Chilton Medical Center
Community Health Needs Assessment

2025-2027

Atlantic Health

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

The 2025-2027 Chilton Medical Center Community Health Needs Assessment (CHNA) was approved by CMC's Community Health Committee in December 2025. Questions regarding the Community Health Needs Assessment should be directed to:

Atlantic Health
Chilton Medical Center
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973-660-3522

A copy of this document has been made available to the public via Atlantic Health'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, Chilton 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
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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 D
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
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EXECUTIVE SUMMARY

Chilton Medical Center is deeply committed to improving the health and well-being of the people it serves and the communities in which they live. Strong, healthy communities are associated with improved quality of life, stronger community partnerships, and more sustainable health care systems. In support of this commitment, Chilton Medical Center—an acute care hospital within Atlantic Health—conducted a comprehensive Community Health Needs Assessment (CHNA) beginning in June 2025.

The CHNA was designed to evaluate the current and emerging health needs of individuals residing within Chilton Medical Center's service area, which includes portions of Morris and Passaic counties in New Jersey. The assessment incorporated both quantitative and qualitative data to better understand the health status of the community, with a focus on chronic health conditions, access to health care services, and key social determinants of health that influence outcomes and equity.

Completion of the CHNA provided Chilton Medical Center with a population-focused view of the community it serves, enabling the hospital to identify and prioritize the most pressing health needs and to inform the development of targeted community health strategies. This CHNA Final Summary Report presents a high-level synthesis of the findings and key insights from the assessment process. While not an exhaustive inventory of all data sources reviewed, the report highlights the most relevant information used to establish community health priorities for the 2025–2027 CHNA and Community Health Improvement Plan (CHIP) cycle.

CHNA Development Process

The CHNA was completed using a multi-step, collaborative approach that included:

- Review and analysis of secondary data sources
- Community stakeholder and key informant surveys
- A structured prioritization session
- Formal adoption of key community health priorities

Key Community Health Priorities

Based on analysis of secondary data and feedback from community stakeholders and partners, Chilton Medical Center identified and adopted the following priority health issues for the 2025–2027 CHNA cycle:

- Access to Care
- Mental Health & Substance Use Disorders
- Cancer
- Heart Disease
- Endocrine and Metabolic Disease, Diabetes, and Nutrition
- Geriatrics and Healthy Aging

Guided by input from community partners, health care providers, public health leaders, and health and human service organizations, Chilton Medical Center will focus on advancing initiatives aligned with these priorities. The hospital will develop and implement strategies to address identified needs and will make progress updates publicly available through its Community Health Improvement Plan (CHIP), which will be reviewed and reported on an annual basis.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Chilton Medical Center is a highly regarded community hospital within Atlantic Health, employing more than 1,400 team members and supported by a medical staff of over 850 physicians. Located in Pompton Plains, New Jersey, Chilton is a non-profit hospital that provides comprehensive inpatient and outpatient services, serving as a trusted healthcare resource for communities across northern New Jersey.

Chilton Medical Center is consistently recognized for clinical quality, patient safety, and nursing excellence. The hospital has been repeatedly ranked among the top mid-sized hospitals in New Jersey by Castle Connolly and regularly earns "A" Hospital Safety Grades from The Leapfrog Group, reflecting strong performance in patient safety and outcomes. Chilton is recognized by U.S. News & World Report and Healthgrades for excellence across multiple clinical areas, including orthopedics, critical care, stroke care, heart failure, sepsis, and chronic disease management.

Chilton is a Joint Commission–certified Primary Stroke Center and has earned national quality awards from the American Heart Association/American Stroke Association, including Get With The Guidelines®–Stroke Gold Plus recognition with Target: Stroke Honor Roll distinction, reflecting adherence to evidence-based stroke care and rapid treatment protocols.

The medical center holds Magnet® recognition from the American Nurses Credentialing Center, the highest national honor for nursing excellence, underscoring a sustained commitment to high-quality nursing practice, strong clinical outcomes, and a positive professional practice environment.

In addition to acute care services, Chilton Medical Center maintains a broad portfolio of accredited and certified programs spanning cancer care, breast imaging, emergency and critical care, bariatric surgery, sleep medicine, diabetes education, cardiovascular and pulmonary rehabilitation, geriatrics, maternity services, wound healing, imaging, and cardiac care. These designations reflect Chilton's comprehensive approach to delivering patient-centered care across the continuum.

Through Atlantic Health, Chilton patients benefit from seamless access to a robust regional network of hospitals, physicians, and outpatient locations across 15 counties. This integrated system provides local access to high-quality community care, while connecting patients to advanced specialty services, leading clinicians, clinical trials, innovative technologies, and comprehensive support services—ensuring exceptional care close to home.

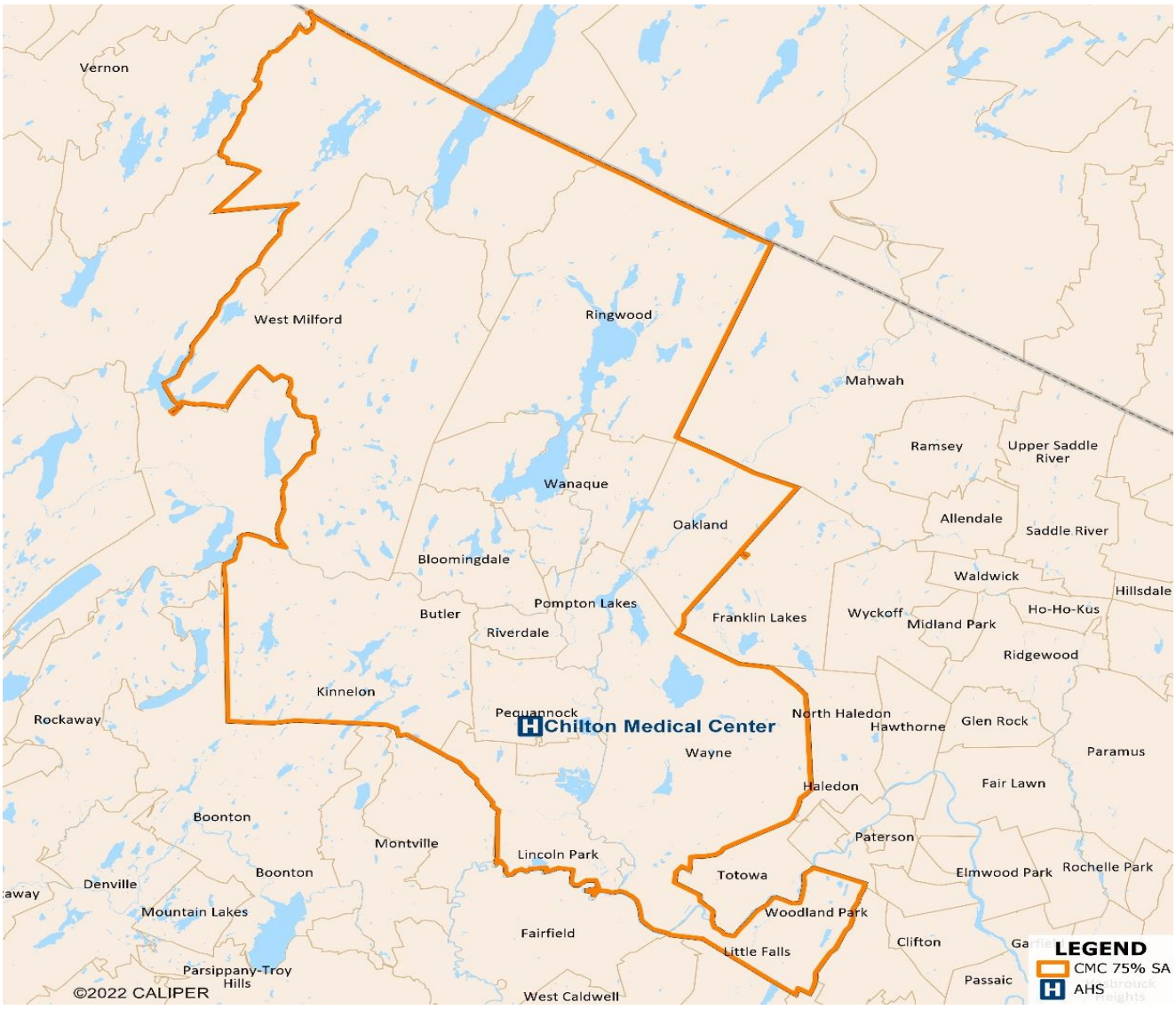
Community Overview

Chilton Medical Center's hospital service area encompasses a population of more than 210,000 residents across 15 ZIP Codes primarily in Passaic and Morris County. The area is defined as ZIP Codes from which CMC receives 75% of its inpatient cases.

There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by CMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, CMC always works to identify the health needs of the community it serves. Following are the towns and cities served by CMC.

CMC STARK SERVICE AREA					
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07035	LINCOLN PARK	MORRIS	07442	POMPTON LAKES	PASSAIC
07403	BLOOMINGDALE	PASSAIC	07444	POMPTON PLAINS	MORRIS
07405	BUTLER	MORRIS	07456	RINGWOOD	PASSAIC
07420	HASKELL	PASSAIC	07457	RIVERDALE	MORRIS
07420	HEWITT	PASSAIC	07465	WANAQUE	PASSAIC
07424	LITTLE FALLS	PASSAIC	07470	WAYNE	PASSAIC
07436	OAKLAND	BERGEN	07480	WEST MILFORD	PASSAIC
07440	PEQUANNOCK	MORRIS			

Geographic Area Served by Chilton Medical Center



Methodology

CMC'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's corporate Planning & System Development staff provided CMC 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. CMC'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. CMC 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, CMC's Community Health Advisory Sub-Committee prioritized community health issues, which are documented herein. CMC will utilize these priorities in its ongoing development of an annual Community Health Improvement Plan (CHIP) which will be shared publicly.

SECONDARY DATA PROFILE

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

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

Demographic Overview[1]

Chilton Medical Center's (CMC) service area population is projected to grow modestly—by approximately 2.1% through 2027—with growth varying across the geography served. The gender distribution remains stable, with approximately 50.9% female and 49.1% male, and minimal change anticipated through 2030.

The service area population is predominantly White (non-Hispanic), representing approximately 67.6% of residents. Adults ages 18–44 comprise the largest age cohort (29.5%), followed closely by those ages 45–64 (27.2%). While most age groups are expected to experience slight declines over the next several years, the population age 65 and older is projected to grow significantly—by approximately 16.4%—and to represent 26.5% of the total population by 2030, reflecting a continued aging of the community.

Linguistic diversity within the service area is moderate. An estimated 78.2% of residents speak only English at home, while approximately 5.9% speak Spanish. Other languages are spoken by smaller segments of the population, underscoring the need for culturally and linguistically appropriate services for select groups.

The service area is characterized by high socioeconomic and educational attainment. Average household income is estimated at $172,175 in 2025 and is projected to increase to approximately $182,924 by 2030, well above state and national averages. Educational attainment is similarly strong, with 46.5% of residents holding a bachelor's degree or higher and an additional 25.5% reporting some college education or an associate degree.

Together, these demographic trends highlight a community that is affluent and well educated, but also one that is aging rapidly, reinforcing the importance of planning for chronic disease management, geriatric services, access to care, and supportive community-based resources.

Health Insurance Coverage / Payer Mix[2]

Health insurance coverage can have a significant influence on health outcomes. Among ED visits, CMC's Service Area is approximately 18.0% Medicaid/Caid HMO/NJ Family Care with another 6.0% of Self Pay/Charity Care. The area is approximately 26.0% Medicare/Care HMO. From a payer mix perspective. From a payer mix perspective, the ED payer distribution is a bit higher among Medicare/Care HMO than Passaic/Morris County and New Jersey.

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

		All Other Payers	Medicaid / Caid HMO	Medicare / Care HMO	Self-Pay / Charity Care / Underinsured	Total
ED Treat / Release	**CMC Service Area**	50%	18%	26%	6%	100%
	Passaic / Morris County	42%	29%	17%	12%	100%
	New Jersey	46%	29%	17%	8%	100%

Among inpatients, CMC's Service Area is approximately 10.0% Medicaid/Caid HMO/NJ Family Care with another 1.0% of Self Pay/Charity Care. The area is approximately 37.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is largely similar to both Passaic/Morris County and the state of New Jersey.

		All Other Payers	Medicaid / Caid HMO	Medicare / Care HMO	Self-Pay / Charity Care / Underinsured	Total
Inpatient	**CMC Service Area**	37%	10%	52%	1%	100%
	Passaic / Morris County	37%	20%	41%	2%	100%
	New Jersey	38%	20%	40%	2%	100%

Mortality Rates[3]

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, unintentional injuries, cerebrovascular disease (stroke) and chronic lower respiratory disease (CLRD). In Passaic 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 both Morris and Passaic County. For heart disease, there is a 15-point decrease over the previous 3-year measurement period. For cancer, there is an overall decrease of 28 points from 2015. Unintentional injuries have had an increase of 5 points when compared to 2015. COVID-19 had a 19-point decrease from the 2018-2020 group. Stroke showed a 1-point decrease over the course of 10 years.

Moris and Passaic County's Major Causes of Death (Age-Adjusted Rates per 100,000) 3-year groups					
Cause of Death	2015–2017	2018–2020	2021–2023	Current to Previous	Current to 2nd Previous
Diseases of heart	149.9	150.3	134.7	-15.6	-15.2
Cancer (malignant neoplasms)	139.1	127.5	119.1	-8.4	-20

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

Moris and Passaic County's Major Causes of Death (Age-Adjusted Rates per 100,000) 3-year groups					
Cause of Death	2015–2017	2018–2020	2021–2023	Current to Previous	Current to 2nd Previous
Unintentional injuries	32.7	40.9	38.4	-2.5	5.7
COVID-19	—	57.3	38.3	-19	-
Stroke (cerebrovascular diseases)	29.4	29	28.2	-0.8	-1.2
Alzheimer's disease	19.4	24.8	21	-3.8	1.6
Chronic lower respiratory diseases (CLRD)	24.5	23.1	17.1	-6	-7.4
Septicemia	19.4	16.3	15.5	-0.8	-3.9
Diabetes mellitus	17.5	18.4	15.5	-2.9	-2
Nephritis, nephrotic syndrome, and nephrosis (kidney disease)	12.6	12.1	11.8	-0.3	-0.8
Influenza and pneumonia	10.4	11.7	9.7	-2	-0.7
Parkinson's disease	7.1	9	8.2	-0.8	1.1
Chronic liver disease and cirrhosis	6.9	8.8	7.7	-1.1	0.8
Essential hypertension and hypertensive renal disease	6.3	6.5	7.2	0.7	0.9
Pneumonitis due to solids and liquids	6.2	5.1	7.1	2	0.9
Suicide (intentional self-harm)	6.5	6.2	6.7	0.5	0.2
Nutritional deficiencies	0.9	2	4.5	2.5	3.6
Homicide (assault)	2.7	2.9	3.6	0.7	0.9
In situ / benign / uncertain neoplasms	4.9	3.7	3.4	-0.3	-1.5
Certain conditions originating in the perinatal period	3	2.5	2.3	-0.2	-0.7
Congenital malformations (birth defects)	2.2	2.4	2.1	-0.3	-0.1
Anemias	1.7	1.4	1.6	0.2	-0.1
Aortic aneurysm and dissection	1.7	2.1	1.6	-0.5	-0.1
HIV (human immunodeficiency virus) disease	1.8	1.5	1.2	-0.3	-0.6
Atherosclerosis	1.5	1.3	0.8	-0.5	-0.7
Complications of medical and surgical care	0.9	1.1	0.8	-0.3	-0.1
Enterocolitis due to *Clostridium difficile* (C. diff)	1.2	1	0.6	-0.4	-0.6
Viral hepatitis	1	-	-	-	-
Other than 28 Major Causes	107.7	118.3	118	-0.3	10.3

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

Environmental Justice Index

Analysis of the Environmental Justice Index indicates meaningful variation in social, economic, and environmental vulnerability across the communities served by Chilton Medical Center (CMC). Within the service area, some communities experience higher levels of cumulative risk, reflecting greater concentrations of factors such as income inequality, housing instability, transportation challenges, and environmental exposures. These conditions are more commonly observed in more densely populated communities, where residents may face multiple, overlapping barriers to achieving and maintaining good health.

Conversely, other parts of CMC's service area demonstrate lower levels of environmental justice risk, often characterized by higher socioeconomic stability and fewer environmental stressors. However, lower EJ risk does not equate to an absence of health challenges. In these areas, residents may experience geographic isolation, limited transportation options, and an aging population, which can create access barriers and contribute to unmet health needs.

Overall, the Environmental Justice Index findings highlight that CMC serves a diverse mix of communities with differing drivers of health inequities. Areas with elevated EJ risk are more likely to experience challenges related to access to care, chronic disease prevalence, behavioral health needs, and reliance on emergency services, while areas with lower EJ risk may face challenges related to service availability and transportation. These findings reinforce the importance of tailored, place-based strategies that address both social determinants of health and access barriers as part of Chilton Medical Center's Community Health Improvement Plan.

EVALUATING IDENTIFIED HEALTH DISPARITIES

Across the 70,053 individuals included in the AH CMC CHNA clinical analysis, a clear pattern emerges: the system is managing significant clinical burden across a broad range of conditions, yet inequitable outcomes persist, and in several high-impact categories those inequities are accelerating. Utilization and clinical rates have shifted meaningfully from 2021 to 2024, but changes in service patterns have not translated into proportional improvements in equity. The near-zero correlation between utilization rate trends and disparity trends underscores a central reality: reductions in utilization alone do not close equity gaps. Instead, achieving equitable outcomes will require focused, condition-specific interventions built around the drivers of disparities unique to each domain.

The categories with the highest service burden—such as Factors Influencing Health Status, Symptoms/Signs and Abnormal Clinical Findings, and core chronic disease groups including Circulatory, Musculoskeletal, Respiratory, and Endocrine—shape much of the day-to-day operational workload and highlight where patients most frequently engage the system. These high-volume categories disproportionately reflect populations navigating complex needs, fragmented access, or limited continuity of care. Yet when the lens shifts from service demand to inequity, a different picture emerges. Cancer, Circulatory Disease, Musculoskeletal Disease, Digestive Disease, and Injuries/Poisonings encompass the greatest absolute numbers of disparities, and several of these cohorts are experiencing rapidly worsening trends.

Widening disparities are most pronounced in Cancer (+72), Circulatory Disease (+71), Symptoms/Signs (+41), Digestive (+39), Musculoskeletal (+28), Respiratory (+27), and Mental Health (+16). These increases point toward structural and operational gaps—especially around timely access to specialty care, chronic disease management, diagnostic follow-up, and navigation barriers affecting high-SVI neighborhoods. Meanwhile, other categories such as Infectious Diseases (−120), Blood Disorders (−93), Eye Conditions (−58), Nervous System Disease (−33), and Pregnancy (−21) demonstrate narrowing gaps. However, these improvements are not uniformly reassuring several of these categories still carry substantial absolute inequity burdens, and improvements may reflect post-pandemic normalization or coding shifts rather than fully resolved underlying inequities.

Behavioral health adds a critical dimension to the equity landscape. Mental Health alone shows 54 disparities with a rising trend, highlighting longstanding mismatches between behavioral health need and system capacity. These disparities often reflect delayed access, referral complexity, inconsistent care transitions, and a shortage of culturally and linguistically concordant providers. As seen nationally, behavioral health inequities fall most heavily on younger adults, Medicaid populations, uninsured individuals, and residents of high-SVI communities—groups already at elevated risk for crisis-driven utilization. Substance-use–related conditions present a more mixed pattern. In AH CMC's case, injuries and poisonings show both a high absolute disparity burden (84) and a rising trend (+21), indicating persistent gaps in harm reduction, overdose prevention, and post-ED linkage despite some localized improvements. These patterns reinforce that behavioral health equity represents both a CHNA priority and a major downstream driver of medical utilization across the system.

Looking beyond absolute burden to the intensity of disparities (disparities per 10,000 utilizations) brings additional clarity. Pregnancy (318 per 10k), Perinatal conditions (337 per 10k), Congenital anomalies (356 per 10k), Mental Health (196 per 10k), and especially Cancer (441 per 10k) emerge as high-intensity categories where each encounter carries a disproportionate likelihood of an inequity. These cohorts often involve smaller populations but significantly higher per-encounter disparities, indicating that the barriers are less about disease prevalence and more about navigation, screening access, diagnostic timeliness, care coordination, and the availability of culturally concordant support. One-size-fits-all interventions will not succeed here; these areas require specialized, high-touch models.

Taken together, these emerging patterns point toward a targeted set of CHNA equity priorities. Circulatory Disease warrants particular investment in hypertension and cardiovascular risk management, especially within high-SVI ZIP codes. Community-based blood pressure monitoring, CHW-driven engagement, bilingual navigation, and rapid-access cardiology pathways will be critical to addressing widening disparities. Cancer, despite declines in overall utilization, shows the fastest-worsening inequities. Expanding screening equity, mobile outreach, culturally responsive navigation, and tightening time-to-diagnosis and time-to-treatment metrics will be essential.

Endocrine and Respiratory conditions, both characterized by rising utilization and rising disparities, signal deteriorating chronic disease control and unequal access to preventive management. Strengthened chronic disease management infrastructure—through telehealth, same-week scheduling, pharmacist-led titration, CGM and medication coverage navigation, and home environmental interventions—will be key to reversing these trends.

Pregnancy and perinatal disparities underscore structural gaps in prenatal access, transportation, language services, doula and perinatal CHW support, and postpartum continuity. These inequities often mirror broader SDOH patterns and require integrated clinical, social, and operational strategies. Similarly, rising disparities in Digestive conditions suggest the need to address cost and access barriers for diagnostic testing, GI navigation, and preparation adherence. Injuries/Poisonings, fueled in part by behavioral and community-level risks, call for targeted violence prevention, fall prevention, harm reduction, and robust ED-to-community linkage programs.

Large-volume categories such as Symptoms/Signs and Factors Influencing Health Status operate as functional access barometers—indicating where patients encounter difficulty navigating to the right care at the right time. Enhancing scheduling access, benefits counseling, prior-authorization efficiency, real-time language support, and warm handoffs can produce outsized equity impact.

As the CHNA transitions from analysis to action, the data clearly illustrates that equity strategy must be operational, social, and structural—not purely clinical. Strengthening referral pathways, community partnerships, culturally concordant care, and CHW integration will be foundational. Data governance improvements—particularly standardizing race/ethnicity/language taxonomies and building intersectional dashboards—will ensure inequities are measured consistently and acted upon effectively.

The CMC CHNA disparity analysis depicts a system managing significant population health burden while confronting persistent and, in many cases, accelerating inequities. The categories with the highest clinical rates are not always those with the highest disparities, and categories showing declining utilization are not necessarily achieving equity gains. This disconnect reinforces the need for intentional, condition-specific equity strategies. By concentrating resources on the domains where inequities are most profound—or most rapidly widening—the organization can meaningfully reduce avoidable harm, strengthen outcomes, and advance health equity in a measurable and durable way.

FINDINGS OF KEY STAKEHOLDER SURVEY

The purpose of the stakeholder survey was to gather current insights—both quantitative indicators and qualitative perspectives—on the most pressing health issues affecting residents within the CMC service area. Recognizing that no single dataset can fully capture the lived experiences of the community, CMC designed this survey to elevate the voices of those who work most closely with vulnerable populations and who understand, firsthand, the complex social, economic, and structural factors shaping health outcomes.

To ensure the survey reflected the full breadth of community priorities, the list of stakeholders was intentionally developed to include organizations and leaders across multiple sectors. Participants represented public health agencies, community-based nonprofits, behavioral health providers, school systems, faith-based organizations, housing and social service agencies, local government partners, transportation, and food access organizations, as well as health equity advocates and frontline outreach workers. This diversity of input ensured that the results would not only reflect healthcare-system perspectives but also the broader ecosystem influencing community health.

CMC received 64 completed responses to its online community-based key stakeholder survey—an engagement level that demonstrates strong interest among partners in shaping regional health priorities. These respondents provided valuable narrative comments, ratings of priority health issues, assessments of emerging challenges, and observations about systemic gaps that may not surface in clinical datasets alone. The feedback captured through the survey served as an essential complement to the quantitative CHNA analysis, bringing forward themes related to access, affordability, behavioral health, chronic disease management, maternal health, transportation, language and cultural barriers, and the social determinants that continue to shape inequities across the service area.

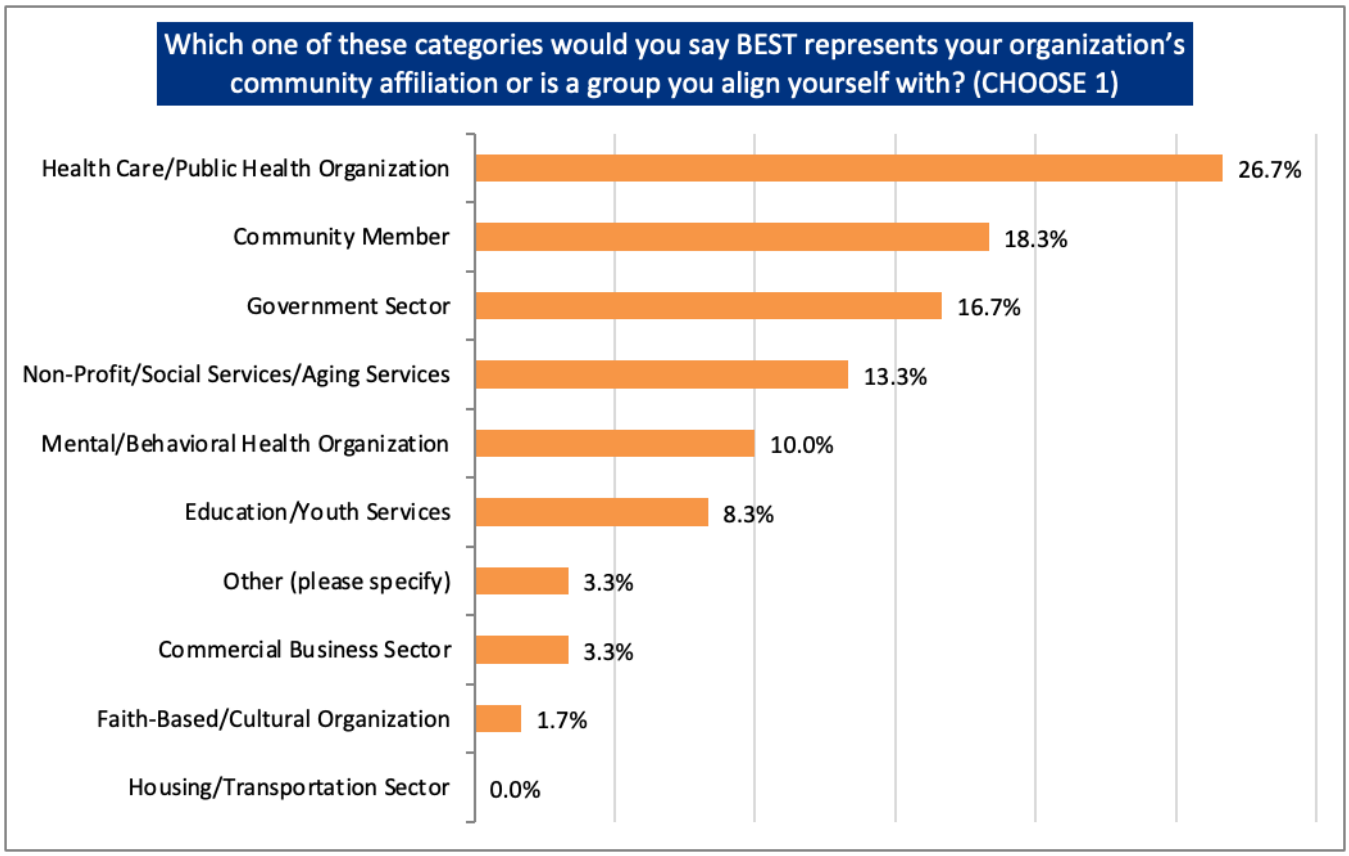
Collectively, the stakeholder survey provided a rich, grounded understanding of community needs and helped validate the areas where the CHNA's clinical and utilization data indicated widening disparities. This alignment between community sentiment and empirical trends reinforces the importance of building targeted, collaborative strategies with partners who are already deeply embedded in the communities most affected by health inequities.

Survey respondents represented a broad cross-section of organizations and community stakeholders, with the largest share identifying as health care or public health organizations (26.7%), reflecting strong participation from providers and agencies directly engaged in health delivery and population health improvement. Community members comprised the second-largest group (18.3%), underscoring meaningful engagement from residents with lived experience and firsthand knowledge of local health needs.

Public-sector perspectives were also well represented, with government organizations accounting for 16.7% of respondents. In addition, non-profit, social services, and aging services organizations (13.3%) and mental and behavioral health organizations (10.0%) contributed substantial input, highlighting the importance of social determinants of health, behavioral health access, and services for vulnerable populations in shaping community priorities.

Smaller but important segments of respondents included education and youth-serving organizations (8.3%), commercial businesses (3.3%), faith-based or cultural organizations (1.7%), and other organizations (3.3%). No respondents identified primarily with the housing or transportation sector, suggesting a potential opportunity for deeper engagement with stakeholders addressing these critical social determinants in future outreach efforts.

Overall, the distribution of respondents indicates a strong balance between healthcare, public sector, nonprofit, and community voices, providing a diverse and credible foundation for identifying community health needs, validating priority areas, and informing collaborative strategies moving forward.

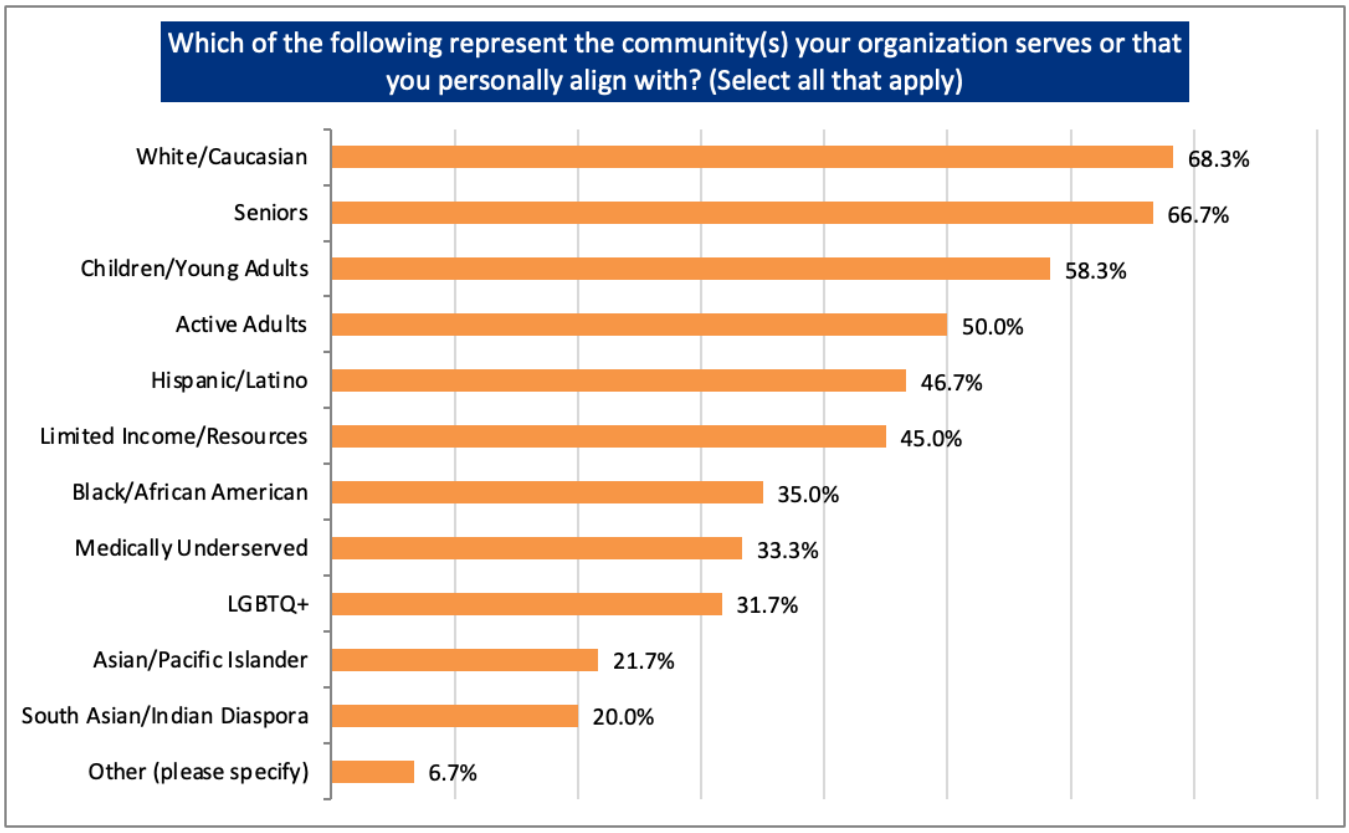


Below we show the breakdown of the community groups that respondents reported serving or personally aligning with. Responses reflect engagement across the full life course, with strong representation of organizations and individuals focused on seniors (66.7%), children and young adults (58.3%), and active adults (50.0%), underscoring broad attention to age-related health needs and continuity of care from youth through older adulthood.

Respondents also indicated substantial alignment with populations that experience health disparities. Nearly half identified serving or aligning with Hispanic/Latino communities (46.7%) and individuals with limited income or resources (45.0%), while over one-third reported alignment with Black/African American communities (35.0%) and the medically underserved (33.3%). These findings suggest strong stakeholder awareness of inequities related to access, socioeconomic status, and chronic disease burden within the community.

A meaningful share of respondents also reported alignment with other priority populations, including the LGBTQ+ community (31.7%), Asian/Pacific Islander communities (21.7%), and individuals within the South Asian/Indian diaspora (20.0%), reflecting the cultural and demographic diversity of the service area. While most respondents identified alignment with White/Caucasian populations (68.3%), the overall distribution indicates engagement across multiple racial, ethnic, cultural, and socioeconomic groups.

Taken together, these results demonstrate that survey input reflects a wide range of lived experiences and organizational missions, strengthening the credibility of the findings and supporting a comprehensive approach to identifying community health needs, prioritizing health equity, and informing targeted strategies in the Community Health Improvement Plan.



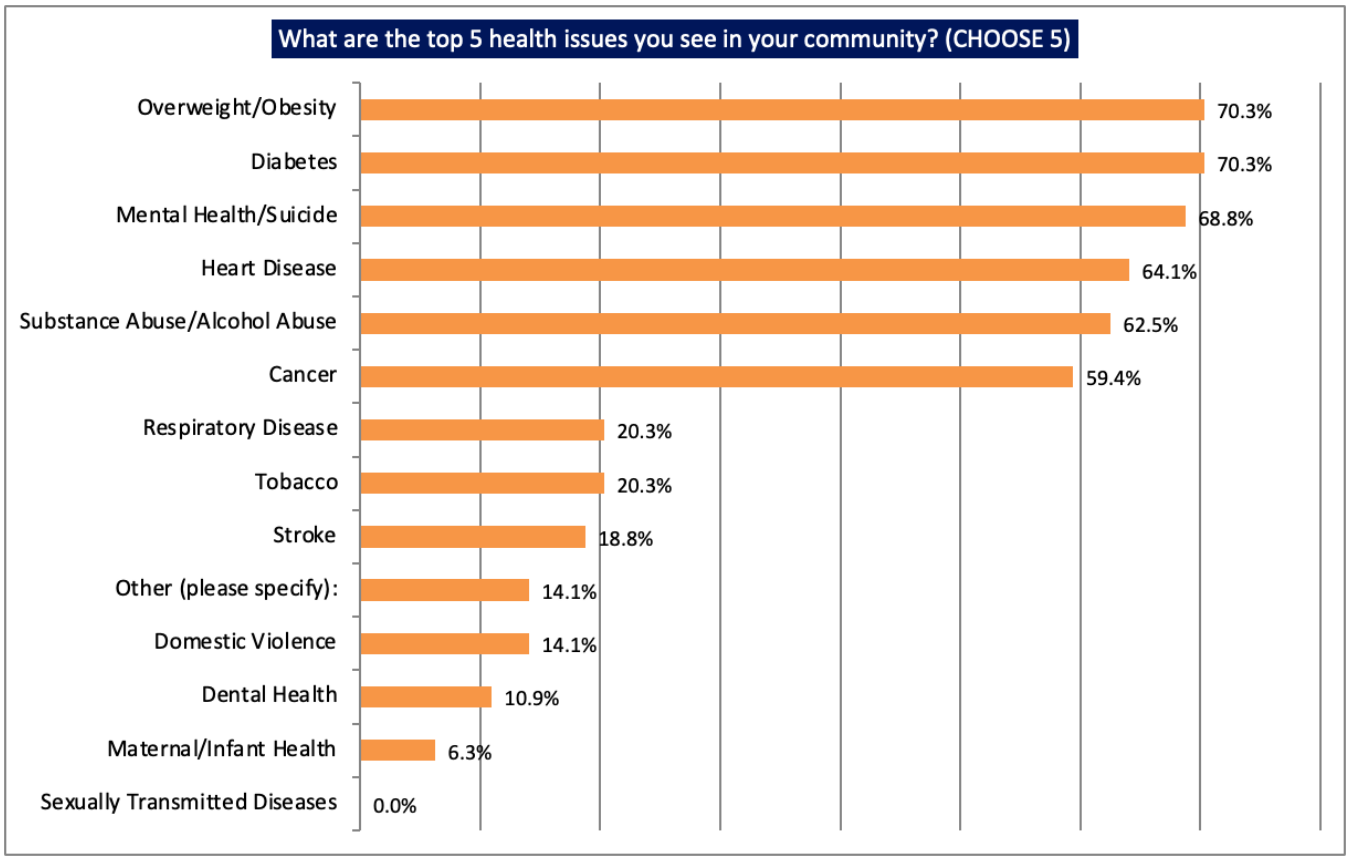
Below we show the breakdown of the percentage of respondents who selected each health issue in the 2025 survey. Respondents were asked to identify up to five health issues they view as most significant in their community; results are ranked by the number of participants selecting each issue.

Chronic disease and behavioral health concerns emerged as the most pressing issues. Overweight and obesity (70.3%) and diabetes (70.3%) were the most frequently cited health challenges, highlighting the ongoing prevalence of metabolic disease and its downstream impacts on cardiovascular health, mobility, and quality of life. Mental health concerns, including suicide (68.8%), ranked close behind, underscoring persistent needs related to behavioral health access, early intervention, and crisis services.

Cardiovascular and substance-related conditions also ranked prominently. Heart disease (64.1%) was identified by two-thirds of respondents, reinforcing its role as a leading driver of morbidity and mortality in the community. Substance abuse, including alcohol use disorder (62.5%), remained a top concern, reflecting continued impacts on individuals, families, and community safety. Cancer (59.4%) also ranked among the most frequently selected issues, emphasizing the importance of prevention, screening, early detection, and coordinated oncology care.

Overall, the results indicate that respondents perceive chronic disease, mental and behavioral health, and substance use as the most significant health challenges facing the community in 2025. These findings provide a

clear foundation for prioritizing strategies that address prevention, access to care, behavioral health integration, and long-term chronic disease management in the Community Health Improvement Plan.



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).

This chart summarizes respondents’ perceptions of health care access in the area across multiple dimensions, using a five-point scale ranging from strongly disagree to strongly agree. Overall, responses indicate strong perceived access to primary and specialty medical care, alongside notable gaps in behavioral health, language access, Medicaid participation, transportation, and dental care.

Respondents expressed the highest levels of agreement that residents can access primary care providers and medical specialists when needed. Eight in ten respondents agreed or strongly agreed that primary care is accessible, and more than three-quarters reported adequate access to specialists such as cardiologists, dermatologists, and neurologists. These findings suggest a robust physician supply for core medical services within the community.

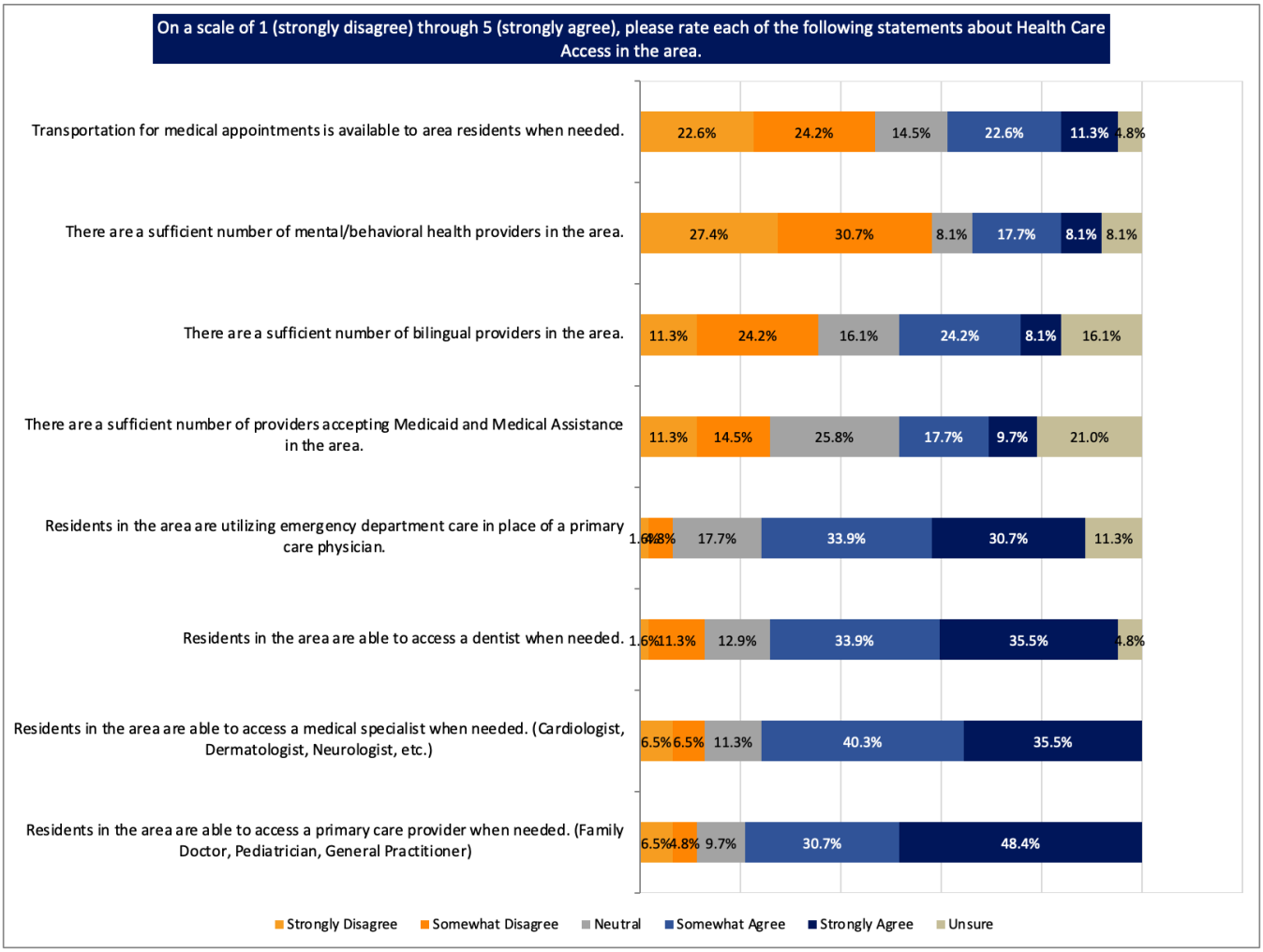
In contrast, perceptions were less favorable for several access-related supports and services. Most respondents disagreed or expressed uncertainty that there are enough mental and behavioral health providers, reinforcing earlier survey findings that identified mental health as a top community concern. Similarly, responses regarding the availability of bilingual providers and providers accepting Medicaid or Medical Assistance were mixed, with

sizable proportions of respondents expressing disagreement or uncertainty—indicating potential barriers for linguistically diverse and lower-income populations.

Access to dental care also emerged as a concern, with fewer respondents reporting confidence that residents can obtain dental services when needed. Transportation was another area with divided perceptions; responses were evenly split between agreement and disagreement that transportation for medical appointments is readily available, suggesting that access may vary by geography, age, or socioeconomic status.

Finally, a substantial share of respondents agreed that residents are using emergency department services in place of primary care, pointing to gaps in timely access, care coordination, or awareness of appropriate care settings.

Taken together, these findings suggest that while the community benefits from strong access to primary and specialty medical services, targeted strategies are needed to improve behavioral health capacity, dental access, transportation supports, language-concordant care, and Medicaid provider participation. Addressing these gaps will be critical to improving equitable access and reducing reliance on emergency care.



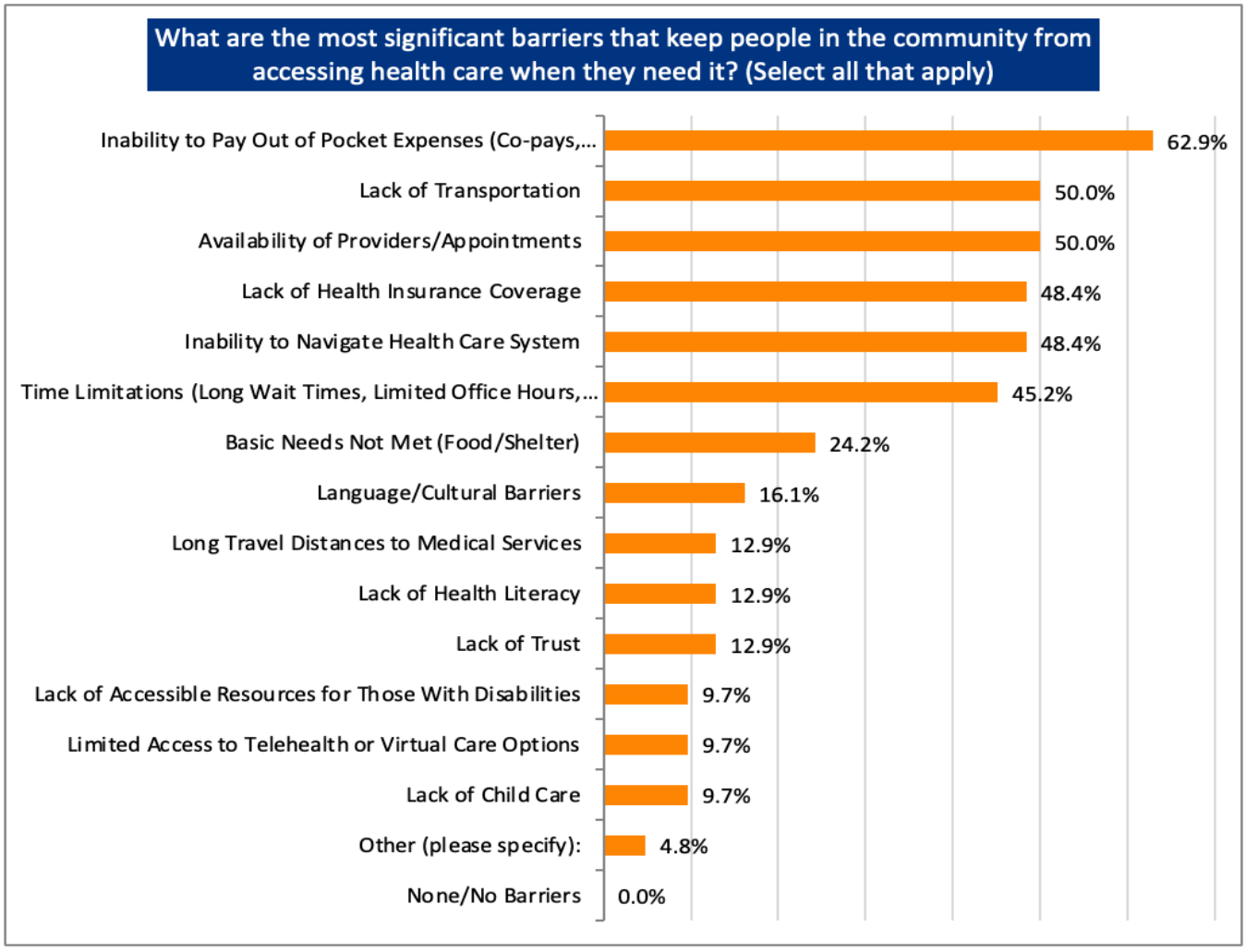
After rating the availability of health care services, respondents were asked to identify the most significant barriers that prevent people in their community from accessing care when needed. Respondents were able to

select all barriers that applied. The barriers most frequently cited highlight a combination of financial, logistical, and system navigation challenges.

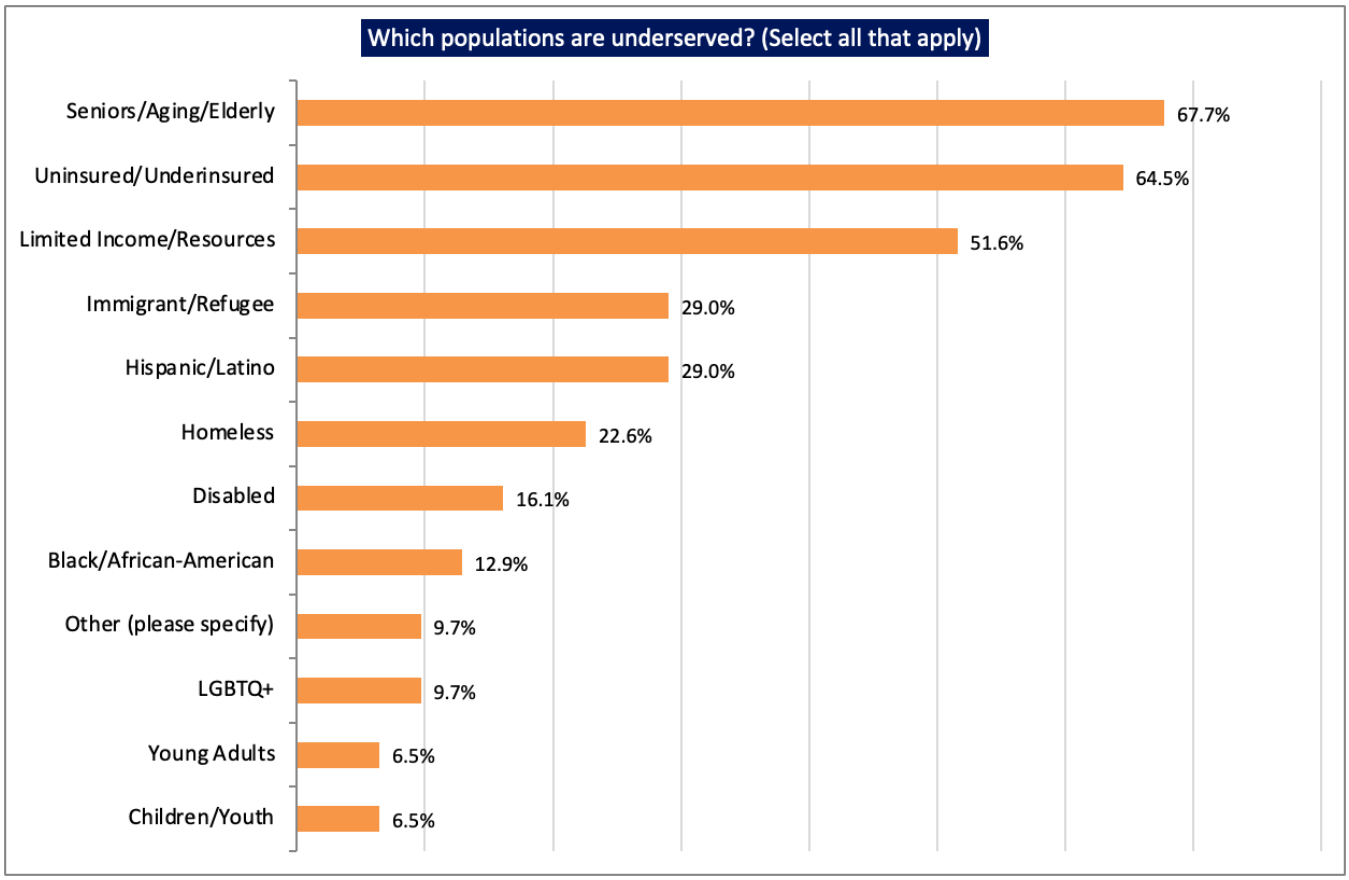
Affordability emerged as the most significant barrier, with two-thirds of respondents (62.9%) identifying the inability to pay out-of-pocket expenses, such as co-pays and deductibles, as a primary obstacle to care. Logistical barriers were also prominent, with lack of transportation (50.0%) and limited availability of providers or appointment slots (50.0%) cited by half of respondents. Closely related to these challenges, half reported lack of health insurance coverage (48.4%) and difficulty navigating the health care system (48.4%) as significant barriers.

Time-related constraints were another common concern, with 45.2% of respondents noting that long wait times, limited office hours, or scheduling challenges make it difficult for residents to obtain care. Social and economic factors also played a role, as 24.2% of respondents identified unmet basic needs, such as food or housing insecurity, as barriers to accessing health services.

Notably, no respondents indicated that there are no barriers to accessing health care in the community, underscoring the widespread nature of access challenges. Overall, these findings emphasize the need for strategies that address affordability, transportation, care coordination, provider availability, and social determinants of health to improve equitable access to care across the community.

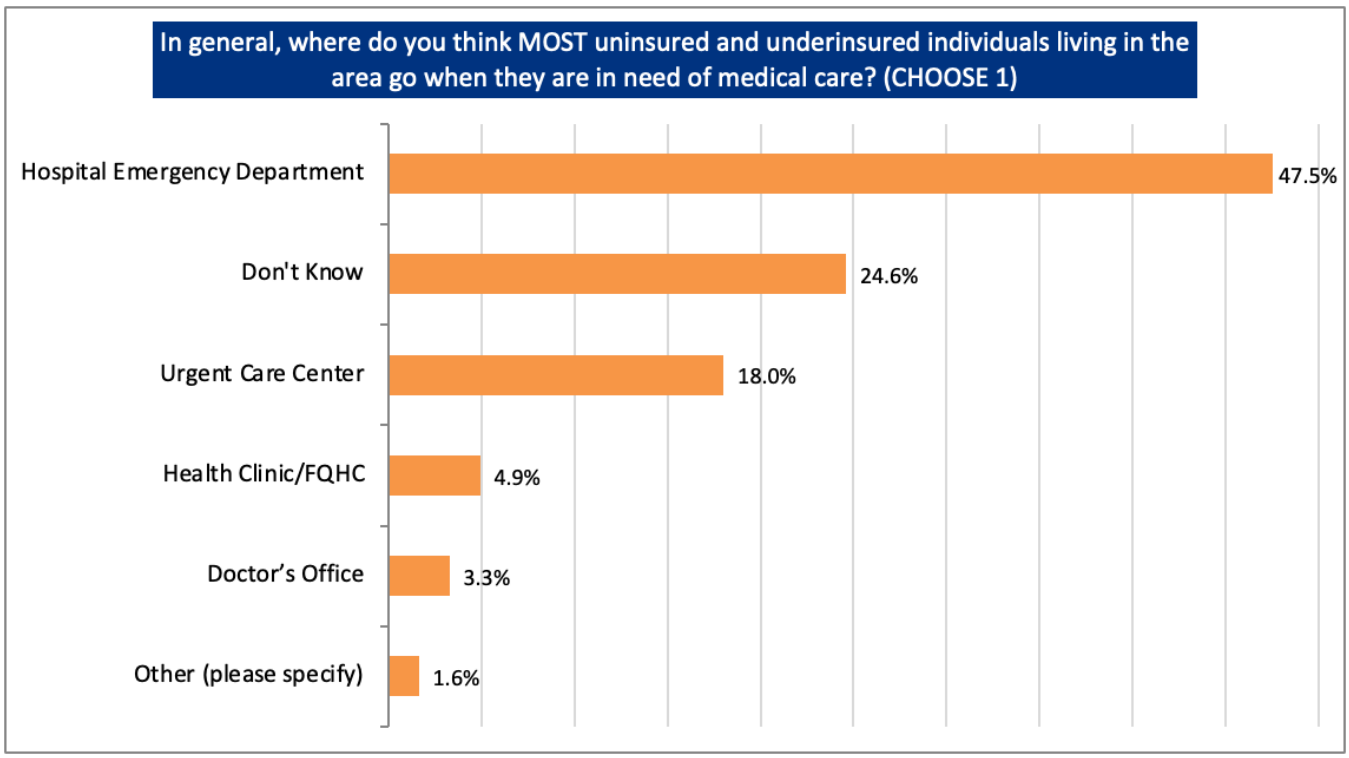


50.8% of respondents answered that there were populations in the community that were not being adequately served by local health services. The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were, low-income/poor, uninsured/underinsured, and seniors/aging/elderly. These were followed by immigrant/refugee, unhoused/unsheltered, and Hispanic/Latino.



More than half of surveyed key informants—53.25%—reported that hospital emergency departments (EDs) remain the primary place where uninsured and underinsured individuals seek medical care when they are in need. This finding underscores a longstanding challenge within the service area: for many residents facing financial, insurance, transportation, or language barriers, the ED continues to function as the most reliable and accessible point of entry into the healthcare system. Stakeholders emphasized that patients often turn to emergency departments because they are open 24/7, cannot legally deny care, and provide immediate evaluation regardless of insurance status or ability to pay. While this pattern reflects the ED's critical safety-net role, it also signals gaps in preventive care access, primary care continuity, and timely specialty follow-up for vulnerable populations.

Collectively, stakeholder feedback paints a consistent picture: uninsured and underinsured community members often navigate a fragmented system where the emergency department functions as the default point of care, while urgent cares and FQHCs serve as secondary, but unevenly accessible, alternatives. These patterns highlight the need for strengthened referral pathways, expanded clinic capacity, improved benefits navigation, and community-based outreach to ensure residents have reliable, affordable avenues for care outside the hospital setting.


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)
Hospital Emergency Department
47.5%
Don't Know
24.6%
Urgent Care Center
18.0%
Health Clinic/FQHC
4.9%
Doctor's Office
3.3%
Other (please specify)
1.6%

APPROACH TO ADDRESSING COMMUNITY HEALTH IMPROVEMENT AND ACCESS TO CARE

Atlantic Health 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 AH 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.

Community Health Education and Wellness

Community Health offers a wide variety of health and wellness programs to meet the needs of the community. These programs aim to provide the knowledge and skills people need to live healthier lives and to connect them to supportive resources. Education about the social drivers of health is a key component of our programs, helping to address all the factors that influence chronic disease and healthier living. Delivering programs in-person as well as virtually, we align our programs to the Community Health Improvement Plan. By collaborating with our community stakeholders and partners we can deliver programs that meet the needs of specific populations with a focus on the priority health issues of Mental Health & Substance Use Disorders, Heart Disease, Cancer, and Geriatrics and Healthy Aging.

Community Benefit

Atlantic Health is committed to improving the health status of the communities it serves and provides community benefit programs as part of a measured approach to meeting identified health needs in the community. Community benefit includes charity care, subsidized health services, community health services, and financial contributions to community-based health organizations. For the most recent year of data available (2024), Atlantic Health provided $508,664,662 in total community benefit across the following areas:

- Subsidized Health Services: $263,586,072
- Cash and In-Kind Contributions: $1,186,383
- Financial Assistance: $41,980,920
- Medicaid Assistance Shortfall: $112,284,266
- Health Professional Education: $66,277,822
- Health Research Advancement: $1,284,211
- Community Health Improvement Services: $22,064,988

Identifying Potential Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. The main determinants of health disparities are poverty, unequal access to health care, lack of education, stigma, and race, or ethnicity. As part of the CHNA and CHIP development process, we evaluate community demographics, mortality rates, county and ZIP Code based disease incidence rates, other secondary source information for broad community health outcomes and factors, and community stakeholder input. 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 health needs of the population served by AH hospitals, 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. 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 potential disparities in the patient population served by AH and creates 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 AH service area.

Social Drivers of Health Initiative

An integrated patient-centered approach that includes identifying social needs and providing structured support to help reduce barriers to care and setting and achieving short-term goals toward long-term health are strategies key to coordinated, cost-effective, high-quality care. Because we want the best health for our patients and communities, Atlantic Health helps patients address the non-medical, social needs that impact their health through proactive SDOH screening and connections to community resources. Proactive SDOH screening is made available to all adult patients admitted to our hospitals, adult patients of primary care and pulmonary practices, and pregnant patients of any age in our Women's Health practices.

An SDOH Navigator table in Epic makes key information about the social factors that can influence a patient's health and health outcomes easier to see for the interdisciplinary team. The SDOH Navigator table displays fourteen domains, each representing a factor that can influence health: financial resource strain, housing instability, utility needs, transportation needs, alcohol use, depression, intimate partner violence, social connections, physical activity, tobacco use, stress, health literacy, postpartum depression, and food insecurity. Based on patient answers to questions in each of the domains, the icons turn green to indicate low risk, yellow for moderate risk, or red to signal the need for intervention.

Patients with a positive SDOH screening need are provided with information about community resources and social service organizations to help address their needs, including key resource contacts in their after-visit summaries, linkage to a Community Resource Directory on the Atlantic Health website, and the option to connect with a social worker or community health worker for additional support with sustainable solutions.

A system Psychosocial Collaborative has been formed to align the roles, infrastructure, support, and design of how we care for patients' psychosocial needs across the care continuum, including expanding and enhancing workflows for SDOH screening and intervention to proactively identify and address barriers to care, improve health outcomes, enhance patient satisfaction, and reduce ED utilization and readmissions.

Social Workers

AH Social Workers have insight into how social drivers of health – social, functional, environmental, cultural, and psychological factors – may be linked to our patients' health outcomes. The interdisciplinary team, including our Social Workers, comprehensively identify and address various social needs that influence health behaviors to promote successful outcomes. They work in partnership with department Community Health Workers and assist with more complex patient needs and barriers, such as interpersonal violence, crisis, difficulty coping with illness or stress, behavioral health or substance misuse linkage, abuse/neglect, or long-term care planning. Social Workers assess for patient strengths and social needs and coordinate linkage to a wide range of community resources, providing supportive handoffs and follow-through for successful and sustainable engagement with resources, brief behavioral interventions and referral to treatment, and emotional support.

Community Health Workers

Community Health Workers provide patients with structured support to help reduce barriers to care, increase access to community resources for ongoing support, and assist patients to set and achieve their personal health goals. Care Coordination has a team of Community Health Workers embedded in our medical center footprints who, in partnership with our social work team, assist patients in identifying SDOH needs and barriers to care. Community Health Workers partner with patients to help them overcome these barriers and achieve their health goals by providing at-the-elbow support, creating sustainable connections with key community partners and social service organizations, and fostering/strengthening empowerment and self-management skills to navigate the health and social service systems.

Diversity and Inclusion

AH strives for an inclusive health care environment where patients, visitors and team members are welcomed and afforded equitable treatment regardless of race, ethnicity, gender, sexual orientation, gender identity or expression, religion, age, disability, military status, language, immigration status, marital or parental status, occupation, education, or socioeconomic background. We not only value diversity but are also committed to inclusivity; the practice of engaging our diversity in decision making that affects the health and wellbeing of our communities. Atlantic Health organizes diverse workgroups of community representatives at each hospital location to develop and implement programs that address the specific health care needs of our surrounding populations. Some programs and policies implemented within our hospitals, include:

- Establishing support groups and educational classes for vulnerable populations – such as people living with HIV and AIDS, and non-English speaking families who are expecting children
- Revising patient visitation policies to allow for more inclusion and respect for all families and visitors
- Expanding pastoral and spiritual care for patients of all faith communities
- Translating “Patient Rights," patient forms and medical records into Spanish and other languages
- Enhancing interpretation of languages other than English through innovative technologies
- Improving meal services to accommodate diverse dietary and nutritional preferences

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 to enhance resources available in the community. Grants are funded through a competitive review process, which includes a requirement that approved funding be linked to a community health need as identified by the medical centers in their CHNA. In 2024, funds allocated to community partners through the AH Community Advisory Boards totaled $599,108.

Other Collaborative Support

In addition to actions within a specific strategy, Atlantic Health continues to contribute resources and expertise to support area CHNA/CHIP processes, community-based health coalitions, and collaboratives that focus on health and social issues. Our resource and investments in community partnerships reflect our belief that bringing groups together, across sectors, is itself a significant community health intervention. Nurturing these collaborative efforts and shared health improvement goals with governmental, municipal, and community benefit organizations allows us to address identified health needs and build capacity in individual local organizations and our hospitals. It also serves to coordinate health and social service agencies in a way that supports collaborative investment in best practices.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Following a review of secondary data and key informant findings, the CAB/CHAC convened to discuss and rank the health issues identified. Rather than conducting a formal survey, the team participated in a facilitated prioritization session in which they collectively reviewed the health topics emerging from the primary and secondary data analyses. Through discussion and consideration of the prioritization criteria, the group ranked the topics. This process narrowed the original list of priorities down to 6.

Six key criteria were used to guide the selection of priority health areas for Chilton Medical Center (CMC) to address over the next three years. These criteria included:

- The number of people affected by the issue
- The associated risk of morbidity and mortality
- The degree of impact on vulnerable populations
- The availability of resources and access required to address the issue
- The relationship of the issue to other community health and social needs
- CMC's ability, capacity, and competency to meaningfully influence the issue over the next three years

Each criterion was reviewed and discussed by the CMC Community Advisory Board (CAB) Community Health Sub-Committee. These discussions were informed by secondary data and analyses of health care utilization across relevant clinical cohorts within the CMC service area. Together, qualitative stakeholder input and quantitative utilization data were used to identify health issues that warranted prioritization.

Based on this combined assessment, recommended priority areas were presented to the full CMC Community Advisory Board for further review and discussion. The CAB formally adopted the following health priorities as the focus areas for Chilton Medical Center's 2025–2027 Community Health Needs Assessment and Community Health Improvement Plan (CHIP) cycle:

- Access to Care
- Mental Health & Substance Use Disorders
- Cancer
- Heart Disease
- Endocrine and Metabolic Disease, Diabetes, and Nutrition
- Geriatrics and Healthy Aging

These priorities were selected because they demonstrated both high utilization and significant community impact, while also aligning with the majority of the established prioritization criteria and CMC's capacity to effect change.

The selected priority areas are highly interconnected. Community stakeholders consistently emphasized that challenges related to access to care and social determinants of health—including economic stability, transportation, housing, education, and social support—directly influence outcomes across each priority area. Addressing these underlying drivers will be a core consideration in the development and implementation of Chilton Medical Center's Community Health Improvement Plan and will inform strategies designed to improve health equity and outcomes across the community.

Access to Care

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

While financial barriers were frequently identified in the stakeholder survey, non-financial barriers also play a substantial role in limiting access to needed services. Community members experience challenges such as limited appointment availability, long wait times for both primary and specialty care, and clinic hours that conflict with work or caregiving responsibilities. Transportation limitations and difficulty navigating a fragmented health system further complicate care-seeking. Additional barriers including language and cultural differences, low digital literacy, limited internet access that affects telehealth use, and lack of awareness about available services represent areas where we as a health system can proactively intervene. Addressing these non-financial barriers can significantly expand access and support more consistent engagement in care.

Atlantic Health is committed to improving access to health care services; a commitment made in the 2028 Atlantic Health Enterprise Strategic Plan. Included in that plan are many goals that relate to delivering an extraordinary consumer experience, an important subsection of which is the access to primary care and specialists while maintaining the highest quality of care.

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

Mental Health & Substance Use Disorders

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

In the area served by Chilton Medical Center, there are identified health concerns or disparities among the population that are related to mental health and alcohol and drug use, including:

- Highest disparity ratios observed among African Americans, ages 0–17, and Medicaid sub-populations.
- Suicidal ideation/self-harm utilization rate decreased by 63% to 49 patients.
- High incidence of:

- Anxiety and fear related disorders
- Neurodevelopmental disorders
- Depressive disorders
- Alcohol-related disorders
- Mood disorders

Mental Health

According to the CDC, mental health is comprised of emotional, psychological, and social well-being and is linked to physical health and is influenced by many factors at multiple levels including individual, family, community, and society. It affects how we think, feel, and act. It also helps determine how we manage 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 type 2 diabetes, heart disease, and stroke.[4] 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 as of 2024[5]:

- 23.4% of adults in the United States, or 61.5 million residents, have a mental health condition.
- Approximately 1 in 18 adults in the United States, or 5.6% of the population, suffer from a severe mental illness, such as schizophrenia, bipolar disorder, or major depression, which impairs their capacity to perform daily tasks.
- 20.2% or 1 in 5 adolescents ages 12-17 have a current, diagnosed mental or behavioral health condition.

Persistent mental health challenges include disparities in access to care and treatment: for example, many individuals with mental illness do not receive treatment, and racial and cultural differences exist in mental health service use.

Substance Misuse

Substance use disorders continue to be an important health issue in our country, throughout the state of New Jersey, and within the CMC service area. According to the 2024 National Survey on Drug Use and Health (NSDUH):

- 48.4 million Americans, or 14.3% of the population aged 12 or older, had a substance use disorder (SUD) in the past year.
- About 1 in 5 of those (21.3 percent) had a severe disorder.

[4] Source: U.S Centers for Disease Control and Prevention; Teen Newsletter: November 2020 – Mental Health | David J. Sencer CDC Museum | CDC

[5] Source: Department of Human and Health Services; Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health

Substance use disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of substance use that leads to impairments in health, social functioning, and control over use. They involve a cluster of cognitive, behavioral, and physiological symptoms in which individuals continue using alcohol or drugs despite experiencing harmful consequences. Patterns of symptoms related to substance use help clinicians diagnose a substance use disorder, which can range in severity from mild to severe. SUDs can affect and are treatable in individuals of any race, gender, income level, or social class and may involve substances such as alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics or anxiolytics, stimulants, tobacco (nicotine), or other known or unknown substances. Approximately one in seven Americans aged 12 or older reports experiencing a substance use disorder, highlighting the widespread impact of these conditions. SUDs can lead to significant challenges across many aspects of life, including work, school, and home environments. Effective treatment requires coordinated care, particularly for individuals with co-occurring mental health conditions, as addressing both substance use and mental health needs is critical to achieving positive and sustained outcomes.

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:[12]

- 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)[6], 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

According to Morris and Passaic County health indicator data, the score for age-adjusted death rate due to suicide remained stable between 2015 and 2023. According to the CDC, national suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates returned to their peak in 2022 and suicide is still a leading cause of death within the United States.

In 2020, suicide was the second leading cause of death for those ages 10 to 14 and 25 to 34. Suicide was the third leading cause of death for ages 15 to 24, the fourth leading cause of death for ages 35 to 44, and the seventh leading cause of death for ages 55 to 64. Although suicide has historically been among the top ten

[6] Source: National Institute of Mental Health ; Traumatic Events and Post-Traumatic Stress Disorder (PTSD) - National Institute of Mental Health (NIMH)

leading causes of death for all ages combined, it was not in 2020. In 2020, COVID-19 became the third leading cause of death.[7]

Although suicide impacts all populations, there are certain populations that have higher rates than others. As noted by the CDC, by race/ethnicity, the groups with the highest rates were non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Other Americans with higher-than-average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and construction. Young people who identify as lesbian, gay, or bisexual have higher rates of suicidal thoughts and behavior compared to their peers who identify as heterosexual.

The CDC developed the Suicide Prevention Resource for Action which provides updated information and available evidence to help reduce rates of suicide. Some of these include strengthening economic supports such as household financial security, creating protective environments by reducing substance use through community-based policies and practice, and improving access and delivery of suicide care but increased provider availability in underserved areas. These are some ways to reduce suicide throughout the population at large—but also this importantly gives an outline on how to serve communities most at risk or in need of mental health services.[14]

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

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

Cancer

Like heart disease, cancer is another chronic disease that immensely impacts the CMC community. Stakeholders answered that there is a high risk of morbidity and mortality associated with cancer and that it impacts a lot of people in the area served by Chilton Medical Center.

Within the CMC area, there are identified health concerns or disparities among the population that are related to cancer, including:

- Incidence of male reproductive system cancers - prostate
- Incidence of breast cancer
- Incidence of respiratory cancers
- Incidence of skin cancers - melanoma
- The age-adjusted death rate due to cancer

[7] Source: The Suicide Prevention Center at The University of Oklahoma; Suicide by Age – Suicide Prevention Resource Center

The cancer mortality 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 CMC. 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[8]

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.

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.

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.

[8] Source: U.S Department of Health and Human Services; Cancer - Healthy People 2030 | odphp.health.gov

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.[9]

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.

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

Heart Disease

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

From a national perspective, heart disease has an enormous burden on the population as it currently stands as the leading cause of death in the United States. In 2023, 919,032 people died from cardiovascular disease. That's the equivalent of 1 in every 3 deaths.18 Several health conditions, lifestyle, age, and family history can increase the risk for heart disease. About 34.9% of American adults have at least one of the many key risk factors for heart disease including high blood pressure, high cholesterol, and smoking. Some of the risk factors for heart disease cannot be controlled, such as age or family history. However, there are certain lifestyle changes that are controllable that can favor a more positive health outcome.

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

Too much plaque buildup and narrowed artery walls can make it harder for blood to flow through your body. When your heart muscle doesn’t get enough blood, you may have chest pain or discomfort, called angina. Angina is the most common symptom of CAD. Over time, CAD can weaken the heart muscle. This may lead to heart failure, a serious condition where the heart can’t pump blood the way that it should. An irregular

[9] Source: National Institute of Health; Cancer Disparities - NCI

heartbeat, or arrhythmia, also can develop. Being overweight, physical inactivity, unhealthy eating, and smoking tobacco are risk factors for CAD. A family history of heart disease also increases risk for CAD.

Heart Attack, also called a myocardial infarction, occurs when a part of the heart muscle doesn't receive enough blood flow. The more time that passes without treatment to restore blood flow, the greater the damage to the heart muscle. Learn more about the signs and symptoms of a heart attack:

- Chest pain or discomfort.
- Feeling weak, light-headed, or faint.
- Pain or discomfort in one or both arms or shoulders.
- Shortness of breath.

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

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

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

Heart disease continues to be the leading cause of death throughout the country, the state, and within the counties served by CMC. Stakeholders agree that it impacts vulnerable populations and that there is high risk of morbidity and mortality associated. Because of these factors, it is important to address how people can access care to improve their health outcomes due to heart disease. Early prevention and detection of heart disease can

help minimize poor health outcomes. This can be achieved through educating people on engaging in healthier lifestyles and seeking primary care on a more regular basis for screening.

Endocrine and Metabolic Disease, Diabetes, and Nutrition

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

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body does not make enough insulin or cannot use it as well as it should. Without enough insulin or when the cells stop responding to the insulin, too much blood sugar stays in the blood stream. More than 38 million people have diabetes in the United States, a number which has doubled over the past 20 years. Diabetes is the 7th leading cause of death in the United States and the 8th leading cause of death in New Jersey [10], and the number 1 cause of chronic kidney disease, lower-limb amputations, and adult blindness.[11]

There are three main types of diabetes[12]:

- 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. 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 increasingly in children, teens, and young adults). Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.
- Gestational Diabetes: this type of diabetes develops in pregnant women who have never had diabetes. With gestational diabetes, the baby could be at higher risk for health problems. While gestational diabetes typically goes away after the baby is born, it increases the risk of developing type 2 diabetes in the future. Babies born to mothers with gestational diabetes are more likely to have obesity as a child or teen and develop type 2 diabetes later in life.

In the United States, 97.6 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[13]

Obesity/Unhealthy Weight

[10] Source: New Jersey Department of Health; NJSHAD - Summary Health Indicator Report - Leading Causes of Death

[11] Source: U.S Centers for Disease Control and Prevention; Diabetes Basics | Diabetes | CDC

[12] Source: U.S Centers for Disease Control and Prevention; Diabetes Basics | Diabetes | CDC

[13] Source: : U.S Centers for Disease Control and Prevention; National Diabetes Statistics Report | Diabetes | CDC

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

Obesity affects children as well as adults. Many factors can contribute to excess weight gain including eating patterns, physical activity levels, and sleep routines, and screen time. Social determinants of health, genetics, and taking certain medications also play a role[14] .

In 2020, the age-adjusted death rate due to diabetes among New Jersey residents was 33% below that of the United States as a whole[15] . The age-adjusted death rates for diabetes were steadily declining for many years before increasing in 2020 and decreasing again after. 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.

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

Geriatrics and Healthy Aging

Within the CMC service area, there is a projected growth among the 65 and older population and projected decline in the younger age cohorts (0-17 and 17-64). The 65 and older community currently makes up approximately 22.7% of the overall population, and this is expected to increase to about 25.3% by 2030.

Because of this change in population make-up, it is important to acknowledge the diseases and health disparities among the elderly population to best serve them. This can help promote better health outcomes among this community.

Upon analysis of various utilization data, it is evident that there are disparities within the 65 and older populations in both heart disease and cancer. This can be attributed to higher utilization among these age cohorts within these health topics.

According to the CDC, the increase in the number of older adults in the United States is unprecedented. In 2023, 59.3 million US adults were 65 or older, representing 17.7% of the population—or more than 1 in every 6 Americans. 1 in 4 older adults are members of a racial or ethnic minority group.[16] This represents a large portion of the United States population, and as projected—will only continue to grow.

[14] Source: U.S Centers for Disease Control and Prevention; Risk Factors for Obesity | Obesity | CDC

[15] Source: New Jersey Department of Health; NJSHAD - Summary Health Indicator Report - Leading Causes of Death

[16] Source: Administration for Community Living; 2023 Profile of Older Americans

By 2040, the number of older adults is expected to reach 78.3 million. By 2060, it will reach 88.8 million, and older adults will make up 25% of the US population.

Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs. The risk of Alzheimer's disease and other dementias increases with age, and these conditions are most common in adults 65 and older. In 2023, an estimated $563.7 billion was spent on LTSS, representing 13.7% of the $4.1 trillion spent on personal health care.[17]

In the area served by Chilton Medical Center, there are identified health concerns or disparities among the population that are related to aging and the elderly population. These include:

- Essential hypertension
- Disorders of lipid metabolism
- Cardiac dysrhythmias
- Respiratory signs and symptoms
- Musculoskeletal pain, not low back pain
- Abnormal findings without diagnosis
- Coronary atherosclerosis and other heart disease

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

[17] Source: The Library of Congress; Who Pays for Long-Term Services and Supports? | Congress.gov | Library of Congress

APPENDIX A: SECONDARY DATA SOURCES[18]

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

SOURCE
American Community Survey
Annie E. Casey Foundation
CDC - PLACES
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
County Health Rankings
Emergency Department Data
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
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

[18] Healthy Communities Institute

APPENDIX B: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT

Chilton Medical Center (CMC) is undertaking a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area. The purpose of the CHA is to gather current statistics and qualitative feedback on the key health issues facing service area residents. The completion of the CHNA will enable CMC 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. Thank you for participating in our survey. Your feedback is appreciated and important.

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

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

- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Mental Health/Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Respiratory Disease
- ☐ Other (specify):

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

- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Mental Health/Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Respiratory Disease
- ☐ Other (specify):

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

_____
_____
_____
_____
_____
_____

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 a sufficient number of providers accepting Medicaid and Medical assistance in the area.					
There are a sufficient number of bilingual providers in the area.					
There are a sufficient number of 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
- ☐ Limited Access to Telehealth or Virtual Care Options
- ☐ Long Travel Distances to Medical Services
- ☐ Lack of Accessible Resources for Those With Disabilities
- ☐ None/No Barriers
- ☐ Other (please specify)

6. Of those barriers mentioned in question 5, which one 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
- ☐ Limited Access to Telehealth or Virtual Care Options
- ☐ Long Travel Distances to Medical Services
- ☐ Lack of Accessible Resources for Those With Disabilities
- ☐ None/No Barriers
- ☐ Other (please specify)

7. Please share any additional thoughts regarding barriers to health care access in the box below (optional):

_____
_____
_____
_____
_____

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 YES to #8, which populations are underserved? (Select all that apply)

- ☐ Uninsured/Underinsured
- ☐ Limited Income/Resources
- ☐ Hispanic/Latino
- ☐ Black/African American
- ☐ Immigrant/Refugee
- ☐ LGBTQ+
- ☐ Disabled
- ☐ Children/Youth
- ☐ Young Adults
- ☐ Seniors/Aging/Elderly
- ☐ Homeless
- ☐ Other (please specify)

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

- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Maternal/Infant Health
- ☐ Mental Health/Suicide
- ☐ Overweight/Obesity
- ☐ Sexually Transmitted Diseases
- ☐ Stroke
- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Tobacco
- ☐ Domestic Violence
- ☐ Respiratory Disease
- ☐ 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
- ☐ Urgent Care Center
- ☐ Don't Know
- ☐ Other (please specify)

12. Please share any additional information regarding Uninsured/Underinsured Individuals & Underserved Populations in the box below (optional):

_____
_____
_____

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 to Medical Appointments or Services
- ☐ Prescription Assistance
- ☐ Health Education/Information/Outreach
- ☐ Preventative Health Screenings
- ☐ Patient Navigation
- ☐ 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? (Optional)

_____
_____

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

_____
_____

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

_____
_____

17. Chilton Medical Center will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback or commentary you may have for them below. (Optional)

_____
_____

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

- ☐ Health Care/Public Health Organization
- ☐ Mental/Behavioral Health Organization
- ☐ Non-Profit/Social Services/Aging Services
- ☐ Faith-Based/Cultural Organization
- ☐ Education/Youth Services
- ☐ Government Sector
- ☐ Housing/Transportation Sector
- ☐ Commercial Business Sector
- ☐ Community Member
- ☐ Other (please specify)

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

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ South Asian/Indian Diaspora
- ☐ Seniors
- ☐ Active Adults
- ☐ Children/Young Adults
- ☐ Limited Income/Resources
- ☐ Medically Underserved
- ☐ LGBTQ+
- ☐ Other (please specify)

20. Name & Contact Information
Note: Your name and email are necessary to track survey participation.
Your identity WILL NOT be associated with your responses or released to third parties.

- Name (*Required*) _____
- Organization (*Required*) _____
- Address _____
- Address 2 _____

- City/Town _____
- State/Province _____
- ZIP/Postal Code _____
- Email (*Required*) _____

APPENDIX C: KEY INFORMANT SURVEY PARTICIPANTS

Chilton 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 CMC solicited responses to a stakeholder survey.

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Albatross to Phoenix Psychiatry LLC	CUMAC	Montville Township Committee
Atlantic Health	Girls on the Run NJ North	Morristown Medical Center
Chilton Medical Center	Highlands Family Success Center	NewBridge Services, Inc.
Borough of Lincoln Park Health Department	JHU	Pequannock Health Department
Borough of Pompton Lakes	JSC Dentistry	Pequannock Township Police
Borough of Ringwood Health Department	Mental Health Association in Passaic County	Pequannock Township School District
Boys & Girls Clubs of Northwest New Jersey	Pompton Eye and Vision Care	PL BOE (Pompton Lakes Board of Education)
Butler Public Library	Private Practice Associates	Pompton Lakes Prevention Coalition
Chilton Community Advisory Board	Suburban Nephrology Group	ShopRite
Center for Family Resources	The Evangelical Lutheran Church of Our Saviour	Township of West Milford
Chilton Community Health Action Committee	Van Duyne Bruno & Co., P.A.	United for Prevention in Passaic County Coalition
Commercial Cleaning Service	Wayne Township	Wayne Alliance
Community Member	Council Member	Wayne Township Police Department
Community Partners for Hope		

APPENDIX D: PASSAIC COUNTY AND MORRIS COUNTY LICENSED HEALTH FACILITIES[19]

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
ADULT DAY HEALTH CARE SERVICES	2ND HOME ADULT MEDICAL DAY	100 HAMILTON PLAZA GROUND FLOOR	PATERSON	NJ	07505
	2ND HOME PASSAIC, LLC	63 GROVE STREET	PASSAIC	NJ	07055
	2ND HOME TOTOWA	120 COMMERCE WAY	TOTOWA	NJ	07512
	A PLUS ADULT MEDICAL DAY CARE	575 EAST 18TH STREET	PATERSON	NJ	07514
	BUCKINGHAM ADULT MEDICAL DAY CARE CENTER, LLC	316 NORTH 6TH STREET	PROSPECT PARK	NJ	07508
	CARE FACTORY INC, THE	397 HALEDON AVENUE, SUITE 202	HALEDON	NJ	07508
	CARING FOR LIFE ADULT DAY CARE, LLC	120 EAST HALSEY ROAD	PARSIPPANY	NJ	07054
	DIAMOND YEARS ADULT MEDICAL DAY CARE CENTER	360 WEST CLINTON STREET	HALEDON	NJ	07508
	GOLDEN YEARS ADULT DAY CARE CENTER	1225 MCBRIDE AVENUE	WOODLAND PARK	NJ	07424
	HAPPY HOME ADULT DAY CARE	680 BROADWAY, SUITE 601	PATERSON	NJ	07514
	JIANYANG & KANGERHOUSE LLC	48 HORSEHILL ROAD	CEDAR KNOLLS	NJ	07927
	MI CASA ES SU CASA INC	911 E 23RD ST	PATERSON	NJ	07543
	MORRIS ADULT DAY CARE	784 ROUTE 46	PARSIPPANY	NJ	07054
	NEW CARING OF PROSPECT PARK	262 N. 10TH STREET	PROSPECT PARK	NJ	07508
	NIRAMAY ADULT DAY CARE CENTER	290 ROUTE 46	PARSIPPANY	NJ	07054
	PARAM ADULT DAY CARE	60 E HANOVER AVENUE	MORRIS PLAINS	NJ	07950
	PARAM ADULT DAY CARE	750 BLOOMFIELD AVENUE	CLIFTON	NJ	07012
	PARSIPPANY ADULT DAYCARE CENTER	176 ROUTE 46	PARSIPPANY	NJ	07054
	PROMISING ADULT DAYCARE	540 STRAIGHT STREET, 3RD FLOOR	PATERSON	NJ	07503
	SECOND INNING I ADULT DAY CARE CENTER	155 ALGONQUIN PARKWAY	WHIPPANY	NJ	07981
	STRAIGHT AND NARROW MEDICAL DA	182 FIRST STREET, 1ST FLOOR	PASSAIC	NJ	07055
	SWEET HOME ADULT MEDICAL DAY CARE	45 E MADISON AVENUE	CLIFTON	NJ	07011
	TRUCARE ADULT MEDICAL DAY CARE	1111 PAULISON AVENUE	CLIFTON	NJ	07011
	XANADU ADULT MEDICAL DAY CARE CENTER	615 MAIN AVENUE, 3RD FLOOR	PASSAIC	NJ	07055
AMBULATORY CARE FACILITY	95 MADISON IMAGING CENTER AT MORRISTOWN, INC	95 MADISON AVENUE	MORRISTOWN	NJ	07960
	ATLANTIC ADVANCED URGENT CARE	333 ROUTE 46, SUITE 106	MOUNTAIN LAKES	NJ	07046
	BARNERT IMAGING LLC	680 BROADWAY, SUITE 005-B	PATERSON	NJ	07514

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	BIOSCRIP INFUSION SERVICES LLC	102 THE AMERICAN ROAD	MORRIS PLAINS	NJ	07950
	BLUE STAR URGENT CARE & WALK-IN MEDICAL CENTER	540 STRAIGHT STREET, SUITE 2B	PATERSON	NJ	07503
	BROOKSIDE URGENT CARE & WALK-IN MEDICAL CENTER	705 HAMBURG TURNPIKE	WAYNE	NJ	07470
	CAN COMMUNITY HEALTH, INC	295-315 E MAIN STREET, 2ND FLOOR	DENVILLE	NJ	07834
	CLIFTON MRI, LLC	750 CLIFTON AVENUE	CLIFTON	NJ	07013
	DENVILLE DIAGNOSTICS IMAGING AND OPEN MRI LLC	161 EAST MAIN STREET	DENVILLE	NJ	07834
	DENVILLE DIAGNOSTICS IMAGING AND OPEN MRI, LLC	601 HAMBURG TURNPIKE, SUITE 201	WAYNE	NJ	07470
	DENVILLE MEDICAL AND SPORTS REHABILITATION CENTER	161 EAST MAIN STREET	DENVILLE	NJ	07834
	EVA'S VILLAGE, INC	20 JACKSON STREET	PATERSON	NJ	07501
	FAMILY HEALTH CENTER, THE	200 SOUTH STREET, 3RD FLOOR TOWN HALL	MORRISTOWN	NJ	07962
	GARDEN STATE OPEN MRI	831 MAIN AVENUE	PASSAIC	NJ	07055
	IMAGECARE AT JEFFERSON	757 ROUTE 15 SOUTH	LAKE HOPATCONG	NJ	07849
	IMAGING SUB-SPECIALIST OF NORTH JERSEY LLC	504 VALLEY ROAD	WAYNE	NJ	07470
	LIFECARE DIAGNOSTIC IMAGING, INC	1117 ROUTE 46 EAST	CLIFTON	NJ	07013
	MAXIMUM MEDICAL AND REHABILITATION, LLC	90 ROUTE 10 WEST	SUCCASUNNA	NJ	07876
	MCBRIDE IMAGING CENTER LLC	1167 MCBRIDE AVENUE, SUITE 3	WOODLAND PARK	NJ	07424
	MEDICAL IMAGING CENTER OF NORTH JERSEY, INC	1111 PAULISON AVENUE	CLIFTON	NJ	07015
	MEDICAL PARK IMAGING AT DENVILLE	282 ROUTE 46 WEST	DENVILLE	NJ	07834
	MEMORIAL RADIOLOGY ASSOCIATES LLC	10 LANIDEX PLAZA WEST	PARSIPPANY	NJ	07054
	MRI OF WEST MORRIS	66 SUNSET STRIP SUITE 105	SUCCASUNNA	NJ	07876
	NEW JERSEY MRI SYSTEMS	583 BROADWAY	PATERSON	NJ	07514
	NJIN OF CEDAR KNOLLS	197 RIDGEDALE AVENUE	CEDAR KNOLLS	NJ	07927
	NJIN OF CLIFTON	1339 BROAD STREET	CLIFTON	NJ	07013
	NJIN OF RANDOLPH	121 CENTER GROVE ROAD, SUITE 7	RANDOLPH	NJ	07869
	NORTH HUDSON COMMUNITY ACTION CORP	220 PASSAIC STREET	PASSAIC	NJ	07055
	OPEN 3T MRI OF NORTH JERSEY	657 WILLOW GROVE STREET, SUITE 205	HACKETTSTOWN	NJ	07840
	OUR BIRTHING CENTER	25 LINDSLEY DRIVE, SUITE 120	MORRISTOWN	NJ	07960
	PASSAIC MEDICAL AND WELLNESS	916-922 MAIN AVENUE, SUITE 2-B	PASSAIC	NJ	07055

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN	196 SPEEDWELL AVENUE	MORRISTOWN	NJ	07960
	PRINCETON RADIOLOGY ASSOCIATES, P A	330 RATZER ROAD	WAYNE	NJ	07470
	PRINCETON RADIOLOGY ASSOCIATES, P A	333 ROUTE 46 WEST	MOUNTAIN LAKES	NJ	07046
	PROGRESSIVE DIAGNOSTIC IMAGING LLC	44 ROUTE 23 NORTH	RIVERDALE	NJ	07457
	RADIOLOGY ASSOCIATES OF HACKETTSTOWN LLC	57 ROUTE 46, SUITE 212	HACKETTSTOWN	NJ	07840
	RADIOLOGY CENTER AT HARDING, INC	1201 MT KEMBLE AVENUE	MORRISTOWN	NJ	07960
	RANDOLPH PAIN RELIEF CENTER, PC	540 ROUTE 10	RANDOLPH	NJ	07869
	SALL/MYERS MEDICAL ASSOCIATES, PA	100 HAMILTON PLAZA, 3RD FLOOR	PATERSON	NJ	07505
	SANTO LOCONTE CHILD ADVOCACY CENTER	156 BARCLAY STREET	PATERSON	NJ	07503
	SUMMIT MEDICAL GROUP	140 PARK AVENUE	FLORHAM PARK	NJ	07932
	SUMMIT MEDICAL GROUP, PA	150 PARK AVENUE	FLORHAM PARK	NJ	07932
	TOTOWA MEDICAL IMAGING, LLC	472 UNION BOULEVARD	TOTOWA	NJ	07512
	WAYNE RADIOLOGY CENTER	516 HAMBURG TURNPIKE	WAYNE	NJ	07470
AMBULATORY CARE FACILITY - SATELLITE	PATERSON COMMUNITY HEALTH DENTAL VAN	32 CLINTON STREET	PATERSON	NJ	07522
	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	680 BROADWAY	PATERSON	NJ	07514
	ZUFALL HEALTH CENTER	17 SOUTH WARREN STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER-DENTAL VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
AMBULATORY SURGICAL CENTER	ACCELERATED SURGICAL CENTER OF NORTH JERSEY LLC	680 BROADWAY, SUITE 203	PATERSON	NJ	07514
	ADVANCED SURGERY CENTER OF CLIFTON, LLC	1200 ROUTE 46 WEST	CLIFTON	NJ	07013
	AFFILIATED AMBULATORY SURGERY, PC	182 SOUTH STREET, SUITE #1	MORRISTOWN	NJ	07960
	AFFILIATED ENDOSCOPY SERVICES OF CLIFTON	925 CLIFTON AVENUE, SUITE 100	CLIFTON	NJ	07013
	AMBULATORY SURGICAL CENTER OF POMPTON LAKES, LLC	111 WANAQUE AVENUE	POMPTON LAKES	NJ	07442
	AZURA SURGERY CENTER WOODLAND PARK	1225 MCBRIDE AVENUE, SUITE 117	WOODLAND PARK	NJ	07424
	BARNERT SURGICAL CENTER	680 BROADWAY, SUITE 202	PATERSON	NJ	07514
	CENTER FOR SPECIAL SURGERY AT HAWTHORNE	104 LINCOLN AVENUE	HAWTHORNE	NJ	07506
	CLIFTON SURGERY CENTER	1117 ROUTE 46 EAST, SUITE 303	CLIFTON	NJ	07013
	DENVILLE SURGERY CENTER, LLC	3130 ROUTE 10 WEST, SUITE 200	DENVILLE	NJ	07834
	ELITE SURGICAL CENTER LLC	307 HAMBURG TURNPIKE	WAYNE	NJ	07470

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	EMMAUS SURGICAL CENTER LLC	57 ROUTE 46, SUITE 104	HACKETTSTOWN	NJ	07840
	ENDO-SURGICAL CENTER OF NORTH JERSEY	999 CLIFTON AVENUE	CLIFTON	NJ	07013
	EYE AND LASER SURGERY CENTERS OF NEW JERSEY LLC	330 SOUTH STREET	MORRISTOWN	NJ	07960
	FIRST GI ENDOSCOPY AND SURGERY CENTER LLC	44 STATE ROUTE 23, SUITE 1	RIVERDALE	NJ	07457
	FLORHAM PARK ENDOSCOPY	195 COLUMBIA TURNPIKE	FLORHAM PARK	NJ	07932
	GANCHI PLASTIC SURGERY CENTER, LLC	246 HAMBURG TURNPIKE, SUITE 307	WAYNE	NJ	07470
	GASTROENTEROLOGY DIAGNOSTICS OF NORTHERN NJ PA	205 BROWERTOWN ROAD - SUITE 102	WOODLAND PARK	NJ	07424
	HANOVER HILLS SURGERY CENTER LLC	83 HANOVER ROAD, SUITE 100	FLORHAM PARK	NJ	07932
	HANOVER NJ ENDOSCOPY ASC LLC, THE	91 SOUTH JEFFERSON ROAD SUITE 300	WHIPPANY	NJ	07981
	MILLENNIUM HEALTHCARE OF CLIFTON	925 CLIFTON AVENUE, SUITE 201	CLIFTON	NJ	07013
	MORRIS COUNTY SURGICAL CENTER LLC	3695 HILL ROAD	PARSIPPANY	NJ	07054
	NEW HORIZON SURGICAL CENTER, LLC	680 BROADWAY, SUITE 201	PATERSON	NJ	07514
	NORTH JERSEY GASTROENTEROLOGY & ENDOSCOPY CENTER	1825 ROUTE 23 SOUTH	WAYNE	NJ	07470
	NORTH JERSEY VASCULAR CENTER LLC	1429 BROAD STREET	CLIFTON	NJ	07013
	NORTHEASTERN SURGERY CENTER, PA	220 RIDGEDALE AVENUE	FLORHAM PARK	NJ	07932
	PEER GROUP FOR PLASTIC SURGERY, PA	124 COLUMBIA TURNPIKE	FLORHAM PARK	NJ	07932
	PERFORMANCE SURGICAL CENTER, LLC	1084 MAIN AVENUE, SECOND FLOOR	CLIFTON	NJ	07011
	PREMIER ENDOSCOPY	164 BRIGHTON ROAD	CLIFTON	NJ	07012
	RIDGEDALE SURGERY CENTER	14 RIDGEDALE AVENUE, SUITE 120	CEDAR KNOLLS	NJ	07927
	RIVERDALE SURGERY CENTER LLC	44 STATE RT 23, SUITE 15A	RIVERDALE	NJ	07457
	SAME DAY PROCEDURES, LLC	1060 CLIFTON AVENUE, 2ND FLOOR	CLIFTON	NJ	07013
	SUMMIT ATLANTIC SURGERY CENTER, LLC	140 PARK AVENUE	FLORHAM PARK	NJ	07932
	SURGICAL CENTER AT CEDAR KNOLLS LLC	197 RIDGEDALE AVENUE	CEDAR KNOLLS	NJ	07927
	TEAM MD SURGERY CENTER, LLC	1167 MCBRIDE AVENUE, SUITE 4	WOODLAND PARK	NJ	07424
	WAYNE SURGICAL CENTER LLC	1176 HAMBURG TURNPIKE	WAYNE	NJ	07470
	WEST MORRIS SURGERY CENTER	66 SUNSET STRIP, SUITE 101	SUCCASUNNA	NJ	07876
ASSISTED LIVING RESIDENCE	ARBOR TERRACE MORRIS PLAINS	361 SPEEDWELL AVENUE	MORRIS PLAINS	NJ	07950

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	ARDEN COURTS (WAYNE)	800 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ARDEN COURTS (WHIPPANY)	18 EDEN LANE	WHIPPANY	NJ	07981
	BRIGHTON GARDENS OF FLORHAM PARK	21 RIDGEDALE AVENUE	FLORHAM PARK	NJ	07932
	BRIGHTVIEW WAYNE	1139 HAMBURG TURNPIKE	WAYNE	NJ	07470
	BRISTAL AT WAYNE, THE	1440 HAMBURG TURNPIKE	WAYNE	NJ	07470
	BROOKDALE FLORHAM PARK	8 JAMES STREET	FLORHAM PARK	NJ	07932
	BROOKDALE WAYNE	820 HAMBURG TURNPIKE	WAYNE	NJ	07470
	CARE ONE AT PARSIPPANY ASSISTED LIVING	200 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CARE ONE AT WAYNE - ALR	493 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	CHELSEA AT BALD EAGLE	197 CAHILL CROSS ROAD	WEST MILFORD	NJ	07480
	CHELSEA AT CLIFTON, THE	682 VALLEY ROAD	CLIFTON	NJ	07013
	CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET	PASSAIC	NJ	07055
	HARMONY VILLAGE AT CAREONE HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	JUNIPER VILLAGE AT CHATHAM	500 SOUTHERN BOULEVARD	CHATHAM	NJ	07928
	MERRY HEART ASSISTED LIVING, LLC	118 MAIN STREET	SUCCASUNNA	NJ	07876
	MT ARLINGTON SENIOR LIVING	2 HILLSIDE DRIVE	MOUNT ARLINGTON	NJ	07856
	OAKS AT DENVILLE, THE	19 POCONO ROAD	DENVILLE	NJ	07834
	SPRING HILLS AT MORRISTOWN	17 SPRING PLACE	MORRISTOWN	NJ	07960
	SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD	MORRIS PLAINS	NJ	07950
	SUNRISE ASSISTED LIVING OF RANDOLPH	648 ROUTE 10	RANDOLPH	NJ	07869
	SUNRISE ASSISTED LIVING OF WAYNE	184 BERDAN AVENUE	WAYNE	NJ	07470
	SUNRISE OF MADISON	215 MADISON AVENUE	MADISON	NJ	07940
	SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE	MOUNTAIN LAKES	NJ	07046
	SYCAMORE REHAB AND ASSISTED LIVING AT EAST HANOVER	1 SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	VAN DYK'S SENIOR RESIDENCE OF HAWTHORNE	644 GOFFLE ROAD	HAWTHORNE	NJ	07506
	VICTORIA MEWS ASSISTED LIVING	51 NORTH MAIN STREET	BOONTON TOWNSHIP	NJ	07005
	VILLA AT FLORHAM PARK, INC THE	190 PARK AVENUE	FLORHAM PARK	NJ	07932
	WESTON ASSISTED LIVING RESIDEN	905 ROUTE 10 EAST	WHIPPANY	NJ	07981

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
COMPREHENSIVE OUTPATIENT REHAB	NORTH JERSEY DIAGNOSTICS CENTER LLC	500 VALLEY ROAD, SUITE 101	WAYNE	NJ	07470
COMPREHENSIVE PERSONAL CARE HOME	CHELSEA AT MONTVILLE, THE	165 CHANGEBRIDGE ROAD	MONTVILLE	NJ	07045
	SAINT CLARE'S HOSPITAL - DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	VILLA AT FLORHAM PARK, INC (THE)	190 PARK AVENUE	FLORHAM PARK	NJ	07932
COMPREHENSIVE REHABILITATION HOSPITAL	ATLANTIC REHABILITATION INSTITUTE	200 MADISON AVENUE	MADISON	NJ	07940
	KESSLER INSTITUTE FOR REHABILITATION WELKIND FACIL	201 PLEASANT HILL ROAD	CHESTER	NJ	07930
END STAGE RENAL DIALYSIS	CLIFTON DIALYSIS CENTER, LLC	251 CLIFTON AVENUE, UNIT A	CLIFTON	NJ	07011
	DIALYSIS ASSOCIATES OF NORTHERN NEW JERSEY	2200 ROUTE 10 WEST, SUITE 107	PARSIPPANY	NJ	07054
	EAST PATERSON DIALYSIS	680 BROADWAY, SUITE 103	PATERSON	NJ	07514
	FRESENIUS KIDNEY CARE PASSAIC	10 CLIFTON BLVD, SUITE 1	CLIFTON	NJ	07011
	FRESENIUS MEDICAL CARE DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	FRESENIUS MEDICAL CARE EAST MORRIS	55 MADISON AVENUE, SUITE 170	MORRISTOWN	NJ	07960
	FRESENIUS MEDICAL CARE KENVIL	677 C ROUTE 46	KENVIL	NJ	07847
	GREAT FALLS DIALYSIS, LLC	498 E 30TH STREET	PATERSON	NJ	07504
	NORTH HALEDON DIALYSIS	953 BELMONT AVENUE	NORTH HALEDON	NJ	07508
	PARSIPPANY DIALYSIS	900 LANIDEX PLAZA, SUITE 120	PARSIPPANY	NJ	07054
	RENAL CENTER OF MORRISTOWN	100 MADISON AVE - 4TH FLR	MORRISTOWN	NJ	07960
	RENAL CENTER OF SUCCASUNNA	175 RIGHTER ROAD	SUCCASUNNA	NJ	07876
	ST JOSEPH'S PATERSON DIALYSIS	11 GETTY AVENUE, BUILDING 275	PATERSON	NJ	07503
	ST JOSEPH'S SJRMC DIALYSIS	703 MAIN ST	PATERSON	NJ	07503
	ST JOSEPH'S WAYNE DIALYSIS	57 WILLOWBROOK BOULEVARD FL 2	WAYNE	NJ	07470
	WOODLAND PARK DIALYSIS CENTER, LLC	1225 MCBRIDE AVENUE	WOODLAND PARK	NJ	07424
FEDERALLY QUALIFIED HEALTH CENTERS	HIGHLANDS HEALTH VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
	PATERSON COMMUNITY HEALTH CENTER	227 BROADWAY	PATERSON	NJ	07501
	PATERSON COMMUNITY HEALTH CENTER INC	32 CLINTON STREET	PATERSON	NJ	07522
	ZUFALL HEALTH CENTER	18 WEST BLACKWELL STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER INC	4 ATNO AVENUE	MORRISTOWN	NJ	07960
GENERAL ACUTE CARE HOSPITAL	CHILTON MEDICAL CENTER	97 WEST PARKWAY	POMPTON PLAINS	NJ	07444

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	MORRISTOWN MEDICAL CENTER	100 MADISON AVE	MORRISTOWN	NJ	07960
	SAINT CLARE'S HOSPITAL	25 POCONO ROAD	DENVILLE	NJ	07834
	SAINT CLARE'S HOSPITAL	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	ST JOSEPH'S UNIVERSITY MEDICAL CENTER	703 MAIN ST	PATERSON	NJ	07503
	ST JOSEPH'S WAYNE MEDICAL CENTER	224 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ST MARY'S GENERAL HOSPITAL	350 BOULEVARD	PASSAIC	NJ	07055
HOME HEALTH AGENCY	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	CEDAR CREST VILLAGE, INC HOME HEALTH DEPARTMENT	1 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	PATIENT CARE	4 BRIGHTON ROAD, SUITE 403	CLIFTON	NJ	07012
	VISITING HEALTH SERVICES OF NJ	3 GARRET MOUNTAIN PLAZA, SUITE 400	WOODLAND PARK	NJ	07424
	VISITING NURSE ASSOC OF NORTHERN NEW JERSEY, INC	175 SOUTH STREET	MORRISTOWN	NJ	07960
HOSPICE CARE BRANCH	COMPASSUS-GREATER NEW JERSEY	3219 ROUTE 46, SUITE 206	PARSIPPANY	NJ	07054
	ENNOBLE CARE	1 EDGEVIEW DRIVE, UNIT B3	HACKETTSTOWN	NJ	07840
HOSPICE CARE PROGRAM	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	COMPASSIONATE CARE HOSPICE OF NORTHERN NJ LLC	500 INTERNATIONAL DRIVE, SUITE 333	BUDD LAKE	NJ	07828
	HOSPICE AGENCY OF NJ, INC	175 MARKET STREET, SUITE 202	PATERSON	NJ	07505
	SUNCREST HOSPICE	35 WATERVIEW BLVD SUITE 100	PARSIPPANY	NJ	07054
	VHS HOSPICE SERVICES OF NEW JERSEY	3 GARRET MOUNTAIN PLAZA	WOODLAND PARK	NJ	07424
	VISITING NURSE ASSOCIATION OF NORTHERN NEW JERSEY	175 SOUTH STREET	MORRISTOWN	NJ	07960
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	234 BUILDING	234 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ATLANTIC MATERNAL FETAL MEDICINE	435 SOUTH STREET, SUITE 380	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT 435 SOUTH STREET	435 SOUTH STREET	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT FLORHAM PARK	10 JAMES STREET	FLORHAM PARK	NJ	07932
	CENTER FOR HEALTHIER LIVING	108 BILBY ROAD # 101	HACKETTSTOWN	NJ	07840
	CHILTON HEALTH NETWORK AT 242 WEST PARKWAY	242 WEST PARKWAY	POMPTON PLAINS	NJ	07444
	CHILTON HEALTH NETWORK AT PIKE DRIVE	1 PIKE DRIVE	WAYNE	NJ	07470
	CLIFTON FAMILY PRACTICE	1135 BROAD STREET	CLIFTON	NJ	07013
	CSH OUTPATIENT CENTER AT CLIFTON	1135 BROAD STREET	CLIFTON	NJ	07013

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	GERIATRIC ASSESSMENT CTR DAVID & JOAN POWELL CTR	435 SOUTH STREET, SUITE 390	MORRISTOWN	NJ	07960
	MEDICAL INSTITUTE OF NEW JERSEY, THE	11 SADDLE ROAD	CEDAR KNOLLS	NJ	07927
	MMC INTERNAL MEDICINE FACULTY ASSOCIATE	435 SOUTH STREET, SUITE 350	MORRISTOWN	NJ	07962
	MMC RADIATION ONCOLOGY AT EDEN LANE	16 EDEN LANE	WHIPPANY	NJ	07981
	MORRISTOWN MEDICAL CENTER ENDOSCOPY AT 111	111 MADISON AVENUE, SUITE 401	MORRISTOWN	NJ	07960
	MORRISTOWN MEDICAL CENTER ASC AT ROCKAWAY	333 MOUNT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER MFM AT ROCKAWAY	333 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER OP RADIOLOGY AT ROCKAWAY	333 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN MEDICAL CENTER RADIOLOGY AT 111 MADI	111 MADISON AVENUE	MORRISTOWN	NJ	07960
	MORRISTOWN MEDICAL CENTER ROCKAWAY VACCINATION SIT	301 MT HOPE AVENUE	ROCKAWAY	NJ	07866
	MORRISTOWN OUTPATIENT RADIOLOGY	310 MADISON AVENUE	MORRISTOWN	NJ	07960
	SAINT CLARE'S HEALTH -LAKELAND CARDIOLOGY CTR	765 ROUTE 10, SUITE 104	RANDOLPH	NJ	07869
	SAINT CLARE'S HEALTH SYSTEM - LAKELAND CARD CTR	415 BOULEVARD	MOUNTAIN LAKES	NJ	07046
	SAINT CLARE'S IMAGING CENTER AT PARSIPPANY	3219 ROUTE 46 EAST	PARSIPPANY	NJ	07054
	ST JOSEPH'S AMBULATORY IMAGING CENTER AT CLIFTON	1135 BROAD STREET	CLIFTON	NJ	07013
	ST JOSEPH'S CARDIOVASCULAR CENTER WAYNE	246 HAMBURG TURNPIKE, SUITE 201	WAYNE	NJ	07470
	ST JOSEPH'S CARDIOVASCULAR CENTER WOODLAND PARK	999 MC BRIDE AVENUE	WOODLAND PARK	NJ	07424
	ST JOSEPH'S DEPAUL AMBULATORY CARE CENTER	11 GETTY AVENUE, BUILDING #275	PATERSON	NJ	07503
	ST JOSEPH'S WAYNE RADIATION ONCOLOGY CENTER	234 HAMBURG TURNPIKE	WAYNE	NJ	07470
	UNIVERSITY IMAGING	246 HAMBURG TURNPIKE	WAYNE	NJ	07470
	VALLEY HOSPITAL COMMUNITY CARE	1114 GOFFLE ROAD	HAWTHORNE	NJ	07506
	WOUND CARE CENTER AT MORRISTOWN MEDICAL CENTER	435 SOUTH STREET	MORRISTOWN	NJ	07962
HOSPITAL-BASED, OFF-SITE AMBULATORY SURGICAL CTR	MORRISTOWN SURGICAL CENTER	111 MADISON AVENUE	MORRISTOWN	NJ	07962
LONG TERM CARE FACILITY	ARBOR RIDGE REHABILITATION AND HEALTHCARE CENTER	261 TERHUNE DRIVE	WAYNE	NJ	07470
	ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	155 HAZEL STREET	CLIFTON	NJ	07011
	ATRIUM POST ACUTE CARE OF WAYNE	1120 ALPS ROAD	WAYNE	NJ	07470
	ATRIUM POST ACUTE CARE OF WAYNEVIEW	2020 ROUTE 23 NORTH	WAYNE	NJ	07470

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	BARNERT SUBACUTE REHABILITATION CENTER, LLC	680 BROADWAY SUITE 301	PATERSON	NJ	07514
	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	CARE ONE AT HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	CARE ONE AT MADISON AVENUE	151 MADISON AVENUE	MORRISTOWN	NJ	07960
	CARE ONE AT PARSIPPANY	100 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CARE ONE AT WAYNE - SNF	493 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD	CHATHAM	NJ	07928
	CHESHIRE HOME	9 RIDGEDALE AVE	FLORHAM PARK	NJ	07932
	COMPLETE CARE AT FAIR LAWN EDGE	77 EAST 43RD STREET	PATERSON	NJ	07514
	COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE	PASSAIC	NJ	07055
	COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD	WEST MILFORD	NJ	07480
	DOCTORS SUBACUTE HEALTHCARE, LLC	59 BIRCH STREET	PATERSON	NJ	07522
	DWELLING PLACE AT ST CLARES	400 WEST BLACKWELL ST	DOVER	NJ	07801
	GARDEN TERRACE NURSING HOME	361 MAIN STREET	CHATHAM	NJ	07928
	HEALTH CENTER AT BLOOMINGDALE	255 UNION AVE	BLOOMINGDALE	NJ	07403
	HEATH VILLAGE	451 SCHOOLEY'S MOUNTAIN RD	HACKETTSTOWN	NJ	07840
	HOLLAND CHRISTIAN HOME	151 GRAHAM AVENUE	NORTH HALEDON	NJ	07508
	HOLLY MANOR CENTER	84 COLD HILL ROAD	MENDHAM	NJ	07945
	LAKEVIEW REHABILITATION AND CARE CENTER	130 TERHUNE DRIVE	WAYNE	NJ	07470
	LINCOLN PARK CARE CENTER	499 PINE BROOK ROAD	LINCOLN PARK	NJ	07035
	LINCOLN PARK RENAISSANCE REHAB & NURSING	521 PINE BROOK ROAD	LINCOLN PARK	NJ	07035
	LLANFAIR HOUSE CARE & REHABILITATION CENTER	1140 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	MERRY HEART NURSING HOME	200 RT 10 WEST	SUCCASUNNA	NJ	07876
	MORRIS VIEW HEALTHCARE CENTER	540 WEST HANOVER AVENUE	MORRISTOWN	NJ	07960
	MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON AVENUE	MORRISTOWN	NJ	07960
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVE	BOONTON	NJ	07005
	OAKS AT DENVILLE, THE	21 POCONO ROAD	DENVILLE	NJ	07834
	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	1433 RINGWOOD AVE	HASKELL	NJ	07420

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PINE ACRES CONVALESCENT CENTER	51 MADISON AVE	MADISON	NJ	07940
	PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD	WAYNE	NJ	07470
	REGENCY GARDENS NURSING CENTER	296 HAMBURG TURNPIKE	WAYNE	NJ	07470
	REGENCY GRANDE NURS & REHAB CE	65 NORTH SUSSEX STREET	DOVER	NJ	07801
	ST JOSEPH'S HOME FOR ELDERLY	140 SHEPHERD LANE	TOTOWA	NJ	07512
	SYCAMORE LIVING AT EAST HANOVER	ONE SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	TROY HILLS CENTER	200 REYNOLDS AVE	PARSIPPANY	NJ	07054
RESIDENTIAL DEMENTIA CARE HOME	BEVERWYCK HOUSE OF MERRY HEART, LLC	420 S BEVERWYCK ROAD	PARSIPPANY	NJ	07054
	COUNTRY HOME OPERATIONS LLC	1095 TABOR ROAD	MORRIS PLAINS	NJ	07950
	FOX TRAIL MEMORY CARE LIVING CHESTER	115 ROUTE 206	CHESTER	NJ	07930
	FOX TRAIL MEMORY CARE LIVING MONTVILLE	55 RIVER ROAD	MONTVILLE	NJ	07045
RESIDENTIAL HEALTH CARE	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	HEATH VILLAGE	430 SCHOOLEY'S MOUNTAIN ROAD	HACKETTSTOWN	NJ	07840
	HOLLAND CHRISTIAN HOME	151 GRAHAM AVENUE	NORTH HALEDON	NJ	07508
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVENUE	BOONTON	NJ	07005
	ST JOSEPH'S HOME FOR ELDERLY	140 SHEPHERD LANE	TOTOWA	NJ	07512
SPECIAL HOSPITAL	KINDRED HOSPITAL NEW JERSEY - MORRIS COUNTY	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	KINDRED HOSPITAL-EAST NEW JERSEY	350 BOULEVARD,5TH FLOOR WEST	PASSAIC	NJ	07055
	SAINT CLARE'S HOSPITAL - BOONTON	130 POWERVILLE ROAD	BOONTON TOWNSHIP	NJ	07005
SURGICAL PRACTICE	CHESTER SURGERY CENTER PC	385 ROUTE 24, SUITE 3 K	CHESTER	NJ	07930
	ELTRA LLC	254 COLUMBIA TPKE, SUITE 100	FLORHAM PARK	NJ	07932

PREPARED FOR

CHILTON MEDICAL CENTER

BY

ATLANTIC HEALTH
PLANNING & SYSTEM DEVELOPMENT

Atlantic Health