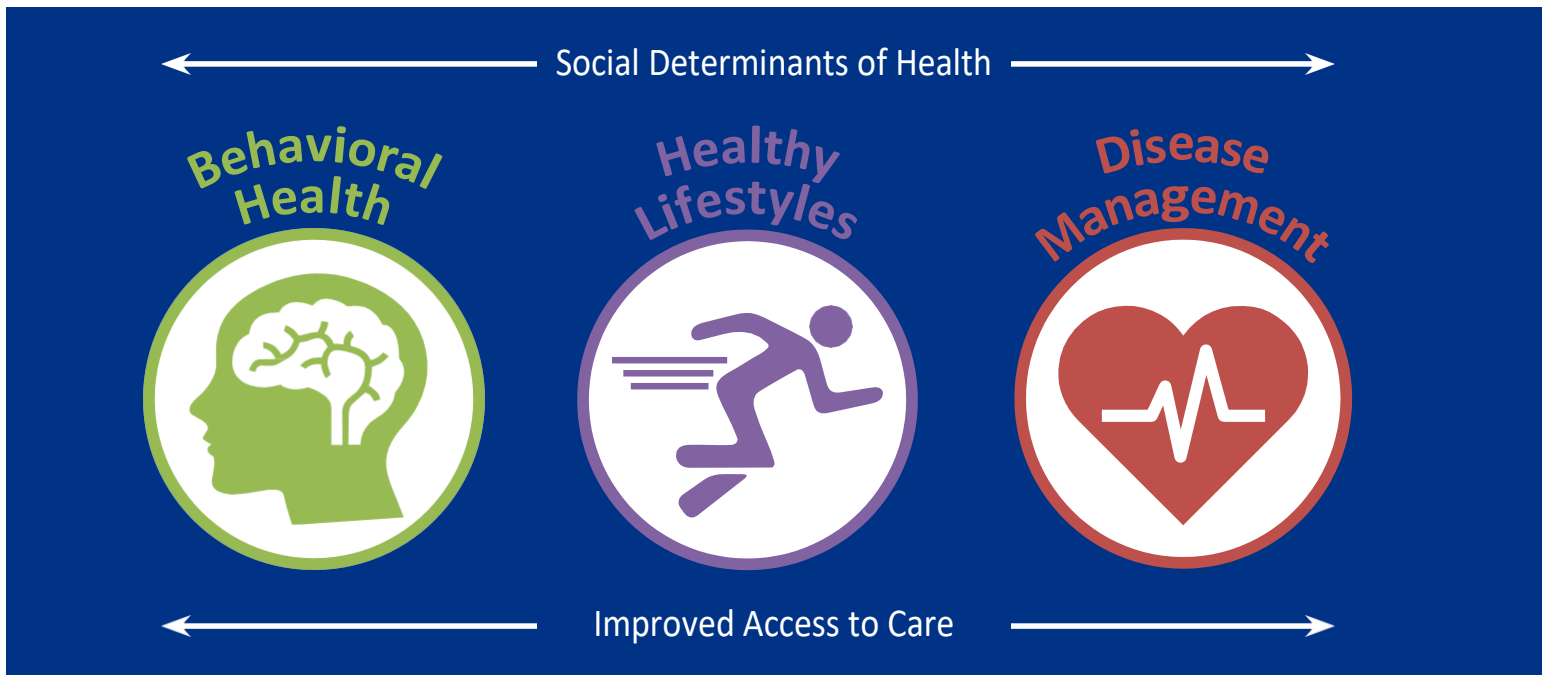


A FIVE-COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Berks | Cumberland | Dauphin | Lancaster | Lebanon



Conducted on behalf of:

Penn State Health Milton S. Hershey Medical Center

Penn State Health St. Joseph Medical Center

Pennsylvania Psychiatric Institute



PennState Health

August 2018



PennState Health

Our Commitment to Community Health

For its 2018 Community Health Needs Assessment (CHNA), Penn State Health formed a collective workgroup that included Penn State Health Milton S. Hershey Medical Center (PSHMC), Penn State Health St. Joseph Medical Center (PSHSJ), Pennsylvania Psychiatric Institute (PPI) and key community stakeholders to identify and address the needs of residents living in Berks, Cumberland, Dauphin, Lancaster and Lebanon counties.

This was the third CHNA conducted by entities of Penn State Health. Previous assessments in 2012 and 2015 involved a different consortium of health care institutions and study area. For the 2018 CHNA, Penn State Health opted to conduct a systemwide assessment, focusing on the collective areas served by its hospitals and affiliated health providers.

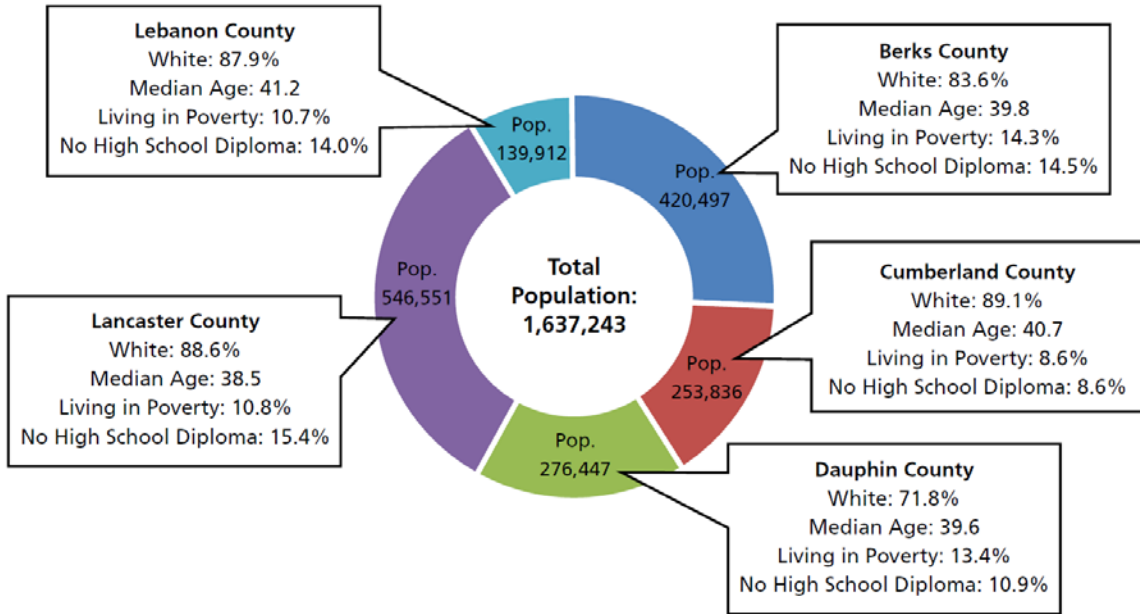
The comprehensive CHNA was conducted from January to August 2018, with Baker Tilly as our consulting partner. The study included an in-depth review of primary and secondary data for the five counties comprising Penn State Health's primary geographic service area. More than 1,500 community members participated in the CHNA process by completing Key Informant and Community Member surveys, attending forums and participating in focus groups.

Experts in community health from each health care institution, as well as key community stakeholders, participated in the 2018 CHNA workgroup to guide the process and review findings. The study culminated with the identification and prioritization of the most pressing health issues that impact residents within our five-county service area. Information collected through the CHNA is used to inform our community benefit investments, guide our health improvement initiatives and advance our population health management strategies.

Collectively as Penn State Health, we are committed to enhancing the quality of life through improved health, the professional preparation of those who will serve the health needs of others and the discovery of knowledge that will benefit all.

Through dedication and hard work, as well as careful strategic planning, Penn State Health will successfully improve health outcomes in the community and create lasting, positive change. As a regional health system, we are committed to addressing the needs of the community and to promoting sustainable and collective action. As we continue our efforts, we invite our partners to collaborate with us to strengthen our community together. We encourage you to visit our websites to learn more about our CHNA and community health activities.

The Five-County Study Area



2018 Prioritized Findings

Through multiple methods of community engagement, facilitated dialogue with community health experts and a series of criteria-based voting exercises, the most significant issues to focus systemwide health improvement efforts over the three-year cycle from 2019 to 2022 are Behavioral Health, Healthy Lifestyles and Disease Management. Addressing access to care and social determinants of health were seen as cross-cutting strategies needed to improve outcomes across all priority areas.



#1 Behavioral Health

Mental Health
Substance Use Disorder



#2 Healthy Lifestyles

Nutrition
Oral Health
Physical Activity



#3 Disease Management

Cancer
Cardiovascular Disease
Diabetes



Address Access to Care and Social Determinants of Health

Behavioral Health

Mental health and substance use disorder were identified as top health concerns for the region by key community stakeholders. Among Community Survey respondents, 54% reported having poor mental health on at least one day in the past month; 24% reported having poor mental health on seven or more days in the past month. Approximately 28% of respondents received services or treatment for a mental health issue in the past 12 months. An additional 14% of respondents indicated that they needed, but did not receive services.

- > 15%-17% of students reported being bullied through texting or social media.
- > More than one-third of students report feeling sad or depressed on most days.
- > Nearly one-fifth of all students said they considered suicide within the past year.
- > The rate of drug-related overdose death increased for all counties except Lebanon.
- > Nearly 75% of Key Informant Survey respondents said that residents do not receive mental health or substance use disorder care when they need it.
- > Stigma remains a top barrier to individuals accessing behavioral healthcare when they need it.

Mental Health Provider Rate (per 100,000 Population)	
Red = Lower than State and Nation	
Berks County	118.4
Cumberland County	180.5
Dauphin County	195.9
Lancaster County	114.3
Lebanon County	225.1
Pennsylvania	171.5
United States	202.8

Key Concerns Related to Behavioral Health

- > Lack of providers, especially psychiatrists
- > Denial, stigma, finances, and lack of resources keep people from receiving care
- > Disconnect between medical health and mental health
- > Language and cultural barriers exacerbate challenges
- > Transportation to get to services and long waiting lists keep people from receiving timely care
- > Primary care providers often manage behavioral health needs versus specialists
- > Schools need more mental health resources for students
- > Drugs are easily accessible and are often used to self-medicate instead of dealing with issues/problems
- > Children often witness parents' substance use disorder which models risk behaviors and contributes to adverse childhood experiences (ACE)
- > All populations are affected by substance use disorder but it is more visible in vulnerable and poor populations
- > Lack of community engagement and not enough police resources
- > "Drug culture" that considers drug use normal

Healthy Lifestyles

Individual health behaviors impact overall health status and have been shown to contribute to or reduce the chance of chronic disease. One indicator of poor health behaviors is obesity. Statewide, 30% of adults and 17%-19% of youth are obese. While many factors can contribute to obesity, healthy eating and physical activity have been proven to reduce the likelihood of overweight and obesity.

Vulnerable populations are often disproportionately affected by factors that contribute to poor health habits, including food accessibility and food insecurity. Across the five-county area, nearly one-quarter of residents have low access to food. Residents in Berks and Dauphin Counties are most likely to report food insecurity. Access to oral health care is another important component of a healthy lifestyle that disproportionately impacts vulnerable populations.

- > Obesity was ranked as a top health priority among community stakeholders.
- > Fewer than 35% of respondents to the Community Survey met federal guidelines for fruit and vegetable consumption and fewer than 30% of respondents met physical activity guidelines.
- > Food insecurity increased among students in all service area counties from 2013-2017.
- > Nearly 60% of patients surveyed during a two-day dental clinic in Berks County, said they had never had their teeth cleaned or that it had been longer than two years since their last cleaning.

Food Insecurity is defined as being without a consistent source of sufficient and affordable nutritious food

Obesity among Adults and Youth (Red = Higher than State)

	Berks County	Cumberland County	Dauphin County	Lancaster County	Lebanon County	PA
Adult Obesity (2014)	32.0%	30.0%	31.0%	28.0%	28.0%	30.0%
Youth Grades K-6 Obesity (2015-2016)	18.1%	14.2%	17.3%	15.2%	19.4%	16.7%
Youth Grades 7-12 Obesity (2015-2016)	20.2%	17.4%	22.2%	18.0%	20.8%	19.1%

Key Concerns Related to Healthy Lifestyles
<ul style="list-style-type: none"> > Lack of a feeling of “community” > Lack of nutrition education and confusing messages over what foods are healthy > Insufficient safe parks and open spaces in the city > Economic ability to “afford a healthy lifestyle;” i.e., high cost of fruits and vegetables, time to exercise, transportation to get to resources; cost of memberships > Health literacy > Stigma surrounding food insecurity > Transportation to get to medical appointments, community services, and grocery stores > Not enough providers available at free clinics > Patient self-management information not literacy and culturally appropriate

Disease Management

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease. Key Informant Survey respondents identified chronic diseases, including diabetes, cancer, and cardiovascular disease among the top eight health conditions affecting service area residents.

High blood pressure and high cholesterol are leading contributors to chronic conditions, particularly diabetes and cardiovascular disease. Across the five-county region, more than 50% of Medicare Beneficiaries have been diagnosed with high blood pressure and/or high cholesterol. Approximately nine percent of adults aged 20 and older have been diagnosed with diabetes.

- > Diabetes and cardiovascular disease were ranked as top three health concerns by more than one in five key informants.
- > Berks County Medicare Beneficiaries have the highest prevalence of high blood pressure and high cholesterol, as well as one of the highest prevalence of diabetes.
- > One-third or more of Community Member Survey respondents reported having high blood pressure and/or high cholesterol. Approximately 23% of respondents also reported having diabetes and 18% reported having heart problems.
- > All service area counties have a higher incidence of at least one common cancer type (melanoma, female breast, prostate) when compared to the state.

Chronic Disease among Medicare Beneficiaries (Red = Higher than State and Nation)

	Percent with High Blood Pressure	Percent with High Cholesterol
Service Area	58.60%	52.30%
Berks County	60.27%	56.52%
Cumberland County	59.64%	53.87%
Dauphin County	56.14%	46.70%
Lancaster County	57.56%	50.04%
Lebanon County	59%	53.54%
Pennsylvania	56.62%	48.85%
United States	54.99%	44.61%

Key Concerns Related to Disease Management

- > Lack of transportation to get to medical appointments and social services
- > Stigma related to diagnosis
- > Inequitable disbursement of disease support resources among neighboring zip codes
- > Lack of specialists and support services for less common diseases
- > Care coordination and transition between providers, as well as agreement on treatment protocols
- > Patient compliance and self-management is impacted by language barriers, cultural habits, family support, denial, trust, cost to change habits, etc.
- > Difficulty in determining and leveraging motivation for patients for self-management

Access to Care and Social Determinants of Health

Access to care was seen as a cross-cutting strategy needed to improve outcomes across all priority areas. Ability to access care is impacted by multiple health and socio-economic factors. Measures such as health insurance coverage, affordability, availability of providers, transportation options, health literacy, language and cultural barriers, and stigma are just a few of the barriers residents may face in trying to receive care when they need it.

Service Counties	Residents without health insurance (Red = Higher than State and Nation)
Berks	8.55%
Cumberland	6.34%
Dauphin	8.13%
Lancaster	12.32%
Lebanon	10.79%
Pennsylvania	7.95%
United States	11.70%

- > Residents in all service counties except Cumberland are less likely to have health insurance when compared to the state.
- > Berks, Lancaster, and Lebanon Counties have lower primary care provider rates than the state.
- > Among respondents to the Community Survey, 23% indicated they could not afford to see a doctor in the past 12 months; the percentage was 30% among those who identified as a racial or ethnic minority.
- > Key Informant Survey respondents identified “the inability to afford healthcare” as the top contributor to health conditions among residents.
- > Less than 25% of Key Informant Survey respondents agreed that a sufficient number of Medicaid-accepting providers are available in the service area.

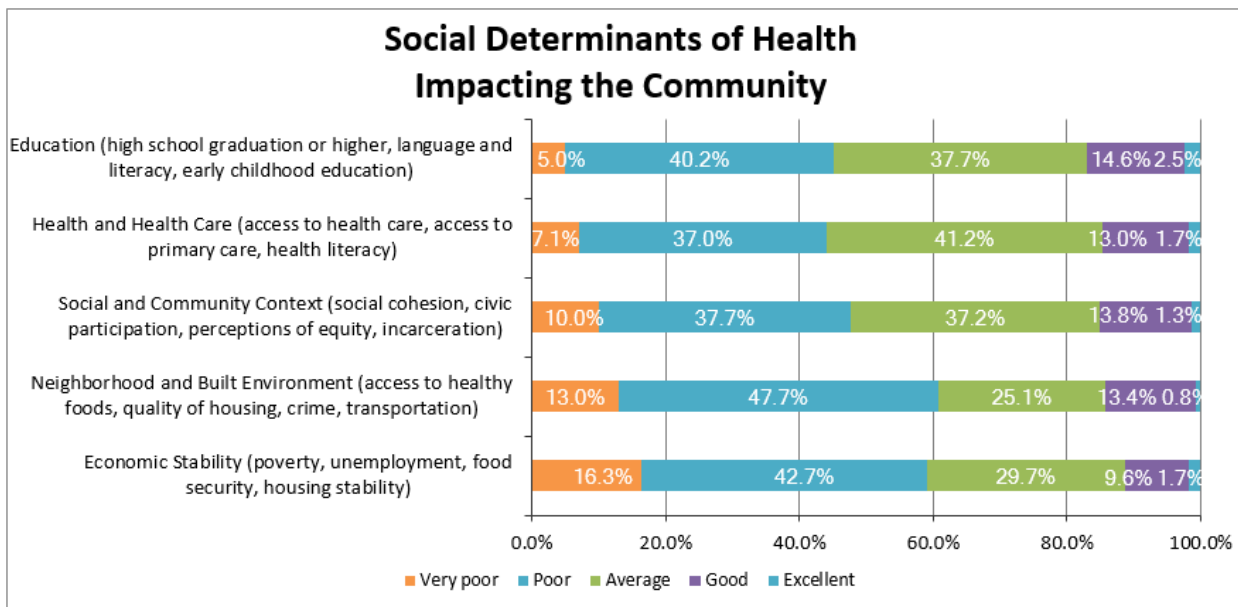
Key Concerns Related to Access to Care

- > Seniors, homeless women and children, immigrant/undocumented populations, LGBTQ+ community, and minorities are most impacted by ability to access care
- > Available and convenient transportation presents a barrier to receiving care, particularly in areas outside of city centers
- > Primary care providers, clinics, and other healthcare offices hours of operation are limited
- > Language, cultural norms and values, and health literacy present significant challenges to receiving care, particularly among vulnerable populations
- > Follow through to overcome patient barriers to filling prescriptions is needed; barriers include cost, transportation, language, and literacy

Healthy People 2020 defines Social Determinants of Health as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality of life outcomes and risks. Key Informant Survey respondents rated social determinants of health across five different dimensions: economic stability; education; health and healthcare; neighborhood and built environment; and social and community context using a scale of (1) “very poor” to (5) “excellent.”

The mean scores for each dimension are listed in the table below in rank order, followed by a table showing the scoring frequency. Mean scores fell between 2.69 to 2.38, with most respondents rating the listed social determinants as “poor” or “average.”

Ranking	Social Determinant of Health	Mean Score
1	Education	2.69
2	Health and Healthcare	2.65
3	Social and Community Context	2.59
4	Neighborhood and Built Environment	2.41
5	Economic Stability	2.38



Next Steps

The 2018 CHNA final report and corresponding implementation plans were reviewed and approved by the Penn State Health Board of Directors in April 2019. Following the Boards' approval, all were made available to the public via each hospital's website:

Penn State Health Milton S. Hershey Medical Center:

<http://hmc.pennstatehealth.org/community/community-outreach>

Penn State Health St. Joseph Medical Center:

<https://www.thefutureofhealthcare.org/>

Pennsylvania Psychiatric Institute:

<https://www.ppimhs.org/about-us/community-programs>

We thank our community partners for their valuable contributions to the CHNA and welcome your collaboration to improve the health of all residents in the region. For additional information about the CHNA and opportunities for collaboration, please contact us.

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