The Road to Health

Schuylkill Health
2016 Community Health Needs Assessment

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ACKNOWLEDGEMENTS

The Schuylkill Health System (SHS) Community Health Needs Assessment (CHNA) was developed with the support of Strategy Solutions, Inc. (SSI), the consulting group engaged by SHS to assist with the assessment. Representatives from SHS and SSI worked collaboratively to guide and conduct the assessment. A Steering Committee made up of senior representatives of SHS, as well as representatives from local health departments, leading health and social service organizations, local area school districts and county government provided additional input. The combined expertise, input and knowledge of the members of the steering committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, fourteen individuals were interviewed by SSI including representatives from health and social service agencies, school district personnel, faith-based congregation, government representative, higher education and senior population.

These information-gathering efforts allowed the project team and Steering Committee to gain a better understanding of the health status, health care needs, service gaps and barriers to care of those living in the county of Schuylkill (PA), which represent the primary and secondary service area of SHS. The administration of SHS would like to thank all of those who were involved in this project, particularly those who participated in interviews and information gathering.

PROJECT COORDINATION

Michael Peckman	Schuylkill Health System
Debra Thompson	Strategy Solutions, Inc.
Kathy Roach	Strategy Solutions, Inc.
Jacqui Catrabone	Strategy Solutions, Inc.
Robin McAleer	Strategy Solutions, Inc.

STEERING COMMITTEE MEMBERS

Debra Blaschak	Schuylkill Health System Board Member
Bob Carl	Schuylkill Chamber of Commerce
George Halcovage	Schuylkill County Board of Commissioners/ Hospital Authority, City of Pottsville
Rev. Harold Hand	Trinity Lutheran Church
Kay Jones	Schuylkill County VISION
Penny Klinger	Schuylkill Health System – Hospital Representative
Jody Missmer	Schuylkill Health System – Behavioral Health Services
Gail Newton, RN	Schuylkill Health System – Infection Prevention
Angela Pasco, RN, MS, Ed	Schuylkill Health System – Joseph Mcloskey School of Nursing
Nancy Pauzer	Nursing Home/Assisted Living
Michael Peckman	Schuylkill Health System – Public Relations
Jeanne Boyer Porter	Boyer's Food Markets
E. Lori Smith	Schuylkill Health and Schuylkill Rehab Board Member

TABLE OF CONTENTS

Message to the Community 1
Executive Summary 3
Methodology 7
General Findings 17
Evaluation of the 2013 SHS CHNA Implementation Strategies 17
Demographics 27
Community and Hospital Resources Inventory 29
Key Findings - BRFSS & Public Health Data 32
Overall Key Findings 34
Primary Research Results 40
Overall Community Health Status 40
Initiatives Currently Underway 43
Topic Conclusions 45
- Access to Quality Health Care 45
- Chronic Disease 47
- Healthy Environment 49
- Healthy Mothers, Babies and Children 50
- Infectious Disease 52
- Mental Health and Substance Abuse 54
- Physical Activity and Nutrition 55
- Tobacco Use 56
- Unintentional and Intentional Injury 57

Data Summary 58
Top Priorities 59
Prioritization and Significant Health Needs 60
Review and Approval 65

TABLE OF TABLES

Table 1 .... SHS Service Area by Zip Code and Region 9
Table 2 .... SHS Stakeholder Interviews 12
Table 3 .... SHS Behavioral Risk Factor Comparative Table, Table 1 of 2 34
Table 4 .... SHS Behavioral Risk Factor Comparative Table, Table 2 of 2 35
Table 5 .... SHS Public Health Indicators, Table 1 of 2 36
Table 6 .... SHS Public Health Indicators, Table 2 of 2 37
Table 7 .... SHS County Health Rankings 38
Table 8 .... SHS 2013 Pennsylvania Youth Survey 39
Table 9 .... 2013 CHNA Trends Compared to 2016 CHNA Trends 59
Table 10 ...... Prioritization Criteria 61
Table 11 ...... SHS CHNA Prioritization Survey Sorted by Accountability
(Noting Magnitude and Impact Total) 63

TABLE OF FIGURES

Figure 1 .... SHS Overall Service Area 8
Figure 2 .... SHS Community Asset Resources Map 30
Figure 3 .... SHS Hospital Asset Resources Map 31
Figure 4 .... Stakeholder Interviews – Top Community Health Needs 41

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MESSAGE TO THE COMMUNITY

Schuylkill Health System (SHS) is proud to present its 2016 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of SHS. This report also includes secondary and disease incidence and prevalence data from Schuylkill County in Pennsylvania, as the SHS service area includes the entire county. The data was reviewed and analyzed to determine the priority needs and issues facing the region.

The primary purpose of this assessment was to identify the health needs and issues of the community defined as the primary service area of SHS. In addition, the CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region.

The full report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.

Improving the health of the community and region is a top priority of SHS. Beyond the education, patient care, and program interventions provided by SHS, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.

The 2016 Schuylkill Health System (SHS) Community Health Needs Assessment (CHNA) was conducted to identify significant health issues and needs, as well as to provide critical information to SHS and others in a position to make a positive impact on the health of the region's residents. The results enable the hospital and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the SHS service area.

To assist with the CHNA process, SHS retained Strategy Solutions, Inc. (SSI), a planning and research firm based in Erie, PA whose mission is to create healthy communities to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. This CHNA and its supplemental resource data located in the appendices document include a detailed examination of the following areas:

- Evaluation of the 2013 SHS CHNA
- Demographics & Socio-Economic Indicators
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition

- Tobacco Use
- Injury

Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, and County Health Rankings, as well as a number of other reports and publications. Data were collected for SHS, although some selected national data is included where local/regional data was not available. Demographic data were collected from the Nielsen/Claritas demographic database. Primary qualitative data collected specifically for this assessment included a total of 14 in-depth interviews. In addition to gathering input from stakeholder interviews, input and guidance also came from SHS and community representatives who served on the SHS Steering Committee.

After all primary (stakeholder interviews) and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 39 distinct issues, needs and possible priority areas for potential intervention by SHS. Members of the SHS CHNA Steering Committee met to review the final priorities (see **Table 11** on page 63) selected by the SHS Steering Committee. Looking at the final rank ordering based on the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) to implement evidence-based solutions, along with the rank order of the final priorities selected by the SHS Steering Committee, the Steering Committee identified four priority areas that will be addressed in the Implementation Strategy. Refer to **Table 10** on page 61 for a more in-depth description of the four prioritization criteria.

1. Access to Care: Urgent Care Services
2. Access to Care: Mammogram Screenings
3. Access to Care: Primary/Specialty Medical Care
4. Mental Health and Substance Abuse: Drug and Alcohol Abuse

It is important to note that the prioritization criteria that were utilized for the 2016 SHS CHNA are different from the criteria utilized for the previous (2013) CHNA. In 2013, the SHS leadership selected criteria that they felt were relevant to their needs at the time. Since that time, and in light of the 2014 IRS ruling, SSI has encouraged hospitals to use the same criteria, Accountable Role, Magnitude, Impact and Capacity.

The implementation strategies selected by SHS and its community partners will address the most significant needs through a variety of implementation strategies which will be published in a separate document.

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To guide this assessment, the hospital's leadership team formed a Steering Committee that consisted of hospital and community leaders who represented the broad interests of the local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, youth and individuals with expertise in public health, and internal program managers. The SHS Steering Committee met two times between June 2016 and July 2016 to provide guidance on the various components of the CHNA.

Service Area Definition

Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location based on the service area of SHS. For purposes of this assessment, the SHS service area geography is in keeping with the 2013 Community Health Needs Assessment (CHNA). In 2013, the Steering Committee hypothesized that there were different social-demographic characteristics present in different parts of the county and perhaps different health needs. As a result, and to conduct a true comparison with the 2013 demographic data, the county demographic information is again divided into five (5) sub-regions (East, North, South, South East and West), as noted in **Figure 1** below and outlined in **Table 1**. A caveat to the demographic data is that for two zip codes – 18245-Quakake and 17978-Spring Glen, Nielsen/Claritas could not provide any demographic information as these two zip codes are post office zip codes. Therefore, the demographic data for Quakake and Spring Glen are not included in the East Region and West Region demographic information, respectively.

Figure 1: SHS Overall Service Area

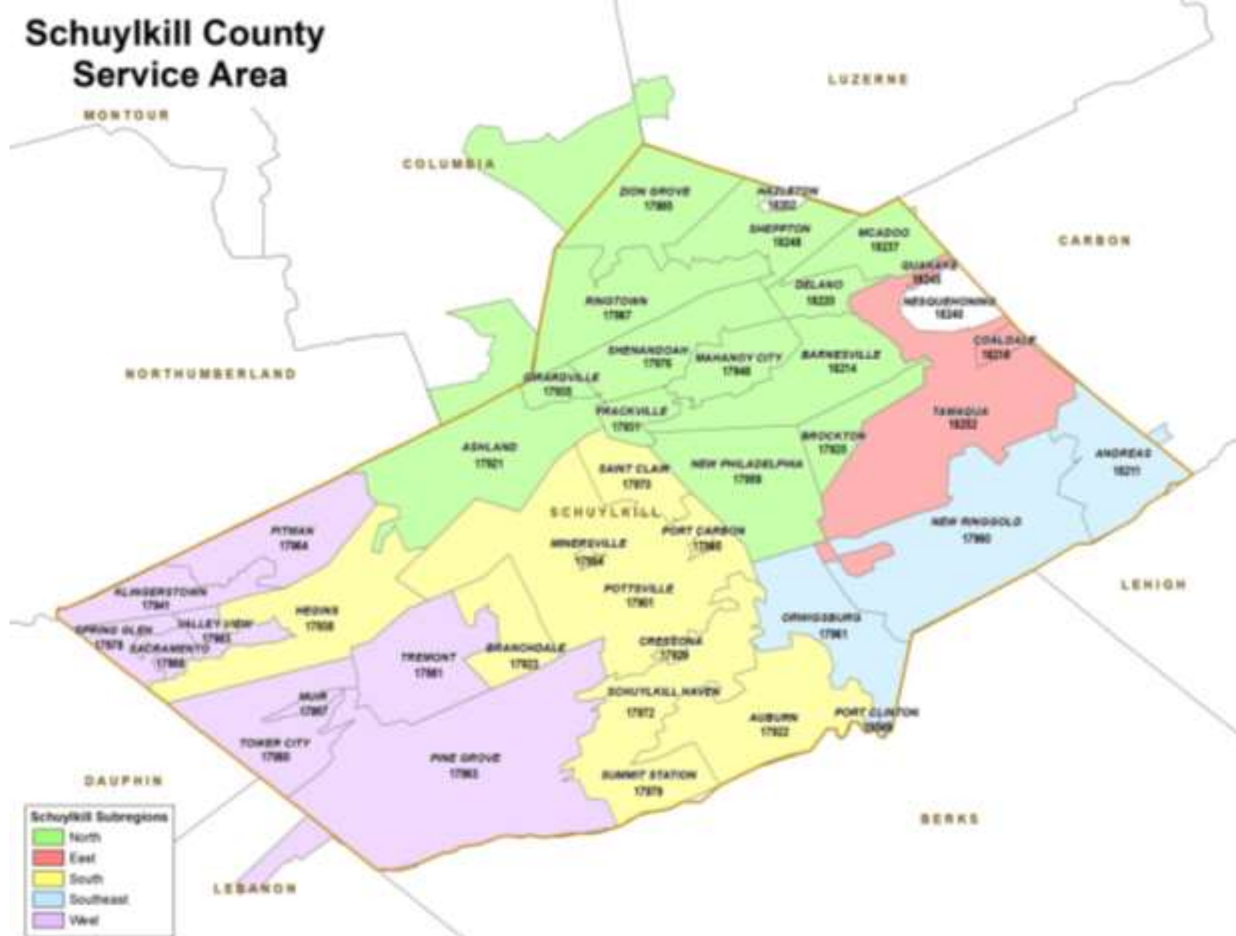

Table 1. SHS Service Area by Zip Code and Region

Zip	Municipality	Sub-Region	Zip	Municipality	Sub-Region
18211	Andreas	South East	17961	Orwigsburg	South East
17921	Ashland	North	17963	Pine Grove	West
17922	Auburn	South	17964	Pitman	West
18214	Barnesville	North	17965	Port Carbon	South
17923	Branchdale	South	19549	Port Clinton	South East
17925	Brockton	North	17901	Pottsville	South
18218	Coaldale	East	18245	Quakake	East
17929	Cressona	South	17967	Ringtown	North
18220	Delano	North	17968	Sacramento	West
17931	Frackville	North	17970	Saint Clair	South
17935	Girardville	North	17972	Schuylkill Haven	South
17938	Hegins	South	17976	Shenandoah	North
17941	Klingerstown	West	18248	Sheppton	North
17948	Mahanoy City	North	17978	Spring Glen	West
18237	McAdoo	North	18252	Tamaqua	East
17954	Minersville	South	17980	Tower City	West
17957	Muir	West	17981	Tremont	West
17959	New Philadelphia	North	17983	Valley View	West
17960	New Ringgold	South East	17985	Zion Grove	North

Asset Inventory

The hospital staff identified existing health care facilities and community resources within Schuylkill County. These community and hospital resources are available throughout the county to respond to the significant health needs of the community. Resource directories currently utilized by the hospital's case management and social service departments were compiled. The information included in the asset inventory and map includes a listing of the following community and hospital services:

Community Resources:

Abuse/Victim's Services
Advocacy
Ambulance Services
Children & Youth Services
Counseling
Crisis Intervention
Dental Services
Drug & Alcohol Counseling and Services
Electric & Utilities Assistance
Emergency Food/Food Programs
Emergency Fuel
Emergency Housing
Employment/Unemployment Services
Health Services
Home Health
Home Health Care Referral
Hospice
Hospitals
Hotlines
Housing Services
Human Services
Legal
Libraries
Medical Equipment
Nursing Homes
Personal Care & Assisted Living
Pregnancy Counseling/Maternity and Child Support
Private Duty
Senior Services
Temporary Shelter
Transportation
Veteran's Services

SHS Resources:

Acute Rehabilitation Unit
Adolescent/Adult Behavioral Health Unit
Ambulatory Surgery Center
Advanced Wound Center (Outpatient)
Cardiac Rehabilitation (Outpatient)
CardioPulmonary
Center for Counseling
Critical Care/Intensive Care Unit
Dialysis (Inpatient)
Diagnostic Imaging
- CT Scan
- DEXA Scan
- Digital Mammography
- Digital Radiology
- Interventional Radiology
- Nuclear Medicine
- PET CT
- Ultrasound

Emergency Department
Home Health Department
Infusion Therapy
Intensive/Coronary Care
Laboratory Services (Inpatient and Outpatient)
Maternity/Nursery Unit
Medical Diagnostics
Medical Surgical Units
MRI Center
Nutrition & Wellness Center (Outpatient)

Occupational Medicine
Outpatient Laboratory
Pediatrics Unit
Physical Therapy
Robotic Surgery
Senior Behavioral Health Unit
Surgical Services
Therapy Services (PT, OT, Speech)
Veteran's Clinic
X-Ray

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the county-wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The SHS staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, extensive use of PA Health Department and Centers for Disease Control data, and public health participation on the Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas (www.answers.nielsen.com); disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from www.healthypeople.gov. In addition, various health and health-related data from the following sources were also utilized for the assessment: the Pennsylvania Department of Education, and County Health Rankings (www.countyhealthrankings.org). Selected data was also included from the Schuylkill County 2015 PA Youth Survey and the 2014 PRC National Child & Adolescent Health Survey. Data presented are the most recent published by the source at the time of the data collection.

The primary data collection process included qualitative data from 14 stakeholder interviews conducted during June and July 2016 by staff members of SSI as listed in **Table 2**. Refer to Appendix E (pages 169-172) of

the Supplemental Data Resource for a copy of the interview guide. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations:

- Higher Education
- United Way
- Low Income
- Church
- Community Action
- Children
- Behavioral and Mental Health
- Federally Qualified Health Center
- Housing
- Women's Needs
- Community Health
- Elderly

Table 2. SHS Stakeholder Interviews

Name	Title	Organization	Interview Date
Dr. David Krewson	Chairman, OB/GYN SHS	OB/GYN Comprehensive Women's Health Services	June 29, 2016
Kay Jones	Executive Director	Schuylkill County's Vision	June 29, 2016
Sally Casey	SHS Board Member	Schuylkill Women in Crisis	June 29, 2016
Craig Shields	Executive Director	Pottsville Housing Authority	June 30, 2016
Pastor Harold Hand	SHS Board Member	Trinity Lutheran Church	June 30, 2016
Christine Verdier	Chief of Staff	PA Senator David Argall	July 5, 2016
Jeffrey Zwiebel	Superintendent	Pottsville School District	July 5, 2016
Jody Missmer	Program Director	Behavioral Health Services, SHS	July 5, 2016

Name	Title	Organization	Interview Date
Marion Lech		Community Health	July 5, 2016
Stacey Murphy	Outreach Enrollment Coordinator	FQHC, Primary Health Network-Minersville	July 5, 2016
Daniel McGrory	Executive Director	Schuylkill County Mental Health/Disability Services	July 6, 2016
Kelly Malone	Executive Director	United Way 2-1-1	July 6, 2016
Tony DeMalis	Business Manager	Shenandoah Valley School District	July 6, 2016
Dr. Kimberly Hashin	Internist	Pottsville Internists Associates	July 11, 2016

Interviews captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the county overall.

Needs/Issues Prioritization Process

The SHS Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in both the region and their local service territory. The team from SSI, including Kathy Roach, Project Manager/Research Analyst and Jacqui Catrabone, Director of Nonprofit and Community Services, presented the data to the SHS Steering Committee and discussed the needs of the local area, what the hospital and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 39 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, nation or Healthy People 2020 goals, negative trends, or growing incidence.) Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were identified that the group would use to evaluate identified needs and issues.

During the three days after the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each of the needs and issues on a one to ten scale by each of the selected criteria.

All 14 Steering Committee members participated in the prioritization exercise.

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the SHS region, as well as for the hospital's Steering Committee.

Members of SHS's Steering Committee met again to discuss the prioritization results.

Review and Approval

The SHS CHNA report was approved by the SHS Board of Directors on July 25, 2016.

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Evaluation of the 2013 SHS CHNA Implementation Strategies

SHS conducted an evaluation of the implementation strategies undertaken since the completion of the 2013 CHNA. Input for this evaluation was received from SHS and the hospital's 2015 IRS Form 990 filings, along with information from Schuylkill VISION and Schuylkill County Mental Health/Disability Services that was obtained through stakeholder interviews. Much of the SHS activity has been hampered by deteriorating financial performance, leadership changes, staff changes and organizational instability. Despite these very real factors, SHS continued to work on these objectives and, although the status for most county level indicators did not move substantially, it is clear that SHS is working to improve the health of the community.

The 2013 SHS implementation strategies were broken out by those goals that SHS and its two hospitals would be responsible for and those objectives that would be worked on by the community. For each of the three main goals of (i) reducing the number of women who use tobacco products during pregnancy, (ii) increasing breast cancer awareness and mammography rates and decreasing breast cancer mortality rates; and (iii) addressing drug and alcohol related issues in the community, SHS and community agencies reported that:

Schuylkill Medical Center East Norwegian Street Implementation Action Plan

GOAL: To reduce the number of women who use tobacco products during pregnancy and to keep them off tobacco after giving birth.

The hospital reported that a partnership between the Center for Counseling Services and the SHS Maternity Team began in 2013 to educate and address the issue of tobacco addiction during pregnancy. This partnership, which initially provided education in the hospital to new mothers, grew with the development and distribution of the nicotine cessation pamphlet and evolved into an educational in-service with maternity leadership and case managers. While the overall tobacco cessation program had been successful, getting smoking mothers to enroll in a separate education class had been difficult.

The Center for Counseling was tasked with educating the OB/GYN physician practices on the tobacco cessation program available to pregnant women, along with providing informational materials. Four physicians were targeted for this program. A tobacco cessation referral program was developed with Comprehensive Women's Health Services, however patient follow through has been poor. Unfortunately, the Center for Counseling had only one documented referral from Comprehensive Women's Health Services, Pottsville and Tamaqua, which occurred in FY 2015. A survey to be utilized at childbirth classes was not developed; rather, tobacco cessation information was presented at childbirth classes and was made available to expectant mothers through numerous sources.

Although the March of Dimes and Lung Association were not active in the Schuylkill market (other than fundraising) for SHS to partner with, a tobacco cessation information pamphlet was provided at the American Cancer Society's Relay for Life event each year. Each November for the Great American Smokeout, SHS published public service announcements through the local newspapers and the Center for Counseling provided displays and cessation brochures in each of its hospitals for this event.

In September 2015, the Center for Counseling provided education to the SHS maternity staff on the dangers of tobacco products during and after pregnancy. This education was done to offer another layer of tobacco cessation information between staff and patients.

SHS participated in approximately 25 health fairs a year. Tobacco cessation information was been provided at each of these health fairs. For two years, SHS was a major sponsor of the Diakon Health Fair and had regularly participated. This health fair alone attracted approximately 3,000 people

over the three year period ending 2015. Other health fairs that SHS attended were on a much smaller scale with only a few hundred people attending.

Due to SHS's organizational instability as stated above, the following action steps were not initiated; however, it is the intention of SHS to continue offering and expanding on the tobacco cessation program in the coming years, creation of a childbirth class survey and follow-up tool to track those mothers who remained smoke free, and programs on tobacco cessation, specifically, nicotine cessation information provided to Maternity, Pediatrics and with Case Managers.

Schuylkill Medical Center South Jackson Street Implementation Action Plan

GOAL: To increase breast cancer awareness and mammography rates and decrease breast cancer mortality rates.

In order to reach the women of the SHS service area to increase awareness of breast cancer and the importance of mammograms, SHS created and began offering mammogram education within the Radiology Department and at the Women's Imaging Center, as well as at the Breast Cancer Awareness dinner and Little Red Dress event.

SHS made three purchases of the self-breast exam shower cards (a total of 4,500 cards) that were produced and distributed to three of the local women's health offices. These self-breast exam shower cards were also available at SHS Women's Imaging Center, mammography suites, and used at health fairs and other events such as Women's Day. Every October during National Breast Cancer Awareness Month, SHS offered reduced-cost mammograms. The number of women who took advantage of this service was 17 in 2013, 19 in 2014 and 18 in 2015. Regarding SHS offering free mammograms during the month of April to those women who otherwise couldn't afford this screening, the hospital partnered with Maternal Family Health Service of Wilkes-Barre to provide reduced cost mammograms on a as needed basis, rather than just during a particular month.

Until recently, SHS had hosted an Annual Women's Day event which covered a variety of topics including breast cancer. In addition, the SHS Auxiliary began hosting an annual Little Red Dress Event, which had an educational component on breast cancer with a clinician or cancer survivor speaking. Even though the Little Red Dress Event was designed primarily to address heart disease, because there was a captive, female audience, SHS also

provided information and speakers about breast cancer. The number of attendees at the Little Red Dress event over the last three years was 150 people in 2013, 125 people in 2014 and 140 people in 2015, with the majority of attendees being women. The SHS Auxiliary also began an Annual Breast Cancer Awareness Dinner in the month of October, which calls attention to the need for early detection and treatment, and encourages mammograms. Due to the size of the venue that hosted the dinner each year, the attendance over the three years ending 2015 was maxed out at 100 each year.

SHS regularly sent information to the media regarding upcoming events and health related programs, including breast cancer awareness. Additionally, where appropriate and within budgetary guidelines, SHS purchased advertising through the media to promote the aforementioned events. SHS participated in approximately 25 health fairs each year. As appropriate, information regarding breast cancer awareness was provided, particularly at the Diakon Health Fair, a large community health fair held each fall. Timing of this health fair was strong for distribution of information on the reduced cost of mammogram screenings offered by SHS. Other information, such as shower breast exam cards were also provided. Similar breast cancer awareness education was also offered to the SHS Auxiliary and SHS volunteers, composed primarily of women.

Due to SHS's organizational instability as stated above, a breast cancer brochure was not created; however, it is the intention of SHS to continue offering and expanding on it breast cancer awareness program in the coming years.

Community Action Plan involving Schuylkill VISION, Mental Health/ Disability Services, School Districts, Youth/Community Coalitions and Case Management Services

GOAL 1: Reduce the use of tobacco and alcohol by 20%

Working with SHS, the school districts provided tobacco smoking cessation educational programs to middle and high school aged children on the dangers of tobacco use. Education was also provided regarding teenage pregnancy and the programs and services available for this population.

GOAL 2: Increase community awareness of drug addiction service needs and availabilities of treatment services by 25%

Schuylkill County Mental Health and Disability Services was the lead agency regarding this goal with collaboration from the Schuylkill County Drug and Alcohol Program. In order to increase community awareness of drug addiction service needs and availability of treatment services, a number of programs were promoted throughout the community:

- The Schuylkill Drug & Alcohol Program participated in the National Drug Give Back Day and coordinated with the district attorney's office and sheriff's department, along with a half dozen pharmacies and local police stations to promote the drug give back program.
- A junior advisory board, made up of two representatives from each of the school districts, conducted educational projects across school districts. Over the last couple of years, videos on suicide prevention and awareness, bullying and mental health issues were created. Drug and alcohol prevention education was offered during health classes by the school nurses, and those nurses also participated in school assemblies.
- Regarding mental health, there is a program called Student Assistance, which conducts screening, evaluations and consultations, both on the mental health and drug/alcohol side. The drug/alcohol program targets students beginning in elementary school. The Student Assistance program was also reaching out to the high school students.

The Schuylkill County Mental Health and Disability Services agency utilized a whole range of media and media events through the provider system to educate the community on the dangers of drugs and alcohol. Community trainings were conducted, primarily addressing the drug/alcohol issues, as well as education on recovery and resilience programs, and community awareness/ stigma. Three to four times a year, public service announcements to showcase new and existing programs for drug and alcohol education and prevention are publicized in the local media.

GOAL 3: Expand service continuum to include community-based co-occurring within one year

During 2015, Schuylkill County was successful in opening the Primary Health Network, a federally qualified health center (FQHC). The county also has two rural clinics that offer behavioral health through a partnership with Geisinger Health System. They provided mental health professionals to the two rural

clinics. Unfortunately, there was difficulty in finding a licensed outpatient provider that held both the mental health and drug and alcohol license needed.

The Schuylkill County Mental Health and Disability Services offered a large certified peer program. They had three providers who also offered outpatient services that had multiple programs, such as residential and clubhouses (a local community center that offers people who have mental illness hope and opportunities to achieve their full potential). To-date, Schuylkill County Mental Health and Disability Services only has one certified recovery specialist as it was harder to get started than thought. They had 17 certified peer specialists treating 160 people.

GOAL 4: Improve coordination of services between SHS and the community-based provider system

A Team Delivered Service Model as a structure for discharge was developed between SHS and Schuylkill County Mental Health and Disability Services. This model identifies those individuals who come back into the case management system. The goal of this model was to identify the case manager assigned to the patient and have that person attend the treatment team meeting prior to discharge. By having a case manager assigned, it opened up the ancillary services to the patient so that mental health services could begin immediately.

Additional Focus Areas

Although not part of the action plan from the 2013 CHNA, Schuylkill VISION was asked to serve as the organizing and administrative agency to address the two top priority community issues identified in the last CHNA – physical activity and obesity and motor vehicle injuries.

In addressing the need for more physical activity in the community, Schuylkill VISION created a pilot program in Schuylkill Haven called Healthy Haven. The 2013 CHNA identified obesity and lack of exercise as significant health risks in the county. The 2014 Schuylkill Haven program was a pilot project that incorporated a number of the recommend interventions suggested by medical experts to help communities become healthier. The intention of the project was not only to create a sustainable community wellness program for Schuylkill Haven but to determine what components would be the most effective for other communities in Schuylkill County. The project was

designed to start in January 2014 and with the pilot to be completed by December 2014. A coalition of community partners worked together to design and implement the program with input from the community. The elements were facilitated and evaluated by Schuylkill County's VISION.

The program was based on a calendar of events and opportunities for the 2014 year. Some specific activities were ongoing. Other identified activities were incorporated into the existing events that Schuylkill Haven is famous for. Many activities used the infrastructure that had been developed in recent years such as Bubeck and Island Parks. The community participated in challenges that kept them involved in the goals of eating better and exercising.

Several specific populations were targeted. The Council of Churches participated in Holy, Healthy Hospitality by offering healthy food after services and at all events. This was very well received. The Fun Days at St. Ambrose and Schuylkill Haven middle school included healthy activities and information. Seniors in Diakon programs were included in Healthy Haven events and programs. The Schuylkill Haven Recreation Department was a strong partner in the programs and helped to get the word out. The local newspaper had dozens of articles on Healthy Haven. A walking challenge was available to all adults in the community from April to September. Residents were given a recording log and instructions on how to participate. These were collected at the town's borough day and at sites throughout the community. One hundred and twenty people signed up. Forty-three walkers turned in their logs with a total of 8,405.99 miles walked.

The 2014 programs calendar for Schuylkill Haven included:

- January: New Beginnings
    - Community meeting
    - Community Health Fair
- February: Heart Health
    - Heart Healthy cooking demo
    - CPR training
- March: National Nutrition Month
    - Grocery store tours
- April: Getting Outdoors
    - Walking challenge: logs distributed
    - Island hike in Schuylkill Haven
- May: Hiking

- Historic hike of Schuylkill Haven and potluck picnic
- June: Farmers' Market Tips
    - Senior Appreciation Picnic: eating locally
    - Wine, Walk and Wander: walking sign-up, healthy info
- July: Information Table
    - Family Fun night: get moving information
- August: Information Table
    - Island Festival: sport safety
- September: Community Celebration
    - Borough Days: Lots of health info: 1,000 contacts
    - Heritage hike
- October
    - Penn State Health Fair
    - Cooking class: local foods
- November
    - Small business Saturday: information
- December
    - Senior/child movie and therapy dog
    - Last hike of the year

Outcomes achieved through the Schuylkill Health program (based on 24 Survey Monkey responses received in January 2015) included:

- Increased physical activity: 66.67%
- Increased good nutrition: increased number of fruits and vegetables: 50%
- Healthier food choices at times: 45.82%
- Higher usage of Schuylkill Haven parks (people reported more walking)
- Increased access to healthy food choices: churches, parks (initiation of healthy choices at churches and at the Island Park)
- Events: 19 events
- Community wide goal: number of miles walked: 8,405.99
- Self-report of increased fruits and vegetables in diet (above)
- Pre/post weigh ins (very few: not recorded)
- Self-report on availability of healthy food choices (increase at churches, recreation games at Island)
- Community satisfaction with each program and the overall program:
    - Individual programs were given very high ratings
    - 75% of those responding to Survey Monkey rated Healthy Haven as good or excellent.

- Number of participants: 120 in walking program, over 1,800 contacts

In 2015, Schuylkill VISION received a coach from County Health Rankings/Robert Wood Johnson to continue the Schuylkill Haven project as well as received funding to upgrade the parks. Also in 2015, Schuylkill VISION created Healthy Shenandoah - one of the Healthy Schuylkill Communities which was a project to advance healthy lifestyles in Schuylkill County. This project was funded in part by Schuylkill Health and facilitated by Schuylkill County's VISION. Through Healthy Shenandoah, a free Community Expo was offered at Shenandoah Senior Living Community with numerous local health groups on hand to provide screenings such as blood pressure, BMI, and bone density. This community expo was offered to help attendees see how healthy they are, as well as to educate on the opportunities available locally.

The 2015 programs calendar for the Healthy Shenandoah program included:

- April: Getting Outdoors
    - Health Fair at the Walk In Art Center
    - Veterans' Benefit Program
- May: Hiking
    - "Your Brain on Nature" Hope Hill Lavender Farm hike
    - Summer Series: Exercise: The best exercise is the one you will do
- June: Farmers' Market Tips
    - Summer Series: Healthy Habits: How do I "just do it"?
- July: Information Table
    - Children's Tailgate Party
    - Summer Series: Stress: What it is. What it does. How to handle it.
- August: Information Table
    - Summer Series: Healthy Eating: Good food with great taste
- September: Community Celebration
    - Flu Clinic at Shenandoah Senior Community Center
    - Lofty Dam & Pumping Station hike
- October
    - Lavender Farm hike
    - Brain Tumor Alliance Annual 5k Run/Walk event
    - Healthy Steps Fall Prevention for Seniors
    - Veteran's Benefit Program
- November
    - Small business Saturday: information

- December
    - Senior/child movie and therapy dog
    - Last hike of the year

The second community initiative led by Schuylkill VISION addressed motor vehicle injuries. In August of 2013, a coalition of stakeholders from important sectors of the community convened to begin the process of determining the extent and root causes of the high rate of motor vehicle injuries. Through review of the statistical data and discussions with the Highway Safety Coordinator in Schuylkill County, it was determined that the majority of motor vehicle injuries stemmed from teen injuries and deaths due to aggressive, distracted and impaired driving, as well as lack of seat belt use.

A seat belt usage campaign through the school districts was unsuccessful as no school district picked up or offered the program. As an alternative, adoption of the Arrive Alive, Don't Text and Drive program at all varsity high school football games in the county was launched during the fall of 2014. The program included having an ad in the football program, a large, visible banner in the stadium (Arrive Alive, Don't Text and Drive), public service announcements during the game, and cheers from the cheerleaders. At one game, cards were distributed with the same message.

A second wave of the campaign was done during Teen Safe Driving Week in October. Contacts with school superintendents, principals, coaches, cheering coaches and booster clubs at all 13 high schools with a varsity football team lead to 100% participation. Schuylkill VISION designed the program to be very user friendly and required a minimum of effort on the school's part. The Arrive Alive, Don't Text and Drive campaign reached up to 15,000 people throughout the county on a given football Friday. The campaign continued during the 2015-2016 school year.

As part of Make a Difference Day, the maternity/nursery departments at SHS held a child seat safety check. The goal of the program was to ensure that child seats were installed properly. Education was also provided for any recalls that may have been issued regarding car seats.

For purposes of this assessment, the SHS service area geography is defined as Schuylkill County in Pennsylvania.

Schuylkill County, along with the sub-regions of East, North, South, South East and West, were used to pull Demographic data from Nielsen/Claritas and the U.S. Census Bureau – American Family Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household data, household income, employment and poverty status, and travel time to work. Below are the Demographic conclusions from this data. For a more in-depth review of the Demographic data, please see Appendix A (pages 1-22) of SHS's CHNA Supplemental Data Resource.

Demographic Conclusions

- The East and West sub-regions of the service area experienced a population increase between 2000 and 2010, although the population decreased between 2010 and 2016. The other sub-regions have been decreasing since 2000. The 2021 projections suggest that the population for all of the sub-regions of the service area will continue to decline.
- For 2016, there were an estimated 144,698 people living in Schuylkill County with slightly more than one-third (37.8%) living in the South sub-region and nearly another third (30.7%) living in the North sub-region. Between 2000 and 2010, the population of Schuylkill County has decreased by 1.4%. This trend continued from 2010-2016 and is projected to continue into 2021.
- For 2016, the North sub-region has the largest percentage of males (55.2%) and lowest percentage of females (44.8%) when compared to the other areas and county total. The sub-regions of East, South and

Southeast have a lower percentage of males than females, while the West sub-region and county total have a slightly larger percentage of males versus females.

- The predominant race for the primary service area is White Alone (93.0%). Only 3.0% of the service population is Black or African American Alone. For Schuylkill County, the Hispanic or Latino population is 4.0%.
- Schuylkill County has a middle aged and aging population as seen throughout all sub-regions and county total. Approximately two-thirds (69.9%) of the population of the county fall within the age group 25-84.

- In 2016, there were an estimated 58,614 households in Schuylkill County. From 2000 to 2016, the number of households decreased by 3.8% countywide. All regions and county total showed a decrease in households from 2010 through 2021. Over half (53.9%) of the households in the county have household incomes less than $50,000, with only 15.0% having incomes greater than $100,000. When looking at the sub-regions, the highest percentage of residents in the East (18.7%) have incomes less than $15,000, while the other regions highest percentage of incomes fall between $50,000 and $74,999.
- Regarding the 2016 estimated average household income for Schuylkill County and sub-regions residents in the South East, sub-region have the highest average household income ($78,197), while those in the East ($51,399) have the lowest, which is a difference of $26,858. The average annual household income for the county is $59,348.
- The South East region has the highest percentage of married couples with own children (28.7%) and married couples without children (54.9%). The West region has the largest average household size at an estimated 2.43 persons per household. The East sub-region has the highest percentage of families with children in poverty at 10.2%.
- In 2016, slightly more than one in ten residents in the county (12.9%) and sub-regions had not received their high school diploma. Slightly less than half (47.5%) of the residents in the county have graduated from high school, with those in the North sub-region having the highest percentage of high school graduates (51.1%). Approximately one in seven (14.9%) residents have received a college or other advanced degree.
- An estimated 4.9% of the age 16 and older employment population in Schuylkill County was identified in the category of Civilian-

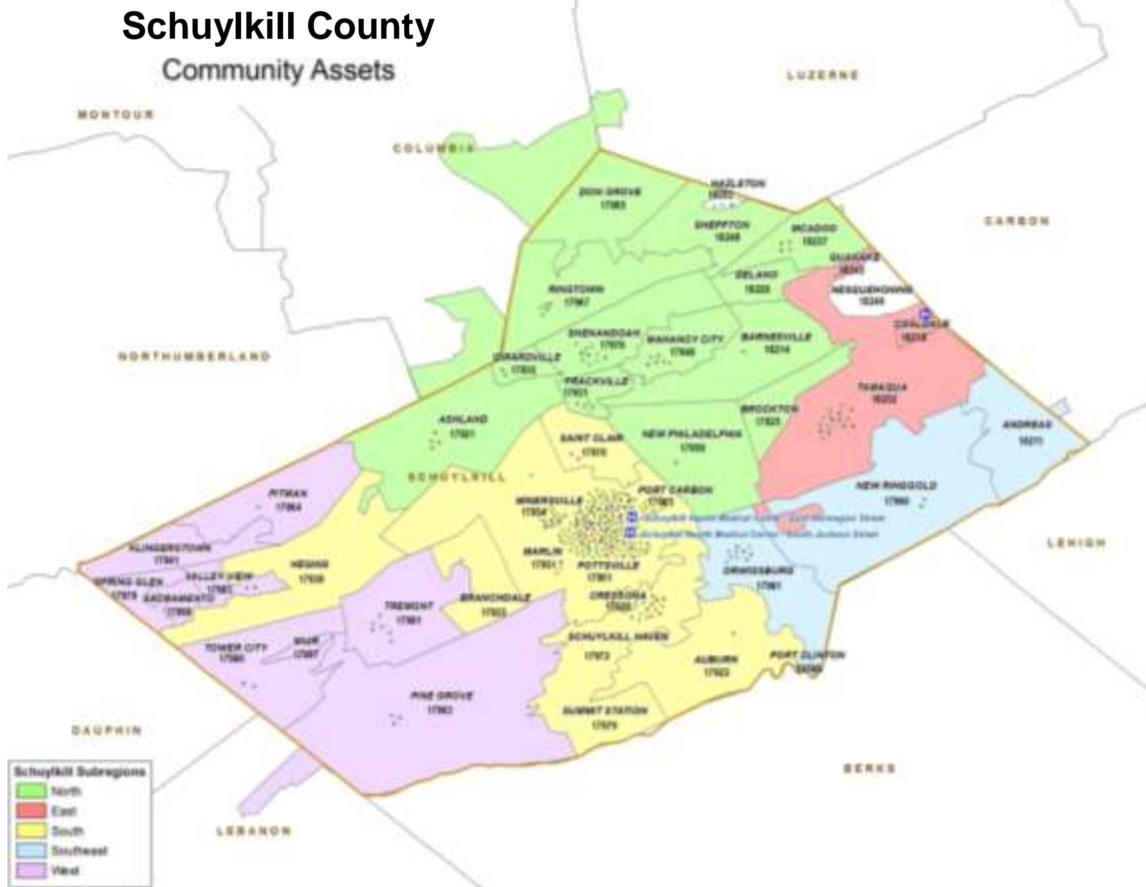
Unemployed in 2016. The East sub-region had the highest percentage (5.6%) in this category and West had the lowest at 3. 6%.

- There are more jobs in the white-collar classification throughout the county than blue-collar or service and farm classifications. The South East sub-region has the highest percentage of white collar employment at 58.0% and the lowest service and farm employment at 16.8%. The West has the highest percentage of blue-collar employment at 36.5% and the East has the most service and farm employment at 19.2%.
- For 2016, the majority (82.1%) of workers drive alone to work, with residents in the North (83.0%) having the highest percentage relying on this mode of transportation. The second highest mode of transportation utilized by workers in the county was car pool (10.30%), with residents in the West (13.5%) relying on this more than the other sub-regions. Workers in the East sub-region (5.2%) were more likely to walk or work from home (4.7%) when compared to the other regions.
- Those living in the East and West sub-regions have the longest average travel time to work at an average of 30 minutes for 2016. The South sub-region has the shortest average travel time to work at 26 minutes.

Community and Hospital Resources Inventory

A list of community and hospital resources that are available in the community to support residents was compiled and is mapped in **Figure 2** (community resources) and **Figure 3** (hopsital resources) and listed in SHS's CHNA Supplemental Data Resource, Appendix B (pages 23-48). Please refer to pages 10-11 of this report for the category breakdown for each of the sections.

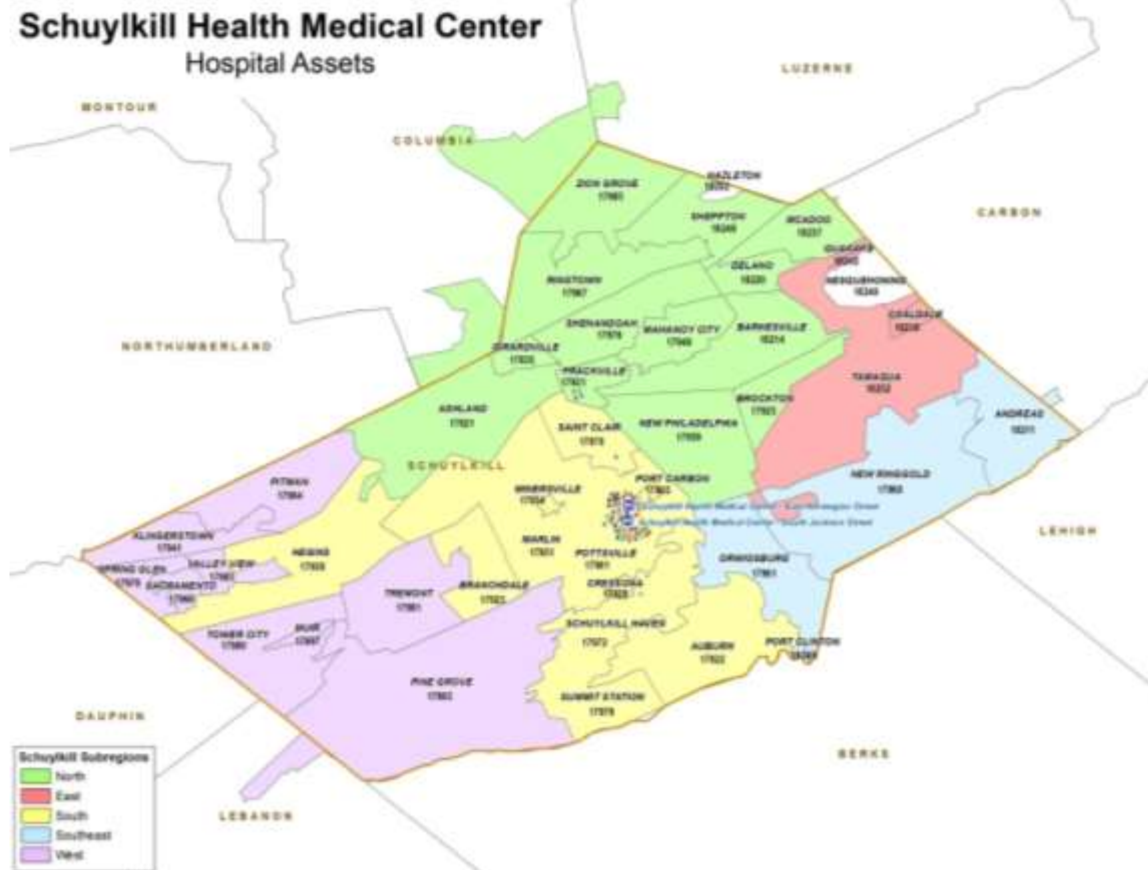
Figure 2: SHS Community Asset Resources Map



Schuylkill County – Community Assets

- Abuse/Victim's Services
- Adult Higher Education
- Advocacy
- Ambulance Services
- Children & Youth Services
- Counseling
- Crisis Intervention
- Dental Services
- Drug & Alcohol Counseling and Services
- Electric & Utilities Assistance
- Emergency Food/Food Programs
- Emergency Fuel
- Emergency Housing
- Employment/Unemployment Services
- Health Services
- Home Health
- Home Health Care Referral
- Hospice
- Hospitals
- Housing Services
- Human Services
- Legal
- Libraries
- Medical Equipment
- Nursing Homes
- Personal Care & Assisted Living
- Pregnancy Counseling/Maternity & Child Support
- Private Duty
- Senior Services
- Temporary Shelter
- Transportation
- Veteran's Services

Figure 3: SHS Hospital Asset Resources Map



Schuylkill Health System - Hospital Assets

- Acute Rehabilitation Unit
- Adolescent Behavorial Health Unit
- Adult Behavorial Health Unit
- Advanced Wound Center (Outpatient)
- Cardiac Rehabilitation (Outpatient)
- CardioPulmonary
- Center for Counseling
- Critical Care/Intensive Care Unit
- DEXA Scan
- Diagnostic Imaging
- Dialysis (Inpatient)
  - CT Scan
  - Digital Mammography
  - Digital Radiology
  - Interventional Radiology
  - Nuclear Medicine
  - PET CT
  - Robotic Surgery
  - Ultrasound
- Emergency Department
- Home Health Department
- Infusion Therapy
- Intensive/Coronary Care
- Laboratory (Inpatient and Outpatient)
- MRI Center
- Maternity/Nursery Unit
- Medical Diagnostics
- Medical Surgical Units
- Nutrition & Wellness Center (Outpatient)
- Occupational Medicine
- Outpatient Laboratory
- Pediatrics Unit
- Physical Therapy
- Senior Behavorial Health Unit
- Surgical Services
- Therapy Services (PT, OT, Speech)
- Veteran's Clinic
- X-RAY

Key Findings –BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS), as well as disease incidence and mortality indicators. For this analysis, the service area data was compared to state and national data where possible.

As outlined in the following tables, when looking at the BRFSS questions related to SHS's service area data, the regional rates that were worse than Pennsylvania, the US or Healthy People 2020 Goals include the following: percentage of people who report their health fair or poor, poor physical or mental health preventing usual activities in the past month, no health insurance, not receiving a routine check-up within the last two years, needed to see a doctor but could not due to cost, heart disease, heart attack, overweight and obese adults, adults ever told they have diabetes, seniors not receiving a pneumonia vaccine, adults ever tested for HIV, mental health not good one or more days in the past month, adults ever told they were depressed, and adults who smoke (never/former/current smoker or who tried to quit).

The public health data within SHS's service area has increasing rates of chronic diseases as well as rates that are higher when compared to the state, nation or Healthy People 2020 goal in several areas: breast cancer, heart failure mortality, diabetes mortality, bronchus and lung mortality, colorectal cancer incidence and mortality, prostate cancer mortality, heart disease/coronary heart disease/ cardiovascular disease mortality, cerebrovascular disease (stroke) mortality, and Alzheimer's Disease mortality.

When looking at Healthy Environment indicators, SHS's service area has increasing rates of Asthma.

For the Healthy Mothers, Babies and Children indicators, SHS's service area has increasing rates of mothers who report not smoking during pregnancy, which indicator is significantly lower than the state rate for the six years ending 2013. Mothers who report not smoking three months prior to pregnancy is also significantly lower than the state rate for all reported years and has a fluctuating trend that is showing a slight drop in recent years. Teen live birth outcomes rates are significantly higher than the state rate for the years 2008 through 2013 in Schuylkill County. The percentage of mothers

who breastfeed is significantly lower than the state for the years 2008-2013, while the percentage of mothers receiving WIC or Medicaid Assistance have slightly decreased in the county. The percentage of mothers receiving prenatal care in the first trimester in the county is significantly higher when compared to the state, although the percentage decreased slightly in 2013. The percentage of overweight students in grades K-12 has been increasing and almost doubled from 2008 to 2013. Obese students in grades K-12 have higher rates for all six years when compared to the state, nation and Healthy People 2020.

For the selected indicators within Infectious Disease, Mental Health and Substance Abuse, Tobacco Use and Injury, SHS's service has increasing rates of influenza and pneumonia mortality, mental and behavioral disorders mortality, and firearm-related mortality. In Schuylkill County for the years 2008-2013, the chlamydia rates have been significantly lower than the state rates, while the suicide rate has been significantly higher than Pennsylvania for the years 2012 and 2013. Although drug-induced mortality rates have been increasing since 2008, the rate did decrease in 2013. Auto accidents mortality have been significantly higher than the state rate for all years except for 2011.

Other indicators that show an increasing trend in the SHS service area include children eligible for free lunch.

The 2015 Pennsylvania Youth Survey for children in grades 8, 10 and 12 for the SHS service area shows that there are increasing rates in lifetime alcohol and marijuana use, although both rates have decreased in the last year.

Schuylkill Health System

2016 Community Health Needs Assessment Report

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Overall Key Findings

Table 3 below highlights the key findings of the Behavioral Risk Factor Survey for SHS.

Table 3. SHS Behavioral Risk Factor Comparative Table – Table 1 of 2

Schuylkill Health Executive Summary Spreadsheet	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Trend	PA	PA	PA	PA	PA	US	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	+/-	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2010	2013	Goal	Comp	Comp	Comp
ACCESS																	
Reported Health Poor or Fair	14.0%	13.0%	13.0%	16.0%	18.0%	+/-	15.0%	15.0%	15.0%	17.0%	17.0%	14.7%	16.7%		+/-	+/-	
Physical Health Not Good for 1+ Days in the Past Month	37.0%	37.0%	40.0%	38.0%	37.0%	+/=	37.0%	37.0%	36.0%	38.0%	37.0%				+/=		
Poor Physical or Mental Health Preventing Usual Activities in the Past Month	18.0%	21.0%	23.0%	21.0%	21.0%	+	21.0%	21.0%	21.0%	22.0%	22.0%				+/-		
No Health Insurance	15.0%	17.0%	14.0%	16.0%	15.0%	+/=	13.0%	13.0%	14.0%	16.0%	15.0%	17.8%	16.8%	0%	+/=	+/-	+
No Personal Health Care Provider	13.0%	13.0%	10.0%	13.0%	13.0%	-/=	11.0%	11.0%	11.0%	13.0%	14.0%		22.9%	16.1%	-	-	-
Routine Check-up Within the Past 2 Years	83.0%	82.0%	81.0%	77.0%	80.0%	-	83.0%	83.0%	83.0%	83.0%	83.0%		81.3%		+/=	+/-	
Needed to See a Doctor But Could Not Due to Cost, Past Year	11.0%	11.0%	13.0%	15.0%	14.0%	+/=	11.0%	11.0%	11.0%	13.0%	12.0%		15.3%	4.2%	+/-	-	+
CHRONIC DISEASE																	
Ever Told They Have Heart Disease- Age 35 and older	8.0%	6.0%	6.0%	6.0%	7.0%	-	7.0%	6.0%	6.0%	7.0%	7.0%	4.1%	4.1%		+/-	+	
Ever Told They Had a Heart Attack- Age 35 and Older	5.0%	5.0%	4.0%	6.0%	8.0%	+	6.0%	6.0%	6.0%	6.0%	7.0%	4.2%	4.3%		+/-	+/-	
Ever Told They Had a Stroke- Age 35 and Older	3.0%	2.0%	3.0%	4.0%	4.0%	+/-	4.0%	4.0%	4.0%	4.0%	4.0%		2.8%		-/=	+/-	
Ever Told They Had a Heart Attack, Heart Disease, or Stroke-Age GE 35	12.0%	9.0%	8.0%	11.0%	13.0%	+/-	12.0%	12.0%	12.0%	12.0%	13.0%				-/=		
Ever Told They Had Kidney Disease, Not Including Kidney Stones, Bladder Infection or Incontinence				2.0%	2.0%	=				2.0%	2.0%		2.5%		=	-	
Overweight (BMI 25-30)	64.0%	63.0%	65.0%	66.0%	65.0%	+/-	64.0%	61.0%	61.0%	65.0%	65.0%	36.2%	35.4%		+/-	+	
Obese (30-99.99)	30.0%	28.0%	28.0%	32.0%	33.0%	+/-	28.0%	27.0%	27.0%	29.0%	30.0%	27.5%	29.4%	30.5%	+/-	+/-	+/-
Adults Who Were Ever Told They Have Diabetes	8.0%	8.0%	8.0%	10.0%	11.0%	+/=	9.0%	9.0%	9.0%	10.0%	10.0%		9.7%		+/-	+/-	
Had Test for High Blood Sugar or Diabetes in the Past 3 Years (Out of Non-Diabetics)				57.0%	55.0%	-				57.0%	57.0%				-/=		
Ever Told They Had Skin Cancer - Age 35 and Older				4.0%	5.0%	+				5.0%	5.0%				-/=		
Ever Told They Had Any Other Types of Cancer - Age 35 and Older				7.0%	7.0%	=				7.0%	7.0%				=		
HEALTHY ENVIRONMENT																	
Adults Who Have Ever Been Told They Have Asthma	14.0%	14.0%	17.0%	14.0%	15.0%	+/=	14.0%	14.0%	14.0%	14.0%	14.0%	13.8%	14.1%		+/-	+/-	
Adults Who Currently Have Asthma	9.0%	9.0%	11.0%	11.0%	11.0%	+/=	10.0%	10.0%	10.0%	10.0%	10.0%	9.1%	9.0%		+/-	+/=	
Ever Told They Have Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Chronic Bronchitis				6.0%	6.0%	=				7.0%	7.0%				-		

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 4 below highlights the key findings of the Behavioral Risk Factor Survey for SHS.

Table 4. SHS Behavioral Risk Factor Comparative Table – Table 2 of 2

Schuylkill Health Executive Summary Spreadsheet	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Berks, Schuylkill	Trend	PA	PA	PA	PA	PA	US	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	+/-	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2010	2013	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE																	
Adults Who Had a Pneumonia Vaccine, Age 65 and older	69.0%	68.0%	68.0%	64.0%	66.0%	-	70.0%	70.0%	71.0%	71.0%	70.0%	68.8%	69.5%	90.0%	-	-	-
Ever Tested for HIV, Ages 18-64	34.0%	31.0%	37.0%	38.0%	38.0%	+/-	34.0%	35.0%	35.0%	38.0%	38.0%		35.2%	73.6%	-/=	+/-	-
MENTAL HEALTH AND SUBSTANCE ABUSE																	
Limited in Activity Due to Physical, Mental, or Emotional Problems, All Adults	20.0%	20.0%	21.0%	20.0%	20.0%	+/=	20.0%	21.0%	21.0%	21.0%	21.0%				-/=		
Mental Health Not Good 1+ Days in the Past Month	31.0%	33.0%	36.0%	36.0%	37.0%	+	34.0%	35.0%	35.0%	36.0%	36.0%				+/-		
Ever Told They Have a Depressive Disorder Including Depression, Major Depression, Minor Depression - Age 65 and Older				15.0%	16.0%	+				13.0%	13.0%				+		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)	18.0%			17.0%	17.0%	=	17.0%			18.0%	17.0%	17.1%	16.8%	24.4%	=	+	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	4.0%			7.0%	7.0%	=	5.0%			6.0%	6.0%		6.2%		+	+	
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	5.0%			7.0%	7.0%	=	6.0%			6.0%	6.0%	5.0%			+	+	
PHYSICAL ACTIVITY AND NUTRITION																	
Seldom or Never Wears Seatbelts When Riding in a Car			5.0%	7.0%	7.0%	+			6.0%	6.0%	6.0%				+/-		
TOBACCO USE																	
Adults Who Reported Never Being a Smoker	52.0%	53.0%	54.0%	52.0%	50.0%	+/-	54.0%	55.0%	56.0%	53.0%	54.0%	56.6%	55.0%		-/=	-	
Adults Who Reported Being a Former Smoker	26.0%	27.0%	26.0%	26.0%	28.0%	+/=	26.0%	26.0%	26.0%	26.0%	25.0%	25.1%	25.3%		+	+	
Adults Who Reported Being a Former Smoker - Females	22.0%	21.0%	22.0%	21.0%	23.0%	+/-	23.0%	23.0%	23.0%	22.0%	22.0%				+/-		
Adults Who Reported Being a Former Smoker - Males	30.0%	33.0%	31.0%	32.0%	33.0%	+	29.0%	30.0%	29.0%	29.0%	29.0%				+		
Community Currently using Chewing Tobacco, Snuff, or Snus, Somewhat or Everyday				4.0%	4.0%	=				4.0%	4.0%		4.2%		=	-	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (daily)	63.0%	52.0%	51.0%	53.0%	58.0%	-	50.0%	49.0%	50.0%	54.0%	54.0%			80.0%	+/-		-
Adults Who Reported Being a Current Smoker	22.0%	20.0%	19.0%	21.0%	23.0%	+/-	20.0%	19.0%	18.0%	22.0%	21.0%	17.3%	18.8%	12.0%	+/-	+	+
Adults Who Reported Being an Everyday Smoker	15.0%	14.0%	15.0%	16.0%	16.0%	+/-	15.0%	14.0%	14.0%	16.0%	15.0%	12.4%	13.4%		+/-	+	

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Schuylkill Health System

2016 Community Health Needs Assessment Report

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Table 5 highlights various public health indicators included in the assessment for SHS.

Table 5. SHS Public Health Indicators – Table 1 of 2

Schuylkill Health Executive Summary Spreadsheet	SCHUYLKILL COUNTY							Trend	PA 2008	PA 2009	PA 2010	PA 2011	PA 2012	PA 2013	PA 2014	US-2011-2013	US 2013	HP 2020	PA	US	HP Goal
Public Health Data	2008	2009	2010	2011	2012	2013	2014	+/-	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Goal	Comp	Comp	Comp
CHRONIC DISEASE																					
Breast Cancer Incidence Rate per 100,000	55.4	77.2	67.4	44.0	61.8	62.2		+/-	71.2	71.5	67.9	69.4	69.4	70.6		121.9	122.0	41.0	-	-	+
Breast Cancer Mortality Rate per 100,000	15.2	15.0	12.3	14.6	13.0	11.8		-	13.9	13.6	13.1	12.8	12.5	12.1		22.2	21.5	20.7	+/-	-	-
Bronchus and Lung Cancer Incidence Rate per 100,000	69.5	71.7	58.5	71.3	74.6	65.5		+/-	69.8	69	65.9	66.0	63.9	64.3			73.0		+	+/-	
Bronchus and Lung Cancer Mortality Rate per 100,000	58.3	56.9	56.1	46.8	55.7	50.3		-	51.6	49.9	48.7	47.2	46.5	45.0			57.9	45.5	+	+/-	+
Colorectal Cancer Incidence Rate per 100,000	61.5	61.3	52.0	48.0	55.2	54.9		-	49.5	47.6	43.7	44.0	42.5	42.3			46.1	38.6	+	+	+
Colorectal Cancer Mortality Rate per 100,000	22.0	18.7	20.6	18.3	16.4	19.9		-	18.1	17.4	17.0	15.7	15.8	15.9		16.9	18.1	14.5	+	+/-	+
Ovarian Cancer Incidence Rate per 100,000	ND	ND	ND	ND	ND	ND			13.5	13.3	12.9	12.4	11.9	11.7			11.3				
Ovarian Cancer Mortality Rate per 100,000	7.9	ND	10.2	ND	ND	7.6			8.7	8.9	8.1	7.6	7.9	7.8			7.5				
Prostate Cancer Incidence Rate per 100,000	133.7	115.2	94.6	102.4	78.2	94.9		-	148.7	139.6	132.8	136.5	101.7	101.2			128.3		+/-	-	
Prostate Cancer Mortality Rate per 100,000	27.3	19.7	21.2	27.4	14.3	26.4		+/-	24.2	21.0	21.2	20.7	19.1	19.6			20.8	21.8	+/-	+/-	+/-
Heart Disease Mortality Rate per 100,000	240.0	227.8	233.6	244.0	226.9	251.1		+/-	207.3	190.8	185.3	184.1	175.2	178.4			176.8		+	+	
Heart Failure Mortality Rate (per 100,000)	15.1	17.8	20.5	24.1	11.4	16.0		+/-	20.4	18.5	18.3	19.3	17.9	19.7					+/-		
Coronary Heart Disease Mortality Rate per 100,000	174.6	159.4	155.8	159.6	169.6	194.8		+/-	138.5	128.3	123.0	120.1	115.3	114.3			108.9	103.4	+	+	+
Cardiovascular Mortality Rate per 100,000	306.1	297.1	296.9	303.4	279.7	308.3		+/-	264.5	245.3	237.6	237.6	225.5	229.4			233.7		+	+	
Cerebrovascular Mortality Rate per 100,000	41.5	45.0	45.3	42.9	40.7	43.3		+/-	41.8	39.9	38.9	39.1	36.8	37.0		39.1	39.9	34.8	+	+	+
Diabetes Mortality Rate per 100,000	26.8	16.9	25.6	30.1	32.1	20.0		+/-	21.3	20.2	19.6	20.8	22.0	22.6		20.8	73.28	66.6	+/-	-	-
Type I Diabetes, Students		0.31%	0.27%	0.32%	0.32%	0.31%		-/=		0.30%	0.31%	0.31%	0.32%	0.33%					-		
Type II Diabetes, Students		0.06%	0.08%	0.07%	0.07%	0.05%		+/-		0.07%	0.07%	0.07%	0.06%	0.06%					+/-		
Alzheimer's Disease Mortality Rate per 100,000	20.5	16.9	22.0	20.1	23.1	23.1		+/-	22.8	19.2	19.9	19.0	18.7	17.4					+/-		
HEALTHY ENVIRONMENT																					
Student Health Asthma		5.8%	9.3%	9.7%	9.7%	8.4%		+		6.8%	11.8%	11.8%	12.1%	12.2%					-		

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Schuylkill Health System

2016 Community Health Needs Assessment Report

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 6 highlights various public health indicators included in the assessment for SHS.

Table 6. SHS Public Health Indicators – Table 2 of 2

Schuylkill Health Executive Summary Spreadsheet			SCHUYLKILL COUNTY					Trend	PA 2008	PA 2009	PA 2010	PA 2011	PA 2012	PA 2013	PA 2014	US-2011-2013	US 2013	HP 2020	PA	US	HP Goal
Public Health Data	2008	2009	2010	2011	2012	2013	2014	+/-	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN																					
Prenatal Care First Trimester	79.1%	82.4%	81.4%	81.2%	81.4%	81.1%		+	70.5%	70.9%	71.3%	71.7%	72.4%	72.5%			70.8%	77.9%	+	+	+
Non-Smoking Mother During Pregnancy	70.4%	74.1%	73.8%	74.0%	73.6%	74.9%		+	83.0%	83.5%	84.1%	84.7%	85.2%	85.8%			89.3%	98.6%	-	-	-
Non-Smoking Mother 3 Months Prior to Pregnancy	62.8%	67.1%	66.0%	65.9%	67.7%	67.4%		+	77.6%	78.0%	78.7%	79.4%	80.1%	80.8%			76.8%		-	-	
Low Birth-Weight Babies Born	8.7%	7.7%	7.8%	6.2%	7.2%	8.1%		-	8.3%	8.4%	8.3%	8.2%	8.1%	8.0%			8.0%	7.8%	+/-	+/-	+/-
Mothers Reporting WIC Assistance	43.1%	43.0%	43.7%	42.5%	40.1%	39.7%		+/-	39.0%	39.9%	40.1%	40.0%	39.3%	38.2%					+		
Mothers Reporting Medicaid Assistance	31.4%	34.9%	41.4%	36.9%	38.4%	32.9%		+	31.2%	33.0%	32.7%	32.8%	33.6%	32.6%					+/-		
Breastfeeding	49.1%	53.9%	54.6%	56.9%	58.2%	62.3%		+	66.5%	69.0%	70.0%	71.2%	73.1%	75.6%			77.0%	81.9%	-	-	-
Teen Pregnancy Rate per 100,000, Ages 15-19	43.2	37.1	39.2	37.2	35.5	27.2		-	43.7	39.8	39.0	35.5	33.1	28.8		34.2	30.0	36.2	+/-	+/-	+/-
Teen Live Birth Outcomes, Ages 15-19	78.9%	85.6%	77.6%	82.6%	82.9%	87.6%		+/-	67.6%	68.2%	68.0%	68.8%	69.5%	70.7%			73.4%		+	+	
Infant Mortality (per 1,000 live births)	ND	6.9	ND	ND	11.1	8.9			7.3	7.2	7.3	6.5	7.0	6.7		6.2	6.1	6.0			
Overweight BMI, Grades K-6			18.98%	16.28%	16.40%	28.65%		+/-		15.1%	14.9%	15.1%	15.7%	22.0%					+/-		
Obese BMI, Grades K-6			20.59%	21.39%	21.06%	20.19%		+/-		16.4%	15.7%	15.3%	16.6%	16.4%				15.7%	+		+
Overweight BMI, Grades 7-12			16.94%	16.22%	16.93%	30.11%		+/-		16.3%	15.2%	15.5%	16.5%	22.1%			30.3%		+/-	-	
Obese BMI, Grades 7-12			21.34%	20.03%	21.89%	21.12%		+/-		17.2%	15.9%	16.0%	17.4%	18.0%			13.7%	16.1%	+	+	+
INFECTIOUS DISEASE																					
Influenza and Pneumonia Mortality Rate per 100,000	18.8	13.4	12.0	13.1	15.5	22.0		+/-	16.7	14.9	13.4	15.7	13.3	16.0		16.2	15.1		+/-	+/-	
Chlamydia Rate per 100,000	118.2	110.2	136.2	145.7	204.7	143.6	147.5	+/-	339.3	341.7	374.1	415.0	430.9	407.5	395.2	426.0	446.6		-	-	
Gonorrhea Rate per 100,000	ND	12.9	16.9	16.9	17.7	13.6	6.9	+/-	88.9	80.4	101.4	108.1	120.6	108.6	99.4		106.7		-	-	
Hepatitis B-Chronic				8.8	15.0	10.9	10.3	+	15.8	13.5	11.6	15.2	15.3	11.9	15.0		7.7		+/-	+	
Lyme Disease Rate per 100,000	19.0	18.4			19.0		24.7		32.1	45.4	30.0	42.1	39.4	46.2	58.6		8.6				
MENTAL HEALTH AND SUBSTANCE ABUSE																					
Drug-Induced Mortality Rate per 100,000	12.2	19.8	17.4	16.2	27.6	18.1		+	15.3	15.9	15.5	18.2	19.2	19.9			10.2	11.3	+/-	+	+
Mental & Behavioral Disorders Mortality Rate per 100,000	25.6	26.6	30.9	35.5	43.7	43.6		+	34.0	32.3	37.6	40.3	43.0	45.4			63.3		-	-	
INJURY																					
Auto Accident Mortality Rate per 100,000	21.0	19.8	17.8	15.9	20.2	18.4		-	11.9	10.2	10.5	10.6	10.0	9.8		11.9	10.7	12.4	+	+	+
Suicide Mortality per 100,000	16.7	21.1	14.7	16.1	21.4	21.3		+/-	11.9	12.2	11.7	12.9	12.1	13.3		12.1	4.5	10.2	+	+	+
Fall Mortality Rate per 100,000	12.3	7.6	10.6	8.3	5.4	7.5		-	8.0	8.0	8.3	8.4	8.4	9.1		8.1	9.6	7.2	+/-	+/-	+/-
Firearm Mortality Rate (Accidental, Suicide, Homicide)	11.4	14.4	11.7	11.5	17.3	17.6		+	10.6	10.4	10.0	10.9	11.0	11.1		10.1	10.1	9.3	+	+	+

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 7 highlights various county health indicators included in the assessment for SHS.

Table 7. SHS County Health Rankings

Schuylkill Health Executive Summary Spreadsheet	**SCHUYLKILL COUNTY**				Trend	PA 2013	PA 2014	PA 2015	PA 2016	US	HP 2020	PA	US	HP Goal
Other Indicators	2013	2014	2015	2016	+/-	Rate	Rate	Rate	Rate	Rate (2011)	Goal	Comp	Comp	Comp
ACCESS														
Mammogram Screening	59.9%	58.6%	58.3%	57.0%	-	66.8%	63.0%	63.4%	64.0%	67.1%	81.1%	-	-	-
HEALTHY ENVIRONMENT														
Unemployment Rates	9.5%	9.4%	8.8%	6.9%	-	7.9%	7.9%	7.4%	5.8%	8.9%		+	+/-	
High School Graduation Rates	85.0%	85.0%	86.0%	88.0%	+/=	83.0%	84.0%	85.0%	86.0%		82.40%	+/-		+
Children Living in Poverty	19.0%	21.0%	20.0%	19.0%	+/=	19.0%	20.0%	19.0%	19.0%			+/=		
Children Living in Single Parent Homes	32.0%	32.0%	32.0%	33.0%	+/=	32.0%	33.0%	33.0%	33.0%			-/=		
PHYSICAL ACTIVITY AND NUTRITION														
Limited Access to Healthy Foods	2.0%	2.0%	2.0%	2.0%	=	4.0%	4.0%	4.0%	4.0%			-		
Food Insecurity		13.0%	13.0%	14.0%	+/=		15.0%	14.0%	14.0%			-+=		
Children Eligible for Free Lunch	34.0%	34.0%	34.0%	38.0%	+/=	33.0%	33.0%	34.0%	36.0%			+/-		
TOBACCO USE														
Adults who Smoke	25.0%	25.0%	25.0%	20.0%	+/=	21.0%	20.0%	20.0%	21.0%	20.0%	12.0%	+/-	+/=	+

Source: County Health Rankings, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 8 highlights various youth survey indicators included in the assessment for SHS.

Table 8. SHS 2015 Pennsylvania Youth Survey

Schuylkill Health Executive Summary Spreadsheet	SCHUYLKILL COUNTY			Trend	PA 2015	US	PA	US
	2011	2013	2015	+/-	Rate	Rate (2011)	Comp	Comp
MENTAL HEALTH AND SUBSTANCE ABUSE								
% of Alcohol Child/Adolescent Lifetime Use								
Grade 6	17.6%	13.3%	17.0%	-	15.8%		+/-	
Grade 8	37.1%	35.8%	36.9%	+/-	33.9%	27.8%	+	+
Grade 10	55.5%	62.1%	58.4%	+	54.2%	52.1%	+	+
Grade 12	59.4%	76.5%	71.4%	+	71.0%	68.2%	+/-	+/-
Overall	42.1%	47.5%	45.6%	+	43.9%		+/-	
% of Marijuana Child/Adolescent Lifetime Use								
Grade 6	0.7%	0.9%	0.9%	+	1.2%		-	
Grade 8	6.7%	7.7%	6.5%	+/-	7.3%	16.5%	+/-	-
Grade 10	20.8%	23.2%	20.2%	+/-	22.0%	35.8%	+/-	-
Grade 12	31.3%	32.9%	33.3%	+	38.2%	45.5%	-	-
Overall	14.2%	16.5%	15.0%	+	17.3%		-	
% of Children/Adolescents Who Drove After Drinking								
Grade 6	0.1%	0.5%	0.3%	+	0.4%		+/-	
Grade 8	0.8%	1.3%	1.2%	+	1.1%		+/-	
Grade 10	1.5%	2.0%	1.9%	+	1.4%		+	
Grade 12	7.1%	10.1%	6.6%	+/-	6.4%		+	
Overall	2.3%	3.6%	2.6%	+	2.4%		+/-	
% of Children/Adolescents Who Drove After Using Marijuana								
Grade 6	0.1%	0.2%	0.7%	+	0.2%		+/-	
Grade 8	0.3%	0.2%	1.2%	+	0.7%		+/-	
Grade 10	1.5%	1.8%	1.7%	+	1.7%		+/-	
Grade 12	6.6%	9.7%	7.9%	+	10.7%		-	
Overall	2.0%	3.2%	2.9%	+	3.5%		-	
% of Pain Reliver Child/Adolescent Lifetime Use								
Grade 6	0.8%	2.9%	1.8%	+	1.9%		+/-	
Grade 8	3.2%	2.8%	3.3%	+/-	4.3%		-	
Grade 10	7.1%	8.6%	8.4%	+	6.7%		+	
Grade 12	12.9%	14.4%	10.7%	+/-	12.1%		+/-	
Overall	5.7%	7.3%	6.0%	+	6.3%		+/-	

Source: 2015 Pennsylvania Youth Survey, National Survey Results on Drug Abuse – 1975-2015

Primary Research Results

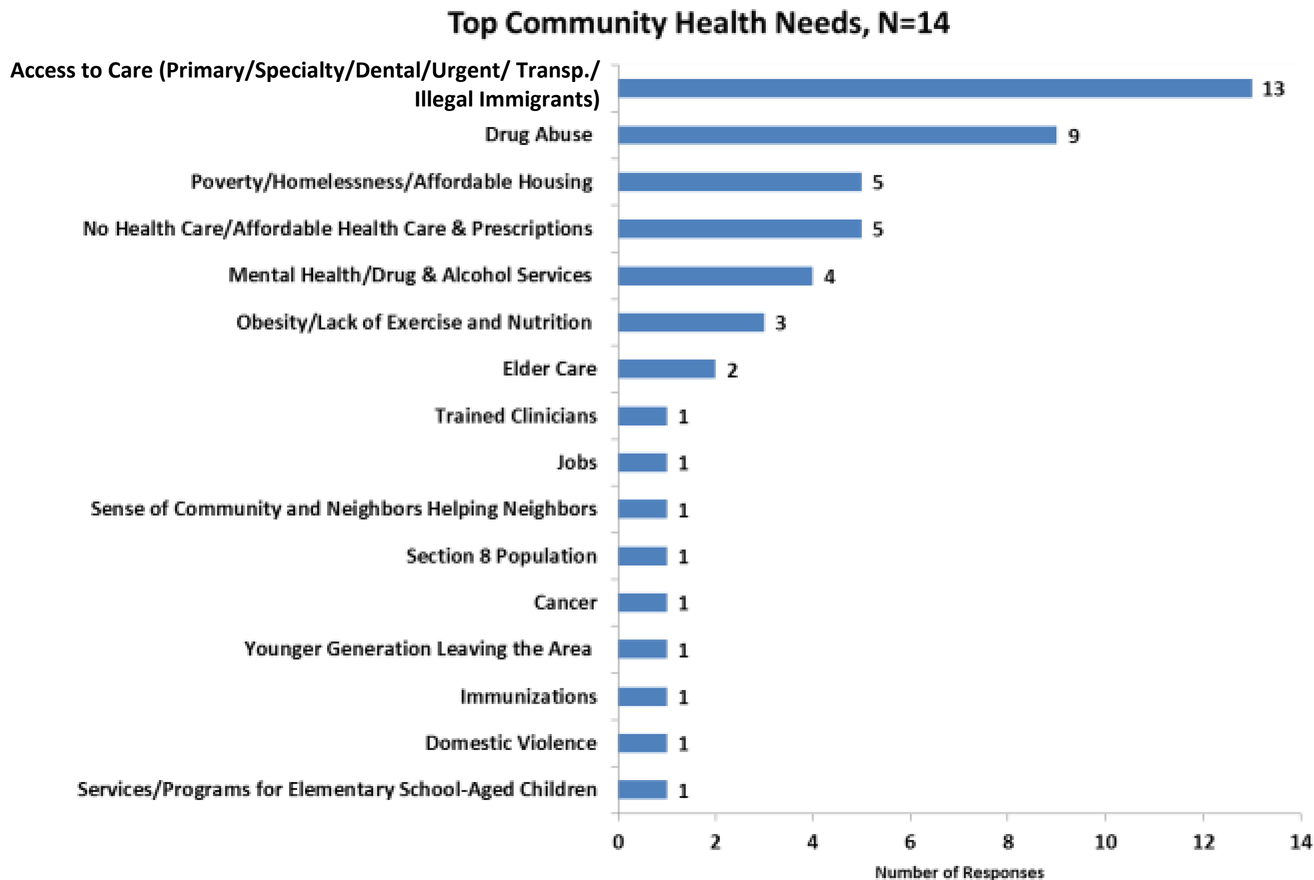
A total of 14 stakeholder interviews were conducted throughout the region. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency.

While the interviews were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of the stakeholders interviewed.

Overall Community Health Status

The 14 stakeholders interviewed were asked to identify what they thought were the top three community health needs and issues. The results are shown in **Figure 4** below.

Figure 4. Stakeholder Interviews – Top Community Health Needs



Source: Schuylkill Health Stakeholder Interviews, 2016

When asked to identify factors that impact the health of the community, stakeholders interviewed indicated that a variety of things impact health including:

- Lack of physician support for the underserved population by not accepting medical assistance patients
- Lack of primary care physicians
- Lack of specialists (orthopedics, endocrinology, rheumatologist)
- Over utilization of the Emergency Room
- Lack of programs and services for elementary school age children and their families
- Lack of psychiatric doctors – long waiting period for therapy
- Lack of urgent care services
- Lack of dental care – children are unable to chew raw fruits and vegetables due to poor dental hygiene

- Lack of jobs
- Limited educational and cultural opportunities
- Prevalence of weapons
- Depression/low self-care
- Domestic/Partner violence
- Drug addiction
- Lack of counseling services for mental health and drug abuse
- Poverty
- Lack of affordable housing, especially for the senior population
- Lack of affordable health insurance, including high deductibles, copays and medical cost
- Need for homeless (overnight) shelters
- Immigrants into the community, especially those wanting to be close to an incarcerated family member
- Limited mass transportation (hours of operation and routes)
- Lack of nutrition education
- Aging population
- Younger generation leaving the area
- No motivation for people living on assistance to find employment
- Need for outpatient services, especially stepdown facilities
- Lack of education on the importance of immunizations
- Need to create a follow-up system for people discharged from the hospital
- Medication is unaffordable
- No option for medical coverage for the illegal immigrants in Shenandoah
- Stigma of not wanting to share problems with neighbor to neighbor programs
- Need for clinicians trained in trauma
- Lack of funding for community agencies
- Lack of affordable home health services

Suggestions to improve community health by the stakeholders included:

- Recruit more primary and specialty physicians
- Open a dental clinic/mobile dental van
- Nutrition education, especially proper eating habits
- Rally the community on initiatives so there is buy-in
- Education around violence
- Education on drug addiction services

- Additional funding for health care and mental health services, as well as housing
- Coordinate efforts of community groups
- Need for a homeless shelter
- Resource directory of services in the area
- Create state-of-the-art upgrades to the hospitals
- More psychiatrists
- Remove the stigma of mental health
- Create a medical home model
- Parent education
- Chronic disease education
- More education on what the hospital vs. Primary Health Network can offer
- Community interventions – working through churches, civic groups, community-based coalitions, etc. to assist with issues
- Eliminate blight
- Reform welfare
- Area of Aging needs additional funding in order to provide more services

Initiatives Currently Underway

Stakeholders who were interviewed were asked to identify initiatives that are already underway that can address the health needs of the community. The initiatives included:

- Safe Driving Education
  - Teen Safe Driving Week
  - One Text or Call Could Wreck It program
  - Arrive Alive, Get a Nap
- Coalition established to create We Can Program for healthier communities
- Physical Activity Programs
  - Summer Walking Challenge
  - Fun Day at schools
  - Historic walks
  - Town Challenge
  - Schuylkill on the Move
- Immunization Coalition

- VISION received a coach from County Health Rankings/Robert Wood Johnson to identify need and cleaned up the parks in Shenandoah
- Suicide Prevention Task Force
- Diabetes Coalition
- Drug Education/Narcan Training
- Food Banks/Soup Kitchen – summer time the food banks offer fresh local produce
- Servants to All and My Father's House – homeless programs/shelter
- Hospital-sponsored education seminars
- Healthy Schuylkill Haven
- Healthy Shenandoah
- TeleMed Urgent Care and Primary Health Network
- Health Fairs
- Mental Health and police working together to identify those people who should be put into a facility rather than jail as there is high risk of suicide for those people arrested for DUI or drug possession
- The elderly coming into the ER are being assessed by a triage nurse and social worker and admitted directly to a skilled nursing facility and by-passing the ER

Access to Quality Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community. For a more in-depth review of the Access to Quality Health Care data, please see Appendix C (pages 51-66) of SHS's CHNA Supplemental Data Resource.

Stakeholders identified the need for more mental health services, dental providers, primary and specialty care physicians, urgent care services, care for illegal immigrants, services/programs for elementary school-aged children and their families, elder care, transportation, and drug treatment facilities. They also noted the cost of insurance and lack of providers who accept CHIP/Medicare as barriers to receiving health care.

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Health Care. They include:

- The percentage of adults in the region cluster of Schuylkill/Berks who report their health as fair or poor has been increasing since 2010-2012. For the years 2012 through 2014 (18.0%), those adults who reported their health as fair or poor are higher than Pennsylvania (17.0%) and the United States (16.7%).
- The percentage of adults who reported that poor physical or mental health prevented usual activities within the past month had been increasing in Schuylkill/Berks counties from 2008-2010 through 2010-2012, with a slight decrease in 2011 through 2013. In looking at 2012-2014 the county (21.0%) is comparable to the state (22.0%).

- For the cluster years 2010-2014, those adults with no health insurance for Schuylkill/ Berks Counties were comparable to the state and slightly less when compared to the nation, although all are above the Healthy People 2020 Goal of 0.0%.
- For the years 2011-2013, the percentage of adults in Schuylkill/Berks Counties who reported having a routine check-up in the past two years was significantly lower (77.0%) than Pennsylvania (83.0%). For the years 2008-2013, the Schuylkill/Berks county cluster had a downward trend of those adults receiving a routine check-up in the past two years. While the county clusters (80.0%) had an increase in the percentage of adults receiving a routine checkup for the most recent years of 2012-2014, the county is still below the state (83.0%) and nation (81.3%).
- The percentage of adults in Schuylkill/Berks Counties who could not see a doctor due to cost increased slightly from 2009-2013, with a slight decrease in 2012-2014 and at 14.0%, was just above the state (12.0%) but below the nation (15.3%); additionally all are well above the Healthy People 2020 Goal of 4.2%.
- According to the PRC 2014 National Child & Adolescent Health Survey, more than half of the children (65.3%) in the United States are covered under Private Insurance.
- According to the PRC National Child & Adolescent Health Survey, 6.5% of children in the United States do not have insurance. The study found that 6.6% of children in the Northeast region do not have health insurance.
- According to the PRC 2014 National Child & Adolescent Health Survey, one in four children (24.5%) in the Northeast Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).
- According to the PRC National Child & Adolescent Health Survey, the majority (91.7%) of children in the Northeast Region had a routine physician visit in the past year, which is higher when compared to the United States (85.3%).
- The PRC National Child & Adolescent Health Survey found that 83.6% of children in the Northeast region had an annual routine dental check-up, which is slightly lower than the United States (84.9%).
- The Northeast region (19.5%) had the lowest number of children accessing health care through an urgent care center when compared to the other regions and the United States (28.6%).

- In looking at the years 2013 through 2016, there has been a downward trend of those women in Schuylkill County receiving a mammogram screening. For the four years represented, Schuylkill County is well below the state and nation percentages of those women receiving a mammogram screening, and all three are below the Healthy People 2020 Goal of 81.1%.
- Stakeholders identified the lack of primary and specialty physicians, lack of dental providers, lack of urgent care facilities, lack of transportation, mental health/drug and alcohol services, and the inability to afford insurance/medication as needs in the community.

Chronic Disease

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as Chronic Disease. For a more in-depth review of the Chronic Disease data, please see Appendix C (pages 67-88) of SHS's CHNA Supplemental Data Resource.

Stakeholders identified obesity and cancer as serious problems in the community.

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

- In 2008 (55.4) and 2011 (44.0), breast cancer incidence rates were significantly lower in Schuylkill County than it was in PA (71.2 and 69.4, respectively). The rates are all above the Healthy People 2020 Goal of 41.0.
- While the bronchus and lung cancer mortality rate in Schuylkill County has been on a downward trend from 2008-2011, the rate did increase in 2012 only to decrease in 2013. The county rate is above the state and nation rate for all reported years. For 2013, Schuylkill County (50.3) and the nation (57.9) are above the Healthy People 2020 Goal of 45.5. The county and state are lower than the nation.
- Colorectal cancer incidence rates in Schuylkill County for the years 2008 (61.5), 2009 (61.3), 2012 (55.2) and 2013 (54.9) were significantly higher than the state. The county is above the state and nation, with all rates above the Healthy People 2020 Goal of 38.6.
- Colorectal cancer mortality rates have been fluctuating in Schuylkill County for the six years ending 2013 and are above the state rates.

When looking at the US 2013 rate, all years except for 2012 are above the nation rate of 18.1. All rates are above the Healthy People 2020 Goal of 14.5.

- Prostate cancer mortality rates were varying for the years 2008-2013. While the 2013 prostate cancer mortality rates for the state (19.1) and nation (20.8) almost met the Healthy People 2020 goal of 21.2, Schuylkill County's rate was higher at 26.4.
- Schuylkill County's heart disease mortality rates for the years 2008 (240.0), 2009 (227.8), 2010 (233.6), 2011 (244.0), 2012 (226.9) and 2013 (251.1) are significantly higher than the state rates of 207.3, 190.8, 185.3, 184.1, 175.2 and 178.4, respectively. The 2013 county rate (251.1) is also higher than the U.S. rate (176.8) for the same period.
- Schuylkill County's heart failure mortality rates for the years 2008 (15.1) and 2012 (11.4) are significantly lower than the state rates of 20.4 and 17.9, respectively.
- Schuylkill County's coronary heart disease mortality rates for the years 2008 (174.6), 2009 (159.4), 2010 (155.8), 2011 (159.6), 2012 (169.6) and 2013 (194.8) are significantly higher than the state rates of 138.5, 128.3, 123.0, 120.1, 115.3 and 114.3, respectively. The 2013 county rate (194.8) is also higher than the U.S. rate (108.9) for the same period, and all rates are above the Health People 2020 Goal of 103.4.
- Schuylkill County's cardiovascular disease mortality rates for the years 2008 (306.1), 2009 (297.1), 2010 (296.9), 2011 (303.4), 2012 (279.7) and 2013 (308.3) are significantly higher than the state rates of 264.5, 245.3, 237.6, 237.6, 225.5 and 229.4, respectively. The 2013 county rate (308.3) is higher than the U.S. rate (233.7) for the same period.

- Almost twice as many adults in Schuylkill County (7.0%) have been told they have heart disease when compared to the nation (4.1%), although both the county and state rates are comparable for the five-year clusters ending 2012 through 2014.
- Slightly more adults in Schuylkill County have been told they had a heart attack when compared to the state and nation. For the years 2010-2012, the percentage of adults ever told they had a heart attack (4.0%) was significantly lower than the state (6.0%), although the percentage of adults in the county has been increasing ever since.
- Cerebrovascular disease mortality has been fluctuating in Schuylkill County for the six years ending 2013, with the 2013 rate in Schuylkill

(43.3) slightly higher than the state (37.0) and nation (39.9), as well as the Healthy People 2020 Goal of 34.8.
- The Alzheimer's Disease mortality rates for Schuylkill County have been fluctuating for the years 2008-2013. For the year 2013, Schuylkill County's Alzheimer's Disease mortality rate (23.1) was slightly higher than the state rate (17.4).
- For 2013, slightly more adults in the county cluster of Schuylkill/Berks (11.0%) have been told they have diabetes than the state (10.0%) and nation (9.7%). In Schuylkill/Berks, adults who were ever told they have diabetes have been trending upward since 2010-2012.
- According to the PRC National Child & Adolescent Health Survey, twice as many children in the Northeast region (1.4%) have diabetes compared to the United States (0.7%).
- There are almost twice as many adults who are considered overweight in the county cluster of Schuylkill/Berks counties (65.0%) than the nation (35.4%), although the county cluster is comparable to the state.
- More adults are obese in the cluster county of Schuylkill/Berks than the state and nation. Schuylkill/Berks is slightly above the Healthy People 2020 Goal of 30.5%, while the state and nation are slightly below the goal.
- Stakeholders commented on cancer, elder care, obesity and lack of exercise and nutrition as needs in the community.

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information. For a more in-depth review of the Healthy Environmental data, please see Appendix C (pages 89-98) of SHS's CHNA Supplemental Data Resource.

Stakeholders identified the following needs regarding the health of their environment: poverty, homelessness, affordable housing, jobs, younger generation leaving the area, Section 8 population wanting to stay on welfare, and sense of community.

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

- In 2013, slightly fewer students in Schuylkill County (8.4%) have been told they have asthma when compared to the state (11.8%).
- According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%). Slightly more than one in four (27.0%) children in the United States had an Asthma related visit to the Emergency Room or Urgent Care Facility.
- Stakeholders commented on poverty, homelessness, and affordable housing as factors that impact health.

Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community. For a more in-depth review of the Healthy Mothers, Babies and Children data, please see Appendix C (pages 99-116) of SHS's CHNA Supplemental Data Resource.

Stakeholders noted that there is a need for services and programs for elementary school-age children and their families.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- For all years reported (2008-2013), Schuylkill County had a significantly higher percentage of mothers receiving prenatal care during their first trimester compared to Pennsylvania and the nation. The county continues to exceed the Healthy People 2020 Goal of 70.8% of mothers receiving prenatal care in the first trimester.
- For all years reported, Schuylkill County had a significantly higher percentage of mothers receiving prenatal care during their first trimester compared to Pennsylvania and the nation. The county continues to exceed the Healthy People 2020 Goal of 70.8% of mothers receiving prenatal care in the first trimester.

- Schuylkill County's percent of non-smoking mothers during pregnancy for the years 2008 (70.4%), 2009 (74.1%), 2010 (73.8%), 2011 (74.0%), 2012 (73.6%) and 2013 (74.9%) are significantly lower than the state percentages of 83.0%, 83.5%, 84.1%, 84.7%, 85.2% and 85.8%, respectively. The 2013 county percentage (74.9%) is lower than the U.S. rate (89.3%) for the same period. All three are below the Healthy People 2020 Goal of 98.6%.
- Schuylkill County's percent of non-smoking mothers three months prior to pregnancy for the years 2008 (62.8%), 2009 (67.1%), 2010 (66.0%), 2011 (65.9%), 2012 (67.7%) and 2013 (67.4%) are significantly lower than the state percentages of 77.6%, 78.0%, 78.7%, 79.4%, 80.1% and 80.8%, respectively. The 2013 county percentage (67.4%) is lower than the U.S. rate (76.8%) for the same period.
- Schuylkill County had a significantly higher percentage of mothers reporting WIC Assistance for the years 2008 (43.1%), 2009 (43.0%), and 2010 (43.7%) when compared to Pennsylvania (39.0%, 39.9% and 40.1%, respectively). The percentage of mothers reporting WIC assistance in Schuylkill County for the years 2011-2013 is showing a slight downward trend.
- Schuylkill County had a significantly higher percentage of mothers reporting Medicaid Assistance for the years 2010 (41.4%), 2011 (36.9%), and 2012 (38.4%) when compared to Pennsylvania (32.7%, 32.8% and 33.6%, respectively). The percentage of mothers reporting Medicaid assistance in Schuylkill County decreased between 2012 and 2013.
- Schuylkill County had a significantly lower percentage of mothers breastfeeding for the years 2008 (49.1%), 2009 (53.9%), 2010 (54.6%), 2011 (56.9%), 2012 (58.2%) and 2013 (62.3%) when compared to Pennsylvania (66.5%, 69.0%, 70.0%, 71.2%, 73.1% and 75.6%, respectively). The percentage of mothers reporting breastfeeding in Schuylkill County for the six years ending 2013 is showing an increasing trend, although for 2013 (62.3%), is still below the nation (77.0%). All three are below the Healthy People 2020 Goal of 81.9%.

- According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk, which falls below the Healthy People 2020 Goal of 81.9%.. One in four (26.8%) children in the Northeast Region were exclusively breastfed for the first six months, which is slightly less when compared to the United States (27.2%).

- Schuylkill County had a significantly higher percentage of teen live birth outcomes for the years 2008 (78.9%), 2009 (85.6%), 2010 (77.6%), 2011 (82.6%), 2012 (82.9%) and 2013 (87.6%) when compared to Pennsylvania (67.6%, 68.2%, 68.0%, 68.8%, 69.5% and 70.7%, respectively). The percentage of teen live birth outcomes in Schuylkill County for 2013 (87.6%) is above the nation (73.4%).
- For 2013, the percent of overweight elementary students in grades K-6 in Schuylkill County (28.7%) was higher than the state percentage (22.0%) for the same period.
- For 2013, the percent of obese elementary students in grades K-6 in Schuylkill County (20.2%) was higher than the state percentage (16.4%) for the same period. The county and state are above the Healthy People 2020 Goal of 15.7%.
- For 2013, the percent of overweight middle and high school students in grades 7-12 in Schuylkill County (30.1%) was higher than the state percentage (22.1%) and nation (30.3%) for the same period. The percentage of students in grades 7-12 who are considered overweight in the county nearly doubled between 2012 (16.93%) and 2013 (30.11%).
- For 2013, the percent of obese middle and high school students in grades 7-12 in Schuylkill County (21.1%) was higher than the state percentage (18.0%) and nation (13.7%) for the same period. Both Schuylkill County and the state are above the Healthy People 2020 Goal (16.1%). The state percentage of obese 7-12 graders is below the Healthy People 2020 Goal.
- Stakeholders commented on the lack of immunizations and the need for services/programs for elementary school-aged children.

Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). For a more in-depth review of the Infectious Disease data, please see Appendix C (pages 117-124) of SHS's CHNA Supplemental Data Resource.

Stakeholders mentioned that there is a need for immunizations in the community – both children and immigrants.

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease. They include:

- The Schuylkill/Berks county cluster has a slightly lower percentage of adults age 65 and older receiving the pneumonia vaccine compared to the state and nation, and the percentage has been decreasing in the county since 2010-2012. The state, nation and Schuylkill/Berks County cluster all fall below the Healthy People 2020 Goal of 90.0%.
- The influenza and pneumonia mortality rate in 2013 for Schuylkill County (22.0) was higher than the state (16.0) and nation (15.1). The trend is increasing for influenza and pneumonia mortality for the years 2011 through 2013 in Schuylkill County.
- In the most recent years, 2011-2013 and 2012-2014 the county cluster of Schuylkill/Berks is comparable to that of the state for those adults ever tested for HIV. The nation, state and Schuylkill/Berks county cluster are well below the Healthy People 2020 Goal of 73.6%.

- For all available years, the chlamydia rates in Schuylkill County was significantly lower (2008-118.2, 2009-110.2, 2010-136.2, 2011-145.7, 2012-204.7, 2013-143.6, and 2014-147.5 when compared to Pennsylvania. In 2013, Schuylkill County (143.6) had a rate lower than the nation (446.6).
- For all four years shown, the Hepatitis B-Chronic rates in Schuylkill County were lower than the state rates, but higher than the nation. Although the rates for Hepatitis B-Chronic has increased from 2011 (8.8) to 2014 (10.3), the trend over the four years has been fluctuating, with the rate slightly decreasing from 2013 (10.9) to 2014 (10.3). In 2013, Schuylkill County (10.9) had a higher rate than the nation (7.7).
- For all four years shown, the Lyme disease rates in Schuylkill County were significantly lower than the state rates. The 2013 Lyme disease rate for the county (24.7) is almost three times as high as the nation (8.6). Although the rates for Lyme disease has increased from 2012 (19.0) to 2014 (24.7), the trend over the four years shown has been fluctuating.
- Stakeholders noted immunizations as a health problem in the community.

Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Western Pennsylvania has experienced an epidemic of heroin and opiate abuse in the past 8-10 years. Pennsylvania now has the 7th highest drug overdose mortality rate in the United States, with over 3,000 deaths being heroin-related overdoses. Drug overdose deaths in Pennsylvania have now exceeded the number of deaths from automobile accidents. For a more in-depth review of the Mental Health and Substance Abuse data, please see Appendix C (pages 125-132) of SHS's CHNA Supplemental Data Resource.

Stakeholders identified mental health, substance abuse (drug and alcohol), heroin addiction, and a need for more trained clinicians as top community needs.

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- In 2008, Schuylkill County had a significantly lower mental and behavioral disorders mortality rate (25.6) than the state (34.0). The rate in 2013 in Schuylkill County (43.6) is slightly lower compared to the state (45.4) and nation (63.3). The rate in Schuylkill County has been increasing over the past six years.

- For the years 2009 (21.1), 2012 (21.4) and 2013 (21.3), the suicide mortality rate for Schuylkill County was significantly higher than the state (12.2, 12.1 and 13.3, respectively). When compared to the Healthy People 2020 Goal of 10.2, in 2013 both the county (21.3) and state (13.3) exceeded the Healthy People 2020 Goal of 10.2.
- Even though the Schuylkill County six year drug induced mortality rates are fluctuating, there was a decrease between 2012 (27.6) and 2013 (18.1). The rate in 2013 in Schuylkill County (18.1) is slightly lower compared to the state (19.9), and slightly higher than the nation (10.2). The county and state mortality rates are above the Healthy People 2020 Goal of 11.3.
- For the five cluster years represented, Schuylkill/Berks county cluster has shown an upward trend for those adults whose mental health was not good one or more days in the past month. The Schuylkill/Berks county cluster is comparable to the state.
- For the years 2011-2013 and 2012-2014, Schuylkill/Berks county cluster has shown an upward trend for those adults age 65 and older ever told they have a depressive disorder. The Schuylkill/Berks county cluster is slightly higher than the state.
- The percentage of students who report using alcohol in grades 10 and 12 increased between 2011 and 2013 and then decreased between 2013 and 2015. A slightly higher percentage of youth in all grades report using alcohol when compared to the state.
- Stakeholders identified drug abuse, mental health/drug and alcohol services as needs in the community.

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school-aged children. For a more in-depth review of the Physical Activity and Nutrition data, please see Appendix C (pages 133-142) of SHS's CHNA Supplemental Data Resource.

Stakeholders identified the following as top community health needs: nutrition and exercise.

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- While stagnate from 2013-2015 (34.0%), Schuylkill County's percent of children eligible for free lunch increased in 2016 (38.0%) and was slightly higher than the state (36.0%) for the same year.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- The study found that less than half (41.0%) of children in the Northeast Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV.
- Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand-held device.
- Over half (65.2%) of the children in the Northeast Region are spending over three hours inside on "screen time", which is higher than the United States (63.8%).
- According to the PRC National Child & Adolescent Health Survey, one in three (33.9%) children is receiving five or more servings of fruits and vegetables per day, which is lower compared to the United States (41.8%).
- Over half (69.9%) of children in the United States are eating fast food at least one time per week.
- Stakeholders cited nutrition and lack of exercise as problems.

Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions. For a more in-depth review of the Tobacco Use data, please see Appendix C (pages 143-150) of SHS's CHNA Supplemental Data Resource.

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use, although stakeholders did not provide any feedback on tobacco use. These include:

- The percentage of adults in the county cluster Schuylkill/Berks who report being a current smoker has been increasing since 2010. During 2012-2014, the county cluster which includes Schuylkill County (23.0%) had a slightly higher percentage of adults who report being a current smoker when compared to Pennsylvania (21.0%) and the nation (18.8%). The United States, Pennsylvania, and county cluster of Schuylkill/Berks all exceed the Healthy People 2020 Goal of 12.0% of the population reporting being a current smoker.
- During 2012-2014, the county cluster of Schuylkill/Berks (50.0%) had slightly fewer adults who report never being a smoker when compared to the nation (55.0%) and Pennsylvania (54.0%). The percentage of adults who report never being a smoker in the county cluster which includes Schuylkill County had been increasing, although in 2010-2012 began steadily decreasing.
- During 2012-2014, the county cluster of Schuylkill/Berks (33.0%) had slightly more male adults who reported being a former smoker then females (23.0%) and when compared to the state (29.0%).
- The county cluster of Schuylkill/Berks had been on a declining trend of adults who quit smoking at least one day in the past year until 2011 when the percentage began and continues to increase. During 2012-2014, the county cluster had slightly more adults that quit smoking (58.0%) when compared to Pennsylvania (54.0%), which is also showing an increase as of 2011 in the percentage of adults who quit smoking. Pennsylvania and the cluster counties are well below meeting the Healthy People 2020 Goal of 80.0% of adults quitting smoking at least one day in the past year.
- For 2016, the percentage of adults who smoke in Schuylkill County (20.0%) was slightly less than the state (21.0%). Schuylkill County, the state and nation are all above the Healthy People 2020 Goal (12.0%) for the percentage of adults who smoke.
- Stakeholders did not comment on tobacco use.

Unintentional and Intentional Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence. For a more in-depth review of the unintentional and intentional injury data, please see Appendix C (pages 151-156) of SHS's CHNA Supplemental Data Resource.

Stakeholders mentioned domestic violence as a problem in the community.

There are a number of observations and conclusions that can be derived from the data related to Unintentional and Intentional Injury, although the topic was not discussed in stakeholder interviews. These include:

- For Schuylkill County, all years except for 2011 are significantly higher than the state with regards to the mortality rate for auto accidents. Schuylkill County is also higher than the nation. In 2013 Schuylkill County (18.4) exceeded the Healthy People 2020 Goal of 12.4, while both the state (9.8) and nation (10.7) met the goal.
- For Schuylkill County, there is an increasing trend between 2009 and 2013 for firearm mortality. Schuylkill County (17.6) is higher than the state (11.1) and nation (10.1) for 2013 firearm deaths. In the most recent year, Schuylkill County, the state and nation all exceeded the Healthy People 2020 Goal of 9.3.
- One in ten (10.6%) children in the United States was injured seriously enough to need medical attention during 2014. The national trend decreased from 2012 (11.3%). Children in the Northeast region had a lower percentage (7.1%) when compared to the nation, as well as the other regions.
- Stakeholders identified domestic violence as a problem in the community.

Data Summary

When comparing select indicator trends between the 2013 CHNA and the 2016 CHNA, **Table 9** illustrates the 2013 and 2016 CHNA trends, as well as the percentage or rate difference between the two reports.

Table 9. 2013 CHNA Trends Compared to 2016 CHNA Trends

Red = Trend is Bad, Yellow = No Change, Green = Trend is Good

Indicator	2013 CHNA Trend	2016 CHNA Trend	%/Rate Difference between 2013 and 2016
Mammogram Screening	ND	↓ (red)	-2.9%
No Primary Care Provider	↓ (red)	↔ (yellow)	0.0%
Breast Cancer Incidence	↑ (red)	↑ (red)	18.2 per 100,000
Breast Cancer Mortality Rate	↓ (green)	↓ (green)	-2.8 per 100,000
Non-Smoking Mother During Pregnancy	↑ (green)	↑ (green)	0.9%
Drug-Induced Mortality	↓ (green)	↑ (red)	1.9 per 100,000
Mental & Behavioral Disorders Mortality	↑ (red)	↑ (red)	8.1 per 100,000
Suicides	↑ (red)	↑ (red)	5.2 per 100,000

Top Priorities

The listing below illustrates the overall top priorities by topic area, based on the secondary data, as well as input from the SHS 2016 Stakeholder Interviews. There were a total of 39 identified needs.

Access:

1. Access to Dental Care
2. Access to Primary Care Physicians
3. Access to Specialty Medical Care
4. Access to Urgent Care Services
5. Access to Psychiatry Services
6. Access for Illegal Immigrants
7. Transportation to/from Medical Services
8. Affordable health Insurance Coverage/ Affordable Care/ Affordable Prescriptions
9. Mammogram Screening

Chronic Disease:

10. Obesity/Lack of Exercise/ Nutrition/Children Eligible for Free Lunch
11. Cancer (Breast/Lung/ Colorectal/Prostate
12. Diabetes
13. Heart/Cardiovascular Disease/Cholesterol
14. Cerebrovascular Disease (Stroke)

15. Elder Care/Alzheimer's Disease

Healthy Environment:

16. Asthma
17. Sense of Community and Neighbor Helping Neighbor

Socio-Economic:

18. Factors that Impact Health (Poverty, Homelessness/ Affordable Housing/ Section 8 Population/ Younger Generation Leaving

Healthy Mothers/Children:

19. Tobacco Use During Pregnancy
20. Breastfeeding
21. Dangers of Second Hand Smoke
22. Parenting Skills Education
23. Proper Nutrition Education
24. Teenage Pregnancy
25. Babies Born to Addictive Mothers

Infectious Diseases:

26. Immunizations (Lack of Child Immunizations Due to Autism/illegal immigrants not Having Up-To-Date Vaccines Upon Entering the US)
27. Influenza and pneumonia (flu and pneumonia vaccines/mortality)
28. Chlamydia
29. HIV (tested)
30. Hepatitis

Mental Health/Substance Abuse:

31. Depression/Suicide
32. Drug and alcohol abuse
33. Drug and alcohol rehab
34. Youth risk behaviors (using alcohol/marijuana/opioids or driving under the influence of alcohol/ marijuana)
35. Medication Compliance and Access

Tobacco Use:

36. Smoking

Injury:

37. Auto accident mortality
38. Firearm mortality (accidental/suicide/ homicide)
39. Domestic Abuse

Prioritization and Significant Health Needs

As a result of the primary and secondary data analysis, the consulting team identified 39 distinct community needs and issues that demonstrated disparity, negative trend or gap between the local/ regional data and the state, national or healthy people goal and/or that qualitative information

suggested that it was a growing need in the community. At their meeting on July 7, 2016, the SHS Steering Committee agreed with the list of potential needs and selected criteria.

It is important to note that the prioritization criteria that were utilized for the 2016 SHS CHNA are different from the criteria utilized for the previous (2013) CHNA. In 2013, the SHS leadership selected criteria that they felt were relevant to their needs at the time. Since that time, and in light of the 2014 IRS ruling, SSI has encouraged hospitals to use the same criteria, Accountable Role, Magnitude, Impact and Capacity.

As mentioned on page 17 related to the evaluation of the 2013 SHS CHNA implementation strategies, SHS continues to be challenged by deteriorating financial performance, leadership and staffing changes, as well as organizational instability. Although the financial outlook is not as bleak as in previous years, the hospital's campus integration plan and potential merger with Lehigh Valley Health Network are still influencing these factors and, therefore, limits the number of priority areas that SHS can focus on.

Table 10 outlines the 2016 prioritization criteria.

Table 10. Prioritization Criteria

		Scoring		
Item	**Definition**	**Low (1)**	**Medium (5)**	**High (10)**
Accountable Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important as a collaboration between the health system(s) and the community	This is an important priority for the health system(s)
Magnitude of the Problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions

		Scoring		
Item	**Definition**	**Low (1)**	**Medium (5)**	**High (10)**
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

Over the next few days, all of the steering committee members (100%) then participated in prioritizing the needs based on the selected criteria through an on-line survey utilizing the Survey Monkey tool.

Certain members of the SHS CHNA Steering Committee met again on July 15, 2016 to review the needs based on the prioritization results.

Table 11 illustrates the identified community needs in rank order as rated by the SHS Steering Committee based on the total scores for all four criteria. Highlighted are the five need areas selected by SHS as their focus areas for 2016. Looking at the final rank ordering based on the four prioritization criteria, the Steering Committee identified four priority areas that will be addressed in the Implementation Strategy.

- Access to Care: Urgent Care Services
- Access to Care: Mammogram Screenings
- Access to Care: Primary/Specialty Medical Care
- Mental Health and Substance Abuse: Drug and Alcohol Abuse

It is important to note that when looking at the four priority areas, even though Mental Health/Substance Abuse: Drug and Alcohol Abuse ranked at number 30 based on the Accountability criterion, it ranks number one when ranked by magnitude and impact.

Table 11. SHS CHNA Prioritization Survey Sorted by Accountability (Noting Magnitude and Impact Total)

Priorities	Accountability A	Magnitude M	Impact I	Capacity C	Total M+I	Ranking
Access to Quality Health Services: Access to Urgent Care Services	9.33	6.17	7.50	7.50	13.67	1
Access to Quality Health Services: Mammogram Screenings	8.75	5.50	7.00	8.08	12.50	2
Access to Quality Health Services: Access to Specialty Medical Care	8.33	8.73	9.33	6.50	18.06	3
Access to Quality Health Services: Access to Primary Care Physicians	8.33	7.17	9.42	6.67	16.59	4
Chronic Disease: Cerebrovascular Disease (Stroke)	7.50	7.83	9.33	7.27	17.16	5
Chronic Disease: Cancer (Breast/Lung/Colorectal/Prostate)	7.50	7.08	9.25	7.18	16.33	6
Chronic Disease: Heart/ Cardiovascular Disease/Cholesterol	7.42	8.42	9.58	6.91	18.00	7
Chronic Disease: Diabetes	7.42	7.42	9.42	7.55	16.84	8
Access to Quality Health Services: Access to Psychiatry Services	7.17	8.17	8.75	5.92	16.92	9
Healthy Mothers, Babies & Children: Breastfeeding	5.83	5.42	6.33	7.00	11.75	10
Healthy Mothers, Babies & Children: Proper Nutrition Education	5.50	7.00	8.08	6.55	15.08	11
Chronic Disease: Elder Care/Alzheimer's Disease	5.42	7.33	8.33	6.09	15.66	12
Healthy Mothers, Babies & Children: Tobacco Use During Pregnancy	5.42	5.25	7.75	6.42	13.00	13
Access to Quality Health Services: Access for Illegal Immigrants	5.25	4.73	5.42	5.75	10.15	14
Healthy Mothers, Babies & Children: Babies Born to Addictive Mothers	5.00	6.08	7.08	5.18	13.16	15
Healthy Mothers, Babies & Children: Dangers of Second Hand Smoke	4.92	5.64	6.92	6.17	12.56	16
Infectious Diseases: Chlamydia	4.92	3.75	4.50	5.75	8.25	17
Infectious Diseases: Influenza & Pneumonia (Flu & Pneumonia Vaccines/Mortality)	4.83	5.33	6.42	6.42	11.75	18
Chronic Disease: Obesity/Lack of Exercise/Lack of Nutrition/Children Eligible for Free Lunch	4.75	8.17	9.08	6.64	17.25	19
Access to Quality Health Services: Access to Dental Care	4.75	6.92	7.42	4.92	14.34	20
Mental Health/Substance Abuse: Medication Compliance & Access	4.67	8.00	8.50	5.50	16.50	21

Priorities	Accountability A	Magnitude M	Impact I	Capacity C	Total M+I	Ranking
Infectious Diseases: Hepatitis	4.64	4.58	5.42	5.67	10.00	22
Healthy Mothers, Babies & Children: Parenting Skills Education	4.42	7.17	7.82	5.75	14.99	23
Infectious Diseases: HIV Testing	4.42	4.00	5.25	6.18	9.25	24
Healthy Mothers, Babies & Children: Teenage Pregnancy	4.33	4.33	6.67	5.73	11.00	25
Infectious Diseases: Immunizations (lack of child immunizations due to Autism/immigrants not having up-to-date vaccines upon entering the US)	4.25	5.00	6.58	5.58	11.58	26
Access to Quality Health Services: Transportation to/from Medical Services	4.00	6.17	7.50	5.17	13.67	27
Mental Health/Substance Abuse: Depression/Suicide	3.83	8.00	8.17	6.08	16.17	28
Tobacco Use: Smoking	3.67	7.50	7.75	6.50	15.25	29
Mental Health/Substance Abuse: Drug & Alcohol Abuse	3.58	9.17	9.08	6.83	18.25	30
Mental Health/Substance Abuse: Youth Risk Behaviors using alcohol/ marijuana/opioids or driving under the influence of alcohol/marijuana)	3.55	8.73	9.25	5.75	17.98	31
Mental Health/Substance Abuse: Drug & Alcohol Rehab	3.50	8.83	8.58	6.25	17.41	32
Healthy Environment: Asthma	3.42	4.08	6.00	4.67	10.08	33
Access to Quality Health Services: Affordable Health Insurance Coverage/Care/ Prescriptions	3.25	6.92	8.17	4.33	15.09	34
Healthy Environment: Sense of Community and Neighbor Helping Neighbor	3.25	5.00	7.45	5.75	12.45	35
Injury: Domestic Violence	3.00	6.67	6.92	6.67	13.59	36
Injury: Auto Accidents Mortality	2.17	5.83	6.42	4.75	12.25	37
Injury: Firearm Mortality (accidental/suicide/homicide)	2.08	5.33	5.25	4.08	10.58	38
Socio-Economic: Factors that Impact Health (Poverty/ Homelessness/Affordable Housing/Section 8 Population/Younger Generation Leaving/Jobs)	1.83	7.17	7.42	4.75	14.59	39

The SHS Implementation Strategy will be published under separate cover and will be accessible to the public.

Please refer to Appendix D – Prioritization Criteria Listings (pages 157-168) in the Supplemental Data Resource to see how the needs were prioritized by the different criteria of:

- Accountability (hospital role)
- Magnitude and Impact
- Magnitude, Impact and Capacity
- Top ten needs comparison by total ranking, accountability and magnitude and impact

Review and Approval

The 2016 Community Health Needs Assessment was presented and approved by the SHS Board of Directors on July 25, 2016. The Schuylkill Health System 2016 Community Health Needs Assessment is posted on the SHS website (www.schuylkillhealth.com). Printed copies are available by contacting: mpeckman@schuylkillhealth.com.