

Morristown Medical Center Community Health Needs Assessment

2019-2021



Atlantic Health System
Morristown Medical Center

ACKNOWLEDGEMENTS & CHNA COMPLIANCE

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

The 2019-2021 Morristown Medical Center Community Health Needs Assessment (CHNA) was approved by the medical center’s Community Health Committee on December 2, 2019. Questions regarding the Community Health Needs Assessment should be directed to:

Atlantic Health System
Morristown 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, Morristown Medical Center.

COMPLIANCE CHECKLIST: IRS FORM 990, SCHEDULE H	REPORT PAGE(S)
Part V Section B Line 1a A definition of the community served by the hospital facility	5
Part V Section B Line 1b Demographics of the community	8 and Appendix A
Part V Section B Line 1c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	91
Part V Section B Line 1d How data was obtained	Addressed Throughout
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 1g The process of identifying and prioritizing community health needs and services to meet the community health need	7
Part V Section B Line 1h The process for consulting with persons representing the community’s interests	7
Part V Section B Line 1i Information gaps that limit the hospital facility’s ability to assess the community’s health needs	None Identified

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EXECUTIVE SUMMARY

Morristown Medical Center (MMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2019, MMC, 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 Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of MMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

The completion of the CHNA provided MMC with a health-centric view of the population it serves, enabling MMC to prioritize relevant health issues and inform the development of future community health 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 MMC's service area, but rather an overview that highlights statistics relevant to MMC's health priorities for the CHNA/CHIP planning and implementation period.

Key components of the MMC CHNA process include:

- Secondary Data Research
- Key Informant Survey
- Prioritization Session
- Implementation Plan
- Key Community Health Issues

Morristown Medical Center, in conjunction with community partners, examined the findings of qualitative and quantitative data review to prioritize key community health issues. The following issues were identified and adopted as the key health priorities for MMC's 2019-2021 CHNA:

- Behavioral Health (Including Substance Use Disorders)
- Diabetes & Obesity
- Geriatrics & Healthy Aging
- Cancer
- Heart Disease

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

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Morristown Medical Center employs more than 6,100 employees and 1,600 physicians. Part of Atlantic Health System, Morristown Medical Center (MMC) is a non-profit 724-licensed bed hospital in Morristown, New Jersey.

A nationally-recognized leader in cardiology, orthopedics, nursing, critical care and geriatrics, Morristown Medical Center is the only hospital in New Jersey named one of America's '50 Best Hospitals' for four consecutive years by Healthgrades. MMC is also rated the number one hospital in the state by both U.S. News & World Report and Castle Connolly, named one of the World's Best Hospitals (the 28th best hospital in the United States and number one in NJ) by Newsweek, and included on Becker's Healthcare 2019 list of "100 Great Hospitals in America." In addition, Leapfrog recognized MMC with an "A" hospital safety grade – its highest – nine consecutive times, and the Centers for Medicare and Medicaid Services awarded us again with its highest five-star rating in 2019. Morristown Medical Center is a Magnet Hospital for Excellence in Nursing Service, the highest level of recognition achievable from the American Nurses Credentialing Center for facilities that provide acute care services. It is also designated a Level I Regional Trauma Center by the American College of Surgeons and a Level II Trauma Center by the State of NJ. Morristown Medical Center is also a Level III Regional Perinatal Center.

Morristown Medical Center provides 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. Atlantic Health System's network of hospitals and providers spans 11 counties.

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 and, accomplishing together what we could never do alone.

Atlantic Health System participates in the New Jersey Healthy Communities Network (NJHCN) and commits annual funding to their Community Grants Program, which brings together local, regional, and statewide funders, leaders and partners to support communities in implementing healthy eating and active living strategies to advance environment, policy and system changes. Since 2011, the NJHCN Community Grants Program has provided \$3.2 million in grants. NJHCN Community Grants Program funding collaborative consists of Atlantic Health System, New Jersey Department of Health, New Jersey Health Initiatives, New Jersey Partnership for Healthy Kids, Partners for Health Foundation, and Salem Health & Wellness Foundation. Evaluation for the Community Grants Program is conducted by Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University.

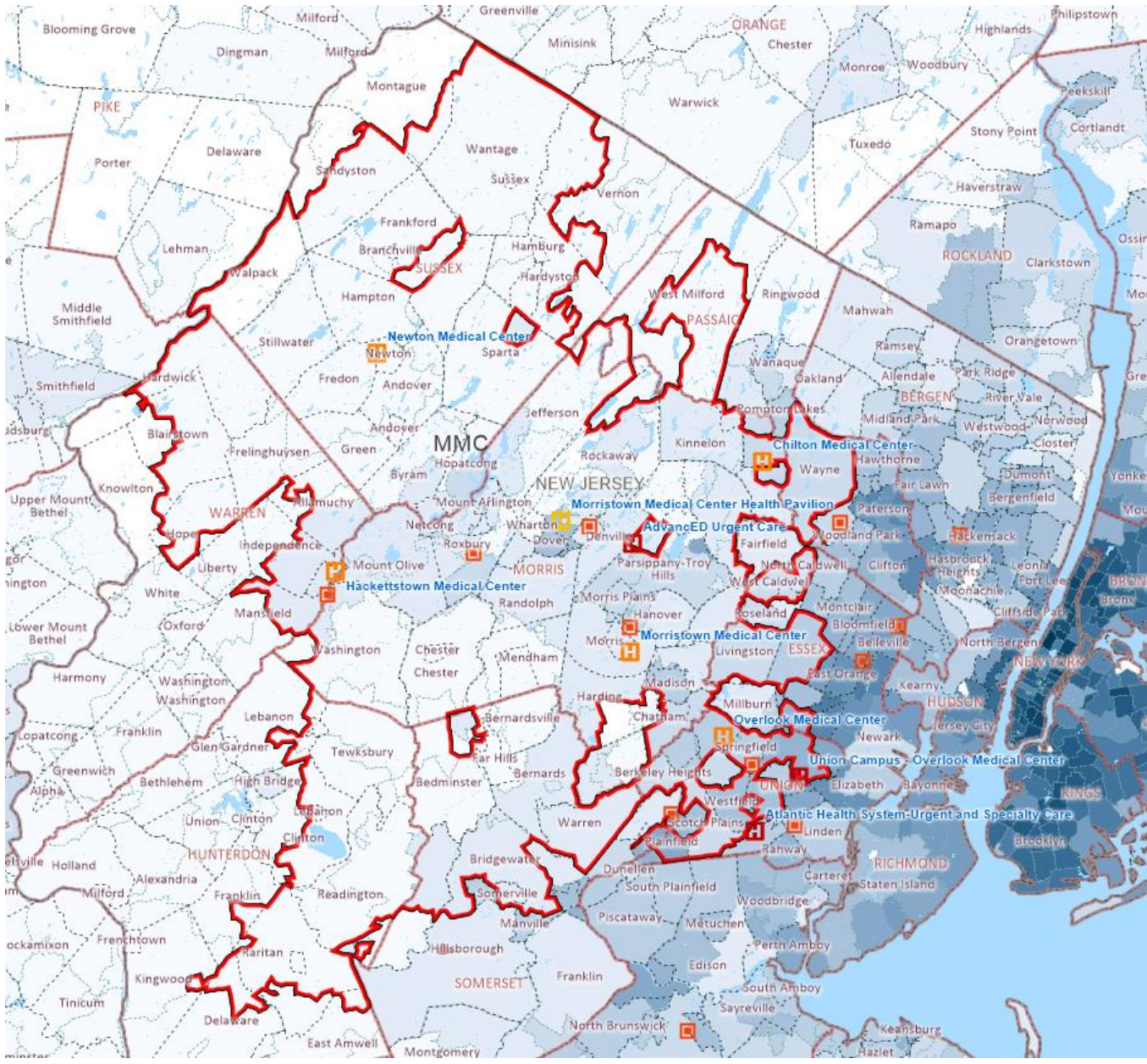
Community Overview

MMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For MMC, this represents 74 ZIP Codes, encompassing portions of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties in New Jersey.¹ There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by MMC, from densely populated urban settings to suburban rural areas of the state. Throughout the service area, MMC always works to identify the health needs of the community it serves. Following are the towns and cities served by MMC.

MMC STARK SERVICE AREA					
ZIP CODE	CITY	COUNTY	ZIP CODE	CITY	COUNTY
07006	CALDWELL	ESSEX	07039	LIVINGSTON	ESSEX
07040	MAPLEWOOD	ESSEX	07052	WEST ORANGE	ESSEX
07830	CALIFON	HUNTERDON	08822	FLEMINGTON	HUNTERDON
08833	LEBANON	HUNTERDON	08889	WHITEHOUSE	HUNTERDON
07005	BOONTON	MORRIS	07034	LAKE HIAWATHA	MORRIS
07035	LINCOLN PARK	MORRIS	07045	MONTVILLE	MORRIS
07054	PARSIPPANY	MORRIS	07058	PINE BROOK	MORRIS
07082	TOWACO	MORRIS	07405	BUTLER	MORRIS
07438	OAK RIDGE	MORRIS	07444	POMPTON PLAINS	MORRIS
07801	DOVER	MORRIS	07803	MINE HILL	MORRIS
07828	BUDD LAKE	MORRIS	07834	DENVILLE	MORRIS
07836	FLANDERS	MORRIS	07847	KENVIL	MORRIS
07849	LAKE HOPATCONG	MORRIS	07850	LANDING	MORRIS
07852	LEDGEWOOD	MORRIS	07853	LONG VALLEY	MORRIS
07856	MOUNT ARLINGTON	MORRIS	07857	NETCONG	MORRIS
07866	ROCKAWAY	MORRIS	07869	RANDOLPH	MORRIS
07876	SUCCASUNNA	MORRIS	07885	WHARTON	MORRIS
07927	CEDAR KNOLLS	MORRIS	07928	CHATHAM	MORRIS
07930	CHESTER	MORRIS	07932	FLORHAM PARK	MORRIS
07936	EAST HANOVER	MORRIS	07940	MADISON	MORRIS
07945	MENDHAM	MORRIS	07950	MORRIS PLAINS	MORRIS
07960	MORRISTOWN	MORRIS	07981	WHIPPANY	MORRIS
07470	WAYNE	PASSAIC	07480	WEST MILFORD	PASSAIC
07059	WARREN	SOMERSET	07920	BASKING RIDGE	SOMERSET
07921	BEDMINSTER	SOMERSET	07924	BERNARDSVILLE	SOMERSET
07931	FAR HILLS	SOMERSET	08807	BRIDGEWATER	SOMERSET
08876	SOMERVILLE	SOMERSET	07416	FRANKLIN	SUSSEX
07419	HAMBURG	SUSSEX	07461	SUSSEX	SUSSEX
07821	ANDOVER	SUSSEX	07826	BRANCHVILLE	SUSSEX
07843	HOPATCONG	SUSSEX	07848	LAFAYETTE	SUSSEX
07860	NEWTON	SUSSEX	07871	SPARTA	SUSSEX
07874	STANHOPE	SUSSEX	07016	CRANFORD	UNION
07060	PLAINFIELD	UNION	07076	SCOTCH PLAINS	UNION
07081	SPRINGFIELD	UNION	07083	UNION	UNION
07090	WESTFIELD	UNION	07091	SUMMIT	UNION
07922	BERKELEY HEIGHTS	UNION	07974	NEW PROVIDENCE	UNION
07825	BLAIRSTOWN	WARREN	07840	HACKETTSTOWN	WARREN

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

Geographic Area Served by Morristown Medical Center



Methodology

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

- A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for primary and secondary service areas 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.

Analytic Support

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

Community Representation

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

Research Limitations

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

Prioritization of Needs

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

SECONDARY DATA PROFILE OVERVIEW

Background

One of the initial undertakings of the CHNA was to evaluate a Secondary Data Profile compiled by the North Jersey Health Collaborative 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 ZIP Code level inpatient and emergency room utilization data for the entire MMC service area and, when available AHS specific health care utilization data.

Secondary data was integrated into a graphical report to inform key stakeholders and MMC Community Advisory Board's Community Health Subcommittee of the current health and socio-economic status of residents in MMC's service area. Following is a summary of key details and findings from the secondary data review. A comprehensive data report is available upon request from Atlantic Health System.

Demographic Overview²

Morris County's projected growth is 1.2%, MMC's service area also has a growth of 1.2%. The highest projected increases include Mount Arlington, 4.62%, Springfield, 4.61%, and Cedar Knolls, 5.04%. At 1,130.67 residents per square mile, Morris County is the 10th most densely populated county in New Jersey; the 21 counties range from a low of 183.02 population/sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hudson County). MMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is 53.9%, MMC's service area is 67.4%. Over 91% of the population, ages 5 years and older, speak English only or speak English "very well"; this is 3 percentage points higher than the New Jersey average.

For 2019, the median household income for the MMC service area was over \$118,281 which was \$40,298 more than the state average (Mendham was 241% greater than the state average). There were fifty-two towns over \$100,000, however, in 2024 there are projected to be 62 towns over \$100,000. Six towns including Basking Ridge, Warren, Springfield, New Providence, Summit and Berkeley Heights are all projected to increase over 12% next year, 2% higher than the state average.

The state average for families below poverty was 7.8%; MMC's service area was 3.6% and Morris County was 3.2%. MMC's service area and Morris County have been projected to have no change in the 'number of families below poverty,' which is much lower than the state average.

Currently, there are about 3.8% of people within MMC's service area receiving food stamps/SNAP benefits which was lower than the state average, 9.3%, and higher than Morris county, 3.4%. Within MMC's service area, there were three towns higher than the state average, Dover, Plainfield and Wharton.

The New Jersey unemployment rate is 7.9%, MMC's service area was 5.9% and the Morris County rate was 5.6%. Out of the towns in the service area, approximately 81% were below the state's unemployment rate.

² Please see Appendix A for tables with demographic information; Source: New Solutions/Claritas 2019-2024 Demographic File

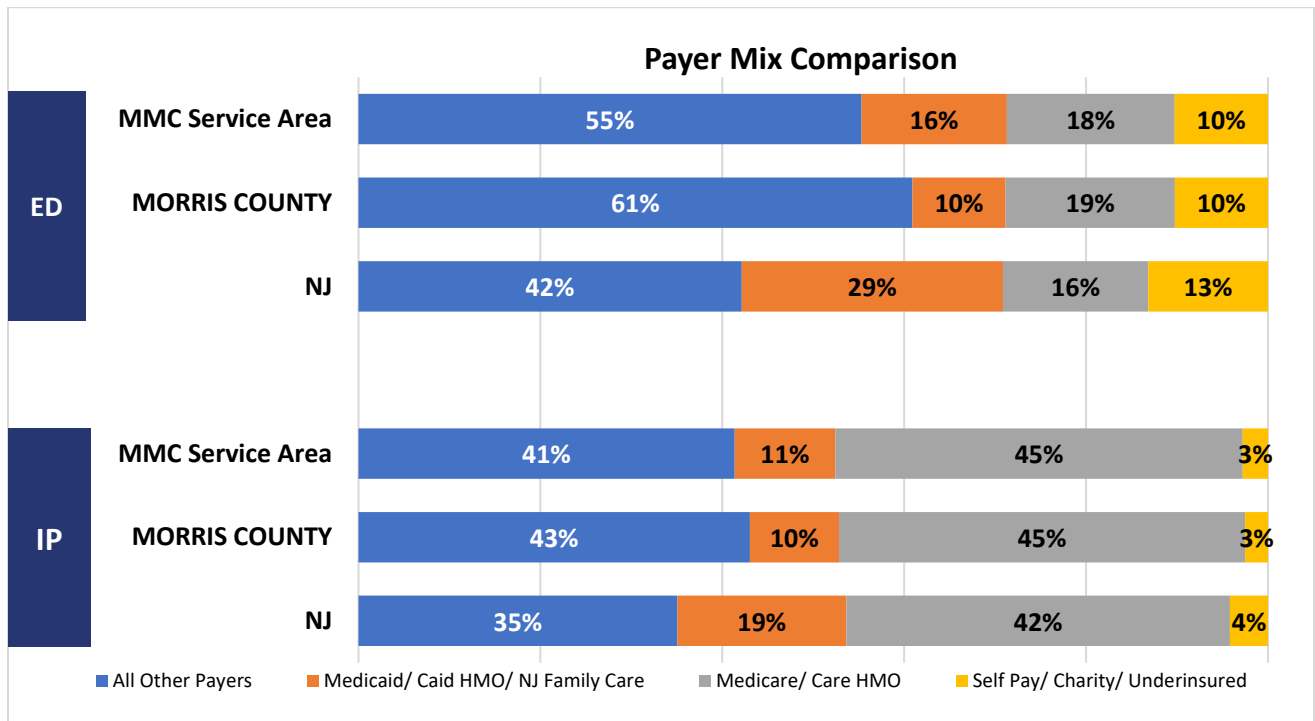
The percent of the population within MMC’s service area that had ‘some high school education or less’ was lower than the New Jersey average; meaning that the area’s population was, on average, more educated.

Health Insurance Coverage / Health Care Access and Payer Mix³

Approximately 10.7% of New Jersey’s population is uninsured. In the area served by MMC, the uninsured represent approximately 8% of the population. Four towns in MMC’s service area are higher than the state uninsured percentage, with the largest percentage living in Plainfield (27.5%).

Health insurance coverage can have a significant influence on health outcomes. Among ED visits, MMC’s Service Area is approximately 16.0% Medicaid/Caid HMO/NJ Family Care with another 10.0% of Self Pay/Charity Care. The area is approximately 55.0% Commercial and 18.0% Medicare/Care HMO. From a payer mix perspective, the ED payer distribution in the Service Area is more favorable than the state and except for a larger Medicaid proportion, comparable to Morris County.

Among inpatients, MMC’s Service Area is approximately 11.0% Medicaid/Caid HMO/NJ Family Care with another 3.0% of Self Pay/Charity Care. The area is approximately 41.0% Commercial and 45.0% Medicare/Care HMO. From a payer mix perspective, the inpatient payer distribution in the Service Area is more favorable than the state and except for a slightly larger Medicaid proportion, comparable to Morris County.



³ Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Health Status Indicators⁴

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 155 indicators) are included in this analysis.

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 concern 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 weights of each comparison in calculating the indicator scores were decided by the Data Committee of the North Jersey Health Collaborative. Specifically, this committee saw the value in comparing an indicator value against itself (the "trend") and against other local New Jersey counties, for the purposes of prioritizing interventions, which is why these two comparisons are the most heavily weighted.

The following tables represent the county-based scoring of specific health indicators. The data are organized by major indicator topic, indicator groupings, the specific indicators within that grouping and pertinent data points based on available secondary data sources. An indicator can be compared against all US or NJ counties, US or Statewide values, relative to Healthy People 2020 or local targets and the trend of an indicator value. A score greater than 2 represents an indicator where the county performs lower than preferred. Where a population segment disparity can be identified that population segment is noted.

⁴ Healthy Communities Institute/Conduent. Data Scoring Tool. New Jersey Health Matters. North Jersey Health Collaborative.

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity
			State	US	State	US	HP 2020	Local	Trend		
			Health	Access to Health Services	Adults Unable to Afford to See a Doctor	0		0	0		
		Adults who have had a Routine Checkup	3		2				1	1.72	
		Adults with Health Insurance	1		1	1	2			1.31	Ages 26-34; Hispanic or Latino, Other
		Children with Health Insurance	0		1	1	2			1.14	
		Clinical Care Ranking	0							1.25	
		Dentist Rate	0	0	0	0			0	0.17	
		Mental Health Provider Rate	0	0	0	1			1	0.56	
		Non-Physician Primary Care Provider Rate	0	1	0	3			0	0.83	
		Preventable Hospital Stays: Medicare Population	1	1	0	0			0	0.50	
		Primary Care Provider Rate	0	0	0	0			2	0.61	
Health	County Health Rankings	Clinical Care Ranking	0							1.25	
		Health Behaviors Ranking	0							1.25	
		Morbidity Ranking	0							1.25	
		Mortality Ranking	0							1.25	
		Physical Environment Ranking	2							1.58	
		Social and Economic Factors Ranking	0							1.25	
Health	Immunizations & Infectious Diseases	Adults 50+ with Influenza Vaccination	1		2				3	1.83	
		Adults with Pneumonia Vaccination	1		2				1	1.39	
		Age-Adjusted Death Rate due to Influenza and Pneumonia	0		0	0			2	0.86	
		Age-Adjusted Rate of ED Visits Due to Influenza	0							1.25	
		Chlamydia Cases							3	1.83	
		Gonorrhea Cases							3	1.83	
		Kindergartners with Required Immunizations	2		2				1	1.56	
		Syphilis Cases							1	1.39	
		Tuberculosis Incidence Rate	1		0	0	3		1	0.97	
Health	Wellness & Lifestyle	Morbidity Ranking	0							1.25	
		Limited Activity Due to a Health Problem	0		0					1.00	
		Insufficient Sleep	0	2	0	0				0.83	
		Life Expectancy	0	0	1	1				0.83	
		Frequent Physical Distress	0	0	0	0				0.50	
		Poor Physical Health: Average Number of Days	0	0	0	0				0.50	
		Self-Reported General Health Assessment: Poor or Fair	0	0	0	0				0.50	
Health	Prevention & Safety	Adults who were Injured in a Fall: 45+	1		1					1.33	
		Age-Adjusted Death Rate due to Unintentional Poisonings	0		0	0			3	1.08	Males
		Severe Housing Problems	0	3	0	1			1	1.06	
		Age-Adjusted Death Rate due to Unintentional Injuries	0		0	0	0		3	0.92	Males

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity	
			State	US	State	US	HP 2020	Local	Trend			
		Age-Adjusted Death Rate due to Motor Vehicle Collisions	0		0				1	0.89		
		Death Rate due to Drug Poisoning	0	1	0	0			2	0.78		
Health	Disabilities	Persons with Disability Living in Poverty	0	0	0	0			2	0.61		
		Persons with Disability Living in Poverty (5-year)	0	0	0	0					0.50	
		Atrial Fibrillation: Medicare Population	3	3	2	3			2	2.44		
		Hypertension: Medicare Population	0	2	1	2			3	1.67		
		Age-Adjusted Death Rate due to Heart Attack	3						1	1.64		
		Age-Adjusted Rate of Adult ED Visits for Acute Myocardial Infarction	1							1.42		
		High Blood Pressure Prevalence	1		1	1	2			1.31		
		Stroke: Medicare Population	0	2	0	2			2	1.28		
		Hyperlipidemia: Medicare Population	0	2	1	2			1	1.22		
Health	Heart Disease & Stroke	Adults who Experienced a Heart Attack	1		0						1.17	
		Age-Adjusted Death Rate due to Hypertensive Heart Disease	0		0				2	1.11		
		Age-Adjusted Hospitalization Rate due to Heart Attack	1		0				1	1.06		
		Ischemic Heart Disease: Medicare Population	0	2	0	2			1	1.06		
		Adults who Experienced a Stroke	0		0						1.00	
		Adults who Experienced Coronary Heart Disease	0		0						1.00	
		Heart Failure: Medicare Population	0	1	0	1			0	0.50		
		Age-Adjusted Death Rate due to Heart Disease	0		0	0			0	0.42		Males
		Age-Adjusted Death Rate due to Cerebrovascular Disease	0		0	0	0		0	0.25		
				Adult with Prediabetes	0		0					1.00
Health	Diabetes	Diabetes: Medicare Population	0	1	0	1			2	0.94		
		Diabetic Monitoring: Medicare Population	0	1	1	1			0	0.67		
		Adults 20+ With Diabetes	0	0	0				1	0.64		
		Age-Adjusted Death Rate due to Diabetes	0		0	0			1	0.64		
Health	Exercise, Nutrition, & Weight	Food Insecure Children Likely Ineligible for Assistance	3	3	3	3			1	2.39		
		SNAP Certified Stores	3	3					2	2.11		
		Fast Food Restaurant Density	3	3							2.00	
		People 65+ with Low Access to a Grocery Store	3	3							2.00	
		Children with Low Access to a Grocery Store	2	3							1.83	
		People with Low Access to a Grocery Store	2	3							1.83	
		Grocery Store Density	2	1							1.50	
		Farmers Market Density	0	2							1.33	

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity
			State	US	State	US	HP 2020	Local	Trend		
		Health Behaviors Ranking	0							1.25	
		Households with No Car and Low Access to a Grocery Store	1	0						1.17	
		Low-Income and Low Access to a Grocery Store	1	0						1.17	
		Access to Exercise Opportunities	2	0	1	0				1.00	
		Recreation and Fitness Facilities	0	0						1.00	
		Adults Engaging in Regular Physical Activity	1		1	0	0			0.92	
		Adults 20+ who are Sedentary	0	0			0			0.83	
		Adults 20+ who are Obese	0	0			0		1	0.72	
		Food Environment Index	0	0	1	0			1	0.56	
		Child Food Insecurity Rate	0	0	0	0			1	0.39	
		Food Insecurity Rate	0	0	0	0			0	0.17	
		Alzheimer's Disease or Dementia: Medicare Population	3	3	2	3			3	2.67	
		Osteoporosis: Medicare Population	3	3	3	3			2	2.61	
		Atrial Fibrillation: Medicare Population	3	3	2	3			2	2.44	
		Cancer: Medicare Population	3	3	2	3			2	2.44	
		People 65+ with Low Access to a Grocery Store	3	3						2.00	
		Adults 50+ with Influenza Vaccination	1		2				3	1.83	
		Hypertension: Medicare Population	0	2	1	2			3	1.67	
		Mammography Screening: Medicare Population	1	1	1	2			3	1.67	
		Age-Adjusted Death Rate due to Alzheimer's Disease	1		1	0			3	1.42	
		Adults who were Injured in a Fall: 45+	1		1					1.33	
		Chronic Kidney Disease: Medicare Population	0	1	1	1			3	1.33	
		Depression: Medicare Population	1	1	1	0			3	1.33	
Health	Older Adults & Aging	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	0	1	1	1			3	1.33	
		Stroke: Medicare Population	0	2	0	2			2	1.28	
		Hyperlipidemia: Medicare Population	0	2	1	2			1	1.22	
		Adults with Arthritis	0		0				2	1.11	
		Ischemic Heart Disease: Medicare Population	0	2	0	2			1	1.06	
		People 65+ Living Below Poverty Level	1	0	0	0			3	1.00	Black or African American, Hispanic or Latino
		Diabetes: Medicare Population	0	1	0	1			2	0.94	
		Asthma: Medicare Population	0	1	0	0			2	0.78	
		Diabetic Monitoring: Medicare Population	0	1	1	1			0	0.67	
		COPD: Medicare Population	0	0	0	0			2	0.61	
		Heart Failure: Medicare Population	0	1	0	1			0	0.50	
		People 65+ Living Alone	0	0	0	0			0	0.17	
Health	Oral Health	Oral Cavity and Pharynx Cancer Incidence Rate	1	0	1	1			2	1.11	Males

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity	
			State	US	State	US	HP 2020	Local	Trend			
		Dentist Rate	0	0	0	0			0	0.17		
Health	Environmental & Occ. Health	Physical Environment Ranking	2							1.58		
		Blood Lead Levels in Children (>5 micrograms per deciliter)	0		0				1	0.89		
		Asthma: Medicare Population	0	1	0	0			2	0.78		
		Adults with Current Asthma	0		0	0			1	0.64		
Health	Cancer	Breast Cancer Incidence Rate	3	3	2	3			3	2.67		
		Cancer: Medicare Population	3	3	2	3			2	2.44		
		Non-Hodgkin Lymphoma Incidence Rate	3	3	2	3			2	2.44		
		Melanoma Incidence Rate	2	2	3	3			1	2.06	Males	
		Age-Adjusted Death Rate due to Pancreatic Cancer	2	2	1	2				1.67		
		Mammography Screening: Medicare Population	1	1	1	2			3	1.67		
		Prostate Cancer Incidence Rate	1	3	2	3			0	1.67	Black	
		Pancreatic Cancer Incidence Rate	1	2	1	2			1	1.39		
		Colon Cancer Screening	1		1	1	2				1.31	
		All Cancer Incidence Rate	1	2	1	2			0	1.17	Males	
		Age-Adjusted Death Rate due to Breast Cancer	1	1	1	1	2		1	1.11		
		Oral Cavity and Pharynx Cancer Incidence Rate	1	0	1	1			2	1.11	Males	
		Pap Test in Past 3 Years: 21-65	0		0	0				0.75		
		Live and Bile Duct Cancer Incidence Rate	0	0	0	0			2	0.61	Males; Asian/Pacific Islander	
		Mammogram in Past 2 Years: 50-74	0		0	0	0			0.58		
		Age-adjusted Death Rate due to Prostate Cancer	1	0	1	0	0		1	0.56		
		Colorectal Cancer Incidence Rate	0	0	0	1	1		1	0.50	Males	
		Lung and Bronchus Cancer Incidence Rate	0	0	0	0			1	0.39		
		Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	0	0		1	0.22		
		Age-adjusted Death Rate due to Cancer	0	0	1	0	0		0	0.17	Males	
Age-Adjusted Death Rate due to Lung Cancer	0	0	0	0	0		0	0.00				
Cervical Cancer Incidence Rate	0	0	0	0	0		0	0.00				
Health	Respiratory Diseases	Adults 50+ with Influenza Vaccination	1		2				3	1.83		
		Age-Adjusted Rate of Adult ED Visits for COPD	1							1.42		
		Adults with Pneumonia Vaccination	1		2				1	1.39		
		Tuberculosis Incidence Rate	1		0	0	3		1	0.97		
		Age-Adjusted Death Rate due to Influenza and Pneumonia	0		0	0			2	0.86		
		Asthma: Medicare Population	0	1	0	0			2	0.78		
		Adults with Current Asthma	0		0	0			1	0.64		
		COPD: Medicare Population	0	0	0	0			2	0.61		

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity	
			State	US	State	US	HP 2020	Local	Trend			
		Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease	0		0	0			0	0.42		
		Lung and Bronchus Cancer Incidence Rate	0	0	0	0			1	0.39		
		Age-adjusted Death Rate due to Lung Cancer	0	0	0	0	0		0	0.00		
Health	Other Chronic Diseases	Osteoporosis: Medicare Population	3	3	3	3			2	2.61		
		Chronic Kidney Disease: Medicare Population	0	1	1	1			3	1.33		
		Rheumatoid Arthritis or Osteoarthritis: Medicare Population	0	1	1	1			3	1.33		
		Adults with Arthritis	0		0				2	1.11		
		Age-Adjusted Death Rate due to Pancreatic Cancer	2	2	1	2				1.67		
		Age-Adjusted Death Rate due to Heart attack	3						1	1.64		
		Age-Adjusted Death Rate due to Alzheimer's Disease	1		1	0			3	1.42		
		Mortality Ranking	0							1.25		
		Age-Adjusted Death Rate due to Suicide	1		2	0	0		2	1.19	Males	
		Age-Adjusted Death Rate due to Breast Cancer	1	1	1	1	2		1	1.11		
		Age-Adjusted Death Rate due to Hypertensive Heart Disease	0		0				2	1.11		
		Age-Adjusted Death Rate due to Unintentional Poisonings	0		0	0			3	1.08	Males	
		Age-Adjusted Death Rate due to Unintentional Injuries	0		0	0	0		3	0.92	Males	
		Age-Adjusted Death Rate due to Motor Vehicle Collisions	0		0				1	0.89		
Health	Mortality Data	Age-Adjusted Death Rate due to Influenza and Pneumonia	0		0	0			2	0.86		
		Life expectancy	0	0	1	1					0.83	
		Death Rate due to Drug Poisoning	0	1	0	0			2	0.78		
		Age-Adjusted Death Rate	0		0				0	0.67	Males; White, non-Hispanic	
		Age-Adjusted Death Rate due to Diabetes	0		0	0			1	0.64		
		Age-Adjusted Death Rate due to Prostate Cancer	1	0	1	0	0		1	0.56		
		Infant Mortality Rate	0		0	0	0		1	0.47		
		Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0		0	0			0	0.42		
		Age-Adjusted Death Rate due to Heart Disease	0		0	0			0	0.42	Males	
		Alcohol- Impaired Driving Deaths	0	0	0	0			1	0.39		
		Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0		0	0	0		0	0.25		
		Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	0	0		1	0.22		
		Age-Adjusted Death Rate due to Cancer	0	0	1	0	0		0	0.17	Males	
		Age-Adjusted Death Rate due to Lung Cancer	0	0	0	0	0		0	0.00		

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity
			State	US	State	US	HP 2020	Local	Trend		
Health	Mental Health & Mental Disorders	Alzheimer's Disease or Dementia: Medicare Population	3	3	2	3			3	2.67	
		Age-Adjusted Death Rate due to Alzheimer's Disease	1		1	0			3	1.42	
		Age-Adjusted Rate of ED Visits due to Mood Disorder	1							1.42	
		Depression: Medicare Population	1	1	1	0			3	1.33	
		Age-Adjusted Death Rate due to Suicide	1		2	0	0		2	1.19	Males
		Adults Ever Diagnosed with Depression	0		0				1	0.89	
		Frequent Mental Distress	0	0	1	0				0.67	
		Poor Mental Health: Average Number of Days	0	0	1	0				0.67	
		Mental Health Provider Rate	0	0	0	1			1	0.56	
Health	Substance Abuse	Liquor Store Density	1	3	1	3			2	1.94	
		Adults who Use Alcohol: Past 30 Days	3		3				1	1.89	
		Adult who Drink Excessively	2	2	2	2	0			1.67	
		Adults who Binge Drink	2		1	2	0			1.42	
		Age-adjusted Alcohol- Related Emergency Department Visit Rate	1							1.42	
		Adults who Currently use Smokeless Tobacco	1		1					1.33	
		Age-Adjusted Rate of Substance Use Emergency Department Visit Rate	0							1.25	
		Health Behaviors Ranking	0							1.25	
		Opioid Treatment Admission Rate	0		0				2	1.11	
		Death Rate due to Drug Poisoning	0	1	0	0			2	0.78	
		Adults who Smoke	0	0	0	0	1			0.44	
		Alcohol- Impaired Driving Deaths	0	0	0	0			1	0.39	
Health	Maternal, Fetal & Infant	Mothers who Received Early Prenatal Care	0		0	1	1		2	0.97	Ages 18-19, 20-24, 25-29; Black, non-Hispanic, Hispanic
		Mothers who Received No Prenatal Care	0		0	0			2	0.86	
		Teen Birth Rate: 15-17	0		0	0			2	0.86	
		Very Preterm Births	0		0		0		1	0.72	
		Babies with Very Low Birth Weight	0		0	0	0		1	0.47	
		Infant Mortality Rate	0		0	0	0		1	0.47	
		Preterm Births	0		0	0	0		1	0.47	Ages 45-49
		Babies with Low Birth Weight	0		0	0	0		0	0.25	Other single race, non-Hispanic
Health	Family Planning	Teen Birth Rate: 15-17	0		0	0			2	0.86	
		Food Insecure Children Likely Ineligible for Assistance	3	3	3	3			1	2.39	
		SNAP Certified Stores	3	3					2	2.11	
		Income Inequality	1	2	1	1				1.33	
		Social and Economic Factors Ranking	0							1.25	

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity
			State	US	State	US	HP 2020	Local	Trend		
Economy		Households that are Asset Limited, Income Constrained, Employed (ALICE)	1		0					1.17	
		Low-Income and Low Access to a Grocery Store	1	0						1.17	
		Severe Housing Problems	0	3	0	1			1	1.06	
		Cost of Family Child Care as a Percentage of Income	0		0					1.00	
		Cost of Licensed Child Care as a Percentage of Income	0		0					1.00	
		Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	0		0					1.00	
		Households that are Below the Federal Poverty Level	0		0					1.00	
		People 65+ Living Below the Poverty Level	1	0	0	0			3	1.00	Black or African American, Hispanic or Latino
		Homeownership	0	0	0	0			3	0.83	
		Children Living Below the Poverty Level	0	0	0	0			2	0.61	Hispanic or Latino, Other
		Persons with Disability Living in Poverty	0	0	0	0			2	0.61	
		Students Eligible for the Free Lunch Program	0	0	0	0			2	0.61	
		Young Children Living Below Poverty Level	0	0	0	0			2	0.61	Hispanic or Latino
		Renters Spending 30% or More of Household Income on Rent	0	1	0	0			1	0.56	Ages 65+
		Persons with Disability (5-Year)	0	0	0	0				0.50	
		Child Food Insecurity Rate	0	0	0	0			1	0.39	
		Families Living Below Poverty Level	0	0	0	0			1	0.39	Hispanic or Latino, Other
		Households with Cash Public Assistance Income	0	0	0	0			1	0.39	
		People Living Below Poverty Level	0	0	0	0			1	0.39	Ages 18-24, 75+; Black or African American, Hispanic or Latino, Other
		Unemployed Workers in Civilian Labor Force	0	0	0	0			1	0.39	
	Food Insecurity Rate	0	0	0	0			0	0.17		
	Median Household Income	0	0	0	0			0	0.17	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other	
	People Living 200% Above Poverty Level	0	0	0	0			0	0.17		
	Per Capita Income	0	0	0	0			0	0.17	Black or African American, Hispanic or Latino, Other, Two or More Races	
Education		Students Passing 4 th Grade State Achievement Tests	0		0				2	1.11	
		Students Passing 8 th Grade State Achievement Tests	0		0				2	1.11	
		Students Passing 11 th Grade State Achievement Tests	0		1				1	1.06	
		Cost of Family Child Care as a Percentage of Income	0		0					1.00	
		Cost of Licensed Child Care as a Percentage of Income	0		0					1.00	
		People 25+ with High School Degree or Higher	0	0	1	1			1	0.72	Ages 65+
		Student-to-Teacher Ratio	1	0	1	0			0	0.50	

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity
			State	US	State	US	HP 2020	Local	Trend		
		People 25+ with a Bachelor's Degree or Higher	0	0	0	0			0	0.17	Ages 65+; American Indian or Alaska Native, Black or African American, Other
Government & Politics		Voter Turnout: Presidential Election	0		1				2	1.28	
Public Safety		Age-Adjusted Death Rate due to Motor Vehicle Collisions	0		0				1	0.89	
		Substantiated Child Abuse Rate	0		0	0				0.75	
		Violent Crime Rate	0		0	0			0	0.42	
		Alcohol-Impaired Driving Deaths	0	0	0	0			1	0.39	
		SNAP Certified Stores	3	3					2	2.11	
		Fast Food Restaurant Density	3	3						2.00	
		People 65+ with Low Access to a Grocery Store	3	3						2.00	
		Liquor Store Density	1	3	1	3			2	1.94	
		Children with Low Access to a Grocery Store	2	3						1.83	
		People with Low Access to a Grocery Store	2	3						1.83	
		PBT Released							2	1.61	
		Physical Environment Ranking	2							1.58	
		Grocery Store Density	2	1						1.50	
		Months of Mild Drought or Worse							1	1.39	
		Number of Extreme Heat Events							1	1.39	
		Number of Extreme Precipitation Days							1	1.39	
Environment		Recognized Carcinogens Released into Air							1	1.39	
		Daily Dose of UV Irradiance	1		1					1.33	
		Farmers Market Density	0	2						1.33	
		Annual Ozone Air Quality	0	2					1	1.22	
		Households with No Car and Low Access to a Grocery Store	1	0						1.17	
		Low-Income and Low Access to a Grocery Store	1	0						1.17	
		Severe Hosing Problems	0	3	0	1			1	1.06	
		Access to Exercise Opportunities	2	0	1	0				1.00	
		Annual Particle Pollution	0	0						1.00	
		Recreation and Fitness Facilities	0	0						1.00	
		Blood Lead Levels in Children (>=5 micrograms per deciliter)	0		0				1	0.89	
		Food Environment Index	0	0	1	0			1	0.56	
		Mean Travel Time to Work	1	3	1	3			3	2.17	Males

INDICATOR CATEGORY	INDICATOR TOPIC	INDICATOR	County Distribution		Value		Target			Score >=2	Identified Disparity	
			State	US	State	US	HP 2020	Local	Trend			
Social Environment		Voter Turnout: Presidential Election	0		1					2	1.28	
		Social and Economic Factors Ranking	0								1.25	
		Linguistic Isolation	1	3	0	1				1	1.22	
		Cost of Family Child Care as a Percentage of Income	0		0						1.00	
		Cost of Licensed Child Care as A percentage of Income	0		0						1.00	
		Homeownership	0	0	0	0				3	0.83	
		Households with One or More types of Computing Devices	0	0	1	1					0.83	
		Substantiated Child Abuse Rate	0		0	0					0.75	
		People 25+ with a High School Degree of Higher	0	0	1	1				1	0.72	Ages 65+
		Social Associations	0	2	0	0				1	0.72	
		Households with an Internet Subscription	0	0	1	0					0.67	
		Children Living Below the Poverty Level	0	0	0	0				2	0.61	Hispanic or Latino, Other
		Single-Parent Households	0	0	0	0				2	0.61	
		Young Children Living Below Poverty Level	0	0	0	0				2	0.61	Hispanic or Latino
		People Living Below Poverty Level	0	0	0	0				1	0.39	Ages 18-24, 75+; Black or African American, Hispanic or Latino, Other
		Median Household Income	0	0	0	0				0	0.17	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other
		People 25+ with a bachelor's degree or Higher	0	0	0	0				0	0.17	Ages 65+; American Indian or Alaska Native, Black or African American, Other
	People 65+ Living Alone	0	0	0	0				0	0.17		
	Per Capita Income	0	0	0	0				0	0.17	Black or African American, Hispanic or Latino, Other, Two or More Races	
Transportation	Commute to Work		2	3	2	3				2	2.28	
			1	3	1	3				3	2.17	Males
			2	1	3	2				2	1.94	Ages 55-59, 65+; Native Hawaiian or other Pacific Islander, White, non-Hispanic
			1	0							1.17	
			1	0	3	1	2			0	1.06	Females; Ages 16-19, 55-59, 60-64, 65+

Mortality Rates⁵

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, chronic lower respiratory disease, cerebrovascular disease (stroke), and unintentional injuries. In Morris County, the top 5 leading causes of death are heart disease, cancer, unintentional injuries, stroke, and chronic lower respiratory disease (CLRD)

Over the last decade, heart disease and cancer have been the number 1 and 2 causes of death in the county. For heart disease, there is a steady decrease over the last 5 years and a 29.2 point decrease over the past decade. For cancer, there have been consistent decreases of a total 2.2 points over the last 5 years and 26.3 points over the last decade. Stroke and chronic lower respiratory disease (CLRD) have also seen decreases over a five-year span. The mortality rate for unintentional injuries has been steadily increasing over the last decade, rising to the 3rd highest mortality rate in the county.

Morris County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	5 Year Change	10 Year Change
Diseases of heart	165.2	160.6	160.6	154.8	160.1	152.2	151.5	142.6	138.5	136.0	(24.1)	(29.2)
Cancer (malignant neoplasms)	160.8	158.7	156.6	156.5	136.7	148.7	139.2	136.4	135.0	134.5	(2.2)	(26.3)
Unintentional injuries	22.4	18.8	24.3	21.4	26.4	23.4	24.8	26.8	31.1	34.4	8.0	12.0
Stroke (cerebrovascular diseases)	28.8	29.6	32.0	29.0	29.6	32.9	26.9	27.3	27.0	28.8	(0.8)	-
Chronic lower respiratory diseases (CLRD)	28.4	26.4	27.6	25.6	28.1	26.0	25.1	22.2	24.6	23.1	(5.0)	(5.3)
Alzheimer's disease	17.2	18.4	14.8	17.0	15.7	16.4	17.6	16.9	20.0	21.7	6.0	4.5
Septicemia	12.2	10.5	11.8	11.7	12.6	15.2	16.1	17.7	11.4	16.3	3.7	4.1
Diabetes mellitus	18.2	15.0	15.6	15.6	11.6	13.7	12.5	12.9	10.9	14.2	2.6	(4.0)
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	15.8	12.5	13.9	9.8	10.7	11.0	11.7	10.4	11.8	10.6	(0.1)	(5.2)
Influenza and pneumonia	12.3	10.6	8.8	8.0	7.5	9.7	7.9	8.6	8.7	9.4	1.9	(2.9)
Parkinson's disease	6.2	7.1	8.9	7.4	7.8	7.9	7.7	7.9	6.1	7.7	(0.1)	-
Suicide (intentional self-harm)	6.1	4.0	7.1	7.1	5.6	8.8	9.6	8.9	6.5	7.4	1.8	1.3
Chronic liver disease and cirrhosis	6.4	5.1	5.2	5.4	5.6	5.5	4.8	5.4	4.5	6.4	0.8	-
Pneumonitis due to solids and liquids	3.8	5.0	6.5	6.4	6.1	6.6	6.5	7.6	6.6	6.3	0.2	2.5
Essential hypertension and hypertensive renal disease	5.0	4.5	4.2	5.3	6.3	7.8	5.3	4.4	6.9	4.1	(2.2)	(0.9)
In situ neoplasms, benign neopl. & neopl. of uncertain or unknown behavior	4.6	6.3	3.6	4.9	4.5	4.8	6.2	6.4	5.4	4.0	(0.5)	(0.6)
Other than 24 Major Causes	106.1	96.0	92.8	104.4	110.2	98.5	106.2	106.9	107.0	106.2	(4.0)	0.1
Viral hepatitis	**	**	**	**	**	**	**	**	**	**	N/A	N/A
HIV (human immunodeficiency virus) disease	**	**	**	**	**	**	**	**	**	**	N/A	N/A
Anemias	**	**	**	**	**	**	**	**	**	**	N/A	N/A
Atherosclerosis	**	**	**	3.1	3.8	3.2	3.6	**	**	**	N/A	N/A
Aortic aneurysm and dissection	**	**	4.0	**	**	**	**	**	**	**	N/A	N/A
Certain conditions originating in the perinatal period	**	**	**	**	**	**	**	**	**	**	N/A	N/A
Congenital malformations, deformations and chromosomal abnormalities	**	**	**	**	**	**	**	**	**	**	N/A	N/A
Homicide (assault)	**	**	**	**	**	**	**	**	**	**	N/A	N/A

Source: Center for Health Statistics, New Jersey Department of Health

**The value has been suppressed 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.

SocioNeeds Index⁶

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 2019 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

⁵ Source: State of New Jersey Department of Health: Measurement period: 2007-2016

⁶ Healthy Communities Institute 2018. SocioNeeds Index.

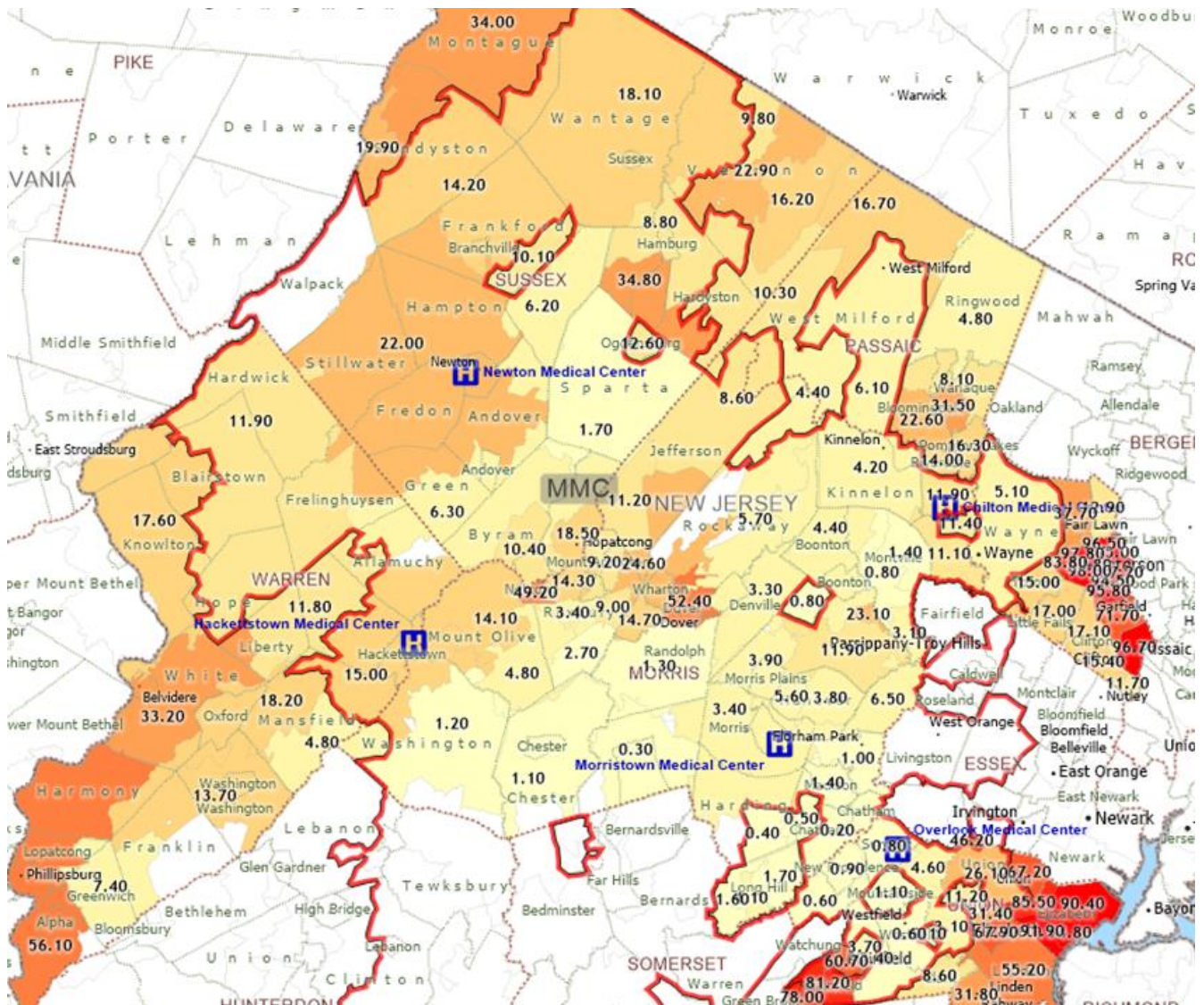
<http://www.njhealthmatters.org/index.php?module=indicators&controller=index&action=socionees>

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 compared 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 SocioNeeds 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 2019.

This map represents a socio-needs 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.



Ambulatory Care Sensitive Conditions (ACS): ED & IP⁷

ACS conditions are illnesses that can often be managed effectively on an outpatient basis and generally do not result in hospitalization if managed properly. Generally, a higher ACSC rate in Acute settings indicates a cultural acceptance of the ED as a source for Primary Care – or an area that lacks primary care providers. These conditions, if treated in a more appropriate setting, can lead to broad improvements in community health through primary care expansion and urgent care expansion which may ultimately lead to a lower chronic disease rate in a community.

Below are ACS condition discharges that occurred in the area served by MMC. The greatest overall ACS volume is for ENT related issues among the ED population, followed by kidney and urinary tract infections, dehydration, cellulitis and asthma. Among inpatients the greatest number of ACS conditions are for congestive heart failure, chronic obstructive pulmonary disorder, kidney and urinary tract infection, cellulitis and bacterial pneumonia. Addressing these areas of utilization (i.e. providing care in a lower cost setting when possible) may help to decrease the cost of care provided to these patients and potentially create a stronger patient/primary care provider relationship.

MORRISTOWN MC SERVICE AREA: AMB CARE SENSITIVE CONDITIONS				
ACS Condition Cohort (Cell values <10 Masked)	NJE17: ED		NJS17: IP	
ENT	10,918	26.1%	104	0.8%
Kidney/Urinary Infection	5,073	12.1%	1,624	11.9%
Dehydration	5,353	12.8%	1,329	9.8%
Cellulitis	3,264	7.8%	1,448	10.6%
COPD	1,894	4.5%	1,676	12.3%
Asthma	2,958	7.1%	432	3.2%
Gastrointestinal Obstruction	2,860	6.8%	281	2.1%
Bacterial Pneumonia	1,598	3.8%	1,413	10.4%
Dental Conditions	2,399	5.7%	77	0.6%
Congestive Heart Failure	351	0.8%	1,985	14.6%
Diabetes	1,172	2.8%	1,044	7.7%
Hypertension	1,977	4.7%	83	0.6%
Grand Mal Status/other Epileptic Convulsion	822	2.0%	966	7.1%
Convulsion	989	2.4%	352	2.6%
Nutrition Deficiencies	**	**	571	4.2%
Angina	105	0.3%	129	0.9%
Pelvic Inflammatory Disease	76	0.2%	32	0.2%
Hypoglycemia	69	0.2%	**	0.1%
Skin Grafts W Cellulitis	**	**	20	0.1%
Immunization Related Preventable	**	**	**	**
Congenital Syphilis	**	**	**	**
Grand Total	41,898	100.0%	13,600	100.0%
ACSCs at % of Total ED or Inpatient MMC Service Area	14.9%		12.5%	

⁷ 2017 Data – Most Current Available at time of analysis

Localized Data: Disease Utilization Rate⁸

For this study, acute care utilization at the ZIP Code level was examined as a proxy for incidence of select diseases or conditions. For certain geographic areas, MMC can investigate ZIP Code groupings to develop hyper-local data sets to inform approaches to community health improvement. In the following charts we see the rate/1,000 population for specific diseases in MMC’s service area and compared to select geographies.

Heart Attack

The rate/1,000 population has increased over the period in the broader New Jersey, Morristown, and AHS regions. The highest rate among comparative geographies is in the New Jersey Region, where the rate is at the 50th percentile. All other comparative geographies have a rate that is at the 40th percentile or lower.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	1.18	1.11	1.10	1.13	1.21	1.17	(0.0)	40%	40%
CENTRAL REGION	0.98	0.89	0.87	0.80	0.94	0.89	(0.1)	20%	30%
AHS REGION	1.08	1.03	1.00	1.06	1.19	1.17	0.1	40%	40%
MORRISTOWN	0.69	0.73	0.66	0.66	0.91	0.73	0.0	20%	20%
DOVER	1.11	1.03	0.83	0.55	1.10	0.98	(0.1)	30%	30%
MORRIS COUNTY	1.07	0.99	0.98	0.93	1.12	1.00	(0.1)	30%	30%
NEW JERSEY	1.30	1.26	1.27	1.36	1.49	1.46	0.2	50%	50%

Heart Failure

The rate/1,000 population has increased over the period across all comparative regions. New Jersey is at the 60th percentile. In 2017 all other comparative geographies were at the 40th percentile or lower. Morristown and the Central Region perform extremely well in the 20th percentile.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	2.56	2.53	2.60	2.57	2.62	2.84	0.3	40%	30%
CENTRAL REGION	2.22	2.11	2.14	2.11	2.18	2.52	0.3	20%	20%
AHS REGION	2.95	2.93	2.92	3.05	3.07	3.20	0.2	50%	40%
MORRISTOWN	2.08	1.69	1.69	1.98	1.95	2.47	0.4	20%	20%
DOVER	2.29	2.05	2.20	2.43	2.23	3.09	0.8	20%	40%
MORRIS COUNTY	2.44	2.35	2.48	2.42	2.43	2.75	0.3	30%	30%
NEW JERSEY	3.33	3.26	3.30	3.40	3.45	3.66	0.3	60%	60%

⁸ Source: NJ UB-04 Discharges; 2012-2016. Inpatient and Emergency Dept (treat/release) Utilization rate/1,000 population.

Hypertension

The rate/1,000 population has increased over the period across all comparative regions. The highest rate among comparative geographies is in Dover, where the rate is at the 60th percentile. Dover has also seen the greatest point increase over the period. All other comparative geographies have a rate that is at the 50th percentile, or lower.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	82.52	85.31	87.06	91.94	94.69	98.45	15.9	30%	30%
CENTRAL REGION	75.21	80.63	80.24	85.42	89.53	93.28	18.1	20%	20%
AHS REGION	104.14	104.35	105.14	109.35	113.27	114.46	10.3	50%	40%
MORRISTOWN	85.90	89.75	87.26	91.64	88.84	90.98	5.1	20%	20%
DOVER	90.27	108.88	114.58	121.58	134.86	142.56	52.3	60%	60%
MORRIS COUNTY	81.92	87.13	87.83	93.68	97.93	102.50	20.6	30%	30%
NEW JERSEY	112.08	111.11	112.34	118.03	126.14	130.76	18.7	60%	50%

Stroke/TIA

The rate/1,000 population has decreased over the period in the AHS region and New Jersey. The highest rate among comparative geographies is in Dover. The rate/1,000 is at or below the 50th percentile across all comparative geographies.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	2.23	2.28	2.35	2.39	2.45	2.58	0.3	40%	40%
CENTRAL REGION	1.93	2.00	1.88	2.09	2.20	2.36	0.4	20%	30%
AHS REGION	2.48	2.46	2.50	2.47	2.59	2.47	(0.0)	40%	40%
MORRISTOWN	2.06	1.78	1.91	1.77	1.88	2.36	0.3	20%	30%
DOVER	1.54	2.21	2.24	2.16	3.06	2.89	1.4	50%	50%
MORRIS COUNTY	2.09	2.15	2.05	2.26	2.45	2.53	0.4	40%	40%
NEW JERSEY	2.95	2.90	2.95	2.88	2.92	2.77	(0.2)	50%	50%

Diabetes

The rate/1,000 population has increased over the period across all comparative regions. The highest rate among comparative geographies is in Dover. Except for Dover at the 80th percentile, the rate/1,000 is at or below the 60th percentile in all comparative regions.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	31.99	33.03	33.58	35.95	37.04	39.10	7.1	30%	30%
CENTRAL REGION	28.46	30.59	30.37	32.03	33.97	36.23	7.8	20%	20%
AHS REGION	44.81	45.32	46.03	47.83	49.70	50.65	5.8	50%	50%
MORRISTOWN	32.30	32.22	33.98	35.30	34.92	37.28	5.0	30%	30%
DOVER	44.48	50.18	53.37	56.43	66.53	72.71	28.2	70%	80%
MORRIS COUNTY	30.99	32.95	33.11	35.33	37.14	39.90	8.9	30%	30%
NEW JERSEY	48.90	49.00	49.75	52.07	55.38	57.67	8.8	60%	60%

Obesity

The rate/1,000 population has increased over the period across all comparative regions. New Jersey's overall rate is the highest at 19.27. The rate/1,000 is at or below the 50th percentile in all comparative geographies.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	8.41	9.38	10.12	11.33	11.95	14.56	6.2	30%	30%
CENTRAL REGION	7.71	9.27	9.97	11.19	11.89	14.64	6.9	30%	30%
AHS REGION	10.86	11.33	12.01	13.17	13.98	16.83	6.0	40%	40%
MORRISTOWN	7.64	9.57	11.05	10.74	11.62	14.73	7.1	30%	30%
DOVER	8.78	8.99	11.30	15.43	14.42	16.93	8.1	50%	40%
MORRIS COUNTY	7.90	9.54	10.39	11.65	12.42	15.23	7.3	30%	30%
NEW JERSEY	12.52	13.04	13.78	14.84	15.89	19.27	6.8	50%	50%

COPD & Allied Health Conditions

The rate/1,000 population has increased over the period in across all comparative regions, except for Morristown. The highest rate among comparative geographies is in Dover, where the rate is in the 60th percentile. All other comparative geographies have a rate that is at or below the 50th percentile.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	13.31	13.08	13.45	14.38	15.41	14.97	1.7	30%	30%
CENTRAL REGION	11.21	11.43	11.54	12.22	13.74	13.14	1.9	20%	20%
AHS REGION	15.43	15.22	15.06	15.96	17.86	16.86	1.4	40%	40%
MORRISTOWN	12.74	11.58	11.76	12.33	12.46	10.92	(1.8)	20%	10%
DOVER	14.87	15.07	17.87	19.99	24.41	23.81	8.9	60%	60%
MORRIS COUNTY	12.85	12.90	13.24	14.26	15.69	15.21	2.4	30%	30%
NEW JERSEY	19.65	19.37	19.14	20.17	22.78	22.02	2.4	60%	50%

Asthma

The rate/1,000 population has increased over the period across all comparative regions, except for the AHS region. The highest rate among comparative geographies is in Dover, which is in the 80th percentile and has seen the greatest point increase over the period.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	19.97	19.55	20.45	21.49	22.34	21.28	1.3	40%	40%
CENTRAL REGION	18.87	19.19	20.26	20.79	22.82	22.76	3.9	40%	40%
AHS REGION	32.67	30.98	31.39	32.96	33.18	31.52	(1.2)	70%	60%
MORRISTOWN	24.20	27.08	27.67	26.02	25.50	28.14	3.9	50%	60%
DOVER	30.45	30.14	40.42	41.27	50.54	54.92	24.5	80%	80%
MORRIS COUNTY	20.30	20.53	21.86	22.22	24.23	24.17	3.9	50%	50%
NEW JERSEY	33.93	32.47	32.87	34.61	35.94	34.82	0.9	70%	70%

Pneumonia

The rate/1,000 population has decreased over the period in all comparative geographies, except for Dover and the broader AHS region. The highest rate among comparative geographies is in Dover, where the rate/1,000 is in the 70th percentile in Dover.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	4.49	3.98	3.82	3.84	4.09	4.21	(0.3)	30%	30%
CENTRAL REGION	4.10	3.52	3.18	3.30	3.43	3.32	(0.8)	20%	20%
AHS REGION	4.88	4.48	4.11	4.22	4.93	5.00	0.1	40%	50%
MORRISTOWN	5.15	3.95	3.56	3.21	3.59	3.69	(1.5)	20%	20%
DOVER	5.38	5.92	5.08	6.05	6.54	6.18	0.8	70%	70%
MORRIS COUNTY	4.50	3.99	3.74	3.67	3.89	3.78	(0.7)	20%	20%
NEW JERSEY	5.81	5.41	4.98	5.08	5.85	5.65	(0.2)	60%	60%

Cellulitis

The rate/1,000 population has decreased over the period across all comparative regions, except for Morristown and Dover. The highest rate among comparative geographies is in Dover, where the rate is in the 60th percentile.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	6.05	5.85	5.75	5.83	5.50	5.31	(0.7)	30%	30%
CENTRAL REGION	5.74	5.52	5.32	5.44	5.09	4.96	(0.8)	20%	20%
AHS REGION	7.98	7.86	7.65	7.52	7.19	6.91	(1.1)	50%	50%

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MORRISTOWN	6.38	6.32	5.81	5.98	6.54	6.64	0.3	40%	40%
DOVER	9.33	9.07	10.12	9.31	8.58	9.62	0.3	60%	60%
MORRIS COUNTY	6.17	5.93	5.76	5.92	5.46	5.34	(0.8)	30%	30%
NEW JERSEY	10.42	10.03	9.75	9.44	8.86	8.53	(1.9)	60%	60%

Renal Failure

The rate/1,000 population has increased over the period across all comparative regions. The highest rate among comparative geographies is in Dover. The rate/1,000 is in the 70th percentile in Dover.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	1.38	1.41	1.44	1.63	1.81	1.79	0.4	40%	40%
CENTRAL REGION	1.13	1.21	1.16	1.50	1.51	1.51	0.4	20%	30%
AHS REGION	1.76	1.76	1.79	1.96	2.15	2.10	0.3	50%	50%
MORRISTOWN	1.05	1.07	0.96	1.25	1.41	1.50	0.4	20%	30%
DOVER	1.90	1.93	2.20	2.98	2.00	2.70	0.8	40%	70%
MORRIS COUNTY	1.19	1.28	1.35	1.69	1.73	1.77	0.6	30%	40%
NEW JERSEY	2.09	2.08	2.11	2.30	2.53	2.42	0.3	60%	60%

Mental Health (Acute Care Setting)

The rate/1,000 population has increased over the period across all comparative regions. The highest rate among comparative geographies is in Dover. The rate/1,000 is in the 70th percentile in Morristown and Dover.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	11.43	11.46	12.14	12.36	12.24	13.14	1.7	40%	40%
CENTRAL REGION	11.32	11.39	12.90	12.70	12.30	13.72	2.4	40%	50%
AHS REGION	13.35	13.47	13.53	13.97	14.21	14.51	1.2	50%	50%
MORRISTOWN	15.28	14.70	18.80	15.15	17.35	18.70	3.4	70%	70%
DOVER	17.32	17.87	23.30	21.99	18.73	21.23	3.9	70%	70%
MORRIS COUNTY	11.97	12.06	13.89	13.34	13.04	14.34	2.4	50%	50%
NEW JERSEY	15.33	15.19	15.31	15.59	15.98	16.60	1.3	60%	60%

Substance Use Disorders (Acute Care Setting)

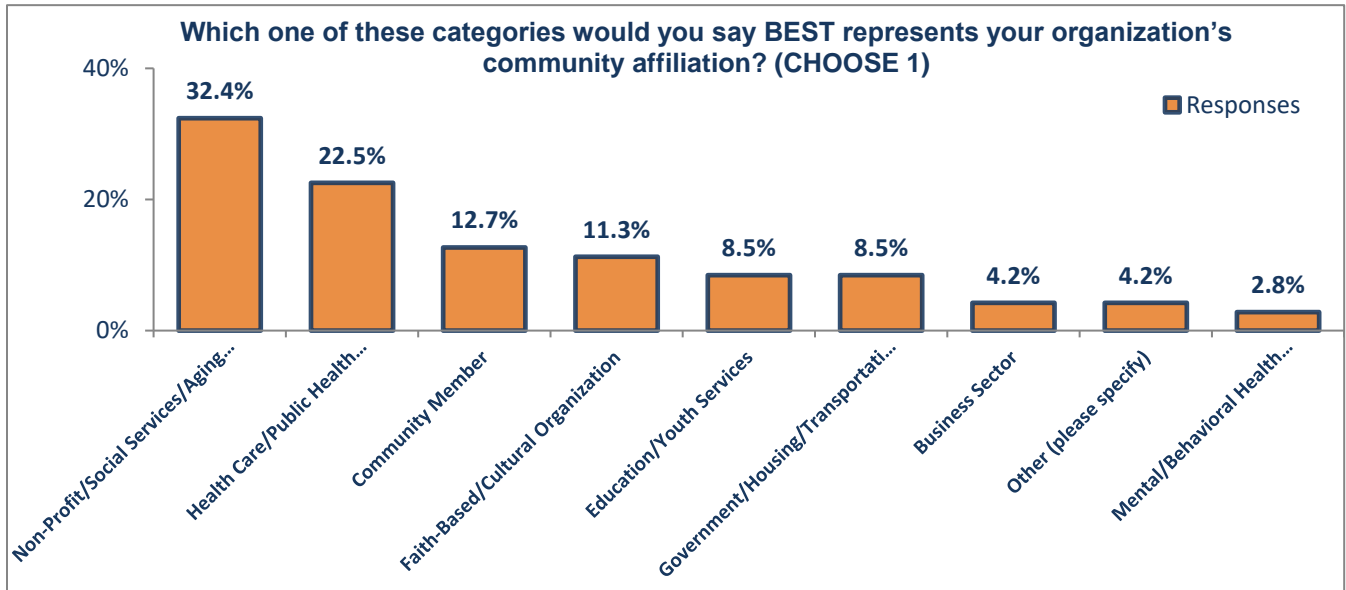
The rate/1,000 population has increased over the period across all comparative regions. The highest rate among comparative geographies is in Morristown. The rate/1,000 is in the 80th percentile in Morristown and Dover.

GEOGRAPHIC AREA	2012	2013	2014	2015	2016	2017	Rate Change '12 to '17	Statewide Percentile Rank '16	Statewide Percentile Rank '17
MMC 75% SERVICE AREA	5.69	5.77	5.93	6.46	6.75	6.62	0.9	50%	40%
CENTRAL REGION	6.29	6.58	6.76	7.12	7.16	6.57	0.3	50%	40%
AHS REGION	8.02	8.06	8.25	8.97	9.23	9.46	1.4	70%	70%
MORRISTOWN	11.03	13.72	15.66	17.58	18.87	15.27	4.2	90%	80%
DOVER	13.60	13.10	14.92	17.00	15.36	14.07	0.5	80%	80%
MORRIS COUNTY	6.56	6.87	7.08	7.64	7.56	7.06	0.5	50%	50%
NEW JERSEY	8.63	8.66	8.77	9.56	10.08	10.22	1.6	70%	70%

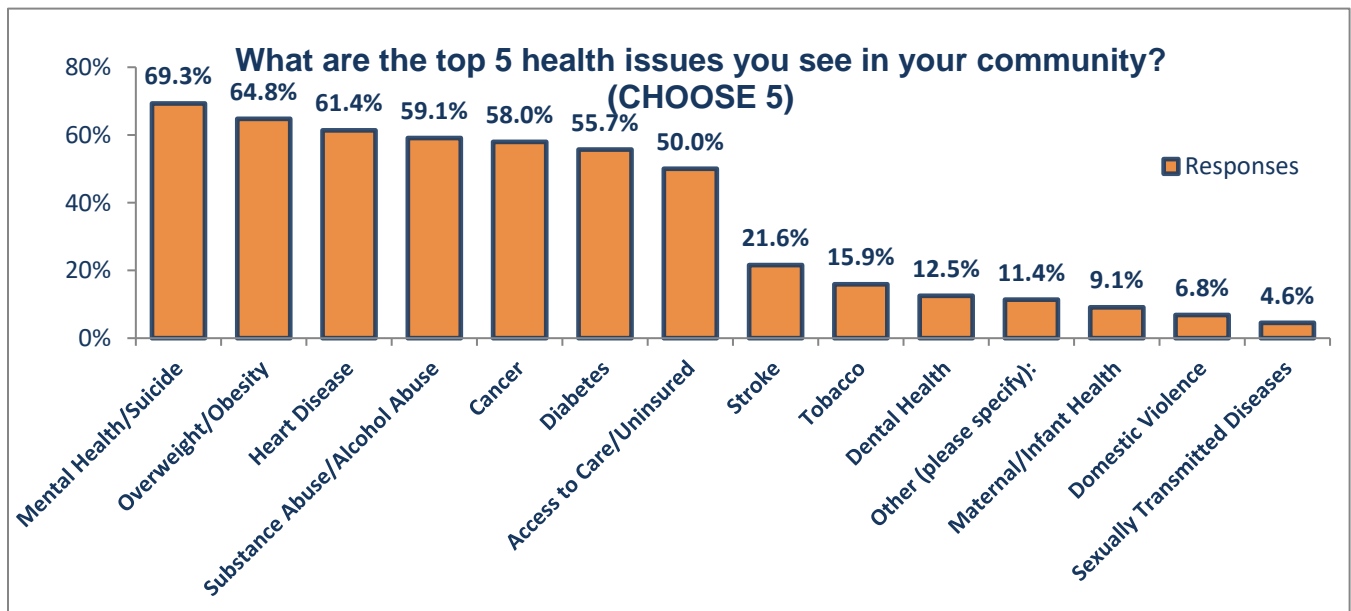
KEY INFORMANT FINDINGS

Background

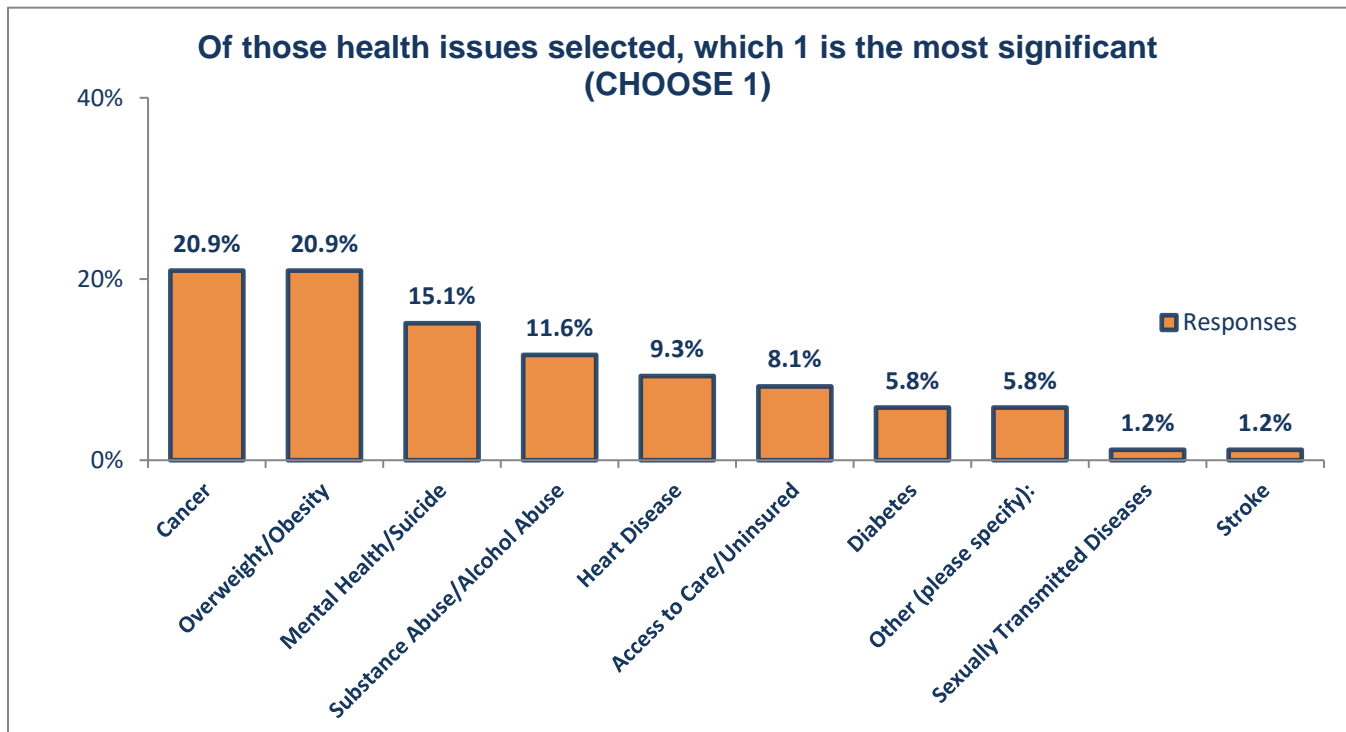
MMC received 88 responses to its community-based key-stakeholder survey. The survey was administered online. Below we show the segmentation of the respondents.



Below we show the breakdown of the percent of respondents who selected each health issue in the 2019 survey. Issues are ranked on the number of participants who selected the issue. Each respondent chose 5. This year, the top 5 ranked issues were mental health/suicide, overweight/obesity, heart disease, substance abuse/alcohol abuse, and cancer.



Respondents' top significant health issues in 2019 were cancer and overweight/obesity, both at 20.9%. These two issues were followed by mental health/suicide and substance abuse/alcohol abuse.

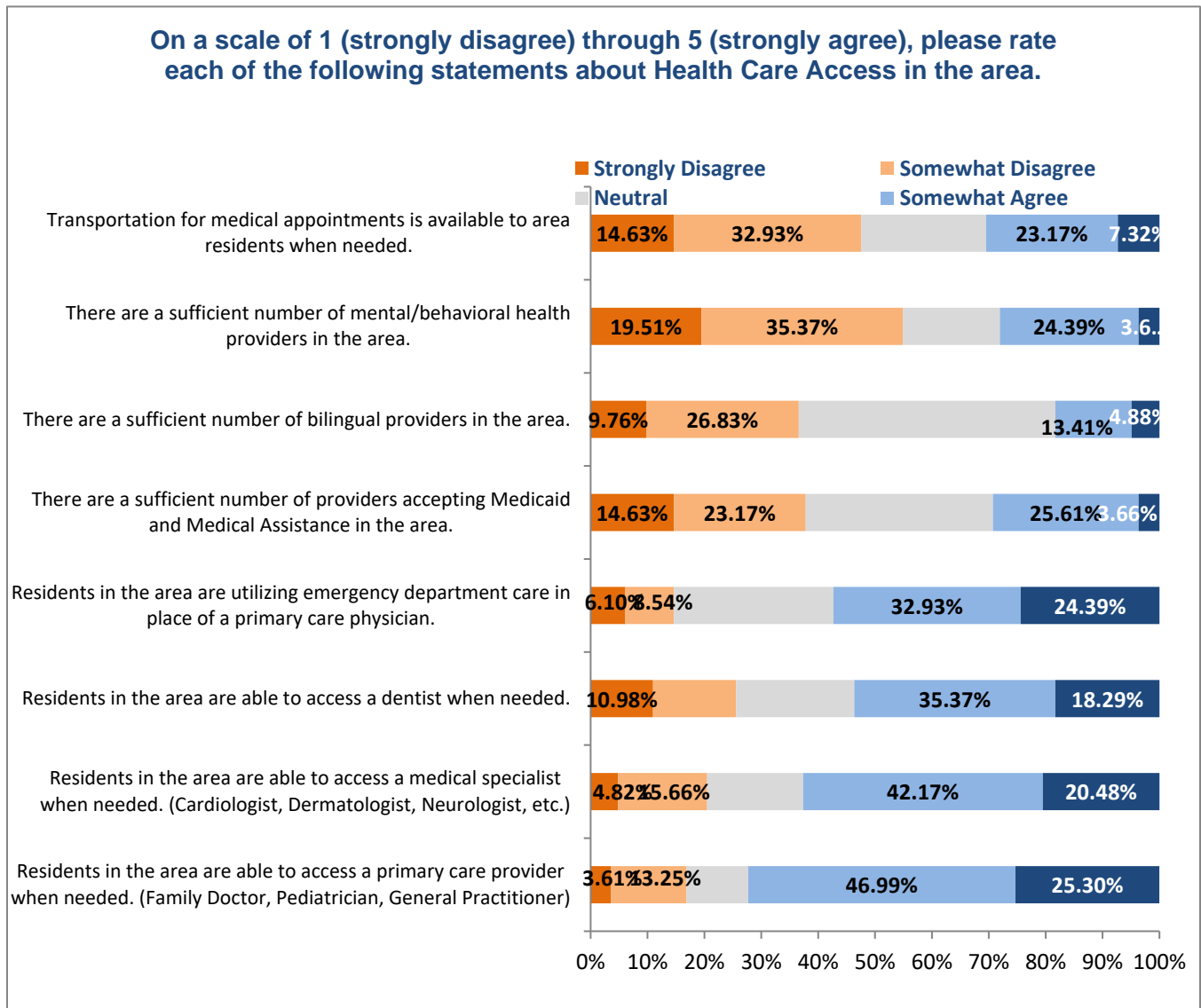


Select Stakeholder Comments: Top Health Issue

- *Obesity is the root of so many other issues. People don't have access to affordable healthy food. It's horrible that the worst foods are the cheapest. Until this changes, I don't think people can afford to be healthy.*
- *Although ways to detect cancer are increasing and treatments are available, there are still too many victims.*
- *Experiencing homelessness places the individual at greater risk for the health issues listed. The lack of resources and stress of finding shelter takes priority over preventative measures or existing medical conditions.*
- *Many in the community are underinsured and have misinformation and need help identifying services in their neighborhoods.*
- *Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors.*

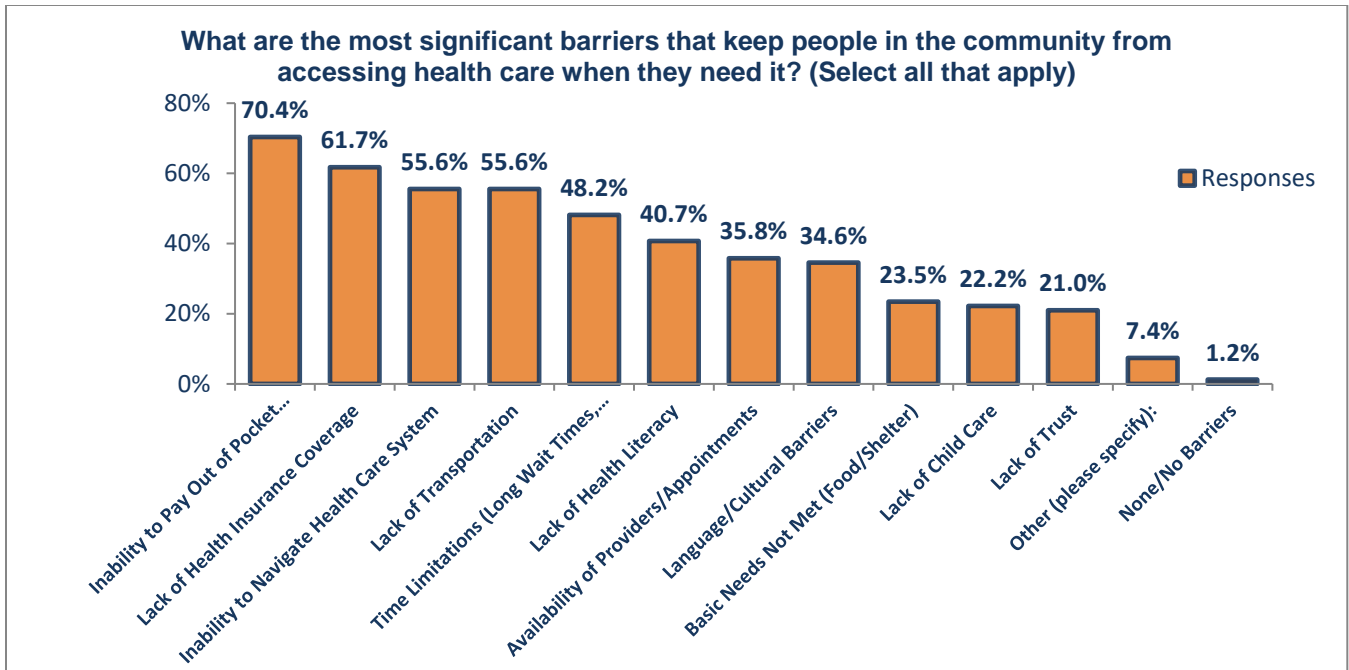
The second set of questions concerned the ability of residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when

needed.” They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree).



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

In 2019, Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.) was rated by participants as the most significant barrier (70.4%), followed by Lack of Health Insurance Coverage at 61.7%. Other barriers that were rated by participants as being the most significant included Inability to Navigate Healthcare System, Lack of Transportation, and Time Limitations (Long Wait Times, Limited Office Hours, Time off Work).



When respondents were asked for their choice of top significant barrier, Inability to Pay Out of Pocket Expenses was identified (30.9%). Inability to Navigate the Healthcare System, Lack of Health Insurance Coverage, Availability of Providers/Appointments, and Language/Cultural Barriers followed.

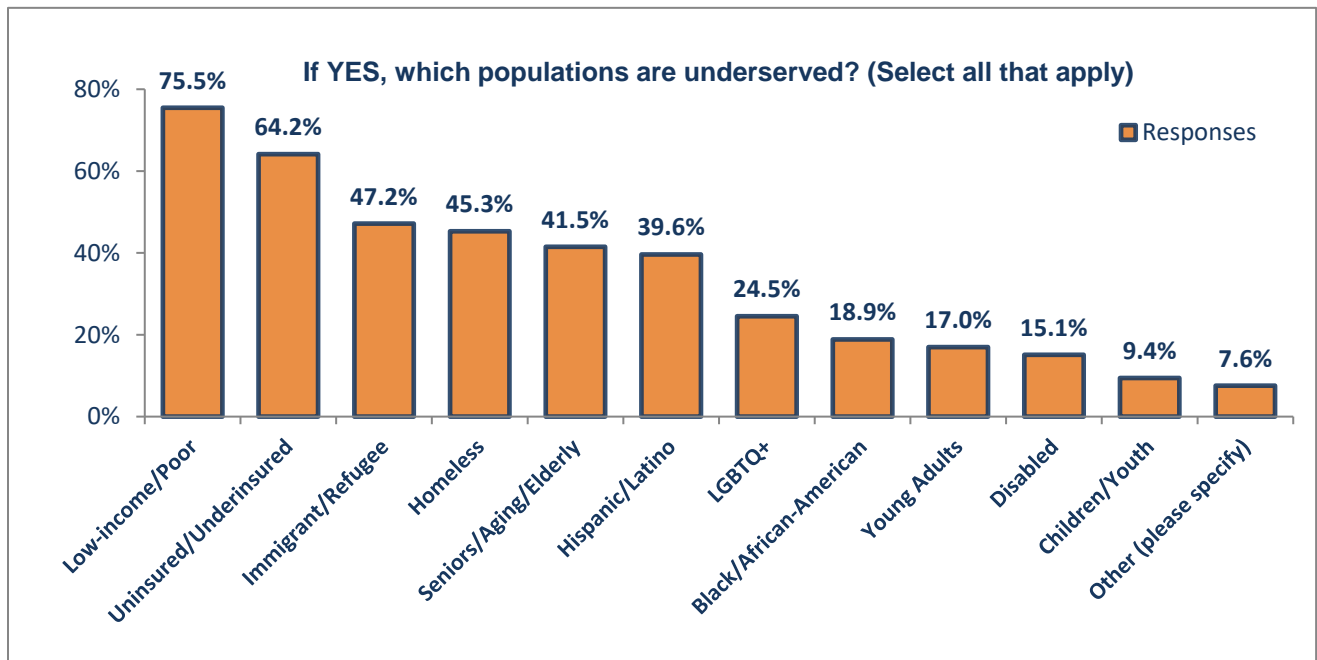
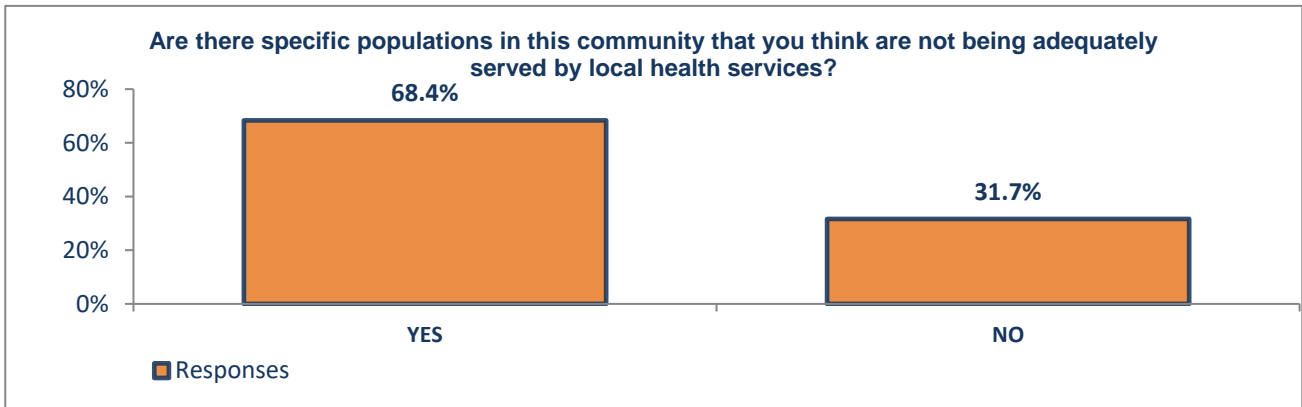
After selecting the most significant barriers, informants were asked to share any additional information regarding the barriers to accessing health care.

Select Stakeholder Comments: Healthcare Access & Barriers

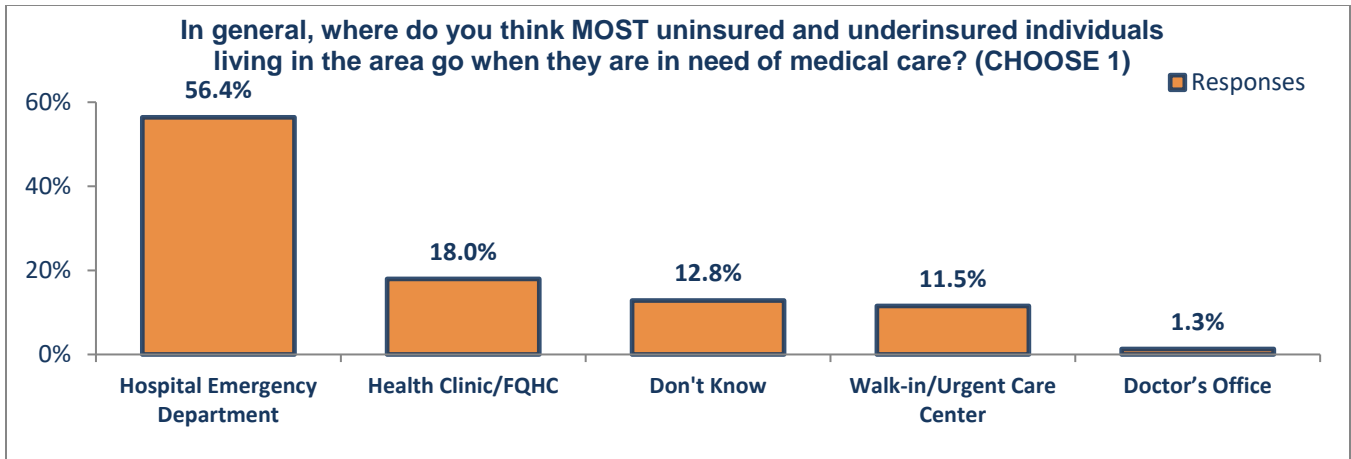
- Although providers may be in the community, the patchwork of insurance coverage, and which providers are part of which networks is overwhelming. Once coverage is secured, even simple appointments take many hours to complete.
- Though community providers make strides to help ensure access to medical services, there is still a lack of accessible providers that accept Medicaid and Medicare.
- People the most in need for mental health and addiction services are often the ones that are uninsured or underinsured.
- In some communities, transportation, money, not having insurance and not knowing how to navigate the Health Care System can stifle a family/individual from getting the care that is needed. Our communities need to be educated in what is available to families/individuals in the Health Care arena.
- High deductibles and office co-pays are keeping some people from seeking care

The top three population groups identified by key informants as being underserved when compared to the general population in this current survey were:

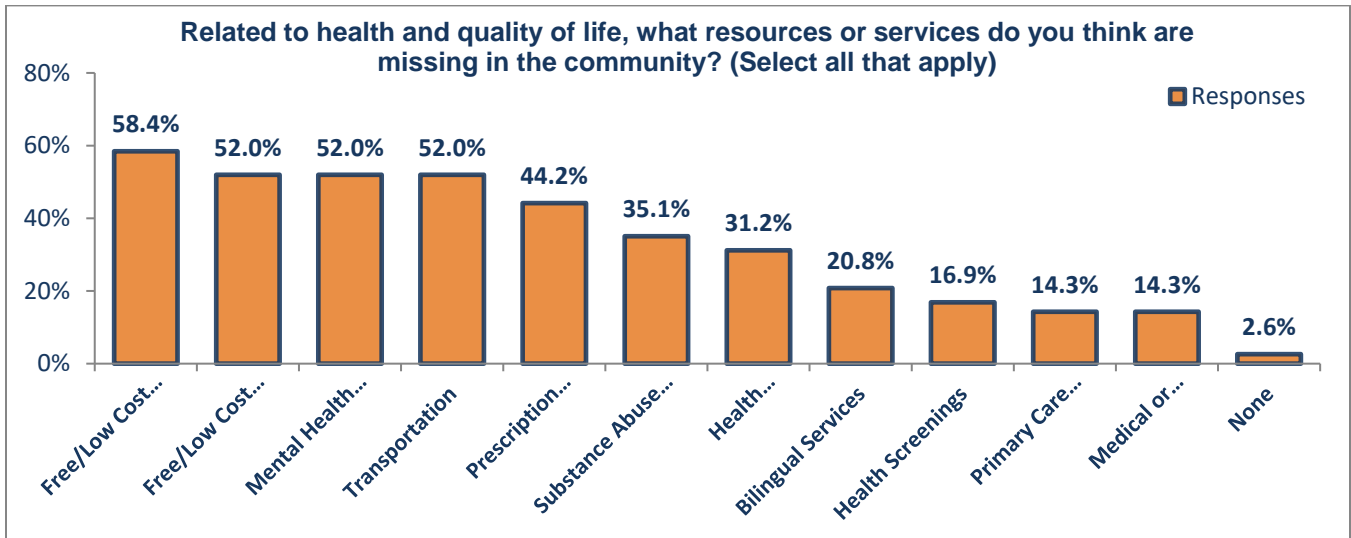
- Low-income/Poor
- Uninsured/Underinsured
- Immigrant/Refugee
- Followed closely by Homeless, Seniors/Aging/Elderly, and Hispanic/Latino.



56.4% of key informants indicated hospital emergency departments as the primary place where uninsured/underinsured individuals go when they need medical care. Health Clinic/FQHC and Walk-in/Urgent Care Center were also mentioned as a preferred place to obtain medical care.



Free/Low Cost Dental Care, Free/Low Cost Medical Care, Mental Health Services, Transportation, and Prescription Assistance Substance were most frequently indicated by key stakeholders as the most needed resources in the community to improve health and quality of life for residents.



Lastly, key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. The most common themes that emerged in participants' responses include:

- Inappropriate utilization of the ED due to following reasons:
 - Lack of transportation
 - Lack of insurance
 - Lack of clinics and/or clinic hours
 - Limited services available
 - Lack of mental health providers
- Lack of providers who take Medicaid / lack of residents signing up for Medicaid – need outreach of financial counselors
- Lack of primary care providers and local specialists
- Lack of follow up care

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization

Following a review of secondary data and key informant findings, a select group of providers, community health agency representatives and other community stakeholders were asked to participate in a health issue prioritization survey. The prioritization survey included 14 health issues or concerns, which were identified during the primary and secondary analysis phases of the community health needs assessment. For each of the 14 health issues included in the survey, participants in this prioritization process were asked to respond to six statements related to the extent to which the health-related disparity or concern impacts the community served by Morristown Medical Center or can be positively impacted by community health improvement efforts directed by Morristown Medical Center. In completing their responses, prioritization survey participants were asked to provide their perspective based on a scale from 1 (strongly disagree) to 5 (strongly agree) for six criteria for each of the 14 identified health issues.

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 to address the problem
- Relationship of issue to other community issues
- Is within the organization's capability/ competency to impact

The 14 issues identified for prioritization in the area served by MMC were:

- Access to Mental Health Services
- Cancer
- Overweight/Obesity
- Heart Disease
- Substance Misuse
- Diabetes
- Access to Healthcare
- Stroke
- Tobacco & Vaping
- Maternal Child Health
- Dental Health
- Transportation/Mobility
- Insurance Navigation
- Affordability

Weighted averages for each impact on an issue were calculated. For each of the six potential impacts on an issue, the weighted averages were combined to create an overall weighted average for each issue (the overall ranking). The most impactful factor for each issue had the highest weighted average of the seven impacts for that issue, the least impactful factor had the lowest weighted average for that issue. These results were presented to the Morristown Medical Center Community Health Committee, who in partnership with hospital administration recommended the adoption of the following priority areas for inclusion in the 2019-2021 CHNA for MMC.

- Behavioral Health
- Diabetes & Obesity
- Geriatrics & Healthy Aging
- Cancer
- Heart Disease

Following is a broad overview of each of the 5 health priorities. MMC will develop a Community Health Improvement Plan (CHIP) to address these 5 health priorities in 2020 and annually thereafter.

IDENTIFIED HEALTH PRIORITIES

Behavioral Health Including Substance Use Disorders⁹

Throughout the CHNA process, access to and availability of behavioral health services, including both substance misuse and mental health services, consistently rose to the top as key areas of need in the community.

Behavioral Health – Mental Health

Need for Mental Health Providers¹⁰

Most counties in the United States face shortages of mental health professionals. In 96 percent of the counties in the nation, there is a shortage of psychiatrists who prescribe medications for people with serious mental illness (SMI). From 2003 to 2013, the number of practicing psychiatrists decreased by 10 percent when adjusted for population size. Many psychiatrists are shifting to private practice, accepting only cash for reimbursement. In part, this may reflect low reimbursement for psychiatric services from state Medicaid programs and Medicaid-contracted managed care payers, cuts to federal and state funding for public sector programs, and inadequate rate setting for psychiatric services. The greatest shortages are in poorer and more rural counties. The need for child psychiatrists is even greater than the shortage of psychiatrists for adults with SMI. The lack of access to psychiatric services creates several issues, such as long wait times for scheduled appointments, often leading to emergency department visits and hospitalizations.

Expanding the workforce by allowing advanced practice registered nurses to practice to the full extent of their training, broadening the scope of practice of psychologists to prescribe some medications, and educating more advanced practice registered nurses and psychiatric-mental health physician assistants, are examples of strategies to address the shortage. Tele-mental health is widely accepted as a mechanism that can address shortages in some geographic areas. One in five counties also has a shortage of non-prescriber mental health professionals, defined as psychologists, advanced practice psychiatric nurses, social workers, licensed professional counselors, and marriage and family therapists. Also, there are categories of mental health service providers, including licensed professional counselors and marriage and family therapists, whose services are not eligible for reimbursement by Medicare. Peer support can play an important role in a functioning mental health system and should be included as a part of a full continuum of services, whenever possible. Peer support services have been demonstrated to promote recovery and resiliency through the generation of hope, engagement in treatment services, and activation for improved health outcomes. Youth and family peer support services have also generated notable outcomes in this area.

Most states report insufficient psychiatric crisis response capacity as well as insufficient numbers of inpatient psychiatric hospital beds. It is critical that every state have adequate bed capacity to respond to the needs of people experiencing both psychiatric crises and those who need longer periods of inpatient care, such as people in forensic care (care that is provided because of involvement in the criminal or juvenile justice systems). In many areas, bed shortages have led to long delays in gaining access to treatment and an increase in individuals waiting for competency restoration services needed to restore competency to participate in legal proceedings. A report by the National Association of State Mental Health Program Directors Research Institute found that most states (35 of the 46 who responded) have shortages of psychiatric hospital beds. The configuration of available beds and the number of beds per 100,000 population varies substantially across states, but few states report they have

⁹ <https://www.samhsa.gov/disorders/substance-use>

¹⁰ https://www.samhsa.gov/sites/default/files/programs_campaigns/ismicc_2017_report_to_congress.pdf

adequate numbers of inpatient beds to meet needs. Use of a variety of strategies, such as building psychiatric respite bed capacity, may help to address these capacity issues.

- As a whole the workforce is too few, aging into retirement, inadequately reimbursed, inadequately supported and trained and facing significant changes affecting practice, credentialing, funding, and ability to keep up with changes in practice models driven by changing science, technologies and systems.
- Shortages of qualified workers, recruitment and retention of staff and an aging workforce have long been cited as problems.
- Lack of workers in rural/frontier areas and the need for a workforce more reflective of the racial and ethnic composition of the U.S. population create additional barriers to accessing care for many.
- Recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering or remaining in the field.
- The misperceptions and prejudice surrounding mental and substance use disorders and those who experience them are imputed to those who work in the field.
- Pre-service education and continuing education and training of the workforce have been found wanting, as evidenced by the long delays in adoption of evidence-based practices, underutilization of technology, and lack of skills in critical thinking. These education and training deficiencies are even more problematic with the increasing integration of primary care and mental or substance use disorder treatment, and the focus on improving quality of care and outcomes.
- Of additional concern, the current workforce is unprepared to meet the mental and substance use disorder treatment needs of the rapidly growing population of older adults.

Several themes emerged as common factors that are influencing workforce trends across the country.¹¹

- The Affordable Care Act and Medicaid expansion: The Patient Protection and Affordable Care Act (ACA) and accompanying reforms expanded access to SUD treatment to millions of Americans. Treatment agencies need more staff to treat more clients. Many existing SUD staff need to complete additional coursework or pursue master's level degrees.
- Clinical supervision: In many states, clinical supervision is also required when implementing evidence-based practices. Organizations that invest in their staff by providing good clinical supervision may have greater success with workforce recruitment and retention.
- Healthcare integration: The movement to integrate mental health and SUD treatment with primary care has had an impact on the workforce. SUD professionals are under increasing pressure to acquire skills that allow them to work in integrated healthcare settings, and primary care physicians, nurses, and other medical professionals are beginning to play larger roles in SUD treatment and recovery services.
- The opioid epidemic: No state in the country has been spared from the devastation of the opioid epidemic. Building the capacity of the SUD workforce to provide effective evidence-based treatment for opioid use disorders has been a top priority.

What are some strategies to increase the size of the workforce to better provide evidence-based mental health services and supports?¹²

- HRSA has taken several steps to address these workforce challenges as part of its mission to prepare a diverse workforce and improve the workforce distribution to increase access for underserved

¹¹ SAMHSA. (2017, September). ATTC: Network Coordinating Office. National Workforce Report 2017. From http://attcnetwork.org/documents/ATTC_Network_Natl_Report2017_single.pdf (

¹² U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

communities. Among its many programs, HRSA awards health professional and graduate medical education training grants and operates scholarship and loan repayment programs.

- Of note is the National Health Service Corps, where, as of September 2015, roughly 30 percent of its field strength of 9,683 was composed of behavioral health providers, meeting service obligations by providing care in areas of high need.
- HRSA is also putting increased emphasis on expanding the delivery of medication-assisted treatment, increasing SBI, and coordinating RSS. The development of the workforce qualified to deliver these services and services to address co-occurring medical and mental disorders will have significant implications for the national workforce's ability to reach the full potential of integration.

What are SAMHSA and other Federal agencies doing to address the workforce crisis and enhance recovery supports as an integral part of the solution?¹³

- SAMHSA will support active strategies to strengthen and expand the behavioral health workforce and improve the behavioral health knowledge and skills of those health care workers not considered behavioral health specialists. Through technical assistance, training, partnerships, and traditional and social media outreach, SAMHSA will promote an integrated, aligned, and competent workforce.
- This workforce will enhance the availability of prevention and treatment for substance abuse and mental illness, strengthen the capabilities of behavioral health professionals, and promote health system infrastructure that can deliver competent, organized behavioral health services.
- SAMHSA will monitor and assess the needs of youth, young adult and adult peers, communities, and health professionals in meeting behavioral health needs within America's transforming health promotion and health care delivery systems.
- SAMHSA also recognizes the growing understanding and value of peer providers to assist with engagement, support, and peer services. Increasing the peer and paraprofessional workforce and increasing the evidence base for the best uses of peer and paraprofessional behavioral health services and supports, will require additional commitment and will help to expand the reach of limited professional treatment and support professionals.

What is the best way to ensure the behavioral health workforce has access to the information they need to remain current in advancing technologies in prevention, treatment and recovery support?¹⁴

- Strong health IT systems improve the organization and usability of clinical data, thereby helping patients, health care professionals, and health system leaders coordinate care, promote shared decision-making, and engage in quality improvement efforts. These systems have the capacity to easily provide information in multiple languages and to put patients in touch with culturally appropriate providers through telehealth.

What kinds of training programs or strategies might BH managers adopt to enhance staff retention?¹⁵

- Members of the behavioral health workforce benefit from continued training and clinical supervision to maintain high-quality services. In addition, these practices and other organizational factors may prevent staff from experiencing burnout and may assist in overcoming challenges in retention of qualified workers.

¹³ SAMHSA. Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018

¹⁴ U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

¹⁵ Sherman, Laura, Lynch, Sean, et. al. Behavioral Health Workforce: Quality Assurance Practices in Substance Abuse Treatment Facilities. The CBHSQ Report. SAMHSA.

- For example, clinical supervision has been shown to serve as a protective factor in substance abuse treatment counselors' turnover, emotional exhaustion, and job satisfaction. In the substance abuse treatment field, staff turnover has been found to be as high as 50 percent in some contexts, with average annual estimates around 32 percent for counselors. Substance abuse treatment facilities can play a key role in supporting their workforce through training and supervision practices.

What are initiatives that increase access to providers in underserved areas and integrate behavioral health and primary care?

- The National Network to Eliminate Disparities (NNED) in Behavioral Health is dedicated to promoting equality in behavioral health services for individuals, families, and communities. NNED, with help from SAMHSA and the National Alliance for Multi-Ethnic Behavioral Health Associations, builds coalitions of racial, ethnic, cultural, and sexual minority communities and groups dedicated to removing disparities in behavioral health care.¹⁶
- The Minority Fellowship Programs (MFP) increase the knowledge of issues related to mental health conditions and addictions among minorities, and to improve the quality of mental health services and substance abuse prevention and treatment delivered to ethnic minority populations. SAMHSA provides grants to encourage and facilitate the doctoral and post-doctoral development of nurses, psychiatrists, social workers, psychologists, marriage and family therapists, and professional counselors by providing funding to organizations which oversee the fellowship opportunities.
- Graduate Psychology Education (GPE) Program: HRSA grants in the GPE program support interdisciplinary training for health service psychologists to provide mental and behavioral health care services to underserved populations, such as those in rural areas, older adults, children, chronically ill or disabled persons, and victims of abuse or trauma, including returning military personnel.
- HRSA's National Health Service Corps are health professionals who provide primary health care services in underserved communities in exchange for either loan repayment assistance or scholarships to help pay the costs of their medical education.
- SAMHSA's cooperative agreement with Historically Black Colleges and Universities supports a Center for Excellence in Substance Abuse and Mental Health which provides student internships at minority serving institutions.¹⁷
- CMS is providing technical and program support to states to introduce policy, program, and payment reforms to identify individuals with substance use disorders, expand coverage for effective treatment, expand access to services, and develop data collection, measurement, and payment mechanisms that promote better outcomes.
- Medicaid is also encouraging the trend to integration in other ways, including supporting new models for delivering primary care, expanding the role of existing community-based care delivery systems, enacting mental health and substance use disorder parity for Medicaid and Children's Health Insurance Program (CHIP) as included in the final rule that CMS finalized in March 2016.¹⁸

Behavioral Health – Substance Use Disorders

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria

¹⁶ SAMHSA. (n.d.). Serving the Needs of Diverse Populations.

¹⁷ SAMHSA. (2013, January 24). Report to Congress on Nation's Substance Abuse and Mental Health Workforce Issues.

¹⁸ U.S. Department of Health & Human Services. (2016, Nov.). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Following are overviews of the most common substance use disorders in the United States.

Opioids reduce the perception of pain but can also produce drowsiness, mental confusion, euphoria, nausea, constipation, and, depending upon the amount of drug taken, can depress respiration. Illegal opioid drugs, such as heroin and legally available pain relievers such as oxycodone and hydrocodone can cause serious health effects in those who misuse them. Some people experience a euphoric response to opioid medications, and it is common that people misusing opioids try to intensify their experience by snorting or injecting them. These methods increase their risk for serious medical complications, including overdose. Other users have switched from prescription opiates to heroin as a result of availability and lower price. Because of variable purity and other chemicals and drugs mixed with heroin on the black market, this also increases risk of overdose. Overdoses with opioid pharmaceuticals led to almost 17,000 deaths in 2011. Since 1999, opiate overdose deaths have increased 265% among men and 400% among women.

In 2014, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.

Symptoms of opioid use disorders include strong desire for opioids, inability to control or reduce use, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use opioids, and withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

Stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration. They include a wide range of drugs that have historically been used to treat conditions, such as obesity, attention deficit hyperactivity disorder and, occasionally, depression. Like other prescription medications, stimulants can be diverted for illegal use. The most commonly abused stimulants are amphetamines, methamphetamine, and cocaine. Stimulants can be synthetic (such as amphetamines) or can be plant-derived (such as cocaine). They are usually taken orally, snorted, or intravenously.

In 2014, an estimated 913,000 people ages 12 and older had a stimulant use disorder because of cocaine use, and an estimated 476,000 people had a stimulant use disorder as a result of using other stimulants besides methamphetamines. In 2014, almost 569,000 people in the United States ages 12 and up reported using methamphetamines in the past month.

Symptoms of stimulant use disorders include craving for stimulants, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use stimulants, and withdrawal symptoms that occur after stopping or reducing use, including fatigue, vivid and unpleasant dreams, sleep problems, increased appetite, or irregular problems in controlling movement.

Marijuana is the most-used drug after alcohol and tobacco in the United States. According to SAMHSA data:

- In 2014, about 22.2 million people ages 12 and up reported using marijuana during the past month.

- Also, in 2014, there were 2.6 million people in that age range who had used marijuana for the first time within the past 12 months. People between the ages of 12 and 49 report first using the drug at an average age of 18.5.

In the past year, 4.2 million people ages 12 and up met criteria for a substance use disorder based on marijuana use.

Marijuana's immediate effects include distorted perception, difficulty with thinking and problem solving, and loss of motor coordination. Long-term use of the drug can contribute to respiratory infection, impaired memory, and exposure to cancer-causing compounds. Heavy marijuana use in youth has also been linked to increased risk for developing mental illness and poorer cognitive functioning.

Some symptoms of cannabis use disorder include disruptions in functioning, the development of tolerance, cravings for cannabis, and the development of withdrawal symptoms, such as the inability to sleep, restlessness, nervousness, anger, or depression within a week of ceasing heavy use.

According to the CDC, more than 480,000 deaths each year are caused by cigarette smoking. Tobacco use and smoking do damage to nearly every organ in the human body, often leading to lung cancer, respiratory disorders, heart disease, stroke, and other illnesses.

In 2014, an estimated 66.9 million Americans aged 12 or older were current users of a tobacco product (25.2%). Young adults aged 18 to 25 had the highest rate of current use of a tobacco product (35%), followed by adults aged 26 or older (25.8%), and by youths aged 12 to 17 (7%).

In 2014, the prevalence of current use of a tobacco product was 37.8% for American Indians or Alaska Natives, 27.6% for whites, 26.6% for blacks, 30.6% for Native Hawaiians or other Pacific Islanders, 18.8% for Hispanics, and 10.2% for Asians.

Excessive alcohol use can increase a person's risk of developing serious health problems in addition to those issues associated with intoxication behaviors and alcohol withdrawal symptoms. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths a year.

Data from the National Survey on Drug Use and Health (NSDUH) show that in 2014, slightly more than half (52.7%) of Americans ages 12 and up reported being current drinkers of alcohol. Most people drink alcohol in moderation. However, of those 176.6 million alcohol users, an estimated 17 million have an AUD. Many Americans begin drinking at an early age. In 2012, about 24% of eighth graders and 64% of twelfth graders used alcohol in the past year.

The definitions for the different levels of drinking include the following:

- Moderate Drinking—According to the Dietary Guidelines for Americans, moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men.
- Binge Drinking—SAMHSA defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 drinks for women and 5 drinks for men over a 2-hour period.
- Heavy Drinking—SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Excessive drinking can put you at risk of developing an alcohol use disorder in addition to other health and safety problems. Genetics have also been shown to be a risk factor for the development of an AUD.

To be diagnosed with an AUD, individuals must meet certain diagnostic criteria. Some of these criteria include problems controlling intake of alcohol, continued use of alcohol despite problems resulting from drinking, development of a tolerance, drinking that leads to risky situations, or the development of withdrawal symptoms. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.

Hallucinogens can be chemically synthesized (as with lysergic acid diethylamide or LSD) or may occur naturally (as with psilocybin mushrooms, peyote). These drugs can produce visual and auditory hallucinations, feelings of detachment from one's environment and oneself, and distortions in time and perception.

In 2014, approximately 246,000 Americans had a hallucinogen use disorder. Symptoms of hallucinogen use disorder include craving for hallucinogens, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, use in risky situations like driving, development of tolerance, and spending a great deal of time to obtain and use hallucinogens.

Diabetes and Obesity

MMC is committed to its continued work with community partners to ensure that the many years of funding committed by MMC for projects that work to stem the spread of chronic diseases linked to diabetes and obesity continue to drive successful improvements in overall health of the community.

Diabetes¹⁹

Diabetes mellitus (DM) occurs when the body cannot produce enough insulin or cannot respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are:

- Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production
- Type 1 diabetes, which results when the body loses its ability to produce insulin
- Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for the mother and, later in life, the child's subsequent development of type 2 diabetes after the affected pregnancy.

Effective therapy can prevent or delay diabetic complications. However, about 28 percent of Americans with DM are undiagnosed, and another 86 million American adults have blood glucose levels that greatly increase their risk of developing type 2 DM in the next several years. Diabetes complications tend to be more common and more severe among people whose diabetes is poorly controlled, which makes DM an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes.

¹⁹ <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

DM affects an estimated 29.1 million people in the United States and is the 7th leading cause of death. Diagnosed DM:

- Increases the all-cause mortality rate 1.8 times compared to persons without diagnosed diabetes
- Increases the risk of heart attack by 1.8 times
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness
- In addition to these human costs, the estimated total financial cost of DM in the United States in 2012 was \$245 billion, which includes the costs of medical care, disability, and premature death.
- The number of DM cases continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with DM, and possibly earlier onset of type 2 DM, there is growing concern about:
 - The possibility of substantial increases in prevalence of diabetes-related complications in part due to the rise in rates of obesity
 - The possibility that the increase in the number of persons with DM and the complexity of their care might overwhelm existing health care systems
 - The need to take advantage of recent discoveries on the individual and societal benefits of improved diabetes management and prevention by bringing life-saving discoveries into wider practice
 - The clear need to complement improved diabetes management strategies with efforts in primary prevention among those at risk for developing type 2 DM

Four “transition points” in the natural history of diabetes health care provide opportunities to reduce the health and economic burden of DM:

- Primary prevention: Movement from no diabetes to diabetes
 - Testing and early diagnosis: Movement from unrecognized to recognized diabetes
 - Access to care for all persons with diabetes: Movement from no diabetes care to access to appropriate diabetes care
 - Improved quality of care: Movement from inadequate to adequate care
- Disparities in diabetes risk:
- People from minority populations are more likely to be affected by type 2 diabetes. Minority groups constitute 25 percent of all adult patients with diabetes in the United States and represent most children and adolescents with type 2 diabetes.
 - African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes.
 - Diabetes prevalence rates among American Indians are 2 to 5 times those of whites. On average, African American adults are 1.7 times as likely and Mexican Americans and Puerto Ricans are twice as likely to have the disease as non-Hispanic whites of similar age.
- Barriers to progress in diabetes care include:
- Systems problems (challenges due to the design of health care systems)
 - The troubling increase in the number of people with diabetes, which may result in a decrease in the attention and resources available per person to treat DM

Evidence is emerging that diabetes is associated with additional comorbidities including:

- Cognitive impairment
- Incontinence
- Fracture risk
- Cancer risk and prognosis

The importance of both diabetes and these comorbidities will continue to increase as the population ages. Therapies that have proven to reduce microvascular and macrovascular complications will need to be assessed considering the newly identified comorbidities.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals. Based on this, new public health approaches are emerging that may deserve monitoring at the national level. For example, the Diabetes Prevention Program research trial demonstrated that lifestyle intervention had its greatest impact in older adults and was effective in all racial and ethnic groups. Translational studies of this work have also shown that delivery of the lifestyle intervention in group settings at the community level are also effective at reducing type 2 diabetes risk. The National Diabetes Prevention Program has now been established to implement the lifestyle intervention nationwide.

Another emerging issue is the effect on public health of new laboratory-based criteria, such as introducing the use of A1c for diagnosis of type 2 diabetes or for recognizing high risk for type 2 diabetes. These changes may impact the number of individuals with undiagnosed diabetes and facilitate the introduction of type 2 diabetes prevention at a public health level.

Several studies have suggested that process indicators such as foot exams, eye exams, and measurement of A1c may not be sensitive enough to capture all aspects of quality of care that ultimately result in reduced morbidity. New diabetes quality-of-care indicators are currently under development and may help determine whether appropriate, timely, evidence-based care is linked to risk factor reduction. In addition, the scientific evidence that type 2 diabetes can be prevented or delayed has stimulated new research into the best markers and approaches for identifying and referring high-risk individuals to prevention programs in community settings.

Finally, it may be possible to achieve additional reduction in the risk of type 2 diabetes or its complications by influencing various behavioral risk factors, such as specific dietary choices, which have not been tested in large randomized controlled trials.

Obesity²⁰

Each year, the *State of Obesity: Better Policies for a Healthier America* report, issued by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF), highlights the latest obesity trends as well as strategies, policies, programs, and practices that can reverse the epidemic. State of Obesity also demonstrates the level of commitment necessary to effectively fight obesity on a large scale and includes key recommendations for specific action.

New studies documenting national obesity rates and trends from the past year reinforce what we already know: obesity rates are alarmingly high; sustained, meaningful reductions have not yet been achieved nationally except possibly among our youngest children in low-income families; many populations continue to see steady increases in obesity; and racial, ethnic, and geographic disparities are persistent. Therefore, addressing the obesity epidemic remains imperative for ensuring the health of the nation.

²⁰ <https://stateofobesity.org/wp-content/uploads/2018/09/stateofobesity2018.pdf>

According to the most recent National Health and Nutrition Examination Survey (NHANES), 18.5 percent of children and 39.6 percent of adults had obesity in 2015–2016. These are the highest rates ever documented by NHANES. There were no statistically significant changes in youth or adult rates compared with the 2013–2014 survey, but rates have increased significantly since 1999–2000, when 13.9 percent of children and 30.5 percent of adults had obesity.

The severity of racial, ethnic, and geographic disparities remains striking. Black and Latino children and adults continue to have higher obesity rates than Whites and Asians. The Youth Risk Behavior Survey, which is based on self-reported data, found that 14.8 percent of U.S. high school students had obesity in 2017. That survey also reported persistent inequities—18.2 percent of Black and Latino high schoolers had obesity compared with 12.5 percent of their White peers. Two other studies found that adults and children who live in rural areas have higher rates of severe obesity.

Accelerating progress to address obesity will require collaboration, sufficient resources, and sustained efforts, including by federal, state, and local agencies and the private sector. For decades, experts at CDC, National Institutes of Health (NIH), U.S. Department of Agriculture (USDA), U.S. Department of Education, the Administration for Children and Families, and the Food and Drug Administration (FDA) have been researching and developing strategies to prevent and address obesity. Over the past 15 years, policymakers have taken significant steps to implement new approaches through the WIC program, the Supplemental Nutrition Assistance Program, the National School Lunch and Breakfast Programs, updated menu labeling rules, and an updated Nutrition Facts label. Some of these efforts were delayed or weakened, preventing full implementation and thus denying researchers the ability to effectively study which efforts best help people maintain a healthy weight.

For instance, a USDA rule published in November 2017 scaled back key nutrition standards for school breakfast and lunch programs that went into effect in 2012. The question is whether schools will continue the healthy changes that they already implemented. In 23 states, 100 percent of school food agencies were compliant as of September 2016 and at least 90 percent of agencies were compliant in every state. FDA requirements for food retailers and restaurants to post calorie information on menus and elsewhere went into effect in May 2018, more than eight years after becoming law and after several unnecessary delays. Recent federal budget proposals include deep cuts to key health programs such as the CDC's National Center for Chronic Disease Prevention and Health Promotion. This cut would eliminate dedicated funding for addressing nutrition, physical activity, and obesity.

Limiting policies and funding for obesity prevention efforts at a moment when the enormity and intractability of this public health problem is so pressing will have adverse consequences for the country and its residents. After all, Americans' health is directly tied to national security and the U.S. economy.

In response to ongoing high levels of obesity, the United States must be bold enough to find and test new strategies, and resolute enough to intensify evidence-based solutions that are already making a difference. This means communities, governments, and other institutions need to work across sectors and levels to support policies, practices, and programs that work. Over time, these investments can pay off—in lives saved and in reduced healthcare costs.

The annual State of Obesity reports have documented how, over the past 15 years, a series of evidenced-based policies and programs have helped Americans eat healthier and provided more opportunities for physical activity in their homes, schools, and communities. These initiatives have taken root at the local, state, and federal levels, with participation from the private sector.

A renewed commitment to obesity prevention policies and programs, and continued innovation at the state and local levels is critical to achieving success among more children and adults in our country. Effective obesity prevention efforts also require substantial investment to support multifaceted, multi-sector collaborations; merging multiple sources of public and private funding can best ensure that these efforts are sustainable as a long-term enterprise. This is particularly important for populations that have elevated risk.

TFAH and RWJF recommend three guiding principles regarding obesity prevention:

- 1) Promote policies and scale programs that take a multi-sector approach. Multi-sector aligned initiatives—collaborations that involve, for example, health departments, schools, transportation departments, local businesses, and other agencies—are more likely to achieve results.
- 2) Adopt and implement policies that help make healthy choices easy. Federal, state, and local governments can create conditions in schools, communities, and workplaces that make healthy eating and active living accessible, affordable, and convenient.
- 3) Invest in programs that level the playing field for all individuals and families. While obesity affects all populations, some have significantly higher levels than others—often due to social and economic factors largely beyond their control, such as racism, poverty, and lack of access to healthcare. Carefully designed initiatives, that are informed by community input and address these challenges, are critically important. Investing in these programs requires not only adequate funding, but also staffing, public promotion, and other community resources.

TFAH and RWJF offer the following specific recommendations to Healthcare System and Providers:

- Hospitals should no longer sell or serve sugary drinks on their campuses; they should also improve the nutritional quality of meals and promote breastfeeding.
- Nonprofit hospitals should prioritize childhood obesity prevention programs as they work to meet their community benefit requirements.
- All public and private health plans should cover the full range of obesity-prevention, treatment, and management services, including nutritional counseling, medications, and behavioral health consultation.
- Medicare should encourage eligible beneficiaries to enroll in obesity counseling as a covered benefit and evaluate its use and effectiveness. Health plans, medical schools, continuing medical education, and public health departments should raise awareness about the need and availability of these services.
- The healthcare system should extend programs that are effective in terms of costs and performance, such as the Diabetes Prevention Program (DPP) and the community health worker–clinical coordination models. Providers and payers should allocate resources to educating and referring patients to DPP and other covered benefits as appropriate.
- Public and private payers should cover value-based purchasing models that incorporate health outcome measures that incentivize clinicians to prioritize healthy weight.

Geriatrics and Healthy Aging

In 2013, the US Bureau of Labor Statistics reported that one in every five American workers was over 65, further estimating that by 2020, one in four American workers would be over 55.²¹ The rising age of Americans in the workforce, however, provides insight into just one element of the much larger growth trend occurring – and

²¹ U.S. Bureau of Labor Statistics

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projected to continue occurring quite rapidly – throughout the coming decades. A 2013 estimate published by the CDC stated that the total number of Americans aged 65 or older could reach 72 million over the next 25. The CDC analysis also showed that older adults will account for nearly 20% of the total US population by the year 2030.²² Research has identified action steps we can take to maintain our health and function as we get older. From improving our diet and levels of physical activity to getting health screenings and managing risk factors for disease, these actions may influence different areas of health.

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

- The incidence of Alzheimer’s or Dementia
- The rate of osteoporosis in the community
- Heart disease among the aging
- Overall cancer among aged populations

As we seek to address health concerns in the community, Morristown Medical Center will continue to focus on specific efforts that will impact the rate of disease among geriatric and aging populations. Efforts will continue to include identification and or development of programs and services that will augment the level of care available to the aged in our community.

Cancer

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

- The incidence of breast cancer
- The incidence of non-Hodgkin’s lymphoma
- The incidence of melanoma, with an identified disparity among men
- The incidence of prostate cancer, with an identified disparity among African American men
- The overall cancer incidence rate among men
- Oral cancer rate among men
- The liver/bile duct cancer rate among male Asian and Pacific Islanders
- The colorectal cancer incidence rate among men
- The overall cancer incidence rate among Medicare beneficiaries

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains a leading cause of death in the United States, second only to heart disease.²³

Many cancers are preventable by reducing risk factors such as:

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

²² <https://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf>

²³ <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

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)

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.²⁴

However, while scientific advances and medical breakthroughs in cancer treatment options and their efficacy, the benefits of these health improvements have thus far been felt disproportionately by only a small, sub-section of the population. To explain this phenomenon, researchers have pointed to the complex and interrelated factors, which contribute to the risk of developing cancer, and to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups.²⁵

The most obvious factors are a lack of health care coverage and low socioeconomic status (SES). SES is most often based on any number of factors including – but not limited to – a person’s income, education level, occupation, social status in the community, and geographic location (where the person lives). Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual’s or group’s access to things like:

- Education
- Health insurance and health care services
- Safe and healthy living and working conditions, including places free from exposure to environmental toxins

All of these are factors associated with the risk of developing and surviving cancer.

Additionally, SES also appears to play a major role in the prevalence of behavioral risk factors for cancer (like tobacco smoking, physical inactivity, obesity, and excessive alcohol use), as well as rates of cancer screenings, with those with lower SES having fewer cancer screenings.

In addition to – and in some cases, on top of – the socioeconomic, racial, and ethnic disparity trends which have long been prevalent in cancer prevalence and outcomes data, this past decade has seen new emerging trends and issues associated with cancer, largely due to the aging population, increases in cancer survivorship, and shifts in lifestyle habits.

Recently, overweight and obesity have emerged as new risk factors for developing certain cancers, including but not limited to colorectal, breast, uterine corpus (endometrial), pancreas, and kidney cancers. The impact of the

²⁴ 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.

²⁵ <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.²⁶

Cancer survivors often face physical, emotional, social, and financial challenges as a result of their cancer diagnosis and treatment. Survivors are at risk of recurrence of their first cancer and are at greater risk of developing other cancers and other health conditions. Factors that increase these risks for survivors include:

- The immediate and long-term effects of cancer and its treatment
- Obesity and unhealthy behaviors, such as smoking and lack of physical activity
- Genetic changes

In the coming decade, as the number of cancer survivors is expected to increase by more than 30% to 18 million, understanding survivors' health status and behaviors will become increasingly important.²⁷

Heart Disease²⁸

In the area served by Morristown Medical Center, there are identified health concerns or disparities among the population that are related to heart disease, including:

- An unfavorable rate of atrial fibrillation among Medicare beneficiaries
- An unfavorable trend relative hypertension among Medicare beneficiaries
- Areas of concern related to the age adjusted death rate due to heart attack
- Areas of concern related to the age adjusted death rate due to heart disease among men

Heart disease currently stands as the leading cause of death in the United States, with more than 600,000 Americans dying of heart disease and related conditions each year.²⁹ This amounts to one in every four deaths in the United States annually. Several health conditions, your lifestyle, and your age and family history can increase your risk for 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. Some of the risk factors for heart disease cannot be controlled, such as your age or family history. But you can take steps to lower your risk by changing the factors you can control.

The term "heart disease" refers to several types of heart conditions.

Coronary artery disease (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

²⁶ <http://seer.cancer.gov>

²⁷ De Moor, J. S., et al. (2013). Cancer survivors in the United States: prevalence across the survivorship trajectory and implications for care. *Cancer Epidemiology and Prevention Biomarkers*, 22(4), 561-570.

²⁸ <https://www.cdc.gov/heartdisease/about.htm>

²⁹ www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf

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

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

Every year, about 790,000 Americans have a heart attack. Of these cases, 580,000 are a first heart attack and 210,000 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.

Other related conditions include:

- Acute coronary syndrome: a term that includes heart attack and unstable angina.
- Angina: symptom of coronary artery disease, is chest pain or discomfort that occurs when the heart muscle is not getting enough blood. Angina may feel like pressure or a squeezing pain in the chest. The pain also may occur in the shoulders, arms, neck, jaw, or back. It may feel like indigestion.
- Stable angina: happens during physical activity or under mental or emotional stress.
- Unstable angina: chest pain that occurs even while at rest, without apparent reason. This type of angina is a medical emergency.
- Aortic aneurysm and dissection: conditions that can affect the aorta, the major artery that carries blood from the heart to the body. An aneurysm is an enlargement in the aorta that can rupture or burst. A dissection is a tear in the aorta. Both conditions are medical emergencies.
- Arrhythmias: irregular or unusually fast or slow heartbeats. Arrhythmias can be serious. One example is called ventricular fibrillation. This type of arrhythmia causes an abnormal heart rhythm that leads to death unless treated right away with an electrical shock to the heart (called defibrillation). Other arrhythmias are less severe but can develop into more serious conditions, such as atrial fibrillation, which can cause a stroke.
- Atherosclerosis: occurs when plaque builds up in the arteries that supply blood to the heart (called coronary arteries). Plaque is made up of cholesterol deposits. Plaque buildup causes arteries to narrow over time.
- Atrial fibrillation: a type of arrhythmia that can cause rapid, irregular beating of the heart's upper chambers. Blood may pool and clot inside the heart, increasing the risk for heart attack and stroke.
- Cardiomyopathy: occurs when the heart muscle becomes enlarged or stiff. This can lead to inadequate heart pumping (or weak heart pump) or other problems. Cardiomyopathy has many causes, including family history of the disease, prior heart attacks, uncontrolled high blood pressure, and viral or bacterial infections.
- Congenital heart defects: problems with the heart that are present at birth. They are the most common type of major birth defect. Examples include abnormal heart valves or holes in the heart's walls that divide the heart's chambers. Congenital heart defects range from minor to severe.
- Heart failure: often called congestive heart failure (CHF) because of fluid buildup in the lungs, liver, gastrointestinal tract, and the arms and legs. Heart failure is a serious condition that occurs when the heart can't pump enough blood to meet the body's needs. It does not mean that the heart has stopped but that muscle is too weak to pump enough blood. The majority of heart failure cases are chronic, or long-term heart failures. The only cure for heart failure is a heart transplant. However, heart failure can be managed with medications or medical procedures.

- Peripheral arterial disease (PAD): occurs when the arteries that supply blood to the arms and legs (the periphery) become narrow or stiff. PAD usually results from atherosclerosis, the buildup of plaque and narrowing of the arteries. With this condition, blood flow and oxygen to the arm and leg muscles are low or even fully blocked. Signs and symptoms include leg pain, numbness, and swelling in the ankles and feet.
- Rheumatic heart disease is damage to the heart valves caused by a bacterial (streptococcal) infection called rheumatic fever.

APPENDIX A: DEMOGRAPHIC TABLES

POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES						
ZIP Code	ZIP Code Name	Population of Base Yr (2010)	Population of Current Yr (2019)	Population of Forecast Yr (2024)	Population Growth: Base Yr to Current Yr (%)	Population Growth: Current Yr to Forecast Yr (%)
07006	CALDWELL	24,992	25,617	26,075	2.50%	1.79%
07039	LIVINGSTON	28,576	29,658	30,344	3.79%	2.31%
07040	MAPLEWOOD	23,987	24,766	25,289	3.25%	2.11%
07052	WEST ORANGE	46,633	48,297	49,251	3.57%	1.98%
07830	CALIFON	7,304	7,075	7,020	-3.14%	-0.78%
08822	FLEMINGTON	30,903	30,413	30,448	-1.59%	0.12%
08833	LEBANON	9,273	9,204	9,246	-0.74%	0.46%
08889	WHITEHOUSE STATION	9,353	9,137	9,101	-2.31%	-0.39%
07005	BOONTON	15,251	15,188	15,215	-0.41%	0.18%
07034	LAKE HIAWATHA	9,315	9,372	9,459	0.61%	0.93%
07035	LINCOLN PARK	10,678	10,349	10,271	-3.08%	-0.75%
07045	MONTVILLE	10,196	10,233	10,284	0.36%	0.50%
07054	PARSIPPANY	29,208	29,805	30,231	2.04%	1.43%
07058	PINE BROOK	5,291	5,172	5,141	-2.25%	-0.60%
07082	TOWACO	5,428	5,609	5,714	3.33%	1.87%
07405	BUTLER	17,732	18,014	18,209	1.59%	1.08%
07438	OAK RIDGE	11,328	11,264	11,311	-0.56%	0.42%
07444	POMPTON PLAINS	10,944	11,434	11,716	4.48%	2.47%
07801	DOVER	25,135	25,387	25,640	1.00%	1.00%
07803	MINE HILL	3,674	3,723	3,752	1.33%	0.78%
07828	BUDD LAKE	13,462	14,269	14,688	5.99%	2.94%
07834	DENVILLE	17,951	17,964	18,055	0.07%	0.51%
07836	FLANDERS	13,237	13,974	14,352	5.57%	2.71%
07847	KENVIL	1,575	1,591	1,603	1.02%	0.75%
07849	LAKE HOPATCONG	8,986	9,271	9,436	3.17%	1.78%
07850	LANDING	5,836	5,782	5,797	-0.93%	0.26%
07852	LEDGEWOOD	3,845	3,947	4,015	2.65%	1.72%
07853	LONG VALLEY	12,729	12,817	12,905	0.69%	0.69%
07856	MOUNT ARLINGTON	4,375	4,807	5,029	9.87%	4.62%
07857	NETCONG	3,268	3,485	3,597	6.64%	3.21%
07866	ROCKAWAY	22,403	22,496	22,606	0.42%	0.49%
07869	RANDOLPH	25,645	25,985	26,277	1.33%	1.12%
07876	SUCCASUNNA	10,336	10,190	10,171	-1.41%	-0.19%
07885	WHARTON	10,453	11,282	11,660	7.93%	3.35%
07927	CEDAR KNOLLS	3,696	4,110	4,317	11.20%	5.04%
07928	CHATHAM	18,884	18,265	18,117	-3.28%	-0.81%
07930	CHESTER	8,693	8,845	8,977	1.75%	1.49%
07932	FLORHAM PARK	10,949	11,625	11,968	6.17%	2.95%
07936	EAST HANOVER	11,250	11,192	11,231	-0.52%	0.35%
07940	MADISON	16,169	16,224	16,283	0.34%	0.36%
07945	MENDHAM	9,482	9,787	9,982	3.22%	1.99%
07950	MORRIS PLAINS	19,262	19,776	20,089	2.67%	1.58%
07960	MORRISTOWN	43,833	44,908	45,583	2.45%	1.50%
07981	WHIPPANY	8,781	9,034	9,177	2.88%	1.58%
07470	WAYNE	51,856	52,657	53,254	1.54%	1.13%

POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES						
ZIP Code	ZIP Code Name	Population of Base Yr (2010)	Population of Current Yr (2019)	Population of Forecast Yr (2024)	Population Growth: Base Yr to Current Yr (%)	Population Growth: Current Yr to Forecast Yr (%)
07480	WEST MILFORD	15,920	16,225	16,426	1.92%	1.24%
07059	WARREN	15,677	16,210	16,558	3.40%	2.15%
07920	BASKING RIDGE	27,529	28,338	28,908	2.94%	2.01%
07921	BEDMINSTER	7,411	7,520	7,632	1.47%	1.49%
07924	BERNARDSVILLE	7,443	7,728	7,899	3.83%	2.21%
07931	FAR HILLS	4,156	4,127	4,151	-0.70%	0.58%
08807	BRIDGEWATER	37,649	38,082	38,517	1.15%	1.14%
08876	SOMERVILLE	22,527	22,688	22,911	0.71%	0.98%
07416	FRANKLIN	5,625	5,338	5,247	-5.10%	-1.70%
07419	HAMBURG	9,178	9,158	9,194	-0.22%	0.39%
07461	SUSSEX	19,991	18,646	18,247	-6.73%	-2.14%
07821	ANDOVER	9,442	8,863	8,696	-6.13%	-1.88%
07826	BRANCHVILLE	6,034	5,809	5,731	-3.73%	-1.34%
07843	HOPATCONG	12,071	10,942	10,618	-9.35%	-2.96%
07848	LAFAYETTE	5,200	4,875	4,776	-6.25%	-2.03%
07860	NEWTON	26,044	24,497	24,044	-5.94%	-1.85%
07871	SPARTA	20,805	19,707	19,410	-5.28%	-1.51%
07874	STANHOPE	8,982	8,094	7,843	-9.89%	-3.10%
07016	CRANFORD	22,690	24,201	24,941	6.66%	3.06%
07060	PLAINFIELD	44,107	44,779	45,299	1.52%	1.16%
07076	SCOTCH PLAINS	23,682	25,239	26,023	6.57%	3.11%
07081	SPRINGFIELD	15,550	17,140	17,931	10.23%	4.61%
07083	UNION	53,641	56,558	58,036	5.44%	2.61%
07090	WESTFIELD	30,295	31,482	32,115	3.92%	2.01%
07901	SUMMIT	22,744	23,745	24,267	4.40%	2.20%
07922	BERKELEY HEIGHTS	12,300	12,895	13,207	4.84%	2.42%
07974	NEW PROVIDENCE	11,896	12,556	12,900	5.55%	2.74%
07825	BLAIRSTOWN	9,581	9,187	9,090	-4.11%	-1.06%
07840	HACKETTSTOWN	30,376	30,896	31,340	1.71%	1.44%
MMC SERVICE AREA		1,230,703	1,249,525	1,264,843	1.5%	1.2%
MORRIS COUNTY		481,309	489,414	495,300	1.7%	1.2%
NEW JERSEY		8,791,914	9,043,262	9,195,645	2.9%	1.7%

POPULATION DENSITY: ZIP CODES AND COMPARATIVE GEOGRAPHIES		
ZIP Code	ZIP Code Name	Population / Square Mile
07006	CALDWELL	2,726.16
07039	LIVINGSTON	2,108.24
07040	MAPLEWOOD	6,948.70
07052	WEST ORANGE	3,953.87
07830	CALIFON	289.10
08822	FLEMINGTON	473.55
08833	LEBANON	274.43
08889	WHITEHOUSE STATION	359.14

POPULATION DENSITY: ZIP CODES AND COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Population / Square Mile
07005	BOONTON	808.24
07034	LAKE HIAWATHA	7,507.69
07035	LINCOLN PARK	1,547.09
07045	MONTVILLE	1,441.90
07054	PARSIPPANY	2,163.34
07058	PINE BROOK	1,770.51
07082	TOWACO	922.33
07405	BUTLER	913.80
07438	OAK RIDGE	408.14
07444	POMPTON PLAINS	2,216.81
07801	DOVER	2,594.68
07803	MINE HILL	1,266.69
07828	BUDD LAKE	1,000.92
07834	DENVILLE	856.63
07836	FLANDERS	731.69
07847	KENVIL	1,253.68
07849	LAKE HOPATCONG	1,806.08
07850	LANDING	1,291.72
07852	LEDGEWOOD	376.42
07853	LONG VALLEY	1,289.56
07856	MOUNT ARLINGTON	3,214.25
07857	NETCONG	1,016.14
07866	ROCKAWAY	1,289.35
07869	RANDOLPH	1,789.22
07876	SUCCASUNNA	1,397.45
07885	WHARTON	732.82
07927	CEDAR KNOLLS	2,122.43
07928	CHATHAM	2,128.89
07930	CHESTER	343.08
07932	FLORHAM PARK	1,743.66
07936	EAST HANOVER	1,414.92
07940	MADISON	3,484.28
07945	MENDHAM	516.80
07950	MORRIS PLAINS	2,152.05
07960	MORRISTOWN	1,266.50
07981	WHIPPANY	1,339.72
07470	WAYNE	2,190.42
07480	WEST MILFORD	475.76
07059	WARREN	824.20
07920	BASKING RIDGE	1,215.72
07921	BEDMINSTER	405.97
07924	BERNARDSVILLE	637.22
07931	FAR HILLS	203.38
08807	BRIDGEWATER	1,491.65
08876	SOMERVILLE	1,485.49
07416	FRANKLIN	568.40
07419	HAMBURG	587.80
07461	SUSSEX	222.94
07821	ANDOVER	206.71

POPULATION DENSITY: ZIP CODES AND COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Population / Square Mile
07826	BRANCHVILLE	111.99
07843	HOPATCONG	2,737.42
07848	LAFAYETTE	204.11
07860	NEWTON	244.04
07871	SPARTA	518.93
07874	STANHOPE	648.52
07016	CRANFORD	4,928.33
07060	PLAINFIELD	8,797.30
07076	SCOTCH PLAINS	2,744.51
07081	SPRINGFIELD	3,250.12
07083	UNION	6,469.33
07090	WESTFIELD	4,616.25
07901	SUMMIT	3,687.33
07922	BERKELEY HEIGHTS	2,292.98
07974	NEW PROVIDENCE	3,047.55
07825	BLAIRSTOWN	117.34
07840	HACKETTSTOWN	878.80
MMC SERVICE AREA		929.06
MORRIS COUNTY		1,130.67
NEW JERSEY		1,303.47

POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	White (Non-Hispanic)		Hispanic (of Any Race)		Asian (Non-Hispanic)		Black (Non-Hispanic)		Another Race (Non-Hispanic)	
		2019	2024	2019	2024	2019	2024	2019	2024	2019	2024
07006	CALDWELL	82.1%	79.7%	8.7%	10.1%	5.5%	6.1%	1.9%	2.0%	1.8%	2.0%
07039	LIVINGSTON	66.0%	61.9%	5.2%	5.8%	24.2%	27.1%	2.8%	3.1%	1.8%	2.1%
07040	MAPLEWOOD	50.4%	48.8%	7.9%	8.6%	3.9%	4.4%	34.2%	34.3%	3.6%	3.9%
07052	WEST ORANGE	40.0%	35.3%	19.0%	20.8%	9.0%	9.6%	29.4%	31.6%	2.6%	2.7%
07830	CALIFON	89.0%	87.4%	5.1%	5.9%	2.8%	3.1%	0.8%	0.8%	2.4%	2.8%
08822	FLEMINGTON	79.2%	76.7%	10.4%	11.9%	6.4%	7.1%	2.2%	2.4%	1.7%	1.9%
08833	LEBANON	87.0%	85.5%	5.6%	6.5%	3.7%	4.0%	1.9%	2.0%	1.8%	2.1%
08889	WHITEHOUSE STATION	87.2%	85.7%	5.4%	6.3%	4.6%	5.0%	1.7%	1.9%	1.1%	1.1%
07005	BOONTON	71.8%	69.1%	10.1%	11.3%	11.8%	12.8%	3.5%	3.8%	2.9%	3.1%
07034	LAKE HIAWATHA	49.3%	43.8%	12.4%	13.4%	30.7%	34.7%	3.2%	3.3%	4.4%	4.7%
07035	LINCOLN PARK	75.7%	73.3%	11.9%	13.4%	8.7%	9.5%	1.6%	1.6%	2.0%	2.2%
07045	MONTVILLE	72.4%	69.3%	4.3%	4.7%	20.0%	22.2%	0.9%	1.0%	2.4%	2.8%
07054	PARSIPPANY	42.9%	37.5%	9.8%	10.6%	40.6%	44.6%	3.6%	3.9%	3.0%	3.3%
07058	PINE BROOK	54.5%	51.0%	6.4%	7.1%	33.4%	35.6%	2.8%	3.1%	2.8%	3.2%
07082	TOWACO	77.5%	74.7%	5.7%	6.5%	14.6%	16.2%	1.1%	1.3%	1.2%	1.2%
07405	BUTLER	82.7%	80.3%	9.6%	10.9%	4.7%	5.2%	1.4%	1.7%	1.6%	1.8%
07438	OAK RIDGE	88.4%	86.9%	6.9%	7.9%	2.2%	2.4%	1.1%	1.2%	1.4%	1.6%
07444	POMPTON PLAINS	91.4%	90.7%	5.2%	5.6%	1.7%	1.6%	0.8%	1.0%	0.9%	1.0%

POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	White (Non-Hispanic)		Hispanic (of Any Race)		Asian (Non-Hispanic)		Black (Non-Hispanic)		Another Race (Non-Hispanic)	
		2019	2024	2019	2024	2019	2024	2019	2024	2019	2024
07801	DOVER	25.9%	22.5%	64.4%	68.0%	4.0%	4.1%	4.4%	4.1%	1.3%	1.3%
07803	MINE HILL	53.0%	45.7%	33.0%	38.5%	6.7%	7.6%	4.8%	5.3%	2.5%	2.9%
07828	BUDD LAKE	61.7%	57.0%	18.0%	20.2%	9.8%	11.0%	8.3%	9.5%	2.2%	2.3%
07834	DENVILLE	80.0%	77.7%	7.6%	8.7%	8.5%	9.1%	1.9%	2.0%	2.1%	2.4%
07836	FLANDERS	73.4%	70.5%	11.4%	13.0%	8.8%	9.6%	4.5%	4.7%	2.0%	2.2%
07847	KENVIL	64.8%	59.9%	22.5%	25.8%	8.9%	10.3%	1.8%	1.8%	1.9%	2.2%
07849	LAKE HOPATCONG	75.8%	71.6%	10.0%	11.4%	10.0%	12.2%	2.4%	2.9%	1.7%	1.9%
07850	LANDING	72.9%	69.6%	15.1%	17.0%	3.8%	4.1%	4.6%	5.3%	3.5%	4.1%
07852	LEDGEWOOD	74.3%	70.8%	10.1%	11.5%	11.0%	12.7%	2.4%	2.5%	2.2%	2.5%
07853	LONG VALLEY	87.1%	85.1%	6.0%	7.0%	3.6%	4.0%	1.4%	1.7%	1.9%	2.2%
07856	MOUNT ARLINGTON	81.3%	79.4%	10.9%	12.3%	3.5%	3.5%	2.7%	3.0%	1.6%	1.7%
07857	NETCONG	64.5%	58.9%	24.6%	28.4%	3.8%	4.4%	5.7%	6.9%	1.4%	1.5%
07866	ROCKAWAY	74.2%	71.6%	13.6%	15.2%	7.7%	8.1%	2.7%	3.0%	1.8%	2.0%
07869	RANDOLPH	69.3%	66.1%	13.7%	15.7%	12.0%	12.9%	2.9%	3.0%	2.1%	2.3%
07876	SUCCASUNNA	81.3%	79.0%	9.1%	10.5%	6.4%	7.0%	1.6%	1.7%	1.6%	1.8%
07885	WHARTON	50.7%	45.1%	34.9%	38.8%	9.3%	10.8%	3.1%	3.2%	2.0%	2.1%
07927	CEDAR KNOLLS	77.1%	74.6%	5.8%	6.3%	13.9%	15.6%	1.8%	2.1%	1.2%	1.4%
07928	CHATHAM	83.7%	81.4%	5.5%	6.2%	7.1%	7.8%	1.2%	1.5%	2.6%	3.0%
07930	CHESTER	85.0%	83.1%	7.9%	9.0%	3.8%	4.2%	1.1%	1.2%	2.2%	2.5%
07932	FLORHAM PARK	75.4%	71.4%	6.7%	7.6%	8.6%	9.9%	6.5%	7.9%	2.7%	3.2%
07936	EAST HANOVER	78.5%	76.8%	7.2%	8.3%	12.1%	12.5%	1.1%	1.2%	1.1%	1.2%
07940	MADISON	77.2%	74.9%	10.8%	12.1%	6.5%	7.1%	3.0%	3.2%	2.4%	2.7%
07945	MENDHAM	89.0%	87.7%	4.4%	5.0%	3.5%	3.8%	1.5%	1.7%	1.7%	1.9%
07950	MORRIS PLAINS	65.5%	61.7%	8.1%	9.0%	20.2%	22.4%	3.9%	4.2%	2.3%	2.6%
07960	MORRISTOWN	63.0%	60.8%	21.6%	23.5%	5.4%	5.8%	8.0%	7.7%	2.0%	2.2%
07981	WHIPPANY	79.8%	78.3%	5.1%	5.5%	12.2%	13.0%	0.9%	0.8%	2.0%	2.4%
07470	WAYNE	75.9%	72.4%	10.8%	12.8%	9.8%	10.8%	1.6%	1.8%	1.9%	2.2%
07480	WEST MILFORD	86.9%	84.7%	8.5%	10.3%	1.6%	1.7%	1.3%	1.4%	1.7%	1.9%
07059	WARREN	69.5%	65.4%	6.8%	7.7%	20.0%	22.8%	1.9%	2.1%	1.9%	2.0%
07920	BASKING RIDGE	71.3%	66.8%	4.9%	5.4%	19.3%	22.6%	2.2%	2.5%	2.4%	2.7%
07921	BEDMINSTER	76.0%	73.0%	7.8%	8.8%	11.8%	13.4%	2.3%	2.4%	2.1%	2.4%
07924	BERNARDSVILLE	77.8%	74.6%	15.7%	18.2%	3.7%	4.0%	1.3%	1.6%	1.5%	1.6%
07931	FAR HILLS	79.4%	76.1%	11.5%	13.5%	4.7%	5.3%	2.6%	3.0%	1.8%	2.0%
08807	BRIDGEWATER	61.4%	56.8%	8.6%	9.5%	25.6%	29.0%	2.5%	2.6%	1.9%	2.1%
08876	SOMERVILLE	60.0%	56.4%	17.5%	19.1%	12.6%	14.3%	7.2%	7.4%	2.6%	2.8%
07416	FRANKLIN	83.1%	81.1%	9.6%	10.7%	1.8%	1.8%	2.9%	3.4%	2.6%	2.9%
07419	HAMBURG	82.7%	80.6%	8.4%	9.4%	3.4%	3.7%	3.7%	4.3%	1.9%	2.0%
07461	SUSSEX	87.3%	85.6%	7.7%	8.8%	1.2%	1.3%	1.9%	2.2%	1.9%	2.1%
07821	ANDOVER	88.8%	87.6%	6.8%	7.7%	1.8%	1.9%	1.5%	1.6%	1.2%	1.2%
07826	BRANCHVILLE	92.1%	91.0%	4.4%	5.0%	1.0%	1.1%	0.9%	1.1%	1.6%	1.8%
07843	HOPATCONG	77.4%	74.7%	15.3%	17.3%	2.4%	2.5%	3.4%	3.8%	1.6%	1.7%
07848	LAFAYETTE	86.5%	85.0%	6.8%	7.7%	2.2%	2.3%	2.7%	3.0%	1.7%	2.0%
07860	NEWTON	84.8%	82.8%	8.6%	9.9%	2.1%	2.3%	2.7%	3.0%	1.8%	2.0%
07871	SPARTA	86.6%	84.8%	7.2%	8.3%	2.9%	3.2%	1.6%	1.8%	1.7%	1.9%
07874	STANHOPE	84.1%	82.6%	9.7%	10.8%	3.0%	3.3%	1.9%	2.0%	1.3%	1.3%

POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES											
ZIP Code	ZIP Code Name	White (Non-Hispanic)		Hispanic (of Any Race)		Asian (Non-Hispanic)		Black (Non-Hispanic)		Another Race (Non-Hispanic)	
		2019	2024	2019	2024	2019	2024	2019	2024	2019	2024
07016	CRANFORD	82.0%	79.1%	9.4%	11.2%	3.6%	4.1%	2.9%	3.0%	2.2%	2.7%
07060	PLAINFIELD	11.5%	9.2%	54.3%	58.4%	2.8%	2.9%	29.6%	27.7%	1.8%	1.8%
07076	SCOTCH PLAINS	68.4%	65.4%	9.5%	11.3%	8.6%	9.2%	10.7%	10.8%	2.8%	3.3%
07081	SPRINGFIELD	65.3%	59.3%	14.3%	17.3%	10.2%	11.6%	8.1%	9.3%	2.1%	2.5%
07083	UNION	33.6%	26.4%	20.4%	23.2%	12.9%	13.9%	30.7%	33.9%	2.5%	2.6%
07090	WESTFIELD	80.4%	77.6%	6.9%	8.3%	7.4%	8.4%	2.8%	2.7%	2.5%	3.0%
07901	SUMMIT	68.3%	64.4%	15.9%	17.8%	8.6%	9.8%	4.5%	4.7%	2.7%	3.3%
07922	BERKELEY HEIGHTS	76.4%	72.9%	6.7%	7.8%	13.0%	14.6%	1.7%	1.9%	2.2%	2.8%
07974	NEW PROVIDENCE	74.3%	70.3%	9.4%	11.3%	12.3%	13.8%	1.6%	1.8%	2.3%	2.7%
07825	BLAIRSTOWN	91.6%	90.4%	4.7%	5.4%	1.3%	1.5%	1.5%	1.7%	0.9%	1.0%
07840	HACKETTSTOWN	73.3%	69.4%	14.0%	16.1%	7.0%	8.0%	3.9%	4.5%	1.8%	1.9%
MMC SERVICE AREA		67.4%	64.0%	13.8%	15.4%	9.8%	10.9%	7.0%	7.4%	2.1%	2.3%
MORRIS COUNTY		69.7%	66.7%	14.2%	15.7%	10.8%	11.9%	3.2%	3.4%	2.1%	2.3%
NEW JERSEY		53.9%	50.9%	21.0%	22.8%	10.0%	11.0%	12.8%	12.8%	2.3%	2.5%

POPULATION 5 YEARS AND OVER: SERVICE AREA & COMPARATIVE GEOGRAPHIES					
ZIP Code	ZIP Code Name	Speak English only or speak English "very well"		% Speak English less than "very well"	
07006	CALDWELL		22,897	1,383	5.7%
07039	LIVINGSTON		25,867	2,518	8.9%
07040	MAPLEWOOD		20,877	1,680	7.4%
07052	WEST ORANGE		38,174	6,417	14.4%
07830	CALIFON		6,537	71	1.1%
08822	FLEMINGTON		27,271	1,944	6.7%
08833	LEBANON		7,725	179	2.3%
08889	WHITEHOUSE STATION		8,946	237	2.6%
07005	BOONTON		13,535	1,026	7.0%
07034	LAKE HIAWATHA		7,630	1,359	15.1%
07035	LINCOLN PARK		9,071	1,059	10.5%
07045	MONTVILLE		9,475	600	6.0%
07054	PARSIPPANY		23,451	4,753	16.9%
07058	PINE BROOK		4,531	592	11.6%
07082	TOWACO		4,257	414	8.9%
07405	BUTLER		15,690	1,016	6.1%
07438	OAK RIDGE		10,865	265	2.4%
07444	POMPTON PLAINS		10,265	335	3.2%
07801	DOVER		17,309	7,416	30.0%
07803	MINE HILL		3,082	291	8.6%
07828	BUDD LAKE		13,054	888	6.4%
07834	DENVILLE		16,576	506	3.0%
07836	FLANDERS		11,162	418	3.6%
07847	KENVIL		1,325	102	7.1%
07849	LAKE HOPATCONG		8,721	211	2.4%

POPULATION 5 YEARS AND OVER: SERVICE AREA & COMPARATIVE GEOGRAPHIES				
ZIP Code	ZIP Code Name	Speak English only or speak English "very well"	Speak English less than "very well"	% Speak English less than "very well"
07850	LANDING	5,577	268	4.6%
07852	LEDGEWOOD	3,895	153	3.8%
07853	LONG VALLEY	12,312	310	2.5%
07856	MOUNT ARLINGTON	4,094	116	2.8%
07857	NETCONG	2,829	328	10.4%
07866	ROCKAWAY	18,877	1,584	7.7%
07869	RANDOLPH	22,210	1,985	8.2%
07876	SUCCASUNNA	9,417	562	5.6%
07885	WHARTON	7,593	2,077	21.5%
07927	CEDAR KNOLLS	3,203	323	9.2%
07928	CHATHAM	17,543	730	4.0%
07930	CHESTER	7,523	352	4.5%
07932	FLORHAM PARK	8,988	609	6.3%
07936	EAST HANOVER	9,021	1,529	14.5%
07940	MADISON	15,598	931	5.6%
07945	MENDHAM	8,687	153	1.7%
07950	MORRIS PLAINS	16,742	1,413	7.8%
07960	MORRISTOWN	38,003	4,673	10.9%
07981	WHIPPANY	8,050	677	7.8%
07470	WAYNE	48,007	4,552	8.7%
07480	WEST MILFORD	15,254	514	3.3%
07059	WARREN	14,298	932	6.1%
07920	BASKING RIDGE	24,492	1,556	6.0%
07921	BEDMINSTER	7,086	353	4.7%
07924	BERNARDSVILLE	6,492	753	10.4%
07931	FAR HILLS	3,314	122	3.6%
08807	BRIDGEWATER	33,471	3,394	9.2%
08876	SOMERVILLE	19,238	1,674	8.0%
07416	FRANKLIN	4,928	227	4.4%
07419	HAMBURG	8,108	122	1.5%
07461	SUSSEX	17,948	232	1.3%
07821	ANDOVER	8,921	255	2.8%
07826	BRANCHVILLE	5,463	89	1.6%
07843	HOPATCONG	10,863	602	5.3%
07848	LAFAYETTE	4,481	137	3.0%
07860	NEWTON	23,921	783	3.2%
07871	SPARTA	19,056	494	2.5%
07874	STANHOPE	7,727	299	3.7%
07016	CRANFORD	21,384	1,019	4.5%
07060	PLAINFIELD	29,669	12,998	30.5%
07076	SCOTCH PLAINS	21,395	1,033	4.6%
07081	SPRINGFIELD	14,469	1,699	10.5%
07083	UNION	44,310	7,440	14.4%
07090	WESTFIELD	27,426	1,064	3.7%
07901	SUMMIT	19,767	2,032	9.3%
07922	BERKELEY HEIGHTS	11,038	656	5.6%
07974	NEW PROVIDENCE	10,578	673	6.0%
07825	BLAIRSTOWN	8,808	233	2.6%
07840	HACKETTSTOWN	25,841	2,694	9.4%
	MMC SERVICE AREA	1,076,208	103,084	8.7%
	MORRIS COUNTY	421,958	41,094	8.9%

POPULATION 5 YEARS AND OVER: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Speak English only or speak English "very well"	Speak English less than "very well"	% Speak English less than "very well"
	NEW JERSEY	7,365,008	1,021,939	12.2%

CURRENT AND PROJECTED MEDIAN HOUSEHOLD INCOME: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 HH INCOME Median HH Income	2024 HH INCOME Median HH Income	% Change Median HH Income - Projected
07006	CALDWELL	\$ 116,383	\$ 125,146	7.5%
07039	LIVINGSTON	\$ 160,843	\$ 175,908	9.4%
07040	MAPLEWOOD	\$ 122,282	\$ 132,342	8.2%
07052	WEST ORANGE	\$ 107,726	\$ 116,332	8.0%
07830	CALIFON	\$ 157,021	\$ 168,391	7.2%
08822	FLEMINGTON	\$ 119,741	\$ 129,711	8.3%
08833	LEBANON	\$ 137,455	\$ 145,965	6.2%
08889	WHITEHOUSE STATION	\$ 135,989	\$ 145,385	6.9%
07005	BOONTON	\$ 118,087	\$ 129,521	9.7%
07034	LAKE HIAWATHA	\$ 95,189	\$ 101,475	6.6%
07035	LINCOLN PARK	\$ 94,318	\$ 100,911	7.0%
07045	MONTVILLE	\$ 160,958	\$ 177,439	10.2%
07054	PARSIPPANY	\$ 97,403	\$ 106,461	9.3%
07058	PINE BROOK	\$ 119,283	\$ 128,144	7.4%
07082	TOWACO	\$ 143,264	\$ 156,298	9.1%
07405	BUTLER	\$ 121,058	\$ 132,003	9.0%
07438	OAK RIDGE	\$ 112,630	\$ 120,588	7.1%
07444	POMPTON PLAINS	\$ 78,719	\$ 84,861	7.8%
07801	DOVER	\$ 77,226	\$ 84,680	9.7%
07803	MINE HILL	\$ 102,724	\$ 107,436	4.6%
07828	BUDD LAKE	\$ 91,863	\$ 100,210	9.1%
07834	DENVILLE	\$ 125,740	\$ 136,793	8.8%
07836	FLANDERS	\$ 110,531	\$ 118,329	7.1%
07847	KENVIL	\$ 104,639	\$ 111,047	6.1%
07849	LAKE HOPATCONG	\$ 104,594	\$ 113,094	8.1%
07850	LANDING	\$ 92,979	\$ 97,735	5.1%
07852	LEDGEWOOD	\$ 118,158	\$ 125,699	6.4%
07853	LONG VALLEY	\$ 153,215	\$ 166,757	8.8%
07856	MOUNT ARLINGTON	\$ 93,768	\$ 100,815	7.5%
07857	NETCONG	\$ 65,591	\$ 70,493	7.5%
07866	ROCKAWAY	\$ 110,452	\$ 118,516	7.3%
07869	RANDOLPH	\$ 134,065	\$ 144,563	7.8%
07876	SUCCASUNNA	\$ 130,494	\$ 140,974	8.0%
07885	WHARTON	\$ 85,420	\$ 92,851	8.7%
07927	CEDAR KNOLLS	\$ 121,677	\$ 131,997	8.5%
07928	CHATHAM	\$ 177,298	\$ 195,774	10.4%
07930	CHESTER	\$ 157,184	\$ 168,131	7.0%
07932	FLORHAM PARK	\$ 141,526	\$ 154,817	9.4%
07936	EAST HANOVER	\$ 128,906	\$ 140,358	8.9%
07940	MADISON	\$ 137,128	\$ 149,735	9.2%
07945	MENDHAM	\$ 187,829	\$ 204,908	9.1%

CURRENT AND PROJECTED MEDIAN HOUSEHOLD INCOME: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 HH INCOME Median HH Income	2024 HH INCOME Median HH Income	% Change Median HH Income - Projected
07950	MORRIS PLAINS	\$ 125,470	\$ 136,340	8.7%
07960	MORRISTOWN	\$ 120,751	\$ 131,559	9.0%
07981	WHIPPANY	\$ 125,934	\$ 136,399	8.3%
07470	WAYNE	\$ 116,546	\$ 127,572	9.5%
07480	WEST MILFORD	\$ 111,014	\$ 121,277	9.2%
07059	WARREN	\$ 155,276	\$ 175,309	12.9%
07920	BASKING RIDGE	\$ 149,729	\$ 169,039	12.9%
07921	BEDMINSTER	\$ 117,012	\$ 127,847	9.3%
07924	BERNARDSVILLE	\$ 160,816	\$ 179,890	11.9%
07931	FAR HILLS	\$ 162,589	\$ 181,788	11.8%
08807	BRIDGEWATER	\$ 128,670	\$ 141,847	10.2%
08876	SOMERVILLE	\$ 96,132	\$ 106,373	10.7%
07416	FRANKLIN	\$ 65,944	\$ 68,682	4.2%
07419	HAMBURG	\$ 94,024	\$ 100,299	6.7%
07461	SUSSEX	\$ 90,159	\$ 95,526	6.0%
07821	ANDOVER	\$ 110,222	\$ 118,119	7.2%
07826	BRANCHVILLE	\$ 87,048	\$ 91,369	5.0%
07843	HOPATCONG	\$ 88,036	\$ 93,962	6.7%
07848	LAFAYETTE	\$ 99,830	\$ 106,597	6.8%
07860	NEWTON	\$ 85,246	\$ 90,717	6.4%
07871	SPARTA	\$ 139,228	\$ 148,125	6.4%
07874	STANHOPE	\$ 95,253	\$ 101,796	6.9%
07016	CRANFORD	\$ 131,293	\$ 145,989	11.2%
07060	PLAINFIELD	\$ 63,635	\$ 69,703	9.5%
07076	SCOTCH PLAINS	\$ 125,995	\$ 140,091	11.2%
07081	SPRINGFIELD	\$ 118,404	\$ 133,239	12.5%
07083	UNION	\$ 91,782	\$ 101,947	11.1%
07090	WESTFIELD	\$ 171,945	\$ 191,594	11.4%
07901	SUMMIT	\$ 166,017	\$ 188,412	13.5%
07922	BERKELEY HEIGHTS	\$ 168,421	\$ 190,028	12.8%
07974	NEW PROVIDENCE	\$ 159,348	\$ 180,408	13.2%
07825	BLAIRSTOWN	\$ 101,067	\$ 108,517	7.4%
07840	HACKETTSTOWN	\$ 89,693	\$ 97,448	8.6%
	MMC SERVICE AREA	\$ 118,281	\$128,833	8.9%
	MORRIS COUNTY	\$ 119,283	\$129,521	8.6%
	NEW JERSEY	\$77,983	\$85,857	10.1%

CURRENT AND PROJECTED MEDIAN HOUSEHOLD INCOME: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 # Families Below Poverty	2019 % Families Below Poverty	2024 # Families Below Poverty	2024 % Families Below Poverty	% Change 2019-2014
07006	CALDWELL	186	2.7%	209	3.0%	12.37%

CURRENT AND PROJECTED MEDIAN HOUSEHOLD INCOME: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 # Families Below Poverty	2019 % Families Below Poverty	2024 # Families Below Poverty	2024 % Families Below Poverty	% Change 2019-2014
07039	LIVINGSTON	135	1.6%	151	1.8%	11.85%
07040	MAPLEWOOD	313	4.8%	328	4.9%	4.79%
07052	WEST ORANGE	660	5.4%	680	5.4%	3.03%
07830	CALIFON	36	1.7%	37	1.8%	2.78%
08822	FLEMINGTON	413	5.0%	406	4.9%	-1.69%
08833	LEBANON	36	1.4%	40	1.5%	11.11%
	WHITEHOUSE	72				-4.17%
08889	STATION		2.7%	69	2.6%	
07005	BOONTON	127	3.1%	125	3.1%	-1.57%
07034	LAKE HIAWATHA	118	4.7%	121	4.8%	2.54%
07035	LINCOLN PARK	93	3.6%	90	3.5%	-3.23%
07045	MONTVILLE	80	2.8%	85	2.9%	6.25%
07054	PARSIPPANY	372	4.7%	371	4.6%	-0.27%
07058	PINE BROOK	32	2.2%	32	2.2%	0.00%
07082	TOWACO	31	2.0%	34	2.1%	9.68%
07405	BUTLER	121	2.4%	111	2.2%	-8.26%
07438	OAK RIDGE	140	4.4%	139	4.4%	-0.71%
07444	POMPTON PLAINS	71	2.5%	74	2.6%	4.23%
07801	DOVER	315	5.4%	311	5.2%	-1.27%
07803	MINE HILL	17	1.7%	17	1.7%	0.00%
07828	BUDD LAKE	189	5.1%	188	4.9%	-0.53%
07834	DENVILLE	79	1.6%	85	1.7%	8.00%
07836	FLANDERS	63	1.7%	66	1.8%	4.76%
07847	KENVIL	20	4.7%	20	4.7%	0.00%
07849	LAKE HOPATCONG	91	3.7%	90	3.6%	-1.10%
07850	LANDING	87	5.3%	79	4.8%	-9.20%
07852	LEDGEWOOD	37	3.4%	38	3.5%	2.70%
07853	LONG VALLEY	90	2.5%	92	2.5%	2.22%
07856	MOUNT ARLINGTON	28	2.1%	30	2.2%	7.14%
07857	NETCONG	101	11.6%	98	11.0%	-2.97%
07866	ROCKAWAY	123	2.0%	121	1.9%	-1.63%
07869	RANDOLPH	166	2.3%	169	2.3%	1.81%
07876	SUCCASUNNA	68	2.3%	72	2.5%	5.88%
07885	WHARTON	117	4.1%	114	3.8%	-2.56%
07927	CEDAR KNOLLS	29	2.5%	37	3.0%	27.59%
07928	CHATHAM	55	1.1%	70	1.5%	27.27%
07930	CHESTER	51	2.1%	52	2.1%	1.96%
07932	FLORHAM PARK	56	2.0%	57	2.0%	1.79%
07936	EAST HANOVER	97	3.1%	97	3.1%	0.00%
07940	MADISON	147	3.9%	138	3.6%	-6.12%
07945	MENDHAM	53	2.0%	59	2.2%	11.32%
07950	MORRIS PLAINS	93	1.8%	104	2.0%	11.83%
07960	MORRISTOWN	498	4.7%	527	4.8%	5.82%
07981	WHIPPANY	31	1.2%	34	1.3%	9.68%
07470	WAYNE	412	2.9%	457	3.2%	10.92%
07480	WEST MILFORD	79	1.8%	91	2.0%	15.19%
07059	WARREN	92	2.0%	94	2.0%	2.17%
07920	BASKING RIDGE	182	2.5%	193	2.6%	6.04%
07921	BEDMINSTER	41	2.2%	44	2.4%	7.32%

CURRENT AND PROJECTED MEDIAN HOUSEHOLD INCOME: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 # Families Below Poverty	2019 % Families Below Poverty	2024 # Families Below Poverty	2024 % Families Below Poverty	% Change 2019-2014
07924	BERNARDSVILLE	25	1.2%	29	1.4%	16.00%
07931	FAR HILLS	26	2.4%	27	2.5%	3.85%
08807	BRIDGEWATER	227	2.2%	230	2.3%	1.32%
08876	SOMERVILLE	232	4.1%	232	4.1%	0.00%
07416	FRANKLIN	85	5.9%	85	5.9%	0.00%
07419	HAMBURG	30	1.2%	37	1.4%	23.33%
07461	SUSSEX	201	3.9%	201	4.0%	0.00%
07821	ANDOVER	63	2.5%	67	2.7%	6.35%
07826	BRANCHVILLE	76	4.6%	70	4.2%	-7.89%
07843	HOPATCONG	138	4.5%	132	4.4%	-4.35%
07848	LAFAYETTE	35	2.7%	36	2.8%	2.86%
07860	NEWTON	437	6.7%	427	6.6%	-2.29%
07871	SPARTA	82	1.5%	94	1.7%	14.63%
07874	STANHOPE	77	3.4%	73	3.3%	-5.19%
07016	CRANFORD	78	1.2%	100	1.5%	28.21%
07060	PLAINFIELD	1,375	14.2%	1,370	14.1%	-0.36%
07076	SCOTCH PLAINS	180	2.6%	201	2.9%	11.67%
07081	SPRINGFIELD	206	4.5%	219	4.6%	6.31%
07083	UNION	786	5.6%	825	5.7%	4.96%
07090	WESTFIELD	140	1.7%	157	1.8%	12.14%
07901	SUMMIT	175	2.9%	186	3.0%	6.29%
07922	BERKELEY HEIGHTS	113	3.3%	113	3.2%	0.00%
07974	NEW PROVIDENCE	131	3.8%	138	3.9%	5.34%
07825	BLAIRSTOWN	89	3.4%	93	3.6%	4.49%
07840	HACKETTSTOWN	280	3.5%	282	3.5%	0.71%
MMC SERVICE AREA		11,830	3.6%	12,170	3.6%	2.87%
MORRIS COUNTY		4,122	3.2%	4,182	3.2%	1.45%
NEW JERSEY		179,302	7.8%	182,371	7.8%	1.71%

ESTIMATED TOTAL HOUSEHOLDS: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Total Households (HH)	HH receiving food stamps/SNAP	% of HH Receiving SNAP
07006	CALDWELL	9,291	141	1.5%
07039	LIVINGSTON	9,755	157	1.6%
07040	MAPLEWOOD	8,170	233	2.9%
07052	WEST ORANGE	16,375	664	4.1%
07830	CALIFON	2,388	14	0.6%
08822	FLEMINGTON	11,573	714	6.2%
08833	LEBANON	3,056	54	1.8%
08889	WHITEHOUSE STATION	3,757	30	0.8%
07005	BOONTON	5,636	230	4.1%
07034	LAKE HIAWATHA	3,455	155	4.5%
07035	LINCOLN PARK	3,886	74	1.9%
07045	MONTVILLE	3,839	48	1.3%
07054	PARSIPPANY	10,945	538	4.9%
07058	PINE BROOK	1,921	97	5.0%

ESTIMATED TOTAL HOUSEHOLDS: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Total Households (HH)	HH receiving food stamps/SNAP	% of HH Receiving SNAP
07082	TOWACO	1,585	37	2.3%
07405	BUTLER	6,177	98	1.6%
07438	OAK RIDGE	4,291	91	2.1%
07444	POMPTON PLAINS	4,761	71	1.5%
07801	DOVER	8,030	1,046	13.0%
07803	MINE HILL	1,192	26	2.2%
07828	BUDD LAKE	5,617	400	7.1%
07834	DENVILLE	6,770	190	2.8%
07836	FLANDERS	4,364	245	5.6%
07847	KENVIL	565	43	7.6%
07849	LAKE HOPATCONG	3,498	57	1.6%
07850	LANDING	2,217	75	3.4%
07852	LEDGEWOOD	1,520	23	1.5%
07853	LONG VALLEY	4,268	64	1.5%
07856	MOUNT ARLINGTON	2,096	16	0.8%
07857	NETCONG	1,450	141	9.7%
07866	ROCKAWAY	8,218	73	0.9%
07869	RANDOLPH	8,964	170	1.9%
07876	SUCCASUNNA	3,397	58	1.7%
07885	WHARTON	3,674	393	10.7%
07927	CEDAR KNOLLS	1,490	67	4.5%
07928	CHATHAM	6,479	47	0.7%
07930	CHESTER	2,847	45	1.6%
07932	FLORHAM PARK	3,999	48	1.2%
07936	EAST HANOVER	3,942	206	5.2%
07940	MADISON	5,433	117	2.2%
07945	MENDHAM	3,055	15	0.5%
07950	MORRIS PLAINS	7,076	75	1.1%
07960	MORRISTOWN	17,222	649	3.8%
07981	WHIPPANY	3,459	105	3.0%
07470	WAYNE	18,240	686	3.8%
07480	WEST MILFORD	5,775	245	4.2%
07059	WARREN	5,115	85	1.7%
07920	BASKING RIDGE	9,685	145	1.5%
07921	BEDMINSTER	3,900	92	2.4%
07924	BERNARDSVILLE	2,747	61	2.2%
07931	FAR HILLS	1,212	16	1.3%
08807	BRIDGEWATER	13,126	409	3.1%
08876	SOMERVILLE	8,077	441	5.5%
07416	FRANKLIN	2,119	156	7.4%
07419	HAMBURG	3,696	141	3.8%
07461	SUSSEX	6,884	307	4.5%
07821	ANDOVER	3,452	59	1.7%
07826	BRANCHVILLE	2,234	87	3.9%
07843	HOPATCONG	4612	176	3.8%
07848	LAFAYETTE	1,529	67	4.4%
07860	NEWTON	9,867	671	6.8%
07871	SPARTA	7,015	177	2.5%
07874	STANHOPE	3,066	104	3.4%
07016	CRANFORD	8,480	143	1.7%
07060	PLAINFIELD	14,460	2,048	14.2%
07076	SCOTCH PLAINS	8,387	237	2.8%

ESTIMATED TOTAL HOUSEHOLDS: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Total Households (HH)	HH receiving food stamps/SNAP	% of HH Receiving SNAP
07081	SPRINGFIELD	7,148	308	4.3%
07083	UNION	19,220	999	5.2%
07090	WESTFIELD	10,551	228	2.2%
07901	SUMMIT	8,333	265	3.2%
07922	BERKELEY HEIGHTS	4,051	12	0.3%
07974	NEW PROVIDENCE	4,057	43	1.1%
07825	BLAIRSTOWN	3,390	72	2.1%
07840	HACKETTSTOWN	11,648	453	3.9%
	MMC SERVICE AREA	443,779	16,773	3.8%
	MORRIS COUNTY	176,123	6,026	3.4%
	NEW JERSEY	3,195,014	298,642	9.3%

POPULATION 16 YEARS AND OVER: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Population 16 Years and Over	Unemployed	% Unemployed
07006	CALDWELL	20,664	1,199	5.8%
07039	LIVINGSTON	23,180	1,344	5.8%
07040	MAPLEWOOD	18,008	1,171	6.5%
07052	WEST ORANGE	37,694	2,601	6.9%
07830	CALIFON	5,472	98	1.8%
08822	FLEMINGTON	24,514	1,446	5.9%
08833	LEBANON	6,783	380	5.6%
08889	WHITEHOUSE STATION	8,058	483	6.0%
07005	BOONTON	12,572	704	5.6%
07034	LAKE HIAWATHA	7,819	688	8.8%
07035	LINCOLN PARK	8,939	340	3.8%
07045	MONTVILLE	8,474	297	3.5%
07054	PARSIPPANY	24,687	1,481	6.0%
07058	PINE BROOK	4,075	167	4.1%
07082	TOWACO	3,966	317	8.0%
07405	BUTLER	14,304	973	6.8%
07438	OAK RIDGE	9,464	502	5.3%
07444	POMPTON PLAINS	9,113	647	7.1%
07801	DOVER	20,922	1,172	5.6%
07803	MINE HILL	2,841	202	7.1%
07828	BUDD LAKE	11,467	894	7.8%
07834	DENVILLE	14,573	831	5.7%
07836	FLANDERS	9,316	466	5.0%
07847	KENVIL	1,194	8	0.7%
07849	LAKE HOPATCONG	7,562	552	7.3%
07850	LANDING	4,976	338	6.8%
07852	LEDGEWOOD	3,317	90	2.7%
07853	LONG VALLEY	10,086	393	3.9%
07856	MOUNT ARLINGTON	3,908	246	6.3%
07857	NETCONG	2,892	194	6.7%
07866	ROCKAWAY	17,586	932	5.3%
07869	RANDOLPH	20,007	480	2.4%
07876	SUCCASUNNA	8,559	514	6.0%
07885	WHARTON	8,202	582	7.1%

POPULATION 16 YEARS AND OVER: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Population 16 Years and Over	Unemployed	% Unemployed
07927	CEDAR KNOLLS	3,068	169	5.5%
07928	CHATHAM	14,064	563	4.0%
07930	CHESTER	6,508	436	6.7%
07932	FLORHAM PARK	8,438	447	5.3%
07936	EAST HANOVER	9,384	798	8.5%
07940	MADISON	14,069	732	5.2%
07945	MENDHAM	7,046	254	3.6%
07950	MORRIS PLAINS	15,688	1,177	7.5%
07960	MORRISTOWN	37,289	1,641	4.4%
07981	WHIPPANY	7,537	279	3.7%
07470	WAYNE	45,376	2,813	6.2%
07480	WEST MILFORD	13,348	534	4.0%
07059	WARREN	12,580	629	5.0%
07920	BASKING RIDGE	20,754	830	4.0%
07921	BEDMINSTER	6,744	378	5.6%
07924	BERNARDSVILLE	5,788	168	2.9%
07931	FAR HILLS	2,949	100	3.4%
08807	BRIDGEWATER	30,742	1,629	5.3%
08876	SOMERVILLE	17,787	1,032	5.8%
07416	FRANKLIN	4,461	343	7.7%
07419	HAMBURG	7,078	411	5.8%
07461	SUSSEX	15,482	1,300	8.4%
07821	ANDOVER	7,624	435	5.7%
07826	BRANCHVILLE	4,869	292	6.0%
07843	HOPATCONG	10,065	956	9.5%
07848	LAFAYETTE	4,032	206	5.1%
07860	NEWTON	21,552	1,660	7.7%
07871	SPARTA	15,965	782	4.9%
07874	STANHOPE	6,718	410	6.1%
07016	CRANFORD	19,109	1,051	5.5%
07060	PLAINFIELD	36,160	2,784	7.7%
07076	SCOTCH PLAINS	18,932	1,022	5.4%
07081	SPRINGFIELD	14,156	694	4.9%
07083	UNION	45,053	3,604	8.0%
07090	WESTFIELD	22,734	1,205	5.3%
07901	SUMMIT	17,511	823	4.7%
07922	BERKELEY HEIGHTS	9,605	231	2.4%
07974	NEW PROVIDENCE	8,986	404	4.5%
07825	BLAIRSTOWN	7,595	638	8.4%
07840	HACKETTSTOWN	24,604	1,993	8.1%
	MMC SERVICE AREA	996,644	58,585	5.9%
	MORRIS COUNTY	393,245	21,947	5.6%
	NEW JERSEY	7,143,654	566,878	7.9%

CURRENT AND PROJECTED EDUCATION LEVEL (AGE 25+): SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 Some High School or Less	2019 % Some High School or Less	2024 Some High School or Less	2024 % Some High School or Less	% Point Change 2019-2014
07006	CALDWELL	904	5.0%	960	5.2%	0.14%
07039	LIVINGSTON	737	3.7%	781	3.8%	0.06%
07040	MAPLEWOOD	884	5.6%	942	5.8%	0.20%
07052	WEST ORANGE	2,618	7.8%	2,703	7.9%	0.09%
07830	CALIFON	91	1.8%	93	1.9%	0.01%
08822	FLEMINGTON	1,506	7.0%	1,532	7.0%	-0.06%
08833	LEBANON	304	4.7%	317	4.7%	0.05%
08889	WHITEHOUSE STATION	324	4.9%	339	5.0%	0.10%
07005	BOONTON	579	5.3%	588	5.3%	0.01%
07034	LAKE HIAWATHA	486	7.1%	494	7.2%	0.06%
07035	LINCOLN PARK	561	7.1%	560	7.2%	0.01%
07045	MONTVILLE	208	2.8%	220	2.9%	0.04%
07054	PARSIPPANY	1,738	7.9%	1,769	7.9%	0.00%
07058	PINE BROOK	154	4.4%	155	4.4%	-0.02%
07082	TOWACO	105	2.7%	121	2.9%	0.24%
07405	BUTLER	596	4.7%	616	4.6%	-0.02%
07438	OAK RIDGE	368	4.7%	376	4.7%	-0.01%
07444	POMPTON PLAINS	449	5.1%	478	5.2%	0.06%
07801	DOVER	3,546	19.7%	3,559	19.5%	-0.20%
07803	MINE HILL	276	10.3%	284	10.5%	0.13%
07828	BUDD LAKE	714	7.2%	725	7.0%	-0.15%
07834	DENVILLE	405	3.2%	427	3.3%	0.09%
07836	FLANDERS	304	3.2%	317	3.2%	-0.04%
07847	KENVIL	92	7.9%	96	8.1%	0.19%
07849	LAKE HOPATCONG	368	5.6%	375	5.5%	-0.05%
07850	LANDING	159	3.9%	166	4.0%	0.09%
07852	LEDGEWOOD	109	3.9%	112	3.9%	-0.08%
07853	LONG VALLEY	255	2.9%	282	3.1%	0.15%
07856	MOUNT ARLINGTON	124	3.4%	133	3.4%	0.06%
07857	NETCONG	279	10.5%	287	10.5%	-0.08%
07866	ROCKAWAY	764	4.8%	790	4.8%	0.03%
07869	RANDOLPH	691	3.9%	718	3.9%	-0.01%
07876	SUCCASUNNA	364	5.0%	369	4.9%	-0.07%
07885	WHARTON	735	9.0%	765	8.9%	-0.06%
07927	CEDAR KNOLLS	214	7.1%	226	7.1%	-0.01%
07928	CHATHAM	259	2.3%	275	2.4%	0.13%
07930	CHESTER	149	2.5%	160	2.6%	0.04%
07932	FLORHAM PARK	224	3.1%	235	3.1%	0.02%
07936	EAST HANOVER	684	8.3%	703	8.3%	0.02%
07940	MADISON	455	4.5%	478	4.7%	0.17%
07945	MENDHAM	125	2.0%	142	2.1%	0.15%
07950	MORRIS PLAINS	545	3.9%	565	3.9%	0.07%
07960	MORRISTOWN	2,526	7.9%	2,616	8.0%	0.12%
07981	WHIPPANY	409	6.2%	429	6.3%	0.05%
07470	WAYNE	2,484	6.6%	2,590	6.7%	0.06%
07480	WEST MILFORD	706	6.0%	736	6.1%	0.10%
07059	WARREN	555	5.0%	600	5.1%	0.08%
07920	BASKING RIDGE	611	3.2%	659	3.3%	0.08%

CURRENT AND PROJECTED EDUCATION LEVEL (AGE 25+): SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	2019 Some High School or Less	2019 % Some High School or Less	2024 Some High School or Less	2024 % Some High School or Less	% Point Change 2019-2014
07921	BEDMINSTER	149	2.6%	157	2.6%	0.09%
07924	BERNARDSVILLE	86	1.7%	91	1.7%	0.02%
07931	FAR HILLS	126	4.5%	138	4.8%	0.26%
08807	BRIDGEWATER	1,422	5.4%	1,492	5.5%	0.07%
08876	SOMERVILLE	1,084	6.8%	1,101	6.8%	0.01%
07416	FRANKLIN	275	7.1%	274	7.1%	0.01%
07419	HAMBURG	240	3.6%	244	3.7%	0.04%
07461	SUSSEX	930	7.0%	940	7.0%	-0.01%
07821	ANDOVER	301	4.8%	311	4.9%	0.12%
07826	BRANCHVILLE	283	6.6%	282	6.5%	-0.07%
07843	HOPATCONG	485	6.1%	481	6.1%	0.04%
07848	LAFAYETTE	139	3.9%	143	3.9%	0.08%
07860	NEWTON	1,402	7.8%	1,404	7.8%	-0.02%
07871	SPARTA	391	2.9%	408	3.0%	0.06%
07874	STANHOPE	260	4.5%	255	4.4%	-0.03%
07016	CRANFORD	767	4.6%	832	4.8%	0.18%
07060	PLAINFIELD	7,878	26.4%	7,998	26.4%	-0.01%
07076	SCOTCH PLAINS	714	4.2%	761	4.3%	0.10%
07081	SPRINGFIELD	614	5.0%	645	5.0%	0.02%
07083	UNION	4,615	11.5%	4,820	11.6%	0.04%
07090	WESTFIELD	511	2.6%	547	2.6%	0.08%
07901	SUMMIT	857	5.7%	899	5.7%	0.06%
07922	BERKELEY HEIGHTS	345	4.0%	371	4.1%	0.11%
07974	NEW PROVIDENCE	300	3.7%	319	3.8%	0.12%
07825	BLAIRSTOWN	595	8.9%	610	8.9%	0.02%
07840	HACKETTSTOWN	1,743	8.1%	1,791	8.1%	0.01%
	MMC SERVICE AREA	58,255	6.7%	60,177	6.7%	0.02%
	MORRIS COUNTY	20,818	6.1%	21,443	6.1%	0.01%
	NEW JERSEY	675,582	10.8%	692,826	10.8%	0.00%

CIVILIAN NONINSTITUTIONALIZED POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Insured	Uninsured	% Uninsured
07006	CALDWELL	24,118	1,040	4.1%
07039	LIVINGSTON	28,484	924	3.1%
07040	MAPLEWOOD	22,679	1,740	7.1%
07052	WEST ORANGE	41,218	4,932	10.7%
07830	CALIFON	6,685	260	3.7%
08822	FLEMINGTON	29,003	1,330	4.4%
08833	LEBANON	7,548	490	6.1%
08889	WHITEHOUSE STATION	9,672	256	2.6%
07005	BOONTON	14,429	925	6.0%
07034	LAKE HIAWATHA	8,870	756	7.9%
07035	LINCOLN PARK	9,594	614	6.0%
07045	MONTVILLE	10,473	184	1.7%

CIVILIAN NONINSTITUTIONALIZED POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Insured	Uninsured	% Uninsured
07054	PARSIPPANY	26,771	2,499	8.5%
07058	PINE BROOK	5,011	417	7.7%
07082	TOWACO	4,514	260	5.4%
07405	BUTLER	16,606	1,107	6.2%
07438	OAK RIDGE	10,916	594	5.2%
07444	POMPTON PLAINS	10,479	512	4.7%
07801	DOVER	19,888	5,956	23.0%
07803	MINE HILL	3,363	271	7.5%
07828	BUDD LAKE	13,482	1,475	9.9%
07834	DENVILLE	17,164	716	4.0%
07836	FLANDERS	11,417	853	7.0%
07847	KENVIL	1,522	52	3.3%
07849	LAKE HOPATCONG	8,785	457	4.9%
07850	LANDING	5,892	286	4.6%
07852	LEDGEWOOD	4,092	135	3.2%
07853	LONG VALLEY	12,666	505	3.8%
07856	MOUNT ARLINGTON	3,951	341	7.9%
07857	NETCONG	2,918	358	10.9%
07866	ROCKAWAY	20,568	1,100	5.1%
07869	RANDOLPH	24,640	1,059	4.1%
07876	SUCCASUNNA	9,784	470	4.6%
07885	WHARTON	9,017	1,245	12.1%
07927	CEDAR KNOLLS	3,639	84	2.3%
07928	CHATHAM	18,610	619	3.2%
07930	CHESTER	7,968	317	3.8%
07932	FLORHAM PARK	9,877	218	2.2%
07936	EAST HANOVER	10,224	1,008	9.0%
07940	MADISON	16,449	740	4.3%
07945	MENDHAM	8,675	306	3.4%
07950	MORRIS PLAINS	17,881	960	5.1%
07960	MORRISTOWN	39,698	3,790	8.7%
07981	WHIPPANY	8,839	296	3.2%
07470	WAYNE	50,832	3,233	6.0%
07480	WEST MILFORD	15,314	1,100	6.7%
07059	WARREN	15,092	797	5.0%
07920	BASKING RIDGE	25,919	450	1.7%
07921	BEDMINSTER	7,474	296	3.8%
07924	BERNARDSVILLE	7,308	435	5.6%
07931	FAR HILLS	3,367	152	4.3%
08807	BRIDGEWATER	36,763	1,721	4.5%
08876	SOMERVILLE	20,522	1,621	7.3%
07416	FRANKLIN	5,187	374	6.7%
07419	HAMBURG	8,487	263	3.0%
07461	SUSSEX	17,283	1,782	9.3%
07821	ANDOVER	9,003	467	4.9%
07826	BRANCHVILLE	5,570	363	6.1%
07843	HOPATCONG	10,790	1,189	9.9%
07848	LAFAYETTE	4,269	147	3.3%
07860	NEWTON	23,171	1,931	7.7%
07871	SPARTA	19,699	756	3.7%
07874	STANHOPE	7,920	513	6.1%
07016	CRANFORD	22,103	1,192	5.1%
07060	PLAINFIELD	32,866	12,479	27.5%

CIVILIAN NONINSTITUTIONALIZED POPULATION: SERVICE AREA & COMPARATIVE GEOGRAPHIES

ZIP Code	ZIP Code Name	Insured	Uninsured	% Uninsured
07076	SCOTCH PLAINS	22,862	1,046	4.4%
07081	SPRINGFIELD	16,215	1,103	6.4%
07083	UNION	49,740	4,408	8.1%
07090	WESTFIELD	29,332	938	3.1%
07901	SUMMIT	21,501	1,696	7.3%
07922	BERKELEY HEIGHTS	11,455	470	3.9%
07974	NEW PROVIDENCE	11,584	427	3.6%
07825	BLAIRSTOWN	8,795	411	4.5%
07840	HACKETTSTOWN	26,573	3,151	10.6%
	MMC SERVICE AREA	1,145,075	87,368	7.1%
	MORRIS COUNTY	451,295	32,665	6.7%
	NEW JERSEY	7,868,933	938,966	10.7%

APPENDIX B: SECONDARY DATA SOURCES³⁶

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

SOURCE
American Community Survey (ACS) 1-Year
American Community Survey (ACS) 5-Year
American Community Survey Supplemental Estimates
American Lung Association (ALA)
BRFSS
Bureau of Labor Statistics (BLS)
CDC (Diabetes Atlas)
CDC (Heart Disease and Stroke Atlas)
CDC (WONDER)
CDC's National Center for Health Statistics
Centers for Medicare & Medicaid Services (CMS)
Claritas Consumer Buying Power
Claritas Pop-Facts® Demographics
Conduent Healthy Communities Institute SocioNeeds Index
County Business Patterns
County Health Rankings (CHR)
Environmental Protection Agency (EPA)
Fatality Analysis Reporting System (FARS)
Feeding America
Food Atlas (USDA)
Institute for Health Metrics and Evaluation (IHME)
National Cancer Institute (NCI)
National Center for Education Statistics (NCES)
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
National Survey on Drug Use and Health (NSDUH)
New Jersey Department of Health UB-04 Deidentified Hospital Discharge Data
Small Area Health Insurance Estimates (SAHIE)
The Robert Wood Johnson Foundation and the CDC Foundation 500 Cities Project
U.S. Census Quickfacts
U.S. Small-area Life Expectancy Estimates Project (USALEEP)
USDA Census of Agriculture
Youth Risk Behavior Survey (YRBS)

APPENDIX C: SECONDARY DATA INDICATORS³⁰

The following table represents health-related indicators that were reviewed as part of MMC'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.

PRIMARY TOPIC	INDICATOR
Economy	Cost of Family Child Care as a Percentage of Income
	Cost of Licensed Child Care as a Percentage of Income
Economy / Employment	Unemployed Workers in Civilian Labor Force
Economy / Government Assistance Programs	Households with Cash Public Assistance Income
	Students Eligible for the Free Lunch Program
Economy / Homelessness	Homelessness by County
Economy / Homeownership	Homeownership
Economy / Housing Affordability & Supply	Renters Spending 30% or More of Household Income on Rent
	Severe Housing Problems
Economy / Income	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold
	Households that are Asset Limited, Income Constrained, Employed (ALICE)
	Households that are Below the Federal Poverty Level
	Income Inequality
	Median Household Income
	Median Household Income by Age - 25-44
	Median Household Income by Age – 45-64
	Median Household Income by Age – 65+
	Median Household Income by Age – Under 25
	Median Income Per Individual Worker
	Median Income Per Individual Worker- Female
Median Individual Worker Income – Male	
Per Capita Income	
Economy / Poverty	Children Living Below Poverty Level
	Children Under 5 Years Old Living in Poverty
	Families Living Below Poverty Level
	Households Receiving SNAP with Children
	People 65+ Living Below Poverty Level
	People Living 200% Above Poverty Level
	People Living Below Poverty Level
	Utility Assistance for Low-Income Households
Young Children Living Below Poverty Level	
Education / Educational Attainment in Adult Population	People 25+ with a bachelor's degree or Higher
	People 25+ with a High School Degree or Higher
Education / School Resources	Student-to-Teacher Ratio

³⁰ Data indicators accessed via Healthy Communities Institute. Community Dashboard; The North Jersey Health Collaborative; <http://www.njhealthmatters.org/>

PRIMARY TOPIC	INDICATOR
Education / Student Performance K-12	Students Passing 11th Grade State Achievement Tests Students Passing 4th Grade State Achievement Tests Students Passing 8th Grade State Achievement Tests
Environment / Air	Annual Ozone Air Quality Annual Particle Pollution Recognized Carcinogens Released into Air
Environment / Built Environment	Access to Exercise Opportunities Children with Low Access to a Grocery Store Farmers Market Density Fast Food Restaurant Density Food Environment Index Grocery Store Density Households with No Car and Low Access to a Grocery Store Liquor Store Density Low-Income and Low Access to a Grocery Store People 65+ with Low Access to a Grocery Store People with Low Access to a Grocery Store Recreation and Fitness Facilities SNAP Certified Stores
Environment / Toxic Chemicals	PBT Released Risk factor for childhood lead exposure: Pre-1950 Housing
Environment / Weather & Climate	Daily Dose of UV Irradiance Months of Mild Drought or Worse Number of Extreme Heat Days Number of Extreme Heat Events Number of Extreme Precipitation Days Weeks of Moderate Drought or Worse
Government & Politics / Elections & Voting	Voter Turnout: Presidential Election
Health	Age-Adjusted Years of Potential Life Lost
Health / Access to Health Services	Adults Unable to Afford to See A Doctor Adults who enrolled in the health insurance marketplace Adults who have had a Routine Checkup Adults with at least one primary care provider Adults with Health Insurance Adults with Health Insurance: 18-64 Children with Health Insurance Children with Health Insurance: 0-17 Medicare Healthcare Costs Non-Physician Primary Care Provider Rate Persons with Private Health Insurance Only Persons with Public Health Insurance Only

PRIMARY TOPIC	INDICATOR
	Preventable Hospital Stays: Medicare Population Primary Care Provider Rate
Health / Cancer	Age-Adjusted Death Rate due to Breast Cancer Age-Adjusted Death Rate due to Cancer Age-Adjusted Death Rate due to Colorectal Cancer Age-Adjusted Death Rate due to Lung Cancer Age-Adjusted Death Rate due to Pancreatic Cancer Age-Adjusted Death Rate due to Prostate Cancer All Cancer Incidence Rate Breast Cancer Incidence Rate Cancer: Medicare Population Cervical Cancer Incidence Rate Colon Cancer Screening Colorectal Cancer Incidence Rate Liver and Bile Duct Cancer Incidence Rate Lung and Bronchus Cancer Incidence Rate Mammogram in Past 2 Years: 50-74 Mammography Screening: Medicare Population Melanoma Incidence Rate Non-Hodgkin Lymphoma Incidence Rate Oral Cavity and Pharynx Cancer Incidence Rate Pancreatic Cancer Incidence Rate Pap Test in Past 3 Years: 21-65 Prostate Cancer Incidence Rate
Health / County Health Rankings	Clinical Care Ranking Health Behaviors Ranking Morbidity Ranking Mortality Ranking Physical Environment Ranking Social and Economic Factors Ranking
Health / Diabetes	Adults 20+ with Diabetes Adults with Prediabetes Age-Adjusted Death Rate due to Diabetes Diabetes: Medicare Population Diabetic Monitoring: Medicare Population
Health / Disabilities	Persons with a Cognitive Difficulty Persons with a Disability Persons with a Disability (5-year) Persons with a Hearing Difficulty Persons with a Self-Care Difficulty Persons with a Vision Difficulty Persons with an Ambulatory Difficulty Persons with Disability Living in Poverty

PRIMARY TOPIC	INDICATOR
	Persons with Disability Living in Poverty (5-year)
Health / Environmental & Occupational Health	Blood Lead Levels in Children (>5 micrograms per deciliter)
Health / Exercise, Nutrition, & Weight	Adults 20+ who are Obese Adults 20+ who are Sedentary Adults Engaging in Regular Physical Activity Child Food Insecurity Rate Food Insecure Children Likely Ineligible for Assistance Food Insecurity Rate
Health / Family Planning	Teen Birth Rate: 15-17
Health / Heart Disease & Stroke	Adults who Experienced a Heart Attack Adults who Experienced a Stroke Adults who Experienced Coronary Heart Disease Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) Age- Adjusted Death Rate due to Heart Attack Age-Adjusted Death Rate due to Heart Disease Age-Adjusted Death Rate due to Hypertensive Heart Disease Age-Adjusted Hospitalization Rate due to Heart Attack Atrial Fibrillation: Medicare Population Heart Failure: Medicare Population High Blood Pressure Prevalence Hyperlipidemia: Medicare Population Hypertension: Medicare Population Ischemic Heart Disease: Medicare Population Stroke: Medicare Population
Health / Immunizations & Infectious Diseases	Adults 50+ with Influenza Vaccination Adults with Pneumonia Vaccination Age-Adjusted Death Rate due to Influenza and Pneumonia Age-Adjusted Rate of ED Visits Due to Influenza Chlamydia Cases First Grade Students with Required Immunizations Gonorrhea Cases Hepatitis C Cases HIV/AIDS Prevalence Rate Kindergartners with Required Immunizations Lyme Disease Cases Pre-Kindergarten Students with Required Immunizations School-Aged Children that are Unvaccinated Due to Religious Exemption Sixth Grade Students with Required Immunizations Syphilis Cases Transfer Children with Required Immunizations Tuberculosis Incidence Rate
Health / Maternal, Fetal & Infant Health	Babies with Low Birth Weight Babies with Very Low Birth Weight

PRIMARY TOPIC	INDICATOR
	Infant Mortality Rate Mothers who Received Early Prenatal Care Mothers who Received No Prenatal Care Preterm Births Very Preterm Births
Health / Mental Health & Mental Disorders	Adults Ever Diagnosed with Depression Age-Adjusted Death Rate due to Suicide Depression: Medicare Population Frequent Mental Distress Inadequate Social Support Mental Health Provider Rate Poor Mental Health: Average Number of Days
Health / Mortality Data	Age-Adjusted Death Rate
Health / Older Adults & Aging	Adults 65+ with a Disability Adults 65+ with a Hearing Difficulty Adults 65+ with a Self-Care Difficulty Adults 65+ with a Vision Difficulty Adults 65+ with an Independent Living Difficulty Adults who were Injured in a Fall: 45+ Adults with Arthritis Age-Adjusted Death Rate due to Alzheimer's Disease Alzheimer's Disease or Dementia: Medicare Population
Health / Oral Health	Dentist Rate
Health / Other Chronic Diseases	Age Adjusted Death Rate due to Chronic Kidney Disease Chronic Kidney Disease: Medicare Population Osteoporosis: Medicare Population Rheumatoid Arthritis or Osteoarthritis: Medicare Population
Health / Prevention & Safety	Age-Adjusted Death Rate due to Unintentional Injuries Age-Adjusted Death Rate due to Unintentional Poisonings
Health / Respiratory Diseases	Adults with Current Asthma Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases Age-Adjusted Rate of Adult ED Visits for COPD Asthma: Medicare Population COPD: Medicare Population
Health / Substance Abuse	Adults who Binge Drink Adults who Currently Use Smokeless Tobacco Adults who Drink Excessively Adults who Smoke Adults who Use Alcohol: Past 30 Days Age-Adjusted Rate of Substance Use Emergency Department Visits Death Rate due to Drug Poisoning Opioid Treatment Admission Rate
Health / Wellness & Lifestyle	Frequent Physical Distress

PRIMARY TOPIC	INDICATOR
	Insufficient Sleep
	Life Expectancy
	Limited activity due to a Health Problem
	Poor Physical Health: Average Number of Days
	Self-Reported General Health Assessment: Poor or Fair
Public Safety / Crime & Crime Prevention	Violent Crime Rate
Public Safety / Transportation Safety	Age-Adjusted Death Rate due to Motor Vehicle Collisions
	Alcohol-Impaired Driving Deaths
Social Environment	Households with Internet Subscription
	Households with One or More Types of Computing Devices
Social Environment / Children's Social Environment	Substantiated Child Abuse Rate
Social Environment / Demographics	Within County Disparity in Life Expectancy at Birth
Social Environment / Family Structure	Single-Parent Households
Social Environment / Neighborhood/Community Attachment	Linguistic Isolation
	People 65+ Living Alone
	Social Associations
Social Environment / Social & Civic Involvement	Civic Engagement Ranking
Transportation / Commute to Work	Mean Travel Time to Work
	Solo Drivers with a Long Commute
	Workers Commuting by Public Transportation
	Workers who Drive Alone to Work

APPENDIX D: KEY INFORMANT SURVEY TOOL

The Affordable Care Act added new a 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.

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

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

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

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

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

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

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 are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)					
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)					
Residents in the area are able to access a dentist when needed.					
Residents in the area are utilizing emergency department care in place of a primary care physician.					
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.					
There are a sufficient number of bilingual providers in the area.					
There are a sufficient number of mental/behavioral health providers in the area.					
Transportation for medical appointments is available to area residents when needed.					

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

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- Lack of Health Literacy
- 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 in the box below:

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/Youth |
| <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"/> Homeless |
| <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 issues you see affecting the underserved population(s) you selected? (CHOOSE 5)

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/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/Alcohol Abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Mental Health/Suicide | <input type="checkbox"/> Other (specify): |

11. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

- | | |
|--|---|
| <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 information regarding Uninsured/Underinsured Individuals & Underserved Populations in the box below:

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

- Free/Low Cost Medical Care
- Free/Low Cost Dental Care
- Primary Care Providers
- Medical or Surgical Specialists
- Mental Health Services
- Substance Abuse Services
- Bilingual Services
- Transportation
- Prescription Assistance
- Health Education/Information/Outreach
- Health Screenings
- None
- Other (please specify):

14. What challenges do 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?

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

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

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"/> Other (please specify) |
| <input type="checkbox"/> Education/Youth Services | |

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"/> Other (please specify) |
| <input type="checkbox"/> Active Adults | |

20. Morristown 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:

APPENDIX E: KEY INFORMANT SURVEY PARTICIPANTS

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

Organizational Affiliation(s)	Organizational Affiliation(s)
100 Black Men of NJ Inc.	Mental Health Association of Morris County
African American Wellness Coalition	Montville Township Health Department
Alcoholics Anonymous	Morris County - Prevention is Key
Alpha Kappa Alpha Pi Theta Omega	Morris County Chamber of Commerce
Alpha Phi Alpha Fraternity	Morris County Chapter of The Links, INC.
Alpha Phi Alpha, Inc., Sigma Zeta Lambda Chapter	Morris County Continuum of Care
Alzheimer's New Jersey	Morris County Gay & Lesbian Activist Alliance
American Diabetes Association	Morris County Hispanic-American Chamber of Commerce
American Heart Association	Morris County Housing Authority
ANGELS in Action	Morris County Human Relations Committee
Assumption Church Senior Group in Morristown	Morris County Municipal Alliance
Atlantic Health System	Morris County Office of Health Management
Be Well Morristown	Morris County Organ Transplant Group
Bernards Township Health Department	Morris County Organization for Hispanic Affairs
Bernardsville Library	Morris County Organization of Older Persons (MCOOPO)
Bethel AME Church – Morristown	Morris County Park Commission
Boonton Senior Group	Morris County School Nurse Association
Boonton Township Health Department	Morris Cty Links
Borough of Lincoln Park Health Department	Morris Education Foundation
Borough of Ringwood Health Department	Morris GTY Links
Calvary Baptist Church	Morris School District
Centro Biblico of NJ	Morris-Somerset Regional Chronic Disease Coalition (RCDC)
Chatham Senior Center/Group	Morristown Fire Department
Chester Library	Morristown Habitat for Humanity
Chester Senior Resource Center	Morristown Housing Authority
Child & Family Resources	Morristown Mayor's Wellness Committee
Church of God in Christ	Morristown Medical Center
City of Morristown	Morristown Medical Center Community Health Committee
College of St. Elizabeth	Morristown Neighborhood House
Community Church Member	Morristown Partnership
Community Health Day Steering Committee	Mount Arlington Senior Group
Community Hope	Mount Olive Health Department
Community Soup Kitchen and Resource Center	Mount Olive Manor (Lutheran Social Ministries of NJ)
Cornerstone Family Programs	Mount Olive Senior Nutrition Center - Group
County College of Morris	Mountain Lakes Senior Group

Organizational Affiliation(s)	Organizational Affiliation(s)
County College of Morris Human Relations Committee	MUHL 435 Census Tract
Delta Sigma Theta INC	National Ovarian Cancer Coalition
Denville Senior Group	Neighbors in Need Community Advisory
Dover Health Department	Netcong Senior Group
Drew University	New Jersey Cancer Education & Early Detection (NJCEED)
East Hanover Health Department	NJ 2-1-1
East Hanover Senior Group	NJ Sharing Network
Fairleigh Dickinson University	NK Architects
Family Promise of Morris County	North Jersey Health Collaborative
Family Success Center	North Jersey Regional Arthritis Center
First Baptist Church of Madison	Northwest New Jersey Community Action Program (NORWESCAP)
Florham Park Senior Group	Overeaters Anonymous Support Group
FM Kirby Foundation	Parsippany Health Department
Foxhills Events Committee	Parsippany ShopRite
Gentle Yoga	Parsippany-Troy Hills Public Library
Good Grief	Pequannock Township Health Department
Great Horizons Adult School	Proceed Inc.
Greater Morristown ShopRite	Randolph Township Health Department
Greater Morristown YMCA	Randolph YMCA
Greenbriar Activity Committee	Raritan Senior Center
Grow It Green Morristown	Rockaway Borough Health Department
Hackettstown Happy Age Group	Rockaway Borough Senior Group
Hanover Township Health Department	Rockaway Township Health Department
Harding Senior Group	Saint Margaret of Scotland Church
Head Start Community Program of Morris County	Salvation Army
Headquarters Plaza - Planned Companies	Senior Fitness
Homeless Solutions	Shimon and Sarah Burnbaum JCC - Bridgewater
Housing Alliance	ShopRite
Housing Partnership NJ	Somerset County Office on Aging
Hypertrophic Cardiomyopathy Association (HCMA)	Somerset County Senior Wellness Center at Bridgewater
IMFA	Somerset Hills YMCA
Interfaith Food Pantry	St. Margaret's Church
Jewish Vocational Services	St. Patrick's Church – Chatham
Jr League of Morristown	St. Peter's Church - Morristown
Lake Hiawatha Library	St. Peter's Episcopal Church
Lake Hopatcong Foundation	Sustainable Morristown
Lakeland Hills YMCA	The Links
Lincoln Park ShopRite	Township of Morris Health Department
Madison Area YMCA	TransOptions
Madison Borough Board of Health	UBC

Organizational Affiliation(s)	Organizational Affiliation(s)
Madison Public Library	United Way of Norther New Jersey/ United Way Caregiver Coalition
Madison Senior Group; Madison Health Department	Vision Loss Alliance of New Jersey
Male Caregiver Support Group	Visions and Pathways
Mayor of Morristown	Washington Township Health Department
Mended Hearts	Wharton ShopRite
Mended Hearts of Morris County Chapter 56	Wind of The Spirit
Mendham Senior Group	Zuffall Health Center

APPENDIX F: PRIORITIZATION PARTICIPANTS

Morristown Medical Center solicited input in the prioritization phase of the CHNA process from a sub-set of organizations who participated in the stakeholder survey and serve the needs of residents served by the hospital and health system. Following are the organizations included in the prioritization survey.

Organization

Atlantic Health System, AHS Behavioral Health
Atlantic Health System, AHS Home Care
Atlantic Health System, AHS Planning
Atlantic Health System, Morristown Medical Center
Atlantic Health System, Morristown Medical Center Emergency Department
Atlantic Health System, Morristown Medical Center Geriatrics
Atlantic Health System, Morristown Medical Center IMFA
Church of God in Christ
Community Soup Kitchen
Greater Morristown ShopRite
Morris County Chamber of Commerce; Morristown Medical Center
Morris County Organization of Older Persons (MCOOPO)
Morris County Park Commission
Morris Education Foundation
Morristown Medical Center Foundation
North Jersey Health Collaborative
Rockaway Township Division of Health
Visions and Pathways

APPENDIX G: MORRIS COUNTY LICENSED HEALTH FACILITIES³¹

Following are licensed health facilities operating in the area served by Morristown Medical Center.

Facility	Type/Services
Saint Clare's Hospital - Boonton 130 POWERVILLE ROAD BOONTON TOWNSHIP, NJ 07005 (973)-983-5569	Special Hospital
The Medical Institute of New Jersey 11 SADDLE ROAD CEDAR KNOLLS, NJ 07927 (973)-971-5379	Hospital-based, Off site Ambulatory Care Facility
Ridgedale Surgery Center 14 RIDGEDALE AVENUE, SUITE 120 CEDAR KNOLLS, NJ 07927 (973)-605-5151	Ambulatory Care Facility
SURGICAL CENTER AT CEDAR KNOLLS, LLC 197 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927 (973-)292-0700	Ambulatory Care Facility
NJIN of Cedar Knolls 197 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927 (973)-695-1290	Ambulatory Care Facility
Kessler Institute for Rehabilitation Welkind Facility 201 PLEASANT HILL ROAD CHESTER, NJ 07930 (973)-252-6367	Comprehensive Rehabilitation Hospital
Chester Surgery Center PC 385 ROUTE 24, SUITE 3 K Chester, New Jersey 07930 (908)-879-2222	Surgical Practice
Saint Clare's Hospital/ Denville Campus 25 POCONO ROAD DENVERVILLE, NJ 07834 (973)-983-5569	General Acute Care Hospital
Denville Surgery Center, L.L.C. 3130 ROUTE 10 WEST, SUITE 200 DENVERVILLE, NJ 07834 (973)-328-3475	Ambulatory Care Facility
Medical Park Imaging At Denville 282 ROUTE 46 WEST DENVERVILLE, NJ 07834 (973)-625-3690	Ambulatory Care Facility
Denville Diagnostic Imaging And Open MRI LLC 161 EAST MAIN STREET DENVERVILLE, NJ 07834 (973)-586-1212	Ambulatory Care Facility
Denville Medical and Sports Rehabilitation Center 161 EAST MAIN STREET DENVERVILLE, NJ 07834 (973)-627-7888	Ambulatory Care Facility
Saint Clare's Hospital 400 WEST BLACKWELL STREET	General Acute Care Hospital

³¹ <https://nj.gov/health/healthfacilities/about-us/facility-types/>

Facility	Type/Services
DOVER, NJ 07801 (973)-989-3424	
Kindred Hospital New Jersey-Morris County 400 WEST BLACKWELL STREET DOVER, NJ 07801 (973)-537-3816	Special Hospital
HIGHLANDS HEALTH VAN 17 SOUTH WARREN STREET DOVER, NJ 07801 (908)-968-0898	Ambulatory Care Facility-Satellite
Zufall Health Center 17 SOUTH WARREN STREET DOVER, NJ 07801 (973)-328-9100	Ambulatory Care Facility-Satellite
Fresenius Medical Care Dover 400 WEST BLACKWELL STREET DOVER, NJ 07801 (973)-328-1812	Ambulatory Care Facility
Zufall Health Center-Dental Van 17 SOUTH WARREN STREET DOVER, NJ 07801 (973)-328-9100	Ambulatory Care Facility- Satellite
Zufall Health Center 18 WEST BLACKWELL STREET DOVER, NJ 07801 (973)-328-9100	Ambulatory Care Facility
Cardiac Imaging At Florham Park 10 JAMES STREET FLORHAM PARK, NJ 07932 (973)-736-9557	Hospital-based, Off-site Ambulatory Care Facility
FLORHAM PARK ENDOSCOPY 195 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932 (973)-410-1800	Ambulatory Care Facility
Hanover Hills Surgery Center 83 HANOVER ROAD, SUITE 100 FLORHAM PARK, NJ 07932 (973)-805-9960	Ambulatory Care Facility
Summit Medical Group 140 PARK AVENUE FLORHAM PARK, NJ 07932 (908)-273-4300	Ambulatory Care Facility
Summit Atlantic Surgery Center, L.L.C. 140 PARK AVENUE FLORHAM PARK, NJ 07932 (908)-277-8749	Ambulatory Care Facility
Summit Medical Group, PA 150 PARK AVENUE FLORHAM PARK, NJ 07932 (908)-273-4300	Ambulatory Care Facility
The Peer Group For Plastic Surgery 124 COLUMBIA TURNPIKE Florham Park, New Jersey 07932 (973) 822-3000	Surgical Practice
ELTRA LLC 254 COLUMBIA TPKE, SUITE 100 Florham Park, New Jersey 07932	Surgical Practice

Facility	Type/Services
(973) 243-0500 Northeastern Surgery Center, PA 220 RIDGEDALE AVENUE Florham Park, New Jersey 07932 (973) 295-6565	Surgical Practice
Center for Healthier Living 108 BILBY ROAD # 101 HACKETTSTOWN, NJ 07840 (908)-850-6935	Hospital-based, Off site Ambulatory Care Facility
Physicians Dialysis Hackettstown 657 WILLOW GROVE ST WEST WING MED PLAZA, SUITE 202 HACKETTSTOWN, NJ 07840 (908)-684-0630	Ambulatory Care Facility
Radiology Associates of Hackettstown LLC 57 ROUTE 46, SUITE 212 HACKETTSTOWN, NJ 07840 (908)-979-1621	Ambulatory Care Facility
Emmaus Surgical Center LLC 57 ROUTE 46, SUITE 104 HACKETTSTOWN, NJ 07840 (908)-813-9600	Ambulatory Care Facility
Open 3T MRI of North Jersey 657 WILLOW GROVE STREET, SUITE 205 HACKETTSTOWN, NJ 07840 (908)-979-1621	Ambulatory Care Facility
Fresenius Medical Care - Kenvil 677C ROUTE 46 KENVIL, NJ 07847 (973)-252-1301	Ambulatory Care Facility
Atlantic Rehabilitation Institute 200 MADISON AVENUE MADISON, NJ 07940 (973)-549-7440	Comprehensive Rehabilitation Hospital
Bioscrip Infusion Services LLC 102 THE AMERICAN ROAD MORRIS PLAINS, NJ 07950 (800)-552-3462	Ambulatory Care Facility
Morristown Medical Center Radiology At 111 Madison Avenue 111 MADISON AVENUE MORRISTOWN, NJ 07960 (877)-310-7226	Hospital-based, Off-site Ambulatory Care Facility
Morristown Medical Center 100 MADISON AVE MORRISTOWN, NJ 07960 (973)-971-5000	General Acute Care Hospital
Morristown Surgical Center at Madison Avenue, L.L.C. 111 MADISON AVENUE MORRISTOWN, NJ 07962 (973)-971-6900	Hospital-based, Off-site Ambulatory Care Facility
Morristown Outpatient Radiology 310 MADISON AVENUE MORRISTOWN, NJ 07960 (973)-532-7900	Hospital-based, Off-site Ambulatory Care Facility
Cardiac Imaging at 435 South Street 435 SOUTH STREET MORRISTOWN, NJ 07962	Hospital-based, Off-site Ambulatory Care Facility

Facility	Type/Services
(973)-971-7028 Atlantic Maternal Fetal Medicine 435 SOUTH STREET, SUITE 380 MORRISTOWN, NJ 07962 (973)-971-7080	Hospital-based, Off-site Ambulatory Care Facility
Wound Care Center at Morristown Medical Center 435 SOUTH STREET MORRISTOWN, NJ 07962 (973)-971-4550	Hospital-based, Off-site Ambulatory Care Facility
Geriatric Assessment Center David & Joan Powell Center 435 SOUTH STREET, SUITE 390 MORRISTOWN, NJ 07960 (973)-971-7022	Hospital-based, Off-site Ambulatory Care Facility
Morristown Medical Center Internal Medicine Faculty Associate 435 SOUTH STREET, SUITE 350 MORRISTOWN, NJ 07962 (973)-971-7165	Hospital-based, Off-site Ambulatory Care Facility
MORRISTOWN MEDICAL CENTER ENDOSCOPY AT 111 111 MADISON AVENUE, SUITE 401 MORRISTOWN, NJ 07960 (973)-971-6972	Hospital-Based, Off-Site Ambulatory Care Facility
Atlantic Home Care & Hospice 465 SOUTH STREET, SUITE 100 MORRISTOWN, NJ 07960 (973)-379-8400	Home Health Agency
The Family Health Center 200 SOUTH STREET, 3RD FLOOR TOWN HALL MORRISTOWN, NJ 07962 (973)-889-6800	Ambulatory Care Facility
VNA of Northern New Jersey Hospice, Inc. 175 SOUTH STREET MORRISTOWN, NJ 07960 (973)-539-1216	Hospice
ATLANTIC HOME CARE AND HOSPICE 465 SOUTH STREET, SUITE 100 MORRISTOWN, NJ 07962 (973)-379-8400	Hospice
Radiology Center at Harding, Inc. 1201 MT KEMBLE AVENUE MORRISTOWN, NJ 07960 (908)-221-0603	Ambulatory Care Facility
Zufall Health Center Inc 4 ATNO AVENUE MORRISTOWN, NJ 07960 (973)-267-0002	Ambulatory Care Facility-Satellite
Fresenius Medical Care East Morris, LLC 55 MADISON AVENUE, SUITE 170 MORRISTOWN, NJ 07960 (973)-993-8491	Ambulatory Care Facility
95 Madison Imaging Center at Morristown, PC 95 MADISON AVENUE MORRISTOWN, NJ 07960 (201)-262-2200	Ambulatory Care Facility
RENAL CENTER OF MORRISTOWN	Ambulatory Care Facility

Facility	Type/Services
100 MADISON AVE - 4TH FLR MORRISTOWN, NJ 07960 (973)-538-8201	
Visiting Nurse Association of Northern New Jersey, Inc. 175 SOUTH STREET MORRISTOWN, NJ 07960 (973)-539-1216	Home Health Agency
Planned Parenthood of Northern, Central and Southern New Jersey, Inc. 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960 (973)-539-9580	Ambulatory Care Facility
Saint Clare's Health System-Lakeland Cardiology Center 415 BOULEVARD MOUNTAIN LAKES, NJ 07046 (973)-983-5569	Hospital-based, Off-site Ambulatory Care Facility
Atlantic Advanced Urgent Care 333 ROUTE 46, SUITE 106 MOUNTAIN LAKES, NJ 07046 (973)-829-4666	Ambulatory Care Facility
Eye and Laser Surgery Centers of New Jersey L.L.C. 330 SOUTH STREET Morristown, New Jersey 07960 (973)-871-2020	Surgical Practice
Affiliated Ambulatory Surgery PC 182 SOUTH STREET, SUITE #1 Morristown, New Jersey 07960 (973)-936-1881	Surgical Practice
Saint Clare's Imaging Center at Parsippany 3219 ROUTE 46 EAST PARSIPPANY, NJ 07054 (973)-983-5506	Hospital-based, Off-site Ambulatory Care Facility
Dialysis Associates of Northern New Jersey, LLC 2200 ROUTE 10 WEST, SUITE 107 PARSIPPANY, NJ 07054 (973)-267-2009	Ambulatory Care Facility
Memorial Radiology Associates, LLC 10 LANIDEX PLAZA WEST PARSIPPANY, NJ 07054 (973)-503-5700	Ambulatory Care Facility
Morris County Surgical Center LLC 3695 HILL ROAD PARSIPPANY, NJ 07054 (973)-713-2420	Ambulatory Care Facility
Parsippany Dialysis 900 LANIDEX PLAZA, SUITE 120 PARSIPPANY, NJ 07054 (973)-739-7080	Ambulatory Care Facility
CHILTON MEDICAL CENTER 97 WEST PARKWAY POMPTON PLAINS, NJ 07444 (973)-831-5000	General Acute Care Hospital
Chilton Health Network at 242 West Parkway 242 WEST PARKWAY POMPTON PLAINS, NJ 07444 (973)-831-5080	Hospital-based, Off-site Ambulatory Care Facility
Cedar Crest Village, Inc. Home Health Department	Home Health Agency

Facility	Type/Services
1 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444 (973)-831-3767	
Saint Clare's Health System-Lakeland Cardiology Center 765 ROUTE 10, SUITE 104 RANDOLPH, NJ 07869 (973)-983-5569	Hospital-based, Off-site Ambulatory Care Facility
NJIN of Randolph 121 CENTER GROVE ROAD, SUITE 7 RANDOLPH, NJ 07869 (973)-989-8400	Ambulatory Care Facility
Randolph Pain Relief Center, PC 540 ROUTE 10 RANDOLPH, NJ 07869 (973)-366-6615	Ambulatory Care Facility
Progressive Diagnostic Imaging LLC 44 ROUTE 23 NORTH RIVERDALE, NJ 07457 (973)-839-5004	Ambulatory Care Facility
Morristown Medical Center MFM at Rockaway 333 MT HOPE AVENUE ROCKAWAY, NJ 07866 (973)-660-5450	Hospital-based, Off-site Ambulatory Care Facility
Morristown Medical Center OP Radiology at Rockaway 333 MT HOPE AVENUE ROCKAWAY, NJ 07866 (973)-895-6604	Hospital-based, Off-site Ambulatory Care Facility
Riverdale Surgery Center, L.L.C. 44 STATE RT 23, SUITE 15A Riverdale, New Jersey 07457 (973)-200-5076	Surgical Practice
First GI Endoscopy and Surgery Center, LLC 44 STATE ROUTE 23, SUITE 1 Riverdale, New Jersey 07457 (973)-248-1550	Surgical Practice
West Morris Surgery Center 66 SUNSET STRIP, SUITE 101 SUCCASUNNA, NJ 07876 (862)-244-8100	Ambulatory Care Facility
MRI of West Morris 66 SUNSET STRIP SUITE 105 SUCCASUNNA, NJ 07876 (973)-927-1010	Ambulatory Care Facility
RENAL CENTER OF SUCCASUNNA 175 RIGHTER ROAD SUCCASUNNA, NJ 07876 (973)-584-3294	Ambulatory Care Facility
MMC Radiation Oncology at Eden Lane 16 EDEN LANE WHIPPANY, NJ 07981 (973)-240-2170	Hospital-based, Off-site Ambulatory Care Facility
The Hanover NJ Endoscopy ASC, LLC 91 SOUTH JEFFERSON ROAD SUITE 300 WHIPPANY, NJ 07981 (973)-929-6800	Ambulatory Care Facility
Beverwyck House Of Merry Heart, LLC 420 S Beverwyck Road	Residential Dementia Care Home

Facility	Type/Services
Parsippany, NJ07054 (973)-887-0156	
Brightview Randolph, LLC 175 Quaker Church Road Randolph, NJ 07869 (973)-348-9857	Assisted Living Residence
Caring For Life Adult Day Care, LLC 120 East Halsey Road Parsippany, NJ 07054 (973)-515-8079	Adult Day Health Care Services
The Chelsea At Montville 165 Changebridge Road Montville, NJ 07045 (973)-402-1100	Comprehensive Personal Care Home
Merry Heart Assisted Living, Llc 118 Main Street Succasunna, NJ 07876 (973)-584-4000	Assisted Living Residence
The Oaks at Denville 19 Pocono Road Denville, NJ 07834 (973)-586-5000	Assisted Living Residence
Oaks at Denville, The 21 Pocono Road Denville, NJ 07834 (973)-586-5000	Long Term Care Facility
The Villa At Florham Park, Inc 190 Park Avenue Florham Park, NJ 07932 (973)-867-1514	Long Term Care Facility Assisted Living Residence
Arbor Terrace Of Morris Plains 361 Speedwell Avenue Morris Plains, NJ 07950 (610)-246-6663	Assisted Living Residence
Arden Courts of Whippany 18 Eden Lane Whippany, NJ 07981 (973)-581-1800	Assisted Living Residence
Bentley Commons at Paragon Village 425/427 Route 46 East Hackettstown, NJ 07840 (908)-979-9080	Assisted Living Residence
Boonton Care Center 199 Powerville Road Boonton, NJ 07005 (973)-334-2454	Residential Health Care Long Term Care Facility
Brighton Gardens of Florham Park 21 Ridgedale Avenue Florham Park, NJ 07932 (973)-966-8999	Assisted Living Residence
Brookdale Florham Park 8 James Street Florham Park, NJ 07932 (973)-443-0444	Assisted Living Residence
Care One At Hanover Township 101 Whippany Road Whippany, NJ 07981	Long Term Care Facility

Facility	Type/Services
(973)-599-7500 Care One At Madison Avenue 151 Madison Avenue Morristown, NJ 07960 (973)-656-2700	Long Term Care Facility
Care One at Morris 100 Mazdabrook Road Parsippany Troy Hill, NJ 07054 (973)-952-5300	Long Term Care Facility
Care One At Morris Assisted Living 200 Mazdabrook Road Parsippany Troy Hill, NJ 07054 (973)-463-5800	Assisted Living Residence
Cedar Crest/Mountainview Gardens 4 Cedar Crest Village Drive Pompton Plains, NJ 07444 (973)-831-3546	Assisted Living Residence
Chatham Hills Subacute Care Center 415 Southern Blvd Chatham, NJ 07928 (973)-822-1500	Long Term Care Facility
Cheshire Home 9 Ridgedale Ave Florham Park, NJ 07932 (973)-966-1232	Long Term Care Facility
Country Home Operations LLC 1095 Tabor Road Morris Plains, N J07950 (973)-538-2117	Residential Dementia Care Home
The Dwelling Place at Saint Clare's 400 West Blackwell St Dover, NJ 07801 (973)-989-3500	Long Term Care Facility
Fox Trail Memory Care Living Chester 115 Route 206 Chester, NJ 07930 (908)-879-0606	Residential Dementia Care Home
Fox Trail Memory Care Living Montville 55 River Road Montville, NJ 07045 (973)-541-9003	Residential Dementia Care Home
Garden Terrace Nursing Home 361 Main Street Chatham, NJ 07928 (973)-635-0899	Long Term Care Facility
Heath Village 430 Schooley's Mountain Rd Hackettstown, NJ 07840 (908)-852-4801	Residential Health Care Long Term Care Facility
Holly Manor Center 84 Cold Hill Road Mendham, NJ 07945 (973)-543-2500	Long Term Care Facility
Jianyang & Kangerhouse Llc 48 Horsehill Road Cedar Knolls, NJ 07927 (201)-947-2135	Adult Day Health Care Services

Facility	Type/Services
Juniper Village At Chatham 500 Southern Boulevard Chatham, NJ 07928 (973)-966-5483	Assisted Living Residence
Lincoln Park Care Center 499 Pine Brook Road Lincoln Park, NJ 07035 (973)-696-3300	Long Term Care Facility
Lincoln Park Renaissance Rehab & Nursing Center 521 Pine Brook Road Lincoln Park, NJ 07035 (973)-696-3300	Long Term Care Facility
Merry Heart Nursing Home 200 Rt 10 West Succasunna, NJ 07876 (973)-584-4000	Long Term Care Facility
Morris Adult Day Care 784 Route 46 Parsippany, NJ 07054 (973)-794-4455	Adult Day Health Care Services
Morris Hills Center 77 Madison Avenue Morristown, NJ 07960 (973)-540-9800	Long Term Care Facility
Morris View Healthcare Center 540 West Hanover Avenue Morristown, NJ 07960 (973)-285-2800	Long Term Care Facility
Mt Arlington Senior Living 2 Hillside Drive Mount Arlington, NJ 07856 (973)-601-0988	Assisted Living Residence
New Jersey Firemen's Home 565 Lathrop Avenue Boonton, NJ 07005 (973)-334-0024	Residential Health Care Long Term Care Facility
Param Adult Day Care 60 E Hanover Avenue Morris Plains, NJ 07950 (973)-998-6900	Adult Day Health Care Services
Parsippany Adult Daycare Center 176 Route 46 Parsippany, NJ 07054 (973)-287-7746	Adult Day Health Care Services
Pine Acres Convalescent Center 51 Madison Ave Madison, NJ 07940 (973)-377-2124	Long Term Care Facility
Regency Grande Nursing and Rehabilitation Center 65 North Sussex Street Dover, NJ 07801 (973)-361-5200	Long Term Care Facility
Saint Clare's Hospital - Dover 400 West Blackwell Street Dover, NJ 07801 (973)-537-5606	Comprehensive Personal Care Home
Second Inning I Adult Day Care Center	Adult Day Health Care Services

Facility	Type/Services
155 Algonquin Parkway Whippany, NJ 07981 (973)-884-1855	Assisted Living Residence
Spring Hills At Morristown 17 Spring Place Morristown, NJ 07960 (973)-539-3370	Assisted Living Residence
Sunrise Assisted Living Of Morris Plains 209 Littleton Road Morris Plains, NJ 07950 (973)-538-7878	Assisted Living Residence
Sunrise Assisted Living Of Randolph 648 Route 10 Randolph, NJ 07869 (973)-328-1922	Assisted Living Residence
Sunrise of Madison 215 Madison Avenue Madison, NJ 07940 (973)-301-0005	Assisted Living Residence
Troy Hills Center 200 Reynolds Ave Parsippany, NJ 07054 (973)-887-8080	Long Term Care Facility
Victoria Mews Assisted Living 51 North Main Street Boonton Township, NJ 07005 (973)-263-3000	Assisted Living Residence
Weston Assisted Living Residence 905 Route 10 East Whippany, NJ 07981 (973)-929-2747	Assisted Living Residence

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



Atlantic Health System

Morristown Medical Center