

NEIGHBORHOOD CONNECTIONS TO HEALTH



New Jersey Health Initiatives

Building a Culture of Health in
Greater Freehold

A Blueprint for Action

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EXECUTIVE SUMMARY

Neighborhood Connections to Health is a coalition comprised of individuals representing the Greater Freehold community and a wide range of organizations who serve and have a vested interest in improving the health and well-being of the residents. In an effort to build a Culture of Health within Greater Freehold, we have developed a Blueprint for Action that will guide the coalition in improving the health of area residents by addressing underlying health factors that influence health outcomes. Using health outcomes data, the County Health Rankings & Roadmaps model and a series of six focus groups conducted among Freehold Borough residents, we present a plan that leverages existing resources within the community and increases opportunities for healthy living.

Simply stated, health begins where we live, learn, work and play. To effectively optimize health, we must address the underlying factors that affect health, such as community safety, financial instability, education, access to medical care, social isolation and more. Our action plan uses the population health model to target cardiovascular risk factors (physical inactivity and poor nutrition) and lead poisoning in children while addressing health behaviors, clinical care, social and economic factors, and the physical environment of the community.

Neighborhood Connections to Health is committed to the plan outlined in this Blueprint for Action which will guide our efforts and promote sustainability in years to come. We are confident that our coalition will be successful in building a “Culture of Health” in Freehold by connecting cross-cultural and generational groups, connecting community resources, and increasing opportunities for residents to be productive.



COMMUNITY PROFILE

According to the *2017 County Health Rankings*, of the 21 counties in New Jersey, Monmouth County is ranked 7th in Health Outcomes and 5th in Health Factors. However, these rankings do not tell the entire story. The county is comprised of 53 very unique municipalities in urban, suburban and rural settings. The majority of the towns are economically sound and healthy, but some communities lag significantly behind county, state and national averages. In 2007, the Health Improvement Coalition of Monmouth County (HICMC) sought to better define the communities of need. The HICMC commissioned a study that identified significant disparities in health outcomes and social determinants in five urban areas, including Freehold Borough-located in the western side of Monmouth County. Whereas significant resources and improvements have benefited those communities of need in the east, there has been little investment in the western region; more specifically, Freehold Borough and the Greater Freehold Area.

The Greater Freehold Area “community” includes the Borough of Freehold, Freehold Township, Howell Township, Farmingdale Borough, Manalapan Township and Englishtown Borough. Despite seemingly relative affluence, there are pockets of significant need within each municipality that affect an imbalance in the overall infrastructure of the community, resource allocation, and the delivery of services. The most significant community of need is Freehold Borough, a population of 12,018 that is 76% white, 14% black, 4% Asian and 6% other, of which, 42% consider themselves Latinos. The uninsured range from 24.4%-36.7%, compared to 9.6% for the county. Even more alarming is the increased percentage of children ages 5-17 living in households that cannot afford basic necessities, from 19.8% to 30.7% in just 10 years. In addition, the area is home to a substantial population of undocumented immigrants whose existence is not reflected in the census statistics, but whose American-born children are clearly impacted.

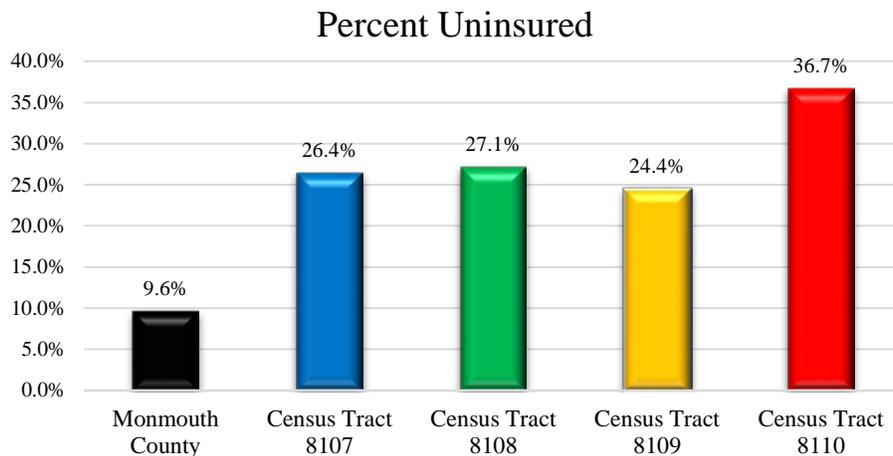
Freehold Borough is a quaint, two-square mile community, nestled in the larger, more affluent Township of Freehold. It is a diverse community that is known for its history, restaurants and nightlife. Many residents are employed by local businesses or by landscapers and construction companies serving the more affluent surrounding areas. According to the

2014 U.S. Census Bureau, unemployment ranged from 5.9% to 12.1% across the four census tracts, compared to New Jersey unemployment rates of 7.8%. However, unemployment reveals only part of the story.

Many residents do not have the same opportunities to be as healthy as others because many live with conditions that make them vulnerable to poor health. These vulnerabilities primarily exist because of socio-economic differences, including employment, income, housing, education, as well as family and social support. As such, optimum health for many in the Freehold Borough community is a challenge because the opportunity for health *begins* in our families, neighborhoods, schools and jobs.



Census Tracts in Freehold Borough, New Jersey and Corresponding Uninsured Population Percentages



INTRODUCTION TO THE PLAN

Neighborhood Connections to Health is a coalition from *within* the Greater Freehold community that seeks to improve the health of residents by addressing underlying health factors that influence health outcomes. Our Blueprint for Action provides a framework for actions that will provide opportunities for healthier living, while creating balance across social and economic factors, the physical environment, health behaviors and clinical care. Health is not defined by access to health care and is much more than the absence of disease or illness. Rather, true health encompasses happiness, well-being and how people flourish in their environment, and it starts with where we live, learn, work and play. Our strategies seek to improve the health of Greater Freehold by strengthening the community's social connectivity among population groups.

WHO WAS INVOLVED?

Neighborhood Connections to Health is comprised of individuals representing a wide range of community members and organizations that live in and/or serve Freehold Area and have a vested interest in improving the health and well-being of our residents. Organizations included in the development of our action plan include: Casa Freehold, Freehold Area Health Department, Children & Family Health Institute, Visiting Nurse Association of Central Jersey Community Center, Freehold Center Management Corporation, Freehold Borough Arts Council, Monmouth County Council for Young Children, Visiting Nurse Association Health Group, New Beginnings Agape Christian Center, Hudson Manor Senior and Assisted Living Facility, and the Feeding All God's Children Program at St. Peter's Episcopal Church. Some of our coalition members are also long-time residents of the Greater Freehold Area, and help to provide a more personal insight into the work we accomplish. It is important to note that the coalition continues to expand and will build on key stakeholders to include additional members of the community at large, youth,



schools, government and community based-organizations, etc., to accomplish stated goals and objectives.

HOW THE PLAN WAS DEVELOPED?

Our proposed Blueprint is inspired by three components:

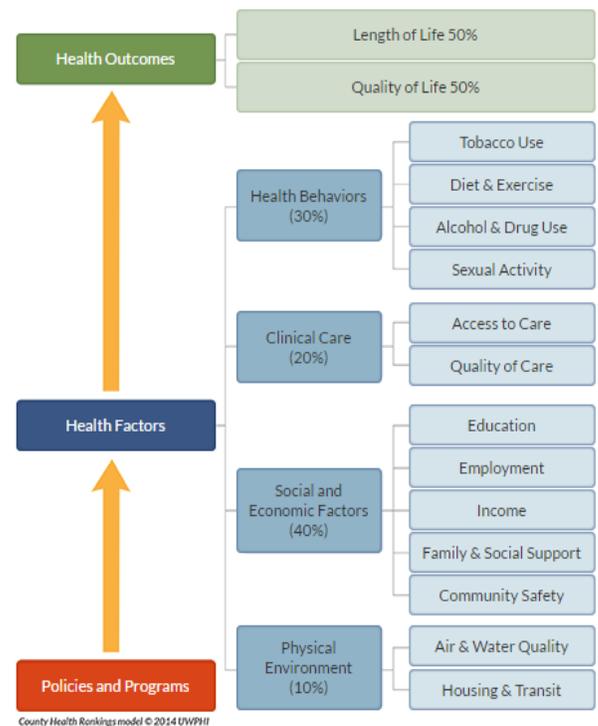
- The County Health Rankings & Roadmaps Model
- A series of six focus groups conducted among specific Freehold Borough sub-populations
- Health status indicators



The Model

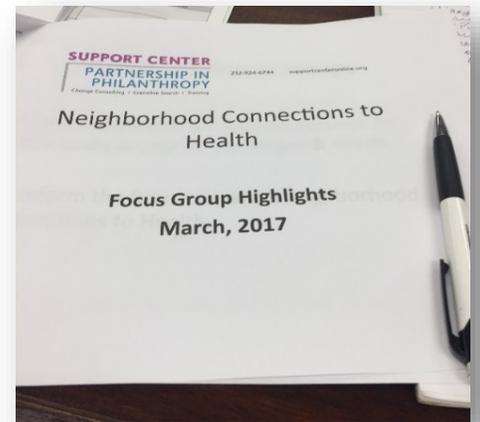
The County Health Rankings & Roadmaps approach is based on a model of population health. As seen in Figure 1, a population health approach goes beyond defining “health” as physical well-being. The County Health Rankings approach describes health in broader terms. This approach considers that “conditions in the environments in which people are born, live, learn, work, play, grow, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2020). These conditions include health behaviors, clinical care, social and economic factors, and one’s physical environment. The idea behind this model, and our Blueprint for Action for the Greater Freehold Area, is grounded in the concept that improving these conditions will help make our community a healthier place.

Figure 1: County Health Rankings & Roadmaps Model



The Focus Groups

Focus group discussions served as a mechanism to learn about the needs of the community and were used to inform our Blueprint. Discussion provided insight from those individuals whose health may be negatively affected by the conditions in which they live, and included community elders, African-Americans, Latinos, youth, parents and residents who struggle to secure food or housing.



Results from the focus groups provided several opportunities for positive change in the community and the top priorities of our plan reflect the community's desire to unite and work together to enhance quality of life for all. As such, overarching aims will improve health by helping community connections in three ways:

- Uniting and connecting cross-cultural and generation groups.
- Connecting community resources in a meaningful and effective way.
- Increasing opportunities for people to feel productive.

The Health Status Indicators

In addition to focus groups, Neighborhood Connections looked at health data to further focus our work. If we seek to improve the conditions under which people live, how will we know that we are ultimately affecting their health? Based on data gathered by the Freehold Health Department, the coalition opted for two priorities: to improve access to nutrition/physical activity in Freehold Area, and to reduce the incidence of lead poisoning in children. By choosing measurable objectives that will improve health *and* address underlying conditions that make the community vulnerable, we hope to demonstrate improved outcomes as a result of our work following the principles of the County Health Rankings Model.

Specifically, our action plan addresses:

- **Health Behaviors** – By increasing opportunities for physical activity and access to healthy foods.
- **Clinical Care** – By increasing lead screening opportunities for at-risk children.

- **Social and Economic Factors** – By increasing family/social support and promoting activities across cultural/generational groups to enhance community collaboration.
- **Physical Environment** – By enacting local Ordinances that reduce the number of rental homes that have lead paint hazards and limit the sale of tainted food.

The Action Plan (See Appendix 1) outlines the coalition’s goals, objectives, strategies, tactics and action steps. In addition, timeframes, outcomes, responsible parties and evidence-based strategies are listed. We view this as a living document that will flex with the advancement of the coalition and the needs of the community.

RESOURCE ALLOCATION, EVALUATION & SUSTAINABILITY

The work of Neighborhood Connections to Health is grounded in leveraging existing resources within the community to increase opportunities for healthy living. Additional resources from the Culture of Health grant will be used to support the efforts of the coalition and provide financial assistance for the development of new services that may be needed. While our proposed budget reflects the work in our Blueprint for Action, like our action plan, it will remain flexible, based on the changing needs of our community and the organizations that serve our residents on a daily basis.

Our coalition understands the importance of evaluating the processes we employ throughout and beyond this grant period. Therefore, we are dedicated to quarterly evaluations of our progress. The subgroups working on each component of the Blueprint will also provide quarterly updates to evaluate their progress in expanding the coalition to include appropriate stakeholders needed to tackle the action plan.

A sustainability plan is fundamental to ensuring that the work of Neighborhood Connections to Health continues beyond the grant period. Our steering committee will share their Boundary Spanning Leadership tools and experiences with key stakeholders and community champions who are recruited for specific Blueprint for Action components. We will continue to identify community leaders and develop a succession plan *with* these individuals, not *for* them, as they are the key to a successful and sustainable plan in improving the health of Greater Freehold.

APPENDIX 1: THE BLUEPRINT FOR ACTION

Neighborhood Connections to Health understands the importance of addressing all the factors of a population health model that influence health outcomes. The following icons indicate which health factors are addressed in our Blueprint for Action strategies.

Icon	Health Factor
	Health Behaviors
	Clinical Care
	Socioeconomic Factors
	Physical Environment

Our Action Plan is color coded to present the following components: Goals, objectives in relation to each goal, strategies to address the objectives, tactics to accomplish the strategies, evidence-based references, and short-term, intermediate, and long-term outcomes for each goal.

Neighborhood Connections to Health Blueprint for Action

Goal 1: Increase physical activity and improve nutrition among Greater Freehold residents			
Outcome Objective 1: Increase the percentage of adults and children engaging in recommended physical activity per week by 10% by June 30 th , 2020			
Outcome Objective 2: Increase the percentage of adults and children consuming the recommended fruit/vegetable serving per week by 10% by June 30 th , 2020			
Strategy 1: Improve resident satisfaction of the physical environment by promoting increased physical activity through enhancing walkability and bikeability 			
Tactic	Action Steps	Time Frame	Accountable Party
1. Establish a baseline for outcome objectives	1. Hire a consultant to survey Greater Freehold Residents and establish a baseline measure for outcome objectives	Jul 2017 – Sep 2017	Entire Coalition
2. Identify and document existing resources	1. Review existing Community Master Plan 2. Identify actionable elements of the Master Plan 3. Explore streetscape design improvement opportunities <ul style="list-style-type: none"> • NJ Safe Routes to School • “Complete Streets” • “Walk Friendly Communities” <ul style="list-style-type: none"> ○ Traffic calming ○ Increased street lighting 	Jul 2017 – Sep 2017	Entire Coalition
3. Expand the coalition	1. Identify and recruit stakeholders <ul style="list-style-type: none"> • Police • Municipal Government • Recreation Department • Mayor’s Wellness Initiatives in Township and Borough • Schools • Local Health Department 	Jan 2018 – Jun 2018	Entire Coalition

	<ul style="list-style-type: none"> Residents (adults and young children) <p>2. Conduct key informant surveys with stakeholders</p>		
4. Determine a specific plan to implement identified improvements to physical environment	1. Utilize resources in newly developed coalition(s) to create SMART (specific, measurable, achievable, realistic, timely) objectives to improve the physical environment	Jul 2018 – Dec 2018	G. Reilly M. Breslauer Expanded Coalition
5. Implement plan	1. Develop and allocate resources to implement agreed plans 2. Successfully execute plan	Jan 2019 – Jun 2020	G. Reilly M. Breslauer Expanded Coalition
Evidence Base			
Tool	Description	Source	
1. Streetscape Design Policy	“Streetscape design improvements (e.g., Complete Streets) accommodate the needs of all users and enable pedestrians, bicyclists, transit riders, and motorists to share and use the street. Improvements to streetscape design can include increased street lighting, enhanced street landscaping, increased sidewalk coverage and connectivity of pedestrian walkways, bicycling infrastructure, street crossing safety features, and traffic calming measures. Streetscape design improvement projects typically include elements from more than one of these categories; these projects can be implemented incrementally or comprehensively (SGA – Complete Streets).”	http://www.countyhealthrankings.org/policies/streetscape-design	
2. Walk Friendly Communities	“A Walk Friendly Community is a city or town that has shown a commitment to improving and sustaining walkability and pedestrian safety through comprehensive programs, plans, and policies. Communities should build programs that incorporate all of these strategies to comprehensively address walking and pedestrian safety, including: community data and evaluation, planning and policy, engineering and design, education and encouragement, and law enforcement.”	http://walkfriendly.org/	

3. NJ Safe Routes to School	“New Jersey Safe Routes to School, which is created and supported by the New Jersey Department of Transportation with funding from the Federal Highway Administration, enables and encourages safer and more accessible walking and bicycling environments for children in New Jersey through education, training, and research. Safe Routes to School projects can involve physical improvements to the environment, as well as encouragement programs to promote more walking and bicycling to and from school.”	http://www.saferoutesnj.org/
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Goal 1 Continued: Increase physical activity and improve nutrition among Greater Freehold residents



Strategy 2: Increase access to healthy food options in Freehold Borough

Tactic	Action Steps	Time Frame	Accountable Party
1. Expand the coalition	1. Identify and recruit stakeholders <ul style="list-style-type: none"> • Workforce Development • Superintendent/Principal Schools • Shop Rite • Women, Infants, and Children (WIC) • Community Affairs and Resource Center (CARC) • YMCA • Social Community Activities Network (SCAN) • Et. al 	Jul 2017 – Dec 2017	Entire Coalition
2. Expand current Farmers’ Market	1. Increase utilization and access by creating mobile smaller market kiosks near school buildings, YMCA, senior housing, and local churches 2. Meet with current Farmers’ Market organizers to explore the potential for expansion 3. Collaborate with music and craft organizations in Greater Freehold 4. Advertise in both English and Spanish 5. Incorporate food demonstrations to highlight fruit and vegetable preparation	Dec 2017 – Dec 2018	C. Nelson J. Friedman Expanded Coalition
3. Food Bank/grocery store collaboration for fresh produce	1. Meet with grocery store owners regarding leftover food pick up schedules	Sep 2017 – Sep 2018	C. Nelson J. Friedman Expanded Coalition

	<p>2. Schedule meeting with Shop Rite stores and recruit as a coalition member</p> <p>3. Coordinate distribution of two-day-old fruit and vegetables from local supermarkets to food pantries</p> <p>4. Explore homegrown vegetables from Greater Freehold Area for donations to Open Door Lunch Program or Feeding All God's Children Lunch Program</p>		
Evidence Base			
Tool	Description	Source	
<p>1. Mobile Markets/ Farm Markets</p>	<p>“Mobile markets, mobile farmers’ markets, or fresh food carts travel to multiple neighborhoods to sell fresh fruits and vegetables, operating on a set schedule so residents know when they can shop. Mobile markets can be created from buses, trucks, vans, carts, or any other vehicle with space to display produce.”</p> <p>“Mobile markets are a suggested strategy to increase access to fresh fruits and vegetables in low income neighborhoods and food deserts, and near schools. There is some evidence that taste testing fruits and vegetables as part of a multi-component intervention increases fruit and vegetable consumption among children, adolescents, and adults. Taste testing fruits and vegetables is a suggested strategy to improve nutrition.”</p>	<p>http://www.greensgrow.org/Mobile-Markets/</p> <p>http://www.countyhealthrankings.org/policies/mobile-markets</p>	

Goal 1 Continued: Increase physical activity and improve nutrition among Greater Freehold residents



Strategy 3: Enhance access to community physical activity programs throughout Greater Freehold

Tactic	Action Steps	Time Frame	Accountable Party
1. Expand the coalition	1. Identify and recruit stakeholders <ul style="list-style-type: none"> • Parent groups • School representatives • Parent Teacher Organizations • Special Education Parents Advisory Group (SEPAG) • County Council for Young Children (CCYC) partners • YMCA • Freehold Library • Casa Freehold • CARC • School Education Foundations • Senior Groups • Faith Based Organizations • Et. al 	July 2017 – Dec 2017	Entire Coalition
2. Identify and document existing resources	1. Review existing community groups, events, services, and programs 2. Identify elements where there is room for expansion of current services and collaboration opportunities for seniors, parents, and youth 3. Explore replicable concepts from intentional neighboring model	Jul 2017 – Dec 2017	J. Andolora M. Remhoff A. Espinal Garcia T. Goldstein Expanded Coalition
3. Build a coalition of youth and senior volunteers to work together in the community	1. Identify community members, organizations, and other influencers 2. Recruit and build volunteer network	Jul 2017 – Jun 2018	J. Andolora M. Remhoff A. Espinal Garcia T. Goldstein Expanded Coalition

	<ul style="list-style-type: none"> YMCA, churches, school representatives (teachers, nurses), parent groups (PTOs, SEPAG, CCYC), Casa Freehold, CARC, senior centers <p>3. Train and educate volunteers of any age to engage in physical activity together</p>		
4. Improve connectivity among youth, community, and seniors	1. Creation of SMART objectives based on the Core Components of Intentional Neighboring to enhance access to community physical activity (embracing the power of relationships, engagement of older adults, essential design patterns, key focus on vulnerability, three or more generations, embracing diversity, transformational leadership)	Jul 2018 – Dec 2018	J. Andolora M. Remhoff A. Espinal Garcia T. Goldstein Expanded Coalition
5. Implement plan	<p>1. Create opportunities through the ‘youth and senior coalition’ to enhance access to physical activities</p> <p>2. Collaborate with community organization champions who provide multigenerational programs or services</p> <p>3. Survey multigenerational program users to ensure baseline data as well as suggested increments of improvements</p> <p>4. Utilize focus groups to ensure improvement outcomes</p>	Jan 2019 – Jun 2020	J. Andolora M. Remhoff A. Espinal Garcia T. Goldstein Expanded Coalition

Evidence Base

Tool	Description	Source
1. Intentional Neighboring	“Intergenerational communities promote interaction and cooperation between individuals of different ages and focus on the needs of all residents, especially children and older adults. This place-based approach to community building focuses on a distinct geographic area, such as a neighborhood, town, or county. Intergenerational communities may include	http://www.countyhealthrankings.org/policies/intergenerational-communities http://ghdc.generationsofhope.org/

	leadership opportunities for all ages, multi-generational programming, and housing, transportation, or workforce polices that address the needs of residents of all ages.”	
Outcomes for Goal 1		
Short – Term	Intermediate	Long – Term
<ul style="list-style-type: none"> 1. Expand the coalition 2. Establish baseline measures 	<ul style="list-style-type: none"> 1. Improve resident satisfaction of walkability, bikeability, and access to healthy foods 2. Improve community connectedness 	<ul style="list-style-type: none"> 1. Sustainability 2. Improved health indicators

Goal 2: Reduce the incidence of lead poisoning in Freehold Borough

Outcome Objective 1: Reduce the incidence of elevated blood lead levels in children in Freehold Borough by 10% by June 30th, 2020

Strategy 1: Foster collaboration among housing, community development, code enforcement, elected officials, governmental agencies, property owners, and community to advance a lead poisoning prevention program



Tactic	Action Steps	Time Frame	Accountable Party
1. Expand coalition and motivate action for primary prevention	1. Mobilize community leadership and participation among parents and others to develop neighborhood-based solutions, develop political will, and secure needed resources 2. Engage policy makers, property owners, insurers, contractors, child, health, and housing advocates, and others in developing a strategic plan for primary lead poisoning prevention	Begin July 2018	M. Jahn B. Nance T. Goldstein
2. Establish lead poisoning incidence baseline	1. Use LeadTrax data to ascertain incidence of lead poisoning	Begin July 2018	M. Jahn B. Nance Expanded Coalition
3. Educate policy makers and community members on the scope of the problem	1. Create a lead campaign to communicate impact of lead on children and costs of inaction to the community, landlords, and affected families 2. Highlight disparities/identify pockets of housing posing increased risk for lead poisoning (80% of Freehold Borough housing stock) 3. Launch campaign in Freehold Borough targeting landlords, faith-based organizations, Casa Freehold, general community, parents, nurses, schools	Begin July 2018	M. Jahn B. Nance Expanded Coalition
4. Increase the percent of children being screened for lead	1. Secure mechanism for mobile testing	Begin July 2018	M. Jahn B. Nance Expanded Coalition

	2. Collaborate with primary care physicians and pediatricians in the area to establish on-site screening programs		
Goal 2 Continued: Reduce the incidence of lead poisoning in Freehold Borough			
 Strategy 2: Reduce the number of homes in Freehold Borough that have lead paint hazards			
Tactic	Action Steps	Time Frame	Accountable Party
1. Provide incentives for homeowners to investigate and remediate lead hazards in the home	<ol style="list-style-type: none"> 1. Offer incentives to property owners to comply with lead-safe housing treatments for voluntary remediation before children are poisoned 2. Work with local companies for paint donations as part of incentive program 3. Develop separate incentive program for landlords 	Begin July 2018	M. Jahn B. Nance Expanded Coalition
2. Coordinate a tenant association	1. Identify and organize groups of residents across racial/ethnic, socioeconomic, community and faith-based organizations who have a vested interest in advocating for lead poisoning prevention	Begin July 2018	M. Jahn B. Nance Expanded Coalition
3. Develop and codify housing and/or other ordinances to affect primary prevention	<ol style="list-style-type: none"> 1. Establish a ban or limit on the sale of candies containing lead in corner stores/bodegas in Freehold Borough (See evidence-based tool #2) 2. Require that property owners meet certain standards at property turnover and other key junctures (2002 laws enacted in RI and MD) 3. Establish an ordinance to require periodic testing of rental properties. Reference established local laws below: <ul style="list-style-type: none"> • http://phlr.org/product/local-housing-policy-approaches-preventing-childhood-lead-poisoning • http://www.cityofrochester.gov/article.aspx?id=8589936091 • http://www.nchh.org/Portals/0/Contents/State_and_Local_Lead_Law--Burlington_VT.pdf • http://www1.nyc.gov/site/hpd/owners/Lead-Based-Paint.page • http://www.phila.gov/health/childhoodlead/LeadPaintLaw.html 	Begin July 2018	M. Jahn B. Nance Expanded Coalition

	<ul style="list-style-type: none"> https://doee.dc.gov/lead 		
Evidence Base			
Tool	Description	Source	
1. Preventing Lead Exposure in Young Children: A Housing-Based Approach to Primary Prevention of Lead Poisoning	“This document presents recommendations from the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Childhood Lead Poisoning Prevention for a housing based-approach... The actions recommended in this report can be performed by an array of entities, including health departments and other public agencies, community-based agencies, and the private sector.”	https://www.cdc.gov/nceh/lead/publications/primarypreventiondocument.pdf	
2. Evidence of Candy as a hazard for elevated blood lead levels in children	“Candy imported from Mexico is found with high lead levels. Both candy and wrappers printed with lead ink have been cited (CDC 2002a ; FDA 1995 ; North Dakota Department of Health 2004). Lead-tainted candy has been imported from the Philippines, Asian and Latin American countries. EBL cases have been reported in CA, NY, ND, OK, and TX. In CA, candy was identified as a possible lead source for > 150 children with EBLs. In Nov 2006, the FDA reduced its recommended maximum lead level for candy consumed by children from 0.5 ppm to 0.1 ppm (FDA 2006b).”	Levin R, Brown MJ, Kashtock ME, et al. Lead Exposures in U.S. Children, 2008: Implications for Prevention. Environmental Health Perspectives. 2008;116(10):1285-1293. doi:10.1289/ehp.11241.	
3. Lead Paint Abatement Programs: County Healthy Rankings & Roadmaps’ What Works for Health	“Local lead laws are associated with reduced lead hazards for children, especially in rental properties (Korfmacher 2013, Korfmacher 2012), and local housing laws can support rehabilitation of older homes contaminated with lead (Korfmacher 2014). “	http://www.countyhealthrankings.org/policies/lead-paint-abatement-programs	
Outcomes for Goal 2:			
Short – Term	Intermediate	Long – Term	
1. Expand the coalition	1. Establish collaborative effort in advancing a primary prevention lead poisoning program	1. Sustainability	

2. Establish baseline measures		2. Improved health indicators	
Goal 3: Sustainability			
Strategy 1: Foster sustainability of our coalition and programs by providing our community champions with the necessary tools and resources			
Tactic	Action Steps	Time Frame	Accountable Party
1. Boundary Spanning Leadership tools	<ul style="list-style-type: none"> 1. Share boundary Spanning Leadership tools with stakeholders and community champions who are recruited for specific Blueprint for Action components 2. Identify key leaders 3. Develop succession plan 	Ongoing	Entire Coalition

APPENDIX 2: OUR STEERING COMMITTEE

Angelica Espinal Garcia

Casa Freehold

Brett Nance

Freehold Area Health Department

Colleen Nelson

Children & Family Health Institute

Dr. Gail Reilly

VNA of Central Jersey Community Health Center

Jeff Friedman

Freehold Center Management Corporation

Jenna Andolora

Monmouth County Council for Young Children

Lynn Reich

Resident & Retired Educator

Margaret Jahn

Freehold Area Health Department

Mark Breslauer

Resident & Team Coach

Mary Remhoff

Visiting Nurse Association Health Group

Reverend Richard Pierce

New Beginnings Agape Christian Center

Rita Dentino

Casa Freehold

Tobie Goldstein

Visiting Nurse Association Health Group