Bloomsburg Hospital

Community Health Needs Assessment – Final Report

June 8th, 2012

TrippUmbach
Research ▪ Strategy ▪ Impact

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Introduction

Bloomsburg Hospital, a 72-bed community hospital located in Bloomsburg, PA, in response to its community commitment, contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between November 2011 and April 2012. As a partnering hospital of ACTION Health, a collaborative partnership in the Central Susquehanna River Valley that includes Geisinger-Shamokin Area Community Hospital, Geisinger Medical Center, Evangelical Community Hospital, Bloomsburg Hospital and Bloomsburg University, Bloomsburg Hospital collaborated with hospitals and outside organizations in the surrounding five-county region (Columbia, Montour, Northumberland, Snyder and Union County) during the community health needs assessment process. The following is a list of organizations that participated in the community health needs assessment process in some way:

- Geisinger Medical Center
- Geisinger-Shamokin Area Community Hospital
- Bloomsburg University
- Evangelical Community Hospital
- Central PA Healthcare Quality Unit (Geisinger)
- Central Susquehanna Community Foundation
- CMSU Behavioral Health Services
- Family Planning Plus of SUN and MJ counties
- Columbia County Volunteers in Medicine Clinic
- Geisinger Medical Center Care Management
- Orangeville Nursing & Rehab Center
- Greater Susquehanna Valley United Way
- PA DOH – Montour State Health Center
- Danville Child Development Center
- Union-Snyder Agency on Aging Inc.
- Sum Child Development Center

- Columbia/Sullivan Head Start
- LIFE Geisinger – Kulpmont
- American Cancer Society
- ACTION Health
- Caring Communities
- Degenstein Foundation
- District 107; North'd Ct.
- Geisinger Health Plan
- Susquehanna University
- Montour County Probation
- Nurse Family Partnership
- Bucknell University
- Milton YMCA
- AGAPE
- Benton

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Bloomsburg Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from Bloomsburg Hospital and a project oversight committee to accomplish the assessment.

Community Definition

While community can be defined in many ways, for the purposes of this report, the Bloomsburg Hospital community is defined as 11 zip codes in Columbia, Montour and Northumberland counties, Pennsylvania containing 80% of the hospital's inpatient discharges (see Table 1 & Figure 1).

Bloomsburg Hospital Community Zip Codes

Table 1

Zip	Post Office	County
17814	BENTON	COLUMBIA
17815	BLOOMSBURG	COLUMBIA
17820	CATAWISSA	COLUMBIA
17846	MILLVILLE	COLUMBIA
17859	ORANGEVILLE	COLUMBIA
17878	STILLWATER	COLUMBIA
17888	WILBURTON	COLUMBIA
18603	BERWICK	COLUMBIA
18631	MIFFLINVILLE	COLUMBIA
17821	DANVILLE	COLUMBIA/MONTOUR
17824	ELYSBURG	NORTHUMBERLAND

Bloomsburg Hospital Community Map

Figure 1

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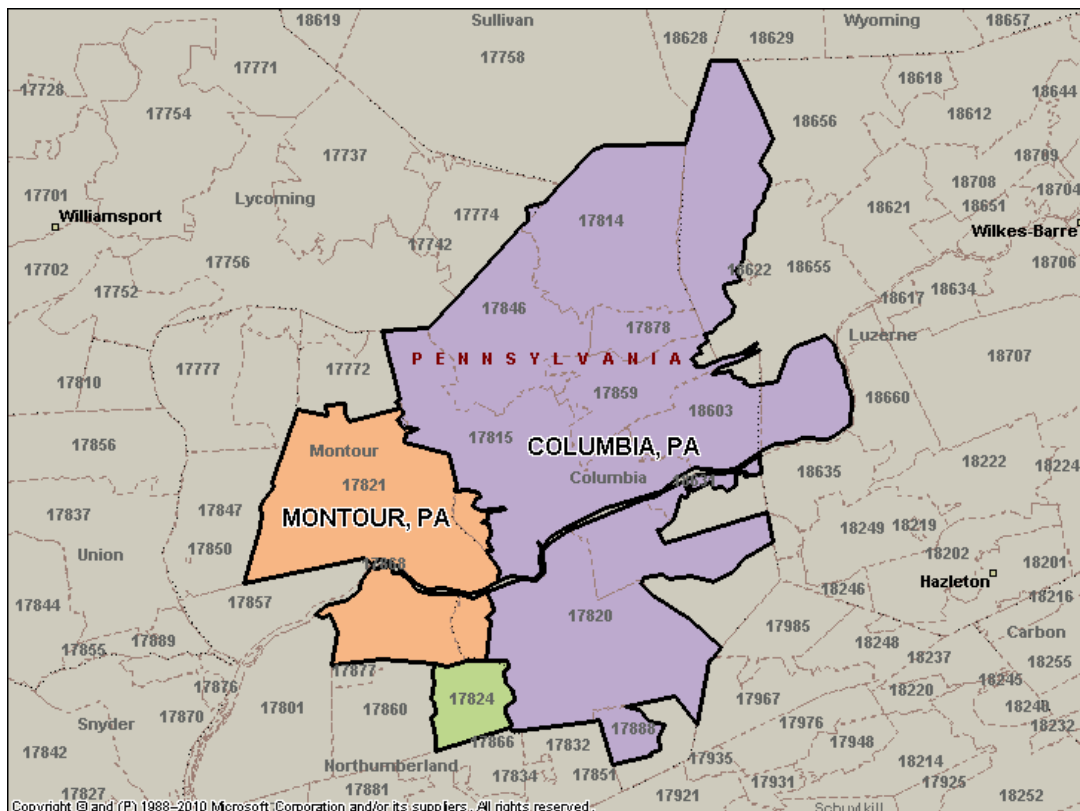
Consultant Qualifications

Bloomsburg Hospital contracted with Tripp Umbach, a private healthcare consulting firm headquartered in Pittsburgh, Pennsylvania to complete the community health needs assessment. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 200 community health needs assessments over the past 20 years. Today, more than one in five Americans lives in a community where Tripp Umbach has completed a community health needs assessment.

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

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

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

Project Mission & Objectives

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

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

- ❑ Assuring that community members, including under-represented residents and those with a broad based racial/ethnic/cultural and linguistic background are included in the needs assessment process. In addition, educators, health-related professionals, media representatives, local government, human service organizations, institutes of higher learning, religious institutions and the private sector will be engaged at some level in the process.

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

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

- ❑ Utilizing data obtained from the assessment to address the identified health needs of the service area.

- ❑ Providing recommendations for strategic decision-making regionally and locally to address the identified health needs within the region to use as a baseline tool for future assessments.

- ❑ Developing a CHNA document as required by the Patient Protection and Affordable Care Act (PPACA).

Methodology

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

Key data sources in the community health needs assessment included:

- ❑ **Community Health Assessment Planning:** A series of meetings were facilitated by the consultants and the CHNA oversight committee consisting of leadership from Bloomsburg Hospital and other participating hospitals and organizations (i.e., Geisinger Medical Center, Evangelical Community Hospital, Bloomsburg Hospital and Bloomsburg University).

- ❑ **Secondary Data:** The health of a community is largely related to the characteristics of its residents. An individual's age, race, gender, education and ethnicity often directly or indirectly impact health status and access to care. Tripp Umbach completed comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Bloomsburg Hospital community from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Thompson Reuters, CNI, The Center for Rural PA, PennDOT and other additional data sources.

- ❑ **Use of previous CHNA:** In 2009, ACTION Health contracted with Geisinger Center for Health Research to complete a CHNA for the same five-county region (Columbia, Montour, Northumberland, Snyder and Union Counties). While it was not possible to complete trend analyses of the 2009 CHNA raw data, due to a departure in methodologies, there are references throughout this document to the 2009 CHNA Rural Pennsylvania Counts: A Community Needs Assessment of Five Counties. Tripp Umbach did not complete any independent analysis of the data collected in 2009 but chose to rely on the analysis completed by Geisinger Center for Health Research.

- ❑ **Interviews with Key Community Stakeholders:** Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that have special knowledge and/or expertise in public health (i.e., Bloomsburg Hospital, PA Department of Public Health, Columbia County Area Agency on Aging, American Red Cross, Columbia, Montour, Snyder, Union Counties Service System, Columbia Montour Home Health Services, Columbia County Volunteers in Medicine and Tapestry of Health). Such persons were interviewed as part of the needs assessment planning process. A series of 22 interviews were completed with key stakeholders in the Bloomsburg Hospital

community. A complete list of organizations represented in the stakeholder interviews can be found in the "Key Stakeholder Interviews" section on page 31 of this report.

❑ **Focus Groups with Community Residents:** Tripp Umbach worked closely with the CHNA oversight committee to assure that community members, including under-represented residents, were included in the needs assessment planning process via three focus groups conducted by Tripp Umbach in the Bloomsburg Hospital community. Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in targeted populations. Focus group audiences included: Residents Impacted by the Flood of September, 2011, College Students and Young Single Parents Earning a Low Income.

❑ **Identification of top community health needs:** Top community health needs were identified and prioritized by community leaders during a regional community health needs identification forum held on April 5th 2012. Consultants presented to community leaders the CHNA findings from analyzing secondary data, key stakeholder interviews and focus group input. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified the top community health needs in the Bloomsburg Hospital community.

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

Key Community Health Needs

Tripp Umbach's independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by three community focus groups resulted in the prioritization of three key community health needs in the Bloomsburg Hospital community. Community leaders identified the following top community health needs that are supported by secondary and/or primary data: 1) Improving access to affordable healthcare, 2) Improving healthy behavior, and 3) Need for community development, specifically transportation to health service providers. A summary of the top three needs in the Bloomsburg Hospital community follows:

- ✓ **IMPROVING ACCESS TO HEALTHCARE FOR UNDER/UNINSURED RESIDENTS**

  Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for increased access to affordable health insurance and increased number of healthcare providers in general and specifically, healthcare providers that will accept state-funded medical insurance.

  Community leaders, key stakeholders and focus group participants agree that while there are ample medical resources and healthcare facilities in the five-county region; access to healthcare resources can be limited by health insurance coverage (i.e., provider acceptance of state-funded health insurance and affordable health insurance options) and the availability of providers, particularly those that reside in the more rural areas and/or those that are under/uninsured.

  The highest CNI score for the Bloomsburg Hospital study area is 3.2 for Berwick in Columbia County. The highest CNI score indicates the most barriers to community healthcare access. The highest CNI score for the entire ACTION Health five-county region is 3.8 in the zip code area of Shamokin in Northumberland County.

  - Wilburton has the highest uninsured rate (14%), individuals with no high school diploma (20%), and both families with married parents or single parents with children living in poverty (14% and 83% respectively).

  - Millville has the highest rate of elderly living in poverty (16%).

  Health Insurance Issues:

  - ✓ Thirteen percent (13%) of Pennsylvania adults ages 18-64 did not have healthcare coverage in 2009. Significantly more young adults reported having no health

insurance (23% of those ages 18-29) compared to older adults (13% for ages 30-44 and 9% for ages 45-64). [2]

- Eleven percent (11%) of Pennsylvania adults responded in 2009 that there was an instance in which they needed to see a doctor in the past year but could not because of cost. Adults under 45 years of age had significantly higher percentages for being unable to see a doctor due to cost compared to older adults.

✓ Community leaders and some focus group participants stated that state-funded health insurance is not readily accepted in the area, causing residents to travel lengthy distances and/or wait lengthy periods to receive health services. Key stakeholders agree that there are few dental providers in the region that will accept the state-funded health insurance. Community leaders, key stakeholders and focus group participants all discussed the gap between the income qualifications for state-funded health insurance and the ability of residents to afford private-pay health insurance premiums. Community leaders, key stakeholders and focus group participants all believed that the limitations of state-funded health insurance can reduce the access residents have to healthcare.

> **"45,000 deaths annually linked to lack of health coverage. Uninsured working-aged Americans have a 40% higher death risk than privately insured counterparts."**
> *Harvard University; Harvard Gazette 2009*

✓ Community leaders, key stakeholders and focus group participants reported that health insurance can be unaffordable for some residents, leading residents to be underinsured with limited coverage and high deductibles and/or uninsured with no coverage at all. Community leaders and some focus group participants gave the impression that some employers are not able to offer comprehensive health insurance benefits to their employees due to the high cost of premiums, causing employees to opt out of healthcare plans offered by employers or employers to hire part-time employees only. While key stakeholders and focus group participants felt that there are medical facilities in the area that offer medical care, they also believed that medical care may be unaffordable for some residents if they are under/uninsured. Specifically, the high-cost of healthcare and the refusal to provide care to under/uninsured residents at for-profit hospitals were discussed.

✓ The CHNA completed in 2009 identified a lack of healthcare coverage as one of the six key themes found during the needs assessment. The household survey

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[2] Centers for Disease Control and Prevention: www.cdc.gov/brfss

administered found that 18.2 percent (1 in every 5) adults in the region did not have health insurance and unemployed individuals were the least likely to have health insurance.

Availability of healthcare providers:

✓ The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger), while at the same time showed projected increases in the percentages of older individuals (55 and older) over the next five years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different healthcare needs. Northumberland County in the Bloomsburg Hospital community shows the largest percentage of individuals aged 65 and older (19.5%); this rate is much higher than PA (15.9%) and the U.S. (13.3%).

✓ In 2008, Northumberland County had a substantially lower ratio of physicians in direct patient care (77.9 per 100,000 pop.) and Columbia County also had fewer physicians in direct patient care (127.7 per 100,000 pop.) than Pennsylvania's ratio (247.8 per 100,000 pop.).[3]

- Northumberland County had one pediatrician practicing in the county (1.1 per 100,000 pop.), which is substantially less than the ratio for Pennsylvania (13.8 per 100,000 pop.).

✓ Community leaders, key stakeholders and focus group participants also discussed the accessibility of providers. Community leaders reported that there is a shortage of dentists in the area to provide both routine and specialty dental care. Similarly, community leaders believed there is a shortage of pediatric mental health services in the areas of psychiatry, therapy and treatment facilities. Similarly, key stakeholders believed that there are not enough healthcare providers in the area to meet resident demand for under/uninsured and dental healthcare. Focus group participants were under the impression that there are not enough medical and mental health providers or facilities available in their communities to meet resident demand, which limits the access residents have to mental health, under/uninsured and medical healthcare.

✓ Community leaders, key stakeholders and focus group participants felt that the limited access some residents have to medical, mental and dental healthcare may cause: an increase in the utilization of emergency medical care for non-emergent issues; mismanagement of diagnoses; longer waiting times for healthcare services; an increase in travel distance and time for under/uninsured residents; as well as resistance to seek health services; patients presenting in a worse state of health than

[3] The Center for Rural PA (http://www.ruralpa2.org/county_profiles.cfm)

they may have with greater access to services and a general decline in the health of residents.

✓ The CHNA completed in 2009 identified a lack of healthcare coverage, difficulty locating health care providers and paying for services-particularly dental care; and lack of behavioral health care services as two of the six key themes found during the needs assessment. Behavioral health was identified as a significant need in every community. The household survey indicated that 5.5 percent of the residents of the region needed mental health care but were not able to obtain care and 74 percent did not obtain this care as the result of not being able to afford the cost of care. Dental care was also frequently mentioned-particularly for Medicaid recipients. In fact, the household survey found that nearly 26,000 individuals in the region are unable to afford recommended dental care and as many as 10,000 were often or very often unable to afford prescription medication.

❑ **IMPROVING HEALTHY BEHAVIOR**

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for increased awareness and education, motivation and/or incentives for resident that practice healthy behavior and increased access to healthy options in the region.

The health of a community largely depends on the health status of its residents. Community leaders and key stakeholders believed that the lifestyles of some residents may have an impact on their individual health status, and consequently, cause an increase in the consumption of healthcare resources. Specifically, community leaders and stakeholders discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, substance abuse, including alcohol and other drugs, etc.) that can lead to chronic illnesses (i.e., obesity, diabetes, pulmonary diseases, etc). An increase in the number of chronic illness diagnoses in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses. Community leaders believed that residents making lifestyle choices that negatively impact their individual health status may lack the awareness, motivation and/or access to healthier options to implement healthy behaviors. Key stakeholders perceived the health status of many residents to be poor due to the perceived prevalence of chronic lifestyle-related illnesses.

✓ The Bloomsburg Hospital community has a large number of preventable hospital admissions; which may allow us to identify healthcare access areas with the most need. The Bloomsburg Hospital community has higher hospital admission rates than the state for nine of the 14 PQI measures.

- Chronic Obstructive Pulmonary, Congestive Heart Failure, Bacterial Pneumonia, Dehydration, Perforated Appendix, Uncontrolled Diabetes, Short-term Diabetes Complications, Angina without Procedure, Lower Extremity Amputations

- The Bloomsburg Hospital community shows much higher rates of Chronic Obstructive Pulmonary Disease hospital admissions than Pennsylvania (4.32 for Bloomsburg Hospital and 3.08 for PA).

Awareness and education about healthy behaviors:

- ✓ Columbia County holds the top three highest County Health Rankings (representing the unhealthiest measures) in the five-county region. Those measures are of Education, Diet and Exercise, and Community Safety. Education can influence the highest level of attainment an individual can reach (B.A., M.A., etc.) and it can also affect an individuals' understanding of healthy behaviors (healthy eating and exercising). Additionally, diet and exercise have been proven to impact a person's predisposition toward chronic illnesses such as obesity, diabetes and pulmonary disease.

- ✓ Community leaders, key stakeholders and focus group participants felt that residents may not always be aware of healthy choices due to cultural norms, limited access to preventive healthcare, limited prevention education and community outreach in some areas. Community leaders believed that the health and wellness of residents may be negatively impacted by a lack of education and awareness about healthy behaviors.

- ✓ In 2009, Rural Pennsylvania Counts household survey found that there are significant differences in sources of health information by education. Individuals at the lowest end of the educational spectrum are less likely to use the internet or print materials from home in comparison to individuals with higher levels of education including some college or Bachelor's degree. However, most respondents indicated that they would obtain health information directly from their health care provider.

Motivation to implement healthy behaviors:

- ✓ Columbia County (in which The Bloomsburg Hospital community is primarily located) has a County Health Ranking for Health Behaviors of 54; this is the poorest ranking across the five-county region. A poor ranking for Health Behaviors includes a combination of alcohol use, tobacco use, sexual activity, and diet and exercise. The County Health Rankings show us that Columbia County has poor rankings for individual health behaviors (alcohol use, smoking, diet and exercise) and better rankings for environmental factors (air quality and physical environment).

✓ Community leaders recognized that any change in behavior requires individual motivation, which area residents may not always have. Community leaders reported that while some residents may be aware of healthy behaviors, those same residents may not be motivated to make healthy choices. Often it can require more effort and energy to live a healthy lifestyle than to make unhealthy choices. Similarly, focus group participants believed that less healthy food (i.e. fast food, pizza, etc.) is more readily available than healthier options.

Implementation and access to healthy options:

✓ Columbia County contains eight zip code areas, six of which (75%) have healthy food options. At the same time, there are nine recreational facilities for 65,060 individuals. Columbia County shows some of the best rates for healthy food and exercise for its residents, however, it is a concern that the residents may not be aware of the access that is available to them.

✓ Community leaders, key stakeholders and focus group participants believed that some residents may be aware of and motivated to make healthy choices; however, healthy options may not be available in some communities or affordable for some residents. Specifically, community leaders, key stakeholders and focus group participants reported that healthy options, such as fresh produce, healthy food and physical activities may be unaffordable and or inaccessible due to recent flooding for residents in some communities in the region.

✓ Employers are a potential venue for implementation of wellness initiatives (i.e. the refusal of employers to hire employees that smoke). Employers provide a large enough incentive to have an impact on the practice of healthy behaviors.

✓ In 2009, Rural Pennsylvania Counts household survey found that household size was not significantly associated with an inability to afford healthy food. However, those in the lower income bracket (household income equal to or less than $40,000 per year) were significantly more likely to report that they could not afford fresh fruits and vegetables (10.9 percent compared to higher income 3.0 percent). Additionally there were significant differences in exercise habits by income status. More than one in four lower income residents report no exercise.

✓ **COMMUNITY DEVELOPMENT, SPECIFICALLY TRANSPORATION**

Underlying factors identified by secondary data and primary input from community stakeholders and focus groups with residents: Need for community development, specifically transportation.

Community leaders, key stakeholders and focus group participants reported that the lack of transportation, when coupled with the rural nature of the region, may cause significant barriers to some residents accessing healthcare. This is because they are not always able to make it to appointments and emergency medical transportation services are not always close by to adequately address medical emergencies.

General public transportation issues:

✓ Coordination and Integration of Rural Public Transportation Services in Pennsylvania is a study conducted by Edinboro University that considers the challenges of public transportation in rural Pennsylvania. To identify barriers and opportunities for integration of rural transportation systems, the researcher interviewed administrators and employees from eight of the 21 providers of public transportation that operated in rural PA areas in 2002 and 2003. A summary of the conditions that affect the operation and coordination of public transportation:[4]

- Rural public transportation systems are funded in part by the Pennsylvania Department of Transportation (PennDOT) and their routes cover at least parts of 27 counties.

- Tradition and agency preference continue to limit current integration and may limit coordination in the future.

- The Pennsylvania Constitution prohibits the use of gas tax revenues to fund public transportation, leaving the real estate tax as the primary source for supporting public transportation resulting in severely constrained tax sources. Often, counties lack the revenue resources to better support public transportation.

- Different policy, budget and funding choices among neighboring counties may present barriers to the formation of transportation alliances and coordination.

- Transportation agencies lack information about the availability and amounts of transportation funding available from various sources.

- Increasing numbers of riders are qualifying for subsidized transportation at the same time that states are facing budget shortfalls.

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[4] Source: The Center for Rural PA (http://www.rural.palegislature.us/rural_public_transportation.pdf)

- Most private and public interest organizations, primary and secondary schools, and some human services agencies have traditionally provided transportation for their clients separately. After failed integration attempts in the past, transportation providers may be reluctant to coordinate their efforts.

- The difficulties of driving clients to their scheduled appointments on time and of clients having to wait long periods of time for their return rides continue to complicate transportation coordination efforts.

- Behavioral problems among some rider groups prevent some special needs clients from riding in vehicles with some other rider groups.

✓ While community leaders acknowledged that there are transportation systems operating in the region, leaders believed that those systems were limited and disjointed. Specifically, community leaders believed that there are transit systems administered at the county level; however, each county transit system does not carry residents across county lines. Additionally, community leaders were under the impression that where one county transit system ends another county system does not always pick up, making it difficult to travel across counties. Furthermore, community leaders gave the impression that the public transportation that is offered is limited in the area that is covered and schedules that are offered. For many residents that do not have access to private transportation, it can be difficult to get around in the region. In particular, key stakeholders and focus group participants believed that the lack of transportation presents residents with barriers to accessing available community services, employment opportunities, healthy nutrition, healthcare, mental healthcare, emergency medical care, etc.

Transportation for medical appointments:

✓ According to PennDOT, in FY 09-10, the number one purpose for rural transit services was medical (35%) followed by work (30%) and shopping (23%).[5]

✓ Community leaders believed that healthcare providers may not be accepting state-funded health insurance due to recipients having a low attendance rate for scheduled appointments. Community leaders, key stakeholders and focus group participants believed that a lack of transportation due to poor public transportation, inability to maintain a private method of transportation and the cost of gasoline, when coupled with the distance some residents have to travel to get to medical facilities, may reduce the access residents have to medical care. Community leaders believed that

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[5] Source: PennDOT: Public Transportation (ftp://ftp.dot.state.pa.us/public/pdf/TFAC/Toby%20Fauver%20-%20Transit%20Perspective.pdf)

transportation may be, in part, responsible for the limited rate of attendance that local medical providers observed from recipients of state-funded health insurance. Additionally, key stakeholders and focus group participants believed that there are clinics in the area that provide medical care to uninsured residents; however, many residents are not able to get to and from these clinics, which limits the access residents have to primary, preventive, prescription medication and mental healthcare as well as employment opportunities, community services and healthy produce.

Flood related issues including housing:

✓ The flood of September 2011 impacted the residents in the Bloomsburg Hospital service area in a variety of ways. While community leaders, key stakeholders and focus group participants in the Bloomsburg Hospital area all agree that the community is resourceful and tight-knit; they also discussed the impact of the flood on residents in one way or another. Key stakeholders and focus group participants discussed the displacement of residents and the need for temporary and affordable housing. Community leaders, key stakeholders and focus group participants all recognized an increase in the demand for services (medical, mental health, flood-related community-based services, etc.).

Community Health Needs Identification Forum

The following qualitative data were gathered during a regional community health needs identification forum held on April 5th, 2012 at the Danville Elks Lodge and Banquet Hall. The community forum was conducted with more than 60 community leaders from a five-county region (Columbia, Montour, Northumberland, Snyder and Union Counties). Community leaders were identified by the community health needs assessment oversight committee for Bloomsburg Hospital.

Tripp Umbach presented the results from the secondary data analysis, key stakeholder interviews and community focus groups, and used these findings to engage community leaders in a group discussion. Community leaders were asked to share their vision for the community, discuss a plan for health improvement in their community and prioritize their concerns. Breakout groups were formed and asked to identify issues/problems that were most prevalent in the region, along with ways to resolve the identified problems through innovative solutions that would develop a healthier community.

During the community forum process, community leaders discussed regional health needs that centered around three themes: Access to healthcare for under/uninsured residents, Healthy behaviors: awareness, motivation and implementation and Transportation to health service providers. The following summary represents the most important topic areas discussed at the forum. Community leaders believe the following concerns are the most pressing problems and are identified as the most manageable to address and resolve.

- ✓ **ACCESS TO HEALTHCARE FOR UNDER/UNINSURED RESIDENTS:**
  Access to healthcare was discussed among community leaders at the community forum. Community leaders focused their discussions primarily on the limited number of healthcare providers, and issues surrounding health insurance for the under/uninsured populations in the region.

    - ✓ While community leaders believed there are resources in the area to meet the medical needs of residents, leaders also believed access to those resources can be limited by the limitations of health insurance coverage (i.e., provider acceptance of state-funded health insurance and affordable health insurance options) and the availability of providers.

    - ✓ Community leaders believed that health insurance can be unaffordable for some residents, leading residents to be underinsured with limited coverage and high deductibles and/or uninsured with no coverage at all. Leaders also gave the impression that some employers are not able to offer comprehensive health insurance benefits to their employees due to the high cost of premiums. Additionally, leaders were under the impression that state-funded health insurance is not readily

accepted in the area, causing residents to travel lengthy distances to receive health services.

✓ Community leaders also discussed the accessibility of providers, particularly dentists and pediatric mental health services. Community leaders were under the impression that there is a shortage of dentists in the area to provide both routine and specialty dental care. Similarly, leaders believed there is a shortage of pediatric mental health services in the areas of psychiatry, therapy and treatment facilities.

✓ **TRANSPORTATION TO HEALTH SERVICE PROVIDERS:**
Community leaders gave the impression that the lack of transportation, when coupled with the rural nature of the region, may cause significant barriers to some residents accessing healthcare because they are not always able to make it to appointments and emergency medical transportation services are not always close by to adequately address medical emergencies.

✓ While community leaders acknowledged that there are transportation systems operating in the region, leaders believed that those systems were limited and disjointed. Specifically, community leaders believed that there are transit systems administered at the county level; however, each county transit system does not carry residents across county lines. Additionally, community leaders were under the impression that where one county transit system ends another county system does not always pick up, making it difficult to travel across counties. Furthermore, community leaders gave the impression that the public transportation that is offered is limited in the area that is covered and schedules that are offered. For many residents that do not have access to private transportation, it can be difficult to get around in the region.

✓ Community leaders believed that healthcare providers may not be accepting state-funded health insurance due to recipients having a low attendance rate for scheduled appointments. Leaders believed that a lack of transportation due to poor public transportation, limited financial means to maintain a private method of transportation and the cost of gasoline when coupled with the distance some residents have to travel to get to medical facilities may, in part, be responsible for the limited rate of attendance that local medical providers observe from recipients of state-funded health insurance.

✓ **HEALTHY BEHAVIORS: AWARENESS, MOTIVATION AND IMPLEMENTATION:**

Community leaders believed that the lifestyles of some residents may have an impact on their individual health status and consequently cause an increase in the consumption of healthcare resources. Specifically, community leaders discussed lifestyle choices (i.e., poor nutrition, inactivity, smoking, substance abuse, including alcohol and other drugs, etc.) that can lead to chronic illnesses (i.e., obesity, diabetes, pulmonary diseases, etc). Community leaders believed that residents making lifestyle choices that negatively impact their individual health status may lack the awareness, motivation and/or access to healthier options to implement healthy behaviors.

  ✓ Community leaders reported that residents may not always be aware of healthy choices due to cultural norms, limited access to preventive healthcare and limited community outreach in some areas. Community leaders believed that the health and wellness of residents may be negatively impacted by a lack of education and awareness about healthy behaviors.

  ✓ Community leaders recognized that any change in behavior requires individual motivation, which area residents may not always have. Community leaders were under the impression that while some residents may be aware of healthy behaviors, those same residents may not be motivated to make healthy choices. Often it can require more effort and energy to live a healthy lifestyle than to make unhealthy choices.

  ✓ Community leaders believed that some residents may be aware of and motivated to make healthy choices; however, healthy options may not be available in some communities or affordable for some residents. Specifically, community leaders were under the impression that healthy options, such as fresh produces, healthy food and physical activities may be unaffordable for residents in some communities in the region.

Secondary Data

Tripp Umbach worked collaboratively with the Bloomsburg Hospital CHNA oversight committee to develop a secondary data process focused on three phases: collection, analysis and evaluation. Tripp Umbach obtained information on the demographics, health status and socio-economic and environmental factors related to the health and needs of residents from the multi-community service area of Bloomsburg Hospital. The process developed accurate comparisons to the state baseline of health measures utilizing the most current validated data. In addition to demographic data, specific attention was focused on the development of two key community health index factors: Community Need Index (CNI) and Prevention Quality Indicators Index (PQI).

Demographic Profile

The Bloomsburg Hospital community encompasses Columbia, Montour and Northumberland counties, and is defined as a zip code geographic area based on 80% of the hospital's inpatient volumes. The Bloomsburg Hospital community consists of 11 zip code areas (see Figure 2).

Figure 2: Bloomsburg Hospital Community Geographic Definition
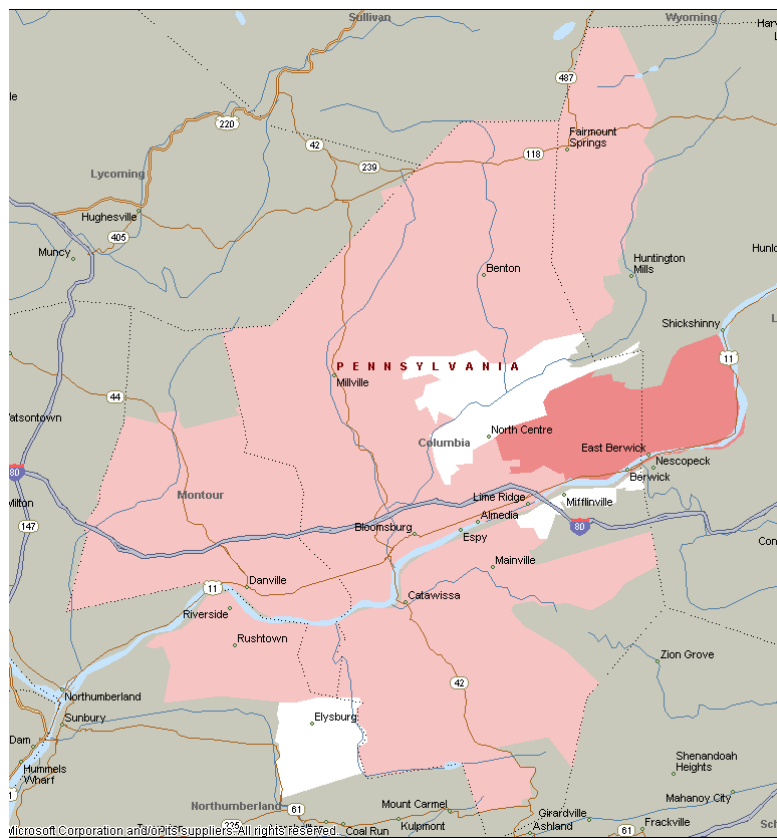
* Darker shading indicates greater barriers to healthcare access

Demographic Profile – Key Findings:

✓ The Bloomsburg Hospital community shows a decline in population over the next five years at a rate of -0.30%. This rate is not as substantial as what is projected for the entire five-county study area (a decline in population at a rate of -0.48%). These rates are inconsistent with Pennsylvania which shows a rise in population at a rate of 0.70%.

✓ The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger), while at the same time showing projected increases in the percentages of older individuals (55 and older) in the next five years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different healthcare needs. Northumberland County in the Bloomsburg Hospital study area shows the largest percentage of individuals aged 65 and older (19.5%); this rate is much higher than PA (15.9%) and the U.S. (13.3%).

✓ The Bloomsburg Hospital community shows an average annual household income of $54,638. The highest average income is found in Montour County ($63,212) and the lowest is found in Northumberland County ($45,871). It is interesting to see that all of the average household income levels for the study area fall below the averages for Pennsylvania ($64,000) and for the United States ($67,529). Generally, rural areas show lower income levels as compared with more urban areas.

✓ The Bloomsburg Hospital community shows 13.3% of the population who have not received a high school diploma. Northumberland County shows the highest rate with 16.8% of the population without a high school diploma. The state rate (12.6%) and U.S. rate (15.1%) are somewhat lower than the rate for the Bloomsburg Hospital community. Educational level is highly related to occupation and therefore income.

✓ As compared with Pennsylvania, the United States and the counties included in the Bloomsburg Hospital community show very little diversity. Only 4.9% of the population in the Bloomsburg Hospital community identify as a race/ethnicity other than White, Non-Hispanic whereas 19.6% in PA and 35.8% in the U.S. identify as a race other than White, Non-Hispanic.

- Northumberland County in the Bloomsburg Hospital community shows the most diversity with 5.5% of a race or ethnicity other than White, Non-Hispanic. When compared to the diversity of PA or the U.S., we can see that this study area is very homogeneous.

Community Need Index (CNI)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).[6] CNI was applied to quantify the severity of health disparity for every zip code in Pennsylvania based on specific barriers to healthcare access. Because the CNI considers multiple factors that are known to limit healthcare access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods.

The five prominent socio-economic barriers to community health quantified in CNI include: Income, Insurance, Education, Culture/Language and Housing. CNI quantifies the five socio-economic barriers to community health utilizing a 5-point index scale where a score of 5 indicates the greatest need and 1, the lowest need.

Overall, the Bloomsburg Hospital community has a CNI score of 2.7, indicating only a slightly higher than average level of community health need in the Bloomsburg Hospital community. The CNI analysis lets us dig deeper into the traditional socio-economic barriers to community health and identify area where the need may be greater than the overall service area.

Table 2: CNI Scores for the Bloomsburg Hospital Community by Zip Code

Zip	Post Office	County	Income Rank	Insurance Rank	Education Rank	Culture Rank	Housing Rank	CNI Score
18603	Berwick	Columbia	3	3	4	2	4	3.2
17815	Bloomsburg	Columbia	3	3	2	2	4	2.8
17888	Wilburton	Columbia	5	3	4	1	1	2.8
17821	Danville	Columbia/Montour	3	2	3	2	4	2.8
17814	Benton	Columbia	3	2	3	1	2	2.2
17820	Catawissa	Columbia	3	2	3	1	2	2.2
17846	Millville	Columbia	2	1	3	1	3	2.0
17878	Stillwater	Columbia	3	2	3	1	1	2.0
18631	Mifflinville	Columbia	2	1	2	1	2	1.6
17824	Elysburg	Northumberland	4	1	1	1	1	1.6
17859	Orangeville	Columbia	2	1	2	1	1	1.4
Bloomsburg Hospital Community Summary			**3**	**2**	**3**	**2**	**3**	**2.7**

- ✓ Higher CNI scores indicate greater number of socio-economic barriers to community health.

- ✓ The highest CNI score for the Bloomsburg Hospital community is 3.2 for Berwick in Columbia County. The highest CNI score indicates the most barriers to community health care access.

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[6] "Community Need Index." Catholic Healthcare West Home. Web. 16 May 2011.
<http://www.chwhealth.org/Who_We_Are/Community_Health/STGSS044508>.

- ✓ From the data, we can see that various zip code areas have the highest rates of the measures used to calculate the CNI:

    - Bloomsburg (17815) has the highest rental rate (32%) and minority rate (6%).

    - Wilburton has the highest uninsured rate (14%), individuals with no high school diploma (20%), and both families with married parents or single parents with children living in poverty (14% and 83% respectively).

    - Millville has the highest rate of elderly living in poverty (16%).

- ✓ The median for the CNI scale is 2.5. The Bloomsburg Hospital community shows four zip code areas above the median, while at the same time shows seven below the median. This helps us to see that the Bloomsburg Hospital community contains more zip code areas with CNI scores below the median, indicating fewer barriers to community healthcare access.

- ✓ The average CNI scores for Bloomsburg Hospital community and the counties in which it includes are all above the median for the scale (2.5).

- ✓ The CNI score for the Bloomsburg Hospital community is 2.7; close to the median of 2.5, indicating only slightly more than average the amount of barriers to community healthcare access.

County Health Rankings

The County Health Rankings show that where we live impacts our health status. The health of a community depends on many different factors – from individual health behaviors, education and jobs, to quality of healthcare and the environment. The rankings help community leaders see that where we live, learn, work and play influences how healthy we are and how long we live.

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county's health status. Each county receives a summary rank for its health outcomes and health factors – the four different types of health factors include: health behaviors, clinical care, social and economic factors, and the physical environment. The Rankings are a real "Call-to-Action" for state and local health departments to develop broad-based solutions with others in their community so all residents can be healthy. But efforts will also be made to mobilize community leaders outside the public health sector to take action and invest in programs and policy changes that address barriers to good health and help residents lead healthier lives. Other community leaders may include: educators; elected and appointed officials, including mayors, governors, health commissioners, city/county councils, legislators, and staff; business owners; and the healthcare sector.

- ✓ Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having good rankings such as 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 — Two types of health outcomes are measured to represent the health of each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by existing programs and policies at the local, state and federal levels.

  - Health Factors — A number of different health factors shape a community's health outcomes. The County Health Rankings are based on weighted scores of four types of factors: Health behaviors (six measures), Clinical care (five measures), Social and economic (seven measures), Physical environment (four measures).

Pennsylvania has 67 counties; therefore, the rank scale for Pennsylvania is one to 67 (one being the healthiest county and 67 being the most unhealthy). The median rank is 34.

- ✓ The top three highest rankings; indicating the most unhealthy measures across the five-county study area are:

  - Education, Diet and Exercise, and Community Safety

- ✓ Columbia County only has seven health rank scores above the median for the state (median=34) indicating the measures in which Columbia County is unhealthier than the average:

  - Morbidity (38), Health Behaviors (54), Clinical Care (36), Smoking (49), Diet and Exercise (62), Alcohol Use (40), and Quality of Care (45).

- ✓ On the other hand, Columbia County shows an Air Quality rank of 1 and a Physical Environment rank of 3 (1 being the best in the state).

- ✓ The County Health Rankings show us that Columbia County has poor rankings for individual health behaviors (alcohol use, smoking, diet and exercise) and better rankings for environmental factors (air quality and physical environment).

Prevention Quality Indicators Index (PQI)

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ model was applied to quantify the PQI within the Bloomsburg Hospital market and Pennsylvania. The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health.

The quality indicator rates are derived from inpatient discharges by zip code using International Classification of Diseases (ICD) diagnosis and procedure codes. There are 14 quality indicators. Lower index scores represent fewer admissions for each of the PQIs.

Table 3: Prevention Quality Indicators – Bloomsburg Hospital Community Compared to Pennsylvania

Prevention Quality Indicators (PQI)	Bloomsburg Hospital	Pennsylvania	Difference
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 5)	4.32	3.08	+ 1.24
Congestive Heart Failure Admission Rate (PQI 8)	5.59	4.85	+ 0.74
Bacterial Pneumonia Admission Rate (PQI 11)	4.16	3.49	+ 0.67
Dehydration Admission Rate (PQI 10)	1.22	0.76	+ 0.46
Perforated Appendix Admission Rate (PQI 2)	0.40	0.27	+ 0.13
Uncontrolled Diabetes Admission Rate (PQI 14)	0.31	0.20	+ 0.11
Diabetes Short-Term Complications Admission Rate (PQI 1)	0.72	0.63	+ 0.09
Angina Without Procedure Admission Rate (PQI 13)	0.24	0.17	+ 0.07
Lower Extremity Amputation Rate Among Diabetic Patients(PQI 16)	0.45	0.43	+ 0.02
Hypertension Admission Rate (PQI 7)	0.54	0.59	- 0.05
Diabetes Long-Term Complications Admission Rate (PQI 3)	1.14	1.27	- 0.13
Urinary Tract Infection Admission Rate (PQI 12)	2.16	2.30	- 0.14
Adult Asthma Admission Rate (PQI 15)	1.22	1.44	- 0.22
Low Birth Weight Rate (PQI 9)	0.00	1.11	- 1.11

Source: Calculations by Tripp Umbach

- ✓ The Bloomsburg Hospital community shows much higher rates of Chronic Obstructive Pulmonary Disease hospital admissions than Pennsylvania (The Bloomsburg Hospital community = 4.32 and PA = 3.08).

- ✓ The Bloomsburg Hospital community has higher hospital admission rates than the state for nine of the 14 PQI measures.
    - Chronic Obstructive Pulmonary, Congestive Heart Failure, Bacterial Pneumonia, Dehydration, Perforated Appendix, Uncontrolled Diabetes, Short-Term Diabetes Complications, Angina without Procedure, Lower Extremity Amputations

- ✓ Therefore, the Bloomsburg Hospital community has lower rates for only five of the 14 PQI measures (Hypertension, Long-Term Diabetes Complications, Urinary Tract Infections, Adult Asthma, and Low Birth Weight). This tells us that the Bloomsburg Hospital community has a large number of preventable hospital admissions; which may allow us to identify healthcare access areas with the most need.

- ✓ The Bloomsburg Hospital community shows a rate of 0.00 for Low Birth Weight. This does not indicate that there were no preventable hospital admissions due to Low Birth Rate, but rather that so few occurred in the Bloomsburg Hospital community that the value is not reported. Pennsylvania, on the other hand, shows a rate of 1.11, indicating that there are some preventable hospital admissions due to Low Birth Rate in the state.

Transportation:

Coordination and Integration of Rural Public Transportation Services in Pennsylvania is a study conducted by Edinboro University that considers the challenges of public transportation in rural Pennsylvania. To identify barriers and opportunities for integration of rural transportation systems, the researcher interviewed administrators and employees from eight of the 21 providers of public transportation that operated in rural PA areas in 2002 and 2003. A summary of the conditions that affect the operation and coordination of public transportation:[7]

- ✓ Rural public transportation systems are funded in part by the Pennsylvania Department of Transportation (PennDOT) and their routes cover at least parts of 27 counties.

- ✓ Tradition and agency preference continue to limit current integration and may limit coordination in the future.

- ✓ The Pennsylvania Constitution prohibits the use of gas tax revenues to fund public transportation, leaving the real estate tax as the primary source for supporting public transportation, resulting in severely constrained tax sources. Often, counties lack the revenue resources to better support public transportation.

- ✓ Different policy, budget and funding choices among neighboring counties may present barriers to the formation of transportation alliances and coordination.

- ✓ Transportation agencies lack information about the availability and amounts of transportation funding available from various sources.

- ✓ Increasing numbers of riders are qualifying for subsidized transportation at the same time that states are facing budget shortfalls.

[7] Source: The Center for Rural PA (http://www.rural.palegislature.us/rural_public_transportation.pdf)

- ✓ Most private and public interest organizations, primary and secondary schools, and some human services agencies have traditionally provided transportation for their clients separately. After failed integration attempts in the past, transportation providers may be reluctant to coordinate their efforts.

- ✓ The difficulties of driving clients to their scheduled appointments on time and of clients having to wait long periods of time for their return rides continue to complicate transportation coordination efforts.

- ✓ Behavioral problems among some rider groups prevent some special needs clients from riding in vehicles with some other rider groups.

Accessibility of Healthcare Professionals:

Table 4: Number of Healthcare Professionals Per. 100,000 Residents by County in the Bloomsburg Hospital Community

HEALTHCARE PROFESSIONALS BY COUNTY OF PRACTICE	Columbia County	Montour County	Northumberland County	Snyder County	Union County	PA
Total # Physicians per 100,000 Residents, 2008	127.7	2264.9	77.9	47.3	226.9	247.8
Total # Primary Care Physicians in Direct Patient Care per 100,000 Residents , 2008	78.5	485.7	48.3	23.6	98.5	92.1
# Family/ Gen Practice Physicians in Direct Patient Care per 100,000 Residents, 2008	38.5	56.5	31.8	18.4	41.2	35.9
# Pediatrics Physicians in Direct Patient Care per 100,000 Residents, 2008	10.8	90.4	1.1	0	11.5	13.8
# Dentist per 100,000 Residents by County of Practice, 2009	35.3	73.4	30.7	38.9	48.2	49.7

- ✓ In 2008, Northumberland had substantially less physicians in direct patient care (77.9 per 100,000 pop.) and Columbia County also had fewer physicians in direct patient care (127.7 per 100,000 pop.) than Pennsylvania's average (247.8 per 100,000 pop.).

  - • Northumberland County had one pediatrician practicing in the county (1.1 per 100,000 pop.), which is significantly less than the average for Pennsylvania (13.8 per 100,000 pop.).

Key Stakeholder Interviews

Tripp Umbach worked collaboratively with the Bloomsburg Hospital community health needs assessment oversight committee to develop a comprehensive list of community stakeholders. Stakeholders were selected based on their involvement within the community and their participation in overall community health. The following qualitative data were gathered during individual interviews with 22 stakeholders of the Bloomsburg Hospital community. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and reviewed by the Bloomsburg Hospital community health needs assessment oversight committee (see Appendix C).

The organizations represented by stakeholders were:

- Bloomsburg Hospital
- Bloomsburg University
- Columbia/Sullivan Head Start
- Tapestry of Health
- City of Benton
- Columbia County Volunteers in Medicine
- Columbia Montour Home Health Services
- Columbia Montour Chamber of Commerce
- Columbia Montour Snyder Union Counties Service System

- American Red Cross
- Columbia County Area Agency on Aging
- Bloomsburg Food Cupboard
- Women's Center
- First Columbia Bank and Trust
- KarFel Management
- PPL Corporation
- PA Department of Health

The 22 stakeholders identified the following problems and/or barriers as preventing the residents of the Bloomsburg Hospital community from achieving their vision of a healthy community. A high-level summary of community health needs identified by community stakeholders include:

❑ **ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE**
   ✓ While stakeholders felt there are ample medical resources and healthcare facilities in some of their communities, they gave the impression that medical care is not always accessible to all residents particularly those that reside in the more rural areas and/or those that are under/uninsured.

   Stakeholders believed that there are clinics in the area that provide medical care to uninsured residents; however, many residents are not able to get to and from these clinics and hospitals due to the distance one must travel and a lack of transportation. Stakeholders felt that there are medical facilities in the area that provide medical care that may be unaffordable for some residents if they are under/uninsured. Similarly, stakeholders believed that affordable health insurance options may be limited for both unemployed and senior residents.

Stakeholders were under the impression that not all residents are able to access under/uninsured and dental healthcare. Stakeholders believed that there are not enough healthcare providers in the area to meet resident demand for under/uninsured medical and dental healthcare. Stakeholders believed that demand for these services has increased as a result of an aging baby-boomer population and rise in unemployment. Stakeholders believed that there are limited medical and dental providers in the region that accept state-funded health insurance. Additionally; stakeholders believed that there is a stigma around mental health diagnosis and seeking mental health services, which may cause residents to avoid using the mental health services that exist.

The limited access some residents have to primary and preventive medical and dental healthcare may cause: an increase in the utilization of emergency medical care for non-emergent issues and limited awareness of dental health.

❑ **THE HEALTH AND WELLNESS OF RESIDENTS**
   ✓ The health of a community largely depends on the health status of its residents. Community stakeholders perceived the health status of many residents to be poor due to the perceived prevalence of chronic lifestyle-related illnesses, limited education on how to maintain health, limited awareness about prevention and unhealthy environmental factors.

   Stakeholders felt that residents make poor lifestyle choices (i.e., smoking, inactivity, substance abuse and poor nutrition), which contributes to their unhealthy status and often leads to chronic health conditions (i.e., diabetes, obesity and respiratory issues). Stakeholders felt that residents have a limited understanding about preventive choices and healthy options due to the limited access to preventive healthcare and a lack of prevention education and outreach in their communities. Additionally, stakeholders believed that affordable healthy options can be inaccessible for some residents (i.e. healthy nutrition).

   Poor lifestyle choices can lead to chronic illness like obesity, diabetes, heart disease and respiratory issues. An increase in the number of chronic illness diagnoses in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.

❑ **COMMUNITY SERVICES**
   ✓ While stakeholders feel their communities provide many services to residents, they also perceive services to be limited in the area of transportation, employment opportunities and housing.

   Stakeholders gave the impression that transportation is not always available to residents in their communities due to the limited public transportation system in the area. Stakeholders believed that when coupled with the rural nature of the region, the lack of

transportation presents residents with barriers to accessing available community services, employment opportunities, healthy nutrition, healthcare, dental care, mental healthcare, etc.

Stakeholders believed that affordable housing has decreased due to the flooding in September 2011. Stakeholders believed that there are many residents that have been displaced due to homes being flooded, homeowner insurance issues and the length of time renovations and cleanup efforts require. Stakeholders believed that the displacement caused by the flood has left many residents homeless and struggling to meet their everyday needs.

Additional data and greater detail related to the Bloomsburg Hospital Community Key Stakeholder Interviews is available in Appendix C.

Focus Groups with Community Residents

Tripp Umbach facilitated three focus groups with residents in the Bloomsburg Hospital community service area. Top community concerns include, access to primary, preventive and mental healthcare, healthy behaviors and community infrastructure. Approximately 30 residents from the Bloomsburg Hospital community participated in the focus groups, each providing direct input related to top community health needs of themselves, their families and communities.

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Bloomsburg Hospital. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and inherently subjective in nature.

The three focus group audiences were:

- ✓ Residents Impacted by the Flood of September, 2011
    - Conducted on March 20th, 2012 at AGAPE (Bloomsburg, PA)

- ✓ College Students
    - Conducted on March 22nd, 2012 at Bloomsburg University (Bloomsburg, PA)

- ✓ Young Single Parents Earning a Low Income
    - Conducted on March 21st, 2012 at Bloomsburg Hospital (Bloomsburg, PA)

Key high-level themes from all three focus groups include:

- ❑ **ACCESS TO PRIMARY, PREVENTIVE AND MENTAL HEALTHCARE**
    Focus group participants felt that primary, preventive and mental healthcare was difficult for some residents to access due to these services being limited in the areas of availability of providers and affordability of medical services.

    - ✓ *Availability of providers:* Group participants were under the impression that access to healthcare is limited due to a limited number of mental health, medical providers and facilities in their communities.

Participants were under the impression that there are not enough medical and mental health providers to meet residents' demand. Focus group participants gave the impression that there are not enough medical physicians to meet resident demand on campus at the university and/or in the community. Participants gave the impression that there are no primary care physicians in the community accepting new patients and local medical facilities may not have adequate staffing and/or bed space. Participants believed that there has been in increase in the need for services due to recent flooding in the area. Additionally, participants believed that the limited public transportation system can further restrict the access residents have to medical care (i.e., under/uninsured services and prescription medication).

Participants gave the impression that the lack of available providers causes lengthy waits for scheduled appointments, a difficulty securing mental health services and an increased use of emergency medical services for non-emergent issues.

✓ *Affordability of medical services:* Group participants were under the impression that healthcare can be difficult for some residents to afford. Some focus group participants were under the impression that it can be difficult for adult residents to qualify for state-funded health insurance. Participants believed that the limitations of state-funded health insurance can reduce the access residents have to healthcare because adult residents that make more money than the cutoff for income qualifications often are not able to afford private-pay health insurance and are left uninsured or underinsured with higher co-pays and deductibles that may be unaffordable. Additionally, students believed healthcare on campus can be unaffordable if they have not paid their tuition.

❑ **HEALTHY BEHAVIORS**

Focus group participants discussed the need for some residents to increase their practice of healthy behaviors in the areas of lifestyle choices, healthy nutrition and physical activity.

✓ *Flood-related issues:* Focus group participants believed that the access residents have to healthy options has been restricted by the most recent flood. Participants believed that the local parks and outdoor recreational outlets are unsafe due to not being cleaned up yet (i.e., contaminated debris, dirty park benches and equipment, etc.), which participants believed restricts the access residents have to affordable physical activities. Additionally, participants were under the impression that not all residents are aware of how

to clean up after a flood in a healthy way (i.e., gloves, specific masks, mold prevention/treatment, etc.). Finally, participants were under the impression that medical supplies (i.e., bandages, rubbing alcohol, etc.) have not been made widely available to residents during cleanup efforts.

✓ *Healthy Nutrition:* Participants were under the impression that residents do not always have access to and/or be aware of affordable healthy nutrition options. Participants believed that less healthy food (i.e. fast food, pizza, etc.) is more readily available than healthier options. Participants believed that healthy food can be unaffordable for some residents. Additionally, participants believed that some residents may be unaware of what behavior is healthy and what is unhealthy.

✓ *Physical activity:* Participants believed that residents in their communities may not always have access to affordable physical activities and as a result are not always as active as they might need to be to remain healthy. Participants were under the impression that some children are not able to play outside due to the perception that their neighborhood may not be safe due to flood contamination.

❑ **COMMUNITY INFRASTRUCTURE**
Often the barriers to accessing healthcare can be traced back to the infrastructure of a community. Focus group participants perceived the infrastructure of their communities to be limited in the areas of transportation, capacity to provide community services and information dissemination.

✓ *Limited transportation:* Focus group participants believed that residents have limited access to transportation in their communities. Participants gave the impression that there is no affordable method of public transportation available to residents. Participants believed that the lack of transportation, when coupled with the rural nature of the region, limits the access residents have to primary and preventive healthcare, as well as employment opportunities, community services and healthy produce.

✓ *Community services:* While focus group participants perceive that services are available in their communities, many participants were under the impression that the community's capacity to meet the demand for services in some areas is limited (i.e., flood-related services, recreation, etc.).

✓ *Information dissemination:* Focus group participants discussed the limited outlets for the dissemination of information, as well as lack of communication in their communities. Participants believed that there were

not many outlets providing information to residents (i.e., flood cleanup tips, library hours on campus, available programs and services). Additionally, participants believed that primary care physicians are not communicating with them about their individual health statuses and health options during medical appointments.

Additional data and greater detail related to the Bloomsburg Hospital Community Focus Groups is available in Appendix D.

Conclusions and Recommended Next Steps

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

Bloomsburg Hospital, working closely with community partners, understands that the community health needs assessment document is only a first step in an ongoing process. It is vital that ongoing communication and a strategic planning process follow the assessment process – with a clear focus on expanding access to healthcare for under/uninsured residents in Northumberland and Columbia Counties. There is a wealth of medical resources in the region with multiple clinics that serve under/uninsured residents. However, Northumberland County is the most underserved county in a five-county region. That coupled with the Bloomsburg Hospital service area being the hardest hit by the most recent flood in September 2011 presents Bloomsburg Hospital leadership with several challenges when strategizing to meet the needs for an increasing healthcare providers, affordable health insurance and community development, specifically transportation to healthcare facilities. Collaboration and partnership are strong in the community. It is important to expand existing partnerships and build additional partnerships with multiple community organizations to develop strategies to address the top identified needs. Implementation strategies will need to consider the higher need areas in Columbia County and address the multiple barriers to healthcare. Tripp Umbach recommends the following actions be taken by the hospital sponsors in close partnership with community organizations over the next six to nine months.

Recommended Action Steps:

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

❑ Conduct an open community forum where the community health needs assessment results are presented widely to community residents, as well as through multiple outlets such as: local media, neighborhood associations, community-based organizations, faith-based organizations, schools, libraries and employers.

❑ Take an inventory of available resources in the community that are available to address the top community health needs identified by the community health needs assessment.

❑ Implement a comprehensive "grass roots" community engagement strategy in partnership with ACTION Health to build upon the resources that already exist in the community and

the energy of and commitment of community leaders that have been engaged in the community health needs assessment process.

- ❑ Develop three "Working Groups" to focus on specific strategies to address the top three needs identified in the community health needs assessment. The working groups should meet for a period of four to six months to develop action plans and external funding requests.

- ❑ Attraction of outside funding and implementation of actions to address the top three community health needs on a regional level.

- ❑ Work at the hospital and regional level through ACTION Health to translate the top identified community health issues into individual hospital and regional level strategic planning and community benefits programs.

- ❑ Within one year's time, hold a Community Celebration where community leaders present results of the needs assessment and status updates on measurable actions.

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

Appendix A

Community Health Needs Identification Forum Results

BLOOMSBURG HOSPITAL
April 5th, 2012

<u>**Community:**</u>

Bloomsburg Hospital service area

INTRODUCTION:

The following qualitative data were gathered during a regional community health needs identification forum held on April 5th, 2012 at the Danville Elks Lodge and Banquet Hall (Danville, Pa). The community forum was conducted with more than 60 community leaders from a five-county region (Columbia, Montour, Northumberland, Snyder and Union Counties). Community leaders were identified by the community health needs assessment oversight committee for Bloomsburg Hospital. Bloomsburg Hospital is a 72-bed community hospital. The community forum was conducted by Tripp Umbach consultants and lasted approximately five hours.

Tripp Umbach presented the results from the secondary data analysis, key stakeholder interviews and community focus groups, and used these findings to engage community leaders in a group discussion. Community leaders were asked to share their vision for the community, discuss a plan for health improvement in their community and prioritize their concerns. Breakout groups were formed to pinpoint and identify issues/problems that were most prevalent and widespread in their community. Most importantly, the breakout groups needed to identify ways to resolve the identified problems through innovative solutions in order to bring about a healthier community.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for residents in the Bloomsburg Hospital service area. Below is a brief summary of the recommendations:

- *Increase the number of healthcare providers offering under/uninsured services:* Community leaders recommended that local dentists and physicians commit to providing uninsured care to a set number of patients. Leaders believed that providers would be more likely to take on a couple of under/uninsured patients if they knew the limit would not be more than their practices could absorb. Also, leaders believed that medical licensure once required aspiring physicians to spend time providing some form of public health, which leaders recommended be reinstated as a requirement to secure physician licensure. Additionally, leaders recommended that qualified nurses can provide health services that do not require a physician's license to administer. Leaders also recommended that one community-based organization be identified to organize and manage the newly developed network of providers.

- *Certify caregivers to provide comfort services:* Community leaders recommended that caregivers that provide care to a loved one often learn a great deal during their experience and may be able to become certified to help others in a hospice or other capacity afterward. Leaders believed that a certification would have to be developed.

- *Develop a community-wide electronic record:* Community leaders were under the impression that Google and Yahoo offer electronic medical records that could be used by preventive outreach services to provide screening results to primary care physicians. Developing a community-wide electronic medical record would improve continuity of care for residents.

- *Increase advocacy for legislative change on the state level:* Community leaders believed that advocating for an increase in funding for under/uninsured healthcare could help increase access to under/uninsured health services. Community leaders believed that advocacy for a particular bill (Senate Bill 5) may help to increase funding for under/uninsured healthcare in Pennsylvania.

- *Increase awareness about healthy behavior:* Community leaders believed that residents are often unaware of how to implement healthy behaviors. Community leaders recommended that a study of countries that provide health information all the time (i.e., Scandinavian countries) be completed to identify best practices. Leaders suggested that communities place ads about healthy behaviors in locations where unhealthy options are located (i.e., soda machines, McDonalds, warning labels on cigarettes, etc.). Community leaders were under the impression that illiteracy is an issue in the area and as a result recommended that any awareness campaigns use pictures and the spoken word. Additionally, leaders believed that residents would be more aware of healthy choices if they were able to see healthy behaviors role modeled.

- *Increase the incentives for healthy behavior:* Community leaders believed that residents could be healthier if they had more incentives. Leaders suggested that residents be offered healthcare incentives for healthy behaviors (i.e., a decrease in health insurance premiums for non-smokers).

- *Increase access to transportation:* Community leaders recommended that healthcare providers offer travel vouchers to residents when an appointment is scheduled. Additionally, leaders recommended that state laws make allowances for single parents traveling with more than one child on medical transportation services. Leaders recommended that county commissioners in the region collaborate to resolve barriers and provide effective transportation from county to county. Community leaders also suggested that efforts to increase transportation increase and build upon, existing support systems between residents in the community to empower the community and promote self-sufficiency.

- *Increase mobile healthcare provided in the community:* Community leaders recommended that mobile healthcare services be offered in public places (i.e., the parking lot of Wal-Mart. Community leaders also recommended that any efforts to

increase access to medical care as it relates to transportation for health services be focused on the people that need health services the most.

PROBLEM IDENTIFICATION:

During the community forum process, community leaders discussed regional health needs that centered around three themes. These were:

1. **Access to healthcare for under/uninsured residents**
2. **Healthy behaviors: awareness, motivation and implementation**
3. **Transportation to health service providers**

The following summary represents the most important topic areas within the community discussed at the retreat. Community leaders believe the following concerns are the most pressing problems and are identified as the most manageable to address and resolve.

ACCESS TO HEALTHCARE FOR UNDER/UNINSURED RESIDENTS:

Access to healthcare was discussed at the community forum. Community leaders focused their discussions primarily on the limited number of healthcare providers, issues surrounding health insurance for the under/uninsured populations in the region.

Perceived Contributing Factors:

- Community leaders believed that some residents may not be able to afford the rising cost of health insurance premiums, which may lead to residents who are underinsured with limited coverage and/or unaffordable co-pays and deductibles.
- Community leaders believed that providing health insurance to employees may be unaffordable for some employers, which may lead employers to offer only part-time employment so that the business is not required to provide health insurance.
- Community leaders were under the impression that local medical and dental healthcare providers may not always accept state-funded health insurance, leading residents receiving that type of insurance to have to travel lengthy distances to secure medical and dental healthcare.
- Community leaders believed that there are a limited number of pediatric mental health providers in the region.
- Community leaders were under the impression that there are a limited number of dental providers in the region.
- Community leaders were under the impression that some residents may not seek mental health services due to the stigma associated with having a mental health diagnosis.
- Community leaders were under the impression that residents may be seeking emergency medical care for non-emergent issues due to a lack of health insurance and the absence

of after-hours medical care, which may lead to poor access to prevention and overall continuity of care.

- Community leaders believed that healthcare providers do not offer under/uninsured healthcare due to many of them getting frustrated with a population that does not show up for their appointments.
- Community leaders were under the impression that providers can become overwhelmed when there are too few of them taking on the needs of under/uninsured residents.
- Community leaders were under the impression that Pennsylvania laws increase the risk of malpractice litigation for physicians, causing physicians to leave the state.

Group Suggestions/Recommendations:

Community leaders offered the following as possible solutions to help improve the access to healthcare for under/uninsured residents in the region.

- *Increase the number of healthcare providers offering under/uninsured services:* Community leaders recommended that local dentists and physicians commit to providing uninsured care to a set number of patients. Leaders believed that providers would be more likely to take on a couple of under/uninsured patients if they knew the limit would not be more than their practices could absorb. Also, leaders believed that medical licensure once required aspiring physicians to spend time providing some form of public health, which leaders recommended be reinstated as a requirement to secure physician licensure. Additionally, leaders recommended that qualified nurses can provide health services that do not require a physician's license to administer. Leaders also recommended that one community-based organization be identified to organize and manage the newly developed network of providers.

- *Certify caregivers to provide comfort services:* Community leaders recommended that caregivers that provide care to a loved one often learn a great deal during their experience and may be able to become certified to help others in a hospice or other capacity afterward. Leaders believed that a certification would have to be developed.

- *Develop a community-wide electronic record:* Community leaders were under the impression that Google and Yahoo offer electronic medical records that could be used by preventive outreach services to provide screening results to primary care physicians. Developing a community-wide electronic medical record would improve continuity of care for residents.

- *Increase advocacy for legislative change on the state level:* Community leaders believed that advocating for an increase in funding for under/uninsured healthcare could help increase access to under/uninsured health services. Community leaders believed

that advocacy for a particular bill (Senate Bill 5) may help to increase funding for under/uninsured healthcare in Pennsylvania.

HEALTHY BEHAVIORS: AWARENESS, MOTIVATION AND IMPLEMENTATION:

Behaviors that impact residents' health were discussed at the community forum. Community leaders focused their discussions primarily on the prevalence of chronic illness and lack of awareness of, motivation to employ and implementation of healthy behaviors among residents in the region.

Perceived Contributing Factors:

- Community leaders believed that residents are not always practicing healthy behaviors and/or modeling how to make healthy lifestyle choices.
- Community leaders were under the impression that healthy foods are not always easily accessible and/or affordable for some residents, which may cause some residents to choose more unhealthy options for their family because they are more accessible and affordable.
- Community leaders believed that there is limited preventive education available in their communities about healthy lifestyle options (i.e., healthy nutrition, smoking cessation, etc.).
- Community leaders were under the impression that many residents may be finding information about healthy choices from sources that may not always be reliable (i.e., the internet).
- Community leaders believed that residents may not always be motivated to implement healthy behaviors, which may cause limited follow-through if there are barriers to accessing healthy options.
- Community leaders were under the impression that chronic disease is prevalent in many communities in their region.

Group Suggestions/Recommendations:

Community leaders offered the following as possible solutions to help improve the practice of healthy behavior in the region:

- *Increase awareness about healthy behavior:* Community leaders believed that residents are often unaware of how to implement healthy behaviors. Community leaders recommended that a study of countries that provide health information all the time (i.e., Scandinavian countries) be completed to identify best practices. Leaders suggested that communities place ads about healthy behaviors in locations where unhealthy options are located (i.e., soda machines, McDonalds, warning labels on cigarettes, etc.). Community leaders were under the impression that illiteracy is an issue in the area, and as a result, recommended that any awareness campaigns use pictures and the spokes word.

Additionally, leaders believed that residents would be more aware of healthy choices if they were able to see healthy behaviors role modeled.

- ***Increase the incentives for healthy behavior:*** Community leaders believed that residents could be healthier if they had more incentives. Leaders suggested that residents be offered healthcare incentive for healthy behaviors (i.e., a decrease in health insurance premiums for non-smokers).

TRANSPORTATION TO HEALTH SERVICE PROVIDERS:

Transportation was discussed at the community forum. Community leaders focused their discussions primarily on the impact transportation has on access to healthcare in the region.

Perceived Contributing Factors:

- Community leaders gave the impression that the lack of transportation, when coupled with the rural nature of the region, may cause significant barriers to some residents accessing healthcare because they are not always able to make it to appointments and emergency medical transportation services are not always close by.
- Community leaders believed that healthcare providers may not be accepting state-funded health insurance due to recipients having a low attendance rate for scheduled appointments.
- Community leaders were under the impression that some residents (i.e., under/uninsured residents) may not have the financial means to maintain a dependable method of transportation.
- Community leaders believed there were areas of the region that do not have affordable public transportation available.
- Community leaders gave the impression that the public transportation that is available to residents offers limited routes and schedules, leaving lengthy gaps of time during the day when public transportation is not available.
- Community leaders believed that county-wide transportation will not carry residents across county lines. Additionally, community leaders were under the impression that where one county transit system ends the other county system does not always pick up, making it difficult to travel across counties.

Group Suggestions/Recommendations:

Community leaders offered the following as possible solutions to help improve the transportation to health service providers in the region:

- ***Increase access to transportation:*** Community leaders recommended that healthcare providers offer travel vouchers to residents when an appointment is scheduled. Additionally,

leaders recommended that state laws make allowances for single parents traveling with more than one child on medical transportation services. Leaders recommended that county commissioners in the region collaborate to resolve barriers and provide effective transportation from county to county. Community leaders also suggested that efforts to increase transportation increase and build upon and existing support systems between residents in the community to empower the community and promote self-sufficiency.

- *Increase mobile healthcare provided in the community:* Community leaders recommended that mobile healthcare services be offered in public places (i.e., the parking lot of Wal-Mart. Community leaders also recommended that any efforts to increase access to medical care as it relates to transportation for health services be focused on the people that need health services the most.

APPENDIX B

Community Secondary Data Profile

BLOOMSBURG HOSPITAL
Completed March 2012

Bloomsburg Hospital
Community Health Needs Profile

June 8, 2012

TrippUmbach
Research • Strategy • Impact

Overview

❑ **Bloomsburg Hospital Populated Zip Code Areas**

❑ **Key Points**

❑ **Demographic Trends**

❑ **Community Need Index (CNI)**

❑ **County Health Rankings**

❑ **Prevention Quality Indicators Index (PQI)**

Bloomsburg Hospital Populated Zip Code Areas

The community served by ACTION Health includes Columbia, Montour, Northumberland, Snyder and Union Counties. The Bloomsburg Hospital community includes 11 of the 49 populated zip code areas which make up the 5-County ACTION Health study area (excluding zip codes for P.O. Boxes and offices). The majority of the zip code areas for the Bloomsburg Hospital community are within Columbia County; with only 1 zip code area in Northumberland County.

Zip	County	City
17814	COLUMBIA, PA	BENTON
17815	COLUMBIA, PA	BLOOMSBURG
17820	COLUMBIA, PA	CATAWISSA
17846	COLUMBIA, PA	MILLVILLE
17859	COLUMBIA, PA	ORANGEVILLE
17878	COLUMBIA, PA	STILLWATER

Zip	County	City
17888	COLUMBIA, PA	WILBURTON
18603	COLUMBIA, PA	BERWICK
18631	COLUMBIA, PA	MIFFLINVILLE
17821	COLUMBIA/MONTOUR, PA	DANVILLE
17824	NORTHUMBERLAND, PA	ELYSBURG

Key Points – Community Needs for the Bloomsburg Hospital community

❑ **The Bloomsburg Hospital community includes 11 of the 49 zip code areas used in the 5-County ACTION Health study area.**

   ❑ The Bloomsburg Hospital community shows a decline in population over the next 5 years at a rate of -0.30%. This rate is not as substantial as what is projected for the entire 5-County ACTION Health study area (a decline in population at a rate of -0.48%). This trend differs from that of Pennsylvania as a whole. Pennsylvania is projected to see a 0.70% rise in population between 2011 and 2016. Therefore, people are coming into Pennsylvania but not in general to counties in the ACTION Health study area.

❑ **The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger)** while at the same time showing projected increases in the percentages of older individuals (55 and older) in the next 5 years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different health care needs.

❑ **The Bloomsburg Hospital community shows an average annual household income of $54,638.**

   ❑ It is interesting to see that all of the average household income levels for the study area fall below the averages for Pennsylvania and for the United States. Generally, rural areas show lower income levels as compared with more urban areas.

❑ **The Bloomsburg Hospital community shows 13.3% of the population who have not received a high school diploma. The state rate (12.6%) and U.S. rate (15.1%) are somewhat lower than the rate for the Bloomsburg Hospital community. Educational level is highly related to occupation and therefore income.**

Key Points – Community Needs for the Bloomsburg Hospital community

- To determine the severity of barriers to health care access in a given community, the Community Health Needs Index (CNI) gathers data about the community's socio-economy (i.e. % of the population that is elderly and living in poverty; % uninsured, % unemployed, etc.). Using this data we assign a score to each barrier condition. A score of 1.0 indicates a zip code area with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code area with the most socio-economic barriers (high need).

- The Community Health Needs Index was applied to the 5-County ACTION Health study area with the following results for the Bloomsburg Hospital community:
  - The highest CNI score for Bloomsburg Hospital community is for the town of Berwick with a score of 3.2. The highest CNI score indicates the most barriers to community health care access.

- From the data, we can see that various zip code areas have the highest rates of the measures used to calculate CNI:
  - Bloomsburg (17815) has the highest rental rate (32%) and minority rate (6%) across the zips in the Bloomsburg Hospital community.
  - Wilburton has the highest uninsured rate (14%), individuals with no high school diploma (20%), and both families with married parents or single parents with children living in poverty (14% and 83% respectively) across the Bloomsburg Hospital community.
  - Millville has the highest rate of elderly living in poverty (16%) across the Bloomsburg Hospital community.

- The weighted average CNI score for the entire Bloomsburg Hospital study area is 2.7.
  - A CNI score of 2.7 is above the average for the scale (2.5) but with 4 zip code areas above the median and 7 below the median, the barriers to community health care access for the Bloomsburg Hospital are not considered substantial as a score of 5 on the CNI scale indicates an area with the most need.

Key Points – Community Needs for the Bloomsburg Hospital community

❑ **Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having good rankings such as 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--Two types of health outcomes are measured to represent the health of each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by existing programs and policies at the local, state, and federal levels.

  ❑ Health Factors--A number of different health factors shape a community's health outcomes; Health behaviors (6 measures), Clinical care (5 measures), Social and economic (7 measures), and the Physical environment (4 measures).

❑ The top three highest rankings; indicating the most unhealthy measures across the 5-County ACTION Health study area are:

  ❑ Education, Diet and Exercise, and Community Safety

❑ Columbia County only has 7 health rank scores above the median for the state (median=34) indicating measures in which Columbia County is unhealthier than the average for the scale; they include:

  ❑ Morbidity (38), Health Behaviors (54), Clinical Care (36), Smoking (49), Diet and Exercise (62), Alcohol Use (40), and Quality of Care (45).

❑ On the other hand, Columbia County shows an Air Quality rank of 1 and a Physical Environment rank of 3 (1 being the best in the state).

❑ The County Health Rankings show us that Columbia County has poor rankings for individual health behaviors (alcohol use, smoking, diet and exercise) and better rankings for environmental factors (air quality and physical environment).

Key Points – Community Needs for the Bloomsburg Hospital community

❑ **The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. Lower index scores represent less admissions for each of the PQIs. There are 14 quality indicators.**

   ❑ The Bloomsburg Hospital community shows much higher rates of Chronic Obstructive Pulmonary Disease preventable hospital admissions than Pennsylvania (4.32 for Bloomsburg Hospital service area and 3.08 for PA).

   ❑ The Bloomsburg Hospital community has higher preventable hospital admission rates for 9 of the 14 PQI measures.
      ❑ Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Bacterial Pneumonia, Dehydration, Perforated Appendix, Uncontrolled Diabetes, Short-term Diabetes Complications, Angina without Procedure, and Lower Extremity Amputations

   ❑ Therefore, the Bloomsburg Hospital community has lower preventable hospital admission rates for only 5 of the 14 PQI measures (Hypertension, Long-term Diabetes Complications, Urinary Tract Infections, Adult Asthma, and Low Birth Weight). This tells us that the Bloomsburg Hospital community has a large number of preventable hospital admissions; this allows us to identify health care access areas with the most need.

   ❑ The Bloomsburg Hospital community shows a rate of 0.00 for Low Birth Weight. This does not indicate that there were no preventable hospital admissions due to Low Birth Rate, but rather that so few occurred in the Bloomsburg Hospital community that the value is not reported. Pennsylvania, on the other hand, shows a rate of 1.11, indicating that there are some preventable hospital admissions due to Low Birth Rate in the state.

Community Demographic Profile

- **The Bloomsburg Hospital community includes 11 of the 49 zip code areas** used in the 5-County ACTION Health study area.

- **The Bloomsburg Hospital community shows a decline in population over the next 5 years at a rate of -0.30%.** This rate is not as substantial as what is projected for the entire 5-County ACTION Health study area (a decline in population at a rate of -0.48%).

- **The Bloomsburg Hospital community shows slightly higher percentages of women as opposed to men;** this is consistent with state and national data.

- **The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger)** while at the same time showing projected increases in the percentages of older individuals (55 and older) in the next 5 years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different health care needs.

- **The Bloomsburg Hospital community shows an average annual household income of $54,638.** The highest average income is found in Montour County ($63,212) and the lowest is found in Northumberland County ($45,871).

- **The Bloomsburg Hospital community shows 13.3% of the population who have not received a high school diploma.** Northumberland County shows even more (16.8%). These rates are much higher than the state (12.6%) and the U.S. (15.1%).

- **As compared with Pennsylvania and the United States,** the Bloomsburg Hospital community shows very little diversity. Only 4.9% of the population in the Bloomsburg Hospital community identify as a race/ethnicity other than White, Non-Hispanic whereas 19.6% in PA and 35.8% in the U.S. identify as a race other than White, Non-Hispanic.

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Population Trends

	Bloomsburg Hospital	Columbia County	Montour County	Northumberland County	5-County Study Area	PA
2011 Total Population	91,745	68,530	19,399	90,331	263,631	12,730,760
2016 Projected Population	91,466	68,473	19,129	88,631	262,370	12,824,937
# Change	-279	-57	-270	-1,700	-1,261	+94,177
% Change	-0.30%	-0.05%	-1.40%	-1.88%	-0.48%	+0.70%

- The Bloomsburg Hospital community shows a decline in population over the next 5 years at a rate of -0.30%. This rate is not as substantial as what is projected for the entire 5-County study area (a decline in population at a rate of -0.48%).

- Northumberland and Montour counties show the largest declines in population with a loss of nearly 2,000 individuals.

- The trends seen for the Bloomsburg Hospital community and Northumberland and Montour counties differs from that of Pennsylvania as a whole. Pennsylvania is projected to see a 0.70% rise in population between 2011 and 2016. Therefore, people are coming into Pennsylvania but not in general to counties in the ACTION Health study area.
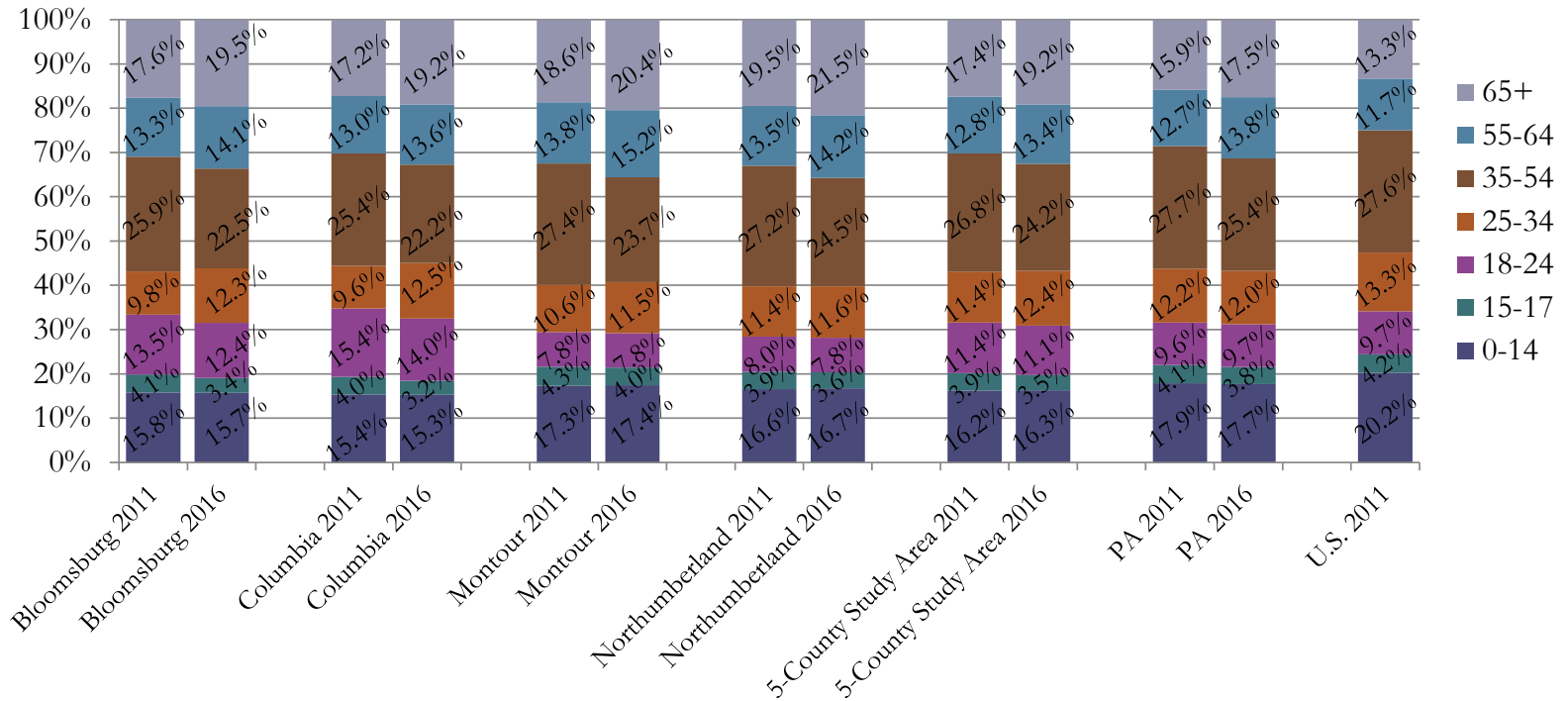
Gender
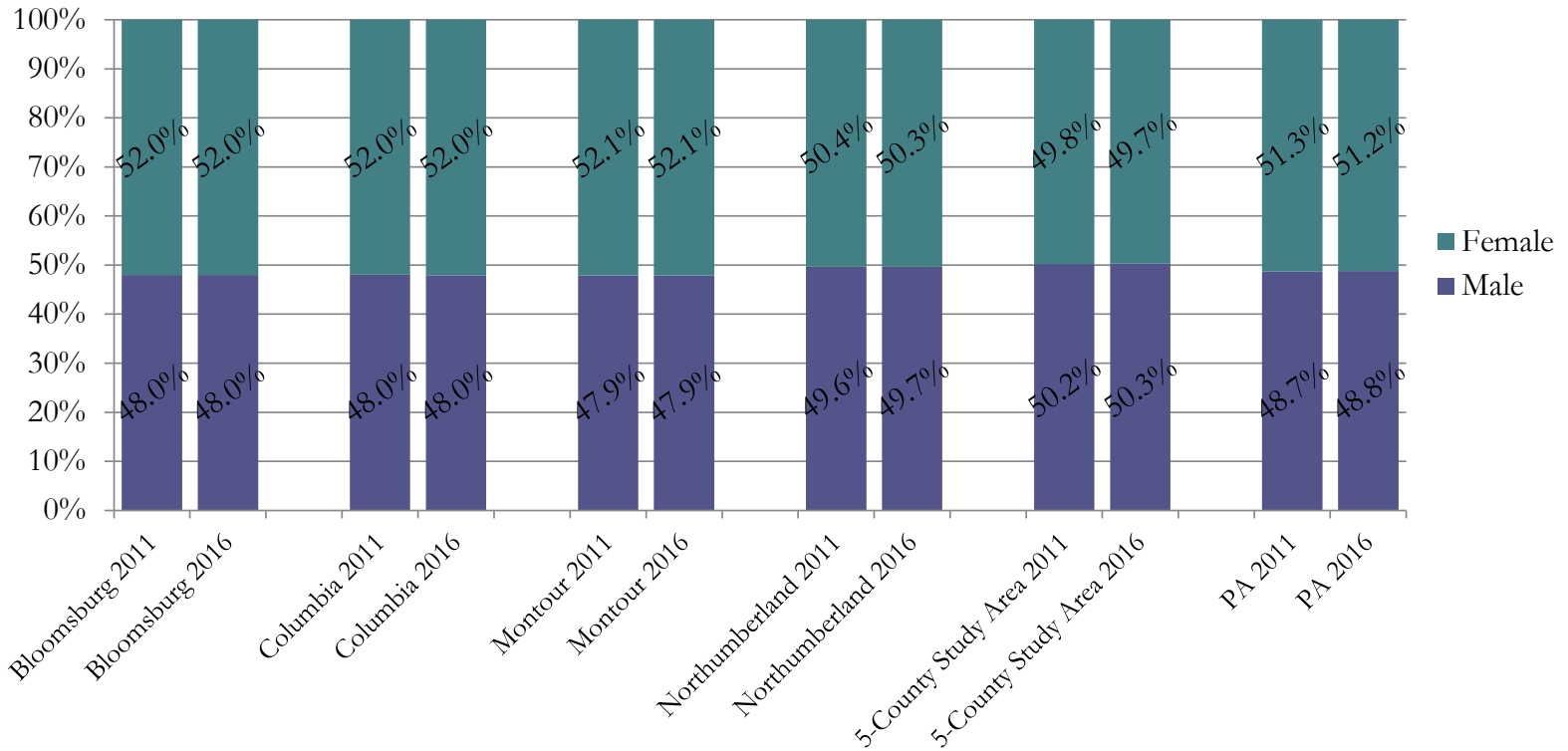
- The Bloomsburg Hospital community shows slightly higher percentages of women as opposed to men; this is consistent with state and national data.

Source: Thomson Reuters

Age

- The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger) while at the same time showing projected increases in the percentages of older individuals (55 and older) in the next 5 years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different health care needs.

- Northumberland County in the Bloomsburg Hospital community shows the largest percentage of individuals aged 65 and older (19.5%); this rate is much higher than PA (15.9%) and the U.S. (13.3%).

Source: Thomson Reuters

Average Household Income (2011)

- The Bloomsburg Hospital community shows an average annual household income of $54,638.

- The highest average income is found in Montour County ($63,212) and the lowest is found in Northumberland County ($45,871).

- It is interesting to see that all of the average household income levels for the study area fall below the averages for Pennsylvania and for the United States. Generally, rural areas show lower income levels as compared with more urban areas.

Source: Thomson Reuters

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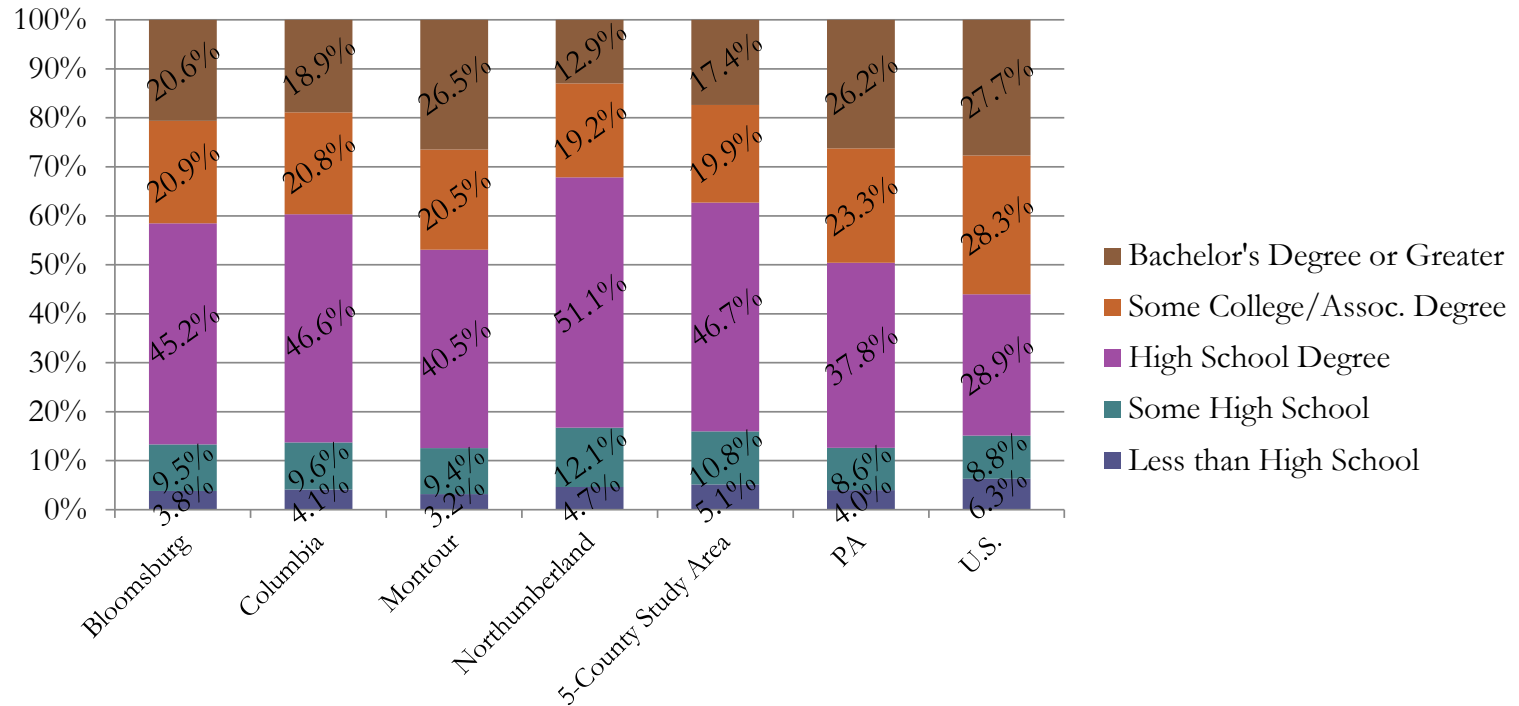# Household Income Detail (2011)
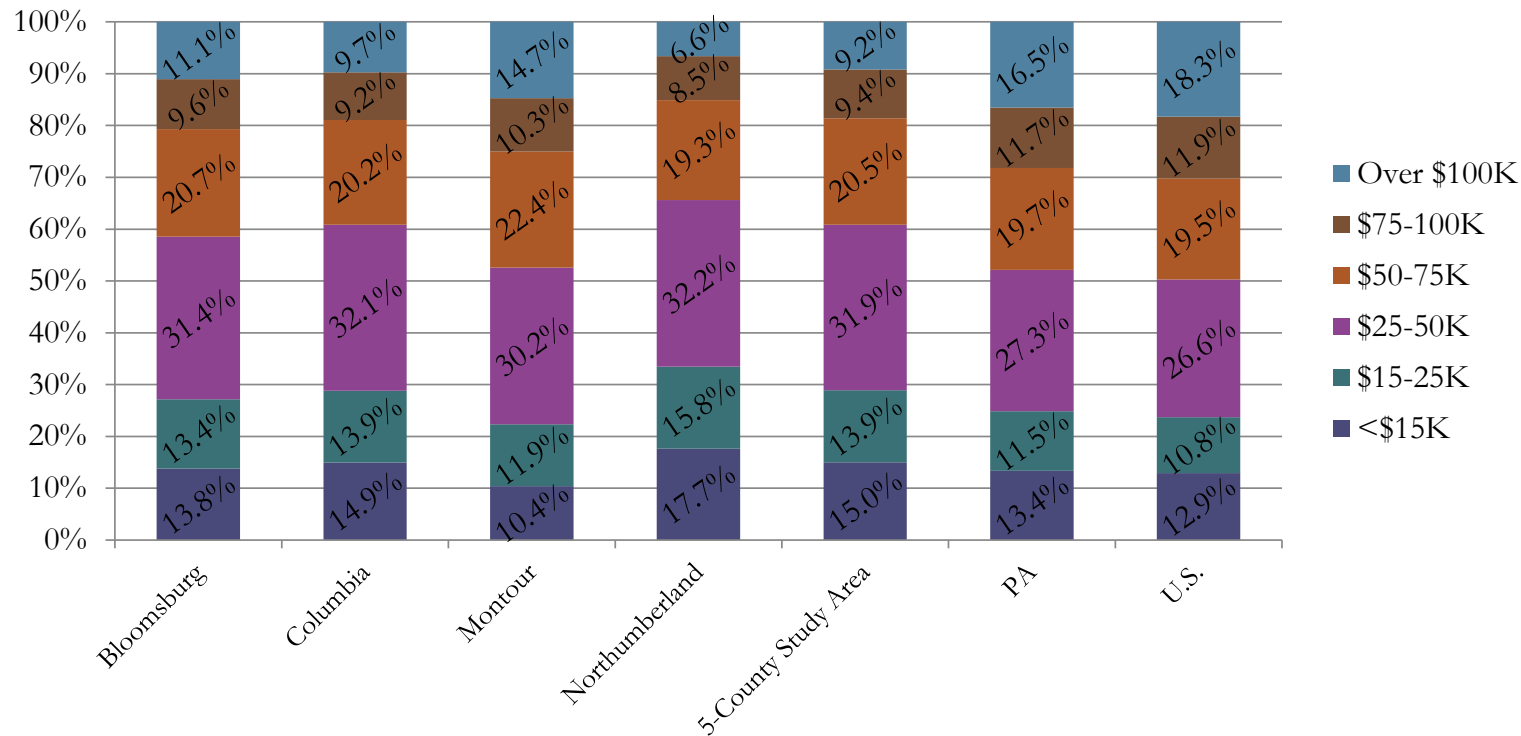
- The Bloomsburg Hospital community shows more households earning $25K annually or less as compared with PA and the U.S.; 27.2% for the Bloomsburg Hospital community, 24.9% for PA and 23.7% for the U.S.

- Northumberland County shows the highest rates of low income households with 33.5% of their population earning $25K annually or less.
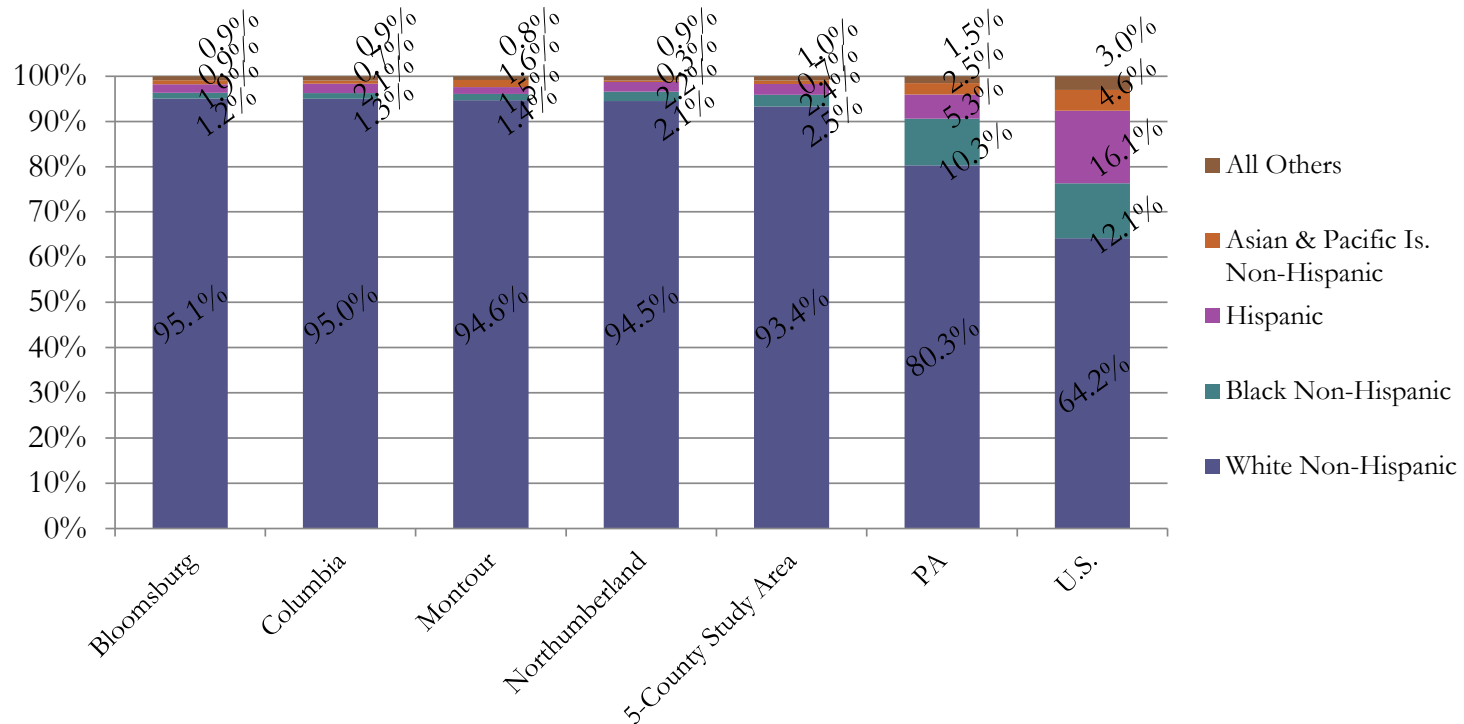
Source: Thomson Reuters

Education Level (2011)

Chart data — Education Level (2011):

Category	Bloomsburg	Columbia	Montour	Northumberland	5-County Study Area	PA	U.S.
Bachelor's Degree or Greater	20.6%	18.9%	26.5%	12.9%	17.4%	26.2%	27.7%
Some College/Assoc. Degree	20.9%	20.8%	20.5%	19.2%	19.9%	23.3%	28.3%
High School Degree	45.2%	46.6%	40.5%	51.1%	46.7%	37.8%	28.9%
Some High School	9.5%	9.6%	9.4%	12.1%	10.8%	8.6%	8.8%
Less than High School	3.8%	4.1%	3.2%	4.7%	5.1%	4.0%	6.3%

- The Bloomsburg Hospital community shows 13.3% of the population who have not received a high school diploma. Northumberland County shows the highest rate with 16.8% of the population without a high school diploma. The state rate (12.6%) and U.S. rate (15.1%) are somewhat lower than the rate for the Bloomsburg Hospital community. Educational level is highly related to occupation and therefore income.

- On the other hand, 41.5% of the Bloomsburg Hospital community have received some college education or received a college degree.

Source: Thomson Reuters

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Race/Ethnicity (2011)

Chart legend:
- All Others
- Asian & Pacific Is. Non-Hispanic
- Hispanic
- Black Non-Hispanic
- White Non-Hispanic

	Bloomsburg	Columbia	Montour	Northumberland	5-County Study Area	PA	U.S.
White Non-Hispanic	95.1%	95.0%	94.6%	94.5%	93.4%	80.3%	64.2%
Black Non-Hispanic	1.2%	1.3%	1.4%	2.1%	2.5%	10.5%	12.1%
Hispanic	1.9%	2.0%	1.6%	2.2%	2.4%	5.3%	16.1%
Asian & Pacific Is. Non-Hispanic	0.9%	0.8%	0.6%	0.3%	0.7%	2.5%	4.6%
All Others	0.9%	0.9%	0.8%	0.9%	1.0%	1.5%	3.0%

- As compared with Pennsylvania, the United States and the counties included in the ACTION Health study area, the Bloomsburg Hospital community shows very little diversity. Only 4.9% of the population in the Bloomsburg Hospital community identify as a race/ethnicity other than White, Non-Hispanic whereas 19.6% in PA and 35.8% in the U.S. identify as a race other than White, Non-Hispanic.

- Northumberland County in the Bloomsburg Hospital community shows the most diversity with 5.5% of the population as a race/ethnicity other than White, Non-Hispanic. When compared to the diversity of PA or the U.S., we can see that the Bloomsburg Hospital community is very homogeneous.

Source: Thomson Reuters

Community Need Index (CNI)

❑ The highest CNI score for the Bloomsburg Hospital community is 3.2 in the zip code area of Berwick in Columbia County. The highest CNI score indicates the most barriers to community health care access.

❑ From the data, we can see that various zip code areas have the highest rates of the measures used to calculate the CNI:

   ❑ Bloomsburg (17815) has the highest rental rate (32%) and minority rate (6%).
   ❑ Wilburton has the highest uninsured rate (14%), individuals with no high school diploma (20%), and both families with married parents or single parents with children living in poverty (14% and 83% respectively).
   ❑ Millville has the highest rate of elderly living in poverty (16%).

❑ The median for the CNI scale is 2.5. The Bloomsburg Hospital community shows 4 zip code areas above the median while at the same time shows 7 below the median. This helps us to see that the Bloomsburg Hospital community contains more zip code areas with CNI scores below the median indicating fewer barriers to community health care access.

❑ The average CNI scores for Bloomsburg Hospital community and the counties in which it includes are all above the median for the scale (2.5). The CNI score for the Bloomsburg Hospital community is 2.7; close to the median of 2.5 indicating only slightly more than average the amount of barriers to community health care access.

Community Need Index

Five prominent socio-economic barriers to community health are quantified in the CNI

- **Income Barriers** –
Percentage of elderly, children, and single parents living in poverty

- **Cultural/Language Barriers** –
Percentage Caucasian/non-Caucasian and percentage of adults over the age of 25 with limited English proficiency

- **Educational Barriers** –
Percentage without high school diploma

- **Insurance Barriers** –
Percentage uninsured and percentage unemployed

- **Housing Barriers** –
Percentage renting houses

Assigning CNI Scores

To determine the severity of barriers to health care access in a given community, the CNI gathers data about the community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc.

Using this data we assign a score to each barrier condition. A score of 1.0 indicates a zip code area with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code area with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average).

A CNI score above 3.0 will typically indicate a specific socio-economic factor impacting the community's access to care. At the same time, a CNI score of 1.0 does not indicate the community requires no attention at all, which is why a larger community such as the study area community presents a unique challenge to hospital leadership.
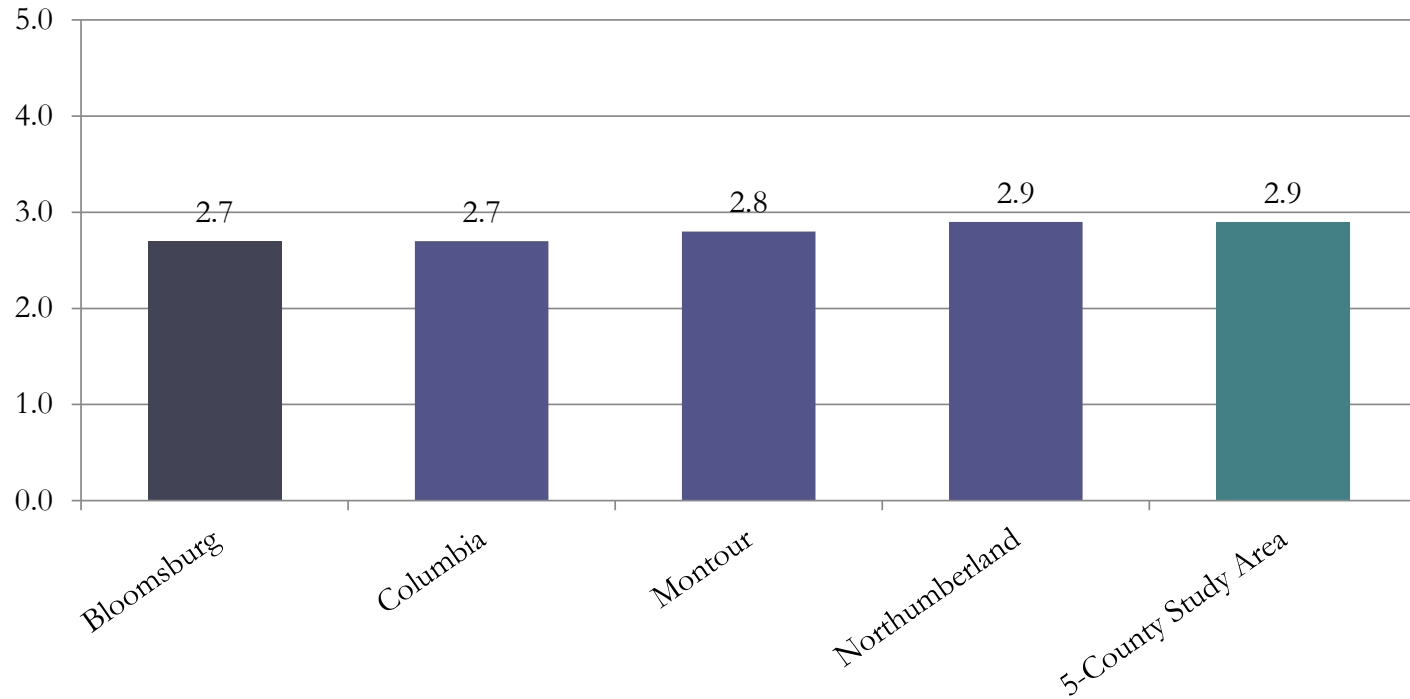
Assigning CNI Scores

Zip	City	County	2010 Tot. Pop.	Rental %	Unemp %	Uninsu %	Minor %	Lim Eng	No HS Dip	65+ Pov	M w/ Chil Pov	Sin w/ Chil Pov	Inc Rank	Insur Rank	Educ Rank	Cult Rank	Hous Rank	CNI Score
18603	BERWICK	COLUMBIA, PA	18,416	27%	6%	12%	5%	1%	19%	9%	13%	34%	3	3	4	2	4	3.2
17815	BLOOMSBURG	COLUMBIA, PA	29,545	32%	4%	12%	6%	1%	11%	12%	11%	35%	3	3	2	2	4	2.8
17888	WILBURTON	COLUMBIA, PA	499	11%	3%	14%	2%	0%	20%	11%	14%	83%	5	3	4	1	1	2.8
17821	DANVILLE	COLUMBIA/MONTOUR, PA	19,224	27%	6%	7%	5%	0%	12%	6%	8%	28%	3	2	3	2	4	2.8
17814	BENTON	COLUMBIA, PA	5,268	18%	5%	9%	3%	0%	14%	9%	11%	39%	3	2	3	1	2	2.2
17820	CATAWISSA	COLUMBIA, PA	5,800	20%	2%	9%	2%	0%	13%	11%	11%	30%	3	2	3	1	2	2.2
17846	MILLVILLE	COLUMBIA, PA	4,093	21%	2%	8%	2%	1%	15%	16%	8%	24%	2	1	3	1	3	2.0
17878	STILLWATER	COLUMBIA, PA	1,351	14%	5%	7%	3%	0%	12%	12%	8%	38%	3	2	3	1	1	2.0
18631	MIFFLINVILLE	COLUMBIA, PA	1,120	16%	2%	7%	2%	0%	12%	9%	7%	16%	2	1	2	1	2	1.6
17824	ELYSBURG	NORTHUMBERLAND, PA	3,909	15%	4%	7%	1%	1%	8%	11%	7%	46%	4	1	1	1	1	1.6
17859	ORANGEVILLE	COLUMBIA, PA	2,903	14%	2%	6%	2%	0%	11%	9%	5%	29%	2	1	2	1	1	1.4
	Bloomsburg Hospital Community Study Area		**92,128**	**26.2%**	**4.7%**	**9.9%**	**4.4%**	**0.5%**	**13.4%**	**10.0%**	**10.2%**	**33.3%**	**3**	**2**	**3**	**2**	**3**	**2.7**

- The highest CNI score for the Bloomsburg Hospital community is 3.2 for Berwick in Columbia County. The highest CNI score indicates the most barriers to community health care access.

- From the data, we can see that various zip code areas have the highest rates of the measures used to calculate the CNI:
  - Bloomsburg (17815) the highest rental rate (32%) and minority rate (6%).
  - Wilburton has the highest uninsured rate (14%), individuals with no high school diploma (20%), and both families with married parents or single parents with children living in poverty (14% and 83% respectively).
  - Millville has the highest rate of elderly living in poverty (16%).

- The median for the CNI scale is 2.5. The Bloomsburg Hospital community shows 4 zip code areas above the median while at the same time shows 7 below the median. This helps us to see that the Bloomsburg Hospital community contains more zip code areas with CNI scores below the median indicating fewer barriers to community health care access.

Source: Thomson Reuters

Community Need Index

- The average CNI scores for the Bloomsburg Hospital community and the counties in which it includes are all above the median for the scale (2.5).

- The CNI score for the Bloomsburg Hospital community is 2.7; close to the median of 2.5 indicating only slightly more than average the amount of barriers to community health care access.

Source: Thompson Reuters

County Health Rankings Data

- The County Health Rankings show that where we live impacts our health status. The health of a community depends on many different factors – from individual health behaviors, education and jobs, to quality of healthcare and the environment. The rankings help community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live.

- The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county's health status. Each county receives a summary rank for its health outcomes and health factors - the four different types of health factors include: health behaviors, clinical care, social and economic factors, and the physical environment. The Rankings are a real "Call to Action" for state and local health departments to develop broad-based solutions with others in their community so all residents can be healthy. But efforts will also be made to mobilize community leaders outside the public health sector to take action and invest in programs and policy changes that address barriers to good health and help residents lead healthier lives. Other community leaders may include: educators; elected and appointed officials, including mayors, governors, health commissioners, city/county councils, legislators, and staff; business owners; and the healthcare sector.

County Health Rankings Data

- Data across 37 various health measures is used to calculate the Health Ranking.
  - The measures include:
    - Mortality
    - Morbidity
    - Tobacco Use
    - Diet and Exercise
    - Alcohol Use
    - Sexual Behavior
    - Access to care
    - Quality of care
    - Education
    - Employment
    - Income
    - Family and Social support
    - Community Safety
    - Environmental quality
    - Built environment

    - Population
    - % below 18 years of age
    - % 65 and older
    - % African American
    - % American Indian and Alaskan Native
    - % Asian
    - % Native Hawaiian/Other Pacific Islander
    - % Hispanic
    - % not proficient in English
    - % female
    - % rural
    - % diabetic
    - HIV rate
    - Binge drinking
    - Physical Inactivity
    - Mental health providers
    - Median household income
    - % with high housing costs
    - % of children eligible for free lunch
    - % illiterate
    - Liquor store density
    - % of labor force that drives alone to work

County Health Rankings Data

- Counties in each of the 50 states are ranked according to summaries of the 37 health measures. Those having good rankings such as 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—Two types of health outcomes are measured to represent the health of each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by existing programs and policies at the local, state, and federal levels.

    ▫ Health Factors--A number of different health factors shape a community's health outcomes. The County Health Rankings are based on weighted scores of four types of factors:

        • Health behaviors (6 measures)
        • Clinical care (5 measures)
        • Social and economic (7 measures)
        • Physical environment (4 measures)

County Health Rankings Data

- Pennsylvania has 67 counties; therefore, the rank scale for Pennsylvania is 1 to 67 (1 being the healthiest county and 67 being the most unhealthy). The median rank is 34.

- Data for the County Health Rankings is only defined as far as the county level, zip code level data is not available. Therefore, the county level data has been presented here (no Bloomsburg Hospital level data are available).

- The top three highest rankings; indicating the most unhealthy measures across the 5-County ACTION Health study area are:
  - Education, Diet and Exercise, and Community Safety

- Columbia County only has 7 health rank scores above the median for the state (median=34) indicating the unhealthier measures:
  - Morbidity (38), Health Behaviors (54), Clinical Care (36), Smoking (49), Diet and Exercise (62), Alcohol Use (40), and Quality of Care (45).

- On the other hand, Columbia County shows an Air Quality rank of 1 and a Physical Environment rank of 3 (1 being the best in the state).

- The County Health Rankings show us that Columbia County has poor rankings for individual health behaviors (alcohol use, smoking, diet and exercise) and better rankings for environmental factors (air quality and physical environment).
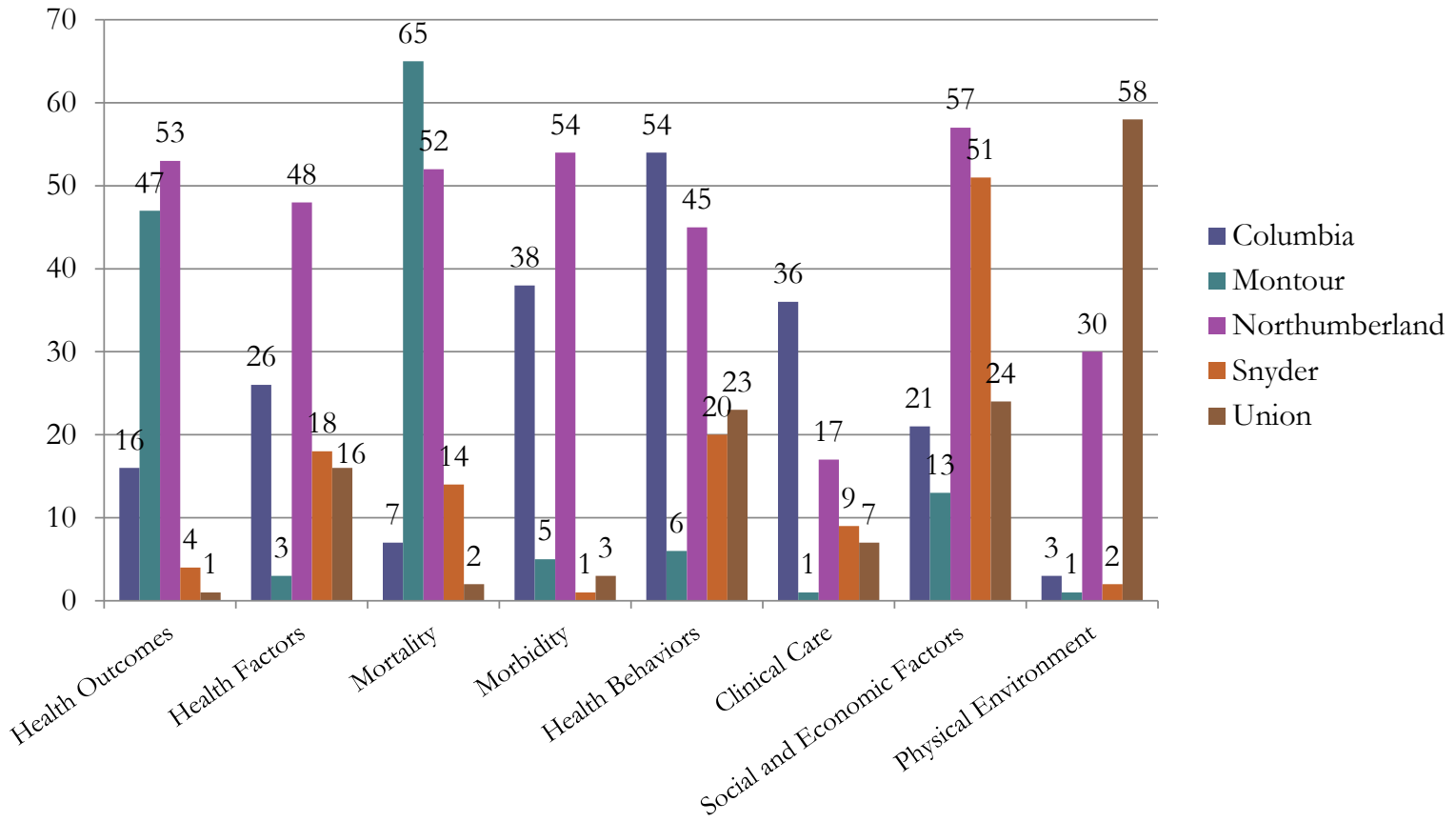
County Health Rankings Data

County	Health Outcomes	Health Factors	Mortality	Morbidity	Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Columbia	16	26	7	38	54	36	21	3
Montour	47	3	65	5	6	1	13	1
Northumberland	53	48	52	54	45	17	57	30
Snyder	4	18	14	1	20	9	51	2
Union	1	16	2	3	23	7	24	58

Blue text indicates a rank in the top 5 (good ranking).

Red text indicates a rank above the state median (poor ranking).

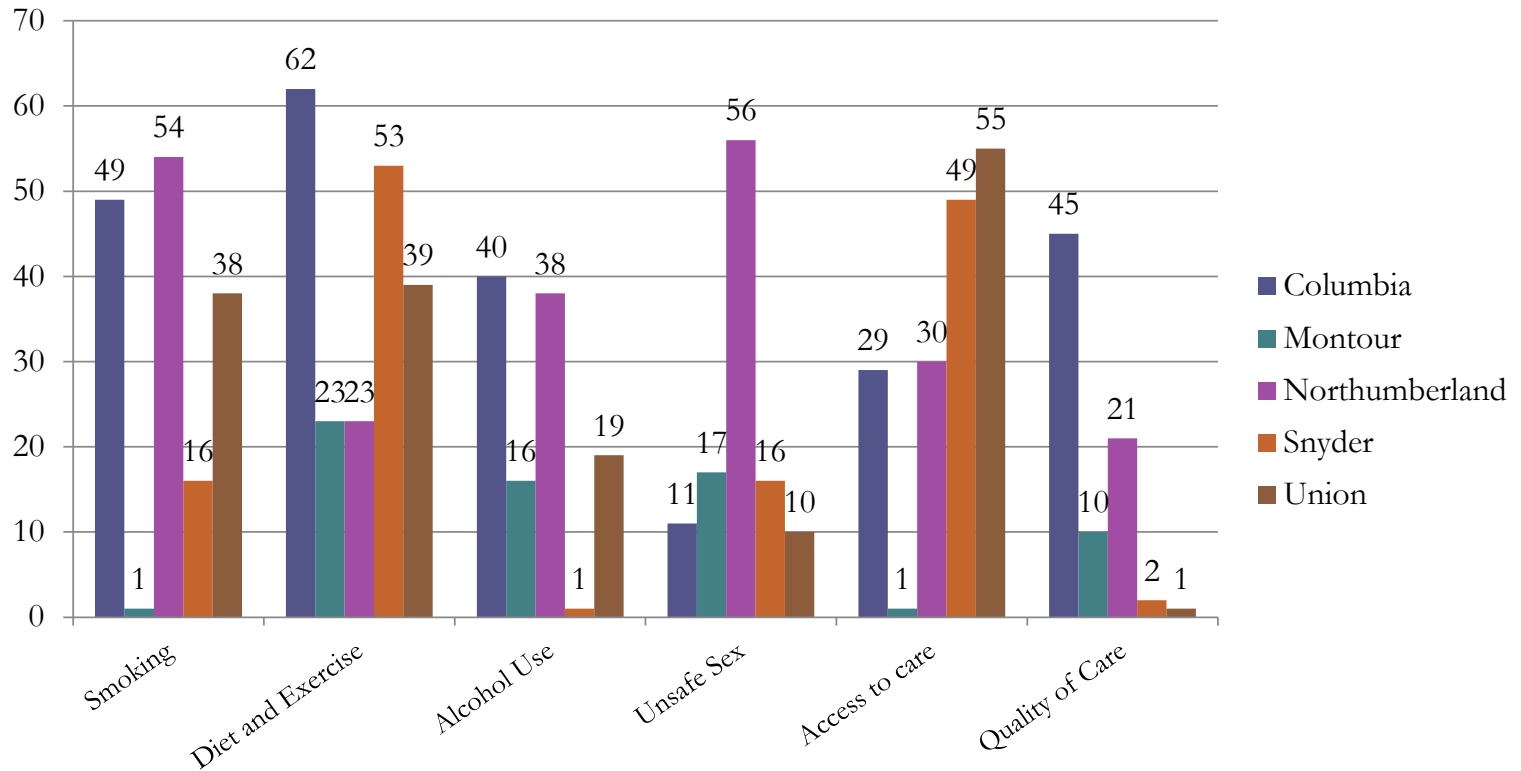Source: 2011 County Health Rankings

County Health Rankings Data

Source: 2011 County Health Rankings

County Health Rankings Data

County	Smoking	Diet and Exercise	Alcohol Use	Unsafe Sex	Access to care	Quality of Care
Columbia	49	62	40	11	29	45
Montour	1	23	16	17	1	10
Northumberland	54	23	38	56	30	21
Snyder	16	53	1	16	49	2
Union	38	39	19	10	55	1

Blue text indicates a rank in the top 5 (good ranking).

Red text indicates a rank above the state median (poor ranking).

County Health Rankings Data
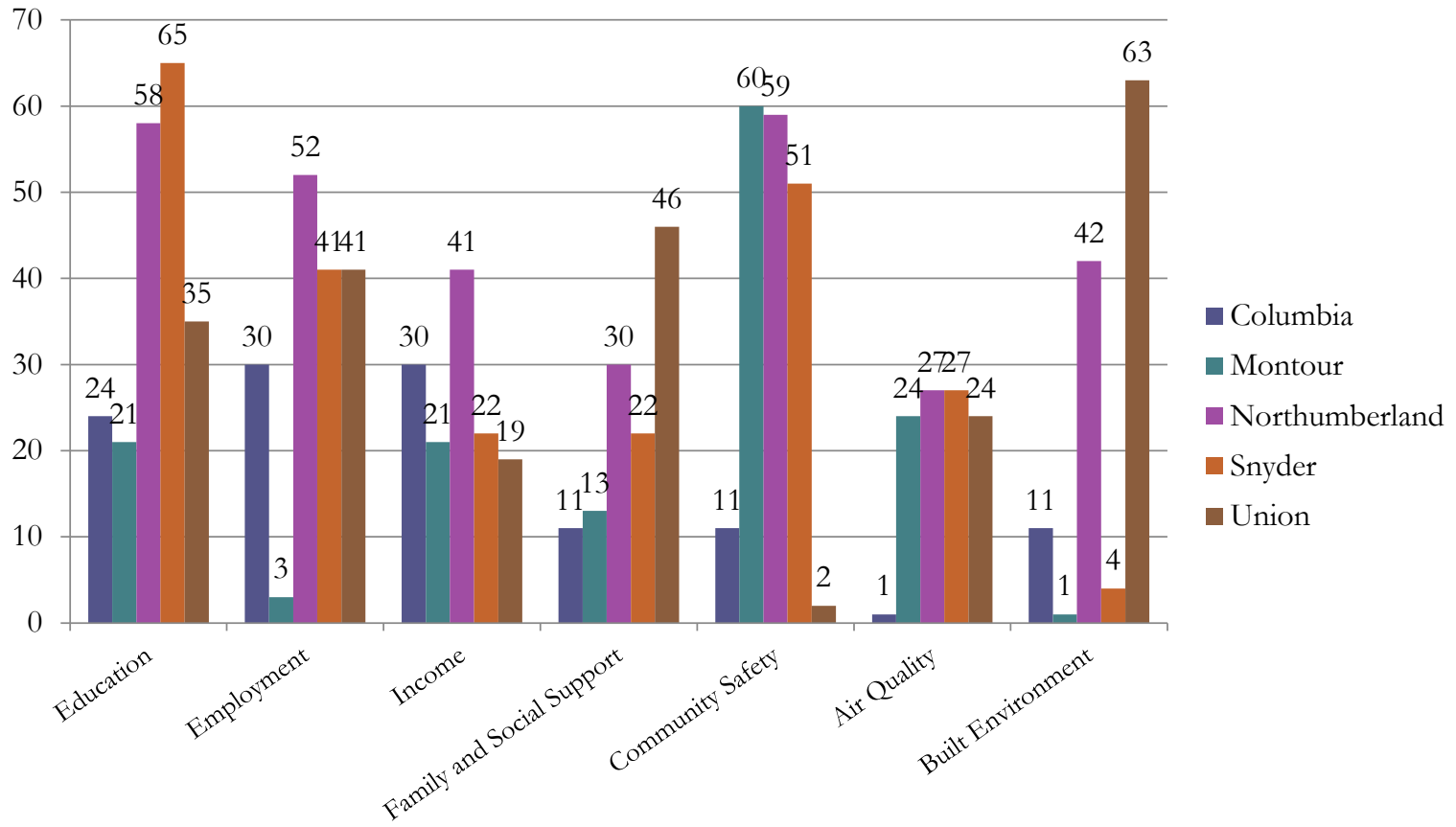

Source: 2011 County Health Rankings

County Health Rankings Data

County	Education	Employment	Income	Family and Social Support	Community Safety	Air Quality	Built Environment
Columbia	24	30	30	11	11	1	11
Montour	21	3	21	13	60	24	1
Northumberland	58	52	41	30	59	27	42
Snyder	65	41	22	22	51	27	4
Union	35	41	19	46	2	24	63

Blue text indicates a rank in the top 5 (good ranking).

Red text indicates a rank above the state median (poor ranking).

County Health Rankings Data

Source: 2011 County Health Rankings

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Prevention Quality Indicators Index (PQI)

The Prevention Quality Indicators index (PQI) was developed by the Agency for Healthcare Research and Quality (AHRQ). PQI is similarly referred to as Ambulatory Care Sensitive Hospitalizations. The quality indicator rates are derived from inpatient discharges by zip code using International Classification of Diseases (ICD) diagnosis and procedure codes. There are 14 quality indicators.

The PQI index identifies potentially avoidable hospitalizations for the benefit of targeting priorities and overall community health. Lower index scores represent less admissions for each of the PQIs.
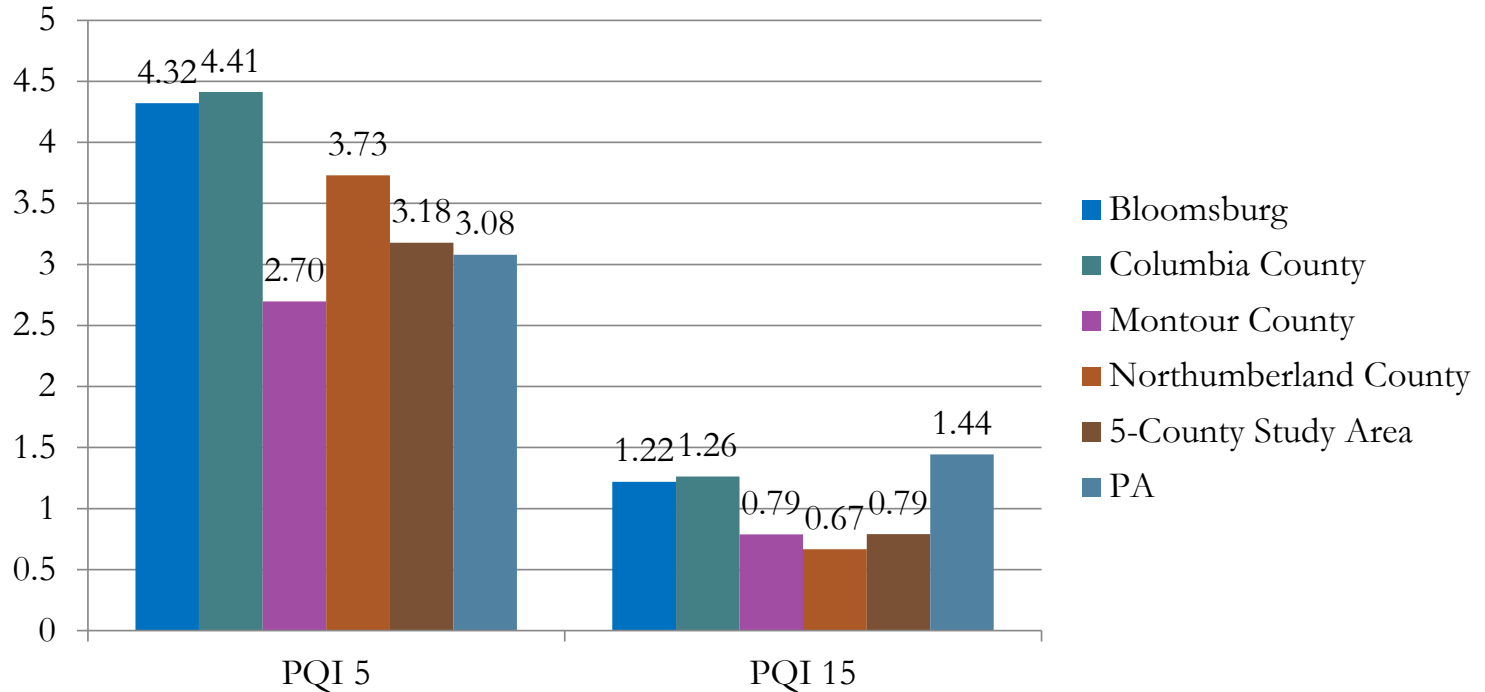
- The Bloomsburg Hospital community shows much higher rates of Chronic Obstructive Pulmonary Disease hospital admissions than Pennsylvania (Bloomsburg Hospital community = 4.32 and PA = 3.08).

- The Bloomsburg Hospital community has higher hospital admission rates for 9 of the 14 PQI measures.
    - Chronic Obstructive Pulmonary, Congestive Heart Failure, Bacterial Pneumonia, Dehydration, Perforated Appendix, Uncontrolled Diabetes, Short-term Diabetes Complications, Angina without Procedure, Lower Extremity Amputations

- Therefore, the Bloomsburg Hospital community has lower rates for only 5 of the 14 PQI measures (Hypertension, Long-term Diabetes Complications, Urinary Tract Infections, Adult Asthma, and Low Birth Weight). This tells us that the Bloomsburg Hospital community has a large number of preventable hospital admissions; this allows us to identify health care access areas with the most need.

- The Bloomsburg Hospital community shows a rate of 0.00 for Low Birth Weight. This does not indicate that there were no preventable hospital admissions due to Low Birth Rate, but rather that so few occurred in the Bloomsburg Hospital community that the value is not reported. Pennsylvania, on the other hand, shows a rate of 1.11, indicating that there are some preventable hospital admissions due to Low Birth Rate in the state.

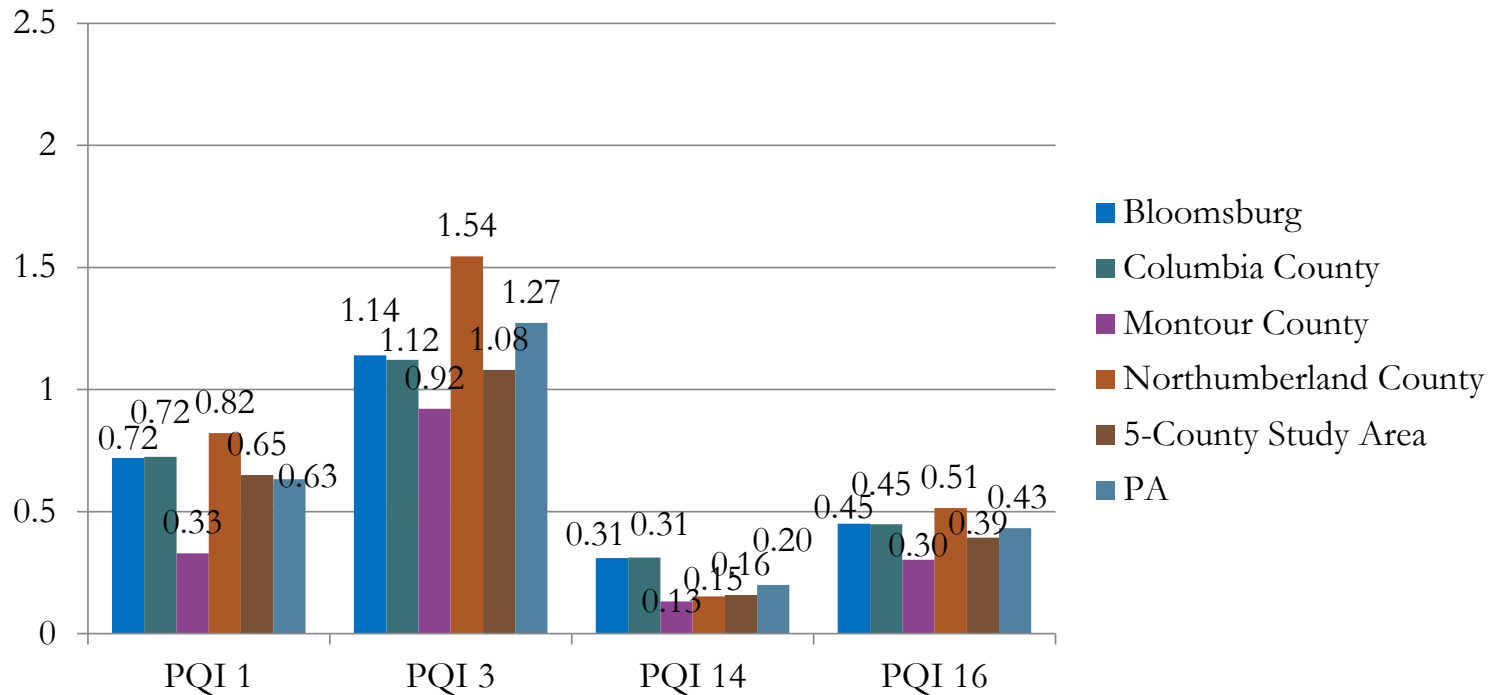# Prevention Quality Indicators Index (PQI)

PQI Subgroups

- Chronic Lung Conditions
  - PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
  - PQI 15 Adult Asthma Admission Rate
- Diabetes
  - PQI 1 Diabetes Short-Term Complications Admission Rate
  - PQI 3 Diabetes Long-Term Complications Admission Rate
  - PQI 14 Uncontrolled Diabetes Admission Rate
  - PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients
- Heart Conditions
  - PQI 7 Hypertension Admission Rate
  - PQI 8 Congestive Heart Failure Admission Rate
  - PQI 13 Angina Without Procedure Admission Rate
- Other Conditions
  - PQI 2 Perforated Appendix Admission Rate
  - PQI 9 Low Birth Weight Rate
  - PQI 10 Dehydration Admission Rate
  - PQI 11 Bacterial Pneumonia Admission Rate
  - PQI 12 Urinary Tract Infection Admission Rate

Chronic Lung Conditions

PQI 5 Chronic Obstructive Pulmonary Disease Admission Rate
PQI 15 Adult Asthma Admission Rate

Source: Ohio Hospital Association

Diabetes

PQI 1 Diabetes Short-Term Complications Admission Rate
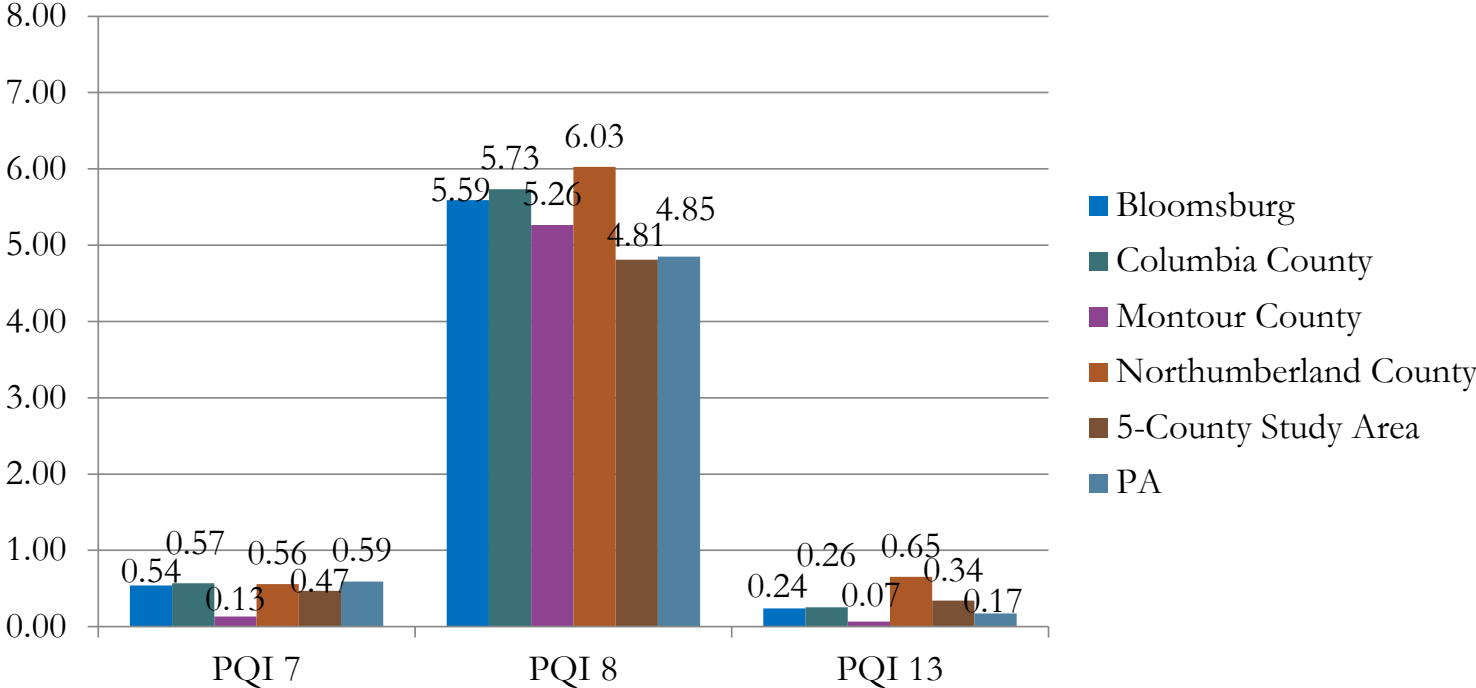PQI 3 Diabetes Long-Term Complications Admission Rate
PQI 14 Uncontrolled Diabetes Admission Rate
PQI 16 Lower Extremity Amputation Rate Among Diabetic Patients
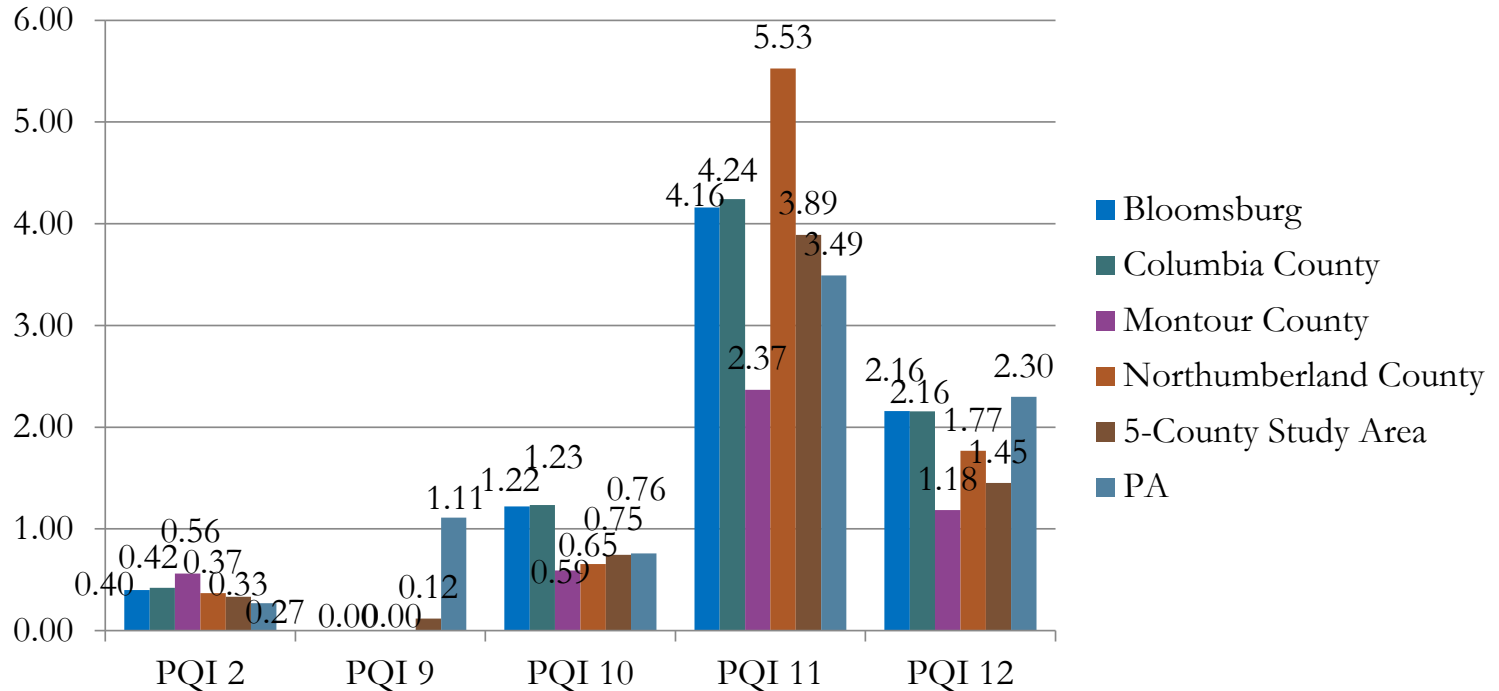
Source: Ohio Hospital Association

Heart Conditions

PQI 7 Hypertension Admission Rate
PQI 8 Congestive Heart Failure Admission Rate
PQI 13 Angina Without Procedure Admission Rate

Source: Ohio Hospital Association

Other Conditions

PQI 2 Perforated Appendix Admission Rate
PQI 9 Low Birth Weight Rate
PQI 10 Dehydration Admission Rate
PQI 11 Bacterial Pneumonia Admission Rate
PQI 12 Urinary Tract Infection Admission Rate

Source: Ohio Hospital Association

Bloomsburg Hospital Community – Initial Reactions to Secondary Data

❑ The consultant team has identified the following data trends and their potential impact:

  ❑ The Bloomsburg Hospital community shows projected declines in the percentages of younger individuals (18 and younger) while at the same time showing projected increases in the percentages of older individuals (55 and older) in the next 5 years. This is important to note when assessing morbidity and mortality data as the different age groups encounter different health care needs.

  ❑ The highest CNI score for the Bloomsburg Hospital community is for the town of Berwick with a score of 3.2. The highest CNI score indicates the most barriers to community health care access. The average CNI scores for the Bloomsburg Hospital community and the counties in which it includes are all above the median for the scale (2.5). The CNI score for the Bloomsburg Hospital community is 2.7; close to the median of 2.5 indicating only slightly more than average the amount of barriers to community health care access.

  ❑ The County Health Rankings show us that Columbia County has poor rankings for individual health behaviors (alcohol use, smoking, diet and exercise) and better rankings for environmental factors (air quality and physical environment).

  ❑ The Bloomsburg Hospital community has higher hospital admission rates for 9 of the 14 PQI measures. Therefore, the Bloomsburg Hospital community has lower preventable hospital admission rates for only 5 of the 14 PQI measures (Hypertension, Long-term Diabetes Complications, Urinary Tract Infections, Adult Asthma, and Low Birth Weight). This tells us that the Bloomsburg Hospital community has a large number of preventable hospital admissions; this allows us to identify health care access areas with the most need.

APPENDIX C

Community Stakeholder Interview Results

BLOOMSBURG HOSPITAL
Conducted December 2011 – January 2012

Community:

Bloomsburg Hospital service area

INTRODUCTION:

Tripp Umbach conducted interviews with community leaders in the Bloomsburg Hospital service area. Leaders whom were targeted for interviews encompassed a wide variety of professional backgrounds including education, healthcare, media, local government, human service organizations, institutes of higher learning, religious institutions and the private sector (See Appendix 1 for a list of participating organizations). The interviews offered community leaders an opportunity to provide feedback on the needs of the community, input on the focus group audiences, secondary data resources, and other information relevant to the study.

This report represents a section of the overall community health needs assessment project completed by Tripp Umbach.

DATA COLLECTION:

The following qualitative data were gathered during individual interviews with 22 stakeholders of the Bloomsburg Hospital service area as identified by an advisory committee of Bloomsburg Hospital. Bloomsburg Hospital is a 72-bed community hospital. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 60 minutes. All respondents were asked the same set of questions developed by Tripp Umbach and previously reviewed by the Bloomsburg Hospital advisory committee. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the Bloomsburg Hospital service area, as well as ways to address those concerns.

Of the 22 respondents, the 13 places mentioned by stakeholders when asked what community they were speaking on behalf of were: Columbia County, Montour County, Bloomsburg, Sullivan County, Benton Borough, South/Lower Luzerne, Northumberland County, Snyder County, Union County, five school districts, Millville, Village of Elysburg, five county region., Pa (in order of most mentioned). Additionally, there was a diverse representation of positions held in the community. Those positions represented included business professional, healthcare professionals, non-profit leader, educator, healthcare leader, elected official, home health professional, county employee, mental health professional, city employee and business leader.

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EFFECTIVE COMMUNICATION IN THE COMMUNITY:

Many stakeholders felt there was not one method of communication that is most effective. More often, stakeholders identified the need to utilize multiple communication methods over a period of time to effectively communicate with residents. That being said, stakeholders identified the following as effective methods of information dissemination to residents in the community and their own clients and consumers (listed in order of most mentioned):

Communicating with Residents in the Community:

- Newspaper

- Radio
- Send flyers home from school
- Announcements to audiences (i.e., Town hall meetings)
- Hand-delivering information (i.e., door-to-door)
- Electronically (i.e., Internet, email, etc.)
- Face-to-face contact
- Positing information at local agencies/organizations residents use (i.e., medical facilities)
- Word of mouth
- Newsletters
- Health fairs (i.e., mall)
- Church bulletins or announcements

Stakeholder Communication with Clients and Consumers:

- Face-to-face contact (i.e., community education and outreach, on-site patient education)
- Email/constant contact
- Newspaper
- Direct mailing
- Website
- Social media outlets
- Send things home with children
- Educational session/workshops
- Telephone
- Staff

GROUP RECOMMENDATIONS:

The stakeholders provided many recommendations to address health issues and concerns for residents living in the Bloomsburg Hospital service area. Below is a brief summary of the recommendations:

- *Increase access to primary and preventive care:* Stakeholders felt that access to primary and preventive medical care, as well as dental care should be increased. Stakeholders also felt that physicians could more readily accept patients and provide under/uninsured healthcare services. Stakeholders felt that transportation for medical appointments needs to be developed. Additionally, stakeholders felt that funding and volunteer help needs to be increased for centers like Agape that provide under/uninsured services. Finally, stakeholders felt that medical services need to be better coordinated using a managed care model.

- *Improve the wellness of residents:* While stakeholders felt that residents need to be accountable for their own lifestyle choices, they also indicated that residents could be healthier if there were more preventive education and wellness programs available.

- *Increase the access residents have to community services:* Resident awareness of available services could be increased. Stakeholders also felt that senior housing could be expanded using Westminster Place at Bloomsburg as a model.

PROBLEM IDENTIFICATION:

During the interview process, the stakeholders stated three overall health issues and concerns in their community. In random order these were:

1. Access to primary and preventive medical services
2. Resident wellness
3. Access to community services

PRIMARY AND PREVENTIVE HEALTH SERVICES:

While many stakeholders felt that quality primary medical care is available in the area; they also perceived primary and preventive health services provided by medical facilities (i.e., hospitals, private practitioners, etc.) in their communities to be limited in the areas of affordable healthcare and/or health insurance, under/uninsured health services, transportation, preventive care, patient navigation and dental care.

Contributing Factors:

- Limited access to affordable healthcare and/or health insurance for the under/unemployed and senior populations.
- There are not enough clinics in the community to meet resident demand for under/uninsured medical care.
- Clinics are many times located a far distance from the patient and the lack of public transportation makes it difficult to obtain services.
- Access to dental care is limited due to the limited number of local providers that accept medical assistance, limited services available at local clinic and restricted health insurance coverage of dental care costs.
- Access to affordable preventive medical care is limited due to health insurance coverage restrictions, cost of preventive care, limited prevention services for under/uninsured and limited resident participation/demand.
- An aging baby boomer population is placing a strain on medical care resources.
- Navigating the healthcare systems that are available may be difficult for some residents.
- Emergency room services are being over utilized for non-emergent health issues due to limited under/uninsured medical care being offered in the area.

Mitigating Resources:

Stakeholders identified the following existing resources in their community that they felt could help improve their access to primary and preventive health services:

- Medicare is making an effort to ensure seniors are receiving preventive care,
- Parents are able to cover children attending college longer with family health insurance,
- Senior services are offered in many communities (i.e., Benton Senior Citizens Center, Area Agency on Aging, etc.),
- There are local medical facilities (i.e., Geisinger, Bloomsburg, etc.) that offer high-quality primary/secondary/tertiary/preventive medical care,
- Community education programs are available through Geisinger and Bloomsburg Hospitals,
- There are organizations that offer outreach and preventive services (i.e., the nursing department at Bloomsburg University) and
- There are caring compassionate healthcare workers striving to meet the needs of residents (i.e., Volunteers in Medicine)

Group Suggestions/Recommendations:

Stakeholders offered the following as possible solutions to improve their access to primary and preventive health services in their communities:

- ***Increase access to primary and preventive care:*** Stakeholders felt that access to primary and preventive medical care, as well as dental care should be increased. Stakeholders also felt that physicians could more readily accept patients and provide under/uninsured healthcare services. Additionally, stakeholders felt that providing transportation for medical appointments would increase access to medical care for many residents. Stakeholders felt that funding and volunteer help needs to be increased for centers like Agape that provide under/uninsured services. Finally, stakeholders felt that medical services need to be better coordinated using a managed care model.

RESIDENT WELLNESS:

Stakeholders felt that the wellness of residents was lacking in the areas lifestyle choices, awareness, available services and the prevalence of chronic illness.

Contributing Factors:

- Affordable prevention education and outreach programs are needed in many communities.
- Many residents make lifestyle choices that can lead to poor health statuses (i.e., smoking, inactivity, substance abuse, poor nutrition and not securing preventive medical care).
- Many residents are not aware of how to lead healthier lifestyles.
- Chronic illness is prevalent (i.e., diabetes, obesity, respiratory issues, etc.).
- Under/uninsured residents often do not have access to wellness information and/or programs.

Mitigating Resources:

Stakeholders identified the following existing resources in their community that they felt could help improve resident wellness:

- There are institutions that offer services to improve resident wellness (i.e., YMCA, community education departments at local hospitals, etc.),
- There are outreach programs offered in the community (i.e., nurse family partnerships),
- There are prevention programs offered in the community,
- Supportive services are available to improve resident wellness (i.e., smoking cessation, diabetes, etc.),
- There are community centers that offer a variety of wellness services and
- Natural resources (i.e., local parks) are available locally for outdoor wellness activities.

Group Suggestion/Recommendation:

Stakeholders offered the following as a possible solution to improve the wellness of residents in their communities:

- ***Improve the wellness of residents:*** While stakeholders felt that residents need to be accountable for their own lifestyle choices, they also indicated that residents could be healthier if there were more preventive education and wellness programs available.

ACCESS TO COMMUNITY SERVICES:

While stakeholders believed that there are some services available in their communities; they perceived community services to be limited in the areas of transportation, behavioral health services, employment and housing.

Contributing Factors:

- Access to community services can be limited due to the lack of public transportation and the distance residents must travel due to the rural nature of the area.
- Access to behavioral health services can be limited due to a lack of providers, the stigma around mental illness, a fear of being seen seeking mental health services and restricted health insurance coverage.
- Access to employment opportunities can be limited by a lack of transportation and increasing unemployment.
- Access to affordable stable housing is limited in some areas due to recent flooding particularly for seniors.

Mitigating Resources:

Stakeholders identified the following existing resources in their community that they felt could help improve access to community services:

- Churches have a strong presence and provide many services to the community,

- There are institutions and organization in the area that provide community services (i.e., community centers, YMCA, etc.),
- Community members and organizations are generous and collaborative and
- There are some behavioral health providers in the area (i.e., Mental Health Association).

Group Suggestions/Recommendations:

Stakeholders offered the following as possible solutions to improve access to community services in their communities:

- *Increase the access residents have to community services:* Resident awareness of available services could be increased. Stakeholders also felt that senior housing could be expanded using Westminster Place at Bloomsburg as a model.

APPENDIX D

Community Focus Group Results

BLOOMSBURG HOSPITAL
Conducted March 2012

Community:
Bloomsburg Hospital service area

INTRODUCTION:

The following qualitative data were gathered during three separate discussion groups conducted with target populations that were defined by the advisory committee for Bloomsburg Hospital. Bloomsburg Hospital is a 72-bed community hospital. Each group was conducted by Tripp Umbach consultants and participants were provided an incentive of $20 for participating. The discussion groups were conducted using a discussion guide previously created by Tripp Umbach and reviewed by the Bloomsburg Hospital advisory committee (Appendix 1).

The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion. It was explained to participants that there are no wrong answers, just different experiences and points of view. This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said. Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities served by the medical facilities within the service area of Bloomsburg Hospital. Focus group input is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and inherently subjective in nature.

The three focus group audiences were:
- ✓ Residents Impacted by the Flood of September, 2011
  - Conducted at AGAPE (Bloomsburg, PA)
- ✓ College Students
  - Conducted at Bloomsburg University (Bloomsburg, PA)
- ✓ Young Single Parents Earning a Low Income
  - Conducted at Bloomsburg Hospital (Bloomsburg, PA)

RESIDENTS IMPACTED BY THE FLOOD OF SEPTEMBER, 2011 FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting residents impacted by the flood of September, 2011 (further referred to as flood victims) in the Bloomsburg Hospital service area, as well as ways to address those concerns for this population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for flood victims in the Bloomsburg Hospital service area. Below is a brief summary of the recommendations:

- *Increase knowledge healthcare staff in the area has about flood-related diseases:* Participants believed that healthcare staff could receive additional training about the symptoms of typical flood-related diseases and reactions.

- *Increase the preventive precautions residents are taking:* Participants were under the impression that local healthcare facilities could offer outreach to residents about precautions they should take during cleanup efforts, as well as potential symptoms of typical flood-related illnesses. Additionally, participants felt that physicians could be educating residents when they see them to increase awareness and precautions.

- *Improve the dissemination of information:* Participants believed that residents could benefit from an increase in the dissemination of easy-to-understand information during and after a natural disaster. Participants believed there were a variety of outlets that could be effective at reaching flood victims (i.e., newspaper, local TV stations, and canvassing neighborhoods). Currently, participants believe there is no formal outlet for the dissemination of information to flood victims, which they believed can lead to confusion.

- *Increase flood-related outreach and education:* Participants were under the impression that flood victims would be healthier if they were more aware of the healthiest way to clean up their properties. Additionally, participants believed that residents would be more proactive in seeking healthcare services if they knew what symptoms to be aware of.

- *Monitor toxin in the environment:* Participants believed that there are no efforts to monitor toxins in the environment, which could cause residents to become ill. Participants believed that monitoring toxin levels could ensure residents are aware of the toxins and able to avoid getting sick.

- *Develop a comprehensive flood relief plan:* Participants felt that the local community could develop a flood relief plan and disseminate it to all residents. Developing a flood relief plan and making all residents aware of it could improve the resident response during the next flood.

- ***Increase access to cellular phone services:*** Participants believed that cellular phone companies could collaborate to ensure residents have access to cell phone reception during natural disasters. Increasing access to cellular phone services could save residents lives if they are trapped during a flood.

- ***Stop further building development on the flood plain:*** Participants believed that if developers were restricted from building on the flood plain any further, the flooding may not get any worse than the most recent flood.

PROBLEM IDENTIFICATION:

During the discussion group process, flood victims discussed three community health needs and concerns for flood victims in their communities. These were:

1. **Access to primary, preventive and mental healthcare**
2. **Community infrastructure**
3. **Flood-related issues**

ACCESS TO PRIMARY, PREVENTIVE AND MENTAL HEALTHCARE:

Flood victims perceived that access to primary, preventive and mental healthcare in their communities may be limited in the areas of awareness about flood-related healthcare issues, response of local healthcare facilities and capacity for healthcare services during and after a natural disaster.

Perceived Contributing Factors:

- Participants believed that flood victims have experienced medical (i.e., respiratory infections, skin rashes, allergies, back strain, etc.) and mental symptoms (i.e., sleeping disorders, depression, etc.) as a reaction to the natural disaster.
- Participants were under the impression that the staff at local healthcare facilities are not aware of typical flood-related medical or mental health issues, which they feel has resulted in the healthcare community not being as responsive as participants felt they could be to health issues related to the flood.
- Participants were under the impression that there may be some long-term health issues resulting from the flood and clean up efforts that have not yet been identified, treated or addressed, which may be increasingly difficult to relate back to the flood. However, participants were under the impression that local physicians are not testing for flood-related diseases at this time.
- Participants believed that local healthcare centers are overwhelmed and understaffed due to the period of time it takes to employ enough staff to respond to a natural disaster, which results in lengthy waiting periods for healthcare services and limited communication, consistency and continuity.

- Participants believed that there has been an increase in the mental health issues due to stress of the aftermath of the flood, which they felt may continue to increase for a period of time. Additionally, participants were under the impression the mental health services available to help residents since the flood are limited and may be difficult to navigate; particularly if residents are under/uninsured. Participants believed that local schools have not yet provided mental health response to children affected by the flood.
- Participants gave the impression that emergency mental health services provided at local hospitals may be limited due to staffing and bed space, causing residents in crisis to be discharged and sent home.

Mitigating Resources:

Flood victims identified the following existing resources in their communities that they felt could improve the access to primary, preventive and mental healthcare:

- CMSU (Columbia Montour Snyder Union) is available to help with mental health issues.
- Veterans Affairs Hospital offers veterans services.
- Red Cross made attempts to check in with people after 2006 flood regarding mental/physical health.

Group Suggestions/Recommendations:

Flood victims offered the following as possible solutions to help improve the access to primary, preventive and mental healthcare in their communities.

- ***Increase knowledge healthcare staff in the area has about flood-related diseases:*** Participants believed that healthcare staff could receive additional training about the symptoms of typical flood-related diseases and reactions.

- ***Increase the preventive precautions residents are taking:*** Participants were under the impression that local healthcare facilities could offer outreach to residents about precautions they should take during cleanup efforts, as well as potential symptoms of typical flood-related illnesses. Additionally, participants felt that physicians could be educating residents when they see them to increase awareness and precautions.

FLOOD-RELATED ISSUES:

Flood victims perceived that the most recent flood has generated health needs in the areas of insect control, response, availability of information, flood insurance issues and cleanup efforts.

Perceived Contributing Factors:

- Participants believed that mosquitoes may be worse this summer due to the increased moisture in the area, which can cause additional health risks.
- Participants were under the impression that stress levels are high which can lead to an increase in problems throughout the community.
- Participants believed that there are limited outlets for the dissemination of flood-related information at this time.
- Participants believed that it is unclear what the healthiest cleanup practices are (i.e., what masks and gloves to wear, etc.).
- Participants indicated that the cemetery and sewer plant both flooded and no one knows what the impact has been on the environment, which participants were under the impression that there are not yet efforts to identify.
- Participants believed that the news coverage of the flood focused more on the fairgrounds than they felt was beneficial.
- Participants were under the impression that it is difficult for most residents to receive insurance payments when they had flood damage insurance due to the structure of insurance companies and the way they are set up to operate, which has led to residents being unable to make repairs and at times the continued displacement of residents.
- Participants gave the impression that residents were not given enough time to prepare for the city to haul damaged property away, which participants indicated was during a time when property like furniture was still wet and houses were still inaccessible.
- Participants were under the impression that there are conflicts between local municipalities, FEMA and the insurance companies, which participants believed may have kept residents displaced.

Mitigating Resources:

Flood victims identified the following existing resources in their communities that they felt could improve flood-related issues.
- AGAPE has been responsive to flood-related needs in the community.
- College students were helpful
- Community was supportive during the flood relief efforts
- Some residents have been through previous floods and helped others respond.

Group Suggestions/Recommendations:

Flood victims offered the following as possible solutions to help improve flood-related issues in their communities:

- *Improve the dissemination of information:* Participants believed that residents could benefit from an increase in the dissemination of easy-to-understand information during and after a natural disaster. Participants believed there were a variety of outlets that could be

effective at reaching flood victims (i.e., newspaper, local TV stations, and canvassing neighborhoods). Currently, participants believe there is no formal outlet for the dissemination of information to flood victims, which they believed can lead to confusion.

- *Increase flood-related outreach and education:* Participants were under the impression that flood victims would be healthier if they were more aware of the healthiest way to clean up their properties. Additionally, participants believed that residents would be more proactive in seeking healthcare services if they knew what symptoms to be aware of.

- *Monitor toxin in the environment:* Participants believed that there are no efforts to monitor toxins in the environment, which could cause residents to become ill. Participants believed that monitoring toxin levels could ensure residents are aware of the toxins and able to avoid getting sick.

COMMUNITY INFRASTRUCTURE:

Flood victim residents perceived that the infrastructure of their communities were limited in the areas of resident awareness, transportation, employment, housing and capacity to provide services.

Perceived Contributing Factors:

- Participants believed that emergency services (fire, ambulance) are at times a great distance from residents due to the rural nature of the area.
- Participants believed that communications in their community are limited; particularly during a natural disaster due to limited cell phone coverage. Additionally, participants were under the impression that there is not a formal disaster relief plan for the area.
- Participants were under the impression that some areas were without water for week due to the location of the water plant.
- Participants were under the impression that there are a number of homes that residents were not able to get back into for as long as five months, which is how long some homes took to dry out.
- Participants were under the impression that continued development on the flood plain will further worsen the impact of consequential floods.
- Participants believed that roads and bridges can become blocked during times of flooding, which may leave some residents trapped.
- Participants believed that there has been a shortage of medical supplies (i.e., bandages) in their communities.
- Participants indicated that there is dangerous debris (glass, metal, etc.) lying about in the neighborhood that is a risk to the safety of residents. Some older citizens refused to vacate because they didn't know the people evacuating them.

Mitigating Resources:

Flood victim residents identified the following existing resource in their communities that they felt could improve the infrastructure:

- Parts of the town have a community that is very close and supportive.

Group Suggestions/Recommendations:

Flood victim residents offered the following as possible solutions to help improve the infrastructure in their communities:

- *Develop a comprehensive flood relief plan:* Participants felt that the local community could develop a flood relief plan and disseminate it to all residents. Developing a flood relief plan and making all residents aware of it could improve the resident response during the next flood.

- *Increase access to cellular phone services:* Participants believed that cellular phone companies could collaborate to ensure residents have access to cell phone reception during natural disasters. Increasing access to cellular phone services could save residents lives if they are trapped during a flood.

- *Stop further building development on the flood plain:* Participants believed that if developers were restricted from building on the flood plain any further, the flooding may not get any worse than the most recent flood.

COLLEGE STUDENTS FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting college students in the Bloomsburg Hospital service area, as well as ways to address those concerns for this population.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for college students in the Bloomsburg Hospital service area. Below is a brief summary of the recommendations:

- *Increase the availability of healthcare on campus:* Participants believed that healthcare would be more accessible to students if the student health center employed physicians, increased the number of staff and expanded the hours of operation. Additionally, participants believed that students would be more likely to utilize the student health center on campus if they were made aware of what services are available and what services are not provided.

- *Improve the channels of student feedback:* Participants were under the impression that campus life could be healthier if the university would solicit feedback from the students.

- *Increase the focus on prevention:* Participants believed that students would require less healthcare services if they increased the focus on preventive care and maintaining individual health.

- *Increase the likelihood students will tell when others are at risk for alcohol poisoning:* Participants believed that students would be more likely to get help for other students that may be at risk for alcohol poisoning of they were not as afraid that they were going to get in trouble.

- *Improve the sanitation of common areas:* Participants felt that the sanitation of common areas could be improved by filling hand sanitizers more often and increasing the availability of cleaning services; particularly on the weekends. Additionally, participants believed that food services could be more sanitary if workers were trained consistently.

- *Improve the nutrition of food offered on campus:* Participants believed that the nutrition of food offered on campus could be improved in an affordable way by increasing alternative diet offering (i.e., gluten-free, vegetarian, low-sodium, low-calorie, etc.). Also, participants were under the impression that local farmers could contract with the university to offer fresher produce.

- *Make healthier options more attractive:* Participants were under the impression that the university could offer students the opportunity to arrange produce for credit or volunteer

hours. Also, participants believed that more space could be provided for healthier produce than to desserts in the dining hall.

- *Increase awareness about healthy options:* Participants believed that the university could increase student awareness about healthy options by providing outreach in a variety of outlets including, workshops, websites, email, fliers and newsletters.

- *Increase the dissemination of information on campus:* Participants believed that they could increase participation in on-campus activities if they were able to increase awareness of the student body about when activities take place. Participants believed that sending a weekly email update out to the entire student body may be an effective method of disseminating information about available activities.

PROBLEM IDENTIFICATION:

During the discussion group process, college students discussed three community health needs and concerns affecting students in their communities. These were:

1. **Access to primary and preventive healthcare**
2. **Healthy behaviors**
3. **Recreational activities**

ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

College students perceived that access to primary and preventive healthcare in their community may be limited in the areas of access to healthcare services after hours, perceived effectiveness of available healthcare resources, and location of healthcare resources, such as the nearest pharmacy.

Perceived Contributing Factors:

- Participants were under the impression that the student health center does not staff medical doctors, offers limited healthcare services, may not provide the information students need about their individual health status, does not offer a list of services provided, offers limited hours nights and weekends and is not always affordable if students have not paid their tuition.
- Participants believed that many students do not hold a high opinion of the student health center, which may lead some students to avoid seeking healthcare services.
- Participants perceived the nearest pharmacy to be inaccessible without a vehicle due to the lack of transportation.
- Participants perceived that preventive services may be difficult to secure on campus.
- Participants were under the impression that students are not aware of what programs and services are available to them on campus due to limited communication from the university.
- Participants believed that primary care physicians in the community are not taking new patients, which can make it difficult for students to see a physician.

- Participants gave the impression that students are required to provide a note from the student health center if they miss class, which can cost $60 if the student has not paid their tuition yet.
- Participants believed that many students drink excessively and alcohol poisoning may be an issue on campus at times. Participants gave the impression that at times underage drinking takes place on campus and the university and Bloomsburg Police Department have zero tolerance policies, which can lead to an increased risk of physical harm resulting from alcohol poisoning due to students being afraid to report when another student is in danger.

Mitigating Resources:

College students identified the following existing resources in their communities that they felt could improve the access to primary and preventive healthcare:

- A clinic in the community of Bloomsburg, PA offers women's health and STI testing.
- Students are supportive of one another.

Group Suggestions/Recommendations:

College students offered the following as possible solutions to help improve the access to primary and preventive healthcare in their communities:

- *Increase the availability of healthcare on campus:* Participants believed that healthcare would be more accessible to students if the student health center employed physicians, increased the number of staff and expanded the hours of operation. Additionally, participants believed that students would be more likely to utilize the student health center on campus if they were made aware of what services are available and what services are not provided.

- *Improve the channels of student feedback:* Participants were under the impression that campus life could be healthier if the university would solicit feedback from the students.

- *Increase the focus on prevention:* Participants believed that students would require less healthcare services if they increased the focus on preventive care and maintaining individual health.

- *Increase the likelihood students will tell when others are at risk for alcohol poisoning:* Participants believed that students would be more likely to get help for other students that may be at risk for alcohol poisoning of they were not as afraid that they were going to get in trouble.

HEALTHY BEHAVIORS:

College students perceived that healthy behaviors in their communities are limited in the areas of diet, physical activity and individual choices.

Perceived Contributing Factors:

- Participants believed that students are not always eating a healthy diet.
- Participants were under the impression that students are not always getting enough physical activity.
- Participants were under the impression that the hygiene of common areas on campus can be unsanitary due to limited access to cleaning supplies (i.e., hand sanitizer), unhealthy food service practices (i.e., cross-contamination), and limited cleaning services afterhours.
- Participants believed that the food made available on campus is not always healthy or nutritious and what is healthy is not always affordable, readily available, attractive or appetizing to students. Additionally, participants believed that there are limited healthy food options available off-campus.
- Participants were under the impression that there are limited options for students with a special diet (i.e., gluten-free, vegetarian, etc.).
- Participants believed that the focus of decision-makers may be on the cost of food more than the nutritional value being offered to students.
- Participants were under the impression that some students may not be aware of what healthy nutrition is.

Mitigating Resources:

College students identified the following existing resource in their communities that they felt could improve the practice of healthy behavior:
- There are students with good ideas on campus.

Group Suggestions/Recommendations:

College students offered the following as possible solutions to help improve the practice of healthy behavior in their communities:

- *Improve the sanitation of common areas:* Participants felt that the sanitation of common areas could be improved by filling hand sanitizers more often and increasing the availability of cleaning services; particularly on the weekends. Additionally, participants believed that food services could be more sanitary if workers were trained consistently.

- *Improve the nutrition of food offered on campus:* Participants believed that the nutrition of food offered on campus could be improved in an affordable way by increasing alternative diet offering (i.e., gluten-free, vegetarian, low-sodium, low-calorie, etc.). Also, participants were under the impression that local farmers could contract with the university to offer fresher produce.

- *Make healthier options more attractive:* Participants were under the impression that the university could offer students the opportunity to arrange produce for credit or volunteer hours. Also, participants believed that more space could be provided for healthier produce than to desserts in the dining hall.

- *Increase awareness about healthy options:* Participants believed that the university could increase student awareness about healthy options by providing outreach in a variety of outlets including, workshops, websites, email, fliers and newsletters.

RECREATIONAL ACTIVITIES:

College students perceived that recreational activities on campus were limited in the areas of transportation, availability of activities that did not involve drinking and student participation.

Perceived Contributing Factors:

- Participants were under the impression that there are few recreational activities available to students that do not center on drinking.
- Participants believed that some students do not participate in activities that do not involve alcohol due to the stigma associated with such activities among their peers.
- Participants were under the impression that is may be difficult to get student input regarding on-campus activities that would be preferred due to limited participation in student surveys that are made available at the beginning of the year.
- Participants were under the impression that the recreation center and library have limited hours of operation during the weekends.

Mitigating Resources:

College students identified the following existing resources in their communities that they felt could improve the access to recreational activities in their communities:

- Bus stop flyers work to disseminate information about activities to students.
- There are on-campus activities and a student-run board that organizes them.
- Student activities funds are built into tuition

Group Suggestions/Recommendations:

College students offered the following as a possible solution to help improve the infrastructure in their communities:

- *Increase the dissemination of information on campus:* Participants believed that they could increase participation in on-campus activities if they were able to increase awareness of the student body about when activities take place. Participants believed that sending a weekly

email update out to the entire student body may be an effective method of disseminating information about available activities.

YOUNG SINGLE PARENTS EARNING A LOW INCOME FOCUS GROUP INPUT

The purpose of this discussion group was to identify community health needs and concerns affecting young single parents earning a low income and their children in the Bloomsburg Hospital service area, as well as ways to address those concerns for both populations.

GROUP RECOMMENDATIONS:

The group provided many recommendations to address community health needs and concerns for young single parents earning a low income and their children in the Bloomsburg Hospital service area. Below is a brief summary of the recommendations:

- *Provide basic consumer information to patients:* Participants believed that insurance companies could offer resources that would help residents navigate the healthcare industry, including benefits explanations.

- *Increase access to healthcare insurance:* Participants believed that the access residents have to healthcare is linked to the affordability of under/uninsured healthcare and/or access to affordable health insurance. Participants believed that all residents that are employed should have access to affordable health insurance. Additionally, participants felt that insurance companies could offer insurance options ala cart so that certain services were covered and the plan would be priced out by the options chosen.

- *Increase the number of local healthcare providers:* Participants believed that the there is a shortage of primary care physicians that accept medical assistance. Participants felt that incentives could be offered to attract physicians including lower cost malpractice insurance. Increasing the number of local primary care physicians could increase the access residents have to healthcare services.

- *Ensure understanding of diagnosis and treatment options:* Participants felt that physicians could spend time ensuring patients fully understand their individual health status. Also, participants believed that physicians could employ staff that would ensure understanding by explaining the results of the visit.

- *Increase awareness about healthy behavior:* Participants felt that local towns could come together and have community health fairs that are dedicated to healthy eating choices with preventive screen and healthy activities. Participants believed health fairs would bring the community together and promote healthy behaviors. Participants believed that the event could be sponsored by Geisinger Medical Center, insurance companies, etc.

- ***Increase awareness about drugs and drug dealers:*** Participants believed that a zero tolerance for drugs and prevention education being offer to young children would help decrease the level of drug activity in the community.

PROBLEM IDENTIFICATION:

During the discussion group process, young single parents earning a low income discussed three community health needs and concerns affecting young single parents earning a low income and their children in their community. These were:

1. **Access to primary and preventive healthcare**
2. **Healthy behaviors**
3. **Resident involvement**

ACCESS TO PRIMARY AND PREVENTIVE HEALTHCARE:

Young single parents earning a low income perceived that access to primary and preventive healthcare in their community can be limited in the areas of availability providers that accept Access medical insurance, physician workforce, same-day healthcare services, affordability of healthcare insurance and under/uninsured healthcare, patient navigation and patient/doctor communication.

Perceived Contributing Factors:

- Participants were under the impression that medical assistance can be difficult to qualify for, hard to navigate and is not always accepted by local healthcare or dental providers. In fact, participants believed that there are no primary care physicians in the area that are currently accepting new patients with Medical Access health insurance, which may restrict residents access to healthcare and increase the use of emergency medical care for non-emergent issues.
- Participants believed that some residents may find it difficult to locate a good pediatrician that accepts Medical Access insurance and participant perceive to be attentive, effective and take time to ensure residents understand their child(ren)'s medical diagnosis and treatment options.
- Participants were under the impression that same day medical appointments are difficult to secure and may often require residents to wait several hours at the local clinic.
- Participants believed that healthcare providers and insurance providers do not communicate effectively with residents.
- Participants were under the impression that if residents qualify for medical assistance they are then disqualified for services at the community clinic for under/uninsured healthcare.
- Participants believed that emergency room staff often may be resistant to providing medical treatment for non-emergent issues to under/uninsured residents.
- Participants were under the impression that under/uninsured healthcare may be unaffordable for some residents (e.g., emergency medical transportation), which can limit

access to healthcare and/or negatively impact the credit score of residents who receive uninsured health care services and cannot pay the bill.

- Participants believed that affordable health insurance is limited for residents that do not qualify for health insurance through the public assistance office, while at the same time do not make enough money to afford private health insurance; particularly for married couples and residents with pre existing conditions. Participants believed that the limited access residents have to health insurance also limits their access to healthcare.
- Participants were under the impression that it does not pay to work due to the concentration of benefits being offered to residents that are unemployed and a significant amount of benefits being lost when that resident's income reaches a level that will disqualify them for public assistance, which often is not enough to attain self-sufficiency.
- Participants believed that local employers do not offer health insurance benefits any more or they get around it by only hiring part-time employees because it is not affordable to provide healthcare insurance to their employees.
- Participants believed that physicians are leaving the area due to the risk of lawsuits, causing a shortage of providers and lengthier wait times.
- Participants were under the impression that physicians do not always communicate with residents in a language they can understand, which can be difficult for senior residents.

Mitigating Resources:

Young single parents earning a low income identified the following existing resources in their community that they felt could improve the access to primary and preventive healthcare:

- Geisinger Medical Center is accepting new pediatric patients with Medical Access insurance.
- Some local non-profit hospitals will help supplement medical bills with charity care.
- Programs are available in the community to help first-time mothers that are uninsured navigate healthcare options (i.e., Nurse-Family Partnership and Healthy Beginnings).
- Medical Access insurance provides a healthcare liaison that offers follow-up calls and is available to answer questions about health concerns.

Group Suggestions/Recommendations:

Young single parents earning a low income offered the following as possible solutions to help improve the access to primary and preventive healthcare in their community:

- *Provide basic consumer information to patients:* Participants believed that insurance companies could offer resources that would help residents navigate the healthcare industry, including benefits explanations.

- *Increase access to healthcare insurance:* Participants believed that the access residents have to healthcare is linked to the affordability of under/uninsured healthcare and/or access

to affordable health insurance. Participants believed that all residents that are employed should have access to affordable health insurance. Additionally, participants felt that insurance companies could offer insurance options ala cart so that certain services were covered and the plan would be priced out by the options chosen.

- *Increase the number of local healthcare providers:* Participants believed that there is a shortage of primary care physicians that accept medical assistance. Participants felt that incentives could be offered to attract physicians including lower cost malpractice insurance. Increasing the number of local primary care physicians could increase the access residents have to healthcare services.

- *Ensure understanding of diagnosis and treatment options:* Participants felt that physicians could spend time ensuring patients fully understand their individual health status. Also, participants believed that physicians could employ staff that would ensure understanding by explaining the results of the visit.

HEALTHY BEHAVIORS:

Young single parents earning a low income perceived that healthy behavior in the community is limited by access to healthy options, resident awareness, motivation and individual choices.

Perceived Contributing Factors:

- Participants were under the impression that physical activities are limited by the areas that have not been cleaned up after the flood and are still unsafe. Participants believed that recreational facilities are not always affordable for some residents.
- Participants believed that affordable healthy food options are not always available in their community.
- Participants believed that residents are not always aware of healthy options or lifestyle choices.

Mitigating Resources:

Young single parents earning a low income identified the following existing resources in their community that they felt could improve the practice of healthy behavior:

- There is a YMCA in the community that offers scholarships for low-income families.

Group Suggestions/Recommendations:

Young single parents earning a low income offered the following as a possible solution to help improve the practice of healthy behavior in their community:

- *Increase awareness about healthy behavior:* Participants felt that local towns could come together and have community health fairs that are dedicated to healthy eating choices with preventive screen and healthy activities. Participants believed health fairs would bring the community together and promote healthy behaviors. Participants believed that the event could be sponsored by Geisinger Medical Center, insurance companies, etc.

RESIDENT INVOLVEMENT:

Young single parents earning a low income perceived that there has been a recent decline in the involvement of residents in the community, which they attributed to drug-related activity, drug dealers, limited parental involvement and limited resident connectedness.

Perceived Contributing Factors:

- Participants were under the impression that there has been a decline in the connectedness of the community and accountability of residents, including parents.
- Participants believed that there is an increase in the amount of drug activity, which causes them to feel unsafe.
- Participants were under the impression that there has been an increase in the number of gangs and drug dealers that have moved to the area due to the ability to sell to college students.
- Participants believed that there may not be a lot of diversity including the school system, which participants were under the impression is socially unhealthy and due to the rural nature of the community.

Mitigating Resources:

Young single parents earning a low income identified the following existing resources in their community that they felt could improve the involvement of residents.
- Some communities are tight-knit and watch out for residents.

Group Suggestions/Recommendations:

Young single parents earning a low income offered the following as a possible solution to help improve the involvement of residents in their community:

- *Increase awareness about drugs and drug dealers:* Participants believed that a zero tolerance for drugs and prevention education being offer to young children would help decrease the level of drug activity in the community.