2016

Geisinger

City of Scranton:

Community Profile and Health Data

The INSTITUTE for Public Policy & Economic Development at Wilkes University

A partnership among Keystone College, King's College, Lackawanna College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Wilkes-Barre, The Commonwealth Medical College, University of Scranton, and Wilkes University.

Table of Contents

Purpose

The Community Health Needs Assessment (CHNA) was designed to assess health status, accessibility, and patient perception in Lackawanna and Luzerne Counties. The goal is to identify collaborative community based recommendations to mitigate some of the issues and challenges the region faces. The project was commissioned by the Healthy Northeast Pennsylvania Initiative and Geisinger Health System. Individual Geisinger hospital reports were prepared for facilities in Lackawanna and Luzerne County in accordance with the Affordable Care Act. Entire study available at www.institutepa.org .

City of Scranton Community Profile

The following tables summarize key demographic, economic, and social characteristics for the City of Scranton along with the state of Pennsylvania and the Scranton/Wilkes-Barre/Hazleton metropolitan statistical area as comparisons. The metropolitan area includes all of Lackawanna, Luzerne, and Wyoming Counties. All data contained here is sourced from the U.S. Census Bureau American Community Survey 5-year estimates. The data was collected over a 5 year period from 2010 to 2014.

Demographic Statistics

According to the most recent American Community Survey estimates, the City of Scranton has a population of 75,842, a decrease of less than one percent since 2000. The median age of city residents is 37.4, considerably younger than the region or Commonwealth. Over 16 percent of City residents are age 65 or older, this represents a greater proportion than Pennsylvania but fewer than the metropolitan area.

Scranton also has a greater degree of racial and ethnic diversity than the metro area as a whole. Nearly 11 percent of Scranton residents are Hispanic or Latino (of any race), significantly more than the comparison areas.

Demographic Statistics	Scranton City	Scranton/ Wilkes-Barre/ Hazleton MSA	Pennsylvania
Total Population	75,842	562,644	12,758,729
% Population Change, 2000 - 2014	- 0.7%	+ 0.4%	+ 3.9%
Median Age	37.4	42.6	40.4
% of Population Under Age 18	20.4%	20.0%	21.5%
% of Population Over Age 65	16.6%	18.2%	16.0%
Population by Race			
White	85.8%	92.1%	81.9%
Black/African American	7.0%	3.3%	10.9%
American Indian/Alaska Native	0.2%	0.2%	0.2%
Asian	3.6%	1.3%	3.0%
Native Hawaiian/Pacific Islander	0.1%	0.0%	0.0%
Other Race	1.5%	1.6%	2.0%
Two or More Races	1.9%	1.4%	2.0%
Hispanic or Latino (of any race)	10.9%	6.8%	6.1%

Economic Statistics

The civilian unemployment rate among Scranton residents is 9.1 percent, higher than the 8.2 percent regionally and 8.6 percent statewide. The city also has a lower proportion of self-employed workers.

Scranton's median incomes are substantially lower than both the metro area and the Commonwealth. Income statistics for the city are generally about 30 percent lower than Pennsylvania as a whole, and about 20 percent lower than the three county metro area. Unsurprisingly, poverty is also higher in the City of Scranton as a result. A total of 22 percent of residents of Scranton live below the federal poverty line, including 12 percent of all adults age 65 and older, and over 32 percent of all children under 18. More than one in five households in the city receives food stamps (SNAP benefits). More than one in three households in the city receives at least some of its income from Social Security.

Economic Statistics	Scranton City	Scranton/ Wilkes-Barre/ Hazleton MSA	Pennsylvania
% of Population Age 16+ in Labor Force	57.5%	60.1%	62.9%
% Unemployed	9.1%	8.2%	8.6%
Workers by Type			
Private wage and salary workers	84.5%	82.7%	83.4%
Government workers	11.8%	12.2%	11.1%
Self-employed in own business	3.7%	4.8%	5.3%
Median Household Income	$37,551	$45,812	$53,115
Median Family Income	$48,297	$59,343	$67,521
Per Capita Income	$20,351	$25,304	$28,912
% of households with earnings	70.4%	71.9%	75.4%
% of households with Social Security income	35.3%	37.3%	33.2%
% of households with retirement income	17.1%	21.3%	20.2%
% of All Individuals in Poverty	22.1%	15.2%	13.5%
% of Children under age 18 in Poverty	32.3%	25.2%	19.2%
% of Adults over age 65 in Poverty	12.0%	8.7%	8.1%
% of households receiving food stamps/SNAP	20.3%	14.8%	12.5%
% of households receiving cash assistance	4.7%	3.2%	3.5%

Social Statistics

In the City of Scranton, there are fewer married couple households compared with the metro area and the Commonwealth, and more single parent families as well as individuals living alone. In Scranton, 15 percent of all households are seniors living alone.

Almost four percent of Scranton residents lived outside of Pennsylvania one year prior to being interviewed compared with less than two percent regionally and statewide. Scranton also has a higher foreign born population. The vast majority of Scranton's foreign born respondents are from Latin America (41.8 percent of all foreign born residents in Scranton) and Asia (46.5 percent of foreign born residents).

In Scranton, educational attainment is slightly lower than the region and the Commonwealth. Only 8.6 percent of Scranton residents are military veterans. A total of 16 percent of Scranton residents have a disability, a slightly higher percentage than the metro area or Pennsylvania as a whole.

Social Statistics	Scranton City	Scranton/ Wilkes-Barre/ Hazleton MSA	Pennsylvania
Total households	28,924	225,565	4,957,736
Households by type			
Married Couple Family	37.6%	45.6%	48.3%
Single Parent with Child(ren) under 18	10.6%	9.0%	8.4%
Householder Living Alone	34.9%	31.4%	29.6%
65 Years + Living Alone	15.0%	14.2%	11.9%
% of Population that Resided outside of Pennsylvania 1 year ago	3.8%	1.9%	1.8%
% of Population that is Foreign Born	9.0%	5.0%	6.1%
Foreign-born Population by Place of Origin			
Europe	9.5%	17.4%	21.8%
Asia	46.5%	26.3%	38.6%
Latin America	41.8%	52.3%	30.0%
Other	2.2%	4.0%	9.6%
% of Adults Age 25+ with high school diploma (or equivalent) or higher	85.8%	89.1%	89.0%
% of Adults age 25+ with bachelor's degree or higher	21.4%	22.8%	28.1%
Military Veteran Population	8.6%	10.3%	9.1%
% of Population with a Disability	16.0%	15.3%	13.3%

CHNA Household Survey Results

This report shows results of the household survey completed in 2012 as a part of the Lackawanna and Luzerne County Community Health Needs Assessment prepared by The Institute for Public Policy & Economic Development. The results here are broken down for Scranton and non-Scranton respondent groups and the total results for the combined sample. Scranton is defined for the purposes of this report as six ZIP codes that include all of the city of Scranton. Those ZIP codes are 18503, 18504, 18505, 18508, 18509, and 18510. Because ZIP code boundaries do not always align perfectly with municipal boundaries, this study area also includes small parts of adjacent municipalities including Dickson City, Dunmore, Moosic, and Ransom Township.

The survey was distributed in hard copy format by mail along with postage paid return envelopes. The surveys were distributed to all communities with Lackawanna and Luzerne Counties. There were 1,457 total responses. Of those, 215 came from Scranton ZIP codes (just under 15 percent of the total). The tables below show breakdowns for the responses for Scranton and non-Scranton response sets.

The survey process and questions were approved by the Wilkes University Institutional Review Board and the Principal Investigators earned their certifications in Human Subjects Research from the National Institute of Health.

In some areas, including self-reported general health status and some chronic diseases, Scranton and non-Scranton results were comparable. In many other areas, there were only slight differences between the two, which does not necessarily point to any issue particular to the city of Scranton. However, there were several areas where Scranton was significantly different from the rest of the region:

- Scranton respondents were more likely to have sought treatment at a hospital emergency room in the prior year
- Several chronic diseases, including high blood pressure, high cholesterol, and COPD were either occurred about equally or were less prevalent among Scranton respondents. However, Type 2 Diabetes was more common among respondents in Scranton compared with respondents from elsewhere.
- Among respondents with children in their household, those in Scranton were more likely to report a learning disability or attention disorder compared with non-Scranton respondents.
- Many behavioral factors that impact health, including nutrition, exercise, and drug and alcohol use, are not significant different between the two respondent groups. However, cigarette smoking is significantly more common among Scranton respondents.
- Scranton residents were less likely to have received a pneumonia vaccination in the past year than non-Scranton respondents, and were also much less likely to have received several important tests that can lead to early diagnosis of cancers, including prostate exams, mammograms, and pap smears.
- Respondents from Scranton were more likely to have not visited a dentist in at least one year – 40 percent had not seen a dentist in at least 12 months compared with 30 percent for non-Scranton respondents.

- Among Scranton respondents, depression and anxiety/stress disorders were more commonly reported compared with respondents from elsewhere.

General Health Status

Based on the self-reporting of general health status, about 13 percent of respondents indicated that they are in excellent health, while the majority reported either good or average health. About 18 percent reported fair or poor general health. There was not a significant difference in self-reported health status between Scranton and non-Scranton respondents. Similarly, there was minimal difference between Scranton and non-Scranton responses on how many days per month their physical health and mental health are not good. The percentage of Scranton respondents with 11 or more "not good" mental health days per month was slightly higher than among non-Scranton respondents.

	General Health Status			
	Excellent	Good	Average	Fair or Poor
Non-Scranton	13%	46%	22%	18%
Scranton	13%	47%	24%	18%
Total	13%	46%	23%	18%

	"Not Good" Days per Month					
	Physical Health			Mental Health		
	0	1 to 10	11 or more	0	1 to 10	11 or more
Non-Scranton	46%	41%	13%	56%	34%	9%
Scranton	47%	39%	13%	57%	31%	12%
Total	46%	41%	13%	56%	34%	10%

Access & Utilization

A large majority of respondents have someone that they consider to be their personal doctor or health care provider. However, Scranton respondents were less likely than others to agree with that statement – 89 percent versus 97 percent. The most common reasons were not knowing how to find a provider and inability to afford a provider.

	Primary Care Providers					
	Do you have a personal doctor or health care provider?	If not, why?				
		Don't know how to find a provider	Don't need a health care provider	Can't afford a health care provider	Can't find a provider I like or trust	Language barrier
Non-Scranton	97%	3%	3%	62%	12%	3%
Scranton	89%	33%	7%	33%	0%	13%
Total	96%	12%	4%	53%	8%	6%

Scranton respondents reported slightly longer wait time to get an appointment with a physician, those almost half among both Scranton and other respondents indicated that they can see a doctor in less than one week after calling. Wait times after arriving appear to be slightly longer for Scranton residents.

	Access to Primary Care					
	How long does it generally take to get an appointment with a physician after you call?			How long do you generally wait to be seen by a physician when you arrive for an appointment?		
	< 1 week	1 - 2 weeks	3+ weeks	< 15 minutes	15 - 30 minutes	More than 30 minutes
Non-Scranton	49%	35%	16%	36%	45%	19%
Scranton	48%	31%	21%	37%	42%	21%
Total	49%	34%	17%	36%	45%	19%

Scranton respondents were more likely to report having visited a hospital emergency department in the prior year. A slightly higher proportion of Scranton respondents reported having an overnight hospital stay in the prior year compared with non-Scranton respondents; however, fewer Scranton respondents had been examined a medical doctor three or more times in the prior year.

	Health Care Utilization					
	ER visit in past 12 months?	Overnight stay in Hospital in past 12 months?	During the past 12 months, how many times have you been examined by a medical doctor?			
			0	1 - 2	3 - 4	5+
Non-Scranton	21%	16%	7%	36%	35%	22%
Scranton	32%	18%	8%	41%	31%	20%
Total	23%	16%	7%	37%	34%	22%

Chronic Diseases

Several chronic diseases had slightly lower rates reported by Scranton respondents, including high blood pressure/hypertension, high cholesterol, angina or coronary artery disease, and arthritis. Type 2 Diabetes, on the other hand, was slightly more prevalent among Scranton respondents. A total of 15 percent of those from the city indicated they had been diagnosed with Type 2 diabetes, compared to 13 percent outside the city.

	Percent of Respondents Diagnosed with Chronic Diseases				
	High Blood Pressure or Hypertension	High Cholesterol	Type 1 Diabetes	Type 2 Diabetes	COPD or Pulmonary Disease
Non-Scranton	51%	45%	3%	13%	8%
Scranton	46%	43%	2%	15%	7%
Total	51%	45%	3%	14%	8%

	Percent of Respondents Diagnosed with Chronic Diseases				
	Heart Attack	Stroke	Angina or Coronary Artery Disease	Arthritis	Asthma
Non-Scranton	8%	3%	9%	29%	7%
Scranton	7%	3%	6%	27%	8%
Total	7%	3%	9%	28%	7%

The proportion of respondents who have been told that they have cancer is slightly lower in Scranton – 17 percent compared with 19 percent.

	Has a health professional ever told you that you have Cancer? (% Yes)
Non-Scranton	19%
Scranton	17%
Total	19%

Among children living in the respodnents' households, the most prevalent condition throughout the two county region is asthma, while in Scranton it is learning disabilities or attention disorders.

	Percent of Respondents with children in household who have had at least one child diagnosed with the following:				
	Asthma	Diabetes	Overweight / Obesity	Emotional or Mental Problem	Learning Disability or Attention Disorder
Non-Scranton	15%	1%	6%	7%	8%
Scranton	11%	0%	2%	9%	13%
Total	15%	1%	5%	8%	9%

Health Behaviors

A total of 60 percent of Scranton respondents reported participating in physical activities in the past month, compared with 63 percent elsewhere in the region.

	Physical Activity				
	During the past month, did you participate in physical activities?	If yes, how many times per week in the past month?			
		1-2	3-4	5-10	10+
Non-Scranton	63%	26%	38%	19%	17%
Scranton	60%	24%	46%	19%	12%
Total	63%	25%	39%	19%	17%

In both Scranton and elsewhere, 96 percent of respondents reported that they have good access to fresh fruits and vegetables. However, 13 percent of Scranton respondents report eating fast food “a few times per week” or more, compared with 11 percent of non-Scranton respondents.

	Nutrition	
	Would you say you have good access to fresh fruits and vegetables?	Respondent reports eating fast food "a few times per week" or more
Non-Scranton	96%	11%
Scranton	96%	13%
Total	96%	11%

Scranton respondents have a much higher rate of cigarette smoking than non-Scranton respondents. Other alcohol and drug indicators are comparable between the two regions.

	Tobacco, Alcohol, and Drugs				
	Smoke Cigarettes	At least 1 drink in past month	Drank alcohol 5+ days per week on average in past month	Received treatment for alcohol in past 12 months	Received treatment for drugs in past 12 months
Non-Scranton	14%	64%	13%	1%	1%
Scranton	23%	63%	14%	1%	1%
Total	16%	64%	13%	1%	1%

Respondents were asked how easy or difficult they believed it would be to obtain certain types of drugs for themselves if they wanted them. Compared with non-Scranton respondents, Scranton residents were more likely to believe it would be either fairly easy or very easy to obtain heroin, prescription pain relievers not prescribed for them, methamphetamine, and cocaine.

	Obtaining Drugs is at least "Fairly Easy"				
	Marijuana	Heroin	Prescription pain relievers	Meth-amphetamine	Cocaine
Non-Scranton	19%	9%	13%	6%	9%
Scranton	19%	12%	15%	8%	11%
Total	19%	10%	13%	7%	10%

Preventative Care

Among listed preventative care screenings, a check-up and cholesterol test were the most frequently received by respondents. Scranton residents were less likely to have received a pneumonia vaccination in the past year than non-Scranton respondents, and were also much less likely to have received several important tests that can lead to early diagnosis of cancers, including prostate exams, mammograms, and pap smears.

	Received screenings in the past year:				
	Flu shot	Pneumonia vaccination	Check-up	Cholesterol test	Urinalysis
Non-Scranton	58%	23%	76%	67%	48%
Scranton	55%	16%	75%	62%	45%
Total	58%	22%	76%	66%	48%
	Received screenings in the past year:				
	Colonoscopy	Prostate Exam (Male only)	Mammogram (Female only)	Pap Smear (Female only)	EKG
Non-Scranton	20%	47%	52%	41%	34%
Scranton	19%	37%	46%	30%	29%
Total	20%	46%	51%	39%	33%

Dental Care

Respondents from Scranton were more likely to have not visited a dentist in at least one year – 40 percent had not seen a dentist in at least 12 months compared with 30 percent for non-Scranton respondents. Among those who had not been to the dentist in at least on year, the most common reasons in both groups were cost and not having a reason to go. Scranton respondents were more likely to indicate fear, apprehension, pain, or dislike of going to the dentist as reasons for not going.

Scranton respondents were slightly less likely to have had permanent teeth removed due to tooth decay or gum disease.

	Dental Care					
	Time since last visit to dentist			Number of permanent teeth removed due to tooth decay or gum disease		
	Up to 12 months	1 to 2 years	More than 2 years	0	1 to 5	6 or more
Non-Scranton	70%	9%	22%	29%	36%	35%
Scranton	60%	14%	26%	31%	36%	33%
Total	68%	10%	22%	30%	36%	35%

	Reason for not going to the dentist (among respondents who have not been to the dentist in 12 months or longer)					
	Fear, apprehension, pain, disklike going	Cost	No dental insurance	Cannot get to the dentist	No reason to go	Other
Non-Scranton	8%	34%	4%	1%	37%	16%
Scranton	21%	33%	3%	3%	31%	8%
Total	10%	33%	4%	2%	36%	14%

Mental Health

Among Scranton respondents, depression and anxiety/stress disorders were more commonly reported. Scranton residents also had a slightly higher rate of bipolar disorder and schizophrenia, and were slightly more likely to have been so sad or depressed that they stopped doing usual activities.

	Been told by health provider that you have…				
	Depression	Anxiety / Stress disorders	Bipolar disorder	Schizophrenia	Substance abuse problem
Non-Scranton	14%	15%	2%	1%	4%
Scranton	18%	20%	3%	2%	4%
Total	15%	15%	2%	1%	4%

	Mental Health		
	Felt so sad or depressed that you stopped doing usual activities	Felt down, depressed, or hopeless 5+ days in the past 2 weeks	In the past 12 months, needed mental health treatment or counseling but did not get it
Non-Scranton	13%	9%	6%
Scranton	14%	9%	8%
Total	13%	9%	6%

Among Scranton respondents, eight percent reported needing mental health treatment or counseling but not getting it, slightly above six percent for other respondents. When asked for a reason why they did not receive it, the most common was inability to afford it. Scranton residents were more likely to give as reasons: not knowing where to go, too far away, and not believing that it would help.

	Reasons for not getting mental health treatment (among respondents who needed but did not receive)					
	Couldn't afford it	Didn't know where to go	Took too much time	Embarassed	Too far away	Didn't think it would help
Non-Scranton	48%	17%	12%	17%	2%	18%
Scranton	47%	20%	0%	13%	7%	27%
Total	48%	17%	10%	16%	2%	20%

Health Insurance

It is important to note that because this survey was distributed in 2012, before the full implementation of the affordable care act, it is likely that many aspects to this area of community health are much different in 2016. In 2012, 89 percent of Scranton residents had health insurance, compared with 94 percent of others.

	Health Insurance Coverage					
	Percent Insured	Type of Insurance				
		Medicaid	Medicare	Employer Provided	Purchased Own Insurance	Other Insurance
Non-Scranton	94%	11%	45%	49%	27%	5%
Scranton	89%	10%	43%	50%	27%	2%
Total	93%	11%	45%	49%	27%	5%

As of 2012, Scranton residents were more likely to have been without coverage in the past year, report being unable to see a doctor due to the cost, and report being unable to afford prescriptions.

	Cost Barriers to Care		
	Any time without health insurance in past 12 month	In past 12 months, could not see doctor due to cost	In past 12 months, could not get prescriptions due to cost
Non-Scranton	8%	10%	12%
Scranton	12%	17%	19%
Total	8%	11%	13%

Patient Perceptions & Community Needs

Scranton respondents have slightly better perceptions of the quality of local health care resources compared with other respondents.

	Quality of Care	
	Quality of care in local hospitals is "good" or "excellent"	Quality of local doctors is "good" or "excellent"
Non-Scranton	60%	67%
Scranton	63%	70%
Total	60%	67%

Among both sets of respondents, cost of healthcare was identified as the top health problem facing respondents' communities, followed by cost of insurance. Scranton residents were more likely to identify access to healthcare as the largest health issue, and less likely to identify alcohol and drug abuse.

	Biggest Health Problem Facing your Community						
	Cost of Healthcare	Access to Healthcare	Alcohol/Drug Abuse	Cancer	Aging Population	Cost of Insurance	Others
Non-Scranton	50%	3%	10%	5%	9%	18%	3%
Scranton	53%	6%	6%	3%	11%	19%	1%
Total	51%	3%	9%	5%	10%	18%	2%

Demographic Characteristics

Region wide, the majority of respondents were male. However, among respondents in the City of Scranton, a 54 percent majority are female. In terms of race, Scranton respondents were more diverse than respondents outside the city, which were 96 percent white. Scranton respondents were 83 percent white, 11 percent Hispanic/Latino, four percent Black/African American, and two percent Asian. The median age among respondents from Scranton was slightly lower than respondents from outside Scranton.

	Gender			
	Male	Female	Answered Incorrectly	Total
Non-Scranton	53%	46%	0%	1226
Scranton	46%	54%	0%	213
Total	52%	48%	0%	1439

	Race (Alone or in Combination with Another Race)						
	White	Black/ African American	Hispanic/ Latino	Asian	Hawaiian/ Pacific Islander	Native American/ Alaska Native	Other
Non-Scranton	96%	1%	3%	0%	0%	0%	0%
Scranton	83%	4%	11%	2%	0%	1%	1%

	Median Age
Non-Scranton	64
Scranton	62
Total	63

Socioeconomic Characteristics

Scranton respondents were less likely to be married and more likely to have never been married than respondents from outside the city. Furthermore, Scranton respondents were more likely to be employed and less likely to be retired than non-Scranton respondents. However, income among Scranton respondents was generally lower, with a greater proportion earning less than $25,000 per year (46 percent versus 35 percent) and a smaller proportion making more than $50,000 per year (28 percent versus 37 percent).

	Employment Status									
	Employed for wages	Self-employed	Out of work for more than one year	Out of work for less than one year	Homemaker	Student	Retired	Unable to work	Answered Incorrectly	Total
Non-Scranton	34%	6%	3%	1%	2%	0%	45%	6%	2%	1222
Scranton	41%	4%	3%	3%	3%	1%	34%	9%	1%	212
Total	35%	5%	3%	2%	2%	1%	43%	7%	2%	1434

	Household Income				
	Less than $25,000	$25,000 - 49,999	$50,000 - $99,999	$100,000+	Total
Non-Scranton	35%	28%	26%	11%	1112
Scranton	46%	26%	19%	9%	197
Total	37%	28%	25%	10%	1309

College level attainment among Scranton respondents is comparable to the region as a whole: regionally, 32 percent held a college degree or higher compared with 31 percent in Scranton. However, Scranton did have a noticeably higher rate of respondents that did not graduate from high school – 12 percent compared with eight percent outside of Scranton.

	Education							
	Less than high school	Some High School	High school graduate	College 1 year to 3 years or technical school	College Graduate	Graduate or Professional Degree	Answered Incorrectly	Total
Non-Scranton	2%	6%	35%	25%	16%	16%	1%	1225
Scranton	5%	7%	32%	23%	15%	16%	1%	211
Total	2%	6%	34%	25%	16%	16%	1%	1436

	Martial Status							
	Married	Divorced	Widowed	Separated	Never been married	Part of unmarried couple living together	Answered Incorrectly	Total
Non-Scranton	53%	13%	19%	2%	10%	2%	0%	1227
Scranton	40%	15%	20%	3%	17%	4%	0%	213
Total	51%	13%	19%	2%	11%	3%	0%	1440

Focus Group Findings

In accordance with the parameters of the CHNA, The Institute conducted a number of focus groups. The focus groups consisted of regional participants by group or organization type. It is not possible to separate Scranton only or Lackawanna only participant summaries from the original data. All focus groups were semi-structured. The guidelines and processes were approved by the Wilkes University Institutional Review Board.

Summary

- Obesity related diseases and cancer are the top two health problems in the region. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.
- Several of the focus groups had a negative view of doctors in the region.
- There is a significant substance abuse problem in this region, primarily pertaining to heroin and opiate usage, as well as alcohol dependency.
- Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area.
- Many participants suggested that there should be more inpatient mental health and drug and alcohol treatment.
- There is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing.
- While there are many free clinics in the area those without insurance still feel they do not have access to healthcare. Many participants thought getting healthcare was too expensive.
- 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 was an issue among nearly all of the employers who participated in the focus group.
- Many participants thought the health programs and services were good, but that there should be more information available on these services.
- Minority groups feel there is a lack of cultural sensitivity among those who work in healthcare.

Behavioral Based Focus Group Summary

The goal of the Behavioral Based Focus Group was to discuss how behavioral issues affect the region's healthcare services. Focus group participants included ten representatives from the region's prison system, drug and alcohol programs, family services, and mental health programs.

The first question asked about the extent to which substance abuse is a problem in the community. Respondents agreed, “there is a major drug problem in this region,” primarily pertaining to heroin and opiate usage, as well as alcohol dependency. According to one participant, approximately fifty lives are lost to drug and alcohol abuse every year.”

Focus group participants suggested that the region is similar to most other cities and towns in Pennsylvania with respect to alcohol and drug use, with high instances of prescription drug abuse. They relayed that while many prescription drugs are obtained illegally, numerous doctors continue to “freely" write out prescriptions.

When asked how the environment had changed over the last five to ten years, focus group participants said that drug related crime has increased, particularly among heroin sellers, buyers, and users. Opiate usage as well as abuse of prescription drugs and amphetamines is also taking place. “People will go from one kind of drug to the other depending on availability.” Another change that has occurred over the last two to three years is the use of synthetic drugs (marijuana, cocaine, bath salts, etc.). A new synthetic heroin is also becoming available. The group attributed this increase to a higher frequency of migration in and out of the area, which may be influencing drug access. Focus group participants said that mental health and drug usage are often linked. Some use their inability to access medical treatment as an excuse to engage in substance abuse in order to “self-medicate” or cope with mental, behavioral, or emotional problems. In addition, one respondent indicated that since housing in the region is cheaper than in some surrounding areas (New York, New Jersey), it gives outside drug distributors an incentive to migrate to this region.

The focus group was then asked if their clientele’s demographic composition has changed over the last five years and if new residents were here to stay. Participants indicated that most of their clients are residents. However, schools are seeing a changing demographic and greater enrollment among students coming from New York and New Jersey. It was not clear from the discussion just how many remain in the region after graduate, as no one in the focus group tracked such information.

The focus group was then asked about access to treatment. Participants agreed that people always find a way to obtain medications, even if they don’t have the money. In addition, the group felt that much of the region’s substance abuse is “generational.” They agreed that families engaging in substance abuse together transfer those habits to their children, and that treatment should also include parenting skills. The group also agreed that one of the region’s biggest problems is that, while programs to address these issues are offered, they are not attracting those who would benefit from them the most.

Participants said that there is a strong relationship between substance abuse and incarceration, and that most people in jail have drug related violations – either as dealers or users. In addition, focus group participants said that treatment is not mandatory for all inmates and depends on the circumstance of each case.

When asked about the relationship between unemployment and drug use, focus group participants said that the majority of clients are unemployed. Many times they have a record of drug abuse and that

makes it difficult for them to be hired or hold employment for sustained periods of time. They said that the difficulty in holding employment often increases their desire to use drugs.

The focus group was asked if there was anything else they wanted to discuss. One participant voiced that there should be more inpatient mental health and drug and alcohol treatment. Participants said that psychiatric inpatient treatment is no longer as readily available as it once was. Participants also said that the region's mental health population has increased over the years and there not enough resources to accommodate it. In addition, participants said funding cuts have handicapped and reduced the number of mental health programs, that the length of treatment at state hospitals is not adequate to deal with mental health needs, and there is a need for more outreach to local residents to promote the region's mental health awareness and drug and alcohol services.

Public Health/Chronic Disease Focus Group

The Public Health/Chronic Disease Focus Group included three public health officials and three chronic disease representatives.

Focus group participants were asked to describe their vision of a healthy community. The group's responses included that more education on how to stay healthy and lead a healthy lifestyle are critical. Specifically, participants said there is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing, better food programs in schools and more education in schools on childhood obesity.

When asked to name some of the region's primary health problems, the group said that obesity and cancer (brain, lung, stomach and colon) are the top two. Participants also said that alcoholism, psychological disorders, diabetes and heart disease are also issues. One respondent said she is seeing many cases of vaccine preventable diseases.

Participants said that the region's particular "health problems" are related to the type of diet people in the region follow and their lack of adequate exercise. Participants referenced that in countries where it is the norm to walk rather than drive to everyday destinations and to eat fresh rather than canned or frozen food, people lead healthier lives. They said that food portions tend to be more manageable in European countries versus the United States, although there is access to fast food, there is less reliance on fast food.

Participants said they are seeing some changes in regards to diet among the region's younger generations, including a shift toward healthier food.

Focus group participants said that some of the primary health problems among the region's children and young adults include allergies and upper respiratory illnesses, as well as addiction and sexually transmitted diseases (STDs). For those concerned about STDs, participants agreed that there are many clinics that provide testing. Participants were asked if there is a stigma for young adults when seeking STD testing and treatment. Participants answered that such stigma is not as prominent as it was a few years ago. They said that young adults sometimes get treatment, then come back later with the same or

similar STD. “They don’t seem to take the consequences seriously.” Participants also agreed that more people age 60 and older are more frequently experiencing STDs.

When asked about access to healthcare in the region, participants said that the area includes many free health clinics. They also said that insurance doesn’t necessarily cover an adequate amount of time for individuals to be treated thoroughly, and that some problems, like mental issues, cannot be appropriately treated in a matter of days.

The group was then asked whether the Affordable Care Act (ACA) will change anything for their organizations. Public health officials said that changes are already being made slowly. They said that private primary care physicians are going to have to start giving vaccines because patients will no longer be able to obtain vaccines at public health departments. In addition, they said that health clinics will probably still provide flu shots, but that they are going to have to charge insurance companies for them, which was not previously done.

When asked if they have programs to help people learn how to get and stay healthy, a few participants said they have programs in place. One participant’s organization offered an after- school programs for kids, community gardens, and a farmers’ market that is being introduced. Another participant offered that his organization offers exercise classes and hiking programs.

The group was then asked about mental health—specifically regarding individual access to needed resources. According to one participant, such access is “better now than it used to be,” but additional improvements could be made. Other participants said that people with mental health issues face a stigma that discourages them from seeking treatment, and that such stigma must be eliminated and people must be encouraged to seek the help they need.

Respondents indicated they are seeing more support for mental health programs and they value they bring. They said that there remains the concern that some people do not seek treatment because they are unaware or incapable of realizing that they need such help. One respondent said, “the older generation grew up with the notion that it is not good to talk about mental health issues, so they probably have a tendency to not get the help they need.” Focus group participants said it is hard to distinguish whether mental issues among seniors are actually due to something such as Alzheimer’s or dementia or even a side effect of medications they may be taking rather than be attributable to a psychiatric problem.

The next question focused on substance abuse in the region. Respondents said that over the past two years, they have seen an increase in substance abuse involving synthetic drugs. Laws banning these substances have helped, but synthetic drug manufacturers are continually circumventing such laws by changing the formulas. Participants said that synthetic drugs can be purchased easily and are commonly distributed through online sales. Many agreed that cigarette smoking is still a problem in the area.

Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area from Philadelphia and New York. They said that when these new residents are asked about why they chose this area, they usually

attributed their decision to the area's social programs. They also said that the region's residency rules are not a deterrent; social programs help people get fast access to cheap housing, food stamps, and other needs; while public health organizations treat issues without questioning the patient's legal status or residency.

Participants said that drug use seems to be part of a culture that perpetuates poor choices and an unwillingness to better oneself and become an active member of the community. They believe that an entitlement culture is at the root of many of these issues. According to one participant, over the last fifteen years, the proportion of pregnant mothers who have used or currently use drugs compared with those who never have or don't use drugs has greatly increased. Participants said that Maternal Fetal Medicine (MFM) services are needed much more frequently for these women because they are so high risk. MFM deals with malformations and other disorders that occur in newborns due to drug use during pregnancy. Participants said that the community should do more to help women in these circumstances.

A secondary issue raised by participants is that people are generally not held accountable for not following the rules and this perpetuates their tendency to make poor choices, including mental health, drug, and behavioral tendencies that impact health.

Employer Focus Group

Employers represented in this focus group include defense manufacturing, document imaging, a chamber of commerce, local government, a distribution center, entertainment related, and an operations center. The employers' number of employees ranged from 10 to 1,800. All offered employee health insurance programs.

The group was asked if their company had a waiting period before an employee could obtain health insurance. Responses varied, with one employer having a waiting period of the first of the month following 60 days of active employment, while another depended on the employee's level. For example, non-exempt employees must wait until the first of the month following a 90 day introductory period, while exempt employees must only wait until the first of the month following their hire.

Employers were then asked if they were aware of any employees within their organizations who are uninsured. Each employer knew of the number of employees who did not enroll in company offered health insurance, but they were unable to state whether or not they were actually uninsured, as they may be covered under a spouse's plan. One participant indicated that 75 percent of employees do not take advantage of health insurance.

The group was then asked what makes a healthy employee. Responses included: a healthy mind and body are necessary to ensure that work is performed accurately and with attention to detail; an active lifestyle; healthy habits and a nutritious diet; and abstaining from smoking and from excess alcohol use.

Each of the employers participating in the focus group had some smoking policies and/or rules in place. For example, one participant said that employees are only allowed to smoke in designated areas, while another said his company would like to offer reduced premiums to those who are either non-smokers or who take advantage of smoking cessation programs.

Nearly all respondents offered employees wellness programs. One employer said his company had in place a wellness committee that meets regularly, while another is creating an internal café where employees can get healthy foods. A few employers said they hold events/programs, such as "Weight Watchers," "The Biggest Loser," or "walking lunch." The participants agreed that it is challenging to find a balance between getting employees to remain active and healthy without making it too time consuming or costly for the company. An additional challenge is discerning what health issues should be the biggest priority because there are differences in health needs between older and younger generations of workers. One company handles this by engaging in a claims analysis to determine which health concerns are the most prominent and dedicates resources accordingly. Participants said that getting employees to participate is often difficult – especially when their participation includes completing a health assessment or discussing potential health problems. Participants said that there is a concern among employees that their information will get back to the insurance companies and they will end up paying more for healthcare. Another participant said that his company is trying to come up with ways to encourage employees to get health assessments by providing reimbursement for physicals/screenings.

Diabetes was an issue among nearly all of the employers who participated in the focus group. One company representative said a recent review found that ten percent of claims were diabetes related. Another said her company's figures were consistent with the last company she worked for, and that people don't get regular physical exams as much as they used to, and are much more likely to go to the emergency room instead. "Therefore there is less continuity of healthcare and health issues are not caught and dealt with as soon as they should be."

When asked how employee health has changed over the last five to ten years, one participant said it seems like more employees under age 30 are filing claims than those age 50 and older. One participant said that "it has always been a challenge educating employees on how to use their benefits." Another stated that "some do not get regular exams because they are afraid they will have to pay for them." This is because they do not fully understand what their benefits cover. Another participant discussed the increased use of pain medications and antidepressants, especially among women.

The group was then asked if the Affordable Care Act (ACA) would have an impact on their organization. One participant said that smaller employers will likely eliminate benefit packages as the penalty for not offering a benefit program will be much lower than the cost to provide such program. A major concern expressed is the lack of information about the new rules and regulations that will be implemented as a result of the ACA. This could have negative implications depending on how employers react to its implementation. "This may also contribute to reduced hiring as employers who are concerned about the health reform are refraining from hiring new employees until they have a better idea of how the health reform is going to take place and impact them."

Respondents were last asked if there was anything else they wanted to discuss. One company representative discussed specific issues concerning her organization's 400 employees who are from India. The representative reported seeing specific diseases in that population, such as seizures, epilepsy,

and Type II diabetes. In addition many such employees are unwilling to use sick leave when they are ill in order to preserve it for personal time during certain months.

Another employer discussed that many workers believe that you can only obtain quality healthcare outside of the area. In turn, they end up seeking care outside of the area, in places such as Danville, Lehigh Valley and Philadelphia quite often.

Elderly Focus Group

The elderly focus group consisted of ten seniors who volunteer as senior companions at an elderly day program.

The group was asked to describe their vision for a healthy community. Responses included: a community where people work to stay mentally alert, exercise, do volunteer work in the community, take care of themselves, and watch their diet.

When asked their opinion of the health services and programs offered in the local area, the response was very positive. According to one participant, "they are great." Specifically, the focus group participants applauded Meals-on-Wheels, public transportation, programs offered and health care and health service workers. In addition, they said that more doctors are making house calls for the elderly. Participants said that elderly day cares are a good idea, especially for busy, working individuals who cannot stay home to care for their parents or older relatives. One participant said that sometimes better care is provided at adult day cares than in nursing homes; he said they are pleasant to go to and provide people the ability to socialize with others.

The group was then asked if they think people in the region have adequate access to healthcare. Again the group provided a largely positive response. According to one participant, "some people might not because they might not know what is available or how to get to it." Participants said they did notice that there are not as many health fairs as there used to be.

Although the group was very positive about the region's doctors, a few participants felt that the doctors don't always listen or are overscheduled. Another said that the wait times to see a physician can be very long and the treatment is not always adequate. The group was somewhat negative when asked about hospitals. One person said the hospitals are not always sanitary; another indicated that the quality of care depends on the nurse(s) assigned to the patient.

A few individuals said they sought medical care outside the region – all on the advice of their primary care physician. When asked for the reason, one said that "the quality of the services is better outside the area."

When asked about chronic diseases the group said it was a "big problem" even among children. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.

The group agreed that mental health issues are a problem in the community and that they are a stigma among senior citizens. In turn, many seniors may not get the help they need.

All agreed that substance abuse is a problem within the community. "The drug problem in this community is similar to drug problems in other cities. It is not any better or any worse." They said that prescription drugs are very easily obtained by the elderly and, while they are not as likely to engage in substance abuse, their younger relatives who have potential access to their medications might be.

Impoverished Focus Group

In order to reach out to individuals below the poverty line in the region, The Institute conducted a focus group at a homeless shelter. The impoverished focus group included ten participants.

The group described a healthy community as one where people have adequate access to comprehensive health programs and services, including access to more preventative and affordable healthcare and, which has less crime.

Participants said that health programs and services in the region are "overly expensive and "could be better." Other comments included that programs and services are needed to address mental health, drug and alcohol issues, and that physicians must be careful not to over-prescribe addictive medications to young people. However, some focus group participants said hospital medical staff should be better trained on how to treat or handle patients with drug and/or alcohol addiction.

The group also agreed that adequate access to health care is dependent upon whether or not a person has health insurance. To improve access, participants said that "everyone should have the ability to obtain health insurance. More government support is needed for those who are not able to finance regular doctor appointments." In addition, participants said that more needs to be done to reduce the costs of regular exams or to provide other payment options. Participants also agreed that prescription medications are sometimes prohibitively expensive.

When asked to rate the quality of hospitals within the region, participants agreed that they are "expensive." They also referenced misdiagnoses at two different emergency rooms. One participant was advised by her doctor to leave the area for medical treatment.

The group was asked about the kinds of programs and services that would enhance the health and wellbeing of families within the region. Responses included cancer treatment programs, diabetes treatment programs, programs that promote healthy eating, education about exercise and supplements, and more programs that offer alternatives to the usual therapies and treatments.

Mentally or Physically Challenged Focus Group

The mentally or physically challenged focus group consisted of six members of a mental health support group, many who had mental illness and physical challenges.

The group's vision for a health community included a clean area, something they believed was not the case where they lived.

When asked about their perception of health programs of services, all respondents felt they were good but that there should be more information available on these services.

When asked what should be done to improve health and quality of life, respondents discussed some of their medical issues. They said that there is a stigma about those diagnosed with mental health problems. They also said that healthcare professionals they have met with did not listen to their needs because they had mental health issues. One respondent said that he was a victim of discrimination by health professionals because of his mental illness. Another said that healthcare professionals should be provided with more education on mental illnesses. One participant said, "They find out you have something wrong with you and they look differently at you." The participants shared an overall concern with the decrease in state funding for programs that help people with mental health diagnoses.

All participants agreed that physically or mentally challenged residents need better access to quality health insurance. One woman discussed that she could not find a specialist who was covered by her insurance, and said that many physicians "don't accept Medicaid and Medicare because the state requires too much paperwork." All respondents said that they are forced to spend a great deal of time on the phone calling providers to see if they accept their insurance. Many also felt prescription medications are too expensive, and have arrived at pharmacies only to find out that their prescriptions are not covered by their health insurance.

Respondents reacted favorably to area hospitals; however one mentioned that he had a difficult time understanding "foreign" physicians. Another respondent said that area hospital physicians lack bedside manner and give the impression that they do not care about the patient.

Another respondent described her situation in having to go to a hospital in Philadelphia before receiving a correct diagnosis after going to facilities in both Lackawanna and Luzerne Counties.

When asked about chronic diseases and obesity, one focus group participant said that costs are a major determining factor, as food choices that lead to these conditions are much less expensive than healthier options.

All participants agreed that the region has a significant substance abuse problem, and mentioned that the area has too many bars and not enough recreational opportunities for teens and adults. The group agreed that substance abuse and mental illness often go hand in hand.

Youth Focus Group

Participants in the youth focus group included five college students, two of who are enrolled in schools in Lackawanna County, and three of who are enrolled in schools in Luzerne County.

This group's vision of a healthy community is one in which healthcare is always easily accessible and affordable, where the environment (whether urban/suburban/rural) is always clean and under proper maintenance, and where people have mutual respect for one another. The students expressed positive experiences with the region's hospitals. They each felt that the care provided is relatively quick and efficient and were satisfied with care they received. However, only two of the five students in the focus

group were from the Lackawanna – Luzerne County region, and those who were not from the region had limited experiences with the region's healthcare.

When asked what should be done do to improve health and quality of life in the community, participants focused on pollution and eating habits. In terms of pollution, one participant said that the urban area historically "used to be a very lively and productive city with a lot of potential." He said a lot could be done to revive this, including better city planning and maintenance, investing in more businesses, and simply ensuring that the streets are clean and safe. In terms of eating habits, focus group participants said that area residents should be more mindful of the amount of processed foods they eat and said exercise was vital to a healthy community.

All participants said that the community offers adequate access to healthcare, but agreed that improvements could be made by increasing public transportation and ensuring more people have health insurance.

Hispanic/Latino Focus Group

This focus group included four members of Scranton's Hispanic/Latino community.

Participants agreed that there is a lack of communication, and that this results in not knowing about services offered. The group felt that the church plays a significant role in disseminating information to the Hispanic/Latino community about services offered, including, for example an effort to urge parishioners to get mammograms. One participant discussed her positive experiences with at a local health clinic where she received care.

To improve health and quality of life, respondents said that residents must choose healthier foods, as diabetes remains a significant issue among Hispanic/Latino communities. Because "everyone is pressed for time," many are not able to make healthy food choices. Another participant said that the community has a high population of HIV positive residents, and felt that there should be more prevention programs offered.

Participants agreed that not all have adequate access to healthcare. They said that many community members do not have health insurance and are forced to seek treatment at the emergency room as a "last resort." One participant discussed the Affordable Care Act (ACA) and felt it would help ensure people get access to affordable health insurance.

Participants had very positive opinions on area hospitals, but quite mixed emotions regarding doctors. One discussed his experience with the doctor he was referred to who refused to treat him because he did not have health insurance, while another spoke about a physician who did not charge a family member for appointments or medication.

All participants agreed that substance abuse is a major issue throughout the Hispanic/Latino community, and that alcoholism is a significant problem among young adults.

African American Focus Group

This focus group consisted of five members of Wilkes-Barre's African American community.

The group agreed that it is difficult to get an appointment with a specialist in the area, and one participant cited waiting two months for an appointment with an OB/GYN. The group also expressed concerns about the region's quality of care, particularly for African Americans. According to one participant, there is "a lack of cultural sensitivity in this region" and physicians are "less apt" to give people [in the African American community] pain medication. In order to improve the quality of care, the group felt that the mindset must change and that medical personnel should have "cultural training."

When asked about access to healthcare in the region, one participant said that access depends on who you are, while another told a story about going to a local dermatologist for a skin problem and being told nothing could be done. The participant left the region for treatment in a more urban area and learned that her skin condition is unique to African Americans. One participant followed with, "Doctors here don't necessarily understand our community's issues; that is a problem."

One participant discussed some issues within the community, such as overmedicating children for behavioral problems. The participant explained that "Parents are teaching children how to act in front of the doctor." The participant stated that some parents did this because a behavioral diagnosis enables the child to quality for Supplemental Security Income (SSI) and Social Security in the amount of $700 per month. Additionally, the participant said that schools get additional funding when students have such diagnoses.

When asked about the doctors and hospitals in the region, there was an overall negative response. Again, cultural sensitivity was discussed as a main concern. Each person within the focus group said they either have left or know someone who has left the region for medical care – particularly if they need to see a specialist. According to one participant, "If I need to see a specialist, I leave."

When asked what could be done to enhance the region's programs and services, one participant said it was important for people to educate themselves, while another said that hospitals should be forced to "hire people of color" in order to make patients and minority staff feel more comfortable.

The group was next asked about obesity, and all agreed that it is a problem within the African American community. One participant felt, however, that "African Americans are shaped different and measured by a different standard." One participant said that nutritionists are too expensive and do not to a good job of educating patients.

The group was next asked about mental health. Participants were clearly uncomfortable discussing the topic and acknowledged that when asked about it by the facilitator. One participant said people in the African American community are "more depressed" than other groups, and that there is a general reaction that people need to get over such depression.

The group acknowledged that substance abuse is a problem within the community, but indicated African Americans are more involved in selling illegal substances that using them. One participant said that the

area's drug problems came from rehab centers. Once released, rehab patients stay in the area and go back to using drugs or alcohol.

African American Focus Group 2

The second group consisted of members of a church in Wilkes-Barre. An additional focus group was done with those belonging to the African American community because this group was underrepresented in the survey.

The group's vision for a healthy community includes less stress and chronic disease. Participants want more health education in the community, including proper nutrition. One participant said that a healthy community is one where every member is at their "optimal health."

The group, overwhelmingly, said that they do not have adequate access to health care. They said that specialty health care services are lacking in the region. Several participants complained about the amount of travel required to get to a doctor in the region. They also repeated several times that local providers should be more informed on community needs and resources to help patients. Many expressed frustration with having to search for resources and specialists. They felt that providers should be treating their patients with the goal of making them healthy rather than just "giving out pills." Many participants felt the doctors and hospitals were "in it for the money" rather than the patients.

Several solutions were offered for access to health care. One participant said that clinics in other states offer rides for patients who do not have transportation. Another participant said there should be clinics in areas where transportation is known to be an issue for patients. He felt this would increase the likelihood of patients receiving both preventative and follow-up care. Many participants mentioned that there should be a program to help with co-pays on follow-up visits.

Participants said it was difficult to rate the local doctors and hospitals. While the overall rating was not good for most doctors and both hospitals, certain specialties rated higher than others. One woman described a situation where her daughter needed emergency surgery but no one in the hospital was familiar with her blood disorder. The girl had to wait over two hours for a specialist to come to the hospital from out of the region so she could be treated. The woman also talked about the cost of transporting her daughter to Danville for follow-up appointments. That same woman did note that she received excellent heart care locally. She felt that, since heart health was "something the hospital was receiving money to study" she received better care. Transportation cost and availability were mentioned as roadblocks to receiving care several times. The lack of pediatricians and pediatric specialists was also mentioned by more than one participant.

When discussing health issues in the community, the group felt chronic disease and obesity were on the rise. Some blamed the availability and affordability of fast food. Others in the group felt that people were just making the wrong choices. The group felt that community education and health care provider support were needed to help those with these problems. Many in the group thought that mental health problems were "over diagnosed." Some thought that people were abusing the system to get more

money from welfare and SSI, while others blamed the doctors. Participants felt that, like other health issues, doctors tend to medicate without providing any other support. On the issue of substance abuse, the group is seeing a rise in the abuse of prescription medications. Many said that they have to lock up their pills for fear of them being stolen. Many blame the problem on youth who are not supervised.

Interviews

During the data collection phase, fourteen interviews with 26 stakeholders representing a number of different sectors were conducted using a semi-structured format. Interviewees included: major employers, primary care health clinics, social science researchers, disease based organizations, mental and behavioral health organizations, two epidemiologists, public health department, an insurance company, a physician, a surgeon, a medical testing laboratory, a social service organization and a philanthropist and policy expert.

Summary & Conclusions

The interviews lead to several conclusions regarding specific issues; each of the following issues was mentioned by more than one interviewee representing different sectors, reflecting consensus and lending credibility to the following conclusions:

- The number of primary care physicians, specialists, and dentists accepting MA is extremely limited.
- Language is a barrier to care and services, both at the provider and at the state and local government level
- Public transportation is limiting (routes and day time only hours)
- Patient compliance and health literacy regardless of insurance status is a problem
- Physician lack of respect toward patients appears to be a problem
- Preventative testing and screening is underutilized
- Poverty is the foundation of the region's health problems
- Unhealthy lifestyles in northeastern Pennsylvania contribute to illness and death
- Mental health issues are on the rise
- Funding and programs are not increasing with demand
- The region is limited in primary care and a number of specialties
- There is a lack of knowledge and awareness of local disease based organizations

Representatives of two health centers were interviewed, including one from each county and each representing a different sector of the medically underserved. These organizations represented staggering numbers of patients seen and annual visits. Patients ranged in the thousands and one organization's visits exceeded 30,000 annually. Another mentioned 17,000 mental health visits alone. Two epidemiologists were interviewed, one whose focus is environmental and the other public health.

The employers each had over 1,000 employees, including workers at different skill and education levels. Both offered health and dental benefits using a combination of local and national providers, and both employed immigrants and can boast diversified workforces.
Between the mental and behavioral health and social service organizations, the list of services and programs was very comprehensive and included everything from counseling, diagnosing and treatment, to long-term care, early intervention, crisis intervention, emergency services, and case management.

The Institute had the opportunity to interview an individual who ran a successful global multi-million dollar enterprise, who was selected to sit on a health policy committee by President Bill Clinton. Additionally, two social science researchers who have worked on considerable research in the immigrant communities were interviewed.

The Institute also interviewed a primary care physician, a medical group comprised of surgeons and a certified medical technologist whose lab conducts over 35,000 clinical laboratory tests. An insurer was also interviewed, as well as various representatives from a public health organization.

Interviewees were asked about their vision for a healthy community. Of those who responded, there was consistency regarding the importance of residents getting health services regardless of insurance status, income or race/ethnicity. One interviewee expanded on this by indicating access to education programs to teach people about diet, living and working environment and how failure to comply with doctor's treatment plan can contribute to an increase in medical issues. This respondent also said that despite poverty or other problems, individuals can work towards a well-balanced and healthy life.

One interviewee indicated that reduction in poverty is the vision. While no one else identified poverty in the vision of a healthy community, poverty was referenced in a number of questions by a majority of the interviewees as the foundation of many of the region's health and social problems. Poverty was also referenced as the primary issue that has an impact on successful treatment of medical issues and reduction in incidences of disease.

When asked about some of the major health challenges faced by patients, clients and the community overall, several interviewees indicated that poverty was the issue causing a number of health challenges. It was indicated that people do not have money to buy insurance, and if they do, medical co-pays, coinsurance and prescription costs are prohibitive. It was indicated that there are more health issues as a result of economics than race or ethnicity, and that as unemployment is higher, higher education and wages are lower.

The most pertinent issue referenced is a lack of primary care and dental insurance. The uninsured have limited or no access to care and, as a result, medical problems become more challenging and costly to treat because they either put off treatment or do not get treatment at all. The loss of the adultBasic insurance program has increased demand for services in many of the area's clinics, and puts additional pressure on emergency rooms. There remains a lack of awareness of the Children's Health Insurance Program (CHIP) program and medical assistance patients have difficulty finding providers.

Further, very few pediatricians are willing to see medical assistance patients or the uninsured. Specialty care is extremely limited and difficult to access for this patient group. Medical assistance has a low reimbursement rate, and complexity of filing for billing is deemed to be the cause of this.

One of the health centers indicated that kids on medical assistance are covered until age eighteen, but there is nothing for adults. Lack of dental care is a huge problem for both the region's youth and adults. This lack of preventive care can serve as the basis for other health issues.

Some of the professionals represented focused organizations, and, therefore, the health challenges presented were very specific. For example, cancer was identified as a health challenge, and while colorectal, breast, and cervical cancers are prevalent, these types of cancers have the best screening tools and treatments and incidences should be at or near zero.

Another challenge identified was the lack of mental health service providers. Two interviewees also challenged the quality of such providers. Regional organizations (Carbondale's Tri-County Counseling and Scranton Counseling Center) have such high volumes of clients, they either have limited sessions or do not take new clients. Physician interviews also indicated that psychiatrists and psychologists are extremely limited in number.

Autism and Autism Spectrum Disorders are a large problem in the region. Students with autism enrolled in special education at the region's schools are at an all-time high (400+ cases reported in the 2009 - 2010 school year). This is up from 99 cases in 2000 – 2001. Some support groups exist, but there are few resources within the schools to deal with this growing problem. There are problems handling severe cases on a local level and no plan for dealing with Autistic adults. This was echoed by a parent in the patient focus group who had to leave the region for services.
Attention Deficit Hyperactive Disorder (ADHD) is also prevalent in the region. While ADHD prevents children from keeping up with grade level school work, such impacted students move forward, so a number of problems follow them into adulthood.

One of the epidemiologists interviewed indicated that the region has a "hard living" population – drinkers, smokers (mentioned by many) and overweight. The region is also aging. Environmentally, there are many non-urban areas that limit access to medical care and exercise, and the weather also inhibits a healthier life style. While there is no proof of environmental problems causing higher incidences of

some diseases, there are a number of “industry driven hamlets.” Here industrial facilities abut up against residential neighborhoods.

Representatives from public health and a private medical laboratory both mentioned seeing increases in Lyme disease and sexually transmitted diseases (STDs). Specifically, Chlamydia, gonorrhea and syphilis show signs of increasing. While HIV is not increasing, resources are decreasing. The medical laboratory representative also mentioned a spike in Vitamin D testing, which has huge disease preventing benefits.

Not specific to northeast Pennsylvania is the limited number of physicians moving into primary care. Salaries of primary care physicians are significantly lower than specialists and a stereotype is that being a primary care physician has limited prestige. As the number of primary care physicians are limited, the competition to drive them to communities gets stiffer. This region is unlikely to be a strong competitor to the major urban areas with major hospitals and health care systems.

One provider indicated that patient compliance or lack thereof is an issue, which was also echoed in physician interviews. While this provider mentioned that non-compliance was more prevalent in his/her Caucasian patients, another indicated that recidivism (non-compliance) is high among his/her African American patients.

Despite differences in the types of stakeholders interviewed, there was consistency when it came to identifying common illnesses. Many agreed that the prevalence of mental illness surpasses physical illnesses. Specifically, there is more depression, anxiety, and bipolar disorder - which is appearing in children. Chronic diseases, such as asthma, are often diagnosed. Behavioral-based diseases, such as diabetes (high in the Hispanic/Latino community) and hypertension, are also very common. Several risk factors for these diseases include smoking, obesity, poor diet (red meat, alcohol, and processed foods) and lack of exercise, which are also risk factors for certain types of cancers. There are also higher rates of certain cancers here, which could be caused by these risk factors, genetics, or may be tied to environmental factors. While there has not been any local research to identify such environmental causes, the behavioral risk factors are certainly prevalent in this region. While a number of cancers are diagnosed annually in the region, the most predominant are breast, prostate and colorectal. Youth cancers are also on the rise.

The laboratory representatives and the epidemiologists agreed that Lyme disease and herpes are on the rise, and many vaccine preventable diseases are manifesting themselves, including varicella and pertussis.

Prescription drug abuse was cited as a significant problem. This was noted by employers, physicians and insurance companies. Specifically, addiction to pain medication is the number one concern, and it is reflected in the number of prescriptions written annually. The one issue mentioned by employers, physicians and other service providers interviewed was addiction to pain medication. Employers were

able to validate the problem with records of services provided by their insurers. Physicians and other medical personnel indicated that they are barraged with requests for pain medication prescriptions.

The social service organizations interviewed indicated that in addition to innumerable mental health issues, the lack of parenting skills is a non-medical issue that affects families and children in a number of ways. As a result, the physical and mental wellbeing of children is challenged from birth, which carries over into adulthood and the cycle continues.

Interviewees were asked about other issues confronting their patients, employees or clients. As indicated earlier, poverty was the primary issue impeding health care and is represented in all races and ethnicities. In the undocumented population, individuals are being taken advantage of by employers not paying them for work and property owners refusing to give back deposits, raising rents, etc. Paperwork such as leases, employment agreements, or checks/receipts are not utilized because such individuals are undocumented. Since no paperwork changes hands, there is no proof of an issue.

The language barrier among this population is also an issue. There are very few or no providers speaking Spanish or any Indian dialects and none able to work with the region's growing Russian and Bhutanese populations. Most state and local government paperwork is in English only. Further, individuals in social services, mental and behavioral, child protective services, and law enforcement have little or no foreign language skills. A local social service agency has had experiences in problem resolution resulting from a poor translation issue between a hospital and a parent of a patient and in other instances between families and Child Services. One physician indicated that he/she has seen Hispanic and Russian patients and they either bring their children to interpret or have discussions using pictures and pointing. Another example was the increasing DUIs citations in the Hispanic community. Offenders must attend classes. All classes and paperwork are in English and the offender cannot bring a translator to the classes.
Among this population, social service providers indicated that many parents are young themselves, have mental health issues, or have so many children that they just do not know how to parent. This often causes issues in school, interrupted parental employment, and can ultimately lead to medical, behavioral, or delinquency issues in the children.

When asked whether or not they perceived access to health care as problematic, inadequate transportation outside cities, high costs, and availability of health care professionals were cited among interviewees as significant barriers to receiving quality care. Transportation and costs were stated to be significant issues when patients were referred to specialists outside of Lackawanna and Luzerne Counties. It was stated that there is little or no availability of public transportation after regular work day hours and some interviewees claimed that their health insurance carriers denied many claims for services provided outside the area.

Medicare and Medicaid patients have experienced difficulties in finding health care providers that treat patients covered under these programs – particularly among dentists, orthodontists and oral surgeons.

Further, for Medicaid patients, there are only a few locations in Pittston, Wilkes-Barre and Mountain Top that will provide care.

Health care costs are a major problem in the area. For those with health insurance, deductibles remain a major deterrent. Charity care is not marketed and impoverished patients are usually sent to the collection agency before they can apply for such charity care. High health care costs have created a secondary issue; those who can't afford a regular physician will tend to go to the emergency room to seek care for a majority of their health concerns because they know that they cannot be denied. As a result, emergency services end up being used to treat non-emergent problems and reduce access to such services for those who legitimately need them. The creation of urgent care clinics has helped in reducing this problem to a degree.

Lastly, there is a lack of awareness about health care programs that are available and/or programs that can enhance the ability of individuals or families to access health care. Language also continues to be a barrier for the immigrant populations by hindering their ability to seek and receive care, where appropriate.

There seemed to be a consensus among interviewees that chronic disease and obesity, as well as the problems related to this, are a major problem in the local area. Interviewees linked chronic diseases with the tendency of the local population to engage in poor eating habits, alcoholism, and smoking, and to neglect regular checkups and health assessments. Obesity, in particular, was cited as a major contributor to instances of diabetes, hypertension, high cholesterol and other cardiac issues.

Furthermore, lack of attention to receiving routine primary care leaves individuals with inadequate knowledge of the diseases they are currently affected by or how to prevent them.
Chronic obstructive pulmonary disease (COPD) among adults and asthma among young children were also identified as problems within the region. Again, local high smoking rates and unhealthy habits were cited as primary factors contributing to such conditions.

Mental health issues were stated to be a significant problem affecting the region. Bipolar disorder, depression, and anxiety are said to be particularly high among young women. Interviewees indicated that the need for mental health services is on the rise, however, the availability of these services currently cannot support demand. In addition, access to existing services is prohibitive for Spanish speaking individuals and the uninsured and underinsured. There are very few bilingual providers and the costs of care, another factor, can be high. One interviewee mentioned that the region has just one Spanish speaking marriage counselor.

Several interviewees indicated that mental problems among the region's youth are on the rise, and the region is extremely limited in adolescent psychologists. Mental and behavioral health interviewees suggested that the majority of children they see for mental health issues also have parents with their own mental health issues; this is coupled with the fact that they see children with very young parents

who also lack parenting skills. These professionals also indicated that therapy with these kids is challenging. Due to their natural immaturity, they do not understand, comply, or want this kind of help.

Several respondents focused on the increased rates of depression. Many believe the prevalence of depression has increased with economic pressures over the past several years. According to several interviewees, mental health issues are often linked with substance abuse problems. Additionally, mental health issues are compounded because of patients' lack of compliance with medical advice and proper use of prescription drugs. Many go untreated because of the stigma associated with getting care. One interviewee indicated that it would be ideal to have mental health professionals and primary care physicians co-located.

There was a general consensus among interviewees that substance abuse is considered a problem in the region. Addiction to prescription medications was listed as a significant problem by several respondents. In addition, it was suggested that alcoholism and drug use are sometimes linked to mental health issues and could also be contributing factors to prevailing socio-economic concerns, such as unemployment, since the drug users fail employment drug tests.
Interviewees also mentioned that some addictions could be ethnically linked. In particular, DUIs appear to be an increasing problem amongst Hispanics. In light of this observation, it was suggested that counseling and materials used to educate and correct these behaviors be offered in other languages to accommodate non-English speaking residents.

Most interviewees insisted that their organizations were not affected by funding cuts, but some concern was articulated regarding the inadequacy of current funding and resources - particularly since demand is increasing. Limitations in both areas have encouraged some organizations to treat a more limited selection of primary diseases or conditions. Funding will continue to be an issue if the rate of uncompensated care continues to grow (in many practices, uncompensated care has increased from 2-4% in 2008-2009 to 5-6% today).

One medical provider indicated that low reimbursement rates from some insurers and the challenges of credentialing from insurance companies remain inhibiting factors.

Those engaged in public health have seen funding cuts and changes in programming to focus on statewide mandates, as opposed to regional needs. In addition, public health organizations in other states provide services since they have staff physicians, so it is confusing to people who move here from other states.

Interviewees were also asked about potential impact of the Accountable Care Act (ACA), as it was indicated that health care should not be for the wealthy only. The Federally Qualified Health Clinics believe that ACA will more than likely increase their clientele. The free clinics believe there will still be underinsured and uninsured that need medical care.

Employers are hopeful that all employees would be covered by insurance, which would result in healthier, more productive workers. One employer, however, mentioned disappointment in the maximum established for Flexible Spending Accounts (FSA) — $2,500 per year is limiting for a family of four or more. The providers responded that ACA furthers the "medical home" concept that appears to exist at Geisinger. This concept should make health care more efficient and effective for patient care. Most indicated that the true impact of ACA won't be seen for several years. Several agreed that Pennsylvania needs to expand Medicaid.

Selected medical service provider interviewees were asked about special programs or centers of excellence. They responded to this question with the following (non-comprehensive list):

Bariatric program
Hernia Center
Vein Closures
Medical home concept in a health center setting
Electronic health records in a health center setting
Ability to conduct small community based research projects
Free or low cost cancer screenings.

Selected interviewees were asked about upcoming plans. Some of the initiatives involve specialty research in asthma, environmental impact on health, women's health, and aging. More of the clinics are obtaining sophisticated electronic health records for patients, which include modules for medication tracking, preventative visits and testing. One specialty provider is implementing a spider vein removal program and hopes to establish a radon program for prostate cancer. Another private provider is looking to establish the "one-stop shop" concept in their facility in order to house complementary or ancillary services and providers.

When asked about gaps, most interviewees identified the pressure of increasing demand on existing services. Others noted the shortage of specialists, bilingual providers, and providers accepting medical assistance.

One interviewee indicated that obstetric services are an issue. Medical assistance patients are placed far out on the schedule for appointments. If they are not treated within the first trimester, physicians then refuse them - indicating they are high risk because they have not received early pre-natal care. Another issue is that prisons do not start prenatal care for pregnant inmates for 90 days, so if someone incarcerated is released, she has difficulty in finding a physician.

Interviewees were asked if they see some medical problems more commonly among different demographic groups, such as gender, race/ethnicity, veterans, and the impoverished. Some mentioned that there is a higher prevalence of type 2 diabetes and substance abuse in Hispanics locally. The type 2 diabetes is usually not under control, leading to consequences such as amputation and kidney disease. The African American population also has high rates of hypertension, which, remained unchecked, leads

to kidney disease. However, almost all respondents mentioned that poverty is the factor that is the root of a number of issues. It was also mentioned that mental illnesses are increasing. Cancer has been an issue regardless of any factor, although there has not been any local research to rule out any demographic factor.

Those involved in the behavioral and mental health field noticed that black children are left out the most. These professionals have seen cases where there are too many kids in one family or so many people living in one house that the capacity to handle the children is an issue. They find that unresolved mental health issues lead to criminal behavior later on.
Interviewees were asked if they could respond to any specific issues related to the needs of the region's veterans. One medical provider indicated the veterans are aging, so, like all of the aging population, the prevalence of chronic disease is also increasing.

Interviewees were asked if collaboration among a variety of providers would be valuable and improve care. All thought it would. One of the chronic disease organizations indicated that organizations focused on individual chronic diseases are in fact in trouble in financial trouble. Funding is difficult to obtain and grants are diminishing. The National Institutes of Health (NIH) doesn't like to fund small geographic areas or single diseases. The interest is in broad health, body sites, and wellness, therefore collaborations of multiple organizations to mitigate risk factors stand the best chance of grant funding for research.

Those representing behavioral and mental health indicated that collaboration and communication are issues. Overlap and organizational bureaucracy stand in the way of continuity of care and productivity. Much is done by sharing packets of paperwork between providers and other stakeholders, and such work takes place via telephone. Key meetings for evaluation of children are missed by many of the key participants. More and more providers are afraid to act – due to reprisal and lawsuits. For example, a child has a mobile therapist, a behavioral SC, a TSS worker, and a teacher. Sometimes diagnosis is made without proper evaluation in order to admit children into the system quickly.

It was also indicated that there is no burnout prevention for therapists, counselors, and case managers across the system. It is believed that no one asks if they are okay. Case workers and counselors must be able to share information to look for missed solutions by having discussions with others or just unload. Some specialists can "turn it off," and may, as a result, compromise care because of poor ethics. Others care too much and get burned out. Some mechanism to measure and evaluate "fit for profession" needs to occur. All of this requires collaboration, communication, and cooperation within and among agencies.
Interviewees were asked if they had other thoughts, comments, or points to emphasize. Some of these are presented below:

> *"Area is its own worst enemy. Too fragmented – too power hungry – too self-serving. Trust by the people needs to be earned. Respect not channeled down. Impacts economy and therefore health."*

"Hospitals need to be run like high performance businesses. Quality, evaluation, follow through. Doctors can't run hospitals. Teams. Performance based. Problem solving. Entrepreneurially, not slow and bureaucratic. Medicine should not be in a box."

"300+ Bhutanese families and 300 Russian families in relief program in the region past 3-5 years."

"18505 zip high for mental health problems."

"Seeing increases in disability claims for mental health issues not physical."

"Mining history could have caused environmental problems in air, soil and water. Sandvik Steel example – dumping degreasers. Gas drilling could be an issue. Not enough research on any of it. We need research to evaluate if there is a problem and then understand it, needs to balance with economic development."

"Poverty or joblessness leads to depression, poor health and lack of care or in ability to pay so health is ignored. Hears impoverished being grateful for resources, if wasn't there what would I do."

"Believes more Federally Qualified Health Centers (FQHCs) needed in region to support sprawl".

"Need more residency programs to keep medical school graduates here and then the physician supply would improve. Statistics indicate that students more likely to stay in community they do their residency. We have physician shortage across the board. Physicians clustered in major urban areas."

"Need more emphasis on diseases of the aging – dementia, Alzheimer's."

"Hospitals need to increase number of neighborhood urgent care centers and impart that knowledge of options with the community. Specifically, people need to be taught what an emergency is or isn't."

"Red Rock Job Corp – good program for kids."

"Physician believes everyone should have access to health care even those that are not compliant, but then there should be some cost or other punitive action for noncompliance if you have free health care."

"Severe competition among hospitals – duplicative and wasteful."
"Primary care is still a major issue and there is a primary care physician shortage here."

"Different culture among doctors here than in other areas practiced in – not a positive one."

Two interviewees discussed youth issues in detail. The issues included high suicide rates in teens, unsafe households, children death review teams, STDs, low birth weights among teens, teen pregnancy, pre-natal care and low breast feeding rates. The interviews with these stakeholders occurred before five Luzerne County teen suicides took place in late September, and both interviewees indicated that suicide rates among teens are climbing. Not all of the Luzerne County suicides have been explained, but two may be due to bullying. The emphasis of the discussion was on youth plagued by unchecked and undiagnosed mental illnesses. Bullying was not brought up as a cause. While there are some resources, lack of awareness of the resources, the signs, and the stigma of the issue preclude proper early intervention.

It was also discussed that teen pregnancy is a problem. This is another area where, while the overall numbers are not bad, a breakdown between race and ethnicity tell a different story and indicate a growing issue. There are low breast feeding rates overall because doctors and hospitals don't encourage it as much as in the past. In addition, one in four mothers don't receive proper prenatal care in the first trimester. Low birth weights for teens are primarily based on race. In addition, teen pregnancy and prenatal care look normal until the data is separated by race/ethnicity.

STDs are a problem in the region, but are more of an issue in Scranton. Along with insufficient prenatal care, there is a lack of resources to handle this problem in the region's young population.

It was also mentioned that there was a Safe Kids program that would distribute fire alarms to households with children five and under and to those over age 65. There also used to be Children Death review teams (for children under 5) that included partners from the coroner, the Department of Health, State Police, and the Assistant District Attorney. Investigations took place and they looked for patterns.

Also during the open discussion section of the interviews, several medical personnel indicated the aging population and related issues are beginning to surface and projected to get worse. Interviewees mentioned everything from increases in the number of cases of dementia to issues of aging in place. That included references regarding care givers, nursing homes, and even homes/apartments meeting physical requirements of the aging and disabled.

The final item, not addressed in the interviews, was highlighted by one organization and is that of motor vehicle accident injuries and death. The numbers in the region are high overall and particularly among the under 21 age group. There was concern with regard to an understanding and compliance of the new laws and the value of trauma and emergency medicine. It was also mentioned that the number of motor vehicle injuries in adults is high and is usually attributable to driving under the influence.