Community Health Needs Assessment 2012

Healthy Northeast Pennsylvania Initiative

A partnership among Keystone College, King’s College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Wilkes-Barre, The Commonwealth Medical College, University of Scranton, & Wilkes University
Community Needs Health Assessment Steering Committee 2012

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Steve Szydlowski - HNPI Executive Director
Kris Augustine - Greater Scranton Chamber of Commerce
Barb Bossi – Geisinger Community Medical Center
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Bill Jones – Wyoming Valley United Way
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Dr. Janet Townsend – The Commonwealth Medical College
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Dan West- University of Scranton
Tracey Wolfe – Geisinger Health System
Purpose

- Community Health Needs Assessment
  - Assess the need
  - Align the resources
  - Identify the intervention

- Outmigration of Care
  - Patient perception
  - Provider perception
  - Type and location of external service providers
Survey

- Household Survey
  - Random Sample
  - 12,000 residents in Lackawanna and Luzerne Counties
  - 12.1% response rate
Survey Results

- Over 95 percent of respondents had personal doctor or healthcare provider
- Over 93 percent of respondents had been examined by a medical doctor during the past 12 months
- Good wait times for appointment scheduling
- Many respondents waited 15-30 minutes to be seen by a physician when they arrive for an appointment
- Most seek health information from the Internet or a relative/friend
Survey Results

- Average Body Mass Index (BMI) was 28.5
- When asked about their health in general, 46 respondents said it was good while 23 said their health was average
- 46 percent said there were no days when their physical health was not good, while 34 percent indicated there were between one and five days
- 56 percent no days when their mental health was not good
Survey Results

- Chronic conditions

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>51%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>45%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>29%</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>14%</td>
</tr>
<tr>
<td>Angina or Coronary Artery Disease</td>
<td>9%</td>
</tr>
<tr>
<td>COPD or Pulmonary Disease</td>
<td>8%</td>
</tr>
<tr>
<td>Heart Attack (Myocardial Infraction)</td>
<td>8%</td>
</tr>
<tr>
<td>Asthma</td>
<td>7%</td>
</tr>
<tr>
<td>Type 1 Diabetes</td>
<td>3%</td>
</tr>
</tbody>
</table>
Survey Results

- Cancer
  - 19 percent of respondents
  - Most common types of cancer were prostate (23.3 percent) breast (13 percent) melanoma (5 percent) and skin (12 percent)
  - Most common treatments for those with cancer diagnoses were surgery (70 percent), radiation (28 percent) and chemotherapy (21 percent)
  - 40 percent left the region for medical care
Survey Results

- Physical activity discussions with doctor high
- Good access to fruits and vegetables.
- One-third said they eat fast food a few times per month
- Most take daily vitamins or supplements.
### Screenings/Prevention

Have you received any of the following in the past year?

<table>
<thead>
<tr>
<th>Screenings/Preventions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood test</td>
<td>79%</td>
</tr>
<tr>
<td>Check up/Physical</td>
<td>76%</td>
</tr>
<tr>
<td>Cholesterol test</td>
<td>66%</td>
</tr>
<tr>
<td>Flu shot</td>
<td>58%</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>48%</td>
</tr>
<tr>
<td>EKG</td>
<td>33%</td>
</tr>
<tr>
<td>Mammogram (Females only)</td>
<td>26%</td>
</tr>
<tr>
<td>Prostate test (Males only)</td>
<td>25%</td>
</tr>
<tr>
<td>Pneumonia vaccination</td>
<td>22%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>20%</td>
</tr>
<tr>
<td>Pap smear (Females only)</td>
<td>20%</td>
</tr>
</tbody>
</table>
Mental health

<table>
<thead>
<tr>
<th>Conditions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Stress disorders</td>
<td>16%</td>
</tr>
<tr>
<td>Depression</td>
<td>15%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1%</td>
</tr>
</tbody>
</table>
Survey Results

- Most respondents (84 percent) did not smoke cigarettes.
- A total of 64 percent of survey respondents said they had an alcoholic beverage during the past month.
- Most respondents (85 percent) said they do not know how to obtain illegal drugs.
Survey Results

- Over 90 percent have health insurance
- Most had insurance through an employer (46%) or Medicare (42%)
- Only 8 percent of respondents had time during the past twelve months with no health insurance.
- Biggest health problems facing community was cost of healthcare and cost of insurance.
Survey Results

- More elder care specialists needed
- More education on cancer prevention, diet/exercise, Alzheimer’s, and stress management
<table>
<thead>
<tr>
<th>Variable</th>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td>Male</td>
<td>49%</td>
<td>52%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Age</td>
<td>42</td>
<td>63</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>92%</td>
<td>94%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Interviews: 26 stakeholders

- Major employers
- Federally Qualified Health Center and a free medical clinic
- Pennsylvania Department of Public Health
- Social scientists/researchers
- Philanthropist and health policy advisor
- Disease-based organizations
- Social service organizations
- Mental and behavioral health organizations
- Epidemiology/Environmental specialists
- Primary care physicians
- Surgeon
- Medical technologist
Vision for a healthy community included people getting health services regardless of insurance status, income or race/ethnicity.

Poverty is a major health challenge.

Lack of primary care and dental insurance.

Autism and Autism Spectrum Disorders are a large problem in the region.

Hard living population – drinkers, smokers and overweight.
Pennsylvania has a limited number of physicians moving into primary care
Lack of patient compliance a problem
Mental health issues surpassing physical
Language is a barrier both from the provider perspective and also at the state and local government level
Focus Groups

- Focus Groups (10 groups convened)
  - Hispanic/Latino
  - African American (2)
  - Impoverished
  - Aging
  - Physically/Mentally challenged
  - Youth
  - Chronic disease/Public health organizations
  - Major employers
  - Behavior Based (Substance abuse) organizations
Focus Groups

- Obesity related diseases and cancer are the top two health problems in the region
- Negative view of doctors in the region
- Significant substance abuse problem in this region
- Much greater access to drugs now than there used to be
- More inpatient mental health and drug and alcohol treatment programs needed
Focus Groups

- While there are many free clinics in the area, those without insurance still feel they do not have access to healthcare.
- Individuals with mental health issues face a stigma that discourages them from seeking treatment.
- While many employers in the region offer employees wellness programs, diabetes is an issue.
- Minority groups feel there is a lack of cultural sensitivity.
Secondary Data

- Demographic, economic, health status, incidences of disease, and insurance status
- Benchmarked against statewide indicators
- Region falling behind Commonwealth in key areas
- Region is slightly older and less diverse
- Fewer primary care physicians and physicians per 100,000
- County Health Rankings show that neither Lackawanna County nor Luzerne County are among the state’s top counties
Secondary Data

- Region contains more smokers, excessive drinkers and its residents are less physically active than the Commonwealth overall
- Cancer and heart disease continue to be a main causes of death for the region’s adult population
- A diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death
Outmigration of Care

- Series of questions in survey, focus groups, and interviews
- Electronic survey distributed to members of the Lackawanna and Luzerne County Medical Societies; 4.4% response
- Provider Interviews
- Patient Interviews
Patient Perception

- Local hospital environment – 76 percent good or excellent
- 60 percent quality of care good or excellent
- 67 percent quality of doctors good or excellent
- One quarter sought care out of the region
- Higher education level most likely to have care outside of region
## Type of care

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>19%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>16%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>14%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>14%</td>
</tr>
<tr>
<td>Neurology</td>
<td>12%</td>
</tr>
<tr>
<td>Oncology</td>
<td>10%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>9%</td>
</tr>
<tr>
<td>Gynecology</td>
<td>8%</td>
</tr>
<tr>
<td>Trauma</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>3%</td>
</tr>
</tbody>
</table>
Almost all physicians have or would refer patients out of the area for care.

Neurology and neurosurgery were key services referred outside of the area.

Many facilities were identified as referral destinations.

Disrespecting the patient and fragmentation of care were identified as issues by primary care physicians and patients.
Patients left the region for medical care of the advice of a physician
- General consensus that patient must leave for “quality care”
- Hospitals were perceived as “outdated”
- Fragmentation is an issue
Utilization data outside and inside BCNEPA’s thirteen-county service area

Increases in either patients or visits in 2010 and decreases the following year

Most common conditions for which residents sought care outside service area were cancer, musculoskeletal, gastrointestinal and “other” in an out-patient setting and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting
Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county.

More residents leave the BCNEPA services for outpatient cancer service than stay inside it.

Residents from both counties were most frequently treated within the Commonwealth of Pennsylvania for inpatient and outpatient services.
Searches of providers and programs
Detailed health care programs, resources and initiatives coordinated by non-profit organizations and government
The categories included aging, disease based, teen pregnancy, suicide, low-income, behavioral and mental health
Duplication in many programs
Gap in non-profit initiatives for the aging, mental health programs for youth, and behavioral programs for young adults
Both counties ranked average in clinical care
The respondents perceived the region has overall good health
The region has a variety of medical specialists and hospital facilities.
The two major insurers are focusing on preventative care
Several free health clinics in region
There are a variety of services available to area residents
Analysis: Weaknesses

- Region falls behind Commonwealth
- Obesity
- Depth of specialty doctors varies between hospitals
- Drinking alcohol prevalent
- Low numbers on screenings
- Residents believe better quality outside of region
- Substance abuse a problem
- Limited number of all doctors accepting MA
- Funding and programs not increasing with demand

- Need for more physicians and specialists
- Information on these programs and how to use them can be difficult to find.
- Scope of most specialists limited
- No research, innovation or collaboration noted
- No world-renowned physicians or techniques noted locally
- Lack of communication and cooperation between primary and specialists
High school graduates can be trained in health careers
Increase number of physicians per capita
Create a network of specialists fill gaps and keep patients
Provide more elder care specialists
Provide education on cancer, diet/exercise, Alzheimer’s, stress management, child abuse/family violence
Create a more diverse healthcare workforce
Health education youth programs

Increase inpatient mental health and drug treatment facilities
Add more health programs at work
Increase cultural and language training for health care workers
Work with public transportation
Strategically plan to re-write how mental health challenges are coordinated
Increase health literacy
Create a network for residents to find the help that they need.
Analysis: Threats

- High regional poverty rate
- Smoking, drinkers less physical activity
- Hospitals with more depth in specialties and better reputations
- Chronic diseases put a financial drag on the system
- Income related to health status
- Few ways to obtain knowledge about health programs
- Low opinion of doctors
- Lack of bilingual providers an issue

- Patient compliance problematic
- Limited mental health resources
- Hospitals outdated
- Physician quality is poor
- Mental health resources lacking locally
- Local physicians do refer patients to specialists out of area
- Local specialists limited in quantity
- Physicians show lack of respect for patients
Recommendations

- Healthcare delivery system
  - Promote team approach
  - Encourage mental health training for health care workers
  - Develop 2\textsuperscript{nd} language training programs
  - Documents produced in Spanish
  - Diverse workforce
  - Availability of specialists in the region
  - Collaborative initiatives with major research hospitals.
  - Increase the number mental health specialists.
  - Increase number of providers accepting medical assistance.
  - Evaluate and enhance the physical environment of older hospitals.
  - Need larger network of local specialists, especially geriatrics.
  - Open primary care clinics for medical assistance patients only
Regional Collaborative Initiatives

- Regional database of resources
- Coordinate social services, public transportation, healthcare, chronic disease organizations, local free clinic network, and workforce development
- Create a regional health education series in multiple languages
- Create mental health awareness programs
- Develop healthcare occupation programs
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