

Jersey Shore University Medical Center



Community Health Improvement Plan 2026-2028

Jersey Shore University Medical Center

Leading the way in providing quality care for more than 100

years. Jersey Shore University Medical Center is the region's only university-level academic medical center, with services that include our Level II Regional Trauma Center, a Stroke Rescue Center, and the region's only Cardiac Surgery program. At Jersey Shore University Medical Center we take a great deal of pride in the quality of care we provide and our range of programs and services – all designed to meet the needs of the patients, families, and communities we serve. Our dedicated physicians, nurses, support staff, and volunteers continually work to improve the health status of everyone Jersey Shore University Medical Center treats, and to fulfill our mission of providing professional excellence with personal concern.

About Hackensack Meridian Health - Keep Getting Better

Hackensack Meridian *Health* is a leading not-for-profit health care organization and New Jersey's largest, most comprehensive, and integrated health network. Our network includes 18 hospitals, more than 500 patient care locations, and a complete range of services from innovative research and life-enhancing care to lifesaving air medical transportation. Our 38,000 team members and 7,000 physicians are committed to the health and well-being of the communities we serve, making Hackensack Meridian *Health* a distinguished leader in healthcare philanthropy.

CHNA Background

In alignment with the Affordable Care Act (ACA), the Internal Revenue Service (IRS) and applicable federal requirements for not-for-profit hospitals, Hackensack Meridian *Health* Jersey Shore University Medical Center (JSUMC) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Hackensack Meridian *Health* Board of Directors on December 10, 2025.

The JSUMC 2025 CHNA was conducted by Professional Research Consultants, Inc. (PRC) for Hackensack Meridian *Health* to identify the health needs within the hospital's service area. The assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey) as well as secondary research (vital statistics and other existing health-related data). To supplement the other data collections, Hackensack Meridian *Health* engaged Moxley Public Health to conduct primary data collection through qualitative focus groups with community members from priority populations. The purpose of these focus groups was to gather qualitative insights into community health priorities, access to and utilization of health care services, maternal and infant health, and perspectives on care for all.

In addition to assessing health indicators, the 2025 CHNA took a close look at social drivers of health (SDoH) such as food insecurity, housing, transportation, education, and other factors.

The complete CHNA report can be found at
<https://www.hackensackmeridianhealth.org/en/About-Us/community-health-needs-assessment>

Determining Community Health Priorities

Hackensack Meridian Health conducted virtual community forums in the Northern, Central, and Southern regions of the network service areas with representatives from each hospital and key community stakeholders during July 2025. During the forums, an overview of the findings from the 2025 CHNA report for each region was shared by PRC, Inc. In reviewing the data from the 2025 CHNA, it is evident that the priorities identified in 2022 remain pressing needs. Following the data presentation, HMH Leadership presented the proposed framework for this CHIP and led the prioritization discussion in the breakout groups. Sixty two people participated in the Southern Region Community Partner Forum on July 17, 2025 representing agencies and institutions throughout the region, representing diverse perspectives.

The final priority areas are – **Mental Wellbeing, Healthy Living, and Access to Care.**

Prioritized Health Needs Summary



Community Health Improvement Plan (CHIP)

The intent of our CHIP is to be responsive to community needs and expectations and create a plan that can be effectively executed to leverage hospital and network resources, as well as community partners.

A CHIP is a dynamic rather than a static plan and should be modified and adjusted as external environmental factors change, including market conditions, availability of community resources, and engagement from community partners. Furthermore, a CHIP should build on and leverage prior success while simultaneously adjusting strategies and actions as obstacles are encountered.

The following defines the types of programmatic strategies and interventions that guided the development of the Community Health Improvement Plan.

- **Prevention and Awareness:** Health promotion and disease prevention programs focus on keeping people healthy. These initiatives aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities.
- **Build Capacity:** Efforts which aim to help individuals navigate the healthcare system and improve access to services when and where they need them.
- **Strengthen Community Partnership:** Includes collaborations, partnerships, and support of providers and community organizations across multiple sectors.

Significant Health Needs That Will Not Be Addressed

JSUMC acknowledges the wide range of health issues that emerged from the CHNA process, and determined that it could effectively focus on all the needs identified.

Priority Area: Mental Wellbeing

The 2025 CHNA for JSUMC identified the following sub-priorities within the Mental Wellbeing priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Sub-priorities identified from the 2025 CHNA:

- Fair/Poor Mental Health
- Symptoms of Chronic Depression
- Receiving Treatment of Mental Health
- Difficulty obtaining mental health services
- Substance Use (Alcohol Induced Deaths, Unintentional Drug-induced Deaths, Sought help for Alcohol/ Drug Issues)

| Priority Area: Mental Wellbeing | | |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal: A community where all people have access to high quality behavioral health care, and experience mental wellness and recovery | | |
| | Objectives | Strategies/Action Steps |
| Prevention and Awareness | <ul style="list-style-type: none"> • Equip individuals with the tools to understand behavioral health • Build a healthier, more resilient community | <ul style="list-style-type: none"> • Organize lectures/trainings related to substance use, healthy social, emotional, and mental health • Screen and refer for behavioral health needs • Support public health in local prevention and emergency initiatives |
| Build Capacity | <ul style="list-style-type: none"> • Enhance ability to deliver care with greater impact and efficiency | <ul style="list-style-type: none"> • Offer care delivery options • Bridge the gap between acute and ambulatory services ensuring a seamless transition of care |
| Strengthen Community Partnerships | <ul style="list-style-type: none"> • Leverage partnerships for collective impact | <ul style="list-style-type: none"> • Increase, strengthen and evaluate partnerships with state and local community-based organizations |

Priority Area: Healthy Living

The 2025 CHNA for JSUMC identified the following sub-priorities within the Healthy Living priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Sub-priorities identified from the 2025 CHNA:

- Cancer- (Leading Cause of Death, Cancer Deaths- Lung, Female Breast & Colorectal, Cancer incidence Prostate, Cancer Prevalence)
- Diabetes- (Prevalence of Borderline/Pre-diabetes, Kidney Disease Deaths)
- Disabling Conditions- (Activity Limitations)
- Heart Disease & Stroke- (Leading Cause of Death, Heart Disease Deaths, Heart Disease Prevalence, High Blood Cholesterol Prevalence)
- Injury & Violence- (Motor vehicle Crash Deaths, Falls 45+)
- Nutrition, Physical Activity, & Weight- (Low Food Access, Overweight & Obesity)
- Oral Health- (Regular Dental Care- Adults)
- Respiratory Disease- (Asthma-adults)
- Tobacco Use- (Use of Vaping Products)

| Priority Area: Healthy Living | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal: All people will have access to chronic disease education, screening, and management services to achieve an optimal state of wellness | | |
| | Objectives | Strategies/ Action Steps |
| Prevention and Awareness | <ul style="list-style-type: none"> • Equip individuals with the tools to understand chronic health conditions • Build a healthier, more resilient community | <ul style="list-style-type: none"> • Organize lectures/trainings related to chronic health conditions • Screen and refer for chronic health needs • Support public health in local prevention and emergency initiatives |
| Build Capacity | <ul style="list-style-type: none"> • Enhance ability to deliver care with greater impact and efficiency | <ul style="list-style-type: none"> • Offer care delivery options • Bridge the gap between acute and ambulatory services ensuring a seamless transition of care |
| Strengthen Community Partnerships | <ul style="list-style-type: none"> • Leverage partnerships for collective impact | <ul style="list-style-type: none"> • Increase, strengthen and evaluate partnerships with state and local community-based organizations |

Priority Area: Access to Care

The 2025 CHNA for JSUMC identified the following sub-priorities within the Access to Care priority area. Sub-priorities were determined based on areas of opportunity uncovered through the CHNA process.

Sub-priorities identified from the 2025 CHNA:

- Barriers to Access- (Appointment availability, Difficulty finding a physician, Lack of transportation) • Primary Care Physician Ratio
- Specific Source of Ongoing Medical Care

| Priority Area: Access to Care | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal: To ensure all community members can achieve their full health potential | | |
| | Objectives | Strategies/ Action Steps |
| Prevention and Awareness | <ul style="list-style-type: none"> • Reduce common barriers to accessing health care | <ul style="list-style-type: none"> • Screen for health related Social Drivers of Health (SDOH) to provide referrals and community based resources • Address Social Drivers of Health (SDOH) to reduce health disparities and improve population outcomes |
| Build Capacity | <ul style="list-style-type: none"> • Enhance ability to deliver care with greater impact and efficiency | <ul style="list-style-type: none"> • Offer care delivery options • Bridge the gap between acute and ambulatory services ensuring a seamless transition of care |
| Strengthen Community Partnerships | <ul style="list-style-type: none"> • Leverage partnerships for collective impact | <ul style="list-style-type: none"> • Increase, strengthen and evaluate partnerships with state and local community-based organizations |

Alignment with New Jersey State Health Improvement Plan

Health needs identified in the CHNA research were confirmed by community stakeholders and refined through collaborative discussion. Local concerns were then aligned with the statewide health priorities in the **New Jersey State Health Improvement Plan (2020)**. This approach ensures priority areas reflect local concerns and community-generated strategies for action while establishing a connection to statewide initiatives.

Next Steps

Community health improvement requires collaboration among community-based organizations, policy makers, funders, and many other partners. A CHIP is a dynamic guide to move from data to action, to coordinate community resources, and to measure progress as a community. The Jersey Shore University Medical Center (JSUMC) CHIP outlines specific actions to address our community's most pressing health needs. We invite your partnership as we monitor and share our progress toward these efforts during the 2026-2028 reporting cycle. For more information about JSUMC/KHCH's community health improvement initiatives, please visit <https://www.hackensackmeridianhealth.org/en/About-Us/community-health-needs-assessment>