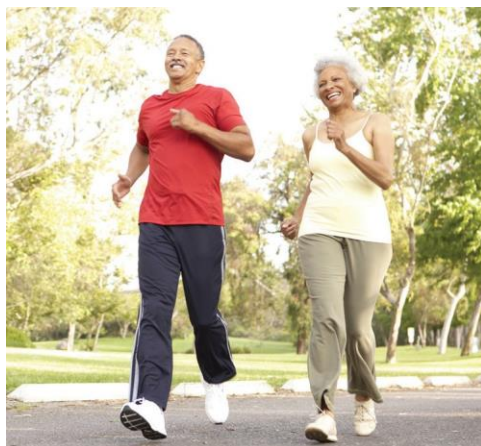




A FIVE-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT SOUTH CENTRAL PENNSYLVANIA

Carlisle Regional Medical Center • Hamilton Health Center
Holy Spirit—A Geisinger Affiliate • Penn State Milton S. Hershey Medical Center
Pennsylvania Psychiatric Institute • PinnacleHealth System

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Regional Executive Summary Project Overview



Introduction

In the spring of 2015, Carlisle Regional Medical Center, Hamilton Health Center, Holy Spirit–A Geisinger Affiliate, Penn State Milton S. Hershey Medical Center, Pennsylvania Psychiatric Institute, and PinnacleHealth System, formed a collective workgroup, known as The Collaborative, to identify and address the needs of residents living in Dauphin, Cumberland, Perry, Lebanon, and northern York counties. The Collaborative was established to evaluate and understand the region’s community health needs, based upon their collective interests in the health and well-being of residents in their service region.

A comprehensive community health needs assessment (CHNA) process linked a wide-range of public and private organizations, such as health and human service entities, government officials, faith-based organizations, and educational institutions to evaluate the needs of the community. The primary data collection

involved: community stakeholder interviews, hand-distributed surveys, health provider surveys, public commentary surveys, and community forums. Since the last CHNA in 2012, trending data provided an understanding of where the region improved and/or fell short in pursuing community health goals.

An in-depth review of all primary and secondary data identified key community health priorities in the region. The Collaborative will explore and develop actions through an implementation phase that will highlight, discuss, and identify ways each health system will meet the needs of the communities they serve.

Tripp Umbach collected, analyzed, reviewed, and discussed the results of the CHNA with The Collaborative, culminating in the identification and prioritization of the community’s needs at the regional level.



2015 Regional Prioritized Findings

Priority #1 Access to Health Services	Priority #2 Behavioral Health Services	Priority #3 Healthy Lifestyles
<ul style="list-style-type: none">• Primary Care• Specialty Care• Dental Care	<ul style="list-style-type: none">• Mental Health• Substance Abuse	<ul style="list-style-type: none">• Lack of Physical Activity• Inadequate Nutrition & Obesity• Smoking Cessation & Prevention

As a result of extensive primary and secondary research, community members, community leaders, and project leadership identified three regional priorities. The research illustrated that there is a need for additional information and services that promote and provide access to health services, behavioral health services, and healthy lifestyles.

1) Access to Health Services

Access to healthcare typically refers to the ability and ease in which people can obtain healthcare; it can also refer to the utilization of and/or having health insurance. If the population is able to obtain health services, they should be effective and pertinent. Health insurance coverage, affordability, health literacy, navigation, the availability of physicians, and transportation issues have posed challenges to obtaining primary, specialty, and dental healthcare for many residents. However, there are additional barriers that prevent community residents from gaining access to services that are readily available in South Central Pennsylvania. Addressing the needs and assisting community residents in gaining access to health services was identified as a top priority need.

2) Behavioral Health Services

Behavioral health services, comprised of mental health and substance abuse, are major concerns across the nation and are one of the top health priorities in the five-county study area. Behavioral health issues affect not only the mental well-being of an individual, but also spiritual, emotional, and physical health. Unmanaged mental illness increases the likelihood of adverse health outcomes, chronic disease, and substance abuse partly due to an overall decrease in accessing medical care. Patients often deal with lengthy waiting periods, traveling long distances, and being unable to secure appointments when it comes to receiving behavioral healthcare. Physician shortages, overall access issues, a lack of funding, and increasing rates of mental illness and substance abuse all generate mounting concern regarding the growing need for additional focus on providing adequate behavioral health services.

3) Healthy Lifestyles

A person's behaviors and lifestyle choices can affect their health. Lack of physical activity, obesity, and smoking are detrimental health behaviors that can lead to chronic diseases. One's ability to practice healthy behaviors can be impacted by many factors (i.e., socioeconomic

issues and/or lack of education). It is important for health providers to continue education and early intervention efforts to instill healthy behaviors in their patients and community members. Findings from the CHNA illuminate the need for providing information, education, and services to address healthy lifestyles for those in South Central Pennsylvania.

Secondary Data Key Findings

Tripp Umbach collected and analyzed secondary data from multiple sources, including, Community Needs Index (CNI), County Health Rankings, Kids Count, Healthy People 2020, Office of Applied Studies, Pennsylvania Department of Health, Bureau of Health Statistics and Research, Pennsylvania Office of Rural Health, Capital Area Coalition on Homelessness, Substance Abuse and Mental Health Services Administration, The American Medical Association (AMA), and The Centers for Disease Prevention and Control (CDC). The data resources were related to disease prevalence, socioeconomic factors, and behavioral habits. Tripp Umbach benchmarked data against state and national trends and findings from the 2012 CHNA where applicable.



County Health Rankings reported a majority of negative (unhealthy) health rankings for Dauphin and Perry counties. On a ranking between 1-67 (one being the healthiest and 67 being the least healthy), Dauphin County ranked the worst within the study area in: Health Outcomes (52), Morbidity (54), Health Behaviors (51), and Social and Economic Factors (49). Perry County ranked the worst in: Mortality (53), Clinical Care (54), and Physical Environment (61).

Perry County reported the highest uninsured rate (14.0%) and the lowest primary care physician rate (35 per 100,000). The sexually transmitted infection (chlamydia) rate more than doubled in Perry County to 259 in 2014.

Overall high scores from Community Needs Index (CNI) reported Dauphin and Lebanon counties face more socioeconomic barriers to healthcare (3.0). CNI scores are based on a scale of 1.0 – 5.0 (lowest to highest levels of socioeconomic barriers). Overall, Dauphin and Lebanon counties had the highest CNI score (3.0) or the most barriers to healthcare when compared to the other counties in the study area. ZIP codes 17104 and 17401 had the highest CNI scores (5.0) signifying that residents in these ZIP codes face increased socioeconomic obstacles to healthcare.

Heart disease and cancer are the leading causes of death for all counties in the study area.

Pennsylvania Department of Health reported that Perry County had the highest rate of heart disease (216.1 per 100,000) and the highest rate of cancer (198.0 per 100,000). Perry County also had a significant increase in the rate of mortality from heart disease, going from 200.2 per 100,000 in the 2011 County Health Profile to 216.1 per 100,000 in 2013. Perry County had significantly higher rates of death by accidents than the other counties (57.2 per 100,000). It also had the highest rates of death from Diabetes Mellitus and Influenza/Pneumonia.

Prostate cancer is the most common type of cancer for men in study area, except for Perry County. Perry County had a higher rate of males with lung and bronchus cancers (117.7 per 100,000) compared to the other counties and Pennsylvania.

Breast cancer is the most common type of cancer for women in the study area.

Cumberland (125.3 to 135.7 per 100,000) and York (123.7 to 130.1 per 100,000) counties saw increased rates in breast cancer.

Shortage of physician specialists will grow affecting many in the region. Association of American Medical Colleges estimated a specialty shortage of 5,100 to 12,300 medical specialists, 23,100 to 31,600 surgical specialists, and 2,400 to 20,200 other specialists in the U.S. The growing obesity epidemic, increased lifespan, and a population of Americans who are becoming slightly more active, the demand for orthopedic surgeons has grown in order to address the health and social factors of those in the community.

The study area has very high rates of individuals who are overweight and/or obese. County Health Rankings reported that Lebanon

(32.0%), Perry (31.0%), and York (33.0%) counties saw a rise in the number of community residents who are overweight and/or obese; these rates were higher than Pennsylvania (29.0%). Residents in Cumberland and Dauphin counties stayed the same (26.0% and 32.0%).

Youth obesity rates are higher than Pennsylvania rates. Dauphin County had the highest overall overweight student rate (33.4%), while Lebanon County had the highest obesity rate (17.3%) for students in Kindergarten – 6th grade; both are higher than Pennsylvania. In grades 7–12, Dauphin County had the highest rate of overweight students (37.2%), and Perry County had highest rate of obese students (22.8%), both higher than Pennsylvania.

Rates of physical inactivity in Pennsylvania are high. In 2012, the Centers for Disease Control and Prevention reported 25.7% of Pennsylvania adults had not participated in any physical activity. It was also stated 20.9% of adolescents attended daily physical education classes in an average week (when they were in school).

County Health Rankings reported that Perry (27.0%) and Dauphin (25.0%) counties had the highest percentage of adults aged 20 and older who reported no leisure time or physical activity when compared to Lebanon (23.0%), York (22.0%), Cumberland (19.0%) counties and the state (24.0%).

Rates of mental health illnesses are higher in Cumberland and Perry counties compared to the other counties in the study area and Pennsylvania. Cumberland and Perry counties had higher rates of mental illness at 18.3% than Dauphin, Lebanon, and York (17.2% for each) counties and Pennsylvania (17.6%). Lebanon and York counties reported the highest rates of resident hospital utilization for mental health diseases and disorders, when compared to total

hospital utilization at 6.7% of all cases. Perry County reported the highest suicide rates of the five-county study area (15.2 per 100,000).

High rates of mental health illness among children in the United States and in

Pennsylvania. From 2007 to 2012, rates of emotional, behavioral, or developmental conditions in children in the United States and Pennsylvania both rose. Pennsylvania reported higher rates of children with emotional, behavioral, or developmental conditions than the country (19.0% and 17.0% in 2012, respectively).

School health statistics revealed several chronic health conditions in South Central Pennsylvania have exceeded the Pennsylvania benchmark.

Pennsylvania's school health program and student health status data revealed high percentages of chronic diseases, such as ADD/ADHD, Arthritis/Rheumatic Disease, Asthma, Cardiovascular Condition, and Tourette's Syndrome.

Alcohol, drug, and tobacco use are areas of concern. Dauphin, Lebanon, and York counties had the highest rate of alcohol use (52.3%), while at the same time, the highest rates of individuals with perceptions of the risks of alcohol use (41.3%). Cumberland and Perry counties had the highest rates of cigarette use and tobacco use within the study area (27.0%

and 33.9%). Perry County had the highest rate (88.4%) of individuals admitted only once to a drug and/or alcohol treatment facility (percentages reflect only residents seeking treatment).

High rates of morbidity cases in Dauphin County and infectious disease cases in Perry County are a challenge.

Dauphin County had the highest rate of AIDS (17.0%), higher than Pennsylvania (12.0%). Dauphin County also had the highest rates of Chronic Hepatitis B (19.5%), also higher than the state rate (13.4%). Lyme disease was the most prevalent bacterial or infectious disease in the region, the highest rate occurred in Perry County (72.0%).

Homelessness in Dauphin County is a result of a variety of causes.

The point in time survey conducted by the Capital Area Coalition on Homelessness in 2014 reported the primary reason given for becoming homeless is drug use (19.5%), followed by mental health (17.2%). Job loss was the highest secondary reason, followed by mental health and alcohol use (11.1%). Cumberland County showed the highest rate of individuals who receive homelessness assistance. More than two-thirds of survey respondents (67.8%) said that they were sheltered in an emergency or transitional housing or safe haven. In total, 530 surveyed adults, with 153 accompanying children resulted in 683 persons being surveyed overall.

Primary Research Findings

Tripp Umbach worked closely with The Collaborative to ensure that community residents, including underrepresented, underserved, low-income, vulnerable, and minority populations, or individuals/organizations representing those populations were included in the needs assessment.

Working through community-based organizations, a hand-distributed survey was employed to end-users in our targeted populations. Populations from whom it was important to collect data included individuals with mental health issues, high-risk seniors, homeless residents, substance abusers, non-English speaking individuals, veterans, ex-offenders, domestic violence victims, the uneducated/illiterate, and the working poor. In total, 883 surveys were collected for analysis (790 in English and 93 in Spanish).

About one out of every four individuals (23.3%) in South Central Pennsylvania lacks a primary care physician. In 2015, survey respondents from Lebanon County reported the lowest rate of having a doctor or primary care doctor with only 63.1%. From the previous CHNA to the current CHNA, the most common explanation for respondents in Lebanon County not having a primary care provider is that they “cannot afford one” (66.3% in 2012, 51.9% in 2015). Affordability is the top reason in all of the counties why respondents did not have a primary care physician.

Lack of health insurance is a problem in South Central Pennsylvania; 20.0% reported that they do not have health insurance. Lebanon and Dauphin counties had the highest rates of residents without health insurance (24.5% and 24.4%, respectively); approximately, one in every four residents did not have health insurance in these counties. Of respondents without health insurance, the most common reason was affordability (51.0%); this is consistent with the previous 2012 CHNA (49.2%).

Community residents do not obtain dental care services. As identified from the hand-distributed survey, a large number of respondents indicated that they do not go to the dentist (22.4%). Cumberland County reported the highest rate of respondents who do not go to the dentist (29.7%). The majority of respondents reported paying for their dental services with dental insurance coverage (57.2%). Close to a quarter of survey respondents (24.4%) reported having to

pay out-of-pocket for their dental services, while another 9.7% did not pay for their services.

There are high rates of residents who are overweight or obese. Close to half (42.3%) of the survey population reported being told that they are overweight or obese by a healthcare professional. Perry County reported the highest rate of survey respondents being told that they were overweight or obese (54.7%). It was also identified that survey respondents from Perry and Cumberland counties reported the highest rates of not being able to get fresh, healthy foods (10.5% and 10.3%, respectively).

Smoking is an issue in the region with more than one-third of residents reporting that they were current smokers (39.5%). Fortunately, 22.4% smoked in the past and quit, and 38.1% never smoked. Lebanon County residents reported the highest rate of respondents who “currently smoke” at 58.3%.

Mental health illness is a concern in the region. The hand-distributed survey reported that 35.9% of respondents have been told that they have a mental health concern. Cumberland and York counties reported the highest rates of survey respondents indicating they have a mental health concern (47.6% in each county). The most commonly reported mental health concerns were depression or bipolar disorders (39.0%) and panic attacks, anxiety or PTSD (35.3%). More than one-fourth of respondents (29.8%) with a mental health concern reported that they needed services, but did not receive mental health services in the past year; this rate was highest in York (55.6%) and Lebanon (39.3%) counties.

Next Steps

With the completion of the CHNA, Carlisle Regional Medical Center, Hamilton Health Center, Holy Spirit–A Geisinger Affiliate, Penn State Milton S. Hershey Medical Center, Pennsylvania Psychiatric Institute, and PinnacleHealth System will develop implementation plans to leverage their organization’s strengths and resources, to best address their communities’ health needs and improve the overall health and well-being of residents of South Central Pennsylvania.

For additional information about the CHNA and its specific findings, please contact:

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CHNA FAST FACTS

- Collaboration to efficiently and accurately assess the needs of the community.
- Comprehensive community health needs analysis of Dauphin, Cumberland, Perry, Lebanon, and northern York counties.
- The CHNA priorities are Access to Health Services, Behavioral Health Services, and Healthy Lifestyles.
- The CHNA full report is available for review on each Collaborative member’s website.
- The IRS requirement for non-profit hospitals to conduct a CHNA under The Patient Protection and Affordable Care Act was fulfilled.