



BUILDING BRIDGES TO BETTER HEALTH

MAY 2017

A Blueprint for Action in Bound Brook and South Bound Brook

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Executive Summary

Facilitated by Healthier Somerset, a Leadership Team was convened to create this Blueprint for Action to advance systematic change that will enhance overall health and wellness and health equity in the Somerset County towns of Bound Brook and South Bound Brook. Over the course of 12-months, the Leadership Team undertook an expansive planning effort that involved:

- Research on and collection of data regarding current health outcomes and challenges to health and wellness within the two communities,
- Engagement of local officials and community leaders to understand current challenges to health and wellness in the community and to explore potential strategies to bring about sustainable changes in systems and policies to promote health and wellness and health equity,
- Examination of best practices to advance systematic changes to promote health and wellness elsewhere to inform identification of priorities in Bound Brook and South Bound Brook, and
- Dialogue with residents to determine how to best address their short and long-term needs with a strong focus on addressing the underlying factors that affect health and wellness including socioeconomic conditions, the built environment, siloed health systems and access to care, and educational attainment.

The outcome of the planning effort is this Blueprint for Action that contains an Action Plan, a set of immediate action areas, and a distinct set of next steps.

BLUEPRINT FOR ACTION

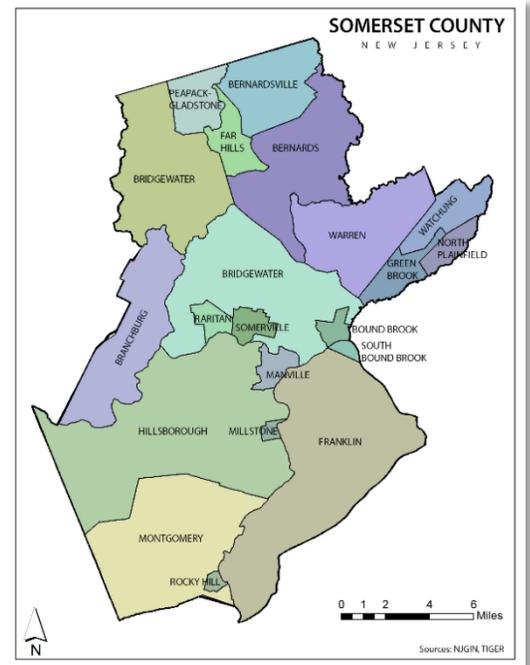
The Action Plan
focuses on
advancing
strategies in five
critical areas

1. Expanded school-based programming;
2. Improved communication about current resources and services;
3. Creation of free or low-cost programming for children, families and senior citizens at local, trusted sources that support health and wellness and that address “upstream” factors that affect health;
4. Integration of consideration of health outcomes into local planning and decision-making; and
5. Enhanced transportation options to programs/services that support health and well-being.

I. Introduction to the Plan

BACKGROUND

Somerset County is typically ranked as one of the top three “healthiest” counties in New Jersey both for health outcomes and for factors that influence health. Additionally, the county is among the ten most affluent counties in the country according to U.S. Census data. Despite these standings, two townships in the County, Bound Brook and South Bound Brook, stand out as having distinct challenges to good health and well-being as a result of current social, economic, and environmental conditions. These environmental and socioeconomic factors that influence health are widely different in Bound Brook and South Bound Brook than the county overall. For this reason, a partnership of organizations came together to receive a grant from the New Jersey Health Initiatives, a program of the Robert Wood Johnson Foundation, to undertake a planning effort to identify strategies that will comprehensively improve health and well-being in the two towns and, in doing so, create a Culture of Health.



PROJECT PARTNERS



The grant recipient is **Healthier Somerset**, a coalition that since 2010 has been working to identify health needs in the community and to create collaborative partnerships that will improve the physical and mental health of everyone who lives and works in Somerset County.



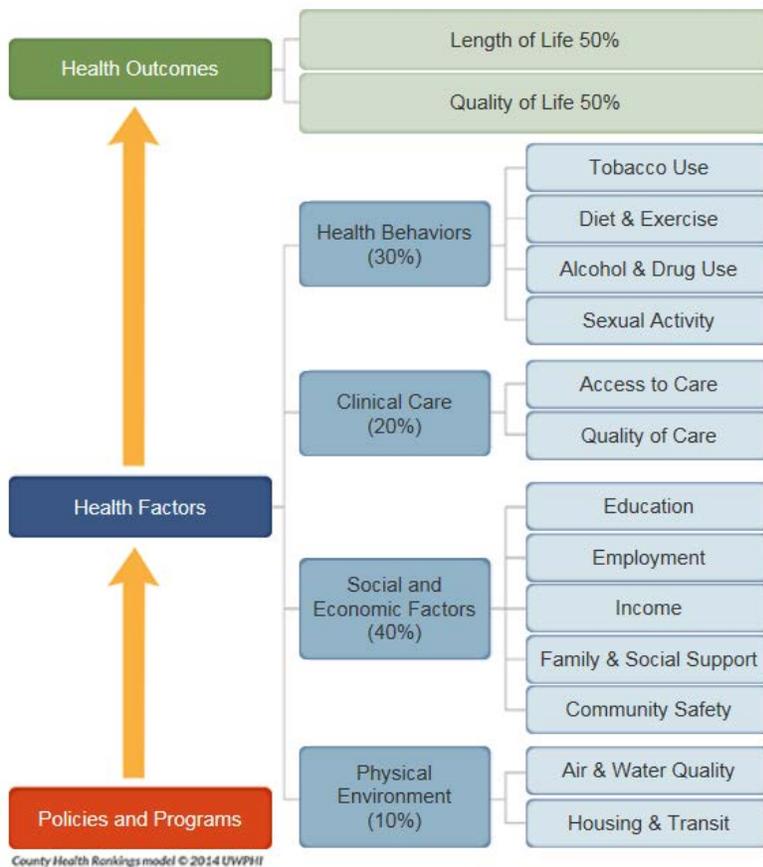
Somerset Medical Center (now Robert Wood Johnson University Hospital Somerset) supported the initial research on community health needs and convened the meetings that led to the creation of Healthier Somerset. The mission of the coalition is to work collaboratively to improve the health and well-being of all who live and work in Somerset County.

LEADERSHIP TEAM

A Leadership Team was convened to strategically direct the planning initiative, titled “Building Bridges to Better Health”, recognizing the underlying contribution that the two towns proximity to the Raritan River plays, in defining both communities.

Guidance was also provided by a coach provided by the County Health Rankings and Roadmaps. A contract was provided to the Rutgers University Bloustein School to assist the team with elements of the planning process. The planning process undertaken by the Leadership Team involved analysis of data, consultation with community leaders, engagement of residents and examination of strategies that will effectively address the health challenges of Bound Brook and South Bound Brook residents.

This Blueprint for Action outlines actionable strategies that will be undertaken over the next several years to advance a Culture of Health in Bound Brook and South Bound Brook.



LEADERSHIP TEAM

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CONDITIONS AFFECTING HEALTH

Research clearly points to the contribution that social, economic and physical environment conditions make to overall health and well-being. The County Health Rankings and Roadmaps model of population health points to these “social determinants of health” as critical “upstream” factors that must be addressed in order to systematically and equitably ensure good health and well-being for all individuals. For these reasons, while this Blueprint for Action includes strategies that address clinical care needs and health behaviors of Bound Brook/South Bound Brook residents, the Leadership Team took a particular focus on identifying those social determinants of health that significantly affect health of residents in the two towns, including social and economic factors and the physical environment.

Additionally, the Leadership Team was guided by the ten principles of a Culture of Health that were developed as a result of research led by the Robert Wood Johnson Foundation. In doing so, this Blueprint for Action is specifically designed to promote equitable access for all residents to the conditions, systems and services that allow each and every resident to live the healthiest life possible regardless of income, age, gender identify, or race. This Blueprint strives to improve health and well-being for all residents of Bound Brook and South Bound Brook with a particular emphasis on two populations that currently are disproportionately affected by social determinants of health in Bound Brook and South Bound Brook, namely senior citizens and lower-income Latinos.

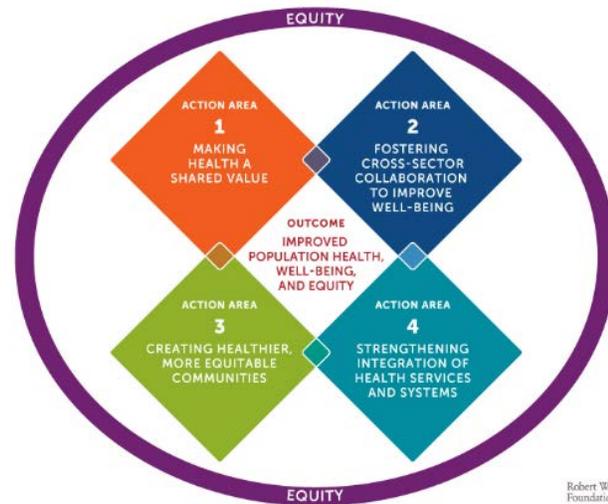
Culture of Health: Underlying Principles

1. Good health flourishes across geographic, demographic, and social sectors.
2. Attaining the best health possible is valued by our entire society.
3. Individuals and families have the means and the opportunity to make choices.
4. Business, government, individuals, and organizations work together to build healthy communities.
5. No one is excluded.
6. Everyone has access to affordable, quality health care.
7. Health care is efficient and equitable.
8. The economy is less burdened by excessive and unwarranted health care spending.
9. Keeping everyone as healthy as possible guides public and private decision-making.
10. Americans understand that we are all in this together.

HOW THE PLAN WAS DEVELOPED

The planning approach taken and the resultant actionable strategies outlined in this Blueprint correspond to the Robert Wood Johnson Foundation Action Framework for advancing a Culture of Health. More specifically, the actionable strategies are designed to:

- Make health a shared value – In the case of the Bound Brooks, the Leadership Team found that residents and community leaders alike have a strong understanding of the importance of good health and well-being. As a result, the actionable strategies outlined in this Blueprint seek to deliver systems and policies built upon that shared value to make attainment of the best possible health and well-being a reality for all residents;



- Foster cross-sector collaboration – As part of its planning process, the Leadership Team sought to identify organizations and individuals to join in the ongoing effort to undertake the actionable strategies to improve health and well-being in Bound Brook and South Bound Brook. This effort was broad and included outreach to health care providers, faith leaders, schools, businesses, residents, government agencies, among others.
- Create healthier, more equitable communities – The actionable strategies contained in this Blueprint reflect a commitment to ensuring that all residents have the opportunity to live the healthiest lives possible by focusing on the “upstream” social determinants of health considering socioeconomic conditions, policy challenges to good health, and impacts of the physical environment on health.
- Integrate health systems and services – Throughout the planning process, the Leadership Team focused on the broadest possible view of health as including physical and emotional health, mental and behavioral health, dental and vision health, as well as an overall sense of well-being. In this regard, this Blueprint recognizes the far superior benefits of preventative and integrated care to address the overall needs of an individual to lead a happy, healthy and self-sufficient life.

CRITERIA

During the course of its 12 month planning period, the Leadership Team met on a monthly basis (by phone or in person), attended Culture of Health trainings hosted by the New Jersey Health Initiatives, and held several work sessions. In April 2017, the Leadership Team hosted meeting of community leaders to begin the process of developing a larger, more comprehensive Steering Committee to guide the implementation of actionable strategies. The Leadership Team followed up individually with key community leaders who were not able to attend the April meeting in order to gauge interest in participating in the Steering Committee and other activities to advance the Blueprint for Action. An analysis of current conditions was prepared using available data that resulted in a standalone “Community Profile” report and is summarized in Section II. Extensive community engagement was conducted to better understand health needs and challenges in the two towns as well as possible solutions. More specifically, six resident focus groups were conducted, 15 key informant interviews were held with 20 individuals and an online community survey was conducted. Insights from community engagement was documented in a separate standalone report and summarized in Section III. Summaries of the community data and surveys, focus groups and key informant interviews are available from the Leadership Team.

Finally, a set of potential indicators and sources of data to measure progress according to those indicators were developed as a standalone deliverable. With data and extensive community input at hand, the Leadership Team held a work session to identify a set of actionable strategies that are documented in Section IV of this Blueprint. The Leadership Team identified a set of immediate focus areas based on specific criteria (see box). These three separate standalone reports serve as a “basis and background” to inform the content of this Blueprint and have been reviewed by the Leadership Team.

The actionable strategies documented in Section IV identify clear and tangible objectives and approaches for advancing a Culture of Health in Bound Brook and South Bound Brook. Given the research pointing to the need for these strategies, the evidence supporting their effectiveness in advancing good health and well-being, the overall level of community support and appreciation for health as a shared value, and the enthusiastic cross-sector collaboration among the Leadership Team and its expanding partnership; there are tremendous reasons to be optimistic about the opportunity to change systems, policies and practices in Bound Brook and South Bound Brook to create a lasting Culture of Health. Immediate next steps for doing so are outlined in Section V.

CRITERIA TO IDENTIFY IMMEDIATE FOCUS AREAS:

- Is the area poised for advancement or does it need more time to become fully formed in order to be advanced?
- Is there an individual or organization that is willing and able to lead it?
- Is there support and enthusiasm among partners and potential partners to be engaged to support its advancement?
- Is there capacity (resources, data, people-power) to advance it at this time?
- Will the area result in big, medium or small health outcomes?
- Does the area promote or advance health equity?
- Will advancement of the area preclude or stall advancement of other actionable strategies?

II. Community Profile

DEMOGRAPHIC PROFILE

Bound Brook and South Bound Brook have a much higher percentage foreign-born and Hispanic population, but a lower proportion of black and Asian population than the county. Bound Brook's proportion of Hispanic population is nearly 50 percent, while South Bound Brook's is about a third. 49 percent of South Bound Brook's students and 78 percent of Bound Brook's students are Latino. Bound Brook and South Bound Brook also have relatively younger populations than Somerset County. Homeowner occupancy rates are lower in the two towns than in the county, with a higher percentage of people having housing costs equal more than 35% of their household incomes than in the county. South Bound Brook has a higher proportion of owner-occupied housing than Bound Brook. Household sizes are larger in both towns than in the county. The areas with the highest concentrations of Hispanic population are in the south and west portions of Bound Brook, and on the eastern side of South Bound Brook. The highest percentage of the black population resides in the south part of South Bound Brook.

Both Bound Brook and South Bound Brook have much lower proportions of college graduates (20 percent) than the county (50 percent). The county's median household income of nearly \$100,000 is more than 50% higher than the median in Bound Brook (\$62,263) and significantly higher than South Bound Brook (\$72,180). With limited ratables, the two municipalities are among the four with the highest general tax rates in the county while the median household income in both municipalities (\$70,583 for South Bound Brook and \$60,866 for Bound Brook) being significantly below the county median household income of \$98,440 in 2015. Both school districts are underfunded by approximately 20 percent in relationship to the state's school funding formula. Bound Brook has a higher poverty rate than South Bound Brook, but a lower unemployment level. Both have higher poverty and

unemployment rates, however, than the county levels.

Notably, about 12 percent of the Bound Brook population over 18 has no access to a vehicle, about four times the percentage in the county as a whole. Data from the CDC's national Behavioral Risk Factor Surveillance Survey (BRFSS) for 2011 at the sub-county level, revealed that residents of region of the two towns reported lowest levels of agreement that their income "always meets" their living expenses (39%) compared with the northern and southern regions of the county (56% and 49%). Bound Brook is among the 4 highest of the 21 municipalities in Somerset County in the amount of Work First NJ and Food Stamp recipients. In 2010-2011, the borough also had the highest percentage (63.7%) of Free and Reduced Lunch Program children in Somerset County.



FACTS

College Graduates:
Bound Brook/South Bound Brook: 20%
County: 50%

Median Income:
Bound Brook: \$62K
South Bound Brook: \$72K
County: \$100K

SOCIAL DETERMINANTS OF HEALTH

In this section, we present data and information related to various determinants of health related to quality of life, amenities, education, and transportation. These are factors that affect the ability of residents to live healthy lives.

- **Crime** - Crime rates are relatively low in these two towns. According to annual crime data, the crime rate in Bound Brook is 21% lower than the average of the whole of the State of New Jersey, and is 48% lower than the national average. When looking at violent crimes, Bound Brook has a 48% lower violent crime rate than New Jersey average, and 64% lower than the national average. In property crime, Bound Brook, NJ is 17% lower than the average of New Jersey and is 46% lower than the national average. The State Police report the overall crime rate (per 1,000 Population) in 2013 at 22.5 for Bound Brook, 6.6 for South Bound Brook, and 13.1 for Somerset County. The 2011 BRFSS data for the central region of Somerset County shows fewer people reporting feeling “very safe” in their neighborhoods (79.2%) than in the other two regions (93.5% and 87.3%).
- **Food access** - Data estimates from the USDA shows that the southern and western portions of Bound Brook, south of Union Ave. and West of Thompson Ave., are classified as low income and low access to food. There are no areas in either Bound Brook or South Bound Brook that are classified as “Limited Supermarket Access” areas. Although there is only one grocery store in South Bound Brook, there are many food outlets in and near to Bound Brook.
- **Schools and parks** - There are six public school buildings in Bound Brook, including four elementary schools, a middle school and a high school that also serves South Bound Brook. There are also a number of private schools and preschools. In South Bound Brook, there is a single public school serving grades K-8. Bound Brook has a variety of park/recreation areas, including Billian Legion Park, Codrington Park/Ben Maggio Recreation Center, Middle Brook Park, Rock Machine Field and Tea Street Sports Complex. The Delaware-Raritan Canal Towpath offers access to a walking trail from points within South Bound Brook, and South Bound Brook has one other sizable park, Memorial Park, adjacent to the elementary school.
- **Public transportation** - There is a NJ Transit bus route available and accessible along Rt. 22, Union Ave. and Lincoln Blvd in Bound Brook. A comparison of need within the county shows that the areas containing individuals and households exhibiting the highest need (+30%) for public transportation services are found in North Plainfield, Somerset, Bound Brook, South Bound Brook, Manville, Somerville and Raritan. There are no NJ Transit bus routes or stops in South Bound Brook. A NJ Transit station in Bound Brook along the Raritan Valley Line serves both Bound Brook and South Brook.

HEALTH INFORMATION

Since the socioeconomic characteristics of Bound Brook and South Bound Brook differ to a large extent with Somerset County, any county-level statistics do not accurately reflect characteristics of this much smaller area, with a relatively less affluent, less educated and more Hispanic population. Available sub-county data is provided. One primary source of sub-county health data is drawn from the 2015 Somerset County Community Health Needs Assessment. Some of the results were broken down to the regional level based on health commission jurisdictions. Bound Brook and South Bound Brook are included in the data presented for the Middle Brook Regional Health Commission (RHC), a region that also includes Green Brook, Warren and Watchung. This data can be considered more representative of Bound Brook and South Bound Brook than the overall county data.

High priority health topics identified by the Middle Brook Regional Health Commission:

- Substance abuse (alcohol and other drugs) – 71.8%
- Environmental issues - (e.g. water and air quality) 62.6%
- Healthy eating – 46.9%
- Overweight/obesity – 43.1%
- Mental Health – 41.7%
- Aging related issues – 41.2%
- Health care access – 39.7%
- Tobacco use – 36.8%
- Active living opportunities – 33.8%
- Transportation issues – 29.8%
- Needs of caregivers – 22.8%

The data from the CDC’s National Behavioral Risk Factor Surveillance Survey (BRFSS) for 2011 is also available in a breakdown of three sub-county regions for Somerset County, with Bound Brook and South Bound Brook in the Central Region. Again, this can be considered more reflective of Bound Brook and South Bound Brook than the Somerset County data. Respondents in the 2015 Somerset County health survey were asked to rank a number of issues as high, medium, or low priority for future funding and resources. Top ranked issues were substance abuse and environmental quality, with issues related to healthy eating, obesity and mental health also ranking highly. The 2015 health survey also showed that Middle Brook RHC respondents rated their overall health as “fair/poor” in the highest proportion of any Somerset jurisdiction, at 14.5%.

Health outcomes items to note:

- One quarter (25.1%) of survey respondents in the Middle Brook RHC area self-reported binge drinking at least once a month, compared to a national percentage rate of 16.8%. However, the 2011 BRFSS breakdowns for the central region of Somerset County did not show higher rates of drinking alcohol, but did show that more than twice as high a percentage of people reported smoking every day than in the northern region.
- The 2015 survey found that a higher percentage of Middle Brook RHC respondents reported eating no servings of vegetables daily (6.2%) than in any other region of the county, and more reported being obese (9.1%) than another other region than Somerset. Spatially, the populations in the western side of Bound Brook have higher rates of obesity than those in the eastern half of Bound Brook or South Bound Brook.

- Corroborating conditions related to healthy eating and conditions associated with obesity, the 2011 BRFSS survey showed that respondents from the central region of Somerset County were more likely to report high cholesterol levels (39%) than the northern (34.5%) or southern (35%) areas. Almost twice as many percent of respondents from the central region were advised by physicians to lose weight (19%) than in the northern region (10.5%).
- In terms of self-reported health data, residents in the Middle Brook RHC area were 50% more likely to have diagnoses of diabetes (9.3%) than residents of the county as a whole (6.2%).
- According to the 2011 BRFSS data breakdown, residents of the central region report asthma diagnoses at a higher percentage (14%) than the other two regions (11.6% and 9.8%).
- According to the 2011 BRFSS data, a higher percentage of residents in the central region of Somerset County reported suffering from both anxiety (12.3%) and from depressive disorders (15.1%) than residents of the rest of the county – notably about 50% more than residents of northern Somerset County. Significantly more residents of the central region also reported 3 or more days in the past 14 days feeling “down, depressed or hopeless” (13.8%) than those in the rest of the county.
- The southern and western portions of Bound Brook show the highest proportion of uninsured populations (over 20%), with the northernmost tier of Bound Brook showing the lowest proportion.
- The 2011 BRFSS breakdown data shows that fewer residents in the central part of the county reported having health insurance of any kind (83.8%) than in other parts of the county. Also, residents of the central part of the county were much more likely to report that they did not seek medical care or prescriptions due to cost, or did not seek medical care due to transportation. These proportions were markedly higher - sometimes two to even five times higher proportions in the central region.
- There is no major hospital within Bound Brook or South Bound Brook, but there is a behavioral health treatment facility located in central Bound Brook. There are no federally medically underserved areas in the two towns, as residents have access to nearby major hospitals.

III. Insights from Community Input

In order to inform its efforts to identify challenges and opportunities to health and well-being within Bound Brook and South Bound Brook, the Leadership Team conducted focus groups with residents, key informant interviews and an online community survey. In total, six focus groups with residents were conducted as well as 15 key informant interviews involving 20 individuals and a community survey that had 98 respondents.

Despite their proximity and the sending-receiving relationship of South Bound Brook students attending Bound Brook High School, the two communities of Bound Brook and South Bound Brook seem to define themselves very distinctly. The Raritan River sets a clear boundary between the two communities and we heard references to “not crossing the Bridge” from interviewees in both towns. In some ways, we heard residents and key informants in South Bound Brook identify more with their neighbor to the south, Franklin, while residents and key informants in Bound Brook identify more with their neighbor to the west, Bridgewater.

Despite these geographic and cultural distinctions, we found similar perspectives and concerns regarding health and wellness, and the factors that influence them, from interviewees and survey respondents in both communities. In general, participants in the focus groups, community survey and key informant interviews highly value good health and well-being and are very aware of the contribution that access to health care and social determinants of health play in overall efforts to get and stay healthy. When asked what residents do to “get and stay healthy,” many talked about walking in town and along the Canal Path. Residents recognize the role that food and exercise play in maintaining good health and appreciate the value of good health and well-being although achieving it seemed economically out of reach for residents, especially Latino families and senior citizens. Some residents explained that they previously went to local gyms or wanted to go to gyms but that they were cost prohibitive. In general, residents in both Bound Brook and South Bound Brook view their communities very positively and have a strong sense of civic pride.

Despite these generally strong sentiments about their communities overall, senior citizen respondents to the community survey were more likely to agree that they have a sense of belonging in the community than others and higher income survey respondents were less hopeful about the future of the community. Many respondents to the community survey indicated that they or someone in their family had high blood pressure, asthma and/or health issues associated with weight. More Latino respondents reported diabetes as a health outcome in their household.

Costs, especially property taxes, were cited frequently by community survey respondents as an important factor in negatively influencing the two communities. When asked in focus groups about residents’ concerns about living in South Bound Brook and Bound Brook, the universal answer was

quickly and resoundingly “costs.” Residents expressed serious concern about their ability to continue to reside in their municipality given the financial constraints as well as concern about the overall integrity and sustainability of the municipalities. In addition to property taxes, residents, particularly Latino families expressed concern about the overall cost of living in one of the top ten wealthiest counties in the country including costs of utilities, groceries, goods and services.

In Bound Brook and South Bound Brook, some focus group and key informant participants talked about four demographic distinctions within the municipalities:

- Generally lower-income Latino families,
- Middle class working white families who generally own homes,
- White, long-term resident senior citizens, and
- Incoming “millennial” residents that generally live in rental units with easy access to the train station.

We heard about the limited cross engagement among these populations as well as the distinct health and wellness needs of two of the three, namely Latino families and senior citizens. In general, there is a perception that the incoming “millennial” generation residents have limited engagement and commitment to the community and many people expressed concern about the longevity of this population within Bound Brook and South Bound Brook. Both communities host very active senior citizen populations with many participants in focus groups indicating residency of three decades or more.

Intersected by several highways, both communities are presented with transportation challenges. While both communities are self-described “walking towns” and neither school district provides bus service for students, most residents use cars for transportation. In senior citizen focus groups, an overwhelming majority of participants continue to drive despite their concern about their ability to do so. For residents who do not own cars, particularly Latino families, transportation occurs through a mix of “getting rides” and use of unregulated taxis. For Latino men who work as day laborers, their commute to a job is typically from a pick up ride at a local waiting station. Focus group participants raised the difficulty of using bus services to run daily errands or to get to the local community college and, while health clinics in the Somerville area provide shuttle services, residents indicate that those services need to be reserved weeks in advance. Residents complained about traffic in both towns, especially at the Queens Bridge crossing over the Raritan River, as well as with cars “cutting through” to avoid traffic on the major highways. In South Bound Brook, these concerns about traffic safety concentrated on a specific set of intersections (such as Edgewood and Cedar) that are recognized by local officials as problematic. Traffic safety including speeding vehicles, vehicles cutting through towns to avoid highways and infrastructure conditions were cited as a concern frequently in the community survey. Many community survey respondents indicated that they would walk more if there was improved infrastructure (street lighting, sidewalk condition, traffic safety).

Other safety issues raised regarded crime and gang activity in the western (Talmadge Avenue) section of Bound Brook and, in both communities, concerns regarding illegal drug dealing and substance abuse. Most community survey respondents indicated that they felt their community is very or somewhat safe although some respondents reported feeling unsafe sometimes and many said crime has gotten worse over the years. Factors that were mostly reported as causing a feeling of being unsafe include speeding vehicles, fear of illegal drug dealing and poorly lit streets. In both communities, we heard that substance abuse trends tended to be related to alcohol abuse among the Latino community and alcohol and opioid abuse among the white population. Substance abuse was identified a major factor in relationship to child protective service referrals for which Bound Brook is the third highest in the county and South Bound Brook is thirteenth.

Both towns are undergoing a significant amount of redevelopment in an effort to bring in a greater number of property tax ratables. Residents expressed a concern about the changing face of their community from several perspectives, including loss of community character, impacts on affordability, overcrowding at South Bound Brook School and reduced social cohesion. Respondents to the community survey expressed concern about environmental conditions (such as debris) as well as community appearance (e.g. abandoned buildings, neon signs, posters in shop windows) that they indicate does not represent a growing and vibrant downtown. Both communities noted the impact of historic flooding on health and well-being. Bound Brook welcomed the Army Corp of Engineers Flood Control Project. While South Bound recognized that the ACOE project flood mitigation will not affect flood hazards in its Borough, residents expressed concern about flooding impacts and evacuation options in the case of a flood.

Clearly, recent national news about immigration reform was on the mind of many residents in both towns given South Bound Brook's and Bound Brook's large percentage of Latino residents. Latino residents that participated in our discussions expressed concern about their and their family's future despite their overall comfort with life in South Bound Brook and Bound Brook.

Many respondents to the community survey indicated a strong need for increased programming and services for children and adults, including educational programs about health and wellness, afterschool and summer programs for children. This need was echoed by participants in the focus groups and key informant interviews where we consistently heard about the need for increasing the availability of local and affordable (or free) services and programs that support health and well-being in the broadest sense.

Residents continually expressed effective delivery of services is dependent on the hosting of such services and programs at a trusted local source within the community such as a school, church or an organization such as Middle Earth. There seemed to be very limited awareness of existing social services among both residents and community leaders. Residents frequently indicated that accessing existing services hosted in Somerville was difficult due to distance especially for transportation-constrained residents such as the Latino and senior citizen populations. The public schools in both

communities expressed a willingness to partner in creating programs and services that would benefit students and families ranging from hosting comprehensive school-based health services (physical, mental, dental, vision), expanded after school programming (especially the introduction of programs rather than competitive sports), trauma-informed school training and programming, classes to build family capacity such as parenting programs, education on negotiating the college application process, financial literacy and English as a Second Language classes. Residents noted a need for building greater partnerships with social service providers, colleges and universities, health care providers and trusted local sources to expand capacity and services. They displayed enthusiasm in collaborating to host programs and services locally at other trusted sources. From faith leaders, there was strong interest in supporting and coordinating efforts on community-based programs to expand the types of services available and eliminate potential redundancy.

In discussions with local officials, community leaders and Latino residents; they explained the challenges to health presented by the socioeconomic status of Latino families. In many families, one or both parents work long hours, which prevents them from being active participants in school-based programs. They also discussed how extended families share housing to save money sometimes at the risk of overcrowding. In both schools, administrators explained that older siblings often “parent” younger siblings after school making it difficult for them to participate in after school academic, social, sport and other activities.

Most residents of both communities purchase groceries at large grocery stores in Bound Brook and/or Franklin. While some residents go to local Farmer’s Markets, there was a general sentiment that the markets were too expensive for working families, senior citizens and lower income residents. Food insecurity is a challenge to health in the larger region as a result of financial constraints. Community survey respondents indicated strong interest in increasing availability of affordable fresh food options via community gardens and local farmers’ markets.

Senior citizens in both communities indicated a need for more dedicated services specifically geared to their needs including transportation, housing, mental health, and food access. In general, the seniors that we met did not access formal social services and seemed to indicate that their interest in doing so would be connected to the extent to which services were senior-centric and offered by a trusted source in their own municipality. There was enthusiasm for health, nutrition and exercise programs but, again, the extent to which seniors would access such programs was dependent on cost, local availability and a focus on the special needs of seniors. Seniors in both communities talked about the difficulty of negotiating complex aspects of daily life in the 21st century including understanding health insurance claims and coverage, scheduling doctors’ appointments, and accessing online information.

They suggested the idea of having a “navigator” available locally on a scheduled basis, meaning a person who could be available to assist them with complex information tasks. Transportation access was very much on the mind of seniors in several respects: being able to age in their own homes, which necessitates the ability to have transportation options.

One of the biggest challenges to residents in Bound Brook and South Bound Brook regarding access to health care services is availability of health insurance. Latino and lower income respondents to the community survey were more likely to not seek medical when they needed it. Latino and lower income community survey respondents indicated that they were more likely to use Medicaid and/or the Zufall Clinic rather than using private doctors. In 2015, approximately 29 percent of Bound Brook and 10 percent of South Bound Brook residents had no health insurance compared to 8 percent of Somerset County residents. There were strong concerns about highly limited access to mental health services at both the acute and sub-acute level. The Bound Brook School District routinely refers students to RWJUH Somerset for emergency psychiatric services but more services and better communication with schools are needed. Senior citizens in both communities have anxiety regarding financial worries, grief and loss, and planning for end-of-life. Latino families have anxiety associated with financial stresses, being overworked, family care and immigration status.

OPPORTUNITIES BUILD A CULTURE OF HEALTH

Overall, input from the community through the survey, key informant interviews and focus groups points to several areas that offer tangible and short-term opportunity to promote health and well-being and build a Culture of Health in the two communities:

- ***Expanded school-based programming*** – The communities view schools and churches as an important trusted source especially among the Latino and senior citizen populations. Based on our discussions, churches and schools in Bound Brook and South Bound Brook are enthusiastic partners in promoting health and well-being and are eager to collaborate with partners to support and host programs and services to achieve shared goals. For Latino families who are challenged to have adequate access to services such as medical and dental care and mental health services and in which both parents often work very long days, enhanced access to services via school-based programs seems like an effective approach. Initiatives to better equip both school districts to address the challenges of their populations, especially those populations facing trauma and socioeconomic pressures, have the potential to result in improved social and academic performance leading to lifelong improved health and well-being.
- ***Improved communication about current resources and services*** – The extent to which residents, faith leaders, and local officials were unaware or unsure of the availability of current services and how to take advantage of them was noteworthy. Respondents to the community survey pointed to a need for easy access to information about ‘goings on’ in the communities as well as health and wellness programs and services. At minimum, some sort of bi-lingual guide to currently available government and nongovernmental services, and training to educate community leaders about content of the guide is needed.

- **Creation of free or low-cost programming for children, families and senior citizens at local, trusted sources that support health and wellness and that address “upstream” factors that affect health** – The communities have a strong interest in taking advantage of programming that would support wellness if it is:
 - **Local** – There was a strong preference for services and programs that are offered in one’s home municipality.
 - **Free or low cost** – Cost is a current major obstacle.
 - **Hosted by a Trusted Source** – This criterion was articulated especially by senior citizens and Latino families. The need conveyed was that programs and services could be “hosted” by a local entity (e.g. church, school, library, etc.) that is familiar to the targeted audience. Potential hosts, such as faith-based organizations, are willing to host and offer such services but would need to have basic expenses (e.g. utilities, food, staffing) financially covered.
 - **Focused on the target audience** – There seemed to be the greatest interest in programs that are dedicated to the particular needs of the targeted audience (e.g. senior programs for older residents, classes for Latino parents with elementary children, middle school children, etc.)
- **Integration of consideration of health outcomes into local decision-making** – South Bound Brook and Bound Brook communities are changing. The municipalities’ historic, industrial past that supported generations of residents living in middle and working-class single family homes is making way for new generation of immigrant families and residents of the millennial generation that prefer condominiums or rental units with easy access to the rail station and limited engagement in the community. Respondents to the community survey expressed concern about the appearance of commercial districts and a perception of unsafe conditions (e.g. loitering, empty storefronts, condition of infrastructure and train station). Both municipalities are highly resource constrained given limited commercial ratables and the property tax rates are the dominant concern on the minds of residents. Options may include following the model of other local governments that have adopted a “health in all policies” approach using tools such as health elements and bike/ped elements in municipal Master Plans, health ‘check lists’ for local decision-making, use of Health Impact Assessment to predict health outcomes of policies and decisions, for instance.
- **Enhanced transportation options to programs/services that support health and well-being** – We heard of a variety of transportation challenges within the two communities from all forms of our community engagement:
 - Given the geography of the region, the need to drive to access basic local services which can be a challenge for senior citizens and Latino families who either cannot, should not or do not drive or have access to a car;
 - Improving the walkability/bikeability of the two communities through improvements in infrastructure (sidewalks, lighting), traffic calming, and targeted crime prevention.

Limited availability of transportation services, especially for seniors and Latino families.

IV. Building Bridges to Better Health: Action Plan

This Blueprint outlines a set of immediate focus areas that will promote efforts to improve health and wellness in the Bound Brooks. The Leadership Team recognizes that undertaking these immediate focus areas alone is insufficient toward addressing the “upstream” factors that influence health. In addition to addressing pressing needs in the two communities, advancing this set of immediate focus areas serves as a foundation for building the underlying “infrastructure” that is needed to build a sustainable Culture of Health in the Bound Brooks. Advancement of these focus areas will foster a strong community voice and cross-sector collaboration through operationalization of a broad and diverse Steering Committee to guide the next phase of this effort.

As outlined throughout this Blueprint, there are underlying “upstream” challenges to health and well-being in Bound Brook and South Bound Brook that will not be fully satisfied in implementing the immediate focus areas. These challenges include affordability of living in these communities, poverty, built environment challenges, workforce development, immigration status, and other built environment challenges affecting transportation, flood hazards, etc. The twofold approach outlined in this Blueprint is to (a) build a cross sector collaboration to initially focus on the outlined immediate focus areas complemented with (b) an ongoing commitment to better understand and identify strategies to address the systematic and underlying challenges to health inequities. The latter is reflected in the immediate focus areas in several ways: the inclusion of a dedicated commitment to an immediate focus area that seeks to better understand ways in which health can be integrated into local decision-making, the development of a working group to specifically address the transportation challenges in the towns that were identified by many residents and community leaders as pressing challenges to health and a commitment to build capacity into local sources that are trusted by populations that are especially vulnerable with regard to health equity.

Throughout the development of this Blueprint, the communities reiterated that health and well-being is a shared value of the residents of Bound Brook and South Bound Brook. The challenge in these communities is not so much building support for a Culture of Health but, rather, developing the sustainable and equitable systems that allow all residents in the two towns to have access to the conditions that allow them to live the healthiest lives possible. The immediate focus areas in this section are important steps forward in this direction. These steps are complemented by a strong commitment to strengthening the work of cross sector collaborations to: change systems and policies to advance health equity, promote health in all policies, and operationalize the communities’ already underlying shared value of health.

1. Expand School-Based Programs

PERFORMANCE GOAL(S)	<ul style="list-style-type: none"> The Bound Brook and South Bound Brook School Districts will have functional health and wellness committees, adopted quantitative and goal-based health and wellness strategic plans along with corresponding implementation strategies. Every student in the Bound Brook and South Bound Brook School Districts will have access to affordable and timely physical and mental health care, including routine preventive care, specialty physical care, routine preventive dental care, routine vision care and acute and sub-acute mental health care as needed.
STRATEGIES	<ol style="list-style-type: none"> By the end of 2018, enhance school-based health and wellness offerings by: <ol style="list-style-type: none"> Enhancing and activating each schools' health and wellness committee Reviewing and conducting a health and wellness assessment using currently available standard guidance (e.g. Centers for Disease Control, etc.) Identifying short-term programming or services that can be hosted at the schools (e.g. Zufall dental van) Identifying currently available family and student health and wellness programs that can be hosted at the schools for little or no cost Identifying opportunities to offer wellness trainings for teachers as part of in-service trainings Implement these programs By the end of 2019, assure a strategic approach to addressing mental health concerns in the school community and beyond by creating a strategic planning committee including school officials, mental health providers and public health officials to: <ol style="list-style-type: none"> developing a coordinated strategy to address immediate acute and sub-acute mental health needs of students conducting mental health trainings for teachers and parents annually identifying existing mental health programs and offerings for students and parents that can be hosted at schools (e.g. stress and anxiety) Support ongoing efforts that are exploring the development of a school-based health clinic at Bound Brook High School, by 2020, through: <ol style="list-style-type: none"> participation in planning meetings leveraging and identifying financial and other resources identifying obstacles and challenges that need to be addressed examining other models elsewhere
TARGETED POPULATION(S)	Preschool – grade 12 public school students
EVIDENCE OF NEED	<ul style="list-style-type: none"> Data regarding lack of insurance, especially among the Latino population; Input from residents regarding limited access to care, especially dental and mental health; Input received from health care providers and school leaders.
TIMELINE	All strategies will begin in the short term with anticipated impacts for strategies 1 and 2 in the mid-term and impact for strategy 3 in the long-term.
ROLES/ACCOUNTABILITY MECHANISMS	The Leadership Team will assemble a Working Committee to strategically begin implementation of each of the three strategies. Subcommittees will be formed as needed. Participants will include the schools districts (e.g. Superintendents, guidance, school nurses, etc.), health care providers, mental health care providers, non-profit organizations (e.g. Empower Somerset, United Way, SNAP-Ed), social service agencies, public agencies. The Committee will meet monthly beginning October 2017.
RESOURCES	CDC Healthy Schools index, Sustainable Jersey for Schools, ongoing programs offered by United Way and Empower Somerset, Mental Health First Aid Training.
MEASURES OF IMPACT	<p>Short term: Functional health and wellness committees in each school district; Functional Working Committee</p> <p>Mid-term: Completed school-based health and wellness assessments; Implement and/or share 2 preexisting programs into the schools; Two mental health first aid trainings conducted</p> <p>Long-term: Opening of school-based health clinic; Outcomes of parent survey regarding student access to health services; Number of new policies implemented in the school districts based on recommendations of health and wellness committees</p>

2. Improve Communication About Current Resources and Services

PERFORMANCE GOAL(S)	<ul style="list-style-type: none"> • A coordinated network of local, trusted sources acting as resource ambassadors • Every resident in Bound Brook and South Bound Brook will be aware of how to find information about accessing social and community services and programs
STRATEGIES	<ol style="list-style-type: none"> 1. By mid-2018 and with extensive input from local and regional partners: <ol style="list-style-type: none"> a. compile and manage a comprehensive online resource directory that provides culturally and linguistically appropriate information about regional and town-specific information about health and wellness as well as resources, programs and services that address socioeconomic and other “upstream” determinants of health b. Identify entity to take responsibility for routine updating, maintenance, and distribution of the directory 2. By the beginning of 2019 and once the resource directory is complete: <ol style="list-style-type: none"> a. Conduct trainings of local “trusted sources” to ensure their ability to proactively and reactively communicate and distribute information about available resources (e.g. faith leaders, community-based organizations, local officials and agencies, schools, health care providers, etc.). b. develop a distribution plan to ensure that the resource directory is widely distributed both online and/or in physical form, especially to key targeted local “trusted” sources c. Create a community of practice among the trusted local source network through regular meetings, trainings and information dissemination. d. Identify coordinator of the community of practice
TARGETED POPULATION(S)	All Bound Brook and South Bound Brook residents, non-profit community leaders, schools, houses of worship, town agencies, health care providers.
EVIDENCE OF NEED	<ul style="list-style-type: none"> • Input received from community leaders through key informant interviews regarding limited awareness of available services; • Input received from resident focus groups regarding limited awareness of available services.
TIMELINE	Development of a resource directory will be undertaken in the short-term. Development of a network of trusted local sources will be undertaken in the mid-term. Overall sustainability of the network will be in the long-term.
ROLES/ACCOUNTABILITY MECHANISMS	The Leadership Team will convene a task working group with broad participation (e.g. faith-based leaders, Middle Earth, library, local and county agencies) to guide the development and deployment of the resource directory, which will be prepared by a short-term consultancy. The task-based working group will evolve into the network.
RESOURCES	Local nonprofit and social service agencies, existing directories (United Way, County, YSC, Healthier Somerset Coalition), Library
MEASURES OF IMPACT	<ul style="list-style-type: none"> • Finalization of directory; • 2 trainings per year; • functional task working group evolved into the network; • deployment of a communication strategy.

3. Provide for Free/Low-Cost Programs and Services That Support Children, Families, and Senior Citizens at Local, Trusted Sources

PERFORMANCE GOAL(S)	<ul style="list-style-type: none"> • Increase the level of free or low-cost programming at local “trusted” sources with focus on school aged children, senior citizens and Latino families; • Continuously assess local policies and changes in needs of the community that affect provision of appropriate services.
STRATEGIES	<ol style="list-style-type: none"> 1. By mid-2018, offer more evidence-based community programs at trusted places. <ol style="list-style-type: none"> a. Inform community groups and leaders about available programs and encourage implementation - email, social media, web, etc. b. Jumpstart this strategy by supporting programming such as Play Streets, community gardens, tobacco cessation programming for community and schools, Crime Watch, and Open Airways for Schools. c. Identify local businesses and organizations to support programs 2. By mid-2018 identify preferred sites and pursue joint use agreements that will allow community programs at those sites. 3. Ongoing - Identify and secure grants or other funds to support community programs.
TARGETED POPULATION(S)	All residents with a focus on Latino families, senior citizens, and school-aged children.
EVIDENCE OF NEED	<ul style="list-style-type: none"> • Input from residents and key informants during community needs assessment; • County BRFS & CHIP identified needs that will benefit from educational and other programs.
TIMELINE	Planning activities are initiated immediately; implementation is short and mid-term and becomes ongoing.
ROLES/ACCOUNTABILITY MECHANISMS	The Leadership Team will identify partners to lead the “jumpstart” programs. American Lung Association will lead tobacco cessation and Open Airways for Schools. Rutgers Cooperative Extension will lead planning effort regarding community gardens. Use the network created in 2, above, to identify immediate, short-term, mid-term and long-term needs. Program providers will offer program outcome data.
RESOURCES	Healthier Somerset Coalition, County Agencies, Bound Brook library, local businesses.
MEASURES OF IMPACT	Data collected by program providers, funding secured, formal and informal joint use agreements created.

4. Consider Health Outcomes in Local Decision-Making

PERFORMANCE GOAL(S)	<ul style="list-style-type: none"> Local policies (e.g. zoning, ordinances, enforcement, master plan, etc.) align with national best practices designed to promote health and wellness and health equity; Local business participation in “Building Bridges to Better Health” will have increased to reflect engagement of local business leaders in Bound Brook and South Bound Brook;
STRATEGIES	<ol style="list-style-type: none"> By mid-2019, benchmark current policies, ordinances, zoning, etc. in Bound Brook and South Bound Brook to best practices in New Jersey, the region, and across the country with regard to improving health outcomes related to active living, access to healthy foods, social cohesion, and economic vitality. By mid-2019, local officials in both towns will have participated in at least one training to increase awareness about health equity and health impacts of local policies and decision-making. By end of 2020 identify new policy approaches that have been shown to be effective in integrating health into municipal development policy such as: <ol style="list-style-type: none"> Health elements, checklists for site plan review, etc. brief local officials on potential implications and options for Bound Brook and South Bound Brook involve Somerset County Business Partnership in local initiatives
TARGETED POPULATION(S)	Local elected, appointed and professional officials in Bound Brook and South Bound Brook.
EVIDENCE OF NEED	<ul style="list-style-type: none"> Resident concern expressed as part of focus groups in development of the Blueprint for Action regarding development/redevelopment, physical conditions of downtowns, affordability of their communities; Interest of the two mayors expressed as part of the development of the Blueprint for Action regarding hearing about innovative ideas for promoting health and wellness in their communities.
TIMELINE	Activities will begin mid-term but impact is not expected to happen until long-term.
ROLES/ACCOUNTABILITY MECHANISMS	The Leadership Team will identify resources to conduct benchmarking, training, and specify new policies for consideration. Due to the political, complex, and challenging nature of this initiative the Leadership Team will make a concerted effort to re-evaluate progress at the end of 2017 and every six months thereafter.
RESOURCES	Planning Healthy Communities Initiative, League of Municipalities, Sustainable Jersey, State and national chapters of: NACCHO, NJAPA, NJPHA.
MEASURES OF IMPACT	<ul style="list-style-type: none"> Adoption of Complete Streets policies; Resources identified and consultant hired.

5. Enhance Transportation Options

PERFORMANCE GOAL(S)	<ul style="list-style-type: none"> Communities will be walkable and bikeable; Residents will increase their walking and biking; Adequate and varied transportation services will be available to support resident needs.
STRATEGIES	<ol style="list-style-type: none"> By end of 2018, convene a strategic planning taskforce to include various partners to identify opportunities to undertake activities that will lead to improved walkability/bikeability of Bound Brook and South Bound Brook including assessment of the feasibility to conduct: school safety travel plans, pedestrian/bicycle elements of master plans, walkability assessments, etc. <ol style="list-style-type: none"> Use these efforts to identify infrastructure and structural challenges to walkability/bicycle access as well as to identify policies and programs needed to encourage active living. Implement needed changes starting with short term easy ones (for example - bike racks, lighting, benches, esthetics) and moving to long term (policy, parking) By end of 2019, consult with agencies and programs in the region to assess the feasibility of enhancing ride sharing, shuttle and other transportation services, especially with a focus of enhancing residents’ access to key service destinations that promote health and wellness (e.g. doctors’ offices, grocery store, YMCA, etc.), employment and education By mid-2018, develop and deploy a plan for communication of available transportation services
TARGETED POPULATION(S)	All Bound Brook and South Bound Brook residents with a focus on senior citizens and Latino families.
EVIDENCE OF NEED	<ul style="list-style-type: none"> Input received from residents during focus groups supporting development of the Blueprint for Action; Input received from community leaders during development of the Blueprint for Action; Priorities articulated by both Bound Brook and South Bound Brook Mayors.
TIMELINE	All strategies will begin in the short-term with outcomes expected in the mid-term.
ROLES/ACCOUNTABILITY MECHANISMS	The Leadership Team will initially convene a strategic planning taskforce, including but not limited to Mayor’s offices; Ridewise, NJDOT, Voorhees Transportation Center, etc.
RESOURCES	The Built Environment Assessment Tool Manual; Healthy Community Design Checklist Toolkit; CDC Health Impact in 5; CDC Community Guide - What Works - Increasing Physical Activity; Safe Routes to School; NJDOT, Ridewise, and Rutgers Voorhees Transportation Center.
MEASURES OF IMPACT	<ul style="list-style-type: none"> Completion of assessment; Development of a suite of metrics based on the assessment; Municipal master plans reviewed; Communication plan regarding available transportation services developed and widely disseminated (including in resource inventory in 2., above).

V. Next Steps

This Blueprint for Action outlines an ambitious agenda to advance change in Bound Brook and South Bound Brook that will lead to advances in health equity and overall health and wellness for all residents. Several next steps have been identified as critical to ensure that the subsequent implementation phase supports a transformation of policy and systems, a realignment of existing resources towards health as a shared value, and enhancement of cross-sector collaboration to ensure sustainable and meaningful outcomes. These next steps include:

- **Formation of a “Building Bridges to Better Health” Steering Committee.** An initial meeting of the Steering Committee was held in April 2017. With the completion of the Blueprint, the Steering Committee will be fully formed with broad participation of local officials, community leaders, residents, businesses, health and social service providers, and others and to “operationalize” its structure. This will begin in September 2017 with a full meeting of the Steering Committee after which the Committee will meet on a quarterly basis. The Committee will serve to be the overarching mechanism of accountability with regard to implementation of the Blueprint with organizations leading specific elements of the Blueprint providing updates and insights during the Committee’s quarterly meeting. Ultimately, the Leadership Team will be responsible for implementation of the Blueprint, will continue to provide regular direction to the implementation of the Blueprint, facilitate the Steering Committee and lead efforts to leverage and identify resources to support implementation of the Blueprint. Various working groups and task forces that are discussed in the Action Plan will operate under the umbrella of the Steering Committee and the Healthier Somerset Coalition will continue to be an overall resource for all activities.
- **Ongoing consultation with local officials.** In order to ensure that ongoing efforts lead to policy and systems change, the Leadership Team will begin meeting quarterly with Mayors in each town and their designated agency leads. Both Mayors have been supportive of the work leading up to the issuance of the Blueprint and are critical partners in advancing intended outcomes.
- **Communication of the Blueprint and Progress.** The Leadership Team has compiled a “communication plan” timed with release of the Blueprint. That plan includes: immediately transforming this technical version of the Blueprint to a vibrant, publicly accessible version and distributing it widely relying on Healthier Somerset and Steering Committee partners, revising and making more accessible the “Building Bridges to Better Health” website and social media presence, and creating an information dissemination strategy with strong reliance on partners in Healthier Somerset and the Steering Committee. Progress and results of the Blueprint will be communicated through these outlets.
- **Leveraging resources.** In consultation with other partners, the Leadership Team has already begun to leverage its existing resources with other possible opportunities and will actively pursue funding opportunities to support the ongoing work of the partners.