Morristown Medical Center
Community Health Needs Assessment

2022-2024

Atlantic Health System
Morristown Medical Center

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

Atlantic Health System – Morristown Medical Center (MMC) acknowledges the hard work and dedication of the individuals and the organizations they represent who contributed to MMC's Community Health Needs Assessment.

The 2022-2024 Morristown Medical Center Community Health Needs Assessment (CHNA) was approved by MMC's Community Health Committee in December 2022. Questions regarding the Community Health Needs Assessment should be directed to:

Atlantic Health System
Morristown Medical Center
Planning & System Development
973-660-3522

A copy of this document has been made available to the public via Atlantic Health System's website at https://www.atlantichealth.org/patients-visitors/education-support/community-resources-programs/community-health-needs-assessment.html. The public may also view a hard copy of this document by making a request directly to the Office of the President, Morristown Medical Center.

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
Part V Section B Line 1a A definition of the community served by the hospital facility	5
Part V Section B Line 1b Demographics of the community	8 and Appendix B
Part V Section B Line 1c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix E
Part V Section B Line 1d How data was obtained	Addressed Throughout
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 1g The process of identifying and prioritizing community health needs and services to meet the community health need	7
Part V Section B Line 1h The process for consulting with persons representing the community's interests	7
Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	None Identified

CONTENTS

EXECUTIVE SUMMARY

Morristown Medical Center (MMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, MMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, encompassing portions of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, and Warren counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of MMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

The completion of the CHNA provided MMC with a health-centric view of the population it serves, enabling MMC to prioritize relevant health issues and inform the development of future Community Health Improvement Plans(s) (CHIPs) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for MMC's service area, but rather an overview of statistics relevant to MMC's health priorities for the CHNA/CHIP planning and implementation period.

CHNA Development Process

- Secondary Data Research
- Key Informant Survey
- Prioritization Session
- Adoption of Key Community Health Issues

Key Community Health Issues

Morristown Medical Center, in conjunction with community partners, examined secondary data and community stakeholder input to select key community health issues. The following issues were identified and adopted as the key health priorities for MMC's 2022-2024 CHNA:

- Behavioral Health
- Diabetes / Obesity / Unhealthy Weight
- Heart Disease
- Cancer
- Stroke
- Geriatrics & Healthy Aging

Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Morristown Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts, to be shared with the public on an annual basis through its Community Health Improvement Plan (CHIP).

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Morristown Medical Center is home to over 6,400 employees and over 2,400 physicians. Part of Atlantic Health System, Morristown Medical Center (MMC) is a non-profit hospital located in in Morristown, New Jersey.

A nationally recognized leader in cardiology and heart surgery, orthopedics, obstetrics and gynecology, geriatrics, gastroenterology and GI surgery, pulmonology and lung surgery and urology, Morristown Medical Center is the only hospital in New Jersey named one of America's '50 Best Hospitals' for seven consecutive years by Healthgrades. It is also named one of the World's Best Hospitals—46th best hospital in the United States and number one in New Jersey by Newsweek. Morristown Medical Center is ranked the top hospital with more than 350 beds in New Jersey by Castle Connolly. In addition, Leapfrog recognized MMC with an "A" hospital safety grade – its highest – fourteen consecutive times.

Morristown Medical Center is a Magnet Hospital for Excellence in Nursing Service, the highest level of recognition achievable from the American Nurses Credentialing Center for facilities that provide acute care services. MMC is also designated a Level I Regional Trauma Center by the American College of Surgeons and a Level II Trauma Center by the State of New Jersey.

Morristown Medical Center provides care that is close to home for many in northern New Jersey with access to high-tech specialty services available through Atlantic Health System, when needed. Atlantic Health System provides access to renowned specialists, clinical trials, innovative technology, and medical treatments, and compassionate support services right here in New Jersey. Atlantic Health System's network of hospitals and providers spans 15 counties.

Atlantic Health System participates in and provides financial support to the North Jersey Health Collaborative (NJHC), 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. NJHC's function is a shared process of community needs assessment and health improvement planning to identify the most pressing health issues and facilitate the development of collaborative action plans to address them. By working together NJHC partners are strategically aligning their efforts and resources to achieve collective impact on the health of our communities, accomplishing together what we could never do alone.

Atlantic Health System has participated in the New Jersey Healthy Communities Network (NJHCN) and committed funding to their Community Grants Program, which brings together local, regional, and statewide funders, leaders, and partners to support communities in developing healthy environments for people to live, work, learn and play. Since 2011, the NJHCN Community Grants Program has provided $3.7 million in grants. The 2020-2022 NJHCN Community Grants Program funding collaborative consists of Atlantic Health System, New Jersey Department of Health, New Jersey Division of Disability Services, New Jersey Health Initiatives, Partners for Health Foundation, The Russell Berrie Foundation, and Salem Health & Wellness Foundation. NJ SNAP-Ed provides additional infrastructure support. Evaluation for the Community Grants Program is conducted by Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University.

Community Overview

MMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For MMC, this represents 81 ZIP Codes, encompassing Morris County with portions extending to Sussex, Union,

Somerset, and Hunterdon.[1] There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by MMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, MMC always works to identify the health needs of the community it serves.

Geographic Area Served by Morristown Medical Center

Following are the towns and cities served by MMC.

MMC STARK SERVICE AREA

ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07004	FAIRFIELD	ESSEX	07848	LAFAYETTE	SUSSEX
07005	BOONTON	MORRIS	07849	LAKE HOPATCONG	MORRIS
07006	CALDWELL	ESSEX	07850	LANDING	MORRIS
07016	CRANFORD	UNION	07852	LEDGEWOOD	MORRIS
07035	LINCOLN PARK	MORRIS	07853	LONG VALLEY	MORRIS
07039	LIVINGSTON	ESSEX	07856	MOUNT ARLINGTON	MORRIS
07040	MAPLEWOOD	ESSEX	07860	NEWTON	SUSSEX
07044	VERONA	ESSEX	07866	ROCKAWAY	MORRIS
07045	MONTVILLE	MORRIS	07869	RANDOLPH	MORRIS
07046	MOUNTAIN LAKES	MORRIS	07871	SPARTA	SUSSEX
07052	WEST ORANGE	ESSEX	07874	STANHOPE	SUSSEX
07054	PARSIPPANY	MORRIS	07876	SUCCASUNNA	MORRIS
07058	PINE BROOK	MORRIS	07882	WASHINGTON	WARREN
07059	WARREN	SOMERSET	07885	WHARTON	MORRIS
07060	PLAINFIELD	UNION	07901	SUMMIT	UNION
07076	SCOTCH PLAINS	UNION	07920	BASKING RIDGE	SOMERSET
07081	SPRINGFIELD	UNION	07921	BEDMINSTER	SOMERSET
07082	TOWACO	MORRIS	07922	BERKELEY HEIGHTS	UNION
07083	UNION	UNION	07924	BERNARDSVILLE	SOMERSET
07090	WESTFIELD	UNION	07927	CEDAR KNOLLS	MORRIS
07405	BUTLER	MORRIS	07928	CHATHAM	MORRIS
07416	FRANKLIN	SUSSEX	07930	CHESTER	MORRIS
07419	HAMBURG	SUSSEX	07931	FAR HILLS	SOMERSET
07424	LITTLE FALLS	PASSAIC	07932	FLORHAM PARK	MORRIS
07438	OAK RIDGE	PASSAIC	07936	EAST HANOVER	MORRIS
07444	POMPTON PLAINS	MORRIS	07940	MADISON	MORRIS
07461	SUSSEX	SUSSEX	07945	MENDHAM	MORRIS
07470	WAYNE	PASSAIC	07946	MILLINGTON	MORRIS
07480	WEST MILFORD	PASSAIC	07950	MORRIS PLAINS	MORRIS
07801	DOVER	MORRIS	07960	MORRISTOWN	MORRIS
07803	MINE HILL	MORRIS	07974	NEW PROVIDENCE	UNION
07821	ANDOVER	SUSSEX	07981	WHIPPANY	MORRIS
07823	BELVIDERE	WARREN	08801	ANNANDALE	HUNTERDON
07825	BLAIRSTOWN	WARREN	08807	BRIDGEWATER	SOMERSET
07826	BRANCHVILLE	SUSSEX	08822	FLEMINGTON	HUNTERDON
07828	BUDD LAKE	MORRIS	08833	LEBANON	HUNTERDON
07830	CALIFON	HUNTERDON	08844	HILLSBOROUGH	SOMERSET
07834	DENVILLE	MORRIS	08873	SOMERSET	SOMERSET
07836	FLANDERS	MORRIS	08876	SOMERVILLE	SOMERSET
07840	HACKETTSTOWN	WARREN	08889	WHITEHOUSE STATION	HUNTERDON
07843	HOPATCONG	SUSSEX			

Methodology

MMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the document:

- A secondary data profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics related to the service area was compiled with findings presented to advisory committees for review and deliberation of priority health issues in the community.

- A key informant survey was conducted with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community.

- An analysis of hospital-utilization data was conducted which allowed us to identify clinical areas of concern based on high utilization and whether there were identified disparities among the following socioeconomic demographic cohorts: insurance type, gender, race/ethnicity, and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff provided MMC with administrative and analytic support throughout the CHNA process. Staff collected and interpreted data from secondary data sources, collected and analyzed data from key informant surveys, provided key market insights, and prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA process. MMC's Community Health Department played a critical role in obtaining community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all potential community stakeholders. MMC sought to mitigate these limitations by including, in the assessment process, a diverse cohort of representatives or and/or advocates for medically underserved, low income, and minority populations in the service area.

Prioritization of Needs

Following the completion of the CHNA research, MMC's Community Health Advisory Board's Community Health Sub-Committee prioritized community health issues, which are documented herein. MMC will utilize these priorities in its ongoing development of an annual Community Health Improvement Plan (CHIP) which will be shared publicly.

SECONDARY DATA PROFILE

One of the initial undertakings of the CHNA was to evaluate a Secondary Data Profile compiled by the North Jersey Health Collaborative (Conduent Healthy Communities Institute) and Atlantic Health System's Planning & System Development department. This county and service area-based profile is comprised of multiple data sources. Secondary data is comprised of data obtained from existing resources (see Appendix A) and includes demographic and household statistics, education and income measures, morbidity and mortality rates, health outcomes, health factors, social determinants of health, and other data points. County-level secondary data was augmented, where possible, by aggregated ZIP Code level health care utilization data.

Secondary data was integrated into a graphical report to inform key stakeholders and MMC Community Advisory Board's Community Health Sub-Committee of the current health and socio-economic status of residents in MMC's service area. Following is a summary of key details and findings from the secondary data review.

Demographic Overview[2]

MMC's Service Area's projected population change is 1.20%. About 51% of MMC's service area population is female and 49% male. MMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, MMC's service area is 61.99%. About 74% of the population speak only English at home. About 10% speak Spanish at home. In the MMC service area about 71% of households had an income greater than $75,000, a figure expected to remain constant through 2028. The average household income in MMC service area is $176,214, while the national average is $104,972. About 50% of the population have a bachelor's degree or greater and about 24% of the population have some college or an associate degree.

Health Insurance Coverage / Payer Mix[3]

Health insurance coverage can have a significant influence on health outcomes. Among ED visits, MMC's Service Area is approximately 16.0% Medicaid/Caid HMO/NJ Family Care with another 8.0% of Self Pay/Charity Care. The area is approximately 14.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is largely similar to Morris County and is more favorably distributed than the statewide.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care/ Underinsured	Total
ED Treat/Release	**MMC Service Area**	62%	16%	14%	8%	100%
	Morris County	66%	13%	14%	6%	100%
	New Jersey	52%	27%	12%	9%	100%

Among inpatients, MMC's Service Area is approximately 8.0% Medicaid/Caid HMO/NJ Family Care with another 1.0% of Self Pay/Charity Care. The area is approximately 32.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is largely similar to Morris County and is more favorably distributed than the statewide.

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[2] Source: Sg2 Analytics; Detailed demographic reporting available upon request.
[3] Source: NJ Uniform Billing Data / Atlantic Health System

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care / Underinsured	Total
Inpatient	**MMC Service Area**	58%	8%	32%	1%	100%
	Morris County	60%	7%	32%	1%	100%
	New Jersey	53%	15%	29%	2%	100%

Mortality Rates[4]

Age-adjusted mortality rates can provide a general sense of a community's health in comparison to other communities. The leading causes of death in the United States are heart disease, cancer, Coronavirus (COVID-19), unintentional injuries, and cerebrovascular disease (stroke). In Morris County the top 5 leading causes of death are heart disease, cancer, COVID-19, unintentional injuries, and cerebrovascular disease (stroke).

Over the last decade, heart disease and cancer have been the number 1 and 2 causes of death in Morris County. For heart disease, there is a 2-point increase over the previous 3-year measurement period. For cancer, there is an overall decrease of about 17 points from 2012. The provisional 2021 data for COVID-19 shows an increase of about 4 points over the 2018-2020 period. Unintentional injuries have had an increase of 11 points when compared to 2012. Chronic lower respiratory diseases (CLRD) show a continuous drop at about 5 points over the last decade. Alzheimer's Disease showed an 8-point increase over the course of 10 years.

| | **3-Year Groups** | | | | | |
	2012-2014	2015-2017	2018-2020	Current to Previous	Current to 2nd Previous	Provisional 2021
Diseases of heart	155.1	139.8	141.9	2.1	-13.2	122.6
Cancer (malignant neoplasms)	142	136.1	125.4	-10.7	-16.6	117.2
Coronavirus disease 2019 (COVID-19)	-	-	39.8	-	-	44.2
Unintentional injuries**	25	31.1	36	4.9	11	33.8
Stroke (cerebrovascular diseases)	29.9	27.9	28.1	0.2	-1.8	29.2
Alzheimer's disease	16.6	19.7	24.6	4.9	8	28.6
Chronic lower respiratory diseases (CLRD)	26.5	23.4	21.7	-1.7	-4.8	16.4
Diabetes mellitus	12.7	12.7	14.7	2	2	16.7
Septicemia	14.7	15.2	13.8	-1.4	-0.9	12.3
Nephritis, nephrotic syndrome, and nephrosis (kidney disease)	11.2	11	10.5	-0.5	-0.7	9.7
Influenza and pneumonia	8.4	8.9	10.3	1.4	1.9	9
Parkinson's disease	7.8	7.3	10	2.7	2.2	9.3
Chronic liver disease and cirrhosis	5.3	5.5	7.5	2	2.2	7
Suicide (intentional self-harm)	8.1	7.7	6.9	-0.8	-1.2	9.2
Pneumonitis due to solids and liquids	6.4	6.9	5.8	-1.1	-0.6	7.4
Essential hypertension and hypertensive renal disease	6.5	5.2	4.8	-0.4	-1.7	5.9
In situ neoplasms, benign neopl. & neopl. of uncertain or unknown behavior	5.2	5.3	4	-1.3	-1.2	-

[4] Source: Center for Health Statistics, New Jersey Department of Health. Deaths with unintentional injury as the underlying cause of death. ICD-10 codes: V01-X59, Y85-Y86 Unintentional injuries are commonly referred to as accidents and include poisonings (drugs, alcohol, fumes, pesticides, etc.), motor vehicle crashes, falls, fire, drowning, suffocation, and any other external cause of death. Data suppressed for, Enterocolitis due to Clostridium difficile, Viral hepatitis, Homicide (assault), HIV (human immunodeficiency virus) disease, Complications of medical and surgical care, because it does not meet standards of reliability or precision or because it could be used to calculate the number in a cell that has been suppressed. Aggregating years improves reliability of the estimate.

	3-Year Groups			**Current to Previous**	**Current to 2nd Previous**	**Provisional 2021**
	2012-2014	**2015-2017**	**2018-2020**			
Nutritional deficiencies	-	-	2.2	-	-	-
Congenital malformations, deformations, and chromosomal abnormalities (birth defects)	2.3	2	2	0	-0.3	-
Atherosclerosis	3.6	2.3	1.9	-0.4	-1.7	-
Certain conditions originating in the perinatal period	2.2	2.5	1.9	-0.6	-0.3	-
Aortic aneurysm and dissection	2	1.8	1.8	0	-0.2	-
Anemias	1.2	1.2	1	-0.2	-0.2	-
Other than 28 Major Causes	102.2	104.8	107.4	2.6	5.2	-

Localized Data

The ability to gain actionable perspective on the health needs of the population served can be limited in secondary data by geographic or clinical aggregation and to a degree the use of estimates to extrapolate findings. To gain deeper perspective on the needs of the population served by Morristown Medical Center, the hospital analyzed deidentified claims that allow for application of a disparity ratio methodology published by the Minnesota Department of Health Center for Health Statistics, Division of Health Policy[5]. This application aids in determining if there are/were disparities among the population served by the hospital.

Four separate analyses (race/ethnicity, age, gender, and insurance cohort) were performed on the data using clinical cohorts defined by The Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) Clinical Classification Software – Refined (CCSR). The CCSR aggregates International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) codes into clinically meaningful categories.

These analyses, not published here, allowed for stakeholders to gain deeper understanding of the disparities in the patient population served by MMC and create a roadmap for identifying where resources could best be deployed to address disparities among specific patient cohorts.

This information was used in conjunction with secondary data analysis and stakeholder input to prioritize health topics of most concern throughout the MMC service area. The findings of the analyses will be tracked over time and will serve as key data elements to inform MMC's annual CHIP.

Health Status Indicators – Morris County[6]

A health status indicator describes an aspect of the population used to measure health or quality of life. Health indicators may include measurements of illness or disease, as well as behaviors and actions related to health. Quality of life indicators include measurements related to economy, education, built environment, social environment, and transportation. We know, from literature, that quality of life indicators may be drivers of health status - which is why both categories of data (approximately 170 indicators) are included in this analysis.

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[5] Minnesota Department of Health. Health Disparities by Racial/Ethnic Populations in Minnesota. Available online: http://www.health.state.mn.us/data/mchs/pubs/raceethn/rankingbyratio20032007.pdf (accessed on 11 November 2021).
[6] Healthy Communities Institute/Conduent. Data Scoring Tool. New Jersey Health Matters. North Jersey Health Collaborative.

For each indicator, a county is assigned a score based on its comparison to four things: other NJ counties, whether state and national health targets have been met, and the directional trend of the indicator value over time. These four comparison scores range from 0-3, where 0 indicates the best performance and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Where comparison data is not available, a neutral score is substituted. For ease of interpretation and analysis, indicator comparison scores of interest are visually highlighted in red, showing how the county is faring in each category of comparison.

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

The following table represents the county-based scoring of health indicator topic areas. More specific health indicator scores can be found in Appendix B. An indicator can be compared against all US or NJ counties, US or Statewide values, and the trend of an indicator value. A score greater than 2 represents an indicator where the county performs at lower than preferred targets. Where a population segment disparity can be identified that population segment is noted.

The trend in this chart indicates whether the topic score has increased, decreased, or stayed the same from August 2019 to June 2022. If an August 2019 score was unavailable, then the trend represents the change from November 2021 to June 2022.

HEALTH INDICATOR TOPIC AREAS: SCORE OVER TIME				
Topic	**Aug-2019**	**Nov-2021**	**June-2022**	**Trend**
Other Conditions	1.60	1.74	1.74	**Unfavorable**
Sexually Transmitted Infections	-	1.65	1.65	**Neutral**
Older Adults	1.39	1.45	1.49	**Unfavorable**
Immunizations & Infectious Diseases	1.44	1.31	1.42	**Improvement**
Women's Health	1.13	1.37	1.42	**Unfavorable**
Environmental Health	1.40	1.36	1.38	**Improvement**
Physical Activity	1.27	1.38	1.34	**Unfavorable**
Heart Disease & Stroke	1.16	1.32	1.33	**Unfavorable**
Cancer	1.11	1.31	1.30	**Unfavorable**
Alcohol & Drug Use	1.24	1.31	1.28	**Unfavorable**
County Health Rankings	1.31	1.24	1.24	**Improvement**
Mental Health & Mental Disorders	1.20	1.16	1.24	**Unfavorable**
Respiratory Diseases	0.85	1.07	1.17	**Unfavorable**
Prevention & Safety	1.01	1.01	1.06	**Unfavorable**
Community	-	1.02	1.01	**Improvement**
Diabetes	0.78	0.86	1.01	**Unfavorable**
Children's Health	1.28	0.93	0.96	**Improvement**
Economy	0.80	1.02	0.96	**Unfavorable**
Mortality Data	0.79	0.87	0.93	**Unfavorable**
Wellness & Lifestyle	0.77	0.81	0.93	**Unfavorable**
Maternal, Fetal & Infant Health	0.64	0.65	0.90	**Unfavorable**
Health Care Access & Quality	0.87	0.87	0.87	**Neutral**
Oral Health	-	0.79	0.74	**Improvement**

Detailed Morris County indicator data are in Appendix B.

Health Equity Index[7]

Community health improvement efforts must determine what sub-populations are most in need in order to most effectively focus services and interventions. Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. The 2021 Health Equity Index (formerly the SocioNeeds Index), created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). The index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by ZIP Code or county.

Within the community, the ZIP Codes or counties with the highest index values are estimated to have the highest socioeconomic need. The index value for each location is compared to all other similar locations (i.e. counties compare to other counties and ZIP Codes to other ZIP Codes) within the comparison area. Zip Codes are ranked using natural breaks classification, which groups the ZIP Codes into clusters based on similar index values.

The Health Equity Index is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates and is calculated using Claritas estimates for 2021.

This map represents a socio-needs index for each ZIP Code within the North Jersey Health Collaborative. A higher index is indicative of poorer health outcomes and broadly, the index is designed to aid organizations in allocating efforts to a community that broadly may require more intervention. Darker shading represents a higher need index – and is relative to all ZIP Codes in the State.

In MMC's community, Plainfield and Dover have the highest index scores (indicating greater need). Compared to 2019, index scores have improved in 6 areas served by MMC.

City	Health Equity Index 2019	Health Equity Index 2021	Change
Plainfield	81.2	76.5	Improved
Dover	52.4	57.6	
Belvidere	33.2	37.8	
Franklin	34.8	32	Improved
Wharton	24.6	26.3	
Washington	13.7	21.6	
Sussex	18.1	17.4	Improved
Newton	22	15.9	Improved
Hackettstown	15	14.5	Improved
Lake Hopatcong	23.1	14.4	Improved

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[7] Healthy Communities Institute 2021. Health Equity Index.

Health Equity Index
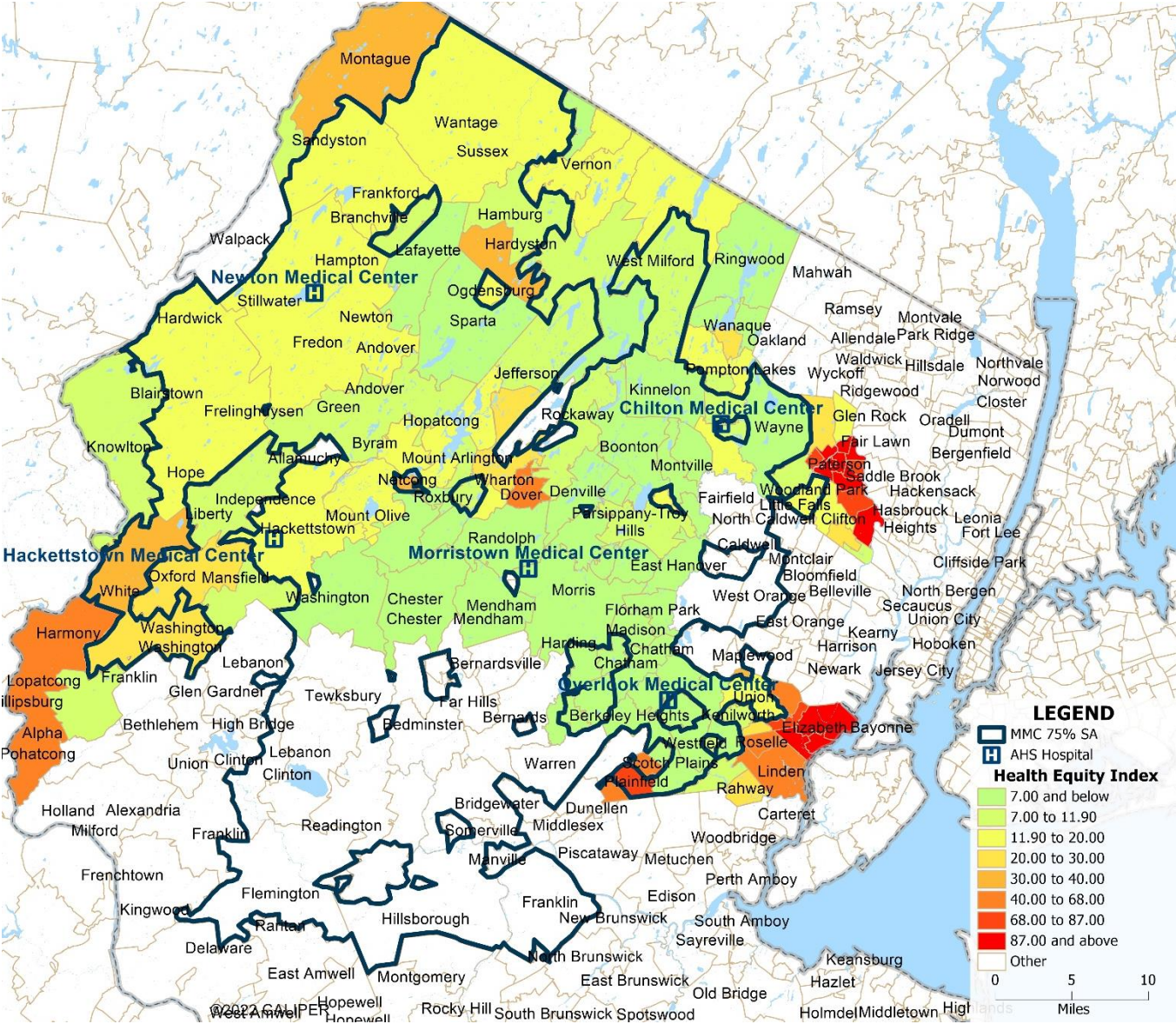
Food Insecurity Index[8]

The 2021 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of food access that is correlated with economic and household hardship. All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need).

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. It is important to know that though hunger and food insecurity are closely related, they are distinct concepts. Hunger refers to a personal, physical sensation of discomfort, while food insecurity refers to a lack of available financial resources for food at the household level.

Extensive research reveals food insecurity is a complex problem. Many people do not have the resources to meet their basic needs, challenges which increase a family's risk of food insecurity. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity and people living above the poverty line can experience food insecurity.

Food insecurity does not exist in isolation, as low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. Taken together, these issues are important social determinants of health, defined as the "conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." To that end-AHS will aim to align its social determinants of health efforts to the Healthy People 2030 objectives to guide evidence-based programs, and other actions to improve health and well-being of the community.

Effective responses to food insecurity must address the overlapping challenges posed by the social determinants of health.

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[8] Healthy Communities Institute 2021. Food Insecurity Index.

Food Insecurity Index
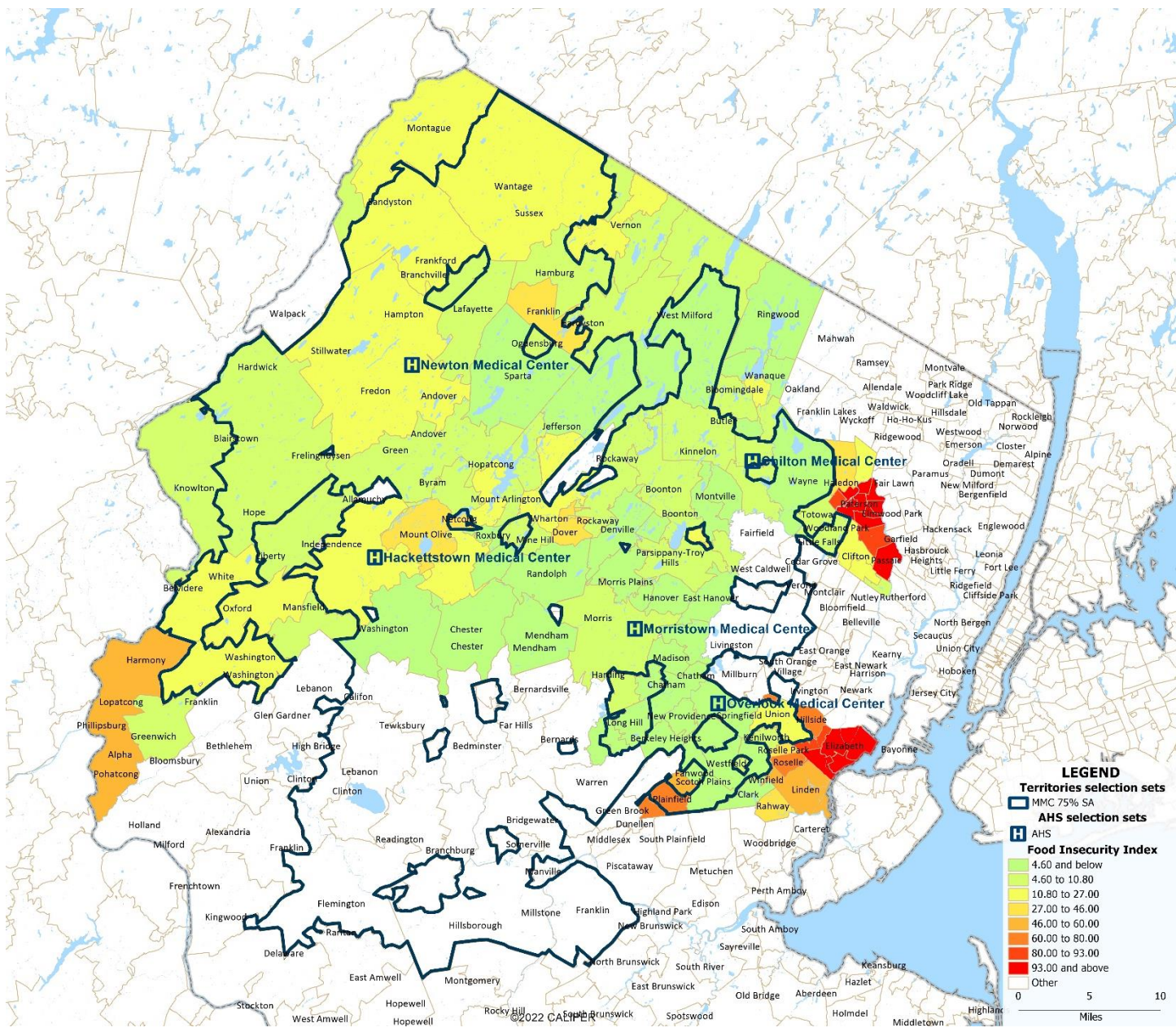
Environmental Justice Index[9]

The Environmental Justice Index (EJI) uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data.

The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains. In addition to delivering a single environmental justice score for each community, the EJI also scores communities on each of the three modules in the tool (social vulnerability, environmental burden, health vulnerability) and allows more detailed analysis within these modules.

The EJI facilitates discussion and analysis of:
- Areas that may require special attention or additional action to improve health and health equity,
- Community/public need for education and information about their community,
- The unique local factors driving cumulative impacts on health that inform policy and decision-making, and
- Meaningful goals geared towards environmental justice and health equity.

Within the MMC service area there are towns that have census tracts with EJI scores of 0.48 (the median score) and above. These are:
- Flemington
- West Orange
- Franklin
- Denville
- Wharton
- Sussex
- Dover
- West Caldwell
- Morristown
- Somerville

Because this in-depth analysis occurs at a census-tract level it gives us further analysis on more specific geographic areas that may have poorer health outcomes due to various socio-economic factors. With this level of information, these needs can be better addressed.

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[9] Agency for Toxic Substances and Disease Registry; Environmental Justice Index www.atsdr.cdc.gov
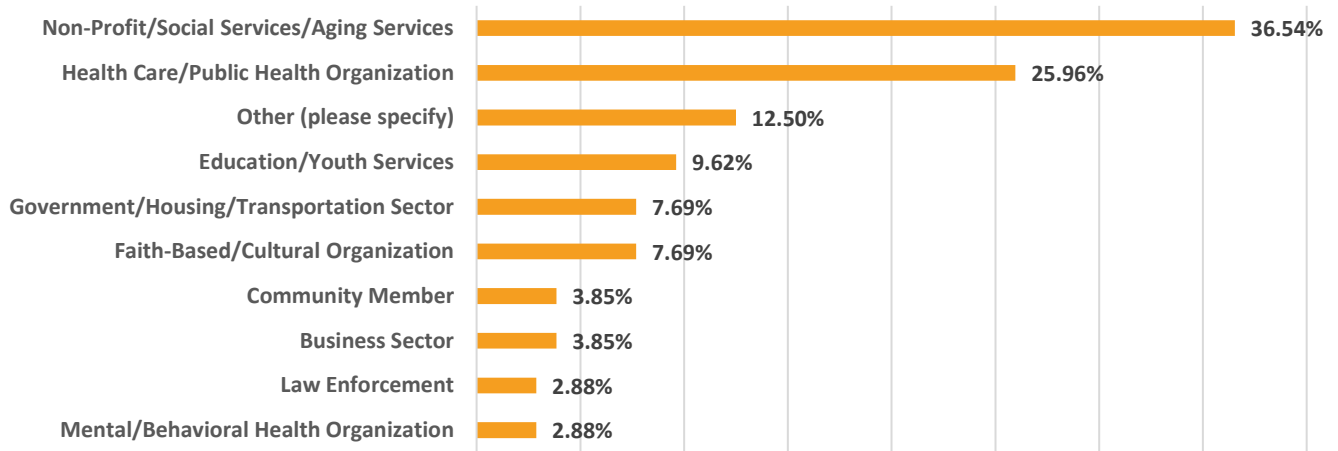
Environmental Justice Index
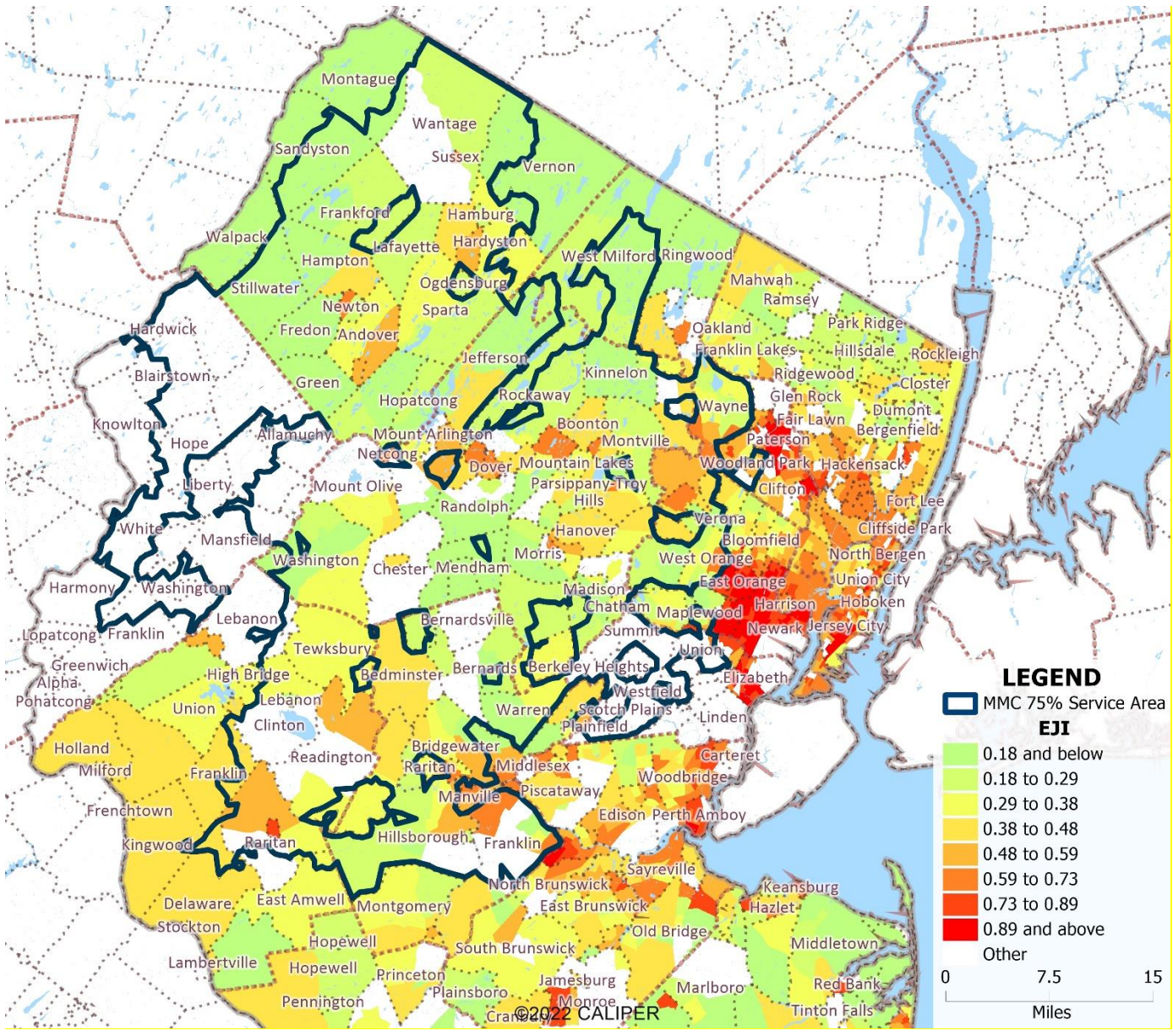
FINDINGS OF THE KEY STAKEHOLDER SURVEY

The purpose of the stakeholder survey was to gather current statistics and qualitative feedback on the key health issues facing the residents within the MMC service area. The list of stakeholders was thoughtfully gathered to ensure that feedback was from a wide range of community organizations across various sectors. MMC received 137 responses to its online community-based key-stakeholder survey.

Below we show the breakdown of the respondents' organizational community affiliations or alignment.

Which one of these categories would you say BEST represents your organization's community affiliation or is a group you align yourself with? (CHOOSE 1)

Category	Percentage
Non-Profit/Social Services/Aging Services	36.54%
Health Care/Public Health Organization	25.96%
Other (please specify)	12.50%
Education/Youth Services	9.62%
Government/Housing/Transportation Sector	7.69%
Faith-Based/Cultural Organization	7.69%
Community Member	3.85%
Business Sector	3.85%
Law Enforcement	2.88%
Mental/Behavioral Health Organization	2.88%

Below we show the breakdown of which group(s) within the community the respondents personally or organizationally align with.

Which of the following represent the community(s) your organization serves or that you personally align with? (Select all that apply)

Group	Percentage
Poor or Underserved	64.08%
Seniors	63.11%
Children	62.14%
Hispanic/Latino	62.14%
White/Caucasian	61.17%
Black/African American	58.25%
Active Adults	47.57%
LGBTQ+	46.60%
Asian/Pacific Islander	41.75%
Unhoused/Unsheltered	39.81%
Other (please specify)	17.48%
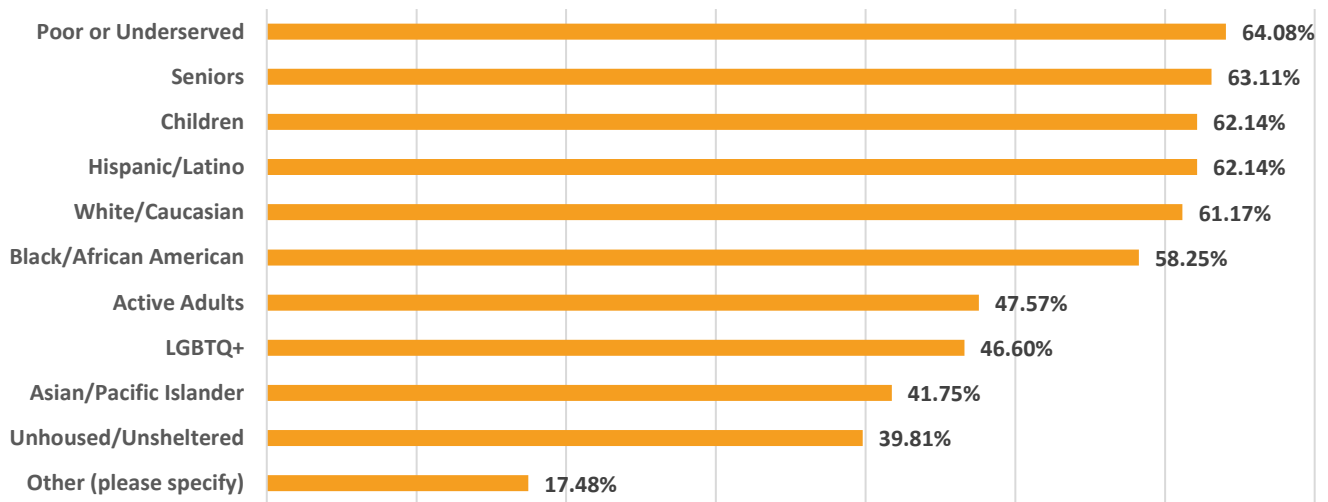
Below we show the breakdown of the percent of respondents who selected each health issue in the 2022 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health, substance abuse, access to care, overweight/obesity, and diabetes.

What are the top 5 health issues you see in your community? (CHOOSE 5)

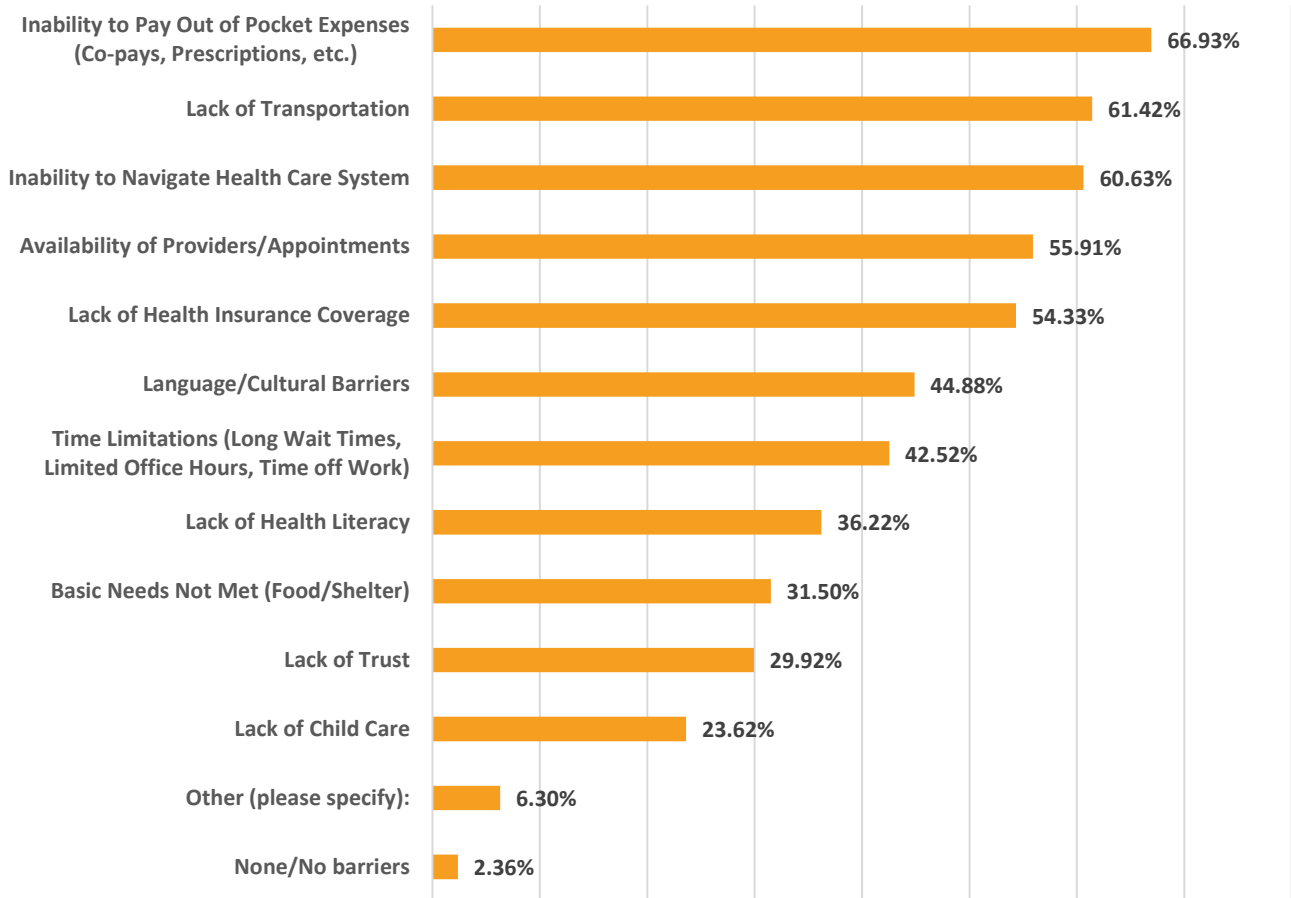| Health Issue	Percent
Mental Health	85.29%
Substance Abuse	47.06%
Access to Care	44.85%
Overweight/Obesity	42.65%
Diabetes	38.24%
Heart Disease	36.76%
Cancer	34.56%
Uninsured	25.74%
Alcohol Abuse	24.26%
Dental Health	18.38%
Adolescent Health	16.91%
Suicide	14.71%
Maternal/Infant Health	13.97%
Other (please specify):	13.24%
Early Childhood Health	12.50%
Domestic Violence	11.76%
Stroke	8.82%
Tobacco	6.62%
Sexually Transmitted Diseases	3.68%

Respondents were asked about the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree).

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Transportation for medical appointments is available to area residents when needed.	3%	16%	22%	32%	27%
There are a sufficient number of mental/behavioral health providers in the area.	2%	11%	11%	24%	51%
There are a sufficient number of bilingual providers in the area.	3%	11%	31%	25%	30%
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	2%	17%	28%	26%	27%
Residents in the area are utilizing emergency department care in place of a primary care physician.	22%	42%	24%	10%	2%
Residents in the area are able to access a dentist when needed.	12%	23%	23%	30%	13%
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	13%	34%	17%	25%	11%
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	19%	43%	18%	16%	5%

Legend: ■ Strongly Agree ■ Somewhat Agree ■ Neutral ■ Somewhat Disagree ■ Strongly Disagree
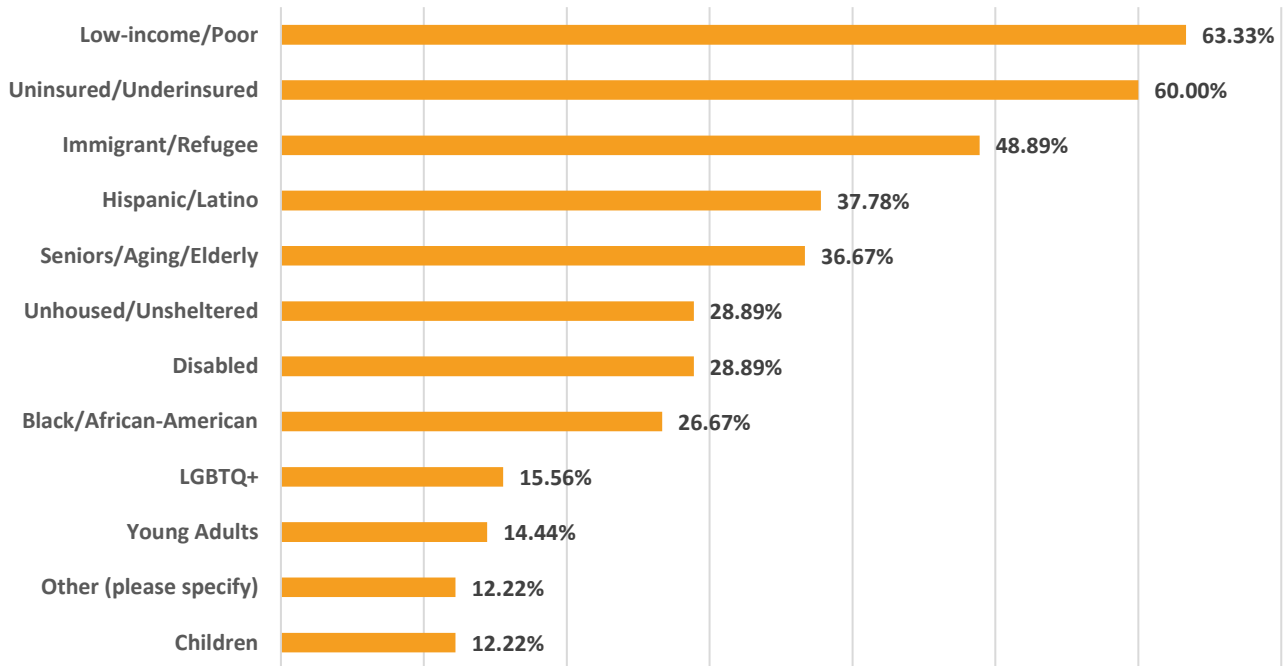
After rating availability of health care services, respondents were asked about the most significant barriers that keep people in their community from accessing healthcare when they need it. The barriers that were most frequently selected are summarized below.

What are the most significant barrier that keep people in the community from accessing health care when they need it? (Select all that apply)

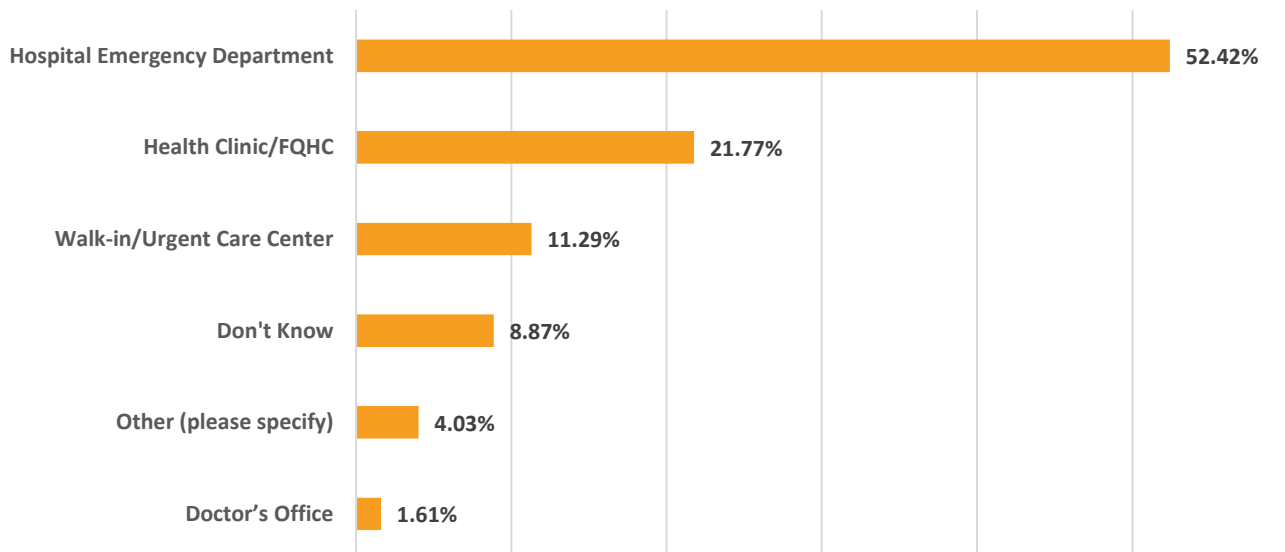| Barrier	Percentage
Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	66.93%
Lack of Transportation	61.42%
Inability to Navigate Health Care System	60.63%
Availability of Providers/Appointments	55.91%
Lack of Health Insurance Coverage	54.33%
Language/Cultural Barriers	44.88%
Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	42.52%
Lack of Health Literacy	36.22%
Basic Needs Not Met (Food/Shelter)	31.50%
Lack of Trust	29.92%
Lack of Child Care	23.62%
Other (please specify):	6.30%
None/No barriers	2.36%

Respondents were asked if there were populations in the community that were not being adequately served by local health services. 72.8% of respondents answered that there are specific populations in this community that are not being adequately served by local health services. The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were, low-income/poor, uninsured/underinsured, and immigrant/refugee. These were followed by, Hispanic/Latino, seniors/aging/elderly, and unhoused/unsheltered.

Which populations are underserved?

Population	Percentage
Low-income/Poor	63.33%
Uninsured/Underinsured	60.00%
Immigrant/Refugee	48.89%
Hispanic/Latino	37.78%
Seniors/Aging/Elderly	36.67%
Unhoused/Unsheltered	28.89%
Disabled	28.89%
Black/African-American	26.67%
LGBTQ+	15.56%
Young Adults	14.44%
Other (please specify)	12.22%
Children	12.22%

52.42% of key informants indicated hospital emergency departments as the primary place where uninsured/ underinsured individuals go when they need medical care. Walk-in/Urgent Care Center and Health Clinic/FQHC were also mentioned as preferred places to obtain medical care.

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

Place	Percentage
Hospital Emergency Department	52.42%
Health Clinic/FQHC	21.77%
Walk-in/Urgent Care Center	11.29%
Don't Know	8.87%
Other (please specify)	4.03%
Doctor's Office	1.61%

AHS' APPROACH TO ADDRESSING COMMUNITY HEALTH IMPROVEMENT AND ACCESS TO CARE

Atlantic Health System approaches community health improvement with proven and effective methods for addressing access to care. Where necessary or appropriate, individual activities specific to distinct populations served by hospitals are documented. Efforts addressed from a system perspective for all AHS hospitals include diversity and inclusion, virtual care and community involvement, supportive funding for community partners or collaboratives that are focused on common areas of concern related to community health needs, and health and wellness for older adults and at-risk populations.

Virtual Platforms and Community Health

The impact of COVID-19 on Atlantic Health System and the communities we serve has been profound. As our co-workers battle the pandemic daily, our focus on community health was challenged to create safe and effective opportunities for communities to connect about their ongoing health needs. Many of the most effective methods for maintaining contact with those in need were virtual; community groups, support groups for high-risk patients, caregiver outreach, diabetes, oncology, and cardiovascular all became reliant on virtual tools to maintain needed contact with our community. In many cases the effort to connect virtually during a time of crisis led to increased levels interaction and a broader reach for programs. This positive response to virtual offerings and interaction has become a common rallying point for AHS and its communities; this level of connection has become another successful tool that AHS will build upon as it seeks to broaden its reach to at-risk populations. As we continue to provide tools to access care to different populations, we hope to address the wide range of health challenges that every part of our community may face.

Care Coordination and Social Determinants of Health

At Atlantic Health System, we focus on connecting clinical, behavioral, and social care across the health care continuum to produce great health outcomes, improve the patient experience, and lower the total cost of care. Care team members proactively screen to identify individual patient's needs regarding mental health and addiction, and other social determinants such as food insecurity, housing insecurity, financial instability, and transportation needs. The Care Coordination department of nurses, social workers, community health workers, and behavioral health clinicians, ensure that each patient's clinical, behavioral, and social needs are met to manage safe transitions of care and support people with complex chronic conditions. Overall, the Care Coordination program promotes empowered collaboration between patients, their doctors and caregivers, and their community.

Diversity and Inclusion

AHS strives for an inclusive health care environment where patients, visitors and team members are welcomed and afforded equitable treatment regardless of sexual orientation, gender, gender identity and expression, race, ethnicity, immigration status, socioeconomic background, disability and/or age.

Supporting Funding of Community Partners and Community Health Needs

The Community Advisory Boards (CAB) at Morristown, Overlook, Chilton, Newton, and Hackettstown Medical Centers all provide annual funding opportunities for community partners in the form of grants likely to enhance resources available in the community and address elements of health priorities identified in the individual hospital's community health needs assessment. Grants are funded through a competitive review process, which includes a requirement that approved funding be linked to an identified community health need.

AHS has provided additional support to community partners through the New Jersey Healthy Communities Network. The NJHCN supports local policy, systems, and environmental changes to enhance physical activity, nutrition, and address Social Determinants of Health.

Community Health Education and Wellness for Older Adults

Community Health offers a variety of system-wide health and wellness programs to meet the needs of the community across the lifespan. Programming developed with older adults in mind aims to promote healthy lifestyles and reduces community's modifiable risk factors for chronic disease though expanded health education programming in alignment with the AHS Community Health Improvement Plan. One of the program's goals is to offer educational programming on the following topics: cardiac, stroke, cancer, pulmonary, diabetes, behavioral health, and COVID-19.

Other Collaborative Support

In addition to actions within a specific strategy, Atlantic Health System is contributing a great deal of resources to support the CHNA/Implementation Strategy Process via in-kind support for the North Jersey Health Collaborative. Our resource and financial investments in the collaborative reflect our belief that bringing groups together, across sectors, is a significant community health intervention by itself. The Collaborative structure allows us to address our identified health needs, while also building capacity in individual local organizations, as well as our hospitals, to meet the needs of our community. It also serves to coordinate health and social service agencies in a way that enables them to invest collaboratively in best practices.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization

Following a review of secondary data and key informant findings, a select group of providers, community health agency representatives and other community stakeholders were asked to participate in a health topic prioritization survey. The prioritization survey included 11 health issues or concerns, which were identified during the primary and secondary analysis phases of the community health needs assessment. For each of the 11 health topics included in the survey, participants in this prioritization process were asked to respond to six statements related to the extent to which the health-related disparity or concern impacts the community served by Morristown Medical Center or can be positively impacted by community health improvement efforts directed by Morristown Medical Center. In completing their responses, prioritization survey participants were asked to provide their perspective based on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree) for six criteria for each of the 11 identified health topics.

The six prioritization criteria used to evaluate each issue were:
- Number of people impacted
- The risk of morbidity and mortality associated with the problem
- Impact of the problem on vulnerable or underserved populations
- Availability of resources and access to address the problem
- Relationship of issue to other community issues
- Is within the organization's capability/competency to impact over the next three years

The 11 health topics identified for prioritization in the area served by MMC were:
- Mental Health
- Suicide
- Access to Care
- Cancer
- Heart Disease
- Domestic Violence
- Stroke/Neurological Disease
- Diabetes/Obesity/Unhealthy Weight
- Substance/Alcohol Abuse
- Uninsured
- Maternal and Infant Health

Weighted averages for each impact on an issue were calculated. For each of the six potential impacts on an issue, the weighted averages were combined to create an overall weighted average for each issue (the overall ranking). The most impactful factor for each issue had the highest weighted average of the six impacts for that issue, the least impactful factor had the lowest weighted average for that issue. These results and an analysis of utilization data were presented to the Morristown Medical Center Community Advisory Board Community Health Sub-Committee, who, in partnership with hospital administration, recommended the adoption of the following priority areas for inclusion in the 2022-2024 CHNA for MMC.

- Behavioral Health
- Heart Disease
- Cancer
- Diabetes / Obesity / Unhealthy Weight
- Stroke
- Geriatric / Healthy Aging

Access to Care[10]

In the MMC key stakeholder survey, several questions were asked about access to care. Both qualitative and quantitative findings indicate that improving health care access is critical to favorably impacting the health of the communities that MMC serves. Proactively exploring interventions that may improve health care access may have a favorable impact on rates of chronic diseases.

Stakeholders were asked about specific barriers to care that exist within the community served by MMC. Most respondents to the survey answered that the inability to pay out of pocket expenses, lack of transportation, and the inability to navigate the health care system were some of the most significant barriers to care among the constituencies they represented in the survey. These responses allow us to gain further insight into the specific access issues that exist and can help us better address the prioritized health topics.

Atlantic Health System is committed to improving access to health care services; an explicit commitment made in the 2023 Atlantic Health System Enterprise Strategic Plan. Included in that plan are many goals that relate to improving access to primary care and specialists while maintaining the highest quality of care.

Improving access to care overall can help make progress towards improving health outcomes within the previously mentioned health priorities: behavioral health, heart disease, cancer, diabetes/obesity/unhealthy weight, stroke, and geriatric/healthy aging. This question of access will be a key driver in the development of the hospital's annual Community Health Improvement Plan (CHIP).

Healthy NJ 2020[11]

Access to health services is about more than just health insurance or other financial factors. Understanding the public health care system and having a primary care provider are key components of the access to health services story. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

There were three objectives regarding Access to Health Services in Healthy NJ 2020. The first objective was to increase health insurance coverage among persons under the age of 65. This target was not achieved for this objective although there was progress made. The second objective was to increase health insurance coverage among persons under the age of 19. There was great success within this objective as the target was not only met but exceeded. The third objective was to increase individuals with a primary care provider. This objective has not improved and there was not progress toward the target. This indicates that overall, there is still great room for improvement within the state of NJ to increase access to health care.

Although insurance coverage is only one piece in accessing healthcare, it is a factor that can greatly impact where and how people access health care. It can also impact the quality of care that is available.

Value-Based Health Care[12]

Value-based health care transforms the typical health care delivery model by paying providers (including hospitals and physicians) based on successful health outcomes rather than by service. According to the New England Journal

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[10] https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf
[11] https://www.nj.gov/health/chs/hnj2020/topics/access-to-health-services.shtml
[12] https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0558

of Medicine (NEJM), "providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way." Some of the benefits noted by the NEJM are:

- Patients spend less money to achieve better health.
- Providers achieve efficiencies and greater patient satisfaction.
- Payers control costs and reduce risk.
- Suppliers align prices with patient outcomes.
- Society becomes healthier while reducing overall healthcare spending.

Below are select stakeholder comments regarding health care access and barriers to care:

- *Access to care affects all demographics, there is the obstacle to timely entry due to the availability of providers.*
- *There is a growing problem with access to primary care, behavioral health, and sometimes specialty care.*
- *Too many people are struggling with the cost of care and finding access to high quality care to avoid further medical issues.*
- *While services may exist, affordable services without significant wait times for treatment are a barrier for many in the community, with or without financial resources.*

Following is a broad overview of each of the 6 health priorities. MMC will develop a Community Health Improvement Plan (CHIP) to address these 6 health priorities in 2023 and annually thereafter.

IDENTIFIED HEALTH PRIORITIES

There are six factors that make up the criteria that helped determine which health topics would be adopted as the priority areas for Morristown Medical Center to address over the next few years. These include:

- the number of people impacted;
- the risk of morbidity and mortality associated;
- the impact of the health issue on vulnerable populations;
- the availability of resources and access needed to address the problem;
- the relationship of the issue to other community issues; and,
- whether it is within the organization's capability and or competency to impact over the next three years.

Each of these factors were reviewed and discussed by the MMC Community Health Committee. This discussion was supplemented with data that analyzes utilization among various related clinical cohorts within the MMC service area. The combination of these two sources was used to determine which health topics are of priority for MMC, this recommendation was then presented to the MMC CAB. These topics were then reviewed, discussed further, and adopted by the MMC CAB as the top 6 health priorities for MMC to continue to address over the next three years (2022-2024).

These health priorities give insight into which clinical areas are of top concern within the MMC community and will ultimately help create a Community Health Improvement Plan which outlines the necessary steps to improve outcomes within these topics:

- Behavioral Health;
- Heart Disease;
- Cancer;
- Diabetes / Obesity / Unhealthy Weight;
- Stroke; and,
- Geriatric / Healthy Aging.

All these health topics were agreed upon because they had a combination of both high utilization/rate of utilization and had a relevance to the prioritization criteria.

There is an interconnectedness among the chosen health priorities, as many stakeholders believe that they are impacted by access to care overall and social determinants of health. These social determinants of health—the conditions in which people are born, grow, work, live, and age – all impact the priority areas and will be key elements in the development of the organization's CHIP.

Behavioral Health

Behavioral health was identified by stakeholders as being a top health priority for Morristown Medical Center. When surveyed, a majority of both the quantitative and qualitative responses included various aspects of mental health, substance abuse, and suicide as areas of greatest concern. Many stakeholders believe that behavioral health, inclusive of the sub-categories mentioned, impacts a lot of people in the area served by MMC, that it is linked to many other community health topics, and that it impacts a vulnerable or underserved population. The following topics will be explored further: mental health, substance abuse, and suicide.

In the area served by Morristown Medical Center, there are identified health concerns or disparities among the population that are related to mental health and alcohol and drug use, including:
- The age-adjusted death rate due to suicide
- The age-adjusted drug and opioid involved overdose death rate

Mental Health[13]

According to the CDC, mental health is comprised of emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is crucial at all stages in life and can impact development. Because of this, it is important to address the various mental health needs within each age group, throughout the various stages of life.

Mental health is an important aspect of achieving overall health and is equally as important as physical health. As noted by the CDC, "depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness."

Mental illnesses are among the most common health conditions in the United States. This is depicted through the following statistics:
- More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.
- 1 in 5 Americans will experience a mental illness each year.
- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

Substance Misuse[14]

According to the 2020 National Survey on Drug Use and Health (NSDUH), 40.3 million Americans, aged 12 or older, had a substance use disorder (SUD) in the past year. Substance use disorders continue to be an important health issue in our country, throughout the state of New Jersey, and within the MMC service area.

Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. Patterns of symptoms resulting from substance use (drugs or alcohol)

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[13] https://www.cdc.gov/mentalhealth/learn/index.htm
[14] https://www.cdc.gov/dotw/substance-use-disorders/index.html

can help a doctor diagnose a person with a SUD or SUDs. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class.

- SUDs are treatable, chronic diseases that can affect anyone – regardless of race, gender, income level, or social class.
- One in seven Americans aged 12 or older reports experiencing a SUD.
- SUD diagnosis can be applied to the following classes of drugs: alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; tobacco (nicotine); and other (or unknown) substances.
- SUDs can lead to significant problems in all aspects of a person's life including in their work, school, or home life
- Coordinated care is critical in treating anyone with a SUD to achieve positive outcomes. Coordinating treatment for comorbidities, including mental health conditions, is an important part of treating a SUD.

Individuals who experience a substance use disorder (SUD) during their lives may also experience a co-occurring mental disorder and vice versa. While SUDs and other mental disorders commonly co-occur, that does not mean that one caused the other. Research suggests three possibilities that could explain why SUDs and other mental disorders may occur together:[15]

- Common risk factors can contribute to both SUDs and other mental disorders. Both SUDs and other mental disorders can run in families, suggesting that certain genes may be a risk factor. Environmental factors, such as stress or trauma, can cause genetic changes that are passed down through generations and may contribute to the development of a mental disorder or a substance use disorder.
- Mental disorders can contribute to substance use and SUDs. Studies found that people with a mental disorder, such as anxiety, depression, or post-traumatic stress disorder (PTSD), may use drugs or alcohol as a form of self-medication. However, although some drugs may temporarily help with some symptoms of mental disorders, they may make the symptoms worse over time. Additionally, brain changes in people with mental disorders may enhance the rewarding effects of substances, making it more likely they will continue to use the substance.
- Substance use and SUDs can contribute to the development of other mental disorders. Substance use may trigger changes in brain structure and function that make a person more likely to develop a mental disorder.

Suicide[16]

According to Morris County health indicator data, the score for age-adjusted death rate due to suicide has dropped from 2019 to 2021 and has stayed consistent in 2022. This trend is similar nationally for suicide where according to the CDC, suicide rates increased by 30% between 2000-2018 and then declined in 2019 and 2020. However, suicide is still a leading cause of death within the United States.

Suicide impacts people of all ages. It is among the top 10 leading cause of death for those ages 10-64 in 2020 and was the second leading cause of death for people ages 10-14 and 25-34.

Although suicide impacts all populations, there are certain populations that have higher rates than others. As noted by the CDC, by race/ethnicity, the groups with the highest rates were non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Other Americans with higher-than-average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and

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[15] https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
[16] https://www.cdc.gov/suicide/facts/index.html

construction. Young people who identify as lesbian, gay, or bisexual have higher rates of suicidal thoughts and behavior compared to their peers who identify as heterosexual.

The CDC developed the Suicide Prevention Resource for Action which provides updated information and available evidence to help reduce rates of suicide. Some of these include strengthening economic supports such as household financial security, creating protective environments by reducing substance use through community-based policies and practice, and improving access and delivery of suicide care but increased provider availability in underserved areas. These are some ways to reduce suicide throughout the population at large—but also this importantly gives an outline on how to serve communities most at risk or in need of mental health services.[17]

As displayed through both the statistics, information mentioned above, and the responses of the MMC stakeholders, behavioral health encompasses some of the most pressing health concerns within the MMC community. There are concerning trends in increases in incidence of mental illnesses and substance use disorders within the MMC community, across the state of New Jersey, and throughout the country.

Some of the greatest concerns regarding behavioral health are rooted in the high demand for resources that is currently not being met. The demand for an increase in access to mental health services was exacerbated due to the COVID-19 pandemic. As noted in the responses from stakeholders, access to mental health care is expensive and often hard to find. To address behavioral health issues, it is important to explore ways to improve access to timely, affordable, and quality mental health care providers.

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[17] https://www.cdc.gov/suicide/resources/prevention.html

Diabetes/Obesity/Unhealthy Weight

Diabetes, obesity, and unhealthy weight were identified by community stakeholders as being priority health topics for Morristown Medical Center. Many stakeholders who responded to the survey felt that diabetes/obesity/unhealthy weight are linked to other community health issues and a health topic that MMC's services could have a meaningful impact on within the next 3-year period. The impact that obesity and unhealthy weight has on the population, and its contribution to higher prevalence of other chronic diseases, has led this to be a health topic of large concern.

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body does not make enough insulin or cannot use it as well as it should. Without enough insulin or when the cells stop responding to the insulin, too much blood sugar stays in the blood stream. More than 37 million people have diabetes in the United States, a number which has doubled over the past 20 years. Diabetes is the 7th leading cause of death in the United States and the number 1 cause of chronic kidney disease, lower-limb amputations, and adult blindness.

There are three main types of diabetes:

Type 1: type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction stops the body from making insulin. Approximately 5-10% of the people who have diabetes have type 1. Symptoms of type 1 often occur quickly and is usually diagnosed in children, teens, and young adults. Insulin must be taken every day to survive. Currently, no one knows how to prevent type 1 diabetes.

Type 2: with type 2 diabetes, the body does not use insulin well and cannot keep blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults (but more and more in children, teens, and young adults). Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.

Gestational Diabetes: this type of diabetes develops in pregnant women who have never had diabetes. With gestational diabetes, the baby could be at higher risk for health problems. While gestational diabetes typically goes away after the baby is born, it increases the risk of developing type 2 diabetes in the future. Babies born to mothers with gestational diabetes are more likely to have obesity as a child or teen and develop type 2 diabetes later in life.

In the United States, 96 million adults have *prediabetes*. Prediabetes is a health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Eating a healthy diet and staying active are ways that can effectively prevent, prolong the onset, or effectively manage diabetes.[18]

Obesity/Unhealthy Weight

Obesity is a common, serious, and costly chronic disease of adults and children that continues to increase in the United States. Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. In the United States and worldwide, obesity is also associated with the leading causes of death, including deaths from diabetes, heart disease, stroke, and some types of cancer. A healthy diet and regular physical activity help people achieve and maintain a healthy weight starting at an early age and continuing throughout life.

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[18] https://www.cdc.gov/diabetes/basics/diabetes.html

Obesity affects children as well as adults. Many factors can contribute to excess weight gain including eating patterns, physical activity levels, and sleep routines. Social determinants of health, genetics, and taking certain medications also play a role.[19]

In 2020, the age-adjusted death rate due to diabetes among New Jersey residents was 15% below that of the United States as a whole. The age-adjusted death rates for diabetes were steadily declining for many years before increasing in 2020. The rate among Blacks in 2020 was 2.7 times the rate among Whites, and males have a higher likely hood of dying from diabetes than women. According to New Jersey State Assessment Data (NJSHAD), it is conceivable that the COVID-19 pandemic caused an increase in other causes of death due to delays in medical care and fears of going to the hospital and being exposed to COVID.[20]

Stakeholders answered that Diabetes/Obesity/Unhealthy Weight is linked to various other chronic diseases—all of which greatly impact the MMC community and the population that it serves. Social determinants of health can impact the incidence of diabetes and obesity within the community. To address the underlying causes of these health issues it is important to understand how the socioeconomic status, the physical and built environment, the food environment, and other community factors impact health outcomes.

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[19] https://www.cdc.gov/obesity/basics/index.html
[20] https://www-doh.state.nj.us/doh-shad/indicator/view/DiabetesDeath.RETrend.html

Heart Disease

In the area served by Morristown Medical Center, there are identified health concerns or disparities among the population that are related to heart disease. Heart disease continues to be a prominent issue within the MMC service area and stakeholders responded that there is both a high risk of morbidity and mortality associated with the disease and that it impacts a vulnerable or underserved population.

From a national perspective, heart disease has an enormous burden on the population as it currently stands as the leading cause of death in the United States, with almost 700,000 Americans dying of heart disease and related conditions each year.[21] This amounts to one in every five deaths in the United States annually. Several health conditions, lifestyle, age, and family history can increase the risk for heart disease. About half of all Americans (47%) have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking. Some of the risk factors for heart disease cannot be controlled, such as age or family history. However, there are certain lifestyle changes that are controllable that can favor a more positive health outcome.

The term "heart disease" refers to several types of heart conditions. The most common being, *Coronary artery disease* (CAD). CAD is the most common type of heart disease in the United States. For some people, the first sign of CAD is a heart attack. CAD is caused by plaque buildup in the walls of the arteries that supply blood to the heart (called coronary arteries) and other parts of the body. Plaque is made up of deposits of cholesterol and other substances in the artery. Plaque buildup causes the inside of the arteries to narrow over time, which could partially or totally block the blood flow. This process is called atherosclerosis.

Too much plaque buildup and narrowed artery walls can make it harder for blood to flow through your body. When your heart muscle doesn't get enough blood, you may have chest pain or discomfort, called angina. Angina is the most common symptom of CAD. Over time, CAD can weaken the heart muscle. This may lead to heart failure, a serious condition where the heart can't pump blood the way that it should. An irregular heartbeat, or arrhythmia, also can develop. Being overweight, physical inactivity, unhealthy eating, and smoking tobacco are risk factors for CAD. A family history of heart disease also increases risk for CAD.

Heart Attack, also called a myocardial infarction, occurs when a part of the heart muscle doesn't receive enough blood flow. The more time that passes without treatment to restore blood flow, the greater the damage to the heart muscle. Learn more about the signs and symptoms of a heart attack:
- Chest pain or discomfort.
- Feeling weak, light-headed, or faint.
- Pain or discomfort in one or both arms or shoulders.
- Shortness of breath.

Unexplained tiredness and nauseas or vomiting are other symptoms of a heart attack. It is important to note that Women are more likely to have these other symptoms as heat attack symptoms in men and women can differ.

Every year, about 805,000 Americans have a heart attack. Of these cases, 605,000 are a first heart attack and 200,000 happen to people who have already had a first heart attack. One of 5 heart attacks is silent—the damage is done, but the person is not aware of it. Coronary artery disease (CAD) is the main cause of heart attack. Less common causes are severe spasm, or sudden contraction, of a coronary artery that can stop blood flow to the heart muscle.

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[21] https://www.cdc.gov/heartdisease/facts.htm

The term heart disease is inclusive of several types of heart conditions and diseases. Some of these include:

- Acute coronary syndrome
- Angina
- Stable angina
- Aortic aneurysm and dissection
- Arrhythmias
- Atherosclerosis
- Atrial fibrillation
- Cardiomyopathy
- Congenital heart defects
- Heart failure
- Peripheral arterial disease (PAD)
- Rheumatic heart disease (a complication of rheumatic fever)
- Valvular heart disease

There are certain behaviors that can increase the risk of heart disease. These types of behaviors can be adjusted based on lifestyle choices to promote better heart health and health outcomes overall. Some of the behaviors that can be modified are eating a diet high in saturated fats, trans fat, and cholesterol, not getting enough physical activity, drinking too much alcohol, and tobacco use.[22] Modifying these behaviors can also lower the risk for other chronic diseases.

Access to care is an important factor increasing favorable outcomes related to heart disease. An estimated 7.3 million Americans with cardiovascular disease (CVD) are currently uninsured. As a result, they are far less likely to receive appropriate and timely medical care and often suffer worse medical outcomes, including higher mortality rates.[23]

Heart disease continues to be the leading cause of death throughout the country, the state, and within the counties served by MMC. Stakeholders agree that it impacts vulnerable populations and that there is high risk of morbidity and mortality associated. Because of these factors, it is important to address how people can access care to improve their health outcomes due to heart disease. Early prevention and detection of heart disease can help minimize poor health outcomes. This can be achieved through educating people on engaging in healthier lifestyles and seeking primary care on a more regular basis for screening.

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[22] https://www.cdc.gov/heartdisease/risk_factors.htm
[23] https://www.heart.org/en/get-involved/advocate/federal-priorities/access-to-care

Cancer

Like heart disease, cancer is another chronic disease that immensely impacts the MMC community. Stakeholders answered that there is a high risk of morbidity and mortality associated with cancer and that it impacts a lot of people in the area served by Morristown Medical Center. Within this area there are identified health concerns or disparities among the population that are related to cancer, including:

- The incidence rate of melanoma
- The incidence of prostate cancer
- The incidence rate of oral cavity and pharynx cancer
- The incidence of colorectal cancer
- The age-adjusted death rate due to cancer
- The age-adjusted death rate due to prostate cancer

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Cancer also has a high disease burden on the community served by MMC. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health.[24]

Many cancers are preventable by reducing risk factors such as:

- Use of tobacco products
- Physical inactivity and poor nutrition
- Obesity
- Ultraviolet light exposure

Other cancers can be prevented by getting vaccinated against human papillomavirus (HPV) and hepatitis B virus. In addition to prevention, screening is effective in identifying some types of cancers in early, often highly treatable stages including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap test alone or combined Pap test and HPV test)
- Colorectal cancer (using stool-based testing, sigmoidoscopy, or colonoscopy)
- Lung Cancer (using low dose computed tomography)

For cancers with evidence-based screening tools, early detection must address the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.[25]

When talking about cancer, equity is when everyone has an equal opportunity to prevent cancer, find it early, and get proper treatment and follow-up after treatment is completed. Unfortunately, many Americans can't make healthy choices because of factors like where they live, their race or ethnicity, their education, their physical or mental abilities, or their income. As a result, they have more health problems than others. These differences in health among groups of people that are linked to social, economic, geographic, or environmental disadvantage are known as health disparities.[26]

Cancer affects all population groups in the United States, but due to social, environmental, and economic disadvantages, certain groups bear a disproportionate burden of cancer compared with other groups. Cancer

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[24] https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer
[25] Zapka, J. G., et al. (2003). A framework for improving the quality of cancer care: the case of breast and cervical cancer screening. Cancer Epidemiology and Prevention Biomarkers, 12(1), 4-13.
[26] https://www.cdc.gov/cancer/health-equity/equity.htm

disparities reflect the interplay among many factors, including social determinants of health, behavior, biology, and genetics—all of which can have profound effects on health, including cancer risk and outcomes.

Certain groups in the United States experience cancer disparities because they are more likely to encounter obstacles in getting health care. For example, people with low incomes, low health literacy, long travel distances to screening sites, or who lack health insurance, transportation to a medical facility, or paid medical leave are less likely to have recommended cancer screening tests and to be treated according to guidelines than those who don't encounter these obstacles.

People who do not have reliable access to health care are also more likely to be diagnosed with late-stage cancer that might have been treated more effectively if diagnosed at an earlier stage.[27]

Screening and Diagnosis

Cancer detection and diagnosis involves identifying the presence of cancer in the body and assessing the extent of disease—whether it is the initial diagnosis of a cancer or the detection of a recurrence. For some cancers, this definition can be expanded to include identifying precancerous lesions that are likely to become cancer, providing an opportunity for early intervention and preventing cancer altogether.

Screening tests for cancer can help find cancer at an early stage before typical symptoms might appear. When this is done early, it is often easier to treat. Some screening tests include: a physical exam, laboratory test, imaging procedure, or a genetic test. [28]

Overall, stakeholders acknowledge the immense impact that cancer has on the MMC community. A way to improve health outcomes is to screen and diagnose cancer early on. This can be achieved by addressing access to care issues. When access is improved, community members can seek primary care treatment and be screened regularly. This can help to lower the risk of morbidity and mortality due to cancer.

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[27] https://www.cancer.gov/about-cancer/understanding/disparities#contributing-factors
[28] https://www.cancer.gov/about-cancer/screening/patient-screening-overview-pdq

Stroke

Through data analysis and conversations with our stakeholders, it was identified that there were concerns that stroke impacts a vulnerable or underserved population and that there is high risk of mortality and/or morbidity associated. Many stakeholders believe that stroke impacts a vulnerable or underserved population and that there is high risk of mortality and or morbidity associated. These two factors led to stroke being selected as a health priority for the next few years.

Stroke occurs when something blocks blood supply to part of the brain or when a blood vessel in the brain bursts. In 2020, 1 in 6 deaths from heart disease was a due to a stroke. In the United States, stoke is the fifth leading cause of death in women and the leading cause in African American women. 1 in 5 women between the ages of 55 and 75 will have a stroke.[29] Stroke is the leading cause of disability in the United States.

The American Stroke Association lists the following types of strokes:

> **Ischemic Stroke**: occurs when a blood vessel supplying blood to the brain is obstructed. This type of stroke accounts for 87% of all strokes.
> **Hemorrhagic Stroke:** occurs when a weakened blood vessel ruptures.
> **Transient Ischemic Attack (TIA)**: also known as a "mini stroke," is caused by a serious temporary clot. This is a warning sign stroke and should be taken seriously.
> **Cryptogenic Stroke**: when the cause of a stroke cannot be determined.
> **Brain Stem Stroke**: when a stroke occurs in the brain stem, it can affect both sides of the body and may leave someone in a 'locked-in' state. When a locked-in state occurs, the patient is generally unable to speak or move below the neck.[30]

There are risk factors for stroke that can be kept under control with proper monitoring and treatment. Hypertension (High blood pressure) is the leading cause of stroke and most significant controllable risk factor. Other controllable risk factors include diet, smoking, physical inactivity, obesity, and high blood cholesterol. People who are diabetic, have sickle cell disease, and different types of heart disease are also at increased risk. The link between heart disease and stoke is significant. Several types of heart disease are risk factors for stroke and can also be considered a risk factor for coronary heart disease. People with coronary heart disease, angina or who have had a heart attack due to atherosclerosis (hardening of the arteries) have more than twice the risk of stroke. [31]

Some of the risk factors for stroke, especially the controllable ones, are impacted by the social determinants of health. As mentioned, diet and exercise are some of the risk factors that can be controlled. However, access to both healthy foods and places to exercise are impacted by someone's socioeconomic status and their physical environment. When addressing the risk factors for stroke it is important to also address these underlying causes.

The death rate for stroke in New Jersey is significantly lower than the national death rate. More than 3,500 deaths each year are due to stroke in New Jersey. Before 2019, the death rate due to stroke was steadily declining before slight increase in 2019 and 2020. The Black population has the highest age-adjusted death rate due to stroke and experienced a 25% increase from 2019 to 2020 compared to Asians (6%) and Whites (2%). The Hispanic population has seen a decrease in these rates. In 2020, Black men are listed as the highest age-adjusted death rate due to stroke.[32]

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[29] https://www.cdc.gov/stroke/about.htm
[30] https://www.stroke.org/en/about-stroke/types-of-stroke
[31] https://www.stroke.org/en/about-stroke/stroke-risk-factors/risk-factors-under-your-control
[32] https://www-doh.state.nj.us/doh-shad/indicator/view/StrokeDeath.County.html

Based on county-level data, there are also unfavorable trends among the following indicators; the number of adults who experienced a stroke, the age-adjusted death rate due to stroke, and stroke among the Medicare population. These trends indicate that there is a need to address stroke and factors that lead to stroke across all age groups including the elderly population.

Geriatrics & Healthy Aging[33]

Within the MMC service area, there is a projected growth among the 65 and older population and projected decline in the younger age cohorts (0-17 and 17-64). The 65 and older community currently makes up approximately 18.9% of the overall population, and this is expected to increase to about 21% by 2027. Because of this change in population make-up, it is important to acknowledge the diseases and health disparities among the elderly population to best serve them. This can help promote better health outcomes among this community. Upon analysis of various utilization data, it is evident that there are disparities within the 65 and older populations in both heart disease and cancer. This can be attributed to higher utilization among these age cohorts within these health topics.

According to the CDC, the increase in the number of older adults in the United States is unprecedented. In 2019, 54.1 million US adults were 65 or older, representing 16% of the population—or more than 1 in every 7 Americans. Nearly 1 in 4 older adults are members of a racial or ethnic minority group. This represents a large portion of the United States population, and as projected—will only continue to grow.

By 2040, the number of older adults is expected to reach 80.8 million. By 2060, it will reach 94.7 million, and older adults will make up nearly 25% of the US population.

Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs. The risk of Alzheimer's disease and other dementias increases with age, and these conditions are most common in adults 65 and older. In 2021, health care and long-term care costs associated with Alzheimer's and other dementias were $355 billion, making them some of the costliest conditions to society.

In the area served by Morristown Medical Center, there are identified health concerns or disparities among the population that are related to aging and the elderly population. These include:
- Osteoporosis among the Medicare population
- Alzheimer's Disease or Dementia among the Medicare population
- Adults with arthritis
- Hyperlipidemia among the Medicare population

As the median age of the population continues to grow across the country, throughout the state of NJ, and within the MMC service area, it is important to acknowledge and find ways to address the specific health needs of this age- cohort. Because chronic diseases have a greater impact on an older population, the previous health priorities will need to be addressed across all ages but specifically among the older age groups. Ensuring that older adults have access to health care and proper screening can help people live longer and healthier lives.

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[33] https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm#:~:text=CDC%E2%80%99s%20National%20Center%20for%20Chronic%20Disease%20Prevention%20and,and%20deliver%20quality%20care%20to%20their%20care%20recipients.

APPENDIX A: SECONDARY DATA SOURCES[34]

The following table represents data sources for health-related indicators and disparity identification that were reviewed as part of MMC's CHNA secondary data analysis.

SOURCE
American Community Survey
Atlantic Health System / EPIC
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
County Health Rankings
Feeding America
Healthy Communities Institute
National Cancer Institute
National Center for Education Statistics
National Environmental Public Health Tracking Network
New Jersey Association of Child Care Resource and Referral Agencies
NJ State Health Assessment Data & US Census
State of New Jersey Department of Health Uniform Billing Data (UB)
State of New Jersey Department of Human Services, Division of Mental Health and Addiction Services
State of New Jersey Department of State
U.S. Bureau of Labor Statistics
U.S. Census - County Business Patterns
U.S. Census Bureau - Small Area Health Insurance Estimates
U.S. Department of Agriculture - Food Environment Atlas
U.S. Environmental Protection Agency
United For ALICE

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[34] Healthy Communities Institute

APPENDIX B: HEALTH INDICATORS

The following table represents external data for health-related indicators that were reviewed as part of MMC's CHNA secondary data analysis. The data are compiled and maintained by the Conduent Healthy Communities Institute in collaboration with The North Jersey Health Collaborative (NJHC, the Collaborative), 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.

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
Women's Health	Pap Test in Past 3 Years: 21-65	0.75	2	2	2	Unfavorable	
	Mammogram in Past 2 Years: 50-74	0.58	1.85	1.85	1.5	Unfavorable	
	Cervical Cancer Screening: 21-65	-	0.88	0.88	1.5	Neutral	
	Age-Adjusted Death Rate due to Breast Cancer	1.11	0.53	0.65	1	Improvement	
	Cervical Cancer Incidence Rate	0	0.44	0.59	2	Unfavorable	
Maternal, Fetal, & Infant Health	Infant Mortality Rate	0.47	1.15	1.12	2	Unfavorable	
	Mothers who Received No Prenatal Care	0.86	0.71	0.85	2	Improvement	
	Teen Birth Rate: 15-17	0.86	0.85	0.85	2	Improvement	
	Very Preterm Births	0.72	0.82	0.82	1	Unfavorable	**Black/African American, non-Hispanic**
	Mothers who Received Early Prenatal Care	0.97	0.56	0.71	1.5	Improvement	**Ages 18-19, 20-24, 25-29, Black/African American, non-Hispanic, Hispanic, Other Single Race, non-Hispanic**
	Babies with Low Birth Weight	0.25	0.26	0.56	1	Unfavorable	**Black/African American, non-Hispanic**
	Babies with Very Low Birth Weight	0.47	0.56	0.56	1	Unfavorable	
	Preterm Births	0.47	0.26	0.56	1	Unfavorable	**Ages 40-44, Black/African American, non-Hispanic**
Older Adult Health	Osteoporosis: Medicare Population	2.61	3	3	3	Unfavorable	
	Alzheimer's Disease or Dementia: Medicare Population	2.67	2.82	2.82	3	Unfavorable	
	People 65+ with Low Access to a Grocery Store	2	2.03	2.03	1.5	Unfavorable	
	People 65+ Living Alone (Count)	-	-	1.94	3	Neutral	
	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1.33	1.94	1.94	3	Unfavorable	
	Hyperlipidemia: Medicare Population	1.22	1.85	1.85	1.5	Unfavorable	
	Adults 50+ with Influenza Vaccination	1.83	1.82	1.82	2	Improvement	
	Age-Adjusted Death Rate due to Alzheimer's Disease	1.42	1.5	1.68	3	Unfavorable	
	Adults with Arthritis	1.11	1.65	1.65	2	Unfavorable	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
	Chronic Kidney Disease: Medicare Population	1.33	1.41	1.41	3	Unfavorable	
	Adults who were Injured in a Fall: 45+	1.33	1.32	1.32	1.5	Improvement	
	Adults 65+ who Received Recommended Preventive Services: Females	-	0.71	0.71	1.5	Neutral	
	Adults 65+ who Received Recommended Preventive Services: Males	-	0.71	0.71	1.5	Neutral	
	Diabetic Monitoring: Medicare Population	0.67	-	1.32	1.5	Unfavorable	
	Age-Adjusted Death Rate due to Diabetes	0.64	0.56	0.85	2	Unfavorable	
	Adults 20+ with Diabetes	0.64	0.82	0.82	1	Unfavorable	
	Diabetes: Medicare Population	0.94	0.65	0.65	1	Improvement	
	Atrial Fibrillation: Medicare Population	2.44	2.53	2.53	2	Unfavorable	
	Adults who Experienced a Stroke	1.17	2	2	2	Unfavorable	
	Adults who Have Taken Medications for High Blood Pressure	-	1.76	1.76	1.5	Neutral	
	Age-Adjusted Death Rate due to Hypertensive Heart Disease	1.11	1.29	1.76	3	Unfavorable	
	Age-Adjusted Death Rate due to Heart Attack	1.64	1.76	1.71	1	Unfavorable	
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0.25	2.18	1.5	3	Unfavorable	
	Ischemic Heart Disease: Medicare Population	1.06	1.47	1.47	2	Unfavorable	
	Stroke: Medicare Population	1.28	1.47	1.47	2	Unfavorable	
Heart Disease & Stroke	Age-Adjusted Rate of Adult ED Visits for Acute Myocardial Infarction	1.42	1.41	1.41	1.5	Improvement	
	High Blood Pressure Prevalence	1.31	1.06	1.06	1.5	Improvement	
	Cholesterol Test History	-	0.88	0.88	1.5	Neutral	
	High Cholesterol Prevalence: Adults 18+	-	0.82	0.88	1.5	Unfavorable	
	Adults who Experienced a Heart Attack	1.17	0.82	0.82	1	Improvement	
	Adults who Experienced Coronary Heart Disease	1	0.82	0.82	1	Improvement	
	Age-Adjusted Hospitalization Rate due to Heart Attack	1.06	1	0.71	0	Improvement	
	Age-Adjusted Death Rate due to Heart Disease	0.42	0.56	0.56	1	Unfavorable	
	Heart Failure: Medicare Population	0.5	0.35	0.35	0	Improvement	Males
	Hypertension: Medicare Population	1.67	1.76	1.76	3	Unfavorable	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
Cancer	Non-Hodgkin Lymphoma Incidence Rate	2.44	2.82	2.82	3	Unfavorable	
	Breast Cancer Incidence Rate	2.67	2.53	2.53	2	Improvement	
	Cancer: Medicare Population	2.44	2.53	2.53	2	Unfavorable	
	Melanoma Incidence Rate	2.06	2.35	2.35	2	Unfavorable	**Males, White**
	Pancreatic Cancer Incidence Rate	1.39	1.65	1.94	3	Unfavorable	
	Mammogram in Past 2 Years: 50-74	0.58	1.71	1.85	1.5	Unfavorable	
	Prostate Cancer Incidence Rate	1.5	0.88	1.71	1	Unfavorable	**Black/African American**
	Adults with Cancer	-	1.59	1.59	1.5	Neutral	
	All Cancer Incidence Rate	1.17	2	1.5	1.5	Unfavorable	**Males, White**
	Colon Cancer Screening	1.31	1.5	1.5	1.5	Unfavorable	
	Oral Cavity and Pharynx Cancer Incidence Rate	1.11	1.47	1.29	2	Unfavorable	**Males**
	Age-Adjusted Death Rate due to Pancreatic Cancer	1.67	1.71	1	1	Improvement	
	Colorectal Cancer Incidence Rate	0.5	0.82	0.97	1.5	Unfavorable	**Black/African American**
	Cervical Cancer Screening: 21-65	-	0.88	0.88	1.5	Neutral	
	Age-Adjusted Death Rate due to Breast Cancer	1.11	0.53	0.65	1	Improvement	
	Cervical Cancer Incidence Rate	0	0.44	0.59	2	Unfavorable	
	Liver and Bile Duct Cancer Incidence Rate	0.61	0.59	0.59	2	Improvement	
	Age-Adjusted Death Rate due to Cancer	0	0.18	0.47	1	Unfavorable	**Males, White**
	Age-Adjusted Death Rate due to Lung Cancer	0	0.18	0.47	1	Unfavorable	
	Age-Adjusted Death Rate due to Colorectal Cancer	0.22	0.35	0.29	1	Unfavorable	
	Age-Adjusted Death Rate due to Prostate Cancer	0.56	0.29	0.29	1	Improvement	**Black/African American**
	Lung and Bronchus Cancer Incidence Rate	0.39	0.18	0.18	0	Improvement	
Respiratory Diseases	Adults with Current Asthma	0.64	2.44	2.44	2	Unfavorable	
	Adults who Currently Use Smokeless Tobacco	1.33	2.18	2.18	2	Unfavorable	
	Adults 50+ with Influenza Vaccination	1.83	1.82	1.82	2	Improvement	
	Tuberculosis Incidence Rate	0.97	1.03	1.82	2	Unfavorable	
	Age Adjusted Rate of Adult ED Visits for COPD	1.42	1.41	1.41	1.5	Improvement	
	Age-Adjusted Death Rate due to Influenza and Pneumonia	0.86	0.85	1.15	3	Unfavorable	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
	Adults with Pneumonia Vaccination	1.39	0.82	0.82	1	Improvement	
	Adults with COPD	-	0.71	0.71	1.5	Neutral	
	Asthma: Medicare Population	0.78	0.65	0.65	1	Improvement	
	Adults who Smoke	0.44	0.62	0.62	1.5	Unfavorable	
	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0.42	0.74	0.56	1	Unfavorable	
	Age-Adjusted Death Rate due to Lung Cancer	0	0.18	0.47	1	Unfavorable	
	COPD: Medicare Population	0.61	0.29	0.29	1	Improvement	
	Lung and Bronchus Cancer Incidence Rate	0.39	0.47	0.18	1	Improvement	
Environmental Health	Annual Ozone Air Quality	1.22	1.65	1.65	2	Unfavorable	
	Number of Extreme Heat Events	1.39	1.35	1.65	2	Unfavorable	
	Number of Extreme Precipitation Days	1.39	1.06	1.65	2	Unfavorable	
	Annual Particle Pollution	1	0.97	0.97	1.5	Improvement	
	Blood Lead Levels in Children (>=5 micrograms per deciliter)	0.89	0.82	0.82	1	Improvement	
	Number of Extreme Heat Days	-	-	1.35	1	Neutral	
	PBT Released	1.61	1.06	1.35	1	Improvement	
	Weeks of Moderate Drought or Worse	-	-	1.35	1	Neutral	
Mental Health & Mental Disorders	Depression: Medicare Population	1.33	1.76	1.76	3	Unfavorable	
	Age-Adjusted Rate of Emergency Department Visits due to Mood	1.42	1.41	1.41	1.5	Improvement	
	Poor Mental Health: Average Number of Days	0.67	0.97	0.97	1.5	Unfavorable	
	Poor Mental Health: 14+ Days	-	0.71	0.71	1.5	Neutral	
	Age Adjusted Death Rate due to Suicide	1.19	0.26	0.26	0	Improvement	**Males**
	Mental Health Provider Rate	0.56	0.26	0.26	0	Improvement	
Alcohol & Drug Use	Adults who use Alcohol: Past 30 Days	1.89	2.18	2.18	2	Unfavorable	
	Adults who Drink Excessively	1.67	2.03	2.03	1.5	Unfavorable	
	Age-Adjusted Alcohol-Related Emergency Department Visit Rate	1.42	1.41	1.41	1.5	Improvement	
	Death-rate due to Drug Poisoning	0.78	1.41	1.41	3	Unfavorable	
	Age Adjusted Rate of Substance Use Emergency Department Visits	1.25	1.24	1.24	1.5	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
	Adults who Binge Drink	1.42	1.09	1.09	1	Improvement	
	Age-Adjusted Drug and Opioid Involved Overdose Death Rate	-	0.88	0.79	1.5	Improvement	**Males**
	Opioid Treatment Admission Rate	1.11	0.82	0.53	0	Improvement	
	Alcohol- Impaired Driving Deaths	0.39	0.29	0.29	1	Improvement	
	People 65+ Living Below Poverty Level (Count)	-	-	1.94	3	Neutral	
	Income Inequality	1.33	1.32	1.32	1.5	Improvement	
	Households that are Asset Limited, Income Constrained, Employed	1.17	1.15	1.32	1.5	Unfavorable	
	Cost of Family Child Care as a Percentage of Income	1	0.97	0.97	1.5	Improvement	
	Cost of Licensed Child Care as a Percentage of Income	1	0.97	0.97	1.5	Improvement	
	Households that are Above the Asset Limited, Income Constrained,	1	0.97	0.97	1.5	Improvement	
	Households that are Below the Federal Poverty Level	1	0.97	0.97	1.5	Improvement	
	Persons with Disability Living in Poverty	0.61	0.62	0.62	1.5	Unfavorable	
Economy	People Living Below Poverty Level	0.39	0.59	0.59	2	Unfavorable	**Age 75+ , Black/African American, Hispanic/Latino, Other**
	Children Living Below Poverty Level	0.61	0.59	0.59	2	Improvement	**Black/African American, Hispanic/Latino**
	Families Living Below Poverty Level	0.39	0.29	0.59	2	Unfavorable	
	People 65+ Living Below Poverty Level	1	0.59	0.59	2	Improvement	**Black/African American, Hispanic/Latino**
	Persons with Disability Living in Poverty (5-year)	0.5	0.88	0.59	2	Unfavorable	
	Households with Cash Public Assistance Income	0.39	0.59	0.59	2	Unfavorable	
	People Living 200% Above Poverty Level	0.17	0.29	0.44	1.5	Unfavorable	
	Young Children Living Below Poverty Level	0.61	0.29	0.29	1	Improvement	
	Per Capita Income	0.17	0	0	0	Improvement	**American Indian/Alaska Native, Black/African American, Hispanic/Latino,**
	Median Household Income	0.17	0	0	0	Improvement	**Black/African American, Hispanic/Latino, Other, Two or More Races**
	Solo Drivers with a Long Commute	2.28	2.65	2.65	3	Unfavorable	
	Mean Travel Time to Work	2.17	2.29	2	1	Improvement	**Males**
Labor	Workers Commuting by Public Transportation	1.06	1	1.47	0	Unfavorable	**Ages 16-19, Females, Other race/ethnicity**
	Population 16+ in Civilian Labor Force	-	1.24	1.24	3	Neutral	
	Youth not in School or Working	-	-	0.47	1	Neutral	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
	Female Population 16+ in Civilian Labor Force	-	1.12	1.41	3	Unfavorable	
	Size of Labor Force	-	1.35	1.35	1	Neutral	
	Population 16+ in Civilian Labor Force	-	1.24	1.24	3	Neutral	
	Unemployed Workers in Civilian Labor Force	0.39	1.47	0.47	1	Unfavorable	
	Workers who Drive Alone to Work	1.94	2	1.85	1	Improvement	Ages 55-59, 60-64, White, non-Hispanic
	Total Employment Change	-	2.18	2.18	2	Neutral	
Food	SNAP Certified Stores	2.11	2.18	2.18	2	Unfavorable	
	People 65+ with Low Access to a Grocery Store	2	2.03	2.03	1.5	Unfavorable	
	WIC Certified Stores	-	2.03	2.03	1.5	Neutral	
	Children with Low Access to a Grocery Store	1.83	1.85	1.85	1.5	Unfavorable	
	Fast Food Restaurant Density	2	1.85	1.85	1.5	Improvement	
	People with Low Access to a Grocery Store	1.83	1.85	1.85	1.5	Unfavorable	
	Liquor Store Density	1.83	1.82	1.82	2	Improvement	
	Grocery Store Density	1.5	1.5	1.5	1.5	Neutral	
	Farmers Market Density	1.33	1.32	1.32	1.5	Improvement	
	Households with No Car and Low Access to a Grocery Store	1.17	1.15	1.15	1.5	Improvement	
	Low-Income and Low Access to a Grocery Store	1.17	1.15	1.15	1.5	Improvement	
	Food Environment Index	0.56	0.47	0.47	1	Improvement	
	Child Food Insecurity Rate	0.39	0.44	0.44	1.5	Unfavorable	
	Food Insecure Children Likely Ineligible for Assistance	2.39	0.44	0.44	1.5	Improvement	
	Food Insecurity Rate	0.17	0.44	0.44	1.5	Unfavorable	
	Students Eligible for the Free Lunch Program	0.61	0.82	0.29	1	Improvement	
	Projected Child Food Insecurity Rate	-	0.71	0.71	1.5	Neutral	
	Projected Food Insecurity Rate	-	0.71	0.71	1.5	Neutral	
Households & Housing Costs	Median Monthly Owner Costs for Households without a Mortgage	-	2.74	2.56	3	Improvement	
	People 65+ Living Alone	0.17	0.65	0.94	2	Unfavorable	
	Homeownership	0.83	1.06	0.76	2	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	Trend	Improvement	Identified Disparity
	Median Housing Unit Value	-	0.26	0.26	0	Neutral	
	Median Household Gross Rent	-	2.74	2.74	3	Neutral	
	Mortgaged Owners Median Monthly Household Costs	-	2.74	2.74	3	Neutral	
	Median Monthly Owner Costs for Households without a Mortgage	-	2.74	2.56	3	Improvement	
	Renters Spending 30% or More of Household Income on Rent	0.56	0.76	0.47	1	Improvement	
	Overcrowded Households	-	1.29	1.15	1.5	Improvement	
	Households with an Internet Subscription	0.67	0.62	0.35	0	Improvement	
	Households with One or More Types of Computing Devices	0.83	0.79	0.35	0	Improvement	
	Single-Parent Households	0.61	0.29	0.29	1	Improvement	
	Mortgaged Owners Spending 30% or More of Household Income on	-	1.41	1.41	0	Neutral	
	People 65+ Living Alone (Count)	-	0.65	1.94	1	Unfavorable	

APPENDIX C: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT

The Affordable Care Act added a new requirement that every 501(c)(3) hospital organization is required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years effective for tax years beginning after March 23, 2012.

_____

Morristown Medical Center (MMC) is undertaking a comprehensive community health needs assessment (CHNA) to re-evaluate the health needs of individuals living in the hospital service area. The purpose of the assessment is to gather current statistics and qualitative feedback on the key health issues facing service area residents. The completion of the CHNA will enable MMC to take an in-depth look at its community and the findings will be utilized to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

1. What are the top 5 health topics impacting your community? (CHOOSE 5)

- ☐ Access to Care
- ☐ Uninsured
- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Early Childhood Health
- ☐ Adolescent Health
- ☐ Mental Health

- ☐ Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Other (specify):

2. Of those health topics selected, which 1 is the most significant? (CHOOSE 1)

- ☐ Access to Care
- ☐ Uninsured
- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Early Childhood Health
- ☐ Adolescent Health
- ☐ Mental Health

- ☐ Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Other (specify):

3. Please share any additional information regarding these health issues and your reasons for selecting them in the box below:

_____
_____
_____
_____
_____
_____

4. On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access in the area.

	(1) Strongly Disagree	(2) Somewhat Disagree	(3) Neutral	(4) Somewhat Agree	(5) Strongly Agree
Residents in the area can access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)					
Residents in the area can access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)					
Residents in the area can access a dentist when needed.					
Residents in the area are utilizing emergency department care in place of a primary care physician.					
There are enough providers accepting Medicaid and Medical Assistance in the area.					
There are enough bilingual providers in the area.					
There are enough mental/behavioral health providers in the area.					
Transportation for medical appointments is available to area residents when needed.					

5. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

- ☐ Availability of Providers/Appointments
- ☐ Basic Needs Not Met (Food/Shelter)
- ☐ Inability to Navigate Health Care System
- ☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- ☐ Lack of Child Care
- ☐ Lack of Health Insurance Coverage
- ☐ Lack of Transportation

- ☐ Lack of Trust
- ☐ Language/Cultural Barriers
- ☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- ☐ Lack of Health Literacy
- ☐ None/No Barriers
- ☐ Other (please specify)

6. Of those barriers mentioned in question 5, which 1 is the most significant? (CHOOSE 1)

- ☐ Availability of Providers/Appointments
- ☐ Basic Needs Not Met (Food/Shelter)
- ☐ Inability to Navigate Health Care System
- ☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- ☐ Lack of Child Care
- ☐ Lack of Health Insurance Coverage
- ☐ Lack of Transportation

- ☐ Lack of Trust
- ☐ Language/Cultural Barriers
- ☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- ☐ Lack of Health Literacy
- ☐ None/No Barriers
- ☐ Other (please specify)

7. Please share any additional information regarding barriers to Health Care Access in the box below:

_____

_____

_____

8. Are there specific populations in this community that you think are not being adequately served by local health services?

- YES, (*proceed to Question 9*)
- NO, (*proceed to Question 11*)

9. If #8 YES, which populations are underserved? (Select all that apply)

- ☐ Uninsured/Underinsured
- ☐ Low-income/Poor
- ☐ Hispanic/Latino
- ☐ Black/African American
- ☐ Immigrant/Refugee
- ☐ Disabled

- ☐ Children
- ☐ Young Adults
- ☐ Seniors/Aging/Elderly
- ☐ Unhoused/Unsheltered
- ☐ LGBTQ+
- ☐ Other (please specify)

10. What are the top 5 health topics you believe are affecting the underserved population(s) you selected? (CHOOSE 5)

- ☐ Access to Care
- ☐ Uninsured
- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Early Childhood Health
- ☐ Adolescent Health
- ☐ Mental Health

- ☐ Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Other (specify):

11. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

- ☐ Doctor's Office
- ☐ Health Clinic/FQHC
- ☐ Hospital Emergency Department

- ☐ Walk-in/Urgent Care Center
- ☐ Don't Know
- ☐ Other (please specify)

12. Please share any additional thoughts you may have related to the health of Uninsured/Underinsured Individuals & Underserved Populations in the community.

_____
_____
_____

13. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

- ☐ Free/Low-Cost Medical Care
- ☐ Free/Low-Cost Dental Care
- ☐ Primary Care Providers
- ☐ Medical or Surgical Specialists
- ☐ Mental Health Services
- ☐ Substance Abuse Services
- ☐ Bilingual Services
- ☐ Transportation

- ☐ Prescription Assistance
- ☐ Health Education/Information/Outreach
- ☐ Health Screenings
- ☐ Access to Healthy Food
- ☐ Social Safety Net Services
- ☐ None
- ☐ Other (please specify):

14. What challenges do you believe that people in the community face in trying to maintain healthy lifestyles, like exercising and eating healthy and/or trying to manage chronic conditions, like diabetes or heart disease?

_____
_____

15. In your opinion, what is being done well in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

_____
_____

16. What recommendations or suggestions do you have to improve health services that impact the health needs of the community?

_____
_____

17. Name & Contact Information: (Note: Your name and email address are required to track survey participation.
Your identity WILL NOT be associated with your responses.)

- Name (_Required_) _____
- Organization _____
- Address _____
- Address 2 _____
- City/Town _____
- State/Province _____
- ZIP/Postal Code _____
- Email (_Required_) _____

18. Which one of these categories would you say BEST represents your organization's community affiliation? (CHOOSE 1)

- ☐ Health Care/Public Health Organization
- ☐ Mental/Behavioral Health Organization
- ☐ Non-Profit/Social Services/Aging Services
- ☐ Faith-Based/Cultural Organization
- ☐ Education/Youth Services

- ☐ Government/Housing/Transportation Sector
- ☐ Business Sector
- ☐ Community Member
- ☐ Law Enforcement
- ☐ Other (please specify)

19. Which of the following represents the community(s) your organization serves? (Select all that apply)

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian/Pacific Islander
- ☐ Seniors
- ☐ Active Adults

- ☐ Poor or Underserved
- ☐ LGBTQ+
- ☐ Hispanic/Latino
- ☐ Unhoused/Unsheltered
- ☐ Other (please specify)

20. Morristown Medical Center will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

_____
_____
_____

APPENDIX D: KEY INFORMANT SURVEY PARTICIPANTS

Morristown Medical Center solicited input in the stakeholder survey process from a wide-ranging group of organizations serving the needs of residents who are served by the hospital and health system. Following are the organizations from which MMC solicited responses.

Upon completion and analysis of the stakeholder survey results, MMC solicited additional input in the prioritization phase of the CHNA process from a sub-set of organizations who participated in the stakeholder survey and serve the needs of residents served by the hospital and health system.

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
100 Black Men of NJ	Adath Shalom	ADP
African American Wellness Coalition	Alianza El Buen Camino	Alpha Kappa Alpha Sorority Pi Theta Omega
Alpha Phi Alpha Sigma Zeta Lamda Chapter	Alzheimer's New Jersey	American Red Cross
Arbor Terrace	Arc Morris	Atlantic Advanced Urgent Care
Atlantic Health System- MMC Leadership	Atlantic Medical Group	Atlantic Private Care Services
Avenues in Motion	Back Home Safely	Back to Basics Wellness
Be Well Morristown	Bernards Township Health Department	Bernardsville Library
Bethel AME Church Morristown	Boonton Holmes Public Library	Boonton Housing Authority
Boonton Senior Citizen Center	Boonton Town Health Department	Bracco Diagnostics
Brightview Senior Living	Calvary Baptist Church	Caring Partners of Morris/Sussex
Catholic Charities- Archdiocese of Paterson	Catholic Charities- Supportive Services for Veterans	Centro Biblico of NJ
Chambers Center for Wellbeing at AHS	Chatham Senior Center	Chatham Senior Center- Madison
Chester Library	Chester Senior Resource Center	Child & Family Resources
Church of God in Christ for All Saints	Church of Living Grace	Church of the Redeemer
Church World Service Jersey City	College of Saint Elizabeth	Community Church of Mountain Lakes
Community Food Bank of NJ	Community Health Day Morristown	Community Hope
Community in Crisis	Connecting Butler	Cornerstone Family Programs / Morristown Neighborhood House
County College of Morris	Crossroads4Hope	DAWN Center for Independent Living
Deirdre's House	Delta Sigma Theta Sorority Morristown	Denville Public Library
Dover Free Public Library	Dover Health Department	Dover Housing Authority
Dover School District	Dress for Success of Northern NJ	Drew University
East Hanover Department of Health	East Hanover Library	East Hanover Senior Citizens Club
Easter Seals NJ	EDGE NJ	Employment Horizons
Empower Somerset	Empty Bowl Zendo	Fairleigh Dickinson University
Family Partners of Morris and Sussex Counties	Family Promise Morris	First Baptist Church of Madison
First Presbyterian Church of Rockaway	Florham Park Public Library	FM Kirby Foundation
Fox Hills 55+ Community	Gay Activist Alliance in Morris County	Girl Scouts of Northern NJ
Good Grief, Inc	Good Shepherd Church	Goodwill of Northern NJ
Greater Morristown YMCA	Greater NY/NJ American Diabetes Association	Greater Somerset YMCA
Grow-It Green	Hanover (Cedar Knolls and Whippany) Department of Health	Head Start Community Program of Morris County
Homeless Solutions	Housing Partnership	Hypertrophic Cardiomyopathy Association
I Choose Home NJ	Iglesia Adventista de Dover	Interfaith Food Pantry and Resource Center
Jefferson Public Library	Jersey Battery Women Services	Jewish Family Services of MetroWest
Jewish Vocational Services	Junior League of Morristown	Kemmerer Library of Harding Township
Lake Hiawatha Library	Lakeland Hills Family YMCA	Legal Services of Northwest Jersey Inc

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Library of the Chathams	Lincoln Park Health Department	Literacy Volunteers of Morris County
Long Hill Township Library	Madison Health Department	Madison Housing Authority
Madison Public Library	Madison Senior Services	Madison YMCA
Market Street Mission	Mended Hearts of Morristown Chapter 056	Mendham Area Senior Citizens Group
Mendham Borough Library	Mendham Township Library	Mental Health Association of Essex and Morris
Mental Health Association of Morris County	MMC Community Advisory Board	MMC Community Health Committee
MMC Foundation	Monarch Housing	Montville Health Department
Montville Public Library	Morris Arts	Morris County Council for Young Children
Morris County Department of Human Services	Morris County Department of Law & Public Safety	Morris County Division of Public Health
Morris County Family Success Center	Morris County Gay & Lesbian Activist Alliance	Morris County Hispanic American Chamber of Commerce
Morris County Housing Authority	Morris County Human Relations Committee	Morris County Library
Morris County Municipal Alliance	Morris County NJCEED Program	Morris County Office on Aging, Disabilities, & Community Programming
Morris County Organization for Hispanic Affairs	Morris County Park Commission	Morris County Prevention Is Key
Morris County School Nurse Association	Morris County Sheriff's Office	Morris County Vocational School District
Morris Education Foundation	Morris Habitat for Humanity	Morris Plains Public Library
Morris School District Community School	Morris Township Department of Health	Morris-Somerset Regional Chronic Disease Coalition
Morristown & Morris Township Library	Morristown Bureau of Police	Morristown Church of Christ
Morristown Division of Health	Morristown Fire Department	Morristown High School
Morristown Housing Authority	Morristown Jewish Center	Morristown Korean United Methodist Church
Morristown Partnership	Morristown Public Safety Department	Morristown Recreation
Morristown School District	Morristown Unitarian Universalist Fellowship	Morristowngreen.com
Mount Arlington Public Library	Mount Olive Health Department	Mount Olive Public Library
Mount Zion Church of Boonton	Mountain Lakes Recreation Department	New Jersey American Heart Association
New Jersey Citizen Action	New Jersey Together - Morris Area	Newbridge Services
NJ 211	NJ Department of Children and Families	NJ Prevention Network
NJ Sharing Network	North Jersey Health Collaborative	North Porch
NORWESCAP	Nourish NJ Nourish NJ	Panalpina Inc
Parsippany Department of Emergency	Parsippany Health Department	Parsippany Library
Parsippany School District	Parsippany-Troy Hills	Partnership for Maternal & Child Health of Northern NJ
Pequannock Health Department	Power Changes Lives, Inc	Preschool Advantage
Prevention Links	Proceed, Inc	Project Self Sufficiency
Quindianos Unidos Por Colombia	Rabbinical College of America	Randolph Health Department
Randolph Public Library	Randolph YMCA	Rauchberg Dental Group
Riverdale Public Library	Rockaway Borough Library	Rockaway Township Health Department
Rockaway Township Public Library	Rockaway Township, Department of Recreation	Roots & Wings
Roxbury Public Library	Salvation Army - Morristown Corp	Salvation Army- Dover Corp
Somerset County Library System	Somerset County Office on Aging and Disability Services	SPAN Parent Advocacy Network
Spring Street Development Corporation	St Lawrence Church	St. Margaret of Scotland
St Patrick's Church -Chatham	St Peter's Church - Morristown	Sustainable Morristown

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
The Links Inc, Morris County NJ Chapter	Thursday Morning Club, Madison Community House	Town of Dover
Town of Dover Fire Department	Town of Morristown	Trinity Lutheran Church
United Way of Northern NJ	VA New Jersey Health Care	Victory Gardens Borough
Vision Loss Alliance of NJ	Visions and Pathways	Visiting Nurse Association Health Group
Vrajdham Temple & Community Center	Washington Township	Washington Township Health Department
Washington Township Police Department	Washington Township School District	Westfield Health Department
Wharton Public Library	Wharton United Community Church	Whippanong Library
Wind of the Spirit	Women's Center	Zufall Health Center
Zufall Health Foundation		

APPENDIX E: MORRIS COUNTY LICENSED HEALTH FACILITIES[35]

Following are the type, name and location of licensed health care facilities located in the MMC 75% service area.

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
ADULT DAY HEALTH CARE SERVICES	CARING FOR LIFE ADULT DAY CARE, LLC	120 EAST HALSEY ROAD	PARSIPPANY	NJ	07054
	JIANYANG & KANGERHOUSE LLC	48 HORSEHILL ROAD	CEDAR KNOLLS	NJ	07927
	MORRIS ADULT DAY CARE	784 ROUTE 46	PARSIPPANY	NJ	07054
	NIRAMAY ADULT DAY CARE CENTER	290 ROUTE 46	PARSIPPANY	NJ	07054
	PARAM ADULT DAY CARE	60 E HANOVER AVENUE	MORRIS PLAINS	NJ	07950
	PARSIPPANY ADULT DAYCARE CENTER	176 ROUTE 46	PARSIPPANY	NJ	07054
	SECOND INNING I ADULT DAY CARE CENTER	155 ALGONQUIN PARKWAY	WHIPPANY	NJ	07981
AMBULATORY CARE FACILITY	95 MADISON IMAGING CENTER AT MORRISTOWN, INC	95 MADISON AVENUE	MORRISTOWN	NJ	07960
	ATLANTIC ADVANCED URGENT CARE	333 ROUTE 46, SUITE 106	MOUNTAIN LAKES	NJ	07046
	BIOSCRIP INFUSION SERVICES LLC	102 THE AMERICAN ROAD	MORRIS PLAINS	NJ	07950
	CAN COMMUNITY HEALTH, INC	295-315 E MAIN STREET, 2ND FLOOR	DENVILLE	NJ	07834
	DENVILLE DIAGNOSTICS IMAGING AND OPEN MRI LLC	161 EAST MAIN STREET	DENVILLE	NJ	07834
	DENVILLE MEDICAL AND SPORTS REHABILITATION CENTER	161 EAST MAIN STREET	DENVILLE	NJ	07834
	FAMILY HEALTH CENTER, THE	200 SOUTH STREET, 3RD FLOOR TOWN HALL	MORRISTOWN	NJ	07962
	IMAGECARE AT JEFFERSON	757 ROUTE 15 SOUTH	LAKE HOPATCONG	NJ	07849
	MAXIMUM MEDICAL AND REHABILITATION, LLC	90 ROUTE 10 WEST	SUCCASUNNA	NJ	07876
	MEDICAL PARK IMAGING AT DENVILLE	282 ROUTE 46 WEST	DENVILLE	NJ	07834
	MEMORIAL RADIOLOGY ASSOCIATES LLC	10 LANIDEX PLAZA WEST	PARSIPPANY	NJ	07054
	MRI OF WEST MORRIS	66 SUNSET STRIP SUITE 105	SUCCASUNNA	NJ	07876
	NJIN OF CEDAR KNOLLS	197 RIDGEDALE AVENUE	CEDAR KNOLLS	NJ	07927
	NJIN OF RANDOLPH	121 CENTER GROVE ROAD, SUITE 7	RANDOLPH	NJ	07869
	OPEN 3T MRI OF NORTH JERSEY	657 WILLOW GROVE STREET, SUITE 205	HACKETTSTOWN	NJ	07840
	OUR BIRTHING CENTER	25 LINDSLEY DRIVE, SUITE 120	MORRISTOWN	NJ	07960
	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN	196 SPEEDWELL AVENUE	MORRISTOWN	NJ	07960

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[35] https://nj.gov/health/healthfacilities/about-us/facility-types/

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PRINCETON RADIOLOGY ASSOCIATES, P A	333 ROUTE 46 WEST	MOUNTAIN LAKES	NJ	07046
	PROGRESSIVE DIAGNOSTIC IMAGING LLC	44 ROUTE 23 NORTH	RIVERDALE	NJ	07457
	RADIOLOGY ASSOCIATES OF HACKETTSTOWN LLC	57 ROUTE 46, SUITE 212	HACKETTSTOWN	NJ	07840
	RADIOLOGY CENTER AT HARDING, INC	1201 MT KEMBLE AVENUE	MORRISTOWN	NJ	07960
	RANDOLPH PAIN RELIEF CENTER, PC	540 ROUTE 10	RANDOLPH	NJ	07869
	SUMMIT MEDICAL GROUP	140 PARK AVENUE	FLORHAM PARK	NJ	07932
	SUMMIT MEDICAL GROUP, PA	150 PARK AVENUE	FLORHAM PARK	NJ	07932
AMBULATORY CARE FACILITY - SATELLITE	ZUFALL HEALTH CENTER	17 SOUTH WARREN STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER-DENTAL VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
AMBULATORY SURGICAL CENTER	AFFILIATED AMBULATORY SURGERY, PC	182 SOUTH STREET, SUITE #1	MORRISTOWN	NJ	07960
	DENVILLE SURGERY CENTER, LLC	3130 ROUTE 10 WEST, SUITE 200	DENVILLE	NJ	07834
	EMMAUS SURGICAL CENTER LLC	57 ROUTE 46, SUITE 104	HACKETTSTOWN	NJ	07840
	EYE AND LASER SURGERY CENTERS OF NEW JERSEY LLC	330 SOUTH STREET	MORRISTOWN	NJ	07960
	FIRST GI ENDOSCOPY AND SURGERY CENTER LLC	44 STATE ROUTE 23, SUITE 1	RIVERDALE	NJ	07457
	FLORHAM PARK ENDOSCOPY	195 COLUMBIA TURNPIKE	FLORHAM PARK	NJ	07932
	HANOVER HILLS SURGERY CENTER LLC	83 HANOVER ROAD, SUITE 100	FLORHAM PARK	NJ	07932
	HANOVER NJ ENDOSCOPY ASC LLC, THE	91 SOUTH JEFFERSON ROAD SUITE 300	WHIPPANY	NJ	07981
	MORRIS COUNTY SURGICAL CENTER LLC	3695 HILL ROAD	PARSIPPANY	NJ	07054
	NORTHEASTERN SURGERY CENTER, PA	220 RIDGEDALE AVENUE	FLORHAM PARK	NJ	07932
	PEER GROUP FOR PLASTIC SURGERY, PA, THE	124 COLUMBIA TURNPIKE	FLORHAM PARK	NJ	07932
	RIDGEDALE SURGERY CENTER	14 RIDGEDALE AVENUE, SUITE 120	CEDAR KNOLLS	NJ	07927
	RIVERDALE SURGERY CENTER LLC	44 STATE RT 23, SUITE 15A	RIVERDALE	NJ	07457
	SUMMIT ATLANTIC SURGERY CENTER, LLC	140 PARK AVENUE	FLORHAM PARK	NJ	07932
	SURGICAL CENTER AT CEDAR KNOLLS LLC	197 RIDGEDALE AVENUE	CEDAR KNOLLS	NJ	07927
	WEST MORRIS SURGERY CENTER	66 SUNSET STRIP, SUITE 101	SUCCASUNNA	NJ	07876
ASSISTED LIVING RESIDENCE	ARBOR TERRACE MORRIS PLAINS	361 SPEEDWELL AVENUE	MORRIS PLAINS	NJ	07950
	ARDEN COURTS (WHIPPANY)	18 EDEN LANE	WHIPPANY	NJ	07981
	BRIGHTON GARDENS OF FLORHAM PARK	21 RIDGEDALE AVENUE	FLORHAM PARK	NJ	07932

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	BROOKDALE FLORHAM PARK	8 JAMES STREET	FLORHAM PARK	NJ	07932
	CARE ONE AT PARSIPPANY ASSISTED LIVING	200 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	HARMONY VILLAGE AT CAREONE HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	JUNIPER VILLAGE AT CHATHAM	500 SOUTHERN BOULEVARD	CHATHAM	NJ	07928
	MERRY HEART ASSISTED LIVING, LLC	118 MAIN STREET	SUCCASUNNA	NJ	07876
	MT ARLINGTON SENIOR LIVING	2 HILLSIDE DRIVE	MOUNT ARLINGTON	NJ	07856
	OAKS AT DENVILLE, THE	19 POCONO ROAD	DENVILLE	NJ	07834
	SPRING HILLS AT MORRISTOWN	17 SPRING PLACE	MORRISTOWN	NJ	07960
	SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD	MORRIS PLAINS	NJ	07950
	SUNRISE ASSISTED LIVING OF RANDOLPH	648 ROUTE 10	RANDOLPH	NJ	07869
	SUNRISE OF MADISON	215 MADISON AVENUE	MADISON	NJ	07940
	SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE	MOUNTAIN LAKES	NJ	07046
	SYCAMORE REHAB AND ASSISTED LIVING AT EAST HANOVER	1 SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	VICTORIA MEWS ASSISTED LIVING	51 NORTH MAIN STREET	BOONTON TOWNSHIP	NJ	07005
	VILLA AT FLORHAM PARK, INC THE	190 PARK AVENUE	FLORHAM PARK	NJ	07932
	WESTON ASSISTED LIVING RESIDENCE	905 ROUTE 10 EAST	WHIPPANY	NJ	07981
COMPREHENSIVE PERSONAL CARE HOME	CHELSEA AT MONTVILLE, THE	165 CHANGEBRIDGE ROAD	MONTVILLE	NJ	07045
	SAINT CLARE'S HOSPITAL - DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	VILLA AT FLORHAM PARK, INC (THE)	190 PARK AVENUE	FLORHAM PARK	NJ	07932
COMPREHENSIVE REHABILITATION HOSPITAL	ATLANTIC REHABILITATION INSTITUTE	200 MADISON AVENUE	MADISON	NJ	07940
	KESSLER INSTITUTE FOR REHABILITATION WELKIND FACIL	201 PLEASANT HILL ROAD	CHESTER	NJ	07930
END STAGE RENAL DIALYSIS	DIALYSIS ASSOCIATES OF NORTHERN NEW JERSEY	2200 ROUTE 10 WEST, SUITE 107	PARSIPPANY	NJ	07054
	FRESENIUS MEDICAL CARE DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	FRESENIUS MEDICAL CARE EAST MORRIS	55 MADISON AVENUE, SUITE 170	MORRISTOWN	NJ	07960
	FRESENIUS MEDICAL CARE KENVIL	677 C ROUTE 46	KENVIL	NJ	07847

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PARSIPPANY DIALYSIS	900 LANIDEX PLAZA, SUITE 120	PARSIPPANY	NJ	07054
	RENAL CENTER OF MORRISTOWN	100 MADISON AVE - 4TH FLR	MORRISTOWN	NJ	07960
	RENAL CENTER OF SUCCASUNNA	175 RIGHTER ROAD	SUCCASUNNA	NJ	07876
FEDERALLY QUALIFIED HEALTH CENTERS	HIGHLANDS HEALTH VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER	18 WEST BLACKWELL STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER INC	4 ATNO AVENUE	MORRISTOWN	NJ	07960
GENERAL ACUTE CARE HOSPITAL	CHILTON MEDICAL CENTER	97 WEST PARKWAY	POMPTON PLAINS	NJ	07444
	MORRISTOWN MEDICAL CENTER	100 MADISON AVE	MORRISTOWN	NJ	07960
	SAINT CLARE'S HOSPITAL	25 POCONO ROAD	DENVILLE	NJ	07834
	SAINT CLARE'S HOSPITAL	400 WEST BLACKWELL STREET	DOVER	NJ	07801
HOME HEALTH AGENCY	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	CEDAR CREST VILLAGE, INC HOME HEALTH DEPARTMENT	1 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	VISITING NURSE ASSOC OF NORTHERN NEW JERSEY, INC	175 SOUTH STREET	MORRISTOWN	NJ	07960
HOSPICE CARE BRANCH	COMPASSUS-GREATER NEW JERSEY	3219 ROUTE 46, SUITE 206	PARSIPPANY	NJ	07054
	ENNOBLE CARE	1 EDGEVIEW DRIVE, UNIT B3	HACKETTSTOWN	NJ	07840
HOSPICE CARE PROGRAM	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	COMPASSIONATE CARE HOSPICE OF NORTHERN NJ LLC	500 INTERNATIONAL DRIVE, SUITE 333	BUDD LAKE	NJ	07828
	SUNCREST HOSPICE	35 WATERVIEW BLVD SUITE 100	PARSIPPANY	NJ	07054
	VISITING NURSE ASSOCIATION OF NORTHERN NEW JERSEY	175 SOUTH STREET	MORRISTOWN	NJ	07960
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	ATLANTIC MATERNAL FETAL MEDICINE	435 SOUTH STREET, SUITE 380	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT 435 SOUTH STREET	435 SOUTH STREET	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT FLORHAM PARK	10 JAMES STREET	FLORHAM PARK	NJ	07932
	CENTER FOR HEALTHIER LIVING	108 BILBY ROAD # 101	HACKETTSTOWN	NJ	07840
	CHILTON HEALTH NETWORK AT 242 WEST PARKWAY	242 WEST PARKWAY	POMPTON PLAINS	NJ	07444
	GERIATRIC ASSESSMENT CTR DAVID & JOAN POWELL CTR	435 SOUTH STREET, SUITE 390	MORRISTOWN	NJ	07960
	MEDICAL INSTITUTE OF NEW JERSEY, THE	11 SADDLE ROAD	CEDAR KNOLLS	NJ	07927
	MMC INTERNAL MEDICINE FACULTY ASSOCIATE	435 SOUTH STREET, SUITE 350	MORRISTOWN	NJ	07962

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	MMC RADIATION ONCOLOGY AT EDEN LANE	16 EDEN LANE	WHIPPANY	NJ	07981
	MORRISTOWN MEDICAL CENTER ENDOSCOPY AT 111	111 MADISON AVENUE, SUITE 401	MORRISTOWN	NJ	07960
	MORRISTOWN MEDICAL CENTER ASC AT ROCKAWAY	333 MOUNT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER MFM AT ROCKAWAY	333 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER OP RADIOLOGY AT ROCKAWAY	333 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER RADIOLOGY AT 111 MADI	111 MADISON AVENUE	MORRISTOWN	NJ	07960
	MORRISTOWN MEDICAL CENTER ROCKAWAY VACCINATION SIT	301 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN OUTPATIENT RADIOLOGY	310 MADISON AVENUE	MORRISTOWN	NJ	07960
	SAINT CLARE'S HEALTH - LAKELAND CARDIOLOGY CTR	765 ROUTE 10, SUITE 104	RANDOLPH	NJ	07869
	SAINT CLARE'S HEALTH SYSTEM - LAKELAND CARD CTR	415 BOULEVARD	MOUNTAIN LAKES	NJ	07046
	SAINT CLARE'S IMAGING CENTER AT PARSIPPANY	3219 ROUTE 46 EAST	PARSIPPANY	NJ	07054
	WOUND CARE CENTER AT MORRISTOWN MEDICAL CENTER	435 SOUTH STREET	MORRISTOWN	NJ	07962
HOSPITAL-BASED, OFF-SITE AMBULATORY SURGICAL CTR	MORRISTOWN SURGICAL CENTER	111 MADISON AVENUE	MORRISTOWN	NJ	07962
LONG TERM CARE FACILITY	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	CARE ONE AT HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	CARE ONE AT MADISON AVENUE	151 MADISON AVENUE	MORRISTOWN	NJ	07960
	CARE ONE AT PARSIPPANY	100 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD	CHATHAM	NJ	07928
	CHESHIRE HOME	9 RIDGEDALE AVE	FLORHAM PARK	NJ	07932
	DWELLING PLACE AT ST CLARES	400 WEST BLACKWELL ST	DOVER	NJ	07801
	GARDEN TERRACE NURSING HOME	361 MAIN STREET	CHATHAM	NJ	07928
	HEATH VILLAGE	451 SCHOOLEY'S MOUNTAIN RD	HACKETTSTOWN	NJ	07840
	HOLLY MANOR CENTER	84 COLD HILL ROAD	MENDHAM	NJ	07945
	LINCOLN PARK CARE CENTER	499 PINE BROOK ROAD	LINCOLN PARK	NJ	07035

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	LINCOLN PARK RENAISSANCE REHAB & NURSING	521 PINE BROOK ROAD	LINCOLN PARK	NJ	07035
	MERRY HEART NURSING HOME	200 RT 10 WEST	SUCCASUNNA	NJ	07876
	MORRIS VIEW HEALTHCARE CENTER	540 WEST HANOVER AVENUE	MORRISTOWN	NJ	07960
	MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON AVENUE	MORRISTOWN	NJ	07960
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVE	BOONTON	NJ	07005
	OAKS AT DENVILLE, THE	21 POCONO ROAD	DENVILLE	NJ	07834
	PINE ACRES CONVALESCENT CENTER	51 MADISON AVE	MADISON	NJ	07940
	REGENCY GRANDE NURS & REHAB CE	65 NORTH SUSSEX STREET	DOVER	NJ	07801
	SYCAMORE LIVING AT EAST HANOVER	ONE SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	TROY HILLS CENTER	200 REYNOLDS AVE	PARSIPPANY	NJ	07054
RESIDENTIAL DEMENTIA CARE HOME	BEVERWYCK HOUSE OF MERRY HEART, LLC	420 S BEVERWYCK ROAD	PARSIPPANY	NJ	07054
	COUNTRY HOME OPERATIONS LLC	1095 TABOR ROAD	MORRIS PLAINS	NJ	07950
	FOX TRAIL MEMORY CARE LIVING CHESTER	115 ROUTE 206	CHESTER	NJ	07930
	FOX TRAIL MEMORY CARE LIVING MONTVILLE	55 RIVER ROAD	MONTVILLE	NJ	07045
RESIDENTIAL HEALTH CARE	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	HEATH VILLAGE	430 SCHOOLEY'S MOUNTAIN ROAD	HACKETTSTOWN	NJ	07840
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVENUE	BOONTON	NJ	07005
SPECIAL HOSPITAL	KINDRED HOSPITAL NEW JERSEY - MORRIS COUNTY	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	SAINT CLARE'S HOSPITAL - BOONTON	130 POWERVILLE ROAD	BOONTON TOWNSHIP	NJ	07005
SURGICAL PRACTICE	CHESTER SURGERY CENTER PC	385 ROUTE 24, SUITE 3 K	CHESTER	NJ	07930
	ELTRA LLC	254 COLUMBIA TPKE, SUITE 100	FLORHAM PARK	NJ	07932

PREPARED FOR

MORRISTOWN MEDICAL CENTER

BY

ATLANTIC HEALTH SYSTEM
PLANNING & SYSTEM DEVELOPMENT

Atlantic Health System
Morristown Medical Center