

Township of Mount Olive, New Jersey
Community Health Assessment



May 2019

Introduction

The municipal government, in coordination with the Health Department, local schools, faith-based organizations, social services, mental health professionals, local clinicians, businesses, hospitals, and non-profit organizations produced this community health assessment for Mount Olive Township, NJ to better understand the health needs of the community. The data collected in the community health assessment will help inform future health programs, services, and influence policy makers in the community. While all of the findings from the data collection tools are important and are brought to the awareness of the reader, it should be understood that it may not be possible for all issues to be addressed.

The community health assessment identifies key health needs and issues through systematic, comprehensive data collection and analysis. This community health assessments uses such principles as:

- Multisector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
- Proactive, broad, and diverse community engagement to improve results
- A definition of community that encompasses both a significant enough area to allow for population-wide interventions and measurable results, and includes a targeted focus to address disparities among subpopulations
- Maximum transparency to improve community engagement and accountability
- Evaluation to inform a continuous improvement process
- Use of data pooled from, and shared among, diverse public and private sources

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Executive Summary

During a 13-month period extending from April, 2018 to May, 2019, a health assessment of Mount Olive Township was planned, implemented and reported. This assessment was completed under the oversight and direction of the Mount Olive Health Improvement Coalition (MOHIC) created by the Mount Olive Health Department Community Health Assessment (CHA) Advisory Committee. The Health Improvement Coalition is comprised of multi-sector community members and organizations with a stake in the health and wellness of the community. The goal of the process was to develop a comprehensive report on the health concerns of the township in order to inform health programs, services and planning in the township.

The CHA Advisory Committee reviewed various processes for conducting health assessment and recommended the Association for Community Health Improvement Community Health Assessment Toolkit to the Mount Olive Health Improvement Coalition (MOHIC) (see Appendix A). This toolkit assists organizations in the CHA process and the steps to follow in completing a CHA. MOHIC followed these steps for creating this health assessment. They included:

1. Reflect and Strategize
 - a. Built CHA Advisory Committee.
 - b. Created CHA/CHIP project timeline.
2. Identify and Engage Stakeholders
 - a. Identified key community stakeholders representing multiple sectors.
 - b. Planned Health Improvement Coalition meeting schedule.
 - c. Invited stakeholders to participate.
3. Define the Community
 - a. MOHIC members identified specific community members and organizations by asset mapping in the 2ND Coalition meeting of 2018.
 - b. Special populations such as non-English speaking, veterans, older adults, food insecure, those with mental health needs, low-income, under-insured, those with chronic disease, those with disabilities, care-givers and minority populations (specifically Hispanics, Asian and African Americans living in Mount Olive) were identified.
4. Collect and Analyze Data
 - a. The community voice survey, created by the North Jersey Health Collaborative, was distributed to residents between March and April, 2018 to collect primary quantitative data on quality of life issues in the community.

- b. Interviews of 11 key informants representing each of the vulnerable populations identified were conducted.
- c. Focus groups representing older adults, 25-35 years of age, and those who are food insecure and/or low-income were conducted.
- d. An analysis of available Atlantic Health System data, county health assessments data, and additional pertinent health data was analyzed.

This Community Health Assessment is intended to inform a Community Health Improvement Plan that will:

- Prioritize Community Health Issues
- Document and Communicate Results
- Plan Implementation Strategies
- Implement Strategies
- Evaluate Progress

The top health concerns identified from the quantitative and qualitative data collection methods are as follows (in no particular order):

- Access to transportation (i.e. transit)
- Sidewalk safety (i.e. active transportation)
- Mental health (i.e. mental health care and stress)
- Access to information and resources (i.e. resources)
- Community engagement (i.e. connection)
- Substance use (i.e. Substance use prevention)

Process Overview

The community health assessment process included 4 distinct phases: 1) Reflect and Strategize, 2) Identify and Engage Stakeholders, 3) Define the Community, and 4) Collect and Analyze Data.

Reflect and Strategize: An Advisory Committee was established comprised of health department staff who are involved in quality improvement, strategic planning, and other performance management activities. The committee recognized the importance of including the community in the process and created the MOHIC that would include members representing multiple sectors. The Advisory Committee determined that the following sectors; among others, needed to be included: local government officials, the police department, schools, faith-based organizations, non-profit organizations, hospitals, health care practitioners, business owners, first responders, and residents of the community.

Identify and Engage Stakeholders: After potential members were identified, the health department asked the Mayor to share a public service announcement about the endeavor on his social media page. In Mount Olive, the Mayor's Facebook page, in particular, is a very effective way to get messages out to the public. Through his page, the public service announcement gained over 2,000 views. In addition, the Health Department sent out a formal email invitation to anyone who expressed interest in becoming involved with the Coalition as well as the community stakeholders identified by the Advisory Committee.

Define the Community: After identifying stakeholders, the Committee created a project timeline that included dates for Coalition meetings, key informant interviews, focus groups, and a draft report. The Coalition accepted the project timeline and the members were to be included in every phase of the assessment process moving forward (see Appendix B).

Together, the Coalition members identified key assets in the community (also known as 'asset mapping', see Appendix C) and defined the community, making sure to focus on any vulnerable or underserved populations in Mount Olive. The Coalition identified community sectors and representatives of each sector who should be considered for key informant interviews and focus groups.

Collect and Analyze Data:

Community Voice Survey: The North Jersey Health Collaborative (NJHC), made up of several northern counties in New Jersey, including Morris County, 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. Their core mission 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.

The Community Voice Survey was developed by the NJHC Data Committee, whose membership included staff from the Mount Olive Health Department. The survey was based on the County Health Rankings and Roadmaps Model, which shows the wide range of factors that influence how long and how well individuals live. The measures are categorized into four factors, physical environment, social and economic factors, clinical care, and health behaviors. The main objective of the survey was to capture whether or not community members felt that these elements, which are considered essential for health, are available in their communities. A copy of the survey questionnaire is included in Appendix D.

The survey was available in English, Spanish, Arabic, and French Creole and it was distributed both online via websites and social media and on paper at community events throughout the county by the NJHC and more than 50 public health and community-based organizations. Organizations that agreed to distribute the survey were given data analysis specific to their jurisdiction. The Mount Olive Health Department, as a member of the NJHC, distributed the survey to their residents. The NJHC analyzed the data collected from Mount Olive's two major zip codes (Budd Lake, 07828 and Flanders, 07836) and returned the analysis to the MOHIC.

Key Informant Interviews: The Coalition created a questionnaire of 11 questions to be asked of key informant participants (Appendix E). The Coalition identified 17 key informants to be interviewed. These key informants were notified via email, and of those, 11 interviews were conducted. Consent forms were distributed and collected prior to each participant's scheduled interview. All interviewees work in the community and many are Mount Olive residents. The 11 interviews lasted approximately 30-45 minutes each. Each interview was recorded and transcribed. Data was analyzed by Health Department personnel using an open and closed coding system looking for reoccurring themes. Common themes were extracted from the data and used for this report.

Focus Group Interviews: The Coalition began recruiting focus group participants by word-of-mouth. After the word-of-mouth approach did not produce a sufficient number of participants, the Health Department created a survey to be shared on Township Facebook pages, including the Mayor's, whose page has over 8,000 followers. The survey was intended for those interested in

participating in the focus groups and asked the respondents their age and if they have children under the age of 18. There were 68 respondents to the survey. Each respondent was then divided into 3 categories: 55 and older, under 35 without children, and those with children under the age of 18. The groups were then invited through a “Doodle Poll” to select the best date and time to meet. Due to the weather and scheduling conflicts, only 2 focus groups were able to meet.

In an attempt to create one more focus group, the Coalition recruited participants from the local food pantry. A Health Department representative set up a table at the food pantry and spoke to patrons about participating in a focus group. The Coalition offered \$25 gift cards to a local grocery store to each participant. A total of 11 patrons signed up.

The Coalition created an 11-question questionnaire to be asked to focus group participants (Appendix E). Consent forms were distributed and collected prior to each participant’s scheduled interview. Each interview lasted approximately an hour to an hour and a half. Each interview was recorded and transcribed. Data was analyzed by Health Department personnel using an open and closed coding system looking for reoccurring themes. Common themes were extracted from the data. In addition to the anecdotal data collected, each focus group participant was asked to draw a picture of what they believed a healthy Mount Olive looked like. Examples of these drawings are found in Appendix F.

Secondary Data: Coalition members recommended existing data sources and/or offered their organization’s data to help inform the secondary data analysis section of the CHA. Various sources were utilized including data from the North Jersey Health Collaborative, U.S. Census Data, New Jersey State Health Assessment Data (NJSHAD), United Way of Northern New Jersey ALICE (Asset Limited, Income Constrained, Employed) Report, and the NJ Behavioral Risk Factor Surveillance System.

Demographic Profile and Relevant Health Statistics

Mount Olive is a Township in Morris County, New Jersey. The township has a total area of 31 square miles, including 29 square miles of land and 2 square miles of water. It is physically located 40 miles west of Manhattan and 20 miles east of the Delaware Water Gap and the border of New Jersey and Pennsylvania. The township was named for Benjamin Olive, a colonial-era Lieutenant Governor of NJ (Gustines, G., 1995). Budd Lake and Flanders are considered unincorporated communities located within Mount Olive Township. Budd Lake was named after John Budd, who acquired 1,300 acres of land in the area in 1714. Flanders was named after a group of early settlers who vacationed in Flanders, Long Island. Mount

Olive is composed of other unincorporated communities, localities and place names that are located completely or partially within the Township; including Bartley, Flanders, Saxton Falls and Waterloo (census.gov).

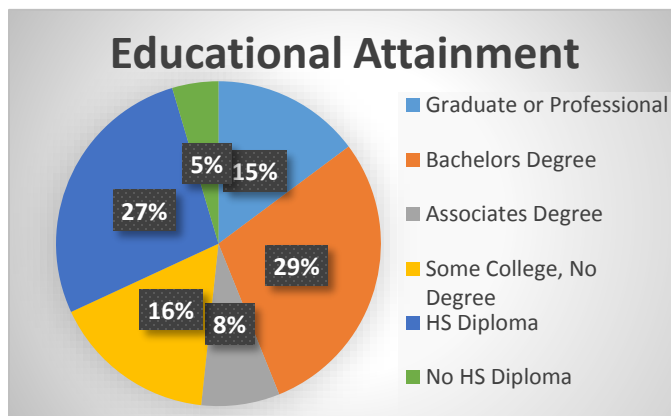
Mount Olive is home to small family farms, historic homes, a couple of recreational dome centers, parks, senior center, township hall, many shops and restaurants, and one of the State's five foreign trade zones. Mount

Olive also consists of a few historic places that are nationally registered. The Seward Mansion by Turkey Brook Park was added to the National Register of Historic Places on December 24, 2013 for its significance in architecture. The Mount Olive Village Historic District which includes the Mount Olive Baptist Church and Schoolhouse was added in 2015. Mount Olive has a highly rated school system, trails and open spaces, recreational facilities, a public library, a township pool, Budd Lake Beach, and an award-winning playground and splash pad. Route 80, Route 206, and Route 46 are three major roads that make Mount Olive easily accessible. There are six schools within Mount Olive with approximately 4,592 students and 358 teachers, with a 12:82 student/teacher ratio.

(NCES, 2017-2018).

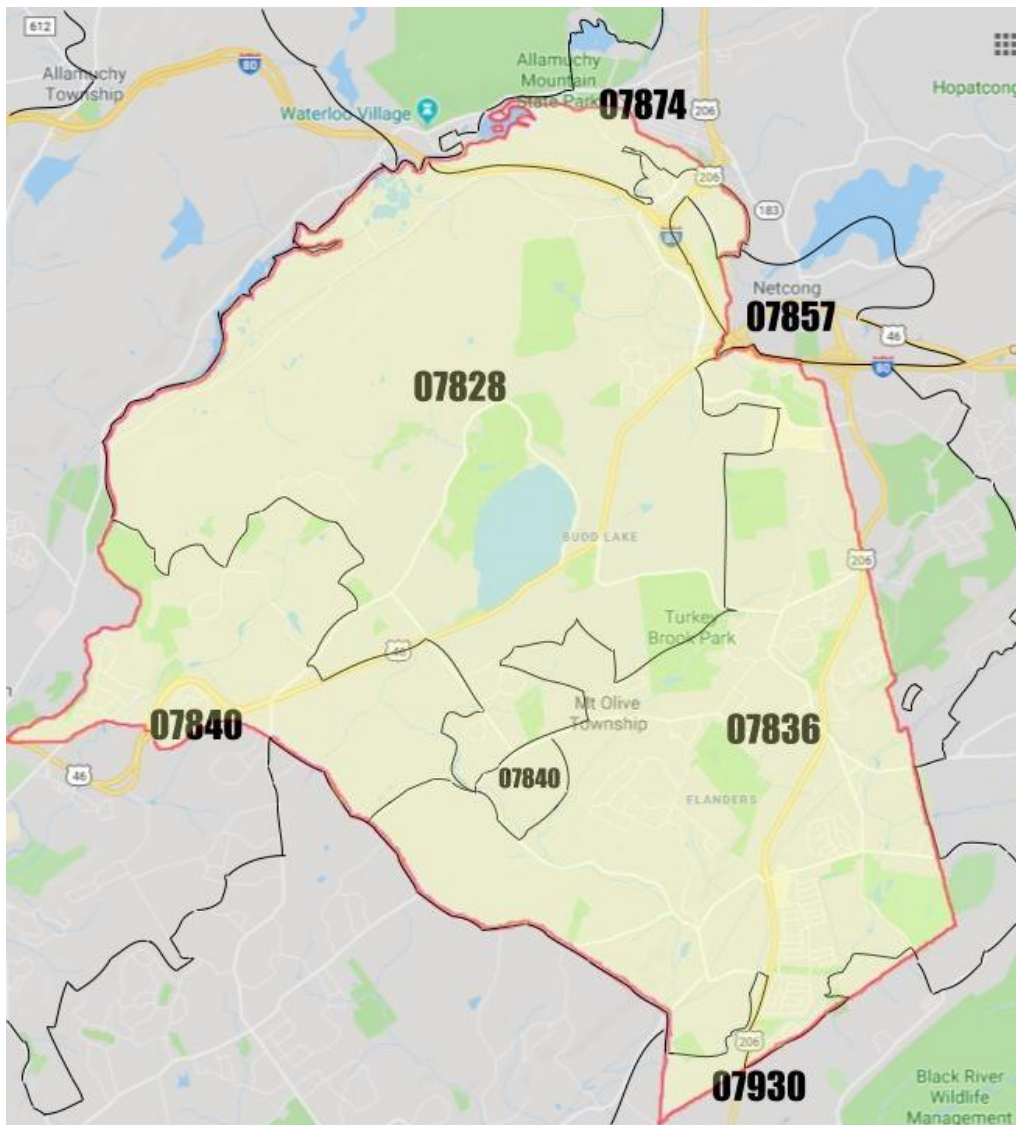


Mount Olive has a population of 28,117 people with a median age of 38.2 and a median household income of \$86,773. There are 12,568 residents in Flanders, 8,868 residents in Budd Lake and 6,581 residents in the other unincorporated communities within Mount Olive.



There are 10,711 households in Mount Olive with 2.70 person per household. About 25% of residents are under the age of 18, and 11.5% of residents are over the age of 65. About 5.5% of Mt. Olive Residents under the age of 65 years are disabled, compared to 4.4% in Morris County. The population of Mount Olive is 70.4% White (alone, not Hispanic or Latino), 12.8% Hispanic or Latino, 6.5% African American, 8.5% Asian and 2% two or more races. About 17.5% of residents are foreign born. About 25.2% of residents speak a language other than English at home. About 95% of Mt. Olive residents age 25 years and over are High School graduates or higher. About 27% of Mt. Olive Residents have a High School degree or equivalent, 24% have some college or Associate's Degree, and 29% have a Bachelor's Degree. 15% of Mount Olive residents have their Master's Degree or higher which is slightly above the National Average of 12%. Life Expectancy in Mount Olive is 83.4 for females and 80.5 for males. Residents living with a disability under the age of 65 years old make up about 5.5% of the population.

Map of the Township of Mount Olive



ECONOMY

Currently about 6% of Mount Olive residents live in poverty and about 4% of the residents are unemployed. With these figures in poverty about 31% of Mount Olive residents are earning income above the federal poverty line but below the basic cost of living, categorizing them as ALICE (Asset Limited, Income Constrained, Employed). ALICE households represent men and women of all ages and races who are working but unable to afford the basic necessities of housing, food, child care, health care and transportation due to the lack of jobs that can support basic necessities and increase in the basic cost of living. About 48.7% of Budd Lake households and 20.6% of Flanders households live with children receiving SNAP benefits compared to 42.0% in Morris County. About 79.6% of Budd Lake and 89.7% of Flanders residents live 200% above the federal poverty line. Of the population under 65 years of age, 7% do not have Health Insurance.

About 46.8% of Budd Lake and 61.4% of Flanders Residents own their own home.

About 39.2% of Budd Lake and 43.3% of Flanders households spend 30% or more of their income on Rent.

About 37% of Budd Lake and 21% of Flanders households are Asset Limited, Income Constrained, Employed (ALICE) (2016)

The median household income is \$77,375 in Budd Lake and \$107,128 in Flanders.

About 48.7% of Budd Lake households and 20.6% of Flanders households receive SNAP for their Children.

About 79.6% of Budd Lake and 89.7% of Flanders residents live 200% above the poverty line.

About 14.2% of Budd Lake and 31.6% of Flanders residents with a disability live below the poverty line.

Category (Economy)	Budd Lake (07828)	Flanders (07836)	Morris County	New Jersey (State)
Households with a Cash Public Assistance Income (2013-2017)	2.0 %	3.5%	1.3%	2.4%
Homeownership (2013-2017)	46.8%	61.4%	70.5%	57.1%
Renters Spending 30% or More of Household Income on Rent (2013-2017)	39.2%	43.3%	43.0%	52.8%
Households that are Asset Limited, Income Constrained, Employed (ALICE) (2016)	37%	21%	24%	28%
Income Inequality (2013-2017)	0.441	0.474	0.457	0.480
Median Household Income (2013-2017)	\$77,375	\$107,128	\$107,034	\$76,475
Per Capita Income (2013-2017)	\$41,595	\$53,717	\$53,491	\$39,069
Children Living Below Poverty Level (2013-2017)	10.8%	5.2%	9.0%	13.5%
Families Living Below Poverty level (2013-2017)	5.3%	2.5%	2.9%	7.9%
Households with Children Receiving SNAP (2013-2017)	48.7%	20.6%	42.0%	51.5%
People 65+ Living Below Poverty Level (2013-2017)	3.5%	4.1%	5.5%	8.2%
People Living 200% Above Poverty Level (2013-2017)	79.6%	89.7%	87.7%	75.9%
People Living Below Poverty Line (2013-2017)	6.9%	5.8%	4.6%	10.7%
Persons with Disability Living in Poverty (5-year) (2013-2017)	14.2%	31.6%	14.7%	21.2%
Young Children Living Below Poverty Level (2013-2017)	11.7%	5.4%	5.3%	17.3%

Category (Social Environment/ Demographics)	Budd Lake (07828)	Flanders (07836)	Morris County	New Jersey (State)
Single-Parent Households (2013-2017)	31.4%	14.4%	15.0%	29.5%
Linguistic Isolation (2013-2017)	2.3%	0.6%	4.4%	7.0%

TRANSPORTATION

Category (Transportation)	Budd Lake (07828)	Flanders (07836)	Morris County	New Jersey (State)
Mean Travel Time to Work (2013-2017) (minutes)	32.0	34.4	30.9	31.5
Workers commuting by Public Transportation (2013-2017)	3.0%	2.0%	5.4%	11.5%
Workers who Drive Alone to Work (2013-2017)	84.1%	84.2%	79.2%	71.5%

Health-Related Services

Mount Olive's emergency medical services are Budd Lake Fire Department and Budd Lake First Aid and Rescue Squad which covers the northern of the Mt. Olive Township. Flanders Fire and First Aid department covers the southern section of Mt. Olive. Hackettstown Medical Center is the closest hospital to Mount Olive, about a 15-20 minute drive. Zufall Health Center is located next to Hackettstown Medical Center, and their mission is to provide quality, affordable, and culturally competent health care to all surrounding residents (Zufall, 2019). Morristown Medical Center is approximately 28 miles, or 35 minutes from Mount Olive and is a Level 2 Trauma Center. Morristown Medical Center has a Children's Hospital, Cardiac Center and Cancer Center. Saint Clare's Hospital in Dover is about 12 miles or 24 minutes from Mount Olive. Another accessible hospital within the Mt. Olive area is St. Clare's in Denville. MAPS is a Morris County Human Services program, that provides curb-to-curb service for residents 60 or older, or residents 18 and older with a physical or mental disability that limits their physical function. MAPS also provides transportation to medical appointments, school, work, and therapies (www.morriscountynj.gov/adv/maps).

The Mount Olive Health Department is staffed by a full-time Health Officer, Deputy Health Officer, Animal Control Officer, four Registered Environmental Health Specialists, Transportation Coordinator, Public Health Nurse, Registrar, and Deputy Registrar. They also employ a part-time Health Educator, and several part-time Animal Control Officers and several part-time Transportation employees. The Health Department focuses on Environmental regulations, Health Education, Vital Statistics, Public Health Nursing, Animal Control, and Senior Transportation.

Health Statistics

The age-adjusted rate of adult emergency department visits for acute myocardial infarction in Budd Lake is 43.9 (per 100,000) and 31.8 (per 100,000) in Flanders.

The age-adjusted rate of emergency department visits due to mood disorder is 65.9 (per 100,000) in Budd Lake and 50.6 (per 100,000) in Flanders.

About 33.8% of Budd Lake adults and 37.9% of Flanders adults 65 years old and over have a Disability.

About 23.0% of Budd Lake adults and 22.4% of Flanders adults 65 years old live alone.

The age-adjusted alcohol-related emergency department visit rate in Budd Lake is 30.2 (per 100,000) and 29.9 (per 100,000) in Flanders.

The age-adjusted rate of substance use emergency department visits in Budd Lake is 32.4 (per 100,000) and there is no data for Flanders.

Category (Health)	Budd Lake (07828)	Flanders (07836)	Morris County	New Jersey (State)
Persons with a Cognitive Difficulty (2013-2017)	2.3%	3.3%	2.8%	3.9%
Persons with a Disability (5 year) (2013-2017)	8.3%	10.1%	8.2%	10.5%
Persons with a Hearing Difficulty (2013-2017)	2.5%	2.8%	2.5%	2.6%
Persons with a Self-Care Difficulty (2013-2017)	1.4%	1.6%	1.8%	2.4%
Persons with a Vision Difficulty (2013-2017)	0.7%	1.0%	1.2%	1.9%
Persons with an Ambulatory Difficulty (2013-2017)	4.4%	4.2%	4.3%	6.0%
Persons with a Disability Living in Poverty (5 years) (2013-2017)	14.2%	31.6%	14.6%	21.6%
Households with Children Receiving SNAP (2013-2017)	48.7%	20.6%	42.0%	51.5%
Age-Adjusted Rate of Adult ED Visits for Acute Myocardial Infarction (2013) (per 100,000)	43.9	31.8	No Data	No Data
Age-Adjusted Rate of Emergency Department Visits due to Mood Disorder (2013)	65.9	50.6	No Data	No Data
Adults 65+ with a Disability (2013-2017)	33.8%	37.9%	29.1%	32.3%
Adults 65+ with a Hearing Difficulty (2013-2017)	17.2%	12.2%	11.9%	11.7%
Adults 65+ with a Self-Care Difficulty (2013-2017)	6.4%	9.5%	7.2%	8.1%
Adults 65+ with a Vision Difficulty (2013-2017)	2.7%	6.3%	4.3%	5.7%
Adults 65+ with an Independent Living Difficulty (2013-2017)	15.3%	17.55	13.0%	14.6%
People 65+ Living Alone	23.0%	22.4%	23.2%	25.9%
People 65+ Living Below Poverty Line (2013-2017)	3.5%	4.1%	5.5%	8.2%
Age-Adjusted Alcohol-Related Emergency Department Visit Rate (2013) (per 100,000)	30.2	29.9	No Data	No Data
Age-Adjusted Rate of Substance Use Emergency Department Visits (2013) (per 100,000)	32.4	No Data	14.1%	25.56%

Disease	Geography	IP & ED Combined Utilization Rate/1,000 Population						Rate Change '12 to '17	Statewide Percentile Rank	
		2012	2013	2014	2015	2016	2017		2016	2017
Heart Attack	Budd Lake/ Flanders	1.26	1.21	1.42	0.72	1.19	1.11	(0.1)	40%	40%
	Morris County	1.07	0.99	0.98	0.93	1.12	1.00	(0.1)	30%	30%
Stroke/ TIA	Budd Lake/ Flanders	1.44	1.36	1.90	1.85	1.44	1.68	0.2	10%	10%
	Morris County	2.09	2.15	2.05	2.26	2.45	2.53	0.4	40%	40%
Heart Failure/ CHF	Budd Lake/ Flanders	1.18	1.80	1.71	1.59	1.66	2.72	1.5	10%	30%
	Morris County	2.44	2.35	2.48	2.42	2.43	2.75	0.3	30%	30%
Hypertension	Budd Lake/ Flanders	66.59	70.39	69.81	75.64	83.13	86.66	20.1	20%	20%
	Morris County	81.92	87.13	87.83	93.68	97.93	102.50	20.6	30%	30%
Diabetes	Budd Lake/ Flanders	28.50	31.14	30.00	31.92	36.26	38.64	10.1	30%	30%
	Morris County	30.99	32.95	33.11	35.33	37.14	39.90	8.9	30%	30%
Obesity	Budd Lake/ Flanders	11.19	11.11	11.77	14.93	14.69	15.67	4.5	50%	40%
	Morris County	7.90	9.54	10.39	11.65	12.42	15.23	7.3	30%	30%
Renal Failure	Budd Lake/ Flanders	1.14	1.43	1.13	1.74	1.66	1.54	0.4	30%	30%
	Morris County	1.19	1.28	1.35	1.69	1.73	1.77	0.6	30%	40%
COPD & Allied	Budd Lake/ Flanders	12.55	12.25	12.10	12.61	16.71	16.53	4.0	40%	40%
	Morris County	12.85	12.90	13.24	14.26	15.69	15.21	2.4	30%	30%
Asthma	Budd Lake/ Flanders	21.60	19.70	21.98	25.25	27.00	26.30	4.7	50%	50%
	Morris County	20.30	20.53	21.86	22.22	24.23	24.17	3.9	50%	50%
Pneumonia	Budd Lake/ Flanders	3.25	3.15	2.55	2.54	3.24	2.83	(0.4)	10%	10%
	Morris county	4.50	3.99	3.74	3.67	3.89	3.78	(0.7)	20%	20%

Cellulitis	Budd Lake/ Flanders	5.21	5.50	6.23	5.25	5.33	5.37	0.2	30%	30%
	Morris County	6.17	5.93	5.76	5.92	5.46	5.34	(0.8)	30%	30%
Mental Health	Budd Lake/ Flanders	12.55	13.17	14.00	13.51	12.96	16.21	3.7	50%	60%
	Morris County	11.97	12.06	13.89	13.34	13.04	14.34	2.4	50%	50%
Substance Abuse	Budd Lake/ Flanders	6.24	5.25	5.80	5.14	7.06	4.79	(1.4)	50%	20%
	Morris County	6.56	6.87	7.08	7.64	7.56	7.06	0.5	50%	50%

Source: Data provided by Atlantic Health System

Analysis of Quantitative Findings:

Community Health Survey

Summary of Results for Mount Olive Township Health Department

This summary presents the responses of people who live in Mount Olive Township (zip codes 07828 and 07836) who completed the 2018 *Community Voice Survey* and how they compare to responses from across Morris County. Data presented in this summary are not fully representative of the views of all individuals in Mount Olive Township Health Department's service area, of all individuals living in Mount Olive Township, or of all residents in Morris County. For more information about the *Community Voice Survey* and to see a more detailed report of the survey results, visit <http://www.njhealthmatters.org>.

It is important to note; the results of the *Community Voice Survey* only represent the views of individuals who chose to participate in the survey and are not representative of all individuals living in the Township. Therefore, results from survey must be viewed within the context of other statistically representative data.

About the Survey Respondents

A total of 386 individuals living in Mount Olive Township completed the *Community Voice Survey*. Respondents were not required to answer every question; therefore, percentages are calculated based on the number of responses to each question and not the number of individuals who completed the survey. Respondents are mostly female (80%), between 45 and 64 years-old (40%), and identify as non- Hispanic White (83%). Slightly more than half (53%) of the respondents live in zip code 07828. Nearly one-third (37%) of respondents have a Bachelor's degree and 37% described their household finances as being "somewhat stable," meaning they are able to handle most of their bills and some unexpected expenses. Almost all (94%) respondents said they have health insurance and 16% said they are providing unpaid care to a family member or friend who is disabled, has a chronic illness, or has issues with aging. When asked to rate their overall well- being between 0 and 10, respondents gave an average score of 7.3 (range = 2-10).

About the Survey Respondents

A total of 386 individuals who live in Mount Olive Township completed the *Community Voice Survey*. Slightly more than half of the survey respondents (53%) said they live within the area covered by zip code 07828; the remaining respondents (47%) said they live within the area covered by zip code 07836.

Survey respondents living in both zip codes are mostly female, younger than 65 years-old, and identify as non-Hispanic White. More than three-quarters of respondents in both zip codes have completed more than a high school education and about half said their household finances are somewhat stable, meaning they are able to handle most bills and some unexpected expenses. Nearly all respondents living in both zip codes have health insurance. Less than one-fifth of respondents said they provide unpaid assistance to a family member or friend who has health issues. Table 1 provides a more detailed description of the demographics of survey respondents living in both zip codes.

Looking between the two zip codes, more survey respondents identified as female in 07828 than in 07836. Respondents living in 07828 are older, with almost twice as many respondents being 75 years-old or older. Respondents living in 07828 are also less educated and are less financially stable than respondents living in 07836.

Table 1: Demographics Of Respondents Living in 07828 & 07836

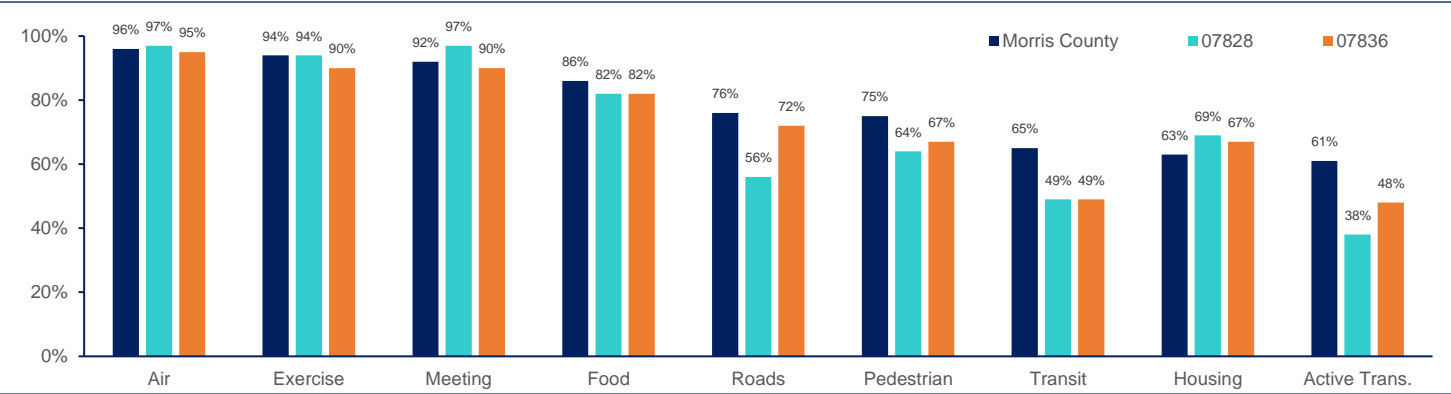
	07828	07836
Gender		
Male	15.8%	24.9%
Female	83.7%	75.1%
Age		
44 and younger	40.4%	36.7%
45-64	37.4%	43.3%
65-74	9.9%	13.3%
75 and older	12.3%	6.7%
Race & Ethnicity		
Non-Hispanic White	83.9%	82.1%
Non-Hispanic Black	2.0%	2.2%
Hispanic	10.6%	12.3%
Other	3.5%	3.4%
Education		
Less than high school	3.5%	1.1%
High school diploma (or equivalent)	17.5%	13.8%
More than high school	70.9%	85.1%
Household Finance		
Struggling hard	3.1%	2.2%
Barely getting by	11.3%	9.4%
Getting by	25.8%	22.1%
Somewhat stable	35.6%	39.2%
Very Stable	24.2%	27.1%
Health Insurance		
No	5.9%	6.6%
Yes	94.1%	93.4%
Providing Unpaid Assistance		
No	84.3%	82.9%
Yes	15.7%	17.1%

Key Factor of Health and Well-being

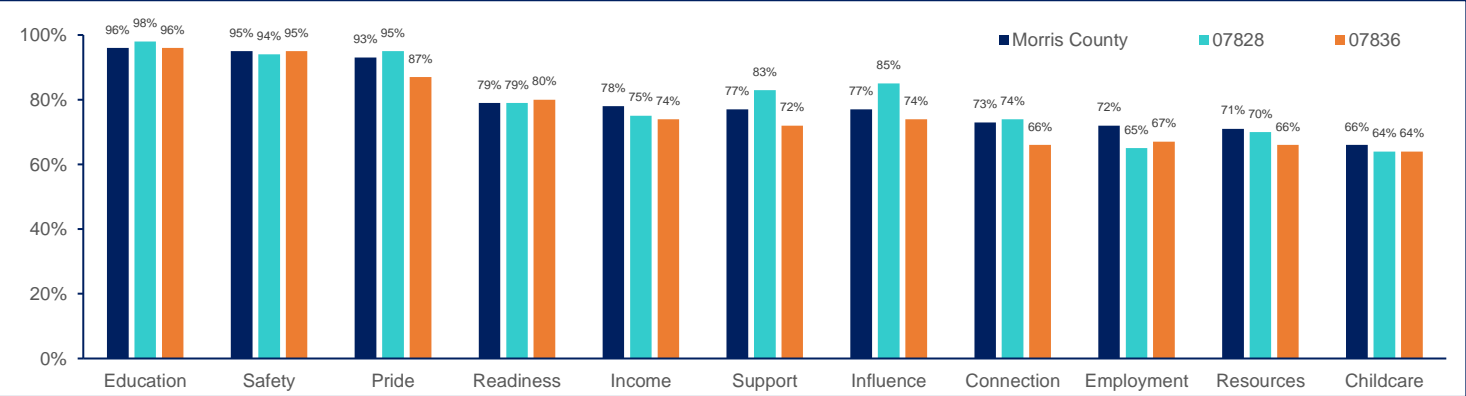
The *Community Voice Survey* asked respondents to state whether they felt 42 measures about health and well-being are “true” or “false” about their communities and themselves. These measures can be categorized into the four health factors in the County Health Rankings and Roadmaps Model: physical environment, social and economic factors, clinical care, and health behaviors. For more information on the health factors, visit www.countyhealthrankings.org.

Results to the key health measures are presented in the following graphs, which compares the responses to each measure collected from the two zip codes within Mount Olive Township (07828 and 07836) against responses collected from respondents throughout Morris County. Additional comparisons between responses from specific sub-populations (e.g., gender, age, race/ethnicity, low-income communities) and between municipalities across Morris County can be found in the county-level report of result.

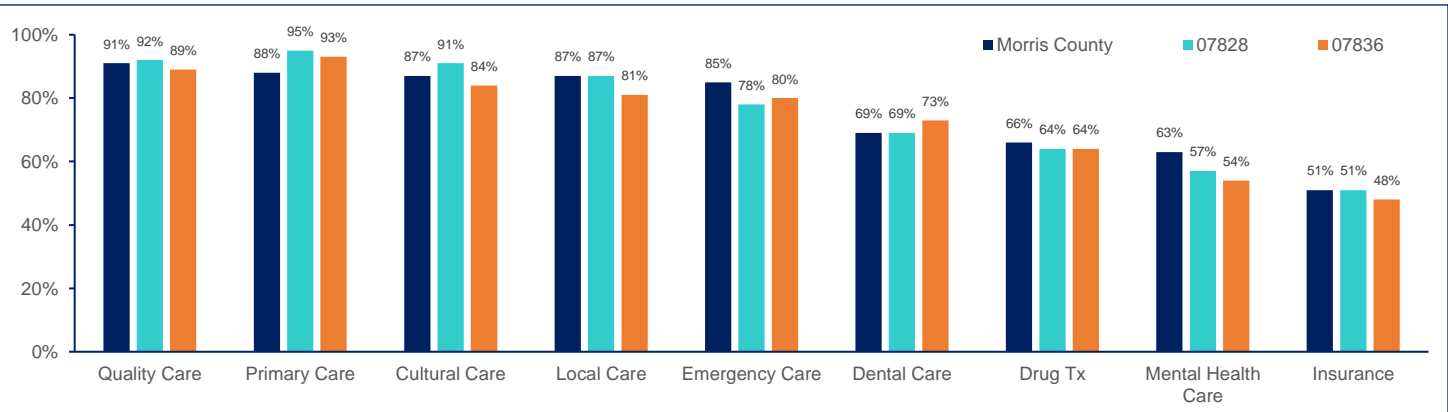
Physical Environment



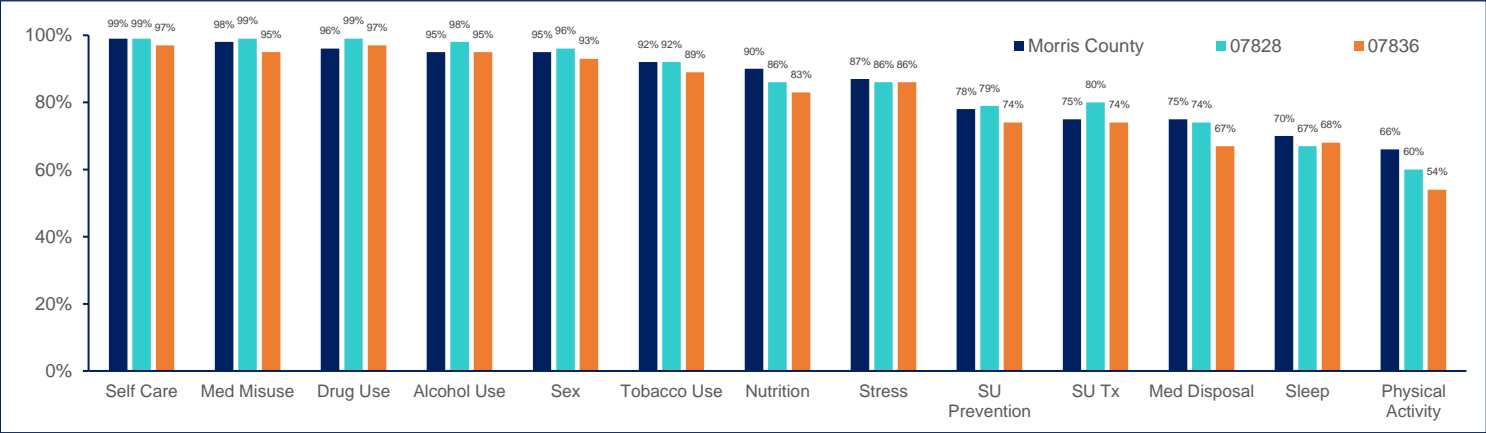
Social and Economic Factors



Clinical Care



Health Behaviors



Analysis of Qualitative Findings: Key Informant Interviews and Focus Groups

The following section summarizes findings and themes obtained from key informant interviews and focus groups conducted in Mount Olive. Key informant interviews are qualitative in-depth interviews with individuals who actively work or live in a community and can provide insight into the challenges a community may face. Focus groups consist of people who have been brought together to discuss a particular subject in order to solve a problem or suggest ideas. Three focus groups of Mount Olive residents were conducted. These interviews and focus groups were used to collect data from a variety of people who can provide their expertise, which can be used to provide evidence for future health programs and policies. Participants were asked to identify health concerns in the community, their recommendations for potential solutions, and some strengths and weaknesses of Mount Olive.

The themes, listed below, are what participants believe affect the health and wellbeing of the community (in no particular order):

- Access to Transportation
- Sidewalk Safety
- Environmental Issues
- Mental Health
- Substance Use
- Access to Information & Resources
- Education and Outreach
- Community Engagement
- Financial Limitations
- Senior Physical Limitations
- Social Media
- Access to Affordable Housing
- Healthcare Access

Participants had many different interpretations of what health meant to them. The summarized findings that follow are representative of the topics that emerged most frequently in interviews and focus groups, however do not include all topics discussed.

Access to Transportation

Definition: Access to transportation means that all residents of a community are able to safely and affordably get around. This includes public transportation, safe roads for vehicles, and affordable transportation services.

When participants were asked about health challenges in the Mount Olive area, many identified that access to transportation was an issue, specifically for seniors. While the Mount Olive Health Department provides transportation to seniors for medical services, nutritional counseling, lunch and learns, grocery shopping and senior meetings, many participants recommended expanding the program to include community events and entertainment. One key informant shared, "I think that having more things available to [seniors] to get them out of their apartments [would be a good addition to services offered in Mount Olive] ... There are so many things, there's beautiful fall festivals coming up around the area and they can't get to it. They can't go to the movies." Another participant mentioned, "I don't know if there's something that's necessarily not working... transportation just needs to be expanded and extended a bit." Some individuals also mentioned safety issues when taking the stairs up and down the senior transportation buses. Seniors have mentioned falling while trying to get up and down the stairs when carrying groceries on shopping days. One individual stated, "A lot of people have fallen, he (pointing to another participant) has fallen twice in the last couple of weeks coming down the stairs of the bus cause he's trying to hold and carry bags at the same time." Participants concluded that a lack of transportation and unsafe transportation conditions becomes a quality of life issue, where active seniors are forced to remain inside their home or apartment, when they would like to participate in events and programs in the community.

Mental Health

Definition: Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Most respondents emphasized their concerns with mental health in Mount Olive. Many expressed that school-aged children may face difficulties when coping with stress from academic pressure and social media. Participants noted that this may affect relationships children have with their parents and the way parents handle stress in their daily lives. Respondents specifically

identified that people today, in general, have more difficulty dealing with the stress and pressures of daily life. One participant noted, "I'm sure when you have one or more children who are experiencing some kind of stress or mental health issue as a result of academic pressure or inappropriate social media interactions, that definitely would have an impact on the family." Another participant shared, "I think that mental health problems, whether its substance abuse or neurological issues or emotional issues or any issue really, has the potential in absolutely destroying a family." Participants mentioned that education about coping and how to deal with stress would be beneficial to Mount Olive residents. Along with this, having access to information and resources about mental health and support groups could aid people who are going through difficulties in life. One key informant stated, "I don't know if it's a factor of Mount Olive Township or just people don't like themselves anymore, [but] people are just looking to satisfy needs. Sometimes its depression or bad relationships, there just seems to be a culture of that." Respondents also mentioned that these were not issues exclusive to the Mount Olive area. Most interviewees expressed that mental health is a concern all across the country and should be addressed across all age groups.

Substance Abuse

Definition: Substance abuse is defined as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

When participants were asked about health issues in Mount Olive, many emphasized that substance abuse was a significant problem in the community. Respondents mentioned that substance abuse affects all ages and is not an issue that is exclusive to Mount Olive residents. Many expressed concerns over substance use issues all across the country. One key informant stated, "We do have an issue with overdose[s]... [there] seems to be a start of an epidemic of overdoses in Mount Olive township." Another participant emphasized, "One thing that I think is affecting and is creating a situation for substance abuse is the very easy access to obtaining it, obtaining illegal drugs, for one." Participants also mentioned potential solutions to the substance use issue in the Mount Olive area. Some mentioned sober living homes and longer rehabilitation and others mentioned education for individuals so they can understand the signs of addiction. One of the interviewees suggested, "I think that making funds available for long term rehab in patient stays for substance abuse individuals would be good. I think that the development of sober living homes for treatment after rehab would be great." Another key informant noted the need for "...public education...on opiates and addiction...especially with pain medications. So just what to watch out for and signs of addiction, some people don't even realize until they're addicted. I hear that a lot." This may suggest that making individuals aware of how to dispose of medication properly, signs/symptoms of addiction, and other topics related to substance use

could be beneficial for the younger population and families who may be facing addiction in their households.

Access to Information and Resources

Definition: Access to information and resources is defined as the ability for an individual to seek and receive information and resources effectively.

A lack of information and resources was another health challenge expressed by respondents. Many participants recommended a resource booklet or pamphlet that could help individuals identify agencies and organizations that can assist them with their personal or family health issues. One key informant shared, "the town of Mt. Olive [should] offer a resource book with all these different things, list the AA meetings, bereavement meetings, different organizations that help you with whatever it might be in one place, easily reachable." Another key informant also mentioned, "I learn something new every day, like multiple... services that are out there...it's a matter of condensing this information into kind of one place and make it easier for them to navigate." Participants recommended that information be distributed to all residents in the area in pamphlet or booklet form and accessible online for those that like to access information digitally. Participants emphasized that they have challenges remembering what services organizations provide and how to direct individuals to the appropriate information they need. Therefore, they may utilize a resource booklet or pamphlet in their professional career to help guide individuals in seeking resources.

Financial Limitations

Definition: Financial limitations is defined as potential financial burdens individuals or the community could face when addressing issues.

Financial concerns were mentioned throughout many of the interviews conducted. When asked about potential challenges in addressing health concerns in the Mount Olive community, many reported that funding for programs and education would be difficult to obtain. One key informant emphasized, "I think any time you make improvements, it doesn't only take a lot of collaboration, but takes a lot of funds. I'm sure that's going to be the challenge of Mt. Olive and reaching the needs in an affordable way without having the tax payers dip into their pockets for it..." Another interviewee mentioned, "Certainly a lot of it comes down to funding... I mean a transportation program costs money. You have vehicles, you have to pay the individuals, unless you can find volunteers but that's challenging." Participants also mentioned applying for grants as a solution to financial challenges in order to obtain funding for projects.

Although participants frequently reported that there would be financial hardships in amending health issues in Mount Olive from the town's perspective, they also mentioned that financial stress was a health issue for Mount Olive residents as well. One key informant shared, "I would say the biggest health issues are people who don't have a lot of resources and they probably can afford food but they may not be able to afford enough or the variety that most of us would take for granted..." Another participant reported, "I think that's just a feeling I have. I think there's a lot of families in Mt. Olive that are in dire need of help." Financial hardship for individuals was mentioned frequently in terms of the many themes expressed throughout this report. According to respondents, many individuals in the Mount Olive area may be facing financial difficulties in affording transportation, housing, and mental health care. In general, interviewees expressed concerns with the finances of community members in Mount Olive, the finances of the township, and the financial burden that may occur if the town were to implement changes.

Social Media

Definition: For the purpose of this report, social media is defined as interactive web-based applications, which include user generated content. Social networking sites include but are not limited to Instagram, Facebook, Twitter, Snap Chat and LinkedIn.

When asked about health concerns in the community, individuals frequently mentioned social media as a factor that could potentially harm the health and wellbeing of people in Mount Olive. Many participants linked social media interaction to stress they were experiencing personally. One individual mentioned, "I don't want to leave my house to accidentally run into one of these monsters that told me that I'm an idiot" when speaking about Facebook posts from other residents in the community. Another individual also expressed dissatisfaction with the community's Facebook pages, "the Mount Olive Facebook pages... Somebody will put a comment and they will just attack them, if they don't agree with their viewpoint, they just attack them." Residents recommended the town implement moderators or a system where negative and inappropriate comments would not be tolerated in Mount Olive social media groups. Participants also mentioned potential negative influences social media has on children and adolescents in terms of cyberbullying. One key informant mentioned, "We see a lot of issues that do arise in schools... [they] come to us via social media misuse, poor behavior, inappropriate stuff on social media and I think that creates pressure on kids." Many participants expressed concern about the overuse of social media outlets in both children and adults.

Access to Healthcare

Definition: Access to healthcare is defined as the ease with which individuals can obtain medical care to achieve the best health outcomes.

In our findings, participants frequently mentioned difficulties obtaining the healthcare services they needed. Veterans, in particular, expressed challenges when it came to utilizing veteran hospital services due to transportation limitations. One key informant stated, “I’m sure they have an opportunity as a veteran to go to Lyons Hospital and I’m sure they would be accommodated for these shots, but...it’s an hour and 10 minutes to get there. If they don’t have transportation, how do they get there?” Veterans were concerned about how far many had to travel to obtain healthcare services, especially if they had barriers such as transportation or physical limitations. They recommended that Mount Olive and other transportation programs expand their services to accommodate veterans so that the hospitals they attend can be accessible. Other members of the community were also traveling far distances to their doctors. One resident mentioned, “I’m still going to my doctors in Clifton. I’d rather get someone closer but I don’t know who to go to [or] where to go... I don’t want to drive far.” Another resident explained that it seemed all services including health programs and seminars were in Morristown, “Mount Olive is the second largest town in Morris County next to Parsippany and we don’t really have the kind of services local. You have to go to Morristown, that’s my biggest complaint. You have to go to Morristown for everything.” Community members expressed a need for more local health services, especially for seniors and veterans and those who have difficulty obtaining transportation.

Environmental Issues

Definition: Environmental issues are defined as problems with air, soil, water, etc. that have developed due to human interference and harmful human activity.

While Mount Olive community members and residents spoke highly of Turkey Brook Park and the surrounding hiking trails, some concerns emerged from residents about Mount Olive’s air and the water quality of Budd Lake. When asked to describe what a healthy community looked like to them, one focus group participant said, “no more mint smell would be nice at Clover Hill.” Participants had described a persistent mint smell from the Clover Hill section of Mount Olive, which they attribute to a company in the surrounding area. Other residents mentioned seeing garbage in the parking lots of businesses and in the surrounding woods. One participant stated, “[that] parking lot is filthy, it’s absolutely filthy with garbage. And it’s been plowed up under the snowstorms and you know now it is melting out of the piles. I take walks in the woods and I find garbage everywhere.” Many recommended organizing clean ups around the town with volunteers to improve the appearance and health of the town. Participants expressed disappointment with the progress and remediation of Budd Lake. One individual mentioned, “There’s nobody there. I ride past it, there’s nobody there and there’s not going to be anyone there. It was a good idea if it was a decent place to swim but it’s not. Until we stop all the fertilizers going in and making all the algae, we’re not going to have a decent lake to swim in.” Focus group participants recommended public education regarding pollution and remediation status of the lake.

Senior Physical Limitations

Definition: Senior physical limitations refers to the difficulties seniors may experience that can interfere with the ability to perform usual daily activities.

Most senior participants communicated their concerns with physical limitations they experience on a day to day basis that could lead to falls or injuries. For instance, one participant explained, "...not being able to lift things, not being able to get on a ladder, not being able to do a lot of things in your home that you can do when you're young. I don't dare get on a ladder anymore. That's the kind of stuff where we need help, we can't do it. Even if we have family that lives in the area, we need the assistance that way and I'm sure people that live in a house and not in a senior facility would need some kind of assistance also." The participants mentioned that there was no service available and they had no one to call when they needed help with small household tasks. They also explained that township apartment associations were unable to assist them with many of these tasks. Some suggested that the town incorporate an affordable handyman service that could be utilized for these tasks.

Sidewalk Safety

Definition: For the purpose of this report, sidewalk safety refers to paved sidewalks where no tripping hazards exist or conditions that make routes inaccessible.

When asked about health concerns in the community, participants identified unsafe sidewalks as a factor that could harm the health and wellbeing of Mount Olive residents. Many individuals mentioned that they had to walk on roads due to the lack of continuous sidewalks and because of the poor quality of sidewalks. One focus group participant stated, "You have to walk in the road. You can't walk on the sidewalks at all..." when discussing the quality of sidewalks in Mount Olive. Another participant mentioned, "I got stuck there a few weeks ago. I had to wait for the police to come and lift my chair on the sidewalk..." Many participants expressed how dangerous they believed the sidewalks are for seniors, and for children who would like to ride their bikes.

Access to Affordable Housing

Definition: Access to affordable housing refers to the availability of housing which is deemed affordable to those with a median household income or below as rated by the federal government or local or state government.

Affordable housing was another health concern that came up throughout many of the interviews conducted. Participants expressed that housing is not affordable and accessible to the low-income senior population. One participant explained, "Average rent in this area for a 1-bedroom apartment is 1200-1400 dollars, a senior makes around 500-600 dollars a month. How are they

supposed to pay for that?" According to respondents, there are some solutions that can be adapted to ease the financial burden of housing on seniors. Some indicated home sharing or having roommates as a potential option for seniors who are struggling financially. One participant mentioned, "I think more subsidized senior housing and maybe even more home sharing. I know there was a home share program kicked off a few years ago, I don't know how well it's been doing." However, the participants noted that the issue of senior housing is complex due to the costs associated with renting and owning a home in the area. They emphasized that seniors would have to be willing to downsize or share their home, which can be an overwhelming life change for an individual.

Access to Education

Definition: For the purpose of this report, access to education refers to the availability of adequate educational activities, lessons, and programs for the public.

Throughout the interviews conducted, many participants mentioned the importance of having more education and outreach. Many different topics were discussed such as having more education on coping skills and signs of addiction. One respondent mentioned, "...young people have not been appropriately educated, instructed, or helped in developing appropriate coping skills in a culture that is going at a very very fast pace." Many believed that providing programming in schools could be beneficial for the younger population. Some participants were also open to having the health department come to their establishment and provide presentations. "I'm thinking that maybe... even more outreach. I would be happy if somebody would come over here and have a health information time and maybe in other forums." Key informants expressed that more health education in general could be beneficial, and some expressed interest in social media programs. Due to busy schedules, participants recommended using Facebook and other social media outlets to watch educational health-related videos.

Community Engagement

Definition: Community engagement and support refers to the ability to work collaboratively with community groups and individuals to address issues that impact their wellbeing.

Participants in both focus groups and key informant interviews, expressed that there was a lack of community engagement in the Township. While many supported local events that the community was organizing, participants expressed a need for events that included activities and entertainment for adults. Respondents who did not have families or children mentioned that many of the local events were not geared towards them. One respondent expressed, "I don't think that there was anything that would draw me out of my house to engage [me] in the community ...before we had a kid. So I think that there are lots of things offered for families and not so

much offered for [non] families.” Another resident expressed a desire to engage more with neighbors and the community, but was unaware how to do so, “now my kids are grown...I don't know how to get in touch with people...” Another participant inquired about volunteer opportunities, because they did not know of anything available in the community and felt as though it was difficult to obtain volunteer information. Residents and community members recommended more events for adults and opportunities for adults in the area to meet new people.

Strengths of Mount Olive

Participants were asked to identify what Mount Olive Township does well for it's residents in terms of supporting health and wellbeing. Many mentioned that the health department has many strengths and resources for individuals who need them. One respondent shared, “...I think the health department has done a good job...I'm always seeing signs posted about various health screenings that are being offered and they seem to be offered at times which work for families, a lot of services to seniors as well as other people and I think that that's really come a long way.” Some also reported that the senior center was a good location for the senior population to get together. One key informant stated, “We have a lot of outside agencies not with [the Township] that come in and do a lot of volunteering here to help the seniors... I know they have the senior center and they do a lot there.”

When participants were asked if they felt that residents of Mount Olive were healthy, most responded positively. Many believed that the residents were healthy and happy overall, however, improvements could be made. One key informant stated, “As a whole I would say yes, most of the residents are healthy because this is a productive community, we have regular businesses that are working particularly well since the economy is getting better.” Another key informant mentioned, “I would say so, I think most people are [healthy]. I think most people try to take care of themselves...I would say they're pretty healthy.” Others expressed that Mount Olive has a mix of healthy people and unhealthy people, but this does not differ from communities around the country

Conclusion

As the analysis and examples in this report have demonstrated, a wide array of factors influence the community's health. When considering all three data collection methods: the 386 responses from the Community Voice Survey, the 11 Key Informant Interviews and the three Focus Groups, common themes were addressed from the measures categorized into the four health factors in the County Health Rankings and Roadmaps Model: physical environment, social and economic factors, clinical care, and health behaviors. Major common themes found in a comprehensive analysis of the data collected are (in no particular order):

- Access to transportation (i.e. transit)
- Sidewalk safety (i.e. active transportation)
- Mental health (i.e. mental health care and stress)
- Access to information and resources (i.e. resources)
- Community engagement (i.e. connection)
- Substance use (i.e. substance use prevention).

Biases and Considerations

Understanding bias is paramount for the conduct of sound research studies. In the context of research methodology, bias refers to the presence of systematic error in a study. While biases were considered during the data collection phase of this assessment, not all biases can be avoided. Therefore, it is important to take into consideration the following facts, confounding variables and identified biases:

First, this study may not be considered representative of the entire population of the Township of Mount Olive. 386 respondents, in which 80% were female, participated in the Community Voice Survey, representing only 1.3% of the entire population. Additional sample size considerations are the size of the focus groups, also representing a small percentage of each of their special populations as well as the fact that there are more zip codes that make up the Township of Mount Olive than just Flanders and Budd Lake (the two main zip codes represented in this assessment). The reason for this is Flanders and Budd Lake comprise about 80% of the Township of Mount Olive's population and are completely enclosed within the Township. The other towns comprise just under 20% of the population and were not represented in the secondary analysis and survey portion of this assessment since many are not completely within the Township, or are disbursed sporadically throughout the Township.

Confounding Variables

A Confounding Variable is an extraneous variable whose presence affects the variables being studied so that the results you get do not reflect the actual relationship between the variables under investigation. A potential confounding variable lies within the responses to the Community Voice Survey. As listed in the survey results section of this assessment, many respondents focused on road conditions. When surveying, in early Spring, it was known to be a time when the roads were in less than desirable condition immediately following a harsh winter.

Potential Biases

Personal Bias: Personal biases are subliminal obstacles that can undermine impartial decision making. They commonly introduce unwarranted opinions and feelings into contemplation of an issue, making it hard to come to an objective and neutral decision. Participants in the key informant interviews and focus groups may have had their own personal views on the topics to be discussed in the interviews, therefore skewing the objectiveness of their responses.

Expectancy Bias: Participants may have varying expectations of the purpose or task of the focus group. This can lead to response variance due to expectancy gaps that is not truly reflective of the participant's view or opinion of the test materials.

Social desirability bias or social acceptability bias: Many participants respond inaccurately just so that they can be liked or that they would be better accepted, especially in cases of sensitive questions or questions on personal or controversial topics.

Next steps

The Coalition will be using the data found in this health assessment to inform a Community Health Improvement Plan (CHIP). A CHIP is one approach for a community to address a collective responsibility and marshal resources of specific, accountable community entities to improve the health of its members. This collective responsibility, a community partnership, is integral to the effectiveness of this community health assessment. Actionable, sustainable results and policy recommendations will be the main focus of the CHIP moving forward. A directory of services, created by the Health Department will assist in informing the CHIP goals and objectives (Appendix G).

APPENDIX A: COMMUNITY HEALTH ASSESSMENT TOOLKIT



APPENDIX B: PROJECT TIMELINE

Planning			Phase 1: Survey Distribution and Data collection			Phase 2: Data Analysis		Phase 3: Community health improvement planning		
	June	July	August	September	October	November	December	January	February	March
Distribute CVS										
Finalize 1 st meeting of CHA/CHIP group										
Send out invites										
Finalize Meeting materials										
Hold 1 st meeting/share CVS data if possible										
Hold focus group 1 (adolescent)										
Analyze focus group data										
2 nd meeting/report on informant interviews										
Analyze key informant data										
3rd meeting/report on focus groups & secondary data analysis										
Conduct secondary data analysis										
Final Draft of CHA sent to stakeholder										
Feedback on CHA from community. On website & offer form to submit comments.										
Hold 4 th meeting. Comments/ edits to CHA and Rank issues										

APPENDIX C: ASSET MAP

Individuals

Activists, Business Owners, Retirees, etc.
Examples: Charles Aaron Jamie Bennett Lori Bertholf Susan Breton Lisa Brett Samantha Bunsu Leigh Clancy Rhonda Cohen Jill Daggon Fred Detoro Karen Feldman Christine Frey Bruce Gallagher Helen Giles Laura Hawkins Priscilla Iturrino Matt Jones Mark Kana Cheryl Kane Colleen Labow Wendy Long Mauro Magarelli Greg Merkle Anthony Miccio Susan Morse Jennifer Murphy

Denise Novaky Elizabeth Ouimet Mike Radvansky Gail Reuther Gwendolyn Rippey Elizabeth Sturgeon Andrew Tatarenko Derrick Webb Trevor We'gle
--

Groups

Local businesses, advocacy organizations, civic groups, faith- based organizations, etc.
Examples: Board of Education Board of Health Town Council Lion's Club Key Club Kiwanis Masonic Lodge Knights of Columbus Parent Groups Leo's Club School PTA's Boy/Girl Scouts LGBTQIA groups Neighborhood Associations Senior Club Faith-based: Mountain Top Church United Methodist United Presbyterian Budd Lake Chapel Christ Church Temple Hatikvah Break Point Church St. Jude Parish St. Elizabeth Ann Seton

Organizations

Industries, colleges/universities, law enforcement, parks and recreation, social services, health departments, etc.
Examples: St. Clare's Hospital Atlantic Health Mount Olive Schools County College of Morris Mount Olive Manor Morris Co. Health Department Morris Co. Social Services Planning Board Recreation Department Police Department Fire Department(s) Emergency Medical Services Paragon Village County Nutrition Program Chamber of Commerce WRNJ Siemens Weis Shoprite CVS Care One NJCEED Zufall Health Center

APPENDIX D: COMMUNITY VOICE SURVEY TOOL



Community Voice Initiative

INTRODUCTION

We're reaching out to you because you are connected with the **Mount Olive Township Health Department**. The Mount Olive Township Health Department is a partner of the North Jersey Health Collaborative, a group of more than 150 organizations working together to create healthy communities and healthy people [www.njhealthmatters.org]. Every three years, we try to figure out what topics we should focus on to improve health in northern New Jersey.

To make sure we choose the things that really matter, we need to hear from people who live and work in our communities. This is your chance to tell us what you think we should focus on. This should take about 12 minutes and you can skip any questions you do not want to answer. **Your answers are completely confidential** (they won't be shared with your name) and **whether or not you want to share your voice is up to you**. If you would like to get a copy of the results, be involved in future conversations, or enter for a **chance to win \$100**, you can add your contact information at the end.

- ☐ I understand and I am ready to share my voice
- ☐ I do not want to participate

ABOUT YOU

This section asks questions about you and where you live. We are asking for this information to make sure that we talk to a wide variety of people (of different ages, ethnicities, etc.). It will not be used to identify you.

1) WHERE DO YOU LIVE?

County Name: _____

Town/Municipality Name: _____

Zip Code: _____

Neighborhood Name (if applicable): _____

2) HOW OLD ARE YOU?

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 | |

3) WHAT IS YOUR GENDER IDENTITY?

- ☐ Male ☐ Female ☐ You do not have an option that applies to me
(please specify) _____

4) ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?

☐ Yes ☐ No

5) WHAT IS YOUR RACE? HOW WOULD YOU DESCRIBE YOURSELF? [PLEASE CHECK ALL THAT APPLY]

☐ White ☐ Black or African American ☐ American Indian/Alaskan Native
☐ Asian ☐ Native Hawaiian or Pacific Islander
☐ You do not have an option that applies to me (please specify) _____

6) WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE FINISHED?

☐ Less than 9th grade ☐ 9-12th grade, nodiploma
☐ High school graduate (orGED/ equivalent) ☐ Associate's Degree or Vocational Training
☐ Some college (no degree) ☐ Bachelor's degree
☐ Graduate orprofessional degree ☐ Other (pleasespecify): _____

7) WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSEHOLD FINANCIAL SITUATION?

☐ Struggling hard (behind on most bills, hard to put food on the table)
☐ Barely getting by (make late payments on some bills, but have food & housing)
☐ Getting by (can pay for necessities, as long as nothing goes wrong)
☐ Somewhat stable (can handle most bills and some unexpected expenses or emergencies)
☐ Very stable (can afford all bills and unexpected expenses or emergencies)

8) DO YOU CURRENTLY HAVE HEALTH INSURANCE?

☐ Yes ☐ No

9) DO YOU PROVIDE UNPAID ASSISTANCE TO A FAMILY MEMBER OR FRIEND WHO HAS PHYSICAL, DEVELOPMENTAL OR PSYCHIATRIC DISABILITIES, CHRONIC ILLNESS, OR ISSUES OF AGING?

☐ Yes ☐ No

PHYSICAL ENVIRONMENT

Next, we want to know about some of the things in your neighborhood that can influence your health, from the air you breathe, to the roads and sidewalks you walk on every day. This is called the **physical environment**. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

In my neighborhood...

Air is clean and breathable [Air Quality]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are parks, playgrounds and other places where people can get exercise safely for free or at a good price [Exercise opportunities]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can buy healthy food at a good price [Food Access]	<input type="checkbox"/> True	<input type="checkbox"/> False

There is enough affordable housing and it is safe and well-kept [Housing]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are public places where neighbors can get together, like open spaces, a public library or a community center [Meeting Places]	<input type="checkbox"/> True	<input type="checkbox"/> False
Roads are safe and well-maintained [Roads]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can walk around the neighborhood and cross streets safely [Pedestrian Safety]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are public places people can walk or bike to safely (they don't need a car) [Active Transportation]	<input type="checkbox"/> True	<input type="checkbox"/> False
There is a good access to transportation –people can get to work, school, businesses, healthcare facilities and places of worship easily and safely [Vehicle/Transit Access]	<input type="checkbox"/> True	<input type="checkbox"/> False

SOCIAL AND ECONOMIC FACTORS

Now, tell us about some issues related to people in your neighborhood—how they get along with one another and their ability to get an education and make a living. These are called ***social and economic factors***. Take a look at the list below and mark if the statement is true or false for your neighborhood.

If you don't know, leave it blank.

In my neighborhood...

People feel safe from crime and violence [Community Safety]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are opportunities for people to get a good education [Education]	<input type="checkbox"/> True	<input type="checkbox"/> False
Neighbors know one another [Social Connection]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are enough jobs and most people who want a job can get one [Employment]	<input type="checkbox"/> True	<input type="checkbox"/> False
People make enough money to afford basic needs, like food, housing, and transportation [Income]	<input type="checkbox"/> True	<input type="checkbox"/> False
People look out for each other and take care of one another [Social Support]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to safe, high-quality child care at a good price [Child Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
People know where to go if they have a problem or need assistance on a regular basis [Access to Resources]	<input type="checkbox"/> True	<input type="checkbox"/> False
People know where to get help in times of crisis or emergency [Community Readiness]	<input type="checkbox"/> True	<input type="checkbox"/> False
People feel proud to live here [Community Pride]	<input type="checkbox"/> True	<input type="checkbox"/> False
If there is a problem, community members can get it solved [Community Influence]	<input type="checkbox"/> True	<input type="checkbox"/> False

CLINICAL CARE

Next, tell us a bit about healthcare in your neighborhood, including emergency treatment, doctor's appointments, specialty care, tests and procedures. This is called **clinical care**. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

In my neighborhood...

People can get health information in a language they understand and healthcare decisions fit with the culture of the person getting the care [Culturally-Relevant Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can get health insurance that is affordable and covers the care that they need [Health Insurance]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are places close-by where people can get healthcare [Local Care Options]	<input type="checkbox"/> True	<input type="checkbox"/> False
Most people have a doctor they consider to be their personal doctor, who they can go to get healthy and stay healthy through regular check-ups [Primary Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
The healthcare that people receive is of good quality [Quality of Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality dental care at a reasonable price [Dental Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality care for substance use disorders (or substance use) that is close by and available at a reasonable price [Drug/Alcohol Treatment]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality emergency care that is close by and available at a reasonable price [Emergency Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality mental health care that is close by and available at a reasonable price [Mental Health Care]	<input type="checkbox"/> True	<input type="checkbox"/> False

HEALTH BEHAVIORS

We've asked you to talk about your neighborhood. Now, we would like to know about your own health behaviors. **Health behaviors** are the decisions and actions that you make that can influence your health for better or worse. Take a look at the list below and mark if the statement is true or false for you personally. If you don't know, leave it blank.

For me personally...

I do not use alcohol to excess; my use of alcohol does not cause any problems in my life [Alcohol Use]	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not use drugs to excess; my use of drugs does not cause any problems in my life [Drug Use]	<input type="checkbox"/> True	<input type="checkbox"/> False
I eat healthy foods most days [Nutrition]	<input type="checkbox"/> True	<input type="checkbox"/> False
I get enough exercise and lead an active lifestyle [Physical Activity]	<input type="checkbox"/> True	<input type="checkbox"/> False

If I engage in sexual activity, I do it safely (take measures to protect myself and others from disease) [Sexual Activity]	<input type="checkbox"/> True	<input type="checkbox"/> False
I get enough sleep and feel well-rested most days [Sleep]	<input type="checkbox"/> True	<input type="checkbox"/> False
I am able to manage my stress most days [Stress]	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not use cigarettes, vaporizers (e-cigs), or smokeless tobacco (like chew or dip) [Tobacco/Nicotine Use]	<input type="checkbox"/> True	<input type="checkbox"/> False
If I need information on substance use prevention for myself or someone I know, I know where to find it [Substance Use Prevention]	<input type="checkbox"/> True	<input type="checkbox"/> False
Most days, I'm able to take care of myself [Self Care]	<input type="checkbox"/> True	<input type="checkbox"/> False
If I need substance use treatment for myself or a loved one, I know how to find it [Substance Use Treatment]	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not take more medication than what my doctor tells me to take, or use medication that was not prescribed to me [Prescription Drug Misuse]	<input type="checkbox"/> True	<input type="checkbox"/> False
I am aware of locations to properly dispose of unused/unwanted prescription medication [Medication Disposal]	<input type="checkbox"/> True	<input type="checkbox"/> False

YOUR WELL-BEING

Imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder (10) represents the best possible life for you. The bottom of the ladder (0) represents the worst possible life for you. On which step of the ladder would you say you stand at this time?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

WHICH TOPICS SHOULD WE WORK ON?

Think about your answers to the previous sections. Of all the topics listed, which do you think should be our main focus when trying to improve the health of your neighborhood? **[Circle up to THREE]**

- | | | |
|--|--|--|
| <input type="radio"/> Air Quality | <input type="radio"/> Social Support | <input type="radio"/> Mental Health Care |
| <input type="radio"/> Exercise Opportunities | <input type="radio"/> Child Care | <input type="radio"/> Alcohol Use |
| <input type="radio"/> Food Access | <input type="radio"/> Access to Resources | <input type="radio"/> Drug Use |
| <input type="radio"/> Housing | <input type="radio"/> Community Readiness | <input type="radio"/> Nutrition |
| <input type="radio"/> Meeting Places | <input type="radio"/> Community Pride | <input type="radio"/> Physical Activity |
| <input type="radio"/> Roads | <input type="radio"/> Community Influence | <input type="radio"/> Sexual Activity |
| <input type="radio"/> Pedestrian Safety | <input type="radio"/> Culturally-Relevant Care | <input type="radio"/> Sleep |
| <input type="radio"/> Active Transportation | <input type="radio"/> Health Insurance | <input type="radio"/> Stress |
| <input type="radio"/> Vehicle/Transit Access | <input type="radio"/> Local Care Options | <input type="radio"/> Tobacco/Nicotine Use |
| <input type="radio"/> Community Safety | <input type="radio"/> Primary Care | <input type="radio"/> Substance Use Prevention |
| <input type="radio"/> Education | <input type="radio"/> Quality of Care | <input type="radio"/> Self Care |
| <input type="radio"/> Social Connection | <input type="radio"/> Dental Care | <input type="radio"/> Substance Use Treatment |
| <input type="radio"/> Employment | <input type="radio"/> Drug/Alcohol Treatment | <input type="radio"/> Prescription Drug Misuse |
| <input type="radio"/> Income | <input type="radio"/> Emergency Care | <input type="radio"/> Medication Disposal |

Why you think these issues should be our focus when trying to improve the health of your neighborhood?

[Write below]

Are these issues a bigger problem for some people in your neighborhood compared to others? (For example, a topic may be a bigger problem for single parents, women, or new immigrants)

- ☐ No, these issues affect everyone about the same
- ☐ Yes, one or more of these issues are a bigger problem for people who are... [write below and explain]

- ☐ I don't know

Is there anything else you want to tell us about your community (good or bad)?

OPTIONAL: JOIN US TO MAKE A DIFFERENCE

We are looking for people to help us *make a difference* on these topics and we would like to hear more from you about what you think we need to do to improve health in your neighborhood. If you would be willing for us to contact you for more information or if you would like a **chance to win \$100 or a signed Jets football**, please enter your contact information below:

First name:

E-mail address:

Phone Number:

Select the type of follow-up you would like [select all that apply]:

- ☐ I would like to see a summary of what other people had to say
- ☐ I would like to be entered into a drawing for a \$100 grand prize or signed Jets football
- ☐ I would like to join the North Jersey Health Collaborative to help make a difference on these topics

Thank you for your participation!

If you need help or resources in your community, dial 2-1-1 on your phone or visit

<http://www.njhealthmatters.org/nj211>

APPENDIX E: KEY INFORMANT/FOCUS GROUP INTERVIEW QUESTIONS

Mount Olive

Health Improvement Coalition

Name: _____ Day: _____

Time: _____

Position: _____

The purpose of this evaluation is to examine the health needs of the Township of Mount Olive. Specifically, we want to understand what the community is doing well to support residents' health and well-being and what can be improved in more detail. We will use this information to inform future health programs, events and policies in the community. My purpose in talking with you today is to learn more about your thoughts, feelings, and experiences pertaining to the health and wellbeing of Mount Olive Township.

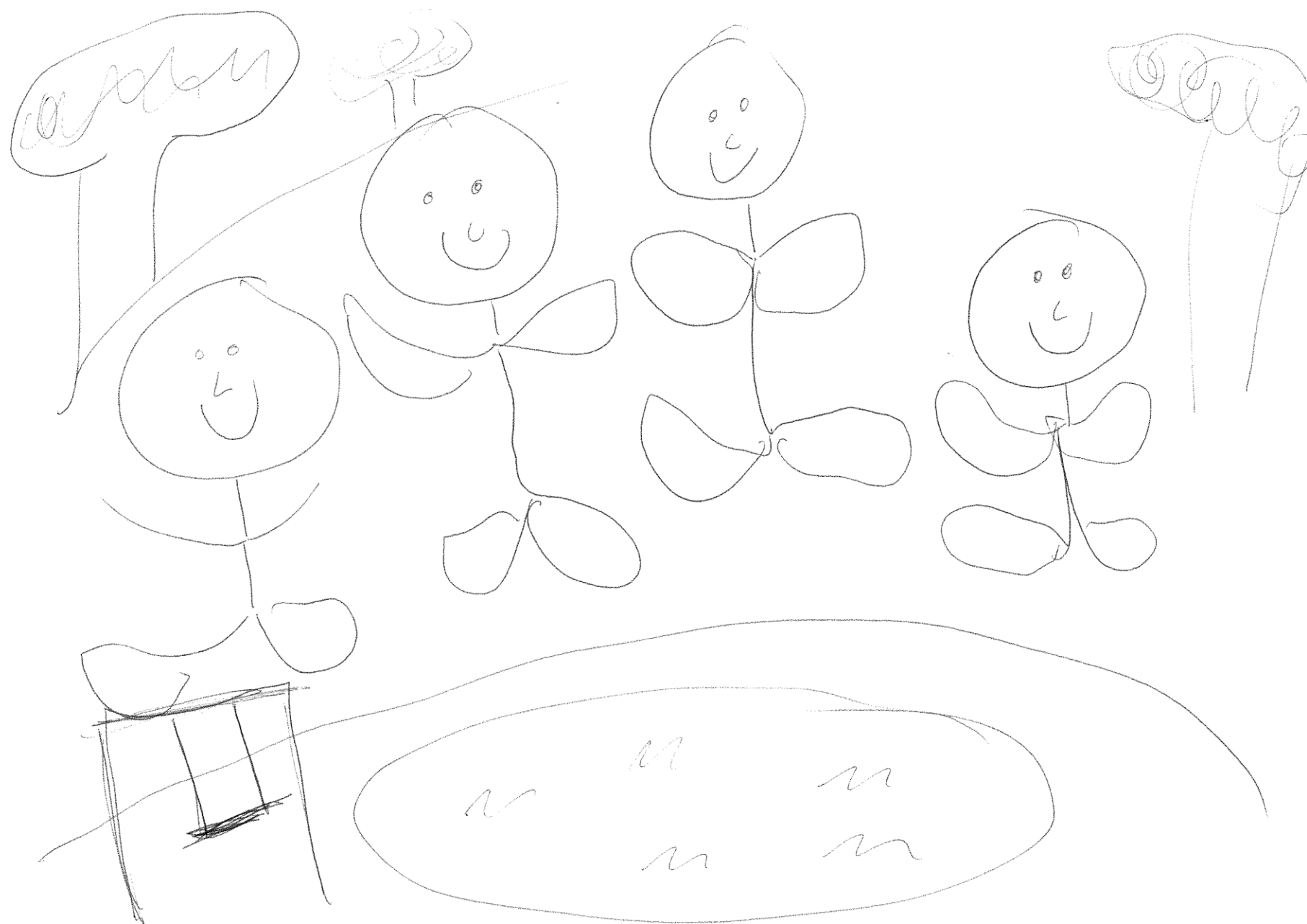
Anything you tell me will not be personally attributed to you in any reports that result from this evaluation. All of the reports will be written in a manner that no individual comment can be attributed to a particular person. Your participation in this interview is completely voluntary. Are you willing to be interviewed?

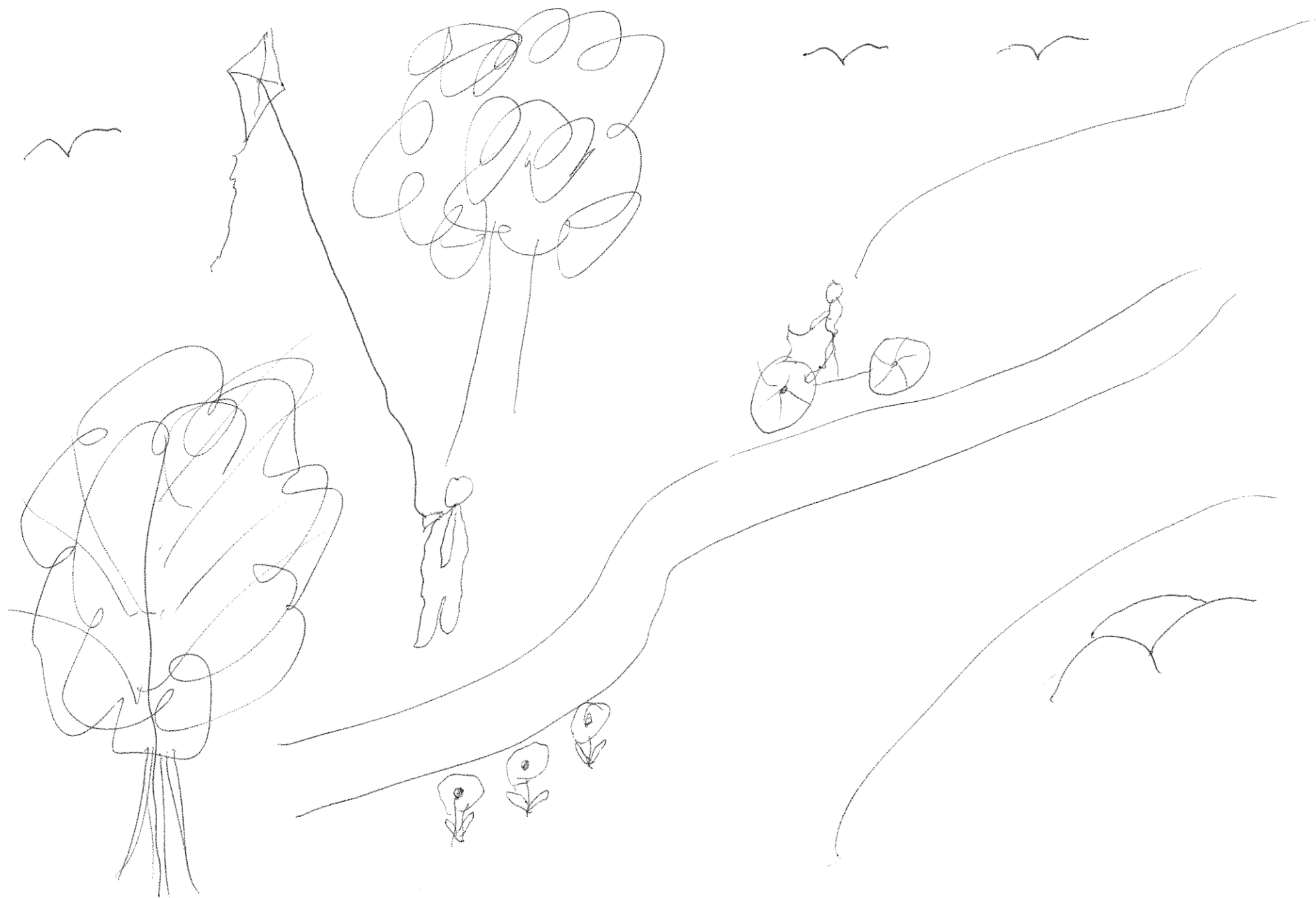
Do you have any questions before we begin?

Please keep in mind the specific population you serve in Mount Olive Township:

1. What does a healthy community mean to you?
2. What do you consider are the biggest health issues faced in the Mt. Olive area?
3. What factors do you believe are causing these issues?
4. Who do you believe is most affected by these issues? Any specific population?
5. What health-related strengths or resources exist in Mt. Olive that we can build upon?
6. What is **not** working for health in the Mt. Olive community?
7. What positive changes would you make to address these issues/to improve the health of the community? What suggestions would you have regarding collaboration and building a healthy community?
8. What type of programs and services do you think are needed in the community both presently and in the future?
9. What do you believe are some of the challenges in addressing health issues in Mt. Olive?
10. As a whole, do you believe that the residents of Mt. Olive are healthy? Why/Why not?
11. Is there anything else you would like to add?

APPENDIX F: FOCUS GROUP DRAWINGS





MT OLIVE

CITY HALL	HOSP. CLINIC	HS
ELEM K-8	PUBLIC PARKS	SHOPS GROCERY STORES ENTERTAINMENT



BETTER
MAINTENANCE
OF DRAINAGE
DITCH.

SIDEWALKS KEPT LEVEL
AND CRACKS/BREAKS
REPAIRED.



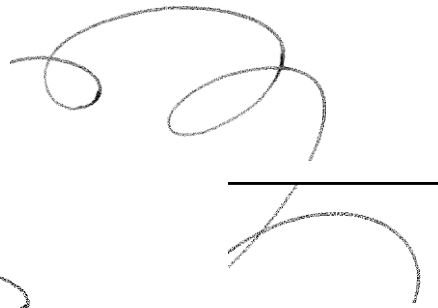
TREES MAKE

HEALTHY AIR TO BREATHE

N NEED



1 RE TREE



RED MAPLES



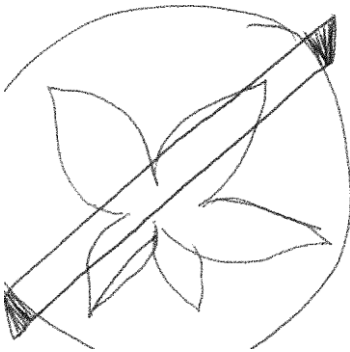
form. Hoop-

idolmks

Imets on EVERYONE
Aggs



mrp mint small



What does a healthy comm mean:

2. Biggest health issues?

3. Factors.

4. positive changes

5. Challenges ~ stigma free mlt

6. **no**



n cracks

wd?

APPENDIX G: DIRECTORY OF RESOURCES

Mental Health

Hackettstown –

Center for Assessment and
Treatment
254B Mountain Ave Suite 300
Hackettstown NJ 07840
908-852-5858

Ledgewood –

Mount Olive Counseling & Clinic
1278 Route 46
Ledgewood NJ 07852
973-584-6700

Mount Olive –

Bridges Counseling Center for Child
& Family Wellness
158 Route 206 Suite 1
Flanders NJ 07836
973-668-4806

Roxbury –

The Counseling Center at Roxbury
66 Sunset Strip, Ste 302
Succasunna, NJ 07876
862-296-2062

Special Needs

Budd Lake –

Freedom Services Life Work Travel
862-596-8580
jbrown@freedomserviceslwt.com

Stanhope –

Capitol-Care
7 Waterloo Rd
Stanhope NJ 07874
844-437-4382

Mount Olive –

PEAK (Rec. Department - Kids)
dawn@peakgroup.org

Hackettstown –

DAWN Center for Independent
Living
254B Mountain Ave Suite
301 Hackettstown 07840
973-625-1940

Denville –

66 Ford Rd. Suite 121
Denville, NJ 07834
973-625-1940

Doctors

Mount Olive –

Advocare Medical Center @ Budd
Lake
135 US-Rt. 46, Budd Lake, NJ
07828
973-691-9400

Family Health @ Mt. Olive
183 US-206 Ste 1
Flanders, NJ 0836
973-347-3277

Lakeview Medical Associates
125 US-46
Budd Lake, NJ 07828
973-691-1111

Medical Associates of Mt. Olive
230 US- 206 Ste 207
Flanders, NJ 07836
973-584-9669

Primary Care Partners
191 US-206 Ste 5
Flanders, NJ 07836
973-584-004

DentistMount Olive –

Flanders Dental Associates
4 Deerfield Pl.
Flanders, NJ 07836
973-584-3366

Flanders Pediatric Dentistry
230 US-206, Ste 305
Flanders, NJ 07836
973-927-2260

Gentle Family Dentistry
382 US-46
Budd Lake, NJ 07828
973-691-1200

Legacy Family Dentistry
100 Village Green Shopping Center
US-46
Budd Lake, NJ 07828
973-347-8110

Nils R. Bryant DMD
230 US-206 Ste 104
Flanders, NJ 07836
973-927-9268

Rand Dental
191 US-206 Ste 11
Flanders, NJ 07836
973-927-8800

Steven Abrams, DMD
140 US-46 Ste A
Budd Lake, NJ 07828
973-691-8200

Steven Denholtz, DMD
268 Rt. 206 Ste 401
Flanders, NJ 07836
973-252-1600

Zufall Health Center
117 Seber Rd. Unit 5
Hackettstown, NJ 07840
908-452-5366

Veterinary Clinics/HospitalsMount Olive –

Animal Care Center
96 Bartley-Flanders Rd.
Flanders, NJ, 07836
973-584-4455

Animal Hospital of
Roxbury 191 US-46
Ledgewood, NJ, 07852
973-691-1771

Aqua Paws Rehab
24 Bartley- Flanders Rd.
Flanders, NJ 07836
973-732-7085

Budd Lake Animal
Hospital 94 US-46
Hackettstown, NJ 07840
908-852-3515

Hodes Veterinary Group
265 US-46
Mine Hill, NJ 07803
973-328-7112

Flanders Veterinary Clinic
270 Rt. 206 South
Flanders, NJ 07836
973-927-4948

Mt. Olive Veterinary Hospital
140 US-46
Budd Lake, NJ 07828
973-691-9333

Child CareMount Olive –

Mount Olive Child Care & Learning
Center
150 Wolfe Rd
Budd Lake NJ 07828
973-426-1525

Bright Horizons at Mt. Olive
101 Rt. 206 South
Flanders, NJ 07836
973-426-9311

Flanders Valley Country Day
School
6 Bartley-Chester Rd.
Flanders, NJ 07836
973-927-7323

Fun 'N Friends
58 Drakesdale Rd.
Flanders, NJ 07836
973-584-0365

Goddard School
244 Rt- 206 S
Flanders, NJ 07836
973-598-1555

KinderCare of Mt. Olive
7 Naughtright Rd.
Hackettstown, NJ 07840
908-684-9273

Little Learners Budd Lake
30 Old Budd Lake Rd.
Budd Lake, NJ 07828
973-691-9430

Hackettstown –

The Friendship Center
420 Schooley's Mountain Rd
Hackettstown NJ 07840
908-852-2221

Lake Hopatcong –

Jefferson Child Care and Education
Center
29 Nolan's Point Rd
Lake Hopatcong NJ 07849
973-663-2704

Roxbury –

Roxbury Day Care Center
25 Righter Rd
Succasunna NJ 07876
973-584-3030

Substance Use Treatment

Flanders –

Cambridge Recovery (men's halfway
house)
6 Red Maple Lane
Flanders NJ 07836
908-946-0005

Hackettstown –

A Center for Counseling and
Psychotherapy Services
26 US Highway 46
Hackettstown NJ 07840
908-852-9000

Other (Rehab, Senior Center, Etc.)

Mount Olive –

Always Best Care of Morris
30 Tinc Rd.
Flanders, NJ 07836
201-212-4409

Bentley Commons @ Paragon
425 US-46 East
Hackettstown, NJ 07840
908-509-4042

Drayer Physical Therapy
244 US-204 S, Ste.3
Flanders, NJ 07836
973-598-3077

Kessler Rehab Center
135 US-46 East Unit A
Budd Lake, NJ 07828
973-691-4244

Tree of Life Wellness Center
Budd Lake, NJ 07828
908-509-1279

Nutrition

Budd Lake –

Mount Olive Food Pantry
369 Sandshore Rd
Budd Lake NJ 07828
862-251-3938

Flanders –

Shoprite Dietitians
90 Bartley Rd Flanders NJ 07836
973-252-5160

Weiss Dietitians
293 US 206
Flanders NJ 07836
973-598-8910

Roxbury –

Shop Rite Dietitians
(Roxbury Mall #3)
Succasunna NJ 07876
973-584-1322

Stanhope –

Shop Rite Dietitians
90-80 Route 206 North
Stanhope NJ 07843
973-448-9770

Physical Activity

Parks –

Turkey Brook Park
Budd Lake NJ 07828

Turkey Brook Greenway
Flanders Road
Budd Lake NJ 07828

Budd Lake Beach
450 US Hwy 46
Budd Lake NJ 07828

Powerline Park
Flanders NJ 07836

Flanders Park
Flanders NJ 07834

Drakes Brook Park
Flanders NJ 07834

Tulip Park
Budd Lake NJ 07828

Lion's Park
(off Briar Court)
Flanders NJ 07836

Lou Nelson Park
(off Warren Road)
Budd Lake NJ 07828

Playgrounds –

Chester Stevens School
Budd Lake NJ 07828

Mountain View School
Flanders NJ 07834

Sandshore School
Budd Lake NJ 07828

Tinc Road School
Flanders NJ 07834

Old Flanders School
(Baseball field)
Flanders NJ 07834

Flanders Park
Flanders NJ 07834

Turkey Brook Park
Budd Lake NJ 07828

Lou Nelson Park
(off Warren Road)
Budd Lake NJ 07828

Gyms –

Gold's Gym
90 Barley Flanders Rd
Flanders NJ 07836
972-584-5656

24 Hour Gym
141 Rt 46 E.
Budd Lake NJ 07828
973-426-0103

Morris Basketball Program
18 Corey Rd
Flanders NJ 07834
862-777-5261

Dragon Den Martial Arts Academy
375 Rt 46
Budd Lake NJ 07828
908-327-4133

Victor's Mixed Martial Arts
1 Old Wolfe Rd
Budd Lake NJ 07828
973-234-6454

Trinity MMA
180 Gold Mine Rd
Flanders NJ 07836
347-382-2777

Fitness –

Mount Olive Recreation Department
204 Flanders Drakestown Rd
Budd Lake NJ 07828
973-426-7263

MOUNT OLIVE HEALTH IMPROVEMENT COALITION PARTNERS



Public Health
Prevent. Promote. Protect.

Mt. Olive Township Health Department



North Jersey Health Collaborative
health matters

