

City of Jersey City  
**Recovery Plan**

**State and Local Fiscal Recovery  
Funds**

2021 Report

**Jersey City**  
**2021 Recovery Plan**

**Table of Contents**

**General Overview..... 3**

- Executive Summary ..... 3
- Uses of Funds ..... 3
- Promoting Equitable Outcomes..... 4
- Community Engagement ..... 5
- Labor Practices ..... 5
- Use of Evidence ..... 5
- Table of Expenses by Expenditure Category ..... 6

**Project Inventory..... 8**

- Example Project ..... 9
- Additional Projects..... 9

**Ineligible Activities: Tax Offset Provision ..... 10**

## GENERAL OVERVIEW

### **Executive Summary**

Jersey City is facing many health and economic challenges as a result of the pandemic. We are a densely populated and diverse city with more than 260,000 residents. Many businesses and nonprofits have lost revenues and have been shut down or limited since the pandemic outbreak. Operationally, our efforts to address health, economic, and housing inequities in low-income neighborhoods have been substantially curtailed. Critical funding has been lost on both the public and private sector side. Local businesses and nonprofits are reeling from ongoing revenue losses. We are actively working on establishing ward-based public health strategies, enhancing leadership training and mentoring, improving data collection capabilities, expanding our anti-violence work, and supporting training for mental health first aid, sustainable infrastructure, and other areas.

We are focused on providing our community and strategic partners with support, technical assistance, and resources while continuing to focus our top health and community development priorities. We have enhanced our technical capabilities to help our coalition partners continue to engage their communities while practicing social distancing. We also continue to find ways to ensure our outreach, training, and capacity building efforts can continue despite social distancing requirements.

At this stage of our response/recovery efforts, we are continuing to address the immediate public health and safety concerns while also planning for and addressing longer-term community needs and mitigation efforts. We will continue to report on these plans, goals, and ongoing efforts in subsequent reports.

### **Uses of Funds**

The overall goal for the next several years of Jersey City's COVID-19 recovery is to further advance our "health in all outcomes" within the confines of the City. We have seen Jersey City's population rapidly change over the past ten years. Welcoming more than 25,000 new residents since the year 2000, Jersey City is growing and increasingly emerging as one of the region's most popular places to live, work, and play. Developers want to invest here, and young professionals are settling in Jersey City to begin their careers and start their families. Long-time Jersey City residents are committed to staying in Jersey City and working with the City and its partners to improve the quality of life in all neighborhoods. The desirability and liveability of our community is demonstrative of an attractive culture of health, and a culture that is continuing to evolve and expand to all areas of our City. However, the benefits of this economic renaissance have not been equally distributed throughout the entire city. Large segments of the community continue to struggle, particularly outside of downtown and waterfront areas that have received most of the development interest over the past 30 years, and especially as a result of the pandemic. Jersey City's interior neighborhoods, like Ward A and Ward F, are predominantly composed of minority residents and disproportionately affected by social determinants of health such as poverty, unemployment, educational opportunity, proximity to parks and open space, food insecurity, affordable housing access, gang activity, violent crime, and other socioeconomic issues, many of which have been exacerbated by the pandemic.

The City and its partners are fully cognizant of this growing socioeconomic divide and have taken many steps to address this divide and cultivate a shared commitment to equity. Therefore, the overall outcome the City hopes to instill in the coming years is to ensure that all residents of Jersey City can afford to live and work in safety and health in the place they call home.

We are working on developing a number of affordable housing strategies and projects. Also, there is "Public Safety Headquarters" being built in Ward F, an underserved area, to house City employees from various sectors to build up brick and mortar infrastructure. The completed project will bring countless advancements to the community of Ward F.

The project was born out of the idea that Ward F needed investment, and the City needed to house its police, fire, municipal employees, and the Parking Authority. The complex is expected to bring dollars for restaurants and the commercial shopping in the area from those who work in the complex, and better access to transportation infrastructure will soon follow. The complex is expected to improve the local economy and push crime down by having an increased presence in the area.

For transportation, Ward A and F are often called "off the beaten path" from Downtown Jersey City. Via, the City's own and first on-demand busing service, will help bridge the gap of lack of transportation in the target areas. Via is activated by a mobile app that anyone can request to be picked up and brought anywhere within the City, with a focus on the underserved areas like Greenville and Communipaw. Built environment improvements will be enhanced by various hyper-local transportation solutions that are being championed by the City and its partners. These solutions include bus-rapid transit, including infrastructure and roadway improvements to allow buses to navigate the City north-to-south and improve reliability of mass transit, particularly in underserved neighborhoods that have limited access to transit; Via, the City's new Uber-like ride-share program that operates on fixed routes using all electric vehicles; and bikability improvements, including bike lanes and other safety improvements that make biking a safer options for transportation to and from work, school, and affordable neighborhoods.

Ward A and Ward F's most prominent issues are violence, mental health services, and lack of affordable healthy food. To address the issue of violence, HealthierJC partnered with the Jersey City Anti-Violence Coalition Movement in early 2018, as well as local neighborhood alliances to help mobilize residents and coordinate solutions to ongoing violence. The City and its partners collaborated with Jersey City Medical Center on a Trauma Navigator initiative, which seeks to identify individuals who are affected by or involved in community violence, develop relationships based on trust with the patient and family members, and provide information, community resource referrals, and emotional support to victims. This Navigator helped prevent retaliatory violence and provided case management to aid trauma victims in recovery, reducing risk of future traumas. This work has contributed to the City's recent decreases in crime: for instance, in the first half of 2018, homicides and shooting incidents decreased in Jersey City by 42% and 27% respectively, as compared to the same time period in 2017. The Partnership is encouraged that these declines will continue from its upstream efforts to unite residents.

To enhance mental health access, HealthierJC used a ward-based approach to health education initiatives. The Partnership received funding from the Kresge Foundation and SAMSHA to increase training, certify staffing, and increase overall capacity to plan and implement public health interventions, specifically mental health and violence prevention services, allowing the Partnership to use data to inform needs-based responses to Ward A and Ward F. First responders

like Police, EMS, and local community members were trained to identify and respond to individuals who are experiencing mental disorders, particularly serious mental illness and/or serious emotional disturbance, and establish and/or strengthen linkages with appropriate mental health services. The training provided an area of expertise and a community-wide capacity for connecting people with mental disorders to appropriate care and licensed providers.

To combat the lack of healthy and affordable food in the areas of focus, HealthierJC collaborated with Jersey City Medical Center (JCMC) on a “Healthy Mondays” initiative, distributing free fresh fruits and vegetables to Greenville community members, while also providing free in-depth health screenings that included blood pressure, cholesterol, heart rate, HIV, HEP C, gonorrhea, chlamydia, syphilis. 149 Community members participated in those health screenings. In addition, they partnered with Jersey City Medical Center to build a hydroponic greenhouse in the Greenville community, which will enable some of Jersey City’s most vulnerable members to access healthy and affordable produce.

When the Partnership for a Healthier JC originated, the initial planning committee included Jersey City Economic Development Corporation, Jersey City Health and Human Services, a university, housing authority, hospital, and parks conservancy. This group discovered that the way people and groups distributed and accessed information about programs and events in our community was fragmented and cumbersome. Once the Partnership enhanced collaboration among organizations with overlapping goals and objectives, the level of engagement from the community ballooned. Initially, the Partnership included about 60 members, but quickly increased to over 250 contributors through our efforts to develop a Blueprint for Health, which was supported by funding from the Robert Wood Johnson Foundation. Beyond increased engagement, coordinating the Partnership helped to expand and enhance the way the City defines and approaches health and implements and communicates across sectors to reach our increasingly diverse constituencies.

Originally, the Partnership was a core group of nonprofits, government, a hospital, and community stakeholders who wanted to leverage their relationships to better service the public. It has now formed into an organizational tool for the City to more broadly define health; engage diverse voices and audiences in planning, programming, and decision making; more equitably distribute services and supports to residents; and create lasting, sustainable systems change to make Jersey City a healthier city. Additionally, the involvement of cultural groups has been a huge asset in engaging populations with limited English proficiency, including the fast-growing language groups of Arabic, Tagalog, Urdu, Gujarati, and Spanish. At its current size, the Partnership has the network capacity to optimize the reach of programs and services to all corners of the Jersey City community.

#### Soaringwords.

The SOARING into Strength model stands for Shifting, Optimism, Altruism, Resilience, Imagery, Narrative, and Gratitude based on global Soaringwords Empirical Research studies among hospitalized children.

Soaringwords’ initiatives have been presented at International Positive Psychology World Congress (2019, 2015, 2013); European Conference on Positive Psychology (2018, 2016, 2014); UJA Federation/Jewish Board Children Family Services Annual Healing Conference and featured on Good Morning America; The Chronicle of Philanthropy; and USA Today. Soaringwords led workshops with more than 150,000 professionals at leading companies including Johnson & Johnson, New York Life, Goldman Sachs, and Verizon. Soaringwords led healing workshops after

the Newtown, Ct. attack and among 11,000 Jewish, Christian and Muslim people in Israel after the 2002 bombings.

The City has already hosted one very successful Soaringwords initiative, and plans to host a second Soaringwords series in 2021. Soaringwords is a mental health program specifically designed to address some of the mental health needs created by traumatic events such as the COVID-19 pandemic. The Soaringwords Positive Health initiative aligns with the goals of the World Economic Forum's Healthy Cities and Communities initiative and the Jersey City Department of Health & Human Services Healthier Jersey City initiative. It is comprised of three 90-minute empirically-based Positive Psychology workshops available for all Jersey City residents, focused on Character Strengths, Post-Traumatic Growth, and Resilience and Coping Skills.

Soaringwords' mission is to inspire ill children, families and adults grappling with serious illness to take active roles in self-healing. Soaringwords is unique as it is the only organization to motivate children, families and adults grappling with illness or challenges to pay-it-forward to help others. When a person does something kind for an ill child, it accelerates their transformative healing. After three life-changing encounters with death and illness occurred in Lisa Buksbaum's family in the span of ten-months, she knew that she had to do something to inspire millions of ill children and families to "Never give up!" To date, Soaringwords has inspired more than 500,000 children, families, and adults to take active roles towards healing through proprietary expressive projects and Positive Psychology interventions.

These three Soaringwords' 90-minute community-wide workshops will provide Jersey City residents and community leaders with empirically-sound interventions that will mitigate trauma from the COVID-19 pandemic while teaching participants to become more proactive and to self-advocate for better health outcomes.

#### Healthier JC Community Project Violence Prevention.

Violence rips at the fabric of people, of families, of neighborhoods, and whole communities. Violence is an urgent public health and safety crisis. Yet there are proven, community-centered, evidenced-based, public health methods to reduce violence.

This project relies upon two years of research, development, and community-building to implement a health-based approach to community intervention to prevent, interrupt, and heal violence in Jersey City. Project activities will be focused in CD10, which largely encompasses the parts of Jersey City where violence is most acute.

The project's first goal is to train and deploy community health workers specially recruited to engage people at risk of violence. These community health workers are chosen to be credible messengers to maximize acceptance by people and communities most afflicted by violence. Once engaged, people at heightened risk of becoming victims or perpetrators are invited into a process to lower risk to themselves and others.

Funding will be used to stand-up a community-based violence prevention program, using evidence-based public health methods to engage qualified practitioners to help the City establish a violence interruption program that will select and train credible messengers to intervene with people at risk of inter-personal violence, with a focus on both "street" crime and domestic violence.

It will also be used to provide holistic wraparound services including trauma recovery, mental health, job access, and other supportive services. All program components will collect the data necessary to evaluate program impact.

The project will create job growth and economic opportunity. The principal use of funds is local hiring and training of violence intervention specialists, and to develop capacity in local non-profit organizations working in the field, part of the plan to sustain this work.

Violence is an urgent public health crisis with profound effects on individuals, families, and the communities where violence occurs. Beyond the individual pain and suffering, violence imposes direct costs in medical treatment, law enforcement and criminal justice responses including incarceration, lost productivity, and diminished property values in violence-prone areas.

This project uses established methods of treating violence as a health issue to prevent retaliatory violence, help people reduce their risk of being affected by violence, and access health and social services. This funding will be used to develop the organizational infrastructure for sustained violence prevention.

Additionally, this project supports racial and economic equity. Street violence in Jersey City predominantly affects lower-income African American residents, and using credible messengers means hiring lower-income African Americans who may also be formerly incarcerated. Domestic violence is more equitably distributed, although lower-income persons are more often arrested. Experience with our community partners, domestic violence intervention program, and published research indicates that violence is very strongly associated with prior trauma and victimization. Since most psychological trauma goes untreated, and since violence inflicts trauma on its victims, witnesses, and communities, this program helps these underserved populations heal, rebuild, and become less subject to future violence. This program aims to help people lower their risk of becoming violence-involved and increase their chances of accessing the opportunities of work, family, education, and peace.

#### Homeless Outreach.

In response to a number of complaints and concerns, the Jersey City Economic Development Corporation (JCEDC) and Jersey City Dept. of Health & Human Services (HHS) initiated a rapid assessment of homeless individuals who frequent the area around the Journal Square Transportation Center. In concert with the assessment, the City set up a mobile shower unit behind the Loews Theater and began offering showers about 3 days per week. The showers are a needed service to address personal hygiene issues, supported the process of assessment, and provided the occasion to help homeless persons access services like clothing, the warming center, and in one case, an entry to permanent housing.

The showering and assessment process was also designed to build trust between the program and program staff. Staff were trained to be welcoming and respectful. People were offered new clean clothes on their first use. The assessments were conversational, not brief, and normally took place in a restaurant setting. Participants usually had a meal during the assessment and were compensated with a \$10 gift card to a JSQ business.

The assessment indicated a number of things:

- About 40 homeless people reside at or near Journal Square. We were able to speak in depth to 30. Most of the remaining number were unwilling to talk, accept services, and also seemed to evidence signs of serious mental illness.
- An additional 25-35 non-homeless people regularly “hang out” at the Square.
- They are multiply traumatized (50% reporting current symptoms), older, (57% 50+), unemployed(94%), and chronically homeless (71%).
- People reported the top attractions of JSQ are Friends, Food, Perceived Safety, and Bathroom access.
- There are significant gaps in existing outreach and connection to assistance.
- Persons surveyed gave consistent answers about why they are not utilizing existing services and what they desire in an alternative space.

The City of Jersey City plans to continue the project at a location close to but removed from Journal Square. We are currently working with the Jersey City Housing Authority to provide the mobile showers at Hudson Gardens housing site, and open a new community space.

Domestic Violence, Expanded Homeless Outreach, and Social Services.

There has been a well-documented increase in reported domestic violence (DV) cases since the onset of COVID. Increased and prolonged economic stress is a noteworthy factor which is expected to continue. We propose intervention with perpetrators to prevent reoffending, and to enhance family peace and stability for those families which choose to remain in relationship.

While there are many variant approaches to treatment, there is a national and international consensus on cognitive behavioral approaches such as the Duluth Model. As HHS has planned for the past year to launch a treatment program, referrals from the court call for a much greater scale.

HHS proposes to secure full-time or full-time equivalent Domestic Violence specialist(s) to 1) manage the treatment program, 2) recruit and train facilitators fluent in Arabic and Spanish, and offer or arrange for programming suitable for women and for LGBTQI+ offenders. (This could involve paying for treatment by non-local specialists. COVID has resulted in wide availability of intervention programming in an online format.)

**EXPAND HOMELESS OUTREACH**

Persons experiencing homelessness have been a special focus in the time of COVID. We see more people living on the streets since the summer, and there is the strong prospect of a homeless surge following the end of eviction moratoria. A year ago HHS began an outreach and shower/sanitation program at Journal Square, and have expanded it over the Summer and Fall. We see sanitation providing human dignity and value in its own right, but is better when it is part of a coordinated strategy to intentionally connect people to services which address current conditions and long-term solutions (housing).

It is clear there is a need to reach persons experiencing homeless in multiple areas of Jersey City and at nights and weekends when traditional programs are not operating. Also, we see the need for case and care coordination between homeless service organizations. With Garden State Episcopal CDC, MASSH, and the newly-formed CBO KEITH (Keeping People In Their Homes) we aim to focus more intentionally on engagement, trust-building, mentoring, and removing barriers to help. We have also invested in two truly mobile Health Buses to deliver showers, toilets, laundry, and health services where persons experiencing homelessness and others in need are best reached.



We plan to hire and train new staff, including peer workers, to perform outreach, engagement, trust-building, and service connection nights and weekends when other outreach staff are not working. The transportation component supports getting people to emergency shelter after the warming center bus has finished its pickups, and to ensure rapid connection to services.

#### **SOCIAL WORK SUPPORT**

We have found in many circumstances there is a need for high-quality clinical counseling accessed immediately, to support people in need and sustain programming. We propose having an qualified, culturally competent, LCSW of color available on-call for situations that arise in these and other HHS programming.

#### Food Security.

Since the spread of the COVID-19 hit Jersey City, the City and State have responded as rapidly as possible with a comprehensive plan to address the issue. Governor Phil Murphy issued a State of Emergency in mid-March, and Mayor Steven Fulop followed suit to issue a citywide curfew and multiple mandatory closing of non-essential businesses. While we are hopeful the many new practices put in place by the Department of Health & Human Services will help flatten the curve, the economic fall out of this crisis affects every resident, leaving the most vulnerable in desperation.

The City of Jersey City has attempted to secure multiple funding streams to meet the needs of the City's most vulnerable, during this public health crisis. The City has been in contact with FEMA to secure emergency food funding. The City also qualified for emergency funding through the Department of Justice – Coronavirus Emergency Supplemental Funding Program. However, these funds are not available immediately. The City of Jersey City is working to ensure all the safety of the staff delivering and managing the program as whole, however, there will be a gap in funding until our various resources come through. We are seeking \$500K, to continue this effort through 2021 as way to support those not met by current programs.

The Jersey City Department of Health and Human Services is a public agency that strives to build a culture of health. Through the department's divisions, this multi-purpose public health agency will provide the services needed to promote overall health in the community. This includes health education, disease prevention, a childcare clinic, consumer safety, environmental health, senior affairs, and nutrition services.

HealthierJC is a great way to create relationships with the community to improve their health through different social spheres. The Jersey City Health Department is at the forefront of change and believes building a platform where Jersey City residents can effortlessly find resources is a great way promote health in the city. Creating relationships with the community is critical to addressing public health needs and the success of HealthierJC.

HealthierJC has engaged partners like Community Food Bank of New Jersey and Table to Table to bring food resources into Jersey City. During this time, many food pantries and Soup Kitchens has reduced their client-base due to volunteer shortages and residents not willing to leave their home given Shelter in Place orders. This has left our food delivery partners with limited storage and distribution portals. Therefore, The Partnership created new distribution points.

Leveraging local agencies already in working with HealthierJC like, Jersey City Housing Authority (JCHA) and Angela Cares, we have developed a weekly food drop off process that will enable Jersey City residents young and old to receive food. Through the JCHA Resident Empowerment and Community Engagement (RECE) Program or Divisions of Food & Nutrition, has been able to coordinate food delivery for over 550 seniors, nearly doubling the Meals on Wheels program. However, now, we are seeing slightly more than an additional 1,500 families (more than 3,300 individuals) From JCHA that need services.

Our Division of Senior Affairs has been taking calls daily from vulnerable individuals in need of food assistance. The Division collects names, addresses and relevant information to process applications for the Congregate Meal Program. Due to Covid, the program has transferred all clients to the Meals on Wheels programming until The City is able to congregate again. This program allows The City to delivered ten meals ready to eat to seniors during the crisis, every week. However, given the new number of seniors interested, we are experiencing a week-long delay in program acceptance.

To counteract this delay, we began a Grocery Bag Delivery Program has been a great stopgap for our seniors. Since there are limited Federal fund to provide struggling Veterans w PTSD services, and/or Immigrants in need, we are using this method of Grocery Bag Delivery to service these hard hit populations. Through our partnership with Angela Cares, Goya, Woolco. and COSTCO, we having already provided over 700 grocery bags to the community serving over nearly 200 seniors, dozens of Veterans, and nearly 150 Immigrant families Angela Cares has been leading and delivering to residents daily. HealthierJC would like to provide Angela Cares a one-time offset costs.

HealthierJC is also working with our restaurant community. All current City Vendors that have initiated food donation programs, like Brightside Tavern, Square One, Prince of Pizza, JC Hooked and Whealth, have been given contracts to help us close the gap in food resources. Our partners at Table to Table have set up food distribution points with several of these partners to provide additional grocery bags and ready to eat meals, along with meal kits.

From March through September 30th:

- We served 476 families which accounts for a total of 1581 people.
- In addition, we coordinated grocery bag drops for 1,233 senior homes for grocery bag delivery through Angela Cares
- 7,000 CFB Boxes (each containing 40 meals)
- 772 NJFB Produce Boxes (40 lbs of produce)
- 1,200 Let's Share a Meal boxes (each containing approximately 30 meals)
- 500 Bags of produce from Franklin Social (approximately 20lbs each)
- 1,300 Bags of produce from Farm Bag Program ( approximately 20lbs each)
- 5,851 Restaurant meals from 18 restaurants (Frankie, Rumba, Hamilton Pork, Corto, Liberty Diner and Luna were paid by a donor)
- 200 bags from Goya to the homeless @ area hotels.
- 450 MREs to JSq Homeless

We did this all while supporting local businesses and our local farm economy.

We also shifted our efforts for more turn-key approach utilizing Red Rabbit to delivery two farm boxes and a family meal, weekly to over 350 Families.

The City's primary focus is to ensure we are able to support ongoing food distribution to meet the increased need and pivot to support residents with food entitlements like SNAP and benefits like WIC. This will enable residents to have already developed trust with the divisions that have been supporting them, while providing a warm hand approach to benefit enrollment.

In order to do this, HealthierJC would like to create hybrid staffing to work within The City program inreach of vulnerable populations. Adding support to WIC, Senior Affairs, Immigrant Affairs, and Veterans Affairs to provide staff time to facilitate socio-economic benefits enrollment.

HealthierJC would like to offset staffing until the end of the year to ensure we can meet the changing needs of families as this crisis continues, and look forward to a strong working relationship to solve for the food security issues during the Covid Crisis.

#### Behavioral Health / Education Program.

Like many rapidly urbanizing mid-sized cities in the United States, Jersey City is faced with a complex set of challenges in equitably reducing disparities in health outcomes. While largely a question of economic capacity and thereby not exclusive, a growing and established body of academic publications, research institutes and medical studies have documented that especially communities of color continue to be especially adversely impacted by the lack of better access to healthcare, when accounting for non-communicable diseases, such as heart conditions, diabetes and obesity.

The problem is multi-fold and the co-relationship between reliable and regular access to nutrition and health challenges in these communities is particularly salient. Jersey City comprises the spatial and population majority of Hudson County, New Jersey. With an average poverty rate of 18.3% at 65,923 USD according to 2019 census data, poverty is an additional risk driver that negatively affects access to nutritious foods. For diabetes, both state and county display higher-than-normal prevalence with an age-adjusted 10% of the total population suffering from this non-communicable disease, whose effects also place considerable economic strain in the billions USD on the state's annual medical treatment capacity.<sup>1</sup> Of similar concern is the rate increase in adult obesity: New Jersey's adult obesity jumped from 19.6% to 25.8% between 2001 and 2015.<sup>2</sup>

Finally, incidences of coronary heart disease (CHD), despite some minor improvement in recent years, presents public health officials with a considerable challenge as it continues to lead as a cause of death.<sup>3</sup> In parallel to these issues, the ongoing COVID19 pandemic has not only exposed longstanding differences and inequities in Jersey City's vulnerable communities, but has brought to bear the necessity for engaging in creative public-private partnerships to deliver innovative and more forward-thinking interventions for public health. For these and similar

---

<sup>1</sup> New Jersey State Health Assessment Data, "Complete Health Indicator Report of Diabetes (Diagnosed) Prevalence," (2017). [https://www-doh.state.nj.us/doh-shad/indicator/complete\\_profile/DiabetesPrevalence.html](https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/DiabetesPrevalence.html)

<sup>2</sup> State of New Jersey, Department of Health, "Healthy New Jersey 2020." <https://www.state.nj.us/health/chs/hnj2020/health/obesity/index.shtml>. Also see, United Health Foundation, "America's Health Rankings." <https://www.americashealthrankings.org/explore/annual/measure/CHD/state/NJ>

<sup>3</sup> <https://www-doh.state.nj.us/doh-had/indicator/view/HeartDisDeath.Trend.html>

challenges, the Department of Health and Human Services (hereafter DHHS), under the directorship of Stacey Flanagan, has been the primary administrative agency and focal point.

In an effort to implement new innovations in public health through private sector partnerships, in 2019 the World Economic Forum selected Jersey City to serve as the pilot city of the “Healthy Cities and Communities” multi-city global platform, which includes Austin (TX), Mumbai (India) and Moscow (Russian Federation).

As the lead municipality of this WEF initiative, the Office of the Mayor and DHHS have jointly identified three primary policy areas that correspond with the most acute need, but also greatest potential for durable, measurable and positive impacts. The three pillars are as follows:

- Sanitation and Hygiene for vulnerable communities
- Physical wellbeing
- Secure and equitable access to food and nutrition

This concept note refers to the third pillar on food and nutrition and, specifically, the opportunity to integrate a suite of wearable technologies and hardware for data capture as part of a broader partnership with AeroFarms, a global leader in urban terraced farming. Working with the World Economic Forum on resource mobilization and AeroFarms, Jersey City is slated to be the first municipality in the United States to deliver highly-nutritious and immediately accessible greens food insecure populations by installing 8-10 AeroFarms urban vertical farming sites with a focus on underserved communities.

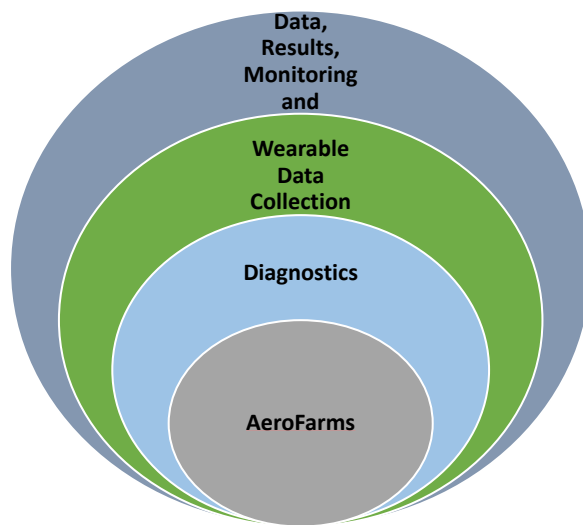


Figure 1 Jersey City DHHS/AeroFarms Partnership Ecosystem

However, the purpose is not merely to bring higher quality food to Jersey City residents. Rather, as part of an interconnected policy and innovation ecosystem (see Figure 1), DHHS envisions the creation and curation of a diagnostics-driven culture of health awareness built around the reduction in key chronic health risks through access to nutrient-dense food and nutrition and wellness. For its initial roll out in Q4/2020 and Q1/2021, the project will be open to an initial cohort of 750 participating Jersey City residents to take part in healthy cooking workshops, proper rest, and physical activity, as well as municipal offerings of sport and exercise classes. The diagnostic

aspect will be administrated through agreements with Quest Diagnostics, which will take regularly scheduled tests of the participants as one track to monitor and evaluate the program.

**Commented [A1]:** I can't recall where we got this #.

**Commented [A2R1]:** This number comes from Director Flanagan. I think she indicated that there will be later fluctuation but the start figure is about 750, according to her. I can double check.

**Commented [A3]:** Is this the IBM sleep app?

**Commented [A4R3]:** For this concept note for the wearables side, we are referring more to the capacity of products like Oura to measure the length and quality of rest.

Testing the efficacy of this first-of-its-kind intervention requires an additional layer to collect data through participatory civic engagement: implementing a personal wearables element from which DHHS can draw meaningful inferences on the success or challenges that result from the AeroFarms partnership. Moreover, DHHS will utilize this critical data, projected to be integrated into a municipal dashboard to be designed by IBM (like AeroFarms, another Forum partner), to make policy adjustments and consider possible project expansion. For additional policy support and data analysis, Jersey City has begun preliminary discussions with another Forum partner, Duke University, which focuses its research efforts on the efficacy of wearable devices to improve public health outcomes.

DHHS and the Office of the Mayor of Jersey City seek to develop a comprehensive monitoring capacity in collaboration with the World Economic Forum, Duke University, local neighborhood organizations, civil society organizations and, most importantly, providers of wearable technology. Additional partners include the Jersey City Medical Center (JCMC), as well as the municipal HealthierJC initiative.

The proposed project will be designed in three phases. Phase 1 will focus on initial roll out of AeroFarms technology in the eight to ten designated urban vertical farming sites, register the first 750 program participants and introduce the various workshops. Phase 2 will address the diagnostic and wearable data collection. Phase 3 will analyze the first round of data gathering from this participant cohort, evaluate initial success and/or challenges, and finally begin to draw inferences for further policy adjustment and application.

**Project Objectives**

- Research and monitor the efficacy of urban vertical farming and participatory nutrition- and food security-based programming to foster measurable improvements in the lives and habits of residents
- Contribute to growing research on the application of wearables not only as a data capturing mechanism but also as a predictive early warning system, for example for pandemics such as Covid19
- As a feedback loop to participating municipal residents and the wider population, to provide attractive, compelling and innovative public health approaches for making the healthy choice, the easy choice and producing positive health outcomes for the above mentioned chronic health diseases
- Create an inclusive and equitable culture of healthy living that becomes codified in practice and public health policy

**Promoting equitable outcomes**

Healthier JC coordinates and leads community outreach and engagement to effectively involve members of the public in decision making and problem solving. We regularly hold forums that allow all residents and stakeholder groups to communicate directly with City officials and Partnership leadership to inform and shape policy and systems change. This open feedback loop helps to access critical information from the people most impacted by the social determinants of health and integrate the public’s most pressing needs and preferences into our work. This form of proactive outreach allows for all residents to influence decision making, not just those that have the time and resources to actively participate in public meetings outside their neighborhood. The

**Commented [A5]:** Change to 8-10. Change to vertical farming.

**Commented [A6R5]:** Changed.

**Commented [A7]:** Can we change to urban vertical farming so that we are more specific?

**Commented [A8R7]:** Yes. Not a problem. Changed.

**Commented [A9]:** I will send you an article that my dentist told me about. He got fitbits for all of his staff.

**Commented [A10R9]:** Yes! Please do so, Angela. I’d like to have a look at that.

**Commented [A11]:** That was the theme of Michelle Obama’s “Let’s Move” campaign.

**Commented [A12R11]:** Ok, I didn’t recall this at first, but this could be of some additional help when ‘shopping’ our project to wearables companies.

**Commented [A13]:** I would add equitable.

**Commented [A14R13]:** Changed.

various sector leaders also communicate directly with district leaders and City Council members, who oftentimes are the City officials directly contacted by residents and are able to advocate on behalf of their constituents as we develop policies and programs that impact public health. Overall, we make every effort to ensure that our programs and services not only meet the most emergent needs of our community, but also, that they are informed and supported by the public we serve.

The municipal investment priorities are to embrace the investment in the underserved communities that are most in need, while making sure that the area still remains culturally diverse and affordable. The City and the Partnership have spearheaded opportunities for investment and development in Communipaw and Greenville, like affordable housing, the City Hall Annex, and the Jackson Hill Pop Up. All of these investments are to build up the community and steer economic development and employment opportunities to a region that needs investment. The municipal government and the collaborative are aligned in these goals to invest in the community without sacrificing its culture and historic meaning to the City.

Each annual report to follow will provide an update, using qualitative and quantitative data, on how Jersey City’s approach has achieved or promoted equitable outcomes or progressed against equity goals during the performance period.

Jersey City is the most diverse city in the nation and like many communities, the health and financial well-being of communities of color, particularly Black and Latinx communities have been disproportionately impacted by the pandemic. With one of the highest immigrant populations nationwide, we have many families that are further disenfranchised by the health and economic crisis.

Philanthropies historically have not focused on Jersey City, prioritizing NYC or Newark, despite our high rates of poverty and other health, economic, and housing inequalities in our city. The pandemic has exacerbated these inequities. Some of the initiatives we are integrating with our pandemic response to ensure an equitable recovery include (among others): re-granting funds to support small businesses and nonprofits; developing a middle skills workforce pipeline to help people get back to work; providing summer internship and work experiences for youth; and continuing our for to improve affordable housing coordination.

**Table of Expenses by Expenditure Category**

	<b>Category</b>	<b>Cumulative expenditures to date (\$)</b>	<b>Amount spent since last Recovery Plan</b>
1	Expenditure Category: Public Health		
1.1	COVID-19 Vaccination		
1.2	COVID-19 Testing		
1.3	COVID-19 Contact Tracing		
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)		
1.5	Personal Protective Equipment		

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
1.6	Medical Expenses (including Alternative Care Facilities)		
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency		
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)		
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	\$302,663.48	\$302,663.48
1.10	Mental Health Services	\$12,400.00	\$12,400.00
1.11	Substance Use Services		
1.12	Other Public Health Services	\$46,000.00	\$18,904.10
2	Expenditure Category: Negative Economic Impacts		
2.1	Household Assistance: Food Programs	\$780,000.00	\$235,784.47
2.2	Household Assistance: Rent, Mortgage, and Utility Aid		
2.3	Household Assistance: Cash Transfers		
2.4	Household Assistance: Internet Access Programs		
2.5	Household Assistance: Eviction Prevention		
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers		
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)		
2.8	Contributions to UI Trust Funds*		
2.9	Small Business Economic Assistance (General)	\$74,198.75	\$47,478.75
2.10	Aid to nonprofit organizations	\$30,000.00	\$30,000.00
2.11	Aid to Tourism, Travel, or Hospitality		
2.12	Aid to Other Impacted Industries		
2.13	Other Economic Support		
2.14	Rehiring Public Sector Staff		
3	Expenditure Category: Services to Disproportionately Impacted Communities		
3.1	Education Assistance: Early Learning		
3.2	Education Assistance: Aid to High-Poverty Districts	\$15,000.00	
3.3	Education Assistance: Academic Services		
3.4	Education Assistance: Social, Emotional, and Mental Health Services		
3.5	Education Assistance: Other		

	Category	Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
3.6	Healthy Childhood Environments: Child Care		
3.7	Healthy Childhood Environments: Home Visiting		
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System		
3.9.	Healthy Childhood Environments: Other		
3.10	Housing Support: Affordable Housing		
3.11	Housing Support: Services for Unhoused persons		
3.12	Housing Support: Other Housing Assistance		
3.13	Social Determinants of Health: Other		
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators		
3.15	Social Determinants of Health: Lead Remediation		
3.16	Social Determinants of Health: Community Violence Interventions	\$31,954.00	\$7,509.00
4	Expenditure Category: Premium Pay		
4.1	Public Sector Employees		
4.2	Private Sector: Grants to other employers		
5	Expenditure Category: Infrastructure		
5.1	Clean Water: Centralized wastewater treatment		
5.2	Clean Water: Centralized wastewater collection and conveyance		
5.3	Clean Water: Decentralized wastewater		
5.4	Clean Water: Combined sewer overflows		
5.5	Clean Water: Other sewer infrastructure		
5.6	Clean Water: Stormwater		
5.7	Clean Water: Energy conservation		
5.8	Clean Water: Water conservation		
5.9	Clean Water: Nonpoint source		
5.10	Drinking water: Treatment		
5.11	Drinking water: Transmission & distribution		
5.12	Drinking water: Transmission & distribution: lead remediation		
5.13	Drinking water: Source		
5.14	Drinking water: Storage		
5.15	Drinking water: Other water infrastructure		
5.16	Broadband: "Last Mile" projects		
5.17	Broadband: Other projects		
6	Expenditure Category: Revenue Replacement		



Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
6.1	Provision of Government Services		
7	Administrative and Other		
7.1	Administrative Expenses	\$31,300.00	\$24,100.00
7.2	Evaluation and data analysis	\$15,950.40	\$3,450.40
7.3	Transfers to Other Units of Government		
7.4	Transfers to Nonentitlement Units (States and Territories only)		