

Morristown United for Healthy Living

New Jersey Health Initiatives 2015



North Jersey Health Collaborative



your health matters



**New Jersey
Health Initiatives**

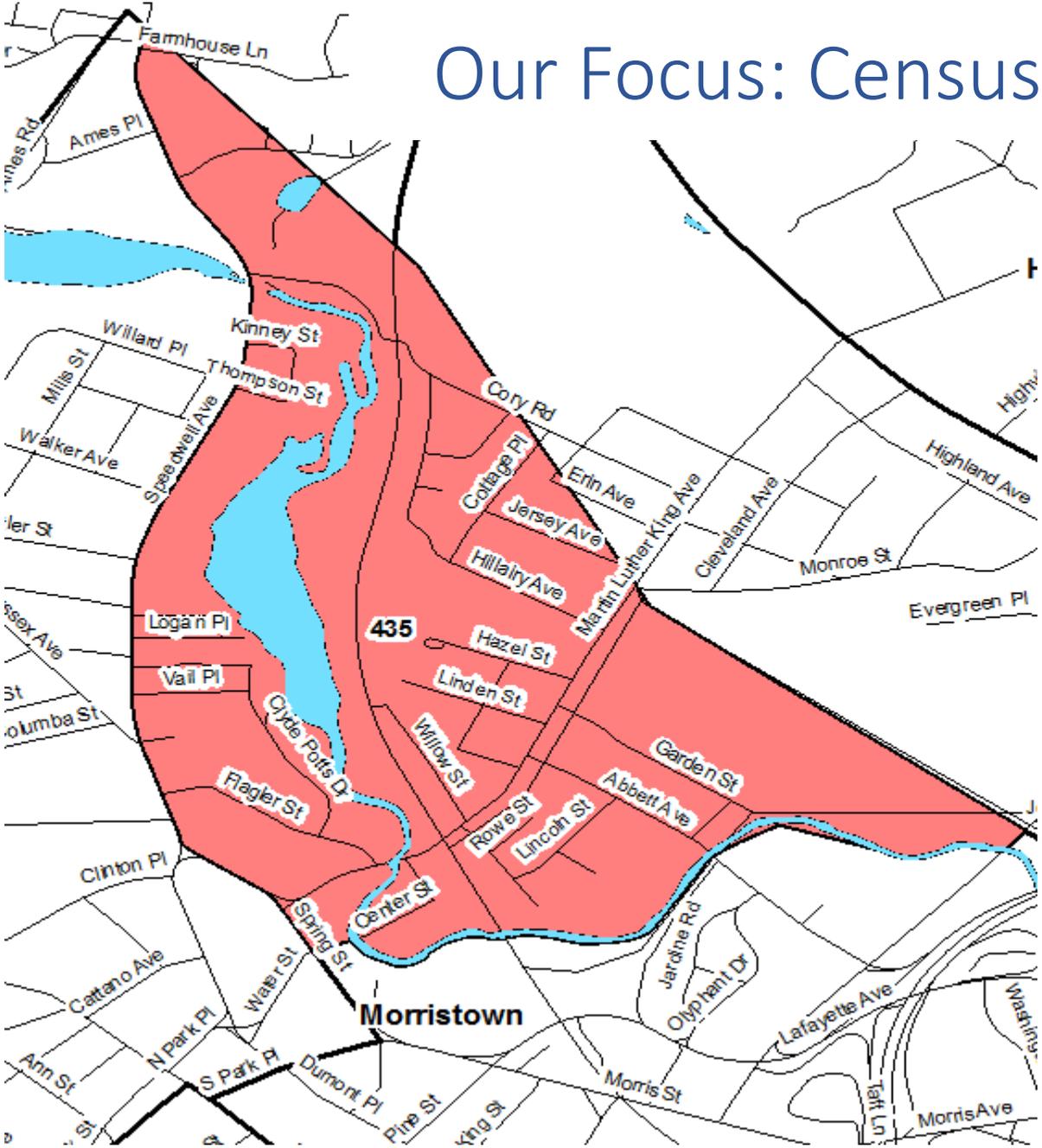
Welcome and Introductions

- Share your name and role in the community

Steering Committee Members

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

Our Focus: Census Tract 435

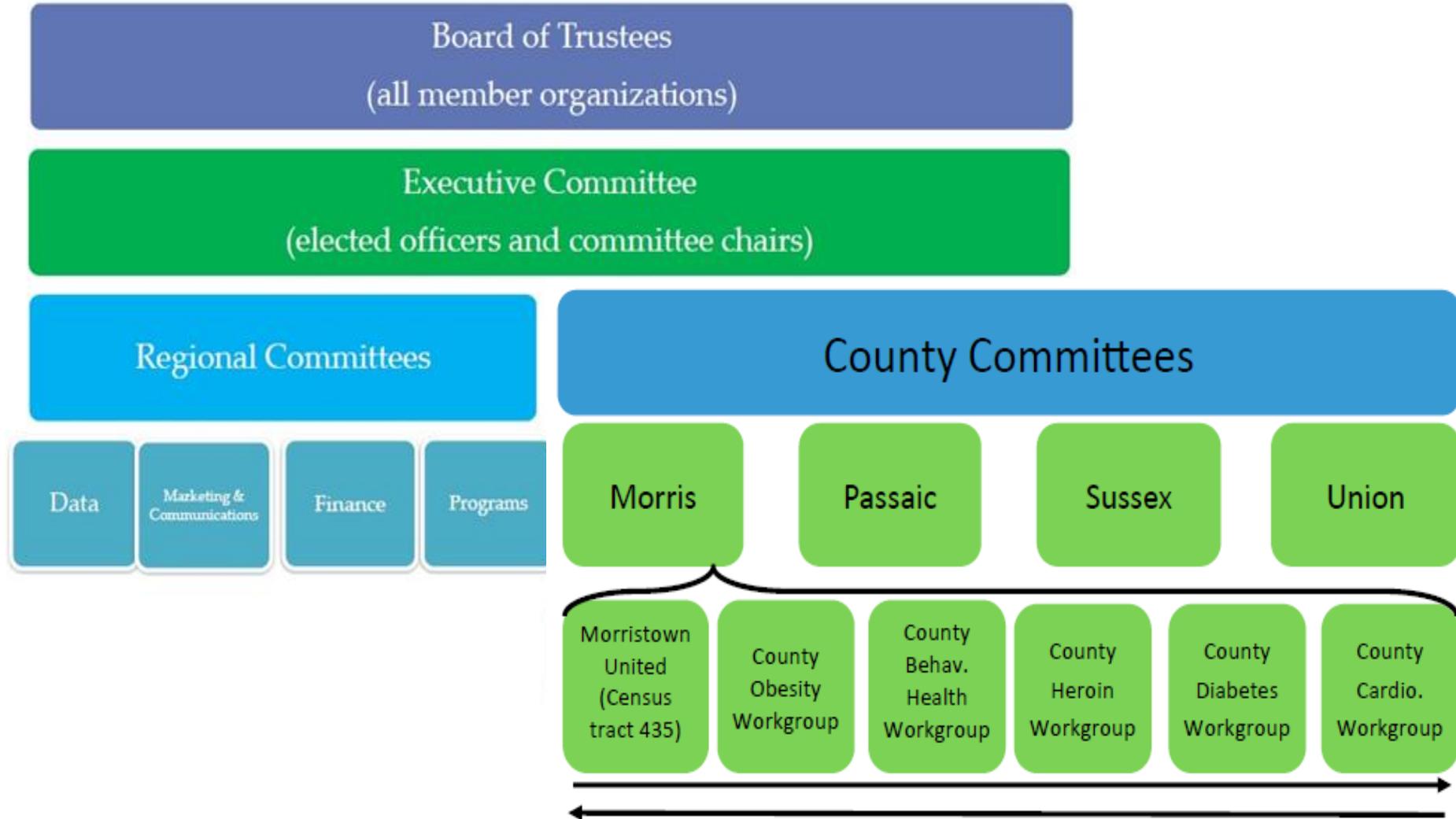


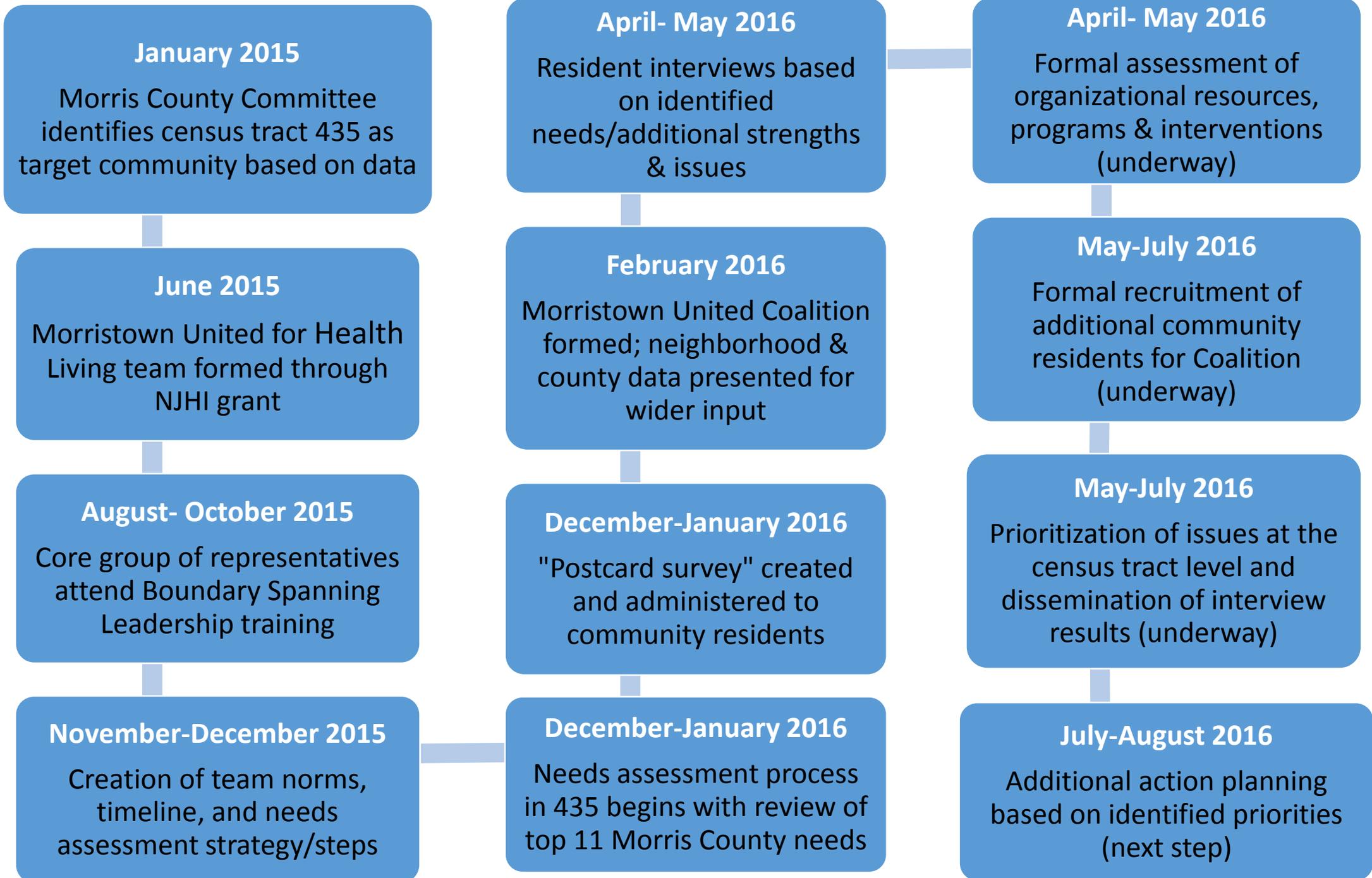
Our mission is to build a culture of health in Morristown's census tract 435 by fostering teamwork, sharing resources, engaging the community, assessing neighborhood specific needs, and collaboratively creating and implementing action plans to address these needs.

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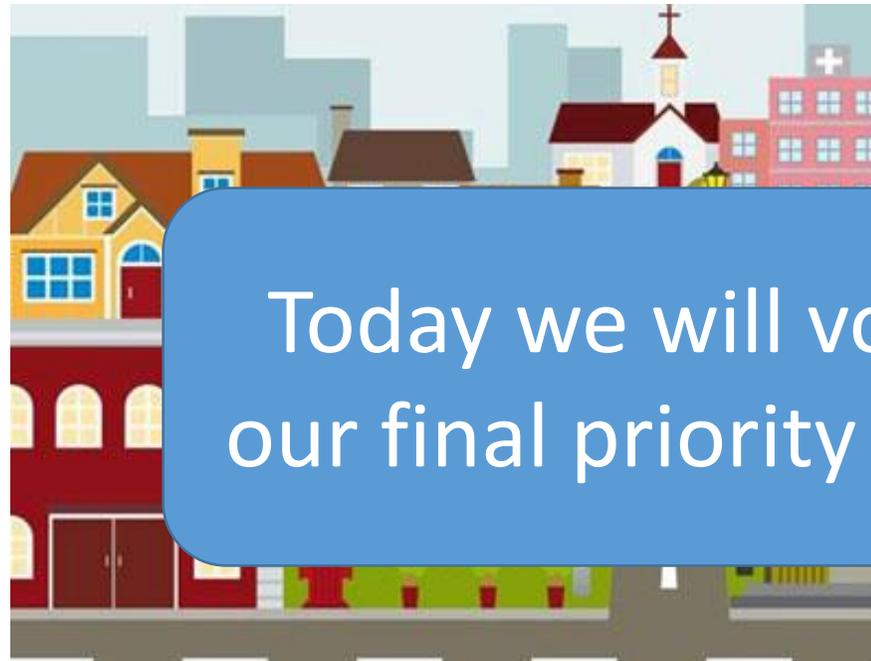




Current Top Issues for Census Tact 435

From the data and discussion previous meetings

- Financial inequity
- Substance abuse
- Housing/built environment
- Access to care
- Obesity



Today we will vote on
our final priority needs!

Informed Decision-Making

County-level Data via the Morris County Committee

Community “Postcard” Surveys in the 435 (N = 163)

Coalition Meetings/ Key Informant Surveys

Resident Interviews (N = 42)

What Do You Like Best About Your Community?

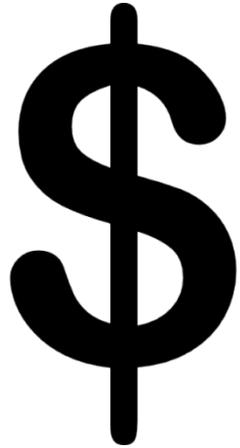
- Proximity to restaurants, stores, banks, parks, churches, and other services
- People look out for one another
- Walkability and sidewalks
- Many organizations serve this area; social services are accessible and not overburdened

“I am close to the churches, the Hispanic bodegas. I can walk places.”

“There are many things [services] nearby. Many people speak my language and [practice] many of my native customs.”

“People are friendly. When someone needs something, people help them.”

Financial Inequity



Key Census Tract Data

Median household income in the 435 is **\$47,394** compared to \$99,132 in Morris County

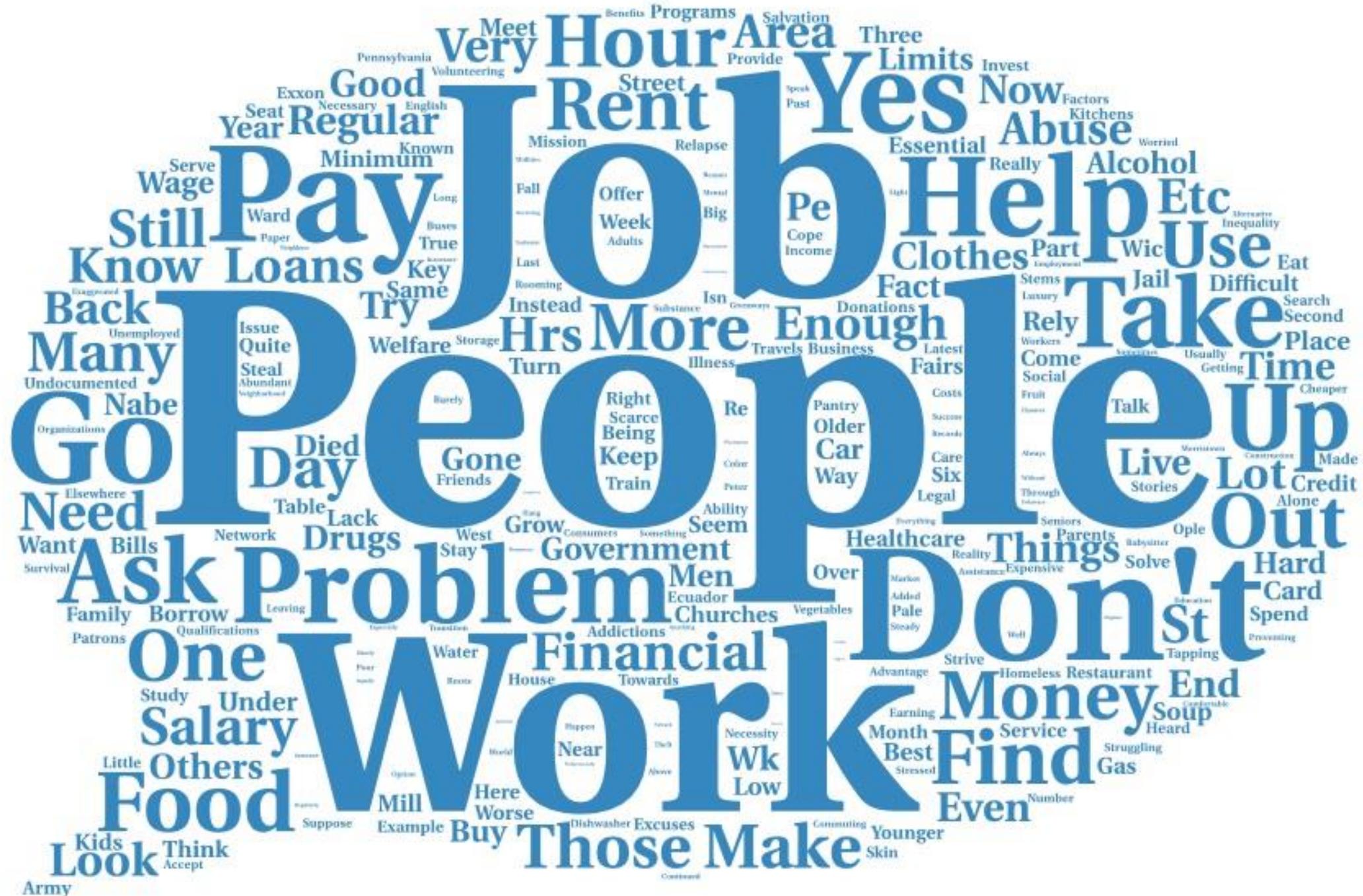
24.1% of families in the 435 live in poverty (3% in Morris County)

39.2% of children in the 435 live in poverty (2% in Morris County)

Key County-Level Data

Income inequality in the county is worse than the NJ county average (GINI coefficient = .451)

51% of residents surveyed and **90%** of residents interviewed said this is an issue



Army

Key Interview Themes

- **Housing costs** and difficulty finding **work** that pays a living wage as key drivers
 - Even more difficult for undocumented neighbors (being “taken advantage of”)
- Use of and need for **social services**
- Reliance on **loans & credit cards**
- Working **multiple jobs**

Representative Quotes

“Undocumented people have it hard. I would say the number of undocumented people seeking social assistance has really gone up in the past year. Earning an income is also hard for people with mental illness or who are struggling with substance abuse -- they can't hang on to their jobs.”

“Rent keeps going up rapidly and the salaries stay the same.”

Substance Abuse

Key County-Level Data



18.9% of adults drink excessively (worse than state average of 16.6%)

The rate of heroin deaths per 100,000 is 5.2, nearly twice the U.S. average

Key Census Tract Data

50.3% of residents surveyed and **95%** of residents interviewed said this is an issue

The majority of residents interviewed said that **alcohol** was the substance that caused the most problems in the 435

Key Interview Themes

- Seen as a general **social trend**
- **Alcohol** most frequently mentioned substance
- Substance use as **stress relief**
- Worry about the **youth**
- Recovery tied to **faith** and use of **support groups (AA)**
- Sense of **hopelessness**

Representative Quotes

“If you can’t make ends meet despite your best efforts, you can’t help but feel worthless and fail to see a way out, pushing you toward drugs and/or alcohol.”

“Nowadays you can find drugs on every corner. It’s the same with alcohol- it’s easy to find.”

“If they realize it [they have a problem], many people look to their faith for help. Others go to help groups like AA.”

Housing/Built Environment

Key County-Level Data



17.4% of county residents live with severe housing problems (worst quartile in the state)

45.1% of residents pay more than 30% of income on rent

Key Census Tract Data

45.1% of residents surveyed and **100%** of residents interviewed said this is an issue

The majority of residents interviewed said **housing costs** were at the primary reason people couldn't afford other basic needs

Key Interview Themes

- **Quality** and **cost** of housing
- Sense of **powerlessness**
 - Most frequent solution response, “nothing”
- **Discrimination** in housing
- **Unhealthy** housing
- Concerns about **youth**
- Housing as a **root cause** of other issues

Representative Quotes

“The houses are destroyed inside and the rent is very expensive. They aren’t maintained. Kids don’t have anywhere to live. Adults and young people are living in the same room. There needs to be more housing available.”

“Waiting lists for affordable housing are astronomically long. Some people can’t afford “affordable housing” (\$700!). People should have something to live with after rent but don’t.”

Access to Care

Key County-Level Data



85.9% of county residents have at least one primary care/personal doctor

9.1% of residents county-wide are prohibited from going to the doctor due to cost

Key Census Tract Data

43% of residents surveyed and **81.3%** of residents interviewed said this is an issue

38.5% of community members in the 435 do not have health insurance

44.6% of ED visits from the 435 in 2015 were non-emergent, primary care treatable

Key Interview Themes

- **Different understanding of “access”**
for healthcare professionals and residents
- Use of **clinics**
- Use of self-diagnosis, **home remedies** & medication from country or origin
- Access limited by **immigration status**

Representative Quotes

“Access to care is problematic for undocumented people, veterans, and for people suffering from mental illness.”

“Some treat themselves with over the counter meds or homemade treatment. In an emergency, they go to the ER.”

“I think that they do [have access]. Those with insurance go to the doctor, those who don't go to Zufall and clinics.”

Obesity

Key County-Level Data



18.1% of county low-income kids are obese (worse quartile in the state)

16.9% of adults county-wide report engaging in no physical activity in the past month

Key Census Tract Data

42.3% of residents surveyed and **81.3%** of residents interviewed said this is an issue

Many residents interviewed link obesity to **financial and/or employment issues** (can't afford healthy food; work multiple jobs and have no time to cook)

Key Interview Themes

- Trying to make ends meeting = **cheep unhealthy food** and **no time to exercise**
- Seen as a **personal problem** and not a community issue
- Others say, not a problem (**hunger**)
- Obesity sometimes **not linked to health**
- **Exercise** and **diet** as primary solutions

Representative Quotes

“It is a problem that many struggle with because we can buy a salad for \$8 or a burger for \$1 except it isn’t really a choice when you need rent money and have a whole family to feed.”

“Some people go to the gym. Some [do] Zumba. The majority [do] nothing. Some diet.”

“It really doesn’t matter what people look like.”

What Else Would You Like to Mention?

- Need more places to **exercise** (open soccer fields, free gym)
- Need for more **mental health** services
- Greater community **involvement** and **agency**
- More responsible community **policing** (no profiling)
- Better **pedestrian safety**
- People **being displaced** by high costs

“We really lack recreation areas where the kids can play and swim and go the gym.”

“Most people in this area move here after they've become successful and their focus is on their own families. For the rest, there's no easy path up the social ladder.”

“We need to be more conscientious and report bad things.”