

## **Believe in a Healthy Newark Blueprint for Action**

### **SUMMARY**

The Believe in a Healthy Newark (BHN) Initiative proposes to develop Impact Teams, which will focus on three areas of health relevant to the Initiative's target population – the residents of the South and West Wards of Newark. These three areas include: Healthy Homes, Adverse Childhood Experiences, and Food and Fitness. We plan to utilize a collective impact approach that will allow us to identify common measures, develop common interventions, and use assessments of our success to modify and strengthen our initiatives. These areas closely align with the interests and expertise of our steering committee members, and we expect that this work will result in demonstrable improvements of certain health measures enumerated in the County Health Rankings data for Essex County.

### **BACKGROUND**

In September 2015, following the Boundary Spanning Leadership Institute (BSLI) sessions, the BHN steering committee held a three hour retreat, which allowed those who attended the BSLI to share many of the lessons and tools obtained during the BSLI training with the three steering committee members who had been unable to attend. At this retreat, we began a conversation to determine the primary focus of our work. Over the next several months we engaged in a series of discussions and debates to determine the most appropriate way for us to work with the communities we seek to serve. Some members felt we should focus on one specific topic while others thought we should broaden our work and aim to assume the role of a backbone organization for a collective impact initiative to create a culture of health in Newark. We had several meetings during which time we learned about and discussed the collective impact process and its five conditions: common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the development of a backbone support organization.

After months of robust discussion, we decided to work toward assuming the role of a backbone organization that would facilitate collaboration among governmental, educational, philanthropic, health-related, and community based organizations working in the three focus areas identified. As an emerging backbone organization, we will strive to meet the requirements outlined below that are taken from the Winter 2011 edition of the Stanford Social Innovation Review:

*“The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly”.* ([http://ssir.org/articles/entry/collective\\_impact](http://ssir.org/articles/entry/collective_impact))

We believe that by utilizing the resources provided by this grant, augmented by the resources of the organizational members of the steering committee, we will be able to fulfill the requirements of a backbone organization over time. Key to our success in

assuming the role of a backbone organization will be the steering committee's ability to demonstrate to partnering organizations the value of aligning our collective visions to improve the culture of health and health outcomes in Newark.

As is the case for many community based partnerships, the Believe in a Healthy Newark steering committee lost two of its original members in June 2016. Roland Anglin and Khaatim Sherrer-El have both made changes in their employment that necessitate them leaving the committee. Roland Anglin has been replaced by Monique Baptiste-Good as our coalition coach. We used this period of transition to expand our steering committee to potentially include the following people as of June 2016:

Lisa Block, Senior Program Officer at the Healthcare Foundation of New Jersey

Michael Bright, President/CEO, YMCA of Newark and Vicinity

Tia Collier, Project Director, Fairmount Promise Neighborhood, Rutgers - Newark

Aaron Haider, Newark Department of Health and Community Wellness

Vincent Rouse, Pastor, Pleasant Grove Baptist Church Newark

Kate Shoemaker, Chief Operating Officer, South Ward Children's Alliance

Kathy Weaver, Vice President of Programs at the Newark Alliance

Catherine Wilson, Acting CEO for United Way of Essex and West Hudson

We believe that each brings a level of expertise and commitment to improving health outcomes in Newark that will greatly facilitate our work.

## METHODOLOGY

In the process of assuming the role of a backbone organization, the BHN steering committee will start by developing three Impact Teams that will focus on Food and Fitness, Healthy Homes and Adverse Childhood Experiences.

### **Food and Fitness**

In 2013, the New Jersey Department of Health began the ShapingNJ initiative to address the issue of obesity at a statewide level. At that time, 1 in 4 adults in NJ were obese, nearly 1 in 3 children between the ages of 10 and 17 were overweight, and NJ had one of the highest obesity rates in the nation for low income children ages 2-5 years. In 2010, the Rutgers Center for State Health Policy issued the New Jersey Childhood Obesity Study, funded by the Robert Wood Johnson Foundation, which found that overall, 44.2% of children in Newark were overweight and obese; 25.2% of whom were obese; 18.3% of whom were very obese. These rates were significantly higher than obesity rates in the US as a whole. The study also found that 70% of Newark children ages 3 to 18 did not meet guidelines for physical activity for 60 minutes per day. The 2016 RWJF-funded County Health Rankings reported that 27% of adults in Essex County had a BMI greater than 30; 27% of adults had no leisure time physical

activity and the food environment index was 7.1. All of these indicators were below both top performers nationally and in NJ overall. By focusing on obesity prevention, the BHN Food and Fitness Impact Team hopes to reduce the incidence and impact of diabetes, hypertension, heart disease, osteoarthritis, sleep apnea, gout, gallbladder disease and some cancers in the populations living in the South and West Wards.

There are many organizations in Newark working to reduce obesity in the City. The Strong Healthy Communities Initiative, led by Monique Baptiste-Good who is also a member of the steering committee, is one of the organizations working with several groups in Newark focused on health and nutrition. We seek to bring together these organizations, along with key academic and clinical experts, to develop common ways to help community residents, both adults and children, lose weight or maintain a healthy weight. We also seek to develop consistent ways to measure BMI, blood pressure, blood sugar and other indicators of increased physical activity and improved weight control. We will also utilize many of the tools available on the ShapingNJ website and partner with organizations funded by the State under the Faith in Prevention program that began in 2014. A major goal of BHN is to avoid developing new interventions and resources when they already exist and are available for our use. We will, however, seek to develop new initiatives and strategies where gaps in services or programs are found to exist.

### **Healthy Homes**

The lead tainted water crisis in Flint, MI brought renewed attention to the problem of lead poisoning in children. Recently it has been revealed that a number of schools in Newark also have lead in the water due to aging pipes. While lead exposure from school supplied water is troublesome, the more significant lead exposures for children in Newark are likely related to household paint chips from older homes. Data from the NJ Department of Health indicated that 5.7% of Newark children under the age of six have blood lead levels greater than 5 micrograms per deciliter, compared to only 3.3% of Flint children with similar lead levels. Since lead exposure at levels as low as 5 mcg/dl can contribute to lowered IQ and behavioral problems in children, aggressive efforts must be made to eliminate lead from homes and schools. This will be a major focus of this team. The Healthy Homes Impact Team will also focus on reducing exposures to household dust mites, mold, roaches and other asthma triggers in homes. Clearly, it is difficult to have a Healthy Home if people live in substandard housing or have no housing. Therefore we will also work with housing developers, coalitions and the City of Newark to help find ways to improve access to adequate, permanent housing for residents of the West and South wards.

As noted above, a key objective for the Believe in a Healthy Newark initiative is to replicate successful programs from other cities, where appropriate, so that we can build upon the knowledge and skills of those who came before us. In that vein, working with Rhonda Lewis, the executive director of Greater Newark LISC, and a member of the steering committee, we will explore the possibility of replicating the “Two Shades of Green” training program from New York City. This program is funded by NYC LISC and is designed to help landlords and developers create healthier environments for their tenants. Quoting from the program website,

*“Two Shades of Green was designed out of the recognition that there has been an emerging practice in New York and nationally on building new residences that are green and healthy, there has been far too little focus on making such improvements to existing buildings. At the same time, we know that groups who provide affordable housing have limited resources to green their buildings. Through this training we look at property management strategies that both save money and create healthier homes. We teach property managers and owners to:*

- *Learn innovative and cost effective ways to integrate water retrofits, safe pest management and smoke-free housing.*
- *Hear how local CDC's are using green property management strategies to save money and create healthier environments for tenants.*
- *Explore a practical guide to implementing green and healthy management practices in their properties.”*  
([http://programs.lisc.org/nyc/programs/green\\_and\\_healthy\\_neighborhoods/two\\_shades\\_of\\_green.php](http://programs.lisc.org/nyc/programs/green_and_healthy_neighborhoods/two_shades_of_green.php))

In time, we might consider linking the Food and Fitness and Healthy Homes objectives through the development of exercise space in and around large housing complexes in the South and West Wards.

### **Adverse Childhood Experiences and Trauma Informed Care**

In 1998, researchers from Kaiser Permanente and the Centers for Disease Control and Prevention published a landmark article in the American Journal of Preventive Medicine entitled, “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study”. The study showed a direct correlation between exposure to adverse experiences during childhood and the risk of early death. Adverse Childhood Experiences were correlated with the development of ischemic heart disease, stroke, diabetes, cancer, chronic lung disease, skeletal fractures, liver disease, depression and suicide attempts in adulthood.

The County Health Rankings developed by the University of Wisconsin in collaboration with the Robert Wood Johnson Foundation ranked Essex County as #20 of 21 New Jersey counties for both Length of Life and Quality of Life, bundled as Health Outcomes, for 2016. Essex County has a premature death rate of 7,200 deaths under age 75 per 100,000 population. The premature death rate for NJ as a whole is 5,500/100,000 and the top US performers rate is 5,200/100,000. Since Newark is the largest and one of the poorest cities in Essex County it is fair to assume that a substantial proportion of these premature deaths are occurring in Newark. Further, two publications from the American Academy of Pediatrics in March 2016 entitled, “Poverty and Child Health in the US” and “Mediators and Effects of Child Poverty” clearly document the adverse health consequences of poverty on children and adults. These reports also reinforce the fact that living in poverty is in and of itself an adverse childhood experience. Advocates for Children in New Jersey report that from 2009 to

2013, median income for Newark families with children decreased. Unfortunately, the number of families receiving welfare assistance also decreased during that same time period. In 2013, 20% of Newark children lived in extreme poverty (Below 50% of FPL) compared to 11% of children in Essex County and 8% of children in the state as a whole. Newark's poor residents represent nearly 60% of the poor in Essex County. On the other hand, Newark's total population represents 35% of the total population of Essex County. These data combined with the high rates of homicide and violence in the city create an environment that is fraught with adverse experiences for children living in Newark and does not portend well for their subsequent health status as adults.

In April 2016, the Greater Newark Healthcare Coalition was awarded a grant from the Center for Health Care Strategies, Inc. for a project entitled, "Advancing Adoption of Trauma-Informed Approaches to Care". This grant allows GNHCC to partner with Rutgers University Behavioral Health Care to extend trauma informed services and training to medical providers, elementary school staff, and children and families in need of care. The BHN steering committee includes Keri Logosso-Misurell, executive director of GNHCC. We intend to partner with the GNHCC in developing an Adverse Childhood Experiences Impact Team that will build upon the work of the grant by engaging university faculty and researchers, community-based advocates and organizations to develop interventions that can reduce the incidence of adverse experiences for Newark children and provide emotional and behavioral interventions that will help mitigate the adverse effects on adults who have experienced ACE's. We will determine best practices in this area and seek to implement and disseminate these practices through the ACE Impact Team.

## CONCLUSION

The short term goal of this program is to successfully develop and implement three Impact Teams focusing on Food and Fitness, Healthy Homes, and Adverse Childhood Experiences. Using the Collective Impact approach we will recruit key stakeholders working in the each of the three focus areas in the South and West Wards. Through the development of Impact Teams we will help to ensure the implementation of effective, evidence-based interventions that produce measurable results. Additionally, as we expand our Steering Committee to have broader constituent representation we believe our likelihood of success will also increase.

Another key to our success will be the implementation of an annual Newark Culture of Health conference that will describe current initiatives, publicize successes, outline current challenges and allow for broader community engagement. It is our hope that this conference will also serve as a catalyst for other organizations to expand our initiatives to other parts of the city.

The long term goal of Believe in a Healthy Newark is much more daunting. Our ultimate goal is to develop a Culture of Health in the City of Newark that results in the lessening, and then the elimination of health disparities by race and socioeconomic class in Newark's residents by addressing key social determinants of health. We understand

that this goal will not be achieved in the three remaining years of funding. However, during these next three years we will implement strategies that can be replicated throughout Newark and that can be applied to a variety of problem areas. Funding from the Culture of Health Initiative will allow us to increase the capacity of community based organizations to utilize a collective impact process to measure the effectiveness of their programs, make adjustments as needed and expand their efforts as appropriate. Building community capacity is one of the most important intermediate goals for this project.