

Monmouth County Regional Health Commission No. 1

COVID-19 Vulnerable Populations 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 emergency response and disaster resiliency, communicable disease investigation and outbreak response, environmental and sanitation inspections, chronic disease prevention and health promotion. These LHDs have varied infrastructures, where some agencies may provide services to an entire county, some to a single city or municipality, and some to multiple municipalities. As such, it is critical that LHDs build communicable disease capacity in contact tracing and containment to ensure rapid response to and recovery from COVID-19 and other emergent pathogens.

To support COVID-19 response, the New Jersey Department of Health (NJDOH) Office of Local Public Health (OLPH) received federal funding from the Centers for Disease Control and Prevention (CDC) that was awarded to county and local health departments to support COVID-19 response and mitigation. Throughout COVID-19, LHDs have worked around the clock to prepare, respond to, and contain the spread of COVID-19 in the state, and these funds have provided LHDs with resources to identify, track and address local outbreaks rapidly.

Specifically, the purpose of this funding is to ensure that at-risk residents in communities have access to testing, vaccination, and support services such as housing, primary medical care, insurance coverage, and unemployment compensation to allow them to quarantine effectively. The funding also allowed LHDs to hire full-time Vulnerable Population Outreach Coordinators (VPOCs) to assess, mitigate and respond to the social and health impacts of COVID-19 through targeted outreach to at-risk vulnerable populations. Additionally, a total of \$1.7 million in Strengthening Local Public Health Capacity funds earmarked through the State's 2021 Budget was also allocated to assist non-LINCS Agency LHDs to strengthen communicable disease outbreak preparedness and boost COVID-19 response capacity. The Monmouth County Regional Health Commission No. 1 (MCRHC) received a Strengthening Local Public Health Capacity 2021 Grant in the amount of \$142,236.

The Monmouth County Regional Health Commission is considered a local health department and has been providing residents with quality public health services for over 80 years. MCRHC provides a variety of programs and services to improve the health and well-being of over 160,000 residents in the 18 municipalities served. In addition to the ongoing public health services such as communicable disease investigation, inspection of retail food establishments and other facilities, the Commission is available 24/7 in the event of a local public health emergency. In such an event, the health officer can be reached via each municipal local Police Department.

The municipalities served by MCRHC are diverse in areas of socio-economic status, culture, language, economics, race and ethnicity, age, and religion. It is noteworthy to point out that although some of the municipalities served by MCRHC have the highest median household incomes in the state, there are populations in these towns that are dependent on subsidies such as social services, food banks, affordable housing and other agencies. According to the 2016 Monmouth County Community Health Assessment, even though the county is

perceived as an affluent county, it is a diverse county, with significant and growing ethnic and low-income populations. The purpose of this Vulnerable Populations Assessment is to identify those populations in need of resources to assist with COVID-19 quarantine, isolation, testing, and vaccination. MCRHC hopes to leverage state and local resources that will support individuals in households most affected by the pandemic.

II. COVID-19 Vulnerable Population Assessment Goal

From the beginning of the pandemic through the date of this report, public health response has evolved daily through testing, contact tracing, quarantine, isolation, and vaccination to prevent the spread of disease and protect the public's health. As part of the Strengthening Local Public Health Capacity 2021 Grant, and in response to this unprecedented COVID-19 public health pandemic, the MCRHC prepared this COVID-19 Vulnerable Population Assessment, to be referenced as the *Assessment* going forward in this document. The goal of this rapid assessment is to:

- Define and categorize vulnerable populations within the LHD's jurisdiction;
- Detail the community demographics of the LHD's service area;
- Describe the vulnerability, health disparities and community impacts of COVID-19;
- List community agencies that provide support to these vulnerable populations; and
- Summarize key findings and priorities.

The data referenced within this Assessment applies to the following municipalities served by the MCRHC including Allenhurst, Brielle, Deal, Fair Haven, Interlaken, Little Silver, Loch Arbour, Middletown, Monmouth Beach, Ocean Township, Rumson, Sea Bright, Sea Girt, Shrewsbury, Spring Lake, Spring Lake Heights, Tinton Falls, and West Long Branch. The data was collected using existing data sources such as the U.S. Census data, County Health Rankings, NJ COVID Dashboard, and CDC COVID Data Tracker. Additionally, the Vulnerable Populations Coordinator interviewed municipal and county stakeholders who provided local information. Stakeholders included, municipal administrators, clerks and mayors; the County Affordable Housing Alliance; Office of Emergency Management; local police; county human services representative; multiple food pantries; Visiting Nurse Association and local school nurses.

The Assessment is to be presented by the VPOC to the health governing bodies in jurisdictions covered by the MCRHC. Completing this rapid Assessment will inform the development or update of a community resource directory of social support agencies (web-based, or another format) by the VPOC. The forming of connections with support services providers and other community stakeholders will enable VPOC to effectively provide targeted outreach within the community in the areas of COVID-19 prevention, testing, contact tracing, containment, isolation, quarantine, vaccination.

III. Underlying Medical Conditions and Increased Risk

CDC updated the list of underlying medical conditions that increase risk of severe illness after reviewing published reports, pre-print studies, and various other data sources. CDC experts then determined if there was clear, mixed, or limited evidence that the condition increased a person's risk for severe illness, regardless of age. There was consistent evidence (from multiple small studies or a strong association from a large study) that specific conditions increase a person's risk of severe COVID-19 illness, and include:

<ul style="list-style-type: none"> • Chronic kidney disease 	<ul style="list-style-type: none"> • Smoking
<ul style="list-style-type: none"> • Cancer 	<ul style="list-style-type: none"> • Diabetes
<ul style="list-style-type: none"> • COPD (chronic obstructive pulmonary disease) 	<ul style="list-style-type: none"> • HIV/AIDS
<ul style="list-style-type: none"> • Obesity (BMI of 30 or higher) 	<ul style="list-style-type: none"> • Sickle cell disease
<ul style="list-style-type: none"> • Immunocompromised state (weakened immune system) from solid organ transplant 	<ul style="list-style-type: none"> • Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
<ul style="list-style-type: none"> • Down Syndrome 	<ul style="list-style-type: none"> • Pregnancy and Breastfeeding

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

Based on County Health Rankings, the Monmouth County Community Health Assessment of 2016, and Monmouth County Human Services Needs Assessment of 2017, Monmouth County has the following conditions at risk for poor health status and health outcomes.

- 14.6% of the population is 65 and older.
- 15.5% have diabetes
- 14% are smokers
- 37.8% have low access to food
- 25% of adults have a BMI of 30 or higher

IV. Defining Vulnerable Populations in the Community

Vulnerable populations are defined as those at greater risk for poor health status and health outcomes, experience significant disparities in life expectancy, often lack access to healthcare and social supports, and experience increased morbidity and mortality. The health needs of vulnerable populations are complex and intersect with the social and economic conditions they experience. These populations are also more likely to have one or more physical and/or mental health condition. (Source: <https://www.ajmc.com/view/nov06-2390ps348-s352>) Additionally, the disparities in health and environmental risk factors that vulnerable populations experience put them at greater risk for COVID-19 related morbidity and mortality. In order to reduce the number of poor health outcomes due to COVID-19 in vulnerable populations, it is imperative that LHDs identify vulnerable populations in the community, and work closely with the social support agencies to connect them to COVID-19 prevention measures, testing, contact tracing, containment, isolation, quarantine, vaccination, primary care, and other social supports. (Source: <https://www.ajmc.com/view/nov06-2390ps348-s352>)

The following are multiple types and categories of vulnerable populations present within the communities served by the MCRHC.

Vulnerable Populations

<p>Economic Disadvantage Low-income persons and those living at or under the poverty line, including those who have been in poverty for at least two generations; Ethnic and racial minorities; Homeless; Medicaid recipients; Working poor with limited resources, often working multiple jobs; Single mothers and sole caregivers; Low wage workers in multiple jobs</p>	<p>Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers) Persons with limited English language proficiency (read, write) in native language; low literacy or non-English speaking groups:</p> <ul style="list-style-type: none"> • Spanish language • Foreign visitors; Undocumented immigrants; Immigrants; Refugees
<p>Age Elderly with limited strength, but not disabled; Senior citizens; Infants; Mothers with newborns; Teens, school-age children, latchkey children; Families with children who have health care needs; Grandparents who are guardians of grandchildren</p>	
<p>People living in Congregate, Crowded, Sub-Standard Living Situations: People experiencing homelessness; People living in: Shelters/Temporary housing; LTC/Assisted Living Facilities or Other Long-Term Care Settings; Intellectual and Developmental Disabilities (IDD) group homes; Group homes; Mental health Group homes; Schools, University, Migrant workers/ Undocumented immigrants; Public housing; Other congregate settings</p>	<p>Isolation (cultural, geographic, or social) Homeless people; People living in shelters (homeless, runaways, or battered persons); Homebound elderly; People living alone; Sole caregivers; Single individuals without extended family; Low-income persons; Persons experiencing mental illness; People living in remote rural areas; 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</p>

Hospitalized persons

People that are hospitalized; Persons living in congregate Long-Term Care Facilities/Assisted Living Facilities; Blind and visually impaired; Deaf and hard of hearing; Developmentally disabled; Mobility impaired; Medically dependent (persons dependent on life support/medical equipment); Chronic disease/infirm; Drug and/or alcohol dependent (perhaps not in treatment); Persons with history of drug overdose; Diagnosed with mental illness; Drug use and substance use disorder; Mentally ill or having brain disorders/injuries; Persons with chronic pain

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

Challenges with Accessing Healthcare

Persons uninsured or underinsured; Persons who have reduced access to medical care; Persons who are fearful of seeking care due to ability to pay, fear of prejudice or stigma; Persons with behavioral health issues that prevent them from seeking care; Persons have limited options for mass transportation as Monmouth County has an underdeveloped mass transportation system

Individuals at High Risk for COVID-19 (Phase 1B/Phase 1C Combined)

1. 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
2. **People aged 75 years and older** because they are at high risk of hospitalization, illness, and death from COVID-19.
3. **Frontline Essential Workers**

First Responders (Phase 1B) At-Risk for COVID-19

- Sworn law enforcement, firefighters, and other first responders, including:
- New Jersey State Police troopers
- Municipal and county police officers
- Campus police officers
- Detectives in prosecutors' offices and state agencies
- State agency/authority law enforcement officers (e.g. State Park Police and Conservation Officers, Palisades Interstate Parkway Officers, Human Services police, and NJ Transit police)
- Investigator, Parole and Secured Facilities Officers
- Aeronautical Operations Specialists
- Sworn Federal Law Enforcement Officers and Special Agents
- Bi-State law enforcement officers (e.g. Port Authority)
- Court Security Officers
- Paid and unpaid members of firefighting services (structural and wildland)
- Paid and unpaid members of Search and Rescue Units including technical rescue units and HAZMAT teams
- Paid and unpaid firefighters who provide emergency medical services
- Paid and unpaid members of Industrial units that perform Fire, Rescue and HAZMAT services
- Members of State Fire Marshal's Offices
- Bi-State Fire Service Personnel (e.g. Port Authority)

Other Frontline essential workers: food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector (teachers, support staff, and daycare workers.)

- **Other essential workers**, such as people who work in transportation and logistics, food service, housing construction and finance, information technology, communications, energy, law, media, public safety, and public health.

Healthcare Personnel (Phase 1A) At-Risk for COVID-19

Paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including, but not limited to:

- Licensed healthcare professionals like doctors, nurses, pharmacists, and dentists
- Staff like receptionists, janitors, mortuary services, laboratory technicians
- Consultants, per diem, and contractors who are not directly employed by the facility
- Unpaid workers like health professional students, trainees, volunteers, and essential caregivers
- Community health workers, doulas, and public health professionals like Medical Reserve Corps
- Personnel with variable venues like EMS, paramedics, funeral staff, and autopsy workers
- All workers in acute, pediatric, and behavioral health hospitals and ambulatory surgical centers
- All workers in health facilities like psychiatric facilities, Federally Qualified Health Centers, and rehabs
- All workers in clinic-based settings like urgent care clinics, dialysis centers, and family planning sites
- All workers in long-term care settings like nursing homes, assisted living facilities, group homes, and others
- All workers in occupational-based healthcare settings like health clinics within workplaces, shelters, jails, colleges and universities, and K-12 schools
- All workers in community-based healthcare settings like PACE and Adult Living Community Nursing
- All workers in home-based settings like hospice, home care, and visiting nurse services
- All workers in office-based healthcare settings like physician and dental offices
- All workers in public health settings like local health departments, LINCS agencies, harm reduction centers, and medicinal marijuana programs
- All workers in retail, independent, and institutional pharmacies
- Other paid or unpaid people who work in a healthcare setting, who may have direct or indirect contact with infectious persons or materials, and who cannot work from home.

Long-Term Care Residents and Staff (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
- Veterans homes
- Assisted living facilities, continuing care retirement communities, and personal care homes
- Group homes like residential care homes, adult family homes, adult foster homes, and intellectual and developmental disabilities group homes
- HUD 202 Supportive Housing for the Elderly Program residences
- Institutional settings like psychiatric hospitals, correctional institutions, county jails, and juvenile detention facilities (for eligible minors, e.g. 16+ years of age may be eligible for Pfizer vaccine under the emergency use authorization)
- Other vulnerable, congregate, long-term settings

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>

CDC vaccine distribution guidelines and phases were not altered. Other listed vulnerable populations were customized to MCRHC jurisdictions.

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 Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Population estimates, July 1, 2019, (V2019)	475	4,697	519	5,736	749	5,782	230	65,305	3,212
PEOPLE									
Population									
Population estimates, July 1, 2019, (V2019)	475	4,697	519	5,736	749	5,782	230	65,305	3,212
Population estimates base, April 1, 2010, (V2019)	495	4,755	750	6,112	820	5,952	195	66,507	3,281
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.0%	-1.2%	-30.8%	-6.2%	-8.7%	-2.9	-17.9%	-1.8	-2.1
Population, Census, April 1, 2010	496	4,774	750	6,121	820	5,950	194	66,522	3,279
Age and Sex									
Persons under 5 years, percent	1.3%	3.1%	3.7%	7.1%	3.6%	3.2%	6.5%	5.2%	4.8%

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Persons under 18 years, percent	15.6%	23.1%	16.8%	34.6%	15.4%	27.2%	18.3%	21.9%	16.6%
Persons 65 years and over, percent	23.2%	20.4%	36.4%	11.3%	32.2%	19.5%	23.0%	17.9%	27.4%
Female persons, percent	48.2%	49.4%	51.1%	52.0%	53.1%	52.7%	51.7%	50.9%	52.2%
Male persons, percent	51.8%	50.6%	48.9%	48.0%	46.9%	%	48.3%	%	47.8%
Race and Hispanic Origin									
White alone, percent	93.1%	95.0%	90.8%	95.1%	96.3%	98.4%	93.9%	93.1%	96.5%
Black or African American alone, percent	1.1%	1.3%	0.2%	3.4%	0.0%	0.0%	0.9%	1.0%	0.0%
American Indian and Alaska Native alone, percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Asian alone, percent	0.2%	0.3%	0.6%	0.8%	1.2%	0.9%	1.7%	3.4%	0.5%
Native Hawaiian and Other Pacific Islander alone, percent	3.4%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%
Two or More Races, percent	0.8%	0.6%	0.0%	0.4%	2.5%	0.0%	3.5%	1.4%	2.5%
Hispanic or Latino, percent	2.1%	2.8%	18.9%	2.3%	3.1%	3.9%	0.0%	6.4%	3.2%

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
White alone, not Hispanic or Latino, percent	97.9%	96.3%	81.1%	93.1%	96.9%	91.9%	99.6%	88.0%	96.8%
Population Characteristics									
Veterans, 2015-2019	15	249	22	182	38	246	10	2,847	169
Foreign born persons, percent, 2015-2019	1.7%	3.5%	23.2%	3.8%	3.7%	9.0%	5.7%	7.4%	5.5%
Housing									
Housing units, July 1, 2019, (V2019)	327	2,075	863	X	405	X	165	X	1,923
Owner-occupied housing unit rate, 2015-2019	69.7%	63.9%	49.4%	93.4%	95.0%	94.7%	86.4%	84.4%	82.9%
Median value of owner-occupied housing units, 2015-2019	\$1,265,600	\$335,600	\$1,187,500	\$731,000	\$655,500	\$642,000	\$1,017,900	\$425,000	\$753,200
Median selected monthly owner costs -with a mortgage, 2015-2019	\$4,000+	\$2,465	\$3250	\$3,462	\$2,842	\$3,359	\$3,625	\$2,751	\$3,522
Median selected monthly owner costs -without a mortgage, 2015-2019	\$1421	\$1,052	\$1,500+	\$1,500+	\$1,069	\$1,500+	\$1,500+	\$1,130	\$1,411

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Median gross rent, 2015-2019	\$1136	\$1,334	\$1,125	\$2,288	\$3,050	\$2,469	\$1,438	\$1,366	\$2,534
Building permits, 2019	X	X	X	X	X	X	X	X	X
Families & Living Arrangements									
Households, 2015-2019	185	1,745	235	1,822	343	2,043	88	23,805	1,423
Persons per household, 2015-2019	2.6	#	2.2	3.22	2.2	2.86	2.6	2.74	2.3
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	94.7%	94.3%	85.4%	89.1%	94.0%	92.9%	88.9%	92.3%	82.3%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	10.4%	4.3%	35.4%	5.1%	6.4%	6.2%	2.30%	9.1%	7.7%
Computer and Internet Use									
Households with a computer, percent, 2015-2019	97.8%	95.7%	87.7%	97.4%	93.9%	98.4%	96.6%	93.8%	95.9%

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Households with a broadband Internet subscription, percent, 2015-2019	91.4%	89.3%	79.1%	96.4%	91.0%	97.6%	94.3%	91.1%	95.2%
Education									
High school graduate or higher, percent of persons age 25 years+, 2015-2019	97.8%	98.0%	86.5%	97.1%	97.7%	99.2%	100.0%	95.6%	100.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	55.7%	65.3%	28.9%	71.2%	68.8%	72.9%	73.2%	47.0%	70.6%
Health									
With a disability, under age 65 years, percent, 2015-2019	4.8%	3.8%	11%	3.1%	5.9%	1.7%	3.4%	5.7%	2.6%
Persons without health insurance, under age 65 years, percent	3.6%	1.8%	8.5%	2.9%	.39%	2.0%	.86%	1.2%	2.6%
Economy									

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.7%	65.5%	52.0%	68.4%	54.1%	58.1%	56.0%	66.7%	57.4%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	55.3%	58.9%	39.8%	58.4%	46.2%	44.1%	34.8%	60.7%	50.4%
Total accommodation and food services sales, 2012 (\$1,000)	X	X	X	6,025	X	6,970	X	83,984	X
Total health care and social assistance receipts/revenue, 2012 (\$1,000)			X	6,766	X	71,199	X	120,710	X
Total manufacturers' shipments, 2012 (\$1,000)	X	X	X	0	X	D	X	D	X
Total merchant wholesaler sales, 2012 (\$1,000)	X	X	X	D	X	26,648	X	172,649	X
Total retail sales, 2012 (\$1,000)	X	X	X	24,271	X	208,583	X	620,975	X

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Total retail sales per capita, 2012	X	X	X	\$3,987	X	\$34,868	X	\$9,363	X
Transportation									
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	36.8	29.8	31.7	44.6	32.2	44.1	34.4	37.3	37.6
Income & Poverty									
Median household income (in 2019 dollars), 2015-2019	\$106,406	\$140,352	\$63,194	\$179,138	\$114,250	\$179,391	\$131,250	\$118,351	\$134,861
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$89,314	\$89,314	\$68,394	\$72,201	\$67,475	\$88,701	\$62,416	\$54,603	\$82,292
Persons in poverty, percent	1.5%	1.9%	21.4%	3.3%	6.4%	1.4%	12.2%	3.6%	4%
Business									
Total employer establishments, 2018	X	X	X	X	X	X	X	X	X
Total employment, 2018	X	X	X	X	X	X	X	X	X

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Total annual payroll, 2018 (\$1,000)	X	X	X	X	X	X	X	X	X
Total employment, percent change, 2017-2018	X	X	X	X	X	X	X	X	X
Total non-employer establishments, 2018	X	X	X	X	X	X	X	X	X
All firms, 2012	X	X	X	X	X	X	X	X	X
Men-owned firms, 2012	X	X	X	316	X	661	X	3,343	X
Women-owned firms, 2012	X	X	X	183	X	225	X	1,742	X
Minority-owned firms, 2012	X	X	X	82	X	96	X	471	X
Nonminority-owned firms, 2012	X	X	X	453	X	845	X	5,166	X
Veteran-owned firms, 2012	X	X	X	F	X	102	X	542	X
Nonveteran-owned firms, 2012	X	X	X	516	X	831	X	4,963	X
Geography									

Demographic Characteristic	Allenhurst	Brielle	Deal	Fair Haven	Interlaken	Little Silver	Loch Arbour	Middletown	Monmouth Beach
Population per square mile, 2010	1,887.9	2717.5	438.3	3,832.8	2,260.9	2,197.2	2,650.8	1,622.9	3082.6
Land area in square miles, 2010	0.26	1.76	1.20	1.60	0.30	2.71	0.10	40.99	1.00

Demographic Characteristic	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Population estimates, July 1, 2019, (V2019)	26,542	6,714	1,337	1,655	4,086	2,927	4,564	17,451	7,881
PEOPLE									
Population									
Population estimates, July 1, 2019, (V2019)	26,542	6,714	1,337	1,655	4,086	2,927	4,564	17,541	7,881
Population estimates base, April 1, 2010, (V2019)	27,293	7,065	1,465	1,828	3,807	2,993	4,965	18,032	8,084
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-2.8%	-5.0%	-8.7%	-9.5%	7.3%	-2.2%	-8.1%	-3.2%	-2.5%
Population, Census, April 1, 2010	27,291	7,122	1,412	1,828	3,809	2,993	4,713	17,892	8,097
Age and Sex									
Persons under 5 years, percent	5.2%	3.7%	5.8%	3.0%	5.5%	0.8%	3.9%	4.6%	5.4%
Persons under 18 years, percent	20.2%	32.5%	9.7%	14.5%	26.8%	16.4%	13.5%	17.4%	21%
Persons 65 years and over, percent	20.6%	12.1%	22.5%	35.4%	22.4%	42.1%	27.7%	26.6%	14.4%

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Female persons, percent	51.0%	50.3%	47.2%	53.0%	54.2%	49.0%	54.6%	53.4%	53.9%
Male persons, percent	49.0%	49.7%	52.8%	47.0%	45.8%	51.0%	45.4%	46.6%	46.1%
Race and Hispanic Origin									
White alone, percent	82.3%	95.8%	98.1%	99.9%	94.0%	96.4%	94.6%	77.3%	91.3%
Black or African American alone, percent	8.9%	0.7%	1.3%	0.1%	0.6%	0.0%	0.8%	8.7%	4.7%
American Indian and Alaska Native alone, percent	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
Asian alone, percent	4.1%	1.3%	1.6%	0.0%	3.5%	3.3%	4.1%	8.3%	.6%
Native Hawaiian and Other Pacific Islander alone, percent	.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Two or More Races, percent	3.2%	1.4%	1.9%	0.0%	1.4%	0.0%	0.6%	2.5%	2.1%
Hispanic or Latino, percent	10.2%	4.8%	3.4%	0.0%	0.9%	0.3%	2.2%	7.1%	6.9%
White alone, not Hispanic or Latino, percent	75.7%	91.9%	96.6%	99.9%	99.1%	99.7%	97.8%	73.8%	85.8%
Population Characteristics									

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Veterans, 2015-2019	1,041	120	76	64	218	251	344	977	261
Foreign born persons, percent, 2015-2019	16.4%	6.3%	7.2%	3.1%	5.9%	2.7%	6.6%	12.7%	6.8%
Housing									
Housing units, July 1, 2019, (V2019)	X	X	1,054	1,247	1,443	2,172	2,538	X	X
Owner-occupied housing unit rate, 2015-2019	67.7%	92.4%	66.0%	98.6%	90.6%	78.9%	68.3%	69.7%	75.8%
Median value of owner-occupied housing units, 2015-2019	\$431,600	\$1,171,900	\$527,500	\$1,585,400	\$589,400	\$1,818,500	\$492,300	\$354,300	\$448,800
Median selected monthly owner costs -with a mortgage, 2015-2019	\$2,707	\$4,000+	\$2,777	\$3,938	\$3,224	\$3,645	\$2,631	\$2,527	\$2,793
Median selected monthly owner costs -without a mortgage, 2015-2019	\$1,148	\$1,500+	\$1,443	\$1,500+	\$1,440	\$1,500+	\$1,073	\$704	\$1,232
Median gross rent, 2015-2019	\$1,190	\$2,206	\$1,734	X	\$2735	\$2,068	\$1,591	\$1,895	\$1,807
Building permits, 2019	X	X	X	X	X	X	X	X	X

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Families & Living Arrangements									
Households, 2015-2019	10,845	2,180	745	737	1,434	1,344	2,538	8,048	2,485
Persons per household, 2015-2019	2.46	3.11	1.8	2.2	2.8	2.2	2.0	2.16	2.70
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	91.1%	89.8%	88.4%	90.2%	93.9%	89.3%	80.6%	89.8%	81.4%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	22.6%	7.3%	7.8%	4.0%	6.2%	4.7%	7.6%	14.3%	11.1%
Computer and Internet Use									
Households with a computer, percent, 2015-2019	95.4%	96.8%	94.0%	98.2%	92.5%	95.2%	91.5%	84.4%	92.9%
Households with a broadband Internet subscription, percent, 2015-2019	91.8%	95.8%	88.3%	97.4%	91.4%	88.9%	88.9%	82.8%	88.5%

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Education									
High school graduate or higher, percent of persons age 25 years+, 2015-2019	94.7%	99.0%	100.0%	99.6%	97.6%	99.2%	98.4%	95.8%	92.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	45.6%	72.7%	66.9%	77.2%	63.1%	68.8%	54.0%	52.0%	44.1%
Health									
With a disability, under age 65 years, percent, 2015-2019	6.2%	3.2%	6.1%	4.7%	3.6%	6.3%	5.2%	5.5%	3.2%
Persons without health insurance, under age 65 years, percent	9.4%	3.1%	2.4%	.06%	.23%	3.5%	2.8%	3%	8.4%
Economy									
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.9%	61.5%	66.7%	43.8%	61.0%	41.7%	63.5%	61.2%	61.1%

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
In civilian labor force, female, percent of population age 16 years+, 2015-2019	59.0%	47.5%	70.2%	35.7%	52.2%	32.8%	57.4%	54.5%	56.1%
Total accommodation and food services sales, 2012 (\$1,000)	40,120	23,831	X	X	X	X	X	39,846	D
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	163,955	19,958	X	X	X	X	X	249,801	79,437
Total manufacturers shipments, 2012 (\$1,000)	31,946	D	X	X	X	X	X	226,778	D
Total merchant wholesaler sales, 2012 (\$1,000)	73,479	16,597	X	X	X	X	X	242,810	28,541
Total retail sales, 2012 (\$1,000)	1,112,319	22,056	X	X	X	X	X	471,039	353,578
Total retail sales per capita, 2012	\$40,875	\$3,131	X	X	X	X	X	\$26,361	\$41,519
Transportation									

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	27.2	46.3	47.7	36.2	30.2	42.8	35.7	29.0	29.6
Income & Poverty									
Median household income (in 2019 dollars), 2015-2019	\$94,284	\$188,906	\$101,161	\$146,023	\$124,474	\$86,200	\$87,500	\$87,157	\$109,073
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$49,001	\$110,726	\$88,901	\$113,782	\$60,925	\$76,880	\$53,485	\$55,126	\$42,686
Persons in poverty, percent	6.3%	1.7%	5.6%	3.3%	0.5%	9.2%	2.9%	5.4%	5.7%
Business									
Total employer establishments, 2018	X	X	X	X	X	X	X	X	X
Total employment, 2018	X	X	X	X	X	X	X	X	X

Demographic characteristics	Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Total annual payroll, 2018 (\$1,000)	X	X	X	X	X	X	X	X	X
Total employment, percent change, 2017-2018	X	X	X	X	X	X	X	X	X
Total non-employer establishments, 2018	X	X	X	X	X	X	X	X	X
All firms, 2012	3,482	814	X	X	X	X	X	2,246	848
Men-owned firms, 2012	1,824	410	X	X	X	X	X	1,305	561
Women-owned firms, 2012	1,202	223	X	X	X	X	X	580	225
Minority-owned firms, 2012	751	60	X	X	X	X	X	441	55
Nonminority-owned firms, 2012	2,616	710	X	X	X	X	X	1,629	740
Veteran-owned firms, 2012	241	42	X	X	X	X	X	115	28
Nonveteran-owned firms, 2012	3150	710	X	X	X	X	X	1,995	762

Demographic characteristics		Ocean Township	Rumson	Sea Bright	Sea Girt	Shrewsbury	Spring Lake	Spring Lake Heights	Tinton Falls	West Long Branch
Geography										
Population per square mile, 2010	2509.1	1,408.1	1857.5	1,560.8	1891.2	2,196.7	3,525.0	1,155.3	2833.1	
Land area in square miles, 2010	10.88	5.06	0.7	1.1	2.2	1.3	1.3	15.49	2.86	

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

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

Vulnerability of the Community

There have been a significant number of emerging impacts on the community served by the Monmouth County Regional Health Commission that are categorized below.

Health

Adults 65 and older have been adversely affected throughout the communities within the MCRHC. Older adults are at greater risk of requiring hospitalization or dying if they are diagnosed with COVID-19. According to the CDC, 8 out of 10 deaths reported in the US are adults older than 65 years of age. Through interviews with township officials within MCRHC municipalities, the 65 and older populations are found in a variety of living settings that include but are not limited to long term care facilities, 55 and older gated communities, high-rise apartment buildings, affordable housing complexes, and living with family members. In 2020, COVID-19 was the third leading cause of death among New Jersey residents between the ages of 65-84, and the second leading cause for those 85 and older¹.

A large percentage of the Monmouth County population have underlying conditions as well. Adults of any age with certain underlying conditions are at an increased risk for severe illness from the virus that causes COVID-19. The most common underlying health conditions reported in the U.S. include but are not limited to heart disease (includes high blood pressure, diabetes, lung disease and obesity)¹. According to the NJ Dept of Health, people with underlying health conditions were found to be six times more likely to be hospitalized and 12 times more likely to die compared to those who reported no underlying conditions².

Sources:

1. Center of Health Statistics, Office of Population Health, NJ Department of Health, Leading Causes of Death among New Jersey Residents among New Jersey Residents, Preliminary 2020 Death Certificate Data, Feb 2021.
2. New Jersey Department of Health, Covid-19 Underlying Conditions, September 2020.

Mental/Behavioral Health

In 2020, nearly every MCRHC member municipality had a resident seeking mental health services or addiction treatment services as reported by New Hope Integrated Behavioral Health Care in Marlboro, JSAS HealthCare in Neptune, and the Mental Health Association of Monmouth County. Local partners experienced the following trends affected by the pandemic: both adults and youths are presenting with higher mental health needs. Also service providers are assisting more families as parents working from home are seeing a more accurate picture of their youth or adolescent's substance use, due to lack of availability of preferred substance the population is using new substances leading to higher diverse effects like seizures and strokes, and there is an increase in referrals from crisis /hospitals as well as calls at late night hours.

Additionally, service providers shared that populations seeking treatment did have barriers to accessing mental health and behavioral health services. Behavioral Health providers were only providing telehealth services during the height of the pandemic in order to ensure proper safety. Both New Hope Integrated Behavioral Health Care in Marlboro and the Mental Health Association of Monmouth County in Tinton Falls shared additional common barriers to accessing mental health or substance disorder services during the COVID-19 pandemic:

- Lack of access to a phone, in some cases paranoia about phone use
- Lack of a safe and private setting to engage in telehealth
- Lack of accountability from in person visits leading to low motivation to continue to seek treatment
- Youths are less willing than prior to COVID to engage prior to crisis

- Decreased referrals from typical sources like school, probation office

Source: The RWJ Institute for Prevention and Recovery, New Hope Integrated Behavioral Health Care, Monmouth County Division of Behavioral Health

Education

During the 2019-2020 and now 2021 school year, school districts have made significant changes and the impact on families, student health and academics continue to be assessed. Per the Monmouth County Superintendent,; school lunch has increased participation throughout the County due to the State waiver issued whereby all students attending any school participating in the program receive breakfast and lunch at no cost to the students. Most of the schools are providing a grab and go program. The students pick up breakfast for the next day and lunch for the current day as they leave. Most districts are on a 4-hour day. Students who are remote are notified of the location where they may obtain their meals.

In 2020, the NJ Department of Education administration waived the Federal requirement for statewide student academic assessments to focus on social-emotional health and wellness of students. Therefore, the educational impact of COVID-19 on students is unknown at this time. Additionally, in the Fall of 2021, school districts were experiencing a shortage of full-time teachers as many were taking medical leave. Districts began hiring substitute teachers, which can also affect learning.

Remote learning was particularly challenging for elementary school students and English as a Second Language (ESL) who were on full remote schedule or a hybrid schedule. Many of these students have a hard time understanding materials and may not demonstrate the lack of understanding over the computer to their teacher. Additionally, teachers must create accommodations and adjustments that may include flexibility of deadlines and being more lenient on grading. Remote learning made it difficult for students to have deep and meaningful learning experience. This is particularly true for those at educational institutions with special needs populations. These institutions provide medical attention, visual and physical teaching aids and hearing impairment tools not readily available at home.

Employment

Persons working in leisure and hospitality, transportation, trade and utilities, education and health services sectors were the hardest hit by unemployment during the COVID-19 pandemic¹. In 2019, unemployment in Monmouth County was 10,900 while the 2020 numbers of unemployed increased to 20,900². The efforts to limit gatherings and close quarters, forced school closings, changes to retail businesses and other employment facilities. These preventative measures affected our County, State and Nation.

Source: 1.The Peterson Institute for International Economics, March 8, 2021 and 2.New Jersey Department of Labor and Workforce Development Bureau of Labor Market Information, Local Area Unemployment Statistics (LAUS), 2019

Provision of Human/Social Services

Monmouth County Division of Social Services and Monmouth County Visiting Nurse Association (VNA) reported an increase in the number of people accessing and using their services. The VNA runs 3 of the 4 Federally Qualified Health Centers (FQHC) in Monmouth County. Both agencies said the surge over the winter of 2020 was so steep and fast that they did not have time and resources to compile data on demographics, numbers, or locations of the users but access has at least doubled at the height of the pandemic.

Community Resources

Anecdotal data from community service providers such as Community Affairs and Resource Center (CARC) demonstrate that there is an increase of demand for food assistance and rental assistance. CARC distributed over 1,200 \$50 gift cards from Shop Rite for food insecurity from March to December 2020 and approximately 500 emergency food boxes. They also provided \$550,000 of rental assistance to residents and assisted over 400 families in Monmouth County during 2020.

Several facilities, including the Reformation Food Pantry (West Long Branch), have changed distribution methods as families pre COVID-19 were able to walk in the facilities and choose their food items. During the pandemic, all those in attendance are provided with pre-packaged bags of food through an organized drive thru. While some facilities conduct “skeleton interviews” with the main priority of keeping a head count of those who attend, most locations do not collect demographic data of their clients. Most locations have seen varied increases in demand through the time of the pandemic. Facilities such as the Salvation Army (Asbury Park) and Lutheran Church of the Reformation Food Pantry have seen demand quadruple while the Barn for the Poorest of the Poor (Middletown) has seen a 10 percent increase. Fulfill (Neptune) has had a continued rise in demand through their network of 289 food pantries, soup kitchens, shelters and other programs. Data was collected in March 2021 through informant interviews.

Disparities in Cases and Deaths from COVID-19

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

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 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>)

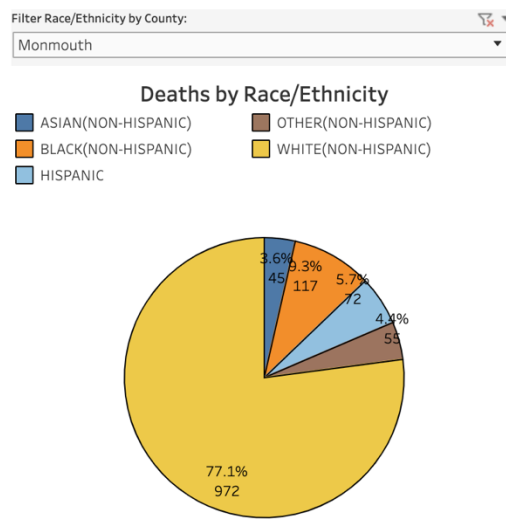
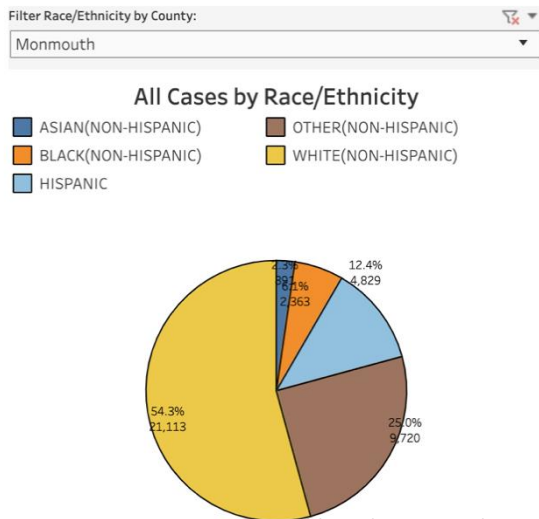
The Centers for Disease Control and Prevention (CDC) states that the risk for getting severe illness from exposure to COVID-19 increases with age, with the greatest risk among adults 85 and older. While 80% of reported deaths in the New Jersey have been among adults age 65 or older, increased risks of complications and death exist for every age group 30 and over (30-39 years, 40-49 years, etc.) when compared to adults age 18-29. <https://covid19.nj.gov/>.

Monmouth County specific data shows that COVID-19 has impacted racial/ethnic groups differently. According to the most recent US Census American Community Survey, the racial composition of Monmouth County in 2019 was:

- White: 84.8%
- Black or African American: 7.5%
- Asian: 5.6%
- Other race: 6.29%

- Two or more races: 1.8%
- Native American: 0.3%
- Hispanic or Latino: 11.1%
- White alone, non-Hispanic: 75.1%

When comparing Monmouth County demographic data to COVID-19 data, it is obvious the impact is disproportionately greater in the Black or African American populations with their death rate at 9.3% compared with other race and ethnicities and they account for only 7.5% of the county population.



Source: NJ COVID Data Dashboard- Cases and Mortality

People particularly vulnerable to contracting COVID-19 are those who live in shared housing, such as nursing homes and assisted living facilities. Residents living in nursing homes and assisted living facilities are population already at risk as they are typically over 65 years of age and may have an existing chronic condition. Congregate settings also have the added risk of contracting a virus because there is a need for frequent contact between staff and residents, potential understaffing, staff working in other facilities, and potential shortages of Personal Protective Equipment (PPE).

Additionally, when examining congregate populations, considerations must be made for pockets of cultural and/or religious groups that practice social isolation or cultural differences. New Jersey, for instance, has the second largest Jewish population outside of New York. Many reside in Monmouth County in locations within walking distance to a house of worship. Similarly, the Monmouth County Community Health Assessment of 2016 states that between 2000-2010 the Hispanic population grew by 59.6% which was greater than the state average at the time. And with 18% of the population speaking a language other than English at home, there is a risk for miscommunication of educational information about COVID-19 prevention, testing and vaccination.

Impacts on the Community and Services

After gathering the data above the Vulnerable Population Coordinator and the MCRHC Vulnerable Population team discussed the variety of possible impacts of COVID-19 on the communities within the MCRHC service area:

- Health Impacts:**

Individuals over 65, especially those with underlying health conditions have been shown to be at particular risk for severe health implications from COVID-19.	Higher death rates, more severe health, social isolation, computer illiteracy which leads to lack of access to vaccine and increased risk of contracting COVID-19.
Mental health resources will need to be available in new and increased ways to deal with the many different stressors/traumas caused by the pandemic, especially its impact over an extended time period.	Mental health workers are overwhelmed and are contracting their own mental health issues.
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.	Free breakfast and lunch programs were implemented throughout NJ which led to an increase in participation in programs. Many schools have a grab and go bag.
Increased numbers of overdoses in the community have occurred during COVID-19.	Those with pre-existing conditions like mental health and substance use disorders are more vulnerable to COVID-19 and have a higher risk of severe outcomes including death. The National Center for Health Statistics is reporting a 7.4 percent increase in drug overdose deaths from July 2019 to July 2020.
Other health impacts	People are delaying their medical care which is exacerbating health conditions.

- Employment impacts:**

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 with vulnerable individuals are lower-wage individuals.	Lower wage individuals in healthcare field may hold multiple positions and/or live in multiple family dwellings and therefore can expose a larger group of individuals.
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 vulnerable to layoffs and/or may lack the technology resources in their home to work remotely.	There is a negative psychological impact from working from home and being isolated when one is used to working in a social setting. There are stressors from being laid off and being home with family for extended period of time.
Individuals in many sectors of the economy – but particularly the service sector, the retail sectors, gig economy, and others most affected by quarantine policies – are currently experiencing sudden and unexpected unemployment. Some are unaware of resources available to them and their families as they are experiencing unemployment for the first time.	Due to a lack of transportation in Monmouth County many restaurant and retail workers live locally and therefore have a barrier to access employment outside of Monmouth County. Additionally, some workers have a language barrier that limits their access or understanding the resources available to them.

Other employment impacts	Women are particularly impacted for a variety of reasons including more women sacrificed their employment to care for at home children. Service sector jobs held primarily by women are in restaurants, beauty salons and retail. These positions were temporarily or permanently terminated when the shut down occurred.
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- Educational impacts:**

Closing of public schools in the LHD’s jurisdiction have impacted children’s education. Children with less access to resources (broadband internet, computers/tablets, technology expertise, language barriers, etc.) are most at risk for suffering learning loss during a protracted period of school closure.	The majority of the populations of MCRHC have access to internet and hardware, although it has been documented throughout the state that children have experienced mental health and learning issues due to the lack of socialization.
Caregivers of school age children must secure day care arrangements for their children or sacrifice employment to care for their children. These same caregivers are also expected to be primary teachers for their children during the period of the closure. Parents with limited resources face numerous challenges as a result of this situation.	Many parents are experiencing psychological impacts and inability to do their job due to the need to educate and supervision for their child at home. The lack of one on one education for those who have special needs or intellectual disabilities effects both the child’s educational and medical needs as well as the parent’s mental health.
Other educational impacts	

- Impacts on Human Services Provision:**

Services to vulnerable populations have been curtailed or drastically changed. Some service providers are not operating, operating at reduced hours, or are not allowing walk-up services to clients, leaving gaps in services to the community. Other service providers have altered their service provision in significant ways, leaving some family needs unmet. Finally, for those service providers continuing to operate, the changed circumstances have required significant, immediate adaptations that will require additional resources to support over a longer period of time:	Food pantries through Monmouth County have had to adapt to “drive thru only” operations where those who attend pick up prepackaged supplies. Pantries have added extra days each week to make up for the increase need for their services within each community. Facility closures or limited hours; mental health and wellness services can be offered via telehealth.
Other human services provision impacts	

- Community Resource Impacts:**

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.	In the population over 65 years of age, there are less opportunities for socialization (municipal programs, senior programs, etc.) and therefore increase of social isolation, mental decline and possible depression. Food insecurities due to lack of access and transportation. Data from 2017 Monmouth County
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	Human Services Assessment show that 9.3% of Monmouth County is food insecure.
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. MCRHC plays an important role convening organizations, people, and resources to support families.	Prior to COVID there were monthly Governmental Public Health Partnership (GPHP) meetings, but due to the inability to meet in person and the need for LHDs to focus on COVID-19 contract tracing, testing and vaccinations these meetings are not occurring. Meetings should occur on other platforms if resources were available.
Other community resource impacts	

- Prolonged service disruptions**

The disruptions in service delivery to customers are expected to continue for a substantial time. This is likely to lead to ancillary challenges for customers that may become long term issues.	During a time, the health care and mental health services are in more demand, service providers have disrupted or altered appointments either by offering telehealth and staggering patient times to allow for deeper patient room cleaning. Meanwhile, COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke. People with pre-existing mental, neurological or substance use disorders are also more vulnerable to SARS-CoV-2 infection– they may stand a higher risk of severe outcomes and even death.
Other community disruptions	

- Prolonged employment issues**

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.	The unemployed may need to find other fields to peruse thus needing educational resources and job coaching. The pandemic hit women harder due to a variety of factors. More women are employed in the service sectors of the economy such as restaurants, food production and retail. In addition, the shutdown of schools and day care facilities meant that women, more than men, sacrificed their jobs which may have had health benefits.
Other employment issues	

- **Prolonged agency capacity issues**

Policies limiting in-person staff/customer interactions may be in place for an extended period of time and agencies will need to maintain remote work and remote customer-interaction infrastructure to be responsive to these needs in a more sustainable capacity.	Business may need to increase their hours to accommodate the amount shoppers/clients they need to keep a business afloat with social distancing and limits to capacity. Business that can be done remotely may need to assist workers with upgraded internet, work space from home, computers. Also, there may be issues with employee accountability while working from home.
Other agency capacity issues	

- **Prolonged community resource/coordination issues**

With COVID-19 impacting the community for almost one-year, the need for community resource/coordination will continue long-term until the community begins to recover from the widespread effects of the pandemic. Recovery efforts will require coordination. Ongoing community preparedness to guard against a future outbreak will also require ongoing convening and new community readiness strategies based on what is shown to be effective during the current crisis.	Coordination during this crisis has been a patchwork of siloed responses due to home rule and the level urgency needed for the response. Community partnerships are critical elements of a public health response and require a health equity lens, building on community strengths and trust, and calculated actions.
Other community resource/coordination issues	

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

VII. Community Agencies Supporting Vulnerable Populations

See Appendix

VIII. Conclusion

The MCRHC has identified some unique vulnerabilities within the community. First, there is a higher percentage of people over the age of 65 than the State or the Nation. Within the catchment area alone there are 18 independent senior living communities and 14 assisted living facilities. Many of these seniors do not have cars or cannot drive. During times of COVID-19 we are using social distancing as a protective measure; so even if all of the senior facilities have their own busses, they could not fully accommodate the transportation needs of this population.

In conjunction with this, Monmouth County has very little access to mass transit, busses and trains exist but there are huge gaps in locations served, modes of transportation such as taxi/uber can be cost prohibitive. With transportation being another identified issue access to vaccination centers is impeded.

Thirdly, the Hispanic community is growing exponentially in Monmouth County, in this community there is a lack of appropriate housing, causing overcrowded living facilities potentially creating COVID-19 hotspots. Again, this community is affected by lack of transportation and language barriers.

Lastly, mental health issues have been exacerbated across the Nation due to COVID -19 and Monmouth County has also been affected. County and State resources are stretched thin, social distancing and isolation potentially caused the 7.4% increase this year in drug overdose deaths.

