

# Chilton Medical Center Community Health Needs Assessment

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2022-2024



Atlantic  
Health System  

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Chilton Medical Center

**ACKNOWLEDGEMENTS & CHNA COMPLIANCE**

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

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

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

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

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
<b>Part V Section B Line 1a</b> A definition of the community served by the hospital facility	4
<b>Part V Section B Line 1b</b> Demographics of the community	7
<b>Part V Section B Line 1c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix E
<b>Part V Section B Line 1d</b> How data was obtained	Addressed Throughout
<b>Part V Section B Line 1f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 1g</b> The process of identifying and prioritizing community health needs and services to meet the community health need	6
<b>Part V Section B Line 1h</b> The process for consulting with persons representing the community’s interests	6
<b>Part V Section B Line 1i</b> Information gaps that limit the hospital facility’s ability to assess the community’s health needs	None Identified

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## EXECUTIVE SUMMARY

Chilton Medical Center (CMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, CMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Morris and Passaic 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 CMC'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 CMC with a health-centric view of the population it serves, enabling CMC 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 CMC's service area, but rather an overview that highlights statistics relevant to CMC'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

Chilton 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 CMC's 2022-2024 CHNA:

- Mental Health/ Substance Abuse
- Heart Disease
- Cancer
- Diabetes
- Respiratory Disease

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

Chilton Medical Center is home to over 1,300 employees and over 850 physicians. Part of the Atlantic Health System, Chilton Medical Center (CMC) is a non-profit hospital located in Pompton Plains, New Jersey.

Chilton Medical Center has been ranked the top mid-sized hospital in New Jersey for seven years in a row, according to Castle Connolly. The Leapfrog Group gave CMC an “A” Hospital Safety Grade. CMC has received the Lifeline Bronze Receiving Quality Achievement Award from the American Heart Association and has also received the American Heart Association/American Stroke Association’s Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll Elite. The Joint Commission recognizes CMC as a Primary Stroke Center.

Additionally, CMC achieved Magnet recognition from the American Nurses Credentialing Center. ANCC’s Magnet Recognition Program identifies superior quality in nursing care and is the highest national honor for nursing excellence.

Chilton Medical Center provides high quality care that is close to home for many in northern New Jersey with access to high-tech specialty services available through Atlantic Health System, when needed. Atlantic Health System provides access to renowned specialists, clinical trials, innovative technology and medical treatments, and compassionate support services right here in NJ. Our vast network of hospitals and providers spans 15 counties, so patients can enter our all-encompassing community of cancer care no matter where they live or work.

Atlantic Health System participates in and provides financial support to the North Jersey Health Collaborative (NJHC), an independent, self-governed 501(c)(3) organization with a diverse set of partners representing health care, public health, social services, and other community organizations. NJHC’s function is a shared process of community needs assessment and health improvement planning to identify the most pressing health issues and facilitate the development of collaborative action plans to address them. By working together NJHC partners are strategically aligning their efforts and resources to achieve collective impact on the health of our communities, accomplishing together what we could never do alone.

Atlantic Health System has participated in the New Jersey Healthy Communities Network (NJHCN) and committed funding to their Community Grants Program, which brings together local, regional, and statewide funders, leaders, and partners to support communities in developing healthy environments for people to live, work, learn and play. Since 2011, the NJHCN Community Grants Program has provided \$3.7 million in grants. The 2020-2022 NJHCN Community Grants Program funding collaborative consists of Atlantic Health System, New Jersey Department of Health, New Jersey Division of Disability Services, New Jersey Health Initiatives, Partners for Health Foundation, The Russell Berrie Foundation, and Salem Health & Wellness Foundation. NJ SNAP Ed provides additional infrastructure support. Evaluation for the Community Grants Program is conducted by Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University.

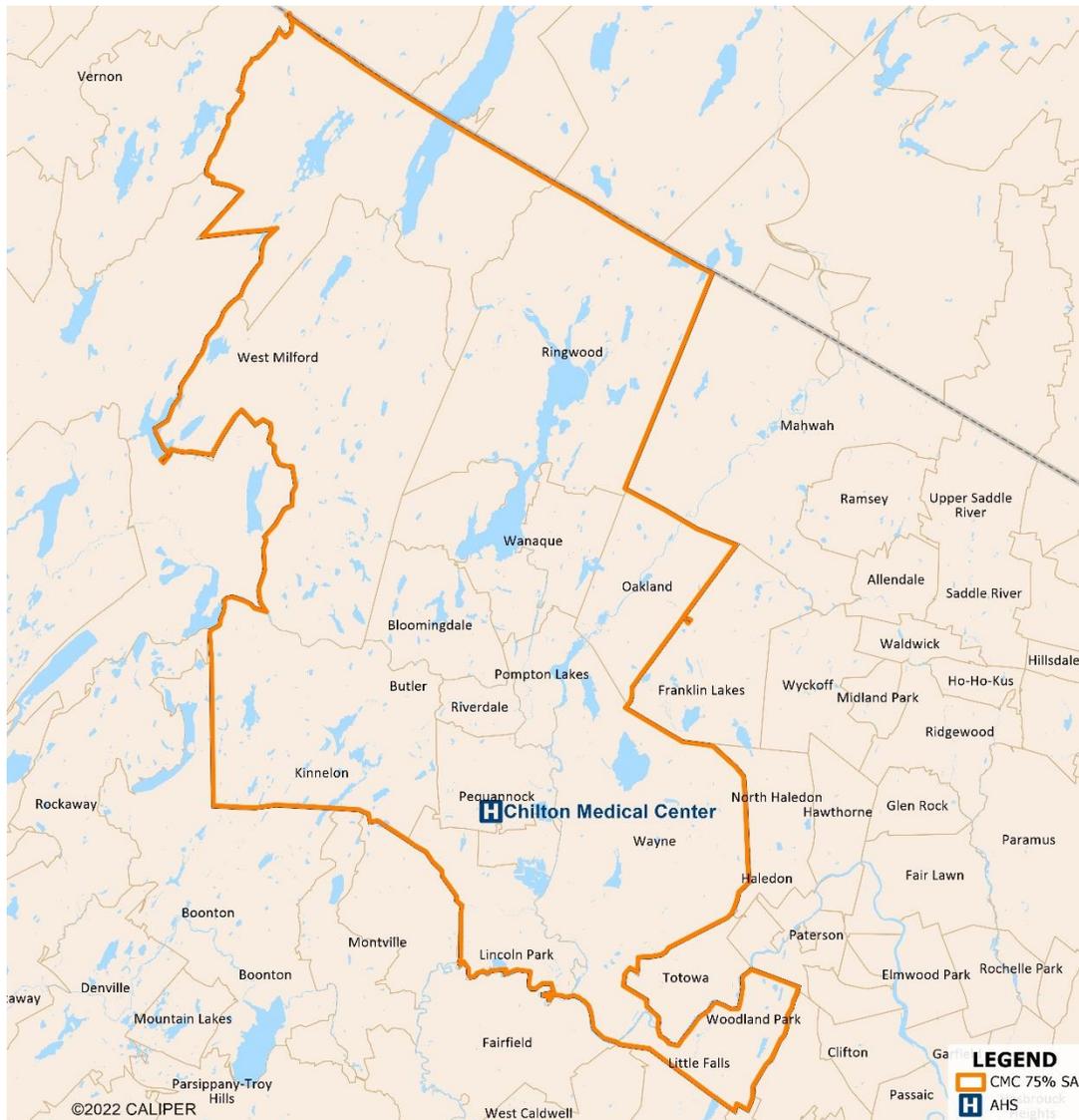
### Community Overview

Chilton Medical Center’s hospital service area encompasses a population of more than 204,000 residents across 15 ZIP Codes primarily in Passaic and Morris County. The area is defined as ZIP Codes from which CMC receives 75% of its inpatient cases.

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

CMC STARK SERVICE AREA					
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07035	LINCOLN PARK	MORRIS	07442	POMPTON LAKES	PASSAIC
07403	BLOOMINGDALE	PASSAIC	07444	POMPTON PLAINS	MORRIS
07405	BUTLER	MORRIS	07456	RINGWOOD	PASSAIC
07420	HASKELL	PASSAIC	07457	RIVERDALE	MORRIS
07421	HEWITT	PASSAIC	07465	WANAQUE	PASSAIC
07424	LITTLE FALLS	PASSAIC	07470	WAYNE	PASSAIC
07436	OAKLAND	BERGEN	07480	WEST MILFORD	PASSAIC
07440	PEQUANNOCK	MORRIS			

**Geographic Area Served by Chilton Medical Center**



## Methodology

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

- A secondary data profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics related to the service area was compiled with findings presented to advisory committees for review and deliberation of priority health issues in the community.
- A key informant survey was conducted with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community.
- An analysis of hospital-utilization data was conducted which allowed us to identify clinical areas of concern based on high utilization and whether there were identified disparities among the following socioeconomic demographic cohorts: insurance type, gender, race/ethnicity, and age cohort.

## Analytic Support

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

## Community Representation

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

## Research Limitations

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

## Prioritization of Needs

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

**SECONDARY DATA PROFILE**

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

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

**Demographic Overview<sup>1</sup>**

CMC’s Service Area is projected to increase by approximately 0.3% by 2027, with variable changes throughout the geography CMC serves. About 51% of the population in CMC’s service area is female, while 49% is male. CMC’s service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 54%, CMC’s service area is 74%. In the CMC Service Area, the largest age group in the population is the age group 18-44 at 32%. All age groups are projected to decrease, except the age group of 65 and older which is projected to increase. About 77% of the population speak only English only at home. About 8% speak Spanish at home. The average household income within CMC’s service area is about \$160,000. About 45% of the population have a college degree or greater and 24% of the population have some college or an associate degree.

**Health Insurance Coverage / Payer Mix<sup>2</sup>**

Health insurance coverage can have a significant influence on health outcomes. Among ED visits, CMC’s Service Area is approximately 18.0% Medicaid/Caid HMO/NJ Family Care with another 4.0% of Self Pay/Charity Care. The area is approximately 19.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is largely similar to Passaic County and Morris County and is more favorably distributed than the statewide.

		All Other Payers	Medicaid / Caid HMO	Medicare / Care HMO	Self-Pay / Charity Care / Underinsured	Total
ED Treat / Release	CMC Service Area	59%	18%	19%	4%	100%
	Passaic / Morris County	50%	29%	13%	9%	100%
	New Jersey	52%	27%	12%	9%	100%

Among inpatients, CMC’s Service Area is approximately 9.0% Medicaid/Caid HMO/NJ Family Care with another 1.0% of Self Pay/Charity Care. The area is approximately 40.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution is a bit higher among Medicare/Care HMO than Passaic/Morris County and New Jersey.

<sup>1</sup> Source: Sg2 Analytics; Detailed demographic reporting available upon request.

<sup>2</sup> Source: NJ Uniform Billing Data

		All Other Payers	Medicaid / Caid HMO	Medicare / Care HMO	Self-Pay / Charity Care / Underinsured	Total
Inpatient	CMC Service Area	50%	9%	40%	1%	100%
	Passaic / Morris County	53%	16%	31%	1%	100%
	New Jersey	53%	15%	29%	2%	100%

### Mortality Rates<sup>3</sup>

Age-adjusted mortality rates can provide a general sense of a community's health in comparison to other communities. The leading causes of death in the United States are heart disease, cancer, Coronavirus (COVID-19), unintentional injuries, and cerebrovascular disease (stroke). In Passaic County the top 5 leading causes of death are heart disease, cancer, COVID-19, unintentional injuries, and cerebrovascular disease (stroke).

Over the last decade, heart disease and cancer have been the number 1 and 2 causes of death in Passaic County. For heart disease, there is a 4-point decrease over the previous 3-year measurement period. For cancer, there is an overall decrease of 23 points from 2012. The provisional 2021 data for COVID-19 shows an increase of about 10 points over the 2018-2020 period. Unintentional injuries have had an increase of 16 points when compared to 2012. Chronic lower respiratory diseases (CLRD) show a decrease of about 7 points from 2012. Alzheimer's Disease showed an 8-point increase over the course of 10 years.

	3-Year Groups			Current to Previous	Current to 2nd Previous	Provisional 2021
	2012-2014	2015-2017	2018-2020			
Diseases of heart	173.9	161.4	157.4	-4	-16.5	142.6
Cancer (malignant neoplasms)	153.1	142.1	130.1	-12	-23	137.7
Coronavirus disease 2019 (COVID-19)	-	-	76.9	-	-	87.2
Unintentional injuries**	31.4	34.5	47.4	12.9	16	44.2
Stroke (cerebrovascular diseases)	29.6	31.1	29.4	-1.7	-0.2	32.1
Chronic lower respiratory diseases (CLRD)	31.7	25.7	24.4	-1.3	-7.3	16.4
Alzheimer's disease	16.3	19	24.3	5.3	8	19.8
Diabetes mellitus	22	22.9	22.8	-0.1	0.8	19.5
Septicemia	22.9	24.2	19.1	-5.1	-3.8	18.4
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	12.6	14.4	13.8	-0.6	1.2	11
Influenza and pneumonia	13.3	12	13	1	-0.3	12.9
Chronic liver disease and cirrhosis	8.5	8.5	10.4	1.9	1.9	8.9
Essential hypertension and hypertensive renal disease	7.9	7.6	8.5	0.9	0.6	7.8
Parkinson's disease	6.2	6.9	7.6	0.7	1.4	7
Suicide (intentional self-harm)	6.4	5.5	5.6	0.1	-0.8	6.6
Homicide (assault)	5.2	4.6	5.1	0.5	-0.1	7.2

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

	3-Year Groups			Current to Previous	Current to 2nd Previous	Provisional 2021
	2012-2014	2015-2017	2018-2020			
Pneumonitis due to solids and liquids	3.9	5.4	4.1	-1.3	0.2	7
In situ neoplasms, benign neopl. & neopl. of uncertain or unknown behavior	4.3	4.5	3.2	-1.3	-1.1	-
Certain conditions originating in the perinatal period	2.5	3.2	2.8	-0.4	0.3	-
Congenital malformations, deformations and chromosomal abnormalities (birth defects)	2.4	2.2	2.7	0.5	0.3	-
Aortic aneurysm and dissection	2.2	1.6	2.4	0.8	0.2	-
HIV (human immunodeficiency virus) disease	4	3.1	2.4	-0.7	-1.6	-
Nutritional deficiencies	-	-	1.8	-	-	-
Anemias	1.6	2.1	1.7	-0.4	0.1	-

**Localized Data**

The ability to gain actionable perspective on the health needs of the population served can be limited in secondary data by geographic or clinical aggregation and to a degree the use of estimates to extrapolate findings. To gain deeper perspective on the needs of the population served by Chilton Medical Center, the hospital analyzed deidentified claims that allow for application of a disparity ratio methodology published by the Minnesota Department of Health Center for Health Statistics, Division of Health Policy<sup>4</sup>. This application aids in determining if there are/were disparities among the population served by the hospital.

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

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

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

**Health Status Indicators – Passaic County<sup>5</sup>**

A health status indicator describes an aspect of the population used to measure health or quality of life. Health indicators may include measurements of illness or disease, as well as behaviors and actions related to health. Quality of life indicators include measurements related to economy, education, built environment, social environment, and transportation. We know, from literature, that quality of life indicators may be drivers of health status - which is why both categories of data (approximately 180 indicators) are included in this analysis.

<sup>4</sup> 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).

<sup>5</sup> Healthy Communities Institute/Conduent. Data Scoring Tool. New Jersey Health Matters. North Jersey Health Collaborative.

For each indicator, a county is assigned a score based on its comparison to four things: other NJ counties, whether state and national health targets have been met, and the directional trend of the indicator value over time. These four comparison scores range from 0-3, where 0 indicates the best performance and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Where comparison data is not available, a neutral score is substituted. For ease of interpretation and analysis, indicator comparison scores of interest are visually highlighted in red, showing how the county is faring in each category of comparison.

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

The following table represents the county-based scoring of health indicator topic areas. More specific health indicator scores can be found in Appendix B. An indicator can be compared against all US or NJ counties, US or Statewide values, and the trend of an indicator value. A score greater than 2 represents an indicator where the county performs at lower than preferred targets. Where a population segment disparity can be identified that population segment is noted.

The trend in this chart indicates whether the topic score has increased, decreased, or stayed the same from August 2019 to June 2022. If an August 2019 score was unavailable, then the trend represents the change from November 2021 to June 2022.

HEALTH INDICATOR TOPIC AREAS: SCORE OVER TIME				
Topic	Aug-2019	May-2021	Nov-2021	Trend
Other Conditions	1.99	1.85	1.85	Improvement
Older Adults	1.79	1.83	1.80	Unfavorable
Health Care Access & Quality	1.76	1.79	1.79	Unfavorable
Maternal, Fetal & Infant Health	1.27	1.40	1.75	Unfavorable
Sexually Transmitted Infections	-	1.75	1.75	Neutral
Diabetes	1.67	1.93	1.72	Unfavorable
Economy	1.85	1.79	1.72	Improvement
Heart Disease & Stroke	1.60	1.67	1.70	Unfavorable
Mental Health & Mental Disorders	1.48	1.65	1.68	Unfavorable
Alcohol & Drug Use	1.66	1.72	1.65	Improvement
County Health Rankings	1.56	1.65	1.65	Unfavorable
Wellness & Lifestyle	1.61	1.82	1.63	Unfavorable
Community	-	1.77	1.62	Improvement
Education	1.87	1.68	1.61	Improvement
Prevention & Safety	1.43	1.56	1.51	Unfavorable
Women's Health	1.79	1.38	1.50	Improvement
Environmental Health	1.43	1.45	1.47	Unfavorable
Immunizations & Infectious Diseases	1.63	1.42	1.46	Improvement
Oral Health	-	1.39	1.39	Neutral
Children's Health	1.45	1.36	1.38	Improvement
Physical Activity	1.24	1.36	1.36	Unfavorable
Cancer	1.35	1.16	1.28	Improvement
Mortality Data	1.28	1.16	1.27	Improvement

Detailed Passaic County indicator data are in Appendix B.

## Health Equity Index<sup>6</sup>

Community health improvement efforts must determine what sub-populations are most in need in order to most effectively focus services and interventions. Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. The 2021 Health Equity Index (formerly the SocioNeeds Index), created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). The index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by ZIP Code or county.

Within the community, the ZIP Codes or counties with the highest index values are estimated to have the highest socioeconomic need. The index value for each location is compared to all other similar locations (i.e. counties compare to other counties and ZIP Codes to other ZIP Codes) within the comparison area. Zip Codes are ranked using natural breaks classification, which groups the ZIP Codes into clusters based on similar index values.

The Health Equity Index is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates and is calculated using Claritas estimates for 2021.

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

In CMC’s community, Haskell and Hewitt have the highest index scores (indicating greater need). Compared to 2019, index scores have improved in 8 areas served by CMC.

City	Health Equity Index 2019	Healthy Equity Index 2021	Change
Haskell	31.5	24.5	Improved
Hewitt	16.7	15.7	Improved
Little Falls	17	13.8	Improved
Lincoln Park	11.1	12.4	
Bloomingtondale	22.6	12.1	Improved
Pompton Lakes	16.3	11.9	Improved
Pompton Plains	11.9	10.6	Improved
Pequannock	11.4	9.7	Improved
Riverdale	14	9.3	Improved
West Milford	6.1	8.3	

<sup>6</sup> Healthy Communities Institute 2021. SocioNeeds Index.



## Food Insecurity Index<sup>7</sup>

The 2020 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of food access that is correlated with economic and household hardship. All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need).

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. It is important to know that though hunger and food insecurity are closely related, they are distinct concepts. Hunger refers to a personal, physical sensation of discomfort, while food insecurity refers to a lack of available financial resources for food at the household level.

Extensive research reveals food insecurity is a complex problem. Many people do not have the resources to meet their basic needs, challenges which increase a family's risk of food insecurity. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity and people living above the poverty line can experience food insecurity.

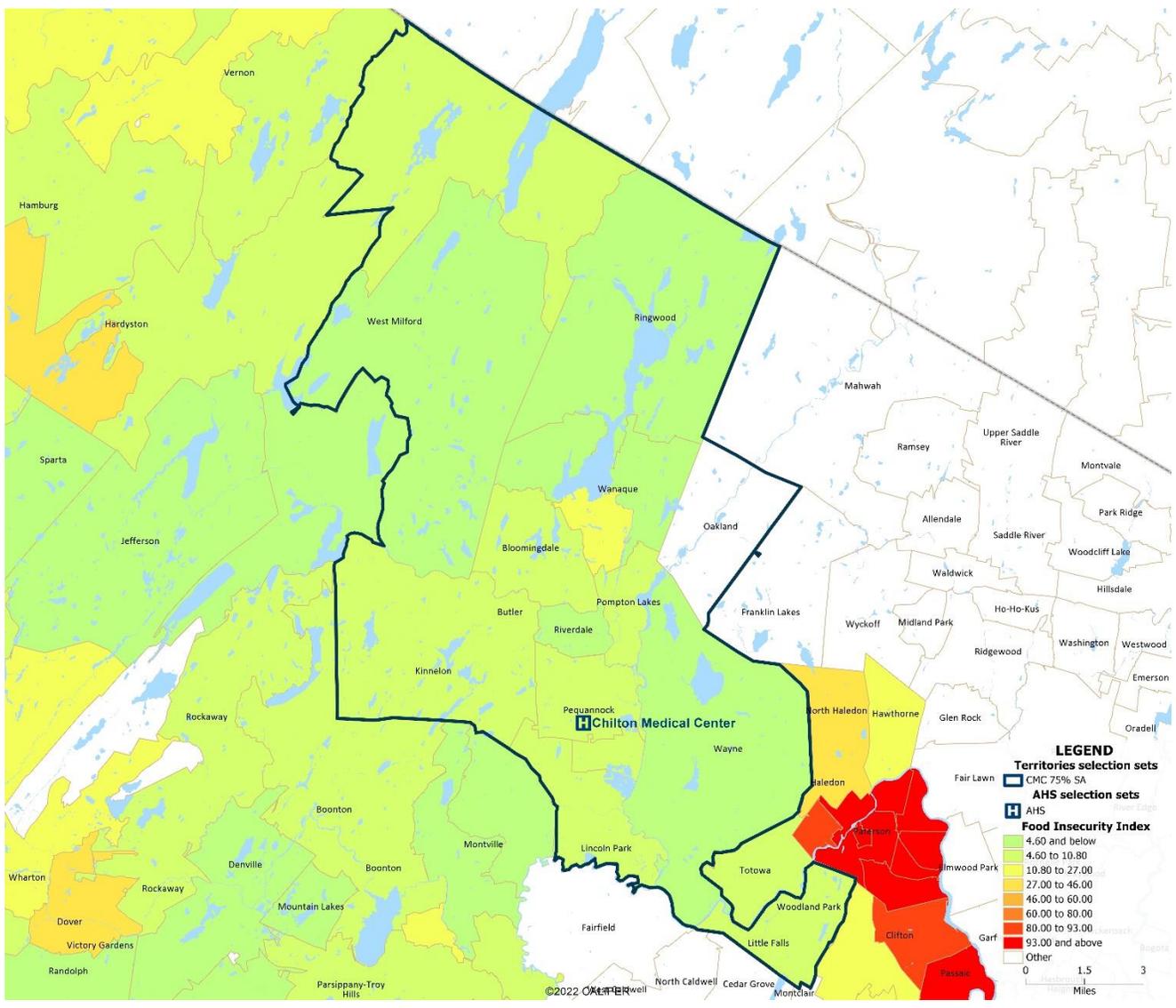
Food insecurity does not exist in isolation, as low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. Taken together, these issues are important social determinants of health, defined as the "conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." To that end-AHS will aim to align its social determinants of health efforts to the Healthy people 2030 objectives to guide evidence-based programs, and other actions to improve health and well-being of the community.

Effective responses to food insecurity may address the overlapping challenges posed by the social determinants of health.

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<sup>7</sup> Healthy Communities Institute 2020. Food Insecurity Index.

# Food Insecurity Index



## Environmental Justice Index<sup>8</sup>

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

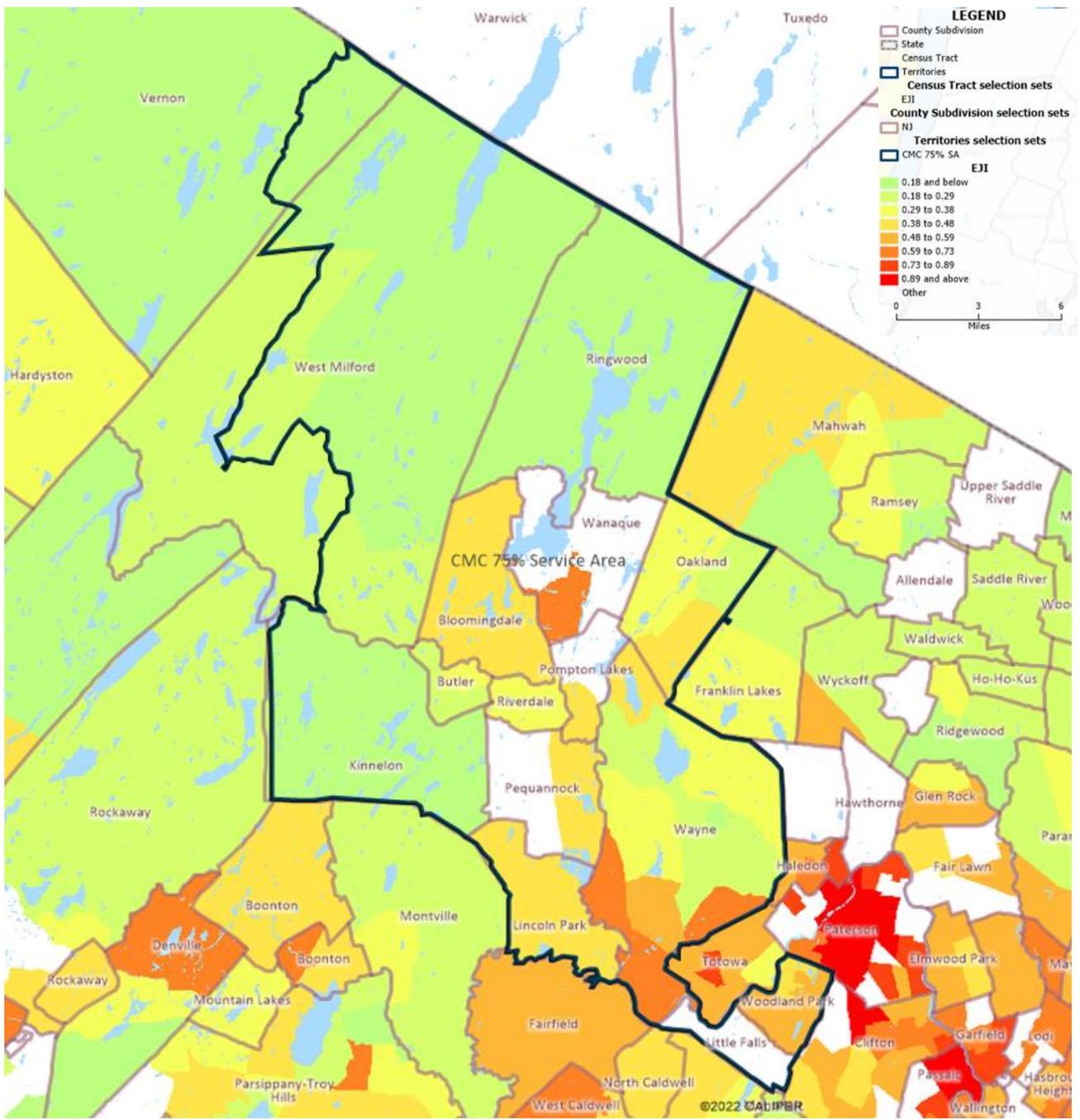
- Wanaque
- Wayne
- Woodland Park

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 understood and addressed.

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<sup>8</sup> Agency for Toxic Substances and Disease Registry; Environmental Justice Index [www.atsdr.cdc.gov](http://www.atsdr.cdc.gov)

### Environmental Justice Index

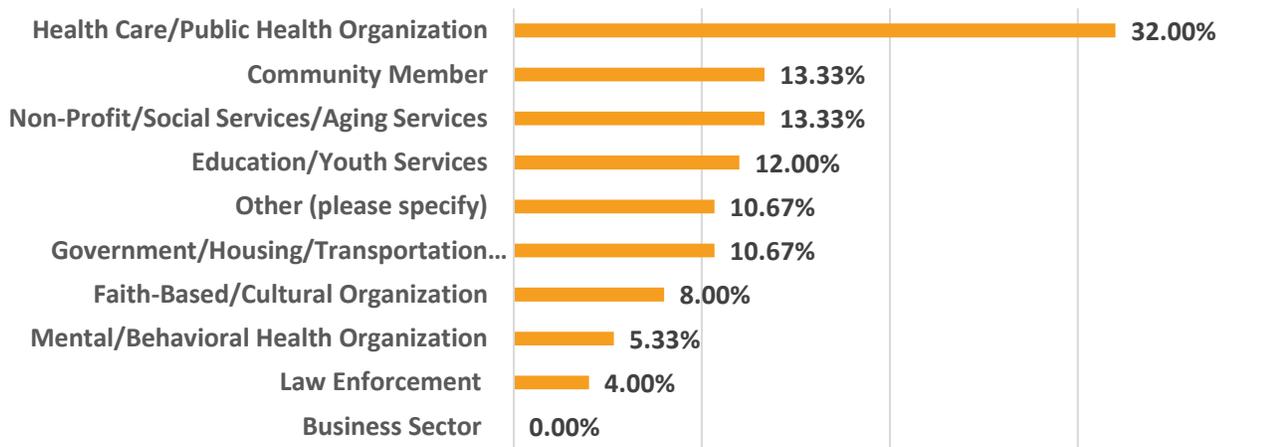


**KEY INFORMANT FINDINGS**

The purpose of the stakeholder survey was to gather current statistics and qualitative feedback on the key health issues facing the residents within the CMC service area. The list of stakeholders was thoughtfully gathered to ensure that feedback was from a wide range of community organizations across various sectors. CMC received 87 responses to its online community-based key-stakeholder survey.

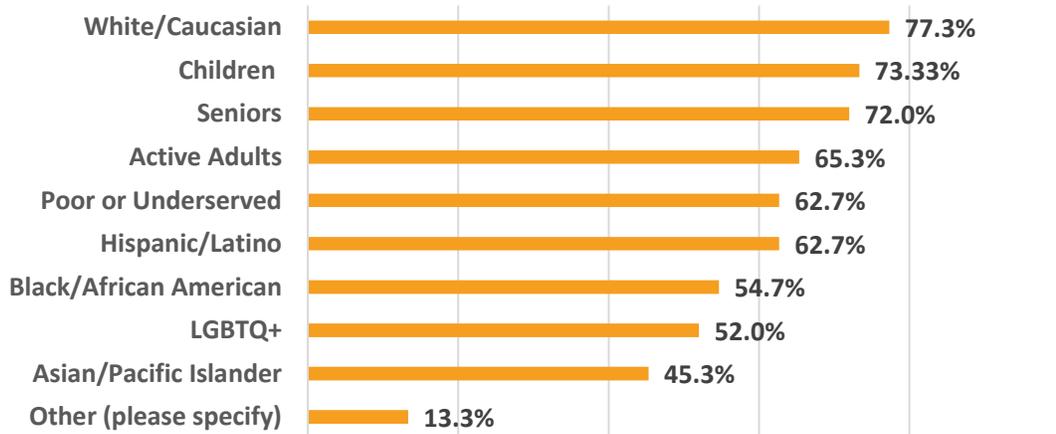
Below we show the breakdown of the respondents’ organizational community affiliations or alignment.

**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)**



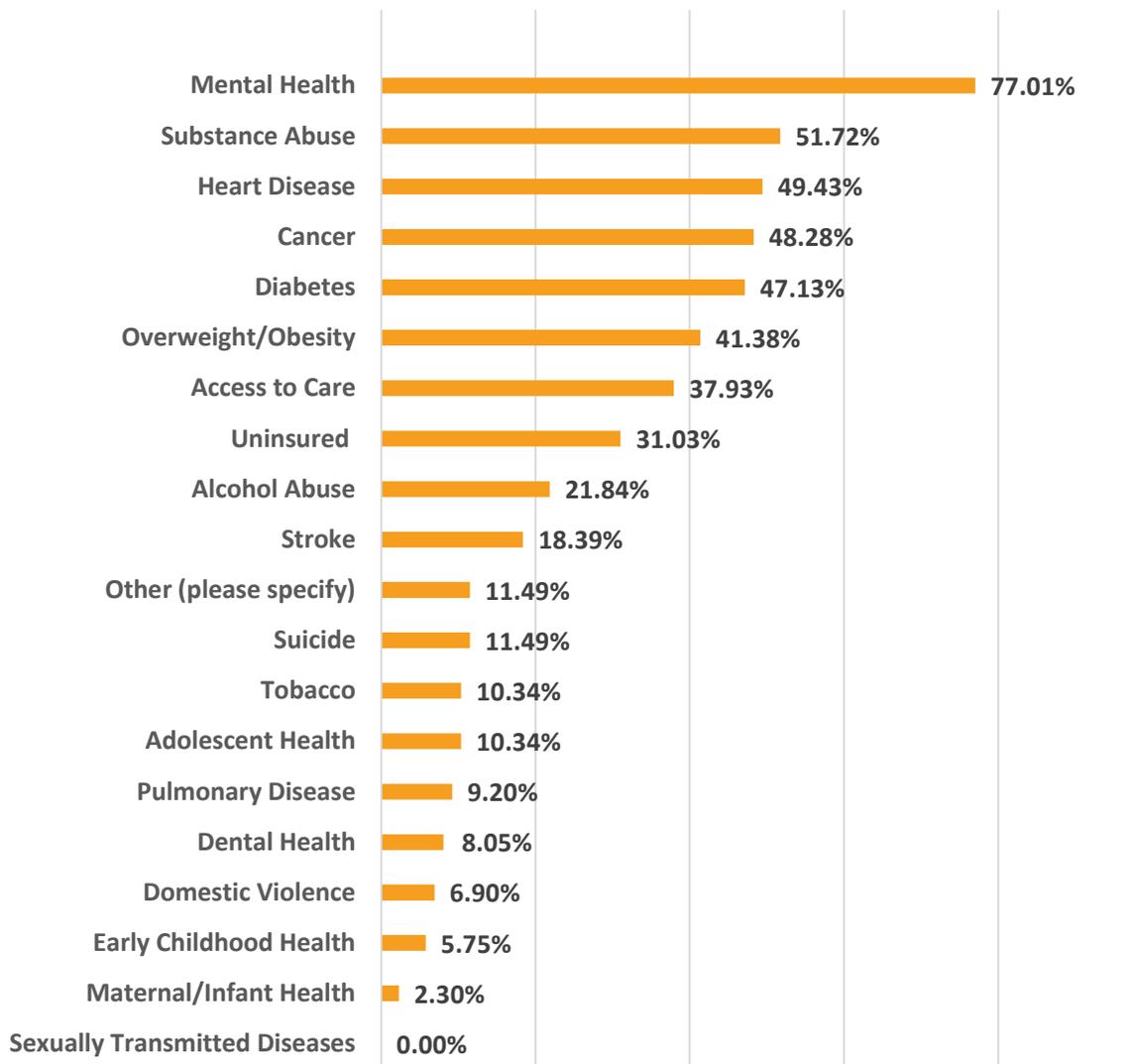
Below we show the breakdown of which group(s) within the community the respondents personally or organizationally align with.

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



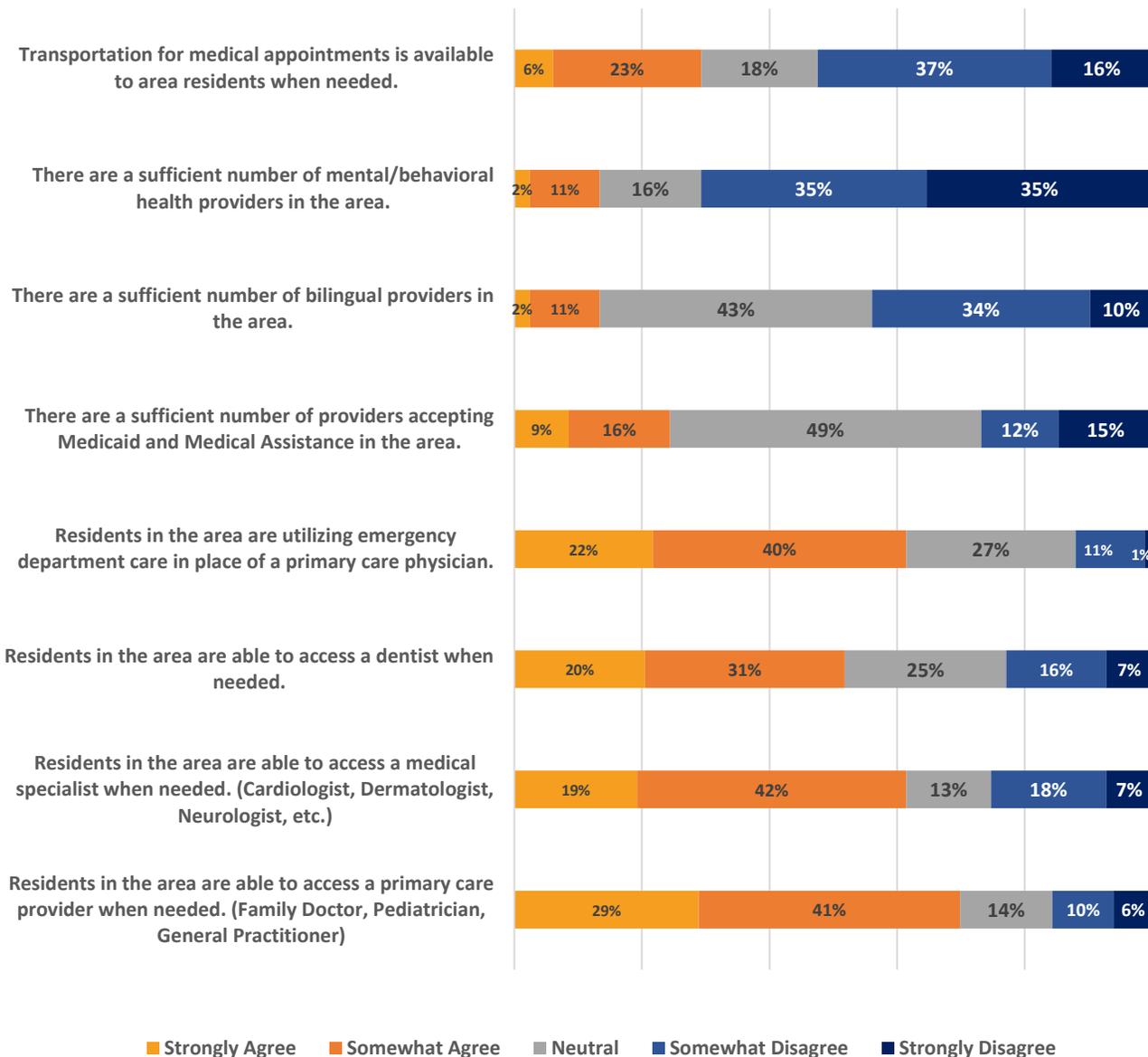
Below we show the breakdown of the percent of respondents who selected each health issue in the 2022 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health, substance abuse, heart disease, cancer, and diabetes.

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



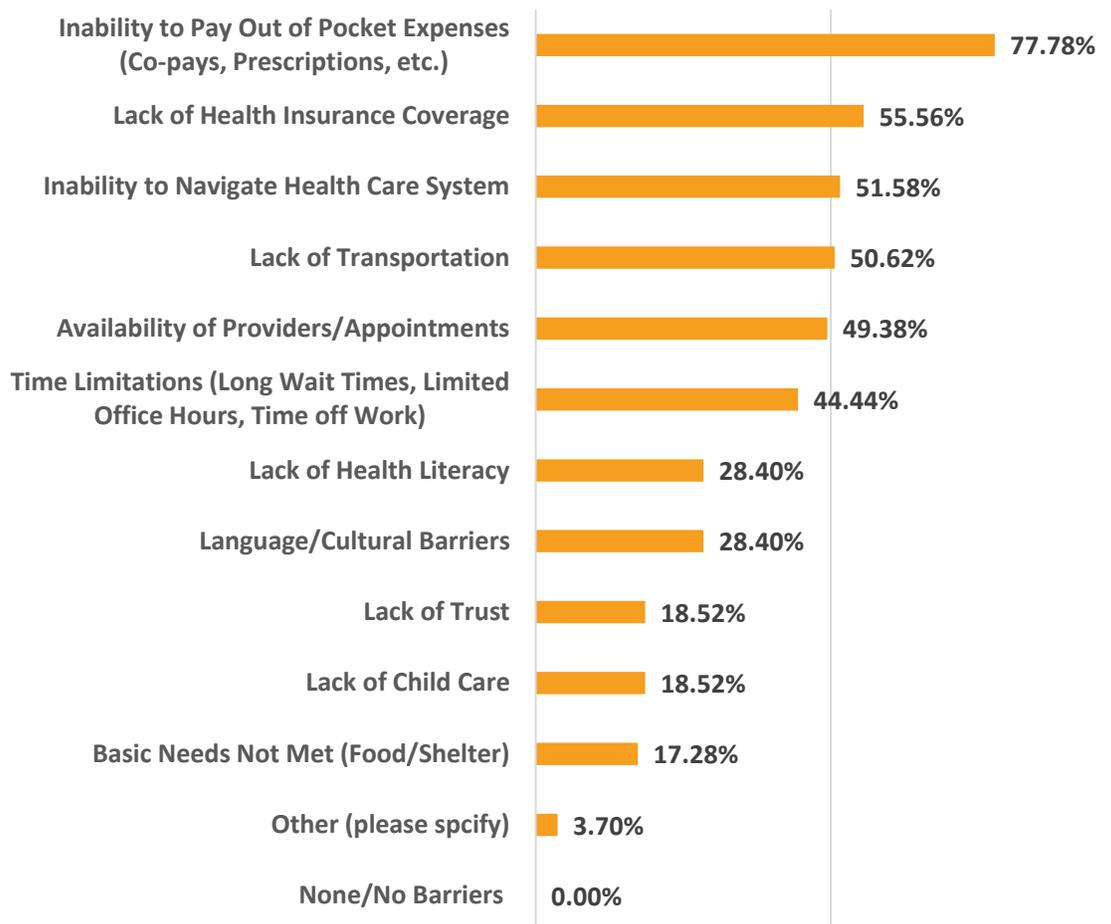
Respondents were asked about the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: “Residents in the area are able to access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

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



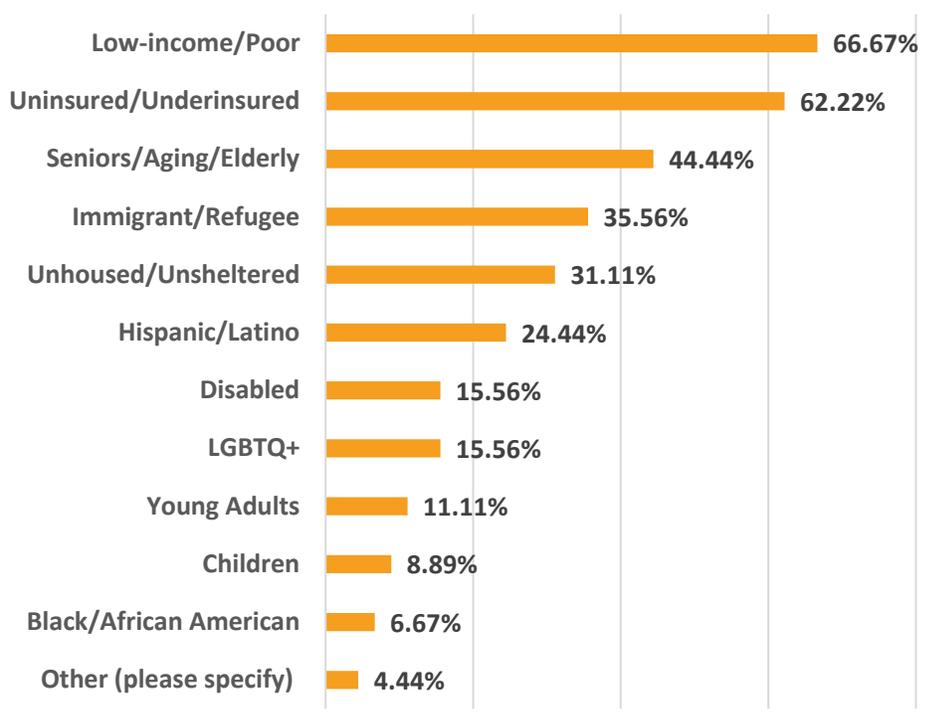
After rating availability of health care services, respondents were asked about the most significant barriers that keep people in their community from accessing healthcare when they need it. The barriers that were most frequently selected are summarized below.

**What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)**



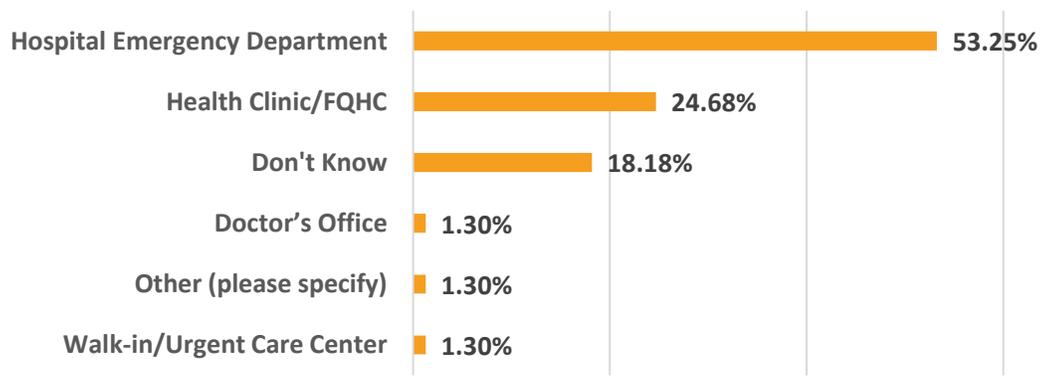
58.32% of respondents answered that there were populations in the community that were not being adequately served by local health services. The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were, low-income/poor, uninsured/underinsured, and seniors/aging/elderly. These were followed by immigrant/refugee, unhoused/unsheltered, and Hispanic/Latino.

**Which populations are underserved?**



53.25% of key informants indicated hospital emergency departments as the primary place where uninsured/underinsured individuals go when they are in need of medical care. Health Clinic/FQHC was also mentioned as preferred places to obtain 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)**



## AHS' APPROACH TO ADDRESSING COMMUNITY HEALTH IMPROVEMENT AND ACCESS TO CARE

Atlantic Health System approaches community health improvement with proven and effective methods for addressing access to care. Where necessary or appropriate, individual activities specific to distinct populations served by hospitals are documented. Efforts addressed from a system perspective for all AHS hospitals include diversity and inclusion, virtual care and community involvement, supportive funding for community partners or collaboratives that are focused on common areas of concern related to community health needs, and health and wellness for older adults and at-risk populations.

### *Virtual Platforms and Community Health*

The impact of COVID-19 on Atlantic Health System and the communities we serve has been profound. As our co-workers battle the pandemic daily, our focus on community health was challenged to create safe and effective opportunities for communities to connect about their ongoing health needs. Many of the most effective methods for maintaining contact with those in need were virtual; community groups, support groups for high-risk patients, caregiver outreach, diabetes, oncology, and cardiovascular all became reliant on virtual tools to maintain needed contact with our community. In many cases the effort to connect virtually during a time of crisis led to increased levels interaction and a broader reach for programs. This positive response to virtual offerings and interaction has become a common rallying point for AHS and its communities; this level of connection has become another successful tool that AHS will build upon as it seeks to broaden its reach to at-risk populations. As we continue to provide tools to access care to different populations, we hope to address the wide range of health challenges that every part of our community may face.

### *Care Coordination and Social Determinants of Health*

At Atlantic Health System, we focus on connecting clinical, behavioral, and social care across the health care continuum to produce great health outcomes, improve the patient experience, and lower the total cost of care. Care team members proactively screen to identify individual patient's needs regarding mental health and addiction, and other social determinants such as food insecurity, housing insecurity, financial instability, and transportation needs. The Care Coordination department of nurses, social workers, community health workers, and behavioral health clinicians, ensure that each patient's clinical, behavioral, and social needs are met to manage safe transitions of care and support people with complex chronic conditions. Overall, the Care Coordination program promotes empowered collaboration between patients, their doctors and caregivers, and their community.

### *Diversity and Inclusion*

AHS strives for an inclusive health care environment where patients, visitors and team members are welcomed and afforded equitable treatment regardless of sexual orientation, gender, gender identity and expression, race, ethnicity, immigration status, socioeconomic background, disability and/or age.

### *Supporting Funding of Community Partners and Community Health Needs*

The Community Advisory Boards (CAB) at Morristown, Overlook, Chilton, Newton, and Hackettstown Medical Centers all provide annual funding opportunities for community partners in the form of grants likely to enhance resources available in the community and address elements of health priorities identified in the individual hospital's community health needs assessment. Grants are funded through a competitive review process, which includes a requirement that approved funding be linked to an identified community health need.

AHS has provided additional support to community partners through the New Jersey Healthy Communities Network. The NJHCN supports local policy, systems, and environmental changes to enhance physical activity, nutrition, and address Social Determinants of Health.

### *Community Health Education and Wellness for Older Adults*

Community Health offers a variety of system-wide health and wellness programs to meet the needs of the community across the lifespan. Programming developed with older adults in mind aims to promote healthy lifestyles and reduces community's modifiable risk factors for chronic disease through expanded health education programming in alignment with the AHS Community Health Improvement Plan. One of the program's goals is to offer educational programming on the following topics: cardiac, stroke, cancer, pulmonary, diabetes, behavioral health, and COVID-19.

### *Other Collaborative Support*

In addition to actions within a specific strategy, Atlantic Health System is contributing a great deal of resources to support the CHNA/Implementation Strategy Process via in-kind support for the North Jersey Health Collaborative. Our resource and financial investments in the collaborative reflect our belief that bringing groups together, across sectors, is a significant community health intervention by itself. The Collaborative structure allows us to address our identified health needs, while also building capacity in individual local organizations, as well as our hospitals, to meet the needs of our community. It also serves to coordinate health and social service agencies in a way that enables them to invest collaboratively in best practices.

## IDENTIFICATION OF COMMUNITY HEALTH NEEDS

### Prioritization

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

The six prioritization criteria used to evaluate each issue were:

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

After in-depth discussion and analysis among the Community Health Committee, five health topics were chosen to be priority areas for CMC to address over the next three years. The Community Health Committee, who, in partnership with hospital administration, recommended the adoption of the following priority areas for inclusion in the 2022-2024 CHNA for CMC.

- Mental Health / Substance Abuse
- Heart Disease
- Cancer
- Diabetes
- Respiratory Disease

### Access to Care<sup>9</sup>

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

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

Atlantic Health System is committed to improving access to health care services; an explicit commitment made in the 2023 Atlantic Health System Enterprise Strategic Plan. Included in that plan are many goals that relate to improving access to primary care and specialists while maintaining the highest quality of care.

<sup>9</sup> [https://www.cdc.gov/nchs/data/factsheets/factsheet\\_hiac.pdf](https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf)

Improving access to care overall can help make progress towards improving health outcomes within the previously mentioned health priorities: mental health/substance abuse, heart disease, cancer, diabetes, and respiratory disease. The question of access will be a key driver in the development of the hospital's annual Community Health Improvement Plan (CHIP).

### ***Healthy NJ 2020<sup>10</sup>***

Access to health services is about more than just health insurance or other financial factors. Understanding the public health care system and having a primary care provider are key components of the access to health services story. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

There were three objectives regarding Access to Health Services in Health NJ 2020. The first objective was to increase health insurance coverage among persons under the age of 65. This target was not achieved for this objective although there was progress made. The second objective was to increase health insurance coverage among persons under the age of 19. There was great success within this objective as the target was not only met but exceeded. The third objective was to increase individuals with a primary care provider. This objective has not improved and there was not progress toward the target. This indicates that overall, there is still great room for improvement within the state of NJ to increase access to health care.

Although insurance coverage is only one piece in accessing healthcare, it is a factor that can greatly impact where and how people access health care. It can also impact the quality of care that is available.

### ***Value-Based Health Care<sup>11</sup>***

Value-based health care transforms the typical health care delivery model by paying providers (including hospitals and physicians) based on successful health outcomes rather than by service. According to the New England Journal of Medicine (NEJM), "providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way." Some of the benefits noted by the NEJM are:

- Patients spend less money to achieve better health.
- Providers achieve efficiencies and greater patient satisfaction.
- Payers control costs and reduce risk.
- Suppliers align prices with patient outcomes.
- Society becomes healthier while reducing overall healthcare spending.

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

<sup>10</sup> <https://www.nj.gov/health/chs/hnj2020/topics/access-to-health-services.shtml>

<sup>11</sup> <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0558>

## IDENTIFIED HEALTH PRIORITIES

There are six factors that make up the criteria that helped determine which health topics would be adopted as the priority areas for Chilton 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 CMC Community Advisory Board’s Community Health Sub-Committee. This discussion was supplemented with data that analyzes utilization among various related clinical cohorts within the CMC service area. The combination of these two sources was used to determine which health topics are of priority for CMC, this recommendation was then presented to the CMC CAB. These topics were then reviewed, discussed further, and adopted by the CMC CAB as the top 5 health priorities for CMC to continue to address over the next three years (2022-2024).

These health priorities give insight into which clinical areas are of top concern within the CMC community and will ultimately help create a Community Health Improvement Plan which outlines the necessary steps to improve outcomes within these topics:

- Mental Health / Substance Abuse;
- Heart Disease;
- Cancer;
- Diabetes; and,
- Respiratory Disease.

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 organizations CHIP.

## Mental Health / Substance Abuse

Mental health / substance abuse was identified by stakeholders as being a top health priority for Chilton Medical Center. When surveyed, a majority of both the quantitative and qualitative responses included various aspects of mental health and substance abuse as areas of greatest concern. Many stakeholders believe that mental health and substance abuse impact a large portion of the CMC community. There is a high demand for mental health services throughout the area served by CMC.

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

- The age-adjusted death rate due to suicide
- The age-adjusted drug and opioid involved overdose death rate

### *Mental Health*<sup>12</sup>

According to the CDC, mental health is comprised of our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is crucial at all stages in life and can impact development. Because of this, it is important to address the various mental health needs within each age group, throughout the various stages of life.

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

Mental illnesses are among the most common health conditions in the United States. This is depicted through the following statistics:

- More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.
- 1 in 5 Americans will experience a mental illness in a given year.
- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

### *Substance Misuse*<sup>13</sup>

According to the 2020 National Survey on Drug Use and Health (NSDUH), 40.3 million Americans, aged 12 or older, had a substance use disorder (SUD) in the past year. Substance use disorders continue to be an important health issue in our country, throughout the state of New Jersey, and within the CMC service area.

Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. Patterns of symptoms resulting from substance use (drugs or alcohol)

<sup>12</sup> <https://www.cdc.gov/mentalhealth/learn/index.htm>

<sup>13</sup> <https://www.cdc.gov/dotw/substance-use-disorders/index.html>

can help a doctor diagnose a person with a SUD or SUDs. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class.

- SUDs are treatable, chronic diseases that can affect anyone – regardless of race, gender, income level, or social class.
- One in seven Americans aged 12 or older reports experiencing a SUD.
- SUD diagnosis can be applied to the following classes of drugs: alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; tobacco (nicotine); and other (or unknown) substances.
- SUDs can lead to significant problems in all aspects of a person’s life including in their work, school, or home life
- Coordinated care is critical in treating anyone with a SUD to achieve positive outcomes. Coordinating treatment for comorbidities, including mental health conditions, is an important part of treating a SUD.

Individuals who experience a substance use disorder (SUD) during their lives may also experience a co-occurring mental disorder and vice versa. While SUDs and other mental disorders commonly co-occur, that does not mean that one caused the other. Research suggests three possibilities that could explain why SUDs and other mental disorders may occur together:<sup>14</sup>

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

Many stakeholders agreed that the COVID-19 pandemic has increased an already increasing need for mental health care. Below are select stakeholder comments regarding mental health and substance abuse:

- *Mental Health. Since the pandemic, kids have been negatively impacted.*
- *I think we have seen a rise in mental health issues in the past couple of years due to COVID & isolation. We have more students now struggling with anxiety & depression.*
- *Many folks living in poverty are struggling with mental health issues and unable to get support or help as they have little to no health insurance.*

Due to the overwhelming responses from stakeholders and utilization data, mental health and substance abuse have been included as a priority for CMC to continue to address.

<sup>14</sup> <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

## Heart Disease

In the area served by Chilton Medical Center, there are identified health concerns or disparities among the population that are related to heart disease. Heart disease continues to be a prominent issue within the CMC service area and stakeholders responded that there is a high incidence of heart disease and other chronic diseases that need to be addressed.

From a national perspective, heart disease has an enormous burden on the population as it currently stands as the leading cause of death in the United States, with almost 700,000 Americans dying of heart disease and related conditions each year.<sup>15</sup> This amounts to one in every five deaths in the United States annually. Several health conditions, your lifestyle, and your age and family history can increase the risk of heart disease. About half of all Americans (47%) have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking. There are risk factors for heart disease that cannot be controlled, such as age or family history, but there are steps that can be taken to lower the risk.

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 can increase the risk for developing 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 nausea 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 heart attack symptoms in men and women can differ.

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

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<sup>15</sup> <https://www.cdc.gov/heartdisease/facts.htm>

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

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

There are certain behaviors that can increase the risk of heart disease. These types of behaviors can be adjusted based on lifestyle choices to promote better heart health and health outcomes overall. Some of the behaviors that can be modified are eating a diet high in saturated fats, trans fat, and cholesterol, not getting enough physical activity, drinking too much alcohol, and tobacco use.<sup>16</sup> 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.<sup>17</sup>

Heart disease continues to be the leading cause of death throughout the country, the state, and within the counties served by CMC. Stakeholders agree that it impacts many people within the CMC community. Because of these factors, it is important to understand ways to address how people can access care and improve their health outcomes due to heart disease. Early prevention and detection of heart disease may help minimize poor health outcomes. This can be achieved through educating people on engaging in healthier lifestyles and seeking primary care on more regular basis for screening.

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<sup>16</sup> [https://www.cdc.gov/heartdisease/risk\\_factors.htm](https://www.cdc.gov/heartdisease/risk_factors.htm)

<sup>17</sup> <https://www.heart.org/en/get-involved/advocate/federal-priorities/access-to-care>

## Cancer

Like heart disease, cancer is another chronic disease that immensely impacts the CMC community. Because cancer impacts a large portion of the community served by CMC and there is high risk of morbidity and mortality it was chosen as a priority area to address over the next few years. Within this area there are identified health concerns or disparities among the population that are related to cancer, some of those include:

- The age-adjusted death rate due to prostate cancer
- The age-adjusted death rate due to pancreatic cancer
- The incidence rate of colorectal cancer
- The age-adjusted death rate due to cancer overall
- The age-adjusted death rate due to lung cancer

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Cancer also has a high disease burden on the community served by CMC. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health.<sup>18</sup>

Many cancers are preventable by reducing risk factors such as:

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

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

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

For cancers with evidence-based screening tools, early detection must address the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.<sup>19</sup>

Cancer is the second leading cause of death in the United States resulting in one of every four deaths. The top 3 cancers by rates of new cancers in the United States and New Jersey are breast (female), prostate, and lung and bronchus. The leading cause of cancer death rates in the United States and in New Jersey occur in lung and bronchus.<sup>20</sup>

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

<sup>18</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer>

<sup>19</sup> Zapka, J. G., et al. (2003). A framework for improving the quality of cancer care: the case of breast and cervical cancer screening. *Cancer Epidemiology and Prevention Biomarkers*, 12(1), 4-13.

<sup>20</sup><https://www.cdc.gov>

health among groups of people that are linked to social, economic, geographic, or environmental disadvantage are known as health disparities.<sup>21</sup>

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.<sup>22</sup>

### *Screening and Diagnosis*

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

Screening tests for cancer can help find cancer at an early stage before typical symptoms might appear. When this is done early, it is often easier to treat. Some screening tests include: a physical exam, laboratory test, imaging procedure, or a genetic test.<sup>23</sup>

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

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<sup>21</sup> <https://www.cdc.gov/cancer/health-equity/equity.htm>

<sup>22</sup> <https://www.cancer.gov/about-cancer/understanding/disparities#contributing-factors>

<sup>23</sup> <https://www.cancer.gov/about-cancer/screening/patient-screening-overview-pdq>

## Diabetes

Diabetes was identified by our community stakeholders as being a priority health topic for Chilton Medical Center. Stakeholders who responded to the survey felt that diabetes impacts a significant portion of the population served by CMC and that it is important to continue to address this health issue over the next few years.

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy. With diabetes, the body do not make enough insulin or cannot use it as well as it should. Without enough insulin or when the cells stop responding to the insulin, too much blood sugar stays in the blood stream. More than 37 million people have diabetes in the United States, a number which has double over the past 20 years. Diabetes is the 7<sup>th</sup> leading cause of death in the United States and is the number 1 cause of chronic kidney disease, lower-limb amputations, and adult blindness.

There are three main types of diabetes:

**Type 1:** type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction stops the body from making insulin. Approximately 5-10% of the people who have diabetes have type 1. Symptoms of type 1 often occur quickly and is usually diagnosed in children, teens, and young adults. Insulin must be taken every day to survive. Currently, no one knows how to prevent type 1 diabetes.

**Type 2:** with type 2 diabetes, the body does not use insulin well and cannot keep blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults (but more and more in children, teens, and young adults). Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.

**Gestational Diabetes:** this type of diabetes develops in pregnant women who have never had diabetes. With gestational diabetes, the baby could be at higher risk for health problems. While gestational diabetes typically goes away after the baby is born, it increases the risk of developing type 2 diabetes in the future. Babies born to mother with gestational diabetes are more likely to have obesity as a child or teen and develop type 2 diabetes later in life.

In the United States, 96 million adults have *prediabetes*. Prediabetes is a health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Eating a healthy diet and staying active are ways that can effectively prevent, prolong the onset, or effectively manage diabetes.<sup>24</sup>

In 2020, the age-adjusted death rate due to diabetes among New Jersey residents was 15% below that of the United States as a whole. The age-adjusted death rates for diabetes were steadily declining for many years before increasing in 2020. The rate among Blacks in 2020 was 2.7 times the rate among Whites, and males have a higher likely hood of dying from diabetes than women. According to New Jersey State Assessment Data (NJSHAD), it is conceivable that the COVID-19 pandemic caused an increase in other causes of death due to delays in medical care and fears of going to the hospital and being exposed to COVID.<sup>25</sup>

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

<sup>24</sup> <https://www.cdc.gov/diabetes/basics/diabetes.html>

<sup>25</sup> <https://www-doh.state.nj.us/doh-shad/indicator/view/DiabetesDeath.RETrend.html>

## Respiratory Disease

Respiratory disease was identified by stakeholders as a health topic of top priority due to the impact that it has on the community served by CMC and the high rate of utilization within this clinical cohort. Respiratory disease, like heart disease, is inclusive of a multitude of different diseases and illnesses that impact the lungs, bronchus, and respiration. Some of the most common types of respiratory diseases that have high utilization associated within the community served by CMC are pneumonia, asthma, and COPD.

### *Pneumonia*<sup>26</sup>

Pneumonia is an infection of the lungs that can be caused by bacteria, viruses, or fungi. Although pneumonia can impact people of all ages, there are certain risk factors that can lead to higher morbidity. Some of these include, being a certain age, having certain medical conditions, and smoking. Although age and having certain medical conditions are uncontrollable risk factors, smoking is a behavior that can be modified in order to lower risk of getting pneumonia or lowering morbidity and mortality.

Certain people that are more likely to get pneumonia:

- Adults 65 years or older
- Children younger than 5 years old
- People who have ongoing medical conditions
- People who smoke cigarettes

There are vaccines available to help protect against pneumonia. However, 47,000 people in the United States died from pneumonia in 2020. Vaccines and treatment of pneumonia through antibiotics and antivirals can help prevent illness and deaths.

### *Asthma*<sup>27</sup>

Asthma is a disease that affects the lungs and impacts many throughout the community served by CMC. 598,649 people in the state of New Jersey had Asthma in 2020. This is 8.7% of the state's population. This is slightly higher than the national percentage which is 7.8% of the total population in the United States.

Asthma can be caused by genetic, environmental, and occupational factors or a combination of the three. There is strong evidence that suggests that the environment in which someone lives, goes to work, or goes to school can impact asthma or allergic reactions. Mold, dampness, allergens such as dust mites, and exposure to tobacco smoke are all things that can increase asthma—these all can exist within the home, at school or at work. Occupational asthma occurs when someone did not previously have asthma but develops it due to exposure at work.<sup>28</sup>

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, particularly for low-income and minority populations. Populations with higher rates of asthma include:

- Children
- Women (among adults) and boys (among children)

<sup>26</sup> <https://www.cdc.gov/pneumonia/prevention.html>

<sup>27</sup> [https://www.cdc.gov/asthma/most\\_recent\\_national\\_asthma\\_data.htm](https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm)

<sup>28</sup> <https://www.cdc.gov/asthma/faqs.htm>

- African Americans
- Puerto Ricans
- People living in the northeastern United States
- People living below the federal poverty level
- Employees with certain exposures in the workplace

While there is currently no cure for asthma, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

### *COPD*<sup>29</sup>

In 2021, 4.6% of the adult population within the United States had COPD. 152,657 people died from COPD in 2020. Based on these two statistics, it is evident that COPD has a large disease burden on the United States as a whole. This is also true for the community that CMC serves, as COPD was the sixth leading cause of death in Passaic County in 2021. Although there has been steady decline in the number of deaths due to COPD, it remains a priority for CMC to continue to address throughout the community.

Although it can impact all people within a community, there are certain groups that were more likely to report having COPD:

- Women
- People aged 65 to 74 years and ≥75 years
- American Indians/Alaska Natives and multiracial non-Hispanics
- People who were unemployed, retired, or unable to work
- People with less than a high school education
- People who were divorced, widowed, or separated
- Current or former smokers
- People with a history of asthma

The strong association with tobacco use makes COPD highly preventable through interventions that focus on discouraging youth and young adults from starting to smoke, encouraging adults to quit, and providing smoking-cessation support to current smokers. Other efforts include programs and policies aimed at reducing exposure to dust and chemicals in the workplace, as well as exposure to indoor and outdoor air pollutants.<sup>30</sup>

Overall, the community served by CMC is greatly impacted by numerous respiratory diseases as higher utilization data suggests. Stakeholders agree that this is an area that is important to continue to address in order to improve health outcomes overall. Due to controllable and uncontrollable risk factors that are impacted by social determinants of health, it is important to understand the underlying causes of respiratory diseases. This understanding, along with an increase in access to primary care, may help alleviate the burden of disease caused by various respiratory conditions.

<sup>29</sup> <https://www.cdc.gov/copd/data.html>

<sup>30</sup> [https://www.nhlbi.nih.gov/sites/default/files/media/docs/COPD%20National%20Action%20Plan%20508\\_0.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/COPD%20National%20Action%20Plan%20508_0.pdf)

**APPENDIX A: SECONDARY DATA SOURCES<sup>31</sup>**

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

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

<sup>31</sup> Healthy Communities Institute

**APPENDIX B: HEALTH INDICATORS**

The following table represents external data for health-related indicators that were reviewed as part of CMC’s CHNA secondary data analysis. The data are compiled and maintained by the Conduent Healthy Communities Institute in collaboration with The North Jersey Health Collaborative (NJHC, the Collaborative), an independent, self-governed 501(c)(3) organization with a diverse set of partners representing health care, public health, social services, and other community organizations.

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
Women’s Health	Cervical Cancer Incidence Rate	1.78	2.35	2.65	3	Unfavorable	
	Breast Cancer Incidence Rate	0.94	1.29	1.76	3	Unfavorable	White
	Cervical Cancer Screening: 21-65	-	1.59	1.59	1.5	Neutral	
	Pap Test in Past 3 Years: 21-65	1.75	1.18	1.18	1	Improvement	
	Mammogram in Past 2 Years: 50-74	1.97	1	1	1	Improvement	
	Age-Adjusted Death Rate due to Breast Cancer	2.17	0.88	0.82	1	Improvement	
Maternal, Fetal, & Infant Health	Very Preterm Births	1.17	1.35	2.18	2	Unfavorable	Black/African American, non-Hispanic
	Babies with Low Birth Weight	1.31	1.62	2.09	2	Unfavorable	Black/African American, non-Hispanic, Two or More Races, non-
	Babies with Very Low Birth Weight	0.64	1.26	2.09	2	Unfavorable	Black/African American, non-Hispanic
	Teen Birth Rate: 15-17	1.75	1.68	1.97	1	Unfavorable	Hispanic
	Mothers who Received Early Prenatal Care	1.92	2.12	1.79	1	Improvement	Ages 15-17, 18-19, 20-24; Black/African American, non-
	Preterm Births	1.47	1.79	1.79	1	Unfavorable	Black/African American, non-Hispanic
	Mothers who Received No Prenatal Care	0.92	0.91	1.38	2	Unfavorable	Black/African American, non-Hispanic, Other Single Race, non-
	WIC Certified Stores	-	1.32	1.32	1.5	Neutral	
	Infant Mortality Rate	1.03	0.44	1.18	1	Unfavorable	Ages 35-39
Heart Disease and Stroke	Hyperlipidemia: Medicare Population	1.83	2.53	2.53	2	Unfavorable	
	Hypertension: Medicare Population	2.44	2.53	2.53	2	Unfavorable	
	Ischemic Heart Disease: Medicare Population	1.94	2.35	2.35	2	Unfavorable	
	Atrial Fibrillation: Medicare Population	2	2.29	2.29	3	Unfavorable	
	Age-Adjusted Death Rate due to Hypertensive Heart Disease	1.89	1.88	2.18	2	Unfavorable	Black/African American, non-Hispanic
	Adults who Have Taken Medications for High Blood Pressure	-	2.12	2.12	1.5	Neutral	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Heart Failure: Medicare Population	1.67	1.88	1.88	1	Unfavorable	
	Adults who Experienced a Stroke	1.94	1.85	1.85	1.5	Improvement	
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0.64	1.38	1.85	3	Unfavorable	Black/African American, non-Hispanic
	Stroke: Medicare Population	1.72	1.85	1.85	1.5	Unfavorable	
	Age-Adjusted Death Rate due to Heart Attack	1.64	1.71	1.71	1	Unfavorable	
	Adults who Experienced a Heart Attack	1.33	1.47	1.47	2	Unfavorable	
	Age-Adjusted Rate of Adult ED Visits for Acute Myocardial Infarction	1.42	1.41	1.41	1.5	Improvement	
	Cholesterol Test History	-	1.41	1.41	1.5	Neutral	
	High Blood Pressure Prevalence	1.92	1.24	1.24	1.5	Improvement	
	High Cholesterol Prevalence: Adults 18+	-	1.24	1.24	1.5	Neutral	
	Age-Adjusted Hospitalization Rate due to Heart Attack	0.89	1	0.88	0	Improvement	
	Adults who Experienced Coronary Heart Disease	1.06	0.82	0.82	1	Improvement	
	Age-Adjusted Death Rate due to Heart Disease	1.25	0.79	0.62	0	Improvement	Males, Black/African American, non-Hispanic
Cancer	Prostate Cancer Incidence Rate	1.83	2.06	2.35	2	Unfavorable	
	Non-Hodgkin Lymphoma Incidence Rate	1.22	1.47	1.65	2	Unfavorable	
	All Cancer Incidence Rate	0.83	1.29	1.59	3	Unfavorable	Males, White
	Age-Adjusted Death Rate due to Colorectal Cancer	1.44	1.24	1.35	1	Improvement	
	Age-Adjusted Death Rate due to Prostate Cancer	1.39	1.35	1.35	1	Improvement	Black/African American
	Liver and Bile Duct Cancer Incidence Rate	1.94	1.65	1.35	1	Improvement	
	Colon Cancer Screening	2.42	1.32	1.32	1.5	Improvement	
	Pancreatic Cancer Incidence Rate	1.44	1.18	1.29	2	Improvement	
	Colorectal Cancer Incidence Rate	0.89	1.18	1.18	1	Unfavorable	Males
	Age-Adjusted Death Rate due to Pancreatic Cancer	1.22	0.53	1.12	2	Improvement	Males
	Adults with Cancer	-	0.88	0.88	1.5	Neutral	
	Age-Adjusted Death Rate due to Cancer	0.61	0.53	0.82	1	Unfavorable	Males, White
	Oral Cavity and Pharynx Cancer Incidence Rate	0.94	0.76	0.76	2	Improvement	Males
	Melanoma Incidence Rate	0.61	0.59	0.59	2	Improvement	White

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Age-Adjusted Death Rate due to Lung Cancer	0	0	0.29	1	Unfavorable	Males, White
	Lung and Bronchus Cancer Incidence Rate	0.33	0	0.29	1	Improvement	White
<b>Older Adult Health</b>							
	Osteoporosis: Medicare Population	2.61	2.71	2.71	2	Unfavorable	
	Alzheimer's Disease or Dementia: Medicare Population	2.5	2.35	2.35	2	Improvement	
	Cancer: Medicare Population	1.94	2.29	2.29	3	Unfavorable	
	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2.17	2.29	2.29	3	Unfavorable	
	People 65+ Living Below Poverty Level	2.33	2.38	2.24	1	Improvement	
	People 65+ Living Alone (Count)	-	-	1.94	3	Neutral	
	Adults 65+ with Total Tooth Loss	-	1.76	1.76	1.5	Neutral	
	Adults 50+ with Influenza Vaccination	1.67	1.71	1.71	1	Unfavorable	
	People 65+ Living Below Poverty Level (Count)	-	-	1.65	2	Neutral	
	Adults 65+ who Received Recommended Preventive Services:	-	1.59	1.59	1.5	Neutral	
	Adults 65+ who Received Recommended Preventive Services:	-	1.59	1.59	1.5	Neutral	
	Asthma: Medicare Population	2.06	2.06	2.06	1	Neutral	
<b>Health Care Access &amp; Quality</b>							
	Adults Unable to Afford to See a Doctor	2.14	2.29	2.29	1.5	Unfavorable	
	Adults without Health Insurance	-	2.29	2.29	1.5	Neutral	
	Persons with Health Insurance	-	2.09	2.09	2	Neutral	
	Adults with Health Insurance	2.08	1.94	1.94	1.5	Improvement	Hispanic/Latino, Other
	Children with Health Insurance	1.64	1.94	1.94	1.5	Unfavorable	
	Primary Care Provider Rate	2	1.91	1.91	2	Improvement	
	Non-Physician Primary Care Provider Rate	2.17	1.85	1.85	0	Improvement	
	Adults who Visited a Dentist	-	1.76	1.76	1.5	Neutral	
	Clinical Care Ranking	1.75	1.76	1.76	1.5	Unfavorable	
	Mental Health Provider Rate	2	1.32	1.32	0	Improvement	
	Dentist Rate	1.39	1.26	1.26	1	Improvement	
	Adults who have had a Routine Checkup	1.06	1	1	1	Improvement	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
Mental Health and Mental Disorders	Poor Mental Health: Average Number of Days	1.33	2.03	2.03	1.5	Unfavorable	
	Poor Mental Health: 14+ Days	-	1.94	1.94	1.5	Neutral	
	Age-Adjusted Death Rate due to Alzheimer's Disease	1.42	1.5	1.85	3	Unfavorable	
	Age-Adjusted Rate of Emergency Department Visits due to Mood	1.42	1.41	1.41	1.5	Improvement	
	Depression: Medicare Population	1.33	1.41	1.41	3	Unfavorable	
	Mental Health Provider Rate	2	1.32	1.32	0	Improvement	
	Age-Adjusted Death Rate due to Suicide	0.47	0.85	1.15	3	Unfavorable	
Alcohol & Drug Use	Death Rate due to Drug Poisoning	1.33	1.94	1.94	3	Unfavorable	
	Alcohol-Impaired Driving Deaths	2.61	1.88	1.88	1	Improvement	
	Age-Adjusted Alcohol-Related Emergency Department Visit Rate	1.75	1.76	1.76	1.5	Unfavorable	
	Age-Adjusted Rate of Substance Use Emergency Department Visits	1.75	1.76	1.76	1.5	Unfavorable	
	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	-	1.41	1.5	1.5	Unfavorable	Males, Black/African American
	Adults who Drink Excessively	0.83	1.32	1.32	1.5	Unfavorable	
	Opioid Treatment Admission Rate	1.83	2.12	1.32	1.5	Improvement	
	Adults who Binge Drink	0.42	1.09	1.09	1	Unfavorable	
	Adults who Use Alcohol: Past 30 Days	1.22	1	1	1	Improvement	
Sexually Transmitted Infections	Syphilis Cases	1.83	1.94	1.94	3	Unfavorable	
	Chlamydia Cases	1.61	1.65	1.65	2	Unfavorable	
	Gonorrhea Cases	-	1.65	1.65	2	Neutral	
Environmental Health	Blood Lead Levels in Children (>=5 micrograms per deciliter)	2.11	2.18	2.18	2	Unfavorable	
	Number of Extreme Heat Events	1.39	1.35	1.65	2	Unfavorable	
	Number of Extreme Precipitation Days	1.61	1.35	1.65	2	Unfavorable	
	Recognized Carcinogens Released into Air	-	1.65	1.65	2	Neutral	
	Physical Environment Ranking	1.42	1.59	1.59	1.5	Unfavorable	

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Number of Extreme Heat Days	1.39	1.35	1.35	1	Improvement	
	PBT Released	1.39	1.35	1.35	1	Improvement	
	Weeks of Moderate Drought or Worse	1.61	1.65	1.35	1	Improvement	
	Annual Ozone Air Quality	1.61	1.18	1.18	1	Improvement	
	Annual Particle Pollution	1	0.97	0.97	1.5	Improvement	
Economy	Households that are Above the Asset Limited, Income Constrained,	1.83	1.85	2.03	1.5	Unfavorable	
	Households that are Asset Limited, Income Constrained, Employed	1.67	1.68	2.03	1.5	Unfavorable	
	Cost of Licensed Child Care as a Percentage of Income	2	2.03	2.03	1.5	Unfavorable	
	Children Living Below Poverty Level	2.67	2.24	1.94	0	Improvement	American Indian/Alaska Native, Hispanic/Latino, Other, Two or
	Families Living Below Poverty Level	2.44	2.24	1.94	0	Improvement	American Indian/Alaska Native, Black/African American,
	People Living Below Poverty Level	2.67	2.24	1.94	0	Improvement	Ages 12-17, 6-11, <6; American Indian/Alaska Native,
	Young Children Living Below Poverty Level	2.44	2.24	1.94	0	Improvement	American Indian/Alaska Native, Hispanic/Latino
	Cost of Family Child Care as a Percentage of Income	1.83	1.85	1.85	1.5	Unfavorable	
	Households that are Below the Federal Poverty Level	2	2.03	1.85	1.5	Improvement	
	Persons with Disability Living in Poverty	1	1.82	1.82	2	Unfavorable	
	Social and Economic Factors Ranking	1.58	1.76	1.76	1.5	Unfavorable	
	People 65+ Living Below Poverty Level (Count)	-	-	1.65	2	Neutral	Black/African American, Hispanic/Latino, Other
	People Living 200% Above Poverty Level	1.89	1.59	1.59	0	Improvement	
	Persons with Disability Living in Poverty (5-year)	1.67	1.53	1.53	1	Improvement	
	Per Capita Income	1.72	1.41	1.41	0	Improvement	American Indian/Alaska Native, Black/African American,
Median Household Income	1.17	0.88	0.88	0	Improvement	Black/African American, Hispanic/Latino, Other, Two or	
Labor	Unemployed Workers in Civilian Labor Force	1.89	2.71	2.41	1	Unfavorable	
	Total Employment Change	-	2.24	2.24	1	Neutral	
	Solo Drivers with a Long Commute	1.67	1.94	1.94	3	Unfavorable	
	Workers Commuting by Public Transportation	1.11	1.59	1.59	3	Unfavorable	Ages 55-59, 65+; White, non-Hispanic
	Mean Travel Time to Work	1.67	1.76	1.47	2	Improvement	Males

INDICATOR TOPIC	INDICATOR	Aug-19 Score	Nov-21 Score	June-22 Score	June 2022 Trend	Improvement	Identified Disparity
	Workers who Drive Alone to Work	0.72	1.29	1.29	2	Unfavorable	Ages 55-59, 65+; White, non-Hispanic
	Youth not in School or Working	-	-	1.12	2	Neutral	
	Female Population 16+ in Civilian Labor Force	-	1.53	0.88	0	Improvement	
<b>Food</b>							
Food	Students Eligible for the Free Lunch Program	2.44	1.71	2.24	1	Improvement	
	Projected Child Food Insecurity Rate	-	2.12	2.12	1.5	Neutral	
	Projected Food Insecurity Rate	-	2.12	2.12	1.5	Neutral	
	Farmers Market Density	1.67	1.68	1.68	1.5	Unfavorable	
	Food Insecurity Rate	1.06	1.5	1.5	1.5	Unfavorable	
	Fast Food Restaurant Density	1.33	1.32	1.32	1.5	Improvement	
	People 65+ with Low Access to a Grocery Store	1.33	1.32	1.32	1.5	Improvement	
	WIC Certified Stores	-	1.32	1.32	1.5	Neutral	
	Food Environment Index	0.89	1.29	1.29	2	Unfavorable	
	SNAP Certified Stores	1.28	1.29	1.29	2	Unfavorable	
	Children with Low Access to a Grocery Store	1.17	1.15	1.15	1.5	Improvement	
	People with Low Access to a Grocery Store	1.33	1.15	1.15	1.5	Improvement	
	Low-Income and Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement	
	Grocery Store Density	1	0.97	0.97	1.5	Improvement	
Households with No Car and Low Access to a Grocery Store	1	0.97	0.97	1.5	Improvement		
<b>Households and Housing Costs</b>							
Households and Housing Costs	Median Monthly Owner Costs for Households without a Mortgage	-	2.74	2.74	3	Neutral	
	Homeownership	2.61	2.41	2.41	1	Improvement	
	Mortgaged Owners Median Monthly Household Costs	-	2.38	2.38	3	Neutral	
	Mortgaged Owners Spending 30% or More of Household Income on	-	2.12	2.12	0	Neutral	
	Severe Housing Problems	2.39	2.12	2.12	0	Improvement	
	Median Household Gross Rent	-	2.03	2.03	3	Neutral	
	Overcrowded Households	-	1.59	1.88	1	Unfavorable	
	Single-Parent Households	2.44	2.06	1.76	0	Improvement	
	Renters Spending 30% or More of Household Income on Rent	2.39	2.12	1.59	0	Improvement	
	Households with One or More Types of Computing Devices	1.83	1.85	1.24	0	Improvement	
	Households with an Internet Subscription	1.83	1.85	0.88	0	Improvement	
Median Housing Unit Value	-	0.91	0.62	0	Improvement		

**APPENDIX C: KEY INFORMANT / STAKEHOLDER SURVEY INSTRUMENT**

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

Chilton Medical Center (CMC) is undertaking a comprehensive community health needs assessment (CHNA) to re-evaluate the health needs of individuals living in the hospital service area. The purpose of the assessment is to gather current statistics and qualitative feedback on the key health issues facing service area residents. The completion of the CHNA will enable CMC to take an in-depth look at its community and the findings will be utilized to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

**1. What are the top 5 health topics impacting your community? (CHOOSE 5)**

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Care         | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Uninsured              | <input type="checkbox"/> Overweight/Obesity            |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health          | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Alcohol Abuse                 |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Tobacco                       |
| <input type="checkbox"/> Early Childhood Health | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Adolescent Health      | <input type="checkbox"/> Other (specify):              |
| <input type="checkbox"/> Mental Health          |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Care         | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Uninsured              | <input type="checkbox"/> Overweight/Obesity            |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health          | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Alcohol Abuse                 |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Tobacco                       |
| <input type="checkbox"/> Early Childhood Health | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Adolescent Health      | <input type="checkbox"/> Other (specify):              |
| <input type="checkbox"/> Mental Health          |  |

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

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**4. On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access in the area.**

	(1) Strongly Disagree	(2) Somewhat Disagree	(3) Neutral	(4) Somewhat Agree	(5) Strongly Agree
Residents in the area can access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)					
Residents in the area can access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)					
Residents in the area can access a dentist when needed.					
Residents in the area are utilizing emergency department care in place of a primary care physician.					
There are enough providers accepting Medicaid and Medical Assistance in the area.					
There are enough bilingual providers in the area.					
There are enough mental/behavioral health providers in the area.					
Transportation for medical appointments is available to area residents when needed.					

**5. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)**

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- Lack of Health Literacy
- None/No Barriers
- Other (please specify)

**6. Of those barriers mentioned in question 5, which 1 is the most significant? (CHOOSE 1)**

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- Lack of Health Literacy
- None/No Barriers
- Other (please specify)

**7. Please share any additional information regarding barriers to Health Care Access in the box below:**

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**8. Are there specific populations in this community that you think are not being adequately served by local health services?**

- YES, (proceed to Question 9)
- NO, (proceed to Question 11)

**9. If #8 YES, which populations are underserved? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Uninsured/Underinsured | <input type="checkbox"/> Children               |
| <input type="checkbox"/> Low-income/Poor        | <input type="checkbox"/> Young Adults           |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Seniors/Aging/Elderly  |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Unhoused/Unsheltered   |
| <input type="checkbox"/> Immigrant/Refugee      | <input type="checkbox"/> LGBTQ+                 |
| <input type="checkbox"/> Disabled               | <input type="checkbox"/> Other (please specify) |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Care         | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Uninsured              | <input type="checkbox"/> Overweight/Obesity            |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health          | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Alcohol Abuse                 |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Tobacco                       |
| <input type="checkbox"/> Early Childhood Health | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Adolescent Health      | <input type="checkbox"/> Other (specify):              |
| <input type="checkbox"/> Mental Health          |  |

**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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor's Office               | <input type="checkbox"/> Walk-in/Urgent Care Center |
| <input type="checkbox"/> Health Clinic/FQHC            | <input type="checkbox"/> Don't Know                 |
| <input type="checkbox"/> Hospital Emergency Department | <input type="checkbox"/> Other (please specify)     |

**12. Please share any additional thoughts you may have related to the health of Uninsured/Underinsured Individuals & Underserved Populations in the community.**

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**13. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Free/Low-Cost Medical Care      | <input type="checkbox"/> Prescription Assistance               |
| <input type="checkbox"/> Free/Low-Cost Dental Care       | <input type="checkbox"/> Health Education/Information/Outreach |
| <input type="checkbox"/> Primary Care Providers          | <input type="checkbox"/> Health Screenings                     |
| <input type="checkbox"/> Medical or Surgical Specialists | <input type="checkbox"/> Access to Healthy Food                |
| <input type="checkbox"/> Mental Health Services          | <input type="checkbox"/> Social Safety Net Services            |
| <input type="checkbox"/> Substance Abuse Services        | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Bilingual Services              | <input type="checkbox"/> Other (please specify):               |
| <input type="checkbox"/> Transportation                  |  |

**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?**

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

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

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**17. Name & Contact Information: (Note: Your name and email address are required to track survey participation. Your identity WILL NOT be associated with your responses.)**

- Name (Required) \_\_\_\_\_
- Organization \_\_\_\_\_
- Address \_\_\_\_\_
- Address 2 \_\_\_\_\_
- City/Town \_\_\_\_\_
- State/Province \_\_\_\_\_
- ZIP/Postal Code \_\_\_\_\_
- Email (Required) \_\_\_\_\_

**18. Which one of these categories would you say BEST represents your organization’s community affiliation? (CHOOSE 1)**

- |  |   |
|--|---|
| <input type="checkbox"/> Health Care/Public Health Organization    | <input type="checkbox"/> Government/Housing/Transportation Sector |
| <input type="checkbox"/> Mental/Behavioral Health Organization     | <input type="checkbox"/> Business Sector                          |
| <input type="checkbox"/> Non-Profit/Social Services/Aging Services | <input type="checkbox"/> Community Member                         |
| <input type="checkbox"/> Faith-Based/Cultural Organization         | <input type="checkbox"/> Law Enforcement                          |
| <input type="checkbox"/> Education/Youth Services                  | <input type="checkbox"/> Other (please specify)                   |

**19. Which of the following represents the community(s) your organization serves? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Poor or Underserved    |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> LGBTQ+                 |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino        |
| <input type="checkbox"/> Seniors                | <input type="checkbox"/> Unhoused/Unsheltered   |
| <input type="checkbox"/> Active Adults          | <input type="checkbox"/> Other (please specify) |

**20. Chilton Medical Center will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:**

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**APPENDIX D: KEY INFORMANT SURVEY PARTICIPANTS**

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

Organizational Affiliation(s)	Organizational Affiliation(s)	Organizational Affiliation(s)
Atlantic Health System	AWARE ASAP-	Bloomingtondale Free Public Library
Bloomingtondale Senior Center	Boonton United Methodist Church	Borough of Bloomingtondale
Borough of Butler	Borough of Kinnelon	Borough of Lincoln Park
Borough of Pompton Lakes	Borough of Ringwood	Borough of Riverdale
Borough of Wanaque	Boys & Girls Clubs of Northwest NJ	Butler Municipal Alliance
Butler Public Library	Butler Public Schools	Calvary Gospel Church
Caring People Home Health Agency	Center for Family Resources	Center for Food Action
Center for Lifelong Learning	Chelsea at Bald Eagle	CMC- Community Advisory Board
CMC- Community Health Committee	CMC- Hospital Leadership	College of Saint Elizabeth
Community Partners for Hope	CUMAC	Echo Lake Baptist Church
Fairleigh Dickenson University	First Reformed Church of Pompton Plains	Friends of the Wayne Library
Garden State Equality	Girl Scouts of Northern NJ	Girls on the Run NJ North
Grace United Presbyterian Church	Highlands Family Success Center	Holy Faith Lutheran Church
Homecare Options	Kinnelon Municipal Alliance	Lincoln Park Food Pantry
Lincoln Park Municipal Alliance	Lincoln Park Public Library	Lincoln Park Public Schools
Lincoln Park Township & Ringwood	Loaves and Fishes - Butler United Methodist Church Food Pantry	Mental Health Association In Passaic County
Montville Kiwanis Food Pantry at the United Methodist Church	Montville Township	Montville United Methodist Church
Morris County Department of Veterans Services	Morris County Division of Senior Services	Morris County Prevention is Key - Community Coalition for a Safe and Healthy Morris
New Bridge Crossroads Day Counseling	Oakland Borough	Oakland Rehabilitation & Healthcare Center
Our Saviour Lutheran Church	Passaic County Dept of Health Services	Passaic County Division of Senior Services
Passaic County Office of Veterans Services	Passaic/Essex Wellness Coalition	Pequannock Public Library
Pequannock Township	Pequannock Township Food Pantry at First Reformed Church	Pequannock Twp Coalition - Municipal Alliance
Pequannock Twp School District	Pompton Lakes Coalition	Pompton Lakes Library
Pompton Lakes School District	Ponds Reformed Church	Ringwood Health Department
Ringwood Public Library	Ringwood School District	Riverdale Food Pantry
Riverdale Public Library	Riverdale Public Schools	Rockaway Township
Rutgers Cooperative Extension	Shomrei Torah Wayne	ShopRite of Lincoln Park
ShopRite of Little Falls	ShopRite of Oakland	ShopRite of Wayne Hills Mall
ShopRite of West Milford	St. Anthony of Padua - Parish Food Pantry	St. Anthony's of Padua - Church of Butler
St. Catherine's Church of Bologna	St. David's Episcopal Church	St. Mary's Church Food Pantry
St. Mary's Pompton Lakes	St. Simon The Apostle Church	St. Timothy's Lutheran Church
Strengthen Our Sisters	The Chapel Food Pantry	United for Prevention is Passaic County
Wanaque Public Library	Wanaque School District	Wayne Alliance
Wayne Counseling Center	Wayne Interfaith Network	Wayne PAL
Wayne Presbyterian Church	Wayne Public Library	Wayne Township
Wayne Township Public Schools	West Milford & Wanaque Health Depts	West Milford Municipal Alliance
West Milford Public Library	West Milford Township	West Milford Twp School District
William Paterson University - Dept of Public Health	YMCA - Wayne	

**APPENDIX E: PASSAIC COUNTY AND MORRIS COUNTY LICENSED HEALTH FACILITIES<sup>32</sup>**

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

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

<sup>32</sup> <https://nj.gov/health/healthfacilities/about-us/facility-types/>

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	BARNERT IMAGING LLC	680 BROADWAY, SUITE 005-B	PATERSON	NJ	07514
	BIOSCRIP INFUSION SERVICES LLC	102 THE AMERICAN ROAD	MORRIS PLAINS	NJ	07950
	BLUE STAR URGENT CARE & WALK-IN MEDICAL CENTER	540 STRAIGHT STREET, SUITE 2B	PATERSON	NJ	07503
	BROOKSIDE URGENT CARE & WALK-IN MEDICAL CENTER	705 HAMBURG TURNPIKE	WAYNE	NJ	07470
	CAN COMMUNITY HEALTH, INC	295-315 E MAIN STREET, 2ND FLOOR	DENVILLE	NJ	07834
	CLIFTON MRI, LLC	750 CLIFTON AVENUE	CLIFTON	NJ	07013
	DENVILLE DIAGNOSTICS IMAGING AND OPEN MRI LLC	161 EAST MAIN STREET	DENVILLE	NJ	07834
	DENVILLE DIAGNOSTICS IMAGING AND OPEN MRI, LLC	601 HAMBURG TURNPIKE, SUITE 201	WAYNE	NJ	07470
	DENVILLE MEDICAL AND SPORTS REHABILITATION CENTER	161 EAST MAIN STREET	DENVILLE	NJ	07834
	EVA'S VILLAGE, INC	20 JACKSON STREET	PATERSON	NJ	07501
	FAMILY HEALTH CENTER, THE	200 SOUTH STREET, 3RD FLOOR TOWN HALL	MORRISTOWN	NJ	07962
	GARDEN STATE OPEN MRI	831 MAIN AVENUE	PASSAIC	NJ	07055
	IMAGECARE AT JEFFERSON	757 ROUTE 15 SOUTH	LAKE HOPATCONG	NJ	07849
	IMAGING SUB-SPECIALIST OF NORTH JERSEY LLC	504 VALLEY ROAD	WAYNE	NJ	07470
	LIFECARE DIAGNOSTIC IMAGING, INC	1117 ROUTE 46 EAST	CLIFTON	NJ	07013
	MAXIMUM MEDICAL AND REHABILITATION, LLC	90 ROUTE 10 WEST	SUCCASUNNA	NJ	07876
	MCBRIDE IMAGING CENTER LLC	1167 MCBRIDE AVENUE, SUITE 3	WOODLAND PARK	NJ	07424
	MEDICAL IMAGING CENTER OF NORTH JERSEY, INC	1111 PAULISON AVENUE	CLIFTON	NJ	07015
	MEDICAL PARK IMAGING AT DENVILLE	282 ROUTE 46 WEST	DENVILLE	NJ	07834
	MEMORIAL RADIOLOGY ASSOCIATES LLC	10 LANIDEX PLAZA WEST	PARSIPPANY	NJ	07054
	MRI OF WEST MORRIS	66 SUNSET STRIP SUITE 105	SUCCASUNNA	NJ	07876
	NEW JERSEY MRI SYSTEMS	583 BROADWAY	PATERSON	NJ	07514
	NJIN OF CEDAR KNOLLS	197 RIDGEDALE AVENUE	CEDAR KNOLLS	NJ	07927
	NJIN OF CLIFTON	1339 BROAD STREET	CLIFTON	NJ	07013
	NJIN OF RANDOLPH	121 CENTER GROVE ROAD, SUITE 7	RANDOLPH	NJ	07869
	NORTH HUDSON COMMUNITY ACTION CORP	220 PASSAIC STREET	PASSAIC	NJ	07055
	OPEN 3T MRI OF NORTH JERSEY	657 WILLOW GROVE STREET, SUITE 205	HACKETTSTOWN	NJ	07840
	OUR BIRTHING CENTER	25 LINDSLEY DRIVE, SUITE 120	MORRISTOWN	NJ	07960

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PASSAIC MEDICAL AND WELLNESS	916-922 MAIN AVENUE, SUITE 2-B	PASSAIC	NJ	07055
	PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN	196 SPEEDWELL AVENUE	MORRISTOWN	NJ	07960
	PRINCETON RADIOLOGY ASSOCIATES, P A	330 RATZER ROAD	WAYNE	NJ	07470
	PRINCETON RADIOLOGY ASSOCIATES, P A	333 ROUTE 46 WEST	MOUNTAIN LAKES	NJ	07046
	PROGRESSIVE DIAGNOSTIC IMAGING LLC	44 ROUTE 23 NORTH	RIVERDALE	NJ	07457
	RADIOLOGY ASSOCIATES OF HACKETTSTOWN LLC	57 ROUTE 46, SUITE 212	HACKETTSTOWN	NJ	07840
	RADIOLOGY CENTER AT HARDING, INC	1201 MT KEMBLE AVENUE	MORRISTOWN	NJ	07960
	RANDOLPH PAIN RELIEF CENTER, PC	540 ROUTE 10	RANDOLPH	NJ	07869
	SALL/MYERS MEDICAL ASSOCIATES, PA	100 HAMILTON PLAZA, 3RD FLOOR	PATERSON	NJ	07505
	SANTO LOCONTE CHILD ADVOCACY CENTER	156 BARCLAY STREET	PATERSON	NJ	07503
	SUMMIT MEDICAL GROUP	140 PARK AVENUE	FLORHAM PARK	NJ	07932
	SUMMIT MEDICAL GROUP, PA	150 PARK AVENUE	FLORHAM PARK	NJ	07932
	TOTOWA MEDICAL IMAGING, LLC	472 UNION BOULEVARD	TOTOWA	NJ	07512
	WAYNE RADIOLOGY CENTER	516 HAMBURG TURNPIKE	WAYNE	NJ	07470
<b>AMBULATORY CARE FACILITY - SATELLITE</b>	PATERSON COMMUNITY HEALTH DENTAL VAN	32 CLINTON STREET	PATERSON	NJ	07522
	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	680 BROADWAY	PATERSON	NJ	07514
	ZUFALL HEALTH CENTER	17 SOUTH WARREN STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER-DENTAL VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
<b>AMBULATORY SURGICAL CENTER</b>	ACCELERATED SURGICAL CENTER OF NORTH JERSEY LLC	680 BROADWAY, SUITE 203	PATERSON	NJ	07514
	ADVANCED SURGERY CENTER OF CLIFTON, LLC	1200 ROUTE 46 WEST	CLIFTON	NJ	07013
	AFFILIATED AMBULATORY SURGERY, PC	182 SOUTH STREET, SUITE #1	MORRISTOWN	NJ	07960
	AFFILIATED ENDOSCOPY SERVICES OF CLIFTON	925 CLIFTON AVENUE, SUITE 100	CLIFTON	NJ	07013
	AMBULATORY SURGICAL CENTER OF POMPTON LAKES, LLC	111 WANAQUE AVENUE	POMPTON LAKES	NJ	07442
	AZURA SURGERY CENTER WOODLAND PARK	1225 MCBRIDE AVENUE, SUITE 117	WOODLAND PARK	NJ	07424
	BARNERT SURGICAL CENTER	680 BROADWAY, SUITE 202	PATERSON	NJ	07514
	CENTER FOR SPECIAL SURGERY AT HAWTHORNE	104 LINCOLN AVENUE	HAWTHORNE	NJ	07506
	CLIFTON SURGERY CENTER	1117 ROUTE 46 EAST, SUITE 303	CLIFTON	NJ	07013
	DENVILLE SURGERY CENTER, LLC	3130 ROUTE 10 WEST, SUITE 200	DENVILLE	NJ	07834

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
ASSISTED LIVING RESIDENCE	ARBOR TERRACE MORRIS PLAINS	361 SPEEDWELL AVENUE	MORRIS PLAINS	NJ	07950
	ARDEN COURTS (WAYNE)	800 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ARDEN COURTS (WHIPPANY)	18 EDEN LANE	WHIPPANY	NJ	07981
	BRIGHTON GARDENS OF FLORHAM PARK	21 RIDGEDALE AVENUE	FLORHAM PARK	NJ	07932
	BRIGHTVIEW WAYNE	1139 HAMBURG TURNPIKE	WAYNE	NJ	07470
	BRISTAL AT WAYNE, THE	1440 HAMBURG TURNPIKE	WAYNE	NJ	07470
	BROOKDALE FLORHAM PARK	8 JAMES STREET	FLORHAM PARK	NJ	07932
	BROOKDALE WAYNE	820 HAMBURG TURNPIKE	WAYNE	NJ	07470
	CARE ONE AT PARSIPPANY ASSISTED LIVING	200 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CARE ONE AT WAYNE - ALR	493 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	CHELSEA AT BALD EAGLE	197 CAHILL CROSS ROAD	WEST MILFORD	NJ	07480
	CHELSEA AT CLIFTON, THE	682 VALLEY ROAD	CLIFTON	NJ	07013
	CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET	PASSAIC	NJ	07055
	HARMONY VILLAGE AT CAREONE HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	JUNIPER VILLAGE AT CHATHAM	500 SOUTHERN BOULEVARD	CHATHAM	NJ	07928
	MERRY HEART ASSISTED LIVING, LLC	118 MAIN STREET	SUCCASUNNA	NJ	07876
	MT ARLINGTON SENIOR LIVING	2 HILLSIDE DRIVE	MOUNT ARLINGTON	NJ	07856
	OAKS AT DENVILLE, THE	19 POCONO ROAD	DENVILLE	NJ	07834
	SPRING HILLS AT MORRISTOWN	17 SPRING PLACE	MORRISTOWN	NJ	07960
	SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD	MORRIS PLAINS	NJ	07950
	SUNRISE ASSISTED LIVING OF RANDOLPH	648 ROUTE 10	RANDOLPH	NJ	07869
	SUNRISE ASSISTED LIVING OF WAYNE	184 BERDAN AVENUE	WAYNE	NJ	07470
	SUNRISE OF MADISON	215 MADISON AVENUE	MADISON	NJ	07940
	SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE	MOUNTAIN LAKES	NJ	07046
	SYCAMORE REHAB AND ASSISTED LIVING AT EAST HANOVER	1 SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	VAN DYK'S SENIOR RESIDENCE OF HAWTHORNE	644 GOFFLE ROAD	HAWTHORNE	NJ	07506
	VICTORIA MEWS ASSISTED LIVING	51 NORTH MAIN STREET	BOONTON TOWNSHIP	NJ	07005
	VILLA AT FLORHAM PARK, INC THE	190 PARK AVENUE	FLORHAM PARK	NJ	07932

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	WESTON ASSISTED LIVING RESIDEN	905 ROUTE 10 EAST	WHIPPANY	NJ	07981
<b>COMPREHENSIVE OUTPATIENT REHAB</b>	NORTH JERSEY DIAGNOSTICS CENTER LLC	500 VALLEY ROAD, SUITE 101	WAYNE	NJ	07470
<b>COMPREHENSIVE PERSONAL CARE HOME</b>	CHELSEA AT MONTVILLE, THE	165 CHANGEBRIDGE ROAD	MONTVILLE	NJ	07045
	SAINT CLARE'S HOSPITAL - DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	VILLA AT FLORHAM PARK, INC (THE)	190 PARK AVENUE	FLORHAM PARK	NJ	07932
<b>COMPREHENSIVE REHABILITATION HOSPITAL</b>	ATLANTIC REHABILITATION INSTITUTE	200 MADISON AVENUE	MADISON	NJ	07940
	KESSLER INSTITUTE FOR REHABILITATION WELKIND FACIL	201 PLEASANT HILL ROAD	CHESTER	NJ	07930
<b>END STAGE RENAL DIALYSIS</b>	CLIFTON DIALYSIS CENTER, LLC	251 CLIFTON AVENUE, UNIT A	CLIFTON	NJ	07011
	DIALYSIS ASSOCIATES OF NORTHERN NEW JERSEY	2200 ROUTE 10 WEST, SUITE 107	PARSIPPANY	NJ	07054
	EAST PATERSON DIALYSIS	680 BROADWAY, SUITE 103	PATERSON	NJ	07514
	FRESENIUS KIDNEY CARE PASSAIC	10 CLIFTON BLVD, SUITE 1	CLIFTON	NJ	07011
	FRESENIUS MEDICAL CARE DOVER	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	FRESENIUS MEDICAL CARE EAST MORRIS	55 MADISON AVENUE, SUITE 170	MORRISTOWN	NJ	07960
	FRESENIUS MEDICAL CARE KENVIL	677 C ROUTE 46	KENVIL	NJ	07847
	GREAT FALLS DIALYSIS, LLC	498 E 30TH STREET	PATERSON	NJ	07504
	NORTH HALEDON DIALYSIS	953 BELMONT AVENUE	NORTH HALEDON	NJ	07508
	PARSIPPANY DIALYSIS	900 LANIDEX PLAZA, SUITE 120	PARSIPPANY	NJ	07054
	RENAL CENTER OF MORRISTOWN	100 MADISON AVE - 4TH FLR	MORRISTOWN	NJ	07960
	RENAL CENTER OF SUCCASUNNA	175 RIGHTER ROAD	SUCCASUNNA	NJ	07876
	ST JOSEPH'S PATERSON DIALYSIS	11 GETTY AVENUE, BUILDING 275	PATERSON	NJ	07503
	ST JOSEPH'S SJRMC DIALYSIS	703 MAIN ST	PATERSON	NJ	07503
	ST JOSEPH'S WAYNE DIALYSIS	57 WILLOWBROOK BOULEVARD FL 2	WAYNE	NJ	07470
	WOODLAND PARK DIALYSIS CENTER, LLC	1225 MCBRIDE AVENUE	WOODLAND PARK	NJ	07424
<b>FEDERALLY QUALIFIED HEALTH CENTERS</b>	HIGHLANDS HEALTH VAN	17 SOUTH WARREN STREET	DOVER	NJ	07801
	PATERSON COMMUNITY HEALTH CENTER	227 BROADWAY	PATERSON	NJ	07501
	PATERSON COMMUNITY HEALTH CENTER INC	32 CLINTON STREET	PATERSON	NJ	07522
	ZUFALL HEALTH CENTER	18 WEST BLACKWELL STREET	DOVER	NJ	07801
	ZUFALL HEALTH CENTER INC	4 ATNO AVENUE	MORRISTOWN	NJ	07960

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
<b>GENERAL ACUTE CARE HOSPITAL</b>	CHILTON MEDICAL CENTER	97 WEST PARKWAY	POMPTON PLAINS	NJ	07444
	MORRISTOWN MEDICAL CENTER	100 MADISON AVE	MORRISTOWN	NJ	07960
	SAINT CLARE'S HOSPITAL	25 POCONO ROAD	DENVILLE	NJ	07834
	SAINT CLARE'S HOSPITAL	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	ST JOSEPH'S UNIVERSITY MEDICAL CENTER	703 MAIN ST	PATERSON	NJ	07503
	ST JOSEPH'S WAYNE MEDICAL CENTER	224 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ST MARY'S GENERAL HOSPITAL	350 BOULEVARD	PASSAIC	NJ	07055
<b>HOME HEALTH AGENCY</b>	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	CEDAR CREST VILLAGE, INC HOME HEALTH DEPARTMENT	1 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	PATIENT CARE	4 BRIGHTON ROAD, SUITE 403	CLIFTON	NJ	07012
	VISITING HEALTH SERVICES OF NJ	3 GARRET MOUNTAIN PLAZA, SUITE 400	WOODLAND PARK	NJ	07424
	VISITING NURSE ASSOC OF NORTHERN NEW JERSEY, INC	175 SOUTH STREET	MORRISTOWN	NJ	07960
<b>HOSPICE CARE BRANCH</b>	COMPASSUS-GREATER NEW JERSEY	3219 ROUTE 46, SUITE 206	PARSIPPANY	NJ	07054
	ENNOBLE CARE	1 EDGEVIEW DRIVE, UNIT B3	HACKETTSTOWN	NJ	07840
<b>HOSPICE CARE PROGRAM</b>	ATLANTIC VISITING NURSE	465 SOUTH STREET, SUITE 100	MORRISTOWN	NJ	07960
	COMPASSIONATE CARE HOSPICE OF NORTHERN NJ LLC	500 INTERNATIONAL DRIVE, SUITE 333	BUDD LAKE	NJ	07828
	HOSPICE AGENCY OF NJ, INC	175 MARKET STREET, SUITE 202	PATERSON	NJ	07505
	SUNCREST HOSPICE	35 WATERVIEW BLVD SUITE 100	PARSIPPANY	NJ	07054
	VHS HOSPICE SERVICES OF NEW JERSEY	3 GARRET MOUNTAIN PLAZA	WOODLAND PARK	NJ	07424
	VISITING NURSE ASSOCIATION OF NORTHERN NEW JERSEY	175 SOUTH STREET	MORRISTOWN	NJ	07960
<b>HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY</b>	234 BUILDING	234 HAMBURG TURNPIKE	WAYNE	NJ	07470
	ATLANTIC MATERNAL FETAL MEDICINE	435 SOUTH STREET, SUITE 380	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT 435 SOUTH STREET	435 SOUTH STREET	MORRISTOWN	NJ	07962
	CARDIAC IMAGING AT FLORHAM PARK	10 JAMES STREET	FLORHAM PARK	NJ	07932
	CENTER FOR HEALTHIER LIVING	108 BILBY ROAD # 101	HACKETTSTOWN	NJ	07840
	CHILTON HEALTH NETWORK AT 242 WEST PARKWAY	242 WEST PARKWAY	POMPTON PLAINS	NJ	07444
	CHILTON HEALTH NETWORK AT PIKE DRIVE	1 PIKE DRIVE	WAYNE	NJ	07470
	CLIFTON FAMILY PRACTICE	1135 BROAD STREET	CLIFTON	NJ	07013

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

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	ATRIUM POST ACUTE CARE OF WAYNEVIEW	2020 ROUTE 23 NORTH	WAYNE	NJ	07470
	BARNERT SUBACUTE REHABILITATION CENTER, LLC	680 BROADWAY SUITE 301	PATERSON	NJ	07514
	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	CARE ONE AT HANOVER TOWNSHIP	101 WHIPPANY ROAD	WHIPPANY	NJ	07981
	CARE ONE AT MADISON AVENUE	151 MADISON AVENUE	MORRISTOWN	NJ	07960
	CARE ONE AT PARSIPPANY	100 MAZDABROOK ROAD	PARSIPPANY TROY HILL	NJ	07054
	CARE ONE AT WAYNE - SNF	493 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE	POMPTON PLAINS	NJ	07444
	CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD	CHATHAM	NJ	07928
	CHESHIRE HOME	9 RIDGEDALE AVE	FLORHAM PARK	NJ	07932
	COMPLETE CARE AT FAIR LAWN EDGE	77 EAST 43RD STREET	PATERSON	NJ	07514
	COMPLETE CARE AT HAMILTON, LLC	56 HAMILTON AVENUE	PASSAIC	NJ	07055
	COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD	WEST MILFORD	NJ	07480
	DOCTORS SUBACUTE HEALTHCARE, LLC	59 BIRCH STREET	PATERSON	NJ	07522
	DWELLING PLACE AT ST CLARES	400 WEST BLACKWELL ST	DOVER	NJ	07801
	GARDEN TERRACE NURSING HOME	361 MAIN STREET	CHATHAM	NJ	07928
	HEALTH CENTER AT BLOOMINGDALE	255 UNION AVE	BLOOMINGDALE	NJ	07403
	HEATH VILLAGE	451 SCHOOLEY'S MOUNTAIN RD	HACKETTSTOWN	NJ	07840
	HOLLAND CHRISTIAN HOME	151 GRAHAM AVENUE	NORTH HALEDON	NJ	07508
	HOLLY MANOR CENTER	84 COLD HILL ROAD	MENDHAM	NJ	07945
	LAKEVIEW REHABILITATION AND CARE CENTER	130 TERHUNE DRIVE	WAYNE	NJ	07470
	LINCOLN PARK CARE CENTER	499 PINE BROOK ROAD	LINCOLN PARK	NJ	07035
	LINCOLN PARK RENAISSANCE REHAB & NURSING	521 PINE BROOK ROAD	LINCOLN PARK	NJ	07035
	LLANFAIR HOUSE CARE & REHABILITATION CENTER	1140 BLACK OAK RIDGE ROAD	WAYNE	NJ	07470
	MERRY HEART NURSING HOME	200 RT 10 WEST	SUCCASUNNA	NJ	07876
	MORRIS VIEW HEALTHCARE CENTER	540 WEST HANOVER AVENUE	MORRISTOWN	NJ	07960
	MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON AVENUE	MORRISTOWN	NJ	07960
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVE	BOONTON	NJ	07005
	OAKS AT DENVILLE, THE	21 POCONO ROAD	DENVILLE	NJ	07834

FACILITY TYPE	NAME	ADDRESS	CITY	STATE	ZIP
	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	1433 RINGWOOD AVE	HASKELL	NJ	07420
	PINE ACRES CONVALESCENT CENTER	51 MADISON AVE	MADISON	NJ	07940
	PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD	WAYNE	NJ	07470
	REGENCY GARDENS NURSING CENTER	296 HAMBURG TURNPIKE	WAYNE	NJ	07470
	REGENCY GRANDE NURS & REHAB CE	65 NORTH SUSSEX STREET	DOVER	NJ	07801
	ST JOSEPH'S HOME FOR ELDERLY	140 SHEPHERD LANE	TOTOWA	NJ	07512
	SYCAMORE LIVING AT EAST HANOVER	ONE SOUTH RIDGEDALE AVENUE	EAST HANOVER	NJ	07936
	TROY HILLS CENTER	200 REYNOLDS AVE	PARSIPPANY	NJ	07054
<b>RESIDENTIAL DEMENTIA CARE HOME</b>	BEVERWYCK HOUSE OF MERRY HEART, LLC	420 S BEVERWYCK ROAD	PARSIPPANY	NJ	07054
	COUNTRY HOME OPERATIONS LLC	1095 TABOR ROAD	MORRIS PLAINS	NJ	07950
	FOX TRAIL MEMORY CARE LIVING CHESTER	115 ROUTE 206	CHESTER	NJ	07930
	FOX TRAIL MEMORY CARE LIVING MONTVILLE	55 RIVER ROAD	MONTVILLE	NJ	07045
<b>RESIDENTIAL HEALTH CARE</b>	BOONTON CARE CENTER	199 POWERVILLE ROAD	BOONTON	NJ	07005
	HEATH VILLAGE	430 SCHOOLEY'S MOUNTAIN ROAD	HACKETTSTOWN	NJ	07840
	HOLLAND CHRISTIAN HOME	151 GRAHAM AVENUE	NORTH HALEDON	NJ	07508
	NEW JERSEY FIREMEN'S HOME	565 LATHROP AVENUE	BOONTON	NJ	07005
	ST JOSEPH'S HOME FOR ELDERLY	140 SHEPHERD LANE	TOTOWA	NJ	07512
<b>SPECIAL HOSPITAL</b>	KINDRED HOSPITAL NEW JERSEY - MORRIS COUNTY	400 WEST BLACKWELL STREET	DOVER	NJ	07801
	KINDRED HOSPITAL-EAST NEW JERSEY	350 BOULEVARD,5TH FLOOR WEST	PASSAIC	NJ	07055
	SAINTE CLARE'S HOSPITAL - BOONTON	130 POWERVILLE ROAD	BOONTON TOWNSHIP	NJ	07005
<b>SURGICAL PRACTICE</b>	CHESTER SURGERY CENTER PC	385 ROUTE 24, SUITE 3 K	CHESTER	NJ	07930
	ELTRA LLC	254 COLUMBIA TPKE, SUITE 100	FLORHAM PARK	NJ	07932

PREPARED FOR  
CHILTON MEDICAL CENTER  
BY  
ATLANTIC HEALTH SYSTEM  
PLANNING & SYSTEM DEVELOPMENT



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Chilton Medical Center