

The Mifflin Juniata Human Services Needs Assessment Health Section



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Health

The healthcare assessment identifies where changes in the healthcare delivery system can improve patient care and preventive services for the community, especially those at risk for health problems. Mifflin and Juniata Counties have several underlying socio-demographic characteristics that impact many of the health indicators in this report. Both counties face a growing elderly population, increased numbers of people living in poverty, and an increased number of people with limited or no health insurance. A significant number of people have limited education and technical qualifications thus limiting their job opportunities.

Several Mifflin and Juniata Counties health behaviors fail to meet the state and national benchmarks and present opportunities for improvement. These behaviors include: obesity, physical inactivity, smoking and the teen birth rate. Mifflin County ranks 35 out of 67 counties in Pennsylvania for positive health behaviors. Juniata County ranks higher at 17.

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Woods Johnson Foundation, 2013 (www.countyhealthrankings.org)

Access to Healthcare

Growing concern over access to healthcare services is evident throughout the research in this assessment. It is also a key issue in the healthcare reform initiative that is now underway in the United States. From the random sample survey and service provider survey responses to the meetings with community leaders and focus groups, there is concern regarding the large percentage of residents without health insurance or who have limited insurance coverage. According to Healthy People 2020, people with no health insurance are more likely to lack a usual source of medical care, such as a primary care physician, and are more likely to skip routine medical care due to costs, thus increasing their risk for serious and disabling health conditions.

Source: Healthy People 2020. <http://www.healthypeople.gov/2020/LHI/accessCare.aspx>

There are eleven distinct areas within Mifflin and Juniata Counties that qualify as medically-underserved area. The index of medical under-service consists of four components:

- The percentage of the population below poverty;
- The percentage of the population that is elderly;
- The infant mortality rate; and
- The availability of primary care physicians.

For Juniata County, (MUA/P: 07696) includes the following townships: Lack and Tuscarora

In Mifflin County, (MUA/P) includes the following townships: Bratton, Brown, Kistler, McVeytown, Menno, Newton Hamilton, Oliver, Union, and Wayne.

Source: <http://muafind.hrsa.gov/index.aspx>

Primary/Specialty Care Access

Access to primary care, in both Juniata and Mifflin Counties, lags behind the national benchmark due in part to the national shortage of primary care physicians and the difficulty in recruiting physicians to rural areas. The primary care office serves as a “medical home” for the patient, ensuring that the patient receives appropriate preventive care and monitoring. Without this

important link to sufficient primary care, many residents in Juniata and Mifflin Counties are missing the necessary guidance needed to successfully and cost-effectively manage their overall healthcare needs.

For acute health services, Lewistown Hospital serves both Mifflin and Juniata Counties. This 123-bed hospital provides inpatient, outpatient, wellness, and community services. Lewistown Hospital’s medical staff consists of 128 physicians and allied health practitioners, who provide most of the basic healthcare services such as, primary care, general surgery, orthopedics, obstetrics/gynecology, cardiology, oncology, pulmonology and urology.

The majority of primary and specialty care physicians in the area are employed by two group practices: Family Health Associates and Geisinger Medical Group. Several specialty care physicians in the areas of OB/GYN, Oncology, Podiatry, Neurology, Pediatrics, and Surgery remain independent practitioners. In addition, University Orthopedics offers a comprehensive range of orthopedic care in Lewistown. Within the past year, Penn State Hershey Medical Group has opened an office in Lewistown for cardiology services.

According to Lewistown Hospital utilization statistics, many residents use the Hospital’s emergency department for health problems that could be addressed in a primary care office. In 2012, there were 33,122 visits to the Lewistown Hospital emergency department. Patient acuity for those visits was:

- <1% critical
- 5% unstable
- 49% urgent
- 45% non-urgent

Since 2009, the Lewistown Hospital emergency department has seen a 20% overall increase in patient visits and a subsequent increase in the number of urgent and non-urgent types of visits. For residents who do not have insurance, the emergency department often becomes their first choice for healthcare. Over the last several years, the percentage of bad debt and charity care provided by the hospital has grown substantially. The increase is directly related to the economic downturn that resulted in residents losing jobs, health insurance, and the resources to pay for healthcare services. In fiscal year 2012, Lewistown Hospital’s bad debt and charity care totaled \$3,758,122.00.

Table 1: Health

Clinical Healthcare Factors	Juniata	Mifflin	PA	National Benchmark
Uninsured	14%	16%	12%	11%
Ratio of primary care physicians to population	3,291:1	1,277:1	1067:1	631:1
Ratio of mental health providers to population	23,095:1	6,568:1	1,779:1	N/A
Ratio of dentists to population	6,060:1	3,325:1	N/A	1976:1

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Woods Johnson Foundation, 2013 (www.countyhealthrankings.org)

Mental Health Access

This assessment shows the lack of adequate mental health services and calls for a need to expand mental health options and services to improve access to care. The number of mental health providers in both counties falls well below the state average (Table 1: Health).

According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year. Locally, Mifflin County is above the state average and national benchmark for suicide rates (Table 2: Health).

Table 2: Health

Suicide Rate (2000-2010)	Juniata	Mifflin	PA	Healthy People 2020 Benchmark
Per 100,000 population	9.4	14.3	11.4	10.2

Source: PA Department of Health, 2012. <http://www.portalstate.pa.us>

Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Dental Care Access

The need for expanding dental care has been discussed throughout the assessment process. A significant shortage of dentists exists in both counties (Table 1: Health). Besides the lack of dental providers, the lack of dental insurance and the cost of dental care were other deterrents for individuals seeking dental care. It was noted during the community focus group meeting, that many of our local dentists are over the age of 50, and as they retire over the next several years this will further increase the shortage of dental providers. According to the Pennsylvania Department of Health, from 1999 to 2001, the number of licensed dentists in the commonwealth has decreased by 700.

Oral disease is more prevalent in low income families. The PA Department of Health research shows that children in households with an annual income of less than \$20,000 are three times more likely to have untreated dental cavities than children in households with an annual income of more than \$100,000. In addition, more than half the population in Pennsylvania does not have fluoridated water, with Juniata County included in that count.

Chronic Disease

The needs assessment, as well as the secondary data, reveals that improving care for chronic disease is a priority. Heart disease, cancer, and stroke are the leading causes of death in both Mifflin and Juniata Counties.

According to the Centers for Disease Control, chronic disease, such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common, costly, and preventable of all health problems in the United States.

- Seven out of ten deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year.
- Obesity is a major health concern. One in every three adults is obese and almost one in five youth between the ages of six and nine is obese.
- About one-fourth of people with chronic conditions have one or more daily activity limitations.
- Arthritis is the most common cause of disability. 32% of adults in Pennsylvania reported being diagnosed with arthritis
(Source: <http://www.cdc.gov/chronicdisease/states/pdf/pennsylvania.pdf>)
- Diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults, aged 20-74.
- Excessive alcohol consumption is the third leading preventable death in the United States behind diet and physical activity and tobacco.
(Source: <http://www.cdc.gov/chronicdisease/overview/index.htm>)

Table 3: Health

*Cause of Death (2008-2010)	Juniata	Mifflin	PA
Heart disease	177.5	206.2	194.0
Cancer	182.5	172.5	183.8
Stroke	36.8	44.5	40.1
Chronic lower respiratory disease	43.1	44.7	39.9

Source: PA Department of Health, County Health Profiles 2012. (*per 100,000 2000 U.S. standard million population)

Life Style and Behavioral Risk Factors

Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease.

Table 4: Health

Health behavior	Juniata	Mifflin	PA	National Benchmark
Adult obesity	31%	31%	29%	25%

Physical inactivity (do not engage in leisure time physical activity)	28%	30%	26%	21%
Limited access to healthy foods	6%	3%	14%	1%
Fast food restaurants	48%	43%	49%	27%

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, Robert Woods Johnson Foundation, 2013. (www.countyhealthrankings.org)

Physical Activity, Nutrition and Overweight/Obesity

According to the US Department of Health and Human Services, regular physical activity can improve the health and quality of life for all ages, regardless of disability. Among adults, physical activity can lower the risk of: coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, improve cardio-respiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression. Mifflin and Juniata Counties fail to meet the national benchmark for obesity and physical inactivity.

Source: US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion, Physical activity guidelines advisory committee report, Washington: HHS, 2008

As of the 2007-2008 school year, Pennsylvania requires school districts to conduct Body Mass Index (BMI) screenings for grades K-12. Table 5: Health, shows the percentage of children considered obese for the school year 2010-11. When you combine the numbers for both overweight and obesity, the percentages are much higher. Obese children are more likely to become obese adults with the potential for other serious health conditions such as heart disease, diabetes, and some cancers.

Table 5: Health

Childhood obesity (>=95 th Percentile)	Juniata	Mifflin	PA
Grades K-6	22.32%	18.32%	16.68%
Grades 7-12	25.05%	24.71%	17.65%

Table 6: Health

Childhood obesity & overweight (>85 th to <95 th Percentile)	Juniata	Mifflin	PA
Grades K-6	39.2%	37.3%	32.6%
Grades 7-12	42.1%	49.5%	34.1%

Source: PA Department of Health, 2012

(<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=556724&mode=2>)

The Nutrition and Weight Status objectives for Healthy People 2020 reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such

as schools, worksites, healthcare organizations, and communities. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Healthy Food Access

Good nutrition is important, and a healthful diet helps reduce risks for many health conditions including: overweight and obesity, malnutrition, heart disease, high blood pressure, Type 2 diabetes, osteoporosis, oral disease, and some cancers.

Source: US Department of Health and Human Services and US Department of Agriculture (USDA), Dietary guidelines for Americans, 2005, 6th ed. Washington: US Government Printing Office, 2005 Jan.

Despite the fact that Mifflin and Juniata counties offer access to and availability of healthier foods, it does not seem to be a strong factor when it comes to local residents' diets. However, the places where people eat do appear to influence diet. For example, foods eaten away from home often have lower nutritional quality than foods prepared at home. The percentage of fast food restaurants in both counties is well above the national benchmark (Table 4: Health). Although fast food restaurants offer some healthy food choices, most of the menu selections are high in calories and fat.

Source: (Guthrie JF, Lin BH, Frazao E. Role of food prepared away from home in the American diet, 1977–78 versus 1994–96: Changes and consequences. *J Nutr Educ Behav.* 2002 May–Jun;34(3):140-50).

A recent grant from Pennsylvania's Women in Agriculture Growth Network (PA-WAGN) has allowed the new Rec Park Farmer's Market to form in the Borough of Lewistown, an area identified as a food desert. The grant also has established the use of Supplemental Nutrition Assistance Program (SNAP) program benefits to increase the sale of fresh local products to low-income families. Additionally, weekly cooking demonstrations and nutritional education workshops are offered to promote the use of fresh local products. In 2012, the Rec Park Farmer's Market served an average of 200 customers weekly.

Serving 27 counties, the Central Pennsylvania Food Bank is the largest non-profit food distribution organization in central PA. The Food Bank solicits inventories and distributes food and other donated products to more than 700 partner agencies (food pantries, soup kitchens, shelters, etc.) that directly serve people struggling with hunger. During the past year, the Food Bank has distributed more than 22 million pounds of food.

For Mifflin and Juniata counties, the Central PA Food Bank works with the following food pantries:

- Calvary Bible Church – Lewistown
- Grace Covenant Church – Lewistown
- Bible Baptist - Burnham
- Salvation Army – Lewistown
- Juniata County Food Pantry – Mifflintown

In addition, many local residents and businesses support the food pantries through food drives and donations.

Community and Worksite Wellness Programs

Efforts by Mifflin County Meltdown to encourage community wide weight loss and healthy behavior have helped promote a healthier lifestyle. Mifflin County Meltdown started in 2010 and succeeded in raising awareness of the need to take responsibility for one's health – to become fit, have fun exercising and as a by-product, lose weight if needed. The 2011 Meltdown helped 522 participants lose more than 3,400 pounds in six weeks.

Businesses and organizations recognize the importance of promoting wellness for employees. Several businesses in the community offer wellness incentive programs to encourage healthy lifestyles. For example, Lewistown Hospital partners with Highmark Blue Shield to offer a wellness program that includes three modules: Wellness Profile & Employee Interest Survey, Biometric Health Screenings, and Wellness Interventions. All activities are tracked on a scorecard and employees can earn a cash bonus for completing all module activities.

Teen Pregnancy

Prevention of teen and unplanned pregnancy is an important part of a healthy community. According to the Centers for Disease Control (CDC), 409,840 infants were born to 15 to 19 year olds in 2009, for a live birth rate of 39.1 births per 1,000 women in this age group. Nearly two-thirds of these births were unintended in girls younger than age 18 and more than half were unintended among 18 to 19 year olds. In Pennsylvania the rate is 27.2. Source:

http://www.americashealthrankings.org/PA/teenbirth/2011#_ftn2

Teen childbearing in Pennsylvania cost taxpayers at least \$463.4 million in 2008, according to an updated analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy. Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mother, during their childhood and young adult years. Annual taxpayer costs associated with children born to teen mothers include public healthcare (Medicaid and CHIP), child welfare, and among those children who have reached adolescence and young adulthood, increased rates of incarceration, and lost tax revenue due to decreased earnings and spending. Pennsylvania has seen a 33% decline in the teen birth rate between 1991 and 2008.

Source: www.TheNationalCampaign.or/costs

However, for Mifflin County in 2010, the teen birth rate for ages 18-19 year olds was above the state average (Table 7: Health).

Table 7: Health

% Teen Births (2010)	Juniata	Mifflin	PA
Under Age 18	.07% (2 live births)	2.3% (12 live births)	2.6% (3,715 live births)
Ages 18-19	3.6% (10 live births)	9.0% (46 live births)	5.8% (8,367 live births)

Source: PA Department of Health, Health Profile 2012

Prenatal Care

In addition, a significant number of women in both counties did not receive any prenatal care in the first trimester. According to the CDC, low birth weight, premature births, neonatal mortality, infant mortality, and maternal mortality are linked to insufficient prenatal care (Table 8: Health).

Table 8: Health

% Women Receiving Prenatal Care in First Trimester (2010)	Juniata	Mifflin	PA	Healthy People 2020 Objective
All ages	60.5%	58.8%	71.3%	77.9%

Source: PA Department of Health, Health Profile 2012

Tobacco/Alcohol/Illegal Drug Use

Tobacco use is the single most preventable cause of death and disease in the United States. According to a report from the Tri-County Drug & Alcohol Commission in 2012, from 2007 to 2009, Mifflin County saw slight increases in alcohol, smokeless tobacco, and marijuana use, and binge drinking. Cigarette use stayed the same and inhalants saw the largest increase of 60%. Juniata County saw overall increases in smokeless tobacco and inhalant use from 2007 to 2009. Compared to the state data, Juniata County youth are almost double the state average for the use of smokeless tobacco. (Source: Prevention/Treatment Needs Assessment, Bureau of Drug & Alcohol Programs, June 31, 2012)

Excessive alcohol consumption contributes to over 54 different diseases and injuries, including cancer of the mouth, throat, esophagus, liver, colon, and breast, liver diseases, and other cardiovascular, neurological, psychiatric, and gastrointestinal health problems.

Domestic Violence

The Abuse Network in Lewistown serves both Mifflin and Juniata Counties and annually serves approximately 600 new victims and significant others experiencing sexual and/or domestic violence. Of the 600 individuals served, approximately 450 receive domestic violence services and 150 receive sexual assault services. In addition, the Abuse Network serves approximately 20 victims of other violent crime. These numbers have remained fairly consistent over the last decade with little fluctuation.

Community members may not realize how often sexual and domestic violence and other violent crimes touch our residents. The Abuse Network can assist victims of these crimes even if the victimization does not result in criminal charges against the perpetrator. In the 2011-12 fiscal year, the agency provided 2,049 days of shelter to residents of Mifflin and Juniata Counties displaced by or fleeing domestic violence. This translates to an average of six people per day every day. Additionally, agency advocates provided 2,245 hours of direct services to clientele. Included in this direct service work are services such as crisis intervention and counseling, supportive counseling, legal and medical advocacy and accompaniment, support groups, and resource management, including referrals to other agencies that may be of assistance. The Abuse Network hotline receives between 600 and 800 calls annually, and staff members are available 24 hours a day to answer calls or to provide an in-person response to victims.

The agency also provides free educational programs about violence and the impact of violence to schools, professionals, and civic groups. In fiscal year 2011-12, training was provided to over 3,560 people in the two counties. Education is one way to inform the public about the frequency of violence, the complex dynamics associated with violence, and ways to reduce risk and to safely intervene in violent situations.

Healthcare Quality

The issue of healthcare quality is another prominent theme throughout this assessment. From a healthcare consumer perspective, quality issues centered on cost, affordability, access to services, wait times to see a healthcare provider, and satisfaction with healthcare providers.

With healthcare reform underway in the U.S., healthcare systems and providers are also focusing on quality issues. Quality, in the form of reduced waste and improved efficiency, drives down costs while also improving patient satisfaction through the avoidance of complications, infections, longer stays in the hospital, longer waiting times, and higher costs. (Source: Futurescan 2012, Healthcare Trends and Implications, SHSMD).

Several challenges exist to reshape the healthcare delivery system to focus on increased quality and reduced cost. Growth in healthcare costs has caused federal and state governments to look at deficit reduction, and this means Medicare beneficiaries could face reductions in healthcare coverage. With continued high levels of uninsured patients and high levels of bad debt for health systems, as individuals need to assume more healthcare costs, relief will be difficult to find for the uninsured challenges.

To address the deficit reduction, health systems are looking at the intersections of all settings of care to provide greater access and improved quality for patients. Better coordination of care can help improve hospital readmission rates, improve clinical outcomes, and help patients navigate more easily through a complex set of healthcare services. (Source: Futurescan 2012, Healthcare Trends and Implications, SHSMD).

To improve quality, healthcare providers are focusing on wellness services, solutions for chronic disease management, and better access to primary care services. Community-based services can also offer support for disease management, food and nutrition, and wellness services. Additionally, providers can work with nontraditional caregivers, such as homeless shelters and federally-qualified and urgent-care clinics to help improve efficiency of care.

In order to effectively assess the current views, perceptions and priorities of a wide range of stakeholders in Mifflin and Juniata Counties, the needs assessment project team employed a multifaceted approach for data collection. The following are the highlights from:

Human Service Providers Survey
Random-Sample Citizen Survey
Community Leaders' Forum
Focus Groups

With the final result being the “Emerging Priorities”

What Service Providers Told Us

Among respondents to our *Human Service Providers Survey*, healthcare considerations were seen as the foundation for addressing many of the other issues identified throughout our needs assessment process. High priorities included:

- Providing low cost alternatives to the uninsured and underinsured
- Increasing access to all healthcare services and expanding number of physicians serving the area
- Expanding dental care and mental healthcare services
- Improving emergency care services
- Increasing health education and improving preventive healthcare opportunities

What the Public Told Us

Respondents to our *Random-Sample Citizens Survey* identified a number of important healthcare concerns. The most frequently cited priorities included:

- Decreasing drug and alcohol use among teens and adults
- Addressing domestic violence and abuse
- Providing low cost alternatives to uninsured and underinsured
- Improving access to cancer care
- Improving chronic illness care, primary care and emergency room services
- Improving healthcare quality

What We Learned from the Community Leaders' Forum

Consistent with the findings from other sources, healthcare was seen as a key component and high strategic priority in our *Community Leaders' Forum*. Of 14 overall goals these groups identified the following three as the most important priorities:

- access to healthcare services
- quality improvement and
- providing affordable care

Other priorities in this category included:

- Improving access to mental health services
- Providing affordable healthcare options and services
- Improving overall healthcare quality
- Expanding specialized medical care services, dental care and wellness programs
- Reducing lifestyle diseases and behavioral risk factors (diabetes, obesity, smoking)

What the Focus Groups Told Us

Our *Focus Group* for healthcare identified three critical priorities. The most consistent aspect of this discussion was that all goals needed to be broad and inclusive. The priorities for this group were:

- Improving overall healthcare quality
 - Emergency, specialized, chronic, mental, dental, health/behavioral health integration
- Improving primary care access and affordability
 - Preventive care, family planning, service information and costs, insurance affordability, urgent care, wait times
- Reducing lifestyle diseases (diabetes, obesity, smoking, drug and alcohol)
 - Effective education and information, recreation and exercise provision, community care clinics

Emerging Priorities for Health

After careful analysis of all the primary and secondary data and subsequent discussions, several important health priorities emerged. Each has consistently been identified as critical areas to address as we move forward. It is our hope that these priorities will form the foundation of a wide range of initiatives to address human service needs, be incorporated in our partners planning and funding considerations, and become areas around which we can begin to assess measurable impact across in the two-county area.

- Access to health care was a key theme and participants throughout the assessment process noted the following issues related to access:
 - Increase the percentage of insured
 - Increase resources to pay for healthcare services
 - Increase the number of healthcare providers to raise the availability of receiving appropriate services (primary care, mental health care, dental care)

- Improving the quality of healthcare was seen as a priority. However, how individuals defined quality varied significantly. For example, healthcare quality was defined in the following ways:
 - Decrease the length of time it takes to see a healthcare provider
 - Increase satisfaction with physician office hours and physician
 - Decrease the length of waiting time in the physician's office or the hospital emergency department
 - Increase the ability to find a physician that accepts all health insurance plans

- Providing additional resources around making healthy lifestyle choices was seen as an important factor in improving overall health of the community.
 - Increase the opportunities to participate in community events that encourage physical activity
 - Change cultural norms around diet and exercise
 - Increase opportunities to provide education about healthy food choices
 - Address specific youth risk behaviors, including teen pregnancy, use of alcohol, tobacco and drugs, and violence prevention

To effectively address the healthcare needs in the community, it will take a multidisciplinary approach that addresses individual behaviors as well as the policies and environments that support these behaviors. This approach should focus on developing partnerships that include schools, worksites, human resource agencies, health care organizations, and governmental agencies.