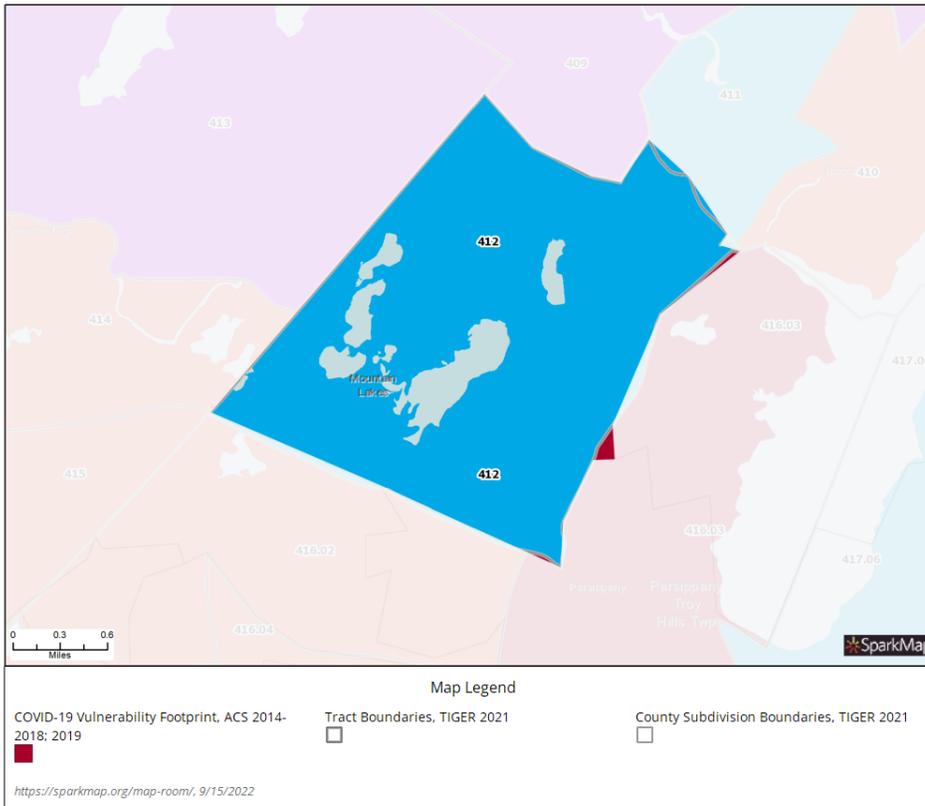
Figure 7 Glen Ridge COVID Vulnerability Footprint



8. Mountain Lakes (Morris)

- The only census tract, 412, only meets the threshold for high population density. *See Figure 8.*

Figure 8 Mountain Lakes COVID Vulnerability Footprint



Data Source: COVID-19 Vulnerability Footprint, <https://sparkmap.org>

VIII. Community Agencies Supporting Disproportionately Affected Populations

Below are community agencies that support vulnerable populations within the LHD Jurisdiction. Agencies are listed by counties that municipalities within the LHD are located.

Essex County <i>(Bloomfield, Glen Ridge and Caldwell)</i>	
Agency	Type of Service
ADAPT (Alcohol & Drug Abuse Prevention Team)	Alcohol and drug prevention
Agape Worship Center	Faith
American Foundation for Suicide Prevention	Mental health
Bethany Presbyterian Church	Faith; Childcare
Bethel Church of Love & Praise	Faith
Bloomfield College	Education
Bloomfield Department of Health and Human Services (BDHHS)	Health; Direct social services and referrals
Bloomfield Division of Public Safety	Safety
Bloomfield Fire Department	Safety
Bloomfield Municipal Alliance Committee (BMAC)	Alcoholism, tobacco and substance abuse prevention

Bloomfield Parks, Recreation & Cultural Affairs Department	Recreation and transportation
Bloomfield Presbyterian Church (Church on the Green)	Faith; Food pantry
Bloomfield Public Library	Education, technology support and referrals
Bloomfield Public Schools	Education and counseling
Brookdale Christian Church	Faith
Brookdale Reformed Church	Faith; Food distribution
Caldwell Health and Human Services Department	Health; Social services
Caldwell Senior Transportation Committee	Transportation
Caldwell University	Education
Caldwell Public Library	Education, technology support and referrals
Caldwell Public Schools	Education and counseling
Center for Family Services, Newark	Mental health
Christian Faith Center Inc.	Faith
City Green	Healthy food access
Clara Maass Medical Center	Healthcare; Community health
Community Blood Services	Blood bank
Congregation Agudath Israel	Faith; Childcare
Early Childhood Center	Childcare
Education Station Day Care Center	Childcare
Elite Daycare Center	Childcare
Essex County Department of Health	Health services
Essex County Division of Community Health	Community health
Essex County Division of Senior Services	Senior services
Essex County Division of Welfare	Social services
Essex-Newark Legal Services	Free legal assistance
Executive Baby	Childcare
EZ Ride	Transportation
Family Day Nursery	Childcare
Family Promise of Essex County	Homelessness prevention and support
Family Support Organization of Essex	Behavioral, mental health, substance use, intellectual and developmental challenges support
Felicity Tower	Affordable senior housing
First Baptist Church	Faith; ESL
First Class Learning and Development Center	Childcare
Foundations Prep School	Childcare
Future Generation Early Learning Center	Childcare
Gentle Hands Mobile Phlebotomy Service	Healthcare
Glen Ridge Congregational Church	Faith; Preschool; Substance abuse support
Glen Ridge Municipal Alliance Committee (GRMAC)	Alcoholism, tobacco and substance abuse prevention
Glen Ridge Senior/Community Center	Senior programs

Glen Ridge Public Library	Education, technology support and referrals
Grover Cleveland Senior Center	Senior programs
Heritage Village at Bloomfield	Affordable senior housing
Human Needs Food Pantry	Food access
ImmediCenter	Healthcare
Interfaith Hospitality Network	Homelessness support
Isaiah House	Shelter and food support
Kiddie World	Childcare
Kids Corner	Childcare
Kinder Towers	Affordable senior housing
KinderSmile Foundation	Dental care; Community health
Korean United Presbyterian Church	Faith
Looking Glass Children's Center	Childcare
Magical Rainbow Day Care Center	Childcare
Marian Manor Senior Housing	Affordable senior housing
Meeting Essential Needs with Dignity (MEND)	Interfaith food pantry network
MESH Cafe	Emergency homelessness services
Milestone Academy	Childcare
Montclair Emergency Shelter for the Homeless	Emergency homelessness services
Mountainside Medical Center	Healthcare; Community health services
My 1st Time Childcare Center	Childcare
Newark Community Health Centers	Community health services
National Council of Jewish Women (NCJW)/ Essex	Community services
Newark Community Health Center – Orange (FQHC)	Health services
Newark Emergency Services for Families	Financial support and life skills
Newark Presbytery	Faith
New Jersey Bike & Walk Coalition	Health services
New Jersey Cancer Education and Early Detection Program	Cancer screenings and education
New Jersey Department of Health	Health services
NJ Hope & Healing/Family Service Bureau	Mental health
New Jersey Partnership for Healthy Kids	Community health programs
Neighbor to Neighbor Network	Volunteer programs
New Light Baptist Church	Faith
North Jersey Transportation Planning Authority	Transportation
North Ward Center	Family services
Olde Towne Optimal Health	Health services
Park United Methodist Church	Faith; Food pantry
Partnership for a Drug-Free New Jersey	Substance abuse prevention
Partnership for Maternal & Child Health of Northern New Jersey	Maternal and child health services
Precious Moments Childcare and Learning Center	Childcare
Rainbow Montessori School	Childcare

Red Carpet Kids Childcare	Childcare
Rutgers Global Tuberculosis Institute	Healthcare and research
Rutgers New Jersey Medical School	Healthcare and research
Sacred Heart Church	Faith
St. John's Evangelical Lutheran Church	Faith
Saint Thomas the Apostle Church	Faith
Saint Valentine Church	Faith
Salvation Army	Food services; Housing; Addiction counseling
ShopRite of Brookdale	Food services
Shoresh Preschool	Childcare
Simple Faith Church	Faith
Skyline Church	Faith
SNAP-Ed	Health education
Soldier On - Essex	Veteran services
Temple Ner Tamid	Faith; Caregiver services
Temple of Radiant Light	Faith; Senior services
Tiny Treasures	Childcare
Tobacco Free for a Healthy NJ (TFHNJ)	Tobacco cessation services
Toni's Kitchen	Food pantry and soup kitchen; Thrift shop
Trinitas Regional Medical Center	Healthcare and community health
United Way of Bloomfield	Financial and social support services and referral
United Way of Northern New Jersey	Financial and social support services and referral
University Hospital - Newark	Healthcare and community health
William Paterson University	Education
Women, Infants, and Children (WIC)	Food access and education
YMCA of Montclair	Childcare; Education and physical activity
Zufall Health (FQHC) – West Orange	Healthcare and community health

Morris County <i>(Mountain Lakes, Madison and Chatham Township)</i>	
Agency	Type of Service
BDHHS – Division of Health	Health services
Chatham Township Department of Parks and Recreation	Recreation and transportation
Chatham Public Schools	Education and counseling
Community Hope	Financial, mental health, veteran
Drew University	Education
Interfaith Food Pantry – Morristown	Food pantry
Integrity House	Substance abuse support
Lakeland Hills Family YMCA	Childcare; Education and physical activity
Library of the Chathams	Education, technology support and referrals

Madison Alliance Addressing Substance Abuse	Alcohol, tobacco and substance abuse prevention
Madison Area YMCA	Childcare; Education and physical activity
Madison Department of Social Services, Welfare, & Public Assistance	Social services
Madison Free Public Library	Education, technology support and referrals
Madison Health Department	Health services
Madison Public Schools	Education and counseling
Madison Recreation Department	Recreation and transportation
Madison Senior Center	Senior programs
Morris County Department of Aging, Disabilities & Community Programming	Senior and caregiver support
Morris County Department of Community & Behavioral Health Services	Community health and prevention
Morris County Department of Human Services	Social services
Morris County Department of Office of Temporary Assistance	Social service programs SNAP, Medicaid
Morris County Department of Public Health	Health services
Morris County Office for the Disabled	Referral and case management
Morris County Organization for Hispanic Affairs	Social and health support
Morristown Medical Center	Healthcare and community health
Morristown Seventh Day Adventist Church	Food pantry
Mountain Lakes Department of Recreation	Recreation and transportation
Mountain Lakes Health Commission	Health services
Mountain Lakes Office of Emergency Management	Emergency health services
Municipal Alliance Committee of the Chathams	Alcoholism, tobacco and substance abuse prevention
New Jersey Cancer Education and Early Detection Program	Cancer screenings and education
Fairleigh Dickinson University	Education
United Way of Northern NJ	Financial and social support services and referral
Urban League of Morris County	Youth mentorship; ESL; Housing support
Overlook Medical Center	Healthcare and community health
Senior Center of the Chathams	Senior programs
Zufall Health (FQHC) – Morristown and Dover	Healthcare and community health

Union County <i>(Springfield and Cranford)</i>	
Agency	Type of Service
BDHHS – Division of Health	Health services



Cranford Health Department	Health services
Cranford Family Care	Financial support
Cranford Lincoln Apartments	Affordable senior housing and low-cost meals
Cranford Municipal Alliance Committee	Alcoholism, tobacco and substance abuse prevention
Cranford Recreation and Parks Department	Recreation and transportation
Cranford Public Library	Education, technology support and referrals
Cranford Public Schools	Education and counseling
Family Promise of Union County	Homelessness prevention and support
Jewish Family Service of Central New Jersey	Social and financial support
Mental Health Association- NJ Self-Help Group Clearinghouse	Mental health support
Neighborhood Health Services Corp. – Elizabeth and Plainfield (FQHC)	Health services
New Jersey Cancer Education and Early Detection Program	Cancer screenings and education
Project Home of Cranford	Housing support
Springfield Department of Health	Health services
Springfield Department of Recreation	Recreation and transportation
Springfield Farmer’s Market	Fresh food access
Springfield Municipal Alliance Committee	Alcoholism, tobacco and substance abuse prevention
Springfield Public Library	Education, technology support and referrals
Springfield Public Schools	Education and counseling
Summit Area YMCA	Childcare; Education and physical activity
Union County Department of Human Services	Social services
Union County Division on Aging	Senior support
Union County Office of Health Management	Health services
Union County Office of LGBTQ Affairs	Health and social support
United Way of Cranford	Financial and social support services and referral
United Way of Greater Union County	Financial and social support services and referral
Overlook Medical Center	Healthcare and community health
RWJ Barnabas Children’s Hospital	Healthcare and community health
RWJ University Hospital	Healthcare and community health

IX. Conclusion

The COVID-19 pandemic has exacerbated underlying health and socioeconomic disparities among already underserved populations in the United States, resulting in an unequitable distribution of coronavirus illness, hospitalization and death as well as unemployment, homelessness, lack of access to social support and other poor socioeconomic outcomes.

As described in Section VI, Bloomfield Township, Springfield Township and Caldwell Borough are particularly vulnerable to COVID-19 in terms of population density, age and lack of health insurance coverage. Cranford Township is moderately vulnerable to COVID-19 due to high population density and a large older adult population throughout the town. Glen Ridge, Mountain Lakes, Chatham Township and Madison also have populations at-risk for poor health outcomes due to the pandemic mostly due to high population density.

Within the BDHHS service area, the hardest hit areas are within the Township of Bloomfield. As seen in Section V of the Assessment, Bloomfield had high rates of vulnerability in terms of uninsured persons, people with underlying health conditions and people experiencing economic hardship prior to the pandemic, which have led to increased need.

As of September 2022, the most reported populations to focus on by community partners include:

- Unemployed, low-income
- Black/African American People
- Latinx People
- People with limited transportation
- Racial/ethnic minorities
- Families with young and school-aged children
- People experiencing mental health crisis
- Older Adults

Priority areas of need have been identified through collaboration with local governmental service providers, community representatives and community organizations. All areas of need have affected many types of at-risk populations; however, food insecurity and mental health have been the most pervasive and continue to be the most pressing areas of concern through September 2022. The priority areas of need are:

- Food insecurity
- Mental health
- Services for the undocumented
- Provision of Human/Social services
- Housing/Financial Assistance
- Unemployment

Priorities among disproportionately affected populations requires the collaboration and partnership with local community organizations and agencies. Meeting the needs of the community, especially the most at-risk, requires a community-focused approach that meets people where they are.

This approach should involve:

- Collaboration with community organizations, members and other partners to further identify vulnerable populations within the LHD jurisdiction that may have been missed in this initial rapid Assessment.
- Collaboration with local stakeholders to provide resources to vulnerable populations in the LDH jurisdiction, including:
 - COVID-19 prevention, testing, mitigation and vaccination information
 - Referrals to social services and primary healthcare to prevent and mitigate effects of the pandemic
 - Health education that address identified impact areas.
- Collaboration with local partners to strengthen local service provider capacity through shared resources and networks, enabling them to continue to provide their vital services to their community during this time of increased need.

As of September 2022, community partners suggest local, accessible and targeted approaches to outreach to meet people where they are, through:

- Local, in-person community meetings
- Focus groups
- Social media outreach
- Text messaging services
- Outreach at food distribution sites, in-person events, and the library
- Outreach in accessible ways by considering languages, especially Spanish, places and times
- Local involvement, participation and volunteerism
- More public mental health services (libraries, civic centers, community centers, etc.,)
- Investing in more green spaces, emission free services (especially in low-income areas)

This updated Assessment will serve as a continued guide to meet the deliverables of the NJDOH OLPH Strengthening Local Public Health Capacity 2023 Grant as well as the needs of the disproportionately affected populations in the LHD jurisdiction using a community-focused approach as described above. Community stakeholder engagement, through the development of this Assessment and ongoing collaborations, will enable the LHD to efficiently provide targeted outreach within the community in the areas of COVID-19 prevention, testing, contact tracing, isolation, quarantine and vaccination; as well as STD prevention education and programming. Outreach will also include referrals to social services and primary health care needs to address the needs identified during this Assessment- food insecurity, mental health, housing/financial assistance and provision of human/social services.

In conclusion, targeted outreach must include collaboration with community members throughout the LDH jurisdiction to provide outreach and services in new and creative ways to address the areas of need among at-risk and disproportionately affected populations as identified in this rapid assessment.