CentraState Medical Center
Community Health Needs Assessment

2025-2027

Atlantic Health

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

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

Atlantic Health
CentraState Medical Center
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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, CentraState Medical Center.

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
Part V Section B Line 1a A definition of the community served by the hospital facility	5
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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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Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	None Identified

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EXECUTIVE SUMMARY

CentraState Medical Center is committed to assessing and addressing the health needs of the communities it serves in accordance with the requirements of Section 501(r) of the Internal Revenue Code. In support of this commitment, beginning in June 2025, CentraState Medical Center (CSMC), a partner of Atlantic Health, conducted a comprehensive Community Health Needs Assessment (CHNA) to identify significant health needs within its defined hospital service area. CSMC defines its service area as the geographic region from which it receives approximately 75 percent of its inpatient admissions, encompassing portions of Mercer, Middlesex, Monmouth, and Ocean counties in New Jersey.

The purpose of the CHNA was to obtain current quantitative and qualitative information regarding the health status, health behaviors, and health care access challenges of residents within the service area, including populations that are medically underserved, low-income, or otherwise vulnerable. The assessment examined a broad range of health indicators, including chronic disease prevalence, access to and utilization of health care services, and social determinants of health. The CHNA process incorporated secondary data analysis, community stakeholder and key informant input, and a structured prioritization methodology to ensure that identified needs reflect both documented health outcomes and community perspectives.

Completion of the CHNA provided CentraState Medical Center with a comprehensive, population-based understanding of the community it serves and informed the identification and prioritization of significant health needs. This CHNA Final Summary Report presents a summary of the methods, data sources, and key findings used in the assessment and prioritization process. While not an exhaustive compilation of all data reviewed, the report includes the information most relevant to establishing community health priorities for the 2025–2027 CHNA cycle and to guiding the development of CentraState Medical Center's Community Health Improvement Plan (CHIP).

CHNA Development Process

Consistent with IRS guidance, the CHNA was conducted using a documented, multi-step process that included:

- Review and analysis of relevant secondary data sources
- Collection of input from community stakeholders and key informants
- A formal prioritization session evaluating identified health needs
- Adoption of significant health needs by hospital leadership and governance

Identified Significant Health Needs

Based on the CHNA process and in collaboration with community partners, CentraState Medical Center identified and adopted the following significant health needs for the 2025–2027 CHNA cycle:

- Access to Care
- Mental Health and Substance Use Disorders
- Endocrine and Metabolic Disease, including Diabetes and Nutrition
- Heart Disease
- Cancer

These priority areas were selected based on their prevalence, impact on morbidity and mortality, disproportionate effects on vulnerable populations, relationship to other community health issues, availability of resources, and CentraState Medical Center's ability to meaningfully address the needs through programs, partnerships, and services.

CentraState Medical Center intends to develop and implement strategies to address the identified significant health needs and to make its Community Health Improvement Plan (CHIP) publicly available. The CHIP will describe planned actions, anticipated outcomes, and resources committed to addressing each priority health need and will be updated and reported on annually, consistent with IRS Schedule H requirements.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

CentraState Medical Center is a leading non-profit community hospital and a key partner of Atlantic Health. Located in Freehold, New Jersey, CentraState Medical Center is licensed for 284 beds and supported by a workforce of more than 3,500 team members and a medical staff of over 900 physicians. The medical center serves as a regional hub for advanced acute, specialty, and ambulatory care across central New Jersey, combining community-based access with system-level clinical depth.

CentraState is nationally and regionally recognized for excellence across multiple clinical service lines. The medical center delivers high-quality cardiovascular care, including advanced heart rhythm management and Joint Commission–certified Heart Failure services, as well as comprehensive stroke care supported by Joint Commission certification and rapid-response protocols. CentraState also maintains strong reputations in oncology, with distinction in the treatment of leukemia, lymphoma, and myeloma; urology; and the management of complex medical conditions. These services are further strengthened through integration with Atlantic Health System, providing patients access to system-wide specialty expertise, advanced diagnostics, and coordinated care across the continuum.

CentraState is equally distinguished for quality, safety, and innovation. Its Emergency Department is among a select group nationwide to earn the Lantern Award from the Emergency Nurses Association, recognizing excellence in nursing leadership, clinical practice, and patient experience. The hospital holds multiple Joint Commission certifications, including Total Joint Replacement, Palliative Care, Wound Care, Stroke, and Heart Failure, reflecting adherence to evidence-based standards and strong patient outcomes. CentraState has achieved Magnet® recognition from the American Nurses Credentialing Center multiple times—an honor held by only a small percentage of U.S. hospitals nationwide—and is repeatedly recognized as a Most Wired® healthcare organization by CHIME, demonstrating leadership in digital health, interoperability, and patient engagement.

Beyond clinical performance, CentraState is recognized as an employer of choice, earning Great Place to Work® certification and national recognition for workplace culture, engagement, and leadership within the healthcare sector. Through its partnership with Atlantic Health System, CentraState Medical Center offers patients seamless access to a comprehensive regional network of hospitals, physicians, and specialty programs—ensuring high-quality, coordinated care close to home, supported by advanced technology, research, and innovation.

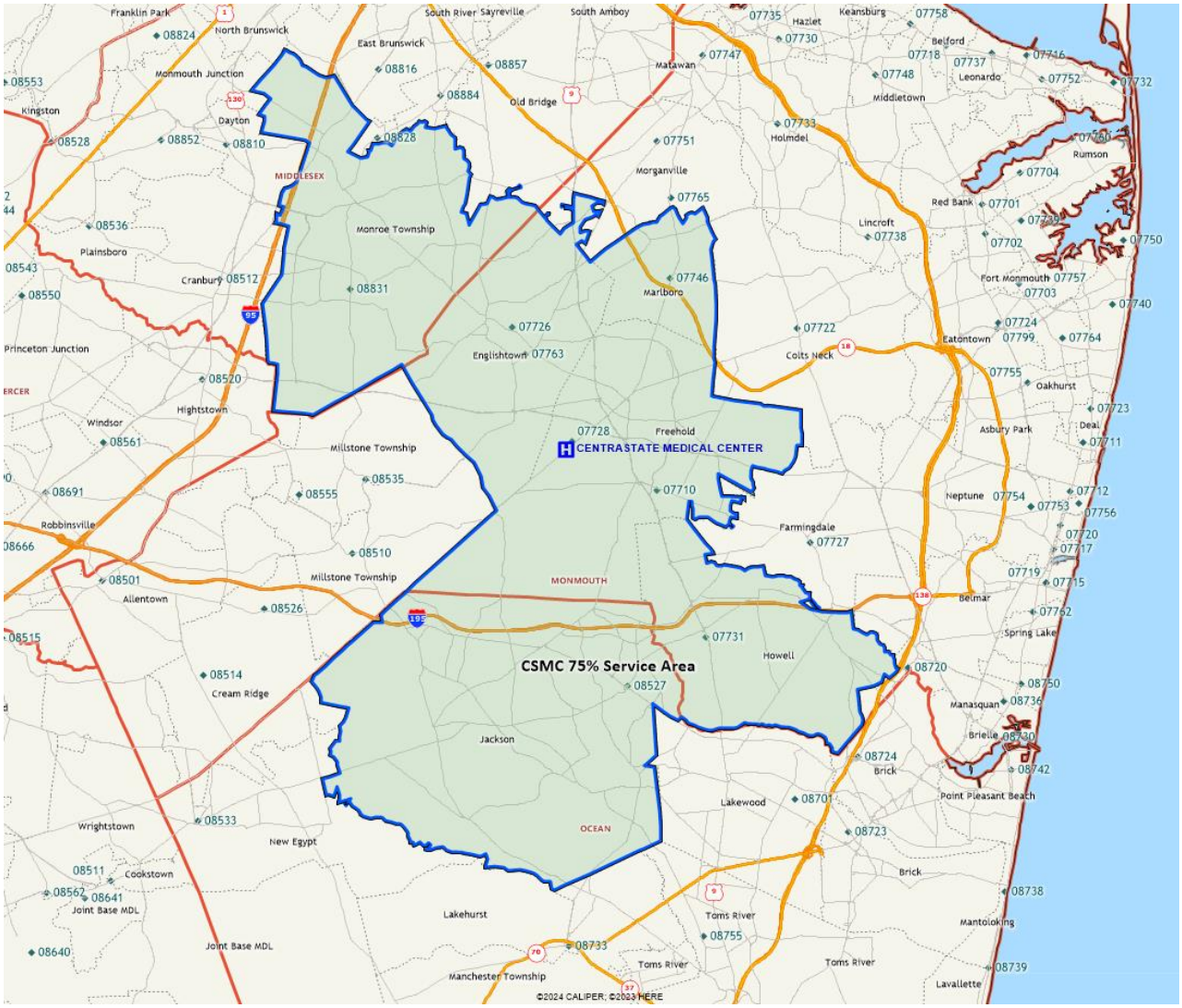
Community Overview

CentraState Medical Center (CSMC) defines its service area as the geographic region from which it receives approximately 75% of its inpatient admissions. This core service area encompasses six ZIP codes across portions of Monmouth, Mercer, Middlesex, and Ocean counties, reflecting CSMC's role as a primary provider of inpatient and outpatient care for a diverse cross-section of central New Jersey communities. The service area includes a mix of more densely populated suburban municipalities as well as less densely populated rural-suburban communities, resulting in varying patterns of access, utilization, and health care need.

The population served by CSMC is characterized by broad racial, ethnic, and socioeconomic diversity, with meaningful variation in income, age distribution, and access to health and social services across the region. These differences contribute to distinct health challenges and disparities within the service area, particularly related to chronic disease burden, access to care, and social determinants of health. In response, CSMC is committed to continuously assessing community needs through data analysis and stakeholder engagement,

ensuring that its clinical services, community programs, and partnerships are aligned with the evolving health priorities of the populations it serves.

Geographic Area Served by CentraState Medical Center



Following are the towns and cities served by CSMC.

CSMC STARK SERVICE AREA					
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07726	ENGLISHTOW	MONMOUTH	07746	MARLBORO	MONMOUTH
07728	FREEHOLD	MONMOUTH	08527	JACKSON	OCEAN
07731	HOWELL	MONMOUTH	08831	MONROE	MIDDLESEX

Methodology

CSMC'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.
- After secondary data were presented, utilization records and survey findings were combined to identify population needs. Priorities were categorized as clinically focused or access-related, and through consultation and discussion with the CAB/CHAC, a subset was selected as priorities for the subsequent three years.

Analytic Support

Atlantic Health's corporate Planning & System Development staff provided CSMC 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. CSMC'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. CSMC sought to mitigate these limitations by including, in the assessment process, a diverse cohort of representatives or and/or advocates for medically underserved, low income, and minority populations in the service area.

Prioritization of Needs

Following the completion of the CHNA research, AH's planning team prioritized community health issues, which are documented herein. CSMC 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 CSMC Community Advisory Board's Community Health Sub-Committee of the current health and socio-economic status of residents in CSMC's service area. Following is a summary of key details and findings from the secondary data review.

Demographic Overview[1]

CentraState Medical Center's (CSMC) service area is projected to experience modest population growth of approximately 2.11% between 2025 and 2030, reflecting relative demographic stability compared with many regions in New Jersey. The gender distribution remains balanced, with 50.9% of the population identifying as female and 49.1% as male in 2025, and no significant shifts anticipated over the projection period.

The service area is characterized by an older population, with residents aged 65 and older accounting for 23.23% of the population, well above the current national average of 18.56%. This age cohort is projected to grow significantly, reaching 26.49% of the total population by 2030, signaling continued aging of the community. These trends have important implications for health care demand, including increased need for chronic disease management, cardiovascular care, cancer services, mobility support, and geriatric-focused care models.

Racial and ethnic composition remains predominantly White (non-Hispanic) at 67.58%, though the service area continues to diversify. The Hispanic population is projected to grow from 13.25% to 14.96% by 2030, reflecting broader demographic shifts across central New Jersey. Linguistic diversity remains moderate, with approximately 78% of residents speaking only English at home, while 6% speak Spanish, highlighting the importance of culturally and linguistically appropriate services for a subset of the population.

The service area demonstrates strong socioeconomic and educational indicators, though pockets of vulnerability remain. More than 63% of households report annual incomes above $100,000, including 27.28% earning more than $200,000, positioning the region well above state and national income averages. At the same time, 9.05% of households earn less than $25,000 annually, underscoring the presence of lower-income populations who may face barriers to access, affordability, and health equity. Educational attainment is high, with 95.04% of adults holding at least a high school diploma and 46.5% having completed a bachelor's degree or higher, supporting strong health literacy overall while reinforcing the need for targeted outreach and support for more vulnerable segments of the community.

Health Insurance Coverage / Payer Mix[1]

Health insurance coverage plays a critical role in determining access to care, care-seeking behavior, and overall health outcomes. Analysis of emergency department (ED) and inpatient payer mix within CentraState Medical Center's (CSMC) service area provides insight into the insurance landscape of the community and the populations most likely to experience barriers related to affordability, access, and continuity of care.

[1] Source: NJ Uniform Billing Data / Atlantic Health

Among ED treat-and-release visits, approximately 16.0% of encounters in the service area are covered by Medicaid/NJ FamilyCare or Medicaid HMOs, while an additional 7.0% are classified as self-pay, charity care, or underinsured. Medicare and Medicare Advantage plans account for approximately 25.0% of ED visits, reflecting the older age profile of the community. The remaining 52.0% of ED encounters are covered by commercial or other payer types. Compared to Monmouth County and New Jersey overall, the ED payer mix in CSMC's service area is similar, though the service area reflects a lower Medicaid share than the state overall and a slightly higher proportion of Medicare-covered ED visits—consistent with the service area's aging population.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care/ Underinsured	Total
ED Treat/Release	**CSMC Service Area**	52%	16%	25%	7%	100%
	Monmouth County	58%	15%	18%	9%	100%
	New Jersey	49%	26%	17%	8%	100%

The inpatient payer mix further reinforces the demographic profile of the service area. Among inpatient discharges, Medicare, and Medicare Advantage account for approximately 48.0% of admissions, significantly higher than the share observed in ED encounters and aligned with increased utilization by older adults. Medicaid/NJ FamilyCare represents approximately 13.0% of inpatient admissions, while self-pay and charity care comprise approximately 2.0%, suggesting limited inpatient uncompensated care. Commercial and other payers make up the remaining 37.0% of inpatient volume. Overall, the inpatient payer distribution in the service area closely mirrors statewide patterns, though the service area again reflects higher Medicare utilization and lower Medicaid penetration than New Jersey overall.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care / Underinsured	Total
Inpatient	**CSMC Service Area**	37%	13%	48%	2%	100%
	Monmouth County	28%	11%	40%	2%	100%
	New Jersey	38%	20%	40%	2%	100%

Taken together, these payer mix patterns highlight a community with strong commercial and Medicare coverage, alongside a meaningful but smaller population reliant on Medicaid or lacking insurance. These findings underscore the importance of maintaining access to safety-net services, care navigation, and financial assistance programs—particularly in the emergency department—while also planning for continued growth in Medicare-driven demand related to aging, chronic disease management, and post-acute care coordination.

Mortality Overview and Leading Causes of Death[3]

Age-adjusted mortality rates provide an important, standardized measure for comparing health outcomes across populations and over time, accounting for differences in age distribution. Nationally, the leading causes of death include heart disease, cancer, unintentional injuries, cerebrovascular disease (stroke), and chronic lower respiratory disease (CLRD). In Monmouth County, these same conditions consistently rank as the top five causes of death, underscoring their continued impact on community health.

Over the past decade, heart disease and cancer have remained the first- and second-leading causes of death in Monmouth County. Across the most recent reporting periods, several notable trends have emerged. Diseases of the heart continue to account for the highest mortality burden, with the age-adjusted rate increasing to 164.7

deaths per 100,000 population during the 2020–2022 period, representing an increase of 7.4 points from the prior cycle and 5.9 points compared to 2017–2019. However, 2023 provisional data indicate a decline to 151.1, suggesting potential stabilization following the pandemic-era increase.

Cancer mortality remains the second-leading cause of death and has demonstrated a steady decline over the past decade. The age-adjusted cancer death rate decreased from 142.6 per 100,000 in 2014–2016 to 134.3 in 2020–2022, with a further reduction to 124.2 in 2023 provisional data. This downward trend includes an 8.3-point decrease since the 2017–2019 period, reflecting progress in prevention, early detection, and treatment.

Mortality from unintentional injuries increased sharply earlier in the decade, rising from 37.4 per 100,000 in 2014–2016 to 50.6 in 2017–2019, before declining to 45.0 in 2020–2022 and 42.2 in 2023 provisional data. While the most recent data show improvement, unintentional injury mortality remains 7.6 points higher than rates observed two cycles earlier, indicating a persistent elevated risk relative to pre-spike levels.

Stroke-related mortality increased during the 2020–2022 period to 36.9 per 100,000, representing a 5.7-point increase from the prior cycle and a 6.1-point increase compared to 2017–2019, before declining in 2023 provisional data. In contrast, chronic lower respiratory disease (CLRD) has continued a downward trend, decreasing to 27.5 per 100,000 in 2020–2022 and further to 22.2 in 2023 provisional data, reflecting long-term reductions in smoking-related mortality and improved disease management.

Several additional causes of death warrant attention. Alzheimer's disease remains a significant contributor to mortality, particularly in an aging population, while septicemia increased during the pandemic period and remains elevated compared to earlier cycles. COVID-19 emerged as a major cause of death during the 2020–2022 period, with rates declining in 2023 provisional data. Mortality from diabetes, influenza and pneumonia, and chronic liver disease and cirrhosis shows mixed trends, while deaths due to suicide have declined modestly over time.

Overall, mortality patterns in Monmouth County highlight the continued dominance of cardiovascular disease and cancer, alongside emerging and persistent concerns related to injury, stroke, infectious disease, and chronic conditions associated with aging. These trends reinforce the importance of sustained efforts in prevention, chronic disease management, behavioral health, injury prevention, and services tailored to older adults—key considerations for community health planning and prioritization.

Monmouth County's Major Causes of Death (Age-Adjusted Rates per 100,000)
3-year groups

Cause of Death	2014–2016	2017–2019	2020–2022	2023 (Prov.)	Current to Previous	Current to 2nd Previous
Diseases of heart	158.8	157.3	164.7	151.1	7.4	5.9
Cancer (malignant neoplasms)	142.6	139.8	134.3	124.2	-5.5	-8.3
Unintentional injuries	37.4	50.6	45	42.2	-5.6	7.6
Stroke (cerebrovascular diseases)	30.8	31.2	36.9	30.1	5.7	6.1
Chronic lower respiratory diseases (CLRD)	31.1	30.2	27.5	22.2	-2.7	-3.6
Alzheimer's disease	20.6	21.9	19.7	20	-2.2	-0.9
Septicemia	14.9	14.8	19.7	17.2	4.9	4.8
COVID-19	–	–	75.9	14.9	-	-

Monmouth County's Major Causes of Death (Age-Adjusted Rates per 100,000) 3-year groups						
Cause of Death	2014–2016	2017–2019	2020–2022	2023 (Prov.)	Current to Previous	Current to 2nd Previous
Nephritis, nephrotic syndrome, and nephrosis	13.6	15.6	13.8	14.3	-1.8	0.2
Diabetes mellitus	17.5	15.2	13.9	12.2	-1.3	-3.6
Parkinson's disease	7.8	8.7	10.6	10.1	1.9	2.8
Influenza and pneumonia	9.2	9.6	10.4	9.9	0.8	1.2
Chronic liver disease and cirrhosis	7.2	6.5	8.7	8.9	2.2	1.5
Suicide (intentional self-harm)	8.7	8.7	7.7	7	-1	-1
Pneumonitis due to solids and liquids	5.8	6.6	5.9	6.6	-0.7	0.1
Essential hypertension and hypertensive renal disease	5.2	5.6	6.3	6.3	0.7	1.1
HIV (human immunodeficiency virus) disease	1.5	0.8	–	–	-	-
Atherosclerosis	1	–	–	–	-	-
Viral hepatitis	–	0.9	–	–	-	-
In situ / benign / uncertain neoplasms	4.9	3.8	3.7	–	-0.1	-1.2
Nutritional deficiencies	1.1	1.3	2.7	–	1.4	1.6
Aortic aneurysm and dissection	2.2	2.6	2.3	–	-0.3	0.1
Congenital malformations (birth defects)	2.4	1.7	1.9	–	0.2	-0.5
Certain perinatal conditions	2.2	2.2	1.8	–	-0.4	-0.4
Homicide (assault)	1.6	2.2	1.5	–	-0.7	-0.1
Anemias	1.9	2.1	1.5	–	-0.6	-0.4
Enterocolitis due to C. diff	1.4	1.5	1.3	–	-0.2	-0.1
Complications of medical/surgical care	–	1.3	0.7	–	-0.6	-
All other coded underlying causes	128.7	124.3	134.1	149.5	9.8	5.4

Localized Data

The ability to gain actionable perspective on the health needs of the population served can be limited in secondary data by geographic or clinical aggregation and to a degree the use of estimates to extrapolate findings. To gain deeper perspective on the needs of the population served by CentraState 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[4]. 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 CSMC 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 CSMC service area. The findings of the analyses will be tracked over time and will serve as key data elements to inform CSMC's CHIIP.

Environmental Justice Index[2]

The Environmental Justice Index (EJI) is a nationally recognized analytic tool that uses data from the U.S. Census Bureau, U.S. Environmental Protection Agency, U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to assess and rank the cumulative impacts of environmental injustice on health at the census-tract level. Census tracts are small, stable geographic units within counties that allow for detailed analysis of social, environmental, and health conditions within communities.

The EJI evaluates each census tract across 36 indicators, which are organized into three core modules—social vulnerability, environmental burden, and health vulnerability—and ten underlying domains. In addition to producing a single composite environmental justice score for each tract, the EJI provides module-level scores that allow for more nuanced examination of the specific drivers of risk within a community, such as economic hardship, housing conditions, pollution exposure, chronic disease burden, and access to resources.

Within Monmouth County, EJI analysis reveals meaningful variation in cumulative risk across municipalities. Census tracts in communities such as Asbury Park, Long Branch, Keansburg, Freehold Borough, and parts of Neptune Township tend to score higher on social and health vulnerability indicators, reflecting greater concentrations of lower-income households, housing instability, chronic disease prevalence, and barriers to access. In contrast, other areas of the county—including portions of Freehold Township, Marlboro, Manalapan, Colts Neck, and Holmdel—demonstrate lower cumulative EJI scores, though these communities may still face challenges related to aging populations, transportation access, or chronic disease management.

The Environmental Justice Index supports informed discussion and planning by helping to identify:

- Communities that may require targeted attention or enhanced interventions to address health inequities
- Areas where community education, outreach, and engagement may be particularly impactful
- The local drivers of cumulative health risk, including social determinants of health and environmental stressors
- Opportunities to establish measurable, equity-focused goals to improve health outcomes

Because the EJI analysis is conducted at a census-tract level, it enables a more precise understanding of health disparities that may not be apparent when viewed only at the county level. This level of geographic specificity allows health systems, public health agencies, and community partners to more effectively tailor strategies, allocate resources, and design interventions that address the underlying conditions contributing to poorer health outcomes and advance environmental justice and health equity across Monmouth County.

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

EVALUATING IDENTIFIED HEALTH DISPARITIES

The 2024 AH CentraState Medical Center CHNA Disparity Model integrates utilization volume, utilization rates, and multi-dimensional disparity indicators to identify where inequities are most concentrated across major clinical cohorts. Overall, the data show that high-volume, high-rate service lines frequently align with higher numbers of identified disparities, particularly when intersecting with older age cohorts, Medicare or Medicaid coverage, and specific racial and ethnic groups. While some cohorts demonstrate declining utilization or disparity counts, several key areas show persistent or growing disparity signals, warranting focused intervention.

The highest utilization volumes are concentrated in Factors Influencing Health Status, Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Diseases of the Circulatory System, Respiratory Disease, and Injuries/Poisonings. These cohorts also exhibit some of the highest utilization rates per 1,000 and strong upward trends from 2021–2024, particularly for factors influencing health status (+2,003 encounters; rate +26) and symptoms/signs (+1,192 encounters; rate +14). Importantly, circulatory disease and respiratory disease remain dominant drivers of utilization and disparity burden, reflecting the community's aging profile and chronic disease prevalence.

Mental health conditions represent a significant and growing area of disparity. While overall utilization remains lower than major medical cohorts, mental health demonstrates one of the highest disparity concentrations relative to volume, with notable increases from 2021–2024. Disparities are most pronounced among Hispanic populations, adults ages 18–44, and Medicaid-covered individuals, reflecting the intersection of behavioral health needs, access barriers, and socioeconomic risk. These findings align with broader community input identifying mental health as a top unmet need and support continued focus on access, early intervention, and culturally responsive behavioral health services.

Substance use disorders, while not isolated as a standalone cohort in the clinical classification, are closely reflected within mental health, injuries/poisonings, and factors influencing health status categories. Injuries and poisonings show a high and increasing disparity burden, particularly among Medicaid-covered individuals, male patients, and younger age cohorts, suggesting ongoing impacts related to substance use, overdose risk, and related behavioral health challenges. These patterns reinforce the need for integrated substance use prevention, screening, and treatment strategies within emergency, primary, and community-based care settings.

Heart disease and circulatory system conditions remain the single largest driver of both utilization and disparities in the service area. Circulatory disease exhibits high utilization rates, a sustained upward trend, and the highest total number of identified disparities. Disparities are most pronounced among Black or African American populations, older adults (65+), and Medicare beneficiaries, highlighting the combined effects of aging, chronic disease burden, and long-standing inequities in cardiovascular health. These findings emphasize the importance of prevention, chronic disease management, and equitable access to cardiovascular services.

Endocrine, nutritional, and metabolic disorders—including diabetes—also demonstrate significant disparity signals, with rising utilization and increasing disparity counts over time. Older adults and Medicare-covered patients represent the highest-rate cohorts, while disparities are also observed among Asian populations and female patients. Given the strong relationship between metabolic disease, cardiovascular outcomes, and social determinants of health, these patterns support a coordinated approach to diabetes management, nutrition, lifestyle intervention, and access to preventive care.

Cancer remains a high-impact condition with persistent disparities, despite stable utilization trends. Disparities are concentrated among older adults, female patients, and Medicare-covered populations, reflecting age-related risk and treatment complexity. Although overall disparity counts have declined modestly, cancer continues to represent a critical area for early detection, screening access, care coordination, and survivorship support—particularly for populations at risk of delayed diagnosis or barriers to specialty care.

Across many cohorts, Hispanic, Black or African American, and in select areas Asian populations demonstrate the highest disparity rates. Hispanic populations are most frequently identified with elevated disparities in genitourinary disease, digestive disease, infectious disease, mental health, pregnancy-related conditions, injuries/poisonings, and several pediatric cohorts. Black or African American populations show higher disparity rates in circulatory disease, musculoskeletal disease, blood disorders, eye disease, and congenital conditions. Although some race-based disparity counts declined over time, others—such as mental health and pregnancy-related conditions among Hispanic populations—show upward trends, signaling areas of increasing equity concern.

Age is a dominant driver of disparity patterns. Adults 65 and older consistently exhibit the highest rates across circulatory disease, endocrine and metabolic disease, cancer, nervous system disease, digestive disease, and symptom-based encounters, reinforcing the disproportionate impact of chronic illness among older adults. Conversely, the 0–17 age group shows elevated disparity rates in respiratory disease, infectious disease, ear conditions, congenital anomalies, perinatal conditions, and injuries/poisonings, highlighting pediatric-specific access, prevention, and safety needs. The 18–44 cohort stands out in mental health, genitourinary disease, and pregnancy-related conditions, where both utilization and disparity counts have increased.

From a payer perspective, Medicare accounts for the highest disparity counts in most high-volume adult cohorts, including circulatory disease, endocrine/metabolic disease, cancer, nervous system disease, and symptom-based encounters, reflecting both age and complexity. Medicaid is the dominant payer associated with disparities in mental health, infectious disease, injuries/poisonings, ear disease, and pediatric/perinatal cohorts, while charity care is most prominent in genitourinary disease, digestive disease, pregnancy-related conditions, and skin disorders. Notably, disparity counts increased for Medicaid-associated injuries/poisonings (+17) and mental health, underscoring the intersection of social risk, behavioral health, and safety.

Gender differences are more modest but still meaningful. Males demonstrate higher disparity rates in circulatory disease, nervous system disease, digestive disease, infectious disease, injuries/poisonings, and mental health, while females show higher rates in respiratory disease, endocrine/metabolic disease, cancer, pregnancy-related conditions, musculoskeletal disease, and symptom-based encounters. These patterns align with known epidemiologic trends and support the need for gender-responsive prevention and care models.

Taken together, the disparity model highlights several priority themes:

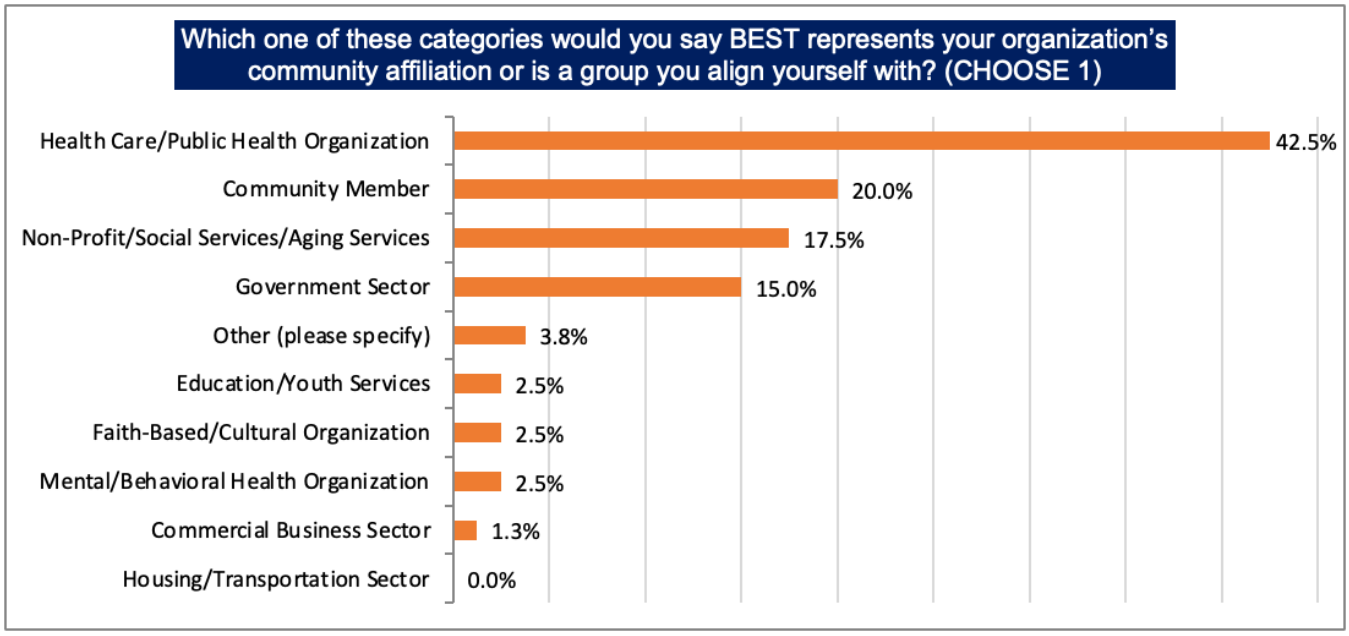
1. Chronic disease among older adults (particularly cardiovascular, metabolic, and cancer care) remains the largest and most persistent driver of disparities.
2. Hispanic and Black or African American populations experience disproportionate impact across multiple service lines, with some disparities worsening over time.
3. Medicaid-associated disparities are concentrated in mental health, injury, infectious disease, and pediatric cohorts, pointing to social determinants and access barriers.
4. Pregnancy-related and mental health conditions show rising disparity signals, especially among younger adults and Hispanic populations.

These findings reinforce the importance of targeted, data-driven equity strategies that integrate chronic disease management, behavioral health, maternal health, injury prevention, and social-needs navigation—aligned with payer mix, age cohort, and racial/ethnic risk profiles—to meaningfully reduce disparities across the CSMC service area.

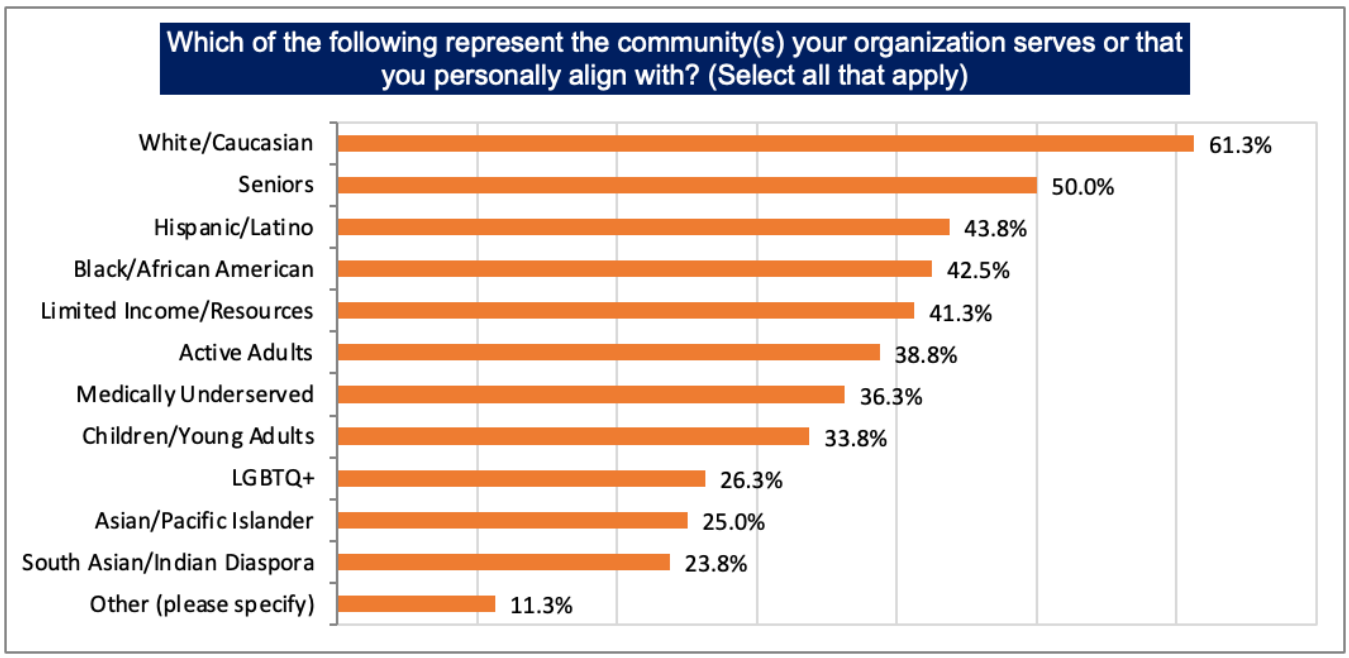
FINDINGS OF THE KEY STAKEHOLDER SURVEY

A stakeholder survey was designed to gather current quantitative and qualitative insights on the most pressing health issues facing residents within the CentraState Medical Center (CSMC) service area. A diverse group of community stakeholders was intentionally identified and invited to participate to ensure representation across health care, public health, social services, government, education, and community-based organizations. In total, 89 respondents completed the online, community-based key stakeholder survey, providing valuable perspectives informed by both professional experience and lived community engagement.

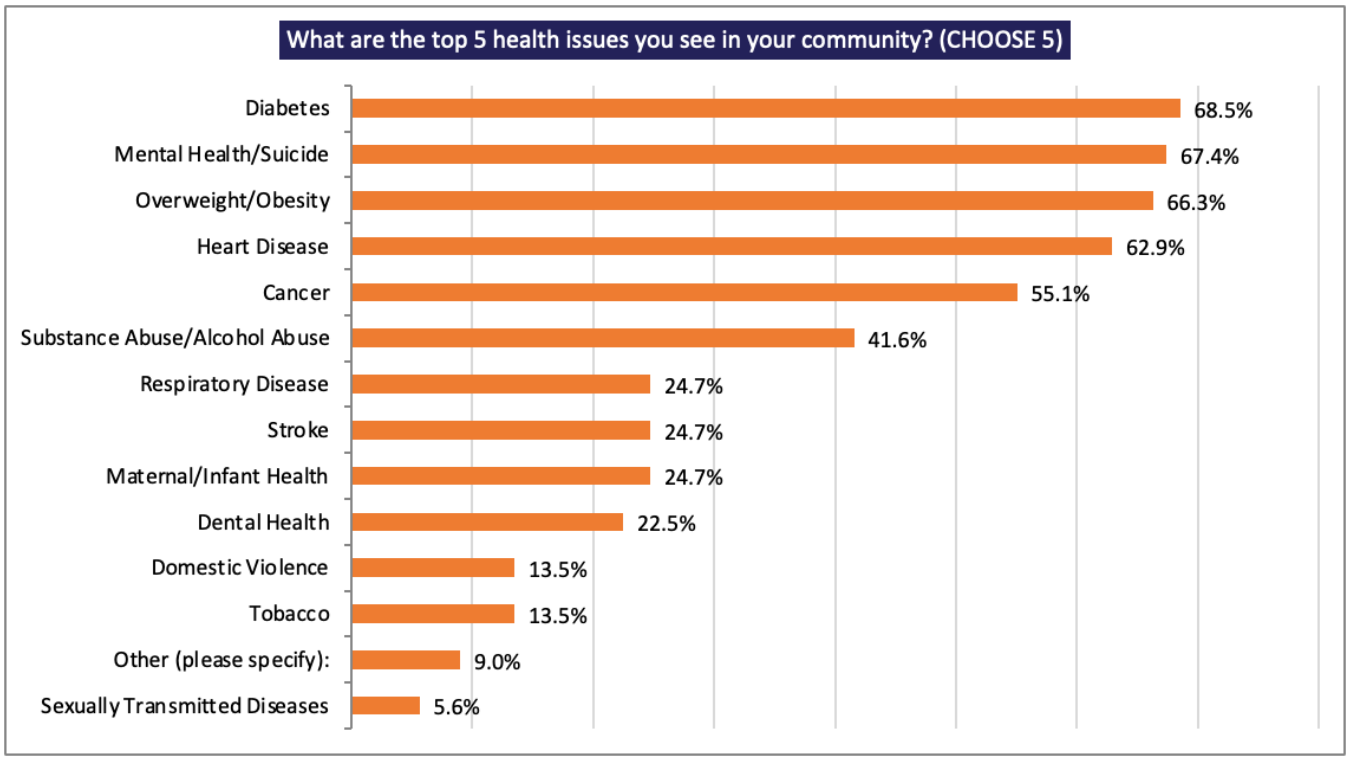
Survey respondents represented a broad range of organizational affiliations, reflecting meaningful cross-sector participation. The largest share of respondents identified with health care and public health organizations, indicating strong engagement from providers and agencies directly involved in health service delivery. A substantial proportion of respondents also identified as community members, as well as representatives from the government sector, non-profit and social service organizations, and mental and behavioral health organizations. Smaller but important segments included education, youth services, commercial businesses, and faith-based or cultural organizations. This diversity strengthens the credibility of the findings by ensuring that feedback reflects a wide range of community roles and perspectives.



Respondents were also asked to identify the populations they personally or organizationally serve or align with. Responses indicated engagement across the life course, with strong representation of organizations and individuals serving seniors, children and young adults, and active adults. Respondents also reported substantial alignment with populations that often experience health disparities, including Hispanic/Latino communities, individuals with limited income or resources, Black/African American populations, the medically underserved, and the LGBTQ+ community. Together, these findings demonstrate that survey input reflects broad demographic and socioeconomic diversity within the CSMC service area.

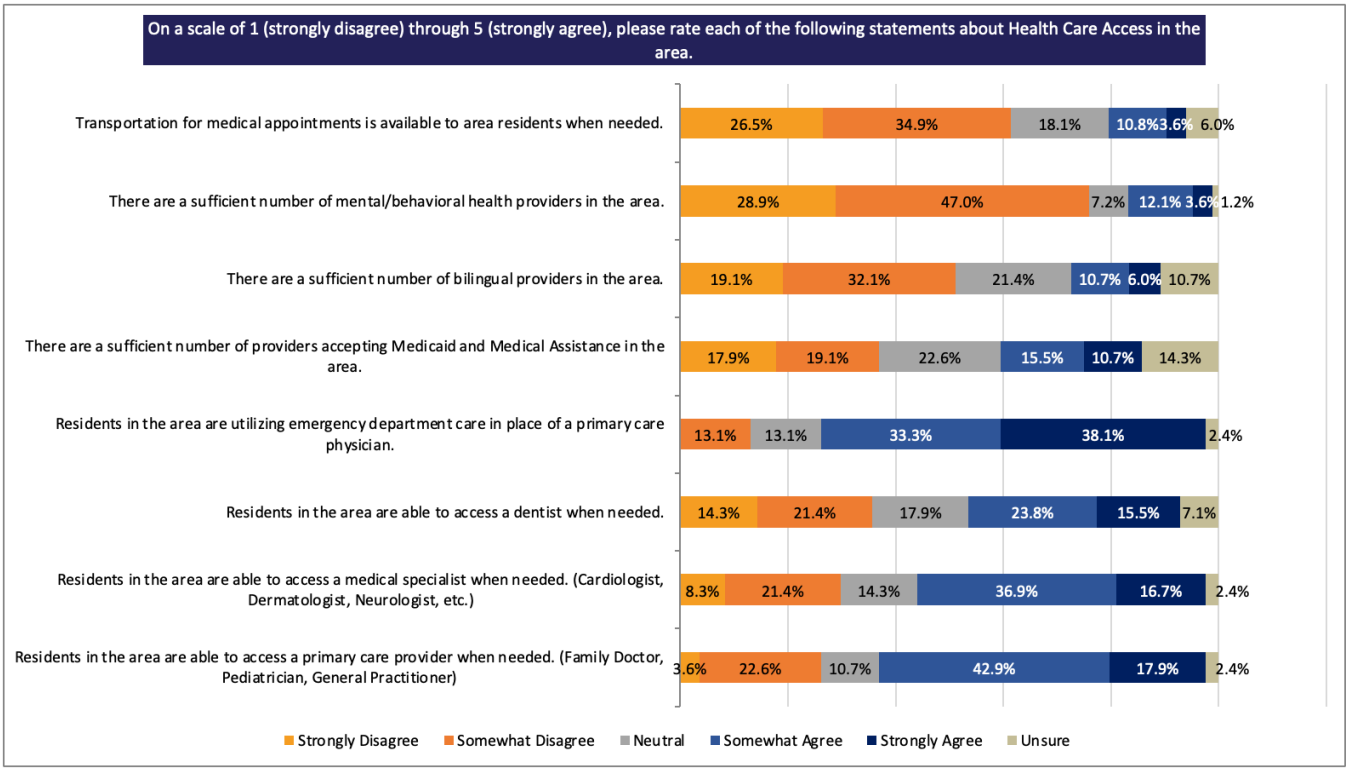


Respondents were asked to select five health issues they view as most significant in their community. The results highlight a strong emphasis on both chronic disease and behavioral health concerns. The top five health issues identified in the 2025 survey were diabetes, mental health, obesity, cancer, and substance use, underscoring the continued impact of metabolic disease, mental and behavioral health challenges, and chronic illness on community well-being. These issues were followed by heart disease and other conditions, reinforcing the interconnected nature of physical health, behavioral health, and social determinants.

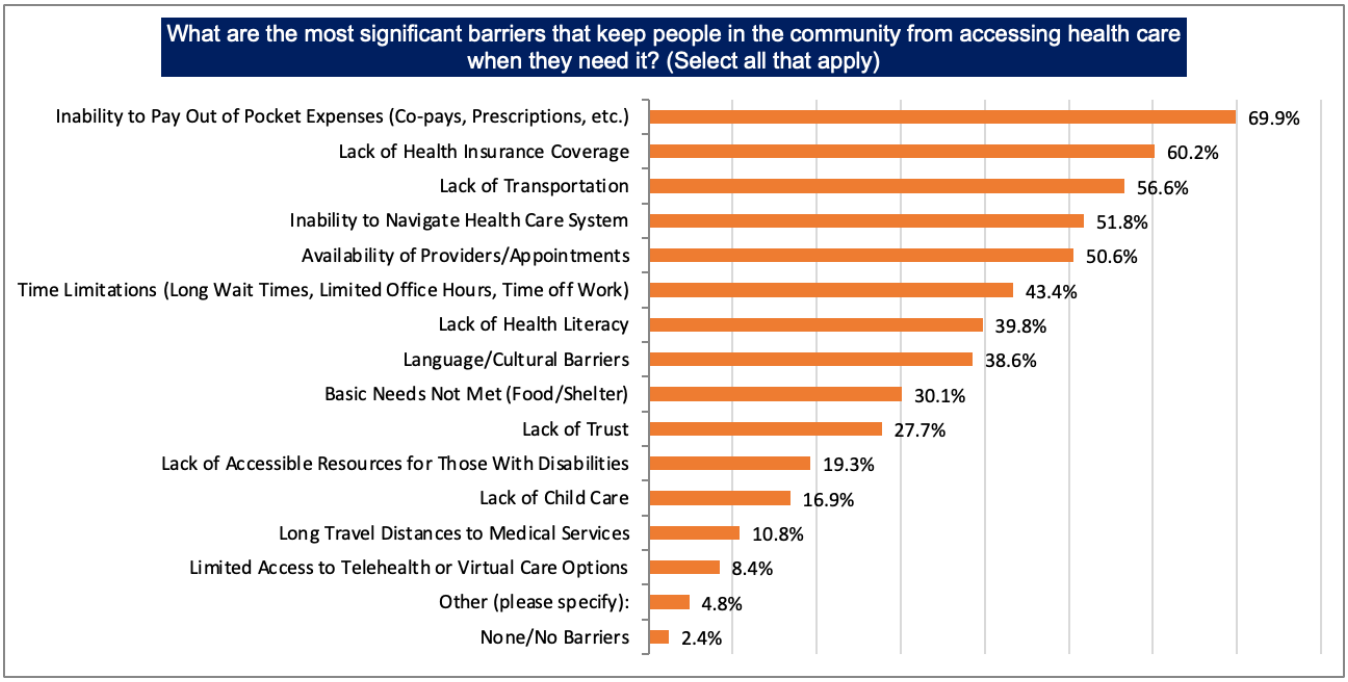


Stakeholders were asked to assess residents' ability to access various health care services, including primary care providers, medical specialists, dental care, transportation, Medicaid-accepting providers, and bilingual providers. Respondents rated their level of agreement with statements regarding access on a five-point scale ranging from strongly disagree to strongly agree.

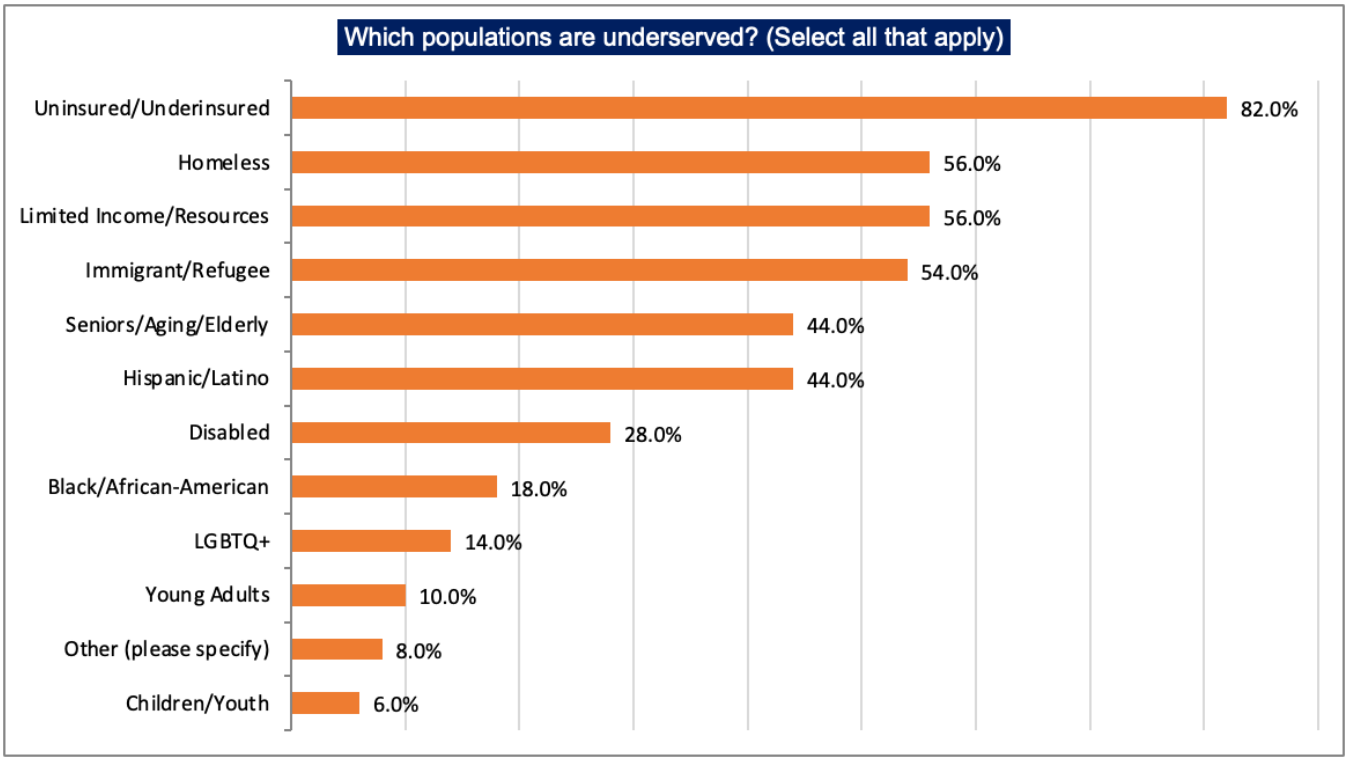
Overall, responses suggest strong perceived access to primary care and medical specialists, reflecting a robust provider infrastructure within the service area. However, perceptions were notably less favorable for mental and behavioral health services, dental care, transportation, bilingual providers, and providers accepting Medicaid, indicating areas where access gaps may persist. These findings align with other survey results identifying mental health and access-related challenges as priority concerns.



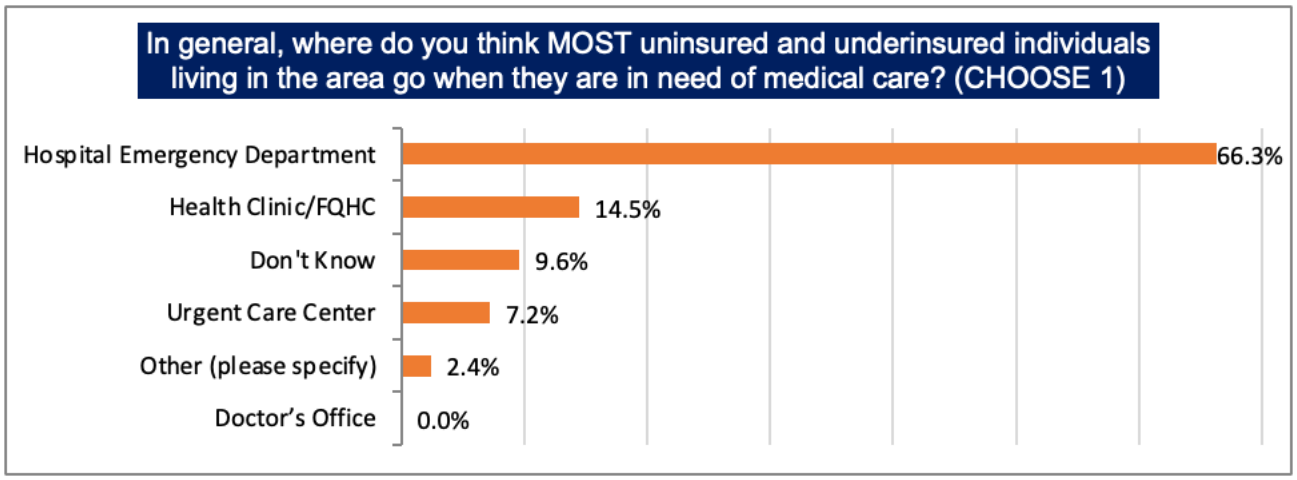
After rating access to services, respondents identified the most significant barriers that prevent residents from accessing health care when needed. The most frequently cited barriers included financial constraints such as inability to pay out-of-pocket costs, transportation limitations, availability of providers or appointment slots, lack of insurance coverage, and difficulty navigating the health care system. Time-related barriers, including long wait times and limited office hours, were also commonly reported. Social factors such as unmet basic needs, language or cultural barriers, and limited health literacy were identified less frequently but remain important contributors to access challenges for specific populations.



Most respondents indicated that there are populations within the CSMC service area that are not being adequately served by local health services. The populations most frequently identified as underserved were low-income or poor individuals, uninsured or underinsured residents, and immigrants and refugees. These groups were followed by Hispanic/Latino populations, seniors and older adults, and individuals who are unhoused or unsheltered. These findings highlight persistent equity gaps and reinforce the need for targeted outreach, culturally responsive care, and supportive services.



Respondents were also asked where uninsured or underinsured individuals most often seek care when they need medical services. Hospital emergency departments were identified by 66.3% of respondents as the primary point of care for these populations, suggesting continued reliance on emergency services for non-emergent needs. Health clinics and federally qualified health centers (FQHCs), as well as urgent care centers, were also cited as commonly used access points. These patterns underscore the importance of care coordination, navigation support, and strengthening connections to primary and preventive care for uninsured and underinsured residents.



Stakeholder input reflects broad consensus around the central health challenges facing the CentraState Medical Center (CSMC) service area, with consistent themes emerging across organizational affiliation, population alignment, perceived health priorities, access to care, and identified barriers. Collectively, respondents emphasized the growing burden of chronic disease and behavioral health conditions, particularly diabetes, obesity, mental health conditions, substance use disorders, cancer, and heart disease, as the most pressing issues affecting community health.

Access to care emerged as a cross-cutting concern. While respondents expressed confidence in residents' ability to access primary care and medical specialists, they identified significant gaps in mental and behavioral health services, dental care, transportation, bilingual providers, and providers accepting Medicaid. These access challenges are compounded by financial barriers, including out-of-pocket costs, lack of insurance, and difficulty navigating the health care system—factors that disproportionately affect lower-income and medically underserved populations.

Stakeholders consistently identified health equity gaps within the community. A majority reported that specific populations are not adequately served by local health services, with low-income individuals, uninsured or underinsured residents, immigrants and refugees, Hispanic/Latino populations, seniors, and unhoused individuals most frequently cited. These findings reinforce the influence of social determinants of health—such as income, housing stability, transportation, language access, and health literacy—on health outcomes and access.

Finally, respondents highlighted patterns of inappropriate or avoidable emergency department utilization, particularly among uninsured and underinsured individuals, who are most likely to seek care in hospital emergency departments rather than primary care settings. This theme underscores the need for care navigation,

community-based partnerships, and expanded access to preventive and primary care services to reduce reliance on emergency care and improve continuity of care.

Together, these themes provide a clear foundation for prioritizing targeted, equity-focused strategies within the Community Health Improvement Plan (CHIP), emphasizing chronic disease prevention and management, behavioral health integration, improved access for underserved populations, and stronger community-based care coordination.

AHS' 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 Access to Care, Mental Health & Substance Use Disorders, Heart Disease, Cancer, Endocrine and Metabolic Disease, Diabetes, and Nutrition.

Community Benefit

Atlantic Health System 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 System 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 System 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 review of secondary data and findings from key informant engagement, AH planning and community health staff convened to discuss and prioritize the health issues identified through the CHNA process. Rather than administering a formal ranking survey, the group participated in a facilitated prioritization session during which members collectively reviewed ten health topics that emerged from the primary and secondary data analyses. Through structured discussion and application of established prioritization criteria, the group ranked the topics and narrowed the list from ten to five priority health areas.

Six criteria were used to guide the prioritization process and determine which health issues would be adopted as focus areas for CentraState Medical Center (CSMC) over the next three years. These criteria included:

- The number of individuals affected by the health issue
- The associated risk of morbidity and mortality
- The extent to which the issue disproportionately impacts vulnerable or underserved populations
- The availability of resources and access required to address the issue
- The relationship of the issue to other community health and social needs
- CSMC's capacity, expertise, and ability to meaningfully influence outcomes within a three-year timeframe

Each criterion was reviewed, with discussions informed by data analyzing utilization and utilization rates across relevant clinical cohorts within the CSMC service area. The integration of qualitative stakeholder input and quantitative utilization data was used to identify health issues that demonstrated both significant community impact and alignment with organizational capability. The resulting recommendations were presented to the CSMC Board, which reviewed and formally adopted the final priority health areas for the 2025–2027 CHNA cycle.

The adopted priority health areas reflect the clinical and population health issues of greatest concern within the CSMC service area and will guide development of the Community Health Improvement Plan (CHIP), which will outline strategies and actions to improve outcomes in the following areas:

- Access to Care
- Mental Health and Substance Use Disorders
- Endocrine and Metabolic Disease, including Diabetes and Nutrition
- Heart Disease
- Cancer

These priorities were selected based on a combination of high utilization and utilization rates, demonstrated health impact, and strong alignment with the established prioritization criteria. Importantly, stakeholders emphasized the interconnected nature of these health issues, noting that many are influenced by access to care and social determinants of health. These social determinants—the conditions in which people are born, grow, work, live, and age—affect health outcomes across all priority areas and will be central considerations in the development and implementation of CSMC's Community Health Improvement Plan.

Access to Care

Access to health care emerged as a central theme throughout the CentraState Medical Center (CSMC) key stakeholder survey and related CHNA analyses. Both qualitative feedback and quantitative findings underscore that improving access to care is critical to improving health outcomes across the communities served by CSMC. Stakeholders consistently emphasized that timely, affordable, and navigable access to health services is foundational to preventing disease progression, managing chronic conditions, and reducing avoidable emergency department utilization.

Stakeholders were asked to identify the most significant barriers to care within the CSMC service area. The most frequently cited barriers included inability to afford out-of-pocket costs, lack of reliable transportation, and difficulty navigating the health care system. These barriers were reported across multiple population groups and service settings, indicating that access challenges are not limited to a single demographic but instead reflect systemic issues affecting care utilization. These insights provide important context for understanding disparities observed in chronic disease prevalence, behavioral health utilization, and emergency department reliance within the service area.

While financial barriers were commonly identified, non-financial barriers also play a substantial role in limiting access to care. Stakeholders noted challenges related to limited appointment availability, long wait times for both primary and specialty care, and clinic hours that conflict with work, caregiving, or transportation schedules. Transportation constraints—particularly for older adults, individuals with disabilities, and lower-income residents—further complicate access to timely care. Respondents also highlighted challenges associated with language and cultural differences, low digital literacy, limited broadband access affecting telehealth utilization, and lack of awareness of available services and eligibility requirements. Together, these factors contribute to delayed care, fragmented care experiences, and reliance on higher-cost care settings.

Improving access to care is a strategic priority for Atlantic Health System, as articulated in its 2028 Enterprise Strategic Plan, which emphasizes delivering an extraordinary consumer experience through improved access to primary care and specialty services while maintaining the highest standards of quality and safety. Through its partnership with Atlantic Health System, CSMC is positioned to leverage system-wide initiatives focused on access, care coordination, digital engagement, and provider alignment to address both financial and non-financial barriers within its service area.

Enhanced access to care is expected to directly support progress across CSMC's identified priority health areas, including mental health and substance use disorders, heart disease, cancer, endocrine and metabolic disease (including diabetes and obesity), stroke, and geriatrics and healthy aging. As such, access to care will be a central focus of CentraState Medical Center's Community Health Improvement Plan (CHIP). Strategies aimed at improving affordability, navigation, appointment availability, transportation support, and culturally and linguistically appropriate care will be critical to advancing health equity, improving outcomes, and ensuring that residents can access the right care, at the right time, in the right setting.

Mental Health and Substance Use Disorders

Mental health and substance use disorders were identified by stakeholders as among the most significant health priorities facing the CentraState Medical Center (CSMC) service area. Both quantitative survey results and qualitative feedback consistently highlighted mental health conditions, substance misuse, and suicide as areas of growing concern. Stakeholders emphasized that behavioral health conditions affect a large segment of the

population, are linked to other priority health issues, and disproportionately impact vulnerable and underserved populations. As a result, this CHNA focuses on three interrelated behavioral health domains: mental health, substance use disorders, and suicide.

Within the CSMC service area, multiple disparities related to behavioral health were identified. Stakeholder input and utilization data indicate that mental health concerns are particularly prevalent among Hispanic populations, with disparities also concentrated among young and working-age adults (ages 18–44), followed by children and adolescents (ages 0–17). Medicaid-covered individuals consistently demonstrate higher disparity rates in accessing behavioral health services, reflecting ongoing challenges related to affordability, provider availability, and system navigation. While utilization related to suicidal ideation and self-harm declined significantly in the most recent period, behavioral health overall remains an area of elevated risk requiring sustained attention.

Mental Health

According to the Centers for Disease Control and Prevention (CDC), mental health encompasses emotional, psychological, and social well-being and plays a critical role in overall health across the lifespan. Mental health influences how individuals think, feel, and act; how they manage stress; how they relate to others; and how they make healthy choices. Because mental health needs vary by age and life stage, addressing these needs requires developmentally appropriate and culturally responsive approaches.

Mental health is inseparable from physical health. The CDC notes that depression increases the risk of chronic physical conditions, including type 2 diabetes, heart disease, and stroke, while individuals living with chronic disease are at increased risk for mental illness. This bidirectional relationship reinforces the importance of integrated care models that address both physical and behavioral health needs.

Mental health conditions are widespread nationally. As of 2024:

- 23.4% of U.S. adults (approximately 61.5 million people) experience a mental health condition
- 5.6% of adults (about 1 in 18) live with a serious mental illness that limits daily functioning
- 20.2% of adolescents ages 12–17 have a diagnosed mental or behavioral health condition

Despite the prevalence of mental illness, many individuals do not receive timely or adequate treatment. Persistent disparities in access to mental health services exist, particularly among racial and ethnic minority populations, lower-income individuals, and those with limited insurance coverage. These gaps are reflected locally in stakeholder feedback citing provider shortages, long wait times, cost barriers, and limited culturally and linguistically appropriate services.

Substance Use Disorders

Substance use disorders (SUDs) continue to represent a major public health concern nationally, across New Jersey, and within the CSMC service area. According to the 2024 National Survey on Drug Use and Health (NSDUH):

- 48.4 million people (14.3% of individuals aged 12 or older) experienced a substance use disorder in the past year
- 21.3% of those individuals had a severe substance use disorder

SUDs are chronic, treatable medical conditions characterized by compulsive substance use despite harmful consequences to health, relationships, and daily functioning. They may involve alcohol, opioids, stimulants, cannabis, sedatives, tobacco, or other substances and affect individuals across all demographic groups. Approximately one in seven Americans aged 12 or older reports experiencing a substance use disorder, underscoring the widespread nature of these conditions.

Substance use disorders frequently co-occur with mental health conditions, and effective treatment often requires integrated, coordinated care. Research suggests three primary pathways for co-occurrence:

1. Shared risk factors, including genetic predisposition, trauma, stress, and adverse social conditions
2. Mental health conditions contributing to substance use, often through self-medication
3. Substance use contributing to the development or worsening of mental health conditions, through changes in brain structure and function

Within the CSMC service area, disparities related to substance use are reflected in elevated utilization patterns within injuries and poisonings, mental health, and factors influencing health status, particularly among Medicaid-covered individuals, younger adults, and male patients. These patterns highlight the need for expanded prevention, screening, treatment, and recovery-oriented services.

Suicide

Suicide remains a critical public health issue, despite recent improvements in some local indicators. In Monmouth County, age-adjusted suicide death rates have declined slightly over the past decade, a trend that mirrors national patterns of short-term improvement followed by renewed increases. Nationally, suicide rates increased by 37% between 2000 and 2018, declined modestly between 2018 and 2020, and returned to peak levels by 2022.

Suicide remains a leading cause of death across multiple age groups:

- Second leading cause of death for ages 10–14 and 25–34
- Third for ages 15–24
- Fourth for ages 35–44

While suicide affects all populations, certain groups experience disproportionately higher risk, including non-Hispanic American Indian/Alaska Native and non-Hispanic White populations, veterans, individuals living in rural areas, and workers in certain industries. Youth and young adults who identify as LGBTQ+ also experience higher rates of suicidal thoughts and behaviors compared to their peers.

The CDC's Suicide Prevention Technical Package emphasizes strategies such as strengthening economic supports, reducing substance misuse, creating protective environments, and improving access to mental health care—particularly in underserved areas. These approaches align closely with stakeholder input and identified gaps within the CSMC service area.

Implications for Community Health Planning

Collectively, stakeholder feedback, utilization trends, and national data demonstrate that behavioral health represents one of the most urgent and complex health challenges facing the CSMC community. Rising demand,

persistent disparities, and insufficient access to affordable and timely services—exacerbated by the COVID-19 pandemic—have strained existing resources.

Addressing mental health, substance use disorders, and suicide will require expanded access to care, integration of behavioral health into primary and specialty settings, culturally responsive services, and strong community partnerships. These strategies will be central to CentraState Medical Center's Community Health Improvement Plan (CHIP) and to improving long-term health outcomes across the service area.

Endocrine and Metabolic Disease, Diabetes, and Nutrition

Endocrine and metabolic conditions—particularly diabetes, obesity, and unhealthy weight—were identified by community stakeholders as priority health issues for CentraState Medical Center (CSMC). Stakeholders consistently noted that these conditions affect a large portion of the community, are closely interconnected with other chronic diseases, and represent areas where CSMC and its partners can have a meaningful impact over the next three years. The widespread prevalence of obesity and unhealthy weight, and their contribution to downstream conditions such as heart disease, stroke, kidney disease, and certain cancers, elevates this issue as a significant community health concern.

Diabetes

Diabetes is a chronic condition that affects how the body converts food into energy. In individuals with diabetes, the body either does not produce enough insulin or cannot effectively use the insulin it produces, resulting in elevated blood glucose levels. Over time, uncontrolled diabetes can lead to serious health complications, including cardiovascular disease, kidney failure, vision loss, and lower-extremity amputations. More than 38 million people in the United States currently live with diabetes, a figure that has more than doubled over the past two decades. Diabetes is the seventh leading cause of death nationally and the eighth leading cause of death in New Jersey, and it remains the leading cause of chronic kidney disease, adult blindness, and non-traumatic lower-limb amputations.

There are three primary types of diabetes:

- Type 1 diabetes results from an autoimmune reaction that destroys insulin-producing cells in the pancreas. It accounts for 5–10% of diabetes cases, is often diagnosed in childhood or young adulthood, and requires lifelong insulin therapy.
- Type 2 diabetes, which represents 90–95% of all diabetes cases, develops when the body becomes resistant to insulin or does not produce enough insulin to maintain normal glucose levels. While more common in adults, it is increasingly diagnosed in children and adolescents. Type 2 diabetes can often be prevented or delayed through lifestyle changes, including healthy eating, regular physical activity, and weight management.
- Gestational diabetes occurs during pregnancy in individuals without a prior diabetes diagnosis. Although it typically resolves after delivery, it significantly increases the risk of future type 2 diabetes for the parent and obesity and diabetes risk for the child later in life.

An additional 97.6 million adults in the United States are estimated to have prediabetes, a condition in which blood glucose levels are elevated but not yet in the diabetic range. Without intervention, many individuals with prediabetes will progress to type 2 diabetes. Evidence shows that nutrition, physical activity, and weight management can effectively prevent or delay disease onset and improve long-term outcomes.

Obesity and Unhealthy Weight

Obesity is a common, serious, and costly chronic disease affecting both adults and children. It is associated with reduced quality of life, poorer mental health outcomes, and significantly increased risk for many of the leading causes of death, including diabetes, heart disease, stroke, and several forms of cancer. Obesity prevalence continues to rise nationally and remains a critical driver of preventable illness and health care utilization.

Excess weight is influenced by a complex interaction of factors, including dietary patterns, physical activity, sleep behaviors, and screen time, as well as social determinants of health, genetics, and certain medications. Children and adolescents are particularly vulnerable, as early-life obesity increases the likelihood of chronic disease throughout adulthood. Sustainable prevention and management require a life-course approach that promotes healthy nutrition, physical activity, and supportive environments beginning in early childhood.

Local and State Context

In New Jersey, the age-adjusted death rate due to diabetes in 2020 was approximately 33% lower than the national average. Diabetes mortality rates had declined steadily for several years prior to 2020, increased during the early COVID-19 period, and have since declined again. State assessment data suggest that pandemic-related disruptions, including delayed care and avoidance of medical settings, may have contributed to temporary increases in diabetes-related complications and mortality.

Implications for the CSMC Service Area

Stakeholders emphasized that diabetes, obesity, and unhealthy weight are strongly linked to many other chronic conditions affecting the CSMC community, including cardiovascular disease, kidney disease, and cancer. They also highlighted the role of social determinants of health—such as income, food access, transportation, housing stability, and the built environment—in shaping the incidence and management of these conditions. Addressing endocrine and metabolic disease will therefore require not only clinical care, but also community-based strategies that support nutrition, physical activity, education, and access to preventive services.

These findings support continued prioritization of diabetes prevention and management, nutrition education, weight management, and chronic disease coordination as part of CentraState Medical Center's Community Health Improvement Plan, with a focus on reducing disparities, improving long-term outcomes, and supporting healthier communities across the service area.

Heart Disease

Heart disease remains one of the most significant health concerns within the area served by CentraState Medical Center (CSMC). Stakeholder input and secondary data consistently identify cardiovascular disease as a condition associated with high morbidity and mortality, with disproportionate impact on older adults, individuals with chronic conditions, and vulnerable or underserved populations. Stakeholders emphasized that heart disease is linked to other community health priorities, including diabetes, obesity, access to care, and social determinants of health.

Nationally, heart disease continues to be the leading cause of death in the United States. In 2023, approximately 919,000 deaths were attributed to cardiovascular disease—representing one in every three deaths nationwide. 35% of U.S. adults have at least one major risk factor for heart disease, including high blood pressure, high

cholesterol, smoking, diabetes, obesity, and physical inactivity. While certain risk factors such as age and family history cannot be modified, many others are preventable or manageable through lifestyle changes and access to timely medical care.

The term *heart disease* encompasses a range of cardiovascular conditions, the most common of which is coronary artery disease (CAD). CAD occurs when plaque—composed of cholesterol and other substances—builds up in the coronary arteries, narrowing blood vessels and reducing blood flow to the heart. This process, known as atherosclerosis, can lead to angina (chest pain), heart attack, heart failure, and arrhythmias. CAD is the primary cause of heart attacks in the United States.

A heart attack, or myocardial infarction, occurs when blood flow to part of the heart muscle is blocked. Common symptoms include:

- Chest pain or discomfort
- Shortness of breath
- Pain or discomfort in the arms, shoulders, neck, jaw, or back
- Feeling weak, lightheaded, or faint

Additional symptoms such as nausea, vomiting, or unexplained fatigue are more frequently reported among women, highlighting important differences in how heart attacks may present across populations. Each year, approximately 805,000 Americans experience a heart attack, including both first-time and recurrent events. Notably, one in five heart attacks is considered “silent,” meaning the individual may not recognize symptoms despite sustaining heart damage.

Heart disease also includes other conditions such as heart failure, atrial fibrillation, cardiomyopathy, valvular heart disease, peripheral arterial disease, aortic aneurysm and dissection, congenital heart defects, and rheumatic heart disease. Many of these conditions require ongoing management and coordination of care and are more common among older adults and individuals with multiple chronic conditions.

Behavioral and lifestyle factors play a major role in heart disease risk. Unhealthy diets high in saturated and trans fats, physical inactivity, tobacco use, excessive alcohol consumption, and unmanaged stress all contribute to cardiovascular risk. Addressing these modifiable behaviors can significantly reduce the likelihood of heart disease and improve outcomes, while also lowering risk for other chronic conditions such as diabetes, stroke, and certain cancers.

Access to care is a critical determinant of cardiovascular outcomes. An estimated 7.3 million Americans with cardiovascular disease are uninsured, placing them at increased risk for delayed diagnosis, limited treatment, and worse health outcomes, including higher mortality. Within the CSMC service area, stakeholders identified barriers such as affordability, transportation, appointment availability, and system navigation as factors that can delay preventive care, routine management, and follow-up for individuals at risk for or living with heart disease.

Heart disease remains the leading cause of death nationally, statewide, and within counties served by CSMC, reinforcing its designation as a priority health issue. Stakeholders agree that improving prevention, early detection, chronic disease management, and access to care is essential to reducing the burden of cardiovascular disease. Strategies such as expanding access to primary care, promoting regular screening, supporting healthy lifestyle behaviors, and improving care coordination will be central to improving heart health outcomes as part of CentraState Medical Center’s Community Health Improvement Plan.

Cancer

Cancer remains one of the most significant chronic health conditions affecting the communities served by CentraState Medical Center. Stakeholders consistently identified cancer as a high-priority health issue, citing its substantial morbidity and mortality risk, broad impact across the population, and disproportionate effects on certain vulnerable groups within the service area.

Within the CSMC service area, data indicate notable cancer-related concerns and disparities, including elevated incidence of breast cancer, thyroid and other endocrine system cancers, prostate cancer, colorectal cancer, respiratory cancers, and variation in age-adjusted cancer mortality rates. While overall cancer mortality has declined nationally and at the state level over the past several decades—reflecting advances in prevention, screening, and treatment—more than 600,000 people in the United States continue to die from cancer each year, underscoring the persistent burden of the disease. Cancer outcomes remain uneven across populations, with higher incidence and mortality rates observed in certain racial and ethnic groups and among individuals facing socioeconomic disadvantage.

Many cancers are preventable or modifiable through risk reduction strategies, including:

- Avoidance of tobacco products
- Regular physical activity and healthy nutrition
- Maintaining a healthy weight
- Limiting exposure to ultraviolet radiation

In addition, vaccination against human papillomavirus (HPV) and hepatitis B virus can significantly reduce the risk of cervical, liver, and other cancers. For cancers with established, evidence-based screening tools, early detection plays a critical role in improving survival and reducing disease severity. Recommended screenings include:

- Breast cancer screening with mammography
- Cervical cancer screening with Pap and HPV testing
- Colorectal cancer screening through stool-based testing, sigmoidoscopy, or colonoscopy
- Lung cancer screening with low dose computed tomography for eligible high-risk individuals

Effective cancer screening requires more than test availability; it depends on a complete continuum of care, including timely follow-up of abnormal results, access to diagnostic services, referral to specialty care, and coordination throughout treatment and survivorship.

Equity is a central consideration in addressing cancer outcomes. Cancer equity means ensuring that all individuals have a fair and just opportunity to prevent cancer, receive timely screening and diagnosis, access high-quality treatment, and obtain appropriate follow-up and survivorship care. However, many individuals face barriers related to where they live, income, insurance status, education, language, transportation, and ability to take time off from work. These social determinants of health contribute to lower screening rates, delayed diagnoses, and worse outcomes for populations that are already at higher risk.

People who lack reliable access to health care are more likely to be diagnosed with late-stage cancer, when treatment options are more limited, and outcomes are poorer. Stakeholders emphasized that improving access

to primary care, preventive services, and specialty oncology care—particularly for underserved populations—is essential to reducing cancer-related disparities in the CSMC service area.

Overall, stakeholders recognize cancer as a major driver of illness and death in the community and affirm that improving access to prevention, screening, early diagnosis, and coordinated treatment is one of the most effective ways to reduce morbidity and mortality. Addressing access barriers, strengthening outreach and education, and supporting equitable care delivery will be critical components of CentraState Medical Center's Community Health Improvement Plan and its efforts to improve cancer outcomes across the service area.

APPENDIX A: SECONDARY DATA SOURCES

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

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

APPENDIX B: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT

CentraState Medical Center (CSMC) 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 CHNA is to gather current statistics and qualitative feedback on the key health issues facing service area residents. The completion of the CHNA will enable CSMC 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. CentraState 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

CentraState 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 CSMC solicited responses.

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

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Atlantic Health	First Commerce Bank	Ocean County Senior Services
Atlantic Medical Group	Freehold Area Health Department	ENVision
Advocare Pediatric Health	Freehold Area Open Door	Ocean County Dept. of Human Services
Brookdale Community College	Freehold Township School District	Ocean County NJ Area Agency on Aging
Catholic Charities, Diocese of Trenton	From My Heart to Yours	Office of Senior Services
CentraState Board of Trustees	Jewish Family & Children's Service of Monmouth County	Parker Family Health Center
CentraState Healthcare Foundation	Lunch Break	St. Peter's Episcopal Church
CentraState Healthcare System	Mankind Community Wellness Association	United Way of Monmouth & Ocean Counties
CentraState Medical Center	Monmouth Family Foot and Ankle, LLC	VNA Health Group, Children and Family Health Institute
Community Affairs and Resource Center	My MD Group	VNACJ Community Health Center
Community Alliance	Neighborhood Connections to Health	YMCA of Jersey Shore
Community Member	Ocean County Health Department	

APPENDIX D: MONMOUTH COUNTY LICENSED HEALTH FACILITIES[3]

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

FACILITY TYPE	NAME	CITY	ST	ZIP
AMBULATORY CARE FACILITY	ATLANTIC MEDICAL IMAGING	MANASQUAN	NJ	08736
	ATRIUM DIAGNOSTIC IMAGING, LLC	MANALAPAN	NJ	07726
	BEACON OF LIFE CENTRAL NJ, LLC	OCEANPORT	NJ	07757
	CARDIOLOGY ASSOCIATES OF OCEAN COUNTY	MANASQUAN	NJ	08736
	CENTRASTATE MEDICAL CENTER, INC	EAST FREEHOLD	NJ	07728
	Family PM LLC	MANALAPAN	NJ	07726
	HACKENSACK MERIDIAN OUTPATIENT SERVICES, INC	EATONTOWN	NJ	07724
	HEALTH VILLAGE IMAGING, L.L.C.	JACKSON	NJ	08527
	HEALTH VILLAGE IMAGING, L.L.C.	WALL	NJ	07719
	HOLMDEL IMAGING, LLC	HOLMDEL	NJ	07733
	HUDSON LITHOTRIPSY, L.L.C.	RED BANK	NJ	07701
	JERSEY ADVANCED MRI AND DIAGNOSTIC CENTER	JACKSON	NJ	08527
	JERSEY SHORE IMAGING LLC	NEPTUNE	NJ	07753
	MIDDLETOWN VENTURES ASSOCIATES, LLC	MIDDLETOWN	NJ	07748
	MONMOUTH DIAGNOSTICS JOINT VENTURE LLC	SHREWSBURY	NJ	07702
	MONMOUTH PAIN AND REHABILITATION, INC	WALL	NJ	07719
	NORTHEAST SPINE & SPORTS MEDICINE	JACKSON	NJ	08527
	NOTTINGHAM SURGICAL SERVICES, LLC	RED BANK	NJ	07701
	PLANNED PARENTHOOD OF NCSNJ	SHREWSBURY	NJ	07702
	PREMIER SPINE AND WELLNESS, LLC	NEPTUNE	NJ	07753
	PRINCETON ORTHOPAEDIC ASSOCIATES II, P.A.	MONROE TOWNSHIP	NJ	08831
	PRINCETON RADIOLOGY ASSOCIATES	ENGLISHTOWN	NJ	07726
	PRINCETON RADIOLOGY ASSOCIATES	FREEHOLD	NJ	07728
	PRINCETON RADIOLOGY ASSOCIATES, PA	JAMESBURG	NJ	08831
	PROFESSIONAL ORTHOPAEDIC ASSOCIATES	TINTON FALLS	NJ	07724
	SD MIDDLETOWN, L.L.C.	MIDDLETOWN	NJ	07748
	SHORE HEART GROUP, PA	KEYPORT	NJ	07735
	SLEEP DYNAMICS, LLC	NEPTUNE CITY	NJ	07753
	SOLUTIONS HEALTH AND PREGNANCY CENTER	SHREWSBURY	NJ	07702
	STRESS CARE MEDICAL GROUP CORPORATION	MANALAPAN	NJ	07726
	TITAN HEALTH PARTNERS, LLC	MONROE TWP	NJ	08831
	ULANJ, LLC	NEPTUNE	NJ	07753
	UNIVERSITY RADIOLOGY GROUP, LLC	FREEHOLD	NJ	07728
	UNIVERSITY RADIOLOGY GROUP, LLC	MANASQUAN	NJ	08736
	UNIVERSITY RADIOLOGY GROUP, LLC	MONROE TOWNSHIP	NJ	08831
	UNIVERSITY RADIOLOGY GROUP, LLC	OAKHURST	NJ	07755
	UNIVERSITY RADIOLOGY-ATLANTIC LLC	TINTON FALLS	NJ	07753
	LAKEWOOD RESOURCE & REFERRAL CENTER	JACKSON	NJ	08527
AMBULATORY SURGICAL CENTER	ADVANCED ENDOSCOPY & SURGICAL CENTER LLC	EATONTOWN	NJ	07724
	ADVANCED SURGICAL TREATMENT CENTER, LLC	MANASQUAN	NJ	08736
	ATLANTIC SURGERY CENTER, LLC	EATONTOWN	NJ	07724
	CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGE	EATONTOWN	NJ	07724
	CENTRAL JERSEY SURGERY CENTER, LLC	EATONTOWN	NJ	07724

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

	CHILDREN'S DENTAL SURGERY CENTER OF JACKSON, LLC	JACKSON	NJ	08527
	COASTAL SURGERY CENTER LLC	NEPTUNE	NJ	07753
	FREEHOLD ENDOSCOPY ASSOCIATES LLC	FREEHOLD	NJ	07728
	FREEHOLD SURGICAL CENTER L.L.C.	FREEHOLD	NJ	07728
	MANALAPAN SURGERY, INC	MANALAPAN	NJ	07726
	MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	MIDDLETOWN	NJ	07748
	MID ATLANTIC EYE CENTER, PC	RED BANK	NJ	07701
	MONMOUTH SURGI CENTER PC	RED BANK	NJ	07701
	NORTHERN MONMOUTH REGIONAL SURGERY CENTER LLC	MANALAPAN	NJ	07726
	OCEAN SURGICAL PAVILION, LLC	OAKHURST	NJ	07755
	Physicians of Monmouth	HOLMDEL	NJ	07733
	RETINA CONSULTANTS SURGERY PRACTICE, L.L.C.	LITTLE SILVER	NJ	07739
	SERGEY BOGDAN, MD	FREEHOLD	NJ	07728
	SHREWSBURY SURGERY CENTER	SHREWSBURY	NJ	07702
	SPECIALTY SURGERY OF MIDDLETOWN LLC	MIDDLETOWN	NJ	07748
	SURGICAL INSTITUTE, LLC	NEPTUNE	NJ	07753
	SURGICARE OF FREEHOLD, LLC	FREEHOLD	NJ	07728
	THE WOODS O.R., INC	TINTON FALLS	NJ	07701
	TWO RIVERS SURGERY CENTER, L.L.C.	RED BANK	NJ	07701
	RIVERSIDE PLASTIC SURGERY & SINUS CENTER	RED BANK	NJ	07701
COMPREHENSIVE REHABILITATION HOSPITAL	MMC ENCOMPASS HEALTH REHABILITATION HOSPITAL, LLC	TINTON FALLS	NJ	07724
END STAGE RENAL DIALYSIS	DIALYSIS CLINIC, INC.	FREEHOLD	NJ	07728
	DIALYSIS CLINIC, INC.	MONROE TOWNSHIP	NJ	08831
	DIALYZE HOLDINGS	NEPTUNE	NJ	07753
	FREEHOLD ARTIFICIAL CENTER LLC	MANALAPAN	NJ	07726
	FRESENIUS MEDICAL CARE JERSEY SHORE, L.L.C.	NEPTUNE	NJ	07753
	FRESENIUS MEDICAL CARE RED BANK, LLC	RED BANK	NJ	07701
	GANOIS DIALYSIS, L.L.C.	WALL TOWNSHIP	NJ	07727
	KIDNEY LIFE, LLC	EATONTOWN	NJ	07724
	KIDNEY LIFE, LLC	HAZLET	NJ	07730
	KIDNEY LIFE, LLC	MONROE TOWNSHIP	NJ	08831
	KIDNEY LIFE, LLC	NEPTUNE	NJ	07753
	KIDNEY LIFE, LLC	RED BANK	NJ	07701
	NAVARRO DIALYSIS, L.L.C.	MATAWAN	NJ	07747
	RONAN DIALYSIS, LLC	JACKSON	NJ	08527
	VALMACK DIALYSIS, LLC	WALL	NJ	07719
FEDERALLY QUALIFIED HEALTH CENTERS	MONMOUTH FAMILY HEALTH CENTER, INC	LONG BRANCH	NJ	07740
	OCEAN HEALTH INITIATIVES, INC.	FREEHOLD	NJ	07728
	VNA OF CENTRAL JERSEY COMMUNITY HEALTH CENTER, INC	ASBURY PARK	NJ	07712
GENERAL ACUTE CARE HOSPITAL	CENTRASTATE MEDICAL CENTER, INC	FREEHOLD	NJ	07728
	HMH HOSPITALS CORPORATION	HOLMDEL	NJ	07733
	HMH HOSPITALS CORPORATION	NEPTUNE	NJ	07753
	HMH HOSPITALS CORPORATION	RED BANK	NJ	07701
	MONMOUTH MEDICAL CENTER	LONG BRANCH	NJ	07740
HOME HEALTH AGENCY	HACKENSACK MERIDIAN AMBULATORY CARE, INC.	NEPTUNE	NJ	07753
	SEABROOK VILLAGE, INC.	TINTON FALLS	NJ	07753
HOSPICE CARE PROGRAM	HOLISTICARE HOSPICE OF NEW JERSEY, LLC	RED BANK	NJ	07701

	VITALITY HOSPICE LLC	WALL TOWNSHIP	NJ	07727
	VITAS HEALTHCARE ATLANTIC	SHREWSBURY	NJ	07702
	DOVE HOSPICE SERVICES OF NEW JERSEY, LLC	MANALAPAN	NJ	07726
	EMBRACING HOSPICECARE OF NEW JERSEY, LLC	WALL	NJ	07719
	HACKENSACK MERIDIAN AMBULATORY CARE, INC.	NEPTUNE	NJ	07753
	VISITING NURSE ASSOCIATION HEALTH GROUP, INC	HOLMDEL	NJ	07733
	VNA HEALTH GROUP OF NEW JERSEY, LLC	HOLMDEL	NJ	07733
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CHILDREN'S SPECIALIZED HOSPITAL	EATONTOWN	NJ	07724
	HMH HOSP CORP-JERSEY SHORE UNIVERSITY MED CENTER	NEPTUNE	NJ	07753
	HMH HOSPITALS CORPORATION	HOLMDEL	NJ	07733
	HMH HOSPITALS CORPORATION	NEPTUNE	NJ	07754
	HMH HOSPITALS CORPORATION	SHREWSBURY	NJ	07702
	MONMOUTH MEDICAL CENTER	WEST LONG BRANCH	NJ	07764
	PRINCETON HEALTHCARE SYSTEM, A NJ NONPROFIT CORP	MONROE TOWNSHIP	NJ	08831
	SAINT PETER'S UNIVERSITY HOSPITAL	MONROE TOWNSHIP	NJ	08831
SURGICAL PRACTICE	MAXILLOFACIAL SURGERY CENTER FOR EXCELLENCE, L.L.C	RED BANK	NJ	07701
	MONMOUTH PLASTIC SURGERY PC	RED BANK	NJ	07701
	MOSS UROLOGIC SURGERY, L.L.C.	HOWELL	NJ	07731
	ENGLEWOOD ENDOSCOPIC ASSOCIATES	FREEHOLD	NJ	07728

PREPARED FOR

CENTRASTATE MEDICAL CENTER

BY

ATLANTIC HEALTH
PLANNING & SYSTEM DEVELOPMENT

Atlantic Health