

**TOWNSHIP OF MOUNT OLIVE**  
**NEW JERSEY**  
**COMMUNITY HEALTH ASSESSMENT**



**Updated March 2024**

## Introduction

A community health assessment (CHA) is an examination of the health status, health needs, and health assets of a community. It is a critical process that helps identify key health issues and priorities within the community and informs the development of strategies to address them effectively. This document is intended to guide evidence-based decision-making, resource allocation, and intervention efforts to improve health outcomes of the Township of Mount Olive.

The Health Department, in collaboration with the other municipal employees and governing body members, local schools, faith-based organizations, social services, mental health professionals, local clinicians, businesses, hospitals, and non-profit organizations produced this community health assessment for the Township to better understand the health needs in 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 the findings from the data collection tools are important and are brought to the awareness of the reader, it should be understood it will not be possible to address all issues in the Community Health Improvement Plan.

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
- 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

## A Message from the Health Officer

To the Residents of the Township of Mount Olive,

The Mount Olive Health Department's endeavor in this assessment is to provide a current understanding of the health landscape within our community. Therefore, I present the 2023 revised Community Health Assessment. This update is not merely a routine revision; rather, it is a crucial step in responding to the dynamic challenges brought about by the COVID-19 pandemic and the evolving dynamics of our community's stakeholders.

The foundation of this update rests on previously collected primary quantitative data, which served as a baseline in our 2019 assessment. Building upon this foundation, we recognized the need to incorporate newly collected secondary quantitative data. This addition is instrumental in capturing the shifting trends and patterns in health indicators, especially considering the profound impact of the ongoing pandemic. In recognition of the multi-faceted nature of community health, we have extended our data collection efforts to include new insights from a focus group session and key informant interviews. These methods will provide a nuanced understanding of the lived experiences, challenges, and emerging needs within our community, offering a multi-disciplinary perspective on health-related issues.

As we update the assessment, we will pay close attention to the evolving roles, priorities, and contributions of key partners in Mount Olive. This ensures that our strategies align with the current needs and aspirations of the community, fostering a collaborative and responsive approach to health improvement.

This updated Community Health Assessment is not just a reflection of past health dynamics; it is a forward-looking endeavor, shaped by the lessons of the pandemic. Through a combination of quantitative and qualitative data, we aim to provide a comprehensive and timely assessment that will guide future health interventions and contribute to the well-being of our community.

Sincerely,



Trevor J. Weigle  
Health Officer

## Acknowledgements

This plan would not be possible without the support and involvement of Township stakeholders including the Township of Mount Olive Council, Board of Health, and Mount Olive Health Improvement Coalition (MOHIC) members.

### **Township Council:**

Mayor: Joe Nicastro  
Council President: Alex Roman  
Council Vice President: John Ferrante  
Charles Aaron  
John Mania  
Colleen Labow  
Greg Stewart  
Mary Lalama

### **Township Board of Health:**

Mary Lalama, Chair  
Dr. Steve Abrams, Vice-Chair  
Karen Feldman, LSW  
Dr. Anthony Miccio  
Laura Hawkins, MSW, LSW  
Peter Kind, Esq.  
Kathleen Olup

The Mount Olive Health Improvement Coalition was an integral part of the Community Health Assessment (CHA) process since the beginning – in 2018. MOTHD values a multi-sector approach to assessing needs within the community. MOHIC’s partners represent local government, local hospitals, childcare centers, public schools, food pantries, police department, the Mayor’s Office, recreation, library, faith-based organizations, visiting nurses, and older adults. Appendix A is a complete list of MOHIC Members and the sector of the community they represent.

## Historical Context and 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 completed. This assessment was completed under the oversight and direction of the Mount Olive Health Improvement Coalition 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 status of the township to inform public health programs, services, and planning in the township. The Assessment was updated during the months of September – December 2023.

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). This toolkit assists organizations in the CHA process and the steps to follow in completing a CHA. MOHIC followed these steps to create 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 2<sup>ND</sup> 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, caregivers, 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 were conducted with 11 key informants, each representing one of the vulnerable populations identified through the Social Determinants of Health framework.
  - 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 hospital data, county health assessment data, and additional pertinent health data was analyzed.
5. Review and Revise Relevant Data (Update of CHA – completed 2023)

- a. Following the start of the COVID-19 pandemic, the Mount Olive Health Department recognized the need to update the 2019 Community Health Assessment with up-to-date local hospital and county Data.
- b. The MOHIC was formally reconvened in September 2023 and a new Focus Group and Key Informant Interviews were conducted to collect new, primary, qualitative data.
- c. An analysis of available Atlantic Health System data, county health assessment data, and ALICE data was conducted.
- d. Updated secondary quantitative and primary qualitative data was assessed in order to revise a Community Health Improvement Plan.

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 2023-revised top health concerns identified from the quantitative and qualitative data collection methods are as follows (in no particular order) \*:

- Family Dynamics
- Mental Health
- Drug Misuse and Abuse
- Access to Information and Resources
- Financial Stability
- Senior Isolation

\*See Appendix C for a list of the previous health concerns identified in 2019

## Process Overview

The community health assessment process, following the American Hospital Association's Community Health Improvement's (ACHI) Community Health Assessment Toolkit, included 4 distinct phases:

- Reflect and Strategize
- Identify and Engage Stakeholders
- Define the Community
- Collect and Analyze Data

It is important to recognize that, after the CHA process for Mount Olive Township had begun, ACHI's CHA Toolkit had been updated to reflect the impact of the COVID-19 pandemic, which has spurred a renewed national focus on racial and social justice, prompting hospitals and health systems to redouble their efforts towards achieving equitable communities. In response to this commitment and the evolving

practices in community health assessment (CHA), the AHA has revised the CHA Toolkit to underscore a deliberate focus on health equity throughout, particularly in community engagement and data practices.

### **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 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.

In August 2023, the Health Department revived the MOHIC Coalition by reaching out to previous members and inviting them back to continue work on assessing the community's needs to create and finalize the Community Health Improvement Plan (CHIP). Many of the previous members were still in their professional roles, while some new individuals represented those organizations. A formal email invitation went out to newly identified stakeholders using an adaptation of the 12-sector representation model from Drug Free Communities (DFC). ([cdcpage](#)).

### **Define the Community:**

Together, the Coalition members identified key assets in the community (also known as 'asset mapping') 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. (See the list of community assets in Appendix B)

### **Collect and Analyze Data:**

#### **Community Voice Survey:**

The North Jersey Health Collaborative (NJHC), comprising multiple northern counties in New Jersey, includes Morris County, where Mount Olive Township is located. NJHC is an independent, self-governed 501(c)(3) organization with a diverse set of partners representing health care, public health, social services, and other community organizations. Their core mission is rooted in collective impact, involving a shared process of community needs assessment and health improvement planning. This

approach aims to identify the most pressing health issues and facilitate the development of collaborative action plans to address them effectively.

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 survey's primary aim was to gauge community members' perceptions regarding the presence of essential health-related elements within their communities, encompassing various factors tied to the social determinants of health.

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 distributed the survey to their residents. The NJHC analyzed the data collected from a total of 386 surveys in Mount Olive's two major zip codes (Budd Lake, 07828 and Flanders, 07836) and returned the analysis to the MOHIC.

The results of the community voice survey, although they were collected in 2019, were still considered to be relevant and useful to informing this CHA. Therefore, the results remain as a part of the quantitative data collection and analysis for this update.

**Key Informant Interviews:** A total of 4 Key informant interviews were conducted in 2023 between 12/1 – 12/10, including community members who represent groups such as faith-based, school-aged, food insecure, and those with disabilities in the Township of Mount Olive. Each interview covered the same questions as the focus group: Questions addressed were as follows:

**Focus Group Interviews:** On November 8, 2023, Mount Olive Health Department hosted a focus group of key stakeholders from the Mount Olive community. There were 15 participants present, with 4 individuals not participating. There were 11 individuals from diverse sectors, including youth, parents, school representatives, youth-serving organizations, civic/volunteer groups, healthcare professionals or organizations, and state/local government agencies. The goal for the focus group participant representation was modeled after the “twelve-sector” coalition model from Drug Free Communities (DFC) ([cdcpage](#)). Eight out of twelve “sectors” were represented, highlighting a broad range of perspectives. Missing sectors included business, media, police, and religious/fraternal organizations.

**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's website data portal, 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

According to U.S Census data ([www.census.gov](http://www.census.gov)), Mount Olive Township, a community with a population estimated at 28,977 as of July 1, 2022, is undergoing a subtle, but steady demographic shift. Over the period from April 1, 2020, to July 1, 2022, the population experienced a marginal growth of 0.3%.

Diversity is a notable aspect of Mount Olive, with a demographic mix that includes 76.6% White, 6.9% Black or African American, 6.7% Asian, and 6.8% two or more races. The Hispanic or Latino community contributes significantly, comprising 16.5% of the population. There is a gender balance, with 49.8% female and 50.2% male residents.

Examining age distribution, Mount Olive tells a story of generational coexistence. Approximately 23.4% fall under the age of 18. 11.4% are 65 years and over. These demographics paint a picture of the various life stages within the township.

62.7% of housing units are owner-occupied. The median value of these owner-occupied units is \$386,100, emphasizing the value residents place on their homes. Monthly owner costs vary, with mortgage holders facing an average of \$3,081. For those who rent, the median gross rent stands at \$1,451.

In terms of education, Mount Olive demonstrates a commitment to learning, with 93.6% having a high school diploma or higher. Furthermore, 43.7% of residents aged 25 years and older hold a bachelor's degree or higher, highlighting the emphasis on higher education in the community.

Technology plays a significant role in daily life, as 95.1% of households have a computer, and 92.7% have a broadband Internet subscription. This reflects a community that is digitally connected and likely engaged in various online activities.

As we explore health-related aspects, approximately 6.2% of those under 65 years old report having a disability, while 4.7% lack health insurance. These indicators provide insights into the healthcare needs of the community, shaping considerations for health services and accessibility.

Economically, Mount Olive is a community with a strong work ethic. About 73.4% of the population aged 16 years and older is in the civilian labor force. The township sees significant economic activity, with total accommodation and food services sales amounting to \$58,994, and total health care and social assistance receipts/revenue reaching \$56,672.

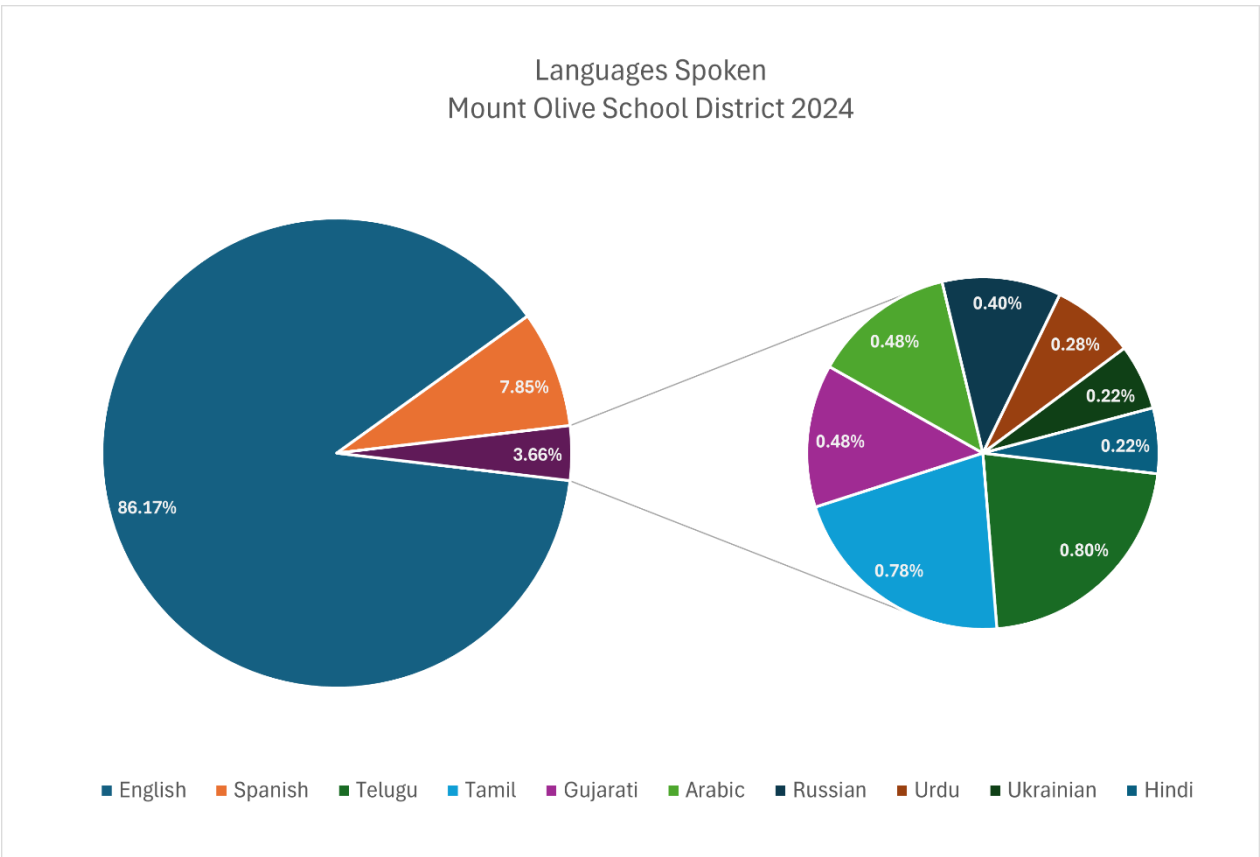
Transportation plays a role in daily life, with a mean travel time to work of 31.9 minutes for workers aged 16 years and older. Mount Olive Township, NJ, has limited public transportation options compared to more urban areas. Typically, residents rely on personal vehicles for transportation due to the township's suburban nature. However, while there are some bus routes or shuttle services available, they do not cover the entire township comprehensively.

Geographically, Mount Olive has a population density of 975.3 people per square mile, covering a land area of 29.62 square miles. These geographical factors play a role in shaping community dynamics and accessibility.

In summary, Mount Olive Township is a dynamic community with a diverse population, a strong commitment to education, a robust economy, and a connected and engaged citizenry. Understanding these demographic characteristics plays a key role in analyzing the data presented in the following sections of this assessment.

### Languages Spoken

The below pie chart shows a visual representation of the languages spoken in the Mount Olive Township public school system, provided by the Mount Olive Township School District Superintendent, a MOHIC partner. Due to the lack of reliable data at the local level, this data source is an attempt to understand the languages spoken within the township by way of the school-aged children and adolescents that live in the Township. By understanding their language breakdown, we can assume that their households also speak these languages. According to the chart below, 86.17% of students speak English, 7.85% speak Spanish, and 3.66% speak a variety of (8) other languages. However, it is important to note that although a student may speak English, their parents and/or caregivers may not. Therefore, this insight to languages spoken within the Township is only a glimpse into the actual representation of languages spoken across the Township.



## Economy

Mount Olive Township, located in Morris County, has a population of 28,815. Located within the Raritan Valley region, the township borders both Sussex and Warren counties along the Musconetcong River.

There are 10,770 households, out of which 75% were married couples living together, 13% had a female householder with no spouse/ partner, and 10% were cohabitating couples. While the average household income is \$101,699, approximately 8% of the families earn an income below the poverty line, and 2.9% of families are currently accepting benefits through Food Stamp/ Supplemental Nutrition Assistance Program (SNAP). Approximately 93% of the households in the Township reported having access to broadband internet.

The Mount Olive Township school district serves public school students in pre-kindergarten through grade twelve. For the current academic year (2024), the district is comprised of about 4,500 students among six schools: Mountain View Elementary School, Sandshore Elementary School, Chester M. Stephens Elementary School, Tinc Road Elementary School, Mount Olive Middle School, and Mount Olive High School. Among students, approximately 99% have health insurance coverage and 5% are diagnosed with a disability. Among parents of the students, 52.8% have attained a bachelor's degree or higher and have an average household income of \$143,768 which is higher than the median household income at state (\$89,703) and national (\$69,021) levels; the majority are homeowners (74%) with only 26% of the families currently renting. Ninety percent are currently employed with more than half of the parents (54.2%) working as managers in the labor force.

In 2021, United for ALICE (Asset Limited, Income Constrained, Employed) conducted an assessment of household essential costs for all counties in New Jersey ([www.unitedforalice.org](http://www.unitedforalice.org)). These expenses, delineated in the Household Survival Budget, are computed for various household sizes and compositions.

Out of New Jersey's 3,495,628 households in 2021:

- 11% fell below the Federal Poverty Level (FPL).
- 26% belonged to ALICE, residing in households earning above the FPL but with insufficient earnings to cover basic needs in their communities.

37% of households in New Jersey fell below the ALICE Threshold, calculated by combining poverty and ALICE households and dividing them by the total number of households. Household situations may vary, causing them to fluctuate below or above the ALICE Threshold at different times. Despite employment fluctuations, health challenges, and the closure of schools and businesses during the COVID-19 pandemic in 2021, it also led to unprecedented public assistance through relief measures. In 2019, there were 1,135,420 households in New Jersey below the ALICE Threshold; by 2021, this number had increased to 1,292,430.

In terms of overall figures, demographic categories with the greatest number of households falling below the ALICE Threshold typically correspond with the largest demographic groups. However,

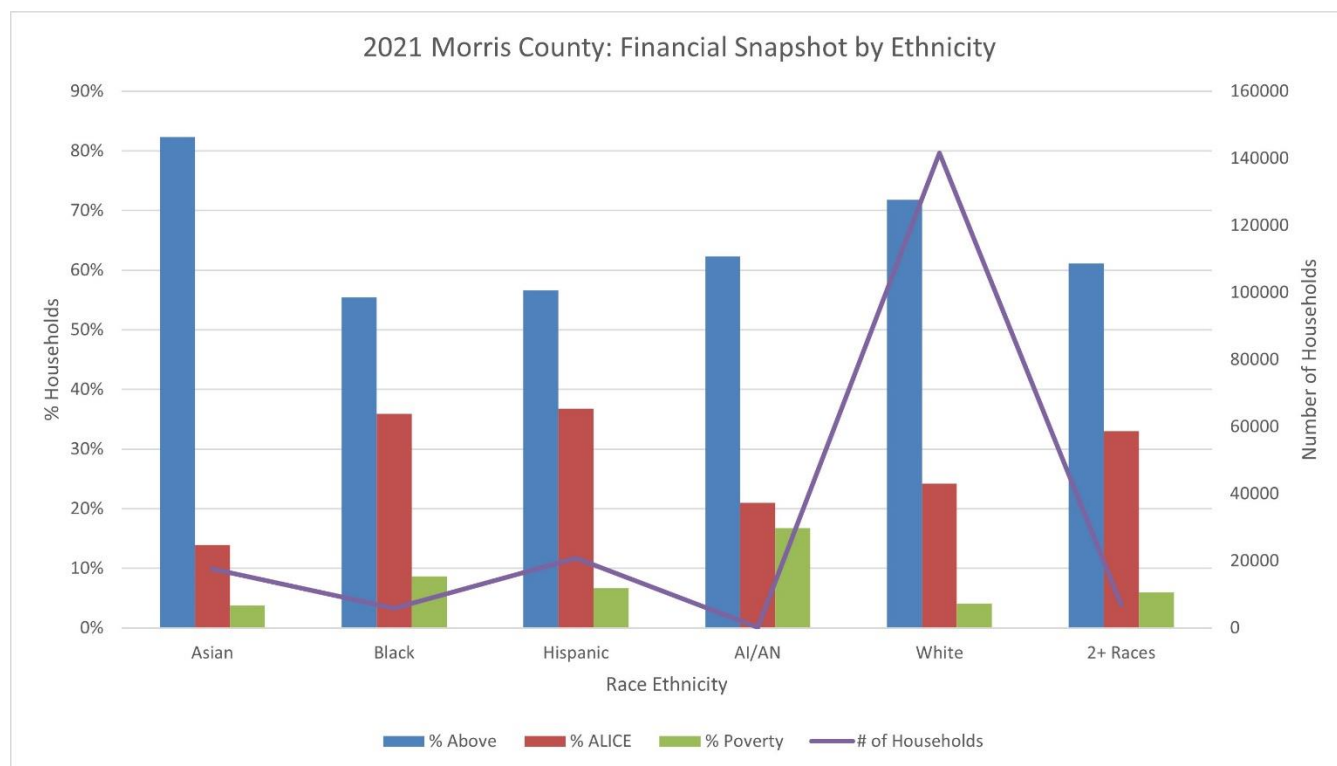
examining the percentage of households within each group below the ALICE Threshold emphasizes differing probabilities of being classified as ALICE among various demographic groups.

Chart 1 below shows that 23.8% of Mount Olive Township (encompassing Budd Lake and Flanders) Households are ALICE households (29.2% of Budd Lake Households and 18.4% of Flanders Households). Furthermore, Graph 2 below breaks down Morris County's (the County where Mount Olive Township resides) distribution of household income types by ethnicity.

**CHART 1: Mount Olive Township- Household Finances 2021**

Year	Location	Households	Poverty Households	ALICE Households	Above ALICE Households
2021	Budd Lake, New Jersey	3475	253	1015	2207
2021	Flanders, New Jersey	3530	335	650	2545

**GRAPH 2: Morris County ALICE Households by Ethnicity in 2021**



As the charts show, Hispanic, Black, and 2 or More Races households in Morris County have a disproportionate distribution of ALICE households as compared to predominantly Asian and White households indicating the need to examine the relationship between lack of access to resources outside of normal household expenses (as defined in “The ALICE Household Survival Budget”) which can directly impact the quality of life and mental health of this group.

It is important to note that although Morris County is a relatively high median household income county, the fact that 23.8% of Mount Olive Township residents are considered “Asset Limited, Income Constrained, Employed (ALICE)”, it is crucial to consider this population for further outreach and linkages to resources when conducting a Community Health Assessment or CHIP. Further analysis can be found in the Secondary Analysis portion of this document.

## Health-Related Services

Mount Olive Township’s emergency medical services for northern areas of the township are provided by the Budd Lake Fire Department and Budd Lake First Aid and Rescue Squad. Flanders Fire and First Aid department provide coverage for the southern section of Mt. Olive. Hackettstown Medical Center is the closest hospital to Mount Olive, about a 15–20-minute drive, depending on the location. 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, provided expanded services. 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 and older, or residents 18 and older with a physical or mental disability that limits their physical function. MAPS, the MOTHD Transportation program, and non-hospital healthcare also provides transportation to medical appointments, school, work, and therapies ([www.morriscountynj.gov/adv/maps](http://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

Atlantic Health has been an active member of MOHIC since 2017 and has graciously provided this primary quantitative data for MOHIC and MOTHD to better understand the impact of certain diseases/health markers in the community. Table 1 data was provided by Atlantic Health System, Hackettstown Hospital, which services Mount Olive Township. The provided data presents rates of disease specific- hospital utilization (inpatient/hospital outpatient/emergency department) per 1,000 population across Budd Lake and Flanders, comparing figures from 2017 to 2022 and noting statewide percentile ranks for each category.

A breakdown of key observations and trends from the data are as follows:

- **Diabetes**
  - Despite a slight decrease in 2020 to 44.59, the rate surged to 54.94 in 2021.

- By 2022, there was a slight decrease to 52.08 per 1,000 population.
- The percentile rank for Budd Lake / Flanders increased steadily from 30% in 2017 to 50% in 2022, indicating that the locality's rate of Diabetes diagnoses, while lower than the state average, increased compared to other areas in New Jersey.
- **Obesity**
  - Trends continued upward, reaching 25.4 in 2020 and notably escalating to 34.51 in 2021.
  - By 2022, there was a slight decrease to 34.34 per 1,000 population.
  - The percentile rank for Budd Lake / Flanders rose steadily from 40% in 2017 to 70% in 2022, indicating that the locality's rate of obesity diagnoses, while lower than the state average, increased significantly compared to other areas in New Jersey.
- **Disorders of Lipid Metabolism**
  - The rate increased to 53.17 in 2018 and further surged to 67.94 in 2019.
  - Despite a slight decrease in 2020 to 60.29, the rate continued to rise to 77.36 in 2021.
  - By 2022, there was a further increase to 83.19 per 1,000 population.
  - The percentile rank for Budd Lake / Flanders remained consistent at 10% throughout the period, indicating that the locality's rate of disorders of lipid metabolism diagnoses, while lower than the state average, increased compared to other areas in New Jersey.
- **Bronchitis and Asthma**
  - This rate remained relatively stable through 2018 and 2019, with slight fluctuations.
  - However, in 2020, there was a notable decrease to 24.63 per 1,000 population.
  - The rate then increased to 34.54 in 2021 and further surged to 43.78 in 2022.
  - The percentile rank for Budd Lake / Flanders increased from 50% in 2017 to 80% in 2022, indicating that the locality's rate of bronchitis and asthma diagnoses, while initially lower than the state average, increased significantly compared to other areas in New Jersey.
- **Mental Health (principal diagnosis) with presumed diagnoses of depression and bipolar disorder between 2019-2020**
  - The rate of Mental Health diagnoses in Budd Lake / Flanders experienced a significant spike from 2019 to 2020:
  - In 2019, the rate was 22.09 per 1,000 population. However, in 2020, there was a remarkable surge to 58.54, indicating a substantial increase in Mental Health diagnoses within the locality.
  - In 2021, the rate remained high at 66.5, and there was a slight decrease to 65.41 in 2022.
  - The percentile rank for Budd Lake / Flanders increased from 60% in 2019 to 90% in 2020, indicating that the locality's rate of Mental Health diagnoses, particularly for Depressive and Bipolar Disorders, exceeded those of other areas in New Jersey during that period.
- **Substance Misuse (principal diagnosis)**
  - There was a notable rate increase to 5.97 in 2020 and further to 7.26 in 2021.
  - By 2022, there was a slight decrease to 5.59 per 1,000 population.
  - The percentile rank for Budd Lake / Flanders increased from 20% in 2017 to 40% in 2022, indicating that the locality's rate of Substance Misuse diagnoses, while lower than the state average, is higher when compared to other areas in New Jersey.

**TABLE 1: Rates of Disease- Specific Hospital Utilization (inpatient/hospital outpatient/emergency department) per 1,000 Population Across Budd Lake and Flanders**

<b>DISEASE UTILIZATION (IP/HOSP OP/ED): RATE/1,000 POPULATION</b>									<b>Statewide Percentile Rank</b>	
	<b>GEOGRAPHIC AREA</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Change '17-'22</b>	<b>2017</b>	<b>2022</b>
<b>DIABETES</b>	Budd Lake / Flanders	40.4	40.44	47.62	44.59	54.94	52.08	11.7	30%	50%
	<b>NEW JERSEY</b>	<b>59.09</b>	<b>60.2</b>	<b>63.71</b>	<b>52.85</b>	<b>59.4</b>	<b>60.28</b>	<b>1.2</b>	<b>60%</b>	<b>60%</b>
<b>OBESITY</b>	Budd Lake / Flanders	15.71	18.28	24.92	25.4	34.51	34.34	18.6	40%	70%
	<b>NEW JERSEY</b>	<b>19.36</b>	<b>21.19</b>	<b>23.64</b>	<b>21.9</b>	<b>28.46</b>	<b>27.8</b>	<b>8.4</b>	<b>50%</b>	<b>50%</b>
<b>DISORDERS OF LIPID METABOLISM</b>	Budd Lake / Flanders	43.73	53.17	67.94	60.29	77.36	83.19	39.5	10%	10%
	<b>NEW JERSEY</b>	<b>66.4</b>	<b>69.14</b>	<b>76.9</b>	<b>64.39</b>	<b>77.53</b>	<b>81.88</b>	<b>15.5</b>	<b>50%</b>	<b>30%</b>
<b>COPD and ALLIED RATE (Excl Asthma)</b>	Budd Lake / Flanders	15.57	12.73	14.32	14.93	15.37	17.29	1.7	30%	40%
	<b>NEW JERSEY</b>	<b>22.07</b>	<b>21.95</b>	<b>22.66</b>	<b>18.28</b>	<b>19.74</b>	<b>20.43</b>	<b>-1.6</b>	<b>50%</b>	<b>50%</b>
<b>RENAL FAILURE (PRINCIPAL DIAGNOSIS ONLY)</b>	Budd Lake / Flanders	1.57	1.74	1.84	1.48	1.61	2.43	0.9	20%	50%
	<b>NEW JERSEY</b>	<b>2.6</b>	<b>2.73</b>	<b>2.79</b>	<b>2.51</b>	<b>2.88</b>	<b>3.04</b>	<b>0.4</b>	<b>60%</b>	<b>60%</b>
<b>HYPERTENSION</b>	Budd Lake / Flanders	74.36	80.2	86.53	73.51	92.41	91	16.6	20%	40%
	<b>NEW JERSEY</b>	<b>110.08</b>	<b>109.2</b>	<b>113.1</b>	<b>90.14</b>	<b>102.8</b>	<b>104.3</b>	<b>-5.8</b>	<b>50%</b>	<b>50%</b>
<b>HEART FAILURE/CHF (PRINCIPAL DIAGNOSIS ONLY)</b>	Budd Lake / Flanders	2.93	2.42	3.11	2.78	2.97	2.22	-0.7	20%	10%
	<b>NEW JERSEY</b>	<b>4.27</b>	<b>4.45</b>	<b>4.68</b>	<b>3.75</b>	<b>4.27</b>	<b>4.3</b>	<b>0</b>	<b>60%</b>	<b>60%</b>
<b>HEART ATTACK / AMI (PRINCIPAL DIAGNOSIS ONLY)</b>	Budd Lake / Flanders	1.4	1.99	1.59	1.34	1.82	1.77	0.4	20%	60%
	<b>NEW JERSEY</b>	<b>2</b>	<b>1.85</b>	<b>1.85</b>	<b>1.54</b>	<b>1.7</b>	<b>1.63</b>	<b>-0.4</b>	<b>50%</b>	<b>50%</b>
<b>CELLULITIS</b>	Budd Lake / Flanders	10.66	10.6	10.53	10.47	10.41	10.35	-0.3	40%	50%
	<b>NEW JERSEY</b>	<b>13.42</b>	<b>12.99</b>	<b>12.96</b>	<b>9.52</b>	<b>10.53</b>	<b>10.47</b>	<b>-3</b>	<b>50%</b>	<b>60%</b>



<b>BRONCHITIS &amp; ASTHMA</b>	Budd Lake / Flanders	31.63	31.69	32.66	24.63	34.54	43.78	12.1	50%	80%
	<b>NEW JERSEY</b>	<b>43.26</b>	<b>40.83</b>	<b>40.82</b>	<b>29.54</b>	<b>34.52</b>	<b>37.5</b>	<b>-5.8</b>	<b>70%</b>	<b>70%</b>
<b>PNEUMONIA</b> ( <i>PRINCIPAL DIAGNOSIS ONLY</i> )	Budd Lake / Flanders	2.4	3.09	3.85	3.13	1.5	6.01	3.6	10%	60%
	<b>NEW JERSEY</b>	<b>5.06</b>	<b>6.27</b>	<b>6.52</b>	<b>5.57</b>	<b>2.66</b>	<b>7.01</b>	<b>1.9</b>	<b>60%</b>	<b>60%</b>
<b>STROKE/TIA</b> ( <i>PRINCIPAL DIAGNOSIS ONLY</i> )	Budd Lake / Flanders	2	2.6	2.86	2.07	3.7	3.47	1.5	10%	70%
	<b>NEW JERSEY</b>	<b>3.28</b>	<b>3.24</b>	<b>3.24</b>	<b>2.75</b>	<b>2.9</b>	<b>2.89</b>	<b>-0.4</b>	<b>50%</b>	<b>50%</b>
<b>MENTAL HEALTH</b> ( <i>PRINCIPAL DIAGNOSIS ONLY</i> ) <b>NEED TO CONFIRM THIS TREND * 2019 to 2020 spike in rate among Prin DX for Depressive and Bipolar Disorders</b>	Budd Lake / Flanders	16.25	17.53	22.09	58.54	66.5	65.41	49.2	60%	90%
	<b>NEW JERSEY</b>	<b>16.87</b>	<b>17.06</b>	<b>17.2</b>	<b>16.7</b>	<b>17.64</b>	<b>17.07</b>	<b>0.2</b>	<b>60%</b>	<b>60%</b>
<b>SUBSTANCE MISUSE</b> ( <i>PRINCIPAL DIAGNOSIS ONLY</i> )	Budd Lake / Flanders	4.87	5.05	4.28	5.97	7.26	5.59	0.7	20%	40%
	<b>NEW JERSEY</b>	<b>10.37</b>	<b>9.97</b>	<b>10.04</b>	<b>8.71</b>	<b>9.21</b>	<b>8.87</b>	<b>-1.5</b>	<b>70%</b>	<b>70%</b>
<b>TUBERCULOSIS</b>	Budd Lake / Flanders	0.11	0.14	0.04	0.04	0.03	0.07	0	80%	70%
	<b>NEW JERSEY</b>	<b>0.06</b>	<b>0.07</b>	<b>0.06</b>	<b>0.05</b>	<b>0.05</b>	<b>0.06</b>	<b>0</b>	<b>70%</b>	<b>70%</b>
<b>SICKLE CELL</b>	Budd Lake / Flanders	0.89	0.85	1.06	1.48	1.57	1.67	0.8	70%	80%
	<b>NEW JERSEY</b>	<b>1.84</b>	<b>1.69</b>	<b>1.79</b>	<b>1.49</b>	<b>1.64</b>	<b>1.65</b>	<b>-0.2</b>	<b>80%</b>	<b>80%</b>
<b>EPILEPSY and CONVULSIONS</b>	Budd Lake / Flanders	7.51	6.29	7	6.99	8.8	8.78	1.3	40%	50%
	<b>NEW JERSEY</b>	<b>11.01</b>	<b>10.83</b>	<b>11.06</b>	<b>9.1</b>	<b>9.86</b>	<b>10.11</b>	<b>-0.9</b>	<b>60%</b>	<b>60%</b>
<b>SEXUALLY TRANSMITTED INFECTIONS</b> <i>EXCLUDING HIV AND HEPATITIS</i> )	Budd Lake / Flanders	0.43	0.36	0.78	0.49	0.17	0.38	0	30%	30%
	<b>NEW JERSEY</b>	<b>1.16</b>	<b>1.08</b>	<b>1.12</b>	<b>0.99</b>	<b>1.06</b>	<b>0.96</b>	<b>-0.2</b>	<b>70%</b>	<b>70%</b>
<b>TICK BORNE ILLNESSES &amp; LYME DISEASE</b>	Budd Lake / Flanders	0.72	0.71	0.71	0.7	0.7	0.69	0	80%	70%
	<b>NEW JERSEY</b>	<b>0.33</b>	<b>0.33</b>	<b>0.33</b>	<b>0.33</b>	<b>0.33</b>	<b>0.33</b>	<b>0</b>	<b>50%</b>	<b>50%</b>



## Analysis of Secondary Data Sources

The health outcomes revealed in the data above, drawn from various secondary sources including the Atlantic Health System, U.S. Census Data, ALICE data, and the National Center for Education Statistics, align with the range of challenges faced by low-income families. These challenges include a lack of affordable housing, social isolation, chronic or acute health issues, high medical costs, and insufficient wages. When combined, these factors become important social determinants of health, influencing a broad spectrum of health, functioning, and quality-of-life outcomes and risks in the community. Below are categories derived from the 2023 Rapid Public Health Assessment completed by MOTHD that identify the Social Determinants of Health (SDOHs) impacting the overall health of disproportionately affected populations in the community. These SDOH categories have been further analyzed to assess the potential impact on chronic disease rates (as indicated in the above Atlantic Health Data):

**Language Barriers Impacting Healthcare Access:** As depicted in the data of languages spoken in Mount Olive Township public schools, many of the Spanish speaking residents may not have access to translation services, and translated resources, therefore, a lack of health literacy for this population.

- **Link to Chronic Disease:** Difficulty accessing medical services due to language barriers may result in delayed or inadequate healthcare for chronic conditions.
- **Impact on Chronic Disease Rates:** Limited access to timely healthcare services can exacerbate chronic conditions and lead to complications.

**Educational Challenges from Remote Learning:** Students in the community are experiencing lingering impacts from the period of remote learning in 2020-2021. Children who underwent remote learning during crucial developmental periods are facing learning delays, diminished educational stamina, and social-emotional consequences. These challenges may disproportionately affect families in poverty, lacking resources for outside academic assistance and residing in under-funded school districts. (Sano Y, Mammen S, Houghten M. Well-Being and Stability among Low-income Families: A 10-Year Review of Research. J Fam Econ Issues. 2021;42(Suppl 1):107-117. doi: 10.1007/s10834-020-09715-7. Epub 2020 Oct 25. PMID: 33132672; PMCID: PMC7585735.)

- **Link to Chronic Disease:** Educational challenges may lead to stress and mental health issues, which can contribute to chronic diseases.
- **Impact on Chronic Disease Rates:** Increased stress and mental health challenges may elevate the risk of chronic conditions like cardiovascular diseases and mental health disorders.

**Healthcare Disparities Among Undocumented and Foreign-Born Residents:** Undocumented and foreign-born residents in the health department's jurisdiction are more likely to lack healthcare coverage. The disparities are evident in the varying rates of healthcare coverage among foreign-born and native-born residents in. Lack of insurance coverage may hinder access to preventive and maintenance healthcare services.

- **Link to Chronic Disease:** Limited healthcare access may result in undiagnosed or unmanaged chronic conditions among vulnerable populations.
- **Impact on Chronic Disease Rates:** Lack of preventive and maintenance healthcare increases the likelihood of chronic diseases progressing.

**Limited Healthcare Providers for Vulnerable Populations:** Access to healthcare services for NJ Family Care (Medicaid) recipients and the uninsured is limited in the jurisdiction.

- **Link to Chronic Disease:** Limited availability of healthcare providers for vulnerable populations may hinder access to regular check-ups and preventive care therefore increasing their risk of complications from chronic diseases.
- **Impact on Chronic Disease Rates:** Preventive care is crucial in managing chronic diseases; lack of access may lead to undetected and unmanaged conditions.

**Transportation Barriers to Health Care Appointments:** Residents under the jurisdiction face limited access to public transportation, impacting their ability to reach healthcare appointments. Elderly residents have restricted transportation options beyond their town-specific senior transportation services. The requirements for utilizing NJ Transit Access Link further limit transportation options for seniors.

- **Link to Chronic Disease:** Limited transportation options may result in missed or delayed healthcare appointments, impacting chronic disease management.
- **Impact on Chronic Disease Rates:** Inconsistent healthcare attendance can contribute to uncontrolled chronic conditions.

**Lack of Knowledge About Social Support Agencies:** Residents lack knowledge about local social support agencies providing mental health services, utility and rental assistance, and food assistance. This information gap is particularly pronounced among seniors who may not be as tech-savvy as younger age groups.

- **Link to Chronic Disease:** Limited knowledge about support agencies may prevent individuals from accessing resources for managing chronic diseases.
- **Impact on Chronic Disease Rates:** Lack of support can result in inadequate disease management and increased complications.

**Social Isolation and Mental Health Challenges:** Social isolation is a prevalent issue, with 1 in 4 seniors aged 65 and older experiencing isolation. This isolation can contribute to mental health decline and depression. Adolescents, who went through developmentally significant years during the pandemic, exhibit increased symptoms of anxiety and depression, emphasizing the need for targeted mental health support.

- **Link to Chronic Disease:** Social isolation and mental health issues can contribute to unhealthy coping mechanisms, impacting lifestyle factors linked to chronic diseases.
- **Impact on Chronic Disease Rates:** Behavioral factors influenced by mental health can contribute to the development or exacerbation of chronic conditions.

**Economic Strain and High Rent Burden:** A noteworthy concern centers around residents in apartment complexes facing general rent increases over the past year and a half. A significant portion, 41.8%, of Mount Olive households experienced high rent burden in 2021, though this figure is lower than the average across “City Health Dashboard” cities (50.5%). This economic strain can lead to difficulties in maintaining rent payments and, subsequently, impacts the overall well-being of residents. [Mount Olive, NJ - Demographic Detail | City Health Dashboard](#)

- **Link to Chronic Disease:** Economic strain and high rent burden can limit residents' ability to afford nutritious food, leading to inadequate dietary choices.
- **Impact on Chronic Disease Rates:** Poor nutrition is a risk factor for chronic diseases such as

diabetes, heart disease, and obesity.

**Senior Hunger and Limited Food Assistance:** Older Adults within the community are grappling with hunger, posing severe risks to their health and nutrition. Notably, 43% of senior citizens in Morris County, encompassing Mount Olive, are living below the Elder Index. Mount Olive has been identified as one of the towns in Morris County with the highest percentage of seniors in need of food assistance. However, local food pantries are struggling to meet this increased demand due to decreased donations and limited resources, exacerbated by challenges in providing food delivery services to senior citizens.

- **Link to Chronic Disease:** Seniors experiencing hunger may have difficulty maintaining a balanced diet, increasing the risk of chronic health conditions.
- **Impact on Chronic Disease Rates:** Inadequate nutrition among seniors can contribute to chronic diseases, affecting physical and mental well-being.

When considering the above SDOH categories, the percentage of ALICE households in Mount Olive Township, and the increased utilization of the surrounding Hospital System for diabetes, obesity, metabolic disorders, asthma, and mental health disorders, there seems to be a correlation between financial hardship and access to resources that support favorable health outcomes.

## Analysis of Quantitative Findings

### Community Health Survey Summary of Results for Mount Olive Township Health Department

It is important to note that this survey data was collected prior to the COVID-19 pandemic, and if administered in 2023, may have yielded different results.

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 the 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 Wellbeing

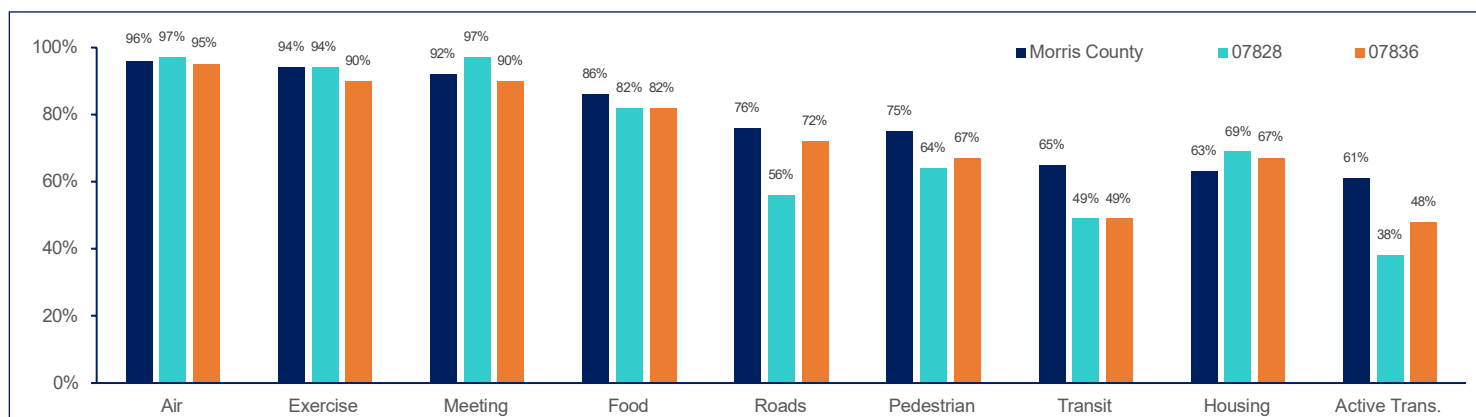
The *Community Voice Survey* asked respondents to state whether they felt 42 measures about health and well-being are “true” or “false” about their communities and themselves. These measures can be categorized into the four health factors in the County Health Rankings and Roadmaps Model: physical



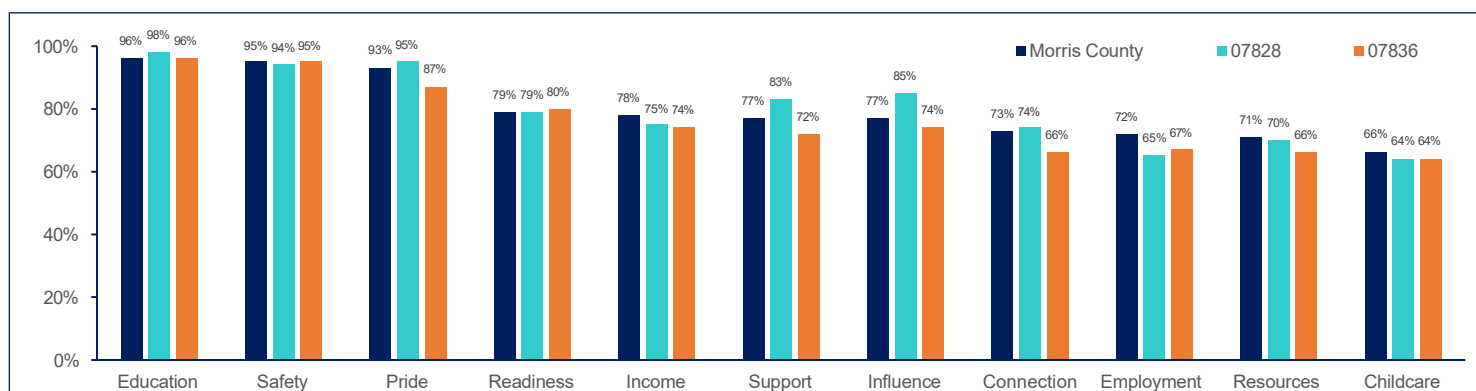
environment, social and economic factors, clinical care, and health behaviors. For more information on the health factors, visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

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.

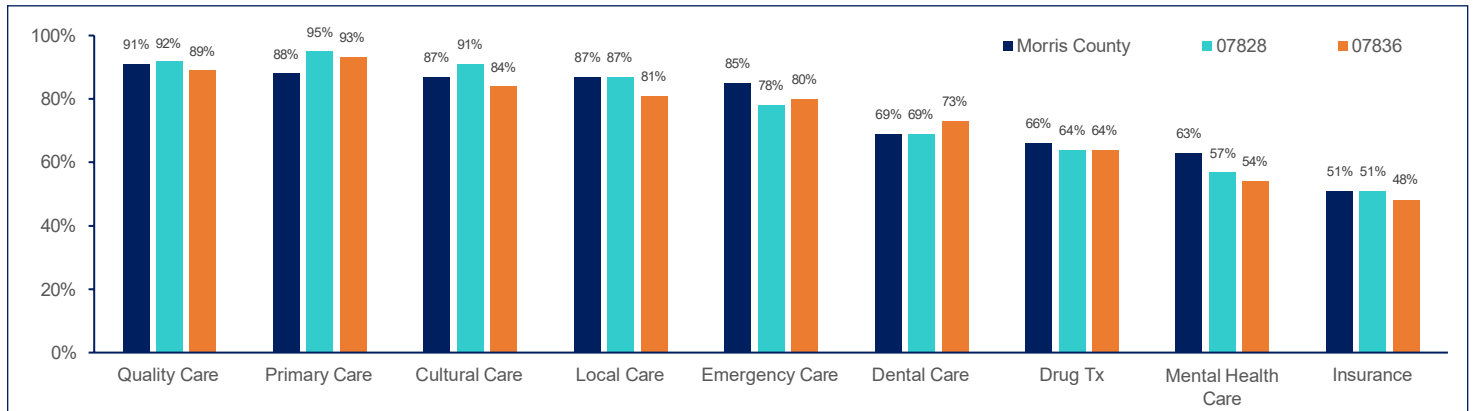
## Physical Environment



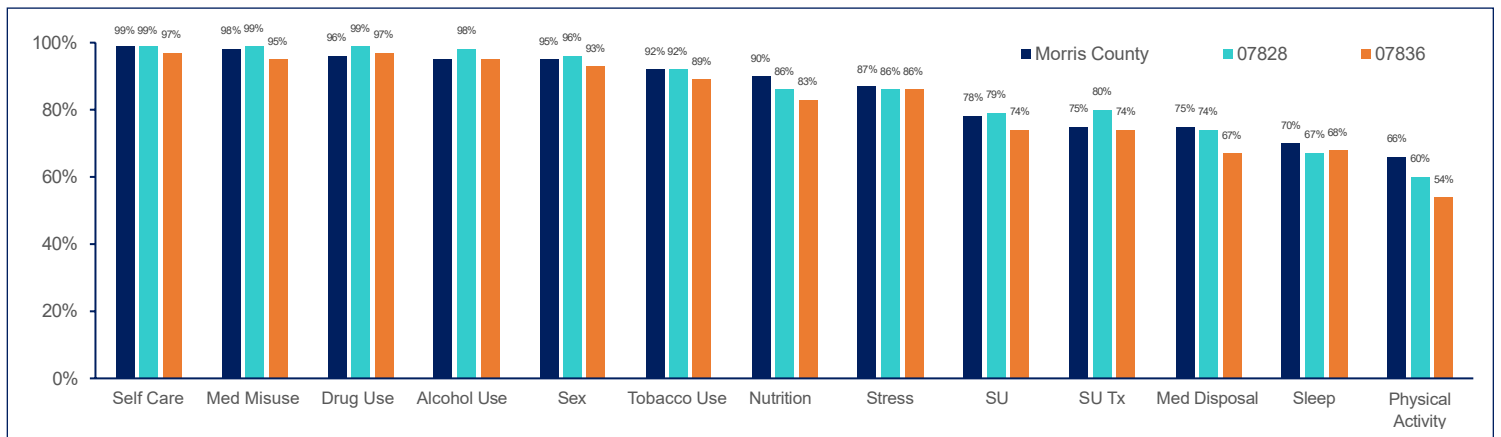
## Social and Economic Factor



## Clinical Care



## Health Behaviors



## Analysis of Qualitative Findings

Qualitative data obtained through focus groups and key informant interviews plays a crucial role in informing a Community Health Assessment (CHA) by providing a deeper, more nuanced understanding of the Community's Health overall. This comprehensive insight is crucial for developing effective, culturally sensitive, and community-driven health strategies and interventions.

On November 8, 2023, the Mount Olive Health Department hosted a focus group of key stakeholders from the Mount Olive community. There were 11 participants from diverse sectors, including youth, parents, school representatives, youth-serving organizations, civic/volunteer groups, healthcare professionals or organizations, and local government agencies. The goal for the focus group participant representation was modeled after the “twelve-sector” coalition model from Drug Free Communities (DFC) ([cdcpage](#)). Eight out of twelve “sectors” were represented, highlighting a broad range of perspectives. Missing sectors included business, media, police, and religious/fraternal organizations.

Questions addressed were as follows:

- What are the most significant problems related to health in our community?
- What are the most significant problems related to children and adolescents in our community?
- What are the most significant problems affecting families in our community (e.g., families able to provide parenting, economic security, and a healthy environment)?
- What other problems or concerns significantly affect members of our community?

The dialogue encompassed a range of interconnected themes, reflecting the complexities of mental health, family dynamics, accessibility, and awareness. Mental health emerged as a focal point, with concerns extending from youth to seniors, highlighting challenges in identity, relationship dynamics, and the impact of societal and online pressures. Seniors, facing isolation exacerbated by language barriers, emphasize the need for effective communication and comprehensive support. The dialogue underscored the necessity of diversifying information dissemination to reach diverse demographics. Environmental factors, including the lack of walkability, contribute to isolation, particularly for new families. Stress, stemming from financial pressures and developmental concerns, permeates various age groups. Substance abuse, specifically the opioid epidemic and vaping, was acknowledged as pervasive issues requiring community preparedness and awareness. Developmental delays in children, stress on community resources, and multigenerational challenges underscore the interconnectedness of family dynamics and community well-being. Parenting awareness, structural consistency, and the overarching theme of community support and awareness emerged, emphasizing the need for collaboration, a central resource hub, and targeted outreach efforts. The focus group discussion concluded by recognizing the vital role of tailored information dissemination across media platforms, emphasizing the relevance of social media for teenagers and the importance of a centralized resource hub or health fair to address diverse community needs comprehensively.

## Keywords:

- **Community and Families:** Discussions centered around community issues, lack of resources, and the impact on families.
- **Youth and School:** Emphasis on youth-related concerns was discussed, including stress in school, vaping issues, and the need for supportive services for children and parents.
- **Health and Solutions:** Health-related topics, particularly the mention of Narcan, were discussed. The group focused on finding solutions, engaging in conversations about social issues affecting the community.

## Focus Group Themes:

In a focus group, a theme typically emerges when there is a recurring pattern or topic that arises in the discussions among participants. Themes were identified through careful analysis of the recording transcripts. The following factors contributed to the identification of focus group themes:

1. **Frequency:** The more frequently a topic is raised, the more likely it is to become a theme.
  - MOT employees defined terms that were frequently mentioned, identified like-terms, and tallied the total number of times these terms were mentioned per topic.
2. **Consistency:** When different participants express similar opinions, experiences, or perspectives on a particular topic, it suggests a common theme.
3. **Depth:** Themes may also arise from discussions that delve into a topic in-depth, providing detailed insights, examples, or anecdotes. These discussions highlight important aspects of a particular issue.
4. **Relevance:** Themes should be relevant to the research questions or objectives of the focus group. They should capture the key ideas or findings that are most pertinent to the study's goals.
5. **Uniqueness:** While themes may overlap or intersect, they should also capture distinct aspects of the data. Each theme should contribute unique insights or perspectives to the overall analysis.

Overlapping themes can provide valuable insights into the complexity and interconnectedness of the issues being discussed. They can help reinforce certain key points and highlight areas of particular significance. Additionally, overlapping themes can serve to validate findings across different groups or contexts, adding credibility to the overall analysis. The following themes underscore the interconnectedness of community well-being and highlight the need for holistic approaches to address various challenges faced by families in MOT:

1. **Mental Health:** The significant focus was on mental health issues, particularly among young people (ages 3 to 18), and seniors. The discussion highlighted concerns about isolation, relationship difficulties, school phobia, and the impact of mental health on overall well-being. Recognition of identity-related challenges, such as confusion in gender identity and sexuality, were identified as contributing factors that lead to mental health issues. The need for education, awareness, and support for both students and parents in understanding and navigating these issues is evident. The participants discussed barriers for adolescents, particularly related to



discussing sensitive topics like mental health and sexuality. The need for safe spaces or community groups where adolescents can freely talk about their concerns without parental involvement was highlighted. Mental Health issues were identified as factors that contribute to attempting suicide.

2. **Language Barriers:** Discussion identified the inability to effectively communicate as a contributing factor to feelings of isolation and impact on mental health. The diversity of the community, and language fluency are factors in addressing these communication challenges.
3. **Isolation:** Seniors living independently may lack family support, either due to family reluctance or financial constraints. Families may struggle to navigate available resources, and seniors may fall through the gaps in support systems. Language barriers are identified as potential obstacles, and efforts are being made to address them, such as having Spanish-speaking counselors. Issues related to seniors living independently were discussed. It was noted that challenges often arise when families are either unwilling, or financially unable to deal with the situation. The gaps in resources for seniors who need assistance but aren't ready for placement were highlighted.
4. **Diversity and Inclusivity:** The need for diversifying how information is shared and reaching different demographics was emphasized. This included considering age groups, language barriers, and varying media preferences to ensure information accessibility.
5. **Environmental Factors and Lack of Walkability:** The lack of walkability and biking infrastructure in the community was discussed as a significant problem. Physical health is linked to mental health, and the built environment, including the absence of sidewalks and streetlights, was seen as contributing to isolation, especially among children. The community's geographical spread and lack of walkability were noted as contributing factors to isolation, especially for families who are new to the area. The absence of a central hub presence in the built environment or walkable events to connect families with resources exacerbates feelings of isolation.
6. **Stress Across Age Groups:** Stress was identified as a pervasive issue affecting families across various age groups. Stressors included financial stress, managing children's behavior, and the challenges of balancing work and family responsibilities. The impact of stress was noted across different age ranges, from children to seniors.
7. **Opioid and other Narcotic Misuse/Abuse:** The opioid epidemic was mentioned as a pervasive issue that contributes to stress and family-related problems across all age groups. The discussion acknowledged the broad impact of this epidemic on mental health. The mention of carrying Narcan in a lunch bag indicates a concern about substance abuse and the opioid epidemic. This suggests a need for preparedness and awareness regarding substance abuse issues in the community.
8. **Vaping Among Young Adults:** Vaping was highlighted as a significant issue among young adults. Lack of understanding of its dangers, easy concealment, and parental unawareness contribute to the prevalence of vaping.
9. **Developmental Delays and Early Intervention:** The conversation emphasized developmental delays among young children due to factors such as the COVID-19 pandemic. A lack of

socialization, speech delays, and the need for early intervention services were discussed. Challenges were discussed and included children who may not fully qualify for services but still require support.

10. **Stress on Resources and Family-related issues:** The stress on resources within schools and the broader community was acknowledged, particularly in dealing with children exhibiting developmental delays. The discussion expanded to family dynamics, with a focus on broken homes, parenting awareness, and the impact of family struggles on children's behavior and development. The discussion transitioned to how the identified issues impact adolescents. Family dynamics, lack of consistency, and stressors as factors influencing adolescents and potentially leading to risky behaviors. The need for a comprehensive understanding of how community issues affect adolescents was emphasized. Multigenerational issues were discussed, considering broken homes, single-parent households, and drug-addicted families. Financial stress was recognized as a significant factor affecting family dynamics that trickling down to impact adolescents and the community.
11. **Parenting Awareness and Structural Consistency:** The importance of parenting awareness was highlighted, specifically in understanding and managing children's behaviors. The need for consistency in enforcing structures and interventions both at home and in school was emphasized. Challenges arise when there is a disconnect between these environments, impacting the effectiveness of support mechanisms.
12. **Community Support and Awareness:** The broader theme of community support and awareness emerged, emphasizing the need to provide support mechanisms for families dealing with various challenges. The discussion underscored the importance of creating a safe space for open conversations about parenting issues, family dynamics, and the broader context of community well-being. The need for a central hub for resources was highlighted, addressing the diverse needs of the community. Lack of awareness among newcomers, especially those from different countries, was emphasized. There was a call for a central hub to provide information and support for various challenges faced by families. Outreach efforts by various institutions, including the Health Department, library, and schools, to inform the public about free resource seminars and workshops were highlighted. The aim of a central hub is to provide education and support to the community. There was a strong emphasis on building a sustainable coalition and fostering ongoing collaboration among various stakeholders. The idea of regular meetings and a consistent schedule for community events like health fairs or resource fairs was highlighted.
13. **Resource Awareness and Accessibility:** The discussion recognized the importance of creating awareness about available resources. The library was acknowledged as a social hub for community engagement and a hub for information, but limitations regarding legal and medical assistance were noted. The need for support and collaboration to enhance the effectiveness of community resources was emphasized. The need for support to better serve the community was emphasized, recognizing the importance of collaborative efforts. There was a concern expressed about the media, particularly how it can contribute to confusion and worsen issues, especially among teenagers. The discussion touched on the need for more nuanced and helpful information dissemination. The age range of individuals facing challenges was discussed, primarily focusing

on teenagers but also extending up to the residents in their 30s. The conversation highlighted the importance of tailoring resources and information to different age groups. The group discussed the relevance of various media outlets for different age demographics. Social media platforms like Instagram and TikTok were suggested for targeting teenagers, while Facebook and traditional media (radio, News 12) may be more relevant to older age groups. The significance of print media, such as local publications like Mount Olive Chronicle, was mentioned. The availability of printed papers in the community was seen as an essential channel for information dissemination. The concept of a resource hub or health fair was suggested to provide a centralized space for community members to access information, resources, and support. The aim is to create a one-stop-shop for various needs, including mental health, substance use, and community engagement.

### **Key Informant Interviews:**

A total of 4 Key informant interviews were conducted between December 1, 2023 and December 10, 2023 and included community members who work with faith-based, school-aged, food insecure, and those with disabilities. Each interview covered the same questions as the focus group:

- What are the most significant problems related to health in our community?
- What are the most significant problems related to children and adolescents in our community?
- What are the most significant problems affecting families in our community (e.g., families able to provide parenting, economic security, and a healthy environment)?
- What other problems or concerns significantly affect members of our community?

As mentioned earlier in the process of identifying key themes from the focus groups, a similar approach was employed in analyzing the data from the Key Informant Interviews, emphasizing the interconnectedness and recognition of thematic patterns.

### **Key Informant Interviews Themes:**

- 1. Mental Health:** The interviews that focused on mental health revealed an urgent need to differentiate normal emotions from mental health disorders. Challenges in resolving these issues in diverse populations persist, necessitating the normalization of conflict resolution and the fostering of a growth mindset, particularly among students. Overwhelmed counseling services, limited transportation, and financial strains further compound the issue, as youth struggle with personal interactions, commitment, and coping skills, influenced by social media and stigmatization associated with homelessness.
- 2. New Families Challenges:** A focus on new families facing documentation issues was noted. These families may be reluctant to disclose living situations or support needs which may hinder their engagement and use of available support services.
- 3. Family Challenges:** Emergent needs in working families were emphasized in several interviews. This included an increase in food insecurity among Hispanic families, highlighting the financial strains caused by layoffs, desperation spending, and rising food prices. One interviewee stated

that socioeconomic status significantly influences parental engagement, necessitating tailored support, and understanding.

- 4. Access to Services and Information Barriers:** Several interviews highlighted transportation and language barriers pose significant obstacles, while gaps in knowledge and time constraints hinder families from accessing available resources. Interviews mentioned a crucial need for increased awareness, outreach, and accessibility to resources, particularly in terms of transportation, food access, and affordable housing, guided by universal design principles.
- 5. Accessibility Challenges:** Ensuring inclusivity for those with disabilities in community activities, events, and spaces was crucial to a participant. It was mentioned that improved communication and support during critical educational transitions for children with disabilities are necessary, as well as specific support for those acquiring disabilities later in life.
- 6. Lack of Communication and Resource Awareness:** Discussions identified that families often lack awareness of available resources, exacerbated by the complexity of the system, leading to increased communication challenges and vulnerability to scams exploiting the need for connection, especially among the middle-aged to elderly population.
- 7. Communication and Partnership Deficits:** One participant stated that addressing communication barriers and cost concerns requires partnerships to enhance access to resources and support that needs to be increased in the Township.
- 8. Substance Abuse Concerns:** Ongoing issues with substance abuse, including discussions around potential impacts of marijuana dispensaries, were expressed as significant challenges.
- 9. Senior Isolation:** It was mentioned that in-person interactions, particularly through church-sponsored social groups, played a vital role in mitigating senior isolation.

## Conclusion

The focus group discussions and key informant interviews provided valuable insights into various health-related challenges facing the community of Mount Olive Township. Mental health emerged as a significant concern, particularly among youth and seniors, with an urgent need for differentiation between normal emotions and mental health disorders. Issues such as isolation, relationship difficulties, and identity-related challenges were highlighted, emphasizing the necessity for education, awareness, and support. Language barriers, transportation limitations, and financial strains were identified as barriers to accessing services and information, underscoring the need for increased awareness and outreach efforts. Environmental factors, stress across age groups, substance abuse, and senior isolation were also significant themes discussed, emphasizing the importance of community support, communication, and partnership in addressing these challenges. Overall, the findings from both focus groups and key informant interviews emphasize the interconnectedness of various health issues and the need for collaborative efforts to promote health and well-being in the community.

As the analysis and examples in this report have demonstrated, a wide array of factors influence the community's health. When considering all four data collection methods: the 386 responses from the

Community Voice Survey, the 4 Key Informant Interviews, the Key Stakeholder Focus Group, and the secondary data analysis, 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. Common themes found in a comprehensive analysis of the data collected are (in no particular order):

- 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:

1. Considerations: The Community Voice Survey data may not be considered representative of the entire population of Mount Olive Township due to the period in which the survey was disseminated and the small sample size. The survey was disseminated prior to the COVID-19 pandemic, where significant societal changes resulting in the pandemic can impact how the same survey would be answered in 2023. The survey collected 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.
2. Potential biases and considerations that influence the outcome of the Key Informant and focus group interviews are as follows:
  - a. **Selection Bias:** Participants selected for the focus group and interviews represent a diverse range of perspectives and backgrounds serving Mount Olive Township. However, the views of this group do not encompass all populations within Mount Olive Township-including Spanish-English bilingual residents, those living with disabilities, caretakers, undocumented individuals, and those under the age of 18 years.
  - b. **Confirmation Bias:** Participants may have had preconceived notions or biases regarding the topic being discussed.
  - c. **Social Desirability Bias:** Participants may have felt pressure to provide responses that they believed were socially acceptable or desirable rather than expressing their true opinions or experiences.
  - d. **Groupthink:** In a focus group setting, participants may conform to the dominant opinions or perspectives expressed by others in the group, leading to a lack of diversity in

- viewpoints and potential suppression of dissenting opinions.
- e. **Cultural Bias:** Certain cultural norms and values may influence the way individuals perceived and responded to questions, leading to biased or misunderstood interpretations.

### **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.

### **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 collective responsibility and marshal resources of specific, accountable community entities to improve the health of its members. Actionable, sustainable results and policy recommendations will be the 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 A- MOHIC Member List

Name	Title	Organization	Sector Represented
Charles Aaron	Board Member (MOACC)/President	MOACC/Jersey Girl Brewing	Business
Christine Frey	Real Estate Manager	Aion Management/Overlook at Flanders	Business
Marie Manzi	Senior Coordinator	Mount Olive Manor	Business
Jaime Repsher	Community Outreach Coordinator	Visiting Nurse Association of Northern NJ	Business
Maggie Schaffer	Marketing Coordinator	Bentley Commons at Paragon Village	Business
Robin Schloesser	Property Manager	Mt. Olive Manor	Business
Kristen Ziolkowski	Community Relations Liaison	Paragon Village	Business
Janet Boetticher	Volunteer Coordinator	NORWESCAP	Civic/Volunteer Organizations
Susan Morse	Administrator	Mt. Olive Food Pantry	Civic/Volunteer Organizations
Rewaida Muheisen	Supervisor of Outreach	Navigating Hope & STAR	Civic/Volunteer Organizations
Carmela Slivinski	Executive Director	DAWN Center for Independent Living	Disability Services
Deanna Ackerman	Veterans Services	Morris County Veterans Services	Civic/Volunteer Organizations
Kathleen Felezzola	Director of Nursing	Zufall Health Center	Healthcare Professionals
Laura Hawkins	Director, Community Health & Social Services Care Coordination	Atlantic Health - Hackettstown	Healthcare Professionals
Rebecca Keenan	Healthcare Provider	ADVOCARE	Healthcare Professionals
Michele McGrogan	Manager, Community Health Care Coordination	Atlantic Health	Healthcare Professionals
Meghan Pillai	Medical Director	Atlantic Health	Healthcare Professional
Mike Radvansky	Counselor	State Health Insurance Program	Healthcare Professionals
Sarah Rubinstein	Community Health	Atlantic Health	Healthcare Professionals
Samantha Buns	Lead Accreditation Coordinator	Buns Consulting	Local Government
James Carney	Police Officer	Mt. Olive Police Department	Law Enforcement
Lonnie Elbaum	Police Officer	Mt. Olive Police Department	Law Enforcement
Mike Russell	Police Officer	Mt. Olive Police Department	Law Enforcement
Michael Spitzer	Police Chief	Mt. Olive Police Department	Local Government
Angie Deiling	Public Health Nurse	Mt. Olive Health Department	Local Government
Michele Doucette	Registrar	Mt. Olive Health Department	Local Government
Susan Downer	Sr. REHS	Mt. Olive Health Department	Local Government
Laura Ferfecki	Sr. Clerk Typist	Mt. Olive Health Department	Local Government

Joanna Gazabon	Health Educator	Mt. Olive Health Department	Local Government
Helen Giles	Public Health Nurse	Mt. Olive Health Department	Local Government
Christie Jaime	Health Educator	Mt. Olive Health Department	Local Government
Marcy Merola	Senior Transportation Coordinator	Mt. Olive Health Department	Local Government
Alexis Shilley	Accreditation Coordinator	Mt. Olive Health Department	Local Government
Samantha Tanzola	Health Educator	Mt. Olive Health Department	Local Government
Derrick Webb	Deputy Director	Mt. Olive Health Department	Local Government
Trevor Weigle	Health Officer	Mt. Olive Health Department	Local Government
Karen Feldman	Board of Health Member	Mt. Olive Board of Health	Local Government
Colleen Labow	Board of Health Chairperson /Council Member	Mt. Olive Board of Health	Local Government
Mary Lalama	Board of Health Chairperson/Council Member	Mt. Olive Board of Health	Local Government
Mauro Magarelli	Library Director	Mt. Olive Township	Local Government
Liz Meininger	Recreation Department	Mt. Olive Township	Local Government
Jenna Murphy	Special Project Coordinator	Mt. Olive Township	Local Government
Andrew Tatarenko	Business Administrator	Mt. Olive Township	Local Government
Joe Nicastro	Mayor / Publisher	Mt. Olive Township	Local Government & Media
Matt Jones	Pastor	Mountaintop Church	Religious/Fraternal Organization
Bruce Gallagher	Past Captain	Flanders EMS	Resident/ Healthcare Professional
Sumit Bangia	Superintendent	Mount Olive Township	Schools
		School District	
Jacqueline (Jackie) Bello	Director of Student Support Services and Programming & Anti-Bullying Coordinator	Mount Olive Township	Schools
		School District	
Nilda Rodriguez	Manager of Substance use disorder Services	Atlantic Health	Substance Abuse Organizations
Gail Reuther	Executive Director	Mt. Olive Child Care & Learning Center	Youth Serving Organization + Business



## Appendix B: List of Resources “Asset Mapping”

### Childcare

Bright Horizons at Mt. Olive  
101 Route 206 South  
Flanders, NJ 07836  
Ph: (973)-426-9311

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

Fun ‘N Friends  
58 Drakesdale Rd.  
Flanders, NJ 07836  
Ph: 973-584-0365

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

International Children’s Academy  
150 Clark Dr.  
Budd Lake, NJ 07828  
Ph: 973-446-0016

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

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

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

Stepping Stone Montessori School  
17 Maple Ave  
Netcong, NJ 07857  
Ph: 973-448-3600

### Dentists

Abrams Family Dentistry  
140 US-46  
Budd Lake, NJ 07828  
Ph: 973-691-8200

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

Flanders Pediatric Dentistry  
230 US-46 Suite 305  
Flanders, NJ 07836  
Ph: 973-927-2260

Gentle Family Dentistry  
382 US-46 Suite 3A  
Budd Lake, NJ 07828  
Ph: 973-691-1200

Jennifer J. Argenziano, DMD  
88 Bartley Flanders Rd. Unit 106  
Flanders, NJ 07836  
Ph: 973-584-5550

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

Mount Olive Family Dental  
88 Bartley Flanders Rd Unit 106  
Flanders, NJ 07836  
Ph: 973-584-5550

Niles R. Dryant DMD  
230 US-206 Suite 104  
Flanders, NJ 07836  
Ph: 973-927-9268

Rand Center for Dentistry  
191 US-206 #11  
Flanders, NJ 07836  
Ph: 973-370-8917

Steven Denholtz, DMD  
268 Route 206, Suite 401  
Flanders, NJ 07836  
Ph: 973-252-1600

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

### **Doctors**

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

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

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

Primary Care Partners  
191 US 206 #5  
Flanders, NJ 07836  
Ph: 973-584-0045

Atlantic Medical Group @ Hackettstown  
57 US-46 Suite 100  
Hackettstown, NJ 07840  
Ph: 908-598-7980  
Hackettstown Medical Center  
651 Willow Grove St.  
Hackettstown, NJ 07840  
Ph: 908-852-5100

Hackettstown Pediatrics  
Skyland Medical Care  
117 Seber Road  
Hackettstown, NJ 07840  
Ph: 908-684-0684

Zufall Health  
117 Seber Road Building 5  
Hackettstown, NJ 07840  
Ph: 908-452-5366

### **Gyms**

Bad Reps  
141 US-46 #12  
Budd Lake, NJ 07828  
Ph: 973-426-0103

Centercourt Club & Sports  
184 Flanders Netcong Rd.  
Flanders, NJ 07836  
Ph: 973-584-9322

Gold's Gym  
90 Bartley Flanders Rd  
Flanders, NJ 07836  
Ph: 973-584-5656

RedShed Cross Fit  
3 Gold Mine Rd  
Flanders, NJ 07836  
Ph: 973-552-2510

Retro Fitness  
7 Naughtright Rd  
Hackettstown, NJ 07840  
Ph: 908-441-6652

Revolution Fitness & Performance  
354 US-206  
Flanders, NJ 07836  
Ph: 973-840-8844

Revive Studios  
100 US-46  
Budd Lake, NJ 07828  
Ph: 973-527-3419

Wolfe Gym  
207 US-46  
Budd Lake, NJ 07828

Zone Fitness  
166 Gold Mine Road  
Flanders, NJ 07846  
Ph: 862-259-5111

## **Information**

Mount Olive Library  
202 Flanders-Drakestown Rd  
Flanders, NJ 07836  
Ph: 973-691-8686

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

Mount Olive Chronicle  
[Mount Olive Chronicle | newjerseyhills.com](http://MountOliveChronicle.newjerseyhills.com)

The Daily Record  
[Morris County NJ News | Daily Record](http://MorrisCountyNJNews.com)

Mount Olive Life  
[Mt Olive Life | Mt Olive's Hometown Newspaper](http://MtOliveLife.com)

## **Mental Health**

Chester:  
Collaborative Therapy Network  
409 Main Street  
Chester, NJ 07930  
Ph: 908-409-3228  
[Location/contact Us | Therapy Network Nj | Chester \(collaborativetherapynetwork.com\)](http://Location/contactUs/TherapyNetworkNj/Chester/collaborativetherapynetwork.com)

Finding Inner Peace Counseling, LLC  
245 Main St. Suite 303  
Chester, NJ 07930  
Ph: 908-397-1702  
<http://findinginnerpeacecounseling.com/>

Resilient Minds Psychological Services  
1 Sentry Lane #573  
Chester, NJ 07930  
Ph: 908-387-7011  
<http://www.resilientmindspychological.com/>

West Morris Psychological Associates  
254 Main St Suite 205  
Chester, NJ 07930  
Ph: 908-955-7754  
[westmorrispsych.com](http://westmorrispsych.com)

## **Hackettstown:**

Center for Assessment & Treatment  
254B Mountain Ave Suite 300  
Hackettstown NJ 07840  
Ph: 908-852-5858  
[https://assessmentandtreatment.org/](http://assessmentandtreatment.org/)

Center for Counseling & Psychotherapy  
26 US 46  
Hackettstown, NJ 07840  
Ph: 908-852-9000  
[https://acenterforcounseling.net/](http://acenterforcounseling.net/)

Family Guidance Center  
108 Bilby Rd Ste 302  
Hackettstown, NJ 07840  
Ph: 908-852-0333  
[https://www.centerffs.org/](http://www.centerffs.org/)

The Counseling & Mindfulness Group  
121 Shelley Dr Suite 2E  
Hackettstown, NJ 07840  
Ph: 908-303-3850  
[https://counselingandmindfulness.com/](http://counselingandmindfulness.com/)

Mount Arlington:  
Strength for Change  
22 Howard Blvd Suite 101  
Mt. Arlington, NJ 07856  
Ph: 973-668-9577  
[https://strengthforchange.com/](http://strengthforchange.com/)

Mount Olive:  
Bridges Counseling Center for Child & Family  
Wellness  
158 Route 206 Suite 1  
Flanders, NJ 07836  
Ph: 973-668-4806  
[bridgescounselingnj.com](http://bridgescounselingnj.com)

Chester Psychotherapy Group  
4 Gold Mine Rd. Suite 3  
Flanders, NJ 07836  
Ph: 973-527-7072  
[https://chesterpsygroup.com/](http://chesterpsygroup.com/)

Team Behavioral Consultants, LLC  
4 Gold Mine Rd.  
Flanders, NJ 07836  
Ph: 908-377-0282

[TEAM Behavioral Consultants | ABA Therapy  
Provider in North NJ](#)

#### Parsippany

Thrive Alliance Group  
14 Walsh Dr #310  
Parsippany-Troy Hills, NJ 07054  
Ph: 862-701-5110

[School Mental Health Programs | Thrive Alliance  
Group](#)

#### Roxbury:

Mount Olive counseling & Clinic  
1278 Route 46  
Ledgewood, NJ 07852  
Ph: 973-584-6700

[Mount Olive Counseling & Clinic](#)

The Counseling Center at Roxbury  
66 Sunset Strip, Suite 302  
Succasunna, NJ 07876  
Ph: 862-707-2469

<https://www.thecounselingcenter.com/locations/roxbury-nj>

#### Nutrition

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

Sunrise Nutrition Center  
137 Mountain Ave.  
Hackettstown, NJ 07840  
Ph : 908-441-2276

The Wellness Center of New Jersey  
109 Main St Suite 2  
Succasunna, NJ 07876  
Ph: 973-895-2003

ShopRite Dietician Services  
<https://dietitians.shoprite.com/>

Weis Nutrition & Wellness  
<https://www.weismarkets.com/nutrition>

#### Other (Rehab, Senior Center, etc.)

Rehab/Physical Therapy:  
Drayer Physical Therapy  
244 US-206 3, South  
Flanders, NJ 07836  
Ph: 973-598-3077

Ivy Rehab Physical Therapy  
7 Naughtright Rd Suite K  
Hackettstown, NJ 07840  
Ph: 908-922-4722

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

Kessler Rehab Center  
293 US-206 Suite 10  
Flanders, NJ 07836  
Ph: 908-955-0071

Maximum Health Physical Therapy  
197 US Highway 46  
Budd Lake, NJ 07828  
Ph: 973-362-0155

Saint Clare's Rehabilitation Services  
135 US-46  
Budd Lake, NJ 07828  
Ph: 888-808-1234

#### Senior Services

Always Best Care – Senior Services  
30 Tinc Rd  
Flanders, NJ 07836  
Ph: 862-772-7047

Bentley Commons @ Paragon  
425 US 46 East  
Hackettstown, NJ 07840  
Ph: 908-498-0100

Mount Olive Manor  
49 Flanders-Bartley Rd #401  
Flanders, NJ 07836  
Ph: 973-252-1403

Mount Olive Senior Center  
204 Flanders Drakestown Rd  
Flanders, NJ 07828  
Ph: 973-691-0900

### **Physical Activity**

Allamuchy Mountain State Park  
Walking/Hiking/Biking

Budd Lake Beach  
450 US-46  
Budd Lake, NJ 07828

Budd Lake Bog  
Sandshore Road Access

Budd Lake Kayak & Canoe Launch  
300 US-46  
Budd Lake, NJ 07828

Flanders Park  
Bartley Road  
Flanders, NJ 07836

Flanders/Bartley & Columbia Trail  
Walking/Hiking/Biking

High Point to Cape May Bicycle Route  
US 206

Lou Nelson Park  
Warren Road & Sand Shore Road  
Flanders, NJ 07836

Pirate's Cove – Splash Pad  
Turkey Brook Park  
30 Flanders Rd.  
Budd Lake, NJ 07828

Powerline Park & Dan Jordan Fields  
Glendale Road, US-206  
Flanders, NJ 07836

Stephens State Park

Turkey Brook Park  
30 Flanders Rd.  
Budd Lake, NJ 07828

### **Playgrounds**

Chester Stevens School  
Budd Lake, NJ 07828

Flanders Park  
40 Flanders-Bartley Rd.  
Flanders, NJ 07836

Mountain View School  
Flanders, NJ 07836

Sandshore School  
Budd Lake, NJ 07828

Tinc Road School  
Flanders, NJ 07836

### **Special Needs**

Denville:  
DAWN Center for Independent Living  
66 Ford Road Suite 121  
Denville, NJ 07834  
Ph: 973-625-1940

Mount Olive:  
Carebot ABA  
100 International Dr.  
Budd Lake, NJ 07828  
Ph: 833-282-2223  
<https://carebotaba.com/>  
  
Freedom Services Life Work Travel  
Ph: 862-596-8580  
<https://www.specialadventuresusa.com/>

The Krauklis Center  
26 Main Street  
Flanders, NJ 07836  
Ph: 973-927-1494  
<https://arcemorris.org/about/locations>

PEAK (MO Rec. Department – Kids)  
Ph: 973-426-7263  
[PEAK | Mount Olive NJ](#)

Stanhope:

Capitol Care  
7 Waterloo Road  
Stanhope, NJ 07874  
Ph: 844-437-3482  
[Capitol-Care | New Jersey](#)

**Substance Use/Abuse**

Cambridge Recovery Sober Living  
6 Red Maple Ln  
Flanders, NJ 07836  
Ph: 908-946-0005

Counseling Center at Roxbury-Succasunna  
66 Sunset Strip Suite 302  
Succasunna, NJ 07876  
Ph: 862-225-6367

Center for Counseling & Psychotherapy  
26 US HWY 46  
Hackettstown, NJ 07840  
Ph: 908-852-9000

Counseling and Mindfulness Group  
121 Shelley Dr. Suite 2E  
Hackettstown, NJ 07840  
Ph: 908-303-3850

Moving Mountains Recovery  
2 Emery Ave  
Randolph, NJ 07869  
Ph: 973-315-6121

Prescription Use Counseling Inc.  
4 Sergeant Ct.  
Budd Lake, NJ 07828  
Ph: 973-323-2711

Rolling Hills Recovery Center  
425 Main St.  
Chester, NJ 07930  
Ph: 855-559-8550

**Veterinary Clinics/Hospitals**

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

Animal Hospital of Roxbury  
1901 US-46  
Ledgewood, NJ 07852  
Ph: 973-691-1771

Black River Veterinary Hospital  
114 US-206  
Chester, NJ 07930  
Ph: 908-879-1000

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

Chester Animal Hospital  
74 W. Main St  
Chester, NJ 07930  
Ph: 908-879-5161

Country Lakes Animal Clinic  
378 US-46  
Mine Hill, NJ 07803  
Ph: 973-584-1836

Flanders Veterinary Clinic  
270 US-206 #301  
Flanders, NJ 07836  
Ph: 973-927-4948

Hackettstown Animal Hospital  
14 US-46  
Hackettstown, NJ 07840  
Ph: 908-852-3166

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

Mount Olive Veterinary Hospital  
140 US-46  
Budd Lake, NJ 07828  
Ph: 973-691-9333

## Appendix C: Archived Content from 2019 CHA

**The top health concerns identified from the quantitative and qualitative data collection methods in 2019 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)

**2019 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.

**2019 Focus Groups:** 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.

## **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 can 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 of 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 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 must 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 about 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 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 its 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.