Bloomfield Department of Health and Human Services

2017 Community Health Assessment

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Partners for Health FOUNDATION
10 YEARS 2008-2018

PHAB
ACCREDITED HEALTH DEPARTMENT
PUBLIC HEALTH ACCREDITATION BOARD
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INTRODUCTION

The mission of the Bloomfield Department of Health and Human Services (BDHHS) is "to prevent disease and promote physical and mental well-being through policy development, disease detection, prevention, education, and enforcement; in a culturally competent manner that ensures that highest quality of life for the residents we serve."[1] The BDHHS provides a variety of services to residents through their Divisions of Environmental Health, Human Services, Health Education, Public Health Nursing, Vital Statistics, and Public Housing.

Community Health Assessments (CHAs) collect data from community members and stakeholders to identify key health needs and assets in a community. These data are often used to help better serve the health-related needs of the local residents. For example, CHA results can be used to inform areas for improvement, strengthen partnerships, improve community coordination, and acquire more knowledge about the public health of the area assessed.[2]

CHAs are also a key component to receiving accreditation from the Public Health Accreditation Board (PHAB).[3] As of May 2018, the BDHHS is the only local health department accredited by the Public Health Accreditation Board (PHAB) in New Jersey. A total of 188 local health departments across the country are accredited by PHAB plus 31 state health departments (including the New Jersey Department of Health) and 1 tribal health department.

As part of their PHAB reaccreditation and service to the community residents they serve, the BDHHS contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University (MSU) to conduct a CHA, with support from Partners for Health Foundation. The project began in June 2017. The goal of the Bloomfield CHA was to assess the needs, assets, and conditions among Bloomfield residents.

Data for this assessment were collected through resident surveys, resident focus groups, and key stakeholder interviews. The Community Health Assessment focused on the following areas.

- Health outcomes
- Health behaviors around physical activity, nutrition, and tobacco and substance use
- Factors influencing health including, food access, transportation, housing, and communication
- BDHHS communication
- Participant demographics

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[1] http://www.bloomfieldtwpnj.com/health-human-services/
[2] Rosenbaum, S. (2013). Principals to Consider for the Implementation of a Community Health Needs Assessment Process. The George Washington University School of Public Health and Health Services, Department of Health Policy.
[3] http://www.phaboard.org/news-room/accredited-health-departments/

ABOUT BLOOMFIELD

The Township of Bloomfield is located in Essex County, New Jersey. It is home to 47,391 residents. The 5.3 square mile town is located 18 miles west of New York City and is bordered by 7 other municipalities: Newark, Montclair, Clifton, Nutley, Belleville, East Orange, and Glen Ridge.[4]

Based on the American Community Survey in 2012-2016, 54% of Bloomfield residents are female, compared to 52% of Essex County residents, 51% of New Jersey residents, and 51% of U.S. residents, Figure 1.[5]

Figure 1. Population Demographics – Gender

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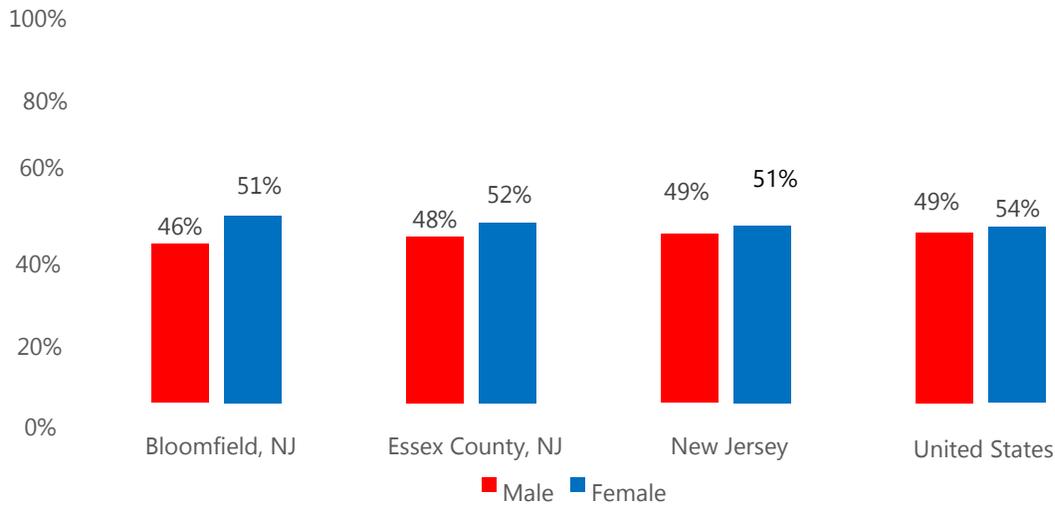
4 https://www.census.gov/quickfacts/fact/table/bloomfieldtownshipessexcountynewjersey/LND110210#vie wtop

5 https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Nearly two-thirds (65%) of Bloomfield residents identify as White, compared to 44% in Essex County, 70% in New Jersey, and 76% across the U.S. As well, 20% of Bloomfield residents identify as Black or African American, compared to 41% in Essex County, 15% in New Jersey, and 14% across the U.S, Figure 2. Overall, with regard to race, Bloomfield is more similar to state and nationwide demographic characteristics than it is to Essex County.

Figure 2. Population Demographics - Race
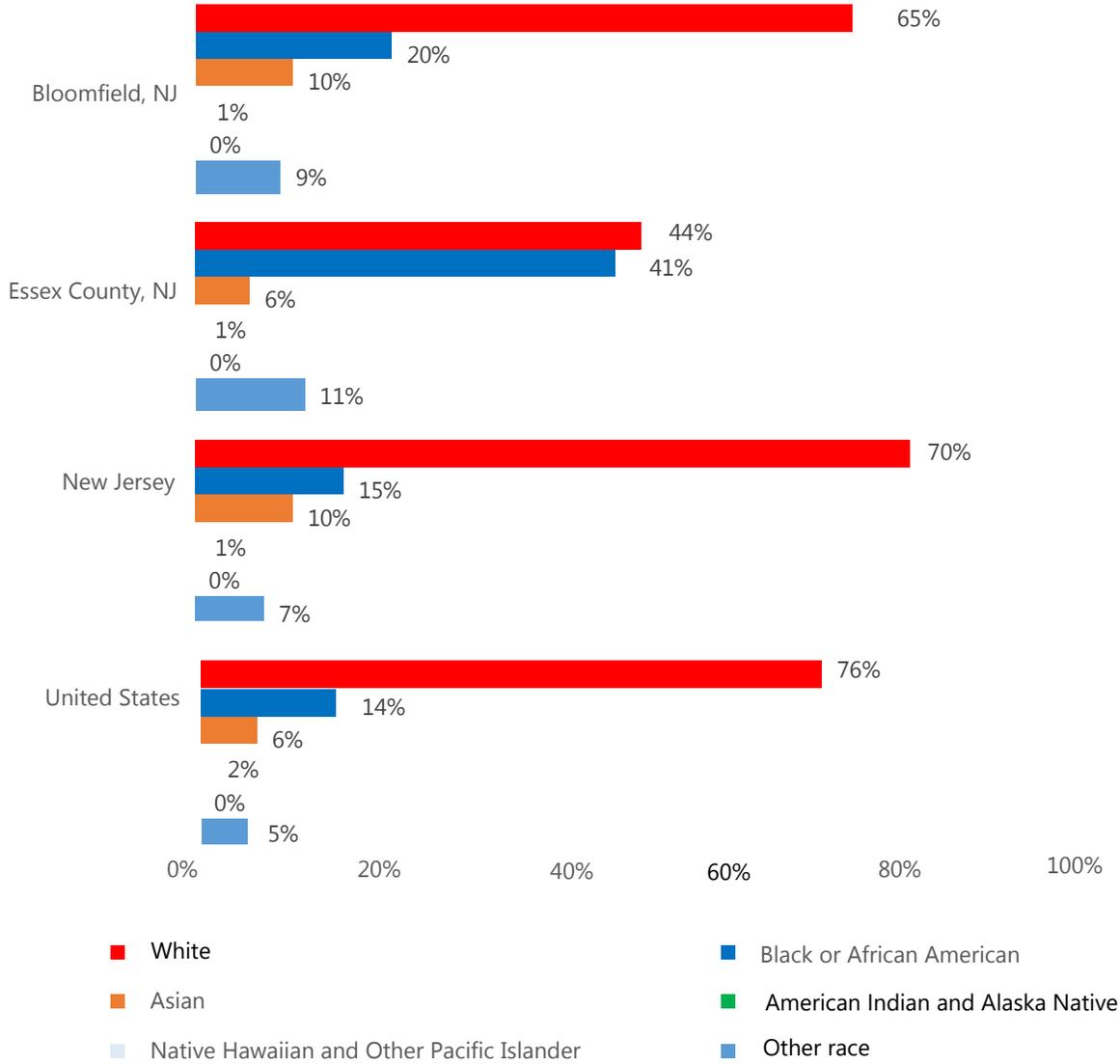
Furthermore, more than one-quarter (27%) of Bloomfield residents identify as Hispanic or Latino, compared to 22% in Essex County, 19% in New Jersey, and 17% across the U.S., Figure 3.[5]

Figure 3. Population Demographics- Hispanic or Latino
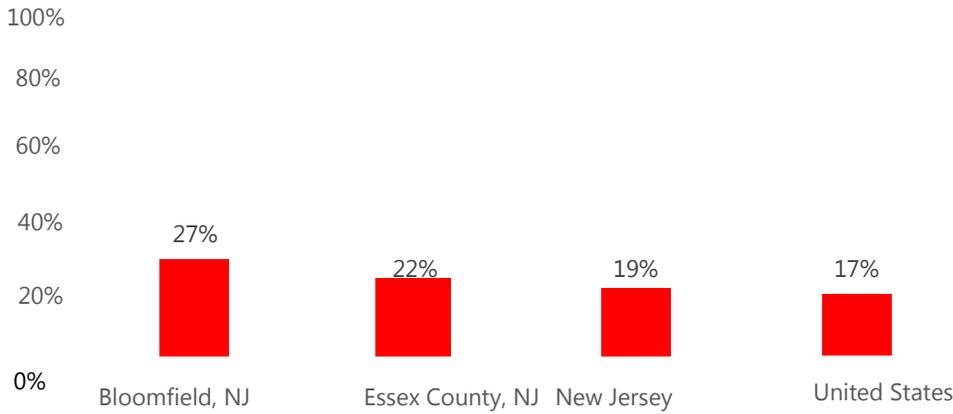
Less than half (45%) of residents in Bloomfield report renting the home they occupy, compared to 56% in Essex County, 36% in New Jersey, and 36% across the U.S., Figure 4.[5]

Figure 4. Population Demographics- Occupied Housing
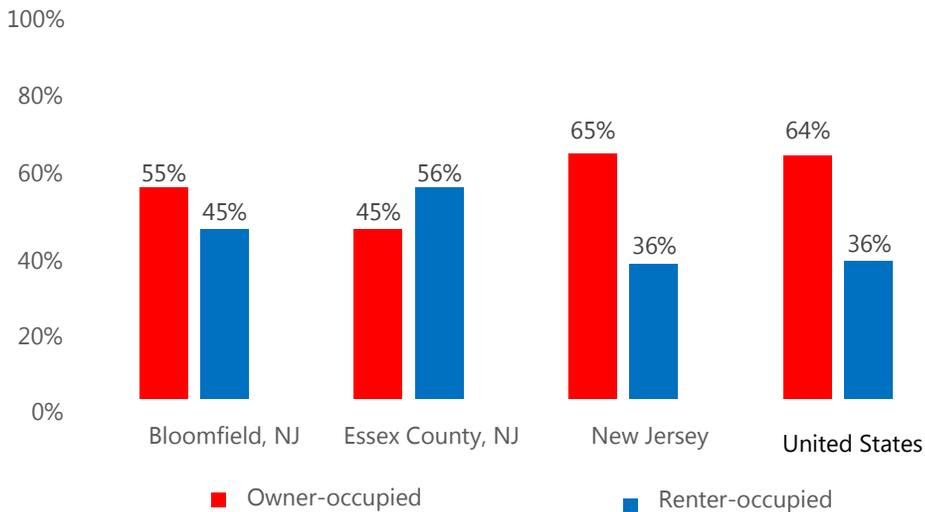
Household income data from the American Community Survey (2012-2016) show that 69% of Bloomfield residents have a household income of $50,000 or more, compared to 53% of Essex County residents, 65% of New Jersey residents, and 53% across the U.S.. At the same time, 14% of Bloomfield residents reported a household income less than $25,000, compared to 26% in Essex County, 17% in New Jersey and 23% across the U.S., Figure 5.[5] Overall, with regard to household income, Bloomfield is again more similar to statewide trends than it is to Essex County.

Figure 5. Population Demographics - Income
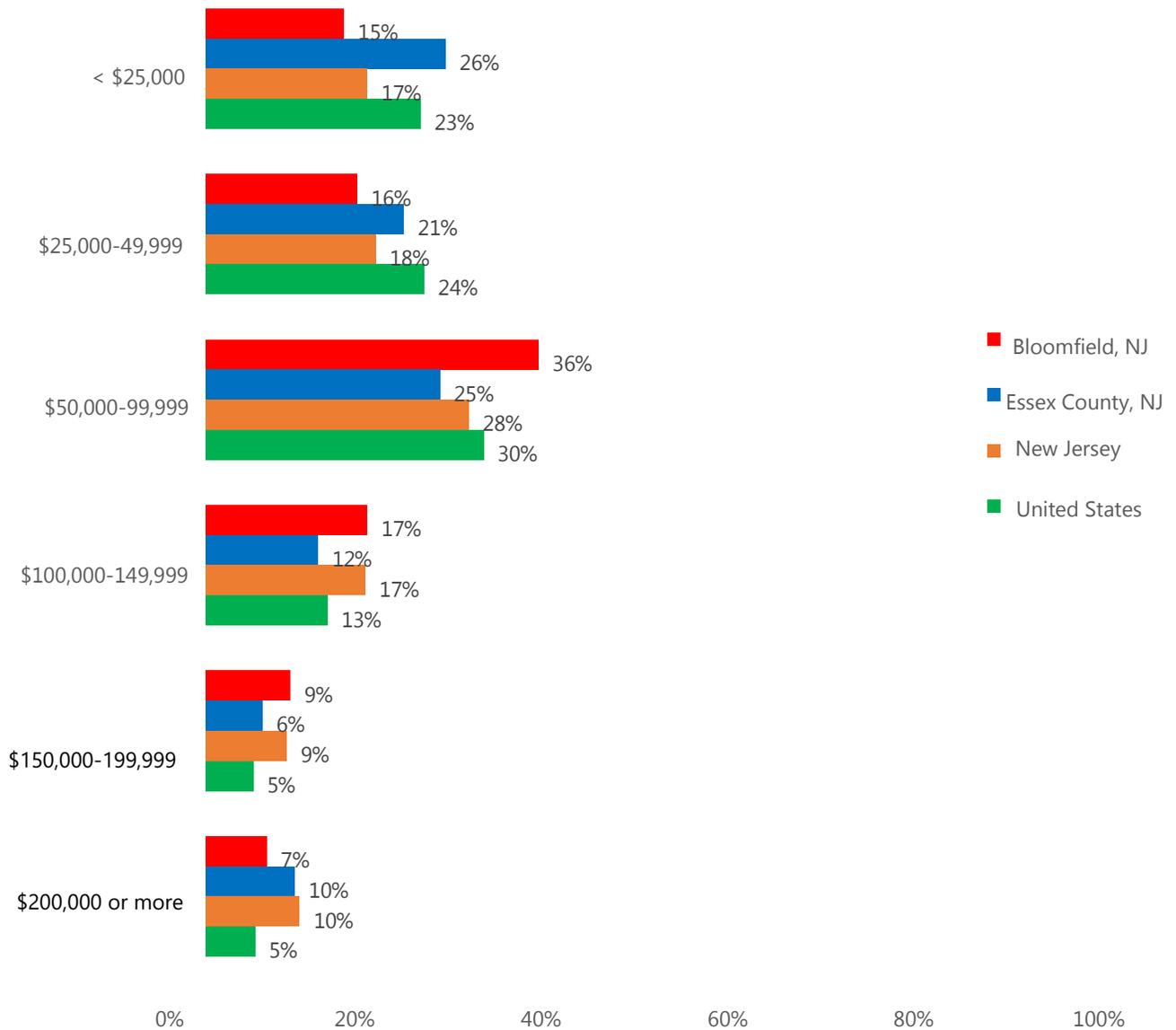
METHODOLOGY

In June 2017, the BDHHS contracted with CREEHS to conduct the 2017 CHA. As part of this assessment, CREEHS collected primary data from resident surveys, resident focus groups, and key informant interviews. CREEHS also compiled relevant data from publicly available sources. All data collection instruments were developed by CREEHS with feedback from the BDHHS.

RESIDENT SURVEY

The resident survey included questions about social determinants of health such as housing, transportation, environmental hazards, and accessibility. It also included questions regarding health status, health and substance use behaviors, barriers to health, and BDHHS communication. Questions were based on those asked in the 2013 BDHHS CHA, which was also conducted by CREEHS. Some of these questions, however, were updated, enhanced, and redesigned to align with the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) questionnaire so results could potentially be compared to county, state, and national data. Questions new to the 2017 CHA were either based on the BRFSS or developed by CREEHS staff (Appendix 1).

The resident survey was offered in both English and Spanish. It was administered using both an online survey link and paper-based copies during the period of December 1, 2017 through February 23, 2018. BDHHS recruited and administered the surveys to interested residents. The survey included qualifying questions to ensure that all participants were Bloomfield residents and were aged 18 years or older. BDHHS recruited survey respondents and advertised through their Facebook account, Twitter account, the health department website, Nixle (mass notification provider), and elected township officials (i.e., Council members, Mayor). Paper surveys were distributed at the following locations.

- Bloomfield Public Library
- Bloomfield High School soccer tournament
- Fire departments
- Town center
- Local restaurants
- Local gyms
- Senior buildings
- Health department
- Faith-based organizations
- English as a Second Language program at
  Bloomfield High School

Online surveys were administered using Qualtrics software for data collection. Paper surveys were entered into Qualtrics by CREEHS staff and combined with the responses of those who completed the survey online. On a weekly basis, CREEHS sent an update to BDHHS staff summarizing survey respondent demographics.

Overall, 449 surveys were completed online or paper. Of these, 46 surveys were excluded due to non-residency, did not consent to take the paper survey, and did not answer the qualifying question on the paper survey (i.e., Which town do you live in?). In total, there were 403 complete responses to the resident survey, representing 1% of Bloomfield residents and resulting in a margin of error of ±4.8%. Respondents most frequently reported their age as between 35 and 54 years old (29% 35-44 years, 18% 45-54 years) and most frequently identified their race as White or Caucasian (65%). The majority of respondents hold a Bachelor's degree or higher (62%) and earn a household income of $50,000 or higher (51%). Appendix 5 provides additional detail about the demographic characteristics of resident survey respondents.

Survey data were cleaned and analyzed by CREEHS staff using SPSS software and the findings are incorporated into this report (Appendix 2).

RESIDENT FOCUS GROUP

The protocol for the resident focus group asked residents to identify the biggest health issues in their town, barriers to health in their town, and what they would change about Bloomfield to make it a healthier place. Residents also were asked about health services in Bloomfield, community engagement, and communication. Questions were developed based on the 2013 CHA resident focus group and CREEHS added new questions to better align with the focus of the 2017 CHA.

A total of 4 resident focus groups took place during January through April 2018. Three focus groups were offered to residents in each of 3 wards in Bloomfield. A fourth focus group was offered to Bloomfield "at-large" constituents. All 4 focus groups were conducted in English and were held at Bloomfield Town Hall. BDHHS worked with the council members from each of the 3 wards and atlarge to share information about the focus groups with their constituents. Emails, flyers, and Facebook posts were used to advertise the focus groups. A total of 41 people participated in the 4 focus groups; 9 in the focus group for First Ward, 14 for Second Ward, 4 for Third Ward, and 14 people in the "at-large" focus group.

With participant permission, all focus groups were audio recorded and CREEHS staff used the audio recordings to transcribe the focus group discussions. The transcriptions were coded for themes and the data gathered from the focus groups were summarized (Appendix 3).

KEY INFORMANT INTERVIEW

The protocol for the key informant interviews included questions that mirrored what was asked in the resident focus groups in order to inform whether service providers and residents were aligned in their observations of similar things about the health of the Bloomfield community. Questions were developed based on the 2013 CHA key informant interview protocol and CREEHS added new questions to better align with the focus of the 2017 CHA.

BDHHS developed a list of 16 potential key informants, with the help of other Bloomfield town officials. This list included email addresses and/or phone numbers of each individual for recruitment efforts. CREEHS staff randomly sampled 7 individuals to participate in the interview. Of those invited, 5 people completed the interview over the phone during January through February 2018. These key informants came from a variety of backgrounds (e.g., hospital system, community agencies) and offered unique perspectives on the health and well-being of Bloomfield residents and the BDHHS.

As with the focus groups, the key informant interviews were audio recorded and transcribed with participant permission. The transcriptions were coded for themes and the data gathered from the interviews were summarized (Appendix 4).

PUBLICLY AVAILABLE DATA

CREEHS compiled and assessed data from a range of publicly available sources to generate a profile of Bloomfield residents, areas of highest risk, need for health promotion and disease prevention, and other related indicators. These data were collected from several databases (federal and state), registries, national surveys, reports and other records such as Census Data, County Health Rankings, and ALICE (Asset Limited, Income, Constrained, Employed). All data were compiled during September 2017 and updated as appropriate in March 2018.

DATA ANALYSIS

CREEHS compiled data from all described sources and analyzed for themes across all data. Key themes were identified and used to inform the findings of this report. Preliminary quantitative and qualitative findings were shared with BDHHS staff, during a 2-hour meeting in April 2018, to discuss and solicit their feedback about key themes and noteworthy findings.

STRENGTHS AND LIMITATIONS

The CHA provided an opportunity for Bloomfield residents and service providers (i.e., key informants) to share their thoughts about the health-related needs and strengths of the Township of Bloomfield. These data provide information about the areas that are working well and those that need improvement.

Key methodological strengths of this assessment include the following.

- Resident survey sample size: The number of surveys collected (n=449) exceeded the goal of 382 surveys. Ultimately, 403 valid surveys were completed, a margin of error of ±4.8% and confidence level of 95%. A total of 1% of Bloomfield residents participated in the survey.

- Study design: This assessment collected data using mixed methods, including surveys, focus groups, interviews, and publicly available data. The multiple sources and types of data describe both the breadth and depth of experiences from residents and other

stakeholders in the community. The design enables CREEHS to triangulate findings across the data sources to better understand the nuances in the data and provide more specific recommendations.

- BDHHS staff: The staff of the BDHHS worked collaboratively with community partners to administer the survey and plan and recruit for focus groups. These efforts ensured the survey and focus groups were offered to as many residents as possible and represented a wide range of Bloomfield residents.

- Survey instrument: The customized survey instrument covered a wide array of topics important to the BDHHS and its residents. The survey addressed the social determinants of health as well as the health behaviors and status of residents. The survey was offered in both English and Spanish to include a larger population of residents.

This assessment also had limitations of the methodology, which include the following:

- Survey instrument language: The survey was available to participants in English and Spanish.
  Data indicate, however, that other languages are also spoken in Bloomfield households (e.g., Armenian, Arabic, and Gujarati). It is possible that the survey was not available to eligible residents in all languages needed.

- Survey design: The survey was available to residents online or paper. Residents had the option to skip any question they did not want to answer or stop the survey at any time. As a result, this may have affected the representativeness of the sample. In addition, residents who did not consent to take the paper survey or did not answer the qualifying question on the paper survey (i.e., Which town do you live in?) were excluded from the final survey count.

- Representativeness of the sample: Weekly updates were provided to the BDHHS regarding the characteristics of survey respondents. Data available from the U.S. Census Bureau QuickFacts, were used to compare the demographic information of those completing the survey with Bloomfield's population. While the goal of the survey was to ensure representativeness of the community, in particular Hispanic and Latinos resident, based on this comparison, survey data showed:

  o underrepresented Bloomfield residents with some college (e.g., did not graduate from a 2 or 4 year college) or less;

  o underrepresented residents who identify as Hispanic or Latino, Black/ African American, or Asian;

  o underrepresented residents between the ages of 18 and 34 years and overrepresented residents between the ages of 35 and 54, and 60 and 74 years; and,

- o underrepresented residents with household incomes between $15,000-$24,999 and $35,000-$149,999.

  As a result, the specific opinions and experiences of these groups of residents may not be fully represented in the findings. Moreover, 21% of respondents did not include information about their household income and CREEHS is unable to determine if respondent household income is representative of the Bloomfield population. This is slightly higher than the 2013 CHA where 15% of survey respondents did not report their total annual household income.

- Survey Methods: State and national surveys (i.e., Behavioral Risk Factor Surveillance System) typically collect data via telephone or cellular interviews and have a number of probes to obtain responses from randomly selected residents. While BRFSS questions were used, these questions were slightly modified to address the online and paper survey platforms. Questions were not weighted due to how demographic questions were asked and as result; some responses may not be representative of the community.

- Statistical Analysis: Demographic questions such as race/ethnicity were not weighted due to the how the question was asked. Therefore, frequencies were used to compare survey responses to county, state, and national data. A limited amount of crosstabs were calculated to determine if a relationship existed between two variables (e.g., health and race/ethnicity)

- Key informant interviews: All 16 key informants were contacted via phone or email to schedule interviews. While 7 interviews were scheduled, CREEHS was able to complete only 5 interviews. Two of the interviewees (interview to be conducted jointly) had to cancel due to an influx of work responsibilities and time conflict. As result, CREEHS was unable to reschedule the interviews after numerous attempts. These voices may be missing from the assessment.

The remainder of this report summarizes the key findings and recommendations gleaned from the data collected. The sections highlight the findings about health outcomes, health-related behaviors, and factors related to health. It is important to note that throughout the findings sections, comparisons to 2013 BDHHS CHA as well as Essex County, New Jersey and United States data are highlighted in tables. Not all data may be available.

HEALTH OUTCOME FINDINGS

To gain a better understanding of the health status of Bloomfield residents, survey respondents, key informants, and focus group participants were asked questions about their overall health. Publicly available data were used to compare responses to county, state, and national levels, as applicable. The following section highlights the key findings related to health outcomes such as physical and mental health and disease prevalence (e.g., diabetes, hypertension, body mass index).

SUMMARY OF KEY FINDINGS

Overall, survey respondents reported their health was "good", "very good", or "excellent". Most survey respondents indicated they had <u>never</u> been told by a healthcare professional they were diabetic or hypertensive. Nonetheless, focus group respondents and key informants identified chronic diseases such as diabetes, heart disease, and obesity as the major health issues facing the Bloomfield population.

OVERALL HEALTH

Respondents were asked to rate their overall health on a scale of "excellent", "very good", "good", "fair", or "poor". A majority of 2017 BDHHS CHA respondents indicated that their health is "good", "very good", or "excellent", Figure 6.

Table 1 highlights overall health rankings by 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Figure 6. Respondent Ranking of their General Health
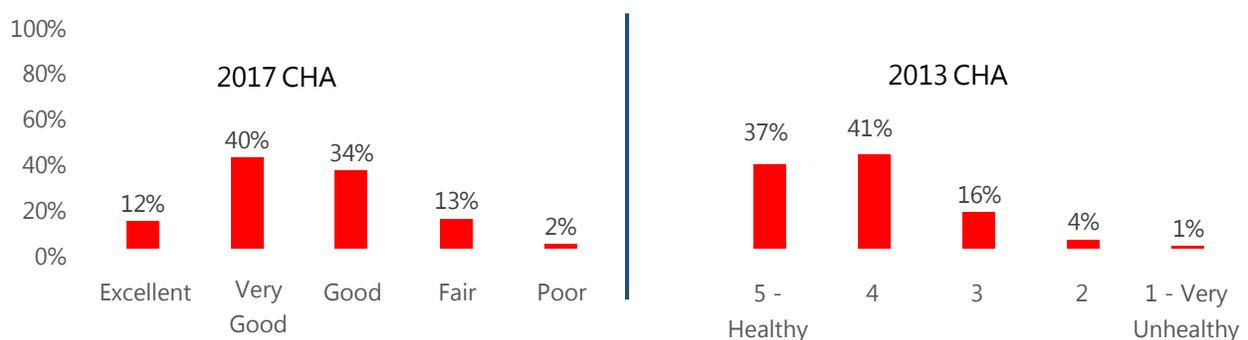
Table 1. Overall Health Rankings, by Location

Location	Key Findings
Bloomfield	86% of survey respondents reported their health as "good", "very good" or "excellent", Figure 6.
Bloomfield (2013)	CHA respondents ranked their overall health on a scale of 1 to 5, with 1 being "very unhealthy" and 5 being "very healthy". More than threequarters of respondents in 2013 (78%) ranked their health as a 4 or 5, Figure 6.
Essex County	79% of Essex County residents reported their health as "good", "very good", or "excellent". [6]
New Jersey	83% of New Jerseyans reported their health as "good", "very good", or "excellent". [7]
United States	78% of Americans reported their health as "good", "very good", or "excellent". [6]

Respondents in the 2017 CHA provided additional details about their physical and mental health.

- 39% of respondents described their physical health during the past 30 days as "not good".
- On average, survey respondents spent at least 8 out of the past 30 days afflicted with a physical illness or injury.
- 34% of survey respondents reported their mental health status (e.g., stress, depression, and emotional problems) as "not good".
- On average, survey respondents spent 11 out of the past 30 days stressed, depressed, and/or coping with emotional problems.

"We often have the frustration of people being able to connect what they eat to their health outcomes. It's really our responsibility to connect those dots with the population. We have tried to do a lot of nutritional education in that community. But obesity leads to diabetes that leads to heart disease. There's always that thread that we use to connect, we do the best we can to educate people, whether it's checking their glucose, checking their blood pressure, all these things are really to address eating habits, nutrition, lack of exercise and obesity." - Key Informant

[6] http://www.countyhealthrankings.org/app/new-jersey/2018/rankings/essex/county/outcomes/overall/snapshot

[7] https://www26.state.nj.us/doh-shad/indicator/view/GeneralHealth.Year.html

DISEASE PREVALENCE

Survey respondents, focus group respondents, and key informants reported information about the prevalence of chronic diseases such as diabetes, heart disease, and obesity facing the Bloomfield population. Focus group and key informants noted that these 3 diseases were major health problems in Bloomfield. Survey respondents identified these as issues to a lesser extent. Focus group and key informants attributed these issues to a culture of sedentary lifestyles and poor eating habits. Additionally, respondents observed that many residents were not aware of the relationship between their eating habits and their blood pressure or diabetes risk. This lack of awareness and understanding by the community on the impact individual behaviors have on health outcomes was cited by key informants as a critical health need.

Diabetes

Survey respondents were asked whether they have been told by a doctor, nurse, or other health professional that they had diabetes. Among 2017 CHA survey respondents, 10% were told by a doctor, nurse, or other health professional that they had diabetes while 80% had not been told they had diabetes, Figure 7. Of those survey respondents informed they had diabetes, 30% were taking insulin.

Table 2 highlights diabetes prevalence by location including, 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Figure 7. Respondents Diagnosed with Diabetes
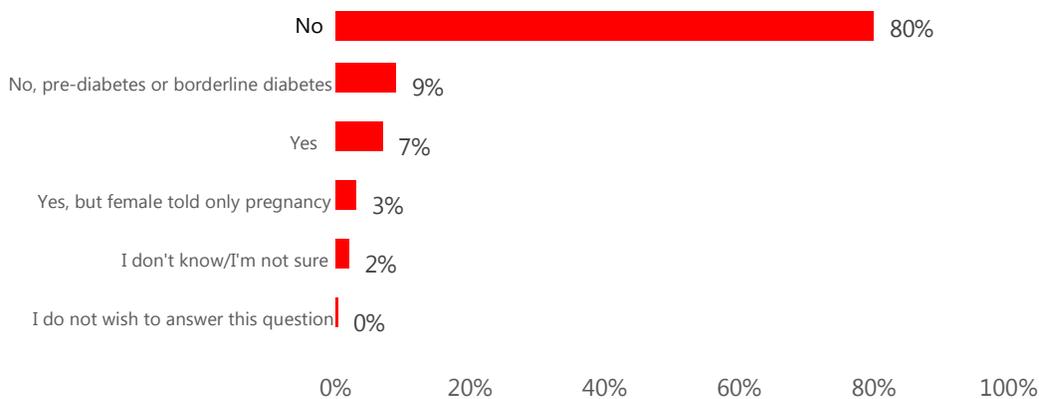
Table 2. Diabetes Prevalence, by Location

Location	Key Findings
Bloomfield	10% of 2017 BDHHS CHA respondents were told by a doctor, nurse, or other health professional that they had diabetes.
Bloomfield (2013)	25% of 2013 BDHHS CHA survey respondents reported that they or someone they knew had been diagnosed with diabetes.
Essex County	11% of Essex County residents were diagnosed with diabetes. [6]
New Jersey	9% of New Jerseyans were diagnosed with diabetes. [8]
United States	11% of Americans were diagnosed with diabetes.[8]

Blood Pressure

Respondents also were asked whether they have ever been told by a doctor, nurse, or other health professional that they had high blood pressure. Among 2017 CHA survey respondents, 27% were told by a doctor, nurse, or other health professional that they had high blood pressure while 60% had not been told they had high blood pressure, Figure 8. Of those informed they had high blood pressure, 69% were on high blood pressure medication.

Table 3 highlights the prevalence of high blood pressure by location including, 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Figure 8. Respondents Diagnosed with High Blood Pressure

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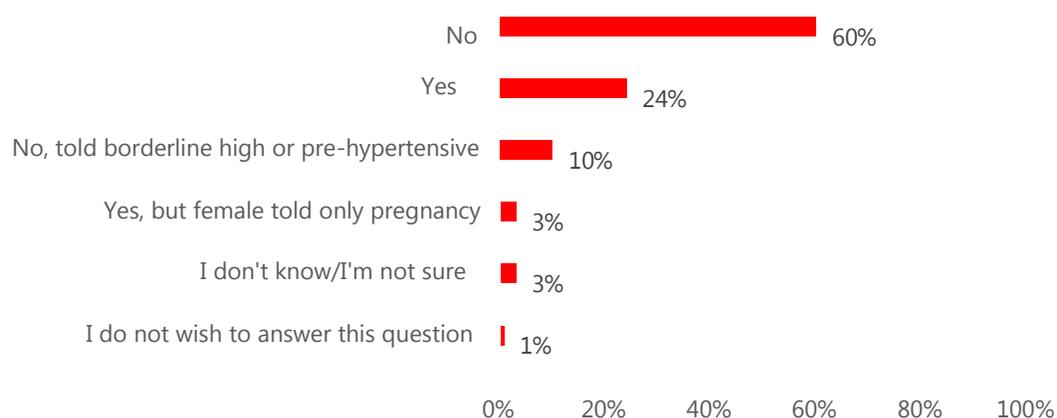
[8] https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=CLASS03&islTopic=TOPIC18&islYear=2016&rdRnd=63130

Table 3. Prevalence of High Blood Pressure, by Location

Location	Key Findings
Bloomfield	27% of 2017 BDHHS CHA respondents were told by a doctor, nurse, or other health professional that they had high blood pressure.
Bloomfield (2013)	51% of 2013 BDHHS CHA survey respondents reported that they or someone they knew had been diagnosed with high blood pressure.
Essex County	33% of Essex County residents have high blood pressure.[9]
New Jersey	31% of New Jerseyans have high blood pressure.[10]
United States	31% of Americans have high blood pressure.[10]

Know Your Numbers

2017 BDHHS CHA survey respondents were also asked whether they "knew their numbers" (e.g., waist circumference, heart rate, cholesterol). Data indicate that:

- 51% of respondents knew their blood pressure
- 33% of respondents knew their heart rate
- 32% of respondents knew their waist circumference and
- 36% of respondents were unable to report whether they knew their numbers off the top of their head.

Similar data are not available for other years or locations.

Body Mass Index

Survey respondents of the 2017 CHA were asked to provide their height and weight without shoes. Of those residents that provided this information, the average body mass index (BMI) of survey respondents was 28 (with an average weight of 173 lbs. and height of 66 in.), placing 38% of respondents in the overweight category, Figure 9.

Table 4 highlights the prevalence of overweight and obesity by location including, 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

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[9] https://www26.state.nj.us/doh-shad/query/result/njbrfs/DXBPHigh/DXBPHighCrude11_.html
[10] United Health Foundation (2017). America's Health Rankings: High Blood Pressure 2017. Data from CDC Behavioral Risk Factor Survey, 2015. https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/NJ

Figure 9. Respondent Body Mass Index
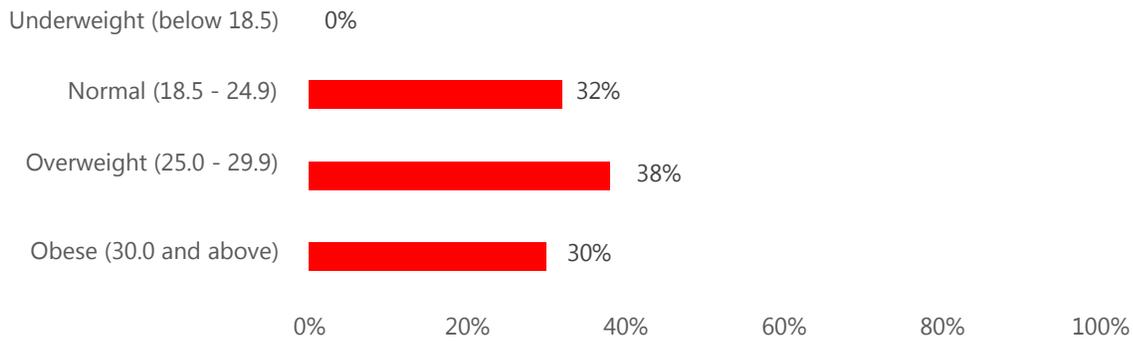
Table 4. Overweight and Obesity Prevalence, by Location

Location	Key Findings
Bloomfield	38% of 2017 BDHHS CHA respondents were overweight and 30% were obese.
Bloomfield (2013)	*Not available*
Essex County	37% of Essex County residents were overweight and 27% were obese.[11]
New Jersey	37% of New Jerseyans were overweight and 27% were obese.[12]
United States	35% of Americans were overweight and 30% were obese.[12]

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[11] https://www26.state.nj.us/doh-shad/query/result/njbrfs/BMI4Cat/BMI4CatCrude11_.html
[12] https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?

rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=CLASS14&islTopic=TOPIC09&ISLyEAR=2016&RDrND=75277

RECOMMENDATIONS

The following recommendations related to health outcomes are based on the overall data collected from Bloomfield residents and key informants. It is possible that programs and services addressing these recommendations already exist in Bloomfield and in these cases, these recommendations are intended to catalyze discussion and future action about how best to address the findings of this assessment.

1. Consider expanding the "Know Your Number" campaign to increase residents' knowledge and awareness around knowing their numbers (e.g., waist, heart rate, cholesterol, blood pressure, glucose).

2. Consider increasing the reach of or raising awareness about programs and resources that educate residents about the factors that lead to diabetes, high blood pressures and obesity. This may include programs that explain the importance of healthy weight and body mass index.

3. Consider working with mental health organizations to expand the reach of programs, resources, and services to Bloomfield residents. This may include creating a sliding fee for service program to target residents who are unable to access this type of service because of cost or creating a social media awareness campaign.

HEALTH-RELATED BEHAVIOR FINDINGS

To gain a better understanding of health-related behaviors of Bloomfield residents, survey respondents, focus group participants, and key informants were asked questions about their individual health behaviors as well as their perceptions related to the community's behavior around physical activity, nutrition, and tobacco and substance use. Publicly available data were used to compare responses to county, state, and national levels as applicable. The following section highlights the key findings related to health-related behaviors.

SUMMARY OF KEY FINDINGS

Overall, the majority of survey respondents reported being active and eating healthy. Respondents participated in a number of activities to stay active such as walking and reported eating fruit and vegetables. CHA respondents also were asked about their use and perceptions of illicit drugs. While the survey data did not indicate widespread use of any substances, focus group participants and key informants highlighted these as issues in the community.

PHYSICAL ACTIVITY

The Physical Activity Guidelines for Americans, released by the U.S. Department of Health and Human Services, recommends that adults get at least 150 minutes of moderate-intensity physical activity weekly and 2 days or more each week of muscle-strengthening exercises.[13] Survey respondents were asked about exercise, recreation, or physical activities other than their regular job duties, if applicable, during the past 30 days. The questions focused on whether they participated in any physical activities or exercises and the types of physical activity or exercise they spent the most time doing.

Findings showed that many 2017 CHA respondents (68%) participated in a variety of physical activities or exercises (e.g., running, calisthenics, golf, gardening, or walking) during the past month, Figure 10. Those survey respondents most frequently reported doing moderate physical activity such as walking (63%) or household activities (53%) during the past month, Figure 11. They reported doing these activities an average of 4 times per week, for an average of nearly an hour (58 minutes) each time.

Table 5 highlights physical inactivity by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

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[13] https://health.gov/dietaryguidelines/2015/guidelines/appendix-1/

Figure 10. Respondent participation in any physical activity or exercise*
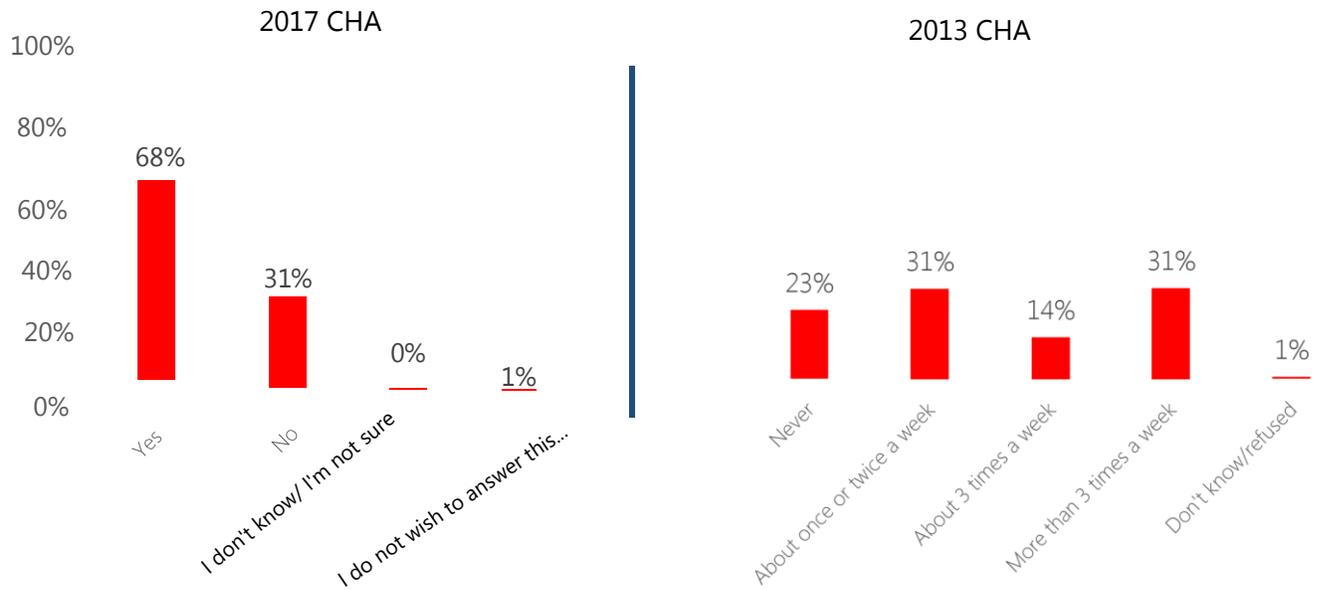
2017 CHA

100%
80%
60%
40%
20%
0%

68% Yes
31% No
0% I don't know/ I'm not sure
1% I do not wish to answer this...

2013 CHA

23% Never
31% About once or twice a week
14% About 3 times a week
31% More than 3 times a week
1% Don't know/refused

*The 2017 Community Health Assessment question was asked differently than 2013. In 2017, survey respondents were asked to report whether they participated in any physical activity or exercise during the past month and in separate questions, how often (# of times per week or # of times per month) and for how long (i.e., minutes or hours). In 2013, survey respondents were asked to report how often they participated in any physical activities or exercise during the past month.

Figure 11. Selected types of physical activity and exercise of respondents

Walking 63%
Household Actvities 53%
Weight Lifting 19%
Running 16%
Yoga 15%
Gardening/Yardwork 14%
Aerobics video or class 13%

0%   20%   40%   60%   80%   100%
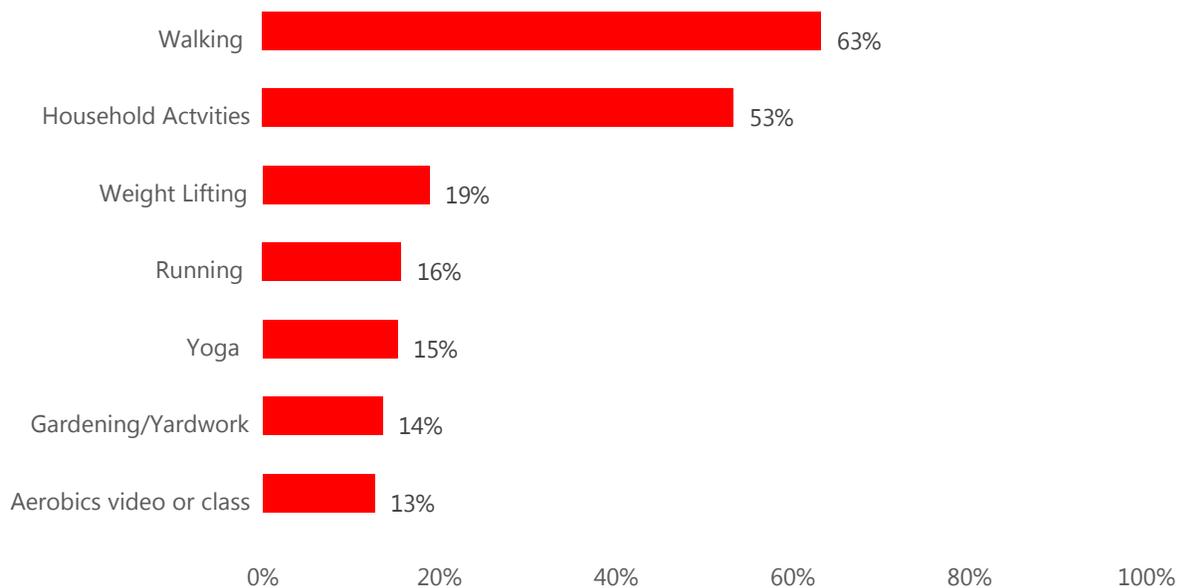
Table 5. Participation in Any Physical Activity or Exercise by Location

Location	Key Findings
Bloomfield	31% of 2017 BDHHS CHA respondents reported they did not participate in any physical activity or exercise
Bloomfield (2013)	23% of 2013 BDHHS CHA respondents reported they did not participate in any physical activity or exercise
Essex County	25% of Essex County residents did not participate in any physical activity or exercise. [6]
New Jersey	23% of New Jerseyans did not participate in any physical activity or exercise. [6]
United States	23% of Americans did not participate in any physical activity or exercise. [6]

NUTRITION

The U.S. Department of Agriculture (USDA) recommended daily fruit intake is between 1.5 to 2 cups of fruit for adult women and 2 cups of fruit for adult men.[14] Survey respondents were asked to report how many times per day, week, or month they ate fruit (e.g., canned, frozen, fresh). Fewer than half of 2017 CHA respondents (43%) reported consuming fruit 1 or more times per day.

Table 6 highlights fruit consumption 1 or more times per day by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 6. Fruit Consumption 1 or More Times Per Day by Location

Location	Key Findings
Bloomfield	43% of 2017 BDHHS CHA respondents reported consuming fruit 1 or more times per day
Bloomfield (2013)	*Not available*
Essex County	*Not available*
New Jersey	64% of New Jerseyans consumed fruit 1 or more times per day[15]
United States	60% of Americans cconsumed fruit 1 or more times per day[15]

USDA guidelines for daily vegetable intake are 2 to 2.5 cups for women and 2.5 to 3 cups for men.[10] Survey respondents were asked to report how many times per day, week, or month they ate a variety of vegetables such as legumes (e.g., cooked or canned), green vegetables, orange colored vegetables, and other vegetables. Of those who consumed vegetables, the reported median vegetable intake was:

- 2 times per day for legumes
- 1 time per day for green vegetables
- 1 time per day for orange colored vegetables
- 2 times per day for other vegetables

Fewer than one-third (30%) of 2017 CHA respondents reported consuming other vegetables, 26% reported consuming green vegetables, 10% reported consuming orange colored vegetables, and 9% reported consuming legumes 1 or more times per day.

Table 7 highlights vegetable consumption 1 or more times per day by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

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[14] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at http://health.gov/dietaryguidelines/2015/guidelines/.

Table 7. V Consumption 1 or More Times Per Day by Location

Location	Key Findings
Bloomfield	• 30% of 2017 BDHHS CHA respondents reported consuming other vegetables 1 or more times per day., • 26% of 2017 BDHHS CHA respondents reported consuming green vegetables 1 or more times per day., • 10% of 2017 BDHHS CHA respondents reported consuming orange colored vegetables 1 or more times per day, and • 9% of 2017 BDHHS CHA respondents reported consuming legumes 1 or more times per day.
Bloomfield (2013)	*Not available*
Essex County	*Not available*
New Jersey	78% of New Jerseyans consumed vegetables 1 or more times per day[11]
United States	78% of Americans cconsumed vegetables 1 or more times per day[11]

Focus group and interview respondents suggested that adults and children in Bloomfield could be eating more fruit and vegetables. They indicated, however, that education may be needed to teach adults and children what is healthy eating and how to prepare fruit and vegetables.

Survey respondents were also asked about the beverages they drank during the past month. The questions asked about the frequency (e.g., daily, weekly, or monthly) with which they drank soda or sugar-sweetened beverages.

Results indicate that 54% of 2017 CHA respondents did <u>not</u> consume regular soda beverages during the past 30 days. Of those who consumed soda beverages, 8% drank these beverages daily. In comparison, nearly three-quarters of 2013 CHA respondents indicated that they <u>never</u> drank sugarsweetened beverages.

Table 8 highlights non-consumption of regular soda beverages by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 8. Non-Consumption of Regular Soda Beverages by Location

Location	Key Findings
Bloomfield	54% of 2017 BDHHS CHA respondents reported they do not consume regular soda beverages
Bloomfield (2013)	70% of 2013 BDHHS CHA respondents reported they do not consume regular soda beverages
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

TOBACCO & SUBSTANCE USE

Tobacco and substance use is characterized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the misuse and abuse of alcohol, over-the-counter medications, illicit drugs, and tobacco that affects the health and well-being of millions of Americans.[15]

Survey respondents were asked whether they smoke "every day", "some days", or "not at all". Though, the majority of 2017 CHA respondents (84%) reported <u>not</u> smoking at all, 15% reported smoking cigarettes "every day" or "some days". This finding is aligned with data available for Essex County, New Jersey, and across the U.S., Figure 12. Of those 2017 CHA respondents who reported smoking every day or some days, 47% noted that they stopped smoking for one day or longer during the past 12 months because they were trying to quit.

Table 9 highlights current smokers by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Figure 12. Percentage of current smokers

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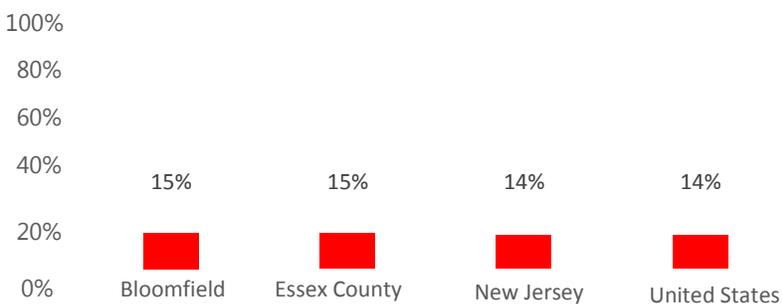
Table 9. Current Smokers by Location

Location	Key Findings
Bloomfield	15% of 2017 BDHHS CHA respondents reported smoking cigarettes "every day" or "some days"
Bloomfield (2013)	*Not available*
Essex County	15% of Essex County residents smoke cigarettes[6]
New Jersey	14% of New Jerseyans smoke cigarettes[6]
United States	14% of Americans smoke cigarettes[6]

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[15] https://www.samhsa.gov/atod

Survey participants were also asked if they had ever used e-cigarettes or other electronic "vaping" products any time in their life. Of those who reported, 84% stated they have not used e-cigarettes or other electronic "vaping" products.

In regard to alcohol use, survey respondents were asked how often they drank an alcoholic beverage of any kind during the past 30 days (i.e., days per week, days in the past 30 days, no drinks in the past 30 days). Of those who responded, 67% reported they drank during the week or throughout the month.

- Among respondents who reported drinking weekly, they drank an average of 3 days per week.
- Among respondents who reported drinking monthly, they drank an average of 4 days per month.

CHA respondents were asked about their use of illicit drugs and their perceptions of illicit drug use in Bloomfield. Over the past 30 days, most survey respondents did not use:

- marijuana/hashish (92%),
- prescribed pain medicine without a doctor's prescription or indicated by a doctor (94%),
- heroin (97%), or
- methamphetamines (98%).

Nonetheless, a few respondents did indicate using the aforementioned during the past 30 days. Most frequently, survey respondents reported using marijuana or hashish (3%) and prescription pain medicine (2%).

While substance use was relatively low among survey respondents, more than 1 in 4 respondents perceived it to be a problem in Bloomfield. More specifically:

- 28% of respondents reported prescription pain medicine without doctor's prescription as a problem
- 26% of respondents reported heroin as a problem
- 26% of respondents reported marijuana/hashish

Of note, 54% of survey respondents "didn't know" or were "unsure" if marijuana/hashish, prescription pain medicine without doctor's prescription, cocaine, heroin, and methamphetamines were problems in Bloomfield. Focus group and interview participants, however, perceived prescription pain medicine without a doctor's prescription and cocaine to be problems in Bloomfield. Focus group participants indicated that there was drug use activity at local convenience stores and public locations (e.g., school playgrounds at night, local supermarket, and local college campus). Key informants indicated that the BDHHS have provided

Narcan trainings to the community due to an increase of overdoses related to opioid use in the community. Focus group respondents also perceived an increase in cocaine usage and smoke shops selling cough syrup or other over the counter items that may be used illicitly as substances. Respondents shared perceptions that individuals may be coming from other towns to use substances in Bloomfield.

"We nation-wide and statewide are suffering from an opioid crisis, there is a lot of emphasis on the opioid crisis and rightfully so, but our society doesn't look at our cultures obsession with alcohol use. I think that is something we should be looking at. The reason for that is because alcohol use is legal and socially acceptable, but the reality is that many people are misusing alcohol in addition to drugs."   - Key Informant

RECOMMENDATIONS

The following recommendations regarding health-related behaviors are based on the overall data collected from Bloomfield residents and key informants. It is possible that programs and services addressing these recommendations already exist in Bloomfield and in these cases, these recommendations are intended to catalyze discussion and future action about how best to address the findings of this assessment.

1. Consider expanding initiatives that promote community physical activity and connectedness to promote walking and moderate physical activity among Bloomfield residents.

2. Consider providing nutrition education workshops throughout Bloomfield that explain the importance of eating fruit and vegetables and highlight the risks of drinking soda. These workshops may include brief sessions that focus on cooking and nutrition, eating healthy on a budget, or taste testing in schools, workplaces, or other community locations.

3. Consider programming or resources to reduce the consumption of alcohol among residents. For example, these workshops might include stress reduction alternatives such as yoga or meditation.

4. Consider expanding or creating programs that focus on smoking cessation and the harmful effects of e-cigarettes and vaping targeting youth and adults.

5. Consider working with substance abuse organizations to enhance programming and resources around perceived illicit drug use in the community.

6. Consider working with law enforcement and human service agencies to increase presence at public locations where drug use is prevalent.

FACTORS INFLUENCING HEALTH FINDINGS

Based on data collected through the resident survey, resident focus groups, key informant interviews, and publicly available data, the following sections summarize key findings related to the factors that influence people and their physical and social environments such as clinical care, physical activity and food environment, physical environment, and communication.

SUMMARY OF KEY FINDINGS

Bloomfield survey respondents, focus group respondents, and key informants appreciated many aspects of the Township that they felt facilitated healthy behaviors and contributed to a healthy community. Survey respondents indicated that they are able to access clinical care and mental health care services, if needed. This was reiterated by focus group participants and key informants. Furthermore, respondents indicated that access to parks, open space, and areas for recreation was the characteristic of their community that most contributed to good health. Respondents indicated that access to transportation options, the walkability and bikeability of the community, access to healthy foods and a diversity of food options also contributed to good health.

ACCESS TO CLINICAL CARE

Survey respondents indicated that they were able to access medical care, if needed. Survey respondents were asked where they <u>usually</u> go when they are sick. Of those who responded,

- 79% reported going to the doctor's office when they are sick,
- 6% reported going to other clinic or health center when they are sick, and
- 4% reported going to the hospital emergency room when they aren sick.

Of note, 6% of survey respondents reported they do not have a place they usually go to when they are sick.

The majority of 2017 CHA respondents (89%) reported having health care coverage (e.g., health insurance, prepaid plans such as HMOs, and government plans such as Medicare or Medicaid) and 87% reported they had access to dental care.

Table 10 highlights health care coverage and access to dental care by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 10. Health Care Coverage and Access to Dental Care by Location

Location	Key Findings
Bloomfield	• 89% of 2017 BDHHS CHA respondents reported having health care coverage • 87% of 2017 BDHHS CHA respondents reported having access to dental care
Bloomfield (2013)	• 85% of 2013 BDHHS CHA respondents reported having health care to pay for medical care. • 64% of 2013 BDHHS CHA respondents reported having dental care coverage
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

Survey respondents were asked whether they or their family were aware of primary health care, childhood vaccinations, cancer prevention and treatment services, dental care, and mental health care services in Bloomfield. Most respondents reported they were aware of primary health care services (79%) and dental care (76%) services in Bloomfield, Figure 13. However, more than half indicated that they were not aware or did "not need this service" for childhood vaccinations (53%) as well as cancer prevention and treatment services (52%).

Figure 13. Respondent awareness of clinical care services in Bloomfield
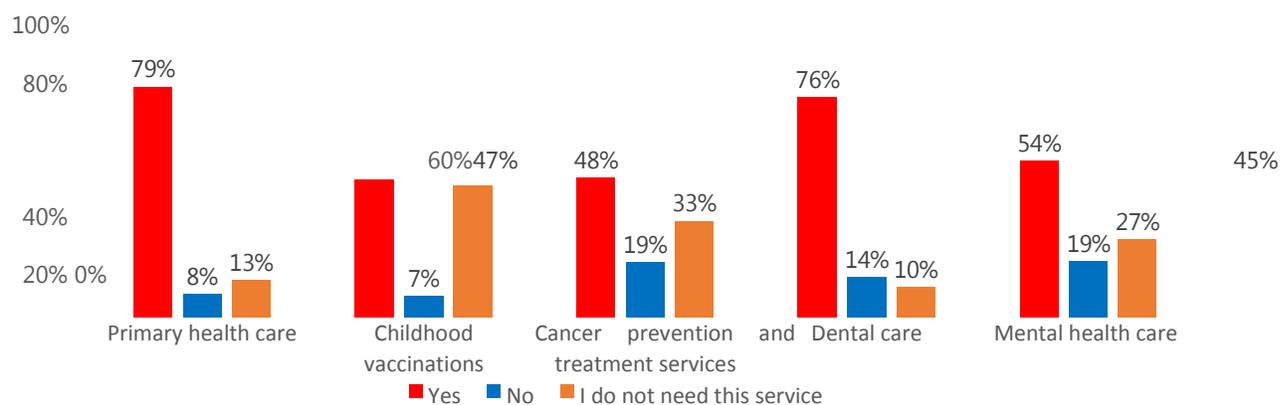
Table 11 highlights awareness and/or access of clinical care services by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 11. Awareness and/or Access of Clinical Care Services by Location

Location	Key Findings
Bloomfield	• 79% of 2017 BDHHS CHA reported awareness to primary health care • 76% of 2017 BDHHS CHA reported awareness to dental care • 54% of 2017 BDHHS CHA reported awareness to mental health care • 48% of 2017 BDHHS CHA reported awareness to cancer prevention and treatment services • 47% of 2017 BDHHS CHA reported awareness to childhood vaccinations
Bloomfield (2013)	• 94% of 2013 BDHHS CHA reported access to primary health care • 87% of 2013 BDHHS CHA reported access to dental care • 75% of 2013 BDHHS CHA reported access to cancer prevention and treatment services • 75% of 2013 BDHHS CHA reported access to mental health care • 55% of 2013 BDHHS CHA reported access to childhood vaccinations
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

The BDHHS offered residents cancer screenings (e.g., breast, cervical, prostate) throughout the year. Of those who responded to the survey, 86% reported <u>not</u> having had a cancer screening provided by BDHHS in the past 12 months, Figure 14.

Figure 14. Respondent participation in cancer screenings offered by BDHHS
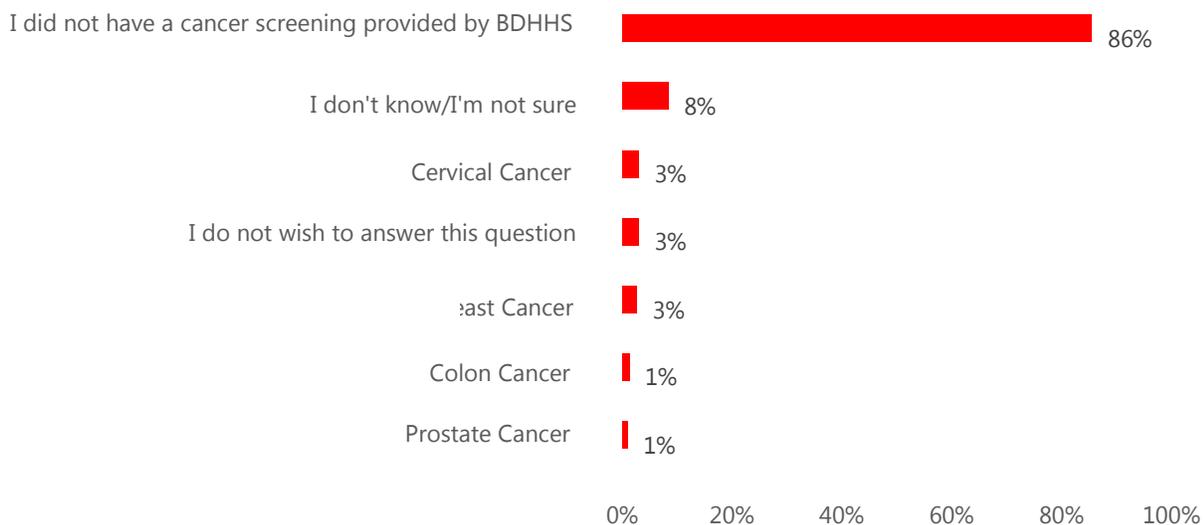
Table 12 highlights participation of cancer and/or health screening by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 12. Participation in Cancer and/or Health Screening by Location

Location	Key Findings
Bloomfield	• 3% of 2017 BDHHS CHA reported having had a breast cancer screening • 3% of 2017 BDHHS CHA reported having had a cervical cancer screening • 1% of 2017 BDHHS CHA reported having had a colon cancer screening • 1% of 2017 BDHHS CHA reported having had a prostate cancer screening
Bloomfield (2013)*	• 91% of 2013 BDHHS CHA reported having had a blood pressure screening • 76% of 2013 BDHHS CHA reported having had a cholesterol screening • 76% of 2013 BDHHS CHA reported having had a blood sugar screening • 75% of 2013 BDHHS CHA reported having had a dental screening • 51% of 2013 BDHHS CHA reported having had a mammogram • 46% of 2013 BDHHS CHA reported having had a prostate screening
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

* the health screenings were not specific to cancer nor the BDHHS

Barriers to Clinical Care

In the 2017 CHA, most survey respondents (75%) indicated they did not have challenges that stopped them from seeking medical care. Of the 25% that experienced challenges:

- 13% reported that medical care is "too expensive",
- 6% reported "not open at convenient times" as a reason that stopped them from seeking medical care,
- 6% reported it "takes too long to receive the services or programs", and
- 6% reported they "do not understand how to get these services."

Moreover, 67% of survey respondents reported they "did <u>not</u> experience any challenges paying for doctor or medical professional copays, hospital bills, dental bills, and/or prescription medication". Of those that reported difficulties:

- 14% reported difficulties paying doctor or medical professional copays
- 13% reported difficulties paying hospital bills
- 11% reported difficulties paying dental bills
- 10% reported difficulties paying for prescription medication

Some focus group respondents and key informants indicated that these challenges may be more prevalent in specific populations within Bloomfield. Non-English-speaking minorities, older adults and senior citizens, low-income families, the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community, and Medicaid/Medicare patients were identified as struggling the most with access to healthcare. Key informants identified a number of barriers to healthcare for the populations mentioned above, including:

- Language in which health care services are available
- Immigration status/current political client
- Health benefit status
- Transportation to health care services
- Physical mobility
- Fear of bias
- Availability of doctors who take Medicaid/Medicare

For example, key informants identified a number of health issues that were specific to the non-English speaking Hispanic community in Bloomfield.

- A lack of health support and information targeted to adults in the community because the health messaging and education for non-English speaking residents is geared toward children's health and does not address the health of parents, grandparents, or other adults in the community.
- The current political climate, combined with the language barrier, the stress of the cost of living, and a lack of access to care together facilitate untreated depression and anxiety within the community and are factors impacting the level of care and access to clinical care services.

Both focus group respondents and key informants further indicated that they observed differences in health care access, health resources, and health status between the wards within Bloomfield.

"If we had more cancer screenings, more pap screenings, more respiratory screenings for smokers, more prostate screenings. I think that they could benefit with that. Prevention and education is key." - Key Informant

ACCESS TO MENTAL HEALTH CARE

Similar to their physical well-being, survey respondents reported being able to access mental health care, if needed. Respondents were asked to rate (on scale from "excellent" to "very poor", including "I don't know" and "not applicable") the variety, affordability, ability to participate, ability to get an appointment, and ability to access health insurance for mental healthcare programs and services in Bloomfield. More than 70% reported "I don't know" or "not applicable" around the variety, affordability, ability to participate, and ability to get an appointment for mental healthcare programs and services in Bloomfield, Figure 15.

Figure 15. Respondent ratings around mental health programs and services in Bloomfield
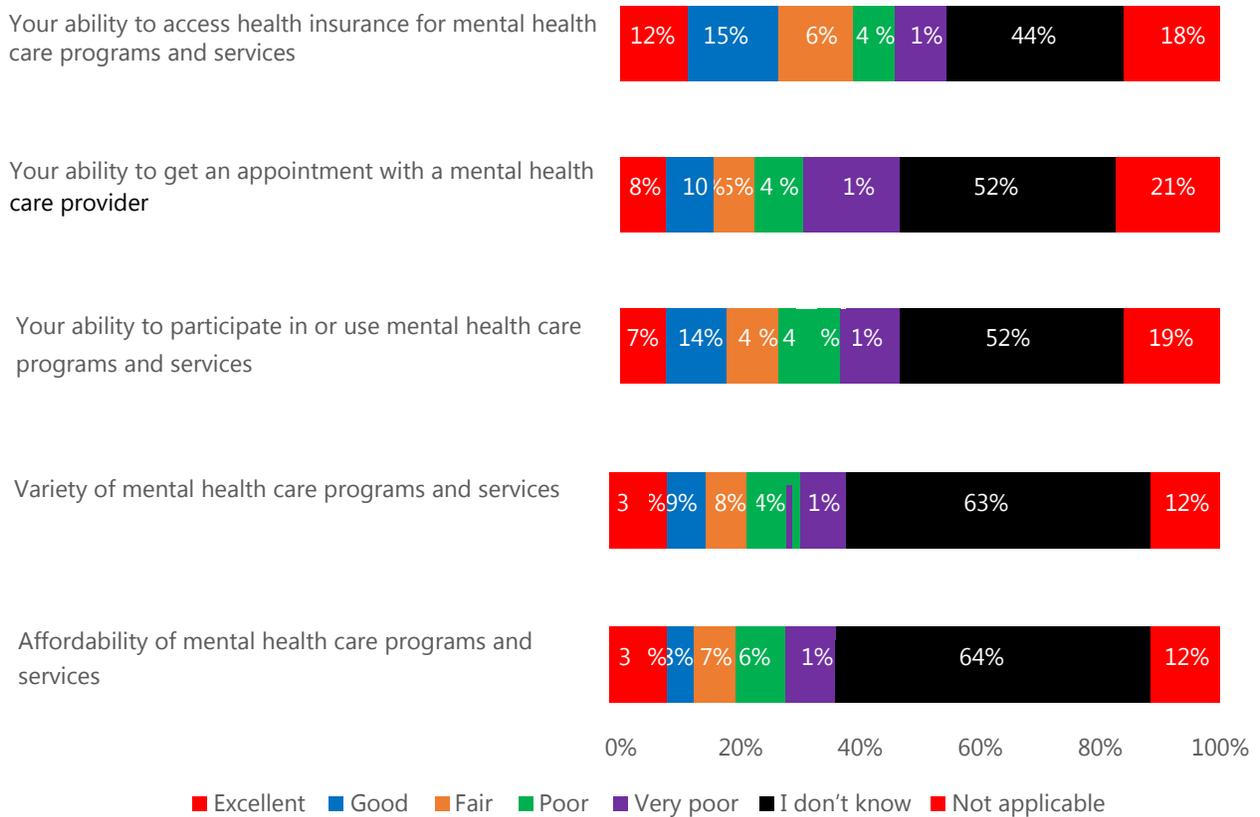
Of note, a few respondents (5%) indicated that the variety, affordability, ability to participate in or use, and ability to get an appointment for mental health care program and services as "poor" or "very poor".

<u>Barriers to Mental Health Care</u>

While 26% of survey reported their ability to access health insurance for mental health care programs and services as "excellent" or "good", 63% reported they "did not know" or it "not applicable". In addition, 63% of respondents reported there were no obstacles in seeking mental health care programs and services, however 14% reported mental health care programs and services to be "too expensive", Figure 16.

Figure 16. Respondents' barriers to mental health care programs and services
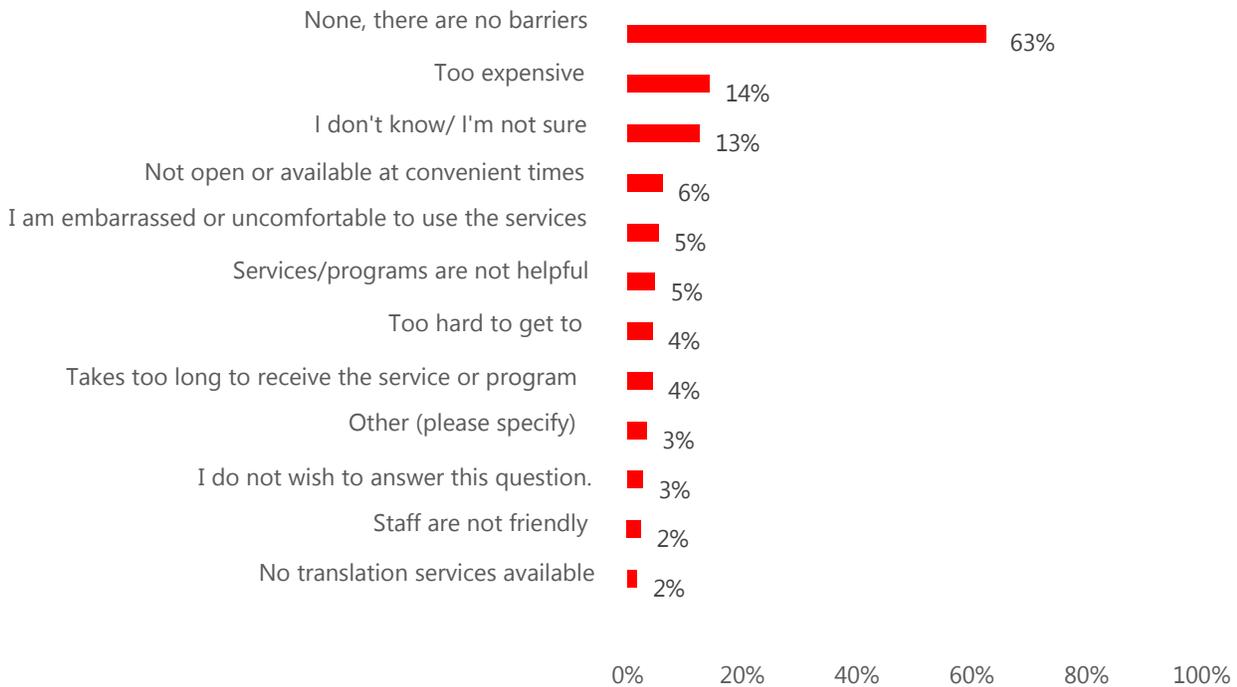
"There's a big stigma and people might not know where to go and there's a lot of shame in asking for help and that's anything that pertains to mental health. Despite all of the awareness we are still struggling to get legislation that forces insurance companies to provide coverage for a lot of mental health issues, so there isn't parity between mental health and physical health yet." – Key Informant

FOOD ENVIRONMENT

Survey respondents were asked a variety of questions around food access such as where they get food, difficulties getting healthy foods, and food insecurity. Nearly all of survey respondents reported they purchased their food at the grocery store (95%), restaurant (60%), and/or farmers market (36%), Figure 17.

Focus group and interview respondents echoed these findings, indicating that there were many food options within Bloomfield, including 4 major supermarkets, a variety of ethnic grocery stores, and culturally diverse restaurants. Focus group respondents valued the mobile farmer's market truck and appreciated the community garden as well as the seasonal farmers market on the municipal green and in Watsessing Park. Some respondents also indicated that the food pantries and social service programs were community resources helping people to access food.
Figure 17. Places respondents get their food
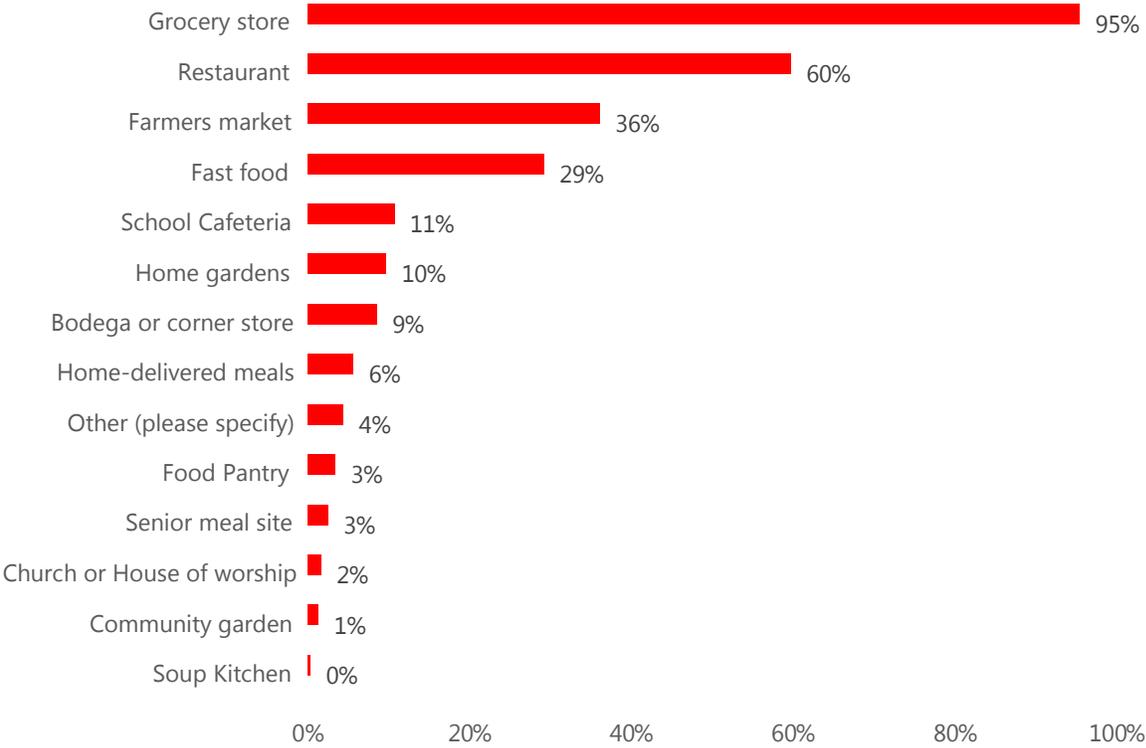
Geographic information system (GIS) mapping was used to assess access to fruit and vegetables across the township. GIS mapping (2017) shows that 92% of Bloomfield residents live within a 1/2 mile radius of a food retailer that sells or distributes fruit and vegetables, Figure 18. Food retail sources included community and school gardens, farmer's markets, supermarkets, and corner stores. Fruit and vegetables include fresh, frozen, and canned as well as those in 100% juice form.

Figure 18. Access or Availability to Fruit and Vegetables by Socioeconomic Status

Food Access
- ⊙ Convenience Store
- ⊙ Corner Store
- ⦿ Grocery Store

- ▨ Commercial Zones
- —— County Rte
- —— Garden State Parkway
- +—+ Railroads

2013 Median Household Income*
Less than $55,000*

$55,001 to $75,000

$75,001 to $95,000

$95,001 to $115,000

More than $115,000

*Based on 2010 US Census, updated with
2013 US Census Bureau income data

*Median household income
less than $55,000 to small
to depict on map

N

Draft: February 2017

0   0.225   0.45   0.9 Miles
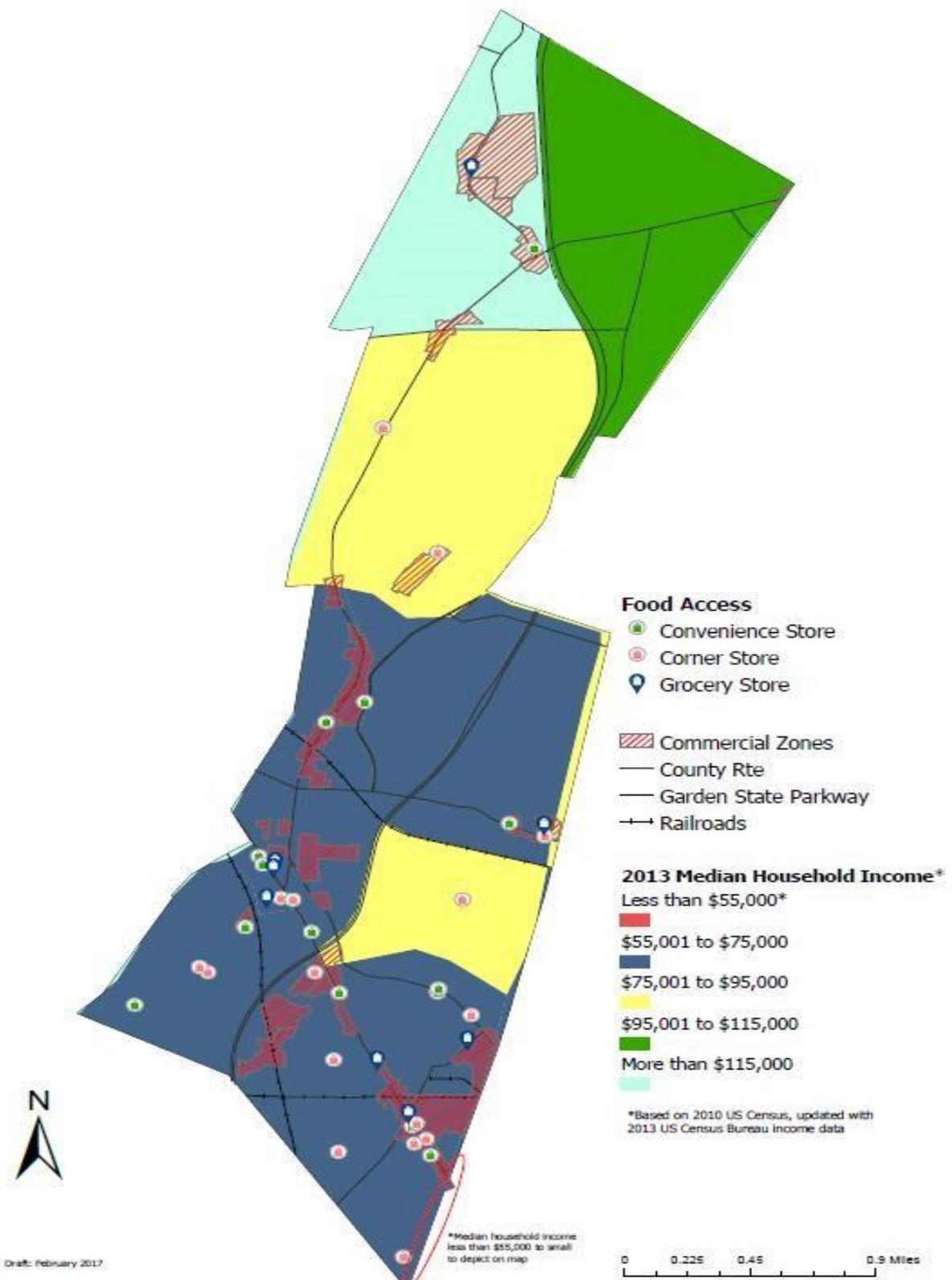
Survey respondents were asked to report on their main difficulties (e.g., cost, time, quality, transportation) to accessing healthy foods. While 51% of respondents reported not having any difficulties getting the foods they need, 34% reported cost and 19% reported time for shopping as the main barriers to accessing healthy foods, Figure 19.

Figure 19. Respondent barriers to accessing healthy foods
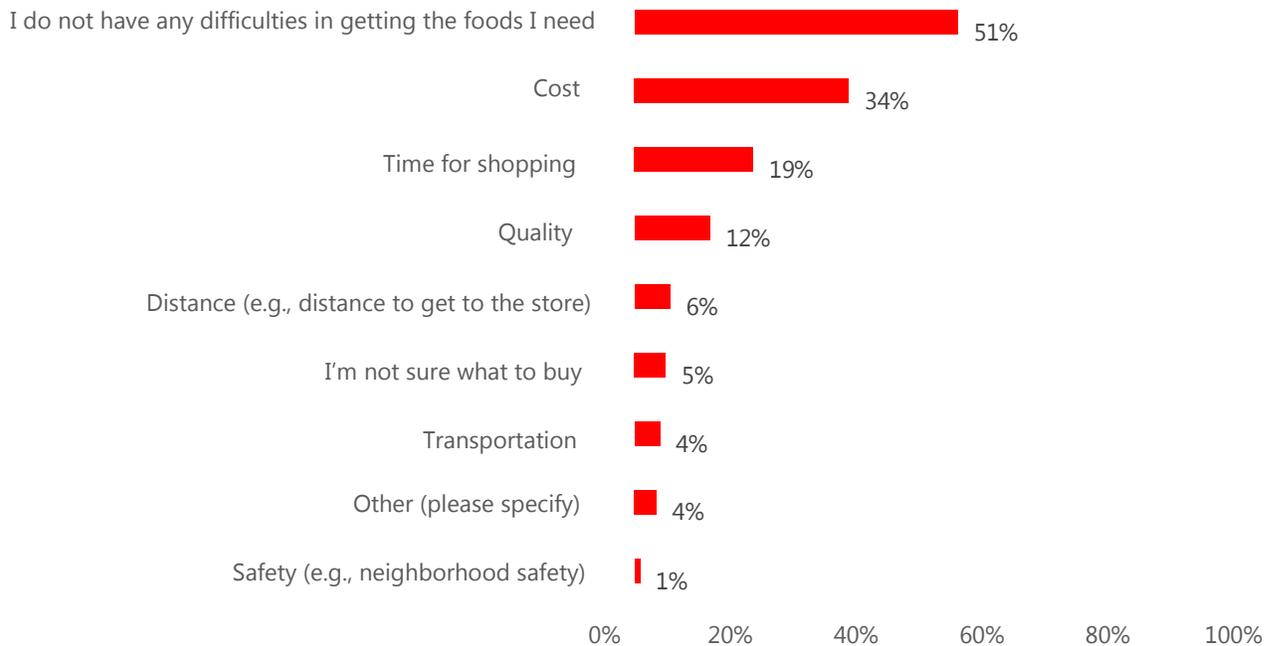
Focus group respondents and key informants reiterated these findings as they indicated that the cost of healthy food at grocery stores was prohibitive and that many people did not have enough time to cook healthy meals. Long commutes, long work hours, and stress impacted the amount of time respondents had to prepare or select healthy options. They noted that there were many fast food restaurants within the Township and this made it easy for time-crunched respondents to opt for unhealthy convenience foods.

Some focus group respondents were not aware that there was a community garden or seasonal farmers market in Bloomfield and were unclear of the locations and times. As such, some respondents indicated that they would like a consistent, seasonal farmers market in more locations throughout the Township.

Four-fifths (80%) of survey respondents reported they "never" or "rarely" worried about their household not having enough food in the past 30 days. However, nearly 20% reported "sometimes" or "often" worrying about their household not having enough food in the past 30 days, Figure 20.

Figure 20. Concern household will not have enough food

Category	Percentage
Rarely	19%
Sometimes	14%
Often	6%
Never	60%
I don't know/ I'm not sure	1%
I do not wish to answer this question	0%
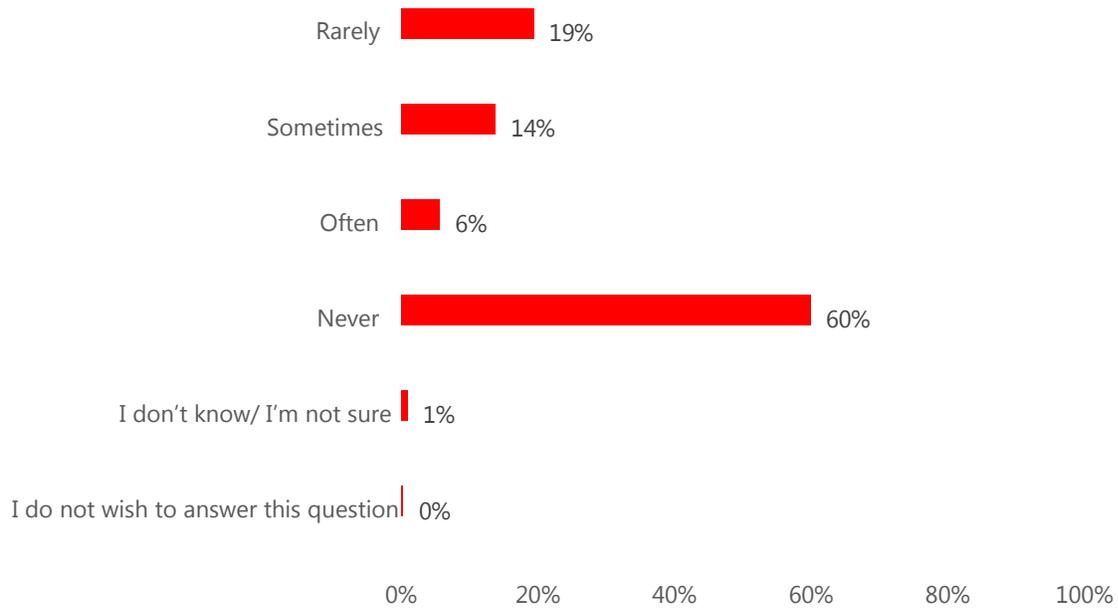
"If people are on a limited budget they are buying food that lasts longer, peanut butter and jelly sandwiches. We have a lot of renters and people living on a fixed income that are not eating as healthily as they could be. And that requires not only access but also education about teaching people about eating healthy." - Key Informant

TRANSPORTATION AND PHYSICAL ACTIVITY ENVIRONMENT

Overall, the Township of Bloomfield is perceived to be pedestrian-friendly and accessible by foot, car, and other modes of transportation. Respondents also felt that access to parks and areas for recreation helped to keep people healthy because they encourage walking, biking, and other physical activities.

Survey respondents were asked about the ease or difficulty of getting around Bloomfield, the modes of transportation they used during the past 30 days to get from place to place, and issues concerning biking and walking in town.

In regard to the ease or difficulty of getting around Bloomfield, 88% of respondents found it "somewhat easy", "easy", or "very easy" to get from one place to another, Figure 21.

Figure 21. Respondent ratings of ease of getting around Bloomfield
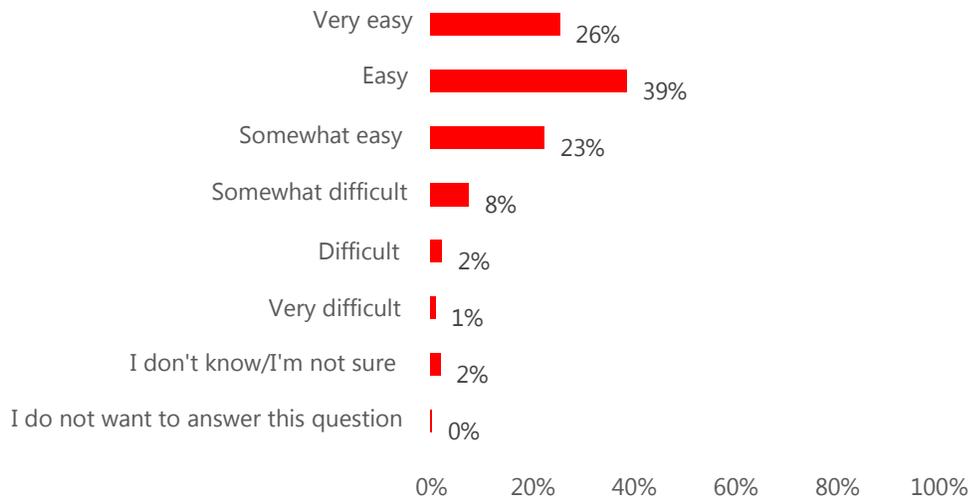
Most survey respondents relied on their cars (83%) and nearly half reported walking (47%) as modes of transportation, Figure 22. Of note, 3% reported biking as a transportation mode.

Figure 22. Modes of Transportation*

Mode	Percentage
I drove a car	83%
Walking	47%
A friend or family member drove me in a car	29%
Taxi/Uber/Lyft/Car Service	24%
Train	20%
NJ Transit bus	19%
Essex County Senior Transportation	4%
Other, please specify	3%
Biking	3%
NJ Transit Access Link Transportation for Disable…	1%
I did not go anywhere in the past 30 days	0%
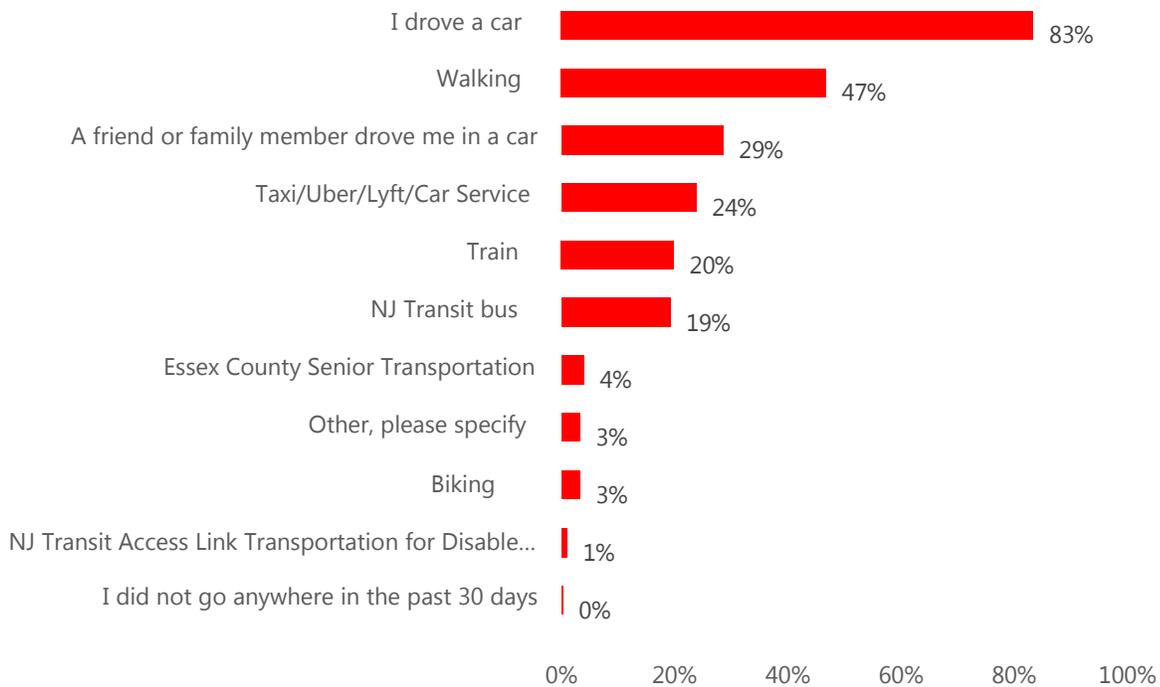
*Respondents could select more than one mode of transportation

Focus group respondents and key informants described Bloomfield as a community with a lot of parks and areas for recreation that contributed to the Township's appeal by providing numerous areas to walk, run, bike, play, and enjoy the outdoors. Residents valued the programs and services offered by the Recreation Department, which they reported was focused on providing a variety of programs for kids such as sports, exercise, robotics, and science.

GIS mapping of opportunities for exercise, including parks and recreation areas in Bloomfield support the perceptions of respondents. In 2017, 100% of Bloomfield residents lived within a 1/2 mile radius of a private or public recreational environment that promotes active living, Figure 23. These environments include a variety of private businesses and public services such golf courses and municipal services. They also include public recreational environments such as local, state, and national parks, open playfields, trails, shared-use paths, sidewalks, bike lanes, and community centers.

"The town focused on preserving open space and saving lands from development…There are parks everywhere throughout town, lots of good facilities to use" – Key Informant

Figure 23. Access to recreational environments by household income in Bloomfield

Recreation Opportunities
- County Park
- Municipal Land
- Municipal Park
- Municipal Services
- Private Country Club
- School

- Commercial Zones
- County Rte
- Garden State Parkway
- Railroads

2013 Median Household Income*
- Less Than $55,000*
- $55,001 to $75,000
- $75,001 to $95,000
- $95,001 to $115,000
- More than $115,000

*Based on 2010 US Census, updated with 2013 US Census Bureau income data

N

Draft: February 2017

*Median household income less than $55,000 too small to depict on the map

0   0.275   0.55   1.1 Miles

Barriers to Transportation and Physical Activity Environment

CHA respondents also noted barriers to getting around Bloomfield, including walking, biking and being active. Respondents were concerned about pedestrian and bicycle safety, particularly as they relate to traffic congestion, unsafe driver behavior, unsafe intersections, inadequate lighting, and poorly maintained sidewalks.

Survey respondents were asked to rate a set of items that may affect walking and biking such as concerns about crime, signage, infrastructure, and traffic. Nearly half of respondents (49%) noted crossing intersections was too dangerous as a "moderate problem" or "major problem" and 33% reported that no sidewalks or sidewalks are in poor condition as a "moderate problem" or "major problem", Figure 24. It is important to note that the Township adopted a Complete Streets ordinance in 2011 and since then has implemented 2 Complete Street projects. The Complete Street policies entail legislation, resolutions, Executive Orders, and departmental policies that require all streets under local jurisdiction to be designed, planned, maintained, and operated for safe and convenient travel through all modes, including walking, biking, public transportation, and driving, and for all users, regardless of age and ability.[16]

Figure 24. Respondent concerns around walking
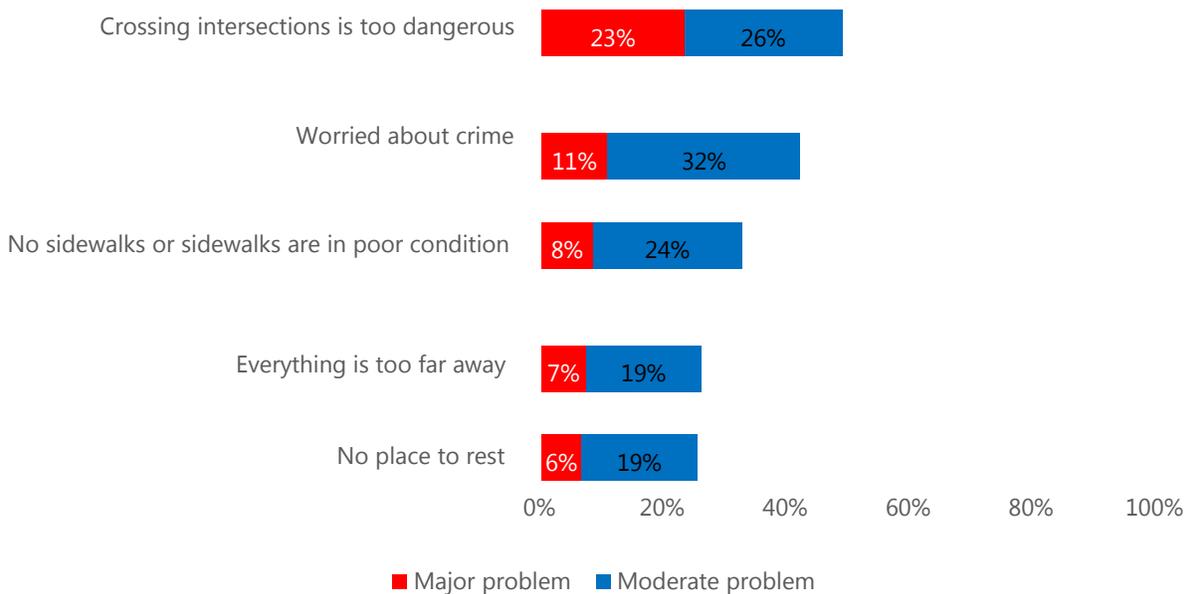
Biking in Bloomfield also posed some concerns among survey respondents. Of those that responded, 58% indicated driver behavior as "moderate problem" or "major problem", 54% indicated volume of traffic as "moderate problem" or "major problem", and 54% indicated no bikes lanes "moderate problem" or "major problem", Figure 25.

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[16] Seskin, S. & Murphy, C. (2014). The Best Complete Street Policies of 2013. Washington, DC: Smart Growth America. Retrieved from   http://www.smartgrowthamerica.org/documents/best-complete-streets-policies-of-2013.pdf

Figure 25. Respondent concerns with biking
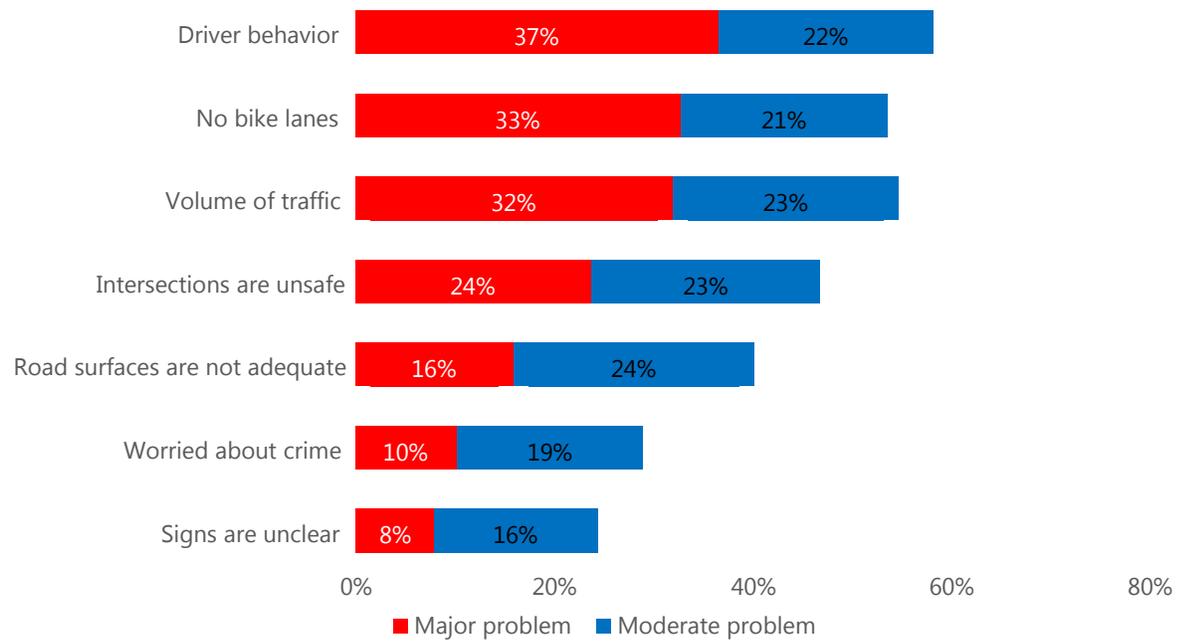
To further illustrate concerns around pedestrian and bike safety, 2015 pedestrian and bike crash data from the Center for Advanced Infrastructure and Transportation (CAIT) at Rutgers University were mapped using GIS. The data showed 19 pedestrians and 6 bicyclists were involved in crashes in that year. The majority of pedestrian and bike crashes occurred at major intersections in Bloomfield, Figure 26.

Table 13 highlights the top reasons for not participating in walking and biking activities by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Table 13. Top Reasons for Not Participating in Walking and Biking Activities by Location

Location	Key Findings
Bloomfield	• 49% of 2017 BDHHS CHA respondents reported crossing intersections was too dangerous as reason as a "moderate problem" or "major problem" (walking) • 58% of 2017 BDHHS CHA respondents reported driver behavior as a "moderate problem" or "major problem" (biking)
Bloomfield (2013)	• 58% of 2013 BDHHS CHA respondents reported weather/wrong season as a reason for not participating in biking or walking activities • 31% of 2013 BDHHS CHA respondents reported being to busy/no opportunity as a reason for not participating in biking or walking activities
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

Figure 26. Pedestrian and Bike Crash Data
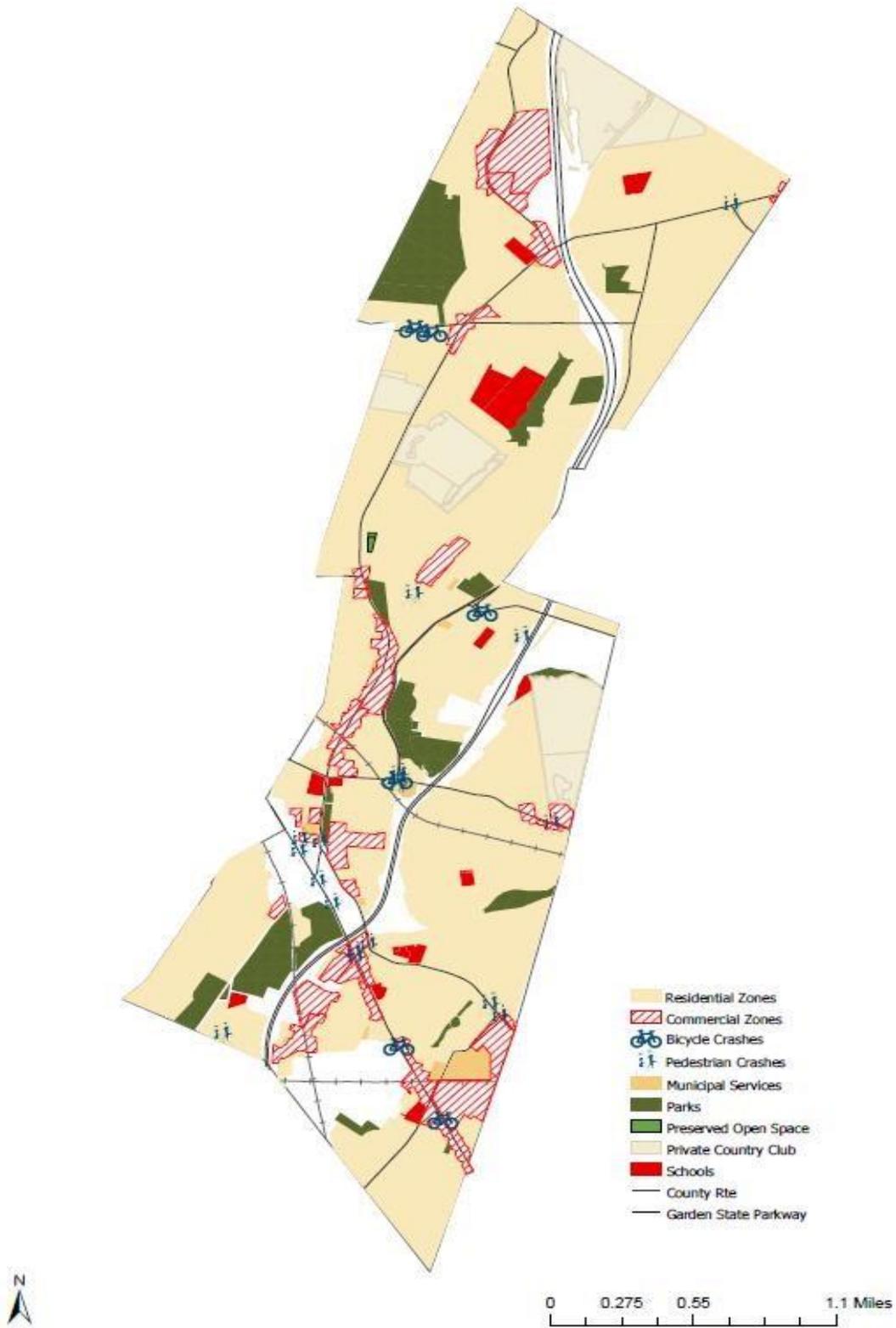
Focus group respondents and key informants also cited traffic congestion, unsafe intersections, poor lighting at night, a lack of bike lanes, and broken sidewalks as issues that prevent residents from being physically active. Not all respondents were aware of all the amenities available at individual parks and many respondents felt that some of the park facilities were underutilized.

In addition to concerns around pedestrian safety, focus group respondents and key informants cited time as a barrier due to long commutes, long work hours, and family obligations. Respondents also indicated that private gyms in the area were too expensive. In addition, respondents perceived that access to parks, recreation, and services were not equally distributed among the municipal wards. Focus group respondents observed certain neighborhoods in the third ward have less access to spaces for physical activity, including green spaces, gyms, and sidewalks as compared to other neighborhoods within Bloomfield.

"*The one thing that I always noticed and I think would be fantastic to have, there's a lot of bike riders in the Township. I always see people riding their bikes and that is a big safety issue. I cannot tell you how many times I have almost hit somebody on a bike. It would be nice to have bike lanes. It really isn't a bike friendly town at all. Like I said there's a lot of people that do want to ride their bikes. A lot of the streets that I've traversed on, like right up the road in Glen Ridge, they actually have a bike lane drawn out in the street, so that cars know, ok this is a bike lane, do not encroach on the bikes. Cause people just have no regard for cyclists, they truly don't." – Key Informant*

HOUSING

CHA respondents were asked about their current living arrangements and their perceptions of the current state of housing (e.g., affordability and new developments) impacting the residents of Bloomfield.

Survey respondents reported living in Bloomfield for an average of 19 years (range: 1 to 76 years).

- 60% of survey respondents owned their home
- 32% rented their home
- 6% live in someone else's home

Barriers to Housing

Survey respondents were asked whether they were unable to pay their mortgage, rent, or utility bills during the last 12 months. Of those that responded,

- 81% <u>were able</u> to pay their mortgage, rent, or utilities,
- 12% were <u>not</u> able to pay their mortgage, rent, or utilities, and
- 7% did not know or did not want to answer the question.

Focus group participants and key informants expressed concern about the cost of living in the area and the lack of affordable housing. In addition to the high-density developments recently constructed, respondents noted an increase in rents throughout the community and concern from renters that their housing was substandard.

Respondents also indicated that there are a number of homeless community members within the Township. It is unclear if the homeless population can be attributed directly to the cost of living, mental health issues, or substance abuse issues, however respondents speculated on these reasons. Respondents did indicate that there were not enough shelters in the community to house the homeless population.

Furthermore, focus group respondents reported their concerns regarding the new developments and the impact this is having on residents. Respondents noted that the abundance of new development has reduced the amount of green space and street parking available to residents. They perceived that the high density housing has increased crowding and added to the congestion in the area.

"[S]tressing about money, making sure that you have the money to pay for the roof over your head, that is a lot of concern for people so they can't make their doctors appoint or go to their workout or meal prep. Everyone is so busy trying to make a dollar and provide for their families it takes priority over health and wellness." – Key Informant

NEIGHBORHOOD SAFETY AND ENVIRONMENTAL HEALTH

Neighborhood safety and environmental health are integral to the overall health and well-being of individuals. It increases the quality of life and years of healthy life by addressing crime, air quality, surface and ground water, toxic substances and other infrastructure concerns.[17]

Overall, many of the survey respondents (85%) considered their neighborhood to be "safe" or "extremely safe", Figure 27. This is consistent with focus group respondents, who reported their neighborhoods to be safe. However, some focus group participants perceived certain neighborhoods to be less safe than others.

Figure 27. Respondent perceptions of neighborhood safety

Extremely Safe — 13%
Safe — 72%
Unsafe — 10%
Extremely Safe — 1%
I don't know/I'm not sure — 5%
I do not wish to answer this question — 0%

0%   20%   40%   60%   80%   100%

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[17] https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health
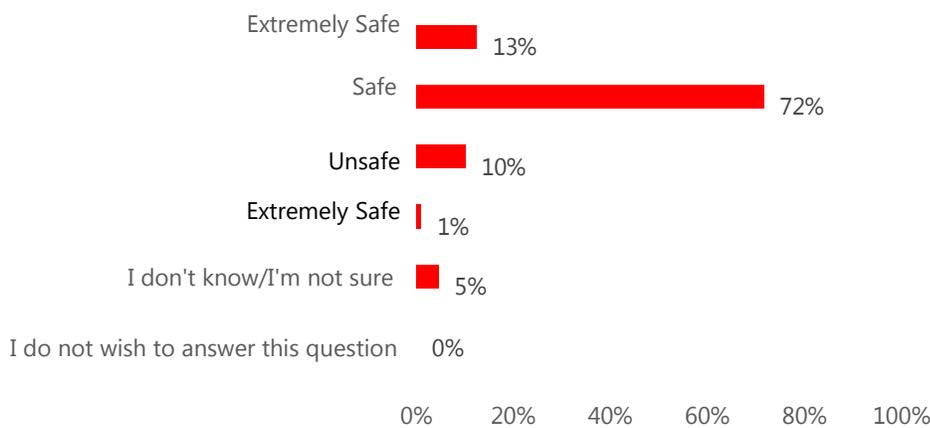
<u>Barriers to Neighborhood Safety and Environmental Health</u>

Resident survey and focus group respondents, as well as key informants, outlined a number of community health needs around safety, environmental, and infrastructure concerns. While focus group and interview respondents did not note concerns around safety from crime, they did note concerns around infrastructure safety, such as cracked sidewalks and lack of lighting at intersections.

In regard to obtaining lead poisoning prevention information, more than half of respondents (57%) reported that they did not have access to lead poisoning prevention information or "didn't know" where to obtain this information.

A priority concern for focus group and survey respondents was the safety and quality of the water supply. Respondents were particularly concerned with the method and timing of communication from the Township regarding contamination issues in the water supply. Respondents reported receiving delayed notifications that residents should not drink the water (7-10 days after issue was discovered) and that the communications were at an advanced reading level that made it difficult to understand. Respondents also indicated that they had not

received follow-up notifications as to whether or not there had been a resolution to the contamination issue and the water was safe to drink. Some focus group respondents speculated as to whether some residents had to choose between spending money on water filters and bottled water and spending money on food and other household items.

Additional environmental health concerns that were noted by focus group and interview respondents included:
- rodents in some areas of town, particularly by the river;
- the need for more recycling and composting programs and options;
- enforcement of anti-idling laws to reduce exposure to pollution and protect air quality, particularly in front of schools; and,
- litter and trash removal.

RECOMMENDATIONS

The following recommendations related to factors influencing health are based on the overall data collected from Bloomfield residents and key informants. It is possible that programs and services addressing these recommendations already exist in Bloomfield and in these cases, these recommendations are intended to catalyze discussion and future action about how best to address the findings of this assessment.

1. Consider partnering with a local hospital to provide cultural competency training for health department staff, healthcare providers, and emergency responders to ensure all populations feel comfortable accessing care in Bloomfield.

2. Partner with the local hospital to develop programming and outreach to address the health needs of identified populations such as non-English-speaking minorities, seniors, low-income families, the LGBTQ community, and Medicaid/Medicare patients.

3. Partner with local providers, service organizations, and hospital to expand mental health program offerings, including programs that focus on reducing stress and increasing mindfulness. This may include developing or adopting an anti-stigma campaign.

4. Assess the health needs of the various wards, as well as the current services and facilities, access to healthy foods and physical activities, in order to address potential health disparities across the Township.

5. Consider amending the Municipal Master Plan to include land use and zoning ordinances aimed at decreasing the number of fast food restaurants within the community and attracting more healthful establishments or collaborate with the school district to provide consistent food and nutrition education at all Bloomfield schools, including cooking workshops, school gardens, and healthier school lunches.

6. Consider installing lighting at school facilities, parks, recreation areas, and intersections throughout the Township or open school facilities and recreation centers for evening use for physical activity and exercise.

7. Consider re-evaluating the implementation of the Complete Streets policy that was recently adopted. Respondents suggested the Township create protected bike lanes on major roads that traverse the Township.

8. Consider working with the Recreation Department to create programs that offer free public events, like yoga in the park, calisthenics, or walking clubs to get residents out and active together.

9. Consider offering additional community gardens and farmers markets throughout the Township to increase access to healthy foods.

10. Address community environmental health and safety concerns such as water contamination communication. This may include developing language in laymen's terms to add to current required correspondence and/or developing a protocol for communicating with the public regarding water issues, such as the timeliness of communication, the methods of communication, communication in foreign languages, and follow-up communication.

11. Consider developing new program offerings to educate residents on the relationship between health behaviors and health outcomes. For example, residents suggested the Township educate people that trees, walking, healthy food, and exercise are healthy choices that will improve health outcomes for residents and the environment.

12. Consider collaborating with non-profit organizations that assist individuals and families with housing and utilities services and/or promoting existing services, programs, and resources to Bloomfield residents.

13. Consider working with housing programs to educate Bloomfield renters about first time homeownership programs and/or government assistance programs.

14. Consider providing additional trash and recycling receptacles throughout the Township to discourage litter. For example, the Township can invest in or pilot Big Belly trash compactors.

COMMUNICATION FINDINGS

In public health, communication "is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public."[18]

SUMMARY OF FINDINGS

Overall, survey, focus group, and interview respondents were not aware of programs and services offered in Bloomfield that addressed community health needs. While respondents acknowledged that the Health Department was committed to assisting residents, the majority did not utilize their services or programs. Respondents were aware that the Township offered health screenings and social services for those in need, including, prescription assistance, transportation, utility assistance, mortgage assistance, a mobile screening unit, nurses from Bloomfield college, mental health services, and food pantry assistance.

DISSEMINATION OF INFORMATION

Nearly one-third of survey respondents (32%), felt they were "neither informed nor uninformed" about health-related services and activities available to residents from BDHHS. In regards to their knowledge around the health-related services and resources that exist for residents in Bloomfield, 28% of survey respondents rated as these "average" and 24% as "good", Figure 28.

Figure 28. Respondent knowledge of health-related services and resources

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[18] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448586/
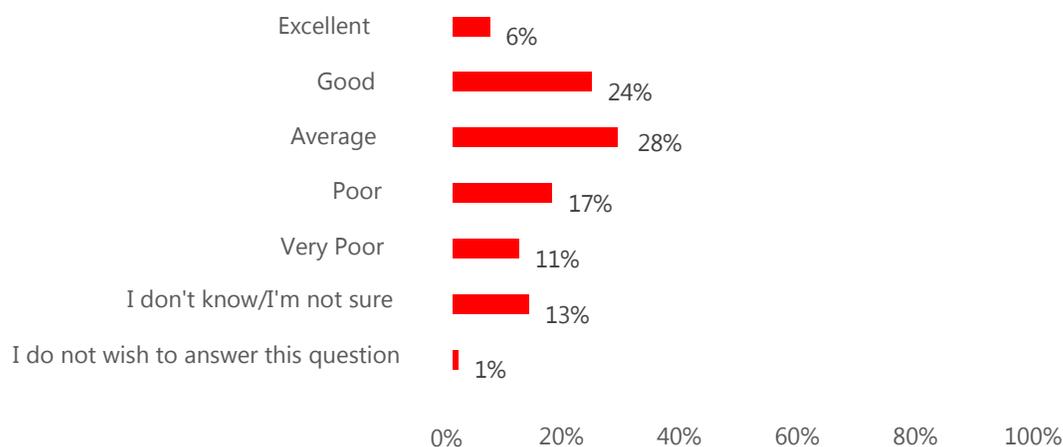
Nearly half of survey participants (46%) indicated that they had not received any information about health topics from the BDHHS in the past 12 months. However, of the 44% of survey respondents who reported receiving this information, they used the following communication channels.

- 50% received the information via the BDHHS newsletter
- 41% received the information via the BDHHS website
- 31% received the information via the BDHHS Facebook page
- 26% received the information via an email from BDHHS

Of those that did receive the information, 50% reported that they did not learn anything new or learned "a little" from these sources. For future dissemination of information, survey respondents reported they would like receive information about health-related resources that exist for Bloomfield residents using the following.

- 51% would like to receive information through a newsletter
- 45% would like to receive information through the BDHHS website
- 45% would like to receive information through emails from the BDHHS
- 40% would like to receive information through the mail

SATISFACTION WITH THE BDHHS

Survey respondents were asked about their perceptions of the availability and responsiveness of staff at BDHHS. With regard to the availability of BDHHS staff:

- 36% reported they are "very satisfied" or "satisfied",
- 27% reported they are "neither satisfied" nor "dissatisfied", and
- 3% reported they are "dissatisfied" or " very dissatisfied".

With regard to the responsiveness of BDHHS staff:

- 38% reported they are "very satisfied" or "satisfied",
- 24% reported they are "neither satisfied" nor "dissatisfied", and
- 2% reported they are "dissatisfied" or " very dissatisfied",

Overall, 47% of survey respondents reported being "very satisfied" or "satisfied" with the community services and resources provided by BDHSS, 29% reported "neither satisfied or dissatisfied", and 3% reported "dissatisfied" or "very dissatisfied".

Barriers to Utilization of Bloomfield Department of Health and Human Services

Focus group respondents and key informants indicated that increased communication and an increased neighborhood presence were the 2 key areas of improvement the health department should address to better serve residents. Key informants who work with non-English speaking populations in Bloomfield described the difficulty non-English speakers experienced in understanding the communications from the BDHHS. Additionally, most respondents and key informants indicated that they did not receive information from the BDHHS, but did receive information about happenings in Bloomfield from the internet, social media groups, and through the Township newsletter, the Bloomfield Buzz.

Respondents described the difficulties some residents may have in getting to Town Hall to access BDHHS services. Working families, those without transportation or time, homebound adults, and nonEnglish speakers are not always able to search for information or have the ability to physically travel to the BDHHS. In addition, focus group respondents and key informants indicated that the BDHHS operating hours were not convenient for working people, with no weekend or evening hours of service. Respondents suggested that the BDHHS should be more mobile and provide services and resources in neighborhoods as opposed to only at Town Hall.

RECOMMENDATIONS

The following recommendations related to communication are based on the overall data collected from Bloomfield residents and key informants. It is possible that programs and services addressing these recommendations already exist in Bloomfield and in these cases, these recommendations are intended to catalyze discussion and future action about how best to address the findings of this assessment.

1. Consider improving the Township and health department website to be more user-friendly and provide up to date information for residents. For example, the BDHHS may utilize the site to provide healthy eating and nutrition information, data and resources on the relationship between a healthy lifestyle and chronic diseases such as diabetes, heart disease and obesity as well as promote events. In addition, consider broadcasting archived webinars from other organizations, discussing these topics.

2. Consider diversifying modes of communication for health information, including sending out text messages, weekly email updates, and social media posts, as well as more frequent mailings and correspondence about health facts and upcoming events.

3. Consider extending the hours the BDHHS provides services and programs for residents.

4. Consider partnering with Bloomfield College and/or Bloomfield High School to recruit Spanishspeaking and other foreign language interns to create materials in residents' native language that is in the appropriate context, syntax, and vernacular.

OVERALL FINDINGS AND CONCLUSION

Survey respondents were asked to select their top 3 pressing public health concerns in their community. Of those that responded, 38% reported environmental living conditions, 36% reported financial insecurity, and 26% chronic disease as their most pressing public health concerns, Figure 29.

Focus group and key informant respondents supported these findings as they cited water quality, physical inactivity, food choices, and stress as key concerns. It is important to note that chronic diseases are a health outcome of many of the health behaviors (e.g. physical inactivity, food choices, and stress) that focus group respondents and key informants cited as community health concerns.

Table 14 highlights primary community health concerns by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

Figure 29. Respondent primary community health concerns, 2017 and 2013*
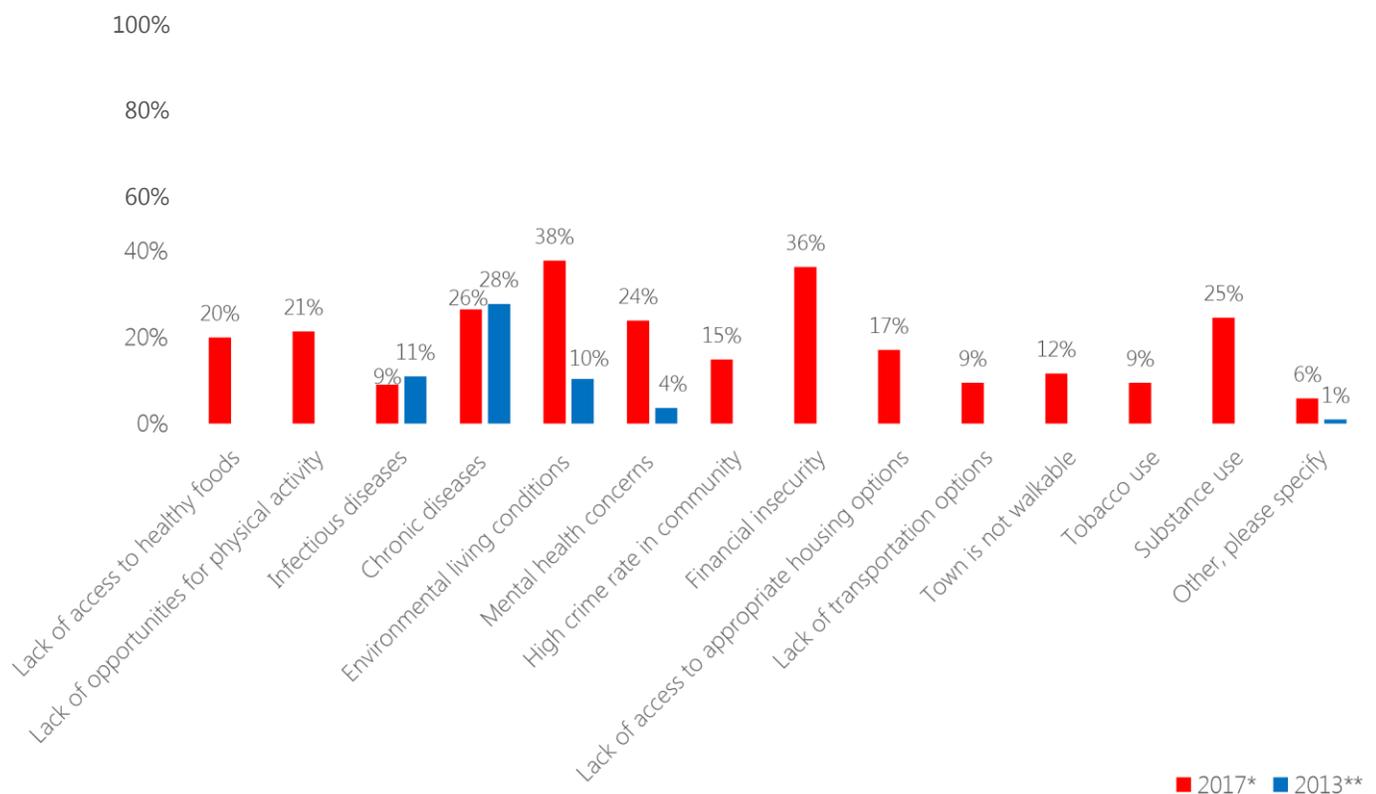
*The 2017 Community Health Assessment question was asked differently than 2013. In 2017, survey respondents were asked to report on their top 3 pressing public health concern. In 2013, survey respondents were asked to report on their primary public health concern. Therefore, only those responses that matched both surveys were included in the graph.

**The 2013 Community Health Assessment survey respondents had fewer options to choose from compared to the 2017 assessment. The 2017 CHA covered a broader range of responses related to social determinants such as access to food, housing, physical activity.

Table 14. Primary Community Health Concerns by Location

Location	Key Findings
Bloomfield	• 38% of 2017 BDHHS CHA respondents reported environmental living conditions as a primary concern. • 36% of 2017 BDHHS CHA respondents reported financial insecurity as a primary concern. • 28% of 2017 BDHHS CHA respondents reported chronic diseases as a primary concern.
Bloomfield (2013)	• 29% of 2013 BDHHS CHA respondents reported diet and exercise as a primary concern. • 28% of 2013 BDHHS CHA respondents reported chronic disease as a primary concern. • 11% of 2013 BDHHS CHA respondents reported infectious disease as s primary concern.
Essex County	*Not available*
New Jersey	*Not available*
United States	*Not available*

CONCLUSION

The purpose of this CHA was to better understand the characteristics, assets, and needs related to the health and wellbeing of Bloomfield residents. The information included in this report is based on data collected from a resident survey, resident focus groups, and key informant interviews as well as compiled from publically available data. These data were collected during the period of December 2017 through February 2018. The findings describe respondents' experiences, perceptions, and preferences related to health outcomes, healthrelated behaviors, factors influencing health, and health-related communication from the BDHHS. These data inform the strengths and areas for improvement in Bloomfield so that it may continue to serve the needs of residents in the municipality.

Overall, respondents' primary public health concerns align with the key findings of the 2017 CHA, with a few notable exceptions.

Environmental Living Conditions

CHA respondents are concerned with the Township's water quality and with pedestrian and bike safety. Respondents were most concerned about the contamination issues with the Township's drinking water supply, specifically how the contamination issues were communicated to the public and the affordability of purchasing bottled water or water filters to address their water concern issues. Respondents also expressed concerns about pedestrian and bicycle safety, as it relates to traffic congestion, unsafe driver behavior, unsafe intersections, inadequate lighting, and poorly maintained sidewalks.

Financial Insecurity

CHA respondents expressed worry with how financial stress, coupled with the everyday pressure of commuting, and the sedentary nature of commuting and working, impacts their ability to prepare and eat healthy food, be physically active, and access medical care and mental health services. Furthermore, residents' inability to pay for their mortgage, rent, and utilities may impact individual choices around health outcomes and behaviors.

Chronic Disease

CHA respondents reported individual lifestyle choices as impacting the long-term health outcomes of residents. For example, respondents reported they are stressed, working long hours, and commuting long hours to afford to live in town. They are eating on the go and do not have time to cook homemade meals with their families, and as a result, are heavily relying on convenience foods. In addition, respondents are not getting enough exercise due to a lack of time, sedentary nature of their work, long commutes, and other obligations. Furthermore, the lack of affordable exercise facilities and options has impacted their level of physical activity.

Substance Use

CHA respondents reported some concerns around illicit drug use in the community. Respondents reported prescription pain medicine without doctor's prescription and marijuana as problems in Bloomfield. Other residents reported paraphernalia and drug activity in parking lots, public spaces, and schools around town.

In addition to areas for improvement, findings from the 2017 CHA highlight key assets and strengths of Bloomfield. These include:

- diversity of the community;
- commitment of BDHHS to assist residents;
- access and availability of parks and areas for recreation that contribute to the Township's appeal by providing areas to walk, run, bike, play, and enjoy the outdoors;
- access and availability to a variety of transportation options such as train, bus lines, and residential jitney, along with proximity to New York City, Newark and numerous highways;
- access and availability of walking and biking in community parks, community walking events organized by the NJ Bike and Walk Coalition, and that some school facilities were equipped with lighting, encouraging evening recreation; and
- access and availability of healthy foods as well as healthcare.

Overall, there are areas to be targeted and areas that are already strong in the community. Considering the recommendations throughout the report may help to continue to grow and improve the capacity of the BDHHS to serve residents.

APPENDICES

APPENDIX 1 – 2017 COMMUNITY HEALTH ASSESSMENT MATRIX

APPENDIX 2 – RESIDENT SURVEY SUMMARY

APPENDIX 3 – INTERVIEW SUMMARY

APPENDIX 4 – FOCUS GROUP SUMMARY

APPENDIX 5 – RESPONDENT DEMOGRAPHIC DATA

APPENDIX 6 – CROSSTAB DATA

APPENDIX 7 – VEGGIE MOBILE PROGRAM: DATA EVALUATION REPORT

APPENDIX 8 – ENVIRONMENTAL RISK SURVEY ANALYSIS REPORT

APPENDIX 9 – NIGHT OF CONVERSATIONS: QUALITATIVE ANALYSIS

APPENDIX 10 – 2019 POPULATION HEALTH OUTCOMES SURVEY: DATA ANALYSIS

APPENDIX 1: 2017 COMMUNITY HEALTH ASSESSMENT MATRIX

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
Health Behaviors			
A1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	% of residents who report meeting the aerobic physical activity guidelines*	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	2015 BRFSS
		During the past month, other than your regular job, how often did you participate in any physical activities or exercise (such as walking, dancing, soccer, gardening, or running for exercise)? Would you say...	2013 CHA
A2. What type of physical activity or exercise did you spend the most time doing during the past month? [CHECK ALL THAT APPLY]	% of residents who report meeting the aerobic physical activity guidelines*	What type of physical activity or exercise did you spend the most time doing during the past month? [CHECK ALL THAT APPLY]	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
A3. How many times per week or per month did you take part in this activity during the past month?	% of residents who report meeting the aerobic physical activity guidelines*	How many times per week or per month did you take part in this activity during the past month?	2015 BRFSS
A4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?	% of residents who report meeting the aerobic physical activity guidelines*	And when you took part in this activity, for how many minutes or hours did you usually keep at it	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
A5. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	% of residents who drank a sugar-sweetened drink less than one time per day	During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	2017 BRFSS
		On average, how many sugar sweetened sodas or other sweetened drinks do you drink per day?	2013 CHA
A6. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.	% of residents who drank a sugar-sweetened drink less than one time per day	During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.	2015 BRFSS
A7. During the past month, not counting juices, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.	Median daily intake of fruits and vegetables*	During the past month, not counting juices, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
		How many servings of fruit and/or vegetables did you eat yesterday?	2013 CHA
A8. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.	Median daily intake of fruits and vegetables*	During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.	2015 BRFSS
A9. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?	Median daily intake of fruits and vegetables*	During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
		including romaine, chard, collard greens or spinach?	
A10. During the past month, how many times per day, week, or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?	Median daily intake of fruits and vegetables*	During the past month, how many times per day, week, or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance	Comparable Data Question	Comparable
A11. Not counting what you just described in the last set of questions, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.	Median daily intake of fruits and vegetables*	Not counting what you just described in the last set of questions, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.	2015 BRFSS
Food Access			
B1. From which of the following places do you or your family get food? [Check All THAT APPLY.]			
B2. What are the main difficulties in getting healthy foods?			
B3. In the past 30 days, how often did you worry that your household would not have enough food? [CHECK ALL THAT APPLY.]		In the past four weeks, did you worry that your household would not have enough food? How often did this happen?	Based on the Household Food Insecurity Access Scale
Tobacco & Substance Abuse			
C1. Do you now smoke cigarettes every day, some days, or not at all?		Do you now smoke cigarettes every day, some days, or not at all?	2015 BRFSS

	Measure		Data Source
C2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	2015 BRFSS
C3. Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, ecigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy.		Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?	2017 BRFSS
C4. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	2015 BRFSS
C5. During the past 30 days, on how many days did you use marijuana or hashish?		During the past 30 days, on how many days did you use marijuana or hashish?	2017 BRFSS
C6. When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for nonmedical reasons to get pleasure or satisfaction (such as: excitement, to "fit in" with a group, increased awareness, to forget worries, for fun at a social gathering).		When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to "fit in" with a group, increased awareness, to forget worries, for fun at a social gathering).	2017 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
C7. During the past 30 days, on how many days did you use prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) ?		During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	2015 YRBS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
C8. During the past 30 days, on how many days did you use cocaine, including powder, crack, or freebase?		During the past 30 days, on how many days did you use cocaine, in any form?	2015 YRBS
C9. During the past 30 days, on how many days did you use heroin (also called smack, junk, or China White)?		During the past 30 days, on how many days did you use heroin?	2015 YRBS
C10. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal, crank, or ice)?		During the past 30 days, on how many days did you use methamphetamine?	2015 YRBS
C11. Please select which of the following substances are problems in Bloomfield? [CHECK ALL THAT APPLY.]			
Health Status			
D1. Would you say that in general your health is...		Would you say that in general your health is...	2015 BRFSS
		How would you rate your personal health on a scale from 1 to 5?	2013 CHA
D2. Now thinking about your physical health (which includes physical illness and injury), how many days during the past 30 days would you describe your physical health as not good?		Now thinking about your physical health (which includes physical illness and injury), how many days during the past 30 days would you	2015 BRFSS

2017 CHA Survey Questions		Comparable Data Question	Comparable Data Source
		describe your physical health as not good?	
D3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	2015 BRFSS
D4. What, if any, obstacles get in the way of you seeking mental health care programs and services? [CHECK ALL THAT APPLY.]			
D5. Please rate the following items about mental health care programs and services in Bloomfield:			

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
D6. Which, if any, of the following numbers do you know off the top of your head?	% of residents who know their blood pressure and blood sugar numbers*	Which, if any, of the following numbers do you know off the top of your head?	2016 Cleveland Clinic
D7. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	% of residents who know their blood pressure and blood sugar numbers*	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	2015 BRFSS
D8. Are you currently taking medicine for your high blood pressure?	% of residents who know their blood pressure and blood sugar numbers*	Are you currently taking medicine for your high blood pressure?	2015 BRFSS

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
D9. Has a doctor, nurse, or other health professional EVER told you that you had diabetes?	% of residents who know their blood pressure and blood sugar numbers*	Has a doctor, nurse, or other health professional EVER told you that you had diabetes?	2015 BRFSS
D10. Are you now taking insulin?	% of residents who know their blood pressure and blood sugar numbers*	Are you now taking insulin?	2015 BRFSS
D11. Where do you USUALLY go when you are sick? (Select ONE)			
D12. During the past 12 months, did you experience difficulty paying for any of the following? [CHECK ALL THAT APPLY.]			
D13. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?		Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?	2015 BRFSS
		How do you currently pay for your medical care?	2013 CHA
D14. Do you have dental insurance?		How do you currently pay for your dental care?	2013 CHA

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
Transportation			
E1. During the last 30 days, what modes of travel did you use to get from place to place? [CHECK ALL THAT APPLY.]		Thinking about the past 30 days, about how many of those days did you walk? (at least 10 minutes)	2013 CHA

		Thinking about the past 30 days, about how many of those days did you ride a bicycle? (at least 10 minutes)	2013 CHA
			Based on the DOT Walkability Checklist
E2. Please rate how easy or difficult it is to get around Bloomfield.	E2. Please rate how easy or difficult it is to get around Bloomfield.	E2. Please rate how easy or difficult it is to get around Bloomfield.	E2. Please rate how easy or difficult it is to get around Bloomfield.
E3. Please rate how much of a problem you think the following issues are in Bloomfield with regard to <u>walking</u>:		What are the top 2 reasons that you do not walk more frequently?	2013 CHA
			Based on the DOT Walkability Checklist
E4. Please rate how much of a problem you think the following issues are in Bloomfield with regard to <u>biking</u>:		What are the top 2 reasons that you do not bike more frequently?	2013 CHA
			Based on the DOT Walkability Checklist
Housing			
F1. For how many years have you been living in Bloomfield?			
F2. Do you rent or own your home?			Based on the American Community Survey

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
F3. During the last 12 months, was there a time when you were <u>not</u> able to pay your mortgage, rent or utility bills?		During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?	2015 BRFSS
Communication			
G1. Are you and your family aware of how to get the following services?	% of residents who gain knowledge and awareness about mental health and social services available in Bloomfield	Are you and your family able to access the following services?	2013 CHA
G2. Which of the following are reasons why you cannot access any of these services?		Which of the following are reasons why you cannot access any of these services?	2013 CHA
G3. In general, how informed or uninformed do you feel about health-related services and activities available to residents from the Bloomfield Department of Health and Human Services?	% of residents who gain knowledge and awareness about mental health and social services available in Bloomfield		
G4. How would you rate your knowledge regarding the health-related services and resources that exist for residents in Bloomfield?	% of residents who gain knowledge and awareness about mental health and social services available in Bloomfield		

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
G5. In the past 12 months, have you gotten any information about health topics from the Bloomfield Department of Health and Human Services (e.g., social media, newsletters, workshops, email blasts)?	% of Bloomfield residents who report gaining knowledge and awareness about health topics through social media*		
G5a. Where did you get this information? [CHECK ALL THAT APPLY.]	% of Bloomfield residents who report gaining knowledge and awareness about health topics through social media*		

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
G5b. To what extent did you learn something NEW from this information?	% of Bloomfield residents who report gaining knowledge and awareness about health topics through social media*		
G6. How would you like to receive information about health-related resources that exist for residents of Bloomfield?	% of Bloomfield residents who report gaining knowledge and awareness about health topics through social media*		
G7. What is your level of understanding with regard to health information in order to make the right health choices?			

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
G8. Please rate your level of satisfaction with the <u>availability</u> of the Bloomfield Department of Health and Human Services to residents of Bloomfield.	% of residents reporting satisfaction with BDHHS services*		
G9. Please rate your level of satisfaction with the <u>responsiveness</u> of the Bloomfield Department of Health and Human Services to residents of Bloomfield.	% of residents reporting satisfaction with BDHHS services*		
G10. Please rate your overall level of satisfaction with the community services and resources provided by the Bloomfield Department of Health and Human Services to residents of Bloomfield.	% of residents reporting satisfaction with BDHHS services*		
Community Health			
H1. How safe do you consider your neighborhood to be? Would you say…		How safe from crime do you consider your neighborhood to be? Would you say…	2015 BRFSS
H2. Do you know where to obtain information on lead poisoning prevention?	% of residents who gain knowledge and awareness about mental health and social services available in Bloomfield		

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
H3. During the past 12 months, have you had a cancer screening provided by the Bloomfield Department of Health and Human Services? [CHECK ALL THAT APPLY.]	% of residents who gain knowledge and awareness about mental health and social services available in Bloomfield		

2017 CHA Survey Questions	CHIP Performance Measure	Comparable Data Question	Comparable Data Source
H4. Please select which of the following you think are the TOP 3 pressing public health issues in your community? Please select only three options.		Please select which of the following you think is the most pressing public health issue in your community?	2013 CHA
Demographics			
I1. Where do you currently live?			
I2. Are you living…			
I3. In which ward in Bloomfield do you live?			
I4. How many adults (age 18 or older) currently live in your home (at least most of the time)?		How many adults (age 18 or older) currently live in your home (at least most of the time)?	2013 CHA
I5. Do you have children currently living in your home (at least most of the time) within any of the following age ranges? [CHECK ALL THAT APPLY.]		How many how many children (under 18) currently live in your home (at least most of the time)?	2013 CHA
I6. In what year were you born?		Into which of the following ranges does your age fall?	2013 CHA
I7. Which of the following racial/ethnic group(s) do you most identify with? [CHECK ALL THAT APPLY.]		Which of the following racial/ethnic group(s) do you most identify with?	2013 CHA
		Are you, yourself, of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?	2013 CHA
I8. What is your primary language?			
I9. Are you a U.S. military veteran?			
I10. What is the highest grade or year of school that you completed?		What is your highest level of school completed?	2013 CHA

I11. What is your annual household income?		Which of the following ranges would you say best reflects your total annual household income?	2013 CHA
I12. About how much do you weigh without shoes?		About how much do you weigh without shoes?	BRFSS 2015
I13. About how tall are you without shoes?		About how tall are you without shoes?	BRFSS 2015
I14. Do you use any of the following public benefits? [CHECK ALL THAT APPLY.]	# of eligible individuals/families that received repeat financial assistance		Based on the American Community Survey

Notes:

- The 2013 Bloomfield CHA survey included 23 questions. The 2017 survey includes questions that are similar or the same as 21 of 23 questions. The 2 questions not specifically specified on the 2017 survey that were in the 2013 surveys are: o   Which health screenings have you had in the past year?
  - o Have you or anyone in your household ever been diagnosed with one of the following?
- The 2017 survey addresses health screenings, however, narrows the question to only obtain information about screenings obtained from the Bloomfield Department of Health and Human Services
- The 2017 survey addresses diagnosis of conditions, however, focuses only on the individual completing the survey and limits the conditions to mental health concerns, high blood pressure and diabetes (excludes cancer, asthma, heart disease, lung disease

APPENDIX 2: RESIDENT SURVEY SUMMARY

Health Behaviors

This section of the survey asks about the amount of exercising you do and what kinds of food you eat. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

Health Behaviors: Active Living

The first set of questions are about exercise, recreation, or physical activities other than your regular job duties. If you do not have a "regular job duty" or you are retired, you may count the physical activity or exercise you spend the most time doing in a regular month.

A1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

N =351	n	%
Yes	239	68.1
No	109	31.1
I don't know/ I'm not sure	1	0.3
I do not wish to answer this question	2	0.6

A2. What type of physical activity or exercise did you spend the most time doing during the past month? [CHECK ALL THAT APPLY]

	n	%
Aerobics video or class	43	12.6
Basketball	9	2.7
Bicycling	25	7.4

Boxing	6	1.8
Dancing	27	8.0
Gardening/Yardwork	46	13.6
Golf	7	2.1
Hiking	27	8.0
Household Activities (i.e., vacuuming, dusting)	180	53.1
Karate/Martial Arts	5	1.5
Running	53	15.6
Soccer	11	3.3
Swimming	18	5.3
Walking	215	63.2
Weight lifting	64	18.9
Yoga	52	15.3
I never do this	21	6.2
I don't know/ I'm not sure	5	1.5
I do not wish to answer this question	2	0.6

A3. How many times per week or per month did you take part in these activities during the past month? Please select one answer and use a number to indicate the number of times.

N=314	n	%
Times per week	218	69.4
Times per month	44	14.0
I don't know/ I'm not sure	44	14.0
I do not wish to answer this question	8	2.5
	Times per week	Times per month
Mean	3.5	7.7

Median	3.0	4.5
Mode	3	4
Minimum	1	1
Maximum	7	30

A4. And when you took part in these activities, how many minutes or hours did you usually keep at them?

N=321	n	%
Hours and Minutes	239	74.5
I don't know/ I'm not sure	72	22.4
I do not wish to answer this question	10	3.1
		Minutes
Mean		58.3
Median		60.0
Mode		60
Minimum		10
Maximum		240

Health Behaviors: Healthy Eating

The next set of questions are about foods or beverages you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. We will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth. Please select the ONE option that best describes your eating habits.

A5. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. Please select one answer and use a number to indicate the number of times.

N=316		n	%
Times per day		26	8.2
Times per week		42	13.3
Times per month		71	22.5
Never		169	53.5
I don't know/ I'm not sure		6	1.9
I do not wish to answer this question		2	0.6
	Times per day	Times per week	Times per month
Mean	1.7	2.4	2.8
Median	1.5	2.0	2.0
Mode	1	1	1
Minimum	1	1	1
Maximum	4	7	30

A6. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. Please select one answer and use a number to indicate the number of times.

N=316	n	%
Times per day	53	16.8
Times per week	41	13.0
Times per month	80	25.3
Never	129	40.8

		n	%
I don't know/ I'm not sure		13	4.1
I do not wish to answer this question		0	0.0

	Times per day	Times per week	Times per month
Mean	1.6	3.0	3.9
Median	1.0	2.0	3.0
Mode	1	2	2
Minimum	1	1	1
Maximum	6	7	20

A7. During the past month, not counting juices, how many times per day, week, or month   did you eat fruit? Count fresh, frozen, or canned fruit. Please select one answer and use a number to indicate the number of times.

N=316		n	%
Times per day		135	42.9
Times per week		119	37.8
Times per month		29	9.2
Never		18	5.7
I don't know/ I'm not sure		14	4.4
I do not wish to answer this question		0	0.0

	Times per day	Times per week	Times per month
Mean	1.9	3.9	5.8
Median	2.0	3.0	4.0
Mode	1	3	3
Minimum	1	1	1
Maximum	6	14	30

A8. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. Please select one answer and use a number to indicate the number of times.

N=318	n	%
Times per day	29	9.1
Times per week	132	41.5
Times per month	91	28.6
Never	53	16.7
I don't know/ I'm not sure	13	4.1
I do not wish to answer this question	0	0.0

	Times per day	Times per week	Times per month
Mean	2.0	2.8	3.9
Median	2.0	2.0	3.0
Mode	1	2	2
Minimum	1	1	1
Maximum	7	10	24

A9. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? Please select one answer and use a number to indicate the number of times.

N=319	n	%
Times per day	82	25.7
Times per week	177	55.5
Times per month	33	10.3
Never	15	4.7
I don't know/ I'm not sure	12	3.8
I do not wish to answer this question	0	0.0

	Times per day	Times per week	Times per month
Mean	1.8	3.8	8.1
Median	1.0	3.0	6.0
Mode	1	3	4
Minimum	1	1	1
Maximum	7	14	30

A10. During the past month, how many times per day, week, or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? Please select one answer and use a number to indicate the number of times.

N=322	n	%

Times per day	32	9.9
Times per week	175	54.3
Times per month	70	21.7
Never	30	9.3
I don't know/ I'm not sure	15	4.7
I do not wish to answer this question	0	0.0

	Times per day	Times per week	Times per month
Mean	1.8	2.6	3.6
Median	1.0	2.0	3.0
Mode	1	2	2
Minimum	1	1	1
Maximum	7	10	12

A11. Not counting what you just described in the last set of questions, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? *Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.* Please select one answer and use a number to indicate the number of times.

N=312	n	%
Times per day	94	30.1
Times per week	147	47.1
Times per month	40	12.8
Never	16	5.1

I don't know/ I'm not sure	14	4.5
I do not wish to answer this question	1	0.3

	Times per day	Times per week	Times per month
Mean	1.7	4.0	6.5
Median	1.0	3.0	4.0
Mode	1	3	3
Minimum	1	1	1
Maximum	7	14	25

Food Access

This section of the survey asks about how and where you buy food for yourself and your family. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

B1. From which of the following places do you or your family get food? [CHECK ALL THAT APPLY.]

	n	%
Grocery store	308	95.4
Farmers market	115	36.1
Bodega or corner store	27	8.5
Home gardens	31	9.7
Community garden	4	1.3
School Cafeteria	34	10.7

Food Pantry	11	3.4
Soup Kitchen	1	0.3
Senior meal site	8	2.5
Restaurant	191	59.7
Fast food	93	29.2
Church or House of worship	5	1.6
Home-delivered meals	18	5.6
Other (please specify)_____	14	4.4
Amazon (e.g., Fresh)		

Friends house or potluck	
BJ's	
Costco	
Food Co-op	
Fresh Direct	
Organic fruit and veggies co-op	
Rooming house meals	
Specialty deli	
Warehouse Club	

B2. What are the main difficulties in getting healthy foods? [CHECK ALL THAT APPLY.]

N = 317	n	%
I do not have any difficulties in getting the foods I need	163	51.4
Cost	108	34.1
Quality	38	12.0
Distance (e.g., distance to get to the store)	18	5.7
Safety (e.g., neighborhood safety)	3	0.9
Time for shopping	60	18.9
Transportation	13	4.1
I'm not sure what to buy	16	5.0
Other (please specify)_____	11	3.5

Crap food too easy and too plentiful
Creativity in meals
Don't always think of it
I do not like healthy foods
I don't care
I don't like vegetables
Need smaller portions
Selections and portions are less than desired
Sometimes just lazy or unmotivated
Sufficient vegan selections
Would like a community garden

B3. In the past 30 days, how often did you worry that your household would not have enough food?

N= 319	n	%
Rarely	62	19.4
Sometimes	44	13.8
Often	18	5.6

Never	191	59.9
I don't know/ I'm not sure	3	0.9
I do not wish to answer this question	1	0.3

Tobacco & Substance Use

This section of the survey asks about tobacco and substance use. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

C1. Do you now smoke cigarettes every day, some days, or not at all?

N= 324	n	%
Every day	23	7.1
Some days	26	8.0
Not at all	272	84.0
I don't know / I'm not sure	0	0.0
I do not wish to answer this question	3	0.9

C2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

N= 49	n	%
Yes	23	46.9
No	25	51.0
I don't know / I'm not sure	0	0.0
I do not wish to answer this question	1	2.0

C3. Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? *Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy.*

N= 312	n	%
Yes	48	15.4
No	262	84.0
I don't know / I'm not sure	1	0.3
I do not wish to answer this question	1	0.3

C4. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? Please select one answer and use a number to indicate the number of times.

N=306	n	%
Days per week	111	36.3
Days in the past 30 days	93	30.4
No drinks in the past 30 days	84	27.5
I don't know/ I'm not sure	11	3.6
I do not wish to answer this question	7	2.3

	Days per week	Days in the past 30 days
Mean	3.5	3.9
Median	3.0	3.0
Mode	2	2
Minimum	1	1
Maximum	7	26

This section of the survey asks about your use of illegal drugs and concerns of illicit drug use in your community. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

C5. During the past 30 days, on how many days did you use marijuana or hashish?

N=309	n	%
(1-30) Number of Days	9	2.9
None (0 days)	283	91.6
I don't know/ I'm not sure	9	2.9
I do not wish to answer this question	8	2.6
	Number of Days	
Mean	14.2	
Median	11.0	
Mode	2	
Minimum	2	
Maximum	30	

C6. When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to "fit in" with a group, increased awareness, to forget worries, for fun at a social gathering).

N=9	n	%
Only for medical reasons to treat or decrease symptoms of a health condition	1	11.1
Only for non-medical purposes to get pleasure or satisfaction	5	55.6
Both medical and non-medical reasons	3	33.3

	n	%
I don't know / I'm not sure	0	0.0
I do not wish to answer this question	0	0.0

C7. During the past 30 days, on how many days did you use prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

N= 307	n	%
(1-30) Number of Days	6	2.0
None (0 days)	287	93.5
I don't know / I'm not sure	11	3.6
I do not wish to answer this question	3	1.0

	Number of Days
Mean	13.6
Median	6.0
Mode	1
Minimum	1
Maximum	30

C8. During the past 30 days, on how many days did you use cocaine, including powder, crack, or freebase?

N= 307	n	%
(1-30) Number of Days	1	0.3
None (0 days)	299	97.4

I don't know / I'm not sure	5	1.6
I do not wish to answer this question	2	0.7

	Number of Days
Mean	1.0
Median	1.0
Mode	1
Minimum	1
Maximum	1

C9. During the past 30 days, on how many days did you use heroin (also called smack, junk, or China White)?

N= 302	n	%
(1-30) Number of Days	2	0.7
None (0 days)	294	97.4
I don't know / I'm not sure	5	1.7
I do not wish to answer this question	1	0.3

	Number of Days
Mean	4.0
Median	4.0
Mode	2
Minimum	2
Maximum	6

C10. During the past 30 days, on how many days did you use methamphetamines
(also called speed, crystal, crank, or ice)?

N= 305	n	%
(1-30) Number of Days	0	0.0
None (0 days)	299	98.0
I don't know / I'm not sure	5	1.6
I do not wish to answer this question	1	0.3

C11.Please select which of the following substances are problems in Bloomfield?
[CHECK ALL THAT APPLY.]

N=306	n	%
Marijuana or hashish	78	25.5
Prescription pain medicine without a doctor's prescription (e.g., codeine, Vicodin, OxyContin, Hydrocodone, and Percocet)	87	28.4
Cocaine(includes powder, crack, or freebase	56	18.3
Heroin (also called smack, junk, or China White)	80	26.1
Methamphetamines (also called speed, crystal, crank, or ice)	52	17.0
None of the above	27	8.8
I don't know / I'm not sure	164	53.6
I do not wish to answer this question	8	2.6
Other (please specify): _____	5	1.6
Alcohol		
N/A		
No Hospital		
Rodents		
Substances are not the problem. The disease of addiction is the problem.		

Health Status

This section of the survey asks about your overall health and the access that you have to healthcare services. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

D1. Would you say that in general your health is…

N= 310	n	%
Excellent	36	11.6
Very good	123	39.7
Good	105	33.9
Fair	41	13.2
Poor	5	1.6

D2. Now thinking about your physical health (which includes physical illness and injury), how many days during the past 30 days would you describe your physical health as not good?

N= 301	n	%
(1-30) Number of Days	117	38.9
None (0 days)	151	50.2
I don't know / I'm not sure	31	10.3
I do not wish to answer this question	2	0.7
	Number of Days	
Mean	8.3	

Median	5.0
Mode	2
Minimum	1
Maximum	30

D3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

N= 300	n	%
(1-30) Number of Days	103	34.3
None (0 days)	164	54.7
I don't know / I'm not sure	25	8.3
I do not wish to answer this question	8	2.7

	Number of Days
Mean	10.7
Median	8.0
Mode	5
Minimum	1
Maximum	30

D4. What, if any, obstacles get in the way of you seeking mental health care programs and services? [CHECK ALL THAT APPLY.]

	n	%
None, there are no barriers	183	62.5
Services/programs are not helpful	14	4.8

Too hard to get to	13	4.4
Not open or available at convenient times	18	6.1
Too expensive	42	14.3
Takes too long to receive the service or program	13	4.4
No translation services available	5	1.7
Staff are not friendly	7	2.4
I am embarrassed or uncomfortable to use the services	16	5.4
I don't know/ I'm not sure	37	12.6
I do not wish to answer this question.	8	2.7
Other (please specify) _____	7	3.4
Bloomfield doctors are terrible		
Don't accept NJ Health Medicare and Medicaid		
Financially no barriers recently moved to area		
Finding the right provider. I try lots of therapists and it's hard to find the right fit. Insurance is confusing and limits my provider options and its expensive.		
I have great health insurance but recognize these other listed barriers for others		
Not available		
Not covered or no mental health professionals accept Medicaid		

D5. Please rate the following items about mental health care programs and services in Bloomfield:

	Total	Excellent		Good		Fair		Poor		Very poor		I don't know		Not applicable	
	N	n	%	n	%	n	%	n	%	n	%	n	%	n	%

Variety of mental health care programs and services	291	9	3.1	26	8.9	24	8.2	12	4.1	3	1.0	183	62.9	34	11.7
Affordability of mental health care programs and services	289	8	2.8	22	7.6	19	6.6	16	5.5	4	1.4	186	64.4	34	11.8
Your ability to participate in or use mental health care programs and services	289	21	7.3	39	13.5	12	4.2	10	3.5	3	1.0	150	51.9	54	18.7
Your ability to get an appointment with a mental health care provider	287	23	8.0	28	9.8	13	4.5	12	4.2	3	1.0	149	51.9	59	20.6
Your ability to access health insurance for mental health care programs and services	288	33	11.5	42	14.6	18	6.3	11	3.8	4	1.4	128	44.4	52	18.1

D6. Which, if any, of the following numbers do you know off the top of your head? [CHECK ALL THAT APPLY]

	n	%
Waist circumference	94	32.0
Heart rate	97	32.8
LDL cholesterol	61	20.5
Fasting blood glucose (sugar) level	50	16.8
Blood pressure	152	51.0

None of the above	107	35.7

D7. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

N = 307	n	%
Yes	72	23.5
Yes, but female told only during pregnancy	9	2.9
No	183	59.6
No, told borderline high or pre-hypertensive	32	10.4
I don't know/I'm not sure	9	2.9
I do not wish to answer this question	2	0.7

D8. Are you currently taking medicine for your high blood pressure?

N= 79	n	%
Yes	54	68.4
No	23	29.1
Don't know / Not sure	1	1.3
I do not wish to answer this question	1	1.3

D9. Has a doctor, nurse, or other health professional EVER told you that you had diabetes?

N= 308	n	%
Yes	20	6.5
Yes, but female told only during pregnancy	8	2.6
No	245	79.5
No, pre-diabetes or borderline diabetes	27	8.8
I don't know / I'm not sure	7	2.3

I do not wish to answer this question	1	0.3

D10. Are you now taking insulin?

N= 27	n	%
Yes	8	29.6
No	18	66.7
I do not wish to answer this question	1	3.7

D11. Where do you USUALLY go when you are sick? (Select ONE)

N= 300	n	%
I do not have a place I usually go	18	6.0
Doctor's office	236	78.7
Hospital emergency room	12	4.0
Federally Qualified Health Center (FQHC)	2	0.7
School-based health clinic	1	0.3
An individual at school (nurse, athletic trainer)	2	0.7
Other clinic or health center	19	6.3
I Don't Know/I'm Not Sure	3	1.0
I do not wish to answer this question	3	1.0
Other (please specify) _____	4	1.3
Doctor friend		
I usually do not go to the doctors		
Thankfully I haven't been sick enough to warrant seeing someone in a few years		
University		

D12. During the past 12 months, did you experience difficulty paying for any of the following? [CHECK ALL THAT APPLY.]

	n	%
Doctor or medical professional copays	40	13.8
Hospital bills	38	13.1
Dental bills	32	11.1
Prescription medication	30	10.4
None of these	193	66.8
I do not wish to answer this question	6	2.1
Other (please specify)_____	4	1.4
Bills from medical tests		
I only can get my meds because I have PAAD		
Radiology		
Therapy for son not covered by insurance		

D13. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

N= 303	n	%
Yes	269	88.8
No	26	8.6
I Don't Know/ I'm Not Sure	6	2.0
I do not wish to answer this question	2	0.7

D14. Are you and your family able to access dental care services?

N= 306	n	%
Yes	265	86.6

No	30	9.8
I Don't Know/ I'm Not Sure	8	2.6
I do not wish to answer this question	3	1

Transportation

This section of the survey asks about how you get from place to place as well as the transportation services available in Bloomfield. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

E1. During the last 30 days, what modes of travel did you use to get from place to place? [CHECK ALL THAT APPLY]

	n	%
I drove a car	251	83.4
A friend or family member drove me in a car	86	28.6
NJ Transit bus (public bus)	58	19.3
Essex County Senior Transportation	12	4.0
Train	60	19.9
Taxi/Uber/Lyft/Car Service	72	23.9
Walking	141	46.8
Biking	10	3.3
NJ Transit Access Link Transportation for Disable Riders	3	1.0
I did not go anywhere in the past 30 days	1	0.3
Other, please specify: _____	10	3.3
De Camp NYC Bus		
Bloomfield Dial A Ride		
Bloomfield Recreation Senior Bus		
Light rail and Path		
Newark light rail		

Non-NJ transit bus	
PATH train	
plane	
Uber	

E2. Please rate how easy or difficult it is to get around Bloomfield.

N= 302	n	%
Very easy	77	25.5
Easy	117	38.7
Somewhat Easy	68	22.5
Somewhat difficult	23	7.6
Difficult	7	2.3
Very difficult	3	1.0
I don't know/I'm not sure	6	2.0
I do not wish to answer this question	1	0.3

E3. Please rate how much of a problem you think the following issues are in Bloomfield with regard to walking:

	Total	Not a problem		Minor problem		Moderate problem		Major problem		Not Applicable	
	N	n	%	n	%	n	%	n	%	n	%
Worried about crime	294	77	26.2	80	27.2	93	31.6	31	10.5	13	4.4
No place to rest	288	119	41.3	64	22.2	55	19.1	18	6.3	32	11.1
No sidewalks or sidewalks are in poor condition	291	92	31.6	89	30.6	71	24.4	24	8.2	15	5.2

	Total	Not a problem		Minor problem		Moderate problem		Major problem		Not Applicable	
	N	n	%	n	%	n	%	n	%	n	%
Crossing intersections is too dangerous	290	62	21.4	76	26.2	74	25.5	68	23.4	10	3.4
Everything is too far away	284	120	42.3	67	23.6	54	19.0	20	7.0	23	8.1

E4. Please rate how much of a problem you think the following issues are in Bloomfield with regard to <u>biking</u>:

	Total	Not a problem		Minor problem		Moderate problem		Major problem		Not Applicable	
	N	n	%	n	%	n	%	n	%	n	%
Worried about crime	283	69	24.4	65	23.0	53	18.7	29	10.2	67	23.7
Signs are unclear	280	87	31.1	59	21.1	46	16.4	22	7.9	66	23.6
Intersections are unsafe	283	42	14.8	51	18.0	65	23.0	67	23.7	58	20.5
No bike lanes	284	34	12.0	34	12.0	59	20.8	93	32.7	64	22.5
Road surfaces are not adequate	277	46	16.6	64	23.1	67	24.2	44	15.9	56	20.2
Driver behavior	282	21	7.4	43	15.2	61	21.6	103	36.5	54	19.1
Volume of traffic	282	30	10.6	45	16.0	64	22.7	90	31.9	53	18.8

Housing

This section of the survey asks about your living arrangements as well as the housing services available in Bloomfield. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

F1. For how many years have you been living in Bloomfield?

N = 299	n	%
_____ *(please enter number of years)*	280	93.6
I don't know/I'm not sure	12	4.0
I do not wish to answer this question	7	2.3

	Number of Years
Mean	18.5
Median	14.0
Mode	10
Minimum	1
Maximum	76

F2. Do you rent or own your home?

N= 301	n	%
Rent	96	31.9
Own	181	60.1
I live in someone else's home and I do not pay rent	17	5.6
I don't know/I'm not sure	1	0.3
I do not wish to answer this question	5	1.7
Other, please specify:	1	0.3

Rent a room in a private home	

F3. During the last 12 months, was there a time when you were <u>not</u> able to pay your mortgage, rent or utility bills?

N= 301	n	%
Yes	36	12.0
No	243	80.7
I don't know/I'm not sure	6	2.0
I do not wish to answer this question	16	5.3

Communication

This section of the survey asks about how you like to receive information and the resources available in Bloomfield. For each question, please check off the answer option that best answers the question. For some questions, you may be asked to write in your response.

G1. Are you and your family aware of how to get the following services?

	Total	Yes		No		I do not need this service	
	N	n	%	n	%	n	%
Primary Health Care	299	237	79.3	24	8.0	38	12.7
Childhood vaccinations	296	140	47.3	22	7.4	134	45.3
Cancer prevention and treatment services	296	142	48.0	56	18.9	98	33.1
Dental care	298	226	75.8	41	13.8	31	10.4

Mental health care- including depression, anxiety, drug and alcohol treatment	295	159	53.9	57	19.3	79	26.8

G2. Which of the following are reasons why you cannot access any of these
services? [CHECK ALL THAT APPLY.]

	n	%
I do not have any challenges that stop me from seeking medical care	207	75.0
Medical care services are not available in my community	3	1.1
I do not know how to use my health insurance	7	2.5
Services/programs are not helpful	9	3.3
Too hard to get to	12	4.3
Not open or available at convenient times	17	6.2
Too expensive	35	12.7
Takes too long to receive the service or program	16	5.8
No translation services available	4	1.5
Staff are not friendly	5	1.8
I am embarrassed or uncomfortable to use the services	7	2.5
I do not understand how to get these services	15	5.5
Other (please specify) _____	6	2.2
A lot of psychiatrists don't take insurance		
City needs to offer routine dental cleaning for nominal charge twice a year		
Communication awareness		
I have insurance so I do not qualify		
Medicare Medicaid NJ Horizon plan D not accepted		

G3. In general, how informed or uninformed do you feel about health-related services and activities available to residents from the Bloomfield Department of Health and Human Services?

N= 301	n	%
Very informed	27	9.0
Informed	89	29.6
Neither uninformed nor informed	97	32.2
Uninformed	66	21.9
Very uninformed	22	7.3

G4. How would you rate your knowledge regarding the health-related services and resources that exist for residents in Bloomfield?

N= 301	n	%
Excellent	19	6.3
Good	71	23.6
Average	84	27.9
Poor	51	16.9
Very Poor	34	11.3
I don't' know/ I'm not sure	39	13.0
I do not wish to answer this question	3	1.0

G5. In the past 12 months, have you gotten any information about health topics from the Bloomfield Department of Health and Human Services (e.g., social media, newsletters, workshops, email blasts)?

N= 299	n	%
Yes	130	43.5
No	136	45.5

	n	%
I don't know	33	11.0

G5a. Where did you get this information? [CHECK ALL THAT APPLY.]

	n	%
Bloomfield Department of Health and Human Services…		
… website	52	40.6
… Facebook page	39	30.5
… Twitter page	4	3.1
… YouTube channel	0	0.0
… Pinterest site	0	0.0
… LinkedIn site	0	0.0
… blog	1	0.8
… newsletter	64	50.0
… email blast	33	25.8
… workshop	1	0.8
Other: (please specify)_____	23	18.0
channel thirty-five		
Bloomfield Life Newspaper		
Bloomfield Pulse and Citizens of Bloomfield on Facebook		
Employee		
Felicity Towers Bulletin board		
Friend		
Health officer came to office		
In person		
Mail		
Met Stephanie at Town Hall in front of the City Green veggie truck		
My request		
Nursing service		

Presentation to group	
Signs in building	
Social services and mail	
Text	
Walk-in	

G5b. To what extent did you learn something NEW from this information?

N= 130	n	%
Not at all	15	11.5
A little	50	38.5
Somewhat	43	33.1
A lot	17	13.1
I don't know	5	3.8

G6. How would you like to receive information about health-related resources that exist for residents of Bloomfield? [CHECK ALL THAT APPLY.]

	n	%
Local newspaper, radio, or television station	70	23.7
Bloomfield Township website	132	44.7
Bloomfield Township Newsletter	150	50.8
Bloomfield Township Emails	132	44.7
Bloomfield Public library	46	15.6
Schools	50	16.9
Friends and family (word of mouth)	30	10.2
In the mail	118	39.9

Local, online community forums	56	19.0
Facebook	85	28.9
Twitter	26	8.8
Other, please specify:_____	8	2.7
Church community group		
I don't need the resources. Those that do, know how to get it. I'd say mail.		
I have access to the information		
Include newsletter in the Shop-Rite circular		
Moving out		
Phone calls		
Social worker		
Text		

G7. What is your level of understanding with regard to health information in order to make the right health choices?

N=298	n	%
Expert	75	25.2
Intermediate	148	49.7
Basic	75	25.2

G8. Please rate your level of satisfaction with the <u>availability</u> of staff (e.g., hours of operations, contact person/information) at the Bloomfield Department of Health and Human Services to residents of Bloomfield.

N=297	n	%
Very satisfied	33	11.1
Satisfied	74	24.9
Neither satisfied nor dissatisfied	81	27.3

Dissatisfied	7	2.4
Very dissatisfied	2	0.7
Does not apply	100	33.7

G9. Please rate your level of satisfaction with the <u>responsiveness</u> of staff at the Bloomfield Department of Health and Human Services to residents of Bloomfield.

N=297	n	%
Very satisfied	39	13.1
Satisfied	73	24.6
Neither satisfied nor dissatisfied	71	23.9
Dissatisfied	3	1.0
Very dissatisfied	2	0.7
Does not apply	109	36.7

G10. Please rate your overall level of satisfaction with the community services and resources provided by the Bloomfield Department of Health and Human Services to residents of Bloomfield.

N=301	n	%
Very satisfied	30	10.0
Satisfied	80	26.6
Neither satisfied nor dissatisfied	89	29.6
Dissatisfied	7	2.3
Very dissatisfied	3	1.0
Does not apply	92	30.6

Community Health

This section of the survey asks about the overall health concerns in Bloomfield. For each question, please check off the answer option that best answers the question.

H1. How safe do you consider your neighborhood to be? Would you say…

N= 303	n	%
Extremely safe	38	12.5
Safe	217	71.6
Unsafe	31	10.2
Extremely unsafe	3	1.0
I don't know/I'm not sure	14	4.6
I do not wish to answer this question	0	0.0

H2. Do you know where to obtain information on lead poisoning prevention?

N=303	n	%
Yes	128	42.2
No	124	40.9
I don't know / I'm not sure	49	16.2
I do not wish to answer this question	2	0.7

H3. During the past 12 months, have you had a cancer screening provided by the Bloomfield Department of Health and Human Services? [CHECK ALL THAT APPLY.]

N=299	n	%
Breast Cancer	8	2.7
Cervical Cancer	9	3.0
Prostate Cancer	3	1.0

	n	%
Colon Cancer	4	1.3
I did not have a cancer screening provided by the Bloomfield Department of Health and Human Services	256	85.6
I don't know / I'm not sure	25	8.4
I do not wish to answer this question	9	3.0

H4. Please select which of the following you think are the TOP 3 pressing public health issues in your community? Please select only three options.

	n	%
Lack of access to healthy foods	55	19.9
Lack of opportunities for physical activity	59	21.3
Infectious diseases (for example, flu, sexually transmitted diseases (STD's), HIV/AIDS)	25	9.0
Chronic diseases (for example, heart disease, cancer, diabetes, and asthma)	73	26.4
Environmental living conditions (for example, air and water quality, mold, lead)	104	37.7
Mental health concerns (for example, anxiety, depression)	66	23.8
High crime rate in community	41	14.8
Financial insecurity	100	36.2
Lack of access to appropriate housing options	47	17.0
Lack of transportation options	26	9.4
Town is not walkable	32	11.6
Tobacco use	26	9.4
Substance use	68	24.5
Other (specify: _____)	16	5.8
Dementia among senior population everywhere, not just Bloomfield. And services for aging in place.		
Don't know		

During the Ok to walk signal light there should be no green lights for drivers in order to avoid running over pedestrians	
Food prices are too expensive	
Trash on the streets	
Lack of handicapped accessibility in many buildings as well as options in new rental properties	
Lack of motivation to address health issues	
NA	
No action for prevention of rodents when building	
None	
Not enough soccer fields for in town and travel soccer teams	
Overcrowding. Too many apt. and condos	
Quality level of high school education	
Social determinants	
Taxes are too high	
Too little real leisure too many smoking bans relaxation	
Town should have more informal meeting spaces, such as plazas like in Europe	

Demographics

This is the last section of the survey. It asks questions about you and your background. For each question, please check off the answer option that best answers the question.

I1. Where do you currently live?

N= 300	n	%
House	213	71.0

Public housing or senior housing apartment	15	5.0
Personal apartment (not public or senior housing)	50	16.7
Condominium	10	3.3
Townhouse	5	1.7
Assisted living	3	1.0
Other, please specify:_____	4	1.3
Rent room in a private house		
Rental		
Section 8 apartment		
Sub rent room in a private one family house		

I2. Are you living…

N=296	n	%
In your home, alone	63	21.3
In your home, with a spouse/significant other	151	51.0
In your home, with a family member	58	19.6
In your home, with someone other than a family member or spouse/significant other	4	1.4
In the home of a family member	11	3.7
In the home of someone other than a family member	3	1.0
Other, please specify: _____	6	2.0
Apartment		
Do not wish to answer		
Dog is family member		
Rent room in a private home		
Rooming house		
Tenant lives upstairs		

I3. In which ward in Bloomfield do you live?

N= 292	n	%
First Ward	44	15.1
Second Ward	61	20.9
Third Ward	49	16.8
I don't know/I'm not sure	132	45.2
I do not wish to answer this question	6	2.1

I4. How many adults (age 18 or older) currently live in your home (at least most of the time)?

N= 274	n	%
0	25	9.1
1	71	25.9
2	120	43.8
3	43	15.7
4	11	4.0
5	4	1.5

	Number of Years
Mean	1.8
Median	2.0
Mode	2
Minimum	0
Maximum	5

I5. Do you have children currently living in your home (at least most of the time) within any of the following age ranges? [CHECK ALL THAT APPLY.]

N= 286	n	%
Newborn to One year old	6	2.1
Two to Four years old	42	14.7
Five to 12 years old	83	29.0
13 to 17 years old	37	12.9
I do not have any children living in my home	149	52.1
I do not wish to answer this question	5	1.7

I6. In what year were you born?

N= 263	n	%
1929	2	.8
1933	1	.4
1938	2	.8
1939	4	1.5
1940	2	.8

1942	1	.4
1943	2	.8
1944	2	.8
1945	1	.4
1946	6	2.3
1947	3	1.1
1948	3	1.1
1949	2	.8

1950	4	1.5
1951	4	1.5
1952	5	1.9
1953	5	1.9
1954	5	1.9
1955	5	1.9
1956	8	3.0
1957	5	1.9
1958	6	2.3
1959	5	1.9
1960	3	1.1
1961	3	1.1
1962	7	2.7
1963	5	1.9
1964	2	.8
1965	4	1.5
1966	5	1.9
1967	5	1.9
1968	5	1.9
1969	7	2.7
1970	4	1.5
1971	5	1.9
1972	6	2.3
1973	5	1.9
1974	7	2.7
1975	11	4.2
1976	9	3.4
1977	12	4.6

1978	4	1.5
1979	10	3.8
1980	8	3.0
1981	6	2.3
1982	4	1.5
1983	6	2.3
1984	6	2.3
1985	4	1.5
1986	3	1.1
1987	2	.8
1988	3	1.1
1989	3	1.1
1990	3	1.1
1992	2	.8
1993	1	.4
1994	1	.4
1995	3	1.1
1996	1	.4
1998	2	.8
1999	3	1.1

	Birth Year
Mean	1968

Median	1970
Mode	1970
Minimum	1929
Maximum	1999

By age categories

N= 263	n	%
15-19	3	1.1
20-24	7	2.7
25-34	27	10.3
35-44	77	29.3
45-54	48	18.3
55-59	23	8.7
60-64	29	11.0
65-74	35	13.3
75-84	11	4.2
85 and older	3	1.1

I7. Which of the following racial/ethnic group(s) do you most identify with? [CHECK ALL THAT APPLY.]

N=300	n	%
White or Caucasian	194	64.7
Black or African American	45	15.0
Asian	16	5.3
Hispanic or Latino/Latina	60	20.0

Native American or American Indian	5	1.7
Native Hawaiian or other Pacific Islander	1	0.3
I do not wish to answer this question	13	4.3
Other, please specify:	4	1.3
All		
Arabic		
Biracial		
Jewish		

I8. What is your primary language?

N= 297	n	%
English	265	89.2
Spanish	27	9.1
Other, please specify:_____	5	1.7
Arabic		
Armenian		
Both English and Spanish		
Gujarati		

I9. Are you a U.S. military veteran?

N= 299	n	%
Yes	24	8.0
No	272	91.0
I don't know/I'm not sure	3	1.0
I do not wish to answer this question	0	0.0

I10. What is the highest grade or year of school that you completed?

N=300	n	%
Less than 9th grade	8	2.7
9th to 12th grade, no diploma	8	2.7
High school graduate (Grade 12 or GED)	34	11.3
Some college, no degree	37	12.3
Associate's Degree	22	7.3
Bachelor's Degree	97	32.3
Graduate or professional degree	90	30.0
I do not wish to answer this question	4	1.3

I11. What is your annual household income?

N=296	n	%
Less than $10,000	16	5.4
$10,000-14,999	10	3.4
$15,000-24,999	5	1.7
$25,000-34,999	25	8.4
$35,000-49,999	24	8.1
$50,000-74,999	25	8.4
$75,000-99,999	30	10.1
$100,000-149,999	38	12.8
$150,000-199,999	33	11.1
$200,000 or more	27	9.1
I do not wish to answer this question	63	21.3

I12. About how much do you weigh without shoes?

N = 297	n	%

Weight (pounds/kilograms)	233	78.5
I don't know/I'm not sure	24	8.1
I do not wish to answer this question	40	13.5

	Weight
Mean	173.0
Median	165.0
Mode	160
Minimum	91
Maximum	370

I13. About how tall are you without shoes?

N = 295	n	%
Height (feet/inches / meters/centimeters)	250	84.7
I don't know/I'm not sure	10	3.4
I do not wish to answer this question	35	11.9

	Height (inches)
Mean	66.0
Median	66.0
Mode	66
Minimum	55
Maximum	79

I14. Do you use any of the following public benefits? [CHECK ALL THAT APPLY.]

	n	%

Section 8 Housing Vouchers	7	2.6
Medicare	54	19.8
Medicaid	20	7.3
Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	8	2.9
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	4	1.5
Free or Reduced Price School Lunch Program	8	2.9
Supplemental Security Income (SSI)	5	1.8
Home Energy Assistance Program (HEAP)	7	2.6
$250 Property Tax Deduction for veterans and surviving spouses	6	2.2
$250 Property Tax Deduction for senior citizens and surviving spouses with an income under $10,000 a year	1	0.4
State Homestead Benefit	21	7.7
State Property Tax Reimbursement Freeze	6	2.2
I do not participate in any public benefit programs	195	70.7
Other, please specify: _____	4	1.5
Disabled veteran tax exemption for husband		
I don't know		
PAAD prescription assistance		
Social Security Disability		

Thank you for participating!

APPENDIX 3: INTERVIEW SUMMARY

Section 1, Question 1: To start, can you please tell me about your organization and your current role?

Responses redacted for this summary to protect respondent confidentiality.

Section 1, Question 2: What do you think are the biggest health issues or behaviors affecting residents in Bloomfield?

Themes that emerged from responses:

1. Respondents indicated that they were concerned about residents' mental health, social and emotional well-being, and stress. They felt stressed by the cost of living in the area and spent the majority of their time working and commuting to work, usually by car. Having enough time to practice a healthy lifestyle was cited by all respondents as a major health issue for the community. Respondents also indicated that development in town of new multi-unit residential housing was causing overcrowding and traffic issues, which also contribute to their overall feeling of stress. Financial stress, coupled with the stress of commuting, the sedentary nature of commuting and working and the overall feeling of not having enough time to practice a healthy lifestyle, led respondents to identify additional health issues and behaviors that are impacting the community.

2. Due to the concerns identified above, respondents felt that food choices and physical inactivity were health behavior issues affecting Bloomfield residents. Respondents reported that they were eating on the go and did not have time to cook homemade meals with their families. They suggested that this may be increasing their dependence on convenience foods. Respondents perceived that residents were not getting enough exercise due to a lack of time, the sedentary nature of work and commuting, and the lack of availability of low-cost exercise options.

3. The culture and climate described above led respondents to identify diabetes, obesity, and heart disease as the primary health issues affecting residents in Bloomfield.

4. Some respondents indicated that access to healthcare was an issue facing Bloomfield residents. Respondents suggested that non-English speaking minorities, seniors, and Medicaid/Medicare patients were struggling with accessing healthcare. The barriers to healthcare for these populations included language, immigration status, benefit status, transportation, physical mobility, and availability of doctors who take Medicaid/Medicare. It was suggested that the lack of healthcare access for these populations leads to an increase in emergency room utilization rates.

5. Of note, respondents indicated that access to mental health services was an issue for residents. It was stated that many providers do not take insurance, especially Medicaid and Medicare.

6. Some respondents highlighted specific issues that they perceived to impact older adults and the senior citizen population. Loneliness, being homebound, finances, and food scarcity were cited.

7. Communication was reported by some respondents as a concern facing certain populations in Bloomfield. Specifically, communication from the health department to target populations such as non-English speaking populations and awareness of the services available to residents

8. Additionally, respondents cited awareness of how personal behaviors impact individual health as a major concern. Respondents felt that many residents do not understand how their eating patterns impact their blood pressure or diabetes risk.

Section 1, Question 2a: What, if any, specific groups of people or places in Bloomfield do you think are most affected by these issues?

Populations Identified:

- Minorities, including Hispanic/Latinos and undocumented residents
- Older adults or senior citizens
- Low-income families
- Single parent households
- Lesbian, gay, bisexual, transgender or questioning (LGBTQ) residents
- Residents with mental health issues
- Residents of the third ward – due to their lack of access to healthy foods and increased access to convenience foods

Section 1, Question 3: What do you think are the things in Bloomfield that help keep people healthy?

Themes that emerged from responses:

Respondents highlighted a variety of aspects of Bloomfield that they perceived kept the community healthy, specifically access to parks and recreation opportunities, food access, the local health department, community walkability, and access to transportation options.

1. Interview respondents appreciated the amount of open space and parks within the community providing access to exercise opportunities, as well as the number and variety of recreation programs offered for children and families. Respondents perceived the

community to be safe with a low crime rate, enabling residents to recreate in parks with few safety concerns.

2. Interview respondents perceived that food access was not an issue in Bloomfield and that residents had good access to quality foods, facilitating healthy behaviors. For example, respondents indicated that a municipal mobile veggie truck accepts SNAP and WIC benefits and there are four supermarkets within the Township as well as many ethnic grocery stores.

3. Interview respondents indicated that the health department provided numerous preventative care resources, including mammograms, diabetes, and blood pressure screenings at town hall. The BDHHS was perceived as a good partner in public health, focused on leveraging resources by collaborating with other entities to provide additional services and screenings to the community. For example, the BDHHS partners with Clara Maas who provides dieticians and nutritionists to offer cooking and nutrition workshops at farmers markets and community events.

4. Respondents valued the access that Bloomfield residents have to public transportation options. The Township is situated close to major highways, has busses, two train stations, and access to a light rail, as well as senior transportation services, and a commuter jitney.

5. Respondents perceived that the Township encouraged walking and biking within the community and that Bloomfield was a walkable community especially downtown and within neighborhoods.

Section 1, Question 4: What do you think gets in the way of people staying healthy in Bloomfield?

Themes that emerged from responses:

Respondents cited numerous topics that they thought prevented residents from being healthy. These included stress, the cost of living and the strain on residents' time, the availability of unhealthy, convenience foods, lack of awareness about the relationship between health behaviors and health outcomes, and a need for mobile or neighborhood based health services to better serve populations.

1. Respondents were concerned about what they perceived as working families not having enough time to cook healthy meals. Respondents indicated that the cost of living in Bloomfield was high and families worked long hours, sometimes multiple jobs, to afford housing, potentially at the expense of eating healthy meals. Unhealthy food choices,

were facilitated by what respondents perceived as too much access to fast food within Bloomfield.

2. Respondents indicated that there was a lack of awareness and understanding by community members about how personal behaviors impact health outcomes. Respondents indicated it
    was their responsibility to help connect dots for people, educate people, and provide preventative services; however, more is needed to address the relationship between eating habits and lack of exercise and obesity, diabetes, and heart disease.

3. While respondents perceived Bloomfield to be walkable, they indicated that the Township could improve pedestrian and bicycle safety in order to get more residents walking and biking for transportation, errands, and recreation. Respondents assessed that there was a lack of safe routes for biking and that infrastructure repairs, such as better lighting, sidewalks, and intersections were needed to improve pedestrian safety.

4. Respondents perceived that busy, working families do not always have the time to search for information or the ability to get to the BDHHS during business hours for services. Respondents stated that the BDHHS might consider meeting people where they are in the community, by providing mobile or neighborhood-based services.

5. Respondents noted that there is a lack of support and information for Spanish speaking adults within Bloomfield. They described that Spanish-speaking families often prioritize their children's health over their own. Based on respondents' experiences with the community, they observed untreated depression and anxiety among Spanish-speaking adults, particularly in the current political climate.

Section 1, Question 5: Thinking about the issues we have been talking about, if you could change any three things about Bloomfield to make it a healthier place, what would you change?

Respondents overall recommendations to improve the health of Bloomfield were to develop new health education programs, better communication about existing health services, additional trainings for healthcare workers and emergency responders on mental health issues and cultural competency, and to improve the food and built environment to facilitate healthy behaviors within the Township.

1. Respondents indicated that the Township could develop additional programs to target some of the areas of need identified above. Specifically, an incentive program to develop healthier restaurants within the Township, as well as collaborating with the school district to provide consistent nutrition education and school garden assistance. In addition, respondents discussed the development of a community education program focusing on

eating healthy on a budget and collaborating with the recreation department and private businesses to offer free or low cost exercise programs to the community. Respondents indicated that these new programs may be offered within neighborhoods at local facilities or using the Health Departments mobile facilities.

2. Respondents indicated that the Township could improve their communication methods and promotion of existing programs and services by making information more accessible.
Specifically, communications could be in easy to read language and distributed consistently via email and social media posts. Respondents also indicated that communication could be distributed at the neighborhood level via mail correspondence, fliers, bulletin boards, banners, and other methods. Respondents suggested that the BDHHS promote its community-based role and services through a targeted marketing campaign, in conjunction with an expansion of services at the neighborhood level to underserved populations.

3. Respondents recommended the Township focus on training for first responders to appropriately respond to residents demonstrating mental health issues as well as substance abuse problems. Specifically, respondents suggested a process where police do not arrest substance abuse users or the mentally ill, but instead facilitate placement in a rehabilitation or mental health facility. In addition, it was suggested that the BDHHS partner with healthcare providers and first responders for everyone to be trained in concepts of cultural competency to better understand populations' perceptions of health and help all populations feel comfortable accessing care.

4. Respondents recommended a variety of food and built environment changes that could improve the health of the Bloomfield community, including the creation of protected bike lanes, improved infrastructure for pedestrian and bicycle safety, policies to reduce carbon emissions and improve air quality, expansion of the community garden and school gardens, and increasing the amount of farmers markets within the Township. For example, respondents suggested the Bloomfield could better implement its Complete Streets policy, enforce speed limits, improve lighting, enforce anti-idling laws, develop a solar power incentive program, assist schools with school gardens, and implement an initiative to expand farmers markets.

Section 1, Question 6: What programs and services offered in Bloomfield are you aware of that address any of these issues?

Themes that emerged from responses:

Respondents indicated that they were somewhat familiar with the BDHHS's offerings and screenings, including, well-baby clinics for children and immunizations for the whole family. Respondents stated that they interacted professionally with the BDHHS in a limited capacity, but perceived the BDHHS to be responsive and resourceful. For example, respondents were aware that when residents contacted the BDHHS, BDHHS staff were available to help either by providing services or directing the resident to the appropriate services or other organizations that could assist them.

Respondents were aware of the BDHHS community activities such as festivals and events that promote health and wellness and educational workshops for residents.

Respondents indicated that the creation of the Bloomfield Pride Club, which assists LGBTQ residents within the Township, was a program that addressed some of the stigma and concerns of the LGBTQ population accessing healthcare.
Respondents indicated that the mobile veggie truck that accepts SNAP and WIC, farmers market vouchers, the Healthy Corner Store Initiative, and food pantries and soup kitchens were programs that addressed the food environment within the Township.

Respondents indicated that the BDHHS is dedicated to reaching out to communities identified as underserved as evidenced by the recent hiring of an intern to provide health education workshops in Spanish.

Additional programs and services identified as addressing some of the health issues within the community include, the senior shuttle bus, recreation department programs, the Bloomfield Municipal Alliance, and the Bloomfield Substance Use Task Force.

Section 1, Question 7: What do you think still needs to be done to change these areas of concern? What steps should be taken to accomplish this? What role do you think the Bloomfield Department of Health and Human Services could play in this?

Themes that emerged from responses:

1. Respondents observed that there is a language barrier that prevents non-English speaking residents from accessing health services and building trusting relationships with the health department and partner organizations. Respondents suggested that a way to improve this relationship is to partner with healthcare providers in the area and leverage their resources to build bridges between the health department and non-English speaking communities.

2. Respondents identified the lack of neighborhood-based or mobile services as an area of concern that may be addressed. Respondents perceived that residents of a lower socioeconomic status do not always have the same level of access to information as

residents of higher socioeconomic status. Respondents attributed this disparity to a lack of access to the internet or other types of media, or a lack of time or other resources to find the information. Respondents suggested that the Health Department focus on providing services and programs that meet people in their neighborhoods outside of standard working hours. Respondents highlighted the need to address language barriers, provide services that address the needs of working families and the working poor, and build bridges with communities. In addition, respondents stated that the Department should incorporate a variety of communication methods to engage all residents.

3. Respondents suggested some model programs that the Township could initiate to address substance abuse in the community. Respondents highlighted programs such as Operation Hope, which helps police direct substance abusers towards treatment and rehabilitation services as opposed to putting them in jail for addiction. Respondents indicated that programs such as Operation Hope and other programs that promote access to mental health
and substance abuse services are needed within the Township.

4. Respondents identified affordable and safe housing as an area of concern for the Township. It was suggested that affordable housing programs be developed and that the Township increase the number of housing inspectors to provide oversight of rental units ensuring they are safe and habitable, free of insects, rodents, lead and mold, and up to building codes.

5. Respondents perceived that more programming addressing senior citizens health concerns was needed. It was suggested that a partnership with local colleges to develop crossgenerational programs could be developed. For example, shared housing programs where a college student assists a senior citizen with grocery shopping and other errands and keeps them company in exchange for a place to live.

Section 2, Question 8: Based on your experience, how do Bloomfield residents learn about what is going on in the community?

Themes that emerged from responses:

According to respondents, Bloomfield residents rarely received communications from the BDHHS or the Township except for correspondence regarding the water contamination issue. Respondents indicated that residents got their information about happenings within Bloomfield from the internet, social media groups, and through the Township newsletter, and the Bloomfield Buzz. Social media was utilized especially the community Facebook group called "Citizens of Bloomfield", plus Twitter and Facebook posts by the Mayor.

Respondents suggested that older adults may want to receive their information through the newspaper, radio, mail, or at Shop-Rites, as opposed to the internet and social media. In addition, respondents suggested that most parents within the community receive the information through fliers sent home in their children's backpacks. For non-English speaking residents, respondents observed that while they may receive some of this information, it is often not in their native language and families need to wait for an English-speaking family member, such as a school-aged child, to come home and read the information.

Section 2, Question 9: What tools or strategies have you used that successfully communicated and connected with Bloomfield residents?

Themes that emerged from responses:

Respondents suggested a number of tools and strategies that they had successfully employed to communicate and connect with Bloomfield residents. The strategies included, social media posts, using their organization's Facebook page, the Citizens of Bloomfield Facebook group, municipal social media pages and websites, fliers, canvassing at local supermarkets and other stores that target populations frequent, posts to the local PATCH, press releases to news media, calendar of events sent via email, and canvassing within neighborhoods.

Section 2, Question 10: What kinds of programs, services or information do you get at the Bloomfield Department of Health and Human Services to get? a. Overall, please tell us about how you would rate your interactions with the Bloomfield department of Health and Human Services.

Themes that emerged from responses:

1. While respondents indicated that the BDHHS went above and beyond their duties to assist residents, none had utilized their services or programs themselves.

2. Respondents indicated that the BDHHS could offer more mobile services in the various neighborhoods and wards of Bloomfield. For example, at home health screenings or flu clinics at frequented areas such as local grocery stores.

3. It was indicated that respondents rarely interact with the BDHHS at a professional level and do not receive communications from them as residents of Bloomfield. Some respondents mentioned that the BDHHS included a few paragraphs in the bi-annual Bloomfield Buzz newsletter.

4. Respondents indicated that the BDHHS had a good reputation and they had heard from colleagues that they experienced positive interactions with the BDHHS. Respondents indicated that the BDHHS had a reputation of dedicated employees providing excellent customer service to residents.

5. Respondents indicated that the BDHHS works well with their partners and utilizes partner resources to serve the community. They also indicated that the BDHHS is aware of the social determinants of health and trying to address the health issues within the minority, Senior, and non-English speaking populations; however not the low-income populations or populations of color within the community.

Section 2, Question 11: What recommendations do you have for the Bloomfield Department of Health and Human Services to better serve the residents of Bloomfield?

Themes that emerged from responses:

1. Respondents indicated that increased communication and an increased neighborhood presence were the two key areas of improvement the BDHHS could address to better serve the residents' needs. Throughout the interviews, respondents focused on the diversity of the population of the Township, as well as the difficulties some residents may have in getting to Town Hall to access BDHHS services. Respondents suggested that the BDHHS be more mobile and provide services and resources in neighborhoods as opposed to only at Town Hall. BDHHS might also include diverse groups of people when planning services and programs to ensure that they interest different cultures and ethnicities.

2. Respondents also recommended the development of new initiatives that promote community physical activity and togetherness to combat obesity and diabetes. They recommended increased collaboration with the municipal recreation department to offer more low-cost exercise opportunities at optimal times, for example, classes after 8pm or early in the morning before people leave for work.

3. Respondents indicated that the BDHHS could collaborate with their partners to expand the reach and variety of services they provide. These collaborations might emphasize communicating with Latino populations, advocating for policies that support working families and non-English speaking families, utilizing college students in their community programming efforts, offering additional health screenings, promoting the health benefits of biking and walking around the community, and providing neighborhood workshops on nutrition and cooking healthy on a budget.

4. Respondents recommended developing appropriate communications in common Spanish, with applicable syntax and context.

5. Respondents recommended improving the Township and Health Department websites to provide accessible and current information.

6. Respondents suggested using text messages and phone calls to communication time sensitive information, such as the water contamination issues, or send reminders about events and activities.

APPENDIX 4: FOCUS GROUP SUMMARY

Section 1, Question 1: What do you think are the biggest health issues or behaviors affecting residents in Bloomfield? a. In your experience, who do you think is impacted the most by these issues? This could be based on age-groups, neighborhood or other personal characteristics.

Themes that emerged in responses:

Focus group respondents indicated that the health issues facing Bloomfield were around health behaviors, stress and cost of living, the built environment, and health access.

1. Respondents indicated concerns about eating habits and the prevalence of obesity in the community. Respondents suggested that unhealthy food choices were prevalent among Bloomfield residents. For example, respondents were concerned that the year-round, indoor farmers market closed and that there were many fast food restaurants within the Township, both contributing to unhealthy food choices and obesity.

2. Respondents perceived that residents were not getting enough exercise due to a modern, sedentary lifestyle and a lack of affordable exercise programs. For example, respondents observed that residents had long commutes where they were inactive and that available exercise and activity programs for adults and seniors were not offered at times that working people could attend.

3. Respondents perceived an issue with substance abuse in the community. Respondents identified locations of the community where they witnessed drug use and observed drug paraphernalia on Township sidewalks and in parks.

4. Respondents perceived that residents felt stressed due to the cost of living in the area and the lack of affordable housing. Respondents indicated that residents felt pressure to work long hours in order to pay bills. In addition, respondents observed a number of homeless community members. It is unclear if the homeless population can be attributed directly to the cost of living, mental health issues or substance abuse issues, however respondents speculated on these reasons. Respondents did indicate that there were not enough shelters within the community.

5. Focus group respondents indicated concerns about the contamination issues with the municipal water supply. Respondents were mainly concerned about a perceived lack of timely communication from the Township and a lack of resolution to the contamination issue. In addition, respondents described that the correspondence regarding the issue was written in a very technical language that was not easy for the average citizen to understand. Respondents expressed concern about the consequences of the contamination, including the affordability
of bottled water and the possibility that low-income residents may have to choose between buying food or medicine and buying bottled water or water filters.

6. Respondents indicated concern about both pedestrian and bicycle safety within Bloomfield. Respondents perceived issues with traffic and driver safety, unsafe sidewalks and crosswalks, and adequate lighting at intersections and in parks for night time walking and bike riding.

7. Respondents perceived that community members experience difficulties affording health insurance and that there were not enough doctors in the area that accept Medicaid or Medicare. In addition, respondents cited the cost of in-home elder care and mental health services as barriers to accessing those services.

8. Respondents indicated concern that the BDHHS did not provide mobile health services throughout the Township. Respondents speculated as to how seniors, people without cars or who worked multiple jobs, could get to Town Hall during work hours to receive health services.

Section 1, Question 2: What do you think are the things in Bloomfield that help keep people healthy?

Themes that emerged in responses:

Respondents highlighted a variety of aspects of Bloomfield that they perceived kept the community healthy, specifically access to parks and recreation opportunities, food access, access to transportation options, and access to health services.

1. Respondents indicated that access to parks and areas for recreation helped to keep people healthy. Respondents described Bloomfield as a walkable community with a lot of parks and recreation that contributed to Bloomfield's appeal. Respondents indicated appreciation of the programs and services offered by the recreation department, including the babysitting options and the staff. Respondents also indicated an appreciation of the Townships focus on preserving open space, and perceived that the new town center and train station encourage residents to walk more. Respondents also mentioned the availability of tennis courts, access to school facilities for recreation, and community walking events organized by the NJ Bike and Walk Coalition as things in Bloomfield that help keep people healthy. Respondents stated that they appreciated the available private options for exercise and physical activity within the Township, especially the local YMCA for kids and families.

2. Respondents valued the access that Bloomfield residents have to public transportation options. The Township is situated close to major highways, has busses, two train stations, and access to a light rail, as well as senior transportation services, and a commuter jitney. Respondents indicated that access to public transportation options are something that keeps people healthy in Bloomfield by also reducing air pollution.

3. Respondents perceived that food access was not an issue in Bloomfield and that residents had good access to quality foods, facilitating healthy behaviors. For example, respondents indicated that the mobile veggie truck accepts SNAP and WIC benefits and there are four supermarkets within the Township as well as many ethnic grocery stores and culturally diverse restaurants. Respondents appreciated the community garden and the programming offered at it, as well as the seasonal farmers market. Respondents indicated that the food pantries and social service supports and programs within the community were helping people be healthy.

4. Respondents indicated that the Township offered a number of preventative services including flu shots and health screenings. Respondents perceived that the Township provided adequate access to mental health services and that there was good access to hospitals and doctors within the community.

Section 1, Question 3: What do you think gets in the way of people staying healthy in Bloomfield?

Themes that emerged in responses:

Respondents cited numerous areas that they thought prevented residents from being healthy, including, the cost of living, high density development and congestion, equitable access to

healthy foods and areas for recreation, maintenance of infrastructure, the food environment, substance abuse, and community connectivity.

1. Respondents perceived that cost of living and affordability gets in the way of people in Bloomfield being healthy. Specifically, respondents indicated concern for the cost of housing for renters and seniors. In addition, respondents were concerned about landlords that do not take care of their properties and do not maintain adequate housing conditions for their renters.

2. Respondents perceived that traffic and congestion were a problem for health. Respondents observed that Bloomfield is overcrowded and densely populated, with too much development, too many cars and inadequate parking, contributing to an overall feeling of stress.

3. Respondents perceived an inequitable distribution of resources within the Township, specifically in the amount of parks and recreation facilities and healthy food options that were available in the third ward area of Bloomfield. Respondents indicated concerns that the limited number of parks and recreation areas, a lack of school gardens, and a high number of fast food options within the third ward created barriers to residents making healthy choices.

4. Respondents observed that not all school facilities throughout the Township are open for public recreational use. In addition, respondents indicated that many intersections, parks, and school facilities lack adequate lighting for evening activities and sports. This issue is particularly a problem in the winter when it gets darker earlier.

5. Respondents indicated concern that there was no longer a seasonal farmers market in the town center, reducing community members' access to fresh, local, healthy foods.

6. Respondents perceived the availability of places to engage in substance use as an issue that is preventing people from being healthy. Respondents indicated community locations where they drugs were used and observed drug paraphernalia on Township sidewalks and in parks. Respondents indicated there was an increase in cocaine usage and smoke shops selling cough syrup and other over the counter items that are abused.

7. Respondents indicated concerns that there are not in-person social support groups within the Township. Respondents would like the Township to initiate activities that bring the community together outside to participate in physical activity, such as, neighborhood walking clubs.

Section 1, Question 4: Thinking about the issues we have been talking about, if you could change any three things about Bloomfield to make it a healthier place, what would you change? Think about things you might improve, add, or diminish.

Themes that emerged in responses:

Respondents overall recommendations to improve the health of Bloomfield were focused on the built environment, the food environment, the cost of living, and existing municipal policies and practices. For example, respondents indicated that the Township should more adequately address the water contamination issue, improve pedestrian and bicycle safety and food access, and improve health and wellness education programs within schools.

1. Respondents suggested the Township address residents' concerns about the water contamination issues with the municipal water supply. In addition, they also suggested improving the process for communicating about the water supply contamination.

2. Respondents recommended that the Township improve the walkability and bikeability of the community through pedestrian and bicycle safety initiatives.

3. Respondents would like to see a year-round farmers market open in Bloomfield to improve access to affordable, healthy food.

4. Respondents recommended that the Township partner with schools to provide consistent health and nutrition education within the schools.

5. Respondents perceived that the cost of living in Bloomfield was too high, making many things such of housing, health insurance, and food unaffordable for residents.

6. Respondents would like the Township to utilize their existing parks and recreation facilities more efficiently, by offering programing at underutilized sites and offering a wider variety of programming, such as free public events, like yoga in the park or calisthenics.

7. Respondents proposed that the Township amend its Municipal Master Plan and adopt land use ordinances that restrict fast food restaurants while incentivizing healthy food retailers. Respondents also proposed that the Township pass a ban on plastic grocery bags.

8. Respondents indicated concerns that too many trees were being removed from the Township. Respondents proposed the Township plant more trees and enact stricter ordinances to prevent people from removing trees without replacing them.

Section 1, Question 5: What programs and services offered in Bloomfield are you aware of that address any of these issues?

Themes that emerged in responses:

1. Overall, respondents indicated they were not aware of specific programs and services offered in Bloomfield that addressed these issues. Respondents indicated recreation opportunities throughout the Township that address obesity, such as the programming offered through the recreation department and the availability of recreation facilities like the Civic Center, Clarks Pond, Millbank Park, Felton Field, Branchbrook Park, and Watsessing Park. Respondents reiterated the perception that there are not adequate recreation opportunities within the third ward.

2. Respondents indicated awareness of health events throughout the Township such as the health and wellness fair, the Greener Bloomfield committee, and programming at the community garden, library, and recreation center.

3. Respondents indicated awareness of the health and social services offered by the Township, including, prescription assistance, transportation for seniors and the disabled, PSE&G assistance, mortgage assistance, a mobile screening unit, nurses from Bloomfield college, mental health services, food pantry assistance, and others.

4. Respondents discussed that some of the local schools had programs like school gardens and nutrition education, but indicated that not all of the schools offered this programming.

5. Respondents named the Sustainable Jersey program, Municipal Alliance, and Neighbor to Neighbor program as beneficial to the public health of the community.

Section 1, Question 6: What do you think should be done to change these areas of concern? What steps should be taken to make these changes?

Themes that emerged in responses:

Respondents indicated areas where changes could be made, including, health education and promotion, the distribution of recreation facilities, improvements to the food environment, improvements to the health department, policies and practices that protect the natural environment, and improved municipal communication.

1. Respondents indicated that health education and awareness within the community could be improved. Respondents suggested that the Township improve the promotion and

marketing of existing programs and services, while also developing new programming. For example, respondents suggested the Township educate residents that walking, and exercise are healthy choices that improve health outcomes. Respondents also suggested the Township provide education on the health impacts of pesticides and chemicals in foods and processed foods. Respondents proposed that the Township work with the schools to provide health and wellness education and programming such as healthy cooking classes.

2. Respondents indicated a need for a wider variety of programming offered during expanded operating hours. Respondents proposed that the Township offer more programming and recreation facilities within the third ward. Respondents perceived that residents in the South side or third ward of the Township did not have access to healthy food and recreational facilities and were of a lower socioeconomic status than the rest of the community.
Respondents indicated that services, programs, and facilities could be directed towards those areas of Bloomfield.

3. Respondents indicated the need for an improved, centrally located farmers market within the community, including a year-round market, as well as an overall decrease in the number of fast food options within the Township. Respondents proposed the Township amend the Municipal Master Plan to change the zoning and ordinances to prevent fast food restaurants from opening.

4. Respondents proposed that the Township reinvigorate the beautification committee and begin hosting litter clean-up events. Respondents also suggested the Township purchase Big Belly trash compactors as well as enforce anti-idling regulations in front of schools to protect air quality.

5. Respondents indicated a need for the Township to add more staff to the BDHHS and improve communications with the community. Respondents perceived that residents are not aware of the services offered by the department. Respondents suggested the BDHHS improve communications with the community by employing a larger variety of communication
methods. Respondents suggested that the Township reach out to drivers by providing more informational signs, banners, and other information materials in areas of town outside of Bloomfield Avenue and Broad Street.

6. Respondents indicated the need for protected bike lanes and pedestrian friendly running areas. In addition, respondents proposed that the Township continue working on the initiative to turn the old train line into a bike rail trail. In addition, respondents proposed that the Township fully implement and enforce the adopted Complete Streets Policy as

well as expand the senior bus and commuter jitney to be available to all residents as transportation options.

7. Respondents recommended the Township provide clearer and quicker communication regarding the water contamination issues within the community, specifically by providing alerts via text message or email and writing letters in clear, basic language. Respondents were interested in more neighborhood-based meetings for local residents to gather and discuss their community.

Section 2, Question 7: How do you and your family or friends learn about what is going on in the community?

Themes that emerged in responses:

1. Respondents indicated that they learn about what is happening in the community through a variety of options, including the Township and BDHHS website, social media sites, such as, the "Citizens of Bloomfield" Facebook community group and BDHHS posts on Facebook, and information sent home in children's backpacks.

2. Respondents indicated that the elderly may not utilize social media to find information and most likely utilize the Buzz Newsletter and the Bloomfield Life print newspaper.

Section 2, Question 8: What kinds of programs, services or information do you get at the Bloomfield Department of Health and Human Services to get? a. Overall, please tell us about how you would rate your interactions with the Bloomfield Department of Health and Human Services.

Themes that emerged in responses:

1. Respondents indicated that they were not particularly aware of the programs and services offered by the BDHHS and therefore did not utilize the services. Respondents indicated that they were aware that the department posted in the bi-annual Bloomfield Buzz about flu shots and health screenings and on social media about where to go on a cold night.

2. Respondents stated that they did not have enough personal interactions with the BDHHS to rate them and only recently learned what the department does. Respondents indicated that
    the BDHHS had a good reputation and they had heard from neighbors and friends that they had positive interactions with the BDHHS. Respondents perceived the department as being very helpful and responsive, going above and beyond their roles. Respondents

indicated that the BDHHS had a reputation of dedicated employees providing excellent customer service to residents, however respondents indicated that there was the perception that the BDHHS was understaffed and under resourced.

Section 2, Question 9: What recommendations do you have for the Bloomfield Department of Health and Human Services to better serve the residents of Bloomfield?

Themes that emerged in responses:

Respondents proposed a number of recommendations for the BDHHS to consider in order to better serve residents. Recommendations focused on improving communication, enhancing programs and services, providing mobile and neighborhood based services, and others.

1. Modify the Township and BDHHS websites to be more user-friendly with updated information and more diversified methods of communication to reach all populations within all neighborhoods. Increase communication with residents about the availability of health promotion and education programs.

2. Provide mobile or neighborhood-based health services, conduct neighborhood and ward based meetings, and offer programing in underutilized facilities within neighborhoods, such as nutrition education and healthy cooking workshops.

3. Implement the Complete Streets policy and enforce speed limits and driving rules to address traffic, congestion and parking issues within the downtown Bloomfield Avenue corridor.

4. Develop a plan to improve infrastructure, such as sidewalks, intersections, lighting, benches, crosswalks, and tree planting on municipal streets, within parks and school facilities, to facilitate walking and biking.

5. Improve the food environment by expanding community and school gardens and farmers markets throughout the Township. Offer programming at these sites such as nutrition education, composting how-to, and the impacts of waste on our environment. In addition, provide consistent nutrition and healthy eating education at all elementary schools, as well as partner with teachers to identify kids in need of healthy food.

6. Offer expanded hours of services and hire more staff at the health department. Potentially recruit college interns and volunteers to assist with providing expanded programs during expanded hours.

7. Provide more information on mental health services, such as magnets with emergency mental health information on them.

8. Fix the water contamination problems and communicate with residents about the issue in a responsive, timely, and informative manner.

Section 2, Question10: Is there anything else you would like to add that we haven't discussed today?

Respondents indicated concerns regarding feral cats, rodents, flooding, the size of school classes, and reducing smoking within the Township.

Appendix 5: Respondent Demographic Data

More than 400 Bloomfield residents completed the resident survey (n=403) Survey respondents answered a variety of questions about their personal characteristics. The following summarizes the characteristics and demographics of the resident survey participants.

Summary of Key Findings

Resident survey respondents most frequently reported the following characteristics:

- were aged 35 to 54 years (47%),
- identified as White or Caucasian (65%),
- attained an Associate degree or higher (69%), and
- earned a household income of $50,000 or more 953%)

Living Accommodations

The data indicated that the majority of the survey respondents lived in a house (71%) and lived in their home with a spouse or significant other (51%), Figure 30.

Figure 30. Living Accommodations

145
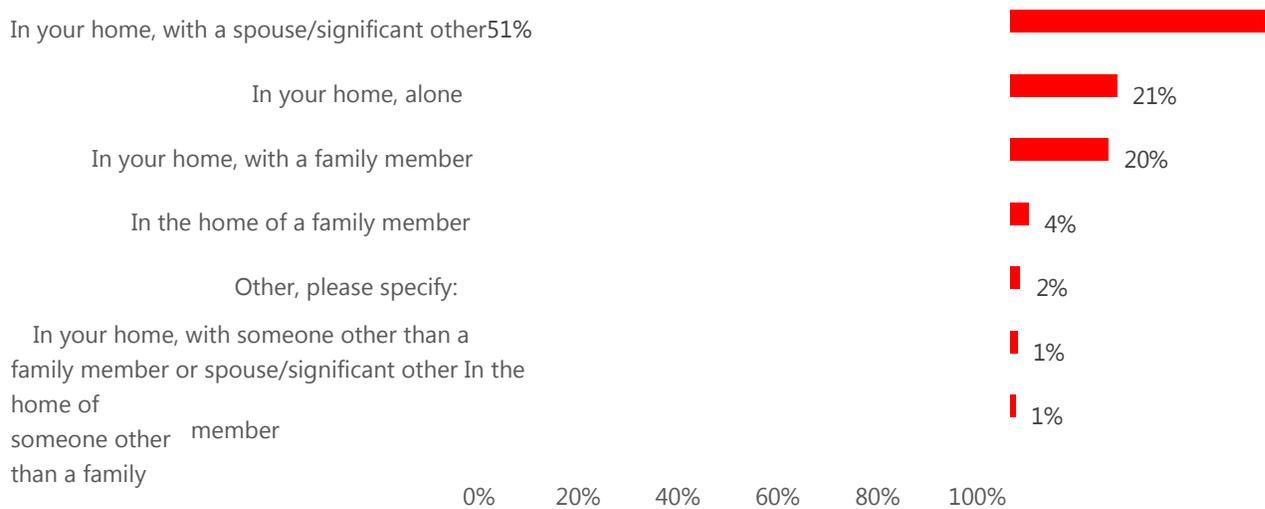
In regard to adult household members and the number of children under the age of 18 that currently live in the household, more than 40% reported 2 adults (age 18 or older) living in the home, Figure 31. More than half of survey respondents (52%) reported that they did not have any children living in
their home, Figure 32.

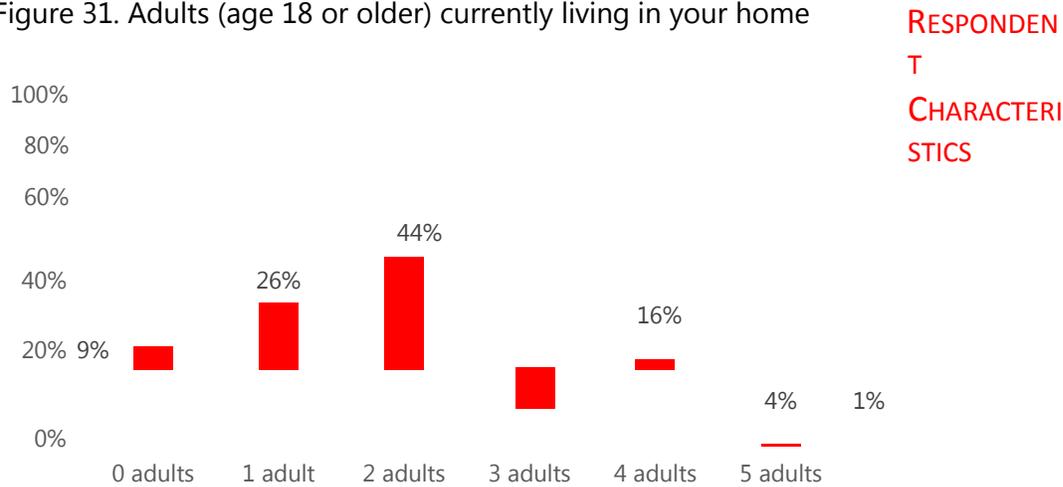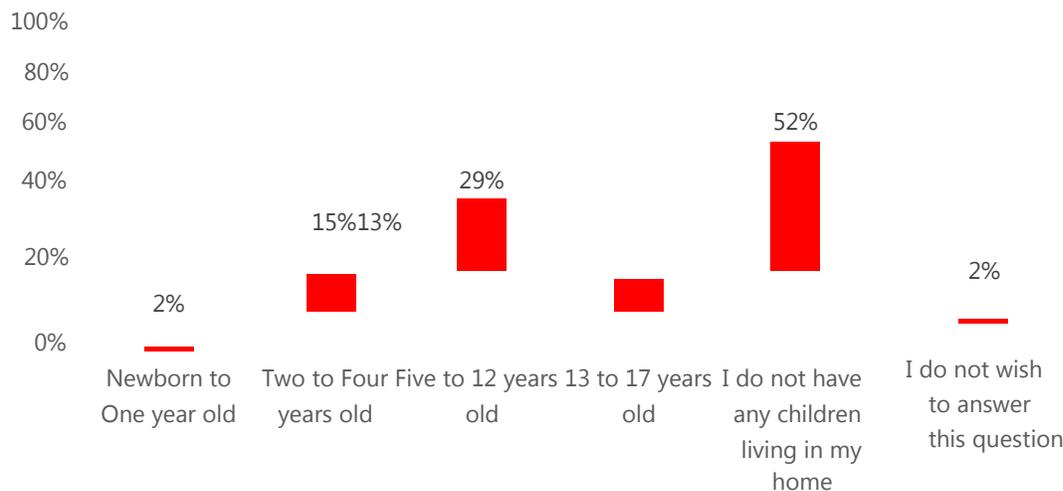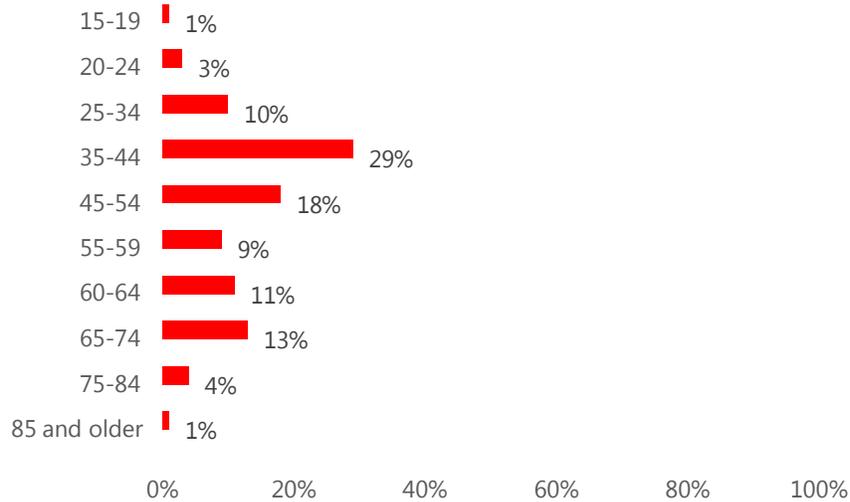Figure 31. Adults (age 18 or older) currently living in your home

Figure 32. Children (age 18 or younger) currently living in your home

Survey respondents were asked to provide their year of birth as way to identify age. Responses ranged from 1929 to 1999. Respondent's year of birth were categorized into age brackets to

gain a better understanding of the generations living in Bloomfield. Nearly half of respondents (47%) were between the ages of 35-54 years, Figure 33.

Figure 33. Respondent Age Categories

Age Category	Percentage
15-19	1%
20-24	3%
25-34	10%
35-44	29%
45-54	18%
55-59	9%
60-64	11%
65-74	13%
75-84	4%
85 and older	1%

Survey respondents reported the racial and ethnic groups with which they identify. Nearly two-thirds (65%) of survey respondents identified as White or Caucasian (65%) and 20% identified as Hispanic or Latino(a), Figure 34.

Figure 34. Racial/Ethnic Group

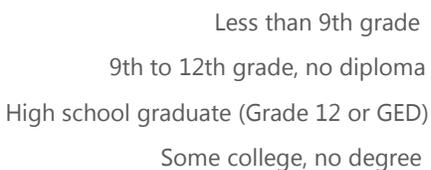| Category	Percentage
White or Caucasian	65%
Hispanic or Latino(a)	20%
Black or African American	15%
	5%
	2%
	1%
	0%
Asian	4%
Native American or American Indian	
Other, please specify	
Native Hawaiian or other Pacific Islander	
I do not wish to answer this question	

0% 20% 40% 60% 80% 100%
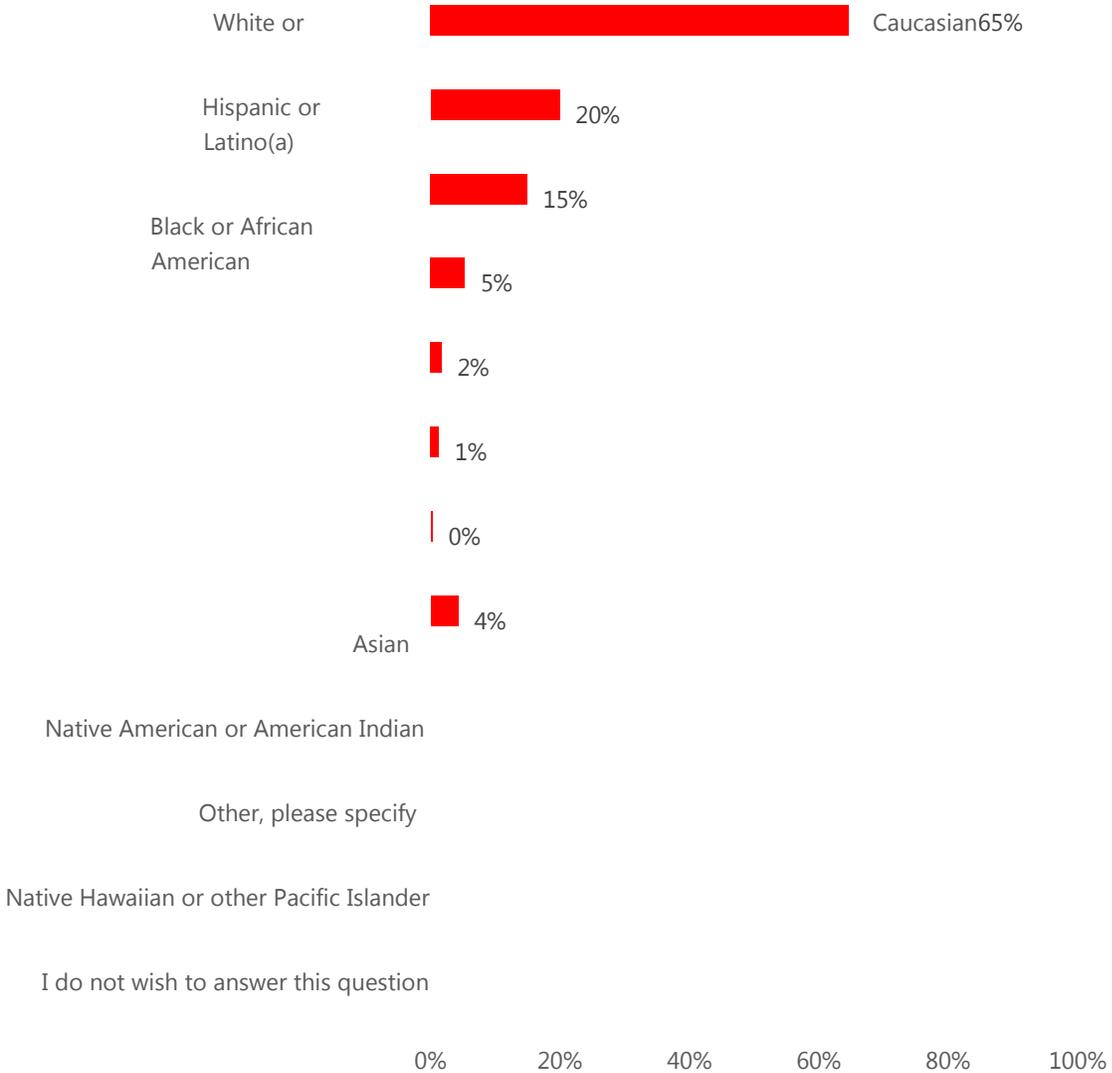
While multiple languages were spoken by survey respondents (e.g., Spanish, Arabic), nearly all the respondents (89%) identified English as their primary language.

Nearly two-thirds of respondents (62%) reported having a Bachelor's degree or a graduate/professional degree. Of note, 6% reported that did not graduate from high school, Figure
35.

Figure 35. Respondent Educational Attainment

Less than 9th grade
9th to 12th grade, no diploma
High school graduate (Grade 12 or GED)
Some college, no degree

Associate's Degree — 3%
3%
Bachelor's Degree — 11%
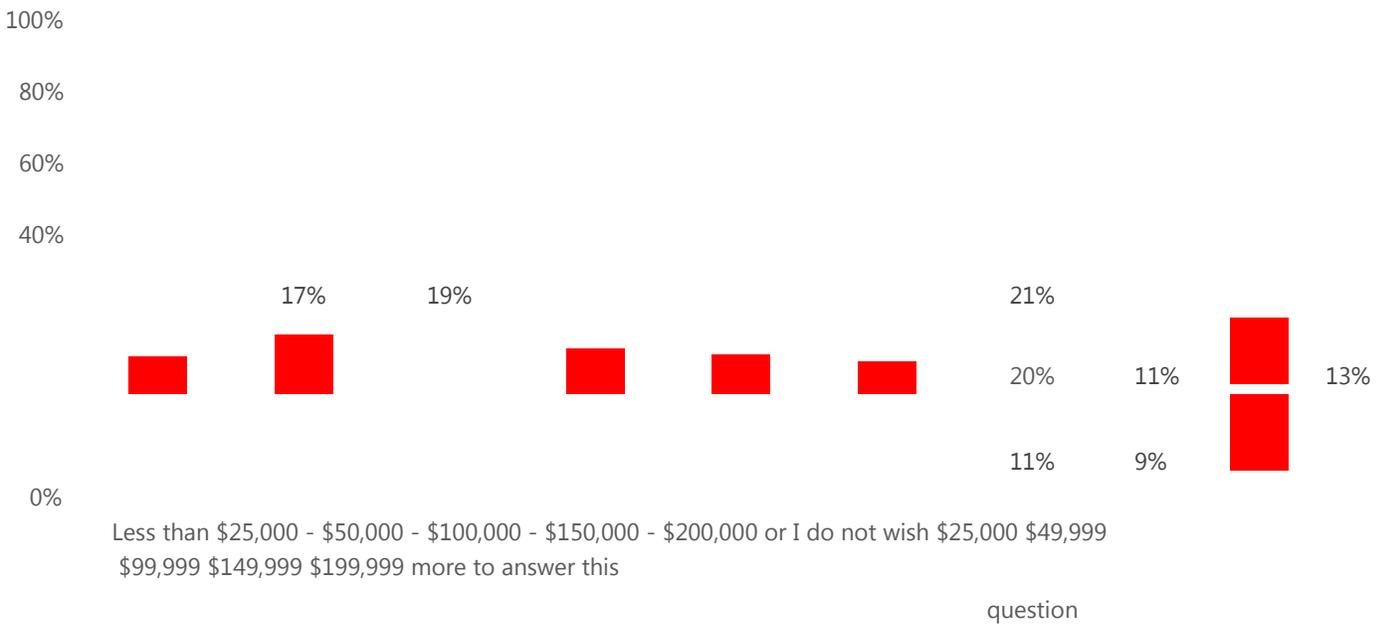12%
Graduate or professional degree — 7%
I do not wish to answer this question — 32%
30%
1%

0%   20%   40%   60%   80% 100%
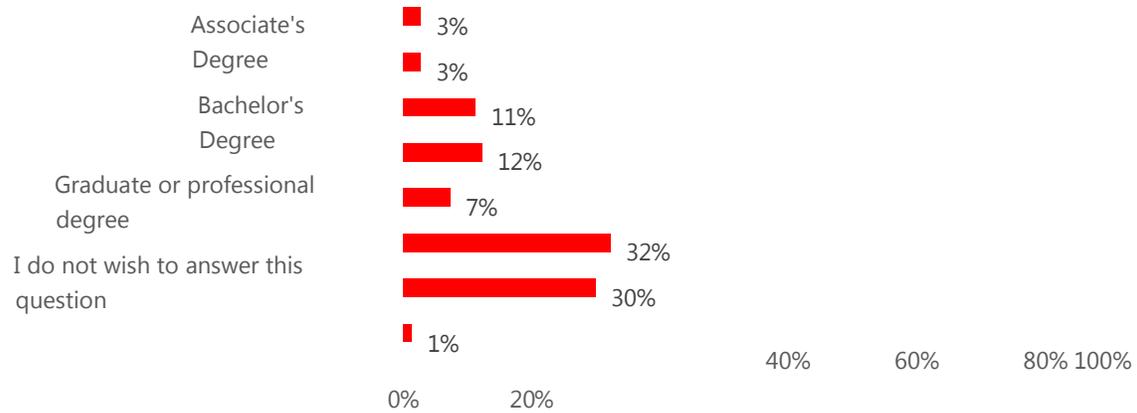
While all income levels were represented among survey respondents, more than 50% of respondents reported a household income greater than $50,000, Figure 36. More than one-fifth (21%) of survey respondents did not report their income.

Figure 36. Respondent Household Income

100%

80%

60%

40%

17%   19%   21%

20%   11%   13%

11%   9%

0%

Less than $25,000 - $50,000 - $100,000 - $150,000 - $200,000 or I do not wish $25,000 $49,999
$99,999 $149,999 $199,999 more to answer this
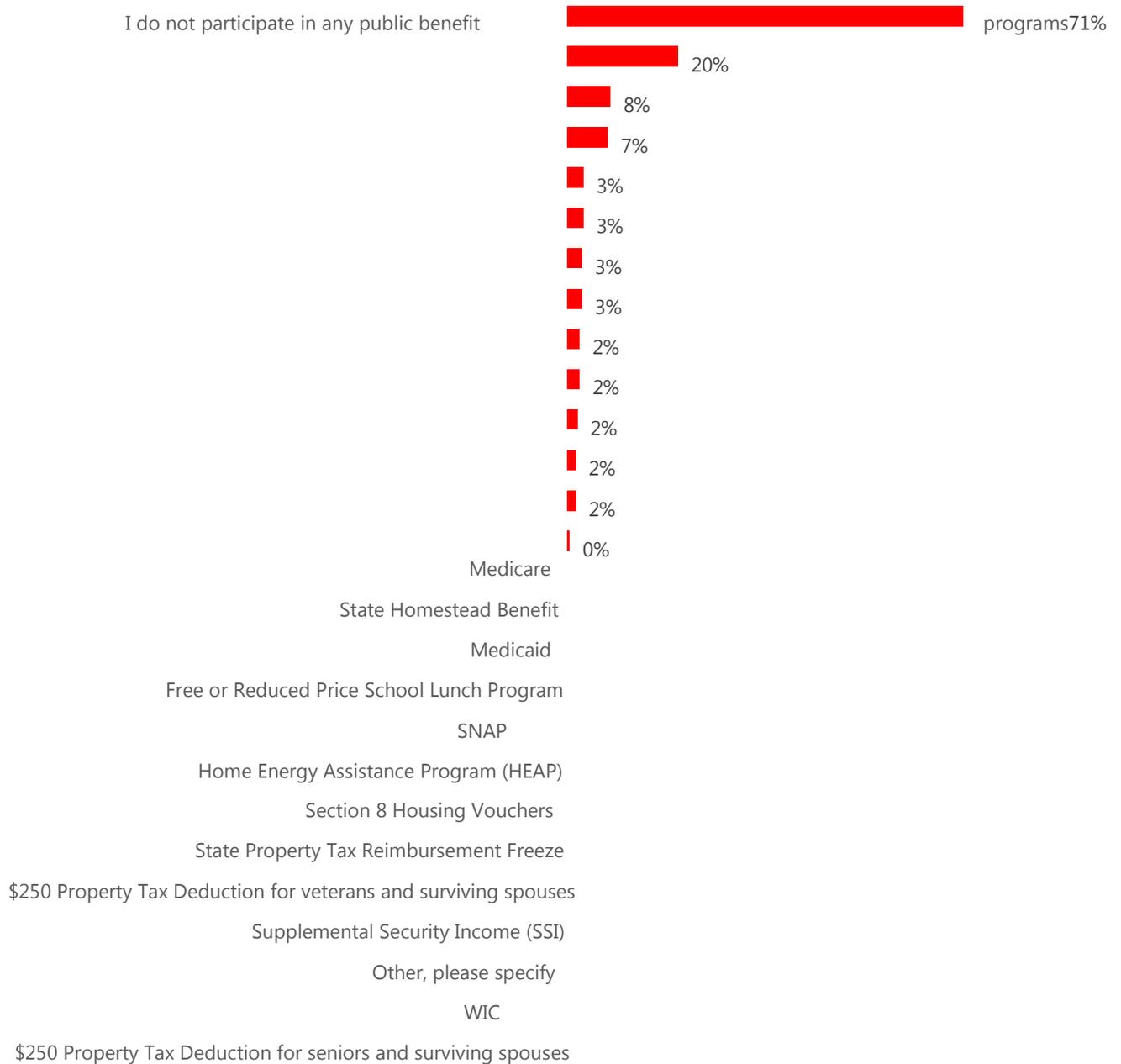
question

The township offers a variety of housing (e.g., mixed-use, residential, multi-family, apartment complexes) to residents. Most frequently, survey respondents reported that they lived in a house (71%) or a personal apartment (17%).

More than half of survey respondents (53%) identified the ward in which they lived.

- 15% lived in the First Ward
- 21% lived in the Second Ward
- 17% lived in the Third Ward
- 45% "did not know" or were "not sure" in which ward they lived in

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Survey respondents were asked about their participation in public benefit programs (e.g., Medicare, Medicaid, and Section 8 Housing). The majority of respondents (71%) reported did not participate in any public benefit programs. Of the public benefit programs listed, respondents most frequently participated in Medicare (20%), the State Homestead Benefit program (8%), and Medicaid (7%), Figure 37.

Figure 37. Public Benefits

I do not participate in any public benefit programs71%

20%

8%

7%

3%

3%

3%

3%

2%

2%

2%

2%

2%

0%

Medicare

State Homestead Benefit

Medicaid

Free or Reduced Price School Lunch Program

SNAP

Home Energy Assistance Program (HEAP)

Section 8 Housing Vouchers

State Property Tax Reimbursement Freeze

$250 Property Tax Deduction for veterans and surviving spouses

Supplemental Security Income (SSI)

Other, please specify

WIC

$250 Property Tax Deduction for seniors and surviving spouses

0%   20%   40%   60%   80%   100%

APPENDIX 6: CROSSTAB DATA

Overall Health

D1. Would you say that in general your health is…

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and general health was not significant.	Chi square
Race	The relation between race and general health was not significant.	Chi square
Education	The relation between education and general health was not significant.	Chi square
Income	The relation between income and general health was significant, χ^2 (36, N=230) = 73.00, p-value < .001.	Chi square
Age (5 year intervals)	The relation between age and general health was significant, χ^2 (56, N=261)=79.14, p-value = .023.	Chi square

D7. Had a doctor, nurse, or other health professional EVER told you that you had high blood pressure?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and high blood pressure diagnosis was not significant.	Chi square
Race	The relation between race and high blood pressure diagnosis was significant for Native Hawaiian or other Pacific Islander, χ^2 (36, N=150)=36.75, p-value < .001.	Chi square

Education	The relation between education and high blood pressure diagnosis was not significant.	Chi square
Income	The relation between income and high blood pressure diagnosis was not significant.	Chi square
Age (5 year intervals)	The relation between age and high blood pressure diagnosis was significant, χ^2 (56, N=260)=163.35, p-value < .001.	Chi square

D9. Had a doctor, nurse, or other health professional EVER told you that you had diabetes?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and diabetes diagnosis was not significant.	Chi square
Race	The relation between race and diabetes diagnosis was significant for White or Caucasian, χ^2 (5, N=295)=22.55, p-value< .001 and Other, χ^2 (5, N=295)=20.946, p-value< .001	Chi square
Education	The relation between education and diabetes diagnosis was significant, χ^2 (18, N=286)=34.99, pvalue=.009	Chi square
Income	The relation between income and diabetes diagnosis was significant, χ^2 (36, N=229)=68.09, pvalue=.001	Chi square
Age (5 year intervals)	The relation between age and diabetes diagnosis was significant, χ^2 (56, N=210)=95.17, pvalue=.001	Chi square

D11. Where do you USUALLY go when you are sick? (Select ONE)

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and where residents go when they are sick was not significant.	Chi square

Race	The relation between race and where residents go when they are sick was significant for White or Caucasian, χ^2 (7, N=284)=19.31, p-value=.007 and Hispanic or Latino(a), χ^2 (7, N=284)=16.93, pvalue = .018	Chi square
Education	The relation between education and where residents go when they are sick was significant, χ^2 (42, N=282)=81.43, p-value < .001	Chi square
Income	The relation between income and where residents go when they are sick was not significant.	Chi square
Age (5 year intervals)	The relation between age and where residents go when they are sick was significant, χ^2 (98, N=253)=324.18, p-value < .001	Chi square

D13. Do you have any kind of health coverage, including health insurance, prepaid such as HMOs, government plans such as Medicare, or Indian Health Service?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and health coverage was not significant.	Chi square
Race	The relation between race and health coverage was significant for Native Hawaiian or other Pacific Islander, χ^2 (2, N=149)=73.99, p-value< .001.	Chi square
Education	The relation between education and health coverage was not significant.	Chi square
Income	The relation between income and health coverage was not significant.	Chi square
Age (5 year intervals)	The relation between age and health coverage was not significant.	Chi square

D14. Are you and your family able to access dental care services?

Demographic Variable	Findings	Statistical Analysis

Ward	The relation between ward and access to dental care was not significant.	Chi square
Race	The relation between race and access to dental care was significant for White or Caucasian, $\square^2$ (2, N=292)=15.43, p-value< .001, Hispanic or Latino(a), $\square^2$ (2, N=292)=7.92, p-value=.019, and Other, $\square^2$ (2, N=292)=7.82, p-value = .020.	Chi square
Education	The relation between education and access to dental care was significant, $\square^2$ (12, N=290)=32.79, pvalue < .001.	Chi square
Income	The relation between income and access to dental care was significant, $\square^2$ (18, N=29)=96.44, pvalue < .001.	Chi square
Age (5 year intervals)	The relation between age and access to dental care was significant, $\square^2$ (28, N=259)=51.33, p-value = .005.	Chi square

Health Behaviors

A1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and participation in any physical activities or exercise was not significant.	Chi square
Race	The relation between race and participation in any physical activities or exercise was significant for White or Caucasian, $\square^2$ (2, N=296)=16.05, p-value< .001, Asian, $\square^2$ (2, N=296)=19.33, p-value< .001, and Hispanic or Latino(a), $\square^2$ (2, N=296)=7.74, p-value=.021.	Chi square

Education	The relation between education and participation in any physical activities or exercise was not significant.	Chi square
Income	The relation between income and participation in any physical activities or exercise was not significant.	Chi square
Age (5 year intervals)	The relation between age and participation in any physical activities or exercise was not significant.	Chi square

A5. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.
    Please select one answer and use a number to indicate the number of times.

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and drinking regular soda or pop that contains sugar was not significant.	Chi square
Race	The relation between race and drinking regular soda or pop that contains sugar was significant for White or Caucasian, χ^2 (4, N=289)=24.57, p-value<.001, Asian, χ^2 (4, N=289)=10.11, p-value=.039 and Hispanic or Latino(a), χ^2 (4, N=289)=15.59, p-value=.004.	Chi square
Education	The relation between education and drinking regular soda or pop that contains sugar was significant, χ^2 (24, N=285)=44.13, p-value=.007.	Chi square
Income	The relation between age and drinking regular soda or pop that contains sugar was not significant.	Chi square
Age (5 year intervals)	The relation between age and drinking regular soda or pop that contains sugar was significant, χ^2 (56, N=255)=108.07, p-value<.001.	Chi square

Food Access

B3. In the past 30 days, how often did you worry that your household would not have enough food?

Demographic Variable   Findings   Statistical Analysis

Ward	The relation between ward and worrying household would not have enough food was not significant.	Chi square
Race	The relation between race and worrying household would not have enough food was significant for White or Caucasian, χ^2 (3, N=290)=29.20, p-value<.001and Hispanic or Latino(a), χ^2 (3, N=290)=13.83, p-value=.003.	Chi square
Education	The relation between education and worrying household would not have enough food was significant, χ^2 (18, N=286)=94.84, p-value<.001.	Chi square
Income	The relation between income and worrying household would not have enough food was significant, χ^2 (27, N=225)=102.40, p-value<.001	Chi square
Age (5 year intervals)	The relation between age and worrying household would not have enough food was significant, χ^2 (39, N=206)=62.40, p-value=.010	Chi square

Tobacco and Substance Use

C1. Do you now smoke cigarettes every day, some days, or not at all?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and smoking cigarettes every day, some days, or not at all was not significant.	Chi square
Race	The relation between race and smoking cigarettes every day, some days, or not at all was significant for Asians, $\square^2$ (2, N=297)=6.90 p-value=.032 and American Indian or Native Alaskan, $\square^2$ (2, N=297)=17.63 p-value<.001.	Chi square
Education	The relation between education and smoking cigarettes every day, some days, or not at all was significant, $\square^2$ (12, N=293)=26.39, p-value=.009.	Chi square
Income	The relation between income and smoking cigarettes every day, some days, or not at all was significant, $\square^2$ (18, N=231)=32.58, p-value=.019.	Chi square
Age (5 year intervals)	The relation between age and smoking cigarettes every day, some days, or not at all was significant, $\square^2$ (28, N=262)=47.18, p-value=.013.	Chi square

C4. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? Please select one answer and use a number to indicate the number of times.

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and how many days per week or per month did you have at least one drink of any alcoholic beverage was not significant.	Chi square
Race	The relation between race and how many days per week or per month did you have at least one drink of any alcoholic beverage was significant for Whites or Caucasian, $\square^2$ (3, N=282)=23.56, pvalue<.001, Hispanic or Latino(a), $\square^2$ (3, N=282)=22.39, p-value<.001, and American Indian or Native Alaskan, $\square^2$ (3, N=282)=8.79, p-value=.032.	Chi square

Education	The relation between education and how many days per week or per month did you have at least one drink of any alcoholic beverage was significant, χ^2 (18, N=279)=37.09, p-value=.005.	Chi square
Income	The relation between income and how many days per week or per month did you have at least one drink of any alcoholic beverage was significant, χ^2 (27, N=222)=42.46, p-value=.030.	Chi square
Age (5 year intervals)	The relation between age and how many days per week or per month did you have at least one drink of any alcoholic beverage was significant, χ^2 (42, N=252)=64.09, p-value=.016.	Chi square

Housing

F2. Do you rent or own your home?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and do you rent or own was not significant.	Chi square
Race	The relation between race and do you rent or own was significant, for Whites or Caucasian, $\square^2$ (4, N=289)=49.65, p-value<.001, Black or African Americans(a), $\square^2$ (4, N=289)=32.48, p-value<.001, and Asian, $\square^2$ (4, N=289)=19.19, p-value<.001.	Chi square
Education	The relation between education and do you rent or own was significant, $\square^2$ (24, N=287)=84.54, pvalue<.001.	Chi square
Income	The relation between income and do you rent or own was significant, $\square^2$ (40, N=286)=136.09, pvalue<.001.	Chi square
Age (5 year intervals)	The relation between age and do you rent or own was significant, $\square^2$ (56, N=255)=114.87, pvalue<.001.	Chi square

F3. During the last 12 months, was there a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills was not significant.	Chi square
Race	The relation between race and a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills was not significant.	Chi square

Education	The relation between education and a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills was significant, χ^2 (12, N=276)=24.61, p-value=.017.	Chi square
Income	The relation between income and a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills was significant, χ^2 (18, N=221)=43.88, p-value=.001.	Chi square
Age (5 year intervals)	The relation between age and a time when you were <u>not</u> able to pay your mortgage, rent, or utility bills was not significant..	Chi square

<u>Communication</u>

G3. In general, how informed or uninformed do you feel about health-related services and activities available to residents from the Bloomfield Department of Health and Human Services?

<u>Demographic Variable</u>	<u>Findings</u>	<u>Statistical Analysis</u>
Ward	The relation between ward and how informed or uninformed do you feel about health-related services and activities available was not significant.	Chi square
Race	The relation between race how informed or uninformed do you feel about health-related services and activities available was significant for Asian, χ^2 (4, N=295)=19.25, p-value=.001.	Chi square
Education	The relation between education and how informed or uninformed do you feel about health-related services and activities available was not significant.	Chi square
Income	The relation between income and how informed or uninformed do you feel about health-related services and activities available was not significant.	Chi square
Age (5 year intervals)	The relation between age and how informed or uninformed do you feel about health-related services and activities available was not significant.	Chi square

G4. How would you rate your knowledge regarding the health-related services and resources that exist for residents in Bloomfield?

<u>Demographic Variable</u>   <u>Findings</u>   <u>Statistical Analysis</u>

Ward	The relation between ward and knowledge regarding the health-related services and resources that exist was not significant.	Chi square
Race	The relation between race and knowledge regarding the health-related services and resources that exist was significant for Asian, χ^2 (5, N=291)=14.12, p-value=.015.	Chi square
Education	The relation between education and knowledge regarding the health-related services and resources that exist was not significant.	Chi square
Income	The relation between income and knowledge regarding the health-related services and resources was significant, χ^2 (45, N=229)=67.35, p-value=.017.	Chi square
Age (5 year intervals)	The relation between age and knowledge regarding the health-related services and resources was not significant.	Chi square

G10. Please rate your overall level of satisfaction with the community services and resources provided by the Bloomfield Department of Health and Human Services to residents of Bloomfield.

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and overall level of satisfaction with the community services and resources provided BDHHS was not significant.	Chi square
Race	The relation between race and overall level of satisfaction with the community services and resources provided BDHHS was significant for Asian, χ^2 (5, N=295)=14.43, p-value=.013 and Hispanic or Latino(a), χ^2 (5, N=295)=12.01, p-value=.035.	Chi square
Education	The relation between education and overall level of satisfaction with the community services and resources provided BDHHS was not significant.	Chi square
Income	The relation between income and overall level of satisfaction with the community services and resources provided BDHHS was significant, χ^2 (45, N=229)=77.52, p-value=.002.	Chi square

Age (5 year intervals)	The relation between age and overall level of satisfaction with the community services and resources provided BDHHS was not significant.	Chi square

Community Safety

H1. How safe do you consider your neighborhood to be? Would you say…

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and neighborhood safety was not significant.	Chi square
Race	The relation between ward and neighborhood safety was significant for White or Caucasian, χ^2 (4, N=298)=10.67, p-value=.031.	Chi square
Education	The relation between education and neighborhood safety was significant, χ^2 (24, N=294)=42.21, p-value=.012.	Chi square
Income	The relation between income and neighborhood safety was significant, χ^2 (36, N=231)=58.61, pvalue=.010.	Chi square
Age (5 year intervals)	The relation between age and neighborhood safety was not significant.	Chi square

H2. Do you know where to obtain information on lead poisoning prevention?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and obtaining information on lead poisoning prevention was not significant.	Chi square
Race	The relation between race and obtaining information on lead poisoning prevention was not significant.	Chi square
Education	The relation between education and obtaining information on lead poisoning prevention was not significant.	Chi square
Income	The relation between income and obtaining information on lead poisoning prevention was not significant.	Chi square
Age (5 year intervals)	The relation between income and obtaining information on lead poisoning prevention was significant, χ^2 (28, N=260)=42.46, p-value=.039.	Chi square

Demographics

I5. Do you have children currently living in your home (at least most of the time) within any of the following age ranges?

Demographic Variable	Findings	Statistical Analysis
Ward	The relation between ward and children currently living in their home was significant for those with newborn to one year old, χ^2 (2, N=147)=8.75, p-value=.013.	Chi square
Race	The relation between race and children currently living in their home was significant for White or Caucasian and two to four years old, χ^2 (1, N=285)=9.42, p-value=.002, White or Caucasian and five to 12 years old, χ^2 (1, N=285)=4.02, p-value=.045, Hispanic or Latino(a) and five to 12 years old, χ^2 (1, N=285)=6.72, p-value=.010,Hispanic or Latino(a) and 13 to 17 years old, χ^2 (1,	Chi square

	N=285)=7.61, p-value=.006, and Native Hawaiian or other Pacific Islander and 13 to 17 years old, χ^2 (1, N=285)=6.73, p-value=.010.	
Education	The relation between education and children currently living in their home was not significant.	Chi square
Income	The relation between income and children currently living in their home was significant for those with newborn to one year old χ^2 (9, N=221)=23.27, p-value=.012.	Chi square
Age (5 year intervals)	The relation between age and children currently living in their home was significant for those with two to four years old, χ^2 (14, N=248)=55.35, p-value <.001, five to 12 years old χ^2 (14, N=248)=77.09, p-value <.001, and 13 to 17 years old χ^2 (14, N=248)=24.53, p-value =.039.	Chi square

APPENDIX 7

Veggie Mobile Program – Data Evaluation Report

Bloomfield's household income data retrieved from the American Community Survey (2012-2016) revealed that 14 percent of residents survived on an annual income of $25,000 or below. Bloomfield Department of Health and Human Services' (BDHHS) 2017 Community Health Assessment (CHA) indicated that 20% percent of the respondents reported worrying often or sometimes about their household not having enough food on a monthly basis. Focus group interviews among residents indicated that "prohibitive" prices and lack of transportation (76 percent walked or depended on someone else for a reliable mode of transportation) contributed to the difficulties experienced by residents in accessing healthy foods. Additionally, chronic diseases and access to healthy foods were indicated as primary community health concerns, 26 percent and 20 percent respectively.

BDHHS works towards alleviating some of these inequitable conditions and as a result, the mobile/ seasonal farmers market, community gardens, food pantries, and social services available or coordinated through the department have become valuable community resources in helping residents to access healthy and fresh foods. The department's successful partnership with City Green (a farm based in the neighboring town of Clifton) brought about the Veggie Mobile to Bloomfield for nine Tuesdays between June – November 2017. The main goal of this initiative is to increase access to fresh, local produce for residents who are unable to conveniently obtain healthy foods and do not have transportation. Additionally, City Green's Veggie Mobile accepts and doubles federal food benefits so residents' dollars go even further when purchasing fresh, local food.

In 2017, the Veggie Mobile was located at the Municipal Plaza. Data collected from all the sales here revealed that a little over $1000 worth of fresh produce were sold to 149 customers – of which only 2 were eligible for federal benefits such as SNAP, WIC, FMNP, etc. After much discussion on how to improve reach among residents with financial barriers to accessing healthy food options, the following changes were implemented to the 2018 Veggie Mobile program – increasing the number of market days in Bloomfield and offering a pilot location (the public library) in addition to the Municipal Plaza. Following market season, data was re-analyzed; the addition of Bloomfield Public Library as a market location led to the total sale of approximately $1600 worth of fresh produce, serving 265 customers - of which 22 were eligible for federal benefits.

Based on the updated findings, BDHHS in conjunction with City Green decided that locating all the future Veggie Mobile markets at the public library would be the best strategy to maximize reach among residents with incomes below the poverty line. Data is continually collected and analyzed to identify any new trends and improve program effectiveness.

Bloomfield Veggie Mobile Impact			
	2019	**2018**	**2017**
Bloomfield Farm Stand Site	Library	Municipal Plaza with pilot at Library	Municipal Plaza
# of Markets	11	17	9
Hours of Markets	16.5	n/a	18
SNAP Sales	$21.75	$52.50	$0.00
SNAP Customers	6	11	0
WIC Sales	$40.00	$10.00	$0.00
WIC Customers	4	1	0
Senior FMNP Sales	$100.00	$65.00	$15.00

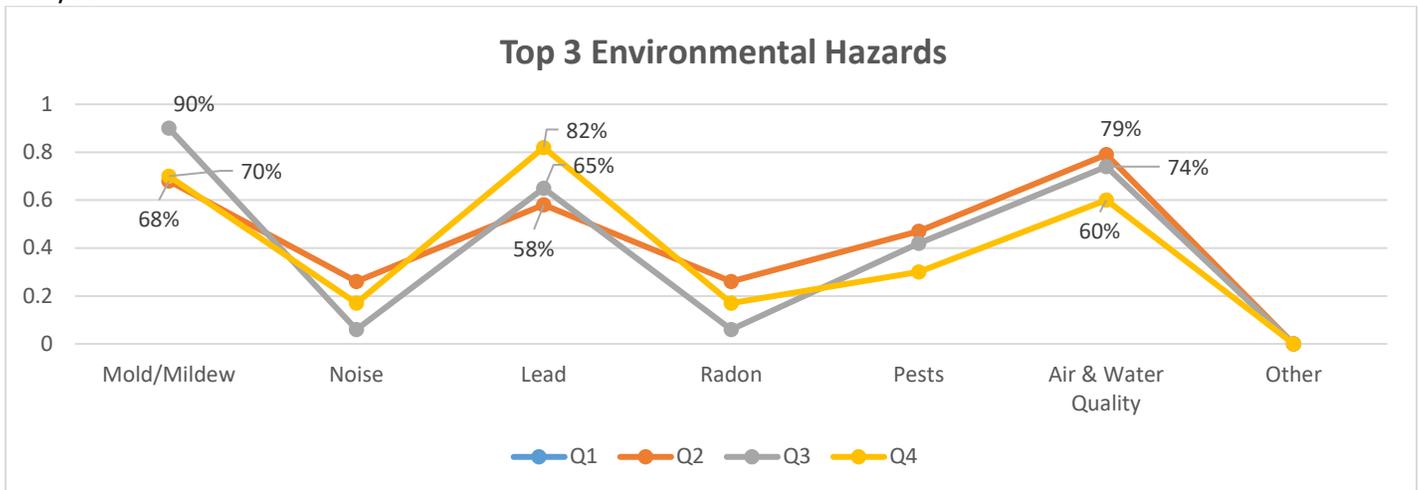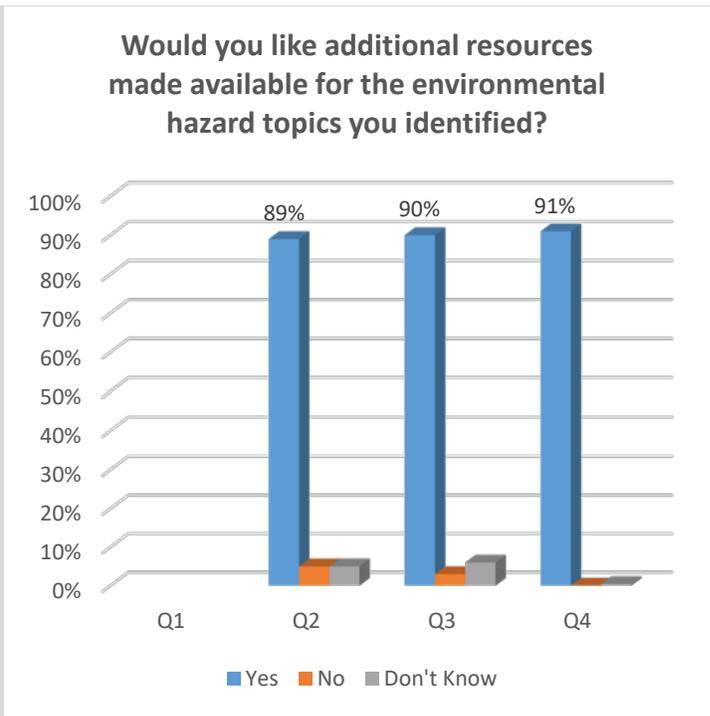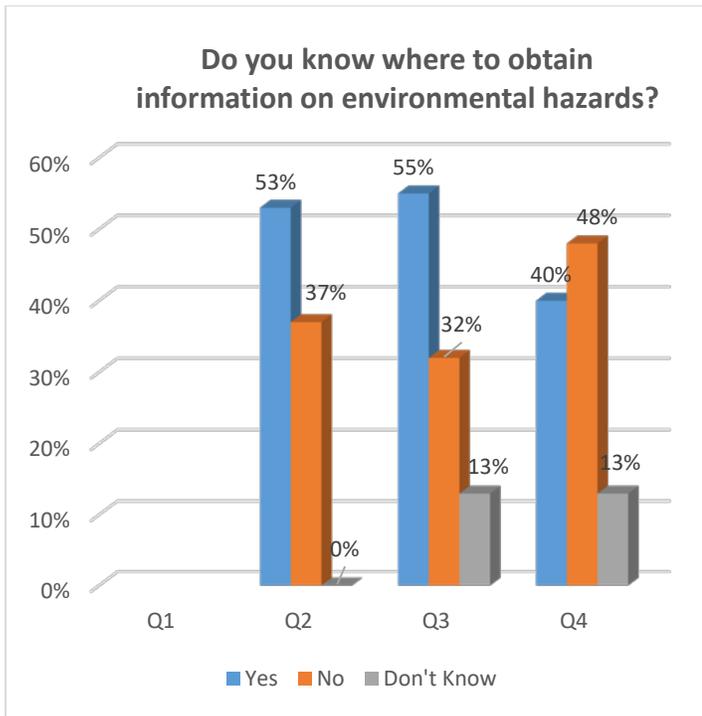|			
Senior FMNP Customers	13	10	2
Cash (Non-federal benefit) Sales	$2,127.00	$1,369.75	$1,002.10
Cash (Non-federal benefit) Customers	289	230	146
Veggie Mobile Buck Redeemed	$296.00	n/a	n/a
Veggie Mobile Buck Customers	51	n/a	3
Good Food Buck (Double dollars) Distributed	$188.75	$177.25	$15.00
Good Food Buck (Double dollars) Redeemed	$115.75	$147.75	$24.00
GFB Redemption Rate	61.32%	83.36%	160.00%
Total Amount of Fresh Produce Provided to Customers	$2,700.50	$1,644.75	$1,041.10
Total Customers Served	363	265	149
Total Federal Benefit Customers Served	23	22	2

Environmental Risk Survey: Analysis Report

One of the recommendations that came out of the 2017 Community Health Assessment (CHA) was to address environmental health and safety concerns in Bloomfield; approximately 40 percent of CHA respondents felt that environmental living conditions (infrastructure safety, water quality, rodents, air quality, litter, and trash) were a primary concern in the community. In addition to this, focus group interviews indicated a prevalence of concern among residents regarding lead poisoning, as well as a lack of public awareness on accessing resources for lead poisoning prevention and/or management. A 2013 comprehensive study investigating a number of housing characteristics across three major cities reported that poor housing quality is consistently associated with poor developmental outcomes and impaired educational achievement for children. Lead paint exposure from older homes/infrastructure and persistent presence of pesticides and mold have been linked to incidents of asthma and other health problems; this can contribute to higher levels of absenteeism and decreased student performance in the classroom and on standardized tests.

According to 2018 census data, Bloomfield has approximately 10,468 multi-dwelling units; of the 18,080 households, 48 percent identified themselves as renters – a group that faces greater financial uncertainties than homeowners, making them more vulnerable to hardship. With approximately 8679 household units falling into the renter status, the need to have a deeper understanding of Bloomfield's environmental living conditions became acutely important. As a result, the Environmental Risk Survey was created and administered in 2019 among township residents. The goal of this project was to identify specific environmental hazards that residents were interested in receiving more information about, and then working to increase access to health education and prevention resources for these relevant topics.

As the first quarter was devoted to planning and designing the actual survey tool, data collection did not begin until April 2019. The Environmental Risk Survey was administered in both English and Spanish to capture the needs of Bloomfield's growing Latino population. A total of 73 surveys (Q2-19, Q3-31, Q4-23) were collected; below are the results of survey analysis:

Do you know where to obtain information on environmental hazards?

Would you like additional resources made available for the environmental hazard topics you identified?


During the second quarter, the leading environmental concerns among Bloomfield residents were air and water quality (79%) and following close behind mold/ mildew (68%). While more than half of the respondents indicated that they knew where to obtain environmental hazard information, 89% preferred BDHHS to make additional resources accessible. The department continued to distribute information and increase awareness throughout the community on air and water quality.

In the third quarter, mold/ mildew, air/ water quality, and lead were among the top three environmental hazard concerns: 90%, 74%, and 65% respectively. Based on additional demographics collected, new locations / settings for public health education were identified; this allowed for an enhanced effort to outreach in the community.

Do you have any children who live with you?

Age-range of children
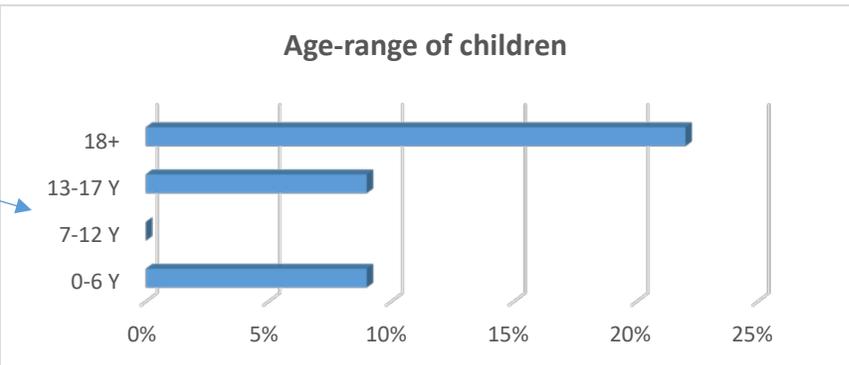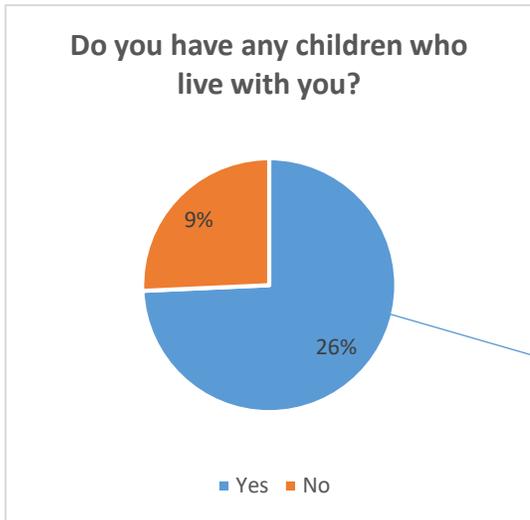
Do you own or rent your living space?

90%

■ Own ■ Rent
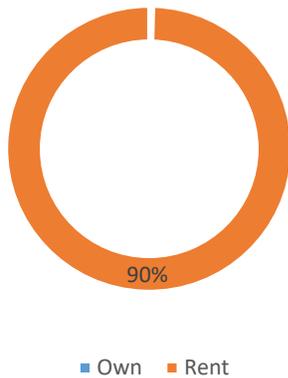
On evaluating results, the decision was made to update the survey and include additional demographic questions such as the respondent's type of housing unit and the number/ages of children living in this dwelling space. Exposure to environmental hazards and their consequences are felt differently among children and adults; research indicates that in children the consequences are amplified, especially if treatment and/or management is delayed. As a result, the additional demographic questions were designed specifically to understand the age groups most at risk in Bloomfield community and the types of environmental health information/ modes of communication needed to service specific age groups. A spreadsheet was created and used to evaluate feedback. Additionally, BDHHS is working to add a specific page titled *Healthy Homes* accessible through the department's website. This will be another way residents can access resources on various relevant environmental topics.

In the last quarter, with the addition of new survey questions, the team was able to garner a better understanding of the demographics: 90% of the respondents indicated a renter status. With this new information, the department coordinated to distribute environmental hazard prevention information and environmental resource list to tenants during Section 8 inspections. The team also concentrated distribution of environmental hazard packets (available in both English and Spanish) and outreach efforts in areas of Bloomfield with an increased number of multiple dwellings. This literature was also a priority distribution at events coordinated through the public library, the department's Child Health Conference clinics and health screenings, and the Healthy Homes tabling events.

The Environmental Division provides information and resources on household environmental hazards to community residents on an ongoing basis. To identify new opportunities to test children for lead exposure and educate residents about childhood lead poisoning, the Childhood Lead Screening program was implemented in Bloomfield. This has also been an opportunity to increase awareness about the BDHHS' lead testing services, tabling events, and consumer products testing. Plans are in motion to develop a policy for the Healthy Homes Initiative in Bloomfield. This policy will take a comprehensive approach to home assessment by focusing on housing related hazards, rather than addressing a single hazard at a time. Hazard assessment, intervention methods, and public education will assist in mitigating environmental related hazards.

In December 2019, the draft version of this report was shared with our community partners via email requesting feedback. Following edits, this final report has been reviewed by Division Supervisors and community partners and is now included as an addendum to the CHA.

APPENDIX 9

Night of Conversations: Qualitative Analysis

In 2016, the New Jersey Department of Human Services – Division of Mental Health and Addiction Services released the Substance Abuse Overview Report for Essex County. The report listed Bloomfield (population ~ 47,000) among the top five municipalities in Essex County to have residents admitted to hospitals for substance abuse. 280 Bloomfield residents were admitted to hospitals for substance abuse, putting the township in fourth place in the county. In response to this dire condition, the Bloomfield Municipal Alliance Committee (BMAC), Township Council, Essex County Freeholder Board, and other local advocates came together to launch the first *Night of Conversations* on December 5, 2017 at Bloomfield Middle School. The free family event is designed to raise awareness and educate Essex County families about the dangers of drug and alcohol abuse, and features presentations by medical experts and law enforcement officials on how to engage youths in discussion about drug abuse.

In 2018, Bloomfield Department of Health and Human Services (BDHHS) took over the coordinator role for BMAC. BDHHS in partnership with BMAC, Essex County's Alcohol and Drug Abuse and Prevention Team (ADAPT), the Y of Montclair, the Governor's Council on Alcoholism and Drug Abuse (GCADA), the Mental Health Association in New Jersey (MHANJ) and the Essex County Division of Community Health Services coordinated the second annual *Night of Conversations* in Bloomfield. The evening was kicked off with a performance by MHANJ's NJ Mental Health Players, a performance troupe that uses theatrical improvisation and role playing to bring the realities of mental illness to life. This was followed by a panel discussion with experts in the fields of mental health, substance abuse, bullying, and informed parenting. Informational tables, giveaways, and refreshments were also set up to engage participants and heighten awareness on the issues. In total, there were 100 participants for this event.

In preparation for the third annual *Night of Conversations*, BDHHS and BMAC decided to evaluate the past events' programming. In August and September 2019, two focus group interviews and three key informant interviews were conducted among 18 participants to understand the efficacy of the past events/ programs in regards to meeting the goal of the initiative; community needs with respect to tobacco and marijuana use, underage drinking, and prescription medication misuse were also explored. Interview participants were selected by their specific roles in the larger community and/or their involvement with substance abuse prevention work; stakeholders from BMAC, Bloomfield Police Department, Bloomfield High School (students and staff), the Township Council, Bloomfield government employees, and local church/ faith groups/ businesses were represented amongst the 18 participants.

Following is a summary of findings from the five rounds of interviews:

Root Causes and Local Conditions

- Substances are readily available at home, school, in public, and even unregulated online markets. Physicians overprescribe medication (especially to elderly patients) and these are readily accessible from unlocked medicine cabinets by relatives/ friends.
- Prevalence of peer pressure in school and social media communities in tandem with societal expectations of quick fixes with medication leads to individuals self-medicating with substances; this is especially true for those dealing with high levels of stress and trauma (i.e. sexual abuse, deportation) and mental health issues (i.e. depression, anxiety).
- The persistent glamorization of substance use in the media, social media, and video games contributes to the misconception that usage is socially acceptable; even within homes, some parents and adult relatives model this behavior.
- There exists a lack of awareness regarding consequences – both health and legal implications – for all facets of substance abuse, including usage and distribution.

Frequently Identified Concerns

- Vaping – especially among the youth – have increased. The product is marketed to young people with candy flavors and youth driven advertisements.
- The availability of odorless options makes it easier to hide usage from parents. Parents and/or care-takers are unaware/ unfamiliar with vaping paraphernalia; and misinformation regarding risks and consequences is highly rampant.
- Parents need to work longer hours and this can lead to minimum or lack of supervision at home. The lack of recreational programs for youth and/or healthy outlets for societal connectedness means that young people are spending more time unmonitored immersed in video games and social media communities.
- There exists a lack of education on the higher potency of current marijuana strains, tolerance to higher dosages with prescription addiction, the effects of substance use on brain development and long-term health, and how substances impair judgement and abilities.

Other Concerns

- *Night of Conversations* 2017 and 2018 were held at Bloomfield Middle School, located in the second ward of the township. This is not a central point for the township. The second ward is the most northern section of the town; residents in this area are the most affluent with a median household income ranging $75,000 – 115,000.

- Parking around Bloomfield Middle School and public transportation into/ around the second ward is limited. Additionally, more than 50 percent of the respondents to Bloomfield's 2017 Community Health Assessment indicated that they relied on public transportation, taxi service, or someone with a vehicle to get around town. This makes any community events hosted in the second ward difficult to access for those living in other wards of the town. It is also important to note that individuals and families who are at the lowest rung of the socioeconomic standards (median household income less than $55,000) are dispersed throughout wards 1 and 3 of Bloomfield.

Conclusion

Based on the findings of the focus group and key informant interviews, these are the recommendations for the 2019 *Night of Conversations*:

- Prescription drug misuse and vaping are the two topics that the Bloomfield community would benefit from learning more about.

- The ideal location to host this event is the Bloomfield High School, located centrally within the township and also in the first ward. This will make the event easily accessible by families from all wards and different income strata. Parking availability within the high school lot is also ample enough to accommodate a large gathering.

APPENDIX 10

2019 Public Health Outcomes Survey Data Analysis

Introduction

Since Bloomfield's 2017 Community Health Assessment (CHA), Bloomfield Department of Health and Human Services (BDHHS) has been working towards regular monitoring and assessment of the residents' health outcomes and social determinants of health. A key step in this process took place in 2019 with the implementation of the Population Health Outcomes (PHO) Survey to be conducted annually. As the CHA is conducted every five years and because communities are susceptible to many changes that directly affect the well-being of its members during this time, this type of continuous surveying provides an acute insight into social factors influencing the health of Bloomfield residents. Furthermore, data collected from continuous surveying will help to identify existing health disparities within Bloomfield population, as well as inform on the effectiveness of current programs/ services offered through the department.

This report presents the results of a data analysis exercise conducted to review the 2019 PHO results and compare with 2017 CHA. Additionally, the team reviewed the recently released objectives of the 2030 Healthy People initiative to ensure continued alignment of BDHHS priority areas with national standards for health promotion and disease prevention efforts.

Methods

The 2017 CHA was conducted in collaboration with Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University. For the assessment, data was collected from 403 resident surveys, four focus group interviews of total 41 residents, and five key informant interviews. All data collection tools were developed by CREEHS will feedback from BDHHS.

The 2019 PHO Survey collected primary data from 418 Bloomfield residents. The data collection tool – a survey of 15 questions – was selected from the 2017 CHA survey questions. BDHHS compiled all data and results were shared with Leadership/Supervisors during a data analysis exercise in August 2020. Key themes and noteworthy findings from across all data were identified during this exercise and have been used to inform the findings of this report.

Analysis

Chronic diseases: prevalence of hypertension and diabetes in Bloomfield have increased between 2017 and 2019.
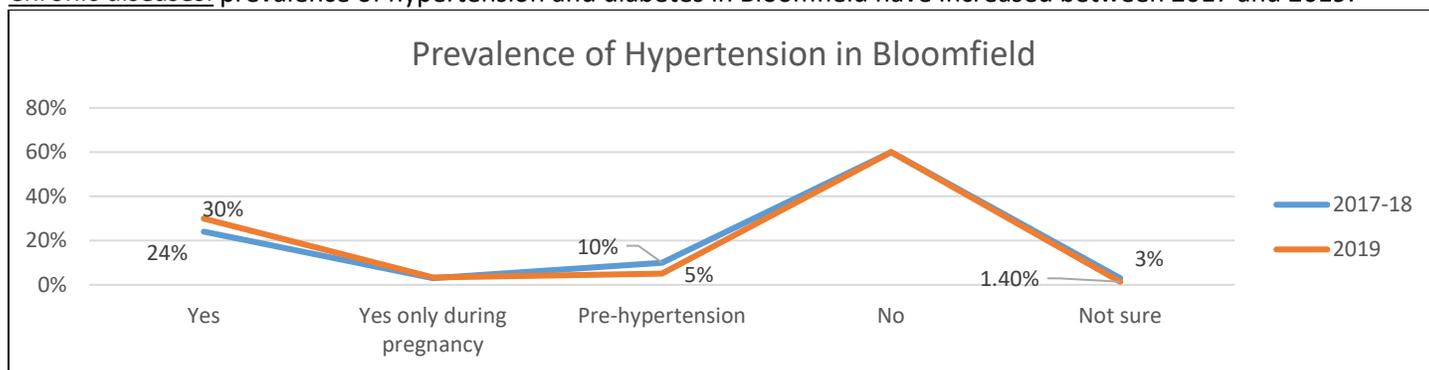
Compared to the 30% of respondents from 2019 with a diagnosis of high blood pressure, only 24% in 2017 reported similarly.

Prevalence of Diabetes in Bloomfield

Chart showing prevalence of diabetes with two series: 2017-18 and 2019.
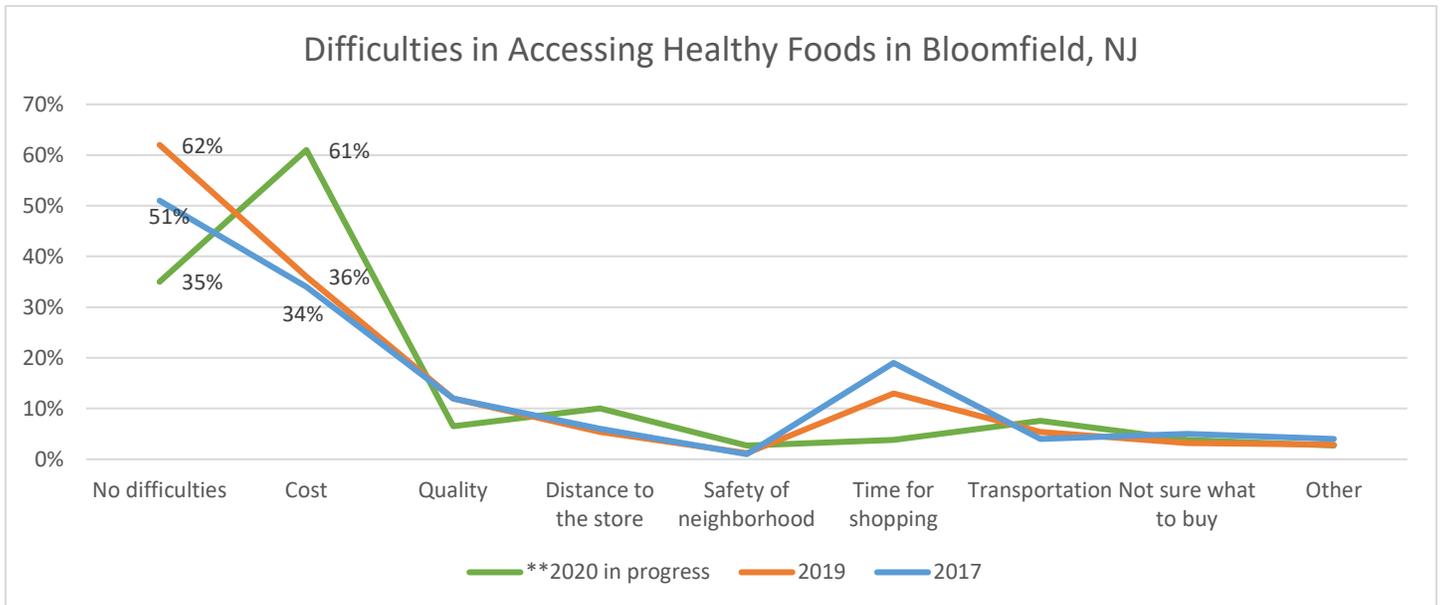- Yes: 10% / 7%
- Yes only during pregnancy: ~2%
- Pre-diabetic: 9% / 6.30%
- No: 80%
- Not sure: 2% / 1%
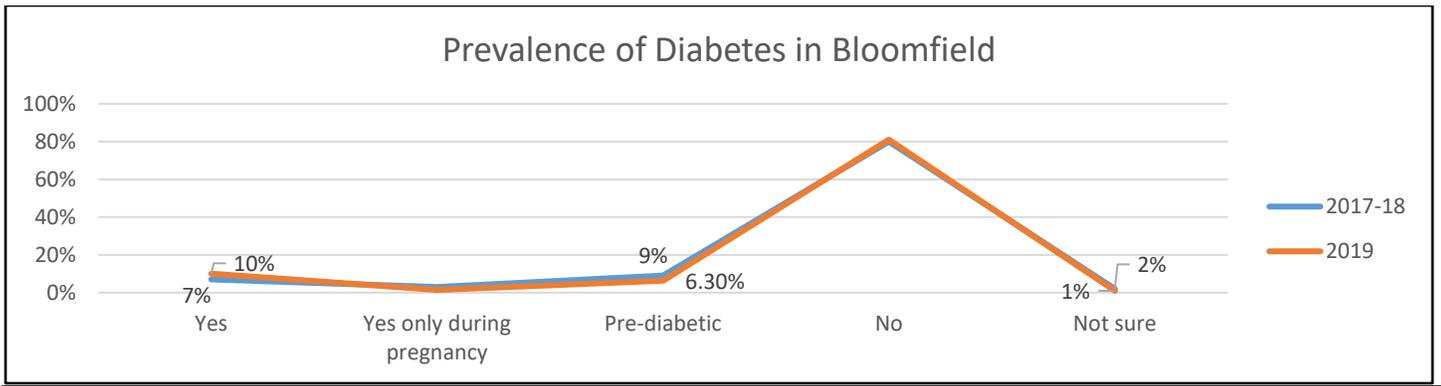
For diabetes, 10% of respondents reported a diagnosis in 2019, whereas only 7% in 2017 indicated similarly. However, rates for both pre-hypertension and pre-diabetes have decreased notably – 10% to 5% and 9% to 6% respectively. Factors contributing to this decrease include BDHHS' work to improve access to fresh/healthy food options and opportunities for physical activities within Bloomfield. Additionally, the increased health screenings and one-on-one education/ counseling organized throughout the township via the *Know Your Numbers* campaign may have had a 2-fold effect – a natural consequence of the Bloomfield community becoming more aware of the importance of regular check-ups followed by an initial uptick in diagnosis and therefore prevalence of chronic conditions commingled with decreased pre-diabetic/ pre-hypertensive rates.
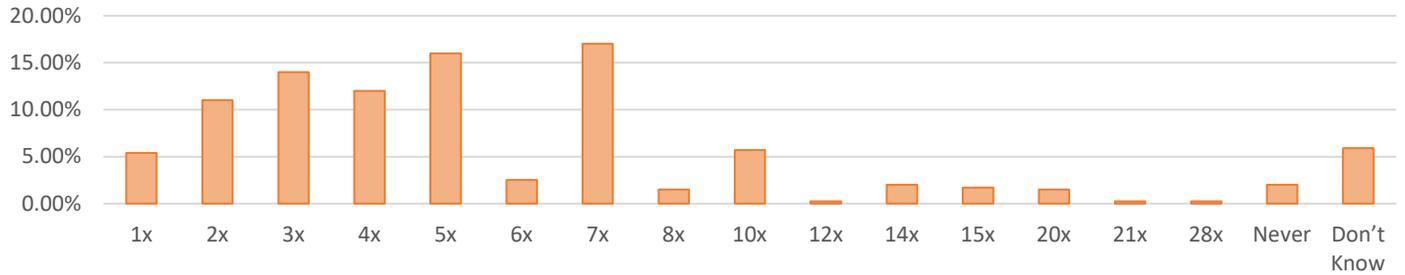
Access to Healthy Foods: BDHHS collaborates with its community partners to alleviate inequitable access to healthy produce within the Bloomfield community. Compared to 2017, the more recent data indicates a 10 % increase among respondents who reported not experiencing any difficulties in accessing healthy foods. This shows that the food pantries, community gardens, and mobile/ seasonal farmers markets coordinated through the department are now valuable resources for community members in accessing fresh fruits and vegetables.

Difficulties in Accessing Healthy Foods in Bloomfield, NJ

Chart with three series: **2020 in progress, 2019, 2017.
- No difficulties: 62% (2019), 51% (2017), 35% (2020)
- Cost: 61% (2020), 36%, 34%
- Quality: ~12% / 6%
- Distance to the store: ~10%
- Safety of neighborhood: ~1-3%
- Time for shopping: 19% / 13%
- Transportation: ~5%
- Not sure what to buy: ~5%
- Other: ~4%

While 2020 data collection is still in progress, it is important to highlight that preliminary analysis approximates a 50% increase in the number of respondents choosing cost as a barrier to healthy and nutritious meals; note that respondents who do not experience any barriers have also halved since 2019.

With regards to consumption of fruits and vegetables, approximately 10% of the 2019 respondents are not aware how much they consume per day/week. Data from 2017 revealed a similar trend – approximately 8% were not aware of their weekly consumption of fruits and vegetables.

Weekly Consumption of Fruits (2019)

A bar chart showing weekly consumption of fruits in 2019. The y-axis ranges from 0.00% to 20.00% in increments of 5.00%. The x-axis categories and approximate values are:
- 1x: ~5.5%
- 2x: ~11%
- 3x: ~14%
- 4x: ~12%
- 5x: ~16%
- 6x: ~2.5%
- 7x: ~17%
- 8x: ~1.5%
- 10x: ~5.5%
- 12x: ~0.3%
- 14x: ~2%
- 15x: ~1.7%
- 20x: ~1.5%
- 21x: ~0.3%
- 28x: ~0.3%
- Never: ~2%
- Don't Know: ~6%

Weekly Consumption of Green Vegetables (2019)

A bar chart showing weekly consumption of green vegetables in 2019. The y-axis ranges from 0.00% to 20.00% in increments of 5.00%. The x-axis categories and approximate values are:
- 1x: ~6.5%
- 2x: ~13%
- 3x: ~13%
- 4x: ~15%
- 5x: ~16%
- 6x: ~4.7%
- 7x: ~15%
- 8x: ~1.2%
- 9x: ~0.5%
- 10x: ~4%
- 12x: ~0.5%
- 14x: ~1%
- 15x: ~0.5%
- 20x: ~0.5%
- 21x: ~0.3%
- Never: ~2.5%
- Don't Know: ~5.5%

Supervisors expressed interest in exploring reasons for this disparity further; some questions considered during the data analysis exercise include –

- What does a typical day of fruits/vegetable consumption look like for Bloomfield residents?
- What is the likelihood to consume fruits/vegetables if it is provided free?
- While access to fresh produce is important, how can actual consumption of fruits/ vegetables be encouraged?

On reviewing the current conditions using a COVID-19 lens:

1. The supervisors anticipate 2020 data to indicate an increase in cases of diabetes and hypertension. Contributing factors include –
- Increased use/ distribution of shelf-stable food items among residents; these tend to be high in salt/sugar and have minimum nutritional value.
- Decreased or no visits to a primary care physician for check-ups and monitoring:
    o Increased rates of unemployment; loss of employment/ income leads to lack of health insurance. Recently, there have been increased diabetes emergency related police reports pertaining to severe hyperglycemic episodes due to lack of access to medication.
    o Pandemic imposed closure of physician offices and switch to telemedicine; many are wary of how effective telemedicine will be. This may be a new community need – increased awareness and education on utilizing telemedicine/ telehealth to maintain regular medical check-ups and knowing which Bloomfield facilities offer this virtual service would be extremely beneficial.
- Opportunities for physical activities have diminished or are non-existent as gyms, camps, and parks are closed and/or have social distancing regulation in place.
- Quarantine and social isolation restrictions have led to a sedentary lifestyle among many.

2. While access to nutritious and healthy meals has been a major issue during this pandemic, BDHHS noted that the need might be far greater. The state approved for the distribution of more funds to low income households enrolled in the Supplemental Nutrition Assistance Program (SNAP), however, with government offices being closed or operating at limited capacity it has taken much longer than usual for these financial resources to reach the population in need. As a result, food pantries in Bloomfield have been operating to service approximately 180-200 families on a weekly basis. Prepared meals are delivered to senior housing buildings in town and
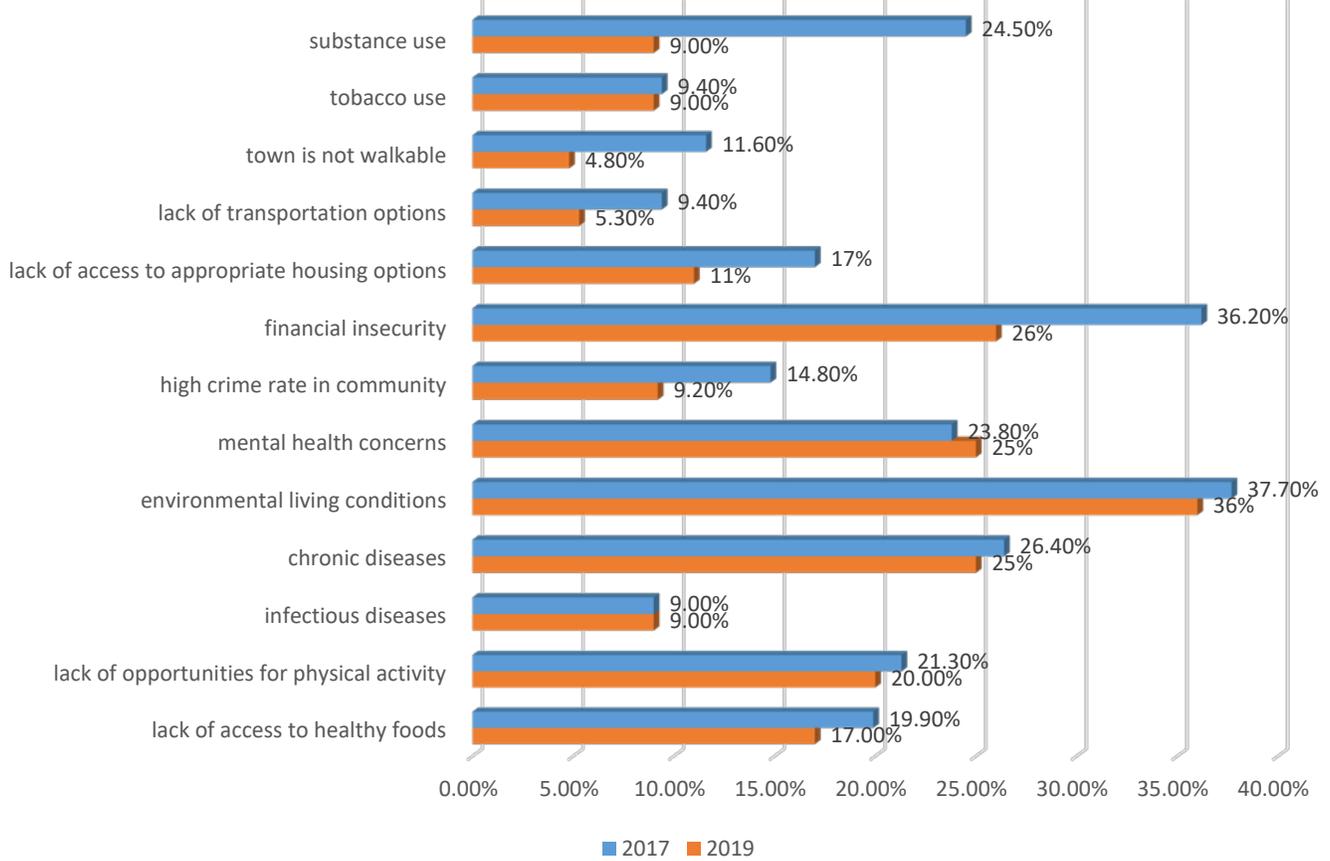
grocery bags of fruits and vegetables are distributed to supplement the free lunch programs through Bloomfield schools. Additionally, to meet Bloomfield's diverse demographic needs, the Pandemic Pantry (coordinated through BDHHS) includes culturally sensitive food items on the menu (ex: oats vs. grits) and clients have the option to review their check-list in both English and Spanish languages.

3. Financial insecurities may be at an all-time high amongst Bloomfield population due to high rates of unemployment stemming from businesses across the township/ state being closed or functioning with limited capacity. This situation could be exacerbated with high property tax rates in the township.

4. Due to quarantine and social-distancing regulations, there may be increased mental health concerns within the population BDHHS serves. Many residents – especially seniors and families of young children – are isolated and living in fear. Parents may be anxious around school re-opening in September. To alleviate some of their concerns, BDHHS is collaborating with the Behavioral Health Team at Clara Maass Medical Center to offer virtual presentations on recognizing signs of anxiety and stress in children and addressing these. The presentations are to be offered in both English and Spanish languages and participation is free.

5. As opportunities for in-person socialization is limited during a pandemic, many are spending more time enclosed at home base. This may contribute to higher rates of substance use among Bloomfield residents. The team understands that substance use is a broad category and the topic may need further research – substance misuse vs. substance abuse as relevant to Bloomfield community. However, supervisors noted that previous work in the community revealed substance use as a more easily approachable topic than misuse and abuse.

Conclusion

As part of the data analysis exercise, supervisors were introduced to the recently released objectives of Healthy People 2030 initiative. Results of 2019 PHO Surveys and 2017 CHA show that the top three public health issues remain consistent among Bloomfield residents: environmental living conditions, financial insecurity, and chronic diseases, at an average of 37%, 31%, and 26% respectively. These three issues are also listed under the many goals and objectives of Healthy People 2030 with evidence based resources/ tools to utilize for each priority area.

Top Public Health Issues Identified in Bloomfield

Issue	2017	2019
substance use	24.50%	9.00%
tobacco use	9.40%	9.00%
town is not walkable	11.60%	4.80%
lack of transportation options	9.40%	5.30%
lack of access to appropriate housing options	17%	11%
financial insecurity	36.20%	26%
high crime rate in community	14.80%	9.20%
mental health concerns	23.80%	25%
environmental living conditions	37.70%	36%
chronic diseases	26.40%	25%
infectious diseases	9.00%	9.00%
lack of opportunities for physical activity	21.30%	20.00%
lack of access to healthy foods	19.90%	17.00%

Moving forward, BDHHS will update priority areas identified through 2017 CHA with findings from 2019 PHO and work towards realigning these with relevant objectives identified in Healthy People 2030.

Bloomfield Township Health Department

2022 Rapid Public Health Assessment

Contents

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 Health Department 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

• Immunocompromised state (weakened immune system) from solid organ transplant	• Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
• Down Syndrome	• Pregnancy and Breastfeeding

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

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 Health Department.

Disproportionately Affected Populations

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	**Difficulty Accessing Information or Technology (Language, Literacy, Cultural Barriers)** o Persons with limited English language proficiency (read, write) in native language; low literacy or non-English speaking groups Spanish o Asian and Pacific Island languages (Chinese, Korean, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog, Dravidian, Polynesian, and Micronesian languages) o Other Indo-European languages (Germanic, Scandinavian, Slavic, Romance French, Italian), Indic, Celtic, Baltic, Iranian, and Greek languages) o All other languages (Uralic and Semitic languages as well as indigenous languages of the Americas); Sign Languages/American Sign Language (ASL) Foreign visitors; Undocumented immigrants; Immigrants; Refugees; Persons with lack of internet or technical literacy
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	
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;	**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

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Mental Health Group Homes; Schools, Colleges, Universities, Boarding Schools; Psychiatric Hospitals; Migrant Workers/ Undocumented Immigrants; Public Housing; Other Congregate Settings	spotty or no reception of mass media; Undocumented immigrants; Persons unable to afford transportation; People dependent on public transportation; Rural and urban ethnic groups; Religious communities; Seasonal, temporary, migrant workers and families (i.e. farm, other); Persons living in temporary living conditions/ locations; Commuters; People displaced by fire or disaster; Seasonal tourists, residents, and workers; People isolated by recreational activity (e.g. primitive campers or backpackers)

Hospitalized persons

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

Non-hospitalized patients

Require renal dialysis; Require supplemental oxygen; Require daily medication (insulin, antihypertensive agents, narcotics, antipsychotics); Persons receiving chemotherapy or cancer treatment; Clinically depressed individuals who may be unable to follow directions; Stroke patients with limited mobility and additional care requirements; Pregnant women; People recuperating at home from an acute injury (e.g., broken bones, recent surgery, back injury, burns)

Challenges with Accessing Healthcare

Persons uninsured or 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

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%

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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

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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%

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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%

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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

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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					
Bloomfield	64.2%	20.7%	9.1%	4.4%	1.7%
Glen Ridge	84.5%	8.5%	5.2%	1.2%	.7%
Caldwell	80.7%	3.5%	6.4%	8.3%	1.1%
Morris County					
Mountain Lakes	81.4%	2.5%	7.7%	7%	0%
Madison	78.6%	10.3%	6.4%	3.9%	0.7%
Chatham Township	84.6%	3.2%	5.2%	6.9%	.1%
Union County					
Springfield	37.1%	8.3%	13.3%	36.2%	5.1%
Cranford	86%	5%	6%	2%	1%

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.

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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		
	Cranford/Union	8.1%
	Springfield/Union	7.9%
	Mountain Lakes/Morris	7.3%
	Caldwell/Essex	7%
	Madison/Morris	6.9%
	Chatham Twp./Morris	6.9%
	Glen Ridge/Essex	6.8%
	Bloomfield/Essex	6%
COPD		
	Bloomfield/Essex	5.1%
	Caldwell/Essex	5.1%
	Cranford/Union	5.1%
	Springfield/Union	4.8%
	Madison/Morris	4.3%
	Chatham Twp./Morris	4.1%
	Glen Ridge/Essex	4%
	Mountain Lakes/Morris	3.7%

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

** 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)

	Essex	**Morris**	**Union**	**New Jersey**
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 Health Department. 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 Health Department 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 BDHHS 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, BDHHS 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 was 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 BDHHS 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 BDHHS 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 BDHHS 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, BDHHS 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 Health Department 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 disproportionally 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%	%2%

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.

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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:

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COVID-19	
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.	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.
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.	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.
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases	
The prevalence of sexually transmitted infections have caused an increased need in resources pertaining to sexual health.	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.

Prolonged Service Disruptions:

COVID-19	
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.	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

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	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.,
OTHER INFECTIOUS DISEASE(S): Sexually Transmitted Diseases	
Disruptions in sexually transmitted disease programming, screenings and other resources may cause long-term issues.	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.

Prolonged Employment issues:

COVID-19	
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.	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.

Prolonged Agency Capacity Issues:

COVID-19	
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.	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

	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

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	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.
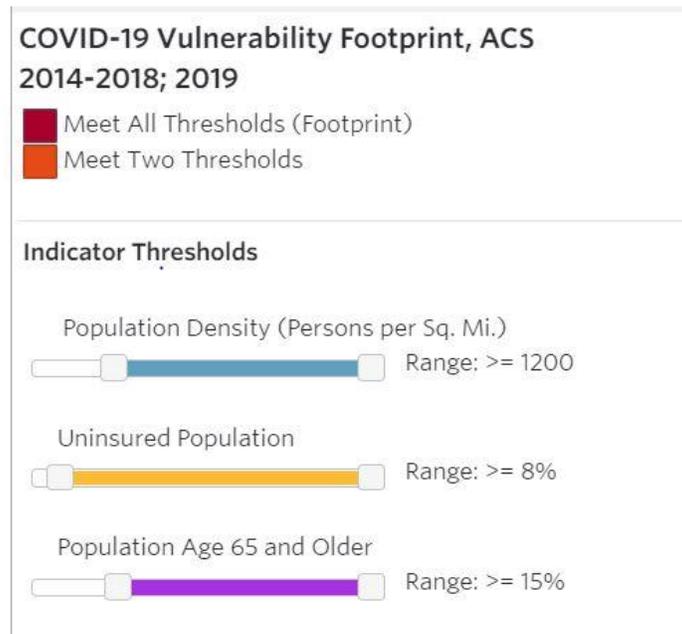

KEY: COVID-19 Vulnerability Footprint, ACS 2014-2018; 2019

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
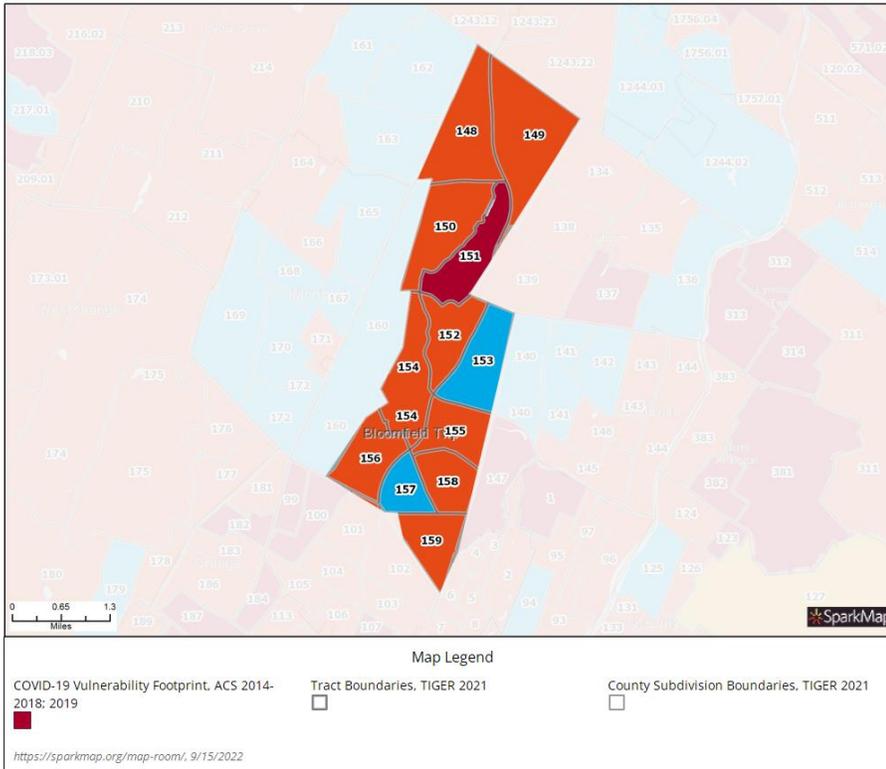
2. **Springfield (Union)**
   - Census tract 375 in northern Springfield is highly vulnerable, and meets all three criteria in the above key. Tracts 376.01 and 376.02 are both moderately vulnerable and fall into the threshold of high population density and higher proportion of older adult residents. *See Figure 2.*
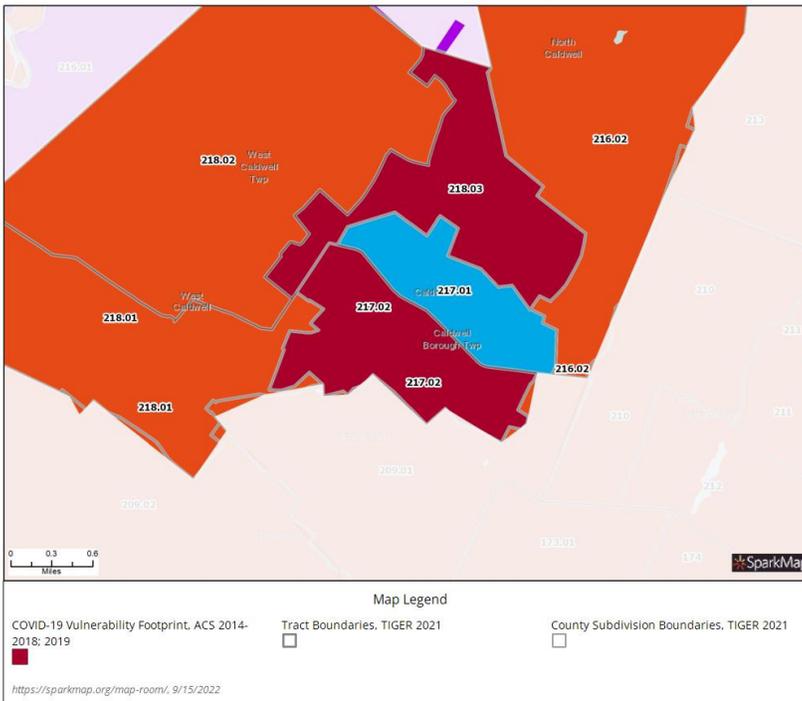
Figure 2 Springfield COVID Vulnerability Footprint
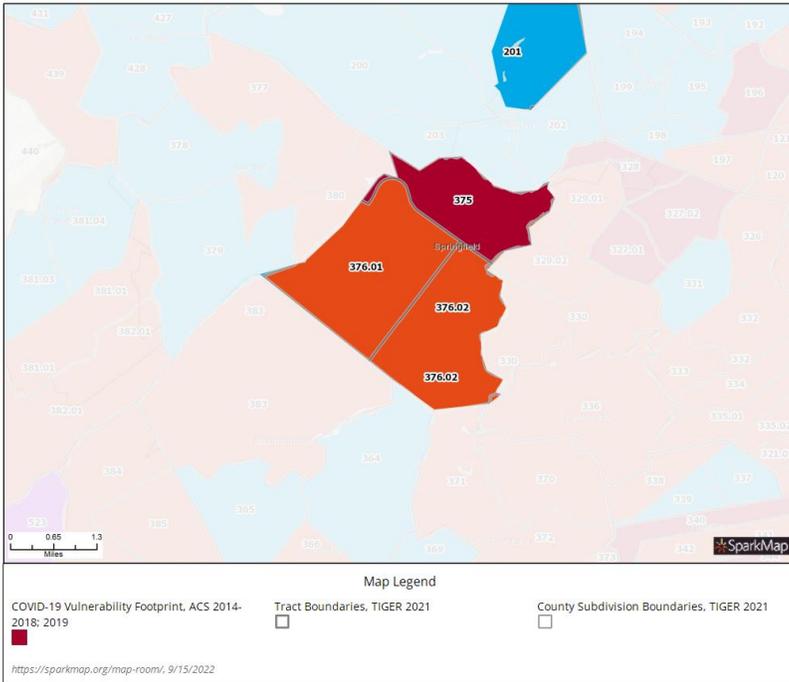
3. Caldwell (Essex)
   ▪ Census tract 217.01 in northern Caldwell meets the population density threshold. Census tract 217.02 meets the thresholds for high population density and proportion of residents over age 65 and uninsured. Note that this only accounts for Caldwell specifically and not West Caldwell or North Caldwell townships. *See Figure 3.*
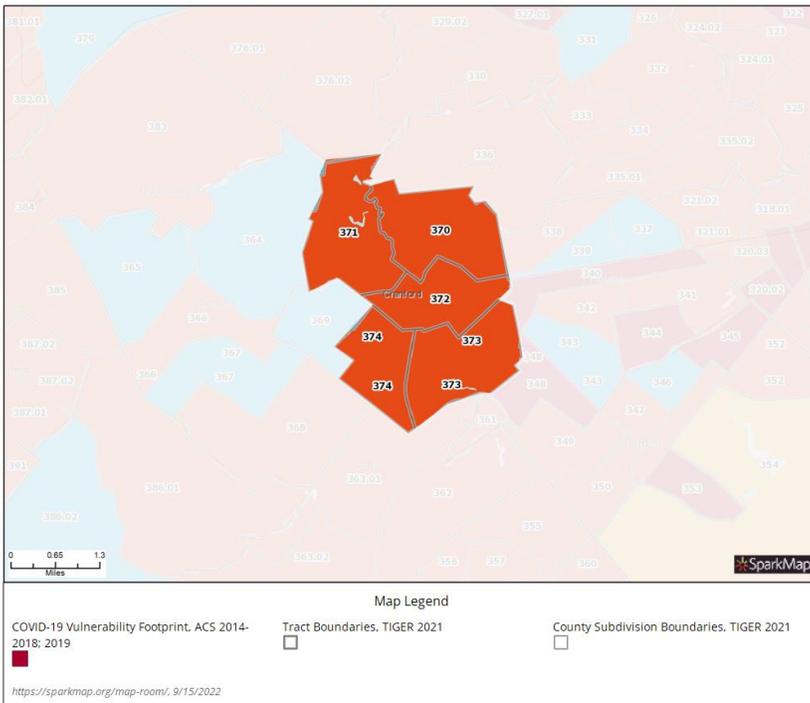
Figure 3 Caldwell COVID Vulnerability Footprint

4. Cranford (Union)
   ▪ All five census tracts are moderately vulnerable with high population density and high proportions of older adult residents. *See Figure 4.*
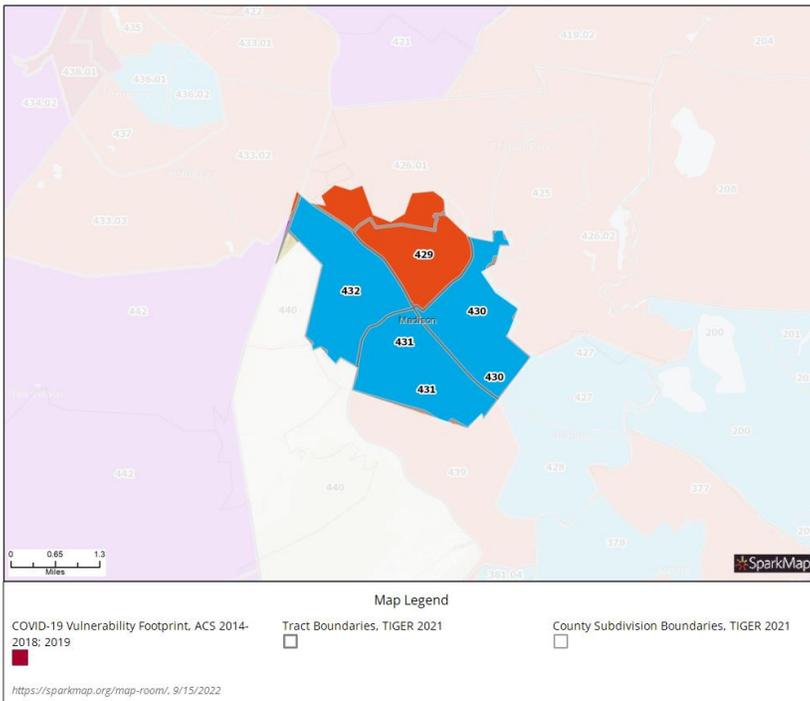
Figure 4 Cranford COVID Vulnerability Footprint

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.*
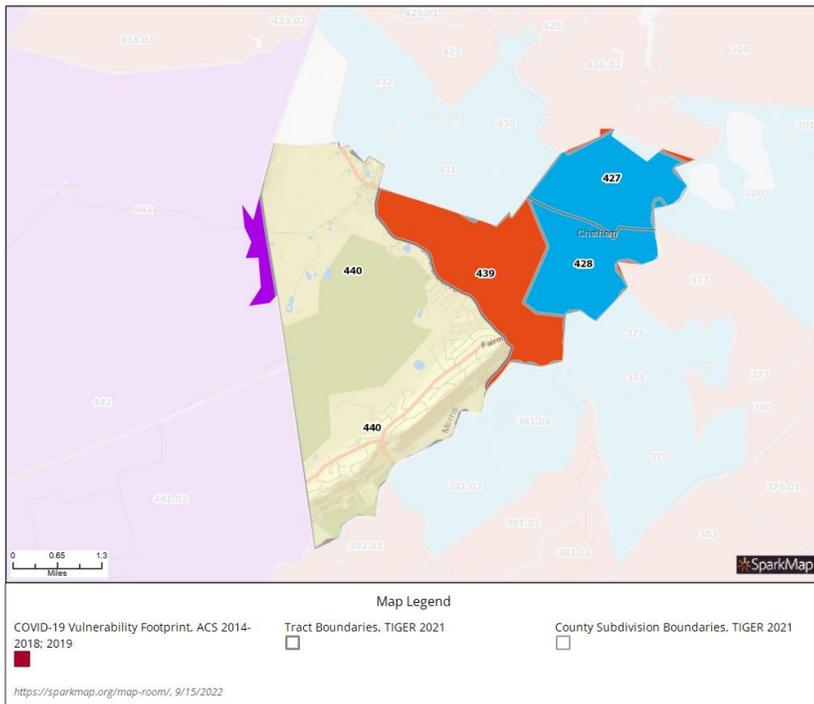

Figure 5 Madison COVID Vulnerability Footprint

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.*
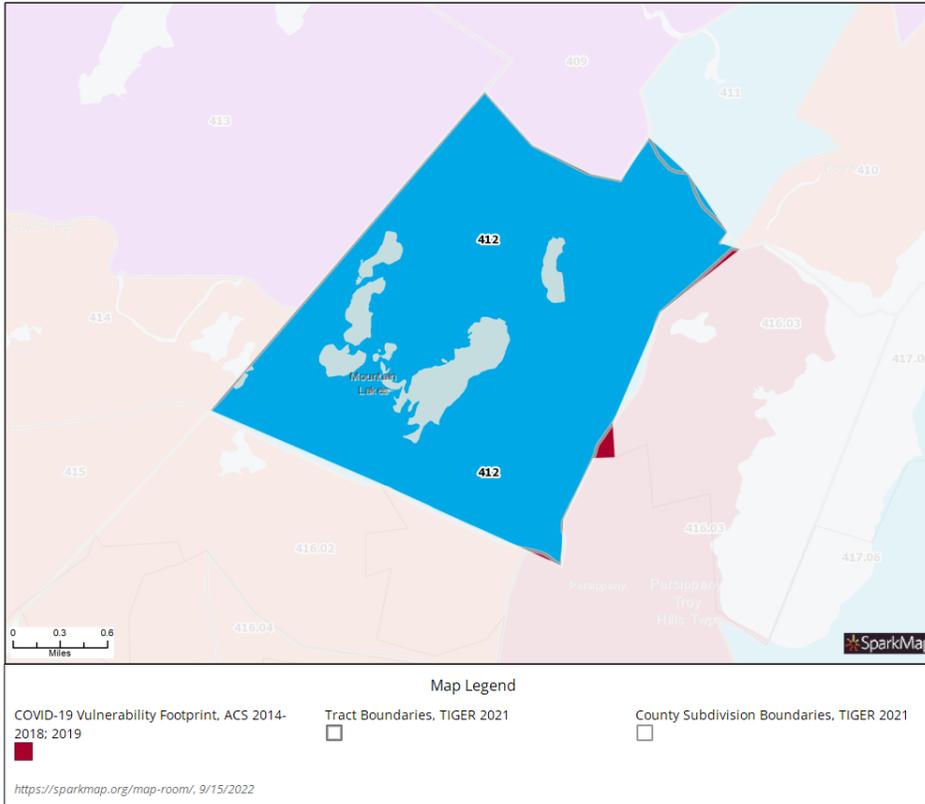
Figure 7 Glen Ridge COVID Vulnerability Footprint

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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
(Bloomfield, Glen Ridge and Caldwell)

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 (*Mountain Lakes, Madison and Chatham Township*)	
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	
(*Springfield and Cranford*)	
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.