Overlook Medical Center
Community Health Needs Assessment

2025-2027

Atlantic Health

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

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

Atlantic Health
Overlook 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, Overlook Medical Center.

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
Part V Section B Line 1a A definition of the community served by the hospital facility	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 E
Part V Section B Line 1d How data was obtained	Addressed Throughout
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 1g The process of identifying and prioritizing community health needs and services to meet the community health need	6
Part V Section B Line 1h The process for consulting with persons representing the community's interests	6
Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	None Identified

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EXECUTIVE SUMMARY

Overlook Medical Center (OMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2025, OMC, 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, which encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and Union counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of OMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

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

CHNA Development Process

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

Key Community Health Issues

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

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Overlook Medical Center is a premier tertiary care hospital within Atlantic Health System, employing more than 3,800 team members and supported by a medical staff of over 1,700 physicians. Located in Summit, New Jersey, Overlook is a non-profit community teaching hospital that serves as a critical access point for advanced, high-acuity care in northern New Jersey. The hospital is consistently recognized both regionally and nationally for clinical quality, patient safety, and specialty excellence by leading healthcare evaluators including U.S. News & World Report, Healthgrades, Newsweek, and The Leapfrog Group.

Overlook is ranked among the top hospitals in New Jersey, most recently placing #3 in the state and #14 in the New York Metro area in the 2025–2026 U.S. News & World Report Best Hospitals rankings, with high-performing ratings across multiple adult specialties including gastroenterology and GI surgery, neurology and neurosurgery, orthopedics, urology, and geriatrics.

Overlook has also been named one of America's 50 Best Hospitals by Healthgrades and consistently earns national excellence awards across a broad range of clinical services. In recent national evaluations Overlook received:

- America's 50 Best Hospitals Awards (top 1% of hospitals nationally) and Patient Safety Excellence Awards for outstanding outcomes and prevention of medical errors.
- Repeated recognition among America's 100 Best Hospitals and America's 250 Best Hospitals by Healthgrades across conditions including stroke care, pulmonary care, gastrointestinal care, critical care, and outpatient orthopedic surgery.
- Designations as one of the top hospitals in the nation for Treatment of Stroke, Cranial Neurosurgery, and Neurosciences with consecutive years of high performance unmatched in New Jersey and New York.

Overlook is home to the Atlantic Neuroscience Institute, a regional leader in neuroscience care and a major hub of the New Jersey Stroke Network. The Institute provides comprehensive neurological, neurosurgical, and neurodiagnostic services, including advanced stroke care, epilepsy treatment, brain tumor surgery, and complex spine and neurovascular interventions. Overlook is certified as a Level IV Epilepsy Center and is home to the Gerald J. Glasser Brain Tumor Center, which performs more brain tumor surgeries than any other hospital in New Jersey.

Overlook's commitment to nursing excellence was recently elevated with Magnet with Distinction® recognition from the American Nurses Credentialing Center — a distinction awarded to only a select group of hospitals worldwide that exceed rigorous standards for nursing excellence and patient outcomes.

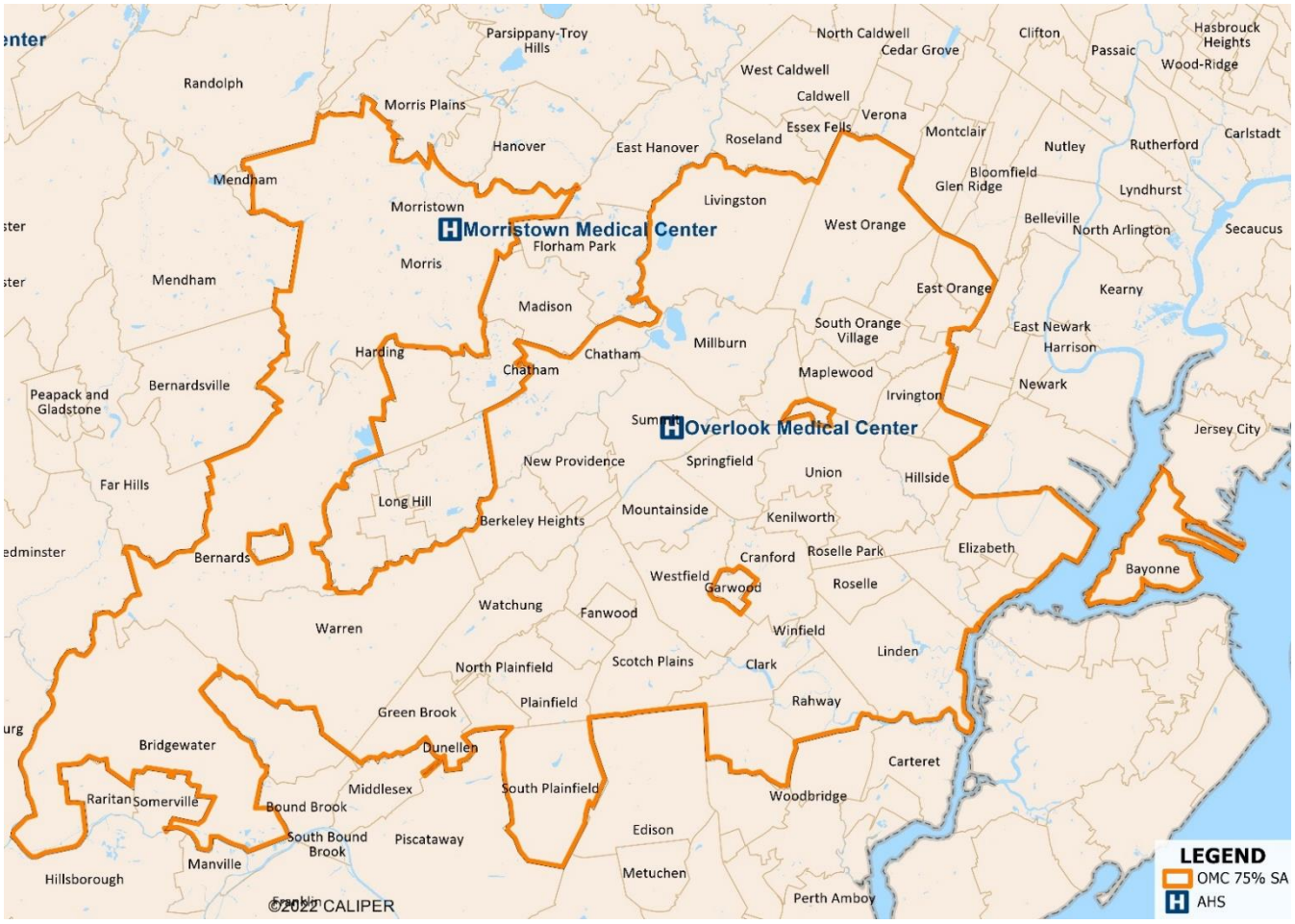
The hospital also consistently earns 'A' safety grades from The Leapfrog Group, reflecting top-tier performance in patient safety measures, and has received additional state and national quality designations from healthcare organizations including the New Jersey Hospital Association.

Through Atlantic Health, Overlook patients benefit from a comprehensive network of care spanning 15 counties, offering local access to routine and specialty services while connecting patients to world-class specialists, clinical trials, innovative technologies, and compassionate support services — ensuring exceptional care close to home.

Community Overview

OMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For OMC, this represents 46 ZIP Codes, encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and Union counties in New Jersey.[1] There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by OMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, OMC always works to identify the health needs of the community it serves.

Geographic Area Served by Overlook Medical Center



Following are the towns and cities served by OMC.

OMC STARK SERVICE AREA								
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07002	BAYONNE	HUDSON	07063	PLAINFIELD	UNION	07201	ELIZABETH	UNION
07016	CRANFORD	UNION	07065	RAHWAY	UNION	07202	ELIZABETH	UNION
07017	EAST ORANGE	ESSEX	07066	CLARK	UNION	07203	ROSELLE	UNION
07018	EAST ORANGE	ESSEX	07067	COLONIA	MIDDLESEX	07204	ROSELLE PARK	UNION
07023	FANWOOD	UNION	07069	WATCHUNG	SOMERSET	07205	HILLSIDE	UNION
07033	KENILWORTH	UNION	07076	SCOTCH PLAINS	UNION	07206	ELIZABETHPORT	UNION

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

OMC STARK SERVICE AREA								
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07036	LINDEN	UNION	07078	SHORT HILLS	ESSEX	07208	ELIZABETH	UNION
07039	LIVINGSTON	ESSEX	07079	SOUTH ORANGE	ESSEX	07901	SUMMIT	UNION
07040	MAPLEWOOD	ESSEX	07080	SOUTH PLAINFIELD	MIDDLESEX	07920	BASKING RIDGE	SOMERSET
07041	MILLBURN	ESSEX	07081	SPRINGFIELD	UNION	07922	BERKELEY HEIGHTS	UNION
07050	ORANGE	ESSEX	07083	UNION	UNION	07928	CHATHAM	MORRIS
07052	WEST ORANGE	ESSEX	07090	WESTFIELD	UNION	07960	MORRISTOWN	MORRIS
07059	WARREN	SOMERSET	07092	MOUNTAINSIDE	UNION	07974	NEW PROVIDENCE	UNION
07060	PLAINFIELD	UNION	07106	NEWARK	ESSEX	08807	BRIDGEWATER	SOMERSET
07062	PLAINFIELD	UNION	07111	IRVINGTON	ESSEX	08812	DUNELLEN	MIDDLESEX
07063	PLAINFIELD	UNION	07112	NEWARK	ESSEX			

Methodology

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

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

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

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

Analytic Support

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

Community Representation

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

Research Limitations

Timelines and other restrictions impacted the ability to survey all potential community stakeholders. OMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved population in the service area.

Prioritization of Needs

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

SECONDARY DATA PROFILE

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

Demographic Overview[2]

OMC's Service Area is projected to increase by approximately 0.8% between 2025 and 2030. About 51.1% of the population in OMC's service area is female, while 48.9% is male, with little change projected by 2030. OMC's service area is racially and ethnically diverse, with White (Non-Hispanic) residents comprising 33.5% of the population, followed by Hispanic and Black populations at 26.9% and 26.2%, respectively.

In the OMC Service Area, the largest age group in the population is the 18–44 age group at 34.2%, followed by adults aged 45–64 at 26.7%. Most age groups are projected to decline slightly through 2030, except for the population aged 65 and older, which is projected to grow to 19.2% of the total population. Approximately 61.7% of the population speaks only English at home, while 20.2% speak Spanish at home.

The average household income within OMC's service area is approximately $154,623 in 2025 and is projected to increase to $165,544 by 2030, exceeding national income levels. Higher-income households are prominent, with 49.7% earning more than $100,000 in 2025. Educational attainment within the OMC service area is strong, with 39.4% of the population holding a bachelor's degree or greater and 24.2% having some college education or an associate degree.

Health Insurance Coverage / Payer Mix[3]

Health insurance coverage can have a significant influence on health outcomes. Among ED visits, OMC's Service Area is approximately 34.0% Medicaid/Caid HMO/NJ Family Care with another 9.0% of Self Pay/Charity Care. The area is approximately 15.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is largely similar to Union County overall.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay / Charity Care / Underinsured	Total
ED Treat/Release	**OMC Service Area**	42%	34%	15	9%	100%
	Union County	43%	31%	14%	12%	100%
	New Jersey	46%	29%	17%	8%	100%

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

Among inpatients, OMC's Service Area is approximately 25.0% Medicaid/Caid HMO/NJ Family Care with another 1.0% of Self Pay/Charity Care. The area is approximately 36.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is largely similar to Union County overall.

		All Other Payers	Medicaid/ Caid HMO	Medicare/ Care HMO	Self-Pay / Charity Care / Underinsured	Total
Inpatient	**OMC Service Area**	38%	25%	36%	1%	100%
	Union County	39%	25%	34%	2%	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 Union County, the top 5 leading causes of death are heart disease, cancer, unintentional injuries, COVID-19, and cerebrovascular disease (stroke).

Over the last decade, heart disease and cancer have been the number 1 and 2 causes of death in Union County. For heart disease, there is about a 12-point decrease over the previous 3-year measurement period. For cancer, there is an overall decrease of about 25 points from 2015. Unintentional injuries have had an increase of about 12 points when compared to 2015. Stroke mortality has increased over the 10-year period.

Union 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	151.8	149.9	139.8	-10.1	-12
Cancer (malignant neoplasms)	137.6	126.4	112	-14.4	-25.6
Unintentional injuries	32.8	41.8	45.7	3.9	12.9
COVID-19	—	70.6	39.8	-30.8	-
Stroke (cerebrovascular diseases)	30.7	35.5	33.3	-2.2	2.6
Septicemia	19.7	20	18.5	-1.5	-1.2
Alzheimer's disease	20.5	21.9	17.4	-4.5	-3.1
Chronic lower respiratory diseases (CLRD)	21.8	21.3	16.8	-4.5	-5
Diabetes mellitus	17	20.4	16.5	-3.9	-0.5
Nephritis, nephrotic syndrome, and nephrosis (kidney disease)	13	13	13.5	0.5	0.5
Influenza and pneumonia	12.9	13.7	8	-5.7	-4.9

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

Union 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
Chronic liver disease and cirrhosis	6.8	7.4	7.8	0.4	1
Essential hypertension and hypertensive renal disease	6.5	8.3	7.1	-1.2	0.6
Suicide (intentional self-harm)	6.8	6.4	7	0.6	0.2
Pneumonitis due to solids and liquids	4.5	4.9	6.8	1.9	2.3
Parkinson's disease	6	6.1	5.1	-1	-0.9
Nutritional deficiencies	1.4	2.3	4	1.7	2.6
Homicide (assault)	4.3	3.4	3.8	0.4	-0.5
In situ / benign / uncertain neoplasms	5.3	4.5	2.9	-1.6	-2.4
Certain conditions originating in the perinatal period	3.4	2.4	2.4	0	-1
Congenital malformations, deformations, and chromosomal abnormalities (birth defects)	2.3	1.6	2.3	0.7	0
Anemias	1.9	2.1	2	-0.1	0.1
HIV (human immunodeficiency virus) disease	2.8	1.5	1.5	0	-1.3
Aortic aneurysm and dissection	1.8	1.9	1.5	-0.4	-0.3
Enterocolitis due to *Clostridium difficile* (C. diff)	1.9	1.3	1.1	-0.2	-0.8
Complications of medical and surgical care	**	**	1	-	-
Viral hepatitis	**	**	**	-	-
Atherosclerosis	**	**	**	-	-
All other coded underlying causes	100.5	120.2	119.5	-0.7	19

Localized Data

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

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

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

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

[5] Minnesota Department of Health. Health Disparities by Racial/Ethnic Populations in Minnesota. Available online: http://www.health.state.mn.us/data/mchs/pubs/raceethn/rankingbyratio20032007.pdf (accessed on 11 November 2021).

Environmental Justice Index[6]

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

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

The EJI facilitates discussion and analysis of:

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

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

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

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

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

EVALUATING IDENTIFIED HEALTH DISPARITIES

Across the 313,094 individuals in Overlook Medical Center's CHNA cohort, the system is managing substantial clinical burden while confronting inequities that are not moving in lockstep with overall utilization trends. Although many categories show declining rates over 2021–2024, equity gaps persist and, in critical areas, are widening. Statistically, the relationship between rate change and disparity change is weak and negative, underscoring a central reality: reductions in utilization alone do not reliably produce equity gains; targeted, condition-specific strategies are required.

The greatest service burden occurs in Factors Influencing Health Status (rate 352/1,000) and Symptoms/Signs and Abnormal Findings (245/1,000)—categories that often serve as barometers of access and navigation. High burdens also appear in core chronic conditions—Circulatory (168/1,000), Respiratory (141/1,000), and Musculoskeletal (140/1,000)—which shape day-to-day demand and long-term outcomes. Yet the disparity landscape points toward different priorities: Cancer carries the largest total inequity burden (225) with the highest intensity (~209 disparities per 10,000 encounters); Pregnancy shows very high intensity (~202 per 10,000) with 109 disparities (narrowing, but still material). Circulatory (204) and Musculoskeletal (143) disparities are large and worsening, and Injuries/Poisonings (117), while improving markedly, remains sizable.

Widening inequities are most pronounced in Circulatory (+91; +44.6%), Endocrine (+53; +64.6%), Musculoskeletal (+54; +37.8%), Symptoms/Signs (+47; +100%), and Genitourinary (+31; +27.7%). These trends point to gaps in chronic disease management, diagnostic access, referral completion, and benefits navigation—factors that disproportionately affect high-SVI ZIPs, Medicaid/uninsured populations, and language-diverse communities. Conversely, Injuries/Poisonings (−66), Factors Influencing Health Status (−52), Pregnancy (−17), and Perinatal (−12) show meaningful improvement, indicating where coordinated access, harm-reduction, and care-continuity interventions may already be taking hold.

Translating these signals into action, the path forward is not purely clinical but operational, social, and structural. For Circulatory disease, intensifying hypertension/ASCVD control in high-SVI ZIPs is essential: expand community BP checks and home cuffs, deploy CHWs and language-concordant navigators, and establish rapid-access cardiology slots. Performance should be tracked through BP control and LDL goal attainment by race, payer, and preferred language.

For Cancer, which remains the largest equity burden, the priority is screening equity and speed to definitive care. Scale mammography/CRC/lung screening in underserved neighborhoods, strengthen navigation and direct scheduling, add mobile outreach, and monitor stage-at-diagnosis and time-to-oncology by subpopulation to ensure earlier detection and timely treatment.

Pregnancy and Perinatal care, despite recent narrowing, still exhibit disproportionately high inequity per encounter. The strategy here is to remove access and continuity barriers: offer same-week prenatal intake, transportation and childcare support, doula services, and language-concordant care. Postpartum monitoring should include blood pressure and depression screening, with warm handoffs through FQHC/WIC partners to reinforce continuity across the first year after delivery.

In Musculoskeletal conditions, widening disparities suggest access to PT/OT and evidence-based pain alternatives remains uneven. Actions include adding PT/OT capacity, reducing authorization delays, and standardizing non-opioid pain pathways. For Endocrine (diabetes), the widening trend calls for comprehensive bundles—expand CGM access, DSMES programs, nutrition services, and medication affordability (copay assistance), with outreach in high-SVI ZIPs.

The Respiratory category shows rising rates and modest disparity growth. Priority interventions include asthma/COPD bundles (home environmental mitigation, inhaler technique coaching), increased spirometry and pulmonary rehab availability, and school-based trigger reduction in affected communities.

Behavioral health needs are evident: Mental Health posts 82 disparities (intensity ~56 per 10k; slight widening). Equity progress here depends on integrating behavioral health into primary care, expanding tele-psych access, streamlining referrals, and increasing culture- and language-concordant providers—particularly for young adults, Medicaid/uninsured populations, and high-SVI ZIPs. In Substance Use Disorders, the substantial improvement in Injuries/Poisonings (−66) should be sustained through harm reduction, peer recovery coaching, medication-assisted treatment (MAT), and robust post-ED linkage—with vigilant monitoring for shifts in overdose patterns.

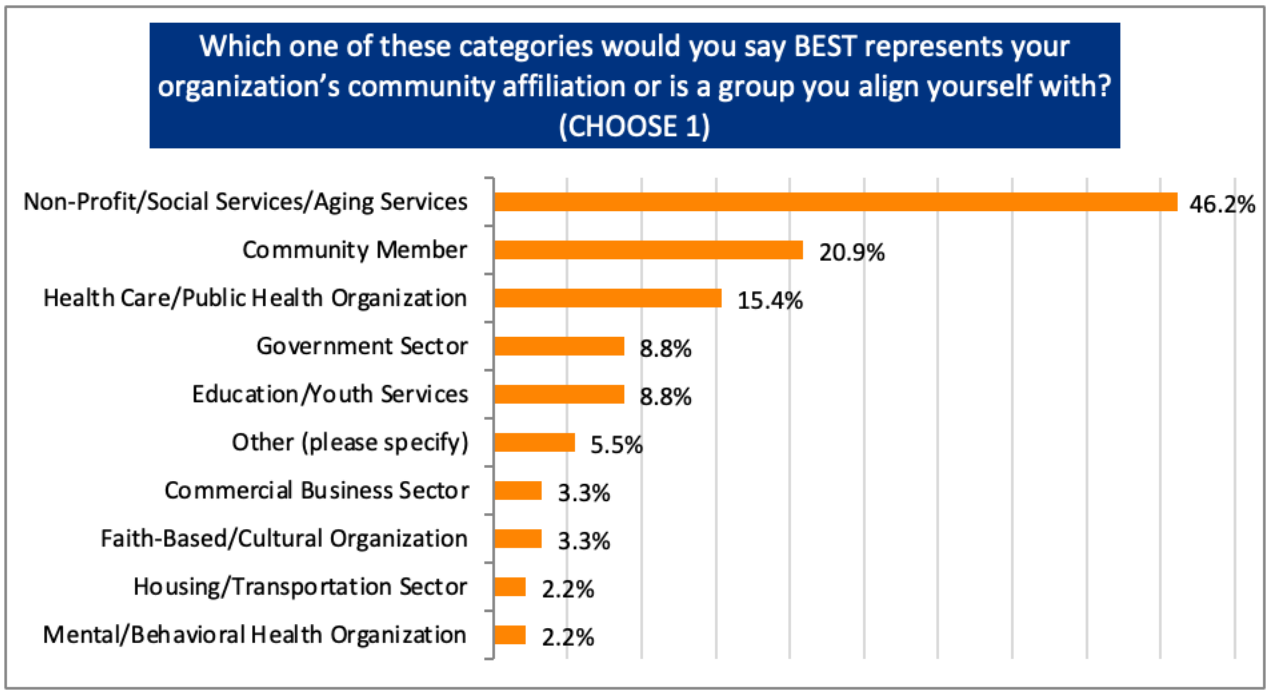
Finally, the high-burden Symptoms/Signs and Factors categories function as front-door indicators of health care system navigation. Improved scheduling, prior authorization, benefits counseling, interpretation services, and referral completion can deliver rapid equity gains across multiple clinical domains, even when headline rates decline.

OMC's 2021–2024 CHNA findings depict a health care system carrying significant population health burden amid persistent and, in several domains, widening inequities. Because rates and disparities do not move together, the organization should pursue intentional, structurally informed equity strategies—focusing resources where gaps are both large and accelerating. Doing so will reduce avoidable harm, improve outcomes, and advance measurable progress toward health equity across the communities OMC serves.

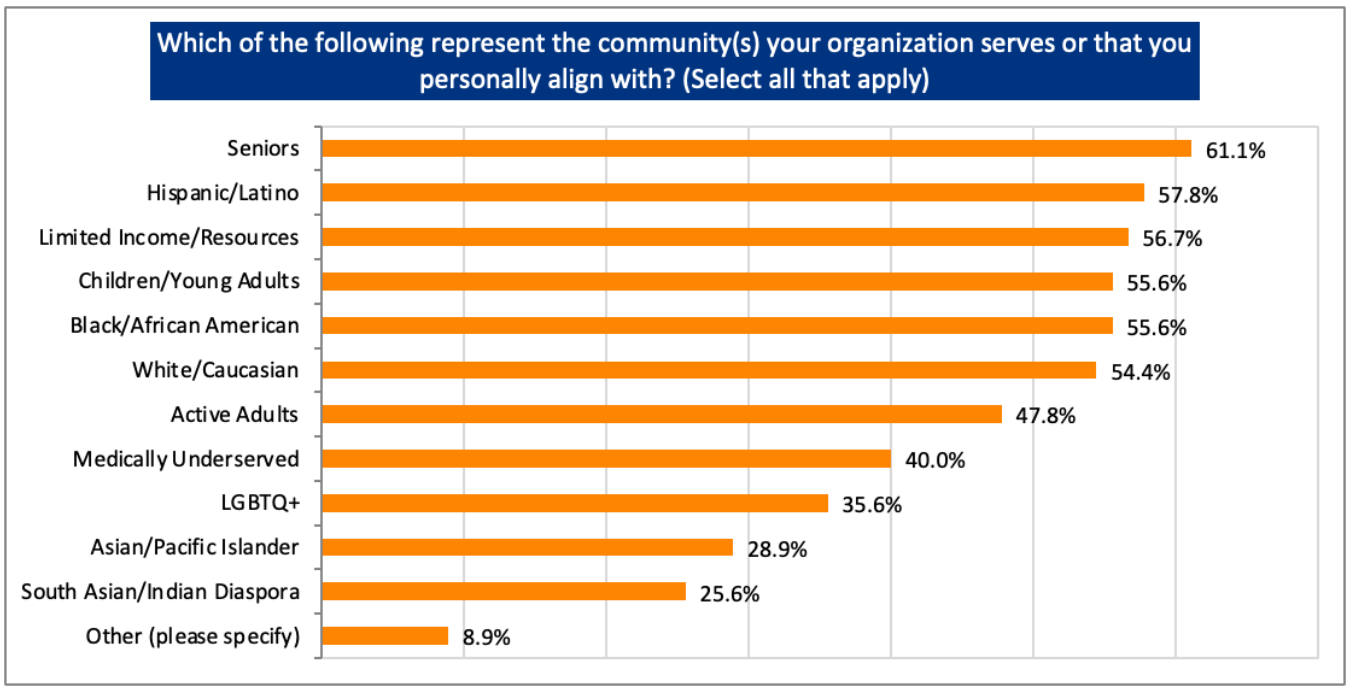
FINDINGS OF THE KEY STAKEHOLDER SURVEY

The purpose of the stakeholder survey was to gather current statistics and qualitative feedback on the key health issues facing the residents within the OMC service area. The list of stakeholders was thoughtfully gathered to ensure that feedback was from a wide range of community organizations across various sectors. OMC received 107 responses to its online community-based key-stakeholder survey.

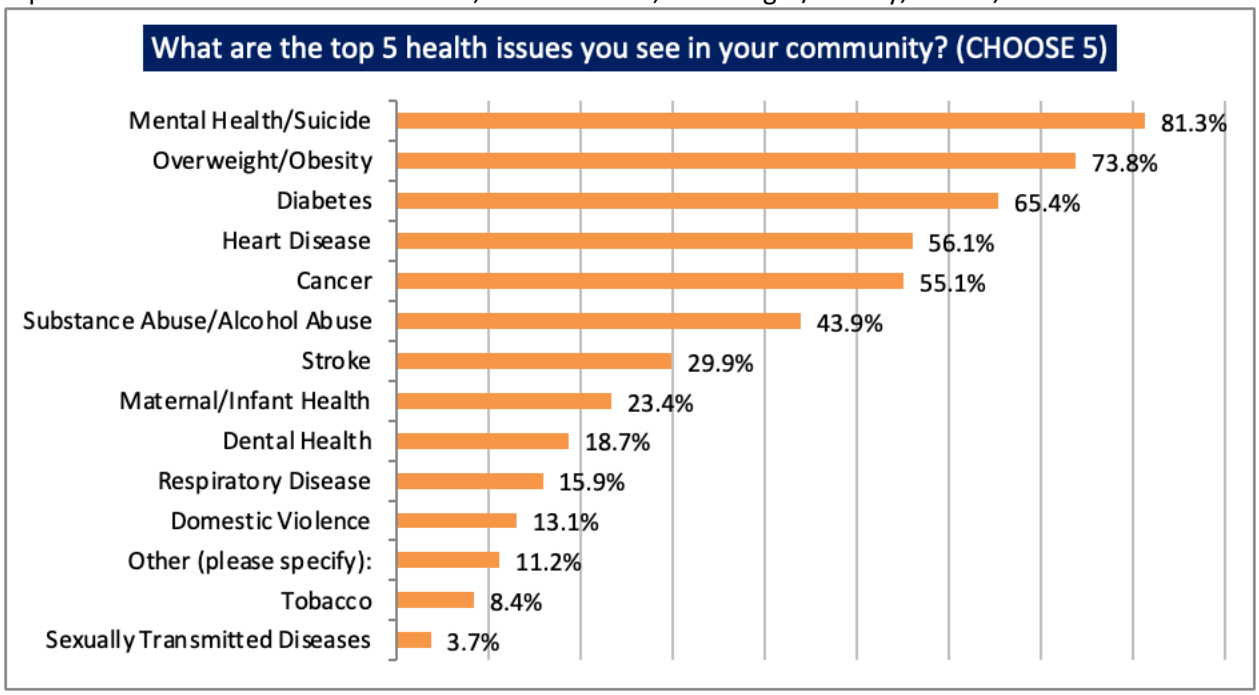
Below we show the breakdown of the respondents' organizational community affiliations or alignment.



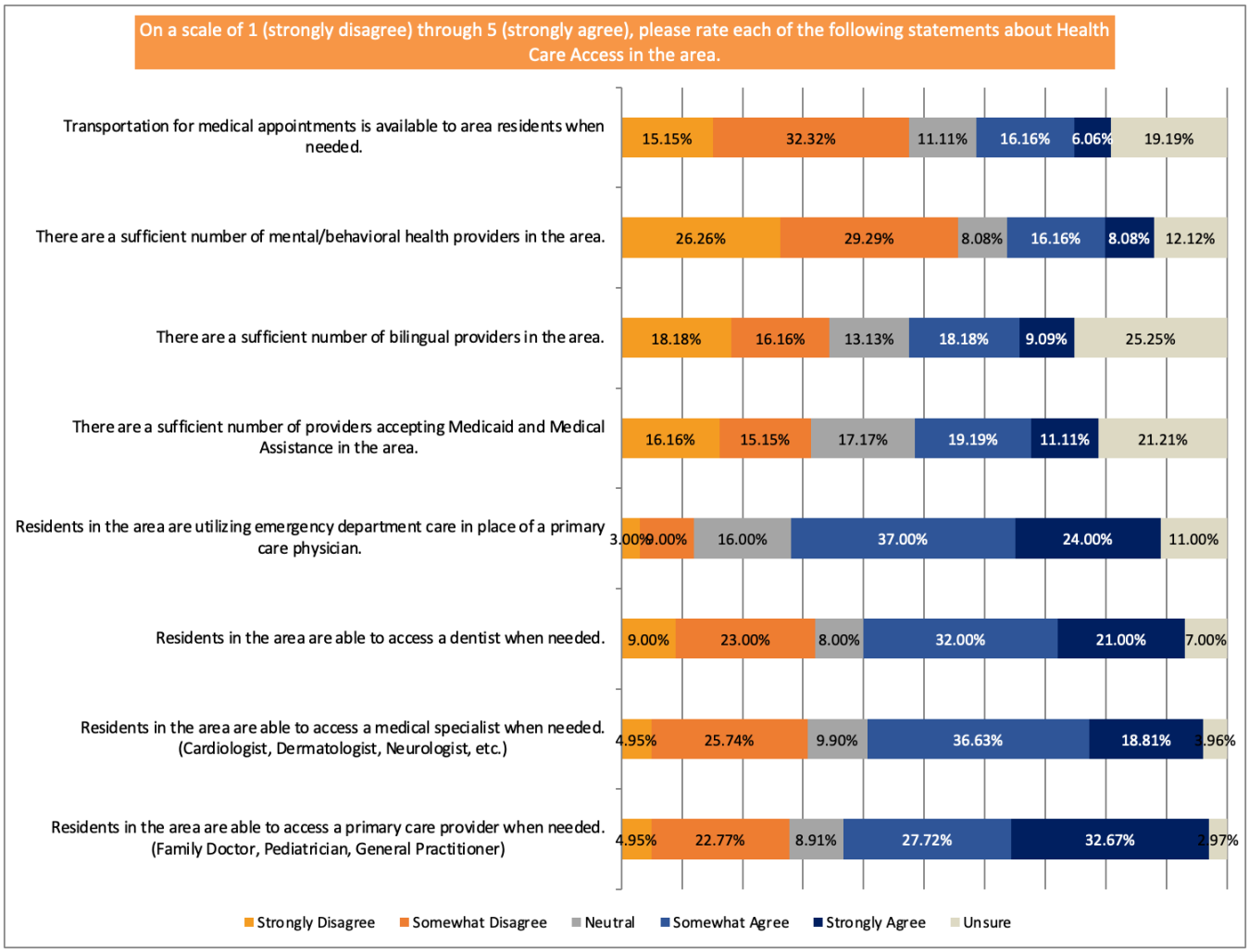
Below we show the breakdown of which group(s) within the community the respondents personally or organizationally align with.



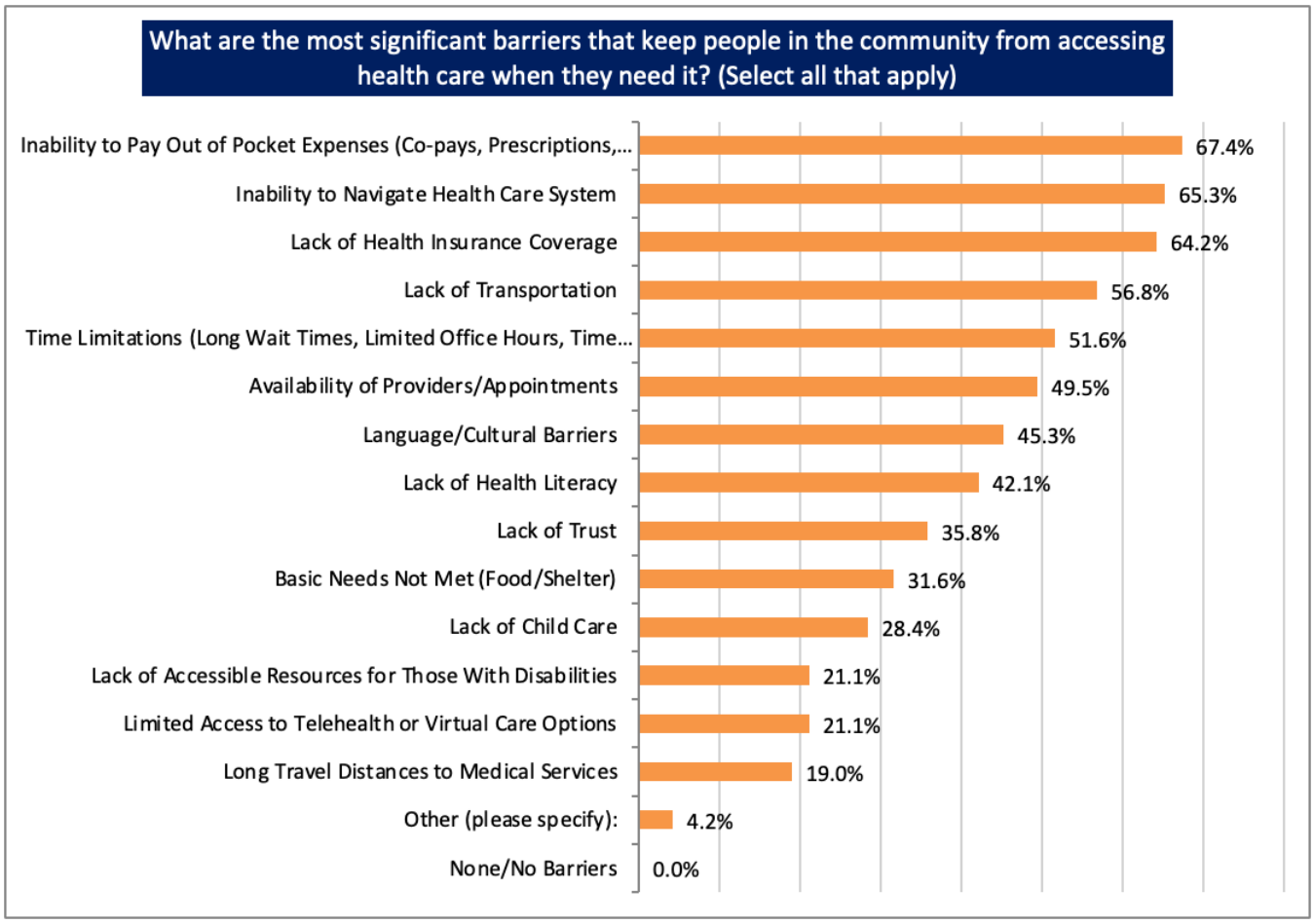
Below we show the breakdown of the percent of respondents who selected each health issue in the 2025 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health, access to care, overweight/obesity, cancer, and uninsured.



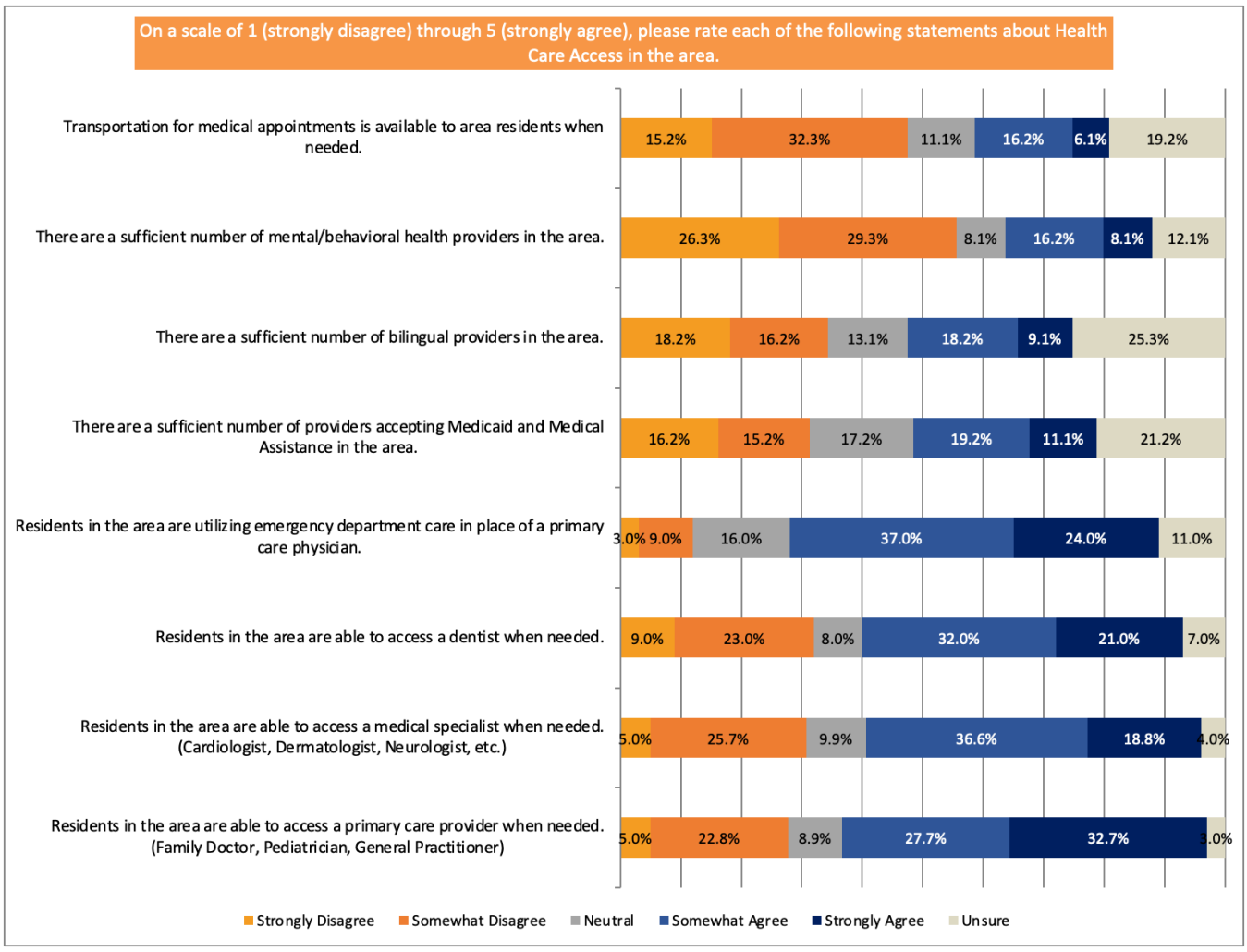
Respondents were asked about the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: "Residents in the area are able to access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



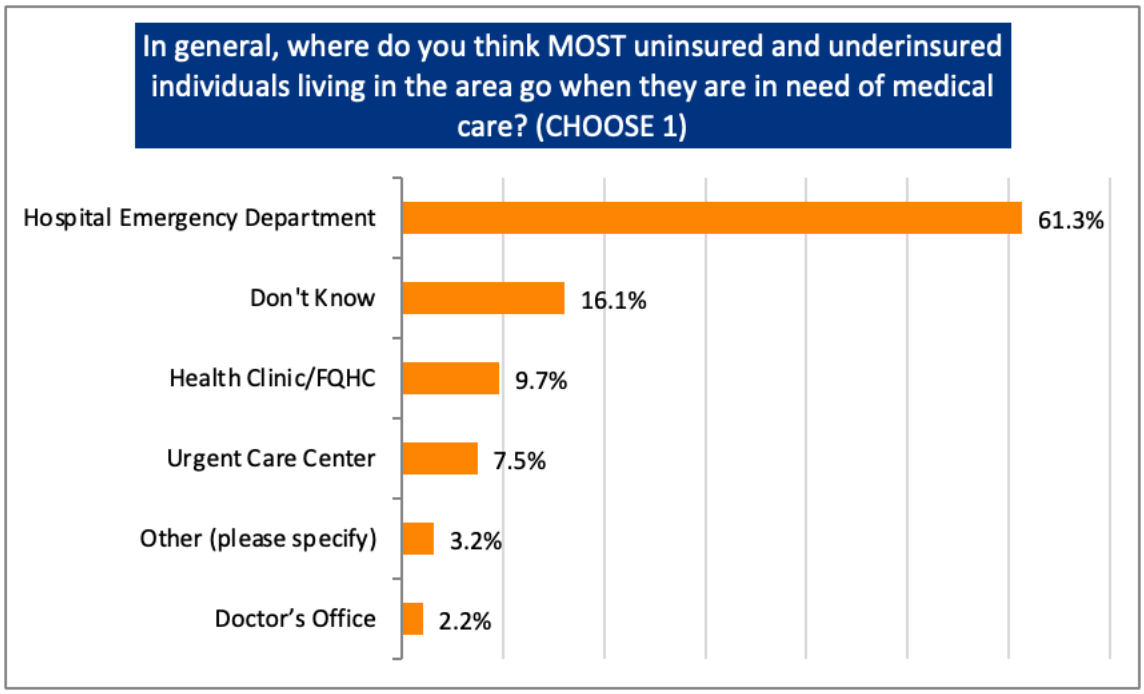
After rating availability of health care services, respondents were asked about the most significant barriers that keep people in their community from accessing healthcare when they need it. The barriers that were most frequently selected are summarized below.



Respondents were asked if there were populations in the community that were not being adequately served by local health services. 73.4% of respondents answered that there are populations in the community that are not being adequately served by local health services. The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were, low-income/poor, uninsured/underinsured, and Hispanic/Latino. These were followed by immigrant/refugee, unhoused/unsheltered, and Black/African American.



61.3% of key informants indicated hospital emergency departments as the primary place where uninsured/ underinsured individuals go when they need medical care. 9.7% of key informants indicated Health Clinics/FQHCs as the primary place where uninsured/underinsured individuals go when they need medical care.


In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)
Hospital Emergency Department
61.3%
Don't Know
16.1%
Health Clinic/FQHC
9.7%
Urgent Care Center
7.5%
Other (please specify)
3.2%
Doctor's Office
2.2%

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.

IDENTIFIED HEALTH PRIORITIES

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

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

Each of these factors were reviewed and discussed by the OMC Community Health Committee. This discussion was supplemented with data that analyzes utilization among various related clinical cohorts within the OMC service area. The combination of these two sources was used to determine which health topics are of priority for OMC, this recommendation was then presented to the OMC CAB.

The 10 health topics identified for prioritization in the area served by OMC were:

- Generalized Access to Healthcare
- Mental Health and Substance Use Disorders
- Endocrine, Nutrition, or Metabolic Disease and Diabetes "
- Lack of Health Insurance, Uninsured, Underinsured
- Cancer
- Heart Disease
- Inability to Navigate the Health System
- Maternal/Infant Health
- Musculoskeletal System Diseases
- Injuries and Poisoning

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

These health priorities give insight into which clinical areas are of top concern within the OMC 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
- Endocrine and Metabolic Disease, Diabetes, and Nutrition
- Geriatrics and Healthy Aging
- Maternal and Infant Health

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

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

Access to Care[7]

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

Stakeholders were asked about specific barriers to care that exist within the community served by OMC. Most respondents to the survey answered that the inability to 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 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 Overlook 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 OMC,

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

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 Overlook Medical Center, there are identified health concerns or disparities among the population that are related to mental health and alcohol and drug use, including:

- Medicaid patients had the highest disparity counts within their respective category.
- Lowest utilization was within South Asian/Indian diaspora while highest utilization was within White/Caucasian populations, also an increase overall from the previous cycle.
- Age-specific disparities included cannabis-related disorders in the 18–44 age group and neurodevelopmental disorders in the 0–17 age group.
- Suicidal ideation/self-harm utilization rate decreased by 49% to 182 patients.

Mental Health [8]

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[9]

- 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.

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

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

Substance Misuse

Substance use disorders continue to be an important health issue in our country, throughout the state of New Jersey, and within the OMC service area. 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 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:

- 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)[10], 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

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

According to Union County health indicator data, the score for age-adjusted death rate due to suicide has increased slightly from in the last decade.

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.[11]

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 OMC stakeholders, behavioral health encompasses some of the most pressing health concerns within the OMC community. There are concerns about increases in incidence of mental illnesses and substance use disorders within the OMC community, across the state of New Jersey, and throughout the country.

Some of the greatest concerns regarding 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 Overlook 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 OMC 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.

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

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. 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. 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 OMC. 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 OMC 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 Overlook Medical Center.

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

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

The cancer mortality rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Cancer also has a high disease burden on the community served by OMC. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health.[12]

Many cancers are preventable by reducing risk factors such as:

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

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

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

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

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

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

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

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

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.[13]

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.

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

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

Endocrine and Metabolic Disease, Diabetes, and Nutrition

Diabetes, obesity, and unhealthy weight were identified by community stakeholders as being priority health topics for Overlook 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 OMC's services could have a meaningful impact on within the next 3-year period. The impact that obesity and unhealthy weight has on the population, and its contribution to higher prevalence of other chronic diseases, has led this to be a health topic of large concern.

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body does not make enough insulin or cannot use it as well as it should. Without enough insulin or when the cells stop responding to the insulin, too much blood sugar stays in the blood stream. More than 38 million people have diabetes in the United States, a number which has doubled over the past 20 years. Diabetes is the 7th leading cause of death in the United States and the 8th leading cause of death in New Jersey [14], and the number 1 cause of chronic kidney disease, lower-limb amputations, and adult blindness.[15]

There are three main types of diabetes[16]:

- 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.

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

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

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

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[17]

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[18] .

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

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

Geriatrics and Healthy Aging

Within the OMC 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 16.8% of the overall population, and this is expected to increase to about 19.2% 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

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

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

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

Americans. Nearly 1 in 4 older adults are members of a racial or ethnic minority group[20] . 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 25% of the US population.[21]

Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs. The risk of Alzheimer's disease and other dementias increases with age, and these conditions are most common in adults 65 and older. In 2021, health care and long-term care costs associated with Alzheimer's and other dementias were $355 billion, making them some of the costliest conditions to society. In 2023, an estimated $563.7 billion was spent on LTSS, representing 13.7% of the $4.1 trillion spent on personal health care.[22]

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

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

As the median age of the population continues to grow across the country, throughout the state of NJ, and within the OMC 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.

Maternal and Infant Health

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

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

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

Complications of pregnancy are health problems that occur during pregnancy. They can involve the mother's health, the baby's health, or both. Some women have health problems that arise during pregnancy, and other

[20] Source: U.S Centers for Disease Control and Prevention;

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

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

women have health problems before they become pregnant that could lead to complications. It is especially important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications.

Prenatal care during the first trimester, as well as throughout the entirety of the pregnancy, assists in the monitoring of pre-existing conditions and development of the baby, as well as conditions that can arise or become exacerbated during pregnancy. Babies of mothers who do not get prenatal care are three times more likely to be low birth weight and five times more likely to die.[23]

Listed below are common maternal health conditions or problems a woman may experience during pregnancy[24]:

Anemia: This refers to having a lower than the normal number of healthy red blood cells. Pregnancy increases iron requirements, making iron-deficiency anemia more common during pregnancy. Women with pregnancy-related anemia may feel tired and weak. Treatment of the underlying cause, along with iron and/or folic acid supplementation as recommended by a health care provider, can help prevent and manage anemia.

Urinary Tract Infections (UTIs): A UTI is a bacterial infection in the urinary tract. UTIs are common during pregnancy and may not always cause noticeable symptoms. Some women may carry bacteria in their bladder without experiencing pain or discomfort. Routine screening early in pregnancy allows for timely treatment, which can help prevent more serious complications.

Mental Health Conditions: Some women may experience anxiety and/or depression before, during, or after pregnancy. Depression that persists during pregnancy can make it hard for a woman to care for herself and her baby. Having depression or anxiety prior to or during pregnancy is also a risk factor for postpartum depression and anxiety. Early identification and treatment are important, and women experiencing persistent sadness, anxiety, or difficulty functioning should seek care from a health care provider.

Hypertension (High Blood Pressure): Chronic or poorly controlled high blood pressure before pregnancy or developing during pregnancy places both the pregnant woman and her baby at increased risk for complications. This includes chronic hypertension, gestational hypertension, and preeclampsia. Hypertension during pregnancy is associated with maternal complications such as preeclampsia, placental abruption, eclampsia, and stroke. It also increases the risk for poor birth outcomes, including preterm delivery, low birth weight, and stillbirth. Monitoring blood pressure and appropriate clinical management can reduce risks.

Diabetes During Pregnancy: Diabetes during pregnancy includes preexisting diabetes and gestational diabetes. Women who develop gestational diabetes are more likely to develop type 2 diabetes later in life. Poorly controlled blood sugar during pregnancy increases the risk of complications such as preeclampsia, preterm birth, and delivery complications. Ongoing monitoring, nutrition counseling, physical activity, and medication management can support healthier outcomes for both mother and baby.

Obesity and Weight Gain: Starting pregnancy at a healthy weight and gaining an appropriate amount of weight during pregnancy are important for maternal and infant health. Research suggests that the higher a woman's weight prior to pregnancy, the greater her risk of complications, including preeclampsia, gestational diabetes, stillbirth, and cesarean delivery. Excessive weight gain during pregnancy is also associated with increased health

[23] Source: National Conference of State Legislatures; https://www.ncsl.org/health/state-approaches-to-ensuring-healthy-pregnancies-through-prenatal-care

[24] Source: U.S Centers for Disease Control and Prevention; Pregnancy Complications | Maternal Infant Health | CDC

care utilization and longer hospital stays for delivery. Counseling before and during pregnancy can help reduce these risks.

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

Maternal mortality is defined as a pregnancy-related death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In the United States, the maternal mortality rate has increased from 754 deaths in 2019 to 1205 deaths in 2021.[25] Many factors influence pregnancy-related health outcomes. It is important for all women of reproductive age to adopt healthy lifestyles (e.g., maintain a healthy diet and weight, be physically active, quit all substance use, prevent injuries) and address any health problems before getting pregnant. There is also a large racial disparity here with Black women being three times more likely to die from a pregnancy-related cause than White women.

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. In 2020, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births.[26]

In 2023, 20,138 infants died in the United States.[27] The five leading causes of infant death in 2022 were:

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

To promote successful strategies that assist in improving health outcomes for both women and infants, pregnancy and childbirth is listed as an objective in Healthy People 2030. The primary goal is preventing pregnancy complications and maternal deaths and improving women's health before, during and after pregnancy.[28]

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

[25] Source: U.S Centers for Disease Control and Prevention; Maternal Mortality Rates in the United States, 2021

[26] Source: U.S Centers for Disease Control and Prevention; Infant Mortality | Maternal Infant Health | CDC

[27] Source: U.S Centers for Disease Control and Prevention; Infant Mortality | Stats of the States | CDC

[28] Source: U.S Department of Health and Huma Services; Pregnancy and Childbirth - Healthy People 2030 | odphp.health.gov

APPENDIX A: SECONDARY DATA SOURCES[29]

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

SOURCE
American Community Survey
Atlantic Health / 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

[29] Healthy Communities Institute

APPENDIX B: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT

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

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

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Advanced Training Products	Family Promise Union County	NCJW/Essex
AH (Atlantic Health)	Fanwood Board of Health	New Providence Board of Health
Big Brothers Big Sisters of Essex, Hudson & Union Counties, NJ	Fanwood–Scotch Plains YMCA	NFP (Nurse-Family Partnership)
Boys & Girls Clubs of Union County	GRACE	Nurse Family Partnership Hudson/Union Counties at PMCH of NNJ
Bridges Outreach, Inc.	Girls on the Run NJ East	Office of Health Management of Union County
Chatham Senior Center	Imagine, A Center for Coping with Loss	Overlook Advisory Board
Community Access Unlimited	Iris House	Overlook Medical Center
Community Advisory Board – Overlook Medical Center	Jefferson Park Ministries Inc.	Partnership for Maternal & Child Health of Northern NJ
Community Member	Kenilworth Public Library	Pilgrim Baptist Church
Elizabeth Public Library		
FACT (Families and Community Together)	Linden Department of Health	Prevention Links
Family and Children's Services, Inc.	Livingston Health Department	PROCEED Inc
Family Promise	Mountainside Rescue Squad / Board of Health	Quality Outcomes LLC
The Connection, Pathways	Project Meducate	
The Gateway Family YMCA	Reeves-Reed Arboretum	SHIP
Township of Union Health Department	SAGE Eldercare Inc.	Summit Area YMCA
Union County Office of Health Management	STRIVE NJ	Summit Free Public Library / Summit Resident
Wallace Chapel AME Zion Church	Summit Board of Health	Summit Regional Health Department
Westfield Area YMCA	Summit Recreation – DCP	The Department of Health & Social Service
Westfield Foundation	TLC	YWCA Union County
Westfield Regional Health Dept		

APPENDIX D: UNION COUNTY LICENSED HEALTH FACILITIES[30]

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

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

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

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

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

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

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

PREPARED FOR

OVERLOOK MEDICAL CENTER

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