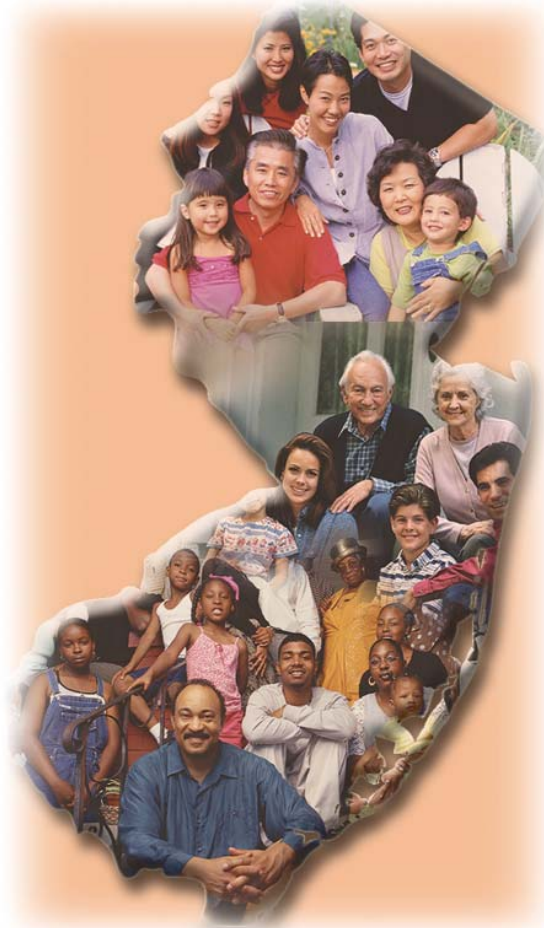


We Hear You: Community Voices on Health Disparities



**Office of Minority & Multicultural Health
2008 Community Roundtable Discussions Report**



**Jon S. Corzine
Governor**



**Heather Howard
Commissioner**

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Heather Howard
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Dear Participants:

The Department of Health and Senior Services is pleased to receive *We Hear You: Community Voices on Health Disparities*, a report on the community roundtable discussions held to get people's opinions and suggestions on how to address health disparities in New Jersey.

Community roundtables were held in Newark and in Atlantic City to identify what the community viewed as barriers to living healthy lives and to understand what the community believes is needed to overcome those barriers.

Health care and public health professionals recognize the importance of community input in discussing issues around health disparities and policies that will improve the status of health in our communities. The community roundtables gave the Department an opportunity to receive feedback from the public and find out what the concerns are and what the solutions might be.

The report tells us that the top areas of concern include:

- Increasing support to hospitals that care for the poor and medically underserved
- Passing legislation concerning affordable and accessible health care
- Allowing fitness programs in public schools
- Increasing access to nutritional foods through neighborhood grocery stores

The Department appreciates the concerns of the community and has continued its support of several already established initiatives that address many of the concerns of the community.

During Minority and Multicultural Health Month last September, The Department awarded \$800,000 in grants to eight community and faith-based organizations statewide. These grants support a range of health care initiatives that will ultimately improve the health of our communities. The Department supports the front-line community organizations that assist families struggling with chronic disease.

Last September, the Department issued its Prenatal Care Task Force Report, which revealed the State's need to promote preconception care and family planning services among women before they get pregnant to ensure a healthy pregnancy and a healthy baby. The report's recommendations reflected the voices of an array of community providers and advocates.

Community Roundtable Participants

The Department is working hard to preserve access to care, especially in light of recent hospital closures and consolidations. Federally Qualified Health Centers (FQHCs) are one of the greatest strengths of New Jersey's health care system. They provide comprehensive care including vaccinations, screenings and other preventive care. Working with DHSS, these clinics allow the underserved community to access routine care which leads to early detection and treatment and reduces health disparities. The Department continues to support the expansion of FQHCs.

And, the Department also supports the expansion of the NJ FamilyCare program. NJ FamilyCare is an initiative that provides universal, affordable access to health insurance for New Jersey families. Most recently, the program adjusted its guidelines, making more families eligible to enroll in the program. In addition, it is now easier for families to apply for FamilyCare using an Express Lane Application found online and by phone. The Department believes that the expansion of both FQHCs and NJ FamilyCare will continue to open the door to making health care more available to NJ residents.

The Department also has created a task force that will be revamping the strategic plan for obesity prevention. One of the critical things that task force will examine is the rates of obesity in certain geographic areas in the context of access to supermarkets. The Robert Wood Johnson Foundation recently released a call for applications for a grant program that aims to improve access to healthy foods and safe places to play in communities of color. For more information about that program, see the RWJF website at www.rwjf.org.

The Department looks forward to continued dialogue with communities throughout the state and commits to continued support of critical programs and initiatives that address the health concerns of New Jersey residents. We realize more needs to be done and that this report is a critical step toward continued efforts.

Sincerely,

A handwritten signature in blue ink, appearing to read "Heather Howard".

Heather Howard
Commissioner

II. Executive Summary

Based on the belief that small actions can resonate far, this report is being widely disseminated by the New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health (OMMH). Because OMMH recognizes that diverse minority communities have similar concerns, OMMH expects that this report will be an ongoing vehicle for bringing minority communities together to take action in addressing health disparities.

This report opens with an overview of health disparities in New Jersey and highlights similarities with the rest of the nation. An overview of the municipalities in which the forums were held is also provided in the report. Specifically, sociodemographic information about Atlantic City and Newark are included.

The "We Hear You" report also highlights the process used to bring community voices together through roundtables in Atlantic City and Newark in a special pilot project. The report continues by detailing recommendations articulated by the communities who participated in the roundtables. The report makes a special effort not to interpret community expressions, but simply aims to present community voices and summarize their suggestions.

While many of these recommendations may be familiar, this report demonstrates the degree to which minority communities share ideas and strategies for addressing health disparities. Similarities in how diverse minority communities prioritize actions for addressing health disparities are also of interest.

Methods to eliminate health disparities, however, continue to be challenging. In an effort to focus conversations about health disparities, the Nominal Group Process was used during the Community Roundtables that addressed the following three specific statements:

- 1) List three things you can do to improve your health*
- 2) List three things your community can do to improve the community's health*
- 3) List three things New Jersey government can do to decrease health disparities*

Community Roundtables were held on college campuses on a Wednesday evening in Atlantic City and a Saturday morning in Newark. More than 60 people participated in the forums. On average the participants of these two-hour sessions were 48.5 years old with 15.3 years of education. Twenty-one percent of the participants were Hispanic, 24% White and 55% Black.

Overall, minority communities are calling upon government to increase access to quality health care and health care insurance that is affordable. Roundtable participants are calling on communities to increase access to healthy foods, while the ideas for individual health include recurrent themes about eating right and exercise.

III. Background

The U.S. Department of Health and Human Services' Office of Minority Health (OMH) brought 2,000 health experts and community leaders to Washington, D.C., in January 2006 for the National Leadership Summit on Racial and Ethnic Health Disparities. They took on the long and difficult journey toward equality in health outcomes for African Americans; American Indians and Alaska Natives; Asian Americans; Hispanics/Latinos; and Native Hawaiians and other Pacific Islanders. As a result, the National Partnership for Action to End Health Disparities (NPA) was formed.

Organized by OMH between October 2007 and December 2008, the National Partnership for Action (NPA) initiative hosted regional conversations among local, state, Tribal, regional and federal experts, and practitioners from the private and public sectors to lay the foundation for a comprehensive, community-driven, sustained strategy. These meetings were designed to:

- Identify and acknowledge the social, economic, cultural, and behavioral underlying factors and contributors that cause health disparities;
- Examine the intersection of health disparities, health care access, health care programs, and services as causes;
- Identify programs that successfully serve the needs of minority populations within communities;
- Critically examine the role of policy and both intended and unintended consequences on minority populations;
- Determine "best ways" to address critical gaps among populations and specific diseases; and
- Identify solutions, methods, and programs that will address these gaps, improve the effectiveness of existing programs, and more efficiently apply resources.

The regional conversations contributed to what will be known as Regional Blueprints. The development, dissemination, and implementation of strategic objectives and tactical recommendations within the blueprint are intended to provide a structure for continuing discussion through:

- Sustainable, action-oriented teams of experts, advocacy groups, community program leaders, coalition groups, and the media that will collaborate to ensure timely, accurate and effective communications about regional healthcare issues by reducing cultural and linguistic barriers;
- Regional collaborations among researchers, policy-makers, communities, and service delivery systems to examine and shape policies;
- Proactive support of local and regional workshops, programs, health and significant cultural events, and evaluation/communication outreach activities that address the needs of minority populations as they relate to health disparities.

As New Jersey's population becomes more diverse, efforts to improve health are essential. The New Jersey Department of Health and Senior Services has been a leader in addressing health disparities through the work of the Office of Minority and Multicultural Health. In March 2007, a Strategic Plan to Eliminate Health Disparities in New Jersey was released; this report focuses on medical priority areas and

strengthening the infrastructure of the Department to address health disparities. The report continues to evolve. As such, the "We Hear You" report is part of New Jersey's ongoing process that contributes to initiatives that address health disparities.

Working together with local community members gives the OMMH an opportunity to listen, share information and continue to support efforts to improve health outcomes for all New Jersey residents.

IV. Overview of Health Disparities

Similar to the rest of the country, health disparities persist in New Jersey. Data supports the disproportionate impact of health disparities on minorities. For instance, Mexican American adults were two times more likely than non-Hispanic White adults to have been diagnosed with diabetes by a physician. In addition, death rates from certain priority health areas are shown to be higher among Blacks and Hispanics.

Used exclusively in the United States, the term health disparities, known as health inequities globally (Carter-Pokras & Baquet, 2002), continues to remain despite efforts that involve the implementation of targeted and effective programs designed to make change via meaningful partnerships.

Impacted by more than just income, education and health insurance, health disparities are influenced by lifestyle, environment, heritage, and medical care. In fact, a study by Hertz, McDonald, Unger, & Lustik (2007) based on data collected from employed persons participating in the National Health and Nutrition Examination Survey 1999 to 2002 found that non-Hispanic Blacks treated for hypertension were less likely than Whites to reach blood pressure goals.

Dr. David Satcher (2006) has also explained that a focus on lifestyle and behavior is needed to address health disparities. In addition, the former Surgeon General prescribes regular physical activity, good nutrition, and the avoidance of toxins such as tobacco and excessive alcohol. At the grassroots level, Dr. Satcher suggests that health care providers have the responsibility of educating and motivating individuals toward healthy lifestyles. Actually, changing individual behavior is not easy and according to Dr. Satcher behavior change remains one of the greatest challenges in medicine and public health.

Through work with community partners, the Office of Minority and Multicultural Health is well aware of the challenge regarding behavior change. Armed with the knowledge that healthy communities don't just happen, OMMH goals are developed with input from its partners in the community. Grant opportunities for agencies serving minority communities have been made available to establish the local infrastructure of community-based delivery of health promotion programs in New Jersey.

V. Roundtable Overview

The Nominal Group Process

The Nominal group process is a structured problem-solving or idea-generating strategy in which individuals' ideas are gathered and combined in a face-to-face non-threatening group situation. The process is used in health, social service, and the educational field, as well as in industry and government to maximize creative participation in group problem-solving. It assures a balanced input from all participants and takes advantage of each person's knowledge and experience. In a needs assessment, it is useful for generating and clarifying ideas, reaching consensus, prioritizing, and making decisions on proposed alternative actions.

While the nominal group process can be varied, individuals in small groups wrote down their individual ideas on index cards. Round-robin feedback from each person then followed, with each person's ideas being listed on a flip chart in full view; next, the ideas were discussed and then voted on within the small groups. Participants re-grouped into a large group and presented their priority ideas. Participants discussed the ideas and then voted with the large group to select the top priorities.

The following instructions were given:

- 1) List three things you can do to improve your health
- 2) List three things your community can do to improve the community's health
- 3) List three things New Jersey government can do to decrease health disparities

Facilitators for the process included two registered nurses, a licensed clinical social worker, a master's prepared certified health educator and a social worker in-training. They were recruited and trained to act as facilitators for the Nominal Group Process in Atlantic City and in Newark.

VI. Community Overview

Atlantic City

Located in the southern half of New Jersey Atlantic City is bordered by Cape May, Cumberland, Gloucester, Camden, Burlington and Ocean Counties and the Atlantic Ocean (see figure 1). Atlantic County is within a 200 mile radius of four major metropolitan areas - New York City, Philadelphia, Baltimore and Washington, DC.

At 561 square miles, Atlantic County is the third largest county in New Jersey. Atlantic County is comprised of a diverse blend of communities, ranging from the urban communities of Atlantic City, Pleasantville and Egg Harbor City, to town communities of Hammonton and Buena, to suburban communities including Egg Harbor, Galloway and Hamilton Townships, and the rural communities of Corbin City, Estelle Manor and Port Republic. Atlantic County has a population density of 450.1 persons per square mile.

With a population of 40,517, Atlantic City's population is 51% female, with an median age of 34.7, which is lower than the state average age of 37.19. Twenty five percent of Atlantic City's residents are under age 18 and most of the residents are non-White (73.3%) compared to the state which is 27.4%.

Approximately 25% are Hispanic compared to 13% of New Jersey residents which are Hispanic. People from Puerto Rico make up the largest portion of the Hispanic population in Atlantic City. Forty-four percent of Atlantic City residents are Black.

Newark

Located in the southern east area of Essex County, Newark is New Jersey's largest municipality with 273,546 residents according to the 2000 U.S. Census. With a landmass of approximately 24 square miles, the population of 273,546 yields a density of close to 12,000 people per square mile compared to approximately 1,100 people on average per square mile in New Jersey.

Approximately fifty one percent of Newark's population is female, with the average age of 33.12, which is lower than the state average age of 37.19. It should also be noted that 27% of Newark's residents are under age 18. Most of Newark's population is non-White (73.5%) compared to the state of New Jersey which is 27.4% non-White. Fifty-four percent of Newark's residents are Black. And approximately 30% are Hispanic compared to 13% of New Jersey residents are Hispanic. People from Puerto Rico make up the largest portion of the Hispanic population in Newark.

Vital statistics data shows that the largest number of deaths occurred among Newark residents age 75-84 and the lowest number of deaths were among children ages 5-14. Men outnumbered women among Newark's 2002 deaths. Government reports also indicate that death rates are mainly affected by socio-economic and demographic feature of a population. Specifically, death rates have been shown to vary by age, race, gender, occupation, education and income levels of the population. However, similar to the rest of the state, Newark's death rates are impacted most by the age of the population. The death rate for Essex County in 2003 was 864.96/100,000 people, and 840.4/100,000 Newark residents.

VII. Observations and Outcomes

Community Members

Participants ranged in age from 13-84 with a mean age of 48.5 (SD = 16). High school students reported no income while the other participants reported income that ranged from 12,000 to \$130,000. More than half of the participants, 52%, reported incomes less than \$60,000 per year. Eighty percent of the participants were female and the participants' mean years of education was 15.3 (SD=2.6). Most (55%) of the participants were Black.

Impact & Expectations

As noted below, more than 95% of the participants reported that the forum met their expectations and it was unanimous that they would recommend the forum to others. Of the two statements that dealt with intended behavior change, more than 75% of the participants were consistent in their answer that they planned on changing their behavior based on information shared at the forum. Moreover, participants were consistent, based on the three statements dealing with increased knowledge, that more than 74% perceived increased knowledge.

Participant Feedback N=42	Strongly Disagree				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel that this forum met my expectations.			2.4%	48.8%	48.8%
2. I would recommend this forum to others.				33.3%	66.7%
3. I plan on changing my behavior because of what I've learned.			24.4%	53.6%	22.0%
4. This forum increased my knowledge		2.4%	12.2%	41.5%	43.9%
5. I did not learn anything from this forum.	59.5%	26.2%	7.1%	7.1%	
6. I do not plan to change my behavior because of what I learned.	45.0%	37.5%	12.5%		
7. This Forum increased my knowledge by more than 10%	2.6%	5.1%	17.9%	43.6%	30.8%
8. The Facilitator did an excellent job.			2.4%	38.1%	59.5%

VIII. Community Members Speak Out

In Atlantic City, community members were also asked to indicate which topics they would like to have more information about. Of the 42 completed forms, the top three topics of interest were:

- 1) stress management,
- 2) community/social services, and
- 3) there was a 3-way tie between;
 - a) health insurance,
 - b) men's health, and
 - c) women's health.

Atlantic City Top Priorities

- 1) Supermarket within the city limits
- 2) Give more money to hospitals that take care of the poor (charity care)
- 3) Pass legislation concerning affordable & accessible health care

Supermarkets within the city limits were a top priority for Atlantic City participants. Community members at Atlantic City's forum expressed the need for access to nutritional foods to help eliminate health disparities. Unfortunately, local mini-markets, which seemed to be more prevalent in this urban community, offer foods high in salt, fat and sugar, which contribute to unhealthy lifestyles.

Support for hospitals that care for the poor was also among the top 3 suggestions that community members offered to eliminate health disparities. Specifically, community members at the Atlantic City meeting mentioned that Charity Care dollars are needed to help hospitals care for the poor. As an advocate within and for the community, OMMH is well positioned to highlight the relationship among race/ethnicity, poverty and poor health outcomes. Atlantic City participants also felt that legislation should be passed to improve health care affordability and access.

Atlantic City Consensus

Before voting on the top priorities within the larger group, community members selected from their total list of suggestions those which held potential. The inclusive list of suggestions for Atlantic City can be found in Appendix A.

Overall, participants suggested that individual actions to improve one's health should focus on lifestyle. Behaviors such as diet and exercise, following physician's orders, lowering ones cholesterol or blood sugar, and smoking cessation were reported as actions individuals can take to improve their health.

Actions that communities should take to improve the community's health included better communication and transportation to and from doctor visits. Suggestions for government also centered on communication, however there were also concerns and ideas to improve cultural competency if government were to be successful in eliminating health disparities.

Additional ideas provided by the community members can be found in Appendix B.

Newark Top Priorities

- 1) Provide insurance coverage for all people
- 2) Focus on Lifestyle changes - diet, exercise, rest
- 3) Allow fitness programs in public school (not just physical education classes)
- 4) Implement culturally appropriate easier access and affordable access to mental health care

Insurance coverage for all people was voted as the number one idea by the Newark group. This idea was generated as community members were asked what government should do to decrease health disparities.

The Center for Health Statistics reports that New Jersey residents age 19-24 are most likely to be uninsured http://www.state.nj.us/health/chs/documents/hic00_07.pdf

As is the case nationally, a large proportion of New Jersey's residents (15 percent) are uninsured, and many of these residents are concentrated in the lower income strata (New Jersey Commission on Rationalizing Health Care Resources, 2008).

Former assembly members Neil Cohen and Caridad Rodriguez introduced a bill, designated the "Health Insurance Affordability and Accessibility Reform Act," which represents a major restructuring of the health insurance marketplace in this State in order to stabilize costs of, and enrollment in, individual and small employer health benefits plan.

Details of Bill #A1579 can be found on the legislative website. http://www.njleg.state.nj.us/2008/Bills/A2000/1579_I1.HTM.

Lifestyle changes such as diet, exercise and rest were noted among the top priorities at the Newark meeting. Similar to recommendations from the federal level, community members at the Newark meeting had the right ideas about things they should do individually to improve their health.

New Jersey's obesity prevention plan, released in 2006, addresses all New Jersey residents as unique individuals: children, adolescents, parents, working-age adults and older adults. It also recognizes New

Jersey's diverse population and that one approach does not meet all the needs of all New Jerseyans. The Plan takes into account all major aspects of life: home, school and the workplace.

A primary goal of the Plan is to improve state and local capacity to support physical activity and healthy eating throughout the lifespan in New Jersey. For specific details about the Plan, visit the website: http://www.state.nj.us/health/fhs/documents/obesity_prevention.pdf.

Fitness programs were a top priority for the Newark participants. They voiced their top priority as the need for fitness programs that go beyond basic physical education in New Jersey schools.

New Jersey's core curriculum standards include fitness. Students are expected to learn personal fitness that supports a healthy active lifestyle appropriate to their age and grade level.

Students are expected to engage in moderate to vigorous forms of physical activity that address all components of fitness. Access to details of New Jersey's fitness standards can be found on the following website: http://education.state.nj.us/cccs/?_desc_standard;c=2;s=6

Access to culturally competent mental health care was also a priority for community members at the Newark forum. The New Jersey Department of Human Services, Division of Mental Health Services funds the Mental Health Cultural Competence Training Center, Northern Region, which is a partnership between the International Institute of New Jersey and the Mental Health Association of New Jersey. Contact information about the organization can be found at the following website: <http://www.culturally-competentmentalhealthnj.org/>.

Newark Consensus

Prior to the larger group's vote on the top priorities, community members within their small working groups selected from their total list of suggestions those ideas which held potential. The inclusive list of suggestions for Newark can be found in Appendix A.

Overall, Newark participants' suggestions were similar to those from the Atlantic City forum. Individual actions to improve one's health focused on lifestyle. Behaviors such as healthy eating, follow-up with physician appointments and avoidance of stress were reported as actions individuals can take to improve their health.

Actions that communities should take to improve their health were somewhat different in Newark compared to Atlantic City. Newark's forum generated ideas that centered on schools and churches participating in programs that promote healthy lifestyles such as healthy cooking classes. Similarities between the two forums included better communication.

Suggestions for government also centered on funding for programs that work. There were also concerns and ideas to improve cultural competency if government is to be successful in eliminating health disparities. Additional ideas provided by community members can be found in Appendix B.

IX. Conclusion

In summary, community members shared their views on techniques to address health disparities. Their ideas for individual health had recurrent themes about eating right and exercise. Improved eating was mentioned 28 times according to the flip charts, while exercise was reported 22 times.

It was also suggested that communities need to provide better access to healthy foods. Bodegas with outdated foods and/or foods containing high fat and sugar content were cited as part of the problem contributing to poor health outcomes. Similar to the recommended actions for individuals, community members voiced their sentiment that community leaders need to facilitate access to healthy foods within local communities. Finally, government was called upon to provide health care and health care insurance that is affordable and accessible.



Observations and outcomes of the Community Roundtables were shared, within this report, in such a way as to present the community members' voices as they were shared during the roundtable sessions.

Participants communicated that the fundamentals of health, such as nutritious food and exercise, are core components of improved health. More and more evidence is pointing to the value of prevention. Focusing on daily healthy lifestyles rather than health care may be an important place to start the process of decreasing health disparities.

X. Appendix A.

Voted On Suggestions That Had Potential

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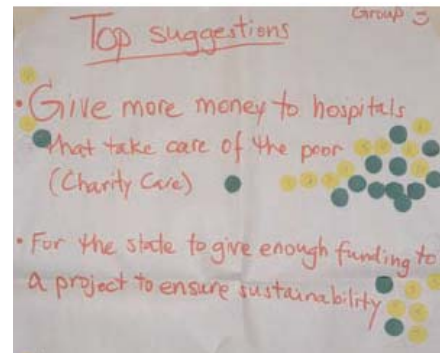
Group 1

Things I can do to improve my health

1. Stop smoking - 1 vote
2. Watch my numbers (cholesterol, blood sugar etc..) - 1 vote

Things the community can do

1. Help people get to the doctor and health programs outside of the city and in the city - 2 votes
2. Improve school lunches for children - 2 votes
3. Community be more involved in services - 1 vote
4. Better communication - 1 vote
5. Make people more aware in areas where people don't get info - 1 vote
6. Provide adequate transportation not just for seniors - 1 vote
7. A supermarket - 3 votes
8. Cultural sensitivity workshops in the workplace and community where public is mistreated - 3 votes
9. Support and respect families & children - 1 vote
10. Respecting young people - 2 votes
11. Better networking - community calendar to avoid having to pick - 2 votes
12. Teach children about healthy living from k-12 - 2 votes
13. Alerts about safety of medications out quickly - 1 vote



Things government can do

1. Make sure people, like provider reps, doing cultural competency training are trained in cultural competency themselves - 2 votes
2. Streamline process for getting eligible for services - 1 vote
3. Have roundtables in areas outside of the city - 1 vote
4. State guided plan for complete needs assessment done by outreach team - knock on doors - 3 votes
5. Require cultural competency training for health providers and human service providers including front line people who greet folks coming in the door. - 3 votes
6. State should give grant money/incentive to programs that are successful & encourage good health habits. - 3 votes
7. Continue funding successful programs - 3 votes

Group 2

Things I can do to improve my health

1. Eat better - 1 vote
2. Exercise more - 3 votes
3. Follow Doctors advice - 1 vote
4. Use preventive health - 5 votes
5. Don't stress-eat - 1 vote

Things the community can do

1. Encourage the community to exercise - 3 votes
2. Provide affordable & accessible supermarket - 1 vote
3. Multicultural health fairs - 1 vote



4. Gasoline vouchers for sick/elderly to get to the doctor - 1 vote
5. Provide education opportunities to learn about healthy lifestyles - 2 votes
6. Community services health education - 3 votes
7. Support training of community members to be outreach workers - 1 vote
8. Measure what's working - 2 votes

Things government can do

1. Pass legislation concerning affordable & accessible health care - 9 votes
2. Affordable low cost health care - 4 votes
3. Educate the public - 2 votes
4. Expand charity care - 1 vote
5. Location for healthcare - central & universal - 1 vote
6. Free hospitals and clinics - 1 vote
7. No tax cuts or budget cuts on health care - 1 vote

Group 3

Things I can do to improve my health

1. Eat nutritional foods - 2 votes
2. Visit your doctor for physical checkups for prevention - 3 votes
3. Take personal responsibility for your health - 3 votes

Things the community can do

1. Eliminate exhaust fumes - 1 vote
2. Assure that every community has a full-service supermarket with fresh & nutritious food products - 1 vote



Things government can do

1. Increase funding to community health centers - 1 vote
2. More publicity about the county CHIPS - 2 votes
3. Develop policies that support affordable & seamless health services - 1 vote
4. For the state to give enough funding for a project to ensure sustainable - 4 votes
5. Gives incentives to individuals who participates in health screening - 1 vote
6. Give more money to hospitals that take care of the poor e.g. charity care - 7 votes
7. Increase funding to the OMMH & other organizations like that to further establish awareness - 1 vote
8. Legislators in Trenton listen to our representation in the community before doing budget cuts that affect NJDHSS - 2 votes
9. Promote health care insurance that is affordable for all families - 2 votes
10. Have session throughout the state to get dialogue from local as well as state residents on healthcare - 1 vote

NEWARK

Group 1

Things I can do to improve my health

1. Exercise more - 1 vote
2. Eat healthier foods - 1 vote
3. Stop worrying about everyone else - 1 vote

Things the community can do

1. Offer open forums at schools and churches - 1 vote
2. Eliminate or mandate bodegas to sell healthy foods - 1 vote
3. Teach children to eat properly and exercise as early as 2nd/3rd grader - 2 votes
4. Incorporate health education back into school curriculum as a high priority to include subjects such as tobacco prevention, violence, impact on health and normal, healthy lifestyles & utilize senior citizens with profession background to help in this regard to keep cost down - 2 votes
5. Safer public spaces - 4 votes



Things government can do

1. Increase funding to municipal health departments in areas where hospitals beds have been removed - 1 vote
2. Fund programs that already work - 1 vote
3. Provide low cost health insurance for all people - 1 vote
4. Develop community based programs that stabilize chronic disease thru municipal health dept to minimize ER visits & hospitalizations - 1 vote
5. Make health/wellness programs more relevant thru education, not just entertainment - 1 vote

Group 2

Things I can do to improve my health

1. Preventive care-follow-up with primary care provider - 1 vote
2. See a physician yearly or more depending on you physical condition or for preventive care - 2 votes
3. Exercise daily and eat fruit, veggies and drink plenty of water - 3 votes
4. Stay free of stress - 1 vote
5. Community health clinics to be established - 2 votes
6. Talk about it - 1 vote

Things the community can do

1. Provide affordable healthcare for community people - 1 vote
2. Offer senior outreach programs to reach elderly - 1 vote
3. Encourage businesses to promote health living for employees - 1 vote
4. Community meetings on community health issues - 1 vote



5. Healthy cooking classes - 1 vote
6. Go out to schools and colleges to discuss health issues - 1 vote
7. Encourage more ob/gyn to practice - give incentives for practicing - 2 votes
8. Create a better dialogue with FDA re: passage of certain ingredients that cause high blood press & cholesterol levels - 2 votes
9. Partnerships with churches, schools hospitals and civic organizations - 2 votes

Things government can do

1. Provide funds for CBOs to operate more programs to help reduce health disparities - 1 vote
2. Coordinate networks or links - 1 vote
3. Allocate funding or provide information on sources of funding - 4 votes
4. Provide alternative health resources - 2 votes
5. Focus on environmental issues that cause health problems - 1 vote
6. Invite CBOs to state government meetings - 1 vote

Group 3

Things I can do to improve my health

1. NO votes, however the following recurrent suggestions surfaced
 - a. Exercise and eat right

Things the community can do

1. Education children and adults on dangers of unprotected sex - 1 vote
2. Map food and health resources in the community - 3 votes
3. Improve access to healthier food at reasonable cost - 2 votes
4. Community focused exercise programs - 1 vote
5. Encourage businesses to open health food stores, rest and other initiatives - 2 votes
6. Address/begin to tackle disparities in medical care - 1 vote



Things government can do

1. Support free clinics and help them provide better services - 1 vote
2. Incorporate in curriculum how to eat healthy across elementary schools and colleges - 1 vote
3. Provide economic incentives for the location of health food sources - 1 vote
4. Hold businesses accountable for racist and discriminatory practices and establish better system for reporting injustice - 3 votes
5. Increase funding to health centers and promote through special allocation partnerships with health centers and hospitals - 1 vote
6. Prevent businesses from opening in communities that do not provide healthy foods - 2 votes
7. Give more funding to programs that address disparities [not just health, but mortgages & incarceration] - 4 votes
8. Focus efforts on high impact areas & cities - 4 votes

XI. Appendix B.

Additional Ideas from the Community

ATLANTIC CITY

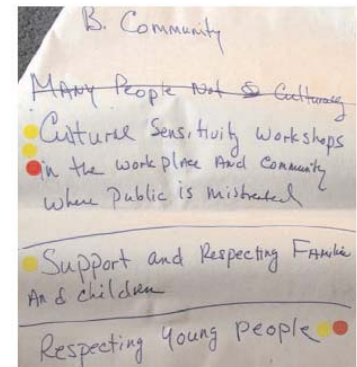
Group 1

Things I can do to improve my health

1. Manage stress
2. Loose weight
3. Take medicine on time
4. Eat healthier
5. Go to the gym
6. Exercise more often
7. Get active/walk more
8. Annual screening
9. Drink more water
10. Eat less junk food
11. Inform friends that services are available
12. Keep doctor appointments on time

Things the community can do

1. Don't recognize disparities (infant mortality, etc.)
2. Community fitness program, i.e. walking
3. Work w/people-give info where services are
4. Improve school lunches for children
5. Empower themselves
6. Provide support for families who choose to remain in city-not move off shore
7. Encourage to get out and play-turn off T.V. and computer, etc.



Things government can do

1. Increase eligibility and enrollment in family care, etc.
2. Reduce Co-pays and insurance payments for the insured
3. State don't just send out info to health officer/top of the org.-include movers and shakers
4. Improve getting to rural communities
5. Government to decrease health disparities:
 - a. Stop cutting funding for agencies that serve community
 - b. Local government should be more informed about community
 - c. A citizen community group in each section of the state to keep citizens abreast of new programs, incentives, etc.

Group 2

Things I can do to improve my health

1. Get a breast exam
2. Form accountability support groups w/friends
3. Keep all appointments
4. Take meds regularly
5. Good healthy habits
6. Wash your hands after bathroom use
7. Don't eat late
8. Stick to diet
9. No fried foods
10. Plan more healthy meals
11. Have regular check ups
12. Loose weight
13. Healthier diet
14. Walk more
15. Eat less



Things the community can do

1. Educate people of illnesses they have
2. Have more communication about health services in your community
3. Reduce cost of meds in city
4. Have health conventions for everyone
5. Healthier cooking/healthier food choices (less fat/oil)
6. Encourage physical fitness programs
7. Encourage more people to get involved and participate in health actives
8. Give government mandates to pass legislation to cover various health issues
9. Education about healthy life
10. Reduce diseases
11. Work together on health related programs
12. Present more regular programming on public access channels re: health issues
13. Promote safe walking/exercise trails
14. Advertise screenings/immunization available in community
15. More workshops on health issues
16. Impress importance of doctors visit
17. Free services for everyone (unemployed)
18. Help clean the earth
19. Involve yourself-not wait for others to speak up
20. Pressure business to change
21. Post caloric information on menus
22. Educate early on healthy lifestyles

Things government can do

1. Funding for problems that improve health/decrease disparities
2. Continue to provide health problems for citizens
3. Work w/community organizations and agencies to support legislative action plans to train community outreach workers
4. Pass legislation concerning affordable/accessible transportation
5. Lower food prices
6. Free healthcare
7. Pass outreach legislation
8. Invest in early childhood health initiatives
9. Share best practices
10. Provide dollars for health care programs
11. Universal health care w/family health incentives and health tax breaks
12. Mandate premium reductions for participation in wellness programs
13. Funding of various programs
14. No zoning-dollars where need is most
15. Invest in preventive care
16. Gas vouchers for elderly and sick
17. Provide health material in various org. of communities
18. Open healthy care group
19. Home doctor visits
20. More dollars for services mentioned
21. Control costs
22. Health insurance
23. Adequate notification of insurance plans
24. More services for senior citizens throughout county
25. Help run good health programs

Group 3

Things I can do to improve my health

1. Relax, have fun and laugh more
2. Exercise
3. Eat the right foods
4. Watch diet
5. Manage stress
6. Increase physical exercise activities
7. Continue to eat healthy as a lifestyle choice
8. Eat healthy
9. Proper rest
10. Establish better healthy habits
11. Walk more
12. Balance your physical, emotional and spiritual life



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13. Continue to exercise 3-5 times per week
 14. Relax
 15. Walk everyday
 16. Improve diet
 17. Check cholesterol
 18. Avoid stress by utilizing stress relaxation techniques
 19. Exercise often

Things the community can do

1. Keep surrounding properties clean
2. Promote wellness in the community thru campaign w/non-profits and faith-based denominational organizations
3. Assure that all people have access to healthy outdoor and recreational activities
4. Organize community walks
5. Establish health screenings
6. Hold health and safety classes in your local community
7. Close fast food restaurants
8. Encourage families to exercise by tracking and rewarding those who exercise. Maybe have contests on who exercise more
9. Monitor the use of tans fat or other unhealthy foods in community restaurants
10. Assure that leaders/policy makers are knowledgeable of major health problems
11. Use the library for health education
12. Establish initiatives and campaigns to raise awareness on healthy habits
13. Educate people on how to exercise and call attention to neighborhood sports
14. Have more health fairs
15. Assure that the local schools are following food standards set forth by the state. Give extra credit for bringing healthy meals
16. Make sure water is clean (i.e., treat)
17. Modify community environments so they are less stressful for the different groups living there
18. Food fairs (the mayors wellness campaign had a "cook off")
19. Utilize community health centers to raise community awareness
20. Get ideas from our jobs and other activities in our community
21. Establish smoking ordinances so that a township can be smoke free

Things government can do

1. Utilize community groups w/deep minority grassroots to influence group health behaviors
2. Allocate more funds for the poor and seniors
3. Ban smoking everywhere
4. Pass laws that will cut down on car emissions
5. Reward programs for health education programs
6. Build on local best practices and fully fund initiatives that work
7. Monitor and enforce healthy behaviors in the state
(e.g., to have the choice of eating a s, m or l size portion in restaurants along the state)
8. Increase funding for the CEED programs for treatment
9. Enforce pollution laws in the state as a whole

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10. To put mobile units w/multicultural staff to go into neighborhoods
 11. Assure that health care provider, insurance companies and patients are aware of disparities treatment and punish those who do it
 12. Clean air
 13. Have childbirth at all hospitals

Newark

Group 1

Things I can do to improve my health

1. Stop working/reduce stress level
2. Visit physician for routine check up
3. Sleep, get more rest
4. Read food labels
5. Enjoy life to the fullest
6. Eliminate fast foods, cut out fat, eat more leafy green veggies
7. Wear more sunscreen



Things the community can do

1. Better access to fresh fruits/veggies
2. Invite health promoters to churches that speak Creole
3. Provide mobile units to educate and screen
4. Create wellness programs to educate on topics concerning health
5. Create ways for folks to get out and exercise
6. Better bike lanes, safer for bikes

Things government can do

1. Make non-car transportation a priority
2. Offer visible drug/substance abuse programs in the community
3. Provide free health screenings
4. DYFS should track/improve/follow young adults under 25 who have custody of infants until at least 6 months
5. Decrease health disparities for every family via outreach events in schools, churches, after school programs
6. Teach/educate health/wellness as a priority to live, not just an after thought
7. Include chronic disease education at elementary health ed. school level in communities where the diseases are prevalent

Group 2

Things I can do to improve my health

1. Under medical care-adhere to medical advice
2. Medical info thru brochures , PBS announcements
3. Outdoor activities
4. Drink water
5. Walk at least 3x a week
6. Be more mindful of your diet
7. Walk more often
8. Exercise
9. Get health analysis



Things the community can do

1. Provide resources for people w/health problems
2. Provide transportation
3. Provide education
4. Year around youth programs-more facilities
5. Hold family screening days
6. Better organized support groups
7. Public education
8. Fund existing agencies and cut back on funding barriers

Things government can do

1. PBAS
2. Pressure government to regulate big pharmaceutical companies
3. Give funding to promote health training/? Consultants advocates

Group 3

Things I can do to improve my health

1. Exercise
2. Stop smoking
3. Plan meals ahead of time
4. Practice alt. therapies to reduce stress
5. Grow my own food
6. Be cognizant of getting proper rest
7. Visit doctor and dentist reg.
8. Eat healthy
9. Exercise self-care (mental health)
10. Mediation
11. Walk when possible

Things the community can do

1. To grant financial relief for my family to buy organic
2. Use creative faith-based and grass roots initiatives to tackle HD
3. Flexible work day to inc exercise
4. Gather/discuss/communication on health issues
5. Support/take adv of resources geared toward comm. And individual empowerment
6. Get local bus involved in comm. Health initiatives
7. More education about the benefits of healthy practices

Things government can do

1. Provide funding or/information for community and local efforts
2. Dollars for statewide health education campaigns
3. Get other sectors involved in making community members aware of HD
4. Put faces on HD
5. Health babies make health mothers: increase funding for programs targeting children
6. Strengthen government infrastructures
7. W/federally funded programs(e.g. Food stamps) set up a program where food stamps are used to purchase healthy foods
8. Statewide electronic records that track patients wherever they are providing adequate history





Contact Information

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