TOWNSHIP OF BLOOMFIELD

COMMUNITY HEALTH ASSESSMENT

2025

Table of Contents

Jenny Mundell
 MAYOR

Phone: 973-680-4077
Fax: 973-680-4040

TOWNSHIP OF BLOOMFIELD
OFFICE OF THE MAYOR
1 Municipal Plaza
Bloomfield, New Jersey 0700-3487

Dear Bloomfield Residents,

I am pleased to introduce the 2025 Community Health Assessment (CHA) for the Township of Bloomfield. This comprehensive assessment is a crucial tool that will guide our efforts to improve the health and well- being of every resident in our community.

The CHA provides valuable insights into the health needs, strengths and challenges we face as a community. It reflects the voices and experiences of our residents, gathered through surveys, focus groups, and interviews. This data-driven approach allows us to understand the unique factors that impact the health of our diverse population, including social determinants of health such as access to affordable housing, nutritious food, quality education, and economic opportunities.

As Mayor, I am deeply committed to ensuring that Bloomfield is a healthy and thriving community for all. The findings of this CHA will inform the development of our Community Health Improvement Plan (CHIP), which will outline specific strategies and initiatives to address identified priorities. We will work collaboratively with our partners in healthcare, social services, education, and community organizations to implement evidence-based programs that promote health equity and improve health outcomes.

I want to thank everyone who contributed to this important assessment, including the Bloomfield Department of Health and our Township Public Health Officer Maya Harlow, the Bloomfield Community Health Impact Coalition, Strategic Health Advisers, LLC, and especially the residents of Bloomfield who shared their experiences and perspectives. Your participation is essential to our success.

Together, we can build a healthier, stronger, and more equitable future for Blomfield. I encourage you to review the CHA and join us in our efforts to create a community where everyone has the opportunity to thrive.

Sincerely,
Jenny Mundell
Mayor, Township of Bloomfield

Acknowledgments

Key Contributors

Bloomfield Department of Health achieved re-accreditation by the Public Health Accreditation Board (PHAB) on May 16, 2023. The department underwent a rigorous, multi-faceted, peer-reviewed assessment process to ensure that PHAB's quality standards and measures are met and to prove that we can evolve and advance, thereby becoming increasingly effective at improving the health of those we serve. BDH was the first in New Jersey to secure initial accreditation on November 18, 2015, and is now the first to be re-accredited.

Mission
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 our residents' highest quality of life.

This assessment was made possible in partnership with Strategic Health Advisers, LLC, and through the Enhancing Local Public Health Infrastructure, Local Health Department Grant Award from New Jersey Association of County and City Health Officials, with guidance from the New Jersey Department of Health.

Strategic Health Advisers, LLC is a consulting firm dedicated to supporting the needs of public health organizations and enhancing the health of communities by bringing a broad scope of experience and skills to their diverse clientele in both governmental and non-governmental organizations.

Key Contributors

The completion of the Community Health Assessment (CHA) would not have been possible without the collaboration and support of numerous Bloomfield departments and individuals. Therefore, we would like to express our sincerest gratitude to all those who contributed their time, expertise, and resources to make this important assessment a success, most especially:

Township of Bloomfield Mayor and Council
Township of Bloomfield Board of Health
Employees of the Bloomfield Department of Health
Bloomfield Human Services Department
Bloomfield Public Library
Bloomfield School District
Bloomfield Recreation Department

Key Informant Interviews
Heather Cannon, Crisis Counselor/Social Worker
Paula Peikes, Bloomfield Human Services
Rafael Romero, Essex County Department of Citizen Services
Michael Sceurman, Bloomfield Recreation
Pastor Errol Cooper, Bethany Presbyterian Church
Kenita Atwater-Cosme, Planned Parenthood/ObGyn
Heather Levitt, Mental Health Association of Essex and Morris
Jenny Mundell, Bloomfield Council Liaison to BOH
Catalina Dubon-Gutierrez, Mountainside Hospital Community Health
Céline Kowbel, Church on the Green Food Pantry
Michelle Blanchfield, Zufall Health Center
Michael Basista, MD, Primary Care Provider
Ammie Salom, Center of Excellence for Latino Health (Clara Mass)
Charlene Ellis, Bloomfield College
Kelly McGuinness, Soldier On
Adam Plaza, Partnership for Children of Essex

***Bloomfield Community Health Impact Coalition* Members**
Alex Russo, Township of Bloomfield Public Library
Anais Smith, Partnership for Maternal and Child Health of Northern New Jersey
Ashley Morales, Clara Maass Medical Center
Anne Mernin, Toni's Kitchen
Brooke Tippens, University Hospital
Buddy Evans, Montclair YMCA
Carolina Ibnalkadi, Mountainside Medical Center
Cassandra Granger-Glenn, RWJ Newark Beth Israel Medical Center
Catalina Dubon-Gutierrez, Mountainside Medical Center
Charlene Berry, Family Connections ADAPT
Claire Crimando, Family Service League
Corey Anderson, Township of Bloomfield Board of Health
Cristhian Barcelos, Literacy Volunteers of America
Daniel Lupo, Center for Family Services
Dina Pressel, Township of Bloomfield Department of Human Services
Don Cornell, Church on the Green Pantry
Eddy Melo, Zufall Health
EJ Barbato, Montclair YMCA
Elizabeth Brady, New Jersey Bike & Walk Coalition
Elizabeth Schwartz, Family Connections ADAPT
Errol Cooper, Pastor, Bethany Presbyterian Church
Frances Jelks-Brown, Bloomfield College

***Bloomfield Community Health Impact Coalition* Members**
Gina Condito, Township of Bloomfield Department of Human Services
Grettel Muscato, Mountainside Medical Center
Heather Levitt, Mental Health Association
Hector Perez, Family Connections ADAPT
Holly Belli, Township of Bloomfield Public Library
Jasmine Anderson, Partnership for Maternal and Child Health of Northern New Jersey
Jasmine Buggs, Family Service League
Jenna Marion, Family Connections ADAPT
Jenny Mundell, Township of Bloomfield Council
Jessica Delgado, Family Connections ADAPT
Joyce Monserrate, Family Service League
Karen Leach-Toomer, United Way Newark
Kathleen DeMarino, Township of Bloomfield Board of Health
Kathleen Smith, Partners for Health Foundation
Lauren Phillips, Family Service League
Leanne Loewenthal, Partnership for Maternal and Child Health of Northern New Jersey
Leontyne Harry, Family Service League
Letishia Little, Bloomfield College
Lisa Martin, City Green
Lorena Vega, Township of Bloomfield Board of Health
Lou Venezia, Township of Bloomfield Fire Department
Madeleine Doubet, Family Service League
Makiya Isaacs, Newark Beth Israel Medical Center
Marisa Bonamassa-Cimino, Bloomfield College
Maritza Chang, Township of Bloomfield Public Library
Mary Wiggins, Mountainside Medical Center
Maureen Dugvid, Center for Family Services
Melanie Dios, Essex-Passaic Wellness Coalition - Rutgers NJMS
Michael Bruno, Bloomfield School District
Michael Sceurman, Township of Bloomfield Recreation Department
Michele O'Reilly, Township of Nutley
Miriam Ortiz, Montclair YMCA
Natalie Contreras, Center for Family Services
Nikki Villafane, The Jersey Bee
Nubia Brito, Rutgers NJMS
Paula Peikes, Township of Bloomfield Department of Human Services
Pam Scott, Partners for Health Foundation
Sarah Bonilla, Essex County Office of Public Health Management
Sarah Cruz, Township of Bloomfield Council
Shannon Sczyrek, Partnership for Children of Essex
Simon Galperin, The Jersey Bee
Stephanie Howland, United Way of Northern New Jersey
Terri Fucci, Township of Bloomfield Department of Health
Vanessa Dessources, Montclair Health Department
Yolanda Frazier, RWJ Newark Beth Israel Medical Center
Ytzayrys Ojeda, Family Connections ADAPT

Together, these contributions have helped us create a comprehensive and meaningful assessment, and we are grateful for the collective effort to improve the health of Bloomfield. Thank you for your continued support in building a healthier, stronger community for our residents.

Last but certainly not least, the residents of Bloomfield, whose participation and thoughtful responses have been the cornerstone of this assessment. Without your feedback, we would not be able to understand the health challenges and opportunities that exist within our community.

Executive Summary

The Township of Bloomfield Health Department, in partnership with community stakeholders, is committed to improving the health and well-being of all residents. Conducting the 2025 Community Health Assessment (CHA) with the support of an external consultant, Strategic Health Advisers, marks a significant step in identifying the community's strengths and challenges. This inclusive process incorporated the voices and perspectives of many community members, conducted through a lens of health equity, and focused on social determinants of health. Information from the 2025 CHA will guide the development of the 2025-2028 Community Health Improvement Plan (CHIP) for Bloomfield.

Social Determinants of Health

Economic and social factors significantly impact health equity in Bloomfield. Financial insecurity is prevalent, particularly in Ward 3, limiting access to healthcare, nutritious food, and stable housing. Many middle- and low-income families struggle to meet their basic needs, exacerbating existing health disparities. Approximately 7% of Bloomfield households receive Supplemental Nutrition Assistance Program (SNAP) benefits, highlighting the significant economic strain faced by residents. Furthermore, housing instability and affordability remain critical issues, with over 2,451 individuals experiencing homelessness in Essex County as of January 2024. The rising cost of living and lack of affordable housing options contribute to a growing concern for long-term sustainability and quality of life among residents.

Healthcare Access and Coverage

Access to healthcare is a challenge for many residents due to income constraints, insurance gaps, and language barriers. About 8.6% of Bloomfield residents are uninsured, mirroring the state average but lower than Essex County (12%). However, simply having insurance does not guarantee adequate access to healthcare services, as many residents with Medicaid still face difficulties navigating healthcare resources and obtaining timely medical attention. The complexities of Medicaid enrollment and a lack of awareness about available health services create additional barriers to care. Additionally, language barriers disproportionately impact non-English speaking populations, limiting their ability to seek medical treatment, understand health information, and manage chronic conditions effectively. Expanding multilingual services and increasing community outreach efforts could help address these systemic challenges.

Mental Health

Mental health concerns are widespread, with 52% of surveyed residents reporting worsened mental health since the COVID-19 pandemic. The long-term psychological effects of isolation, job loss, and uncertainty have significantly impacted the community's well-being. Limited access to mental health providers and financial barriers exacerbate these challenges, particularly among youth, Medicaid recipients, and veterans. Many individuals face long wait times for mental health appointments or struggle to afford necessary treatments. Additionally, the stigma surrounding mental health issues prevents many residents from seeking support, further deepening the crisis. Addressing mental health disparities requires increasing provider availability, expanding low-cost services, and promoting community education initiatives to reduce stigma and encourage early intervention.

Food Security and Nutrition

Although Bloomfield is not classified as a food desert, the high concentration of fast-food outlets compared to supermarkets has created a "food swamp" environment, where unhealthy food choices are more readily available than nutritious options. Economic and transportation barriers further limit access to fresh, healthy food, contributing to chronic health conditions such as obesity, diabetes, and heart disease. Many low-income families struggle to afford high-quality food, relying on processed and fast-food options due to cost and convenience. Community-based initiatives, such as farmers' markets, food pantries, and nutrition education programs, could play a crucial role in improving access to affordable, healthy food. Additionally, increasing awareness of existing food assistance programs and expanding public-private partnerships could help address food insecurity.

Transportation Limited public transit options disproportionately affect low-income families, seniors, and individuals with disabilities, restricting their ability to access healthcare, employment opportunities, and other essential services. Many residents rely on public transportation to attend medical appointments, yet existing transit services are often inadequate or difficult to navigate. High transportation costs, long wait times, and limited accessibility pose significant obstacles for those who depend on these services the most. Additionally, paratransit options for individuals with disabilities remain insufficient, leaving many without reliable means of transportation. Expanding affordable transit options, improving infrastructure for pedestrians and cyclists, and increasing awareness of existing transportation assistance programs could greatly enhance mobility and accessibility for Bloomfield residents.

Recommendations and Considerations

To address these health disparities, the following recommendations are proposed:

- **Addressing Economic and Social Inequities:** Expand financial literacy programs and economic support initiatives, particularly for disproportionately affected populations.
- **Improving Healthcare Access:** Increase outreach efforts to educate residents about insurance options and financial assistance programs. Promote telehealth services to reduce transportation-related barriers.
- **Enhancing Mental Health Services:** Collaborate with mental health organizations to expand affordable, culturally competent services and implement stigma-reduction campaigns.
- **Promoting Food Security:** Enhance access to nutritious foods through farmers' markets and community garden initiatives
- **Strengthening Transportation Infrastructure:** Improve public transit and paratransit services, increasing community awareness of available transportation assistance programs.

Conclusion

The 2025 Bloomfield Community Health Assessment provides a collection of data and data analysis to better understand the township's health status, identifies health priorities affecting the community, and serves as a tool to develop a health improvement plan. By reviewing this detailed picture of the community's health and creating appropriate interventions, Bloomfield aims to enhance health equity, improve resource accessibility, and create a supportive environment for all residents.

The table below identifies key themes that emerged throughout this Community Health Assessment.

Domain	Theme	Indicator	Pages
Behavioral Health	Mental Health	• % frequent mental distress • Mental health challenges (key informants) • Mental health issues (focus groups) • Limited access to mental health services (key informants) • Overall mental health issues	36 65 72-73 46 96
	Substance Use	• # opioid overdose deaths • # substance abuse hospital admissions • Addiction challenges (key informants) • Stigma and drug use (survey respondents)	36 37 65 51
Social Determinants of Health	Socioeconomic Stability	• % children living in poverty • % Asset Limited, Income Constrained, Employed (ALICE) • Economic/social struggles (key informants and focus groups) • Financial insecurity (survey respondents)	25 26 62 46
	Housing	• 2024 Point-in-Time Count • Housing instability (focus groups) • % housing with potential lead risk • Housing affordability	29 64 42 96
	Environmental Challenges	• Air Quality Index (AQI) • Transportation challenges • Built environment/environmental concerns	42 62 81
	Food Insecurity	• % food insecurity rate • % below SNAP threshold • Food insecurity	30 30 30
	Healthcare Access	• % of uninsured people • Disparities in healthcare resources and access (key informants) • Healthcare access and insurance (survey respondents)	28 71 46
	Safety	• # unintentional injury • # homicides & firearm fatalities	31 31
Outreach	Community Engagement	• Lack of comprehensive outreach (key informants) • Insufficient outreach (focus groups)	74-75 65
	Cultural Awareness	• # languages spoken • Cultural competency, equity, and inclusivity (key informants) • Cultural and racial challenges (focus groups)	14 74 65

Definitions

Chronic Diseases are broadly defined as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

Communicable Diseases are illnesses that spread from one person to another, from an animal to a person, or from a surface or food to a person.

Community Health Assessment (CHA), sometimes referred to as community health needs assessment (CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community Health Improvement Plan (CHIP) is a community-driven plan that outlines goals and strategies to be used by coalitions, organizations, and citizens to address the identified health priorities in the community.

Food Insecurity is defined by the United States Department of Agriculture (USDA) as a lack of consistent access to enough food for every person in a household to live an active, healthy life.

Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health disparities.

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Healthy People identifies public health priorities and provides 10-year, measurable public health objectives to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030 is the initiative's fifth iteration.

LGBTQIA+ Is an acronym used to describe lesbian, gay, bisexual, transgender, queer or questioning persons of the community.

Marginalized Populations are defined as groups and communities that experience discrimination and exclusion due to unequal power relationships across economic, political, social, and cultural dimensions.

Morbidity is the state of being symptomatic or unhealthy from a disease or condition.

Mortality is death, especially in a population, and usually is represented as a rate.

Mortality Rate is the number of deaths in a population during a given time or place.

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Introduction

A Community Health Assessment (CHA) identifies key health needs and issues of a community through systematic, comprehensive data collection and analysis. It describes a variety of behavioral, socioeconomic, and environmental factors that influence health. The objectives of this CHA are to:

- understand key health issues and health disparities that impact Bloomfield;
- measure health status, behaviors, risk factors, and social determinants of health;
- identify community capacity by recognizing existing strengths and resources;
- provide evidence for evaluating health policies, systems, strategies, and programs;
- and inform the development of a Community Health Improvement Plan (CHIP) with data-driven initiatives focused on enhancing the health of all residents and achieving health equity.

Effective planning and decision-making for health improvement require reliable and timely information about the health of a population. CHAs provide community leaders with an understanding of the health determinants, outcomes, and concerns of their population. This information is crucial for local public health departments, social services organizations, healthcare institutions, and policymakers to develop interventions that will improve the health of communities and address health equity.

New Jersey statute requires all health departments to participate in a county-level CHA, and although not mandated, Bloomfield has undertaken conducting its own. However, most data are only available at the county or state level, making it difficult to describe the health attitudes, behaviors, and outcomes of municipalities. A CHA is also required to achieve voluntary public health accreditation and apply for Community Transformation Grants. Governmental public health is working with increasingly limited budgets, which forces them to prioritize interventions. A CHA can provide insight for developing such interventions in more cost-effective manners.

Community engagement and collaborative participation are key components of the CHA process. This document was created by the Bloomfield Department of Health, in partnership with the *Bloomfield Coalition*, and Strategic Health Advisers. It provides data for the Board of Health, Town Council, community leaders, public health partners, and community members to use in making informed decisions about how best to address poor health outcomes and health disparities. This comprehensive report will lead to the development and implementation of a Community Health Improvement Plan (CHIP) intended to guide the Bloomfield Department of Health, its public health partners, and residents to strategically address health issues together by maximizing resources and supporting populations who are most at risk.

The Bloomfield Department of Health aims for this assessment to serve as a valuable resource for the Board of Health, Town Council, community leaders, public health partners, and the public. The *Bloomfield Coalition* will convene to review the results of this assessment, prioritize issues, and develop a CHIP. This assessment will help set the standard for excellence in local public health and create opportunities for resources to address the identified priority areas.

About Bloomfield, New Jersey

Background

The Township of Bloomfield was established from portions of Newark on March 23rd, 1812, currently geographically covering 5.4 square miles [1]. With a population of 52,948 residents, Bloomfield makes up 6% of the county population. The name of the Township derives from the Revolutionary War General, Joseph Bloomfield. The Township of Bloomfield was originally part of Newark in 1666, when it was settled by English and Dutch

settlers. The land was purchased from the Yantecaw, a subtribe of the Lenni-Lenape Indians. Early roads, such as the Old Road to Newark (Franklin Street), Road to Newtown and Second River (Belleville Avenue), and Road to Cranetown (Montclair), were based on Indian trails and continue to be key routes in the area [2]. In present day, the Township of Bloomfield is a part of Essex County, neighboring the municipalities of Belleville, Clifton, East Orange, Glen Ridge, Montclair, Newark and Nutley.
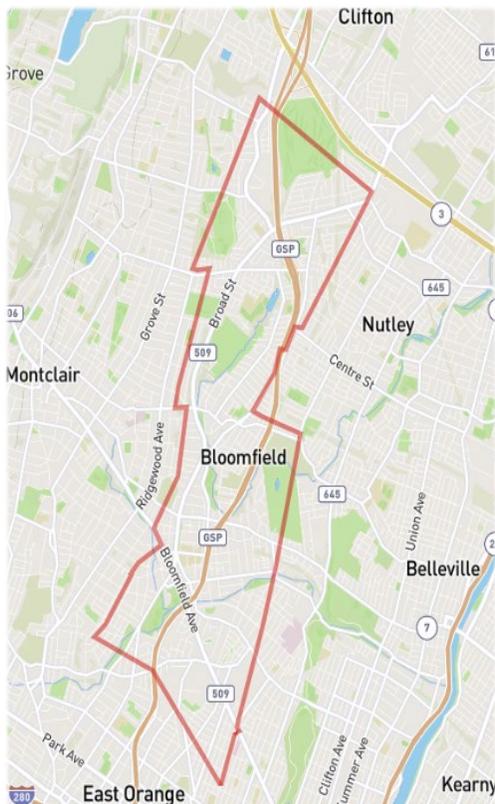
Source:

Brookdale Park Conservancy, 2024

Residents of Bloomfield enjoy a close-knit and culturally diverse community in a town that has all the amenities of a larger city with a suburban feel. These amenities include higher education institute Bloomfield College of Montclair State University, Brookdale Park, coffee shops, restaurants, and stores. Bloomfield hosts various annual events and festivals, such as their Independence Day Celebration & Firework Spectacular, 'Music Concerts in the Park', and Drive-In Movie Series, which attract both residents and visitors alike.

Demographic Profile

New Jersey is one of the most racially diverse states in the nation, and Bloomfield is one of the more racially diverse cities in New Jersey. The table and chart below provide a breakdown of population demographics including sex, race, and ethnicity for Bloomfield compared to Essex County and New Jersey. More than 11% of Bloomfield residents identify as two or more races, compared to Essex County (2.5%) and New Jersey (2.4%).

Population, Sex, Race & Ethnicity

Bloomfield Population Demographics	Bloomfield	Essex County	New Jersey
Total Population (est. July 1, 2023)	52,948	851,117	9,290,841
Male	49%	48.7%	49.30%
Female	51%	51.30%	50.70%
Non-Hispanic White	38.60%	29.50%	52.90%
Black	20.70%	41.40%	15.40%
Hispanic/Latino	27.30%	24.60%	21.90%
Asian	9.10%	6.60%	10.50%
American Indian/ Alaskan Native	0.30%	0.90%	0.70%
Two or More Races	11.80%	2.50%	2.40%

Source: U.S. Census, 2022

More than 13% of Bloomfield residents are foreign-born. This chart indicates that Bloomfield has a lower percentage of foreign-born residents compared to Essex County (23.20%), New Jersey (29.0%), and the United States (24.10%). With over 39,000 native-born individuals, Bloomfield showcases a significantly higher number of native-born citizens. This demographic contrast highlights the town's unique composition, where the native-born population substantially outnumbers foreign-born, naturalized, and non-citizen immigrants.
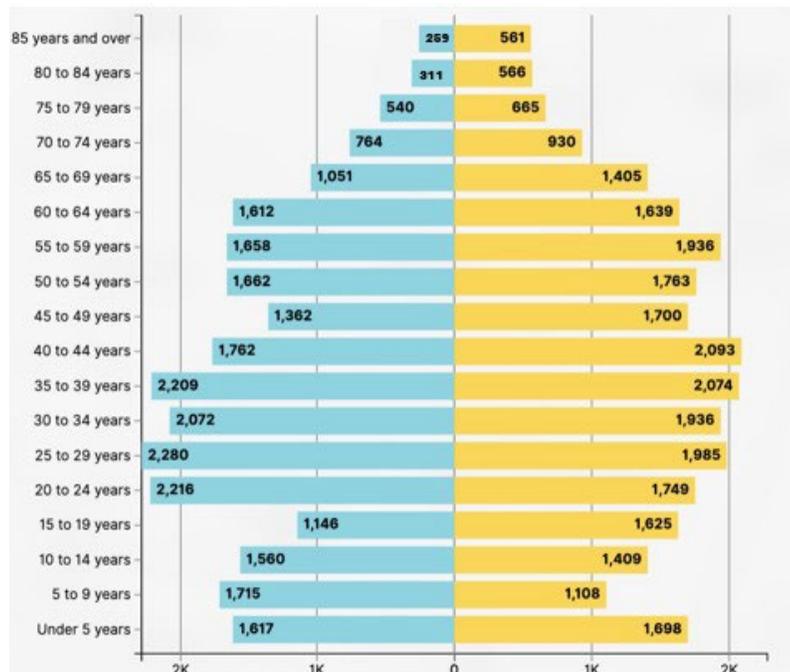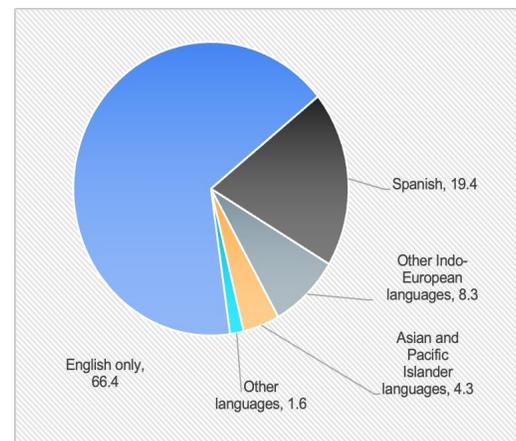
Source: U.S. Census, 2022
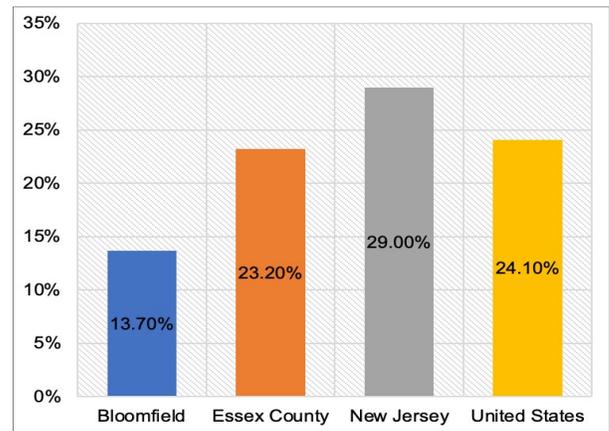
Languages Spoken in Bloomfield

This pie chart demonstrates that more than 66% of Bloomfield residents speak only English, while 19.4% speak Spanish, followed by Other Indo-European Languages (8.3%), Asian and Pacific Islander Languages (4.3%), and Other Languages (1.6%). By tailoring services to an individual's culture and language preferences, health and social services professionals can help bring about positive health outcomes for diverse populations, ultimately helping to reduce health disparities and achieve health equity.

Source: U.S. Census, 2022

**Age Distribution of Bloomfield Residents**

A population pyramid is a graph that shows the distribution of ages across a population divided between male and female members. The graphic starts from youngest at the bottom to oldest at the top. It is called a population pyramid because when a population is growing (when more babies are being born than people dying), the graphic forms the shape of a triangle. A population pyramid can also be used to compare differences between male and female populations of an area.

	Male
	Female

Source: U.S. Census, 2022

Bloomfield Community Health Assessment 2025

Methodology

The CHA was conducted from February 2024 through December 2024 using the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. This updated MAPP 2.0 framework was launched in 2023 by the National Association of County and City Health Officials (NACCHO) with funding from Centers for Disease Control and Prevention (CDC), Office of State, Tribal, Local and Territorial Support, and from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

MAPP 2.0 provides structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. MAPP 2.0 emphasizes the vital role of broad stakeholder and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals (NACCHO, 2023). The process results in a CHA and CHIP.
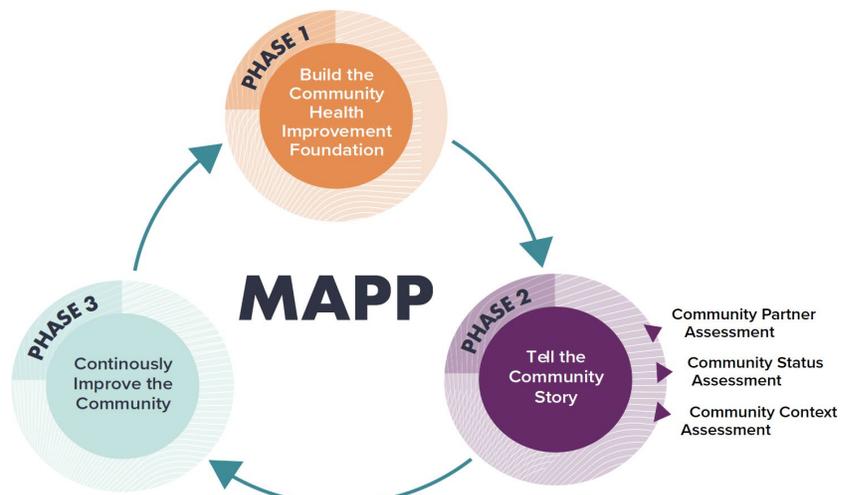
Community Engagement

Central to the MAPP 2.0 process is developing a community-wide vision for health, involving organizations across sectors, assessing both community needs and strengths, and assigning resources to the underlying drivers of inequity. *Phase I: Build the Community Health Improvement Foundation* unites partner organizations, community members, and other contributors in the planning process. To foster community ownership, MAPP 2.0 involves community members in every step. MAPP 2.0 also emphasizes the importance of engaging community power-building organizations (sometimes called grassroots or community organizers). These groups represent the needs and shared vision of their community and can help advocate for change outside of government (NACCHO, 2023).

The *Bloomfield Coalition* served as the steering committee to help guide and shape the CHA process and data collection methods. Committee members, representing a variety of organizations and service providers from across Bloomfield, met monthly to provide the following:

- inform adaptations of the Community Voices Survey;
- provide distribution opportunities for the survey;
- review and adopt focus group and key informant interview questions;
- finalize the participant list for key informant interviews and focus groups;
- approve secondary data sources;
- identify strengths and assets of Bloomfield;
- participate in the Community Partner Assessment;
- participate in the Community Context Assessment;
- and develop a working definition of health equity to be used throughout this assessment.

Primary & Secondary Data Collection

Primary and secondary data were collected utilizing a mixed-methods approach. Primary data is information collected by an organization or research team through surveys, interviews, focus groups, and observations specifically designed to understand the health status of a community. Primary sources of data collection included a Community Partner Assessment, Community Strengths and Assets activity, Forces of Change activity, Community Survey, Key Informant Interviews, Community Focus Groups, and a Built Environment Assessment.

Secondary data is information already collected through primary sources by someone else and made readily available for researchers and communities to use. Sources of publicly available secondary data on health behaviors, health outcomes, and social determinants of health were used to provide demographic data, health indicators, and socioeconomic factors for Bloomfield.

MAPP 2.0 Phase II: *Tell the Community Story* emphasizes the need for a complete, accurate, and timely understanding of community health and well-being across all sub-populations within the community. This phase guided the *Bloomfield Coalition* through the CHA using the following three assessment tools: the Community Partner Assessment (CPA), the Community Status Assessment (CSA), and the Community Context Assessment (CCA). Each assessment was then analyzed individually and triangulated to determine key themes and actions.

MAPP Goals, Guiding Questions, Assessment, and Analysis Overview
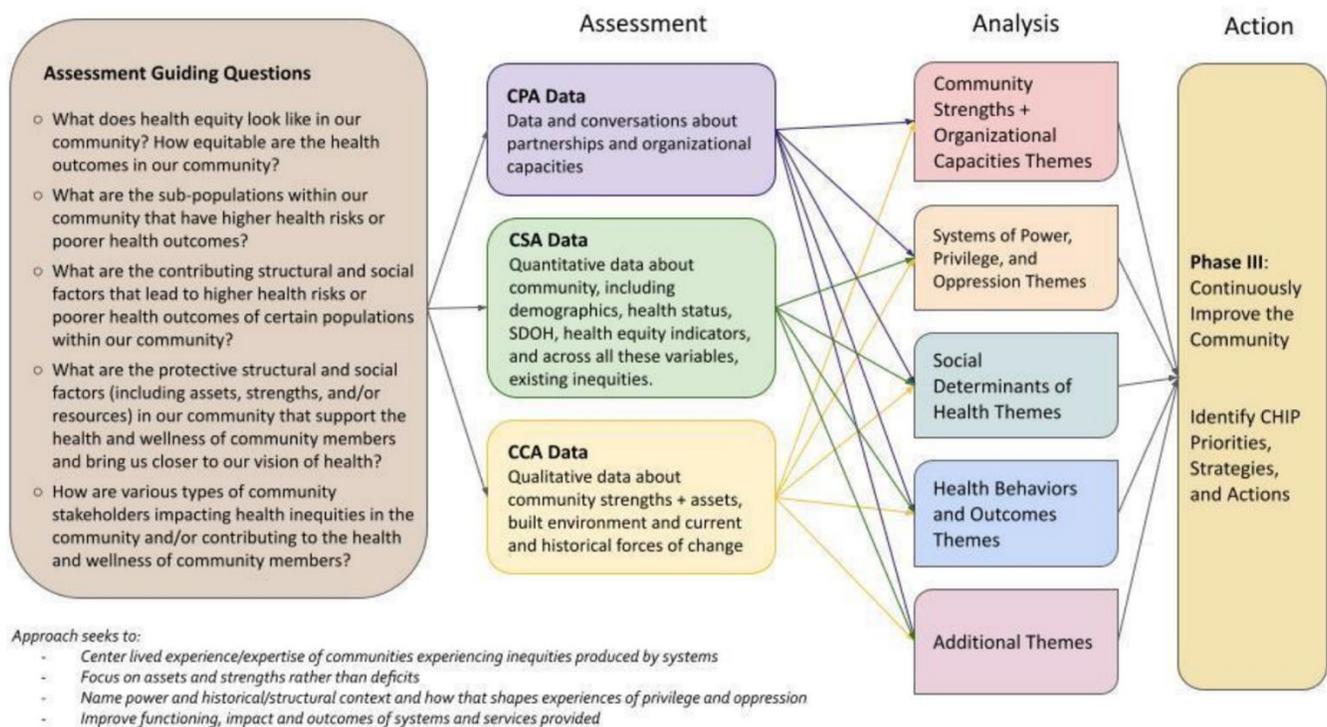
Source: NACCHO, MAPP 2.0 User's Handbook 2023

1. **Community Partner Assessment (CPA)**

The CPA provides a structure for all community partners to look critically at their individual systems, processes, and capacities; and at their collective capacity as a network of community partners to address health inequities. The CPA helps to identify actions to address health inequity at individual, systemic, and structural levels.

Community Partner Assessment Survey

The CPA survey aimed to understand the composition and dynamics of community partnerships, focusing on how various organizations support each other and their knowledge about the community. It included 48 questions, both multiple-choice and open-ended, covering a range of topics. These topics included details about the organizations themselves, their interest in participating in and supporting the MAPP 2.0 process, and the demographics and characteristics of the clients or members they serve. The survey also explored the organizations' focus areas, commitment to equity, accountability, capacities related to the 10 Essential Public Health Services (EPHS), general capacities and strategies, data access and systems, community engagement practices, and their approach to policy, advocacy, and communication. The survey can be found in Appendix J.

2. **Community Status Assessment (CSA)**

The CSA collects quantitative data on the status of the community such as demographics, health status, and health inequities. The CSA helps a community move "upstream" and identify inequities beyond health behaviors and outcomes, including their association with SDoH and systems of power, privilege, and oppression. This foundational community-driven assessment will reveal both data gaps and issues and inequities that need to be further explored through other assessments.

Community Survey

Quantitative data was also collected through a community-wide survey conducted from March through November 2024, that asked Bloomfield community members about personal health, health behaviors, healthcare utilization, views on the health of their community, and demographic information.

The survey asked respondents to evaluate 65 health and well-being measures for themselves and their community. These measures were grouped into four categories: physical environment, social and economic factors, clinical care, and health behaviors. A total of 233 individuals living in Bloomfield completed the survey. Respondents were not required to answer every question. This survey was created by the North Jersey Health Collaborative (NJHC) and adapted for Bloomfield with the following additions:

- Options to specify the sex assigned at birth, or a preference not to answer.
- Non-binary option for the gender identity question.
- More options for possible reasons that make it difficult to get healthcare.
- COVID-19 questions assessing physical and mental health effects of the pandemic.

The survey was made available in English, Spanish and Haitian-Creole, and launched as the 2025 Community Health Assessment (CHA) Survey on the Bloomfield Department of Health website and social media platforms. Fliers about the survey were distributed through partners, and through in-person recruitment at events. The

survey can be found in Appendix B, and the survey fliers can be found in Appendix G. Results can be found on page 43.

Secondary Data Sources

American Communities Survey (ACS), U.S. Census Bureau is an ongoing survey that provides vital information on a yearly basis about our nation and its people by gathering information on demographics, occupations, education, veterans, housing, and other topics.

Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

City Health Dashboard provides communities and city leaders with an array of regularly updated data specific to neighborhood and/or city boundaries – such as life expectancy, park access, and children in poverty -- to improve the health and well-being of everyone in the community.

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity.

Data USA provides an open, easy-to-use platform that turns data from multiple sources into knowledge, allowing millions of people to conduct their own analyses.

Feeding America produces estimates of local food insecurity and food costs to improve understanding of people and places facing hunger and inform decisions that will help ensure equitable access to nutritious food for all.

New Jersey State Health Assessment Data (NJSHAD) is a system that provides access to public health datasets, statistics, and information on the health status of New Jerseyans in five ways: health topics; community profiles; health indicators; data queries; other data and resources.

NJ Counts is the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in NJ.

NJ Overdose Data Dashboard uses interactive data visualizations to display opioid and other drug-related overdose indicators for public health practitioners, researchers, policymakers, and the public.

United For ALICE, an acronym for Asset Limited, Income Constrained, Employed, is a measure of defining and understanding the struggles of households that earn above the Federal Poverty Level, but still struggle to afford basic necessities like housing, childcare, food, transportation, and healthcare.

3. **Community Context Assessment (CCA)**

The CSA is a qualitative tool to assess and collect data through three domains: community strengths and assets, built environment, and forces of change. It collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. The CCA centers on people

and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand.

Key Informant Interviews

Key informant interviews are a qualitative research method used in community health assessments to gather in-depth information from individuals who have specialized knowledge or insights about the community. These individuals, known as key informants, can include community leaders, healthcare providers, social workers, and other stakeholders who are familiar with the health issues and needs of the community. Key informants were determined by the *Bloomfield Coalition* at their February 2024 meeting. Semi-structured interviews were conducted by Strategic Health Advisers between April and July 2024. A sample of professionals (n=16) with backgrounds in healthcare, public health, social services, academia, social work, community programming, and nonprofits were interviewed individually. Interviewees were asked a series of questions to identify health factors and disparities in their populations and the community at-large. The Key Informant Interview Questions can be found in Appendix A. Interviews were recorded with verbal permission and transcribed using Otter.ai software. Transcripts were coded using a hybrid approach of deductive and inductive coding in Dedoose software.

Organization	Role/Position
Bloomfield School District	Crisis Counselor, Social Worker
Township of Bloomfield Department of Human Services	Human Services Representative
Essex County Continuum of Care	Unhoused Population Representative
Township of Bloomfield Department of Recreation	Recreation Director
Bethany United Presbyterian Church	Clergy
Planned Parenthood	Center Manager
Center for Behavioral Health & Riskin Children's Center at Mental Health Association of Essex and Morris	Mental Health Provider
Board of Health	Council Liaison
Mountainside Hospital	Community Outreach Manager
Bloomfield Church on the Green Food Pantry	Volunteer
Federally Qualified Health Center	Director
MPV Medical Group	Primary Care Provider
Center of Excellence for Latino Health	Director
Bloomfield College Student Health Services	Registered Nurse
Soldier On	Supervisor
Partnership for Children of Essex	Intern

Community Strengths & Assets Activity

On April 11, 2024, the Bloomfield Coalition engaged in a Community Strengths and Assets activity. Coalition members were provided a brief presentation about asset mapping, and then asked, "what strengths and assets do community members have?" and "how can these strengths and assets be used to improve community health?" Members' responses were recorded on flip chart sheets and hung on the wall for reference. The activity instructions can be found in Appendix D. The results of this activity can be found on pages 56-57.

Forces of Change

During the June and July 2024 meetings of the Bloomfield Coalition, partners engaged in a Forces of Change activity. Coalition members were given a brief presentation defining forces of change as trends, factors, and events that impact the community (past, present, and future). Flip chart paper was hung on the walls and labeled as "Trends", "Factors" or "Events". Coalition members were asked to brainstorm a few examples for each. Participants then reviewed all suggestions and voted on their top five Forces of Change that have or will impact the community. Facilitators synthesized the results into a table and asked participants to identify equity impacts, threats posed, and opportunities created for each of the Forces of Change. The group was then asked to reflect on the table and discuss community strengths and resources that could increase adaptability to changing conditions. The activity instructions can be found in Appendix E. The results can be found on page 58.

Focus Groups

Focus group questions were approved by the Coalition during their February 2024 meeting. The focus group questions followed a protocol adapted from MAPP asking eight questions about healthy behaviors, access to health information and services, barriers and challenges to health, and programs or policies that would increase health in participants' respective communities. The focus group questions can be found in Appendix F.

Source: Bloomfield Public Library

Focus groups were held at locations throughout Bloomfield and on Zoom (see table below). Eight (8) focus groups were conducted with community members between June and August 2024. Each focus group varied in length ranging from 60 to 90 minutes and one of the focus groups was conducted in Spanish. Groups ranged from 3 to 12 participants. Each focus group was audio recorded with the permission of participants and a note taker documented key points. Audio was imported into Otter.ai software and transcripts were coded using a hybrid approach of deductive and inductive coding in Dedoose software. Participants were recruited by the Bloomfield Department of Health. Fliers in Spanish and English were distributed to community partners, and coalition members via email, universities, and libraries. The fliers can be found in Appendix G. Participants were screened for eligibility over a period of 5 weeks, and recruited into focus groups based on the following characteristics:

Focus Group	Location
General Population	Zoom
Spanish Speakers	Bloomfield Library
Caregivers	Zoom
People with Disabilities and Their Families	Zoom
Seniors	Bloomfield Library
Young Adults/ College Students	Zoom
People with Chronic Conditions	Heritage Village
Renters	Bloomfield Library

Built Environment Assessment

The built environment assessment was conducted during March 2024 utilizing observational methods and evidence-based assessment tools. This assessment evaluated the quality of the community's physical and structural makeup that may influence health behaviors and outcomes. The goal of doing a built environment assessment is to identify potential improvements in the quality, accessibility, and safety of a community's living environment. Three core features of Bloomfield were assessed: walkability, community parks, and food store nutrition. The results of this assessment can be found on page 81.

Walkability was assessed with the National Highway Traffic Safety Administration Walkability Checklist (Appendix H), utilizing a 6-point rating scale in 16 locations throughout the community. Two public health interns conducted the assessment over the course of four weeks by walking areas previously determined by the 2017 Built Environment Assessment. Walkability was assessed during a full day on a weekday. Scores were compared to 2017 data to determine if conditions improved, slightly decreased, or significantly declined in the previous 7 years.

Community Parks were assessed using the Community Park Audit Tool, Version 3 (Appendix I), from Active Living Research. Thirteen community parks throughout Bloomfield were evaluated for general park information, accessibility in the surrounding neighborhood, park activity areas such as playgrounds, and park quality/safety. Scores were compared to 2017 data to determine if conditions improved, had little to no improvement, or significantly declined in the previous 7 years.

Food Store Nutrition Food store nutrition in Bloomfield was assessed through the creation of a detailed nutrition map using Google My Maps and GIS technology. This map analyzed the distribution of 131 food establishments to evaluate the presence of food deserts and food swamps within the community. Food deserts are areas where residents have little to no access to healthy food options, while food swamps are regions where unhealthy food choices significantly outnumber healthier alternatives (Jin & Lu, 2021). By mapping these establishments, the study provided valuable insights into the local food

environment, highlighting disparities in access to nutritious food. The findings underscored the need for targeted interventions to improve food accessibility and promote healthier eating habits among residents. This comprehensive approach may provide a framework for other communities seeking to address similar nutritional challenges.

Strengths & Limitations of Methodology

A limitation of the survey was the low response rate; however, a strength of the survey data collection was the diverse representation of the population. Despite this, the survey was only translated into English, Spanish, and Haitian Creole. Consequently, segments of the population may have been missed due to language barriers. Another limitation was that participants were not randomly selected from the population, potentially resulting in self-selection bias, a known limitation of convenience sampling. This bias was evident in the over-sampling by ZIP Code, age group, gender (female), race (white), income, and education levels.

A notable strength in the design of the focus groups was the inclusion of a Spanish Speakers group facilitated by a bilingual moderator. Additionally, all focus groups were diverse in terms of gender, age, and race within the limitations of their target population. Recruitment and attendance posed challenges for group sizes, with recruitment efforts sometimes yielding sub-optimal participant numbers. The ideal target size was 8-10 participants, but groups often ranged from 3-12. Despite sending reminders before the sessions and offering incentives such as gift cards and serving food, each group experienced no-shows.

Strengths of the built environment assessment included its observational nature, which did not require technical skills, and the direct interaction of observers with the environments being assessed. However, a limitation was the subjective nature of the findings, based on the interpretations and assumptions of two interns who were not the same individuals who conducted the previous assessment in 2017. The differences in individuals conducting the previous built environment assessment compared to this one limit the accuracy of the new interpretations.

A strength of secondary data collection was the ability to obtain data from multiple sources. Bloomfield's inclusion in the 500-Cities Project provided access to City Health Dashboard data, offering a more accurate portrayal of the township's health status, including variations at the census tract level. However, a limitation of secondary data collection is the limited availability of municipal-level health data in general, as it is often expensive to collect. Additionally, when local-level data is available, it is frequently not up to date.

The strengths of the community partner activities, such as the Community Partner Assessment, Strengths & Assets, and Forces of Change, was their in-person completion with large representation and participation of partners. However, a limitation was that not all the same individuals participated in each activity, potentially affecting the consistency of the input received.

Community Health Status Report

Health Equity

Healthy People 2030 defines a *health disparity* as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on race or ethnicity; religion; socioeconomic status; gender; age; mental health; disability; sexual orientation or gender identity; geographic location; or other characteristics linked to discrimination or exclusion."

Health equity is defined as, "When everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances—and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare." (Braveman, 2006)

Moving from health equity to social justice requires changing systems and acknowledging power imbalances past and present. Advancing health equity and justice requires the will to change current conditions and remove the systemic barriers that create inequities in the first place. Health equity is a basic human right, and justice is the act of protecting that right. Justice involves the actions and advocacy necessary to highlight inequities and level the playing field, ensuring that everyone has the opportunities they need to thrive without accommodation.
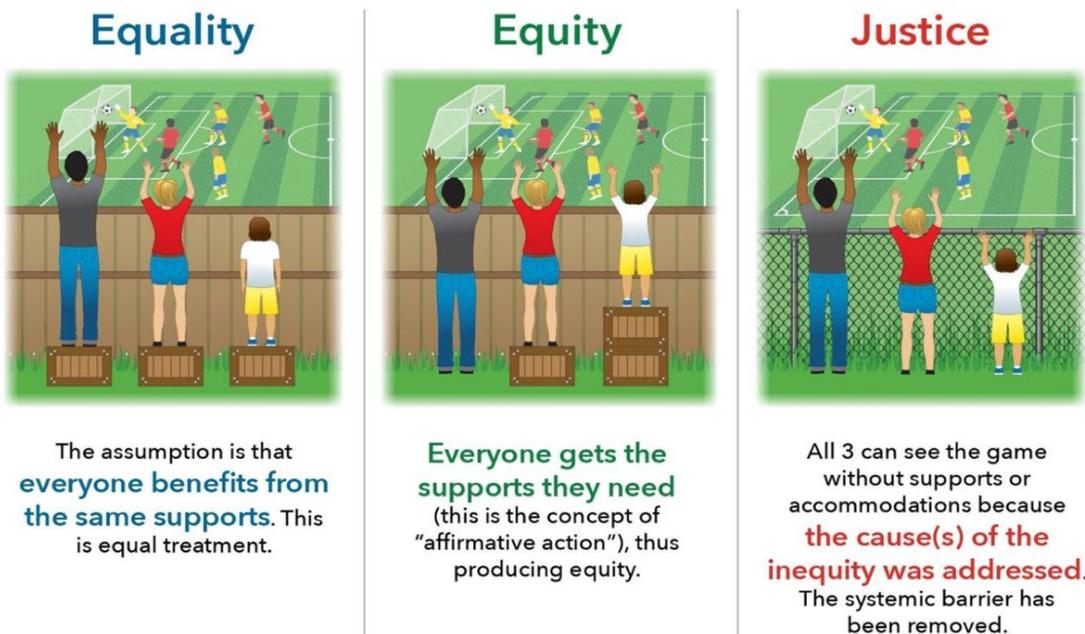

Source: Mobilize Green, 2024

Secondary Data Key Findings

Select measures for Bloomfield are presented below from a variety of secondary data sources. Indicators are broken out into different data sets based on health outcomes and related factors. When available, comparisons against county, state, and national figures are provided.

Socioeconomic Profile

Socioeconomic status (SES) refers to the levels of economic resources, power, and prestige closely associated with the wealth of an individual, community, or country (Braveman, 2006). SES is often defined by employment, wealth, and poverty. Low socioeconomic status is a major determinant of health, contributing to an increased risk of poor health, premature mortality, and the development of serious chronic health conditions.

Median Household Income
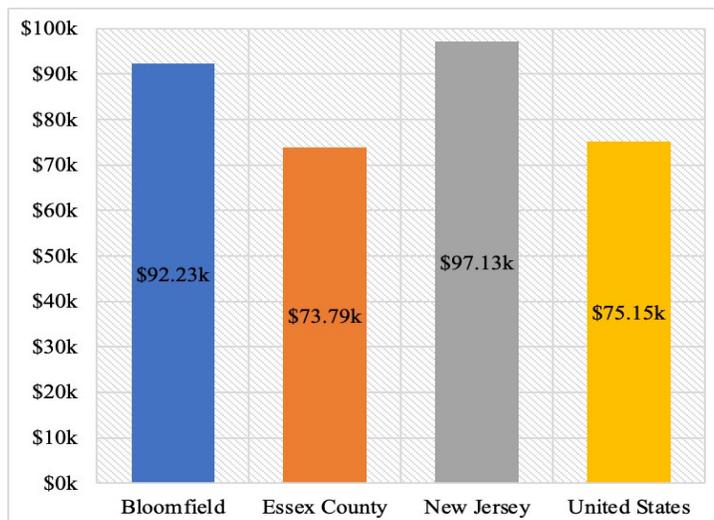
Median household income is a key indicator of socioeconomic status and plays a role in access to healthcare infrastructure, proper nutrition, and safe housing. Income can also influence lifestyle choices and health behaviors, contributing to improved health outcomes.

The median household income in Bloomfield is over $92,000. This is significantly higher compared to Essex County and the United States and slightly lower compared to New Jersey.

Source: U.S. Census, 2022

Employment
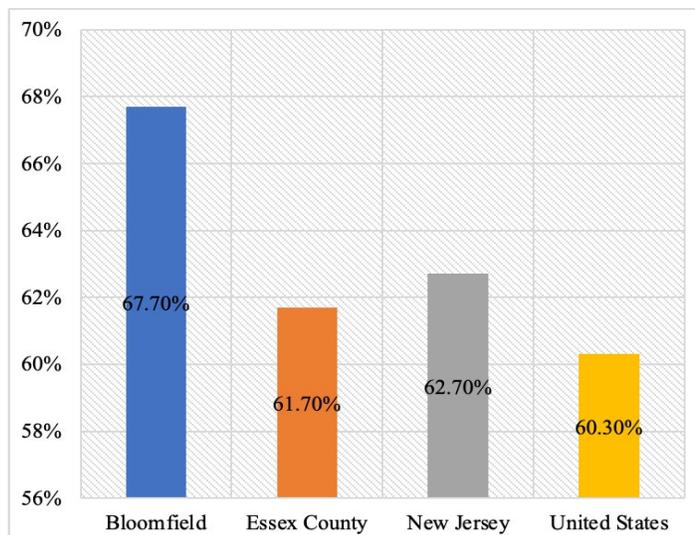
Employment not only provides financial stability but also enhances social connections and a sense of purpose, thereby reducing the risk of engaging in unhealthy behaviors. More than two-thirds of the population in Bloomfield is employed. This is significantly higher than Essex County (61.7%), New Jersey (62.7%), and the United States (60.3%). Popular industries and jobs in Bloomfield include healthcare, manufacturing, and professional services such as real estate and finance.

Source: U.S. Census, 2022

Poverty

Healthy People 2030 states that the U.S. measures poverty based on how income compares to a set federal threshold based on family size. For instance, in 2022, the threshold was $13,590 for an individual, and $27,750 for a family of four, benchmarks that are crucial for determining eligibility for various public assistance programs and for understanding how limited resources can negatively affect access to healthcare, nutrition, and safe housing, ultimately influencing public health outcomes.
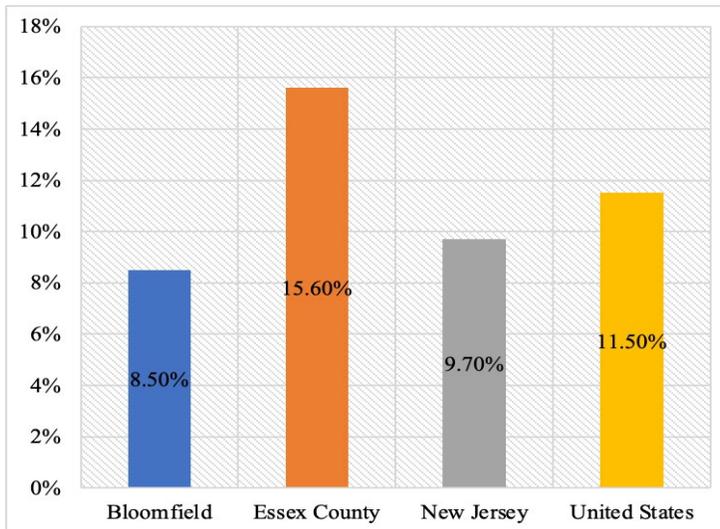
Percentage in Poverty, All Ages

High poverty rates are associated with increased health disparities, higher rates of chronic diseases, and poorer overall health outcomes within a community. Poverty is a critical public health indicator and directly influences access to essential resources like safe housing, nutritious food, and access to healthcare. About 8.5% of the Bloomfield population is in poverty. This is a lower percentage than New Jersey and the United States and significantly lower than Essex County.

Source: U.S.Census, 2022

Percentage of Children in Poverty and Percentage of Children in Poverty by Race

According to the City Health Dashboard for Bloomfield Township (2022), approximately 41% of children are living in poverty. Disparities by race are significant: around 52% of Hispanic children and 47% of Black children live in poverty, compared to only about 20% of White children and 30% of Asian children. These statistics highlight the profound inequities that affect the health and prospects of Bloomfield's youngest residents, emphasizing the urgent need for targeted policies and interventions to improve access to quality education, healthcare, and economic opportunities.

Source: City Health Dashboard, 2022

Asset Limited, Income Constrained, Employed (ALICE)

A measure of SES is Asset Limited, Income Constrained, Employed (ALICE), a comprehensive and unbiased measurement of financial hardship in the U.S. The ALICE Threshold of Financial Survival is the average income that a household needs to afford the basics. Percent below ALICE Threshold includes both poverty level and ALICE - all households that are unable to afford the basics (United for Alice, 2021). ALICE is completed on the county-wide level, therefore Bloomfield Township specific data is unavailable. According to Livingcost.org, the average cost of living in Bloomfield is $2,424 per month, which places it in the top 9% of the most expensive cities globally.
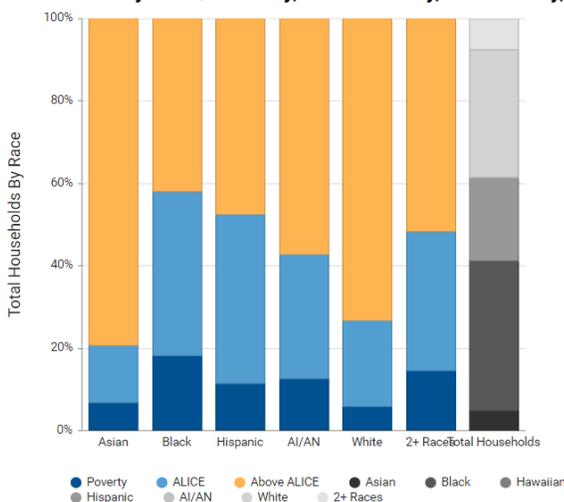
Households Below ALICE Threshold and Poverty in Essex County

In Essex County, a significant portion of the population falls under the ALICE Threshold—those who are employed but struggle to afford necessities due to limited income and high living costs. According to the latest ALICE report, many households in Essex County face financial instability despite having one or more working members. These families often earn above the federal poverty level but not enough to cover essential expenses such as housing, childcare, food, transportation, and healthcare.
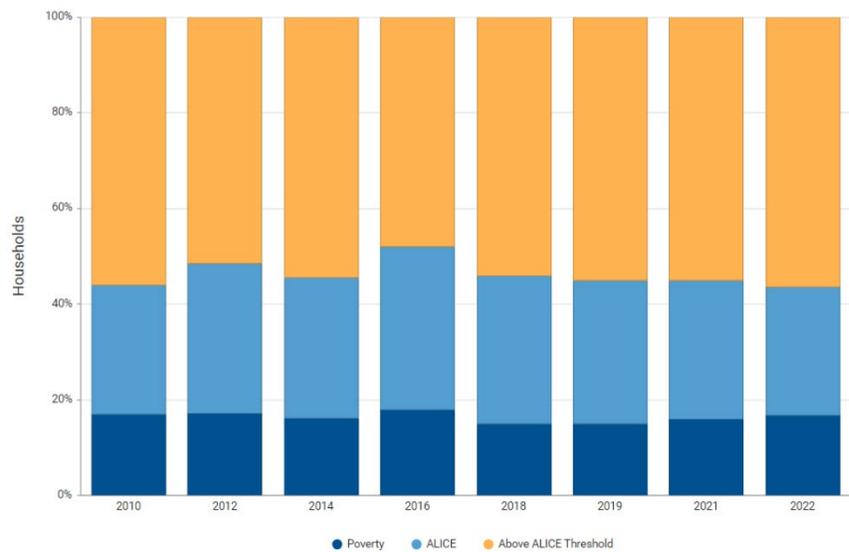
Source: United For ALICE, 2022

Households by Race/Ethnicity, Essex County, New Jersey, 2022

Groups with the largest number of households below the ALICE Threshold are typically the largest demographic groups. However, when considering the proportion of each group below the ALICE Threshold, some groups are more likely to be ALICE than others. COVID-19 led to unprecedented public assistance through pandemic relief measures, however, increases in the cost of living have left many people unable to afford the basics. Racial disparities exist in Essex County, with 60% or more of Black, Hispanic, American Indian/Alaska Native, and 2+ races living below the ALICE threshold.

Source: United For ALICE, 2022

Social Determinants of Health

According to Healthy People 2030, "social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Social determinants of health have a major impact on people's health, well-being, and quality of life. Examples of SDoH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills (Healthy People 2030, n.d.). SDoH contribute to health disparities and

inequities. For example, people who do not have access to grocery stores with healthy foods are less likely to have quality nutrition, increasing their risk of health conditions like heart disease, diabetes, and obesity; and lower life expectancy compared to people who do have access to healthy foods (Healthy People 2030, n.d.). The following data provides information on SDoH in Bloomfield.

Education

Approximately 92% of people have a high school or higher degree in Bloomfield. This data shows that the high school education rate is high in Bloomfield when compared with Essex County (87%), New Jersey (90.60%), and the United States (88.3%). Approximately 48% of people aged 25 and over have a bachelor's or a higher degree. This data shows that the bachelor's degree rate is high in Bloomfield compared to Essex County (37%), New Jersey (42.3%), and the United States (34.3%).

Percentage with a High School Diploma
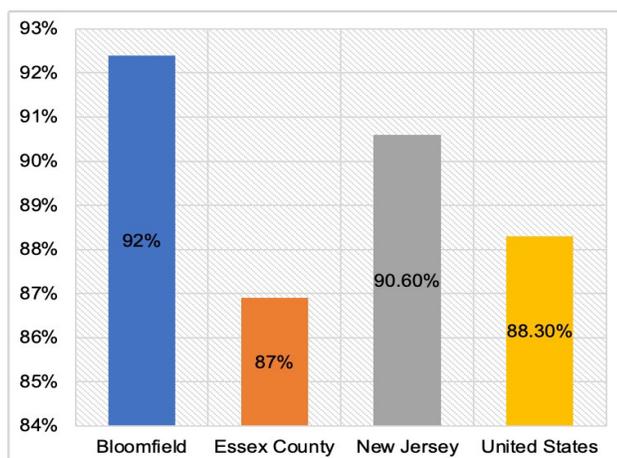
**Percentage with a Bachelor's Degree or Higher (>25 years)**
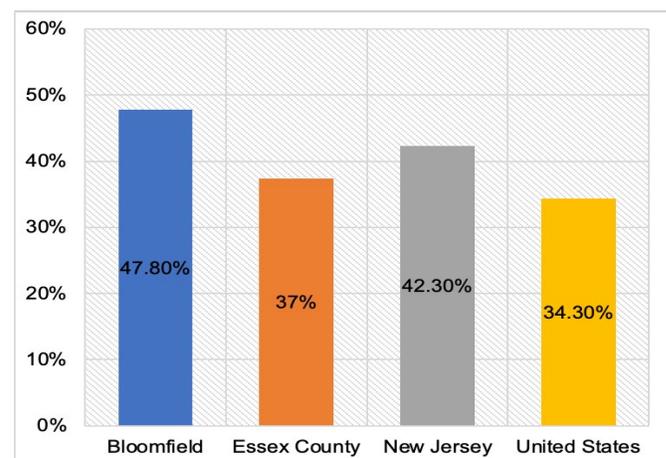
Source: U.S. Census, 2022

Access to Healthcare

Lack of health insurance is strongly associated with limited access to health care services, particularly preventive and primary care. Uninsured individuals are significantly more likely to experience poor health outcomes, have unmet medical needs, and face difficulties obtaining timely medical attention. They are also less likely to have visited a physician or other healthcare provider and often report dissatisfaction with the quality of care received (NJSHAD, 2020). The barriers to healthcare access are compounded for marginalized communities, including low-income individuals and non-English speakers, who may struggle with navigating insurance enrollment and understanding available resources.

Percentage of Uninsured Persons in Bloomfield
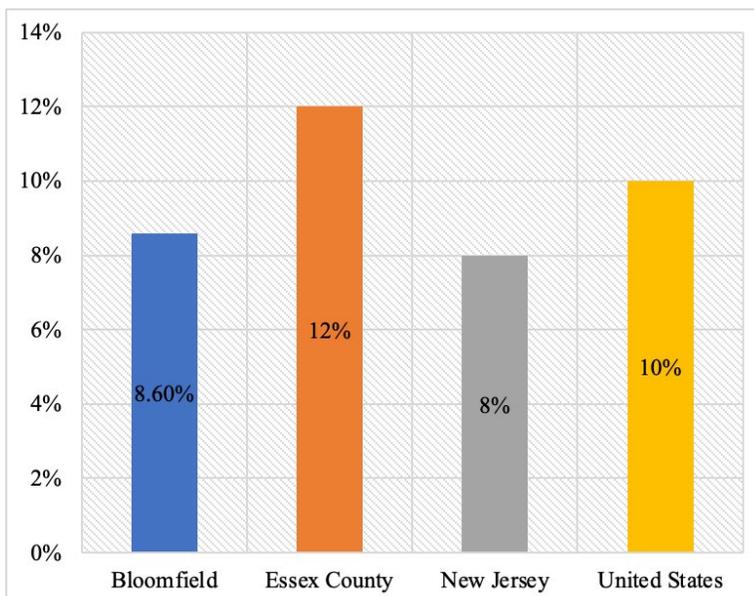
Among Bloomfield residents, 8.6% are uninsured. This rate aligns with the state average for New Jersey (8%) but is lower than the uninsured rate in Essex County (12%) and the national average (10%). While these figures suggest that Bloomfield fares better than some surrounding areas, disparities persist in healthcare access, particularly among communities of color and immigrant populations. Expanding outreach efforts, increasing awareness of insurance options, and enhancing culturally competent healthcare services can be essential steps to reducing the uninsured rate and improving overall health equity in Bloomfield.

Source: City Health Dashboard, 2021

Homelessness

NJ Counts is the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in New Jersey. As required by the U.S. Department of Housing and Urban Development, the count takes place during the last 10 days of January and identifies people living in emergency shelters, transitional housing programs, safe havens, and on the streets or other locations not fit for dwelling. NJ Counts is coordinated on a single day across the state allowing for comparable data across all communities from year to year. Monarch Housing Associates has coordinated NJ Counts in all 21 counties across the state of New Jersey since 2014 (Monarch Housing Associates, 2023).

Source: Monarch Housing Associates, 2024 PIT Summary: Essex County

During the most recent count on the evening of January 23, 2024, a total of 2,451 people were experiencing homelessness in Essex County in a single night. Of these individuals, 70% were Black/African American, 59% were men and boys, 18% were children under 18 years of age, 39% were people with disabilities, and 5% were survivors of domestic violence. According to the Essex County 2024 Point-In-Time Count, conducted by Monarch Housing Associates, on the night of January 23, 2024, there were 46 individuals experiencing homelessness in Bloomfield Township, representing 1.9% of Essex County's total homeless population. Of these, 39 individuals (1.8% of the county's sheltered homeless population) were in shelters, and 7 individuals (2.5% of the county's unsheltered homeless population) were without shelter.

Bloomfield Community Health Assessment 2025

Food Insecurity

Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. In Bloomfield Township, food insecurity remains a significant concern. According to the 2020 U.S. Census, 1,383 households in Bloomfield receive SNAP benefits, representing 7% of all households. This is lower than the Essex County average of 16% of households and lower than the New Jersey state average of 9.6%.

Despite the support provided by SNAP, 19,207 of eligible households in Bloomfield do not receive these benefits, accounting for 93% of all eligible households. This indicates that a substantial portion of the community may still be at risk of food insecurity, especially those who do not qualify for SNAP but still struggle to afford adequate food.

Indicator	Bloomfield	Essex County	New Jersey
Households Receiving Food SNAP	1,383	51,276	336,611
% of Households Receiving SNAP	7%	16.0%	9.6%
Households Not Receiving SNAP	19,207	270,095	3,180,367
% of Households Not Receiving SNAP	93%	84.0%	90.4%

Sources: U.S. Census, 2020

In fiscal year 2024 New Jersey spent $168 million on the network of pantries and food banks. Under Governor Phil Murphy's fiscal 2025 spending plan, it will increase to $201 million. The new total will include $85 million for aid to food banks and pantries and $30 million in new money for school meals for children in families making less than 225% of the federal poverty line. The total also includes the State's share of the federal Supplemental Nutrition Assistance Program (SNAP), and continuing state support that sets $95 a month for minimum SNAP payments to compensate for a reduction in federal payments after the pandemic (Hurdle, 2024).

The number of people receiving SNAP benefits (formerly known as food stamps) since the 2000 fiscal year and the average monthly benefit per person.
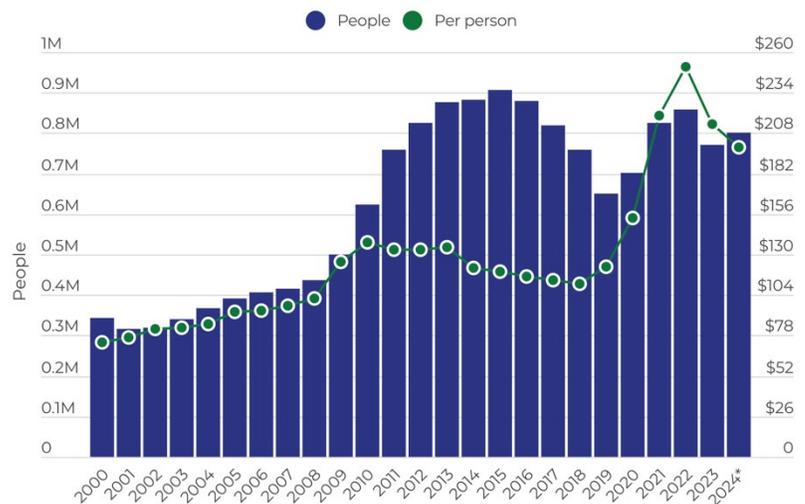
Note: The federal fiscal year runs from Oct. 1 through Sept. 30; 2024 data is for October and November only.

Source: U.S. Department of Agriculture, 2024

Violence & Safety

Violence and unsafe living conditions negatively impact on a person's health and perception of well-being. Injuries and violence affect everyone. In the first half of life, more Americans die from injuries and violence such as motor vehicle crashes, suicide, or homicides, than from any other cause, including cancer, HIV, or the flu. This makes injury the leading cause of death among people aged 1-44 (CDC, 2024).

Violence can affect anyone regardless of age, ethnic background, or economic status. Gun violence is one of the leading factors of premature death throughout the United States. Deaths caused by firearms are a leading public health issue because they are mostly preventable. Deaths due to unintentional injury include motor vehicle crashes, falls, suffocation, drowning, fire, smoke, and most often poisoning, with Black residents having a higher rate of poisoning in New Jersey. Unintentional poisoning includes opioid and other drug overdoses.

For every 100,000 people in Bloomfield, approximately 47 die due to unintentional injury. This rate is slightly lower than in Essex County (53.3), New Jersey (50.5), and the United States (57.6).

Indicator	Essex County	New Jersey	United States
Unintentional Injury Deaths (per 100,000)	53.3	50.5	57.6
Motor Vehicle Crash Deaths (per 100,000)	12	5	12
Homicides (per 100,000)	11	7	12
Firearm Fatalities (per 100,000)	6	63	76

Source: County Health Rankings, 2023; NJSHAD, 2020-2021

Chronic Disease & Risk Factors

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention; conditions that result in limitations of daily activities; or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also the leading drivers of the nation's $4.1 trillion in annual healthcare costs.

Many chronic diseases are caused by high-risk behaviors such as tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; physical inactivity; excessive alcohol use; and not staying up to date on recommended preventive screenings (NCCDPHP, 2022).

Indicator	Bloomfield	Essex County	New Jersey	United States
Adult Obesity (2021)	28%	32%	28%	34%
Adult Smoking	11.3%	13%	11%	15%
Adult Physical Inactivity	23.1%	28%	23%	23%
Asthma (2016-2019) (ED)* (Age-Adjusted Rate per 10,000)	47.7	107.4	55.7	-
Diabetes Prevalence (2021)	8.7%	11%	9%	10%
Chronic Obstructive Pulmonary Disease (COPD) (2016-2019) (ED)* (Age-Adjusted Rate per 10,000)	20.8	29.5	24.6	-
Hypertension (High Blood Pressure) in Adults (Age-Adjusted) (2021)	25.7%	32%	29%	-
Cardiovascular Disease (CVD) Deaths (per 100,000) (2020)	152.7	173.6	166.1	168.2
Stroke Deaths (per 100,000) (2020)	15 (number of deaths)	34	31.8	38.8

* (ED) are based on Emergency Department Hospitalization data. (IP) are based on In Patient Hospitalization data

Sources: City Health Dashboard, 2021; County Health Rankings, 2023; NJSHAD, 2020-2021; CDC, 2021; NJ HCP Report, Bloomfield, 2022

Cardiovascular Disease (CVD) refers to a group of conditions that affect the heart and blood vessels, including coronary artery disease, heart failure, and stroke. Risk factors for CVD include high blood pressure (hypertension), diabetes, obesity, smoking, high cholesterol, and a sedentary lifestyle. Exposure to environmental pollutants and poor dietary habits can also contribute to the development of cardiovascular diseases.

Cardiovascular Disease (CVD) Deaths (per 100,000)

Location	Deaths per 100,000
Bloomfield	152.7
Essex County	173.6
New Jersey	166.1
United States	168.2

Source: NJSHAD, 2023, NJSHAD, 2020
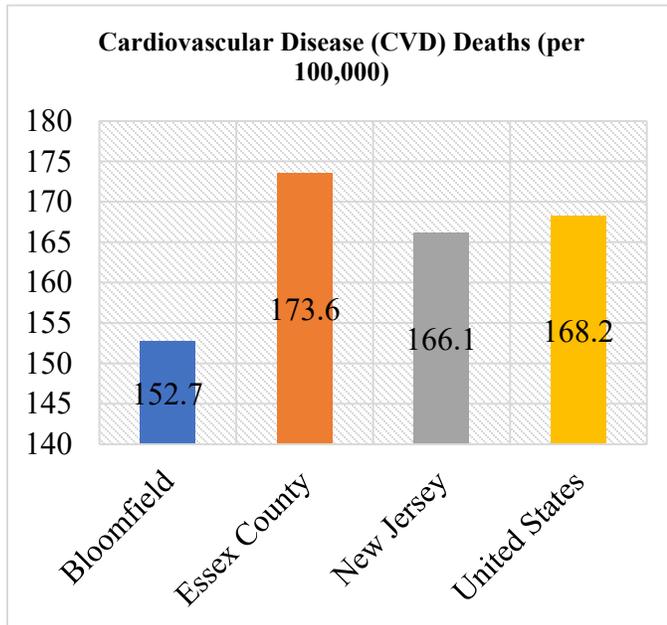
Poor air quality, sedentary lifestyles, and limited access to preventive healthcare services further contribute to the prevalence of CVD and respiratory diseases such as chronic obstructive pulmonary disease and asthma. Implementing targeted interventions such as smoking cessation programs, increased access to cardiovascular screenings, and the promotion of physical activity can help mitigate these risks and improve overall community health outcomes.

Diabetes is a chronic health condition that affects how the body turns food into energy. Type 1 diabetes is caused by an autoimmune reaction (the body attacks itself by mistake), while in type 2 diabetes, insulin cannot keep blood sugar at normal levels. High blood sugar is damaging to the body and can cause other serious health problems, such as heart disease, vision loss, and kidney disease.

Risk factors that contribute to type 2 diabetes include eating an unhealthy diet, being overweight, and physical inactivity. Lifestyle factors such as high sugar consumption, lack of exercise, and poor access to affordable, nutritious food significantly increase the risk of developing diabetes. Additionally, socioeconomic barriers and limited healthcare access further exacerbate diabetes prevalence, particularly among disproportionately affected populations.
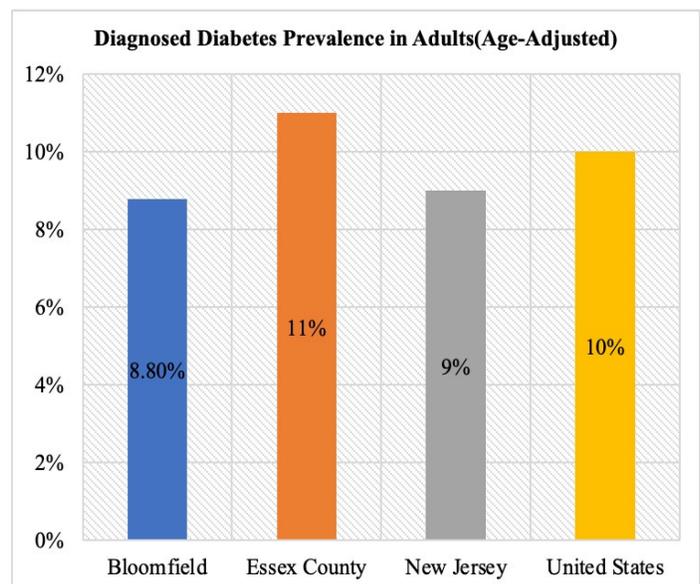
Currently, over 37 million people in the U.S. have diabetes, leading to an estimated $237 billion in direct medical costs and $90 billion in lost productivity (NIDDK, 2023). The diagnosed diabetes prevalence rate in adults in Bloomfield is approximately 9%, aligning closely with the State

Diagnosed Diabetes Prevalence in Adults(Age-Adjusted)

Location	Prevalence
Bloomfield	8.80%
Essex County	11%
New Jersey	9%
United States	10%

average and slightly lower than the rates in Essex County and the United States. While Bloomfield's diabetes prevalence is moderate, addressing contributing factors through community health initiatives, education, and improved healthcare accessibility remains a priority to reduce long-term complications and economic burdens.
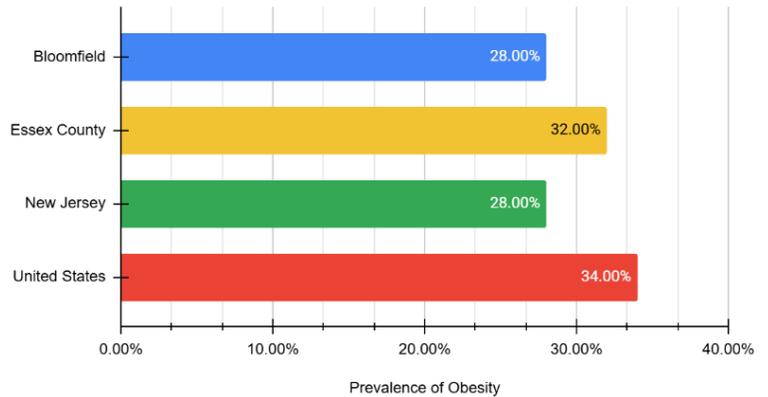
Source: City Health Dashboard, 2022, NJSHAD, 2021

Adult Obesity Rate

Obesity is associated with an increased risk of heart disease, diabetes, high blood pressure, high cholesterol, liver disease, sleep apnea, and certain cancers. Bloomfield and New Jersey share an adult obesity prevalence rate of 28%, lower than the national average of 34%. Bloomfield's obesity rate is 4% lower than Essex County, suggesting relatively healthier weight management at the township level.

Sources: City Health Dashboard, 2021; County Health Rankings, 2023

Adult Obesity

High Blood Pressure, also known as hypertension, is often referred to as the "silent killer" and affects nearly half of U.S. adults. According to the American Heart Association, untreated high blood pressure can cause heart attacks, strokes, and other health issues. With a prevalence of 25.7%, Bloomfield has a notably lower age-adjusted rate of adults diagnosed with high blood pressure compared to New Jersey (29%) and Essex County (32%).

Diagnosed Adults with High Blood Pressure (Age-Adjusted)

Sources: City Health Dashboard, 2021; County Health Rankings, 2023

Physical Inactivity is a term used to identify people who do not get the recommended level of regular physical activity. Regular physical activity reduces the risk of dying prematurely from CVD and helps to prevent diabetes, obesity, and hypertension, which are all independent risk factors for CVD. Physical inactivity represents a major determinant of obesity and is intricately linked to a heightened risk of chronic diseases. In Bloomfield, 23.2% of residents report insufficient levels of physical activity, a proportion marginally exceeding the national average (23%) yet remaining below the state average (27%) and county average (29%).

Sources: City Health Dashboard, 2021; NJSHAD, 2020-2021

Physical Inactivity
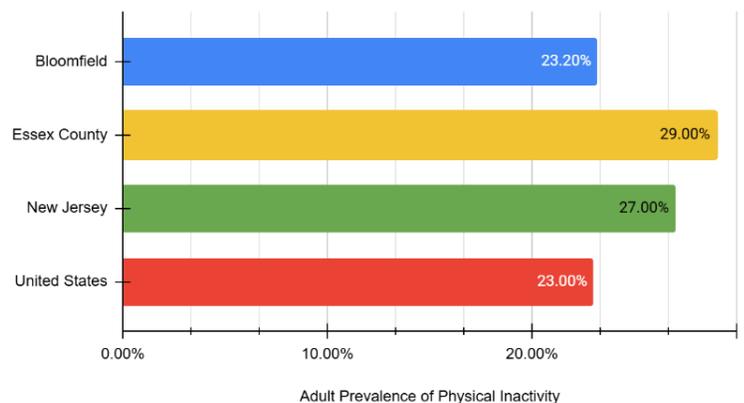
Cancer affects 1 in 3 people in the United States. Breast, lung, prostate, and colorectal cancers account for almost 50% of all new cancer cases, while lung, colorectal, pancreatic, and breast cancers are responsible for nearly 50% of all cancer deaths (National Cancer Institute, 2023).

Cancer Mortality (per 100,000)

In 2020 the US had 1,603,844 new cancer cases and 602,347 people died of cancer. For every 100,000 people, 403 new cancer cases were reported and 144 people died of cancer. 2020 is the latest year for which incidence data are available. Cancer screenings such as mammograms, Pap tests, and colonoscopy, can help find cancer at an early stage before symptoms appear (CDC, 2023). Cancer remains a leading cause of mortality, though Bloomfield exhibits a lower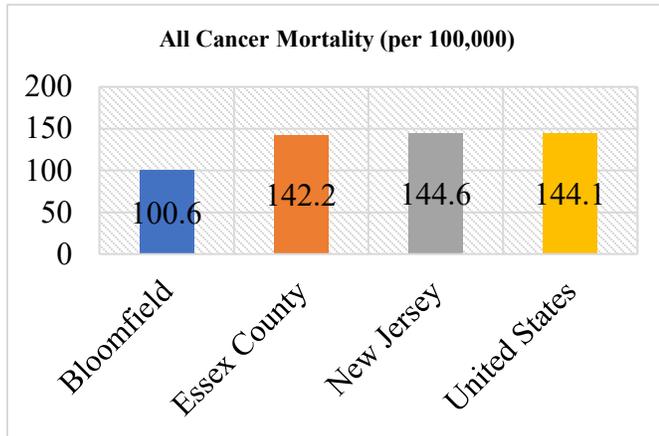 cancer-related death rate compared to the broader region and nation. Approximately 100 individuals per 100,000 people succumb to cancer in Bloomfield, a rate significantly lower than that observed in Essex County, New Jersey, and the United States as a whole. This lower mortality rate may be attributed to enhanced access to early detection programs, cancer screenings, and public health initiatives aimed at reducing risk factors such as smoking and poor diet. In 2021, there were 34.3 breast cancer deaths per 100,000 females, underscoring the need for continued investment in targeted screening programs and community-based education initiatives. Community-based awareness campaigns and continued investment in preventive healthcare can further reduce cancer incidence and improve overall health outcomes.

Source: NJSHAD, 2023, Healthy Community Planning Report, 2015 to 2019

Indicator	Bloomfield	Essex County	New Jersey	United States
All Cancer Mortality (per 100,000)	100.6	142.2	144.6	144.1
Prostate Cancer Deaths (per 100,00 males)	-	-	-	-
Breast Cancer Deaths (per 100,000 females)	34.3	20.6	20.1	19.4
Colorectal Cancer Deaths (per 100,000)	14.7	14.3	12.6	13.1
Lung Cancer Deaths (per 100,000)	30.7	27.6	31.9	-

Source: City Health Dashboard, 2020; NJSHAD, 2020

Behavioral Health

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. According to the Substance Abuse and Mental Health Services Administration, one in five adults in the U.S. have a clinically significant mental health or substance use disorder. Furthermore, the prevalence and severity of mental health conditions among youth have increased sharply. Many people fail to receive treatment due to the long-standing shortage of behavioral health providers (SAMHSA, 2023).

Behavioral Health
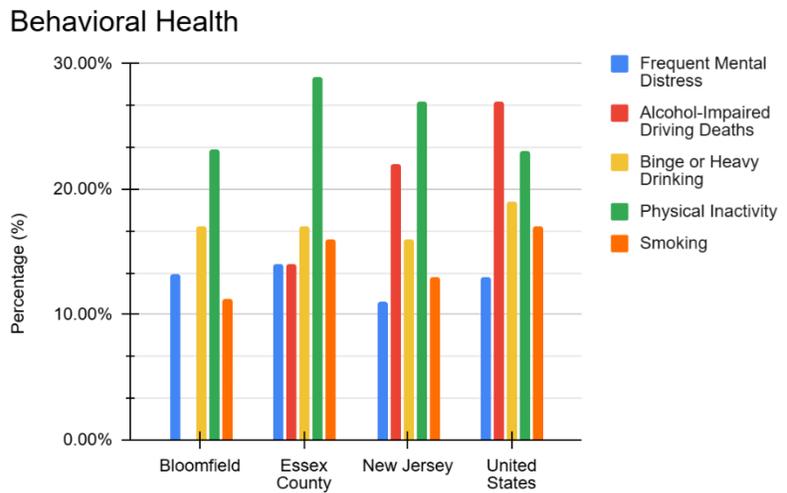
Indicator for Adults	Bloomfield	Essex County	New Jersey	United States
Suicide Deaths (per 100,000)	7 (number of death)	6	7.1	13.5
Frequent Mental Distress	13.20%	14%	14%	15%
Alcohol-Impaired Driving Deaths (% of driving deaths involving alcohol)	-	16%	23%	26%
Binge or Heavy Drinking	17%	15%	17%	18%
Opioid Overdose Deaths (per 100,000)	21.8	37.6	32.6	-

Source: County Health Rankings, 2023; NJSHAD, 2020-2021; NJ SUDORS 2022

Substance Use According to the Centers for Disease Control and Prevention, the number of people who died from a drug overdose in 2021 was over six times the number in 1999. In 2021, Bloomfield Township experienced an opioid overdose death rate of 21.8 per 100,000 residents. This local statistic reflects the broader national crisis, where over 75% of the nearly 107,000 drug overdose deaths in the United States in 2021 involved an opioid. Fentanyl is a synthetic opioid pain reliever that has been a contributor to these fatalities. It is much more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states, including New Jersey. Most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product, with or without the user's knowledge, to increase its euphoric effects (CDC, 2023).

Source: NJ DOH, 2021
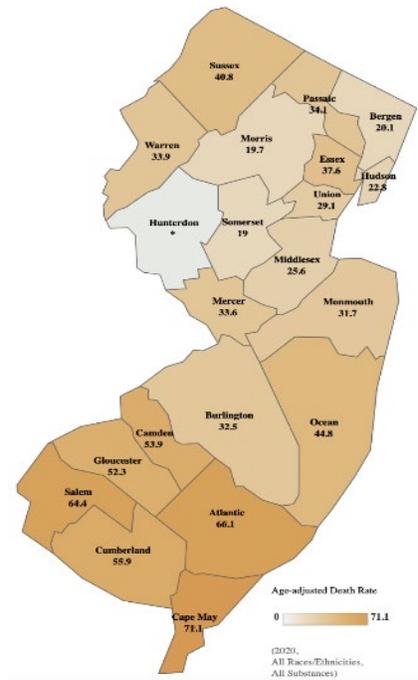
2021 Essex County Substance Abuse Admissions by Municipality of Residence
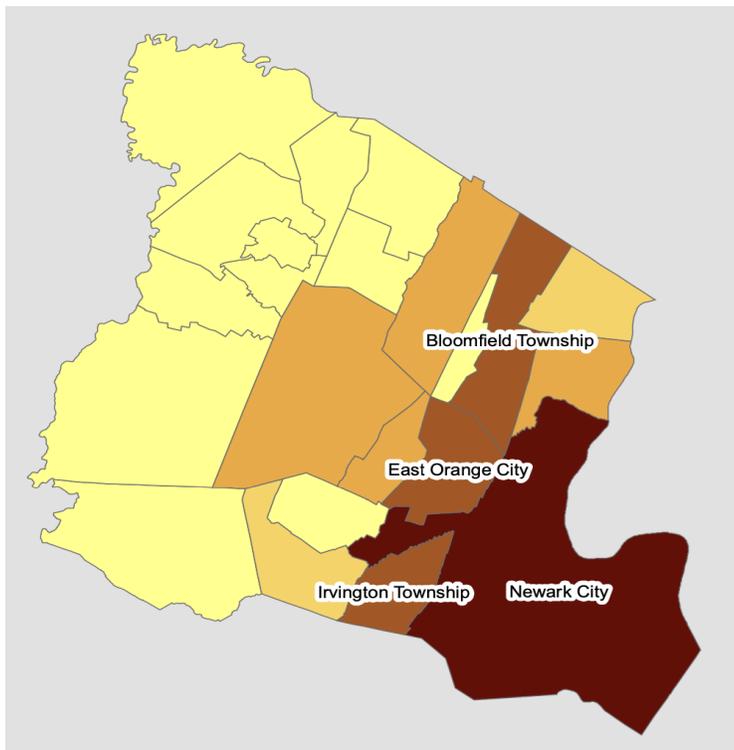
Top Five Municipalities	
Newark City	73.6%
East Orange City	9.5%
Irvington Township	7.6%
Bloomfield Township	**5.7%**
Belleville Township	3.6%

Admission Counts

	9 - 57
	58 - 129
	130 - 261
	262 - 687
	688 - 5320
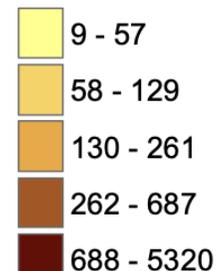
Source: NJ Department of Human Services Substance Use Overview, 2021

Infectious Disease

Infectious, or communicable diseases are spread in a variety of ways. Caused by microorganisms such as bacteria, viruses, parasites, and fungi, infectious diseases can be spread, directly or indirectly, from one person to another, through bites from insects, or by ingesting contaminated food or water. A variety of disease-producing bacteria and viruses are carried in the mouth, nose, throat, and respiratory tract.

Indicator	Essex County	New Jersey	United States
Deaths due to Influenza and Pneumonia (per 100,000), 2018-2020	15	12.5	13.4
COVID-19: % of population vaccinated with at least one dose	95%	94.9%	81.4%
COVID-19: % of population vaccinated with two doses	76.9%	79.3%	69.5%
HIV Mortality (per 100,000)	6.3	1.8	1.5
Gonorrhea Cases (per 100,000), 2022	215	102.1	-
Chlamydia Cases (per 100,000), 2022	678.8	360.1	-
Early Latent Syphilis Cases (per 100,000), 2022	33.1	12.6	-
Lyme Disease Incidence Rate (per 100,000)	26	27.6	-

Sexually transmitted infections (STIs) such as HIV and viral hepatitis are spread through exposure to infectious bodily fluids such as blood and semen. In Essex County, the increased use of pre-exposure prophylaxis (PrEP) has contributed to a decline in new HIV diagnoses. However, HIV mortality in the county remains a concern, with rates that, on average, exceed state and national levels. According to the New Jersey Department of Health and Centers for Disease Control and Prevention (CDC), Essex County experiences a higher incidence of gonorrhea, chlamydia, and early latent syphilis compared to other regions in New Jersey. While cases of chlamydia and gonorrhea initially declined following the onset of the COVID-19 pandemic, the overall incidence of these STIs has been on the rise statewide since 2012. Although chlamydia and gonorrhea cases have decreased since the beginning of the pandemic in New Jersey, all three STIs have increased in the state since 2012.

Lyme disease is spread to people by the bite of an infected tick. New Jersey has several ticks of medical importance, including the black-legged (deer) tick, lone star tick, American dog tick, and gulf coast tick. New Jersey had 27.6 per 100,000 confirmed cases of Lyme Disease in 2020 (NJSHAD, 2022). Reported confirmed cases of Lyme Disease are most common among males between the ages of 10 to 14 years, and among females between the ages of 50 to 54 (CDC, 2022). Essex County has lower rates of Lyme Disease than the state overall (NJDOH, 2024).

The COVID-19 pandemic was first declared a public health emergency in January 2020. Although the US COVID-19 public health emergency ended on May 11, 2023, the impacts continue to affect the daily lives of many Americans. According to the World Health Organization (WHO) Coronavirus Dashboard, as of October 2023, COVID-19 had caused nearly 7 million confirmed deaths worldwide, making it the fifth deadliest epidemic or pandemic in history (WHO, 2023). The COVID-19 pandemic amplified the effects of disparities concerning the social determinants of health, including substandard housing, poor nutrition, and poverty. Thus, mortality from COVID-19 among marginalized groups, particularly Native American, Black, and Hispanics, ranged from 1.9 to 2.4 times greater than that of their white counterparts (Badalov, 2022).

In New Jersey, COVID-19 was the second leading cause of death in 2020. The impact varied significantly across different racial and ethnic groups. COVID-19 was the leading cause of death among Black, Hispanic, Asian, and foreign-born residents in the state during that year. This disparity highlights the disproportionate burden faced by these communities during the pandemic. Data from the COVID Tracking Project indicates that, through March 7, 2021, Hispanic/Latino individuals in New Jersey had the highest infection rates, with approximately 8,974 cases per 100,000 people. Black/African American residents experienced about 6,207 cases per 100,000 people, while White residents had approximately 5,462 cases per 100,000 people. Hospitalization and mortality rates were also higher among Black/African American populations, with 1,005 hospitalizations and 333 deaths per 100,000 people, compared to 531 hospitalizations and 242 deaths per 100,000 among White residents.

According to the CDC, COVID-19 vaccines are safe, and effective at preventing severe illness and the spread of COVID-19. The CDC recommends that every one five years and older get one updated COVID-19 vaccine to protect against serious illness. Children aged six months to four years may need more than one dose of COVID-19 vaccine to be up to date. People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine. According to data from the COVID Tracking Project, Essex County has demonstrated strong adherence to these guidelines, with approximately 95% of residents having received at least one dose and 76.9% having received two doses.

Source: County Health Rankings 2023; NJSHAD, 2020-2022; CDC COVID Data Tracker 2024

Maternal & Child Health

Many women, infants, and children still have little or no access to essential, quality health services. Maternal and child health is an important public health issue because it provides the opportunity to end preventable deaths among women, children, and adolescents and to improve their health and well-being. Women who receive early and consistent prenatal care increase their likelihood of giving birth to a healthy child. Healthcare providers recommend that women begin prenatal care in the first trimester of their pregnancy (March of Dimes, 2017).

Indicator	Bloomfield	Essex County	New Jersey	United States
Infant Mortality (per 100,000)	1	5.3	4	5.6
First Trimester Prenatal Care (% of live births)	72.14%	63.6%	74.2%	76%
Low Birth Weight (<2500 grams)	6.6%	8.8%	7.8%	8.6%
Preterm Births (<37 weeks)	10.10%	10.2%	9.3%	10.4%
Low-risk Cesarean Deliveries	30.97%	28%	26.20%	26.30%
Teen Birth Rate (per 1,000)	-	5.9	3.4	6.3

Source: NJSHAD, 2020-2021

Preterm birth is defined as a live birth before 37 completed weeks gestation. Some other classifications of preterm births include late preterm (34-36 weeks), moderately preterm (32-36 weeks), and very preterm (<32 weeks). These classifications are useful because they often correspond with increasing morbidities or illnesses with decreasing gestational age. Preterm babies are often underweight. While the causes of preterm birth and low birthweight may be different in some cases, there is overlap within these populations of infants (March of Dimes, 2017). In Bloomfield, the preterm birth rate stands at 10.10%, which is comparable to the rates observed in Essex County (10.2%) and the United States (10.4%). However, it is slightly higher than the overall rate for New Jersey, which is 9.3%.

Low birth weight contributes to a range of poor health outcomes; for example, it is closely associated with fetal and neonatal mortality and morbidity, inhibited growth and cognitive development, and the development of chronic diseases later in life. Low birth weight infants are about 20 times more likely to die than heavier infants. Low birth weight for Bloomfield was at 6.6% of all births, lower than Essex County at 8.8%, and the state of New Jersey at 7.8%.

First-trimester prenatal care is associated with better health outcomes for women and infants. The first trimester is the most critical period for the fetus because major organs and body systems are forming. Prenatal care can include blood tests, physical exams, and lifestyle discussions. Healthcare providers can improve health outcomes by detecting and treating problems early, preventing some altogether. According to the New Jersey Department of Health's State Health Assessment Data (SHAD) indicator for first-trimester prenatal care, Bloomfield reported 72.14%, higher than Essex County at 63.6%. Early prenatal care is essential for identifying and managing potential maternal and infant health risks, in turn improving pregnancy outcomes. Although this rate indicates that most expectant mothers in Bloomfield and Essex County are accessing care early, it remains slightly below the state average of 74.2%, suggesting a need for targeted interventions to address barriers and ensure that all women receive timely prenatal care.
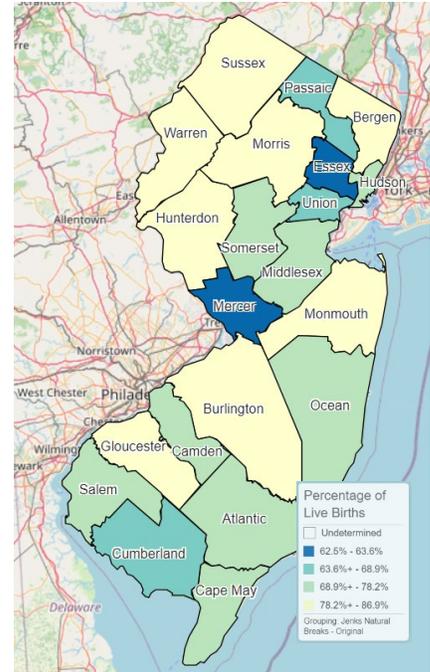
Low-risk cesarean deliveries refer to women who are not at higher risk who receive unnecessary cesareans. Reducing cesarean deliveries among low-risk women with no prior births is a Healthy People 2030 objective with a target of 23.6%. Cesarean deliveries can prevent injury and death in women and infants who are at high risk of complications. However, cesareans are linked to an increased risk of infections and blood clots. According to the New Jersey Department of Health's State Health Assessment Data indicators, Essex County recorded a low-risk cesarean delivery rate of approximately 28.0% in the most recent reporting period—higher than the New Jersey state average of 26.2%. Bloomfield had higher percentages than both the County and State, with a 30.97% low-risk cesarean delivery rate. This indicator, which measures the percentage of cesarean deliveries among low-risk pregnancies, suggests that a significant number of cesarean births may be occurring in situations where a vaginal delivery could be safely pursued. Unnecessary cesarean deliveries can lead to increased risks of surgical complications, longer recovery times, and adverse effects on future pregnancies.
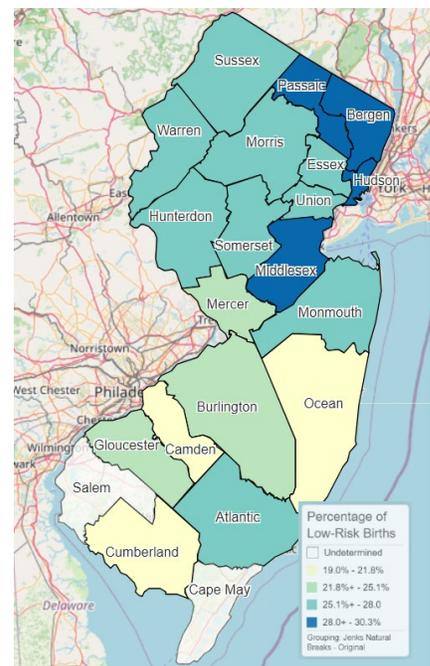

Source: NJSHAD, 2022

Environmental Health

Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead can have damaging effects on the brain and nervous system, kidneys, and blood cells. Lead exposure is particularly hazardous for children prior to preschool age because their brains and nervous systems are still rapidly developing. Serious potential effects of lead exposure on the nervous system include learning disabilities, hyperactivity, hearing loss, and intellectual disabilities. Among children born statewide in 2014 and tested before age 3, Cumberland, Essex, Mercer, and Passaic Counties had the highest percentages of blood lead levels 5 µg/dL or greater.

Indicator	Bloomfield	Essex County	New Jersey	United States
Air Pollution: Particulate Matter (2022)	19.2ppb	-	-	-
Air Quality Index (AQI) (Days AQI>100, 3yr)	$8.6\mu/m^3$	$8.9\mu/m^3$	$7.8\mu/m^3$	$7.4\mu/m^3$
Housing with Potential Lead Risk (2020)	47.4%	38.9%	24.5%	-
Elevated Blood Lead ≥ 5 ug/dL (children < 3)	2.1	4	2.3	-

Sources: City Health Dashboard, 2022; County Health Rankings, 2023; NJSHAD, 2020; Healthy Community Planning Report, 2022

AirToxScreen Cancer Risk
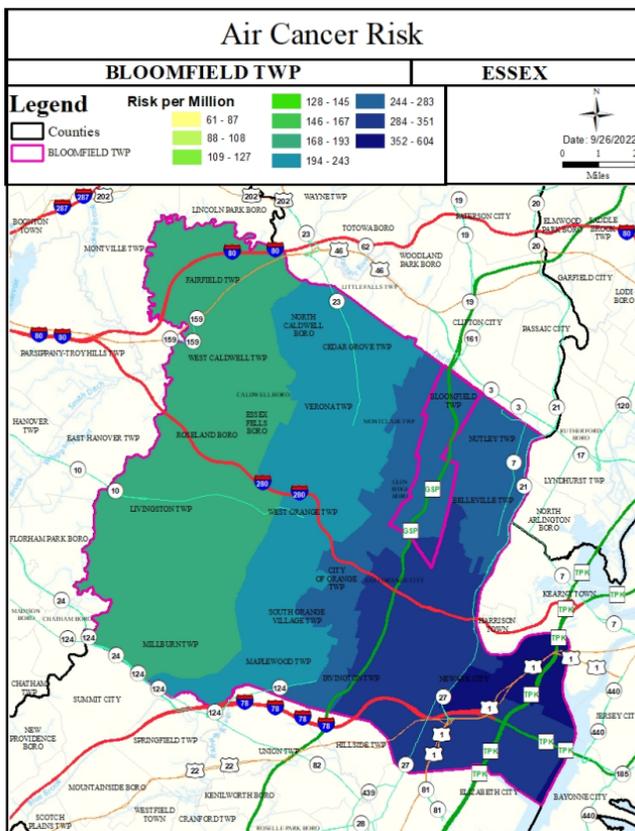
AirToxScreen is the U.S. Environmental Protection Agency's ongoing evaluation of air toxins considered most harmful to human health, providing estimates of the respiratory risks due to outdoor exposure to those air toxins. The 2022 AirToxScreen findings provide the most recent exposure risk estimates for 180 air toxins regulated under the Clean Air Act. In New Jersey, total emissions of air toxins are declining. However, some areas, including Bloomfield Township, still have elevated risks. Air toxins are broadly grouped into two categories according to their health effects: carcinogens and noncarcinogens. Carcinogens are chemicals that have been shown to cause cancer, either in people or animals. A potential cancer risk less than or equal to 10 in a million is considered negligible. Ten in 1 million means 10 out of 1 million people will develop cancer if they breathe air containing the same amount of the same air toxin for 70 years. This map shows the cancer risk estimates for Bloomfield Township in Essex County. Overall, Bloomfield Township has a mean cancer risk of 312 in 1 million.

Source: New Jersey Environmental Public Health Tracking, 2022

Bloomfield Community Health Assessment 2025

Primary Data Key Findings

The 2024 Community Voices Survey included 233 responses from Bloomfield residents. The survey asked participants to evaluate 48 health and well-being statements as either "true" or "false," assessing aspects of their neighborhoods that can influence their health. These measures were grouped into five categories: physical environment, social and economic factors, access to care, clinical care, and health behaviors. Participants also had the option to answer questions about COVID-19. The following sections highlight the key findings from the 2024 Community Voices Survey.

About the Community Voices Survey Participants

To learn more about the participants, the survey asked various demographic questions, such as ward of residence, age group, assigned sex at birth, race/ethnicity, highest level of education, marital status, and the number of household members, including children under age 18. The following highlights the characteristics and demographics of the survey participants.

Bloomfield Wards

Survey participants were provided with three maps to identify the ward they live in, as shown below. Results show that 33% of survey participants live in Ward 1, 27% in Ward 2, and 21% in Ward 3. Thirteen percent could not identify their ward.

Ward 1

Ward 2

Ward 3

Age Range

The survey participants included young adults, middle-aged adults, and older adults. Thirty-five percent of the participants were between ages 35 and 39, 40 and 44, and 45 and 49 (see Figure 1).

Figure 1. How old are you?

Bloomfield Community Health Assessment 2025
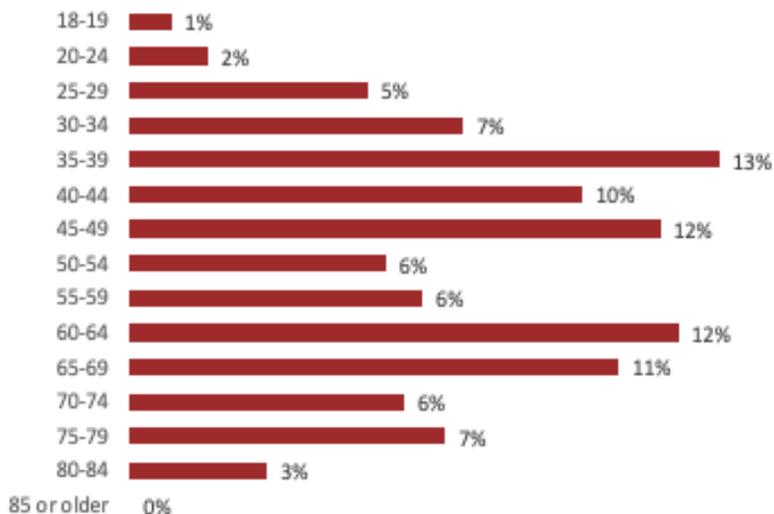
Sex, Gender, and Orientation

Three questions were about assigned sex, gender identity, and sexual identity or orientation.
- 80% of survey respondents were assigned female at birth (see Figure 2).
- 78% of survey respondents identify as female (see Figure 3).
- 76% of survey respondents identified as heterosexual (see Figure 4).

Figure 2. What sex were you assigned at birth?   **Figure 3.** What is your gender identity?
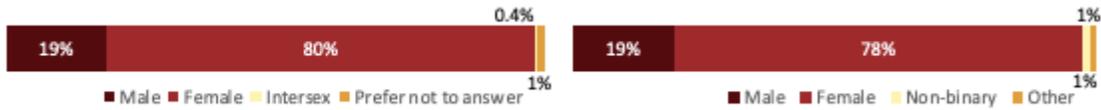
Figure 4. What is your sexual identity/sexual orientation?
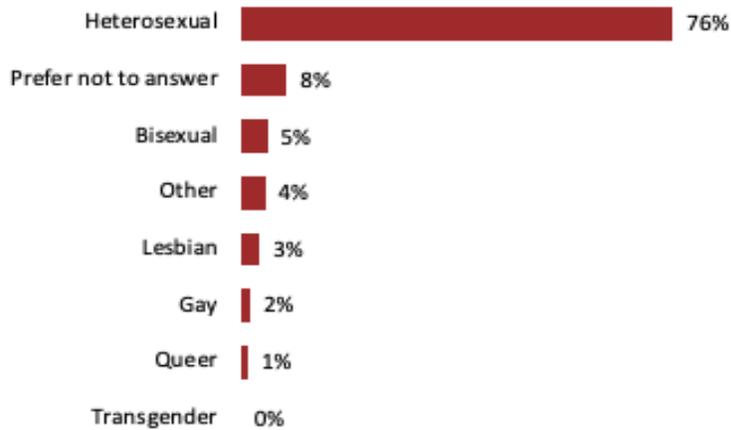
Race/Ethnicity

Survey participants were asked to describe their racial/ethnic backgrounds. Half the participants described themselves as White Non-Hispanic, 19% as White Hispanic, and 11% as Black Non-Hispanic (see Figure 5).

Figure 5. What is your race/ethnicity?
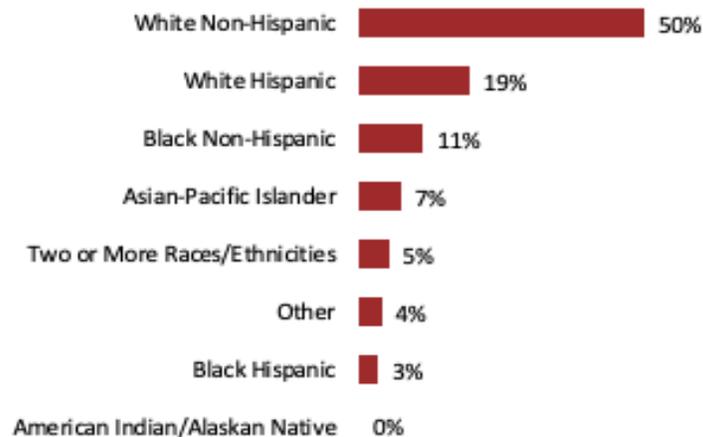
Highest Level of Education

The highest level of education reported by the survey participants was a bachelor's degree (32%), graduate or professional degree (32%), and some college, no degree (14%) (see Figure 6).

Figure 6. What is the highest level of education that you have finished
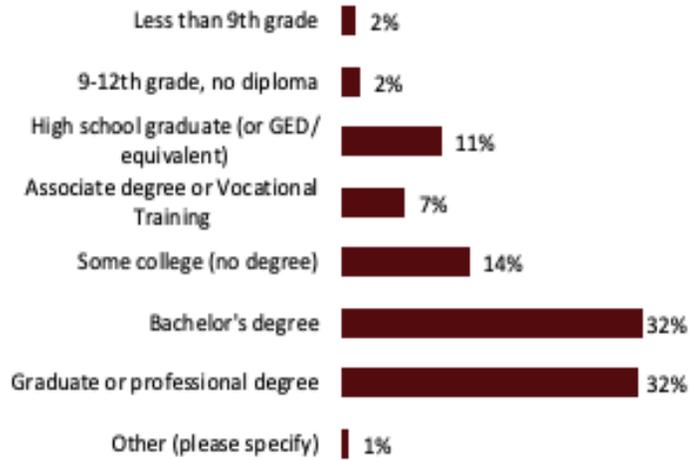
Household

Most survey participants reported being married (48%), having two (2) people living in the household (32%), and having no dependents in the household (48%) (see Figures 7—9).

Figure 7. What is your marital status?
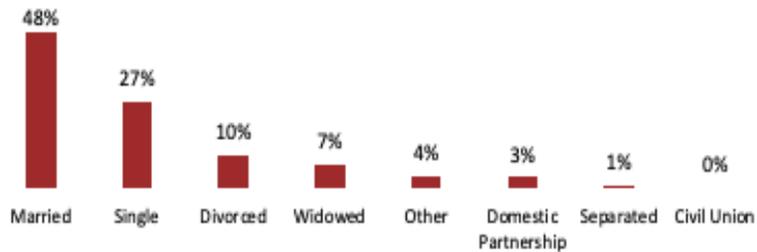
Figure 8. How many people live in your household?
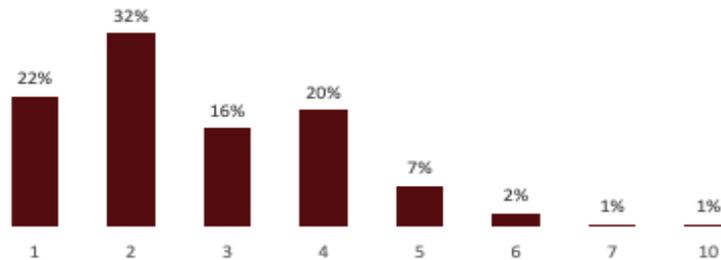
Figure 9. How many people in your household are dependents?
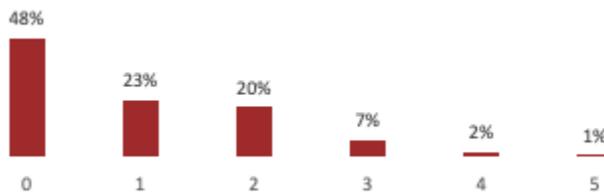
Survey respondents were asked to describe their household financial situation. While most respondents (62%) reported having a "very stable" or "somewhat stable" financial situation, more than a third (38%) were struggling (see Figure 10).

Figure 10. Which of the following describes your household financial situation?

- Very stable (can afford all bills and unexpected expenses or emergencies)
- Somewhat stable (can handle most bills and some unexpected expenses or emergencies)
- Getting by (can pay for necessities, as long as nothing goes wrong)
- Barely getting by (make late payments on some bills, but have food & housing)
- Struggling hard (behind on most bills, hard to put food on the table)
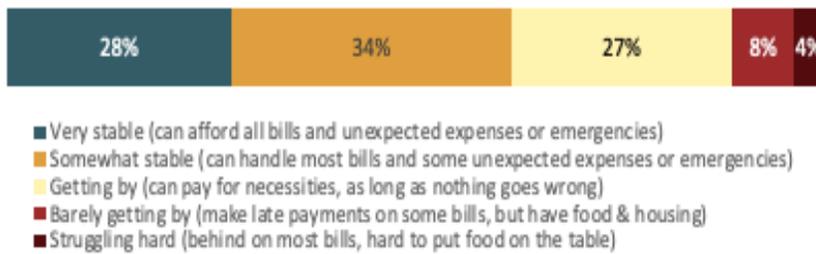
Health Insurance and Unpaid Assistance

Nearly all survey respondents (93%) reported having health insurance (Figure 11), and one in five (21%) provide unpaid assistance to a family member or friend with physical, developmental, or psychiatric disabilities, chronic illness, or aging issues (see Figure 12).

Figure 11. Do you currently have health insurance?
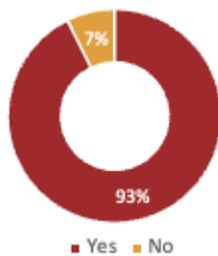
Figure 12. Do you provide unpaid assistance to a family member or friend with physical, developmental, or psychiatric disabilities, chronic illness, or aging issues?
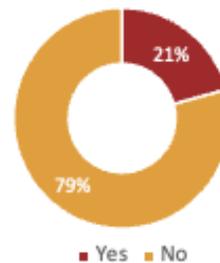
Physical Environment

Survey participants were asked about different aspects of their neighborhood's physical environments that can influence their health. Questions focused on "true" and "false" statements about air quality, exercise opportunities, food access, housing, meeting places, roads, safety, and transportation. While the statements on exercise opportunities, meeting places, and air quality were deemed "true," several aspects of their physical environment were considered "false."

- 94% of survey participants reported that there are parks, playgrounds, and other places where people can exercise safely for free or at a reasonable price (see Figure 13).
- 89% of survey respondents reported that there are public places where neighbors can gather, such as open spaces, a public library, or a community center (see Figure 14).
- 89% of survey respondents reported that the air is clean and breathable (see Figure 15).

Figure 13. Exercise Opportunities

Figure 14. Meeting Places

Figure 15. Air Quality

However, they perceived some aspects of their neighborhood's physical environments, such as housing and roads less favorably.

- 63% of survey respondents reported that there is not enough affordable housing that is safe and well-kept (see Figure 16).
- 53% of survey respondents reported that roads are not safe and well-maintained (see Figure 17).

Figure 16. Housing

Figure 17. Roads

Bloomfield Community Health Assessment 2025

Social and Economic Factors

To gather more information about the social and economic issues affecting Bloomfield residents, participants were asked about community safety, education, social connection, employment, income, social support, childcare, access to resources, community readiness, community pride, and community influence. Overall, statements about education, community pride, and social connection were reported as "true," whereas statements regarding childcare and income were considered "false."

- 89% of survey participants believe there are opportunities for people to get a good education (see Figure 18).
- 87% of survey participants believe that people feel proud to live here (see Figure 19.)
- 74% of survey respondents believe that neighbors know each other (see Figure 20).

Figure 18. Education

There are opportunities for people to get a good education [Education] 89% 11%

■ True (Yes) ■ False (No)
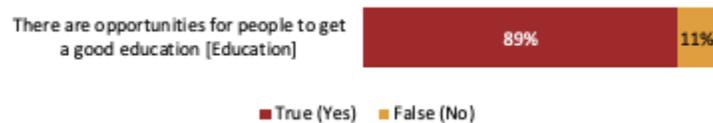
Figure 19. Community Pride

People feel proud to live here [Community Pride] 87% 13%

■ True (Yes) ■ False (No)

Figure 20. Social Connection

Neighbors know each other [Social Connection] 74% 26%

■ True (Yes) ■ False (No)

Over half of the survey respondents rated the following statements as "false": "having access to safe, high-quality childcare at a good price" and "people making enough money to afford basic needs, like food, housing, and transportation," (see Figures 21 and 22).

Figure 21. Childcare

People have access to safe, high-quality childcare at a good price [Child Care] 37% 63%

■ True (Yes) ■ False (No)

Figure 22. Income

People make enough money to afford basic needs, like food, housing, and transportation [Income] 44% 56%

■ True (Yes) ■ False (No)
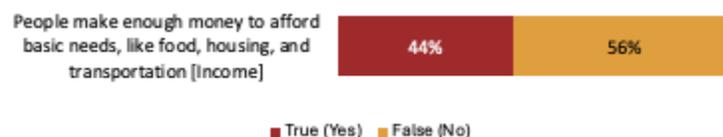
Access to Care

Survey participants had an opportunity to provide insight into their access to care. They were asked whether they have a primary healthcare provider or doctor, the type of healthcare provider or doctor they have, where they go when they are sick, and if they have any difficulties accessing healthcare. Nearly all survey respondents (89%) reported having a primary healthcare provider or doctor, and 92% reported a private doctor as the type of healthcare provider or doctor they have (see Figures 23 and 24). Of those who reported not having a primary healthcare provider or doctor, 46% most frequently reported going to urgent care when sick, followed by "other" (21%), the emergency room (14%), and/or did not seek healthcare (14%) (see Figure 25).

Figure 23. Do you have a primary healthcare provider or doctor?

11%

89%

■ Yes ■ No
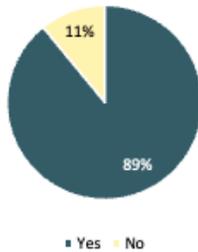
Figure 24. What type of healthcare provider/ doctor do you have?

3%

92%

5%

■ Private doctor ■ Federally Qualified Health Center ■ Other
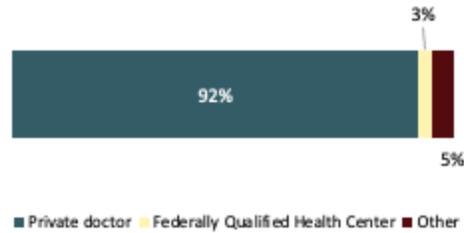
Figure 25. If you responded no to having a primary healthcare provider or doctor, where do you go if you are sick?

46% Urgent Care
21% Other
14% Emergency Room
14% I don't seek healthcare
11% Health Department
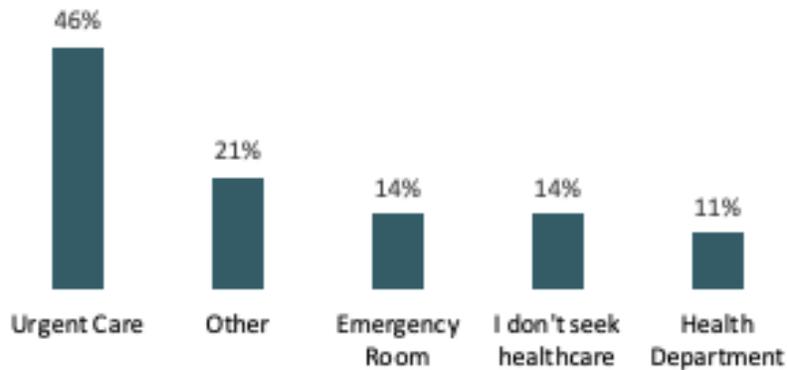
Almost half of the survey participants (48%) reported no difficulties accessing healthcare. In comparison, 27% indicated a lack of available doctor's appointments (work, time, distance) and/or inability to pay (18%) as the most reported difficulties in getting healthcare.

Clinical Care

Survey participants had the opportunity to share their perspectives about healthcare in their respective neighborhoods. The "true" or "false" statements focused on emergency treatment, doctor appointments, specialty care, tests, and procedures. Findings showed that,

- 83% of survey participants believe that there are nearby places where people can access healthcare (see Figure 26).
- 80% of survey participants believe their healthcare is of good quality (see Figure 27).

Figure 26. Local health options

There are places close-by where people can get healthcare [Local Care Options] — True (Yes) 83% | False (No) 17%

■ True (Yes) ■ False (No)
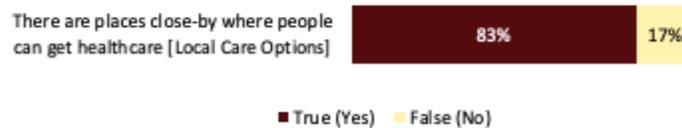
Figure 27. Quality of care

The healthcare that people receive is of good quality [Quality of Care] — True (Yes) 80% | False (No) 20%

■ True (Yes) ■ False (No)

Additionally, 73% of survey respondents do not believe that individuals can obtain health information in a language they understand or that healthcare decisions align with the culture of the individuals receiving care. Moreover, participants feel that mental health services, drug and alcohol treatment, and insurance are neither accessible nor affordable.

- 56% of survey participants do not believe people have access to good quality mental health care that is close by and available at a reasonable price (see Figure 28).
- 52% of survey participants do not believe people have access to good quality care for substance use disorders (or substance use) that is close by and available at a reasonable price (see Figure 29).
- 49% of survey participants do not believe people can get affordable health insurance that covers the care they need (see Figure 30).

Figure 28. Mental Health Care

People have access to good quality mental health care that is close by and available at a reasonable price [Mental Health Care] — True (Yes) 44% | False (No) 56%

■ True (Yes) ■ False (No)

Figure 29. Drug and Alcohol Treatment

People have access to good quality care for substance use disorders (or substance use) that is close by and available at a reasonable price [Drug/Alcohol Treatment] — True (Yes) 48% | False (No) 52%

■ True (Yes) ■ False (No)
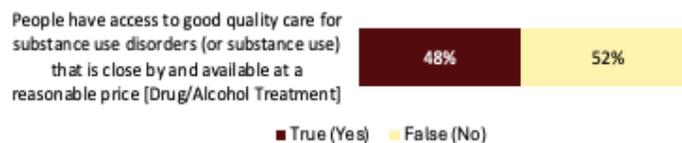
Figure 30. Health Insurance

People can get health insurance that is affordable and covers the care that they need [Health Insurance] — True (Yes) 51% | False (No) 49%

■ True (Yes) ■ False (No)
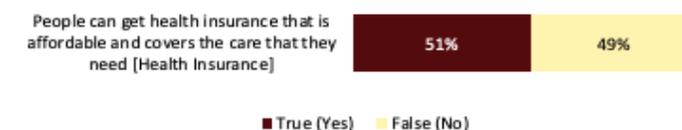
Health Behaviors

This section examines the health behaviors of survey participants. Participants were asked about various aspects, including drug use, alcohol consumption, nutrition, physical activity, sexual behavior, sleep patterns, stress levels, tobacco/nicotine use, substance use prevention and treatment, self-care practices, prescription drug misuse, and medical disposal. Additionally, they were asked to rate their overall well-being and identify their top three concerns from the physical environment, social and economic factors, access to care, clinical care, and health behaviors sections.

Findings show that survey participants are not using drugs, are eating healthy foods, are engaging in safe sex, are not using tobacco/nicotine, and are practicing self-care (see Figure 31).

- 98% of survey participants believe they can care for themselves on most days.
- 93% of survey participants do not use cigarettes, vaporizers (vapes/e-cigs), Hookah, or smokeless tobacco (like chew or dip).
- 92% of survey participants do not use drugs.
- 91% of survey participants believe that if they engage in sexual activity, they can do it safely.
- 90% of survey respondents do not take or have not taken more medication than what their doctor tells them to take or use medication that was not prescribed to them.

Figure 32. Practicing Healthy Behaviors
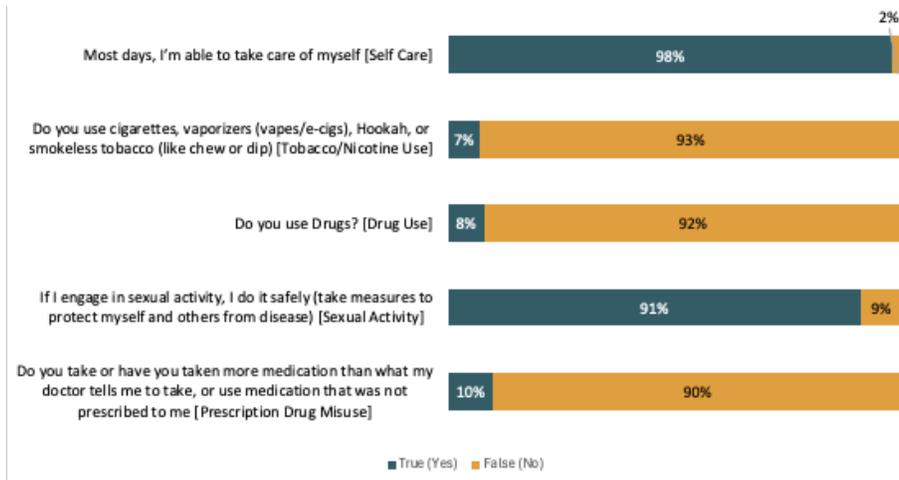
Additionally, survey participants believe they practice healthy behaviors in other aspects of their lives, such as nutrition (83%) and stress management (78%). However, more information is needed regarding finding information about substance use prevention (51%), medication disposal locations (46%), and substance use treatment (45%) (see Figure 33).

Figure 33. Topics needing more information or awareness
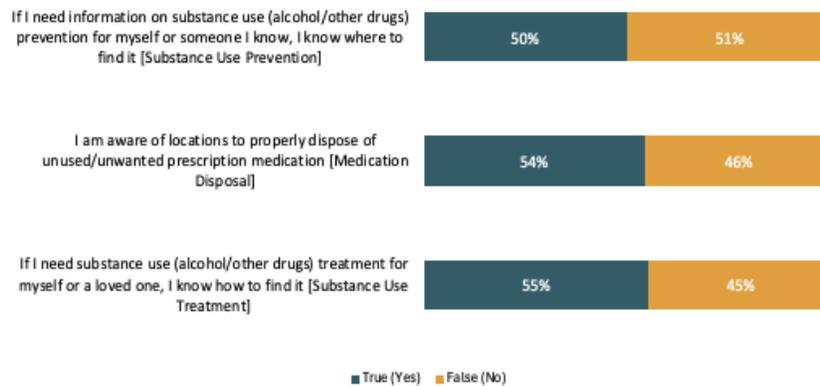
Wellbeing

Participants in the survey were asked to envision a ladder with steps numbered from 1 to 10. The top of the ladder (10) represents the best possible life for them, while the bottom (1) represents the worst possible life for them. They were then instructed to indicate which step of the ladder they felt they occupied at that moment. One hundred and six (106) participants rated their well-being at seven (7) or eight (8) (see Figure 39).

Figure 39. Wellbeing
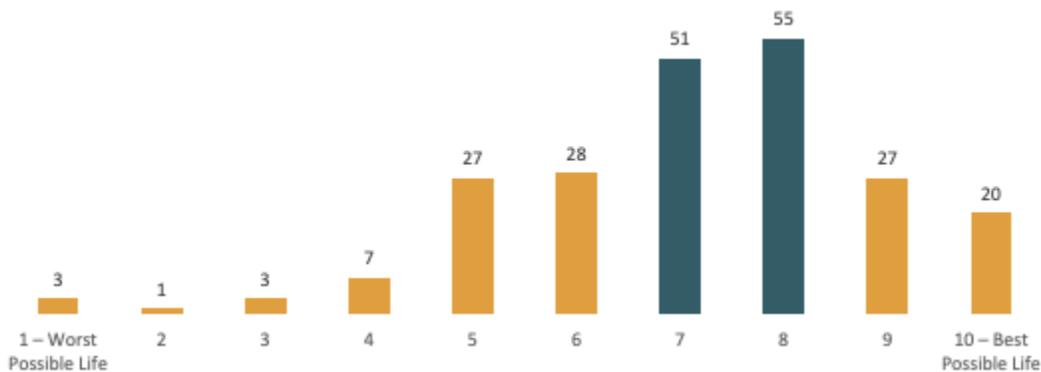
Areas of Improvement

Participants received a list of topics related to sections of the survey. They were asked to identify up to three areas that the Township of Bloomfield Department of Health should focus on to improve the health of their neighborhoods. The results showed that housing (33%), roads (27%), and pedestrian and bike safety (25%) were the top identified priorities.

> *"Lack of affordable housing is starting to affect other aspects of life. People are living in unsafe conditions because they can't get housing. Landlords are unchecked in the way to manage their properties and what they charge tenants. People are paying rent instead of buying healthy food, seeing the doctor, or enrolling their kids into activities." - Survey Participant*

> *"Affordable housing doesn't exist when it should. [The] Town shouldn't be accepting payoff in lieu of affordable housing in new developments. We have no other option. Start accepting affordable housing in the new builds. The new law will not help us anytime soon. Please take responsibility for the lack of affordable housing!! 2- potholes are causing damage to cars and make driving in a straight line impossible." -Survey Participant*

> *"There are so many dangerous streets that walking and biking are not very pleasant. There are resources like the park near Montgomery Street that could be much nicer for walking but connecting people to parks by increasing pedestrian safety is a must!" -Survey Participant*

"More bike-protected lanes, including along Broad Street, would allow more people to commute by bike, a healthier, lower-polluting option. Slower speed limits on neighborhood streets (as opposed to main thoroughfares like Broad Street) would be safer for playing children." -Survey Participant

COVID-19

The final section of the 2024 Community Voices Survey was optional and focused on COVID-19. In total, 77% of participants chose to answer questions related to COVID-19. First, participants were asked if they had ever had COVID-19. More than one-third (37%) reported having had COVID-19 just once, compared to 28% who never had it (see Figure 40).

Figure 40. Did you ever have COVID-19?

Bloomfield Community Health Assessment 2025
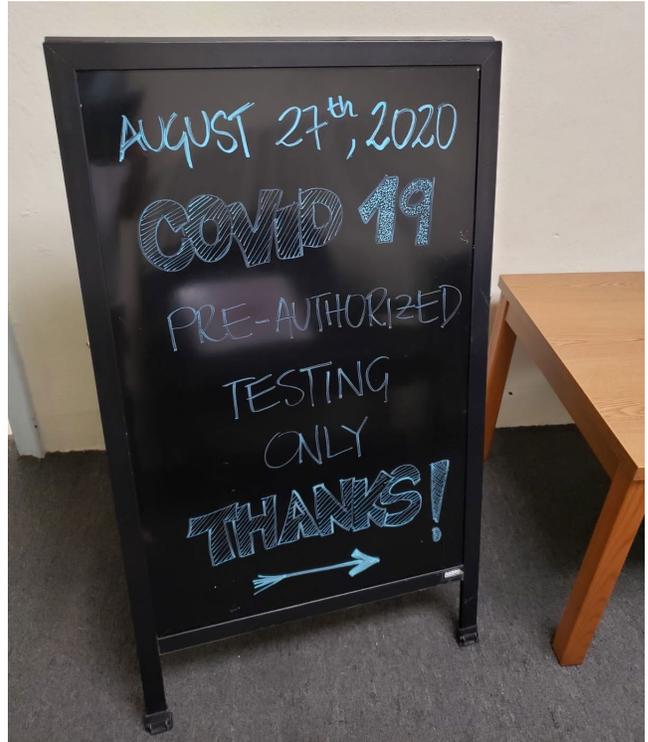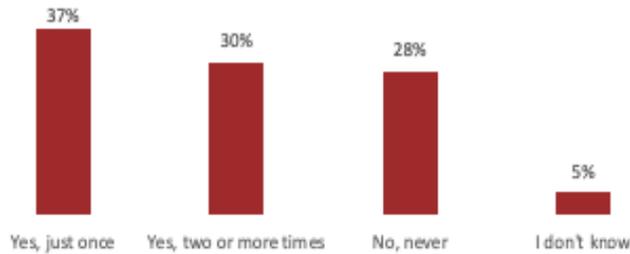
Participants were then asked if they had lost someone to COVID-19. While nearly two-thirds (63%) reported not having lost someone to COVID-19, several participants reported losing a friend (21%), followed by a family member (17%) and a co-worker (7%) (see Figure 41).

Figure 41. Did you lose someone to COVID-19?
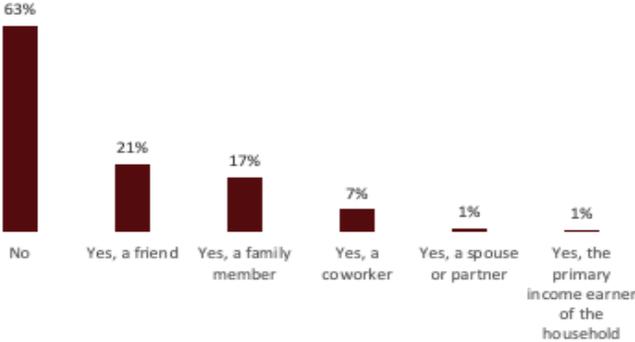
Over half of the participants (56%) reported changes in their physical and mental health due to COVID-19. Of those, 20% indicated an improvement in their physical health, while 35% reported a decline compared to pre-COVID-19 conditions (see Figure 42).

Figure 42. How is your physical health today as compared to pre-COVID-19?
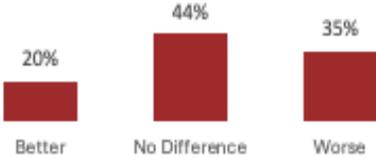
Participants who reported experiencing a decline in physical health, reported breathing difficulties, stress, chronic illnesses (such as diabetes and high blood pressure), and sedentary lifestyles.

"I used to be an active hiker/camper. Now I am completely bedridden, not able to shower more than once a month because there's no help. I stay in bed 95% of my awake time because I can't stay sitting up for too long. I am completely isolated from the society because I am stuck in my bedroom, in dark because my body is hypersensitive to any temperature change, noise, lighting, smell. I have a kinder age child, and I am not able to care for him myself. I'm not able to spend more than a few minutes a day with him." – Survey Respondent

"Due to the lockdown and loss of my mother who was in a nursing home, I became depressed and more sedentary." – Survey Respondent

"Stress - depression – [sicker] than before - diabetes - high blood pressure." – Survey Respondent

Bloomfield Community Health Assessment 2025

Individuals with poorer physical health were asked questions about long-term COVID-19 symptoms that persisted for three months or longer after their COVID-19 infection. Of those surveyed, 49% reported experiencing long-term symptoms. Among those, 61% stated they could not carry out their daily activities as before contracting COVID-19 (see Figures 43 and 44).

Figures 43. Long COVID
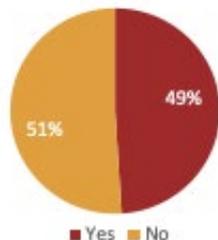
Figure 44. Do these symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?
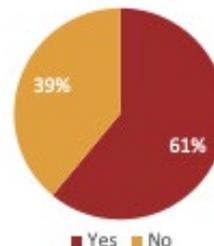
Survey participants who reported changes in their physical or mental health due to COVID-19 were asked to compare their current mental health with their mental health before the pandemic. Over half (52%) reported feeling worse now, while only 20% said they felt better (see Figure 45).

Figure 45. How is your mental health today compared to pre-COVID-19?
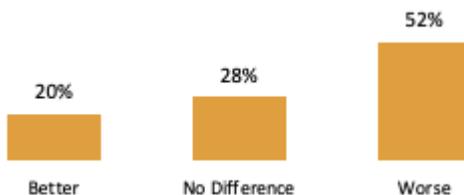
Participants who reported their mental health is worse today compared to before COVID-19 are experiencing increased anxiety and stress and perceive others differently after COVID-19.

"Working at home & isolation caused anxiety and inability to focus. I'm on two medications which I didn't need before." – Survey Respondent

"I have greater stress now because of the threat of Long COVID, and because of government/social apathy about it. It's harder to find social events that are safe. Individual income levels have dropped, and my family has significant financial strain because of this. Groceries and cost of living expenses are more expensive than they were before COVID." – Survey Respondent

"The stress of the pandemic and constant vigilance has taken a toll on me mentally." – Survey Respondent

"Profound extended isolation during COVID destroyed many social connections. I have found it difficult to connect socially with people as I used to, and I find people are less willing to engage socially. Myself as well. There is still anxiety about being with groups of people, and something's it's just easier to not continue…"– Survey Respondent

Community Strengths & Assets Activity

During their meeting in April 2024, Bloomfield Coalition members were provided a brief presentation explaining that asset mapping identifies strengths and resources of a community, while also uncovering problems and solutions. Assets are defined as anything that improves the quality of life for community members. Coalition members were then asked:

"From your perspective, what strengths and assets do community members have?"; "Who are the formal and informal ambassadors?"; and *"How do these resources help address health inequities in Bloomfield?"*

Category	Answers
Community Member Abilities	- Service Oriented (volunteerism) - Diversity in thought and culture - Engaging, resilient, bilingual and multicultural - Community Ambassadors* - Facebook groups that are supportive* - Town-wide Cleanups - Active Faith-based Community*
Physical Structures	- Bloomfield College - Civic Center* - Bloomfield Center (Downtown) - Oakeside Bloomfield Cultural Center - Parks & Green Spaces* - Bloomfield Green - Senior Center at Watsessing Park* - Morris Canal* - Bloomfield Library* - Bloomfield community garden at Oakeside - Bloomfield Municipal Building - Train Stations (3) - Churches* - Kinder Towers/Felicity/Heritage Village (senior buildings) - Bloomfield Shuttle Bus System (seniors and people with disabilities)
Businesses	- Shoprite of Brookdale* - Home Depot - Foodtown - SuperFresh - Stop & Shop - Aldi - Anthony's Cheesecake - Bloomfield Community Farmers Market*

Private / Nonprofit Organizations and Associations	• Bloomfield College of MSU (Primarily Black and Hispanic/Latinx serving institution) * • Jersey Bee • Neighbor to Neighbor (NTN) • Food Banks (Church on the Green & Manna) * • Bloomfield Center Alliance • Bloomfield Municipal Alliance (Substance Use Prev) • Bloomfield Human Services* • New Life Health And Wellness Center* • ImmediCenter • Job Haines Home (LTC/SNF) • Literacy Volunteers* • Bloomfield Recreation Department • Bloomfield Health Department* • Bloomfield OEM • Bloomfield EMS • Bloomfield PD (Government Services supportive of community) • Kindersmiles • LevelUp

* Identified by Coalition members as strengths and/or assets that may help address health inequities

Forces of Change Activity

During the June and July 2024 meetings, the Bloomfield Coalition engaged in a Forces of Change activity. Coalition members were given a brief presentation defining forces of change as trends, factors, and events that impact the community (past, present, and future). Coalition members were asked to brainstorm a few examples for each. Facilitators synthesized the results into the table below and asked participants to identify equity impacts, threats posed, and opportunities created for each of the Forces in a table. The group was then asked to reflect on the table and discuss community strengths and resources that could increase adaptability to changing conditions.

Forces	Equity Impacts	Threats Posed	Opportunities
COVID-19	• Seniors • Homeless • Small Business Owners • Victims and Survivors of Domestic and Sexual Violence • Children • First Responders • Persons of Color • Non-English-Speaking Persons • Low Literacy and Low Income	• Lack of Access to Actionable Information • Shelter in Place (Can Lead to Overcrowding and/or Living with Abusers) • Food Access • Misinformation • Suspended Health Screenings (Preventative and Public Health Screenings) • Loss of Learning • Lack of Social Skill Development in Children • Lack of Human Connection • Potential Loss of Public Health Funding • Work-Life Balance • Increase in Obesity	• Increased Access to Remote Education • More Remote Employment Opportunities • Increased Awareness of Environment • Increased Awareness of Public Health • Increased Awareness of Value of Mental Health • Increased Public Health Funding and WFD • Work-Life Balance • Increase in SNAP Benefits • Delivery Service Opportunities • Change in Employment Opportunities • HIV and Other At-Home Testing
Cost of Living Increase	• Lower Socioeconomic Status Population • Persons of Color • Undocumented Persons • Senior Citizens • Persons Living with Disabilities • ALICE Population • 3rd Ward • Young Adults	• Homelessness • Food Insecurity • Lack of Healthcare Access • Moving Out • Bedroom Community • Overcrowding within Domicile	• Multi-Generational Homes • Increased Rental Assistance
Increase in Number of Buildings	• Low-Income Families • Senior Citizens • Single Parents • Persons of Colors • 3rd Ward and South End	• Gentrification • Increased Traffic • Increased Burden on Schools • Environmental Impacts (Flooding and Less Green Space) • Pedestrian Safety • Lack of Parking • Public Transportation and Services Burden • Burden of Healthcare/Lack of Availability • Burden of Infrastructure	• Increased Home Values • Spread Tax Burden • Increased Diversity (New People) • Increased Businesses/Employment • Increased Need for Daycare Businesses • Opportunities for Improved Housing

Unmet Mental Health and Medical Needs	• School-Aged Children and Young Adults • Senior Citizens • Persons of Color • 3rd Ward and South End • Non-English Speakers • Individuals Living with Mental Illness • Technology-Challenged Persons • LGBTQ+ Community and LGBTQ+ Youth • Veterans	• Bullying (Including Cyber) • Isolation • Domestic Abuse and Sexual Violence • Lack of Appointment Availability • Lack of Clarification • Loss of Income • Substance Abuse	• Create Awareness of Mental Illness • Create Resource Directory • Strengthen Connection Between School and Community Resources • Strengthen Continuity of Provision of Services • More Specialized Services from Bloomfield and Human Services • C.A.R.E Unit (Police) • Library as Clearinghouse/Hub • Promote Human Services and Streamline Services

Adaptability

- Strengthen Community Networks
- Enhance Public Health Infrastructure
- Technology
- Health Equity
- Community Resiliency
- Increase Housing Information Resources
- Expand Mental Health Services
- Education (School Partnerships)
- Environmental Impact Awareness

Next Step

- Foster Collaboration and Partnerships
- Expand Telehealth Services Throughout Township
- Promote Digital Literacy
- Increase Cultural Competency Training for Providers and Local EOC (Police, Fire, Etc.)

Key Informant and Focus Group Joint Analysis

Individual key informant interviews were conducted with 17 community leaders representing healthcare professionals, public health professionals, social services, academia/student health services, community programming, and nonprofit sectors. Additionally, 8 focus groups were conducted representing the following groups, Spanish speakers, caregivers, residents of the disabled community, seniors, young adults/college students, people with chronic conditions, renters, and the general population. The coding of these interviews revealed ten main themes representing the perceived current health challenges the Bloomfield community faces.

Main Themes

1. Resource awareness and utilization
2. Digital divide and information access/technology challenges
3. Transportation challenges
4. Economic challenges
5. Healthcare access and navigation
6. Insurance challenges
7. Housing instability and availability
8. Mental health challenges
9. Communication, language barriers, and cultural competency challenges

Figure 46. Frequency of themes observed in Key Informant and Focus Group Analysis
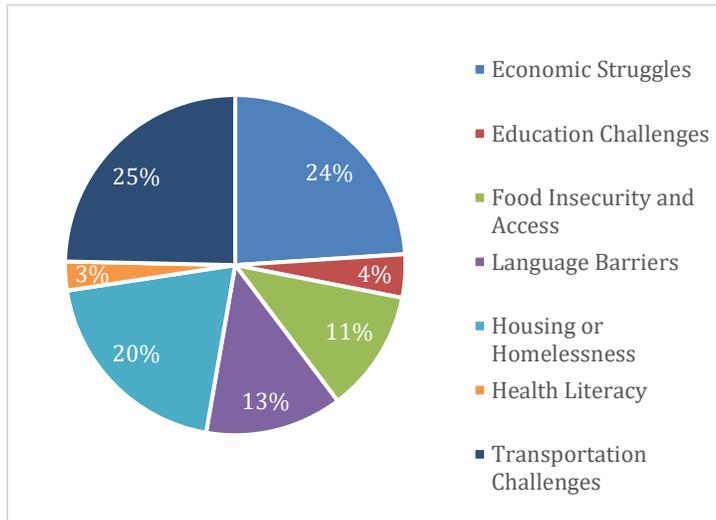
Resource Awareness and Utilization

Key informants discussed how Bloomfield residents are unaware of available health and healthcare access resources. This unawareness arises from language barriers, insufficient outreach, the digital divide, personal prejudices, and inadequate promotion of available resources and comprehensive health information. This means that even when services are available, they are underutilized because the most disproportionately affected populations are not informed about them. The resulting issues include unmet needs, delayed help, increased vulnerability, and health and safety risks.

Many Bloomfield residents simply do not know where to find affordable healthcare services, such as federally qualified health centers or clinics that offer reduced-rate care. Without proper information, individuals may not seek or receive the care they need. Focus group participants discussed struggles with accessing general information about services due to a lack of clear,

consolidated sources. Information is spread across multiple platforms or sources, making it difficult for individuals to find all relevant details in one place. Residents do not always know how to access or use the available communication channels, like websites and newsletters, to stay informed about community services. The existing communication methods were described as not user-friendly, and not comprehensive.

"There are a lot of resources that a lot of the patients we see don't know, at least in the Bloomfield area"
– Key Informant

Key informants emphasized that the underutilization of resources in Bloomfield stems from insufficient awareness among intended populations, particularly non-English speakers. This lack of knowledge about available programs, including housing, healthcare, mental health services, and financial aid, can delay help-seeking and increase vulnerability. Furthermore, limited awareness of social services and advocacy resources hinders individuals' ability to navigate and access necessary care and support.

Digital Divide and Information Access

Key informants frequently discussed how technology is often a barrier among Bloomfield residents in accessing and utilizing healthcare services. Many people, particularly older adults, do not have access to the internet or are not proficient in using digital platforms. This lack of access prevents them from receiving important community information and resources. There is a gap in digital literacy among seniors, which increases their vulnerability to scams and misinformation. Many seniors expressed frustration with the complexity of modern devices and online systems. The discontinuation of printed materials limits information access for those without internet skills.

"I know there's elderly people living in all parts of Bloomfield, because a lot of people have been here all their lives. But it's like my mom says, just because you can't use the internet, you're left behind."
– Focus Group Participant

While social media and digital communication offer valuable opportunities for connectivity and access to information, enabling people to stay informed and connected, access inequality remains a significant concern. Many families lack access to essential technology, such as computers or reliable internet, hindering their ability to fully benefit from available resources and access online information about services within Bloomfield.

Transportation Challenges

Transportation is a significant barrier to healthcare access for many Bloomfield residents. High transportation costs can impede access to necessary care, leading to delayed or missed appointments. This is particularly problematic for individuals who must miss work to attend appointments, further straining their finances. Given the often-difficult choice between essential expenses like rent and transportation costs, many prioritize the former, ultimately limiting their access to crucial medical care.

"One of the things that we learned about last year from the State Health Assessment was that transportation was a major barrier for patients in New Jersey."
– Key Informant

Bloomfield residents often lack awareness of available transportation assistance and services due to insufficient communication and outreach. While transportation infrastructure may exist, a significant gap lies in educating residents about the availability and accessibility of these services. Focus group discussions highlighted that many individuals are unsure of where to seek help or how to access available transportation resources.

Key informants discussed how many groups face significant transportation challenges when trying to access essential services. Cancer patients and individuals with chronic illnesses often struggle to attend treatment appointments due to transportation issues. Low-income individuals face financial barriers that make transportation unaffordable, affecting their access to necessary services. Focus group discussions highlighted significant transportation challenges that create barriers to living a healthy and independent life. Seniors face issues with transportation due to physical limitations and the need for more convenient services. Additionally, low-income families without access to a car face difficulty reaching essential services and resources. Spanish speakers and young adults are impacted by language barriers and the need for more accessible public transportation options.

Economic Challenges

Economic struggles highlighted in the key informant interviews revolve around financial insecurity, housing instability, limited access to healthcare, and food challenges. Contributing factors include insufficient income, high living costs, inadequate insurance coverage, and lack of affordable housing. Community programs and assistance are in place to mitigate these challenges, but the demand often outweighs the available resources.

Many community members lack adequate income to meet their basic needs causing reliance on various forms of financial assistance. Fixed-income seniors struggle with the rising costs of healthcare and prescriptions. High healthcare costs, including copays and prescription costs, deter individuals from seeking necessary medical care as economic constraints are a significant barrier to accessing healthcare. This issue is compounded by a lack of awareness about available low-cost healthcare services and particularly affects low-income individuals, underinsured and uninsured populations, and those on fixed incomes.

"Bloomfield, because we are a middle-class community, everyone's struggling. We're struggling to pay. We have a lot of parents that are even if they're not a single family, single parent household, even a double parent household in Bloomfield is struggling to make ends meet."

Focus group respondents discussed how limited income hinders access to medical care, nutritious food, and other essentials, exacerbating health disparities. Additionally, rising inflation has significantly increased the cost of living, impacting essential expenses like food and utilities. This financial strain disproportionately affects middle-class families, seniors, and individuals with chronic conditions, limiting their ability to purchase nutritious food.

Individuals with disabilities, young adults, and low-income families face significant challenges in securing employment and achieving financial stability. Many are employed part-time without benefits such as health insurance, making them ineligible for government programs while unable to afford private insurance. This often forces them to use emergency rooms for non-emergencies, straining healthcare resources and increasing costs. Without adequate insurance or savings, a medical emergency could lead to a financial crisis, severely impacting their well-being. Additionally, time constraints prevent many residents from seeking necessary health care, resulting in untreated conditions.

Healthcare Access and Navigation

Focus group respondents highlighted significant challenges related to healthcare access and navigation, including issues regarding health insurance, the ability to pay, and the overall complexity of the system. According to focus group participants, barriers to healthcare access include the system's complexity and bureaucracy, the need for multiple steps to access care, and the challenge of finding and understanding the necessary information. Focus group participants described the healthcare system as "convoluted," requiring individuals to navigate multiple steps beyond just visiting a website. This complexity can be a significant obstacle. Additionally, even after identifying resources, individuals often must go through additional processes, such as interacting with county services or other agencies, which can be time-consuming and confusing. Ultimately, accessing care is not straightforward, especially for those who may lack research skills or the capacity to understand and navigate the system. Respondents mentioned that information about resources and services is scattered across multiple platforms, and there is no centralized way to find out about services. While respondents identified some resources available to Bloomfield residents, access to these resources is often hindered by restrictive conditions, such as the requirement to go through the county.

Focus group respondents discussed how many health insurance websites are difficult to navigate, making it challenging to find and utilize available resources. Health departments and insurance providers often lack user-friendly tools or clear

information about available services, leaving people struggling to find what they need. Insurance navigation challenges affect low-income and elderly individuals as they either lack the resources to access these websites or are not digitally savvy enough to figure out the complex nature of the websites. Bloomfield residents, especially those who are uninsured and underinsured, face financial barriers to care, as well as medication due to high costs of care and insurance restrictions. Individuals without adequate insurance may face substantial out-of-pocket costs for emergency care, routine visits, or medications, leading to financial strain and reluctance to seek necessary care.

Insurance Challenges

Key informants often described Medicaid as difficult to navigate and access, as recipients often face long wait times, limited provider options, and bureaucratic hurdles all of which delay care. Insurance issues are prominent for those in marginalized communities. For example, getting referrals or accessing specialized treatments can be extremely difficult and time-consuming under Medicaid. Even if individuals have other forms of insurance, it may not be sufficient to cover the necessary care, especially for specialized procedures. Medicaid's coverage is often perceived as insufficient, leading individuals to switch to private insurance despite higher costs. Some services, especially specialized treatments or innovative programs, are not covered, leaving patients without viable options. While private insurance may offer better coverage, the associated premiums and out-of-pocket costs can be prohibitive, especially for low-income individuals. This financial strain is a significant deterrent to seeking preventive or early care. Additionally, some providers or health programs do not accept Medicaid, leaving those with public insurance to face long waitlists or lower-quality services.

"We need more benefits… some sort of coverage so we can do general or basic health needs met and checkups."

"I wish I could even try to get an insurance plan I would still pay for, but just something that would be affordable."

– Focus Group Participants

Focus group respondents discussed complicated processes for obtaining care like bureaucratic obstacles and lack of clear guidance. Obtaining health insurance and access to care can be convoluted and time-consuming, creating delays and difficulties for those needing immediate assistance. Many people struggle with understanding how to access care or navigate insurance systems, leading to gaps in their coverage or care. Many people who qualify for insurance (such as Medicaid) are unaware of their eligibility, resulting in a lack of coverage. This is exacerbated by the complexity of the application process, especially for those with language barriers or those who have newly arrived in the country. Difficulty obtaining insurance limits access to healthcare. A significant challenge in Bloomfield is the prevalence of underinsurance and uninsurance within the community. Lack of insurance can prevent people from receiving care or force them to rely on limited services like federally qualified health centers, which have their limitations. Many low-income individuals are caught in a gap where they neither qualify for adequate public assistance nor can afford private insurance, leaving them highly vulnerable to financial and health crises. Even those with insurance face significant obstacles.

Housing Instability and Availability

Focus group discussions revealed that the cost of housing in Bloomfield is high, making it difficult for many residents, especially older generations and families, to afford decent living conditions. Rising housing costs, including soaring rents, make it increasingly difficult for many Bloomfield residents to find and afford adequate housing. This challenge is exacerbated by a limited supply of affordable senior housing and the loss of rent control, which particularly impacts low-income and elderly residents. The loss of rent control and the increase in new housing developments cater to higher-income residents, causing displacement of long-term and lower-income residents. Barriers to securing housing, such as high credit score requirements and income thresholds (e.g., needing to earn

"So our focus really in Bloomfield is with those individuals and families experiencing homelessness are at risk of becoming homeless and residents of public housing.
– Key Informant

three to four times the rent), make it difficult for those with fixed or limited incomes to qualify. Many rental assistance programs have low-income limits, excluding those who are struggling but earn slightly above the threshold. Middle-class families often earn above assistance thresholds but still experience financial hardship due to the high cost of living. For those receiving housing assistance or Social Security, any increase in income can reduce benefits, creating a challenging cycle. Individuals on fixed incomes, like Supplemental Security Income (SSI), often cannot afford basic housing, and housing vouchers that could help are difficult to obtain.

Mental Health Challenges

Mental health challenges discussed by focus group participants revolved around the need for improved access to mental health services, better communication of existing resources, and the development of community-based support systems to address both visible and hidden mental health issues. Access to mental health services is complicated by bureaucratic processes and a lack of streamlined systems. Access to mental health services for uninsured individuals is reported to be inadequate. Social workers are available, but the system is criticized for poor communication and lack of follow-up, leaving many without necessary support. The COVID-19 pandemic had worsened mental health challenges, resulting in increased anxiety and addiction. Additionally, the incidence of the pandemic had reduced the number of available community activities and exacerbated challenges related to mental and physical well-being leading to isolation challenges for disproportionately affected populations, specifically seniors.

Mental health challenges discussed by key informants stem from a combination of cultural barriers, systemic issues in healthcare access, and the stigma surrounding mental health. While there are resources available, they are often lacking in availability, consistency, and cultural appropriateness. Many students have mental health struggles, and limited access to appropriate resources makes these problems worse. Disproportionately affected groups, including those with financial challenges, Medicaid users, and Veterans, often face difficulty accessing consistent care. In some first-generation families, mental health is not prioritized and is only recognized through physical symptoms. Cultural misunderstandings and fear of judgment or legal consequences, especially in cases of substance use or severe mental health issues, also discourage people from seeking help. Those previously hospitalized in psychiatric units may avoid medical care for fear of involuntary commitment, even in emergencies.

Mental health services are underfunded, and the shift to a fee-for-service model has reduced care availability, particularly for those who miss appointments. People can be charged for missing appointments in fee-for-service mental health services. The specifics can vary depending on the provider and the policies they have in place. Some providers may charge a fee for missed appointments to cover the cost of the time slot that was reserved for the patient. Access is further limited by high demand, capacity issues, financial constraints, long waitlists, and difficulties finding suitable therapists. Short-term crisis interventions are often inadequate, and long-term support is lacking. Many people struggle to navigate the complex mental health system. While resources like school counselors, telehealth, Veteran services, and community programs exist, they are limited in scope and availability. Overall, there is a significant gap between the need for mental health care and the availability of long-term, culturally appropriate resources.

Communication Challenges, Language Barriers, and Cultural Competency Challenges

Non-English speakers often face barriers in navigating the healthcare system due to inaccurate or inadequate translation of information, leading to misunderstandings and reduced access to care. There is a shortage of Spanish-speaking practitioners and community health workers, making it difficult for Spanish-speaking communities to access information and resources effectively. While professional interpreters exist, they do not always provide seamless communication, and many non-English speakers are unaware of their rights or available services. Health workshops and programs are often only in English, excluding those who could benefit from them. Immigrant communities face significant healthcare challenges due to language barriers, often relying on less effective practices.

Public information, like bus schedules and community announcements, is frequently only in English, making it hard for non-English-speaking immigrants and seniors to access community resources. The lack of translation services and bilingual staff in public institutions limits participation and effective communication for non-English speakers. Additionally, immigration status can complicate access to care and resources, particularly affecting the Latino community, who face unique challenges compared to other groups.

A significant challenge facing diverse communities is the lack of culturally relevant resources and information, including diverse food options. Community resources often fail to cater adequately to the needs of these populations, resulting in a lack of cultural representation and inclusion. Public institutions such as schools and civic centers are perceived to lack diversity among their staff, which can make non-English-speaking and minority families feel less included or represented. Additionally, community programs frequently lack multicultural elements and do not provide activities in multiple languages, which can alienate non-English-speaking participants. This lack of diversity and inclusion negatively impacts the comfort and engagement of minority groups, making it challenging for them to feel fully integrated into the community. Access to culturally relevant services remains limited, impacting the well-being of diverse community members. Parents, particularly those from other countries, often do not fully understand the educational and health requirements for their children, such as state-mandated immunizations. People experiencing poverty or financial constraints frequently do not know about available assistance programs, including those for food, shelter, and medical care. There is a gap in the availability of culturally specific healthcare and food options, which affects non-English-speaking seniors, low-income immigrants, and other minority groups.

Disproportionately Affected Populations
Using key Informant and focus group responses, the following are the most disproportionately affected populations present in Bloomfield, their greatest health challenges, and the services or resources needed to correct these inequities.

Disproportionately Affected Populations	Greatest Health Challenges	Services & Resources Needed
Seniors	• Underutilized Health Resources • Social Isolation • Mobility and Transportation • Technology Barriers • Scam Vulnerability • Fixed Incomes	• Accessible Programs • Engagement Activities • Tech Support • Financial Assistance • Resource Awareness • Improved Outreach
Veterans	• Homelessness • Limited Resources • Need for Empathy	• Housing Support • Increased Funding • Empathetic Care
Non-English Speakers	• Language Barriers • Lack of Translated Services • Limited Healthcare Access	• Language Support • Trust-Building Programs • Expanded Healthcare Access • Culturally Sensitive Outreach
Low-Income Individuals and Families	• Economic Hardships • Rising Living Costs • Food Insecurity • Reliance on Fast Food • Healthcare Disparities • Lack of Awareness	• Increase Low-Income Housing Options • Reopen Housing Programs • Food Assistance • Transportation Support • Healthcare Access • Community Outreach

Uninsured/ Underinsured	• Limited Healthcare Access • Eligibility Gaps • Unmet Medical Needs • Preventive Care	• Affordable Healthcare Solutions • Financial Assistance • Expanded Eligibility • Preventive Care Access
Youth	• Mental Health Struggles • Safety Concerns • Cyberbullying and Online Risks • Resource Barriers • Cultural and Social Stigma	• Mental Health Support • Safety Enhancements • Digital Safety Education • Affordable Healthcare Access • Inclusive Education
Disabled Individuals and their Caregivers	• Caregiver Stress • Service Accessibility • Discrimination • Housing Barriers • Employment Challenges • Communication Issues	• Caregiver-Specific Resources • Life Skills Programs • Housing Accessibility • Transportation Options • Community Education • Inclusive Infrastructure

Seniors

Senior citizens in Bloomfield face multiple barriers in accessing community resources, including health services, affordable housing, and social programs, due to limited availability, scheduling constraints, and poor communication about existing resources. Many seniors are unaware of the full range of available services, and difficulties in finding affordable housing are compounded by high costs, limited availability, and strict rental requirements. A lack of technological skills further hinders their ability to access online resources and services, creating a dependency on younger family members for assistance, which can lead to additional strain and feelings of burden.

Transportation challenges also significantly impact seniors, with unreliable services that require advanced booking and are often costly, preventing timely access to healthcare and community activities. Social isolation remains a major concern, especially for those who are less mobile or lack close family support, with some seniors experiencing loneliness despite the availability of community events. To address these issues, there is a strong need for more accessible programs, better transportation options, technology support, financial assistance, and enhanced outreach efforts to ensure seniors are aware of and can engage with community resources, fostering greater social cohesion and support.

Veterans

Veterans with special healthcare needs or those ineligible for VA healthcare face significant difficulties accessing community resources and stable housing in Bloomfield. Despite available support services, such as rent and security deposit assistance, the demand far exceeds supply, leaving many Veterans vulnerable to homelessness, particularly those with low credit scores, limited income, criminal backgrounds, or eviction histories. This instability has a detrimental impact on their overall health and access to necessary healthcare services. Additionally, technological barriers further disadvantage older Veterans who lack the digital skills required to navigate online platforms where many resources are found.

Veterans with disabilities face further challenges, such as inadequate transportation services that fail to accommodate motorized wheelchairs, making it difficult to access essential services. To address these issues, there is a pressing need for increased funding, housing support programs, and empathetic care. Providing staff training to build trust and offer compassionate support, alongside enhanced accessibility and better resource allocation, is crucial to meeting the unique needs of the Veteran community.

Youth

Excessive social media use among youth leads to significant challenges, including cyberbullying, excessive screen time, and the permanence of online information, which contribute to a vulnerable digital environment. Access to mental health resources, such as therapy sessions and counseling, is often limited by logistical barriers like transportation, financial instability, and the complexity of navigating the mental health system. While resources such as school counselors, telehealth, and community programs exist, they are often insufficient in scope and availability. Additionally, youth face safety concerns due to reckless driving and unsafe neighborhoods, further complicating their access to necessary services.

Youth face significant mental health struggles, including depression, anxiety, suicidal ideation, and self-harm, exacerbated by limited access to long-term support and stigma surrounding mental health. LGBTQ youth and those from diverse backgrounds encounter additional discrimination and social isolation. To address these challenges, there is a need for increased access to long-term counseling, enhanced neighborhood safety, education on digital risks, expanded healthcare coverage, and inclusive school environments that support all students, particularly marginalized groups.

Disabled Individuals and their Caregivers

People with disabilities face significant barriers to accessing transportation, which affects their ability to reach essential services, healthcare, and community activities. Public transportation often lacks adequate accommodations, requires unreliable advanced booking, and is costly, especially for those on limited incomes. These transportation challenges are critical for seniors and individuals with chronic conditions, whose healthcare needs are time sensitive. Additionally, employment opportunities for people with disabilities are hindered by discrimination and a lack of workplace accommodations, which affects their independence, housing stability, and access to resources. Caregivers, particularly elderly ones, also experience high levels of stress and mental health strain, compounded by the need to manage complex, technology-based tasks for those in their care.

To address these challenges, there is a need for improved transportation options with subsidized rides and flexible scheduling, increased affordable and accessible housing, and expanded employment opportunities with necessary workplace accommodations. Providing additional support for caregivers, including mental health resources and in-person connection opportunities, is also essential. Community education efforts are needed to reduce stigma and discrimination against people with disabilities, alongside the development of inclusive infrastructure, such as hearing aid support and interpreters, to enhance engagement and access to services.

Key Informant Interviews

Key Informant-Specific Themes

Lack of Education Influencing Health Literacy

Education impacts healthy living by influencing knowledge, awareness, and access to health services. Without proper education, individuals may not know where to seek appropriate healthcare services, leading to misuse of emergency services for primary care needs. Educational disparities often correlate with socioeconomic status. Limited financial resources restrict the ability to afford healthcare, prescriptions, and nutritious food, further exacerbated by a lack of education on maintaining a healthy lifestyle within their means. Systemic barriers, including limited access to viable employment and education, lead to a cycle of poverty and poor health. Various factors, including cultural competency issues, inadequate health education, and limited resources for specific groups influence health literacy challenges in Bloomfield. Many programs lack sensitivity to diverse cultural backgrounds, which affects how health information is received and used. A lack of understanding about nutrition contributes to poor dietary choices, exacerbating health issues. Access to health information is limited, particularly for first-generation immigrants and diverse ethnic groups who may struggle with understanding broader health concepts due to cultural differences.

Bureaucratic Challenges

Bureaucratic challenges were mentioned by many key informants as contributing factors influencing their organizations abilities to correct health disparities and challenges present in Bloomfield. These included funding challenges and restrictions, limited flexibility, and Bureaucratic red tape. The discussed the need to find funds and allocate grants, or other financial resources they are most needed. Funding often comes with strict limitations, such as targeting specific populations or income levels, which can hinder the ability to develop innovative programs or outreach initiatives. The restrictive nature of funding can limit creativity and flexibility in addressing community needs and implementing effective solutions. Key informants also expressed how navigating through red tape and bureaucratic processes can complicate and slow down efforts to access and use funding effectively.

Community Characteristics

Key informants characterized Bloomfield as large and diverse in religion and race. Overall, the community is vibrant and inclusive, with a strong emphasis on social interaction and diversity.

The initial question for all key informant interviews asked participants to discuss community characteristics. They characterized the community as inclusive, where residents feel welcomed and appreciative to be a part of. Social engagement is prevalent, with frequent events held at local parks that foster unity and camaraderie among residents. There is also interaction between various groups and organizations, which enhances the sense of connection within the community. The local health department plays a vital role by providing essential services like free vaccinations and educational lectures. The small student body in local schools allows for personalized interactions between students and staff, creating a supportive and attentive educational environment. Health

"Groups of people having the events and stuff like, there's always things at the park, there's always unity with that. There are always people going out with each other. I think it's nice to have that kind of camaraderie amongst the group of people"

– Key Informant

leadership is also notable, with a proactive health officer and department that are open to new ideas and approaches, thereby enhancing community health services. Furthermore, Veterans find accessible support services in the community, including a local Vet Center that offers lower barriers to treatment.

Health and Healthcare Services

Key informants were asked to discuss some of the resources currently provided to the community and resources needed within the community. Their answers were as follows

Service	Currently Provided	Needed
Mental Health	● In-person and telehealth therapy, counseling, and crisis intervention services, even though some community members are frustrated with their effectiveness and accessibility.	● More accessible and effective mental health support. ● Better coordination between mental health services and child welfare systems. ● Expanded emergency services for mental health crises and hoarding issues.

Healthcare	- Health screenings. - Basic and urgent care with referrals for specialized services. - Assistance with navigating the healthcare system, especially for Veterans.	- Increased access to specialized diagnostic services and treatment options. - More comprehensive health screenings and preventive care at community events. - Enhanced support for uninsured individuals to access specialized mental health care.
Food and Basic Needs	- Distribution of food and essential items - A community garden program. - Hosting a 22-week farmers market that provides access to healthy, organic food for low-income individuals. - Food Bank availability.	- Increased availability of essential items like hygiene products, clothing, and household goods. - More comprehensive food distribution programs to address food insecurity.
Housing Assistance	- Housing assistance includes support for securing housing, rent, and moving expenses. - Permanent and transitional housing programs. - Wraparound services such as case management and mental health care. - Street outreach to engage with homeless individuals. - An emergency assistance system providing shelter and critical services.	- Additional support for securing long-term housing and addressing housing instability. - Expanded financial assistance for rent, deposits, and home repairs.
Social Services	Various forms of social support including help with government programs, employment opportunities, and financial assistance for housing and other needs.	- More robust support for navigating government programs and accessing necessary resources. - Additional resources for employment opportunities and job training.
Veteran Support	Specific services for Veterans, including financial assistance for rent and storage, car repairs, and healthcare navigation.	Greater focus on financial and logistical support for Veterans, including housing and transportation assistance.
Community Support	Clearing house services act as a resource for community members who need guidance or assistance, providing direct responses or referrals to appropriate services.	- There is a need for programs targeting specific health issues with increased community and family involvement and tailored services for non-English speaking populations (especially Spanish-speaking individuals) beyond translator services. - Efforts to build trust and cultural sensitivity within the Latino community.

Community Outreach	• Initiatives to increase awareness and access to health services through outreach programs and screenings at community events.	• There is a need for programs to educate and involve younger generations in health initiatives and cultural competency; and workshops to inform community members on various topics. • Increased outreach through diverse media to engage underserved populations and raise awareness of available services.

Additionally, the community provides senior programs including a rapidly growing senior club with daily classes, excursions, and events; a Dial-A-Ride service for door-to-door transportation, primarily for medical and personal activities; and a bus service offering transport from senior homes to shopping centers for groceries and necessities. However, within the community, there is a need to address environmental concerns such as rodent control and water quality, as well as initiatives to improve overall safety and living conditions.

Available Resources and Health Equity

Key informants discussed how available community resources contribute to health equity. They noted the following:

Resource Type	Facilitators of Health Equity
Health Screenings	• Offering free and low-cost health screenings helps individuals access essential screenings, reducing barriers to early detection and intervention, especially for underserved populations.
Educational Outreach and Awareness	• Partnering with healthcare professionals for educational lectures enhances community awareness and knowledge, empowering individuals to proactively manage their health, improve outcomes, and reduce disparities.
LGBTQ+ Services	• Providing LGBTQ+-friendly services and ensuring a safe hospital environment address the unique healthcare needs of the LGBTQ+ community, promote inclusivity, and ensure equitable access to care for all individuals.
Accessibility for Disabled Individuals	• Ensuring that area hospitals are accessible and offer specialized services for disabled individuals promotes health equity by addressing their unique needs and removing physical and systemic barriers to healthcare access.
Mental Health Services	• Offering both inpatient and outpatient mental health services addresses a critical gap in healthcare, particularly in areas where mental health resources are limited.
Food Access	• Partnerships with organizations like Panera, the Community Food Bank, and MEN (Meeting Essential Needs) With Dignity enrich the nutritional quality of basic food boxes, contributing to better overall health for recipients. • Accepting Supplemental Nutrition Assistance Program (SNAP) benefits at farmers markets improves access to healthy food for low-income residents. • Distributing food boxes from the food pantry addresses the immediate nutritional needs of individuals and families facing food insecurity.

Availability of Grocery Stores	• The presence of multiple grocery stores offering healthy food options ensures residents have access to nutritious food, which is crucial for preventing diet-related health issues.
Farmers Market	• The farmers market, combined with the provision of market vouchers, allows individuals and families with limited financial resources to purchase fresh, locally grown produce.
PerformCare	• PerformCare is a state system that ensures universal access to mental health support for all residents of Bloomfield, regardless of economic status, location, or insurance coverage.
Interpreter Services	• The availability of professional, certified interpreter services in healthcare settings, specifically doctor's offices, ensures that patients who do not speak English can still access healthcare effectively without miscommunication or exclusion.
Addressing Underinsured and Uninsured Populations	• Efforts to navigate insurance challenges by primary care providers and finding ways around financial barriers demonstrate a commitment to serving underinsured and uninsured helping to mitigate disparities in healthcare access.
Senior Services	• A variety of senior programs, including classes, excursions, and social gatherings, enhance mental and emotional well-being by combating isolation and promoting social inclusion. • Transportation services like Dial-A-Ride and the Senior Citizen Bus program remove barriers to accessing healthcare and daily necessities, ensuring seniors can reach essential services and activities.
Recreation Access and Opportunities	• A range of recreational programs with low-cost or nominal fees, from competitive sports to yoga and meditation, ensures opportunities for individuals of all skill levels and financial situations, promoting inclusivity and reducing financial barriers to participation. • Well-maintained parks like Brookdale Park and Foley Field in Bloomfield offer easy accessibility, ensuring that all community members can use the facilities without facing physical barriers.
Maternal Health	• The prenatal program at Zufall Health in West Orange targets underinsured or uninsured women and focuses on Black maternal health. The program addresses disparities in care by partnering with maternal health groups to provide comprehensive support during pregnancy, improving health outcomes, and reducing disparities in maternal and infant health.
Educational Sexual and Reproductive Health Programs	• Educational programs on healthy relationships, STI prevention, and pregnancy prevention fills a gap in sexual health education, awards youth with knowledge and resources for better health outcomes and informed decision-making.
Distribution of Resources	• Resources for housing and support services are publicized and made available without geographic restrictions, ensuring that individuals from various areas have equal access.

Current Collaborative Efforts

Key informants discussed current collaborative efforts contributing to health equity in Bloomfield and subsequently a healthy community. The current collaborative efforts mentioned were as follows:

Organizations	Collaboration
Bloomfield Parks, Recreation & Cultural Affairs Department	• Collaborates with Health and Human Services, police, and fire departments for senior citizen programs and mental health crisis interventions.
Bloomfield Township Board of Health	• Supports cross-collaboration between the health department and hospitals and suggests expanding partnerships with local institutions like libraries and churches. • Advocates for increased partnerships with local hospitals, libraries, churches, and across town borders for public health initiatives.
Mountainside Medical Center	• Collaborates with the Bloomfield Public Library for glucose screenings and lectures. • Works with Clifton, Nutley, Montclair, and various nonprofit organizations for health fairs and disease awareness initiatives. • Partners with other healthcare providers for lectures and community health education. • Engages in public education through lectures and collaborations with municipalities and nonprofit organizations.
Planned Parenthood	• Partnering with North Beth Israel Medical Center's Kiss and Tell initiative, Hudson County, Jersey City Department of Health, and schools through the Teen Links program.
Latino Health Services Clara Maass Medical Center	• Collaboration with PHocus in Newark for community engagement and healthcare navigation, along with discussion of available RWJ system resources.
Bloomfield College Student Health Services	• Collaborates with Beth Israel in Newark for HIV clinics and LBGTQ+ health services.
Mountainside Medical Group, Mountainside Hospital	• Collaborations with Mountainside Medical Center and Clara Maass specialists, utilizing their resources for patient care. • Collaborations with Planned Parenthood, Bloomfield College, and various mental health agencies for training, referrals, and mental health services.
Zufall Health	• Engages with Essex County Health Department, local hospitals, and various community partners like food pantries and faith-based organizations for vaccine clinics and health education.
Food Pantry at Bloomfield Presbyterian Church on the Green	• Collaborates with community gardens, Panera, Community Food Bank, and MEN (Meeting Essential Needs) With Dignity for food distribution.
Soldier On (Veterans Services)	• Works with the VA, local soup kitchens, emergency shelters like Valor, and the Community Food Bank to support Veterans experiencing homelessness.
Bethany Presbyterian Church	• Partners with Tony's Kitchen in Montclair and the Bloomfield Animal Shelter for community support.

Bloomfield High School	• Collaborates with local municipal alliances and health departments to provide resources like hygiene products and turkey dinners for students.
Human Services, Social Workers	• Works closely with the Bloomfield Health Department, EMS, police, fire departments, and DPW for comprehensive community support.
Essex County Continuum of Care	• Partners with the Mental Health Association, University Hospital, and various coalitions for health and food equity.

Policy and Program Change

Key informants discussed policy and program changes needed to advance and ensure health equity in the Bloomfield community. There was a universal sentiment among key informants to leverage existing programs rather than creating new initiatives.

Topic	Policy/ Program Change
Cultural Competency and Inclusivity	• Implement programs that offer maternal health services and parenting coaching, particularly with a focus on cultural competency to address the diverse backgrounds and beliefs of families. • Create safe spaces and educational programs for LGBTQ youth, with a focus on understanding their unique needs and challenges. • Develop ambassador programs in high schools to educate students and their families about health issues, cultural competency, and the healthcare system.
Accessibility and Equity in Healthcare	• Accessible and comprehensive charity care ensuring marginalized communities have sufficient insurance coverage and can access necessary resources. • Workplace policies that include comprehensive wellness programs, potentially covered by insurance, such as gym memberships and health incentives. • Improve outreach efforts to ensure non-English speakers are aware of available resources and programs.
Mental Health and Social Services	• Increase funding for mental health services, reduce reliance on fee-for-service models, and provide more in-home services for the homebound. • Address shortcomings in child welfare services, particularly in cases where children are not receiving needed mental health support. • Enhance physical accessibility for Veterans, and address gaps in substance use disorder treatment options, including holistic approaches.
Community Health Education	• Implement community-wide health screening programs, particularly at public events. • Organize community seminars to educate residents on healthy eating, including how to cook healthy meals and understand food labels. • Public education about health risks and the importance of early detection. Hosting health fairs could be a proactive way to engage the community. These events should focus on making health and wellness activities enjoyable and accessible.

Coordination and Communication Among Services	● Foster better communication and coordination among local health organizations, schools, and senior services to ensure that residents, especially low-income seniors, are aware of and can access needed services. ● Ensuring that health resources and information are widely available and accessible to the community is essential. This could include both physical materials and digital resources that educate the public on health issues and preventative measures. ● Increase collaboration with local school districts to raise awareness about available health services and integrate health education into school programs.
Motivation for Healthy Living	● Implement incentives for healthy living, such as programs that double SNAP benefits for fresh produce purchases, and insurance-covered wellness programs.
Resource Awareness	● Enhance efforts to inform the community about available resources and services, possibly through better outreach and educational campaigns.

Key informant Suggestions for the Bloomfield Health Department

Topic	Suggestions
Engage Youth and Families in Health Initiatives	● Start an ambassador program involving high school students and their parents, particularly in underserved communities. ● By educating students about cultural competency and health issues and involving their families, we can encourage them to become active contributors to their communities.
Increase Health Awareness and Accessibility	● Several informants emphasized the need for more community health events and accessible resources. ● Key informants highlighted the importance of health fairs and other events to inform people about available health services. They also suggested incentivizing healthy behaviors through programs like providing fresh produce or subsidized gym memberships.
Expand Partnerships and Outreach	● There was a strong call for better collaboration between health organizations and community hubs like libraries, churches, and other local institutions.
Utilize On-Site and Direct Services	● On-site visits and mobile health services as effective ways to connect with those in need, especially during food distributions or community events. ● This direct engagement helps identify health needs early and can be a gateway to further care.
Access to Care	● Providing transportation vouchers or direct transportation services for medical appointments.
Promotion of Health Education	● Some informants recommended leveraging technology to increase health awareness, such as using QR codes on public transit to direct people to health resources or services.

Focus Groups

Focus Group-Specific Themes

Environmental Concerns

Focus group participants discussed a wide range of environmental challenges present in Bloomfield. Residents are concerned with the prevalence of smoke shops throughout the community, selling both marijuana and vapes (electronic cigarettes), and the subsequent increased use of these substances, particularly among youth. There is an increase in smoke shops and vaping, which raises concerns about public health and safety. Drug usage, particularly marijuana, is visible in certain areas, impacting perceptions of safety and community health. The proliferation of smoke shops and public marijuana use raises concerns about public health and safety, particularly related to impaired driving.

Water contamination is a significant concern, with reports of brown, unsafe water coming from taps. The town's response to these issues has been inadequate, causing distress among residents. Flooding is a recurrent problem, particularly in certain areas like Llewellyn Street, where residents experience severe water damage during storms. Additional environmental challenges mentioned by focus group participants include noise pollution, public safety and technology, and economic and development concerns. Excessive noise from neighbors and lack of enforcement impacts residents' sleep and overall health. The use of phones while walking and driving is a safety concern, with people not paying attention to their surroundings. Rising housing costs, overdevelopment, and an increasing number of marijuana stores are causing discomfort among residents.

Summary of Findings

Ideal Healthy Community

Focus group participants were asked to describe some of the characteristics of an ideal healthy community. These insights highlight areas where communities align with or fall short of their residents' expectations. There are notable gaps between expectations and reality in community services and resources.

The following table outlines ideal healthy community characteristics, as identified by focus group participants.

Characteristic	Explanation
Safety and Cleanliness	• Includes walkability, police presence, and general safety measures. • Well-maintained streets, parks, and public spaces with minimal litter and waste.
Community Engagement and Events	• A variety of community events such as concerts, parades, and classes for all ages, including seniors and children. • Opportunities for social interaction and recreational activities, such as sports, car shows, and other communal gatherings.
Diversity and Inclusion	• Diverse community representation in schools, public events, and civic institutions. • Services and information available in multiple languages, especially for non-English speakers, including Spanish, Creole, and Arabic.
Access to Resources	• Access to fresh and affordable food options, such as supermarkets and farmers' markets. • Availability of healthcare facilities and services, including free or low-cost health screenings and access to medical care.

Transportation and Accessibility	• Reliable and consistent public transportation and access to medical and community services. • Programs and services accessible to individuals of all abilities and language proficiencies.
Education & Recreation	• Good quality schools with diverse staff and educational programs. • Access to parks, fitness centers, and activities that promote physical health and well-being.
Economic Opportunities	• Availability of job opportunities and career fairs for youth. • Access to reasonably priced and adequate housing options for families.
Community Relations	• A welcoming atmosphere where residents respect each other and their surroundings. • Effective communication between residents and local government, including feedback mechanisms and involvement of town officials in community life.

Community Characteristics

Following the initial question where focus group participants outlined their ideal healthy community, they were asked how Bloomfield compares to their ideal healthy community, outlining positive and negative community characteristics present in Bloomfield. Their responses are as follows:

Topic	Community Positive	Community Negative
Accessibility and Transportation	• Easy access to major highways and public transportation makes commuting and travel convenient.	• Public transportation is limited, with inadequate bus routes making it difficult for residents to access essential services and activities.
Community Engagement	• Strong social fabric with a sense of camaraderie and support. • Effective communication channels for events and resources (websites, social media, library bulletins). • Frequent community events and activities that promote social interaction and local government participation.	• The lack of affordable youth programs and childcare creates additional stress for financially stretched families. • Discrimination and misunderstanding continue to negatively impact the quality of life for people with disabilities.
Access to Resources	• Availability of healthy food options, including a farmers' market. • Diverse community resources (library, health center, senior centers, and civic centers). • Accessible information through an online presence and community channels.	• Seniors struggle to access community resources due to limited technological skills, highlighting the need for more accessible support.

Cleanliness, Safety, and Infrastructure	• Active community participation in maintaining cleanliness through events like park cleanups. • Parks and streets are well-maintained, creating a pleasant environment. • The town is highly walkable, allowing access to parks, shops, and restaurants without needing a car.	• The train station is considered unsafe due to poor security, cleanliness, and a lack of amenities. • Frequent flooding in specific areas, like Llewellyn Street, and issues with water quality due to brown, contaminated tap water indicate inadequate infrastructure maintenance.
Quality of Life	• Bloomfield is a quiet, safe, and clean community with neighborhood watch programs and a visible police presence. • The quality of the school district is a major attraction for families. • Celebrated for its cultural diversity, with efforts to accommodate different nationalities, ethnicities, and languages.	• Rising housing costs make it difficult for many residents to afford living in Bloomfield. • Rapid overdevelopment and the construction of high-rise buildings contribute to overcrowding and increased taxes without proportional improvements in services. • The growing number of marijuana stores concerns residents, who worry about potential health impacts and changes to the community's character.

Health Information

Focus group members were asked where they seek out necessary health information. Overall, while online resources and doctors are primary sources, community-based resources, and personal networks also play significant roles in accessing health information. Focus group responses were as follows:

Health Informant	Specific Resource/ Information Source
Internet	• Many individuals use Google for general health information and research. • Specific reputable websites like the Mayo Clinic are preferred.
Doctors and Specialists	• Primary care doctors and specialists are key sources of health information. • Some individuals rely on their doctors for recommendations on specialists or additional health resources.
Word of Mouth/ Family and Friends	• Recommendations from friends, family, and community members are valuable, particularly for finding specialists or learning about new resources. • Family members and friends are often consulted for health advice and information, especially if they have relevant expertise or experiences.
Health Departments and Community Resources	• Local health departments, such as Bloomfield's, are mentioned but not always well-utilized or understood. • Community resources like libraries and municipal buildings provide health-related pamphlets and information.

Social Media and Community Groups	• Platforms like Facebook (e.g., local groups) and Instagram are used for updates and community health information. • Community newsletters and flyers also provide health-related information.
Local Clinics and Urgent Care	• Local clinics, urgent care centers, and health fairs offer practical health services and information.
Health Insurance Companies	• People use health insurance company resources to find doctors and specialists, often through customer service or online portals.
Libraries and Rec Centers	• Libraries and recreation centers distribute health information through flyers and other materials.
Billboards	• Some individuals find health information through billboards around town.

Program and Policy Change

Focus group participants were asked about specific policies or programs that would help build a healthier community, below were their responses.

Program Category	Suggested Changes
Environmental Cleanliness and Recycling	• Install more recycling bins throughout the community to encourage recycling and improve environmental cleanliness. • Implement programs and policies focused on reducing litter and enhancing community cleanliness.
Non-Electronic Resources	• Develop more resources that do not rely on technology, such as physical community newsletters or direct mail.
Technology Education for Seniors	• Provide community centered technology training specifically designed for seniors to help them learn to use computers, smartphones, and other digital tools effectively; and complete necessary forms, promoting self-sufficiency and digital literacy. • Partner with local libraries and colleges to offer these training programs, possibly involving students or professionals who can offer step-by-step instruction.
Community Programs and Services	• Offer longer and more flexible programming for children, including full-day options for various age groups. • Provide a broader range of workshops and activities for seniors, including language and financial literacy workshops. • Develop educational and social programs tailored to individuals with disabilities to improve their quality of life and community integration.
Social Media Outreach and Education	• Use social media to increase awareness about health resources and community events, especially targeting teens and young adults. • Organize events to educate young people about health issues such as vaping and available resources.
Life Skills Programs	• Offer more life skills and educational programs for seniors and individuals with disabilities, including practical skills and opportunities to practice them in social connection groups.

Communication	• Use local media and community newsletters to better inform residents about available resources, including caregiver support and health seminars.
Transportation Services	• Increase availability and accessibility of transportation services for seniors and disabled individuals, potentially including subsidized rides and more flexible scheduling. • Provide better transportation services for those who do not use commuter trains, ensuring broader access across the community.
Health Education and Access	• Develop more health fairs and educational programs, including on weekends, to provide health information and resources to the community. • Provide health education through lectures and lessons on specific health conditions to better inform and assist residents.
Policy Education	• Develop programs that educate residents about local policies and changes, ensuring greater community awareness and participation in decision-making.
Community Talk Groups	• Establish community talk groups at libraries or other public spaces that focus on mental health and provide support similar to therapy sessions.
Safety and Community Policing	• Focus on community safety through safety programs and community policing that address local concerns without relying solely on traditional policing methods. • Organize forums where residents can discuss safety issues with local authorities and explore collaborative solutions.
Programming for Youth & Childcare	• Implement or enhance summer food programs to ensure that children who receive free or reduced lunches during the school year continue to have access to nutritious meals during the summer. • Offer more free or low-cost programming for teens and kids, including activities and educational opportunities. • Lower the cost of summer programming and recreational activities to make them more accessible to families. • Provide free after-school programming to support working parents and ensure children have positive and enriching activities. • Provide more affordable childcare services to support working parents and reduce the financial burden on families.

Policy Category	Suggested Change
Regulation of Vape Shops	• Implement regulations to prevent the establishment of vape shops within a certain distance from schools to protect students from exposure to harmful products.
Affordable Housing	• Develop more affordable senior housing options to meet the growing demand. • Implement or reinstate rent control measures to help reduce the financial burden on seniors and low-income individuals. • Develop more low-income housing options in the community, such as affordable rental properties or low-income housing authorities. • Reopen or expand programs like Section 8 to provide more affordable housing opportunities for residents.

Transportation and Activities	• Provide more affordable transportation options and subsidize recreational activities and events for seniors and people with disabilities. • Ensure that events and trips are affordable and accessible to a broader range of community members.
Community Safety and Policing	• Focus on community safety through enhanced policing or community policing programs that address concerns and improve neighborhood security. • Organize regular forums between community members and police to discuss safety issues and foster better communication and understanding.

Built Environment Assessment

A Built Environment Assessment looks at a community's core features and qualities that affect health and behaviors, including walking, biking, and other physical features. The goal of this assessment is to identify strengths, weaknesses, and opportunities for improvement in the quality, accessibility, and safety of a community's environment. In 2017, Bloomfield Township conducted a walking audit, revealing significant deficiencies in street safety, receiving a total score of 13.5/30 (Brown, C. and Bynes, J., 2017). This most recent Built Environment Assessment was conducted in 2024.

Walkability

Walking offers numerous benefits, but it must be safe and accessible. The walkability of a community influences residents' willingness to engage in physical activity resulting in positive or negative health outcomes. At the most basic level, walkability is impacted by the presence and condition of sidewalks; easy transitions to the street level at crossings (curb cuts) with detectable pavement markings and/or bumps to warn people with visual impairments; and safe, well-marked places to cross the street (Perumbeti, 2020).

The following tables provide a comparison of 2017 to 2024 data. Scores are out of 30 points. Arrows indicate whether conditions have improved or declined. Overall, the walkability average score increased from 13.5 in 2017 to 22.5 in 2024.

= Improved 1 point or more

= Conditions stayed the same

= Conditions declined 1 point or more
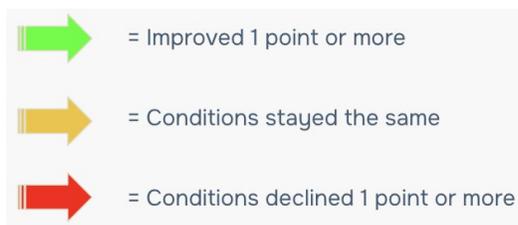
Conger Street Walkability 2017 vs 2024

	Year 2017		Year 2024
Did you have room to walk?	Score: 4 - Sidewalks broken/cracked - Lack ADA accommodations - Heavy street traffic	➡️ (red)	Score: 3 - Sidewalks broken/cracked -No sidewalks, paths, shoulders
Was it easy to cross streets?	Score: 3 - Lack painted crosswalks/center lane markings - Traffic signals forced pedestrians to wait too long or not enough time to cross	➡️ (yellow)	Score: 3 - Needed striped crosswalks - Needed curb cuts or cuts needed repair
Did drivers behave well?	Score: 3 - Drivers speeding/honking at pedestrians - Not stopping/yielding for pedestrian crossing - Speed to make traffic light	➡️ (green)	Score: 6
Was it easy to follow safety rules?	Score: 3 - Road curvature/buses made it difficult to see/be seen by oncoming traffic	➡️ (green)	Score: 4 - Hard to cross with the light
Was your walk pleasant?	Score: 3 - Lack clean and well-maintained sidewalks - Needed more trash cans, landscaping, and benches	➡️ (green)	Score: 4 - Needed more grass, flowers, or trees - Dirty, lots of litter or trash
Neighborhood rating	Score: 16/30 = "Okay, but needs work"	➡️ (green)	Score: 20/30 = "Okay, but needs work"

The photographs below demonstrate areas of limited walkability on Conger Street. In general, these areas include missing sidewalks and crosswalks; uneven or broken sidewalks; and need for ADA accommodations.

Glenwood Avenue Walkability 2017 vs 2024

	Year 2017	Year 2024
Did you have room to walk?	Score: 4 - Sidewalks broken/cracked - Lack ADA accommodations - Heavy traffic	Score: 3 - Sidewalks broken/cracked - Sidewalks blocked with poles/signs/shrubbery
Was it easy to cross streets?	Score: 1 - Concerns about exiting roadway width - Unused/abandoned parking meters posts near CVS - Lack of painted sidewalks, stop bars, and center lane markings - Traffic signals = pedestrians wait too long/not enough time to cross	Score: 3 - Crosswalks need to be re-outlined - Needed curb cuts/cuts needed repair - Traffic signals forced pedestrians to wait too long or not enough time to cross
Did drivers behave well?	Score: 2 - Distracted drivers and speed to make light - Drivers speeding/honking at pedestrians - Not stopping/yielding for pedestrian crossing	Score: 6
Was it easy to follow safety rules?	Score: 3 - Trees/parked cars blocking pedestrians' view of traffic	Score: 6
Was your walk pleasant?	Score: 4 - Lack clean/well-maintained sidewalks and vegetation areas - Needed more trash cans, landscaping, and benches - Dirty, lots of litter or trash	Score: 2 - Needed more grass/flowers/trees - Lots of litter or trash
Neighborhood rating	Score: 14/30 = "Needs lots of work"	Score: 20/30 = "Okay, but needs work"

The photographs below provide examples of areas with good signage and bike accommodations (green), but also limited walkability (red) on Glenwood Avenue. In general, the areas in red include unused parking meters, missing sidewalks and crosswalks; uneven or broken sidewalks; and the need for accommodations such as benches.

Added appropriate bike accommodations

Good safety signs, but uneven sidewalks

Unused parking meter

Pedestrian resting on curb due to lack of pedestrian accommodations

Missing parking meter

Crosswalks need to be re-outlined

Grove Street Walkability 2017 vs 2024

	Year 2017		Year 2024
Did you have room to walk?	Score: 3 - Adequate amount of sidewalk space - Sidewalks abruptly start and stop, and are broken/cracked - Heavy traffic	→	Score: 4 - Enough room to walk - Some broken/cracked sidewalks - Minimal litter
Was it easy to cross streets?	Score: 3 - Roadway width concerns - Lack of painted crosswalks/stop bars/center lane markings - Parked cars obstructing views of traffic	→	Score: 4 - Roadway width has improved - Traffic lights were slow - Ramps and curbs needed repairs
Did drivers behave well?	Score: 2 - Distracted drivers - Speeding and honking at pedestrians - Failure to stop or yield for pedestrians	→	Score: 3 - Some distracted drivers - Some aggravated drivers - Mostly considerate of pedestrians
Was it easy to follow safety rules?	Score: 1 - Presence of unused or abandoned parking meters - Lack of painted crosswalks/stop bars/center lane markings - Obstructions blocking views for pedestrians and motorists	→	Score: 4 - Safe crosswalks - Enough safety signs - Could improve paint of crosswalks
Was your walk pleasant?	Score: 1 - Lack of clean sidewalks, vegetation areas, and trash cans - Absence of landscaping - High number of criminal incidents	→	Score: 4 - Litter clean up is necessary - Increase vegetation areas
Neighborhood rating	Score: 10/30 = "Needs a lot of work"	→	Score: 19/20 = "Okay, but it needs work"

The photos below show examples of good signage and clean road paint (green) on Grove Street, but also cracked sidewalks and litter (red).

Bloomfield Community Health Assessment 2025

	Year 2017	Year 2024
Did you have room to walk?	Score: 3 - Adequate sidewalk space - Some sidewalks start and stop abruptly - Poles, shrubs, and trees block some parts of sidewalks	Score: 3 - Few sidewalks were broken or cracked - Sidewalks were slightly small
Was it easy to cross streets?	Score: 1 - Lack of crosswalk painting - Obstruction of views for motorists and pedestrians - Traffic signals causing extensive wait	Score: 4 - Some curb repair necessary
Did drivers behave well?	Score: 1 - Distracted drivers - Speeding and honking - Failure to stop for pedestrians	Score: 4 - Some aggravated drivers
Was it easy to follow safety rules?	Score: 4 - Could improve lighting	Score: 5 - Increase the amount of safety signs
Was your walk pleasant?	Score: 5 - Could enhance maintenance of public spaces	Score: 5 - Minimal litter
Neighborhood rating	Score: 14/30 = "It needs lots of work"	Score: 21/30 = "Pretty good"

The photographs below demonstrate areas of limited walkability on Watchung Avenue. These areas generally exhibit issues such as litter, uneven or broken sidewalks, and a lack of ADA accommodations.

Community Parks

Parks and green spaces promote cleaner air, community interaction, and healthy behaviors. Improving park quality, safety, accessibility, and recreational use creates a healthier community and environment. The table below provides recommendations for improvements to specific parks.

Park Location	2024 Recommendations
Brookdale Park	- Water fountains appeared to be turned off (seasonal issue?) - There are dog waste bags only near the dog park; consider adding more spread throughout the park
Pulaski Park	- Increase the number of trees for more shade
Felton Field	- Improve overall maintenance - Provide more shade
Historic Town Green	- Planting flowers or shrubs can beautify the park.
Wright's Field	- Provide more shade - Add safety signs around the park such as "Watch For Children" and "Pedestrian Crossing"
Watsessing Park	- Clean up litter and repair signs that have vandalism - The baseball field needs repair - Water fountains appeared to be turned off (seasonal issue?) - Numerous dog walkers; consider adding dog waste bags
Vassar Field	- Confusing entrance; provide better signage - Provide more shade
Morris Canal Park	- Add benches near the trail
Brookside Park	- Add bathrooms or additional portable toilet facilities - Provide more shade - Clean up litter

Lion Gate Park	- Add lights throughout the park
Clark's Pond South	- Add another entrance - Provide more shade
Memorial and Joseph Tiseo Ramp Park	- Add surveillance or emergency devices due to the park being isolated and out of the public's eye
Milbank Park	- Add a sign with the park name and rules - Add bathrooms or portable toilet facilities - Add a water fountain near the playground

In general, areas in red suffer from issues such as graffiti; a lack of trees and shade; limited or low lighting; a lack of surveillance in remote areas; and a lack of restrooms. In contrast, areas marked with green circles demonstrate good accommodations and signage.

Graffiti on sign in Watsessing Park

Entrance of Watsessing Park

There's a nice gazebo, but Brookside Park could use more bathrooms and shade options

Memorial park is surrounded by parkway/ nature, and could benefit from surveillance

Clark's Pond South has a nice tennis court and signs indicating that the park is being watched

Food Store Availability and GIS Mapping

Nutritious foods are a critical component for preventing malnutrition and chronic diseases. The built environment influences health through food access and availability. Healthy food retailers are critical to healthy, thriving communities. Retailers include grocery stores, farmers' markets, cooperatives, mobile markets, and other vendors of fresh and affordable, nutritious food. The following assessment looked at corner stores and large grocery stores throughout Bloomfield.

The nutrition mapping project in Bloomfield used Google My Maps and GIS technology to analyze 131 food establishments, assessing the prevalence of food deserts and food swamps. Food deserts are areas with limited or no access to healthy food, while food swamps are regions where unhealthy options outnumber nutritious choices (Jin & Lu, 2021). By visualizing these establishments, the study identified disparities in food access, offering insights into the local food landscape.

The figure below shows the breakdown of food establishments in Bloomfield by type of store.

Figure 47. Food Establishments Present in Bloomfield
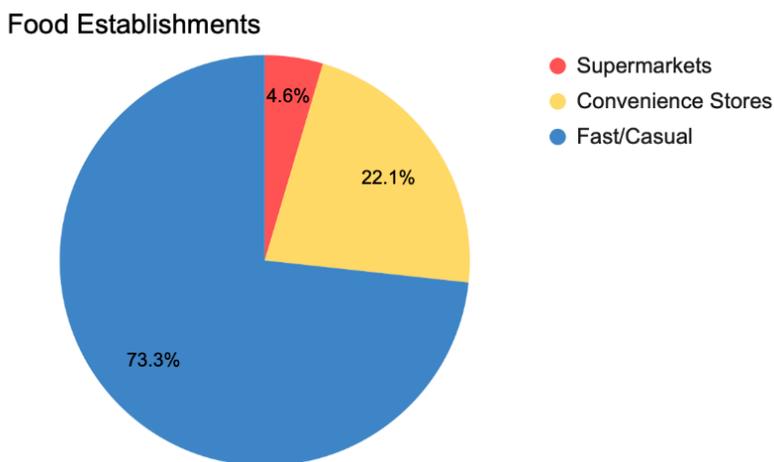
The GIS mapping of food establishments revealed a significantly disproportionate number of fast food and convenience store options compared to supermarkets. Of the 131 mapped establishments, only six (4.6%) were supermarkets, including common chains such as ShopRite, Stop & Shop, and Aldi. In contrast, 29 convenience stores (22.1%) and 96 fast food or casual dining outlets (73.3%) dominated the landscape, with QuickChek, 7-Eleven, Krauszer's, CVS, and Dollar Tree being the most available convenience stores and Dunkin' Donuts, Subway, Jersey Mike's, KFC, Pizza Hut, Wendy's, and IHOP among the most prevalent fast-food chains.

This distribution has significant implications for community health and nutrition. Supermarkets, while few, typically offer a variety of fresh produce, lean proteins, and whole grains, making them essential for maintaining a balanced diet. However, the scarcity of these establishments means that many residents may struggle to access nutritious, affordable food regularly. On the other hand, convenience stores and fast-food outlets—far more abundant in the area—primarily offer highly processed, high-calorie, and nutrient-poor food options. Convenience stores often stock sugary snacks, processed foods, and limited fresh produce, making them an unreliable source

of healthy sustenance. Fast food chains, despite offering some healthier options, are generally high in saturated fats, sodium, and refined carbohydrates, increasing the risk of diet-related illnesses.

The assessment process of the GIS Mapping is displayed below.
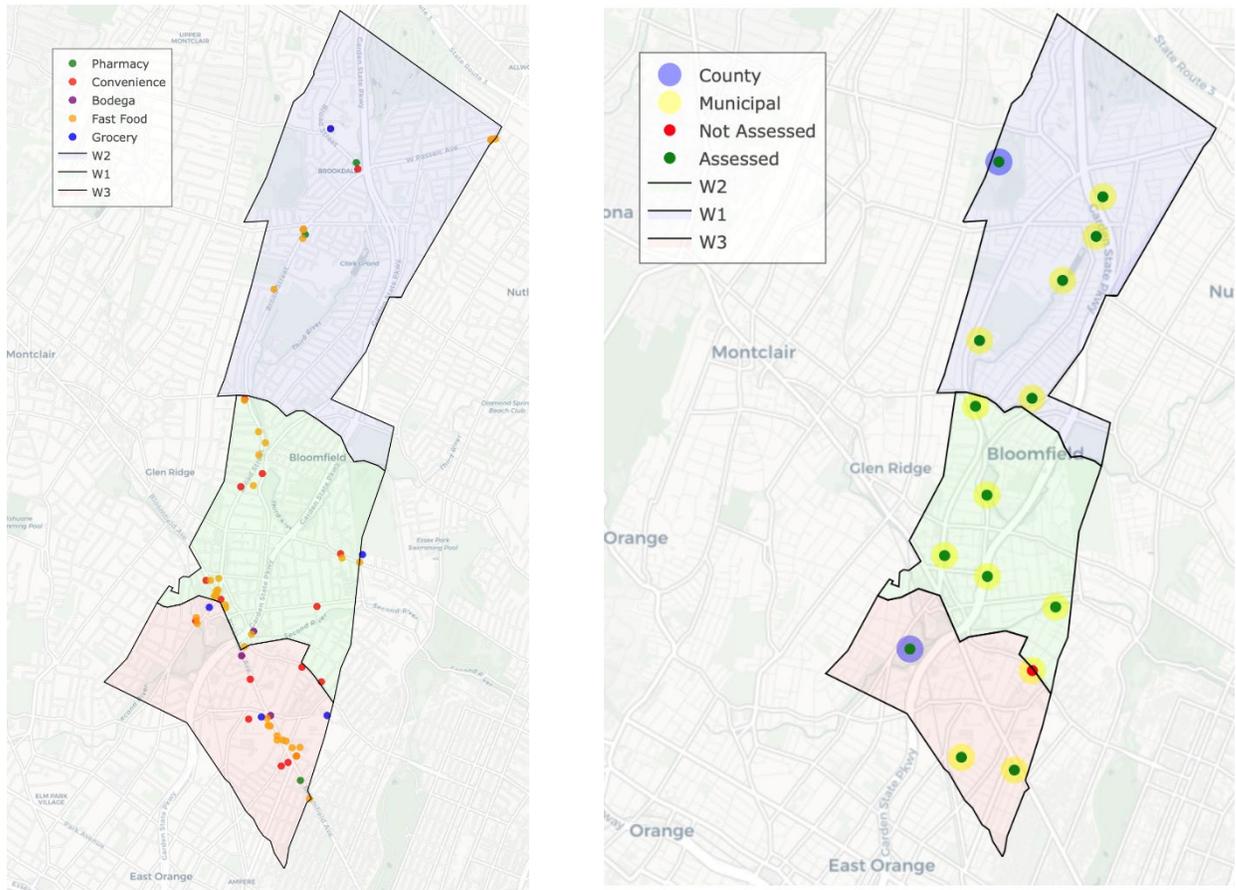
The dominance of fast food and convenience stores in Bloomfield creates an environment more characteristic of a food swamp than a food desert. While food is available, the overwhelming presence of unhealthy options can contribute to higher rates of obesity, diabetes, hypertension, and other chronic diseases within the community. Residents with limited transportation or financial constraints may find themselves reliant on these less nutritious food sources, exacerbating health disparities. Addressing these issues may require targeted public health initiatives, such as incentivizing supermarkets to open in underserved areas, supporting local farmers' markets, or implementing nutrition education programs to promote healthier eating habits despite the challenges of the existing food landscape.

Type of Store	Stores Present in Bloomfield	Food Store Availability Map
Supermarkets	• ShopRite • Stop & Shop • Aldi	
Convenience Stores	• QuickChek • 7-Eleven • Krauszer's • CVS • Dollar Tree	
Fast Food or Casual Dining Outlets	• Dunkin Donuts • Subway • Jersey Mike's • KFC • Pizza Hut • Wendy's • IHOP	
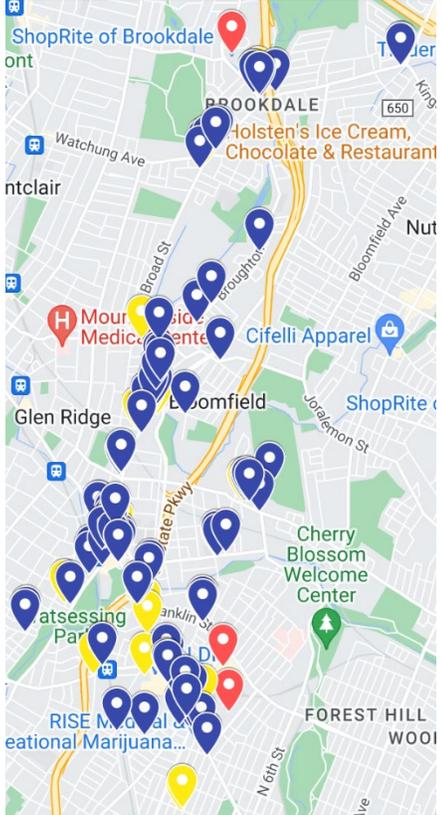
Overall Themes & Conclusions

Systems of Power, Privilege, & Oppression

The United States Patient Protection and Affordable Care Act (ACA) was designed to promote more equitable healthcare access. However, many health disparities persist due to systemic issues of privilege and oppression, which continue to create inequitable access to quality care. Despite the ACA's efforts, individuals in positions of privilege often have greater access to healthcare resources (Story, 2020). Historically, power in the U.S. has been distributed unequally, with certain social groups and organized networks exerting significant influence over laws while suppressing interests that threaten their authority. This imbalance is deeply rooted in a history of racism and oppression, sustaining inequities across race, class, gender, disability, and other identity dimensions (NACCHO, 2023).

Privilege exists within larger systems of inequality, giving some groups advantages while others face disadvantages. Because people have many parts to their identity, such as race, gender, or income, they can experience both privilege and discrimination at the same time, depending on the situation (NACCHO, 2023).

To address health disparities, collective power is essential in transforming health outcomes. Community power-building is particularly vital for underserved, underrepresented, and historically marginalized populations, as these communities have often been excluded from decision-making processes that shape policies and practices affecting

their health (NACCHO, 2023). The CHA engaged community members through surveys, interviews, and focus groups to ensure their voices were included in the conversation.

Economic Challenges

Lower economic status limits access to essential resources such as medical care and nutritious food, worsening health disparities. Key affected groups include middle-class families, seniors, individuals with disabilities, renters, and immigrant communities. While 62% of survey respondents reported financial stability, 38% struggled financially (Figure 10). Those who reported low socioeconomic status primarily resided in Ward 3, whereas those who reported financial stability primarily resided in Ward 1, there is a clear financial discrepancy between these two sections of the township.

Those with chronic conditions, low income, and immigrants face significant barriers to healthcare access due to insurance limitations and high costs. Inflation and rising living costs further hinder access to quality food and essentials, particularly for middle-class families, seniors, and those with chronic health issues.

Income Constraints

Many focus group participants discussed a lack of full-time employment in Bloomfield, preventing access to employer-provided benefits like health insurance. Individuals without employer-sponsored or private insurance often fall into a gap where they cannot afford private insurance or qualify for government programs. Navigating the healthcare system is challenging, with delays in care, especially for mental health services, and reliance on emergency rooms for non-emergencies, increasing costs for both individuals and the system.

Financial Vulnerability

Families and individuals in Bloomfield face significant financial vulnerability, as an unforeseen medical emergency can jeopardize household stability, particularly in the absence of sufficient health insurance or financial reserves. Concurrently, limited time availability due to work and family obligations presents a substantial barrier to accessing care. These time-related constraints often result in delayed or foregone medical attention, contributing to the persistence of untreated physical and mental health conditions within the community.

Challenges Related to Language Barriers

Language barriers pose significant challenges for non-English speakers in Bloomfield, particularly within Hispanic and other immigrant communities. Focus group discussions highlighted how these challenges affect various aspects of life, including access to healthcare, community engagement, and cultural representation. For example, public transportation information and community workshops offered only in English limit participation. Furthermore, a shortage of Spanish-speaking practitioners and community health workers hinders the effective dissemination of information and resources. While professional interpreter services exist, they don't fully replace the ease of direct communication. These language barriers significantly impact non-English-speaking communities' ability to access services and information.

Community Strengths & Organizational Capacities

Community Engagement & Collaboration Bloomfield cultivates a strong, inclusive community where residents feel welcomed and connected. Active social engagement is evident, with frequent park events fostering unity and camaraderie, along with collaboration between various local groups and organizations. The local health department provides essential services like vaccinations and educational lectures, while small student bodies in local schools enable personalized student-staff interactions and a supportive learning environment. A proactive health officer and department further enhance community health services by embracing new ideas. Faith-based organizations, such as churches, play a key role in building grassroots connections and promoting community engagement through activities like pickleball, which encourages physical activity and social interaction, contributing to both mental and physical well-being. These shared experiences strengthen community bonds and foster healthier interpersonal relationships.

Bloomfield's collaborative efforts are crucial for promoting health equity and community well-being. Recognizing that equity—giving extra support to those in need—differs from equality (giving everyone the same resources), the community prioritizes targeted assistance. The Parks, Recreation & Cultural Affairs Department partners with Health and Human Services, the police and fire departments for senior programs and mental health support. The Township Board of Health fosters cross-collaboration with organizations like Mountainside Medical Center, Planned Parenthood, and Montclair State University (formerly Bloomfield College) Student Health Services to provide health education, screenings, and LGBTQ+ services. Schools, churches, and Veteran services also collaborate to provide essential resources. These partnerships ensure more equitable healthcare access and a stronger community.

Social Determinants of Health

Walkability and Built Environment

Overall, Bloomfield's walkability and built environment positively influence the social determinants of health by promoting physical activity, enhancing access to essential services, and fostering a strong sense of community. The Bloomfield walkability average score increased by nine percentage points from 2017 to 2024. With accessible amenities such as grocery stores, healthcare facilities, parks, and schools, residents can easily engage in physical activity and reduce their reliance on cars, leading to better health outcomes. The township's numerous parks and open spaces offer opportunities for recreation, relaxation, and social interaction, which are crucial for mental and physical well-being. Additionally, Bloomfield's robust public transit system enhances mobility, improving access to employment, education, and healthcare services. The built environment fosters a sense of community by providing spaces for social gatherings and activities, strengthening social ties and support networks. Well-maintained sidewalks, pedestrian crossings, and traffic calming measures contribute to a safer environment for walking and cycling, encouraging more physical activity and reducing the risk of chronic diseases.

Digital Divide and Technology

Technology has proven to be a double-edged sword for disproportionately affected populations, serving both as a tool for education and a barrier to social skills development, influencing the incidence of anxiety and subsequent diminished communication skills. Technology, which was once considered a luxury, is now considered a necessity. Key informants frequently discussed how although technology and online tools have been put in place to facilitate health equity, technology is often a barrier among Bloomfield residents in accessing and utilizing healthcare services. Seniors in particular struggle to utilize technology and online resources, further contributing to the digital divide in accessing resources. There is a gap in health equity, placing those without access to technology, limited media literacy, or

insufficient understanding of how to use technology at a disadvantage. The digital divide in Bloomfield hinders health equity by limiting access to telehealth and online resources, particularly for seniors and low-income families lacking essential technology or understanding of how to use technology. While digital communication can enhance connectivity, focus group participants expressed concern about the risks of excessive technology use, such as cyberbullying and excessive screen time, particularly for youth. Technology's impact on healthcare accessibility and overall wellness is multifaceted and complex.

Food Security

Bloomfield is not considered a food desert; however, residents face challenges accessing healthy food due to financial constraints, transportation barriers, and the limited availability of affordable nutritious options. Focus group participants discussed how healthier foods are often expensive, making them inaccessible for low-income families, while processed and fast food remains cheaper and more convenient, contributing to poor dietary choices, particularly for those with chronic conditions. Minority communities encounter additional difficulties, including cultural food preferences not being met and language barriers. Farmers' markets, while beneficial, are not always scheduled conveniently, and transportation to grocery stores is often inconvenient, particularly for seniors and those without cars. Additionally, elderly and disabled individuals may struggle with meal preparation despite having access to healthy ingredients. These factors highlight economic and logistical barriers to maintaining a healthy diet in Bloomfield.

The GIS mapping of food establishments in Bloomfield reveals a far more fast food and convenience stores than supermarkets. While supermarkets provide essential fresh produce and nutritious options, their scarcity makes it difficult for residents to access healthy, affordable food. In contrast, the widespread presence of convenience stores and fast-food chains means that highly processed, high-calorie and nutrient-poor foods dominate the local food landscape. This imbalance creates an environment more like a food swamp, where unhealthy options are readily available, potentially contributing to diet-related health issues.

"I have to travel outside my neighborhood just to find fresh produce at a reasonable price."

– Resident from the General Population Focus Group.

Transportation Challenges

"I have to take two buses just to get to a doctor's appointment, and sometimes they don't even run on schedule."

– Senior Resident from Bloomfield Township Focus Group

Transportation is a barrier to healthcare access in Bloomfield, with many residents unable to afford or rely on transportation services, leading to missed appointments and delayed care. Low-income families, seniors, people with disabilities, and Spanish speakers face additional challenges due to limited public transit options, physical accessibility issues, and language barriers. While transportation assistance exists, a lack of awareness and outreach prevents residents from utilizing these services. Seniors and individuals with disabilities struggle with unreliable paratransit options, long wait times, and the need for advanced booking, making scheduling difficult. The high cost of taxis and ride services further limits mobility, especially for those on

94

fixed incomes. These barriers impact healthcare access and restrict participation in community activities and essential services, highlighting the need for more affordable, reliable, and accessible transportation solutions.

Insurance Challenges

Medicaid is often difficult to navigate, with long wait times, limited provider options, and bureaucratic challenges that delay care. Many Medicaid recipients struggle to obtain referrals and access specialized treatments. At the same time, some private therapists and mental health services do not accept Medicaid, leading to long waitlists and reduced care accessibility. Uninsured and undocumented individuals face even greater barriers, often relying on limited services like federally qualified health centers. Additionally, many low-income

"Even with insurance, I struggle to find a doctor that accepts my plan and has appointments available."

-   Focus Group Participant

individuals fall into a coverage gap—unable to afford private insurance but ineligible for sufficient public assistance—leaving them vulnerable to financial and health crises. Key informants discussed how among Bloomfield residents, there is a lack of awareness about available transportation assistance and services available to and from healthcare facilities, compounded by insufficient communication and outreach. While not always lacking in infrastructure, there is a need for better education about available services, as focus group conversations revealed that people may not know where to seek help or how to access transportation resources.

Accessibility and Coverage Limitations

While Medicaid plays a critical role in extending health coverage to low-income populations across New Jersey, structural and systemic barriers limit its overall effectiveness. In Bloomfield, public insurance programs often fail to meet the diverse and evolving healthcare needs of the community. Gaps in coverage persist, particularly in areas such as mental health, specialty care, and alternative treatments, which may not be included in standard Medicaid plans. These gaps can lead to fragmented care and unmet health needs for disproportionately affected populations.

Furthermore, the complexity of insurance eligibility and enrollment processes presents a significant challenge. Language barriers, administrative hurdles, and a general lack of public awareness hinder many eligible residents from successfully enrolling in or utilizing available services. For some, the high cost of private insurance is prohibitive, yet they do not qualify for comprehensive public assistance, resulting in a persistent coverage gap that leaves individuals underinsured or entirely without coverage.

These systemic issues contribute to disparities in health outcomes and reinforce the need for streamlined enrollment systems, improved outreach, and expanded service options that reflect the specific needs of Bloomfield's diverse population.

Housing Affordability and Instability

A local housing expert noted, "Many working families in Bloomfield don't qualify for assistance but still struggle to pay rent."

High housing costs in Bloomfield create affordability challenges, particularly for seniors, middle-class families, renters, and low-income individuals. Rising rents, loss of rent control, and new developments catering to higher-income residents contribute to displacement and limited affordable housing options. Strict credit and income requirements further restrict access, disqualifying those who earn slightly above assistance thresholds but still struggle financially. Many residents face a difficult balance between income and social services, as even small earnings increases can reduce benefits like Section 8 or Social Security, trapping them in financial hardship. Additionally, housing vouchers are difficult to obtain, leaving many unable to secure stable and affordable housing. This challenge is compounded by a broader need for safe and stable living conditions, which directly impacts individuals' health and well-being. There is a noted difficulty in securing affordable housing, particularly for seniors and low-income individuals.

Health Behaviors & Outcomes

Mental Health Challenges

Mental health challenges in Bloomfield arise from cultural barriers, systemic issues in healthcare access, and persistent stigma, preventing many from receiving necessary care. While mental health resources exist, they are often inconsistent, difficult to access, or lack cultural relevance. Many students experience depression, anxiety, and suicidal thoughts, yet limited school-based mental health support and unclear pathways to care leave their needs unmet. Disproportionately affected populations, including low-income individuals, Medicaid recipients, and Veterans, often struggle to find consistent and effective mental health services due to financial constraints, long waitlists, and a shortage of providers accepting public insurance. Additionally, cultural misunderstandings within some first-generation families mean that mental health is not prioritized, as health is often only recognized when physical symptoms arise. This cultural misalignment, combined with stigma, prevents individuals from openly discussing their mental health needs or seeking professional help.

"Just mental health across the board, especially since COVID-19. I mean, we're really seeing a lot more anxiety and addictions popping up throughout our communities. I mean, I think because my neighbors are so at risk, and I just feel like we're constantly checking on them to make sure they're nourished and, you know, healthy."

– Senior Focus group participant.

"We don't have enough mental health providers, and even when we do find one, the waitlists are too long."

– Young Adult Focus Group participant.

The lack of clarity on where to get mental health care leads to unmet needs, affecting both adults and children. This includes difficulties navigating the system and accessing care within schools. There is limited access to mental health services due to high demand, capacity issues, and the difficulty of finding a therapist who accepts specific insurance types, has availability, and is a good fit. Financial constraints, long waitlists, and limited availability of services (especially for those on Medicaid) prevent timely and effective mental health care. Short-term crisis interventions are often insufficient, and the system does not always provide long-term support. Without comprehensive, accessible, and culturally competent mental health services, both adults and youth in Bloomfield remain at risk of unmet mental health needs, affecting their overall well-being and quality of life.

Letter from Health Officer:

Dear Bloomfield Residents,

I sincerely hope you enjoyed reading the 2025 Community Health Assessment (CHA) for the Township of Bloomfield. The CHA provides a comprehensive evaluation of the health needs, strengths, and challenges of a specific community based on the feedback of its residents. Since our last CHA in 2017, significant public health events have profoundly impacted our community and healthcare system, most specially the COVID-19 pandemic. While the pandemic highlighted our strengths as a community and public health efforts, it also exposed vulnerabilities in our healthcare system. Consequently, this CHA is imperative to addressing the challenges that were presented since the pandemic and ensures that all residents have equitable access to health resources.

This CHA not only highlighted the strengths that make the Township of Bloomfield a healthier and stronger place to live since the COVID-19 pandemic, but it also identified the challenges our community has faced because of it, which will be addressed in our upcoming Community Health Improvement Plan (CHIP).

Equitable access to healthcare is fundamental to the well-being of every individual, and it is our collective responsibility to ensure that no one is left behind. Therefore, the data from this assessment will guide our efforts in prioritizing initiatives that address health disparities and the social determinants of health; ensuring that all Bloomfield residents, regardless of their socioeconomic background or circumstances, have the opportunity to live healthier lives. This will be done by continuing our efforts in promoting health equity, enhancing access to healthcare, and improving overall community wellness.

Lastly, this accomplishment was the result of the collective efforts of the Bloomfield Department of Health, Bloomfield Community Health Impact Coalition members, focus group participants and key informants. Thus, on behalf of the Bloomfield Department of Health, I would like to extend our sincerest thanks to each and every Bloomfield resident who took the time to participate in our Community Health Assessment and assisting us in making this assessment possible; as well as the Township of Bloomfield Mayor and Council and Board of Health for their steadfast support for this assessment. Your participation in this process was invaluable in helping us better understand the health needs of our community. Together, we will build a healthier, stronger and more equitable future for our community.

Sincerely,
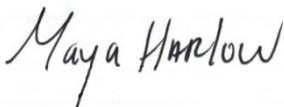
Maya Harlow

Maya Harlow M.S, H.O, MCHES, REHS
Health Officer
Bloomfield Department of Health

References

Badalov, E., Blackler, L., Scharf, A.E. et al. (2022). *COVID-19 double jeopardy: the overwhelming impact of the social determinants of health*. Int J Equity Health 21, 76. https://doi.org/10.1186/s12939-022-01629-0

Braveman P. (2006). Health disparities and health equity: concepts and measurement. Annual review of public health, 27, 167–194. https://doi.org/10.1146/annurev.publhealth.27.021405.102103

Braveman PA, Cubbin C, Egerter S, Chideya S, Marchi KS, Metzler M, et al. (2006). Socioeconomic status in health research: One size does not fit all. *JAMA*. 294(22):2879–88.

Centers for Disease Control and Prevention (CDC). (2023, June 8). *Cancer Data and Statistics.* U.S Department of Health & Human Services. Retrieved from https://www.cdc.gov/cancer/dcpc/data/index.htm

Centers for Disease Control and Prevention (CDC). (2022, January 19). *Lyme Disease.* U.S Department of Health & Human Services. Retrieved from https://www.cdc.gov/lyme/index.html#:~:text=Lyme%20disease%20is%20caused%20by,skin%20rash%20called%20erythema%20migrans

Centers for Disease Control and Prevention (CDC). (2023, August 8). *Opioid Basics.* U.S Department of Health & Human Services. Retrieved from https://www.cdc.gov/opioids/basics/fentanyl.html

Healthy People 2030. (n.d.). *Reduce Cesarean births among low-risk women with no prior births.* U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved April 2024 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-cesarean-births-among-low-risk-women-no-prior-births-mich-06

Historical Society of Bloomfield - History of Bloomfield, New Jersey. Bloomfieldhistorical.org. Accessed January 8, 2025. https://bloomfieldhistorical.org/history.htm

Jin, H., & Lu, Y. (2021). Evaluating Consumer Nutrition Environment in Food Deserts and Food Swamps. International journal of environmental research and public health, 18(5), 2675. https://doi.org/10.3390/ijerph18052675

March of Dimes. (2017, June). *Prenatal Care Checkups.* Retrieved from https://www.marchofdimes.org/find-support/topics/planning-baby/prenatal-care-checkups#:~:text=What%20is%20prenatal%20care%20and,you%20know%20you're%20pregnant.

McCann, A. (2024, April 15). *Most Diverse Cities in the US (2024).* Retrieved from https://wallethub.com/edu/ most-diverse-cities/12690/

Monarch Housing Associates. (2023, January 24). *NJ Counts: Passaic County Point-In-Time Count.* Retrieved from https://monarchhousing.org/wp-content/uploads/2023/08/Essex-PIT-Report-2023.pdf

NACCHO. (2023). *MAPP 2.0 User's Handbook.* Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

National Cancer Institute. (2023). *Cancer Stat Facts.* U.S. Department of Health and Human Services. Retrieved from https://seer.cancer.gov/statfacts/

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). (2022, July 21). *About Chronic Diseases.* Centers for Disease Control and Prevention, U.S. Department of Health & Human Services. Retrieved from https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20such%20as%20heart,in%20annual%20health%20care%20costs.

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). (2023, February). *Diabetes Statistics.* U.S. Department of Health and Human Services. Retrieved from https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics#:~:text=Estimated%20prevalence%20of%20diabetes%20in,8.7%25%20of%20the%20population).

New Jersey Environmental Public Health Tracking/NJDEP/NJDOH. (2022). Healthy Community Planning Report: Essex County, Bloomfield Township. Retrieved from https://www.nj.gov/health/hcpnj/documents/county-reports/HCPNJ_fullreports/ESSEX_BLOOMFIELD%20TOWNSHIP.pdf

Perdue, W.C., et al. (2003). *The built environment and its relationship to the public's health: the legal framework.* Am J Public Health. 93(9):1390-4. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447979/

Perumbeti, K. (2020, August 26). *Walk-a-what? What Walkability Means, and Why It's So Important.* EmpowerLine: Your Community. Retrieved January 2024 from https://www.empowerline.org/walk-a-what-what-walkability-means-and-why-its-so-important/#:~:text=The%20walkability%20of%20our%20neighborhoods,relates%20to%20our%20health%20outcomes

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023, April 24). *Living Well with Serious Mental Illness.* U.S. Department of Health and Human Services. Retrieved from https://www.samhsa.gov/serious-mental-illness

Think Cultural Health. (2024). *Culturally and Linguistically Appropriate Services (CLAS).* U.S. Department of Health & Human Services. Retrieved from https://thinkculturalhealth.hhs.gov/clas/what-is-clas

Township of Bloomfield. History of Bloomfield. Bloomfield Township Website. Accessed January 8, 2025. https://www.bloomfieldtwpnj.com/340/History-of-Bloomfield

United States Department of Agriculture (USDA). (2022). *Food Environment Atlas.* Retrieved from https://www.ers.usda.gov/data-products/food-environment-atlas/documentation/

United States Department of Agriculture (USDA). (2016). *Healthy Corner Stores: Making Corner Stores Healthier Places to Shop.* Retrieved from https://snaped.fns.usda.gov/sites/default/files/resourcefinder/Healthy-Corners-Stores-Guide.pdf

List of Appendices

A. Key Informant Interview Questions

B. Survey Questions

C. Survey Fliers

D. Community Strengths and Assets Activity Questions

E. Forces of Change Activity

F. Focus Group Questions

G. Focus Group Fliers

H. NHTSA Walkability Checklist

I. Community Park Audit Tool, Version 3

J. Community Partner Assessment Survey

APPENDIX A

1. Can you tell me about your role within your organization and identify the population/s you serve?
   a. *What are key demographics? Are any groups more at risk than others?*

2. (In general), Can you identify three of the main struggles that the population that you're serving faces when it comes to healthy living?
   a. *What top three barriers do they experience with accessing healthcare?*
   b. *What do you think are the challenges of addressing these issues?*

3. What are some of the specific services or resources that this population seeks from you?
   a. *Do you think that there is sufficient outreach to these populations to help overcome these barriers?*
   b. *Are there any resources that people aren't aware of that could benefit them?*

4. How have these resources contributed to achieving health equity in your community? Are there any specific examples you can share?
   a. *Can you describe any major gaps in health equity that you see within your target population?*

5. With regards to these health outcomes, do you suggest a change in any health policies or programs that could move this agenda forward?
   a. *Do you feel that there are sufficient state or federal programs to assist with addressing the health issues your population faces?*

6. Can you describe any collaboration you have had with other groups or service providers to further your organization's goals?

7. Do you have any suggestions for the XXX Health Department on how to better meet the needs of this population to improve their health status and diminish health disparities?

Closing questions while thanking key informants for participating:

As part of the Community Health Assessment, we are collecting survey responses from community members. Would you be able to share the survey? We can send the flier in a follow up email.

Are you currently a member or would you be willing to sit on the [Coalition Name] to evaluate and prioritize the data in the needs assessment as well as help guide priorities and develop a health improvement plan? If so, I will give that information to the XXX Health Department.

Bloomfield Community Voices Survey with Access to Care Questions

1. The Township of Bloomfield Department of Health would like to understand the public health needs of Bloomfield residents. This is your opportunity to inform us of the public health concerns in your community. Questions asked include general information about yourself (age, gender, etc.), your community (access to parks, grocery stores, etc.), access to health services and availability of health services in the Township of Bloomfield. The survey should take about 15 minutes and you can skip any questions you do not want to answer. Your answers are confidential and whether or not you want to share your voice is up to you. You must be 18 years of age and a resident of Bloomfield to participate in this survey.

2. Please select an option:

☐ I understand and I am ready to share my voice

☐ I do not wish to participate

3. Are you a resident of Bloomfield?

☐ Yes

☐ No

4. The next three slides show Bloomfield divided into it's three (3) Wards. When you see your Ward please select "Yes". Please select "No" for the other two wards.

5. Using the map below, do you live in Ward 1?

☐ Yes

☐ No
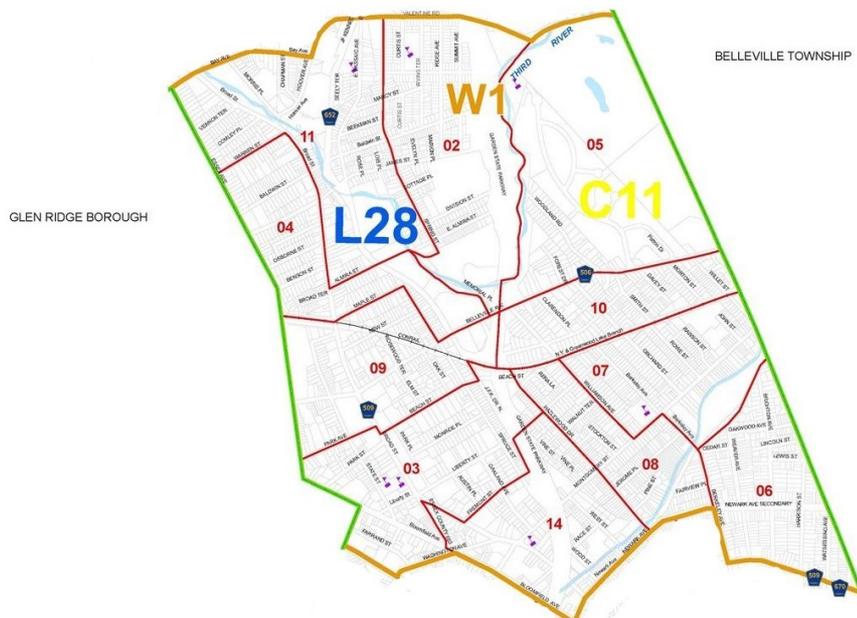
6. Using the map to the right, do you live in Ward 2?

☐ Yes

☐ No

7. Using the map below, do you live in Ward 3?

☐ Yes

☐ No

☐ I don't know/Unsure
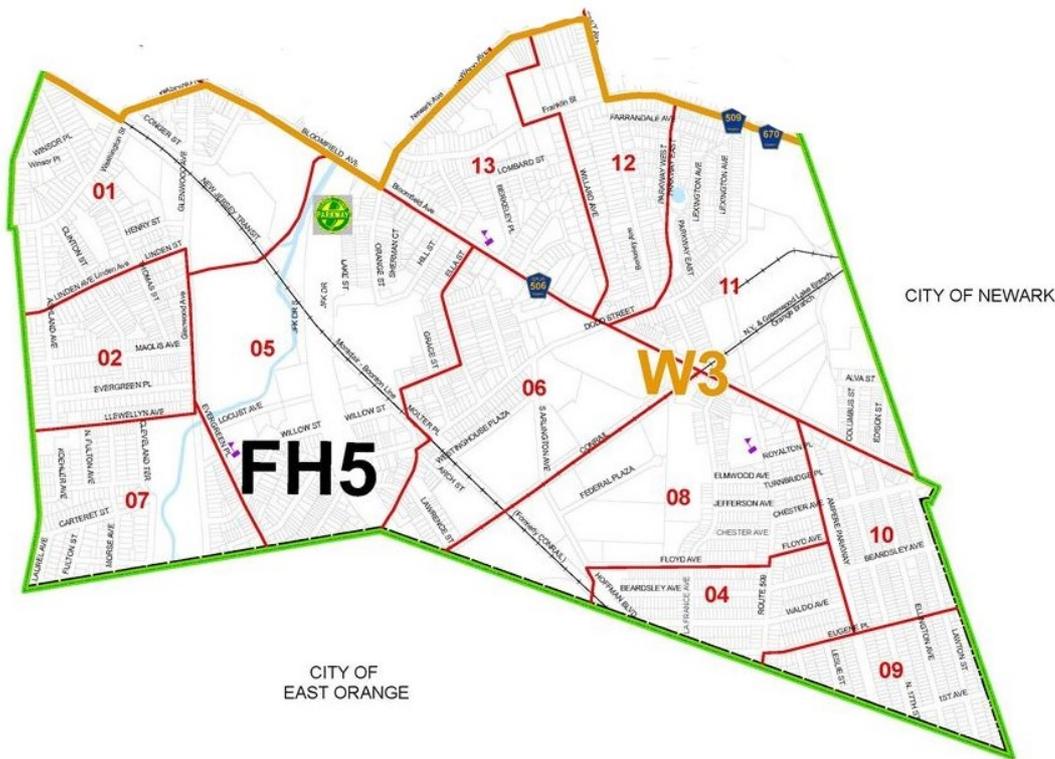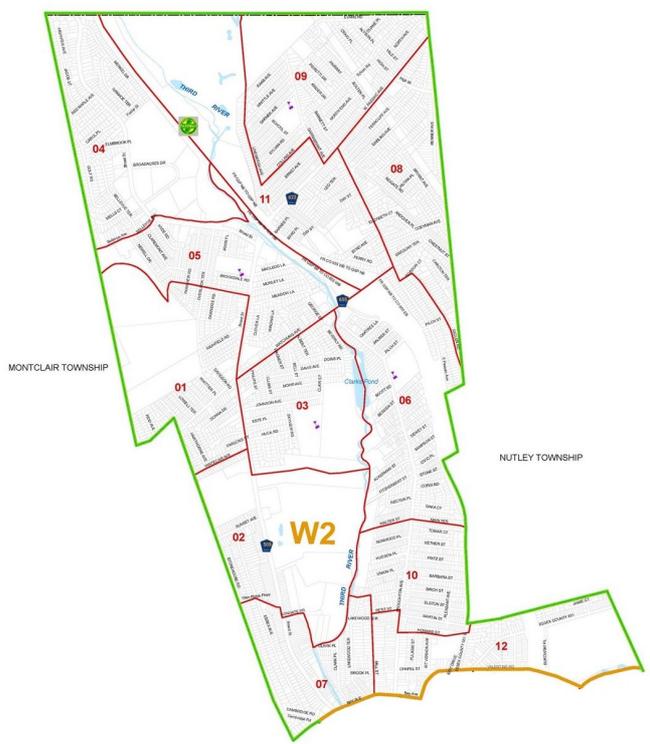
8. How old are you?

☐ 18-19

☐ 20-24

☐ 25-29

☐ 30-34

☐ 35-39

☐ 40-44

☐ 45-49

☐ 50-54

☐ 55-59

☐ 60-64

☐ 65-69

☐ 70-74

☐ 75-79

☐ 80-84

☐ 85 or older

9. What sex were you assigned at birth?

☐ Male

☐ Female

☐ Intersex

☐ Prefer not to answer

10. What is your gender identity?

☐ Male

☐ Female

☐ Non-binary

☐ Other

11. What is your sexual identity/sexual orientation?

☐ Heterosexual

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Transgender

☐ Queer

☐ Prefer not to answer

☐ Other

12. What is your race/ethnicity? How would you describe yourself?

☐ White Non-Hispanic

☐ Black Non-Hispanic

☐ White Hispanic

☐ Black Hispanic

☐ Asian-Pacific Islander

☐ American Indian/Alaskan Native

☐ Two or More Races/Ethnicities

☐ Other

13. What is the highest level of education that you have finished?

☐ Less than 9th grade

☐ 9-12th grade, no diploma

☐ High school graduate (or GED/equivalent)

☐ Associate degree or Vocational Training

☐ Some college (no degree)

☐ Bachelor's degree

☐ Graduate or professional degree

☐ Other (please specify)

14. What is your marital status?

☐ Married

☐ Single

☐ Divorced

☐ Separated

☐ Widowed

☐ Domestic Partnership

☐ Civil Union

☐ Other

15. How many people live in your household?

☐

16. How many people in your household are dependents?

☐

17. Which one of the following describes your household financial situation?

☐ Struggling hard (behind on most bills, hard to put food on the table)

☐ Barely getting by (make late payments on some bills, but have food & housing)

☐ Getting by (can pay for necessities, as long as nothing goes wrong)

☐ Somewhat stable (can handle most bills and some unexpected expenses or emergencies)

☐ Very stable (can afford all bills and unexpected expenses or emergencies)

18. Do you currently have health insurance?

☐ Yes

☐ No

19. Do you provide unpaid assistance to a family member or friend with physical, developmental, or psychiatric disabilities, chronic illness, or aging issues?

☐ Yes

☐ No

20. Physical Environment

Next, we want to know about some of the things in your neighborhood that can influence your health, from the air you breathe, to the roads and sidewalks you walk on every day. This is called the physical environment. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

21. The air is clean and breathable [Air Quality]

☐ Yes

☐ No

22. There are parks, playgrounds, and other places where people can get exercise safely for free or at a good price [Exercise opportunities]

☐ Yes

☐ No

23. People can buy healthy food at a good price [Food Access]

☐ Yes

☐ No

24. There is enough affordable housing and it is safe and well-kept [Housing]

☐ Yes

☐ No

25. There are public places where neighbors can get together, like open spaces, a public library, or a community center [Meeting Places]

☐ Yes

☐ No

26. Roads are safe and well-maintained [Roads]

☐ Yes

☐ No

27. People can walk around the neighborhood and cross the streets safely [Pedestrian Safety]

☐ Yes

☐ No

28. There are public places people can walk or bike to safely (they don't need a car) [Active Transporation]

☐ Yes

☐ No

29. There is good access to transportation - people can get to work, school, businesses, healthcare facilities, and places of worship easily and safely [Vehicle/Transit Access]

☐ Yes

☐ No

30. SOCIAL AND ECONOMIC FACTORS Now, tell us about some issues related to people in your neighborhood - how they get along with one another and their ability to get an education and make a living. These are called social and economic factors. Take a look at the questions below and select if the statement is true or false for your neighborhood. If you do n't know, leave it blank.

31. People feel safe from crime and violence [Community Safety]

☐ Yes

☐ No

32. There are opportunities for people to get a good education [Education]

☐ Yes

☐ No

33. Neighbors know each other [Social Connection]

☐ Yes

☐ No

34. There are enough jobs and most people who want a job can get one [Employment]

☐ Yes

☐ No

35. People make enough money to afford basic needs, like food, housing, and transportation [Income]

☐ Yes

☐ No

36. People look out for each other and take care of one another [Social Support]

☐ Yes

☐ No

37. People have access to safe, high-quality childcare at a good price [Child Care]

☐ Yes

☐ No

38. People know where to go if they have a problem or need assistance on a regular basis [Access to Resources]

☐ Yes

☐ No

39. People know where to get help in times of crisis or emergency [Community Readiness]

☐ Yes

☐ No

40. People feel proud to live here [Community Pride]

☐ Yes

☐ No

41. If there is a problem, community members can get it solved [Community Influence]

☐ Yes

☐ No

42. ACCESS TO CARE:

Do you have a primary healthcare provider or doctor?

☐ Yes

☐ No

43. What type of healthcare provider/doctor do you have?

☐ Private doctor

☐ Federally Qualified Health Center

☐ Other (please specify)

44. Where do you go if you are sick?

(Check all that apply)

☐ Health Department

☐ Emergency Room

☐ Urgent Care

☐ I don't seek healthcare

☐ Other (please specify)

45. What makes it difficult for you to get healthcare? (Check all that apply)

☐ Lack of transportation

☐ Language Barries (doctor, information)

☐ Fear of how to navigate the system (healthcare, technology, insurance)

☐ Fear based on immigration status

☐ Distrust in healthcare facilities

☐ Lack of availability of doctor's appointments (work, time, distance)

☐ Inability to pay

☐ Lack of insurance coverage

☐ Lack of support system to help absorb information

☐ Lack of traditional/cultural medicine choices

☐ Lack of knowledge

☐ Nothing makes it difficult/does not apply

☐ Other (please specify)

46. CLINICAL CARE

Next, tell us a bit about healthcare in your neighborhood, including emergency treatment, doctor's appointments, specialty care, tests, and procedures. This is called clinical care. Take a look at the questions below and select if it is true or false for your neighborhood. If you don't know, leave it blank.

47. People can get health information in a language they understand, and healthcare decisions fit with the culture of the person getting the care [Culturally-Relevant Care]

☐ Yes

☐ No

48. People can get health insurance that is affordable and covers the care that they need [Health Insurance]

☐ Yes

☐ No

49. There are places close-by where people can get healthcare [Local Care Options]

☐ Yes

☐ No

50. Most people have a doctor they consider to be their personal doctor, who they can go to get healthy and stay healthy through regular check-ups [Primary Care]

☐ Yes

☐ No

51. The healthcare that people receive is of good quality [Quality of Care]

☐ Yes

☐ No

52. People have access to good quality dental care at a reasonable price [Dental Care]

☐ Yes

☐ No

53. People have access to good quality care for substance use disorders (or substance use) that is close by and available at a reasonable price [Drug/Alcohol Treatment]

☐ Yes

☐ No

54. People have access to good quality emergency care that is close by and available at a reasonable price [Emergency Care]

☐ Yes

☐ No

55. People have access to good quality mental health care that is close by and available at a reasonable price [Mental Health Care]

☐ Yes

☐ No

56. HEALTH BEHAVIORS

We've asked you to talk about your neighborhood. Now, we would like to know about your own health behaviors. Health behaviors are the decisions and actions that you make that can influence your health for better or worse. Take a look at the questions below and select if they are true or false for you personally. If you don't know, leave it blank. For me personally...

57. Do you use Alcohol? [Alcohol Use]

☐ Yes

☐ No

58. My use of alcohol causes/has caused problems in my life (Alcohol Use)

☐ Yes

☐ No

59. Do you use Drugs? [Drug Use]

This question relates to illegal substances and marijuana. It does not include alcohol or misuse of prescription drugs.

☐ Yes

☐ No

60. My use of drugs causes/has caused problems in my life (Drug Use)

☐ Yes

☐ No

61. I eat healthy foods most days [Nutrition]

☐ Yes

☐ No

62. I get enough exercise and lead an active lifestyle [Physical Activity]

In this question exercise is defined as 30 minutes per day/5 days a week or the equivalent of 150 minutes per week.

☐ Yes

☐ No

63. If I engage in sexual activity, I do it safely (take measures to protect myself and others from disease) [Sexual Activity]

☐ Yes

☐ No

64. I get enough sleep and feel well-rested most days [Sleep]

☐ Yes

☐ No

65. I am able to manage my stress most days [Stress]

☐ Yes

☐ No

66. Do you use cigarettes, vaporizers (vapes/e-cigs), Hookah, or smokeless tobacco (like chew or dip) [Tobacco/Nicotine Use]

☐ Yes

☐ No

67. If I need information on substance use (alcohol/other drugs) prevention for myself or someone I know, I know where to find it [Substance Use Prevention]

☐ Yes

☐ No

68. Most days, I'm able to take care of myself [Self Care]

☐ Yes

☐ No

69. If I need substance use (alcohol/other drugs) treatment for myself or a loved one, I know how to find it [Substance Use Treatment]

☐ Yes

☐ No

70. Do you take or have you taken more medication than what my doctor tells me to take, or use medication that was not prescribed to me [Prescription Drug Misuse]

☐ Yes

☐ No

71. I am aware of locations to properly dispose of unused/unwanted prescription medication [Medication Disposal]

☐ Yes

☐ No

72. YOUR WELLBEING... Imagine a ladder with steps numbered from 1 at the bottom to 10 at the top. The top of the ladder (10) represents the best possible life for you. The bottom of the ladder (1) represents the worst possible life for you. On which step of the ladder would you say you stand at this time?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Least Likely   Most Likely

73. WHICH TOPICS SHOULD WE WORK ON? Think about your answers to the previous sections. Of all the topics listed, which do you think should be our main focus when trying to improve the health of your neighborhood? [CLICK up to THREE]

- [ ] Air Quality
- [ ] Exercise Opportunities
- [ ] Food Access
- [ ] Housing
- [ ] Meeting Places
- [ ] Roads
- [ ] Pedestrian Safety/Bike Safety
- [ ] Vehicle/Transit Access
- [ ] Community Safety
- [ ] Education
- [ ] Social Connection
- [ ] Employment
- [ ] Income
- [ ] Social Support
- [ ] Child Care
- [ ] Access to Resources
- [ ] Community Readiness
- [ ] Community Pride
- [ ] Community Influence
- [ ] Culturally-Relevant Care
- [ ] Health Insurance
- [ ] Local Care Options
- [ ] Primary Care
- [ ] Quality of Care
- [ ] Dental Care

☐ Drug/Alcohol Treatment

☐ Emergency Care

☐ Mental Health Care

☐ Alcohol Use

☐ Drug Use

☐ Nutrition

☐ Physical Activity

☐ Sexual Activity

☐ Sleep

☐ Stress

☐ Tobacco/Nicotine Use

☐ Substance Use Prevention

☐ Self Care

☐ Prescription Drug Misuse

☐ Medication Disposal

74. Why do you think these issues should be our focus when trying to improve the health of your neighborhood [Type your answer in the box below]

☐

75. Are these issues a bigger problem for some people in your neighborhood compared to others? (For example, a topic may be a bigger problem for single parents, women, LGBTQIA+ or new immigrants)

☐ I don't know

☐ No, these issues affect everyone about the same

☐ Yes, one or more of these issues are a bigger problem for people who are... [type answer in box and explain]

76. Is there anything else you want to tell us about your community (good or bad)?

☐

77. OPTIONAL: We are looking to gain information on how COVID-19 impacted the residents of our community. Would you be willing to answer a few more questions?

Please tell us a little bit about whether COVID-19 has had an impact on you that is still affecting you today. As you answer these questions, please think about current day impact (unless otherwise specified).

☐ Yes

☐ No

78. Did you ever have COVID-19?

☐ Yes, just once

☐ Yes, two or more times

☐ No, never

☐ I don't know

79. Did you lose someone to COVID-19? (Click all that apply)

☐ Yes, a spouse or partner

☐ Yes, a family member

☐ Yes, a friend

☐ Yes, a coworker

☐ Yes, the primary income earner of the household

☐ No

80. Do you feel that your physical/mental health has changed due to COVID-19?

☐ Yes

☐ No

81. How is your physical health today as compared to pre-COVID-19

☐ Better

☐ No Difference

☐ Worse

82. How is it worse?

83. Have you experienced symptoms lasting 3 months of longer that you did not have prior to COVID-19? (Long COVID)

These symptoms may include: extreme tiredness (fatigue), feeling short of breath, loss of smell, muscle aches.

☐ Yes

☐ No

84. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

☐ Yes

☐ No

85. How is your mental health today as compared to pre-COVID-19?

☐ Better

☐ No Difference

☐ Worse

86. How is it worse?

☐

87. OPTIONAL: JOIN US TO MAKE A DIFFERENCE We are looking for people to help us make a difference on these topics and we would like to hear more from you about what you think we need to do to improve health in your neighborhood. If you would be willing to have us contact you for more information please provide your information below:

Name

Email

Phone Number

88. THANK YOU FOR YOUR PARTICIPATION!

Bloomfield Department of Health

WE ARE CONDUCTING A SURVEY TO FIND OUT ABOUT YOUR HEALTH!

The Township of Bloomfield Department of Health (BDH), in conjunction with the Bloomfield Board of Health is conducting the next Community Health Assessment. The purpose of this assessment is to identify key health assets, needs, and disparities in the Township. BDH encourages Township residents to participate in this survey, which is available in English, Spanish and Haitian Creole.

SCAN QR CODE

Participants will need approximately 15 minutes to complete the survey; all responses are **confidential.**

Departamento de Salud de Bloomfield

¡ESTAMOS REALIZANDO UNA ENCUESTA PARA APRENDER SOBRE SU SALUD!

El Departamento de Salud del Municipio de Bloomfield (BDH), junto con la Junta de Salud de Bloomfield, están llevando a cabo la próxima Evaluación de Salud Comunitaria. El propósito de esta evaluación es identificar las ventajas, necesidades y disparidades de salud en el municipio. BDH motiva a los residentes del municipio a participar en esta encuesta, que está disponible en idioma inglés, español y creole haitiano.

ESCANEAR CÓDIGO QR

Los participantes necesitarán aproximadamente 15 minutos para completar la encuesta; Todas las respuestas son **confidenciales.**

Depatman Sante Bloomfield

NOU AP FÈ YON SONDAJ POU W KONNEN SANTE W!

Depatman Sante Township of Bloomfield (BDH), an konjonksyon avèk Bloomfield Board of Health ap fè pwochen Evalyasyon Sante Kominotè a. Objektif evalyasyon sa a se pou idantifye avantaj, bezwen ak diferans ki genyen nan sante kle nan Township la. BDH ankouraje rezidan Township yo pou yo patisipe nan sondaj sa a, ki disponib nan lang angle, panyòl ak kreyòl ayisyen.

ESKANE QR KÒD

Patisipan yo ap bezwen apeprè 15 minit pou ranpli sondaj la; tout repons yo **konfidansyèl.**

APPENDIX D

Strengths and Assets Activity

Domain 1 (Community Strengths and Assets) Guiding Questions
Here are some guiding questions to help you assess community strengths and assets:

● *What strengths and assets do community members have?*

● *How do these community strengths and assets contribute to community health?*

● *Which strengths and assets can be used and strengthened to address health inequities?*

Domain 2 (Built Environment) Guiding Questions (Could also use this to map – GIS maybe)
Here are some guiding questions to inform your assessment of the built environment:

● *What physical assets and resources exist in the built environment of your community?*

● *How do these resources differ across neighborhoods, particularly in those experiencing the greatest health inequities?*

● *How do community members view and interact with their built environment?*

● *How do these interactions impact community members' health?*

● *What key aspects of the built environment in our communities impact health inequities?*

● *How can those aspects be improved or addressed to improve community health?*

APPENDIX E

Forces of Change Brainstorm and Discussion Activity

1. Introduce Forces of Change Activity

    a. Forces of Change include trends, events, and factors.
        i. **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
        ii. **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
        iii. **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

    b. *Acknowledge there are many different types or categories of forces.*
        Show the list on the first Jamboard (Social, Economic, Political, etc.) and ask the group for a few examples.

2. Ask the group to brainstorm a few examples of trends, factors, and events and write their examples on the corresponding page. Use the following prompts to help them think about forces of change that are outside of their control and affecting the local community or local public health system.
    a. What has occurred recently that may affect our community?
    b. What may occur in the future?
    c. Are any trends occurring that will have an impact? Describe those trends.
    d. What forces are occurring locally? Regionally? Nationally? Globally?

3. Divide participants into three groups or, if you have a very large group, make enough groups to have 3–6 participants per group.

4. Groups will have 5 minutes to brainstorm additional examples for each of the three pages.
5. Following the brainstorm, give everyone 5 minutes to review all pages and another 5 minutes to vote for their top-five forces of change that are impacting or going to impact the community.

6. Give participants a short break while the facilitator synthesizes responses, tallies the votes, identifies if any categories can be combined, and writes the leading/top forces of change in the table (with equity impacts, threats posed, opportunities created)—one force of change per line.

7. Depending on the size of the group and time constraints, you could brainstorm the equity impacts, threats, and opportunities (CHART 4 that we will have inputted information) for each force of change as a large group, or you could divide into smaller groups and assign one or two forces of change per group. If helpful, use the following prompts:
   a. Which populations in our community will be disproportionately impacted by this force of change? Will some be harmed while others benefit?
   b. What characteristics of our city, county, Tribe, state, or other jurisdiction may pose an opportunity or threat?

8. Once you have done the table, ask the large group for general reflections:
   a. What are they observing?
   b. Would specific communities be disproportionately impacted by multiple forces of change?
   c. What may occur or has occurred that may be a challenge to achieving our shared vision for health equity?

9. Go to the jamboard slide of "Adaptability" and ask:
   a. What are some strengths and resources our community has to adapt to changing conditions and still meet community needs?
   b. How have communities that are disproportionately impacted by the systems creating health inequities demonstrated their ability to overcome challenges?
   c. What can we learn from our Black, Indigenous, and other people of color communities about adapting to change?
   d. How can those lessons help shape recommendations for community health improvement?

10. End the discussion with the jamboard slide "Next Steps."
    a. Summarize some key themes discussed
    b. Name specific actions identified through discussion
    c. Identify additional next steps to support the CHI process

Thank everyone for their time and participation

APPENDIX F

<u>Focus Group Questions</u>

Time: 1.5 hours

Opening question
1. *Please introduce yourself with your name and tell us what you think is <u>the best thing</u> about living in your community.*

Key Questions
2. *When you think about living in a <u>healthy community</u>, what are some behaviors or opportunities you expect to see?*

   <u>Prompt:</u> (provide examples if needed) *How about transportation, healthy food options, childcare services, housing, jobs, health education, public parks, policing, access to doctors, safe streets, good schools, youth programming?*

3. *Which of these characteristics do you see in your community?*

4. *Who or where do you seek health information from, and why?*

   <u>Prompt:</u> (provide 2-3 examples if needed) *For example, family and friends, private doctors, urgent care, the Internet, cultural knowledge, FQHC, or public clinics*

5. *Aside from private clinics, hospitals, and urgent care, what health related services or centers are you aware of in your community?*

   <u>Prompt:</u> *What are specific examples? What about social services?*

6. *Can you give examples of <u>health challenges</u> that you see in your community?*

   <u>Prompt:</u> *What are some unhealthy habits or behaviors you see in the community? What are some factors that impact health? For example, transportation issues, food access, economic factors, policies, housing.*

7. *Thinking about your own community, do you think some groups of people experience more challenges to being health than others?*

   <u>Prompt:</u> *Who are these people? Why do you think they have a harder time staying healthy? What obstacles are in their way?*

8. *What actions, policies or programs would help build a healthier community?*

Closing Question

Is there anything else that we haven't already discussed that you would like to add?

TOWNSHIP OF BLOOMFIELD DEPARTMENT OF HEALTH

WE NEED YOUR OPINION!

FOCUS GROUP OPPORTUNITY FOR BLOOMFIELD YOUNG ADULTS/COLLEGE STUDENTS

We are looking for Bloomfield residents who are young adults/college students to join our focus group and share their thoughts on various topics related to healthy living. Your answers will be shared with the Bloomfield Department of Health for ongoing efforts to enhance the health of the Township!

WHEN & WHERE?

June 22, 2024 10:30 AM - 1:00 PM
Bloomfield Library - Little Theater
90 Broad St.
Bloomfield, NJ 07003

REGISTRATION REQUIRED:

Contact Alicia Cirillo at 973-561-9730 or via email at acirillo@bloomfieldtwpnj.com

FOOD AND DRINKS WILL BE PROVIDED.
ALL PARTICIPANTS WILL RECEIVE $15 GIFT CARD.

Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of Health

PHAB
Advancing
Public Health
Performance

WE NEED YOUR OPINION!

FOCUS GROUP OPPORTUNITY FOR BLOOMFIELD RESIDENTS WITH CHRONIC DISEASES

We are looking for Bloomfield residents age who have chronic conditions to join our focus group and share their thoughts on various topics related to healthy living. Your answers will be shared with the Bloomfield Department of Health for ongoing efforts to enhance the health of the Township!

WHEN & WHERE?

June 25, 2024 5:30 - 7:30 PM
Bloomfield Library - Little Theater
90 Broad St.
Bloomfield, NJ 07003

REGISTRATION REQUIRED:

Contact Alicia Cirillo at 973-561-9730 or via email at acirillo@bloomfieldtwpnj.com

FOOD AND DRINKS WILL BE PROVIDED.
ALL PARTICIPANTS WILL RECEIVE $15 GIFT CARD.

Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of Health

PHAB
Advancing
Public Health
Performance

TOWNSHIP OF BLOOMFIELD DEPARTMENT OF HEALTH

WE NEED YOUR OPINION!

FOCUS GROUP OPPORTUNITY FOR BLOOMFIELD RESIDENTS WHO ARE UNINSURED/UNDERINSURED

We are looking for Bloomfield residents who are uninsured/underinsured (*includes residents who are on Food Assistance/WIC and those who use public transportation*) to join our focus group and share their thoughts on various topics related to healthy living. Your answers will be shared with the Bloomfield Department of Health for ongoing efforts to enhance the health of the Township!

WHEN & WHERE?

June 29, 2024 10:30 AM - 1:00 PM
Bloomfield Library - Little Theater
90 Broad St.
Bloomfield, NJ 07003

REGISTRATION REQUIRED:

Contact Alicia Cirillo at 973-561-9730 or via email at acirillo@bloomfieldtwpnj.com

BUS STOP

INSURANCE

FOOD AND DRINKS WILL BE PROVIDED.

ALL PARTICIPANTS WILL RECEIVE $15 GIFT CARD.

Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of Health

PHAB
Advancing Public Health Performance

TOWNSHIP OF BLOOMFIELD DEPARTMENT OF HEALTH

WE NEED YOUR OPINION!

FOCUS GROUP OPPORTUNITY FOR BLOOMFIELD SPANISH SPEAKERS

We are looking for Spanish speaker Bloomfield residents to join our focus group and share their thoughts on various topics related to healthy living. Your answers will be shared with the Bloomfield Department of Health for ongoing efforts to enhance the health of the Township!

WHEN & WHERE?

June 22, 2024 2:30 - 4:30 PM
Bloomfield Library - Little Theater
90 Broad St.
Bloomfield, NJ 07003

REGISTRATION REQUIRED:

Contact Alicia Cirillo at 973-561-9730 or via email at acirillo@bloomfieldtwpnj.com

**FOOD AND DRINKS WILL BE PROVIDED.
ALL PARTICIPANTS WILL RECEIVE $15 GIFT CARD.**

Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of Health

PHAB
Advancing Public Health Performance

MUNICIPIO DE BLOOMFIELD DEPARTAMENTO DE SALUD

¡NECESITAMOS SU OPINIÓN!

OPORTUNIDAD DE GRUPO FOCAL PARA HABLANTES DE ESPAÑOL DE BLOOMFIELD

Estamos buscando residentes de Bloomfield que hablen español para unirse a nuestro grupo focal y compartir sus opiniones sobre diversos temas relacionados con una vida saludable. ¡Sus respuestas se compartirán con el Departamento de Salud de Bloomfield para implementar iniciativas para mejorar la salud del municipio!

¿CUÁNDO Y DÓNDE?

22 de Junio del 2024 de
2:30 - 4:30 PM
Bibloteca de Bloomfield
Pequeño Teatro
90 Broad St. Bloomfield, NJ 07003

SE REQUIERE REGISTRACIÓN:

Contacte a Alicia Cirillo al 973-561-9730 o vía correo electrónico
acirillo@bloomfieldtwpnj.com

SE PROPORCIONARÁ COMIDA Y BEBIDA.

TODOS LOS PARTICIPANTES RECIBIRÁN UNA TARJETA DE REGALO DE $15.

Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of Health

PHAB
Advancing
Public Health
Performance

Walkability Checklist

How walkable is your community?

Take a walk with a child and decide for yourselves.

Everyone benefits from walking. These benefits include: improved fitness, cleaner air, reduced risks of certain health problems, and a greater sense of community. But walking needs to be safe and easy. Take a walk with your child and use this checklist to decide if your neighborhood is a friendly place to walk. Take heart if you find problems, there are ways you can make things better.

Getting started:

First, you'll need to pick a place to walk, like the route to school, a friend's house or just somewhere fun to go.

The second step involves the checklist. Read over the checklist before you go, and as you walk, note the locations of things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall.

After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score. You'll find both immediate answers and long-term solutions under "Improving Your Community's Score..." on the third page.

Partnership for a
Walkable America

Pedestrian and Bicycle Information Center

U.S. Department
of Transportation

How walkable is your community?

Location of walk _____

_____

Rating Scale:

1	2	3	4	5	6
awful	many problems	some problems	good	very good	excellent

1. Did you have room to walk?

Yes   Some problems:

    Sidewalks or paths started and stopped

    Sidewalks were broken or cracked

    Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.

    No sidewalks, paths, or shoulders

    Too much traffic

    Something else _____

    Locations of problems: _____

Rating: (circle one)   _____

1   2   3   4   5   6   _____

2. Was it easy to cross streets?

Yes   Some problems:

    Road was too wide

    Traffic signals made us wait too long or did not give us enough time to cross

    Needed striped crosswalks or traffic signals

    Parked cars blocked our view of traffic

    Trees or plants blocked our view of traffic

    Needed curb ramps or ramps needed repair

    Something else _____

    Locations of problems: _____

Rating: (circle one)   _____

1   2   3   4   5   6   _____

3. Did drivers behave well?

Yes   Some problems: Drivers...

    Backed out of driveways without looking

    Did not yield to people crossing the street

    Turned into people crossing the street

    Drove too fast

    Sped up to make it through traffic lights or drove through traffic lights?

    Something else _____

    Locations of problems: _____

Rating: (circle one)   _____

1   2   3   4   5   6   _____

4. Was it easy to follow safety rules? Could you and your child...

Yes   No   Cross at crosswalks or where you could see and be seen by drivers?

Yes   No   Stop and look left, right and then left again before crossing streets?

Yes   No   Walk on sidewalks or shoulders facing traffic where there were no sidewalks?

Yes   No   Cross with the light?

    Locations of problems: _____

Rating: (circle one)   _____

1   2   3   4   5   6   _____

5. Was your walk pleasant?

Yes   Some unpleasant things:

    Needed more grass, flowers, or trees

    Scary dogs

    Scary people

    Not well lighted

    Dirty, lots of litter or trash

    Dirty air due to automobile exhaust

    Something else _____

    Locations of problems: _____

Rating: (circle one)   _____

1   2   3   4   5   6   _____

How does your neighborhood stack up? Add up your ratings and decide.

1. _____

2. _____

3. _____

4. _____

5. _____

Total _____

26–30 Celebrate! You have a great neighborhood for walking.

21–25 Celebrate a little. Your neighborhood is pretty good.

16–20 Okay, but it needs work.

11–15 It needs lots of work. You deserve better than that.

5–10 It's a disaster for walking!

Improving your community's score...

	What you and your child can do immediately	**What you and your community can do with more time**
1. Did you have room to walk?		
Sidewalks or paths started and stopped Sidewalks broken or cracked Sidewalks blocked No sidewalks, paths or shoulders Too much traffic	• pick another route for now • tell local traffic engineering or public works department about specific problems and provide a copy of the checklist	• speak up at board meetings • write or petition city for walkways and gather neighborhood signatures • make media aware of problem • work with a local transportation engineer to develop a plan for a safe walking route
2. Was it easy to cross streets?		
Road too wide Traffic signals made us wait too long or did not give us enough time to cross Crosswalks/traffic signals needed View of traffic blocked by parked cars, trees, or plants Needed curb ramps or ramps needed repair	• pick another route for now • share problems and checklist with local traffic engineering or public works department • trim your trees or bushes that block the street and ask your neighbors to do the same • leave nice notes on problem cars asking owners not to park there	• push for crosswalks/signals/ parking changes/curb ramps at city meetings • report to traffic engineer where parked cars are safety hazards • report illegally parked cars to the police • request that the public works department trim trees or plants • make media aware of problem
3. Did drivers behave well?		
Backed without looking Did not yield Turned into walkers Drove too fast Sped up to make traffic lights or drove through red lights	• pick another route for now • set an example: slow down and be considerate of others • encourage your neighbors to do the same • report unsafe driving to the police	• petition for more enforcement • request protected turns • ask city planners and traffic engineers for traffic calming ideas • ask schools about getting crossing guards at key locations • organize a neighborhood speed watch program
4. Could you follow safety rules?		
Cross at crosswalks or where you could see and be seen Stop and look left, right, left before crossing Walk on sidewalks or shoulders facing traffic Cross with the light	• educate yourself and your child about safe walking • organize parents in your neighborhood to walk children to school	• encourage schools to teach walking safely • help schools start safe walking programs • encourage corporate support for flex schedules so parents can walk children to school
5. Was your walk pleasant?		
Needs grass, flowers, trees Scary dogs Scary people Not well lit Dirty, litter Lots of traffic	• point out areas to avoid to your child; agree on safe routes • ask neighbors to keep dogs leashed or fenced • report scary dogs to the animal control department • report scary people to the police • report lighting needs to the police or appropriate public works department • take a walk wih a trash bag • plant trees, flowers in your yard • select alternative route with less traffic	• request increased police enforcement • start a crime watch program in your neighborhood • organize a community clean-up day • sponsor a neighborhood beautification or tree-planting day • begin an adopt-a-street program • initiate support to provide routes with less traffic to schools in your community (reduced traffic during am and pm school commute times)
A Quick Health Check		
Could not go as far or as fast as we wanted Were tired, short of breath or had sore feet or muscles Was the sun really hot? Was it hot and hazy?	• start with short walks and work up to 30 minutes of walking most days • invite a friend or child along • walk along shaded routes where possible • use sunscreen of SPF 15 or higher, wear a hat and sunglasses • try not to walk during the hottest time of day	• get media to do a story about the health benefits of walking • call parks and recreation department about community walks • encourage corporate support for employee walking programs • plant shade trees along routes • have a sun safety seminar for kids • have kids learn about unhealthy ozone days and the Air Quality Index (AQI)

Great Resources

WALKING INFORMATION
Pedestrian and Bicycle Information Center (PBIC)
UNC Highway Safety Research Center
730 Airport Road , Suite 300
Campus Box 3430
Chapel Hill, NC
27599-3430
Phone: (919) 962-2202
www.pedbikeinfo.org
www.walkinginfo.org

National Center for
Bicycling and Walking
Campaign to Make
America Walkable
1506 21st Street, NW
Suite 200
Washington, DC 20036
Phone: (800) 760-NBPC
www.bikefed.org

WALK TO SCHOOL DAY WEB SITES
USA event: www.walktoschool-usa.org
International: www.iwalktoschool.org

STREET DESIGN AND TRAFFIC CALMING
Federal Highway Administration
Pedestrian and Bicycle Safety Research Program
HSR – 20
6300 Georgetown Pike
McLean, VA 22101
www.fhwa.dot.gov/environment/bikeped/index.htm

Institute of Transportation Engineers
www.ite.org

Surface Transportation Policy Project
www.transact.org

Transportation for Livable Communities
www.tlcnetwork.org

WALKING COALITIONS
America Walks
P.O. Box 29103
Portland, Oregon 97210
Phone: (503) 222-1077
www.americawalks.org

Partnership for a Walkable America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201
Phone: (603) 285-1121
www.nsc.org/walkable.htm

PEDESTRIAN SAFETY
National Highway Traffic Safety Administration
Traffic Safety Programs
400 Seventh Street, SW
Washington, DC 20590
Phone: (202) 662-0600
www.nhtsa.dot.gov/people/injury/pedbimot/ped

National SAFE KIDS Campaign
1301 Pennsylvania Ave. NW
Suite 1000
Washington, DC 20004
Phone: (202) 662-0600
Fax: (202) 393-2072
www.safekids.org

WALKING AND HEALTH
US Environmental Protection Agency
Office of Children's Health Protection (MC 1107A)
Washington, DC 20460
Phone: 202-564-2188
Fax: 202-564-2733
www.epa.gov/children/
www.epa.gov/airnow/
www.epa.gov/air/urbanair/ozone/what.html
www.epa.gov/sunwise/uvindex.html
www.epa.gov/otaq/transp/comchoic/ccweb.htm

President's Task Force on Environmental Health Risks and
Safety Risks to Children
www.childrenshealth.gov

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
Phone: (888) 232-4674
www.cdc.gov/nccdphp/dnpa/readyset
www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm

Prevention Magazine
33 East Minor Street
Emmaus, PA 18098
www.itsallaboutprevention.com

Shape Up America!
6707 Democracy Boulevard
Suite 306
Bethesda, MD 20817
www.shapeup.org

ACCESSIBLE SIDEWALKS
US Access Board
1331 F Street, NW
Suite 1000
Washington, DC 20004-1111
Phone: (800) 872-2253;
(800) 993-2822 (TTY)
www.access–board.gov

APPENDIX I

COMMUNITY PARK AUDIT TOOL

Instructions

Before you begin, try to locate a map of the park. Next, review the CPAT training guide and audit tool. It is important to make sure each question and response is clear when you are marking your answer. Then, go to the park and fill out this audit tool. The tool (6 pages) is divided into four sections that focus on different parts of the park. Further instructions are at the top of each section.

Tips for Using the Community Park Audit Tool (CPAT)

- Drive, bike, or walk around the park to get a feel for what's in the park and the neighborhood around the park.

- Questions on the CPAT are grouped in sections in the order that you might come across them in a park. However, you may need to switch between sections or pages as you complete the park audit. Therefore, it is important to look through the tool before you begin.

- When you are finished, go back and make sure you have completed all the sections and questions.

- There is space at the end of each section where you can write down comments as you complete your audit. The margins or back of the page can be used to take notes, but make sure to transfer your comments into the answer spaces.

- If you see anything that requires immediate attention, contact the local parks department.

Section 1: Park Information

Park Name: _____   **Observer Name or ID:** _____

Park Address/Location: _____

Were you able to locate a map for this park? ❑ No   ❑ Yes

Was the park easy to find onsite? ❑ No   ❑ Somewhat   ❑ Yes

Date (m/d/yr): ___ /___ /_____

Temperature: ___ °F   **Weather:** ❑ Clear   ❑ Partly Cloudy   ❑ Rain/Snow

Start Time: _____ am or pm (circle) **End Time:** _____ am or pm (circle) **Length of visit:** ____ min

Comments on Park Information:

Section 2: Access and Surrounding Neighborhood

This section asks about accessing the park and about the neighborhood surrounding the park. Several questions include follow-up responses if you answered yes. There are spaces for comments at the end of the section. **When thinking about the surrounding neighborhood, consider all areas that you can see from inside of the park**.

When rating the access and surrounding neighborhood, please use the following definition:
- **Useable**: everything necessary for use is present and nothing prevents use (e.g., sidewalks are passable)

1. Can the park be **accessed for use**? (e.g., not locked/fenced, available for activity, etc.) ❑ No ❑ Yes

2. Are there **signs** that state the following (could be same sign)? *(check all that are present)* ❑ None present
   ❑ Park name ❑ Park hours ❑ Park contact information ❑ Park/facility rental information
   ❑ Park rules ❑ Park map ❑ Rental equipment information ❑ Event/program information

3. How many **points of entry** does the park have? ❑ More than 5 (or park boundary is open) ❑ 2-5 ❑ Only 1

4. Is there a **public transit stop** within sight of the park? ❑ No ❑ Yes

5. What types of **parking** are available for the park? *(check all that are present)*
   ❑ None ❑ Parking Lot ❑ On street parking ❑ Bike rack(s)

6. Are there **sidewalks** on *any* roads bordering the park? (could be on opposite side of road) ❑ No ❑ Yes
   If yes … Are they useable? ❑ All or most are useable ❑ About half ❑ None or few useable
   If yes … Are there **curb cuts and/or ramps** on *any* sidewalks bordering or entering the park? ❑ No ❑ Yes

7. Is there an external **trail or path** connected to the park? ❑ No ❑ Yes
   If yes … Is it useable? ❑ No ❑ Yes

8. Are there **bike routes** on *any* roads bordering the park? *(check all that are present)*
   ❑ None ❑ Marked bike lane ❑ Bike route sign ❑ Share the road signs/markers

9. Are there nearby **traffic signals** on *any* roads bordering the park? (e.g., crosswalk, stop light/sign) ❑ No ❑ Yes

10. What are the main **land use(s) around the park**? *(check all that apply)* ❑ None present
    ❑ Residential ❑ Commercial ❑ Institutional (e.g., school) ❑ Industrial (e.g., warehouse) ❑ Natural

11. Which of the following **safety or appearance concerns** are present in the **neighborhood surrounding the park**?
    (check all that are present in the surrounding neighborhood within sight on any side of the park)
    ❑ Poor lighting (e.g., low or no lighting on surrounding neighborhood streets)
    ❑ Graffiti (e.g., markings or paintings that reduce the visual quality of the area)
    ❑ Vandalism (e.g., damaged signs, vehicles, etc.)
    ❑ Excessive litter (e.g., noticeable amounts of trash, broken glass, etc.)
    ❑ Heavy traffic (e.g., steady flow of vehicles)
    ❑ Excessive noise (e.g., noticeable sounds that are unpleasant or annoying)
    ❑ Vacant or unfavorable buildings (e.g., abandoned houses, liquor store)
    ❑ Poorly maintained properties (e.g., overgrown grass, broken windows)
    ❑ Lack of eyes on the street (e.g., absence of people, no houses or store fronts)
    ❑ Evidence of threatening persons or behaviors (e.g., gangs, alcohol/drug use)
    ❑ Other _____
    ❑ None present

Comments on Access or Surrounding Neighborhood Issues:

Section 3: Park Activity Areas

This section asks about the activity areas in the park. For <u>each</u> activity area type:

1. **First, mark the number (#) of areas that are present in the park** (if none, write "0").
2. Then, respond to questions about **up to three** of those activity areas. If there are more than three areas for a specific activity area type, **rate the first three you come across during the audit**. If there were no activity areas of that type present in the park, move on to the next type.
3. Finally, use the space provided to note any additional comments about each type of activity area.

When rating the activity areas, please use the following definitions:
- **Useable**: everything necessary for use is present (excluding portable equipment - rackets, balls, etc.) and nothing prevents use (e.g., are there nets up for tennis courts, goals for sport fields, are trails passable, etc.)
- **Good condition**: looks clean and maintained (e.g., minimal rust, graffiti, broken parts; even surface; etc.)

12. Activity Areas	# of Areas	Area 1		Area 2		Area 3	
a. **Playground**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Distinct areas for different age groups		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Colorful equipment (i.e., 3+ colors)		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Shade cover for some (25%+) of the area		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Benches in/surrounding area		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Fence around area (i.e., half or more)		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Separation or distance from road		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
b. **Sport Field** (football/soccer)	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
c. **Baseball Field**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
d. **Swimming Pool**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
e. **Splash Pad**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
f. **Basketball Court**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							
g. **Tennis Court**	(# :_____)						
Useable		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Good condition		❑ No	❑ Yes	❑ No	❑ Yes	❑ No	❑ Yes
Comments:							

Activity Areas	# of Areas	Area 1	Area 2	Area 3
h. **Volleyball Court**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
i. **Trail**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Connected to activity areas		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Distance markers/sign		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Benches along trail		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
What is the trail surface? *(check one)*		❑ Paved ❑ Crushed stone ❑ Dirt/mulch	❑ Paved ❑ Crushed stone ❑ Dirt/mulch	❑ Paved ❑ Crushed stone ❑ Dirt/mulch
Comments:				
j. **Fitness Equipment/Stations**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
k. **Skate Park**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
l. **Off-Leash Dog Park**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
m. **Open/Green Space**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
n. **Lake**	(# :_____)			
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Is there a designated swimming area?		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				
o. **Other** (*fill in a type description for each*)	_____	_____	_____	_____
Useable		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Good condition		❑ No ❑ Yes	❑ No ❑ Yes	❑ No ❑ Yes
Comments:				

Comments on Park Activity Areas:

Section 4: Park Quality and Safety

This section asks about factors related to comfort and safety when using the park. Several questions include follow-up responses if you answered yes. There are spaces for comments at the end of the section.

When rating the quality and safety features of the park, please use the following definitions:
- **Useable**: everything necessary for use is present and nothing prevents use (e.g., can get into restrooms, drinking fountains work, etc.)
- **Good condition**: looks clean and maintained (e.g., minimal rust, graffiti, broken parts; etc.)

13. Are there public **restroom(s) or portable toilet(s)** at the park? ❏ No ❏ Yes
    If yes …
    Are the restroom(s) useable? ❏ All or most are useable ❏ About half ❏ None or few are useable
    Are they in good condition? ❏ All or most in good condition ❏ About half ❏ None or few in good condition
    Is there a family restroom? ❏ No ❏ Yes
    Is there a baby change station in any restroom? ❏ No ❏ Yes

14. Are there **drinking fountain(s)** at the park? ❏ No ❏ Yes
    If yes …
    How many different fountains are there? (i.e., units, not spouts) _____
    Are the fountains useable? ❏ All or most are useable ❏ About half ❏ None or few are useable
    Are they in good condition? ❏ All or most in good condition ❏ About half ❏ None or few in good condition
    Are they near activity areas? ❏ All or most are near ❏ About half ❏ None or few are near

15. Are there **bench(es)** to sit on in the park? ❏ No ❏ Yes
    If yes …
    Are the benches useable? ❏ All or most are useable ❏ About half ❏ None or few are useable
    Are they in good condition? ❏ All or most in good condition ❏ About half ❏ None or few in good condition

16. Are there **picnic table(s)** in the park? ❏ No ❏ Yes
    If yes …
    Are the tables useable? ❏ All or most are useable ❏ About half ❏ None or few are useable
    Are they in good condition? ❏ All or most in good condition ❏ About half ❏ None or few in good condition
    Is there a picnic shelter in the park? ❏ No ❏ Yes
    Is there a grill or fire pit in the park? ❏ No ❏ Yes

17. Are there **trash cans** in the park? ❏ No ❏ Yes
    If yes …
    Are they overflowing with trash? ❏ All or most overflowing ❏ About half ❏ None or few overflowing
    Are they near activity areas? ❏ All or most are near ❏ About half ❏ None or few are near
    Are recycling containers provided? ❏ No ❏ Yes

18. Is there **food/vending machines** available in the park? ❏ No ❏ Yes
    If yes …
    Are fruits and/or vegetables available in the park? ❏ No ❏ Yes

19. If the sun was directly overhead, how much of the park would be **shaded**? ❏ <25% ❏ 25-75% ❏ >75%

20. Are there **rules posted about animals** in the park? (e.g., dogs must be leashed)? ❏ No ❏ Yes

21. Is there a place to get **dog waste pick up bags** in the park? ❏ No ❏ Yes
    If yes … Are bags available at any of the locations? ❏ No ❏ Yes

22. Are there **lights** in the park? (not including neighborhood street lights) ❏ No ❏ Yes
   If yes …
   How much of the park could be lit? ❏ <25% ❏ 25-75% ❏ >75%
   Are the activity areas lit? ❏ All or most are lit ❏ About half ❏ None or few are lit

23. Is the **park monitored**? (e.g., volunteer or paid staff, patrolled by police, cameras, etc.) ❏ Unsure ❏ Yes

24. Are there **any emergency devices** in the park? (e.g., phone, button, emergency directions) ❏ No ❏ Yes

25. From the center of the park, how **visible is the surrounding neighborhood**? ❏ Fully ❏ Partially ❏ Not at all

26. Are there **road(s)** of any type through the park? ❏ No ❏ Yes
   If yes … Are there traffic control mechanisms on the roads within the park? (e.g., crosswalk, stop light or
   sign, brick road, speed bumps, roundabouts) ❏ No ❏ Yes

27. Which of the following **park quality or safety concerns** are present **in the park**? *(check all that are present)*
   ❏ Graffiti (e.g., markings or paintings that reduce the visual quality of the area)
   ❏ Vandalism (e.g., damaged signs, buildings, equipment, etc.)
   ❏ Excessive litter (e.g., noticeable amounts of trash, broken glass, etc.)
   ❏ Excessive animal waste (e.g., noticeable amounts of dog waste)
   ❏ Excessive noise (e.g., noticeable sounds that are unpleasant or annoying)
   ❏ Poor maintenance (e.g., overgrown grass/weeds/bushes or lack of grass in green areas)
   ❏ Evidence of threatening persons or behaviors (e.g., gangs, alcohol/drug use)
   ❏ Dangerous spots in the park (e.g., abandoned building, pit/hole)
   ❏ Other _____
   ❏ None present

28. What **aesthetic (i.e., beautiful/pleasing) features** are present **in the park**? *(check all that are present)*
   ❏ Evidence of landscaping (e.g., flower beds, pruned bushes)
   ❏ Artistic feature (e.g., statue, sculpture, gazebo, fountain)
   ❏ Historical or educational feature (e.g., monument, nature display, educational signs, etc.)
   ❏ Wooded area (e.g., thick woods or dense trees)
   ❏ Trees throughout the park (e.g., scattered trees)
   ❏ Water feature (e.g., lake, stream, pond)
   ❏ Meadow (e.g., natural, tall grassy area)
   ❏ Other _____
   ❏ None present

Comments on Park Quality and Safety Issues:

Before you are finished, please make you have answered all questions in the tool.

About the Community Park Audit Tool
The Community Park Audit Tool (CPAT) was developed in 2010 in Kansas City, Missouri by Andrew Kaczynski (Kansas State University) and Sonja Wilhelm Stanis (University of Missouri) in collaboration with the City of Kansas City Missouri Parks and Recreation Department. Development of the CPAT was supported by a grant from Active Living Research, a national program of the Robert Wood Johnson Foundation.

Bloomfield Community Partner Assessment Survey

1. Thank you for agreeing to take the Bloomfield Coalition Community Partner Assessment (CPA). This process helps to identify how we will improve our community's health together. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. This survey helps us identify the organizations involved in the coalition, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact. The responses to this survey will be summarized in our Community Health Assessment (CHA) and will be used to develop a Community Health Improvement Plan (CHIP) in our community.

2. Things to Know… This survey should take 20 minutes. Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CHA report. Submit only one completed survey per organization.

3.1 What is the full name of your organization?

Your Organization

3.2 Which best describes your position or role in your organization?

Your Organization

☐ Administrative staff

☐ Front line staff

☐ Supervisor (not senior management)

☐ Senior management level/unit or program lead

☐ Leadership team

☐ Community member

☐ Community leader

☐ Other

3.3 Has your organization ever participated in a community health improvement process?

Your Organization

☐ Yes

☐ No

☐ Unsure

3.4 Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?

Your Organization

☐ Yes

☐ No

☐ Unsure

3.5 Which of the following best describe(s) your organization? (check all that apply)

Your Organization

- [ ] City health department
- [ ] County health department
- [ ] State health department
- [ ] Tribal health department
- [ ] Other city government agency
- [ ] Other county government agency
- [ ] Other state government agency
- [ ] Other Tribal government agency
- [ ] Private hospital
- [ ] Public hospital
- [ ] Private clinic
- [ ] Public clinic
- [ ] Emergency response
- [ ] Schools/education (PK–12)
- [ ] College/university
- [ ] Library
- [ ] Non-profit organization
- [ ] Grassroots community organizing group/organization
- [ ] Tenants' association
- [ ] Social service provider
- [ ] Housing provider
- [ ] Mental health provider
- [ ] Neighborhood association
- [ ]

☐ Foundation/philanthropy

☐ For-profit organization/private business

☐ Faith-based organization

☐ Center for Independent Living

☐ Other

3.6 What are your organization's top-three interests in joining a community health improvement partnership:

Organizational Interest in Participating in and Supporting MAPP

☐ To deliver programs effectively and efficiently and avoid duplicated efforts

☐ To pool resources

☐ To increase communication among groups

☐ To break down stereotypes

☐ To build networks and friendships

☐ To revitalize low energy of groups who are trying to do too much alone

☐ To plan and launch community-wide initiatives

☐ To develop and use political power to gain services or other benefits for the community

☐ To improve line of communication from communities to government decision-making

☐ To improve line of communication from government to communities

☐ To create long-term, permanent social change

☐ To obtain or provide services

☐ Other

3.7 Why is your organization interested in participating in a community health initiative?

Organizational Interest in Participating in and Supporting MAPP

☐ Access to data

☐ Connections to communities with lived experience

☐ Connections to other organizations

☐ Connections to decision-makers

☐ Connections to potential funders

☐ Positive publicity (e.g., our organization supports community health)

☐ Helps achieve requirements for public health accreditation

☐ Helps achieve requirements for IRS non-profit tax status

☐ Helps achieve requirements for Federally Qualified Health Center (FQHC) status

☐ Helps achieve other requirements

☐ Improving conditions for members/constituents

☐ Other

3.8 What resources might your organization contribute to support Coalition activities? (check all that apply) Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.

Organizational Interest in Participating in and Supporting Coalition

- [ ] I'm unsure

- [ ] Funding to support assessment activities (e.g., data collection, analysis)

- [ ] Funding to support community engagement (e.g., stipends, gift cards)

- [ ] Food for community meetings

- [ ] Childcare for community meetings

- [ ] Policy/advocacy skills

- [ ] Media connections

- [ ] Social media capacities

- [ ] Physical space to hold meetings

- [ ] Technology to support virtual meetings

- [ ] Coordination with tribal government

- [ ] Staff time to support community engagement and involvement

- [ ] Staff time to support interpretation and translation

- [ ] Lending interpretation equipment for use during meetings

- [ ] Staff time to support relationship-building between coalition staff and other organizations (e.g., introductions to government agencies or organizers)

- [ ] Staff time to support focus group facilitation or interviews

- [ ] Staff time to help analyze quantitative data

- [ ] Staff time to help analyze qualitative data

- [ ] Staff time to participate in Coalition meetings and activities

- [ ] Staff time to help plan Coalition meetings and activities

- [ ] Staff time to help facilitate Coalition meetings and activities

- [ ] Staff time to help implement Coalition priorities

- [ ] Note-taking support during qualitative data collection

☐ Staff time to transcribe meeting notes/recordings

☐ Other

4.1 What racial/ethnic populations does your organization work with? (check all that apply)

☐ White/European

☐ Latinx/Hispanic

☐ Black/African American

☐ Asian-American

☐ Native American/Indigenous/Alaska Native

☐ Pacific Islander/Native Hawaiian

☐ Asian

☐ African

☐ Middle Eastern/North African

☐ Other

4.2 Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

☐ Yes

☐ No

☐ Unsure

4.3 Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

- [ ] Yes—we provide services specifically for the LGBTQIA+ community

- [ ] Somewhat—we provide general services and LGBTQIA+ individuals could use those services

- [ ] No—LGBTQIA+ populations are not welcome

- [ ] Unsure

- [ ] Other

4.4 Does your organization offer services specifically for people with disabilities?

- [ ] Yes—we provide services specifically for people with disabilities

- [ ] Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities

- [ ] No—our organization is not specifically designed to serve people with disabilities

- [ ] Unsure

4.5 Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

- [ ] Yes

- [ ] No

- [ ] Unsure

4.6 Please list those other populations or groups here.

```


```

4.7 Does your organization have access to interpretation and translation services?

☐ No

☐ Unsure

☐ Not applicable

☐ If yes, list what languages are offered?

4.8 Who are your priority populations?

```
┌─────────────────────────────────────┐
│                                       │
│                                       │
│                                       │
└─────────────────────────────────────┘
```

4.9 What do you do to reach/engage/work with your clientele or community? (check all that apply)

☐ We hire staff from specific racial/ethnic groups that mirror our target populations

☐ We hire staff/interpreters who speak the language/s of our target populations

☐ We support leadership development in our target populations

☐ We have leadership who speak the language/s of our target populations

☐ Our organization is physically located in neighborhood/s of our target populations

☐ We receive many clients from our target populations

☐ We receive many referrals from our target populations

☐ We work closely with community organizations from our target populations

☐ We have done extensive outreach to our target populations

☐ Other

4.10 Does the leadership/management of your organization reflect the demographics of the community you serve?

- [ ] Yes

- [ ] No

- [ ] Unsure

- [ ] Not applicable

4.11 Does the frontline staff and others in your organization reflect the demographics of the community you serve?

- [ ] Yes

- [ ] No

- [ ] Unsure

- [ ] Not applicable

4.12 What languages do staff at your organization speak? (check all that apply)

- [ ] English

- [ ] Spanish

- [ ] Chinese (Mandarin, Cantonese, Hokkien, etc.)

- [ ] Tagalog (Filipino)

- [ ] Vietnamese

- [ ] French and French Creole

- [ ] Arabic

- [ ] Sign language

4.13 Please add comments about your organization and the demographics of the community you serve:

5.1 How much does your organization focus on each of these topics? For each one, select the most appropriate answer.

	A lot	A little	Not at all	Unsure
Economic Stability: The connection between people's financial resources —income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	○	○	○	○
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	○	○	○	○
Healthcare Access and Quality: The connection between people's	○	○	○	○

access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

Neighborhood and Built Environment: The connection between where a person lives— housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	○	○	○	○
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This	○	○	○	○

includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

5.2 Which of the following categories does your organization work on/with? (check all that apply)

- ☐ Arts and culture
- ☐ Businesses and for-profit organizations
- ☐ Criminal legal system
- ☐ Disability/independent living
- ☐ Early childhood development/childcare
- ☐ Education
- ☐ Community economic development
- ☐ Economic security
- ☐ Environmental justice/climate change
- ☐ Faith communities
- ☐ Family well-being
- ☐ Financial institutions (e.g., banks, credit unions)
- ☐ Food access and affordability (e.g., food bank)
- ☐ Food service/restaurants
- ☐ Gender discrimination/equity
- ☐ Government accountability
- ☐ Healthcare access/utilization
- ☐ Housing
- ☐ Human services
- ☐ Immigration
- ☐ Jobs/labor conditions/wages and income
- ☐ Land use planning/development
- ☐ LGBTQIA+ discrimination/equity
- ☐

☐ Parks, recreation, and open space

☐ Public health

☐ Public safety/violence

☐ Racial justice

☐ Seniors/elder care

☐ Transportation

☐ Utilities

☐ Veterans' issues

☐ Violence

☐ Youth development and leadership

☐ Other

5.3 Which of the following health topics does your organization work on? (check all that apply)

- [ ] Cancer
- [ ] Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- [ ] Family/maternal health
- [ ] Immunizations and screenings
- [ ] Infectious disease
- [ ] Injury and violence prevention
- [ ] HIV/STD prevention
- [ ] Healthcare access/utilization
- [ ] Health equity
- [ ] Health insurance/Medicare/Medicaid
- [ ] Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- [ ] Physical activity
- [ ] Tobacco and substance use and prevention
- [ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- [ ] None of the above/Not applicable
- [ ] Other

6.1 If your organization has a shared definition of equity or health equity, please copy and paste it below.

```

```

6.2 Please review the following statements. For each one, select the most appropriate answer.

	Agree	Disagree	Unsure

We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	○	○	○
We have at least one person in our organization dedicated to addressing inequities externally in our community.	○	○	○
We have a team dedicated to advancing equity/addressing inequities in our organization.	○	○	○
Advancing equity/addressing inequities is included in all or most staff job requirements.	○	○	○

6.3 Please list staff positions working to address equity and describe what type of equity-focused work they do:

```
┌─────────────────────────────┐
│                             │
│                             │
│                             │
└─────────────────────────────┘
```

7.1 In 1–2 sentences, describe the people impacted by your organization and the work you are doing.

```
┌─────────────────────────────┐
│                             │
│                             │
│                             │
└─────────────────────────────┘
```

7.2 Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

☐ No

☐ Unsure

☐ Yes If yes, what is that advisory board and what powers do they have?

7.3 To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making. For example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- [ ] Mayor, governor, or other elected executive official

- [ ] City council, board of supervisors/commissioners, or other elected legislative officials

- [ ] State government

- [ ] Federal government

- [ ] Tribal government

- [ ] Foundation

- [ ] Community members

- [ ] Members of the organization/association

- [ ] Customers/clients

- [ ] Board of directors/trustees

- [ ] Shareholders

- [ ] Voters

- [ ] Voting members

- [ ] National/parent organization

- [ ] Other government agencies

- [ ] Other

8.1 Organizational Capacities Related to the 10 Essential Public Health Services One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health. One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS). The 10 statements below describe activities needed for the public health system (e.g., assessment, communication, community engagement).

8.2 Please select whether your organization regularly does the following activities. (check all that apply)

☐ Assessment: My organization conducts assessments of living and working conditions and community needs and assets.

☐ Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.

☐ Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.

☐ Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.

☐ Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.

☐ Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.

☐ Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.

☐ Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.

☐ Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.

☐ Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.

☐ Unsure

8.3 Are there any other core competencies or strengths not included on the list above that your organization does?

☐ No

☐ If yes, please list these core competencies/strengths:

8.4 Of the activities and capacities listed above (including any you added), which do you identify as your organization's top 1–3 core competencies or strengths?

8.5 Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

☐ Yes

☐ No

☐ Unsure: Please elaborate

9.1 Which of the following strategies does your organization use to do your work? (check all that apply)

☐ Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.

☐ Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).

☐ Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.

☐ Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.

☐ Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.

☐ Litigation: Using legal resources to reach outcomes that further long-term goals.

☐ Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.

☐ Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.

☐ Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.

☐ Campaigns: Using organized actions that address a specific purpose, policy, or change.

☐ Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.

☐ Inside-Outside Strategies: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.

☐ Integrated Voter Engagement: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.

☐ Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.

☐ Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.

☐ Other

9.2 One goal of the coalition is to help build the collective capacity of our network and connect partners to help build their capacities. What capacities would you like to grow as an organization, including any mentioned above?

10.1 Almost done, please click next to continue

11.1 Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

☐ No

☐ Unsure

☐ If yes, please describe what they assess

11.2 Can you share the assessments you described above with the MAPP collaborative?

☐ Yes

☐ No

☐ Unsure

☐ Not applicable—My organization does not conduct assessments.

11.3 What data does your organization collect? (check all that apply)

☐ Demographic information about clients or members

☐ Access and utilization data about services provided and to whom

☐ Evaluation, performance management, or quality improvement information about services and programs offered

☐ Data about health status

☐ Data about health behaviors

☐ Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

☐ Data about systems of power, privilege, and oppression

☐ We don't collect data

☐ Other

11.4 Can you share any of that data with the Bloomfield Coalition?

☐ Yes, already being shared

☐ Yes, can share

☐ No

☐ Unsure

11.5 How does your organization collect data? (check all that apply)

☐ Surveys

☐ Focus groups

☐ Interviews

☐ Feedback forms

☐ Photovoice or other participatory research

☐ Notes from community meetings

☐ Videos

☐ Secondary data sources

☐ Electronic health records

☐ Data tracking systems

☐ Other

11.6 What data skills does your organization have? (check all that apply)

☐ Survey design and analysis

☐ Secondary data analysis

☐ Needs assessment

☐ Focus group facilitation

☐ Interviewing

☐ Detailed note-taking or transcription

☐ Participatory research

☐ Facilitators of community or town hall meetings

☐ Asset mapping

☐ Mapping/visualization skills

☐ Other quantitative or qualitative methods:

11.7 Does your organization analyze data with a health equity lens or health equity in mind? If Yes or Unsure, please describe:

☐ Yes

☐ No

☐ Unsure

☐ N/A

12.1 What type of community-engagement practices does your organization do most often (check one): Note: We will explore this more deeply in the CPA partner discussion.

☐ Inform: Provide the community with relevant information.

☐ Consult: Gather input from the community.

☐ Involve: Ensure community needs and assets are integrated into process and inform planning.

☐ Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.

☐ Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.

☐ Unsure

12.2 Which of the following methods of community engagement does your organization use most often? (check all that apply):

- [ ] Customer/patient satisfaction surveys
- [ ] Fact sheets
- [ ] Open houses
- [ ] Presentations
- [ ] Billboards
- [ ] Videos
- [ ] Public comment
- [ ] Focus groups
- [ ] Community forums/events
- [ ] Surveys
- [ ] Community organizing
- [ ] Advocacy
- [ ] House meetings
- [ ] Interactive workshops
- [ ] Polling
- [ ] Memorandums of understanding (MOUs) with community-based organizations
- [ ] Citizen advisory committees
- [ ] Open planning forums with citizen polling
- [ ] Community-driven planning
- [ ] Consensus building
- [ ] Participatory action research
- [ ] Participatory budgeting
- [ ] Social media
- [ ]

☐ Other

12.3 When you host community meetings, do you offer: (check all that apply)

☐ Stipends or gift cards for participation

☐ Interpretation/translation to other languages including sign language

☐ Food/snacks

☐ Transportation vouchers if needed

☐ Childcare if needed

☐ Accessible materials for low literacy populations

☐ Virtual ways to participate

☐ Not applicable

☐ Other