



Morristown United for Healthy Living

May 16, 2016, 5:30pm- 7:30pm, St. Margaret's Catholic Church

Steering Committee Members

Ashley Anglin	<i>Atlantic Health System</i>
Diana Mejia	<i>Wind of the Spirit, St. Margaret's Catholic Church</i>
Lina Monsalve	<i>Morris County Office of Hispanic Affairs</i>
Linda Murphy	<i>Morristown Neighborhood House</i>
Solangel Patarroyo	<i>Morristown Medical Center, Atlantic Health System</i>
Michelle Roers	<i>United Way of Northern New Jersey</i>

Agenda

- 5:30 **Light Dinner & networking**
- 5:50 **Welcome & introductions**
- 6:00 **Who we are: Our work so far** (Michelle Roers)
- 6:15 **Review preliminary community interview results** (Ashley Anglin, Dizery Salim)
- Interview overview
 - Key themes so far
 - Discussion: Reactions to the interview; which should take priority and why?
- 7:00 **Organizational resources and gaps/needs** (Diana Mejia, Solangel Patarroyo, Lina Monsalve)
- Upcoming events
 - Opportunities for collaboration
 - Organizational needs
 - Gaps in resources
- 7:25 **Next steps** (Ashley Anglin)
- "Digging deeper" into top 5 issues
 - Prioritization of community needs
- 7:30 **Close**

Next meeting: Monday, July 25th 5:30-7:30 location TBD

Meeting Goals:

Share progress so far; Review & discuss preliminary interview results; Share organizational resources/needs



Meeting Minutes

Who we are (our work so far)

- Michelle Roers (United Way of Northern New Jersey) provided an overview of the work of the Steering Committee and Coalition to date (See attached “Morristown United Executive Summary” for full details). Highlights include:
 - **The Mission and Vision of Morristown United for Healthy Living:**
 - Our mission is to build a culture of health in Morristown’s census tract 435 by fostering teamwork, the sharing of resources, engaging the community, assessing neighborhood specific needs, and collaboratively creating and implementing action plans to address these needs.
 - Our vision is to reduce health disparities and promote health equity to assure that census tract 435 is a healthy place for all residents to live, work, and play.
 - The goal of **identifying the health issues and needs within the community** by engaging with local residents and organizations
 - **The identification of Morristown’s census tract 435 as a geography of interest** by the Morris County Committee of the North Jersey Health Collaborative based on data that suggest socioeconomic and health disparities in this area, along with the many strengths and resources available to create positive impact
 - **The engagement in a county-level needs assessment process** involving 35 organizations that moved from 152 identified issues, to 11 issues (after “digging deeper” and a first round of voting) to 5 identified issues for the county: Obesity, Access to Behavioral Health Treatment, Heroin Use, Diabetes Treatment and Cardiovascular Diseases.
 - Click [HERE](#) for a full report of the Morris County needs assessment process
 - **The engagement in a parallel census tract needs assessment** that involved a postcard survey, community interviews, and discussions with organizational partners



Morris County	Morristown Census Tract 435
“Getting it all on the table”	
152 health issues/ populations identified by County Committee	435 identified as geography of interest
Prioritization Round 1: Top 11 Issues in order	
# 1 Obesity	# 1 Financial Inequality
# 2 Housing	# 2 Substance Abuse
# 3 Radon	# 3 Housing
# 4 Drug & Alcohol Use	# 4 Access to Care
# 5 Financial Inequality	# 5 Obesity
# 6 Caregivers Health	# 6 Diabetes
# 7 Mental Health	# 7 Pregnancy and Birth Outcomes
# 8 Birth Outcomes	# 8 Caregivers Health
# 9 Heart Disease	# 9 Heart Disease
#10 Health Literacy	#10 Mental Health
#11 Diabetes	#11 Radon
	Top write-in issues: Immigration, Physical Disabilities
Prioritization Round 2	
# 1 Obesity	# 1 Financial Inequality
#2 Access to Behavioral Health Care	# 2 Substance Abuse
# 3 Heroin Use	# 3 Housing/Built Environment
# 4 Diabetes Treatment	# 4 Access to Healthcare
#5 Cardiovascular Diseases	# 5 Obesity
	Final prioritized issues TBD following dissemination of interview results and voting/discussion by Morristown United Coalition

- **Feedback from meeting attendees:**
 - Suggestion that we should have focus groups in the community churches to engage additional community residents
 - Suggestion to involve more members of the community e.g., children, minorities and seniors to better understand needs and gaps
 - While conducting interviews, many saw the need for education to get everyone to be on the same page in regards to the issues
 - Need to educate the community on obesity and its risks
 - Goal is to work prioritize our key issues and then come up with an action plan together
 - Youth attendee mentioned how second-hand smoke and litter affect her health



Review of Preliminary Community Interview Results

- **Group viewed the following video:** <http://purposebuiltcommunities.org/news-press/video-connect-community-and-the-power-of-partnerships-in-houston/>
 - **Prompts:** The coalition in the video has identified their priority issues. This is our next step as a group. What can we learn from this? How is Morristown similar or different? What would we want to highlight about our work a year from now?
- **Purpose of the interviews:** To get community member insight into the current top 5 issues (Financial inequality, substance abuse, housing/built environment, access to care, obesity) and to ask about additional strengths and needs
- **Respondents so far:** 19 residents of diverse ages and ethnicities (more are currently being conducted)
- **Preliminary results by topic:**
 - **Housing**
 - Quality and cost of housing mentioned by most respondents (clear needs)
 - \$800.00 to rent a single room with no amenities
 - Lack of parking
 - Stacking
 - Lack of space for children (children and adults sleeping in the same room)
 - Lengthy waiting list for public housing and Section 8 waivers
 - Housing is a health issue: directly via unsafe conditions and indirectly through stress, noise, discrimination
 - Sense of powerlessness to negotiate for better conditions: people feel like they have no choice but to do repairs on their own when landlords don't act on needs and requests; people doubt their ability to make a case at city hall.
 - Other aspects of the built environment (e.g., roads, buildings, parks, sidewalks, lighting) barely mentioned; Only one person mentioned parks. May need to ask more specifically
 - Need for public spaces to meet the needs housing can't provide?
 - **Obesity**
 - Disconnect: professionals think it's an issue, but community members don't think it's a top priority
 - Unclear about what people do to stay healthy
 - No direct connection of obesity and other health issues
 - **Financial Inequality**
 - Responses relate primarily to jobs (lack of jobs, low paying, difficulty finding work or getting enough hours) and the second-most referred-to issue was hunger and food insecurity as a symptom of financial inequality



- Many people mentioned services that they receive from churches, food kitchens, etc. as a way to deal with food insecurity (note: abundance of places to receive meals)
- In contrast, the “solution” to job-related troubles were often tied to substance abuse (what do people do to deal with work problems -> use drugs and alcohol)
- **Substance Abuse**
 - Those in recovery gave the most detailed informed answers; may need to tap into the strengths of this population
 - Alcohol was the most frequently mentioned substance, along with crack and heroin
 - Comment that the police have done a good job of keeping drugs off the streets; some people say it’s difficult to find drugs and Morristown is a good place to recover
- **Access to Care**
 - Another disconnect: overall, people perceive that they do have access to healthcare, however, many people responded that they get care through the Emergency Dept. From a provider perspective, use of the ED for primary care means that residents *don’t* have access to the preventative services they need
 - Others mentioned local clinics (e.g., Zufall) as a source of care; also free services from (well-off) Good Samaritans in the community – this is an important resource to leverage on.
- **Open discussion**
 - **Prompts:** What are your reactions to this data (especially the points of disconnect between providers and residents)? Which of these issues do you think should be our priority as a group? Why?
 - Access to preventative care, e.g. cancer
 - Do people know how to conduct self-care?
 - Many patients at the hospital cannot afford to pay for medicine, exams, and therefore obtain medication from different countries. Access to care should be considered a priority.
 - Re: people sharing beds – Do School provide assessments to make sure kids are getting proper sleep and that living situations are adequate for their education? Is there a connection in Morristown between housing and education?
 - Re: financial inequality – middle class of the county are moving out because they find it unaffordable. How to reconcile this?
 - Is there a way for the fair housing committee (recently re-enacted) to step in, especially in cases of sub-standard housing (no heat; rodent infestation; etc)? How to address “slumlords”? What about the quota of affordable units in new developments – is this being honored, e.g. at The Modera?



- Documentation and many hoops to jump through as a barrier for eligibility for affordable housing
- Reactions to the question of built-environment:
 - Redevelopment of Speedwell – how will this affect the community?
 - Both residents and business owners worry about being able to continue living/conducting business here because of lack of affordable space (“This is a place only for rich people.”)
 - Is it possible that the town policy is intended to drive people out? (example: associate of Wind of the Spirit)
 - The town is supposed to be for young professionals, leading some people to say, “We are not going to be here much longer.” This is heard within the Hispanic as well as African-American community. The African-American community believes there will only be one black church in ten years’ time.
 - Families that have lived here for 60-70 years also feel as though they can no longer afford to stay, including the white population.
 - Where people live:
 - The congregants of the Jewish synagogue live in the outlying suburbs, with some living in Morristown in the larger houses – but even they are moving out. Nine houses (check?) on a street are for sale.
 - Spring Street has a number of houses that are empty, owned by one developer, also own nursing home, the other side of the street up to the gas station all the way to the Bethel AME church. They used to be a food company; owners live in the township and own the Beverly Gardens. Now in real estate. [Get details from Councillor Harris.] It is unlikely that there will be affordable housing units in these new developments.
 - Anybody in the state can apply for affordable housing. Many agencies are involved, people can be disqualified because of bad credit, etc.
 - While the town is fulfilling its affordable housing quota, many people still can’t afford to live in those homes.
 - The Federal law on affordable housing deserves a second look.
 - Desirable v. undesirable population – this is a set-up for discrimination. Because of the way the process is organized, the town cannot evaluate the process connected to affordable housing [check



with Councillor Harris for details]. One solution is to have tailored attention to prospective homebuyers to assist them in the process.

- “Taking money from developers for re-hab houses” – this is a possible out-of-the-box solution, which the Town Council could be asked to consider.
 - “Stacking” – how do you address this? What types of laws do you need in place to bring landlords to heel? How to persuade consumers that they have the power to explain their point of view? Is language a barrier for the Latino population, for example? One way to bolster the consumer’s position is to have an advocate, with credentials, to speak on his/her behalf. This requires someone with dedication and commitment.
- Town Hall politics: Because of the four ward system, sometimes there is a history of internal competition amongst the representatives of the different wards. It is important for local citizens to voice their concerns.
 - Undocumented residents: They cannot vote; but nothing stops them from helping put someone in office by helping them campaign. The horizon is endless, the town can partner with other towns and together approach the state for new policies that can change things in a top-down way.
 - The people causing the problem need to be part of the solution, e.g. the problem of drugs/alcohol abuse as a solution to stress, financial inequality, housing problems. Should we look at the rent issue through a health lens? Is this possible?
 - What are some other problems? It is important to tie it back to health, in order to create the healthy community we want.
 - Heroin and crack overdoses could be undocumented, men in the 50-60 yr segment. Their deaths were recorded as age-related “natural deaths” – perhaps drug overdoses are more common than we think. Most drug programs are targeted at younger users – let’s not forget the older generation.
 - Alcoholic sufferers that are in deep trouble and connect their alcoholism to stress. Those who drink cheap alcohol are at greater risk, because it has high toxicity. Could be true, as well, for cheap street drugs.
 - Side note: Heroin is a cross-cutting issue across ethnic lines, etc. This makes it “appealing” (for better or worse) – i.e. it’s no longer just a “black” issue which unfortunately policy makers weren’t willing to address previously (inequality).



- Are there social spaces where people can hang out and de-stress, not just for teens but for adults? Is there some place to go where it's OK to sit there and not receive a police summons for loitering?
- Do the law enforcement agencies in town have preventative programs, and not just to eradicate crime after the fact? What are some ways to involve the police in a constructive way? Could the police become members of this group? Beverly Downing or Officer Santos, perhaps? The Police Chief is quite proactive and may be good to speak to.
- "The Mayor's Wellness Campaign" – is Morristown doing anything in that regard? Different mayors approach this campaigns in different ways, to get mayors to talk about wellness although it would require an extra step to take action. Lincoln Park is a good example of success. Look up the Mayor's Wellness Campaign survey to see what they are holding the mayors accountable for.
- Organizational challenges: using this group as a forum to increase group efficiency
 - Coordinating resources: how to overcome duplication of efforts.

Next Steps

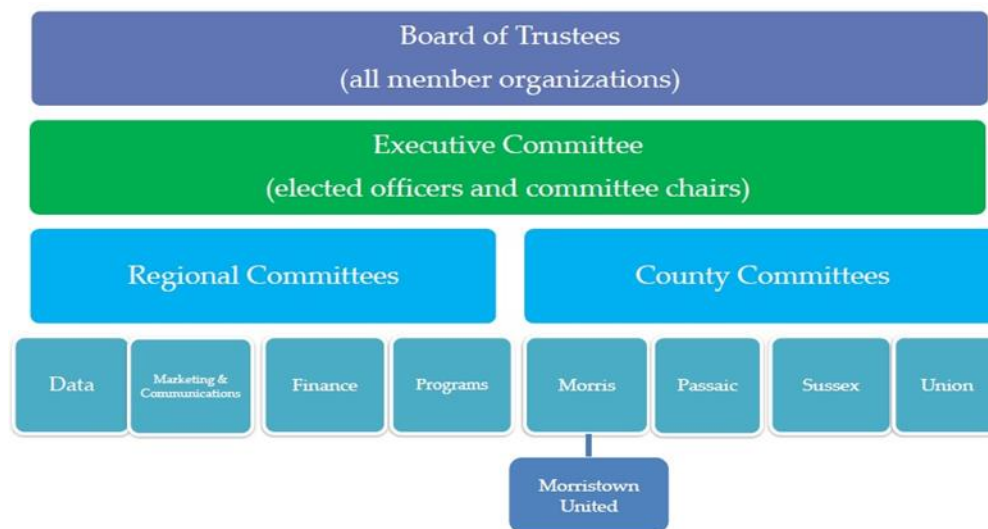
1. **Conduct additional community interviews**, either one-or-one or in group settings. If you would like to conduct interviews or hold a focus group, please let me know. The Steering Committee is able to support you in this process.
2. From now until the next meeting (July 25, 2016), **prepare to vote for the priority issues** by spreading the word and gathering as much information as possible. Meet with your coworkers, friends, neighbors, and representatives from other organizations to discuss which of these issues matter most and why.
3. **Gain clarity on the existing data**, which can help as the research/interview process continues (I will be sending out updates as we collect additional information and am more than happy to meet with you to discuss our current data)
4. **Take the online organizational resources survey** (if you haven't already):
<https://www.surveymonkey.com/r/MorristownUnitedResources>



Attachment: Morristown United for Healthy Living Executive Summary

ABOUT MORRISTOWN UNITED FOR HEALTHY LIVING

The Morristown United for Healthy Living team represents the first grant-funded initiative of the North Jersey Health Collaborative. Morristown United is supported by the *NJHI: Building a Culture of Health in New Jersey – Communities Moving to Action* grant program. This program aims to advance the Robert Wood Johnson Foundation’s vision to build a Culture of Health by supporting multi-sector, community-focused coalitions across New Jersey to participate in a four-year initiative to address the multiple factors that influence health: health



behaviors, social and economic factors, clinical care, and the physical environment. This group works in conjunction with the Morris County Committee of the NJHC to conduct needs assessment and health improvement work in a particular, high-need area of the county, Morristown's census tract 435.

Our mission is to build a culture of health in Morristown’s census tract 435 by fostering teamwork, the sharing of resources, engaging the community, assessing neighborhood specific needs, and collaboratively creating and implementing action plans to address these needs. Our vision is to reduce health disparities and promote health equity to assure that census tract 435 is a healthy place for all residents to live, work, and play.

This geographically-focused work began in June 2015 with the creation of the Morristown United Steering Committee. This group used data from the NHJC portal as well as locally-collected surveys and interviews to inform target priorities (discussed in more detail under “Community Health Needs Assessment Process”). This group then expanded into the Morristown United Coalition, a diverse array of individuals, including local health and education practitioners, policy makers, hospital and clinic administrators, public health workers, philanthropists, non-profit organizations and local community leaders. The resulting Blueprint for Action outlines the priorities and objectives as developed by the Morristown United Coalition and the Morris County Committee of the NJHC. Click [HERE](#) to visit our website.

Census Tract 435

Total Population	4,316	% Without Health Insurance**	38.5%
% Non White	32.4%	ED Visits (2013)	1,846
% Hispanic	63.5%	ED Visits by Frequent Flyers (3+)	36%
% Without Health Insurance**	38.5%	Non-Emergent for Primary Care Treatable ED Visits	44.6%
No one Age 14 and Over Speaks English	26.7%		
Median Household Income	\$47,394		
Percent in Poverty	24.1%		
Children Living in Poverty	39.2%		



ABOUT THE NORTH JERSEY HEALTH COLLABORATIVE

The North Jersey Health Collaborative (NJHC) is an independent, self-governed 501(c)(3) organization with a diverse set of partners representing health care, public health, social services and other community organizations. Our core function is a shared process of community needs assessment and health improvement planning to identify the most pressing health issues and facilitate the development of collaborative action plans to address them. By working together in unprecedented ways, our partners are strategically aligning their efforts and resources to achieve collective impact on the health of our communities, accomplishing together what we could never do alone.

OUR STORY

In October 2013, nine visionary organizations came together to incorporate a new entity called the North Jersey Health Collaborative. Having seen the division and duplication that existed between many assessments, planning and implementation activities across the county, the group set out to find ways to "coordinate the efforts and resources of public health, healthcare, and other organizations to maximize our impact on the health status of our communities and minimize avoidable illness, injury and hospitalization."

From that humble beginning, over 100 organizations have signed on to partner with NJHC with the list of funding partners growing to over 20. In October 2014, NJHC officially launched our web portal

njhealthmatters.org to house and share data and resources with the community. This publically-available website includes over 200 health indicators. In 2015, NJHC pulled together those partners across four counties to conduct our first shared community health assessment. With unprecedented input, a list of data-informed and community-identified health issues were developed and prioritized (discussed in



more detail under "Community Health Needs Assessment Process").



COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

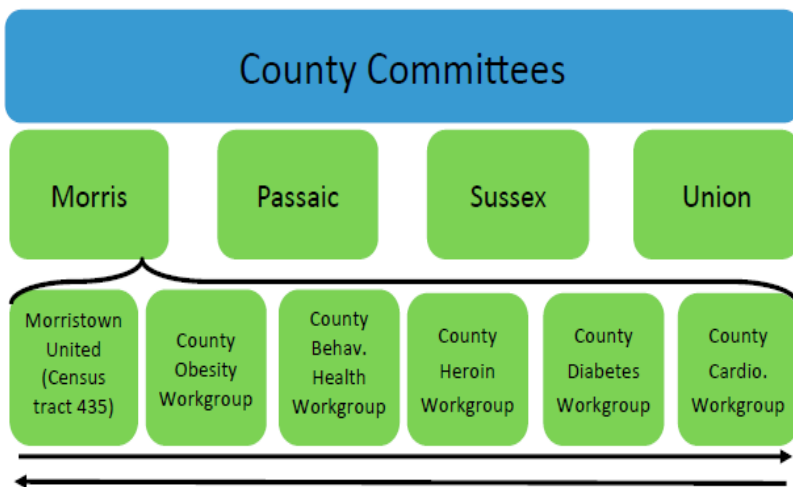
CHNA AT THE COUNTY LEVEL

The needs assessment process began at the county level through the Morris County Committee of the North Jersey Health Collaborative. In 2015, the Collaborative conducted a year-long process of community-based assessment entitled “Painting a Picture of Community Health”. Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors.

The data collection process encompasses several elements including:

- Demographic Data
- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources
- Key Informant Survey with responses from 74 community leaders
- Show Us Health Community Art Contest with 50 participants

After data were collected, three data review sessions were held in Morris County and a total of 124 issues were identified. In July 2015, County committee and Data committee members voted to narrow the list to 12 issues. At this time, members of the committee also identified specific areas within the county where health disparities were particularly striking. Because the NJHC aims to be regional in scope and local in implementation, the committee sought grant funding to pilot a geographically-targeted CHNA and action-planning process in Morristown’s census tract 435 based on data which pinpointed this area as a place with significant health disparities in comparison to the surrounding area. Members of the committee felt that while data at the county level is helpful for exploring health needs, it can also conceal health disparities at the neighborhood level. It was due to these findings and the health equity focus of the NJHC that the Morristown United for Healthy Living team was formed.



From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each. Finally, in December, the Morris County Committee voted to select five priority issues to focus on at the county level:

- 1) Obesity
- 2) Access to Behavioral Health Care
- 3) Heroin Use
- 4) Diabetes Treatment
- 5) Cardiovascular Diseases

In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue. Click [HERE](#) for the full CHNA report.



CHNA AT THE CENSUS TRACT LEVEL

When Morristown United was established in July 2014 as a result of the Morris County Committee’s data on geographically-specific health disparities, the first step was to build and provide training to a team of representatives from organizations working in census tract 435 (via Boundary Spanning Leadership Training provided by the funder). These core organizations include:

- Atlantic Health System/Morristown Medical Center
- Morris County Office of Hispanic Affairs
- Morristown Neighborhood House
- St. Margaret’s Catholic Church
- United Way of Northern New Jersey
- Wind of the Spirit Immigrant Resource Center

This core team then worked to create team norms, timeline, and planned the steps for the needs assessment process. The first aim of the assessment process was to explore the existing data and health priorities generated by the Morris County Committee and to relate these needs and data to the local neighborhood context. In order to determine whether or not these needs resonated with community residents, the Morristown United team conducted a brief “postcard survey.”

Postcard Survey as Distributed to Community Residents (in both Spanish and English)



What are the health issues in your neighborhood?

Street you live on: _____ Town: _____

1) Are the following issues a problem in your neighborhood? Check Yes or No:

- Children and adults who are overweight Yes No
- Housing Yes No
- Radon (a cancer-causing gas) Yes No
- Drug and alcohol use Yes No
- Financial inequality Yes No
- Health of caregivers (people who take care of family and friends without pay) Yes No
- Mental Health Yes No
- Teen pregnancy and health of pregnant women Yes No
- Heart disease Yes No
- Understanding how to access care and manage health Yes No
- Diabetes Yes No

2) Are there health issues that are not listed here that are more important to you and your neighbors? Yes No

If yes, list them here:

3) Your age: _____

4) Are you...(check all that apply)

- Female
- Male
- Hispanic/Latino(a)
- Black/African-American
- Asian
- White, non-Hispanic
- American Indian or Alaska Native
- Pacific Islander
- Other



Brief Postcard Survey Results (N= 163)

	Issue	% yes
#1	Financial Inequality	50.6
#2	Substance Abuse	50.3
#3	Housing	45.1
#4	Access to Care	42.9
#5	Obesity	42.3
#6	Diabetes	40.5
#7	Pregnancy and Birth Outcomes	29.1
#8	Health of Caregivers	28.4
#9	Heart Disease	26.8
#10	Mental Health	21.4
#11	Radon	17.2
	Other issue not listed (top write-ins physical disabilities and immigration)	13.5

Then, in February 2016, the core group of team members expanded to become the Morristown United Coalition (with the original team becoming the Steering Committee). This large coalition is comprised of a diverse array of individuals, including local health and education practitioners, policy makers, hospital and clinic administrators, public health workers, philanthropists, non-profit organizations and local community leaders (see Appendix A for list of coalition member organizations). Existing data from the Postcard Survey and Morris County Committee were presented to the Morristown United Coalition for discussion, and additional community needs and resources were compiled.

In order to gain additional input on the needs identified by the data and organizational stakeholders, the members of the coalition (representatives from 7 different

organizations) conducted one-on-one interviews with community residents. Interviewer training was provided by members of the Steering Committee. These interviews (presented in both Spanish and English) ask residents to share the strengths and needs of their community as they relate to health (in general) and also ask them about whether or not the specific issues identified by the coalition are indeed relevant problems in their community, and if so why and how residents currently deal with or address these health issues. The interview form is included in Appendix B.

Simultaneously, the coalition is also conducting a survey of community organizations to compile and assess all existing initiatives/programs available in the 435 community. The goal is to use this information and the results generated by the community interviews to further prioritize the needs of census tract 435 and to shape our action planning process.



Timeline of Morristown United Activities





Side-By-Side Comparison of Priority Issues at County and Census Tract Levels

Morris County	Morristown Census Tract 435
“Getting it all on the table”	
152 health issues/ populations identified by County Committee	435 identified as geography of interest
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# 3 Heroin Use	# 3 Housing/Built Environment
# 4 Diabetes Treatment	# 4 Access to Healthcare
#5 Cardiovascular Diseases	# 5 Obesity Final prioritized issues TBD following dissemination of interview results and voting/discussion by Morristown United Coalition