

**HOLLERAN**

Community Health Research & Strategic Planning

# Monmouth County, New Jersey

## MAPP “Forces of Change” Assessment

*March 31, 2006*

## **BACKGROUND**

The Governmental Public Health Partnership (GPHP) of Monmouth County, New Jersey, requested that Holleran facilitate the "Forces of Change Assessment," one of the four MAPP (Mobilizing for Action Through Planning and Partnerships) assessments. The purpose of the Forces of Change Assessment is to identify what is occurring or might occur that affects the health of the community and local public health system. The discussion focused on forces within Monmouth County, New Jersey.

The session took place on March 31, 2006 and lasted approximately three hours. Thirteen individuals from various social service agencies, not-for-profit organizations, health departments and other health agencies participated in the session, which was held at the Monmouth County Agriculture Building.

## **FORCES OF CHANGE DISCUSSION**

### *Identification of Forces*

Several days prior to the scheduled session, attendees were contacted by e-mail from the Holleran facilitator. The purpose of the advanced communication was to provide some background to the attendees regarding the purpose of the session and to encourage critical thinking prior to the session.

After participant introductions, attendees were debriefed on the purpose of the exercise and were provided with an explanation of what qualifies as a "force of change." The attendees then dialogued about the forces of change they perceive to exist in Monmouth County. The following list outlines all of the various "forces" identified by attendees.

- A. Natural of man-made disasters (*proximity to NYC*)
- B. The use of heroin by youth and adults (*progression towards methamphetamines*)
- C. Availability of treatment programs for drug users
- D. Growing number of uninsured (*especially 18-25 population*)
- E. Increase in housing prices
- F. Continued growth of ethnic populations
- G. Shrinking tax dollars available for programs
- H. Closure of Fort Monmouth (*major economic engine for the county*)
- I. Eminent domain
- J. Child abuse/neglect
- K. Problems receiving entry level jobs
- L. Transportation challenges
- M. Development of land
- N. Methamphetamines problem
- O. Gang problem

- P. Skin cancer rates
- Q. Alcohol use/abuse
- R. Monmouth County Alliance
- S. Current detoxification services
- T. Competition between hospitals leading to more comprehensive care
- U. Influx of 55+ population and communities
- V. Too few specialists (*for the poor*)
- W. Increase in homeless population
- X. School dropout rate
- Y. Decrease in sense of community (stress levels)
- Z. Public health practice standards
- AA. Higher mortality rate in lung cancer
- BB. Water supply
- CC. Heart disease
- DD. Obesity

After discussing each of the above forces, the way in which each impacts the local community, and the relationships among forces, the group rated each force according the level of impact it has on the county. Participants rated each of the above forces on a 1 through 5 scale (1=Impacting the least; 5=Impacting the most). The top ten rated forces are as follows.

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| <ol style="list-style-type: none"> <li>1. Funding</li> <li>2. Growing number of uninsured (<i>especially 18-25 population</i>)</li> <li>3. Transportation challenges</li> <li>4. Increasing home prices</li> <li>5. Growing minority population</li> <li>6. Alcohol use/abuse</li> <li>7. Too few specialists (<i>for the poor</i>)</li> <li>8. Mental health problems</li> <li>9. Decrease in sense of community</li> <li>10. Obesity</li> </ol> |
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### *Identification of Threats and Opportunities*

The participants engaged in a dialogue about the threats and opportunities associated with each of the top ten forces. The first seven forces were discussed during the session, while the feedback related to the remaining three was obtained via email. The following

tables identify the threats and opportunities associated with each of the top ten rated forces.

1. Funding	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Reduction of necessary services</li> <li>• Increased fees for existing services</li> <li>• Decrease in workforce</li> <li>• Employee burnout</li> <li>• Lack of education/ awareness as to issues that exist</li> <li>• Fewer safeguard services for at-risk populations (Slipping through the net)</li> </ul>	<ul style="list-style-type: none"> <li>• Build relationships with elected officials (esp. state level)</li> <li>• Opportunities to collaborate on grants with other agencies</li> <li>• Forces establishment of priorities</li> <li>• Creates need for more advocacy</li> </ul>

2. Growing number of uninsured ( <i>especially 18-25 age group</i> )	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Increase use of ER services</li> <li>• Increased debt for health related expenses (leading to bankruptcy)</li> <li>• Increased charity care burden on hospital system</li> <li>• Increase in acute care cases</li> <li>• Increase in mortality in this age group</li> <li>• Increasing pressure on middle class families (above youth issue)</li> <li>• Leads to substance addiction (alcohol and drugs)</li> <li>• Public health disease control efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Forces a need for legislative change (coverage up to age 30)</li> <li>• Free clinics throughout county</li> <li>• Workforce program</li> <li>• Requires better preventative education/ healthy lifestyles-maintain better health</li> </ul>

3. Transportation challenges	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>Increased pollution (more cars on road)</li> <li>Infrastructure problems with cars</li> <li>Reduced access to healthcare and employment</li> <li>Increased debt due to non-public transportation use (car services)</li> <li>Increased illness b/c avoid seeking treatment until acute</li> <li>Increased social isolation (especially seniors)</li> <li>Liability issues with volunteers</li> </ul>	<ul style="list-style-type: none"> <li>County providing services</li> <li>Possible expansion of county-provided services</li> <li>County can purchase discounted rates to provide to clients</li> <li>Partnership opportunities between business owners and municipalities</li> <li>Increase in volunteering</li> <li>History of well-established trolley system</li> <li>Justification for bringing services to residents</li> </ul>

4. Increase in housing costs/lack of "affordable" housing	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>Imbalance in attainable housing for a variety of socioeconomic levels</li> <li>Bad credit/debit</li> <li>Increase homelessness</li> <li>Instability in families (impact on children)</li> <li>Exodus out of the state (young families and retirees)</li> <li>Impacts workforce</li> <li>Increases economic segregation (social isolation, crime, violence, neg. stereotypes, cyclical, increase psychiatric risks)</li> <li>Health/safety risks with over-crowding</li> <li>No money left for necessities</li> <li>Loss of federal funding</li> </ul>	<ul style="list-style-type: none"> <li>Fort Monmouth land use</li> <li>Marlboro grounds</li> <li>More monies for taxes</li> <li>Model mixed income communities</li> <li>Push for legislation to require mix for affordable housing</li> <li>Renovate current poor housing-make more "live-able" - incorporate into legislation</li> <li>Encourage lenders to develop low interest loans</li> <li>Encourage municipalities to donate land</li> </ul>

5. Growing minority population	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Cultural and language barriers</li> <li>• Congregate living yields poor sanitary conditions</li> <li>• Growing number of undocumented, taxing system</li> <li>• Reduces entry-level jobs for current population (especially young adults)</li> <li>• Increase in communicable diseases – hard to track this population</li> <li>• Requires bi-lingual service providers who understand needs</li> <li>• Workers “rights” (paid poorly, no coverage if injured, no benefits, worker abuse)</li> <li>• Health disparities (treatment, addiction)</li> <li>• Opportunity for victimization (become “scapegoat,” targeting for crime)</li> <li>• Increase in homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing diversity in professional classes</li> <li>• Certain groups create their own “communities,” bringing them into social fold</li> <li>• Enriches cultural landscape</li> <li>• Expand training around cultural competence (physician requirements)</li> <li>• Values can be increased through exposure to other minority groups</li> <li>• Recognize importance of health literacy</li> </ul>

6. Alcohol use/abuse	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Drinking and driving problems (less likely to wear seatbelts)</li> <li>• Domestic violence</li> <li>• Leads to increased needs to medical services, ER use, detoxification services</li> <li>• Child abuse/neglect</li> <li>• Homelessness</li> <li>• Burden on treatment facilities</li> <li>• Gang problems</li> <li>• Increase mortality due to liver disease</li> <li>• Birth defects</li> <li>• Increase STDs on college campuses</li> <li>• Loss of agencies</li> <li>• Increase in crime</li> <li>• Date rape/rape</li> </ul>	<ul style="list-style-type: none"> <li>• New facility being opened (New Hope)</li> <li>• “Detox. On Demand” in the county</li> <li>• More doctors now trained in outpatient detoxification</li> <li>• Increased education and outreach opportunities (to at-risk populations)</li> <li>• Municipal alliances</li> <li>• Prevention agencies</li> <li>• School SAC's (Substance Awareness Coordinators)</li> <li>• Bridge MH and education</li> <li>• County PAC team and county board</li> <li>• County contributes financially</li> <li>• Search for grant monies by large providers/organizations</li> </ul>

7. Too few specialists ( <i>for the poor</i> )	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Underserved population- No/little access to treatment</li> <li>• Increase costs to the agencies that do help with transportation (transport further)</li> <li>• Increase communicable diseases</li> <li>• Delay of treatment, leading to poorer outcomes, and resulting increased costs</li> <li>• No one doctor sees the “whole” patient-lack of medical home-no continuity of care</li> <li>• Stereotyping of certain types of conditions and resulting victimization (obese children, mental health, HIV pts.)</li> <li>• Poor dental care (esp. pediatric dental care) and resulting problems)</li> <li>• Losing Obstetric providers</li> <li>• Cut in geriatric educational programs</li> </ul>	<ul style="list-style-type: none"> <li>• Services that hospitals and affiliates may provide</li> <li>• Family health clinics in hospitals</li> <li>• Liability insurance reform</li> <li>• 12 step programs; parenting groups;</li> <li>• Cancer Coalition working through insurance issues (Good Sam law)</li> </ul>

8. Mental health problems	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Too few facilities for treatment</li> <li>• Unrecognized depression</li> <li>• Increase in substance use and/or abuse</li> <li>• Too few residential programs for mentally ill</li> <li>• Leads to poverty, homelessness</li> <li>• Impacts stress levels and subsequent decrease in sense of community</li> </ul>	<ul style="list-style-type: none"> <li>• Issue comes to forefront and funds become dedicated to address problems</li> </ul>

9. Decrease in sense of community	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Self absorption may lead to lack of concern for others' welfare</li> <li>• Lack of support from residents and politicians because are not involved enough to see the issues</li> <li>• Increase in isolation leading to substance abuse</li> <li>• Decrease in strength of families</li> </ul>	<ul style="list-style-type: none"> <li>• Other programs have been developed for children to serve as support networks</li> </ul>

10. Obesity	
Threats Posed	Opportunities created
<ul style="list-style-type: none"> <li>• Increase in chronic disease, morbidity, and death</li> <li>• Low individual self esteem</li> <li>• Isolation</li> <li>• Decreases in physical activity leads to increased obesity (cyclical)</li> <li>• High levels of obesity starting in childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in more assertive campaigns to address the issue</li> <li>• Additional access to counseling and treatment (supply and demand)</li> <li>• Reformation of fast food facilities because of negative publicity</li> <li>• Opportunity for communities to develop community health promotion programs, recreational programs</li> </ul>

## **RECOMMENDATIONS**

The forces identified during this brainstorming session should be reviewed again when strategic issues are being identified. For example, if a strategic issue of lack of insurance coverage/poor insurance coverage is identified, then the impact of low-paying jobs in the area needs to be considered. Each force will impact the partnership's ability to implement and follow through with action plans, therefore integration of the forces into the community health improvement plan is integral. Some of the forces of change identified during the session may be unique to the current assessment, while others may also appear during one of the other three MAPP assessments. While all identified forces should be noted, those ranked as having the most significant impact on the community should be given heightened attention. Additionally, the relationship each force has with the others should not be ignored. For example, "crime" as a force truly has an impact on drug and alcohol abuse, business opportunities and many other areas aside from mere resident safety.