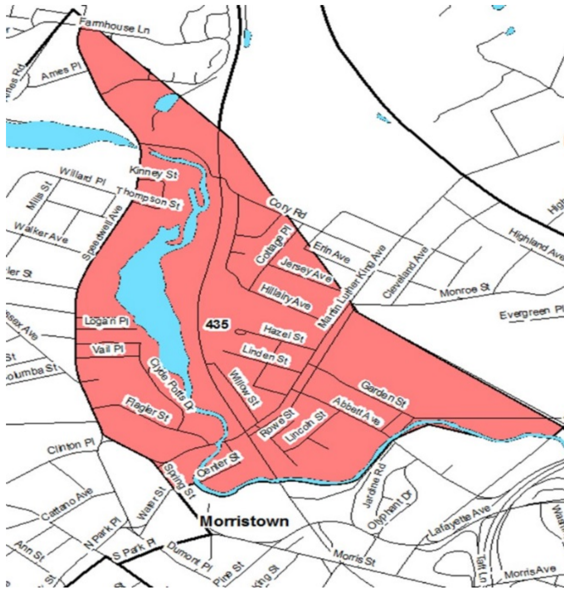

MORRISTOWN UNITED FOR HEALTHY LIVING

NEW JERSEY HEALTH INITIATIVES 2015

Building a Culture of Health in Morristown Census Tract 435

GRANTEE INFORMATION

Robert Wood Johnson Foundation Grant ID#: 72820

Grantee Organization: North Jersey Health Collaborative

Organization Address: 475 South Street, Morristown, NJ 07960

Project Title: Collaborating under the New Jersey Health Initiatives program to build a Culture of Health in Census Tract 435 in Northern Morristown

Date Submitted: May 15, 2016 **UPDATED**: July 31, 2017

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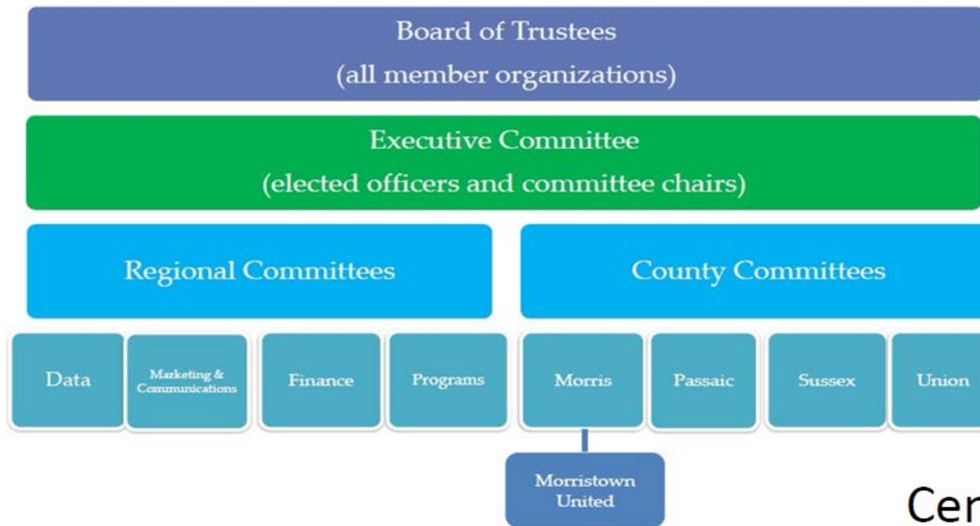
ABOUT MORRISTOWN UNITED FOR HEALTHY LIVING

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.

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%		

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.

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 (the top 20%).

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 (updated with new members 7/31/17):

- Atlantic Health System/Morristown Medical Center
- Morris Habitat for Humanity
- 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:

Issue	Yes	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)

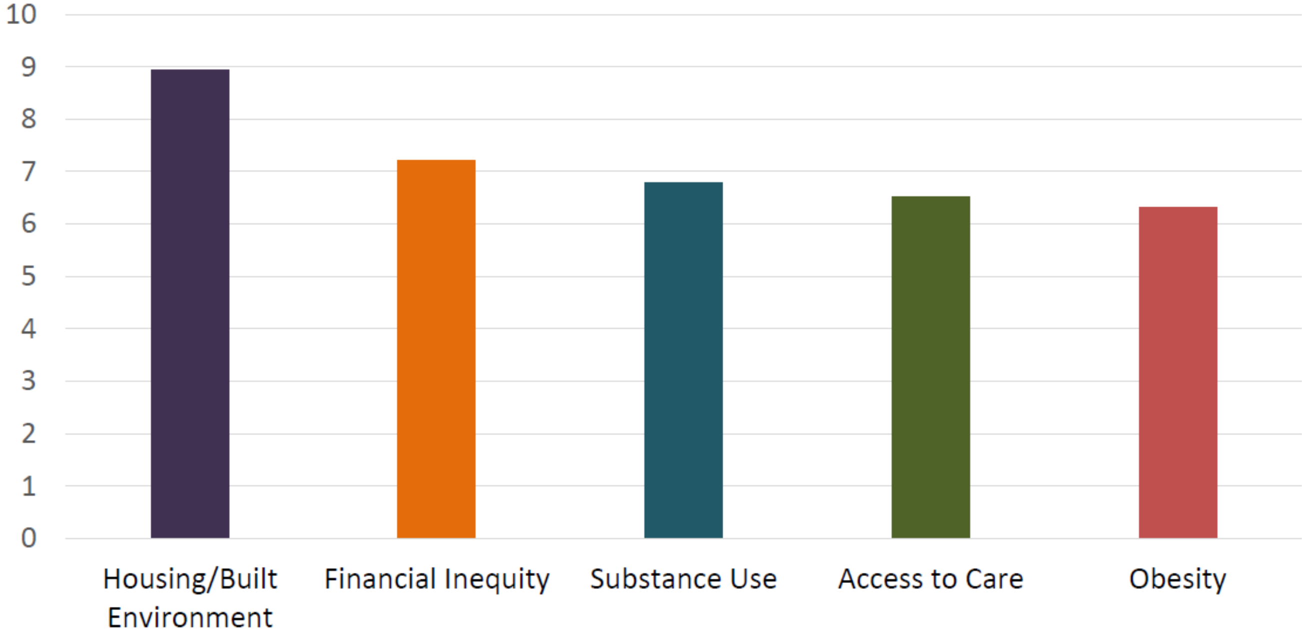
	Issue	% yes
#1	Financial Inequality	50.6
#2	Substance Abuse	50.3
#3	Housing	45.1
#4	Access to Care	42.9
#5	Obesity	42.3
#6	Diabetes	40.5
#7	Pregnancy and Birth Outcomes	29.1
#8	Health of Caregivers	28.4
#9	Heart Disease	26.8
#10	Mental Health	21.4
#11	Radon	17.2
	Other issue not listed (top write-ins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

At the beginning of year 2 of the grant, the first Morristown United collaborative health needs assessment was completed, prioritizing housing, the built environment, sense of community, and financial inequity as the primary health needs of the community. Coalition members voted using an electronic voting system, responding on a scale from 1- 10 on three key questions: 1) How important is this issue in the community? 2) How likely are we as a coalition to impact this issue in the next three years? and 3) How willing are you personally to take action on this issue? Scores were then averaged and totaled for each of the top 5 health issues as defined by the postcard survey and interviews. A complete data summary can be found HERE and voting results can be found HERE. Overall voting results are summarized below.



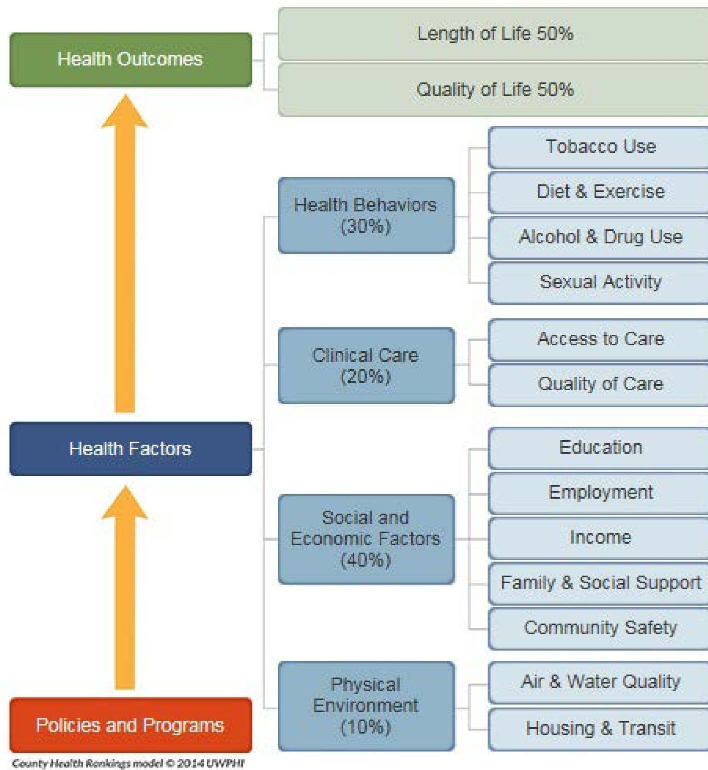
Timeline of Morristown United Activities

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
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
Final Prioritization	
# 1 Obesity	# 1 Housing/Built Environment
#2 Access to Behavioral Health Care	# 2 Financial Inequality
# 3 Heroin Use	
# 4 Diabetes Treatment	
#5 Cardiovascular Diseases	

GUIDING MODELS

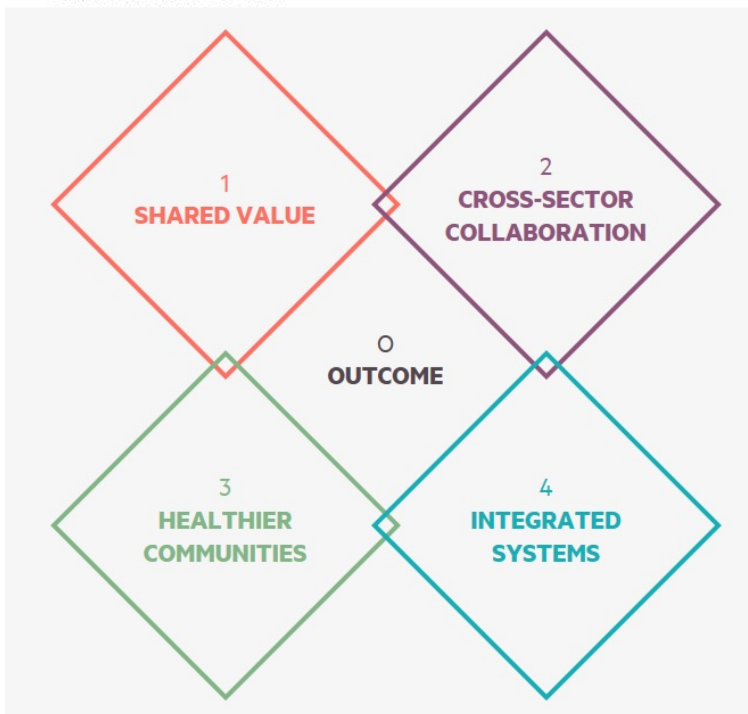
Community Health Rankings and Roadmaps



The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

Although the Morristown United initiative is focused at the census tract level and not the county level, the data from *Rankings* informed the process of the larger Morris County Committee needs assessment and at both levels, the framework itself has served to broaden and organize our understanding of key health factors and social determinants.

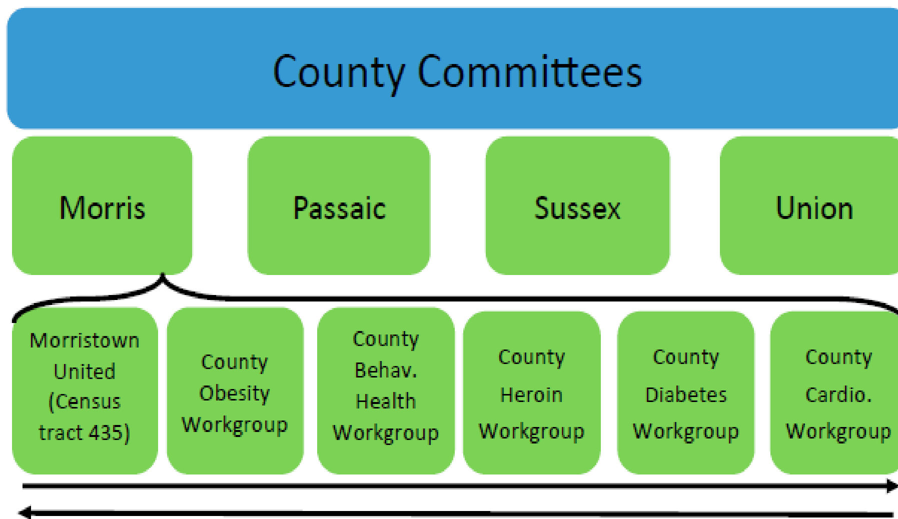
Culture of Health Action Framework



The Robert Wood Johnson Foundation's Action Framework is informed by rigorous research, and insights from leading efforts to improve the nation's health. It is designed to provide numerous entry points for all manner of organizations get involved, in ways that match their own unique perspectives and interests. This model reflects and connects to Morristown United's vision of creating a culture of health with a particular emphasis on health equity and eliminating health disparities. It has also guided our work in terms of creating shared value and promoting citizen engagement and activism.

BLUEPRINT FOR ACTION INTRODUCTION

The following Blueprint for Action reflects the collaborative and overlapping nature of the Morristown United Coalition and the Morris County Committee workgroups. In addition to conducting a needs assessment of Morristown's census tract 435 and creating plans to address these needs, a primary role of the coalition is to localize the county interventions where applicable to increase feasibility and fit at the census tract level.



The organization of the Blueprint is based on the model components described in the previous section, and includes:

- Overarching Strategy
- Health Behaviors
- Access to Clinical Care/Integrated Systems
- Social and Economic Factors
- Physical Environment
- Shared Value
- Cross-Sector Collaboration

While the final prioritization of needs for the census tract 435 is currently underway, the Blueprint includes current initiatives and plans of the Morristown United Coalition and the Morris County Committee presented in tandem. However, it should be noted that this Blueprint is a living document and will be continually updated and refined as we learn more about the community and gain additional input from community residents and organizational stakeholders. Updated Blueprints will be provided to the funders of this initiative and all involved parties as this plan evolves over the next three years.

OVERARCHING STRATEGIES AND CONSIDERATIONS

COMMUNITY ORGANIZER

The Community Organizer will be responsible for meeting the community-identified need for greater civic engagement, advocacy and action at the local level, and sense of community with in census tract 435. This will be accomplished through two primary pathways: 1) recruiting community residents to join the Morristown United Coalition, working with these residents to maintain engagement over time, and addressing all barriers to engagement as expressed by residents, and 2) leading a grass-roots movement within the community to advocate for the needs of residents within local government bodies (e.g., Morristown Town Council), which includes but is not limited to keeping a calendar of events, recruiting residents, leading media and other campaigns to increase awareness of community needs and priorities, and meeting with government officials. This individual will be interviewed and approved by the Morristown United Steering Committee.

COMMUNITY IMPROVEMENT FUND

The Community Improvement fund represents a pool of funding that will be allocated to community residents and businesses for the purpose of making improvements to the built environment, perceptions of neighborhood safety and general neighborhood aesthetics. Residents and businesses from census tract 435 will be able to submit proposals for use of these funds. All proposals will be voted on by the membership of the Morristown United Coalition and those proposals with majority approval (and after any amendments are made) will be awarded funding on a rolling basis until the funds for the year are exhausted. Proposed projects could include, for example, the purchasing of new signage for a local business, clearing of abandoned lots, community art projects, fence installation, and planting of flowers or other plants.

PROGRAM IMPLEMENTATION FUND

The Implementation Fund represents a pool of funding that will be allocated to community organizations to support existing programs/projects and/or seed the creation of new programs/projects *that directly impact needs identified by the Community Health Needs Assessment*, as determined by the Morristown United Coalition with final approval by the Steering Committee. As with the Community Improvement Fund, all proposals will be voted on by the membership of the Morristown United Coalition and those proposals with majority approval (and after any amendments are made) will be awarded funding on a rolling basis until the funds for the year are exhausted. Organizations must be active in the Morristown United Coalition for at least two months to be eligible to receive funds from this initiative. This pool of funding is based on models of collective impact, wherein multiple programs—all with a common goal—are implemented and evaluated collectively.

SOCIAL AND ECONOMIC FACTORS

One of the primary reasons that Morristown's census tract 435 was identified by the Morris County Committee as an area of interest was due to the striking differences between this community and the larger county when it comes to social and economic factors. Social and economic factors include education, employment, income, family and social support, and community safety. Across these areas, disparities exist in census tract 435 when compared to the county and even neighboring census tracts. For example, in Morris County, 4.7% of children live in poverty compared to 39.2% in census tract 435. The reason these factors have not been selected as a specific area of interest in the following Blueprint is that we acknowledge social and economic issues as root causes for all other identified health issues and affirm that these factors must be an ever-present consideration when working to improve the health of residents in census tract 435.

IMMIGRATION

Last, but certainly not least, the topic of immigration is a consideration that underlies all of the overarching strategies and health issues mentioned in this Blueprint. This consideration relates to the history and present context of the community. The neighborhoods that comprise census tract 435 have been and continue to be a place where immigrants enter the community and take up residence. Over the past decades, the country of origin of these immigrants has changed, but the fact remains that this community is to a large extent, an immigrant community. And immigration is a health issue. Immigrant access to quality health care and to the resources, education, and opportunities needed to be healthy is often impeded by a variety of linguistic, socio-economic and environmental obstacles. In our current policy landscape, fear related to deportation and issues such of lack of health insurance can have a direct impact on immigrant health, as it can lead to a lack of preventative care. By avoiding or delaying preventative care, immigrants put themselves at risk of more severe and costly long-term illnesses. More indirect obstacles also negatively impact the health of immigrant community members, such as prejudice and discrimination (in social contexts, the media, housing, and the workplace), difficulties accessing higher education, and ability to engage civic/political spheres. Immigration is a complex topic, but it is also a primary component of the every-day reality of residents in census tract 435. This fact must be at the forefront of decision-making when it comes to funding, programming, community engagement, and advocacy.

HEALTH BEHAVIORS/KEY HEALTH ISSUES

Additional information about each of these workgroups can be found at www.njhealthmatters.org/tiles/morris, along with up-to-date numbers for each of the performance measures.

The NJHC Performance Measures Guide can be downloaded HERE.

OBESITY, HEALTHY EATING, ACTIVE LIVING

Obesity rates are an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Indicators

Low-Income Preschool Obesity

Child Food Insecurity Rate

Adults who are Sedentary

Intended Result	
Attain health equity in obesity in Morris County	
Impact Statement	
We will reduce obesity and chronic disease via improvement to environment, systems and policies to increase physical activity and healthy eating for low-income residents of Morris County.	
Strategies and Performance Measures	
STRATEGY 1 [Provide programs/resources to schools/youth]: Improve physical activity and nutritional intake in children in target low-income preschools.	**How much did we do?** • # sites involved • # of youth impacted/touched **How well did we do it?** • % participant satisfaction • % of sites implementing with fidelity **Is anyone better off?** • #/% reporting improvements/gains/usefulness
STRATEGY 2 [Identify/Assess Current Resources/Systems in order to improve access or increase capacity]: Develop and utilize an asset inventory of resources for healthy eating and active living in Morris County.	**How much did we do?** • # resources/services reviewed or contacted • # of workgroup hours spent assessing current systems **How well did we do it?** • # of new leverage points identified to improve access/capacity/systems • # of number of new resources identified and newly added **Is anyone better off?** • #/% of identified leverage points acted upon • #/% number of resources maintained in database

STRATEGY 3 [Identify/Assess Current Resources/Systems in order to improve access or increase capacity]: Expand Interfaith Food Pantry food rescue program to distribute food left at local farms to food pantries.	**How much did we do?** • # resources/services reviewed or contacted • # of workgroup hours spent assessing current systems (if applicable) **How well did we do it?** • # of new leverage points identified to improve access/capacity/systems • # of number of new resources identified and newly added **Is anyone better off?** • #/% of identified leverage points acted upon • #/% number of resources maintained in database
STRATEGY 4 [Environment/policy/systems change]: Support local policy and environmental change to enhance physical activity and nutrition via the NJ Healthy Communities Network and other local partnerships.	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by group **How well did we do it?** • % opportunities that are within target geography or serve target population **Is anyone better off?** • # of environment/policy/system changes implemented by group Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • Number of individuals in target geography/population who are potentially impacted by environment/policy/system changes

SUBSTANCE USE DISORDERS

Alcohol and other substances have an immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision-making, which may in turn lead to harmful behaviors. These substances can impair decision-making and can lead to increased risk of health problems, such as liver disease and unintentional injuries. Substance abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes, and other interpersonal issues.

Indicators

Age-Adjusted Rate of Substance Use Emergency Department Visits

Intended Result	
Eliminate heroin deaths in Morris County	
Impact Statement	
We will decrease the number of heroin deaths for young adults aged 18-35 in Morris County via increasing perception of risk and harm, reducing the number of opioids prescribed and increasing access to Medication Assisted Treatment.	
Strategies and Performance Measures	
STRATEGY 1 [Education/Awareness campaign]: Enhance county-wide awareness campaign regarding the consequences of heroin/opiate use.	**How much did we do?** • # of materials distributed/people reached **How well did we do it?** • # of opportunities for message distribution • % of opportunities that are within target geography or serve target population **Is anyone better off?** • [Cannot be measured directly]
STRATEGY 2 [Provide programs/resources to schools/youth]: Increase the # of substance use prevention programs targeting youth (10-17yrs.) in schools and/or other youth venues.	**How much did we do?** • # of sites involved • # of youth impacted/touched **How well did we do it?** • % participant satisfaction • % of sites implementing with fidelity **Is anyone better off?** • #/% reporting improvements/gains/usefulness
STRATEGY 3 [Provide training to professionals/providers/ Trained volunteers]: Provide trainings and educational resources regarding Rx drug abuse and diversion to physicians, dentists and other health professionals.	**How much did we do?** • # of professionals educated **How well did we do it?** • % satisfied with process **Is anyone better off?** • #/% of professionals who gained knowledge from training • #/% self-reported behavior change

ACCESS TO CLINICAL CARE/INTEGRATED SYSTEMS

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Health insurance is part of access, but not all of it. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access.

DIABETES & CARDIOVASCULAR DISEASES*

When it comes to access to care and health disparities in Morris County, diabetes and cardiovascular diseases have been identified as areas of particular need. Diabetes can have a harmful effect on most of the organ systems in the human body. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. Diabetes and cardiovascular diseases disproportionately affect minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages.

Indicators

Age-Adjusted Death Rate due to Diabetes

Diabetic Medicare Recipients with Recent A1C Test

Medicare Population with Hypertension

Intended Result	
Attain health equity in diabetes and hypertension in Morris County	
Impact Statement	
We will strive to prevent diabetes, improve diabetes management and reduce the prevalence of hypertension in low-income, at-risk and elderly populations through improved health literacy, improved lifestyle behaviors and enhanced connection to appropriate resources for disease prevention and management. We will accomplish this through educational initiatives, clinical and community partnerships and policy development.	
Strategies and Performance Measures	
STRATEGY 1 [Provide tailored information to targeted groups]: Improve health literacy of diabetes risk factors with an emphasis on at-risk populations..	**How much did we do?** • # individuals reached/touched **How well did we do it?** • % participant satisfaction • % in target geographies/populations **Is anyone better off?** • #/% of individuals reporting improvements in health status/literacy/behaviors • %/# of individuals reporting relevant knowledge gain

STRATEGY 2 [Participant health improvement, disease specific]: Improve individual and community lifestyle behaviors to reduce diabetes risk and reduce the prevalence of hypertension with an emphasis on at risk-populations.	**How much did we do?** • # of individuals reached/touched **How well did we do it?** • % participant satisfaction **Is anyone better off?** • %/# of individuals reporting disease-specific knowledge gain • #/% reporting health improvements
STRATEGY 3 [Participant health improvement, disease specific]: Improve management strategies for individuals with diabetes with an emphasis on at risk-populations.	**How much did we do?** • # of individuals reached/touched **How well did we do it?** • % participant satisfaction **Is anyone better off?** • %/# of individuals reporting disease-specific knowledge gain* • #/% reporting health improvements

ACCESS TO BEHAVIORAL HEALTH TREATMENT

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. Delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities. In addition, it can lead to the adoption of life-threatening and life-altering self-treatments (e.g., licit and illicit substance abuse).

Indicators

Mental Health Provider Rate

Poor Mental Health: Average Number of Days

Intended Result	
Enable access to needed mental health services and supports for all people in Morris County	
Impact Statement	
We will help Morris County residents have knowledge of and access to behavioral health programs –designed to effectively diagnose, support and treat existing conditions via training of first responders in mental health awareness.	
Strategies and Performance Measures	
STRATEGY 1 [Provide training to professionals/providers/trained volunteers]: Train first responders (police, EMT, faith communities, lawyers, etc.) in mental health awareness.	**How much did we do?** • # individuals educated **How well did we do it?** • % satisfied with process **Is anyone better off?** • #/% of professionals who gained knowledge from training • %/# self-reported behavior change

HOUSING/BUILT ENVIRONMENT

The physical and built environment represent non-human aspects of community life. It include man-made structures and networks that provide the setting for human activity, ranging in scale from houses, buildings and parks to neighborhoods and cities and includes supporting infrastructure, such as roads, power networks, and the water supply. Where we live is at the very core of our daily lives. Housing is generally an American family's greatest single expenditure, and, for homeowners, their most significant source of wealth. Given its importance, it is not surprising that factors related to housing have the potential to help–or harm–our health in major ways.

Indicators

Severe Housing Problems

Income Inequality

Renters Spending 30% or More of Household Income on Rent

Homeownership

Morristown United for Healthy Living: Impact Model

Result: Affordable, accessible, fair, equitable, healthy, safe and smart housing for all residents of Morristown's census tract 435

Improve Condition of Existing Homes	Increase Access to Affordable Housing	Improve Community Infrastructure

- Education, outreach and relationship-building
- Policy change/advocacy
- Improvements to the physical environment/infrastructure
- Oversight of existing protections

Intended Result

Ensure affordable, accessible, fair, equitable, safe and smart housing for all residents of Morristown's census tract 435.

Impact Statement

We will improve the condition of existing homes, increase access to affordable housing stock (rented and owned), and improve the built environment/community infrastructure via resident education and outreach, policy change/advocacy, improvements to the physical environment, and oversight of existing protections for all people living in Morristown's census tract 435.

Strategies and Performance Measures

Strategy	Performance Measures
STRATEGY 1 [Provide training to targeted groups]: Provide training to community members related to housing issues/resources.	**How much did we do?** • # individuals reached/touched **How well did we do it?** • % participant satisfaction • % in target geographies/populations **Is anyone better off?** • #/% of individuals reporting improvements in health status/literacy/behaviors • %/# of individuals reporting relevant knowledge gain
STRATEGY 2 [Provide training to professionals/providers/Trained volunteers]: Provide training landlords related to tenant/landlord rights and responsibilities How much did we do?	**How much did we do?** • # of individuals educated **How well did we do it?** • % satisfied with process **Is anyone better off?** • %/# of professionals who gained knowledge from training • %/# self-reported behavior change
STRATEGY 3 [Referral Pathway/connect to RESOURCES or services]: Develop a hotline/pathway for housing violations combined with peer and organizational support.	**How much did we do?** • # individuals referred/exposed to resources • # of resources/agencies connected in referral pathway **How well did we do it?** • % who use resource/service (random sample if needed) • % of resources/agencies actively making referrals through new pathways **Is anyone better off?** • #/% reporting service/resource met their need
STRATEGY 4 [Environment/ policy/systems change]: Partner with local agencies and volunteers to make repairs to the existing housing stock.	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by group **How well did we do it?** • % of opportunities that are within target geographies or serve target population **Is anyone better off?** • # of environment/policy/systems changes implemented by group • Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • # of individuals in target geography/population who are potentially impacted by environment/policy/system changes

STRATEGY 5 [Environment/ policy/systems change]: Work with the local government and other organizations to help identify properties for construction/renovation/re-zoning to increase affordable housing stock.	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by **How well did we do it?** • % of opportunities that are within target geographies or serve target population **Is anyone better off?** • # of environment/policy/systems changes implemented by group • Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • # of individuals in target geography/population who are potentially impacted by environment/policy/system changes
STRATEGY 6 [Environment/ policy/systems change]: Advocate for structural improvements to neighborhood roads, sidewalks, lighting, crosswalks, parks, etc.	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by group **How well did we do it?** • % of opportunities that are within target geographies or serve target population **Is anyone better off?** • # of environment/policy/systems changes implemented by group • Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • # of individuals in target geography/population who are potentially impacted by environment/policy/system changes
STRATEGY 7 [Environment/ policy/systems change]: Provide mini-grants and support to local businesses to better meet health and social needs of community residents (e.g., improvements to storefronts and healthy corner store initiative).	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by group **How well did we do it?** • % of opportunities that are within target geographies or serve target population **Is anyone better off?** • # of environment/policy/systems changes implemented by group • Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • # of individuals in target geography/population who are potentially impacted by environment/policy/system changes

SHARED VALUE

According to the RWJF Action Framework, "Making Health a Shared Value emphasizes the importance of individuals, families, and communities in prioritizing and shaping a Culture of Health. Everyone should feel engaged with their community's decisions and believe that they have a voice in the process."

CIVIC ENGAGEMENT AND SENSE OF COMMUNITY

Civic engagement is the involvement of community members in political process and the issues that affect the community. It can take many forms, including electoral participation, advocacy, organizational involvement, and individual volunteerism. Civic engagement and sense of community are related but distinct concepts. Sense of community represents the emotional connectedness among community members that helps to define who is and is not a part of the group, influences the way people interact with and influence one another, fulfills individual and group needs, and fosters relationships and interdependency. Both sense of community and civic engagement can have positive effects on community health, both indirectly (e.g., through stress reduction and empowerment) and directly (e.g., through advocating for tangible changes to the community that improve opportunities to lead a healthy life).

The Community Organizer will lead the initiative to improve civic engagement and sense of community (see p. 13 for a description).

Intended Result	
Engaged residents who feel a sense of belonging, commitment, and support in their community	
Impact Statement	
[See impact statement for previous section]	
Strategies and Performance Measures	
STRATEGY 1 [Engage stakeholders]: Actively recruit and include youth members for the Coalition.	**How much did we do?** • # of (new) residents/stakeholders/organizations active • # of months with an engagement opportunity for stakeholders **How well did we do it?** • % of months with an engagement opportunity for stakeholders • % of participants that are stakeholders from target group(s) • % of stakeholders satisfied with process (includes newly invited stakeholders and workgroup members) **Is anyone better off?** • # of new strategies developed by workgroup as a result of stakeholder engagement

STRATEGY 2 [Environment/ policy/systems change]: Create a regular presence at Town Council meetings to advocate for resources to improve access to affordable housing.	**How much did we do?** • # of opportunities for improving environment/policy/systems taken on by group **How well did we do it?** • % of opportunities that are within target geographies or serve target population **Is anyone better off?** • # of environment/policy/systems changes implemented by group • Dollar amount of new funding/resources dedicated to implemented environment/policy/system changes • # of individuals in target geography/population who are potentially impacted by environment/policy/system changes
STRATEGY 3 [Engage stakeholders]: Create regular volunteer/community engagement activities within the neighborhood (e.g., community clean-up day, community-based art projects) to increase sense of community.	**How much did we do?** • # of (new) residents/stakeholders/organizations active • # of months with an engagement opportunity for stakeholders **How well did we do it?** • % of months with an engagement opportunity for stakeholders • % of participants that are stakeholders from target group(s) • % of stakeholders satisfied with process (includes newly invited stakeholders and workgroup members) **Is anyone better off?** • # of new strategies developed by workgroup as a result of stakeholder engagement (will have own performance metrics, once identified)
STRATEGY 4 [Education/Awareness Campaign]: Spread awareness of existing community resources via Community Organizer and Coalition meetings/ communications.	**How much did we do?** • # of materials distributed/people reached **How well did we do it?** • # of opportunities for message distribution • % of opportunities that are within target geography or serve target population **Is anyone better off?** • [Cannot be measured directly]

CROSS-SECTOR COLLABORATION

Cross-sector collaboration involves working together across areas of interest and spheres of influence. Ideally, this collaboration includes representation from all aspects of community life, including human/social services, education, government, faith communities, law enforcement, neighborhood associations, civic volunteers, business, media, parks/recreation, grassroots groups, and the healthcare community. The mission of the NJHC is to build capacity to improve community health.

Indicators

County	Years of Potential Life Lost (YPLL) (per 100,000 population)	Disparities in Life Expectancy at Birth (between towns within a county)
Morris	4,000 years / 100,000 people	14.4 Years (Highest minus Lowest)
Passaic	5,600 years / 100,000 people	8.6 Years (Highest minus Lowest)
Sussex	5,400 years / 100,000 people	11.02 Years (Highest minus Lowest)
Union	5,000 years / 100,000 people	9.9 Years (Highest minus Lowest)
Warren	5,800 years / 100,000 people	14.5 Years (Highest minus Lowest)

Intended Result

Healthy Communities, Healthy People

Theory of Change

Building capacity of community organizations will help turn the curve on years of potential life lost and disparities in life expectancy, broadly, and key indicators within identified need areas more specifically.

Organizational Performance Measures

How much did we do?

- # of active organizations past 90 days
- # of website users past 90 days
- # of actions undertaken by NJHC workgroups

How well did we do it?

Partner perceptions:

- Value of participating in the NJHC
- Value of participating in a workgroup
- Workgroup Capacity (workgroup has the right people around the table)

Is anyone better off?

- Dollar equivalent of resources leveraged
- # of people benefiting from NJHC workgroup actions and strategies

Partner perceptions

- Increased partner capacity for community health improvement
- Increased partner capacity for achieving their own mission
- Workgroup perception of impact on identified issue

CONCLUSION

The Morristown United for Healthy Living initiative was born out of a need to take direct and purposeful action to address the disparities that exist in our community and to capitalize on the many strengths inherent in this diverse and vibrant area of Morristown. While the data that lead to the founding of this group captures health issues at the census tract level and highlighted the need to look deeper than county averages, they do not capture the voice of the community and the personal experiences of its residents. This, more than anything is the goal of the Morristown United Coalition. By engaging a diverse group of stakeholders and digging deeper to explore root causes of health issues in this area, the North Jersey Health Collaborative and the connected committees and workgroups are **putting the "community" back in the community health needs assessment.**

APPENDIX A: LEADERSHIP AND COMMUNITY PARTNERS

MORRISTOWN UNITED FOR HEALTHY LIVING STEERING COMMITTEE

Name	Organization
Ashley Anglin	Atlantic Health System
Diana Mejia	Wind of the Spirit, St. Margaret's Catholic Church
Rich Cook	Morris Habitat for Humanity
Linda Murphy	Morristown Neighborhood House
Solangel Patarroyo	Morristown Medical Center, Atlantic Health System
Michelle Roers	United Way of Northern New Jersey

MORRISTOWN UNITED FOR HEALTHY LIVING PARTNER ORGANIZAIONS

Atlantic Health System
Atlantic Stewardship Bank
Be Well Morristown
Bethel Church of Morristown
Borough of Lincoln Park
Boxing Coach
Calvary Baptist Church
Community Soup Kitchen
Diabetes Foundation
Family Promise
FM Kirby Foundation
Grow it Green Morristown
Homeless Solutions
Morris County Housing Alliance
Housing Partnership
Human Relations Committee
Interfaith Food Pantry
Jr League of Morristown
Legal Services of Northern NJ
Mayor's Wellness Campaign
Mental Health Association of Morris County
Morris Arts
Morris County Hispanic America Chamber of Commerce
Morris County Housing Authority
Morris County Human Relations Committee
Morris County Office of Health Management
Morris Habitat for Humanity
Morris School District
Morris Habitat for Humanity
Morristown Housing Authority
Morristown Neighborhood House
Newark EMA HIV Health Services Planning Council
North Jersey Health Collaborative
Novo Nordisk Inc.
Pequannock Township Health Department
Proceed Inc.
Bethel AME
Rutgers SNAP-ED
Salvation Army
St. Margaret's Church
Sustainable Morristown
Town of Morristown
Townology, Inc.
United Way of Northern New Jersey
Visions and Pathways
William Patterson University

NORTH JERSEY HEALTH COLLARBORATIVE EXECUTIVE COMMITTEE

Position	Member	Organization
President, Chair	Arlene Stoller, MPH, CHES	Morris County Office of Health Mgmt.
Vice Chair	Kiran Gaudioso	United Way of Northern New Jersey
Treasurer	Peter Correale	Pequannock Township Health Dept.
Secretary	Ashley Anglin, PhD	Atlantic Center for Population Health Sciences
Data Committee Chair	Sharon Johnson-Hakim, PhD	Atlantic Center for Population Health Sciences
Communications & Marketing Committee Chair	Michael Ferguson	Skylands RSVP Volunteer Resource Center
Sussex County Committee Co-Chair	Becky Carlson	Center for Prevention & Counseling
Sussex County Committee Co-Chair	Christine Florio	Sussex County Division of Community and Youth Services
Morris County Committee Chair	Kathleen Skrobala, RN, BSN, MA, HO	Lincoln Park Health Department
Union County Committee Chair	Juanita Vargas	United Way of Greater Union County
Passaic County Committee Chari	Steve Tyburski	Home Instead Senior Care

APPENDIX B: COMMUNITY RESIDENT INTERVIEW FORM

Morristown United for Healthy Living

Community Interview Form

Introduction (read to participant): I'm from a group of community organizations that are working in your neighborhood and would like to best serve you and your neighbors to improve health. I was wondering if I could ask you some questions about health issues in your neighborhood. I will ask you about what makes this community a good place to live. I will also ask about some specific problems that data show might be an issue in your neighborhood. It's not about you personally. It should take about 15-20 minutes, and you don't have to answer anything you don't want to answer. Does that sound ok to you?

1) **What do you think are the best things about your neighborhood?**

____

____

____

____

____

____

Great! Now we're going to talk about 5 specific issues that have been identified by people in your community.

2) **The first is financial inequality. Financial inequality means that while some people in the neighborhood have enough money to afford all of the things they need to be healthy, while others do not. Do you think this is an issue in your neighborhood?**

    a. If yes, Why do you think that's a problem in your neighborhood?

    ____

    ____

    ____

b. If yes, how do people cope with financial problems currently?

___

___

___

c. If no, go to 3

3) **Another health issue that community members have identified is substance abuse. Substance abuse includes using any kind of drugs or alcohol. Do you think this is a health problem in your neighborhood?**

a. If yes, Why do you think that's a problem in your neighborhood?

___

___

___

___

___

b. What kinds of substances do you think are the biggest problem? Why?

___

___

___

c. Once they realize it is a problem, how do affected people get help?___

___

___

___

d. If no, go to 4

4) **Next is housing and the built environment. Basically, whether or not the houses available in the neighborhood meet the needs of the people; if there are enough places to live, if they are in good shape, if they are affordable. It also includes whether other buildings, roads, and parks help neighbors to be healthy. Do you think there are problems with housing and the environment in your neighborhood?**

    a. If yes, Why do you think that's a problem in your neighborhood?

    ____

    ____

    ____

    b. If yes, what have people in your neighborhood been doing to try to solve the problem (where possible)?

    ____

    ____

    ____

    c. In no, go to 5

5) **Access to healthcare has also been identified as an issue. Having access to healthcare means that a person who has a health need can find, access, and afford the treatment and care that they need. Do you think that people in your community have access to care?**

    a. If no, Why do you think that's a problem in your neighborhood?

    ____

    ____

    ____

    b. For people with no access to care, what are they doing in terms of self care for themselves and their family?

    ____

    ____

    c. In yes, go to 6

6) **Finally, obesity is a term to describe being overweight or having a weight that is higher than recommended for their height and frame. Do you think obesity is an issue in your neighborhood?**

   a. If yes, Why do you think that's a problem in your neighborhood?

   ____

   ____

   ____

   b. What are people doing in your neighborhood to stay in shape?

   ____

   ____

   c. In no, go to 7

7) **Is there anything else you want to mention about the strengths and needs of your community?**

   a. ____

   ____

   ____

   ____

Remember to thank them for their time and let them know that we will be sharing the results of these interviews in the coming months.

APPENDIX C: SUPPORTING INFORMATION

FOR MORE INFORMATION ON THIS BLUEPRINT FOR ACTION, PLEASE CONTACT:

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Project Director, NJHI 2015 Building a Culture of Health in Morristown Census Tract 435

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Email: **Ashley.anglin@atlantichealth.org**

For more information about the New Jersey Health Initiatives program, visit **www.njhi.org**