Hazleton General Hospital

Community Health Needs Assessment – Executive Summary

July, 2013

TrippUmbach
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Introduction

The Greater Hazleton Health Alliance is a not-for-profit healthcare system, located in Hazleton, Pennsylvania, that is dedicated to providing high quality, state-of-the-art, customer-friendly health and wellness services to more than 100,000 residents in a large tri-county area. The Greater Hazleton Health Alliance is comprised of the following affiliated entities:

Hazleton Health & Wellness Center– Hazleton General Hospital's state-of-the-art outpatient facility and a one-stop shop for all of your outpatient needs – from therapy and fitness to imaging, cardiology, travel health, and more. As the only hospital-based outpatient center in the area, it has the full resources of Hazleton General Hospital at its fingertips.

Alliance Medical Group– A multi-specialty healthcare provider network that delivers high-quality family and specialized medicaland surgical care.

Hazleton General Hospital – A 150-bed inpatient acute care facility providing quality medical and surgical services; emergency services including an accredited primary stroke center; a family birthing center; inpatient rehabilitation; an accredited bariatric program; and a home care service.

In response to its community commitment, as an affiliate of the Greater Hazleton Health Alliance, Hazleton General Hospital, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between January 2013 and June 2013. Hazleton General Hospital collaborated with outside organizations during the community health needs assessment process.

The following is a list of organizations that participated in the community health needs assessment process in some way (See Appendix A for a complete list of organizations that participated in the needs assessment process):

- Hazleton General Hospital
- Greater Hazleton Health Alliance
- Freeland Senior Citizen's Center
- Buenas Nuevas Church
- County Assistance Office – Hazleton District
- Greater Hazleton Chamber
- Bureau of Aging – Hazleton Center
- Bureau of Aging – Freeland Center
- Rural Health Corp NEPA
- Serento Gardens (Drug & Alcohol)
- Greater Hazelton School District
- Penn State University – Hazleton
- The Central Susquehanna Intermediate Unit's Migrant Workers Education Program
- Alliance Medical Group Pediatrics
- United Way of Greater Hazleton
- Northeast counseling services – Mental Health

- Hazleton City Police Department
- Commission on Economic Opportunity (C.E.O.)
- Hazleton Intergration Project/Hazleton One Community Center
- Luzerne County Community College, Hazleton Center
- Anthracite Region Center for Independent Living (ARCIL) – Disability services
- Can Do Economic Development Organization
- First Federal Foundation
- Luzerne Foundation
- Hazleton YWCA-YMCA
- Catholic Social Services - Hazleton
- State Senator John Yudichak- C.O.S.
- Luzerne Schuykill Workforce Investment Board

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 Hazleton General Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from Hazleton General Hospital and a project oversight committee, which included representatives from each of the affiliated entities that comprise The Greater Hazleton Health Alliance to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Hazleton General Hospital community is defined as 14 populated zip code areas primarily focused in Luzerne County, Pennsylvania. (See Figure 1 & Table 1). The needs identified in this report pertain to the 14 populated zip code areas and Luzerne County, Pennsylvania.

Table 1. Hazleton General Hospital Community Zip Codes

Zip	City	County
17985	ZION GROVE	SCHUYLKILL, PA
18201	HAZLETON	LUZERNE, PA
18202	HAZLETON	LUZERNE, PA
18216	BEAVER MEADOWS	CARBON, PA
18219	CONYNGHAM	LUZERNE, PA
18222	DRUMS	LUZERNE, PA
18224	FREELAND	LUZERNE, PA
18237	MCADOO	SCHUYLKILL, PA
18246	ROCK GLEN	LUZERNE, PA
18248	SHEPPTON	SCHUYLKILL, PA
18249	SUGARLOAF	LUZERNE, PA
18255	WEATHERLY	CARBON, PA
18661	WHITE HAVEN	LUZERNE, PA
18707	MOUNTAIN TOP	LUZERNE, PA

Figure 1. Hazleton General Hospital Community Map
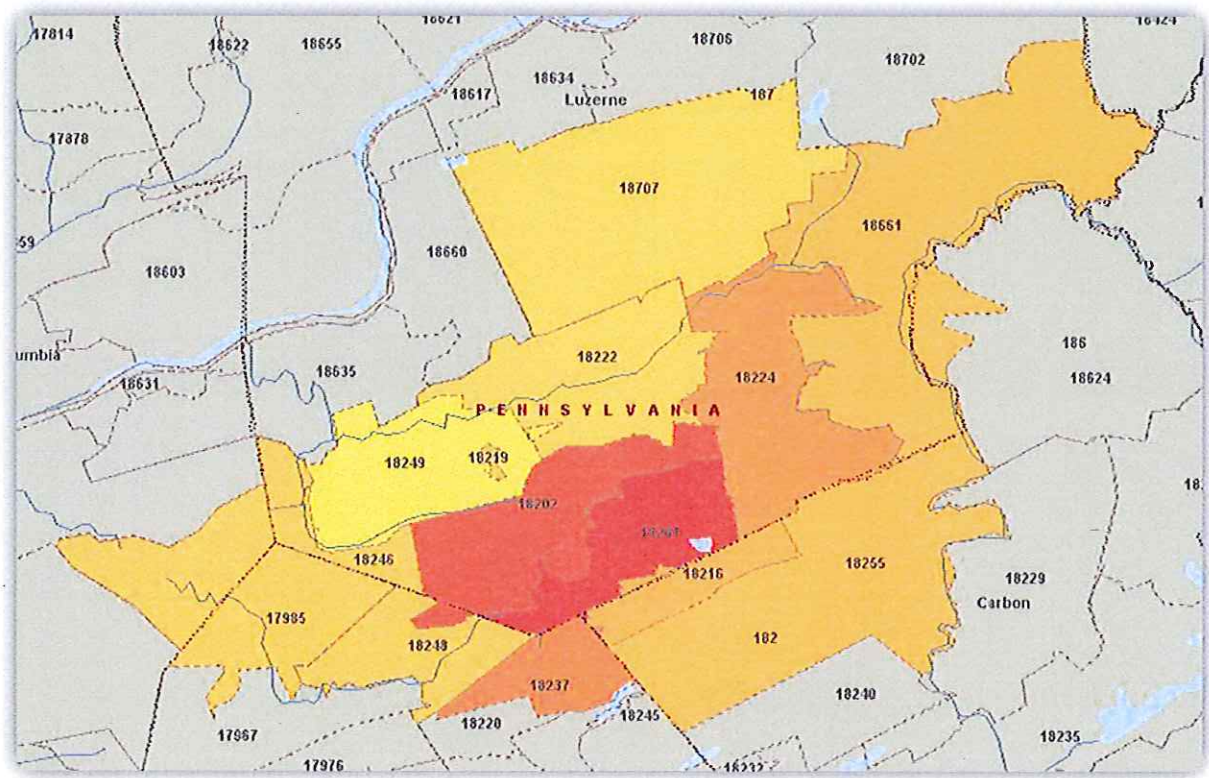
Consultant Qualifications ————————————————————

Hazleton General Hospital 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 needs assessment.

Paul Umbach, founder and president of Tripp Umbach, is among the most experienced community health planners in the United States, having directed projects in every state and internationally. Tripp Umbach has written two national guide books[1] on the topic of community health and has presented at more than 50 state and national community health conferences.

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[1] A Guide for Assessing and Improving Health Status Apple Book:
http://www.haponline.org/downloads/HAP_A_Guide_for_Assessing_and_Improving_Health_Status_Apple_Book_1993.pdf and

A Guide for Implementing Community Health Improvement Programs:
http://www.haponline.org/downloads/HAP_A_Guide_for_Implementing_Community_Health_Improvement_Programs_Apple_2_Book_1997.pdf

Project Mission & Objectives

The mission of the Hazleton General Hospital CHNA is to understand and plan for the current and future health needs of residents in its community. The goal of the process is to identify the health needs of the communities served by Hazleton General Hospital, while developing a deeper understanding of community needs and identifying community health priorities. Important to the success of the community needs assessment process is meaningful engagement and input from a broad cross-section of community-based organizations, who were partners in the community health needs assessment.

The objective of this assessment is to analyze traditional health-related indicators as well as social, demographic, economic, and environmental factors. Although the consulting team brings experience from similar communities, it is clearly understood that each community is unique. This project was developed and implemented to meet the individual project goals as defined by the project oversight committee, which included:

❑ Assuring that community members, including under-represented residents and those with broad-based racial, ethnic, cultural, and linguistic backgrounds are included in the needs assessment process. In addition, persons with special knowledge of, or expertise in public health; federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility are included in the needs assessment process through data collection and key stakeholder interviews.

❑ Obtaining statistically valid information on the health status and socio-economic and environmental factors related to the health of residents in the community and supplementing the general population survey data that is currently available.

❑ Developing accurate comparisons to baseline health measures utilizing the most current validated data.

❑ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA) for Hazleton General Hospital.

Methodology ───────────────────────────────────

Tripp Umbach facilitated and managed a comprehensive community health needs assessment on behalf of Hazleton General Hospital, resulting in the identification of community health needs. The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

<u>Key data sources in the community health needs assessment included:</u>

❑ **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and the CHNA oversight committee consisting of leadership from Hazleton General Hospital.

❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Hazleton General Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention (CDC), County Health Rankings, Thomson Reuters, Prevention Quality Indicators (PQI), Community Needs Index (CNI), U.S. Census, Pennsylvania Department of Health, Center for Rural Pennsylvania, and other data sources (See Appendix B for a complete secondary data profile).

❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public and community health. Such persons were interviewed as part of the needs assessment planning process. A series of 13 interviews were completed with key stakeholders in the Hazleton General Hospital community between January and April, 2013 (See Appendix C for a detailed set of stakeholder responses).

❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to ensure that community members, including under-represented residents, were included in the needs assessment planning process via one focus group conducted by Tripp Umbach in the Hazleton General Hospital community in April 2013. Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in target populations. The focus group audience included:

- Residents earning a low income that are Medicaid-ineligible
- Senior residents earning a low income
- Latino(a) residents

❏ **Identification of top community health needs:** Top community health needs were identified by community leaders during a community health needs identification forum held on May 2, 2013. Consultants presented the CHNA findings from analyzing secondary data, key stakeholder interviews, and focus group input. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified the top community health needs in the Hazleton General Hospital community.

❏ **Community Resource Inventory:** Tripp Umbach completed an environmental scan by collecting information from stakeholders, hospital leaders, secondary data, and Internet research to identify the community resources that are operating in the community to meet the needs identified by the CHNA. There were more than 100 community resources documented that meet the needs identified by stakeholders, secondary data, and focus groups with community residents in the Hazleton General Hospital community (See Appendix D for a complete list of community resources).

❏ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process and prioritizes top community health needs.

Key Community Health Needs

Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by three community focus groups resulted in the prioritization of three key community health needs in the Hazleton General Hospital community. Community leaders, key stakeholders, and focus group participants identified the following top community health needs that are supported by secondary and/or primary data:

1. Access to affordable healthcare
2. Health education and communication
3. Behaviors that impact health

While there are identified health needs in the Hazleton General Hospital community service area, this study completed an environmental scan of the resources that are available in the county offering services that meet one or more of the needs detailed in this community health needs assessment. The resource inventory located over 100 such resources. (See Appendix D for a full copy of the Hazleton General Hospital Community Resource Inventory).

A summary of the top needs in the Hazleton General Hospital community follows:

KEY COMMUNITY HEALTH NEED #1:
IMPROVING ACCESS TO AFFORDABLE HEALTHCARE

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: access to health insurance and healthcare for the under/uninsured, availability of healthcare providers and services, communication among healthcare providers and consumers, and socio-economic barriers to accessing healthcare.

Access to health services is a national issue being addressed by Healthy People 2020, among other initiatives. Healthy People 2020 is a federal initiative setting national objectives that focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities along with other objectives on broader issues. According to Healthy People 2020, 10.3% of persons nationally were unable to obtain or delayed needed medical care, dental care, or prescriptions in 2010. The goal is to reduce this

percentage to 9% of persons nationally by the year 2020.[2] In Luzerne County, 11% of adults could not see a doctor in the past 12 months because of cost.[3]

The Hazleton General Hospital service area shows a lower CNI value (2.7) compared with Carbon County (2.6), Luzerne County (3.0), and Schuylkill County (2.8). The average CNI value for the scale (1.0 to 5.0) is 3.0. Therefore, we see that in terms of barriers to community healthcare access, the GHHA community shows a lower than average number of barriers to community healthcare access; while Luzerne County shows the average amount of barriers. However, the two populated zip code areas in the Hazleton General Hospital service area that show CNS values above the average for the scale (3.0) are both Hazelton proper zip code areas (18201 and 18202).[4]

Community Leaders, key stakeholders, and focus group participants agree that while there are medical resources and healthcare facilities in the community, they also perceived primary, preventive, dental, and mental health services were limited in the areas of affordable healthcare/health insurance, eligibility for Medical assistance, dental care, legal status, cultural competence, residents' capacity to comprehend medical directives, the cost of uninsured care, availability of after-hours medical care, local provider acceptance of Medicaid, preventive medical care, transportation, the distance between residents and facilities, literacy required to fill out forms, and lack of providers (mental health, substance abuse, specialty, etc.).

Access to health insurance and healthcare for under/uninsured:

✓ Secondary data representing the service areas of the Hazleton General Hospital depicts insurance limitations, a decrease in adults that are insured, and resistance to seek oral health services as a result of the cost of care for the uninsured (the secondary data shows both local and national trends).

- According to the National Health Interview Survey (NHIS), the proportion of persons under age 65 who had health (medical) insurance in the U.S. declined nearly 1.0% between 2001 and 2011, from 83.6% to 82.8%, and varied by race and ethnicity.

- There are four zip code areas with higher uninsured rates than the Hazleton General Hospital Service Area (10.0%). Zip code area 18201 in Hazelton, PA shows the

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[2] Source: HealthyPeople.gov. Retrieved from:
http://www.healthypeople.gov/2020/Data/SearchResult.aspx?topicid=1&topic=Access%20to%20Health%20Services&objective=AHS-6.1&anchor=610 (last updated: 3/28/2013).
[3] Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation
[4] Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

highest rate of uninsured residents in the services area, with 15% of residents uninsured.[5]

- According to Healthy People 2020, 5.8% of persons nationally were unable to obtain or delayed needed dental care in 2010. The stated goal of Healthy People 2020 related to dental care is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care from 5.8% to 5.0% by 2020.

✓ Community Leaders, key stakeholders, and focus group participants indicated that some residents may not be able to afford the rising cost of health insurance premiums, which may lead to residents who are underinsured with limited coverage and/or unaffordable co-pays and deductibles. Community leaders, key stakeholders, and focus group participants all believed that providing health insurance to employees may be unaffordable for some employers, which may lead employers to seek temporary employees through local temp agencies and/or offer only part-time employment so that the business is not required to provide health insurance. When residents are employed, often the cost to enroll in employer-provided health plans is too high due to employers being unable to pay the higher cost of medical insurances for their employees. Community leaders, key stakeholders, and focus group participants believed that residents were seeking health services in the emergency department as a result of the limited access they have to affordable health insurance and/or under/uninsured healthcare; which causes residents to not seek medical care at all or not follow through with physician recommendation (i.e., prescriptions, follow-up appointment, etc.).

✓ Residents that are employed often make just above the eligibility threshold for Medicaid insurance, but are not able to afford private-pay medical insurances, leaving many working adults without coverage. Additionally, residents are not always maintaining medical assistance due to missing semi-annual renewal deadlines, being unable to fill out paperwork, illiteracy issues, and/or being overwhelmed with paperwork. There may not be enough staff to meet the demand for help in these areas. When insurance lapses, it can take up to 30 days to secure coverage again.

✓ Undocumented residents often do not seek primary medical care because they do not have access to affordable healthcare options, are not eligible for medical assistance, often do not get employee benefits, and/or lack of documentation and are afraid of being deported. Key stakeholders and focus group participants discussed the lack of access to Medicaid insurance that undocumented residents experience due to being with out the required documentation, including children. Additionally, undocumented and

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[5] Source: 2012 Nielson Claritas; 2012 Thomson Reuters; Bureau of Labor Statistics (October 2012)

under/uninsured residents struggle with enrolling children in school due to the cost of uninsured medical care (immunizations and physical requirement).

Availability of healthcare providers and services:

✓ Secondary data representing the service areas of the Hazleton General Hospital depicts evidence of higher provider ratios for mental health providers. There were no measures of Medicaid acceptance among providers located for the study area.

  • With 180 dentists in Luzerne County, the provider ratio (3,943:1) is similar to the state of PA (1,801:1).[6]

  • With 252 primary care physicians in Luzerne County, the provider ratio (1,273:1) is equal to the state of PA (1,273:1).[7]

  • With 97 mental health providers in Luzerne County, the provider ratio (3,308:1) is much higher than the state (1,789:1).[8] Higher provider ratios often lead to lengthy wait times to secure services.

✓ Community leaders, key stakeholders, and focus group participants discussed the availability of healthcare providers and services (i.e., specialty, urgent, primary, preventive, dental, mental health care, etc.) related to after-hours care, location of providers, transportation, legal status of residents, provider willingness to access Medicaid, and employer support.

  • Community leaders discussed the navigation of healthcare resources in the community and its impact on the utilization of the emergency department. Community leaders were under the impression that residents may be seeking emergency medical care for non-emergent issues due to a lack of health insurance and the absence of after-hours medical care, which may lead to poor access to prevention and overall continuity of care.

  • There are not enough psychiatrists providing services to residents (including pediatric), which leads to lengthy waits for scheduling appointments. There is only one bi-cultural psychiatrist in the community. Behavioral health intake has more than doubled, while funding has remained flat or decreased. Additionally, There are limited substance abuse services due to a lack of funding, which can cause lengthy wait times for detox programs.

[6] Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation
[7] Ibid.
[8] Ibid.

- Community leaders, key stakeholders, and focus group participants discussed the limitations of the public transit system in accessing medical appointments in a timely fashion; particularly for services that are located a great distance away (i.e., specialty services and free clinics) and the subsequent refusal of physicians to see under/uninsured patients that are not on time and/or do not show up for medical appointments. Residents do not always have access to dependable, convenient, user-friendly transportation, and when coupled with the location of some specialty providers and clinics that offer uninsured care, leads to limited access to some medical services outside of an emergency situation.

- Community leaders, key stakeholders, and focus group participants identified the need for more healthcare staff that are bi-cultural due to the growing Hispanic population. It can be difficult for facilities to afford to pay bi-cultural staff due to funding.

Communication among healthcare providers and consumers:

✓ Communication is important among healthcare providers and consumers in the pursuit of a healthier population. Secondary data shows that limited English proficiency is a barrier experienced by some residents in three of the zip code areas (18201, 18202, and 18224) included in the hospital service area. Additionally, secondary data is not readily available to gauge the effectiveness of communication in the healthcare industry, though key stakeholders and resident focus groups indicate there may be a need to improve communication among providers and consumers.

- There are three zip code areas (18201, 18202, and 18224) in the service area for Hazleton General Hospital that show a higher percentage of residents with limited English skills than the average for the Greater Hazleton Hospital service area (0.8%).[9]

- Community leaders, key stakeholders, and focus group participants believed that there is a need for bi-cultural medical professionals in the area to ensure effective communication and comprehension of medical directives among residents for whom English is a second language. Additionally, focus group participants felt that there is a need for additional translation options and services in the local medical health settings. Focus group participants noted that when translation options are available they are not always compassionate, accurate, or utilized.

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[9] Source: 2012 Nielson Claritas; 2012 Thomson Reuters

- Focus group participants felt that physicians do not spend enough time to ensure adequate understanding of individual health statuses. While some participants identified the high demand and low supply of healthcare providers as the source of the limited time physicians are able to spend, participants felt that the result is a lack of understanding among residents of their individuals health statuses and treatment options.

Socio-economic barriers to accessing healthcare:

✓ There are four zip code areas (18201, 18202, 18237, and 18224) that show above average poverty rates in all measures of poverty (65+, single mothers with children, married parents with children) when compared to poverty rates for overall Hazleton General Hospital service area.[10]

✓ The national unemployment rate is 9.3% and the unemployment rate for Pennsylvania is 8.1%; Rock Glen (18246) is the only zip code area in the GHHA community that shows a higher unemployment rate than both the state and nation with an unemployment rate of 11%.[11]

✓ The percentage of children living in poverty is higher in Luzerne County (26%) when compared to the state (19%) and national benchmark (14%).

✓ Key stakeholders and focus group participants discussed the socio-economic barriers to accessing healthcare as they relate to limited employment.

- Community leaders, key stakeholders, and focus group participants discussed the trend of under/unemployment, which leads to a lack of insurance benefits (i.e., low-wage employment and employment for undocumented residents often does not offer health insurance as a benefit). There is limited access to employment in the area. The employment opportunities that exist in the Greater Hazleton Area are often secured through temporary employment agencies, causing an unstable income, and it is often part-time with limited medical benefits.

- Community leaders, key stakeholders, and focus group participants discussed the limitations of public assistance. Specifically, when residents are gainfully employed, they often lose their health insurance coverage and any financial assistance they had, making it impossible to become self-sufficient enough to afford private-pay

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[10] Source: 2012 Nielson Claritas; 2012 Thomson Reuters
[11] Ibid.

medical insurance, uninsured healthcare, etc. Key stakeholders and focus group participants also noted that preventive health services are often not available to communities with a lower socio-economic status.

✓ U.S. Department of Health and Human Services has set the goal to improve access to comprehensive, quality healthcare services in Healthy People 2020.[12] Access to healthcare impacts: overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, life expectancy. This Healthy People 2020 topic area focuses on four components of access to care: coverage, services, timeliness, and workforce.

- Coverage: Lack of adequate coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to healthcare among the general population. Health insurance coverage helps patients get into the healthcare system. Uninsured people are: less likely to receive medical care, more likely to die early, and more likely to have a poor health status.

- Services: Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Barriers to services include: lack of availability, high cost, and lack of insurance coverage. These barriers to accessing health services lead to: unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

- Timeliness: Timeliness is the healthcare system's ability to provide healthcare quickly after a need is recognized. Measures of timeliness include: Time spent waiting in doctors' offices and emergency departments (EDs) and time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. Prolonged ED wait time decreases patient satisfaction, increases the number of patients who leave before being seen, and is associated with clinically significant delays in care. One cause for increased ED wait times is an increase in the number of patients going to EDs from less acutely ill patients. At the same time, there is a decrease in the total number of EDs in the United States.

- Workforce: Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community.

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[12] Source: HealthyPeople.gov. Retrieved from:
www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=1 (last updated: 3/28/2013)

However, there has been a decrease in the number of medical students interested in working in primary care. To improve the nation's heath, it is important to increase and track the number of practicing PCPs.

KEY COMMUNITY HEALTH NEED #2:
HEALTH EDUCATION AND COMMUNICATION

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: limited access to prevention and outreach programs, the need to increase cultural competency and sensitivity of outreach education efforts, the need to increase the number and effectiveness of health-related information dissemination efforts.

Health education and communication:

✓ Community leaders, key stakeholders, and focus group participants believed that education efforts could be expanded in the community. Particularly lower income communities where there are fewer outreach and prevention programs and residents often do not have access to transportation to attend programs located at medical facilities. For example, while there are organizations striving to meet the need, seasonal migrant workers are disconnected from the community and often do not have adequate supports.

✓ Community leaders felt that individuals may originate from a variety of educational backgrounds and experiences, which can lead to variability in the ways that communication is interpreted. Additionally, key stakeholders and focus group participants indicated that preventive care outreach services may not be penetrating all communities due to language and cultural barriers, causing a lack of awareness. Community leaders believed that there is a need to improve the cultural sensitivity of information that is disseminated in the community.

✓ Community leaders, key stakeholders, and focus group participants indicated that information is not always provided in a way that all residents can understand and comprehend. Literacy and education may be issues for many residents, which leads to ineffective outreach and education in the community. Also, community leaders understood that a message may need to be heard multiple times in a variety of venues before it is received. At times the result of poor information and education may be that many residents are not aware of the services that are available in the community and/or how to navigate the system of services as well as healthy options and/or how to manage their chronic illnesses.

✓ Community leaders, key stakeholders, and focus group participants expressed a need for collaboration and a spirit of working together to improve interpersonal relationships in the community. Community leaders, key stakeholders, and focus group participants discussed the separate nature of the community, which may lead to disparities. For example, meetings are not always attended by all community leaders and information is not always passed on to representatives that are not in attendance at meetings, which may cause a disconnect in information. Community leaders believed that there is a lack of trust among community leaders and residents to work together due to history, fear, and tensions.

KEY COMMUNITY HEALTH NEED #3:
BEHAVIORS THAT IMPACT HEALTH

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: presence of unhealthy behaviors.

Presence of unhealthy behaviors:

✓ Secondary data shows evidence that there are issues related to behaviors that impact health in the Hazleton General Hospital service area:
  - Adult residents report smoking at a greater rate in Luzerne County (26%) than the state (21%) and the nation (13%).
  - There are a greater percentage of adult residents considered obese in Luzerne County (30%) than the state (29%) and the nation (25%).
  - A higher percentage of adults aged 20 and over report no leisure-time physical activity in Luzerne County (31%) than the state (26%) and the nation (21%).
  - More residents in Luzerne County report binge and/or heavy drinking (21%) than the state (17%) or the nation (7%).[13]

✓ Key stakeholders and focus group participants felt that the wellness of residents was lacking in the areas of lifestyle choices, awareness, access to healthy options, migrant workers not being connected to the community/community resources, the impact of poverty on overall health, literacy, and the prevalence of chronic illness. Focus group participants felt that residents are not always accountable for practicing healthy behaviors; which can contribute to the prevalence of chronic conditions.

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[13] Source: 2012 County Health Rankings University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

Conclusions and Recommended Next Steps

The community needs identified through the Hazleton General Hospital community health needs assessment process are not all related to the provision of traditional medical services provided by medical centers. However, the top needs identified in this assessment do "translate" into a wide variety of health-related issues that may ultimately require hospital services. For example, limited access to affordable health insurance leaves residents underinsured or uninsured, which can cause an increase in the use of emergency medical services for non-emergent issues and residents that resist seeking medical care until their symptoms become emergent due to the inability to pay for routine treatment and/or preventive care.

Hazleton General Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic process follow this assessment. It is important to expand existing partnerships and build additional partnerships with multiple community organizations to develop strategies to address the top identified needs. While there are health needs in the community related to: access to affordable healthcare, health education and communication and behaviors that impact health; strategic discussions among hospital leadership as well as community leadership will need to consider the inter-relationship of the diverse issues in the community as the relate to poverty, race, age, etc. It will be important to determine the cost, effectiveness, future impact, and limitations of any best practices methods. Tripp Umbach recommends the following actions be taken by the hospital sponsors in close partnership with community organizations over the next six to nine months.

Recommended Action Steps:

❑ Widely communicate the results of the community health needs assessment document to the staff, providers, leadership, and boards of Hazleton General Hospital.

❑ Work at the hospital-level and with local participating organizations to translate the top identified community health issues into individual hospital and community-level strategic planning and community benefits programs.

❑ Present the CHNA results and subsequent implementation plan to the hospital board for adoption and implementation.

❑ Make widely available and encourage open commentary to community residents the community health needs assessment results by placing it on the hospital website and providing an on-site hard-copy of the full CHNA report available upon request.

☐ Within three years' time, conduct an updated community health needs assessment to evaluate community effectiveness on addressing top needs and to identify new community needs.

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