Morristown Medical Center
Community Health Needs Assessment

2025-2027

Atlantic Health

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

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

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

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

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
Part V Section B Line 1a A definition of the community served by the hospital facility	5
Part V Section B Line 1b Demographics of the community	8
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
Part V Section B Line 1g The process of identifying and prioritizing community health needs and services to meet the community health need	7
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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

Morristown Medical Center (MMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2025, MMC, a member of Atlantic Health (AH), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, encompassing portions of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, and Warren counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of MMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

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

CHNA Development Process

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

Key Community Health Priorities

Morristown Medical Center, in conjunction with community partners, examined secondary data and community stakeholder input to select key community health issues. The following issues were identified and adopted as the key health priorities for MMC's 2025-2027 CHNA:

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Morristown Medical Center (MMC), part of Atlantic Health, is a non-profit, nationally recognized hospital located in Morristown, New Jersey. The medical center is home to more than 7,300 employees and over 2,100 physicians, forming one of the region's most comprehensive and accomplished clinical teams.

Renowned for excellence in cardiology and heart surgery, orthopedics, obstetrics and gynecology, geriatrics, gastroenterology and GI surgery, pulmonology and lung surgery, and urology, Morristown Medical Center is the only hospital in New Jersey to be named one of America's 50 Best Hospitals by Healthgrades for seven consecutive years. MMC is also recognized by *Newsweek* as one of the World's Best Hospitals, ranking 46th in the United States and No. 1 in New Jersey. Castle Connolly has ranked MMC as the state's top hospital with more than 350 beds, and The Leapfrog Group has awarded MMC an "A" Hospital Safety Grade—its highest distinction—for fourteen consecutive rating cycles.

MMC is a Magnet®-designated hospital for Excellence in Nursing Service, the highest honor bestowed by the American Nurses Credentialing Center for acute care facilities demonstrating superior nursing quality. It is also designated a Level I Regional Trauma Center by the American College of Surgeons and a Level II Trauma Center by the State of New Jersey.

Morristown Medical Center provides convenient, high-quality care close to home for communities across northern New Jersey, supported by the advanced specialty services of Atlantic Health System. Through this network, patients have access to renowned specialists, clinical trials, innovative technologies, leading-edge treatments, and comprehensive support services—all within New Jersey. Atlantic Health's integrated system spans 15 counties, ensuring coordinated, patient-centered care across a broad regional footprint.

Community Overview

MMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For MMC, this represents 81 ZIP Codes, encompassing Morris County with portions extending to Sussex, Union, Somerset, and Hunterdon.[1] There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by MMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, MMC always works to identify the health needs of the community it serves.

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

Geographic Area Served by Morristown Medical Center

The following towns and cities served by MMC.

MMC 75% SERVICE AREA					
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07004	FAIRFIELD	ESSEX	07848	LAFAYETTE	SUSSEX
07005	BOONTON	MORRIS	07849	LAKE HOPATCONG	MORRIS
07006	CALDWELL	ESSEX	07850	LANDING	MORRIS
07016	CRANFORD	UNION	07852	LEDGEWOOD	MORRIS
07035	LINCOLN PARK	MORRIS	07853	LONG VALLEY	MORRIS
07039	LIVINGSTON	ESSEX	07856	MOUNT ARLINGTON	MORRIS
07040	MAPLEWOOD	ESSEX	07860	NEWTON	SUSSEX
07044	VERONA	ESSEX	07866	ROCKAWAY	MORRIS
07045	MONTVILLE	MORRIS	07869	RANDOLPH	MORRIS
07046	MOUNTAIN LAKES	MORRIS	07871	SPARTA	SUSSEX
07052	WEST ORANGE	ESSEX	07874	STANHOPE	SUSSEX
07054	PARSIPPANY	MORRIS	07876	SUCCASUNNA	MORRIS
07058	PINE BROOK	MORRIS	07882	WASHINGTON	WARREN
07059	WARREN	SOMERSET	07885	WHARTON	MORRIS
07060	PLAINFIELD	UNION	07901	SUMMIT	UNION
07076	SCOTCH PLAINS	UNION	07920	BASKING RIDGE	SOMERSET
07081	SPRINGFIELD	UNION	07921	BEDMINSTER	SOMERSET
07082	TOWACO	MORRIS	07922	BERKELEY HEIGHTS	UNION
07083	UNION	UNION	07924	BERNARDSVILLE	SOMERSET
07090	WESTFIELD	UNION	07927	CEDAR KNOLLS	MORRIS
07405	BUTLER	MORRIS	07928	CHATHAM	MORRIS
07416	FRANKLIN	SUSSEX	07930	CHESTER	MORRIS
07419	HAMBURG	SUSSEX	07931	FAR HILLS	SOMERSET
07424	LITTLE FALLS	PASSAIC	07932	FLORHAM PARK	MORRIS
07438	OAK RIDGE	PASSAIC	07936	EAST HANOVER	MORRIS
07444	POMPTON PLAINS	MORRIS	07940	MADISON	MORRIS
07461	SUSSEX	SUSSEX	07945	MENDHAM	MORRIS
07470	WAYNE	PASSAIC	07946	MILLINGTON	MORRIS
07480	WEST MILFORD	PASSAIC	07950	MORRIS PLAINS	MORRIS
07801	DOVER	MORRIS	07960	MORRISTOWN	MORRIS
07803	MINE HILL	MORRIS	07974	NEW PROVIDENCE	UNION
07821	ANDOVER	SUSSEX	07981	WHIPPANY	MORRIS
07823	BELVIDERE	WARREN	08801	ANNANDALE	HUNTERDON
07825	BLAIRSTOWN	WARREN	08807	BRIDGEWATER	SOMERSET
07826	BRANCHVILLE	SUSSEX	08822	FLEMINGTON	HUNTERDON
07828	BUDD LAKE	MORRIS	08833	LEBANON	HUNTERDON
07830	CALIFON	HUNTERDON	08844	HILLSBOROUGH	SOMERSET
07834	DENVILLE	MORRIS	08873	SOMERSET	SOMERSET
07836	FLANDERS	MORRIS	08876	SOMERVILLE	SOMERSET
07840	HACKETTSTOWN	WARREN	08889	WHITEHOUSE STATION	HUNTERDON
07843	HOPATCONG	SUSSEX			

Methodology

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

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

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

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

Analytic Support

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

Community Representation

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

Research Limitations

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

Prioritization of Needs

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

SECONDARY DATA PROFILE

One of the initial undertakings of the CHNA was to evaluate a Secondary Data Profile compiled by 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 MMC Community Advisory Board's Community Health Sub-Committee of the current health and socio-economic status of residents in MMC's service area. Following is a summary of key details and findings from the secondary data review.

Demographic Overview[2]

MMC's service area population is projected to grow by 1.87% between 2025 and 2030. In 2025, the population is 50.6% female and 49.4% male, and proportions expected to remain stable. The service area remains predominantly White (Non-Hispanic) at 60%. About 74% of residents speak only English at home, while roughly 10% speak Spanish and smaller percentages speak other languages. Two-thirds of households (about 63%) have incomes above $100,000, including more than 31% earning over $200,000. Educational attainment remains high, with over half of the population, 52%, holding a bachelor's degree or higher and another 23% having some college or an associate degree.

Health Insurance Coverage / Payer Mix[3]

Health insurance coverage can have a significant influence on health outcomes.

Among ED visits, MMC's Service Area is approximately 18.0% Medicaid/Caid HMO/NJ Family Care with another 7.0% of Self Pay/Charity Care. The area is approximately 22.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is largely similar to Morris County and is more favorably distributed than the statewide.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care/ Underinsured	Total
ED Treat/Release	**MMC Service Area**	53%	18%	22%	7%	100%
	Morris County	54%	15%	23%	8%	100%
	New Jersey	46%	29%	17%	8%	100%

Among inpatients, MMC's Service Area is approximately 11.0% Medicaid/Caid HMO/NJ Family Care with another 1.0% of Self Pay/Charity Care. The area is approximately 46.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is largely similar to Morris County and is more favorably distributed than the statewide.

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

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay/ Charity Care / Underinsured	Total
Inpatient	**MMC Service Area**	42%	11%	46%	1%	100%
	Morris County	41%	10%	48%	1%	100%
	New Jersey	38%	20%	40%	2%	100%

Mortality Rates[4]

Age-adjusted mortality rates offer an important indication of a community's overall health and allow for meaningful comparisons across regions. Nationally, the leading causes of death include heart disease, cancer, unintentional injuries, cerebrovascular disease (stroke), and chronic lower respiratory disease (CLRD). In Morris County, the top five causes mirror several of these national trends, with heart disease, cancer, COVID-19, cerebrovascular disease (stroke), and Alzheimer's disease representing the primary drivers of mortality.

Over the past decade, heart disease and cancer have consistently remained the first and second leading causes of death in the county. Heart disease mortality has decreased by 16 points compared with the previous three-year measurement period, while cancer mortality has shown an overall 20-point decline since 2015–2017. COVID-19 mortality has also fallen by 12 points, reflecting improvement over the most recent reporting cycle. CLRD, which previously ranked among the top five causes of death, has continued to decline and no longer appears in the top tier. In contrast, Alzheimer's disease has increased by 3.7 points, marking a growing area of concern.

Morris County's Major Causes of Death (Age-Adjusted Rates per 100,000)					
	3-year groups				
Cause of Death	2015–2017	2018–2020	2021–2023	Current to Previous	Current to 2nd Previous
Diseases of heart	139.8	143.7	127.5	-16.2	-12.3
Cancer (malignant neoplasms)	136.1	125.7	115.4	-10.3	-20.7
COVID-19	—	40.2	28.9	-11.3	-
Stroke (cerebrovascular diseases)	27.9	20.7	25.2	4.5	-2.7
Alzheimer's disease	19.7	25.1	23.4	-1.7	3.7
Chronic lower respiratory diseases (CLRD)	23.4	22	16.2	-5.8	-7.2
Septicemia	15.2	13.9	15	1.1	-0.2
Diabetes mellitus	12.7	14.7	13.4	-1.3	0.7
Nephritis, nephrotic syndrome & nephrosis	11	10.7	11.1	0.4	0.1
Parkinson's disease	7.3	10.1	8.3	-1.8	1
Influenza & pneumonia	8.9	10.5	7.6	-2.9	-1.3
Pneumonitis due to solids & liquids	6.9	5.9	7.5	1.6	0.6
Chronic liver disease & cirrhosis	5.5	7.4	6.6	-0.8	1.1
Essential hypertension & hypertensive renal disease	5.2	4.8	6.2	1.4	1

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

Morris County's Major Causes of Death (Age-Adjusted Rates per 100,000)					
	3-year groups				
Cause of Death	2015–2017	2018–2020	2021–2023	Current to Previous	Current to 2nd Previous
Nutritional deficiencies	-	2.2	5.7	3.5	-
In situ neoplasms & benign/uncertain neoplasms	5.3	4.1	3.6	-0.5	-1.7
Congenital malformations, deformations & chromosomal abnormalities	2.1	2	1.9	-0.1	-0.2
Unintentional injuries	1.6	1.7	1.8	0.1	0.2
Aortic aneurysm & dissection	1.7	1.8	1.7	-0.1	0
Viral hepatitis	1.7	2.4	1.7	-0.7	0
Anemias	1.2	1	1.6	0.6	0.4
Atherosclerosis	2.3	1.9	1.1	-0.8	-1.2
Suicide (intentional self-harm)	23.5	1.2	1	-0.2	-22.5
Certain conditions originating in the perinatal period	2.6	2.1	-	-	-
Complications of medical & surgical care	-	-	-	-	-
Enterocolitis due to C. diff	1.1	-	-	-	-
HIV disease	-	-	-	-	-
Homicide (assault)	-	-	-	-	-
Other than 28 major causes	104.8	108.6	113.1	4.5	8.3

Localized Data

Understanding the health needs of the population served requires data that reflect local realities. Secondary data sources, while valuable, can be constrained by broad geographic or clinical aggregation and by the use of modeled estimates that may not fully capture community-level variation. To gain a more precise and actionable view of the population served by Morristown Medical Center (MMC), the hospital analyzed de-identified claims data using a disparity ratio methodology published by the Minnesota Department of Health, Center for Health Statistics, Division of Health Policy. This methodology supports the identification of whether disparities exist—or persist—among the hospital's patient population.

Four separate analyses—by race/ethnicity, age, gender, and insurance cohort—were performed using clinical groupings defined by the Agency for Healthcare Research and Quality's (AHRQ) Healthcare Cost and Utilization Project (HCUP) Clinical Classification Software – Refined (CCSR). The CCSR organizes ICD-10-CM/PCS codes into clinically meaningful categories, allowing for clearer interpretation of utilization patterns and differences across demographic groups.

Although the detailed results are not published here, these analyses provided stakeholders with a deeper understanding of disparities within MMC's patient population and offered a roadmap for identifying where targeted interventions and resources could most effectively address inequities among specific cohorts.
The insights derived from this localized analysis were integrated with secondary data and stakeholder feedback to prioritize the health issues of greatest concern across MMC's service area. These findings will be monitored over time and will serve as key inputs to guide MMC's annual Community Health Improvement Plan (CHIP).

Environmental Justice Index[5]

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

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

The EJI facilitates discussion and analysis of:

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

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

- Flemington
- West Orange
- Franklin
- Denville
- Wharton
- Sussex
- Dover
- West Caldwell
- Morristown
- Somerville

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

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

EVALUATING IDENTIFIED HEALTH DISPARITIES

Across the 553,857 individuals included in the AH MMC CHNA clinical analysis, a clear pattern emerges: the system is managing substantial clinical burden across a wide array of conditions, yet the distribution of outcomes remains inequitable, and in several high-impact categories, those inequities are worsening. The data reveals that overall utilization and clinical rates have shifted materially over the 2021–2024 period, but changes in service patterns have not translated into proportional improvements in equity, underscored by the near-zero correlation between rate trends and disparity trends. This signals that general declines in utilization alone are insufficient to close gaps—what's needed are targeted, condition-specific interventions guided by the factors driving inequities in each domain.

The highest service burden falls within categories that reflect both clinical fragility and access/navigation challenges, including Factors Influencing Health Status, Symptoms/Signs and Abnormal Clinical Findings, and major chronic disease groups such as Mental Health and Substance Use Disorders, Circulatory, Respiratory, Musculoskeletal, and Endocrine. These categories shape the day-to-day operational load and highlight where patients most frequently interact with the system. Yet, when examining disparities, a different picture surfaces: Cancer, Circulatory Disease, Musculoskeletal Disease, Pregnancy, and Injuries/Poisonings represent the areas with the highest inequity counts, with several showing upward trends.

There are widening disparities in Circulatory Disease (+68), Symptoms/Signs (+57), Musculoskeletal (+51), and Digestive (+41). These trends point toward structural access and chronic disease management that disproportionately impacts vulnerable groups. Meanwhile, although some categories—such as Injuries/Poisonings (−89), Factors Influencing Health Status (−45), and Cancer (−22)—demonstrate narrowing gaps, these improvements occur within categories that still carry large absolute inequity burdens and need sustained attention.

Mental Health and Substance Use Disorders add an important dimension to the disparity landscape. Mental Health shows 107 disparities with a widening trend (+19), reflecting the ongoing mismatch between behavioral health needs and system capacity. Rising inequities in psychiatric care often signal access barriers, referral delays, inconsistent care coordination, and shortages of culturally and linguistically concordant providers. These gaps disproportionately affect younger adults, Medicaid populations, uninsured groups, and individuals in high-SVI areas—populations already at higher risk for crisis-level presentations.

Substance use–related conditions, reflected most clearly in the Injuries/Poisonings category, tell a more mixed story. Despite a substantial narrowing of disparities (-89)—likely influenced by increased access to harm reduction, peer recovery coaching, and post-ED linkage—this category still carries one of the higher absolute disparity counts (133). Sustaining this progress will require vigilance as overdose patterns continue to shift and new substances emerge in the community. Taken together, Mental Health and SUD data reinforce that behavioral health equity is both a foundational CHNA priority and a major determinant of downstream medical utilization.

The intensity of disparities also sharpens the focus: Pregnancy (148 per 10k utilization) and Cancer (124 per 10k) demonstrate that even if utilization volume is lower than in chronic disease categories, the inequities per encounter are extremely high—indicating that "one-size-fits-all" interventions will not work. Disparities in these areas are likely tied to barriers in timely access, navigation, screening, and continuity of care, rather than sheer clinical prevalence.

Taken together, these patterns underscore a central reality: the CHNA must prioritize targeted interventions where both the burden and inequity trajectories threaten long-term outcomes. For example, Circulatory Disease demands an intensified focus on hypertension and cardiovascular risk management in high-SVI ZIP codes, with strategies such as community-based blood pressure monitoring, bilingual navigators, CHW outreach, and rapid-

access specialist pathways. Cancer disparities, although improving modestly, remain the largest overall; expanding screening equity, navigation, mobile outreach, and time-to-oncology performance metrics will be essential to bend the curve further.

For Mental Health, the priority is to expand behavioral health integration in primary care, increase tele-psych access, simplify referral pathways, and scale culturally responsive care models. For Substance Use Disorders, advancing harm reduction, expanding medication-assisted treatment, and maintaining strong post-ED linkage will be essential to preserve recent gains.

Pregnancy-related disparities, driven by structural and social factors, call for improved prenatal access, transportation supports, doula and care coordination services, and culturally/linguistically concordant care. Meanwhile, rising Respiratory trends require proactive management of asthma and COPD in vulnerable neighborhoods through environmental mitigation, home-based interventions, and school partnerships. Behavioral health disparities continue to widen, reinforcing the need for integrated primary care models, expanded tele-psych access, and referral simplification.

Categories such as *Symptoms/Signs* and *Factors Influencing Health Status* reveal that much of the inequity is rooted in navigation gaps—there is high demand from patients struggling to access the right care at the right time. These categories operate as "access barometers," highlighting where interventions focused on scheduling, benefits counseling, interpretation services, and warm handoffs can have outsized equity impact.

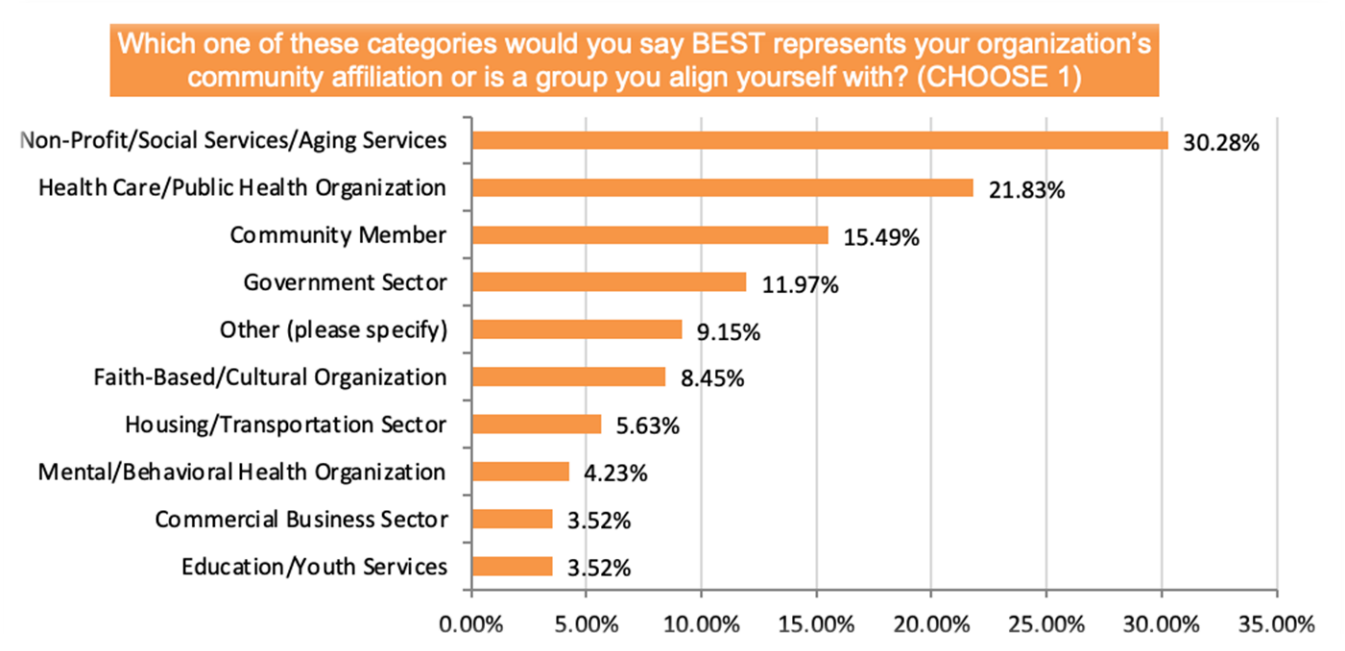
As the CHNA moves toward defining system priorities, the data compels a strategy that is not purely clinical but operational, social, and structural. Investments should focus on strengthening referral pathways, enhancing community partnerships, deploying CHWs, and improving language- and culture-concordant care. Additionally, governance improvements—such as standardizing race/ethnicity and language taxonomies, instituting age-adjusted comparisons, and building intersectional dashboards—will ensure disparities are measured consistently and actionably.

In sum, the 2021–2024 CHNA disparity analysis portrays a system managing significant population health burden while simultaneously confronting persistent and, in some cases, escalating inequities. The categories with the highest rates are not always those with the highest disparities; likewise, categories showing clinical improvement are not always achieving equity gains. This disconnect reinforces the need for intentional, condition-specific equity strategies. By focusing resources on the domains where inequities are most profound—or most rapidly widening—the organization can reduce avoidable harm, improve outcomes, and advance health equity in a measurable, sustainable way.

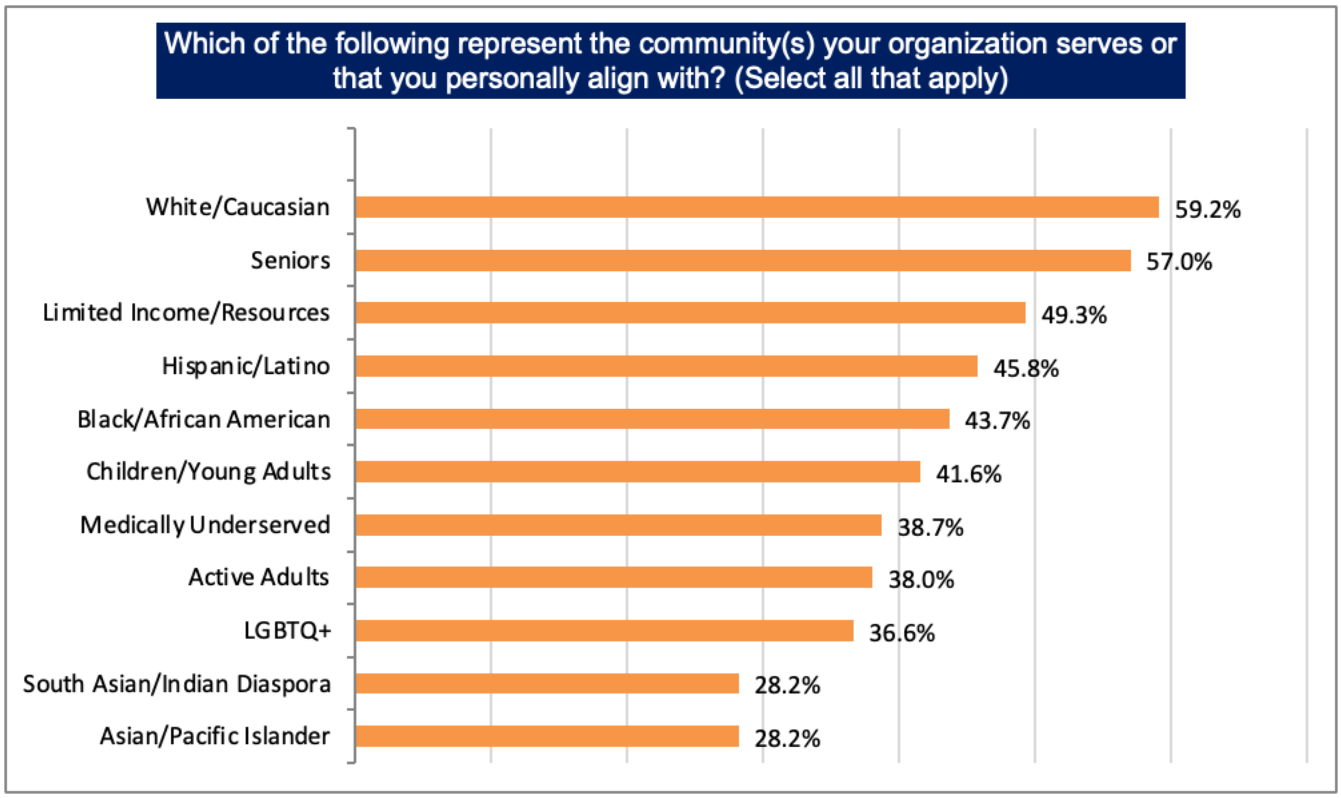
FINDINGS OF KEY STAKEHOLDER SURVEY

The purpose of the stakeholder survey was to gather current statistics and qualitative feedback on the key health issues facing the residents within the MMC service area. The list of stakeholders was thoughtfully gathered to ensure that feedback was from a wide range of community organizations across various sectors. MMC received 170 responses to its online community-based key-stakeholder survey.

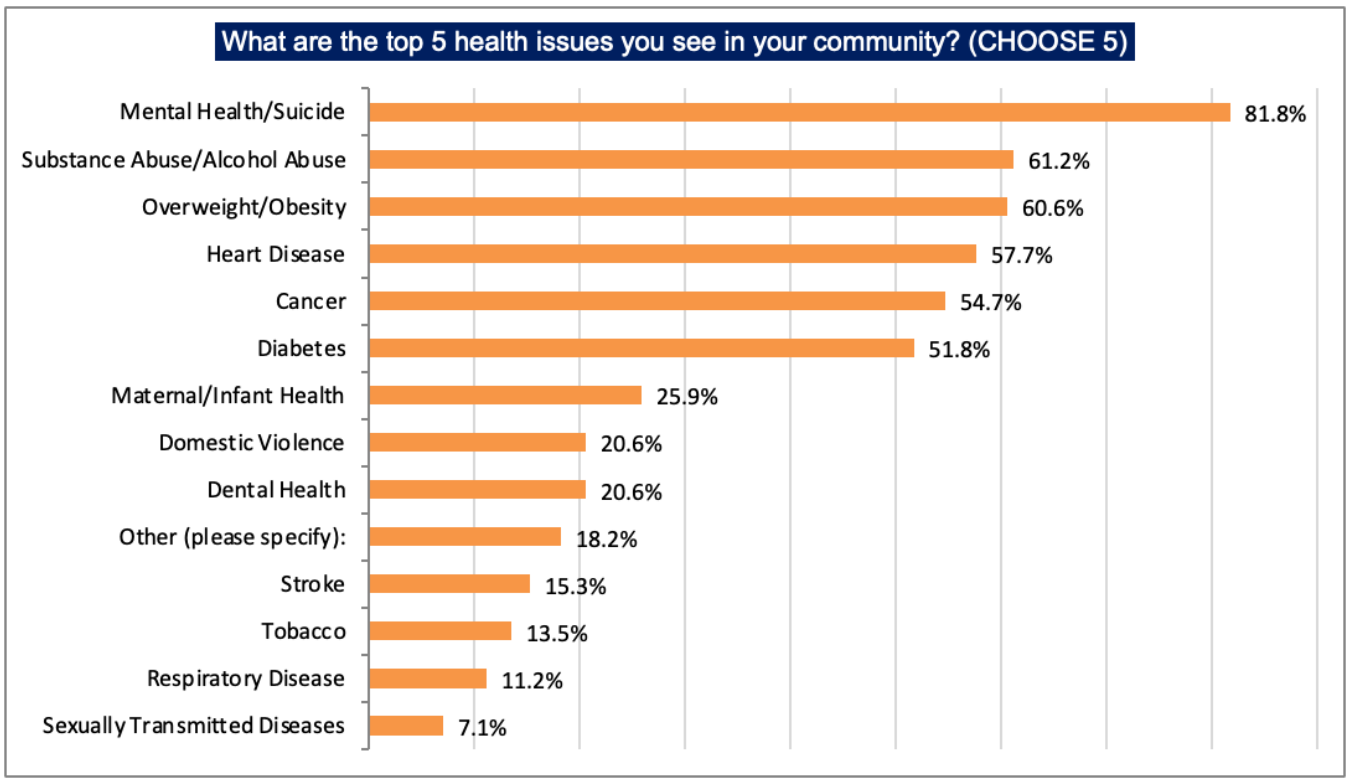
Below we show the breakdown of the respondents' organizational community affiliations or alignment.



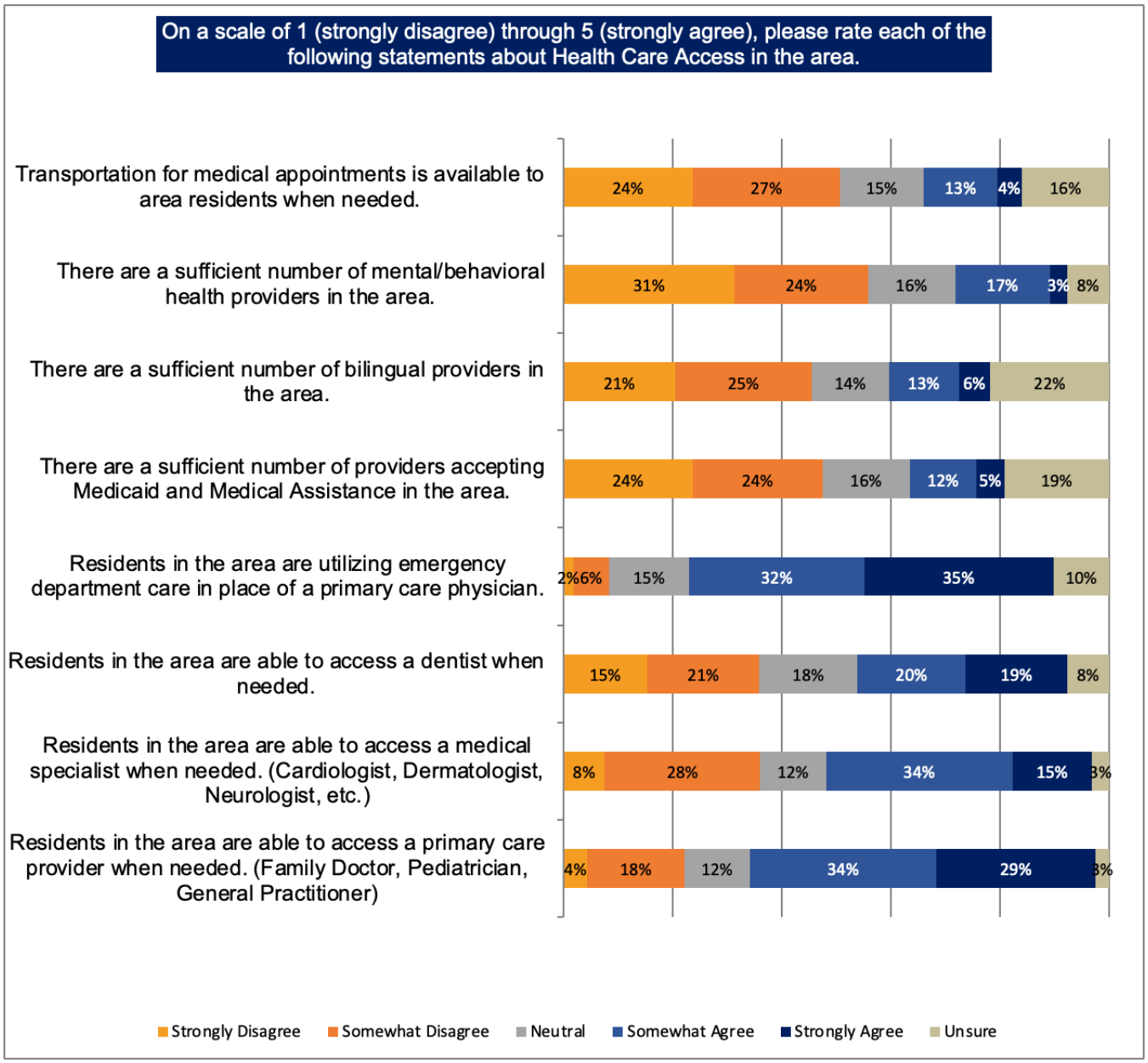
Below we show the breakdown of which group(s) within the community the respondents personally or organizationally align with.



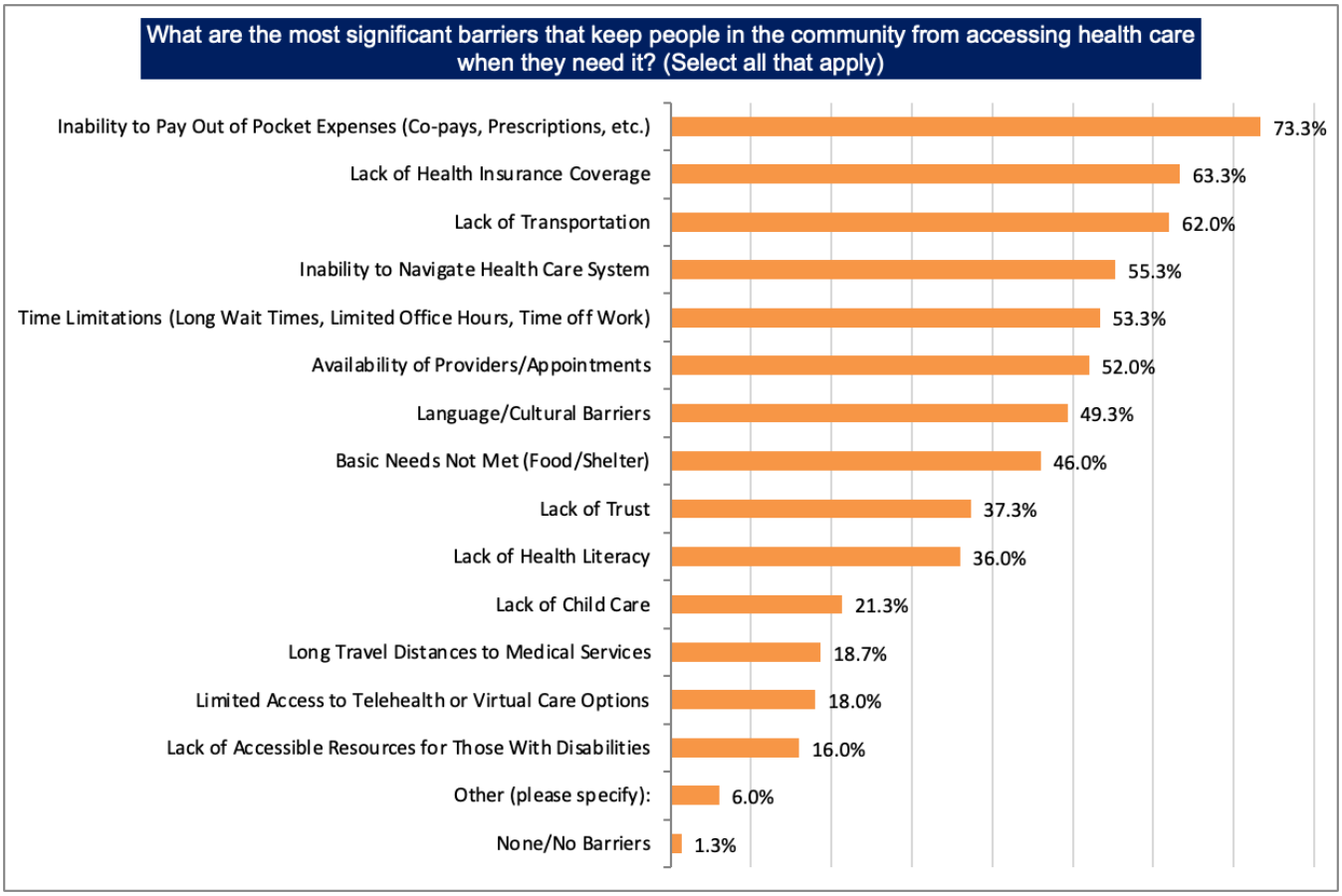
Below we show the breakdown of the percent of respondents who selected each health issue in the 2025 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health/suicide, substance abuse/alcohol abuse, overweight/obesity, heart disease, and cancer.



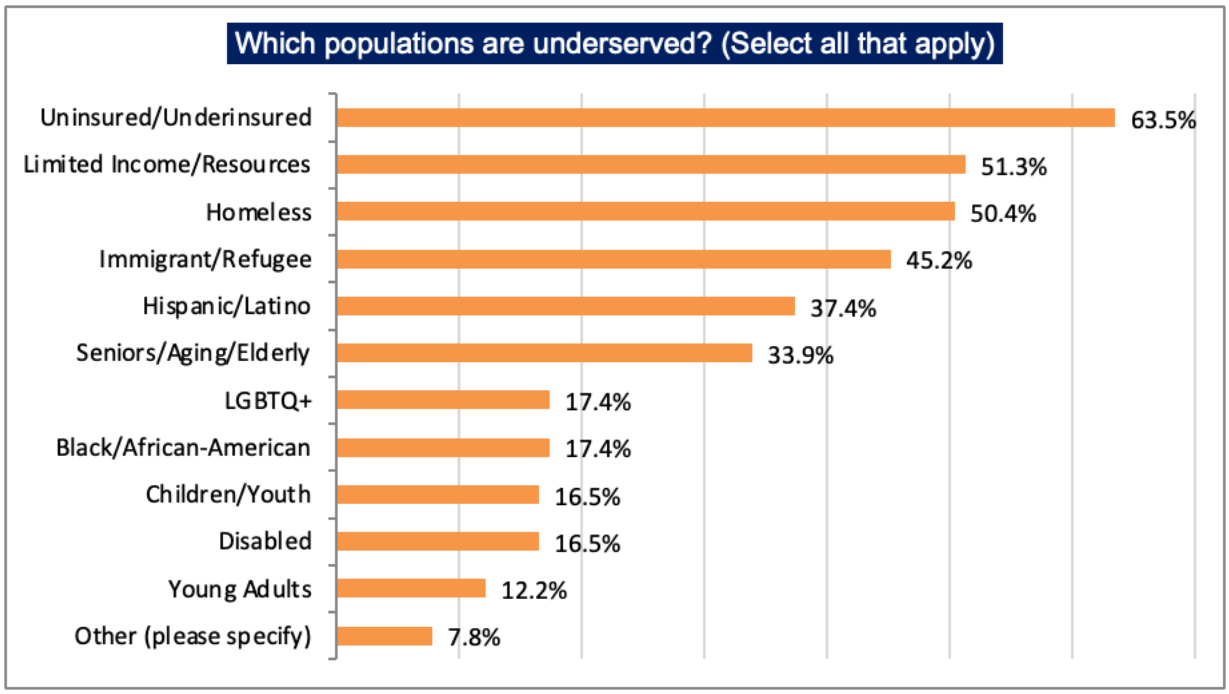
Respondents were asked about the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: “Residents in the area are able to access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



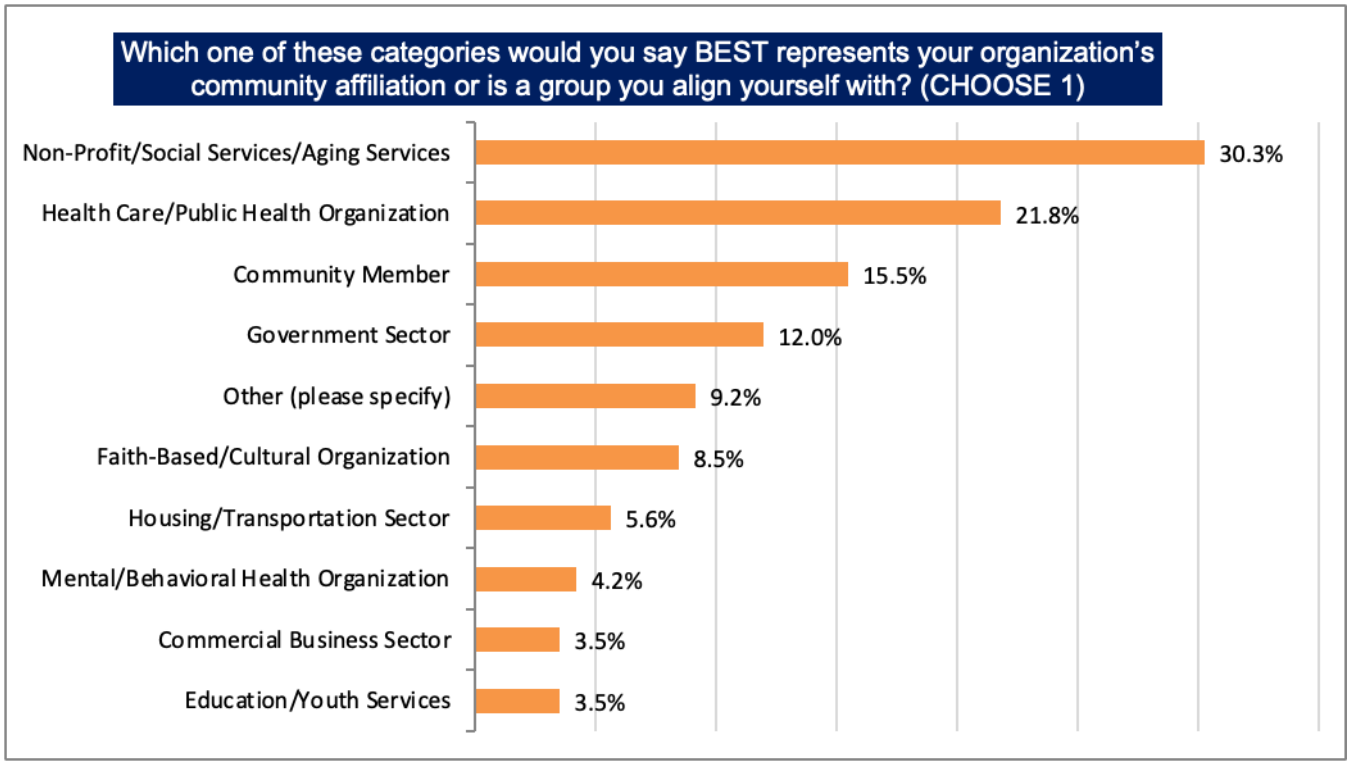
After rating availability of health care services, respondents were asked about the most significant barriers that keep people in their community from accessing healthcare when they need it. The barriers that were most frequently selected are summarized below.



Respondents were asked if there were populations in the community that were not being adequately served by local health services. 78.2% of respondents answered that there are specific populations in this community that are not being adequately served by local health services. The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were uninsured/underinsured, limited income/resources, and the homeless/unhoused. These groupds were followed by immigrant/refugee, Hispanic/Latino, seniors/aging/elderly, and LGBTQ+.



54.42% of key informants indicated hospital emergency departments as the primary place where uninsured/ underinsured individuals go when they need medical care. Health Clinic/FQHC and Walk-in/Urgent Care Center were also mentioned as preferred places to obtain medical care.



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, Neurological Disease, Endocrine and Metabolic Disease, Diabetes, and Nutrition, and Geriatrics and Healthy Aging.

Community Benefit

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

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

Identifying Potential Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. The main determinants of health disparities are poverty, unequal access to health care, lack of education, stigma, and race, or ethnicity. As part of the CHNA and CHIP development process, we evaluate community demographics, mortality rates, county and ZIP Code based disease incidence rates, other secondary source information for broad community health outcomes and factors, and community stakeholder input. The ability to gain actionable perspective on the health needs of the population served can be limited in secondary data by geographic or clinical aggregation and to a degree the use of estimates to extrapolate findings. To gain deeper perspective on the health needs of the population served by AH hospitals, the hospital analyzed deidentified claims that allow for application of a disparity ratio methodology published by the Minnesota Department of Health Center for Health Statistics, Division of Health Policy. This application aids in determining if there are/were disparities among the population served by the hospital.

Four separate analyses (race/ethnicity, age, gender, and insurance cohort) were performed on the data using clinical cohorts defined by The Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) Clinical Classification Software – Refined (CCSR). The CCSR aggregates International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) codes into clinically meaningful categories. These analyses, not published here, allowed for stakeholders to gain deeper understanding of potential disparities in the patient population served by AH and creates a roadmap for identifying where resources could best be deployed to address disparities among specific patient cohorts. This information was used in conjunction with secondary data analysis and stakeholder input to prioritize health topics of most concern throughout the AH service area.

Social Drivers of Health Initiative

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

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

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

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

Social Workers

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

Community Health Workers

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

Diversity and Inclusion

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

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

Supporting Funding of Community Partners and Community Health Needs

The Community Advisory Boards (CAB) at Morristown, Overlook, Chilton, Newton, and Hackettstown Medical Centers all provide annual funding opportunities for community partners in the form of grants to enhance resources available in the community. Grants are funded through a competitive review process, which includes a requirement that approved funding be linked to a community health need as identified by the medical centers in their CHNA. In 2024, funds allocated to community partners through the AH Community Advisory Boards totaled $599,108.

Other Collaborative Support

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

IDENTIFICATION OF COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES

Prioritization

Following a review of secondary data and key informant findings, the MMC Community Advisory Board's subcommittee on Community Health convened to discuss and rank identified health issues. The subcommittee participated in a facilitated prioritization session in which they collectively reviewed health topics emerging from the primary and secondary data analyses. Through discussion and consideration of the prioritization criteria, the group ranked the topics. This process narrowed the original list of priorities down to 7.

The six prioritization criteria used to evaluate each issue were:

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

Each of these factors were reviewed and discussed by the MMC Community Health Committee. This discussion was supplemented with data that analyzes utilization among various related clinical cohorts within the MMC service area. The combination of these two sources was used to determine which health topics are of priority for MMC, this recommendation was then presented to the MMC CAB. These topics were then reviewed, discussed further, and adopted by the MMC CAB as the top 7 health priorities for MMC to continue to address over the next three years (2025-2027).

The 12 health topics identified for prioritization in the area served by MMC were:

- Access to Care
- Mental Health and Substance Use
- Endocrine, Nutrition, or Metabolic disease
- Lack of Health Insurance Coverage, Uninsured/Underinsured
- Heart Disease
- Cancer
- Neurological Disease
- Geriatrics and Healthy Aging
- Maternal and Infant Health
- Lack of Transportation and/or Long Travel Distances to Medical Services
- Musculoskeletal System Diseases
- Inability to Navigate Health Care System

These results from utilization data and survey data were presented to the Morristown Medical Center Community Advisory Board who, in partnership with hospital administration, approved adoption of the following priority areas for inclusion in the 2025-2027 MMC CHNA. These health priorities give insight into which clinical areas are of top concern within the MMC community and will help create a Community Health Improvement Plan which outlines the necessary steps to improve outcomes within these topics:

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

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

Access to Care

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

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

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

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

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

Mental Health & Substance Use Disorders

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

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

- Disparities have decreased by race and gender but have increased for age-payor combinations.
- Medicaid patients and 18–44-year-olds had the highest disparity counts within their respective categories.
- Lowest utilization was within South Asian/Indian diaspora while highest utilization was within Hispanic populations, also an increase overall from the previous cycle.
- Neurodevelopmental disorders: Highest in Medicaid patients (Disparity Ratio: 125.48 times that of Charity Care Patients).
- Suicidal ideation/self-harm utilization rate increased by 18% to 221 patients.

Mental Health[6]

According to the CDC, mental health is comprised of emotional, psychological, and social well-being and is linked to physical health and is influenced by many factors at multiple levels including individual, family, community, and society. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices. Mental health is crucial at all stages in life and can impact development. Because of this, it is important to address the various mental health needs within each age group, throughout the various stages of life.

Mental health is an important aspect of achieving overall health and is equally as important as physical health. As noted by the CDC, "depression increases the risk for many types of physical health problems, particularly long-lasting conditions like type 2 diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness."

Mental illnesses are among the most common health conditions in the United States. This is depicted through the following statistics as of 2024[7] :

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

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

Substance Misuse

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

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

Substance use disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of substance use that leads to impairments in health, social functioning, and control over use. They involve a

[6] Source: U.S Centers for Disease Control and Prevention; Teen Newsletter: November 2020 – Mental Health | David J. Sencer CDC Museum | CDC
[7] Source: Substance Abuse and Mental Health Services Administration; Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health

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

Individuals who experience a substance use disorder (SUD) during their lives may also experience a co-occurring mental disorder and vice versa. While SUDs and other mental disorders commonly co-occur, that does not mean that one caused the other. Research suggests three possibilities that could explain why SUDs and other mental disorders may occur together:[12]

- Common risk factors can contribute to both SUDs and other mental disorders. Both SUDs and other mental disorders can run in families, suggesting that certain genes may be a risk factor. Environmental factors, such as stress or trauma, can cause genetic changes that are passed down through generations and may contribute to the development of a mental disorder or a substance use disorder.
- Mental disorders can contribute to substance use and SUDs. Studies found that people with a mental disorder, such as anxiety, depression, or post-traumatic stress disorder (PTSD)[8], may use drugs or alcohol as a form of self-medication. However, although some drugs may temporarily help with some symptoms of mental disorders, they may make the symptoms worse over time. Additionally, brain changes in people with mental disorders may enhance the rewarding effects of substances, making it more likely they will continue to use the substance.
- Substance use and SUDs can contribute to the development of other mental disorders. Substance use may trigger changes in brain structure and function that make a person more likely to develop a mental disorder.

Suicide

According to Morris County health indicator data, the score for age-adjusted death rate due to suicide dropped significantly from 2015 to 2023. This trend is similar nationally for suicide where according to the CDC, Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates returned to their peak in 2022, and suicide is still a leading cause of death within the United States.

In 2020, suicide was the second leading cause of death for those ages 10 to 14 and 25 to 34. Suicide was the third leading cause of death for ages 15 to 24, the fourth leading cause of death for ages 35 to 44, and the seventh leading cause of death for ages 55 to 64. Although suicide has historically been among the top ten leading causes of death for all ages combined, it was not in 2020. In 2020, COVID-19 became the third leading cause of death.[9]

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

[9] Source: Suicide Research Prevention Center; Suicide by Age – Suicide Prevention Resource Center

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

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

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

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

Heart Disease

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

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

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

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

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

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

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

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

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

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

There are certain behaviors that can increase the risk of heart disease. These types of behaviors can be adjusted based on lifestyle choices to promote better heart health and health outcomes overall. Some of the behaviors that can be modified are eating a diet high in saturated fats, trans fat, and cholesterol, not getting enough physical activity, drinking too much alcohol, and tobacco use.[19] Modifying these behaviors can also lower the risk for other chronic diseases.

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

Heart disease continues to be the leading cause of death throughout the country, the state, and within the counties served by MMC. Stakeholders agree that it impacts vulnerable populations and that there is high risk of

morbidity and mortality associated. Because of these factors, it is important to address how people can access care to improve their health outcomes due to heart disease. Early prevention and detection of heart disease can help minimize poor health outcomes. This can be achieved through educating people on engaging in healthier lifestyles and seeking primary care on a more regular basis for screening.

Cancer

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

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

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

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Cancer also has a high disease burden on the community served by MMC. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health[10]

Many cancers are preventable by reducing risk factors such as:

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

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

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

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

When talking about cancer, equity is when everyone has an equal opportunity to prevent cancer, find it early, and get proper treatment and follow-up after treatment is completed. Unfortunately, many Americans can't make healthy choices because of factors like where they live, their race or ethnicity, their education, their physical or mental abilities, or their income. As a result, they have more health problems than others. These

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

differences in health among groups of people that are linked to social, economic, geographic, or environmental disadvantage are known as health disparities.

Cancer affects all population groups in the United States, but due to social, environmental, and economic disadvantages, certain groups bear a disproportionate burden of cancer compared with other groups. Cancer disparities reflect the interplay among many factors, including social determinants of health, behavior, biology, and genetics—all of which can have profound effects on health, including cancer risk and outcomes.

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

People who do not have reliable access to health care are also more likely to be diagnosed with late-stage cancer that might have been treated more effectively if diagnosed at an earlier stage.[11]

Screening and Diagnosis

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

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

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

Endocrine and Metabolic Deases, Diabetes, and Nutrition

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

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body does not make enough insulin or cannot use it as well as it should. Without enough insulin or when the cells stop responding to the insulin, too much blood sugar stays in the blood stream. More than 38 million people have diabetes in the United States, a number which has doubled over the past 20 years. Diabetes

[11] Source: National Institutes of Health; Cancer Disparities - NCI

is the 7th leading cause of death in the United States and the 8th leading cause of death in New Jersey[12] , and the number 1 cause of chronic kidney disease, lower-limb amputations, and adult blindness. [13]

There are three main types of diabetes[14] :

- Type 1: type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction stops the body from making insulin. 5-10% of the people who have diabetes have type 1. Symptoms of type 1 often occur quickly and is usually diagnosed in children, teens, and young adults. Insulin must be taken every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- Type 2: with type 2 diabetes, the body does not use insulin well and cannot keep blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults (but increasingly in children, teens, and young adults). Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.
- Gestational Diabetes: this type of diabetes develops in pregnant women who have never had diabetes. With gestational diabetes, the baby could be at higher risk for health problems. While gestational diabetes typically goes away after the baby is born, it increases the risk of developing type 2 diabetes in the future. Babies born to mothers with gestational diabetes are more likely to have obesity as a child or teen and develop type 2 diabetes later in life.

In the United States, 97.6 million adults have *prediabetes*. Prediabetes is a health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Eating a healthy diet and staying active are ways that can effectively prevent, prolong the onset, or effectively manage diabetes[15].

Obesity/Unhealthy Weight

Obesity is a common, serious, and costly chronic disease of adults and children that continues to increase in the United States. Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. In the United States and worldwide, obesity is also associated with the leading causes of death, including deaths from diabetes, heart disease, stroke, and some types of cancer. A healthy diet and regular physical activity help people achieve and maintain a healthy weight starting at an early age and continuing throughout life.
Obesity affects children as well as adults. Many factors can contribute to excess weight gain including eating patterns, physical activity levels, and sleep routines, and screen time. Social determinants of health, genetics, and taking certain medications also play a role[16].

In 2020, the age-adjusted death rate due to diabetes among New Jersey residents was 33% below that of the United States as a whole[17] .The age-adjusted death rates for diabetes were steadily declining for many years before increasing in 2020 and decreasing again after. According to New Jersey State Assessment Data (NJSHAD), it is conceivable that the COVID-19 pandemic caused an increase in other causes of death due to delays in medical care and fears of going to the hospital and being exposed to COVID.[17]

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

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

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

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

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

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

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

Neurological Diseases

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

Stroke occurs when something blocks blood supply to part of the brain or when a blood vessel in the brain bursts. Incidence is concerning at the national, state, and service area level.

- In 2022, stroke accounted for approximately 1 of every 20 deaths in the United States[18]
- In 2022, 1 in 6 deaths from heart disease nationally was a due to a stroke[19]
- Every year, more than 795,000 people in the United States have a stroke

Stroke incidence can vary based on age, sex, race, and ethnicity:

- As of 2023, in the United States, stroke is the third leading cause of death in women[20]
- Risk of having a first stroke is nearly twice as high for non-Hispanic Black adults as for White adults
- Non-Hispanic Black adults and Pacific Islander adults have the highest rates of death from stroke
- 1 in 5 women between the ages of 55 and 75 will have a stroke[21]
- Stroke is the leading cause of disability in the United States.

The American Stroke Association lists the following types of strokes:

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

There are risk factors for stroke that can be kept under control with proper monitoring and treatment. Hypertension (High blood pressure) is the leading cause of stroke and most significant controllable risk factor. Other controllable risk factors include diet, smoking, physical inactivity, obesity, and high blood cholesterol.

[18] Source: American Heart Association; 2025-Statistics-At-A-Glance.pdf

[19] Source: U.S Center for Disease Control and Prevention; Stroke Facts | Stroke | CDC

[20] Source: U.S Center for Disease Control and Prevention; National Vital Statistics Reports Volume 74, Number 10 September 18, 2025

[21] Source: U.S Center for Disease Control and Prevention; About Women and Stroke | Stroke | CDC

People who are diabetic, have sickle cell disease, and different types of heart disease are also at increased risk. In 2022, 1 in 6 deaths from heart disease nationally was a due to a stroke (citation).

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

The death rate for stroke in New Jersey is significantly lower than the national death rate. More than 3,400 deaths each year are due to stroke in New Jersey. Before 2019, the death rate due to stroke was steadily declining before slight increase in 2019 and 2020, before it went back down to one of the lowest rates to date in 2023. Males are more likely than females to die from a stroke. The Black population has the highest age-adjusted death rate due to stroke and experience followed by the non-Hispanic White population. [22]

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

Geriatrics / Healthy Aging

Within the MMC service area, there is a projected growth among the 65 and older population and projected decline in the younger age cohorts (0-17 and 17-64). The 65 and older community currently makes up approximately 20.1% of the overall population, and this is expected to increase to about 22.9% by 2030.

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

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

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

By 2040, the number of older adults is expected to reach 78.3 million. By 2060, it will reach 88.8 million, and older adults will make up nearly 25% of the US population. [23]

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

[22] Source: New Jersey Department of Health; NJSHAD - New Jersey Mortality Data: 2000-2023 - Age-adjusted Rates (Deaths Per 100,000 Standard Population) Query Builder

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

were $355 billion, making them some of the costliest conditions to society. In 2023, an estimated $563.7 billion was spent on LTSS, representing 13.7% of the $4.1 trillion spent on personal health care.[24]

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

- Osteoporosis among the Medicare population
- Alzheimer's Disease or Dementia among the Medicare population
- Adults with arthritis
- Hyperlipidemia among the Medicare population
- Cardiac Dysrhythmias

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

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

APPENDIX A: SECONDARY DATA SOURCES[25]

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

SOURCE
American Community Survey
Atlantic Health / 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

[25] Healthy Communities Institute

APPENDIX B: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT

Morristown Medical Center (MMC) 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 MMC to take an in-depth look at its community and the findings will be utilized to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. 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. Morristown 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

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

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

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
African American Wellness Coalition	Grow-It Green	Morris County Prevention Is Key
Alzheimer's New Jersey	HCMA	Morris County Sheriff's Office
Atlantic Health	Homeless Solutions Inc.	Morris-Somerset Regional Chronic Disease Coalition
Atlantic Health / Morris County Sexual Assault Program	Hope House	Morris Township Department of Health
Avenues in Motion	Interfaith Food Pantry	Mount Olive Health Department
Bernards Township Health Department	Jewish Family Services of MetroWest	Mulcahy Strategic Partners
Bernardsville Library	Jersey Battery Women Services	Nourish NJ
Bethel AME Church of Morristown	Lincoln Park Health Department	Novartis / Morris Plains Board of Health
Boonton Holmes Public Library	Long Hill Township Library	Partnership for Maternal and Child Health of Northern New Jersey
Calvary Baptist Church	MCOHA	Pequannock Health Department
Chatham Senior Center	MMC Community Advisory Board	Power Changes Lives
Chatham Borough Board of Health	Madison Housing Authority	Presbyterian Church in Morristown
Chester Senior Resource Center	Madison Public Library	Rockaway Borough Library
Child & Family Resources	Market Street Mission	Rockaway Division of Health
Community Access Unlimited	Mary's Hands	Rockaway Township Health Department
Community Health Committee / Atlantic Health	Mendham Area Senior Citizens Group	Roots & Wings
Community Health Committee / Atlantic Private Care Services	Mental Health Association of Morris County	ShopRite of Parsippany
Community Health Committee / Back To Basics Wellness	Montville Health Department	St. Margaret of Scotland
Community Health Committee / Bracco Diagnostics	Morristown & Morris Township Library	United Way of Northern New Jersey
Community Health Committee / Leadership Morris	Morristown Bureau of Police	Vision Loss Alliance of NJ

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Community Health Committee / Panalpina Inc	Morristown Division of Health	Visual Arts Center of New Jersey
Community Health Committee / Tropical Produce	Morristown Partnership	Vrajdham Temple & Community Center
Community Health Committee / Visions and Pathways	Morris County Department of Human Services	Wafa House
Cornerstone Family Programs / Morristown Neighborhood House	Morris County Division of Public Health	Washington Township Health Department
Crossroads4Hope	Morris County NJCEED Program	West Morris Area YMCA
Deirdre's House	Morris County Park Commission	Westfield Health Department
Dover Fire Department	Morris Township Department of Health	Zufall Health
Dover Health Department	Mount Olive Health Department	
Faith Kitchen	Mulcahy Strategic Partners	
Family Promise	Nourish NJ	
Family Promise of Morris County	Novartis / Morris Plains Board of Health	
First Baptist Church of Madison	Partnership for Maternal and Child Health of Northern New Jersey	
First Holiness Church	Pequannock Health Department	
Gay Activist Alliance in Morris County	Power Changes Lives	
Greater Morristown YMCA		

APPENDIX D: MORRIS COUNTY LICENSED HEALTH FACILITIES[26]

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

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

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

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

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

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

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

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

PREPARED FOR

MORRISTOWN MEDICAL CENTER

BY

ATLANTIC HEALTH
PLANNING & SYSTEM DEVELOPMENT

Atlantic Health