

COMMUNITY HEALTH NEEDS ASSESSMENT FOR
FIVE SOUTH CENTRAL PENNSYLVANIA COUNTIES

Executive Summary



SEPTEMBER 2012



PINNACLEHEALTH
System



A Collaboration of Penn State Hershey & PinnacleHealth

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INTRODUCTION

The healthcare landscape in the United States and in the state of Pennsylvania is changing on a daily basis. With the passage of the Affordable Care Act, changes in major entitlement programs such as Medicare, along with a challenging economy, it is important to utilize existing resources while minimizing costs associated with starting and creating new programs.

South Central Pennsylvania, in particular, Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute have a long history of partnering with community organizations, providing innovative strategies to provide care for the medically under-served, vulnerable populations, and serving the general community. There is a unique opportunity to evaluate current strategies, deliver high-quality services, and be the leader for the community.

South Central Pennsylvania, like the rest of the nation, has felt the impact of the national and global recession. South Central Pennsylvania's demographic profile runs the gamut, from Cumberland County which has the highest recorded average household income among the counties within the overall study area, to Perry County which records the lowest annual household income, substantially below the overall study area and state average.¹

In reviewing the overall community need index scores (CNI) for South Central Pennsylvania, it is clear that South Harrisburg, Downtown, and Midtown Harrisburg, along with Allison Hill/Penbrook, are the four areas with the greatest number of socio-economic barriers to healthcare access, thus indicating an at-risk population in regards to community health. (There are five socio-economic barriers to community health that are quantified in the CNI: Income, Cultural/Language, Educational, Insurance, and Housing Barriers.) South Harrisburg and Downtown Harrisburg have unemployment rates of 12%, which is higher than the regional rate (5%), Pennsylvania rate (8.3%), and the U.S. rate, which is approximately 9%.² While there are multiple community organizations that residents can receive health and social services assistance from, most often these organizations work independently of one another and/or in silos. In order for a collaborative effort to exist, healthcare leaders, community providers, and community-based agencies must be linked to form better referral strategies.

The region faces many challenges. Growing uninsured and under-insured populations, rising healthcare costs, and pressures to reduce services are continuing challenges that Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute will face for years. Nonetheless, the demand for services will continue to increase and local health service providers must be ready to address those needs.

Healthcare providers in South Central Pennsylvania are committed to understanding, anticipating, assessing, and addressing the healthcare needs of their communities. In September 2011, Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, and PinnacleHealth System and Pennsylvania Psychiatric Institute, formed a collaborative workgroup to identify the needs of those living within Dauphin, Cumberland, Perry, Lebanon, and the northern tier of York Counties (this was considered the overall study area). With mutual interest in the health and well-being of residents in the region served by the three sponsors, a collaborative community health needs assessment was

¹ Truven Health Analytics (formerly known as Thomson Reuters)

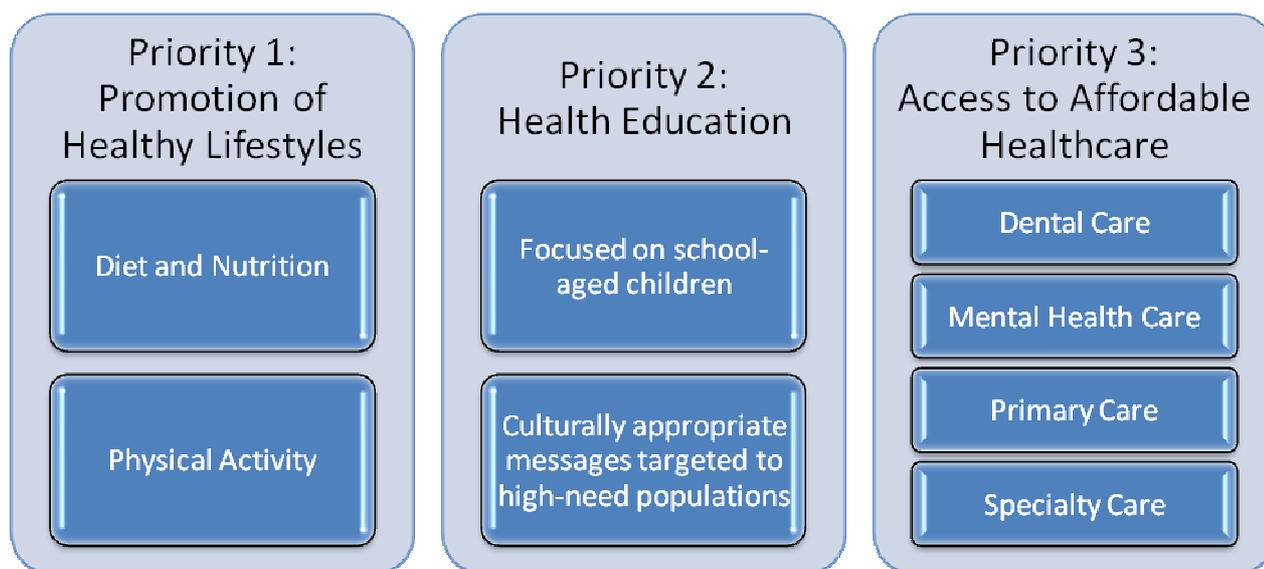
² Truven Health Analytics and the Bureau of Labor Statistics

conducted to evaluate and understand the region’s health needs. This study, conducted by Tripp Umbach³, a nationally recognized leader in community health assessments, identifies specific community health needs and evaluates how those needs are being met in order to better connect health and human services with the needs of residents in the multi-county region.

The community health needs assessment (CHNA) represented a comprehensive community-wide process where Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute connected with a wide range of public and private organizations, such as educational institutions, health-related professionals, local government officials, human service organizations, and faith-based organizations to evaluate the community’s health and social needs. The assessment included primary data collection, interviews with community stakeholders, focus groups with key audiences, and community forums.

Tripp Umbach’s independent data analysis in concert with community forums and prioritization of the community health assessment findings resulted in the identification of key community health needs. The regional community health needs were prioritized based upon discussions held at community health forums at each of the sponsoring institutions. The identified needs below are listed in priority order based upon quantitative and qualitative data presented to and evaluated by community residents and leaders. Tripp Umbach recommends that the following community health needs be developed into an implementation phase by each participating hospital or health system that further explores ways in which the hospital/health systems can assist in meeting the needs of the communities they serve.

REGIONAL COMMUNITY HEALTH NEEDS



This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Holy

³ Tripp Umbach (TU) is a recognized national leader in completing community health needs assessments (CHNA), having conducted CHNAs over the past 20 years. Tripp Umbach’s projects are national pilots, and have received statewide and national recognition. Tripp Umbach managed all aspects of the community health needs assessment to identify and evaluate community health needs of residents in Cumberland, Dauphin, Perry, Lebanon, and Northern York Counties. TU also supported the management of three partnering non-profit healthcare institutions, as well as other participants (i.e., public health agencies, community-based healthcare providers, faith-based organizations, education institutions, and human service organizations) to better understand the risk indicators, population trends, and healthcare barriers in the project service area.

Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System, and Pennsylvania Psychiatric Institute with project management and consultation by Tripp Umbach, included extensive input from senior leadership at each of the health systems to accomplish and complete the assessment.

KEY COMMUNITY HEALTH NEEDS

Throughout the community health needs assessment process, Tripp Umbach reviewed primary and secondary data to identify the regional health needs of South Central Pennsylvania. The data included in-depth interviews with community stakeholders who represented a cross-section of community-based agencies, input provided by nine community focus groups, data from hand-distributed health surveys, and input from three community forums. The information obtained resulted in the identification of four key community health needs in Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute's community. The regional community health needs were considered to be top needs and concerns by community leaders and hospital leadership.

PRIORITY #1: PROMOTION OF HEALTHY LIFESTYLES

There are many reasons to engage in or begin living a healthy lifestyle. An active approach to living healthy will ultimately improve one's health. The community health assessment for South Central Pennsylvania identified the need to promote healthy lifestyles to include providing information and potentially creating new or expanding current programs on diet/nutrition and physical activity. Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the need to promote healthy lifestyles. These types of programs and services are needed to support healthy living and create long-term healthy behaviors.

Engaging in regular physical activity and creating a routine of exercising from adolescence into adulthood is important to overall health. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight,

“People who are physically active live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, and some cancers.”

Centers for Disease Control and Prevention, Vital Statistics 2012

reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels.⁴

Regular physical activity is often associated with an increase in positive mental well-being, and the reduction of death and illnesses. Exercise habits formed in childhood can have long-term health benefits reinforced through education and a supportive home environment. Schools in particular can promote and create comprehensive school-based physical education programs at all grade levels. Parents who participated in the focus group reiterated the need for schools to take an active role in educating and reinforcing physical activity during the school year. An effective collaboration between community organizations and schools offering after-school activities would provide a supervised, educational-based program for children to be physically active.



Some key factors such as physical inactivity and obesity contribute to type 2 diabetes. Geography, household income, culture, and family history also influence disease rates. Some population groups such as African-Americans, Hispanics, American Indians/Alaska Natives, some Asian-Americans, and Pacific Islanders are at a higher risk for type 2 diabetes. Moderate exercise and losing 5% to 7% of body weight can reduce the risk of developing type 2 diabetes by 58% in populations of people at higher risk for the disease.⁵

Eating a healthy diet and understanding the long-term health benefits associated with proper nutrition will reduce the likelihood of being overweight/obese and other physical diseases such as diabetes, high blood pressure, and heart disease. Childhood obesity is a growing problem. According to the CDC, in 2008, more than one-third of children and adolescents were overweight or obese.⁶ Examining school health statistics for Pennsylvania students, children in Kindergarten through grade 6 in Dauphin, Lebanon, and Perry Counties show students with a body mass index (BMI) considered to be overweight and obese.⁷ This data also indicates that the Dauphin, Lebanon, and Perry Counties percentages are above the state averages for overweight and obese children living in Pennsylvania. Therefore, it is important that the promotion of engaging in a healthy lifestyle begin at an early age.

Children often learn and are influenced by their home environment; therefore, good modeling behaviors from parents is the first step. Because children often develop lifelong behavior while young, it is important to instill proper nutritional habits in early childhood. Findings from the focus group identified the need for education on properly reading and understanding nutrition labels, and initiating an exercise program. Residents are often confused when interpreting nutrition labels and how they apply to their daily eating habits. Community leaders reported that residents are often overwhelmed with health and diet information; thus, they are intimidated to research information on their own. Focus group

⁴ Centers for Disease Control and Prevention: www.cdc.gov/healthyyouth/physicalactivity/facts.htm

⁵ Centers for Disease Control and Prevention: www.cdc.gov/Features/dsPhysicalInactivity

⁶ Centers for Disease Control and Prevention: www.cdc.gov/healthyyouth/obesity/facts.htm

⁷ Pennsylvania Department of Health, Division of School Health Services

participants believe the benefits of creating healthy eating habits, along with diet/exercise need to be taught to children in school. It is important that schools play an active role in educating, promoting, and reinforcing healthy lifestyles.

When examining data from Pennsylvania County Health Rankings, Dauphin (61), Perry (47), and York (55) Counties have a poor health ranking, well above the median ranking of 34 for all counties in Pennsylvania for diet and exercise. This finding is consistent with data obtained from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) which indicated that 60% of Pennsylvania's adults were overweight or obese (BMI>25), and that 25% of adults were physically inactive.⁸

When examining the hand-distributed survey results, respondents aged 65-74 reported the highest rate of participating in regular physical activity (77.5%); whereas, only 68.9% of individuals aged 18-24 reported engaging in this activity. County Health Rankings graded Perry County at a 47, well above the state average of 34. The hand-distributed survey results show Perry County respondents engaging in regular physical activity at only 57%. Geographic locations of health facilities, lack of an environment infrastructure to exercise (no walking/bike paths, no sidewalks), cost, transportation, and lack of available activities are just a few factors that prohibit community residents from engaging in regular physical activities.

Changing or modifying a lifetime of poor health behaviors is difficult, and people often fail. Information available publically can be difficult to comprehend and intimidating for those who cannot grasp the consequences of living an unhealthy lifestyle. While it is important to provide information, it is also vital to promote and encourage change in behaviors. Establishing small achievable goals and utilizing community resources to achieve those goals can ultimately lead to notable healthy behaviors.

PRIORITY #2: HEALTH EDUCATION

Health education is the manner in which people learn about their own and others' behaviors. Health education is typically centered on how one can improve their own health. There are many different ways to deliver health education, and many different types of messages. Overall, health education is an essential element in improving the health of the community with the appropriate information, educational reinforcement, and message. Ultimately, the goal is to increase



knowledge related to health, change in behaviors/attitude, and transform

unhealthy behaviors to a positive behavior. For the purposes of the community health assessment, Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute will focus on health

education information that is appropriate for school-aged children and messages that are culturally appropriate to targeted high-need populations.

⁸ Pennsylvania Department of Health: www.portal.health.state.pa.us/portal/server.pt/community/obesity/14184/obesity_prevention/558403

More than one-third of U.S. adults (35.7%) are obese

Centers for Disease Control and Prevention

For example, tackling a major health issue such as obesity is an initiative that would involve parents, schools, health providers, services organizations, educators, etc. Health education attempts to provide information and increase the knowledge of ways to combat obesity, in particular, obesity in children. Currently, community leaders, educators, and healthcare professionals are assessing ways to address the problem to prevent the epidemic from spreading. It is important that schools educate children about obesity prevention, benefits of a nutritious diet, and the importance of having a physical lifestyle. The responsibility of the school system and the community to educate and instill appropriate health habits in children occur when they are not properly being educated at home.

Primary data collected from community leaders reiterated the need for schools to provide a framework of information on healthy living, which includes diet, exercise, and nutrition for school-aged children. It was reported that low-income households do not reinforce healthy eating and healthy living habits within their own environment due to affordability. Most importantly, community residents do not understand alternative ways to live a healthy lifestyle without the expense. Organization leaders reported that the community needs assistance on how to obtain, understand, and utilize health information related to the long-term effects of obesity and other chronic diseases.

Focus group participants stated the need for more health education programs, resources, and services to residents, particularly those related to obesity, diabetes, and healthier lifestyles. Arming children within the community with health information will transfer well into adulthood. Reviewing the County Health Rankings, Lebanon (44), Perry (66) and York Counties (36) rank poorly in education, compared to other counties in Pennsylvania. It is important to note that Perry County ranked 66, (only one above the bottom) in education for the entire state of Pennsylvania.⁹ When restructuring or creating new health education programs, information must be targeted to community residents who can comprehend and interpret materials in layman terms.

It is essential to note that Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute will focus on different health education topics. Tackling childhood obesity is an example within the section. Nonetheless, health education will focus on school-aged children and health education information that is culturally targeted specifically to high-need populations.

The Centers for Disease Control and Prevention developed the National Health Education Standards (NHES) to establish, promote, and support health-enhancing behaviors for students in all grade levels — from pre-Kindergarten through grade 12. This program provides a framework for teachers, administrators, and policy-makers in designing or selecting curricula, and assessing student achievement and progress. Importantly, the standards provide students, families, and communities with concrete expectations for health education.¹⁰

It is important that health education identifies behaviors that are unhealthy, but also develops methods and skills needed to motivate change. Community residents will be better prepared with healthy foods, understand nutrition, and participate in an active lifestyle, because the ultimate goal is to change behaviors that will lead to a healthier life.

PRIORITY #3: ACCESS TO AFFORDABLE HEALTHCARE

⁹ County Health Rankings 2011

¹⁰ Centers for Disease Control and Prevention: www.cdc.gov/healthyyouth/sher/standards/index.htm

Disparities in accessing healthcare have been well documented. The primary reason for these disparities is the lack of health insurance. Findings collected from community interviews, focus groups, and hand-distributed surveys reconfirm multiple factors in how community residents cannot obtain consistent healthcare services.

Health insurance is a critical component in one’s ability to access affordable healthcare services. Access to healthcare is the ability to obtain needed primary care services, healthcare specialists, and emergency treatment. Having healthcare coverage does not ensure accessibility to all health services. The type of health insurance plan is also an indicator to how patients access healthcare services. Proximity to health providers, number of providers in the health plan, the out-of-pocket costs, and providers accepting that particular health insurance plan are all important indicators to how adults obtain needed health services.

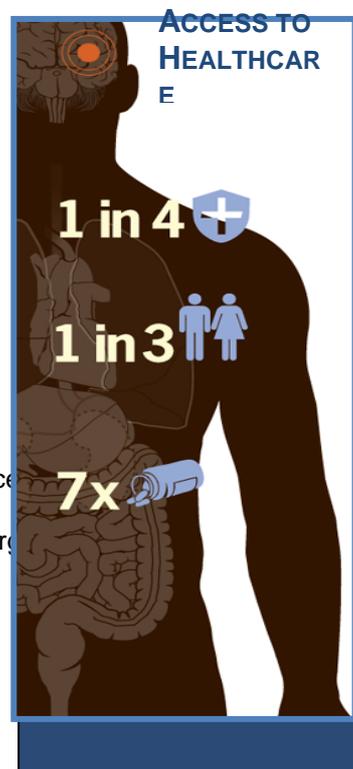
In 2010, the number of Americans without health insurance grew. Roughly 50 million adults aged 18-64 years old had no health insurance for at least some of the past 12 months. In the past few years, the number of adults aged 18-64 who went without health insurance for at least part of the past 12 months increased by an average of 1.1 million per year.¹¹ Unfortunately, without consistent health insurance, adults are more likely to skip medical care because of cost concerns. Poorer health, long-term healthcare costs, and early death are the results of inconsistent healthcare coverage.



Table 1: Pennsylvania Health Facts on Health Coverage and Health Status¹²

Health Coverage	PA #	PA %	USA #	USA %
Uninsured Population	1,361,700	11%	49,906,900	16% of total population
Uninsured Children	226,900	8%	7,951,800	10% of children
Medicaid Beneficiaries	-	17%	-	20% of total population
Medicare Beneficiaries	-	18%	-	15% of total population

In 2009-2010, 11% of Pennsylvania residents did not have health insurance (see Table 1). This is an increase from 2004, when 7.5% of the population was uninsured. Findings from the hand-distributed health survey discovered that the majority of respondents have health insurance (71.1%); however, this means that 28.9% of the respondents do not have health insurance. This equates to one in every 3.5 individuals without health insurance. The most common reasons that individuals reported not having health insurance was due to affordability (49.2%) or because they do not qualify for health insurance coverage (25.7%). In addition, more than half of the respondents indicated that not having health insurance affects their ability to get services. However, 61.1% of respondents indicated that they seek care even in spite



¹¹ Centers for Disease Control and Prevention: www.cdc.gov/vitalsigns/HealthcareAccess

¹² The Henry J. Kaiser Family Foundation: State Health Facts: www.statehealthfacts.org

of not having health insurance. This finding has positive results in terms of health outcomes, but negative results in terms of out-of-pocket healthcare costs for the patient.

Unlike the other counties in the study area that show a majority of individuals with health insurance, the majority of individuals in Lebanon County do not have health insurance (54.5%). A very high rate (60%) of individuals in Northern York County reported that they had insurance, but lost it, or that they do not qualify (40%).

Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the identification of the need to improve access to affordable healthcare, specifically, to dental care, mental health services, primary, and specialty care. This regional health need reinforces the necessity to improve access to affordable healthcare services.

Dauphin, Cumberland, Perry, Lebanon, and the northern tier of York Counties known as the overall study area have a CNI score of 2.5, indicating a mid-range level of community health need within the region. In examining the CNI scores more closely, the entire South Central Pennsylvania area, which is comprised of South Harrisburg (17104), Downtown (17101), Midtown Harrisburg (17102) and Allison Hill/Penbrook (17103) are four areas with the greatest number of socio-economic barriers to healthcare access; indicating an at-risk population in regards to community health. All four zip codes are located within Dauphin County, and more specifically, within the City of Harrisburg. The CNI scores for the four zip codes range from 5.0 to 4.4. These zip codes are in the greatest need for community health access improvement strategies. The most common CNI score for the region is 2.0; slightly below the average, however, this a positive sign for the region overall.

Both community leaders and focus group participants agree that access to affordable healthcare services plays an essential role in lessening the impact of health-related complications. Overall, both community leaders and focus group participants reported that uninsured and under-insured community residents are unable to access affordable healthcare services. There was agreement that the working-poor populations do not typically qualify for certain health services because they do not meet the income requirements/guidelines (resident household income is too high). The failure for qualification prevents many adults from obtaining necessary healthcare services.

It is clear that access to needed healthcare services will continue to grow in South Central Pennsylvania. Healthcare providers, agencies, and organizations must be able to address the growing demand for services. Community resources and health providers must have a coordinated approach to resolving these issues at the local level.

DENTAL CARE

South Central Pennsylvanians identified that dental care is needed in the community. Dental coverage and access to dental care is limited for low-income families, and families with limited dental coverage are not getting sufficient levels of needed care. The group believes that while a few health facilities provide dental care to those in need, a collaboration among dental providers in the community could bridge the gap for those seeking dental services. Focus group participants reported that many residents in their community do not have health insurance, and dental insurance is typically not provided and/or obtainable. As a result, there is a great need for free or low-cost dental care and preventive screenings. Participants stressed the need for preventive dental care for the under-served and under-insured populations. Many families do not have the ability to pay for preventive health services and dental care emergencies.

It is also important to identify dental education (maintenance, prevention, and linking patients to services) as being an important piece of the community's dental needs. According to the National Institute of Dental and Craniofacial Research, dental cavities in children's permanent teeth declined from

the early 1970s until the mid-1990s.¹³ However, significant disparities are still found in certain population groups.

The following information was obtained from the National Institute of Dental and Craniofacial Research.

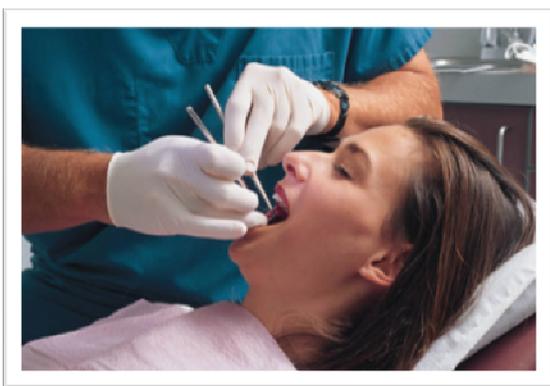
- ✓ 21% of children aged six to 11 have had dental caries in their permanent teeth.
- ✓ Hispanic children and those living in families with lower incomes have more decay in their permanent teeth.
- ✓ 8% of children aged six to 11 have untreated decay.
- ✓ Hispanic children and those living in families with lower incomes have more untreated decay.
- ✓ Black and Hispanic subgroups and those with lower incomes have more severe decay in both permanent teeth and surfaces.
- ✓ Black and Hispanic subgroups and those with lower incomes have more untreated permanent teeth and surfaces.

Oral health is a large component of overall health and many Americans lack access to affordable dental health services. While regular dental health check-ups can prevent oral health problems, financial barriers often pose significant dental access problems for many low-income families.

Health insurance companies typically do not provide dental coverage. Low-income families do not have the ability to afford the high out-of-pocket expenses for routine care and treatment. Those without adequate dental coverage turn to a healthcare safety net that often does not focus many resources on oral health, leaving them potentially unable to access needed care.

A study conducted by the Kaiser Foundation reported that access issues and the unaffordability of dental care affects millions of Americans. Some of the key findings included:¹⁴

1. Much of the low-income population does not have dental coverage and is less likely to receive adequate dental care. Over 50% of low-income adults lack dental coverage, and most go without routine dental care.
2. Having dental coverage helps, but access and utilization problems remain for those who have it. Lack of routine dental care and inability to get needed dental care are much higher for low-income adults without dental coverage than for those with dental coverage.
3. Even among low-income adults who do have dental coverage, access to dental care is not adequate.
4. Disparities in access and utilization of dental care exist within the low-income population.
5. Dental access problems are greater for low-income adults in poor health and for those experiencing other unmet health needs and financial difficulties.



Most low-income adults do not receive regular dental check-ups and many are unable to receive dental care. Very few low-income adults are aware of places in their community where the uninsured can find affordable dental care. Addressing gaps in accessibility and affordability could greatly reduce long-term oral problems for those in the community.

¹³ National Institute of Dental and Craniofacial Research: www.nidcr.nih.gov

¹⁴ The Henry J. Kaiser Family Foundation: www.kff.org/medicaid

MENTAL HEALTH

Mental health illness was a prioritized area of focus under access to affordable healthcare. Mental health illnesses can affect people in all walks of life from an early age to the elderly, and in some cases, mental health illnesses are so severe it disrupts lives on a daily basis. Nearly 448,000 of the approximately 12.4 million Pennsylvania residents suffer from serious mental illnesses. Of this number, approximately 129,000 children have serious mental health conditions.¹⁵

Mental health is important to monitor because it is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is also associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes. It has also been reported that



rates for both intentional (e.g., homicide, suicide) and unintentional (e.g., motor vehicle) injuries are two to six times higher among people with a mental illness than in the population overall.

According to focus group participants, there is a growing need for additional mental health care services and treatment centers in South Central Pennsylvania. Participants reported that the demand for mental health services is growing, and the current supply of mental health providers is insufficient to treat those affected with mental health problems. The veteran focus group was aware of post-traumatic syndrome in veterans returning home from wars in Iraq and Afghanistan. These community residents reported that there is an increase in substance abuse among veterans who are battling mental illnesses. According to participants, psychiatric services and mental health facilities are inadequately represented in communities where the population is growing. There are little to no available services to tackle the budding mental health problem.

Regional data obtained from the Capital Area Coalition on Homelessness reported that 10% of episodically homeless adults were comparatively young, and were highly likely to have a mental health, substances abuse, or medical problem. In Pennsylvania, 17.7% reported having a mental illness compared to 19.7% in the U.S.

Mental illness cannot be simply turned off. Treatment and services must be made available to help alleviate and address the conditions of the disease, and to assist people living with these issues.

PRIMARY CARE

Preventive healthcare and wellness relates to adults being screened for diseases and maintaining their health to remain healthy, ruling out diseases and ailments. Those obtaining healthcare services typically have a relationship and/or obtain continuity of care through a healthcare provider. The community health needs assessment has identified that accessing affordable healthcare relates to the availability of physicians and accessing primary care services.

Primary data collected from the hand-distributed surveys revealed that 21.9% of survey respondents did not have a physician. The main reason for not having a physician was due to affordability (66.3%). Of the five counties, Lebanon County shows the highest rate of individuals who did not have a doctor

¹⁵ National Alliance on Mental Health:
www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93517

(28.3%). Of the individuals who did not have a doctor, the largest percentages chose to go to a clinic for care (40.8%), with another large percentage going to the ER (38.8%). We can assume that survey respondents who utilize the ER use the facility as one of their primary modes to obtain healthcare services.

Many specialty physician practices do not accept state-sponsored medical insurance. This requires residents to travel further for medical care. According to participants, the lack of specialty physicians in the region greatly impacts the how residents receive healthcare services.

PHYSICIAN SUPPLY AND SHORTAGES¹⁶

The U.S. Department of Health and Human Services estimates that the physician supply will increase by only 7% in the next 10 years. In some specialties, including urology and thoracic surgery, the overall supply of physicians will actually decrease. At the same time, the Census Bureau projects a 36% growth in the number of Americans over age 65, the very segment of the population with the greatest healthcare needs.

By 2020, our nation will face a serious shortage of both primary care and specialty physicians to care for an aging and growing population. According to the AAMC's Center for Workforce Studies, there will be 45,000 too few primary care physicians – and a shortage of 46,000 surgeons and medical specialists – in the next decade.

Our doctors are getting older, too. Nearly one-third of all physicians will retire in the next decade, just as more Americans need care. The shortfall in the number of physicians will affect everyone, but the impact will be most severe for the vulnerable and under-served populations. These groups include the approximately 20% of Americans who live in rural or inner-city locations designated as health professional shortage areas. Though the number of primary care physicians continues to grow (and has doubled in the last three decades), older patients are sicker and have multiple chronic conditions that require more time and coordination. Team-based approaches, like the “medical home,”¹⁷ may help reduce the shortage, but will not eliminate it.

Even with the best prevention possible, as the number of elderly grows and people live longer, so will the number of patients with age-sensitive conditions like cancer (almost 100 times higher in older adults); more oncologists, surgeons, and other specialists will need to be trained to ensure timely access to high-quality services. In addition to the 15 million patients who will become eligible for Medicare, 32 million younger Americans will become newly insured as a result of healthcare reform, and thereby intensify the demand for physicians even further. Because educating and training physicians takes up to a decade, graduate medical education (residency training) must be expanded now.

Pennsylvania Physician Shortages¹⁸

A report by the Pennsylvania Medical Society presents a number of trends that raise concerns regarding the future supply of physicians. The report points out that the physician workforce in Pennsylvania is aging, with 50% of their physicians over the age of 50, and less than 8% of their physicians are under the age of 35. With increasing demand for health services outpacing supply, physicians are needed to work more hours, and this negative trend could make retention and recruitment even more problematic. Another problem is the residency retention rate, which dropped from 60% in 1992, to only 22% in 2006.

¹⁶ Association of American Medical Colleges: Physician Shortages to Worsen Without Increases in Residency Training, 2010

¹⁷ A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute, and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes.

¹⁸ Association of American Medical Colleges: Recent Studies and Reports on Physician Shortages in the U.S., 2011

Specialty-specific physicians have been on the decline since 1997, especially in the areas of family medicine, internal medicine, obstetrics and gynecology, cardiology, pathology, orthopedic surgery, general surgery, and neurosurgery.

Table 2 identifies the number of healthcare professionals who practice in the study area. It is alarming to see Lebanon and Perry counties coping with low numbers of practicing physicians in the areas of OB/GYN, internal medicine, and pediatrics.

TABLE 2: HEALTHCARE PROFESSIONALS BY COUNTY OF PRACTICE¹⁹

HEALTHCARE PROFESSIONALS BY COUNTY OF PRACTICE	CUMBERLAND COUNTY	DAUPHIN COUNTY	LEBANON COUNTY	PERRY COUNTY	YORK COUNTY
Total # Physicians in Direct Patient Care, 2008	488	1,049	233	21	738
Total # Primary Care Physicians in Direct Patient Care, 2008	205	302	94	20	337
# OB-GYN & GYN in Direct Patient Care, 2008	18	42	9	1	30
# Family/Gen. Practice Physicians in Direct Patient Care, 2008	102	101	62	17	179
# Internal Medicine Physicians in Direct Patient Care, 2008	61	100	17	0	92
# Pediatrics Physicians in Direct Patient Care, 2008	24	59	6	2	36

SPECIALTY CARE²⁰

Many Americans have limited access to primary care and even more limited access to specialty care physicians. Reviewing data from Rural Pennsylvania, we can clearly see the need for more human manpower. There are not enough physicians to serve the needs of the population. The problem is intensified in rural regions. The healthcare system needs to tackle more with fewer resources and stretch these resources more efficiently.

According to statistics from the Health Resources and Services Administration (HRSA), by the year 2020, several specialties will experience a demand much higher than the supply, with non-primary care specialties in general projected to experience a shortage of 62,400 doctors. It's expected that by the year 2020, the number of practicing general surgeons will decrease to 30,800. It is anticipated that the areas of ophthalmology and orthopedic surgery will need an additional 6,000 physicians. Not far behind are urology, psychiatry, and radiology, which are expected to need 4,000 additional physicians.

Our population is aging, and this, along with medical advances, will mean a need for more specialty care providers. Specialties such as geriatrics, oncology, and endocrinology are more in demand than ever. According to a 2007 study conducted for the American Society of Clinical Oncology (ASCO) by the AAMC's Center for Workforce Studies, the need for oncology services is expected to rise 48% between 2005 and 2020.

¹⁹ Rural Pennsylvania: www.ruralpa2.org/county_profiles.cfm

²⁰ Association of American Medical Colleges: www.aamc.org/newsroom/reporter/oct10/152090/physician_shortage_spreads_across_specialty_lines.html

Dermatology is often considered a smaller sub-specialty, but the demand for these physicians is great. According to a recent study that analyzed data from the American Medical Association Masterfile, for every 100,000 Americans, only 3.5 dermatologists are currently available. This is thought to be largely due to the cap on the amount of residency training spots that Medicare will fund. The number of dermatology residencies has stayed stagnant at around 300 per year since 1970. A new patient can wait anywhere from 34 days to three months for an appointment.

The need for more specialty physicians is a growing concern nationally and locally. There are many reasons why specialty physicians will continue to be a concern for South Central Pennsylvania. The study area reflects the growing concern for primary care and specialty care physicians.

CONCLUSIONS AND RECOMMENDATIONS

South Central Pennsylvania is rich in resources, but needs to continue to leverage and support its existing programs to assist those in the community. This community health needs assessment presents a clear need for a wide range of programs and services to be offered by Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute in conjunction with assistance with community organizations in South Central Pennsylvania.

This unique community health needs assessment speaks to needs across multiple geographies and lenses. Common themes throughout the assessment speak to the need to increase the promotion of healthy lifestyles, focus on health education, and improve access to affordable healthcare services, while simultaneously building a culture that supports healthy behaviors both at the individual and community levels. The need for strong medical facilities is supported throughout the document as secondary data and input from participants at all levels relate to the need for more programs and services that will lead to improved community health outcomes.

It is important that ongoing communication within each hospital/health system infrastructure promote the findings of the community health needs assessment. Residents receive both health information and social services from a number of local facilities and organizations; however, residents also identify a desire to have help in seeking and utilizing these services. Strengthening existing relationships and forging new partnerships will be important in developing strategies to address the regional community needs.

The specific regional community health needs identified included 1) the promotion of healthy lifestyles (diet and nutrition as well as physical activity), 2) health education with a focus on school-aged children, and developing culturally appropriate messages targeted to high-need populations, and 3) access to affordable healthcare including dental care, mental health care, primary care and specialty care.

Additional data and greater detail related to the inventory of available resources within the community that may provide programs and services to meet such needs is available in a separate document provided to Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute. Participating hospitals and health systems worked closely with local, regional, statewide, and national partners, and understand that the community health needs assessment document is only a first step in an ongoing process. To this end, the next phase of the community health needs assessment may include the following steps:

- 1) **Internal Communication:** Widely communicate the results of the community health needs assessment document to Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, and PinnacleHealth System and Pennsylvania Psychiatric Institute's staff, providers, leadership, and boards.
- 2) **External Communication:** Widely communicate the results of the community health needs assessment document to community residents through multiple outlets. Make the results of the CHNA available to the public via the Internet and through community-based organizations.
- 3) **Community Engagement:** Review existing community outreach efforts and consider the impact of Community Health Needs Assessment data on the community benefit programs. Coordinate existing community resources to better serve the community across the continuum of healthcare.
- 4) **Internal Strategic Planning:** Identify specific implementation strategies to be undertaken by each individual hospital/health system based on the top needs identified in the community health assessment report.

Appendices



Appendix A: Purpose Statement

Appendix B: Objectives

Appendix C: Community Definition

Appendix D: Process Overview

Appendix E: Consultant Qualifications

APPENDIX A: PURPOSE STATEMENT (JULY 2011)

Mission-driven healthcare organizations have a long tradition of working to improve community health through community benefit activities. To better serve the residents of Dauphin, Cumberland, Perry, Lebanon, and the northern tier of York Counties, the leadership of Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute have committed to use a collaborative approach to assess community needs and plan community benefit programs for the purpose of improving the health of these communities.

In July 2011, this dynamic tri-system collaborative convened to meet the following objectives:

- ✓ Conduct an objective and comprehensive study of the overall health status of our region.
- ✓ Include input from individuals who represent the broad interests of the community served by the hospitals, as well as those with special knowledge and expertise in public health.
- ✓ Present consistent findings to our physician providers, health and human service organizations, and communities we serve.
- ✓ Measure and report impact on target populations.
- ✓ Deliver a useful and valuable report that creates a baseline for strategic planning decisions and can be made widely available to the public.

Over the next several months, this collaborative will conduct a community health needs assessment and use it to develop strategies designed to improve the effectiveness of their community benefit programs, comply with federal tax exemption requirements in the Affordable Care Act, and, most importantly, improve the overall health of the community as they are able.

APPENDIX B: OBJECTIVES

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. The overall objective of the CHNA is summarized by the following areas:

- ✓ Obtaining information on population health status, as well as socio-economic and environmental factors;
- ✓ Assuring that community members and organizations, including under-represented residents, were included in the needs assessment process;
- ✓ Identifying key community health needs within the hospital/health system's community, along with an inventory of available resources within the region that may provide programs and services to meet such needs; and
- ✓ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).

APPENDIX C: COMMUNITY DEFINITION

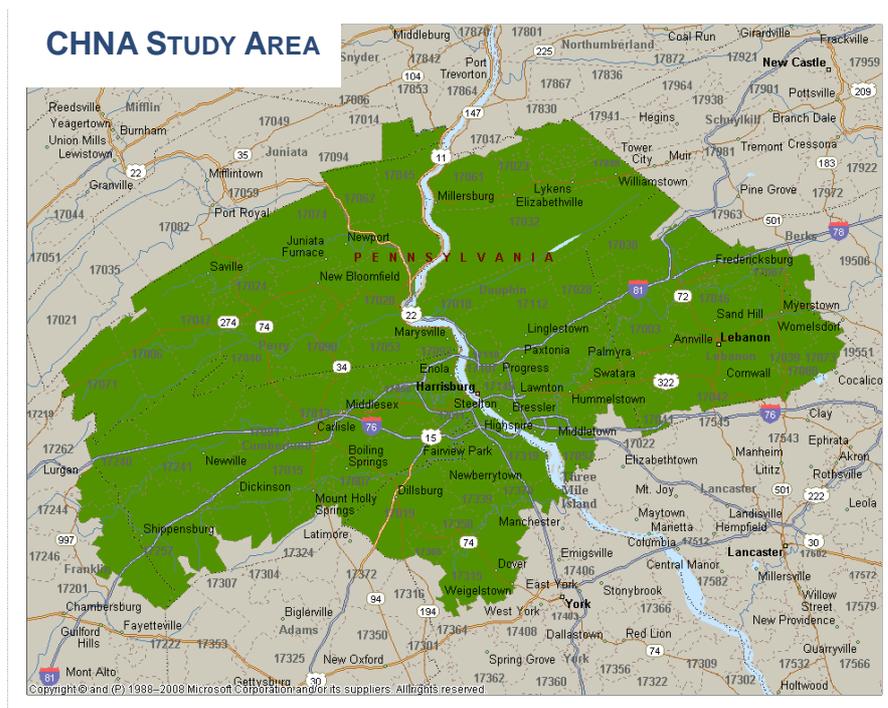
A community can be defined in many different ways – 102 zip codes were provided by Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute to represent the service area. Out of the 102 zip codes, only 66 of those were used for the CHNA as they were the populated zip code areas (they exclude zip codes for P.O. Boxes and offices).

TABLE 1: OVERALL STUDY AREA COMMUNITY ZIP CODES

ZIP CODE	COUNTY	ZIP CITY	ZIP CODE	COUNTY	ZIP CITY
17007	Cumberland	Boiling Springs	17113	Dauphin	Steelton
17011	Cumberland	Camp Hill	17111	Dauphin	Swatara Township
17013	Cumberland	Carlisle	17110	Dauphin	Uptown /North Susquehanna Township
17015	Cumberland	Carlisle	17098	Dauphin	Williamstown
17025	Cumberland	Enola	17097	Dauphin	Wisconisco
17043	Cumberland	Lemoyne	17003	Lebanon	Annaville
17050	Cumberland	Mechanicsburg	17026	Lebanon	Fredericksburg
17055	Cumberland	Mechanicsburg	17038	Lebanon	Jonestown
17065	Cumberland	Mount Holly Springs	17042	Lebanon	Lebanon
17070	Cumberland	New Cumberland	17046	Lebanon	Lebanon
17240	Cumberland	Newburg	17067	Lebanon	Myerstown
17241	Cumberland	Newville	17073	Lebanon	Newmanstown
17257	Cumberland	Shippensburg	17078	Lebanon	Palmyra
17266	Cumberland	Walnut Bottom	17087	Lebanon	Richland
17103	Dauphin	Allison Hill/Penbrook	17006	Perry	Blain
17005	Dauphin	Berrysburg	17020	Perry	Duncannon
17018	Dauphin	Dauphin	17024	Perry	Elliottsburg
17101	Dauphin	Downtown Harrisburg	17037	Perry	Ickesburg
17023	Dauphin	Elizabethville	17040	Perry	Landisburg
17028	Dauphin	Grantville	17045	Perry	Liverpool
17030	Dauphin	Gratz	17047	Perry	Loysville
17032	Dauphin	Halifax	17053	Perry	Marysville
17033	Dauphin	Hershey	17062	Perry	Millerstown
17034	Dauphin	Highspire	17068	Perry	New Bloomfield
17036	Dauphin	Hummelstown	17071	Perry	New Germantown
17048	Dauphin	Lykens	17074	Perry	Newport
17057	Dauphin	Middleton	17090	Perry	Shermans Dale
17102	Dauphin	Midtown Harrisburg	17019	York	Dillsburg
17061	Dauphin	Millersburg	17315	York	Dover
17112	Dauphin	North Lower Paxton	17319	York	Etters
17080	Dauphin	Pillow	17339	York	Lewisburg
17104	Dauphin	South Harrisburg	17365	York	Wellsville
17109	Dauphin	South Lower Paxton/ Susquehanna Township	17370	York	York Haven

CHNA STUDY AREA PROFILE

- ✓ Population growth is projected in all counties included in the study.
- ✓ The population of Lebanon County trends slightly older than the overall study area.
- ✓ Dauphin County has the highest percentage of African-Americans residing in the county, while Lebanon and Dauphin have a substantially higher percentage of Hispanic population within the study area.
- ✓ Cumberland County has the highest recorded average household income and educational attainment levels among the counties within the study area. Perry County records the lowest annual household income.
- ✓ Population growth is projected in all of the counties included in the study area over the next five years. The projected population growth increase in the study area (2.8%) is higher than projected growth in PA (0.7%), but less than projected national population growth (4.0%) during the next five years.
- ✓ The population of Lebanon County trends slightly older than the overall study area. More than 17% of the Lebanon County population is 65 or older, compared to 15.2% within the overall study area and 15.9% within Pennsylvania. The national percentage of population 65 and older is 13.3%; all counties, except York County, have 65 and older percentages higher than the national benchmark.
- ✓ Cumberland County has the highest recorded average household income among the counties within the overall study area. Perry County records the lowest annual household income, substantially below the overall study area and state average.
- ✓ Dauphin County has the highest percentage of households below \$15,000 annually within the overall study area.
- ✓ Cumberland County has the highest educational attainment levels among the overall study area. Perry County records the lowest percentage of post-high school attainment.
- ✓ Dauphin County has the highest percentage of African-Americans residing in the community, while Lebanon and Dauphin have a substantially higher percentage of Hispanic population within the overall study area and the State.



APPENDIX D: PROCESS OVERVIEW

Tripp Umbach directed and managed a comprehensive community health needs assessment for the three health systems — resulting in the identification and prioritization of community health needs at the regional level. The diagram below outlines the process and depicts each project component piece within the Community Health Needs Assessment (CHNA). Each project component is further described in following the graphic.



CHNA KICK-OFF MEETING

The CHNA was initiated on September 28, 2011. Members of the collaborative work group, including representatives from Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute were introduced to the Tripp Umbach project team. Collaborative members were also provided with an overall project scope, which included a timeline for project completion, roles, and expectations of each participating sponsoring hospital/health system.

Small task-related groups were formed to tackle and manage the work behind each project component piece. In total, three working groups were created: 1) secondary data, 2) communications/media, and 3) community engagement. The working groups included members of the collaborative and additional hospital/health system associates whose expertise helped guide the CHNA process.

COMMUNITY HEALTH ASSESSMENT MEETINGS

A series of bi-monthly meetings facilitated by Tripp Umbach and attendance from members of the collaborative consisting of leadership from Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute.

COMMUNITY LEADER INTERVIEWS

Interviews with community leaders throughout the region were conducted to gain an understanding of the community's health needs from organizations and agencies that have a deep understanding of the populations in the greatest need. The collaborative provided Tripp Umbach with a list of community leaders to interview. Interviews were conducted with an array of directors and staff members from community health centers, members from social services organizations, educational leaders, religious groups, and elected officials. The information collected provided knowledge about the community's health status, risk factors, service utilization, and community resource needs, as well as gaps and service suggestions.

Tripp Umbach mailed an introduction letter to each organization, announcing the health assessment and the collaborative efforts between the sponsoring hospital/health systems. In total, 58 interviews were completed between the months of December 2011 – January 2012.

The overarching themes collected from community leader interviews were:

- 1) Absence of Health Education/Accessing Health Information
- 2) Inadequate Health Services
- 3) Poor Economy
- 4) Transportation

SECONDARY DATA

Tripp Umbach collected and analyzed secondary data from multiple sources, including: County Health Rankings, 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, The Centers for Disease Prevention and Control (CDC), etc. The data resources were related to disease prevalence, socio-economic factors, and behavioral habits. Tripp Umbach benchmarked data against state and national trends where applicable.

Tripp Umbach obtained data through Truven Health Analytics (formerly known as Thomson Reuters) to quantify the severity of health disparities for every zip code in the needs assessment area, based on specific barriers to healthcare access. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies. Community Need Index (CNI) was a data source that was used in the health assessment.

CNI considers multiple factors that are known to limit healthcare access; the tool is useful in identifying and addressing the disproportionate unmet health-related needs of neighborhoods. Five prominent socio-economic barriers to community health quantified in the CNI are: Income Barriers, Cultural/Language Barriers, Educational Barriers, Insurance Barriers, and Housing Barriers.

The information below reflects key information collected from the overall study area from the community needs index.

- ✓ There are four zip code areas that fall in the CNI score range of 5.0 to 4.0; these areas have the highest rates of any of the individual socio-economic markers, as compared to the rest of the 66 zip code areas in the South Central Pennsylvania region defined as the overall study area.

- ✓ All of the zip code areas that have the greatest number of socio-economic barriers are within Dauphin County. Four zip code areas in Harrisburg (17101, 17102, 17013, and 17014) have the highest CNI scores (greatest number of socio-economic barriers).
- ✓ 17101, 17102, 17013, and 17014 have the highest unemployment rates for the entire South Central Pennsylvania region. South Harrisburg and Downtown Harrisburg both have unemployment rates of 12%; this is higher than the region rate (5%), Pennsylvania rate (8.3%), and U.S. rate (approx. 9%).
- ✓ The majority of zip codes in the region have CNI scores between 3.9 and 2.0.
- ✓ Even though the above listed zip code areas fall in the middle of the CNI scale, there can still be important findings from their data. Many of the zip code areas listed in this subgroup have the possibility, with improved community health planning, of reaching the CNI=1.9-1.0 level. This would be a benefit for the people of the local community and the area as a whole. At the same time, we must remember that many of the above listed zip code areas can easily, with restrictions to community health improvement, fall into the CNI=5.0-4.0 subgroup.
- ✓ Out of the 66 zip code areas in the South Central Pennsylvania region analyzed for this study, 18 of those zip code areas (27%) are considered to have low levels of socio-economic barriers to healthcare access. This is a positive sign. There are 4.5 times as many zip code areas that have few to no socio-economic barriers to community healthcare access, as there are zip code areas that have substantial socio-economic barriers to healthcare access.
- ✓ We must also remember that each zip code area is unique; it is important to look at each zip code areas' individual barrier ranks when determining the best ways to address barriers to community health. For example, Mechanicsburg (17055) and New Cumberland (17070) have high CNI scores in the housing rank, whereas Mechanicsburg (17050) and North Lower Paxton (17112) have higher CNI ranks for cultural barriers. This is less of an issue for the CNI=1.9-1.0 subgroup, but it is key when planning strategies to improve community health overall.
- ✓ Four zip code areas in Harrisburg (17101, 17102, 17013, and 17014) have the highest CNI scores (greatest number of socio-economic barriers) for the overall South Central Pennsylvania area included in the overall study area. On the other hand, two zip code areas in York county (17339 and 17319), have the lowest CNI scores (lowest number of barriers) for the area.
- ✓ A closer look at the four zip codes areas (17104, 17101, 17102, and 17103) reveals that South Harrisburg (17104) holds the highest percentages of the populous that are unemployed, a minority, having limited English, no high school diploma and families living in poverty. Downtown Harrisburg holds the highest percentage of renters and uninsured by far. At the same time, Midtown Harrisburg (17102) holds the highest rates of unemployed, and individuals 65 and older living in poverty.
- ✓ The CNI provides greater ability to diagnose community need as it explores zip code areas with significant barriers to healthcare access. The overall unemployment rate for the south central Pennsylvania region is only 5%; below both the Pennsylvania unemployment rate (8.3%) and the national unemployment rate (currently fluctuating around 9%). However, the unemployment rate for the zip code areas 17104 and 17102 is 12%, higher than the service region, Pennsylvania and the country.
- ✓ Examining the overall CNI scores for the entire South Central Pennsylvania area, it is clear that South Harrisburg, Downtown, and Midtown Harrisburg along with Allison Hill/Penbrook are the four areas with the greatest number of socio-economic barriers to healthcare access; indicating an at-risk population in regards to community health.

HAND-DISTRIBUTED SURVEYS

Tripp Umbach employed a hand-distribution methodology to disseminate surveys to individuals throughout the study area. A work session was held with members of the collaborative workgroup to create a survey that would be utilized to collect input from under-served populations. The survey was

designed to capture and identify the health risk factors and health needs of those within the study area. The survey was finalized in March 2012, and was available in both English and in Spanish.

Tripp Umbach, working through community-based organizations, distributed the surveys to end-users in the under-served populations. Engagement of local community organizations was vital to the survey distribution process. In total, 1,279 surveys were used for analysis. 1,175 surveys were collected in English, and 104 surveys were collected in Spanish. The information below are key survey findings collected from the hand-distributed survey.

SPANISH-SPEAKING POPULATION

- ✓ Dauphin County shows the largest Spanish-speaking population (11.2%); Lebanon, Perry, and Northern York did not have any Spanish surveys completed. The U.S. rate is 16.3% (2010 Census Data).

GENDER

- ✓ There were always more female responses than male responses, but Dauphin and Northern York counties show much higher rates of women than other county ratios.

AGE

- ✓ Dauphin County showed a much higher rate of younger individuals (20.2% 18-24 year olds), whereas Northern York County showed high rates of older individuals (4.8% 85 years and older).

COUNTY

- ✓ All of the respondents in Northern York County reported having a doctor; of those who did not have a doctor, Dauphin County showed the highest rate at 63.8%, compared to the next highest of 22.4% in Cumberland County.
- ✓ Of individuals without health insurance, the largest group fell in Dauphin County (51.7%), the next highest rate is found in Cumberland County at only 22.9%.

HAVING A PHYSICIAN

- ✓ The majority of respondents indicated that they had a doctor; however, 21.9% indicated that they did not have a doctor. The top reason, by far, for an individual not having a doctor is due to affordability (66.3%).
- ✓ Younger respondents were less likely to report having a doctor than older individuals; 100% of those 85 and older (10 individuals) have a doctor. Interestingly, 50% of individuals aged 65-74 without a doctor reported that it is because they do not need one.
- ✓ Lebanon County shows the highest rate among the counties of respondents who did not have a doctor (28.3%). Of those in Perry County with no health insurance, a large percentage reported that it was due to the fact that their doctor does not accept their insurance.

WHERE RESPONDENTS GO FOR CARE

- ✓ The vast majority of respondents go to their doctors' offices for care (56.4%); however, a large percentage (30.1%), go to a clinic for care or the emergency room (9.8%).
- ✓ Individuals in Lebanon County showed a very high rate of going to a clinic for care (40.9%); and Dauphin County showed the highest rate of individuals who reported going to the ER for care (10.8%).
- ✓ Of the individuals who did not have a doctor, they frequented a clinic for care (40.8%) with another large percentage seeking services at the ER (38.8%); urgent care and pharmacy are very rarely used (only around 5% of those without a doctor).

HEALTH INSURANCE COVERAGE

- ✓ The majority of respondents have health insurance (71.1%); however, this means that 28.9% of the respondents do not have health insurance. This equates to one in every 3.5 individuals without health insurance. The top reasons that individuals reported not having health insurance was due to affordability (49.2%) or because they do not qualify (25.7%). Another 6.4% of the respondents have just not applied for health insurance.

GETTING CARE

- ✓ More than 50% of the respondents indicated that not having health insurance affects their ability to get services. However, thankfully, 61.1% of the respondents indicated that they seek care even in spite of not having health insurance. This has positive results in terms of health outcomes, but negative results in terms of healthcare bills.
- ✓ Unlike the other counties in the study area that show a majority of individuals with health insurance, the majority of individuals in Lebanon County do not have health insurance (54.5%). A very high rate (60%) of individuals in Northern York County reported that they had insurance but lost it, or that they do not qualify for it (40%).
- ✓ Unlike other counties, Northern York County showed a majority of respondents who reported not seeking care because of lack of insurance (54.5%).

METHOD OF CARE

- ✓ The most common resource that individuals use when they cannot get care is over-the-counter medications (46.5%). It is concerning that 21.8% of the respondents indicated that they simply ignore their health problem when they cannot receive care.
- ✓ Those in Northern York County ignore health problems at a higher rate than other counties (46.2%); and those in Dauphin County reported getting over-the-counter medications more than other counties (57.4%).

GENERAL HEALTH

- ✓ The largest percentage of respondents who reported 'excellent' health was found in Dauphin County (12.5%); on the other hand, the largest percentage of individuals reporting a 'poor' health status was found in Northern York County (19.0%).

HEALTHY BEHAVIORS

- ✓ 68.1% of individuals reported participating in regular physical activity to stay healthy.
- ✓ Those aged 65-74 reported the highest rate of participating in regular physical activity (77.5%); whereas only 68.9% of individuals aged 18-24 reported engaging in regular physical activity.
- ✓ Individuals in Perry County reported the lowest rates of physical activity, only 57% engage in regular activity.
- ✓ Cumberland County shows the lowest rate of individuals being able to find healthy foods (only 80.7%); Dauphin County showed a very high rate (94.5%). Interestingly though, individuals in Perry County reported the lowest rate of eating healthy foods (only 87.1%) and Northern York County reported the highest rate of eating healthy foods (95%).

HIGH BLOOD PRESSURE

- ✓ More than one-fourth of the population reported having high blood pressure (28.9%).

- ✓ Men reported having high blood pressure at a much higher rate than women (35.7% for men, and 25.8% for women).
- ✓ Those aged 65-74 have the highest rate of high blood pressure across the age groups (64.9%); higher than those 75 and older.
- ✓ Those in Northern York and Perry Counties reported the highest rate of high blood pressure (42.9% and 42.4% respectively).

TROUBLE BREATHING

- ✓ One-quarter of the population reported having trouble breathing or having a frequent cough (24.5%).
- ✓ Those aged 85 and older reported the lowest rate of trouble breathing or a cough (9.1%); on the other hand, those aged 45-54 have the highest rate (36.1%).
- ✓ Those in Lebanon County reported higher rates of trouble breathing than other counties (33.3%).

HEART PROBLEMS

- ✓ Those in Perry County showed the highest rate among the counties of individuals reporting heart problems (22.3%).
- ✓ Interestingly, individuals with a physician reported higher rates of high blood pressure, difficulty breathing, and heart problems than individuals without a doctor. This may be due to the fact that individuals without a doctor are simply unaware of the conditions, as they have not been tested.

CARE GIVING

- ✓ Within the 'last month', the majority of individuals (51.3%) reported giving care to another, and a large percentage (49.5%) reported receiving care. With healthcare costs rising, more individuals felt the need to provide for family and friends.
- ✓ The largest percentage (63.6%) of individuals who have given care is also the age group that has received the most care (72.7%); those 85 and older.
- ✓ Those aged 24 and younger reported the highest rate (71.9%) of not having limitations to their activities; interestingly, those aged 85 and older reported the second highest rate of no limitations at 70%.

FLU SHOTS

- ✓ The majority of individuals reported not getting the flu shot last year (51.3%).
- ✓ Only 50% of those aged 85 and older got the flu shot in the past year.
- ✓ The majority of individuals in Cumberland, Dauphin, and Perry Counties reported not getting the flu shot in the past year; a majority of individuals in Lebanon and Northern York Counties have received the flu shot in the past year.

IMMUNIZATIONS

- ✓ A large majority of individuals reported that their children are up-to-date on their immunizations (62%).
- ✓ Perry County showed the lowest rate of individuals who reported that their children are up-to-date on their immunizations (only 53.8%).

- ✓ Individuals without a physician reported more than double the rate of those with a doctor of their children not being up-to-date with their immunizations (7.7% vs. 3.8% respectively); the findings were similar for individuals with and without health insurance. Access to care affects not only an individual's health needs, but also the needs of the family.
- ✓ As an individual's perception of their own health declines, the rate at which they report their children's immunizations being up-to-date declines. This is concerning, because a parent's perception of his/her health can lead to negative consequences for their children.

ACCESSING INFORMATION

- ✓ The top three avenues in which individuals receive information in their community are: television (21.9%), word-of-mouth (20.1%), and newspaper (18.9%).
- ✓ Cumberland, Perry, and Northern York counties all receive their information primarily through word-of-mouth; Dauphin County received information primarily through TV, and Lebanon County received information primarily through newspaper.

TRANSPORTATION

- ✓ Not surprisingly, an individual's own car is the most common mode of transportation among respondents (51.6%).
- ✓ Respondents in Dauphin County are much more likely to utilize public transportation or a family/friend's car instead of their own car. 84.2% of respondents in Northern York County use their own car, whereas only 44.2% of respondents in Dauphin County use their own car.
- ✓ Individuals without health insurance are twice as likely to walk as their main form of transportation than individuals with health insurance (14.3% vs. 7.8% respectively).

SEAT BELT USE

- ✓ The vast majority of individuals reported 'always' wearing a seat belt when in a car (72.7%).
- ✓ Respondents aged 85 and older showed the lowest rates of wearing their seat belts; only 55.6% reported they always wear one, whereas individuals aged 45-54 show 80.3% always wearing one.
- ✓ Respondents in Lebanon and Northern York Counties reported never wearing their seat belts at the highest rates (10.7% and 10.5% respectively).

SAFETY

- ✓ Respondents in Dauphin County reported feeling 'not at all safe' at the highest rate (14.5%); the next highest rate is only 7.9% in Lebanon County. Respondents in Dauphin County reported feeling unsafe in their communities twice as often as those in Lebanon and more for other counties.
- ✓ Individuals in Cumberland County mostly feel unsafe due to drug-related issues, whereas individuals in Dauphin and Lebanon counties feel unsafe due to general crime.

SERVICES

- ✓ The services in which individuals reported the lowest rates of being able to find were:
 - Services for people with HIV/AIDS (16%)
 - Services for people over 60 years old (16.9%)
- ✓ The services in which individuals reported the lowest rates of using were:
 - Services for people with HIV/AIDS (3.4%)
 - Services for people who use drugs (4.7%)

- ✓ The services in which individuals reported the highest rates of being able to find and use were:
 - Services for eye care (50%, 31.3%)
 - Services for dental care (48%, 32.8%)
- ✓ Respondents in Northern York County reported the lowest rate of being able to find services for people over 60 years old and services for housing assistance.
- ✓ Respondents in Perry County reported the lowest rate of being able to find services for children and pregnancy care (only 23.1% and 15.4% respectively).
- ✓ Respondents in Dauphin County reported being able to find and utilize services related to STDs at the highest rate among the other counties; whereas Lebanon County showed the lowest rates of being able to find or use services for STDs.

FOCUS GROUPS

Between the months of April and May 2012, Tripp Umbach facilitated nine focus groups within the study area with at-risk healthcare populations. The under-served segments of the population were identified through secondary data findings, stakeholder interview results, and direction from members. Tripp Umbach worked interactively with community-based organizations and their representatives to schedule, recruit, and facilitate focus groups within each of the at-risk communities. Participants were provided with a cash incentive, along with food and refreshments for their participation.

The number of focus group participants ranged from eight to 20 attendees, with sessions to facilitate lasting two hours. A minimum number of 15 people to a maximum number of 20 people were the intended recruitment focus group size. The total number of participants was 142.

The common themes that were obtained from all focus group audiences were:

- 1) **Absence of Health Education/Accessing Health Information**
- 2) **Community Environment**
- 3) **Community Services**
- 4) **Inadequate Access to Healthcare Information/Services and Education**
- 5) **Lack of Cohesion among Community Organizations**
- 6) **Lack of Healthy Lifestyle Options and Education**
- 7) **Poor Economy**
- 8) **Transportation**

The table below lists the focus group audiences and the locations where each group was conducted.

FOCUS GROUP AUDIENCE:	LOCATION OF THE EVENT:
1. HIV/AIDS Population 15 attendees	Kline Health Center
2. Homeless Population 19 attendees	Bethesda Mission
3. Immigrant/Disenfranchised Population 17 attendees	Holy Spirit Health Services Medical Outreach
4. Obese Adults/Diabetic Population 11 attendees	Polyclinic Campus
5. Rural Under-Served Population 19 attendees	The Northern Dauphin Human Services Center
6. Seniors on a Fixed-Income Population 19 attendees	Rutherford House Senior Center
7. Spanish-Speaking Adults Population 14 attendees	Polyclinic Campus
8. Veterans Population 8 attendees	The American Legion
9. Working-Poor Population (household income under \$25,000) 20 attendees	New Hope Ministries

While the sessions were held primarily in locations in Dauphin County, efforts were made to include participants from throughout the five-county study region. Specific data about attendees is available in the Focus Group Report.

COMMUNITY FORUMS

On May 29 and May 30, 2012, Tripp Umbach facilitated a series of three public input sessions (community forums) with community organization leaders, religious leaders, government stakeholders, and other key community leaders at each of the sponsoring hospital/health system locations. The purpose of the community forums was to present the CHNA findings to date and to receive input in regards to the needs and concerns of the community. With input received from forum participants, collaborative members identified the three top priority areas. They included: healthy lifestyles, health education, and access to affordable healthcare. Each of the prioritized areas has subcategories that further illustrate the identified need.

- 1) PROMOTION OF HEALTHY LIFESTYLES** (DIET AND NUTRITION, AND PHYSICAL ACTIVITY)
- 2) HEALTH EDUCATION** (FOCUSED ON SCHOOL-AGED CHILDREN AND CULTURALLY APPROPRIATE MESSAGES TARGETED TO HIGH-NEED POPULATIONS)
- 3) ACCESS TO AFFORDABLE HEALTHCARE** (DENTAL CARE, MENTAL HEALTH CARE, PRIMARY CARE, AND SPECIALTY CARE)

PROVIDER INVENTORIES

An inventory of programs and services available in the region was developed by Tripp Umbach. This inventory highlights available programs and services within all of the 66 zip codes that fall under each of the three priority need areas.

The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

FINAL REPORTS/PRESENTATION

Top community health needs were identified by analyzing secondary data, primary data collected from key stakeholder interviews, focus group input, hand-distributed surveys, and community forums. The analysis process identified the health needs revealed in each data source. Tripp Umbach followed a process where the top needs identified in the assessment were supported by secondary data, when available, and strong consensus was provided by both key community stakeholders and focus group participants.

A final report was developed that summarized key findings from the community health assessment process and an identification of top community health needs. In addition to an overall system-wide report, separately prepared reports will be provided to each hospital/health system.

APPENDIX E: CONSULTANT QUALIFICATIONS

Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, PinnacleHealth System and Pennsylvania Psychiatric Institute contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment.

Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 20 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health assessment.



Community Health Needs Assessment Implementation Plan



**Five South-Central Pennsylvania Counties
Cumberland, Dauphin, Lebanon, Perry, York**

FY 2013



PINNACLEHEALTH
System

pinnaclehealth.org





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2013 PinnacleHealth Community Health Needs Implementation Plan and Strategies

Executive Summary

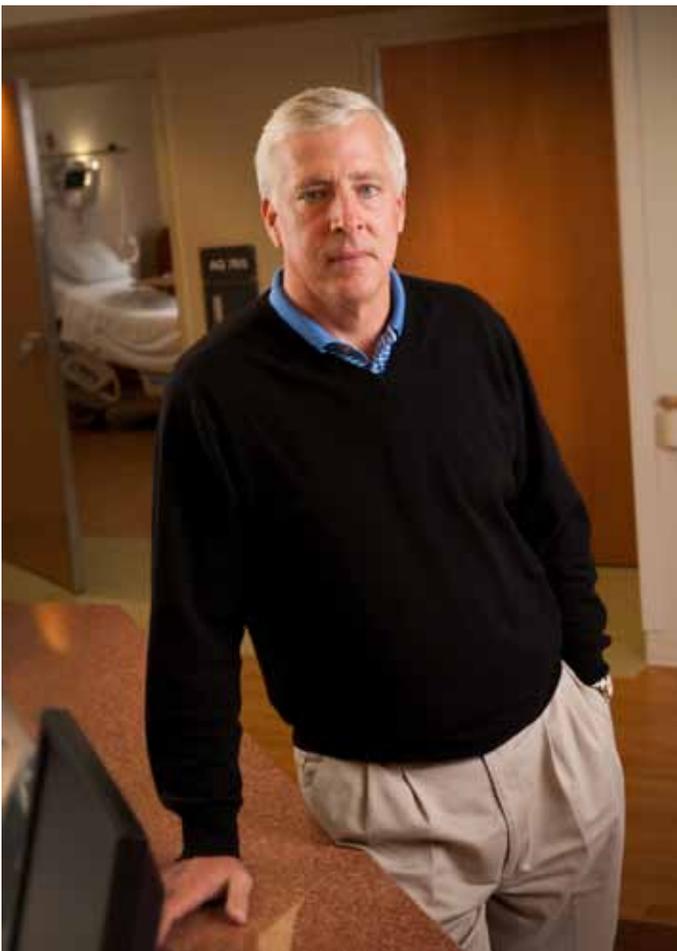
The PinnacleHealth System presented the results of a Community Health Needs Assessment (CHNA) in September 2012 and has developed an Implementation Plan with strategies to address the identified community health needs. Led by the Mission Effectiveness Department, the CHNA process represents a comprehensive community-wide process that connected more than 500,000 community residents, a wide range of public and private organizations, such as educational

institutions, health-related professionals, local government officials, human service organizations, and faith-based organizations, to evaluate the community's health and social needs. The assessment utilized secondary data collection, interviews with key community leaders, public forums and focus groups to identify health problems and risk factors in the service area. After reviewing this data and mapping existing internal and community-based resources, PinnacleHealth developed the following implementation plan with evidence-based strategies.

PinnacleHealth's CHNA Implementation Plan (The Plan) describes the assessment process, the needs identified and the priorities chosen to include: (1) Healthy Lifestyles with a focus on Obesity and Physical Activity/Nutrition; (2) Health Education in the areas of diabetes, heart disease and cancer, ensuring that the education is culturally competent and focused on school-aged children; and (3) Access to Care in the areas of specialty care, primary care, dental care and mental health care. For each priority, The Plan documents PinnacleHealth's objectives, goals and strategies for addressing the community need. The strategies are supported by Senior Management and will be sustained by PinnacleHealth staff, volunteers, partnerships with community-based organizations including payors and local foundations and funding from the PinnacleHealth Foundation when appropriate.

As PinnacleHealth looks toward the future, we ensure that our core values of quality, access to care and coordination of care are at the center of all of our organizational strategies. We embrace our community partners and work collaboratively with them to strengthen the support systems that will allow our patients to maintain positive health outcomes.

This was reviewed by the Mission Effectiveness and Strategic Issues Committee of the Board and approved by the PinnacleHealth Board of Directors in May 2013. The final approved version of the CHNA and Implementation Plan is available to the public at pinnaclehealth.org.



I. Addressing Community Health Needs

A. Community Health Needs Assessment Process

1. Establishing the collaborative

In March 2011, a team from PinnacleHealth System met with representatives from two other health systems in south-central Pennsylvania to begin the process of conducting a Community Health Needs Assessment (CHNA). Hosted by PinnacleHealth, the collaborative group met and chose a third-party vendor to facilitate the process, gather data and document outcomes.

2. The Assessment Process Action Steps

- Determine service area (See Appendix A*)
- Complete secondary data
- Survey Analysis / Report
- Focus Group Facilitation / Reports
- Community Forums
- Provider Inventory
- Final Reports
- Presentations / Announcements

B. Broad Community Engagement: Input, Partners and How Achieved?



*The list of overall study area community zip codes is included in Appendix A.

Community Leader Interviews

Interviews with 58 community leaders throughout the region were conducted to gain an understanding of the community's health needs from organizations and agencies that have a deep understanding of the populations in the greatest need. The collaborative developed a list of community leaders to interview. Interviews were conducted with an array of directors and staff members from community health centers, members from social services organizations, educational leaders, religious groups and elected officials. The information collected provided knowledge about the community's health status, risk factors, service utilization and community resource needs, as well as gaps and service suggestions.

Secondary Data Collection

Secondary data was collected from multiple sources, including: County Health Rankings, 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, The Centers for Disease Prevention and Control (CDC), etc. The data resources were related to disease prevalence, socioeconomic factors and behavioral habits. The data was benchmarked against state and national trends.

Data was also obtained through Truven Health Analytics (formerly known as Thomson Reuters) to quantify the severity of health disparities for every zip code in the needs assessment area based on specific barriers to healthcare access. Five prominent socioeconomic barriers to community health quantified: Income Barriers, Cultural/Language Barriers, Educational Barriers, Insurance Barriers and Housing Barriers.

Hand-Distributed Surveys

A hand-distribution methodology was employed to disseminate surveys to individuals throughout the study area. The survey was available in both English and in Spanish. The assistance of local community organizations was vital to the survey distribution process. In total, 1,279 surveys were used for analysis. 1,175 surveys were collected in English, and 104 surveys were collected in Spanish.

Focus Groups

Nine focus groups were facilitated within the study area with at-risk healthcare populations. The following lists the targeted focus groups:

1. HIV/AIDS
2. Homeless
3. Immigrant/Disenfranchised
4. Obese Adults/Diabetic
5. Rural Under-Served
6. Seniors on a Fixed-Income
7. Spanish-Speaking Adults
8. Veterans
9. Working-Poor

Community Forums

A series of three community forums were facilitated with community organization leaders, religious leaders, government stakeholders and other key community leaders at each of the sponsoring hospital/health system locations. The purpose of the community forums was to present the CHNA findings to date and to receive input in regards to the needs and concerns of the community. With input received from forum participants, collaborative members identified the three top priority areas as: healthy lifestyles, health education and access to affordable healthcare.

Community Health Needs Assessment Partners

Community organizations were an important resource on this project. Their knowledge of target populations and their ability to engage the trust of community residents were essential to our success in gathering information. The list of the nearly 150 community partners that assisted in our data collection is included in Appendix B.

Provider Inventory

An inventory of programs and services available in the region was developed to include all of the 66 zip codes that fall under each of the three priority need areas. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies. The Provider Inventory or Collaborative Asset Inventory is available on our website at pinnaclehealth.org/CHNA

Final Report Presentation

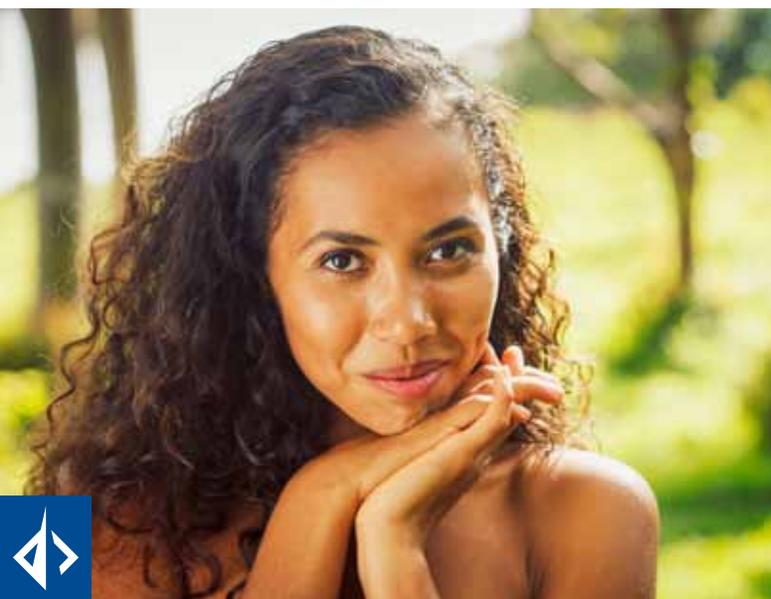
A final report was developed that summarized key findings from the community health assessment process and an identification of top community health needs. The final report was posted on the PinnacleHealth website and nearly 20 community presentations were made delineating results of the needs assessment.

C. Community Health Needs Identified

PinnacleHealth reviewed the findings of the CHNA and identified the needs below in priority order based upon quantitative and qualitative data evaluated by community residents and leaders.

The needs that were identified by the CHNA were:

- Obesity
- Physical Activity
- Heart Disease
- Mental Health
- Access to Care
- Nutrition
- Diabetes
- Cancer
- Dental Health
- Uninsured



II. Prioritizing Community Health Needs

A. The Selection and Prioritization Process

Throughout the community health needs assessment process, primary and secondary data were reviewed to identify the regional health needs of south-central Pennsylvania. Upon review of the data collected and PinnacleHealth's strategic focus, the following needs were identified as the key community health needs in PinnacleHealth System's community.

B. Prioritized Community Health Needs

Priority #1: Promotion of Healthy Lifestyles	Priority #2: Health Education	Priority #3: Access to Affordable Healthcare
Obesity	Diabetes Heart Disease Cancer	Dental Care
		Mental Health Care
Physical Activity and Nutrition	Culturally appropriate messages targeted to high-need populations	Primary Care and Specialty Care
		Uninsured

Priority #1: Promotion of Healthy Lifestyles

Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the need to promote healthy lifestyles. These types of programs and services are needed to support healthy living and create long-term healthy behaviors. Engaging in regular physical activity and creating a routine of exercising from childhood into adulthood is important to overall health. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem and may improve blood pressure and cholesterol levels. Regular physical activity is often associated with an increase in positive mental well-being, and the reduction of death and illnesses. Exercise habits formed in childhood can have long-term health benefits

reinforced through education and a supportive home environment. Schools in particular can promote and create comprehensive school-based physical education programs at all grade levels. Parents who participated in the focus group reiterated the need for schools to take an active role in educating and reinforcing physical activity during the school year.

Some key factors such as physical inactivity and obesity contribute to type 2 diabetes. Geography, household income, culture and family history also influence disease rates. Moderate exercise and losing 5% to 7% of body weight can reduce the risk of developing Type 2 diabetes by 58% in populations of people at higher risk for the disease. Eating a healthy diet and understanding the long-term health benefits associated with proper nutrition will reduce the likelihood of being overweight/obese and other physical diseases such as diabetes, high blood pressure and heart disease.

Childhood obesity is a growing problem. According to the CDC, in 2008, more than one-third of children and adolescents were overweight or obese. Examining school health statistics for Pennsylvania students, children

in Kindergarten through grade 6 in Dauphin, Lebanon and Perry Counties show students with a body mass index (BMI) that is considered to be overweight and obese. This data also indicates that the Dauphin, Lebanon and Perry Counties percentages are above the state averages for overweight and obese children living in Pennsylvania. Because children often develop lifelong behavior while young, it is important to instill proper nutritional habits in early childhood. Findings from the focus group identified the need for education on properly reading and understanding nutrition labels and initiating an exercise program. Residents are often confused when interpreting nutrition labels and how they apply to their daily eating habits. Focus group participants believe the benefits of creating healthy eating habits, along with diet/exercise, need to be taught to children in school. It is important that schools play an active role in educating, promoting and reinforcing healthy lifestyles.

When examining data from Pennsylvania County Health Rankings, Dauphin (61) and Perry (47) Counties have a poor health ranking, well above the median ranking of 34 for all counties in Pennsylvania for diet and exercise. This finding is consistent with data obtained from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) which indicated that 60% of Pennsylvania's adults were overweight or obese (BMI>25) and that 25% of adults were physically inactive. When examining the hand-distributed survey results, respondents aged 65-74 reported the highest rate of participating in regular physical activity (77.5%); whereas, only 68.9% of individuals aged 18-24 reported engaging in this activity. County Health Rankings graded Perry County at a 47, well above the state average of 34. The hand-distributed survey results show Perry County respondents engaging in regular physical activity at only 57%. Geographic locations of health facilities, lack of an environment infrastructure to exercise (no walking/bike paths, no sidewalks), cost, transportation and lack of available activities are just a few factors that prohibit community residents from engaging in regular physical activities.



Priority #2: Health Education

Overall, health education is an essential element in improving the health of the community with the appropriate information, educational reinforcement, and message. The goal is to increase knowledge related to health, change behaviors/attitude and transform unhealthy behaviors to a positive behavior. For the purposes of the CHNA, PinnacleHealth System will focus on health education information that is age appropriate for school children and messages that are culturally appropriate to targeted high-need populations.

Health education attempts to provide information and increase the knowledge of ways to combat obesity, in

particular, obesity in children. Currently, community leaders, educators and healthcare professionals are assessing ways to address the problem to prevent the epidemic from spreading. It is important that schools educate children about obesity prevention, benefits of a nutritious diet and the importance of having a physically active lifestyle.

Primary data collected from community leaders reiterated the need for schools to provide a framework of information on healthy living, which includes diet, exercise and nutrition for school-aged children. It was reported that low-income households do not reinforce healthy eating and healthy living habits within their own environment due to affordability. Most importantly, community residents do not understand alternative ways to live a healthy lifestyle without the expense. Organization leaders reported that the community needs assistance on how to obtain, understand and utilize health information related to the long-term effects of obesity and other chronic diseases.

Focus group participants stated the need for more health education programs, resources and services to residents, particularly those related to obesity, diabetes and healthier lifestyles. Arming children within the community with health information will transfer well into adulthood. Reviewing the County Health Rankings, Lebanon (44), Perry (66) and York Counties (36) rank poorly in education, compared to other counties in Pennsylvania. It is important to note that Perry County ranked 66 (only one above the bottom) in education for the entire state of Pennsylvania. When restructuring or creating new health education programs, information must be targeted to community residents who can comprehend and interpret materials in layman terms.

Priority #3: Access to Affordable Healthcare

The primary reason for disparities in accessing healthcare is the lack of health insurance. Findings collected from community interviews, focus groups and hand-distributed surveys reconfirm multiple factors why community residents cannot obtain consistent healthcare services. Having healthcare coverage does not ensure accessibility to all health services. The type of health insurance plan is also an indicator to how patients access healthcare services. Proximity to health providers, number of providers in the health

Table 1: Pennsylvania Health Facts on Health Coverage and Health Status¹²

Health Coverage	PA #	PA %	USA #	USA %
Uninsured Population	1,361,700	11%	49,906,900	16% of total population
Uninsured Children	226,900	8%	7,951,800	10% of children
Medicaid Beneficiaries	-	17%	-	20% of total population
Medicare Beneficiaries	-	18%	-	15% of total population

Table 1: The Henry J. Kaiser Family Foundation: State Health Facts: www.statehealthfacts.org

plan, the out-of-pocket costs and providers accepting that particular health insurance plan are all important indicators to how adults obtain needed health services.

In 2009-2010, 11% of Pennsylvania residents did not have health insurance (see Table 1). This is an increase from 2004, when 7.5% of the population was uninsured. Findings from the hand-distributed health survey discovered that the majority of respondents have health insurance (71.1%); however, this means that 28.9% of the respondents do not have health insurance. This equates to one in every 3.5 individuals without health insurance. The most common reasons that individuals reported not having health insurance was due to affordability (49.2%) or because they do not qualify for health insurance coverage (25.7%). In addition, more than half of the respondents indicated that not having health insurance affects their ability to get services. However, 61.1% of respondents indicated that they seek care in spite of not having health insurance. This finding has positive results in terms of health outcomes but negative results in terms of out-of-pocket healthcare costs for the patient and may result in elevated levels of uncompensated care. Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the identification of the need to improve access to affordable healthcare, specifically to dental care, mental health services, primary and specialty care. This regional health need reinforces the necessity to improve access to affordable healthcare services.

Access to Healthcare

CHNA results show that Dauphin, Cumberland, Perry, Lebanon and the northern tier of York Counties indicate a mid-range level of community health need within the region. The entire south-central Pennsylvania area, which is comprised of South Harrisburg (17104), Downtown (17101), Midtown Harrisburg (17102) and Allison Hill/Penbrook (17103) are four areas with the greatest number of socioeconomic barriers to healthcare access; indicating an at-risk population in regards to community health. All four zip codes are located within Dauphin County, and more specifically, within the City of Harrisburg. These zip codes are in the greatest need for community health access improvement strategies. Overall, both community leaders and focus group participants reported that uninsured and under-insured community residents are unable to access affordable healthcare services. There was agreement that the working poor populations do not typically qualify for certain health services because they do not meet the income requirements/guidelines (resident household income is too high). The failure for qualification prevents many adults from obtaining necessary healthcare services.

C. Community Health Needs Not Addressed by PinnacleHealth and Why

PinnacleHealth will not directly address the need for access to Mental Health services; however, the need will

be addressed by the Pennsylvania Psychiatric Institute (PPI) which is a partnership between PinnacleHealth and Penn State Hershey Medical Center, created in 2008. PPI staffs a comprehensive team of specialists who provide care for children, adolescents, adults and older adults. Advantages of PPI expertise include:

- Licensed psychiatrists, psychologists, therapists, nurses and other mental health professionals
- Personalized treatment plans to meet unique patient needs
- The full range of inpatient and outpatient therapies
- Modern, 74-bed inpatient facility
- Four convenient locations offering outpatient services

PPI also offers Hispanic psychiatric programs which include psychiatric evaluations, medication management and therapy that are designed for adolescents and adults in individual, family or group settings.

- Teach children skills that support the impact of healthy habits
- Provide tools to children that support lifelong healthy choices
- Provide adults holistic approaches to sustained healthy lifestyles

Obesity

Problem Statement—

Children

According to the CDC, in 2008, more than one-third of children and adolescents were overweight or obese. Our CHNA study noted that over 16% of children in Kindergarten through grade 6 in Dauphin, Lebanon and Perry Counties have a body mass index (BMI) considered to be overweight and obese as compared to the state averages for overweight and obese children living in Pennsylvania of 15.10%. Therefore, it is important that the promotion of engaging in a healthy lifestyle begins at an early age.

The following table documents: (1) the total number of students in grades K-6 in public and private/non-public schools combined who were weighed, measured and for whom Body Mass Index (BMI) and BMI-for-Age Percentile was calculated and (2) the number and percentage of these students who ranked in one of four percentile ranges. Reports are submitted by school districts, charter schools and comprehensive vocational-technical schools; data is presented by health district and by county.

III. Community Health Services to Meet Community Needs

Priority #1: Promotion of Healthy Lifestyles

Objectives

- Engage community partners to support changes in behaviors that improve health

Geography	# of students screened for	BMI <5th percentile	Percent	BMI 5th to <85th percentile	Percent	BMI 85th to <95th percentile	Percent	BMI ≥ 95th percentile	Percent
Cumberland County	15,857	382	2.41%	10,499	66.21%	2,590	16.33%	2,386	15.05%
Dauphin County	21,679	566	2.61%	13,942	64.31%	3,520	16.24%	3,651	16.84%
Lebanon County	10,717	217	2.02%	6,902	64.40%	1,702	15.88%	1,896	17.69%
Perry County	3,220	74	2.30%	2,046	63.54%	551	17.11%	549	17.05%
York County	37,408	1,042	2.79%	25,894	69.22%	5,100	13.63%	5,372	14.36%
PA Statewide Summary	979,048	22,946	2.34%	593,567	60.63%	147,835	15.10%	160,700	16.41%

Source: 2008–2009 Pennsylvania Department of Health, Division of School Health Services

Adults

Globally, the United States is noted as the most obese industrialized country. Nationally, over 67% of adults 20 years and older are considered overweight or obese. Locally there are an estimated 381,668 obese adults in our Primary Service Area. As a nation, \$147 billion was spent treating obesity-related disorders in 2009.

Goals

Reduce percent of children in PHS service area with BMI > 85% percentile for age from 33% to 30%.

Increase percent of adults in PHS service area with BMI < 25 from 40% to 43%.

Strategies

Continue to Improve Nutrition at Harrisburg Schools (2009) by providing healthy food choices to over 5,300 children in Harrisburg school district of which nearly 80% qualify for the free/reduced lunch program. In the Healthy Foods Alternatives module, we continue to provide fruit and vegetable alternatives twice monthly to over 700 students at Camp Curtin School who were identified with high BMI rates, especially among Hispanic and African American students. The Fruit and Vegetable Taste Experiences module reaches over 5,400 elementary students. The Healthy Foods Booth introduced a fruit smoothie machine and high utilization demanded smoothies be offered at high school sporting events beginning September 2010. Expand use of Eat Smart Kiosks at elementary schools.

Expand the Eat Smart Play Smart (formerly KidShape) program (2009). PinnacleHealth became the only regional provider for the nationally known, evidenced-based program licensed by Highmark to reduce childhood obesity, build healthy families and increase self-esteem. KidShape is a nine-week long “family affair” that invites the whole family to learn and participate in physical, nutritional and behavioral activities with goals to improve physical activity, set goals and recognize achievements. PinnacleHealth successfully hosted 14 KidShape programs for nearly 250 obese children and their families.

The Eat Smart, Play Smart program uses the nationally recognized BE STRONG curriculum for kids age 6-14

to teach them how to choose healthy foods, enjoy an active lifestyle and feel good about themselves all while having fun. Eat Smart, Play Smart employs only degree, certified instructors in nutrition, mental health and physical education. This interactive program provides education modules on nutrition and the benefits of an active lifestyle to improve the student’s attitudes and knowledge toward healthy eating and physical activity and increase the percentage of children who engage in daily physical activity and lead a healthy, productive life. Participants receive exercise-related incentives including jump ropes, frisbees, pedometers, footballs, basketballs and hula hoops. Information is given to parents on menu planning, breakfast and snack ideas and indoor physical activities.

Continue the Power Pack Program (2011) providing back packs containing nutritious food to low-income and homeless children dependent on the free lunch program. The program currently serves nearly 400 needy children every weekend throughout the school year.



The PinnacleHealth Weight Loss Center, launched in April 2013, secured community input through 20-50 public information sessions. Renovations to the building are underway to accommodate the needs of obese patients. The Center will utilize a clinical holistic approach based on best practices. A team of healthcare professionals will provide comprehensive care and will

include a Bariatrician, RN, Registered Dietitians, Exercise Physiologists, Behaviorists, Medical Assistants and an Insurance/Billing Coordinator to assist with payment options.

Budget and Sustainability

PinnacleHealth has purchased the license for the Eat Smart, Play Smart (formerly KidShape) program at \$40,000/year to ensure the sustainability of the program. PinnacleHealth will continue to provide education on healthy choices and access to healthy foods throughout the Harrisburg School District at a budgeted cost of \$125,000/year. Capital BlueCross, a local payor, has agreed to provide funding for three years to support these efforts. PinnacleHealth will be expanding childhood obesity programs into rural counties with limited access to resources including Perry and Upper Dauphin Counties.

The PinnacleHealth Foundation will provide financial support for efforts related to improving the health, nutrition education and physical activity of the children across our community.

Physical Activity and Nutrition

Problem Statement—

When examining data from Pennsylvania County Health Rankings, Dauphin (61) and Perry (47) Counties have a poor health ranking, well above the median ranking of 34 for all counties in Pennsylvania for diet and exercise. This finding is consistent with data obtained from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) which indicated that 60% of Pennsylvania's adults were overweight or obese (BMI>25), and that 25% of adults were physically inactive. When examining the hand-distributed survey results, respondents aged 65-74 reported the highest rate of participating in regular physical activity (77.5%); whereas, only 68.9% of individuals aged 18-24 reported engaging in this activity. County Health Rankings graded Perry County at a 47, well above the state average of 34. The hand-distributed survey results show Perry County respondents engaging in regular physical activity at only 57%. Geographic locations of health facilities, lack of an environment infrastructure to exercise (no walking/bike paths, no sidewalks), cost, transportation

and lack of available activities are just a few factors that prohibit community residents from engaging in regular physical activities.

Goals

Increase percentage of adults aged 18-24 in PHS service area engaging in physical activity from 68.9% to 72%.

Increase number of adults and children in PHS service area that receive formal nutrition education.

Strategies

Expand and target awareness and health education on nutrition and positive lifestyle behaviors that reduce obesity, diabetes and chronic illness among adults.

Enhance broad regional participation in physical activity among adults; promote and support community walks, 3K and 5K races and events.

Target culturally appropriate nutrition counseling for African American and Hispanic populations at community sites and congregations.

Continue to provide community-based grocery "shopping tours" to educate about food choice, label reading and dietary options for both general nutrition and disease focused diets (such as diabetic and low-sodium diets).

Provide 1:1 nutrition therapy education targeting individual need, preference, financial and cultural considerations.

Provide individualized nutrition therapy need assessment, education and support for persons with chronic disease related to long-term obesity.

Budget and Sustainability

PinnacleHealth Foundation funding support, partnerships with insurers, insurance reimbursement and foundation education scholarships will be provided to ensure access for uninsured and underserved populations with limited or no resources.



Priority #2: Health Education

Objectives

- Provide age-appropriate education to school-aged children
- Focus on culturally appropriate educational messages among diverse populations
- Increase knowledge related to chronic disease prevention and management in all community sectors
- Educate community members on the benefits of healthy behaviors and attitudes
- Provide tools to allow community members to transform unhealthy behaviors into positive behaviors

Diabetes

Problem Statement—

Diabetes and its complications are the seventh leading cause of death in Pennsylvania, responsible for 3,184 PA deaths in 2010—which could be compared to 9 deaths every day (2010 PA BRFSS).

In 2010 alone, the hospitalizations where diabetes was the principal diagnosis accounted for over 121,000 hospital days and incurred over \$948 million in hospital charges (PA Department of Health analysis of 2010 PHC4 Diabetes Data).

Diabetes affects nearly 900,000 adults age 18 and older in Pennsylvania, or 9 percent of the population (2011 PA BRFSS). Many people have no symptoms and learn they have diabetes only when they seek help for one of the complications. At present time there is no cure for diabetes, but research has shown that complications of diabetes can be greatly reduced with proper blood sugar control through healthy eating, physical activity and use of medications.

In the Harrisburg area, PinnacleHealth typically sees patients with Type 2 diabetes, but more adult patients with Type 1 complications are being seen. Trends identified by PinnacleHealth staff among the diabetic population include uninsured and underinsured patients in both the inpatient and outpatient settings, patients who do not have primary care physicians and patients with long-term diabetes who have never received diabetes education. Low health literacy, an inability to speak English and cultural beliefs also present significant challenges.

Goals

Inpatient Diabetes Management: Increase the percentage of patients with diabetes who have had their educational needs met from 69% to 80%.

Outpatient Diabetes Management: Increase the percentage of patients with HbA1c <7.0 from 41.99% to 51%.

Provide inpatient diabetes educational needs assessment and basic education to at least 80% of those patients referred to diabetes education with HbA1c over 8.0.

Insure diabetics receiving steroids as inpatients receive insulin coverage as required.

Provide transitional and ongoing professional support and education to enable successful diabetes self-management.

Provide community awareness education for diabetes recognition and prevention.

Support continuity of care to professional staff in community clinics, schools, and assisted living facilities.

Strategies

Provide transitional and ongoing professional support and education to enable successful diabetes self-management.

Support transitions of care by providing diabetes education updates to professional staff in community clinics, schools, and assisted living facilities.

Expand inpatient diabetes education by partnering certified dietitians with diabetes nurse educators to work closely with patients on all aspects of managing diabetes: nutrition, physical activity, insulin pump use and close self-monitoring.

Provide inpatient referrals to endocrinology for diabetic patients who are on steroids but not on insulin.

Provide targeted education for ethnic, culturally and socioeconomically vulnerable populations. PinnacleHealth offers a Hispanic Diabetes Support

Group, facilitated by a bilingual Registered Nurse and working in conjunction with other outreach efforts to ensure culturally competent care to the Hispanic communities. PinnacleHealth supports Mission of Mercy, a free mobile clinic that reaches underserved populations and provides assessments, medications and education to the uninsured and those without access to a primary care provider.

Expand diabetes education to PinnacleHealth's growing network of family practices, medical homes, senior living facilities, the local FQHC-Hamilton Health and community health fairs to increase patient compliance, address barriers to care and target disparate populations in a non-threatening environment.

Budget and Sustainability

PinnacleHealth receives insurance reimbursement for some group and individual diabetes education and nutrition therapy services. In addition, we receive community support for our diabetes education and services fund through partnership with service organizations such as the Cosmopolitan, Rotary and Lions Clubs. Some professional education is provided to community businesses for a fee. PinnacleHealth works with partners in the community to identify opportunities to provide free diabetes education in locations where at risk populations gather such as churches, clinics and community centers.

Heart Disease

Problem Statement—

Heart disease is one of the leading causes of death in our community. Obesity, diabetes, hypertension and tobacco use all contribute to the problem. Those experiencing heart failure are some of the most vulnerable in our community experiencing frequent and costly hospitalizations.

During fiscal year 2012, more than 800 patients were admitted to PinnacleHealth with a primary heart failure diagnosis related group (DRG). Of those patients, 83% presented to the ED (46% at Harrisburg Campus; 37% at Community General Campus) and >80% of those patients were admitted to an acute care bed. Harrisburg

zip codes account for 46.65% of all heart failure admissions and 55% of all readmissions.

Over the last year, the PinnacleHealth Heart Failure (HF) Program has adopted the role of nurse navigators to ease transitions from acute care to the community. Readmission rate for patients attending the HF Center is 4.6%, while the all-cause system readmission rate for HF averaged 23.29% for 2012. Approximately 26% of HF patients attend the outpatient HF Center with the remainder of the patients impacted by telemanagement and collaboration with other agencies such as homecare and skilled nursing facilities. This program presents an opportunity to provide transition from the hospital to the community with the support needed to prevent readmission and to enable people to remain safely at home.

Several needs exist to expand services, address patient concerns when they are most vulnerable and reach the underserved.

1. Education about risk factors and prevention of heart disease and heart failure.
2. Caregiver support with advanced heart failure management.
3. Financial support for higher costs of evidence-based medications to minimize the risk of heart failure in those already experiencing heart disease.
4. Home visits immediately after discharge for HF patients going home without services.
5. Purposeful, teach-back driven, 48-hr follow-up call for all patients admitted with heart disease or heart failure.
6. Transportation to HF Center and initial follow-up appointments for those persons with heart failure and lack of transportation.

Goals

Provide community education and clinical services to decrease and manage the risk factors of hypertension, obesity, diabetes and tobacco use.

Increase utilization of cardiac rehabilitation services to reduce the reoccurrence of heart-related ailments and the development of heart failure.

Increase access and scheduling of 5-7 day follow-up appointments for patients with primary Heart Failure from 31% to 90%.

Reduce all cause hospital readmissions for Heart Failure from 23.29% to 19.29%

Improve quality of care by increasing referrals of Advanced Heart Failure patients to Palliative Care and Hospice from 7.3% to 15%.

Strategies

Provide an integrated Cardiovascular Program with oversight by a multidisciplinary committee with a focus on heart failure.

Collaborate with other providers and community agencies managing cardiac patients; especially those complex patients with co-morbid conditions and addictive issues to improve access to and coordination of care.

Provide transitional care that reduces the risk of readmission by providing supportive services within the community such as in-home med reconciliation, focused cardiopulmonary assessment, follow-up appointment and home safety checks.

Insure that patients who are transitioning to the community have the food, medications and equipment necessary to monitor their condition.

Work with community partners to strengthen the continuum of care for heart failure patients by sharing successful protocols with Skilled Care Facilities and other community providers.

Insure that every patient has a Primary Care Provider.

Budget and Sustainability

PinnacleHealth receives insurance reimbursement for some services provided. Additional funds are provided through grants, specific fundraising events, donations, the Auxiliary and the PinnacleHealth Foundation. Support from local businesses and service organizations also provide a source of income.

Cancer

Problem Statement—

Cancer is the second leading cause of death in Pennsylvania, exceeded only by heart disease. Over 28,500 Pennsylvanians died of the disease in 2005. More than 75,000 Pennsylvanians are diagnosed every year. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition and avoiding excessive sun exposure—can significantly reduce a person’s risk for cancer.

Continued advances in cancer research, detection and treatment have resulted in a decline in both incidence and death rates for all cancers. Cancer remains a leading cause of death in the United States, second only to heart disease. PinnacleHealth’s strategies reflect the importance of promoting evidence-based screening for cervical, colorectal and breast cancer.

Goals

Increase community education on the early signs and detection of breast cancer.

Increase number of mammograms received by women who live in Perry County by 10%.

Increase the percentage of colorectal screenings (age 50-75) from 36.2% to 54.6%.

Increase the percentage of breast cancer screenings (age 40-64) from 18.5% to 28.5%.

Increase the percentage of cervical cancer screenings (age 24-64) from 15% to 25%.

Strategies

Expand and provide cancer awareness, education, prevention and cancer support programs at community organizations, senior living facilities and congregational settings to impact cancer risk and lifestyle factors for underserved populations.

Provide a multi-disciplinary, collaborative approach to cancer care and treatment among medical oncologists, surgeons, radiation oncologists, pathologists, radiologists and other specialists involved in the diagnosis and treatment of cancer.

Reduce cancer health disparities in underserved, high risk populations and work with community organizations to eliminate barriers to care such as transportation.

Target diagnostic screening services in Perry County which, according to the CHNA, has the highest incidence of cancer among the counties surveyed.

Expand access to the Breast Cancer Center, Nurse Navigators, intensive case management, advanced technologies and treatment options to improve breast health.

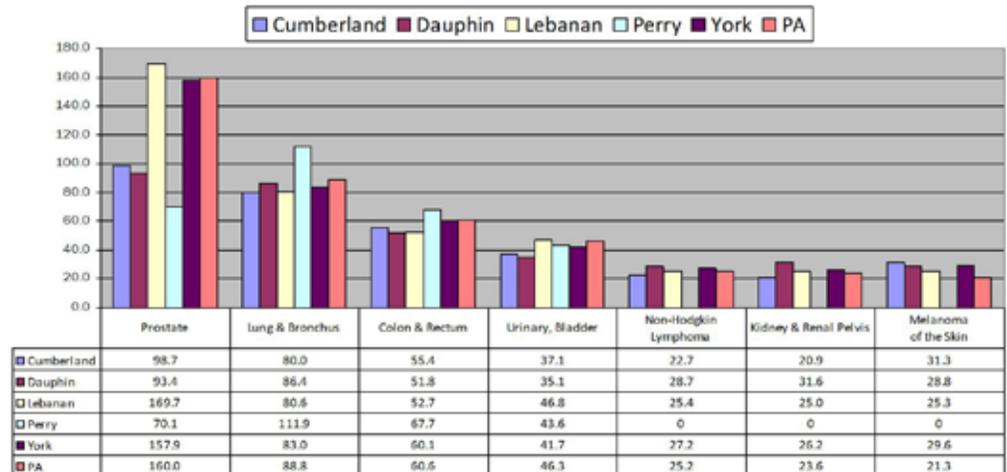
Budget and Sustainability

PinnacleHealth receives insurance reimbursement for some services provided. Additional funds are provided through bequests and donations to the PinnacleHealth Foundation and through fundraising activities such as the Annual Tea for Mammograms, the Golf Outing and donations from the Auxiliary. Grants and support from local businesses and service organizations also provide a source of income.



Male Cancer Incidence (per 100,000)

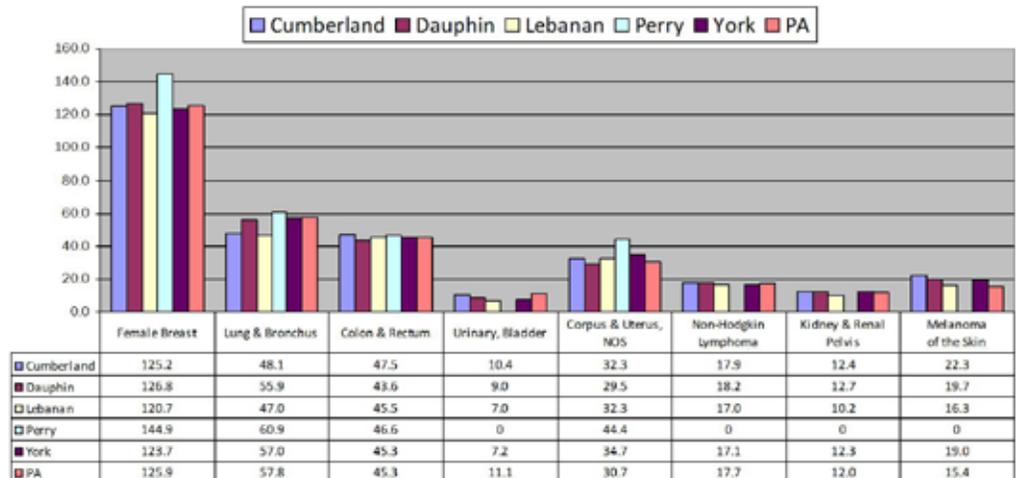
Source: 2011 Pennsylvania Health Statistics on the internet



* Prostate cancer is the most common type of cancer for men in all counties in the region except for Perry. Instead, Perry County has the highest lung and bronchus cancer rate and colorectal cancer incidence for males in the region

Female Cancer Incidence (per 100,000)

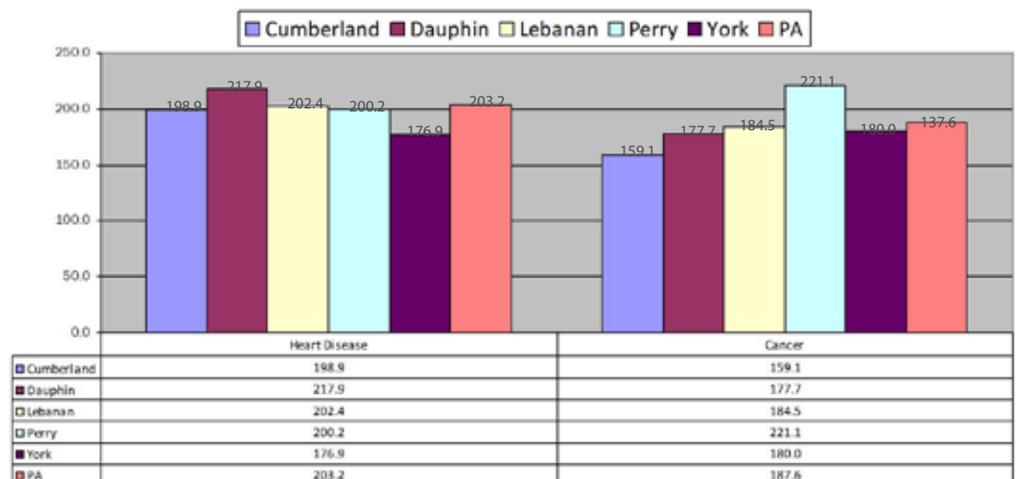
Source: 2011 Pennsylvania Health Statistics on the internet



* Female breast cancer is the most common type of cancer for women in all counties in the region. Perry County has a substantially higher rate (144.9) of female breast cancer compared with the other counties.

Mortality— Major Causes of Death #1 & #2 (per 100,000)

Source: 2011 Pennsylvania Health Statistics on the internet



* Heart disease and cancer are the leading causes of death for all counties in the region by far. Dauphin County has the highest rates of heart disease, but very low rates of cancer comparatively, while Perry County has high rates of cancer but lower rates of heart disease.

Priority #3: Access to Affordable Healthcare

Objectives

- Increase access to needed primary and specialty care services
- Increase access to urgent dental care
- Improve coordination of care among healthcare providers
- Reduce barriers to care among underserved populations

Dental Health

Problem Statement—

South-central Pennsylvanians identified that dental care is needed in the community. Dental coverage and access to dental care is limited for low-income families, and families with limited dental coverage are not getting sufficient levels of needed care. The group believes that while a few health facilities provide dental care to those in need, collaboration among dental providers in the community could bridge the gap for those seeking dental services. Focus group participants reported that many residents in their community do not have health insurance, and dental insurance is typically not provided and/or obtainable. As a result, there is a great need for free or low-cost dental care and preventive screenings. Participants stressed the need for preventive dental care for the under-served and under-insured populations. Many families do not have the ability to pay for preventive health services and dental care emergencies.

It is also important to identify dental education (maintenance, prevention and linking patients to services) as being an important piece of the community's dental needs. According to the National Institute of Dental and Craniofacial Research, dental cavities in children's permanent teeth declined from the early 1970s until the mid-1990s. However, significant disparities are still found in certain population groups. The following information was obtained from the National Institute of Dental and Craniofacial Research:

- 21% of children aged 6-11 have had dental cavities in their permanent teeth.

- Hispanic children and those living in families with lower incomes have more decay in their permanent teeth.
- 8% of children aged 6-11 have untreated decay.
- Hispanic children and those living in families with lower incomes have more untreated decay.
- Black and Hispanic subgroups and those with lower incomes have more severe decay in both permanent teeth and surfaces.
- Black and Hispanic subgroups and those with lower incomes have more untreated permanent teeth and surfaces.

Oral health is a large component of overall health and many Americans lack access to affordable dental health services. While regular dental health check-ups can prevent oral health problems, financial barriers often pose significant dental access problems for many low-income families. Health insurance companies typically do not provide dental coverage. Low-income families do not have the ability to afford the high out-of-pocket expenses for routine care and treatment. Those without adequate dental coverage turn to a healthcare safety net that often does not focus many resources on oral health, leaving them potentially unable to access needed care.

Goals

Increase number of patients we have referred by 10%.

Decrease number of patients with urgent dental needs in PinnacleHealth's ED by 5%.

Decrease number of oral surgery urgent dental needs by 5%.

Increase number of patients receiving preventive dental care at the local FQHC by 5%.

Strategies

Increase access to urgent dental care for uninsured patients.

PinnacleHealth is working collaboratively with the Harrisburg Area Dental Society (HADS) to meet urgent dental needs. Harrisburg SMILES is a program developed by members of HADS with the following

mission: "To work cooperatively with Social Service Organizations to provide a conduit for emergent dental care for the underserved dental populations and help match their dental needs with the available resources in our dental community."

HADS members have recruited more than 50 of their dental colleagues on the East and West Shores of Harrisburg area to provide services to patients who have an urgent dental need but are uninsured or underinsured. Patients are required to go to a community-based intake site to have a financial screening conducted then to be referred to the PinnacleHealth Dental Access Coordinator. The Coordinator identifies the appropriate dentist to provide the urgent dental care and facilitate making an appointment for the patient. In addition, community outreach is essential to create awareness of the program and increase access to dental care.

Budget and Stability

Copays are based on a sliding fee schedule according to the federal poverty guidelines. It is the goal of HADS and the SMILES program to engage and recruit dentists and oral surgeons as volunteers. Additional funds are provided through grants, the PinnacleHealth Foundation and the Foundation for Enhancing Communities.

Primary Care and Specialty Care: Access to Care

Problem Statement—

Primary data collected from the hand-distributed



surveys revealed that 21.9% of survey respondents did not have a physician. The main reason for not having a physician was due to affordability (66.3%). Of the five counties, Lebanon County shows the highest rate of individuals who did not have a doctor (28.3%). Of the individuals who did not have a doctor, the largest percentages chose to go to a clinic for care (40.8%) with another large percentage going to the ER (38.8%).

Many specialty physician practices do not accept state-sponsored medical insurance. This requires residents to travel further for medical care. According

to participants, the lack of specialty physicians in the region greatly impacts how residents receive healthcare services. Table 2 identifies the number of healthcare professionals practicing in the study area.

Table 2: Healthcare Professionals by County of Practice¹⁹

Healthcare Professionals by County of Practice	Cumberland County	Dauphin County	Lebanon County	Perry County	York County
Total # Physicians in Direct Patient Care, 2008	488	1,049	233	21	738
Total # Primary Care Physicians in Direct Patient Care, 2008	205	302	94	20	337
# OB-GYN & GYN in Direct Patient Care, 2008	18	42	9	1	30
# Family/Gen. Practice Physicians in Direct Patient Care, 2008	102	101	62	17	179
# Internal Medicine Physicians in Direct Patient Care, 2008	61	100	17	0	92
# Pediatric Physicians in Direct Patient Care, 2008	24	59	6	2	36

¹⁹ Rural Pennsylvania: www.ruralpa2.org/county_profiles.cfm

Goals

Increase percentage of patients with PCP/Medical Home by 30%.



Strategies

Expand Community Health Navigation Team:

Under the Mission Effectiveness department, a team that consists of a Registered Nurse, Masters Level Social Worker and a Bilingual Community Outreach/Dental Coordinator works collaboratively with community-based organizations to help patients where they live and to address socioeconomic barriers to care including transportation, mental health, financial needs and others. As PinnacleHealth moves to an Accountable Care Organization and our continuum of care extends beyond the walls of the hospital, this team has developed relationships with community-based organizations that will work with us to keep our patients healthy when they are transitioned from our facility. This continuum of care is often in the patients' home, community health clinic or homeless shelter.

Grow the Faith Community Health Connection:

The Community Health Navigation team has developed relationships with more than 20 congregations, including several Hispanic congregations, to engage them in providing support for the members of

their congregations when they transition from a PinnacleHealth facility. The team works with a liaison from the congregations to register patients, giving our team approval to visit them in the hospital and provide necessary navigation through the healthcare continuum.

Continue Riverview Non-Urgent Care Clinic:

As part of our mission to provide the best care in the right place at the right time, PinnacleHealth created the Riverview Primary Care office in November 2012 in response to our community's needs for easy access to primary and acute care and to decrease emergency room crowding. Riverview Primary Care is located adjacent to the Emergency Department at our Harrisburg Hospital campus. Riverview is designed to help walk-in patients with minor illnesses that can be treated in a doctor's office. CRNPs and physicians provide fast, convenient and primary care services for ailments such as colds, flu, sinus infections, skin rashes (poison ivy, etc.) or removal of stitches or sutures.

The facility is open Monday through Friday, 11 a.m. to 6:30 p.m.; no appointment is needed, and patients are seen on a first-come, first-served basis. Visits to Riverview Primary Care are treated like primary care visits for insurance purposes, so most people just pay a copay. Patients may choose the primary care office for minor non-life threatening illness or choose the ER for all urgent and severe health concerns. Our ER continues to be available for any person who experiences an emergency.

Increase Access to Care in Perry County:

PinnacleHealth is building a facility that will increase access to primary care and outpatient services in Perry County. In response to the CHNA, the healthcare center will house The PinnacleHealth FamilyCare Newport office and physicians from the PinnacleHealth CardioVascular Institute will provide cardiology care and cardiology diagnostic testing. Physician specialists, including orthopedics, urology and others, will also provide services to the Newport area at this site.

In addition, PinnacleHealth will provide ancillary services in Perry County such as diagnostic radiology, ultrasound, screening mammography, MRI, DEXA scan and phlebotomy (blood draws).

Partner with the Perry County Health and Wellness Committee:

PinnacleHealth will continue to be a partner in the Perry County Healthcare Coalition, a multi-sector collaborative convened to address the needs of residents of Perry County. Among the priorities is access to care.

Strengthen partnership with the Dauphin County Health and Human Services:

PinnacleHealth will continue to work in collaboration with leaders in the rural communities surrounding Harrisburg, including Upper Dauphin County. A coalition of businesses and human service agencies are working to address the needs of the rural community. As with Perry County, PinnacleHealth is exploring opportunities for expanding existing resources within the county to improve access to primary and specialty care.

West Shore Facility:

VISION 2017 meets the needs of a growing aging population on the West Shore of the Harrisburg area. By 2017, 31.1% of Cumberland County's total population will be age 55 or older. PinnacleHealth is building a five-story, 108-bed hospital with acute medical and surgical care, cardiology, orthopedics, a chronic disease center, transitional care, single-patient rooms and an emergency department. A new center for neurosurgery and spine surgery is also included in the plans for the new facility scheduled for completion in the Spring of 2014.

Budget and Sustainability

PinnacleHealth receives insurance reimbursement for some services provided. Additional funds are provided through donations, fundraising activities, the PinnacleHealth Foundation and the Auxiliary. Grants and support from local businesses and service organizations also provide a source of income.

Uninsured

Problem Statement—

Lack of health insurance is an issue in the region. A majority of individuals in the overall study region reported that not having health insurance affects their ability to get services in the area. As a result of not having health insurance, 21.8% of the individuals across the entire region report that they ignore a health problem when they cannot get care.

Perry County also has the highest estimated percentages of both children (11.2%) and adults (16%) who are uninsured; whereas the other counties are around 8% uninsured children and 13% uninsured adults.

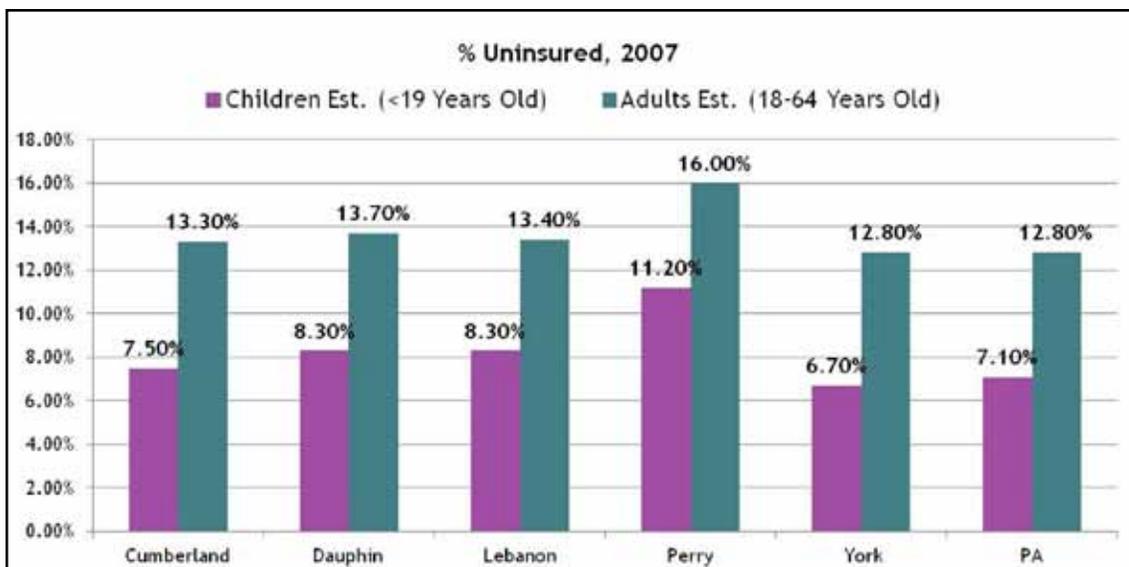
This information is concerning. There are many barriers for Perry County in relation to the fact that it is mostly rural.

Goals

Increase percentage of patients who enroll in an appropriate insurance plan by 40%.

Increase percentage of patients who identify accurate PCP during registration process by 50%.

Increase percentage of persons in PHS service area with health insurance from 71.1% to 80%.



Source: The Center for Rural Pennsylvania

Strategies

Advance the Keystone Community Care Continuum, a collaboration between PinnacleHealth and five community health clinics. After creating an interface between PinnacleHealth's Health Information Exchange (HIE) and the clinics, our organization can share electronic medical records on a real-time basis. This access to patient information has enhanced the continuity in care for a population that historically patronizes PinnacleHealth's emergency department and these clinics interchangeably. In addition, PinnacleHealth Foundation provides \$20,000 worth of free diagnostic services to each clinic annually to ensure their clients have access to services that otherwise may not be affordable. PinnacleHealth has provided free diagnostic services to a total of 134 patients for \$78,993 worth of services.

Extend the Mammogram Voucher Program which provides the most comprehensive breast health care including advanced screening, diagnostics and treatments at convenient locations on the East and West Shores of the Harrisburg community for many women in our community who are uninsured or underinsured. Funding for PinnacleHealth WomanCare's Mammogram Voucher program began more than 20 years ago to help women in the community receive this important diagnostic test. The program does not receive state or federal subsidies but relies on generous donations from individuals and organizations. An annual mammogram, along with a yearly clinical exam

and monthly self-exam, can help with early detection of breast cancer and provide the best chance of a cure.

Continue the Medication Support Program that has provided over \$20,000 worth of medications to patients who need assistance in obtaining medications at time of discharge from PinnacleHealth hospitals. We provide medications at no cost to an average of 18 people per month. Consistently, the medications with the highest needs and the highest cost have been asthma inhalers and anticoagulants.

Budget and Sustainability

As a non-profit community health system, PinnacleHealth has a long tradition of caring for all patients, regardless of their ability to pay. The following shows PinnacleHealth's charity care and uncompensated care contribution for 2011-2012. Charity care will continue to be a part of PinnacleHealth's mission today and into the future.

As PinnacleHealth moves towards Accountable Care, we will monitor the impact of the expanded Medicaid options and insurance exchanges to determine the extent of coverage of our underserved population. We will continue to provide options to our uninsured patients to access insurance programs for which they are eligible.

	2011	2012
Charity Care	\$7,223,000	\$8,460,000
Uncompensated Care	\$51,504,000	\$47,548,000

Appendix A: Service Area Included in Assessment

Table 1: Overall Study Area Community Zip Codes

Zip Code	County	Zip City	Zip Code	County	Zip City
17007	Cumberland	Boiling Springs	17113	Dauphin	Steelton
17011	Cumberland	Camp Hill	17111	Dauphin	Swatara Township
17013	Cumberland	Carlisle	17110	Dauphin	Uptown/North Susquehanna Township
17015	Cumberland	Carlisle	17098	Dauphin	Williamstown
17025	Cumberland	Enola	17097	Dauphin	Wisconisco
17043	Cumberland	Lemoyne	17003	Lebanon	Annaville
17050	Cumberland	Mechanicsburg	17026	Lebanon	Fredericksburg
17055	Cumberland	Mechanicsburg	17038	Lebanon	Jonestown
17065	Cumberland	Mt. Holly Springs	17042	Lebanon	Lebanon
17070	Cumberland	New Cumberland	17046	Lebanon	Lebanon
17240	Cumberland	Newburg	17067	Lebanon	Myerstown
17241	Cumberland	Newville	17073	Lebanon	Newmanstown
17257	Cumberland	Shippensburg	17078	Lebanon	Palmyra
17266	Cumberland	Walnut Bottom	17087	Lebanon	Richland
17103	Dauphin	Allison Hill/Penbrook	17006	Perry	Blain
17005	Dauphin	Berrysburg	17020	Perry	Duncannon
17018	Dauphin	Dauphin	17024	Perry	Elliottsburg
17101	Dauphin	Downtown Harrisburg	17037	Perry	Ickesburg
17023	Dauphin	Elizabethtown	17040	Perry	Landisburg
17028	Dauphin	Grantville	17045	Perry	Liverpool
17030	Dauphin	Gratz	17047	Perry	Loysville
17032	Dauphin	Halifax	17053	Perry	Marysville
17033	Dauphin	Hershey	17062	Perry	Millerstown
17034	Dauphin	Highspire	17068	Perry	New Bloomfield
17036	Dauphin	Hummelstown	17071	Perry	New Germantown
17048	Dauphin	Lykens	17074	Perry	Newport
17057	Dauphin	Middleton	17090	Perry	Shermans Dale
17102	Dauphin	Midtown Harrisburg	17019	York	Dillsburg
17061	Dauphin	Millersburg	17315	York	Dover
17112	Dauphin	North Lower Paxton	17319	York	Etters
17080	Dauphin	Pillow	17339	York	Lewisburg
17104	Dauphin	South Harrisburg	17365	York	Wellsville
17109	Dauphin	South Lower Paxton/ Susquehanna Township	17370	York	York Haven

Appendix B: Participating Community Organizations

AARP
African American Chamber of Commerce of Central PA
Ameri-Health Mercy Health Plan
American Red Cross of the Susquehanna Valley
Area Agency on Aging Dauphin County
Aurora Social Rehabilitation Services
Bethesda Mission
Brethren House
Brown, Schultz, Sheridan & Fritz
Capital Area Coalition on Homelessness c/o Harrisburg
Redevelopment Authority
Carlisle Area Health and Wellness Foundation
Carlisle School District
Catholic Charities
Central Dauphin School District
Central PA Food Bank
Central PA Gay & Lesbian Chamber of Commerce
Channels Food Rescue
Christ Lutheran Church
Christian Churches United of the Tri-County Area
Clark Resources
Cleve J. Fredricksen Library
Community Health Center, Community Care Services
Community Health Council of Lebanon County (SHIP)
Community Life Team
CONTACT Helpline, Inc.
Cumberland and Perry Counties' Mental Health/IDD
Cumberland County State Health Improvement
Partnership (SHIP)
Cumberland County Domestic Violence
Cumberland Valley School District
Dauphin County Area Agency on Aging
Dauphin County Children and Youth Services
Dauphin County Drugs and Alcohol
Dauphin County Health Improvement Partnership
Dauphin County Northern Dauphin Human
Services Center
Dauphin County Mental Health
Dickinson College
Diocese of Harrisburg
Domestic Violence Intervention
Domestic Violence Services of Cumberland
& Perry Counties
Family Support of Central PA
Gaudenzia
GIANT Food Stores
Goodwill Keystone Area
Grantville Food Pantry and Clothing Closet
Hamilton Health Center
Harrisburg Area YMCA
Harrisburg Regional Chamber of Commerce
Harrisburg School District
HERSHA
Hershey Entertainment & Resort Company
Highmark BlueCross BlueShield of Pennsylvania
Highmark Foundation
Hispanic Chamber of Central PA
Hollywood Casino at Penn National
Holy Spirit Health System
Holy Spirit Medical Outreach Services
Hope within Community Health Center
Hospice of Central Pennsylvania
Institute for Cultural Partnerships
Interdenominational Ministers—Victory Outreach
Christian Church
International Service Center
Isaiah 61 Ministries

Jewish Family Service of Greater Harrisburg, Inc.
Jewish Federation of Greater Harrisburg
Joshua Goup
Keystone Children and Family Services
Keystone Human Services
Kline Health Center
Latino Hispanic American Community Center
Leadership Harrisburg
Lebanon County Christian Ministries
Lebanon Family Health Services
Lebanon Health Clinic
Lebanon School District
Lower Dauphin - Community that Cares
Lutheran Social Services
M&T Bank
Mechanicsburg Learning Center
Medical Outreach Center/Mission of Mercy
National Alliance for the Mentally Ill - Dauphin County
Neighborhood Center of the United Methodist Church
New Hope Ministries
Northwestern Human Services
PA Immigrant and Refugee Women's Network
PA Psychiatric Institute (PPI)
PA State Senator 31st District
Penn National Race Track
Penn State Hershey Cancer Institute
Penn State Milton S. Hershey Medical Center
Perry County Family Center
Perry County Food Bank
Perry Human Services
Philhaven
PinnacleHealth System
PinnacleHealth REACCH Program
PinnacleHealth Medical Services Women's Outpatient Health Center
PNC Bank
Polyclinic Campus
Pressley Ridge

P.R.O.B.E.
Project Connect
RSVP of the Capital Region, Inc.
Rutherford House Senior Center
Sadler Health Center Corporation
Self-Esteem
Sexual Assault Resource and Counseling Center
Shalom House
South Central PA Task Force
Steelton-Highspire School District
Susquenita High School
Teenline - Holy Spirit Health System
The American Legion
The Arc of Dauphin County
The Community Check-Up Center
The Foundation for Enhancing Communities
The Neighborhood Center
The Northern Dauphin Human Services Center
The PROGRAM - "It's About Change"
The Salvation Army Harrisburg Capital City Region a Service of Extension Units
UCP Central PA
United Community Plan
United Concordia
United Way of Carlisle and Cumberland County
United Way of Lebanon County
United Way of the Capital Region
Upper Dauphin Human Services Center, Inc.
Visiting Nurse Association of Central PA
Volunteers in Medicine Free Health Clinic
Walmart
Water Street Health Services
Welsh Mountain Health Centers
West Shore EMS
Women's Health Outpatient Center
YWCA Carlisle
YWCA of Greater Harrisburg
YMCA of York





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