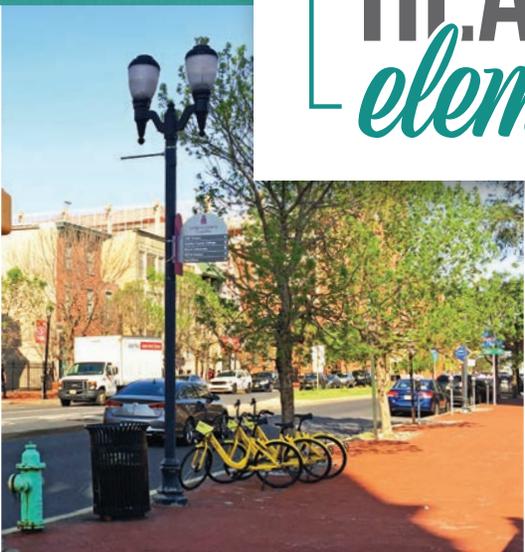




SEPTEMBER 2021

DELAWARE VALLEY
dvrpc
REGIONAL
PLANNING COMMISSION

the
**CAMDEN
HEALTH**
element



**HEALTHY
FOOD ACCESS**



**CLEAN
ENVIRONMENT**



**ACCESS TO
HEALTHCARE**



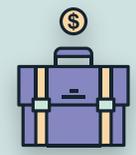
**MOBILITY & ACTIVE
TRANSPORTATION**



**SAFE & COMPLETE
NEIGHBORHOODS**



**HOUSING &
HOMELESSNESS**



**EDUCATION &
EMPLOYMENT**



DVRPC's vision for the Greater Philadelphia Region is a prosperous, innovative, equitable, resilient, and sustainable region that increases mobility choices by investing in a safe and modern transportation system; that protects and preserves our natural resources while creating healthy communities; and that fosters greater opportunities for all.

DVRPC's mission is to achieve this vision by convening the widest array of partners to inform and facilitate data-driven decision-making. We are engaged across the region, and strive to be leaders and innovators, exploring new ideas and creating best practices.

The Delaware Valley Regional Planning Commission

is the federally designated Metropolitan Planning Organization for the Greater Philadelphia region, established by an Interstate Compact between the Commonwealth of Pennsylvania and the State of New Jersey. Members include Bucks, Chester, Delaware, Montgomery, and Philadelphia counties, plus the City of Chester, in Pennsylvania; and Burlington, Camden, Gloucester, and Mercer counties, plus the cities of Camden and Trenton, in New Jersey.

DVRPC serves strictly as an advisory agency. Any planning or design concepts as prepared by DVRPC are conceptual and may require engineering design and feasibility analysis. Actual authority for carrying out any planning proposals rest solely with the governing bodies of the states, local governments or authorities that have the primary responsibility to own, manage or maintain any transportation facility.

TITLE VI COMPLIANCE | DVRPC fully complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Executive Order 12898 on Environmental Justice, and related nondiscrimination mandates in all programs and activities. DVRPC's website, www.dvrpc.org, may be translated into multiple languages. Publications and other public documents can usually be made available in alternative languages and formats, if requested. DVRPC's public meetings are always held in ADA-accessible facilities, and held in transit-accessible locations whenever possible. Translation, interpretation, or other auxiliary services can be provided to individuals who submit a request at least seven days prior to a public meeting. Translation and interpretation services for DVRPC's projects, products, and planning processes are available, generally free of charge, by calling (215) 592-1800. All requests will be accommodated to the greatest extent possible. Any person who believes they have been aggrieved by an unlawful discriminatory practice by DVRPC under Title VI has a right to file a formal complaint. Any such complaint must be in writing and filed with DVRPC's Title VI Compliance Manager and/or the appropriate state or federal agency within 180 days of the alleged discriminatory occurrence. For more information on DVRPC's Title VI program or to obtain a Title VI Complaint Form, please visit: www.dvrpc.org/GetInvolved/TitleVI, call (215) 592-1800, or email public_affairs@dvrpc.org.

DVRPC is funded through a variety of funding sources including federal grants from the U.S. Department of Transportation's Federal Highway Administration (FHWA) and Federal Transit Administration (FTA), the Pennsylvania and New Jersey departments of transportation, as well as by DVRPC's state and local member governments. The authors, however, are solely responsible for the findings and conclusions herein, which may not represent the official views or policies of the funding agencies.

TABLE *of* CONTENTS

A NOTE ON COVID-19 AND BLACK LIVES MATTER	iii
CHAPTER 1: INTRODUCTION	1
Connection between Planning and Health	2
Camden at a Glance	3
Purpose of a Health Element	6
Legal Authority	6
Relationship to Master Plan and Neighborhood Plans	7
Outreach and Feedback	7
A Vision for a Healthy Camden	10
CHAPTER 2: HEALTHY FOOD ACCESS	11
Background	12
Key Assets	12
Key Challenges	13
Strategies and Actions	14
CHAPTER 3: CLEAN ENVIRONMENT	29
Background	30
Key Assets	31
Key Challenges	32
Strategies and Actions	33
CHAPTER 4: ACCESS TO HEALTH CARE	49
Background	50
Key Assets	51
Key Challenges	52
Strategies and Actions	53
CHAPTER 5: MOBILITY & ACTIVE TRANSPORTATION	69
Background	70
Key Assets	70

Key Challenges	71
Strategies and Actions	71
CHAPTER 6: SAFE & COMPLETE NEIGHBORHOODS	95
Background	96
Key Assets	96
Key Challenges	97
Strategies and Actions	97
CHAPTER 7: HOUSING & HOMELESSNESS	111
Background	112
Key Assets	112
Key Challenges	113
Strategies and Actions	114
CHAPTER 8: EDUCATION & EMPLOYMENT	137
Background	138
Key Assets	139
Key Challenges	140
Strategies and Actions	141
CHAPTER 9: CONCLUSION	159
ACKNOWLEDGMENTS	169

FIGURES

Figure 1: Social Determinants of Health	3
Figure 2: Camden at a Glance.....	4
Figure 3: Healthy Corner Store Network	13
Figure 4: Percent of Zero Vehicle Households by Tract.....	14
Figure 5: Probability of Any Chronic Condition.....	18
Figure 6: Percent of Households Receiving SNAP Benefits.....	25
Figure 7: Known Contaminated Sites.....	32
Figure 8: Population Density in the Floodplains.....	37
Figure 9: Obesity in Camden.....	50
Figure 10: Heart Disease in Camden	51
Figure 11: Camden Transit Network.....	54
Figure 12: Rate of Insured Individuals.....	57
Figure 13: Rate of Foreign-Born Residents	58
Figure 14: Camden Sidewalk Network	84
Figure 15: Percent of Survey Respondents that Reported No Physical Activity.....	86
Figure 16: Bike and Pedestrian Crashes in Camden, 2013-2018.....	87
Figure 17: Dominant Tenure Type by Neighborhood.....	113
Figure 18: Housing Stock by Year Built.....	116
Figure 19: Percent of the Population without a High School Degree.....	138
Figure 20: Median Household Incomes by Neighborhood.....	139
Figure 21: Elementary School Walkshed.....	142

TABLES

Table 1: Camden Neighborhood Plans.....	8
Table 2: SRTS Team Roles and Responsibilities.....	78
Table 3: Camden Transit Routes as of March 2020.....	80
Table 4: Camden Private Shuttle Operations.....	81
Table 5: National Complete Streets Coalition's 10 Elements of a Complete Streets Policy.....	92
Table 6: Selected Roles and Responsibilities Supporting Health in Camden Households.....	129
Table 7: Camden Residents Most Affected by Barriers to Employment.....	150
Table 8: Prevalence of Untreated Cavities: United States 2005–2008.....	157

APPENDICES

Appendix A: Sample Visioning and Priority Action Exercises.....	A-1
Appendix B: Project Website and Online Story Map.....	B-1
Appendix C: Community Survey Sample Pages.....	C-1
Appendix D: Sample Print and Social Media Advertisements.....	D-1

ADDENDUM

Implications of COVID-19.....	E-1
-------------------------------	-----



the
**CAMDEN
HEALTH**
element

**A NOTE ON COVID-19 AND
BLACK LIVES MATTER**

The Camden Health Element is the result of a multiyear effort that engaged community members and stakeholders with the goal of creating a document that details strategies and actions to promote health as a priority for Camden’s future growth and development. Although the Health Element was largely completed when the Coronavirus Disease 2019 (COVID-19) outbreak occurred, the planning team did not wish to publish the Health Element without acknowledging the effects of COVID-19 on both the City of Camden and the recommendations put forth in the Health Element. The pandemic and related economic recession have created a lot of uncertainty, and in some ways, drastically changed how people live—how we socialize, work, get around, and obtain necessary goods and services. COVID-19 has also highlighted and exacerbated existing patterns of racism, bias, and health disparities. A report by the Center on Budget and Policy Priorities noted that “[p]eople of color are experiencing disproportionately more infections and hospitalizations—and among Black people, highly disproportionate death rates—with people of color also overrepresented in jobs that are at higher infection risk now and in the jobs hardest hit economically.”¹ As of July 2020, Black people accounted for almost 20 percent of COVID-19 cases and 22 percent of COVID-19-related deaths nationwide, even though they made up less than 13 percent of the population. Additionally, people of Hispanic origin accounted for 33 percent of cases but only 18 percent of the total population.²

It is more important than ever that stakeholders—the city, county, state, non-profits, health care providers, community organizations, and residents—work to implement the actions detailed in this document to address the most pressing health disparities and economic challenges that COVID-19 has brought about. Although COVID-19 has not changed

¹ Erica Williams and Cortney Sanders, “3 Principles for an Antiracist, Equitable State Response to COVID-19—and a Stronger Recovery,” Center on Budget and Policy Priorities, May 21, 2020, www.cbpp.org/research/state-budget-and-tax/3-principles-for-an-anti-racist-equitable-state-response-to-covid-19.

² Centers for Disease Control and Prevention, “Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC,” July 27, 2020, www.cdc.gov/covid-data-tracker/index.html#demographics.

COVID-19 AND CAMDEN CITY

By October 7 2020, Camden City had reported a total of 2,845 positive cases of COVID-19 and 87 deaths. Camden City’s rate of positive cases per 100,000 residents (3,813) is almost double that of Camden County (2,159), but its rate of death per 100,000 residents is only slightly higher than the county’s as a whole.³ It is hard to determine why Camden City has seen higher rates of COVID cases but lower death rates per total cases. A number of factors could be at play here: percentage of vulnerable residents, including elderly residents and people with pre-existing conditions like asthma and diabetes; percentage of people working in frontline jobs; and the number of nursing homes within each geography. The majority of Camden City residents are people of color, with 42 percent of residents identifying as Black and 50 percent identifying as Hispanic—rates far higher than the county’s, for which only 19 percent of residents identify as Black and 13 percent identify as Hispanic.

In addition to the health effects, COVID has resulted in a staggering increase in unemployment, with Camden County’s unemployment rate rising to 16.2 percent in April from 4.6 percent in February.⁴ Although Supplemental Nutrition Assistance Program (SNAP) participation data is not yet available for the time period of the pandemic, national surveys have shown that food insecurity has also increased due to higher unemployment, school closures, and concerns about the health risks of traveling and shopping for food.

³ Camden County, “COVID-19 Updates and Preparation, Most Recent Updates,” accessed July 16, 2020, www.camdencounty.com/service/covid-19-updates-and-preparations/most-recent-updates

⁴ U.S. Bureau of Labor and Statistics, “Local Area Unemployment Statistics Map,” accessed July 16, 2020, data.bls.gov/lausmap/showMap.jsp;jsessionid=FA1D1996EA9E3CF93C989FCA0DB60CEB.t3_06v.

the need for a Health Element, it has shifted some of our collective priorities, such as an increased need for safe, green spaces. Additionally, governments, community organizations, and service agencies created new resources and adopted new policies to address some of the negative consequences of the pandemic. A few COVID-related changes and implications are outlined by chapter in the Addendum. However, our understanding of COVID-19 and its effects on individuals, communities,



*Black Lives Matter march in Philadelphia, Pennsylvania
Source: Marco Gorini, Delaware Valley Regional Planning Commission (DVRPC)*

businesses, and governments is still evolving. New data and resources will continue to become available as the pandemic progresses and as we continue to reshape our collective new normal.

We would be remiss not to acknowledge the power and impact of the anti-racist movement that grew out of the protests that occurred in Camden and across the world in the wake of George Floyd's murder in Minneapolis in May 2020. Communities of color have been living with the effects of racism for generations. The discrimination, biases, and barriers that people of color face in obtaining housing, jobs, health care, or basic amenities are not new. This movement calls us to reflect upon the strategies and actions that we are recommending in this document and their potential effect on communities of color. Do they perpetuate a system that has not only undervalued people of color but actively worked to exclude them from resources and opportunities? Or, are we instead working to direct funding and resources to historically disinvested communities, adopt new policies that empower communities of color, and create public spaces that are genuinely accessible to everyone? We do not have all of the answers and will not always get it right. But as the broader Camden community works to implement many of the recommendations in this plan, it is essential that we are all asking ourselves these questions with the goals of repairing inequities and eliminating disparities to build a healthier, more equitable Camden.



Cooper's Poynt Waterfront Park
Source: Derek Lombardi, DVRPC



the
CAMDEN
HEALTH
element

chapter 1:
INTRODUCTION

The Camden Health Element lays the foundation to create healthier communities for all Camden residents. With the Health Element, the City of Camden is embracing the opportunity to incorporate community health and well-being into the city's Master Plan, and ultimately into the policies, programs, and spaces that make up the City of Camden. The Health Element provides a high-level vision and concrete strategies to promote health as a priority for Camden's future growth and development. It describes the relationship between planning and public health, reviews current health conditions and social determinants, and proposes policies and actions to improve the environmental and social conditions for better health for all residents.

CONNECTION BETWEEN PLANNING AND HEALTH

There is a growing understanding that a person's address plays an important role in how long they live and how good they feel. The way communities are designed and built can have a significant impact on the health of individuals, as well as on the community at large. For example, a person living in a neighborhood with limited access to fresh food, non-existent or broken sidewalks, and run-down or unsafe parks faces significant daily barriers to eating healthy and being physically active. They may also have to spend more time commuting to a job far away from their home, leading to a more sedentary lifestyle and less time to spend with family or pursue healthy activities. Their environment shapes their ability to make healthy choices, access health-promoting resources and opportunities, and ultimately live a healthy life.

These social, economic, and physical conditions—often referred to as social determinants of health—illustrate a clear link between the built environment and health (see Figure 1: Social Determinants of Health). As the American Planning Association notes, "Community design directly affects human health. Development patterns, zoning, and land use impact walkability and transportation options, access to services, the availability

of healthy foods, and vulnerability to hazards."⁵ While Camden's basic physical form and land use patterns may not be strictly unhealthy from a planning perspective, decades of discriminatory policies and practices have led to highly segregated populations that lack the opportunity to be healthy: areas with high rates of poverty and without access to quality education, family-sustaining jobs, or affordable housing. This in turn has led to significant health disparities. As Healthy People 2020 notes, "By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can

POPULATION HEALTH TERMS

Social Determinants of Health: Conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

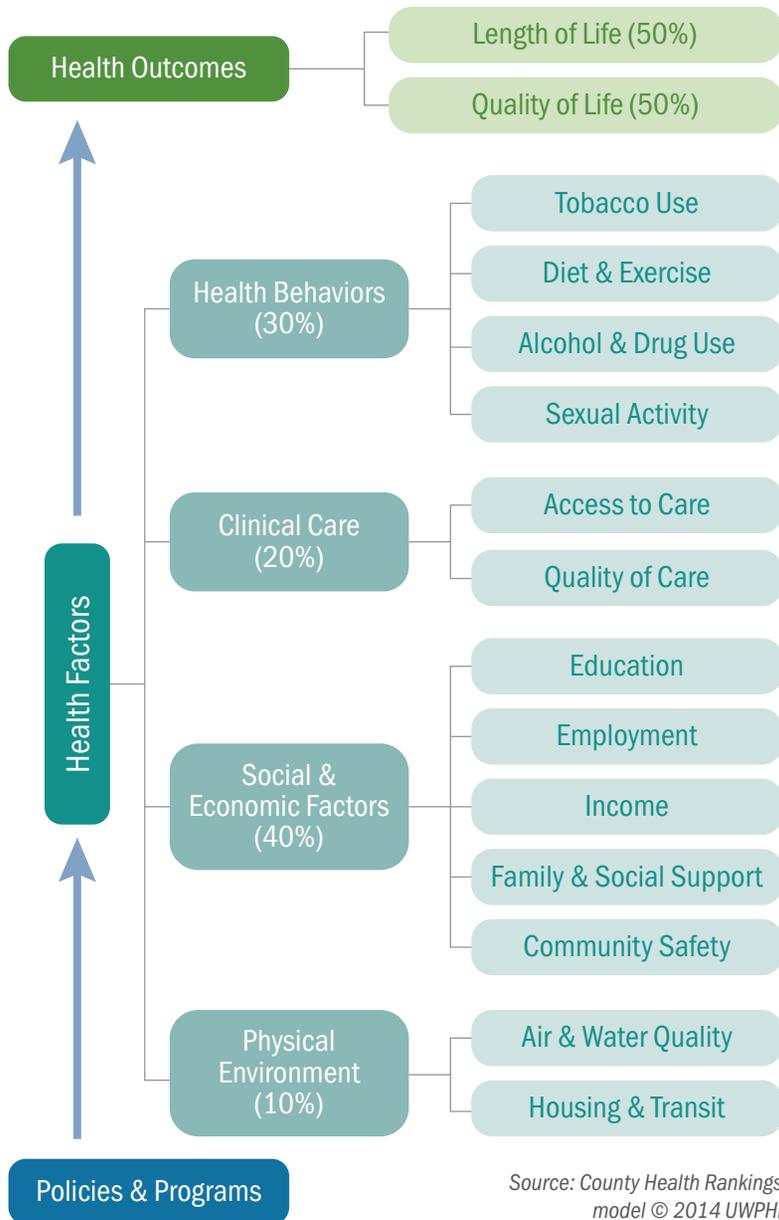
Health Equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Disparities: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Source: Healthy People 2020, "Social Determinants of Health," U.S. Department of Health and Human Services, May 17, 2019, www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

⁵American Planning Association, "Planning and Community Health," <https://www.planning.org/nationalcenters/health/>.

FIGURE 1: SOCIAL DETERMINANTS OF HEALTH



Source: County Health Rankings model © 2014 UWPHI

improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.”⁶

CAMDEN AT A GLANCE

Camden is a changing city. Investments from residents, community organizations, health care institutions, local universities, government, and the private sector have begun to reinvigorate a city that has struggled with severe poverty and disinvestment for decades. Today, approximately 74,608 people live in Camden City, making it the 13th largest municipality in New Jersey and the largest city in South Jersey.⁷ It is a transportation hub with diverse road, transit, and active transportation options that connect the city to the Greater Philadelphia region. It is home to many higher-education and health care institutions, as well as a strong network of dedicated community- and faith-based organizations. It is a city with a rich history of manufacturing, and although that legacy includes numerous contaminated sites, the city is working to transform many of the formerly industrial sites into new parks and open space.

Although Camden is seeing more development and growth than it has in decades, the city and its residents still face many challenges to building healthier, more equitable communities. Figure 2 highlights many of the current demographic, built environment, and health trends present in Camden today. This data, along with the trends shown in the [Camden Health Element Story Map](#),⁸ reinforces the need to provide more opportunities for Camden residents to be healthy.

⁶ Healthy People 2020, “Social Determinants of Health,” U.S. Department of Health and Human Services, May 17, 2019, www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

⁷ U.S. Census Bureau, “QuickFacts, Population Estimates,” July 1, 2018.

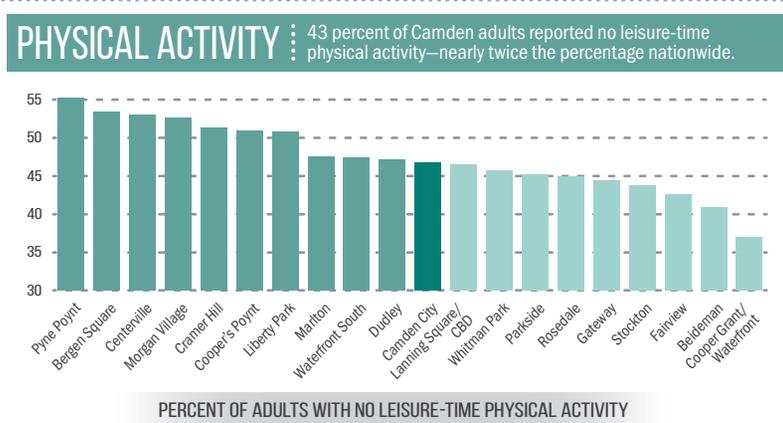
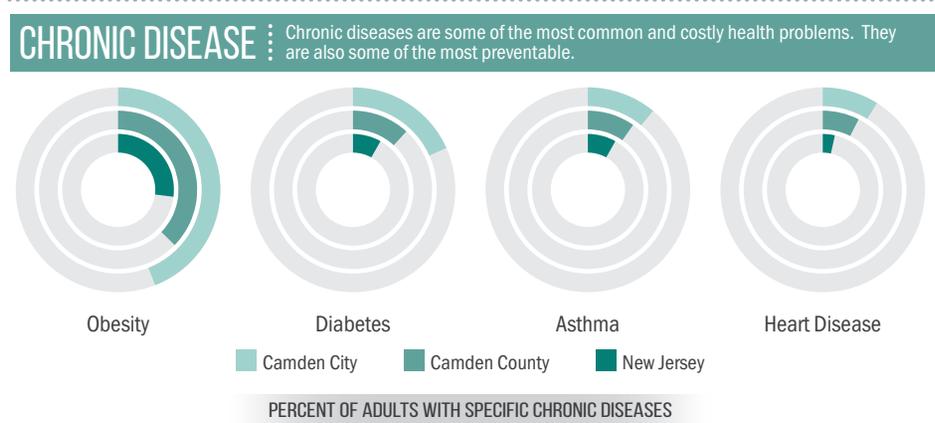
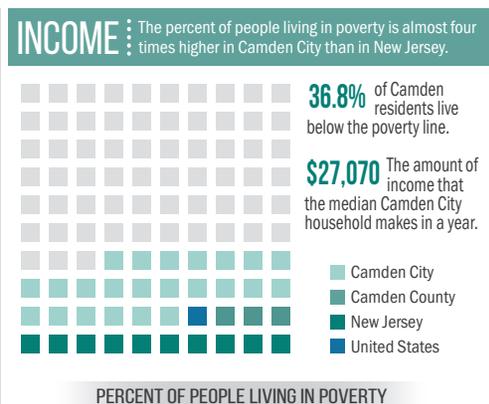
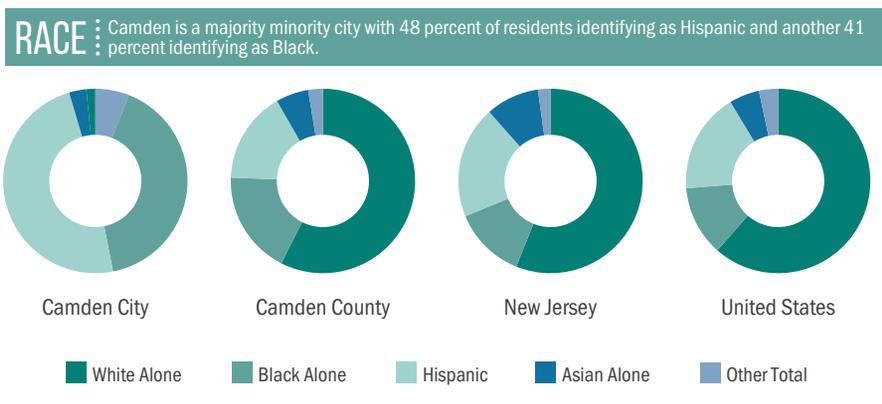
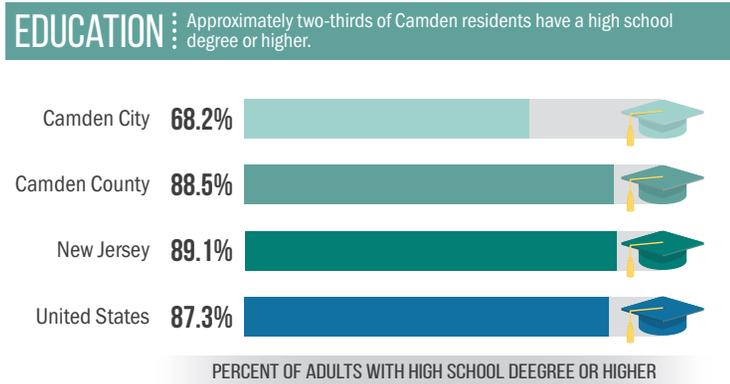
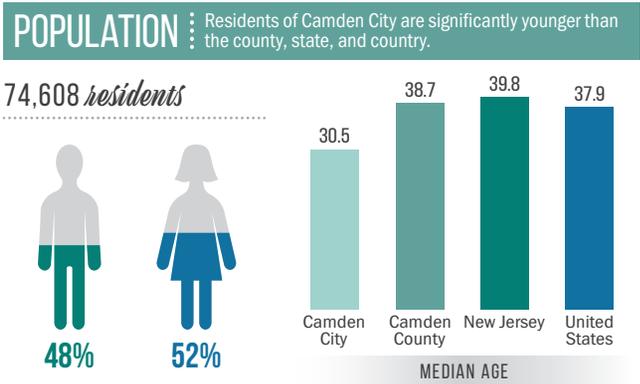
⁸ Delaware Valley Regional Planning Commission, “Camden Health Element Story Map,” tinyurl.com/CamdenHE2019.

FIGURE 2: CAMDEN AT A GLANCE

the
CITY OF CAMDEN
at a glance

.....: dvrpc :.....

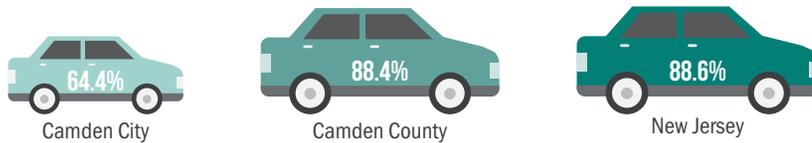
Camden is the 13th largest municipality in New Jersey and the largest city in South Jersey. It is a transportation hub with diverse road, transit, and active transportation options that connect the city to the Greater Philadelphia region. It is home to many higher education and health care institutions, as well as a strong network of dedicated community- and faith-based organizations. It is a city with a rich history of manufacturing, and although that legacy includes numerous contaminated sites, the city is working to transform many of the formerly industrial sites into new parks and open space. Although the city is seeing more development and growth than it has in decades, the city and its residents still face many challenges to building healthier, more equitable communities.



GETTING AROUND : Lanning Square, Gateway, and Parkside are the most walkable neighborhoods in Camden, with scores of 81, 78, and 75 (out of 100).

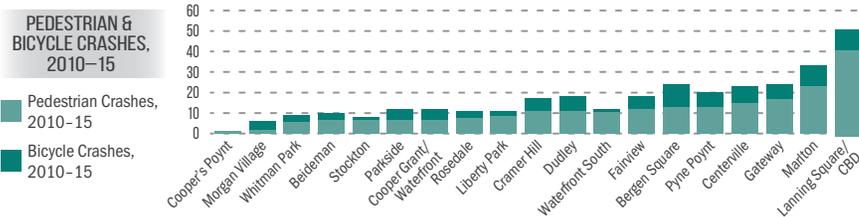


VEHICLE ACCESS : 36 percent of Camden households lack access to a vehicle—over three times the rate of the entire country.



PERCENT OF HOUSEHOLDS WITH ACCESS TO AT LEAST ONE VEHICLE

TRAFFIC SAFETY : Between 2010 and 2015, there were 222 collisions involving pedestrians in Camden, with 215 resulting in injury and 8 resulting in fatalities.



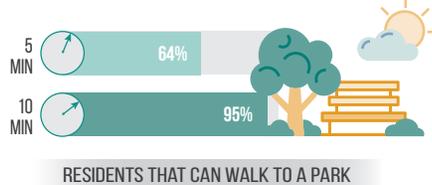
CONTAMINATED SITES

172 contaminated sites

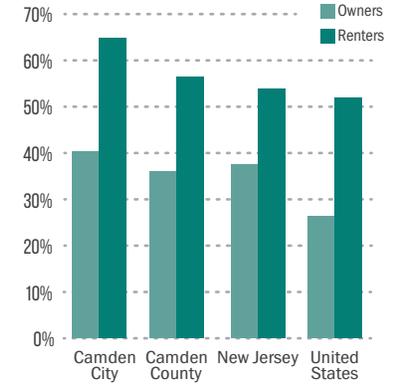
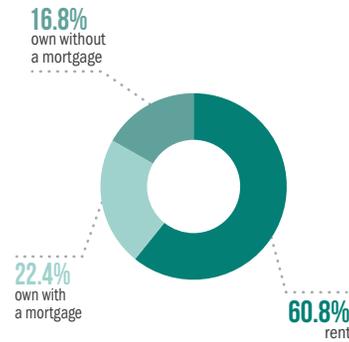
2 superfund sites



PARK ACCESS

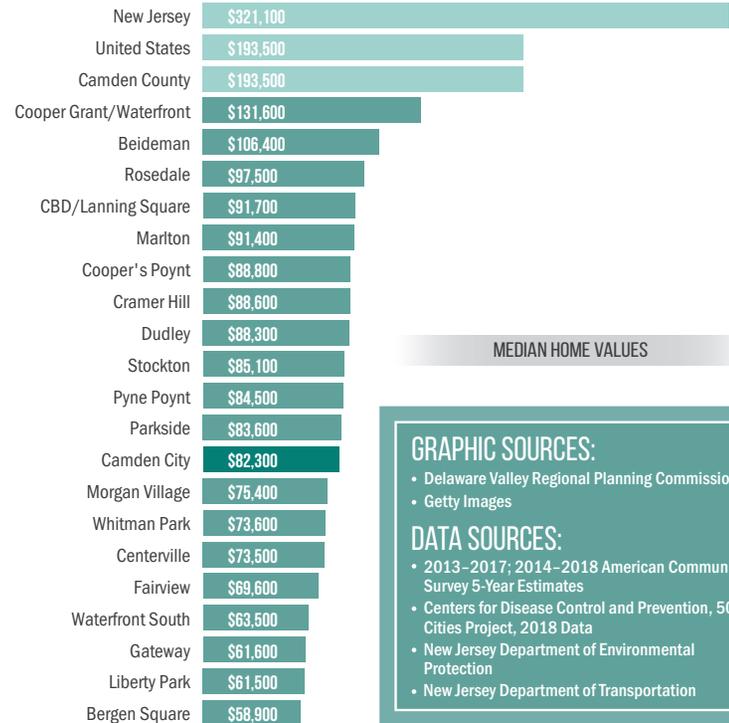


HOUSING : The percent of residents renting their homes is almost two times higher in Camden City than in the county or the state.



HOME OWNERSHIP IN CAMDEN CITY

COST BURDEN BY OWNERSHIP STATUS



MEDIAN HOME VALUES

GRAPHIC SOURCES:

- Delaware Valley Regional Planning Commission
- Getty Images

DATA SOURCES:

- 2013-2017; 2014-2018 American Community Survey 5-Year Estimates
- Centers for Disease Control and Prevention, 500 Cities Project, 2018 Data
- New Jersey Department of Environmental Protection
- New Jersey Department of Transportation

PURPOSE OF A HEALTH ELEMENT

The Camden Health Element establishes a strong policy framework for developing conditions that will improve the physical health and emotional well-being of Camden residents. It provides goals, strategies, and actions to address how land use, development, services, and programs may support greater overall health, social equity, and environmental justice within Camden. The actions include amending ordinances and resolutions, as well as establishing and supporting programs aligned with the goals provided in the Element. The Health Element will advance the health perspective in citywide planning in Camden.

The Health Element is structured around seven goals and proposes a range of recommendations, including policy reforms, expansions of current initiatives and programs, and new approaches and innovations. The seven goals are each presented in their own chapter as follows:

- Healthy Food Access;
- Clean Environment;
- Access to Health care;
- Mobility and Active Transportation;
- Safe and Complete Neighborhoods;
- Housing and Homelessness; and
- Education and Employment.

LEGAL AUTHORITY

The New Jersey Municipal Land Use Law (MLUL) stipulates that all New Jersey municipalities are required to adopt a master plan and update it every 10 years. Master plans provide a long-range vision for the built environment of a community and guide the appropriate use of lands in order to protect public health and safety and promote the general welfare. According to the MLUL, master plans should include a statement of objectives, a land use element, and a specific policy statement describing the relationship between the master plan and other plans, including: the master plans of contiguous municipalities and the county; the county's

solid Waste Management Plan and Water Quality Management Plan; the New Jersey State Development and Redevelopment Plan; and, where applicable, the Highlands Regional Master Plan.⁹

The MLUL also authorizes municipalities to include optional elements that can enhance the master plan; including, but not limited to, elements addressing:

- housing;
- circulation;
- utility service;
- community facilities;
- recreation;
- conservation;
- economic development;
- historic preservation;
- recycling;
- farmland preservation;
- development transfer;
- educational facilities; and
- green buildings and environmental sustainability.

Although health is not one of the elements specifically listed in the MLUL, the goals of the Health Element align with the primary intent of municipal master plans: to protect public health and safety and promote the general welfare. The Health Element provides a framework for making health a more deliberate consideration in the city's decision making and highlights existing health-related policies in the city's Master Plan. Upon approval by the City of Camden Planning Board, it will have the same legal status as all other elements of the city's Master Plan.

⁹ New Jersey Municipal Land Use Law, New Jersey Statute Annotated (N.J.S.A.) Article 3. Master Plan, 40:55D-28 Preparation; contents; modification.

RELATIONSHIP TO MASTER PLAN AND NEIGHBORHOOD PLANS

As an element of the Master Plan, the Camden Health Element expands on and complements existing policies in the city's Master Plan, *FutureCAMDEN*. *FutureCAMDEN* is guided by the following goals, all of which have a direct or indirect connection to health:

- Reinforcing Camden's Role in the Philadelphia-South Jersey Region;
- Improving Housing and Neighborhoods;
- Achieving a Dynamic Economy;
- Capitalizing on the City's Physical and Historical Assets;
- Maintaining and Improving the Environment;
- Integrating Camden's Transportation System;
- Achieving Improved Public Facilities, Education, and Safety; and
- Translating the Master Plan into Action.

Additionally, many of Camden's neighborhoods have produced neighborhood and/or redevelopment plans to help guide development in



Engagement event at Camden Jam, September 2017
Source: Amy Verbofsky, DVRPC

specific areas of Camden based on community needs and desires. The planning team reviewed the plans shown in Table 1 and found that health-related strategies were frequently mentioned within them.

The Health Element seeks to incorporate and elevate many of these strategies, recognizing that they often reflect the wishes and goals that communities have already expressed. The Health Element highlights existing health-promoting policies in the city's current Master Plan and various neighborhood plans and proposes new actions that respond to new or unmet healthy community needs. Additional details on existing health-promoting policies can be found within each chapter of the Health Element.

OUTREACH AND FEEDBACK

The Camden Health Element's engagement strategy focused on providing many opportunities for community members, local organizations, and key stakeholders to participate in and contribute to the project's planning process. The strategy included the following components.

COMMUNITY CONVERSATIONS

In partnership with Campbell Soup Company, the project team hosted three community conversations in the spring of 2017, for which they invited residents and stakeholders to share their thoughts on what it means to live a healthy life and how transportation can help everyone reach health-promoting locations. Almost 40 people attended one or more of the community conversations.

COMMUNITY EVENTS

To ensure that Camden residents had an opportunity to share their thoughts about what it means to be healthy in Camden, the project team participated in many public festivals over the course of the plan's development, including Camden Night Gardens, an annual night-time public arts festival hosted by the City of Camden and Camden Community Partnership (CCP, formerly *Cooper's Ferry Partnership*); and Camden Jam, an annual arts and music festival

TABLE 1: CAMDEN NEIGHBORHOOD PLANS

Document	Geographic Area	Organization/Firm	Year
Stockton Neighborhood: Towards a Strategy for Neighborhood Development	Stockton	Camden Redevelopment Agency	1993
Centerville Neighborhood Strategic Plan	Centerville	WRT	2005
Liberty Park Strategic Neighborhood Plan	Liberty Park	Hillier Architecture	2005
Parkside Neighborhood Strategic Plan	Parkside	Hillier Architecture, Portfolio Associates, S. Huffman Associates	2005
Fairview Village: A Vision for the Future of An Historic Neighborhood in the City of Camden, New Jersey	Fairview	Rutgers Fairview Neighborhood Partnership	2006
Morgan Village Neighborhood Strategic Plan	Morgan Village	Lammy & Giorgio	2007
North Camden Neighborhood Plan	North Camden	Interface Studio	2008
Cramer Hill Now!	Cramer Hill	Interface Studio, Cramer Hill CDC, Cooper's Ferry, WRT	2009
Many Voices, One Vision: My East Camden	East Camden	St. Joseph's Carpenter Society, Cooper's Ferry, RPA	2013
Moving Our Neighborhood Forward: Mt. Ephraim Choice Neighborhood	Mt. Ephraim	Housing Authority, City of Camden, WRT	2014
EPA Brownfields Grant Proposal	Mt. Ephraim	Camden Redevelopment Agency	2014
Connecting Communities: A Neighborhood Action Plan for Cooper-Grant/Central Waterfront	Cooper Grant/Central Waterfront	Interface Studio	2015
Whitman Park Redevelopment Plan	Whitman Park	WRT	2015
Mt. Ephraim Neighborhood EPA Brownfield Area-Wide Plant	Mt. Ephraim	Camden Redevelopment Agency, BRS, WRT	2017
Parkside Neighborhood Revitalization Plan: Striving for #ParksidePerfection	Parkside	KSK Architects Planners Historians, Inc., RES, Culture Works	2019

hosted by the City of Camden and Connect the Lots, in conjunction with the Camden Promise Zone, Camden Collaborative Initiative (CCI), and Get Healthy Camden. The project team spoke with almost 200 people at these events and participated in several others:

- Camden Night Gardens in May 2017 and May 2019, where they met with over 125 people combined;
- Camden Jam in September 2017, where they spoke with over 70 community members;
- The Food Trust's Pop-up Food Market at Whittier Middle School in June 2018, where they met with over 50 community members;
- Cooper's Poynt Family School Youth Impact Fair in March 2019, where they spoke to about 100 students and faculty members;
- The Food Trust's Pop-up Food Market at Whittier Middle School in April 2019, where they met with over 50 families; and
- Virtual Public Informational Meeting in February 2021, with over 20 people in attendance.

ROADSHOWS

The project team also offered to meet with local organizations about the Health Element. Between March and June 2018, the team conducted four roadshow presentations, bringing a brief presentation and discussion to groups throughout Camden. These events provided an overview of the Health Element, reviewed existing conditions data, presented the [Camden Health Element Story Map](#), and collected feedback on a vision for a healthy Camden (see Appendix A for a sample visioning exercise). The team conducted roadshows with the following organizations:

- Rutgers-Camden Nursing (April 9, 2018);
- Campbell Healthy Communities (April 11, 2018);
- Cooper Hospital Population Health Care Coordinators and Health Coaches (May 23, 2018 and October 24, 2019); and
- Camden County Health Department (June 11, 2018).

The team also reached out to six other community organizations with either no response or no interest.

ADVISORY COMMITTEE

DVRPC convened an Advisory Committee to help guide the development of the Health Element. DVRPC invited over 80 individuals representing a variety of sectors (including health care, transportation, food systems, housing, physical activity, community development, and youth services) to serve on the Advisory Committee. Approximately 30 individuals representing 20 different organizations (including local governments, health care institutions, community-based organizations, and higher-education institutions) participated. The Advisory Committee met two times in March 2018 and October 2018 to review project milestones, develop a vision statement, and prioritize strategies and actions.

ONLINE ENGAGEMENT

The project team developed a variety of web-based tools to inform community members and stakeholders of plan updates and findings and to collect feedback throughout the process (see Appendix B for screenshots of the project webpage and story map). One of these tools is the [Camden Health Element Story Map](#), which documents and displays the current status of health outcomes and social and environmental factors that contribute to health across the city. The team also developed an online survey to collect feedback on proposed actions (see Appendix Appendix C). The survey was distributed electronically through the Advisory Committee, linked through the [project webpage](#), and advertised on social media. In addition, the project team distributed flyers at the City of Camden Planning Board's April 11, 2019 meeting and placed copies in the City Hall lobby and at the Riletta L. Cream Ferry Avenue Branch of the Camden County Library. The team provided partners with paper and digital versions of the flyers to distribute throughout the community. See Appendix D for examples of social media posts and a copy of the flyer.

CITY OF CAMDEN PLANNING BOARD

The project team presented the Camden Health Element to the Planning Board at the January 11, 2018 Planning Board meeting to introduce the project and at the April 20, 2021 meeting to present the final draft.

A VISION FOR A HEALTHY CAMDEN

Camden will be a leading example of a healthy city, where residents are empowered and equipped to improve their well-being; where rates of chronic disease, including substance abuse, have reached their lowest levels in decades; and where cleaner air and water reflect strong stewardship of, and commitment to, a sustainable environment. Camden will be a city that values and invests in the health of its people and places. The City of Camden, in partnership with the county, state, and a variety of stakeholders, will work together to provide high-quality public spaces, programs, and opportunities that will enable healthier lifestyles for all community members.

By embracing and leveraging its diverse population, existing neighborhood assets and amenities, and ongoing economic revitalization, Camden will become a community where residents have access to:

- affordable and healthy food options throughout the city;
- a healthy and sustainable natural environment;
- comprehensive medical care, including effective prevention and treatment services for physical, mental, and substance abuse conditions;
- an efficient and sustainable multimodal transportation system with safe and affordable options for all users;
- safe and complete neighborhoods, where residents have access to community resources and feel safe pursuing healthy activities;
- affordable, healthy, and safe housing for residents of all ages and income levels; and
- educational and economic opportunities that offer the resources necessary to lead healthy lives.

READER'S GUIDE

The Element is organized by goals, strategies, and actions, which are defined below.

Goals: Broad or general outcomes to be achieved through implementation of the Health Element. Each goal is represented by a chapter.

Strategies: An approach taken to achieve a goal. In the Camden Health Element, the strategies follow the goal and precede the actions. Fulfilling a strategy will depend on available funding to implement the proposed programs.

Actions: Measurable steps taken and tools used to achieve a strategy. Residents and stakeholders helped to prioritize the actions within each goal based on the following criteria:

- Greatest Impact;
- Most Achievable;
- Do First; and
- People's Choice.



the
**CAMDEN
HEALTH**
element

chapter 2:
HEALTHY FOOD ACCESS



BACKGROUND

Food, specifically access to healthy, affordable food, plays a crucial role in an individual's health. Numerous studies have shown a direct connection between access to healthy foods, increased fruit and vegetable consumption, and improved health outcomes. Many national research agencies and associations, including the Centers for Disease Control and Prevention (CDC), the Institute of Medicine, and the American Heart Association, have cited healthy food access as a necessary strategy to reduce obesity and improve the public's health.¹⁰ Additionally, throughout the project team's various engagement opportunities, Camden residents overwhelmingly noted that affordable, healthy food was very important to them and their health.

How Camden and its broader food system work to ensure access to healthy food for all residents—including both physical access and the knowledge of how to select and prepare healthy food—is a vital component

¹⁰ Judith Bell et al., "Access to Healthy Food and Why it Matters: A Review of the Research," Policy Link and The Food Trust, 2013, www.policylink.org/resources-tools/access-to-healthy-food-and-why-it-matters.



Beckett St. Garden

Source: Stephanie Cavacini, DVRPC

of greater community health and well-being. Although Camden residents face a number of challenges in accessing healthy food, the city's food system also has many assets that the city and its partners can build off of to increase food access and support better health outcomes.

KEY ASSETS

NETWORK OF COMMUNITY GARDENS

The City of Camden has a robust network of community gardens that provide residents with an affordable way to grow and eat local, healthy produce. Although an official record of community gardens does not exist, a 2014 news article estimated the number to be 130.¹¹ Many gardens are operated by community organizations and provide nutrition education and/or youth employment, in addition to the fruits and vegetables they produce.

ENGAGED SERVICE PROVIDERS

There is a strong and committed network of community organizations, service providers, and institutions working to increase access to healthy foods, the opportunity for residents to grow their own food, and the information needed to buy and prepare healthy meals. The Food Trust, with the support of Campbell Healthy Communities, convened a Food Access Working Group to better align the efforts of the various service providers. Additionally, with the support of a BUILD Health Challenge® grant, the Parkside Business and Community in Partnership (PBCIP) is leading a cross-sector collaborative of non-profits, health care, government, and educational organizations to increase economic opportunities and healthy food choices for Camden residents.

HEALTHY CORNER STORE NETWORK

The Food Trust, in partnership with Campbell Healthy Communities, has been working with corner store owners to help them source, stock, and sell more fresh produce and other healthy foods. Since the Camden Healthy

¹¹ Kristin Moe, "Meet the Tenacious Gardeners Putting Down Roots in 'America's Most Desperate Town,'" *YES! Magazine*, June 9, 2014, accessed July 9, 2014, www.yesmagazine.org/planet/meet-the-tenacious-gardeners-putting-down-roots-in-america-s-most-desperate-town.

Corner Store Network began in 2011, it has grown from five stores in two neighborhoods to 44 stores in 18 of Camden’s 19 neighborhoods. See Figure 3: Healthy Corner Store Network for a map of healthy corner stores in Camden.

KEY CHALLENGES

ECONOMIC BARRIERS TO FOOD ACCESS

In a city where over a third of the population lives in poverty and almost a quarter is in deep poverty, the ability to consistently afford adequate food is a problem for many residents.¹² Over 40 percent of households in the City of Camden reported receiving SNAP benefits, which is more than three times the countywide rate.¹³

LACK OF ACCESS TO HEALTHY FOOD SOURCES

Physical access to healthy food options can also be challenging in the City of Camden. Although it is home to three limited-assortment grocery stores—PriceRite in Fairview, Save-a-Lot in Fairview, and Cousin’s Supermarket in Marlton—and is adjacent to an Aldi in Collingswood, there are no traditional, full-service grocery stores within Camden. Citywide, the average modified retail food environment index (mRFEI) score is 7.05, which indicates that only seven percent of all food retailers in Camden are categorized as "healthy." Nine of the 19 census tracts that make up Camden have an mRFEI score of zero, indicating that no healthy food retailers are located in those areas, while five have a score above the city average.¹⁴

¹² U.S. Census Bureau, “2018 American Community Survey (ACS) 5-Year Estimates, Table DP03: Selected Economic Characteristics,” accessed February 2020.

¹³ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table S2201: Food Stamps/ Supplemental Nutrition Assistance Program (SNAP),” accessed February 2020.

¹⁴ Access to healthy foods is calculated using the mRFEI. The mRFEI is a tool developed by the CDC that measures the percentage of food vendors within a census tract or a half-mile from the census tract boundary that sell healthy food. Large grocery stores, fruit and vegetable markets, and warehouse clubs are considered “healthy” because they either primarily offer healthy products or offer a range of products that could meet the nutrition needs of a family. “Unhealthy” food retailers include fast food restaurants, sandwich shops, pizza parlors, convenience stores, and liquor stores, since they have little to no healthy menu options.

FIGURE 3: HEALTHY CORNER STORE NETWORK

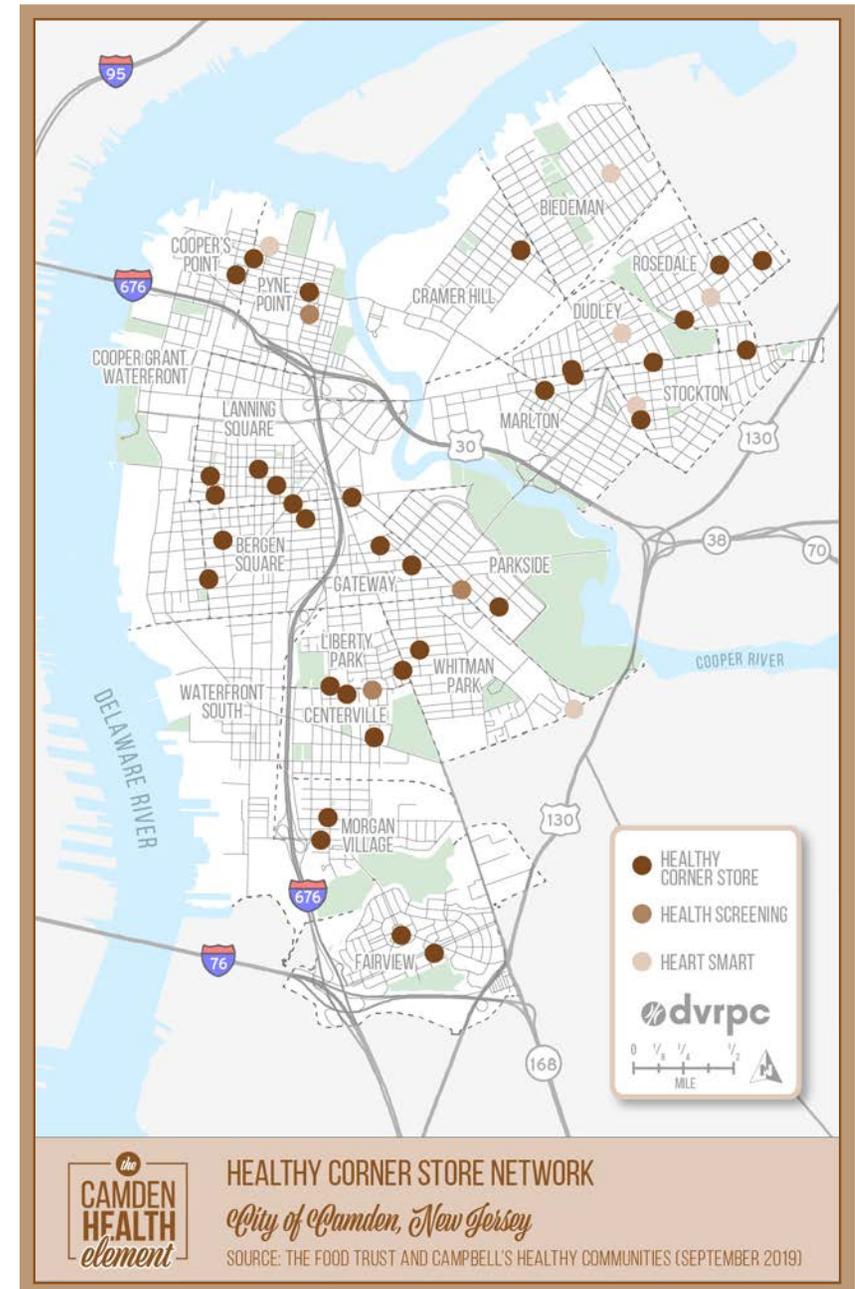
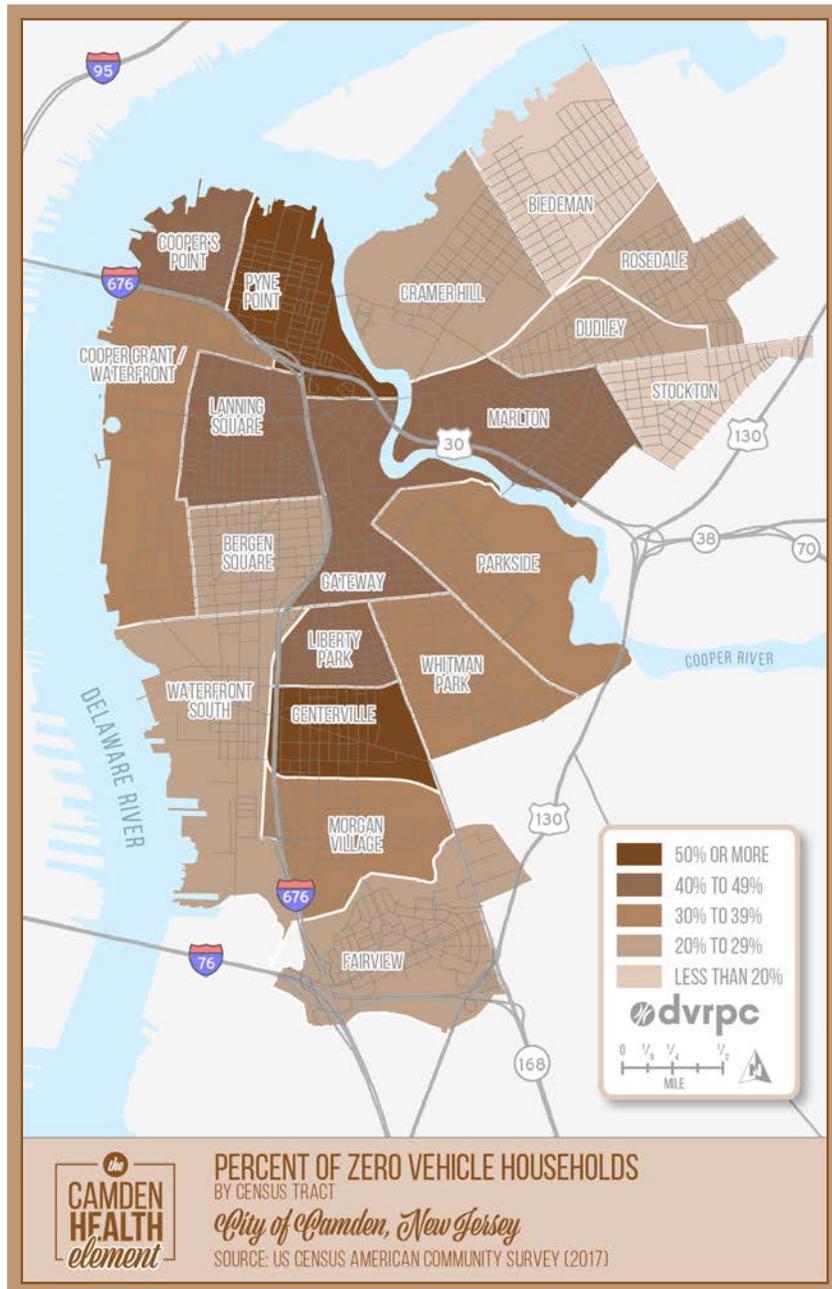


FIGURE 4: PERCENT OF ZERO VEHICLE HOUSEHOLDS BY TRACT



LACK OF TRANSPORTATION TO FOOD RETAIL

Car ownership or access to reliable transportation can enable people to access healthy food retail options, even if there are no grocery stores in their neighborhood or city. In areas with bicycle and pedestrian facilities or areas that are well serviced by public transit, the choice not to own a car can be a conscious one toward a healthier lifestyle. But without those resources, lacking access to a vehicle can be a severe detriment to health and well-being. In the City of Camden, the proportion of households lacking access to a vehicle—35 percent—is three times that of both the county and the state (see Figure 4 for information on car ownership by neighborhood).¹⁵ Additionally, transit is not always a viable option since it can take 45 to 60 minutes one-way for many Camden residents to get to the nearest full-service grocery stores like ShopRite or Wegmans in Cherry Hill.¹⁶ Also, as COVID-19 demonstrated, public transit can present additional risks, particularly for older and immunologically compromised individuals, when the spread of acute infectious disease is more prevalent.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting where time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Healthy Food Access;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

¹⁵ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table B08201: Household Size by Vehicles Available,” accessed February 2020.

¹⁶ Modeling done using GoPhillyGo.

COLLABORATING TO BUILD A HEALTHIER FOOD SYSTEM IN CAMDEN

The Roots to Prevention Partnership (RTP) Camden—a cross-sector group of food system organizations, health care providers, community organizations, educational institutions, and local governments—is one of 18 collaborations nationwide to receive a 2019 BUILD Health Challenge® grant. With matching funds from Virtua Health and Horizon Blue Cross Blue Shield (HBCBS) of New Jersey, RTP Camden seeks to increase income opportunities for urban farmers and healthy food choices for residents in Camden. They are doing this by:

- convening an Advisory Board of Camden residents to help guide RTP programs and decisions;
- developing a Food Bucks Prescription (FBRx) voucher that is redeemable at local retail outlets, such as Virtua’s Mobile Farmers’ Market and Healthy Corner Stores;
- expanding access to wraparound supports and social services that promote healthy lifestyles;
- administering free for-profit garden training, food safety, cooking and nutrition workshops online; and
- supplementing Virtua Health’s Food Access Programs with fresh produce grown by Camden residents.

Although RTP had to adjust its programming to a virtual format as a result of COVID-19, the collaboration recently published the first of a series of bilingual cookbooks to inspire families to incorporate fresh ingredients they can grow at home into their daily diet. Partner organizations were also able to distribute \$3,000 worth of FBRx vouchers to over 60 patients through different pilot programs: Virtua Health is distributing FBRx to Food As Medicine program participants and the Camden Coalition of Healthcare Providers is distributing FBRx to patients that identify as food insecure at participating Accountable Health Communities screening sites. Additionally, The Food Trust established six FBRx redemption sites in corner stores

across the city to allow residents to more easily exchange the vouchers for fresh fruits and vegetables. Virtua Health also entered into a purchasing agreement with Free Haven Farms, a Camden County-based farm, and began carrying their produce in the Virtua mobile Farmers’ Markets and Grocery Bus. In future years, RTP hopes to work with Camden growers to sell their produce to Virtua and corner stores across the city.

The momentum and collaboration that the RTP partners built allowed Camden organizations to be well positioned for another food-related funding opportunity. In August 2020, the Camden Urban Agriculture Collaborative received \$293,411 from the first-ever USDA Urban Agriculture and Innovative Production Grant. This funding includes an additional \$30,000 match from PBCIP to support gardening hubs and urban farming apprenticeships throughout Camden. The gardening hubs will provide residents with the knowledge and supplies they need to grow their own food. They will also help residents to sell their produce, building off of much of the work that RTP partners have done to establish new



*Powercorps members planting a garden at Big Picture Learning Academy
Source: Jonathan Wetstein, PBCIP*

buyers for local produce. The grant will be divided among seven community organizations in Camden that are already supporting Camden growers in neighborhoods across the city, including non-profit organizations focused on food sovereignty like VietLead and The Center for Environmental Transformation (CFET); community development non-profits like Camden Lutheran Housing, Inc. (CLHI) and The Neighborhood Center, in addition to PBCIP; as well as Camden Children’s Garden (which continues to operate the Camden City Garden Club) and Cooper Lanning Civic Association (which manages the award-winning Cooper Sprouts Community Garden).

Jonathan Wetstein, the PBCIP Roots to Market Manager and backbone support for the RTP Partnership, noted that ultimately, these organizations are working together to build a food economy that is healthy and equitable and doing so with the direct support of health care.¹⁷ “We’re building the framework to turn wellness programs into a community development tool.”¹⁸



Student with RTP cookbook
Source: Jonathan Wetstein, PBCIP

¹⁷ Jonathan Wetstein (PBCIP), phone call with Amy Verbofsky (DVRPC), November 4, 2020.

¹⁸ Bill Duhart, “\$293K Federal Grant to Buy Fresh Produce Grown in Camden Community Gardens,” [NJ.com](https://www.nj.com), August 20, 2020.

STRATEGIES

Strategy 1: Expand equitable access to healthy food outlets

People’s food choices are shaped by the options available to them.

Numerous studies have shown a direct connection between access to healthy foods, increased fruit and vegetable consumption, and improved health outcomes. Healthy food outlets, including full-service grocery stores, farmers’ markets, and other merchants that sell fruits and vegetables, help communities battle high rates of mortality, diabetes, and obesity by giving residents easier access to nutritious foods.

Although we know that healthy food access is a crucial component of good health, not everyone has reasonable access to it. A 2005 study of neighborhood composition and grocery store distribution in Detroit found that people living in low-income, predominantly Black neighborhoods travel an average of 1.1 miles farther to the closest supermarket than people living in low-income, predominantly White neighborhoods.¹⁹ This pattern plays out in the City of Camden, where there are approximately 0.04 grocery stores per 1,000 residents. However, the county as a whole has approximately 0.31 grocery stores per 1,000 residents—a rate almost eight times higher than that of the city.²⁰ In contrast to the city’s low rate of grocery stores, there are almost two corner stores per 1,000 residents in Camden. Although the availability, price, and quality of healthy foods can vary at corner stores, as noted previously, almost 50 corner stores—a rate of 0.6 Healthy Corner Stores per 1,000 residents—have committed to increasing their inventory of healthy food items as part of The Food Trust’s Camden Healthy Corner Store Network.

¹⁹ Shannon N. Zenk et al., “Neighborhood Racial Composition, Neighborhood Poverty, and the Spatial Accessibility of Supermarkets in Metropolitan Detroit,” *American Journal of Public Health*, 95, no. 4 (2005): 660–667: doi: 10.2105/AJPH.2004.042150.

²⁰ U.S. Department of Agriculture Economic Research Service, “ERS Food Environment Atlas,” accessed May 2019, www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx.

The city can encourage greater access to a range of healthy food outlets across the city. Although a full-service grocery store would be a significant step toward creating greater access to healthy food options in Camden, it is just one of multiple strategies that can be employed to help all residents access healthy foods.

Strategy 2: Reduce food insecurity and hunger

In 2016, 11.5 percent of all adults and 17.5 percent of all children nationwide lived in food-insecure households: households that had difficulty consistently affording adequate food.²¹ Although food insecurity and hunger are closely related, “hunger refers to a personal, physical sensation of discomfort, while food insecurity refers to a lack of available financial resources for food at the level of the household.”²² Food insecurity may be temporary or long term but is different from hunger in that it refers to a disruption in a diet from a lack of money and resources. Most

USDA FOOD INSECURITY DEFINITIONS

Low food security: At times during the year, households reduced the quality, variety, and desirability of their diets due to a lack of resources for food, but the quantity of food intake and normal eating patterns were not substantially disrupted.

Very low food security: At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

Source: Christian A. Gregory and Alisha Coleman-Jensen, “Food Insecurity, Chronic Disease, and Health Among Working-Age Adults,” ERR-235, U.S. Department of Agriculture Economic Research Service, July 2017, www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=0

²¹ A. Coleman-Jensen et al., Household Food Security in the United States in 2016. *Economic Research Report*, 237 (Washington, DC: U.S. Department of Agriculture, Economic Research Service, 2017).

²² Feeding America, “What is Food Insecurity?,” accessed May 2019, hungerandhealth.feedingamerica.org/understand-food-insecurity.

data about food insecurity is collected by the USDA and reported at the statewide level; therefore, very little is known about the extent of food insecurity among Camden residents. Through a Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities Model pilot project, the Camden Coalition of Healthcare Providers (Camden Coalition) is working with hospitals, health care providers, and service organizations across three South Jersey counties to collect data on a variety of social determinants of health, including food insecurity. To better understand the state of food insecurity in the region, participating providers asked patients the following validated two-question dataset:

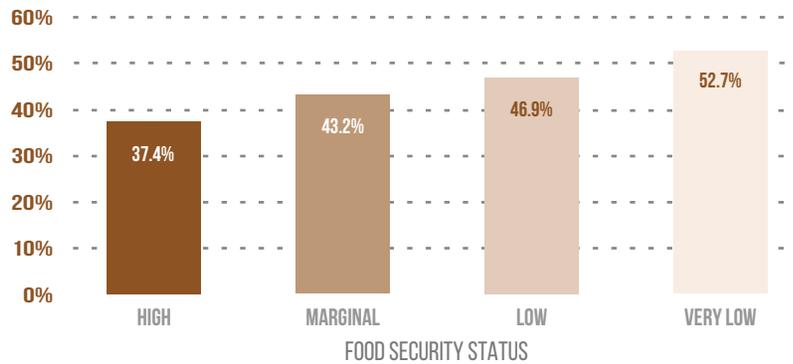
1. “Within the past 12 months, you worried that your food would run out before you got money to buy more”; and
2. “Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.”²³

Respondents were asked to select from the following answers: Often True, Sometimes True, Never True, and Not Responded. Data collected by the Camden Coalition preliminarily shows that approximately 37 percent of people who completed a screen at one of the participating providers in the City of Camden responded either “Sometimes True” or “Often True” to each of the questions. Since the Camden Coalition only began to collect food insecurity data in October 2018, we are not able to see trends or changes in food security; however, this data provides a benchmark against which to measure future efforts.²⁴

²³ Centers for Medicare and Medicaid Services, “The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool,” accessed July 2021, innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf

²⁴ The project described was supported by Funding Opportunity Number CMS 1P1-17-001 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

FIGURE 5: PROBABILITY OF ANY CHRONIC CONDITION



Source: USDA, Economic Research Service calculations using National Health Interview Survey data, 2011–15

Numerous studies have shown that food insecurity is associated with some of the most common and costly health problems, including heart disease, stroke, cancer, asthma, diabetes, and obesity, among many others. In fact, a 2017 study on the connection between food insecurity and health in working-age adults found that “food security status is more strongly predictive of chronic illness in some cases even than income.”²⁵ The researchers noted that income was only significantly associated with three of the 10 chronic diseases they studied, while food insecurity was significantly associated with all 10 (see Figure 5: Probability of Any Chronic Condition).²⁶

Fortunately, programs and resources exist to help families become more food secure. The city should work with its partners to increase utilization and amplify the benefits of existing food assistance programs in an effort to reduce food insecurity and hunger throughout Camden.

²⁵ Gregory and Coleman-Jensen, “Food Insecurity.”

²⁶ Ibid.

Strategy 3: Promote healthy eating and food literacy

Although increased physical access to healthy foods is a substantial component of improving community well-being, many researchers argue that access to healthy food needs to be accompanied by an understanding of what types of food are healthy and how to prepare them in order to effect changes in behavior and ultimately improve health outcomes. Numerous studies have shown that “[n]utrition education is an evidence-based, cost effective way to improve health outcomes and foster healthy eating habits for a lifetime...Nutrition education done well can decrease children’s BMI [body mass index] and weight gain, increase fruit and vegetable consumption, create positive attitudes toward fruits and vegetables, and may improve academic outcomes.”²⁷ Effective nutrition education and food-budgeting programs are especially important in Camden, where the obesity rate is 1.2 times the county average and 1.6 times the state average.

Many organizations offer a variety of nutrition education programs in Camden. These programs deliver nutrition education to residents of all ages in many different settings throughout the city, from prenatal nutrition programs for expecting mothers to classroom instruction for school children to household budgeting lessons. The city and stakeholders should continue existing programs and work to ensure that all residents have the ability to increase their understanding of healthy eating so that they can make healthy choices.

Strategy 4: Support urban agriculture and community gardening

Community gardens and urban farms have been shown to have numerous benefits, including improving access to fresh fruits and vegetables, greening vacant lots, fostering social connections, increasing property

²⁷ Alison Hard, Claire Uno, and Pamela A. Koch, “The Importance of Nutrition Education in the 2015 Child Nutrition Reauthorization,” Laurie M. Tisch Center for Food, Education & Policy, Teachers College Columbia University, accessed May 29, 2019.

RESILIENT ROOTS COMMUNITY GARDEN

Operated by Camden non-profit VietLead, the Resilient Roots intergenerational community garden promotes sustainability, health, and cultural expression for Vietnamese and allied community members. VietLead is a community-based organization that promotes health, civic engagement, arts, and culture within the Southeast Asian communities in South Jersey and Philadelphia. Resilient Roots is maintained by East Camden residents who hope to nourish their neighborhood by growing fresh produce inspired by their Asian heritage. Started with help from the Camden City Garden Club, the community garden offers internships to local students in order to connect them with the older generation and their culture. By cultivating intergenerational unity and sustainable farming practices, Resilient Roots plays a vital role in supporting healthy food access in East Camden.

Source: Vietlead, "Resilient Roots Farm," accessed April 2019, vietlead.org/campaigns/resilient-roots-farm/

values, and providing opportunities for physical activity.^{28,29} Thanks in part to pioneering community organizations and the city's Adopt-a-Lot program, community gardens and urban farms have proliferated in Camden. *Community Gardening in Camden, NJ, Harvest Report: 2009*, a report by University of Pennsylvania Professor Dominic Vitiello, observed that "Camden's gardens may be the fastest growing in the country."³⁰ In 2013, the Camden City Garden Club supported over 120 community gardens,

²⁸ Centers for Disease Control and Prevention, "Healthy Places, Community Gardens," National Center for Environmental Health, June 3, 2010, www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm.

²⁹ Katie DeMuro, "The Many Benefits of Community Gardens," Greenleaf Communities, July 11, 2013, greenleafcommunities.org/the-many-benefits-of-community-gardens/.

³⁰ Moe, "Meet the Tenacious Gardeners."

totaling more than 27 acres.³¹ In June 2014, that number was estimated to have grown to over 130 gardens.³² There are many ways that the city can foster an environment that supports more community gardens and urban farms in Camden, including adopting new or revised ordinances, allowing certain agricultural practices by right, expanding what types of growing and sales practices are allowed on Adopt-a-Lot land, supporting local organizations that manage urban farms and gardens, or helping individuals garden in their own spaces.

PRIORITY ACTIONS

MOST
ACHIEVABLE

Support the growth of alternative food access venues like the Virtua Mobile Farmers Market and Center for Family Services (CFS) ShopRite delivery program.

Although worthwhile, attracting a full-service grocery store to an underserved area like Camden can be a complex and lengthy process. Innovative food retail and distribution strategies can help to increase access to healthy food more immediately. Two alternative models currently operating in Camden are the Virtua Mobile Farmers Market and the CFS Healthy Routes Neighborhood Delivery. Both models help to bring healthy food options to Camden residents. The Virtua Mobile Farmers Market currently makes stops at two locations in the City of Camden: Roosevelt Plaza Park and the Osborn Family Health Center. The CFS Healthy Routes Neighborhood Delivery also operates two drop-off locations: its Promise Neighborhood Family Success Center and the Mickle Towers.

³¹ Jason Laday, "Jersey Fresh: Camden Gardens Turn Empty Lots into Force against 'Food Desert,'" *South Jersey Times*, July 31, 2013, accessed July 24, 2014, www.nj.com/camden/index.ssf/2013/07/camden_gardens_turn_empty_lots_into_force_against_food_desert.html.

³² Moe, "Meet the Tenacious Gardeners."

VIRTUA MOBILE FARMERS MARKET

Operated by Virtua Health System, the Virtua Mobile Farmers Market is a traveling produce stand that sells fruits and vegetables at seven locations throughout Burlington and Camden counties. The Mobile Farmers Market, which is housed in a 23-foot bus, features significantly subsidized produce, which Virtua obtains through a partnership with Whole Foods Markets. Customers pay a fixed amount to fill up either a small bag (\$2 for five items) or large bag (\$8 for 17 items). The market also accepts SNAP benefits, making its produce more accessible to a wider range of customers. Finally, the market works with registered dietitians to provide health education and nutrition education to ultimately reduce chronic disease and food insecurity.

CFS HEALTHY ROUTES NEIGHBORHOOD DELIVERY

The CFS is a Camden-based non-profit dedicated to improving lives and delivering services throughout southern New Jersey. The CFS operates the Healthy Routes Neighborhood Delivery program, which is a partnership with ShopRite grocery stores to deliver groceries on Thursdays to easy-to-access locations around Camden. There are no registration or delivery fees, and customers can order food online through their personal computers or at the Promise Neighborhood Family Success Center.

The city can support the expansion of these programs by identifying new distribution locations that will allow these programs to reach a larger customer base. The Camden County Department of Health and Human Services (county health department) could also support these programs by providing staff support at grocery delivery locations. Additionally, the county could help to encourage greater participation in the programs by offering complementary health services and screenings at mobile market and/or grocery delivery locations. Other innovative food access distribution

methods that are not currently happening in Camden but could benefit Camden residents include:

- Community Supported Agriculture subscription boxes that accept SNAP. One local example of this is the Greensgrow SNAP Share. Greensgrow Farms, based in Philadelphia, partnered with Philly Foodworks to offer farm shares year-round to SNAP-eligible households. Households receive a 50 percent discount on their SNAP Share subscription and are able to pay using their electronic benefits transfer (EBT) ACCESS card. Participants receive two boxes per month with a total of four weeks' worth of shares. As of March 2019, 26 families were participating in this program.
- Fresh Carts Initiative modeled after New York City's Green Carts and Get Healthy Philly's Healthy Carts Initiative. A Fresh Carts Initiative would provide fresh-food access to communities in Camden not served by a healthy food retail outlet, such as a Healthy Corner Store or farmers' market. Additionally, the Fresh Carts Initiative would support local entrepreneurs by providing support in starting a fresh-food cart business. The city could work with community partners to recruit cart operators and identify locations for Fresh Carts throughout Camden.

Additionally, as noted in the Addendum, ModivCare (formerly known as LogistiCare), the state's designated non-emergency medical transportation provider, found that they had excess transportation capacity at the outset of the pandemic as non-emergency medical appointments were postponed and the governor issued stay-at-home orders. As a result of an executive order issued by Governor Murphy, ModivCare was able to pivot and use their fleet of drivers and vans to deliver boxes of food to families in need. Food access and community health advocates have long supported the idea of using non-emergency medical transportation to help individuals obtain other health-related needs, such as food. Although the circumstances of the pandemic drove this particular intervention, local elected officials and community organizations should petition state elected officials for permanent changes to the state ModivCare contract to allow

NEW YORK CITY GREEN CARTS PROGRAM

In 2008, the New York City Department of Health and Mental Hygiene and the Mayor's Office of Food Policy partnered with the Laurie M. Tisch Illumination Fund to launch the Green Carts initiative. The program established 1,000 permits throughout the city's five boroughs in an effort to create a quick, low-cost method for distributing healthy produce in neighborhoods that needed it most. Carts were permitted to move freely between neighborhoods where consumption of fruits and vegetables was lowest, which coincided with areas with high rates of diet-related disease. A study published in the *Journal of Urban Health* in 2012 evaluated the success of the Green Carts initiative, determining that the program did in fact increase the accessibility of healthy food options in underserved neighborhoods in New York City. Findings also suggest that the increased demand resulting from the Green Carts supply prompted other establishments, such as corner stores, to increase their supplies of fruits and vegetables. The study attributes the program's success to several factors: location of carts, attractiveness and diversity of carts, vendors that speak the same language as community members, ability to accept SNAP benefits, and support of community organizations.

Source: Margaret Leggat et al., "Pushing Produce: The New York City Green Carts Initiative," *Journal of Urban Health*, 89 (2012): 937-938, doi: 10.1007/s11524-012-9688-4

them to provide transportation for health-related services after the pandemic has ended.



PEOPLE'S
CHOICE

Work to attract and streamline the development of a full-service grocery store in the city.

Developing a new, full-service grocery store in a dense, urban area can be very challenging; however, there are a number of steps that the city and its partners can take to attract grocery retailers to Camden. The City of Camden Division of Planning, working with community partners, should identify properties in underserved areas that would be suitable for a full-service grocery store. Suitability could be determined based on a number

of factors, including lot and/or building size, areas that are at least a half-mile from another large grocery store, proximity to transit, and parking availability. The city will likely need to work with developers and the state to assemble multiple parcels in order to create a suitable site.

The city and community partners can also help to attract store operators by understanding the market potential of different neighborhoods. The city and its partners can conduct a professional market analysis and/or interview residents regarding their food shopping habits and preferences. Although the city has been unsuccessful in attracting new supermarkets to Camden in the past, the recent investment in the city and potential increase of middle-income housing presents a good opportunity to reconsider Camden's market potential.

Finally, the city should review potential development and operational incentives to help address the economic needs of grocery store operators while still delivering benefits to Camden residents. Some incentives that the city should explore include:

- streamlining permitting and approvals process;
- granting zoning variances or reviewing zoning regulations prior to development;
- waiving fees;

THE HEALTHY FOOD FINANCING INITIATIVE (HFFI)

Established by the 2014 Farm Bill, the HFFI offers both financial and technical assistance to eligible retail projects that improve access to healthy foods. Administered by The Reinvestment Fund on behalf of the USDA, HFFI provides targeted, competitive grants of between \$25,000 to \$250,000 to fresh-food retailers to overcome the higher costs of, and initial barriers to, operating in underserved areas. Technical assistance is a non-competitive process and available on a rolling basis. Technical assistance is intended for early stage work and can include providing market research or feasibility studies.

- assisting with environmental reviews;
- compiling financing sources;
- investing in streetscape and infrastructure improvements; and
- supporting job training and recruitment.



**GREATEST
IMPACT**

Improve walking, biking, and public transit to healthy food outlets by conducting “safe routes to food” audits.

As the Safe Routes to Schools National Partnership noted, “Increasing access to healthy food can be achieved not only by bringing healthy food closer to people but also by making walking, biking, and transit a safer and more viable option to connect people to food.”³³ In 2016, Get Healthy Camden conducted two bike audits with stakeholders and residents to assess the suitability of roads and intersections for biking. Participants were asked to document the physical conditions of the roads and lighting, ensure proper signs were visible, and note whether traffic was conducive to biking. Building on their past experience, the CCI and/or the Camden Food Access Work Group should work with the city to conduct safe routes to food audits throughout Camden. The audits can evaluate and document the factors that may help or hinder safe and reliable access to healthy food outlets, such as sidewalk conditions, street lighting, the presence of bike lanes, traffic volume, and transit frequency. The audits can also help to identify and prioritize improvements.

Small grants are available to fund walkability and bikeability audits:

- The New Jersey Department of Health’s Obesity Prevention in New Jersey Communities Grant Program awards \$10,000 per year to

³³ Safe Routes to School National Partnership, “Safe Routes to Healthy Foods,” 2016, www.saferoutespartnership.org/sites/default/files/resource_files/safe_routes_to_healthy_food.pdf.

implement policies and environmental improvements that support healthy eating and active living.

- America Walks Community Change Grants award \$1,500 for projects related to creating healthy, active, and engaged places to live, work, and play.

1

DO FIRST

Expand nutrition education, gardening, and food-budgeting programs.

Many organizations offer a variety of successful nutrition education, gardening, and food-budgeting programs in Camden. These programs deliver nutrition education to residents of all ages in a number of settings throughout Camden, from prenatal nutrition programs for expecting mothers to classroom instruction for school children to household budgeting lessons. Despite the number of organizations providing nutrition and gardening education in Camden, the need for additional programming remains. For example, many of the programs offered in Camden are provided through schools or afterschool programs and are targeted to elementary-aged children, leaving older children and adults without regular access to these services.

Various city departments, the county health department, and the Camden City School District (CCSD) can undertake a number of actions to support the expansion of existing nutrition education, gardening, and food-budgeting programs.

- The county already provides nutrition education through its health educators and Supplemental Nutrition Assistance Program-Education programming. The county should continue this work, seeking additional, possibly unconventional partners like Healthy Corner Stores and recreational programs like Soccer for Success, to connect with hard-to-reach populations.
- The city, county, and school district could partner with nutrition

and gardening education providers to bring programming to more government-owned facilities like schools, recreation centers, parks, senior centers, and housing authority sites.

- Elected officials can advocate for the protection and expansion of both state and federal funding for nutrition education.
- Finally, the city and county could participate in the Camden Food Access Working Group to help coordinate service delivery and ensure that nutrition, gardening, and food-budgeting programs are reaching communities throughout the city.

SECONDARY ACTIONS

Increase retail locations that accept federal food assistance programs like SNAP; the Supplemental Nutrition Program for Women, Infants, and Children (WIC); and/or the Seniors Farmers' Market Nutrition Program (SFMNP).

SNAP, WIC, and SFMNP are essential federal nutrition benefits that help over 30,000 Camden residents purchase food in authorized stores, farmers' markets, and other food retail locations. The city and stakeholders should work with the state Departments of Health and Human Services to increase the number and types of food retail outlets that accept nutrition benefits. See Figure 6 for the percent of households receiving SNAP benefits by Camden neighborhood.

Support the expansion and promotion of the Camden Healthy Corner Store Initiative.

Almost 50 stores across Camden participate in the Camden Healthy Corner Store Network, including 10 that participate in the Heart Bucks program and one that participates in a food Rx program. The city, county, and its partners can continue to support the expansion of this work by (a) offering incentives, such as streamlined licensing and permitting or

reduced fees for stores participating in the Healthy Corner Store Network; (b) encouraging Healthy Corner Stores to participate in city or state facade improvement programs; (c) providing complementary programming, such as health screenings at stores; and (d) promoting the Camden Healthy Corner Store Network to the general public.

NUTRITION EDUCATION PROGRAMS IN CAMDEN

Food Bank of South Jersey (FBSJ)—Healthy Living Initiative (HLI):

The HLI at the FBSJ is an innovative program that provides community members with hands-on nutrition education, cooking classes, and recipes made with low-cost foods, including fresh produce. The HLI includes Share Our Strength's Cooking Matters® program and FBSJ signature courses for preschool children, teens, and adults living with diabetes. In 2013 the Senator Walter Rand Institute for Public Affairs at Rutgers University in Camden, New Jersey, conducted an evaluation to examine the relevance, effectiveness, impact, and sustainability of the most frequently delivered HLI courses in Camden: Cooking Matters® and Wonder Chefs™ programs. The Rutgers findings showed positive shifts in choosing healthy food and snacks, using nutrition facts, and making meals and snacks at home over time. The report also showed that HLI course graduates cooked at home, chose whole grains, and used nutrition facts more often than did a control group of their peers with similar demographics. In 2014, the FBSJ also began training Camden youth between the ages of 15 and 22 to support nutrition outreach in the community. Youth are trained in public speaking and healthy cooking techniques in order to conduct live cooking classes and demonstrations that feature locally grown and low-cost wholesome foods.

The Food Trust: The Food Trust's mission is to ensure that everyone has access to affordable, nutritious food and information to make healthy decisions. The Food Trust's

nutrition education programs reach broad audiences, from children in classrooms to adults at a farmers' market. In partnership with the Campbell Healthy Communities program, The Food Trust works in Camden schools to provide nutrition education lessons, healthy cooking and tasting activities, and "Train the Trainer" nutrition education for classroom teachers. The Food Trust also provides nutrition education at Healthy Corner Stores throughout Camden. The Food Trust staff use healthy foods available for purchase in the stores in their cooking demonstrations, teaching shoppers how to make healthy meals with products available in the corner store.

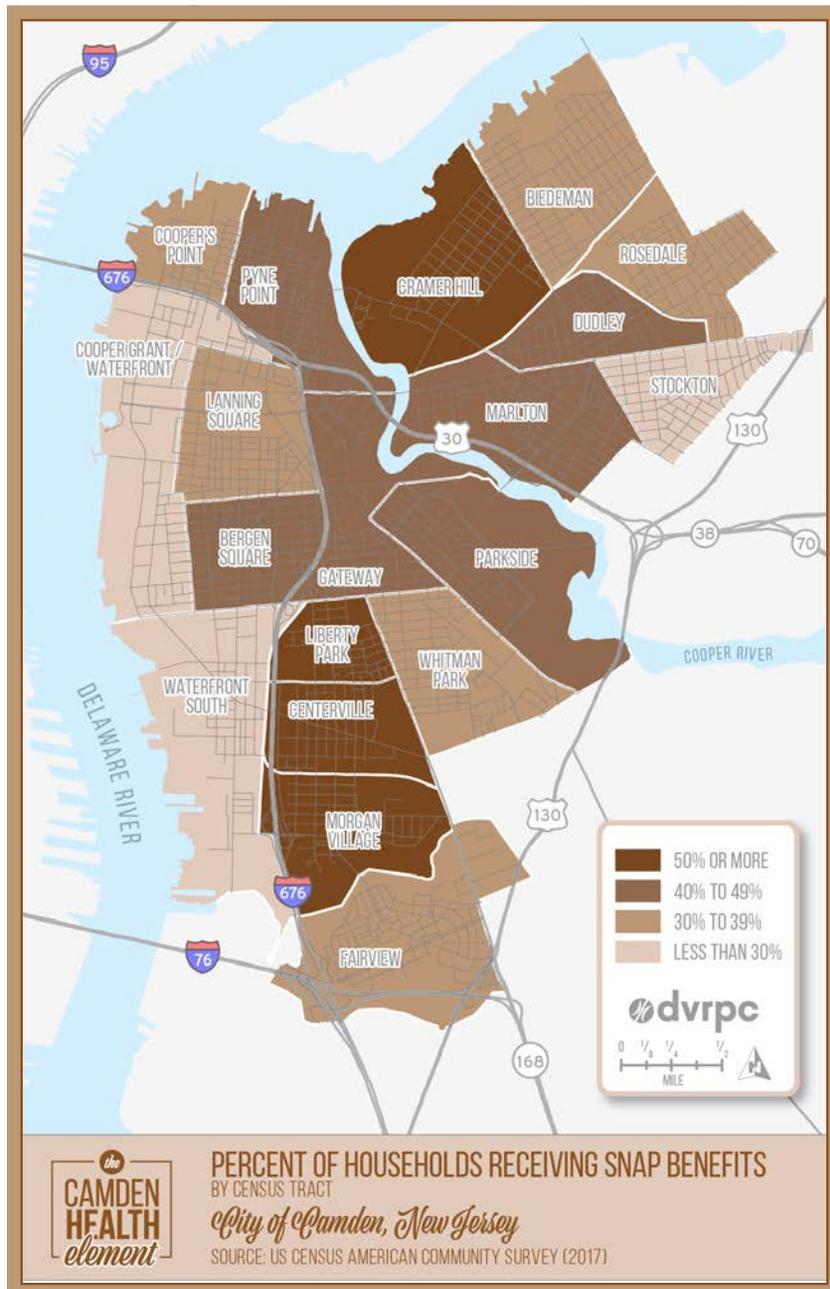
FoodCorps: FoodCorps—a nationwide team of AmeriCorps leaders—recruits, trains, and places emerging leaders into limited-resource schools for a year of service. FoodCorps members teach hands-on lessons about food and nutrition, build and tend school gardens, teach cooking lessons (sometimes with food that students have grown), and work on farm-to-school initiatives. In Camden, both CCP and the CFET host FoodCorps members. The FoodCorps members, in partnership with the Campbell Healthy Communities program, work directly with schools in Camden to help build and maintain school gardens, as well as to provide nutrition education to preschoolers, kindergarteners, and youth.

Camden City Garden Club: The Camden City Garden Club offers nutrition education as a component of their school-based youth programming, Grow Lab. Begun in 1989, Grow Lab introduces children to the basics of gardening and nutrition sciences while also integrating important math skills. Nutrition lessons focus on making better food choices. Camden City Garden Club staff provide assistance to Grow Lab teachers through periodic classroom visitations and teacher workshops. The Grow Lab program serves thousands of school children per year in Camden City.

Center for Environmental Transformation: CFET, a non-profit organization dedicated to environmental transformation for the neighborhoods of Camden, offers a number of programs for youth, including Garden SEEDS (Service, Eating, Education, Diversity, and Silliness), and two workforce training programs: Eco Interns and Assistant Farmers. Garden SEEDS is a year-round program for children aged 9–13 that focuses on the hands-on exploration of growing food. Facilitated by a FoodCorps service member, participants learn about soil composition, the plant lifecycle, and harvesting techniques. Garden SEEDS runs both on site at CFET and in local schools.

Rutgers University Cooperative Extension of Camden County Expanded Food and Nutrition Education Program: The Rutgers University Cooperative Extension of Camden County is an educational organization within the New Jersey Agricultural Experiment Station at Rutgers University that offers a number of programs to Camden residents, including two nutrition education programs. Both the New Jersey Supplemental Nutrition Assistance Program-Education and the New Jersey Expanded Food and Nutrition Education Program aim to reduce hunger and prevent obesity by providing practical information on nutrition, resource management, food safety, and physical activity. Cooperative Extension community assistant educators typically provide six classes at partner locations on a range of topics, including eating more vegetables and fruits, reading food labels, meal planning, and stretching food dollars. In addition to the nutrition education programs, the Cooperative Extension manages a temporary emergency food assistance pantry that is open to the community 11 hours a week.

FIGURE 6: PERCENT OF HOUSEHOLDS RECEIVING SNAP BENEFITS



Support Heart Bucks and other healthy food incentive programs tied to nutrition education.

In 2015, The Food Trust piloted the Heart Bucks program in Camden, providing four \$1 Heart Bucks vouchers to everyone who participated in a nutrition education demonstration at a local corner store. Participants could then redeem the vouchers for heart-healthy items in the store. Unlike other food incentive programs, Heart Bucks is connected to nutrition education, which studies have shown to be a vital part of improving food access. The county health department currently provides health screenings at three Heart Bucks locations, in partnership with The Food Trust. The county should expand their work with The Food Trust and other nutrition education providers to allow for “food bucks” or SNAP incentives to be combined with their programming in more locations.



The Food Trust providing nutrition education and Heart Bucks at a Healthy Corner Store in Camden
 Source: Amy Verbofsky, DVRPC

Advocate for New Jersey policymakers to fund SNAP outreach activities, allowing the state to leverage the 50 percent federal reimbursement and to enroll more eligible residents.

Eighty-one percent of eligible New Jersey residents participated in SNAP in 2016. Although that rate is only slightly lower than the national participation rate of 85 percent, it is the 17th lowest of all 50 states and the District of Columbia.³⁴ Creating and implementing SNAP outreach plans is an effective way to close the SNAP participation gap as it then allows government agencies and community organizations to access federal funds to cover up to 50 percent of outreach costs. Elected officials and stakeholders in Camden should encourage their state representatives to increase funding for outreach activities.

Extend the reach of existing food benefits by supporting SNAP incentives or “food bucks.”

A number of non-profits and government agencies have created “food bucks” programs that allow recipients to earn additional buying credits for each dollar of SNAP benefits that they spend at eligible farmers’ markets or other food retail locations. These programs strive both to increase access to healthy food and to generate higher sales for farmers and local businesses. The Food Trust has partnered with both the Philadelphia Department of Public Health and Lankenau Medical Center to provide Philadelphia-area shoppers an additional \$2 for every \$5 of SNAP benefits they spend on fruits and vegetables at local farmers’ markets. The county health department and local hospitals could partner with The Food Trust to

³⁴ Karen Cunyngnam, *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2016*, final report submitted to the U.S. Department of Agriculture, Food and Nutrition Service (Washington, DC: Mathematica Policy Research, March 2019), fns-prod.azureedge.net/sites/default/files/resource-files/Reaching2016.pdf.

bring a similar program to Camden. If undertaken by local hospitals, it could serve as a community benefit as required by the Affordable Care Act.

Adopt a zoning overlay that allows for commercial small-scale agricultural use and food production.

Camden’s current zoning code permits community gardens in all districts by right; however, the zoning code does not mention commercial farms or gardens with the purpose of growing food for sale. The city should consider amending the zoning code to allow small-scale commercial farms by right in most residential and mixed residential/commercial areas. Additionally, the city should consider amending the zoning code to allow farmers’ markets in C-1 and C-2 commercial zones.

Restructure facade improvement programs to better support healthy food retailers.

The city can work with local community development and economic development organizations to promote existing facade improvement programs to Healthy Corner Stores, including both city-run programs and state programs like the New Jersey Economic Development Authority

COMMUNITY GARDEN

The City of Camden zoning code defines a community garden as a parcel of land used for the growing of vegetables, flowers, etc., used for human consumption but not for commercial purposes. The garden area may include, but not be limited to, a greenhouse, a small accessory storage building, benches, a watering system, and fencing.

Source: City of Camden, “Land Development Ordinance of the City of Camden,” approved 2011, www.ci.camden.nj.us/wp-content/uploads/2013/04/zoning_code.pdf

(NJEDA) Business Improvement Incentive, which offers grants of up to 50 percent of the total project costs (not to exceed \$20,000) to eligible businesses to undertake street-level building improvements. To help eligible Healthy Corner Stores apply for these opportunities, the city and its partners should consider offering technical assistance and/or financial support to cover a portion of the application costs. The city may also consider giving Healthy Corner Stores additional points in the grant selection process of city-run programs.

Create targeted SNAP-enrollment message campaigns to reach specific unenrolled populations.

The city can work with the Camden County Board of Social Services and other stakeholders to identify specific target populations for SNAP outreach—such as older adults, working families, and immigrant households—and develop a campaign to educate and enroll more eligible participants.

THE CITY MAY ALSO WANT TO PURSUE THE FOLLOWING ACTIONS:

- Work with the county health department to encourage corner stores to display signs that promote healthy foods and behaviors or communicate factual nutritional information.
- Support the implementation of the *Urban Agriculture Feasibility Study for the City of Camden* developed by the Rutgers University Office of Urban Extension and Engagement for Cooper's Ferry Partnership.
- Work with partners to expand and/or replicate market gardener programs like Parkside's Roots to Market.



Parkside Learning Garden
Source: Jonathan Wetstein, PBCIP

Brother Jerry's Garden



Brother Jerry's Community Garden
Source: Miles Owen, DVRPC

the
**CAMDEN
HEALTH**
element

chapter 3:
CLEAN ENVIRONMENT



BACKGROUND

The condition of the local environment can have a significant effect on human health, playing a crucial role in determining both quality of life and health outcomes. The environment includes natural resources like air, water, and soil, as well as man-made factors like air pollution and contaminated sites. Living in an area with poor environmental quality has been linked to many serious health conditions and even premature death. For example, air pollution, which is caused by both stationary sources (such as gas stations and heavy industrial facilities) and mobile sources (such as cars and trucks) can lead to a higher incidence of lung cancer, cardiovascular disease, asthma, and other respiratory illnesses.^{35,36,37} These external sources can also become trapped indoors and, in addition to interior sources like smoking, have cumulative negative effects on health.³⁸ Contaminated sites also pose significant health risks because they may contain any number of harmful chemicals depending on the sites' former and current uses. Many common heavy pollutants, such as lead or mercury, have strong correlations with cancers, neurological damage, kidney disease, and bone disease.³⁹ Additionally, climate change may exacerbate current environmental health challenges due to projected increases in extreme temperatures, air pollution, and flooding. These climate change trends can contribute to increased rates of respiratory and cardiovascular diseases, changes in the geographic distribution and

³⁵ Physicians for Social Responsibility, "How Air Pollution Contributes to Lung Disease," accessed July 2019, www.psr.org/assets/pdfs/air-pollution-effects-respiratory.pdf.

³⁶ Nicholas Bakalar, "Air Pollution Tied to Kidney Disease," *New York Times*, September 21, 2017, www.nytimes.com/2017/09/21/well/live/air-pollution-tied-to-kidney-disease.html?mcubz=3.

³⁷ American Lung Association, "State of the Air," 2017, www.lung.org/assets/documents/healthy-air/state-of-the-air/state-of-the-air-2017.pdf.

³⁸ Plan4Health, "Trenton Healthy Communities Initiative," accessed July 2019, plan4health.us/plan4health-coalitions/trenton-healthy-communities-initiative/.

³⁹ Science Communication Unit, University of the West of England, Bristol, "Science for Environment Policy Indepth Report: Soil Contamination: Impacts on Human Health," report produced for the European Commission DG Environment, September 2013, ec.europa.eu/science-environment-policy.

behavior of disease-carrying insects and rodents, changes to water and food quality, and overall impacts on health and well-being.⁴⁰

Communities like Camden that have a high percentage of low-income and minority residents often experience a disproportionately high number of environmental hazards, and as a result, suffer disproportionately high health burdens. The prevalence of blighted industrial areas combined with the barriers that poor and minority communities encounter in contesting polluting industries and illegal dumpers have made Camden a target for businesses that would find it more difficult to operate in other, more affluent localities. At the same time, polluting industries are sometimes encouraged to locate in struggling communities to bring in additional tax revenue and job opportunities. Camden's residents are very familiar with the fight for environmental justice, defined by the U.S. Environmental Protection Agency (EPA) as "the fair treatment and meaningful involvement of all people regardless of race, color, national origin or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies."⁴¹ Although policies are in place to protect communities from bearing a disproportionate share of harmful facilities, Camden residents are still living with the legacy of former industrial development and present-day conditions that lead to disproportionate levels of pollution and other toxic environmental threats.

Camden's history as an industrial center, its developed landscape, its proximity to coastal waterways, and its location along a major transportation corridor, all provide important context to understanding how environmental hazards and amenities can affect the health of city residents.

⁴⁰ U.S. Global Change Research Program, *The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment, Chapter 1: Climate Change and Human Health* (Washington, DC: U.S. Global Change Research Program, 2016), doi: 10.7930/J0R49NQX.

⁴¹ U.S. Environmental Protection Agency, "Environmental Justice," accessed April 2019, www.epa.gov/environmentaljustice.

KEY ASSETS

ENGAGED SERVICE PROVIDERS

There is a strong and committed network of community organizations, service providers, and institutions working to mitigate the impacts of stormwater and flooding, transform contaminated sites, develop green infrastructure, and advocate for clean air and water in Camden. Complementing the efforts of local municipal leaders, these community actors strive to address the City of Camden's most pressing environmental and health concerns. See the callout box for a description of some key actors.

COMMUNITY MOMENTUM

The city and its partners have taken significant steps in recent years to address many of its environmental issues. Smaller projects, such as installing rain gardens in parks or planting trees along streets, have helped to build larger momentum across Camden to transform the city. That energy has grown into much larger projects in recent years. In 2018, Camden was among 144 communities across the country selected by the EPA to receive funding for brownfield site revitalization to help redevelop unused land and vacant property. In addition, in early 2019, Camden was one of four cities chosen to receive a \$1 million grant from the Bloomberg Philanthropies Public Art Challenge to transform illegal dumping sites into public art spaces. These projects are giving Camden an important opportunity to focus on creating healthy environments that promote residents' well-being throughout the city.

ENGAGED COMMUNITY ACTORS

Camden Collaborative Initiative (CCI): Launched in January 2013, the CCI is a partnership between a variety of local governmental, non-profit, private, and community-based agencies, which work to plan and implement innovative

strategies to improve the environment and quality of life for Camden residents. Some of the initiatives they focus on include air quality, open space and brownfields, and waste and recycling. The CCI also works to generate new and leverage existing partnerships to produce proactive, holistic, and innovative solutions aimed at producing a thriving and sustainable city.⁴²

Camden County Municipal Utilities Authority (CCMUA):

Home to the Regional Wastewater Treatment System, CCMUA is a utility service provider committed to protecting the environment, preventing pollution, and acting as a responsible steward of local natural resources. The authority is also responsible for the management and enhancement of stormwater and sewage management systems, and strives to continually improve the sustainability of its operations.⁴³ CCMUA was a founding member of both CCI and Camden Stormwater Management and Resource Training (SMART) and continues to work throughout the city to implement green stormwater and flood mitigation initiatives.

Camden SMART Initiative: The Camden SMART Initiative is a collaboration between multiple municipal and community-based partners to develop a comprehensive network of green infrastructure programs and projects to restore and revitalize local neighborhoods. Projects include neighborhood green infrastructure projects, stormwater management policy development, and green infrastructure training programs.⁴⁴

⁴² Camden Collaborative Initiative, "About," accessed April 2019, www.camdencollaborative.com/about.html.

⁴³ Camden County Municipal Utilities Authority, "Mission Statement," accessed April 2019, www.ccmua.org/index.php/about/mission-statement.

⁴⁴ Camden SMART Initiative, "Camden SMART Initiative," accessed April 2019, www.camdensmart.com.

KEY CHALLENGES

A LEGACY OF CONTAMINATED SITES

As a longtime industrial and manufacturing hub, Camden has a legacy of contaminated sites that poses many challenges for the city and its residents. The risks to both human health and the environment can vary based on the contaminants present at each site. Some of the more common pollutants found in contaminated sites, including heavy metals like arsenic, lead, cadmium, and mercury, have been shown to cause cancer, neurological damage, lower IQs, kidney disease, and bone disease.⁴⁵ As of June 2020, there were 212 active known contaminated sites in Camden City, including two Superfund sites located within the city (see Figure 7: Known Contaminated Sites).^{46,47} These are sites with confirmed contamination of the soil, groundwater, and/or surface water that include gas stations, industrial sites, auto businesses, municipal facilities, and private residences.

DATED WATER INFRASTRUCTURE

Like many older cities in the United States, Camden is home to an aging municipal water delivery system. Because of their low cost and high malleability, lead pipes were the primary choice for municipal water delivery systems throughout the United States beginning in the late 1800s.⁴⁸ Although the actual number of lead service lines currently in operation is unknown, older communities like Camden, where over 55 percent of homes were built before 1949, are much more likely to have

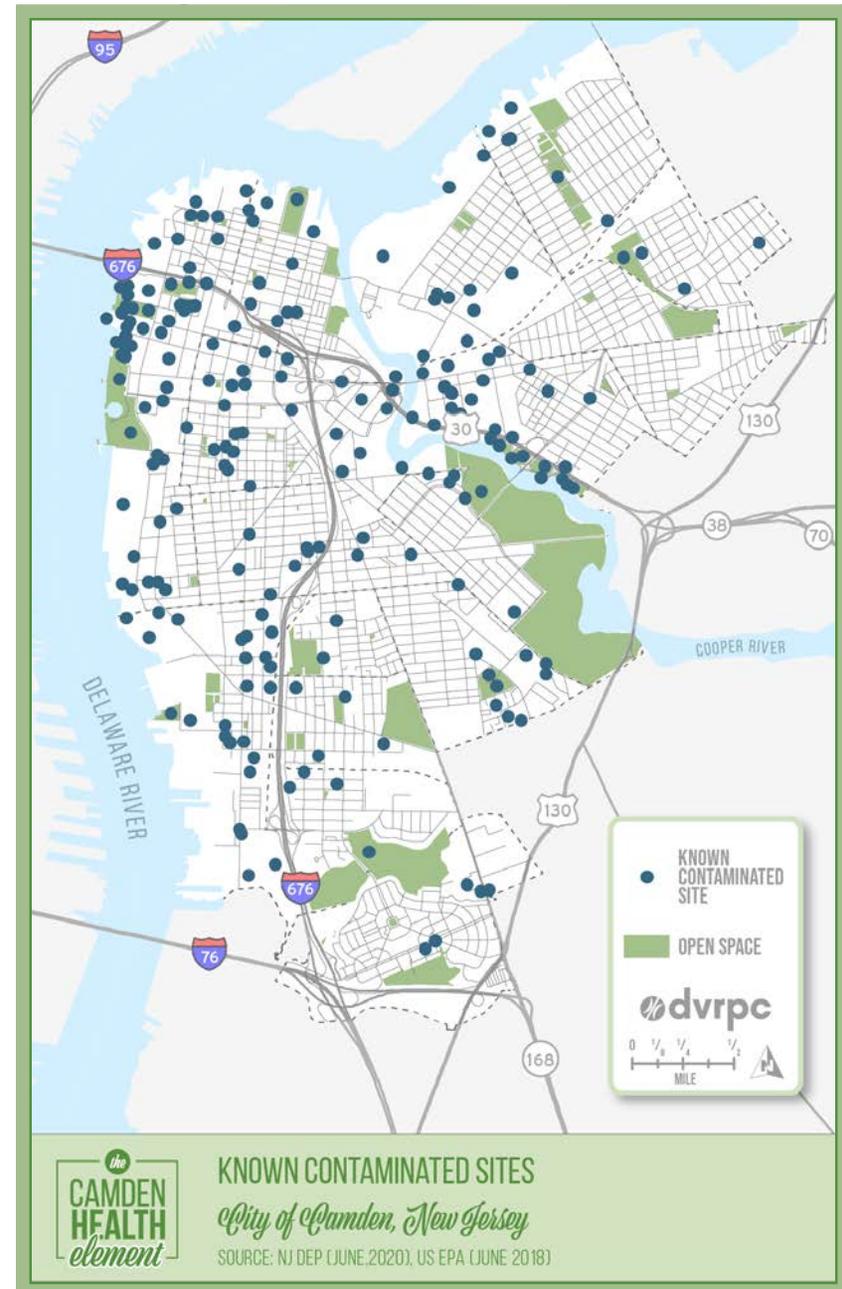
⁴⁵ Science Communication Unit, University of the West of England, Bristol, "Science for Environment Policy Indepth Report."

⁴⁶ New Jersey Department of Environmental Protection, "Active Sites with Confirmed Contamination," DEP Data Miner, accessed June 18, 2020, www.13.state.nj.us/DataMiner/Report/ReportCriteria?isExternal=y&showHeader=y&showHeader=y&APIKEY=NDEP&BORReportName=Active+Sites+with+Confirmed+Contamination&getCriteria=y0be98f4bb9aa5c3f99dbfd025ed153b4712dd752.

⁴⁷ U.S. Environmental Protection Agency, "Superfund: National Priorities List (NPL) Sites - by State," June 4, 2018, www.epa.gov/superfund/national-priorities-list-npl-sites-state#NJ.

⁴⁸ Rabin Richard, "The Lead Industry and Lead Water Pipes: A Modest Campaign," *American Journal of Public Health* 98, no. 9 (2008): 1584-1592, doi: 10.2105/AJPH.2007.113555.

FIGURE 7: KNOWN CONTAMINATED SITES



homes with lead service lines.⁴⁹ This presents a significant health concern, as lead is well known to cause developmental and health issues, especially in children. Additionally, Camden’s wastewater is served by a combined sewer system, which collects rainwater runoff, domestic sewage, and industrial wastewater in the same pipe, then sends it to a sewage treatment plant to be treated and discharged to a local water body. During periods of intense rain, wastewater can exceed the capacity of the sewer system and/or treatment plant, leading to combined sewer overflows (CSOs). These overflow events not only contain stormwater but also include untreated wastewater, toxic materials, and debris, all of which directly discharge into nearby streams, rivers, or other water bodies.^{50,51} Unmitigated CSOs present a major water management challenge to local authorities and have the potential to pose significant health risks to residents.

ACTIVE INDUSTRIAL AND MANUFACTURING BUSINESSES

According to the 2013 National Establishment Time-Series Database, there were over 180 active manufacturing, warehousing, and industrial-related businesses located within Camden City, employing over 5,600 workers.⁵² Industrial properties may discharge contaminants into soil or water, use hazardous substances, and/or emit air pollutants. Airborne pollutants are particularly concerning to local residents, as they are linked to a variety of respiratory, neurological, reproductive, developmental, and physiological illnesses.⁵³ Camden also suffers from an increased amount of airborne diesel exhaust and particulate matter emissions due to the

⁴⁹ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table: B25034 Year Structure Built, Universe: Housing Units,” accessed February 2020.

⁵⁰ U.S. Environmental Protection Agency, “What are Combined Sewer Overflows (CSOs)?” April 10, 2017, www3.epa.gov/region1/eco/uep/cso.html.

⁵¹ Philadelphia Water Department, “Combined Sewer System,” 2018, www.phillywatersheds.org/watershed_issues/stormwater_management/combined_sewer_system.

⁵² Delaware Valley Regional Planning Commission, “DVRPC 2010/2013 NETS Data,” accessed February 2020.

⁵³ U.S. Environmental Protection Agency, “Health and Environmental Effects of Hazardous Air Pollutants,” February 9, 2017, www.epa.gov/haps/health-and-environmental-effects-hazardous-air-pollutants.

large volume of ships, trucks, and diesel-powered loading equipment that operate at or serve local industrial and manufacturing businesses. It is estimated that as many as 328,500 trucks pass through Waterfront South—a heavily industrialized neighborhood—each year, further deteriorating local air quality.⁵⁴

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these environmental challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Clean Environment;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

STRATEGIES

Strategy 1: Reduce air pollution from stationary and mobile sources

Air quality—both indoors and outdoors—has a major effect on human health. High or prolonged levels of air pollution are associated with increases in morbidity and mortality from illnesses, such as asthma, lung cancer, emphysema, and heart disease.⁵⁵ Air pollution is one of the most difficult environmental factors to measure because its sources are diffuse and regional in nature. Common sources of air pollution include industrial

⁵⁴ New Jersey Department of Environmental Protection, “Camden Waterfront South Air Toxics Pilot Project: Qualitative Assessment of Stressors,” November 8, 2004, www.nj.gov/dep/ej/camden/docs/qual_assess_stress.pdf.

⁵⁵ U.S. Environmental Protection Agency, “How Mobile Source Pollution Affects Your Health,” December 15, 2016, www.epa.gov/mobile-source-pollution/how-mobile-source-pollution-affects-your-health.

facilities, cars, trucks, buses, and fires, generated both nearby and over great distances. As of 2017, the New Jersey Department of Environmental Protection's (NJDEP) Bureau of Air Modeling maintained a network of 33 ambient air monitoring stations across the state. A continuous air monitoring station is located on Spruce Street near Locust Street in Camden, which measures five of the six criteria air pollutants regulated by the EPA and NJDEP (see Air Quality Criteria Pollutants on page 35). NJDEP identifies the presence of significant particulate matter less than 10 microns in diameter, of which continuous exposure can impact respiratory systems, damage lung tissue, and potentially cause cancer.⁵⁶ NJDEP also identifies the presence of various air pollutants in Camden above health benchmarks, including arsenic, cadmium, lead, manganese, and nickel. In 2015, there were 14 pollutants in Camden that exceeded the state-designated threshold.

To help reduce air pollution throughout New Jersey, NJDEP requires many industrial and manufacturing operations to hold active air quality permits, in which companies must monitor and report an array of airborne emissions statistics.⁵⁷ As of August 2019, there were 127 active air quality permitted facilities within Camden.⁵⁸ Camden accounts for almost 13 percent of all of the permitted facilities statewide, even though it has less than one percent of the state's total population.

Although stationary sources emit pollutants and contribute to air quality issues in Camden, mobile sources like cars, trucks, and trains are also a significant source of air pollution in the city. Residents are exposed to

⁵⁶ Interface Studio, *Connecting Communities: A Neighborhood Action Plan for Cooper-Grant /Central Waterfront* prepared for Cooper's Ferry Partnership and the Cooper-Grant Neighborhood Association, Camden, New Jersey (Camden, NJ: Camden Redevelopment Agency, July 2015), camdenredevelopment.org/plans/CGCW_Plan.pdf.

⁵⁷ New Jersey Department of Environmental Protection, Bureau of Air Monitoring, *2017 New Jersey Air Quality Report* (Trenton, NJ: New Jersey Department of Environmental Protection, October 30, 2018), njaginow.net/App_Files/2017/2017%20NJ%20Air%20Monitoring%20Report.pdf.

⁵⁸ New Jersey Department of Environmental Protection, Division of Air Quality, "What's in My Community," web mapping application, accessed April 2019, njdep.maps.arcgis.com/apps/webappviewer/index.html?id=76194937cbbe46b1ab9a9ec37c7d709b.

additional air pollution as a result of their proximity to I-676 and other major roadways, a port located along Camden's western edge, and numerous industrial facilities that attract heavy truck traffic.

Given that many studies have linked poor air quality to a variety of respiratory, neurological, reproductive, developmental, and physiological illnesses, reducing emissions from both stationary and mobile air pollution sources is a key strategy for improving the quality of life for Camden residents. The city can work with NJDEP and other local partners to improve air quality by limiting truck traffic and idling in residential areas, working with the port to implement a green ports initiative, and enforcing existing regulations.

Strategy 2: Continue to explore opportunities to remediate and redevelop brownfield sites

The EPA defines brownfield sites as currently unused land in which "the expansion, redevelopment, or reuse may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant."⁵⁹ Brownfields, especially in high concentration, may pose significant public health concerns. Many brownfields have safety risks, such as uncovered holes, unsafe structures, and sharp objects. Additionally, past industrial activities often leave behind chemical contamination on site. Brownfields can often deter development, leading to blighted areas with declining property values and increasing crime rates. The removal of potentially hazardous materials and debris has an overall positive effect on environmental conditions for local residents, with further beneficial impacts to health and well-being.

Camden has been successful in remediating and redeveloping some of its brownfield sites and should continue to pursue funding to further these efforts. The Salvation Army Ray and Joan Kroc Corps Community

⁵⁹ U.S. Environmental Protection Agency, "Brownfields: Overview of EPA's Brownfield Program," October 4, 2019, www.epa.gov/brownfields/overview-epas-brownfields-program.

AIR QUALITY CRITERIA POLLUTANTS

Ground-level ozone is formed when volatile organic compounds and nitrogen oxides react with sunlight and heat. It is produced more in the summer months and is the primary constituent of smog. Ground-level ozone is a pulmonary irritant, which, even in low levels, can be dangerous to sensitive populations, such as people with asthma or emphysema and the elderly. It can also affect plant growth and is responsible for hundreds of millions of dollars in lost crop production.

Particulate matter, or particle pollution, is made up of dust, ash, smoke, and other small particles formed from the burning or crushing of materials, such as wood, rocks, and oil. When ingested, particulate matter can lodge deep in the lungs and can contribute to serious respiratory illnesses, such as asthma or lung disease. Particulate matter also creates haze, reduces visibility, and covers buildings in dirty soot.

Carbon monoxide is a colorless, odorless gas that is formed when carbon fuel is not burned completely. It is a component of motor vehicle exhaust; therefore, higher levels of carbon monoxide generally occur in areas with heavy traffic congestion. The highest levels of carbon monoxide typically occur during the colder months, when air pollution becomes trapped near the ground beneath a layer of rising warm air.

Nitrogen oxides are a group of highly reactive gases that contain nitrogen and oxygen in varying amounts. Motor vehicles, electric utilities, and homes and businesses that burn fuels emit nitrogen oxides; they can also be found naturally. Nitrogen oxides are primary components in ground-level ozone (smog), acid precipitation, and other toxic chemicals. Acid precipitation can cause lung ailments in humans, property damage, harm to aquatic life, and other environmental and human health problems.

Sulfur dioxide is released into the atmosphere when fuel containing sulfur, such as coal and oil, is burned, and when gasoline is refined from oil. Sulfur dioxide dissolves in water vapor to form acid precipitation.

Lead is a pollutant that was historically released by cars and trucks burning leaded fuel, in addition to its historic use in paint. Today, metal processing plants and trash incinerators are the major source of lead emissions. Lead tends to be a localized air pollutant, found in urban or high-traffic areas, and it is deposited in soil and water, harming fish and wildlife.



Liney Ditch Park and industrial facilities in Camden's Waterfront South neighborhood

Source: Amy Verbofsky, DVRPC

Center (Salvation Army Kroc Center), which opened in October 2014, was built on a portion of the former Harrison Avenue Landfill site at the confluence of the Delaware and Cooper rivers. The development of the Salvation Army Kroc Center enhanced 24 acres of waterfront land.⁶⁰ Many other sites deemed contaminated have been transformed into vibrant properties. What was once a run-down parking lot on a brownfield site is now the Waterfront Technology Center at Camden, a sustainable building housing technology and business incubators. The former Camden Recycling Company property, located on Mount Ephraim Avenue, has been developed to accommodate the expansion of DiNaso & Sons, Inc., a building supply company.

The city is making strong headway in brownfield remediation and should continue to do so. Reinvestment into blighted and polluted properties not only enhances public health but also has a range of social and economic benefits for local residents, from increasing local property values and generating employment, to generating higher levels of community pride and vitality.⁶¹

Strategy 3: Foster greater community resilience to risks from climate change

As risks from climate change are projected to intensify, strategic planning is vital to ensure that the City of Camden is prepared for changing weather patterns and other climate-related hazards. Rising temperatures, more frequent and severe flooding, worsening air quality, and increasing sea level rise may degrade both the environmental integrity of Camden and the health of its residents. The impacts of climate change on health are likely to affect all of Camden's residents but will disproportionately affect vulnerable populations, such as young children, the elderly, people living

⁶⁰ Jason Laday, "Salvation Army Shows Off New \$90 Million Kroc Community Center in Camden," *South Jersey Times*, last updated January 17, 2019, www.nj.com/camden/2014/10/salvation-army-shows-off-new-90-million-kroc-community-center-in-camden.html.

⁶¹ Green Building Alliance, "Brownfield Remediation," accessed April 2019, www.go-gba.org/resources/green-building-methods/brownfield-remediation.

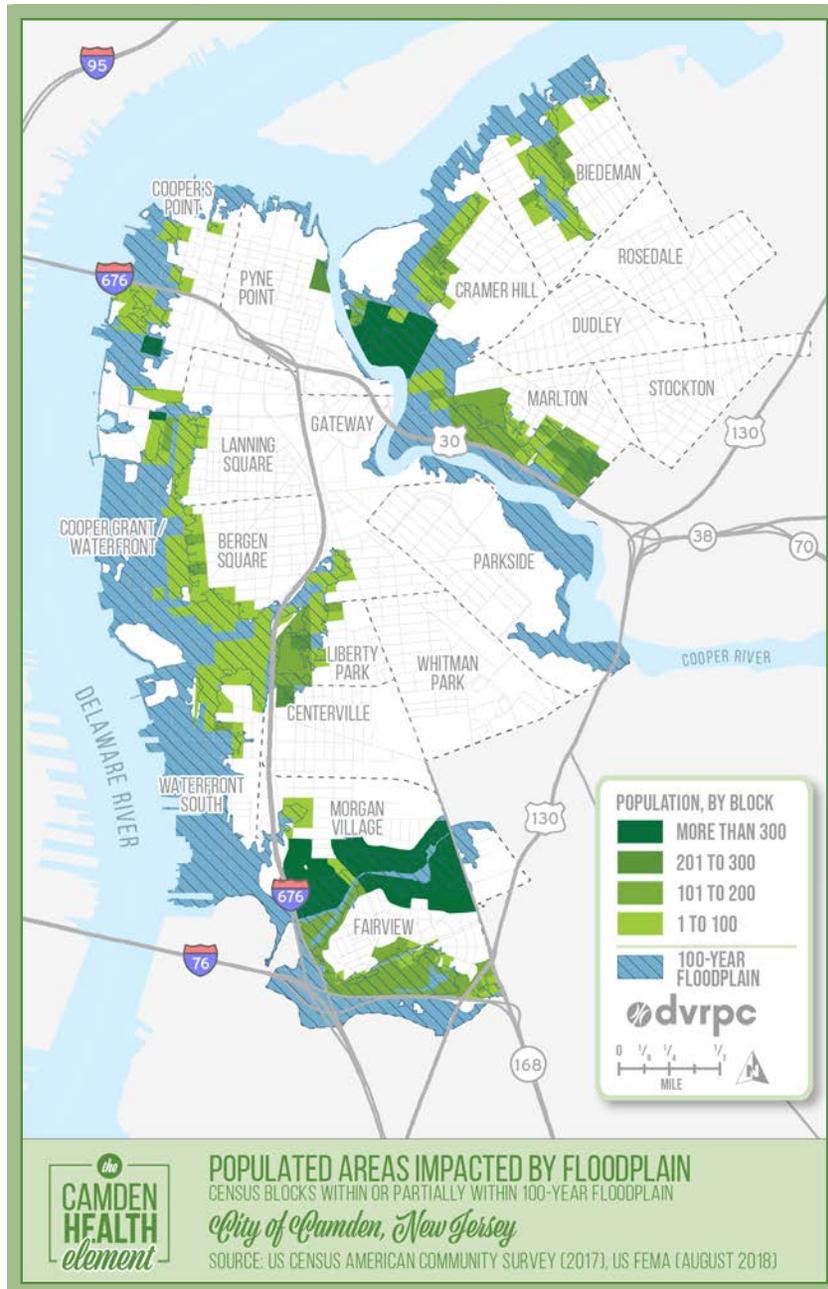
in poverty, and those with existing health conditions. As shown in Figure 8, approximately one-third of Camden's land area—and 12 percent of the population—lies within the Federal Emergency Management Agency 100-year floodplain, with an additional 20 percent of Camden's population residing within the 500-year floodplain. Even more concerning is that about 43 percent of these residents are considered to be of a vulnerable age.

There are a number of organizations working to help the city become more resilient to future climate impacts. CCMUA has been leading many efforts to mitigate both current and future flooding impacts in Camden. In addition to their work with Camden SMART and CCI, CCMUA partnered with the EPA to use the Climate Ready Evaluation and Awareness Tool to better understand the magnitude of its vulnerability to increased precipitation, focusing especially on the risks to its CSO system. The tool identified a number of adaptation strategies, one of which was to enact a water conservation ordinance, which the city adopted in 2012. The ordinance established outdoor landscape water conservation guidelines that place limits on how often, what times of day, and how long lawns can be watered.⁶²

As the backbone organization of the CCI, CCP hosted the Camden Environmental Summit in 2017, 2018, and 2019 to provide an opportunity for community groups, non-profit organizations, environmental leaders, and government officials to explore environmental issues in Camden and learn from one another about ongoing initiatives. They focused on addressing stormwater management, climate resilience, brownfield redevelopment, health, environmental education, and improving the quality of life for Camden residents. CCP has also partnered with the Waterfront Alliance to bring the Waterfront Edge Design Guidelines to Camden to help create more resilient, ecological, and accessible waterfronts.

⁶² Camden County Municipal Utilities Authority, "Water Conservation Ordinance Adopted by Camden City," accessed April 2019, www.ccmua.org/CGS/Pubs/water_conservation_ordinance_CCMUA_one_page_flyerfinal.pdf.

FIGURE 8: POPULATION DENSITY IN THE FLOODPLAINS



Camden should continue to build community resilience to climate change through a variety of approaches, including incorporating new climate data into future plans and budgets, implementing infrastructure projects to address current and future hazards, and educating the public on potential future risks.

Strategy 4: Maintain and improve the quality of water resources

Access to clean water is essential for human health. People need safe water in sufficient amounts for drinking, cooking, personal hygiene, and sanitation. One challenge that many older cities face in ensuring a clean water supply is lead contamination. Lead is a colorless, odorless, and tasteless metal that can enter the drinking water supply when lead pipes, faucets, and other fixtures corrode. The EPA notes that lead service lines—the pipes that connect a home’s plumbing to the water main—are typically the most significant source of lead in water.⁶³ Lead can be extremely hazardous to humans, affecting almost every part of the body. Repeated lead exposure, even in small amounts, can lead to increased risk of high blood pressure, kidney disease, stroke, and reproductive problems for adults. Children, especially under the age of six, have a greater exposure risk since “their growing bodies absorb more lead than adults do and their brains and nervous systems are more sensitive to the damaging effects.”⁶⁴ Even low levels of lead in children can lead to brain and nervous system damage, slowed development, and learning and behavioral problems.⁶⁵

Flooding, combined with Camden’s CSO system, presents another challenge to maintaining the city’s water resources. In a CSO system, stormwater flows from streets, parking lots, and buildings into the same pipes that carry sewage and industrial waste to a wastewater treatment plant where it is then cleaned and processed. Although combined sewers

⁶³ U.S. Environmental Protection Agency, “Ground Water and Drinking Water: Basic Information about Lead in Drinking Water,” November 18, 2019, www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water.

⁶⁴ U.S. Environmental Protection Agency, “Lead: Learn About Lead,” August 12, 2019, www.epa.gov/lead/learn-about-lead.

⁶⁵ Ibid.

are an effective method to manage wastewater and stormwater during relatively dry periods, during heavy rain events the pipes overflow into local water sources. In Camden, storms that drop an inch or more of rain (which happens 10 to 20 times a year on average), regularly cause the CSO system to overflow via outfalls into the Cooper and Delaware rivers. Making matters worse, back-ups, leaks, and pressure differentials in the system can cause sewage to overflow into the basements of homes, as well as into streets and parks (by flowing up and out of inlets that stormwater is supposed to flow into). Such overflows are serious and imminent human health problems and a major nuisance for city residents.

Addressing the CSO problem is challenging because it involves modifying large underground infrastructure systems that were installed over 100 years ago. As a result, the city, CCMUA, and other partners have undertaken a number of green stormwater infrastructure (GSI) projects to better address excess runoff during times of heavy rain and flooding. Camden SMART helped construct rain gardens at the Camden County Ferry Avenue Branch Library and Woodrow Wilson High School to capture stormwater runoff from rooftops and enable it to infiltrate into the ground. At the Dr. Charles E. Brimm Medical Arts High School, in addition to building a rain garden and planting trees in front of the school, the project removed about 450 square feet of impervious pavement. Camden SMART partners are making important progress toward maintaining and improving water quality. The city should continue to promote the use of GSI to help keep Camden's water clean and healthy for all its residents.



Waterfront South, Camden, New Jersey
Source: Amy Verbofsky, DVRPC

PRIORITY ACTIONS


**MOST
ACHIEVABLE**

Limit truck traffic and idling in targeted areas.

Cars, trucks, and buses are common mobile sources of air pollution that can lead to increased health risks for people who live, work, or go to schools near major roadways. The CDC notes that “motor vehicles contribute to more than 50 percent of air pollution in urban areas” and can lead to numerous “adverse health effects, including asthma, decreased lung function, adverse birth outcomes, and childhood cancer.”⁶⁶

Camden has approximately 206 miles of roadways, 50 of which are considered major roadways that see higher volumes of traffic. I-676, U.S. Route 30 (also referred to as Admiral Wilson Boulevard), and a small portion of Interstate 76 all move hundreds of thousands of vehicles through Camden neighborhoods daily, leaving behind pollutants that compromise local air quality. Heavy duty vehicles—particularly older diesel trucks—are especially concerning for some Camden neighborhoods like Waterfront South that are located near port or industrial facilities and experience higher volumes of truck traffic. A 2015 DVRPC study on the impact of diesel emissions found that approximately one-third of on-road mobile emissions of particulate matter and one-quarter of nitrogen oxide emissions are from heavy duty vehicles.⁶⁷

Particulate matter and ozone are two of the most widespread and serious types of air pollution. In its annual State of the Air report, the American Lung Association grades every county and metropolitan area in the

⁶⁶ Centers for Disease Control and Prevention, “Healthy Places: Respiratory Health and Air Pollution,” October 15, 2009, www.cdc.gov/healthyplaces/healthtopics/airpollution.htm.

⁶⁷ Delaware Valley Regional Planning Commission, *Impact of Diesel Emissions from Port Facilities on Local Communities* (Philadelphia: Delaware Valley Regional Planning Commission, November 2015), www.dvrpc.org/reports/16003.pdf.

nation based on levels of particulate matter and ozone present in their air. Although Camden County is in attainment for all of the criteria air pollutants (see page 35), the 2017 report ranked the Philadelphia-Reading-Camden metropolitan statistical area as the 18th-most polluted out of 203 metros by annual particle pollution, 43rd-most polluted out of 217 metros for 24-hour particle pollution, and 21st-most polluted out of 228 metros for high ozone days. Camden County received an “F” grade for ozone but a “C” for 24-hour particle pollution. Camden County also received a “Pass” for annual particle pollution.⁶⁸

To address air quality concerns, especially those related to truck traffic and idling in residential areas, CCP convened the CCI Air Quality Working Group in 2018. Partners from a number of organizations, including CCMUA, NJDEP, the United Way of Greater Philadelphia and Southern New Jersey, and the EPA, met with Mayor Frank Moran to discuss the development of a truck route ordinance that would divert large tractor trailers from Camden’s residential neighborhoods.⁶⁹ CCP then engaged residents from Cramer Hill, East Camden, and North Camden to identify truck traffic concerns and brainstorm solutions. Since then, CCP, the City of Camden, and Camden County have developed 10 conceptual design development projects to examine potential improvements to a number of streets and intersections throughout the city. They note that “[p]ossible improvements include traffic signal upgrades, truck traffic mitigation efforts, ADA [Americans with Disabilities Act] compliant ramps and sidewalks, utility upgrades, road resurfacing, and streetscape amenities such as trees, lighting, benches and bike lanes.”⁷⁰ The Air Quality Working Group also convened an Idle-Free subcommittee to develop an action plan to address idling in targeted areas and work with NJDEP to monitor idling citywide. CCP should

⁶⁸ American Lung Association, “State of the Air, New Jersey: Camden,” accessed January 2020, www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/new-jersey/camden.html.

⁶⁹ New Jersey Healthy Communities Network, “Grantee Blog: City of Camden Truck Route Ordinance,” July 27, 2018, www.njhcn.org/city-of-camden-truck-route-ordinance.

⁷⁰ New Jersey Healthy Communities Network, “Grantee Blog: Truck Routes for Communities,” November 20, 2018, www.njhcn.org/truck-routes-for-communities.

continue to convene the Air Quality Working Group, meeting with additional neighborhoods throughout the city as funding allows. Additionally, the city, county, and CCP should continue to explore the potential improvements identified in the conceptual design projects and implement them across the city, where possible. There are a number of funding sources that could be used, including the Transportation Improvement Program (TIP), Transportation Alternatives Program, Congestion Mitigation and Air Quality Improvement Program (CMAQ), and Regional Trails funding (see callout box on page “DVRPC Funding Sources” on page 40).

Another strategy to curb truck idling emissions is to advocate for nearby truck stops to install a truck stop electrification (TSE) site. Although there are no truck stops in the City of Camden, there are at least three within eight miles. Air pollution is not confined to city borders and therefore, emissions from a nearby truck stop can impact Camden. Truck drivers typically idle their vehicles during federally mandated rest periods to maintain access to heating, air conditioning, and electricity. Truck idling creates both poor conditions for the drivers themselves and the communities adjacent to them while also reducing engine life. TSE sites provide truck drivers necessary services without the need for engine idling by plugging into the electric grid.

Reducing truck traffic and idling in Camden and nearby cities is a key way for the city to reduce air pollution and enhance the quality of life for residents who breathe polluted air every day.


**PEOPLE'S
CHOICE**

***Increase and maintain the tree cover in
Camden neighborhoods***

Urban tree cover provides numerous benefits for both Camden’s environment and its residents, including improving air quality, providing shade and a cooling effect, absorbing carbon, beautifying streets, and

DVRPC FUNDING SOURCES

Transportation Improvement Program (TIP): The TIP is the agreed-upon list of specific priority projects and is required for the region to receive and spend federal transportation funds. The TIP lists all projects that intend to use federal funds, along with non-federally funded projects that are regionally significant. The TIP represents the transportation improvement priorities of the region and is required by federal law, currently the Fixing America's Surface Transportation Act. The list is multimodal; in addition to the more traditional highway and public transit projects, it also includes bicycle, pedestrian, and freight-related projects.⁷¹

Transportation Alternatives Program: The Transportation Alternatives Set-Aside Program provides federal highway and transit funds under the Surface Transportation program for community-based "non-traditional" projects designed to strengthen the cultural,



The bike ramp on the Ben Franklin Bridge received \$3.8 million in Transportation Alternatives Program funding

Source: Derek Lombardi, DVRPC

⁷¹ Delaware Valley Regional Planning Commission, *DVRPC TIP Handbook* (Philadelphia: Delaware Valley Regional Planning Commission, July 2017), www.dvrpc.org/Reports/17065.pdf.

aesthetic and environmental aspects of the nation's intermodal system. The Transportation Alternatives Set-Aside Program continues to provide funds to build pedestrian and bicycle facilities, improve access to public transportation, create safe routes to school, preserve historic transportation structures, provide environmental mitigation, and create trail projects that serve a transportation purpose while promoting safety and mobility.⁷²

Congestion Mitigation and Air Quality Improvement Program (CMAQ): DVRPC's CMAQ seeks to fund transportation projects that will improve air quality and reduce traffic congestion in the DVRPC region. CMAQ-eligible projects will demonstrably reduce air pollution emissions and help the DVRPC region meet the federal health-based air quality standards.⁷³

Regional Trails Program: DVRPC's Regional Trails Program provides planning assistance and financial support to trail developers, counties, municipalities, and non-profit organizations to complete the Circuit, Greater Philadelphia's 800-plus-mile network of multi-use trails. With financial support from the William Penn Foundation, the Regional Trails Program has provided \$20 million in funding to over 110 trail planning, design, and construction projects to date.⁷⁴

⁷² Delaware Valley Regional Planning Commission, "New Jersey Transportation Alternatives Program," accessed March 2020, www.dvrpc.org/TAP/NJ.

⁷³ Delaware Valley Regional Planning Commission, "Congestion Mitigation and Air Quality Improvement Program (CMAQ)," accessed March 2020, www.dvrpc.org/CMAQ.

⁷⁴ Delaware Valley Regional Planning Commission, "Regional Trails Program," accessed March 2020, www.dvrpc.org/Trails/RegionalTrailsProgram.

reducing mortality.⁷⁵ Trees can help cities better adapt to a changing climate, which is especially important given the projected increase in frequent flooding and extreme temperatures. Trees reduce summer air temperatures by an average of two to four degrees Fahrenheit thanks to the shade they provide.⁷⁶ Trees also absorb stormwater and can reduce flooding from storms. A study by the USDA Forest Service found that the average street tree in New York City absorbed 1,432 gallons of rainwater each year.⁷⁷ Trees also play a key role in mitigating climate change impacts because they sequester carbon from the atmosphere, where it might otherwise stay as carbon dioxide. With these benefits, an abundant, healthy tree canopy in Camden can improve residents' health, in particular making hot days cooler and trapping airborne contaminants.

Camden has a regularly updated community forestry management plan that lays out a vision and goals for improving the city's entire "urban forest" through planting and maintenance. There are many partners involved in implementing this plan, including the Camden Shade Tree Advisory Board, which is composed of residents appointed by City Council who advise the city on best practices. Within the City of Camden, the Department of Public Works is the primary office involved with maintaining existing trees and responding to tree hazards. The city is also tasked to protect existing trees through its municipal code.

The main group involved with planting trees in Camden is the NJ Tree Foundation, a statewide non-profit organization dedicated to the enhancement of urban and community forestry activities through education, community outreach, partnerships, and grants. They have

⁷⁵ U.S. Department of Agriculture Forest Service, "Study in Philadelphia Links Growth in Tree Canopy to Decrease in Human Mortality," June 16, 2020, www.nrs.fs.fed.us/news/release/increased-tree-canopy-reduces-human-mortality.

⁷⁶ Rob McDonald et al., *Planting Healthy Air: A Global Analysis of the Role of Urban Trees in Addressing Particulate Matter Pollution and Extreme Heat* (Arlington, VA: The Nature Conservancy, 2016), www.nature.org/content/dam/tnc/nature/en/documents/20160825_PHA_Report_Final.pdf.

⁷⁷ Vincent Cotrone, "A Green Solution to Stormwater Management," PennState Extension, August 4, 2014, extension.psu.edu/a-green-solution-to-stormwater-management.

planted more than 7,100 street trees in Camden since 1998.⁷⁸ Their TreeKeepers workshop series trains residents on tree care, basic identification, and other strategies to become better stewards on their properties and in their neighborhoods.⁷⁹ Other major partners in planting and protecting Camden's trees include the Camden County Parks Department; Camden County Public Works; CCMUA; CCP; Pennsylvania Horticultural Society; and a variety of neighborhood groups, community groups, and private property owners throughout the city.

Through partnerships, the City of Camden can enhance its tree program through the following ways:

- developing a reliable maintenance program;
- training and certifying existing city and county staff to be professional foresters and arborists, and/or hiring professionals who already have these credentials;
- enforcing existing tree-related regulations and reducing tree variances;
- coordinating efforts between the various tree-supporting groups;
- educating residents and property owners on the benefits of trees and proactive tree care strategies;
- using maps of air quality, flooding, and urban heat islands to determine best planting locations for improving public health; and
- completing a tree inventory with location, species, and diameter.



Cramer Hill Nature Preserve
Source: Miles Owen, DVRPC

⁷⁸ Meredith Brown (NJ Tree Foundation), email message to Melissa Andrews (DVRPC), August 22, 2019.

⁷⁹ NJ Tree Foundation, "TreeKeepers," accessed September 2019, nitrees.org/about/treekeepers.



Continue to pursue state and federal funding to remediate contaminated sites.

Within Camden’s nine-square-mile area there are two Superfund sites and 210 active known contaminated sites.⁸⁰ The vast amount of vacant and contaminated land that was once home to industrial activity impedes redevelopment activity, impacts quality of life for residents, and poses a threat to public health and safety.

Remediating contaminated sites should be a priority in Camden because it can enhance public health and environmental conditions, and bring about a range of social and economic benefits, such as higher local property values, new employment opportunities, and greater community vitality. Camden is making strong headway in pursuing funding to remediate brownfields. In 2020, the EPA awarded \$300,000 in Brownfield Revolving Loan Funds to the Camden Redevelopment Agency to support the potential remediation and preservation of Building 8, an industrial site in Downtown Camden; \$500,000 in Brownfield Cleanup Grants to the City of Camden to clean up the former Borden Chemical Site at 1625 Federal Street; and \$299,451 to CCP to conduct a Brownfield Assessment in North Camden.⁸¹ Additionally, in 2018, Camden was among 144 communities selected by the EPA for Brownfields Environmental Assessment, Revolving Loan Fund, and Cleanup grants. The two grants, totaling \$400,000, “will provide the community with funding to assess, clean up, and redevelop underutilized

⁸⁰ New Jersey Office of GIS, “Known Contaminated Sites List for New Jersey (Non-Homeowner),” June 18, 2020, [njgis-newjersey.opendata.arcgis.com/datasets/b167bb2ae09c43f8ab9e954700be45d9_0/data?orderBy=MUNIC&where=UPPER\(MUNIC\)%20like%20%27%25CAMDEN%25%27](https://njgis-newjersey.opendata.arcgis.com/datasets/b167bb2ae09c43f8ab9e954700be45d9_0/data?orderBy=MUNIC&where=UPPER(MUNIC)%20like%20%27%25CAMDEN%25%27).

⁸¹ U.S. Environmental Protection Agency, “News Releases from Region 02: EPA Announces \$2 Million in Brownfield Grants for Communities Across New Jersey,” May 6, 2020, www.epa.gov/newsreleases/epa-announces-2-million-brownfield-grants-communities-across-new-jersey.

properties while protecting public health and the environment.”⁸² The grants will be used for two sites: 726 Kaighn Avenue and the Camden Laboratories site at 1667 Davis Street. Over the past four years, the EPA awarded over \$1.7 million in Brownfield Revolving Loan Funds and, in the past 25 years, over \$7.4 million in brownfield grants, to Camden.⁸³

BROWNFIELD GRANT SITES

In 2018, Camden was among 144 communities selected by the EPA for brownfield grants. The two grants, totaling \$400,000, will be used at the following sites:

- **726 Kaighn Avenue:** This former electroplating facility shut down in 2004. Over the course of many years of vacancy, trespassers have entered and occupied the building, which contains many harmful contaminants. The property is slated to become an industrial park to bring manufacturing jobs back to the city.
- **Camden Laboratories:** 1667 Davis Street has been vacant since 2008. The almost four-acre site is contaminated with remnants of chlorinated solvents and mercury due to its use as a hospital and medical biotech facility. The city plans to redevelop the site as an expansion to the neighboring Whitman Park.

EPA grants are key funding resources to continue brownfield remediation. Their Brownfield Program provides a variety of grants, revolving loans, and technical assistance for brownfield assessment, clean-up, environmental job training, and research. The funds are designed to empower communities to work together to safely clean up and sustainably reuse

⁸² U.S. Environmental Protection Agency, “EPA Selects Camden, NJ to Receive \$400,000 in Brownfield Grants to Revitalize Blighted Properties and Promote Economic Redevelopment,” April 25, 2018, www.epa.gov/newsreleases/epa-selects-camden-nj-receive-400000-brownfield-grants-revitalize-blighted-properties.

⁸³ U.S. Environmental Protection Agency, “News Releases from Region 02: EPA Announces \$900,000 in Revolving Loan Funds to Clean Up and Reuse Brownfield Sites in City of Camden, Niagara County, and New York City,” June 10, 2020, www.epa.gov/newsreleases/epa-announces-900000-revolving-loan-funds-clean-and-reuse-brownfield-sites-city-camden.

contaminated sites. NJDEP also offers funding for contaminated site remediation. Hazardous Discharge Site Remediation Fund grants and loans are available to public, private, and non-profit organizations for the remediation of a suspected or known discharge of a hazardous substance or waste.⁸⁴ NJDEP’s Technical Assistance Grant Program provides funding to non-profit community groups to employ independent licensed site remediation professionals as technical advisors to “perform activities to improve the public’s understanding of environmental conditions and remediation of contaminated sites in their communities.”⁸⁵ In addition, the NJEDA operates a Brownfields and Contaminated Site Remediation Program, through which it helps developers restore key brownfield sites through incentives that make the redevelopment more affordable. Camden officials should continue to pursue these and other resources to proceed with remediation throughout the city.



Illegal dumping at the Camden Laboratories site
Source: Amy Verbofsky, DVRPC

As brownfield remediation and redevelopment remains a challenge in Camden, it is important to prioritize collaboration among multiple community partners. CCI is a vital partnership within the city that should continue building upon their Open Space & Brownfields Working Group. This partnership is a key platform for setting new remediation goals and exploring funding resources to support those goals.

⁸⁴ New Jersey Department of Environmental Protection, “Site Remediation Program: Hazardous Discharge Site Remediation Fund,” May 21, 2013, www.nj.gov/dep/srp/finance/hdsrf.

⁸⁵ New Jersey Department of Environmental Protection, “Site Remediation Program: Financial Assistance,” April 17, 2018, www.nj.gov/dep/srp/finance.

CRAMER HILL WATERFRONT PARK

NJDEP’s Office of Natural Resource Restoration (ONRR) is working with the Division of Coastal Engineering and the Camden Redevelopment Authority to transform 62 acres of the former Harrison Avenue Landfill into the Cramer Hill Waterfront Park. Between 2006 and 2014, NJDEP provided \$26 million in Hazardous Discharge Site Remediation and public funds to remediate the landfill. NJDEP is contributing another \$47 million in ONRR funds to turn the site into a waterfront park that restores the site’s natural resources, improves public access to the water, and provides a range of recreational opportunities to both Camden residents and visitors. Upon its completion in 2021, the park will feature an amphitheater, picnic area, fishing plaza, playground, and potential sensory and community gardens.⁸⁶

1

DO FIRST

Advocate for state and federal funding to implement regular school drinking water testing, reporting, and remediation in communities with the greatest need.

Lead can be extremely hazardous to humans, especially children, affecting almost every part of the body. As has been seen across the country, the presence of lead in drinking water is common in older buildings with lead pipes. Many of Camden’s buildings were built several decades ago, with over half of its schools built before 1928. All but five of the city’s public schools turned off their drinking water fountains due to elevated lead levels found during testing in 2002. The schools that were not affected were constructed more recently and have filtration systems built into them.

⁸⁶ New Jersey Department of Environmental Protection, Office of Natural Resource Restoration, “Harrison Avenue Landfill/Cramer Hill Waterfront Park Project,” January 9, 2020, www.nj.gov/dep/nrr/cramer-hill.htm.

Instead of replacing the older pipes, the CCSD has installed water coolers and provided paper cups to offer students and teachers clean drinking water at a cost of approximately \$75,000 per year.⁸⁷

In 2019, the New Jersey Department of Education announced that all public schools would be required to test for lead in drinking water every three years—reduced from a previous span of six years.^{88,89} Additionally, in November 2018, New Jersey voters approved a \$500 million bond under the Securing Our Children’s Future Bond Act, which provides state officials with \$100 million to spend on improving drinking water in schools.⁹⁰ As of now, the state has not yet decided how to allocate the money. Once this funding opportunity becomes available, it will serve as an important resource for Camden, among other cities throughout New Jersey who

suffer from lead contamination in schools.

The EPA has also worked to address lead reporting and remediation in schools in recent years. States are eligible to receive funding from two drinking water grant programs established by the Water Infrastructure Improvements for the Nation Act of 2016. Under the EPA’s Voluntary Lead Testing in Schools and Child Care grant program, the EPA will



School water fountain
Source: Getty Images

⁸⁷ Greg Adomaitis, “How 1 N.J. District Has Beaten its Dirty Water Problem – for 14 Years,” NJ.com, March 31, 2016, www.nj.com/camden/2016/03/this_nj_citys_school_water_crisis_predates_newark.html.

⁸⁸ New Jersey Department of Education, “Testing for Lead in School Drinking Water,” accessed September 2019, www.nj.gov/education/lead.

⁸⁹ Tom Davis, “Lead in Water: New Database Shows Many NJ Schools Had Too Much,” Patch, November 22, 2019, patch.com/new-jersey/newarknj/lead-water-new-database-shows-many-nj-schools-had-too-much.

⁹⁰ “NJ Spotlight Roundtable: Achieving Lead-Free School Water in New Jersey,” NJ Spotlight, February 28, 2019, www.njspotlight.com/2019/02/19-02-27-nj-spotlight-roundtable-fixing-school-water-infrastructure.

award \$1.1 million in grants to fund testing for lead in drinking water at schools and childcare facilities. Under the new Assistance for Small and Disadvantaged Communities grant program, the EPA will award more than \$1 million in grants to support underserved communities by helping to bring public drinking water systems in compliance with the Safe Drinking Water Act.⁹¹

Conducting regular, comprehensive drinking water testing and remediating issues when found is a substantial but hugely important undertaking. With the help of the EPA and NJDEP, the city and school district can begin to work toward thorough remediation efforts that will both help the city save money in the long term and protect the health and well-being of numerous children. The city and school district should continue to work with partners to explore the resources available, determine how best to utilize the resources, and ultimately improve the drinking water infrastructure as needed and as funding allows.

SECONDARY ACTIONS

Work with CCMUA, Camden SMART, and key partners to implement prioritized strategic GSI investments in the city.

As flooding continues and the frequency of extreme storms increases, investing in GSI is becoming increasingly more important. Since it was founded in 2011, Camden SMART has constructed a total of 49 green infrastructure projects throughout the City of Camden that capture, treat, and infiltrate over 60 million gallons of stormwater each year.⁹² Numerous studies and frameworks exist to help stakeholders prioritize future investment in GSI across the city. CCMUA, Camden SMART, and engaged

⁹¹ U.S. Environmental Protection Agency, “EPA Announces Availability of \$2.1 Million in Funding to Improve Drinking Water for Schools and Small and Disadvantaged Communities in Georgia,” April 30, 2019, www.epa.gov/newsreleases/epa-announces-availability-21-million-funding-improve-drinking-water-schools-and-small.

⁹² “Camden SMART Initiative,” accessed April 2019, www.camdensmart.com.

partners should use these resources to continue to invest strategically in GSI projects that will lead to environmental, social, and health benefits for Camden residents.

Work with residents and relevant public agencies to enforce air pollution regulations and implement complaint processes.

Air pollution is a big challenge in Camden because of its many industrial properties, its proximity to a major interstate highway, and residents' reliance on automobiles. The city should work with the existing CCI Air Quality Working Group and NJDEP to identify geographic areas of concern: either where air quality is particularly poor or where a greater concentration of vulnerable residents live, work, or play. The city should then engage enforcement agencies, such as the Camden County Division of Environmental Affairs and the Camden County Police Department (CCPD), to monitor air quality and enforce regulations, as needed. CCI may also want to add an air pollution option to their Camden Reports app that could allow residents to report trucks or cars that have been idling for more than three minutes.

Include climate change projections and adaptation measures in city plans, policies, and ordinances.

Climate change is not an isolated problem, but one that affects the health of all Camden residents, the physical infrastructure in the city, and overall quality of life. Because climate change is expected to have far-reaching effects on many facets of life, it is vital that Camden include climate change projections and adaptation measures in city plans, policies, and ordinances. The city could also choose to create a Camden City Climate Action Plan to serve as a roadmap for prioritizing and incorporating resiliency planning into all aspects of city development and planning.

Review the implementation of the city's Sustainability Ordinance and develop additional tools or process improvements as needed to increase its effectiveness.

In 2015, CCI worked with the city to adopt the first sustainability ordinance in New Jersey that requires land development applicants to submit an Environmental Impact Assessment to the Planning Board. The city should reconvene with its CCI partners, such as the EPA, the NJDEP, CCMUA, and CCP, to review the Sustainability Ordinance, assess its effectiveness, and implement improvements as needed.

Create a campaign to educate residents about their drinking water supply.

The City of Camden is home to aging water supply infrastructure with a significant number of lead service lines throughout the city. In order to protect public health and reduce the number of residents exposed to lead contamination, it is vital that residents are informed about their drinking water supply. CCMUA created a "Lead it Run First" campaign to educate kids about letting the faucet run for 30 seconds before drinking. They distributed flyers to 11,000 Camden City school children and school staff. In 2020, American Water undertook a water quality perception survey to better understand residents' thoughts on local water quality. The city should work with CCMUA and American Water to continue educating residents about drinking water quality, including the health impacts of lead, how lead gets into drinking water, reducing lead at the tap, and resources to protect themselves from lead in drinking water.

DRINK PHILLY TAP PROGRAM

Funded by a grant from the William Penn Foundation and in-kind donations from the Philadelphia Water Department (PWD), Drink Philly Tap is a campaign geared toward informing Philadelphians about the quality of the city's water and encouraging them to choose tap over bottled water. A study done by the University of Pennsylvania in partnership with PWD found that 40 percent of Philadelphia residents drink bottled instead of tap water in their homes despite the proven safety of the city's water. Drink Philly Tap is empowering residents to make informed decisions about their drinking water and encouraging them to choose the safest, most affordable and environmentally conscious option.⁹³ In early 2019, PWD announced that it was seeking paid Tap Water Ambassadors to participate in outreach for the duration of the program. PWD also launched Philly Water Bar, a weekly pop-up watering hole in the courtyard of City Hall where residents could come and taste the tap water for themselves.⁹⁴ Educating citizens about the quality of their city's water and how it is delivered to their homes is an essential part of creating and maintaining a safe, clean living environment.

Increase the share of climate-friendly vehicles and use climate-friendly fuels in city-owned vehicles.

The transportation sector is one of the largest sources of greenhouse gas emissions, with automobile pollution contributing significantly to climate change. In order to reduce the impact that vehicles have on the climate, the city should explore increasing the share of climate-friendly vehicles and

⁹³ "Drink Philly Tap," accessed January 2020, drinkphillytap.org/.

⁹⁴ Brian Hickey, "WATCH: Philadelphia Water Department Opens 'Water Bar' outside City Hall," Philly Voice, April 24, 2019, www.phillyvoice.com/water-bar-philadelphia-tap-city-hall-courtyard.

fuels in city-owned vehicles. Although city-owned vehicles, such as police cars and waste-management trucks, only make up a small portion of vehicles, they present an opportunity for the city to set an example moving forward in the face of climate change.

Develop citywide guidelines to support appropriate brownfield reuse that prioritizes community health and well-being when contaminated sites are remediated.

As more contaminated sites are remediated throughout the city, it is important to be strategic about the reuse of sites. The city should work with CCI and the community to identify possible reuses of remediated sites that support healthy lifestyles. This could include parks, recreational facilities, or community health centers. A prime example of this can be seen at the Salvation Army Kroc Center, where numerous opportunities for health advancement are thriving on a once contaminated site.



Salvation Army Kroc Center in Camden, New Jersey
Source: Amy Verbofsky, DVRPC

Work with CCP, Camden County, and CCMUA to enact a countywide stormwater fee.

Stormwater runoff is a big challenge in Camden. Impervious surfaces—surfaces that do not absorb water, such as asphalt, concrete, and brick—prevent water from infiltrating into the ground and instead direct it to the city’s overburdened CSO. In 2020, CCP received a grant from the New Jersey League of Conservation Voters to gather resident feedback on a possible stormwater utility fee for Camden City to help fund stormwater infrastructure improvements. As part of this work, CCP will develop and distribute educational materials on stormwater and stormwater utilities to Camden residents. City officials should work with CCP, Camden County, and CCMUA to develop and enact an equitable, countywide stormwater fee that incorporates some of the resident feedback that CCP collected. Any stormwater fee enacted should include a hardship discount or exemption for low-income residents.

The city may also want to pursue the following actions:

- Work with the South Jersey Port Corporation to explore a green ports initiative.
- Implement a rain check program for homeowners to obtain free rain barrels.
- Work with the Camden Redevelopment Authority to continue to implement the Mt. Ephraim Choice Neighborhood Brownfield Area-Wide Plan with a focus on remediating the Phil-Mar site.
- Investigate revising the floodplain management ordinance to include increased freeboard requirements for new or substantially improved structures located within a flood hazard area.



Rain garden
Source: Camden SMART

STORMWATER CASE STUDIES

Detroit, Michigan: In order to fund sewage and stormwater infrastructure and prevent flooding, the City of Detroit assesses a drainage charge for all property owners. The fee is based directly on the total amount of impervious acreage on a given property, which owners can verify using the Detroit Water and Sewerage Department's parcel viewer. Residential property owners are offered a 25 percent Green Credit for diverting stormwater onto their lawns rather than directly into the sewage system. Non-residential owners can also take advantage of green infrastructure incentives through the Capital Partnership Program, which offers reimbursement for installation of approved GSI projects. The drainage charge helps the City of Detroit preserve public health, as well as city infrastructure and residents' homes.⁹⁵



Phoenix Park

Source: Miles Owen, DVRPC

⁹⁵ City of Detroit, "Drainage Charge," accessed August 2019, detroitmi.gov/departments/water-and-sewerage-department/stormwater-management-and-drainage-charge/drainage-charge.

Baltimore, Maryland: Baltimore City funds sewage infrastructure and stormwater management through its Stormwater Remediation Fee as part of the state-mandated Watershed Protection and Restoration Program. Single-family residential properties are subject to a tiered, fixed flat fee based on impervious surface cover, whereas non-residential properties are charged per Equivalent Residential Unit. The city offers hardship reduction for property owners who already qualify for senior-citizen or low-income discounts on their water bills. Credits are also offered for implementation of stormwater best management practices, such as rain gardens, tree planting, and rainwater harvesting projects.⁹⁶ Baltimore's Stormwater Remediation Fee helps protect its residents and the Chesapeake Bay Watershed from the harmful impacts of polluted stormwater runoff and CSOs.

⁹⁶ Krisztian Varsa, "Understanding Baltimore County's Stormwater Fee (EBR-27)," University of Maryland Extension and Sea Grant Extension, February 2014, extension.umd.edu/sites/extension.umd.edu/files/docs/EBR-27%20Understanding%20Baltimore%20City's%20Stormwater%20Remediation%20Fee.pdf.

the
**CAMDEN
HEALTH**
element

chapter 4:

ACCESS TO HEALTH CARE



BACKGROUND

Chronic diseases, such as heart disease, diabetes, obesity, and cancer, are the leading causes of death both locally and nationally. In the City of Camden, chronic disease rates are consistently higher than in Camden County and New Jersey. According to the 500 Cities Project—a collaboration between the CDC and the Robert Wood Johnson Foundation that provides city- and census tract-level estimates for chronic disease risk factors and health outcomes in the largest 500 cities in the United States—45 percent of Camden adults are considered obese (BMI of 30 or higher), compared to 36 percent of adults countywide and 28 percent of adults statewide.^{97,98} The city’s rate of heart disease is nearly three times that of the state’s (8.2 percent for the city compared to 3.2 percent for New Jersey), and the citywide rate of diabetes is nearly twice that of the countywide rate.^{99,100} Although the citywide rates for many of these conditions are high, they are even higher in certain Camden neighborhoods. Centerville and Liberty Park have some of the highest rates of obesity, heart disease, diabetes, and asthma in the city, paralleling their high rates of poverty and vulnerable-aged populations. See Figure 9 and Figure 10 for rates of obesity and heart disease in Camden.

⁹⁷ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, “500 Cities: Local Data for Better Health, 2019 Release,” December 4, 2019, chronicdata.cdc.gov/500-Cities/500-Cities-Local-Data-for-Better-Health-2019-relea/6vp6-wxug.

⁹⁸ New Jersey Behavioral Risk Factor Survey, “New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data: Obesity - Age Adjusted,” accessed November 2019, www.doh.state.nj.us/doh-shad/query/result/njbrfs/BMIObese/BMIObeseAA11.html.

⁹⁹ Centers for Disease Control and Prevention, “500 Cities,” 2019 release.

¹⁰⁰ New Jersey Behavioral Risk Factor Survey, “New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data: Angina or Coronary Heart Disease - Age Adjusted,” accessed November 2019, www.doh.state.nj.us/doh-shad/query/result/njbrfs/DXCVD_CHD/DXCVD_CHDAA11.html.

FIGURE 9: OBESITY IN CAMDEN

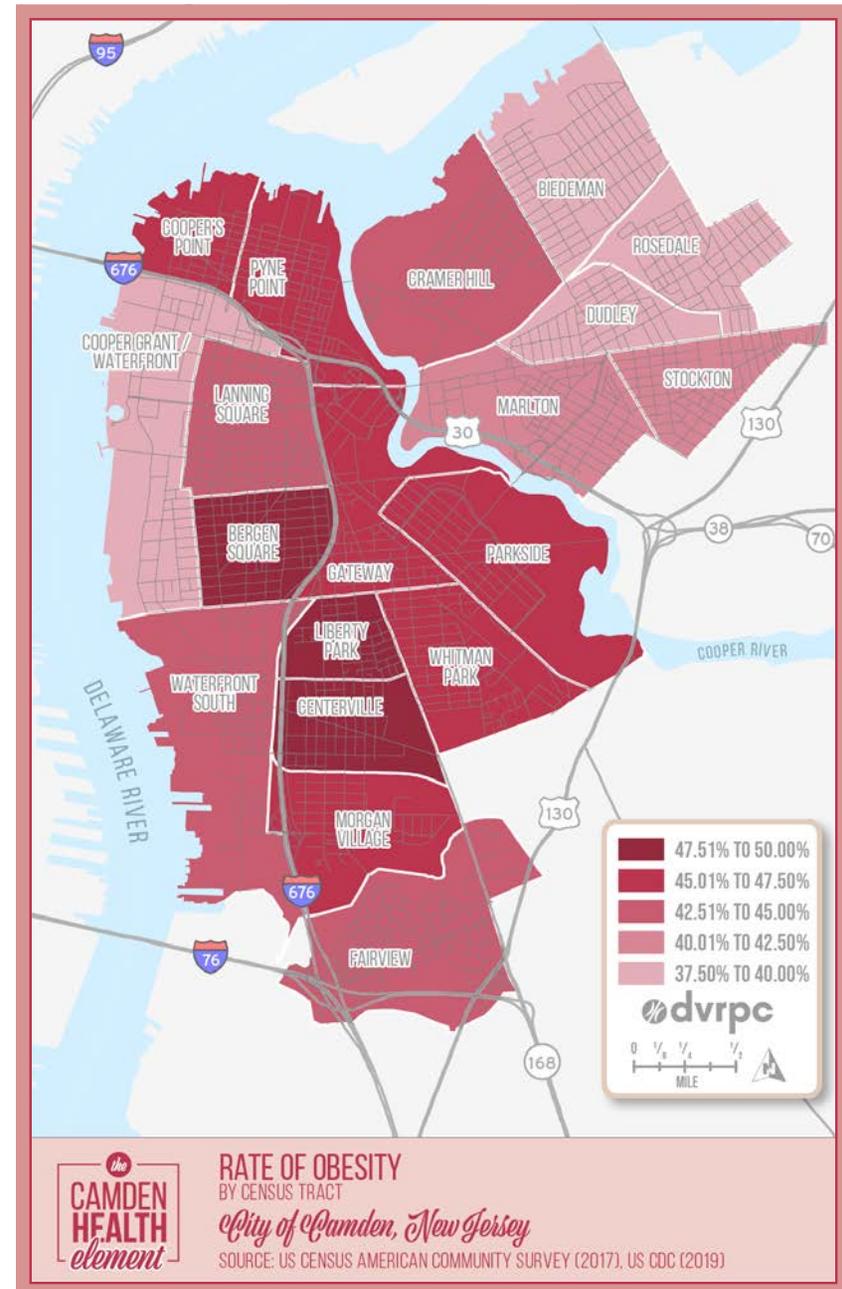
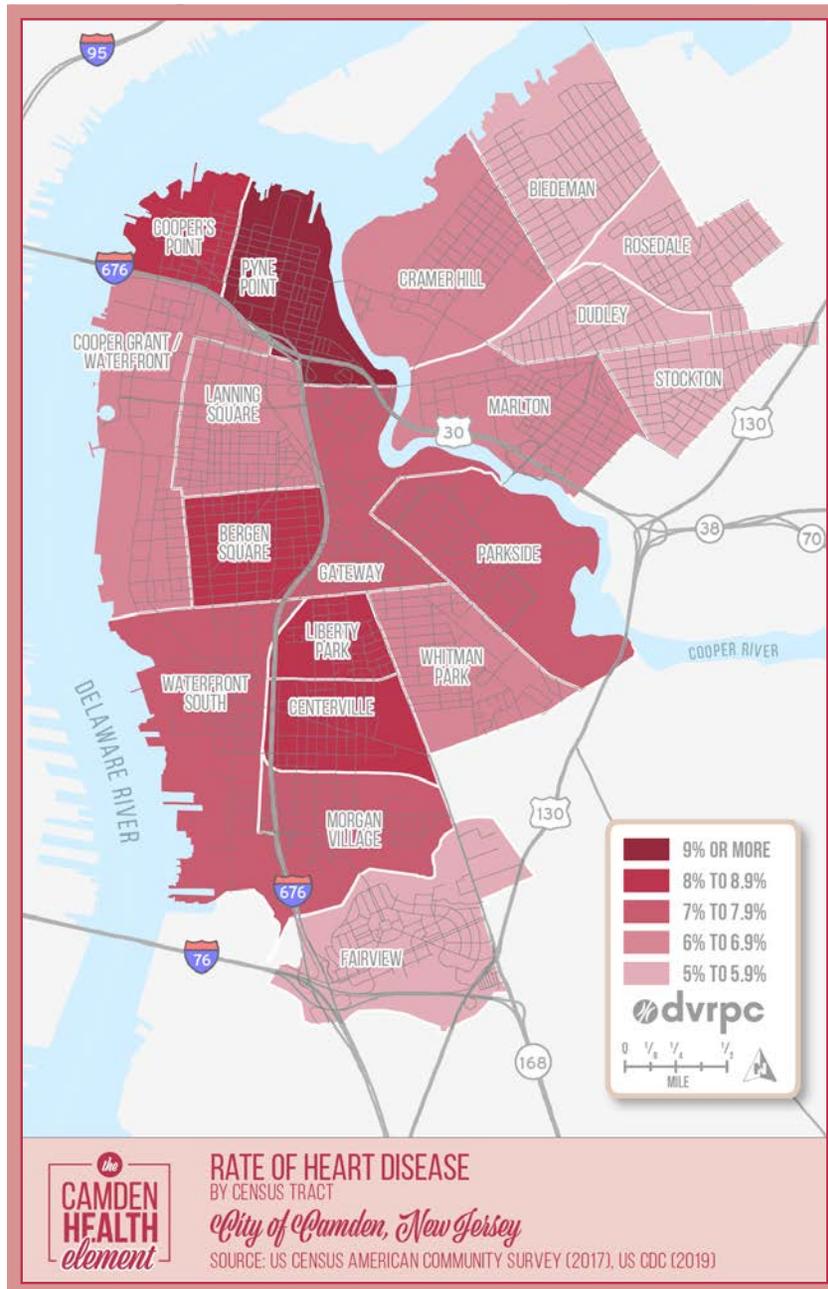


FIGURE 10: HEART DISEASE IN CAMDEN



Although chronic diseases are some of the most common and costly health problems, they have also been found to be the most preventable.¹⁰¹ Access to quality health care, in addition to supportive, healthy built and social environments, is an important part of preserving good health and managing chronic diseases. As the County Health Rankings notes, “Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.”¹⁰² However, access to health care is more than just nearby doctors’ offices and pharmacies; it encompasses transit accessibility, insurance coverage, and access to all types of care, including preventative, mental health, and substance abuse care. How Camden and its health care community work to ensure access for all residents is a vital component of greater community health and well-being.

KEY ASSETS

A ROBUST HEALTH CARE COMMUNITY

The City of Camden is home to two major health systems—Cooper University Health Care and Virtua Health System (Virtua)—as well as Cooper Medical School of Rowan University, and seven federally qualified health centers. These institutions not only provide medical care to Camden residents but also serve as anchors, employing many residents and offering programs beyond the walls of the hospital.

LOWER RATES OF UNINSURED RESIDENTS DUE TO MEDICAID EXPANSION

In 2014, with the implementation of the Affordable Care Act, New Jersey chose to expand Medicaid, allowing almost 460,000 additional New Jersey residents to obtain subsidized health insurance between 2013

¹⁰¹ Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, “About Chronic Diseases,” May 16, 2019, www.cdc.gov/chronicdisease/about/index.htm.

¹⁰² Robert Wood Johnson Foundation, “Access to Care,” County Health Rankings & Roadmaps, accessed June 2019, www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care.

and 2017.¹⁰³ Statewide, the uninsured rate dropped from 12.8 percent in 2013 to 8.5 percent in 2018. The City of Camden saw a similar decrease in the rate of uninsured individuals, dropping from 21.5 percent in 2013 to 13.5 percent in 2018.¹⁰⁴ Reducing the number of uninsured individuals both statewide and in Camden is a key component of improving health outcomes because, as the Kaiser Family Foundation (KFF) notes, “Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are.”¹⁰⁵

KEY CHALLENGES

LACK OF MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES AND PROVIDERS

According to the 500 Cities Project, almost 20 percent of Camden City adults reported that their mental health was not good for a period of over two weeks.¹⁰⁶ This is similar to the county rate of 17.4 percent, which is the highest in the state and much higher than the state average of 12 percent.¹⁰⁷ Not only are a greater percentage of Camden residents reporting poor mental health, but many residents note that they lack the resources to address it. The 2019–21 Community Health Needs Assessment (CHNA) prepared for the South Jersey Health Collaborative found that community members and key stakeholders “in all three counties [Gloucester, Burlington, and Camden] described a lack of

¹⁰³ Louise Norris, “New Jersey and the ACA’s Medicaid Expansion: Medicaid Enrollment Grew by 36% in New Jersey after Medicaid Was Expanded,” HealthInsurance.Org, February 22, 2018, www.healthinsurance.org/new-jersey-medicaid.

¹⁰⁴ U.S. Census Bureau, “2013 & 2018 ACS 5-Year Estimates, Table S2701: Health Insurance Coverage Status,” accessed February 2019.

¹⁰⁵ Rachel Garfield, “The Uninsured and the ACA: A Primer - Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act,” Henry J. Kaiser Family Foundation, January 25, 2019, www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act.

¹⁰⁶ Centers for Disease Control and Prevention, “500 Cities,” 2019 release.

¹⁰⁷ New Jersey Behavioral Risk Factor Survey, “New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data: Frequent Mental Distress,” accessed November 2019, www.doh.state.nj.us/doh-shad/query/result/njbrfs/MentHlth14/MentHlth14AA11.html.

services and resources for individuals struggling with both substance abuse and mental health challenges.”¹⁰⁸ More specifically, 48 percent of Camden County CHNA participants noted that mental health services were missing from their community.¹⁰⁹ These perceptions and experiences are reinforced by findings from Mental Health America (MHA)—a community-based non-profit dedicated to addressing the needs of those living with mental illness. MHA ranked New Jersey 27th out of all 50 states and the District of Columbia for access to mental health care. Although this ranking is driven by many factors, one critical part of New Jersey’s low ranking is the lack of providers. MHA found that there was only one mental health provider for every 530 New Jersey residents.¹¹⁰ The County Health Rankings found that the ratio was better in Camden County, with one mental health provider for every 370 residents.¹¹¹

LACK OF RESOURCES FOR SUBSTANCE ABUSE TREATMENT

Nationwide, people struggle to access convenient and affordable substance abuse treatment options. The problem is especially acute in New Jersey, where the rate of certain types of treatment centers is well below the national average. For example, New Jersey has one outpatient detoxification center for every 356,000 residents, whereas nationwide, the rate is one per 238,000 residents. Additionally, in New Jersey, there is one hospital inpatient treatment center for every 741,000 residents, compared to one per 456,000 nationwide. In the City of Camden, there are eight substance abuse treatment centers that provide essential services, although none offer detox or residential treatment options.¹¹² These

¹⁰⁸ Senator Walter Rand Institute for Public Affairs at Rutgers University-Camden, “Community Health Needs Assessment, 2019–2021,” June 2019, rand.camden.rutgers.edu/community-health-needs-assessment.

¹⁰⁹ Ibid.

¹¹⁰ Mental Health America, “Mental Health in America—Access to Care Data,” accessed June 2019, mhanational.org/research-reports/2019-state-mental-health-america-report.

¹¹¹ Robert Wood Johnson Foundation, “New Jersey: Mental Health Providers,” County Health Rankings & Roadmaps, accessed November 2019, www.countyhealthrankings.org/app/new-jersey/2019/measure/factors/62/map.

¹¹² Substance Abuse and Mental Health Services Administration, “2017 State Profile — United States and Other Jurisdictions: National Survey of Substance Abuse Treatment Services (N-SSATS),” accessed June 2019, www.dasis.samhsa.gov/dasis2/nssats.htm.

deficiencies were echoed in the CHNA surveys, as 37 percent of Camden County respondents reported few substance abuse services.¹¹³

COMMUNITIES WITH HIGH LEVELS OF TRAUMA

Trauma can be defined as a set of psychological and emotional responses to a stressful, threatening, or deeply disturbing event.^{114,115} Chronic or ongoing trauma can have lasting, adverse effects on an individual's physical, mental, and emotional well-being. Although trauma has historically been addressed on an individual basis, researchers and practitioners now understand that trauma can be present at the community level. A report on trauma-informed community building notes that communities with high levels of violence and poverty "may experience cumulative trauma as a result of the daily stressors of violence and concentrated poverty, as well as historic and structural conditions of racism and disenfranchisement."¹¹⁶ At the community level, trauma can deteriorate social cohesion and trust, decrease the sense of political and social efficacy, and reduce communities' ability to plan for the future.¹¹⁷ Many Camden communities may experience ongoing trauma as they struggle with high levels of violence, poverty, and disinvestment.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for

¹¹³ Senator Walter Rand Institute for Public Affairs at Rutgers University-Camden, "Community Health Needs Assessment, 2019–2021."

¹¹⁴ Emily Weinstein, Jessica Wolin, and Sharon Rose, *Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods* (San Francisco: Bridge Housing Corporation and Health Equity Institute, San Francisco State University, May 2014), bridgehousing.com/PDFs/TICB.Paper5.14.pdf.

¹¹⁵ The Center for Treatment of Anxiety and Mood Disorders, "What is Trauma?," accessed June 2019, centerforanxietydisorders.com/what-is-trauma/.

¹¹⁶ Weinstein et al., *Trauma Informed Community Building*.

¹¹⁷ Howard Pinderhughes, Rachel A. Davis, and Myesha Williams, *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma* (Oakland, CA: Prevention Institute, 2015), accessed June 2019, www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf.

city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Access to Health Care;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

STRATEGIES

Strategy 1: Increase physical access to health care services

Although access to health care has many different components, physical access—being able to easily get to a health care provider—is a key factor. Physical access can involve transportation services that connect patients to health care providers, including private vehicles, transit, paratransit, and ride-sharing services. As shown in Figure 11: Camden Transit Network, the City of Camden is covered by transit with three rail lines, 27 bus routes, and three paratransit providers; however, coverage does not always equal service. Figure 11 does not illustrate other factors that impact people's ability to use the system, such as frequency, accessibility, reliability, or perceptions of safety.

A handful of health care providers have recently launched innovative pilot programs to provide more convenient and reliable transportation to and from medical appointments. In February 2018, Virtua launched its Ride Health program to provide Medicaid, Medicare, charity care, and medically fragile patients with free transportation to and from their appointments. Ride Health is a Health Insurance Portability and Accountability Act-compliant platform that helps medical providers manage Uber Health rides for their patients. The platform provides timely rides for patients using the ride-sharing service, messages patients a text reminder when their ride is about to begin, and allows mothers to request a car with

car seats if necessary. Between February and August 2018, Virtua’s program coordinated approximately 450 rides per month. Virtua has reported fewer late and missed appointments, as well as prompt emergency department discharges. Virtua pays for these rides as part of its community benefit requirements under the Affordable Care Act. As of August 2018, the average rate for Ride Health rides was \$9 within Camden City, which is about half as expensive as the average cost of a Ride Health ride (across all of Virtua’s service area).¹¹⁸

CAMDEN TRANSIT OPTIONS:

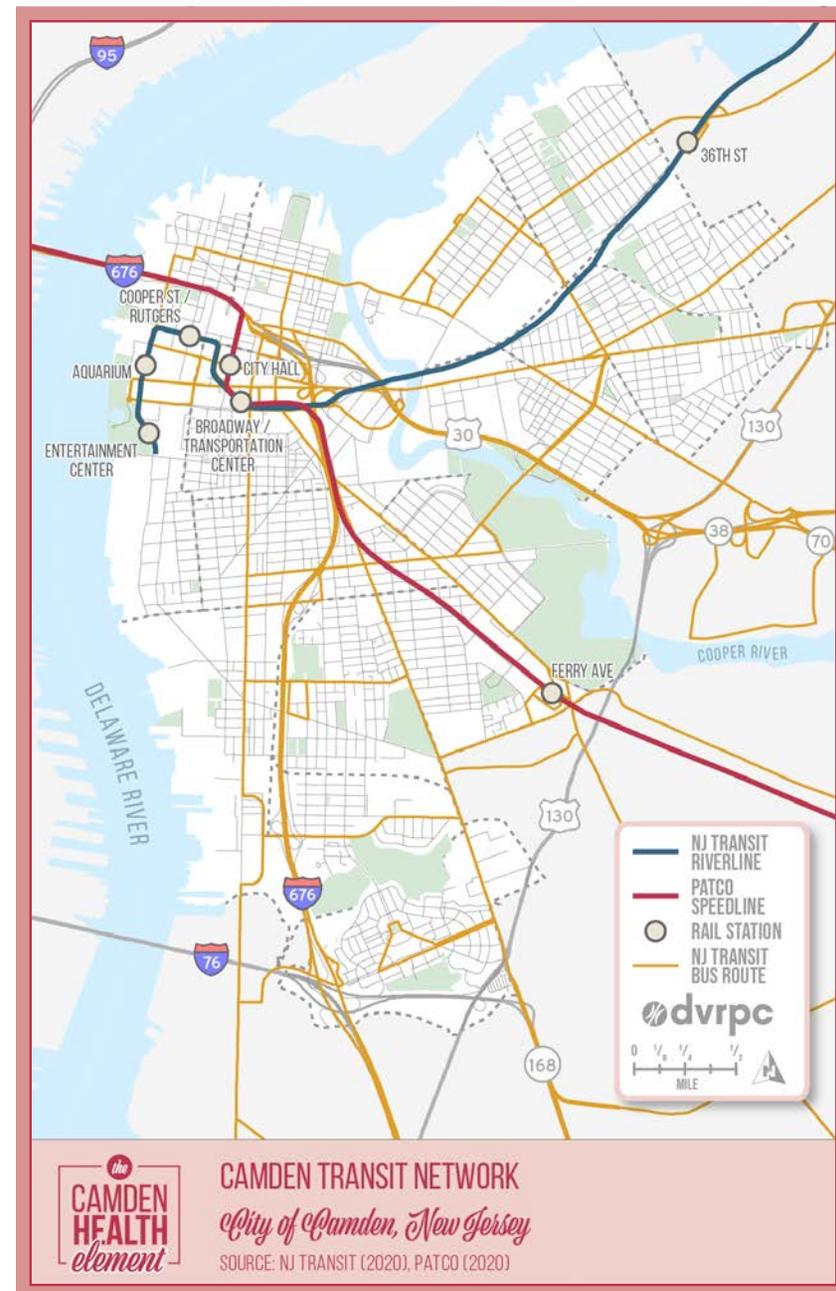
- Port Authority Transit Corporation (PATCO) Hi-Speed Line runs between Lindenwold and Philadelphia, with 13 stations.
- New Jersey Transit Corporation (NJ Transit) River LINE connects Camden to Trenton, with 21 stations.
- NJ Transit Atlantic City Line runs from Philadelphia to Atlantic City, with nine stations.
- NJ Transit operates 27 regular bus routes in Camden, including 16 regional interstate routes providing service to Philadelphia, and 11 intrastate routes.

CAMDEN PARATRANSIT OPTIONS:

- SEN-HAN Transit is the designated provider of senior (age 60+) and disabled transportation in Camden County. It offers both appointment-based shared rides and shuttle service for non-emergency medical transportation needs.
- NJ Transit Access Link serves people with disabilities who are unable to use the local bus service. It includes pick-up and drop-off points within three-quarters of a mile of eligible bus and rail stations.
- ModivCare manages non-emergency medical transportation services for New Jersey residents with Medicaid.

¹¹⁸ Suzanne Ghee, “Promoting Access to Care: Transportation for Needy Patients—Ride Health” (presented at DVRPC The Road to Health Conference, Rutgers University-Camden, Camden, New Jersey, August 2, 2018).

FIGURE 11: CAMDEN TRANSIT NETWORK



Physical access can also include alternative models of health care that bring providers into the community. A few schools and community centers in Camden, including LEAP Academy and the Salvation Army Kroc Center, have already implemented some of these models in their facilities.

To support greater physical access to health care, the city and partners like NJ Transit can work to ensure that most major health care facilities, including hospitals and federally qualified health centers, are transit accessible. They can also work with health care providers and the county health department to bring health care services into underserved Camden communities.

Strategy 2: Encourage greater patient support services

Both community health workers (CHWs) and patient care navigators (PCNs) play increasingly vital roles within the health care system, connecting patients to care, helping to manage social and infrastructure barriers to better health, providing culturally appropriate health education, and/or supporting care delivery and case management. In recent years, CHWs and PCNs have gained local and national recognition for their ability to support better health outcomes for patients by addressing health and social issues within their communities.¹¹⁹ The 2010 Patient Protection and Affordable Care Act identified CHWs as an important component of the health care workforce, officially acknowledging CHWs as health industry professionals and opening up new federal funding for patient support services.¹²⁰ Additionally, in 2013, new CMS rules allowed Medicaid funds to be used to reimburse community-based preventative services, including CHWs.

In New Jersey, legislation to establish a "New Jersey Community Health Worker Program" in the Department of Health to facilitate linking medically underserved communities with health care resources was introduced to

¹¹⁹ MHP Salud, "History of Community Health Workers in America," accessed October 2019, mhpsalud.org/programs/who-are-promotoresas-chws/the-chw-landscape/.

¹²⁰ Ibid.

COMMUNITY HEALTH WORKERS (CHWS)

The Community Guide—a collection of evidence-based findings of the Community Preventive Services Task Force—defines CHWs as “frontline, culturally competent, public health workers who serve as a bridge between underserved communities and health care systems. They are from, or have a close understanding of, the community served.”¹²¹ Their responsibilities can vary greatly, depending on the needs of the community and the health care setting in which they operate; however, CHWs generally promote access to services, provide culturally appropriate health education, support care delivery and case management, help patients to navigate the health care and social services systems, and grow individual capacity to address health issues. CHWs can work one-on-one with individuals or in group settings, in patients’ homes or at community sites.

PATIENT CARE NAVIGATORS (PCNS)

According to County Health Rankings, PCNs “provide culturally sensitive assistance and care coordination, determining individual barriers and guiding patients through available medical, insurance, and social support systems. Navigators are usually employed by hospitals or clinics, and may be fully integrated into a primary care team. Hospitals and clinics generally try to hire PCNs that come from the same communities as their patients.”¹²²

CHWs usually work in the community setting, while PCNs often work in a clinic or hospital. PCNs tend to work through the diagnostic, treatment, and management processes of health care, whereas CHWs help connect people to the health care system, connect screenings, apply for health insurance, and manage social services impacting health.

¹²¹ The Community Guide, “Community Health Workers,” USA.gov, accessed October 2019, www.thecommunityguide.org/content/community-health-workers.

¹²² Robert Wood Johnson Foundation, Patient Navigators,” County Health Rankings & Roadmaps,” accessed October 2019, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/patient-navigators.

the State Assembly in 2016 and carried over to both the Assembly and Senate in 2018.¹²³ Although this bill has not advanced since that time, it aligns with the Center for Health Law and Policy Innovation at Harvard University's recommendation that New Jersey develop formal certification requirements and statewide curriculum for CHWs.¹²⁴ Additionally, the state does not have a current, standard CHW training program; however, various institutions offer their own training and certification programs. Rowan University offers a Bachelor of Science in Community Health, and Rutgers University offered a Community Health Worker Training Program with funding from the New Jersey Department of Labor and Workforce Development.

Within Camden, the Camden Coalition employs CHWs as part of their Care Team that works with complex patients to help manage their physical, social, and mental well-being needs. The Care Team includes nurses, social workers, and a psychologist who conduct home visits and accompany patients to follow-up medical appointments. Most of the local health systems, including Cooper and Virtua, employ CHWs and PCNs in specific departments or for specific health conditions (often human immunodeficiency virus).

There are many ways that the city, county, and their partners can foster greater patient support services, including advocating for a statewide CHW program, working with local health care and university partners to develop and provide standardized CHW training programs, and working to implement an intensive care navigator program for substance abuse patients.

¹²³ New Jersey Assembly Bill 3511: Establishes "New Jersey Community Health Worker Program" in DOH to facilitate linking medically underserved communities with health care resources, 2018–2019, legiscan.com/NJ/bill/A3511/2018.

¹²⁴ Center for Health Law and Policy Innovation, "Community Health Workers: Connecting, Educating, and Supporting Patients," accessed October 2019, www.chlpi.org/wp-content/uploads/2013/12/PATHS_NJ-Community-Health-Worker-Fact-Sheet.pdf.

Strategy 3: Expand and integrate mental, behavioral, and substance abuse health care services throughout Camden

Behavioral, mental, and substance abuse conditions are prevalent in Camden City and across the country. According to the CDC's 500 Cities Project, 19.7 percent of Camden City adults reported that their mental health was not good over a two-week period, compared to 12.4 percent of adults nationwide.¹²⁵ Additionally, in 2018, Camden City had 2,377 hospital admissions related to substance abuse.¹²⁶ This accounted for 31 percent of all substance abuse admissions in Camden County, despite the city having only 15 percent of the county's population. The majority of admissions were related to heroin and marijuana.

Throughout this project's public engagement process, stakeholders consistently mentioned the lack of mental health, behavioral health, and substance abuse services as significant problems facing Camden. More specifically, stakeholders noted the dearth of providers and clinics, as well as the poor level of integration between these services and more traditional medicine, as barriers to better care. As noted previously, the issue of accessing mental, behavioral, and substance abuse services is not unique to Camden. Across the state and country, communities are facing shortages of mental and behavioral health providers. Many health systems and providers are aware of the shortages and have been working to integrate these services into primary care despite various challenges.

Although this is a complex problem, there are a number of steps the city and its partners can take to support greater access to behavioral health, mental health, and substance abuse services, including supporting the New Jersey Department of Health's continuing efforts to better integrate physical and behavioral health services. The city could also work with

¹²⁵ Centers for Disease Control and Prevention, "500 Cities," 2019 release.

¹²⁶ New Jersey Department of Human Services, Division of Mental Health and Addiction Services, Office of Planning, Research, Evaluation, Prevention, and Olmstead, *Substance Abuse Overview 2018: Camden County* (Trenton, NJ: Department of Human Services, September 2019), www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2018/Cam.pdf.

the county health department, local health systems, and stakeholders to implement evidence-based screening, referral, and/or training programs in various settings across the city to advance awareness, acceptance, and treatment of these conditions.

BEHAVIORAL HEALTH

Behavioral health is a blanket term that describes the connection between a person’s behaviors and their overall well-being. It includes mental health and substance abuse conditions.¹²⁷

MENTAL HEALTH

The CDC defines *mental health* “as an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.”¹²⁸

SUBSTANCE ABUSE

“Substance abuse disorders occur when the recurrent use of alcohol and/or drugs (including opioids, prescription drugs, heroin, and other illicit drugs) causes health problems or a disability, and failure to meet major responsibilities at home, school, or work.”¹²⁹

¹²⁷ Alvernia University, “Behavioral Health vs Mental Health,” accessed November 2019, online.alvernia.edu/program-resources/behavioral-health-vs-mental-health/.

¹²⁸ Centers for Disease Control and Prevention, “Mental Health,” January 26, 2018, www.cdc.gov/mentalhealth/.

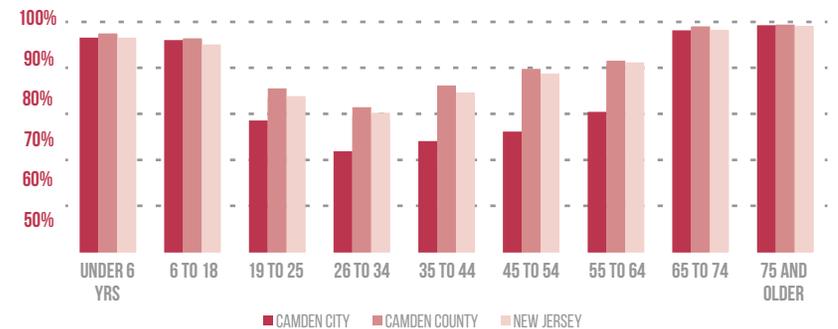
¹²⁹ Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration, A Roadmap to Behavioral Health: A Guide to Using Mental Health and Substance Use Disorder Services (Washington, DC: Department of Health and Human Services, August 2019), www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Roadmap-to-Behavioral-Health-508-Updated-2018.pdf.

Strategy 4: Increase enrollment in and utilization of health insurance through Medicaid, Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace

As noted previously, many New Jersey and Camden residents were able to obtain health insurance in 2014 with the implementation of the Affordable Care Act and the expansion of Medicaid benefits to additional populations. However, despite the higher rates of insured residents, 13.5 percent of Camden residents are uninsured—a rate 1.5 times greater than that of the state. The rate of uninsured residents is particularly high among 19–64-year-olds, as many of these individuals may not qualify for free or low-cost health insurance due to their age (see Figure 12).¹³⁰

Although the rate of uninsured individuals is relatively low, it is most likely higher among vulnerable populations, particularly immigrants and individuals that may not speak English. The 2018 American Community Survey found that 4,367 of Camden’s foreign-born residents are uninsured, comprising over 44 percent of uninsured individuals in the city. See Figure 13 for the rate of foreign-born residents by neighborhood. Additionally, roughly 6,200 Camden residents are both uninsured and live in households with incomes under \$50,000 per year. This represents over

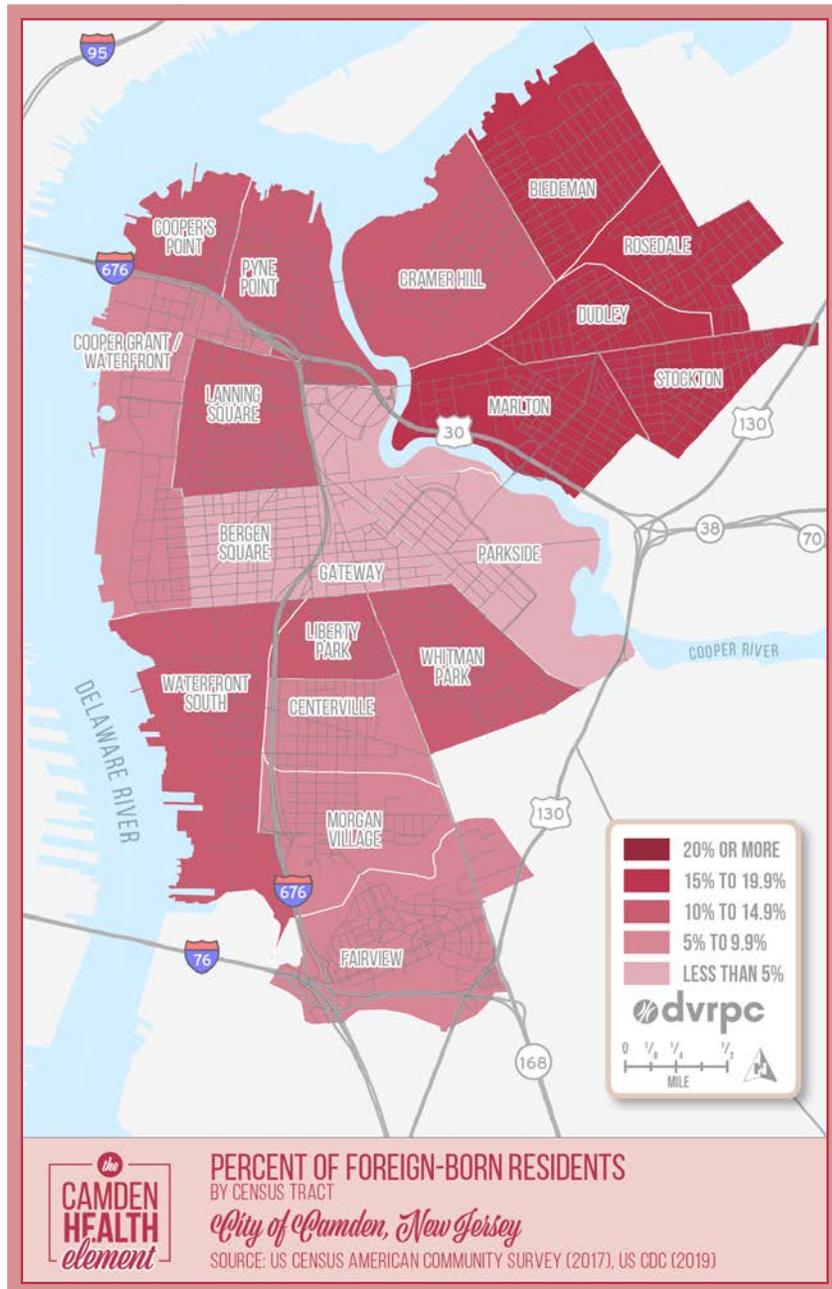
FIGURE 12: RATE OF INSURED INDIVIDUALS



Source: American Community Survey 2013–2017, S2701

¹³⁰ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table S2701: Selected Characteristics of Health Insurance Coverage in The United States,” accessed February 2020.

FIGURE 13: RATE OF FOREIGN-BORN RESIDENTS



60 percent of the uninsured population.¹³¹ Studies have shown that having health insurance can have a huge positive effect on an individual's health since it allows them to not only receive and pay for acute care when they are ill but also to make use of preventative services like yearly check-ups and screenings to ensure that they stay healthy or catch diseases before they progress too far.

The city can work with the county health department and local community organizations to conduct outreach among target populations and enroll more eligible individuals in health insurance plans.

PRIORITY ACTIONS

**MOST
ACHIEVABLE**

Work with community partners and health care providers to offer health screenings and education in non-traditional locations like corner stores, libraries, farmers' markets, and along trails

Although it is critical to improve access to health care facilities like hospitals and doctor's offices, working to bring health care providers into the community can also help to increase access and improve health outcomes for underserved communities. There are a number of innovative approaches that health care providers and public health practitioners have undertaken to reach community members where they are.

Locally, the county health department offers health screenings at community venues throughout Camden, including two Healthy Corner Stores in partnership with The Food Trust Heart Smarts programming. The county health department offers screenings once a month at each of four locations—Fayer's Market, Litwin Market, HUD Developments, and Nilsa I. Cruz-Perez Downtown Branch of the county library—and usually provides blood pressure, cancer risk, nutrition counseling, cholesterol, and diabetes

¹³¹ Ibid.

screenings. Health care partners conduct follow-up calls for counseling and provide referrals to local health care providers or clinics. A study from the Heart Smarts program in Philadelphia showed that providers were able to increase awareness about blood pressure among participants. The study also noted that the program was able to reach many Black males—a demographic that is often hard to reach in community-based health programs.¹³²

Although this is one great example of a health service that the county is already providing to Camden residents, there are a number of other ways to offer health services within community settings. The city can work with the county health department and local health systems and academic institutions to increase the number of regularly scheduled screenings and health services available in community settings. The city can support these efforts by offering additional venues, such as city-owned community centers, or working with other community spaces like places of worship or grocery stores to host monthly screening or health education events.



Use data to identify uninsured residents and target health insurance outreach efforts.

Although the rate of uninsured individuals is relatively low, the 2018 American Community Survey estimates that nearly 10,000 Camden residents do not have health insurance. Approximately 91 percent (8,903 people) are between the ages of 19 and 64—individuals that generally do not qualify for CHIP or Medicare due to their age. This age cohort is significantly over-represented in the uninsured population as it comprises only 58 percent of Camden’s total population. Additionally, as noted previously, 44 percent of all Camden residents without insurance identify

¹³² The Food Trust, “The Food Trust’s Heart Smarts Toolkit - Introduction: What is Heart Smarts?,” accessed May 2019, thefoodtrust.org/heart-smarts-toolkit/1.

HEALTH CARE PROVIDERS IN THE COMMUNITY

Lankenau Medical Center, located at the border of Philadelphia and Montgomery counties, provides free health screenings at five West Philadelphia farmers’ markets. The health educators conduct blood pressure screenings for interested adults and connect them to follow-up care if needed. They also provide nutrition information and family-oriented wellness activities. In 2017, they reached 1,528 participants at various markets and conducted 667 health screenings.¹³³

Walk with a Doc is a national program that encourages community members to be active while fostering better personal connections to health care providers. Although there is no program in Camden, there are two in Philadelphia. One is run through the Sayre Health Center, a federally qualified health center in West Philadelphia, and the other is managed by the Perelman School of Medicine at the University of Pennsylvania and is billed as Walk with a Future Doc.

as foreign-born. These communities have some of the highest rates of uninsured residents in Camden and should be a focus of outreach and enrollment campaigns.

The KFF recommends partnering with local, trusted community organizations, such as churches, corner stores, beauty and barber shops, and immigrant support organizations to connect with harder-to-reach communities. Additionally, they recommend tailoring outreach messages to specific populations, ensuring that materials are offered in the appropriate

¹³³ Main Line Health, “Community Partnerships: Meeting People Where They Shop,” accessed September 2019, www.mainlinehealth.org/specialties/community-health-services/community-partnerships/meeting-people-where-they-shop.

languages, advertising on relevant media sources (e.g., Spanish-language radio), and providing personal testimonials from relatable individuals.¹³⁴

The city can support these efforts by partnering with local organizations like the Hispanic Family Center of Southern New Jersey and the Camden Coalition's Faith in Prevention group both to identify potential concentrations of uninsured individuals and to provide targeted, culturally sensitive outreach and enrollment. The city can further support this work by working with partners to pursue grant funding through the CMS National Connecting Kids to Coverage Campaign, typically available

¹³⁴ Samantha Artiga, Robin Rudowitz, and Jennifer Tolbert, "Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population," Kaiser Family Foundation, March 2, 2016, www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population.

every two years. In July 2019, CMS awarded over \$2 million combined to the HOPES Community Action Partnership, Inc., and the New Jersey Department of Human Services (see callout box below). The recent New Jersey Department of Human Services grant should benefit Camden youth; however, its effectiveness would likely be multiplied in combination with one-on-one outreach from local organizations. HOPES outreach strategies may provide a good model for local organizations despite its focus on northern New Jersey communities.

HOPES COMMUNITY ACTION PARTNERSHIP, INC. (\$613,292):

HOPES Community Action Partnership, Inc., is a non-profit organization that provides services to Hudson, Union, and Somerset county residents to overcome the barriers and fight the causes of poverty. Through the CMS grant, they plan "to use three full-time, bilingual application assistants to provide Medicaid and CHIP enrollment and renewal assistance. HOPES will continue with its strategies of disseminating information through videos, text messages, and social media and its extensive use of community partnerships that include local businesses, hospitals, housing authorities, childcare providers, municipal health departments, food banks, grocers, shelters, health clinics, pediatricians, pharmacies, public school districts, immigration assistance programs, and the United Way."¹³⁵

¹³⁵ insurekidsnow.gov, "Outreach & Enrollment Grants," Centers for Medicare and Medicaid Services, accessed October 2019, www.insurekidsnow.gov/campaign/funding/index.html.

NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES (\$1,500,000):

The division plans "to enhance prior outreach, enrollment, and retention efforts in Medicaid and CHIP by creating a new web-based portal where parents or guardians of potentially eligible children identified by schools or by the Supplemental Nutrition Assistance Program can access a program application that has been prepopulated with their information, facilitating its submission and eligibility determinations. The Division of Medical Assistance and Health Services will also provide training and resources for providers that make Medicaid or CHIP presumptive eligibility determinations for children and parents and outreach to their parents or guardians so that they can easily transition to permanent program coverage."¹³⁶

¹³⁶ Ibid.



**GREATEST
IMPACT**

**Support the development of health clinics
in community settings, such as schools and
recreation centers.**

This model recommends the development of additional full-service health clinics—as opposed to temporary screening sites—within community settings like schools and recreation centers. The idea of locating health clinics within places that community members already frequent is well established. The 2016–17 National School-Based Health Care Census found that there were over 2,500 school-based health centers across the country—an increase of almost 130 percent since 1998.¹³⁷ Additionally, the School-Based Health Alliance notes that “school-based health care is a powerful tool for achieving health equity,” as it “place[s] critically needed services like medical, behavioral, dental, and vision care directly in schools so that all young people, no matter their zip code, have equal opportunity to learn and grow.”¹³⁸

There are currently two school-based health centers within Camden schools: The LEAP Health and Wellness Center at LEAP Academy and the Cooper Health Center at KIPP Cooper Norcross Academy (see callout box on page 62 for more information). Cooper University Health Care also operates a family and community medicine practice located within the Salvation Army Kroc Center in the Cramer Hill neighborhood. These facilities reduce many of the barriers that individuals and families face in obtaining both acute and preventative care. For example, both of the school-based clinics are able to see students during the school day without a parent present, if the parent has given their consent. This allows the child to receive medical care without requiring the parent to miss work. The

¹³⁷ School-Based Health Alliance, “National School-Based Health Care Census,” accessed October 21, 2019, www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers.

¹³⁸ School-Based Health Alliance, “About School-Based Health Care,” accessed October 2019, www.sbh4all.org/school-health-care/aboutsbhcs.

Cooper Family Medicine practice at the Salvation Army Kroc Center allows both children and adults to see a health care provider in conjunction with other day-to-day activities like going to the gym, worship services, or the food pantry.

Although these practices are great examples of integrating full-service health clinics into the community, there is still demand for additional facilities. The city can partner with the county health department, the CCSD, local health systems, and federally qualified health care centers to investigate opportunities to develop new integrated health clinics in additional schools, including public schools, and community centers.

**1
DO FIRST**

**Work with the Camden County Addiction
Awareness Task Force, Camden County
Department of Health and Human Services,
and CCSD to implement Screening, Brief
Intervention and Referral to Treatment (SBIRT) in
all Camden high schools.**

CMS defines SBIRT as “an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.”¹³⁹ They note that it is “an early intervention approach for individuals with non-dependent substance use to effectively help them before they need more extensive or specialized treatment.”¹⁴⁰ SBIRT has three components:

- *Screening* quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- *Brief Intervention* focuses on engaging in a brief awareness-raising

¹³⁹ Centers for Medicare and Medicaid Services and Medicare Learning Network, “Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services,” February 2019, www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf.

¹⁴⁰ Ibid.

SCHOOL-BASED HEALTH CENTERS IN CAMDEN

LEAP Academy University Charter School opened the Health and Wellness Center in 2015 in partnership with the Rutgers School of Nursing–Camden. The LEAP Health and Wellness Center, which is staffed by a Board-certified pediatrician and Rutgers-Camden nursing faculty, is open to all LEAP students, their siblings, and the public (infant to 23 years of age) five days a week. It offers primary care services, including sick visits, vaccinations, immunizations, wellness exams, and physicals.^{141,142}

The Cooper Health Center at KIPP Cooper Norcross Academy is a full-service Cooper Pediatrics office that is open eight hours per day, year-round within the KIPP Lanning Square campus. It is staffed by a full-time nurse practitioner and full-time medical assistant and offers dental care, as well as comprehensive medical care. Services are available to all KIPP Cooper Norcross Academy and Center for Family Services Head Start students at no cost.¹⁴³

- (cont.) conversation regarding substance use and motivation toward behavioral change.
- *Referral to Treatment* provides a referral to those identified as needing additional treatment and/or specialty care.¹⁴⁴

¹⁴¹ LEAP Academy University School, “Health and Wellness Center,” accessed October 21, 2019, www.leapacademycharter.org/centers-of-excellence/health-wellness-center.

¹⁴² Rutgers University-Camden, “Rutgers/LEAP Health and Wellness Center Established,” Rutgers–Camden News Now, accessed October 21, 2019, news.camden.rutgers.edu/2015/04/new-rutgersleap-health-and-wellness-center-to-deliver-health-care-services-to-camden-families.

¹⁴³ Bill Anderson FOX 29, “For Goodness’ Sake: Cooper Health Center at KIPP Cooper Norcross Academy,” Facebook, October 15, 2019, www.facebook.com/BillAndersonFox29/videos/2656240424440240.

¹⁴⁴ Substance Abuse and Mental Health Services Administration, “About Screening, Brief Intervention, and Referral to Treatment,” September 2017, www.samhsa.gov/sbirt/about.

Although SBIRT is more traditionally offered in health care settings, many states have begun to either offer SBIRT resources or mandate screening in public schools. In March 2016, the Massachusetts Legislature passed the STEP Act (An Act Relative to Substance Use, Treatment, Education, and Prevention), which mandates that all public schools implement substance use disorder screenings and adopt substance use prevention and education policies. The Massachusetts Department of Public Health School Health Services unit provides a series of trainings to help school districts successfully implement SBIRT.¹⁴⁵ A similar law was introduced to the New Jersey Senate in January 2017 and again in January 2018. More recently, in June 2019, the bill was referred to the Senate Budget and Appropriations Committee. New Jersey’s proposed bill would require all schools, including private and charter schools, to screen each high school student once per year using the SBIRT method.

Although SBIRT is not yet required in New Jersey schools, the city could work with the county health department, the CCSD, and local advocates to implement SBIRT in all public high schools. Maura Collingsgru, the health care program director at New Jersey Citizen Action, estimated the cost of implementing SBIRT in Massachusetts schools to be about \$20 per student.¹⁴⁶ Assuming similar implementation costs for Camden, this would translate to about \$45,000 per year to provide SBIRT to the 2,300 students attending one of Camden City’s five public high schools.¹⁴⁷

¹⁴⁵ Massachusetts Screening, Brief Intervention, and Referral to Treatment–Training and Technical Assistance Program, “SBIRT in Schools,” 2019, www.masbirt.org/schools.

¹⁴⁶ Diane D’Amico, “Senator Proposes Substance-Abuse Screening for All High School Students,” *The Press of Atlantic City*, January 25, 2017, www.pressofatlanticcity.com/education/senator-proposes-substance-abuse-screening-for-all-high-school-students/article_0d4affff-24dc-5c65-a0c1-ce23ccf608bc.html.

¹⁴⁷ Public School Review, “Camden City Public School District,” accessed September 2019, www.publicschoolreview.com/new-jersey/camden-city-public-schools/3402640-school-district/high.

SECONDARY ACTIONS

Expand upon the Accountable Health Communities work with a specific focus on addressing transportation challenges.

In May 2017, CMS launched the Accountable Health Communities Model to test the effectiveness of systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screenings, referrals, and navigation conducted in health care settings. CMS selected the Camden Coalition as one of 29 communities across the country to participate in this five-year initiative. Through this program, the Camden Coalition is screening eligible patients in the areas of food insecurity, housing instability, transportation, utilities, and interpersonal violence at 24 health care provider sites throughout Burlington, Camden, and Gloucester counties.

The Camden Coalition found that 20 percent of over 4,400 screens completed over a six-month period had transportation needs, “indicating that they lacked reliable transportation to medical appointments and daily activities.”¹⁴⁸ Within Camden City, 26 percent of respondents identified transportation as one of their needs.¹⁴⁹ Given the high need for transportation, the coalition should develop an Accountable Health Communities subcommittee or focus group to further investigate and address transportation challenges to medical and health-related social needs.

¹⁴⁸ Camden Coalition of Healthcare Providers, “2019 Accountable Health Communities (AHC) Gaps Analysis,” email message to author, September 12, 2019.

¹⁴⁹ The project described was supported by Funding Opportunity Number CMS 1P1-17-001 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Partner with the county and neighboring municipalities to support an “intensive care navigator program,” to connect people leaving addiction centers to safe housing, reliable transportation, and other social services.

City officials, researchers, and health care and social service providers have increasingly come to understand that substance use disorders are more effectively addressed with a holistic approach that includes connections to recovery and community support services.¹⁵⁰ To better support individuals either struggling with or recovering from substance use disorders, a number of local and state governments have implemented care navigator programs to better connect individuals to housing, employment, transportation, legal, and other social services. In 2016, the City of Binghamton, New York used Community Development Block Grant funds to support an intensive care navigator position within a local addiction crisis center. The cities of Saco and Biddeford, Maine, joined forces to launch the Saco Biddeford Opiate Outreach Initiative (SBOOI), which assists police officers in connecting individuals with substance use disorders to treatment and recovery resources (see the callout on page 64 for more information). Using these and other similar approaches as models, the City of Camden can partner with the county and neighboring municipalities to support an intensive care navigator program.

¹⁵⁰ Substance Abuse and Mental Health Services Administration, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* (Washington DC: U.S. Department of Health and Human Services, November 2016), www.ncbi.nlm.nih.gov/books/NBK424846.

SUBSTANCE USE CARE NAVIGATION PROGRAMS

Binghamton Intensive Care Navigator Program: In 2016, the City of Binghamton, New York, established a two-year intensive care navigator program with a local addiction crisis center to support discharged clients' recovery by assisting them with their housing, transportation, and other social service needs. The city used \$80,000 in Community Development Block Grant funds and partnered with Fairview Recovery Services to establish the program.¹⁵¹ By coordinating with substance-abuse agencies, including courts, medical treatment centers, probation agencies, and other social service organizations, the goal of the program was to bridge the gap in long-term recovery and reduce the impact of the heroin epidemic in the Southern Tier of Upstate New York.¹⁵²

Saco Biddeford Opiate Outreach Initiative (SBOOI): Sister cities Saco and Biddeford launched the SBOOI in 2016 as part of a collaborative effort to address the opioid epidemic in southern Maine. Co-facilitated by the cities' police departments and the Coastal Healthy Communities Coalition, the SBOOI aims to assess treatment options and provide long-term support to individuals struggling with substance use. The initiative established an Addiction Community Training and Support (ACTS) program, which provides substance users and their loved ones a safe, neutral setting to meet and discuss treatment options and other services. ACTS provides naloxone administration training, access to inpatient and outpatient care, access to mental health professionals, and many other resources. SBOOI is coordinated by a licensed clinical professional

¹⁵¹ Megan Brockett, "New Heroin Program to Target 'Dangerous' Treatment Gap," *Press Connects*, April 7, 2016, www.pressconnects.com/story/news/local/2016/04/07/details-new-heroin-treatment-program-outlined/82726144.

¹⁵² City of Binghamton New York, "Mayor David, Fairview Recovery Services Announce New Intensive Care Navigator Program, Binghamton, NY," April 7, 2016, www.binghamton-ny.gov/mayor-david-fairview-recovery-services-announce-new-intensive-care-navigator-program.

counselor and a certified alcohol and drug counselor who serves as an intensive care navigator for individuals participating in the initiative.¹⁵³

Delaware START Initiative: The Delaware Division of Substance Abuse and Mental Health launched the Substance Use Treatment and Recovery Transformation (START) initiative in 2018 to improve health care access for individuals struggling with opioid use disorder. A major goal is to engage primary care providers in the long-term treatment and recovery process in order to improve acute response and medication-assisted treatment for withdrawal management.¹⁵⁴ The state allocated over \$1 million for assessment, treatment, new sober-living beds, and distribution of naloxone to first responders. Additional funds are provided by federal grants and Medicaid reimbursements. Two non-profit partners provide care navigators and peer support to START clients.¹⁵⁵

¹⁵³ Saco Biddeford Opiate Outreach Initiative, "Brochure," accessed December 2019, www.biddefordmaine.org/DocumentCenter/View/568/Saco-Biddeford-Opiate-Outreach-Initiative-SBOOI-Brochure-PDF?bidId=.

¹⁵⁴ Delaware Division of Substance Abuse and Mental Health, "Delaware START Initiative Expansion for Primary Care Providers," accessed December 2019, dhss.delaware.gov/dhss/dsamh/startexp.html.

¹⁵⁵ Mark Eichmann, "Delaware Trying to Connect Those Struggling with Substance Use to Social Services," *WHYY*, October 3, 2018, why.org/articles/delaware-trying-to-connect-those-struggling-with-substance-use-to-social-services.

Work with partners to conduct interviews to identify barriers to obtaining health insurance coverage.

In addition to using data to increase health insurance enrollment, the city could partner with local community organizations like the Hispanic Family Center of Southern New Jersey and the Camden Coalition to obtain more qualitative data on barriers that Camden residents face in obtaining health insurance coverage. Working one-on-one or in small groups with a trusted community partner can help residents to feel more comfortable sharing their personal barriers, especially if they are related to immigration status. The city and local organizations can then use the information to tailor health insurance outreach strategies.

Encourage health systems to provide ride-sharing services (e.g., Ride Health, Round Trip, etc.) to patients by including it in the South Jersey Health Collaborative Community Health Improvement Plans.

As noted previously, some health systems within and around Camden are already using ride-sharing services to provide patients with more reliable transportation to and from medical appointments. To encourage more hospitals to adopt this practice or expand it for those who already participate, hospitals should include it as one of their identified strategies in either the joint South Jersey Health Collaborative Community Health Improvement Plan or their own plans. Incorporating ride sharing into the joint plan allows for greater accountability as the Affordable Care Act requires that hospitals report on the status of these initiatives to the Internal Revenue Service each year.

Support the reintroduction of state legislation to establish a "New Jersey Community Health Worker Program."

State Assemblyman Troy Singleton introduced legislation to establish the "New Jersey Community Health Worker Program" in 2016 and again in 2018. If enacted, this bill would "establish standardized community health worker training and certification programs within institutions of higher education, and integrate community health worker services into State Medicaid reimbursement programs for the purposes of improving health outcomes, reducing health care costs, and reducing inequities in the availability and provision of health care services."¹⁵⁶ As noted previously, CHWs can be particularly beneficial to vulnerable and medically underserved populations: helping to connect individuals to medical and social services, providing culturally sensitive health education, and offering case management when needed. Both standardizing CHW training programs and providing for additional reimbursement options would benefit Camden residents who have complex social and health care needs. Local elected officials, health systems, and stakeholders should advocate for the New Jersey Legislature to adopt this bill and extend it to Camden after an initial pilot year.

Work with partners to ensure mental health services in the city are culturally and linguistically appropriate.

The HHS Office of Minority Health notes that providing culturally and linguistically appropriate services is one strategy to help eliminate health disparities across the country. They state, "The provision of health services

¹⁵⁶ "NJ S61: Establishes "New Jersey Community Health Worker Program" in DOH to Facilitate Linking Medically Underserved Communities with Health Care Resources," March 13, 2018, trackbill.com/bill/new-jersey-senate-bill-61-establishes-new-jersey-community-health-worker-program-in-doh-to-facilitate-linking-medically-underserved-communities-with-health-care-resources/1529970.

RHODE ISLAND DEPARTMENT OF HEALTH COMMUNITY HEALTH WORKERS (CHWS)

In 2016, the Rhode Island Department of Health established a formal credentialing program at a local university to train and certify a CHW workforce. Fully implemented the following year, the program is noted as both evidence for, and a source of, growing momentum in the CHW field. It requires:

- 70 hours of classroom training;
- 1,000 hours of work experience;
- 50 hours of supervision; and
- a portfolio demonstrating experience and competence.

A statewide professional membership organization for CHWs was also formed to strengthen professional identity, connect workers to career and leadership opportunities, and advocate for the advancement of the field and for general health equity.

that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.”¹⁵⁷ Additionally, studies have shown that providing services that are understanding of individuals’ cultural health beliefs, preferred languages, health literacy levels, and communication needs improve patient trust, increase the use of preventative care, reduce the number of missed appointments, and save money by providing more effective treatments.¹⁵⁸

In 2013, the Office of Minority Health released the enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards in health and health care, building on the original standards released in 2000, to support the implementation of culturally and linguistically

¹⁵⁷ U.S. Department of Health and Human Services, Office of Minority Health, “What is CLAS?,” Think Cultural Health, accessed October 2019, thinkculturalhealth.hhs.gov/clas/what-is-clas.

¹⁵⁸ Health Research and Educational Trust, *Becoming a Culturally Competent Health Care Organization* (Chicago: Health Research and Educational Trust, June 2013), www.hpoe.org.

appropriate health care services. To help community and health care partners across New Jersey apply these practices, the New Jersey Office of Minority and Multicultural Health developed a condensed version of the National CLAS Standards Blueprint. The New Jersey Department of Health also joined with over 130 agencies and stakeholders to create the New Jersey Statewide Network for Cultural Competence (NJSNCC) in 2002. The NJSNCC strives to strengthen culturally competent services throughout the state by providing educational activities, online resources, and connections to other organizations working to build their cultural competencies. Although there are many CLAS resources available at the state and national levels, the city should work with the county health department and local stakeholders to provide and/or connect local mental health service providers to CLAS training and resources. The city and county can also work to ensure that CLAS training and resources are tailored to the cultures and languages most commonly found in Camden.

Work with local health care and higher-education institutions to offer PCN and/or CHW training programs.

As noted, New Jersey has not yet adopted statewide standards for PCN or CHW training, and very few organizations in the Camden area offer their own training programs. To help fill this gap, the city should partner with the county health department, health systems, and higher-education institutions to offer PCN and CHW training programs. These programs would provide local health systems with a better-trained workforce, career pathways to Camden residents, and ultimately better health outcomes for patients.

Partner with city and county departments to provide training for and implementation of trauma-informed practices.

There is a growing awareness among many different fields—including health care, education, social services, law enforcement, and community development—that trauma can have lasting, adverse effects on a person’s well-being and their ability to function day-to-day.¹⁵⁹ Additionally, organizations are coming to understand that many institutions and experiences can be trauma inducing for individuals affected by trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) identified many common retraumatizing practices, including “[t]he use of coercive practices, such as seclusion and restraints, in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system.”¹⁶⁰

A trauma-informed approach, also referred to as trauma-informed care, is an approach that “recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life—including service staff.”¹⁶¹ As Hopeworks staff and youth explain, a trauma-informed approach reframes the question from “What is wrong with you?” to “What happened?”¹⁶² Recognizing the pervasiveness of trauma, as well as its impact on physical, mental, and emotional health, many organizations in Camden are working to adopt trauma-informed approaches. The Healing

10, a network of Camden organizations, including schools, health care providers, social service organizations, and law enforcement agencies, launched in 2014 to support the implementation of trauma-informed practices across Camden. Additionally, the Hopeworks Youth Healing Team has provided trauma-informed training to many local organizations, including the CCSD and Camden’s Charter School Network.¹⁶³ Bringing trauma-informed training to all city and county employees, especially those who interact with residents regularly, could help to improve the public’s relationship with service providers and increase their use of resources that can positively impact their well-being.

Implementing trauma-informed practices across the city takes on greater importance in light of potentially widespread COVID-related trauma and anxiety. The U.S. National Pandemic Emotional Impact Report found that “at least a quarter of all U.S. adults is presently in a condition of high emotional distress directly attributable to the pandemic.”¹⁶⁴ Further, they note that the effects of the COVID-19 pandemic will have “substantial implications for the mental health and well-being of the U.S. population in the near future.”¹⁶⁵ Additionally, the murder of George Floyd, specifically the video capturing the violence of Floyd’s death at the hands of police, may elicit traumatic responses. Black people may experience particularly high levels of trauma or retraumatization, as the images of police brutality bring up past racist encounters and add onto “the intergenerational trauma of racism rooted in slavery, mass incarceration, police brutality, and Black oppression.”¹⁶⁶ Putting systems in place to help service providers, health care providers, teachers, and law enforcement officers not only address

¹⁵⁹ SAMHSA’s Trauma and Justice Strategic Initiative, *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach* (Rockville, MD: U.S. Department of Health and Human Services, July 2014), store.samhsa.gov/system/files/sma14-4884.pdf.

¹⁶⁰ Ibid.

¹⁶¹ Buffalo Center for Social Research, School of Social Work, “What is Trauma-Informed Care?,” University at Buffalo, 2019, socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html.

¹⁶² Natasha Fletcher and Asia King, “Creating a Sanctuary for Youth in Camden, New Jersey,” Shelterforce, April 25, 2017, shelterforce.org/2017/04/25/creating-sanctuary-youth-camden-new-jersey.

¹⁶³ Scattergood Foundation, “2017 Annual Innovation Awards,” accessed October 2019, innovationaward.secure-platform.com/a/gallery/rounds/1079/details/33275.

¹⁶⁴ Olafur S. Palsson, Sarah Bailou, and Sarah Gray, “The U.S. National Pandemic Emotional Impact Report,” University of North Carolina at Chapel Hill and Harvard Medical School, June 2020, www.pandemicimpactreport.com/report/PalssonBailouGray_2020_PandemicImpactReport.pdf.

¹⁶⁵ Ibid.

¹⁶⁶ Robin Ortiz, and Laura Sinko, “Responding to the Trauma of COVID-19,” University of Pennsylvania Leonard Davis Institute of Health Economics, July 2, 2020, ldi.upenn.edu/healthpolicysense/responding-trauma-covid-19.

their own trauma but also have the tools to best help the people they serve, will be an important part of recovering from the COVID-19 pandemic and espousing anti-racist ideals.

The city may also want to pursue the following actions:

- Work with local health systems and higher-education institutions to incorporate psychiatry training into physician assistant and other non-behavioral health staff education.
- Support the expansion of the Pediatric Psychiatry Collaborative by adding more providers and increasing funding.
- Support the reintroduction of state legislation to provide funding for SBIRT programs in New Jersey schools.
- Examine the routing and use of the Camden County Health Connection mobile van.



Our Lady of Lourdes Hospital
Source: Amy Verbofsky, DVRPC

the
**CAMDEN
HEALTH**
element

chapter 5:
**MOBILITY & ACTIVE
TRANSPORTATION**



BACKGROUND

The transportation system not only influences how people get around their communities but also affects their health in direct and indirect ways. The availability of reliable and efficient modes of travel can either open or limit the opportunities Camden residents have to obtain medical care and perform other healthy habits. Communities with diverse mobility options; multimodal amenities; attractive and safe streetscapes; and a high concentration of places to live, learn, work, and play can reduce the need to drive and promote a healthier lifestyle. These conditions make it convenient to walk and bike, giving people an active way to reach key destinations and get exercise at the same time. Although vehicle access can expand residential, employment, recreational, and health care options, communities that are “auto-centric” and overemphasize the needs and preferences of motorists may face greater challenges with pollution, roadway safety, physical inactivity, stress, and social isolation. The CDC warns that a “lack of efficient alternatives to automobile travel disproportionately affects vulnerable populations such as the poor, the



The River LINE in Camden, NJ
Source: Amy Verbofsky, DVRPC

elderly, people who have disabilities, and children.”¹⁶⁷ A healthier Camden requires a balanced approach to transportation needs and improvements, with equity of access for all users as its focus.

KEY ASSETS

CAMDEN IS DENSELY DEVELOPED AND WALKABLE

Camden is a dense, mixed-use city with an identifiable street grid, compact residential neighborhoods, a distinct central business district, and concentrated commercial corridors. At a basic level, this layout is conducive to walking and biking and can naturally calm vehicle traffic. With the right balance of active storefronts, vibrant employment centers, and safe civic amenities like parks and schools, residents could reasonably carry out daily responsibilities without needing a car or spending large amounts of time, money, and effort on travel. This provides them with more freedom to pursue healthy activities and allocate resources to personal and family care.

EXISTING TRANSIT OPTIONS COVER AND CONNECT MUCH OF THE CITY

As a community that predates the rise of the automobile, Camden is home to many transit routes that can carry residents and visitors to jobs, health care facilities, recreational spaces, civic and cultural institutions, and other destinations around South Jersey and the Greater Philadelphia region. For less than the cost of a gallon of gas, residents can ride PATCO and River LINE trains or NJ Transit buses not only to Downtown Camden but also to several major hospitals, malls, the state capital, large industrial centers, a military base, county and state parks, shore points, and more—including connections to Southeastern Pennsylvania Transportation Authority (SEPTA) and Amtrak services. Refer to Figure 11 on page 54 for a map of Camden’s transit network.

¹⁶⁷ Centers for Disease Control and Prevention, “CDC Transportation Recommendations,” February 2018, www.cdc.gov/transportation/recommendation.htm.

POLICIES AND PROJECTS THAT SUPPORT ACTIVE MOBILITY

Since 2013, both Camden City and Camden County have had Complete Streets policies in place to promote active transportation options, pedestrian and bicycle access, and multimodal connectivity. This commitment by local and regional stakeholders to create safe walking and biking routes to and through the city has coincided with the addition and extension of bike lanes and multi-use trails, pedestrian improvement projects, and large infrastructure investments, such as the Benjamin Franklin Bridge ramp, which opened in 2019. These are important steps to ensure safe mobility for the sizable segment of Camden's population that lacks vehicle access, and to enhance residents' ability to pursue and maintain active, healthy lifestyles.

KEY CHALLENGES

SAFETY REMAINS A CHALLENGE ACROSS ALL MODES

Crashes hit a five-year high in 2017 at 1,909 citywide. Although 2018 data shows a decrease to 1,712 crashes, 16 of them were fatal—more than double the number of crash deaths in any of the three prior years. Five deaths were pedestrians and two were cyclists in that year.¹⁶⁸ Camden County has also recently led all nine of the counties in the Greater Philadelphia region in the number of crash fatalities and injuries attributable to aggressive driving, which involves dangerous and often illegal actions, such as running a stop sign or red light, passing in a no-passing zone, and speeding.¹⁶⁹ Unfortunately, traffic hazards are not the only barrier to pedestrian and cyclist activity. Camden must also contend with the perception of crime on its streets, which can make walking and biking less attractive despite upgrades to active transportation infrastructure.

¹⁶⁸ Delaware Valley Regional Planning Commission, *Data Navigator: Crash Data*, New Jersey Department of Transportation, accessed July 2020.

¹⁶⁹ Delaware Valley Regional Planning Commission, *Transportation Safety Analysis and Plan*, 5th ed. (Philadelphia: Delaware Valley Regional Planning Commission, November 2018), www.dvrpc.org/Reports/18021.pdf.

TRANSIT QUALITY NEEDS IMPROVEMENT AS RIDERSHIP FALLS

Although many rail and bus routes converge in Downtown Camden, service gaps between residential neighborhoods leave limited options for those dependent on public transportation: low-income residents, children, the elderly, the visually impaired and physically challenged, and people who opt to live without a car. At the same time, free or convenient parking at anchor sites and shuttle services generally overemphasizes the needs of suburban commuters traveling at peak hours. With falling bus ridership and heavy subsidization needed to support the state's rail system, future decisions by transit providers will be laden with difficult trade-offs. Since health care needs are not always predictable, it is essential that Camden residents have plentiful options for getting around the city and region—whether high-quality and frequent transit can be one of those options remains in question.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Mobility and Active Transportation;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

STRATEGIES

Strategy 1: Improve access to affordable and reliable transit

Because using transit is often less expensive than owning a personal vehicle, people who commute by bus and train can have lower transportation costs and, therefore, allocate their income to other needs. People who walk or bike to transit stops and stations can also benefit from physical activity, which lowers their risk of chronic disease.¹⁷⁰ However, those dependent on transit in Camden can be inconvenienced by lack of access to healthy destinations or unreliable service. Long wait times for bus pick-ups and the complexity of paratransit schedules can make it difficult for seniors, people with disabilities, and non-vehicle owners to reach medical appointments—especially if they are outside of the city—as well as grocery stores, job training, fitness classes, and social activities. This can be exacerbated by poor weather, physical limitations, and lack of multimodal facilities and amenities.

Improvements to existing transit—especially buses—can significantly enhance quality of life for those who use it regularly. Several mobility concepts proposed in Camden should be prioritized for future implementation based on their potential to strengthen community health and bring greater dignity to the transit experience. One example is the idea of “Bus Streets” on corridors that service more than three bus routes in Camden, such as Federal and Market streets and Broadway. In addition, riders would benefit from a safer and more comfortable trip with the addition of corner bus stop bulb-outs, shelters, benches, pedestrian-scale street lighting, crosswalks, and synchronized traffic signals.¹⁷¹

¹⁷⁰ Transportation for America, *Building Healthy and Prosperous Communities: How Metro Areas are Implementing More and Better Bicycling and Walking Projects* (Washington, DC: Transportation for America, December 2018), t4america.org/wp-content/uploads/2017/12/Healthy-MPO-guidebook.pdf.

¹⁷¹ “General Reexamination of the Master Plan and Master Plan Amendment,” February 2018, www.ci.camden.nj.us/wp-content/uploads/2018/02/CamdenReexaminationReport_Final_Signed_Adopted2.8.18.pdf.

The city is also positioned to see its transit network grow with ongoing local advocacy. A new light rail line to Glassboro remains in discussion and a proposed South Jersey Bus Rapid Transit route would link Gloucester County and Philadelphia through Camden. City officials and transportation stakeholders should ensure that future facilities are well connected to neighborhoods and that their design and placement promote walking, biking, and equitable access in general. Treatments might include bridges, curb ramps and extensions, safe turn lanes, sidewalks, crosswalks, signals, and secure bike parking.

To make transit more viable and reliable in Camden, the city must also motivate commuters from outside the city to utilize existing services, sustaining them and thereby promoting expanded frequency and coverage. Camden leaders should continue to influence the programming and plans targeting congestion relief developed by the Delaware River Port Authority, NJ Transit, and Cross County Connection Transportation Management Association (TMA). Some of the actions the city and its partners can pursue to improve transit access are optimizing the design, schedules, and fares for the bus and rail network; reducing obstacles for paratransit riders and passengers with disabilities; and prioritizing the installation and maintenance of bus shelters and other amenities.

Strategy 2: Design and operate safe streets to ensure that people of all ages and abilities can walk, bike, use transit, and drive to destinations safely

Motor vehicle crashes remain a leading cause of death for all age groups nationwide, and they are the top cause for people aged 1–34.¹⁷² This is of special concern for Camden given its relatively young population. Pedestrians and bicyclists are also highly vulnerable to serious injuries and fatalities on city roadways—with concentrations of such incidents generally observed in areas with higher development densities and walkable destinations, as well as among elderly, minority, and low-income

¹⁷² Centers for Disease Control and Prevention, “CDC Transportation Recommendations.”

populations. Lower-income neighborhoods often lack sidewalks, marked crosswalks, and traffic-calming measures that might be more common in affluent communities.¹⁷³ Rutgers research also found elevated crash rates in North Jersey communities with other concentrations of disadvantaged populations, such as single-female headed households or persons with limited English proficiency.¹⁷⁴ Since many Camden residents not only fit these descriptors but also lack regular vehicle access, protecting those on foot or bicycles is of utmost concern to the city's health.

Street design and education both play a role in making the transportation network safer. Adding or improving sidewalks, reducing speeds and the number of travel lanes on a road, and installing protected bicycle lanes are known to measurably reduce crashes, injuries, and fatalities for pedestrians and cyclists.^{175,176} Some other safe street design elements the city could explore are modern roundabouts and upgraded signage or pavement markings (e.g., double stop signs or Stop Ahead warnings, retroreflective sheeting on sign posts, clear and properly placed stop bars).¹⁷⁷ As they consider roadway safety, Camden officials should also proactively plan for the expanding role of transportation networking companies like Uber and Lyft, as well as autonomous vehicles and micromobility options like bikeshare and rentable e-scooters.

¹⁷³ Terrence McDonald, "Bike Lanes Aren't Just a White Thing," Shelterforce, December 9, 2019, shelterforce.org/2019/12/09/how-do-we-truly-make-streets-safer-for-everyone/.

¹⁷⁴ Delaware Valley Regional Planning Commission, *Crashes and Communities of Concern in the Greater Philadelphia Region* (Philadelphia: Delaware Valley Regional Planning Commission, December 2018), www.dvrpc.org/Reports/18022.pdf.

¹⁷⁵ Transportation for America, *Building Healthy and Prosperous Communities*.

¹⁷⁶ National Transportation Safety Board, *Bicyclist Safety on US Roadways: Crash Risks and Countermeasures* (Washington, DC: National Transportation Safety Board, November 2019), www.nts.gov/safety/safety-studies/Documents/SS1901.pdf.

¹⁷⁷ Federal Highway Administration, "Proven Safety Countermeasures," 2018, safety.fhwa.dot.gov/provencountermeasures/fhwas18029/fhwas18029.pdf.

Strategy 3: Provide safe and convenient pedestrian access and encourage walking as a transportation option

It is easy to see why walkable communities promote good public health: Walking is both a way to exercise and a way to get from place to place. It is a low-cost and low-impact mode of travel. But often this simple concept is subverted by a societal preference for cars and an inhospitable built environment. The automobile tends to be so predominant among daily mobility choices that it becomes easy to overlook the benefits and practicality of making regular trips on foot, even in a compact city like Camden. At the same time, street design can be so heavily oriented around efficiently moving vehicles that few or no high-quality routes are available to pedestrians. Physical improvements and changes to public awareness and perceptions will be necessary to dignify and enhance the choice to walk in Camden. It must be more widely acknowledged that getting out of the car and onto one's feet can lower risk for chronic conditions like obesity, diabetes, and high blood pressure.¹⁷⁸ As that trend becomes recognized and embedded in policy and action, so too must Camden's roadways be materially reconceived to welcome and protect pedestrians. Premium pedestrian design features might include:

- buffered sidewalks with widths of 5–12 feet, determined by road volumes and speeds;
- improved lighting;
- reduced crossing distances;
- pedestrian-friendly signal timing and intervals; and
- amenities, such as benches, landscaping, wayfinding signage, and trash cans.^{179,180}

¹⁷⁸ Robert Wood Johnson Foundation, "How Does Transportation Impact Health?," October 25, 2012, www.rwjf.org/en/library/research/2012/10/how-does-transportation-impact-health.html.

¹⁷⁹ National Association of City Transportation Officials, "Urban Street Design Guide," 2013, nacto.org/publication/urban-street-design-guide/street-design-elements/sidewalks/.

¹⁸⁰ ChangeLab Solutions, *Move This Way: Making Neighborhoods More Walkable and Bikeable* (Oakland, CA: ChangeLab Solutions, September 2013), www.changelabsolutions.org/sites/default/files/MoveThisWay_FINAL-20130905.pdf.



Biking in Camden, New Jersey
 Source: Derek Lombardi, DVRPC

Actions that could boost the city’s walkability include developing Safe Routes to School (SRTS) plans, hosting educational programs, and opening channels through which residents can identify and report hazards and gaps in the pedestrian network.

Strategy 4: Expand bicycle infrastructure and encourage bicycling as a transportation option

As with walking, traveling by bicycle can be a less expensive and more convenient way for Camden residents to reach daily destinations while increasing physical activity and overall health. An active commute or casual ride can reduce cardiovascular risk and mortality, and shifting people from exclusive auto use to active modes can help decrease harmful air pollution and greenhouse gas emissions. Yet the existing transportation network rarely makes this an easy option—the Partnership for Active Transportation cites “an unfortunate cliché” in which people increasingly “have to drive to a gym to ride a stationary bicycle because they can’t ...

bike in their own neighborhood.”¹⁸¹ With Camden’s lower-than-average vehicle ownership rates, even that option can be limited. Active modes like biking must be further normalized by dedicating exclusive cycling space on city streets. Local leaders should continue and intensify efforts to raise awareness about the feasibility and benefits of cycling, as well as the safest ways to operate a bike in Camden.

Congestion and speeding often decline when streets are designed for bikes with exclusive travel lanes or paths and clear pavement markings and signage. This can reduce crashes and in turn reduce injuries and deaths to cyclists, motorists, and pedestrians.¹⁸² Premium bicycle design features might include:

- bike lanes with widths of six feet and three-foot buffers on high-speed, high-volume roads, separated by raised medians, bollards, or on-street parking;
- separated multi-use trails;
- wayfinding signage;
- bike priority treatments at intersections, or other methods to increase visibility and denote right-of-way using color, signage, medians, signals, and pavement markings (e.g., bicycle boxes).¹⁸³

The city could work with bicycle advocacy groups to educate cyclists about ways to increase their visibility and overall safety, and organize giveaways of equipment and other safety materials, such as helmets. Camden’s bike stakeholders could also work with city officials and the CCPD to address certain “personal safety factors,” such as crime and racial profiling, which often influence minority and low-income people’s decision to bike. Priority corridors could be identified where crashes and crime overlap and where

¹⁸¹ Partnership for Active Transportation, “Why Active Transportation,” 2018, www.railstotrails.org/partnership-for-active-transportation/why.

¹⁸² Earl Blumenauer, “Pedaling Parking: Bicycle Parking is a New Priority for Cities and Towns,” The Parking Professional, May 2012, www.parking.org/wp-content/uploads/2016/01/TPP-2012-05-Pedaling-Parking.pdf.

¹⁸³ National Transportation Safety Board, “Bicyclist Safety on US Roadways.”

built environment techniques could better shield vulnerable road users. Research in Minneapolis, Tampa, and New York City showed higher citation rates for Black cyclists in comparison to White cyclists. Expanding the types of community-based bicycle programming offered in Camden—such as an Open Streets series—could “bring residents and the police together, and give residents a way to talk about their concerns in a non-hostile interaction.”¹⁸⁴

Some of the recommended actions to enhance the city’s bicycle landscape include developing a master plan for bicycle and pedestrian improvements, strengthening Camden’s Complete Streets policy, and implementing a long-term bikeshare program.

PRIORITY ACTIONS



**MOST
ACHIEVABLE**

Develop a formal reporting system to identify walking hazards, maintenance needs, law enforcement needs, or other problems with pedestrian facilities.

For some residents, walking is the main way they navigate the city; access their jobs, schools, and doctors; and connect to other forms of transportation, such as transit. But even when pedestrian facilities are available to Camden residents, they may be in poor condition or present other obstacles to safe passage: cracked sidewalks, faded crosswalks, signal or street lamp outages, and signage in disrepair. In other cases, dangerous driving behavior or criminal activity may need increased scrutiny from law enforcement. Short dumping, overgrown trees or shrubbery, weather-related damage or obstruction, and unpermitted construction barriers are additional problems that may go unnoticed if they occur in

¹⁸⁴ Stefani Cox and Charles Brown, “Silent Barriers to Bicycling, Part I: Exploring Black and Latino Bicycling Experiences,” Better Bike Share Partnership, February 15, 2017, betterbikeshare.org/2017/02/15/silent-barriers-bicycling-part-exploring-black-latino-bicycling-experiences.

lower-traffic areas. Reporting barriers to walking so that the appropriate agency is aware and can remedy it is an important step in improving the usability of Camden’s existing sidewalk network.

Camden currently has two online reporting mechanisms: the District Council Collaborative Board’s (DCCB) interactive issue map and Camden Reports. DCCB was formed in 2005 “in an effort to improve the conditions of the city by bridging the gap between the major stakeholders: the community, law enforcement and city government.”¹⁸⁵ Their interactive issue map allows anonymous reporting of quality-of-life issues anywhere in the city, although it appears to be used only sparingly and in highly concentrated areas. The CCI developed Camden Reports to provide residents with a way to report where instances of illegal dumping or flooding occurred. The city or county could adapt and publicize either model to encourage more frequent and robust reporting, and incorporate a mechanism by which users can track the resolution of their issues. Many communities use a “3-1-1” model to handle such non-emergency complaints and municipal service requests, including Philadelphia, Newark, and Hoboken. These systems became popular in the late 1990s and early 2000s, and have since become effectively integrated with social media platforms, online chat platforms, and mobile apps in a number of locations. The data that the most sophisticated 311 systems collect can be used to “track work, measure performance, and make strategic decisions that affect services, policies and budgets.”¹⁸⁶ Some places even use 311 to deliver information to residents. With such capabilities, Camden could alert pedestrians to unresolved street hazards and also use this technology to announce and advance other health-related efforts, such as the locations of farmers’ markets, health care enrollment periods, walking and biking events, air quality alerts, and more.

¹⁸⁵ District Council Collaborative Board, “About Us,” accessed February 2020, www.camdendccb.com/about-us.

¹⁸⁶ Tod Newcombe, “Is the Cost of 311 Systems Worth the Price of Knowing?” Governing, March 2014, www.governing.com/topics/urban/gov-311-systems-cost.html.

In North Jersey, Hoboken provides another user-driven model for preserving and improving walkability. The city operates an annual inspection program in which trained volunteers document problems across all pedestrian facilities, noting the locations and severity of disrepair on an app designed by local university students.¹⁸⁷ A similar process is used by an Atlanta-area advocacy group called PEDS, short for Pedestrians Educating Drivers on Safety.¹⁸⁸ PEDS leads walking audits, using multidisciplinary teams to document sidewalk and crosswalk needs and conditions, and pushes for appropriate solutions. They also monitor curb ramps citywide to ensure they are ADA compliant. Searchable, interactive databases that promote transparency around sidewalk obstructions are also becoming more common locally. Since 2019, Philadelphia has offered a real-time online database of sidewalk closures, showing the expected timelines for certain sidewalk obstructions and holding worksites accountable to the required permit processes.¹⁸⁹ A coalition of city and county stakeholders could form with the support of groups like DCCB to test similar models in Camden.



**PEOPLE'S
CHOICE**

Support the development of SRTS plans, programming, and designated walking districts for all CCSD schools.

Children make up a large portion of Camden’s population, and they are especially vulnerable to traffic dangers since they cannot drive, they are less visible due to their smaller stature, and they may be less familiar with the pedestrian and cyclist behaviors deemed to be safe and cautious. In

¹⁸⁷ Federal Highway Administration, “A Guide for Maintaining Pedestrian Facilities for Enhanced Safety,” November 2013, safety.fhwa.dot.gov/ped_bike/tools_solve/fhwas13037/chap4.cfm.

¹⁸⁸ PEDS, “Who We Are, What We Do and Why,” accessed February 2020, www.peds.org/about-us.

¹⁸⁹ Jason Laughlin, “Sidewalk Blocked by Construction? Philly Offers New Accountability on Street Obstructions.” *Philadelphia Inquirer*, February 11, 2019, www.inquirer.com/news/report-a-complaint-streets-construction-philadelphia-blocked-road-right-of-way-20190211.html.

DVRPC GREATER PHILADELPHIA PEDESTRIAN PORTAL

In 2020, DVRPC launched the Greater Philadelphia Pedestrian Portal, an interactive website that is home to DVRPC’s regional sidewalk inventory. The sidewalk inventory is a standardized geographic information system (GIS) dataset that includes all of the sidewalks, crosswalks, and curb ramps in the DVRPC nine-county region (as captured by aerial photography). The sidewalk inventory is shared publicly through the Pedestrian Portal and is editable so that anyone can provide information on the existence and/or condition of pedestrian facilities.

In 2020, DVRPC partnered with Hopeworks to conduct walk audits of three corridors in Camden to verify the data shown in the sidewalk inventory, identify gaps in the local sidewalk network, and prioritize sidewalk improvement projects. The information collected for this project is intended to inform future sidewalk funding applications.

its 2012 Wellness Policy document, the CCSD pledged to develop safe walking routes to school, stating the following:

*The school district will assess and, if necessary and to the extent possible, make needed improvements to make it safer and easier for students to walk and bike to school. When appropriate, the district will work together with local public works, public safety, and/or police departments in those efforts. The school district will explore the availability of federal “safe routes to school” funds, administered by the state department of transportation, to finance such improvements. The school district will encourage students to use public transportation when available and appropriate for travel to school, and will work with the local transit agency to provide transit passes for students.*¹⁹⁰

¹⁹⁰ Camden City Public Schools, “Wellness Policy on Nutrition and Physical Activity,” New Jersey Safe Routes to School Resource Center, November 2012, www.saferoutesnj.org/wp-content/uploads/2011/12/Camden-BOE-Wellness-Regulation-Nov-2012-Final.pdf.

Today, there remains reasonable cause to explore adopting SRTS plans for all CCSD schools. SRTS is a federally supported program that promotes walking and biking to school through integrated planning, legislative, educational, and enforcement efforts, as well as infrastructure improvements like sidewalks and bicycle paths. By fostering safe pedestrian and bike activity, youth become better educated about how to use the roads in a multimodal fashion and can grow their interest in healthy, active transportation options from an early age. Engaging in physical activity during the daily journey to school supports healthier lifestyles for children and may even spur physical activity increases in the adults who can accompany them. Active students and parents not only benefit from a heightened level of physical activity but are also contributing to safer streets by reducing crash injuries and fatalities.¹⁹¹

The SRTS program funnels funds from the Federal Highway Administration (FHWA) to the New Jersey Department of Transportation, which maintains an SRTS Resource Center at Rutgers. Cross County Connection TMA serves as Camden County’s SRTS regional coordinator, providing free technical assistance with planning and implementation. State funding is periodically available for both infrastructure and non-infrastructure projects. Some of the projects and activities that the TMA can support at no cost are:

- walk- and bike-to-school events;
- walking school bus programs;
- satellite drop-off plans;
- youth bicycle and pedestrian education;
- school travel plans;
- travel mode tallies to understand how students are getting to school; and
- bicycle and pedestrian safety audits.

¹⁹¹ Robert Wood Johnson Foundation, “Safe Routes to Schools,” County Health Rankings & Roadmaps, May 25, 2017, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/safe-routes-to-schools.

Through SRTS, many New Jersey schools have changed the designs of crosswalks and vehicle access points, among other treatments like pavement markings and signage, to better accommodate families arriving and departing on foot and bike. Camden facilities that already have SRTS programs in place are listed below.

- Ulysses S. Wiggins College Preparatory Lab Family School in Bergen Square;
- Katz-Dalsey Academy Charter School in Rosedale;
- Mastery Schools–East Camden in Stockton; and
- Salvation Army Kroc Center in Cramer Hill.¹⁹²

SRTS programs work best for schools where many students live within walking distance. A first step for Camden would be to analyze which other schools are best situated to encourage local students to pursue an active route. SRTS plans were specifically referenced in recent neighborhood plans for North Camden and Parkside.^{193,194} To participate, schools must form a local team of administrators, teachers, parents, student leaders, city officials, police officers, and other interested community members. They should work together to assess attitudes and behaviors within the school community, analyze the physical environment around the school, and determine which policies would best work in that context by creating an action plan



*Bike lane in Camden, NJ
Source: DVRPC*

¹⁹² New Jersey Safe Routes to School Resource Center, “Cross-County Connection – SRTS Program,” accessed February 2020, www.saferoutesnj.org/cross-county-connection-srts-programs.

¹⁹³ Cooper’s Ferry Partnership, “North Camden Neighborhood Plan,” March 2008, camdenredevelopment.org/getattachment/9e368c03-7aa0-46a0-8da6-c1746a8db302/North-Camden-Neighborhood-Plan.aspx.

¹⁹⁴ Parkside Business & Community in Partnership, “Parkside Neighborhood Revitalization Plan,” April 2019, www.pbcip.org/resources.

TABLE 2: SRTS TEAM ROLES AND RESPONSIBILITIES

Roles	Responsibilities
Parents	<ul style="list-style-type: none"> Aid in identifying obstacles to walking and bicycling along the routes to school Provide insight into factors affecting a parent’s decision to allow her/his child to walk/bike to school Garner support for the SRTS program from the school district as a whole Educate and encourage other parents to participate
Superintendents	<ul style="list-style-type: none"> Encourage districtwide support for the program by encouraging SRTS in the classroom and at events Oversee engineering and physical infrastructure projects on school property Ensure that district policies support the mission of the SRTS program
Board of Education and Other District Administrators	<ul style="list-style-type: none"> Know facts and figures for finances, busing Adopt policies supporting an SRTS program
Principals	<ul style="list-style-type: none"> Encourage support for the program by integrating SRTS into the curriculum and special events Manage engineering and physical infrastructure projects on school property Ensure that school policies support the mission of the SRTS program
Teachers	<ul style="list-style-type: none"> Encourage support for the program by integrating SRTS into the curriculum and special events Manage engineering and physical infrastructure projects on school property Ensure that school policies support the mission of the SRTS program
Students	<ul style="list-style-type: none"> Identify routes to school and perceived obstacles to walking and biking
Mayor/Council/Freeholders	<ul style="list-style-type: none"> Demonstrate political support for SRTS, conveying that the municipality will work to advance SRTS
Police Department	<ul style="list-style-type: none"> Provide traffic safety information (i.e., crash data) Address personal safety issues and enforcement

Roles	Responsibilities
Traffic Engineering	<ul style="list-style-type: none"> Elaborate on the impact that infrastructure design can have on improving the safety of walking routes Coordinate physical improvements to the transportation infrastructure
Planning Department	<ul style="list-style-type: none"> Understand the areawide land use context and how bicycles/pedestrians can be integrated Prepare master plan provisions for cyclists/walkers Provide relevant maps

Source: New Jersey Safe Routes to School, www.saferoutesnj.org/build-your-safe-routes-team/

that is managed and evaluated by a principal or other designated leader.¹⁹⁵ Team member roles and responsibilities are identified in Table 2.

To maintain an SRTS program, critical factors include funding, along with a well-trained and expansive base of volunteers, and strong partnerships between parents, neighbors, schools, and other city officials. A key obstacle could be the possibility or perception of crime, which might deter parents from letting their children walk and bike to school regardless of street conditions. Camden’s youngest residents stand to benefit immensely if the city can commit to providing and maintaining safe routes to school despite these challenges.



**GREATEST
IMPACT**

Promote reorganized shuttle, bus, and rail lines with schedules and routes that maximize ridership and minimize redundancy.

Camden is served by several transit options, listed in Table 3, including over 20 NJ Transit bus routes, the NJ Transit River LINE light rail, and the PATCO Speedline subway. Rail facilities are clustered Downtown,

¹⁹⁵ New Jersey Safe Routes to School Resource Center, “Frequently Asked Questions,” accessed February 2020, www.saferoutesnj.org/about/faq.

with the exception of PATCO's Ferry Avenue station, near Woodlynne and Collingswood; and the 36th Street River LINE station in Pennsauken, just over the city line. Other mobility assistance is provided by NJ Transit's Access Link paratransit service and through SEN-HAN Transit, operated by Senior Citizens United Community Services (SCUCS). Access Link service provides shared origin-to-destination rides to people with disabilities who are unable to use NJ Transit's local fixed routes. The reservation-based service is available during the same days and hours as fixed-route services and covers an area within a three-quarter-mile radius of local bus routes or light rail stations.¹⁹⁶ SEN-HAN Transit serves the elderly, disabled persons, and veterans, who can reserve weekday door-to-door rides for non-emergency medical transportation and personal business. SCUCS also operates twice-daily shuttles to medical facilities in Philadelphia and a weekly service linking Camden residents to regional shopping centers.¹⁹⁷ Many of the city's large employers and institutions also operate shuttles, as shown in Table 4: Camden Private Shuttle Operations.

Mass transit in any form can enhance people's access to their daily needs and opportunities, especially for vulnerable and low-income populations. Yet only about 14 percent of workers living in Camden reported using available bus or rail options to get to their jobs according to 2018 American Community Survey data. Although this figure outpaced the national, state, and county rates for transit use, it fell below other New Jersey localities, such as Jersey City (49 percent), Union City (40 percent), Newark (26 percent), and Atlantic City (24 percent). Interestingly, the neighborhoods reporting the highest use of transit for commuting were in three distinct corners of the city: Waterfront South (33 percent) and Fairview (26 percent) in South Camden, Marlton in East Camden (25 percent), and Cooper's Poynt in North Camden (23 percent). Workers living in the rest of East Camden were the least likely to use transit, with

¹⁹⁶ New Jersey Transit, "Access Link - ADA Paratransit," accessed January 2020, www.njtransit.com/tm/tm_servlet.srv?hdnPageAction=AccessLinkTo.

¹⁹⁷ Senior Citizens United Community Services, "Sen-Han Transit - Camden County," accessed December 2019, scucs.org/sen-han-transit-camden-county.

Beideman, Dudley, and Rosedale all under 10 percent. Whitman Park had a share of just 8 percent, a surprising figure given the nearby PATCO station. The Central Waterfront/Downtown area also had a low rate of transit use among its working residents, although a sizable share (24 percent) walk to their jobs in this employment hub. Incomes also tended to be highest in these areas, which may give residents more mobility options.¹⁹⁸

Maintaining and growing ridership is important to the long-term sustainability of transit service. Although rail activity has been relatively stable in recent years, the River LINE remains one of the most heavily subsidized routes in the NJ Transit system.¹⁹⁹ Furthermore, bus ridership has undergone a notable decline statewide. Across southern New Jersey, bus passenger trips fell by 4.4 million between 2015 and 2019, a drop of over 19 percent.^{200,201} As the bus system sheds riders, not only do rail routes and highways become more congested, but commuters who continue to rely on buses face longer travel times and threats of service cuts as the agency struggles to recover its operational costs. Because bus routes cover all Camden neighborhoods, they are essential to connect residents to places that allow them to maintain healthy lifestyles. The Tri-State Transportation Campaign, a New York-based non-profit advocacy group, recently published a call to action for New Jersey leaders to build a better bus system. Their recommendations include:

- improving schedules and maps;
- growing the fleet, including more articulated buses;
- bringing a consistency of design and quality to stations, amenities, and branding;

¹⁹⁸ U.S. Census Bureau, "2018 ACS 5-Year Estimates, Table DP03."

¹⁹⁹ David Levinsky, "Gov. Chris Christie Labels NJ Transit River Line 'a joke' Due to Its Poor Ridership," *Burlington County Times*, December 11, 2017, www.burlingtoncountytimes.com/news/20171211/gov-chris-christie-labels-nj-transit-river-line-a-joke-due-to-its-poor-ridership.

²⁰⁰ New Jersey Transit, *2019 Annual Report* (Newark, NJ: New Jersey Transit, October 2019), www.njtransit.com/pdf/NJTRANSIT_Annual_Report.pdf.

²⁰¹ New Jersey Transit, *2017 Annual Report* (Newark, NJ: New Jersey Transit, July 2017), www.njtransit.com/pdf/NJTRANSIT_2017_Annual_Report.pdf.

TABLE 3: CAMDEN TRANSIT ROUTES AS OF MARCH 2020

Route Number	Route Description	Hours of Operation	Minimum/Peak Headway	Maximum/Off-Peak Headway
PATCO Speedline	Lindenwold-Philadelphia	24 hours	<5 minutes	45 minutes
River LINE	Trenton-Camden	5:30 AM-10:00 PM	15 minutes	30 minutes
313	Cape May-Wildwood-Philadelphia	6:30 AM-12:30 AM (3-4 daily trips)	3 hours	8 hours
315	Cape May-Wildwood-Philadelphia	6:30 AM-10:00 PM (2-3 daily trips)	4.5 hours	8 hours
317	Asbury Park-Fort Dix-Philadelphia	4:00 AM-1:00 AM	80 minutes	2 hours
400	Sicklerville-Philadelphia	24 hours	15 minutes	1 hour
401	Salem-Philadelphia	5:00 AM-2:00 AM	30 minutes	2.5 hours
402	Pennsville-Philadelphia	4:00 AM-12:30 AM	20 minutes	8 hours
403	Turnersville-Lindenwold-Philadelphia	24 hours	15 minutes	1 hour
404	Cherry Hill Mall-Pennsauken-Philadelphia	4:30 AM-12:30 AM	15 minutes	1 hour
405	Cherry Hill Mall-Merchantville-Camden	6:00 AM-12:00 AM	15 minutes	1 hour
406	Berlin-Marlton-Philadelphia	4:30 AM-12:30 AM	10 minutes	70 minutes
407	Moorestown Mall-Merchantville-Camden	4:00 AM-12:30 AM	20 minutes	1½ hours
408	Millville-Glassboro-Philadelphia	4:00 AM-1:00 AM	15 minutes	2½ hours
409	Trenton-Willingboro-Philadelphia	24 hours	30 minutes	70 minutes
410	Bridgeton-Philadelphia	5:00 AM-12:30 AM	20 minutes	2 hours
412	Sewell-Glassboro-Philadelphia	4:30 AM-1:00 AM	20 minutes	2 hours
413	Camden-Mt. Holly-Florence	5:00 AM-1:30 AM	30 minutes	2 hours
414*	Moorestown-Philadelphia (South Jersey-Center City Connector)	6:00 AM-7:00 PM (AM peak inbound, PM peak outbound)	15 minutes	35 minutes
417*	Mt. Holly-Willingboro-Philadelphia Express (South Jersey-Center City Connector)	6:00 AM-7:00 PM (AM peak inbound, PM peak outbound)	15 minutes	45 minutes
418*	Trenton-Camden Express Service	Once daily per direction	N/A	N/A
419	Camden-Pennsauken Transit Center-Riverside	3:30 AM-1:30 AM	60 minutes	80 minutes
450	Cherry Hill Mall-Audubon-Camden	4:00 AM-11:30 PM	15 minutes	2 hours

Route Number	Route Description	Hours of Operation	Minimum/Peak Headway	Maximum/Off-Peak Headway
451*	Voorhees Town Center–Camden	6:00 AM–8:00 PM	30 minutes	1.5 hours
452	Camden–Pennsauken	6:00 AM–12:00 AM	30 minutes	1 hour
453	Ferry Ave PATCO–Camden	6:00 AM–7:30 PM	30 minutes	75 minutes
457	Moorestown Mall–Camden	6:00 AM–11:00 PM	30 minutes	70 minutes
551	Philadelphia–Atlantic City	24 hours	30 minutes	75 minutes
555*	Philadelphia–Sicklerville (South Jersey–Center City Connector)	6:00 AM–6:00 PM (AM peak inbound, PM peak outbound)	30 minutes	30 minutes

Source: New Jersey Transit

*No weekend service available

TABLE 4: CAMDEN PRIVATE SHUTTLE OPERATIONS

Shuttle Name (Sponsoring Agency)	Service Area	Eligible Riders	Overlap with Existing Transit
Campbell Soup Company Shuttle	Between Philadelphia 30th Street Station and Campbell headquarters in the Gateway neighborhood; between PATCO City Hall station and Campbell headquarters ^{202,203}	Campbell employees	<ul style="list-style-type: none"> • Route 400 • Route 403 • Route 404 • Route 405 • Route 406 • Route 407 • Route 451 (local)
Camden Rising (South Jersey Transportation Authority [SJTA])²⁰⁴	Downtown Camden and Waterfront area, between Broadway, Benson Street, Martin Luther King Boulevard, Riverside Drive, Cooper Street, and Penn Street	Camden County jurors, affiliates of Camden County College and Rowan University, affiliates of Rutgers Joint Health Sciences Center, employees of Joint Board of Governors, Camden County, Cooper’s Ferry, Conner Strong & Buckelew, American Water, NFI, and the Michaels Organization, residents of 11 Cooper ²⁰⁵	<ul style="list-style-type: none"> • River LINE • Route 401 • Route 402 • Route 410 • Route 412 • Route 452 (local) • Route 453 (local)
Campus-to-Campus Shuttle (Camden County College)²⁰⁶	Camden County College facilities near Broadway and Cooper Street and Blackwood campus	Camden County College students	<ul style="list-style-type: none"> • Route 400

²⁰² Peter Van Allen, “Campbell’s Stirs the Pot for a Big Corporate Campus in Camden,” *Philadelphia Business Journal*, October 8, 2013, www.bizjournals.com/philadelphia/news/2013/10/08/campbell-soup-innovation-starts-at-home.html.

²⁰³ Anne Cosgrove, “Headquarters Case Study: Tasty Amenities,” *Facility Executive*, March 21, 2012, facilityexecutive.com/2012/03/headquarters-case-study-tasty-amenities/.

²⁰⁴ Rowan University, “Camden Rising Brochure 2019,” September 2019, sites.rowan.edu/shuttle-services/_docs/camden-rising-brochure-2019.pdf.

²⁰⁵ “11 Cooper Apartments,” accessed December 2019, www.11cooper.com/apartments/nj/camden/neighborhood.

²⁰⁶ Camden County College, “Student Shuttle Service,” accessed December 2019, www.camdencc.edu/student_life/student-services/student-shuttle-service.

Shuttle Name (Sponsoring Agency)	Service Area	Eligible Riders	Overlap with Existing Transit
Campus-to-Campus Shuttle (Rowan University/SJTA) ²⁰⁷	Limited service between Rowan’s Camden Academic Building at Broadway and Cooper Street and main campus in Glassboro	Rowan University students and staff	<ul style="list-style-type: none"> • Route 313 • Route 408 • Route 412
Pureland North-South Shuttle (SJTA) ²⁰⁸	Between Walter Rand Transportation Center and Pureland Industrial Complex in Logan Township, Gloucester County, with three interim stops in Gloucester County	Pureland Industrial Complex employees and visitors	<ul style="list-style-type: none"> • Route 402
Rutgers-Camden shuttle (Rutgers University Department of Transportation Services) ²⁰⁹	Downtown, Waterfront area, and North Camden, between Broadway, Stevens Street, Third Street, Penn Street Jersey Joe Walcott Boulevard, Vine Street, Pearl Street, 5th Street, and Federal Street ²¹⁰	Rutgers University students and staff	<ul style="list-style-type: none"> • River LINE • Route 452 (local)

- speeding up service with dedicated travel lanes, transit signal priority, and electronic fare payment;
- redesigning the network with better connections to intermodal hubs, new Bus Rapid Transit service, and balanced stop spacing;
- introducing free and easy transfers between SEPTA, PATCO, and NJ Transit; and
- creating partnerships with companies and universities to offer discount passes to employees.²¹¹

As shown in Table 3: Camden Transit Routes as of March 2020, routes traveling east- and westbound between Camden neighborhoods tend to operate with less frequency than those traveling outside of city limits and

²⁰⁷ Rowan University, “Fall 2019 Camden Schedule,” accessed December 2019, sites.rowan.edu/shuttle-services/docs/fall-2019-shuttle-schedules/fall-2019-campus-to-campus-shuttle-schedule.pdf.

²⁰⁸ South Jersey Transportation Authority, “Pureland North-South Shuttle,” accessed December 2019, www.sjta.com/sjta/pdfs/brochures/PurelandNS_Brochure.pdf.

²⁰⁹ Rutgers University–Camden, “Parking & Shuttles,” accessed December 2019, www.camden.rutgers.edu/visit/parking-shuttles.

²¹⁰ TransLoc, “Rutgers Institutional Planning and Operations,” accessed December 2019, rutgers.transloc.com.

²¹¹ Tri-State Transportation Campaign, *A New Ride for New Jersey: Building a Better Bus System* (Trenton, NJ: Tri-State Transportation Campaign, September 2019), www.tstc.org/wp-content/uploads/2019/09/A-New-Ride-for-NJ.pdf.

along major interstates and county routes. North and East Camden, for example, are largely underserved by frequent bus service. A key link, Route 452, runs only half-hourly at a minimum but connects these neighborhoods to important destinations, including Waterfront South’s industrial employers, the Ferry Avenue PATCO station, Camden High School, Farnham and Gateway parks, the Cooper River Trail, the Salvation Army Kroc Center, the Federal Street commercial corridor, and riverfront communities to the north. In addition to limited weekend bus operations, the city also lacks a core overnight bus route, forcing residents who do not have a traditional work schedule to rely on intermittent service and transfers to get around Camden during off-peak hours.²¹² Paratransit is also mostly limited to daytime and weekday availability, with SEN-HAN Transit’s shuttle services being very oversubscribed. SCUCS must typically deny 5–10 daily requests, and the non-profit maintains a large waiting list for trips to kidney dialysis, sheltered workshops, and other medical appointments.²¹³

²¹² Cross County Connection Transportation Management Association, “Camden County - United We Ride Human Service Transportation Coordination Plan,” 2007, www2.driveless.com/pdfs/UWR_CFR.pdf.

²¹³ South Jersey Transportation Authority, *Camden County Human Services Transportation Coordination Plan Update* (Blackwood, NJ: South Jersey Transportation Authority, December 2013), s-rides.njtransit.com/home/Documents/UWR/CN-CAMDEN-CHSTP.pdf.

As the state considers improvements to bus and rail service, Camden stakeholders must also coordinate the efforts of transit operators with key public agencies and institutions that sponsor and utilize private shuttles. Although shuttles provide a convenient service, they are exclusive in nature and not designed for scale, and are therefore poorly positioned to serve disadvantaged populations. They can also duplicate and cannibalize existing service, challenging the government’s ability to cross-subsidize less popular routes. According to TransitCenter, a foundation dedicated to improving urban mobility, public funding for so-called “microtransit” is better spent on cost-effective strategies that boost ridership on major fixed routes, such as adding more frequent service and improving bus stops.²¹⁴ Failure to do this ultimately limits connections to the jobs and opportunities that can lift people out of poverty and contribute to better health. City leaders must coordinate future service planning with NJ Transit and shuttle operators to maximize equity and efficiency for the transit-dependent public.

1
DO FIRST

Develop a citywide plan for prioritized and standardized improvements to sidewalks, crosswalks, pavement markings, and other amenities.

To achieve good health, Camden residents should be able to safely walk to everyday destinations. This mandate stretches to all corners of the city, but focusing and prioritizing improvements in areas of most need will be key to closing gaps in access to physical activity and multimodal travel options. The city’s zoning code stipulates that “sidewalks shall be required on both sides of all streets,” and that curb ramps must “be provided at all street intersections,” with some exceptions subject to the discretion of

²¹⁴ “Microtransit + Transit,” *TransitTools* no. 13, TransitCenter, November 2019, [transitcenter.org/wp-content/uploads/2019/11/Microtransit-1-1.pdf?mc_cid=800aa84542&mc_eid=295a0203ac](https://www.transitcenter.org/wp-content/uploads/2019/11/Microtransit-1-1.pdf?mc_cid=800aa84542&mc_eid=295a0203ac).

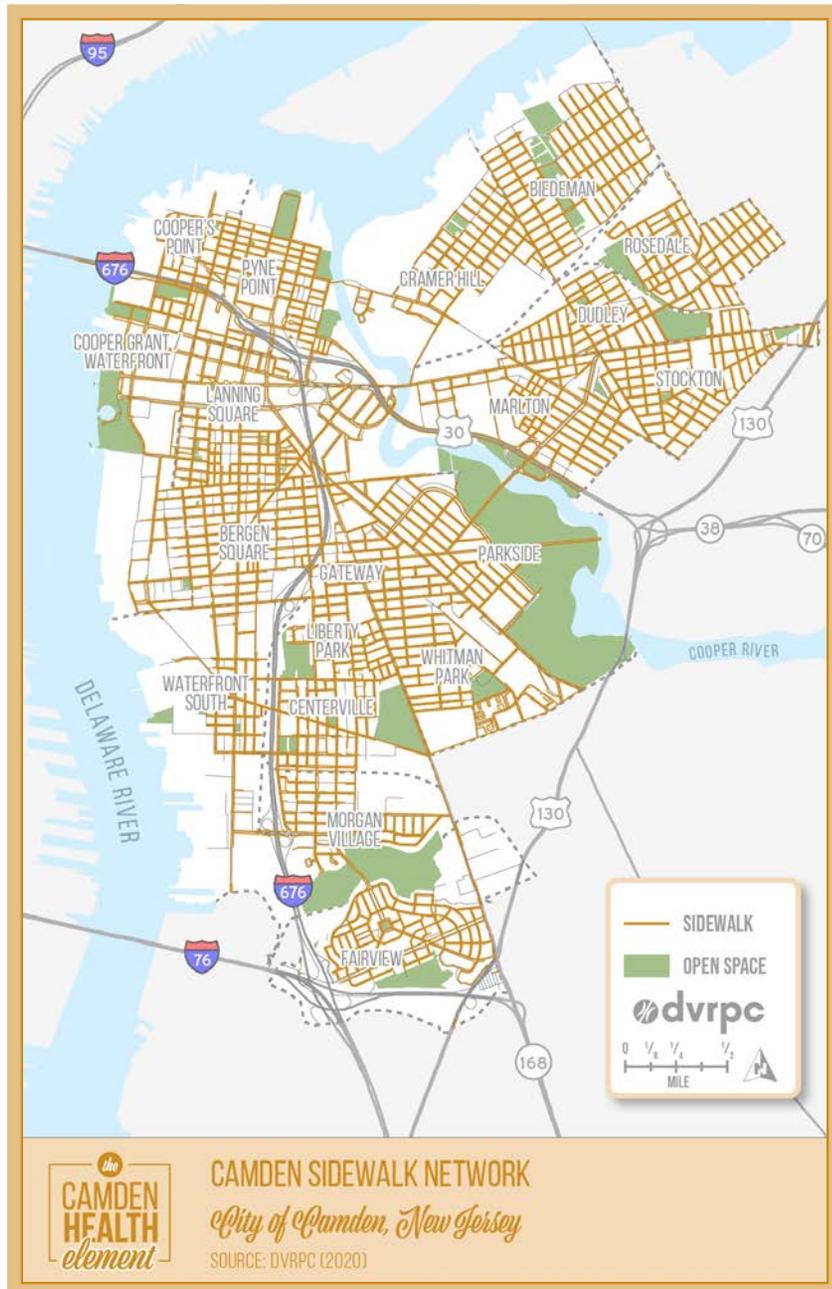
the Planning Board and Board of Adjustment.²¹⁵ However, this ordinance language generally applies only to applicants seeking to perform active development work on their properties; existing buildings and roads without sidewalks typically only add them when undergoing redevelopment. Fortunately, DVRPC’s sidewalk data—interpreted from aerial photos—shows that most Camden streets feature some sidewalk on at least one side of the street, and most have sidewalks on both sides (see Figure 14: Camden Sidewalk Network for more information). Although every neighborhood tends to have a few scattered blocks missing sidewalks, only some peripheral areas in North Camden, Cramer Hill, Beideman, and the Waterfront appear to have noticeable clusters of blocks without them. Ferry Avenue and Front Street, which access many industrial riverside employers, as well as some park spaces and a fishing pier, are perhaps the most glaring gaps, which may force employees or visitors arriving on foot to walk in the street.

Of further note is the condition of existing sidewalks, which varies considerably. Enforcing repairs can be difficult since property owners must often bear the cost. According to the FHWA, “some communities are taking more responsibility for sidewalk repair and replacement by lowering assessments and finding other funding sources for repairs.”²¹⁶ In this case, sidewalks are thought of as another part of the right-of-way, which helps to ensure the facilities are of consistent quality for the entire length of a given roadway. This approach echoes that which is usually taken for crosswalks, pavement markings, and amenities, such as street furniture, in which the installation and maintenance process tends to be at the discretion of the owner of the roadway: city, county, or state. To offset what can become an exorbitant municipal expense, communities like Missoula, Montana, have created shared fee structures with property owners.

²¹⁵ City of Camden, “Land Development Ordinance of the City of Camden,” approved 2011.

²¹⁶ Federal Highway Administration, “A Guide for Maintaining Pedestrian Facilities for Enhanced Safety,” November 2013, safety.fhwa.dot.gov/ped_bike/tools_solve/fhwa13037/chap4.cfm.

FIGURE 14: CAMDEN SIDEWALK NETWORK



Rather than pursue reactive or semi-regular spot treatments for such repairs, Camden should work to develop and publicize a pedestrian facility plan, bringing transparency to the maintenance process at the municipal level and clearly communicating city responsibilities, as well as what is expected of property owners and partner agencies. The following categories are recommended by FHWA as the main sections of a pedestrian facility maintenance plan:

- prioritization and funding for maintenance;
- goals, objectives, performance measures;
- schedule for improvements;
- communication and mechanisms for reporting problems;
- inspection procedures;
- documentation;
- procedures for repair and replacement, including seasonal considerations; and
- identification and recommendations of major pieces of equipment necessary for pedestrian facility maintenance.²¹⁷

In developing a pedestrian facility plan, Camden could undertake a comprehensive approach, a strategic zone-based approach, or some combination of the two. Although a comprehensive effort to inspect and catalogue the city's multimodal facilities would require significant resources, other communities have successfully used communitywide inventories to subsequently prioritize their maintenance work. In Durham, North Carolina, bonds were issued to fund the construction and replacement of thousands of the lowest-quality sidewalks and curb ramps around the entire city. Rochester, Minnesota, on the other hand, developed a zone-based strategy: The city decided to conduct monthly inspections and repairs in the central downtown area surrounding its key medical anchor, the Mayo Clinic, with yearly assessments in the rest of the downtown, and five percent of each remaining area addressed annually.²¹⁸

²¹⁷ Ibid.

²¹⁸ Ibid.

Camden can utilize a number of inputs to determine its pedestrian priorities. Many of the walkability deficiencies and traffic-calming needs around the city are identified in neighborhood and redevelopment plans completed throughout the last several years. In addition to using this guidance from local stakeholders, recent data from the U.S. Census Bureau, CDC, and Walk Score indicate where people are already able to walk and be active, as well as where they are not. The city should adapt its maintenance strategies based on these trends. As indicated in Figure 15, some areas are home to more active residents, such as Downtown and Cooper Grant, Lanning Square, and East Camden. Here, advanced roadway treatments can enhance the pedestrian experience for those already using sidewalks, trails, and other facilities. This might include benches, trash bins, decorative lighting, and wayfinding features, some of which were included among improvements made to the Westfield Avenue business corridor in 2019.²¹⁹ The addition of pedestrian-activated crossing signals, refuge islands, and bump-outs would provide enhanced protection, while updating signage and regularly repainting pavement markings and crosswalks—including updating them to the recommended continental design—would ensure that those choosing to walk can continue to do so, and encourage their neighbors to join in.

Other areas may need more basic improvements. Morgan Village, for example, has among the lowest levels of physical activity—with 48 percent reporting none in a two-week period—and had a Walk Score of 60, 10 points lower than the city overall.^{220,221} This suggests that not only do residents lack places to go but also ways to get there. Enhancing parks, retail offerings, transit access, and a standard quality of sidewalks and crossings are simpler ways to encourage pedestrian

²¹⁹ George Woolston, “Camden Breaks Ground on Westfield Avenue Streetscape Improvements,” TAP into Camden, March 19, 2019, www.tapinto.net/towns/camden/sections/business-and-finance/articles/camden-breaks-ground-on-westfield-avenue-streetscape-improvements.

²²⁰ Centers for Disease Control and Prevention, “500 Cities,” 2019 release.

²²¹ “Walk Score,” accessed February 2020, www.walkscore.com/NJ/Camden/Morgan_Village.

activity. Bergen Square had a high Walk Score (75) but similar rates of inactivity (50 percent) and among the lowest share of workers taking active transportation to their jobs (0.1 percent).²²² In addition, since many pedestrian-involved crashes have occurred in the neighborhood, safety treatments ought to be the priority. Along with safe sidewalks and crosswalks, all stop controls and speed signs should be assessed to confirm their visibility and that drivers act compliantly. Pyne Poynt also had limited physical activity (49 percent reporting none) and a number of pedestrian crashes, as well as a high share of households with no vehicles available (60 percent).²²³ Fortunately, the past several years have seen significant safety and multimodal upgrades to North Camden’s street network as part of a \$16 million project funded by the U.S. Department of Transportation.²²⁴ These improvements should be evaluated for their effectiveness and considered for neighborhoods with similar issues across Camden. This includes Centerville, which is home to the city’s least active residents, with 51 percent reporting no physical activity, and second-largest share of zero-vehicle households, at 59 percent.

Finally, the city should work with NJ Transit to ensure that all bus stops feature safe infrastructure to protect pedestrians, including sidewalks, crosswalks, lights, and signals. These elements are “crucial to making transit use safe for those who rely on it,” including residents of Waterfront South, Fairview, and Marlton, where roughly a quarter or more of commuters do.^{225,226}

²²² U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table S0801.”

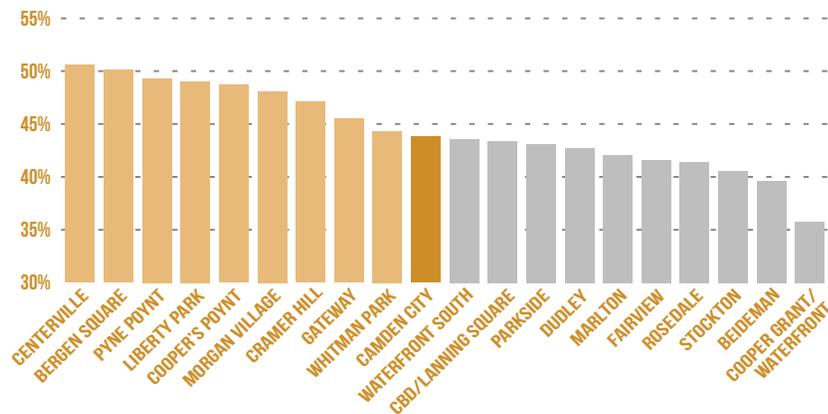
²²³ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table B25044: Tenure by Vehicles Available,” accessed February 2020.

²²⁴ Senator Bob Menendez, “Menendez, Norcross, Camden Mayor Moran Break Ground on Major Federal Infrastructure Improvement Project,” accessed February 2020, www.menendez.senate.gov/news-and-events/press/menendez-norcross-camden-mayor-moran-break-ground-on-major-federal-infrastructure-improvement-project.

²²⁵ Miriam Axel-Lute, “Beyond a New Rail Stop,” Shelterforce, January 29, 2020, shelterforce.org/2020/01/29/beyond-a-new-rail-stop/.

²²⁶ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table S0801.”

FIGURE 15: PERCENT OF SURVEY RESPONDENTS THAT REPORTED NO PHYSICAL ACTIVITY



Source: Centers for Disease Control, 500 Cities Project 2019

SECONDARY ACTIONS

Launch a walking education campaign that promotes safe pedestrian behavior and the health value of walking.

Improving safety for people on foot requires some infrastructure changes, but “soft policies” like educational campaigns that can influence traveler behavior are also important. Messaging can create positive shifts in motorists and those using active transportation. To maximize the effectiveness of health communication campaigns, the Community Preventive Services Task Force, an HHS initiative, recommends mass media exposure, as well as distribution of reduced-cost health-related products, such as a fitness tracking device.²²⁷ On-street solutions are also

²²⁷ The Community Guide, “Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution,” December 2010, www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related.

an easy and visible starting point, such as informative signs that model proper behavior like waiting for a clear signal to cross. Pavement markings on sidewalks are also a good way to remind pedestrians to approach intersections with caution and their full attention. In one practicable example, the city of Eureka, California—which discovered a disproportionately high rate of pedestrian collisions—successfully implemented the “Heads Up” campaign. State grant funding was used to paint stenciled reminders at active corners.²²⁸ The city of Bellevue, Washington, leveraged sidewalk plaques, brochures, and school presentations to promote its Neighborhood Traffic Calming Program, which brought unfamiliar street amenities to school zones, including curb extensions, bollards, and traffic circles.²²⁹ In addition to piloting some of the methods referenced here, Camden could also develop and publicize a walkability map and wayfinding system that highlights trails and other comfortable pedestrian routes between key destinations and neighborhoods. Students at Hopeworks embarked on a similar project in 2017; their work could be formalized and integrated into Camden’s official transportation resources.²³⁰

Modernize traffic control devices so signals are responsive to changes in pedestrian and vehicle volumes throughout the day.

Signal delays often become barriers to safe walking, especially in areas with lots of pedestrian activity. Generally, traffic signals are designed to prioritize vehicle flow, which may deter walking or lead pedestrians to cross at midblock locations or outside of a designated interval. A better balance

²²⁸ Alta Planning + Design, *Heads Up Final Report* (Eureka, CA: City of Eureka, 2015), altaplanning.com/wp-content/uploads/Eureka_FinalReport_FINAL_webview_101515.pdf.

²²⁹ Federal Highway Administration, “Elementary School Crosswalk Enhancement Program,” in *Pedestrian Safety Guide and Countermeasure Selection System*, 2012, www.pedbikesafe.org/pedsafe/casestudies_detail.cfm?CM_NUM=61&CS_NUM=30.

²³⁰ Melanie Burney, “In Camden, a Project to Tell Residents Where It’s Safe to Walk,” *Philadelphia Inquirer*, August 4, 2017, www.inquirer.com/philly/news/new_jersey/in-camden-a-project-to-tell-residents-where-its-safe-to-walk-20170804.html.

that is attentive to pedestrian needs can discourage speeding and other unsafe behaviors, and thereby enhance livability and produce a healthier population and streetscape. All signalized intersections where multimodal activity is common should include clear pedestrian countdown parameters to minimize the vulnerability of people on foot. Crossing infrastructure could also be upgraded to include visual or auditory confirmation of pushbutton activation, which has been found to improve pedestrian compliance. Bike signals could be implemented at intersections frequented by bicycle travelers. Busy downtown intersections, areas of high-crash activity, or locations with a high concentration of elderly residents or children might warrant the introduction of leading pedestrian intervals or exclusive pedestrian phases, which allow people to walk a few seconds before vehicles may enter or while all vehicle traffic is completely stopped. See Figure 16 for a map of recent crashes in Camden. Right turns at red lights could also be restricted at times of day with higher levels of pedestrian activity. In key areas, more advanced, automated methods could be used to detect pedestrians, such as infrared, microwave, and image processing technologies.^{231,232}

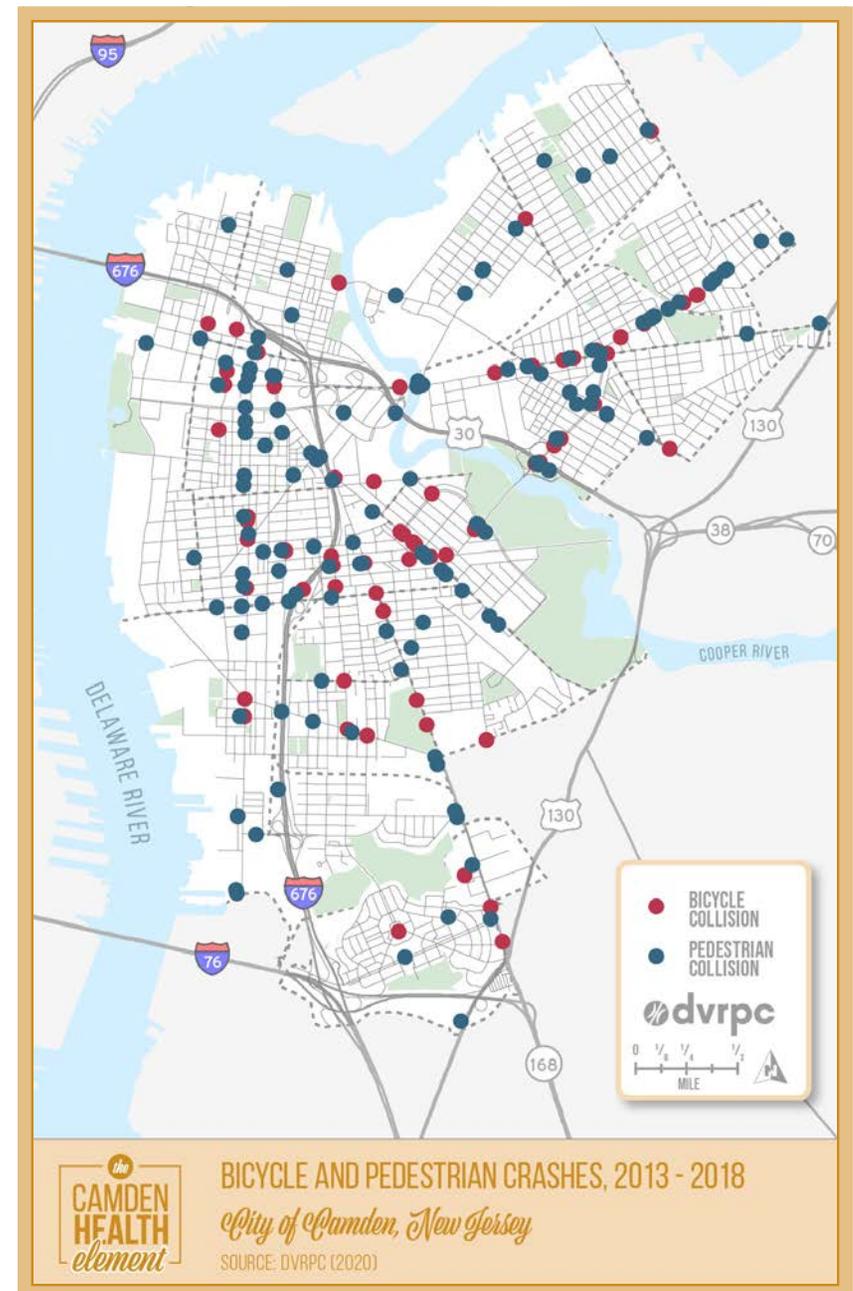
Work with the county and New Jersey Department of Transportation to redesign high-crash roadways and encourage safe driving.

Speeding creates an obvious risk for crash-related injuries and fatalities. At higher speeds, stopping distances increase, which decreases the time that a driver has to avoid a crash. In addition, as speed increases, so does pedestrian crash severity: nine out of 10 pedestrians die when hit by a vehicle moving at 40 miles per hour or more, whereas only one out of 10 die when hit by a vehicle moving at 20 miles per hour. As road construction

²³¹ Sirisha Murthy Kothuri, "Exploring Pedestrian Responsive Traffic Signal Timing Strategies in Urban Areas," Portland State University, July 25, 2014, core.ac.uk/reader/37776020.

²³² Federal Highway Administration, "Proven Safety Countermeasures."

FIGURE 16: BIKE AND PEDESTRIAN CRASHES IN CAMDEN, 2013-2018





Walk Audit with Camden Youth Advisory Council
Source: Amy Verbofsky, DVRPC

projects are undertaken in Camden, transportation professionals should consider adjusting speed limits and roadway designs to calm traffic, with input from local stakeholders. City leaders should also urge state officials to make legal certain emerging technologies, such as automated speed enforcement cameras, and earmark funding for crash prevention in locations where longer-term design changes are not immediately feasible. Priority corridors, intersections, and other areas should be identified for speeding countermeasures, but they should be carefully implemented in order to avoid shifting bad behavior to other locations.²³³

Education should also play a role in making Camden's streets safer. State law bans the use of a handheld mobile phone while driving, but the ubiquity of smartphone devices and other in-vehicle technologies still create tempting distractions for everyday motorists. Although New Jerseyans buckle up at a rate of around 90 percent, a recent survey by the National Highway Traffic Safety Administration found that only 39 percent

²³³ National Highway Traffic Safety Administration, *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices*, 9th ed (Washington, DC: National Highway Traffic Safety Administration, 2017), www.ghsa.org/sites/default/files/publications/files/countermeasures_9.pdf.

of adults used seat belts when riding in rear seats, often where passengers sit while using increasingly popular ride-hail services like Uber and Lyft.²³⁴ As traffic safety policy moves away from promoting traditional police-centered enforcement, partnerships between city institutions, law enforcement, schools, and community groups are essential. The CCPD can continue to participate in the state's annual "Click It or Ticket" and "U Drive. U Text. U Pay." campaigns, in tandem with other proven educational efforts like high school service-learning programs, child passenger safety inspection stations, and multimedia advertising and marketing.^{235,236,237,238}

Develop a municipal pedestrian and bicycle action plan consistent with the county *Bicycling and Multi-Use Trails Plan*, *Camden Greenway*, and *Circuit Trail plans*, which completes dedicated non-motorized routes in most neighborhoods.

Bikeable and walkable routes between Camden's neighborhoods, community facilities, and employment and cultural destinations are often challenging, circuitous, or non-existent. Fortunately, in late 2019 municipal leaders applied to the state's Local Technical Assistance Program in order to develop a bicycle and pedestrian master plan.²³⁹ If its application is successful, Camden will receive financial support to develop a guiding

²³⁴ New Jersey Department of Law & Public Safety, "Division of Highway Announces Annual 'Click It or Ticket' Seat Belt Enforcement Campaign Ahead of Summer Travel Season," May 14, 2019, www.nj.gov/oag/newsreleases19/pr20190514a.html.

²³⁵ New Jersey Division of Highway Traffic Safety, "Click It or Ticket Mobilization," accessed February 2020, www.state.nj.us/oag/hts/clickitorticket.html.

²³⁶ National Highway Traffic Safety Administration, *Countermeasures That Work*.

²³⁷ National Highway Traffic Safety Administration, *Expanding the Seat Belt Program Strategies Toolbox: A Starter Kit for Trying New Program Ideas* (Washington, DC: National Highway Traffic Safety Administration, October 2016), www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812341_seatbeltprogramstrategies.pdf.

²³⁸ New Jersey Department of Law & Public Safety, "New Jersey Division of Highway Traffic Safety Announces Kickoff of 'U Drive. U Text. U Pay.' Statewide Enforcement Action," April 1, 2019, www.nj.gov/oag/newsreleases19/pr20190401a.html.

²³⁹ John Boyle, "Camden Takes First (Much Needed) Step Towards a Bicycle and Pedestrian Plan," Bicycle Coalition of Greater Philadelphia, December 17, 2019, bicyclecoalition.org/camden-takes-first-much-needed-step-towards-a-bicycle-and-pedestrian-plan.

document that unifies its approach to implementing active transportation improvements citywide. This plan would integrate the existing work and prioritize recommendations within the county and regional trail system plans. It would also capitalize on other accomplishments, such as the Benjamin Franklin Bridge bicycle ramp and Transportation Investment Generating Economic Recovery grant work in North Camden. A master plan gives the public the opportunity to endorse bicycle concepts on a holistic basis rather than in a piecemeal fashion. Engaging community members through the planning process may also help reduce disparities in access to and use of improved infrastructure.²⁴⁰ Multimodal upgrades would improve traffic flow and safety for all users, and make it more feasible for residents and visitors alike to increase their physical activity and adopt healthy transportation habits. According to the Bicycle Coalition of Greater Philadelphia, improvements could include new bike lanes, ADA-accessible curb ramps, sidewalk curb extensions, retimed countdown clocks, and more lighting and wayfinding signage along several major roads. Once a master plan is adopted, the city could consider passing an ordinance that requires future road reconstruction projects to utilize designs that accommodate and protect cyclists if they occur within the officially designated bicycle network. This type of “Cycling Safety Ordinance” was recently enacted in 2019 by the Boston-area city of Cambridge.²⁴¹



Ben Franklin Bridge Bicycle Ramp
Source: Derek Lombardi, DVRPC

²⁴⁰ Robert Wood Johnson Foundation, “Bike & Pedestrian Master Plans,” County Health Rankings & Roadmaps, November 16, 2017, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/bike-pedestrian-master-plans.

²⁴¹ Angie Schmitt, “Cambridge Becomes First U.S. City to Make Protected Bike Lanes Mandatory,” Streetsblog, April 9, 2019, usa.streetsblog.org/2019/04/09/cambridge-becomes-first-u-s-city-to-make-protected-bike-lanes-mandatory.

Reduce barriers to transit accessibility, especially vehicles blocking paratransit loading areas, parking areas for people with disabilities, curb ramps, and bus stops.

For some daily tasks, people with disabilities may require mobility accommodations in the built environment. This is especially true when their medical needs come into play, such as travel to a doctor’s appointment or emergency care facility. Reserved parking spaces, accessible building entrances, curb depressions, and bus loading areas help to create shorter routes to destinations and provide proper aisle width and other assistance needed to load and operate mobility devices from vehicles or on sidewalks. When people illegally block or otherwise interfere with any of these spaces, they severely inhibit people with disabilities from navigating the city and carrying on their lives as healthily as possible.

Currently, the city’s municipal ordinance mandates a \$250 fine and court appearance for illegally parking in accessible on-street spaces, and \$34 for other types of violations that may obstruct mobility for people with disabilities, such as parking on corners or at bus stops.²⁴² The cost and penalty structure could be examined to more equitably address the challenges these violations might pose, and thereby further disincentivize illegal behaviors by bad actors that inhibit others’ mobility. The police department, parking authority, and other public agencies could also produce media content, signage, and educational materials that elaborate on the legal and civil rights implications of obstructing accessible parking and other accommodations. Another option is conducting enforcement sweeps dedicated to disability access throughout the year. Philadelphia recently approved a program that will use unarmed traffic enforcement officers to tackle safety issues on busy streets, with special considerations being taken to provide anti-bias training and avoid disproportionately

²⁴² Parking Authority of the City of Camden, “Enforcement Violations,” accessed February 2020, camdenparking.net/enforcement-violations/.

burdening low-income people and people of color. Other communities, including Onondaga County and the Town of Huntington, both in New York, have successfully established volunteer citizen corps groups to help combat accessible parking violations. In these communities, residents are trained to work part-time and given the authority to issue citations.²⁴³

Clarify and advance the implementation process of city and county Complete Streets policies.

Camden City and Camden County enacted Complete Streets policies in 2013, each designed to promote the proactive incorporation of pedestrian and bicycle amenities into transportation project design. All city and county projects must utilize a checklist of accommodations, such as sidewalks, curb ramps and extensions, crosswalks, signals, lighting, bike lanes, and pavement markings.²⁴⁴ However, safety for non-motorized travelers remains a citywide concern, with more pedestrian (five) and cyclist (one) crash deaths in 2018 than any of the 10 prior years.²⁴⁵ Achieving a network of Complete Streets is a crucial step toward preventing traffic deaths for vulnerable users, creating more active transportation options, and providing access to increased physical activity. The National Complete Streets Coalition uses a complex scoring methodology to highlight the nation's best Complete Streets policies. By comparing Camden's overlapping Complete Streets policies to the Coalition's standards, it is clear that some aspects of each policy could use further elaboration and clarification. Table 5 shows that the city's policy meets 13 of their 32 objectives, while the county's meets only 10. Each could consider a more intentional focus on equity and diverse users: more public input, as well as

²⁴³ Bill Smith, "The SHAPE of Disabled Parking Enforcement," The Parking Professional, January 2018, www.parking-mobility.org/wp-content/uploads/2019/03/18-01-disabled-parking-enf.pdf.

²⁴⁴ NJ Bicycle & Pedestrian Resource Center, "Complete Streets Policy Compilation," accessed February 2020, njbikeped.org/complete-streets-2.

²⁴⁵ New Jersey Department of Transportation Crash Data, 2018.

firmer accountability mechanisms, measurable performance indicators, and more explicit guidance surrounding project selection and implementation efforts. In January 2020, the New Jersey Department of Transportation released an updated version of [Complete and Green Streets for All: Model Complete Streets Policy and Guide](#), which includes a focus on equity and health. One recently adopted Complete Streets platform that stands out in this regard is Baltimore's, which focuses on the intersectional needs that must be fulfilled in order to make a street "complete," such as reducing the pollution that has caused asthma to spike in poor neighborhoods, encouraging economic development and job access, and otherwise prioritizing areas with low vehicle ownership.²⁴⁶

Expand citywide campaigns for bicycle safety and related promotional and educational bike programming.

Education about safe cycling and road sharing can not only protect existing bicycle commuters but potentially lead others to make active transportation a more routine option in their day-to-day travel. PeopleForBikes—a non-profit advocacy group—recommends campaigns that target emotions, rather than those that simply provide information, in order to best promote behaviors and attitudes that embrace bicycle use. They also caution against fear tactics but instead encourage campaigns that "personalize and humanize cyclists," sharing stories rather than statistics. Finally, the foundation suggests balancing campaign messaging so that it speaks to both motorists and cyclists, helping to frame the bicycle as "more of a mainstream, ordinary mode of transport."²⁴⁷ Posters, billboards, and other materials can leverage humor and depict cyclists of all ages, abilities, and backgrounds, in casual dress, completing everyday

²⁴⁶ Terrence McDonald, "Bike Lanes Aren't Just a White Thing," Shelterforce, December 9, 2019, shelterforce.org/2019/12/09/how-do-we-truly-make-streets-safer-for-everyone.

²⁴⁷ Kate Scheider, "A Review of Bicycle Safety Campaigns," PeopleForBikes (formerly Bikes Belong Foundation), May 1, 2009, www.issuelab.org/resources/3783/3783.pdf.

tasks and errands.²⁴⁸ Ads should present an ideal action in dangerous scenarios and avoid singling out a specific user and pointing fingers. Among the exemplars selected by PeopleForBikes are life-sized cutouts of people with their bikes, viral videos, roadside events, flyers, car magnets, and decal stickers. Other venues for teaching proper road safety behavior are physical education classes and afterschool programs in city schools, recreation center programming, and drivers' education classes. In addition to distributing educational materials, the city could partner with health systems or bicycle advocacy organizations to provide free or discounted safety equipment, bike safety checks, and helmet fittings at standalone community events or during large-scale festivals.

Expand the availability of secure bike parking and storage near key focal points around the city.

The choice to bike is partially contingent on safe and dry places to ride, park, and store one's bicycle.²⁴⁹ Employer-provided bicycle parking and other benefits exclusive to cyclists offer simple responses to this barrier. Camden City and Camden County, as well as their major public and non-profit partners, can model workplace supports for cyclists by installing covered racks, corrals, lockers, bike repair stations, indoor bike rooms, and showers in offices, institutional buildings, community facilities, and supervised parking garages and lots. All PATCO and River LINE stations could be similarly outfitted. Some transit centers and office districts have made room for expansive "bike stations" or "bike hubs" that charge bike commuters a small monthly fee to securely park, use showers,

and visit a shop and repair station.²⁵⁰ The city should survey major employers to determine whether secure bike parking is available, along with other amenities and benefits, such as showers, lockers, or financial reimbursements, and work with them to fill any major gaps and build awareness around the advantages of this healthy travel option. Smaller businesses could be offered modest funding packages or assistance from the Department of Public Works to install bike racks or corrals in parking lots or on nearby sidewalks. A survey in Portland, Oregon, suggests that the benefits can be plentiful, with bike corrals having the potential to "increase parking capacity by 400 to 800 percent, calm traffic, and draw eyes toward them and the businesses near them."²⁵¹ Better signage, wayfinding, and promotional tools could be used to indicate where bike parking currently exists across the city.

The city may want to pursue the following actions:

- Develop a priority system and schedule for the installation, improvement, and ongoing maintenance of bus shelters.
- Become a "Vision Zero" city with a high-injury network map and strategic plan for ongoing safety investments.
- Implement a long-term bikeshare program.
- Work with transit providers to develop equitable fare policy changes.

²⁴⁸ Modacity, "8 Rules of Effective (Bike) Marketing," January 22, 2018, www.modacitylife.com/blog/8-rules-of-effective-bike-marketing.

²⁴⁹ Robert Wood Johnson Foundation, "Multi-Component Workplace Supports for Active Commuting," County Health Rankings & Roadmaps, November 7, 2019, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/multi-component-workplace-supports-for-active-commuting.

²⁵⁰ Elly Blue, "How Bike Parking Could Make Cities Better for Everyone," Gizmodo, May 27, 2014, gizmodo.com/how-more-bike-parking-could-make-cities-better-for-ever-1582198868.

²⁵¹ Elly Blue, "The Best Way to Promote City Riding? Bike Racks," Bicycling, April 25, 2016: www.bicycling.com/news/a20024191/the-best-way-to-promote-city-riding-bike-racks.

TABLE 5: NATIONAL COMPLETE STREETS COALITION'S 10 ELEMENTS OF A COMPLETE STREETS POLICY

Topic	City	County	Criterion Required for Highest Score
Vision and intent	X	X	Policy is clear in intent, stating firmly the jurisdiction’s commitment to a Complete Streets approach, using “shall” or “must” language. This needs to be in the body of the legislation, not the “whereas” statement.
	X	X	Policy mentions the need to create a complete, connected network.
	X	X	Policy specifies at least one motivation or benefit of pursuing Complete Streets.
	X	X	Policy specifies equity as an additional motivation or benefit of pursuing Complete Streets,
	X	X	Policy specifies modes, with a base of four modes, two of which must be biking and walking.
Diverse users			Policy language requires the jurisdiction to “prioritize” vulnerable users or neighborhoods with histories of systematic disinvestment or underinvestment. This could include neighborhoods with insufficient infrastructure or neighborhoods with a concentration of vulnerable users.
			Policy establishes an accountable, measurable definition for priority groups or places. This definition may be quantitative (i.e., neighborhoods with # percent of the population without access to a vehicle or where the median income is below a certain threshold) or qualitative (i.e., naming specific neighborhoods).
Commitment in all projects and phases			Policy requires all new construction and reconstruction/retrofit projects to account for the needs of all modes of transportation and all users of the road network.
			Policy requires all maintenance projects and ongoing operations, such as resurfacing, repaving, restriping, rehabilitation, or other types of changes to the transportation system, to account for the needs of all modes of transportation and all users of the road network.
	X	X	Policy specifies the need to provide accommodations for all modes of transportation to continue to use the road safely and efficiently during any construction or repair work that infringes on the right-of-way and/or sidewalk.
Clear, accountable exceptions	X	X	Policy includes one or more justified exceptions—and no others.
	X	X	Policy states who is responsible for approving exceptions.
			Policy requires public notice prior to granting an exception in some form. This could entail a public meeting or an online posting with opportunity for comment.
Jurisdiction			A municipality’s or county’s policy requires private development projects to comply.
Design	X	X	Policy directs the adoption of specific, best state-of-the-practice design guidance and/or requires the development/revision of internal design policies and guides.
	X		Policy sets a specific timeframe for implementation.
Land use and context sensitivity	X		Policy requires new or revised land use policies, plans, zoning ordinances, or equivalent documents to specify how they will support and be supported by the community’s Complete Streets vision.
	X	X	Policy requires the consideration of the community context as a factor in decision making.
			Policy specifies the need to mitigate unintended consequences, such as involuntary displacement.

Topic	City	County	Criterion Required for Highest Score
Performance measures			Policy establishes specific performance measures under multiple categories, such as access, economy, environment, safety, and health.
			Policy establishes specific performance measures for the implementation process, such as tracking how well the public engagement process reaches under-represented populations or updates to policies and documents.
			Policy embeds equity in performance measures by measuring disparities by income/race/vehicle access/language/etc. as relevant to the jurisdiction.
			Policy specifies a timeframe for recurring collection of performance measures.
			Policy requires performance measures to be released publicly.
			Policy assigns responsibility for collecting and publicizing performance measures to a specific individual/agency/committee.
Project selection criteria			Policy establishes specific criteria to encourage funding prioritization for Complete Streets implementation.
			Policy specifically addresses how equity will be embedded in project selection criteria.
Implementation steps			Policy requires that related procedures, plans, regulations, and other processes be revised within a specified timeframe.
	X		Policy requires workshops or other training opportunities for transportation staff. Policy is specific about the timing and/or staff members for the training and workshops.
			Policy assigns responsibility for implementation to a new or existing committee that includes both internal and external stakeholders who are representative of underinvested and vulnerable communities. Policy is specific about which internal and external stakeholders are/will be represented on the committee.
			Policy creates a community engagement plan with specific strategies for who, when, and how they will approach public engagement in the project selection, design, and implementation process. Policy specifically addresses how the jurisdiction will overcome barriers to engagement for under-represented communities.

Source: Smart Growth America, "The Elements of a Complete Streets Policy," 2018, smartgrowthamerica.org/resources/elements-complete-streets-policy.



*Trail along the Delaware River at Cooper's Poynt Waterfront Park
Source: Amy Verbofsky, DVRPC*

the
**CAMDEN
HEALTH**
element

chapter 6:
**SAFE & COMPLETE
NEIGHBORHOODS**



BACKGROUND

Safe and complete neighborhoods—where individuals have safe and convenient access to a variety of commercial amenities, public spaces and parks, high-quality school programs, and public facilities—are essential components of community health. Extensive research has shown that neighborhood walkability, green spaces and parks, and perceived and actual safety play a vital role in encouraging healthy lifestyles. Parks create safe places for walking and cycling, both for transportation and recreation. Numerous studies have demonstrated that exposure to green space and nature improves mental health.²⁵² Furthermore, walkable neighborhoods with diverse amenities and services promote physical activity, foster neighborhood cohesion, and enhance community safety.

Conversely, violence in communities, whether actual or perceived, worsens the physical and mental health of residents. Concerns over crime, assault, and gang violence can cause chronic stress, which is correlated with poor health. When residents perceive their neighborhoods to be unsafe, they are more likely to remain inside, leading to social isolation, reduced

²⁵² World Health Organization, “Health and Sustainable Development: Urban Green Spaces,” accessed July 2019, www.who.int/sustainable-development/cities/health-risks/urban-green-space/en.



Phoenix Park

Source: Miles Owen, DVRPC

physical activity, and subsequent health problems. But community safety is about more than just violence and crime prevention; it is about building strong, cohesive, and participatory neighborhoods that work toward removing systemic barriers to safety.

The interconnected elements that comprise safe and complete neighborhoods promote community cohesion and positively impact residents' health and well-being.

KEY ASSETS

EXTENSIVE REINVESTMENT IN PARKS THROUGHOUT THE CITY

With the support of many local and state partners, Camden's park system has grown and will continue to grow through investments in the years ahead. Cooper's Poynt Waterfront Park, which was built on the site of the former Riverfront State Prison, has yielded more than five acres of new park space, including an ADA-accessible play area and an off-road trail.²⁵³ Additionally, the Cramer Hill Waterfront Park will add over 60 acres of high-quality green space to Camden when it opens in 2021. Through its Connect the Lots program, CCP organizes several wellness and fitness activities, including weekly yoga sessions and bootcamp workouts, to help activate parks throughout the city.

EXISTING SCHOOL WELLNESS POLICIES

In 2012, the CCSD adopted a Comprehensive Wellness Policy that prioritizes child and adolescent nutrition and physical activity in the city's 26 public schools. The policy addresses the nutritional quality of food served throughout the day and stipulates guidelines for food brought into the school for various school-sponsored events. The wellness policy also enhances existing physical education programs by recommending additional opportunities for physical activity throughout the day, as well as safe routes to school, parent outreach, and staff wellness programs.

²⁵³ The Condo Shop, “Cooper's Poynt Waterfront Park Opens up N Camden to New Opportunities and Possibilities,” June 21, 2017, www.thecondoshops.com/coopers-poynt-waterfront-park-opens-up-n-camden-to-new-opportunities-possibilities.

KEY CHALLENGES

AMIDST IMPROVEMENTS, CRIME PERSISTS

According to the CCPD, overall crime figures in the city showed double-digit decreases from 2017 to 2018. Violent crime dropped by 18 percent, which was led by a 21 percent decline for aggravated assaults.²⁵⁴ Despite these significant drops, Camden still has a violent crime rate of 16.22 per 1,000 residents, while the national median is 4 per 1,000 and the New Jersey rate is 2.08 per 1,000.²⁵⁵

ALTHOUGH WORK IS UNDERWAY TO CONTEND WITH VACANCY, THERE ARE STILL MANY VACANT UNITS CITYWIDE

According to the 2018 American Community Survey, over 3,600 housing units (12 percent) were vacant and not for rent or sale citywide. Hot spots for vacancy within the city were the central neighborhoods of Gateway (26 percent), Waterfront South (23 percent), and Bergen Square (21 percent).^{256,257} No census tracts had a lower rate of vacancy than the county's overall, and only one neighborhood had a smaller share than the state's. The Urban Institute links living near vacant homes and lots or abandoned buildings with alarming effects, such as lower literacy rates in young children, higher prevalence of violent crime, and high rates of chronic illness. A cycle of disinvestment might cause vacancies to proliferate in neighboring residential and commercial properties. As a result, residents may have few options for healthy eating and exercise, suffer from breakdown of social capital, and become isolated from vital

²⁵⁴ Jim Walsh, "Police: Camden Crime Stats Improved in 2018," *Cherry Hill Courier-Post*, January 4, 2019, www.courierpostonline.com/story/news/crime/2019/01/04/camden-homicides-murder-crime-statistics-violent-nonviolent/2482069002.

²⁵⁵ Neighborhood Scout, "Camden, NJ: Crime Rates," accessed August 2020, www.neighborhoodscout.com/nj/camden/crime.

²⁵⁶ U.S. Census Bureau, "2018 ACS 5-Year Estimates Table DP04: Selected Housing Characteristics," accessed February 2020.

²⁵⁷ U.S. Census Bureau, "2018 ACS 5-Year Estimates Table B25004: Vacancy Status," accessed February 2020.

resources.²⁵⁸ To address vacancy, in January 2015, with support from federal and state funds, Camden began a \$13 million project to demolish 600 blighted properties throughout the city.

POSTINDUSTRIAL CHARACTERISTICS HAVE FRAGMENTED NEIGHBORHOODS

In the early 20th century, the City of Camden was a major center for industry and transportation; however, the departure of major industries led to dramatic economic and population losses. The same time period saw the growth of the interstate highway system, including the construction of I-676, which divided many communities and still serves as a physical barrier throughout the city today. This separation, as well as a fragmented and deteriorated pedestrian network, impacts residents' connection to each other and to amenities, including jobs, schools, and other day-to-day destinations.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Safe and Complete Neighborhoods;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

²⁵⁸ Erwin de Leon and Joseph Schilling, *Urban Blight and Public Health: Addressing the Impact of Substandard Housing, Abandoned Buildings, and Vacant Lots* (Washington, DC: Urban Institute, April 2017), www.urban.org/sites/default/files/publication/89491/2017.04.03_urban_blight_and_public_health_vprn_report_finalized.pdf.

CAMDEN COUNTY POLICE DEPARTMENT (CCPD)

In 2013, the City of Camden disbanded its municipal police department and transitioned to a new, county-run force. The CCPD, sometimes referred to as the Metro Division, is available to all Camden County municipalities; however, the department currently only has jurisdiction over the City of Camden. The reorganized police department has over 400 officers—almost 130 more than were on the city force. Officers spend the majority of their time on the streets, walking through neighborhoods and working to create a safer environment. They have introduced programs with schools in Camden to foster positive interactions between officers and children. The CCPD has also implemented de-escalation training and worked with New York University’s Policing Project to develop a new use-of-force guidebook that was vetted by the American Civil Liberties Union of New Jersey and the Fraternal Order of Police—CCPD.

Since the transition to the CCPD in 2013, the violent crime rate in Camden City dropped by almost 40 percent, including a 54 percent drop in the murder rate and a 57 percent drop in the rate of robberies.^{259,260} These statistics—from a city that was once branded as the most dangerous city in the country—have led many people to hold the CCPD up as a model of good community policing. However, some local residents and advocates have pushed back against this depiction, noting that the crime statistics do not capture their experience. Many point to the use of “broken-windows” policing and the rise of frivolous citations, such as riding a bicycle without a bell or light (rose from three to 339 in the first year of the reorganized

department).²⁶¹ They also note the corresponding rise in excessive force complaints and high turnover rate among police officers. Residents and the National Association for the Advancement of Colored People (NAACP) of Camden County have also objected to the lack of diversity within the police department—almost half of the department is White when over 42 percent of Camden residents are Black and over 50 percent are Hispanic.²⁶² The NAACP of Camden County drew public attention to these issues and pushed the CCPD to implement de-escalation training and adopt a new use-of-force guidebook. Although the CCPD has made a lot of progress in reducing crime and building trust within the community, some residents note that more can be done to support safer neighborhoods.

²⁵⁹ New Jersey State Police, “Uniform Crime Report 2019,” accessed August 11, 2020, www.njsp.org/ucr/uniform-crime-reports.shtml.

²⁶⁰ New Jersey State Police, “Uniform Crime Report 2013,” accessed August 11, 2020, www.njsp.org/ucr/uniform-crime-reports.shtml.

²⁶¹ Stephen Danley, “Camden Police Reboot is Being Misused in the Debate Over Police Reform,” *Washington Post*, June 16, 2020, www.washingtonpost.com/outlook/2020/06/16/camden-nj-police-reboot-is-being-misused-debate-over-police-reform/.

²⁶² Katherine Landergan, “The City that Really Did Abolish the Police,” *Politico Magazine*, June 12, 2020, www.politico.com/news/magazine/2020/06/12/camden-policing-reforms-313750.

STRATEGIES

Strategy 1: Promote walkable districts with a mix of uses, amenities, and community facilities

Neighborhoods that contain a mix of uses—including commercial, educational, and recreational facilities—encourage residents to walk to meet their needs. When more residents are walking in their neighborhoods, it provides opportunities for physical activity, increases safety and liveliness, supports the local economy, and cultivates a greater sense of community.

Camden's land use varies greatly among its neighborhoods. The Downtown area features many commercial and community services alongside office buildings, university facilities, and local government institutions. To the south and northeast are neighborhoods dominated by concentrated residential buildings, especially rowhomes. The Delaware River Waterfront on Camden's western periphery is primarily occupied by heavy industrial properties with recreational and cultural amenities like the Adventure Aquarium. The land along the Cooper River remains wooded and lined by several parks, including the largest in the city, Farnham Park. The diversity of land use types and the frequency with which they intersect demonstrates the potential for positive health outcomes in Camden. Residents can theoretically make routine trips and transition from home to employment, commercial, and recreational facilities with relative ease within the city's compact urban environs. Nevertheless, Camden also faces several challenges, including neighborhoods divided by highways and rail lines, underutilized Downtown and Waterfront land that is largely given over to parking, as well as vacant lots, underperforming commercial corridors, and crime or the perception of crime deterring walkability and social integration.

The private company Walk Score publishes an index that rates communities from 0 to 100 based on their walkable access to amenities. Camden's citywide score is 70. Lanning Square and Gateway have the highest neighborhood Walk Scores at 78, followed by Cooper Grant and

Dudley at 77. These centrally located neighborhoods are nearly adjacent to one another but are bisected by I-676 and the Cooper River. Many other parts of central and East Camden scored in the 70s, suggesting that much of the city has fairly robust pedestrian access to businesses, parks, schools, and other common destinations. Areas of northeast and South Camden have slightly lower scores, with Morgan Village (60), Beideman (55), and Cramer Hill (55) receiving the lowest. These three neighborhoods are surrounded by physical barriers that inhibit connectivity, such as interstates, railroad tracks, and the riverfront.²⁶³

There are many actions that can promote walkability for all city residents. Developing incentives to support local, health-promoting businesses, creating pedestrian-only thoroughfares, and utilizing zoning and building codes to encourage walkable communities are all approaches that can help promote walkable districts with a mix of uses and resources.

Strategy 2: Support safer neighborhoods

Crime in communities, whether actual or perceived, impacts the health and well-being of residents. Violence may lead to premature death or cause non-fatal injuries, and those who experience violence directly or fear violence may suffer from mental distress and reduced quality of life.^{264,265} There are also long-lasting effects of neighborhood crime that may result in negative health outcomes. For example, prolonged exposure to elevated stress levels can lead to chronic diseases like hypertension, diabetes, and cancer, as well as behavioral changes and health-risk behaviors.²⁶⁶ When residents perceive their communities to be unsafe, they may be deterred

²⁶³ "Walk Score."

²⁶⁴ World Health Organization, *World Report on Violence and Health*, ed. Etienne G. Krug et al. (Geneva: World Health Organization, 2002), www.who.int/violence_injury_prevention/violence/world_report/en/introduction.pdf.

²⁶⁵ Kathryn E. McCollister, Michael T French, and Hai Fang, "The Cost of Crime to Society: New Crime-Specific Estimates for Policy and Program Evaluation," *Drug Alcohol Dependence* 108, nos. 1–2 (2010): 98–109, doi: 10.1016/j.drugalcdep.2009.12.002.

²⁶⁶ Teagan Kuruna, "Understanding How Trauma Affects Health and Health Care," Center for Health Care Strategies, Inc., November 22, 2016, www.chcs.org/understanding-trauma-affects-health-health-care.

from walking and utilizing public services and amenities. This can lead to social isolation and reduced physical activity. One study found that low perceived safety in neighborhoods is related to higher rates of obesity and higher body mass indices.²⁶⁷

Crime, or the perception of crime, was one of the top concerns that community members raised during the Health Element planning process. Although safety is still an important component of fostering a healthy community, with the murder of George Floyd and others at the hands of police, the project team had to acknowledge that police violence is a serious public health issue. The American Public Health Association, which formally recognized this in a November 2018 policy statement, asserts that, “Evidence of continued law enforcement violence shows that U.S. policing has failed to equitably deliver safety, placing an inequitable burden of mental and physical harm on socially and economically marginalized populations.”²⁶⁸ The role that law enforcement plays in communities is a complex issue that is being challenged across the country. Camden residents, elected officials, advocates, and police officers need to come to their own understanding of the role that law enforcement should play in Camden alongside community-based programs. The actions in this chapter focus on building safe and complete neighborhoods without police intervention.

Strategy 3: Ensure health-promoting operations at schools and public facilities

Schools and public facilities play an important role in the overall health of child, adolescent, and adult community members. Schools are effective community settings to address preventative health problems, especially

²⁶⁷ Barbara B. Brown et al., “Physical Activity Mediates the Relationship Between Perceived Crime Safety and Obesity,” *Preventative Medicine* 66 (2014): 140–144, doi: 10.1016/j.ypmed.2014.06.021.

²⁶⁸ American Public Health Association, *Addressing Law Enforcement Violence as a Public Health Issue*, Policy Number 201811, November 12, 2018, www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence.

those related to diet and physical activity. School wellness programs help to foster healthier communities by educating youth about how to adopt healthy lifestyles. The diagram to the right shows how the many components of the school nutrition environment influence students’ access to healthy foods and beverages at school.²⁶⁹

Similarly, public spaces and community facilities like libraries, parks, and community centers can offer health services, education and awareness programs, and afterschool programming. For example, Camden’s Salvation Army Kroc Center offers numerous programs for community members, such as wellness classes and a healthy lifestyle series. The LEAP Health and Wellness Center is another example of integrating educational facilities and community health resources. As noted in Chapter 4, this Downtown pediatric school-based health center provides comprehensive health services for approximately 1,000 LEAP students and their families.²⁷⁰ LEAP makes it more convenient for parents and students to receive preventative health care services because they do not have to go out of their way to receive care.



Components of the School Nutrition Environment and Services
Source: Centers for Disease Control and Prevention

²⁶⁹ Centers for Disease Control and Prevention, “CDC Healthy Schools: School Nutrition,” May 29, 2019, www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm.

²⁷⁰ Rutgers University-Camden, “Rutgers/LEAP Health and Wellness Center Established,” accessed August 2019, news.camden.rutgers.edu/2015/04/new-rutgersleap-health-and-wellness-center-to-deliver-health-care-services-to-camden-families.

As noted previously, the CCSD adopted a Comprehensive Wellness Policy that requires schools to better integrate healthy eating, nutrition education, and physical activity in the school curriculum. It aims to enhance the nutritional quality of food served in school and creates guidelines for food brought into the school for various school-sponsored events. It also increases existing physical education programs both inside and outside school. To ensure successful implementation, the wellness policy recommends creating wellness committees made up of students, parents, teachers, and school staff. Committees are responsible for developing, monitoring, reviewing, and if necessary, revising school-specific nutrition and physical activity policies. Programs such as this should be expanded and implemented beyond schools and serve as a model to create health programming and opportunities for physical activity in public-serving institutions.

Strategy 4: Enhance city and county park systems, recreational programs, and open spaces

Extensive research confirms that urban parks, gardens, and green space support human health and wellness. A study at the University of Washington found evidence of lower frustration and increased brain activity—resembling the results of meditation—when walking in green space versus being in retail areas without trees. In addition, environmental psychologists claim that visual exposure to nature can effectively reduce stress.²⁷¹ Parks and green spaces also promote physical activity, which has been shown to lower the risk of many poor health outcomes, including early death, chronic disease, cancer, falls, and depression.^{272,273}

The CDC 500 Cities Project found that roughly 44 percent of Camden adults reported no leisure-time physical activity in 2017. Only 27 percent

²⁷¹ Kathleen L. Wolf, “The Health Benefits of Small Parks and Green Spaces,” Parks & Recreation, April 3, 2017, www.nrpa.org/parks-recreation-magazine/2017/april/the-health-benefits-of-small-parks-and-green-spaces.

²⁷² World Health Organization, “Health and Sustainable Development.”

²⁷³ Wolf, “The Health Benefits of Small Parks and Green Spaces.”

of adults nationwide reported no leisure-time physical activity—nearly half the rate in Camden.²⁷⁴ Although many people reported being physically inactive, over 95 percent of Camden residents live within a 10-minute walk to a park, about a half-mile. In fact, 64 percent of Camden residents live within a five-minute, or quarter-mile, walk to a park. This bodes well for the city as studies have shown that proximity to parks is associated with increased park usage and, when coupled with good park design, can reduce stress and encourage community interaction.²⁷⁵ It is vital for Camden to continue to improve its park system and reduce the barriers preventing residents from utilizing it.

There are many ways that the city and its partners can work to ensure that all residents can safely access parks and open spaces, including establishing more robust park support and stewardship networks, adding multigenerational and ability-inclusive features, and enhancing public access through continued development of parks and trails.

PRIORITY ACTIONS


**MOST
ACHIEVABLE**

Encourage the Camden Special Services District (CSSD) to continue expanding their improvement services to commercial corridors outside of the Waterfront and Downtown areas, particularly through their Neighborhood Improvement Program.

The CSSD, a program launched to encourage economic development in Camden’s Downtown commercial corridor, has expanded its work beyond Downtown. In 2008, the Camden Urban Enterprise Zone contracted CSSD

²⁷⁴ Centers for Disease Control and Prevention, “500 Cities,” 2019 release.

²⁷⁵ Centers for Disease Control and Prevention, National Center for Environmental Health, “Parks and Trails: Health Impact Assessment Toolkit,” November 2014, www.cdc.gov/healthyplaces/parks_trails/parks-and-trails-health-impact-toolkit.pdf.

to create the Neighborhood Improvement Program, allowing CSSD to provide services to additional commercial corridors, including Yorkshipp Square, and business corridors along Broadway, Haddon Avenue, Federal Street, and River Road. Some of the services they provide include trash and debris removal, power washing, landscape maintenance, hospitality, and event support. Their work enhances the experiences of people who live, work, and play in the CSSD service areas.

CSSD has been supported by local and state funding programs, including multiple Neighborhood Revitalization Tax Credit projects and through contributions and fees-for-service contracts with a variety of businesses throughout the city. However, in November 2019, the Camden City Council approved the formation of a Business Improvement District (BID) in Downtown Camden. Through the BID, commercial, industrial, and tax-exempt properties above a certain threshold will pay a yearly assessment to the BID in return for its clean and safe services. CSSD will serve as the management corporation for the BID. The formation of the BID will provide CSSD with more stable sources of funding and potentially allow them to hire additional staff and expand their services hours.²⁷⁶

Although the BID's service area is primarily focused

²⁷⁶ Phaedra Trehan, "Downtown Camden Will Have a Business Improvement District," *Courier-Post*, November 18, 2019, www.courierpostonline.com/story/news/local/south-jersey/2019/11/18/downtown-camden-have-business-improvement-district-revitalization-frank-moran-special-services/4190764002.



Federal Street in East Camden
Source: Amy Verbofsky, DVRPC

CAMDEN SPECIAL SERVICES DISTRICT (CSSD)

The CSSD was launched in 2005 to facilitate economic development in the Downtown commercial corridor. CSSD is a traditional clean and safe program, designed to improve the physical appearance of Downtown Camden and adjacent areas in order to provide an enhanced sense of safety and hospitality to visitors, residents, employees and students. CSSD's Clean and Safe program is designed to supplement the existing traditional responsibilities of city government, enhance cleaning and beautification, and provide an on-the-street resource for residents and visitors. Additionally, the program creates job opportunities for Camden residents, as the CSSD hires its workers only from the Camden community. Through its Neighborhood Improvement Program, CSSD works with non-Downtown neighborhoods to provide clean and safe services to their commercial corridors.

on the Waterfront and Downtown Camden, CSSD should continue to provide clean and safe services to other Camden neighborhoods and commercial corridors. Additionally, if the BID proves to be successful in Downtown Camden, the city and CSSD could consider expanding the boundaries to include other main commercial corridors and surrounding neighborhoods, continuing to grow CSSD's service area with a sustainable funding source.

PEOPLE'S CHOICE

Focus on consistent implementation of the CCSD Comprehensive Wellness Policy, and determine guidelines for healthy eating, nutrition education, and physical activity in schools based on parent engagement and feedback.

Schools play an important role in feeding students, providing opportunities for physical activity, and influencing lifelong healthy habits. As noted, CCSD adopted a Comprehensive Wellness Policy that prioritizes child nutrition

and physical activity in the city's public schools. The goal of the wellness policy is to instill healthy behaviors in the classroom that will permeate outside the classroom into their everyday lives. As part of the policy, each school is required to have a wellness committee that is responsible for developing, monitoring, reviewing, and if necessary, revising school nutrition and physical activity policies. School wellness committees are part of a collaborative effort to improve school policies to better promote student, staff, and community health. These committees are ideal platforms for engaging students, parents, teachers, school food providers, and health professionals.

The CDC has developed guidance documents that can be used to direct program development, such as the [School Health Guidelines to Promote Healthy Eating and Physical Activity](#). This report outlines several school health guidelines, including coordination of school policies and practices; supportive environments; school nutrition services; physical education programs; health education; health, mental health, and social services; family and community involvement; and school employee wellness. [Tips for Teachers: Promoting Healthy Eating and Physical Activity in the Classroom](#) is another valuable resource that includes tangible recommendations, such as allowing access to drinking water, using student rewards that support health, creating a physically active classroom, making celebrations and fundraisers healthier, not using physical activity as a punishment, and including healthy eating and physical activity topics in health education.

These guides can serve as frameworks for continuing the consistent implementation of the CCSD Comprehensive Wellness Policy. Individual schools should determine which guidelines have the highest priority based on the needs of the school and available resources.



**GREATEST
IMPACT**

Continue city efforts to demolish and stabilize blighted properties and encourage community involvement in the selection of future project sites.

Efforts to demolish blighted properties—substandard housing, abandoned buildings, and vacant lots—are essential components of creating safe and complete neighborhoods. As noted previously, living near vacant homes and lots can have significant negative effects, such as lower literacy rates in young children, higher prevalence of violent crime, and high rates of chronic illness.²⁷⁷

To contend with blight, in January 2015 Camden began a \$13 million project to demolish 600 blighted properties throughout the city. The project utilized federal, state, and city capital funds levied by a tax from the parking authority. Following the residential demolition project, Camden designated another \$3 million to tackle derelict commercial buildings. The demolition effort was funded through a 20-year, interest-free loan from the New Jersey Department of Community Affairs and specifically targeted blighted commercial properties. The goal of these large-scale demolition projects was about more than just addressing eyesores; it was about improving the quality of life in several Camden neighborhoods by creating a safer place for families to live.²⁷⁸

Although this project successfully removed hundreds of blighted properties, many vacant and abandoned properties still exist throughout Camden. The city should continue their demolition efforts and engage with the community when deciding where to focus their endeavors. Community involvement is an essential component of tackling blight because

²⁷⁷ de Leon and Schilling, Urban Blight and Public Health.

²⁷⁸ Matt Flowers, "Camden's Massive Demolition Project Nears End," Courier Post, August 25, 2016, www.courierpostonline.com/story/news/local/south-jersey/2016/08/25/camdens-massive-demolition-project-nears-end/89272492.

residents know better than anyone which sections of the neighborhood perpetuate the unsafe conditions that the city is trying to improve. Community members should also play a role in envisioning what the new spaces could be. The city can also partner with local organizations to transform vacant properties into something positive. The Camden Community Development Association's Decorative Board Up program engages community volunteers to decoratively board up vacant homes by beautifying the windows and doors.

1

DO FIRST

Expand successful violence prevention programs to reach all neighborhoods in the city.

Violence prevention programs are an important component of reducing crime throughout Camden. Creating and expanding upon existing community-based public safety initiatives can help foster a safer environment in which all residents can utilize public spaces. One community-based violence intervention program currently operating in Camden is Cure4Camden. This program, based out of the CFS, is focused on stopping the spread of violence in the Liberty Park, Whitman Park, Centerville, Cooper Plaza, and Lanning Square neighborhoods. Modeled after Chicago's Cure Violence program, Cure4Camden utilizes a three-pronged public health approach that involves detection and interruption, behavior change, and changing community norms. The program has several components, one of which is utilizing "interrupters" who try to detect conflicts before they escalate. They also try to identify at-risk individuals and pair them with outreach workers to help them create a new path, which can include anything from providing them with food and shelter or exposing them to education and employment opportunities. Cure4Camden has been successful because it is run by community members who have personally experienced the conditions that they are trying to change. This creates a sense of trust and credibility that is vital in creating long-term change. The city should support the expansion of

Cure4Camden, especially as communities seek to implement more neighborhood-based violence prevention programs.

In addition to Cure4Camden, the city initiated the Camden Youth Violence Prevention Plan, which focuses on integrating and scaling up existing violence prevention efforts through four research-based strategies: prevention, intervention, enforcement, and re-entry. As part of this comprehensive plan, there are a number of signature programs within each strategy area, such as Project Children Obtaining a Positive Environment (COPE); Camden School-Based Youth Services; and Camden Guidance, Preservation, and Support Program (Camden GPS).

Despite the number of organizations and initiatives aimed at preventing violence citywide, violence and crime are still major challenges in the city. In order to improve neighborhood involvement in crime prevention, both new and existing violence prevention programs should engage the community as much as possible. One strategy is to regularly assess the effectiveness of programs by requesting feedback from those utilizing them. By garnering feedback from those directly impacted by violence, programs can ensure that they are effectively addressing the needs of the community.

The city should also ensure strong coordination between multiple violence prevention programs to encourage collaboration and reduce duplication. Creating a violence prevention task force, as the Philadelphia City Council did in 2017, can help to provide a forum for collaboration. Philadelphia's Special Committee on Gun Violence Prevention brings together stakeholders from various sectors, including government, law enforcement, public health, social services, and community development, to examine the efficacy of current programs and policies; identify local and national best practices; increase capacity for data collection and analysis; develop metrics to measure progress; review allocation of city resources; and hold public hearings to highlight the Special Committee's progress and receive

CAMDEN YOUTH VIOLENCE PREVENTION PLAN SIGNATURE INITIATIVES

Project Children Obtaining a Positive Environment (COPE)

Program: Project COPE provides intervention for children ages 4–18 with one or more incarcerated parents, helping them follow a safe path toward a successful future. Implemented by the CFS, Project COPE provides mentoring by matching target children with mentor volunteers who provide support and guidance for at least one year.²⁷⁹

School-Based Youth Services: School-Based Youth Services offers a team of staff in Camden middle schools and high schools in cooperation with the New Jersey Department of Children and Families to provide health, mental health, and social services to students and families. Their goal is to help youth successfully navigate their adolescence, acquire skills for employment or continued education, and graduate healthy and drug free.²⁸⁰

Camden Guidance, Preservation, and Support Program

(Camden GPS): Camden GPS is aimed at preventing and reducing the occurrence of violence among Camden youth. The program identifies at-risk youth who are victims of violence and provides mentoring through role models who have links to community resources.²⁸¹

²⁷⁹ Community Bulletin, “Helping Camden Youth, One Mentor at a Time,” NJ.com, April 8, 2016, www.nj.com/south-jersey-towns/2016/04/helping-camden-youth-one-mento.html.

²⁸⁰ Camden City School District, “School Based Youth Services,” July 13, 2017, camdencity.ss12.sharpschool.com/divisions/division_of_student_support/school_based_youth_services.

²⁸¹ “Camden City Forum on Youth Violence Prevention Strategic Plan,” August 2013, www.ci.camden.nj.us/wp-content/flyers/camdencityforumplan2013.pdf.

public input.²⁸² The City of Camden should consider initiating a similar task force to better coordinate and evaluate existing programs to make them as effective as possible.

The City of Camden can also work with hospitals in Camden to create and support hospital-based violence prevention programs. Such programs have been created across the country and operate under the theory that a hospital-treated violent injury is a “teachable moment” when patients are receptive to intervention.²⁸³ When victims are recovering in a trauma center or a hospital, there is a “unique window of opportunity to make contact” and effectively engage the victim to help foster a norm of violence prevention.²⁸⁴

Cooper University Hospital has their own community outreach and injury prevention program, in which they visit schools and community events to speak about trauma. Although this program is important, there is great potential for Cooper University Hospital to expand it and collaborate with other health care systems. There are several hospital-based violence prevention programs that can serve as models for a similar program in Camden, such as Oakland, California’s Caught in the Crossfire (CiC), Healing Hurt People (HHP) at Drexel University, and Beyond Violence in Richmond, California (see callout on page 106). The National Network of Hospital-based Violence Intervention Programs consolidates successful violence prevention programs to share knowledge and best practices, and collaborate on research. This could serve as a resource in replicating a hospital-based intervention model.

²⁸² Philadelphia City Council, “Special Committee on Gun Violence Prevention,” accessed August 2019, phlcouncil.com/gun-violence-prevention.

²⁸³ Jonathan Purtle et al., “Hospital-Based Violence Prevention: Progress and Opportunities,” *Annals of Internal Medicine* 163, no. 9 (2015): 715–717, doi: 10.7326/M15-0586.

²⁸⁴ Melissa Martin-Mollard and Marla Becker, editors, “Key Components of Hospital-Based Violence Intervention Programs” (summarizing the discussions of The National Symposium of Hospital-Based Violence Intervention Programs, Oakland, CA, March 2–3, 2009), static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5dc1ce25e753be26f87c071b/1572982311075/Key+Components+of+NNHVIP+Member+Programs.pdf.

HOSPITAL-BASED VIOLENCE PREVENTION PROGRAMS

Caught in the Crossfire (CiC), Oakland, California: CiC helps violence-related injury victims cope with their injury and works with them, their friends, and their family to find alternatives to retaliation. Intervention specialists—young adults from the same communities as their clients who have overcome violence in their own lives—work with victims to provide emotional support, prevent retaliation, promote alternative strategies for dealing with conflicts, identify short-term needs, and develop long-term plans for staying safe. Intervention specialists provide mentoring for six months following discharge.²⁸⁵

Healing Hurt People (HHP), Philadelphia, Pennsylvania: HHP aims to address the psychological and physical wounds of trauma in order to break the cycle of violence. HHP helps people aged 8–30 who have been shot, stabbed, or assaulted. The program helps victims and their families heal, stay safe, and plan for their futures by connecting them to behavioral health, physical health, and life skills resources.²⁸⁶

Beyond Violence, Richmond, California: The Beyond Violence program is a collaboration between John Muir Health’s Trauma Department, Contra Costa Health Services, and community-based organizations. Their aim is to promote community health by intervening at the “critical and teachable moment immediately following hospitalization when retaliation is most common.”²⁸⁷ Based on Caught in the Crossfire, victims are referred to an intervention specialist from their community to provide crisis intervention, long-term case management, mentoring, and follow-up assistance.

²⁸⁵ Youth ALIVE!, “Caught in the Crossfire,” January 27, 2011, www.youthalive.org/caught-in-the-crossfire.

²⁸⁶ Drexel University College of Medicine, “Healing Hurt People,” February 19, 2015, drexel.edu/medicine/about/departments/emergency-medicine/healing-hurt-people.

²⁸⁷ American Hospital Association, “John Muir Health – Beyond Violence,” November 29, 2016, www.aha.org/case-studies/2016-11-29-john-muir-health-beyond-violence.

SECONDARY ACTIONS

Develop corridor improvement plans for key areas with appropriate development standards and urban design guidelines.

The Urban Land Institute notes that “[un]healthy corridor conditions pose barriers to healthy choices, including physical activity...They serve to divide communities rather than tie them together. They are places to pass through, rather than linger.”²⁸⁸ Unhealthy commercial corridors often prioritize cars over people, have a number of vacant storefronts, lack housing nearby to support local retail, and have very few street trees or green space. They may have high crash rates, especially ones involving pedestrians, and poor air quality. Improving commercial corridors in a way that only focuses on the economic benefits misses an opportunity “to help corridors better serve their communities and to transform them into safer, more vibrant, and healthier places.”²⁸⁹ Camden can support healthier, more vibrant commercial corridors by working with local community development organizations and business associations to develop corridor plans that place a strong emphasis on the role that the built environment plays in promoting good health. The city should update its zoning categories to allow for more flexible ordinances that promote mixed-use development while also implementing design guidelines. The 2018 General Reexamination of the Master Plan recommended the creation of design guidelines for mixed-use zones and outdoor dining areas.²⁹⁰ Design guidelines can specify building location, parking, pedestrian access,

²⁸⁸ Heather Zaccaro, *Blind Spots: How Unhealthy Corridors Harm Communities and How to Fix Them* (Washington, DC: Urban Land Institute, 2019), americas.uli.org/wp-content/uploads/sites/2/ULI-Documents/ULI-Blind-Spots-2019.pdf.

²⁸⁹ Ibid.

²⁹⁰ “General Reexamination of the Master Plan and Master Plan Amendment,” February 2018, www.ci.camden.nj.us/wp-content/uploads/2018/02/CamdenReexaminationReport_Final_Signed_Adopted2.8.18.pdf.

building orientation and form, and the design of public spaces, such as sidewalks and plazas to create walkable communities; enhance sense of place; and create healthier, more connected corridors and neighborhoods.

Set up a Crime Prevention through Environmental Design (CPTED) committee or framework to review and/or advise on development proposals.

The CDC defines CPTED as “an approach that focuses on improving the design of the built environment to help reduce opportunities for disputes and violence and promote positive behavior.”²⁹¹ CPTED principles promote natural surveillance, good lighting, and a well-maintained community. They include activities like installing street lights, addressing abandoned buildings and vacant lots, ensuring that doorways are visible and well lit, cleaning and maintaining public spaces like streets and parks, and using signs to both improve access and create a sense of community. These activities correspond with numerous recommendations in both the 2009 Cramer Hill and 2013 East Camden neighborhood plans to improve lighting in parks and along streets. The city should work with architects, planners, and residents to incorporate CPTED principles citywide through the development process.

Develop joint use agreements that open park, recreational, and school sites for public use by all residents.

A common barrier to promoting physical activity in neighborhoods is the lack of safe and accessible parks and recreational facilities. One strategy to combat this challenge is encouraging joint use of school sites and recreational facilities for public use during non-school hours to expand

²⁹¹ Centers for Disease Control and Prevention, “Using Environmental Design to Prevent School Violence,” March 25, 2019, www.cdc.gov/violenceprevention/youthviolence/cpted.html.



Farnham Park
Source: Amy Verbofsky, DVRPC

community resources. The city should collaborate with CCSD to allow for both open, community use of and hosted programs in school facilities, such as gymnasiums, playgrounds, and multipurpose rooms. ChangeLab Solutions has a number of model joint use agreements on its website that can serve as a good starting point.²⁹²

Establish more robust park support and stewardship networks.

Park stewardship programs are an effective way to promote civic engagement and develop a sense of community ownership over neighborhood parks. Stewardship programs engage community members, and public and private partners, to develop, program, and maintain green spaces. Two models that have emerged in Camden may be instructive.

²⁹² ChangeLab Solutions, “Model Joint Use Agreement Resources: Increasing Physical Activity by Opening up School Grounds,” March 2009, www.changelabsolutions.org/product/model-joint-use-agreement-resources.

First, the non-profit Camden Greenways, Inc., is dedicated to preserving and maintaining over 12 miles of riverfront land; they also organize clean-ups for parks throughout the city.²⁹³ Second, a 2019 Urban Land Institute National Study Visit brought experts from around the country to address questions of programming, access, and maintenance for the 60-acre Cramer Hill Waterfront Park. They recommended the creation of a new non-profit conservancy to operate, program, maintain, and generate revenue from the park.²⁹⁴ Both approaches could be replicated or expanded to encompass additional parks in Camden. The city’s Department of Public Works should work with the Camden County Parks Department and local partners like the New Jersey Conservation Foundation and the Trust for Public Land to encourage the formation of “Friends of” park groups or even more robust park support organizations like a conservancy. Camden should also consider developing resources for residents like the Philadelphia Park Friends Group Toolkit to allow residents to take ownership of park stewardship (see callout box).

PHILADELPHIA PARK FRIENDS GROUP TOOLKIT

In 2018, Philadelphia Parks and Recreation published an updated version of the [Philadelphia Park Friends Group Toolkit](#) to “provide current and potential park stewards with important information on how to begin and grow their stewardship (“Friends”) group.”²⁹⁵ The Toolkit provides residents with information on how to start a friends group, including who to contact within city government and how to organize its governing structure, promote their park, plan stewardship events, and raise money for stewardship activities. It also contains a number of forms, including sign-in sheets, event permit applications, and liability insurance applications.

²⁹³ “Camden Greenways Inc.,” www.camdengreenways.org.

²⁹⁴ Urban Land Institute, *Camden, New Jersey: 10 Minute Walk National Study Visit* (Washington, DC: Urban Land Institute, 2020), americas.uli.org/wp-content/uploads/sites/2/ULI-Documents/Camden_NJ_SummaryReport_Digital_Fin.pdf.

²⁹⁵ Philadelphia Parks and Recreation, “Philadelphia Park Friends Group Toolkit,” January 2018, www.phila.gov/media/20180619163452/2018-Park-Friends-Toolkit.pdf.

Designate one or more main streets through the state's re-established assistance program.

The Main Street New Jersey Program (MSNJ), which operated from 1989 to 2017, was re-established in 2019 to support the revitalization of historic downtowns, village centers, and central business districts throughout the state. MSNJ provides selected applicants with technical assistance, including training on how to market downtowns, recruit businesses, and manage volunteers. The program also provides business development assistance directly to small businesses. In 2019, MSNJ awarded approximately \$350,000 to 17 communities to assist with the revitalization of their downtowns. Camden City should work with CCP and other community development organizations to identify one or more main streets and apply to receive support from the state to restore Camden's walkable centers of community and economic activity.²⁹⁶

Create a pedestrian-only thoroughfare or plaza.

Pedestrian-only streets create safe and vibrant environments where residents can gather, dine, shop, and enjoy the city. Although a number of cities have implemented pedestrian-only streets in their commercial districts, such as Times Square in New York City, others have experimented with pilot or temporary pedestrian-only streets that restrict car traffic for certain periods of time. In Philadelphia, Martin Luther King Drive is closed to vehicles every weekend in the summer, and an annual "Free Streets" event has occurred since 2016.²⁹⁷ Camden officials should work with community organizations, business associations, and residents to explore the development of pedestrian-only thoroughfares, both Downtown and in

²⁹⁶ New Jersey Department of Community Affairs, "Main Street New Jersey," 2019, www.nj.gov/dca/divisions/lps/msnj.html.

²⁹⁷ City of Philadelphia, "Philly Free Streets," www.phillyfreestreeets.com.

other neighborhoods, to build lively corridors that support small businesses, storefront services, and pedestrian safety.

Utilize zoning and building codes to promote walkable communities.

Updating and enforcing the city's zoning code and ordinances is one way that the Camden leaders can ensure that future developments contribute to a built environment that supports better public health and well-being. One example is the requirement that all residential subdivisions and site plans approved by the Planning Board have sidewalks on both sides of the street. For non-residential developments, however, the code only requires sidewalks at the discretion of the Planning Board.²⁹⁸ The city should consider revising site plan regulations to incorporate more specific requirements for sidewalks in commercial developments, especially if the development is within a specified distance of a school, park, or other public amenity.

The city may also want to pursue the following:

- Review street lighting requirements and guidelines, and amend ordinances as needed.
- Develop incentives to support local, health-promoting businesses.
- Identify and prioritize public-serving institutions in need of renovation due to their buildings' health concerns, such as mold or lead issues.
- Add multigenerational and ability-inclusive features to parks and recreational spaces.

²⁹⁸ City of Camden, "Land Development Ordinance of the City of Camden," approved 2011.



Cooper's Poynt Waterfront Park
Source: Amy Verbofsky, DVRPC

the
**CAMDEN
HEALTH**
element

chapter 7:
HOUSING & HOMELESSNESS



BACKGROUND

Housing and health policy are historically intertwined, with the nation's first building codes and enforcement efforts arising in response to industrial-era disease epidemics in urban slums. Today, Americans spend most of their time at home, and housing costs are on average their greatest monthly expense.²⁹⁹ Housing is key to public health as it provides shelter, safety, privacy, and a place to address basic needs and foster familial interaction. Substandard housing may put residents at risk of exposure to harmful biological and chemical agents, as well as safety hazards resulting from dangerous building materials, design flaws, poor maintenance, or overcrowding. Moreover, those living in substandard properties are often the least equipped to prevent or remediate them, allowing the risks to persist and proliferate. Neighborhood health factors like concentrated poverty, crime, homelessness, and sprawl might exacerbate the dangers of inadequate housing. Low-income households often have to sacrifice basic needs like healthy food, medical care, or transportation when affordable housing is scarce. They may endure low-quality living arrangements, long commutes, untreated illness, or poor nutrition in order to make ends meet. Additionally, as the National Health Care for the Homeless Council notes, "Simply being without a home is a dangerous health condition... People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population."³⁰⁰

Working to ensure that safe and affordable housing is available to all Camden residents is an important part of promoting overall health and wellness. Strategies that make the construction, rehabilitation, and upkeep of healthy homes more feasible, and that eliminate the housing-related threats to physical and mental health, are another prong in the multifaceted approach to achieving a healthier Camden.

²⁹⁹ Paula Braveman et al., "Housing and Health," Exploring the Social Determinants of Health Series, Issue Brief #7, Robert Wood Johnson Foundation, May 2011, www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwif70451.

³⁰⁰ National Health Care for the Homeless Council, "Homelessness & Health: What's the Connection," Fact Sheet, February 2019, nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf.

KEY ASSETS

EXISTING STOCK OF DENSELY DEVELOPED HOMES

Most of Camden's housing stock takes the form of attached single-family homes. Higher-density housing can positively impact health outcomes by promoting a greater mix of nearby uses, generating local employment opportunities, reducing auto congestion and pollution, and supporting more community facilities, services, transit, and walkable neighborhoods. With shorter distances between destinations, residents become more likely to utilize active transportation and have more time and income for activities that support their physical and mental health, even without access to a vehicle.³⁰¹

NATURALLY OCCURRING AFFORDABLE HOUSING

At least some of the city's housing stock is within reach of low-income residents absent any subsidies. The median gross rent in Camden is \$899, while median household costs for mortgaged homeowners are \$1,091.³⁰² Housing costs are roughly 10 to 30 percent lower for renters and 30 to 60 percent lower for owners than at the county, state, and national levels.³⁰³ Over half of for-sale homes in the city were listed at under \$50,000. Comparatively, homes for sale at similarly affordable prices were available at much lower rates at the county (26 percent), state (7 percent), and national (18 percent) levels.³⁰⁴

ACTIVE AND DIVERSE DEVELOPMENT COMMUNITY

The City of Camden has a robust network of public, non-profit, and for-profit housing developers that are working to provide a range of housing options to meet the needs of all residents. Housing and community development organizations across the city, including St. Joseph's Carpenter

³⁰¹ Alex Kleeman, Lucy Gunn, and Billie Giles-Corti, "Housing Diversity," Heart Foundation, Healthy Active by Design, accessed November 2019, www.healthyaactivebydesign.com.au/design-features/housing-diversity.

³⁰² U.S. Census Bureau, "2018 ACS 5-Year Estimates, Table DP04."

³⁰³ Ibid.

³⁰⁴ U.S. Census Bureau, "2018 ACS 5-Year Estimates, Table B25085: Price Asked," accessed February 2020.

Society, CLHI, the Cooper Foundation, Habitat for Humanity, and Heart of Camden, have been working to develop and rehabilitate affordable homes for many years. The Housing Authority of the City of Camden (HACC) has recently undertaken the extensive revitalization of multiple public housing developments, including Branch Village and Baldwin’s Run. Additionally, in 2019, the Michaels Organization opened the first market-rate housing in Camden in 15 years with 156 new, luxury rental homes.

KEY CHALLENGES

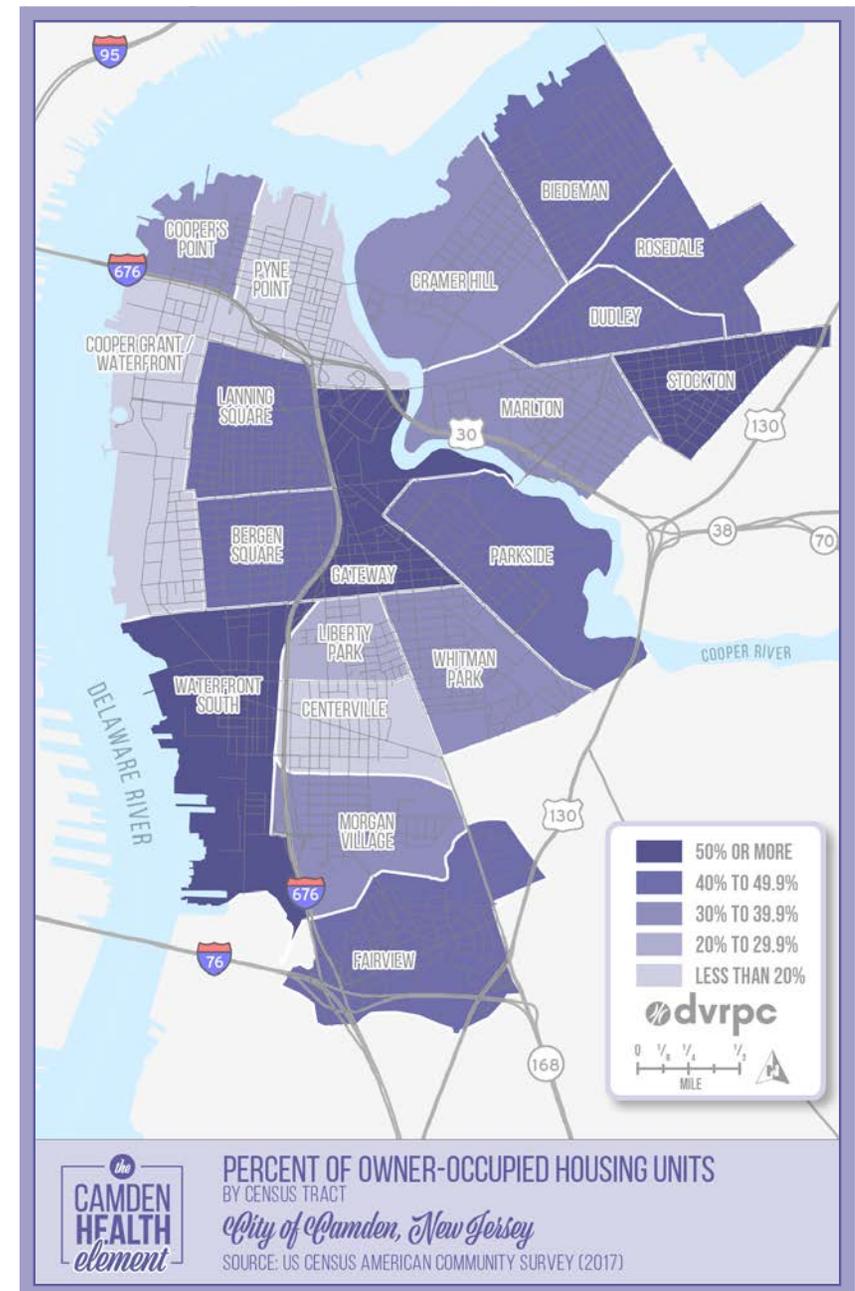
AGING HOUSING STOCK IN DISREPAIR

More than half of Camden housing units were built before 1950. Older homes may put residents at greater risk of exposure to asbestos, lead, mold, pests, extreme heat or cold, radon, and outdated electrical systems or appliances. Many of these homes are affordable to low-income buyers but require costly repairs to make them habitable, adding to the expense of homeownership.

IMBALANCE OF OWNER/RENTER HOUSEHOLDS, WITH MOST RENTERS BURDENED BY HOUSING COSTS

Homeownership is generally associated with positive childhood development trends, lower mortality and morbidity rates, and better mental health conditions. However, the homeownership rate in Camden (39 percent) is far lower than the county, state, and national rates, which hover near 65 percent. As Figure 17 shows, only four census tracts had a greater share of owned units than rented units: Gateway, Stockton, Waterfront South, and Beideman. Centerville had the lowest homeownership rate, at just 8 percent. Moreover, nearly two-thirds of the city’s renter households spend more than 30 percent of their income on housing, leaving fewer funds for maintaining healthy lifestyles.³⁰⁵

FIGURE 17: DOMINANT TENURE TYPE BY NEIGHBORHOOD



³⁰⁵ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table DP04.”



Vacant lot
Source: Stephanie Cavacini, DVRPC

CONCENTRATION OF HOMELESSNESS IN CAMDEN CITY

Camden County's homeless population is concentrated in Camden City, with over 80 percent of homeless individuals in the 2019 point-in-time survey found there. The city also accounted for over 90 percent of the county's unsheltered homeless population (146 individuals).³⁰⁶ This leaves Camden City with a large number of high-need individuals. According to the U.S. Office of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report, "49.2 percent of individuals experiencing sheltered homelessness had a disability, which was 2.5 times the national rate for individuals."³⁰⁷ The 2019 Camden County survey found that 77 percent of counted homeless persons reported some type of disability,

³⁰⁶ Monarch Housing Associates, "NJ Counts! 2019: Camden County 2019 Point-In-Time Count of the Homeless," January 22, 2019, cdn.monarchhousing.org/wp-content/uploads/njcounts2019/Camden%20PIT%20Report%202019.pdf.

³⁰⁷ Meghan Henry et al., *The 2017 Annual Homeless Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States* (Washington, DC: U.S. Department of Housing and Urban Development, October 2018), files.hudexchange.info/resources/documents/2017-AHAR-Part-2.pdf.

including mental health issues, substance use disorders, physical disabilities, and chronic health conditions. These issues are often inter-related, complex, and exacerbated by the lack of stable housing and appropriate supportive services.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Housing and Homelessness;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

STRATEGIES

Strategy 1: Integrate housing support with health care and other services

Recently, public health professionals, housing advocates, health care institutions, and insurance companies have begun to recognize the health benefits and potential cost savings that integrating housing supports into health care can bring. Hospitals across the country are finding that they have financial—if not legal and moral—reasons to provide affordable housing and/or connect patients with housing resources. Kaiser Health News explains:

... hospitals cannot discharge patients if they have no safe place to go. So patients who are homeless, frail or live alone, or have unstable housing, can occupy hospital beds for weeks or months—long after their acute medical problem is resolved. For hospitals, it means losing money because a patient lingering in a bed without medical

*problems doesn't generate much, if any, income. Meanwhile, acutely ill patients may wait days in the ER to be moved to a floor because a hospital's beds are full.*³⁰⁸

In addition, poor or substandard housing can cause or exacerbate a number of health conditions, which may become the hospital's financial responsibility if uninsured patients show up to the emergency room. Beyond developing affordable housing themselves, the Urban Institute notes that health systems can support affordable housing development by “donat[ing] land or buildings or swap[ping] land with a housing developer to provide the fundamental (and often the most expensive) resource for housing development. Hospitals and health systems, can use their financial position to (a) enhance credit, lowering borrowing costs, and therefore the overall cost of the project or (b) provide a direct loan for construction, renovation, or rehabilitation costs.”³⁰⁹

Within Camden, the Cooper Foundation—the charitable arm of Cooper University Health Care—has leveraged \$2 million from corporate donors and the New Jersey Department of Community Affairs Neighborhood Revitalization Tax Credit Program to acquire, redevelop, and construct affordable housing and community spaces in the neighborhoods surrounding the hospital. The Camden Coalition is working with 24 health care provider sites throughout Burlington, Camden, and Gloucester counties to screen eligible patients for health-related social needs, including housing instability, and connect patients to resources and social services. Additionally, many of Camden's housing complexes already offer a selection of health-related features and programming. Among those available at properties operated by the HACC are:

³⁰⁸ Markian Hawryluk, “Why Hospitals Are Getting into the Housing Business,” Kaiser Health News, October 4, 2019, [khn.org/news/why-hospitals-are-getting-into-the-housing-business](https://www.khn.org/news/why-hospitals-are-getting-into-the-housing-business).

³⁰⁹ Kathryn Reynolds et al., *Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems* (Washington, DC: Urban Institute, August 2019), www.urban.org/sites/default/files/publication/100774/affordable_housing_investment_a_guide_for_nonprofit_hospitals_and_health_systems_1.pdf.

INTEGRATING HEALTH INTO AFFORDABLE HOUSING DEVELOPMENTS

The Baldwin's Run Senior housing development and Roosevelt Manor community, both operated by Pennrose, host an onsite physician, medical facility, social workers, and fitness center.^{310,311} Marlton's Kennedy Tower includes an adult day care facility and assisted living services, while nearby McGuire Gardens features a new multi-use social services building for day care and social services programs.³¹² The redevelopment of Branch Village by the Michaels Organization includes an expanded community center with fitness facilities and robust health and wellness services, offered by the non-profit Better Tomorrows in conjunction with many community-based groups.³¹³ Outside of the HACC system, the staff at Northgate II—operated by Fair Share Housing Development (FSD)—includes a social services director, two social workers, a CHW from Rowan's School of Osteopathic Medicine, and multiple interns and volunteers. FSD's program incorporates assisted living, cooking classes, congregate meals, exercise and weight loss groups, chronic disease management workshops, and massage therapy, which help residents feel better and save on medical expenses as a result of extensive preventative care.³¹⁴

³¹⁰ Pennrose, “Baldwin's Run Senior,” accessed October 2019, www.pennrose.com/apartments/new-jersey/baldwins-run-senior.

³¹¹ Pennrose, “Roosevelt Manor,” accessed October 2019, www.pennrose.com/apartments/new-jersey/roosevelt-manor/.

³¹² Eagle Construction Services, Inc., “Multi-Use Social Service Building at McGuire Gardens, Camden, NJ #1508,” accessed October 2019, eagle1construction.com/project/multi-use-social-service-building-at-mcguire-gardens-camden-nj.

³¹³ Tapinto Camden, “Financing Secured for Final Phases of Branch Village Public Housing Complex,” Tap Into Camden, November 27, 2018, www.tapinto.net/towns/camden/articles/financing-secured-for-final-phases-of-branch-village-public-housing-complex.

³¹⁴ Fair Share housing Development, “Fair Share Support Services: Integrating Housing and Health,” accessed October 2019, fairsharedevelopment.org/wellness.

- nutrition classes through Rutgers Cooperative Extension;
- Farmers Against Hunger food distribution;
- screenings and other mobile health services provided by The Sore Spot;
- weekly walking clubs;
- housekeeping lessons; and
- addiction recovery fellowship meetings.

The city and its partners can continue to support health care-related investments in housing by working to match local health care systems with successful and interested partners like community development corporations, community development financial institutions, local foundations, and/or the HACC. The city may also be able to provide land, buildings, and/or political support for low-income housing tax credit (LIHTC) applications. Finally, the city can initiate and improve partnerships with county health practitioners, anchor institutions, medical insurers, local non-profits, and coalitions to fund or otherwise promote home maintenance and rehabilitation, affordable homeownership or rental subsidies, homeless assistance, community development, and blight reduction.

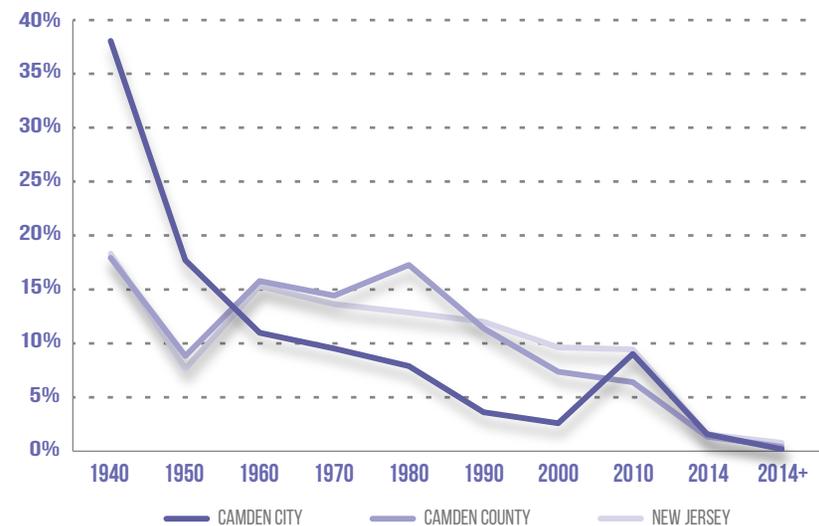
Strategy 2: Promote home maintenance and reduce substandard housing conditions

With a median construction year of 1946, Camden’s housing stock—visualized in Figure 18—is very old and may put residents at risk of negative health impacts.³¹⁵ Although many older homes are treasured for their historic value, hazards may persist in those that predate the legal and industrial standards protecting people in newly constructed ones. Such hazards include once-common building materials like asbestos, arsenic, lead, and other volatile organic compounds. Mold, mildew, and pests might also collect in areas that have not been cleaned on a recent basis,

³¹⁵ U.S. Census Bureau, “2018 ACS 5-Year Estimates, B25035: Median Year Structure Built,” accessed February 2020.

such as carpets. Lead and other metals can be found in old pipes and leak into drinking water. All of these are known to cause health issues like respiratory problems, headaches, loss of coordination, nausea, irritation or damage to organs and the central nervous system, and even cancer or death.³¹⁶ Additionally, older homes may be poorly insulated from heat or cold, either of which could cause or exacerbate illness.³¹⁷ Likewise, injury can result from an outdated electrical system or appliance—which can spark dangerous fires—or from unstable windows, floors, walls, ceilings, stairs, or rails.

FIGURE 18: HOUSING STOCK BY YEAR BUILT



Source: American Community Survey, 2013–2018, B25034

³¹⁶ Laura Barnhardt Cech, “Many Factors Can Turn a House into an Unhealthy Place to Live,” *Washington Post*, April 12, 2013, www.washingtonpost.com/realestate/many-factors-can-turn-a-house-into-an-unhealthy-place-to-live/2013/04/11/7eeea4b4-98bc-11e2-97cd-3d8c1afe4f0f_story.html.

³¹⁷ Brian Martucci, “Buying an Old House? – Common Problems, Hidden Costs & Benefits,” *Money Crashers*, August 18, 2015, www.moneycrashers.com/buying-old-house-problems-costs-benefits.



Residential and commercial uses along Haddon Avenue
Source: Amy Verbofsky, DVRPC

Lead abatement and asbestos removal are issues that should continue to be prioritized, given that the federal ban on consumer use of lead-based paints and asbestos did not begin until 1978 and 1989, respectively, after a large portion of Camden’s homes were built.³¹⁸ Currently, low-to-moderate-income Camden households with children under age six are eligible to receive free lead-based paint testing and remediation through the New Jersey Department of Community Affairs Lead-Safe Home Remediation Pilot Program. Additionally, enforcing safety codes and educating owners and tenants about the many health hazards that might be present in Camden’s older homes can reduce the risk of serious illness, injury, or other harm. The Southern New Jersey Perinatal Cooperative’s Southern Regional Lead and Healthy Homes Coalition works with the community to promote lead poisoning prevention and reduce exposure to other household hazards. They provide free lead testing kits as well as action sheets in English and Spanish to help residents create safe home environments.

³¹⁸ U.S. Environmental Protection Agency, “Protect Your Family from Exposures to Lead,” March 26, 2019, www.epa.gov/lead/protect-your-family-exposures-lead.

The city should also work with state agencies, non-profits, and other stakeholders to support trainings and workshops for homeowners and landlords to adopt and utilize healthy homes principles, such as those in the Urban Land Institute’s *Healthy Housing for All Guidelines* or the *New Jersey Green Building Manual*.^{319,320} The NJDEP Radon Section conducts outreach and education through presentations, exhibits, and conventions. The Hispanic Family Center of Southern New Jersey provides workshops through its Pediatric Asthma Prevention Program and navigator support through its Pathways to Health program. Leveraging resources within Camden communities and in New Jersey at large is essential to implementing healthy home improvements across the city.

Strategy 3: Generate opportunities to provide affordable, mixed-income, and age-friendly housing

A diverse housing stock with many different sizes, styles, and forms can help meet the needs of many different types of households, attracting new residents and giving existing residents the opportunity to age in place. The ability for families to settle and thrive in an urban environment is contingent on the supply of houses and apartments with multiple bedrooms. Older adults, on the other hand, need mobility, interaction, and safety within their home, all of which might be provided by smaller units in a dense, affordable, well-connected, age-friendly community. Over 50 percent of houses in Camden are attached single-family dwellings with the remaining houses distributed relatively evenly between other housing types like single-family detached and mixed-use or multi-unit buildings.³²¹ Most of the mixed-use buildings are located in Downtown Camden. Single-family detached houses are more heavily concentrated

³¹⁹ Urban Land Institute and Center for Active Design, *Healthy Housing for All: How Affordable Housing Is Leading the Way* (Washington DC, Urban Land Institute and Center for Active Design, 2018), americas.uli.org/wp-content/uploads/sites/2/ULI-Documents/Healthy-Housing-for-All-Interactive-1-lo.pdf.

³²⁰ Rutgers Center for Green Building, “New Jersey Green Building Manual,” 2019, greenmanual.rutgers.edu.

³²¹ U.S. Census Bureau, “2018 ACS 5-Year Estimates, S2504: Physical Housing Characteristics for Occupied Housing Units,” accessed February 2020.

in the Cramer Hill, Beideman, and Rosedale neighborhoods. Recent surveys of Camden’s “Eds and Meds” and public-sector employees show an increasing interest in purchasing and renting quality homes within city limits.³²² Camden officials should capitalize on the momentum generated by new market-rate developments, such as the 11 Cooper Apartments, as well as recent efforts to redevelop subsidized housing complexes as mixed-income communities. Policies should be developed to preserve and expand the range of housing types that are available to every generation in Camden, from co-housing micro-units and accessory dwellings to walkable townhome communities and older adult facilities.

On top of added diversity, expanding housing affordability would also yield health benefits by allowing households to reserve more of their income and savings for other needs, including nutrition and medical care. Affordability differs from household to household, but generally a household is considered cost-burdened if it spends more than 30 percent of its income on housing—including rent or mortgage payments, taxes, insurance, and upkeep.³²³ According to *Out of Reach: 2019*, the annual report on the gap between wages and rents, the National Low Income Housing Coalition ranks New Jersey the sixth-most expensive state in the nation for housing. In Camden City, 65 percent of renters and 38 percent of homeowners were considered cost-burdened, which raises many health concerns.³²⁴ Studies among low-income families have shown that children in unsubsidized homes are “more likely to suffer from iron deficiencies, malnutrition and underdevelopment” than those receiving rental assistance.³²⁵ Other

³²² City of Camden Redevelopment Agency, *Public Sector Employees Housing Report* (Camden, NJ: City of Camden Redevelopment Agency, January 2019), camdenredevelopment.org/getattachment/Resources/Other-Resources/Camden-Housing-Survey-Public-Sector-FINAL-2019-1-25.pdf.aspx.

³²³ Craig Evan Pollack, Beth Ann Griffin, Julia Lynch, “Housing Affordability and Health Among Homeowners and Renters,” *American Journal of Preventive Medicine* 39, no. 6 (2010): 515–521, doi: 10.1016/j.amepre.2010.08.002.

³²⁴ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table DP04.”

³²⁵ Center for Housing Policy, *The Positive Impacts of Affordable Housing on Health: A Research Summary* (Washington, DC: Center for Housing Policy, 2007), www.housingpartners.com/assets/creating_change/http_app.brnto.pdf.

research has tied stressors like missed mortgage payments or costly home repairs to decreases in psychological well-being and increases in doctor visits. Individuals with chronic diseases, the elderly, and people with disabilities are especially in need of affordable housing, which helps them to “better maintain their treatment regimens and achieve higher rates of medical care.”³²⁶ More affordable housing might also mitigate problems like overcrowding, abandonment, and exposure to violence, traumatic events, and substandard structural conditions.

To combat these forces, the city must continue to aggressively pursue state and federal housing subsidies, tax credits, and improvement funds; support the redevelopment efforts of private and non-profit partners; and apply workforce development principles that enhance wage potential and make residents more capable of affording their housing costs. One example is the work funded by HUD’s selective Choice Neighborhoods Implementation Grant, awarded to Camden and just four other communities in 2016. The grant not only helped fund the replacement of 1940s-era buildings in the Clement T. Branch Village public housing complex but also incorporated an area transformation plan “with a focus on creating new connections along key corridors linking residential areas with schools, open space, transit, and retail amenities.”³²⁷ Extending these transformative changes to other parts of Camden will go a long way to improving public health.

Strategy 4: Reduce residential vacancy and mitigate property abandonment

The issue of residential vacancy has been a well-known problem in Camden for many years, albeit one that is difficult to track and overcome. As noted in Chapter 6, 2018 census data found that roughly 3,600 housing units (12 percent) were vacant, and not for sale, rent, or

³²⁶ Ibid.

³²⁷ Cooper’s Ferry Partnership, *2017 Annual Report: Camden, City of Promise* (Camden, NJ: Cooper’s Ferry Partnership, 2017), www.coopersferry.com/files/reports/CCP-Annual-Report-2017.pdf.

occasional use in Camden City.³²⁸ In 2014, the now inoperative non-profit CamConnect counted 3,417 abandoned residences citywide. At the time, this contrasted with the Department of Code Enforcement’s official estimate of 1,600 properties. Nonetheless, the city and its partners worked to demolish roughly 600 homes between 2015 and 2017.^{329,330}

In addition to the city’s demolition efforts noted previously, other organizations have supported the drive to mitigate property abandonment. The CSSD maintains more than 100 vacant properties in Cooper Plaza and Lanning Square. Many housing and community development organizations fund and coordinate home rehabilitation, thereby limiting vacancy. A new tool for managing and repurposing blighted properties—a municipal land bank—was recently made possible by state legislation. The 2019 law allows the city to designate a non-profit or public entity to assemble and sell vacant properties in a streamlined manner. Should a land bank be established in Camden, the city could support it by “allowing low or no cost purchases of tax foreclosures, clearing titles, forgiving back taxes, holding land tax free, or negotiating property transfers that address community needs.”³³¹ In states where land banks are common, such as New York, Michigan, and Ohio, they often prioritize selling their most valuable properties while using the proceeds to fix up blighted lots and subsidize side-lot sales to interested neighbors.³³²

³²⁸ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table B25004.”

³²⁹ Kevin C. Shelly, “Survey: Nearly 15 Percent of Camden Properties Abandoned,” *Courier Post*, August 14, 2014, www.courierpostonline.com/story/news/local/south-jersey/2014/08/14/survey-nearly-percent-camden-properties-abandoned/14059361.

³³⁰ Julia Terruso, “Camden Plans to Demolish Nearly 600 Houses,” *Philadelphia Inquirer*, October 14, 2014, www.inquirer.com/philly/news/homepage/20141014_Camden_plans_to_demolish_nearly_600_houses.html.

³³¹ Robert Wood Johnson Foundation, “Land Banking,” County Health Rankings & Roadmaps, July 31, 2019, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/land-banking.

³³² Joshua Burd, “Murphy Signs ‘land bank’ Bill Allowing Cities to Assemble, Reposition Blighted Property,” *Real Estate NJ*, July 11, 2019, re-nj.com/murphy-signs-land-bank-bill-allowing-cities-to-assemble-revive-blighted-property.

In addition to its strategic response to vacant properties, the city and its partners must also work to keep people in their homes and keep occupied buildings in productive use. Providing for housing stability can help families maintain income to cover medical expenses and buy more nutritious food, keep kids out of the child welfare system, reduce the incidence of domestic violence and alcohol dependence, and minimize school changes.³³³ To better support housing-insecure residents, Camden leaders should strengthen and expand tenant protection policies, such as proactive, targeted, or performance-based inspection and licensing practices; just-cause eviction rules; anti-harassment laws; emergency rental assistance; and access to legal representation for renters in landlord-tenant court.^{334,335} The following case studies highlight programs and policies that other cities have undertaken to address various challenges faced by housing-insecure renters.

Strategy 5: Eliminate homelessness and improve the health conditions of people without shelter

Homelessness can be caused by poor health, and it can also worsen the health of those who become homeless. A persistent health condition might lead to unemployment or loss of health insurance, bringing about costs that compete with one’s ability to maintain housing. Meanwhile, living on the street or in a crowded shelter can create stress and expose homeless people to disease, infection, violence, malnutrition, sleep deprivation, and harmful weather, causing the homeless to “have higher rates of hospitalizations for physical illnesses, mental illness, and substance abuse

³³³ Mary K. Cunningham, “Reduce Poverty by Improving Housing Stability,” Urban Institute, June 26, 2016, www.urban.org/urban-wire/reduce-poverty-improving-housing-stability.

³³⁴ Jared Brey, “Syracuse Is Finding Ways to Prevent Evictions,” *Next City*, April 18, 2019, nextcity.org/daily/entry/syracuse-is-finding-ways-to-prevent-evictions.

³³⁵ Miriam Axel-Lute, “It Doesn’t Matter if Your Neighborhood Is Going to Eventually Gentrify,” *Shelterforce*, July 31, 2019, shelterforce.org/2019/07/31/it-doesnt-matter-if-your-neighborhood-is-going-to-eventually-gentrify.

CASE STUDIES: HOUSING STABILITY FOR RENTER POPULATIONS

Syracuse Eviction Prevention Case Management Program

Although many cities have worked to expand tenant legal protection in recent years, Syracuse's Eviction Prevention Case Management Program looks further upstream to reduce the likelihood that tenants are brought to court in the first place. Case managers offer assistance to tenants within days of missed rent payments, providing customized financial aid, payment plans, or rent recalculations. The program is supported by funding from the city and local housing authority via HUD Emergency Solutions Grants. Eviction cases filed by the Syracuse Housing Authority dropped by 75 percent from 2017 to 2018, saving over \$100,000 in legal fees and lost rents. Over \$200,000 was saved due to early interventions at a privately owned



Fairview Neighborhood in Camden, New Jersey
Source: Derek Lombardi, DVRPC

subsidized housing development. Syracuse launched the program alongside 10 other housing initiatives dealing with housing quality and services, including a rent escrow account program and rental rating system based on history of code violations.³³⁶

Minneapolis Renter-First Housing Policy

Like Camden, Minneapolis is a city where the majority of households are renter occupied. In 2019, the Minneapolis City Council approved a Renter-First Housing Policy framework that commits the city to protecting and prioritizing renters in its decision making. The policy followed a “renters’ assembly” organized by a council member to convene renters and landlords over issues of housing instability. Implementation will focus on early intervention and safety-net strategies, providing for repair and maintenance funding, targeted inspections with stronger evaluation of environmental hazards, and city-employed tenant navigators.³³⁷

³³⁶ Brey, “Syracuse is Finding Ways to Prevent Evictions.”

³³⁷ City of Minneapolis, “City Council Approves Renter-First Housing Policy Prioritizing Renter Protections,” March 15, 2019, www.ci.minneapolis.mn.us/news/WCMSP-217690.

than other populations.”^{338,339} It also means there is minimal or no space to store and safely use medication or complete other treatments, pursue healthy cooking and eating habits, and care for wounds or injuries. To make matters even more dire, the majority of homeless adults already suffer from more than one health issue.³⁴⁰ Additionally, research summarized by the Center for Housing Policy shows that “homeless children are more vulnerable to mental health problems, developmental delays, and depression than children who are stably housed.”³⁴¹ Finally, life expectancy is much lower for those without permanent shelter, who “die decades younger than those with a home”—on average, this occurs somewhere in the 60s and as young as the 40s and 50s in certain cities.³⁴²

JOSEPH’S HOUSE

Opened in 2013, Joseph’s House is an overnight homeless shelter that underwent a large expansion in late 2019. The upgraded facility now offers daytime services with amenities like laundry, a kitchen and cafeteria, and offices, allowing for in-house assistance from a variety of health and housing service providers. Funded partially by state grants and private donations, this one-stop shop is a strong example of the kind of integrative efforts that Camden can leverage to end homelessness in the city.³⁴³

³³⁸ American Psychological Association, “Health and Homelessness,” December 23, 2011, www.apa.org/pi/ses/resources/publications/homelessness-health.aspx.

³³⁹ National Health Care for the Homeless Council, “Homelessness & Health: What’s the Connection?,” February 2019, nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf.

³⁴⁰ Seiji Hayashi, “How Health and Homelessness Are Connected—Medically,” *The Atlantic*, January 25, 2016, www.theatlantic.com/politics/archive/2016/01/how-health-and-homelessness-are-connected/458871.

³⁴¹ Center for Housing Policy, *The Positive Impacts of Affordable Housing on Health*.

³⁴² Hayashi, “How Health and Homelessness Are Connected.”

³⁴³ Phaedra Trethan, “Night and Day: Camden Homeless Shelter Expanding Its Hours, Facility and Services,” *Courier-Post*, May 16, 2019, www.courierpostonline.com/story/news/local/south-jersey/2019/05/16/camden-nj-homeless-mission-josephs-house-expanding-building-mission-homelessness-addiction/1191018001.

To track homelessness across the city and county, an annual point-in-time count of homeless individuals and families is coordinated by the Community Planning and Advocacy Council (CPAC) in partnership with the non-profit group Monarch Housing Associates. The countywide number of individuals experiencing homelessness has hovered near 600 in recent years, although the unsheltered population (161) and the chronically homeless population (170) each rose to five-year highs in 2019.³⁴⁴ That year, there were 482 counted homeless individuals in Camden City—representing 82 percent of the county total—with 146 individuals counted as unsheltered.³⁴⁵ The true homeless population is likely far greater, as the annual count tends to exclude people staying with family or friends, as well as those in prison, hospitals, motels, or abandoned buildings.

In Camden, the Homeless Network Planning Committee (HNPC) serves as the coordinator for countywide homeless services as mandated by the state. The HNPC is a consortium of providers, local government officials, and consumers and is administered locally by CPAC. CPAC manages federal funding awards, such as the Emergency Solutions Grants (ESG) and assists the city with its obligations to the state’s Homeless Management Information System. Many other agencies support the city’s efforts to combat homelessness, including the Camden County Council on Economic Opportunity; CFS; South Jersey Behavioral Health Resources, Inc.; Family Promise–Interfaith Hospitality Network; Interfaith Homeless Outreach Council; My Brother’s Keeper; Project HOPE; Respond, Inc.; St. Joseph’s Carpenter’s Society; and Volunteers of America.

The City of Camden and the State of New Jersey have recently embraced the Housing First approach, which prioritizes providing permanent housing, ending an individual’s period of homelessness so they can subsequently improve their quality of life and focus on other needs, such as employment or attending to substance use and other health issues. This approach

³⁴⁴ Monarch Housing Associates, “NJ Counts!”

³⁴⁵ Ibid.

embraces the notion that client choice in housing selection is “likely to make a client more successful in remaining housed and improving their life.”³⁴⁶ Housing First does not require people experiencing homelessness to address behavioral health problems or to participate in rehabilitative services before obtaining housing or in order to retain housing. Housing First programs often involve rental assistance, a standard lease, and access to voluntary supportive services. Evidence shows the model to be an effective and cost-efficient solution to homelessness, with savings for communities whose previously homeless residents become less likely to use emergency services.³⁴⁷

HOUSING FIRST

The Camden Coalition of Healthcare Providers (Camden Coalition) launched a Housing First pilot program in Camden in 2015, serving 65 chronically ill, chronically homeless individuals in scattered-site units. The program uses the Camden Coalition’s Health Information Exchange to identify housing-insecure and frequently hospitalized individuals and connect them to housing and optional support services. The Housing First pilot has involved ongoing collaboration with state and local government, social service providers, and community partners. The New Jersey Department of Community Affairs, the county’s Homeless Trust Fund, Virtua and Cooper hospitals, UnitedHealthcare, and HBCBS of New Jersey have provided funding.³⁴⁸ Early results from the pilot program showed a 60 percent reduction in emergency room visits and inpatient readmissions for enrolled patients.³⁴⁹

³⁴⁶ National Alliance to End Homelessness, “Housing First,” April 20, 2016, endhomelessness.org/resource/housing-first.

³⁴⁷ National Alliance to End Homelessness, “Fact Sheet: Housing First,” April 2016, endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf.

³⁴⁸ Camden Coalition of Healthcare Providers, “Housing First,” May 12, 2016, camdenhealth.org/care-interventions/housing-first.

³⁴⁹ Teagan Kuruna, “New Report Links Housing to Health care Utilization Costs,” Camden Coalition of Healthcare Providers, July 30, 2018, camdenhealth.org/housing-health care-costs.

The Camden Coalition’s successful Housing First pilot program (see callout box) should be expanded and further integrated with innovative housing and health practices. Respite care facilities are one such example. Often operated by non-profit social service organizations and affordable housing developers in coordination with government health agencies, respite care transitional housing allows people experiencing homelessness to discharge out of hospitals into safe settings for recovery and intensive case management. Some facilities may even provide permanent supportive units along with other health services, as is the case in the recently constructed Blackburn Center in Portland, Oregon. In addition to LIHTC-funded apartments, the center includes a clinic, primary care, behavioral care, substance abuse treatment, case management, and employment services.³⁵⁰ In Vermont, Champlain Housing Trust has partnered with the University of Vermont Medical Center to renovate former motel properties as integrated housing and health service centers for homeless people with high medical needs, including temporary respite units.³⁵¹ Across the Delaware River, Public Health Management Corporation opened the Serenity Court respite facility in Philadelphia in 2018, providing 20 beds for homeless people to safely recover from medical treatments. The resulting drop in health care costs can be impressive—Los Angeles County’s “Housing for Health” program, which incorporates respite care followed by transitional and permanent supportive housing, yielded a 20 percent reduction of social services costs. The previously homeless patients experienced fewer annual emergency room visits and inpatient care days, less need for financial aid and mental health services, and fewer arrests and days in jail.

To work toward eliminating homelessness and improving the health conditions of people without shelter, the city and its partners can continue

³⁵⁰ Christine Serlin, “Housing and Health Care Under One Roof,” Affordable Housing Finance, June 10, 2019, www.housingfinance.com/developments/housing-and-health-care-under-one-roof-o.

³⁵¹ Amanda Abrams, “Setting Aside Housing for Frequent Health Care Users,” Shelterforce, July 30, 2018, shelterforce.org/2018/07/30/housing-for-frequent-health-care-users.

to support rapid rehousing programs. They can also partner with the Camden County Department of Health and Human Services, local health systems, and housing providers to explore the development of medical respite facilities. Finally, the city can support better homelessness services by seeking to track geographic and longitudinal trends in the city's homeless population, in conjunction with countywide point-in-time counts.

PRIORITY ACTIONS


**MOST
ACHIEVABLE**

***Expand funding and institutional resources
for integrated health and housing models.***

The integration of housing and health care efforts is a priority that pervades this entire chapter, and in many ways, it is already occurring in Camden. Successful partnerships and integrated service models are beginning to gain traction around the city, but many need more funding and institutional support to reach their full potential and make a measurable impact on the health outcomes of Camden residents.

One example is the Medical Legal Partnership (MLP) of Camden. MLPs bring law experts into health care settings, allowing medical professionals to make direct referrals to onsite legal services and other social service providers to screen patients for concerns over housing or other needs that affect their well-being. This might include securing entitlement benefits, combating the threat of eviction, preventing utility shutoffs, and removing household pathogens. Through their work with MLPs, pro bono lawyers, legal aid attorneys, law students, and professors are able to consult with providers about barriers to care, reduce the need for litigation for individual patients, and leverage the partnership to advocate for comprehensive policy changes that create healthier communities.

The Medical Legal Partnership of Camden, which launched in 2017, is jointly operated by the Rutgers School of Law, Cooper Medical School

of Rowan University, and the Camden Coalition. The Rowan University/Rutgers-Camden Board of Governors provided the MLP with \$25,000 in initial start-up funding in 2015, and other grants funded one part-time attorney who assisted 60 patients in the first two years of the partnership. A \$50,000 grant from the Joint Board in 2019 will pay for a second attorney, and a future expansion is planned to give clients access to faculty-supervised student-lawyers, as well as students from the Rutgers nursing and social work departments.³⁵²

Although effective, MLPs are subject to the constraints of “[small] budgets, reliance on volunteers...and difficulty getting appropriate reimbursements.”^{353,354} With no stable funding stream, MLPs depend on a combination of operating budget allocations from health care organizations, community benefit funds from non-profit hospitals, federal funds from the Health Resources and Services Administration, legal-sector aid and law fellowships, and philanthropic contributions.³⁵⁵ Any role the city can play in advancing the MLP's mission and making it a core service will enhance its effectiveness and spread its impact across Camden. This might include marshaling funding and resources, passing supportive municipal legislation, and helping with targeted enforcement efforts in substandard housing units.

The Accountable Health Communities Model, mentioned in Chapter 4, is another example of a national effort being implemented locally that seeks

³⁵² Jeanne Leong, “Rutgers Law School’s Medical-Legal Partnership Helps Resolve Complex Care Issues for South Jersey Residents,” Rutgers-Camden News Now, September 2019, news.camden.rutgers.edu/2019/09/rutgers-law-schools-medical-legal-partnership-helps-resolve-complex-care-issues-for-south-jersey-residents.

³⁵³ National Center for Medical-Legal Partnership, “FAQ,” October 9, 2017, medical-legalpartnership.org/faq.

³⁵⁴ Robert Wood Johnson Foundation, “Medical-legal Partnerships,” County Health Rankings & Roadmaps, January 25, 2019, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-legal-partnerships.

³⁵⁵ Jennifer Trott, Alanna Peterson, and Marsha Regenstein, “Financing Medical-legal Partnerships: View from The Field,” Medical-Legal Partnership Fundamentals, April 2019, medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf.

to connect patients with housing resources. As part of this Center for Medicare and Medicaid Innovation pilot program, the Camden Coalition has partnered with 24 health care provider sites throughout Burlington, Camden, and Gloucester counties to screen eligible patients in many areas, including housing instability. The Camden Coalition PCNs then try to connect eligible patients (patients that screened positive for one of the health-related social needs and had more than two emergency department visits in the past 12 months) to community service providers. The Camden Coalition found that 21 percent of over 4,400 screened patients indicated housing instability, meaning they lacked access to stable housing or had a housing condition issue like mold or pests.³⁵⁶ Although patient navigators attempted to refer patients to a variety of housing-related resources, they often found that the resources available did not have the capacity to meet the needs of the region.³⁵⁷ The city and its institutional partners can support these efforts by increasing the number of sites screening patients for health-related social needs like housing, advocating for greater federal funding and new funding streams for existing housing programs, and supporting efforts to increase the use of PCNs.


PEOPLE'S CHOICE

Encourage the co-location of affordable housing communities and public facilities with wraparound health services.

As we encourage the intersection of housing and health policy, it remains important to also grow the physical connections between where Camden residents live and where they receive health care. Having a doctor or specialist's office located near where people live can remove many of

³⁵⁶ Camden Coalition of Healthcare Providers, "2019 Accountable Health Communities (AHC) Gaps Analysis," email message to author, September 12, 2019.

³⁵⁷ The project described was supported by Funding Opportunity Number CMS 1P1-17-001 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

the obstacles lower-income residents often face in seeking medical care. Co-location can take many forms, such as expanding opportunities for in-home care and staffing rental housing communities with case workers specializing in public health.

Many of Camden's public and senior housing developments already incorporate a number of health care and social services. However, with several communities slated for rehabilitation in the coming years—including Ablett Village and McGuire Gardens—the city, HACC, and their partners should continue to bring medically trained personnel and the full range of support services to all public housing sites, covering healthy eating, physical activity, mental health and wellness, and healthy housekeeping habits. A uniform set of standards for the level of care and performance provided at each site, and regular program evaluation using such standards, can ensure that tenants are able to successfully sustain healthy lifestyles and improve their well-being.

One potential framework to utilize for future affordable housing development is the Enterprise Health Action Plan. This process, created by the housing advocacy non-profit Enterprise Community Partners in coordination with the U.S. Green Building Council and The Health Impact Project, integrates health into housing design by pairing smaller developers with public health professionals and community stakeholders to address tenant health needs through physical and programmatic interventions. Health action plans can focus on one or more of five campaigns identified by Enterprise as key health issues with a disproportionate impact in low-income communities:

- injury and accessibility;
- asthma and respiratory health;
- cardiovascular disease, Type 2 diabetes, and obesity;
- cancer and health outcomes related to toxin exposure; and
- mental health.

The framework also allows partners to identify and strategize around other unlisted concerns that are especially relevant to communities developing their own health action plan. By requiring the Enterprise Health Action Plan process, or incentivizing developers to use this type of framework for all affordable housing construction in Camden, the city can support its most vulnerable residents in their pursuit of healthy homes.³⁵⁸



Support the formation of community land trusts (CLTs) that provide for long-term homeownership and housing affordability.

CLTs are an increasingly used tool to promote affordable homeownership. CLTs are typically private, non-profit membership organizations that are funded by government grants, community foundations, banks and other lenders, and fundraising efforts. They use one-time investments to acquire land and build or buy homes, selling them significantly below market value to low- and moderate-income homebuyers while keeping the land in a trust for future generations. The land is leased over long-term periods—often 99 years—thus removing the land value from and lowering the purchase price of each home. If a homeowner decides to sell, the profit is capped to their equity and a portion of the home value appreciation to ensure the property remains affordable in perpetuity. The 99-year ground lease also avoids the time-limited affordability requirements of tax credit housing developments. CLTs tend to be geographically targeted and are often collectively governed by boards of residents, community members, and public representatives.^{359,360}

³⁵⁸ Enterprise Community Partners, “Health Action Plan,” October 12, 2017, www.enterprisecommunity.org/solutions-and-innovation/health-and-housing/affordable-housing-designed-for-health/health-action-plan.

³⁵⁹ Grounded Solutions Network, “Community Land Trusts,” November 29, 2018, groundedsolutions.org/strengthening-neighborhoods/community-land-trusts.

³⁶⁰ Robert Wood Johnson Foundation, “Community Land Trusts,” County Health Rankings & Roadmaps, May 3, 2019, www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-land-trusts.

CLTs can create greater housing stability for homeowners by decreasing foreclosures and payment delinquency, and by minimizing displacement and frequent moves for low-income households. CLTs may also incorporate rental units with limits on rent increases, often financed by LIHTCs. A CLT that mixes for-sale and leased units may be a more viable option for Camden’s renter-heavy market. Some CLTs offer lease-to-purchase programs that allow tenants to eventually transition to homeownership. Many use an instrument known as an individual development account, which matches a CLT renter’s savings and gives them a long-term plan to become mortgage ready.³⁶¹

In addition to extending housing stability to individual homeowners and renters, CLTs are also known to have neighborhood-scale impacts on communities experiencing disinvestment. They can leverage their land stewardship to help reduce blight and abandonment, and promote area improvements. This has been the case for Boston’s decades-old Dudley Street Neighborhood Initiative, which transformed an area “characterized as mostly vacant, with arson and dumping problems” by rehabilitating hundreds of vacant lots for rental housing, recreational facilities, and urban agricultural amenities.³⁶²

CLTs have operated in Camden in the past, although the last known activity by any Camden-based CLT appears to have been in 2007.³⁶³ It was then that the North Camden Land Trust was awarded LIHTC funding from the New Jersey Department of Community Affairs to preserve 89 affordable homes and create five ADA-accessible units.³⁶⁴ The North Camden Land

³⁶¹ Maxwell Ciardullo, “Community Land Trusts Have Renters Too,” Shelterforce, October 15, 2013, shelterforce.org/2013/10/15/community-land-trusts-have-renters-too.

³⁶² Kimberly Burrows, “Three Ways Community Land Trusts Support Renters,” Housing Matters, April 10, 2019, howhousingmatters.org/articles/three-ways-community-land-trusts-support-renters.

³⁶³ James Meehan, “Reinventing Real Estate: The Community Land Trust as a Social Invention in Affordable Housing,” *Journal of Applied Social Science* 8, no. 2 (2014): 113–133. doi: 10.1177/1936724413497480.

³⁶⁴ New Jersey Department of Community Affairs, “DCA Awards Over \$54 Million in Affordable Housing Funds,” June 22, 2007, www.nj.gov/dca/news/news/2007/approved/070622.html.

Trust collapsed in the aftermath of the recession after being unable to refinance loans from local banks.³⁶⁵

Because they are often small and focused at the neighborhood scale, CLTs tend to be initiated and led by grassroots activists and organizers. Local government can support community-led CLTs by providing administrative or financial assistance, property donations, help with acquisition and preservation of existing units, and favorable regulations and tax assessment practices and concessions.³⁶⁶ Some CLTs have been introduced and managed by public entities, including in Syracuse, New York; Highland Park, Illinois; Irvine, California; Austin, Texas; and Minneapolis, Minnesota. County-backed CLTs exist in Sarasota County, Florida; and Essex County, New Jersey.^{367,368} Government-sponsored CLTs can benefit from favored access to community development funding, streamlined staffing processes, regulatory advantages, and complementary relationships with other publicly backed housing efforts. However, they may face concerns over their legitimacy and effectiveness from the community and political opponents who favor a more non-partisan and grassroots, bottom-up approach.

Health care institutions can also be an important resource for CLTs. The Mayo Clinic, the largest employer in Rochester, Minnesota, spearheaded a \$13 million effort to support the Rochester Area Community Foundation and launch a CLT known as First Homes. Mayo helped to provide stable housing options for low-income employees and now insists that any

³⁶⁵ David Morris, “Protecting Communities from Gentrification,” Institute for Local Self-Reliance, October 23, 2017, ilsr.org/protecting-communities-from-gentrification-community-land-trusts.

³⁶⁶ John Emmeus Davis and Rick Jacobus, “The City–CLT Partnership: Municipal Support for Community Land Trusts,” Lincoln Institute of Land Policy, 2008, lincolnst.edu/sites/default/files/pubfiles/the-city-clt-partnership-full.pdf.

³⁶⁷ Robert Wood Johnson Foundation, Community Land Trusts.”

³⁶⁸ John Emmeus Davis, “Starting a Community Land Trust: Organizational and Operational Choices,” Burlington Associates in Community Development, April 2007, community-wealth.org/sites/clone.community-wealth.org/files/downloads/tool-burlington-startingCLT.pdf.

homes subsidized by the medical center be developed through a CLT.³⁶⁹ By funding and shoring up CLTs, anchor institutions in Camden can help build stable, inclusive neighborhoods while also boosting the effectiveness of existing employer-assisted housing programs for their workers most in need of affordable homes. Employer-sponsored CLTs have the advantage of more immediate access to capital, capacity, and credibility that can be leveraged for additional funding and growth.

A challenge to the sustainability of CLTs is the modest monthly lease fees paid by residents, which must often be supplemented by competitive grants. The experience of today’s most successful CLTs, as well as those

COMMUNITY LAND TRUST (CLT) RESALE FORMULAS³⁷⁰

If and when a CLT homeowner decides to sell their house, they can sell it directly to a new low- or moderate-income buyer or sell it back to the trust itself. Resale formulas are specified in the ground lease and dictate the sales price—which is capped to ensure long-term affordability. The formulas fall into three common categories:

- **Appraisal-based formulas** tie the resale price to changes in the property’s market value, as measured by appraisals at the time of initial purchase and at the time of resale. The seller receives the original price plus a specified percentage of any increase in the appraised value, often 25 percent.
- **Indexed formulas** limit the resale price to the initial purchase price plus an adjustment based on annual changes in either the area median income or the consumer price index.
- **Fixed-rate formulas** use a fixed annual percentage of either simple or compound interest—typically between 1 and 2 percent—to increase the homeowner’s initial affordable price over time.

³⁶⁹ Ibid.

³⁷⁰ Michaela Zonta, “Community Land Trusts: A Promising Tool for Expanding and Protecting Affordable Housing,” Center for American Progress, June 2016, cdn.americanprogress.org/wp-content/uploads/2016/06/14141430/CommunityLandTrusts-report.pdf.

that are in the early stages of development, suggest that future CLTs in Camden must plan strategically around their financial needs and count on monetary and political support from public and private partners. Given the decline in federal community development funding in recent years and the lack of local budgetary flexibility, Camden will have to think strategically about its capacity to support fledgling CLTs. The city might act on behalf of multiple CLTs to collectively marshal financial and technical resources from county and state agencies, as well as private institutions. The city could also give priority to new CLTs when disposing of publicly owned properties or other surplus real estate, including through any future land bank authority.

1
DO FIRST

Launch a comprehensive “Healthy Homes” initiative that expands financial assistance for home repairs and combines outreach, education, inspections, and home visit programs.

As noted, older and poorly maintained homes can contain many hazards like mold, lead-based paint, and lead service lines that can result in serious health problems. Although government programs have traditionally addressed these issues in a piecemeal way, in 1999 HUD launched the Healthy Homes Initiative to provide for more holistic home health interventions.³⁷¹

Table 6 shows that Camden City and Camden County offer many programs and resources to bring homes up to healthier standards. As has been done in cities like Baltimore, Kansas City, and Cleveland, city and county officials could work together to formally unite these efforts under one Healthy Homes banner. Such a transition could increase and streamline the services available, giving residents a one-stop shop for home repair

³⁷¹ U.S. Department of Housing and Urban Development, *The Healthy Homes Program Guidance Manual* (Washington, DC: U.S. Department of Housing and Urban Development, July 2012), www.hud.gov/sites/documents/HHPGM_FINAL_CH1.PDF.

supplies, funding, and education. Additionally, a Healthy Homes initiative helps to mitigate the tendency to isolate health issues into administrative silos in favor of “a comprehensive and holistic approach to preventing disease and injury that can result from housing-related hazards and deficiencies.”³⁷² HUD’s [Healthy Homes Program Guidance Manual](#) cites program design improvements, policy development, and capacity building as key activities to implementing an effective Healthy Homes program, in addition to traditional efforts like direct housing interventions.³⁷³

An important first step in undertaking a Healthy Homes initiative would be an analysis or audit of the structure and function of the divisions and departments listed in Table 6 to determine where staffing and program changes are needed. Training current and future staff to adequately handle the transition and ongoing responsibilities is also essential. In Baltimore’s pilot program, almost 90 hours of training were offered, combining materials with a national scope to help staff contextualize the many different health issues that manifest in the home, as well as localized training that introduced staff to potential resources and partners in the communities where they work. Professional development should encompass hands-on hazard remediation skills, comprehensive inspection methods, safety protocol, neighborhood and city housing history, and cultural competency. Where necessary, integrating social work professionals or multilingual translators is also recommended to support clients with challenges beyond the scope of healthy homes.

A successful transition will also allow existing staff and potential service recipients to participate in program development. Healthy Homes policy should be shaped and influenced by the strengths and opportunities

³⁷² Elisabeth Fost Maring, Barbara Singer, and Edmond Shenassa, “Healthy Homes Transition Report: A Study of the Baltimore City Healthy Homes Division,” November 2009, health.baltimorecity.gov/sites/default/files/CDC_TRANSITION_FINAL_REPORT_FINAL_11_09_REVISED.pdf.

³⁷³ U.S. Department of Housing and Urban Development, *The Healthy Homes Program Guidance Manual*.

WHAT IS A HEALTHY HOMES INITIATIVE?

Healthy Homes provides public health professionals, including environmental health practitioners, public health nurses, and housing specialists, the training and tools necessary to address the range of housing deficiencies and hazards associated with unhealthy and unsafe homes. Healthy Homes practitioners are encouraged to take a broad approach, working with families to assess the environment for an array of potential hazards and make necessary changes. Families are provided with education, supplies, referrals, and in some cases assistance to make home repairs and other modifications.³⁷⁴

Recommended features:

- proactive, targeted, and/or performance-based home inspections, assessments, and evaluations that cover a comprehensive list of health issues;
- referral and case management systems that integrate treatment for home-related health diagnoses (such as asthma) with home inspections and interventions;
- education connected to safe home supplies (e.g., smoke/carbon monoxide detectors, pest control products, mattress and pillow covers, baby gates and cribs, home emergency kits, roach disks, caulk, nightlights, outlet covers, temperature gauges, cleaning supplies, educational coloring books); and
- expanded education about good maintenance of homes and environmental hazard reductions, provided during home visits; through relevant media; and at locations that are accessible and comfortable for diverse audiences, allow time for adequate discussion, and provide options for follow-up services.

³⁷⁴ Fost Maring et al, "Healthy Homes Transition Report."

present in the city and county departments that currently handle housing services. Retention strategies for current staff would help with maintaining internal knowledge and skills. Communication with Camden residents and medical providers can ensure that relevant partners are involved and the program caters to the community's most pressing needs. For example, some Healthy Homes programs extend into home-based childcare facilities and energy efficiency or weatherization partnerships.³⁷⁵ Implementing officials must be careful to prioritize these needs and set healthy home standards that work toward quantitative and qualitative goals desired at the local level. One challenge cited in Baltimore was differentiating between services that required a fast-track intervention (e.g., elevated blood lead levels) versus those that can be addressed on an ongoing basis. Establishing a procedural hierarchy to deal with potentially competing concerns will also be crucial.

Other structural and organizational changes would be necessary, such as data collection and reporting procedures and systems that are accessible to multiple departments and stakeholders, legal and policy changes to provide for adequate enforcement, and leadership like identifying a departmental head or "czar" to supervise all Healthy Homes work. In addition to the extensive planning, community involvement, partnerships, and leadership needs discussed here, a successful transition will also require careful program evaluation and attention to the ongoing viability and sustainability of the initiative. The CDC's *Healthy Homes "Cookbook"* and HUD's *Healthy Homes Program Guidance Manual* are good starting points as the city, county, and partners consider pursuing this action.

³⁷⁵ U.S. Department of Housing and Urban Development, *The Healthy Homes Program Guidance Manual*.

TABLE 6: SELECTED ROLES AND RESPONSIBILITIES SUPPORTING HEALTH IN CAMDEN HOUSEHOLDS

City Roles and Responsibilities		County Roles and Responsibilities	
Agency/Dept	Responsibilities	Agency/Dept	Responsibilities
Department of Planning and Development, Bureau of Housing Services	Homeowner rehabilitation; lead abatement program administration and delivery; self-help programs; weatherization programs and whole house rehabilitation of vacant properties for sale or rent	Department of Health and Human Services	Education and outreach (e.g., poisonous household substance education program; fall prevention); childhood lead poisoning prevention management; well child services and home visits to high-risk infants and children; multi-unit housing dwelling inspections; mold and water testing
Housing Authority of the City of Camden	Renovating and rehabilitating public housing inventory	Office of Community Development	Lead Safe Work Practice Certification classes for home improvement contractors
Office of Emergency Management	Home fire prevention	Department of Parks, Division of Environmental Affairs	Household hazardous waste collection
Senior Services and Emergency Assistance	Outreach to shut-in seniors; emergency utility assistance	Division of Senior Services	Limited homemaker care to residents aged over 60 (personal hygiene, light housework, meal preparation, laundry)
Department of Code Enforcement	Property maintenance inspections; tenant-landlord mediation; investigates and classifies buildings for demolition and/or board up	Board of Social Services, Adult Services Unit	Services for vulnerable adults, including emergency medical care, food arrangements for homemaker/home health care, supportive counseling, and other legal actions
Camden Redevelopment Agency	Funding rehabilitation of existing housing		
Other Roles and Responsibilities			
Southern Regional Lead and Healthy Homes Coalition (state-funded)		Lead poisoning prevention activities and education; home safety training; lead tests	

BALTIMORE CITY HEALTH HOMES TRANSITION

In 2006, the Baltimore City Health Department appointed the nation's first assistant commissioner for Healthy Homes. The following year, the CDC awarded the City of Baltimore funding to transition its Lead Poisoning Prevention Office to a comprehensive Healthy Homes Division within the health department. A pilot team of existing program staff and a full-time project manager and resource manager expanded Baltimore's lead abatement work to include services aimed at improving residents' health at home, such as comprehensive inspections, referral and educational resources, and interventions for other indoor hazards like allergen triggers, pest control, and carbon monoxide exposure. The Healthy Homes Division expanded its staff to include two new roles: environmental sanitarians, responsible for overseeing inspections, educating clients, and enforcing lead control policies; and public health investigators, who educate families, link them to community resources, and provide case management. Internal feedback suggested the need to integrate social workers into the Healthy Homes program to properly address family issues beyond the scope of housing, such as employment challenges, childcare needs, and food access. Baltimore's designation as a combined city-county exempted it from certain challenges that Camden would face with its services spread across both municipal and county offices; nonetheless, the Healthy Homes Division is a good model from which Camden could borrow for its own comprehensive approach to healthy housing.³⁷⁶

³⁷⁶ Fost Maring et al, "Healthy Homes Transition Report."



*Branch Village housing, Centerville, Camden, New Jersey
Source: Google, November 2019*

SECONDARY ACTIONS

Support the creation of innovative rental housing assistance and rapid rehousing programs and facilities serving individuals experiencing homelessness.

Camden's ESGs currently prioritize funding for the Homeless Prevention and Rapid Rehousing Program, covering back rent assistance, rental assistance, rapid rehousing, utilities assistance, shelters, employment and financial counseling, credit repair, and security deposits.³⁷⁷ In issuing future ESG funds and soliciting other partnerships and financial resources, the city may look to communities that have experimented with unique strategies for homelessness prevention. For example, Cleveland's Cuyahoga Land Bank largely shifted from a demolition-based approach to managing vacant foreclosed properties to a rehabilitation-based one, in partnership with organizations that rent the renovated units at below-

³⁷⁷ City of Camden, "FY 2017-2018 Annual Action Plan," August 30, 2017, www.ci.camden.nj.us/wp-content/uploads/2017/11/2017_AAP_Revised_8-30-17.pdf.

market rates to individuals experiencing homelessness.³⁷⁸ The University of Illinois Hospital in Chicago has been working to expand an experimental program that provided \$1,000 in monthly housing funds to frequent emergency room patients who were also lacking shelter. Hospital costs for their 2015 cohort fell by 18 percent, with an average decrease of around \$1,100 per month, suggesting a “win-win” outcome for patients and providers.³⁷⁹ The City of Camden stands to make progress on eliminating homelessness by working with institutional partners to diversify ESG-funded and other activities, making sure they are well monitored and evaluated, and targeting grants to areas of the city where homelessness is most prevalent.

Organize training for law enforcement and medical technicians to better serve people experiencing homelessness.

As first responders, police and medical technicians may be some “of the few, if not only, public agencies in regular contact with people experiencing homelessness.”³⁸⁰ They are often confronted with the challenge of assisting the homeless with complex needs that might be better addressed by behavioral health specialists or social service providers. Many police departments are partnering with local homeless advocates, social service agencies, and behavioral health providers to collaboratively respond to this growing challenge. For example, police departments in San Diego, California, and Cambridge, Massachusetts, have developed homeless outreach teams, creating opportunities to build trust and more intimately

³⁷⁸ Jordyn Grzelewski, “‘Housing Is Essential:’ Local Nonprofits Provide New Beginnings with Vacant, Foreclosed Homes,” *The Plain Dealer*, June 24, 2019, www.cleveland.com/business/2019/06/housing-is-essential-local-nonprofits-provide-new-beginnings-with-vacant-foreclosed-homes.html.

³⁷⁹ Bridget M. Kuehn, “Hospitals Turn to Housing to Help Homeless Patients,” *JAMA Network*, February 13, 2019, naahl.org/wp-content/uploads/2019/02/JamaNetwork-Hospitals-Turn-to-Housing-to-Help-Homeless-Patients.pdf.

³⁸⁰ U.S. Interagency Council on Homelessness, “Strengthening Partnerships Between Law Enforcement and Homelessness Services Systems,” June 2019, www.usich.gov/resources/uploads/asset_library/Law-Enforcement-and-Homelessness-Service-Partnership-2019.pdf.

understand their issues and needs, as well as maintain contacts within the city’s network of social service, health care, and emergency housing providers. Seattle and Boston have recently embedded mental health professionals and master’s-level clinicians within emergency response units to support cases involving mental illness.³⁸¹ In 2009, Portland’s Police Bureau launched a full-service homelessness program called the Service Coordination Team, incorporating outreach, housing, and wraparound services in the annual police budget. Cost-benefit analysis has shown that every \$1 in program costs leads to more than \$13 in reduced crime and justice system costs.³⁸² Many of the existing Camden organizations working to support the homeless, along with other behavioral and physical health providers, can serve as resources and partners for the CCPD as they work to develop more comprehensive and coordinated solutions. The city can support these efforts by working with the CCPD and service providers to apply for grant funding to support pilot initiatives and/or additional training.

Incentivize the redevelopment and sale of vacant and abandoned properties to entry-level buyers and working families.

Camden County had the highest foreclosure rate in New Jersey as of May 2018, including over 500 “zombie” properties that have been left vacant.³⁸³ A 2014 ordinance requires owners of abandoned homes to register them and pay an annual fee that increases with subsequent renewals; however, stagnant real-estate owned (REO) properties held by

³⁸¹ National League of Cities, “Mental Illness, Substance Use, and Homelessness: Advancing Coordinated Solutions Through Local Leadership,” July 2019, www.nlc.org/sites/default/files/users/user57164/YEF_MentalHealth_IssueBrief_Final.pdf.

³⁸² Police Executive Research Forum, “Critical Issues In Policing Series: The Police Response to Homelessness,” June 2018, www.policeforum.org/assets/PoliceResponseToHomelessness.pdf.

³⁸³ Rutgers Senator Walter Rand Institute for Public Affairs, *An Investigation of the Foreclosure Problem in South Jersey and Proposed Strategies for Turning Toxic Liabilities into Community Assets* (Camden, NJ: Rutgers University, August 2018), rand.camden.rutgers.edu/files/Turning-Toxic-Liabilities-in-to-Community-Assets-2.pdf.

banks, lenders, and the city itself remain a persistent problem. When sold, these properties do not typically go to moderate-income buyers because of requirements to purchase in “as is” condition with cash, or due to the drive to maximize profits after rehabilitation. City leaders should work to speed up the process of transferring vacant REO residences to motivated buyers and established non-profits serving low- and moderate-income populations.³⁸⁴ Furthermore, deliberative processes rather than expedited and bulk auctions will help Camden avoid giving an undue advantage to investors and speculators with opportunistic profit ambitions.³⁸⁵ They can do this in part by convening a group of stakeholders, including local financial institutions, community development financial institutions, foundations, and housing and community development organizations, to discuss ways in which REO properties could be made available to low- and moderate-income buyers.

Baltimore’s Vacants to Value initiative may be an instructive model: The city’s housing department selected marketable neighborhoods and worked with other municipal agencies to streamline the disposition of distressed properties to private developers while also stepping up code enforcement, public works repairs, and law enforcement in the same target areas.³⁸⁶ The program also offers a \$10,000 “booster” to assist homebuyers with closing costs when purchasing a formerly vacant property.^{387,388} Another option the city could pursue is a renovation loan fund targeting potential moderate-income homeowners and owners of small rental properties, such as those housing one to four units. By offering ultra-low interest

³⁸⁴ Enterprise Community Partners, *Clear Objectives, Real Incentives: A Guide For Using NSP To Create Supportive Housing* (Columbia, MD: Enterprise Community Partners, 2012), files. hudexchange.info/resources/documents/1303_GuideForUsingNSPtoCreatePSH.pdf.

³⁸⁵ U.S. Department of Housing and Urban Development, Office of Policy Development and Research, “Vacant and Abandoned Properties: Turning Liabilities into Assets,” Evidence Matters, 2014, www.huduser.gov/portal/periodicals/em/winter14/highlight1.html.

³⁸⁶ De Leon and Schilling, *Urban Blight and Public Health*.

³⁸⁷ City of Baltimore Department of Housing and Community Development, “Vacants to Value,” November 13, 2013, www.vacantstovalue.org/Incentives.aspx.

³⁸⁸ Tamara E. Holmes, “Making a Pipeline for Vacant Building Rehab,” Shelterforce, November 13, 2018, shelterforce.org/2018/11/13/making-a-pipeline-for-vacant-building-rehab.

loans to individuals with incomes too high to qualify for other grants, such a program could fund housing upgrades in exchange for long-term residency or an agreement to keep rents affordable.³⁸⁹ Philadelphia recently expanded a previously income-limited Community Development Block Grant-funded repair program to include moderate-income property owners and small landlords.³⁹⁰ In some places, strategic downsizing of the housing stock will be more realistic than rehabilitation. The 2016 Abandoned Property List and 2018 census estimates suggest that Whitman Park and Fairview are the areas with the greatest number of vacant units, while Gateway and Waterfront South have the largest share of vacant homes.^{391,392} All but Fairview were recently designated as federal Opportunity Zones, creating extra incentive to accelerate housing redevelopment.³⁹³

Collaborate with local health care institutions and insurance providers to expand and initiate place-based housing investments and blight reduction efforts.

Many managed care organizations and medical institutions are becoming more involved in community development in their service areas. Health insurance companies and hospitals have made direct investments in housing on behalf of their employees and patients, and have executed

³⁸⁹ Matt Schreiber, “Proactive Preservation of Unsubsidized Affordable Housing in Emerging Markets: Lessons from Atlanta, Cleveland, and Philadelphia,” Joint Center for Housing Studies of Harvard University, March 2018, www.jchs.harvard.edu/sites/default/files/harvard_jchs_schreiber_gramlich_2018.pdf.

³⁹⁰ Aaron Moselle, “New Loans for Home Repair May Be Lifeline for Philly ‘small landlords’ — and Their Tenants,” WHY?, December 18, 2018, why.org/articles/new-loans-for-home-repair-may-be-lifeline-for-philly-small-landlords-and-their-tenants.

³⁹¹ The Reinvestment Fund, *Evaluation: Neighborhood Stabilization Program 2 for the City of Camden Redevelopment Agency & Housing Authority of the City of Camden* (Philadelphia: The Reinvestment Fund, October 2015), www.reinvestment.com/wp-content/uploads/2015/12/Camden_NSFP2_Evaluation-Report_2015.pdf.

³⁹² U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table DP04.”

³⁹³ New Jersey Department of Community Affairs, “New Jersey Community Asset Map,” accessed February 2020, njca.maps.arcgis.com/apps/webappviewer/index.html?id=96ec274c50a34890b23263f101e4ad9b.

neighborhood improvement projects that generate positive health impacts across the population at large. This is already evident in Camden, through efforts like the Camden Coalition’s Housing First initiative and the Cooper Foundation’s Employer Assisted Housing Program, which provides down payment and closing cost assistance, and sponsors housing fairs for workers within the health system. Largely based in the Cooper Grant and Lanning Square neighborhoods, Cooper’s projects have consisted of property acquisition, rehabilitation, and new construction, as well as other efforts to enhance community facilities, including a new charter school. The foundation has also partnered with the CFS to offer health programming and outreach to nearby residents. Camden officials should encourage the city’s other institutional partners to pursue similar investments in their service areas. The Hospital Partnership Subsidy Pilot Program (HSPP), launched in 2018 by the New Jersey Housing and Mortgage Finance Agency, made this more feasible by expanding access to gap financing, mortgage assistance, and tax credits for hospitals seeking to build affordable housing. Projects that receive HSPP funding should be located near hospitals, host onsite community facilities, and set aside a small number of units and supportive services for frequent health care users. Camden’s many hospital facilities are good candidates for future rounds of the program.^{394,395}

Foster partnerships to extend homeownership assistance and rental subsidy programs.

Between 2017 and 2018, the Camden Redevelopment Agency surveyed nearly 1,500 public-sector and institutional employees, with results suggesting strong demand for local housing choices among Camden-based

³⁹⁴ New Jersey Housing and Mortgage Finance Agency, “NJHMFA Seeking Hospitals Interested in \$12M Supportive Housing Partnership,” November 7, 2018, www.nj.gov/dca/hmfa/media/news/2018/approved/20181107.html.

³⁹⁵ Amanda Abrams, “NJ Pays Hospitals to Build Affordable Housing,” Shelterforce, November 4, 2019, shelterforce.org/2019/11/04/nj-pays-hospitals-to-build-affordable-housing.



Cooper Foundation housing, Camden, New Jersey
Source: Google, August 2019

workers. About two-thirds of respondents note that they would consider purchasing or renting a home in Camden, even though most currently live outside of the city. Respondents under 35 were particularly open to living in Camden. Most respondents desired short commutes, and many renters who returned the survey were considering a home purchase within two years. However, the survey also indicated that the availability of financial assistance, including homeownership grants and rental assistance, is a key motivator for buyers and renters in choosing to live in Camden.³⁹⁶

Employer-assisted housing subsidies—like those available to workers at Cooper University Health System—are an important strategic resource that could be tied to future economic development incentives. Tax credits and other tools have brought new large businesses into Camden and helped to shore up existing businesses. As the job market continues to expand

³⁹⁶ City of Camden Redevelopment Agency, *Public Sector Employees Housing Report* (Camden, NJ: City of Camden Redevelopment Agency, January 2019), camdenredevelopment.org/getattachment/Resources/Other-Resources/Camden-Housing-Survey-Public-Sector-FINAL-2019-1-25.pdf.aspx.

across the city, employers and workers both stand to benefit from stable workforce housing in the immediate vicinity. Down payment or security deposit assistance, low-interest loans, and other subsidies can go a long way toward lessening the cost burden of finding a quality home, and thereby reserve more household income for healthy lifestyles. The city and its institutional partners can also explore new models of housing assistance, including lease-to-purchase programs that allow tenants to build equity by paying their rent on time, attending meetings, and performing property management work.

Track trends in the city's homeless population, in conjunction with countywide point-in-time counts, to inform resource and service allocation.

Monarch Housing's annual point-in-time count provides rich countywide homelessness data for a single night in January; however, point-in-time surveys have inherent limitations as they tend to exclude people staying in short-term, unstable arrangements like hotels or families who have split up to stay with multiple friends or relatives. Additionally, some people go uncounted because they are simply hard to find by volunteers. As the challenge of homelessness persists, Camden leaders should work with service providers and research partners to accurately capture geographic and longitudinal homelessness trends beyond the point-in-time "snapshot" sponsored by HUD. The National Law Center on Homelessness and Poverty recommends that local agencies pursue advanced estimation techniques to supplement point-in-time data with other counts: homeless student counts by the school district, periodic street counts conducted over longer periods, and annualized data that recognizes the shifting make-up of the homeless population over the course of a year. In Minnesota, Wilder Research conducts a study of the homeless population every three years in October, expanding its definition of homelessness to include people who have temporary housing but can account for less than two more weeks of stable shelter due to eviction notices or short-term arrangements. Wilder's



*Housing in Collingswood, New Jersey
Source: Andrew Svekla, DVRPC*

count follows the same trends as the traditional point-in-time data but with consistently higher totals. They also use sophisticated weighting methods to report an annualized estimate of homeless individuals, recognizing that the number of people experiencing homelessness over one year is far higher than on a given night.³⁹⁷

Another option the city might explore is Built for Zero, a national data initiative launched in 2015 that has been embraced by over 70 communities across the country. Led by the non-profit Community Solutions, Built for Zero has been credited with helping three places achieve "functional zero" for chronic homelessness—including Bergen County, New Jersey, and Lancaster, Pennsylvania—while nine cities have successfully ended veteran homelessness.³⁹⁸ The program tracks key, real-time data points for individual homeless people, which is shared

³⁹⁷ National Law Center on Homelessness & Poverty, "Don't Count On It: How the HUD Point-in-Time Count Underestimates the Homelessness Crisis in America, 2017, nclhp.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf.

³⁹⁸ Douglas Broom, "How Three US Cities Are Using Data to End Homelessness," World Economic Forum, March 18, 2019, www.weforum.org/agenda/2019/03/united-states-cities-using-data-to-end-homelessness.

across multiple agencies in an integrated command center. The data collection not only helps individuals get access to needed housing but also supports localities with their efforts to estimate and secure funding and institutional support for homelessness prevention strategies.^{399,400}

Support the home-based efforts of the city's hospitals and care providers.

In both of the 2016 and 2019 updates to the Community Health Needs Assessment, the South Jersey Health Collaborative refers to the growing need for in-home health care services. A number of Camden-area health systems offer some form of home-based care. Virtua employs home care experts who can provide nursing, therapy, nutritional support, and social work services.⁴⁰¹ Jefferson Health uses its House Calls program to extend care to homebound patients, offering assistance with medication management, labs and medical imaging, and health coaching. Cooper deploys an outreach team to “home health parties” as a way to educate women about breast cancer in settings they find more comfortable than traditional health care environments.⁴⁰² The county government is another source for such care, making home health aides available to Medicaid-eligible, elderly, and disabled residents through the Board of Social Services, while the Division of Senior Services offers managed long-term services and care management programs to adults aged over 60. Other organizations providing home-based health care services in Camden include:

³⁹⁹ Community Solutions, “Built for Zero,” October 17, 2019, community.solutions/our-solutions/built-for-zero.

⁴⁰⁰ Adele Peters, “3 Cities in the U.S. Have Ended Chronic Homelessness: Here’s How They Did It,” Fast Company, March 11, 2019, www.fastcompany.com/90316607/3-cities-in-the-u-s-have-ended-chronic-homelessness-heres-how-they-did-it.

⁴⁰¹ Virtua Health, “Virtua Home Health Care,” November 3, 2018, www.virtua.org/clp/2018/virtua-at-home/virtua-home-health-care.

⁴⁰² Senator Walter Rand Institute for Public Affairs, “Community Health Needs Assessment: South Jersey Health Collaborative,” September 2019, rand.camden.rutgers.edu/community-health-needs-assessment.

- Camden County Visiting Nurse Association, Inc.;
- Holy Redeemer;
- Mercy Home Care; and
- SCUCS.^{403,404}

The city and county should encourage stakeholders in the medical community to continue to both provide and expand home-based services. The county health department can also help to connect residents with existing home-based services.

Review city policies to identify and minimize barriers to the development of non-traditional housing types and an appropriate range of low- to high-density residential options.

Housing diversity—having many different sizes and types of homes at a range of price points—can help meet the needs of many different households. The zoning code is one tool that the city can use to regulate, allow, or encourage different types of housing. City officials should review the city’s zoning ordinance to ensure that restrictions on units per parcel, occupants per unit, occupant relationships, parking, allowable building materials, and other stipulations do not limit the potential for innovative, affordable housing options. As alternative housing forms show signs of promise in Camden, it may be prudent to expressly include them in the code and allow them by right. This is especially relevant as families make up a smaller share of households, more single adults opt to live alone, and aging in place becomes an increasingly important concern. Adapting modern zoning codes to include contemporary home-sharing and microliving alternatives that welcome innovative construction techniques might help to alleviate the challenges of housing affordability and homelessness in Camden.

⁴⁰³ Camden County, “Senior Citizen Services Directory,” November 2019, www.camdencounty.com/wp-content/uploads/2019/12/Senior-Directory-11.19.pdf.

⁴⁰⁴ Mercy Home Care, “About Us,” June 7, 2009, mercyhha.com/index_files/about.htm.

Establish land value taxation (LVT) instruments and increase requirements and penalty fees for buildings on the abandoned property list.

Vacant properties remain a nuisance and public health hazard in Camden. One recent effort to incentivize redevelopment of blighted land and buildings is the 2014 ordinance requiring owners to register and pay a progressive annual fee for abandoned sites. The city could enhance the fee structure by following the example of Wilmington, Delaware, which offers waivers and deferrals for vacant land with scheduled redevelopment and rebates on fees collected in the year preceding restoration and reuse.⁴⁰⁵ LVT is another instrument to consider, and has been tested in cities like Harrisburg, Pittsburgh, and Washington, DC. Through LVT, penalty taxes are levied on vacant property, while land improvements incur a lower property tax rate. This requires a possibly complicated “split” or “two-tiered” assessment process but one that has been successfully utilized in about 20 Pennsylvania municipalities. State legislation enabling the city to pilot a dual property tax system was discussed several years ago. If such a system remains feasible, land value taxes could be employed in designated improvement areas near employment and transit nodes rather than citywide, as has been done in Pittsburgh. This might help lessen the administrative and enforcement burden, and reduce the likelihood that delinquent owners in outlying neighborhoods shirk the tax altogether, leaving the city with the responsibility to seize and control more underutilized property with less redevelopment potential.⁴⁰⁶

⁴⁰⁵ Center for Community Progress, “Tool 2: Motivating Owners to Reuse Properties,” Building American Cities Toolkit, June 15, 2012, www.communityprogress.net/tool-2-motivating-owners-to-use-properties--pages-258.php.

⁴⁰⁶ Elaine Povich, “Can Extra Taxes on Vacant Land Cure City Blight?,” The Pew Charitable Trusts, March 7, 2017, www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/03/07/can-extra-taxes-on-vacant-land-cure-city-blight.

Making use of legal aid to deal with problem properties is another option for city leaders, as seen in St. Louis. There, a non-profit clinic called the STL Vacancy Collaborative was established by the city’s economic development department, which used \$100,000 to pay a lawyer to work with neighborhood associations on vacancy issues and “use nuisance laws to compel absentee property owners into action.”⁴⁰⁷ The neighborhood associations help match properties with willing owners and rehabbers, while city officials work to clean up titles and help buyers with repairs through low-interest loan programs and other administrative support.

The city may also want to pursue the following:

- Develop a medical respite care facility with local health care non-profits.
- Adopt anti-displacement policies, including community benefits agreements in the Downtown core, multiyear residential lease incentives, and a tenant advocate program.
- Work with the Camden Redevelopment Agency to devise land banking capabilities through a municipal ordinance or resolution.

⁴⁰⁷ Jacob Barker, “Nonprofit Lawyers Add Ammunition to St. Louis Neighborhoods’ Vacancy Fight,” *St. Louis Post-Dispatch*, July 8, 2019, www.stltoday.com/news/local/metro/nonprofit-lawyers-add-ammunition-to-st-louis-neighborhoods-vacancy-fight/article_3550dfbe-38f3-5263-90a0-1e84c50a81b7.html.

the
**CAMDEN
HEALTH**
element

chapter 8:
EDUCATION & EMPLOYMENT



BACKGROUND

Education, employment, and income are factors that can significantly impact the quality and length of peoples' lives. Many low-income individuals and families struggle to afford health care and insurance and thus lack access to important health services, including preventative care. Combined with a lack of resources, such as healthy grocery stores, green spaces, and reliable transportation, low-income status exacerbates issues that make leading a healthy lifestyle challenging. Additionally, individuals in poor health may experience difficulties finding and maintaining gainful employment, which perpetuates ongoing issues around health, equity, and household well-being. Ensuring that individuals and families have the opportunity to obtain a quality education, stable employment, and reliable income not only promotes healthier lifestyles; it ultimately supports the long-term economic success of Camden and the surrounding region.

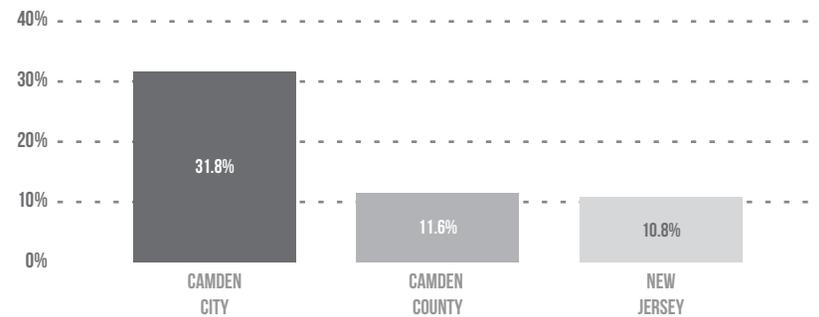
In general, higher levels of educational attainment are associated with better job prospects and higher income, as well as better overall health and longer lifespans.⁴⁰⁸ In an issue brief on education and health, the Robert Wood Johnson Foundation concludes that "by providing the knowledge and skills necessary to fully participate in the labor force, education can be key in promoting social mobility and in breaking the cycle of intergenerational disadvantage and related health disparities."⁴⁰⁹ As shown in Figure 19, 24 percent of Camden City residents above 25 years of age do not have a high school degree, compared to just 9 percent of Camden County residents of the same age.⁴¹⁰

⁴⁰⁸ Ray Boshara, William R. Emmons, and Bryan J. Noeth, *The Demographics of Wealth: How Age, Education and Race Separate Thrivers from Strugglers in Today's Economy* (St. Louis: The Federal Reserve Bank of St. Louis, May 2015), www.stlouisfed.org/~media/files/pdfs/hfs/essays/hfs-essay-2-2015-education-and-wealth.pdf.

⁴⁰⁹ Robert Wood Johnson Foundation, "Race, Socioeconomic Factors and Health," Exploring the Social Determinants of Health Series, Issue Brief #6, April 2011, www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70446.

⁴¹⁰ U.S. Census Bureau, "2018 ACS 5-Year Estimates, Table S1501: Educational Attainment," accessed February 2020.

FIGURE 19: PERCENT OF THE POPULATION WITHOUT A HIGH SCHOOL DEGREE



Source: U.S. Census Bureau, 2018 ACS 5-Year Estimates, Table S1501

The median household income for the City of Camden is \$27,705, less than half as much as Camden County's median of \$67,118. As shown in Figure 20, the median household income is even lower in some Camden neighborhoods, with Centerville (\$12,443), Whitman Park (\$19,011), and Pyne Poynt (\$19,520) having the lowest. With 37 percent of Camden residents—and almost 50 percent of Camden youth under 18—living below the poverty line, there is a demonstrated need for investment in education and employment in order to increase access to income-building opportunities.⁴¹¹

Workforce development programs, mentoring, and career-building opportunities can help to prepare Camden residents, including youth, people with disabilities, returning citizens, and individuals with limited English proficiency, for fulfilling careers with family-sustaining wages. Additionally, quality educational opportunities—from preschool through college—can not only help Camden youth to succeed in the future but can also support parents and caretakers for whom childcare is a significant barrier to obtaining stable and fulfilling employment. Camden can support

⁴¹¹ U.S. Census Bureau, "2018 ACS 5-Year Estimates, Table DP03."

its residents through the process of pursuing education and obtaining jobs, helping them to lead safer, healthier lifestyles and boosting the economy.

KEY ASSETS

RENEWED COMMITMENT TO WORKFORCE DEVELOPMENT

The Camden County Workforce Development Board (CCWDB) is a non-profit organization that oversees all of Camden County’s workforce-readiness programs. The CCWDB provides policy guidance and planning to support programs that connect community members to employment and education opportunities, such as work-training and literacy programming, job matching, and career counseling.⁴¹² Camden County’s One-Stop Career Center, which provides job-search assistance, training grants, and other supportive services, is managed by CCWDB and recently moved to a new location that is more accessible to Camden City residents.⁴¹³ Another program managed by the CCWDB is Camden Works, a city jobs initiative announced by Mayor Frank Moran in 2018 and launched the following year. The product of a partnership between CCP, the NAACP New Jersey Chapter, the CCWDB, and several other organizations, the goal of Camden Works is to connect residents with local employers and job training programs.⁴¹⁴ The initiative offers a website where Camden residents can explore pathways to education and employment opportunities. Case management for Camden Works is provided by the CFS.⁴¹⁵

STRONG PRESENCE OF HIGHER-EDUCATION PROVIDERS

Rutgers University-Camden, Camden County College, Rowan University, and Cooper Medical School of Rowan University are important anchor

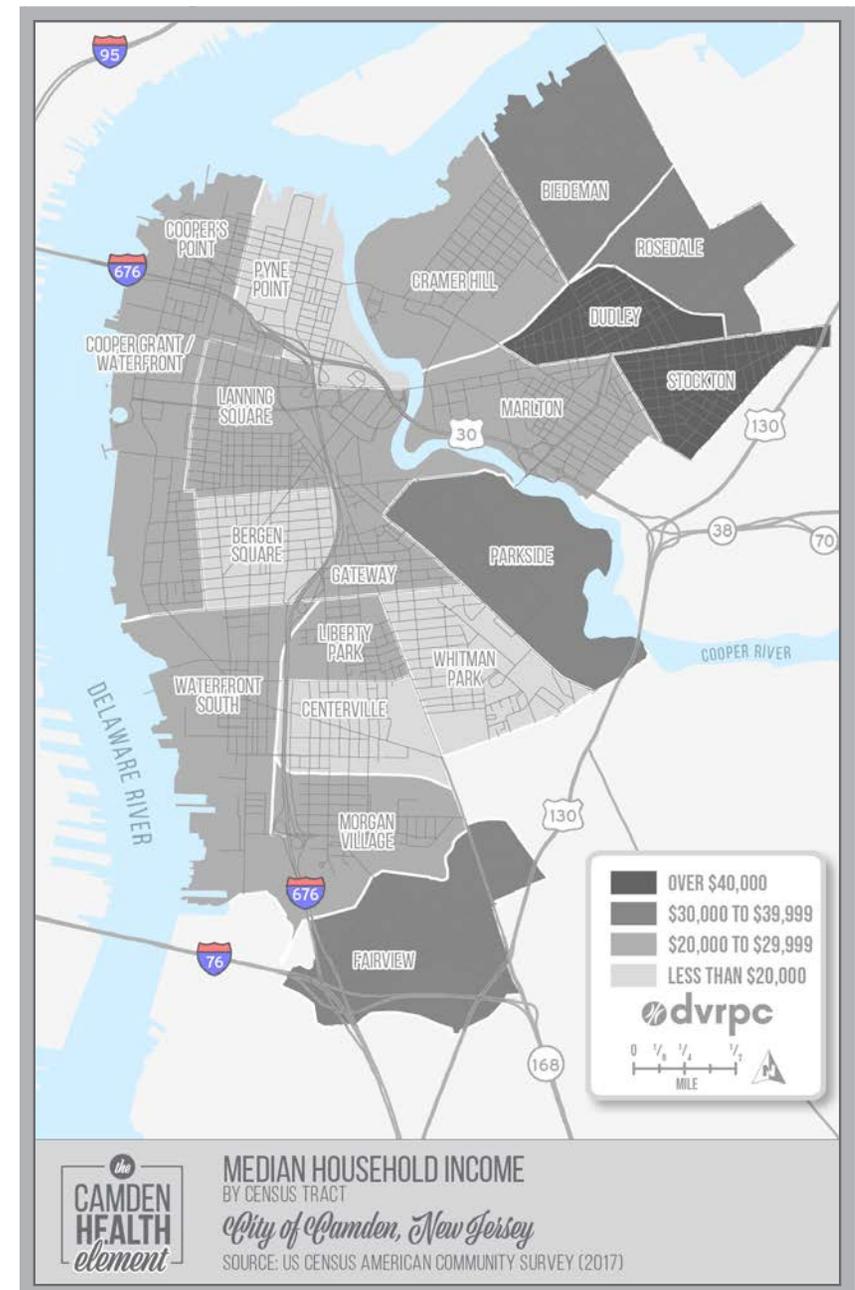
⁴¹² “Camden County Workforce Development Board,” accessed January 2020, ccwib.com/home.html.

⁴¹³ Camden County, “One-Stop Career Center,” accessed January 2020, www.camdencounty.com/service/employment/one-stop-career-center.

⁴¹⁴ “Camden County Workforce Development Board.”

⁴¹⁵ Phaedra Trethan, “Camden Works, Announced in September 2018, Launches,” *Courier-Post*, October 28, 2019, www.courierpostonline.com/story/news/local/south-jersey/2019/10/28/camden-works-jobs-program-launches/2454238001.

FIGURE 20: MEDIAN HOUSEHOLD INCOMES BY NEIGHBORHOOD





Rutgers University-Camden
Source: Derek Lombardi, DVRPC

institutions in the City of Camden. These institutions serve the community by providing educational and employment opportunities to residents, supporting businesses through local procurement, and increasing access to essential resources and services. A 2015 report by the Camden Higher Education and Healthcare Task Force found that Camden's "Eds and Meds" account for 40 percent of all the jobs in the city.⁴¹⁶ The same report noted that the average pay for Camden residents employed at one of the city's Eds and Meds was approximately \$5,500 higher than the average income for all Camden workers. Many of the institutions also provide educational and job training opportunities to Camden youth and residents. For example, Cooper Medical School of Rowan University runs several "pipeline" programs, in which area students learn about the medical profession through direct interaction with university faculty and medical students.

⁴¹⁶ CamConnect, *The Camden Higher Education and Health Care Task Force: Economic Impact Report* (Camden, NJ: CamConnect, Fall 2015), www.camdencounty.com/wp-content/uploads/files/2015_EdsMeds-Update23.pdf.

NEW JERSEY'S ABBOTT PRESCHOOL PROGRAM

This program ensures that all three- and four-year-olds living within the City of Camden have access to high-quality, state-funded preschool. This landmark, court-mandated program was first implemented in the 1999–2000 school year and ensures that preschool programs meet high standards for small class sizes and teacher and principal training. It also requires sufficient levels of state funding to meet the established standards. The CCSD and private day care providers, including CFS, Acelero Learning, and Mi Casita, offer free pre-K programs throughout Camden. Although it is free, preschool in Camden tends to be underenrolled—a 2012 report estimated about 85 percent of roughly 2,500 eligible families were enrolled.⁴¹⁷

KEY CHALLENGES

LACK OF CHILDCARE OPTIONS, ESPECIALLY FOR INFANTS AND YOUNG TODDLERS

Although the Abbott program is a great resource for three- and four-year-olds, many Camden residents still struggle with finding quality, affordable childcare for infants and young toddlers. Higher teacher-to-student ratios, lower levels of state childcare subsidies, and a lack of safe, affordable facilities make it hard for childcare providers to offer services to younger children at rates that are attainable for many Camden parents.

WORKFORCE DEVELOPMENT PROGRAMS OFTEN DO NOT OFFER SUPPORT IN NAVIGATING STRUCTURAL ISSUES LIKE CHILDCARE OR TRANSPORTATION

Many workforce development programs teach hard job skills, such as operating computer programs or specific tools; however, they may not address the additional barriers that employees face to being successful in a new career. For example, employees without access to a personal car often rely on public transit to get to work. Inconsistent

⁴¹⁷ Jane Sharp, Judith Alexandre, and W. Steven Barnett. *More than Marketing: A New Jersey Study on Outreach to Underserved Populations Ages Birth to Five* (New Brunswick, NJ: National Institute of Early Education Research, March 2012), www.state.nj.us/education/ece/njccyc/committees/family/reports/MoreThanMarketing.pdf.

transit service coupled with childcare needs can mean that employees must navigate several bus connections to make it into work. Delays or missed connections cause major disruptions and can make it difficult for individuals to maintain a stable schedule.

STRATEGIES AND ACTIONS

This section of the Health Element includes a range of strategies and actions designed to respond to these challenges and capitalize on the assets already present in Camden. Together they serve as a blueprint for city staff and partners, highlighting how time and resources should be spent.

The strategies and actions are organized in four parts:

1. description of several strategies that support the goal of Education and Employment;
2. priority actions based on feedback from the community and stakeholders;
3. brief description of secondary actions; and
4. list of the remaining actions.

STRATEGIES

Strategy 1: Strengthen the role of neighborhood schools as centers for community and social experiences

Neighborhood schools—schools that are embedded within a residential community and whose student body largely comprises children who live in the neighborhood—can play a very important role in fostering student achievement and community well-being. The EPA notes that “[a] school’s location affects student safety, community health, and the environment.”⁴¹⁸ The closer a student lives to their school, the easier it is for them to use active and public transportation and take part in recreational activities that can ultimately promote their health. Schools that

are safe and easy for students and teachers to reach by foot or bike can help lessen the risk of air-pollutant exposure, obesity, and transportation-safety hazards. Additionally, cost savings for low-income families who can walk or otherwise access schools inexpensively allow them to allocate their financial resources to other needs.⁴¹⁹ Dense, urban living can be conducive to good school access, and most of Camden’s residential areas are within a half-mile walk of the city’s public elementary schools. As Figure 21 illustrates, some parts of the Downtown and Waterfront areas are excluded from this, but these areas tend to have more businesses and fewer residents.

Neighborhood schools can also serve as community hubs, providing a range of essential services to students and the broader community. The Coalition for Community Schools states, “A community school is both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, health and social services, youth and community development, and community engagement leads to improved student learning, stronger families, and healthier communities.”⁴²⁰ Although the services will vary depending on the community’s priorities, some programs could include English language learning opportunities, financial literacy courses, and coaching for parents and caregivers. Because community schools are open to everyone, these educational sessions would provide the added bonus of activating school buildings beyond the school day, including during evenings and weekends.

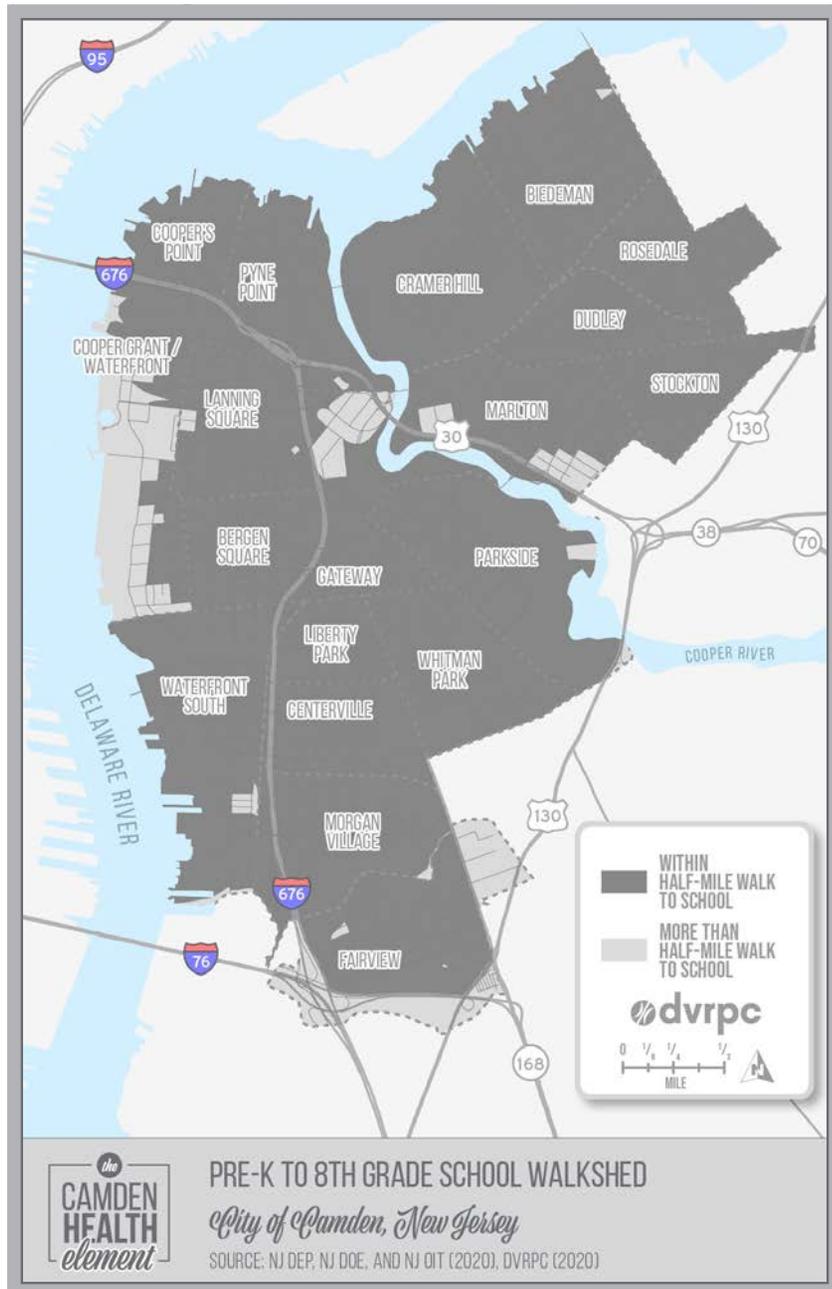
Philadelphia Mayor Jim Kenney made implementing community schools across Philadelphia one of his administration’s top priorities. The city currently has 17 community schools and a goal of adding eight more

⁴¹⁸ U.S. Environmental Protection Agency, “Smart Growth and School Siting,” July 10, 2019, www.epa.gov/smartgrowth/smart-growth-and-school-siting.

⁴¹⁹ U.S. Environmental Protection Agency, “School Siting Guidelines,” Office of Children’s Health Protection, October 2011, www.epa.gov/sites/production/files/2015-06/documents/school_siting_guidelines-2.pdf.

⁴²⁰ Coalition for Community Schools, “What Is a Community School,” accessed January 2020, www.communityschools.org/aboutschools/what_is_a_community_school.aspx.

FIGURE 21: ELEMENTARY SCHOOL WALKSHED



by 2025.⁴²¹ Each school has a full-time coordinator who works with the community to better understand their concerns and identify city agencies and non-profits that can provide supportive services at that school. Philadelphia funds their community school initiative through a sweetened beverage tax.

Many Camden schools already provide services that resemble those of community schools. Each Camden City public school has a family and operations coordinator who can help coordinate governmental services and other resources for families. Many charter schools have partnerships with local higher-education institutions or employers to offer additional services and programs to students. More can be done to make schools a greater resource for the entire Camden community. The city, CCSD, and related partners can support stronger, community-focused schools by building on existing partnerships to offer programs for both students and the community.

Strategy 2: Ensure that families are able to access resources related to childhood development and parental support

There is strong, consistent evidence that a child’s earliest years are critical to their future development and success. Numerous studies have shown that most of a person’s brain development happens in the first three years of their life and that nurturing and stimulating a child during this time can have long-term impacts on their employment, income, and health later in life.⁴²² Correspondingly, many organizations in Camden offer a range of prenatal and early childhood support at low or no cost. Both the Southern New Jersey Perinatal Cooperative and the CFS operate a number of programs for expecting and new parents. Although there are many prenatal and new parent resources available to Camden residents, those services

⁴²¹ Kristen A. Graham, “5 More Philly Schools Getting More Resources, ‘Community Schools’ Label with Soda Tax Proceeds,” *Philadelphia Inquirer*, May 13, 2019, www.inquirer.com/education/community-schools-philadelphia-kenney-soda-tax-richard-wright-20190513.html.

⁴²² Unicef, “Why Early Childhood Development,” July 26, 2013, www.unicef.org/earlychildhood/index_40748.html.

PARENTING AND FAMILY SUPPORT PROGRAMS

Southern New Jersey Perinatal Cooperative operates a number of programs for expecting and new parents:

- **Nurse-Family Partnership:** The Nurse-Family Partnership provides support for first-time, expecting mothers by pairing them with home health nurses that help to promote a healthy pregnancy and good parenting.
- **Parents as Teachers:** The Parents as Teachers program facilitates home visits from trained educators and health care providers who assist with childhood development, provide parenting guidance, and promote overall family well-being. The program is available to pregnant women and parents with children younger than three years of age.
- **Camden Healthy Start:** With the goal of lowering Camden City's infant mortality rate (which is much higher than state and national rates), Camden Healthy Start provides families with many important services, including care coordination, medical assistance, smoking cessation counseling, parenting guidance, car seat safety training, free diapers, and more.
- **Healthy Women, Healthy Families (HWHF):** The goal of HWHF is to "improve maternal and infant health and reduce racial disparities in birth outcomes" by providing support and resources to at-risk women and families. In addition to providing free access to doulas and breastfeeding education to women of color in Camden City, HWHF facilitates weekly support and education sessions, including prenatal yoga, childbirth and breastfeeding education, and pregnancy support groups.⁴²³

⁴²³ Southern New Jersey Perinatal Cooperative, "Healthy Women, Healthy Families," accessed January 30, 2020, www.snjpc.org/what-we-do/for-families/healthy-women-healthy-families.

CFS runs a number of programs, including those focused on early childhood development and parents of older adolescents.⁴²⁴

- **Parent Resource Center:** The Parent Resource Center is an eight-week program available to families in Camden and Gloucester counties that provides parents with additional knowledge and skills for all stages of parenting. It also offers counseling and parent support groups.
- **Active Parenting:** This three-to-six-month program pairs counselors with families to provide evidence-based instruction on parenting skills like effective discipline and communication, problem solving, and positive reinforcement in families' homes.
- **Baby's Best Start:** Baby's Best Start meets with parents and families of newborns and toddlers every week, for nine weeks, and follows up with the family through in-home visits and phone calls upon completion of the program.
- **Healthy Families—Temporary Assistance for Needy Families Initiative for Parents:** The Healthy Families program provides early intervention and family support services to eligible new and expectant mothers in Camden County. Family support workers connect families to social services and community resources, in addition to modeling parenting techniques for newborns and toddlers.
- **Camden Promise Neighborhood:** The Camden Promise Neighborhood is a U.S. Department of Education-funded program that seeks to increase opportunities and improve outcomes for all children who live in a targeted area of Camden, specifically the Cooper Lanning, Bergen Square, and parts of Centerville and Liberty Park neighborhoods. Camden Promise Neighborhood uses a collective impact approach to provide children with access to great schools

⁴²⁴ Center for Family Services, "www.centerffs.org/our-services."

and opportunities while also supporting families' comprehensive needs, including health, food access, and safety.

Hispanic Family Center of Southern New Jersey operates the Evolution Family Success Center, one of two Family Success Centers in Camden. Family Success Centers are a program of the state Department of Children and Families and seek to provide a welcoming home-like environment with family-friendly activities and resources to strengthen families.⁴²⁵

⁴²⁵ New Jersey Department of Children and Families, "Family Success Centers," August 4, 2014, www.nj.gov/dcf/families/support/success/#4.

tend to taper off as the child gets older. However, the challenges of parenting persist well into adolescence. In fact, parents face a new set of challenges when their children reach their adolescent years. Those challenges—helping teens navigate relationships, social media, money, and alcohol and drugs—can often be compounded by stressors like unstable housing and food insecurity.

Although, both CFS and the Hispanic Family Center of Southern New Jersey offer great resources for families and parents of older adolescents, there is still a need to better support parents through all stages of parenting. The city, county, and CCSD can work with partners to maintain support for existing prenatal and new parent resources, expand the resources available to parents of older children, and better connect residents to resources. They can also explore alternative ways to support parents by fostering peer support and stronger social ties through events or dedicated groups at their children's schools.

Strategy 3: Strengthen and expand job training programs that prepare all residents for stable, living wage jobs

Having a stable job with sufficient income and reasonable working conditions is central to a person's ability to lead a healthy life. A wide range of job training programs, including trade programs, two- and four-year universities, and apprenticeship opportunities can ensure that all residents have options to further their education in a way that prepares them for quality employment opportunities while taking into account their individual circumstances. Additionally, programs that offer employment opportunities to their graduates help ensure that the skills they teach are truly applicable in the workplace.

Many organizations in Camden provide a wide range of career-building opportunities (see callout box). The CCWDB and Camden Works are well positioned to support existing training programs and to connect trainees to employers and other social services that will allow them to be successful in their career. The city can partner with the CCWDB and Camden Works to ensure that job training, continuing education, and wraparound services are available to all residents—including youth, re-entering citizens, older adults, and individuals with limited English proficiency—and that employers, especially larger businesses, are connected to Camden employees.

Strategy 4: Develop diverse employment opportunities to serve all Camden residents

A mismatch between the types of jobs that are available in Camden and the jobs sought by residents means that even as new companies are moving to the area and existing ones are growing, many residents are not able to take advantage of the new opportunities. By encouraging a diverse set of employers in Camden, the city can help ensure that job opportunities are available to all job seekers. This can promote health by reducing the stress associated with job instability and allowing residents to devote their resources to themselves and their families.

CAMDEN JOB TRAINING PROGRAMS

Cathedral Kitchen offers a 17-week culinary and baking arts training program that includes job training and, potentially, job placement at their mission-driven CK Café and catering business. Since starting the training program in 2008, Cathedral Kitchen has graduated 368 unemployed and underemployed individuals.⁴²⁶

Hopeworks, a non-profit youth development organization that was founded in 1999, offers a three-month paid training program to Camden youth aged 16 to 25. Participants learn real-world tech skills like coding and web design and receive academic and life-readiness support in a supportive, trauma-informed environment. In 2019, over 100 Hopeworks graduates found employment after completing the training program.⁴²⁷

The **Subaru Pathways to Success** program at CFS connects Camden City residents with a job coach to help residents define their career path, develop necessary skills, earn industry recognized credentials, and participate in internships.⁴²⁸

⁴²⁶ Cathedral Kitchen, *Cathedral Kitchen News*, no. 2 (2019), www.cathedralkitchen.org/wp-content/uploads/2019/09/Newsletter-Final-v1-1.pdf.

⁴²⁷ Hopeworks, *Impact Report, 2019* (Camden, NJ: Hopeworks, 2019), accessed January 2, 2020, hopeworks.org/wp-content/uploads/2019/12/Impact-Report-2019-3.pdf.

⁴²⁸ Center for Family Services, "Subaru Pathways to Success," accessed January 2, 2020, www.centerffs.org/our-services/workforce-development/subaru-pathways-success.

The city and its partners can support diverse employment opportunities by advocating for greater small business support from the state, working with local community associations to negotiate community benefit agreements with new businesses and developers, and partnering with organizations like the Camden Business Association and the Latin American Economic Development Association to provide mentoring and training to Camden entrepreneurs and start-ups. The city can also help both employers and residents by developing a better understanding of the needs and skills of unemployed and underemployed Camden residents. Knowledge of education levels, certifications, and past work experience will allow the city and its partners to better ensure that new jobs and training programs meet the needs of residents.

PRIORITY ACTIONS


**MOST
ACHIEVABLE**

Work with the CCSD, higher-education institutions, and local employers to cultivate a culture of continued education through mentorship and exposure to college and career opportunities.

As youth move from middle school into high school and beyond, increased support can help keep students on a path to success. Mentorship has been shown to have significant benefits for both youth and mentors, including higher graduation rates, greater self-confidence, better relationships, lower rates of drug and alcohol use for young people, and increased self-esteem and greater patience for mentors.⁴²⁹ Additionally, studies have shown that college-readiness programs can be instrumental

⁴²⁹ "Benefits for Young People," Youth.gov, accessed January 2, 2020, youth.gov/youth-topics/mentoring/benefits-mentoring-young-people.

CONNECTING CAMDEN STUDENTS TO HIGHER EDUCATION

The **Hill Family Center for College Access** at Rutgers University-Camden offers mentoring and support to “Strivers,” 11th and 12th graders who live in Camden. These students and their families receive support in the college application and admission process, including building resumes, navigating the financial aid process, and visiting colleges.⁴³⁰

Rutgers also runs **The Rutgers Future Scholars** program, which works with students from Camden and other cities, offering mentoring and academic support from eighth grade until high school graduation. Participants who complete the program and are admitted to Rutgers University receive a full scholarship if they choose to attend the university.⁴³¹

Another Rutgers-Camden program called **Bridging the Gap** provides New Jersey families with the opportunity to significantly reduce the overall cost of college. As its name implies, the scholarship program bridges the gap between state, federal, and private financial aid and the total cost of tuition and fees by providing grants to first-year students based on their family’s adjusted gross income. This allows for up to a 100 percent reduction in the cost of attendance.⁴³²

The **Gateway to College** program at Camden County College offers students between the ages of 16 and 20 the opportunity to complete their high school diploma while earning transferable college credits. The program covers the cost of tuition and books, allowing students to take classes necessary for completing their high school diploma

⁴³⁰ Rutgers University-Camden, “Hill Family Center for College Access,” February 21, 2016, www.camden.rutgers.edu/civic-engagement/hill-family-center-college-access.

⁴³¹ Rutgers University, “Future Scholars,” accessed January 2020, futurescholars.rutgers.edu/app/content/home.jsp.

⁴³² Rutgers University-Camden, “Bridging the Gap,” November 15, 2012, admissions.camden.rutgers.edu/paying-for-college/bridging-gap.

while also earning credit toward a college certificate or associate’s degree.⁴³³

Camden County College also supports its students through the **Mentor Program**, which connects students with college faculty and staff who can provide academic and personal guidance. Prospective participants are able to apply for a mentor online and meet regularly on campus, over the phone, or via email/video chat, making the program accessible to a variety of students.⁴³⁴

LOCAL MENTORING ORGANIZATIONS

The Diocese of Camden offers mentoring opportunities through their **“Walk With Me”** program, which pairs adult mentors with youth mentees with an emphasis on at-risk male youth, especially those impacted by substance use disorder. The program is available to any male aged 9–17 residing in Camden or Gloucester counties, and focuses on personal and social development, exposure to regional cultural sites and events, and fun learning activities.⁴³⁵

LUCY Outreach, a non-profit organization dedicated to “Lifting Up Camden’s Youth,” offers several support and mentoring opportunities for young people in Camden. LUCY Outreach programming focuses on providing Camden youth with educational, social, cultural, and service-oriented development opportunities. Programs include graduate mentoring (for high school graduates aged 18–25), college and career preparation, LGBTQ+ support and mentoring, and more.⁴³⁶

⁴³³ Camden County College, “Gateway to College,” April 8, 2006, www.camdencc.edu/about-1/for-school-districts/gateway-to-college.

⁴³⁴ Camden County College, “Mentor Program,” October 10, 2018, www.camdencc.edu/student_life/student-services/mentor-program.

⁴³⁵ Catholic Charities, ““Walk With Me’ Mentorship Program,” April 25, 2019, catholiccharitiescamden.org/mentorship.

⁴³⁶ LUCY Outreach, “What We Do—Our Programs,” November 10, 2017, www.lucyoutreach.org/what-we-do#OurPrograms.

The **WWITS Mentoring Program** partners with schools and churches in Camden to provide mentoring and support for at-risk female youth. WWITS focuses on keeping young women out of the juvenile justice system by providing trauma-informed therapy, educational assistance, and behavioral mentoring. The program matches certified, trained mentors with mentees for a minimum of one year, promoting the development of meaningful, constructive relationships and lasting support.⁴³⁷

UrbanPromise's StreetLeader Program employs over 100 Camden teenagers to mentor children who attend the organization's After School Programs and Summer Camps. StreetLeader teens, who are often graduates of the After School Program, provide personal counseling and academic tutoring to children while receiving mentoring and academic support from UrbanPromise staff. StreetLeaders also participate in community service, life-skills classes, SAT/ACT courses, and other academic and arts activities. UrbanPromise reports a 100 percent high school graduation rate among seniors who participate in the StreetLeader program.⁴³⁸

⁴³⁷ "WWITS Mentoring Program," November 16, 2017, wwitsmentoringprogram.org.

⁴³⁸ Urban Promise, "StreetLeader Program," September 27, 2012, www.urbanpromiseusa.org/our-programs/streetleader.

in helping first-generation college students succeed.⁴³⁹ Many higher-education institutions in Camden already offer programs that provide support to youth who are interested in attending college. These programs often help make a college education seem attainable to students who might not know other college graduates, and can help establish connections between further education and potential job opportunities.

The city and CCSD can nurture existing, and cultivate new, relationships with local higher-education institutions, employers, and mentoring organizations so that all Camden students have the opportunity to gain the experience and confidence needed to succeed in their next stage of life. The city and county can also hold mentoring drives and encourage governmental employees to participate in mentorship opportunities.



PEOPLE'S CHOICE

Sustain existing local businesses and support the development of new ones to ensure that economic gains remain within the community and local economy.

The Institute for Local Self-Reliance notes that "locally owned businesses play a central role in healthy communities, and are among the best engines that cities and towns have for advancing economic opportunity."⁴⁴⁰ Small, locally owned businesses often employ local residents and support other local businesses, which keeps money circulating within the local economy. Locally owned businesses also help to create a sense of community identity by providing goods and services that reflect the community's values and respond to the needs of their customers—the

⁴³⁹ Lauren Falcon, "Breaking Down Barriers: First-Generation College Students and College Success," *League for Innovation in the Community College* 10, no. 6 (2015), www.league.org/innovation-showcase/breaking-down-barriers-first-generation-college-students-and-college-success.

⁴⁴⁰ Stacey Mitchell, "8 Policy Strategies Cities Can Use to Support Local Businesses," Institute for Local Self-Reliance, August 28, 2017, ilsr.org/8-policy-strategies-cities-can-use-to-support-local-businesses.

residents. Additionally, locally owned businesses may choose to locate in existing buildings within walkable areas, which can lead to both physical and environmental health benefits.

A 2010 study found an even more direct connection between small businesses and health. Specifically, the study found that “counties with a vibrant small-business sector have lower rates of mortality and a lower prevalence of obesity and diabetes.”⁴⁴¹ The authors argue that “[s]mall-business owners produce important noneconomic rewards for communities, such as enhanced stocks of social capital and collective efficacy” and that communities with greater social capital and community efficacy “may be more likely to support bond issues for health infrastructures, recruit physicians, push for local anti-smoking legislation, promote community health programs, and support local farmers’ markets.”⁴⁴²

In 2016, there were 8,789 small businesses (with 100 employees or less) in Camden County that employed over 66,000 people and had over \$2.88 billion in annual payroll costs. This accounted for 77 percent of all



Donkey's Place on Haddon Avenue, Camden, New Jersey
Source: Amy Verbofsky, DVRPC

⁴⁴¹ Troy Blanchard, Charles Tolbert, and Carson Mencken, “The Health and Wealth of US Counties: How the Small Business Environmental Impacts Alternative Measures of Development,” *Cambridge Journal of Regions, Economy, and Society*, 5 (2012): 149–162, doi: 10.1093/cjres/rsr034.

⁴⁴² Hans Villarica, “Study of the Day: Towns with Small Businesses Have Healthier People,” *The Atlantic*, February 29, 2012, www.theatlantic.com/health/archive/2012/02/study-of-the-day-towns-with-small-businesses-have-healthier-people/253556.

business in Camden County, 37 percent of all employees, and 33 percent of all payroll costs.⁴⁴³ It is important that local officials work to sustain existing local businesses and support the development of new ones. The city, county, and partners like the New Jersey Small Business Development Center (NJSBDC) at Rutgers-Camden, Camden Business Association, and the Latin American Economic Development Association can do this by:

- adopting zoning that supports walkable, mixed-use communities with a range of spaces for a variety of businesses;
- facilitating the adaptive reuse of vacant buildings, as recommended in the 2018 Master Plan Reexamination Report;
- implementing a local procurement preference policy that allows the city and/or county to contract with locally owned businesses as long as they are within a certain percentage (e.g., 5 to 10 percent) of the lowest bid; and
- connecting owners and entrepreneurs to existing small business resources, including state tax credit and financing options, microlending and financing through UCEDC and/or the Cooperative Business Assistance Cooperation, technical assistance through NJSBDC, and local storefront improvement programs.

**GREATEST
IMPACT**

Target support for residents who have barriers to employment, including people with disabilities, returning citizens, older adults, people with limited English proficiency, and other groups.

Some people who desire employment face major barriers to stable work, “from a physical or mental disability to the lack of a high school diploma or a history with the criminal justice system.”⁴⁴⁴ These complex and

⁴⁴³ U.S. Census Bureau, “2016 SUSB Annual Data Tables by Establishment Industry: State by County, Totals,” July 29, 2019, www.census.gov/data/tables/2016/econ/susb/2016-susb-annual.html.

⁴⁴⁴ MRDC, “Populations with Barriers to Employment,” November 7, 2012, www.mdrc.org/population/populations-barriers-employment.

interconnected obstacles make the difficult task of finding and maintaining a job, especially one that pays a living wage, even more challenging. According to 2018 American Community Survey data, the unemployment rate in Camden City is 12.6 percent, compared to 7.1 percent in the county and 6.1 percent statewide.⁴⁴⁵ Although it may be unsurprising given the connection between income and employment, 35 percent of people living below the poverty line in Camden are unemployed. Disparities in unemployment rates are especially significant among certain population groups. For example, unemployment is very high among women with young children, people with a disability, and youth aged 16–19. Unemployment rates are also slightly higher for Camden residents with only high school-level education, and for Black residents. Table 7 on page 150 provides more information.

Different communities may require specialized support for developing the skills needed to enter the workforce, navigating the job application process, and/or finding the resources that will allow them to be successful in a job. While recognizing the diversity of individual experiences and potential overlap among groups, targeted programs can pay particular attention to their constituencies. Camden and the Greater Philadelphia region are home to a large number of workforce development organizations, many of which are working with vulnerable and targeted populations. However, many of the workforce development programs in Camden are focused on youth or provide training for lower-wage careers with little opportunity for advancement.

More can be done to address the specific needs of people with barriers to employment. The city and county can partner with anchor institutions and large employers, many of which already offer job training programs, to create additional career pathways for specific populations, such as people with limited English proficiency or people without a high school diploma. The CCWDB and the Camden County One-Stop Career Center

can continue to partner with local higher-education institutions to provide job seekers with training that combines adult secondary education and technical skills. They can seek out new partnerships with organizations like Hispanic Family Center of Southern New Jersey to ensure that bilingual resources are approachable and accessible for immigrant and English-as-a-second language communities. Finally, the city and county can work with successful youth development organizations, such as Hopeworks, to expand or replicate their programs for older adults.

CAMDEN ORGANIZATIONS SUPPORTING PEOPLE WITH BARRIERS TO EMPLOYMENT

CFS ReWork Program helps Camden County residents who have a friend, family member, or personal history of opioid use by connecting them with employment resources.⁴⁴⁶

In addition to providing English as a second language classes, the **Hispanic Family Center of Southern New Jersey** offers a number of bilingual workforce development services to job seekers, including employment counseling, resume assistance, job matching, job readiness workshops, financial literacy, and computer skills training.

Respond, Inc., offers job training programs in the culinary arts, automotive technology, and lawn care and outdoor property maintenance to more than 200 at-risk older youth and adult students each year. Their students include veterans, the formerly homeless, and the formerly incarcerated. Respond, Inc., also operates a “Jobs for Seniors” initiative to assist seniors who want to work and find employment.

⁴⁴⁶ Center for Family Services, “ReWork,” accessed January 2020, www.centerffs.org/our-services/workforce-development/rework.

⁴⁴⁵ U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table DP03.”

TABLE 7: CAMDEN RESIDENTS MOST AFFECTED BY BARRIERS TO EMPLOYMENT

	Racial and Ethnic Minorities		Lower-Skilled Adults		Women	Young People		People with a Disability	In Poverty	Foreign Born
	Black/African American	Hispanic or Latino	No HS Diploma	Only HS Diploma	With Children under Age 6	16 to 19 years	20 to 24 years			
Population Aged 16 Years and Over	23,184	25,658	10,962	13,526	2,006	4,192	5,939	7,382	13,192	11,332
Unemployment Rate	15.8%	9.6%	11.2%	15.4%	21.0%	18.9%	14.8%	24.1%	29.9%	4.5%
Labor Force Participation Rate	53.9%	59.9%	53.8%	71.1%	75.3%	30.2%	67.9%	25.8%	47.1%	67.4%

Sources: U.S. Census Bureau, “2018 ACS 5-Year Estimates, Table S0501: Selected Characteristics of the Native and Foreign-Born Populations”; “2018 ACS 5-Year Estimates, Table S2301: Employment Status,”; and “2018 ACS 5-Year Estimates, Table DP03”

1
DO FIRST

Work with local elected officials to advocate for and promote quality early childcare.

As previously mentioned, the City of Camden offers free preschool through the court-mandated Abbott Preschool Program. This is a great resource for Camden parents and children since “high-quality early learning experiences support positive child development and prepare children for success in school and beyond. Quality child care is also critical for families, as it allows parents to maintain employment.”⁴⁴⁷

Unfortunately, Camden’s free preschool is not used to its full capacity. Many parents may leave their children with family members or in a home-based care center. The quality of these childcare options varies greatly as the New Jersey Department of Children and Families does not require home-based centers to be licensed. Instead, home-based care facilities

may choose to register with the state. Registered home-based care centers must undergo inspections at least every two years and are eligible to receive technical assistance and provider training from state-sponsored organizations. However, home-based care centers are not screened for lead and enrolled children do not have to be vaccinated or see their pediatrician for regular check-ups to maintain enrollment. Additionally, home-based care centers are not held to the same teacher certification and curriculum standards as licensed, center-based day cares. Finally, family- and home-based care may be less reliable than licensed day care centers if the care provider gets sick, causing parents to miss work. For these reasons, licensed center-based care facilities may offer a number of health benefits to both parents and children.

As noted, Camden lacks sufficient quality childcare options for infants and young toddlers. Care for very young children is especially costly to provide due to several factors, including the high teacher-to-student ratio and the relatively low state subsidy for low-income parents. The median monthly cost of childcare in Camden County is \$1,040 for infants and \$909 for

⁴⁴⁷ The Reinvestment Fund, *Estimating the Supply and Demand for Child Care in Philadelphia* (Philadelphia: The Reinvestment Fund, 2018), www.reinvestment.com/childcaremap/pdfs/abbreviated.pdf.

PHLpreK

In 2015, City of Philadelphia Mayor (then Councilman) Kenney made free, high-quality pre-K education a central component of his initial mayoral platform. Once elected, Kenney launched a campaign to pass a sugary beverage tax that would be used to fund universal pre-K for three- and four-year-olds in Philadelphia. Although a court battle over the beverage tax delayed the implementation of these initiatives, PHLpreK currently funds 3,300 seats in over 140 pre-K locations across Philadelphia.⁴⁴⁸ Mayor Kenney continues to promote early childhood education, encouraging parents to enroll their children in this free resource and explaining that “[t]o meaningfully change the academic outcomes of our schools, the single most important investment we can make is in pre-K. Children who participate in quality pre-K face far fewer barriers to achievement throughout their entire academic careers than those who don’t.”⁴⁴⁹

toddlers.⁴⁵⁰ State subsidies to help low-income residents afford childcare can vary depending on a family’s income and work status but is approximately \$716 per month for a one-year-old, which often leaves day care centers struggling to cover their costs.⁴⁵¹ As the Center for American Progress notes, “Despite the financial burden families face when paying for child care, many providers are unable to generate sufficient revenue to cover child care’s true cost—let alone operate a high-quality program and

⁴⁴⁸ PHLpreK, “About PHLpreK,” The City of Philadelphia Mayor’s Office of Education, accessed January 2020, www.phlprek.org/about/.

⁴⁴⁹ The Mayor’s Fund for Philadelphia, “Our Initiatives: Quality Pre-K,” accessed January 2020, www.mayorsfundphila.org/initiatives/quality-pre-k/.

⁴⁵⁰ Jeounghee Kim and Myungkook Joo, *2017 New Jersey Child Care Market Price Study: Final Report*, submitted to New Jersey Department of Human Services, Division of Family Development, September 2018, www.childcarenj.gov/getattachment/Resources/Reports-and-Statistics/2017-New-Jersey-Child-Care-Market-Price-Study-pdf.pdf.aspx?lang=en-US.

⁴⁵¹ National Women’s Law Center, “State Child Care Assistance Policies: New Jersey,” Child Care and Early Learning Fact Sheet, May 2019, nwlc.org/wp-content/uploads/2019/05/New-Jersey-childcare-subsidy2018.pdf.

pay teachers a livable wage.”⁴⁵² Many providers will choose to only provide care to three- and four-year-olds due to the challenges of sustainably providing quality care to infants and the availability of state (Abbott) funding for preschool.

There are a number of actions the city and local elected officials can take to support the development of more quality childcare options in Camden. These include making early childhood care a priority, promoting the benefits of early childhood education, and bringing attention to the issue of quality care for young children. The National League of Cities Action Kit for Municipal Leaders on Supporting Early Childhood Success specifically recommends that municipal leaders:

- Use the “bully pulpit” to raise awareness and build support.
- Spearhead an early childhood coalition.
- Ask all city agencies to join the effort.
- Designate an early childhood advisor or coordinator.
- Augment and leverage early childhood funding.
- Model best practices as an employer.⁴⁵³

Philadelphia has made early childhood education one of its top priorities. In 2016, Mayor Jim Kenney fought a very public campaign to ask voters to approve a 1.5 percent tax on sugary beverages in order to fund free pre-K, community schools, and revitalized recreation centers. Kenney continues to advocate for quality early childhood education, using his platform to encourage parents to enroll their children in the city’s free pre-K programs.

Local elected officials can also advocate for higher levels of childcare subsidy from the state and federal governments for low-income families.

⁴⁵² Simon Workman and Cristina Novoa, “Early Childhood Agenda for Governors in 2019,” Center for American Progress, December 13, 2018, www.americanprogress.org/issues/early-childhood/reports/2018/12/13/464189/early-childhood-agenda-governors-2019/.

⁴⁵³ Julie Bosland, Kirsta Millar, and Abby Hughes Holsclaw, “Supporting Early Childhood Success: Action Kit for Municipal Leaders,” National League of Cities Institute for Youth, Education, and Families, Issue #6, accessed January 3, 2020, www.nlc.org/sites/default/files/2016-12/early-childhood-action-kit-apr07.pdf.

As previously noted, New Jersey’s monthly subsidy for childcare assistance falls well below the average tuition in Camden County, especially for younger children. Pennsylvania, which still falls below the federally recommended level, provided an average subsidy of \$902 per month for a one-year-old in Philadelphia, almost \$200 more than New Jersey’s subsidy. Allocating higher levels of childcare assistance for low-income families would allow more facilities to provide sustainable, quality childcare. Officials can also advocate for a greater increase in subsidies for centers with higher Grow NJ Kids program ratings. New Jersey’s current tiered reimbursement system only provides a 4 percent increase between the lowest and highest rankings, which is not sufficient to cover the costs associated with increased quality.⁴⁵⁴ In contrast, the subsidy for the highest-quality center in Philadelphia was 28 percent higher than the lowest-quality center.⁴⁵⁵

SECONDARY ACTIONS

Partner with community and higher-education organizations to evaluate and enhance existing out-of-school time opportunities.

Afterschool programs have been shown to improve academic performance, increase school attendance, and reduce the chance that a student will drop out of school. They have also been associated with reducing negative behaviors like drug use and criminal activity, and promoting positive behaviors like physical activity and healthy eating. Finally, afterschool programs allow parents to feel confident that their children are in a safe

⁴⁵⁴ National Women’s Law Center, “State Child Care Assistance Policies: New Jersey.”

⁴⁵⁵ National Women’s Law Center, “State Child Care Assistance Policies: Pennsylvania,” Child Care and Early Learning Fact Sheet, May 2019, nwlc.org/wp-content/uploads/2019/05/Pennsylvania-childcare-subsidy2018.pdf.

ABBOTT PRESCHOOL PROGRAM

The Abbott Preschool program was established as the result of the 1985 *Abbott v. Burke* New Jersey Supreme Court ruling and several subsequent rulings that required New Jersey to provide free, high-quality early childhood education to all three- and four-year-olds in 31 of the state’s lowest-income school districts, including Camden. The court’s decision aimed to eliminate disparities in educational funding between low-income, urban school districts and their wealthier, suburban counterparts. For communities and districts with large disadvantaged populations, the Abbott decision meant that low-income and minority children would experience improved educational, social, and cognitive outcomes. The design of the free preschool program focused on the specific needs of these disadvantaged populations, providing them with new supplemental programs, improved school facilities, increased teacher qualifications, and overall equity in funding.⁴⁵⁶ Although the Abbott program is available to all three- and four-year-olds, as of 2014 more than 10 percent of Camden families had not registered their eligible children for the following school year. CCSD continues to strive for a 100 percent enrollment rate among the 2,500 families with preschool-aged children living in Camden.⁴⁵⁷

and supervised environment while they are at work.⁴⁵⁸ Many organizations offer a variety of afterschool programs for youth in Camden. Some are

⁴⁵⁶ Education Law Center, “The History of Abbott v. Burke,” accessed January 2020, edlawcenter.org/litigation/abbott-v-burke/abbott-history.html.

⁴⁵⁷ Cheri Gregg, “In Camden, NJ, a Push to Get Low-Income Children into Early Education,” CBS Philly, March 19, 2014, philadelphia.cbslocal.com/2014/03/19/in-camden-nj-a-push-to-get-poor-children-into-early-education/.

⁴⁵⁸ “Benefits for Youth, Families, & Communities,” [Youth.gov](https://youth.gov), Youth Topics: Afterschool Programs, accessed January 7, 2020, youth.gov/youth-topics/afterschool-programs/benefits-youth-families-and-communities.

available free of charge, five days a week, whereas others are offered one or two days per week and may have a participation fee. Ensuring that existing afterschool programs are strong, high-quality offerings is essential. Parents for Great Camden Schools, an organization working to empower parents to advocate for high-quality education for all Camden children, made higher-quality afterschool education one of its five platform areas. A study by the Rand Corporation found that “[q]uality [out-of-school-time] programs are intentionally designed to provide engaging activities that are sequenced and aligned with program goals and are taught by trained, dedicated instructors who work effectively with youth.”⁴⁵⁹ The city and CCSD should partner with local organizations and educational institutions to evaluate existing afterschool programs and develop strategies to enhance programs that do not meet agreed-upon quality measures.

Work with the Camden Business Association, large employers, and other partners to implement local procurement policies and build the capacity of small businesses to respond to them.

Local government, higher-education institutions, health care systems, and major employers can play a powerful role in shaping Camden’s economy through their purchasing power. These organizations spend significant amounts of money on goods and services—from food to office supplies to landscaping services. All of these purchases represent opportunities for Camden’s anchor institutions to demonstrate their commitment to supporting Camden’s economy by using funds that they would already be spending but ensuring that a portion of them are spent on locally produced goods and services. Organizations that adopt local preference policies agree to contract with locally owned businesses as long as they are within

⁴⁵⁹ Jennifer Sloan McCombs and Anamarie A. Whitaker, “High-Quality Out-of-School-Time Programs Are Worthy of Investment,” Rand Corporation, November 19, 2018, www.rand.org/blog/2018/11/high-quality-out-of-school-time-programs-are-worthy.html.

a certain percentage of the lowest bid (e.g., 5–10 percent). For example, the City of Chicago demonstrates a preference for local companies by giving businesses with headquarters in Chicago a two percent advantage on bids, with an extra four percent bonus if the majority of their employees live in the city. Additionally, companies located in specific neighborhoods that have high levels of poverty and unemployment receive another six percent discount on their bids.⁴⁶⁰

Targets can also be set for local procurement. Under Mayor de Blasio, New York City “set a goal of increasing city awards to minority- and women-owned firms by \$16 billion over 10 years.”⁴⁶¹ These targets are often purely aspirational and do not include any penalties for missing the specified goal; however, when combined with strong leadership and the ability to track progress, they can help motivate cities and organizations to increase local procurement. For local procurement policies to be effective, they should be combined with support for smaller, locally owned businesses so that they are better equipped to navigate often complex procurement procedures and compete with larger organizations.

Provide employers and workforce development providers with training and resources related to trauma and mental health first aid to better support residents looking for and/or maintaining employment.

As noted in Chapter 4, many Camden residents may have experienced trauma in the past and may experience ongoing trauma as they struggle with high levels of violence, poverty, and disinvestment in their communities. Organizations are increasingly recognizing that trauma can

⁴⁶⁰ Katherine Barrett and Richard Greene, “In Government Procurement, Buying Local is Popular. But is it Beneficial?,” *Governing*, March 2018, www.governing.com/topics/finance/gov-procurement-hometown-vendors-local-preference.html.

⁴⁶¹ Olivia Lavecchia, “Procurement Can Be a Powerful Tool for Local Economies, but Takes More than a Policy Change to Work,” Institute for Local Self-Reliance, August 27, 2015, ilsr.org/procurement-more-than-a-policy-change.

have lasting, adverse effects on a person’s well-being, and in response, they are working to adopt trauma-informed approaches to allow them to better provide services to their constituents.⁴⁶² This trend is more prevalent among health care, education, and social service providers; however, employers and workforce development providers in Camden could also benefit from receiving trauma-informed training and building a trauma-informed workforce. Businesses may find that some of their employees have experienced trauma, impacting their ability to learn, think, manage, and relate to others. Similarly, workforce development programs may find that their clients are hard to place or are not succeeding in their roles due to an inability to regulate their emotions or properly handle stressful situations. These reactions can be connected to living with trauma—to constantly operating in a flight-or-fight mindset even when it is unnecessary. Hopeworks recently adopted a trauma-informed approach to their youth development program, finding that students not only gained technical and professional skills through the transition but were also better equipped to manage their emotions.

The city and CCWDB can support the growth of trauma-informed organizations throughout Camden by contracting with organizations like Hopeworks or the United Way to provide trauma-informed care trainings and webinars to local employers. The County Department of Health and Human Services could also consider incorporating training on trauma-informed care into its education and outreach services.

⁴⁶² Substance Abuse and Mental Health Services Administration, SAMHSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014), store.samhsa.gov/system/files/sma14-4884.pdf.

Implement policies and programs that support greater job opportunities for re-entering citizens.

A report by the New Jersey Reentry Services Commission found that “[o]ver 9,000 inmates were released from New Jersey Department of Corrections [in 2018] and approximately 86,000 persons passed through the statewide County Jail system. At present, there are over 19,000 individuals in New Jersey State Correctional Institutions, 3,200 in Federal Prisons, and over 12,000 individuals in the New Jersey County Jail System on any given day.”⁴⁶³ This represents a significant number of individuals who may be attempting to return to the workforce with both a criminal record and a potentially lengthy gap in their employment history. Returning citizens often lack the basic supports like family, housing, and money needed to get back on their feet and disproportionately suffer from trauma and behavioral health challenges.

ROOTS TO RE-ENTRY

The Pennsylvania Horticultural Society (PHS) operates Roots to Re-entry to support returning citizens in gaining job skills and accessing employment in green industries. Former inmates of the Philadelphia Department of Prisons receive 12 weeks of hands-on horticultural training, as well as “course work in workforce literacy, job readiness, health education, and occupational therapy.” Additional post-release support is provided for one year. According to PHS, the recidivism rate for program graduates is 30 percent, well below the average rate of 65 percent in Philadelphia.⁴⁶⁴

⁴⁶³ Katie Forkey et al., *New Jersey Reentry Services Commission: Barriers, Best Practices, and Action Items for Improving Reentry Services* (Kearny, NJ: New Jersey Reentry Corporation, 2019), www.njreentry.org/application/files/8215/7175/4425/NJReentryServices_Final_Report.pdf.

⁴⁶⁴ Pennsylvania Horticultural Society, “Roots to Re-entry,” accessed January 2020, phsonline.org/programs/roots-to-re-entry.



American Water, Camden, New Jersey
Source: Derek Lombardi, DVRPC

Given the challenges that returning citizens face, it is not surprising that the nationwide unemployment rate for formerly incarcerated individuals in 2008 was 27 percent—nearly five times the unemployment rate of the general population.⁴⁶⁵ Unemployment rates among formerly incarcerated individuals are even higher when the data is disaggregated by race and gender, with Black women and Black men aged 35–44 experiencing unemployment rates of 43.6 and 35.2 percent, respectively.⁴⁶⁶ The racial disparities in unemployment are especially concerning in New Jersey, where “African American adults are 12 times more likely, and Latinos six times more likely than whites to be incarcerated.”⁴⁶⁷

⁴⁶⁵ Lucius Couloute and Daniel Kopf, “Out of Prison & Out of Work: Unemployment Among Formerly Incarcerated People,” Prison Policy Initiative, July 2018, www.prisonpolicy.org/reports/outofwork.html.

⁴⁶⁶ Ibid.

⁴⁶⁷ Forkey et al., New Jersey Reentry Services Commission, 2019.

In 2014, New Jersey passed a “ban-the-box” law which prevents employers from inquiring about criminal records during the initial employment application phase. Although this is a great step in helping formerly incarcerated individuals re-enter the workplace, more can be done. The city and county can demonstrate their commitment to employing re-entering citizens by setting a target for the percentage of new hires that come from the re-entry population. They can also establish a city or county tax credit program for employers that hire formerly incarcerated individuals. Alternatively, the city could advocate that the NJEDA incorporate bonuses for employers that hire returning citizens into their incentive programs. For example, the NJEDA could reduce the number of new, full-time jobs required in the Grow NJ program by 10 percent if employers hire and retain formerly incarcerated individuals. Additionally, the New Jersey Reentry Services Commission’s 2019 report, *Barriers, Best Practices, and Action Items for Improving Reentry Services*, has an extensive list of recommendations that seek to address the barriers formerly incarcerated individuals face not only in obtaining employment but also in accessing health care and legal services. Although many of the recommendations are intended for the state, they can often be adapted to city and county services as well.

Streamline access to wraparound supports for residents to be successful in employment.

Many workforce development researchers and practitioners understand that providing only skills training, especially to populations with barriers to employment, is not enough for individuals to be successful in a job. Maureen Conway, the executive director of the Aspen Institute’s Workforce Development Strategies Initiative, summarized this well: “It’s not just about the skills. It’s also about the person...Good programs also help people support themselves—oftentimes these people have complicated

lives.”^{468,469} Individuals seeking workforce training may lack access to reliable childcare, transportation, or housing; have behavioral health challenges; or be returning from prison.

Programs that provide wraparound services that address additional barriers to employment in a streamlined and comprehensive way can allow individuals to complete workforce training programs and be successful in subsequent job placements. PolicyLink, a national research institute, notes that “in the context of workforce development, wraparound services cover a range of issues, such as educational attainment, technical and vocational skills training, transitional jobs, job placement, and legal services that help disconnected individuals overcome personal and systemic barriers to employment.”⁴⁷⁰ They can also include connections to childcare and transportation subsidies, a personal career coach, and post-placement support. Although some workforce development programs in Camden provide wraparound services to job seekers, they are often limited to small, targeted populations. Employing comprehensive, wraparound service models in all of the county career centers would allow more un- and underemployed Camden workers to hold a job long term. A stable, family-supporting job has the potential to provide numerous health benefits, including access to health insurance, better housing, and better nutrition.

⁴⁶⁸ Alicia Mazzara and Gabe Horwitz, “The 7 Habits of Highly Effective Workforce Programs,” Third Way, July 7, 2014, www.thirdway.org/report/the-7-habits-of-highly-effective-workforce-programs.

⁴⁶⁹ Maureen Conway et al., “Sectoral Strategies for Low-Income Workers: Lessons from the Field,” The Aspen Institute, Workforce Strategies Initiative, Summer 2007, www.aspeninstitute.org/publications/sectoral-strategies-low-income-workers-lessons-field.

⁴⁷⁰ Marc Philpart and Kalima Rose, *Strategies for Wraparound Services for African American Men Seeking Employment* (Oakland, CA: Policy Link, Building an Inclusive Economy Series, 2015), www.policylink.org/resources-tools/wraparound-services-african-american-men.

Continue to work with partners to promote trauma-informed practices in schools.

Children of all backgrounds and in all communities are affected by trauma. SAMHSA reports that more than two-thirds of children have experienced or witnessed at least one traumatic event by age 16.⁴⁷¹ Additionally, the 2008 National Survey of Children’s Exposure to Violence found that more than 60 percent of children surveyed had experienced violence, either directly or indirectly, in the past year.⁴⁷² These experiences can have lasting, negative effects on a child’s development that can affect their health and well-being now and into adulthood. A report by the Education Law Center notes that “it is well documented that a child’s reaction to trauma can ‘commonly’ interfere with brain development, learning, and behavior—all of which have a potential impact on a child’s academic success as well as the overall school environment...Children who have experienced trauma may find it more challenging than their peers to pay attention and process new information, and evidence suggests that some of these children develop sensory processing difficulties which can contribute to problems with writing and reading.”⁴⁷³

As noted in Chapter 4, both CCSD and Camden’s Charter School Network are aware of the effects that trauma can have on their students and have worked to implement trauma-informed approaches. Both school districts worked with the Hopeworks Youth Healing Team to receive training in trauma-informed approaches. CCSD has continued to train teachers, staff,

⁴⁷¹ Substance Abuse and Mental Health Administration, “Understanding Child Trauma,” U.S. Department of Health and Human Services, December 19, 2017, www.samhsa.gov/child-trauma/understanding-child-trauma.

⁴⁷² David Finkelhor et al., *Children’s Exposure to Violence: A Comprehensive National Survey* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2009), www.ncjrs.gov/pdffiles1/ojdp/227744.pdf.

⁴⁷³ Maura McInerney and Amy McKlinton, “Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools,” Education Law Center, 2014, www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf.

and administrators in trauma-informed approaches and conflict resolution to allow them to better support their students. CCSD should continue these efforts, ensuring that all teachers receive trauma-informed training, that school policies reflect a trauma-informed approach (consistent rules and consequences; model respectful, non-violent relationships; balance accountability with an understanding of traumatic behavior), and that parents and caregivers have access to resources to learn about and treat trauma.

Support increased access to and awareness of the benefits of dental care for children.

According to the CDC, cavities are one of the most common chronic diseases for children in the United States.⁴⁷⁴ Approximately 20 percent of children aged 5–11 have one untreated cavity, with the rate of untreated cavities varying greatly by race, ethnicity, and poverty level, as shown in Table 8.⁴⁷⁵

Although poor oral health is a problem in many communities, it is preventable. Having access to fluoridated tap water, brushing daily with fluoride toothpaste, and getting dental sealants have all been shown to prevent cavities.⁴⁷⁶ Unfortunately, most New Jersey residents, including Camden City residents, do not have access to fluoridated water. New Jersey ranks 49th out of the 50 states for the percentage of residents receiving fluoridated water. Additionally, many Camden residents,

⁴⁷⁴ Centers for Disease Control and Prevention, “Children’s Oral Health,” Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, May 14, 2019, www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html.

⁴⁷⁵ Bruce A. Dye, Xianfen Li, and Eugenio D. Beltrán-Aguilar, Selected Oral Health Indicators in the United States 2005–2008, NCHS Data Brief, no. 96 (Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, May 2012), www.cdc.gov/nchs/data/databriefs/db96.pdf.

⁴⁷⁶ Centers for Disease Control and Prevention, “Children’s Oral Health.”

TABLE 8: PREVALENCE OF UNTREATED CAVITIES: UNITED STATES 2005–2008

Characteristic	Youth Aged 5–19
Total	16.6
Race and Ethnicity	
Non-Hispanic White	13.3
Non-Hispanic Black	22.6
Mexican American	22.4
Poverty Level	
Below 100%	25.4
100% to less than 200%	19.3
200% or higher	12.1
Sex	
Male	17.6
Female	15.5

Source: Dye, et al., *Selected Oral Health Indicators in the United States, 2005–2008*

especially children, struggle to receive treatment due to a lack of pediatric dentists or general dentists willing to treat children on Medicaid.

Many schools attempt to fill the gap in childhood oral care. According to the New Jersey Administrative Code 6A:13A, Elements of High Quality Preschool Programs, all state-funded preschool programs are required to provide vision, hearing, dental, height, and weight screenings to each enrolled student.⁴⁷⁷ CFS’s Head Start Preschool Programs require students to provide proof of current vaccinations and physical and dental exams.⁴⁷⁸ CFS also works to connect its students to dental care, having connected

⁴⁷⁷ New Jersey Administrative Code 6A:13A, Elements of High Quality Preschool Programs, www.state.nj.us/education/code/current/title6a/chap13a.pdf.

⁴⁷⁸ Center for Family Services, “Preschool Learning Community,” accessed January 14, 2020, www.centerffs.org/headstart/main.

366 students to dental care in the 2017–18 school year.⁴⁷⁹ Gracious Smiles, a Camden-based non-profit, provides weekly onsite dental services at all KIPP Cooper Norcross Academy schools at no cost to families.⁴⁸⁰ However, these programs only serve a fraction of students in Camden. To help fill the gap in pediatric dental care, the city should foster partnerships between schools, preschools, and local dental care providers like Camden County College’s Dental Hygiene program or the PennSmiles Mobile Dental Clinic. The city can also advocate for the state to pass legislation mandating fluoride in water, a public health measure that is recommended by nearly all public health, medical, and dental organizations, including the CDC, American Dental Association, American Academy of Pediatrics, and the World Health Organization.⁴⁸¹ Finally, as recommended in the Pediatric Oral Health Action Plan for New Jersey’s Children Ages 0–6, city and county elected officials can advocate for Medicaid to re-evaluate its reimbursement schedule for pediatric dental services to encourage more general dentists to provide services for youth.⁴⁸²



Camden City Hall
Source: Derek Lombardi, DVRPC

⁴⁷⁹ Center for Family Services, “Head Start: 2017–2018 Annual Report,” accessed January 14, 2020, www.centerffs.org/sites/default/files/Center%20For%20Family%20Services%20HS%20Annual%20Report%202018_digital.pdf.

⁴⁸⁰ “Cooper Health Center at KIPP Provides Services That Lead to Better Student Health and Academics,” SNJ Today.com, November 12, 2019, snjtoday.com/2019/11/12/cooper-health-center-at-kipp-provides-services-that-lead-to-better-student-health-and-academics/.

⁴⁸¹ Centers for Disease Control and Prevention, “Community Water Fluoridation,” Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, October 23, 2019, www.cdc.gov/fluoridation/index.html.

⁴⁸² Fluoride Action Network, “Pediatric Oral Health Action Plan for New Jersey’s Children Ages 0-6,” funded by the New Jersey Head Start-State Collaboration Grant and the Association of State and Territorial Dental Directors, accessed January 14, 2020, fluoridealert.org/wp-content/uploads/nj-2009.pdf.



the
CAMDEN
HEALTH
element

chapter 9:
CONCLUSION

By adopting the Health Element, the City of Camden is embracing the opportunity to incorporate community health and well-being into the city's Master Plan, and ultimately into the policies, programs, and spaces that make up the City of Camden. Implementing the numerous strategies and actions detailed in the Health Element will take the dedicated efforts of many actors working together. Government agencies, community organizations, institutions, businesses, and individuals will all play a role in developing the conditions that will improve the physical health and emotional well-being of Camden residents.

The following pages summarize the strategies and actions put forth in the core chapters of the Health Element.



CAMDEN HEALTH ELEMENT

HEALTHY FOOD ACCESS

STRATEGIES

1. Expand equitable access to healthy food outlets.
2. Reduce food insecurity and hunger.
3. Promote healthy eating and food literacy.
4. Support urban agriculture and community gardening.

PRIORITY ACTIONS

- ▶ **MOST ACHIEVABLE** Support the growth of alternative food access venues like the Virtua Mobile Market and Center for Family Services ShopRite delivery program.
- 👤 **PEOPLE'S CHOICE** Work to attract and streamline the development of a full-service grocery store in the city.
- !)) **GREATEST IMPACT** Improve walking, biking, and public transit to healthy food outlets by conducting “safe routes to food” audits.
- ① **DO FIRST** Expand nutrition education, gardening, and food-budgeting programs.

SECONDARY ACTIONS

1. Increase retail locations that accept federal food assistance programs like SNAP, WIC, and/or the SFMNP.
2. Support the expansion and promotion of the Camden Healthy Corner Store Initiative.
3. Support Heart Bucks and other healthy food incentive programs tied to nutrition education.
4. Advocate for New Jersey policymakers to fund SNAP outreach activities, allowing the state to leverage the 50 percent federal reimbursement and to enroll more eligible residents.
5. Extend the reach of existing food benefits by supporting SNAP incentives or “food bucks.”
6. Adopt a zoning overlay that allows for commercial small-scale agricultural use and food production.
7. Restructure facade improvement programs to better support healthy food retailers.
8. Create targeted SNAP-enrollment message campaigns to reach specific unenrolled populations.

REMAINING ACTIONS

1. Work with the county health department to encourage corner stores to display signs that promote healthy foods and behaviors or communicate factual nutritional information.
2. Support the implementation of the Camden Urban Agriculture analysis developed by Rutgers University for Cooper's Ferry Partnership.
3. Work with partners to expand and/or replicate market gardener programs like Parkside's Roots to Market.



CAMDEN HEALTH ELEMENT

CLEAN ENVIRONMENT

STRATEGIES

1. Reduce air pollution from stationary and mobile sources.
2. Continue to explore opportunities to remediate and redevelop brownfield sites.
3. Foster greater community resilience to risks from climate change.
4. Maintain and improve the quality of water resources.

PRIORITY ACTIONS

🚩 **MOST ACHIEVABLE** Limit truck traffic and idling in targeted areas.

👥 **PEOPLE'S CHOICE** Increase and maintain the tree cover in Camden neighborhoods.

!)) **GREATEST IMPACT** Continue to pursue state and federal funding to remediate contaminated sites.

1 **DO FIRST** Advocate for state and federal funding to implement regular school drinking water testing, reporting, and remediation in communities with the greatest need.

SECONDARY ACTIONS

1. Work with the CCMUA, Camden SMART, and key partners to prioritize strategic GSI investments in the city.
2. Work with residents and relevant public agencies to enforce air pollution regulations and implement complaint processes.
3. Include climate change projections and adaptation measures in city plans, policies, and ordinances.
4. Review the implementation of the city's Sustainability Ordinance and develop additional tools or process improvements as needed to increase its effectiveness.
5. Create a campaign to educate residents about their drinking water supply.
6. Increase the share of climate-friendly vehicles and use climate-friendly fuels in city-owned vehicles.
7. Develop citywide guidelines to support appropriate brownfield reuse that prioritizes community health and well-being when contaminated sites are remediated.
8. Work with Camden Community Partnership, Camden County, and the CCMUA to enact a countywide stormwater fee.

REMAINING ACTIONS

1. Work with the South Jersey Port Corporation to explore a green ports initiative.
2. Implement a rain check program for homeowners to obtain free rain barrels.
3. Work with the Camden Redevelopment Authority to continue to implement the Mt. Ephraim Choice Neighborhood Brownfield Area-Wide Plan with a focus on remediating the Phil-Mar site.
4. Investigate revising the floodplain management ordinance to include increased freeboard requirements for new or substantially improved structures located within a flood hazard area.



CAMDEN HEALTH ELEMENT

ACCESS TO HEALTH CARE

STRATEGIES

1. Increase physical access to health care services.
2. Encourage greater patient support services.
3. Expand and integrate mental, behavioral, and substance abuse health care services throughout Camden.
4. Increase enrollment in and utilization of health insurance through Medicaid, CHIP, and the Health Insurance Marketplace.

PRIORITY ACTIONS

- ▶ MOST ACHIEVABLE** Work with community partners and health care providers to offer health screenings and education in non-traditional locations like corner stores, libraries, farmers markets, and along trails.
- 👤 PEOPLE'S CHOICE** Use data to identify uninsured residents and target health insurance outreach efforts.
- !)) GREATEST IMPACT** Support the development of health clinics in community settings, such as schools and recreation centers.
 - 1 DO FIRST** Work with the Camden County Addiction Awareness Task Force, Camden County Department of Health and Human Services, and CCSD to implement SBIRT in all Camden High Schools.

SECONDARY ACTIONS

1. Expand upon the Accountable Health Communities work with a specific focus on addressing transportation challenges.
2. Partner with the county and neighboring municipalities to support an “Intensive Care Navigator Program,” to help connect people leaving addiction centers to safe housing, reliable transportation, and other social services.
3. Work with partners to conduct interviews to identify barriers to obtaining health insurance coverage.
4. Encourage health systems to provide ride-sharing services (e.g., RideHealth, Round Trip, etc.) to patients by including it in the South Jersey Health Collaborative Community Health Improvement Plans.
5. Support the reintroduction of state legislation to establish a “New Jersey Community Health Worker Program.”
6. Work with partners to ensure mental health services are culturally and linguistically appropriate.
7. Work with local health care and higher-education institutions to offer patient navigator and/or community health worker training programs.
8. Partner with city and county departments to provide training for, and implement, trauma-informed practices.

REMAINING ACTIONS

1. Work with local health systems and higher-education institutions to incorporate psychiatry training into physician assistant and other non-behavioral health staff education.
2. Support the expansion of the Pediatric Psychiatry Collaborative by adding more providers and increasing funding.
3. Support the reintroduction of state legislation to provide funding for SBIRT programs in New Jersey schools.
4. Examine the routing and use of the Camden County Health Connection.



CAMDEN HEALTH ELEMENT

MOBILITY & ACTIVE TRANSPORTATION

STRATEGIES

1. Improve access to affordable and reliable transit.
2. Design and operate safe streets to ensure that people of all ages and abilities can walk, bike, use transit, and drive to destinations safely.
3. Provide safe and convenient pedestrian access and encourage walking as a transportation option.
4. Expand bicycle infrastructure and encourage bicycling as a transportation option.

PRIORITY ACTIONS

- ▶ **MOST ACHIEVABLE** Develop a formal reporting system to identify walking hazards, maintenance needs, law enforcement needs, or other problems on pedestrian facilities.
- 👤 **PEOPLE'S CHOICE** Support the development of SRTS plans, programming, and designated walking districts for all CCSD schools.
- !)) **GREATEST IMPACT** Promote reorganized shuttle, bus, and rail lines with schedules and routes that maximize ridership and minimize redundancy.
- 1 **DO FIRST** Develop a citywide plan for prioritized and standardized improvements to sidewalks, crosswalks, pavement markings, and other amenities.

SECONDARY ACTIONS

1. Launch a walking education campaign that promotes safe pedestrian behavior and the health value of walking.
2. Modernize traffic control devices so signals are responsive to changes in pedestrian and vehicle volumes throughout the day.
3. Work with the county and New Jersey Department of Transportation to redesign high crash roadways and encourage safe driving.
4. Develop a municipal bicycle action plan consistent with the county Bicycling and Multi-Use Trails Plan, Camden Greenway, and Circuit Trail plans, which completes dedicated non-motorized routes in most neighborhoods.
5. Reduce barriers to transit accessibility, especially vehicles blocking paratransit loading areas, parking areas for people with disabilities, curb ramps, and bus stops.
6. Clarify and advance the implementation process of city and county Complete Streets policies.
7. Expand citywide campaigns for bicycle safety and related promotional and educational bike programming.
8. Expand the availability of secure bike parking and storage near key focal points around the city.

REMAINING ACTIONS

1. Develop a priority system and schedule for the installation, improvement, and ongoing maintenance of bus shelters.
2. Become a "Vision Zero" city with a high-injury network map and strategic plan for ongoing safety investments.
3. Implement a long-term bikeshare program.
4. Work with transit providers to develop equitable fare policy changes.



CAMDEN HEALTH ELEMENT

SAFE & COMPLETE NEIGHBORHOODS

STRATEGIES

1. Promote walkable districts with a mix of uses, amenities, and community facilities.
2. Support safer neighborhoods.
3. Ensure health-promoting operations at schools and public facilities.
4. Enhance city and county park systems, recreational programs, and open spaces.

PRIORITY ACTIONS

- 🚩 **MOST ACHIEVABLE** Encourage the CSSD to continue expanding their improvement services to commercial corridors outside of the Waterfront and Downtown areas, particularly through their Neighborhood Improvement Program.
- 👤 **PEOPLE'S CHOICE** Focus on consistent implementation of the CCSD Comprehensive Wellness Policy, and determine guidelines for healthy eating, nutrition education, and physical activity in schools based on parent engagement and feedback.
- 📣 **GREATEST IMPACT** Continue city efforts to demolish and stabilize blighted properties and encourage community involvement in the selection of future project sites.
- 📌 **DO FIRST** Expand successful violence prevention programs to reach all neighborhoods in the city.

SECONDARY ACTIONS

1. Develop corridor improvement plans for key areas with appropriate development standards and urban design guidelines.
2. Set up a Crime Prevention through Environmental Design committee or framework to review and/or advise on development proposals.
3. Develop joint use agreements that open park, recreational, and school sites for public use by all residents.
4. Establish more robust park support and stewardship networks.
5. Designate one or more main streets through the state's re-established assistance program.
6. Create a pedestrian-only thoroughfare or plaza.
7. Utilize zoning and building codes to promote walkable communities.

REMAINING ACTIONS

1. Review street lighting requirements and guidelines, and amend ordinances as needed.
2. Develop incentives to support local, health-promoting businesses.
3. Identify and prioritize public-serving institutions in need of renovation due to their buildings' health concerns, such as mold or lead issues.
4. Add multigenerational and ability-inclusive features to parks and recreational spaces.



CAMDEN HEALTH ELEMENT

HOUSING & HOMELESSNESS

STRATEGIES

1. Integrate housing support with health care and other services.
2. Promote home maintenance and reduce substandard housing conditions.
3. Generate opportunities to provide affordable, mixed-income, and age-friendly housing.
4. Reduce residential vacancy and mitigate property abandonment.
5. Eliminate homelessness and improve the health conditions of people without shelter.

PRIORITY ACTIONS

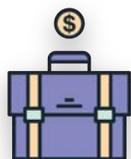
- 🚩 **MOST ACHIEVABLE** Expand funding and institutional resources for integrated health and housing models.
- 👥 **PEOPLE'S CHOICE** Encourage the co-location of affordable housing communities and public facilities with wraparound health services.
- !)) **GREATEST IMPACT** Support the formation of community land trusts that provide for long-term homeownership and housing affordability.
 - 1 **DO FIRST** Launch a comprehensive “Healthy Homes” initiative that expands financial assistance for home repairs and increases and combines outreach, education, inspections, and home visit programs.

SECONDARY ACTIONS

1. Support the creation of innovative rental housing assistance and rapid rehousing programs and facilities serving individuals experiencing homelessness.
2. Organize training for law enforcement and medical technicians to better serve people experiencing homelessness.
3. Incentivize the redevelopment and sale of vacant and abandoned properties to entry-level buyers and working families.
4. Collaborate with local health care institutions and insurance providers to expand and initiate upstream, place-based housing investments and blight reduction efforts.
5. Foster partnerships to extend homeownership assistance and rental subsidy programs.
6. Track trends in the city’s homeless population, in conjunction with countywide point-in-time counts, to inform resource and service allocation.
7. Support the home-based efforts of the city’s hospitals and care providers.
8. Review city policies to identify and minimize barriers to the development of non-traditional housing types and an appropriate range of low- to high-density residential options.
9. Establish land value taxation instruments and increase requirements and penalty fees for buildings on the abandoned property list.

REMAINING ACTIONS

1. Develop a medical respite care facility with local health care non-profits.
2. Adopt anti-displacement policies, including community benefits agreements in the Downtown core, multiyear residential lease incentives, and a tenant advocate program.
3. Work with the Camden Redevelopment Agency to devise land banking capabilities through a municipal ordinance or resolution.



CAMDEN HEALTH ELEMENT

EDUCATION & EMPLOYMENT

STRATEGIES

1. Strengthen the role of neighborhood schools as centers for community and social experiences.
2. Ensure that families are able to access resources related to childhood development and parental support.
3. Strengthen and expand job training programs that prepare all residents for stable, living wage jobs.
4. Develop diverse employment opportunities to serve all Camden residents.

PRIORITY ACTIONS

- 🚩 **MOST ACHIEVABLE** Work with the CCSD, higher-education institutions, and local employers to cultivate a culture of continued education through mentorship and exposure to college and career opportunities.
- 👥 **PEOPLE'S CHOICE** Sustain existing local businesses and support the development of new ones to ensure that economic gains remain within the community and local economy.
- !)) **GREATEST IMPACT** Target support for residents who have barriers to employment, including people with disabilities, returning citizens, older adults, people with limited English proficiency, and other groups.
- 1 **DO FIRST** Work with local officials to advocate for and promote quality early childcare.

SECONDARY ACTIONS

1. Partner with community and higher-education organizations to evaluate and enhance existing out-of-school time opportunities.
2. Work with the Camden Business Association, large employers, and other partners to implement local procurement policies and build the capacity of small businesses to respond to them.
3. Provide employers and workforce development providers with training and resources related to trauma and mental health first aid to better support residents looking for and/or maintaining employment.
4. Implement policies and programs that support greater job opportunities for re-entering citizens.
5. Streamline access to wraparound supports for residents to be successful in employment.
6. Continue to work with partners to promote trauma-informed practices in schools.
7. Support increased access to and awareness of the benefits of dental care for children.



Walk audit with Camden Youth Advisory Council
Source: Amy Verbofsky, DVRPC



the
**CAMDEN
HEALTH**
element

ACKNOWLEDGMENTS

Developing the Camden Health Element was a real team effort. Over 50 people representing more than 30 organizations supported the development of this plan. DVRPC is extremely grateful to our partners and supporters who participated in advisory committee meetings, hosted road shows, promoted the survey to their constituents, contributed recommendations and ideas, and reviewed and provided feedback on the plan. The Health Element would not have been possible without their contributions.

Darrin Anderson

New Jersey YMCA State Alliance

Kate Barrett

Campbell Soup Company

John Boyle

Bicycle Coalition of Greater Philadelphia

Adam Bricketto

Food Bank of South Jersey

Shawn Burke

DVRPC Public Participation Task Force

Clinton Connor

Center for Family Services

PJ Craig

Rutgers University-Camden, Office of Civic Engagement

Justin Cusick

DVRPC Public Participation Task Force

Dana Dobson

Formerly of Tri-State Transportation Campaign

Suellyn Ellerbe

Rutgers University-Camden School of Nursing

Kim Fortunato

Campbell Soup Company

Andy Frazier

Community Foundation of South Jersey

Val Galarza

Formerly of Camden Community Partnership

Barbara Anne Gardenhire-Mills

Department of Housing and Urban Development

Lae'I Gibson

Food Bank of South Jersey

Luis Gonzalez Arocho

Formerly of Camden Community Partnership

Trish Hearey

Formerly of Camden County Department of Health and Human Services

Barbara Holcomb

Port Authority Transit Corporation

Candice Jefferson

City of Camden

Mingie Kang

Camden Coalition of Healthcare Providers

Kevin Keenan

Rowan University

Kristin Kent Wuillermin

Cooper Medical School of Rowan University

Maxwell Kursh

Cooper University Health Care

Megan Lepore

Center for Family Services

Andrew Levecchia

Camden County Division of Planning

Luu Long

VietLead

Greg Mayers

Virtua Health

Kellie McFarlane

Delaware River Port Authority

Meishka Mitchell

Camden Community Partnership

June Morton

City of Camden, Department of Planning and Development

Donna Nickitas

Rutgers University-Camden School of Nursing

Koren Norwood

Camden County Department of Health and Human Services

Paschal Nwako

Camden County Department of Health and Human Services

Marie O'Toole

Rutgers University-Camden School of Nursing

Kaila Pedersen

Formerly of the Camden Coalition of Healthcare Providers

Ana Ramos

Formerly of The Food Trust

Enrique Rivera

St. Joseph's Carpenter's Society

Linda Schneider

Formerly of Camden Community Partnership

Matt Slotman

New Jersey Transit

Emily Spector

Formerly of Camden Coalition of Healthcare Providers

Justin Spencer-Linzie

Greater Philadelphia YMCA

Lorraine Sweeney

Cooper University Health Care

Ronda Urkowitz

Cross County Connection Transportation Management Association

Nicole Vaughn

Rowan University

Mike Viscardi

New Jersey Transit

Robin Waddell

Formerly of Cooperative Extension of Camden County, Rutgers New Jersey Agricultural Experiment Station

Jonathan Wetstein

Parkside Business and Community in Partnership

Dr. Edward Williams

City of Camden, Department of Planning and Development

Tricia Yeo

Food Bank of South Jersey



March 2018 Advisory Committee meeting
Source: Derek Lombardi, DVRPC



Speaking with Camden students at Cooper's Poynt Youth Impact Fair
Source: Derek Lombardi, DVRPC



the
**CAMDEN
HEALTH**
element

APPENDICES

A: SAMPLE VISIONING AND PRIORITY ACTION EXERCISES

B: PROJECT WEBSITE AND ONLINE STORY MAP

C: COMMUNITY SURVEY SAMPLE PAGES

D: SAMPLE PRINT AND SOCIAL MEDIA ADVERTISEMENTS

APPENDIX A: SAMPLE VISIONING AND PRIORITY ACTION EXERCISES

WHAT *do you* NEED *to be* HEALTHY? (CHOOSE THREE) ¿QUÉ NECESITA PARA MANTENERSE SALUDABLE? (ELIJA TRES)



HEALTHY FOOD
COMIDA SALUDABLE



ACCESS TO HEALTHCARE
ACCESO A ATENCIÓN MÉDICA



EXERCISE
EJERCICIO



COMMUNITY
COMUNIDAD



HOUSING
VIVIENDA



SAFETY
SEGURIDAD



ENVIRONMENT AND NATURE
MEDIO AMBIENTE Y NATURALEZA



OTHER:
OTRO: _____

WHERE *do you* GO *to be* HEALTHY? ¿A DÓNDE VAS A SER SALUDABLE?

AGE/EDAD: _____

ZIP CODE/CÓDIGO POSTAL: _____

| WWW.DVRPC.ORG

THE DELAWARE VALLEY REGIONAL PLANNING COMMISSION
COMPLIES FULLY WITH TITLE VI OF THE CIVIL RIGHTS ACT
OF 1964 AND RELATED NONDISCRIMINATION STATUTES IN ALL
ACTIVITIES. FOR MORE INFORMATION, CALL 215-592-1800 OR
VISIT WWW.DVRPC.ORG/GETINVOLVED/TITLEVI.

HEALTHY FOOD

WHAT *would* YOU *like* THE CITY *to do* to make YOUR COMMUNITY HEALTHIER? (CHOOSE TWO)

- Make it easier to buy healthy food
- Make it easier to get to a grocery store
- Improve the look of corner stores
- Help people learn how to cook healthy meals
- Reduce the number of ads promoting unhealthy foods
- Make it easier to grow your own food
- My own idea: _____

TWEET *or* HEADLINE *from the* FUTURE



Instructions:

What tweet or headline would you want to see about Camden in 20 years? The tweet or headline doesn't need to address every area of Camden. Instead, choose one or two tweets or headlines that you would want to read about the Camden of the future.

For Example:

CAMDEN CLOSES ITS LAST KNOWN CONTAMINATED SITE IN 2025

I'm so happy that the last Known Contaminated Site in Camden is finally closed #cleancamden #caseclosed



NAME (OPTIONAL):

 www.dvrpc.org

THE DELAWARE VALLEY REGIONAL PLANNING COMMISSION (DVRPC) FULLY COMPLIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND RELATED NONDISCRIMINATION STATUTES IN ALL ACTIVITIES. FOR MORE INFORMATION, CALL 215.592.1800 OR VISIT WWW.DVRPC.ORG/GETINVOLVED/TITLEVI.

APPENDIX B: PROJECT WEBSITE AND ONLINE STORY MAP

Camden Health Element

Project Background

In recent years, both planning and health professionals have come to understand that a person's address plays an important role in how long they live and how good they feel. The way we design and build our communities — including factors like walkability, food access, and air quality — can have a significant impact on an individual's well-being and the broader public's health. DVRPC has undertaken healthy community planning to improve the public health outcomes and increase livability within our region.

Additionally, Camden City has seen a renewed focus on improving the health of Camden's residents. In 2011, Campbell Soup Company launched the Campbell Healthy Communities Initiative. As a part of this program, they've funded The Food Trust to expand their Healthy Corner Store Initiative to Camden. Today there are almost 50 stores enrolled in the Healthy Corner Store Network. More recently, the Camden Collaborative Initiative, which is housed at Cooper's Ferry Partnership, added a new subcommittee on health, called Get Healthy Camden. This subcommittee convenes local organizations committed to improving the health of Camden residents.

Given these recent efforts and existing momentum around healthy communities, now is a great time to develop a Camden Health Element in partnership with government officials, key stakeholders, and community members.

Camden Health Element

Community Health

Obesity

With over 70 percent of adults being defined as overweight or obese¹⁸, the national obesity epidemic is front and center in the fight for healthier lifestyles. It is no surprise that it is the leading driver of healthcare costs as it is linked to an increased risk of more than 30 chronic health conditions¹⁹.

According to the 100 Cities Project, 33 percent of Camden adults are considered obese (BMI of 30 or higher), which is higher than both the county and the state's obesity rates (28 and 24 percent, respectively). Additionally, Morgan Village, Centerville, and Pine Point have some of the highest obesity rates in the city (all over 45 percent); these communities have some of the highest poverty rates in the city as well.

dvRPC SOURCE: COUNTY HEALTH DEPARTMENT

FIGURE 2.1 PERCENTAGE OF ADULTS WITH BMI ≥ 30

Area	Percentage of Adults with BMI ≥ 30
Camden	33%
County	28%
State	24%

Camden Health Element

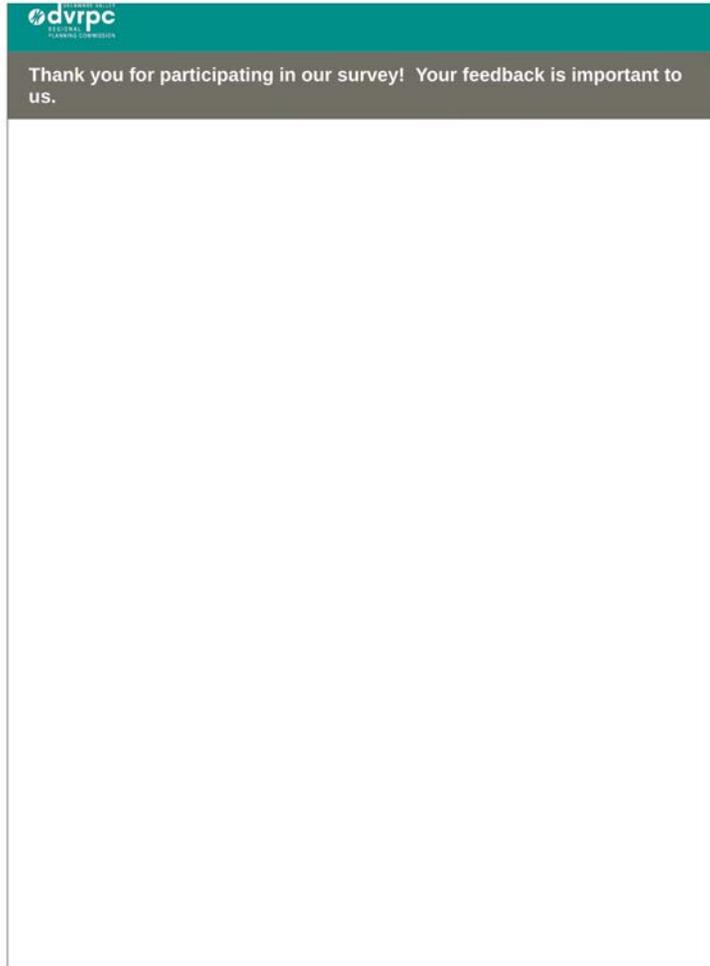
Community Health

Obesity

Rate of Adult Obesity

- 45.0% - 47.0%
- 42.0% - 45.0%
- 37.0% - 42.0%
- 35.0% - 37.0%

APPENDIX C: COMMUNITY SURVEY SAMPLE PAGES



1



2

Healthy Food Access Actions - Option

1



Which **Healthy Food Access** actions do YOU think are the most important for the city and its partners to pursue in order to support a healthier Camden? Let us know which actions will have the **greatest impact**, which actions are the **most achievable**, and which actions the city should **implement first**.

If you would like to SKIP this section, you may scroll to the bottom and click "Next."

1. Please select one action for each category.

	Greatest Impact	Most Achievable	Do First
Work to attract and streamline the development of a full-service grocery store in the city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that healthy food outlets are accessible by walking, biking, and public transit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the expansion and promotion of the Camden Healthy Corner Store Initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the growth of alternative food access venues like the Virtua Mobile Market and Center for Family Services ShopRite delivery program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restructure the storefront improvement program to better support healthy food retailers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand retail locations that accept federal food assistance programs like SNAP, WIC, and/or SFMNP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extend the reach of existing food benefits by supporting SNAP incentives or "food bucks."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create targeted SNAP-enrollment message campaign to reach specific unenrolled populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for the NJ Department of Human Services to develop a SNAP outreach plan to leverage the 50% federal reimbursement and enroll more eligible residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand nutrition education, gardening, and food budgeting programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Heart Bucks and other healthy food incentive programs tied to nutrition education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with the County Health Department to encourage corner stores to display signs that promote healthy foods and behaviors or communicate factual nutritional information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the implementation of the Camden Urban Agriculture analysis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopt a zoning overlay that allows for commercial small-scale agricultural use and food production.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with partners to expand and/or replicate market gardener programs like Parkside's Roots to Market.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you have any additional comments and suggestions related to the theme of **HEALTHY FOOD ACCESS?**

Clean Environment Actions



Which **Clean Environment** actions do YOU think are the most important for the city and its partners to pursue in order to support a healthier Camden? Let us know which actions will have the **greatest impact**, which actions are the **most achievable**, and which actions the city should **implement first**.

If you would like to **SKIP** this section, you may scroll to the bottom and click "Next."

1. Please select one action for each category.

	Greatest Impact	Most Achievable	Do First
Limit truck traffic and idling in targeted areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with residents and relevant public agencies on enforcing regulations and implementing complaint processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with South Jersey Port Corporation to explore a green ports initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop citywide guidelines to support appropriate brownfield reuse that prioritizes community health and wellbeing when contaminated sites are remediated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to pursue state and federal funding to remediate contaminated sites.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with the Camden Redevelopment Authority to implement the Mt. Ephraim Choice Neighborhood Brownfield Area-Wide Plan with a focus on remediating the Phil-Mar site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Include climate change projections and adaptation measures in city plans, policies, and ordinances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase the share of climate-friendly vehicles and use climate-friendly fuels in city-owned vehicles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement a rain check program for homeowners to obtain free rain barrels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase the tree cover in Camden neighborhoods through exploration of tree planting programs and partnerships with organizations like NJ Tree Foundation and parks and recreation departments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigate revising the floodplain management ordinance to include increased freeboard requirements for new or substantially improved structures located within a flood hazard area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review the implementation of the city's Sustainability Ordinance and develop additional tools or process improvements as needed to increase its effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for state and federal funding to implement regular school drinking water testing and reporting and remediation in communities with the greatest need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create campaign to educate residents about their drinking water supply.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with the Camden County Municipal Utilities Authority and Camden SMART to prioritize strategic green stormwater investments in the city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with Camden County and the Camden County Municipal Utilities Authority to enact a county-wide stormwater fee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you have any additional comments or suggestions related to the theme of CLEAN ENVIRONMENT?

Tell Us About Yourself!

The information gathered from this survey will ideally represent the city's geographic and demographic diversity. Please help us create more inclusive representation by sharing some of your demographic characteristics. All questions are optional.

1. What is your connection to Camden? Please choose all that apply.

- I live in Camden
- I work in Camden
- I visit Camden
- Other (please specify)

2. Are you of Spanish, Hispanic, or Latino origin?

- Yes
- No
- Prefer not to answer

3. How would you describe yourself? Choose all that apply.

- Asian or Pacific Islander
- Black or African American
- Native American or Alaskan Native
- White
- Prefer not to answer
- Other (please specify)

4. Anything else you would like to share with DVRPC or the Camden Health Element Team?

Thank You!



Please visit the project website for more information:
<https://www.dvrpc.org/Health/CamdenHealthElement/> or contact us at
health@dvrpc.org.

APPENDIX D: SAMPLE PRINT AND SOCIAL MEDIA ADVERTISEMENTS

2019 CAMDEN HEALTH ELEMENT SURVEY

Help Us Improve the Health of All Camden Communities

the CAMDEN HEALTH element

DELAWARE VALLEY REGIONAL PLANNING COMMISSION **dvrpc**

Take the Camden Health Element Survey Today

<https://www.surveymonkey.com/r/CHE-Actions>

Do you and your family have what you need to be healthy? What would you like the city and its partners to do to make it easier to be healthier? The Delaware Valley Regional Planning Commission is currently working with the City of Camden to develop a Health Element that will be adopted as part of the city's master plan. This anonymous survey will allow us to understand which recommendations *you* think will have the biggest impact on improving *your quality of life* and *community wellbeing*. Share your feedback and help us improve the health of your community!

FOR QUESTIONS, PLEASE CONTACT HEALTH@DVRPC.ORG

Use your phone to scan the QR code



Visit the project website: <https://www.dvrpc.org/Health/CamdenHealthElement/> to download a paper copy of the survey and learn more about the Health Element.

COME TALK TO US AT CAMDEN NIGHT GARDENS!
 COOPER'S POYNT WATERFRONT PARK
 FRIDAY, MAY 17, 2019
 FROM 7 TO 9PM

dvrpc Connecting People, Places & Prosperity in Greater Philadelphia | The Delaware Valley Regional Planning Commission (DVRPC) fully complies with Title VI of the Civil Rights Act of 1964 and related nondiscrimination statutes in all activities. For more information, visit www.dvrpc.org/GetInvolved/TitleVI.

dvrpc

HEALTHY FOOD ACCESS CLEAN ENVIRONMENT ACCESS TO HEALTHCARE

the CAMDEN HEALTH element Whether you are interested in healthy food access, clean air, or healthcare, **DVRPC WANTS TO HEAR from YOU!**

WE WANT TO HEAR FROM you!

the CAMDEN HEALTH element

dvrpc



Source: Getty Images



the
**CAMDEN
HEALTH**
element

addendum:
IMPLICATIONS OF COVID-19

The Coronavirus Disease 2019 (COVID-19) pandemic has had significant and often devastating effects on individual health, social well-being, and the global economy. As of October 7, 2020, over 3,200 Camden residents had tested positive for Covid-19 and 87 residents had died. At the same time, many people have struggled with the economic and social disruptions that followed in the wake of the virus and the protective public health measures.

As mentioned in the introductory note, it is more important than ever that stakeholders—the city, county, state, non-profits, health care providers, community organizations, and residents—work to implement the actions detailed in this document to address the most pressing health disparities and economic challenges that COVID-19 has brought about. Although COVID-19 has not changed the need for a Health Element, it has shifted some of our collective priorities, such as an increased need for safe, green spaces. Additionally, governments, community organizations, and service agencies created new resources and adopted new policies to address some of the negative consequences of the pandemic. A few COVID-related changes and implications are outlined below by chapter. However, our understanding of COVID-19 and its effects on individuals, communities, businesses, and governments is still evolving. New data and resources will continue to become available as the pandemic progresses and as we continue to reshape our collective new normal.

HEALTHY FOOD ACCESS

- Food insecurity has risen dramatically as a result of the pandemic, especially in households with children. A report by the Brookings Institute that analyzed multiple food insecurity surveys found that “[f]ood insecurity in households with children under 18 has increased by about 130 percent from 2018 to today” and “34.5 percent of households with a child 18 and under were



Source: Getty Images

food insecure as of late April 2020.”¹ Additionally, the Census Household Pulse Survey for New Jersey for the week of July 16, 2020, found that approximately one-third of the households that reported food insecurity challenges during the week of July 16, 2020, did not struggle with food security prior to March 13, 2020.²

- COVID-19 has changed the way many people shop for food, with more people using grocery delivery or pick-up services.
- The Families First Coronavirus Response Act allowed the U.S. Department of Agriculture, which manages Supplemental Nutrition Assistance Program (SNAP), to temporarily grant states greater flexibility in administering the program. Many states, including New Jersey, are providing eligible families with the maximum monthly allotment, increasing the amount of money SNAP recipients

¹ Lauren Bauer, “The COVID-19 Crisis Has Already Left Too Many Children Hungry in America,” Brookings Institute, May 6, 2020, www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america.

² U.S. Census Bureau Household Pulse Survey, Week 12, “Food Table 4. Recent Food Insufficiency for Households, by Prior Food Insufficiency, and Additional Food Related Household Characteristics: New Jersey,” July 29, 2020, www.census.gov/data/tables/2020/demo/hhp/hhp12.html.

have to spend on food. New Jersey has also eased program administration during the pandemic, streamlining the application process, granting automatic extensions to households whose benefits expired during the first few months of the pandemic, and eliminating the work requirement for childless adults under 50.

- New Jersey has also worked to provide food benefits to households with children who were missing school meals. All students who attended schools that were closed due to the pandemic and were eligible for free or reduced-price lunches received \$416.10 without having to apply for it. For families already receiving SNAP benefits, the money went straight to their electronic benefit transfer (EBT) card. Families not on SNAP were sent a pandemic EBT card to purchase additional food.³
- ModivCare provides non-emergency medical transportation throughout New Jersey; however, during the pandemic ModivCare found that they had additional capacity as people were complying with the stay-at-home order and non-emergency medical services were put on hold. An executive order by Governor Murphy allowed ModivCare to use their excess capacity to deliver food to families instead of transporting individuals to medical appointments. In Camden City, ModivCare partnered with the Salvation Army, the Food Bank of South Jersey, and corporate sponsors to provide food to local families.

CLEAN ENVIRONMENT

- Multiple studies have shown a connection between air pollution and increased vulnerability to COVID-19. A nationwide Harvard University study found that an increase of 1 microgram per cubic meter ($\mu\text{g}/\text{m}^3$) of fine particulate matter ($\text{PM}_{2.5}$) is associated with

³The State of New Jersey, Department of Human Services, "Using your Electronic Benefits Transfer (EBT) Card to Access P-EBT Benefits," NJ SNAP, accessed July 17, 2020, www.nj.gov/humanservices/njsnap/pebt.shtml.



Illegal dumping on a known contaminated site in Camden
Source: Amy Verbofsky, DVRPC

an eight percent increase in the COVID-19 death rate.⁴ A similar study in The Netherlands found that a $1 \mu\text{g}/\text{m}^3$ increase in $\text{PM}_{2.5}$ led to a 16 percent increase in the COVID death rate.⁵ Additionally, researchers note that "[l]ong-term exposure to $\text{PM}_{2.5}$ is linked to many of the comorbidities that have been associated with poor prognosis and death in COVID-19 patients, including cardiovascular and lung disease."⁶

- As noted in Chapter 3, communities of color—and Black communities in particular—often experience disproportionately high exposure to environmental hazards. A study by U.S. Environmental Protection Agency scientists found that predominantly Black communities were 1.54 times more likely

⁴Xiao Wu et al, "Exposure to Air Pollution and COVID-19 Mortality in the United States: A Nationwide Cross-Sectional Study," Harvard University, T.H. Chan School of Public Health, Department of Biostatistics, April 24, 2020, projects.iq.harvard.edu/covid-pm/home.

⁵Lisa Winter, "Analysis Links Poor Air Quality to Increased COVID-19 Deaths," *The Scientist*, July 14, 2020, www.the-scientist.com/news-opinion/analysis-links-poor-air-quality-to-increased-covid-19-deaths-67738.

⁶Ibid.

than the overall population to live near a facility emitting PM_{2.5} particles.⁷ Acts of environmental racism, such as overabundance of polluting facilities in communities of color, are connected to many other longstanding disparities and are a likely contributor to racial disparities in COVID-19 cases and deaths.

ACCESS TO HEALTH CARE

- Unemployment has surged during the pandemic and with many people obtaining health insurance through their employer, the number of people without health insurance has also risen. A nationwide survey by the Commonwealth Fund conducted in May 2020 showed that 20 percent of the respondents or their partners who lost their job or were furloughed because of the pandemic and previously had insurance through their job, were now uninsured.⁸ Additionally, the rate of uninsured individuals tends to be higher among people of color. According to the Census Household Pulse Survey for New Jersey for the week of July 16, 2020, the rate of uninsured Black residents was three times greater than the rate of uninsured White residents, and the rate of uninsured Hispanic residents was two times greater than uninsured White residents.⁹
- Lack of health insurance is closely connected to the racial and ethnic disparities of the COVID-19 pandemic but goes beyond ensuring patients can receive testing and/or care for COVID-19. An article in the *New England Journal of Medicine* notes that “[l]ack of coverage causes less access to care, which results in a higher prevalence of and less-well-controlled chronic illness among

⁷ Ihab Mikati et al., “Disparities in Distribution of Particulate Matter Emission Sources by Race and Poverty Status,” *American Journal of Public Health* 108, no. 4 (2018): 480-485. doi: 10.2105/AJPH.2017.304297.

⁸ Sara R. Collins et al., *An Early Look at the Potential Implications of the COVID-19 Pandemic for Health Insurance Coverage* (Commonwealth Fund, June 2020).

⁹ U.S. Census Bureau Household Pulse Survey, Week 12, “Health Table 3. Current Health Insurance Status, by Select Characteristics: New Jersey,” July 29, 2020, www.census.gov/data/tables/2020/demo/hhp/hhp12.html.

- persons of color. These illnesses leave them more vulnerable to the ravages of COVID-19.”¹⁰
- Many people are also forgoing non-COVID-related medical treatments during the pandemic for fear of contracting COVID-19. A Kaiser Family Foundation (KFF) poll found that almost half of adults in the United States deferred medical treatment between March and May 2020.¹¹ Additionally, with high levels of unemployment and a prolonged recession, many people are forgoing treatment for economic reasons.
- COVID-19 has forced the health care industry to re-evaluate how it does business. Many providers, including mental and behavioral health providers, have adopted varying levels of telemedicine, which could improve health care access for many people that lack access to reliable transportation and/or childcare. However, a reliance on telemedicine also generates other challenges, such as disparities in computer literacy and internet access. For telemedicine to continue as an option beyond the pandemic, federal and state lawmakers will need to eliminate restrictions limiting reimbursement for telehealth services that were temporarily waived due to the pandemic.
- The COVID-19 pandemic has also had a significant effect on people’s mental health. The May 2020 KFF survey noted that “[a]bout four in ten U.S. adults (39 percent) say worry or stress related to coronavirus has had a negative impact on their mental health, including 12 percent who say it has had a ‘major’ impact... Among adults in households that experienced income or job loss due to the coronavirus outbreak (who make up one-third of adults overall), 46 percent say the pandemic has had a negative

¹⁰ David Blumenthal et al., “Covid-19—Implications for the Health Care System,” *New England Journal of Medicine*, July 22, 2020, doi: 10.1056/NEJMs2021088.

¹¹ Liz Hamel et al., “KFF Health Tracking Poll – May 2020,” Kaiser Family Foundation, May 27, 2020, www.kff.org/report-section/kff-health-tracking-poll-may-2020-health-and-economic-impacts.



Source: Getty Images

impact on their mental health.”¹² People may feel increasingly anxious or distressed about the disease and its impact on their friends and family, overwhelmed by the lack of childcare or loss of a job, or lonely as a result of the extended social distancing measures. A recent United Nations policy brief on COVID-19 and the Need for Action on Mental Health claimed that “[a]lthough the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken.”¹³ The mental health impacts of COVID-19 will likely extend well into the future as people continue to struggle with the aftermath of COVID, grieve a loved one they lost, or cope with the stress of unemployment. The extent and severity of COVID-related mental health impacts reinforces the need for more robust mental health resources and may provide public support or momentum to support greater investment in mental health services.

¹² Ibid.

¹³ United Nations, “Policy Brief: COVID-19 and the Need for Action on Mental Health,” May 13, 2020, unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health.

MOBILITY AND ACTIVE TRANSPORTATION

- COVID-19 has changed how people get around. Due to the stay-at-home orders and social distancing requirements, people are taking significantly fewer trips. For essential trips, people often choose modes like driving, walking, or biking that allow them to practice social distancing.
- Public transit operators throughout the region substantially reduced service at the onset of the pandemic and are still operating at lower capacity to protect the health and safety of their staff and riders. Transit ridership plummeted during the pandemic with the Port Authority Transit Corporation reporting over three million fewer trips between March 8 and July 10, 2020, than in previous years.¹⁴ The Southeastern Pennsylvania Transportation Authority (SEPTA) has also seen a decline in weekday ridership, with slightly over 200,000 trips per day taken June 12–24: a decrease of 73 percent from a baseline of almost 800,000 trips per day across all modes.¹⁵ Although transit operators have instituted safety practices like regular cleanings, reduced capacity on buses, and mandated mask wearing, they do not expect ridership to return to prepandemic levels for many months.
- The decline in ridership has resulted in a significant loss of revenue for transit agencies. Combined with strapped state and municipal budgets and higher expenses to implement cleaning and safety precautions, transit agencies are experiencing serious budget shortfalls. As noted in the Philadelphia Inquirer, “SEPTA projects at least a \$300 million loss of revenue through the end of June 2021—a conservative estimate.”¹⁶ Federal stimulus has helped

¹⁴ Delaware Valley Regional Planning Commission, “COVID-19 Impacts on Travel in the DVRPC Region - UPDATED 7/13: PATCO Ridership,” July 13, 2020, www.dvrpc.org/COVID19resources.

¹⁵ Southeastern Pennsylvania Transportation Authority, “Weekday Ridership Trend,” accessed July 28, 2020, www.septa.org/covid-19/service-information.html#ridership.

¹⁶ Patricia Madej, “SEPTA Faces an Unprecedented Financial Challenge: A Plunge in Pa. Turnpike Traffic May Make It Tougher,” *Philadelphia Inquirer*, May 8, 2020, www.masstransitmag.com/management/news/21137372/pa-septa-faces-an-unprecedented-financial-challenge-a-plunge-in-pa-turnpike-traffic-may-make-it-tougher.

local transit agencies purchase personal protective equipment and continue operating during the pandemic, but it has not been enough to make up for the huge decline in ridership. In a briefing to Congress, New Jersey Transit Corporation (NJ Transit) CEO Kevin Corbett, said, “‘NJ Transit needs an additional \$1.2 billion for next year’...citing the extraordinary cost of sanitizing and disinfecting equipment to transport essential workers. NJ Transit received \$1.4 billion from the first CARES [Coronavirus Aid, Relief, and Economic Security] Act.”¹⁷

- Transit agencies’ reduced capacity, both during the pandemic and going forward as systems cope with ongoing budget shortfalls, will likely affect low-income and minority communities the most. Many low-income and frontline workers cannot work from home and may not have access to a car. Instead, they rely on public transit to commute to work and run essential errands. An analysis of census data by TransitCenter found that “people of color account for a disproportionate share of the 2.8 million essential workers who usually commute on transit (67 percent, compared to 58 percent of non-essential transit commuters), as do people with low incomes (26 percent of essential transit commuters, compared to 23 percent of non-essential transit commuters).”¹⁸
- One positive side effect of the pandemic has been an increase in walking and biking as means to get around and forms of exercise. Bike sales have surged during the pandemic, with governments classifying bicycle shops as an essential service. Additionally, some cities, including Philadelphia, have closed streets to allow for more people to bike or walk while maintaining a safe distance from other people. Although it is unclear if any of the changes in

¹⁷ Larry Higgs, “NJ Transit, SEPTA Join Agencies Asking Feds for \$36B More in Coronavirus Aid,” NJ Advance Media for NJ.com, July 15, 2020, www.nj.com/traffic/2020/07/nj-transit-septa-join-agencies-asking-feds-for-36b-more-in-coronavirus-aid.html.

¹⁸ TransitCenter, “Tailoring Transit Service for Essential Workers is a Matter of Racial Justice,” April 16, 2020, transitcenter.org/tailoring-transit-service-for-essential-workers-is-a-matter-of-racial-justice.

commuting preference that have emerged will become longer-term lifestyle changes, trail and bicycling activists are using this opportunity to advocate for additional resources and permanent infrastructure improvements.

SAFE AND COMPLETE NEIGHBORHOODS

- COVID-19 has underscored the fact that access to safe and high-quality outdoor spaces is an essential part of well-being. With gyms and restaurants closed, park, trails, and other green spaces have become the places that people use to exercise, meet with friends, or just take a break from their home. As an article in CityLab notes, “The multiplicity of benefits parks have always offered us—physical and mental health relief, community building, and free public open space in tight, increasingly privatized urban quarters—seem not only like an added bonus right now but rather a critical lifeline for cities and their residents.”¹⁹
- Delaware Valley Regional Planning Commission permanent trail count data reflects this growing use and appreciation of our outdoor amenities. Between March 1 and May 31 of 2020, DVRPC counters recorded a surge in bicycle usage on area trails, compared to the same time last year. For example, the Schuylkill River Trail at Spring Mill saw a 28 percent increase in usage, and the Delaware River Trail at Port Richmond saw a 187 percent increase in the spring of 2020, compared to the spring of 2019.²⁰

HOUSING AND HOMELESSNESS

- The COVID-19 pandemic has reinforced the critical role that housing plays in ensuring community health and well-being. The mandated stay-at-home orders, school closures, and

¹⁹ John Surico, “The Power of Parks in a Pandemic,” Bloomberg CityLab, April 9, 2020, www.bloomberg.com/news/articles/2020-04-09/in-a-pandemic-the-parks-are-keeping-us-alive.

²⁰ Delaware Valley Regional Planning Commission, “Bicycle and Pedestrian Counts,” accessed July 20, 2020, www.dvrpc.org/Traffic/BikePedTravelMonitoring.

rising unemployment have made safe and affordable housing increasingly important. Homes have not only become a sanctuary from the virus but also workplaces, schools, gyms, playgrounds, and many of the other public spaces that people occupied prior to the pandemic. With everyone spending more time at home, it is important that our homes are healthy places—ones that are free of mold, smoke, or other environmental factors that could exacerbate chronic illnesses like asthma and make people more vulnerable to the effects of COVID-19.

- As noted in Chapter 7, a lack of secure and stable housing is connected to adverse health outcomes for many chronic diseases like asthma or diabetes, which can increase a person’s vulnerability to COVID-19. Additionally, homelessness and housing instability are connected to increased vulnerability to COVID-19 since people without housing do not have a safe place to quarantine or avoid exposure to other individuals that may have COVID-19.
- Many state and local governments have enacted temporary eviction and foreclosure moratoriums to help housing unstable households remain in their homes during the pandemic. On March 19, 2020, Governor Murphy issued an executive order to suspend evictions for both renters and homeowners throughout New Jersey, lasting until two months after the end of the declared COVID-19 health crisis. Although the moratorium provided temporary relief, housing advocates fear that an eviction and foreclosure crisis is looming, expressing concern that many families will not be able to pay the many months of rent that they owe once the eviction moratorium is lifted. In a weekly survey conducted by the census, 15 percent of New Jersey renters said that they would not be able to make their next rent payment. However, the challenges around payments were not felt evenly across all renters. Only three percent of White renters reported that they would not make their next month’s payment, whereas 19 percent of Black renters and 29

percent of Hispanic renters noted that they would not make their next payment.²¹

- The CARES Act was enacted on March 27, 2020, and provided over \$12 billion nationally for housing and homelessness programs. New Jersey made \$100 million available to low-income and homeless households as part of the COVID-19 Short-Term Rental Assistance Program; however, demand for housing assistance far outstrips the funding available. Over 60,000 households applied for rental assistance, but available funds are anticipated to only support around 8,000 households, leaving many New Jersey families struggling to pay their rent. Although these programs are a start, housing advocates state that much more funding will be needed “to protect all renters and homeowners at a time when our collective health depends on each of us staying home.”²²

EDUCATION AND EMPLOYMENT

- The pandemic has had a profound effect on the economy. Government stay-at-home orders mandated that many businesses close, such as retail stores, gyms, restaurants, and hair salons, and asked others to work from home if possible. Many businesses adapted by offering their services through video calls or webinars or by providing pick-up or delivery options. Despite these measures, many businesses had to lay people off in order to remain viable during the pandemic. Across New Jersey and in Camden County, unemployment has surged since the start of the pandemic. Between January and April 2020, statewide unemployment rose 261.4 percent to 15.9 percent of

²¹ U.S. Census Bureau Household Pulse Survey, Week 12, “Housing Table 2b. Confidence in Ability to Make Next Month’s Payment for Renter-Occupied Housing Units, by Select Characteristics: New Jersey,” July 29, 2020, www.census.gov/data/tables/2020/demo/hhp/hhp12.html.

²² National Low Income Housing Coalition, “Responding to Coronavirus: Ensuring Housing Stability During a Crisis,” May 14, 2020, nlihc.org/responding-coronavirus.

adults.²³ Additionally, according to the Census Household Pulse Survey for New Jersey for the week of July 16, 2020, 55 percent of adult residents experienced a loss of employment income either for themselves or a household member since the start of the pandemic in March, and another 30 percent expect either themselves or a household member to lose employment income in the next four weeks.²⁴

- The New Jersey Labor Department noted that they paid out more than \$12.4 billion in state and federal unemployment benefits to over 1.1 million residents in a 19-week period. Unfortunately, the federal pandemic unemployment compensation program, which provided an additional \$600 each week to unemployed workers, recently expired, leaving many people questioning how they will afford their day-to-day needs.²⁵
- The pandemic has also changed the way many people work. A national Bureau of Labor Statistics study found that “[i]n June, just under one-third of workers teleworked or worked from home for pay because of the coronavirus pandemic.”²⁶ The same study noted that “workers with higher levels of educational attainment were more likely to have teleworked because of the pandemic. Among employed people age 25 and over, 5 percent of those with less than a high school diploma teleworked in June, much lower than the 54 percent of those with a bachelor’s degree and higher.”²⁷

²³ Delaware Valley Regional Planning Commission, “COVID-19 Resources for Local Governments: COVID-19 Impacts on Unemployment in the DVRPC Region,” accessed July 31, 2020, www.dvrpc.org/COVID19resources.

²⁴ U.S. Census Bureau Household Pulse Survey, Week 12, “Employment Table 1. Experienced and Expected Loss of Employment Income, by Select Characteristics: New Jersey,” July 29, 2020, www.census.gov/data/tables/2020/demo/hhp/hhp12.html.

²⁵ New Jersey Department of Labor [NJLaborDept], “Last week, unemployed workers in New Jersey received more than a half-billion-dollars in Federal Pandemic Unemployment Compensation, the newly expired federal,” Twitter, July 30, 2020, www.twitter.com/NJLaborDept/status/1288848133280206856.

²⁶ U.S. Bureau of Labor Statistics, “Supplemental Data Measuring the Effects of the Coronavirus (COVID-19) Pandemic on the Labor Market,” July 29, 2020, www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm.

²⁷ Ibid.



Source: Getty Images

- The COVID-19 pandemic has also had a substantial effect on education, with all schools and childcare centers closing in March 2020 through the end of the 2019–20 school year. Many childcare centers and summer camps were able to reopen on June 15, 2020, but are operating at reduced capacity to maintain safe social distancing practices. During the 2020–21 school year, many districts started virtual and moved into an in-person or hybrid instruction model. Even with schools and childcare centers offering some in-person options, many parents are not comfortable sending their children to school during the pandemic and instead are keeping them at home. Depending on the age of the child, this may require juggling working from home and parenting, hiring in-home childcare and/or tutoring, relying on extended family, or leaving a job in order to care for a child. The question of childcare can be even more complicated if the parents or caregivers are essential employees who cannot work from home but also cannot leave their children alone at home.

- While school closures can be challenging for working parents who need to find alternative childcare options, they may also have negative effects on children’s development and academic achievement. This is especially concerning for low-income and minority children who have historically scored much lower on national and state standardized tests than their White or higher-income peers. A national study by the Pew Research Center found that about two-thirds of parents were either somewhat or very concerned about their children falling behind in school due to COVID-related school closures; however, the percentage of concerned parents was even higher among lower-income households.²⁸ There are a variety of reasons for this, including gaps in computer and internet access and the quality and availability of virtual instruction. The Pew survey found that 51 percent of upper-income parents thought that their children received a lot of online instruction, while only 38 percent of lower-income parents said the same.²⁹ Additionally, although the Census Household Pulse Survey for New Jersey found that only four percent of respondents either rarely or never had a device available for educational purposes, 55 percent of the households without an electronic device identified as Black and 60 percent had annual incomes below \$25,000.³⁰
- The extracurricular and out-of-school programs noted in Chapter 8 will be more important than ever as the pandemic changes how schools are able to serve their students and potentially widens the attainment gap.

²⁸ Juliana Menasce Horowitz, “Lower Income Parents Most Concerned About Their Children Falling Behind Amid COVID-19 School Closures,” Pew Research Center, April 15, 2020, www.pewresearch.org/fact-tank/2020/04/15/lower-income-parents-most-concerned-about-their-children-falling-behind-amid-covid-19-school-closures.

²⁹ Ibid.

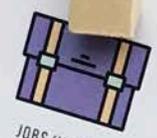
³⁰ U.S. Census Bureau Household Pulse Survey, Week 12, “Education Table 3. Computer and Internet Availability in Households with Children in Public or Private School, by Select Characteristics: New Jersey,” July 29, 2020, www.census.gov/data/tables/2020/demo/hhp/hhp12.html.

WHAT do you NEED to be HEALTHY?

(CIRCLE ALL THAT APPLY TO YOU)



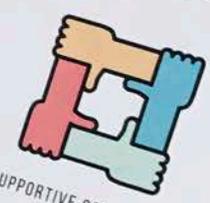
CLEAN ENVIRONMENT



JOBS/INCOME



ACCESS TO QUALITY HEALTHCARE



SUPPORTIVE COMMUNITY



AFFORDABLE, HEALTHY FOOD



SAFE GREEN SPACE



PLACES AND TIME TO EXERCISE



EMOTIONAL WELL-BEING



EDUCATION



SAFETY



MOTIVATION TO BE HEALTHY



OTHER: _____

CAMDEN HEALTH ELEMENT

Publication Number:

21021

Date Published:

September 2021

Geographic Area Covered:

Camden, New Jersey

Key Words:

Active Transportation, Behavioral Health, Biking, Camden, Clean Environment, Climate Change, Community, Community Health, Education, Employment, Equity, Exercise, Food Access, Health, Health Care, Health Insurance, Homelessness, Hospital, Housing, Local Government, Mental Health, Mobility, Neighborhoods, New Jersey, Open Space, Parks, Public Health, Public Transit, Resiliency, Safety, Schools, Sidewalks, Small Business, Substance Abuse, Walkable, Water, Well-being.

Abstract:

As an Element of the City's Master Plan, the Camden Health Element provides a high-level vision and concrete strategies to promote health as a priority for Camden's future growth and development. This project convened stakeholders and engaged the community to collaboratively develop a vision for a healthy Camden, identify areas of concern, and generate recommendations for improving public health through policy and planning-based tools.

Staff Project Team:

Amy Verbofsky, *Manager, Healthy and Resilient Communities*

Derek Lombardi, AICP, *Senior Planner*

Patty Elkins, PP, AICP, *Deputy Executive Director*

Shoshana Akins, *Senior Public Participation Planner*

Stephanie Cavacini, *Senior Graphic Designer*

Kenneth Thompson, *Former GIS Analyst*

Robert Beatty, *Former GIS Specialist*

Keri Klings, *Former Environmental Planning Intern*

Sarah Scott, *Former Healthy Communities Planning Intern*

Julia Cohen, *Former Equity Planning Intern*

Gabriella Lott, *Former Planning Intern, Office of Smart Growth*

Eliana Ginis, *Former Planning Intern, Office of Smart Growth*

Josh Rotbert, *Former Equity Planning Intern*

Staff Contact:

Amy Verbofsky

Manager, Healthy and Resilient Communities

Phone: 215.238.2579

Email: averbofsky@dvrpc.org



190 N Independence Mall West

8th Floor

Philadelphia, PA 19106-1520

215.592.1800 | fax: 215.592.9125

www.dvrpc.org



Cover photos by DVRPC

190 N Independence Mall West
8th Floor

Philadelphia, PA 19106-1520

215.592.1800 | fax: 215.592.9125

www.dvrpc.org

Connect With Us!

