Overlook Medical Center
Community Health Needs Assessment

2022-2024

Atlantic
Health System
Overlook Medical Center

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

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

Atlantic Health System
Overlook 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, Overlook 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	4
Part V Section B Line 1b Demographics of the community	8
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	6
Part V Section B Line 1h The process for consulting with persons representing the community's interests	6
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

Overlook Medical Center (OMC) 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, OMC, 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, that encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and Union 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 OMC'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 OMC with a health-centric view of the population it serves, enabling OMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) 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 OMC's service area, but rather an overview that highlights statistics relevant to OMC'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

Overlook 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 OMC's 2022-2024 CHNA:

- Mental Health and Substance Use Disorder
- Cancer
- Heart Disease (including as it relates to Stroke)
- Diabetes
- Maternal / Infant Health

Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Overlook 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

Overlook Medical Center is home to over 3,800 employees and over 1,900 physicians. Part of Atlantic Health System, Overlook Medical Center (OMC) is a non-profit hospital located in Summit, New Jersey.

Overlook Medical Center was named one of America's 50 Best Hospitals in 2022 by Healthgrades, a 2022 World's Best Hospital by Newsweek and recognized as a Best Regional Hospital in the NY Metro area by U.S. News & World Report for the 12th consecutive year.

Overlook Medical Center's Atlantic Neuroscience Institute is the region's leader in neuroscience care. A hub for the New Jersey Stroke Network, it offers a broad range of advanced neurological, neurosurgical and neurodiagnostic services. OMC is also certified as a Level IV Epilepsy Center and home to the Gerald J. Glasser Brain Tumor Center, where more brain tumor surgeries are performed than anywhere else in New Jersey.

Overlook 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.

Overlook 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 NJ. 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.

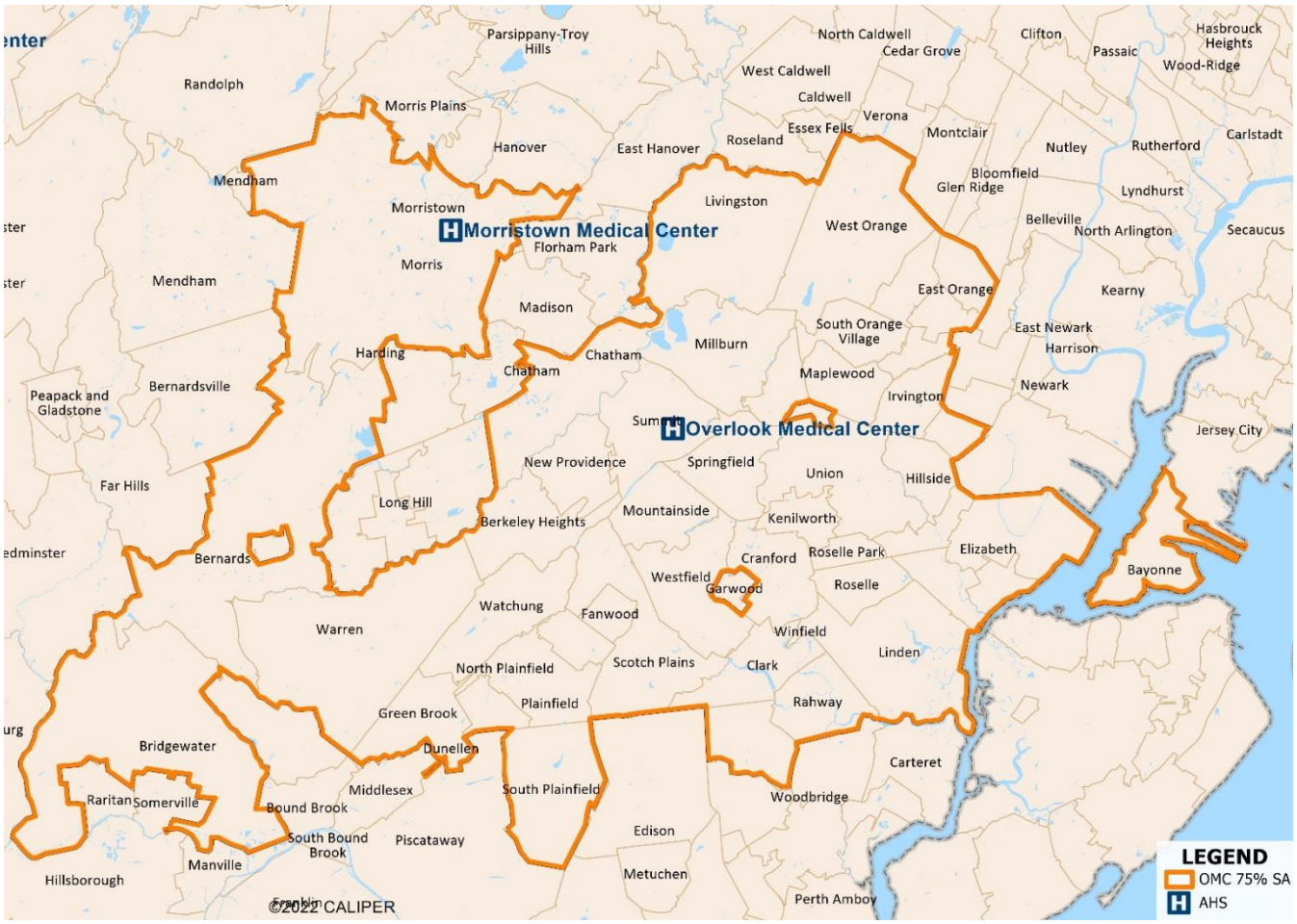
Atlantic Health System has participated in the New Jersey Healthy Communities Network (NJHCN) and committed funding to their Community Grants Program, which brings together local, regional, and statewide funders, leaders, and partners to support communities in developing healthy environments for people 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

OMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For OMC, this represents 46 ZIP Codes, encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and

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

Geographic Area Served by Overlook Medical Center



Following are the towns and cities served by OMC.

OMC STARK SERVICE AREA								
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07002	BAYONNE	HUDSON	07063	PLAINFIELD	UNION	07201	ELIZABETH	UNION
07016	CRANFORD	UNION	07065	RAHWAY	UNION	07202	ELIZABETH	UNION
07017	EAST ORANGE	ESSEX	07066	CLARK	UNION	07203	ROSELLE	UNION
07018	EAST ORANGE	ESSEX	07067	COLONIA	MIDDLESEX	07204	ROSELLE PARK	UNION
07023	FANWOOD	UNION	07069	WATCHUNG	SOMERSET	07205	HILLSIDE	UNION
07033	KENILWORTH	UNION	07076	SCOTCH PLAINS	UNION	07206	ELIZABETHPORT	UNION
07036	LINDEN	UNION	07078	SHORT HILLS	ESSEX	07208	ELIZABETH	UNION
07039	LIVINGSTON	ESSEX	07079	SOUTH ORANGE	ESSEX	07901	SUMMIT	UNION
07040	MAPLEWOOD	ESSEX	07080	SOUTH PLAINFIELD	MIDDLESEX	07920	BASKING RIDGE	SOMERSET
07041	MILLBURN	ESSEX	07081	SPRINGFIELD	UNION	07922	BERKELEY HEIGHTS	UNION

[1] Source: NJDOH Discharge Data Collection System – UB-04 Inpatient Discharges

OMC STARK SERVICE AREA								
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07050	ORANGE	ESSEX	07083	UNION	UNION	07928	CHATHAM	MORRIS
07052	WEST ORANGE	ESSEX	07090	WESTFIELD	UNION	07960	MORRISTOWN	MORRIS
07059	WARREN	SOMERSET	07092	MOUNTAINSIDE	UNION	07974	NEW PROVIDENCE	UNION
07060	PLAINFIELD	UNION	07106	NEWARK	ESSEX	08807	BRIDGEWATER	SOMERSET
07062	PLAINFIELD	UNION	07111	IRVINGTON	ESSEX	08812	DUNELLEN	MIDDLESEX
07063	PLAINFIELD	UNION	07112	NEWARK	ESSEX			

Methodology

OMC'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 OMC 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. OMC'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. OMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved population in the service area.

Prioritization of Needs

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

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 B) 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 OMC Community Advisory Board's Community Health Sub-Committee of the current health and socio-economic status of residents in OMC's service area. Following is a summary of key details and findings from the secondary data review.

Demographic Overview[2]

OMC's Service Area's projected population change is 1.43%. About 52% of OMC's service area population is female and 48% male. OMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, OMC's service area is 64.47%. About 62% of the population speak only English at home. About 20% speak Spanish at home. In the OMC service area about 57% of households had an income greater than $75,000, a figure expected to remain constant through 2028. The average household income in the OMC service area is $139,809, while the national average is $104,972. About 38% of the population have a college degree or greater and 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, OMC's Service Area is approximately 25.0% Medicaid/Caid HMO/NJ Family Care with another 13.0% of Self Pay/Charity Care. The area is approximately 7.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is largely similar to Union County overall.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay / Charity Care / Underinsured	Total
ED Treat/Release	**OMC Service Area**	55%	25%	7%	13%	100%
	Union County	53%	26%	7%	14%	100%
	New Jersey	52%	27%	12%	9%	100%

Among inpatients, OMC's Service Area is approximately 16.0% Medicaid/Caid HMO/NJ Family Care with another 2.0% of Self Pay/Charity Care. The area is approximately 22.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is largely similar to Union County overall.

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

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay / Charity Care / Underinsured	Total
Inpatient	**OMC Service Area**	55%	16%	22%	2%	100%
	Union County	61%	16%	20%	3%	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, COVID-19, unintentional injuries, and cerebrovascular disease (stroke). In Union 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 Union County. For heart disease, there is about a 4-point decrease over the previous 3-year measurement period. For cancer, there is an overall decrease of about 27 points from 2012. The provisional 2021 data for COVID-19 shows an increase of 2 points over the 2018-2020 period. Unintentional injuries have had an increase of about 19 points when compared to 2012. Chronic lower respiratory disorder (CLRD) shows a continuous drop of about 4 points over the last decade. Alzheimer's Disease showed about 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	154.7	151.8	147.9	-3.9	-6.8	146.4
Cancer (malignant neoplasms)	152.8	137.6	125.9	-11.7	-26.9	111.4
Coronavirus disease 2019 (COVID-19)	-	-	70.2	-	-	72.3
Unintentional injuries**	23.2	32.8	42.1	9.3	18.9	44.3
Stroke (cerebrovascular diseases)	34	30.7	35	4.3	1	35
Alzheimer's disease	13.6	20.5	21.4	0.9	7.8	19.1
Chronic lower respiratory diseases (CLRD)	25.2	21.8	21	-0.8	-4.2	15.3
Diabetes mellitus	21.7	17	20.3	3.3	-1.4	15.9
Septicemia	18.2	19.7	19.8	0.1	1.6	22.6
Influenza and pneumonia	12.8	12.9	13.6	0.7	0.8	7.9
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	12.7	13	12.8	-0.2	0.1	14.6
Essential hypertension and hypertensive renal disease	6.7	6.5	8.2	1.7	1.5	6.5
Chronic liver disease and cirrhosis	6.6	6.8	7.5	0.7	0.9	8.1
Suicide (intentional self-harm)	6.4	6.8	6.5	-0.3	0.1	8.4
Parkinson's disease	5.1	6	6	0	0.9	5.9
Pneumonitis due to solids and liquids	4.5	4.5	4.8	0.3	0.3	6.3
In situ neoplasms, benign neopl. & neopl. of uncertain or unknown behavior	4.9	5.3	4.4	-0.9	-0.5	-

[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, Atherosclerosis, Viral hepatitis, 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. Consider aggregating years to improve the reliability of the estimate.

	3-Year Groups					
	2012-2014	2015-2017	2018-2020	Current to Previous	Current to 2nd Previous	Provisional 2021
Homicide (assault)	5.3	4.3	3.4	-0.9	-1.9	4.4
Certain conditions originating in the perinatal period	3.3	3.4	2.4	-1	-0.9	-
Nutritional deficiencies	-	1.4	2.2	0.8	-	-
Anemias	1.7	1.9	2.1	0.2	0.4	-
Aortic aneurysm and dissection	2.1	1.8	1.9	0.1	-0.2	-
Congenital malformations, deformations and chromosomal abnormalities (birth defects)	2.4	2.2	1.6	-0.6	-0.8	-
HIV (human immunodeficiency virus) disease	2.8	2.8	1.6	-1.2	-1.2	-
Enterocolitis due to Clostridium difficile (C. diff)						
Other than 28 Major Causes	2.4	1.9	1.3	-0.6	-1.1	-
	102.3	100.5	118.7	18.2	16.4	-

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 Overlook 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 OMC 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 OMC service area. The findings of the analyses will be tracked over time and will serve as key data elements to inform OMC's annual CHIP.

Health Status Indicators – Union 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 180 indicators) are included in this analysis.

[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
Sexually Transmitted Infections	-	1.94	1.94	Neutral
Maternal, Fetal & Infant Health	1.26	1.53	1.64	Unfavorable
Women's Health	1.70	1.76	1.63	Improvement
Immunizations & Infectious Diseases	1.61	1.49	1.61	Neutral
Health Care Access & Quality	1.52	1.60	1.60	Unfavorable
Prevention & Safety	1.42	1.57	1.58	Unfavorable
Other Conditions	1.24	1.54	1.54	Unfavorable
Older Adults	1.40	1.54	1.49	Unfavorable
County Health Rankings	1.44	1.47	1.47	Unfavorable
Alcohol & Drug Use	1.49	1.47	1.46	Improvement
Wellness & Lifestyle	1.42	1.53	1.46	Unfavorable
Heart Disease & Stroke	1.49	1.45	1.44	Improvement
Community	-	1.42	1.37	Improvement
Education	1.54	1.40	1.36	Improvement
Environmental Health	1.20	1.35	1.36	Unfavorable
Mental Health & Mental Disorders	1.23	1.40	1.34	Unfavorable
Economy	1.28	1.39	1.33	Unfavorable
Mortality Data	1.19	1.17	1.30	Unfavorable
Physical Activity	1.10	1.30	1.30	Unfavorable
Diabetes	1.37	1.28	1.29	Improvement
Cancer	1.30	1.10	1.20	Improvement
Respiratory Diseases	1.08	1.03	1.16	Unfavorable
Children's Health	1.09	1.13	1.13	Unfavorable
Oral Health	-	0.92	0.92	Neutral

Detailed Union 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.

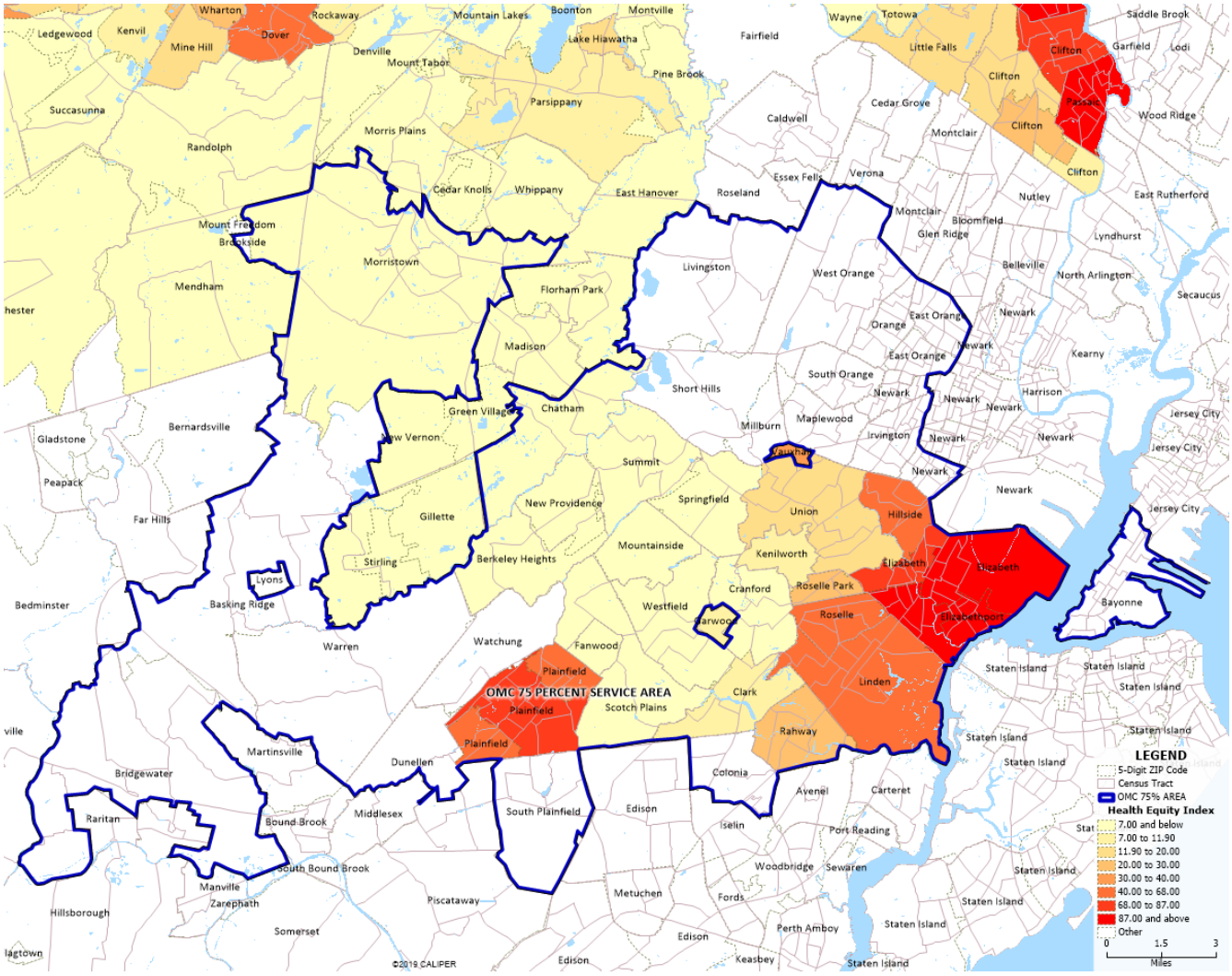
This map represents a socio-needs index for each ZIP Code within the North Jersey Health Collaborative. A higher index is indicative of poorer health outcomes and broadly, the index is designed to aid organizations in allocating efforts to a community that broadly may require more intervention. Darker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

In OMC's community, Elizabethport and Elizabeth have the highest index scores (indicating greater need). Compared to 2019, index scores have improved in 8 areas served by OMC.

City	Health Equity Index 2019	Health Equity Index 2021	Change
Elizabethport	94.8	95	
Elizabeth	91.9	88.5	Improved
Plainfield	81.2	76.5	Improved
Roselle	67.9	55.1	Improved
Hillside	67.2	55.1	Improved
Linden	55.2	48.8	Improved
Rahway	31.8	26.9	Improved
Roselle Park	31.4	24.4	Improved
Union	26.1	18.4	Improved
Kenilworth	11.2	11.6	

[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.

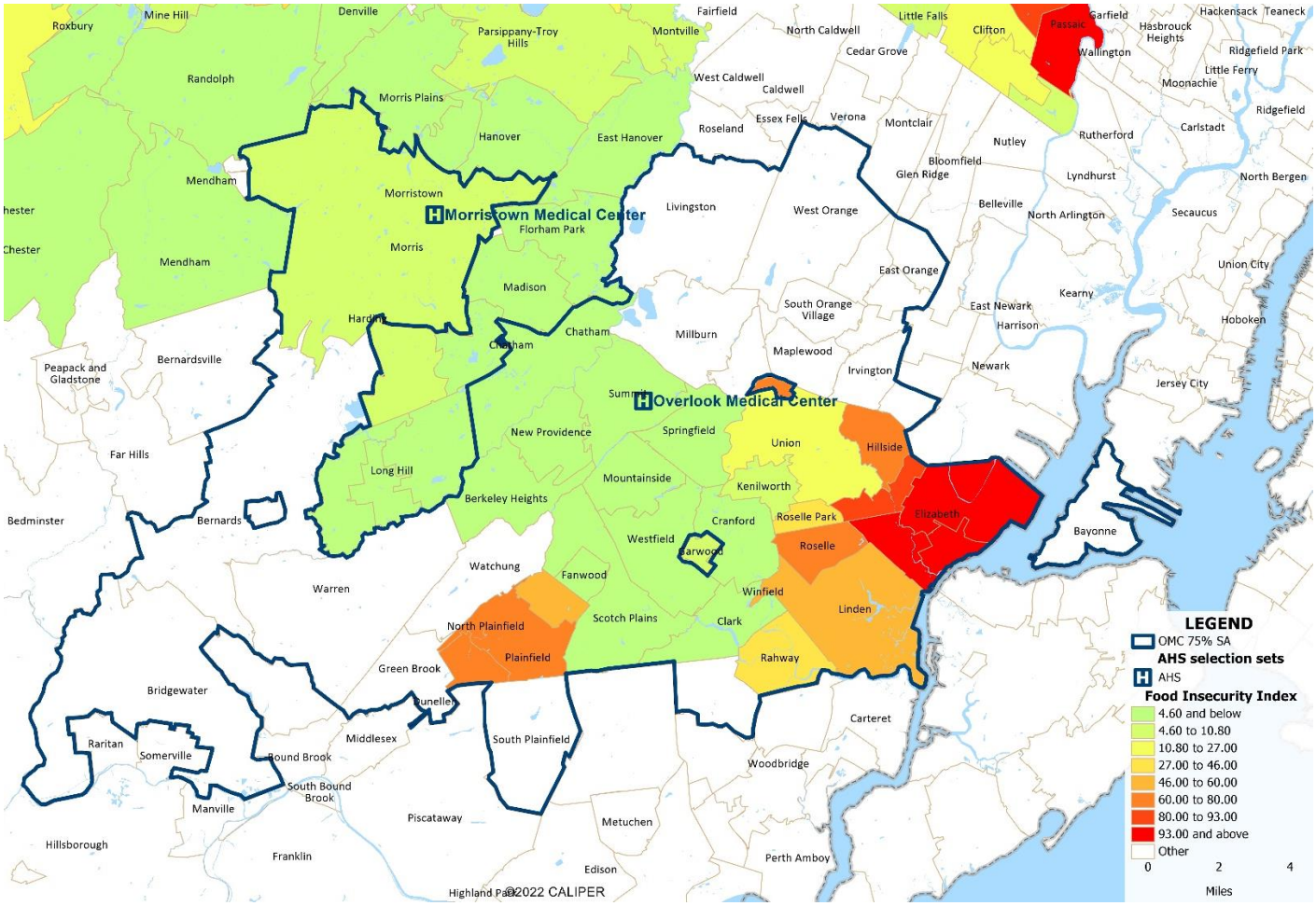
Food insecurity does not exist in isolation, as low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. Taken together, these issues are important social determinants of health, 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.

Overlook Medical Center continues to develop partnerships with local food banks to assist in improving overall patient wellness to link at-risk patients to food sources. The relationship built with GRACES's Refrigerator offers nutrient dense produce, dairy, and prepared meals to food insecure families in the community served by Overlook. Also, OMC promotes employee and patient wellness with their Community Garden initiative, which continues to serve the surrounding elementary students by hosting hospital-sponsored chefs healthy eating a nutrition education.

[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.

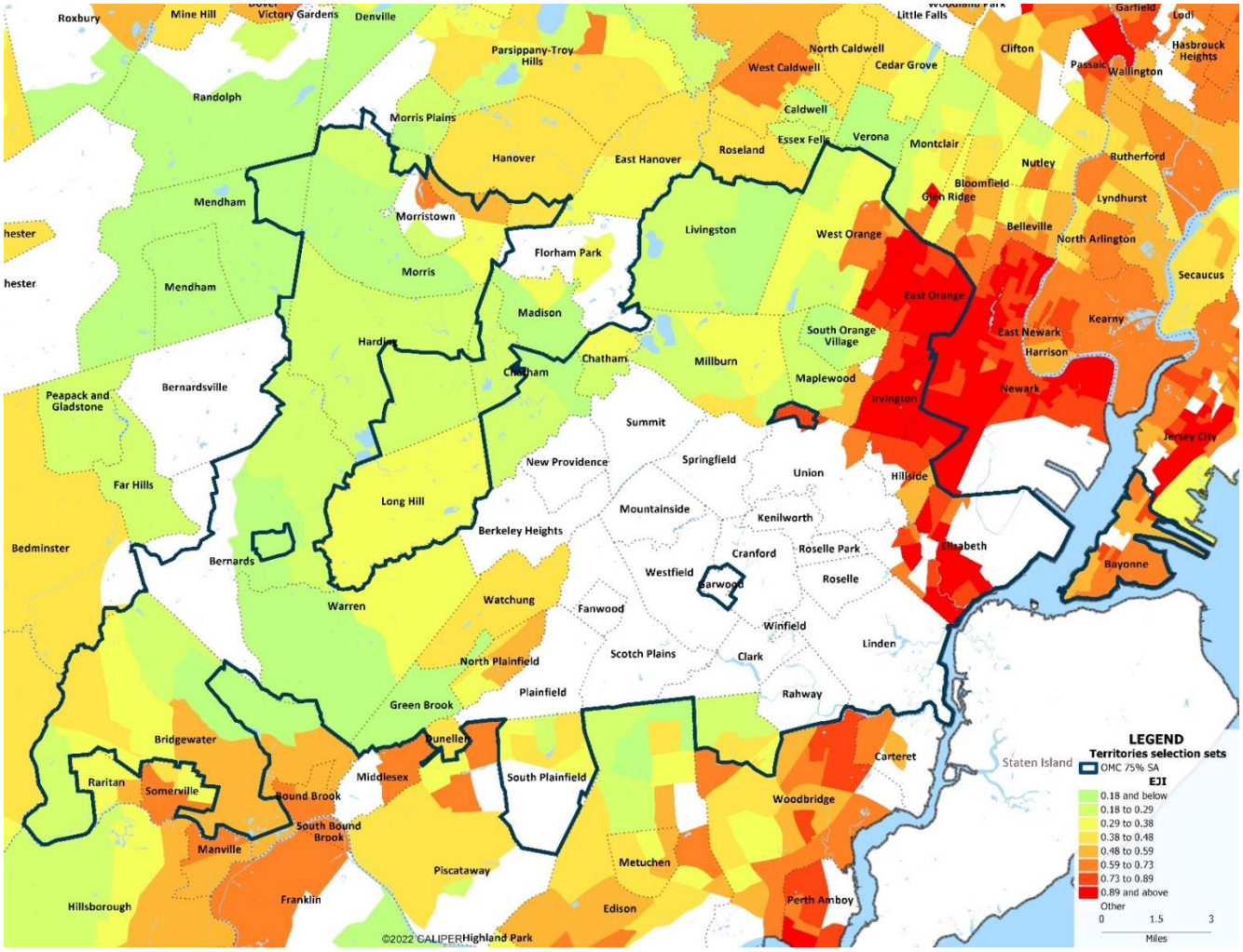
Within the OMC service area there are towns that have census tracts with EJI scores of 0.48 (the median score) and above. These are:

- Orange
- East Orange
- Irvington
- Elizabeth
- Hillside
- West Orange
- Union
- Bridgewater
- Morristown
- North Plainfield

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.

[9] Agency for Toxic Substances and Disease Registry; Environmental Justice Index www.atsdr.cdc.gov

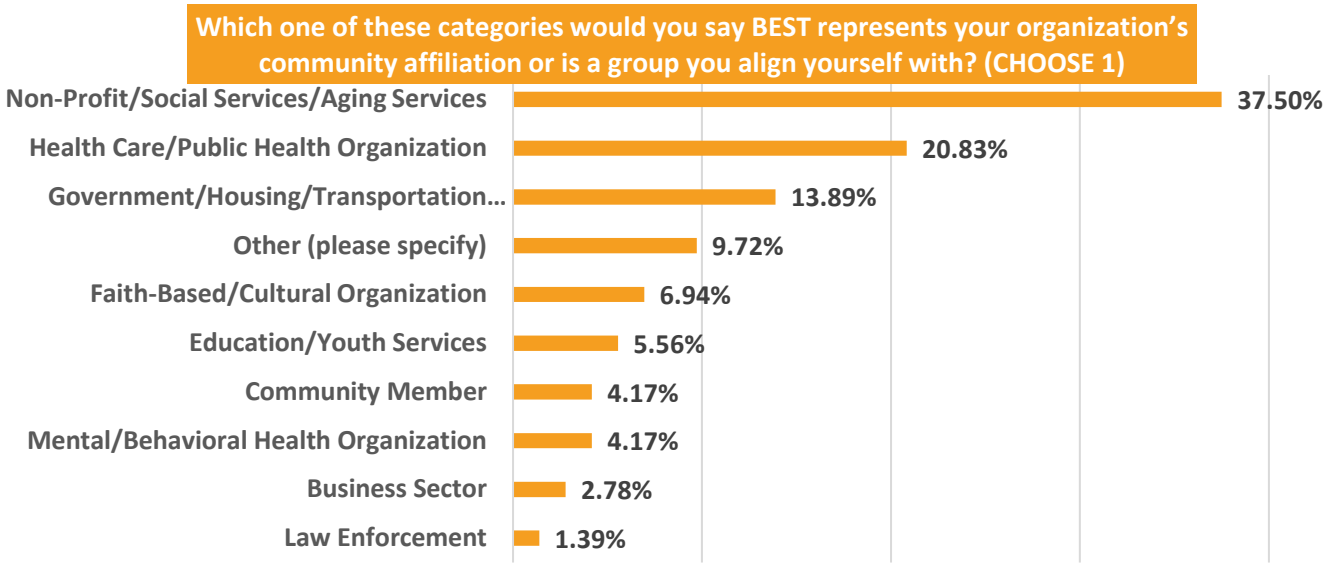
Environmental Justice Index



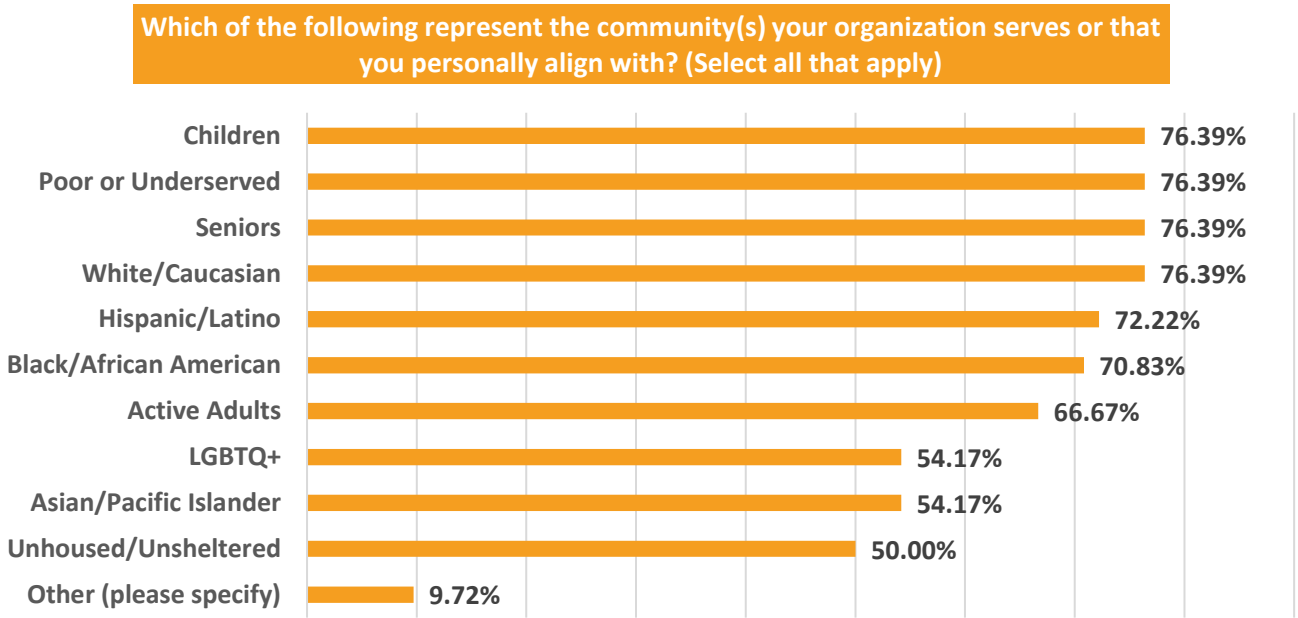
FINDINGS OF THE KEY STAKEHOLDER SURVEY

The purpose of the stakeholder survey was to gather current statistics and qualitative feedback on the key health issues facing the residents within the OMC service area. The list of stakeholders was thoughtfully gathered to ensure that feedback was from a wide range of community organizations across various sectors. OMC received 86 responses to its online community-based key-stakeholder survey.

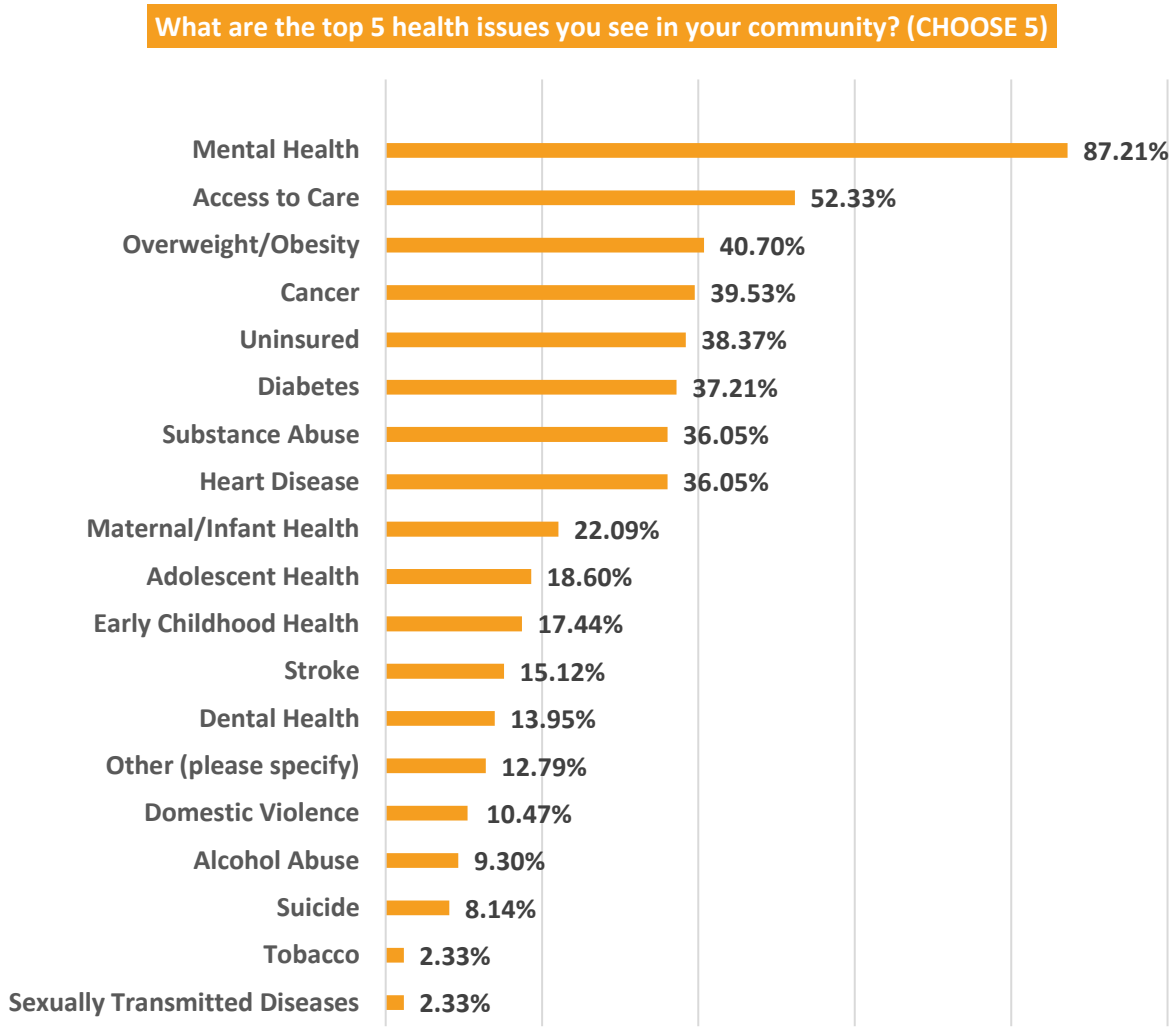
Below we show the breakdown of the respondents' organizational community affiliations or alignment.



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

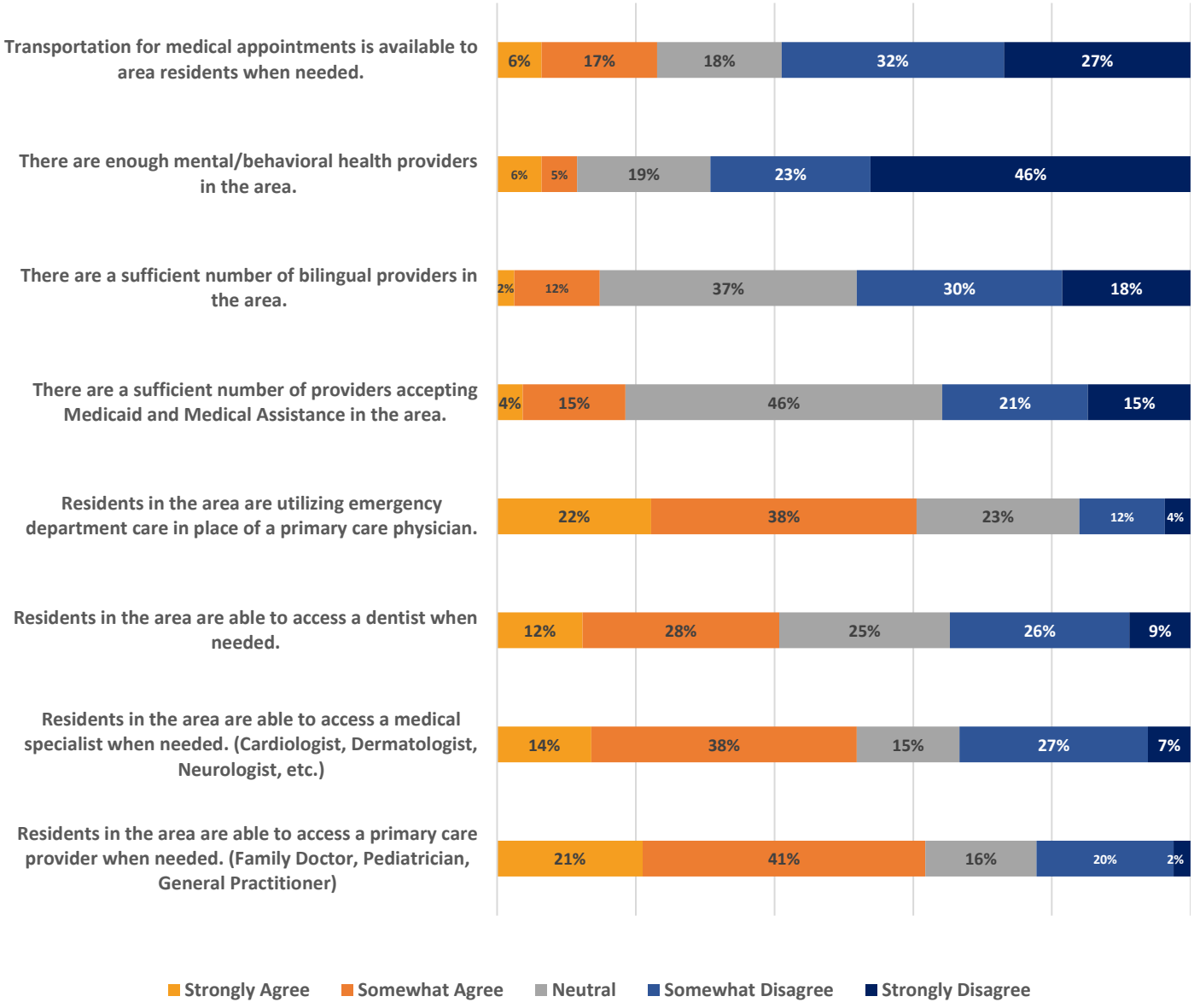


Below we show the breakdown of the percent of respondents who selected each health issue in the 2022 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health, access to care, overweight/obesity, cancer, and uninsured.

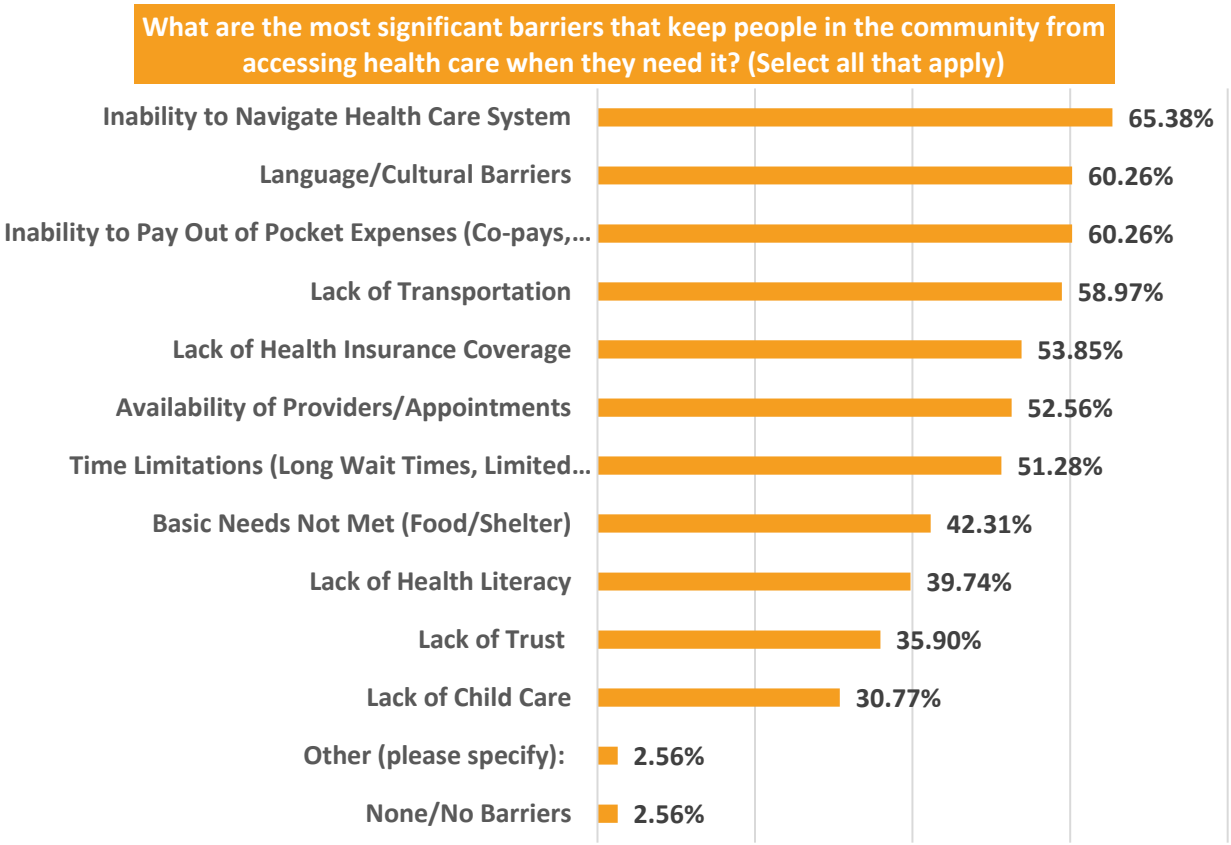


Respondents were asked about the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: "Residents in the area are able to access 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).

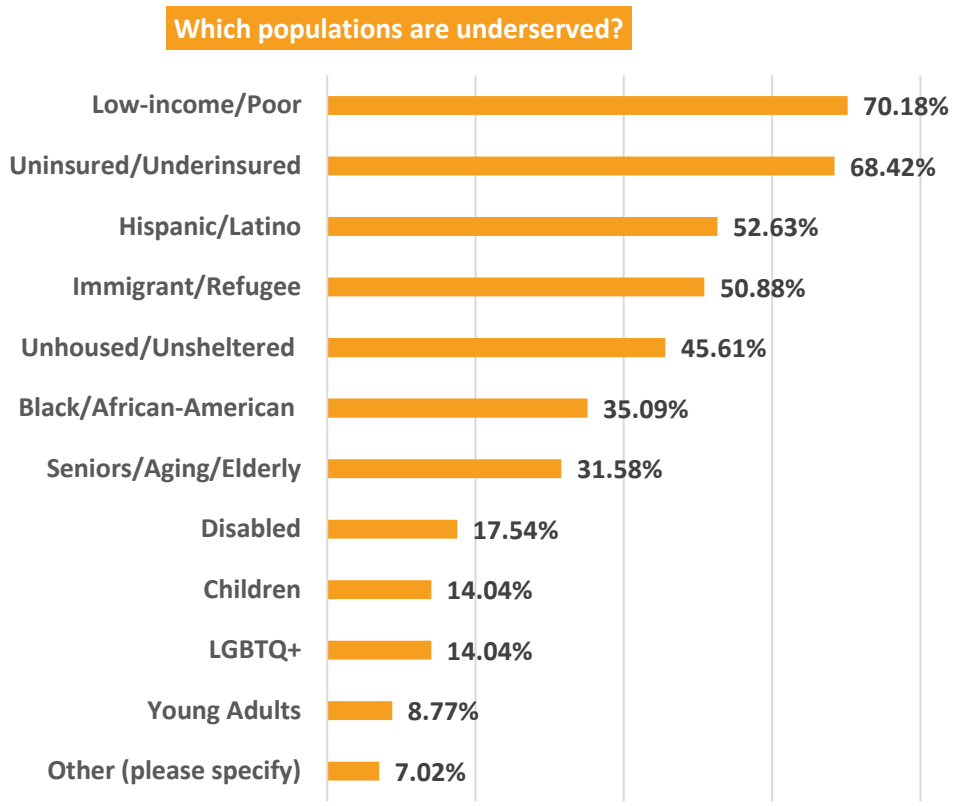
On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.



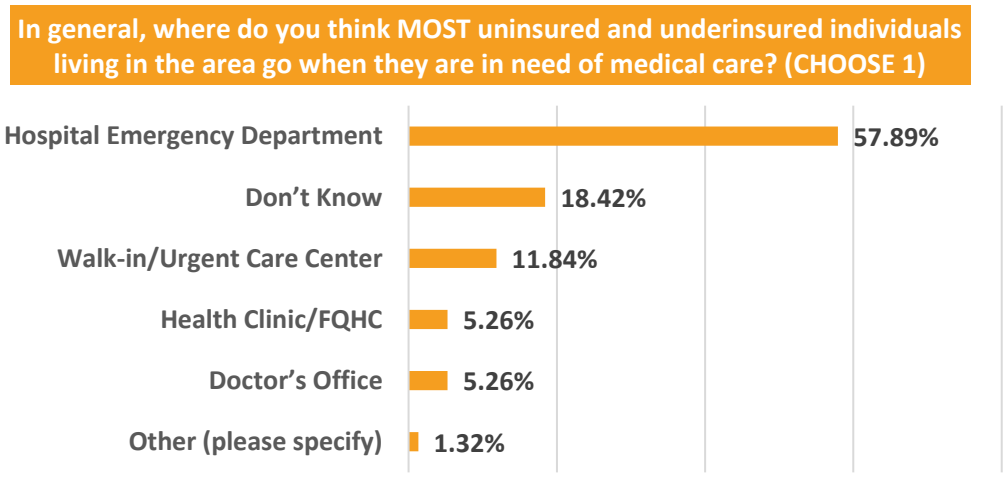
After rating availability of health care services, respondents were asked about the most significant barriers that keep people in their community from accessing healthcare when they need it. The barriers that were most frequently selected are summarized below.



Respondents were asked if there were populations in the community that were not being adequately served by local health services. 75.32% of respondents answered that there are populations in the 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 Hispanic/Latino. These were followed by immigrant/refugee, unhoused/unsheltered, and Black/African American.



57.89% of key informants indicated hospital emergency departments as the primary place where uninsured/ underinsured individuals go when they are in need of medical care. 11.84% of key informants indicated Walk-in/Urgent Care Centers as the primary place where uninsured/underinsured individuals go when they are in need of medical care.



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, 31 health topics were indexed and ranked and then presented to Overlook Medical Center's Community Advisory Board Community Health Sub-Committee. These health topics were indexed and ranked based off the results of the stakeholder survey and utilization data. There were six prioritization criteria presented and discussed which led the committee to determine which of the 31 health topics would be prioritized.

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 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

After in-depth discussion and analysis among Overlook Medical Center's Community Advisory Board Community Health Sub-Committee, five health topics were chosen to be priority areas for OMC to address over the next few years. The 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 OMC.

- Mental Health and Substance Use Disorder
- Cancer
- Heart Disease (including as it relates to Stroke)
- Diabetes
- Maternal / Infant Health

Access to Care[10]

In the OMC 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 OMC 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 OMC. Most respondents to the survey answered that the inability to navigate the health care system, the inability to pay out of pocket expenses, and language/cultural barriers 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 more 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.

[10] https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf

Improving access to care overall can help make progress towards improving health outcomes within the previously mentioned health priorities: mental health and substance use disorder, cancer, heart disease, diabetes, and maternal/infant health. 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 Health 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 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.

Following is a broad overview of each of the 5 health priorities. OMC will develop a Community Health Improvement Plan (CHIP) to address these 5 health priorities in 2023 and annually thereafter.

[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

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 Overlook 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 OMC Community Advisory Board's Community Health Sub-Committee. This discussion was supplemented with data that analyzes utilization among various related clinical cohorts within the OMC service area. The combination of these two sources was used to determine which health topics are of priority for OMC, this recommendation was then presented to the OMC CAB. These topics were then reviewed, discussed further, and adopted by the OMC CAB as the top 5 health priorities for OMC 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 OMC community and will ultimately help create a Community Health Improvement Plan which outlines the necessary steps to improve outcomes within these topics:

- Mental Health and Substance Use Disorder;
- Heart Disease (including as it relates to Stroke);
- Cancer;
- Diabetes; and,
- Maternal / Infant Health.

All these health topics were agreed upon because they had a combination of both high utilization and that they fit a majority of the six priority 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.

Mental Health and Substance Use Disorder

Mental health and Substance Use Disorder were identified by stakeholders as being areas of top priority for Overlook Medical Center. When surveyed, a majority of both the quantitative and qualitative responses included various aspects of mental health, substance use, 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 community served by OMC. The following topics will be explored further: mental health, substance abuse, and suicide.

In the area served by Overlook 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
- Death Rate due to Drug Poisoning
- 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 in a given 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 OMC 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

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

substance despite harmful consequences. Patterns of symptoms resulting from substance use (drugs or alcohol) 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 health indicator data, the score for age-adjusted death rate due to suicide has continuously increased from 2019 to 2022. According to the CDC, nationally, suicide rates increased by 30% between 2000-2018 and then declined in 2019 and 2020. Overall, 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, some 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 construction. Young people

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

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 just 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 and information mentioned above and the responses of the OMC stakeholders, mental health, and Substance Use Disorder encompass some of the most pressing health concerns within the OMC community. There are concerning trends in increases in incidence of mental illnesses and substance use disorders within the OMC community, across the state of New Jersey, and throughout the country.

Some of the greatest concerns regarding mental health and substance use disorders are rooted in the high demand for resources that is currently not being met. This demand for an increase in 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 mental health and substance use disorder issues, it is important to explore ways to improve access to timely, affordable, and quality mental health care providers.

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

Cancer

Based on the results of the OMC key stakeholder survey and a review and discussion regarding utilization data, it was identified that cancer was a priority health topic for Overlook Medical Center. Cancer is a chronic disease that immensely impacts the community served by OMC due to high morbidity and mortality. Within this area there are identified health concerns or disparities among the population that are related to cancer, including:

- The incidence rate of breast cancer
- The incidence rate of prostate cancer
- The incidence rate of cervical cancer
- The incidence rate of liver and bile duct cancer
- The age-adjusted death rate due to cancer
- The age-adjusted death rate due to breast 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 OMC. 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.[18]

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.[19]

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.[20]

[18] https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer
[19] 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.
[20] https://www.cdc.gov/cancer/health-equity/equity.htm

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 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.[21]

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. [22]

Overall, stakeholders acknowledge the immense impact that cancer has on the OMC 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.

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

Heart Disease (including as it relates to Stroke)

In the area served by Overlook Medical Center, there are identified health concerns or disparities among the population that are related to heart disease and stroke. Heart disease continues to be a prominent issue within the OMC service area as many people within the community served are impacted by the morbidity or mortality associated.

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.[23] This amounts to one in every five deaths in the United States annually. Several health conditions, your lifestyle, and your age and family history can increase your 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 your age or family history. But you can take steps to lower your risk by changing the factors you can control.

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 your 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.

[23] 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.[24] Modifying these behaviors can also lower the risk for other chronic diseases.

Stroke

The link between heart disease and stroke is significant. Several types of heart diseases 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. [25]

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, stroke 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.[26] Stroke is the leading cause of disability in the United States.

The American Stroke Association has the following listed for different 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.[27]

[24] https://www.cdc.gov/heartdisease/risk_factors.htm
[25] https://www.stroke.org/en/about-stroke/stroke-risk-factors/risk-factors-under-your-control
[26] https://www.cdc.gov/stroke/about.htm
[27] https://www.stroke.org/en/about-stroke/types-of-stroke

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, sickle cell disease, and different types of heart disease are also at increased risk.

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.

Access to care is an important factor increasing favorable outcomes related to heart disease and Stroke. 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.[28]

Heart disease continues to be the leading cause of death throughout the county, state, and within counties served by OMC. Because of these factors, it is important to understand how people can better access care to improve their health outcomes due to heart disease and stroke. Early prevention and detection of can help minimize morbidity and mortality. This can be achieved through educating people on engaging in healthier lifestyles and seeking primary care on more regular basis for screening.

[28] https://www.heart.org/en/get-involved/advocate/federal-priorities/access-to-care

Diabetes

Diabetes was identified by our community stakeholders as being a priority health topic for Overlook Medical Center. Stakeholders who responded to the survey felt that Diabetes, along with other related chronic diseases, impacts a significant portion of the community served by OMC and that it is important to continue to address this health issue over the next few years.

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body do 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 double over the past 20 years. Diabetes is the 7th leading cause of death in the United States and is 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 mother 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.[29]

Obesity/Unhealthy Weight

In the United States and worldwide, obesity is associated with the leading causes of death, including deaths from diabetes. 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. A healthy diet and regular physical activity help people achieve and maintain a healthy weight starting at an early age and continuing throughout life.

[29] 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.[30]

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.[31]

Diabetes is linked to various other chronic diseases—all of which greatly impact the OMC community and the population that it serves. Social determinants of health can impact the incidence of diabetes and obesity within the community. To help 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.

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

Maternal / Infant Health

Maternal / Infant Health was identified by stakeholders as being a top health priority for Overlook Medical Center. Some of the previous mentioned health topics, such as diabetes and mental health/substance abuse, contribute to unfavorable outcomes within maternal/infant health. Many stakeholders believe that maternal/infant health impacts a lot of people in the area served by OMC and understands its on other community health topics.

In the area served by Overlook Medical Center, there are identified health concerns or disparities among the population that are related to maternal infant health, including:

- Mothers who Received No Prenatal Care
- Babies with Very Low Birth Weight
- Infant Mortality Rate
- Very Preterm Births

Complications of pregnancy are health problems that occur during pregnancy. They can involve the mother's health, the baby's health, or both. Some women have health problems that arise during pregnancy, and other women have health problems before they become pregnant that could lead to complications. It is very important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications.[32]

Prenatal care during the first trimester, as well as throughout the entirety of the pregnancy, assists in the monitoring of pre-existing conditions and development of the baby, as well as conditions that can arise or become exacerbated during pregnancy. Women who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.[33]

Listed below are common maternal health conditions or problems a woman may experience during pregnancy:[34]

Anemia: this refers to having lower than the normal number of health red blood cells. Women with pregnancy related anemia may feel tired and weak.

Urinary Tract Infections (UTI): a UTI is a bacterial infection in the urinary tract. Some women carry bacteria in their bladder without having symptoms.

Mental Health Conditions: some women may experience depression during or after pregnancy. Depression that persists during pregnancy can make it hard for a woman to care for herself and her baby. Having depression before pregnancy also is a risk factor for postpartum depression.

Hypertension (High Blood Pressure): chronic or poorly controlled high blood pressure before and during pregnancy puts a pregnant woman and her baby at risk for problems. It is associated with an increased risk for maternal complications such as preeclampsia, placental abruption (when the placenta separates from the wall of the uterus), and gestational diabetes. These women also face a higher risk for poor birth outcomes such as preterm delivery, having an infant small for his/her gestational age, and infant death.

Diabetes During Pregnancy: women that develop gestational diabetes (diabetes that occurs during pregnancy) area more likely to develop type 2 diabetes later in life.

Obesity and Weight Gain: recent studies suggest that the heavier a woman is before she becomes pregnant, the greater her risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Also, CDC research has shown that obesity during pregnancy is associated with increased use of health care and physician services, and longer hospital stays for delivery.

[32] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregcomplications.htm
[33] https://www.womenshealth.gov/a-z-topics/prenatal-care
[34] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregcomplications.htm

Maternal health contributes to many factors that affect the health of not only the mother, but the infant as well. There is important information that can be learned from maternal and infant mortality rates.

Maternal mortality is defined as a pregnancy-related death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In the United States, about 700 women die each year because of pregnancy or delivery complications. Many factors influence pregnancy-related health outcomes. It is important for all women of reproductive age to adopt healthy lifestyles (e.g., maintain a healthy diet and weight, be physically active, quit all substance use, prevent injuries) and address any health problems before getting pregnant.[35]

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. In 2020, the infant mortality rate in the United States was 5.4 deaths per 1,000 live births.

Almost 20,000 infants died in the United States in 2020. The five leading causes of infant death in 2020 were:[36]

- Birth defects
- Preterm birth and low birth weight
- Sudden infant death syndrome (SIDS)
- Injuries (e.g., suffocation)
- Maternal pregnancy complications.

To promote successful strategies that assist in improving health outcomes for both women and infants, pregnancy and childbirth is listed as an objective in Healthy People 2030. The primary goal is preventing pregnancy complications and maternal deaths and improving women's health before, during and after pregnancy.[37]

Maternal / Infant Health is linked to various other diseases that contribute to unfavorable health outcomes for both mother and infant. OMC's key stakeholders recognize the important that access to care has on all stages of pregnancy, and thereafter.

[35] https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html
[36] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
[37] https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth#cit1

APPENDIX A: SECONDARY DATA SOURCES[38]

The following table represents data sources for health-related indicators and disparity identification that were reviewed as part of OMC'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

[38] Healthy Communities Institute

APPENDIX B: HEALTH INDICATORS

The following table represents external data for health-related indicators that were reviewed as part of OMC'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	June 2022 Trend	Improvement	Identified Disparity
Women's Health	Pap Test in Past 3 Years: 21-65	1.58	2	2	2	Unfavorable	
	Mammogram in Past 2 Years: 50-74	1.31	1.68	1.68	1.5	Unfavorable	
	Cervical Cancer Screening: 21-65	-	1.06	1.06	1.5	Neutral	
Maternal, Fetal, & Infant Health	Mothers who Received No Prenatal Care	2.58	2.26	2.44	2	Improvement	Ages 20-24: Black/African American, non-Hispanic, Other
	Babies with Very Low Birth Weight	0.64	1.97	1.91	2	Unfavorable	Black/African American, non-Hispanic
	Infant Mortality Rate	0.97	0.91	1.68	1.5	Unfavorable	Black/African American, non-Hispanic
	Very Preterm Births	0.72	1.53	1.65	2	Unfavorable	
	Mothers who Received Early Prenatal Care	2.36	1.91	1.62	1	Improvement	Ages 15-17, 18-19, 20-24; Black/African American, non-
	Teen Birth Rate: 15-17	1.31	1.26	1.56	2	Unfavorable	Hispanic
	Babies with Low Birth Weight	0.47	1.26	1.38	2	Unfavorable	Black/African American, non-Hispanic
	Preterm Births	1.03	0.91	1.21	2	Unfavorable	Black/African American, non-Hispanic
Heart Disease & Stroke	Adults who Experienced a Heart Attack	1.61	2.18	2.18	2	Unfavorable	
	Age-Adjusted Death Rate due to Hypertensive Heart	1.89	2	2.18	2	Unfavorable	Black/African American, non-Hispanic
	Adults who Have Taken Medications for High	-	2.12	2.12	1.5	Neutral	
	Stroke: Medicare Population	1.56	2	2	2	Unfavorable	
	Age-Adjusted Death Rate due to Cerebrovascular	1.25	1.26	1.91	2	Unfavorable	
	Hyperlipidemia: Medicare Population	1.17	1.82	1.82	2	Unfavorable	
	Age-Adjusted Death Rate due to Heart Attack	1.42	2.18	1.71	1	Unfavorable	
	Heart Failure: Medicare Population	1.83	1.59	1.59	0	Improvement	
	Hypertension: Medicare Population	1.61	1.5	1.5	1.5	Improvement	
	Ischemic Heart Disease: Medicare Population	1.5	1.41	1.41	0	Improvement	
	Adults who Experienced a Stroke	1.94	1.32	1.32	1.5	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Atrial Fibrillation: Medicare Population	1.44	1.29	1.29	2	Improvement	
	Age-Adjusted Rate of Adult ED Visits for Acute	1.25	1.24	1.24	1.5	Improvement	
	High Blood Pressure Prevalence	1.31	1.24	1.24	1.5	Improvement	
	Cholesterol Test History	-	1.06	1.06	1.5	Neutral	
	High Cholesterol Prevalence: Adults 18+	-	0.88	0.88	1.5	Neutral	
	Adults who Experienced Coronary Heart Disease	1.67	0.82	0.82	1	Improvement	
	Age-Adjusted Hospitalization Rate due	1.22	1	0.71	0	Improvement	
	Age-Adjusted Death Rate due to Heart Disease	1.25	0.56	0.44	0	Improvement	Males; Two or More Races, non-Hispanic
Diabetes	Diabetes: Medicare Population	2.28	2.06	2.06	1	Improvement	
	Age-Adjusted Death Rate due to Diabetes	0.92	1.26	1.41	1.5	Unfavorable	Black/African American, non-Hispanic
	Diabetic Monitoring: Medicare Population	1.56	-	1.18	1	Improvement	
	Adults with Prediabetes	1	0.97	0.97	1.5	Improvement	
	Adults 20+ with Diabetes	1.08	0.82	0.82	1	Improvement	
Cancer	Prostate Cancer Incidence Rate	1.83	2.06	2.35	2	Unfavorable	Black/African American
	Breast Cancer Incidence Rate	2	2.29	1.82	2	Improvement	
	Cervical Cancer Incidence Rate	2.22	2.35	1.71	1	Improvement	
	Non-Hodgkin Lymphoma Incidence Rate	2.5	1.35	1.71	1	Improvement	Males
	Colon Cancer Screening	2.25	1.68	1.68	1.5	Improvement	
	Age-Adjusted Death Rate due to Breast Cancer	1.39	1.18	1.53	1	Unfavorable	Black/African American
	Liver and Bile Duct Cancer Incidence Rate	0.39	0.59	1.41	3	Unfavorable	
	All Cancer Incidence Rate	1	1.15	1.29	2	Unfavorable	Males, White
	Age-Adjusted Death Rate due to Pancreatic Cancer	1.22	0.82	1.12	2	Improvement	
	Pancreatic Cancer Incidence Rate	1.22	1.18	1.12	2	Improvement	
	Adults with Cancer	-	0.88	0.88	1.5	Neutral	
	Age-Adjusted Death Rate due to Colorectal Cancer	1.06	0.71	0.82	1	Improvement	
	Colorectal Cancer Incidence Rate	1.06	0.71	0.71	0	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Age-Adjusted Death Rate due to Cancer	0.83	0.35	0.65	1	Improvement	Males; Black/African American
	Age-Adjusted Death Rate due to Prostate Cancer	1.5	0.35	0.65	1	Improvement	Black/African American
	Melanoma Incidence Rate	0.39	0.29	0.59	2	Unfavorable	Males, White
	Age-Adjusted Death Rate due to Lung Cancer	0.22	0	0.29	1	Unfavorable	
	Oral Cavity and Pharynx Cancer Incidence Rate	0.61	0.29	0.29	1	Improvement	Males
	Lung and Bronchus Cancer Incidence Rate	0.39	0	0	0	Improvement	
Health Care Access and Quality	Adults Unable to Afford to See a Doctor	1.97	2.44	2.44	2	Unfavorable	Hispanic, any race
	Adults without Health Insurance	-	2.12	2.12	1.5	Neutral	
	Adults with Health Insurance	2.08	1.94	1.94	1.5	Improvement	Ages 26-34; Hispanic/Latino, Other
	Children with Health Insurance	1.64	1.94	1.94	1.5	Unfavorable	Hispanic/Latino, Other
	Persons with Health Insurance	-	1.94	1.94	1.5	Neutral	
	Primary Care Provider Rate	2.33	1.62	1.62	1	Improvement	
	Clinical Care Ranking	1.58	1.59	1.59	1.5	Unfavorable	
	Adults who Visited a Dentist	-	1.24	1.24	1.5	Neutral	
	Adults who have had a Routine Checkup	1.06	1.18	1.18	1	Unfavorable	
	Mental Health Provider Rate	1.89	1.15	1.15	0	Improvement	
	Non-Physician Primary Care Provider Rate	1.83	1.15	1.15	0	Improvement	
	Dentist Rate	0.72	0.91	0.91	1	Unfavorable	
Older Adults	Cancer: Medicare Population	1.94	2.35	2.35	2	Unfavorable	
	Osteoporosis: Medicare Population	1.44	2.29	2.29	3	Unfavorable	
	Alzheimer's Disease or Dementia: Medicare	2.28	2.18	2.18	2	Improvement	
	People 65+ Living Alone (Count)	-	-	1.94	3	Neutral	
	Colon Cancer Screening	2.25	1.68	1.68	1.5	Improvement	
	People 65+ Living Below Poverty Level	1.61	2.65	1.65	2	Unfavorable	American Indian/Alaska Native, Black/African American,
	People 65+ Living Below Poverty Level (Count)	-	-	1.65	2	Neutral	
	Adults 65+ who Received Recommended Preventive	-	1.41	1.41	1.5	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	People 65+ Living Alone	1.06	1.15	1.29	2	Unfavorable	
	Rheumatoid Arthritis or Osteoarthritis: Medicare	0.94	0.94	0.94	2	Neutral	
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	0.86	0.85	1.15	3	Unfavorable	
	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	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	
Alcohol & Drug Use	Alcohol-Impaired Driving Deaths	2.17	2.35	2.35	2	Unfavorable	
	Death Rate due to Drug Poisoning	1	1.94	1.94	3	Unfavorable	
	Liquor Store Density	2.39	1.88	1.88	1	Improvement	
	Age-Adjusted Alcohol-Related Emergency	1.75	1.76	1.76	1.5	Unfavorable	
	Age-Adjusted Drug and Opioid-Involved Overdose	-	1.24	1.5	1.5	Unfavorable	Males
	Health Behaviors Ranking	1.25	1.41	1.41	1.5	Unfavorable	
	Age-Adjusted Rate of Substance Use Emergency	1.25	1.24	1.24	1.5	Improvement	
	Adults who Binge Drink	1.53	1.03	1.03	2	Improvement	
	Adults who Drink Excessively	0.83	0.97	0.97	1.5	Unfavorable	
	Adults who Use Alcohol: Past 30 Days	1.67	0.97	0.97	1.5	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Opioid Treatment Admission Rate	0.89	1.41	0.97	1.5	Unfavorable	
	Alzheimer's Disease or Dementia: Medicare	2.5	2.35	2.35	2	Improvement	
	Poor Mental Health: Average Number of Days	1.33	2.03	2.03	1.5	Unfavorable	
	Poor Mental Health: 14+ Days	-	1.94	1.94	1.5	Neutral	
	Age-Adjusted Death Rate due to Alzheimer's Disease	1.42	1.5	1.85	3	Unfavorable	
	Age-Adjusted Rate of Emergency Department	1.42	1.41	1.41	1.5	Improvement	
	Depression: Medicare Population	1.33	1.41	1.41	3	Unfavorable	
	Mental Health Provider Rate	2	1.32	1.32	0	Improvement	
	Age-Adjusted Death Rate due to Suicide	0.47	0.85	1.15	3	Unfavorable	
Mental Health & Mental Disorders	Poor Mental Health: Average Number of Days	1.33	2.03	2.03	1.5	Unfavorable	**Poor Mental Health: Average Number of Days**
	Poor Mental Health: 14+ Days	-	1.94	1.94	1.5	Neutral	**Poor Mental Health: 14+ Days**
	Age-Adjusted Death Rate due to Alzheimer's Disease	1.42	1.5	1.85	3	Unfavorable	**Age-Adjusted Death Rate due to Alzheimer's Disease**
	Age-Adjusted Rate of Emergency Department	1.42	1.41	1.41	1.5	Improvement	**Age-Adjusted Rate of Emergency Department Visits due to Mood**
	Depression: Medicare Population	1.33	1.41	1.41	3	Unfavorable	**Depression: Medicare Population**
	Mental Health Provider Rate	2	1.32	1.32	0	Improvement	**Mental Health Provider Rate**
	Age-Adjusted Death Rate due to Suicide	0.47	0.85	1.15	3	Unfavorable	**Age-Adjusted Death Rate due to Suicide**
Sexually Transmitted Infections	Chlamydia Cases	1.83	1.94	1.94	3	Unfavorable	
	Gonorrhea Cases	1.61	1.94	1.94	3	Unfavorable	
	Syphilis Cases	1.39	1.94	1.94	3	Unfavorable	
Economy	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	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,	1	0.97	0.97	1.5	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	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	
	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,
	Median Household Income	0.17	0	0	0	Improvement	Black/African American, Hispanic/Latino, Other, Two or
Food	Projected Child Food Insecurity Rate	-	1.59	1.59	1.5	Neutral	
	Students Eligible for the Free Lunch Program	1.94	1.06	1.24	0	Improvement	
	Projected Food Insecurity Rate	-	1.06	1.06	1.5	Neutral	
	Low-Income and Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement	
	Food Insecure Children Likely Ineligible for	1.22	0.62	0.62	1.5	Improvement	
	Food Insecurity Rate	0.5	0.62	0.62	1.5	Unfavorable	
	Liquor Store Density	2.39	1.88	1.88	1	Improvement	
	Farmers Market Density	1.67	1.68	1.68	1.5	Unfavorable	
	Fast Food Restaurant Density	1.61	1.65	1.65	2	Unfavorable	
	Grocery Store Density	1.17	1.32	1.32	1.5	Unfavorable	
	Children with Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement	
	Households with No Car and Low Access to a	1	0.97	0.97	1.5	Improvement	
	People 65+ with Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement	
	People with Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement	
	Food Environment Index	0.72	0.65	0.65	1	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	SNAP Certified Stores	1.78	2	2	2	Unfavorable	
	WIC Certified Stores	-	1.32	1.32	1.5	Neutral	
	Fast Food Restaurant Density	1.61	1.65	1.65	2	Unfavorable	
	Child Food Insecurity Rate	0.5	0.79	0.79	1.5	Unfavorable	
	Median Monthly Owner Costs for Households	-	2.74	2.74	3	Neutral	
	Median Monthly Owner Costs for Households	-	2.74	2.74	3	Neutral	
	Mortgaged Owners Median Monthly	-	2.56	2.56	3	Neutral	
	Mortgaged Owners Spending 30% or More of	-	2.24	2.24	1	Neutral	
	Overcrowded Households	-	1.88	2.18	2	Unfavorable	
	Severe Housing Problems	2.17	2.12	2.12	0	Improvement	
	Median Household Gross Rent	-	-	2.03	3	Neutral	
	People 65+ Living Alone (Count)	-	-	1.94	3	Neutral	
Households and Housing Costs	Homeownership	1.94	1.71	1.71	1	Improvement	
	Single-Parent Households	1.72	1.53	1.53	1	Improvement	
	Renters Spending 30% or More of Household	1.72	1.71	1.41	0	Improvement	
	People 65+ Living Alone	1.06	1.15	1.29	2	Unfavorable	
	Households with One or More Types of Computing	1.33	1.5	1.06	0	Improvement	
	Households with an Internet Subscription	1.33	1.32	0.88	0	Improvement	
	Persons with an Internet Subscription	-	1.32	0.88	0	Improvement	**Ages 65+; Black/African American, Hispanic/Latino, Other**
	Persons with Disability Living in Poverty	0.56	0.47	0.47	1	Improvement	
	Median Housing Unit Value	-	0.62	0.44	0	Improvement	
	Median Monthly Owner Costs for Households	-	2.74	2.56	3	Improvement	
	People 65+ Living Alone	0.17	0.65	0.94	2	Unfavorable	
Economy	Homeownership	0.83	1.06	0.76	2	Improvement	
	Median Housing Unit Value	-	0.26	0.26	0	Neutral	
	Median Household Gross Rent	-	2.74	2.74	3	Neutral	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Mortgaged Owners Median Monthly	-	2.74	2.74	3	Neutral	
	Median Monthly Owner Costs for Households	-	2.74	2.56	3	Improvement	
	Renters Spending 30% or More of Household	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	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	-	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.

Overlook Medical Center (OMC) 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 OMC 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. Overlook 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

Overlook 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 OMC solicited responses to a stakeholder survey.

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
AARP Driver Safety	Aging and Disability Resource Connection	Atlantic Health System
Atlantic Health System - OMC Leadership	Autumn Lake Healthcare	Avenues in Motion
Berkeley Heights Public Library	Berkeley Heights Recreation	Bloomfield Department of Health & Human Services - Cranford
Bloomfield Department of Health & Human Services - Springfield	Bloomfield Health Department	Borough of Kennilworth
Borough of Mountainside	Borough of Roselle	Borough of Roselle Recreation - Anthony Amalfe Center
Bourough of Garwood	Boys & Girls Clubs of Union County	Bridges Outreach, Inc.
C.R. Bard Foundation, Inc. - New Providence	Caring Contact	Catholic Charities of the Archdiocese of Newark
City of Linden	City of Plainfield	City of Plainfield - Department of Health & Social Services
City of Rahway	City of Rahway - Division of Senior Services	City of Rahway - Winfield
City of Summit	City of Summit - Department of Community Programs	City of Summit - Police Department
Clark Public Library	Community Access Unlimited	Community Food Bank of New Jersey
Congregation Beth Hatikvah	Cranford Prevention and Wellness	Cranford Public Library
Cranford Township	Curémonos	District 20 Assemblyman
Division of Outreach & Advocacy Office on Women & Department of Human Services	Elizabeth City	Elizabeth Public Library
Elizabethport Presbyterian Center	Empowering Kids Organization	FACT - Families and Community Together, Inc.
Family and Children's Services, Inc.	Family Promise	Fanwood Borough
Fanwood Memorial Library	Franklin Elementary School	Furniture Assist, Inc.
Garwood Public Library	Gateway Regional Chamber of Commerce	Golden Rule Community Outreach Organization, Inc.
GRACE	Health Department - Township of Union & Kennilworth	Hillside Family Success Center
Hillside Senior Recreation Center	Holy Trinity of Westfield	Imagine
James Kellogg Multicultural Family Success Center - Elizabeth and Union	Jefferson Park Ministries, Inc.	Jewish Family Service of Central NJ
Kenilworth Public Library	Lakeland Bancorp, Inc.	Linden Public Library
Mobile Meals of Westfield	Mountainside Public Library	Muslim Community Center of Union County
New Providence Borough Health Department	New Providence Public Library	New Providence Township - Decorso Community Center
NJ Red Cross	OMC- Community Advisory Board	OMC-Community Health Committee
Our Lady of Peace	Overlook Auxiliary	Partnership for Maternal and Child Health of Northern New Jersey
Pathways to Learning Institute	Pilgrim Baptist Church	Plainfield Family Success Center
Plainfield Public Library	Proceed Inc.	Rahway Family Success Center
Rahway Public Library	Reeves-Reed Aarboretum	Resolution Counseling Center
Roselle Park Veterans Memorial Library	Roselle Public Library	SAGE Eldercare
SAGE Eldercare - SHIP program	Scotch Plains Public Library	Springfield Public Library
Summit Downtown, Inc	Summit Public Library	Summit Public Schools

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Sunrise Senior Living	Sunrise Senior Living - Brighton Gardens of Mountainside	Temple Sholom
The Connection for Women and Families	The Summit Foundation	The Summit Interfaith Council
Township of Hillside	Township of Union	Township of Union - Public School District
Union - Division of Senior Citizens/Senior Center	Union County 4-H Clubs for Students K-12+	Union County CIT
Union County College Foundation	Union County Department of Human Services - Division on Aging	Union County Division of Aging
Union County Office of Health Management	Union Public Library	Union Township Community Action Organization
United Family & Children's Society	United Way of Greater Union County	Village Family Success Center
Visual Arts Center of New Jersey	Wallace Chapel AME Zion Church	Westfield Public Library
Westfield Regional Board of Health	YMCA Scotch Plains - Fanwood	YMCA Westfield
YMCA, The Gateway Family: Wellness Center Branch - Union	YMCA, The Summit Area	

APPENDIX E: UNION COUNTY LICENSED HEALTH FACILITIES[39]

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
ADULT DAY HEALTH CARE SERVICES	2ND HOME SPRINGFIELD	40 STERN AVENUE	SPRINGFIELD	NJ	07081
	2ND HOME SWEET HOME OPERATIONS, LLC	550 NORTH BROAD STREET	ELIZABETH	NJ	07208
	ARISTACARE AT NORWOOD TERRACE	40-44 NORWOOD AVENUE	PLAINFIELD	NJ	07060
	CEDAR HARBOR MEDICAL DAY CARE CENTER	545 EAST 1ST AVENUE	ROSELLE	NJ	07203
	DAYBREAK ADULT DAYCARE AT ELIZABETH	712 NEWARK AVENUE	ELIZABETH	NJ	07208
	FIVE STAR ADULT MEDICAL DAY CARE CENTER	1201 DEERFIELD TERRACE	LINDEN	NJ	07036
	SAGE SPEND A DAY	290 BROAD STREET	SUMMIT	NJ	07901
	SARAHCARE AT WATCHUNG SQUARE	1115 GLOBE AVENUE	MOUNTAINSIDE	NJ	07092
	SENIOR SPIRIT OF ROSELLE PARK	430 EAST WESTFIELD AVENUE	ROSELLE PARK	NJ	07204
	TOWN SQUARE ADULT MEDICAL DAY CARE CENTER	1155 EAST JERSEY STREET	ELIZABETH	NJ	07201
AMBULATORY CARE FACILITY	AQ MODERN DIAGNOSTIC IMAGING	315 ELMORA AVENUE	ELIZABETH	NJ	07208
	ATLANTIC IMAGING SERVICES AT CLARK	140 CENTRAL AVENUE, SUITE 600	CLARK	NJ	07066
	BIRTH CENTER OF NEW JERSEY, LLC (THE)	1945 US 22 WEST	UNION	NJ	07083
	DYNAMIC MEDICAL IMAGING LLC	950 WEST CHESTNUT STREET	UNION	NJ	07083
	NJIN OF CRANFORD	25 SOUTH UNION AVENUE	CRANFORD	NJ	07016
	NJIN OF UNION	445 CHESTNUT STREET	UNION	NJ	07083
	RAHWAY REGIONAL CANCER CENTER	892 TRUSSLER PLACE	RAHWAY	NJ	07065
	SUMMIT HEALTH	570 SOUTH AVENUE	CRANFORD	NJ	07016
	SUMMIT MEDICAL GROUP	1 DIAMOND HILL ROAD, SUITE LG-601	BERKELEY HEIGHTS	NJ	07922
	SUMMIT MEDICAL GROUP PA	574 SPRINGFIELD AVENUE	WESTFIELD	NJ	07091
	UNIVERSITY RADIOLOGY AT TRINITAS, LLC	415 MORRIS AVENUE	ELIZABETH	NJ	07208
	UNIVERSITY RADIOLOGY GROUP, LLC	210 W ST GEORGES AVENUE	LINDEN	NJ	07036
	WOMEN'S HEALTHCARE IMAGING CENTER	1896 MORRIS AVENUE	UNION	NJ	07083
AMBULATORY CARE FACILITY - SATELLITE	NEIGHBORHOOD HEALTH CENTER THE HEALTHY PLACE	427 DARROW AVENUE	PLAINFIELD	NJ	07063
	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN	1171 ELIZABETH AVENUE	ELIZABETH	NJ	07201

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN	123 PARK AVENUE	PLAINFIELD	NJ	07060
AMBULATORY SURGICAL CENTER	ACCESS CARE PHYSICIANS OF NJ LLC	1050 GALLOPING HILL ROAD, SUITE 101	UNION	NJ	07083
	CENTER FOR AMBULATORY SURGERY, LLC	1450 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092
	ENDO-SURGI CENTER, PA	1201 MORRIS AVENUE	UNION	NJ	07083
	GARDEN STATE ENDOSCOPY AND SURGERY CENTER	200 SHEFFIELD STREET STE 101	MOUNTAINSIDE	NJ	07092
	GASTRO-SURGI CENTER OF NEW JERSEY, THE	1132 SPRUCE DRIVE	MOUNTAINSIDE	NJ	07092
	LINDEN SURGICAL CENTER, LLC	210 WEST ST GEORGE AVENUE	LINDEN	NJ	07036
	NEW JERSEY INTERVENTIONAL ASSOCIATES LLC	1050 GALLOPING HILL ROAD, SUITE 102	UNION	NJ	07083
	SUMMIT MEDICAL GROUP PA	1 DIAMOND HILL ROAD, SUITE 1B-142	BERKELEY HEIGHTS	NJ	07922
	UNION COUNTY SURGERY CENTER, LLC	950 WEST CHESTNUT STREET	UNION	NJ	07083
	UNION SURGERY CENTER, LLC	1000 GALLOPING HILL ROAD	UNION	NJ	07083
ASSISTED LIVING PROGRAM	CENTER FOR HOPE HOSPICE INC	1900 RARITAN ROAD	SCOTCH PLAINS	NJ	07076
ASSISTED LIVING RESIDENCE	AMBER COURT OF ELIZABETH, LLC	1155 EAST JERSEY STREET	ELIZABETH	NJ	07201
	ARBOR TERRACE MOUNTAINSIDE	1050 SPRINGFIELD AVENUE	MOUNTAINSIDE	NJ	07092
	BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE	SUMMIT	NJ	07901
	BRIGHTON GARDENS OF MOUNTAINSIDE	1350 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092
	CHELSEA AT FANWOOD, THE	295 SOUTH AVENUE	FANWOOD	NJ	07023
	CONTINUING CARE AT LANTERN HILL	537 MOUNTAIN AVENUE	NEW PROVIDENCE	NJ	07974
	SUNRISE ASSISTED LIVING OF WESTFIELD	240 SPRINGFIELD AVENUE	WESTFIELD	NJ	07090
	SUNRISE OF SUMMIT	26 RIVER ROAD	SUMMIT	NJ	07901
COMPREHENSIVE OUTPATIENT REHAB	QUALCARE THERAPY CENTER INC	2333 MORRIS AVENUE, SUITE B-210	UNION	NJ	07083
COMPREHENSIVE PERSONAL CARE HOME	ARISTACARE AT DELAIRE	400 WEST STIMPSON AVENUE	LINDEN	NJ	07036
	ATRIA CRANFORD	10 JACKSON DRIVE	CRANFORD	NJ	07016
	BIRCHWOOD SQUARE AT CRANFORD	205 BIRCHWOOD AVENUE	CRANFORD	NJ	07016
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF HILLSIDE	879 RAHWAY AVENUE	UNION	NJ	07083
	ELMORA DIALYSIS	547 MORRIS AVENUE	ELIZABETH	NJ	07208
	FRESENIUS MEDICAL CARE KENILWORTH	131 SOUTH 31ST STREET	KENILWORTH	NJ	07033
	FRESENIUS MEDICAL CARE LINDEN	630 WEST ST GEORGES	LINDEN	NJ	07036
	HILLSIDE DIALYSIS	1529 NORTH BROAD STREET	HILLSIDE	NJ	07205

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	NNA OF ELIZABETH	595 DIVISION STREET, SUITE B	ELIZABETH	NJ	07201
	PLAINFIELD DIALYSIS	1200 RANDOLPH ROAD	PLAINFIELD	NJ	07060
	RAHWAY DIALYSIS	800 HARRISON STREET	RAHWAY	NJ	07065
	SUMMIT DIALYSIS	1139 SPRUCE DRIVE	MOUNTAINSIDE	NJ	07092
FEDERALLY QUALIFIED HEALTH CENTERS	NEIGHBORHOOD HEALTH CENTER ELIZABETH	178-184 FIRST STREET	ELIZABETH	NJ	07206
	NEIGHBORHOOD HEALTH CTR PLAINFIELD	1700 MYRTLE AVENUE	PLAINFIELD	NJ	07063
GENERAL ACUTE CARE HOSPITAL	OVERLOOK MEDICAL CENTER	99 BEAUVOIR AVENUE	SUMMIT	NJ	07902
	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY	865 STONE ST	RAHWAY	NJ	07065
	TRINITAS REGIONAL MEDICAL CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07207
HOME HEALTH AGENCY	HOLY REDEEMER HOME CARE NJ NORTH	354 UNION AVENUE	ELIZABETH	NJ	07208
HOSPICE CARE BRANCH	HOLY REDEEMER HOSPICE	354 UNION AVENUE	ELIZABETH	NJ	07208
HOSPICE CARE PROGRAM	ASCEND HOSPICE	1600 ST GEORGE AVENUE, SUITE 312	RAHWAY	NJ	07065
	CENTER FOR HOPE HOSPICE AND PALLIATIVE CARE	1900 RARITAN ROAD	SCOTCH PLAINS	NJ	07076
	HOMESIDE HOSPICE LLC	67 WALNUT AVENUE, SUITE 205	CLARK	NJ	07066
	SWAN HOSPICE	57 BRANT AVENUE, SUITE 100	CLARK	NJ	07066
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CHILDREN'S SPECIALIZED HOSPITAL CENTER AT UNION	2840 MORRIS AVENUE	UNION	NJ	07083
	CHILDREN'S SPECIALIZED HOSPITAL PRIMARY CARE	150 NEW PROVIDENCE ROAD	MOUNTAINSIDE	NJ	07092
	JFK MEDICAL CENTER-MUHLENBERG CAMPUS	PARK AVENUE AND RANDOLPH ROAD	PLAINFIELD	NJ	07061
	OVERLOOK HEALTH SERVICES AT ONE SPRINGFIELD AVENUE	1 SPRINGFIELD AVENUE	SUMMIT	NJ	07901
	OVERLOOK MEDICAL CENTER-UNION CAMPUS	1000 GALLOPING HILL ROAD	UNION	NJ	07083
	RENAL DIALYSIS SATELLITE	10 NORTH WOOD AVENUE	LINDEN	NJ	07036
	TRINITAS ADULT PSYCHIATRIC CLINIC	654 EAST JERSEY STREET	ELIZABETH	NJ	07206
	TRINITAS AMBULATORY SURGERY CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07202
	TRINITAS CHILD AND ADOLESCENT PSYCHIATRIC CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07206
	TRINITAS COMPREHENSIVE CANCER CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07202
	TRINITAS CRANFORD DIALYSIS	205 BIRCHWOOD AVENUE	CRANFORD	NJ	07016
	TRINITAS HEALTH CENTER - JEFFERSON AVENUE	65 JEFFERSON AVENUE	ELIZABETH	NJ	07201
	TRINITAS HIV CLINIC	655 LIVINGSTON STREET	ELIZABETH	NJ	07206
	TRINITAS HOSPITAL ADDICTION SERVICES	654 EAST JERSEY STREET	ELIZABETH	NJ	07206

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	TRINITAS HOSPITAL DOROTHY B HERSH CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07208
	TRINITAS REGIONAL MEDICAL CENTER PRIMARY CARE	654 EAST JERSEY STREET	ELIZABETH	NJ	07206
	TRINITAS REGIONAL MEDICAL CENTER SLEEP	2 JACKSON DRIVE, HOMEWOOD SUITES	CRANFORD	NJ	07016
	TRINITAS RENAL DIALYSIS SATELLITE	629 LIVINGSTON STREET	ELIZABETH	NJ	07206
	TRINITAS SUBSTANCE ABUSE CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07206
	WOUND HEALING PROGRAM AT UNION CAMPUS	1000 GALLOPING HILL ROAD	UNION	NJ	07083
LONG TERM CARE FACILITY	ADROIT CARE REHABILITATION AND NURSING CENTER	1777 LAWRENCE STREET	RAHWAY	NJ	07065
	ARISTACARE AT NORWOOD TERRACE	40 NORWOOD AVENUE	PLAINFIELD	NJ	07060
	ARISTACARE AT PARKSIDE	400 W STIMPSON AVE	LINDEN	NJ	07036
	ASHBROOK CARE & REHABILITATION CENTER	1610 RARITAN ROAD	SCOTCH PLAINS	NJ	07076
	AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS	35 COTTAGE STREET	BERKELEY HEIGHTS	NJ	07922
	CARE CONNECTION RAHWAY	865 STONE STREET	RAHWAY	NJ	07065
	CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE	150 NEW PROVIDENCE ROAD	MOUNTAINSIDE	NJ	07092
	CLARK NURSING AND REHAB CNTR	1213 WESTFIELD AVENUE	CLARK	NJ	07066
	COMPLETE CARE AT WESTFIELD, LLC	1515 LAMBERTS MILL ROAD	WESTFIELD	NJ	07090
	COMPLETE CARE AT WOODLANDS	1400 WOODLAND AVE	PLAINFIELD	NJ	07060
	CONTINUING CARE AT LANTERN HILL	537 MOUNTAIN AVENUE	NEW PROVIDENCE	NJ	07974
	CORNELL HALL CARE & REHABILITATION CENTER	234 CHESTNUT STREET	UNION	NJ	07083
	CRANFORD PARK REHABILITATION & HEALTHCARE CENTER	600 LINCOLN PARK EAST	CRANFORD	NJ	07016
	CRANFORD REHAB & NURSING CENTER	205 BIRCHWOOD AVE	CRANFORD	NJ	07016
	ELIZABETH NURSING AND REHAB	1048 GROVE STREET	ELIZABETH	NJ	07202
	ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET	ELIZABETH	NJ	07202
	JFK HARTWYCK AT CEDAR BROOK	1340 PARK AVE	PLAINFIELD	NJ	07060
	PLAZA HEALTHCARE & REHABILITATION CENTER	456 RAHWAY AVENUE	ELIZABETH	NJ	07202
	PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE	1180 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092
	RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	40 WATCHUNG WAY	BERKELEY HEIGHTS	NJ	07922
	SOUTH MOUNTAIN HC	2385 SPRINGFIELD AVENUE	VAUXHALL	NJ	07088
	SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	144 GALES DRIVE	NEW PROVIDENCE	NJ	07974
	TRINITAS HOSPITAL	655 EAST JERSEY STREET	ELIZABETH	NJ	07206
PSYCHIATRIC HOSPITAL	SUMMIT OAKS HOSPITAL	19 PROSPECT ST	SUMMIT	NJ	07901
PSYCHIATRIC SPECIAL HOSPITAL	CORNERSTONE BEHAVIORAL HEALTH HOSPITAL OF UNION CO	40 WATCHUNG WAY	BERKELEY HEIGHTS	NJ	07922

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
SPECIAL HOSPITAL	CARE ONE AT TRINITAS REGIONAL MEDICAL CENTER	225 WILLIAMSON ST 7 NORTH	ELIZABETH	NJ	07207
	KINDRED HOSPITAL NEW JERSEY - RAHWAY	865 STONE STREET	RAHWAY	NJ	07065
SURGICAL PRACTICE	CARDIOVASCULAR CARE GROUP, THE	433 CENTRAL AVENUE - 2ND FLOOR	WESTFIELD	NJ	07090
	MED FEM AESTHETIC CENTER	33 OVERLOOK ROAD, SUITE 302	SUMMIT	NJ	07901
	SPRINGFIELD SURGERY CENTER, LLC	105 MORRIS AVENUE, FIRST FLOOR	SPRINGFIELD	NJ	07081
	WESTFIELD PLASTIC SURGICAL CENTER	955 SO SPRINGFIELD AVENUE, BLDG A, SUITE 105	SPRINGFIELD	NJ	07081

PREPARED FOR

OVERLOOK MEDICAL CENTER

BY

ATLANTIC HEALTH SYSTEM
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