

Bloomfield Department of Health and Human Services

2017 Community Health Assessment

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Partners for Health
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About CREEHS:

The Center for Research and Evaluation on Education and Human Services (CREEHS) is an independent University-based research and evaluation center housed within the College of Education and Human Services at Montclair State University. CREEHS conducts objective multidisciplinary and multi-method applied research and evaluation to enhance program planning and outcomes in education, health, and human services; provides high quality evaluation training and education; and advances evaluation science by bridging the expertise of researchers and practitioners. The Center provides services for school districts, institutions of higher education, government agencies, community-based organizations, and foundations to help them meet accountability and program improvement needs.

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INTRODUCTION

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

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

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

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

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

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

¹ <http://www.bloomfieldtwpnj.com/health-human-services/>

² Rosenbaum, S. (2013). Principals to Consider for the Implementation of a Community Health Needs Assessment Process. The George Washington University School of Public Health and Health Services, Department of Health Policy.

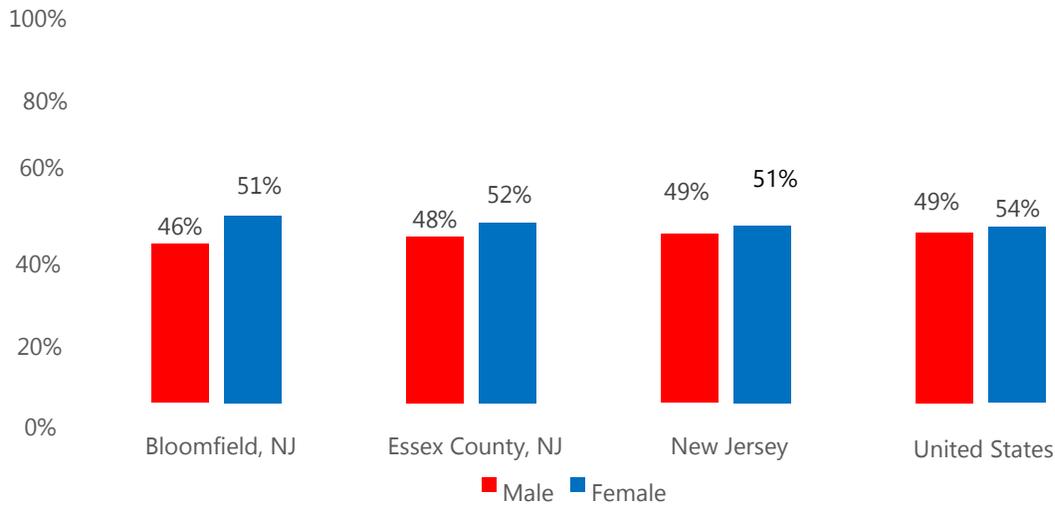
³ <http://www.phaboard.org/news-room/accredited-health-departments/>

ABOUT BLOOMFIELD

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

Based on the American Community Survey in 2012-2016, 54% of Bloomfield residents are female, compared to 52% of Essex County residents, 51% of New Jersey residents, and 51% of U.S. residents, Figure 1.⁵

Figure 1. Population Demographics – Gender

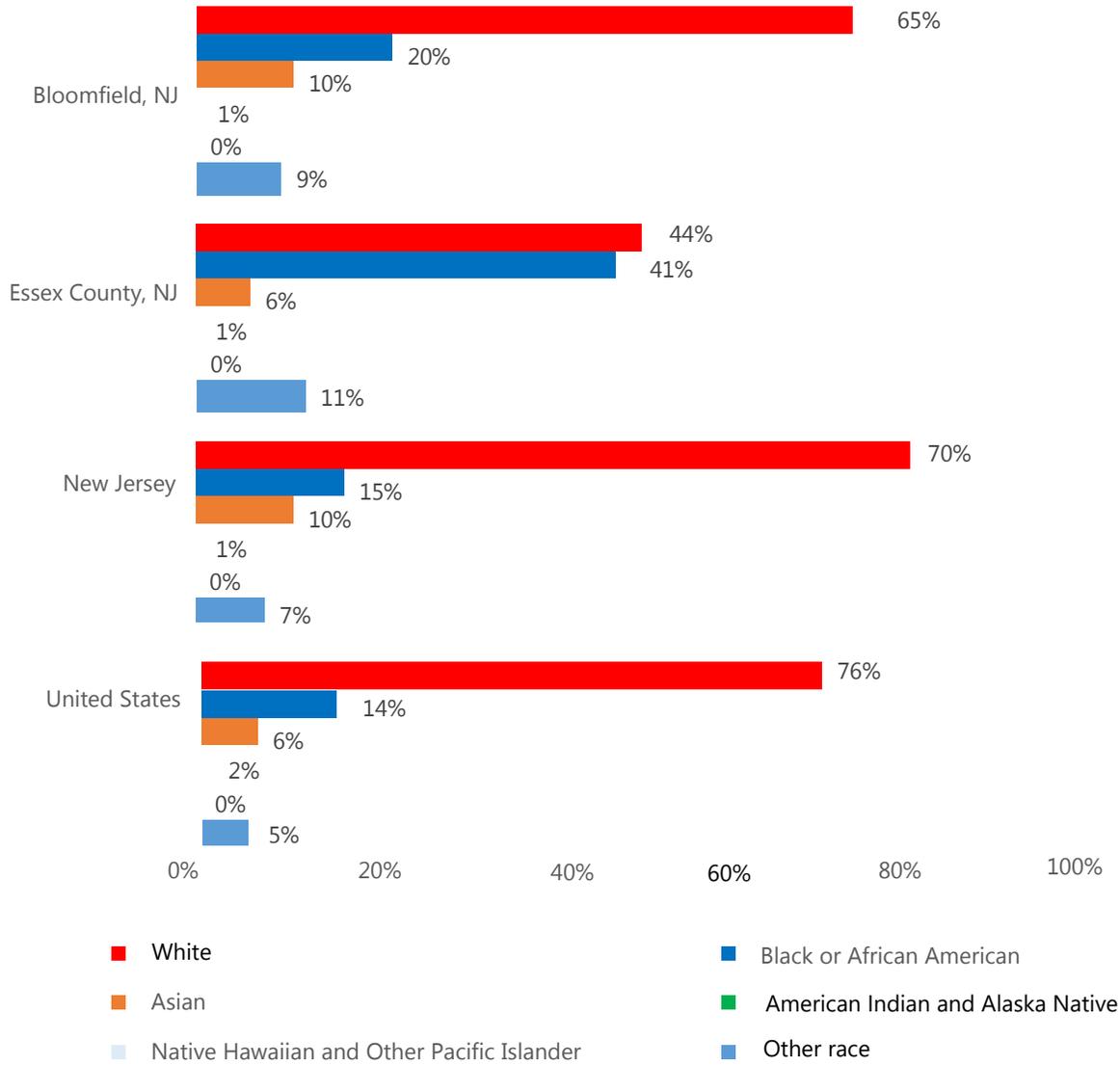


⁴ https://www.census.gov/quickfacts/fact/table/bloomfieldtownshipessexcountynewjersey/LND110210#vie_wtop

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

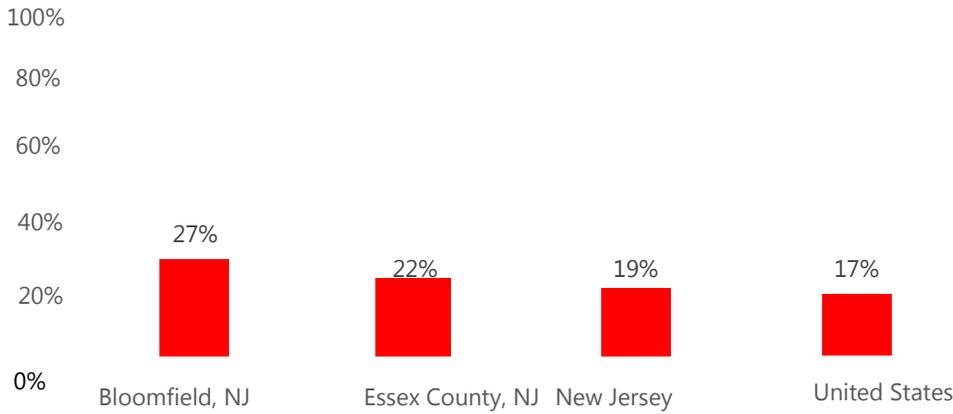
Nearly two-thirds (65%) of Bloomfield residents identify as White, compared to 44% in Essex County, 70% in New Jersey, and 76% across the U.S. As well, 20% of Bloomfield residents identify as Black or African American, compared to 41% in Essex County, 15% in New Jersey, and 14% across the U.S, Figure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

Figure 2. Population Demographics - Race



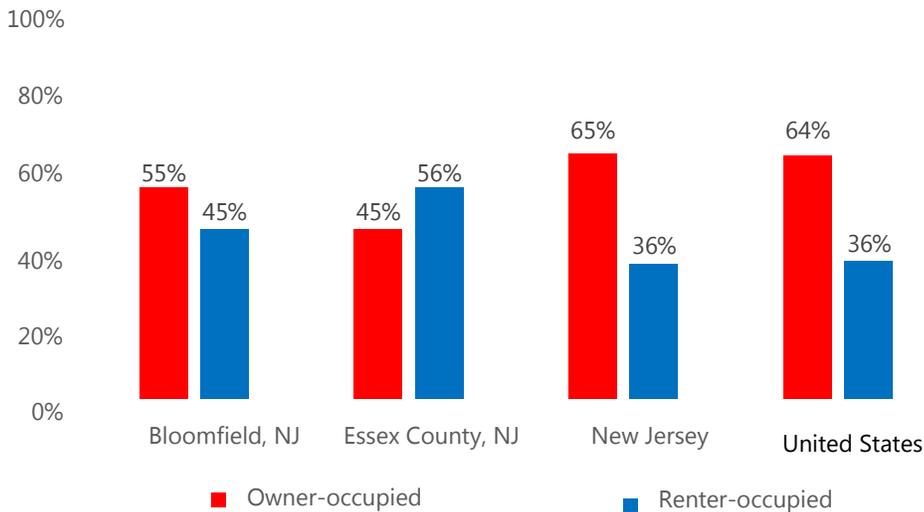
Furthermore, more than one-quarter (27%) of Bloomfield residents identify as Hispanic or Latino, compared to 22% in Essex County, 19% in New Jersey, and 17% across the U.S., Figure 3.⁵

Figure 3. Population Demographics- Hispanic or Latino



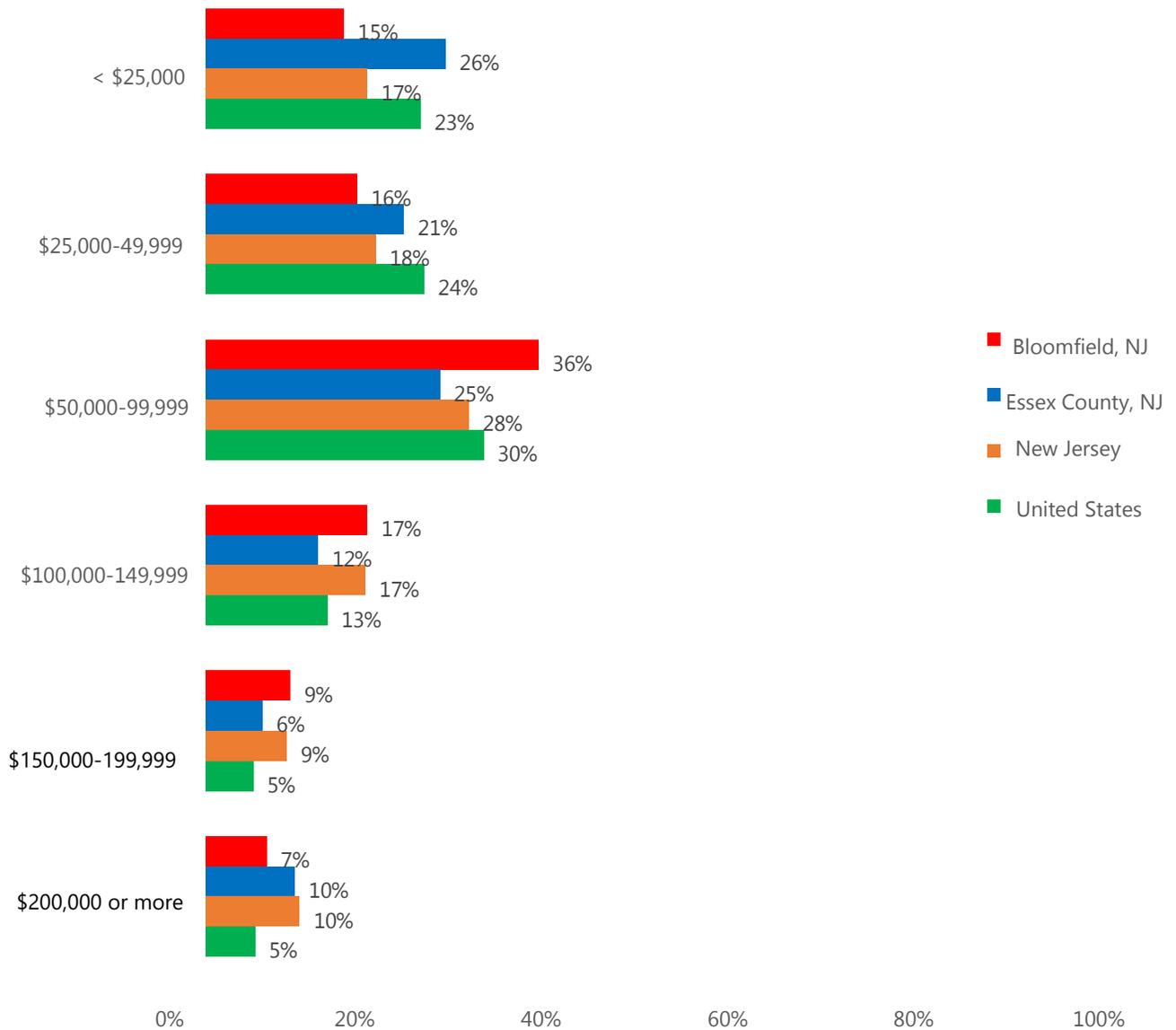
Less than half (45%) of residents in Bloomfield report renting the home they occupy, compared to 56% in Essex County, 36% in New Jersey, and 36% across the U.S., Figure 4.⁵

Figure 4. Population Demographics- Occupied Housing



Household income data from the American Community Survey (2012-2016) show that 69% of Bloomfield residents have a household income of \$50,000 or more, compared to 53% of Essex County residents, 65% of New Jersey residents, and 53% across the U.S.. At the same time, 14% of Bloomfield residents reported a household income less than \$25,000, compared to 26% in Essex County, 17% in New Jersey and 23% across the U.S., Figure 5.⁵ Overall, with regard to household income, Bloomfield is again more similar to statewide trends than it is to Essex County.

Figure 5. Population Demographics - Income



METHODOLOGY

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

RESIDENT SURVEY

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

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

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

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

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

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

RESIDENT FOCUS GROUP

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

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

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

KEY INFORMANT INTERVIEW

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

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

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

PUBLICLY AVAILABLE DATA

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

DATA ANALYSIS

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

STRENGTHS AND LIMITATIONS

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

Key methodological strengths of this assessment include the following.

- Resident survey sample size: The number of surveys collected (n=449) exceeded the goal of 382 surveys. Ultimately, 403 valid surveys were completed, a margin of error of $\pm 4.8\%$ and confidence level of 95%. A total of 1% of Bloomfield residents participated in the survey.
- Study design: This assessment collected data using mixed methods, including surveys, focus groups, interviews, and publicly available data. The multiple sources and types of data describe both the breadth and depth of experiences from residents and other

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

- **BDHHS staff:** The staff of the BDHHS worked collaboratively with community partners to administer the survey and plan and recruit for focus groups. These efforts ensured the survey and focus groups were offered to as many residents as possible and represented a wide range of Bloomfield residents.
- **Survey instrument:** The customized survey instrument covered a wide array of topics important to the BDHHS and its residents. The survey addressed the social determinants of health as well as the health behaviors and status of residents. The survey was offered in both English and Spanish to include a larger population of residents.

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

- **Survey instrument language:** The survey was available to participants in English and Spanish. Data indicate, however, that other languages are also spoken in Bloomfield households (e.g., Armenian, Arabic, and Gujarati). It is possible that the survey was not available to eligible residents in all languages needed.
- **Survey design:** The survey was available to residents online or paper. Residents had the option to skip any question they did not want to answer or stop the survey at any time. As a result, this may have affected the representativeness of the sample. In addition, residents who did not consent to take the paper survey or did not answer the qualifying question on the paper survey (i.e., Which town do you live in?) were excluded from the final survey count.
- **Representativeness of the sample:** Weekly updates were provided to the BDHHS regarding the characteristics of survey respondents. Data available from the U.S. Census Bureau QuickFacts, were used to compare the demographic information of those completing the survey with Bloomfield's population. While the goal of the survey was to ensure representativeness of the community, in particular Hispanic and Latinos resident, based on this comparison, survey data showed:
 - underrepresented Bloomfield residents with some college (e.g., did not graduate from a 2 or 4 year college) or less;
 - underrepresented residents who identify as Hispanic or Latino, Black/ African American, or Asian;
 - underrepresented residents between the ages of 18 and 34 years and overrepresented residents between the ages of 35 and 54, and 60 and 74 years; and,

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

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

- Survey Methods: State and national surveys (i.e., Behavioral Risk Factor Surveillance System) typically collect data via telephone or cellular interviews and have a number of probes to obtain responses from randomly selected residents. While BRFSS questions were used, these questions were slightly modified to address the online and paper survey platforms. Questions were not weighted due to how demographic questions were asked and as result; some responses may not be representative of the community.
- Statistical Analysis: Demographic questions such as race/ethnicity were not weighted due to the how the question was asked. Therefore, frequencies were used to compare survey responses to county, state, and national data. A limited amount of crosstabs were calculated to determine if a relationship existed between two variables (e.g., health and race/ethnicity)
- Key informant interviews: All 16 key informants were contacted via phone or email to schedule interviews. While 7 interviews were scheduled, CREEHS was able to complete only 5 interviews. Two of the interviewees (interview to be conducted jointly) had to cancel due to an influx of work responsibilities and time conflict. As result, CREEHS was unable to reschedule the interviews after numerous attempts. These voices may be missing from the assessment.

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

HEALTH OUTCOME FINDINGS

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

SUMMARY OF KEY FINDINGS

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

OVERALL HEALTH

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

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

Figure 6. Respondent Ranking of their General Health

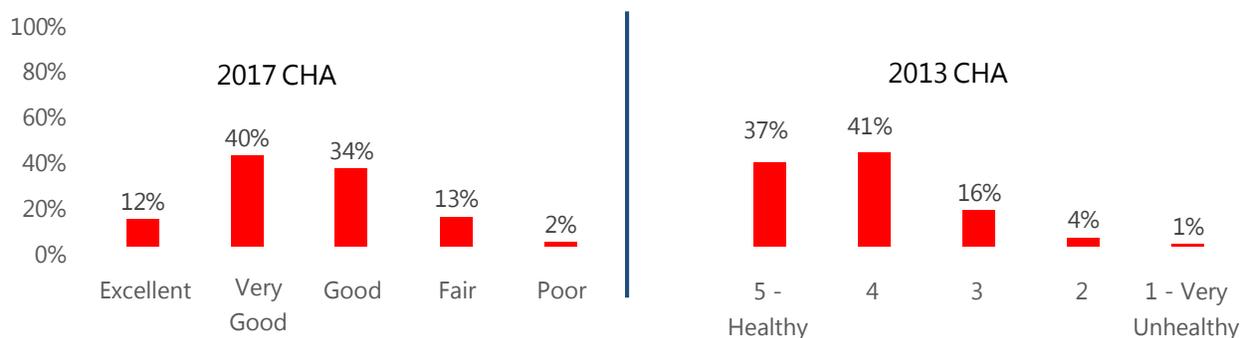


Table 1. Overall Health Rankings, by Location

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

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

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

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

⁶ <http://www.countyhealthrankings.org/app/new-jersey/2018/rankings/essex/county/outcomes/overall/snapshot>
⁷ <https://www26.state.nj.us/doh-shad/indicator/view/GeneralHealth.Year.html>

DISEASE PREVALENCE

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

Diabetes

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

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

Figure 7. Respondents Diagnosed with Diabetes

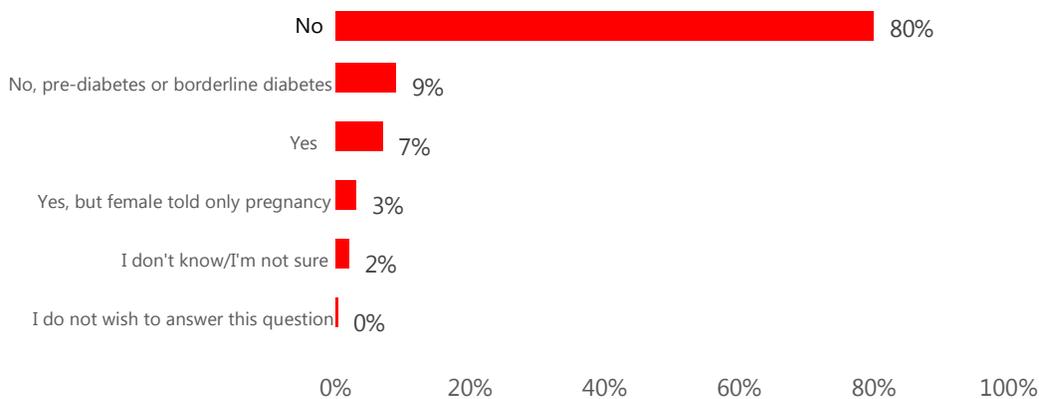


Table 2. Diabetes Prevalence, by Location

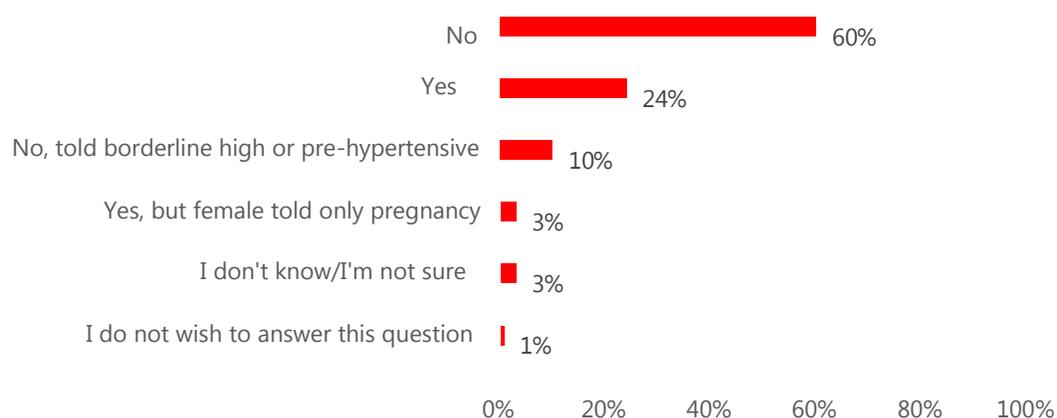
| Location | Key Findings |
|-------------------|--|
| Bloomfield | 10% of 2017 BDHHS CHA respondents were told by a doctor, nurse, or other health professional that they had diabetes. |
| Bloomfield (2013) | 25% of 2013 BDHHS CHA survey respondents reported that they or someone they knew had been diagnosed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

Blood Pressure

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

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

Figure 8. Respondents Diagnosed with High Blood Pressure



⁸ https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&isIClass=CLASS03&isITopic=TOPIC18&isIYear=2016&rdRnd=63130

Table 3. Prevalence of High Blood Pressure, by Location

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

Know Your Numbers

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

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

Similar data are not available for other years or locations.

Body Mass Index

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

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

⁹ https://www26.state.nj.us/doh-shad/query/result/njbrfs/DXBPHigh/DXBPHighCrude11_.html

¹⁰ United Health Foundation (2017). America’s Health Rankings: High Blood Pressure 2017. Data from CDC Behavioral Risk Factor Survey, 2015. <https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/NJ>

Figure 9. Respondent Body Mass Index

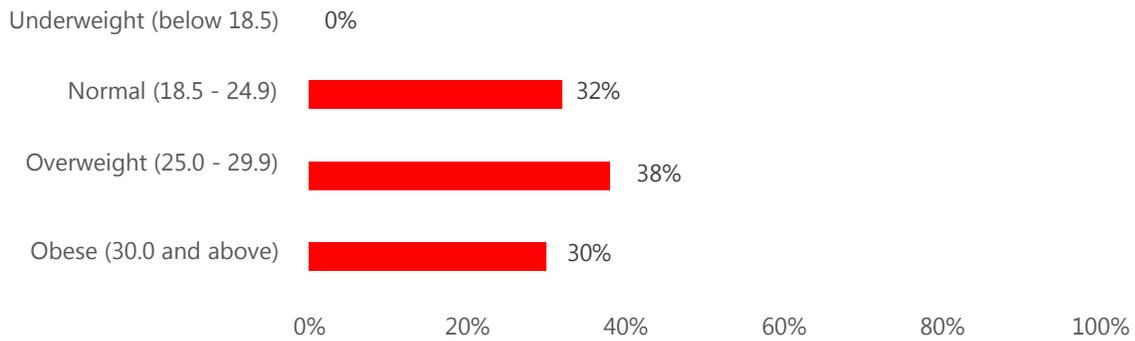


Table 4. Overweight and Obesity Prevalence, by Location

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

¹¹ https://www26.state.nj.us/doh-shad/query/result/njbrfs/BMI4Cat/BMI4CatCrude11_.html

¹² <https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?>

RECOMMENDATIONS

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

1. Consider expanding the “Know Your Number” campaign to increase residents’ knowledge and awareness around knowing their numbers (e.g., waist, heart rate, cholesterol, blood pressure, glucose).
2. Consider increasing the reach of or raising awareness about programs and resources that educate residents about the factors that lead to diabetes, high blood pressures and obesity. This may include programs that explain the importance of healthy weight and body mass index.
3. Consider working with mental health organizations to expand the reach of programs, resources, and services to Bloomfield residents. This may include creating a sliding fee for service program to target residents who are unable to access this type of service because of cost or creating a social media awareness campaign.

HEALTH-RELATED BEHAVIOR FINDINGS

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

SUMMARY OF KEY FINDINGS

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

PHYSICAL ACTIVITY

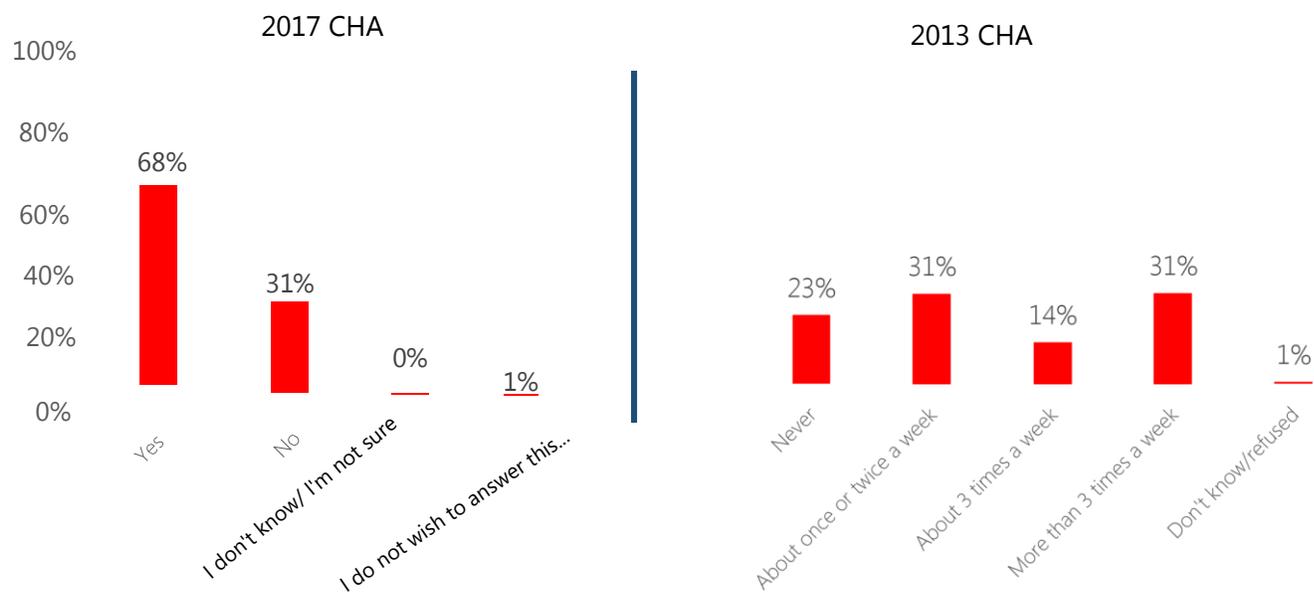
The Physical Activity Guidelines for Americans, released by the U.S. Department of Health and Human Services, recommends that adults get at least 150 minutes of moderate-intensity physical activity weekly and 2 days or more each week of muscle-strengthening exercises.¹³ Survey respondents were asked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

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

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

¹³ <https://health.gov/dietaryguidelines/2015/guidelines/appendix-1/>

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



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

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

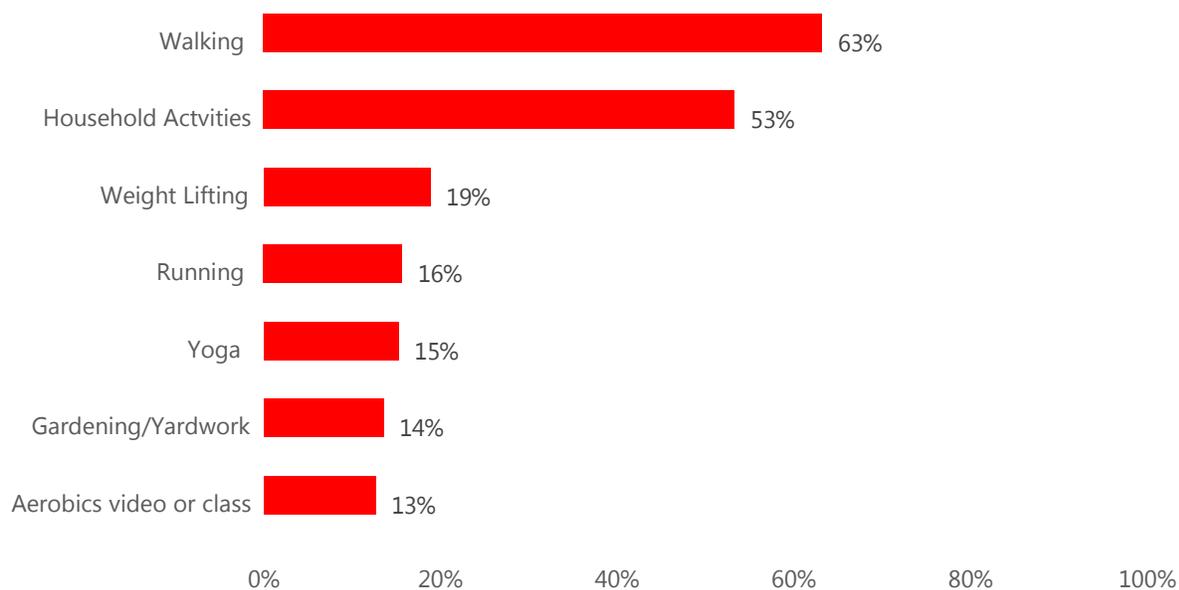


Table 5. Participation in Any Physical Activity or Exercise by Location

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

NUTRITION

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

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

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

| Location | Key Findings |
|-------------------|--|
| Bloomfield | 43% of 2017 BDHHS CHA respondents reported consuming fruit 1 or more times per day |
| Bloomfield (2013) | <i>Not available</i> |
| Essex County | <i>Not available</i> |
| New Jersey | 64% of New Jerseyans consumed fruit 1 or more times per day ¹⁵ |
| United States | 60% of Americans consumed fruit 1 or more times per day ¹⁵ |

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

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

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

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

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

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

| Location | Key Findings |
|-------------------|---|
| Bloomfield | <ul style="list-style-type: none"> • 30% of 2017 BDHHS CHA respondents reported consuming other vegetables 1 or more times per day., • 26% of 2017 BDHHS CHA respondents reported consuming green vegetables 1 or more times per day., • 10% of 2017 BDHHS CHA respondents reported consuming orange colored vegetables 1 or more times per day, and • 9% of 2017 BDHHS CHA respondents reported consuming legumes 1 or more times per day. |
| Bloomfield (2013) | <i>Not available</i> |
| Essex County | <i>Not available</i> |
| New Jersey | 78% of New Jerseyans consumed vegetables 1 or more times per day ¹¹ |
| United States | 78% of Americans consumed vegetables 1 or more times per day ¹¹ |

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

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

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

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

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

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

TOBACCO & SUBSTANCE USE

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

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

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

Figure 12. Percentage of current smokers

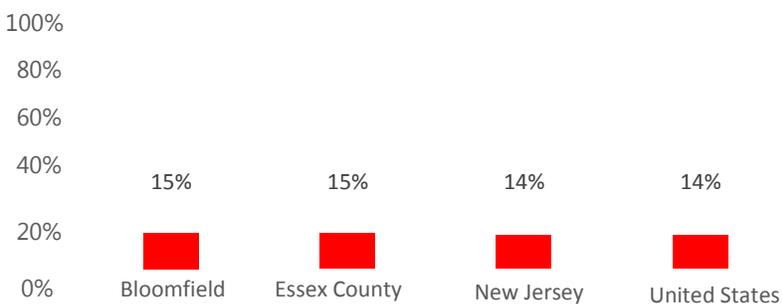


Table 9. Current Smokers by Location

| Location | Key Findings |
|-------------------|--|
| Bloomfield | 15% of 2017 BDHHS CHA respondents reported smoking cigarettes “every day” or “some days” |
| Bloomfield (2013) | <i>Not available</i> |
| Essex County | 15% of Essex County residents smoke cigarettes ⁶ |
| New Jersey | 14% of New Jerseyans smoke cigarettes ⁶ |
| United States | 14% of Americans smoke cigarettes ⁶ |

¹⁵ <https://www.samhsa.gov/atod>

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATIONS

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

1. Consider expanding initiatives that promote community physical activity and connectedness to promote walking and moderate physical activity among Bloomfield residents.
2. Consider providing nutrition education workshops throughout Bloomfield that explain the importance of eating fruit and vegetables and highlight the risks of drinking soda. These workshops may include brief sessions that focus on cooking and nutrition, eating healthy on a budget, or taste testing in schools, workplaces, or other community locations.
3. Consider programming or resources to reduce the consumption of alcohol among residents. For example, these workshops might include stress reduction alternatives such as yoga or meditation.
4. Consider expanding or creating programs that focus on smoking cessation and the harmful effects of e-cigarettes and vaping targeting youth and adults.
5. Consider working with substance abuse organizations to enhance programming and resources around perceived illicit drug use in the community.
6. Consider working with law enforcement and human service agencies to increase presence at public locations where drug use is prevalent.

FACTORS INFLUENCING HEALTH FINDINGS

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

SUMMARY OF KEY FINDINGS

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

ACCESS TO CLINICAL CARE

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

- 79% reported going to the doctor's office when they are sick,
- 6% reported going to other clinic or health center when they are sick, and
- 4% reported going to the hospital emergency room when they aren't sick.

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

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

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

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

| Location | Key Findings |
|-------------------|--|
| Bloomfield | <ul style="list-style-type: none"> 89% of 2017 BDHHS CHA respondents reported having health care coverage 87% of 2017 BDHHS CHA respondents reported having access to dental care |
| Bloomfield (2013) | <ul style="list-style-type: none"> 85% of 2013 BDHHS CHA respondents reported having health care to pay for medical care. 64% of 2013 BDHHS CHA respondents reported having dental care coverage |
| Essex County | <i>Not available</i> |
| New Jersey | <i>Not available</i> |
| United States | <i>Not available</i> |

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

Figure 13. Respondent awareness of clinical care services in Bloomfield

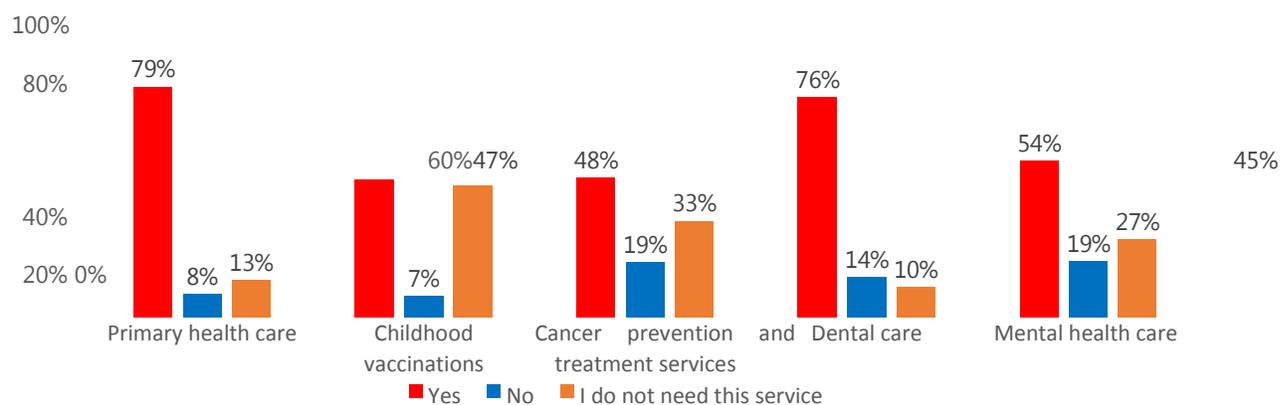


Table 11 highlights awareness and/or access of clinical care services by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

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

| Location | Key Findings |
|-------------------|--|
| Bloomfield | <ul style="list-style-type: none"> 79% of 2017 BDHHS CHA reported awareness to primary health care 76% of 2017 BDHHS CHA reported awareness to dental care 54% of 2017 BDHHS CHA reported awareness to mental health care 48% of 2017 BDHHS CHA reported awareness to cancer prevention and treatment services 47% of 2017 BDHHS CHA reported awareness to childhood vaccinations |
| Bloomfield (2013) | <ul style="list-style-type: none"> 94% of 2013 BDHHS CHA reported access to primary health care 87% of 2013 BDHHS CHA reported access to dental care 75% of 2013 BDHHS CHA reported access to cancer prevention and treatment services 75% of 2013 BDHHS CHA reported access to mental health care 55% of 2013 BDHHS CHA reported access to childhood vaccinations |
| Essex County | <i>Not available</i> |
| New Jersey | <i>Not available</i> |
| United States | <i>Not available</i> |

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

Figure 14. Respondent participation in cancer screenings offered by BDHHS

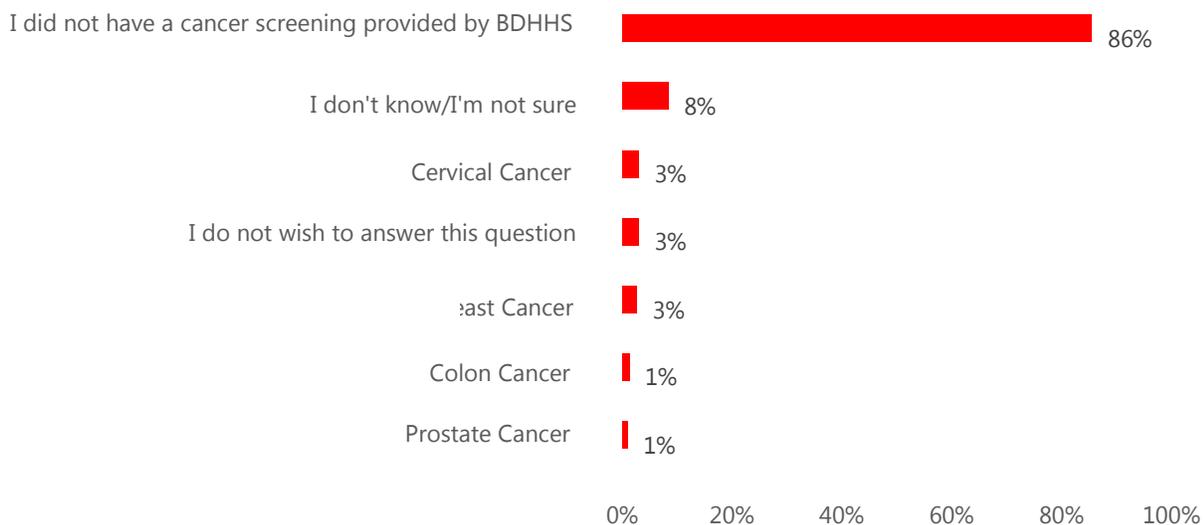


Table 12 highlights participation of cancer and/or health screening by location including 2017 BDHHS CHA respondents (Bloomfield), 2013 BDHHS CHA respondents (Bloomfield 2013) as well as residents in Essex County, New Jersey, and the United States.

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

| Location | Key Findings |
|--------------------|---|
| Bloomfield | <ul style="list-style-type: none"> • 3% of 2017 BDHHS CHA reported having had a breast cancer screening • 3% of 2017 BDHHS CHA reported having had a cervical cancer screening • 1% of 2017 BDHHS CHA reported having had a colon cancer screening • 1% of 2017 BDHHS CHA reported having had a prostate cancer screening |
| Bloomfield (2013)* | <ul style="list-style-type: none"> • 91% of 2013 BDHHS CHA reported having had a blood pressure screening • 76% of 2013 BDHHS CHA reported having had a cholesterol screening • 76% of 2013 BDHHS CHA reported having had a blood sugar screening • 75% of 2013 BDHHS CHA reported having had a dental screening • 51% of 2013 BDHHS CHA reported having had a mammogram • 46% of 2013 BDHHS CHA reported having had a prostate screening |
| Essex County | <i>Not available</i> |
| New Jersey | <i>Not available</i> |
| United States | <i>Not available</i> |

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

Barriers to Clinical Care

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

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

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

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

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

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

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

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

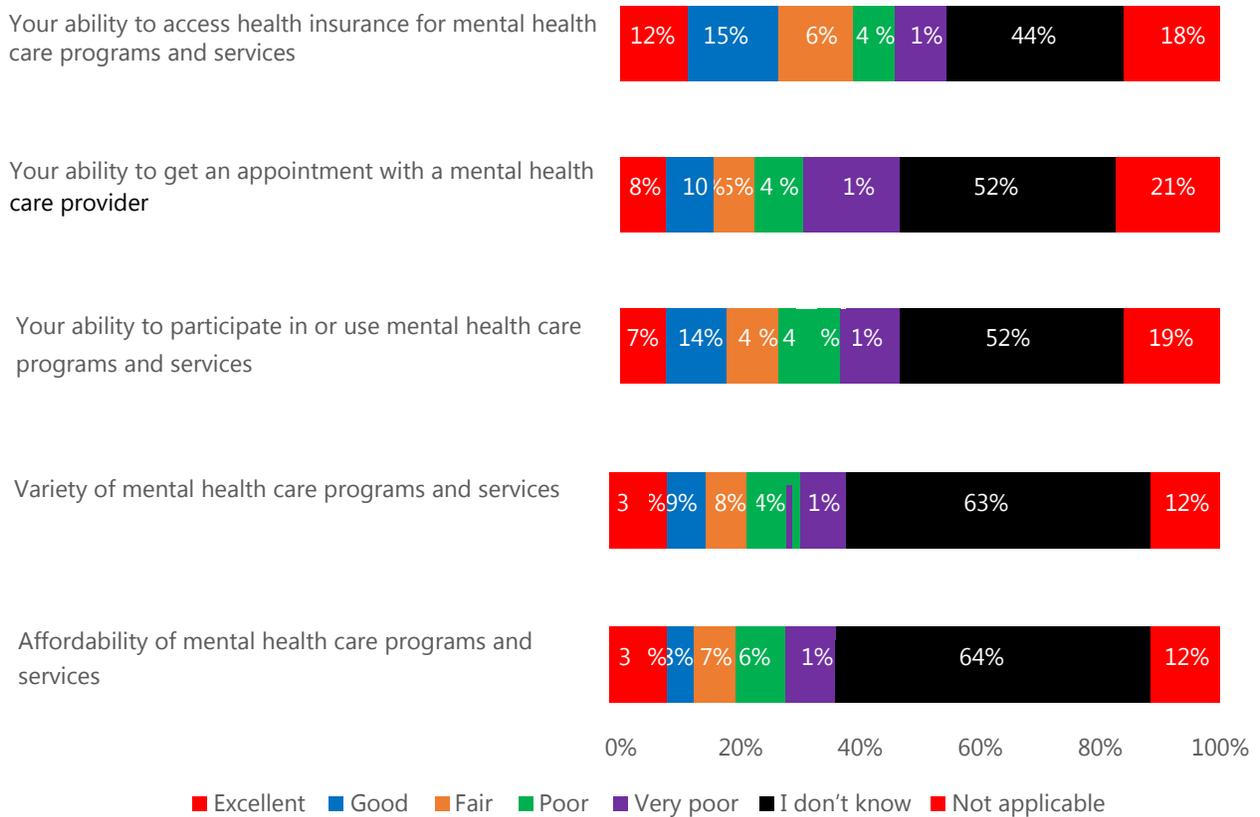
Both focus group respondents and key informants further indicated that they observed differences in health care access, health resources, and health status between the wards within Bloomfield.

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

ACCESS TO MENTAL HEALTH CARE

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

Figure 15. Respondent ratings around mental health programs and services in Bloomfield

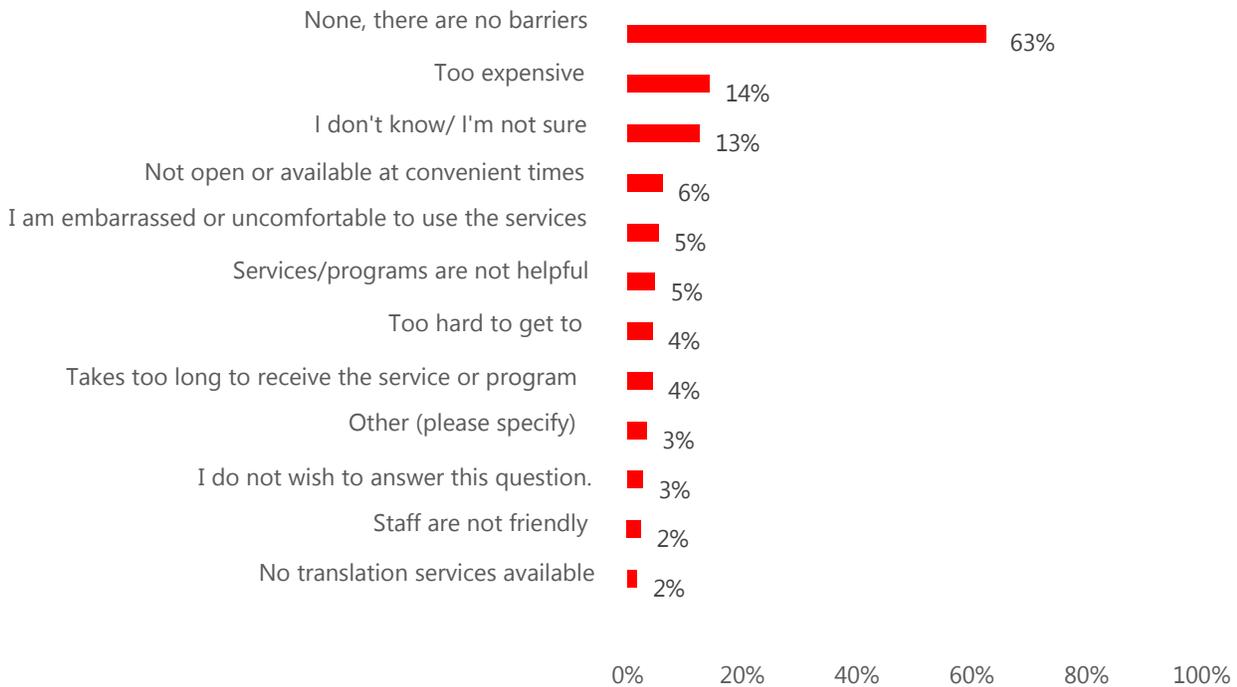


Of note, a few respondents (5%) indicated that the variety, affordability, ability to participate in or use, and ability to get an appointment for mental health care program and services as “poor” or “very poor”.

Barriers to Mental Health Care

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

Figure 16. Respondents’ barriers to mental health care programs and services

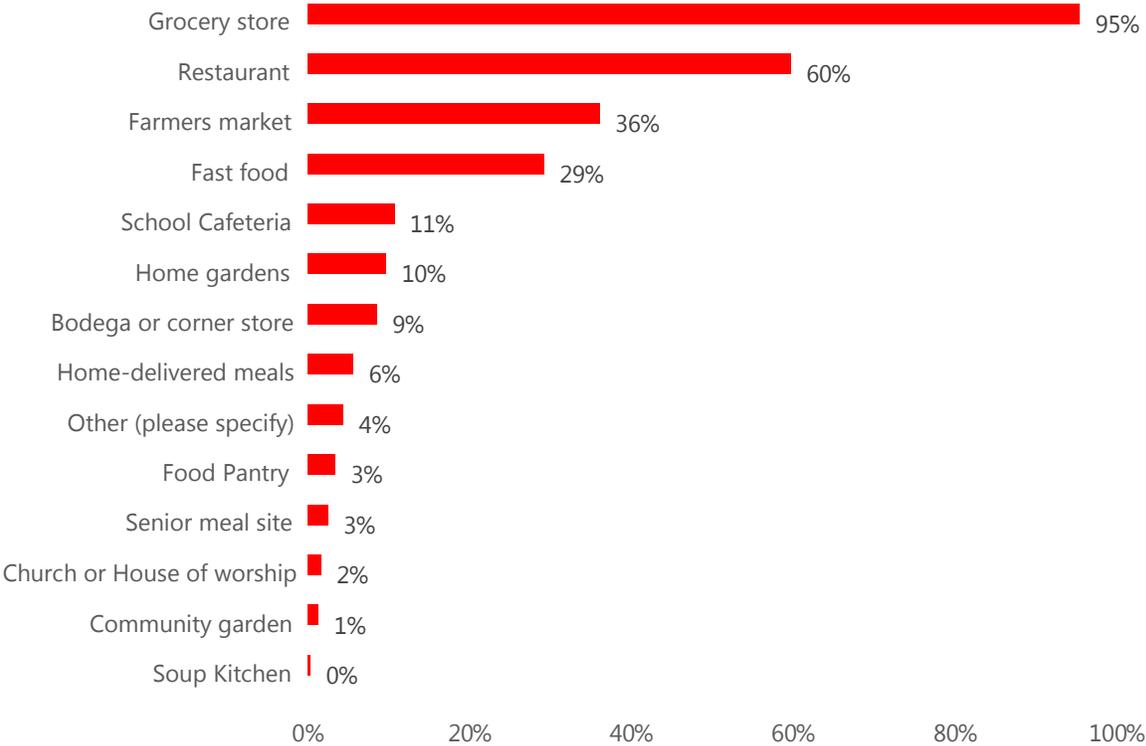


“There’s a big stigma and people might not know where to go and there’s a lot of shame in asking for help and that’s anything that pertains to mental health. Despite all of the awareness we are still struggling to get legislation that forces insurance companies to provide coverage for a lot of mental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

FOOD ENVIRONMENT

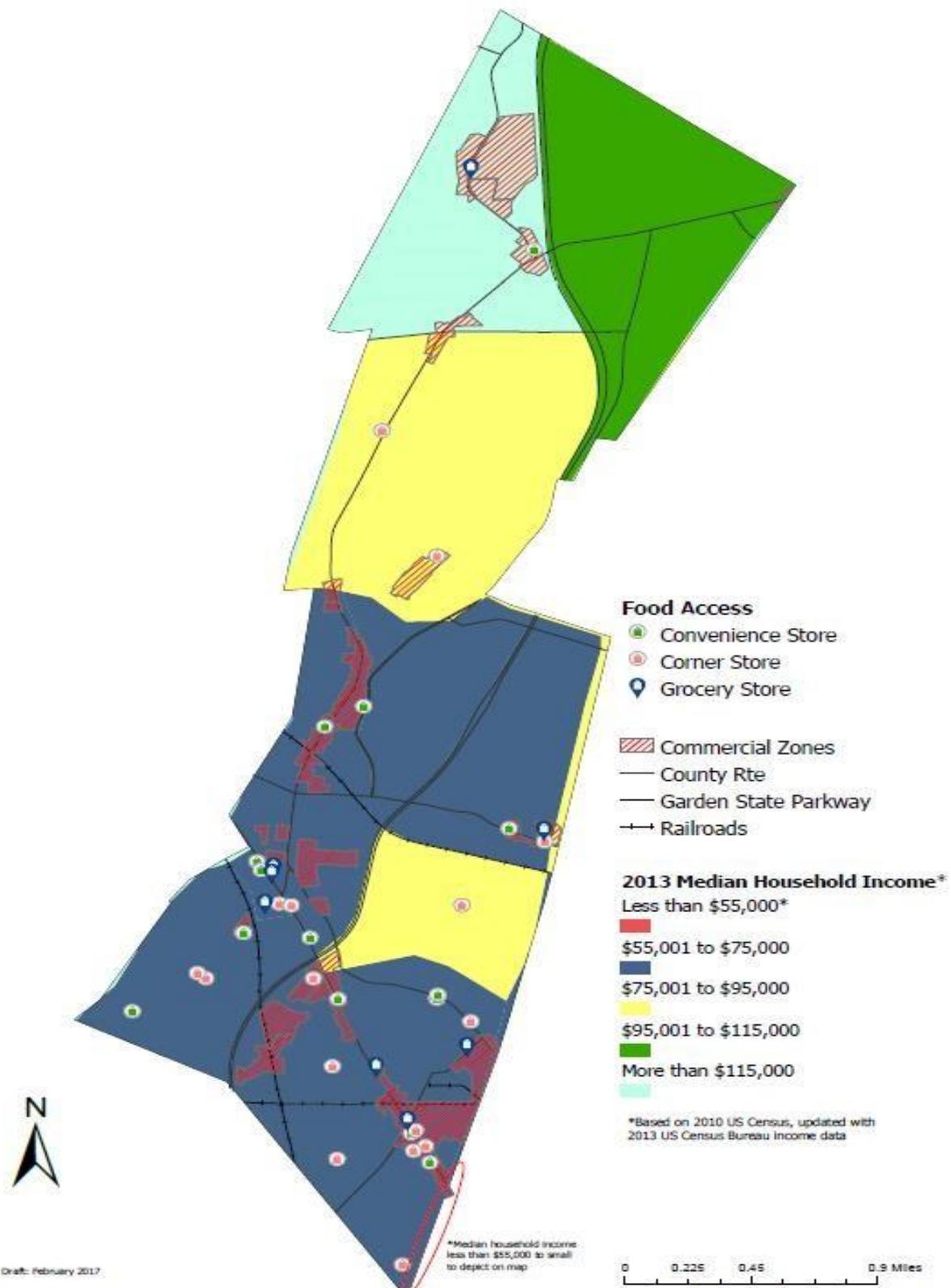
Survey respondents were asked a variety of questions around food access such as where they get food, difficulties getting healthy foods, and food insecurity. Nearly all of survey respondents reported they purchased their food at the grocery store (95%), restaurant (60%), and/or farmers market (36%),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

Focus group and interview respondents echoed these findings, indicating that there were many food options within Bloomfield, including 4 major supermarkets, a variety of ethnic grocery stores, and culturally diverse restaurants. Focus group respondents valued the mobile farmer’s market truck and appreciated the community garden as well as the seasonal farmers market on the municipal green and in Watsessing Park. Some respondents also indicated that the food pantries and social service programs were community resources helping people to access food. Figure 17. Places respondents get their food



Geographic information system (GIS) mapping was used to assess access to fruit and vegetables across the township. GIS mapping (2017) shows that 92% of Bloomfield residents live within a 1/2 mile radius of a food retailer that sells or distributes fruit and vegetables, Figure 18. Food retail sources included community and school gardens, farmer’s markets, supermarkets, and corner stores. Fruit and vegetables include fresh, frozen, and canned as well as those in 100% juice form.

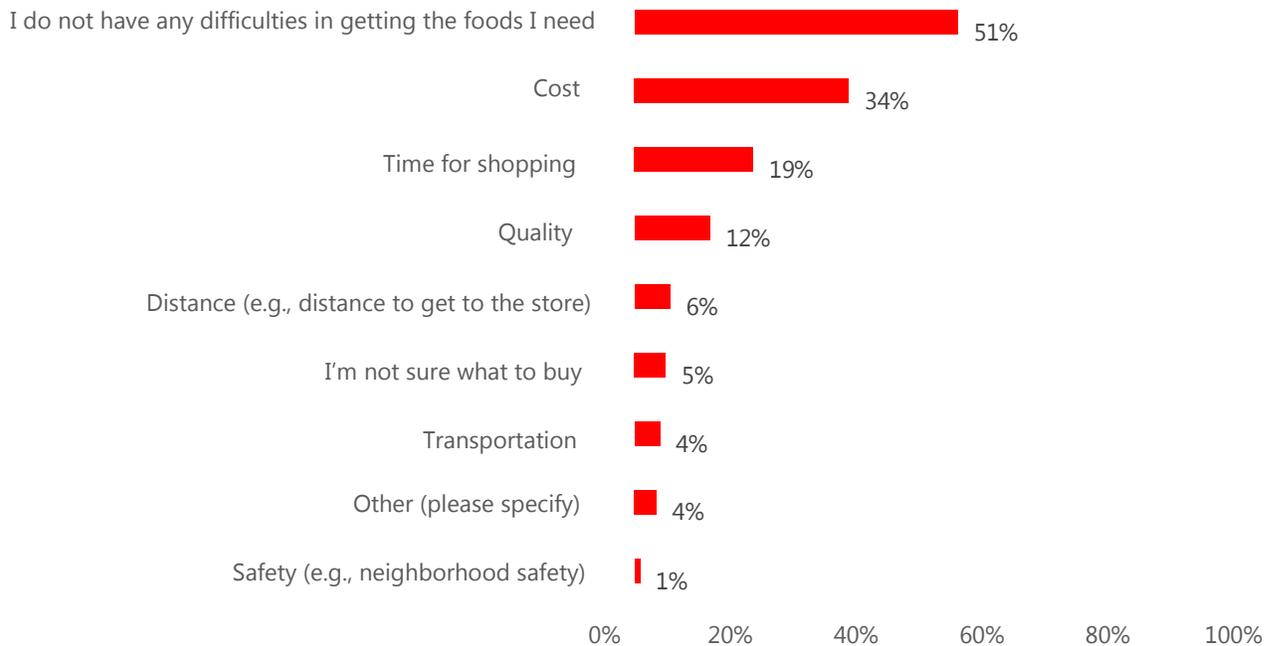
Figure 18. Access or Availability to Fruit and Vegetables by Socioeconomic Status



Barriers to Food Access

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

Figure 19. Respondent barriers to accessing healthy foods

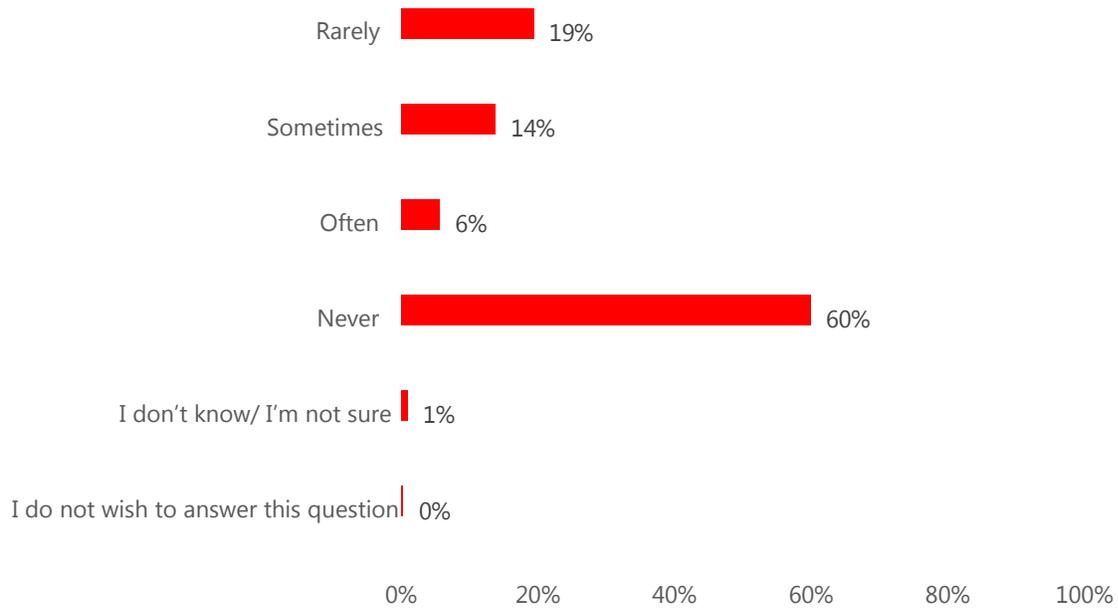


Focus group respondents and key informants reiterated these findings as they indicated that the cost of healthy food at grocery stores was prohibitive and that many people did not have enough time to cook healthy meals. Long commutes, long work hours, and stress impacted the amount of time respondents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

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

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

Figure 20. Concern household will not have enough food



"If people are on a limited budget they are buying food that lasts longer, peanut butter and jelly sandwiches. We have a lot of renters and people living on a fixed income that are not eating as healthily as they could be. And that requires not only access but also education about teaching people about eating healthy." - Key Informant

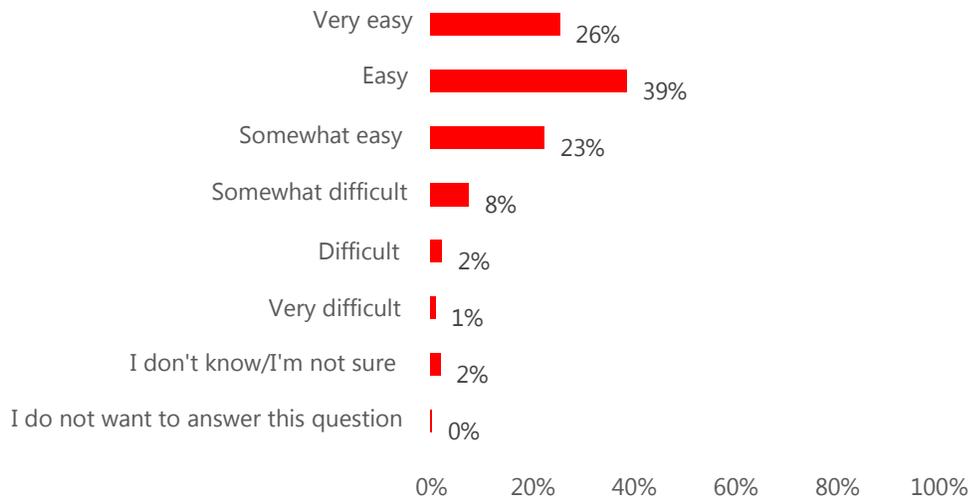
TRANSPORTATION AND PHYSICAL ACTIVITY ENVIRONMENT

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

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

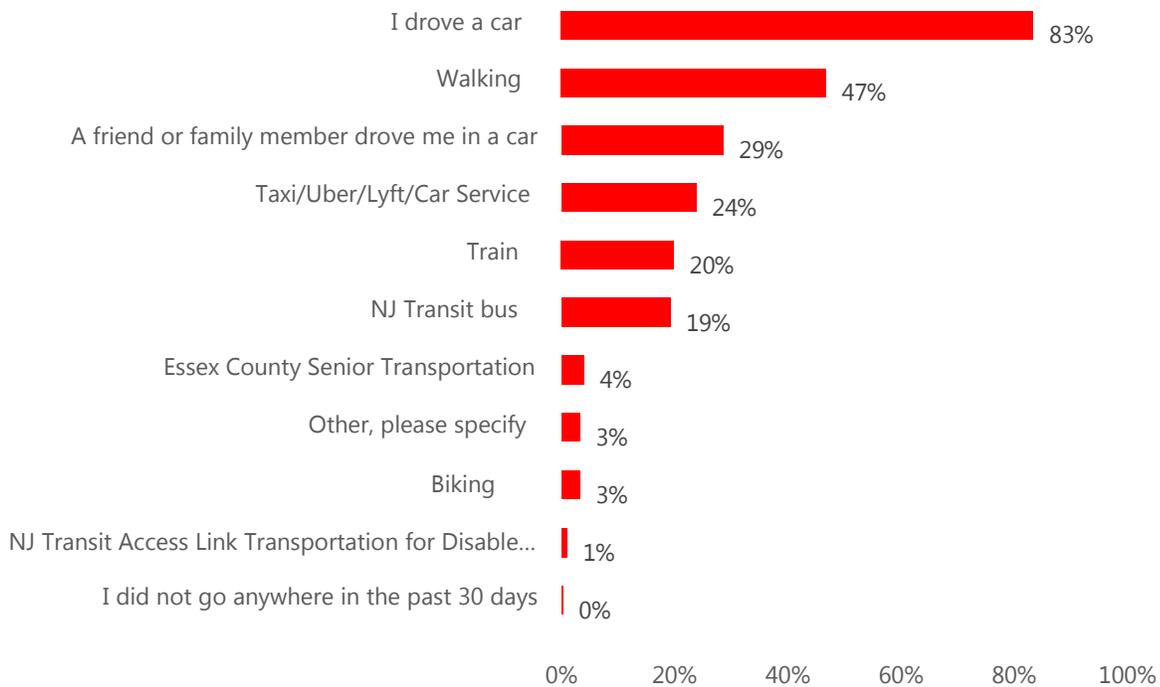
In regard to the ease or difficulty of getting around Bloomfield, 88% of respondents found it "somewhat easy", "easy", or "very easy" to get from one place to another, Figure 21.

Figure 21. Respondent ratings of ease of getting around Bloomfield



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

Figure 22. Modes of Transportation*



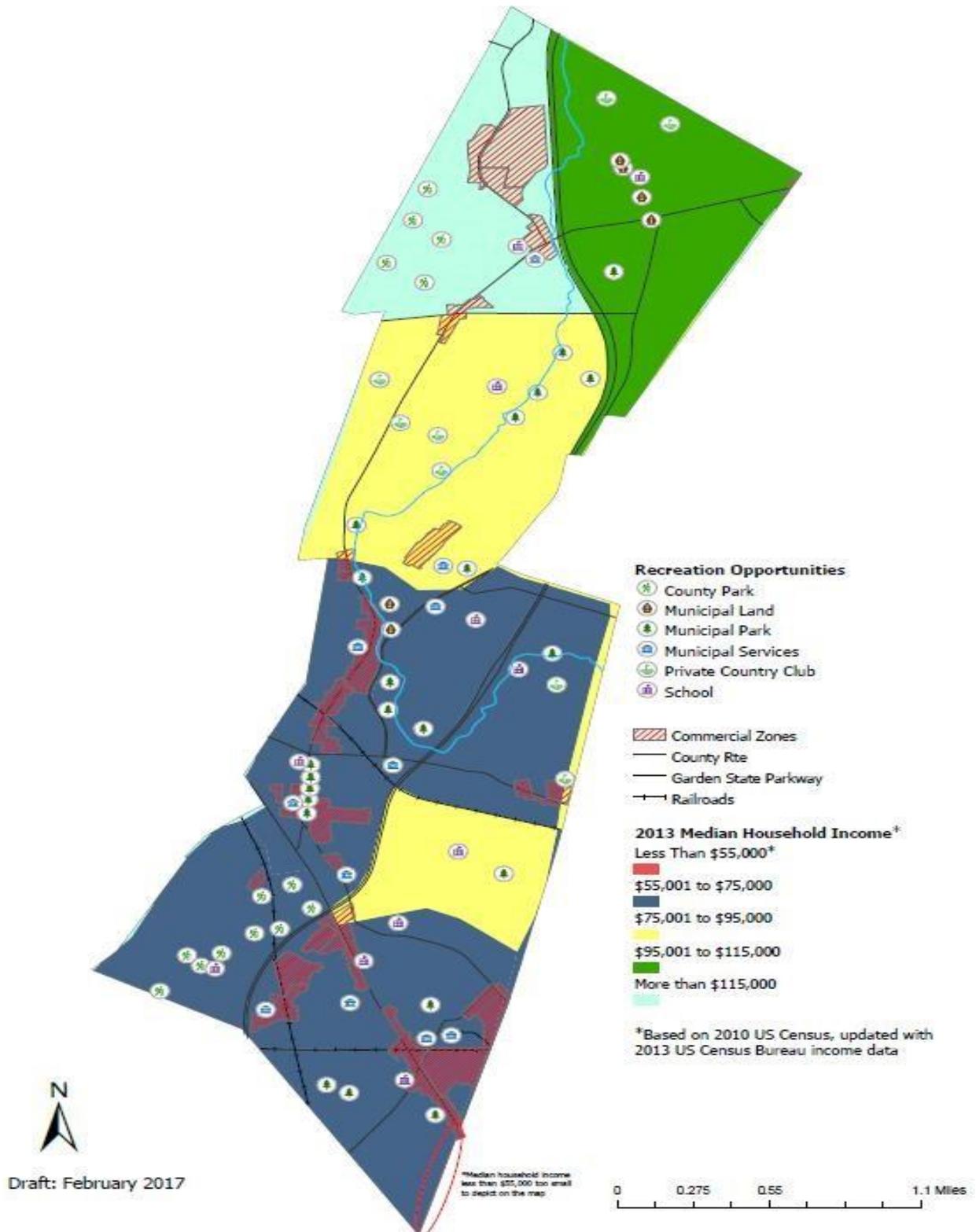
* Respondents could select more than one mode of transportation

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

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

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

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

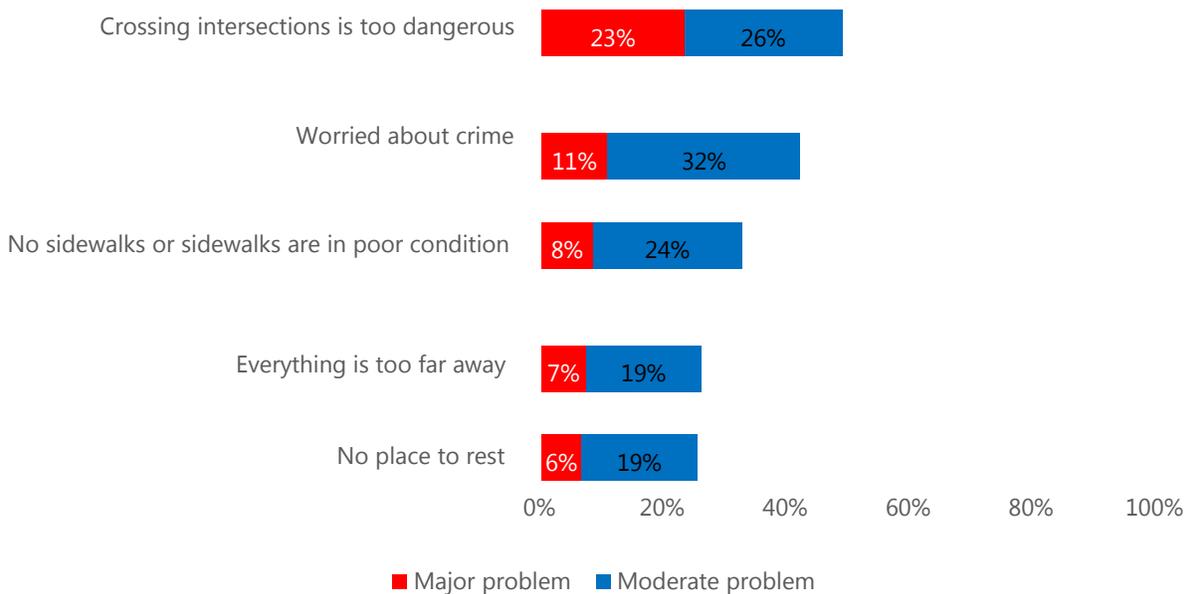


Barriers to Transportation and Physical Activity Environment

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

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

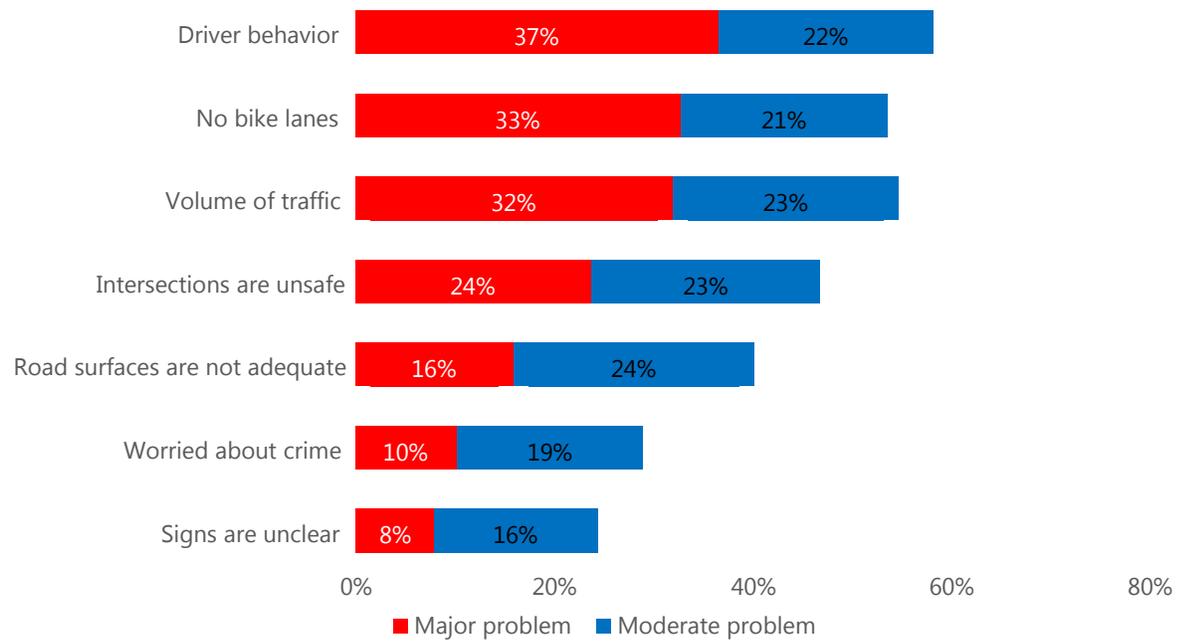
Figure 24. Respondent concerns around walking



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

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

Figure 25. Respondent concerns with biking



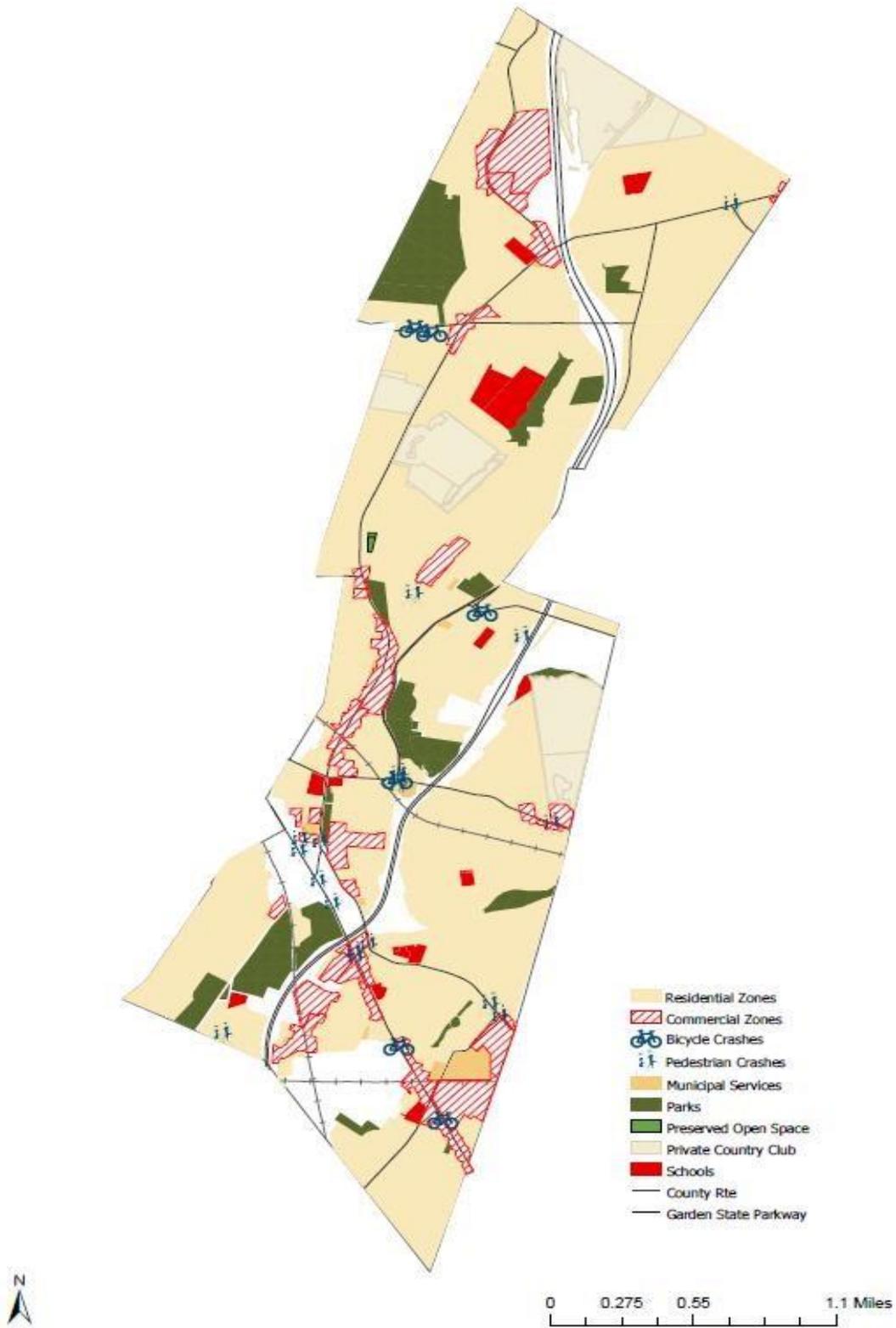
To further illustrate concerns around pedestrian and bike safety, 2015 pedestrian and bike crash data from the Center for Advanced Infrastructure and Transportation (CAIT) at Rutgers University were mapped using GIS. The data showed 19 pedestrians and 6 bicyclists were involved in crashes in that year.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

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

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

| Location | Key Findings |
|-------------------|---|
| Bloomfield | <ul style="list-style-type: none"> • 49% of 2017 BDHHS CHA respondents reported crossing intersections was too dangerous as reason as a "moderate problem" or "major problem" (walking) • 58% of 2017 BDHHS CHA respondents reported driver behavior as a "moderate problem" or "major problem" (biking) |
| Bloomfield (2013) | <ul style="list-style-type: none"> • 58% of 2013 BDHHS CHA respondents reported weather/wrong season as a reason for not participating in biking or walking activities • 31% of 2013 BDHHS CHA respondents reported being too busy/no opportunity as a reason for not participating in biking or walking activities |
| Essex County | <i>Not available</i> |
| New Jersey | <i>Not available</i> |
| United States | <i>Not available</i> |

Figure 26. Pedestrian and Bike Crash Data



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

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

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

HOUSING

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

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

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

Barriers to Housing

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

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

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

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

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

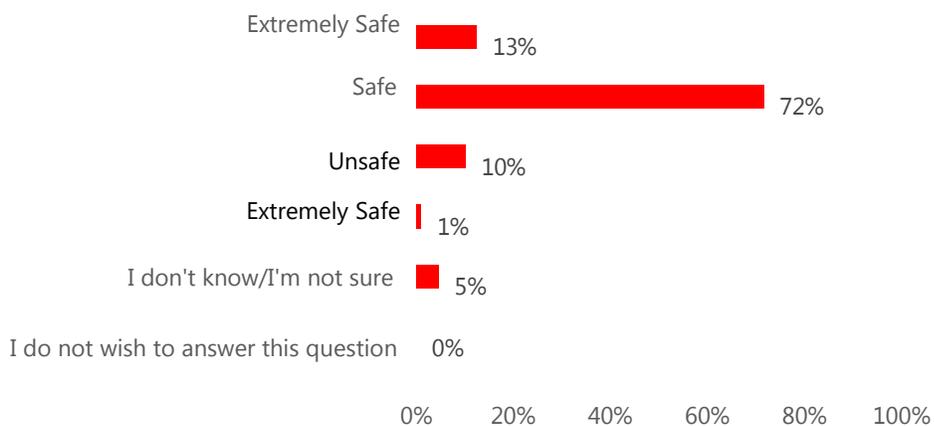
"[S]tressing about money, making sure that you have the money to pay for the roof over your head, that is a lot of concern for people so they can't make their doctors appoint or go to their workout or meal prep. Everyone is so busy trying to make a dollar and provide for their families it takes priority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

NEIGHBORHOOD SAFETY AND ENVIRONMENTAL HEALTH

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

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

Figure 27. Respondent perceptions of neighborhood safety



¹⁷ <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

Barriers to Neighborhood Safety and Environmental Health

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

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

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

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

Additional environmental health concerns that were noted by focus group and interview respondents included:

- rodents in some areas of town, particularly by the river;
- the need for more recycling and composting programs and options;
- enforcement of anti-idling laws to reduce exposure to pollution and protect air quality, particularly in front of schools; and,
- litter and trash removal.

RECOMMENDATIONS

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

1. Consider partnering with a local hospital to provide cultural competency training for health department staff, healthcare providers, and emergency responders to ensure all populations feel comfortable accessing care in Bloomfield.
2. Partner with the local hospital to develop programming and outreach to address the health needs of identified populations such as non-English-speaking minorities, seniors, low-income families, the LGBTQ community, and Medicaid/Medicare patients.
3. Partner with local providers, service organizations, and hospital to expand mental health program offerings, including programs that focus on reducing stress and increasing mindfulness. This may include developing or adopting an anti-stigma campaign.
4. Assess the health needs of the various wards, as well as the current services and facilities, access to healthy foods and physical activities, in order to address potential health disparities across the Township.
5. Consider amending the Municipal Master Plan to include land use and zoning ordinances aimed at decreasing the number of fast food restaurants within the community and attracting more healthful establishments or collaborate with the school district to provide consistent food and nutrition education at all Bloomfield schools, including cooking workshops, school gardens, and healthier school lunches.

6. Consider installing lighting at school facilities, parks, recreation areas, and intersections throughout the Township or open school facilities and recreation centers for evening use for physical activity and exercise.
7. Consider re-evaluating the implementation of the Complete Streets policy that was recently adopted. Respondents suggested the Township create protected bike lanes on major roads that traverse the Township.
8. Consider working with the Recreation Department to create programs that offer free public events, like yoga in the park, calisthenics, or walking clubs to get residents out and active together.
9. Consider offering additional community gardens and farmers markets throughout the Township to increase access to healthy foods.
10. Address community environmental health and safety concerns such as water contamination communication. This may include developing language in laymen's terms to add to current required correspondence and/or developing a protocol for communicating with the public regarding water issues, such as the timeliness of communication, the methods of communication, communication in foreign languages, and follow-up communication.
11. Consider developing new program offerings to educate residents on the relationship between health behaviors and health outcomes. For example, residents suggested the Township educate people that trees, walking, healthy food, and exercise are healthy choices that will improve health outcomes for residents and the environment.
12. Consider collaborating with non-profit organizations that assist individuals and families with housing and utilities services and/or promoting existing services, programs, and resources to Bloomfield residents.
13. Consider working with housing programs to educate Bloomfield renters about first time homeownership programs and/or government assistance programs.
14. Consider providing additional trash and recycling receptacles throughout the Township to discourage litter. For example, the Township can invest in or pilot Big Belly trash compactors.

COMMUNICATION FINDINGS

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

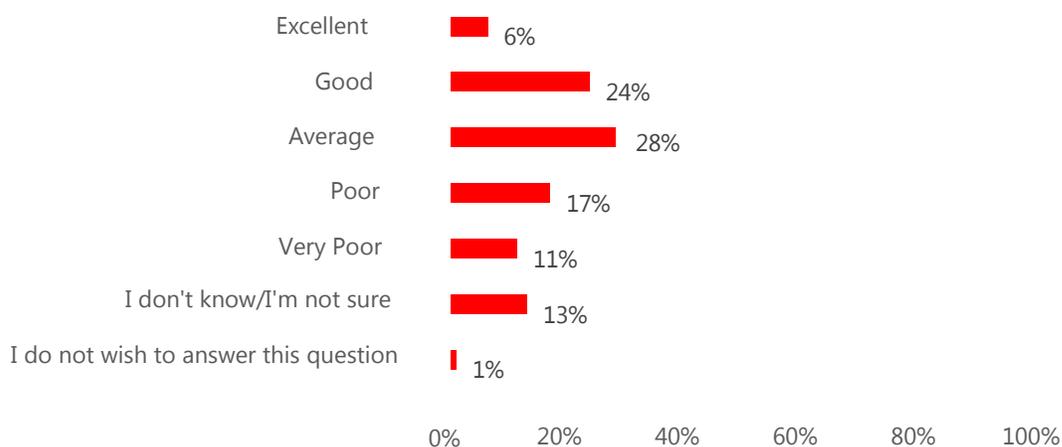
SUMMARY OF FINDINGS

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

DISSEMINATION OF INFORMATION

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

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



¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448586/>

Nearly half of survey participants (46%) indicated that they had not received any information about health topics from the BDHHS in the past 12 months. However, of the 44% of survey respondents who reported receiving this information, they used the following communication channels.

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

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

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

SATISFACTION WITH THE BDHHS

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

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

With regard to the responsiveness of BDHHS staff:

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

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

Barriers to Utilization of Bloomfield Department of Health and Human Services

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

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

RECOMMENDATIONS

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

1. Consider improving the Township and health department website to be more user-friendly and provide up to date information for residents. For example, the BDHHS may utilize the site to provide healthy eating and nutrition information, data and resources on the relationship between a healthy lifestyle and chronic diseases such as diabetes, heart disease and obesity as well as promote events. In addition, consider broadcasting archived webinars from other organizations, discussing these topics.
2. Consider diversifying modes of communication for health information, including sending out text messages, weekly email updates, and social media posts, as well as more frequent mailings and correspondence about health facts and upcoming events.
3. Consider extending the hours the BDHHS provides services and programs for residents.
4. Consider partnering with Bloomfield College and/or Bloomfield High School to recruit Spanishspeaking and other foreign language interns to create materials in residents' native language that is in the appropriate context, syntax, and vernacular.

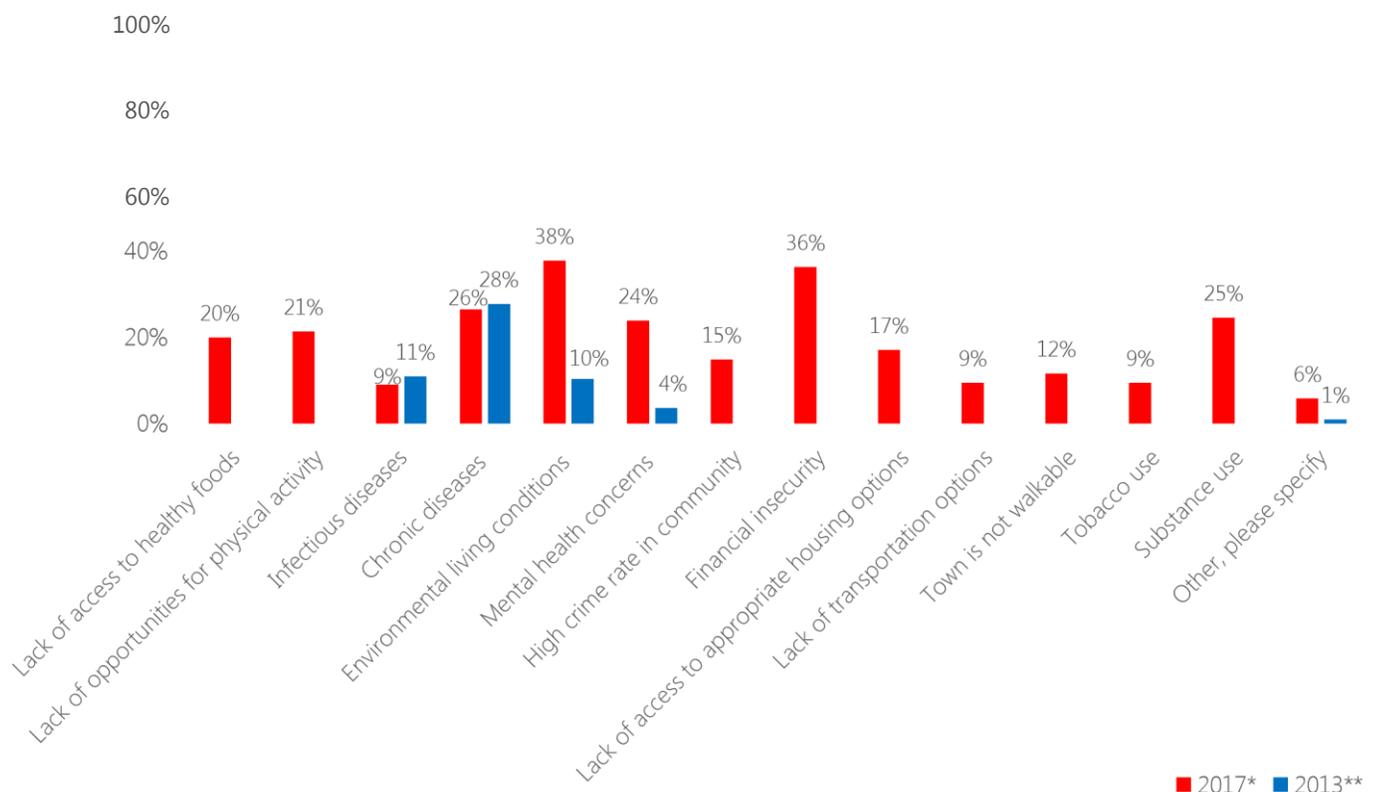
OVERALL FINDINGS AND CONCLUSION

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

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

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

Figure 29. Respondent primary community health concerns, 2017 and 2013*



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

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

Table 14. Primary Community Health Concerns by Location

| Location | Key Findings |
|-------------------|--|
| Bloomfield | <ul style="list-style-type: none"> • 38% of 2017 BDHHS CHA respondents reported environmental living conditions as a primary concern. • 36% of 2017 BDHHS CHA respondents reported financial insecurity as a primary concern. • 28% of 2017 BDHHS CHA respondents reported chronic diseases as a primary concern. |
| Bloomfield (2013) | <ul style="list-style-type: none"> • 29% of 2013 BDHHS CHA respondents reported diet and exercise as a primary concern. • 28% of 2013 BDHHS CHA respondents reported chronic disease as a primary concern. • 11% of 2013 BDHHS CHA respondents reported infectious disease as s primary concern. |
| Essex County | <i>Not available</i> |
| New Jersey | <i>Not available</i> |
| United States | <i>Not available</i> |

CONCLUSION

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

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

Environmental Living Conditions

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

Financial Insecurity

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

Chronic Disease

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

Substance Use

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

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

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

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

APPENDICES

APPENDIX 1 – 2017 COMMUNITY HEALTH ASSESSMENT MATRIX

APPENDIX 2 – RESIDENT SURVEY SUMMARY

APPENDIX 3 – INTERVIEW SUMMARY

APPENDIX 4 – FOCUS GROUP SUMMARY

APPENDIX 5 – RESPONDENT DEMOGRAPHIC DATA

APPENDIX 6 – CROSSTAB DATA

APPENDIX 7 – VEGGIE MOBILE PROGRAM: DATA EVALUATION REPORT

APPENDIX 8 – ENVIRONMENTAL RISK SURVEY ANALYSIS REPORT

APPENDIX 9 – NIGHT OF CONVERSATIONS: QUALITATIVE ANALYSIS

APPENDIX 10 – 2019 POPULATION HEALTH OUTCOMES SURVEY: DATA ANALYSIS

APPENDIX 1: 2017 COMMUNITY HEALTH ASSESSMENT MATRIX

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

| | | | |
|--|---|---|------------|
| A3. How many times per week or per month did you take part in this activity during the past month? | % of residents who report meeting the aerobic physical activity guidelines* | How many times per week or per month did you take part in this activity during the past month? | 2015 BRFSS |
| A4. And when you took part in this activity, for how many minutes or hours did you usually keep at it? | % of residents who report meeting the aerobic physical activity guidelines* | And when you took part in this activity, for how many minutes or hours did you usually keep at it | 2015 BRFSS |

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

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

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

| | | | |
|--|--|---|-------------------|
| <p>A11. Not counting what you just described in the last set of questions, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> | <p>Median daily intake of fruits and vegetables*</p> | <p>Not counting what you just described in the last set of questions, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> | <p>2015 BRFSS</p> |
|--|--|---|-------------------|

Food Access

| | | | |
|---|--|---|--|
| <p>B1. From which of the following places do you or your family get food? [Check ALL THAT APPLY.]</p> | | | |
| <p>B2. What are the main difficulties in getting healthy foods?</p> | | | |
| <p>B3. In the past 30 days, how often did you worry that your household would not have enough food? [CHECK ALL THAT APPLY.]</p> | | <p>In the past four weeks, did you worry that your household would not have enough food? How often did this happen?</p> | <p>Based on the Household Food Insecurity Access Scale</p> |

Tobacco & Substance Abuse

| | | | |
|---|--|---|-------------------|
| <p>C1. Do you now smoke cigarettes every day, some days, or not at all?</p> | | <p>Do you now smoke cigarettes every day, some days, or not at all?</p> | <p>2015 BRFSS</p> |
|---|--|---|-------------------|

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

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

| 2017 CHA Survey Questions | CHIP Performance Measure | Comparable Data Question | Comparable Data Source |
|---------------------------|--------------------------|--------------------------|------------------------|
|---------------------------|--------------------------|--------------------------|------------------------|

| | | | |
|--|--|---|-----------|
| C8. During the past 30 days, on how many days did you use cocaine, including powder, crack, or freebase? | | During the past 30 days, on how many days did you use cocaine, in any form? | 2015 YRBS |
| C9. During the past 30 days, on how many days did you use heroin (also called smack, junk, or China White)? | | During the past 30 days, on how many days did you use heroin? | 2015 YRBS |
| C10. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal, crank, or ice)? | | During the past 30 days, on how many days did you use methamphetamine? | 2015 YRBS |
| C11. Please select which of the following substances are problems in Bloomfield? [CHECK ALL THAT APPLY.] | | | |

| Health Status | | | |
|---------------|--|--|--|
|---------------|--|--|--|

| | | | |
|--|--|---|------------|
| D1. Would you say that in general your health is... | | Would you say that in general your health is... | 2015 BRFSS |
| | | How would you rate your personal health on a scale from 1 to 5? | 2013 CHA |
| D2. Now thinking about your physical health (which includes physical illness and injury), how many days during the past 30 days would you describe your physical health as not good? | | Now thinking about your physical health (which includes physical illness and injury), how many days during the past 30 days would you | 2015 BRFSS |

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

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

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

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

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

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

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

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

| | | | |
|--|--|--|--|
| G8. Please rate your level of satisfaction with the <u>availability</u> of the Bloomfield Department of Health and Human Services to residents of Bloomfield. | % of residents reporting satisfaction with BDHHS services* | | |
| G9. Please rate your level of satisfaction with the <u>responsiveness</u> of the Bloomfield Department of Health and Human Services to residents of Bloomfield. | % of residents reporting satisfaction with BDHHS services* | | |
| G10. Please rate your overall level of satisfaction with the community services and resources provided by the Bloomfield Department of Health and Human Services to residents of Bloomfield. | % of residents reporting satisfaction with BDHHS services* | | |

| | | | |
|------------------|--|--|--|
| Community Health | | | |
|------------------|--|--|--|

| | | | |
|---|---|---|-----------|
| H1. How safe do you consider your neighborhood to be? Would you say... | | How safe from crime do you consider your neighborhood to be? Would you say... | 2015 BRFS |
| H2. Do you know where to obtain information on lead poisoning prevention? | % of residents who gain knowledge and awareness about mental health and social services available in Bloomfield | | |

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

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

| | | | |
|---------------------------|--------------------------|--------------------------|------------------------|
| 2017 CHA Survey Questions | CHIP Performance Measure | Comparable Data Question | Comparable Data Source |
|---------------------------|--------------------------|--------------------------|------------------------|

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

Notes:

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

APPENDIX 2: RESIDENT SURVEY SUMMARY

Health Behaviors

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

Health Behaviors: Active Living

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

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

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

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

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

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

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

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

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

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

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

Health Behaviors: Healthy Eating

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

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

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

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

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

| | | |
|---------------------------------------|---------------------|----------------------|
| I don't know/ I'm not sure | 13 | 4.1 |
| I do not wish to answer this question | 0 | 0.0 |
| | | |
| | Times per day | Times per week |
| Mean | 1.6 | 3.0 |
| Median | 1.0 | 2.0 |
| Mode | 1 | 2 |
| Minimum | 1 | 1 |
| Maximum | 6 | 7 |

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

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

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

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

| N=318 | n | % | |
|---------------------------------------|---------------|----------------|-----------------|
| Times per day | 29 | 9.1 | |
| Times per week | 132 | 41.5 | |
| Times per month | 91 | 28.6 | |
| Never | 53 | 16.7 | |
| I don't know/ I'm not sure | 13 | 4.1 | |
| I do not wish to answer this question | 0 | 0.0 | |
| | | | |
| | Times per day | Times per week | Times per month |
| Mean | 2.0 | 2.8 | 3.9 |
| Median | 2.0 | 2.0 | 3.0 |
| Mode | 1 | 2 | 2 |
| Minimum | 1 | 1 | 1 |
| Maximum | 7 | 10 | 24 |

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

| | | | |
|---------------------------------------|---------------|----------------|-----------------|
| N=319 | n | % | |
| Times per day | 82 | 25.7 | |
| Times per week | 177 | 55.5 | |
| Times per month | 33 | 10.3 | |
| Never | 15 | 4.7 | |
| I don't know/ I'm not sure | 12 | 3.8 | |
| I do not wish to answer this question | 0 | 0.0 | |
| | | | |
| | Times per day | Times per week | Times per month |
| Mean | 1.8 | 3.8 | 8.1 |
| Median | 1.0 | 3.0 | 6.0 |
| Mode | 1 | 3 | 4 |
| Minimum | 1 | 1 | 1 |
| Maximum | 7 | 14 | 30 |

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

| | | | |
|-------|---|---|--|
| N=322 | n | % | |
|-------|---|---|--|

| | | | |
|---------------------------------------|---------------|----------------|-----------------|
| Times per day | 32 | 9.9 | |
| Times per week | 175 | 54.3 | |
| Times per month | 70 | 21.7 | |
| Never | 30 | 9.3 | |
| I don't know/ I'm not sure | 15 | 4.7 | |
| I do not wish to answer this question | 0 | 0.0 | |
| | | | |
| | Times per day | Times per week | Times per month |
| Mean | 1.8 | 2.6 | 3.6 |
| Median | 1.0 | 2.0 | 3.0 |
| Mode | 1 | 2 | 2 |
| Minimum | 1 | 1 | 1 |
| Maximum | 7 | 10 | 12 |

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

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

| | | |
|---------------------------------------|---------------|----------------|
| I don't know/ I'm not sure | 14 | 4.5 |
| I do not wish to answer this question | 1 | 0.3 |
| | | |
| | Times per day | Times per week |
| Mean | 1.7 | 4.0 |
| Median | 1.0 | 3.0 |
| Mode | 1 | 3 |
| Minimum | 1 | 1 |
| Maximum | 7 | 14 |

Food Access

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

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

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

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

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

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

| N = 317 | n | % |
|--|-----|------|
| I do not have any difficulties in getting the foods I need | 163 | 51.4 |
| Cost | 108 | 34.1 |
| Quality | 38 | 12.0 |
| Distance (e.g., distance to get to the store) | 18 | 5.7 |
| Safety (e.g., neighborhood safety) | 3 | 0.9 |
| Time for shopping | 60 | 18.9 |
| Transportation | 13 | 4.1 |
| I'm not sure what to buy | 16 | 5.0 |
| Other (please specify) _____ | 11 | 3.5 |
| <i>Crap food too easy and too plentiful</i> | | |
| <i>Creativity in meals</i> | | |
| <i>Don't always think of it</i> | | |
| <i>I do not like healthy foods</i> | | |
| <i>I don't care</i> | | |
| <i>I don't like vegetables</i> | | |
| <i>Need smaller portions</i> | | |
| <i>Selections and portions are less than desired</i> | | |
| <i>Sometimes just lazy or unmotivated</i> | | |
| <i>Sufficient vegan selections</i> | | |
| <i>Would like a community garden</i> | | |

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

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

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

Tobacco & Substance Use

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

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

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

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

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

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

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

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

| | | |
|---------------------------------------|---------------|--------------------------|
| N=306 | n | % |
| Days per week | 111 | 36.3 |
| Days in the past 30 days | 93 | 30.4 |
| No drinks in the past 30 days | 84 | 27.5 |
| I don't know/ I'm not sure | 11 | 3.6 |
| I do not wish to answer this question | 7 | 2.3 |
| | | |
| | Days per week | Days in the past 30 days |
| Mean | 3.5 | 3.9 |
| Median | 3.0 | 3.0 |
| Mode | 2 | 2 |
| Minimum | 1 | 1 |
| Maximum | 7 | 26 |

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

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

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

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

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

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

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

| | | |
|---------------------------------------|------|------|
| N= 307 | n | % |
| (1-30) Number of Days | 6 | 2.0 |
| None (0 days) | 287 | 93.5 |
| I don't know / I'm not sure | 11 | 3.6 |
| I do not wish to answer this question | 3 | 1.0 |
| Number of Days | | |
| Mean | 13.6 | |
| Median | 6.0 | |
| Mode | 1 | |
| Minimum | 1 | |
| Maximum | 30 | |

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

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

| | | |
|---------------------------------------|----------------|-----|
| I don't know / I'm not sure | 5 | 1.6 |
| I do not wish to answer this question | 2 | 0.7 |
| | | |
| | Number of Days | |
| Mean | 1.0 | |
| Median | 1.0 | |
| Mode | 1 | |
| Minimum | 1 | |
| Maximum | 1 | |

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

| | | |
|---------------------------------------|----------------|------|
| N= 302 | n | % |
| (1-30) Number of Days | 2 | 0.7 |
| None (0 days) | 294 | 97.4 |
| I don't know / I'm not sure | 5 | 1.7 |
| I do not wish to answer this question | 1 | 0.3 |
| | | |
| | Number of Days | |
| Mean | 4.0 | |
| Median | 4.0 | |
| Mode | 2 | |
| Minimum | 2 | |
| Maximum | 6 | |

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

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

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

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

| | |
|---------|-----|
| Median | 5.0 |
| Mode | 2 |
| Minimum | 1 |
| Maximum | 30 |

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

| N= 300 | n | % |
|---------------------------------------|------|------|
| (1-30) Number of Days | 103 | 34.3 |
| None (0 days) | 164 | 54.7 |
| I don't know / I'm not sure | 25 | 8.3 |
| I do not wish to answer this question | 8 | 2.7 |
| Number of Days | | |
| Mean | 10.7 | |
| Median | 8.0 | |
| Mode | 5 | |
| Minimum | 1 | |
| Maximum | 30 | |

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

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

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

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

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

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

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

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

| | | |
|-------------------|-----|------|
| None of the above | 107 | 35.7 |
|-------------------|-----|------|

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

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

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

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

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

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

| | | |
|---------------------------------------|---|-----|
| I do not wish to answer this question | 1 | 0.3 |
|---------------------------------------|---|-----|

D10. Are you now taking insulin?

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

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

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

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

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

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

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

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

| N= 306 | n | % |
|--------|-----|------|
| Yes | 265 | 86.6 |

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

Transportation

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

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

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

| | | | |
|--|---------------------------|--|--|
| | <i>Non-NJ transit bus</i> | | |
| | <i>PATH train</i> | | |
| | <i>plane</i> | | |
| | <i>Uber</i> | | |

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

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

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

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

| | | | | | | | | | | | |
|--|-----|-----|------|----|------|----|------|----|------|----|-----|
| Crossing intersections is too dangerous | 290 | 62 | 21.4 | 76 | 26.2 | 74 | 25.5 | 68 | 23.4 | 10 | 3.4 |
| Everything is too far away | 284 | 120 | 42.3 | 67 | 23.6 | 54 | 19.0 | 20 | 7.0 | 23 | 8.1 |

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

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

Housing

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

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

| | | |
|---------------------------------------|------|------|
| N = 299 | n | % |
| _____ (please enter number of years) | 280 | 93.6 |
| I don't know/I'm not sure | 12 | 4.0 |
| I do not wish to answer this question | 7 | 2.3 |
| Number of Years | | |
| Mean | 18.5 | |
| Median | 14.0 | |
| Mode | 10 | |
| Minimum | 1 | |
| Maximum | 76 | |

F2. Do you rent or own your home?

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

Rent a room in a private home

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

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

Communication

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

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

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

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

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

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

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

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

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

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

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

| N= 299 | n | % |
|--------|-----|------|
| Yes | 130 | 43.5 |
| No | 136 | 45.5 |

| | | |
|--------------|----|------|
| I don't know | 33 | 11.0 |
|--------------|----|------|

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

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

| | |
|---------------------------------|--|
| <i>Presentation to group</i> | |
| <i>Signs in building</i> | |
| <i>Social services and mail</i> | |
| <i>Text</i> | |
| <i>Walk-in</i> | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Health

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

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

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

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

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

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

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

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

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

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

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

Demographics

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

11. Where do you currently live?

| | | |
|--------|-----|------|
| N= 300 | n | % |
| House | 213 | 71.0 |

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

12. Are you living...

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

13. In which ward in Bloomfield do you live?

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

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

| N= 274 | n | % |
|-----------------|-----|------|
| 0 | 25 | 9.1 |
| 1 | 71 | 25.9 |
| 2 | 120 | 43.8 |
| 3 | 43 | 15.7 |
| 4 | 11 | 4.0 |
| 5 | 4 | 1.5 |
| Number of Years | | |
| Mean | 1.8 | |
| Median | 2.0 | |
| Mode | 2 | |
| Minimum | 0 | |
| Maximum | 5 | |

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

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

16. In what year were you born?

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

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

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

| | | |
|------|------------|-----|
| 1978 | 4 | 1.5 |
| 1979 | 10 | 3.8 |
| 1980 | 8 | 3.0 |
| 1981 | 6 | 2.3 |
| 1982 | 4 | 1.5 |
| 1983 | 6 | 2.3 |
| 1984 | 6 | 2.3 |
| 1985 | 4 | 1.5 |
| 1986 | 3 | 1.1 |
| 1987 | 2 | .8 |
| 1988 | 3 | 1.1 |
| 1989 | 3 | 1.1 |
| 1990 | 3 | 1.1 |
| 1992 | 2 | .8 |
| 1993 | 1 | .4 |
| 1994 | 1 | .4 |
| 1995 | 3 | 1.1 |
| 1996 | 1 | .4 |
| 1998 | 2 | .8 |
| 1999 | 3 | 1.1 |
| | | |
| | Birth Year | |
| Mean | 1968 | |

| | |
|---------|------|
| Median | 1970 |
| Mode | 1970 |
| Minimum | 1929 |
| Maximum | 1999 |

By age categories

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

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

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

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

18. What is your primary language?

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

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

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

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

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

I11. What is your annual household income?

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

I12. About how much do you weigh without shoes?

| N = 297 | n | % |
|---------|---|---|
|---------|---|---|

| | | |
|---------------------------------------|--------|------|
| Weight (pounds/kilograms) | 233 | 78.5 |
| I don't know/I'm not sure | 24 | 8.1 |
| I do not wish to answer this question | 40 | 13.5 |
| | | |
| | Weight | |
| Mean | 173.0 | |
| Median | 165.0 | |
| Mode | 160 | |
| Minimum | 91 | |
| Maximum | 370 | |

113. About how tall are you without shoes?

| | | |
|---|-----------------|------|
| N = 295 | n | % |
| Height (feet/inches / meters/centimeters) | 250 | 84.7 |
| I don't know/I'm not sure | 10 | 3.4 |
| I do not wish to answer this question | 35 | 11.9 |
| | | |
| | Height (inches) | |
| Mean | 66.0 | |
| Median | 66.0 | |
| Mode | 66 | |
| Minimum | 55 | |
| Maximum | 79 | |

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

| | | |
|--|---|---|
| | n | % |
|--|---|---|

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

Thank you for participating!

APPENDIX 3: INTERVIEW SUMMARY

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

Responses redacted for this summary to protect respondent confidentiality.

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

Themes that emerged from responses:

1. Respondents indicated that they were concerned about residents' mental health, social and emotional well-being, and stress. They felt stressed by the cost of living in the area and spent the majority of their time working and commuting to work, usually by car. Having enough time to practice a healthy lifestyle was cited by all respondents as a major health issue for the community. Respondents also indicated that development in town of new multi-unit residential housing was causing overcrowding and traffic issues, which also contribute to their overall feeling of stress. Financial stress, coupled with the stress of commuting, the sedentary nature of commuting and working and the overall feeling of not having enough time to practice a healthy lifestyle, led respondents to identify additional health issues and behaviors that are impacting the community.
2. Due to the concerns identified above, respondents felt that food choices and physical inactivity were health behavior issues affecting Bloomfield residents. Respondents reported that they were eating on the go and did not have time to cook homemade meals with their families. They suggested that this may be increasing their dependence on convenience foods. Respondents perceived that residents were not getting enough exercise due to a lack of time, the sedentary nature of work and commuting, and the lack of availability of low-cost exercise options.
3. The culture and climate described above led respondents to identify diabetes, obesity, and heart disease as the primary health issues affecting residents in Bloomfield.
4. Some respondents indicated that access to healthcare was an issue facing Bloomfield residents. Respondents suggested that non-English speaking minorities, seniors, and Medicaid/Medicare patients were struggling with accessing healthcare. The barriers to healthcare for these populations included language, immigration status, benefit status, transportation, physical mobility, and availability of doctors who take Medicaid/Medicare. It was suggested that the lack of healthcare access for these populations leads to an increase in emergency room utilization rates.
5. Of note, respondents indicated that access to mental health services was an issue for residents. It was stated that many providers do not take insurance, especially Medicaid and Medicare.

6. Some respondents highlighted specific issues that they perceived to impact older adults and the senior citizen population. Loneliness, being homebound, finances, and food scarcity were cited.
7. Communication was reported by some respondents as a concern facing certain populations in Bloomfield. Specifically, communication from the health department to target populations such as non-English speaking populations and awareness of the services available to residents
8. Additionally, respondents cited awareness of how personal behaviors impact individual health as a major concern. Respondents felt that many residents do not understand how their eating patterns impact their blood pressure or diabetes risk.

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

Populations Identified:

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

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

Themes that emerged from responses:

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

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

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

2. Interview respondents perceived that food access was not an issue in Bloomfield and that residents had good access to quality foods, facilitating healthy behaviors. For example, respondents indicated that a municipal mobile veggie truck accepts SNAP and WIC benefits and there are four supermarkets within the Township as well as many ethnic grocery stores.
3. Interview respondents indicated that the health department provided numerous preventative care resources, including mammograms, diabetes, and blood pressure screenings at town hall. The BDHHS was perceived as a good partner in public health, focused on leveraging resources by collaborating with other entities to provide additional services and screenings to the community. For example, the BDHHS partners with Clara Maas who provides dieticians and nutritionists to offer cooking and nutrition workshops at farmers markets and community events.
4. Respondents valued the access that Bloomfield residents have to public transportation options. The Township is situated close to major highways, has busses, two train stations, and access to a light rail, as well as senior transportation services, and a commuter jitney.
5. Respondents perceived that the Township encouraged walking and biking within the community and that Bloomfield was a walkable community especially downtown and within neighborhoods.

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

Themes that emerged from responses:

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

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

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

2. Respondents indicated that there was a lack of awareness and understanding by community members about how personal behaviors impact health outcomes. Respondents indicated it was their responsibility to help connect dots for people, educate people, and provide preventative services; however, more is needed to address the relationship between eating habits and lack of exercise and obesity, diabetes, and heart disease.
3. While respondents perceived Bloomfield to be walkable, they indicated that the Township could improve pedestrian and bicycle safety in order to get more residents walking and biking for transportation, errands, and recreation. Respondents assessed that there was a lack of safe routes for biking and that infrastructure repairs, such as better lighting, sidewalks, and intersections were needed to improve pedestrian safety.
4. Respondents perceived that busy, working families do not always have the time to search for information or the ability to get to the BDHHS during business hours for services. Respondents stated that the BDHHS might consider meeting people where they are in the community, by providing mobile or neighborhood-based services.
5. Respondents noted that there is a lack of support and information for Spanish speaking adults within Bloomfield. They described that Spanish-speaking families often prioritize their children's health over their own. Based on respondents' experiences with the community, they observed untreated depression and anxiety among Spanish-speaking adults, particularly in the current political climate.

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

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

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

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

2. Respondents indicated that the Township could improve their communication methods and promotion of existing programs and services by making information more accessible.

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

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

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

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

Themes that emerged from responses:

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

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

Respondents indicated that the creation of the Bloomfield Pride Club, which assists LGBTQ residents within the Township, was a program that addressed some of the stigma and concerns of the LGBTQ population accessing healthcare.

Respondents indicated that the mobile veggie truck that accepts SNAP and WIC, farmers market vouchers, the Healthy Corner Store Initiative, and food pantries and soup kitchens were programs that addressed the food environment within the Township.

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

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

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

Themes that emerged from responses:

1. Respondents observed that there is a language barrier that prevents non-English speaking residents from accessing health services and building trusting relationships with the health department and partner organizations. Respondents suggested that a way to improve this relationship is to partner with healthcare providers in the area and leverage their resources to build bridges between the health department and non-English speaking communities.
2. Respondents identified the lack of neighborhood-based or mobile services as an area of concern that may be addressed. Respondents perceived that residents of a lower socioeconomic status do not always have the same level of access to information as

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

3. Respondents suggested some model programs that the Township could initiate to address substance abuse in the community. Respondents highlighted programs such as Operation Hope, which helps police direct substance abusers towards treatment and rehabilitation services as opposed to putting them in jail for addiction. Respondents indicated that programs such as Operation Hope and other programs that promote access to mental health and substance abuse services are needed within the Township.
4. Respondents identified affordable and safe housing as an area of concern for the Township. It was suggested that affordable housing programs be developed and that the Township increase the number of housing inspectors to provide oversight of rental units ensuring they are safe and habitable, free of insects, rodents, lead and mold, and up to building codes.
5. Respondents perceived that more programming addressing senior citizens health concerns was needed. It was suggested that a partnership with local colleges to develop crossgenerational programs could be developed. For example, shared housing programs where a college student assists a senior citizen with grocery shopping and other errands and keeps them company in exchange for a place to live.

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

Themes that emerged from responses:

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

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

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

Themes that emerged from responses:

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

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

Themes that emerged from responses:

1. While respondents indicated that the BDHHS went above and beyond their duties to assist residents, none had utilized their services or programs themselves.
2. Respondents indicated that the BDHHS could offer more mobile services in the various neighborhoods and wards of Bloomfield. For example, at home health screenings or flu clinics at frequented areas such as local grocery stores.
3. It was indicated that respondents rarely interact with the BDHHS at a professional level and do not receive communications from them as residents of Bloomfield. Some respondents mentioned that the BDHHS included a few paragraphs in the bi-annual Bloomfield Buzz newsletter.

4. Respondents indicated that the BDHHS had a good reputation and they had heard from colleagues that they experienced positive interactions with the BDHHS. Respondents indicated that the BDHHS had a reputation of dedicated employees providing excellent customer service to residents.
5. Respondents indicated that the BDHHS works well with their partners and utilizes partner resources to serve the community. They also indicated that the BDHHS is aware of the social determinants of health and trying to address the health issues within the minority, Senior, and non-English speaking populations; however not the low-income populations or populations of color within the community.

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

Themes that emerged from responses:

1. Respondents indicated that increased communication and an increased neighborhood presence were the two key areas of improvement the BDHHS could address to better serve the residents' needs. Throughout the interviews, respondents focused on the diversity of the population of the Township, as well as the difficulties some residents may have in getting to Town Hall to access BDHHS services. Respondents suggested that the BDHHS be more mobile and provide services and resources in neighborhoods as opposed to only at Town Hall. BDHHS might also include diverse groups of people when planning services and programs to ensure that they interest different cultures and ethnicities.
2. Respondents also recommended the development of new initiatives that promote community physical activity and togetherness to combat obesity and diabetes. They recommended increased collaboration with the municipal recreation department to offer more low-cost exercise opportunities at optimal times, for example, classes after 8pm or early in the morning before people leave for work.
3. Respondents indicated that the BDHHS could collaborate with their partners to expand the reach and variety of services they provide. These collaborations might emphasize communicating with Latino populations, advocating for policies that support working families and non-English speaking families, utilizing college students in their community programming efforts, offering additional health screenings, promoting the health benefits of biking and walking around the community, and providing neighborhood workshops on nutrition and cooking healthy on a budget.

4. Respondents recommended developing appropriate communications in common Spanish, with applicable syntax and context.
5. Respondents recommended improving the Township and Health Department websites to provide accessible and current information.
6. Respondents suggested using text messages and phone calls to communicate time sensitive information, such as the water contamination issues, or send reminders about events and activities.

APPENDIX 4: FOCUS GROUP SUMMARY

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

Themes that emerged in responses:

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

1. Respondents indicated concerns about eating habits and the prevalence of obesity in the community. Respondents suggested that unhealthy food choices were prevalent among Bloomfield residents. For example, respondents were concerned that the year-round, indoor farmers market closed and that there were many fast food restaurants within the Township, both contributing to unhealthy food choices and obesity.
2. Respondents perceived that residents were not getting enough exercise due to a modern, sedentary lifestyle and a lack of affordable exercise programs. For example, respondents observed that residents had long commutes where they were inactive and that available exercise and activity programs for adults and seniors were not offered at times that working people could attend.
3. Respondents perceived an issue with substance abuse in the community. Respondents identified locations of the community where they witnessed drug use and observed drug paraphernalia on Township sidewalks and in parks.

4. Respondents perceived that residents felt stressed due to the cost of living in the area and the lack of affordable housing. Respondents indicated that residents felt pressure to work long hours in order to pay bills. In addition, respondents observed a number of homeless community members. It is unclear if the homeless population can be attributed directly to the cost of living, mental health issues or substance abuse issues, however respondents speculated on these reasons. Respondents did indicate that there were not enough shelters within the community.
5. Focus group respondents indicated concerns about the contamination issues with the municipal water supply. Respondents were mainly concerned about a perceived lack of timely communication from the Township and a lack of resolution to the contamination issue. In addition, respondents described that the correspondence regarding the issue was written in a very technical language that was not easy for the average citizen to understand. Respondents expressed concern about the consequences of the contamination, including the affordability of bottled water and the possibility that low-income residents may have to choose between buying food or medicine and buying bottled water or water filters.
6. Respondents indicated concern about both pedestrian and bicycle safety within Bloomfield. Respondents perceived issues with traffic and driver safety, unsafe sidewalks and crosswalks, and adequate lighting at intersections and in parks for night time walking and bike riding.
7. Respondents perceived that community members experience difficulties affording health insurance and that there were not enough doctors in the area that accept Medicaid or Medicare. In addition, respondents cited the cost of in-home elder care and mental health services as barriers to accessing those services.
8. Respondents indicated concern that the BDHHS did not provide mobile health services throughout the Township. Respondents speculated as to how seniors, people without cars or who worked multiple jobs, could get to Town Hall during work hours to receive health services.

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

Themes that emerged in responses:

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

1. Respondents indicated that access to parks and areas for recreation helped to keep people healthy. Respondents described Bloomfield as a walkable community with a lot of parks and recreation that contributed to Bloomfield's appeal. Respondents indicated appreciation of the programs and services offered by the recreation department, including the babysitting options and the staff. Respondents also indicated an appreciation of the Township's focus on preserving open space, and perceived that the new town center and train station encourage residents to walk more. Respondents also mentioned the availability of tennis courts, access to school facilities for recreation, and community walking events organized by the NJ Bike and Walk Coalition as things in Bloomfield that help keep people healthy. Respondents stated that they appreciated the available private options for exercise and physical activity within the Township, especially the local YMCA for kids and families.
2. Respondents valued the access that Bloomfield residents have to public transportation options. The Township is situated close to major highways, has busses, two train stations, and access to a light rail, as well as senior transportation services, and a commuter jitney. Respondents indicated that access to public transportation options are something that keeps people healthy in Bloomfield by also reducing air pollution.
3. Respondents perceived that food access was not an issue in Bloomfield and that residents had good access to quality foods, facilitating healthy behaviors. For example, respondents indicated that the mobile veggie truck accepts SNAP and WIC benefits and there are four supermarkets within the Township as well as many ethnic grocery stores and culturally diverse restaurants. Respondents appreciated the community garden and the programming offered at it, as well as the seasonal farmers market. Respondents indicated that the food pantries and social service supports and programs within the community were helping people be healthy.
4. Respondents indicated that the Township offered a number of preventative services including flu shots and health screenings. Respondents perceived that the Township provided adequate access to mental health services and that there was good access to hospitals and doctors within the community.

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

Themes that emerged in responses:

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

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

1. Respondents perceived that cost of living and affordability gets in the way of people in Bloomfield being healthy. Specifically, respondents indicated concern for the cost of housing for renters and seniors. In addition, respondents were concerned about landlords that do not take care of their properties and do not maintain adequate housing conditions for their renters.
2. Respondents perceived that traffic and congestion were a problem for health. Respondents observed that Bloomfield is overcrowded and densely populated, with too much development, too many cars and inadequate parking, contributing to an overall feeling of stress.
3. Respondents perceived an inequitable distribution of resources within the Township, specifically in the amount of parks and recreation facilities and healthy food options that were available in the third ward area of Bloomfield. Respondents indicated concerns that the limited number of parks and recreation areas, a lack of school gardens, and a high number of fast food options within the third ward created barriers to residents making healthy choices.
4. Respondents observed that not all school facilities throughout the Township are open for public recreational use. In addition, respondents indicated that many intersections, parks, and school facilities lack adequate lighting for evening activities and sports. This issue is particularly a problem in the winter when it gets darker earlier.
5. Respondents indicated concern that there was no longer a seasonal farmers market in the town center, reducing community members' access to fresh, local, healthy foods.
6. Respondents perceived the availability of places to engage in substance use as an issue that is preventing people from being healthy. Respondents indicated community locations where they drugs were used and observed drug paraphernalia on Township sidewalks and in parks. Respondents indicated there was an increase in cocaine usage and smoke shops selling cough syrup and other over the counter items that are abused.
7. Respondents indicated concerns that there are not in-person social support groups within the Township. Respondents would like the Township to initiate activities that bring the community together outside to participate in physical activity, such as, neighborhood walking clubs.

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

Themes that emerged in responses:

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

1. Respondents suggested the Township address residents' concerns about the water contamination issues with the municipal water supply. In addition, they also suggested improving the process for communicating about the water supply contamination.
2. Respondents recommended that the Township improve the walkability and bikeability of the community through pedestrian and bicycle safety initiatives.
3. Respondents would like to see a year-round farmers market open in Bloomfield to improve access to affordable, healthy food.
4. Respondents recommended that the Township partner with schools to provide consistent health and nutrition education within the schools.
5. Respondents perceived that the cost of living in Bloomfield was too high, making many things such as housing, health insurance, and food unaffordable for residents.
6. Respondents would like the Township to utilize their existing parks and recreation facilities more efficiently, by offering programming at underutilized sites and offering a wider variety of programming, such as free public events, like yoga in the park or calisthenics.
7. Respondents proposed that the Township amend its Municipal Master Plan and adopt land use ordinances that restrict fast food restaurants while incentivizing healthy food retailers. Respondents also proposed that the Township pass a ban on plastic grocery bags.
8. Respondents indicated concerns that too many trees were being removed from the Township. Respondents proposed the Township plant more trees and enact stricter ordinances to prevent people from removing trees without replacing them.

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

Themes that emerged in responses:

1. Overall, respondents indicated they were not aware of specific programs and services offered in Bloomfield that addressed these issues. Respondents indicated recreation opportunities throughout the Township that address obesity, such as the programming offered through the recreation department and the availability of recreation facilities like the Civic Center, Clarks Pond, Millbank Park, Felton Field, Branchbrook Park, and Watsessing Park. Respondents reiterated the perception that there are not adequate recreation opportunities within the third ward.
2. Respondents indicated awareness of health events throughout the Township such as the health and wellness fair, the Greener Bloomfield committee, and programming at the community garden, library, and recreation center.
3. Respondents indicated awareness of the health and social services offered by the Township, including, prescription assistance, transportation for seniors and the disabled, PSE&G assistance, mortgage assistance, a mobile screening unit, nurses from Bloomfield college, mental health services, food pantry assistance, and others.
4. Respondents discussed that some of the local schools had programs like school gardens and nutrition education, but indicated that not all of the schools offered this programming.
5. Respondents named the Sustainable Jersey program, Municipal Alliance, and Neighbor to Neighbor program as beneficial to the public health of the community.

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

Themes that emerged in responses:

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

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

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

2. Respondents indicated a need for a wider variety of programming offered during expanded operating hours. Respondents proposed that the Township offer more programming and recreation facilities within the third ward. Respondents perceived that residents in the South side or third ward of the Township did not have access to healthy food and recreational facilities and were of a lower socioeconomic status than the rest of the community.
Respondents indicated that services, programs, and facilities could be directed towards those areas of Bloomfield.
3. Respondents indicated the need for an improved, centrally located farmers market within the community, including a year-round market, as well as an overall decrease in the number of fast food options within the Township. Respondents proposed the Township amend the Municipal Master Plan to change the zoning and ordinances to prevent fast food restaurants from opening.
4. Respondents proposed that the Township reinvigorate the beautification committee and begin hosting litter clean-up events. Respondents also suggested the Township purchase Big Belly trash compactors as well as enforce anti-idling regulations in front of schools to protect air quality.
5. Respondents indicated a need for the Township to add more staff to the BDHHS and improve communications with the community. Respondents perceived that residents are not aware of the services offered by the department. Respondents suggested the BDHHS improve communications with the community by employing a larger variety of communication methods. Respondents suggested that the Township reach out to drivers by providing more informational signs, banners, and other information materials in areas of town outside of Bloomfield Avenue and Broad Street.
6. Respondents indicated the need for protected bike lanes and pedestrian friendly running areas. In addition, respondents proposed that the Township continue working on the initiative to turn the old train line into a bike rail trail. In addition, respondents proposed that the Township fully implement and enforce the adopted Complete Streets Policy as

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

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

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

Themes that emerged in responses:

1. Respondents indicated that they learn about what is happening in the community through a variety of options, including the Township and BDHHS website, social media sites, such as, the "Citizens of Bloomfield" Facebook community group and BDHHS posts on Facebook, and information sent home in children's backpacks.
2. Respondents indicated that the elderly may not utilize social media to find information and most likely utilize the Buzz Newsletter and the Bloomfield Life print newspaper.

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

Themes that emerged in responses:

1. Respondents indicated that they were not particularly aware of the programs and services offered by the BDHHS and therefore did not utilize the services. Respondents indicated that they were aware that the department posted in the bi-annual Bloomfield Buzz about flu shots and health screenings and on social media about where to go on a cold night.
2. Respondents stated that they did not have enough personal interactions with the BDHHS to rate them and only recently learned what the department does. Respondents indicated that the BDHHS had a good reputation and they had heard from neighbors and friends that they had positive interactions with the BDHHS. Respondents perceived the department as being very helpful and responsive, going above and beyond their roles. Respondents

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

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

Themes that emerged in responses:

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

1. Modify the Township and BDHHS websites to be more user-friendly with updated information and more diversified methods of communication to reach all populations within all neighborhoods. Increase communication with residents about the availability of health promotion and education programs.
2. Provide mobile or neighborhood-based health services, conduct neighborhood and ward based meetings, and offer programming in underutilized facilities within neighborhoods, such as nutrition education and healthy cooking workshops.
3. Implement the Complete Streets policy and enforce speed limits and driving rules to address traffic, congestion and parking issues within the downtown Bloomfield Avenue corridor.
4. Develop a plan to improve infrastructure, such as sidewalks, intersections, lighting, benches, crosswalks, and tree planting on municipal streets, within parks and school facilities, to facilitate walking and biking.
5. Improve the food environment by expanding community and school gardens and farmers markets throughout the Township. Offer programming at these sites such as nutrition education, composting how-to, and the impacts of waste on our environment. In addition, provide consistent nutrition and healthy eating education at all elementary schools, as well as partner with teachers to identify kids in need of healthy food.
6. Offer expanded hours of services and hire more staff at the health department. Potentially recruit college interns and volunteers to assist with providing expanded programs during expanded hours.

7. Provide more information on mental health services, such as magnets with emergency mental health information on them.
8. Fix the water contamination problems and communicate with residents about the issue in a responsive, timely, and informative manner.

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

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

APPENDIX 5: RESPONDENT DEMOGRAPHIC DATA

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

SUMMARY OF KEY FINDINGS

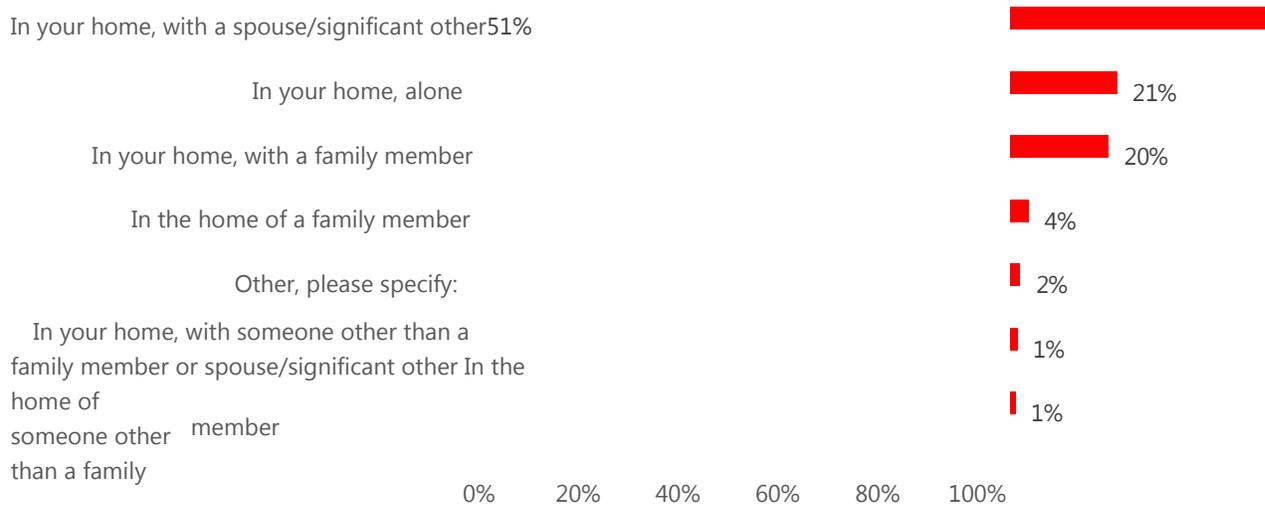
Resident survey respondents most frequently reported the following characteristics:

- were aged 35 to 54 years (47%),
- identified as White or Caucasian (65%),
- attained an Associate degree or higher (69%), and
- earned a household income of \$50,000 or more (53%)

LIVING ACCOMMODATIONS

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

Figure 30. Living Accommodations



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

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

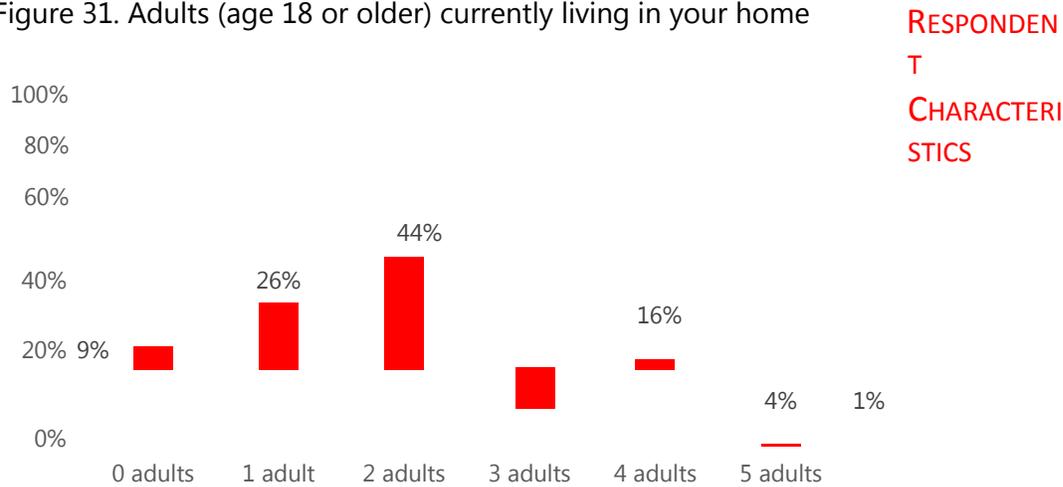
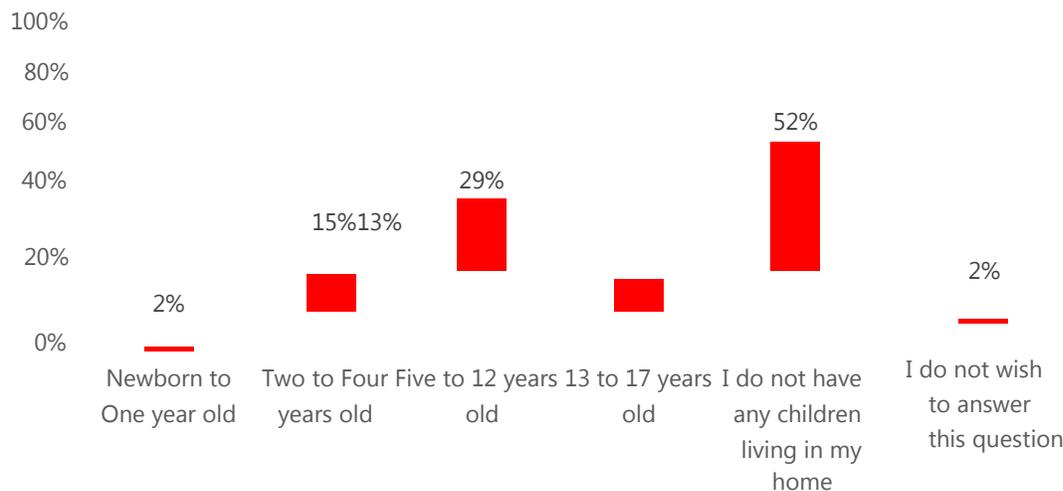


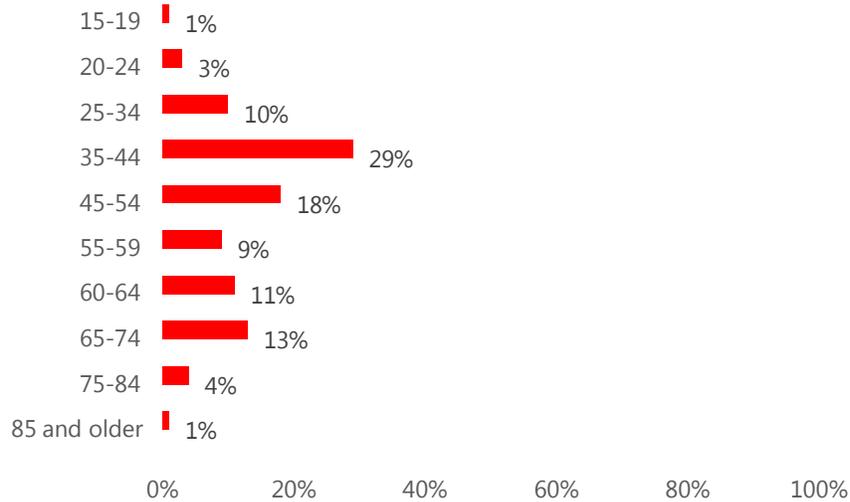
Figure 32. Children (age 18 or younger) currently living in your home



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

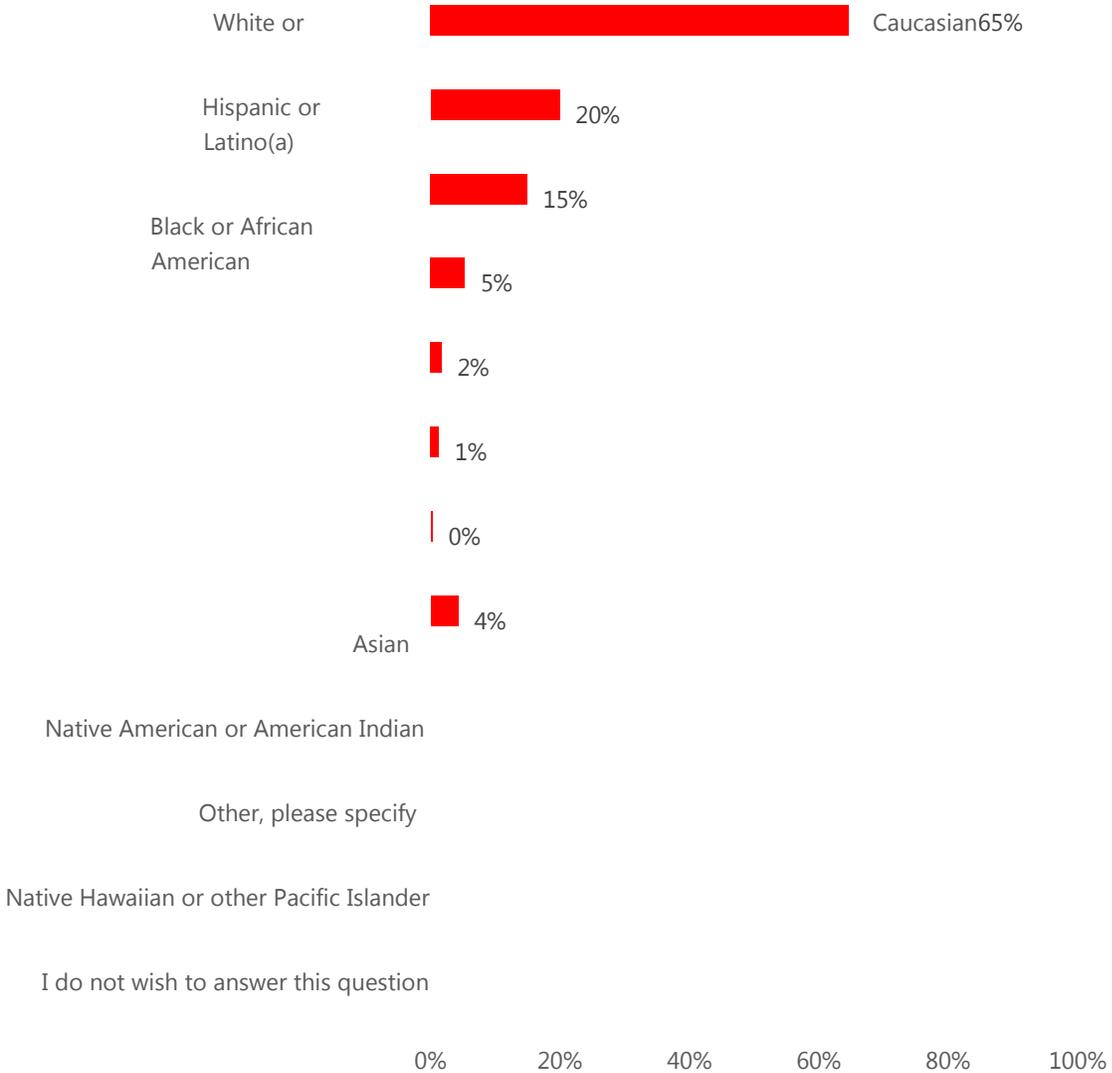
gain a better understanding of the generations living in Bloomfield. Nearly half of respondents (47%) were between the ages of 35-54 years, Figure 33.

Figure 33. Respondent Age Categories



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

Figure 34. Racial/Ethnic Group

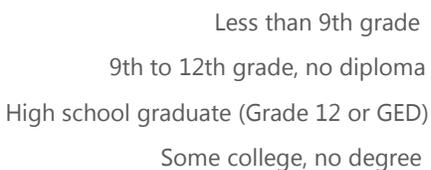


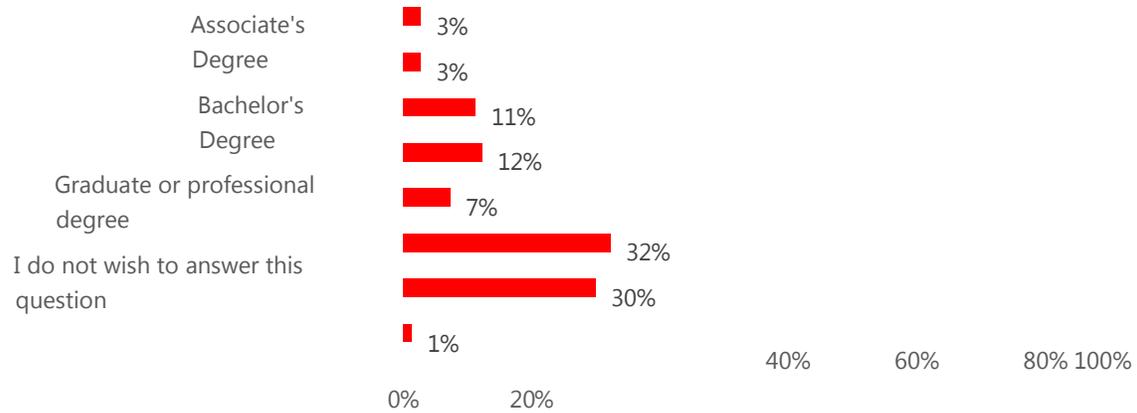
While multiple languages were spoken by survey respondents (e.g., Spanish, Arabic), nearly all the respondents (89%) identified English as their primary language.

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

Figure 35.

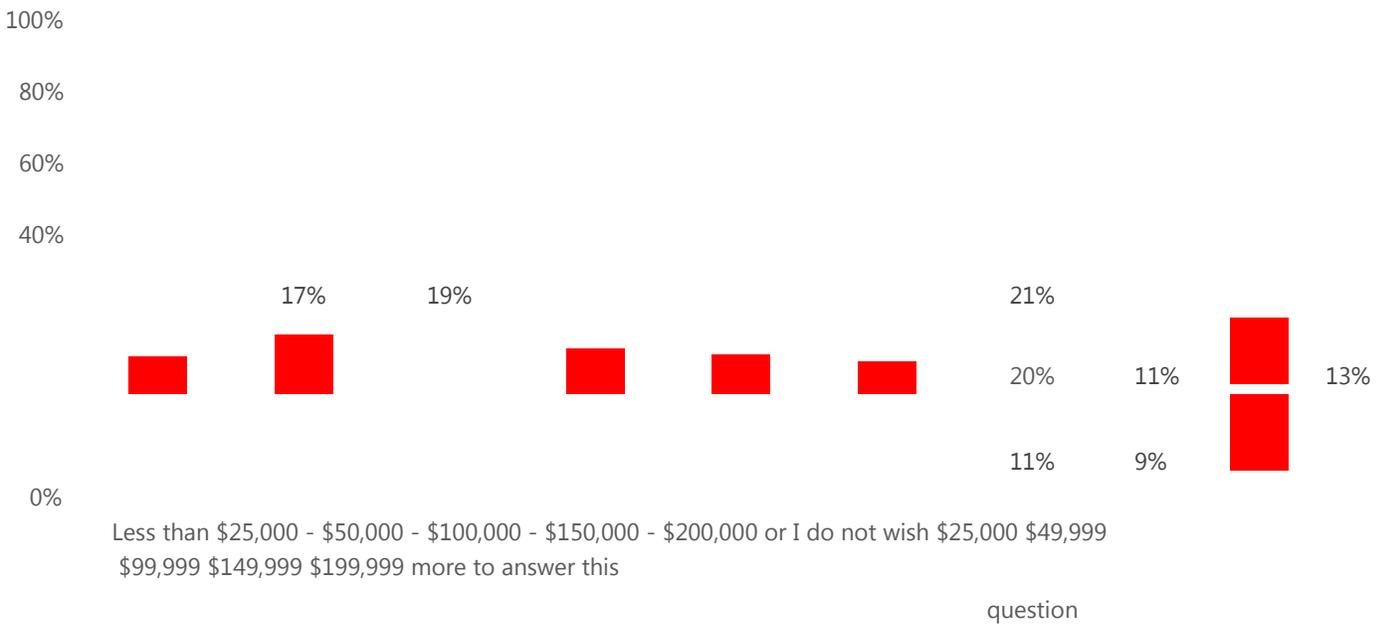
Figure 35. Respondent Educational Attainment





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

Figure 36. Respondent Household Income



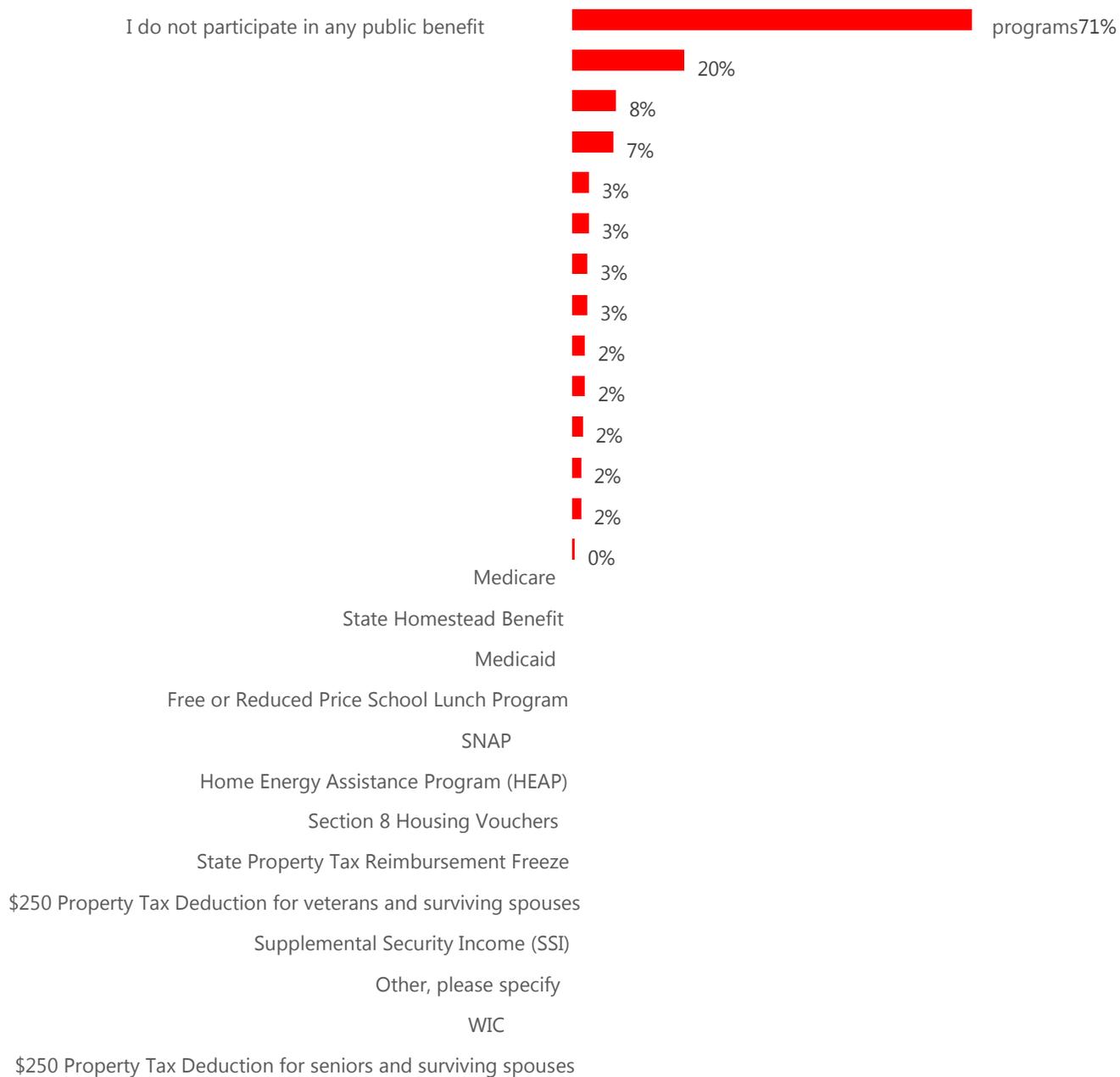
The township offers a variety of housing (e.g., mixed-use, residential, multi-family, apartment complexes) to residents. Most frequently, survey respondents reported that they lived in a house (71%) or a personal apartment (17%).

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

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

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

Figure 37. Public Benefits



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

APPENDIX 6: CROSSTAB DATA

Overall Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Behaviors

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

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

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

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

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

Food Access

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

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

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

Tobacco and Substance Use

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

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

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

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

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

Housing

F2. Do you rent or own your home?

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

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

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

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

Communication

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

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

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

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

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

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

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

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

Community Safety

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

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

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

| <u>Demographic Variable</u> | <u>Findings</u> | <u>Statistical Analysis</u> |
|-----------------------------|---|-----------------------------|
| Ward | The relation between ward and obtaining information on lead poisoning prevention was not significant. | Chi square |
| Race | The relation between race and obtaining information on lead poisoning prevention was not significant. | Chi square |
| Education | The relation between education and obtaining information on lead poisoning prevention was not significant. | Chi square |
| Income | The relation between income and obtaining information on lead poisoning prevention was not significant. | Chi square |
| Age (5 year intervals) | The relation between income and obtaining information on lead poisoning prevention was significant, $\chi^2 (28, N=260)=42.46, p\text{-value}=.039$. | Chi square |

Demographics

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

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

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

APPENDIX 7

Veggie Mobile Program – Data Evaluation Report

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

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

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

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

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

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

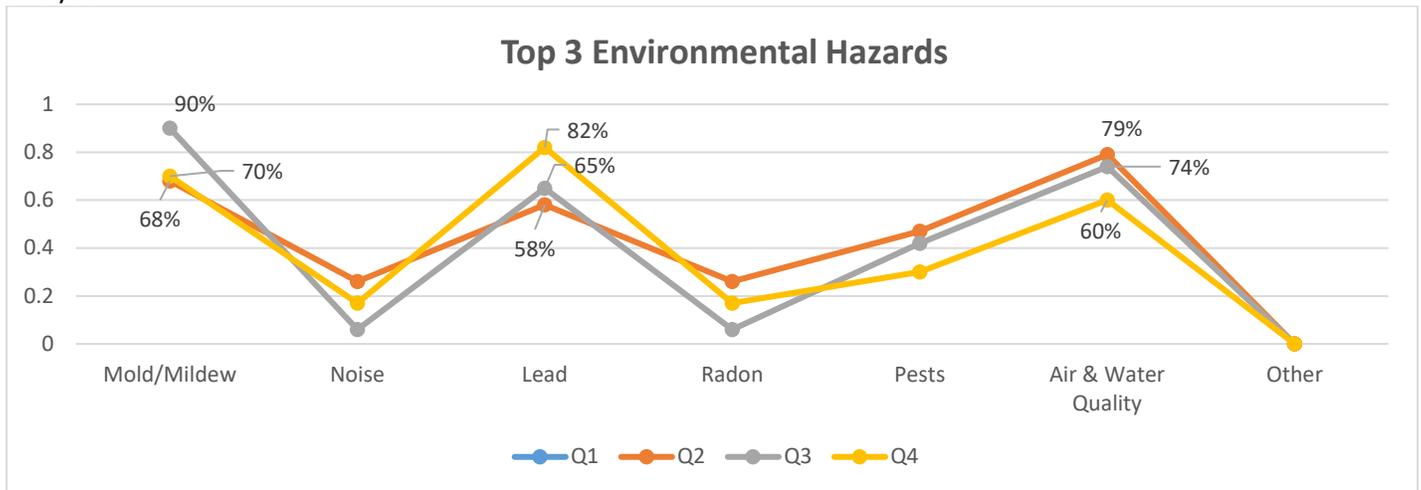
APPENDIX 8

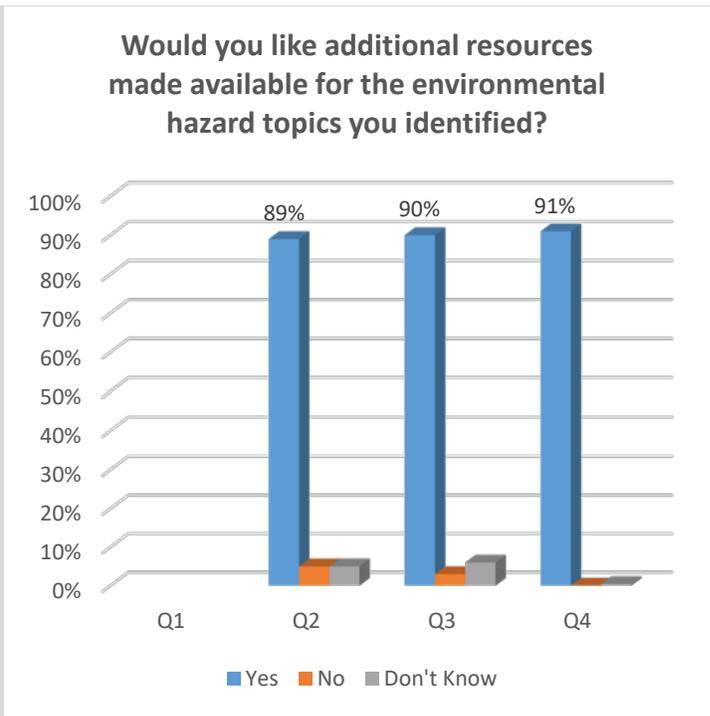
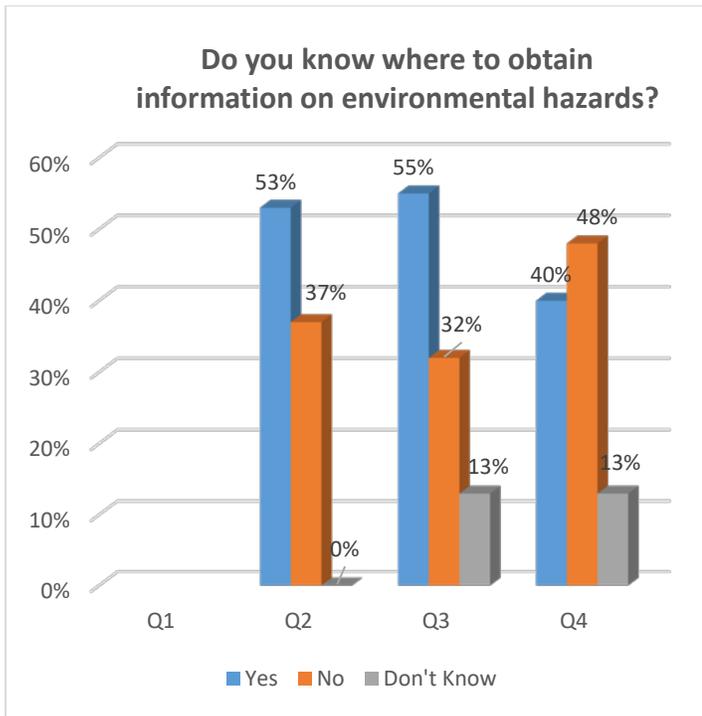
Environmental Risk Survey: Analysis Report

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

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

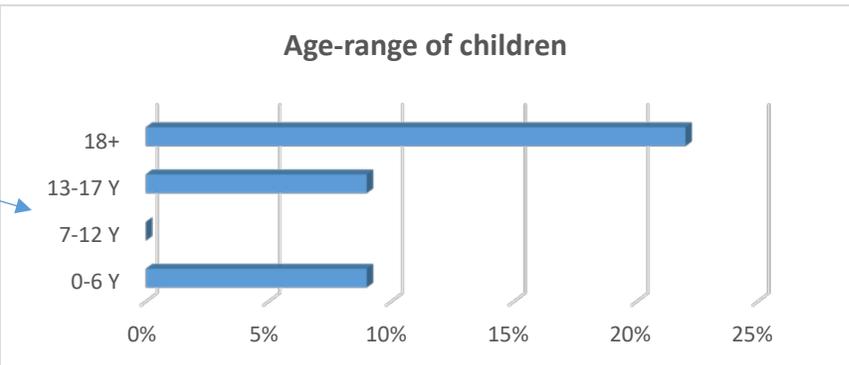
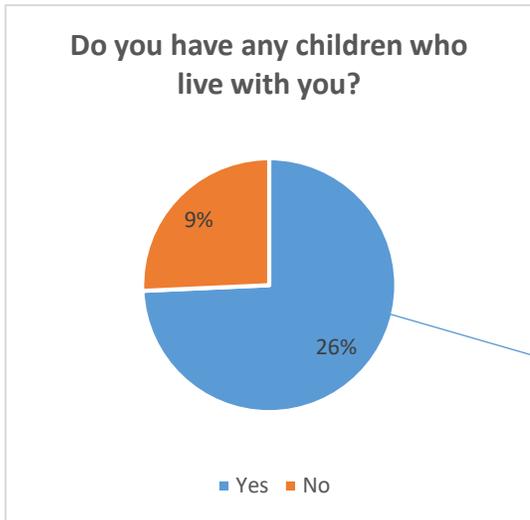
As the first quarter was devoted to planning and designing the actual survey tool, data collection did not begin until April 2019. The Environmental Risk Survey was administered in both English and Spanish to capture the needs of Bloomfield’s growing Latino population. A total of 73 surveys (Q2-19, Q3-31,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



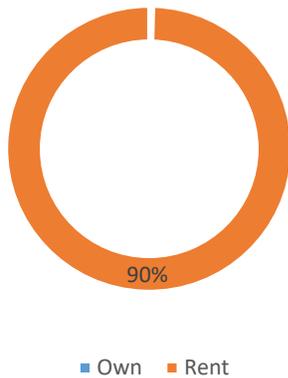


During the second quarter, the leading environmental concerns among Bloomfield residents were air and water quality (79%) and following close behind mold/ mildew (68%). While more than half of the respondents indicated that they knew where to obtain environmental hazard information, 89% preferred BDHHS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

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



Do you own or rent your living space?



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

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

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

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

APPENDIX 9

Night of Conversations: Qualitative Analysis

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

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

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

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

Root Causes and Local Conditions

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

Frequently Identified Concerns

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

Other Concerns

- *Night of Conversations* 2017 and 2018 were held at Bloomfield Middle School, located in the second ward of the township. This is not a central point for the township. The second ward is the most northern section of the town; residents in this area are the most affluent with a median household income ranging \$75,000 – 115,000.
- Parking around Bloomfield Middle School and public transportation into/ around the second ward is limited. Additionally, more than 50 percent of the respondents to Bloomfield’s 2017 Community Health Assessment indicated that they relied on public transportation, taxi service, or someone with a vehicle to get around town. This makes any community events hosted in the second ward difficult to access for those living in other wards of the town. It is also important to note that individuals and families who are at the lowest rung of the socioeconomic standards (median household income less than \$55,000) are dispersed throughout wards 1 and 3 of Bloomfield.

Conclusion

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

- Prescription drug misuse and vaping are the two topics that the Bloomfield community would benefit from learning more about.
- The ideal location to host this event is the Bloomfield High School, located centrally within the township and also in the first ward. This will make the event easily accessible by families from all wards and different income strata. Parking availability within the high school lot is also ample enough to accommodate a large gathering.

APPENDIX 10

2019 Public Health Outcomes Survey Data Analysis

Introduction

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

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

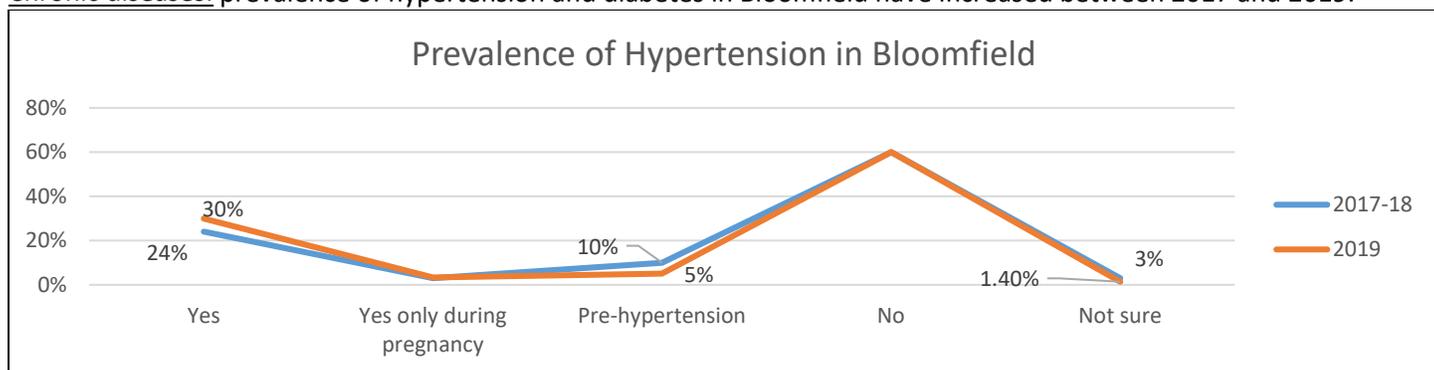
Methods

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

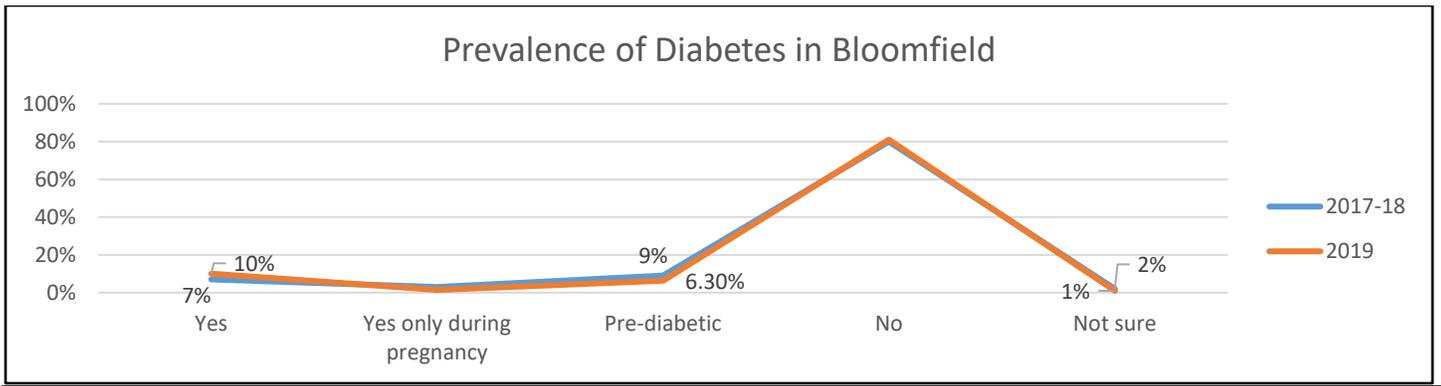
The 2019 PHO Survey collected primary data from 418 Bloomfield residents. The data collection tool – a survey of 15 questions – was selected from the 2017 CHA survey questions. BDHHS compiled all data and results were shared with Leadership/Supervisors during a data analysis exercise in August 2020.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

Analysis

Chronic diseases: prevalence of hypertension and diabetes in Bloomfield have increased between 2017 and 2019.

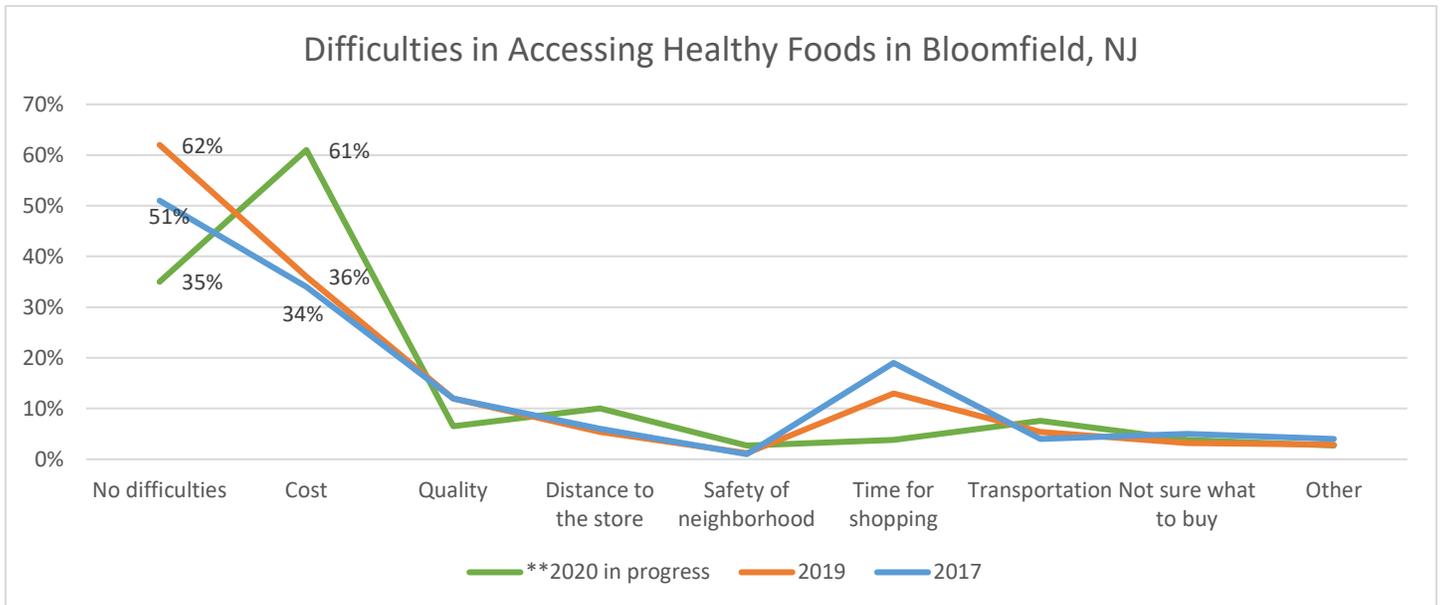


Compared to the 30% of respondents from 2019 with a diagnosis of high blood pressure, only 24% in 2017 reported similarly.



For diabetes, 10% of respondents reported a diagnosis in 2019, whereas only 7% in 2017 indicated similarly. However, rates for both pre-hypertension and pre-diabetes have decreased notably – 10% to 5% and 9% to 6% respectively. Factors contributing to this decrease include BDHHS’ work to improve access to fresh/healthy food options and opportunities for physical activities within Bloomfield. Additionally, the increased health screenings and one-on-one education/ counseling organized throughout the township via the *Know Your Numbers* campaign may have had a 2-fold effect – a natural consequence of the Bloomfield community becoming more aware of the importance of regular check-ups followed by an initial uptick in diagnosis and therefore prevalence of chronic conditions commingled with decreased pre-diabetic/ pre-hypertensive rates.

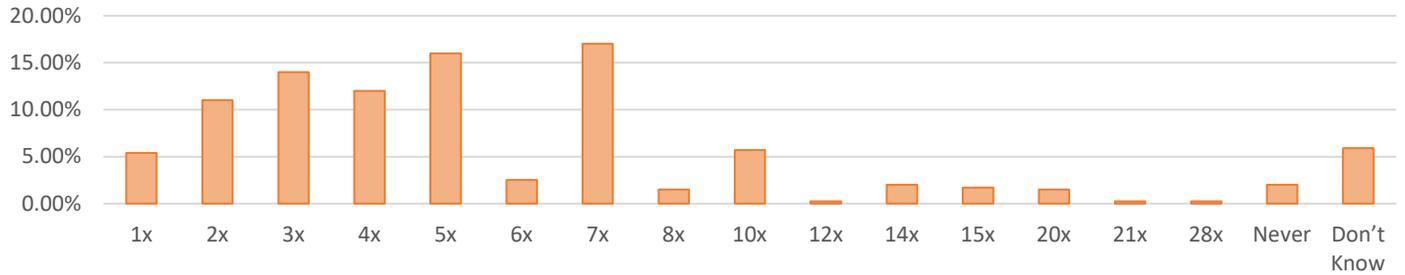
Access to Healthy Foods: BDHHS collaborates with its community partners to alleviate inequitable access to healthy produce within the Bloomfield community. Compared to 2017, the more recent data indicates a 10 % increase among respondents who reported not experiencing any difficulties in accessing healthy foods. This shows that the food pantries, community gardens, and mobile/ seasonal farmers markets coordinated through the department are now valuable resources for community members in accessing fresh fruits and vegetables.



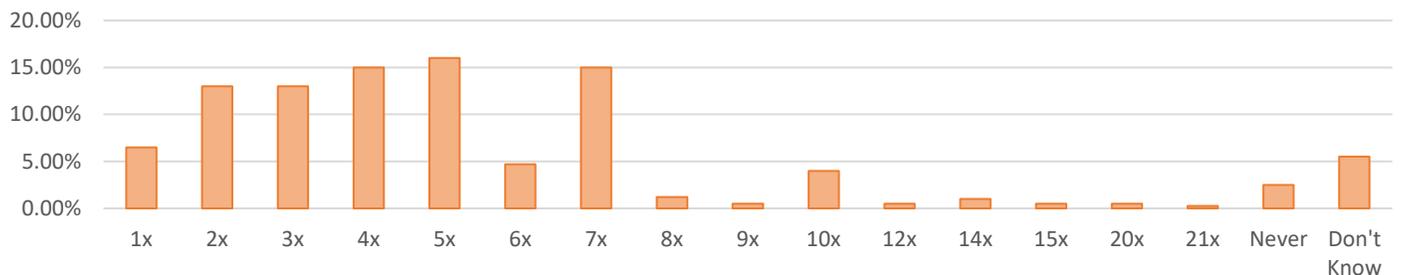
While 2020 data collection is still in progress, it is important to highlight that preliminary analysis approximates a 50% increase in the number of respondents choosing cost as a barrier to healthy and nutritious meals; note that respondents who do not experience any barriers have also halved since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

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

Weekly Consumption of Fruits (2019)



Weekly Consumption of Green Vegetables (2019)



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

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

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

1. The supervisors anticipate 2020 data to indicate an increase in cases of diabetes and hypertension. Contributing factors include –
 - Increased use/ distribution of shelf-stable food items among residents; these tend to be high in salt/sugar and have minimum nutritional value.
 - Decreased or no visits to a primary care physician for check-ups and monitoring:
 - Increased rates of unemployment; loss of employment/ income leads to lack of health insurance. Recently, there have been increased diabetes emergency related police reports pertaining to severe hyperglycemic episodes due to lack of access to medication.
 - Pandemic imposed closure of physician offices and switch to telemedicine; many are wary of how effective telemedicine will be. This may be a new community need – increased awareness and education on utilizing telemedicine/ telehealth to maintain regular medical check-ups and knowing which Bloomfield facilities offer this virtual service would be extremely beneficial.
 - Opportunities for physical activities have diminished or are non-existent as gyms, camps, and parks are closed and/or have social distancing regulation in place.
 - Quarantine and social isolation restrictions have led to a sedentary lifestyle among many.
2. While access to nutritious and healthy meals has been a major issue during this pandemic, BDHHS noted that the need might be far greater. The state approved for the distribution of more funds to low income households enrolled in the Supplemental Nutrition Assistance Program (SNAP), however, with government offices being closed or operating at limited capacity it has taken much longer than usual for these financial resources to reach the population in need. As a result, food pantries in Bloomfield have been operating to service approximately 180-200 families on a weekly basis. Prepared meals are delivered to senior housing buildings in town and

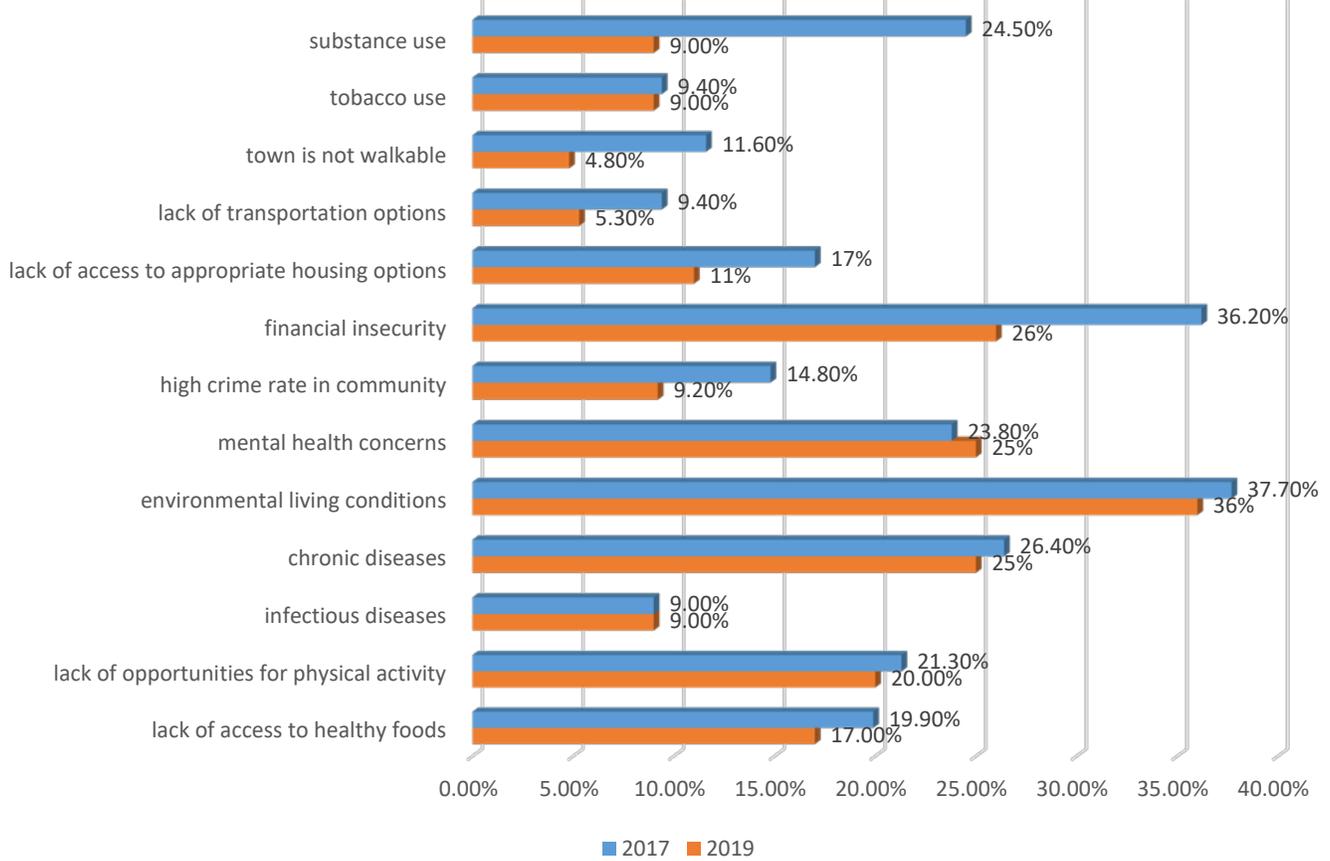
grocery bags of fruits and vegetables are distributed to supplement the free lunch programs through Bloomfield schools. Additionally, to meet Bloomfield's diverse demographic needs, the Pandemic Pantry (coordinated through BDHHS) includes culturally sensitive food items on the menu (ex: oats vs. grits) and clients have the option to review their check-list in both English and Spanish languages.

3. Financial insecurities may be at an all-time high amongst Bloomfield population due to high rates of unemployment stemming from businesses across the township/ state being closed or functioning with limited capacity. This situation could be exacerbated with high property tax rates in the township.
4. Due to quarantine and social-distancing regulations, there may be increased mental health concerns within the population BDHHS serves. Many residents – especially seniors and families of young children – are isolated and living in fear. Parents may be anxious around school re-opening in September. To alleviate some of their concerns, BDHHS is collaborating with the Behavioral Health Team at Clara Maass Medical Center to offer virtual presentations on recognizing signs of anxiety and stress in children and addressing these. The presentations are to be offered in both English and Spanish languages and participation is free.
5. As opportunities for in-person socialization is limited during a pandemic, many are spending more time enclosed at home base. This may contribute to higher rates of substance use among Bloomfield residents. The team understands that substance use is a broad category and the topic may need further research – substance misuse vs. substance abuse as relevant to Bloomfield community. However, supervisors noted that previous work in the community revealed substance use as a more easily approachable topic than misuse and abuse.

Conclusion

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

Top Public Health Issues Identified in Bloomfield



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