SUPERSTORM SANDY HEALTH & WELLBEING ASSESSMENT REPORT

Monmouth County April 30, 2014

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A. County Demographics

1) Summary of individuals surveyed

Survey Demographics		
		Percentage of Respondents
Sex	Male	37.9
	Female	62.1
Age	18 -29	8.9
	30-44	24.2
	45-54	27.0
	55-64	22.9
	65-74	11.3
	75 years and older	5.8
Ethnicity/Race	Asian/ Asian-American	1.0
	Black/African-American	6.5
	White/Caucasian	85.0
	Hispanic/Latino	10.9
	Other	0.7
Housing Characteristics	Single-Family Home	70.0
	Attached Home	6.5
	Apartment/Condo	13.7
	Mobile Home	1.4
	Temporary	2.7
	Other	5.8
	1-Person Household	19.5
	2- Person Households	24.6
	3- Person Households	19.1
	4- Person Households	17.4
	5 or More - Person Households	19.5

B. Impacts of Superstorm Sandy

B1. Impact on Finances:

Percentage of survey respondents who reported the following impacts had a financial impact due to Superstorm Sandy:

Reported Impact:	Percentage of Respondents
Lost power	95.6
Home was damaged	83.6
Car was damaged	29.4
Displaced from home	73.4
Stayed with or at:	
Friends & relatives	57.0
Shelter	10.9
Hotel	14.7
Other	20.5
Still displaced a year out	44.7
Temporary loss of income (Less than 6 Months)	63.6
Permanently loss of income (more than 6 months)	36.4

B2. Impact on Personal Health

a) Percentage of respondents and their self-reported health status before and after Superstorm Sandy:

Health Status	Very Good (%)	Good (%)	Neither good nor poor (%)	Poor (%)	Very Poor (%)
Before Superstorm Sandy	36.9	46.4	8.5	7.5	0.7
After Superstorm Sandy	12.0	31.6	19.6	23	13.7

b) Percentage of respondents who described their recovery from Superstorm Sandy as:

Status of Reported Recovery	Percentage
Completely recovered	13.2
Mostly recovered	31.3
Recovered about halfway	21.9
Recovered a little	15.3
Not Recovered at all	18.4

c) Percentage of respondents who needed service provider assistance, such as a visiting nurse, meal delivery, or other home-based care service as a result of Superstorm Sandy; See also Question C below

As a result of Superstorm Sandy, what types of services do you still need?	Percentage
Medical assistance	14.3
Counseling for children	9.6
Transportation	16.0
Money assistance	58.7
Counseling for depression, anxiety, lack of sleep, or panic attacks	22.5
Domestic violence counseling	1.0
Assistance with government grants	41.0
Treatment for alcohol or drug abuse	3.8
Home repair, replacement of household contents	43.0
Food assistance	20.8
Assistance with translating services	4.4
Mold inspection/removal	14.7
Lead inspection	6.1
Information, referral advice	23.5
None of the above	16.7
Other health related needs	10.2

c1) Percentage of "yes" respondents who are still receiving service; Not included in the survey. See also Question C below

d) Percentage of respondents who said they visited a hospital for Medical Care as a result of the storm; 10.2%

B3. Top Concerns Reported Due as Result of Superstorm Sandy

a) As a result of Superstorm Sandy, what were the top five (5) Health & Well Being concerns reported by respondents, and percentage of respondents who reported these concerns?

Top 5 Health & Wellbeing Concerns	Percentage of Respondents
1. Having enough money	70.3
2. Housing	49.8
3. Having a safe place to live	46.8
4. Mood	35.5
5. Having access to affordable, healthy foods	31.4

b) As a result of Superstorm Sandy, what were the top five (5) services utilized by respondents, and percentage of respondents who reported these services?

Top 5 services utilized	Percentage of Respondents
1. FEMA	57.7
2. United Way, Red Cross, other charity	39.9
3. Sandy Home Owner and Rental Assistance Program (SHRAP)	29.6
4. Case Management	28.3
5. NJ Hope and Healing (Monmouth Long Term Recovery Group)	20.5

c) As a result of Superstorm Sandy, what were the top five (5) mental health issues reported by respondents, and percentage of respondents who reported these issues?

Top 5 Mental Health Issues	Percentage of Respondents
1. Trouble concentrating/uncertainty	43.0
2. Having bursts of anger	41.3
3. Feeling numb	39.9
4. Being over-protective	36.9
5. Avoiding reminders	36.5

d) As a result to Superstorm Sandy, what were the top five (5) conditions that respondents identified as preventing them from a successful recovery?

Top conditions preventing successful recovery
1. Money/Access to money (63.5%)
2. Knowing where to go for help (43.4%)
3. Filling out paperwork (28.8%)
4. Using the recovery resources (24.7%)
5. None of the above (24.3%)
6. No Insurance (21.5%)

NB; Feel free to collect more data in this area, however, we only need your top five.

C. NJ Residents' Awareness of Resources

Percentage of respondents who are aware of the following services/resources, and are still in need of these services/resources:

Type of Services/Resource	% Aware	% of all respondents still in need of the Service/Resources (N=293)	% who used and still need Service/Resources
Case Management	49.8	17.1	60.2 (n=83)
Counseling Services	58.0	10.6	62.0 (n=50)
Federal Emergency Management Agency (FEMA)	82.3	35.2	60.9 (n=19)
NJ Hope and Healing	55.1	14.7	71.7 (n=60)
NJ 211	20.3	4.5	65.0 (n=20)
NJ Register Ready	6.5	2.1	85.7 (n=7)
Sandy Homeowner and Renter Assistance Program (SHRAP)	61.9	25.1	84.9 (n=86)
United Way/Red Cross/Charity	74.6	18.9	47.4 (n=116)

Narrative:
(Please provide a summary from the Focus Group sessions)

Three focus groups were held with providers, and their comments are included in the key informant section of this report.

While Sandy survivors acknowledged the help they received in the aftermath of the storm, they are deeply discouraged, angry and disillusioned by the slow pace of the recovery. Many are still homeless and feel betrayed by unmet promises, delays, endless paperwork (which "gets lost" on a regular basis), changing rules and bureaucracy, and a lack of understanding from professionals. As a result, few had praise for any of the organizations that provided help to the recovery effort. The few who did, cited the Red Cross, local churches, the Office on Aging, Salvation Army, and Monmouth County Long Term Recovery Group. But for the most part, survivors were vociferous in their criticism of federal, state and non-profit agencies they interacted with as a result of the storm.

Respondents spoke of their continuing difficulties in the recovery process which included both basic needs for housing, financial assistance, health and behavioral health needs as well as emotional needs for ongoing support and understanding. For example, many were extremely anxious over the news that they would be relocated to a trailer park. A situation they felt was unsafe and left them and their children vulnerable to substandard living conditions, unsafe water and violence.

Survivors spoke of the endless amount of paperwork and their frustrations with FEMA and its lack of advocacy for survivors. They were highly critical of RREM and SHRAP programs as being difficult to navigate and requiring documentation that often was destroyed by the storm, and no longer available to the survivor.

While individual needs differed in relationship to survivors' financial status, many spoke of the stress of "not knowing", or of not fitting in to any category of assistance because of their income, of the crippling cost of elevating homes, having to pay both a mortgage and rent, and of their need for help in settling insurance claims. They worried about their credit being adversely impacted and about the amount of money they would need to recover. Still others were postponing care because they lacked the money to pay for physician visits, copays, or medications, or were frustrated with the red tape to qualify for Medicaid or charity care.

Respondents also spoke of the adverse impact financial stress has had on their physical health. Respondents complained of a wide range of health problems and issues, some of which were stress related and others chronic conditions exacerbated by Sandy. Health issues included hypertension, arthritis, muscle tension, palpitations, tics, aches and pains, COPD and stomach issues.

Respondents also complained of sleepless nights, anxiety, fear of noise, or recurrent storms; and of night terrors. Many felt that the emotional issues are more prevalent now than at the beginning of the recovery. All respondents said they needed counseling but were either unable to get it, or found it not very helpful or erratic, others were too fearful of being stigmatized to seek mental health services, and most believed the need for counseling would continue. Others seemed to believe that getting home or achieving some level of stability would relieve their anxiety.

Respondents also noted a lack of understanding and consideration from professional staff working at agencies designed to provide assistance. They also complained about not being able to get hold of anyone by phone and/or when they did get through people did not return calls. They were weary of people who don't know what to say, making inappropriate or hurtful comments. Those with some resources felt that they were not treated with respect or compassion. Many, regardless of their financial situations, felt vulnerable. Some felt cheated by insurance companies and contractors. Single women tended to feel particularly vulnerable.

Surprisingly, respondents had little knowledge of available resources. Most were not computer literate and depend upon telephone contact, often with limited success. Because of this, respondents believed that getting information to the municipalities which could then disseminate information to residents via outreach efforts would be a better way to help survivors. This suggests a need for better local coordination and dissemination of information via radio, newspapers, church bulletins and outreach. Other suggestions included cutting the red tape and using Sandy money for Sandy victims directly and having a centralized source of information.

One of the focus groups differed significantly from the others as members were mostly able to take care of their situations, but were angry about the slow, confusing, inconsistent and contradictory policies and actions. Many expect to return to their homes over the next three to six months. Most of these residents believe their problems are not long term and they they will return to "normal" once they are in their homes.

D. Key Informant Interview Summary

Organization	City
1. CPC Behavioral Health 2. Community Relations Department, CentraState Medical Center 3. Mental Health Crisis Services, Monmouth Medical Center 4. Middletown Emergency Management Office 5. Monmouth Cares 6. Monmouth County Long Term Recovery Group 7. Monmouth County Division on Aging, Disabilities and Veterans Services 8. Monmouth County Office of Emergency Management 9. Monmouth County Office of Mental Health 10. Sandy Wellness Program - Mental Health Association of Monmouth County 11. United Way of Monmouth County 12. Visiting Nurse Association of Central Jersey Community Health Center, Inc. 13. Catholic Charities Diocese of Trenton	1. Red Bank 2. Freehold 3. Long Branch 4. Middletown 5. West Long Branch 6. Wall 7. Freehold 8. Freehold 9. Freehold 10. Red Bank 11. Tinton Falls 12. Red Bank 13. Red Bank Notes: 1. All key informants were from Monmouth County. 2. City refers to the location of the organization and does not reflect the area served. All organizations except Middletown provide services throughout the county.

Did the key informant feel that his/her organization was adequately prepared to assist individuals affected by Sandy?
Health • Yes. Health centers have adequate resources. • Yes. This hospital was outside the hardest hit area but still experienced storm-related issues. • Resources were adequate at the health centers although problems persisted with dispensing medications and inadequate staffing at the shelters. • Yes. The most serious issues concerned access to prescription medications and power outages. Medications were delivered by suppliers outside the storm area. Alternate power sources were available at the hospital, but doctors' offices were closed. Behavioral Health • Yes. [This organization] offers counseling targeted directly toward Sandy survivors. Needs can be met with adequate marketing. • Uncertain. Counseling centers may not be adequately funded or staffed. • Yes. Crisis intervention services are in place. Social Services and Relief Agencies • Yes. This organization offers case management and counseling for children with mental health issues and disabilities. • Although serving solely as the fiscal intermediary, United Way believes that organizations are adequately prepared. • This was a huge challenge. New Jersey was not fully prepared. • Yes. Although no one was fully prepared for the extent of the damages, relief efforts were excellent. • Yes, considering the size of the disaster. • Yes, although the focus was too much on homeowners. Renters were also displaced and subject to the decisions of the landlord. • Yes. Relief efforts were very comprehensive. • Yes. Initial relief efforts were successful. • Social services were difficult to coordinate, especially for new start-up agencies. • NJ 211 could not keep up with the calls. • Residents still need help finding and connecting with resources and sometimes getting help is harder than it was initially.

Has the organization been able to meet the needs of individuals seeking services due to Sandy?
All Services • Resources, in general, are adequate. Health and mental health needs are now surfacing and are expected to increase. Case management remains a critical need, especially for displaced families. • While there are still many programs available, social service needs remain very high. Basic needs must be addressed first, then concentrate on health and behavioral health care. Many survivors do not reach out for help, for various reasons including stigma, undocumented status and lack of information. Transportation is a big problem in this county. • Future issues include domestic violence, alcohol and drug addiction, chronic health problems and mental health symptomology (PTSD, anxiety disorders, mood disorders, depression. Future interventions must include emergency preparedness, resiliency building, strength building, prevention and education. Outreach is inadequately funded but greatly needed. Health • Co-morbidities are only now beginning to surface. Patients need to be screened, including alcohol dependency which is on the rise. • No. Health needs were not addressed initially. Water purity, mold, sewage treatment may be future issues affecting health of Sandy survivors. • There is concern about adequate funding for crisis intervention in the future. • Money is available to treat patients but not enough present for care. Many are overwhelmed by social service needs and are postponing care. • Survivors in unstable housing situations are neglecting their normal health routines (e.g. not exercising, eating poorly, starting to smoke or drink; neglecting to take medications). • Health needs include asthma and respiratory complaints (due to mold), stress leading to hypertension, sleep-related issues, and falls (especially among the elderly). • Children with disabilities are not being serviced. • We have been unable to get inside Fort Monmouth. • It is difficult to get to residents to provide immunizations and pre-natal care. • Mold is a big issue. Many people are living in mold damaged homes because they have no alternative.

Has the organization been able to meet the needs of individuals seeking services due to Sandy?

Behavioral Health

- Resources and stigma limit the ability to reach all individuals affected by Sandy. There is a current waiting list of 4 to 6 weeks for outpatient mental health services, 10 weeks to see a psychiatrist.
- In-home services are limited. Robin Hood grants are about to expire but need to be extended. Mental health needs are expected to rise as households experience a "new normal." Transportation and language barriers need to be addressed.
- More suicide prevention and education is needed. There have been at least three Sandy-related suicides in the county.
- There has been an increase in substance abuse, and an influx of heroin. Sexual assault and domestic violence is also up and may be Sandy-related.
- Children under 14, adolescents and adults are displaying signs of depression, anxiety, PTSD and distress.
- Case management to help with a multitude of issues will continue to be needed.
- Underutilization of services is a result of lack of knowledge about services rather than a lack of need.
- Mental health workers also need support.

Social Services and Other

- This organization does not turn away clients. Capacity is less an issue than access. Barriers were cited that prevented clients from obtaining needed services.
- At first, services were uncoordinated, and the public did not receive adequate information about available services. Funds were released late in the process, causing frustrations at multiple levels. Today, access is fairly well coordinated.
- The greatest issues concern the ability to spend available RREM funds. Now, funds are no longer available. There is no consensus on how to use Phase 2 funds.
- No. Families are still displaced, awaiting settlements and available housing opportunities. The public is still inadequately informed about available resources.
- There is a significant amount of concern that access to behavioral health services will suffer when Sandy dollars run out, and that long term issues of domestic violence, child abuse and substance abuse will surface as secondary impacts from the storm.
- No. Housing and red tape are still unresolved issues. Local word of mouth has been most effective with informing residents about available resources.
- The greatest need is for housing and financial assistance. Basic needs are still unmet for many survivors.
- Money is required to restore homes and make survivors whole. The amount being distributed is insufficient for the repairs or raising homes and too many people face the quandary of paying a mortgage on an uninhabitable home.

Social Services and Other (continued)

- Outreach will probably be inadequate. "Boots on the Ground" efforts may be reduced due to lack of funding.
- Transportation, which wasn't great to begin it, is even worse now. People cannot access services, if they can't get to them.
- There are few services for the homebound elderly and disabled.
- As FEMA funding runs out in October there will not be enough capacity to provide case management services. This agency gets 75 new calls/month.
- There is no centralized source of information, making it hard to get comprehensive information to survivors.
- Basic needs are still a priority. SNAP applications are at a record high, exacerbated by the impact of Sandy.
- Survivors need one-stop-shopping; one place where they can find resources. The information needs to be streamlined.
- Services are going to be needed for the long term.
- The non-English speaking and undocumented have had the greatest difficulty finding information. Some are afraid to seek help; for others language is a barrier.
- There needs to be a plan to protect animals. People do not want to leave their pets.

Narrative:

(Please summarize the main challenges faced by these agencies in meeting the needs of individuals, still needing support after Sandy)

Sandy survivors are at various stages of recovery, as the major concerns center on restoration of stable housing. Until this is achieved, long term health and behavioral health services will not be their priority. Survivors need to understand the importance of addressing their physical and behavioral health.
The challenges for the providers can be summarized by three C's:

1. **C**oordination. Monmouth County is a large county with many available resources. Yet, providers often are not fully informed of the full array of services available in the county. Many key informants spoke about the need to network, have a centralized information repository, and enhance their capacity to refer clients outside their agency.
2. **C**ollaboration. Although collaboration does occur, providers do not feel that they are fully "in touch" with others and that their own services suffer as a result. Many key informants want to share information with other providers and work together on behalf of their clients. This has not always occurred during relief and recovery efforts. Further, many Sandy Survivors are seeking help for the first time and are overwhelmed by the maze of bureaucracy they need to deal with. Case managers and navigators who collaborate with other providers would help meet this challenge.
3. **C**ommunication. Many Sandy Survivors remain ill informed about available resources. They also need to be educated about the long term health risks of chronic respiratory disease, alcoholism, drug addiction, hypertension, diabetes management, etc. Sandy Survivors also need to understand symptoms of Post Traumatic Stress Disorder, depression, anxiety, and other proxy symptoms of mental health. Public media messages are needed to (1) dispel the stigma of mental health treatment (2) reassure Sandy Survivors of available long term supports, and (3) direct them to resources for screening and treatment. Last, Sandy Survivors would benefit from recovery training including Resiliency Building, Skills Building and Stress Reduction Building.

The frail and vulnerable populations have specific and serious challenges. These populations include the frail elderly, the mentally ill, non-English speakers and undocumented residents, and low-income tenants.

Many of the elderly are on fixed incomes which limits their ability to pay for home repairs. The elderly are also susceptible to dishonest contractors who are in the community and praying upon those with limited capacity. The traumatic affects of the storm and the losses suffered can also exacerbate symptoms of dementia among the elderly. Low income families and individuals were especially hard hit and available programs only provide resources for short term, while many of the poor are still displaced and available, affordable housing is in very short supply. The foreign born are paralyzed by fear and are unable to trust anyone looking official. This group is probably the most unaware of services and they tend not to reach out for help. Many are believed to have left the area as a result of the Storm. The Storm has only exacerbated issues for the mentally ill, many of whom were renters or living in transitional housing. Their cognitive impairments often make it more difficult to access services.

Transportation is perhaps the barrier most frequently cited by key informants. Monmouth County does not have a strong public transportation system, and access can be compromised if the Sandy Survivor does not have a car. This is a longstanding issue for Monmouth County that existed well before the storm hit. However, it needs to be addressed.

Most informants believe that the initial emergency response was well handled given the enormity of the storm, but remain concerned with the long term recovery effort that will be required to affect a return to normal. One informant suggested a town-by-town response with a point person or navigators to assist residents get the services they need. Housing is the biggest challenge and the lack of a stable and healthy environment is a major impediment to the health and behavioral health of Sandy survivors.

Key Informants spoke about the need for future emergency preparedness. While they applauded the relief efforts in the county, many were concerned about future crises and the challenges of meeting them again. First responders need respite and support. Emergency Departments must be fully prepared to meet disasters, especially when physician offices are closed. Volunteer efforts need to be coordinated at every level. The most effective assistance occurred at the local level during Sandy recovery. This lesson can be used for more effective future preparedness planning.

E. Evaluation Criteria

A. <u>Survey:</u>

1. How many surveys did you distribute?

   A total of 395 surveys were distributed face-to-face. Surveys were also distributed online via hyperlink on the Long Term Recovery Care website.

2. How many survey responses did you receive?

   A total of 306 completed surveys were received, of which 13 were invalid. N= 293

3. How many individuals contacted your local health department (either by phone, fax, email or telephone) inquiring about health and/or other assistance after receiving the survey?
   This information is unavailable. However, information about available assistance was provided at all survey sites.

B. <u>Key Informants:</u>

1. How many key informants interviews did you conduct?
   13

C. <u>Focus Groups:</u>

1. How many focus groups did you conduct?
   7

2. What was the total number of focus groups participants for all focus groups conducted?
   40

3. Did you connect any participants of the focus group(s) who reported unmet needs to resources?
   Yes, referrals only.

   3a. If yes, how many?

- 24 Survivor Focus Group members were given information on the Monmouth County Long Term Recovery Group.
- 30 Survivor Focus Group members were given information on NJ 211 and NJ Register Ready
- Survivor Focus Group Referrals:
  - Mental Health Association of Monmouth County 15
  - NJ Division of Disability Services 2
  - Monmouth County Office on Aging 3
  - Lawyers For Justice 7
  - Local Food Pantries 2
  - Catholic Charities 2
  - Family Promise 2
  - Habitat For Humanity 2