



2016 Community Health Needs Assessment & Community Service Plan



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Executive Summary

Our Commitment to Community Health

Endless Mountains Health Systems (EMHS) is a not-for-profit corporation, primarily serving the residents of Susquehanna County, Pennsylvania. Endless Mountains Health Systems is committed to the operation and development of a health system which will provide optimum care within the scope of its abilities. The key elements in the EMHS process are quality, service, safety, cost, flexibility, and access.

Endless Mountains Health Systems is a licensed 25 bed acute care hospital, offering a short procedure unit, emergency services, and various ancillary services typically associated with a medical facility. We maintain physician offices, including various specialties on site and have established vast referral sources for additional off-site specialties. The hospital has an annual average of 1,000 admissions, 42,000 office visits, and 7,500 emergency visits.



The future of EMHS is geared toward prevention, education, and quality with continued development as a health resource.

To continue to guide community benefit resources and health improvement efforts, EMHS conducted a Community Health Needs Assessment (CHNA). We examined a variety of household and health statistics to create a full picture of the health and social determinants across Susquehanna County. The findings help ensure that our initiatives, activities, and partnerships meet the needs of our communities.

The 2016 Community Health Needs Assessment Process

Community Partnership

The 2016 CHNA was led by EMHS leadership with participation of our community partners. The CHNA was conducted within EMHS’s primary service area, Susquehanna County, Pennsylvania. We are thankful to the many health and social service experts who lent expertise and input to the CHNA process and continue to partner with EMHS to address health needs in our community. Participation by our community partners ensures that research and planning efforts and community health improvement initiatives are aligned across the county.

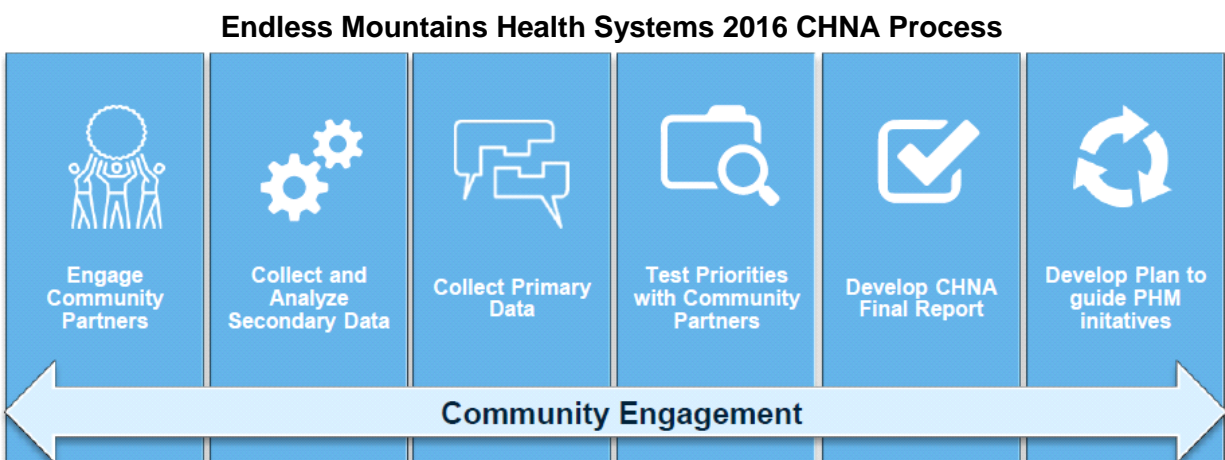
Methodology

The 2016 CHNA used both primary and secondary research to illustrate and compare health trends and disparities across the service area. Primary research was used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to identify demographic and health trends across geographic areas and populations.

The 2016 CHNA builds upon the hospital’s 2013 CHNA and subsequent Community Health Improvement Plan. The CHNAs were conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the system’s commitment to community health improvement and population health management. The findings will guide community benefit initiatives and engage partners to address identified health needs.

Specific research methods included:

- > A compilation and analysis of secondary health and socioeconomic indicators for Susquehanna County
- > Key informant interviews to solicit input on community health needs and priorities



Benchmarking

Secondary data for Susquehanna County were compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. Benchmarks represent comparable year(s) of data to county statistics, unless otherwise noted. Healthy People is a US Department of Health and Human Services health promotion and disease prevention initiative. Healthy People 2020 goals are national goals created through this initiative to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Community Engagement

Community engagement was a key component of the 2016 EMHS CHNA. The CHNA included participation of public health experts and representatives of medically underserved, low-income, and minority populations. Key informant interviews were conducted to collect insights about vulnerable populations and align community health improvement efforts.

The following is a list of organizations that provided valuable insight into the CHNA research:

- Area Agency on Aging
- Blue Ridge School District
- Community Foundation of the Endless Mountains
- Elk Lake School District
- Endless Mountains Business Association
- Montrose Area School District
- Montrose Junior Senior High School
- NEPA Community Health Care
- Scranton Counseling Center
- Susquehanna County
- Susquehanna County Department of Planning
- Susquehanna County Sheriff's Office
- United Way of Susquehanna County

Research Partner

Endless Mountains Health Systems' research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly's expertise ensured the validity of the research and assisted EMHS in developing an Implementation Plan to address health needs across the service area.

Identified Priority Health Needs

Secondary data statistics and input from key informants were considered in determining community health priorities. Consistent with the 2013 CHNA findings, Endless Mountains Health Systems will focus on the following two health priorities over the 2016-19 reporting cycle:

- > Access to Care
- > Chronic Disease Prevention & Management

The rationale and criteria used to select these priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations
- > Alignment with concurrent public and community health improvement initiatives

While EMHS has not adopted Behavioral Health as one of our priority focus areas, we recognize mental health care and substance abuse as growing issues within our community. As a Critical Access Hospital, we will continue to focus our community health priorities on ensuring access to timely, high quality care and reducing the burden of chronic disease within our community. In respect to Behavioral Health needs, we will continue our engagement and partnership with the Suicide Awareness Initiative and the NEPA Community Health Care and Scranton Counseling Center to collaboratively address behavioral health needs.

Community Health Implementation Plan

Endless Mountains Health Systems developed a Community Health Implementation Plan to guide community benefit and community health improvement activities across its Susquehanna County service area. The plan outlines goals, objectives, and specific strategies that EMHS will undertake to meet the county's most pressing community health needs. An outline of the planning goals and objectives is below.

Priority Area: Access to Health Care

Goal: Improve access to comprehensive, quality health care services.

Objectives:

- > Increase access to primary and specialty care providers.
- > Increase the proportion of residents receiving preventive health care services.
- > Increase the proportion of residents with health insurance.

Priority Area: Chronic Disease Prevention & Management

Goal: Improve chronic disease outcomes through prevention and disease management services.

Objectives:

- > Increase community education and outreach that promotes chronic disease prevention.
- > Increase disease self-management opportunities for individuals currently diagnosed with a chronic condition.
- > Increase the number of persons whose chronic condition has been diagnosed.

Board Approval and Dissemination

The 2016 CHNA Final Report and Implementation Plan were reviewed and adopted by the EMHS Board of Directors on December 22, 2016 and made widely available to the public through the hospital's website (www.endlesscare.org). For more information about the CHNA please contact: Loren Stone, Chief Executive Officer, 570-278-3801, lstone@endlesscare.org.

A Deeper Look: The Health of the Community

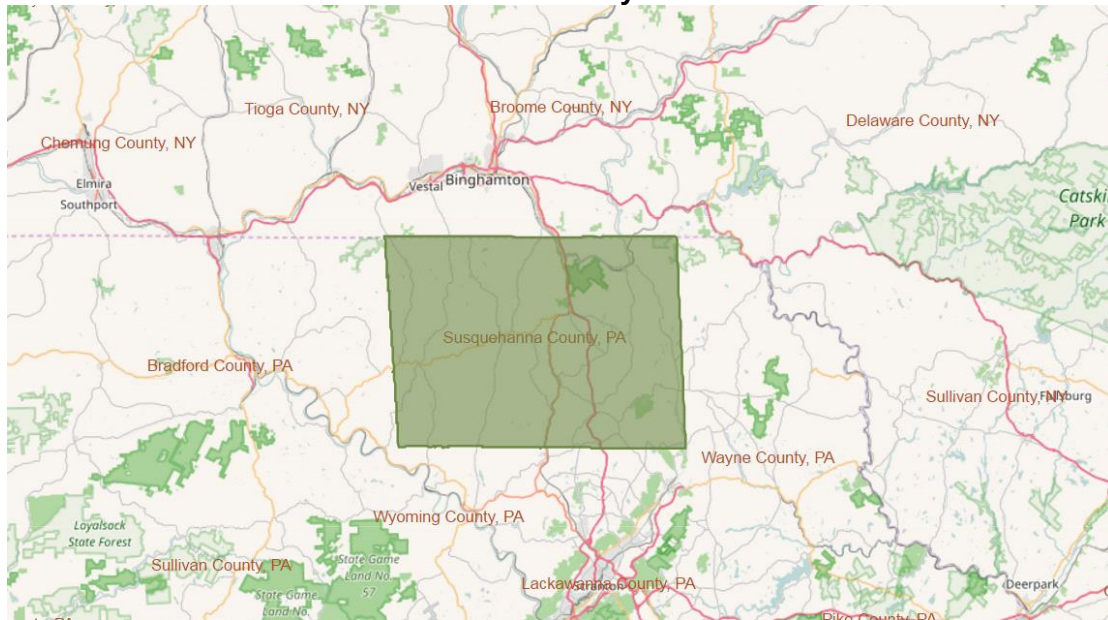
Social Determinants of Health

The following section outlines key demographic indicators related to the social determinants of health. All reported demographic data are provided by ESRI Business Analyst. Data include both 2016 population estimates and 2010-2014 American Community Survey findings published by the United States Census. Specific data years are referenced throughout the report.

Population Overview

The Susquehanna County population of 43,930 is expected to remain stable, decreasing 0.2% by 2021. The population is primarily White with less than 3% of residents identifying as another race and less than 2% of residents identifying as Hispanic or Latino. Susquehanna County has a higher median age and residents are more likely to speak English as their primary language when compared to state and national benchmarks.

Endless Mountains Health Systems Service Area



2016 Population Overview

	Susquehanna County	Pennsylvania	United States
White	97.3%	80.0%	70.5%
Black or African American	0.5%	11.2%	12.8%
Asian	0.4%	3.4%	5.5%
Hispanic or Latino (of any race)	1.9%	7.1%	17.9%
Median age	46.7	41.0	38.0
Speak English only*	97.5%	89.5%	79.1%

*Data based on the 2010-2014 American Community Survey

Economic Indicators

Susquehanna County has a similar median household income to the state and the nation; households are just as likely to live in poverty and/or receive Food Stamps/SNAP benefits.

2010-2014 Population by Income and Poverty Status

	Susquehanna County	Pennsylvania	United States
Median household income	\$50,054	\$53,805	\$54,149
Households in poverty	12.1%	12.9%	14.4%
Households receiving Food Stamps/SNAP benefits	9.0%	12.5%	13.0%

The Susquehanna County workforce is evenly split between white collar and blue collar workers. More residents hold blue collar positions compared to the state and the nation. Blue collar positions traditionally include jobs requiring manual labor (e.g. food preparation, building/grounds maintenance, and farming).

Unemployment measures the percentage of the eligible workforce (residents age 16 years or over) who are actively seeking work, but have not obtained employment. Approximately 5% of the workforce in Susquehanna County is unemployed, similar to state and national rates.

2016 Population by Occupation and Unemployment

	Susquehanna County	Pennsylvania	United States
White collar workforce	50.0%	60.0%	60.0%
Blue collar workforce	50.0%	40.0%	40.0%
Unemployment rate	5.1%	5.9%	5.9%

Homeownership is a measure of housing affordability. The Susquehanna County median home value is lower than the state and the nation. Residents are more likely to own their home.

2016 Population by Household Type

	Susquehanna County	Pennsylvania	United States
Renter-occupied	23.4%	32.4%	37.2%
Owner-occupied	76.6%	67.6%	62.8%
Median home value	\$156,534	\$180,249	\$198,891

Education

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Compared to the state and nation, residents in Susquehanna County are more likely to have achieved a high school diploma or equivalent, but less likely to have had college experience or a degree. The education statistics are consistent with the older population and more prominent blue collar workforce.

2016 Population (25 Years or Over) by Educational Attainment

	Susquehanna County	Pennsylvania	United States
Less than a high school diploma	10.0%	10.3%	12.8%
High school graduate/GED	47.5%	36.1%	27.6%
Some college or associate's degree	24.8%	24.0%	29.2%
Bachelor's degree or higher	17.8%	29.6%	30.4%

Health Status and Indicators

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across Susquehanna County. The following analysis uses data compiled by secondary sources such as the County Health Rankings program, Pennsylvania Department of Health, and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

Access to Health Services

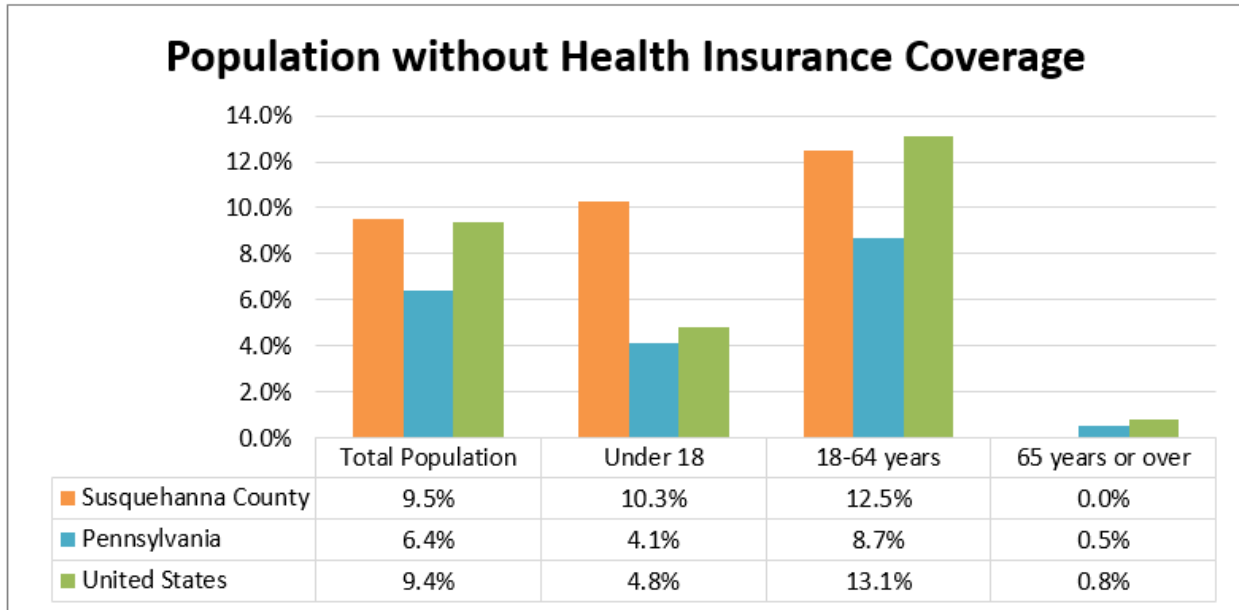
Health Insurance Coverage

According to the 2016 County Health Rankings, Susquehanna County ranks last among the 67 Pennsylvania counties for clinical care access. The ranking is consistent with the 2013 CHNA finding, and is based on a number of indicators, including health insurance coverage and access to providers.

Susquehanna County ranks last among the 67 counties in Pennsylvania for clinical care access

The Healthy People 2020 goal is to have 100% of residents insured. The 2015 percentage of uninsured Susquehanna County residents (9.5%) represents a decrease of 3 points from the 2013 CHNA report (12.5%; data years 2010-2012), but does not yet meet the Healthy People 2020 goal.

From 2014 to 2015, the percentage of uninsured Susquehanna County residents remained stable. However, the percentage of uninsured youth under 18 years doubled from 4.7% to 10.3%, while the percentage of uninsured adults decreased from 14.3% to 12.5%.



Source: American Community Survey, 2015

All but six zip codes within Susquehanna County have an uninsured rate that is more than 2 points higher than the state rate (6.4%):

Uninsured Rates for Zip Codes Exceeding the Nation by at Least 2 Points

Zip Code	Uninsured Rate	Number of Uninsured
18413, Clifford	33.8%	46
18842, South Gibson	30.7%	81
18441, Lenoxville	21.6%	70
18828, Lawton	17.6%	52
18822, Hallstead	16.4%	596
18847, Susquehanna	15.8%	886
18843, South Montrose	13.5%	29
18824, Hop Bottom	13.4%	185
18630, Meshoppen	12.2%	410
18825, Jackson	11.9%	16
18801, Montrose	11.8%	978
18818, Friendsville	11.8%	156
18826, Kingsley	11.0%	173
18830, Little Meadows	10.9%	76
18421, Forest City	10.8%	532
18623, Laceyville	10.8%	273
18470, Union Dale	10.8%	217
18834, New Milford	10.6%	375
18407, Carbondale	10.3%	1,399
18821, Great Bend	9.8%	108
18419, Factoryville	8.9%	417
18446, Nicholson	8.7%	354

Source: American Community Survey, 2010-2014

Provider Access

Provider rates for primary care, dental care, and mental health care increased across Pennsylvania. In Susquehanna County, rates increased for primary care and mental health care, but all provider rates are less than half of state averages. The mental health care provider rate is 129 points lower than the state.

Susquehanna County is a designated Medically Underserved Area

Provider Rate Changes per 100,000

	Primary Care		Dental Care		Mental Health Care	
	2012	2013	2013	2014	2014	2015
Susquehanna County	32.8	35.5	23.6	23.9	37.8	42.9
Pennsylvania	80.0	82.0	62.5	64.4	160.6	171.5

Source: United States Department of Health and Human Services, Health Resources and Services Administration; Centers for Medicare and Medicaid Services

The eastern half of Susquehanna County is a Medically Underserved Area, designated by the Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.

Susquehanna County is also designated as a Health Professional Shortage Area (HPSA) for primary care, mental health care, and dental care. The designation for mental health care and dental care applies to the entire geography of Susquehanna County, as well as low-income residents. The designation for primary care is specific to low-income residents.

Fewer Susquehanna County adults received a routine checkup within the past two years when compared to the state. However, fewer adults are without a personal doctor or health care provider, and they are just as likely to consider cost as a barrier to receiving care.

Provider Access Barriers

	Routine Checkup within Past 2 Years	Without a Personal Doctor	Unable to Receive Care due to Cost
Susquehanna County	80.0%	10.0%	13.0%
Pennsylvania	84.0%	14.0%	12.0%

Source: Pennsylvania Department of Health, 2013-2015

Overall Health Status

Susquehanna County ranks 53 out of 67 Pennsylvania counties for health outcomes; up from 52 in 2013. Health outcomes are measured in relation to premature death (years of potential life lost before age 75) and quality of life.

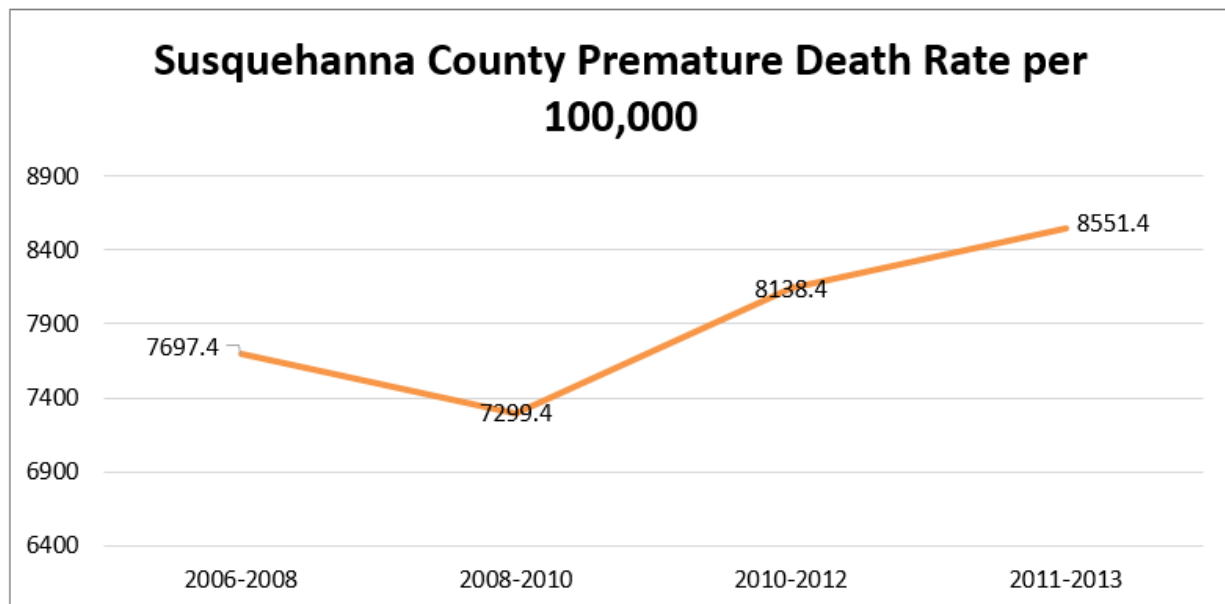
The premature death rate in Susquehanna County is increasing and is higher than the state and the nation. However, county adults are less likely to report “poor” or “fair” health status, and report a lower or equitable 30-day average of poor physical and mental health days.

The Susquehanna County premature death rate is increasing

Overall Health Status Indicators

	Premature Death per 100,000	Adults with “Poor” or “Fair” Health Status	30-Day Poor Physical Health Average	30-Day Poor Mental Health Average
Susquehanna County	8,551.4	14.7%	3.6	3.9
Pennsylvania	6,913.9	16.0%	3.8	4.1
United States	6,600.0	18.0%	3.8	3.7

Source: National Center for Health Statistics, 2011-2013; Centers for Disease Control and Prevention, 2014



Source: National Center for Health Statistics, 2006-2008 – 2011-2013

Health Behaviors

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to Pennsylvania, the nation, and Healthy People 2020 goals, as available.

Risk Behaviors

Adults in Susquehanna County are less likely to smoke when compared to the state, but the percent of those that use tobacco still exceeds the Healthy People 2020 goal.

Susquehanna County adults exceed HP 2020 goals for smoking and chewing tobacco use

Adults in Susquehanna County are just as likely to drink excessively when compared to the state and the nation. Excessive drinking includes heavy drinking (2 or more drinks per day for men and 1 or more drinks per day for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women).

Risk Behaviors among Adults

	Smoking	Chewing Tobacco Use	Excessive Drinking
Susquehanna County	18.3%	5.0%	17.0%
Pennsylvania	19.9%	4.0%	17.7%
United States	17.0%	NA	17.0%
HP 2020	12.0%	0.3%	25.4%

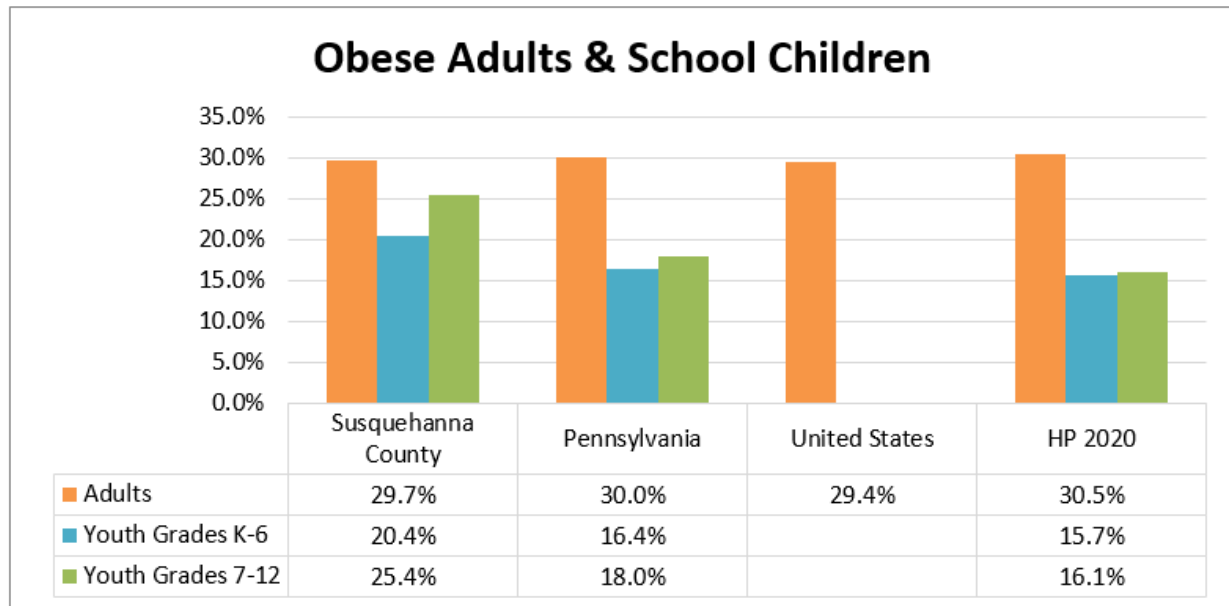
Source: Centers for Disease Control and Prevention, 2014; Pennsylvania Department of Health, 2013-2015; Healthy People 2020

Obesity

Adult obesity in Susquehanna County decreased between 2011 and 2013 and is slightly lower or in line with the state, nation, and Healthy People 2020 goal at approximately 30%.

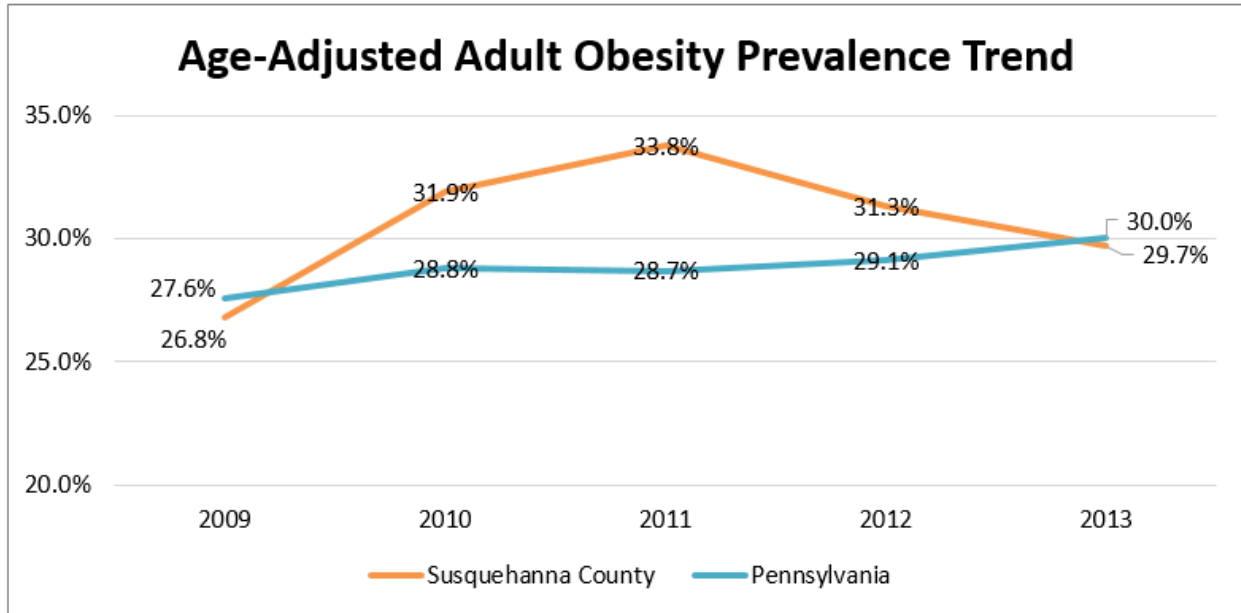
Approximately one-quarter of Susquehanna County adults and youth are obese

Obesity is measured among youth as part of school health assessments. More youth in Susquehanna County are obese when compared to the state and Healthy People 2020 goals. The percentage of obese youth in grades 7 thru 12 increased from past years. Healthy People 2020 goals are based on age groups 6 to 11 years and 12 to 19 years.



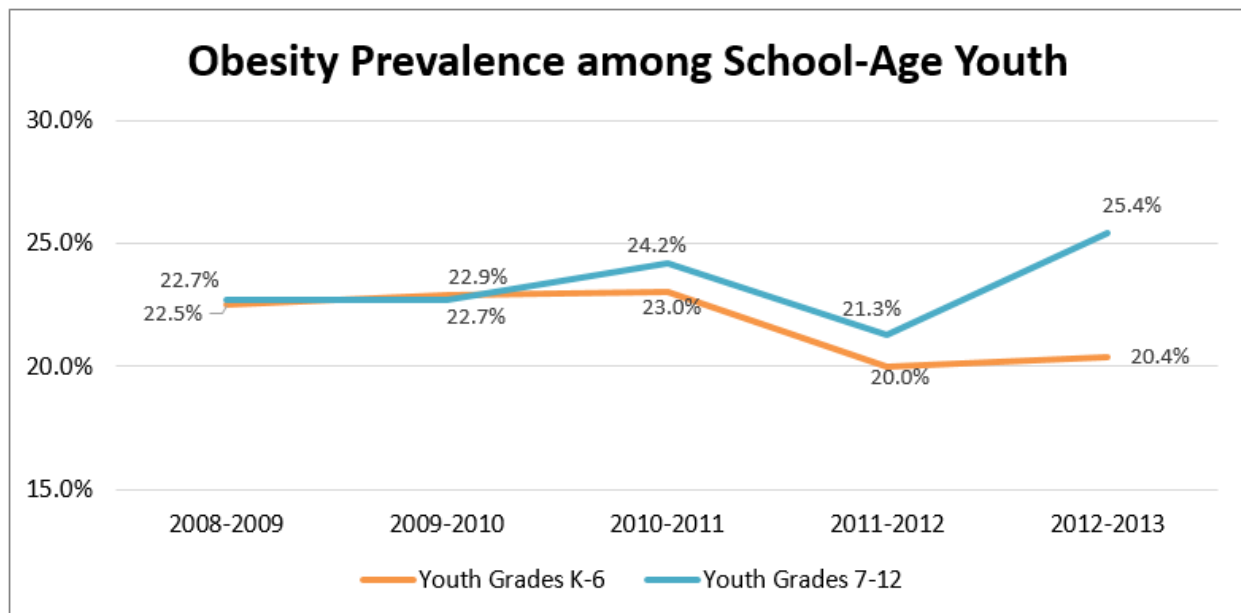
Source: Centers for Disease Control and Prevention, 2013; Pennsylvania Department of Health, 2012-2013; Healthy People 2020

*Adult obesity data for Pennsylvania and Susquehanna County are age-adjusted



Source: Centers for Disease Control and Prevention, 2009-2013

* A change in methods occurred in 2011 that may affect the validity of comparisons to past years



Source: Pennsylvania Department of Health, 2008-2009 – 2012-2013

Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, contributes to obesity rates. Fewer residents in Susquehanna County are food insecure compared to state and national rates. However, children are more impacted by food insecurity. Nearly 20% of children are food insecure, on par with the state and the nation.

Susquehanna County residents are less likely to be food insecure

Percentage of Food Insecure Residents

	All Residents	Children
Susquehanna County	11.6%	20.3%
Pennsylvania	13.8%	19.3%
United States	15.4%	20.9%

Source: Feeding America, 2014

Another measure of healthy food access is the number of fast food restaurants versus grocery stores. Susquehanna County has fewer fast food restaurants and a similar number of grocery stores compared to state and national rates.

Healthy Food Access Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Susquehanna County	39.2	18.5
Pennsylvania	70.1	21.0
United States	73.1	21.1

Source: United States Census County Business Patterns, 2014

Fewer Susquehanna County residents have access to exercise opportunities, such as parks, gyms, community centers, and pools compared to benchmarks. Access is defined as living within a 5-10 minute walk or drive of a park or recreational facility. However, adults are less likely to report being physically inactive.

Physical Activity

	Residents with Access to Exercise Opportunities	Percentage of Physically Inactive Adults
Susquehanna County	39.2%	20.0%
Pennsylvania	85.2%	25.8%
United States	84.0%	25.5%

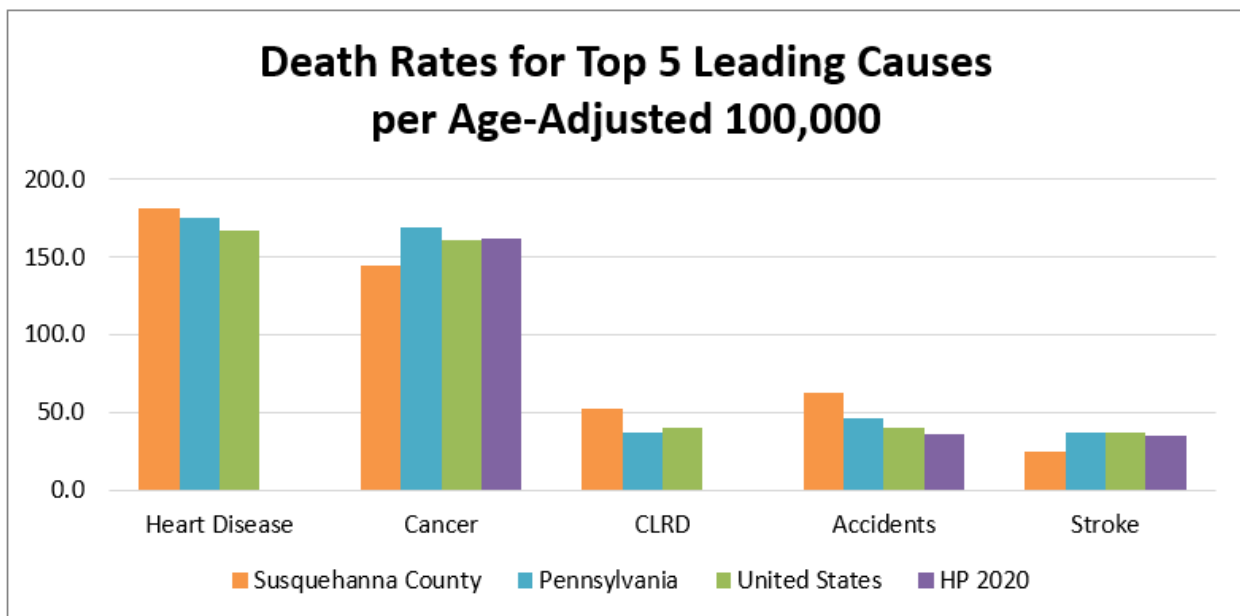
Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2014; Centers for Disease Control and Prevention, 2013

Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The 2014 all cause age-adjusted death rate per 100,000 in Susquehanna County (741.7) is on par with the state (746.2) and the nation (724.6).

The top five leading causes of death across the nation are heart disease, cancer, chronic lower respiratory disease (CLRD), accidents, and stroke. Susquehanna County death rates for heart disease, CLRD, and accidents exceed state and national benchmarks. Most notably, the death rate due to accidents exceeds the state and Healthy People 2020 goal by 17 points and 26 points respectively. Death rates for cancer and stroke are lower than state and national rates and meet Healthy People 2020 goals.

Susquehanna County meets HP 2020 goals for death rates due to cancer and stroke



Source: Centers for Disease Control and Prevention, 2014; Pennsylvania Department of Health, 2014; Healthy People 2020

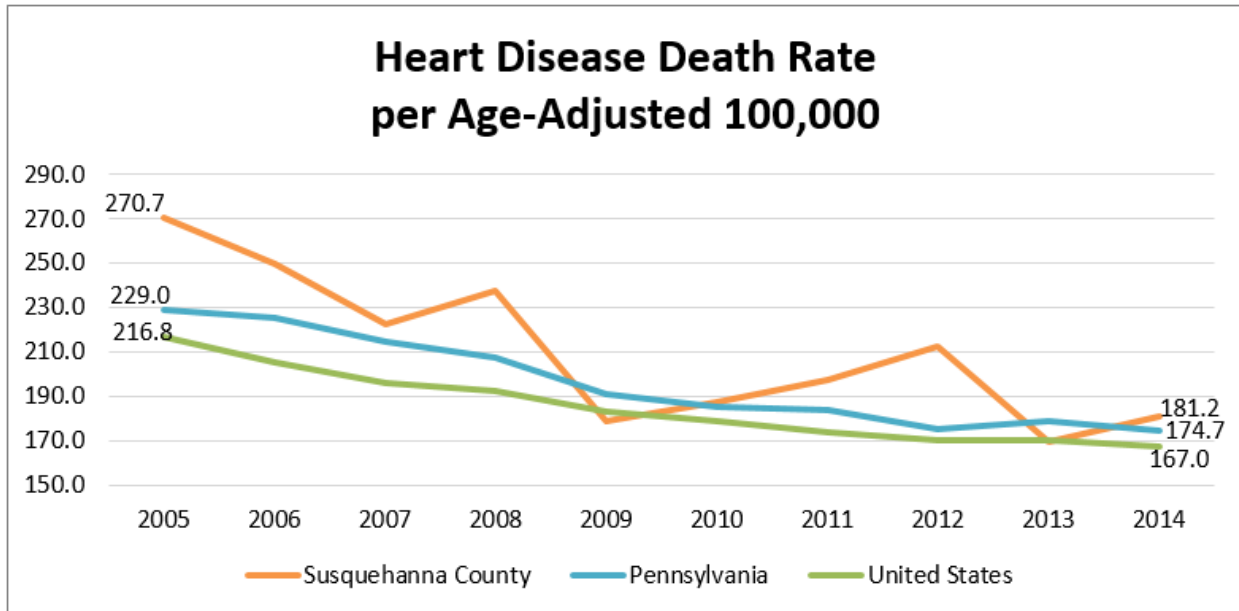
Chronic Diseases

Chronic diseases are the leading causes of death and disability and rates are on the rise across the nation. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and knowledge of risk factors, and early detection of disease.

Heart Disease and Stroke

Heart disease is the leading cause of death in the nation. Susquehanna County's heart disease death rate dropped 90 points since 2005, but is generally higher than the state and nation.

The heart disease death rate exceeds the state and the nation, but declined 90 points



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014

Coronary heart disease is characterized by the buildup of plaque inside the coronary arteries. Susquehanna County has a similar prevalence of coronary heart disease compared to the state, but the death rate exceeds the state, the nation, and the Healthy People 2020 goal.

Several types of heart disease, including coronary heart disease, are risk factors for stroke. Approximately 5% of adults in Susquehanna County have had a stroke, slightly higher than the state. The Susquehanna County stroke death rate meets the Healthy People 2020 goal.

Coronary Heart Disease and Stroke Prevalence and Death Rates

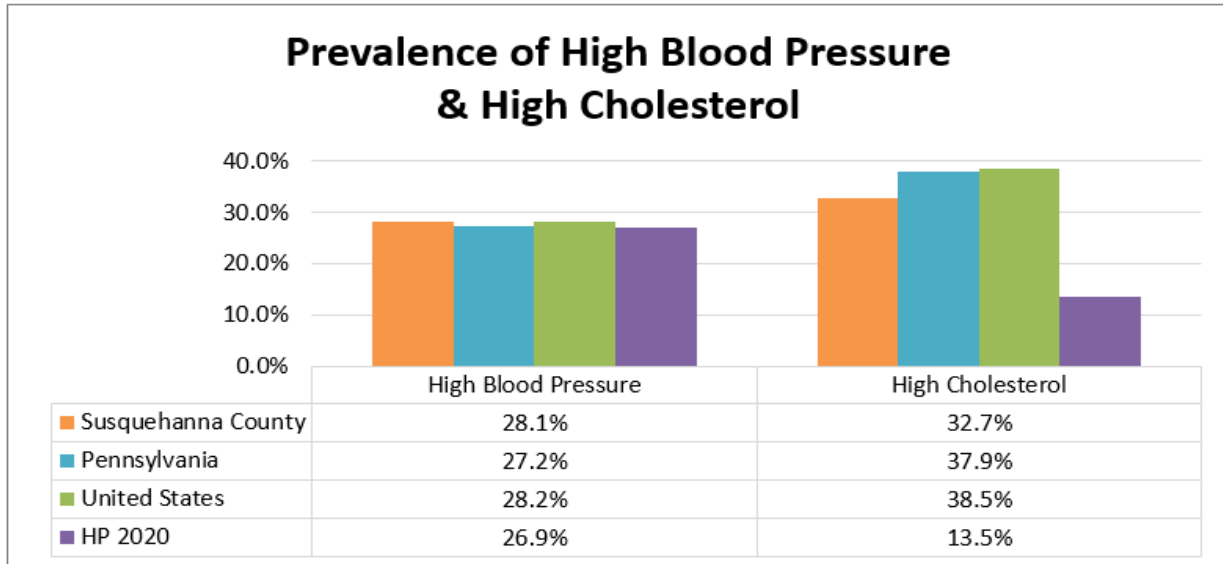
	Coronary Heart Disease*		Stroke	
	Prevalence (Adults)	Death per Age-Adjusted 100,000	Prevalence (Adults)	Death per Age-Adjusted 100,000
Susquehanna County	8.0%	126.6	5.0%	24.2
Pennsylvania	7.0%	110.6	4.0%	36.5
United States	NA	98.8	NA	36.5
HP 2020	NA	103.4	NA	34.8

Source: Centers for Disease Control and Prevention, 2014; Pennsylvania Department of Health, 2013-2015 & 2014; Healthy People 2020

*Prevalence includes coronary heart disease and angina

Heart disease is often the result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Susquehanna County adults are just as likely or less likely to have high blood pressure and/or high cholesterol when compared to the state and the nation, but do not meet Healthy People 2020 goals.

One-quarter to one-third of adults have high blood pressure and/or high cholesterol

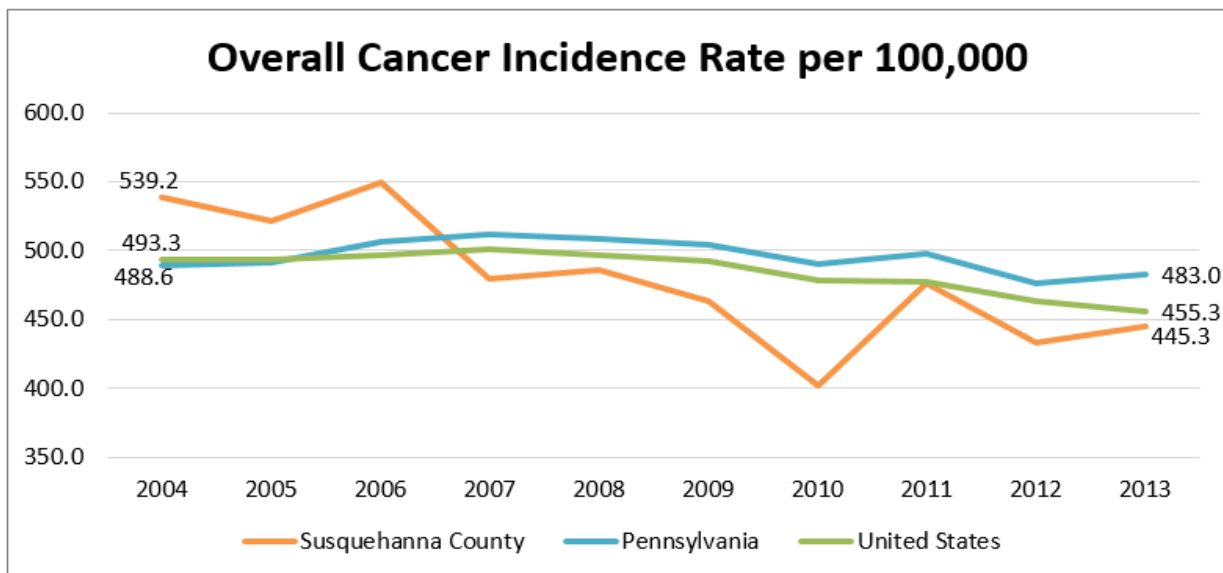


Source: Centers for Disease Control and Prevention, 2006-2012 & 2011-2012; Healthy People 2020

Cancer

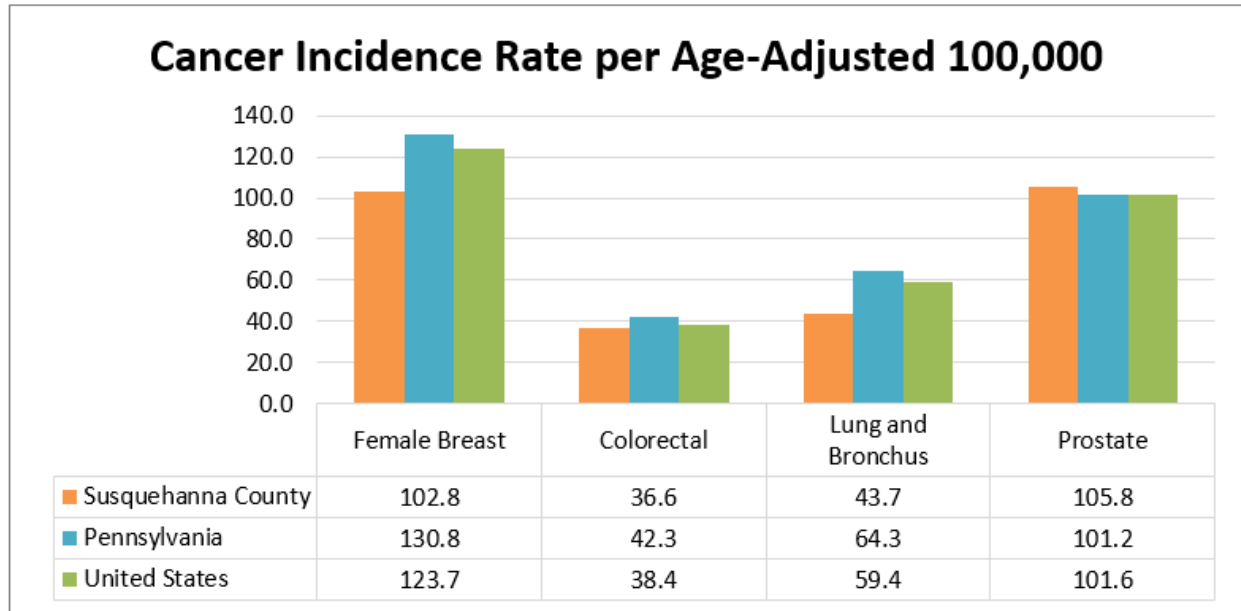
Cancer is the second leading cause of death in the nation behind heart disease. Susquehanna County has a lower overall cancer incidence rate than the state and the nation; the rate declined 94 points between 2004 and 2013.

The Susquehanna County cancer incidence rate is declining and lower than state and national benchmarks



Source: Centers for Disease Control and Prevention, 2004-2013; Pennsylvania Department of Health, 2004-2013

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). Susquehanna County incidence rates are lower than the state and the nation for all cancer types, except prostate. The prostate cancer incidence rate exceeds both the state and the nation by less than 5 points.



Source: Centers for Disease Control and Prevention, 2013; Pennsylvania Department of Health, 2013

Cancer screenings are essential for early diagnosis. Lower cancer incidence rates may result from lack of screenings and detection methods. Adults in Susquehanna County are less likely to receive colorectal cancer screenings and Pap tests when compared to the state and the nation and do not meet Healthy People 2020 goals.

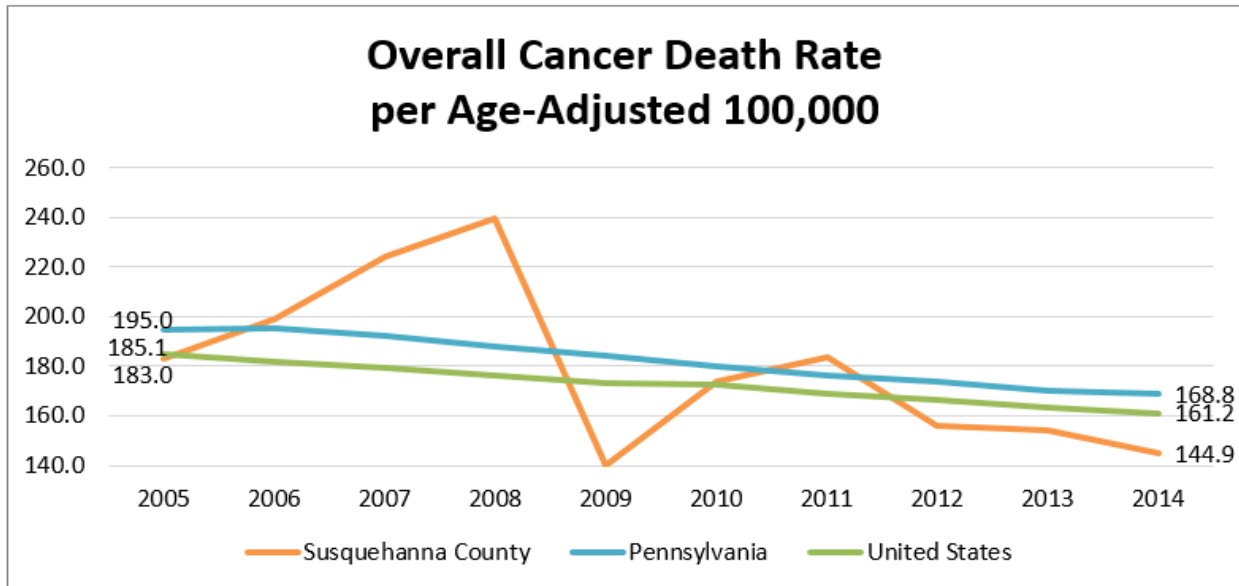
Cancer Screenings

	Ever had a Colorectal Cancer Screening (50 Years or Over)	Pap Test in Past Three Years (18 Years or Over)
Susquehanna County	58.1%	75.8%
Pennsylvania	62.1%	78.8%
United States	61.3%	78.5%
HP 2020	70.5%	93.0%

Source: Centers for Disease Control and Prevention, 2006-2012; Healthy People 2020

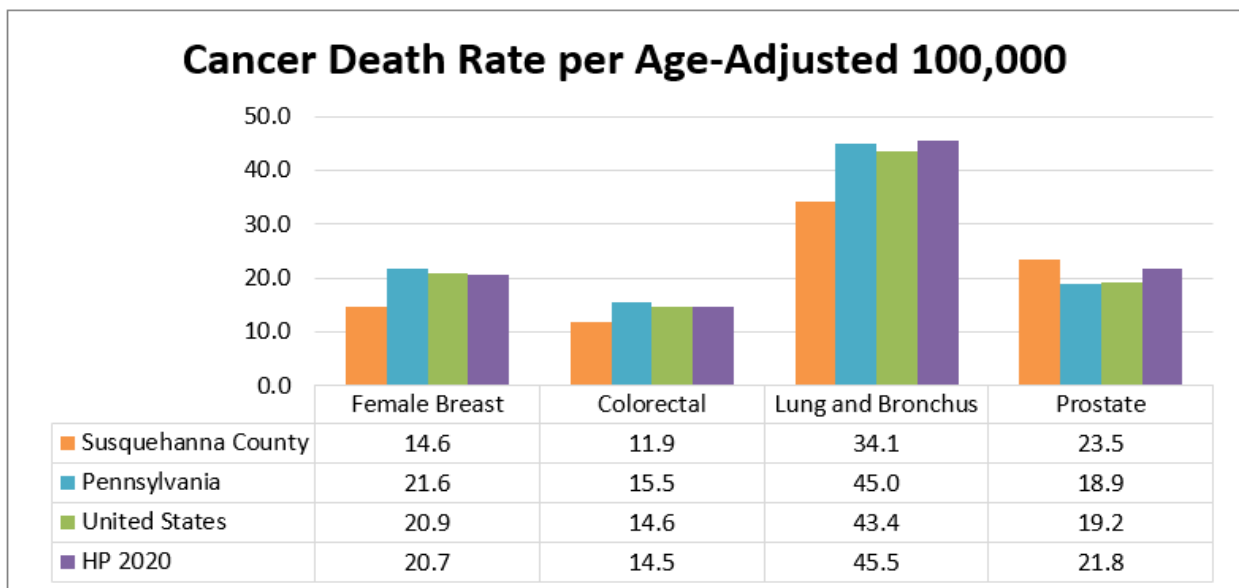
Despite fewer Susquehanna County adults receiving cancer screenings, the cancer death rate is lower than the state and the nation and meets the Healthy People 2020 goal. The rate is declining since 2011.

The Susquehanna County cancer death rate declined 38 points and meets the HP 2020 goal



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014

Presented below are the death rates for the most commonly diagnosed cancers. Death rates are reported as three-year estimates due to low death counts in Susquehanna County. County death rates are lower than the state and the nation for all cancer types, except for prostate. The prostate cancer death rate exceeds both the state and the nation by approximately 5 points.



Source: Centers for Disease Control and Prevention, 2012-2014; Pennsylvania Department of Health, 2012-2014; Healthy People 2020

Chronic Lower Respiratory Disease

Chronic lower respiratory disease is the third most common cause of death in the nation. It encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma.

The percentage of Susquehanna County adults with a current asthma diagnosis is nearly double the state percentage. The Susquehanna County CLRD death rate exceeds both the state and the nation, and is increasing.

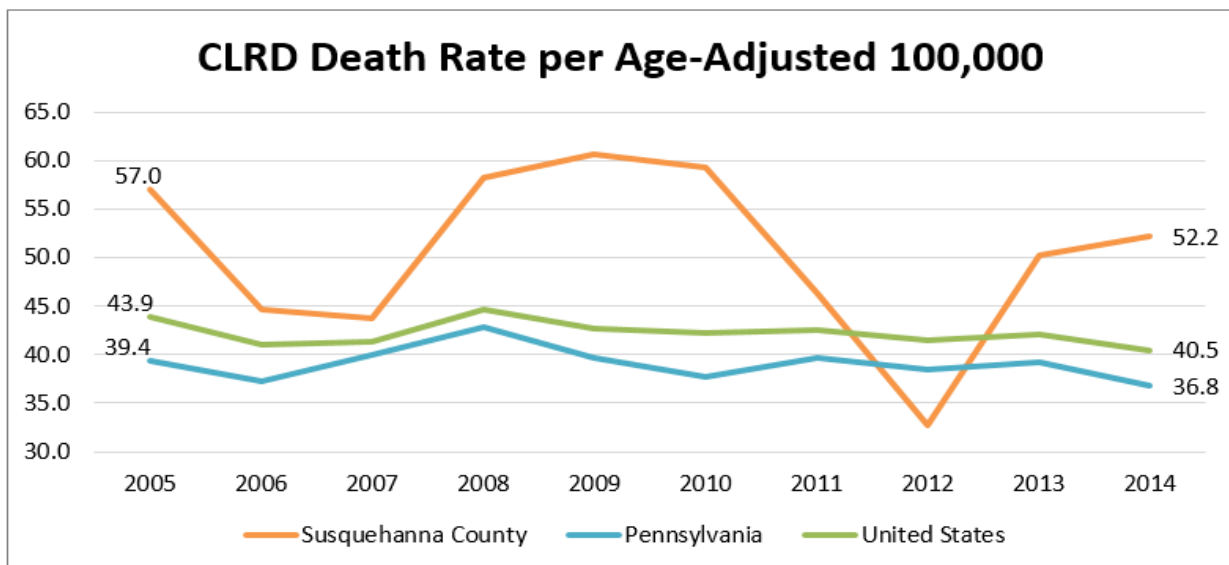
The percentage of Susquehanna County adults with asthma is nearly double the state percentage

Smoking cigarettes and air pollution contribute to the onset of CLRD. The percentage of adult smokers in Susquehanna County is lower than the state, but does not meet the Healthy People 2020 goal. One measure of air pollution is average daily density particulate matter. The Susquehanna County average of 11.8 is similar to the state (12.9) and the nation (11.4).

Chronic Lower Respiratory Disease Prevalence and Death Rates

	Current Asthma Diagnosis (Adult)	Ever had a COPD Diagnosis (Adult)	CLRD Death per Age-Adjusted 100,000
Susquehanna County	18.0%	7.0%	52.2
Pennsylvania	10.0%	7.0%	36.8
United States	NA	NA	40.5

Source: Centers for Disease Control and Prevention, 2014; Pennsylvania Department of Health, 2013-2015 & 2014

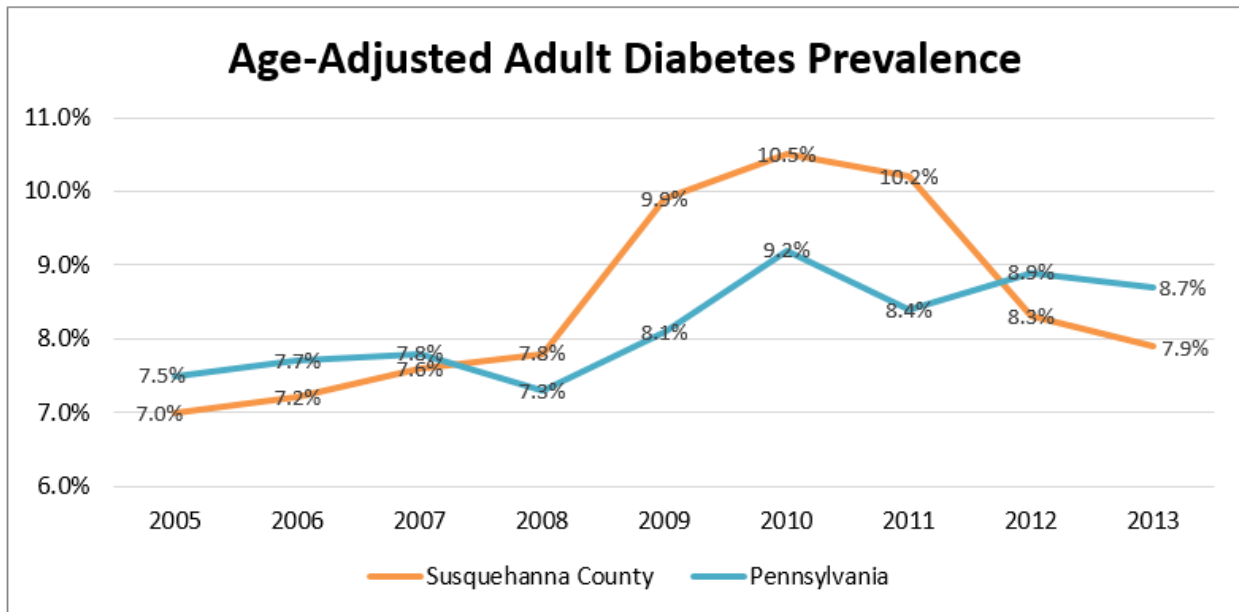


Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014

Diabetes

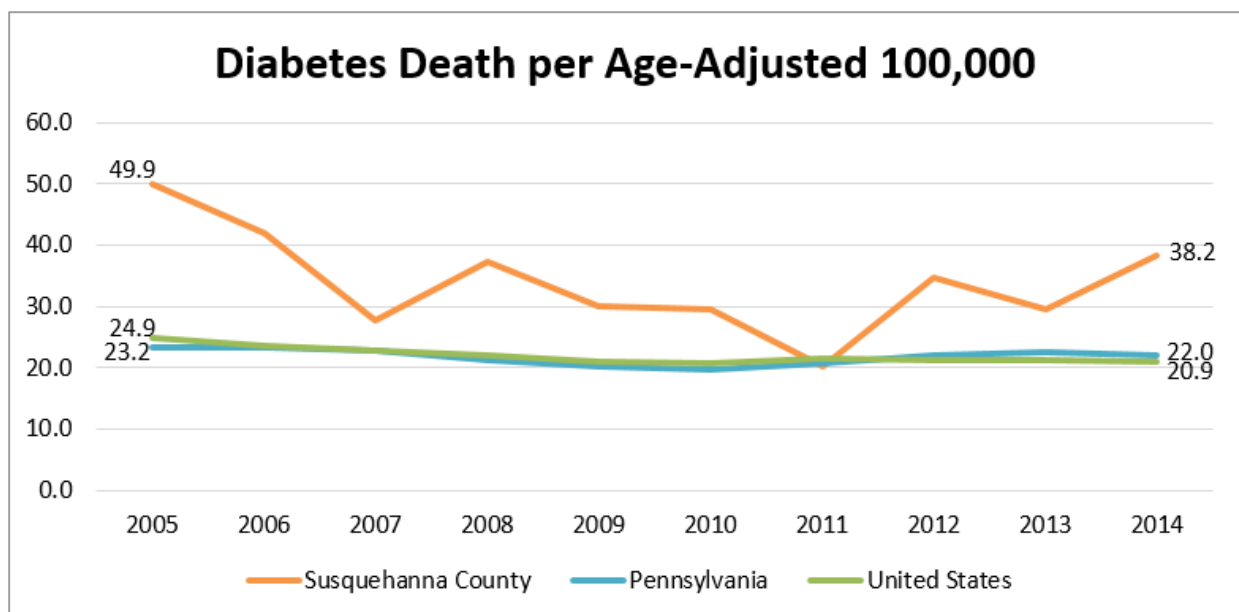
Diabetes is caused either by the body’s inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

The prevalence of adult diabetes in Susquehanna County increased between 2005 and 2010 before decreasing below the state rate. A change in how this data is collected and analyzed occurred in 2011, which may contribute to trending changes from 2011 to 2013.



Source: Centers for Disease Control and Prevention, 2005-2013

While the diabetes death rate in the state and nation has remained relatively stagnant since 2005, the Susquehanna County death rate has been variable. The 2014 rate is 18 points higher than the state.



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014

Senior Health

Chronic Conditions

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have a chronic condition diagnosis.

Across Pennsylvania, Medicare Beneficiaries 65 years or over are just as likely to have a chronic condition when compared to the nation, with the exception of a higher prevalence of arthritis, high cholesterol, and hypertension. In Susquehanna County, Beneficiaries have similar or lower rates the state and/or the nation for all conditions except COPD.

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Susquehanna County	Pennsylvania	United States
Alzheimer's Disease	NA	12.0%	11.5%
Arthritis	31.9%	33.0%	30.7%
Asthma	3.5%	4.5%	4.5%
Cancer	9.0%	9.8%	8.9%
COPD	12.5%	10.9%	11.0%
Depression	9.9%	14.3%	13.6%
Diabetes	27.1%	26.8%	27.1%
Heart Failure	14.0%	15.0%	14.6%
High Cholesterol	50.3%	52.9%	47.9%
Hypertension	57.5%	61.4%	58.4%
Ischemic Heart Disease	27.6%	30.9%	29.3%
Stroke	3.7%	4.7%	4.0%

Source: Centers for Medicare & Medicaid Services, 2014

Regular screenings are essential for the early detection and management of chronic conditions. The following table analyzes diabetes and mammogram screenings among Medicare Beneficiaries.

Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. Similarly, females 55 years or over should receive a mammogram at least once every two years. Fewer Medicare Beneficiaries in Susquehanna County receive these screenings when compared to state and national benchmarks.

Chronic Disease Screenings among Medicare Beneficiaries

	Annual hA1c Test from a Provider (65-75 years)	Mammogram in Past Two Years (67-69 Years)
Susquehanna County	83.7%	62.0%
Pennsylvania	86.2%	64.0%
United States	85.0%	63.0%
HP 2020	NA	81.1%

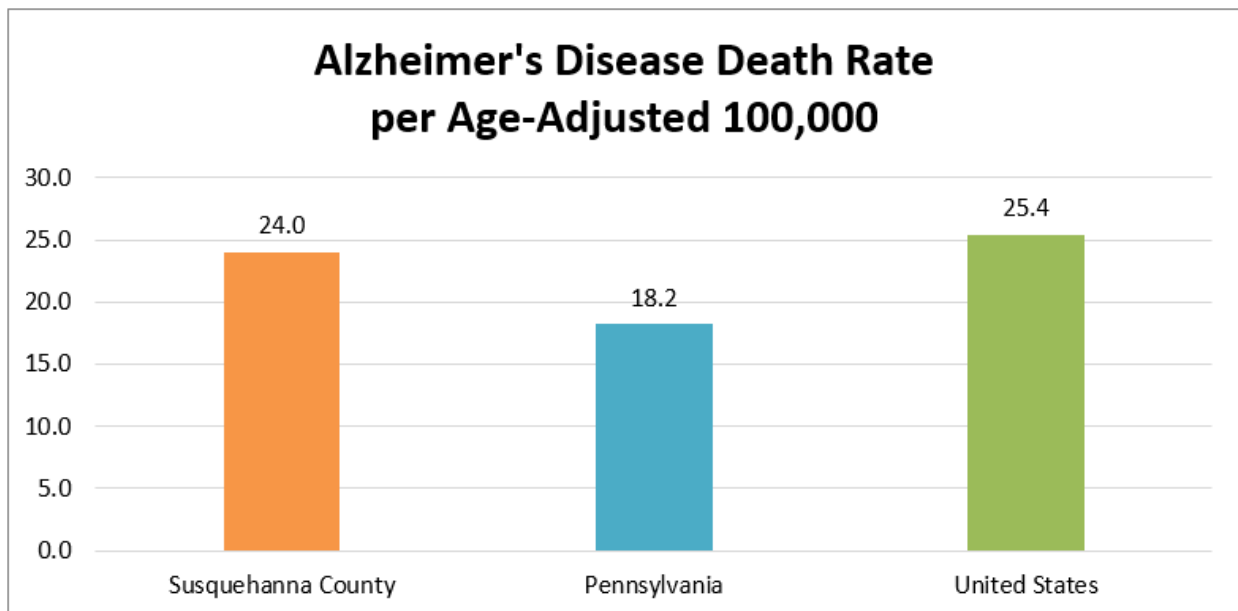
Source: Dartmouth Atlas of Health Care, 2013

Chronic conditions can lead to limitations in activities of daily living (e.g. eating, bathing, dressing, etc.). Among Susquehanna County adults 65 years or over, 22% have a health problem that requires the use of special equipment (e.g. cane, wheelchair), a higher percentage than the state average (19%).

22% of Susquehanna County older adults have a health condition that requires the use of special equipment (e.g. cane)

Alzheimer’s Disease

According to the National Institute of Aging, “Although one does not die of Alzheimer’s disease, during the course of the disease, the body’s defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty.” The Susquehanna County Alzheimer’s disease death rate is on par with the nation



Source: Centers for Disease Control and Prevention, 2014; Pennsylvania Department of Health, 2014

Immunizations

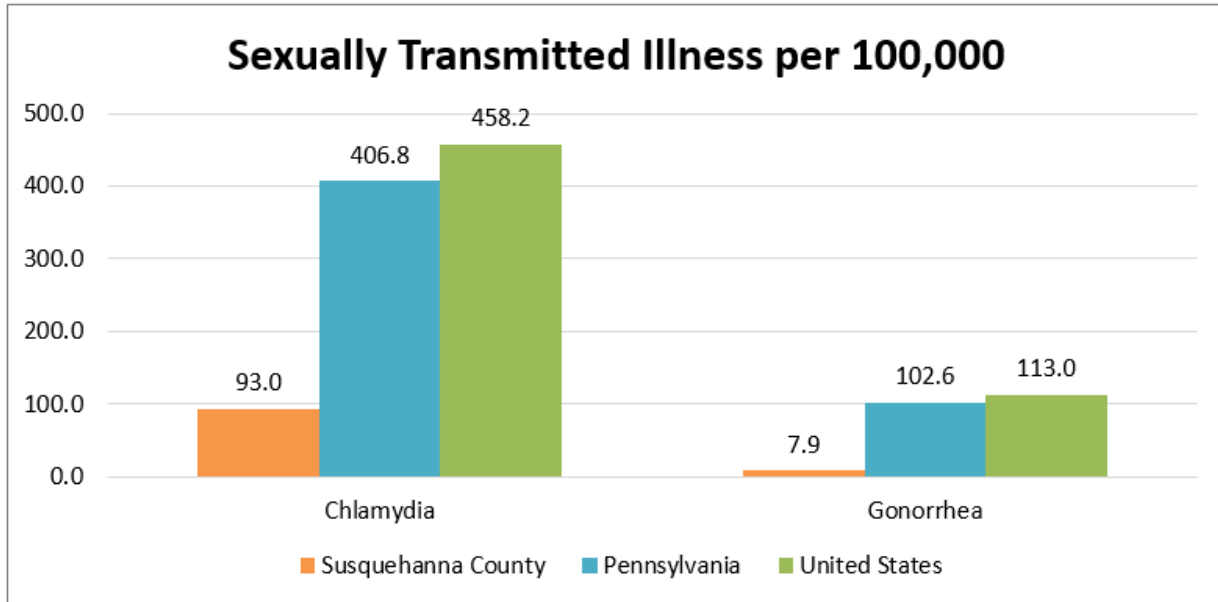
The pneumococcal vaccine is recommended for all older adults age 65 or older. Susquehanna County older adults are less likely to receive the vaccine (63%) compared to the state (71%) (Source: Pennsylvania Department of Health, 2011-2015).

Sexually Transmitted and Communicable Diseases

The incidence of chlamydia and gonorrhea in Susquehanna County is significantly lower than the state and lower than the nation. Three year estimates are reported due to low counts within the county.

Susquehanna County chlamydia and gonorrhea incidence rates are significantly lower than state rates

Between 1980 and 2015, Susquehanna County had 36 cases of HIV disease; 16 cases are reported dead. The total case count represents 3% of all cases recorded within the Northeast Wyoming Valley (Lackawanna, Luzerne, Pike Susquehanna, Wayne, and Wyoming Counties).



Source: Centers for Disease Control and Prevention, 2013-2015; Pennsylvania Department of Health, 2013-2015

The 2013 EMHS CHNA found that Susquehanna County had a higher rate of Lyme’s disease than the state and the nation. The county’s Lyme’s disease rate continued to increase in 2013 and 2014 and is significantly higher than the state.

Lyme’s Disease Cases per 100,000

	2013		2014	
	Count	Rate	Count	Rate
Susquehanna County	41	97.0	73	174.1
Pennsylvania	5,904	46.2	7,487	58.6

Source: Pennsylvania Department of Health, 2013 - 2014

Behavioral Health

Mental Health

The Susquehanna County suicide death rate increased sharply between reporting years 2010 to 2012 and 2011 to 2013, and has remained high. The current suicide rate is significantly higher than the state and more than double the Healthy People 2020 goal. The rate increase is primarily a result of higher suicide deaths in 2011 (n=10) and 2013 (n=14).

The Susquehanna County suicide rate is significantly higher than the state rate and more than double the HP 2020 goal

Four of the 29 suicides occurring in Susquehanna County between 2012 and 2014 were among youth ages 15 to 19.

A study by the Susquehanna County Suicide Awareness Initiative found that “Rural isolation heightens the risk of suicide among young people.” Firearms are also more accessible and there are higher rates of substance abuse, sexual abuse, poverty, and single-parent households. Fewer mental health services exist to serve individuals in need.

The mental and behavioral disorders death rate has been increasing across Pennsylvania and in Susquehanna County. However, the current Susquehanna County rate is significantly lower than the state and lower than the nation.

Mental Health Measures

	Poor Mental Health Days (Adults)	Depression Diagnosis (Adults)	Suicide per Age-Adjusted 100,000	Mental & Behavioral Disorders Death per Age-Adjusted 100,000
Susquehanna County	3.9	9.0%	23.4	35.7
Pennsylvania	4.1	19.0%	12.9	43.8
United States	3.7	NA	12.7	42.0
HP 2020	NA	NA	10.2	Na

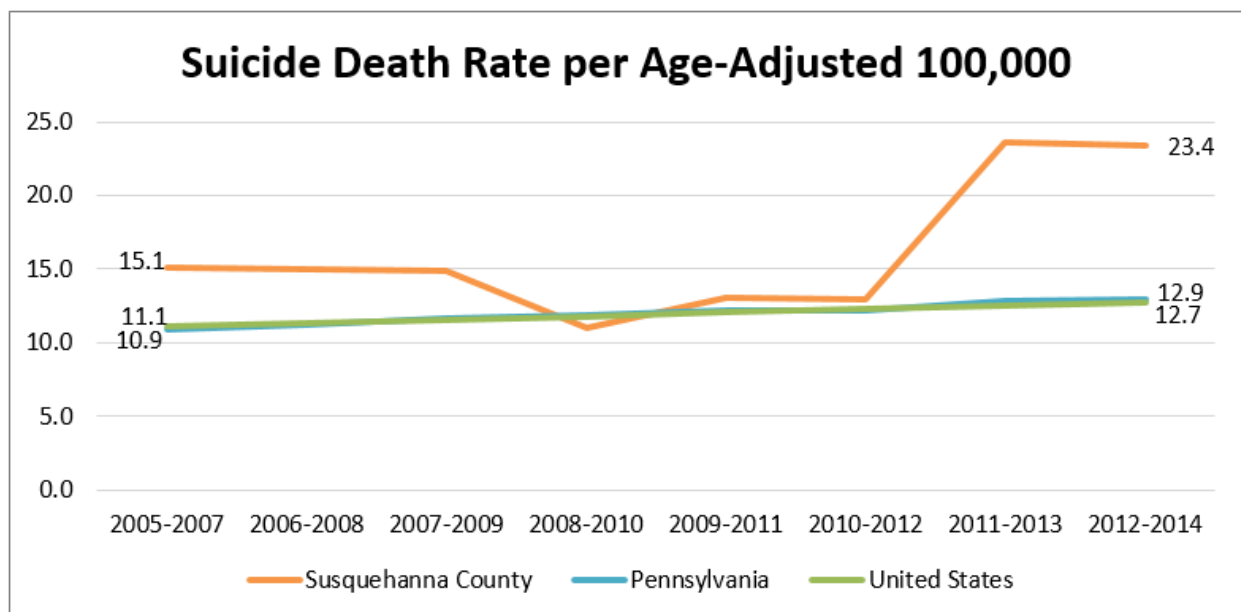
Source: Centers for Disease Control and Prevention, 2014 & 2012-2014; Pennsylvania Department of Health, 2012-2014; Healthy People 2020

*Death rates are calculated on a three-year basis due to low annual death counts

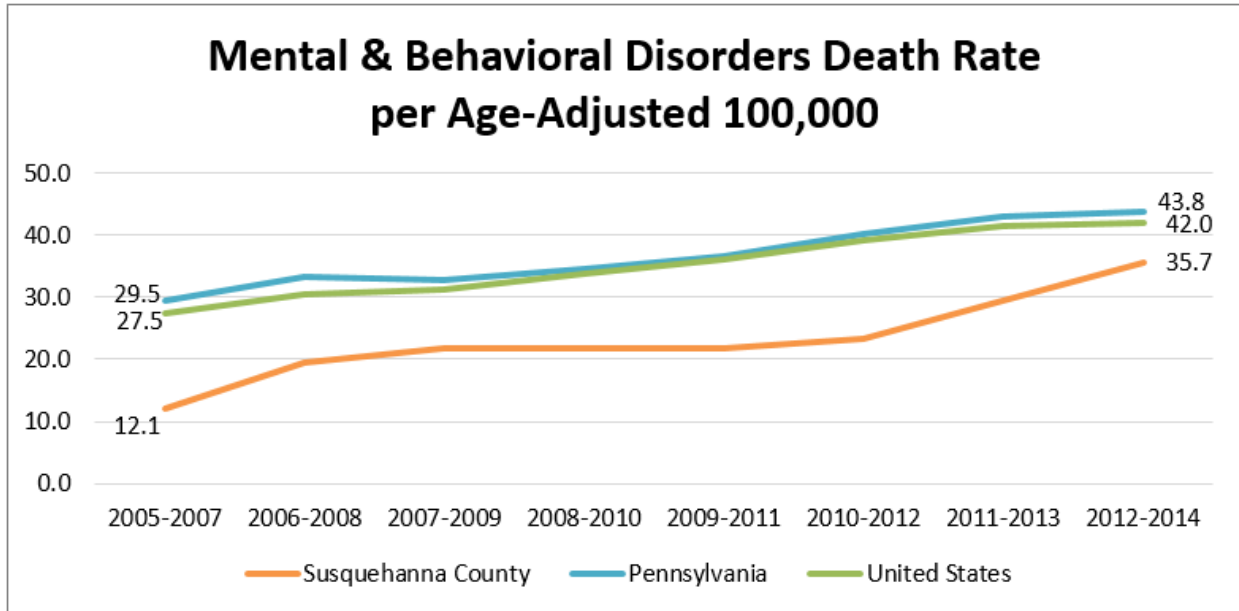
Susquehanna County Suicide Deaths by Age

	Death Count
0 – 14 years	0
15 – 19 years	4
20 – 29 years	6
30 – 49 years	7
50 – 59 years	6
60 years or over	6

Source: Pennsylvania Department of Health, 2012-2014



Source: Centers for Disease Control and Prevention, 2005-2007 – 2012-2014; Pennsylvania Department of Health, 2005-2007 – 2012-2014



Source: Centers for Disease Control and Prevention, 2005-2007 – 2012-2014; Pennsylvania Department of Health, 2005-2007 – 2012-2014

Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in Susquehanna County meet the Healthy People 2020 goal for excessive drinking. However, more than 50% of driving deaths in the county are due to alcohol impairment.

More than 50% of driving-related deaths in Susquehanna County are due to DUI

The Susquehanna County drug-induced death rate exceeds the state, the nation, and the Healthy People 2020 goal. The higher rate is primarily a result of more drug-induced deaths in 2013 (n=13) and 2014 (n=12). The annual death count between 2005 and 2012 was eight or fewer. In 2014, 53% of drug-induced deaths were due to opioid overdose, 22% were due to non-legal substances.

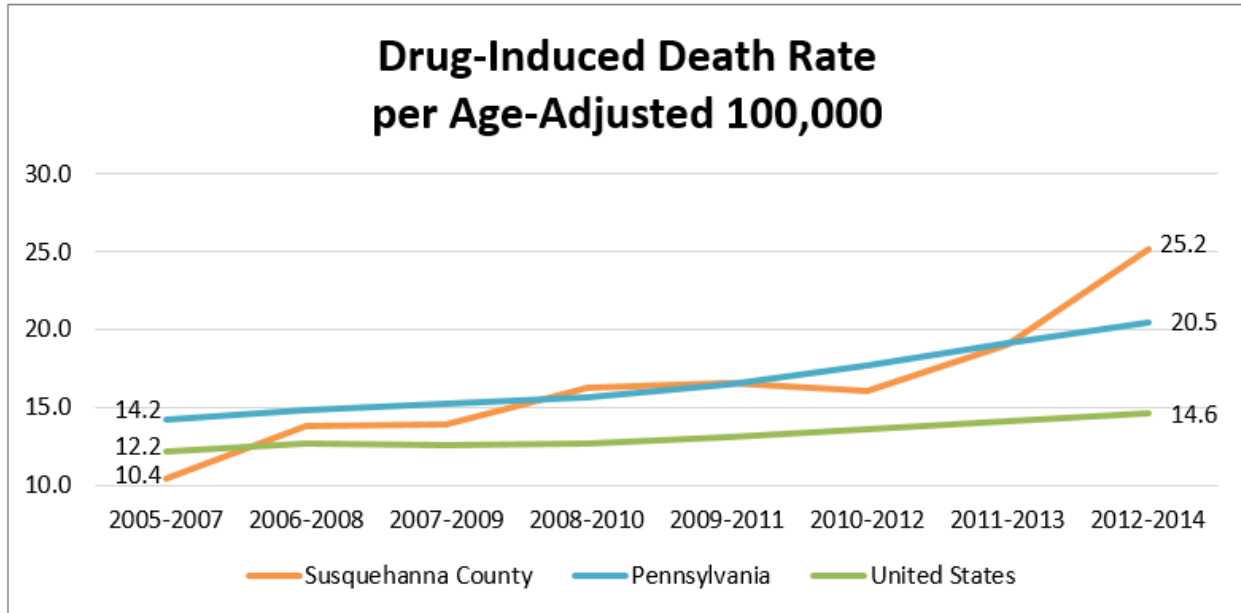
The Susquehanna County drug-induced death rate is more than double the HP 2020 goal

Substance Abuse Measures

	Excessive Drinking (Adult)	Percent of Driving Deaths due to DUI	Drug-Induced Deaths per Age-Adjusted 100,000
Susquehanna County	17.0%	55.4%	25.2
Pennsylvania	17.7%	33.1%	20.5
United States	17.0%	31.0%	14.6
HP 2020	25.4%	NA	11.3

Source: Centers for Disease Control and Prevention, 2014 & 2012-2014; Fatality Analysis Reporting System, 2010-2014; Pennsylvania Department of Health, 2012-2014; Healthy People 2020

*The drug-induced death rate is calculated on a three-year basis due to lower annual death counts



Source: Centers for Disease Control and Prevention, 2005-2007 – 2012-2014; Pennsylvania Department of Health, 2005-2007 – 2012-2014

Maternal and Child Health

Total Births

Susquehanna County has a lower birth rate compared to the state. County birth rates by race and ethnicity are not calculated due to low counts. More than 97% of births in Susquehanna County in 2014 were to White mothers.

2014 Births by Race and Ethnicity

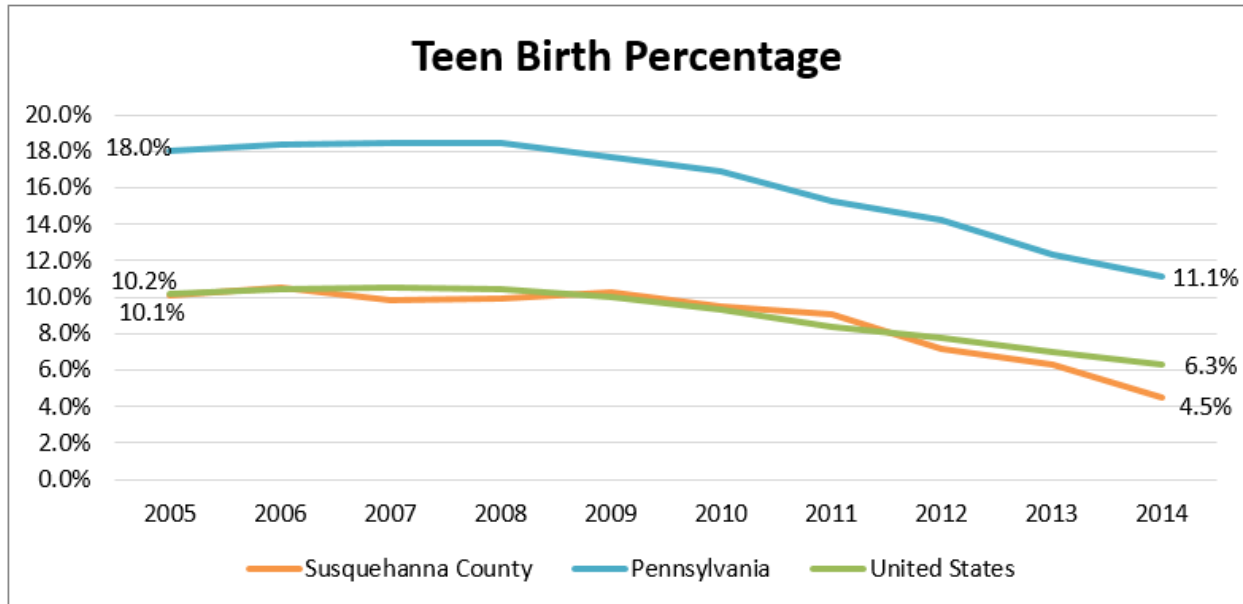
	Total Births	Birth Rate per 1,000	White Birth Count	Black/African American Birth Count	Hispanic/Latino (any race) Birth Count
Susquehanna County	356	17.1	347	1	14
Pennsylvania	142,113	21.8	100,640	19,595	14,489

Source: Pennsylvania Department of Health, 2014

Teen Births

The percentage of births to teenagers is declining across Pennsylvania and in Susquehanna County. The Susquehanna County teen birth percentage is lower than the state and the nation and declined nearly 6 points between 2005 and 2014.

The percentage of births to teenage mothers declined 6 points over the past decade

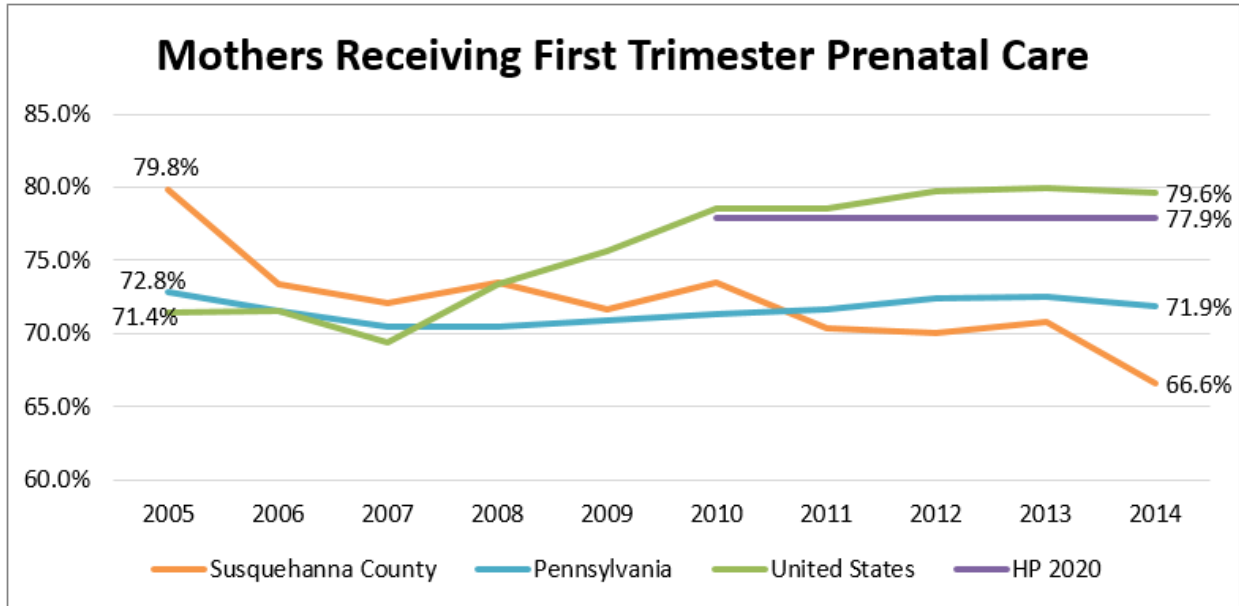


Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014

Prenatal Care

Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. Susquehanna County has a lower percentage of mothers receiving first trimester prenatal care compared to the state and the nation and does not meet the Healthy People 2020 goal. The percentage is decreasing, falling 13 points from 2005 to 2014.

The percentage of Susquehanna County mothers receiving early prenatal care is decreasing and does not meet the HP 2020 goal



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014; Healthy People 2020

The following municipalities within Susquehanna County do not meet the Healthy People 2020 goal for mothers receiving first trimester prenatal care by more than 2 points. Municipalities are presented in ascending order by percentage of mothers receiving first trimester prenatal care. Only municipalities with 25 or more births between 2010 and 2014 are included.

Susquehanna County Municipalities that Do Not Meet the Healthy People 2020 Goal for Mothers Receiving First Trimester Prenatal Care (77.9%) by More Than 2 Points

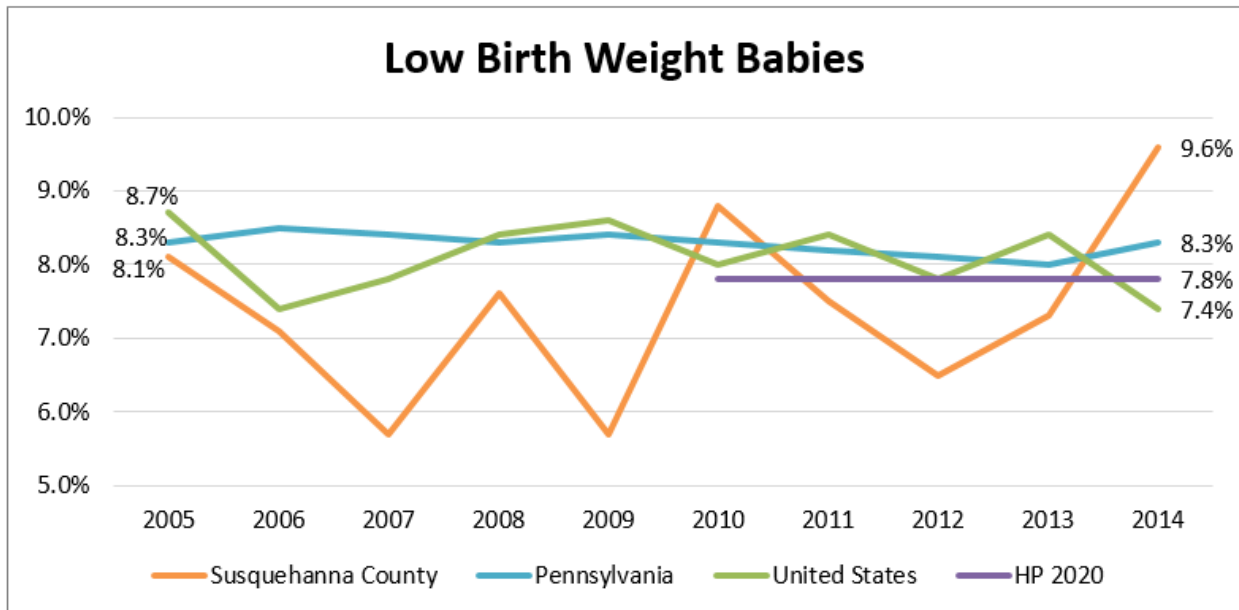
Municipality	Percentage
Hop Bottom Borough	54.5%
New Milford Township	58.8%
Liberty Township	63.3%
Rush Township	65.2%
Herrick Township	65.6%
Susquehanna Depot Borough	67.0%
Montrose Borough	67.2%
Great Bend Borough	68.4%
Hallstead Borough	68.7%
Bridgewater Township	69.1%
Springville Township	69.3%
Great Bend Township	70.1%
Harford Township	71.6%
Auburn Township	72.0%
New Milford Borough	72.3%
Union Dale Borough	73.8%
Silver Lake Township	74.0%

Source: Pennsylvania Department of Health, 2010-2014

Low Birth Weight

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. Susquehanna County has a higher percentage of low birth weight babies compared to the state and the nation and does not meet the Healthy People 2020 goal. The percentage has been variable over the past decade, but is currently on the rise.

The percentage of low birth weight babies in Susquehanna County does not meet the HP 2020 goal and is increasing



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014; Healthy People 2020

The following municipalities within Susquehanna County do not meet the Healthy People 2020 goal for low birth weight babies by more than 2 points. Municipalities are presented in descending order by percentage of low birth weight babies. Only municipalities with 25 or more births between 2010 and 2014 are included. Counts less than 10 are noted.

Susquehanna County Municipalities that Do Not Meet the Healthy People 2020 Goal for Low Birth Weight Babies (7.8%) by More Than 2 Points

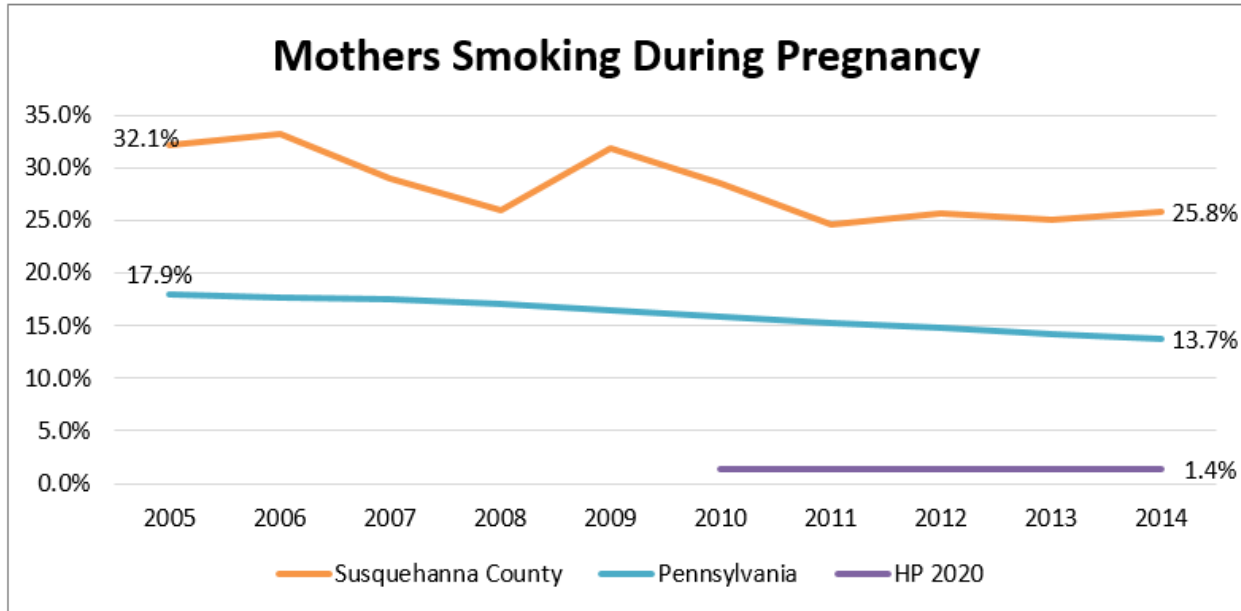
Municipality	Percentage
Springville Township	17.0%
Union Dale Borough	14.3% (n=6)
Harford Township	11.1% (n=9)
Montrose Borough	10.0%
Silver Lake Township	10.0% (n=5)

Source: Pennsylvania Department of Health, 2010-2014

Smoking during Pregnancy

Susquehanna County women are more likely to smoke during pregnancy when compared to the state and do not meet the Healthy People 2020 goal. The percentage of smoking mothers decreased slightly from 2005, but has remained stable since 2011 with approximately one-quarter of mothers smoking during pregnancy. County percentages for the entire decade are significantly higher than state percentages. Data are not reported by municipality.

One-quarter of Susquehanna County mothers smoke during pregnancy

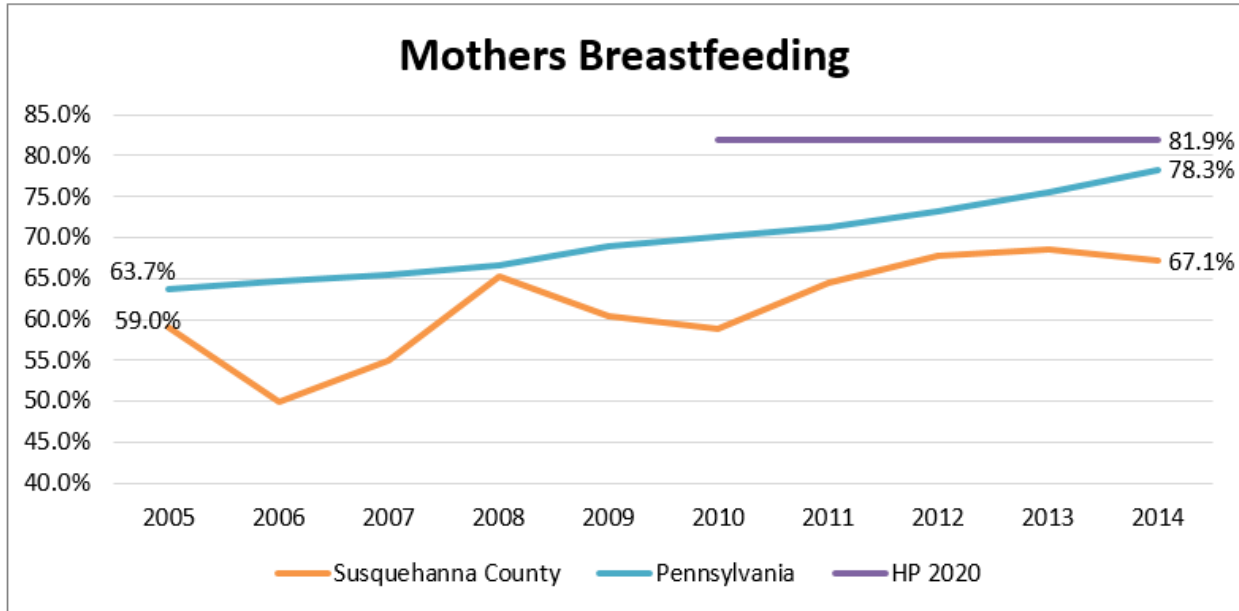


Source: Pennsylvania Department of Health, 2005-2014; Healthy People 2020

Breastfeeding

The American Academy of Pediatrics recommends that infants be fed breast milk exclusively for the first six months of life, and in conjunction with solid foods until they are one year old. The percentage of Susquehanna County women who are breastfeeding upon discharge from the hospital is increasing, but the percentage is significantly lower than the state and does not meet the Healthy People 2020 goal. Data are not reported by municipality.

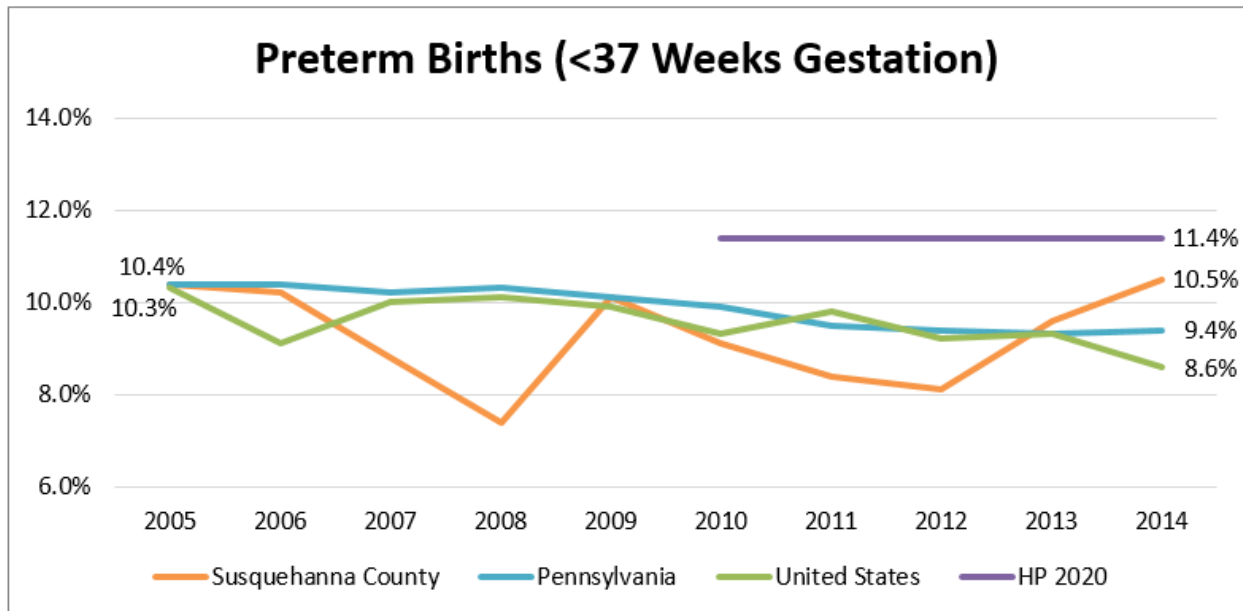
Susquehanna County mothers are significantly less likely to breastfeed upon hospital discharge



Source: Pennsylvania Department of Health, 2005-2014; Healthy People 2020

Preterm Birth

Preterm birth is defined as a birth prior to 37 weeks gestation. Susquehanna County women meet the Healthy People 2020 goal for preterm births; however, the percentage is currently on the rise.



Source: Centers for Disease Control and Prevention, 2005-2014; Pennsylvania Department of Health, 2005-2014; Healthy People 2020

Infant Death

The Susquehanna County infant death rate is not calculated due to low death counts. Between 2010 and 2014, there were 14 infant deaths.

Lead Screening and Poisoning

According to the Centers for Disease Control and Prevention, “Today at least 4 million households have children living them that are being exposed to high levels of lead.” Lead exposure can disrupt the normal growth and development of a child’s brain and central nervous system.

Lead poisoning is defined as a blood lead level of 10 micrograms per deciliter of blood (µg/dL) or higher. The following table depicts children 6 years of age or younger who have been tested for lead poisoning. Susquehanna County children are less likely to have lead poisoning, but they are also less likely to be tested for lead exposure.

Lead Screening and Poisoning among Children <6 Years of Age

		Percent Tested for Lead Poisoning	Percent with Blood Lead Levels ≥ 10µg/dL
Susquehanna County	0 – 2 Years	17.8%	0.0%
	3 – 6 Years	5.2%	1.1% (n=1)
Pennsylvania	0 – 2 Years	26.0%	1.8%
	3 – 6 Years	4.5%	4.5%

Source: Pennsylvania Department of Health, 2014

Access to High-Quality Pre-K

According to the Pennsylvania Partnerships for Children, “Despite the many proven benefits of high-quality pre-k, most of Pennsylvania’s 3- and 4-year olds lack access to this once-in-a-lifetime learning opportunity. And many of the children missing out are those at greatest risk of academic failure.” In Susquehanna County, children are more likely to have access to high-quality pre-k when compared to the state. In addition, children are more likely to have access to publicly funded pre-k.

Susquehanna County children have greater access to high-quality pre-k options

High-quality pre-k includes: Head Start Supplemental Assistance Programs and Keystone STARS 3 and 4 enrollments; Head Start; public school pre-k; accredited or PDE licensed nursery school; and accredited providers.

Children Ages 3-4 with Access to High-Quality Pre-K

	2013	2014	2015
Susquehanna County	37.4%	36.0%	39.9%
Publicly funded	35.9%	34.9%	38.8%
Pennsylvania	29.6%	31.1%	31.7%
Publicly funded	17.8%	18.9%	18.6%

Source: KIDS COUNT Data Center, 2013-2015

The Community's Input: Key Informant Interviews

Background

A Key Informant Survey was conducted with 14 community representatives to solicit information about health needs and disparities within Susquehanna County. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers, barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

Key informants serve diverse populations across Susquehanna County, as illustrated in the table below. A list of organizations represented by the key informants, and their respective role/title, is included in Appendix B.

Children/youth, families, and low income/poor are the most commonly served populations by key informants. "Other" populations include individuals with behavioral health concerns (2) and intellectual disabilities (1), and small business owners (1).

Susquehanna County Populations Served by Key Informants

Population	Percent of Key Informants	Number of Key Informants
Children/Youth	84.6%	11
Families	76.9%	10
Low income/Poor	76.9%	10
Women	53.8%	7
Seniors/Elderly	53.8%	7
Disabled	46.2%	6
Homeless	46.2%	6
Men	46.2%	6
LGBTQ community	38.5%	5
Uninsured/Underinsured	38.5%	5
Other (please specify)	23.1%	3
American Indian/Alaska Native	7.7%	1
Asian/Pacific Islander	7.7%	1
Black/African American	7.7%	1
Hispanic/Latino	7.7%	1
Immigrant/Refugee	7.7%	1

Survey Findings

Top Health Concerns

The following tables show the rank order of health conditions and contributing factors affecting residents, as indicated by key informants.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Mental health	21.4%	9
2	Access to health care	19.0%	8
3	Substance abuse	19.0%	8
4	Children's health	11.9%	5
5	Cancer	9.5%	4
6	Injury and violence	4.8%	2
7	Overweight/Obesity	4.8%	2
8	Asthma/COPD/Respiratory disease	2.4%	1
9	Diabetes	2.4%	1
10	Prenatal care/Mother & infant health	2.4%	1
11	Tobacco use	2.4%	1

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Social determinants (poverty, education level, etc.)	24.4%	10
2	Drug/Alcohol abuse	17.1%	7
3	Education/Awareness regarding health	17.1%	7
4	Inability to afford care	17.1%	7
5	Lack of transportation to access health services	7.3%	3
6	Lack of health providers available	4.9%	2
7	Lack of preventative care/screenings	4.9%	2
8	Poor diet/Lack of physical activity	4.9%	2
9	Lack of health insurance	2.4%	1

Mental health and substance abuse were identified by key informants as being among the top health conditions affecting Susquehanna County residents. Both issues are growing concerns and there is a lack of services within the community to adequately address them. "Susquehanna County has had a serious mental health issue in the past with an epidemic of overdoses and suicides, as residents felt there were no services in the county to help." "This community has a high rate of drug addiction with few supports to treat them."

Informants identified stigma as a barrier to accessing behavioral health services that are available. "Due to the stigma attached to accessing mental health services, the majority of older

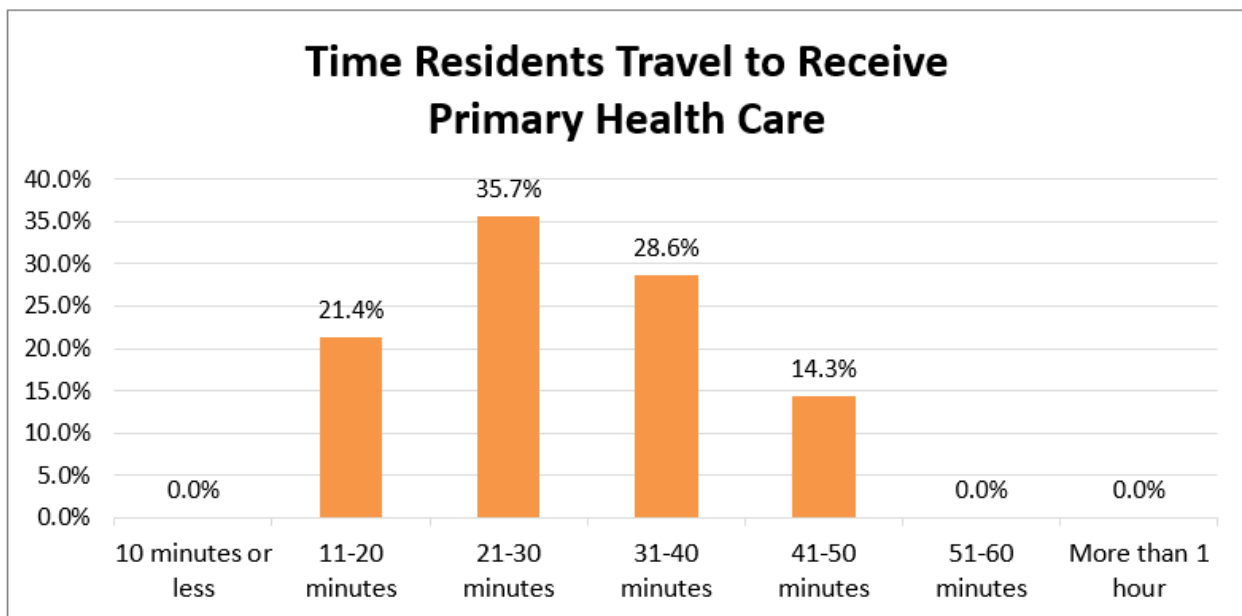
persons with mental illness don't seek help. Most often their mental illness prevents them from accepting services that could improve their quality of life.”

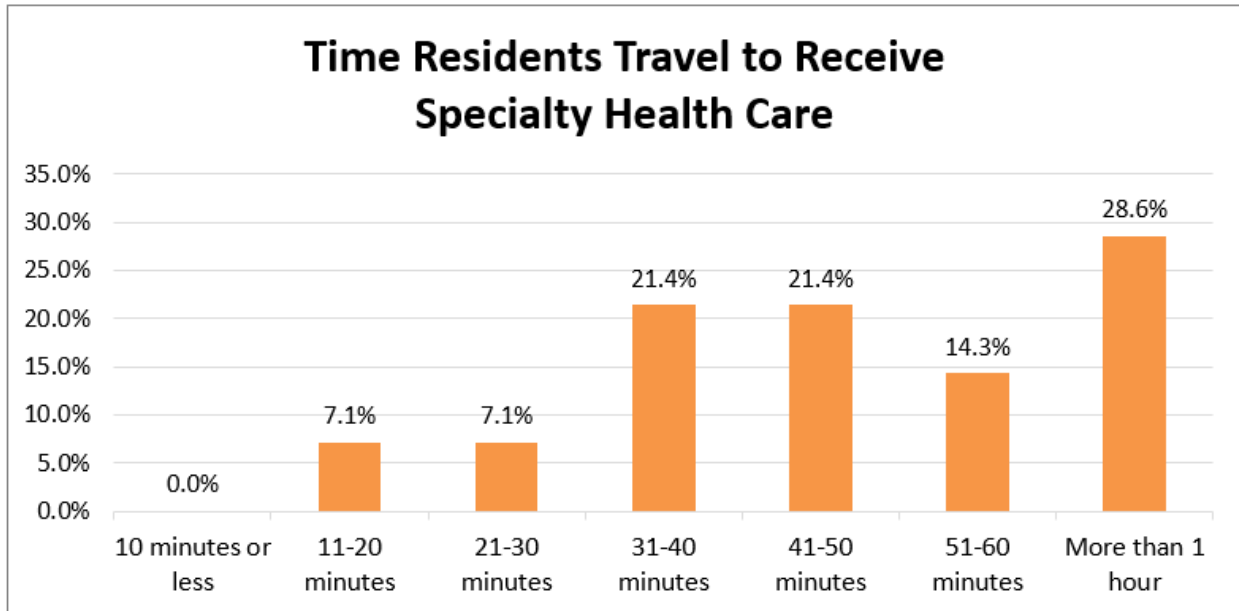
Access to health care was also recognized as a top health concern in the community. Access to care is impacted by a number of factors, including health insurance coverage, transportation, health system navigation, etc., but key informants emphasized the lack of available providers in Susquehanna County. “Many people travel to Scranton/WB or Binghamton areas for access to providers.” “Most any specialty is over one hour of travel.”

Social determinants of health are the top contributing factor to health conditions among residents, according to key informants. One informant stated, “Poverty is a great creator of many ills.” Drug/Alcohol abuse, education/awareness regarding health, and inability to afford care were also identified as top contributors.

Health Care Access

Travel time to primary and specialty care providers was assessed to further gather perception on access to care within Susquehanna County. Travel time to primary care is perceived to be less than travel time to specialty care; however, more than three-quarters of informants stated that both types of care are more than 20 minutes away. Approximately 43% of key informants reported that primary care is more than 30 minutes away from residents; 86% of informants stated that specialty care is more than 30 minutes away.



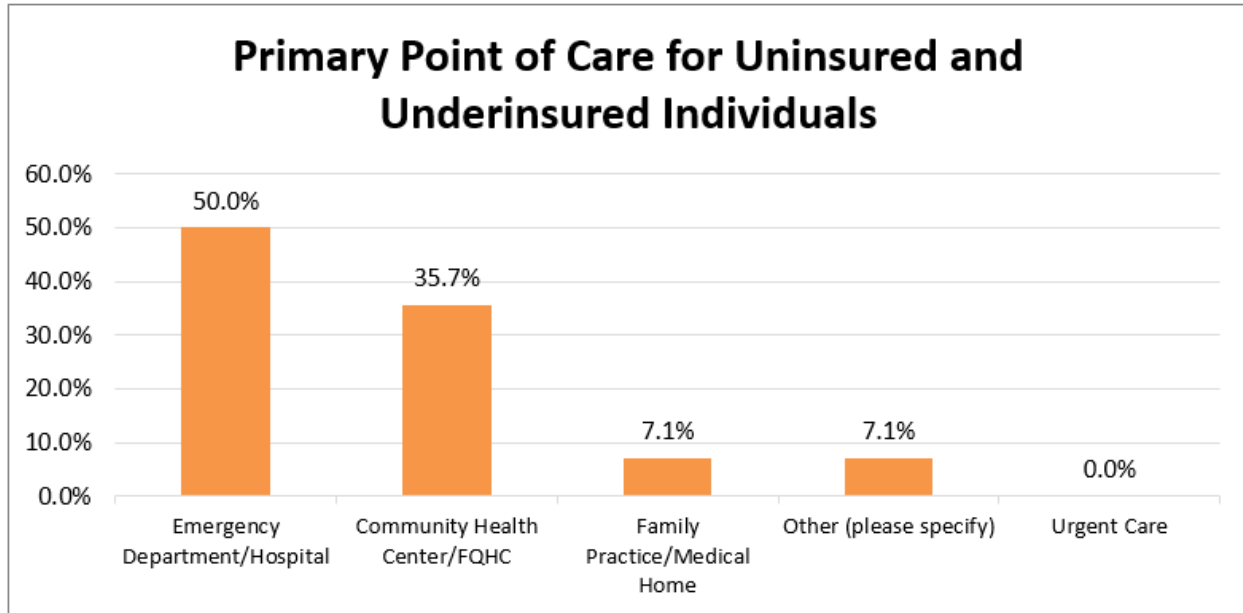


Key informants who reported that specialty care is more than 30 minutes away from residents were asked to identify the services that are not available within the community. Cancer treatment/oncology services were identified most often as missing.

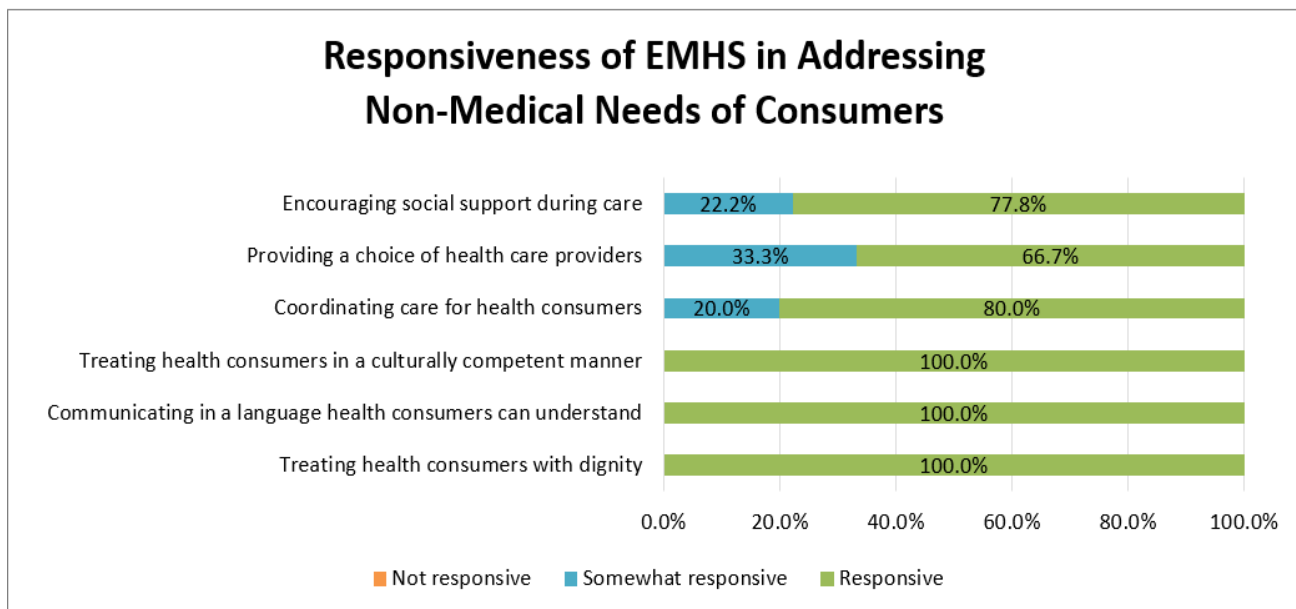
Missing Specialty Care Services within Susquehanna County

Specialty Care Service	Number of Mentions
Cancer treatment/Oncology	6
Behavioral health (psychiatry, drug/alcohol treatment)	2
Cardiac	2
Endocrinology	2
Nephrology	2
OB/GYN	2
Orthopedics	2
Gastric care	1
Lupus	1
Neurology	1
Surgery	1

Key informants reported that the emergency department/hospital is the primary point of care for uninsured and underinsured individuals, followed by community health centers/Federally Qualified Health Centers (FQHCs). One informant selected an “other” location, referencing health insurance counseling services provided by the Area Agency on Aging.

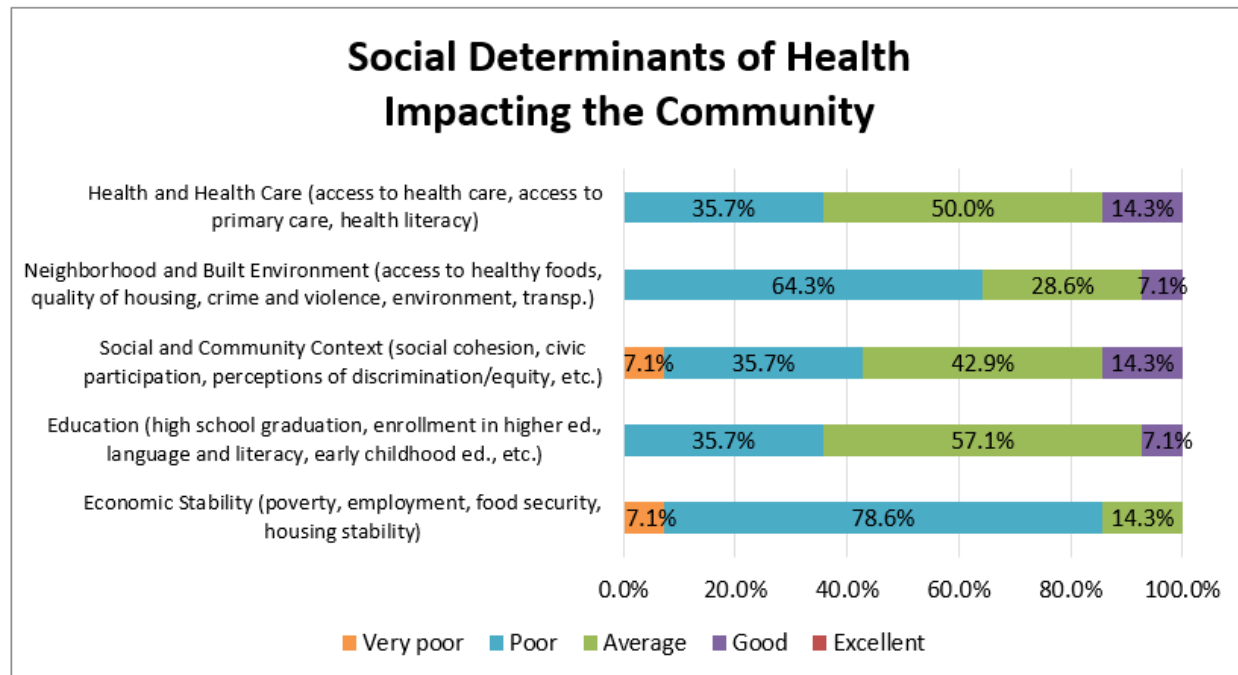


Respondents were asked about EMHS’ responsiveness to the non-medical needs of consumers. Key informants stated that EMHS is responsive to nearly all non-medical needs. “Providing a choice of health care providers” received the lowest score with 67% of informants stating the hospital is “responsive.”



Social Determinants of Health

Key informants were asked to rate social determinants of health in the county on a scale of 1 (very poor) to 5 (excellent). The majority of key informants rated the factors as “poor” or “average.” Health/health care and education were rated the highest with an average rating of 2.79 and 2.71 respectively. Economic stability was rated the lowest with an average rating of 2.07; 86% of informants rated it as “very poor” or “poor.”



Community Assets and Barriers

Key informants were asked to share open-ended feedback regarding health-related assets and barriers in the community and their recommendations for helping residents optimize their health.

Informants were first asked to provide examples of programs/initiatives/partnerships that have been successful in helping residents in the community optimize their health. Informants referenced a number of community initiatives, including:

- EMHS partnership with NEPA Community Health Care and Scranton Counseling Center for psychiatric consultations and patient visits in the ER
- Free immunizations for certain age groups
- Get a Screening Give a Screening program for free breast cancer screenings at EMHS
- Partnerships with local health care facilities to offer chronic disease self-management programs, exercise classes, and fall assessments
- Step by Step, Inc.
- Susquehanna County Suicide Awareness Initiative
- Susquehanna County Transportation

Key Informants were then asked what resources are needed in the community to promote health. Informants overwhelmingly identified the need to improve access to health care for residents, particularly related to behavioral health needs. Specific recommendations included:

- Complementary/Naturopathic medicine
- Medical transportation
- Medication-assisted treatment for substance abuse
- Mental health services
- Opioid recovery/rehabilitation services

Key informants also identified the need for resources to address social determinants of health (poverty, education, employment) and healthy food access.

Key informants were then asked what local and regional health care providers could do better to optimize the health of residents in the community. Informants made the following recommendations:

- Conduct greater health outreach, including comprehensive well visits and home care
- Continue to recruit outside resources and develop innovative partnerships to address health care shortages and needs
- Create stronger alliances among county providers to address health issues
- Explore alternatives to pharmaceutical medicines, particularly for older adults
- Explore opportunities to reduce patient costs and improve the patient-provider relationship
- Increase awareness of available health services within the community
- Offer health and wellness programs in the various communities throughout the county, targeting rural areas and older adults who cannot travel for services
- Partner with EMS providers to distribute health information and promote available community resources by providing referrals to patients
- Provide more education regarding health risk behaviors and disease prevention

Key informants are committed to improving the health of Susquehanna County residents. They identified the most pressing needs in the community, particularly related to access to care and behavioral health, and offered recommendations and innovative strategies to address them. Informants emphasized that Susquehanna County is a rural area and there is a need to bring health and wellness services directly to residents across the various communities. They recommended county and regional partnerships to address rural health care shortages and improve health status.

Evaluating Our Impact on the Community

Background

In 2013, EMHS completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan (CHIP) to address identified health priorities. Health priorities included access to health care and chronic health issues/chronic health risk factors. The strategies implemented to address the health priorities reflect EMHS' community benefit work and our commitment to improving the health and well-being of our community.

2013 Health Priority Goals

Access to Health Care: Increase providers of primary and specialty care to create additional access for individuals who have barriers to access. Also increase access to counseling for healthcare coverage.

Chronic Health Issues & Chronic Health Risk Factors: Reduce obesity prevalence within the community.

2014-2016 Implemented Strategies

Access to Health Care

Endless Mountains Health Systems has been engaged in recruiting additional primary care providers since 2013. Five primary care physicians were interviewed between 2014 and 2016, and as of December 2016, EMHS has recruited a new family practice physician to provide primary care services. Recruitment efforts continue with the potential for additional mid-level providers in the near future. EMHS engaged a recruiting firm in 2016 to assist with the location and placement of the family practice physician, expending approximately \$30,000 as an investment toward our community's future healthcare needs.

Endless Mountains Health Systems partnered with community organizations to improve access to behavioral health services. Rexford Catlin, EMHS Development Officer, served on the Suicide Awareness Initiative, an initiative formed in response to the increase in suicide deaths in the county. The initiative was tasked with assessing current suicide prevention and intervention services in the county; considering national and state plans and legislation; identifying innovative evidence-based programs and best practices; and promoting measures that support and facilitate prevention.

Endless Mountains Health Systems partnered with NEPA Community Health Care and Scranton Counseling Center to provide onsite psychiatric consultations for patients seen in the EMHS emergency department and other settings. Through this partnership, patients receive improved access to expert psychiatric consultation and are able to be directly referred to NEPA Community Health Care for additional services.

In 2014, EMHS partnered with the Community Foundation of the Endless Mountains, Cabot Oil & Gas Corporation, and Women Helping Women to raise awareness about risk factors and

early signs for breast cancer and encourage women to receive breast cancer screenings. For the month of October, 60 women were eligible to receive no cost or low cost screenings as part of the “Get a Screening Give a Screening” project.

Chronic Health Issues & Chronic Health Risk Factors

With epidemic statistics of rising obesity and related diabetes rates in the country, EMHS has taken a proactive stance on providing nutrition counseling and improving diabetes self-management education. The hospital’s counseling and education programs are overseen by a joint collaboration of nursing staff under the direction of the Chief Nursing Officer and a Dietitian/Certified Diabetes Educator. The diabetes education program covers core concepts, including identification of blood glucose goals, disease process, glucose monitoring, medication administration, identifying and treating hyperglycemia & hypoglycemia, sick day management, foot care, and carbohydrate counting.

EMHS has provided diabetes education and nutrition counseling to patients and community members at no charge since 2014. The program has grown in attendance as indicated by the number of consultations provided each year since the program’s inception:

2014	250 consultations
2015	300 consultations
2016	400 consultations

Nursing staff on all shifts have been trained in the most current evidence-based diabetes treatment practices to enhance quality of care. Diabetes education materials are available in the physicians’ clinic, encouraging patients to receive counseling on self-care at their very first office visit and to continue outpatient diabetes education with the Certified Diabetes Educator.

EMHS is a partner in the Susquehanna County Obesity Reduction Effort, a countywide initiative focused on prevention and wellness. The initiative includes a countywide education outreach program and an intervention program for obese adults. Participants in the intervention program attend classes on healthy eating and physical activity, receive individual counseling from a registered dietitian, and participate in structured support groups. In 2014 and 2015, EMHS hosted 36 SCORE structured support groups for residents and employees.

Implementation Plan for Community Health Improvement

Endless Mountains Health Systems developed a Community Health Implementation Plan to guide community benefit activities for the 2017-19 reporting cycle. The plan builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the most pressing community health needs.

Priority Area: Access to Health Care

Goal: Improve access to comprehensive, quality health care services.

Objectives:

- > Increase access to primary and specialty care providers.
- > Increase the proportion of residents receiving preventive health care services.
- > Increase the proportion of residents with health insurance.

Strategies

- > Identify and recruit primary and specialty care providers to EMHS to reduce physician to patient ratio.
- > Host free community health screenings to raise awareness of risk factors and increase early detection of disease.
- > Continue partnerships with behavioral health providers to increase access to behavioral health services in the ED and community settings.
- > Continue screening and enrollment assistance to aid uninsured individuals in obtaining available health insurance programs.

Priority Area: Chronic Disease Prevention & Management

Goal: Improve chronic disease outcomes through prevention and disease management services.

Objectives:

- > Increase community education and outreach that promotes chronic disease prevention.
- > Increase disease self-management opportunities for individuals currently diagnosed with a chronic condition.
- > Increase the number of persons whose chronic condition has been diagnosed.

Strategies

- > Support the Susquehanna County Obesity Reduction Effort (SCORE)
- > Continue free or low cost diabetes education and nutrition counseling for individuals diagnosed with diabetes or pre-diabetes.
- > Continue to provide community education through special events, printed materials, website resources, and social and other media to increase knowledge related to chronic disease prevention and management.
- > Host free community health screenings to raise awareness of risk factors and increase early detection of disease.

Board Approval

The EMHS Board of Directors reviewed and approved the report of the Community Health Needs Assessment and adopted the Implementation Plan to address priority areas on December 22, 2016. Both documents were made widely available to the public through the hospital's website (www.endlesscare.org).

Endless Mountains Health Systems is a committed partner in advancing the health of residents within its Susquehanna County service area. For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact: Loren Stone, Chief Executive Officer, at 570-278-3801, lstone@endlesscare.org.

Appendix A: Public Health Data References

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Appendix B: Key Informants

Key informant interviews were conducted with 14 community representatives representing the broad interests of the community. The organizations represented by these individuals, and their respective title, included:

Key Informant Organization	Key Informant Title/Role
Area Agency on Aging	Executive Director
Blue Ridge School District	Superintendent
Community Foundation of the Endless Mountains	President
Elk Lake School District	Superintendent
Endless Mountains Business Association	Secretary
Montrose Area School District	Superintendent
Montrose Junior Senior High School	Certified School Nurse
NEPA Community Health Care	CRNP- psychiatry
NEPA Community Health Care	CEO
Scranton Counseling Center	COO
Susquehanna County	Commissioner
Susquehanna County Department of Planning	Director
Susquehanna County Sheriff's Office	Sheriff
United Way of Susquehanna County	Director of Operations