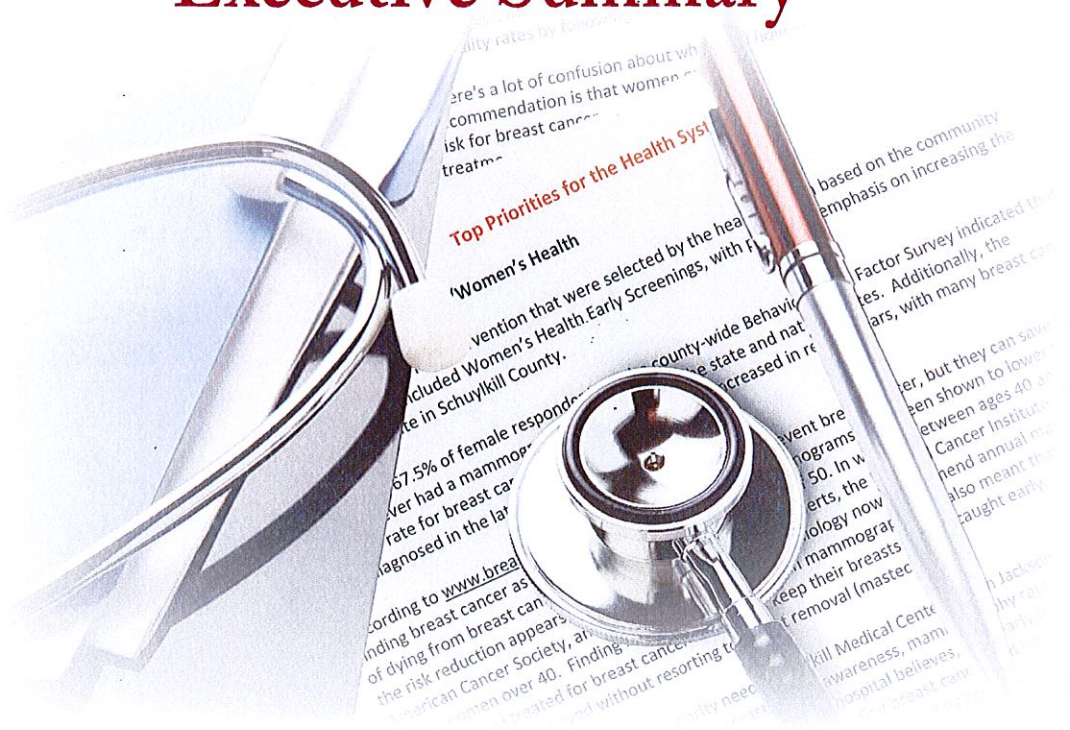


Executive Summary



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Message to the Community

Schuylkill Health is proud to present the 2011 Community Health Needs Assessment Report for Schuylkill County, PA. This report includes a comprehensive review and analysis of the data regarding health issues and needs of Schuylkill County overall, as well as for sub-regions within the county where the data was available.

This study was conducted to identify the health needs and issues of the region and to provide useful information to health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the health system and other providers to more strategically establish priorities, develop interventions and commit resources to improve the health status of the region.

Improving the health of the community is the foundation of the mission of Schuylkill Health and should be an important focus for everyone in the county, individually and collectively. In addition to the education, patient care and program interventions provided through the health system, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community.

Top Priorities for the Health System

Access to Quality Health Care/Women's Health

The key priority areas for intervention that were selected by the health system based on the community needs assessment included Women's Health Early Screenings, with particular emphasis on increasing the mammography rate in Schuylkill County.

In 2011, only 67.5% of female respondents to the county-wide Behavioral Risk Factor Survey indicated that they have ever had a mammogram, lower than both the state and national rates. Additionally, the mortality rate for breast cancer in Schuylkill County has increased in recent years, with many breast cancer cases diagnosed in the later stages of the disease.

According to www.breastcancer.org, mammograms don't prevent breast cancer, but they can save lives by finding breast cancer as early as possible. For example, mammograms have been shown to lower the risk of dying from breast cancer by 35% in women over the age of 50. In women between ages 40 and 50, the risk reduction appears to be somewhat less. Leading experts, the National Cancer Institute, the American Cancer Society, and the American College of Radiology now recommend annual mammograms for all women over 40. Finding breast cancers early with mammography has also meant that many more women being treated for breast cancer are able to keep their breasts. When caught early, localized cancers can be removed without resorting to breast removal (mastectomy).

In order to respond to this high priority need, Schuylkill Medical Center, South Jackson Street is implementing an initiative to increase breast cancer awareness, mammography rates and decrease breast cancer mortality rates. Over the next few years, the hospital believes, with early intervention and awareness, local women can be better educated regarding breast cancer and begin to reduce the high mortality rates by following the recommended guidelines regarding regular mammograms.

There's a lot of confusion about when and how often to get a mammogram. For now, the recommendation is that women get a mammogram once a year, beginning at age 40. If a woman is at high risk for breast cancer or has a strong family history of breast or ovarian cancer, or has had radiation treatments to the chest in the past, it's recommended that they start having annual mammograms at a younger age (often beginning around age 30). This, however, is something that each woman should discuss with their health care provider.

To promote this initiative, the hospital will develop a brochure regarding early detection for use throughout the medical center and the community. These materials will be available in waiting rooms in the health center facilities as well as in the Medical Office Building, the Women's Imaging Center, the medical centers East and South, Health Center North and Health Center Orwigsburg. Shower cards regarding breast self-exams will be developed and provided to patients in the health system and will be made available to local OB/GYN offices as well as Internal Medicine and Family Physicians. The health system will also offer reduced-cost mammograms during October, National Breast Cancer Awareness Month and will create other community partnerships to promote breast cancer awareness.

Top Priorities for the Health System

Healthy Mothers, Babies, Children/Tobacco & Alcohol Use During Pregnancy

The key priority areas for intervention that were selected by the health system based on the community needs assessment included Healthy Mothers, Babies and Children, with particular emphasis on tobacco use during pregnancy. While the percentage of women who access prenatal care in Schuylkill County is higher than state and national averages, more pregnant women continue to smoke. Each year from 2006 to 2009, the percent of pregnant women in Schuylkill County who accessed prenatal care during their first trimester surpassed their counterparts across Pennsylvania and the US. The percent of women living in Schuylkill County who accessed prenatal care during their first trimester surpassed the Healthy People 2020 goal of 77.9%. The Healthy People 2020 goal is that 98.6% of women will not smoke cigarettes during pregnancy. However, the percent of women living in Schuylkill County who did not smoke while pregnant was lower than 75% each of the years for which data were available (2006 – 2009) and that percentage was significantly lower than the percent of pregnant women who abstained from smoking while pregnant across Pennsylvania.

Additionally, the Healthy People 2020 goal is that no more than 8.2% of babies born in the US will be classified as low birth-weight babies, babies weighing less than 5 pounds 8 ounces. In Schuylkill County, 8% of those born in 2006, 9% in 2007 and 2008, and 8% in 2009 were low birth-weight babies. Each year, from 2006 to 2009 (36%, 37%, 33% and 34% respectively) the percentage of deliveries by cesarean section surpassed the percentage of cesarean section births across Pennsylvania.

According to the March of Dimes, based on a Health and Human Services study published in 2004 by the United States Surgeon General, women who smoke are twice as likely to have a low birth weight baby as those who do not smoke. Smoking slows fetal growth and increases the risk of premature delivery. Smoking also increases the incidence of asthma and other respiratory ailments.

Since 80% of all births to Schuylkill County women are delivered at Schuylkill Medical Center South Jackson Street, the Center for Counseling Services of Schuylkill Medical Center – East Norwegian Street will partner with the Maternity Team and others from Schuylkill Medical Center South Jackson Street to deliver the tobacco cessation message and program by asking OB physicians to include this screening and referral during their first trimester visits. Schuylkill Medical Center East Norwegian Street currently offers an established tobacco cessation program. This program will be expanded to offer tobacco cessation as part of childbirth classes. The health system will also partner with OB/GYN practices to promote the program to their patients.

The strategies that will be employed by the health system include creating brochures and flyers specifically on this topic in addition to other smoking cessation materials. The health system will also reach out to other area OB/GYN physicians via telephone, written communication, email and personal visits, and to partner with the local divisions of the National Children's Study, the March of Dimes, American Cancer Society and Lung Association to promote a healthy babies campaign and to reach those expectant mothers who may not be attending childbirth classes. Local media will also be utilized to generate newspaper stories on the importance of tobacco free pregnancy.

Top Priorities for the Community

Physical Activity and Nutrition, Obesity

Because of the role of physical activity and nutrition as a driver of health status and obesity's role in contributing to a number of health problems within a given population, this area was identified as a key community priority for Schuylkill County. Schuylkill County's VISION, the local State Health Improvement Planning (SHIP) coordinator partner, will be leading and coordinating these efforts on behalf of a county-wide effort in this area.

Body Mass Index (BMI) is calculated based on an individual's height and weight and is an indicator of the amount of body fat that an individual carries. BMIs are typically categorized into underweight, normal weight, overweight, and obese. BMIs were calculated for the respondents to the 2011 Schuylkill County Behavioral Risk Factor Survey. The survey data indicate that slightly over 70% of respondents were overweight or obese, with almost 41% reporting heights/weights that would be considered obese when calculating the body mass index. This is higher than the state rate of 29.2%. The Healthy People 2020 goal is that no more than 30.6% of Americans will be obese. This goal, a 10% improvement in the current percent of obese Americans, was set based on 2005 – 2008 summary data from the National Health and Nutrition Examination Survey that indicated 34% of Americans were obese. Only slightly more than one quarter (27%) of the survey respondents were of normal weight. A very small portion of the population (1.8%) reported in the survey that they are underweight. Research shows that severely obese people die 8-10 years sooner than those of normal-weight, similar to smokers, with every 15 extra kilograms increasing risk of early death by approximately 30%. Obesity is estimated to be responsible for 1% to 3% of total health expenditures in most countries (5% to 10% in the United States) and costs are expected to rise rapidly in coming years as obesity related diseases set in.

Schuylkill VISION will serve as the organizing and administrative agency to address this issue in the local area. To that end, VISION will build collaborations across all sectors of the community including businesses, schools, government, health care, social services, etc. The initial steps will include the determination of the extent of and root causes for these issues in the region, including the environmental factors that contribute to obesity. Priorities and action steps will be determined by the coalition and responsibility for the completion of the action steps will be coordinated by members of the coalition. VISION will be responsible for reporting the progress of the coalition through their reports to the community and appropriate media.

According to the surgeon general, individuals don't need special skills or training to be physically active. Walking is a great way to be active. Physical activity should be initiated slowly, and the intensity should be increased gradually (e.g., starting with a 10-minute walk three times a week and work up to 30 minutes of brisk walking or other form of moderate activity five times a week). Activities can be split into several short periods (e.g., 10 minutes 3 times a day) instead of one longer period (e.g., 30 minutes once a day). Selecting activities that can fit into daily life. It may take time to incorporate more activity into your daily life. Many forms of physical activity can be social, allowing an individual to converse and spend time with family or friends or to develop new relationships. Making fitness a priority and committing to it can decrease obesity and improve health.

Top Priorities for the Community

Unintentional Injuries, Motor Vehicles

According to data gathered to support the 2011 Schuylkill Health Community Health Needs Assessment, there is a significantly higher motor vehicle death rate in Schuylkill County as compared to Pennsylvania. Over the past few years that data is available, the county rate is almost double the state rate. For example, in 2006, the county rate was 23 deaths per 100,000 population, while the state rate was only 12.2. In 2009, the county rate was 19.8 while the state rate was 10.2. Although the county rate has declined in recent years, this remains a significant concern.

While the death rates for the county are high, reported seat belt use among residents is lower than state or national averages. In the 2011 Schuylkill County Behavioral Risk Factor Survey, only 72.3% of respondents indicated that they always wear their seat belts, compared to a rate of 87.9% in PA in 2009 and a national rate of 85.5% in 2010.

According to the Centers for Disease Control, Motor vehicle crashes are the leading cause of death among individuals age 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments across the US as the result of being injured in motor vehicle crashes in 2009. Adult seat belt use is the most effective way to save lives and reduce injuries in crashes. Yet millions of adults do not wear their seat belts on every trip. Safety belts when properly used reduce the number of serious traffic injuries by 50 percent and fatalities by 60-70 percent. Motorists are 25 times more likely to be killed or seriously injured when they are "thrown clear" than when remaining inside their vehicle. In a 30 m.p.h. collision an unbelted 160 lb. Person can strike another passenger, crash through a windshield and/or slam into the vehicle's interior with a 4,800 lb. force. Motorists can increase safety belt usage by example and verbal reminders. Nine out of 10 people buckle up when asked.

Schuylkill County's VISION will serve as the organizing and administrative agency to address this issue in the local area. To that end, VISION will build collaborations across all sectors of the community including businesses, schools, government, health care, social services, etc. The initial steps will include the determination of the extent of and root causes for these issues in the region, including the environmental factors that contribute to motor vehicle deaths in the county. Priorities and action steps will be determined by the coalition and responsibility for the completion of the action steps will be coordinated by members of the coalition. VISION will be responsible for reporting the progress of the coalition through their reports to the community and appropriate media.

According to the national Highway Transportation Safety Administration, it is important to establish seat belt and child safety seat use as a top priority for states and regions. Strategies to increase seat belt use include: direct all DOT modes to promote seat belt and child safety seat use with constituents, promote seat belt and child safety seat use in speeches and through media events, conduct a public/private round table to enlist local support, praise states, such as the District of Columbia, when they enact new primary seat belt laws, develop a model employee program of education, awareness, and data collection and transfer the model program to other agencies, conduct regional "Moving Kids Safely" conferences to develop and strengthen intermodal and public/private partnerships.

Top Priorities for the Community

Mental Health and Drug and Alcohol Abuse

Schuylkill County Drug and Alcohol Program is the Single County Authority (SCA) for Schuylkill County. Each SCA across Pennsylvania is required by the Bureau of Drug and Alcohol Programs (BDAP) to conduct an annual update detailing the needs and trends related to drug and alcohol use in their target county. During 2009-2010, 40.87% of those who accessed drug and alcohol related services provided through the Schuylkill County Drug and Alcohol Program and its providers did so for alcohol abuse. The most frequently accessed services by adolescents in Schuylkill County include marijuana and alcohol abuse. A growing trend across the country and in Schuylkill County is the use of prescription medications. The percentage of Schuylkill County high school seniors who reported using prescription drugs surpassed national data associated with the adolescent prescription drug users. Also problematic is the growing arrest rates for sales of opium and cocaine. According to the uniform crimes report, these arrests grew by 233.33% from 2006 to 2007 and an additional 20% from 2007 to 2008.

The most significant challenge to the Schuylkill County Drug and Alcohol Program currently is the growing need for services and a declining source of funding to meet those needs. While 9.2% of the national population over the age of 12 seeks treatment for substance use, 10.5% of the Schuylkill County population is in need of services related to drug and alcohol abuse. The capacity of the Schuylkill County Jail is 240 inmates. In March 2012, there were 287 inmates in the Schuylkill County Jail according to an article published in the Citizen's Voice. The Department of Corrections estimates that 70% of the prison population requires treatment for drug and alcohol abuse while another 15% are in need of mental health services. As overcrowding in the Schuylkill County Jail is a growing problem, authorities are seeking alternative sentencing options that will include drug and alcohol treatment services. As a result the SCA is likely to become more overtaxed with the growing needs of this special population.

Results of the 2011 Schuylkill County Behavior Risk Factor survey indicated that 14% of respondents are either taking medication or seeking treatment for a mental health condition. Although reported alcohol consumption (52.7% of respondents indicate they have had at least one drink in the last 30 days, lower than state and national averages) and binge drinking levels have declined since 2003, (15.2% versus 20%), stakeholders report that drug and alcohol abuse is a significant concern. Stakeholder input included: drug and alcohol issues in teens can lead to troubling behaviors in the future, drug abuse is common in some areas, domestic violence is associated with alcohol use and there is a need for teen services.

The Schuylkill County Plan, coordinated by the SCA, includes a number of strategies and interventions geared at addressing these issues. Goals and interventional strategies include: reducing the use of tobacco and alcohol by 20% through early intervention and prevention programs with middle school youth, increasing community awareness of service needs and availabilities of treatment services by 25%, expanding the service continuum to include community-based co-occurring facilities and improving the service coordination between the health system and other community based provider systems. Strategies being used include: increasing awareness of community-based treatment services; developing community-based licensed co-occurring treatment facilities, developing certified peer specialist services, establishing care protocols across the continuum of care, and promoting intervention for prescription drug abusers. The SCA is partnering with the health system to reduce smoking and alcohol use among pregnant women.

Executive Summary

Schuylkill Health was established on August 1, 2008 through the affiliation of two hospitals formerly known as Good Samaritan Regional Medical Center and The Pottsville Hospital and Warne Clinic. As the result of this affiliation, Good Samaritan Regional Medical Center is currently known as Schuylkill Medical Center – East Norwegian Street and The Pottsville Hospital and Warne Clinic is known as Schuylkill Medical Center – South Jackson Street.

In an effort to improve the health of Schuylkill County residents, Schuylkill Health partnered with Strategy Solutions, Inc. to conduct this Comprehensive Community Health Needs Assessment following the latest draft of the IRS 990 Schedule H guidelines. The research and data analysis of this effort began in spring 2011 and concluded in winter 2012. The action planning and report development was completed in spring 2012.

The Community Health Needs Assessment included a detailed examination of the following areas:

- * Demographics & Socio-Economic Indicators
- * Access to Quality Health Care
- * Chronic Disease
- * Healthy Environment
- * Healthy Mothers, Babies & Children
- * Infectious Disease
- * Mental Health & Substance Abuse
- * Physical Activity & Nutrition
- * Tobacco Use
- * Unintentional Injury

Methodology

Schuylkill Health and Strategy Solutions, Inc. worked together to identify and invite community stakeholders to form the Community Health Needs Assessment Steering Committee. The Steering Committee included 11 community leaders, representing diverse constituencies in education, business, public services, human services and public health as well as system health representatives. These community leaders met eight times over the course of the process to provide guidance on the components of the Schuylkill County Comprehensive Community Health Needs Assessment.

Service Area Definition

Although at the time that this community health needs assessment process was conducted, the Internal Revenue Service (IRS) had not finalized its guidelines for Community Health Needs Assessments, the available information published by the IRS and American Hospital Association suggested that the service area selected for the study be defined by the geography from which 70% of the hospital discharges originate. The geography selected for the study was Schuylkill County, PA. In order to ensure that the true needs of the county were analyzed and understood, at its first meeting, the Steering Committee hypothesized that the topography and the demographics of the county suggested that socio-demographic and health status differences may exist in different sub-regions of the county. As a result of this discussion the county was divided into 5 sub-regions for data analysis: East, North, South, Southeast and West.

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of Schuylkill County and to meet all of the known guidelines and requirements of the IRS 990 standards that had been published to date, the Steering Committee and consulting team employed both qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions that are exploratory in nature and are typically employed in interviews and focus groups. Quantitative data is data that can be displayed numerically. In addition, both primary and secondary data were collected. Primary data is data that was collected specifically for this study by the consultant team. Secondary data includes data and information that was previously collected and published by some other source.

The Schuylkill Health management team, the Steering Committee members and consulting team made significant efforts to ensure that all areas of the county, all socio-demographic groups and all underrepresented populations were included in the study. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, both through extensive use of PA Health Department and Centers for Disease Control data, as well as through the participation of a regional department of health representative on the Steering Committee.

The secondary data collection process included:

- Demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com).
- Disease incidence and prevalence data obtained from the Pennsylvania Department of Health County Profiles and the Epidemiologic Query and Mapping System (EpiQMS) website of the Pennsylvania Department of Health (<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596553&mode=2>)
- The Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health conduct an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS data is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report for the US in 2010 are BRFSS data collected by the CDC. The health related indicators included in this report for Pennsylvania in 2010 are BRFSS data collected by the Pennsylvania Department of Health (PA DOH): <http://app2.health.state.pa.us/epiqms/Asp/ChooseDataset.asp>. CDC: <http://www.cdc.gov/brfss/>
- In 2003, Schuylkill Vision contracted with the Pennsylvania Department of Health to “oversample” Schuylkill County residents on selected BRFSS questions and provide a survey report that was representative of the population. This data is labeled Schuylkill County 2003 in the report (<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596755&mode=2>).
- In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. Available Healthy People 2020 goals are included in this report (<http://www.healthypeople.gov/2020/default.aspx>).
- Selected inpatient utilization data on primary care sensitive conditions from the Pennsylvania Health Care Cost Containment Council (PHC-4) that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care.

- Drug and Alcohol usage data was taken from the Comprehensive Community Needs Assessment conducted annually in Schuylkill County by the Single County Authority (SCA).
- Schuylkill County's Vision, 2008 VISION Partner Alliance Accomplishments
- *2007 Community Needs Assessment—Final Report*. (prepared by Schuylkill Community Action. March 2008.) Project made possible by Susquehanna Bancshares (formerly Community Banks) and Schuylkill Community Action.
- Profile of Schuylkill County, Pennsylvania, Reported by the Center for Rural Pennsylvania, A Legislative Agency of the Pennsylvania General Assembly
- Schuylkill Health 2009 Medical Staff Development Plan

The primary data collection process included:

- A Schuylkill County Behavioral Risk Factor Surveillance Survey following the data collection protocols and questions designed by the Centers for Disease Control with a representative sample of 400 Schuylkill County residents conducted by Strategy Solutions, Inc. and Moore Research Services.
- Seven (7) focus groups were conducted in order to gain insights from diverse community groups and underrepresented populations.
- Thirteen (13) individual interviews were conducted with key stakeholders in the community to gather a personal perspective from those who have insight into the health of a community or the region. These individuals also provided suggested activities for improving the health of the region.
- Finally, an Internet community needs survey was conducted with a total of 373 respondents (275 complete and 98 partial). The survey was designed to include the identical questions from the focus groups; and was added to the data collection process as participation in the focus groups was lower than anticipated.

Needs/Issues Prioritization Process

In December, 2011 the Schuylkill Health Leadership team discussed and identified four different criteria by which the issues would be evaluated. A "criteria matrix" exercise was developed using the OptionFinder audience response technology, to demonstrate immediate results. The first criterion was an assessment of whether the issue was the primary responsibility of the health system or the community (Regional Role). Three other criteria, benefit to the community relative to the cost (Benefit), the extent to which the issue impacts health outcomes and/or is a driver of other conditions (Outcomes) and the extent to which leadership is in place and functioning to address the issue problem (Leadership) were also used to prioritize each issue/problem area.

Action Planning Process

In December, 2011 the Steering Committee met to discuss and prioritize community health and discussed how the community would be organized to address the priority issues that were identified in the needs assessment. The group agreed that Schuylkill Vision would be the group best suited to coordinate interventions for the priorities that were not directly the responsibility of the health system.

The hospital leadership team met in January, 2012 to begin the action planning process to address the top priorities identified as the responsibility of the health system. Over the next few months, the group met several times and identified implementation action plans. Steering Committee members representing key community agencies and organizations with primary responsibility for key priorities identified in the plan were also asked to submit an action plan to be included in the final needs assessment document.

Review and Approval

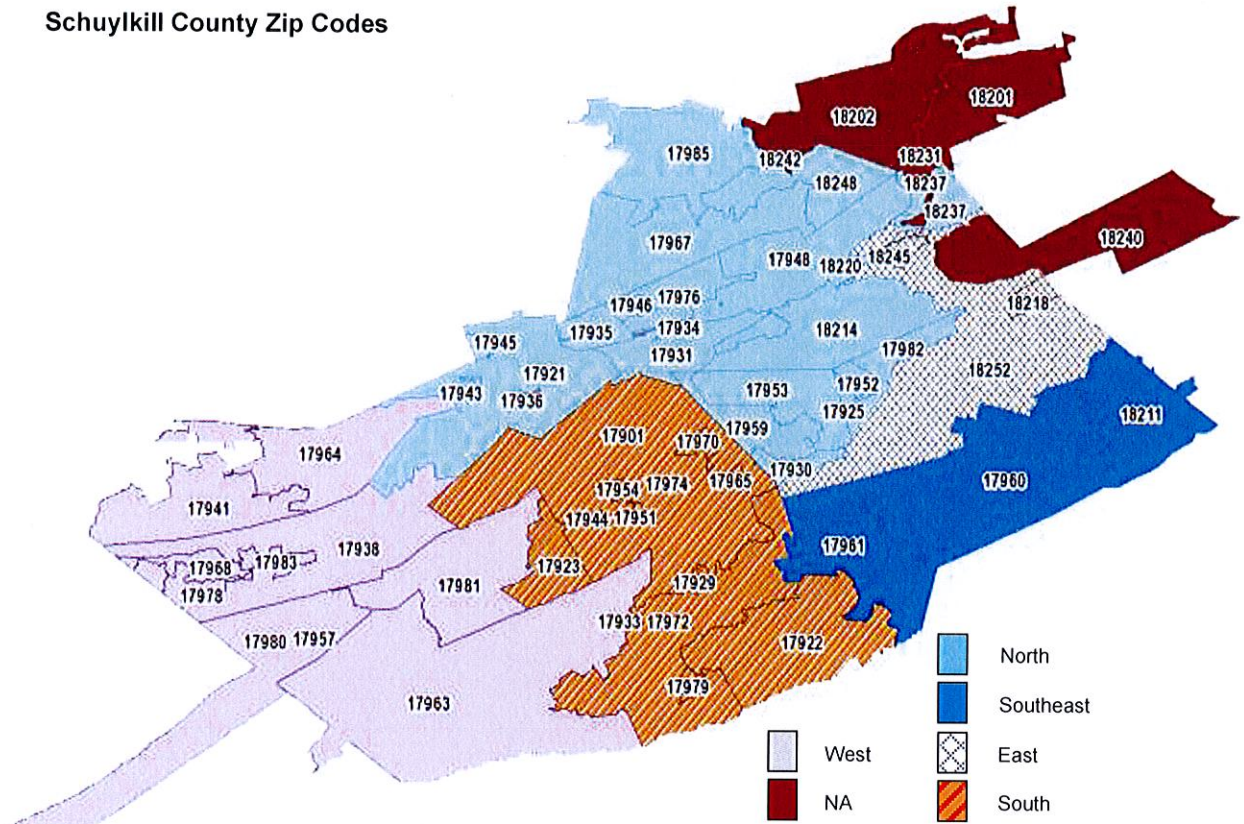
The leadership team of Schuylkill Health and auditors, Parente Beard, reviewed the draft report and suggested revisions to the report to make it more readable and ensure compliance with IRS regulations. The final report was distributed to the Schuylkill Health Board and Leadership and to the Steering Committee members for final review. The action plans were approved by the Schuylkill Health Board on January 28, 2013.

Overall Findings

Demographics & Socio-Economic Data

To complete this Community Health Needs Assessment, Schuylkill County overall was examined and listed by region within the county. The map below outlines 5 sub regions.

Schuylkill County Zip Codes



Population

In 2011, there was an estimated 147,585 people living in Schuylkill County with slightly more than one-third (36%) living in the “south” sub-region and nearly another third (32%) living in the “North” sub-region. Between 1990 and 2000, the population of Schuylkill had decreased by 1.43%. This trend continued from 2000-2011 and is projected to continue on this path into 2016. The “Southeast” sub-region, which made up 8% of the total county population in 2011, is the only sub-region to realize consistent growth from 1990 to 2010 and is projected through 2016.

Age and Gender

The median age in Schuylkill County in 2011 is 43 years old, which is nearly six years older than the U.S average age of 36.95 in 2011. The median age for women in Schuylkill County (45) is five years older than the median age for males (40). More than half (54%) of the county's population is within the four age categories of 25-64 and more than three quarters of the population (77.25%) are 21 or older. Schuylkill County has an aging population. There is a smaller population base in the younger age groups. It also shows that the population of female surpasses male beginning at age 65 and continues to increase through age 85 and older.

Household and Household Income

In 2011, there were an estimated 60,800 households in Schuylkill County. From 2000 to 2011, the number of households grew by 0.45% countywide. The Southeast region experienced the most growth at 8.2% followed by the West at 3.1%. The East region experienced a decline of -3.14% during this same period. The most common household income category for all regions was \$50,000-\$74,999, although the average household income in 2011 for the county was just below this category at \$49,888. This is much lower than the U.S. average household income of \$67,529 in 2011.

Race and Ethnicity

Almost 95% of Schuylkill County residents ages 18 and over are white. Black or African Americans alone make up 3.4% and Hispanic or Latino at 2.2%.

Unemployment

An estimated 5,637 or 4.6% of the age 16+ employment population in Schuylkill County was identified in the category Civilian-Unemployed in 2011. The north sub-region had the highest percent (5.12) in this category and West had the lowest at 3.38%.

Overall Key Findings

The tables presented on the next four pages are a summary of community health indicators that were examined and presented in detail within this report. The first two tables presented are Behavioral Risk Factor data for Schuylkill County collected in 2003 and again in 2011 during this process. The Trend column indicates an increase (green, +) or a decrease (red, -) in response percentages between 2003 and 2011.

Following the Trend column, are the response percentages across Pennsylvania and the nation. The Goal column identifies the Healthy People 2020 Goal for each indicator. The final column, Goal Comparison, indicates the relationship between Schuylkill County's 2011 response and the 2020 Goal. That is, a red square (-) indicates that Schuylkill County is below the 2020 Goal and a green square (+) indicates that Schuylkill County is above the 2020 Goal.

The following table presents mortality and child birth related indicators for Schuylkill County, Pennsylvania and the nation across 2006, 2007, 2008 and 2009. Trends, 2020 Goal, and Goal Comparisons are the same as described above.

Behavioral Risk Factor Indicators

Behavior Risk	Schuylkill County		Trend	PA	US	Goal	Goal
	2003	2011		2010	2010	2020	Comp
ACCESS							
Percent having some type of health insurance	87	88.5	+	84	85	100	-
Percent having a usual primary care provider	88	91.2	+	89	81.8	83.9	+
Percent who saw a dentist in past 12 months	70	67.3	-	71	70.1	*	
Percent needed a doctor but couldn't due to costs	10	11.5	-	9	14.6	4.2	-
Percent need prescription (s) but couldn't due to costs	10	16.3	-	12	12.9	2.8	-
Percent of diabetics who did not see a provider in 12 months	*	11		*	*	*	
Percent self-described excellent, good, very good health	83	78	-	84.3	85.1	*	
Percent self-described fair or poor health	17	22	-	15.7	14.9	*	
Percent limited activities due to physical, mental, emotional issues	19	25	-	21.9	21.2	*	
Percent of females who have ever had a mammogram	*	67.5		90.9	70	*	
Percent of females who have ever had a Pap test	*	96.5		96	91	*	
Percent of males who have ever had a PSA test	*	34		47.7	46.7	*	
Percent who have had blood cholesterol checked	75	81	+	78.7	77	82.1	-
Percent who have used a home blood stool testing kit	*	17.3		15.6	17.3	*	
Percent 50+ who have had sigmoidoscopy or colonoscopy	*	55.3		68	65.3	*	
Percent aware of hospice care and/or end of life services	*	74		*	*	*	*
Chronic Disease							
Percent told by provider that they have high blood pressure	30	35.5	-	31.4	27.8	26.9	-
Percent told by provider that they have high blood cholesterol	35	32.3	+	38.9	37.5	13.5	-
Percent told that they had a heart attack or myocardial infarction	8	5.3	+	6	4.3	*	
Percent told by a provider that they had a stroke	4	4.5	-	3	2.8	*	

*data not available

Behavior Risk	Schuylkill County		Trend	PA	US	Goal	Goal
	2003	2011		2010	2010	2020	Comp
Healthy Environment							
Percent told child under 18 in household has asthma	10	23.3	-	12	2.8	*	
Infectious Disease							
Percent of 65+ who received seasonal flu vaccine last 12 months	63	54.2	-	68	67.5	90	-
Percent of 65+ who received pneumonia shot	50	54.2	+	70.6	68.8	90	-
Percent whose children under 18 are current with vaccines	*	97.5		*	*	*	
Mental Health & Substance Abuse							
Percent experiencing one or more days in the last 30 where mental health was not good	33	38.8	-	35	33.4	*	
Percent with one or more days in the last two weeks with little interest or pleasure in doing things	33	31.8	+	*	40.6		
Percent currently taking medication or receiving treatment for a mental health condition	*	14.3		*	*		
Percent who engaged in binge drinking	20	15.2	+	15.2	15.1	*	
Percent who have been affected by the use of illegal drugs, prescription drugs, or alcohol	40	2.8		*	*		
Percent aware of community resources to address drug and alcohol concerns	40	77.5	+				
Physical Activity and Nutrition							
Percent who are obese	*	40.6		29.2	27.5	30.6	-
Percent who worried about having money for nutritious meals	*	30.8		*	14.6	*	
Percent who did not participate in physical activities past 30 days	28	20	+	25.8	23.9	*	
Tobacco Use							
Percent who smoke cigarettes everyday	*	18.5		*	*	*	
Percent who use smokeless tobacco everyday	*	2.3		*	*	*	
Unintentional Injury							
Percent who always wear seatbelt	*	72.3		87.9	85.5		
Percent who got adequate sleep in the past month	*	71.3		61	*	70.9	-
Percent who have a working smoke detector	*	72.3		*	75		
Percent victim of domestic violence in past 5 years	*	5		*	*		

*data not available

Public Health Data	Schuylkill County				Trend	Pennsylvania				US				Goal				
														2020				
	2006	2007	2008	2009		2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2010
Cardiovascular mortality rates per 100,000	*	318.5	306.1	297.1	+	*	278.4	264.5	245.3	*	*	*	*	*	*	*	*	*
Coronary heart disease mortality rates per 100,000	*	185.7	174.6	159.4	+	*	145.4	138.5	128.3	*	126	*	*	*	*	*	*	*
Cerebrovascular mortality rates per 100,000	*	41.3	41.5	45	-	*	46.9	41.8	39.9	*	42.2	*	*	*	*	*	*	*
Diabetes mortality rates per 100,000	28.4	24.3	26.8	16.9	+	23.3	22.9	21.3	20.2	*	*	*	*	*	*	*	*	*
Lower respiratory disease mortality rates per 100,000	59.9	57.9	38.5	48.5	+	37.3	39.9	42.8	39.6	*	56.9	*	*	*	*	*	*	*
Female chlamydia rates per 100,000	1294.9	1362.5	1393.2	1293.9		2447.9	2613.9	2616.2	2584.2	2790.2	2953.5	3202.9	3251.1					
Male chlamydia rates per 100,000	132.7	403.1	178.8	288.1	-	770.5	845.7	857.1	932.4	689.5	768.4	871.8	910.8					
Teen (15-17) pregnancy rates per 1,000 females	19	16.6	19.7	17.9	+	23.6	23.9	24.4	22	38.9	*	*	*	*	*	*	*	*
Teen (15-17) birth rate per 1,000 females	15.1	12.3	15.1	13.8	+	16	16.1	16.3	14.5	22	22.1	21.7	20.1					
Percent pregnant women receiving care during 1 st trimester	83	82	79	82		72	71	71	71	71	71	71	71	*	71	*	*	77.9
Percent low birth-weight babies born	8	9	9	8		9	8	8	8	13	*	*	12	8.2				
Percent Cesarean Section births	36	37	33	34	+	30	30	31	32	*	27	*	*	*	*	*	*	*
Percent who abstained from smoking while pregnant	71	71	70	74	+	82	83	83	84	*	90	*	*	98.6				
Percent infants who were breastfed	47	48	49	54	+	65	65	67	69	*	*	*	74	81.9				

*data not available

Public Health Data	Schuylkill County				Trend	Pennsylvania				US				Goal					
	2006	2007	2008	2009		2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2010	2011
Colon & rectum cancer mortality rates per 100,000	24.1	21	18.8	22	+	19.1	19.4	18.9	18.1	17.4	17.1	16.7	14.5	14.5					
Female breast cancer incidence rates per 100,000	90	95.1	123.5	104.5	-	121.4	124.4	123.5	129.9	119.6	120.3	120.5	*	*					
Female breast cancer mortality rates per 100,000	29.6	30.2	43.8	25.3	+	24.8	25	24.1	24.2	24	23.4	22.8	20.6	20.6					
Prostate cancer incidence rates per 100,000	145.5	140.3	129.6	110.5	+	155	161.3	164.6	145.8	*	*	156	*	*					
Prostate cancer mortality rates per 100,000	29	27.7	26.2	27.3	+	25.7	27.1	26.6	24.2	*	*	23.5	21.2	21.2					
Bronchus and lung cancer incidence rates per 100,000	70.4	64.5	76.9	69.5	+	74.4	70	71	69.9	*	*	*	62	*					
Bronchus and lung mortality per 100,000	50.9	53.7	58.3	56.9	-	52.8	52.4	51.6	49.9	*	50.6	*	45.5	45.5					

*data not available

Conclusions

Access to Quality Health Care

There are a number of observations and conclusions that can be derived from the data related to Access to quality health care. They include:

- Schuylkill County falls short of the Healthy People 2020 goal of health care insurance for 100% of the population. However, compared to Pennsylvania residents or residents across the US, a higher percentage of Schuylkill County residents have health care insurance. East Schuylkill County residents do not fare as well as the rest of the county in terms of health insurance.
- Similarly, while Schuylkill County residents overall (91.2%) surpass the 2020 Goal of 83.9% of the Population having a Primary Care Provider; residents in the East Region do not fare as well as residents living across the county when it comes to having a usual primary care provider.
- In terms of unmet need, Schuylkill County residents do not fare as well as residents across Pennsylvania. Fewer Schuylkill County residents (67.3%) visited their dentist within the past 12 months than the state or the nation and 11.3% of residents indicated that they did not access medical care due to cost. Residents of the East (16.7%) and South (14.2%) sub-regions are more likely than others to go without medical care due to cost.
- About one in six Schuylkill County residents (16.1%) who needed a prescription in the past year did not get it filled due to cost, up from 10% in 2003. Residents of the North sub-region are more likely than others (18.7%) to forego filling a prescription due to cost.
- Eleven percent (11%) of those individuals who have been told by their doctor or medical professional that they have diabetes did not see their health care provider in the past year.
- The majority (78%) of Schuylkill County residents rate their health good, very good or excellent, although this is down from 83% in 2003 and lower than both the state and the nation. People who live in the Southeast sub-region are more likely than others to rate their health excellent or very good. The percentage of people reporting that they have limitations due to a physical, mental or emotional problem has increased from 19% in 2003 to 25% in 2011, with residents of the East sub-region more likely 42% to indicate that they have some type of limitation.
- Regarding preventative screenings, only 67.5% of female respondents in 2011 indicated that they have ever had a mammogram, lower than both the state and the nation, while 96.5% of women reported ever having a Pap Test. Only 34% of men reported ever having a PSA test, also lower than the state or nation. The East sub-region has the lowest PSA testing rate in the region at 11%. The majority of residents (81%) have ever had their cholesterol checked and 68% of those have had it checked in the past 12 months. The Southeast sub-region (71.4%) has the lowest rate of cholesterol checks. A small percentage, (17.3%) have used a home blood stool testing kit, while over half (55.3%) of those over 50 reported ever having a colonoscopy or

- The majority of people (36%) get their health care information from the Internet and from their doctor (31%).
- The majority of Schuylkill County residents (74%) are aware of hospice services in the region.
- Rates of inpatient hospitalization for selected ambulatory care sensitive conditions have all declined from 2008 to 2010. Inpatient hospitalization rates for Congestive Heart Failure and Chronic Obstructive Pulmonary Disease (COPD) have declined dramatically.
- Schuylkill has demonstrated a need for over 100 additional physicians, as reported in the 2009 Schuylkill Health Medical Staff Development Plan. The majority of the need (over half) is for Family Medicine Physicians and Pediatricians.
- Community stakeholders interviewed for the assessment indicated that there is a need for a focus on primary care and preventative medicine. Stakeholders believe that there is inadequate quality health care and access to qualified health care professionals and health education. Additionally, lack of transportation, particularly in the more rural areas of the county, prevent some people from accessing health care. While there are some significant access challenges, there is valuable work being done in the community to educate residents and facilitate immunizations.
- While the majority of community members participating in the focus groups and responding to the community survey rated their personal health as good, very good or excellent, the majority of respondents (over 70%) rated the health of Schuylkill County as fair or poor.
- About a third (1/3) of the participants of the focus groups and community survey expressed that they feel that the community does not work together well on important community issues.
- The majority of participants in the on-line survey (56%) do not feel that they have any influence on community health issues while the majority (60%) of the focus group participants expressed that they felt they had some influence. This could be due to the fact that a number of the focus group participants were business and other community leaders.
- Community survey and focus group respondents indicated that the most serious issues in their town, city or rural area (local community) include affordable healthcare, availability of specialists, health and dental health accessibility and transportation. Insurance coverage, prescription drug availability, quality medical care and access to medical care providers are the most serious access problems facing Schuylkill County as a whole. While respondents indicated that many of these issues were less of a problem for them, the most serious problems facing individuals and families included quality of medical care, insurance coverage, access to medical care providers and prescription drug availability.
- Survey and focus group comments received also focused on the themes related to affordable health care/insurance, providers that accept medical assistance, the lack of a cohesive health care delivery system

Chronic Disease

There are a number of observations and conclusions that can be derived from the data on chronic disease. They include:

- A higher percentage of Schuylkill County residents indicated that they were told by a health care professional that they had high blood pressure (35.5%), compared to the state and the country. The East region of the county has the highest rate of all the sub-regions (47.2%), much higher than the county average.
- While lower than the state or national percentages of persons who have been told that their blood cholesterol was high, the percentage of persons reporting that in Schuylkill County (32.3%) is substantially higher than the Healthy People 2020 goal of 13.5%. The Southeast (42.9%) and East (38.9%) had the highest percentages of the area's sub-regions.
- While the percentage of persons reporting on the BRFSS survey that they had been told that they had a heart attack or myocardial infarction (5.3%) is comparable to the state and country, the cardiovascular and coronary heart disease mortality rates for Schuylkill County were significantly higher than those for Pennsylvania for 2006, 2007 and 2008.
- While the percentage of people indicating on the BRFSS survey (4.5%) that they have been told by a healthcare professional that they had a stroke is comparable to the state and nation, the cerebrovascular (stroke) mortality rate (45 per 100,000) is significantly higher than the Healthy People 2020 goal of 33.8 and increased from 2007 to 2009.
- Although the percentage of people in Schuylkill County (10%) who have ever been told that they have cancer is comparable to the national rate (9.4%), the colon and rectum mortality rates for Schuylkill County were significantly higher than the state in 2006 and 2008. The percentage of Schuylkill County residents (50 and over) who indicated that they had had a colonoscopy was lower than the state or the country. Additionally, there is a high number of individuals in the county who have been diagnosed with late stage colon and rectum cancer.
- Female breast cancer incident rates were lower than the state (significantly lower in 2006 and 2008) yet the mortality rate was higher than the state (significantly so in 2008) or the country. The county also reported a high number of late stage breast cancer cases.
- Similar to female breast cancer, male prostate cancer incidence in Schuylkill County is lower than that of the state or the country in 2005, 2006, 2007 and 2008. Again similar to female breast cancer, even though the Schuylkill County incidence rate is lower than that of the state or country, the Schuylkill County mortality rate associated with prostate cancer is higher than the state in three out of the four years presented and higher than the country in 2007

- The incidence rates (per 100,000) for Bronchus and Lung cancer in Schuylkill County were less than those of the state in 2005 and 2006. However, those rates increased and surpassed that state rates in 2007. In 2008, bronchus and lung cancer incidence rates for Schuylkill County and the state were comparable, yet both were higher than US bronchus and lung cancer incidence rates. Again, the county has a large number of bronchus and lung cancer cases that are diagnosed at late stage.
- The percentage of individuals who indicated that they had been told by a healthcare provider that they had diabetes increased from 9% in 2003 to 14.2% in 2011 compared to the 10% of Pennsylvanians and 11% of people in the US have diabetes.
- While there has been a steady decline in diabetes mortality rates (per 100,000) in Pennsylvania over the last 4 years of reported data, the diabetes mortality rates for Schuylkill County are higher than those of the state in 2006, 2007 and 2008 and show a somewhat jagged pattern over time. That is, Schuylkill County diabetes mortality rates decreased from 2006 to 2007, but increased in 2008. However, the Schuylkill County diabetes mortality rates decreased from 2008 to 2009 and were lower than those of the state.
- Diabetes is a need area in the community. While there are genetic implications with Diabetes, economic and environmental issues play a large part in the disease along with poor eating habits and lack of exercise. Nutrition is an issue and it leads to obesity, diabetes, heart disease and cancer; There is a perception among stakeholders that while diabetes may not be higher here than other places, amputation due to diabetes is. Chronic care management is an issue. Programming is available to deal with these issues but awareness is an issue.
- Stakeholders report that cancer prevalence is a key issue in the community and many believe that the environment plays a key role. There are currently no breast cancer specialty physicians practicing within the county.
- In the focus groups and community survey, the issues that were rated the most serious by focus group participants and community survey respondents related to chronic disease issues include cancer, high blood pressure, cardiovascular disease and stroke, hypertension, diabetes, cholesterol, and asthma/COPD. Less serious county wide health issues include osteoporosis, visual/hearing impairment and HIV/AIDs.
- While there are some differences on these questions between the focus group participants and the survey respondents, the rank ordering of the results is almost identical. Cholesterol, high blood pressure, hypertension, cardiovascular disease and stroke, arthritis/rheumatism, diabetes, cancer and Asthma/COPD have almost equal rates of seriousness to individuals and families.

Healthy Environment

There are a number of observations and conclusions that can be derived from the data on Healthy Environment. They include:

- The percent of Schuylkill County residents who have children with asthma increased between 2003 and 2001 (23.3% up from 10%).
- Compared to Pennsylvania and the U.S., there are a greater percent of children with asthma living in Schuylkill County.
- In general, the mortality rate associated with lower respiratory disease is higher in Schuylkill County than in Pennsylvania (49 per 100,000 individuals vs. 40 per 100,000 individuals in 2009).
- Residents identified employer-sponsored health and prevention programs as an important way to reach Schuylkill County residents with health promotion messages.
- Residents indicated that health related programs that are available are not well known and are not well utilized.
- Health education is perceived to be an important endeavor.
- The most serious environmental issues, from Schuylkill County residents' perspective, are employment and economic opportunities, blight, recreational opportunities, delinquency and crime.

Healthy Mothers, Healthy Babies, Healthy Children

There are a number of observations and conclusions that can be derived from the data on healthy mothers, babies and children. They include:

- Each year from 2006 to 2009, the percent of pregnant women in Schuylkill County who accessed prenatal care during their first trimester surpassed their counterparts across Pennsylvania and the US. In addition, the percent of women living in Schuylkill County who accessed prenatal care during their first trimester surpassed the Healthy People 2020 goal of 77.9%.
- The Healthy People 2020 goal is that no more than 8.2% of babies born in the US will be classified as low birth-weight babies, babies weighing less than 5 pounds 8 ounces. In Schuylkill County, 8% of those born in 2006, 9% in 2007 and 2008, and 8% in 2009 were low birth-weight babies.
- Each year, from 2006 to 2009 (36%, 37%, 33% and 34% respectively) the percentage of deliveries by cesarean section surpassed the percentage of cesarean section births across Pennsylvania.
- The Healthy People 2020 goal is that 98.6% of women will not smoke cigarettes during pregnancy. However, the percent of women living in Schuylkill County who did not smoke while pregnant was lower than 75% each of the years for which data were available (2006 – 2009) and that percentage was significantly lower than the percent of pregnant women who abstained from smoking while pregnant across Pennsylvania.
- The percent of babies in Schuylkill County who were breastfed increased between 2006 and 2009 (47%, 48%, 49%, and 54% respectively), yet remained below the Healthy People 2020 goal of 81.9%.
- The teen pregnancy rates in Schuylkill County are below the state teen pregnancy rates, but the percentage of births born to teens in Schuylkill County is higher than the percentage of teen births in Pennsylvania.
- Some Schuylkill County residents indicated that teen pregnancy and prenatal care were service problems for them and their families. Parenting, early childhood development and day care, and child abuse were serious problems for local communities in Schuylkill County and teen pregnancy and prenatal care were the most serious problems related to healthy mothers, babies and other children for Schuylkill County.

Infectious Disease

There are several observations and conclusions that can be drawn from the data on chronic disease. They include:

- Fewer Schuylkill County seniors receive the age appropriate vaccines compared to those across Pennsylvania or the country.
- The vast majority (97.5%) of respondents indicated that their children were current on their vaccines
- Chlamydia rates in Schuylkill County are lower than those across Pennsylvania or the US.

Mental Health and Substance Abuse

There are a number of conclusions and observations that can be made regarding mental health and substance abuse from the data. They include:

- Alcohol remains the primary substance of abuse within the county at 40.87% of the demand for services.
- Marijuana followed by alcohol are the prominent substances of abuse for adolescents seeking treatment.
- High school seniors are reporting a higher use of prescription drugs and report drug use that is higher than the national averages (11-17%).
- 3.1% of Schuylkill County high school seniors report use of prescription narcotics within the past 30 days higher than the national average.
- The uniform crimes report data exhibits an increase in arrests for sales of opium/cocaine by 20% from 2007 to 2008. This number spiked by 233% from 2006 to 2007.
- Combined, this data supports the continuation of a significant narcotic problem that is beginning in youth under 18 and continuing into early adulthood.
- Overcrowding in Jail is likely to lead to alternative sentencing including drug and alcohol services as approximately 70% of an incarcerated population is in need of services related to substance abuse.
- Schuylkill County respondents are more likely to have a bad mental health day than those across the state or the country.
- Community members describe a culture that embraces alcohol use, a lack of drug and alcohol services and a high rate of mental health issues.

Physical Activity and Nutrition Key Findings

- A greater percentage of Schuylkill County residents (40.6%) are obese compared to Pennsylvanians (29.2%) or Americans (27.5%).
- Just over 70% of Schuylkill County residents indicated that they were overweight or obese.
- A larger portion of obese people live in the Southeast Region of Schuylkill County than other regions within the County.
- More Schuylkill County residents indicated that they participated in some form of physical exercise in the past 30 days than did individuals in Pennsylvania or the US.
- Many Schuylkill County children do not necessarily receive appropriate nutrition (as evidenced by high pockets of poverty and free/reduced price lunch statistics).
- 30.86% of Schuylkill County residents indicated that they always, usually or sometimes worried in the past 30 days that they would have enough money to buy nutritious meals compared to the 14.6% of individuals across the country.
- Residents indicated that local culture and traditions support obesity, diabetes, and lack of physical activity.
- Access may not be the pressing issue as many free and low cost options for physical activity are often underutilized.
- Residents identified inadequate sleep, obesity and oral health as pressing issues for themselves and other Schuylkill County residents.

Tobacco Use

Conclusions from the tobacco use data include:

- The majority of Schuylkill County respondents did not use tobacco products.
- Community stakeholders feel that tobacco programs should be a part of all healthy lifestyle initiatives.

Unintentional Injuries

- Schuylkill County residents are less likely to use seat belts and are significantly more likely to die in a motor vehicle accident.
- 5% of participants indicated that they had experienced some form of domestic violence within the past five years.

- Although adequate sleep was identified as a problem for Schuylkill County residents elsewhere in this report, there is evidence that Schuylkill County residents might be more likely to get adequate sleep.
- The majority, 72.3% of Schuylkill County residents indicated that they had a working smoke detector at home.
- Younger individuals in Schuylkill County are more unlikely to use seatbelts as described by community members.
- Domestic violence, accidents and trauma associated with seatbelt use, sexual abuse and elder abuse as important issues at the local community level.

High Priority Health Issues

On December 16, 2011 the Leadership Team of Schuylkill Health and the Steering Committee met in two separate meetings to review the needs and issues identified in the Community Needs Assessment Process and to prioritize the issues in order to identify potential intervention strategies and an action plan. The Schuylkill Health Leadership team discussed and identified 4 criteria by which the issues would be evaluated. These criteria included:

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
1. Immediate Priority for Regional Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system
2. Benefit is high relative to the cost	This would include items that have a significant "return on investment" relative to the cost associated with the action item	Low benefit relative to the cost	Some benefit relative to the cost	High benefit relative to the cost
3. Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
4. Leadership	The extent to which the leadership is already in place and functioning to address the issue/problem	No system in place	System is in place but could be improved	System is in place and functioning well

After the Schuylkill Health Leadership Team and Steering Committee discussed, rated and ranked the issues using the OptionFinder audience response polling technology, the top priorities for the health system included:

- Healthy Mothers, Babies, Children/Women's Health
- Access to Quality Health Care/Early Screenings
- Healthy Mothers, Babies, Children - Tobacco & Alcohol Use During Pregnancy
- Chronic Disease: Diabetes

Top priorities for the community included:

- Physical Activity and Nutrition: Obesity
- Unintentional Injuries: Motor Vehicle

Action Planning

Each group was then asked to complete group action plans for their individual action plans. The health system developed implementation action plans for the priority areas for each hospital. Selected community groups developed action plans for the community priorities.

The following tables outline the action plans for East Norwegian Street and South Jackson Street Medical Center health system and the community priorities.

Schuylkill Medical Center East Norwegian Street Implementation Action Plan

Schuylkill Medical Center East Norwegian Street Implementation Action Plan				
GOAL: To reduce the number of women who use tobacco products during pregnancy and to keep them off tobacco after giving birth.				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY	TIMEFRAME	MEASURE
To reduce the % of women who use tobacco products during pregnancy and assist them after pregnancy to refrain from using tobacco products. The Medical Center will educate the women and their families on the dangers of tobacco use during pregnancy to the mother, unborn child and family members and also the effects on the families' health if the mother goes back to using tobacco products after giving birth.	<ul style="list-style-type: none"> Since more than 80 percent of all births to Schuylkill County Women are delivered at Schuylkill Medical Center South Jackson Street and the Medical Center already has an established tobacco cessation program, those resources can work together to achieve this objective. The Center for Counseling Services will partner with the Maternity Team and others from Schuylkill Medical Center South Jackson Street to deliver the tobacco cessation message and program and provide the support and resources to help the mothers and families address the tobacco addiction during pregnancy and also continue to address the addiction after the birth of the baby. Develop survey at childbirth classes to determine baseline. Offer Tobacco cessation program through childbirth for mom and partner. <ul style="list-style-type: none"> Schuylkill Medical Center East Norwegian Street currently offers an established tobacco cessation program through its Center for Counseling Services. Trained Counselors will present the tobacco cessation as part of Childbirth Classes. This established program recognizes that people who pursue tobacco cessation often need numerous attempts to quit and stay quit. The program provides follow-up, nicotine replacement therapy (where appropriate). 	<p>Team Leaders will be Director of Maternal Services – Renee Magdeberg and Director of Counseling Services – William Rowan. They will be assisted by Melissa Williams – charge nurse of Maternal Services, Mary O'Brien - tobacco cessation counselor, all staff members of the maternity and pediatric departments, Pam Webber, RN, Childbirth Class Coordinator OB/GYN Physicians – Dr. Zimmerman, Krewson, Grube, Katz-Weizer and Xenophon, Pediatric Hospitalists, Pediatricians, Education Department and community representatives from American Lung Association, Maternal and Family Services. Mike Peckman, Marketing/Public Relations. There will also be an executive sponsor who will sit on this team to demonstrate the importance that this objective has to the Medical Center in terms of improving the health of our community. At this point the sponsor will be Diane Boris, VP of Finance.</p>	Annually – Fiscal Year probably best mechanism	<p>Establish baseline –</p> <p>See how many have admitted tobacco use – follow to see how many have stayed quit.</p> <p>Go forward with new year statistics. Compare previous years to see impact.</p> <p>Work with OB/GYN physicians and pediatricians to expand on baselines and continue to monitor success with nicotine cessation.</p>
In Schuylkill County, pregnant women are significantly more likely to receive prenatal care but significantly less likely to abstain from tobacco use	<ul style="list-style-type: none"> Partner with local OB/GYN practices to promote the program to their patients. <ul style="list-style-type: none"> Provide information that can be distributed to Moms upon their first visit to the physician in their pregnancy. 	As this team grows, the members will be expanded to include other hospital and community members as necessary for success.	Annually – Fiscal Year probably best mechanism	<p>Establish baseline –</p> <p>See how many have admitted</p>

Schuylkill Medical Center East Norwegian Street Implementation Action Plan				
GOAL: To reduce the number of women who use tobacco products during pregnancy and to keep them off tobacco after giving birth.				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY	TIMEFRAME	MEASURE
<p>during pregnancy. By reducing the number of women who use tobacco products during pregnancy – we hope to improve the outcomes of the children at birth and also during adolescence. It has been shown that exposure to tobacco products produces low birth weight babies and can also increase the incidence of asthma and other respiratory ailments. Hopefully education will help the women of Schuylkill County that giving up tobacco products during pregnancy will help their unborn child but will also help their own health. This may also lead to the mother giving up tobacco products completely after her pregnancy ends.</p>	<ul style="list-style-type: none"> - Create brochures and flyers in addition to the materials already developed. - There are five OB physicians in Schuylkill County. Communication with doctors in their OB Committee Meetings as well as Routine visits to the practices and development of written communications. <ul style="list-style-type: none"> - Utilize physician extenders such as physician assistants and nurse practitioners who also interact with the patients to educate patients on the dangers and also educate them on the resources available. - There is one local GYN who should also receive this info to share with her patients. - Reach out to any out of area ob/gyns if numbers warrant it - We know the OB's in surrounding communities and will communicate with them via telephone, written communications, email and personal visits. - Utilize Geisinger Pediatric Hospitalists and also the pediatrician community to assist in continuing the education and access to resources after the birth of the baby. <ul style="list-style-type: none"> • Devise method of follow up of mothers during pregnancy and afterwards in cooperation with OB/GYN offices and Pediatricians. • Offer a CHAT Program on this important topic. • Partner with March of Dimes, American Cancer Society, Lung Assoc, etc. for a Healthy Babies Campaign. • Generate newspaper stories about the importance of tobacco free pregnancy, ill effects of nicotine products, etc. • Post information on the hospital website regarding information on tobacco cessation, dangers of nicotine products during pregnancy and during early childhood. • Counseling Center also has a relationship with South Eastern Pennsylvania Regional Tobacco Project thru the Health Promotion Council. Utilize this relationship to identify groups to partner with in our community to help continue education after birth. • Educate all maternity staff on the dangers of tobacco products during and after pregnancy and enlist them to communicate with patients during the patients stay in the hospital. • Include our tobacco cessation information at all health fairs and community programs. 			<p>tobacco use – follow to see how many have stayed quit.</p> <p>Go forward with new year statistics. Compare previous years to see impact.</p>

Schuylkill Medical Center South Jackson Street Implementation Action Plan

Schuylkill Medical Center South Jackson Street Implementation Action Plan					
GOAL : Increase breast cancer awareness, mammography rates and decrease breast cancer mortality rates					
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY	TIMEFRAME	BUDGET	MEASURE
<p>Goal – Increase awareness about breast cancer and increase the number of mammograms conducted.</p> <p>By increasing the number of mammograms, we hope to reduce the mortality over time.</p> <p>Even though female breast cancer incident rates in Schuylkill County were lower than State averages in 2006 and 2008, the mortality rates for breast cancer among Schuylkill County residents were higher than the State or Country. Schuylkill Medical Center South Jackson Street feels that with early intervention and awareness, local women can be better-educated regarding breast cancer and thus begin to reduce the high mortality rates by following the recommended guidelines regarding regular mammograms.</p> <p>By helping women to become more proactive in their own healthcare and reducing risk factors – along with following the guidelines for regular mammograms – this should all help</p>	<p>To help reduce mortality rates for breast cancer – we need to educate women on the need for mammograms and the guidelines of when and how often a women needs to have a mammogram, educate everyone on the importance of early detection. Also provide education on other factors such as exercise, nutrition, family risk factors to help the women of Schuylkill County become more proactive of their own preventive health care.</p> <ul style="list-style-type: none"> Develop materials about Breast Cancer (brochure), early detection and mammography for use throughout the health system and throughout the community. Develop Schuylkill Health (branded) self-breast exam shower card for use throughout the health system and community. Provide these materials to local OB/GYN offices as well as Internal Medicine and Family Physicians. <p>Make these materials available in waiting areas throughout both Medical Centers and at other Schuylkill Health facilities in the community at all Schuylkill Health locations including Medical Office Building, Women’s Imaging Center, Medical Centers East and South, Health Center North and Health Center Orwigsburg.</p> <ul style="list-style-type: none"> Offer reduced-cost mammograms during October, National Breast Cancer Awareness Month. Continue partnership with Maternal & Family Health Services, Wilkes, Barre, PA to offer free mammograms during the month of April for those who cannot afford. Seek other partnerships, relationships to help create a stronger awareness, i.e., American Cancer Society, Chamber of Commerce and member businesses, Schools, beauty salons, grocery stores, churches and others. <ul style="list-style-type: none"> Initially, CHAT Program will be held at both Medical Centers (alternating). Use our CHAT Programs (Community Health Awareness Talks) to educate. <ul style="list-style-type: none"> Initially, CHAT Program will be held at both Medical Centers (alternating) as held For greater reach, hold an educational program in community other than Pottsville, but in Schuylkill County. Partner with news media to promote breast health awareness, particularly in October (National Breast 		<p>Calculated each fiscal year</p> <p>Calculated each fiscal year</p>	<p>Budget will vary.</p> <p>Staff resources will be accounted for at their adjusted hourly rates.</p> <p>Brochure Production -- \$1800</p> <p>Self-Breast Exam Shower Cards - \$3,000</p> <p>Newspaper Advertising is approximately \$25 per column inch. Assuming several ads totaling 150 inches - \$3750</p> <p>Cable Television Commercials vary in price but run approximately \$20 per insertion.</p> <p>Billboards vary significantly in price depending on size, company and location.</p> <p>Budget will vary.</p> <p>Staff resources will be accounted for at their adjusted hourly rates.</p> <p>Brochure Production -- \$1800</p>	<p>During initial phase, years, review increase in mammograms over previous year.</p> <p>In FY 2011/2012 – mammograms at Schuylkill Medical</p>

Schuylkill Medical Center South Jackson Street Implementation Action Plan					
GOAL : Increase breast cancer awareness, mammography rates and decrease breast cancer mortality rates					
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY	TIMEFRAME	BUDGET	MEASURE
to work together to reduce the mortality rates for breast cancer.	Cancer Awareness Month and in early May around Mother's Day.) <ul style="list-style-type: none"> Coordinate similar stories in Schuylkill Medicine Today (Physician's Newsletter) and Connections (System Newsletter). Include information about breast cancer awareness at ALL Health fairs where Schuylkill Health participates. Expand Reduced Cost Mammograms during the Month of October through education and advertisement. <ul style="list-style-type: none"> Offer CHAT Program Program Advertised with 3 - 2 column x 6 inch ad. Provide self-breast exam card. Reinforce Schuylkill Health's Commitment to reducing breast cancer deaths at all venues such as: The Little Red Dress Event for Heart Disease. Ads, Billboards, Radio, Television Announcements, Flyers and other communication tools will be utilized. The number and frequency of these advertisements must be determined at a later time. 			Self-Breast Exam Shower Cards - \$3,000. Newspaper Advertising is approximately \$25 per column inch. Assuming several ads totaling 150 inches - \$3750. Cable Television Commercials vary in price but run approximately \$20 per insertion. Billboards vary significantly in price depending on size, company and location.	Center South Jackson Street. South (including Women's Imaging Center) 9.545. Note: Schuylkill Medical Center East Norwegian Street added another 3,483 mammograms in the most recent Fiscal Year. Total of FY 2011/2012 in the system was 13,028.

Schuylkill VISION will serve as the organizing and administrative agency to address the two top priority community issues identified in the final Schuylkill Health Community Health Assessment report:

- Physical activity and obesity
- Motor vehicle injuries

The action plan will include:

1. VISION will build collaborations across all sectors of the community to address these issues including businesses, schools, government, health care, social services, etc.
2. Initial steps will include the determination of the extent of and root causes for these issues
3. Priorities and action steps will be determined by the coalition
4. Responsibility for the completion of the action steps will be assigned to members of the coalition
5. VISION will be responsible for reporting the progress of the coalition through appropriate media.

Outline of the community action plan to address drug & alcohol related issues.

GOAL 1: Reduce the use of tobacco and alcohol by 20%				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY/ ORGANIZATION RESPONSIBLE FOR	TIMEFRAME	EVAL METRICS/ MEASURES
A. Target Middle School Age Youth	• Community Awareness	Prevention Specialist	On-Going	Survey Results Pre-Post
B. Target Pregnant Women	• D&A Prevention Surveys	D & A Provider Community	Survey Results PAYS (every 2 yrs.)	PAYS Data
C.	• Youth/Community Coalitions	School Districts	Needs Assessment (2 to 5 yrs.)	
D.	• School Coalitions • Target Middle School Age	NFP Nurse Family Partnership		

GOAL 2: Increase community awareness of service needs and availabilities of treatment services by 25%				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY/ ORGANIZATION RESPONSIBLE FOR	TIMEFRAME	EVAL METRICS/ MEASURES
A. Use/Abuse of Prescription Drugs	<ul style="list-style-type: none"> Community Awareness Events 	SCA Administration	On-Going	Survey Results
B. Presence of Community Based Treatment Services	<ul style="list-style-type: none"> Participate in National Drug Give Back Day 	Prevention Services	Surveys PAYS	
C.	<ul style="list-style-type: none"> D & A Prevention in Schools 	Student Assistance Program	Needs Assessment	
D.	<ul style="list-style-type: none"> Youth/School Community Coalitions Sponsored Events Public Service Advertisements Billboards, TV and Newspaper Stories Enlist Coalitions 	School Districts Coalitions Administration Office of MH, DS and D & A Services Civic Groups Advisory Boards Community Social Service Agencies	Pre-Post Surveys at Events On-Going PAYS and Need Assessment Data Feedback Thru Accountable Organizations	

GOAL 3: Expand service system continuum to include community based co-occurring within one year				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY/ ORGANIZATION RESPONSIBLE FOR	TIMEFRAME	EVALUATION METRICS/ MEASURES
A. Develop Community Based, Dually Licensed Outpatient Co-Occurring Treatment Services	<ul style="list-style-type: none"> Recruit an outpatient provider who will pursue joint state licensing 	Administrative Offices MH, DS and D & A Services	1 year	Presence of Services in 1 year
B. Develop Certified Peer and Recovery Specialist Services	<ul style="list-style-type: none"> Schedule quarterly meetings between representatives of the MH and D & A outpatient provider communities 	MH and D & A Provider Communities		
	<ul style="list-style-type: none"> Recruit certified peer services into continuum 	Case Management Services		
		Community Care Behavioral Health		

GOAL 4: Improve coordination of services between Schuylkill Medical Center and the community based provider systems				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY/ ORGANIZATION RESPONSIBLE FOR	TIMEFRAME	EVALUATION METRICS/ MEASURES
A. Establish and maintain a close working relationship between Crisis Services and Schuylkill Medical Center	<ul style="list-style-type: none"> Establish quarterly meetings with key personnel of hospital and crisis professionals to include doctors and nurse managers 	Administrative Office of MH, DS and D & A Programs	On-going	Review at quarterly meetings
B. Develop and Maintain protocols on discharge planning from the psychiatric units	<ul style="list-style-type: none"> Establish and review protocols for assessments, medical clearances, admissions to ICU and/or psychiatric units 	Hospital management staff and doctors	Current and on-going	Establish a current base line and evaluate 30, 60, 90 days then @ 1 yr.

GOAL 4: Improve coordination of services between Schuylkill Medical Center and the community based provider systems				
OBJECTIVE	ACTION STEPS	ACCOUNTABILITY/ ORGANIZATION RESPONSIBLE FOR	TIMEFRAME	EVALUATION METRICS/ MEASURES
	<ul style="list-style-type: none"> Share cell phone numbers, email addresses to allow open communication to address and/or resolve developing or occurring issues 	Service Access and Management Supervisors of TCM	30, 60, 90 day follow up 1 yr. 1 year	
	<ul style="list-style-type: none"> Establish and maintain relationships between key personnel in the ER, ICU and Psychiatric Units with crisis supervisors, workers, and provider communities Open meetings to local and state police, EMT's and 911 personnel Regularly scheduled meetings between the hospital social worker and TCM Use Team Delivered Service Model as structure for discharge Participate in the formulation of the Tx Plan and Discharge Planning Coordinate with treating physician or Tx Plan and Discharge Meet with Medical Director and Nurse Manager Quarterly 	Medical Director and Nurse Manager		