Community Health Needs Assessment

Healthy Northeast Pennsylvania Initiative

The INSTITUTE for Public Policy & Economic Development

A partnership among Keystone College, King's College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Wilkes-Barre, The Commonwealth Medical College, University of Scranton & Wilkes University

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A number of primary care physicians, specialists, medical personnel, surgery center, and patients that consented to interviews regarding health care, the health care delivery system in the region.

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Executive Summary

Purpose

The Community Health Needs Assessment (CHNA) was designed to assess health status, accessibility, and patient perception in Lackawanna and Luzerne Counties. The goal is to identify collaborative community based recommendations to mitigate some of the issues and challenges the region faces.

Process

The Institute conducted in-depth primary research by deploying over 12,000 surveys in Lackawanna and Luzerne Counties, and conducting several interviews and focus groups. Additionally, the Institute collected secondary data from a number of federal and state sources in order to examine the demographics and health status of the region's residents.

Summary/Outcomes

The region is slightly older and less diverse than Pennsylvania as a whole and the region's health rankings are poorer. The region contains more smokers, excessive drinkers and its residents are less physically active. Cancer and heart disease continue to be the main causes of death for the region's adult population, while a diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death. Though residents rate their overall health status as fairly good, there is a high incidence of certain chronic diseases as well as obesity, substance abuse and mental health issues. Incidences of several of these health issues continue to increase.

The research demonstrates residents' lack of knowledge with regard to the health resources in the region and the importance of preventative treatment and screenings.

The region does have fewer primary care physicians and physicians per 100,000 people than Pennsylvania. While specialists per capita cannot be compared, through discussions with health care professionals, there is a shortage of specialists.

For those who are aware of health care resources and the members of the primary care physician organizations within the region, the perception of the quality of local health care is not as high as it should or could be. Many issues were cited for this opinion, including: limited specialty services, not as good nor timely access to specialists, and physicians' lack of respect for and poor interaction with patients. Also noted was limited research and innovation, no collaborations with world renowned institutions and outdated or outmoded facilities.

The region includes a large base of low income residents. Given its economic history, along with the recent recession, the number of low income residents has grown dramatically. Wages have not kept pace with rising costs of living. Because of fiscal and human resource constraints, health care and social service resources have not kept pace with growing demand.

There are very few doctors, specialists, and dentists accepting medical assistance. The percentage of those enrolled in the region: 18 percent in Lackawanna County and 19.2 percent in Luzerne County compared with 17.2 percent statewide. For this region, slightly over 100,000 people are enrolled.

Further, growing regional diversity has not been embraced from the perspective of cultural awareness and language (written and spoken) to meet our limited or non-English speaking residents. This is a barrier for some residents getting the care they need.

The survey results identified several interesting facts. Nearly half of respondents felt down, depressed or hopeless between one and two days during the past two weeks. There is a relationship between mental health, health status and income. There is a relationship between mental health, health status and income. Income was a factor in several of the questions. The higher one's income, the more likely they are to report a positive health status. The opposite is true of those with lower incomes.

Data showed that some facilities have limited personnel in the following specialties, as compared to their peers: cardiologists; internal medicine; radiologist; ophthalmologists; neonatologists; physical medicine and rehabilitation services; emergency medicine services; and vascular surgeons. It should be noted; however, that the most current period that data was collected for was the year many of the acquisitions took place and therefore the 2012 counts may be different. Utilization data show high admissions at all facilities among those ages 60 and older, but a limited number of geriatric specialists.

There was a review of two of the major insurer programs in the region as it relates to preventative or well care. Both Blue Cross of Northeastern Pennsylvania (BCNEPA) and Geisinger have programs in place to provide wellness information.

Overall, the most common conditions for which residents sought care outside BCNEPA's service area were cancer, musculoskeletal, gastrointestinal and "other" in an out-patient setting, and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting. Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county.

More residents leave the BCNEPA service area for outpatient cancer services than stay inside it. Residents from both counties were most frequently treated within Pennsylvania for in- and out-patient services.

Among those interviewed, almost all physicians (except for two) have or would refer patients out of the area for care if necessary. The cited issues such as quality, the service not available within the region, high risk patient or the patient demanded to be referred elsewhere. Neurology and neurosurgery, pediatric oncology and psychiatric care are key services referred outside of the area.

The primary care physicians interviewed and those that responded to the survey site a lack of respect for the patient among physicians and fragmentation of care as problems. This, naturally, deters primary care physicians and patients from returning to the specialist. The primary care physicians would like to see more collaboration in patient care.

Patients interviewed believed that tertiary medical care is beyond the scope of local specialists, with oncology being a prime example. Patients left primarily on the recommendation of medical personnel (doctors and therapists). The patients indicated that timeliness of care is an issue for them. There is a wait time to get an appointment followed by a long gap to see the physician after any diagnostics are completed to learn the results and treatment.

Quality or perception of quality is one of the bigger issues. Local hospitals rated as “outdated” and “behind the times.” Patients feel there are too many medical errors locally for such a small region and that the hospitals are inefficient.

Patients indicated that there is no medical research taking place here or collaborations with world renowned institutions. Some initiatives in this area would improve their perception of the quality.

One patient in particular, spoke of the limited services and specialists for treatment of children with mental and behavioral health issues. In addition, he/she was concerned about what happens when her son turns 21 because at that point, there are no services available for those with autism.

Recommendations

The Institute recommends a number of initiatives for the health care delivery system and community based organizations to address this study's findings. First and foremost, there should be regional collaboration, communication and cooperation. At a time of strained resources, growing problems, duplication and programming gaps, working together is essential. The status quo has not and will not be effective in resolving regional issues.

- HNPI should develop and maintain a regional database of health care and social service resources. Listings would be posted on a web site in English and Spanish, adding Bhutanese-Nepali, Hindu and Russian, over time. A searchable database of local programs would allow patients, providers and other organizations to find appropriate support and/or care.
- HNPI should seek to coordinate regional organizations involved in social services, public transportation, health care, chronic disease organizations, the local free clinic network, and workforce development to create a network for the region's impoverished and minority populations. This network could overcome barriers to care such as lack of transportation, unemployment and insufficient awareness of resources. (Northeast PA Regional Cancer Institute has an existing Navigation Program, which could serve as a basis for a larger, regional effort.)
- A strong education and marketing program should be established to create awareness, fill in the knowledge gaps and help to form perception, rather than foster antiquated theories about regional resources and quality.
- An asset map shows duplication of efforts and gaps in youth and young adult (18+) behavioral health programs (there is no programming for those with autism once they turn 18). There is also a gap in non-profit initiatives for the aging, mental health programs for youth and behavioral programs for those age 18 and older.
- Create a regional health education series in multiple languages delivered through community-based and faith based organizations, the web, and employer networks. High priority subjects are referenced in the summary.

Income disparity is a significant problem prevalent in the region and among all races/ethnicities. The problem has worsened over the past several years and has health care implications, social implications, and could lead to criminal behavior. Therefore, any successful initiative must include

- Workforce development partnering with the Pre-K-12 education system.
- Work with health care delivery system (including Federally Qualified Health Centers) to open primary care practices and dental offices for those covered by medical assistance.

- The National Health Service Corps' (NHSC) ranking of dental providers accepting medical assistance within the region is low. Work with the network to increase the number of area providers who accept medical assistance.

Further, this region has seen surges in the Hispanic/Latino, African American, Bhutanese, Hindu, and Russian populations. Such diversity has not been embraced. Language barriers (written and verbal) remain an issue. Cultural understanding, awareness, and respect appear to be lacking.

- Create a regional health education series in multiple languages, and delivered through community- and faith-based organizations, the web and employer networks. High priority subjects are referenced in the summary.
- Develop programs for second language training for health care and social service workers.
- All hospital and health care documents should be available in Spanish.
- The health care workforce should be diverse, and representative of the races/ethnicities in the community.

Mental health and behavioral problems are increasing. Participants noted a correlation between such problems and substance abuse, poverty and the potential for criminal behaviors. There are limited and fragmented resources, and a lack of understanding of the relationship among these issues. Participants reported that, in their experience, non-mental health care professionals do not have the training to detect problems. Further, there is a stigma attached for those diagnosed with mental illnesses that tends to reduce the likelihood that they will seek treatment.

- Create mental health awareness programs with treatment options to reduce the stigma of mental health issues.
- Develop programs for health care workers to receive sensitivity, mental health and cultural training.
- Work to increase the number of mental health specialists.

Further, patient perceptions are fueled by their own experiences, as well as the experiences and opinions of close family and friends, and information from their primary care and other medical advisors. The following recommendations could help to reduce the issues presented by patients, residents, and primary care physicians.

- Promote a team approach to health care and better communication among health care professionals at all levels.
- Increase and/or promote ongoing medical research and innovation.
- Educate primary care physicians and patients about the region's availability of specialists.

- Consider collaborative initiatives with major research hospitals.
- Continue to evaluate and enhance the physical environment of older hospitals.
- Expand network of local specialists, especially in geriatrics.

There is, and will continue to be, shortages in a variety of health care occupations. In order to ensure that the region has an ample number of providers, there must be awareness about all health care occupations starting as early as elementary and middle school.

- Develop health care occupation pipeline programs (web based or through social media) and market such programs to intermediate and secondary students to build awareness of and interest in occupations and job outlook in the local health care industry.
- Explore how local health care providers, educational institutions and community based organizations can contribute to enhanced resources to improve academic performance of local students.

It is highly recommended that the reader review the final sections of this report to truly understand the foundation of the problems, the correlation of issues, and the intended recommendations.

The reader should not that the survey responses and feedback from focus groups and interviews represent the knowledge, attitudes, and perceptions of the respondents regardless of the actual facts.

Research Methods

Surveys

In August of 2012, a household survey of Lackawanna and Luzerne County residents was conducted in order to gain an understanding of the counties' health needs. The survey was sent to 12,000 residents, whose addresses were drawn at random by a commercial random sampling organization.

Of those mailed, 2,014 (17 percent) were returned and marked "undeliverable" by the post office due to inaccurate or partial addresses or because the recipient had moved and there was no forwarding address. Fifteen were deemed unusable. Another fifteen surveys were received after the deadline and were not included in the analysis.

The number of surveys was chosen to exceed 5 percent of the households and account for unusable surveys. The minimum goal was a 95 percent confidence interval, with a 5 percent margin of error. This would have required a minimum of 377 responses. The Institute surpassed that goal by receiving a total of 1,457 useable surveys returned, resulting in a 12.1 percent response rate, which is slightly less than a 3 percent margin of error.

Additionally, 200 Spanish language surveys were prepared and distributed to local Hispanic churches and free medical clinics in Lackawanna and Luzerne Counties. A local housing agency also helped distribute Spanish language surveys. Overall, four percent of the Hispanic population responded.

Another 200 surveys were distributed to African American and other minority or immigrant populations. These surveys were distributed through local youth organizations and free medical clinics. Overall, three percent of the African American population responded.

The survey was prefaced with the purpose, instructions, and an informed consent. The informed consent indicated the survey's purpose, contact information for the consultants and the sponsoring organization, along with language explaining the respondent's right to ask questions and the right to skip questions. The informed consent indicated that all responses would be kept confidential and presented in aggregate form. The consent indicated that the only parties that would see the individual surveys were the project consultants.

This informed consent met all federal standards established for the protection of human subject rights in research. The Wilkes University Institutional Review Board (IRB) reviewed and approved all of the primary research instruments and informed consents.

The survey responses were uploaded into the Statistical Packages for the Social Sciences (SPSS). SPSS is an integrated software program used for the analytical data analysis. A verification process was performed through fact checking the data entered.

Interviews

A total of sixteen interviews were conducted with 26 stakeholders. The following groups were represented:

- Major employers
- Federally Qualified Health Center and a free medical clinic
- Pennsylvania Department of Public Health
- Social scientists/researchers

- Philanthropist and health policy advisor
- Disease-based organization
- Social service organization
- Mental and behavioral health organizations
- Epidemiology/Environmental specialists
- Primary care physician
- Surgeon
- Medical technologist/clinical laboratory
- Insurer

Care was taken to interview stakeholders that either represented the entire study region or to interview representatives from each county representing one of the aforementioned affiliations. Interviews ranged from 45 minutes to three hours in duration. Interviews were semi-structured (an interview questionnaire located in the appendix). Prompts were used on occasion and each interviewee had the opportunity to add open comments at the end. Interviewer notes and peripheral material provided by the interviewee were used in the summation of the interview section.

Focus Groups

The Institute identified high-priority stakeholders representing various segments of the community in order to assess the unique health care needs of specific groups. The following focus groups were conducted:

- Hispanic/Latino community
- African American community (2 separate groups)
- Impoverished
- Aging
- Physically & mentally challenged
- Youth
- Chronic disease/public health organizations
- Major employers
- Behavioral based (substance abuse) organizations

The sessions were analyzed using both interviewer notes as well as keyword analysis through the use of The Institute's qualitative analysis software. The sessions were digitally recorded and will be stored on the Wilkes University secure network for 24 months following completion of the project.

Secondary Data

Secondary data was procured from the Pennsylvania Department of Health, the U.S. Census Bureau and the Center for Rural Pennsylvania, the Behavioral Risk Factor Surveillance System (BRFSS), and the County Health Rankings prepared by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The data include demographic and economic indicators, health status, incidence of diseases, and insurance status. Additionally, the data were benchmarked against statewide indicators

Data regarding the health care delivery system was procured from the Pennsylvania Department of Health, Pennsylvania Cost Containment Council, the local participating hospitals, Pennsylvania Health Care Association, and the U.S. Department of Health.

Patient Perception

An electronic survey was distributed to members of the Lackawanna and Luzerne County Medical Societies, members of which are allopathic (MD) and osteopathic (DO) physicians. From both organizations, 525 members received the link. The response rate was 4.4 percent, which is a very low response rate. Four primary care and specialty physicians consented to one-to-one interviews. Finally, four individuals or patients participated in one-to-one interviews.

Hospital Data

Hospital utilization data and physician/specialty data were provided by each institution. Data were provided for the 2011 calendar year. It should be noted however, that all the institutions were engaged in mergers/acquisitions or system upgrades during the time period, therefore current physician counts may be different.

Patient Export Data

AllOne Health provided patient export data. Data were provided for members who lived in Luzerne and Lackawanna Counties between 2009 and 2011. For each report, utilization data outside and inside Blue cross of Northeastern Pennsylvania's thirteen-county service area were presented. The service area includes Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties. The information in each file was as follows:

Inpatient: Admissions by clinical condition and admissions by clinical condition and by provider. City and state of the provider were presented when available.

Outpatient: The data included a summary of all of non-hospital visits by clinical condition; details of non-hospital visits by clinical condition and by provider type; summary of the hospital visits by clinical condition; and the hospital visits by clinical condition and by provider including the city, and state when available.

Relative Risk Score: This file shows the relative risk score of those members who had at least one in-patient admission outside BCNEPA's service area, compared with those members who had in-patient admissions only inside the service area. The higher the score, the higher the patient risk. The comparison showed that those members with in-patient admissions outside the service area had a significantly higher risk score and presumably had significantly more complex issues than those who had in-patient admissions only inside the service area.

Asset Map

The data from the asset map was secured through Internet searches of providers and programs, information from interviewees and focus group participants and the phone book. The map detailed health care programs, resources and initiatives coordinated by non-profit organizations and government. The categories included, but were not limited to: aging, disease based, teen pregnancy, suicide, low-income, behavioral and mental health programs and services.

Research Limitations

Upon review of the survey results, several limitations were discovered. Certain groups were underrepresented in the sample, including young adults (18-40), veterans below the age of 50, members of all minority groups, and people with children under 18 years of age. One group, those over the age of 65, was overrepresented in the study. The median age of the survey respondents was 63. The U.S. Census data report that the region's median age was 42.

Additionally, while there were minimal deficiencies in the percentages of most races/ethnicities (except for Caucasian), there was a significant deficiency in the number of African American responses. The region had a three percent African American population, while the survey showed only a 1.5 percent response rate from the African American community.

There were a few questions where possible choices were not included. First, in the patient perception section, two hospitals were omitted from the possible responses – VA Medical Center and Hazleton General Hospital. Additionally, in the same section there were two

questions that focused on reason for leaving the area to see a doctor. It would have been beneficial to include “A local physician directed me to a doctor outside of the region.”

Particular questions appeared to cause confusion for several respondents. In the patient perceptions section, one of the responses to the question regarding the hospitals visited in the past twelve months was “Geisinger.” It would have been clearer if this were labeled “Geisinger Wyoming Valley.” Also in this section, question P9 was a source of confusion for so many respondents that the results could not be analyzed. This question asked the respondent to rank the resources they use to determine quality physicians. The majority ranked each choice from one through five (most important to least important), rather than ranking the five choices against each other with one being most important and five being least important.

Section C contained some questions that clearly confused respondents. In C1, respondents were asked to check each chronic condition for which they have been diagnosed and to select the corresponding treatment they received for such condition. Several chose a treatment and not a condition, causing responses to be thrown out. Another question which respondents answered incorrectly pertained to chronic conditions. Question C3 asked respondents if they had been diagnosed with a chronic disease other than those previously listed. Several respondents listed a condition that had been already asked about.

Responses to some questions were deemed unusable because the respondent did not follow the instructions. For example, several questions directed the respondent to check only one answer. In many cases, respondents chose more than one answer and such responses were thrown out.

Hospital utilization and physician specialty data were provided by each hospital. It should be noted, however, that all the hospitals were engaged in mergers/acquisitions or system transition; therefore current physician counts may be quite different.

Household Survey

The survey was prefaced with its purpose, instructions and consent. Responses were uploaded into the Statistical Packages for the Social Sciences (SPSS). SPSS is an integrated software program used for analytical data analysis. A verification process was performed through fact checking the data entered. Several statistical analyses were employed in conducting this analysis. Responses to each question were tabulated into frequency distributions and cross tabulations. Additionally chi square and regression analyses were calculated to test variable relationships.

The comprehensive survey was divided into 17 sections, as defined in the table below.

Survey Sections	
Section	**Title**
Section A	Health Services Access and Utilization
Section B	Health Status
Section C	Chronic Diseases and Management
Section D	Youth Health
Section E	Diet and Exercise
Section F	Disability
Section G	Screenings/Prevention
Section H	Alternative Medicine
Section I	Dental Care
Section J	Mental Health
Section K	Tobacco
Section L	Alcohol
Section M	Drugs
Section N	Healthcare Coverage
Section O	Community
Section P	Patient Perceptions
Section Q	Demographics

Approximately 58 percent of the surveys were completed by residents in Luzerne County, while 42 percent were completed by Lackawanna County residents.

Over 95 percent of respondents had at least one person they considered their personal doctor or health care provider. More than three-quarters of them (79 percent) indicated that person was a primary care doctor. Other choices included medical specialist/doctor other than family doctor (6 percent) and chiropractor (2 percent). Those with a personal doctor were 19 percent more likely to rate their health as excellent or good than those without one. The Hispanic population was much less likely to have a personal physician, with only 38 percent responding in the affirmative.

Over 93 percent of respondents had been examined by a medical doctor during the past 12 months while 84 percent had not had an overnight stay at a hospital and 69.5 percent had not sought care at an emergency room.

When asked about wait time for an appointment with a physician, 48 percent said that they generally waited less than one week, while 34 percent said they wait one to two weeks. Many respondents (45) waited 15-30 minutes to be seen by a physician when they arrive for an appointment, while 36 percent wait 15 minutes or less. Respondents were asked to check the first place they go for health information. Forty-one percent said they use the internet and 40 percent said a relative or friend.

Body Mass Index (BMI) was calculated for each respondent based on the reported height and weight. BMI was then averaged for each zip code to determine which zip codes in the sample

had the highest rates of obesity. Among Lackawanna County respondents, the average BMI is 28, which is considered "overweight" and only two points below "obese." Luzerne County's average BMI is 29, slightly higher than Lackawanna County.

When asked about their health in general, 46 percent of respondents said it was good while 23 percent said their health was average. Only 13 percent indicated their health was excellent.

When asked to assess their health during the last 30 days, 46 percent of respondents said there were no days when their physical health was not good, while 34 percent indicated there were between one and five days when their physical health was not good. Also, 56 percent of survey participants said there were no days when their mental health was not good, while 26 percent said they experienced between one and five days with less than good mental health. Over two-thirds (67 percent) reported that there were no days that poor physical or mental health kept them from doing their usual activities.

The top three chronic conditions reported by respondents were high blood pressure (51 percent), high cholesterol (45 percent), and arthritis (28 percent).

Please check if you have been diagnosed with a condition and what, if any, treatment(s) you have received.	
Chronic Condition	**%**
High Blood Pressure	51%
High Cholesterol	45%
Arthritis	29%
Type 2 Diabetes	14%
Angina or Coronary Artery Disease	9%
COPD or Pulmonary Disease	8%
Heart Attack (Myocardial Infraction)	8%
Asthma	7%
Type 1 Diabetes	3%

Of those with high blood pressure, nearly 93 percent were treated with prescription medication, 21 percent with nutrition, and 27 percent with exercise. Of those with high cholesterol, 82.9 percent were treated with prescription medication while 35.5 percent used good nutrition and 31.8 percent exercised. Only 3 percent of respondents indicated they had type 1 diabetes. All used prescription medication to treat the condition. Of those with type 2 diabetes, the vast majority (86 percent) were treated with medication, while just over half (52.8 percent) used good nutrition. A total of 29 percent indicated they had arthritis, 47.6 percent of which treated it with prescription medications and 30.3 percent exercised. Respondents were

then asked if they had been diagnosed with a chronic disease other than those listed; about 20 percent of respondents indicated that they had. The chronic diseases mentioned most by respondents included hypothyroidism, colitis and kidney disease.

A total of 19 percent of respondents indicated that they have had cancer. The most common types of cancer were prostate (23.3 percent), breast (13 percent), melanoma (5 percent), and skin (12 percent). The most common treatments for those with cancer diagnoses were surgery (70 percent), radiation (28 percent) and chemotherapy (21 percent). About 40 percent of those who indicated that they had a cancer diagnosis had left the region for medical care. Conversely, one-third of respondents who left the region for treatment stated they had a cancer diagnosis. There is a strong relationship between the two variables, and individuals with a cancer diagnosis are, indeed, more likely to leave the region for medical care.

Roughly one-quarter of respondents (23 percent) had children living in their household. Of those, 35 percent were four years old or younger, 43.1 percent were between ages five and twelve and 37.5 percent were between thirteen and seventeen. The most common illness among children was asthma (13 percent), followed by a learning disability (8 percent).

When respondents were asked if a doctor or other health care professional has ever talked with them about physical activity, 72 percent indicated that someone had. Over half (63 percent) of all respondents participated in some sort of physical activity during the past month. Of those, 40 percent did so on three to four occasions during that month and 26 percent did so for 21-30 minutes. Only 50 percent of African American respondents indicated that their doctor advised them about physical activity.

Nearly 30 percent of survey respondents said that they or someone in their household is limited in some way because of an impairment or health problem. A total of 7 percent of respondents reported that they or someone in their home needs help with personal care needs, such as eating, bathing dressing or getting around, while 15 percent need the help of others in handling routine needs, such as chores and shopping.

Nearly all respondents (96 percent) said they have good access to fruits and vegetables. This group was also 24 percent more likely to rate their health as excellent or good. One-third said they eat fast food a few times per month, while just under one-quarter (27 percent) said they eat it a few times per year. Nearly 70 percent indicated they take daily vitamins or supplements.

The next section asked respondents about screenings and prevention they received over the past year. The most commonly received screening was a blood test (79 percent, while the most commonly received preventive action was a checkup (76 percent).

Have you received any of the following in the past year?	
Screenings/Preventions	**%**
Blood test	79%
Check up	76%
Cholesterol test	66%
Flu shot	58%
Urinalysis	48%
EKG	33%
Mammogram (Females only)	26%
Prostate test (Males only)	25%
Pneumonia vaccination	22%
Colonoscopy	20%
Pap smear (Females only)	20%

Next, respondents were asked what alternative therapies they have used. The most common reply was chiropractic therapy at 18 percent. Nearly 90 percent of those who used an alternative therapy thought it was very or somewhat helpful.

Have you had any of the following alternative therapies in the past 12 months?	
Therapies	**%**
Chiropractic	18%
Message therapy	8%
Herbal therapy	3%
Acupuncture	2%
Homeopathy	2%

The majority of respondents (68 percent) indicated that they had visited the dentist in the last one to twelve months. However, 15 percent had not visited a dentist in the past five years. The most common reasons for not visiting the dentist during the past year were that there was no reason to go (28.2 percent) and cost (26.1 percent). There is a correlation between dental exams and income. The lower the income, the more likely respondents are to not have been to the dentist in the last twelve months.

The vast majority of respondents (87 percent) said they said they have not felt so sad that it prevented them from doing some usual activities. Those who indicated so were less likely to have rated their health as excellent or good. Additionally these respondents were more likely to be female. More in depth analysis shows a correlation between income and mental health status. Those with annual incomes below $35,000 were more likely to answer this question affirmatively.

Nearly 45 percent of respondents said they felt down, depressed or hopeless between one and two days during the past two weeks, while 38 percent did not have these feelings during any days in the past two weeks.

When asked if a doctor or other health care provider ever told them that they have a mental health problem, 16 percent said they were diagnosed with anxiety, while 15 percent were diagnosed with depression. Of those with a mental health diagnosis, 38 percent were treated in a doctor's office during the past twelve months.

Has a doctor or other healthcare provider EVER told you that you have any of the following conditions?	
Conditions	**%**
Anxiety/Stress disorders	16%
Depression	15%
Substance abuse	4%
Bipolar disorder	2%
Schizophrenia	1%

Of those respondents who had been diagnosed with a mental health condition, 36 percent sought treatment at an outpatient mental health clinic, 35 percent went to a doctor's office, and 10 percent went to a private therapist. Only six percent of respondents said there was a time when they needed mental health treatment but didn't get it.

Approximately 50 percent of Hispanic/Latino respondents reported that their mental health was not good for one or more days in the past 30-day period; further, over 16 percent reported that on more than ten days in the past 30 days, their mental health affected their ability to carry out their usual activities. Additionally, 29 percent indicated that, in the past twelve months, they felt sad or hopeless almost every day for two weeks or more in a row and that halted some of their usual activities. Hispanic/Latino respondents also demonstrated higher levels of depression than the total respondents, with nearly twice the number of anxiety and stress disorder diagnoses.

Most respondents (84 percent) did not smoke cigarettes. Of those who do, 87 percent smoked every day, and 31 percent smoked between eleven and nineteen cigarettes each day. Over 80 percent of smokers had been advised by a health care professional to quit during the past twelve months. Over one-third said they have not tried to quit. Those who have tried to quit cited "craving" and "enjoyment" as being the hardest thing about trying to quit. Those who identified themselves as smokers were 12 percent less likely to rate their health as excellent or

good. Overall, smokers were more likely to feel down or depressed, with 53 percent reporting that they felt so for six to ten days in the past month.

Drinking alcohol was much more prevalent among respondents than smoking. A total of 64 percent of survey respondents said they had an alcoholic beverage during the past month. Of those, nearly 60 percent drank between one and two days per week. Interestingly, those who had at least one drink during the past 30 days were 22 percent more likely to rate their health as excellent or good. Although the question was not asked, many respondents indicated on the survey that they drank a glass of red wine each day, suggesting that some participants drink wine for its perceived health benefits.

Most respondents (85 percent) said they do not know how to obtain illegal drugs. Of the drugs listed in the survey, marijuana was the most easily obtainable, with 19 percent responding they could obtain it fairly or very easily.

How difficult or easy would it be for you to obtain the following drugs if you wanted some?							
Response	Marijuana	Heroin	Prescription Pain relievers (not prescribed for you)	Methamphet amine (Meth, Crystal meth)	Cocaine (including powder, crack, freebase and coca paste)	Ecstasy or MDMA	Bath Salts
Don't know	76%	84%	80%	87%	84%	90%	88%
Probably impossible	3%	3%	3%	4%	4%	3%	5%
Very difficult	1%	1%	1%	1%	1%	2%	1%
Fairly difficult	2%	2%	3%	2%	2%	1%	1%
Fairly easy	12%	6%	8%	5%	6%	3%	3%
Very easy	7%	4%	5%	2%	3%	2%	2%

About one percent of respondents indicated they have received drug treatment or counseling for their use of a drug during the past twelve months. Respondents with substance abuse problems were 52 percent more likely to smoke than those without such problems.

The vast majority of respondents (93 percent) said they currently have health insurance. A total of 91 percent said they have insurance that would cover at least part of a hospital stay. Respondents were then asked to identify their insurance coverage.

Health Insurance	
Question	Yes
Do you currently have health insurance?	93%
Do you currently have health insurance that would cover at least part of the bill if you had to stay in the hospital overnight?	91%

What is that coverage?			
Medicaid	Medicare	Insurance through an employer or spouse's employer	Insurance that you buy on your own
10%	42%	46%	25%

Respondents without health insurance were 16 percent less likely to rate their health as excellent or good. In addition, income and education were directly correlated with whether or not a respondent had health insurance. The higher the education and income, the more likely one was to have insurance. Additionally, those who were employed were more than twice as likely to have health insurance as those who reported being unemployed.

Only eight percent of respondents said there was a time during the past twelve months when they did not have health insurance. The top two reasons cited by respondents were that they could not afford the premiums (25 percent) and cost (19 percent). Women were more likely to have answered that they did not have health insurance for a period of time in the past year.

Respondents were asked if there was a time during the past twelve months when they needed to see a doctor or needed to buy a prescription medication but could not do so because of the cost. About one tenth of respondents answered each of these questions affirmatively. Just over two-thirds of those without health insurance reported that there was a time in the past twelve months when they needed to see a doctor but couldn't because of cost. Additionally, 56 percent of those respondents without health insurance were unable to purchase prescription medicine because they couldn't afford it.

When asked to identify the biggest health problems facing their community, 43 percent of respondents said it was the cost of health care, while 15 percent said it was the cost of insurance.

The next question asked about the number of health care providers and services in the region. Within the table below, the highest percentages in each category are highlighted in red. Many respondents indicated that the number of health care providers and services is adequate, while others were not sure.

What are your thoughts on the number of healthcare services and healthcare providers in the region?				
Services/Providers	Need for more	Adequate	Too many	Not sure
Home health nursing services	20%	48%	1%	30%
Counseling/Mental Health/Psychiatric services	25%	36%	1%	39%
Alcohol and drug abuse treatment services	27%	32%	1%	39%
Alternative Medical Services (Chiropractic, Massage, Acupuncture, Herbal or Homeopathy)	14%	49%	4%	33%
Crisis Intervention Services for Troubled Youths	34%	19%	1%	46%
Adult primary care services	27%	49%	1%	27%
Services for victims of domestic violence	32%	25%	1%	43%
Women's services, such as obstetrics/gynecological services	17%	53%	1%	29%
Pediatrics services (Health services for infants/children)	16%	52%	1%	32%
Cancer treatment and care	33%	38%	1%	28%
Heart disease services including diagnostic services, heart surgery and cardiac rehabilitation	25%	51%	1%	23%
Diabetes Care	18%	48%	1%	33%
Emergency/Trauma care	30%	51%	1%	19%
Rehabilitation services	17%	58%	4%	24%
Health education services	29%	35%	1%	36%
Elder care specialists	37%	30%	1%	32%

The health education services that respondents said they would most like to see in their community included cancer screenings/treatments (51 percent), Alzheimer's (46 percent), diet and or exercise (47 percent), child abuse/family violence (42 percent), and stress management (42 percent).

What kinds of health education services would you like to see provided in your area?			
Services	%	Services	%
Teen sex education	39%	Heart Disease	37%
Alzheimer's	46%	HIV / AIDS	17%
Asthma	16%	Mental Health	31%
Cancer screening/treatments	51%	Sexually Transmitted Diseases	23%
Child Abuse / Family Violence	42%	Smoking Cessation	36%
Diabetes	32%	Stress Management	42%
Diet and/or exercise	47%	Other	5%
Drug/Alcohol Care	36%	None of these	6%

Respondents were asked to identify the hospitals they had visited in the past twelve months. More than 30 percent of respondents answered that they had visited Geisinger – Community Medical Center, followed by Wilkes-Barre General Hospital (23 percent) and Geisinger Wyoming Valley (21 percent). About 15 percent visited Regional Hospital and 12 percent visited Moses Taylor Hospital.

When asked about the overall environment of the region's hospitals, 76 percent of respondents said they were either excellent or good. Just over 60 percent said that the quality of care

delivered was either excellent or good. Doctors were rated as excellent or good by 67 percent of survey respondents. One-quarter of respondents said they have sought medical care outside the region in the past five years. Luzerne County respondents were slightly more likely (7 percent) to have sought care out of the area. Further analysis showed that there is a relationship between level of education and leaving the area for medical care. College graduates and those with graduate or professional degrees were slightly more likely to have sought care outside of Lackawanna and Luzerne Counties. Respondents who left the region for medical care were asked to identify the type care they received. Approximately 19 percent said general medicine, 16 percent said orthopedic and 14 percent said internal medicine.

What was the specialty of care you received?	
Type of Care	%
General Medicine	19%
Orthopedic	16%
Internal Medicine	14%
Cardiac	14%
Neurology	12%
Oncology	10%
Ophthalmology	9%
Gynecology	8%
Trauma	4%
Infectious Disease	3%

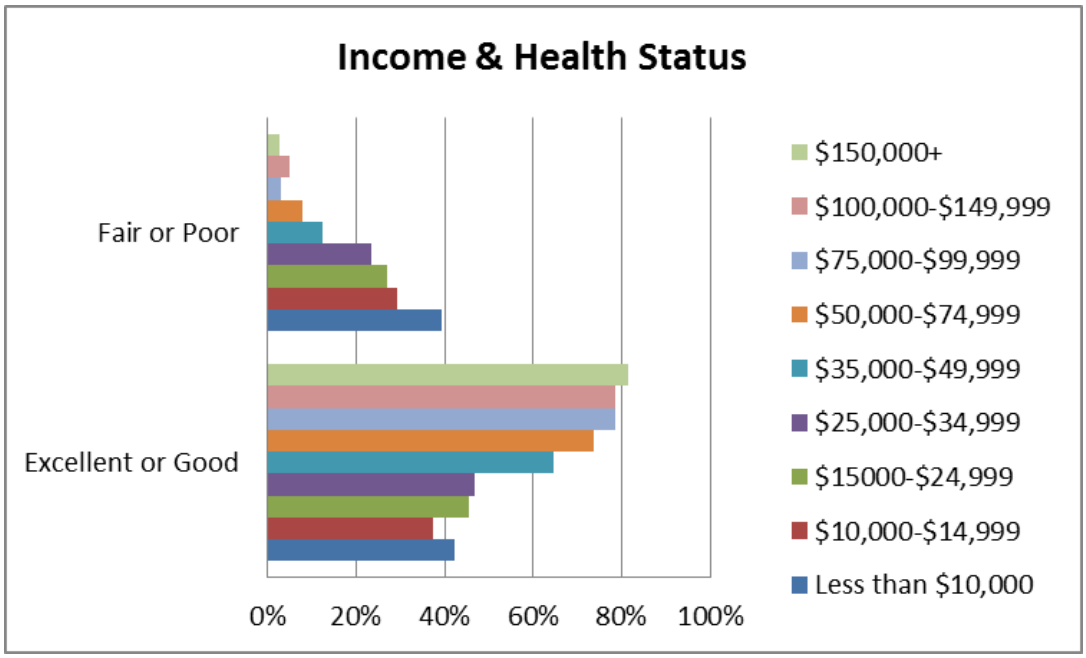
The last section of the survey asked about respondents' demographics. The genders were almost evenly split, with 52 percent of respondents were female and 48 percent male. Respondents' median age was 63. The vast majority (94 percent) identified themselves as white/Caucasian, while four percent identified themselves as Hispanic/Latino and 2 percent as African American. The table below compares these percentages to actual population figures in Luzerne and Lackawanna counties. The sample differed in a few cases. Males were slightly underrepresented and females were slightly overrepresented. The Hispanic/Latino and Black/African American populations were also underrepresented. The Institute took every measure possible to ensure the sample would be representative of the region's actual population. The sample of addresses was randomly selected by a third party company to help ensure a representative sample. In addition, the Institute cooperated with several organizations that worked with minority communities. Those organizations distributed extra surveys (in addition to the mailing).

Distibution of Gender and Age, and Race/Ethnicity as compared to population		
Variable	**Population**	**Sample**
Gender		
Female	51%	48%
Male	49%	52%
Age		
Median Age	42	63
Race/Ethnicity		
White	92%	94%
Hispanic/Latino	6%	4%
Black/African American	3%	2%
Asian	1%	1%

Approximately 34 percent of respondents said their highest level of education is high school, while 25 percent answered that it was one to three years of college or technical school.

Half of all respondents indicated they are married, while 19 percent said they are widowed and 13 percent said they are divorced.

While 34 percent of respondents were employed, over 43 percent indicated they are retired. When asked about their annual income, 18 percent said it is in the $15,000-$24,999 percent range said it is in the $50,000-$74,999 range, and 16 percent said it is in the $35,000-$49,000 range. Income was a factor in several of the questions. The higher the income, the more likely participants are to report a positive health status, while the opposite is true of those with lower incomes.



Most respondents (90 percent) said they have lived in the region for fifteen or more years. Just over half (51 percent) of the households consisted of two adults, while one-third said their household consisted of just one person. Three-quarters of respondents said they do not have any children living in the household. Over 80 percent of respondents said they owned their home and a car. Over three-quarters of respondents said they have good access to public transportation. Nearly 24 percent of respondents reported that they are veterans. A separate analysis was completed to evaluate the region's growing African American and Hispanic populations.

African American Analysis

Among African American responses, incidences of disease were lower than the total group, except for asthma. Only 50 percent of African American respondents indicated that their doctor advised them about physical activity or exercise, compared to 72 percent of all survey respondents. In the prevention and screening section, only 5 percent of African Americans said they had colonoscopies, compared with 20 percent of all respondents.

Also, only 50 percent of African American respondents said they drink regularly, compared to 64 percent of all survey respondents. Close to 50 percent of African American respondents said they couldn't see a doctor or buy medicine because of the cost. A total of 29 percent said they earn less than $10,000 per year. Although 70 percent of African American respondents said they have some form of health insurance, 41 percent indicated that there was a time in the past twelve months when they did not have insurance.

Hispanic/Latino Analysis

Approximately 38 percent of the survey's Hispanic/Latino respondents said they do not have a personal health care provider. Approximately 50 percent of Hispanic/Latino respondents said that their mental health was not good for one or more days during the most recent 30-day period; further over 16 percent reported that on more than ten days, their mental health had an impact on their ability to carry out usual activities. Additionally, 29 percent indicated that in the past twelve months they felt sad or hopeless almost every day for two weeks or more in a row, and that halted some of their usual activities. Hispanic/Latino respondents also demonstrated higher levels of depression (5 percent more) than the total respondents and their diagnoses of anxiety and stress disorders was almost twice that of all survey respondents as a whole. Hispanic/Latino respondents were also 10 percent more likely to be treated in a medical clinic than in a private physician's office. About 15 percent indicated that they did not get treatment when they needed it, while 25 percent said that cost and not knowing where to go were the primary factors that prevented them from getting treatment.

This segment of the population ranked lower than the whole in prevention and screening. Only about 50 percent of Hispanic/Latino respondents said they had annual physicals, while only a very small percentage said they had colonoscopies and prostate exams.

Approximately 60 percent of Hispanic/Latino survey respondents said they have children. About 53 percent of this group said they do not have health care. A total of 51 percent could not see a doctor because of the cost, and 44 percent said they could not buy prescription medications because of cost. Additionally, 33 percent of Hispanic respondents said they earned less than $10,000 per year.

The survey's Hispanic/Latino respondents were more critical of the region's hospitals and doctors than the total survey respondents.

Veterans were also identified as an important group to evaluate. The survey had a 23.4 percent veteran response rate, with 62 percent being over age 65. A total of 97 percent of veteran respondents said they have their own personal health care provider, with 80 percent indicating that person is a primary care physician. This is greater than all respondents as a whole. Equally enlightening, given the age of the respondents, 58 percent said that their physical health is good or excellent, while 68 percent said that their mental health is good or excellent and another 68 percent said that their health does not prevent them from completing usual activities.

This group is seen regularly by their physician (more than once per year). As a whole, the group indicated that they have rates of high blood pressure, high cholesterol and arthritis, and that they primarily treat these chronic conditions with prescription medications. Also, 12 percent of

respondents this group indicated they had been diagnosed with prostate cancer . Veterans received more preventative care and screenings than respondents as a whole, and indicated that they smoke and drink less. Approximately 81 percent said they have been told to increase their physical activity. Only about 5 percent indicated that they could not afford the cost of a doctor visit or the cost of prescription medications.

Lackawanna County Zip Code Analysis

The following section contains zip-code level data about health status and needs for the Greater Lackawanna and Luzerne County Area. This section focuses on chronic disease/obesity, employment, mental/behavioral health, access to care and substance abuse.

A zip code analysis was completed in order to assess particular needs by county. Respondents were asked to write their zip code on the survey form. Because zip codes cross jurisdictions, the analysis does not always include exact municipality names. Also, due to the overrepresentation of elderly residents, the prevalence of chronic disease is higher than expected.

For Lackawanna County, responses from 25 zip codes were received. The most responses were received from zip code 18504, in Scranton. In total, the most responses overall (211) were from the City of Scranton.

Zip Code	Number of Responses	Zip Code	Number of Responses
18403	21	18501	1
18407	40	18503	4
18411	48	18504	54
18414	13	18505	63
18421	2	18507	21
18433	22	18508	27
18434	15	18509	25
18436	4	18510	37
18440	2	18512	34
18444	24	18517	15
18447	32	18518	25
18452	16	18519	17
18471	2		

Chronic Disease

When chronic disease was examined for Lackawanna County, the most common diagnosis (48 percent) was high blood pressure (compared with 51 percent for all respondents), followed by high cholesterol (46 percent) and arthritis (30 percent) – which were both on track with the

sample averages. Each chronic disease was examined by zip code. The chart below details the top ten zip codes with the highest prevalence of the named conditions. The more suburban zip codes had higher rates of high blood pressure. High cholesterol and arthritis appeared to be more widely scattered throughout the county.

Obesity

Among Lackawanna County respondents, the average BMI is 28, which is considered "overweight" and only two points below "obese." Three zip codes had an average BMI over 30, including 18424, 18434 and 18517 – representing suburban areas of Lackawanna County. While the urban zip codes in the Scranton area also showed an overweight population, they were slightly less so than the rest of the county.

Approximately 64 percent of respondents in Lackawanna County said that a health care professional has talked to them about physical activity. Nearly all (96 percent) indicated that they had good access to fruits and vegetables.

Employment

Over 43 percent of respondents from Lackawanna County said they are retired, while 37 percent said they are employed for wages. About four percent of Lackawanna County respondents said they were unemployed for either more than or less than one year. One quarter of residents from zip code 18503 said they are unemployed, compared with 11 percent from zip code 18508.

Mental/Behavioral Health

About 12 percent of Lackawanna County respondents said they felt sad or hopeless. There were several zip codes with a higher rate of feeling sad or hopeless. In zip codes 18434, 18508, 18517, and 18519, over 20 percent of respondents indicated they had felt this way. Of the mental health conditions participants were asked about, the most common were depression and anxiety, which were each at about 17 percent. Respondents in a combination of suburban and rural zip codes had indicated that a health care professional has told them they have such conditions. Respondents in six zip codes showed depression rates of over 20 percent 18403, 18434, 18452 (suburban), 18505, 18508 and 18509 (urban). While slightly more respondents had been diagnosed with anxiety, it appeared to be spread throughout the county as a whole. Respondents in fewer zip codes met the 20 percent mark, including 18407, 18504, 18505 and 18508. The vast majority of those diagnosed with either condition did not seek treatment.

Access to Care

Lackawanna County survey respondents indicated that they have good access to health care. About 95 percent said they have a personal doctor. Respondents in the more urban zip codes more frequently indicated that they do not have a doctor. The same was the case for health insurance. Respondents in the more urban zip codes (18503-18510) and the lower half of Lackawanna County were more likely to be without health insurance than respondents in the rest of the county. About 11 percent of Lackawanna County survey respondents said there was a time when they couldn't see a doctor because of cost. Those responses were concentrated in zip codes 18505, 18508 and 18509.

Substance abuse

About 4 percent of Lackawanna County survey respondents indicated they have a substance abuse problem. The zip codes including those responses included 18414, 18509 and 18407. Participants who responded that they had been in drug or alcohol treatment programs was too low to be analyzed by zip code – about 1 percent of respondents. Although about 63 percent of respondents said they have had a drink in the past 30 days, no zip code in particular showed any higher rate of alcohol consumption. Roughly 16 percent of respondents said it is very easy or fairly easy to obtain marijuana. While some of the higher responses were from zip code 18504, 18508 and 18509, many more suburban zip codes (18403, 18407 and 18518) could also easily obtain marijuana. Over 11 percent of respondents indicated they could obtain prescription medication (not prescribed for them) very or fairly easily. Respondents in the same zip codes in marijuana is easily obtained, also said they could easily obtain prescription medications.

Luzerne County Zip Code Analysis

For Luzerne County, responses from 38 zip codes were received. The most responses were received from zip code 18702 – Wilkes-Barre. In total, the most responses (238) came from zip codes in the City of Wilkes-Barre.

Zip Code	Number of Responses	Zip Code	Number of Responses
18201	54	18640	48
18202	24	18641	24
18219	8	18642	15
18222	18	18643	28
18224	15	18644	20
18234	1	18651	23
18246	2	18655	8
18249	4	18656	3
18255	1	18660	6
18256	2	18661	9
18602	2	18701	6
18603	18	18702	139
18611	1	18703	1
18612	20	18704	106
18617	6	18705	43
18618	4	18706	49
18621	3	18707	35
18634	38	18708	19
18635	7	18709	10

Chronic Disease

When chronic disease was examined for Luzerne County, 52 percent of respondents indicated high cholesterol, followed by 51 percent of respondents who indicated high blood pressure and 28 percent who indicated arthritis. The chart below details Luzerne County's top ten zip codes with the highest incidences of the conditions. The more suburban zip codes had higher instances of high blood pressure.

Obesity

Luzerne County's average BMI is 29, slightly higher than Lackawanna County. This is considered "overweight" and only one point below a status of "obese." Three Luzerne County zip codes had an average BMI over 30 – including 18641 and 18634.

Sixty percent of Luzerne County respondents said a health care professional has talked to them about physical activity. Over 90 percent indicated that they have good access to fruits and vegetables.

Employment

Over 42 percent of Luzerne County respondents said they are retired, and 34 percent said they are employed for wages. Just over 5 percent said they were unemployed for either more than or less than one year. About 14 percent of residents from zip code 18635, and 10 percent from zip codes 18543, 18655, 18706 and 18709 said they are unemployed.

Mental/Behavioral Health

About 14 percent of Luzerne County respondents said they felt sad or hopeless. There were several zip codes with a higher rate of feeling sad or hopeless. In zip codes 18201, 18202, 18618, 18635 and 18709, over 20 percent of respondents indicated feeling so. Of the mental health conditions participants were asked about, the most common were depression and anxiety, which were indicated by around 15 percent of respondents each. Respondents in a combination of suburban and rural zip codes indicated that a health care professional has diagnosed them with such conditions. Respondents in eight zip codes indicated depression diagnoses by 20 percent, including 18201, 18202, 18641, 18644, 18656, 18660, 18661, and 18708. The vast majority of those diagnosed with either condition said they have not sought treatment.

Access to Care

Luzerne County respondents expressed that they have good access to health care. About 92 percent said they have a personal doctor. The more urban zip codes were virtually the only ones in which respondents said they do not have a doctor. The same was the case for Luzerne County respondents when asked about health insurance. Fourteen percent of respondents in zip code 18702 said they do not have health insurance. About 11 percent of county participants said there was a time when they couldn't see a doctor because of cost; such responses were concentrated in zip code 18660.

Substance Abuse

About 5 percent of Luzerne County respondents said they have a substance abuse problem, mostly concentrated in zip codes 18702, 18709 and 18201. The number of participants who responded that they had been in drug or alcohol treatment programs was too low to be analyzed by zip code – less than one percent of respondents. Although about 66 percent of participants said they had an alcoholic drink in the past 30 days, no particular zip code showed any higher rate of alcohol consumption. Roughly 20 percent of respondents said it is very or fairly easy to obtain marijuana. Over 13 percent of respondents indicated they could obtain prescription medication (not prescribed for them) very or fairly easily. Respondents in the same zip codes in which marijuana could be easily obtained were also the zip codes in which respondents said prescription medications could be easily obtained.

Summary & Conclusions

- The vast majority of respondents had a personal doctor or health care provider and had been examined by a medical doctor during the past 12 months.
- Over two thirds of respondents said their health was "average" or better.

- High blood pressure high cholesterol and arthritis were the most common conditions
- The most common types of cancer were prostate and breast cancer
- Most respondents had discussions with their doctor about physical activity.
- Respondents with good access to fruits and vegetables were more likely to rate their health as excellent or good.
- Cost is a barrier to visiting the dentist
- There is a relationship between poor mental health and poor physical health, and low income.
- Nearly half of respondents felt down, depressed or hopeless between one and two days during the past two weeks.
- Drinking alcohol was much more prevalent than smoking among respondents.
- Most respondents did not know how to obtain illegal drugs.
- Respondents without health insurance were less likely to rate their health as excellent or good. In addition, income and education were directly correlated with whether or not a respondent has health insurance.
- Income was a factor in several of the questions. The higher the income the more likely respondents are to report a positive health status while the opposite is true of those with lower incomes.
- Survey respondents were more engaged in their health care than the population.

Interviews

During the data collection phase, fourteen interviews with 26 stakeholders representing a number of different sectors were conducted using a semi-structured format. Interviewees included: major employers, primary care health clinics, social science researchers, disease based organizations, mental and behavioral health organizations, two epidemiologists, public health department, an insurance company, a physician, a surgeon, a medical testing laboratory, a social service organization and a philanthropist and policy expert.

Representatives of two health centers were interviewed, including one from each county and each representing a different sector of the medically underserved. These organizations represented staggering numbers of patients seen and annual visits. Patients ranged in the thousands and one organization's visits exceeded 30,000 annually. Another mentioned 17,000 mental health visits alone. Two epidemiologists were interviewed, one whose focus is environmental and the other public health.

The employers each had over 1,000 employees, including workers at different skill and education levels. Both offered health and dental benefits using a combination of local and national providers, and both employed immigrants and can boast diversified workforces. Between the mental and behavioral health and social service organizations, the list of services and programs was very comprehensive and included everything from counseling, diagnosing and treatment, to long-term care, early intervention, crisis intervention, emergency services, and case management.

The Institute had the opportunity to interview an individual who ran a successful global multi-million dollar enterprise, who was selected to sit on a health policy committee by President Bill Clinton. Additionally, two social science researchers who have worked on considerable research in the immigrant communities were interviewed.

The Institute also interviewed a primary care physician, a medical group comprised of surgeons and a certified medical technologist whose lab conducts over 35,000 clinical laboratory tests. An insurer was also interviewed, as well as various representatives from a public health organization.

Interviewees were asked about their vision for a healthy community. Of those who responded, there was consistency regarding the importance of residents getting health services regardless of insurance status, income or race/ethnicity. One interviewee expanded on this by indicating access to education programs to teach people about diet, living and working environment and how failure to comply with doctor's treatment plan can contribute to an increase in medical issues. This respondent also said that despite poverty or other problems, individuals can work towards a well-balanced and healthy life.

One interviewee indicated that reduction in poverty is the vision. While no one else identified poverty in the vision of a healthy community, poverty was referenced in a number of questions by a majority of the interviewees as the foundation of many of the region's health and social problems. Poverty was also referenced as the primary issue that has an impact on successful treatment of medical issues and reduction in incidences of disease.

When asked about some of the major health challenges faced by patients, clients and the community overall, several interviewees indicated that poverty was the issue causing a number of health challenges. It was indicated that people do not have money to buy insurance, and if they do, medical co-pays, coinsurance and prescription costs are prohibitive. It was indicated that there are more health issues as a result of economics than race or ethnicity, and that as unemployment is higher, higher education and wages are lower.

The most pertinent issue referenced is a lack of primary care and dental insurance. The uninsured have limited or no access to care and, as a result, medical problems become more challenging and costly to treat because they either put off treatment or do not get treatment at all. The loss of the adultBasic insurance program has increased demand for services in many of the area's clinics, and puts additional pressure on emergency rooms. There remains a lack of awareness of the Children's Health Insurance Program (CHIP) program and medical assistance patients have difficulty finding providers.

Further, very few pediatricians are willing to see medical assistance patients or the uninsured. Specialty care is extremely limited and difficult to access for this patient group. Medical assistance has a low reimbursement rate, and complexity of filing for billing is deemed to be the cause of this.

One of the health centers indicated that kids on medical assistance are covered until age eighteen, but there is nothing for adults. Lack of dental care is a huge problem for both the region's youth and adults. This lack of preventive care can serve as the basis for other health issues.

Some of the professionals represented focused organizations, and, therefore, the health challenges presented were very specific. For example, cancer was identified as a health challenge, and while colorectal, breast, and cervical cancers are prevalent, these types of cancers have the best screening tools and treatments and incidences should be at or near zero.

Another challenge identified was the lack of mental health service providers. Two interviewees also challenged the quality of such providers. Regional organizations (Carbondale's Tri-County Counseling and Scranton Counseling Center) have such high volumes of clients, they either have limited sessions or do not take new clients. Physician interviews also indicated that psychiatrists and psychologists are extremely limited in number.

Autism and Autism Spectrum Disorders are a large problem in the region. Students with autism enrolled in special education at the region's schools are at an all-time high (400+ cases reported in the 2009 -2010 school year). This is up from 99 cases in 2000 – 2001. Some support groups exist, but there are few resources within the schools to deal with this growing problem. There are problems handling severe cases on a local level and no plan for dealing with Autistic adults. This was echoed by a parent in the patient focus group who had to leave the region for services.

Attention Deficit Hyperactive Disorder (ADHD) is also prevalent in the region. While ADHD prevents children from keeping up with grade level school work, such impacted students move forward, so a number of problems follow them into adulthood.

One of the epidemiologists interviewed indicated that the region has a "hard living" population – drinkers, smokers (mentioned by many) and overweight. The region is also aging. Environmentally, there are many non-urban areas that limit access to medical care and exercise, and the weather also inhibits a healthier life style. While there is no proof of environmental problems causing higher incidences of some diseases, there are a number of "industry driven hamlets." Here industrial facilities abut up against residential neighborhoods. Representatives from public health and a private medical laboratory both mentioned seeing increases in Lyme disease and sexually transmitted diseases (STDs). Specifically, Chlamydia, gonorrhea and syphilis show signs of increasing. While HIV is not increasing, resources are decreasing. The medical laboratory representative also mentioned a spike in Vitamin D testing, which has huge disease preventing benefits.

Not specific to northeast Pennsylvania is the limited number of physicians moving into primary care. Salaries of primary care physicians are significantly lower than specialists and a stereotype is that being a primary care physician has limited prestige. As the number of primary care physicians are limited, the competition to drive them to communities gets stiffer. This region is unlikely to be a strong competitor to the major urban areas with major hospitals and health care systems.

One provider indicated that patient compliance or lack thereof is an issue, which was also echoed in physician interviews. While this provider mentioned that non-compliance was more prevalent in his/her Caucasian patients, another indicated that recidivism (non-compliance) is high among his/her African American patients.

Despite differences in the types of stakeholders interviewed, there was consistency when it came to identifying common illnesses. Many agreed that the prevalence of mental illness surpasses physical illnesses. Specifically, there is more depression, anxiety, and bipolar disorder - which is appearing in children. Chronic diseases, such as asthma, are often diagnosed. Behavioral-based diseases, such as diabetes (high in the Hispanic/Latino community) and hypertension, are also very common. Several risk factors for these diseases include smoking, obesity, poor diet (red meat, alcohol, and processed foods) and lack of exercise, which are also risk factors for certain types of cancers. There are also higher rates of certain cancers here, which could be caused by these risk factors, genetics, or may be tied to environmental factors. While there has not been any local research to identify such environmental causes, the

behavioral risk factors are certainly prevalent in this region. While a number of cancers are diagnosed annually in the region, the most predominant are breast, prostate and colorectal. Youth cancers are also on the rise.

The laboratory representatives and the epidemiologists agreed that Lyme disease and herpes are on the rise, and many vaccine preventable diseases are manifesting themselves, including varicella and pertussis.

Prescription drug abuse was cited as a significant problem. This was noted by employers, physicians and insurance companies. Specifically, addiction to pain medication is the number one concern, and it is reflected in the number of prescriptions written annually. The one issue mentioned by employers, physicians and other service providers interviewed was addiction to pain medication. Employers were able to validate the problem with records of services provided by their insurers. Physicians and other medical personnel indicated that they are barraged with requests for pain medication prescriptions.

The social service organizations interviewed indicated that in addition to innumerable mental health issues, the lack of parenting skills is a non-medical issue that affects families and children in a number of ways. As a result, the physical and mental wellbeing of children is challenged from birth, which carries over into adulthood and the cycle continues.

Interviewees were asked about other issues confronting their patients, employees or clients. As indicated earlier, poverty was the primary issue impeding health care and is represented in all races and ethnicities. In the undocumented population, individuals are being taken advantage of by employers not paying them for work and landlords refusing to give back deposits, raising rents, etc. Paperwork such as leases, employment agreements, or checks/receipts are not utilized because such individuals are undocumented. Since no paperwork changes hands, there is no proof of an issue.

The language barrier among this population is also an issue. There are very few or no providers speaking Spanish or any Indian dialects and none able to work with the region's growing Russian and Bhutanese populations. Most state and local government paperwork is in English only. Further, individuals in social services, mental and behavioral, child protective services, and law enforcement have little or no foreign language skills. A local social service agency has had experiences in problem resolution resulting from a poor translation issue between a hospital and a parent of a patient and in other instances between families and Child Services. One physician indicated that he/she has seen Hispanic and Russian patients and they either bring their children to interpret or have discussions using pictures and pointing. Another example

was the increasing DUIs citations in the Hispanic community. Offenders must attend classes. All classes and paperwork are in English and the offender cannot bring a translator to the classes. Among this population, social service providers indicated that many parents are young themselves, have mental health issues, or have so many children that they just do not know how to parent. This often causes issues in school, interrupted parental employment, and can ultimately lead to medical, behavioral, or delinquency issues in the children.

When asked whether or not they perceived access to health care as problematic, inadequate transportation outside cities, high costs, and availability of health care professionals were cited among interviewees as significant barriers to receiving quality care. Transportation and costs were stated to be significant issues when patients were referred to specialists outside of Lackawanna and Luzerne Counties. It was stated that there is little or no availability of public transportation after regular work day hours and some interviewees claimed that their health insurance carriers denied many claims for services provided outside the area.

Medicare and Medicaid patients have experienced difficulties in finding health care providers that treat patients covered under these programs – particularly among dentists, orthodontists and oral surgeons. Further, for Medicaid patients, there are only a few locations in Pittston, Wilkes-Barre and Mountain Top that will provide care.

Health care costs are a major problem in the area. For those with health insurance, deductibles remain a major deterrent. Charity care is not marketed and impoverished patients are usually sent to the collection agency before they can apply for such charity care. High health care costs have created a secondary issue; those who can't afford a regular physician will tend to go to the emergency room to seek care for a majority of their health concerns because they know that they cannot be denied. As a result, emergency services end up being used to treat non-emergent problems and reduce access to such services for those who legitimately need them. The creation of urgent care clinics has helped in reducing this problem to a degree.

Lastly, there is a lack of awareness about health care programs that are available and/or programs that can enhance the ability of individuals or families to access health care. Language also continues to be a barrier for the immigrant populations by hindering their ability to seek and receive care, where appropriate.

There seemed to be a consensus among interviewees that chronic disease and obesity, as well as the problems related to this, are a major problem in the local area. Interviewees linked chronic diseases with the tendency of the local population to engage in poor eating habits, alcoholism, and smoking, and to neglect regular checkups and health assessments. Obesity, in

particular, was cited as a major contributor to instances of diabetes, hypertension, high cholesterol and other cardiac issues.

Furthermore, lack of attention to receiving routine primary care leaves individuals with inadequate knowledge of the diseases they are currently affected by or how to prevent them. Chronic obstructive pulmonary disease (COPD) among adults and asthma among young children were also identified as problems within the region. Again, local high smoking rates and unhealthy habits were cited as primary factors contributing to such conditions.

Mental health issues were stated to be a significant problem affecting the region. Bipolar disorder, depression and anxiety are said to be particularly high among young women. Interviewees indicated that the need for mental health services is on the rise, however, the availability of these services currently cannot support demand. Also, access to existing services is prohibitive for Spanish speaking individuals and the uninsured and underinsured. There are very few bilingual providers and the costs of care, another factor, can be high. One interviewee mentioned that the region has just one Spanish speaking marriage counselor.

Several interviewees indicated that mental problems among the region's youth are on the rise, and the region is extremely limited in adolescent psychologists. Mental and behavioral health interviewees suggested that the majority of children they see for mental health issues also have parents with their own mental health issues; this is coupled with the fact that they see children with very young parents who also lack parenting skills. These professionals also indicated that therapy with these kids is challenging. Due to their natural immaturity they do not understand, comply or want this kind of help.

Several respondents focused on the increased rates of depression. Many believe the prevalence of depression has increased with economic pressures over the past several years. According to several interviewees, mental health issues are often linked with substance abuse problems. Additionally, mental health issues are compounded because of patients' lack of compliance with medical advice and proper use of prescription drugs. Many go untreated because of the stigma associated with getting care. One interviewee indicated that it would be ideal to have mental health professionals and primary care physicians co-located.

There was a general consensus among interviewees that substance abuse is considered a problem in the region. Addiction to prescription medications was listed as a significant problem by several respondents. Also, it was suggested that alcoholism and drug use are sometimes linked to mental health issues and could also be contributing factors to prevailing socio-economic concerns, such as unemployment, since the drug users fail employment drug tests.

Interviewees also mentioned that some addictions could be ethnically linked. In particular, DUIs appear to be an increasing problem amongst Hispanics. In light of this observation, it was suggested that counseling and materials used to educate and correct these behaviors be offered in other languages to accommodate non-English speaking residents.

Most interviewees insisted that their organizations were not affected by funding cuts, but some concern was articulated regarding the inadequacy of current funding and resources - particularly since demand is increasing. Limitations in both areas have encouraged some organizations to treat a more limited selection of primary diseases or conditions. Funding will continue to be an issue if the rate of uncompensated care continues to grow (in many practices, uncompensated care has increased from 2-4% in 2008-2009 to 5-6% today).

One medical provider indicated that low reimbursement rates from some insurers and the challenges of credentialing from insurance companies remain inhibiting factors.

Those engaged in public health have seen funding cuts and changes in programming to focus on statewide mandates, as opposed to regional needs. Also, public health organizations in other states provide services since they have staff physicians, so it is confusing to people who move here from other states.

Interviewees were also asked about potential impact of the Accountable Care Act (ACA), as it was indicated that health care should not be for the wealthy only. The Federally Qualified Health Clinics believe that ACA will more than likely increase their clientele. The free clinics believe there will still be underinsured and uninsured that need medical care.

Employers are hopeful that all employees would be covered by insurance, which would result in healthier, more productive workers. One employer, however, mentioned disappointment in the maximum established for Flexible Spending Accounts (FSA) — $2,500 per year is limiting for a family of four or more. The providers responded that ACA furthers the “medical home” concept that appears to exist at Geisinger. This concept should make health care more efficient and effective for patient care. Most indicated that the true impact of ACA won’t be seen for several years. Several agreed that Pennsylvania needs to expand Medicaid.

Selected medical service provider interviewees were asked about special programs or centers of excellence. They responded to this question with the following (non-comprehensive list):

Bariatric program
Hernia Center
Vein Closures

Medical home concept in a health center setting
Electronic health records in a health center setting
Ability to conduct small community based research projects
Free or low cost cancer screenings.

Selected interviewees were asked about upcoming plans. Some of the initiatives involve specialty research in asthma, environmental impact on health, women's health and aging. More of the clinics are obtaining sophisticated electronic health records for patients, which include modules for medication tracking, preventative visits and testing. One specialty provider is implementing a spider vein removal program and hopes to establish a radon program for prostate cancer. Another private provider is looking to establish the "one-stop shop" concept in their facility in order to house complementary or ancillary services and providers.

When asked about gaps, most interviewees identified the pressure of increasing demand on existing services. Others noted the shortage of specialists, bilingual providers and providers accepting medical assistance.

One interviewee indicated that obstetric services are an issue. Medical assistance patients get placed far out on the schedule for appointments. If they are not treated within the first trimester, physicians then refuse them - indicating they are high risk because they have not received early pre-natal care. Another issue is that prisons do not start prenatal care for pregnant inmates for 90 days, so if someone incarcerated is released, she has difficulty in finding a physician.

Interviewees were asked if they see some medical problems more commonly among different demographic groups, such as gender, race/ethnicity, veterans, and the impoverished. Some mentioned that there is a higher prevalence of type 2 diabetes and substance abuse in Hispanics locally. The type 2 diabetes is usually not under control, leading to consequences such as amputation and kidney disease. The African American population also has high rates of hypertension, which, remained unchecked, leads to kidney disease. However, almost all respondents mentioned that poverty is the factor that is the root of a number of issues. It was also mentioned that mental illnesses are increasing. Cancer has been an issue regardless of any factor, although there has not been any local research to rule out any demographic factor.

Those involved in the behavioral and mental health field noticed that black children are left out the most. These professionals have seen cases where there are too many kids in one family or so many people living in one house that the capacity to handle the children is an issue. They find that unresolved mental health issues lead to criminal behavior later on.

Interviewees were asked if they could respond to any specific issues related to the needs of the region's veterans. One medical provider indicated the veterans are aging, so, like all of the aging population, the prevalence of chronic disease is also increasing.

Interviewees were asked if collaboration among a variety of providers would be valuable and improve care. All thought it would. One of the chronic disease organizations indicated that organizations focused on individual chronic diseases are in fact in trouble in financial trouble. Funding is difficult to obtain and grants are diminishing. The National Institutes of Health (NIH) doesn't like to fund small geographic areas or single diseases. The interest is in broad health, body sites and wellness, therefore collaborations of multiple organizations to mitigate risk factors stand the best chance of grant funding for research.

Those representing behavioral and mental health indicated that collaboration and communication are issues. Overlap and organizational bureaucracy stand in the way of continuity of care and productivity. Much is done by sharing packets of paperwork between providers and other stakeholders, and such work takes place via telephone. Key meetings for evaluation of children are missed by many of the key participants. More and more providers are afraid to act – due to reprisal and lawsuits. For example, a child has a mobile therapist, a behavioral SC, a TSS worker, and a teacher. Sometimes diagnosis is made without proper evaluation in order to admit children into the system quickly.

It was also indicated that there is no burnout prevention for therapists, counselors and case managers across the system. It is believed that no one asks if they are okay. Case workers and counselors must be able to share information to look for missed solutions by having discussions with others or just unload. Some specialists can "turn it off," and may, as a result, compromise care because of poor ethics. Others care too much and get burned out. Some mechanism to measure and evaluate "fit for profession" needs to occur. All of this requires collaboration, communication and cooperation within and among agencies.
Interviewees were asked if they had other thoughts, comments or points to emphasize. Some of these are presented below:

> *"Area is its own worst enemy. Too fragmented – too power hungry – too self-serving. Trust by the people needs to be earned. Respect not channeled down. Impacts economy and therefore health."*

> *"Hospitals need to be run like high performance businesses. Quality, evaluation, follow through. Doctors can't run hospitals. Teams. Performance based. Problem solving. Entrepreneurially, not slow and bureaucratic. Medicine should not be in a box."*

"300+ Bhutanese families and 300 Russian families in relief program in the region past 3-5 years."

"18505 zip high for mental health problems."

"Seeing increases in disability claims for mental health issues not physical."

"Mining history could have caused environmental problems in air, soil and water. Sandvik Steel example – dumping degreasers. Gas drilling could be an issue. Not enough research on any of it. We need research to evaluate if there is a problem and then understand it, needs to balance with economic development."

"Poverty or joblessness leads to depression, poor health and lack of care or in ability to pay so health is ignored. Hears impoverished being grateful for resources, if wasn't there what would I do."

"Believes more Federally Qualified Health Centers (FQHCs) needed in region to support sprawl".

"Need more residency programs to keep medical school graduates here and then the physician supply would improve. Statistics indicate that students more likely to stay in community they do their residency. We have physician shortage across the board. Physicians clustered in major urban areas."

"Need more emphasis on diseases of the aging – dementia, Alzheimer's."

"Hospitals need to increase number of neighborhood urgent care centers and impart that knowledge of options with the community. Specifically, people need to be taught what an emergency is or isn't."

"Red Rock Job Corp – good program for kids."

"Physician believes everyone should have access to health care even those that are not compliant, but then there should be some cost or other punitive action for noncompliance if you have free health care."

"Severe competition among hospitals – duplicative and wasteful."

"Primary care is still a major issue and there is a primary care physician shortage here."

"Different culture among doctors here than in other areas practiced in – not a positive one."

Two interviewees discussed youth issues in detail. The issues included high suicide rates in teens, unsafe households, children death review teams, STDs, low birth weights among teens, teen pregnancy, pre-natal care and low breast feeding rates. The interviews with these stakeholders occurred before five Luzerne County teen suicides took place in late September, and both interviewees indicated that suicide rates among teens are climbing. Not all of the Luzerne County suicides have been explained, but two may be due to bullying. The emphasis of the discussion was on youth plagued by unchecked and undiagnosed mental illnesses. Bullying was not brought up as a cause. While there are some resources, lack of awareness of the resources, the signs, and the stigma of the issue preclude proper early intervention.

It was also discussed that teen pregnancy is a problem. This is another area where, while the overall numbers are not bad, a breakdown between race and ethnicity tell a different story and indicate a growing issue. There are low breast feeding rates overall because doctors and hospitals don't encourage it as much as in the past. Also, one in four mothers don't receive proper prenatal care in the first trimester. Low birth weights for teens are primarily based on race. Also, teen pregnancy and prenatal care look normal until the data is separated by race/ethnicity.

STDs are a problem in the region, but are more of an issue in Scranton. Along with insufficient prenatal care, there is a lack of resources to handle this problem in the region's young population.

It was also mentioned that there was a Safe Kids program that would distribute fire alarms to households with children five and under and to those over age 65. There also used to be Children Death review teams (for children under 5) that included partners from the coroner, the Department of Health, State Police, and the Assistant District Attorney. Investigations took place and they looked for patterns.

Also during the open discussion section of the interviews, several medical personnel indicated the aging population and related issues are beginning to surface and projected to get worse. Interviewees mentioned everything from increases in the number of cases of dementia to issues of aging in place. That included references regarding care givers, nursing homes, and even homes/apartments meeting physical requirements of the aging and disabled.

The final item, not addressed in the interviews, was highlighted by one organization and is that of motor vehicle accident injuries and death. The numbers in the region are high overall and particularly among the under 21 age group. There was concern with regard to an understanding and compliance of the new laws and the value of trauma and emergency medicine. It was also mentioned that the number of motor vehicle injuries in adults is high and is usually attributable to driving under the influence.

Summary & Conclusions

The interviews lead to several conclusions regarding specific issues; each of the following issues was mentioned by more than one interviewee representing different sectors, reflecting consensus and lending credibility to the following conclusions:

- The number of primary care physicians, specialists, and dentists accepting MA is extremely limited.
- Language is a barrier to care and services, both at the provider and at the state and local government level
- Public transportation is limiting (routes and day time only hours)
- Patient compliance and health literacy regardless of insurance status is a problem
- Physician lack of respect toward patients appears to be a problem
- Preventative testing and screening is underutilized
- Poverty is the foundation of the region's health problems
- Unhealthy lifestyles in northeastern Pennsylvania contribute to illness and death
- Mental health issues are on the rise
- Funding and programs are not increasing with demand
- The region is limited in primary care and a number of specialties
- There is a lack of knowledge and awareness of local disease based organizations

Focus Groups

Behavioral Based Focus Group Summary

The goal of the Behavioral Based Focus Group was to discuss how behavioral issues affect the region's health care services. Focus group participants included ten representatives from the region's prison system, drug and alcohol programs, family services, and mental health programs.

The first question asked about the extent to which substance abuse is a problem in the community. Respondents agreed that “there is a major drug problem in this region,” primarily pertaining to heroin and opiate usage, as well as alcohol dependency. According to one participant, approximately fifty lives are lost to drug and alcohol abuse every year.”

Focus group participants suggested that the region is similar to most other cities and towns in Pennsylvania with respect to alcohol and drug use, with high instances of prescription drug abuse. They relayed that while many prescription drugs are obtained illegally, numerous doctors continue to “freely" write out prescriptions.

When asked how the environment had changed over the last five to ten years, focus group participants said that drug related crime has increased, particularly among heroin sellers, buyers, and users. Opiate usage as well as abuse of prescription drugs and amphetamines is also taking place. “People will go from one kind of drug to the other depending on availability.” Another change that has occurred over the last two to three years is the use of synthetic drugs (marijuana, cocaine, bath salts, etc.). A new synthetic heroin is also becoming available. The group attributed this increase to a higher frequency of migration in and out of the area, which may be influencing drug access. Focus group participants said that mental health and drug usage are often linked. Some use their inability to access medical treatment as an excuse to engage in substance abuse in order to “self-medicate” or cope with mental, behavioral, or emotional problems. In addition, one respondent indicated that since housing in the region is cheaper than in some surrounding areas (New York, New Jersey), it gives outside drug distributors an incentive to migrate to this region.

The focus group was then asked if their clientele’s demographic composition has changed over the last five years and if new residents were here to stay. Participants indicated that most of their clients are residents. However, schools are seeing a changing demographic and greater enrollment among students coming from New York and New Jersey. It was not clear from the discussion just how many remain in the region after graduation, as no one in the focus group tracked such information.

The focus group was then asked about access to treatment. Participants agreed that people always find a way to obtain medications, even if they don’t have the money. In addition, the group felt that much of the region’s substance abuse is “generational”. They agreed that families engaging in substance abuse together transfer those habits to their children, and that treatment should also include parenting skills. The group also agreed that one of the region’s biggest problems is that, while programs to address these issues are offered, they are not attracting those who would benefit from them the most.

Participants said that there is a strong relationship between substance abuse and incarceration, and that most people in jail have drug related violations – either as dealers or users. In addition, focus group participants said that treatment is not mandatory for all inmates and depends on the circumstance of each case.

When asked about the relationship between unemployment and drug use, focus group participants said that the majority of clients are unemployed. Many times they have a record of drug abuse and that makes it difficult for them to be hired or hold employment for sustained periods of time. They said that the difficulty in holding employment often increases their desire to use drugs.

The focus group was asked if there was anything else they wanted to discuss. One participant voiced that there should be more inpatient mental health and drug and alcohol treatment. Participants said that psychiatric inpatient treatment is no longer as readily available as it once was. Participants also said that the region's mental health population has increased over the years and there are not enough resources to accommodate it. In addition, participants said funding cuts have handicapped and reduced the number of mental health programs, that the length of treatment at state hospitals is not adequate to deal with mental health needs, and there is a need for more outreach to local residents to promote the region's mental health awareness and drug and alcohol services.

Public Health/Chronic Disease Focus Group

The Public Health/Chronic Disease Focus Group included three public health officials and three chronic disease representatives.

Focus group participants were asked to describe their vision of a healthy community. The group's responses included that more education on how to stay healthy and lead a healthy lifestyle are critical. Specifically, participants said there is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing, better food programs in schools and more education in schools on childhood obesity.

When asked to name some of the region's primary health problems, the group said that obesity and cancer (brain, lung, stomach and colon) are the top two. Participants also said that alcoholism, psychological disorders, diabetes and heart disease are also issues. One respondent said she is seeing many cases of vaccine preventable diseases.

Participants said that the region's particular "health problems" are related to the type of diet people in the region follow and their lack of adequate exercise. Participants referenced that in countries where it is the norm to walk rather than drive to everyday destinations and to eat fresh rather than canned or frozen food, people lead healthier lives. They said that food

portions tend to be more manageable in European countries versus the United States, although there is access to fast food, there is less reliance on fast food.

Participants said they are seeing some changes in regards to diet among the region's younger generations, including a shift toward healthier food.

Focus group participants said that some of the primary health problems among the region's children and young adults include allergies and upper respiratory illnesses, as well as addiction and sexually transmitted diseases (STDs). For those concerned about STDs, participants agreed that there are many clinics that provide testing. Participants were asked if there is a stigma for young adults when seeking STD testing and treatment. Participants answered that such stigma is not as prominent as it was a few years ago. They said that young adults sometimes get treatment, then come back later with the same or similar STD. "They don't seem to take the consequences seriously." Participants also agreed that more people age 60 and older are more frequently experiencing STDs.

When asked about access to health care in the region, participants said that the area includes many free health clinics. They also said that insurance doesn't necessarily cover an adequate amount of time for individuals to be treated thoroughly, and that some problems, like mental issues, cannot be appropriately treated in a matter of days.

The group was then asked whether the Affordable Care Act (ACA) will change anything for their organizations. Public health officials said that changes are already being made slowly. They said that private primary care physicians are going to have to start giving vaccines because patients will no longer be able to obtain vaccines at public health departments. In addition, they said that health clinics will probably still provide flu shots, but that they are going to have to charge insurance companies for them, which was not previously done.

When asked if they have programs to help people learn how to get and stay healthy, a few participants said they have programs in place. One participant's organization offered an after-school programs for kids, community gardens, and a farmers' market that is being introduced. Another participant offered that his organization offers exercise classes and hiking programs.

The group was then asked about mental health—specifically regarding individual access to needed resources. According to one participant, such access is "better now than it used to be," but additional improvements could be made. Other participants said that people with mental health issues face a stigma that discourages them from seeking treatment, and that such stigma must be eliminated and people encouraged to seek the help they need.

Respondents indicated they are seeing more support for mental health programs and they value they bring. They said that there remains the concern that some people do not seek

treatment because they are unaware or incapable of realizing that they need such help. One respondent said that "the older generation grew up with the notion that it is not good to talk about mental health issues, so they probably have a tendency to not get the help they need." Focus group participants said it is hard to distinguish whether mental health issues among seniors are actually due to something such as Alzheimer's or dementia or even a side effect of medications they may be taking rather than be attributable to a psychiatric problem.

The next question focused on substance abuse in the region. Respondents said that over the past two years, they have seen an increase in substance abuse involving synthetic drugs. Laws banning these substances have helped, but synthetic drug manufacturers are continually circumventing such laws by changing the formulas. Participants said that synthetic drugs can be purchased easily and are commonly distributed through online sales. Many agreed that cigarette smoking is still a problem in the area.

Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area from Philadelphia and New York. They said that when these new residents are asked about why they chose this area, they usually attributed their decision to the area's social programs. They also said that the region's residency rules are not a deterrent; social programs help people get fast access to cheap housing, food stamps, and other needs; while public health organizations treat issues without questioning the patient's legal status or residency.

Participants said that drug use seems to be part of a culture that perpetuates poor choices and an unwillingness to better oneself and become an active member of the community. They believe that an entitlement culture is at the root of many of these issues. According to one participant, over the last fifteen years, the proportion of pregnant mothers who have used or currently use drugs compared with those who never have or don't use drugs has greatly increased. Participants said that Maternal Fetal Medicine (MFM) services are needed much more frequently for these women because they are so high risk. MFM deals with malformations and other disorders that occur in newborns due to drug use during pregnancy. Participants said that the community should do more to help women in these circumstances.

A secondary issue raised by participants is that people are generally not held accountable for not following the rules and this perpetuates their tendency to make poor choices, including mental health, drug, and behavioral tendencies that have an impact on health.

Employer Focus Group

Employers represented in this focus group include defense manufacturing, document imaging, a chamber of commerce, local government, a distribution center, entertainment related

company, and an operations center. The employers' number of employees ranged from 10 to 1,800. All offered employee health insurance programs.

The group was asked if their company had a waiting period before an employee could obtain health insurance. Responses varied, with one employer having a waiting period until the first of the month following 60 days of active employment, while another's policies depended on the employee's level. For example, non-exempt employees must wait until the first of the month following a 90 day introductory period, while exempt employees must only wait until the first of the month following their hire.

Employers were then asked if they were aware of any employees within their organizations who are uninsured. Each employer knew of the number of employees who did not enroll in company offered health insurance, but they were unable to state whether or not they were actually uninsured, as they may be covered under a spouse's plan. One participant indicated that 75 percent of employees do not take advantage of health insurance.

The group was then asked what makes a healthy employee. Responses included: a healthy mind and body are necessary to ensure that work is performed accurately and with attention to detail; an active lifestyle; healthy habits and a nutritious diet; and abstaining from smoking and from excess alcohol use.

Each of the employers participating in the focus group had some smoking policies and/or rules in place. For example, one participant said that employees are only allowed to smoke in designated areas, while another said his company would like to offer reduced premiums to those who are either non-smokers or who take advantage of smoking cessation programs.

Nearly all respondents offered employees wellness programs. One employer said his company had in place a wellness committee that meets regularly, while another is creating an internal café where employees can get healthy foods. A few employers said they hold events/programs, such as "Weight Watchers," "The Biggest Loser," or "walking lunch." The participants agreed that it is challenging to find a balance between getting employees to remain active and healthy without making it too time consuming or costly for the company. An additional challenge is discerning what health issues should be the biggest priority because there are differences in health needs between older and younger generations of workers. One company handles this by engaging in a claims analysis to determine which health concerns are the most prominent and dedicates resources accordingly. Participants said that getting employees to participate is often difficult – especially when their participation includes completing a health assessment or discussing potential health problems. Participants said that there is a concern among employees that their information will get back to the insurance companies and they will end up paying more for health care. Another participant said that his

company is trying to come up with ways to encourage employees to get health assessments by providing reimbursement for physicals/screenings.

Diabetes was a significant issue among nearly all of the employers who participated in the focus group. One company representative said a recent review found that ten percent of claims were diabetes related. Another said her company's figures were consistent with the last company she worked for, and that people don't get regular physical exams as much as they used to, and are much more likely to go to the emergency room instead. "Therefore there is less continuity of health care and health issues are not caught and dealt with as soon as they should be."

When asked how employee health has changed over the last five to ten years, one participant said it seems like more employees under age 30 are filing claims than those age 50 and older. One participant said that "it has always been a challenge educating employees on how to use their benefits." Another stated that "some do not get regular exams because they are afraid they will have to pay for them." This is because they do not fully understand what their benefits cover. Another participant discussed the increased use of pain medications and antidepressants, especially among women.

The group was then asked if the Affordable Care Act (ACA) would have an impact on their organization. One participant said that smaller employers will likely eliminate benefit packages as the penalty for not offering a benefit program will be much lower than the cost to provide such program. A major concern expressed is the lack of information about the new rules and regulations that will be implemented as a result of the ACA. This could have negative implications depending on how employers react to its implementation. "This may also contribute to reduced hiring as employers who are concerned about the health reform are refraining from hiring new employees until they have a better idea of how the health reform is going to take place and impact them."

Finally, respondents were asked if there was anything else they wanted to discuss. One company representative discussed specific issues concerning her organization's 400 employees who are from India. The representative reported seeing specific diseases in that population, such as seizures, epilepsy, and Type II diabetes. In addition many such employees are unwilling to use sick leave when they are ill in order to preserve it for personal time during certain months.

Another employer discussed that many workers believe that you can only obtain quality health care outside of the area. In turn, they end up seeking care outside of the area, in places such as Danville, Lehigh Valley and Philadelphia quite often.

Elderly Focus Group

The elderly focus group consisted of ten seniors who volunteer as senior companions at an elderly day program.

The group was asked to describe their vision for a healthy community. Responses included: a community where people work to stay mentally alert, exercise, do volunteer work in the community, take care of themselves, and watch their diet.

When asked their opinion of the health services and programs offered in the local area, the response was very positive. According to one participant, "they are great." Specifically, the focus group participants applauded Meals-on-Wheels, public transportation, programs offered and health care and health service workers. In addition, they said that more doctors are making house calls for the elderly. Participants said that elderly day care centers are a good idea, especially for busy, working individuals who cannot stay home to care for their parents or older relatives. One participant said that sometimes better care is provided at adult day care centers than in nursing homes; he said they are pleasant to go to and provide people the ability to socialize with others.

The group was then asked if they think people in the region have adequate access to health care. Again the group provided a largely positive response. According to one participant, "some people might not because they might not know what is available or how to get to it." Participants said they did notice that there are not as many health fairs as there used to be.

Although the group was very positive about the region's doctors, a few participants felt that the doctors don't always listen or are overscheduled. Another said that the wait times to see a physician can be very long and the treatment is not always adequate. The group was somewhat negative when asked about hospitals. One person said the hospitals are not always sanitary; another indicated that the quality of care depends on the nurse(s) assigned to the patient.

A few individuals said they sought medical care outside the region – all on the advice of their primary care physician. When asked for the reason, one said that "the quality of the services is better outside the area."

When asked about chronic diseases the group said it was a "big problem" even among children. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.

The group agreed that mental health issues are a problem in the community and that they are a stigma among senior citizens. In turn, many seniors may not get the help they need.

All agreed that substance abuse is a problem within the community. "The drug problem in this community is similar to drug problems in other cities. It is not any better or any worse." They said that prescription drugs are very easily obtained by the elderly and, while they are not as likely to engage in substance abuse, their younger relatives who have potential access to their medications might be.

Impoverished Focus Group

In order to reach out to individuals below the poverty line in the region, The Institute conducted a focus group at a homeless shelter. The impoverished focus group included ten participants.

The group described a healthy community as one where people have adequate access to comprehensive health programs and services, including access to more preventative and affordable health care and, which has less crime.

Participants said that health programs and services in the region are "overly expensive and "could be better." Other comments included that programs and services are needed to address mental health, drug and alcohol issues, and that physicians must be careful not to over-prescribe addictive medications to young people. However, some focus group participants said hospital medical staff should be better trained on how to treat or handle patients with drug and/or alcohol addiction.

The group also agreed that adequate access to health care is dependent upon whether or not a person has health insurance. To improve access, participants said that "everyone should have the ability to obtain health insurance. More government support is needed for those who are not able to finance regular doctor appointments." In addition, participants said that more needs to be done to reduce the costs of regular exams or to provide other payment options. Participants also agreed that prescription medications are sometimes prohibitively expensive.

When asked to rate the quality of hospitals within the region, participants agreed that they are "expensive." They also referenced misdiagnoses at two different emergency rooms. One participant was advised by her doctor to leave the area for medical treatment.

The group was asked about the kinds of programs and services that would enhance the health and wellbeing of families within the region. Responses included cancer treatment programs, diabetes treatment programs, programs that promote healthy eating, education about exercise and supplements, and more programs that offer alternatives to the usual therapies and treatments.

Mentally or Physically Challenged Focus Group

The mentally or physically challenged focus group consisted of six members of a mental health support group, many who had mental illness and physical challenges.

The group's vision for a health community included a clean area, something they believed was not the case where they lived.

When asked about their perception of health programs of services, all respondents felt they were good but that there should be more information available on these services.

When asked what should be done to improve health and quality of life, respondents discussed some of their medical issues. They said that there is a stigma about those diagnosed with mental health problems. They also said that health care professionals they have met with did not listen to their needs because they had mental health issues. One respondent said that he was a victim of discrimination by health professionals because of his mental illness. Another said that health care professionals should be provided with more education on mental illnesses. One participant said, "They find out you have something wrong with you and they look differently at you." The participants shared an overall concern with the decrease in state funding for programs that help people with mental health diagnoses.

All participants agreed that physically or mentally challenged residents need better access to quality health insurance. One woman discussed that she could not find a specialist who was covered by her insurance, and said that many physicians "don't accept Medicaid and Medicare because the state requires too much paperwork. " All respondents said that they are forced to spend a great deal of time on the phone calling providers to see if they accept their insurance. Many also felt prescription medications are too expensive, and have arrived at pharmacies only to find out that their prescriptions are not covered by their health insurance.

Respondents reacted favorably to area hospitals; however one mentioned that he had a difficult time understanding "foreign" physicians. Another respondent said that area hospital physicians lack bedside manner and give the impression that they do not care about the patient.

Another respondent described her situation in having to go to a hospital in Philadelphia before receiving a correct diagnosis after going to facilities in both Lackawanna and Luzerne Counties.

When asked about chronic diseases and obesity, one focus group participant said that costs are a major determining factor, as food choices that lead to these conditions are much less expensive than healthier options.

All participants agreed that the region has a significant substance abuse problem, and mentioned that the area has too many bars and not enough recreational opportunities for teens and adults. The group agreed that substance abuse and mental illness often go hand in hand.

Youth Focus Group

Participants in the youth focus group included five college students, two of who are enrolled in schools in Lackawanna County, and three of who are enrolled in schools in Luzerne County.

This group's vision of a healthy community is one in which health care is always easily accessible and affordable, where the environment (whether urban/suburban/rural) is always clean and under proper maintenance, and where people have mutual respect for one another. The students expressed positive experiences with the region's hospitals. They each felt that the care provided is relatively quick and efficient and were satisfied with care they received. However, only two of the five students in the focus group were from the Lackawanna – Luzerne County region, and those who were not from the region had limited experiences with the region's health care.

When asked what should be done do to improve health and quality of life in the community, participants focused on pollution and eating habits. In terms of pollution, one participant said that the urban area historically "used to be a very lively and productive city with a lot of potential." He said a lot could be done to revive this, including better city planning and maintenance, investing in more businesses, and simply ensuring that the streets are clean and safe. In terms of eating habits, focus group participants said that area residents should be more mindful of the amount of processed foods they eat and said exercise was vital to a healthy community.

All participants said that the community offers adequate access to health care, but agreed that improvements could be made by increasing public transportation and ensuring more people have health insurance.

Hispanic/Latino Focus Group

This focus group included four members of Scranton's Hispanic/Latino community.

Participants agreed that there is a lack of communication, and that this results in not knowing about services offered. The group felt that the church plays a significant role in disseminating information to the Hispanic/Latino community about services offered, including, for example an

effort to urge parishioners to get mammograms. One participant discussed her positive experiences with at a local health clinic where she received care.

To improve health and quality of life, respondents said that residents must choose healthier foods, as diabetes remains a significant issue among Hispanic/Latino communities. Because "everyone is pressed for time," many are not able to make healthy food choices. Another participant said that the community has a high population of HIV positive residents, and felt that there should be more prevention programs offered.

Participants agreed that not all have adequate access to health care. They said that many community members do not have health insurance and are forced to seek treatment at the emergency room as a "last resort." One participant discussed the Affordable Care Act (ACA) and felt it would help ensure people get access to affordable health insurance.

Participants had very positive opinions on area hospitals, but quite mixed emotions regarding doctors. One discussed his experience with the doctor he was referred to who refused to treat him because he did not have health insurance, while another spoke about a physician who did not charge a family member for appointments or medication.

All participants agreed that substance abuse is a major issue throughout the Hispanic/Latino community, and that alcoholism is a significant problem among young adults.

African American Focus Group 1

This focus group consisted of five members of Wilkes-Barre's African American community.

The group agreed that it is difficult to get an appointment with a specialist in the area, and one participant cited waiting two months for an appointment with an OB/GYN. The group also expressed concerns about the region's quality of care, particularly for African Americans. According to one participant, there is "a lack of cultural sensitivity in this region" and physicians are "less apt" to give people [in the African American community] pain medication. In order to improve the quality of care, the group felt that the mindset must change and that medical personnel should have "cultural training."

When asked about access to health care in the region, one participant said that access depends on who you are, while another told a story about going to a local dermatologist for a skin problem and being told nothing could be done. The participant left the region for treatment in a more urban area and learned that her skin condition is unique to African Americans. One participant followed with, "Doctors here don't necessarily understand our community's issues; that is a problem."

One participant discussed some issues within the community, such as overmedicating children for behavioral problems. The participant explained that "Parents are teaching children how to act in front of the doctor." The participant stated that some parents did this because a behavioral diagnosis enables the child to quality for Supplemental Security Income (SSI) and Social Security in the amount of $700 per month. Additionally, the participant said that schools get additional funding when students have such diagnoses.

When asked about the doctors and hospitals in the region, there was an overall negative response. Again, cultural sensitivity was discussed as a main concern. Each person within the focus group said they either have left or know someone who has left the region for medical care – particularly if they need to see a specialist. According to one participant, "If I need to see a specialist, I leave."

When asked what could be done to enhance the region's programs and services, one participant said it was important for people to educate themselves, while another said that hospitals should be forced to "hire people of color" in order to make patients and minority staff feel more comfortable.

The group was next asked about obesity, and all agreed that it is a problem within the African American community. One participant felt, however, that "African Americans are shaped different and measured by a different standard." One participant said that nutritionists are too expensive and do not to a good job of educating patients.

The group was next asked about mental health. Participants were clearly uncomfortable discussing the topic and acknowledged that when asked about it by the facilitator. One participant said people in the African American community are "more depressed" than other groups, and that there is a general reaction that people need to get over such depression.

The group acknowledged that substance abuse is a problem within the community, but indicated African Americans are more involved in selling illegal substances that using them. One participant said that the area's drug problems came from rehab centers. Once released, rehab patients stay in the area and go back to using drugs or alcohol.

African American Focus Group 2

The second group consisted of members of a church in Wilkes-Barre. An additional focus group was done with those belonging to the African American community because this group was underrepresented in the survey.

The group's vision for a healthy community includes less stress and chronic disease. Participants want more health education in the community, including proper nutrition. One participant said that a healthy community is one where every member is at their "optimal health."

The group, overwhelmingly, said that they do not have adequate access to health care. They said that specialty health care services are lacking in the region. Several participants complained about the amount of travel required to get to a doctor in the region. They also repeated several times that local providers should be more informed on community needs and resources to help patients. Many expressed frustration with having to search for resources and specialists. They felt that providers should be treating their patients with the goal of making them healthy rather than just "giving out pills." Many participants felt the doctors and hospitals were "in it for the money" rather than the patients.

Several solutions were offered for access to health care. One participant said that clinics in other states offer rides for patients who do not have transportation. Another participant said there should be clinics in areas where transportation is known to be an issue for patients. He felt this would increase the likelihood of patients receiving both preventative and follow-up care. Many participants mentioned that there should be a program to help with co-pays on follow-up visits.

Participants said it was difficult to rate the local doctors and hospitals. While the overall rating was not good for most doctors and both hospitals, certain specialties rated higher than others. One woman described a situation where her daughter needed emergency surgery but no one in the hospital was familiar with her blood disorder. The girl had to wait over two hours for a specialist to come to the hospital from out of the region so she could be treated. The woman also talked about the cost of transporting her daughter to Danville for follow-up appointments. That same woman did note that she received excellent heart care locally. She felt that, since heart health was "something the hospital was receiving money to study" she received better care. Transportation cost and availability were mentioned as roadblocks to receiving care several times. The lack of pediatricians and pediatric specialists was also mentioned by more than one participant.

When discussing health issues in the community, the group felt chronic disease and obesity were on the rise. Some blamed the availability and affordability of fast food. Others in the group felt that people were just making the wrong choices. The group felt that community education and health care provider support were needed to help those with these problems. Many in the group thought that mental health problems were "over diagnosed." Some thought that people were abusing the system to get more money from welfare and SSI, while others

blamed the doctors. Participants felt that, like other health issues, doctors tend to medicate without providing any other support. On the issue of substance abuse, the group is seeing a rise in the abuse of prescription medications. Many said that they have to lock up their pills for fear of them being stolen. Many blame the problem on youth who are not supervised.

Summary of Focus Group Findings

- Obesity related diseases and cancer are the top two health problems in the region. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.
- Several of the focus groups had a negative view of doctors in the region.
- There is a significant substance abuse problem in this region, primarily pertaining to heroin and opiate usage, as well as alcohol dependency.
- Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area.
- Many participants suggested that there should be more inpatient mental health and drug and alcohol treatment.
- There is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing.
- While there are many free clinics in the area those without insurance still feel they do not have access to health care. Many participants thought getting health care was too expensive.
- Individuals with mental health issues face a stigma that discourages them from seeking treatment.
- While many employers in the region offer employees wellness programs, diabetes was an issue among nearly all of the employers who participated in the focus group.
- Many participants thought the health programs and services were good, but that there should be more information available on these services.
- Minority groups feel there is a lack of cultural sensitivity among those who work in health care.

Secondary Data

Demographics

Lackawanna County accounts for 1.7 percent of the Commonwealth's total population, while Luzerne County accounts for 2.5 percent. Together, the region comprises 4.2 percent of Pennsylvania's population.

Population 2010

Lackawanna	Luzerne	Pennsylvania
214,437	320,918	12,702,379

Source: U.S Census Bureau

The region's residents are slightly older than Pennsylvania as a whole. Lackawanna and Luzerne County both have higher median ages of 41.8 and 42.5 respectively, while Pennsylvania's median age is 40.1**.** The greatest percentage of residents in all three geographic areas fell into the 50-54 age bracket. Both Lackawanna and Luzerne Counties have a higher percentage of residents age 65 and older, and a lower percentage of those age nineteen or younger when compared with the Commonwealth.

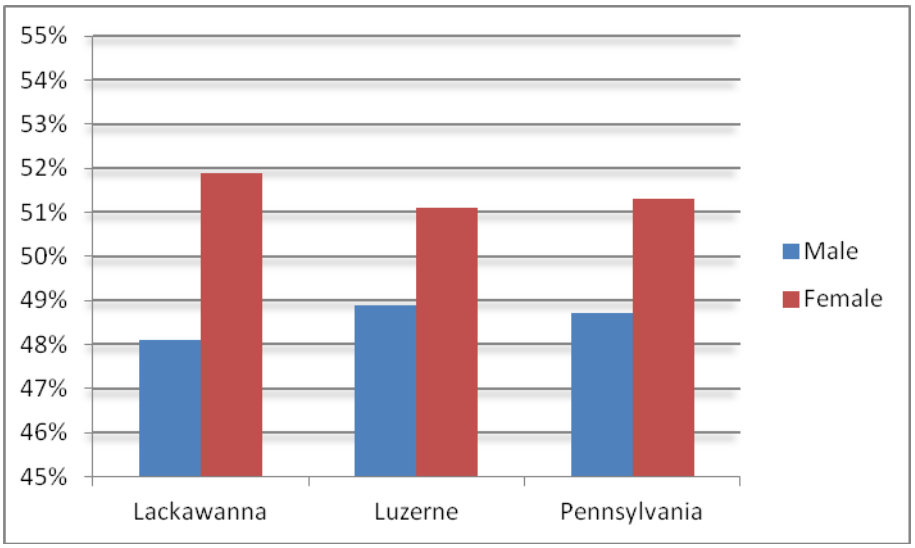
Age Distribution 2010

Ages	Lackawanna	Luzerne	Pennsylvania
Under 5 years	5.4%	5.4%	5.7%
5 to 9 years	5.5%	5.5%	5.9%
10 to 14 years	5.8%	5.8%	6.2%
15 to 19 years	6.9%	6.9%	7.1%
20 to 24 years	6.9%	6.9%	6.9%
25 to 29 years	5.9%	5.9%	6.2%
30 to 34 years	5.4%	5.4%	5.7%
35 to 39 years	5.7%	5.7%	6.0%
40 to 44 years	6.6%	6.6%	6.7%
45 to 49 years	7.3%	7.3%	7.5%
50 to 54 years	7.6%	7.6%	7.8%
55 to 59 years	7.0%	7.0%	6.9%
60 to 64 years	6.3%	6.3%	5.9%
65 to 69 years	4.7%	4.7%	4.4%
70 to 74 years	3.7%	3.7%	3.4%
75 to 79 years	3.2%	3.2%	2.9%
80 to 84 years	3.0%	3.0%	2.5%
85 years and over	3.1%	3.1%	2.4%
Median Age	41.8	42.5	40.1

Source: U.S Census Bureau

Both Pennsylvania and the region contain more female than male residents. Of the three geographies, Lackawanna County has the highest percentage of females and lowest percentage of males, with 51.9 percent and 48.1 percent, respectively.

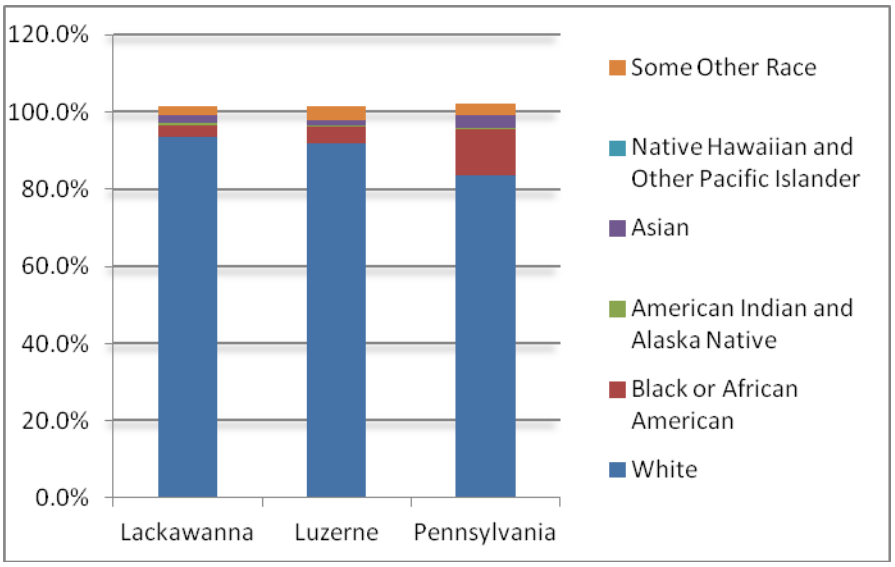
Gender 2010



Source: U.S Census Bureau

The region is far less diverse than Pennsylvania as a whole. While 83.5 percent of the Commonwealth's residents are white, over 90 percent of the region's residents fall into that category.

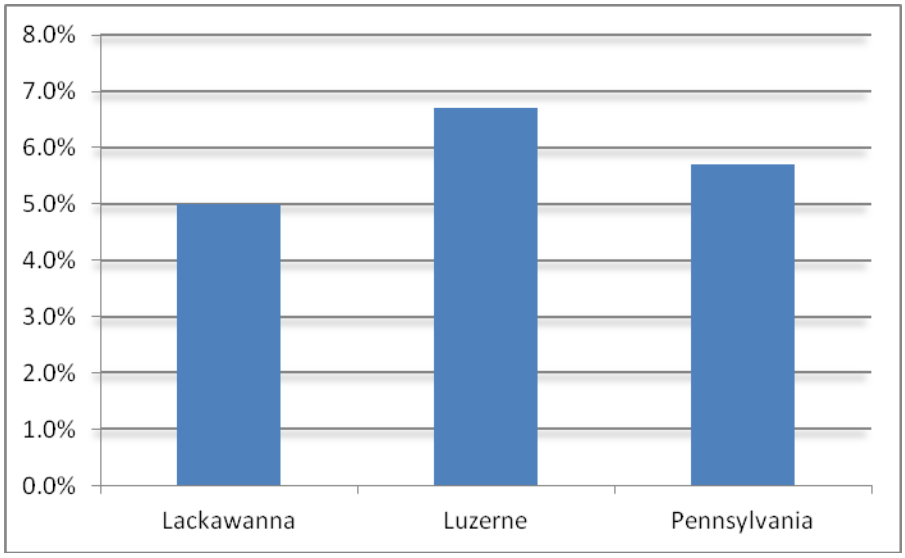
Race 2010



Source: U.S Census Bureau

The region's population of Hispanic/Latino residents has grown significantly. Of the three areas, Luzerne County has the highest percentage of Hispanic/Latino residents, at 6.7 percent.

Hispanic/Latino 2010



Source: U.S Census Bureau

As detailed in the table below, Luzerne County's poverty rates are higher than Lackawanna County and Pennsylvania as a whole.

Poverty Status 2010

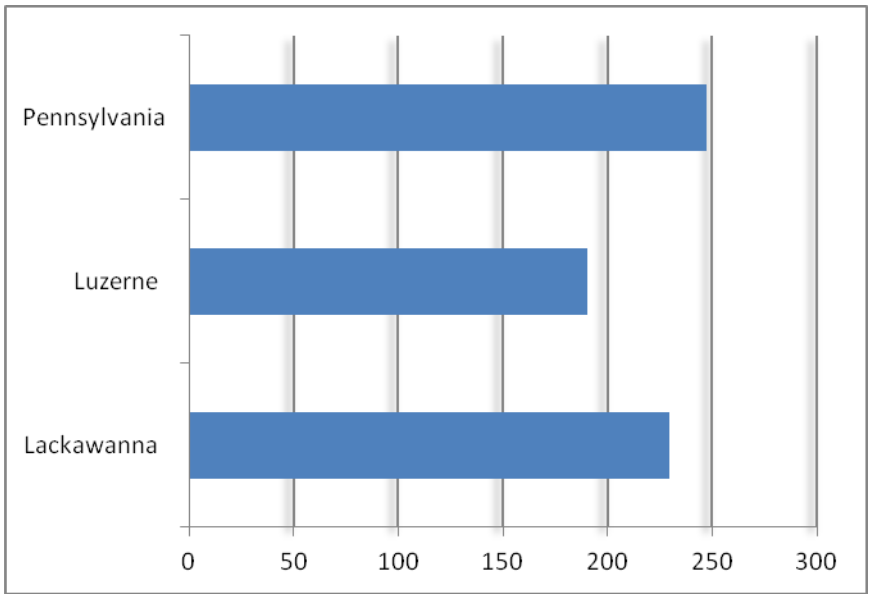
Status	Lackawanna	Luzerne	Pennsylvania
All families	**8.8%**	**11.4%**	**9.3%**
With related children under 18 years	16.6%	23.0%	15.9%
With related children under 5 years only	18.7%	36.4%	16.6%
Married couple families	**3.4%**	**4.1%**	**3.8%**
With related children under 18 years	6.1%	7.0%	5.7%
With related children under 5 years only	5.8%	8.5%	4.1%
Families with female householder, no husband present	**26.1%**	**33.0%**	**29.1%**
With related children under 18 years	38.4%	49.5%	39.4%
With related children under 5 years only	52.3%	69.0%	45.7%
All people	**13.4%**	**16.1%**	**13.4%**
Under 18 years	**20.7%**	**28.6%**	**19.1%**
Related children under 18 years	20.6%	28.3%	18.8%
Related children under 5 years	27.0%	41.1%	21.7%
Related children 5 to 17 years	18.3%	23.7%	17.7%
18 years and over	11.5%	12.9%	11.8%
18 to 64 years	12.4%	14.3%	12.7%
65 years and over	7.6%	8.2%	7.9%

Source: U.S Census Bureau

Physicians & Hospitals

The region fell behind the Commonwealth in terms of physicians per 100,000 residents, with 229.2 in Lackawanna County and 190.4 in Luzerne County, compared with 247.2 statewide.

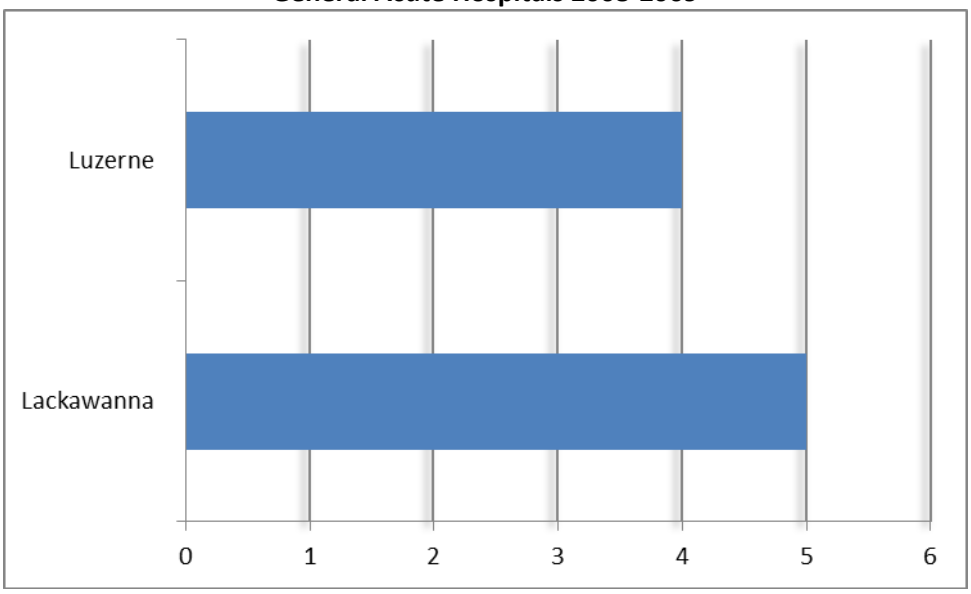
Physicians per 100,000 Residents 2008



Source: Center for Rural Pennsylvania

Between 2008 and 2009, Luzerne County was home to four general acute hospitals and Lackawanna County was home to five. More recently, the area has seen some changes in its number of hospitals. In February 2012, Marian Community Hospital, in Lackawanna County, closed due to rising costs and fewer patients. In April 2011, Mercy Hospital, also experiencing financial difficulties, was purchased by Community Health Systems, Inc., which changed the facility's name to Regional Hospital of Scranton. This buyout changed the hospital from a non-profit to a for-profit entity. Community Health Systems, Inc. also purchased Wilkes-Barre General Hospital in 2009 and Moses Taylor Hospital in 2012. Further, The Scranton Times-Tribune and The Times Leader reported in July 2012, that Geisinger Health System and Scranton's Community Medical Center merged, changing the hospital's name to Geisinger-Community Medical Center. Each of these transactions came about in an effort to cut costs and improve services and reflect a national trend.

General Acute Hospitals 2008-2009



Source: Center for Rural Pennsylvania

With 42, Luzerne County had the highest number of physician assistants per 100,000 among the areas examined. Both counties were ahead of the Commonwealth.

Area	Physician Assistants per 100,000 Residents 2010
Lackawanna	34
Luzerne	42
Pennsylvania	31

Source: Center for Rural Pennsylvania

County Health Rankings 2012

County Health Rankings are an annual study published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The rankings assess the health of nearly every U.S. county. The rankings consider factors that affect people's health in the following four categories: health behavior, clinical care, social and economic factors, and physical environment. According to the publishers, those having high rankings, e.g. 1 or 2, are

considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - Rankings are based on weighted scores of four types of factors:
    - Health behaviors (7 measures)
    - Clinical care (5 measures)
    - Social and economic (7 measures)
    - Physical environment (5 measures)

Mortality data are examined to determine how long people live. Premature death figures provide the number of deaths in terms of the years of potential life lost before 75 years of age per 100,000. Lackawanna County ranked 53rd, while Luzerne County ranked 60th of Pennsylvania's 67 counties.

Mortality

Mortality	Lackawanna	Luzerne	Pennsylvania
Premature Death per 100,000	7,903	8,496	7,284
Mortality Rank (out of 67)	**53**	**60**	**N/A**

Source: County Health Rankings

The table below examines several morbidity factors. According to the definition provided, morbidity is the term that refers to how health people feel while alive. Specifically the rankings report on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and birth outcomes (babies born with a low birth weight). "In Lackawanna County and Pennsylvania, 14 percent of adults reported poor or fair health, compared to 16 percent in Luzerne County. The average number of physically unhealthy and mentally unhealthy days reported in past 30 days was slightly higher in Luzerne County than in Lackawanna County and the Commonwealth. Lackawanna County's overall health outcomes ranking was ten points higher than Lackawanna County.

Morbidity

Morbidiy	Lackawanna	Luzerne	Pennsylvania
Poor or Fair Health	14.0%	16.0%	14.0%
Poor Physical Health Days	3.5	4.1	3.5
Poor Mental Health Days	3.6	4	3.6
Low Birthweight	8.4%	8.1%	8.3%
Morbidity Rank (out of 67)	47	57	N/A
Health Outcomes Rank (out of 67)	**51**	**61**	**N/A**

Source: County Health Rankings

The next health county ranking tables examine health behaviors. Compared to Pennsylvania as a whole, the region contains higher percentages of adult smoking, excessive drinking and physical inactivity. The region, however, shows more positive statistics in terms of sexually transmitted diseases and the teen birth rate per 100,000. For health behaviors overall, Lackawanna County ranked much better than Luzerne County, at 29 and 53, respectively.

Health Behaviors

Health Behaviors	Lackawanna	Luzerne	Pennsylvania
Adult Smoking	25.0%	27.0%	21.0%
Adult Obesity	26.0%	30.0%	29.0%
Physical Inactivity	30.0%	31.0%	26.0%
Excessive Drinking	24.0%	20.0%	18.0%
Motor Vehicle Crash Death Rate per 100,000	13	15	13
Sexually Transmitted Infections per 100,000	149	240	346
Teen Birth Rate per 1,000	26	30	31
Health Behaviors Rank (out of 67)	**29**	**53**	**N/A**

Source: County Health Rankings

The following health county ranking table examines clinical care. The region's ratios of primary care physicians to the population is better than the Commonwealth - with Lackawanna County at 1,084:1 and Luzerne County at 1,027:1, compared to 838:1 statewide. The three geographic areas were nearly the same in terms of diabetic and mammography screenings.

Clinical Care

Clinical Care	Lackawanna	Luzerne	Pennsylvania
Uninsured	11.0%	11.0%	12.0%
Primary Care Physicians	1,084:1	1,027:1	838 to 1
Preventable Hospital Stays per 1,000	80	67	72
Diabetic Screening	82.0%	82.0%	83.0%
Mammography Screening	69.0%	65.0%	67.0%
Clinical Care Rank (out of 67)	**29**	**23**	**N/A**

Source: County Health Rankings

The region is outperforming Pennsylvania in terms of the percentage of high school graduates and number of violent crimes per 100,000, though both counties have a higher percentage of children in poverty. Overall, Lackawanna County is ranked much higher than Luzerne County.

Social & Economic Factors

Social and Economic Factors	Lackawanna	Luzerne	Pennsylvania
High School Graduation	88.0%	85.0%	79.0%
Some College	59.0%	56.0%	59.0%
Unemployment	0	0	0
Children in Poverty	20.0%	27.0%	19.0%
Inadequate Social Support	22.0%	22.0%	21.0%
Children in Single-Parent Households	32.0%	35.0%	32.0%
Violent Crime Rate per 100,000	231	314	405
Social/Economic Factors Rank (out of 67)	**29**	**55**	**N/A**

Source: County Health Rankings

Physical environment is a very important factor in a person's overall health. The region had very few air pollution ozone days and a lower percentage of fast food restaurants than the Commonwealth.

Physical Environment

Physical Envionment	Lackawanna	Luzerne	Pennsylvania
Air pollution-particulate Matter Days	3	0	10
Air pollution-Ozone Days	2	2	8
Access to Recreational Facilities per 100,000	10	9	11
Limited Access to Healthy Foods per 100,000	8.0%	10.0%	7.0%
Fast Food Restaurants	41.0%	42.0%	48.0%
Physical Envionment Rank (out of 67)	**31**	**61**	**N/A**

Source: County Health Rankings

There were a lower percentage of children tested for lead in Luzerne County than in Lackawanna County.

Lead Testing & Results 2007

County	# of Children Tested	Percent of Children Tested	# of Children with Positive Result
Lackawanna County	2,397	17.7%	92
Luzerne County	2,770	14.3%	88

Source: Environmental Protection Agency

Behavioral Risk Factor Surveillance System 2012

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices and health care access primarily related to chronic disease and injury. The data presented are for the Scranton/Wilkes-Barre Metropolitan Statistical Area (MSA).

In the Scranton/Wilkes-Barre MSA, residents considered themselves in mostly good health or better. However, 65 percent are considered overweight or obese and one in ten has been diagnosed with diabetes.

How is your General Health?

Excellent	Very Good	Good	Fair	Poor
19.2%	30.6%	32.4%	12.6%	5.2%

Source: BRFSS

Overweight and Obesity BMI

Status	%
Neither Overweight nor Obese	35.9%
Overweight	35.7%
Obese	28.4%

Source: BRFSS

Diagnosed with Diabetes

Status	%
Yes	10.0%
Yes; Pregnancy-Related	0.3%
No	88.6%
No; pre-diabetes/borderline	1.2%

Source: BRFSS

Over one-third of residents in the region report that their mental health was not good for at least one day. Commonwealth figures were slightly lower.

Mental Health Not Good 1+ Days in Past Month

Region	Percent
Lackawanna, Luzerne, Wyoming	37%
Pennsylvania	34%

Source: Pennsylvania Department of Health

Community Health Status Indicators

The goal of Community Health Status Indicators (CHSI) is to provide an overview of key health indicators for local communities and to encourage dialogue about actions that can be taken to improve a community's health. Additionally, data from the Pennsylvania Department of Health are presented in this section.

The first indicator is the leading causes of death change by age. Injuries dominate the 1-33 age groups, while diseases are more prominent in older populations.

Leading Causes of Death: Lackawanna County 2009

Leading Causes of Death	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	53%	nrf	nrf	nrf
Birth Defects	22%	nrf	nrf	nrf
Ages 1-14				
Injuries	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	33%	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	25%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	25%	nrf	nrf	nrf
Cancer	11%	nrf	nrf	nrf
Heart Disease	19%	nrf	nrf	nrf
Suicide	11%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	34%	29%	nrf	nrf
Heart Disease	26%	25%	nrf	nrf
Ages 65+				
Heart Disease	37%	nrf	nrf	nrf
Cancer	19%	nrf	nrf	nrf

Source: Community Health Status Indicators

Nrf: No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

Luzerne County follows the same patterns as Lackawanna County.

Leading Causes of Death: Luzerne County 2009

Leading Causes of Death	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	59%	nrf	nrf	nrf
Birth Defects	14%	nrf	nrf	nrf
Ages 1-14				
Injuries	29%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	41%	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	13%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	23%	nrf	nrf	nrf
Cancer	14%	nrf	nrf	nrf
Heart Disease	nrf	nrf	nrf	nrf
Suicide	12%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	32%	36%	nrf	nrf
Heart Disease	19%	20%	nrf	nrf
Ages 65+				
Heart Disease	37%	0.25	nrf	nrf
Cancer	19%	0.29	nrf	nrf

Source: Community Health Status Indicators

Nrf: No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

Risk factors associated with premature death are listed below. Both counties are fairly even for each factor. A diet lacking fruits and vegetables is the region's most significant contributing factor to premature deaths.

Risk Factors for Premature Death 2009

Risk Factors	Lackawanna	Luzerne
No Exercise	26.0%	26.1%
Few Fruits/Vegetables	72.0%	76.1%
Obesity	21.6%	23.7%
High Blood Pressure	32.1%	30.1%
Smoker	28.8%	28.7%
Diabetes	7.4%	10.1%

Source: Community Health Status Indicators

There are 76.4 dentists per 100,000 in Lackawanna County and 65.4 per 100,000 in Luzerne County.

Access to Dental Care 2009

Access	Lacakwanna	Luzerne
Dentists per 100,000	76.4	65.4

Source: Community Health Status Indicators

The number of teen suicides tends to be higher for males ages 15-19.

Teen Suicide 2009

County/State	Age	Sex	Count
Lackawanna	10-14	Male	1
	10-14	Female	0
	15-19	Male	1
	15-19	Female	1
Luzerne	10-14	Male	0
	10-14	Female	0
	15-19	Male	1
	15-19	Female	1
Pennsylvania	10-14	Male	11
	10-14	Female	6
	15-19	Male	56
	15-19	Female	15

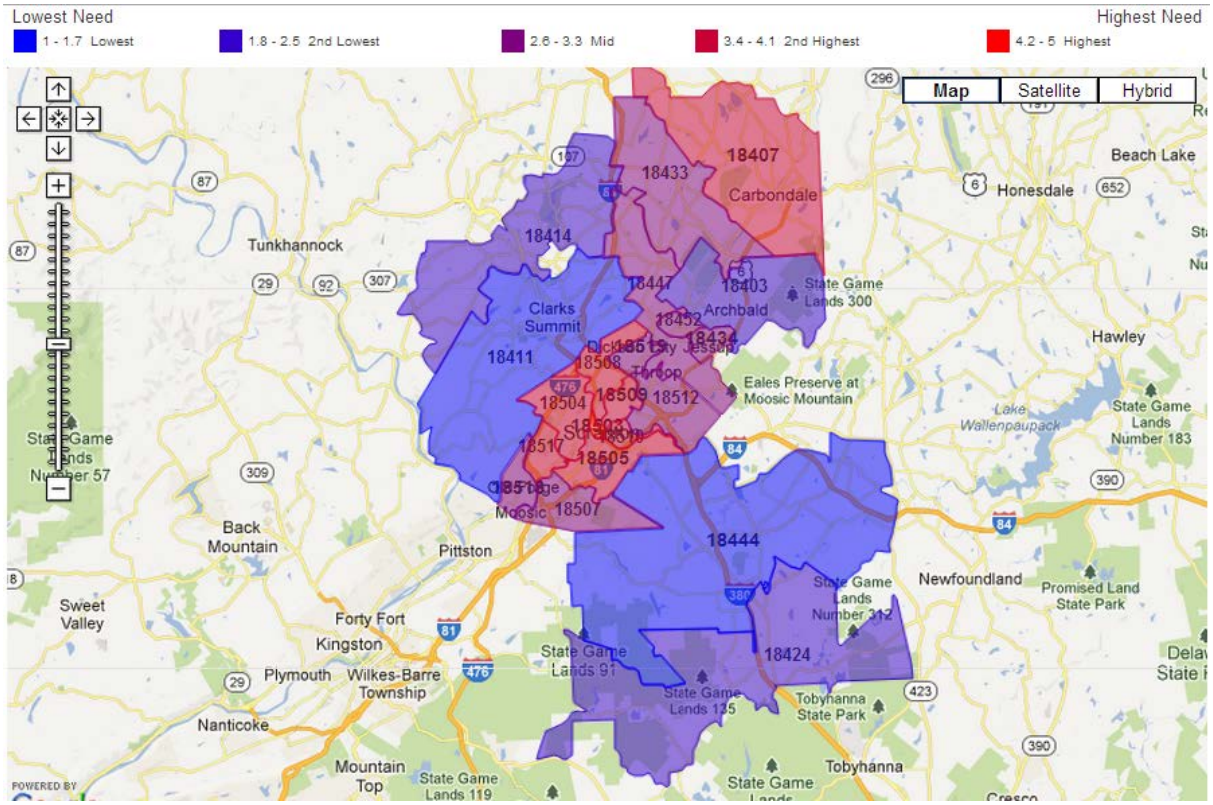
Source: Pennsylvania Department of Health

Community Needs Index

The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. Using this data a score is assigned to each barrier condition (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score. A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.

In Lackawanna County, the zip codes that comprise the City of Scranton and Carbondale areas have the highest CNI scores, i.e., the most socio-economic barriers.

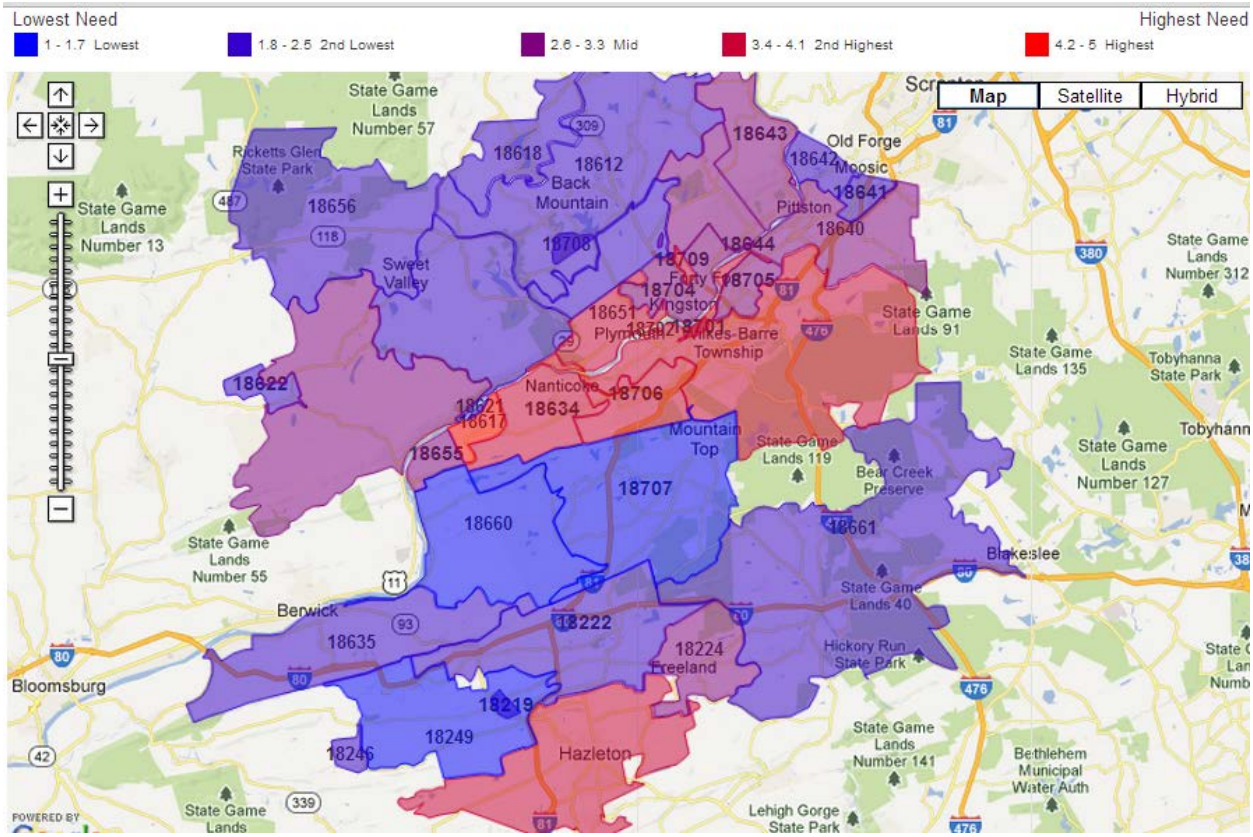
Lackawanna CNI



Source: Dignity Health

In Luzerne County, the zip codes that comprise the City of Wilkes-Barre, Wilkes-Barre Township, Nanticoke, and Hazleton areas have the highest CNI scores, i.e., the most socio-economic barriers.

Luzerne CNI



Source: Dignity Health

Summary & Conclusions

- Lackawanna County fares better than Luzerne County in many areas, while both fall behind when compared with the Commonwealth.
- In terms of demographics, the region is slightly older and less diverse, although Luzerne County contains a higher percentage of Hispanic/Latino residents than Pennsylvania's average.
- Lackawanna and Luzerne Counties contain fewer primary care physicians and physicians per 100,000 than the Commonwealth.
- County Health Rankings for 2012 show that neither Lackawanna County nor Luzerne County are among the state's top counties. However Lackawanna County ranks higher than Luzerne County in nearly every major category measured, with the exception of clinical care.
- The region contains more smokers, more excessive drinkers and its residents are less physically active than the Commonwealth overall.
- Over three-quarters of respondents in the Scranton/Wilkes-Barre MSA believe they are in good, very good or excellent health, while over 60 percent are considered overweight or obese.
- Cancer and heart disease continue to be the main causes of death for the region's adult population, while a diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death.

Patient Perception

Patient Interviews

Four individuals in Lackawanna and Luzerne Counties were interviewed regarding their perceptions and attitudes of local health care providers and the delivery system, as well as any experiences in obtaining medical services outside the study region.

A few of the patients interviewed had sought medical treatment out of the region. Treatments included orthopedic surgeries (hips and shoulders) and children's behavioral health. One respondent indicated that while he/she has not had services outside of the region, many of his/her employees have. They have primarily gone for what he/she describes as "tertiary" services. Such services are beyond the scope of local specialists. In particular, he/she emphasized oncology.

Patients left primarily on the recommendation of medical personnel (doctors and therapists). Second referral sources were family and friends and independent research.

When asked where they go for care, respondents referenced Hershey Medical Center, Geisinger Medical Center – Danville, Memorial Sloan Kettering Cancer Center, Johns Hopkins Hospital, Massachusetts General Hospital, Jefferson Hospital and Penn State Medical Center.

Patients were asked to rate the hospitals they have visited in the region. Comments such as "outdated" and "behind the times" were used to describe area hospitals. Patients indicated that hospitals are parochial and unwilling to collaborate. While not all services need to be offered in the region, if there were some collaborative initiatives in place, hospitals would be seen more favorably or as innovative. On a specific note, it was indicated that hospital personnel need better training in how to treat children with special needs.

When asked to rate doctors in the area, responses included that some were "tough to deal with and see timely, although some surgeons are excellent." This individual referred specifically to heart surgeons, as he had heart surgery in the region, but thinks it would be been beneficial to have the surgery out of state. Another person indicated that "physicians here are inconsistent; there are too many incorrect diagnoses and unnecessary surgeries for such a small region." The ability to be seen in a timely manner was brought up by another patient. In general, patients feel physicians have limited abilities and resources, and very limited access to specialists.

Patients were asked about feedback from family, friends or colleagues and discussions they may have engaged in regarding the region's health care delivery system and physicians. Patient responses were consistent. They felt that it is necessary to go elsewhere for good quality, that the level of care in the immediate area does not compare to the level of care available in other

areas, and that the quality of care is poor and not state-of-the-art. Another said that physician quality is a crap shoot. Discussion continued and it was brought up that in northeastern Pennsylvania, nobody trusts the health care system. There is graft and corruption in every sector and despite being a blue collar economy, there is an economic class structure and there is no respect for those without wealth.

Other than referrals from medical personnel, the only other comment referenced a lack of training in mental and behavioral health among all medical personnel and limited services and specialists for treatment of children with mental and behavioral health issues.

Another participant focused on the lack of local resources for mental health. He/she said, "The places that provide services for children with Autism in the area have staffing issues. The number of children being diagnosed with Autism is staggering and the people who choose a career to work with these children do not stay in the field because of the amount of money they get paid. More importantly, what I feel is lacking are the resources that are going to be available for my son when he reaches the age of 21. There is nothing available in the area for adults with Autism. It is terrifying to think of what will be available for these children once they are beyond the age of services currently provided."

Patients were asked what is lacking in local health care resources. One patient reflected that while his surgeon was excellent, his/her hospital stay was horrible. He/she referenced nurses not following orders, and as recent as five years ago he was in an ICU that did not even have air conditioning. He added that he waited eight hours after his scheduled appointment for an outpatient procedure. He was later told the paperwork got lost in the system.

The discussion veered to fragmentation – even within one hospital. It was communicated that some level of regional collaboration would be nice. One patient mentioned research, and that it brings credibility. In addition, it was felt that the region needs some big names - either physicians or partnerships with big name providers or centers of excellence.

Finally patients were asked under what circumstances they would stay here for services or recommend local health care to others. Several said it depended on the circumstances and would prefer to do their own research before making a decision. Another indicated that seeing local hospital collaboration with big research hospitals would make them feel more comfortable. Yet another participant indicated he/she would love to avoid the travel if someone was able to treat his/her son, but he/she has not had enough positive experiences locally.

Patients were asked if they had any other comments. One patient mentioned that he/she was concerned whether the CHS model – a for-profit model - would negatively impact health care delivery.

Provider Interviews

Both primary care physicians and specialists consented to interviews (four in total). All indicated that they have or would recommend patients to seek care outside of the region. When asked about the circumstances, one physician indicated that the quality of care and treatment of patients by local physicians is an issue. Based on comments, there is a lack of respect for patients. Another primary care physician indicated that patients sometimes demand to be referred to a specialist outside of the region or he/she feels they are litigious or a high medical risk. Others suggested that the waiting period to see a specialist in the area is high due to a physician shortage. Particular emphasis was placed on the need for neurosurgeons. In larger cities such Philadelphia, patients may be seen on the same day and, with the volume of back surgeries performed make it the best choice for patients. The quality of general surgeons and high infection rates were cited as other deterrents. Another reference was made in regard to oncology, in particular pediatric oncology – referrals to Jefferson Memorial Hospital or Children's Hospital of Philadelphia (CHOP) are made – citing the best choice for the patient as the determining factor. Additionally, this specialist refers some adult oncology patients to Sloan Kettering - again citing that the facility is best for severe cases because of its volume and experience in dealing with cancers.

Physicians were asked what feedback they had from patients or other medical personnel regarding the quality of local health care. One physician indicated that, overall, feedback was very good, but that psychiatric care is very limited. Several interviewees mentioned the shortage of specialists and the wait time being too long for both appointments and follow up treatment. A primary physician indicated that patients are treated poorly. The physician said that whether it is their approach or culture, physicians here don't treat patients with respect. Another indicated that the quality of area hospitals is poor and patients need advocates, as everything is becoming extremely complex.

Physicians were asked what needs to happen to improve local health care and patient perception or attitudes toward local health care. One primary care physician indicated that there must to be a sense of camaraderie among physicians – more of a team approach to health care. In addition, the physician promoted the creation of a better culture with more respect and compassion for the patient. Another physician indicated that nothing will matter. He said that once a patient has made up his/her mind about the quality of local medical services, nothing will change it. One specialist indicated that patients are not the problem. The perception problem is that of the family doctors who refer to specialists.

After the scripted questions were completed, physicians were asked if they had any other comments to make. One physician indicated that malpractice reform would make the area more competitive. He/she indicated that lawyers are a problem because they try to find fault

and create malpractice lawsuits. Another indicated that the cost of insurance in this region is higher than most other areas and that is an issue.

One of the primary care physicians believes that money has become a primary motivator for many local doctors and the mission of being a physician and compassion are minimized. This primary care physician emphasized that wait times for appointments and wait times for tests, followed by additional wait time for specialists to get back to the patient are not only problems, but also medically risky. Further, the unwillingness to work with the primary care physicians is a stumbling block.

Provider Survey

The provider survey, a copy of which is included in the appendix of this document, was sent to all members of the Lackawanna and Luzerne County Medical Societies through respective membership lists. A link to a web based survey was also emailed to members.

The Lackawanna County Medical Society sent the link to 300 physician (MD/DO) members. The Luzerne County Medical Society sent the link to 225 members, including approximately 200 physicians and 25 practice administrators and medical students. A total of 23 recipients responded to the survey, which equates to a 5.4 percent return rate. Coupled with individual physician interviews, patient interviews, and patient surveys, some conclusions may be drawn. It should be noted that the 525 who received the survey represent the respective medical societies' membership bases, such recipients do not represent a sampling of the region's entire physician population base; therefore, the confidence level is difficult to ascertain.

After sending out the survey, the Luzerne County Medical Society issued its newsletter, The Bulletin, to a broader distribution of 900 medical professionals and other stakeholders, including physicians, legislators, advertisers, nursing homes, and a few business and community leaders. The newsletter included an article about the purpose of the project, survey, and a copy of the link. It was concluded, however, that, based on the dates of survey submission, no one reacted to the article in The Bulletin.

The survey asked physicians if they have ever referred patients to doctors or hospitals outside Lackawanna and Luzerne Counties for medical services, the type of such services, and for what medical issues. If a physician responded that he/she had not, he/she was directed to a series of questions focusing on whether he/she would and under what circumstances he/she would do so, including for what services and medical issues. Both sections sought to determine where each physician has privileges and the type of physician each is.

Provider Survey

The provider survey, a copy of which is included in the appendix of this document, was sent to all members of the Lackawanna and Luzerne County Medical Societies through respective membership lists. A link to a web based survey was also emailed to members.

The first question was "Have you referred your patients to doctors and hospitals outside of Lackawanna and Luzerne Counties?" Over 78 percent (18) of respondents indicated they had referred their patients to doctors and hospitals outside of the region. Respondents were asked to identify where patients were referred, by checking all that applied and adding, as needed. One respondent indicated that his/her referrals were based on the specialist's location.

The majority of physicians referred their patients to Geisinger - Danville (11), followed by Lehigh Valley Health Systems (10) and the University of Pennsylvania (8). Sloan Kettering Cancer Institute and Thomas Jefferson followed closely in fourth place with (7) each.

Health Care Provider	Referrals Outside the Study Region
Lehigh Valley Health Systems	10
Geisinger - Danville	11
Rothman Institute	3
Thomas Jefferson	7
University of Pennsylvania	8
Sloan Kettering Hospital	7
Children's Hospital of Philadelphia (CHOP)	5
Cleveland Clinic	1
Fox Chase Cancer Center	1
KidsPeace	1
Hershey Medical Center	2
John Hopkins Hospital	1
Sheppard-Pratt Psychiatric Hospital	1
St. Christopher's Hospital	1
Alfred I. duPont Hospital	1
Will's Eye Institute	1

Several hospitals where patients were referred were not listed, but were filled in by the respondent as "other." Four physicians referenced the following:

Other facilities identified	Number
Al DuPont Institute,	1
Children's hospital of Philadelphia (CHOP)	2
Cleveland clinic	1
Fox Chase Cancer Center	1
Hershey Medical Center	2
John Hopkins	1
KidPeace	1
Sheppard-Pratt Psychiatric Hospital in MD	1
St. Christopher's Children's Hospital	1
Will's Eye Institute	1

Another physician noted that he/she referred patients to "wherever he/she could find the best specialist."

Doctors who referred patients out of the area were asked to identify the types of services to which patients were referred. They were instructed to check all that apply. The top three responses were doctor visits (11), in patient surgery (9) and hospitalization (6).

Type of Services	Responses
Doctor Visit	11
Hospitalization	6
In patient surgery	9
Outpatient surgery	5
Medical Testing	4
Radiation Therapy	1
Chemotherapy	2
Other	3
Stem Cell Transplant	1
Psychiatry	1
Oncology	1

Local physicians referred their patients to doctors representing the following specialists in the table below. The top three referrals were for: Orthopedics (8); neurology/neurosurgery (7); and oncology (6).

Specialty of Care	Number
Alcohol & Substance Abuse	1
Burns	2
Cardiac	3
Ear	1
Endocrine System	2
Eye/Ophthalmology	3
Gastroenterology	2
General Medicine	0
Gynecology	5
Infectious Disease	1
Internal Medicine	1
Mental Illness	3
Neurology (brain or spinal cord)	7
Obstetrics	2
Oncology	6
Orthopedic	8
Pediatrics	1
Rheumatology	2
Trauma	2
Urology	1

When asked why a referral to a physician or hospital services outside the region was made, "service not provided in the community" was the most common response. In the case of physician services, "patient high risk" was identified as the second most frequent reason, followed by "quality of service provided outside of the local area is better" and "patient demanded." Physicians ranked "service provided in the community, but could not be accessed timely" ranked last for both questions. The timeliness of services was brought up as an issue in the interviews, but still lagged behind quality as a driving factor.

Reason for Referral for Physician Services	Number
Service not provided in the community	10
Service was provided in the community, but could not be accessed timely	5
Service was provided in the community, but quality of care outside the region is better than local	7
Other	
Patient Demanded	7
Patient High Risk	9

Reason for Referral for Hospital Services	Number
Service not provided in the community	9
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	7
Other	
Patient Demanded	7
Patient High Risk	7

One respondent added a comment indicating that the quality of care leaves much to be desired and patients are treated poorly. Additionally, he/she indicated much is missed and patients are returned to their primary care too soon and the communication between the "referral physician and those of us who refer the patient is inadequate." He/she elaborated with additional comments that extensive evaluation reports sent with the patient are ignored.

Those statements echo comments made in both the general interviews and individual physician interviews. Specifically, respondents mentioned a total lack of respect for the patient, and another mentioned "discrimination for economic, gender, and racial/ethnic differences." Further, several patients and physicians referred to a "fragmented" system, where there is little or no communication.

Physicians were asked where they had privileges. Based on the responses, it appears that the majority of respondents were from Lackawanna County. This is interesting, as the majority of physicians that consented to individual interviews were from Luzerne County. Bearing this in mind, we have already noted several consistencies in responses to numerous questions.

Privileges	Number
Geisinger - Community Medical Center	6
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	7
Moses Taylor Hospital	7
Mid-Valley Hospital	1
Wilkes-Barre General Hospital	1

Several types of physicians responded to the survey, however responses came from more specialists than primary care or family doctors, including three each from gynecology and internal medicine specialists and two in obstetrics; several other specialties were represented. Seventeen of 18 respondents in this section were accounted for.

Area of Specialty	Number
Family or Primary Care Doctor	1
Addiction Medicine	1
Cardiology	0
Emergency Medicine	1
Endocrinologist	1
Epidemiology	0
Gynecology	3
Infectious Disease	0
Internal Medicine	3
Neurology (brain or spinal cord)	1
Obstetrics	2
Oncology	0
Orthopedic	1
Psychiatry	1
Radiology	1
Rheumatology	1
Trauma	0
Urology	0

Of the 23 who responded, five indicated that they had not referred patients out of the area. Those five were asked, "If you haven't referred patients out of the area, would you consider it?" Three indicated that they would and two indicated that they would not. The next section summarizes responses of those physicians who indicated that they would send patients out of the area. A similar set of questions were asked.

Physicians who said they would refer patients out of the area responded in the same manner as those who have done so for doctor visits, inpatient surgery and hospitalization. One respondent added neurosurgery in the "other" category.

Type of Services	Responses
Doctor Visit	2
Hospitalization	1
In patient surgery	2
Outpatient surgery	0
Medical Testing	0
Radiation Therapy	0
Chemotherapy	0
Other	1
Neurology	1

The next table shows specialties of care for referrals. Neurosurgery was identified by all three, while burns and trauma care were each selected once.

Specialty of Care	Number
Alcohol & Substance Abuse	0
Burns	1
Cardiac	0
Ear	0
Endocrine System	0
Eye/Ophthalmology	0
Gastroenterology	0
General Medicine	0
Gynecology	0
Infectious Disease	0
Internal Medicine	0
Mental Illness	0
Neurology (brain or spinal cord)	3
Obstetrics	0
Oncology	0
Orthopedic	0
Pediatrics	0
Rheumatology	0
Trauma	1
Transplant	0
Urology	0

When asked the reason they would refer patients, respondents answered in the same priority order as those physicians who have referred patients out of the area. The only difference is that "patient demanded" and "high risk" came in second to "service not provided locally" and "quality." Given the small number of responses, the difference is not significant.

Reason for Referral for Physician Services	Number
Service not provided in the community	2
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	2
Other	
Patient Demanded	1
Patient High Risk	1

Reason for Referral for Hospital Services	Number
Service not provided in the community	2
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	2
Other	
Patient Demanded	1
Patient High Risk	1

As with the group of referring physicians, this group of respondents had privileges only at Lackawanna County hospitals.

Privileges	Number
Geisinger - Community Medical Center	1
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	2
Moses Taylor Hospital	1
Mid-Valley Hospital	0
Wilkes-Barre General Hospital	0

Two physicians indicated they have not and would not refer patients outside of the area for care. Only one identified where they he/she had privileges – Regional Hospital of Scranton.

Privileges	Number
Geisinger - Community Medical Center	0
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	1
Moses Taylor Hospital	0
Mid-Valley Hospital	0
Wilkes-Barre General Hospital	0

One of the physicians is a family doctor or primary care physician, while the other is in emergency medicine – both of which are considered key physicians for referring patients to specialty services.

Area of Specialty	Number
Family or Primary Care Doctor	1
Addiction Medicine	0
Cardiology	0
Emergency Medicine	1
Endocrinologist	0
Epidemiology	0
Gynecology	0
Infectious Disease	0
Internal Medicine	0
Neurology (brain or spinal cord)	0
Obstetrics	0
Oncology	0
Orthopedic	0
Psychiatry	0
Radiology	0
Rheumatology	0
Trauma	0
Urology	0

Summary & Conclusions

Physicians responding to this electronic survey primarily represented Lackawanna County hospitals; however, when compared to physicians that consented to individual interviews that primarily represented Luzerne County Hospitals, there were some strong similarities. Specifically, almost all physicians have or would refer patients out of the area for care. Cited were quality issues, services not available and patient high risk or patient demanded. Low on the list was the timeliness to see a specialist, which was mentioned in the general interviews.

Neurology and neurosurgery were key services referred outside of the area. Many facilities were identified as referral destinations. Included among the top choices was Geisinger Danville; although today Geisinger has a strong regional presence, many patients are referred to its primary medical center facilities in Danville, Pennsylvania.

The issue of lack of respect for the patient and fragmentation of care were mentioned in several of the primary research components. Both issues can be causes of patients questioning quality of care and demanding to be referred outside of the area. Based on the data, it does play a role in the referring physicians' opinion.

Hospital Data

Over the past two years, the region's health care delivery system has changed dramatically. Community Health Systems (CHS), based in Nashville, Tennessee acquired several of the area's non-profit hospitals, including Mid-Valley Hospital, Moses Taylor Hospital, Regional Hospital of Scranton (formerly Mercy Hospital), Wilkes-Barre General Hospital, Special Care Hospital of Nanticoke and First Hospital of Wyoming Valley. CHS also owns facilities in adjacent Wyoming and Columbia Counties, and is now the region's largest employer.

Geisinger Health System (GHS) also expanded and now owns Geisinger - Community Medical Center (in Scranton), Geisinger Wyoming Valley and Geisinger South Wilkes-Barre (both in Luzerne County). Geisinger Health System is also a formidable employer in the region.

These new health care delivery systems and the resources they bring will continue to advance the quality of health care in the region, offering more specialties, innovation and research.

The following utilization data were provided by the hospitals. The data detail the number of cases by body system, age, insurance type and physicians by type. It should be noted that since the hospitals were in transition with the acquisitions, mergers, and system changes during the study period that these numbers may not represent the actual number of physicians by type in the hospital systems today.

Utilization data were not provided for Mid-Valley, Special Care, First Hospital, Marworth, ClearBrook and the Veteran's Administration Medical Home Center, although information is included pertaining to their size and scope of services.

Commonwealth Health Systems

Based in Blakely (Lackawanna County), Mid-Valley Hospital has 25 beds and 155 employees. Mid-Valley has an emergency department, inpatient and outpatient services. Before becoming part of the CHS family of companies, Mid-Valley was affiliated with Moses Taylor Hospital and, therefore, had access to all of its resources.

Special Care Hospital of Nanticoke (Luzerne County), has 67 (17 in patient behavioral, 30 acute, and 20 in Scranton satellite) licensed beds and approximately 185 hospital employees with 25 active physicians, 54 courtesy and 42 other. Special care has inpatient and outpatient (laboratory, therapy) services, as well as an emergency department.

Based in Kingston (Luzerne County), First Hospital of Wyoming Valley has 107 beds and 225 employees. First Hospital is a free-standing, private psychiatric hospital that provides inpatient psychiatric treatment for children, adolescents and adults. First Hospital includes CHOICES,

Advanced Psychological and Counseling Services and Community Counseling Services of Northeast Pennsylvania.

First Hospital houses a thirteen-bed Children's Unit that provides services and programs that cater to the emotional and psychological needs of children between ages four and thirteen. First Hospital includes an eighteen-bed adolescent section, which serves fourteen- through eighteen-year-olds with behavioral needs. In addition, First Hospital offers an adult section.

Moses Taylor Hospital (MTH)

Moses Taylor Hospital (MTH), a CHS facility, is located in Scranton (Lackawanna County). The hospital has 217 beds and employs a little over 1,800 people.

About 40 percent of patients are mothers in labor or newborns. In a distant second, diseases of the respiratory system make up nearly ten percent of admissions.

CHS MTH: Utilization By Body System		
Description	Cases	% of Total
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	613	4.97%
DISEASES & DISORDERS OF THE EYE	11	0.09%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	99	0.80%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,164	9.43%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	993	8.05%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,068	8.65%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	330	2.67%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	680	5.51%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	371	3.01%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	360	2.92%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	484	3.92%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	25	0.20%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	215	1.74%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	2,431	19.70%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	2,435	19.73%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	77	0.62%
MYELOPROLIFERATIVE DISEASES & DISORDERS	33	0.27%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	408	3.31%
MENTAL DISEASES & DISORDERS	309	2.50%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	36	0.29%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	94	0.76%
BURNS	2	0.02%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	94	0.76%
MULTIPLE SIGNIFICANT TRAUMA	3	0.02%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	7	0.06%
Total	12,342	100%

The greatest number of MTH physicians (79) practice internal medicine, followed by physicians specializing in Obstetrics, Gynecology, Infertility, Neonatology, and Pediatrics/Pediatric

Specialties (68). The facility has six gastroenterologists to handle diseases and disorders of the digestive system, which comprise close to nine percent of all admissions.

CHS MTH: Number of Physicians by Type		
Specialty	Count	% of Total
Allergy, Asthma, and Immunology	3	0.74%
Anesthesiology	12	2.98%
Bariatric Surgery	0	0.00%
Cardio Thoracic Surgery	6	1.49%
Cardiology	23	5.71%
Dermatology	4	0.99%
Emergency Medicine	17	4.22%
Endocrinology/Metabolism	3	0.74%
Family Medicine	20	4.96%
General Practice	1	0.25%
Gastroenterology	6	1.49%
General Surgery	10	2.48%
Gynecology	4	0.99%
Hematology/Oncology	10	2.48%
Infectious Disease	3	0.74%
Internal Medicine	79	19.60%
Pediatric Internal Medicine	4	0.99%
Maternal Fetal	1	0.25%
Nephrology	6	1.49%
Neurology	7	1.74%
Neurosurgery	1	0.25%
Neonatology	9	2.23%
Obstetrics/Gynecology/Infertility	17	4.22%
Ophthalmology	11	2.73%
Oral and Maxillofacial Surgery	6	1.49%
Orthopaedic Surgery	12	2.98%
Otolaryngology	8	1.99%
Pediatric Cardiology	7	1.74%
Pathology	7	1.74%
Pediatrics	21	5.21%
Physiatry	11	2.73%
Plastic Surgery	5	1.24%
Podiatry	21	5.21%
Psychiatry	4	0.99%
Pulmonary Disease	8	1.99%
Radiation Oncology	4	0.99%
Radiology	13	3.23%
Rheumatology	3	0.74%
Pediatric Dentistry	1	0.25%
Urology	6	1.49%
Pediatric Gastroenterology	9	2.23%
Total	403	100%

The percentage of young patients (age 0-10) is much higher at MTH than other regional hospitals. It is assumed that these are primarily newborns, which coincides with the table above, which reflects pregnancy, childbirth and the puerperium (2,431) and newborns

(2,435). Patients age 71 and older represent almost 26 percent of admissions, even though the hospital lacks any geriatric specialists.

CHS MTH: Summary of Utilization By Age (2011)		
Age	Cases	% of Total
00-10	2,843	23.04%
11-20	340	2.75%
21-30	1,557	12.62%
31-40	1,340	10.86%
41-50	789	6.39%
51-60	986	7.99%
61-70	1,286	10.42%
71-80	1,361	11.03%
81-90	1,480	11.99%
91+	360	2.92%
Total	12,342	100%

Wilkes-Barre General Hospital (WBGH)

WBGH is located in the city of Wilkes-Barre (Luzerne County), has 392 beds and employs approximately 1,950 people.

Nineteen percent of patients were admitted with diseases of the circulatory system, while thirteen percent were admitted for respiratory system diseases.

CHS WBGH: Utilization By Body System (2011)		
Description	Cases	% of Total
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	1,127	6.72%
DISEASES & DISORDERS OF THE EYE	13	0.08%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	173	1.03%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	2,281	13.60%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	3,219	19.19%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,857	11.07%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	510	3.04%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	1,690	10.08%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	588	3.51%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	562	3.35%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	881	5.25%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	69	0.41%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	176	1.05%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	1,250	7.45%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	85	0.51%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND	244	1.45%
MYELOPROLIFERATIVE DISEASES & DISORDERS	102	0.61%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	570	3.40%
MENTAL DISEASES & DISORDERS	70	0.42%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	679	4.05%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER	231	1.38%
BURNS	3	0.02%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	375	2.24%
MULTIPLE SIGNIFICANT TRAUMA	5	0.03%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	13	0.08%
Total	16,773	100%

Over 71 WBGH physicians specialize in family medicine, 38 specialize in internal medicine and 26 specialize in pediatrics. Patients under age 20 make up less than four percent of all admissions.

CHS WBGH: Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Allergy, Asthma, and Immunology	2	0.50%
Anesthesiology	19	4.70%
Bariatric Surgery	2	0.50%
Cardio Thoracic Surgery	2	0.50%
Cardiac Surgery	1	0.25%
Cardiology	19	4.70%
Dentistry	4	0.99%
Emergency Medicine	21	5.20%
Endocrinology/Metabolism	3	0.74%
Family Medicine	71	17.57%
Gamma Knife	3	0.74%
Gastroenterology	6	1.49%
General Surgery	20	4.95%
Geriatrics	7	1.73%
Hematology/Oncology	4	0.99%
Infectious Disease	4	0.99%
Internal Medicine	38	9.41%
Laboratory Medicine	5	1.24%
Nephrology	5	1.24%
Neurology	3	0.74%
Neurosurgery	4	0.99%
Nuclear Medicine	1	0.25%
Obstetrics/Gynecology/Infertility	17	4.21%
Ophthalmology	14	3.47%
Oral and Maxillofacial Surgery	5	1.24%
Orthopaedic Surgery	11	2.72%
Otolaryngology	6	1.49%
Pain Management	3	0.74%
Pathology	5	1.24%
Pediatrics	26	6.44%
Physical Medicine & Rehabilitation	11	2.72%
Plastic Surgery	3	0.74%
Podiatry	17	4.21%
Psychiatry	9	2.23%
Pulmonary Disease	6	1.49%
Radiation Oncology	6	1.49%
Radiology	9	2.23%
Rheumatology	2	0.50%
Urology	6	1.49%
Vascular Surgery	4	0.99%
Total	404	100%

Nearly 45 percent of WBGH's admitted patients in 2011 were over age 71. Per the table below, WBGH has seven geriatric specialists to meet the needs of its aging population.

CHS WBGH: Summary of Utilization by Patient Age (2011)		
Age	Cases	% of Total
00-10	226	1.35%
11-20	351	2.09%
21-30	1,304	7.77%
31-40	1,073	6.40%
41-50	1,374	8.19%
51-60	2,038	12.15%
61-70	2,870	17.11%
71-80	3,355	20.00%
81-90	3,417	20.37%
91+	765	4.56%
Total	16,773	100%

Regional Hospital of Scranton (RHS)

RHS is a CHS facility located in Scranton (Lackawanna County). RHS has 198 beds and employs approximately 1,200 people.

Over 28 percent of patients were admitted with diseases and disorders of the circulatory system, followed by twelve percent admitted for each digestive system and respiratory system disorders, respectively.

CHS Regional: Utilization By Body System (2011)		
Description	Cases	% of Total
UNDEFINED	28	0.29%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	557	5.70%
DISEASES & DISORDERS OF THE EYE	15	0.15%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	137	1.40%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,157	11.84%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	2,811	28.77%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,157	11.84%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	301	3.08%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	983	10.06%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	413	4.23%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	288	2.95%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	700	7.16%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	130	1.33%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	38	0.39%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	3	0.03%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	0	0.00%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	141	1.44%
MYELOPROLIFERATIVE DISEASES & DISORDERS	91	0.93%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	619	6.34%
MENTAL DISEASES & DISORDERS	17	0.17%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	18	0.18%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	85	0.87%
BURNS	1	0.01%
FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES	57	0.58%
MULTIPLE SIGNIFICANT TRAUMA	2	0.02%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	22	0.23%
Total	9,771	100%

The facility's largest specialty is Internal Medicine, with 138 physicians (36 percent), followed by Family Practice, with 55 physicians (fourteen percent). Almost 28 percent of patients were admitted for diseases and disorders of the circulatory system. The hospital employs three vascular surgeons, or .8 percent of all of its physicians.

CHS Regional: Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Cardiology	4	1.05%
Cardiothoracic Surgery	7	1.83%
Cardiovascular Disease	11	2.88%
Dentistry	7	1.83%
Diabetes	1	0.26%
Emergency Medicine	2	0.52%
Family Practice	55	14.40%
Gastroenterology	5	1.31%
General Surgery	22	5.76%
Gynecology	7	1.83%
Hematology & Oncology	10	2.62%
Infectious Disease	1	0.26%
Internal Medicine	138	36.13%
Internal Med/Cardiology	1	0.26%
Internal Med/Pediatric	3	0.79%
Interventional Radiology	1	0.26%
Nephrology	8	2.09%
Neurosurgery	1	0.26%
Ophthalmology	4	1.05%
Oral & Maxillofacial Surgery	5	1.31%
Orthopaedic Surgery	10	2.62%
Otolaryngology	7	1.83%
Pediatric Dentistry	3	0.79%
Pediatrics	17	4.45%
Physical Medicine & Rehab	1	0.26%
Plastic Surgery	5	1.31%
Podiatry	20	5.24%
Psychiatry	1	0.26%
Pulmonary Medicine	8	2.10%
Radiation Oncology	3	0.79%
Radiology	1	0.26%
Rheumatology	1	0.26%
Transplant Hepatology	1	0.26%
Urology	7	1.83%
Vascular Surgery	3	0.79%
Wound Care	1	0.26%
Total	382	100%

Over 70 percent of patients admitted to Regional Hospital in 2011 were over age 61. Unlike WBGH, Regional Hospital offers no geriatric specialists.