Municipality: Township of Woodbridge
Date Completed: May, 2022
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In order to make your assessment process more efficient, Sustainable Jersey has identified the health indicators for each category where municipal level data can be found and that relate to corresponding Sustainable Jersey actions included in the Gold Star for Health. Links to data sources are provided for most health indicators below, though some indicators may be obtained by local officials and experts (more information below). Different communities will have variations on what data is available and collected (see each specific indicator category below for more information).

RECOMMENDATION: If your municipality is broken up into multiple Census tracts and you have the resources, it is strongly recommended that you rank the local data across tracts as it will provide a deeper understanding of the type and location of existing health needs and contributing conditions. Similarly, taking the extra step to compare such municipal level data to the county/regional/state levels can show how the municipality stacks up against its neighbors and beyond. A column has been provided for such information in the tables below.

NOTE: Bayonne, Burlington, Camden City, Clayton, Clifton, East Orange, Egg Harbor City, Elizabeth, Glassboro, Hammonton, Hoboken, Jersey City, Lawnside, Millville, Newark, New Brunswick, Passaic, Paterson, Penns Grove, Perth Amboy, Plainfield, Pleasantville, Salem, Trenton, Union City, Vineland, & West New York can use City Health Dashboard for much of the local health data at Census tract level and comparisons between cities.

1. **LOCAL DATA**

   1a. Municipal Demographic Data: Other sources for municipal-level demographic data might include the Master Plan, the Municipal Alliance committee, and others listed in the Resources section of the Local Health Assessment & Action Plan action. Completion of certain Sustainable Jersey actions will also provide hyperlocal demographic data specific to your community, such as: Building Healthier Communities, Diversity on Boards and Commissions, and Vulnerable Populations Identification for Emergencies.

	Municipal Level	County/Regional/State Level for comparison purposes

Population (censusreporter.org or U.S. Census Quickfacts)
    Under 18 years
    Over 65 years
    Median age
	Under 18 years: 20,473 / 20.473%
	
	Over 65: 14,241 /14.21%
	
	Median Age: 38.2
		NJ Median Age: 39.9

Municipal Revitalization Index (MRI) Score (NJDCA's official measure and ranking of municipal distress, based on economic, housing, & labor market data) (nj.gov/dca/home/MuniRevitIndex.html)	0.43	0.04 (County Average)
MRI Rank (nj.gov/dca/home/MuniRevitIndex.html)	260	272.96 (County Average)

Age breakdown *(% of total population)* ([NJ Flood Mapper Municipal Snapshot](#))	Under 5: 5.9% Under 18: 20.3% 65 and older: 14%	Under 5: 5.7% Under 18: 21.7% 65 and older: 15.5%
Racial breakdown *(% of total population)* ([NJ Flood Mapper Municipal Snapshot](#))	Black or African American: 10,887 American Indian and Alaska Native: 244 Asian: 24,145 Native Hawaiian and Other Pacific Islander: 0 Other: 534 Two Or More Races: 1,540 Hispanic or Latino: 19,855	% Non-Hispanic Black 9.8% % American Indian & Alaska Native 0.7% % Asian 24.9% % Native Hawaiian/Other Pacific Islander 0.1% % Hispanic 22.1% % Non-Hispanic White 41.7% % Females 50.6% % Rural 0.7%
Ethnicity breakdown *(% of total population)* ([NJ Flood Mapper Municipal Snapshot](#))	White **(**Non-Hispanic) 37.7% Asian (Non-Hispanic) 22.2% White (Hispanic) 22% Black/African American (Non-Hispanic) 9.32% Other (Hispanic)	White (Non-Hispanic) 54.3%% Asian (Non-Hispanic) 9.56% White (Hispanic) 12.8% Black/African American (Non-Hispanic) 12.7% Other (Hispanic) 5.9%
Speak English "less than well" *(% of total population)* ([NJ Flood Mapper Municipal Snapshot](#))	5,971 / 5.96%	% not proficient in English 7%
Individuals with any disability *(% of total population)* ([NJ Flood Mapper Municipal Snapshot](#))	9,639 / 9.62%	under the age of 65 with a disability - 5.6%
Poverty rate: ([U.S. Census Quickfacts](#)) Children below 100% of Federal Poverty Line Population below 100% of FPL	Below Poverty Line: 5,316 / 5.31%	8.5%
Unemployed *(% of total households)* ([NJ Flood Mapper Municipal Snapshot](#))	2,957 / 2.95%	3.1%
Average Household Income ([NJ Flood Mapper Municipal Snapshot](#))	$88,900	$89,533
Single-parent *(% of households)* ([NJ Flood Mapper Municipal Snapshot](#))	2,150 / 6.05%	19%
Households that lack private vehicles *(% of households)* ([NJ Flood Mapper Municipal Snapshot](#))	2,205 / 6.21%	8.7% nationally

Persons without health insurance (*% of population*) - (U.S. Census Quickfacts)	Census tract on Health Insurance Coverage: Woodbridge Tract 34023002805 11.75% of children under 19 without health coverage, 9.42% for adults. Fords Tract 34023003203 9.08% of adults without coverage, 5% of children. Keasbey Tract 34023003300 just over 8% of adults without coverage and 5% of children.	8%
High school graduation rate (by sex & race - U.S. Census Quickfacts)	91.5%	90%
Bachelor's degree or higher *(% of total population)* (NJ Flood Mapper Municipal Snapshot)	35.8%	25.1%

Add rows for additional demographic data as necessary.

NOTE - 1b-1h: Consider the following sources: Departments of health and human services, boards of health, local food banks and other social service providers, low-income housing offices, law enforcement, members of this committee, and other local leaders and organizations who may have access to local health level data. Some recent County/Community Health Needs Assessments may also provide municipal level data.

1b. General Local Health Indicators:

	Municipal Level	Census Tract # with shortest life expectancy & life expectancy value	County/Region al/State Level for comparison purposes
Average life expectancy (by Census tract, zip code or street address, county; CDC) (*If possible, breakdown further by race, ethnicity, gender*)	78 - 85	34023002902:75 34023003300: 78	Life expectancy in County - 81.7

Add rows as needed. Your municipality may have municipal level data on other general health indicators such as certain chronic diseases, mortality or obesity rates, blood lead levels in children under 3 or younger, etc.

1c. Food Indicators:

	Municipal Level	County/Regional/State Level for comparison purposes
Participation rate in the National School Lunch Program (by school or district - nces.ed.gov/ccd/files.asp)	24%	% of Eligible Children in County - 35%
Number of local emergency food providers (i.e. food pantries, soup kitchens and mobile pantry distribution). If none exist in town, indicate how many are present in the county or region (specify).	25	96
Total population/households that do not have a food retail option (i.e. supermarkets, bodegas, corner stores, convenient stores) selling healthy food within .5 - 1 mile distance	Approx. 8 major grocery stores within Township – Approx. 50%	Over 20 Major grocery stores in Middlesex County
Number of SNAP-authorized food retail options (fns.usda.gov/snap/retailer-locator)	38	110
Number of community garden plots accessible by the public for rent across the municipality	Five (5) community gardens: St. Isadore's Community Garden at St. John Vianney Church (sponsored by parish) East Green St. Park Community Garden - NOTE Tax record denotes park located on adjacent paper St - Garden Ave. (sponsored by Cheesecake Factory) Mayor Frank Pelzman Memorial Park Community Garden (sponsored by Cheesecake Factory) Sycamore Senior Center Community Garden (Sponsored by We Feed) Woodbridge Township Health Center Community Garden (sponsored by Woodbridge Addiction Services)	Over ten well - maintained within the County

Add rows as necessary. Your municipality may have municipal level data on other access to healthy food indicators such as # of food insecure people living in town, participation rate in the National School Breakfast Program, # of Summer Meal sites and average daily participation rates in Summer Meal programs, # of persons and households participating in the Supplemental Nutrition Assistance Program (SNAP) in the last 12 months, etc.

1d. Housing Indicators:

	Municipal Level	County/Regional/State Level for comparison purposes
Unhoused individuals (*% of total population*) monarchhousing.org/nj-counts	Homeless Population: 67 Total Unsheltered Population: 4	666
Sheltered unhoused individuals *(% of total population)* monarchhousing.org/nj-counts	63	NJ: <1%
Renter occupied housing *(% of total households)* (census reporter.org)	41%	NJ: 36%
Mobile homes *(% of total households)* (NJ Flood Mapper Municipal Snapshot)	345 (<1%)	County: <1%
Housing vacancy rate (censusreporter.org)	6%	NJ: 11%
Age of housing stock - Reflects the number of housing units built in the municipality prior to 1978, which pose the risk of exposure to lead paint. (U.S. Census Quickfacts)	Total: 26,101 Percent of housing units built prior to 1978: Sewaren – 76% Hopelawn – 67% Port Reading – 78 % Avenel – 55% Colonia – 89% Iselin – 72% Woodbridge – 65% Fords – 87% Keasbey – 55%	Percent of housing units built prior to 1978 within County: 60.04%

*Add rows as necessary. Your municipality may have municipal level data on other indicators related to safe and accessible housing.

1e. Transportation Indicators:

	Municipal Level	County/Regional/State Level for comparison purposes
# of public transit options (bus lines, train or light rail stops)	5 train stations within 5 miles 603 bus stops	166 train stations in NJ 13354 Bus stops in NJ
% of municipal vehicle fleet using alternative fuel	<1% - biodiesel / CNG (electrification is being discussed)	10/12/2021 Planning Board discussed EV Electric Preparedness Plan
Households lacking private vehicles *(% of households)* (NJ Flood Mapper Municipal Snapshot)	6.7%	7.9% - County

*Add rows as necessary. Your municipality may have municipal level data on other indicators related to safe and accessible transportation.

1f. Information & Built Infrastructure:

	Municipal Level	County/Regional/State Level for comparison purposes
Households with computer (% of total households) (Census Quick Facts)	92.2%	92.6%
Households with Internet access (% of households) (Census Quick Facts)	82.7%	86.2%
# of public libraries	5	16 (County)
# of evacuation shelters in flood prone areas (NJ Flood Mapper Municipal Snapshot)	0	0

*Add rows as necessary. Your municipality may have municipal level data on other indicators related to information technology and build infrastructure, including facilities and locations that provide services to communities and residents that are in flood prone areas which may cause severe potential life threatening situations for vulnerable populations, % of people with access to heating and cooling centers, % of people living in an urban heat island, etc.

1g. Environmental Quality Indicators:

	Municipal Level	County/Regional/State Level for comparison purposes
# of known contaminated sites (NJ Flood Mapper Municipal Snapshot)	219	13992 (State)
# of EPA Superfund sites (NJ Flood Mapper Municipal Snapshot)	0	18 (County)
% of population living in a Census tract identified as "Overburdened Community" by the NJDEP? https://www.nj.gov/dep/ej/communities.html	56 (number of households)	3180 (number of households)

*Add rows as necessary. Your municipality may have municipal level data on other environmental quality indicators such as level of particulate matter in the air, level of contaminants in community water supplies, and other air/water quality issues, etc.

1h. Individual Wellness Indicators:

	Municipal Level	County/Regional/State Level for comparison purposes
# of health & wellness events open to the public and taken place within past year (hosted by municipality or community organization)	Approx. 86 annually (clinics and annual events; non-covid-19 related)	Approx. 40 per year
# of hospitals within 5-10 miles from municipal border (NJHA map)	4	**6**
# of parks and open green spaces	40 including county and local as well as a Marina and Boat Launch	18 county parks
# of public spaces where people can gather safely and freely	Over 7 indoor rec. facilities	Over 20 indoor rec. facilities
rate of crime (murder, rape, robbery, assault, burglary, larceny, auto theft, etc.) (NJ State Police Uniform Crime Reports)	Sensitive Data Available Upon Request	Violent crime- 149 per 100,000
incidences of domestic violence (NJ State Police Domestic Violence Reports)	Sensitive Data Available Upon Request	59,645 State Report (2019)
incidences of bias violence (NJ State Police Bias Incident Reports)	Sensitive Data Available Upon Request	131 - County (2021)

*Add rows as necessary. Your municipality may have municipal level data on other wellness indicators related to lifestyle choices that may negatively impact health, such as rates of suicide, violence, injury/self-harm; deaths by drug overdose, STD, motor vehicle accidents; access to health services; etc.

2. **COMMUNITY INPUT**

2a. Community Surveys

Number of surveys distributed	Two different surveys distributed via QR codes and in-person events. Approx. 300 Community Health Surveys distributed. Approx. 100 School surveys distributed.
Total number of completed surveys collected	206 - Community Heath Surveys 77 - Mental Health Surveys (distributed to school)
Methods used to solicit input from vulnerable, underserved, and/or marginalized groups (senior citizens, non-white racial and ethnic groups, those with low English proficiency, and those who are differently abled, economically disadvantaged, without housing, living with chronic physical or mental health conditions, etc.)	Community health surveys were distributed during the Mayor's Senior Summit (May 2022), data was also gathered during outreach events where a mobile health clinic was deployed to socially vulnerable areas in order to offer public health assistance, advice on health screenings, and school supplies for children living within the community. Community health surveys were also distributed during the Township's earth day fair (April 2022), mental health awareness events, during covid vaccine inoculations at the Township's public health office, and made available at the Township's social events such as, senior center daytrips and luncheons. The Team also created social media outreach to help promote the

	survey and feedback, which was posted on the Mayor's facebook page.

2b. Community Dialogues

Number of community forums or focus groups conducted	Five (5)
Total number of participants of community forums	Mental Health Flag Raising Day: Approx. 35-50 participants attended the event
	Forum discussions with Twp. Public Health Dept. during post-Covid vaccine wait-time: >30 participants attended these discussions
	Keasbey Health Day: Approx. 250 participants attended the event
	Mayor's Senior Summit: Approx. 100 participants attended the event
	Earth Day Fair 2022: Approx. 150 participants attended the event
	*Note: The total number participants per forum discussion ranged from approximately three to ten individuals. Care was also placed on social distancing requirements, as outreach began as covid-19 restrictions were evolving. Forum groups were engaged at each event through conversations with municipal staff such as, but not limited to the Public Health Department, and members of the Health Task Force. This engagement was an effort to design forums that permit a safe and inclusive manner by which to gain insight from members of the public. These discussions were designed to last approximately 5-10 minutes, and derive information from participants centered on the root issues of key topics, as well as outline thoughts from residents that focus on the overall health of the community. The following questions are examples of discussion questions (*these questions are not all-inclusive of all discussion forum topics):
	What strategies (i.e. educational initiatives, policy changes, etc.) do you believe would be effective in order to help overcome barriers to access for preventative health care?
	How would you describe services, programs or training in town (or distributed by the Township) that improve people's awareness and understanding about mental health?
	What strategies and services do you think are the most effective in engaging individuals about social impacts of health?
	How would you describe our community health as it relates to municipal affairs, like accessibility to public services, transportation, infrastructure, equity, and public health?

Methods used to solicit input from vulnerable, underserved, and/or marginalized groups	Covid-19 impacts were exacerbated by social and economic disparities. People who struggle with low-income, limited English proficiency, homelessness, or with mental illness, have historically relied on meeting in-person for support and to access services. As such, the Task Force recommended outreach solicitations that were pragmatic and targeted towards promoting social distancing, not social isolation. A purposeful manner of conducting said outreach was done through digital media campaigns, posters, outreach translations, and through interactions made with residents at the Department of Health and Human Services. Said efforts culminated in the Mental health Flag raising whereby short forum discussions were had with participants. Mental health public awareness events such as the Mental Health flag raising contained important community forum dialogue about the impacts of behavior on mental health and ways to address stress through improved well-being and communication. Additionally, topics focused on avenues to best address specific concerns with regard to resources for depression and addiction services. Questions were geared to provide conversational support to residents without creating an intrusive tone. As such three main topics were noted during the discussion: mental health impacts in relation to community concerns, depression and addiction services, and broadly ensuring that proper guidance was provided to those in-need of mental health care. The Keasbey Community Health Day operated in partnership with Hackensack Meridian Health personnel and their mobile health screening van. The results proved to outline the importance of health as it relates to mobility, and preventative care as critical to long term quality of life. Specifically some of the key outreach characteristics that demonstrated to be highly impactful were directly tied to techniques whereby flyers were translated into Spanish and Spanish-speaking Township personnel were at the event in order to help promote effective feedback about community health thoughts and conversations. The covid-19 pandemic disrupted all aspects of daily life, caused significant global turmoil, and waged conflicts in normal face-to-face interactions whereby people network through discussions in-person. Adversity with regard to in-person interactions has been extremely difficult for members of the population who are already socially vulnerable such as those who might have limited English proficiency. As the pandemic brutally highlighted, the spread of disease within a community impacts everyone, but often affects socially vulnerable populations much harder. Outreach to socially vulnerable populations to provide information about covid-19 and inoculations was conducted in order to ensure that the Township overtly created a manner by which to reach all residents. This was conducted through translation efforts whereby announcements about covid vaccination clinics were translated into applicable languages based on strategic outreach. As per guidance from the CDC and health care professionals, typically 15 minute waiting periods are required in order to ensure that negative reactions are not felt by

	individuals receiving a coivd-19 inoculation. Therefore, the Health Task force recognized this as an opportunity to engage with members of the community and seek feedback about community health affairs. The Township's Community Health survey was voluntarily undertaken by those who sought covid -19 inoculation at the Township's Public Health Department, as key members of the Township Health Department helped to distribute said surveys and engage in questions with residents during the aforementioned wait time. The approach permitted the ability for the Task Force to seek feedback from a diverse population of the community, and gain knowledge from discussions between Public Health Department Staff and community members as issues pertain to concerns, interests, and ideas. This also provided an opportunity for public health officials to share QR codes which directed folks to the Township's action plan in order to provide feedback. According to national reports the poverty rate among older adults is higher for people in relatively poor health. Older adults with complex health care and social needs are also more likely to have low health literacy, demanding effective care coordination and support. Understanding this notion, the Task Force focused on ways to engage the senior population in order to best ensure that this socially vulnerable group was reached. The Mayor's senior summit was a wonderful opportunity to distribute Community Health Surveys and gain insight from our Township's senior population. The ability to hold discussions with members of the senior population lead to direct opportunities for collaboration and inclusion within action planning.

2c. Summary: Provide a summary of the themes and priorities that you generated through community dialogues. Make note of any special needs, priorities or concerns particular to vulnerable, underserved and/ or marginalized community members. Also note any positive community assets supporting the conditions for good health and problem-solving that have been raised.

Public input and involvement has been a tremendous help in guiding the Task Force's principals and discussions. Outreach has helped to create strategies tied to the short term and long-term goals that are identified in the Action Plan and reflect the priorities that were noted throughout public engagement processes. Additionally outreach discussions also shed light on ways to engage and help support those with mental health needs through innovation, policy, and qualified care. The goals and strategies of the Task Force also help promote advancement towards addressing key metrics outlined in the assessment process by building upon the existing climate action goals of the municipality. Ensuring that concerns pertaining to socially vulnerable populations were addressed required the Task Force to think critically about outreach and potential language barriers. These decision-making processes allowed for great success with regard to participation at outreach events, as well as the level of effectiveness with regard to preventative care provided.

Specific points that were discussed at the Mayor's Senior Summit centered on transportation and mobility in relation to downtown redevelopment and tailpipe emissions from vehicles. There was a consensus that emerged from the discussions (and noted on the collected surveys) that outlined the aspiration for even more interconnectivity and accessibility with regard to mass transit and Township operated (free) senior shuttle services. Primarily the discussions with seniors helped to shape more initiatives within the Task Force in order to recommend the expansion of the senior transportation of Woodridge (STOW) through EV shuttle services and the establishment of senior friendly walkability loops. These 'age friendly loops' would include frequent rest areas, walk and talk with a doctor opportunities, and outdoor exercise classes utilizing the new outdoor physical exercise equipment installed at two downtown parks. The key take-a-way's from the conversations helped the Task Force focus on ways to expand resources and amenities that serve the community through enhanced healthy mobility while considering innovative ways to connect existing travel networks and other facilities for improved safety, comfort, age friendly design, and eco-friendly travel.

The dialogue with residents at the Township's Mental health Flag raising helped shape the Health Task Force team discussions that focused on developing long-term outreach and education programs to better entrench mental health as a priority. One example of expanded outreach was accomplished through broadening relationships with the Robert Wood Johnson Hope and Healing program, which worked closely with the Township's Division on Aging Staff during the covid pandemic. The RWJ program is dedicated toward delivering effective coping tools during times of mental anguish, and previously successfully helped many of the Township's senior residents in times of need as a result of isolation impacts and other mental health concerns stemming from the pandemic. The Task Force worked to engage the RWJ group in an effort to bolster a holistic approach to public meetings where emotional contexts may be overwhelming. For instance, during forum conversations with residents at the aforementioned event there were often discussions of 2021's storm season and the traumatic impacts of tropical storm Ida. Therefore, as the Township gears up for 2022 storm season outreach meetings, the Hope and Healing team will be present at said events in order to provide mental health support to those coping from losses or depression from tropical storm Ida or other issues pertaining to the disastrous impacts of past storms and the stress of potential mitigation decisions.

Furthermore, as recommended by the Health Task Force, mental health has been recently further examined by our Township Health Department through the lens of integrating health into specific policies and operations whereby previously Police Department staff primarily responded to cases that might have required mental health support. The Woodbridge Township Police Department were previously responding to an alarming number of mental health related incidents. Under the leadership of Mayor McCormac, the Public Health Department formed a new Mental Health Referral Program in February 2022 in order to form a bridge between the Police, persons experiencing mental health illness, and the Health Department. The program allows the Police to immediately notify Dr. Nolan's team (Twp. Division of Addiction Services) of a mental health incident so that they can refer them to the best available resources. These efforts curb repeat incidents with Police and aid those in our community with mental health illness.

As a result, Public Health Department staff now intervene and follow-up on cases whereby incidents pose mental health concerns. For instance, specialized case management and outreach approaches allow trained Township Health department staff to connect those residents in-need of mental health support with resources, therapy, and services that permit recovery and reduce the possibility of recurrence. The goal of the tactic provides for the ability of our Health Department staff to work closely with our Police Department in order to ascertain key details of the individual in-need of services. This allows the trained Health Department personnel to act accordingly with regard to ensuring that the individual in-need of mental health care is supported effectively through proper outreach and services, and that the duty of the officer responding to the incident is adhered to without being asked to perform tasks that are not applicable to their profession, such as, mental health diagnosis, treatment, and consultation.

3. **ANALYSIS**

3a. When the quantitative data collected from external sources (1a-h) was compared with the information collected from community surveys and dialogues (2a, b), what similarities and differences did you find? What is driving those differences? Can you discern unique features about your municipality that would suggest specific priorities?

The data that was collected from the surveys closely aligned with the information that was gathered using online mapping tools and data sets found using the recommended links within the assessment documentation. However, key information from the surveys and community dialogues that was not found within data gathering tied to the health assessment data points included feedback from the community in relation to transportation and mobility. In addition, the surveys (and discussions with seniors) revealed that numerous residents outlined the need to focus on how environmentally friendly transportation will effectively evolve in conjunction with downtown redevelopment. Moreover, the biggest driver creating a difference between the data that was gathered using desktop analysis versus the feedback from surveys and dialogues was the ability to converse with residents on issues that were locally pertinent and indicative of the daily interactions. Specifically this information helped the Task Force to distinguish urgencies within transportation planning and access to services. Therefore, conducting multiple approaches towards information gathering aided the ability of the Task Force to effectively ascertain the importance of transportation inter-connectivity in relation to air quality, carbon emissions, and equity.

3b. Consider the evidence you have collected regarding health disparities within the municipality: How do the health needs and issues identified in this assessment vary within the municipality (by Census tract, neighborhood, ward, etc.)? What factors do you think could be underlying the difference? Were existing conditions identified in those areas or elsewhere that might be causing certain health disparities or high rates of illness?

* *If you were able to identify the Census tract with the lowest life expectancy in item 1b (above), compare that with the average life expectancy across the municipality.*

Vulnerable and/or underserved populations within the Township were identified through data gathering associated with the local health assessment action process, internal metrics tied specially to affordable housing locations, and information obtained and updated by the Township's Department of Health and Human Services. This three-pronged approach enabled the Health Task Force to better access datasets and formulate an active manner by which to engage these population groups. Said data gathering in relation to the assessment process informed the Task Force of specific census tract information that revealed a lack in health insurance and lower life expectancy tied to a specific population area within the Township. Moreover, this data was coupled with the Township's internal understanding of the transportation network near the locations depicted. Using online tools such as Policy Map and the New Jersey Department of Environmental Protection's Environmental Justice Mapping tool, the Task Force was able to ascertain that socially vulnerable groups were also located within the same area of the township, of which presents a difficulty to navigate without a motor vehicle. Using internal data that denotes affordable housing locations and documented previous outreach to the area identified, the Task Force was able to ascertain that access to health care, mobility, language barriers, and the cost of preventative health care were key factors that needed to be addressed through engagement. The data visualization process permitted the ability for the Township to take direct action and address this disparity and ensure that the metrics uncovered move steadily in a positive direction in the future.

Thus, this evidence helped the Task Force recommend the need to consider piloting a mobile health unit throughout the Township. The metric helped guide us towards having on-the-ground conversations with folks within the neighborhoods identified through the data research who embolden the root of the topic and the need to make it a priority. As noted above the local health assessment process also shed light on disparate life expectancy rates, and as such outreach and community events focused on addressing both issues, as both alarming data points aligned with specific tracts within the Keasbey section of the Township.

The Township had historical data that indicated Spanish was most commonly spoken at home within the neighborhoods identified. This information also helped shape the Task Force's recommendations in order to include Spanish-speaking individuals at the event. This approach allowed the Task Force to communicate and engage with members of the community. Trust and transparency was critical to this outreach technique and the ability to share resources, the importance of screenings, and gain feedback was a major success. For instance, participants expressed appreciation with regard to the ability to converse with folks in Spanish, as this provided for better dialogue and opportunity to take action on health care directives which emerged from the screening process.

Additionally, in order to make the event fun and inviting, the Township worked to ensure live music and giveaways were included. This helped to bolster the success of the event, as nearly 260 community members were in attendance, and 257 health screenings were provided. Health screening focused on issues such as, blood pressure, cholesterol, glucose, and stroke risk assessments. Of the 257 screenings conducted, 43 of said screenings were found to be at an increased range (abnormal screenings included BMI and cholesterol). All 43 were counseled (in Spanish or English) and 27 community members were referred to agencies for services they needed. Also throughout the event, our Health Department administered three Covid vaccinations (1 primary dose and 2 boosters), distributed 72 Covid test kits, provided handouts of our upcoming Covid vaccination clinics schedule, collected 40 completed Community Health Surveys, provided opportunities for comments on the Health Action Plan, and our Addition Services station issued 25 NARCAN kits at the event. As a result of the success of this program, the township has already taken steps toward purchasing its own mobile health shuttle, and as such envisions this monumental action as progress towards the ability to positively impact life expectancy and preventative care resources.

3c. If municipal or local health department level data collected from external sources was compared against the county and/or state averages, note which indicators are markedly worse than average. Are there public health risks outlined in the most recent county CHA or local hospital CHNA that the committee feels do or do not apply to the municipality?

The Township faired around the same overall dataset as County or State metrics, and in many cases, the Township out performed both aforementioned entities. The number of health events that the township conducts annually outlines that metric.

3d. Putting together all sources of information, list the top health issues (related needs, gaps, and concerns) in the municipality. Indicate a rough order or level of priority (noting where priorities may differ among community members/populations).

1. Mental Health - Mental health was uncovered as one of the top issues facing the municipality. The Health Task force initially formed in spring of 2021, and as such the covid-19 pandemic was at the root of many discussions. At the time school schedules, events, and daily life was still very much disrupted by the pandemic, and it caused the Task Force to consider the mental health impacts of these interruptions. As a result the team sought to better understand how mental health was addressed through policy, practice, and daily affairs. Educational institutions were uniquely affected by the covid-19 pandemic, and Task Force members harnessed an idea to survey students in order to better understand how to address concerns through community support. The surveys were created by a youth Task Force member in consultation with advice from the broader Task force and Public Health Department personnel. The data recovered from the surveys informed the Task Force of specific concerns pertaining to the the number of participants that admittedly engaged in poor mental health behavior, unhealthy self-perception, and/or felt as though adequate support was not made available. Although the data was alarming, the team used the exercise as a springboard for addressing mental health through outreach, support mechanisms, and institutional examinations. As a result of the persistent yet often illusive nature of the issue, the Task Force identified this matter as a top priority, and began outlining ways to integrate mental health into overall community health and wellness.

2. Vaping – Through data collection in relation to the Local Health Assessment process, the Health Task Force began identifying locations where access to fresh and healthy foods were available. During that exercise, it became apparent that quite frequently vaping establishments or tobacco sales were readily available relatively close nearby. Furthermore, the Task Force examined responses provided on the community health survey which identified smoking and cigarettes as concerns, and as such the Task Force conversed openly with survey participants that felt as though this was an issue. Through discussions with participants of the Mayor's Senior Summit and as a result of discussions with those who joined the Township's mental health flag raising ceremony and focus forum, the Task Force came to realize that a number of community members were concerned with vaping and smoking in relation to generational impacts. Primarily concerns were raised about a new wave of nicotine addiction and negative health related impacts. The unique way in which the Task Force discovered the proximity of these establishments in relation to healthy food options sparked action with regard to enhancing public health education. Therefore, through recommendations from the Task Force, the Public Health Department began new outreach techniques to best ensure said establishments adhere to age of sale compliance. Outreach programs are also being considered for future expansion in relation to 2022 / 2023 educational poster challenges. The concept will help facilitate understanding about the risks of vaping and tobacco related products, and lend itself toward community-based art competitions.

3. Persons Without Health Insurance – Through the data assessment process, glaring metrics in relation to those who might lack health insurance were found to also align with a specific census tract whereby life expectancy was found to be lower than other parts of the Township. This was an issue that caused significant action among the Task Force, as it is well understood that preventive care and long-term quality of life are found to be positively linked. Additionally the Task Force became concerned with accessibility to healthcare as it pertains to the specific neighborhood in question. The area is situated as a landlocked parcel which is bisected by major highway systems, of which the municipality does not hold jurisdictional authority. Thus, accessibility to health care facilities is rendered to vehicular transportation, and as such creates even more difficulty for residents of the area to visit places of preventative care. The Task Force considered ways in which to reach those in-need through a partnership with Hackensack Meridian Health, Healthier Middlesex, the Township Public Health Department through mobile health pop clinics which were coined community day events. The Keasbey community day offered giveaways, live music, Spanish speaking translators and on-site health screenings and advice from health care professionals. The Task Force has outlined this as a priority and plans to work on ways to establish mechanisms of support through the purchase a mobile health unit shuttle (without reliance on third parties to provide said services) and create outreach schedules to visit areas of the community in-need quarterly. Said outreach shall be a targeted approach in relation to census tract data realized through the local health assessment process as well as through additional examination processes to best ensure comprehensive success.

4. Access to Environmentally Friendly, Equitable, Interconnected Transportation Networks – The Township's community health survey asked participants to note mechanisms which they believe to be interfering with aspects of people staying healthy within the municipality. Traffic, congestion, and transportation were noted interchangeably and stood to account for the issue mentioned most frequently (over ten times) as the primary concern of disruption to healthy actions. The Task force utilized this information to expand upon the Township complete street policy framework and recent zero-emissions transportation network in order to consider ways to provide efficient travel resources while reducing greenhouse gas emissions. The goal of the Task Force is to take this feedback as a driving force to continue to explore electric shuttle connectivity, enhance free bike sharing located near transit hubs, and expand upon new recreational paths that help connect places of interest without vehicle use.

5. Climate change – The community health survey asked participants if they knew where to take shelter under emergency situations such as fires or flood events, and a large number of participants responded to this question with concerning answers of uncertainty. These data points coupled with residents' concerns voiced at Township forums on flood reduction lead the Task Force to consider new mechanics for conducting resilience outreach. The Task Force began by focusing on ensuring that disproportionality impacted populations are well-informed about the risks of climate change, and thoughts about ways to best deliver information about evacuation routes and coping with the impacts of severe weather events.

As discussions further ensued, it became apparent that three out of the four health issues outlined by the Task Force are uniquely connected to the impacts of severe weather and climate change. For instance, transportation, accessibility to critical health services, and mental health often correlate to resilience methodology planning and implementation. As a result, the Task Force sought to formally identify climate change as an underlying issue which often creates or intensifies a variety of health related concerns and responses. The Task Force remains focused on new projects and outreach that identify health as a matter of climate resilience, flood mitigation, and adaptive ecosystem restoration practices. Furthermore, the Task Force plans to recognize and address factors associated with social determinants of health in long-term goals to reduce fluvial flooding impacts within the Colonia section of the Township. In order to do so potential policy and zoning changes to promote flood storage capacity, open space, and effective land use with regard to specific known areas of flood concern are being evaluated. The Township's Task Force aims to focus on generational equity issues tied to the area as they pertain to risk reduction and built infrastructure dating back nearly 100 years. Due to the historic nature of the issue, much of the developed area at risk for flooding was constructed before the Township's first flood studies conducted by FEMA. Thus, under-insurance with regard to flood loss, and historical construction parameters that do not meet the standards of the current studied conditions speak to the heart of the matter as it pertains to equity.