



Community Health Needs Assessment

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**Department of
Community Health & Preventive Medicine**

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I. St. Luke's Miners CHNA

A. Community Health Needs Assessment (CHNA) Background

As part of the Patient Protection and Affordable Care Act, all non-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years in order to remain a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. The goal of the assessment is to identify critical health disparities faced amongst residents within the community. The needs assessment must state every health priority addressed by community stakeholders, hospital professionals, or public health experts. Additionally, campus specific implementation plans will be crafted for each of the St. Luke's University Health Network (SLUHN) campuses in order to determine how resources will be allocated to address the specified health needs.

If you have questions regarding any of these reports, please contact the Community Health Department at (484) 526-2100.

B. Summary of the Needs Assessment Methodology

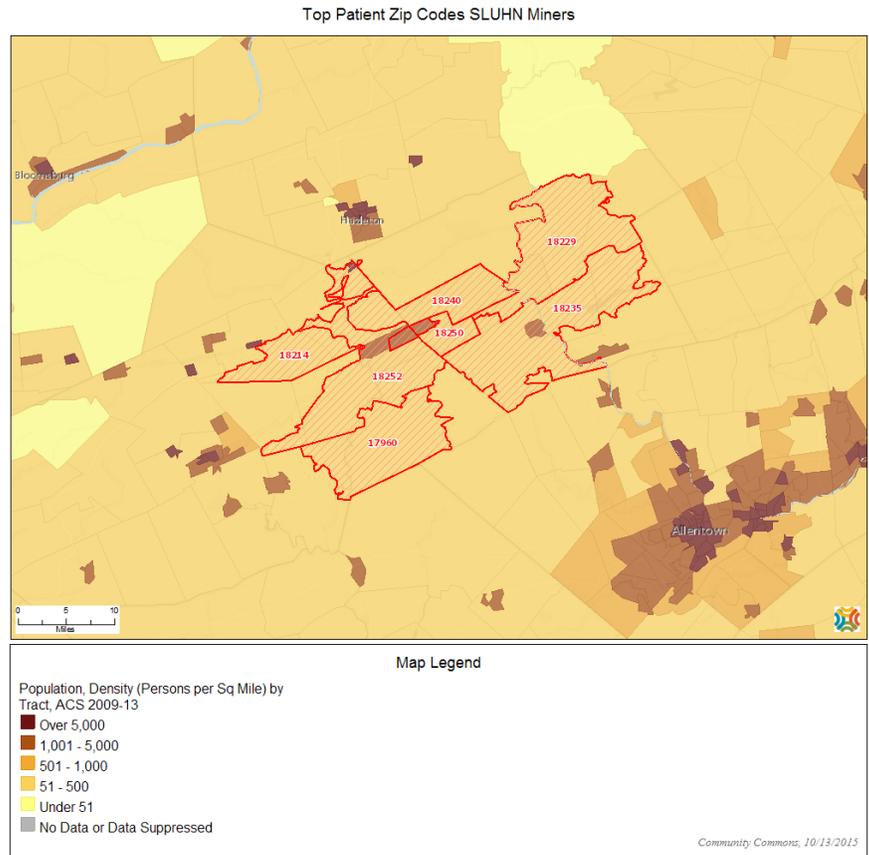
Our CHNA is comprised of both primary and secondary data. The primary data was collected through our community health surveys, where approximately 3,000 surveys were conducted in our seven campus geographic region. Primary data was also collected through campus specific key stakeholder focus groups, where the main priority health needs were identified for each entity (besides Monroe). Secondary data included the use of hospital network, county, state and national level data obtained via the U.S. Census, the Robert Wood Johnson Foundation, Vital Statistics, Community Commons, the American Community Survey, U.S. Department of Labor, the Behavioral Risk Factor Surveillance System as well as other data sources, which can be found at the end of this report. The needs identified in the focus groups were supplemented by the survey data and secondary data to provide us with a more comprehensive picture of the needs in the community and what factors are affecting these health issues.

C. St. Luke's University Health Network Miners Campus

St. Luke's University Health Network's (SLUHN's) Miners Campus can be found in Coaldale, Pennsylvania in Schuylkill County in Northern Pennsylvania. This area is historically known for its coal mining sites; it is specifically known for its large quantities of anthracite coal. The hospital was founded in 1910 and officially joined SLUHN in 2000. Greater than 11,000 people receive services from this hospital per year. St. Luke's Miners has 95 physicians that cover 24 different medical specialties. Since 2000 Miners Campus has seen over \$20 million spent in renovations and technology innovations, such as the emergency department, a cardiovascular conditioning center, the urgent care center, and a Level IV trauma center.

D. Geographic Description of Medical Service Area and Community Served

A total of 63,015 people live in the 288.98 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey (2009-13) 5-year estimates. The population density for this service area, estimated at 218.06 persons per square mile, is greater than the national average population density of 88.23 persons per square mile. According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 3,157 people, a change of 5.43%. This percent population change is slightly higher than the population change in Pennsylvania (3.43%), but lower than the population change in the U.S. (9.74%). Schuylkill County actually saw a decrease in population, representing a negative change of 1.36%.



We defined our service area by determining the top patient zip codes of our residents who receive services from St. Luke’s Miners. We defined the top zip codes as those that make up 80% of the population served by this hospital. The two counties served by St. Luke’s Miners include Carbon County and Schuylkill County. This report will refer to this area as the “St. Luke’s Miners service area”. A total of 10 zip codes were included in the top 80% of patients seen at SLUHN Miners. The service area can be seen outlined in red on the map above, and the list of zip codes can be seen in the table on the following page. The table lists the top zip codes as well as the percentage that the population from each zip code constitutes for the patient population seen at St. Luke’s Miners and at SLUHN as a whole.

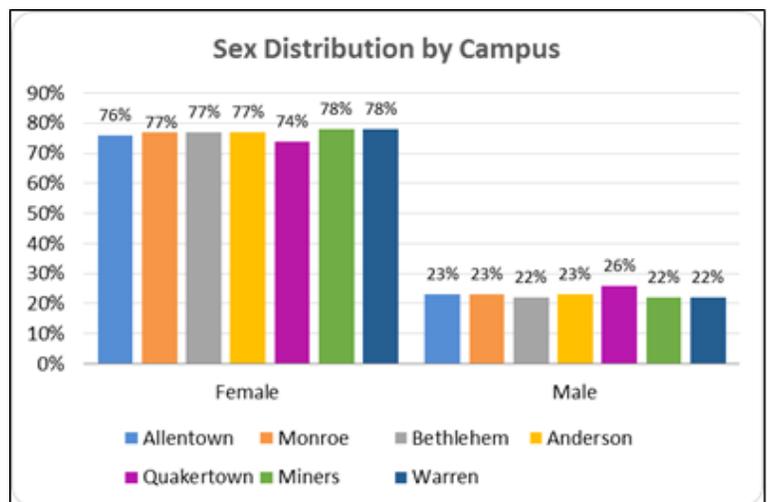
Analysis of Top Patient ZIP Codes, All Patients St. Luke's Miner's, 2014				
Facility	ZIP	Encounters	% Facility	% SLUHN
Miners	18252	25,112	29.45%	2.54%
Miners	18232	10,052	11.79%	1.02%
Miners	18218	6,922	8.12%	0.70%
Miners	18240	5,646	6.62%	0.57%
Miners	18235	5,376	6.31%	0.54%
Miners	18250	4,694	5.51%	0.48%
Miners	18229	3,516	4.12%	0.36%
Miners	18237	2,834	3.32%	0.29%
Miners	17960	2,804	3.29%	0.28%
Miners	18214	1,974	2.32%	0.20%
Grand Total		68,930	80.84%	6.98%

E. Demographic Profile of Community Served

The following sections give a brief overview of the population we serve. Having a sense of what the community looks like will be helpful when reviewing the five priority health categories later in the report.

i. Gender

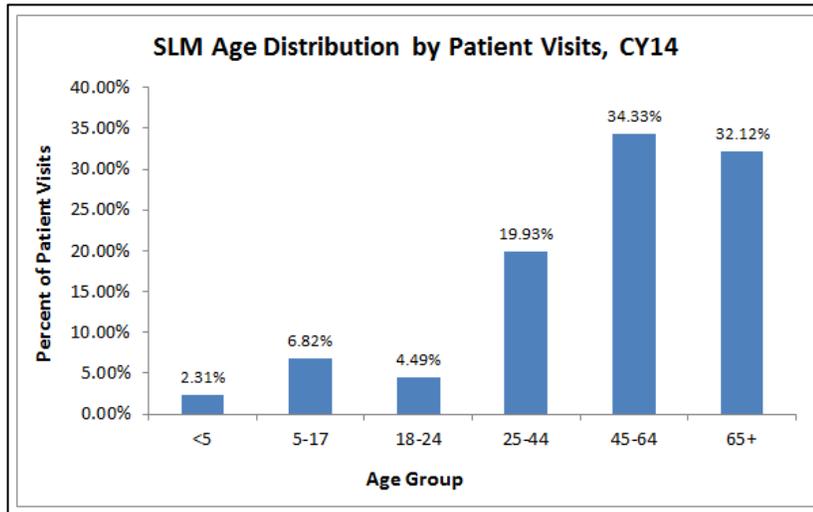
According to the American Community Survey (ACS, 2009-13) females represent 50.65% of the population in the St. Luke's Miners service area and males represent 49.28% of the population. In our 2016 community survey, the majority of respondents from all of the SLUHN campuses were female. In the St. Luke's Miners service area 78% of respondents were female and 22% were male.



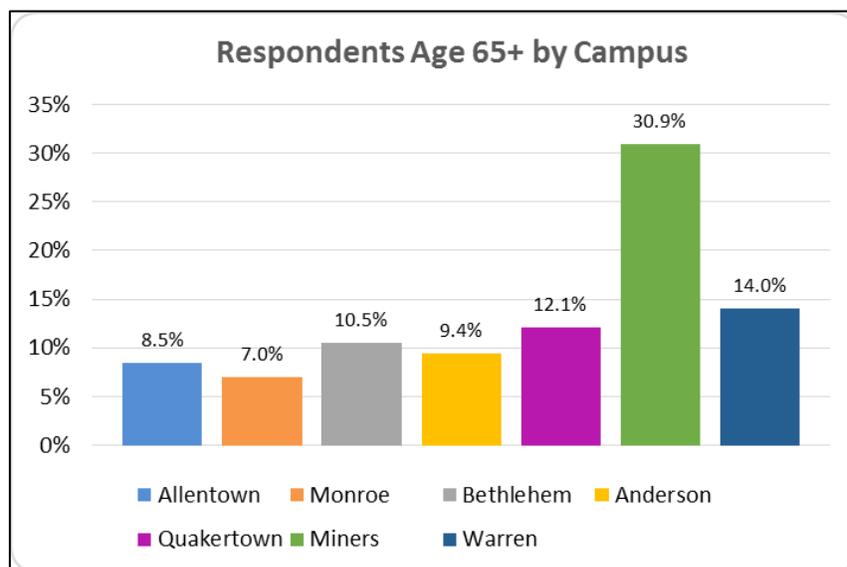
ii. Age

In the St. Luke's Miners service area, 21.1% of the population are under the age of 18 and 18.34% of the population is over the age of 65 (ACS, 2009-13). This means that 60.56% of the population lies in the age range between 18 and 64 years old. This age distribution is mirrored in the distribution of patients seen at St. Luke's Miners in 2014 from St. Luke's internal reviews,

where a large portion of patients seen fell in the 45-64 age range. The 65 and above age range was the second population most seen, which was likely because the elderly represent a vulnerable population that tends to utilize health services because of the prevalence of chronic disease among this population. (SLM on the graph below refers to St. Luke's Miners campus). This age distribution graph covers all types of medical care, i.e. inpatient, outpatient, ER, primary care.

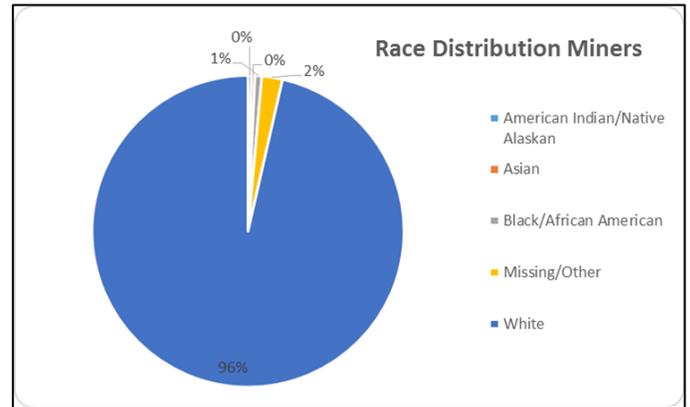
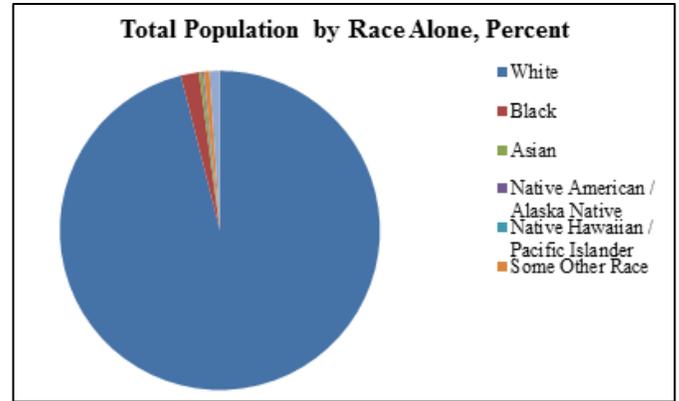


In terms of our 2016 community survey, the age distribution of those who took the survey yielded interesting results. St. Luke's Miners was one of the only campuses where the percentage of patients age 65 and older seen in the past year (32.12% of the patient distribution) matched the percentage of those who took the survey in this age bracket (30.9%). This response rate for the elderly is markedly different in terms of what was seen across the other St. Luke's campuses, as evidenced by the bar graph below.



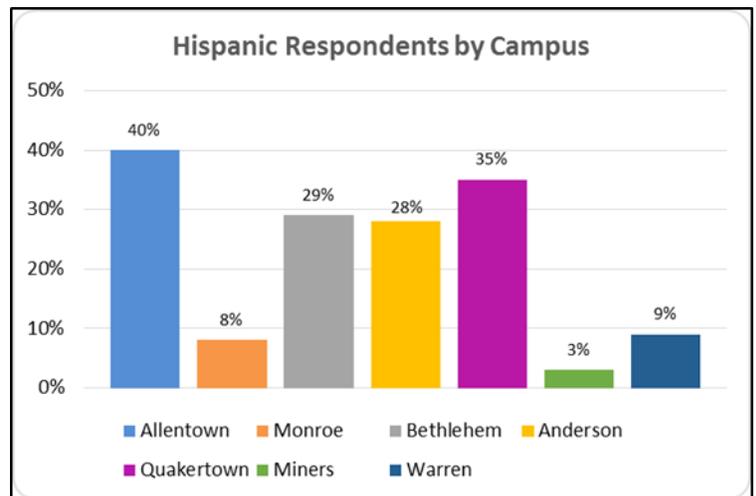
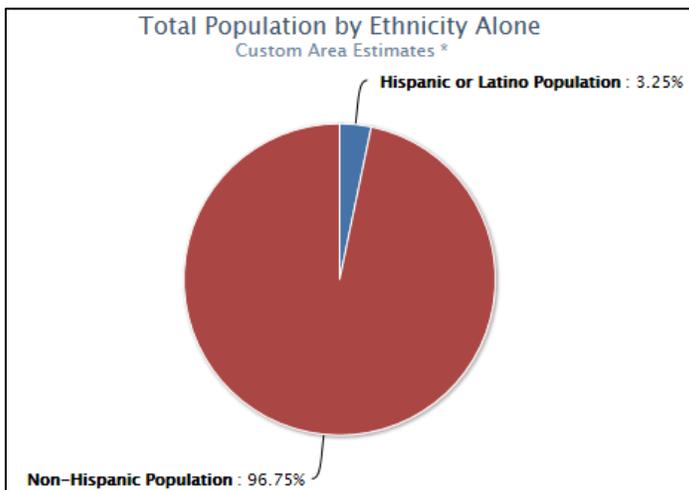
iii. Race

When the St. Luke's Miners service area population is broken down by race, the majority of the population in the service area (96.08%) identify as White (ACS, 2009-13). The race with the second highest percentage was those who identify as Black (1.83%), which is a much smaller percentage than the percentage of Whites in the St. Luke's Miners service area. From our 2016 survey data in the bottom pie chart, we can see that the race breakdown by respondents is very similar to that which is seen for the service area as a whole. St. Luke's Miners serves a more homogeneous population than the other campuses, with 96% identifying as White and only 2% in the Other race category.



iv. Ethnicity

From the pie chart below, we can see that in the St. Luke's Miners service area, 96.75% of our population identifies as non-Hispanic and 3.25% of our population identifies as Hispanic or Latino (ACS, 2009-13). This percentage of Hispanic or Latino population is small compared to the percent of the population identifying as Hispanic or Latino at St. Luke's Bethlehem and St. Luke's Allentown. We saw a similar pattern while examining our 2016 survey data, where St. Luke's Miners had the smallest percentage of respondents who were Hispanic out of all of the SLUHN hospital campuses. 4% of the respondents in the St. Luke's Miners service area were Hispanic, which matches the ethnicity data describing the service area as a whole (with 3.25% of the population as Hispanic or Latino). This could be related to the fact that St. Luke's Miners is one of the more rural campuses in SLUHN.



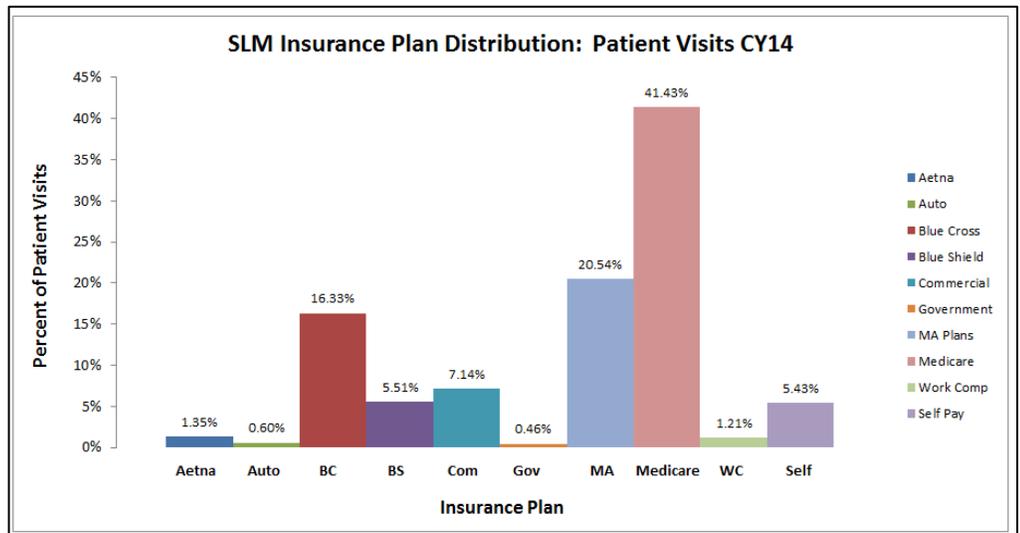
v. Language

There is not a large variety of different languages spoken in the St. Luke's Miners service area. In the zip codes 18252 and 18232, of the population served in these zip codes, 1.81% and 3.92% of the population respectively speak Spanish (U.S. Census Bureau). The next most frequently spoken language in the St. Luke's Miners service area is Polish, although not in sufficient numbers to require translation services. Translators/interpreters are required in locations where either over 5% of the community speaks a different language or over 1,000 community members mainly speak that language, but the numbers here are not sufficient to require translators/interpreters at St. Luke's Miners.

ZIP	% Facility	% Spanish Speaking in zip code	% of zip code who speaking Spanish but speak English less than "very well"	Next Frequent Language
18252	29.45%	1.81% (190 people)	1.04% (109 people)	Other West Germanic Languages (0.87% - 92 people)
18232	11.79%	3.92% (141 people)	0% (0 people)	Polish (2.64% - 95 people)
18218	8.12%	1.71% (38 people)	0.36% (8 people)	Italian (0.81% - 18 people)
18240	6.62%	0.99% (37 people)	0.35% (13 people)	Other Slavic Languages (0.51% - 19 people)
18235	6.31%	0.66% (121 people)	0.10% (18 people)	Polish (1.37% - 250 people)
18250	5.51%	0.58% (16 people)	0% (0 people)	Other Slavic Languages (0.47% - 13 people)
18229	4.12%	0.79% (72 people)	0.44% (40 people)	Polish (1.34% - 122 people)

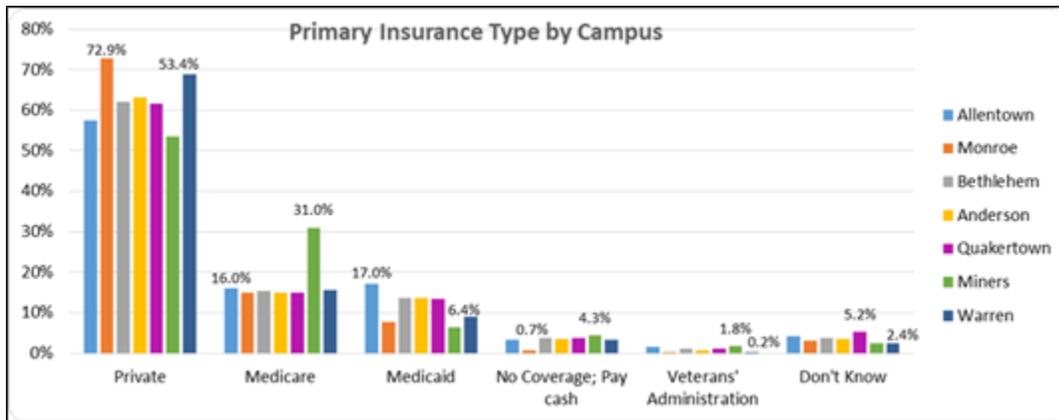
vi. Health Insurance Plans

Our patients utilize a variety of health insurance plans. According to internal reviews in 2014, the highest percentage of our patients used Medicare or medical assistance plans to cover their healthcare costs. The third most popular health insurance plan used by patients in the St. Luke's Miners area was Blue Cross. This pattern mirrors that seen for the network, where Medicare, medical assistance plans, and Blue Cross are also the top three insurance plans used by all patients. Charity care is free care provided by SLUHN, is included in the self-pay category, which represents 5.43% of the insurance plans utilized by patients in the St.



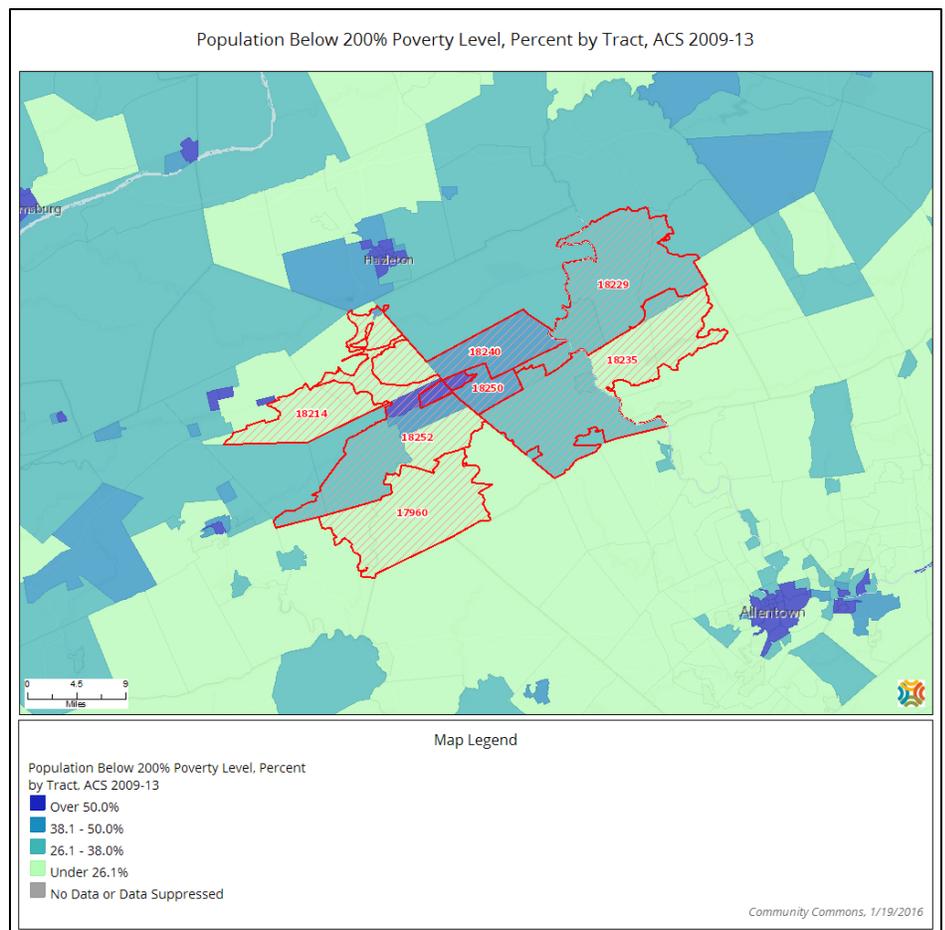
Luke's Miners service area. Throughout SLUHN as a whole, the total cost of healthcare provided to uninsured and vulnerable populations in 2014 was \$48,796,104. This insurance distribution graph covers all types of medical care, i.e. inpatient, outpatient, ER, primary care.

The graph below shows the breakdown of primary insurance types by SLUHN campus from our 2016 community survey data, in which we found that 31% of respondents used Medicare and 4.3% had no coverage. This aligns with the previous graph, where 41% of St. Luke's Miners patients in the last year used Medicare. The data from our 2016 community survey is also indicative of the fact that 31% of respondents were over the age of 65.



vii. Poverty

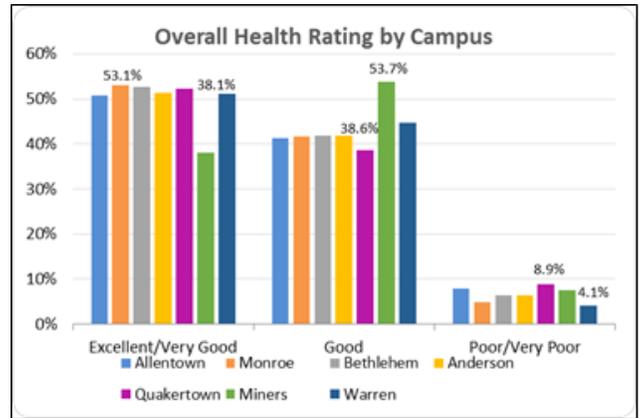
According to the American Community Survey (ACS, 2009-13), 35.3% of the population in the St. Luke's Miners service area have incomes at or below 200% of the Federal Poverty Level (FPL). This percentage is higher than both the percent of the population living at or below 200% of the FPL in Pennsylvania (30.51%) and in the U.S. as a whole (34.23%). As can be seen from the map, there are regions of the St. Luke's Miners service area that have 26.1%-38% and 38.1%-50% of the population living at or below 200% of the FPL. Additionally, there is a



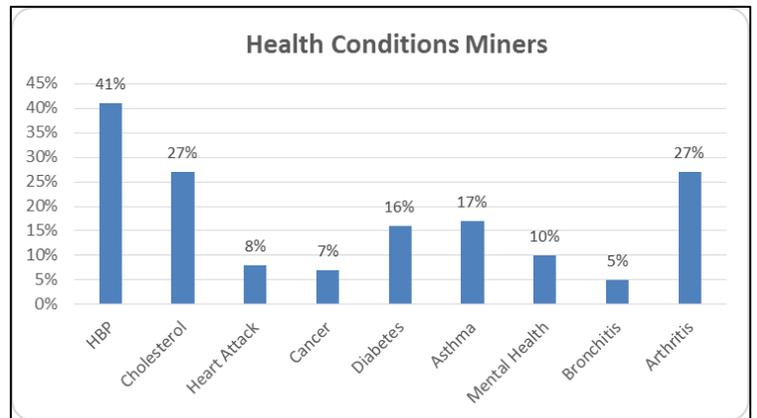
small region within the zip codes 18240 and 18252, where over half of the population has incomes at or below this level.

viii. Overall Health and Health Conditions

According to our 2016 community survey, St. Luke's Miners follows a different pattern from other SLUHN hospital campuses, where the most people in this service area reported good health (53.7%), followed by those who reported excellent/very good health (38.1%), as opposed to other campuses where most people reported excellent or very good health more often. This is an interesting finding, which will be important to take into consideration as we discuss the health status and various needs faced by residents in the St. Luke's Miners service area. For the network as a whole, 93.4% of respondents rated their health as good or better.



After examining people's perceptions of their own health, it is important to look at the prevalence of specific health conditions reported by the respondents in order to assess the health status and needs of the community. According to our 2016 survey results, the highest percentage of respondents in the St. Luke's Miners service area reported having high blood pressure (41%), followed by arthritis and cholesterol (both at 27%) and asthma (17%).



ix. Top Reasons for Hospitalization

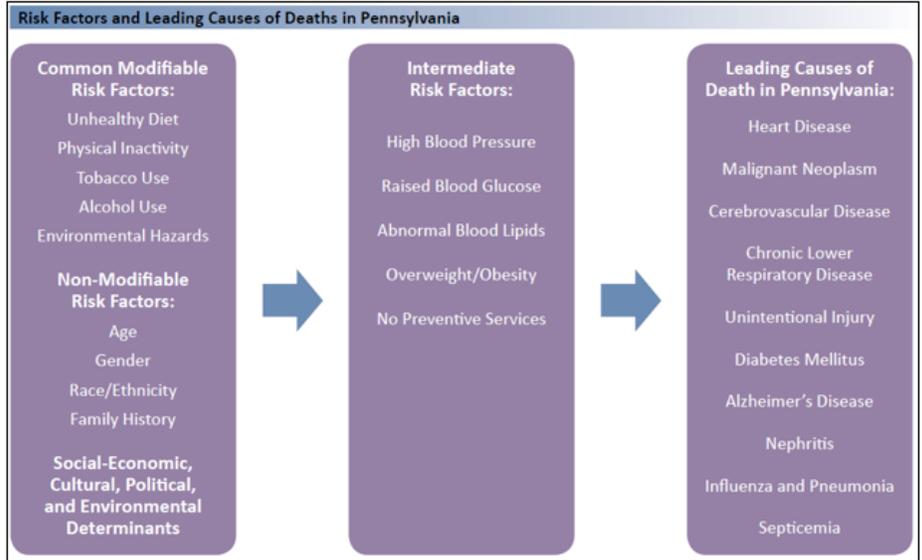
This chart shows the breakdown of the top 10 reasons for inpatient hospitalization in the St. Luke's Miners service area. Looking at these reasons for hospitalization can give us a better idea of what the health needs of the community are, and will be important to keep in mind when reviewing the

Top 10 Reasons for Hospitalization by Service Line, Inpatients St. Luke's Miner's, 2014		
Service Line	Encounters	Rank
Cardiovascular	518	1
General Medicine	364	2
Pulmonary Medicine	331	3
Infectious Disease	244	4
Gastroenterology	165	5
Urology	142	6
Nephrology	113	7
Ortho - Major Joints	103	8
Neurology - Other	96	9
Ortho - Medical	93	10

priority health categories in the following section. Interestingly, the highest percentage of respondents from our 2016 community survey in the St. Luke’s Miners service area reported high blood pressure and high cholesterol as conditions they had been diagnosed with, which are both risk factors for our top reason for inpatient hospitalization, cardiovascular disease.

x. Leading Causes of Death

This flow chart below shows the risk factors that contribute to the leading causes of death in Pennsylvania. The top three leading causes of death in Pennsylvania are heart disease, cancer, and cerebrovascular disease. These modifiable and intermediate risk factors as well as the leading causes of death will be interesting to keep in mind when reviewing the health categories (Pennsylvania Department of Health- Bureau of Health Promotion and Risk Reduction, 2011).



When examining Carbon County and Schuylkill County specifically, we can see that perinatal conditions were the leading cause of death for children under age 5, cancer was the leading cause of death for those ages 45-64, and heart disease was the leading cause of death for people ages 65 and older for both counties. In Carbon County, the leading cause of death for people ages 25-44 was suicide followed by accidents, and in Schuylkill County the leading cause of death for people 25-44 was accidents followed by suicide. These leading causes of death for the two oldest groups follow what is seen in Pennsylvania, where cancer and heart disease are the top two leading causes of death. The other leading causes of death for each age bracket in Carbon County and Schuylkill County are listed in the charts below (Pennsylvania Department of Health- Division of Health Informatics, 2014).

Carbon County

Under 5 Years of Age		5-24 Years of Age		25-44 Years of Age		45-64 Years of Age		65 Years and Older	
Perinatal Conditions	2	Cancer	2	Suicide	7	Cancer	44	Diseases of Heart	160
				Accidents	6	Diseases of Heart	26	Cancer	145
				Cancer	4	Accidents	12	C.L.R.D.**	30
						Suicide	10	Stroke	27
						Liver Dis./Cirrhosis	7	Accidents	19
TOTAL	4	TOTAL	5	TOTAL	24	TOTAL	138	TOTAL	608

*In situ, benign, and uncertain neoplasms Note: Total includes all other causes.

Schuylkill County

Selected Leading Causes of Death, Number by Age Group (2012)

<u>Under 5 Years of Age</u>		<u>5-24 Years of Age</u>		<u>25-44 Years of Age</u>		<u>45-64 Years of Age</u>		<u>65 Years and Older</u>	
Perinatal Conditions	6	Accidents	23	Accidents	21	Cancer	103	Diseases of Heart	420
Birth Defects	5	Suicide	3	Suicide	14	Diseases of Heart	97	Cancer	293
Cancer	2			Cancer	9	Accidents	31	C.L.R.D.**	94
				Diseases of Heart	5	C.L.R.D.**	11	Stroke	84
								Diabetes Mellitus	62
TOTAL	18	TOTAL	29	TOTAL	73	TOTAL	350	TOTAL	1,465

^In situ, benign, and uncertain neoplasms Note: Total includes all other causes.

xi. Urban/Rural

The majority of the areas that St. Luke’s as a network serves are considered urban, 85.14% of the area is considered urban and 14.86% is considered rural (Decennial Census, 2010). However, when looking at St. Luke’s Miners specifically, 43.96% of the population lives in rural areas and 56.04% of the population lives in urban areas, compared to the U.S. as a whole, where 80.89% of the population lives in urban areas and only 19.11% live in rural areas (Decennial Census, 2010). We bring up the large rural population served by St. Luke’s Miners because urban and rural areas tend to have differing barriers to care, which may influence the health status of their residents. According to the Rural Health Reform Policy Research Center’s 2014 Rural-Urban Chartbook, rural residents are more likely to be uninsured than those who live in the outskirts of large metro areas. The report also identifies differences in mortality rates, with ischemic heart disease, chronic obstructive pulmonary disease (COPD) and suicide having higher mortality rates in rural areas.

F. Prioritized Health Needs

There are various socioeconomic, cultural, and environmental factors that constitute the social determinants of health, and they undoubtedly influence the health and well-being of our population, as can be seen from the previous discussion of the demographics of the St. Luke’s Miners service area. We can see that we live in an area where poverty is a prevalent issue and a large percentage of our patient population utilizes medical assistance. During the 2013-2016 CHNA cycle we focused on improving access to care (health equity), chronic disease prevention/management and healthy living initiatives, and mental health/substance abuse. Through reviewing our primary data, including input from community stakeholders and public health professionals and our community wide survey, as well as our secondary data analyses, we were able to categorize the identified health needs into five major categories for the 2016-2019 CHNA cycle. These priority health categories include improving access to care/reducing health disparities, promoting healthy lifestyles and preventing chronic disease, improving mental/behavioral health, improving child and adolescent health and improving elder health. We will expand upon the health needs within each priority health category individually. The focus group summary and list of focus group participants can be found in appendices A and B

respectively Implementation plan strategies will be written for the 2016-2019 timeframe with attention to the specific priority areas reviewed.

II. Health Category Profiles

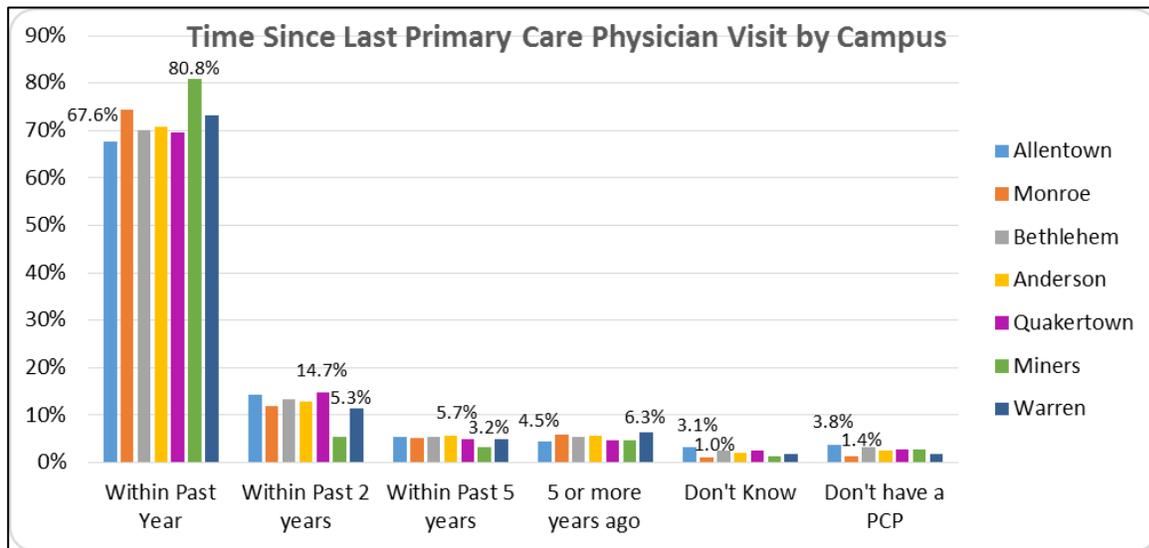
1. Improving Access to Care and Reducing Health Disparities

This section will discuss issues related to improving access to care and reducing health disparities in our service area. While this category title is specific, we are actually examining the broader category of the social determinants of health. Social determinants of health include the economic, environmental, and social conditions in which people live that influence their access to basic needs, healthcare services, education, and health behaviors, amongst other factors that shape a person's health status (Healthy People 2020, 2014). When reading this section, please take into consideration this more comprehensive idea of addressing the social determinants of health, which have an enormous influence on issues related to accessing healthcare and disparities seen in health outcomes.



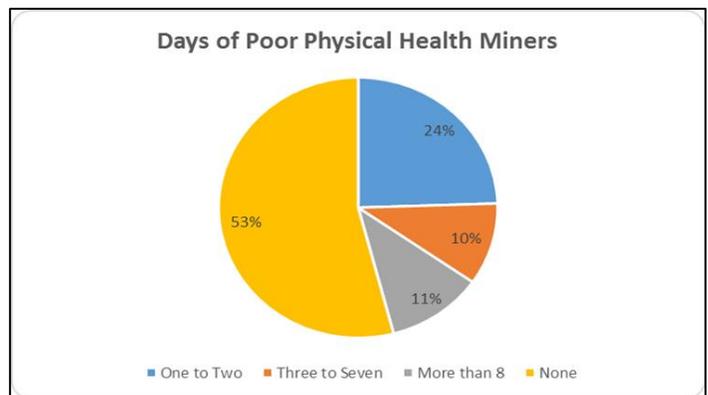
Primary care physicians (PCP) are generally the first point of contact for individuals who have a medical issue, and many times PCP's are the ones who identify major health problems such as chronic disease or mental health issues. Access to primary care doctors is expressed as the number of primary care physicians present per 100,000 in the population. The overall rate of primary care physicians per population for the St. Luke's Miners service area is 51.03 per 100,000 population, which is much lower than the rates seen in Pennsylvania (80) and the U.S. (74.5) (Area Health Resource File, 2012). The mobile health vans in the Panther Valley School District (PVSD) were discussed by the focus group members as a great resource to continue to utilize in order to improve access to care, and to make up for the low access to primary care physicians. One specific problem mentioned was lack of immunizations and lead testing for children before they begin school. The stakeholders suggested having the mobile vans work with school nurses to administer immunizations, physicals, and lead screenings for children before the school year starts.

The social determinants of health such as poverty, education, and unemployment may all be reasons why people are not accessing care even if it is available. From our 2016 community survey we found that most respondents in the St. Luke's Miners service area had visited their PCP within the past year (80.8%).



For SLUHN as a whole we found interesting relationships between the type of insurance the respondent had and the last time they visited their PCP. 69.2% of respondents with private insurance saw their PCP within the last year compared to 41.1% with no insurance coverage. However, 80.9% of the people with Medicaid saw their PCP in the last year along with 83.5% of respondents with Medicare. 14.4% of people with no insurance coverage do not have a primary care doctor compared to 1.7% of those with private insurance and 2.1% of those with Medicaid.

If an individual has not visited their primary care physician for a routine checkup within the past year, this could be impacting their overall health status due to conditions not being treated or conditions progressing. We can examine a piece of health status by examining the number of days of work missed due to poor physical health in the St. Luke's Miners service area. From our 2016 survey, we found that 45% of respondents reported one or more days of not being able to perform daily functions due to physical health issues. The percentage of people who reported 8 or more days (11%) was higher than was seen at most other SLUHN campuses, indicating a possible need to focus on physical health issues in the St. Luke's Miners service area.

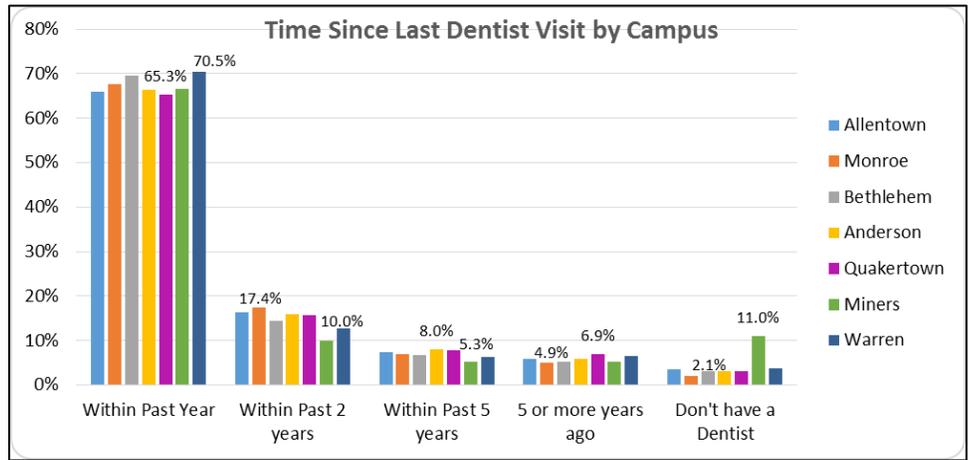


Another barrier to accessing care is access to dentists. Measuring access to dentists is one way to examine the ability for people to receive dental care. Lack of preventative and restorative dental services can result in higher chance for heart disease or stroke, gum disease, tooth decay, diabetes, and some types of cancer. In the St. Luke's Miners service area, the number of dentists per 100,000 population is 39.63, which is much lower than the rate reported for Pennsylvania (62.5) and for the U.S. (63.2) (Area Health Resource File, 2013). Limited access to dental care was recognized as an issue amongst the stakeholders. There is only one dental clinic in Pottsville

and one dental van, so if parents cannot get their child an appointment they have to travel far to Allentown or Bethlehem, which proves difficult because of limited access to transportation. One general suggestion made to combat the lack of dentists in the area and dental health issues was to contact dental schools to see if dental students would be willing to conduct free exams.

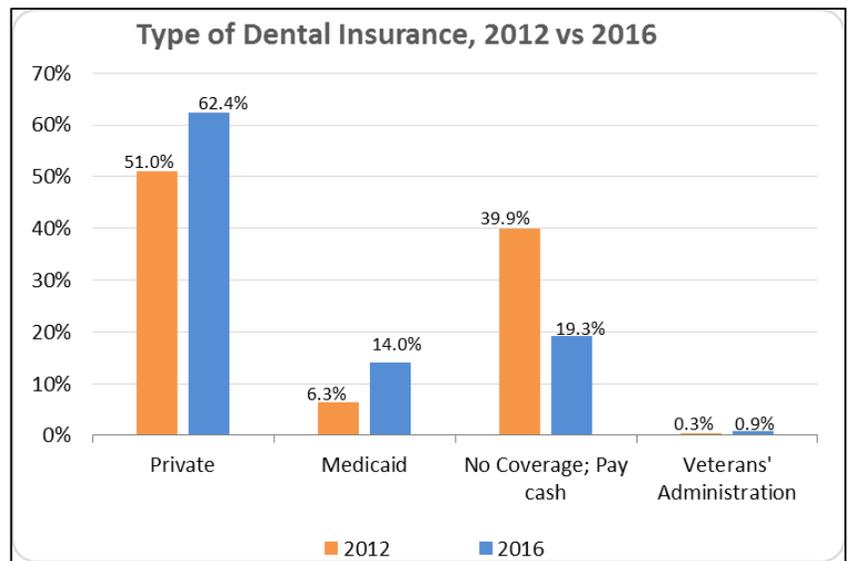
Since it seems that access to dentists may be limited due to availability and insurance coverage, in our 2016 community survey we examined when was the last time respondents visited the dentist, as well as the type

of dental insurance that they used. As evidenced by the graph to the right, the majority of respondents throughout the network had seen their dentist within the past year. The one anomaly throughout the network was seen in the St. Luke's Miners service area, where



11% of respondents reported not having a dentist, which is almost five times higher than the percentages seen in most of the other SLUHN campuses.

For SLUHN as a whole, we found a pattern between income and time since last dentist visit. Our 2016 survey results showed us that for the network, 51.3% of respondents who reported making less than \$24,999 saw a dentist in the past year as compared to 82.3% of respondents who reported making over \$60,000. Additionally, 8.0% of those making less than \$24,999 did not have a dentist compared to 1.0% of those making more than \$60,000.



We also examined the type of dental insurance respondents used in the network as a whole, comparing data from our community survey in 2012 to our survey from 2016, as seen in the bar graph on the previous page. The percentage of respondents throughout the network using private insurance to cover their dental care increased to 62.4%, the percentage using Medicaid more than doubled (from 6.3% to 14%), and the percentage of those who had no coverage or paid cash

greatly decreased. This is a great improvement because the data show us that more people have become insured and less people are uninsured or having to pay with cash, which ultimately should help boost access to dental care. Although these results are promising, we found interesting disparities when examining type of dental insurance used in relation to income for SLUHN as a whole. 22.9% of respondents who reported making less than \$24,999 used private insurance to pay for dental care as compared to 86.8% of respondents who reported making more than \$60,000. Additionally, 30.7% of respondents reported making less than \$24,999 did not have a dentist as compared to 10.5% respondents who reported making more than \$60,000.

Vision care was identified as another access to care issue in the St. Luke's Miners service area. Children may have trouble expressing if they have issues related to vision, and problems with vision may result in future developmental problems. The stakeholders suggested having all of the school vision exams completed early on in the year, so that they can receive care as soon as possible if they need it.

Lack of insurance is another major barrier for accessing healthcare. If one is not insured it may be very difficult or highly costly to receive care. In the St. Luke's Miners service area, 10.94% of the population lacks insurance (ACS, 2009-13). This is comparable to the percentage of the population uninsured in Pennsylvania (9.81%), and is lower than what is seen nationally (14.87%) (ACS, 2009-13). Lack of insurance is tied to unemployment, because if people do not have jobs it is less likely that they have insurance, which again leads to limited access to care. In the St. Luke's Miners service area, 7% of the population over the age of 16 is unemployed, as compared to 6.1% of the unemployed population in Pennsylvania and 6.3% of the total U.S. population (U.S. Bureau of Labor Statistics, August 2015). For those who do have insurance, individuals who are enrolled in Medicaid represent a vulnerable population who may have more barriers to access care and poorer health status due to their low income. According to the ACS (2009-13), in the St. Luke's Miners service area, 20.64% of the insured population is receiving Medicaid, which is similar to both the percentage of Medicaid enrollees in the insured population in Pennsylvania (18.24%) as well as in the U.S. (20.21%). Unfortunately, some primary care doctors or specialists will not accept patients who use Medicaid as their main form of insurance.

Our survey also showed that when asked to choose the reasons why the respondent missed a medical appointment, many respondents chose responses that revolved around insurance coverage. In terms of the St. Luke's Miners service area, out of the top 5 reasons for postponing care, 10.3% of the responses were that their share of the cost was too high and 10% of the responses were that they postponed care because they didn't have health insurance. This shows that lack of insurance or coverage for certain services poses a significant challenge to receiving care.

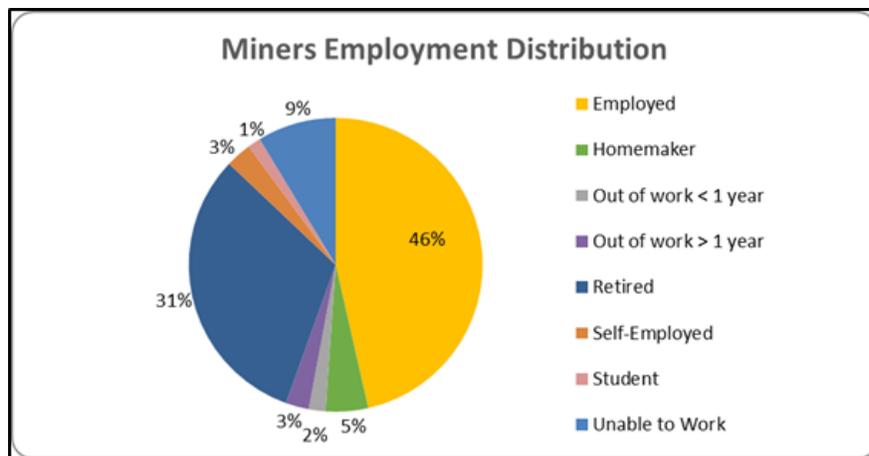
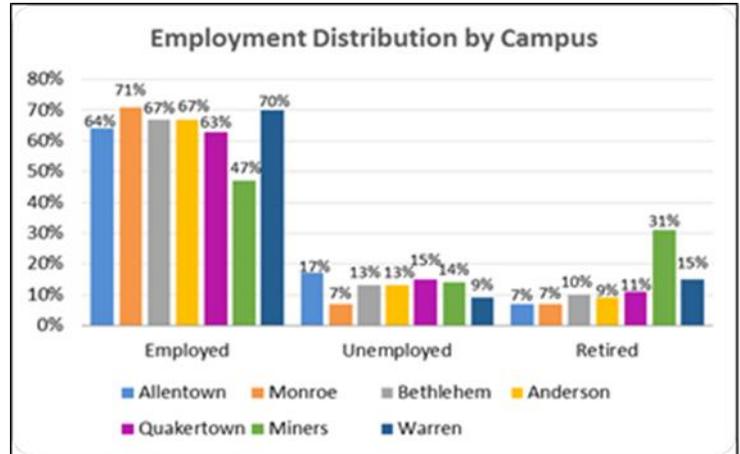
Top Five reasons for Postponement of Care at St. Luke's Miners

Reason for Postponement of Medical Care at Miners	Percentage of Responses
My share of the cost was too high (deductible/copay)	10.3%
Didn't have health insurance	10.0%
Didn't think problem was serious	8.9%
Insurance didn't cover what I needed	5.7%
Couldn't get time off from work	5.7%

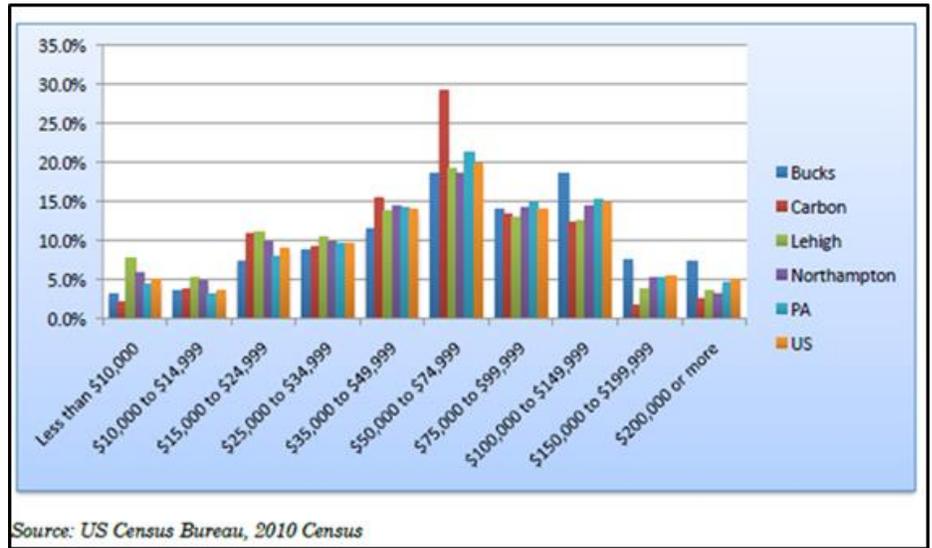
Besides some of the more visible barriers to care such as lack of PCP's or health insurance, unemployment and poverty are two additional important indicators of access to care.

According to the U.S. Bureau of Labor Statistics (August 2015), the unemployment rate for the St. Luke's Miners service area was 7%, which was slightly higher than unemployment rate in Pennsylvania (6.1%) and in the U.S. (6.3%). According to our 2016 community survey, 14% of respondents are unemployed.

The unemployment rate according to respondents in our survey is much higher than the 7% unemployment rate in the service area as a whole. The percentage of those who are employed in the St. Luke's Miners service area is significantly lower than the percentages of employed respondents for the other SLUHN campuses and network overall. However, this may be due to the fact that 31% of respondents in the St. Luke's Miners service area reported being retired, which is considerably higher than the percentages from other SLUHN campuses. (It is also important to keep in mind that 30.9% of the respondents for this service area are over the age of 65, which is more than double the number of respondents in this age bracket for the other campuses).

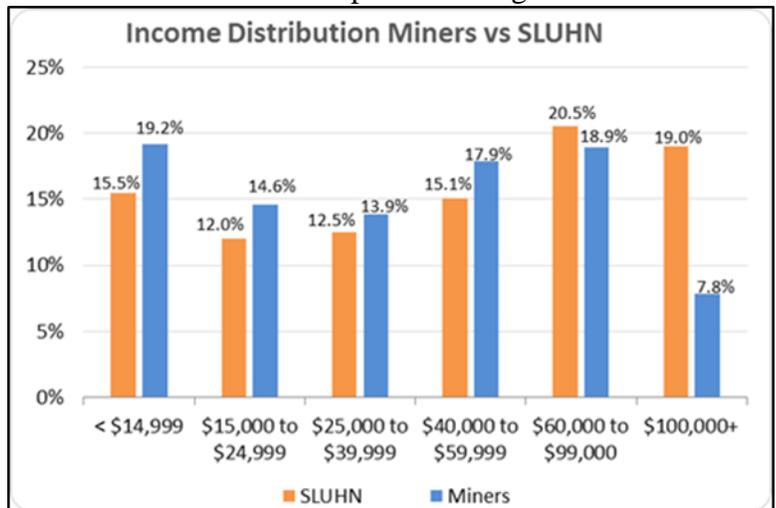


Poverty is linked to unemployment because if a person does not have a job they likely have no income, which means they may not be able to pay for out of pocket healthcare services or have insurance. As mentioned earlier, 35.3% of the population in the St. Luke's Miners area has incomes at or below 200% of the Federal Poverty Level (FPL). This percentage is higher than both the percent of the population living at or below 200% of the FPL in Pennsylvania (30.51%) and in the U.S. as a



We can also examine household income and median household income to understand what poverty looks like in our service area. In terms of per capita income, in the St. Luke's Miners area the average per capita income is \$23,594, which is approximately \$5,000 lower than the Pennsylvania average (\$28,502) and the U.S. average (\$28,154). This lower per capita income may be indicative of a lesser ability to pay for health services. The graph above from the Lehigh Valley Research Consortium (LVRC) analysis of secondary data sources reports the household income per county was reported for the year 2010. Schuylkill County is not present in this graph, but we can see that in Carbon County there is an unusually high percentage of the population that falls in the \$50,000-\$74,999 income bracket.

This second graph refers to our 2016 community survey data, where we compared the income distribution within the St. Luke's Miners service area to the income distribution of SLUHN as a whole. More respondents in the St. Luke's Miners service area reported having incomes in all brackets below \$59,000 (with the most falling in the under \$14,999 category- 19.2%) as compared to the network, and less respondents from our service area reported having incomes over \$60,000 as compared to the network. In 2015, the FPL for a family of four was \$24,250 (U.S. Department of Health and Human Services, 2015). The most striking difference is seen for the over \$100,000 income category, where only 7.8% of respondents in the St. Luke's Miners service area reported falling into this category while 19% of respondents for the network as a whole were in this category. This is another example of the

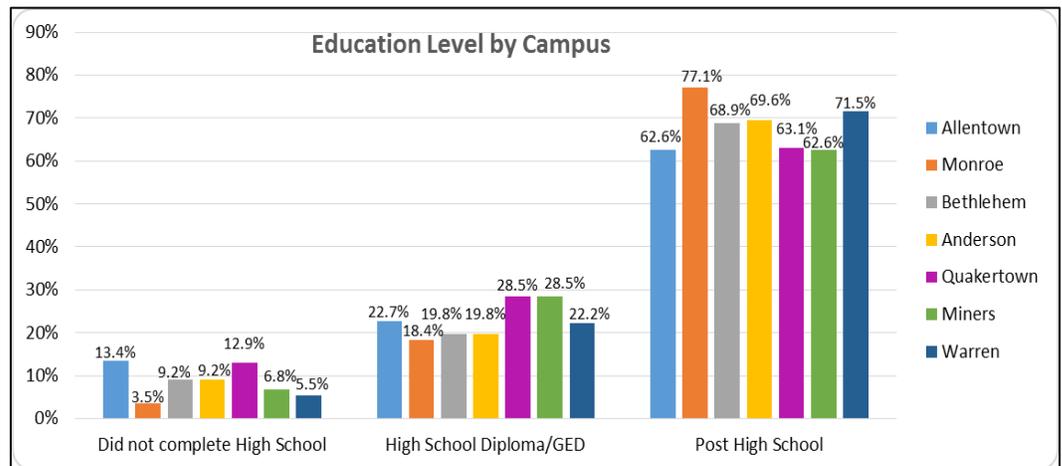


extreme income inequality that exists throughout the St. Luke's Miners service area, as well as throughout the network. Through these previous discussions of unemployment and poverty, we can see that they are both social determinants of health that are important to understand when addressing the health status of our community.

Level of education is another social determinant of health that has a great influence on health disparities. Research has taught us that education is tied to earning capacity, and studies such as the renowned Whitehall Study have directly correlated socio-economic status with health outcomes. Higher levels of education generally lead to better health outcomes. In the St. Luke's Miners service area, 12.89% of the population over the age of 25 does not have a high school degree, as compared to 11.34% of the Pennsylvania population and 13.98% of the U.S. population over the age of 25 (ACS, 2009-13). In terms of higher education, 24.58% of the population over the age of 25 in the St. Luke's Miners service area had an Associate's level degree or higher, which is lower than the percentages seen in Pennsylvania (35.14%) and in the U.S. (36.65%) (ACS, 2009-13).

Our 2016 community survey data revealed that the highest percentage of respondents in the St. Luke's Miners service area either reported education beyond high school (62.6%) or reported receiving a high school diploma or GED (28.5%). As evidenced by the distribution, we can see that there is considerable variation in educational attainment within the St. Luke's Miners service

area. This is important to take into consideration when addressing the health needs of our service area, since education has been noted to influence health behaviors and health status.



Transportation was mentioned as a major barrier to overcome in order to improve access to care. Transportation was discussed as a challenge by the focus group members because the specific hours of service for buses in the area do not align with working adult's needs. They mentioned that currently there are three busses running to the hospital and Pottsville, but there is a need for more transportation and longer hours of service.

One barrier to providing access to care is transiency within the community. The focus group members said that families are moving often so care is discontinuous. According to the 2013 Pennsylvania Youth Survey (PAYS) data, 16.8% of students in Schuylkill County and 17.1% of students in Carbon County said they had moved to a new house one or two times in the previous

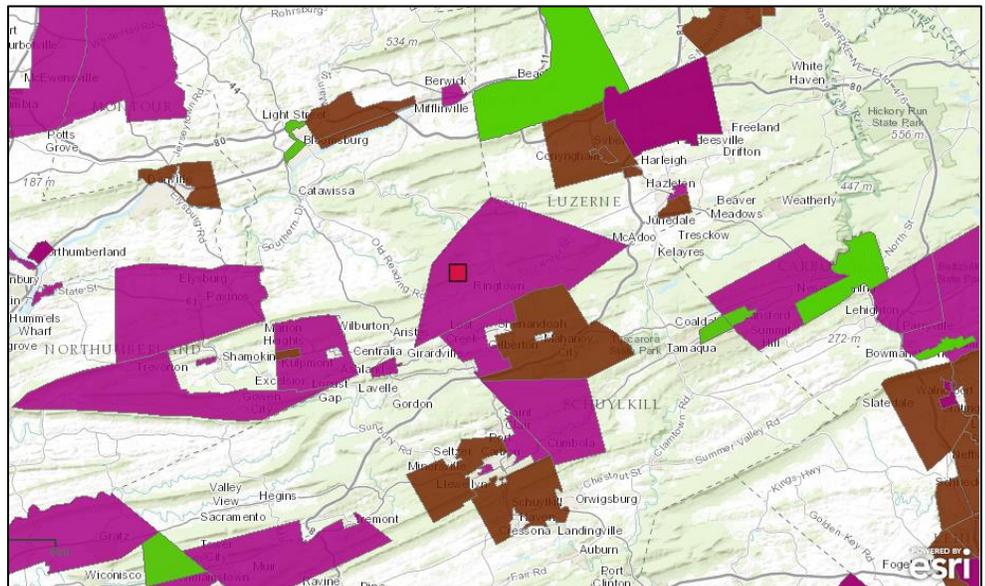
year. About 2% of students in both counties said in the last three years their family moved to a new household on at least 5 occasions.

Another challenge in accessing care is the lack of information available to community members. The Tamaqua Public Library was identified by the focus group members as a central location for community members to receive health information about services and programs offered in the area. The Salvation Army and the Arts Center were both recognized by the stakeholders in the focus group as a great resource in order to rent rooms for community meetings, public seminars or workshops to spread information about health services. The focus group members also discussed the partnership that they once had with the YMCA, where there would be programs that would offer free medical advice from professionals, but the problem is that not many community members took advantage of this.

2. Promoting Healthy Lifestyles and Preventing Chronic Disease

Access to healthy foods is a major issue that plays into promoting healthy lifestyles and preventing chronic disease. We can look at access to healthy food issues by examining access to grocery stores. The number of grocery stores is reported as the rate of grocery stores per 100,000 population. According to the County Business Patterns (2013), in the St. Luke's Miners service area the rate is 16.9 as compared to the rate of 21.4 in Pennsylvania and 21.2 in the U.S. Our rate is slightly lower than the state and national average, meaning there is less access for our community members to healthy foods. The focus group members identified hunger as a major barrier to promoting healthy lifestyles and preventing chronic disease. Some of the stakeholders were unaware that over the summer there are lunch programs offered to children once the school year is over. One issue discussed is that there are a lot of programs providing children with food, but there is limited record keeping of who is receiving food and who is not.

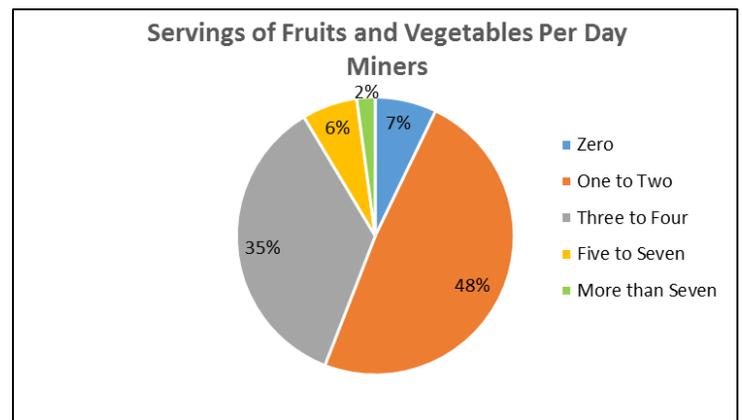
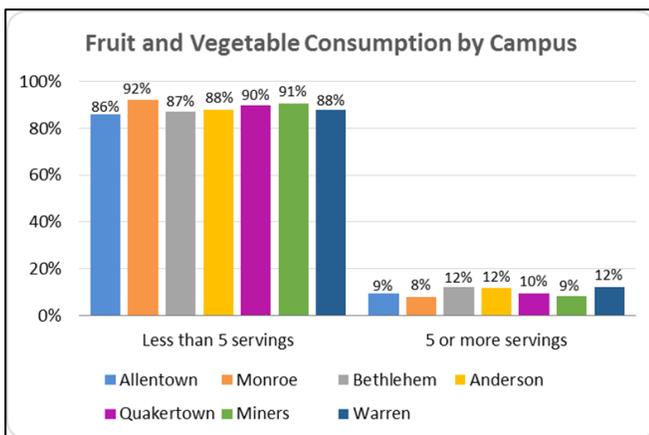
We can now examine the presence of food deserts to better understand how to promote healthy lifestyles in our community. According to the USDA, a food desert is a place in which people do not have easy access to fresh and healthy food, resulting in much of their food coming from fast food restaurants and convenience stores. The food desert map shows the areas around



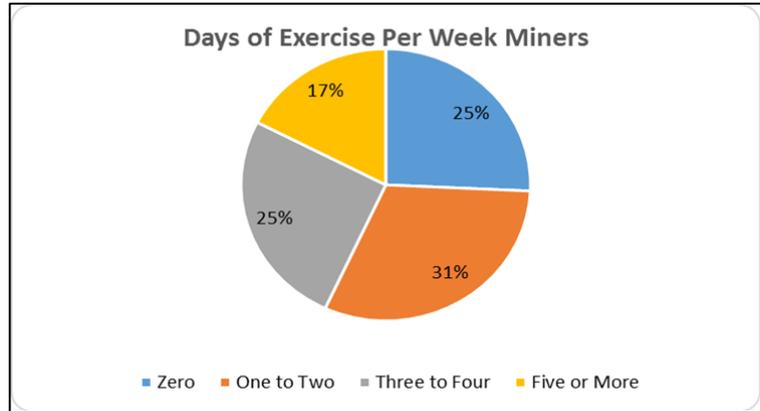
Schuylkill County (a map for Carbon County was not included because there was not sufficient

data to provide an accurate map). The green regions show the low income census tracts where a large portion of the residents live 1 mile away (for urban areas) or 10 miles away (for rural areas) from a grocery store. The purple represents areas where a significant number of families do not have a car and live more than half of a mile from the closest grocery store. The brown shows areas where at least 1/3 of the population lives greater than 1 mile (for urban areas) or 20 miles (for rural areas) from the closest grocery store. This map shows that there are many areas of low food access at 1 and 20 miles, which are surrounded by areas of low vehicle access, making it difficult for people who live in this area to access healthy foods through grocery stores. We can also examine food insecurity, which reports people's ability to access food and to be able to live a healthy lifestyle. Food insecurity may also represent an inability to provide all necessities for one's family; therefore they may have to resort to buying fast food instead of healthy food such as fruits and vegetables. In Carbon County, 12.9% of the population is food insecure and in Schuylkill County, 13.6% of the population is food insecure (Feeding America, 2013).

After examining access to grocery stores, food deserts, and food insecurity, it is important to look at fruit and vegetable consumption in our service area, since the previously mentioned factors may be limiting people's ability to meet the FDA recommendations for fruit and vegetable consumption. The bar graph below from our 2016 survey data shows the breakdown by each SLUHN campus in regards to respondents meeting the FDA recommended consumption of fruits and vegetables (five or more servings per day). In terms of the St. Luke's Miners service area, the bar graph shows that St. Luke's Miners has one of the lowest percentages across the campuses for respondents consuming five or more servings of fruit and vegetables per day (9%). By looking at the bar graph we can see that in our service area, 91% of respondents are consuming less than five servings of fruit and vegetables per day, where in the pie chart we can see that the largest percentage of respondents are consuming one to two servings per day (48%). The low percentages of respondents eating five or more servings per day could be attributed to the lack of access to grocery stores or food insecurity as previously discussed.

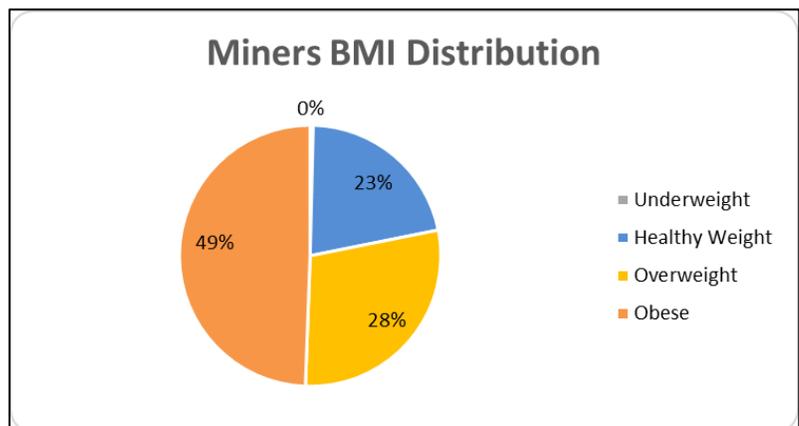


Lack of physical activity is much too prevalent in today's technology focused and work driven society. Sedentary lifestyles are becoming more and more common, which may contribute to obesity and eventually other chronic diseases such as cardiovascular disease and diabetes. 24.5% of the population in Carbon County and 26.7% of the population in Schuylkill County reported taking



part in no physical activity in the past month (National Center for Chronic Disease Prevention and Health Promotion, 2012). From our 2016 survey data, we found that in the St. Luke's Miners service area, 25% of respondents reported no exercise per week, which is similar to the percentages of no physical activity reported in Carbon and Schuylkill County. We can see that 42% of respondents reported exercising three or more times a week, but this still leaves the majority of the respondents exercising two times or less a week, which likely means they are not participating in enough physical activity to stay healthy. The Healthy People 2020 target recommends that adults should be exercising 150 minutes per week, an average of 30 minutes per day for five days a week. The target for 2020 is that 47.9% of adults reach this benchmark and currently, only 16% of survey respondents in the whole SLUHN service area are exercising at least five times per week.

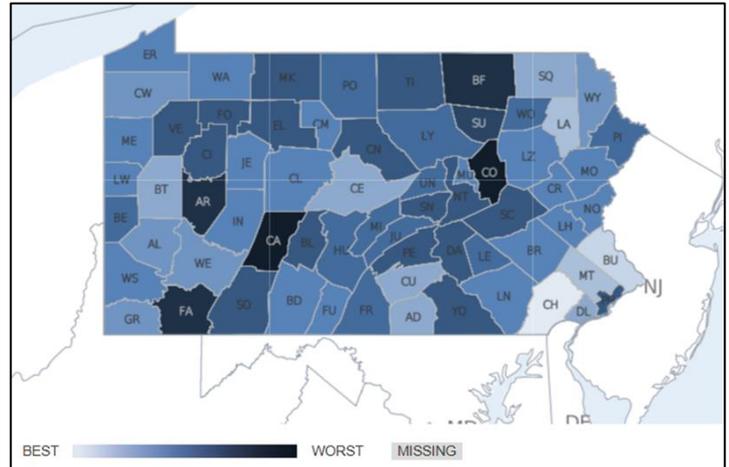
Another important topic within the health category of promoting healthy lifestyles and preventing chronic disease is obesity. Obesity is a very prevalent health issue in our community, and according to the State of Obesity (a project of the Trust for America's Health and the Robert Wood Johnson Foundation), rates in Pennsylvania are on the rise. Pennsylvania is ranked 20th amongst the 50 states (where 1 is the most obese state and 50 is the least obese state). Obesity is a major health concern, considering the easy accessibility of unhealthy foods, the high rates of physical inactivity, and risks it poses for future health issues such as type 2 diabetes, heart disease, stroke, and hypertension. Obesity is determined by Body Mass Index (BMI), which is an indirect measure of an individual's body fat. For a person who has a normal weight, the BMI range is from 18.5-24.9, for someone who is overweight the range is 25-29.9, and for someone who is obese the BMI is 30.0 or more (CDC, 2015). Since 1990, obesity rates have more than doubled in Pennsylvania, from 13.7% to 30.2% in 2014 (State of Obesity, 2014). According to the



National Center for Chronic Disease Prevention and Health Promotion (2012), 35.5% of the population over 20 years old in Carbon County and 34.4% of the population in Schuylkill County is obese. According to our survey data, 49% of respondents in the St. Luke's Miners service area are obese and 28% are overweight (BMI was calculated using respondent's weight and height). This means that approximately 77% of the respondents in the St. Luke's Miners service area are overweight or obese, with only 23% being of a healthy weight.

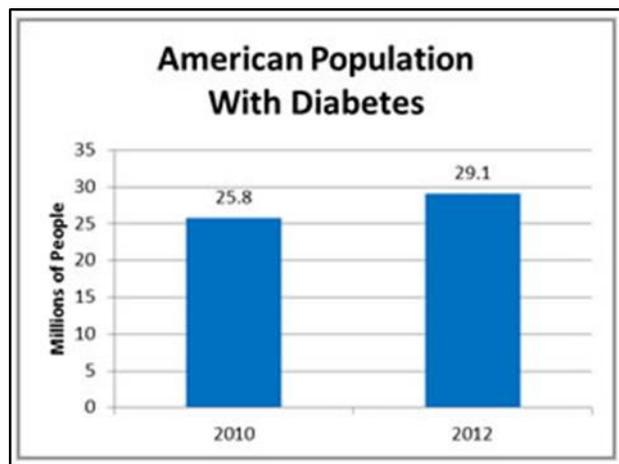
This map shows the percentage of the population that is obese in each of the counties in

Pennsylvania, where the percentage of the population that is obese within each of the counties is represented by white/light blue (lower percentages) and dark blue (higher percentages). In Carbon County 36% of adults and in Schuylkill 33% of adults report a BMI of 30 or more (Robert Wood Johnson 2015 County Health Rankings). One contributor to obesity could be lack of knowledge about healthy foods or not knowing how to cook. The focus group members discussed how many families may not know how to cook or were never taught how to cook, so for two working parents it may just be easier to pick up fast food or pre-made meals. The focus group suggested the creation of a program similar to Meals on Wheels, but in this case it would be-focused on families. They also recommended cooking classes for parents.

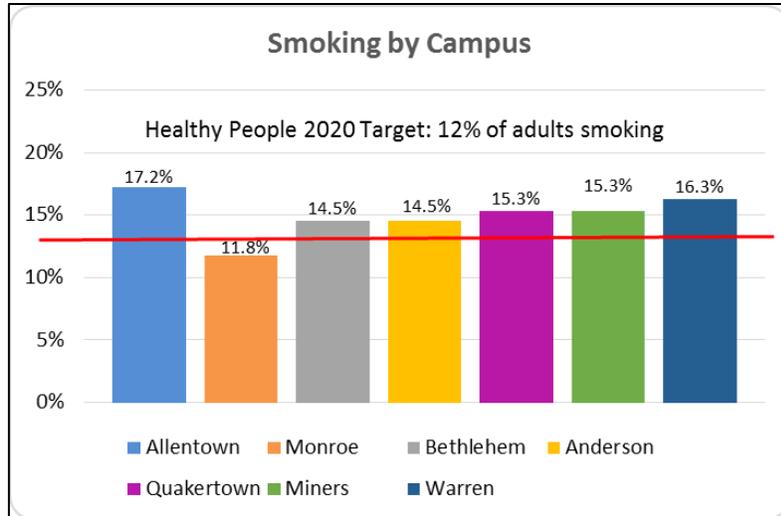


While focusing on programming is important in reducing levels of obesity, results from our 2016 community survey identified several demographic characteristics that were linked with a respondent's BMI. For SLUHN as a whole, amongst all respondents with a morbidly obese BMI, the largest percentage was evident among those earning less than \$14,999 per year (19.8%). Conversely, only 8.9% of the morbidly obese respondents reported making more than \$100,000 per year. The income range with the highest percentage obesity was \$15,000 - \$24,999 at 44.3%, while the lowest percentage of obesity was in the \$100,000 or more range at 31.0%. This is interesting because it shows us that there is an association between level of income and BMI, which reaffirms that the social determinants of health (such as income) must be taken into consideration when determining how to improve the health of our community. We also examined education, where 45.9% of those who did not receive a high school degree reported BMIs in the obese category and 41.7% of those who attained a high school diploma or GED reported BMIs in the obese category. 36.5% of those who completed education beyond high school fell into the obese category. This shows us that lower levels of educational attainment may be related to obesity. Making connections to the social determinants of health related to obesity is important so that a multifaceted approach can be taken to reduce rates of obesity in our service area.

Diabetes is a prevalent chronic health condition strongly tied to obesity, so it is important to examine it in more detail. Diabetes is a disease where a person's blood glucose levels are too high. Type I diabetes is generally found in children under the age of 20, where the pancreas does not produce enough insulin. Type II diabetes is of great concern in our community served, because type II can be caused by being overweight or obese. Diabetes can also cause other health issues such as blindness, kidney disease, foot problems, and heart disease. There are treatments for type II diabetes including medications, better diet, and exercise, but some people with type II diabetes have it for life. In the St. Luke's Miners service area, the percentage of adults diagnosed with diabetes ranges from 8.1% (Carbon County) to 9.3% (Schuylkill County), which is similar to the percentage in Pennsylvania (8.86%) and in the U.S. (9.11%) (National Center for Chronic Disease Prevention and Health Promotion, 2012). According to the National Diabetes Statistics Report (2014), diabetes was the 7th leading cause of death in the United States in 2010, but it is likely that many more deaths resulted from diabetes but were not reported as such. This happens because of the various co-morbid conditions associated with diabetes. From 2010 to 2012 the rate of diabetes in the United States has risen from 25.8 million to 29.1 million people, this current percentage represents 9.3% of the U.S. population. The number of people in the U.S. over the age of 20 who had pre-diabetes also increased from 2010 to 2012, from 79 to 86 million people (National Diabetes Statistics Report, 2014).



Tobacco usage is another important factor to consider when discussing promoting healthy lifestyles and preventing chronic disease, because smoking contributes to illness such as cardiovascular disease, cancer, and asthma. In order to promote healthy living, cutting down on tobacco usage within the community is a necessity. When looking at tobacco usage, 30.5% of the population in Carbon County and 26.4% of the population in Schuylkill County over the age of 18 currently smoke cigarettes in the St. Luke's Miners service area (BRFSS, 2006-12). These percentages are higher than the percent of the population that uses tobacco in Pennsylvania (20.8%) and in the U.S. as a whole (18.1%). According to our 2016 survey data referring to the bar graph below, 15.3% of respondents in the St. Luke's Miners service area reported that they currently smoke. This percentage is higher than the Healthy People 2020 goal of having only 12% of adults smoking, so there are still improvements to be made in terms of reducing smoking in our service area. The focus group mentioned the issue of overcoming generational health habits, such as smoking. They raised the question regarding how to prevent smoking from being passed on from grandparents and parents to children, and where the best point of intervention lies.

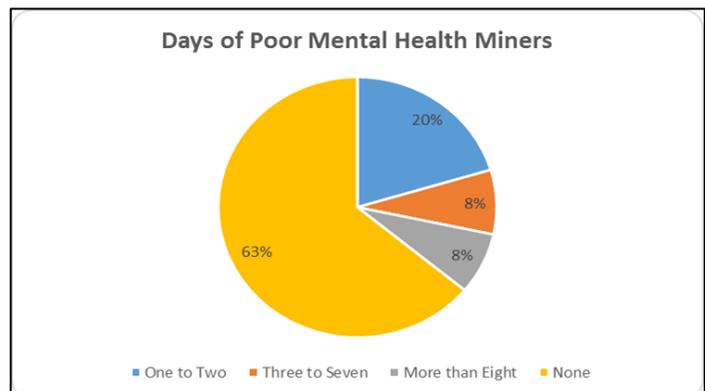


An asset mentioned by the focus group members to improve the promotion of healthy lifestyles is the faith network of 14 congregations in the area. Many of the congregations have groups that discuss healthy living and share information about health services with their members. Additionally, the focus group members said there are multiple vacation bible schools in the Tamaqua area, which could be used as an opportunity to spread information to children and their families about healthy living. One recommendation was to schedule an information session with clergy members so that they can relay information to their congregants. The clergy come in contact with a huge population of community members, so providing them with the ability to give these individuals health information is vital.

3. Improving Mental/Behavioral Health

In 2008, 13.4% of adults in the U.S. received care to treat a mental health issue (National Institute of Mental Health). This percentage was higher than in past years, but it still means that not all adults who have a mental health issue are receiving treatment for it. Additionally, greater than half of those who have problems with drugs and one third of those with a substance abuse problem have some sort of mental health problem (National Alliance on Mental Illness- Dual Diagnoses). In the section below we will talk about mental health as well as substance abuse individually, and we will also discuss the ways in which they are connected.

By first examining the number of days of poor mental health people report, we can begin to assess the mental health status of the St. Luke's Miners service area. According to our 2016 survey data, in the St. Luke's Miners service area, 36% of respondents reported missing one or more days of normal activity in the past month



due to poor mental health. Those who are missing days of normal activity due to poor mental health may not be receiving any type of treatment for their condition, which is important to take into consideration when reading the rest of this section about the other issues related to mental health within our service area.

Lack of mental health professionals is one large barrier to providing mental health services to community members. According to the Robert Wood Johnson 2015 County Health Rankings, the rate of population per mental health provider is 1,749:1 in Schuylkill County and 2,314:1 in Carbon County. A good rate of population per provider is exemplified by a smaller population per provider, such as in the top performing U.S. counties, where the average rate of population per mental health provider is 386:1. The St. Luke's Miners service area is deprived of a sufficient number of mental health professionals. The focus group members said that this lack of mental health services in the Coaldale/Tamaqua area results in community members having to travel all the way to Pottsville to receive these services. The focus group members said that mental health services used to be provided through the Red Cross, but they do not provide these services anymore. A focus on increasing the number of available providers in the immediate area, but also improving transportation to areas that have more mental health professionals was recommended.

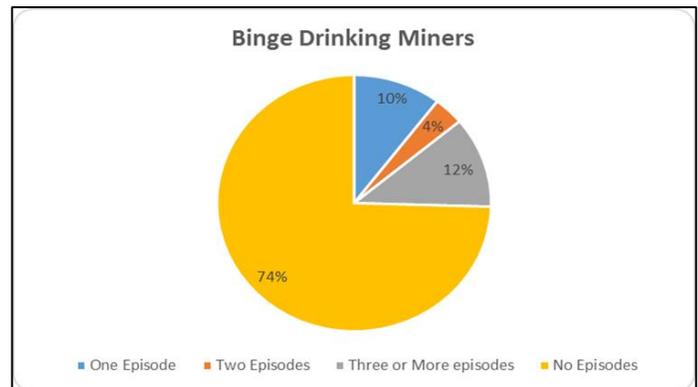
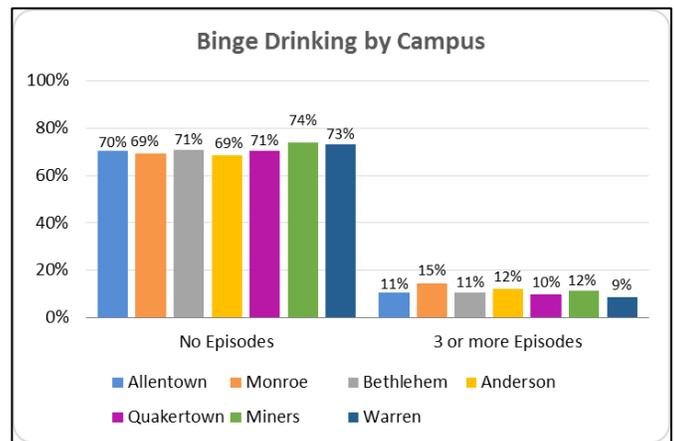
It is important for community members to have social or emotional support in order to feel confident getting through everyday problems; more importantly, social and emotional support is vital to maintaining positive mental health. Additionally, if we are able to indicate whether certain communities are lacking in emotional support or have minimal social associations, we can address these shortcomings in programming and care. In the St. Luke's Miners service area, between 24.9% (Carbon County) and 27.3% (Schuylkill County) of adults over the age of 18 reported having inadequate social or emotional support (BRFSS, 06-12).

Unemployment and poverty were discussed earlier as influencing access to care, but they are also important social determinants of health to take into consideration when examining issues of mental health. They are important to examine because not having a stable job and the stress of providing for oneself and one's family are risk factors for poor mental health. As mentioned previously, the unemployment rate in the St. Luke's Miners service area is 7% and 35.3% of the population is living at or below 200% of the Federal Poverty Level (U.S. Bureau of Labor Statistics, August 2015; ACS, 2009-13). Unemployment and poverty both relate to the focus group discussion of costs of healthcare being too high. This is especially an issue for mental health services, because these services tend to be costly and even if people are covered by some sort of subsidized insurance it may be turned down.

The stakeholders emphasized the issue of adolescent's easy access to their parent's prescription medications. They suggested that parents be educated about prescription drug abuse so that they can help prevent substance abuse among adolescents. In terms of prescription drugs, the PAYS 2013 data show that narcotics (i.e. pain management drugs) were the most commonly used with

7.3% of students and 5.4% of students in Schuylkill and Carbon respectively having experimented with these drugs in their lifetime. The second most common prescription drug used in Schuylkill was prescription stimulants (i.e. ADHD medications) reported by 3.7% of the students. In Carbon, the second most common prescription drug type used was prescription tranquilizers (i.e. sleep medications, anti-anxiety medications), which was used by 2.1% of students. In order to address the issue of drug use, the focus group members discussed the mandatory drug testing in Panther Valley School District for all of its employees, as well as the voluntary drug testing for students in grades 6-12. Involvement in an athletics team requires random drug testing five times. Access to cheaper drugs such as heroin is on the rise, so this emerging class of drugs should be paid close attention to in the coming years, especially in regards to the younger generation.

Excessive drinking and substance abuse disorders are likely to be recognized as comorbidities with mental health issues. There are also many cases where mental health issues go undetected because alcoholism and substance abuse issues may overshadow these issues. According to the Robert Wood Johnson 2015 County Health Rankings, 17% of adults in Carbon County reported excessive alcohol consumption and 19% of the population in Schuylkill County reported excessive alcohol consumption. According to our 2016 community survey, in the St. Luke's Miners service area, 74% of respondents reported no episodes of binge drinking in the past month, however, 26% reported one or more episodes in the past month. Furthermore, 14% reported one or two episodes of binge drinking and 12% reported three or more episodes of binge drinking in the past month.



For the network as a whole, we examined the association of gender and income to binge drinking. From our 2016 community survey we found that among those who reported no episodes of binge drinking the 74.4% of the respondents were female and 63.2% were male.

Focus group members mentioned St. Luke's controlled substance program, which is a strong resource to build upon in order to prevent substance abuse. In the long term, the focus group members said that the EPIC health exchange will help continue outreach by helping to identify patients who may be receiving excess prescriptions across the St. Luke's Hospital Network and

eventually the Lehigh Valley Health Network as well. It will help track ER visits and prescriptions received in order to limit abuse.

4. Improving Child and Adolescent Health

If children are living in poverty, providing the bare necessities may be the first priority of parents, rather than healthcare. In the St. Luke's Miners service area, 47.2% of children under the age of 18 are living in households with incomes at or below 200% of the Federal Poverty Level (FPL), as compared to 38.97% of the population in Pennsylvania and 43.81% of the population in the U.S. (ACS, 2009-13).

Along the same lines as poverty, lack of insurance coverage is another issue that may prevent children from receiving proper care. In the St. Luke's Miners service area, 5.53% of children under the age of 19 are uninsured, as compared to 5.55% of the child population in Pennsylvania and 7.51% of the child population in the U.S. (Small Area Health Insurance Estimates, 2013).

Free or reduced lunch eligibility is determined based on income eligibility guidelines set forth by the USDA. If children are eligible for free or reduced lunch this means their family income is sufficiently low, which may mean there may not be enough income to buy enough food at home or to pay for other things such as healthcare. 47.78% of children in the St. Luke's Miners service area are eligible for free and reduced lunch, which is lower than the national percentage (52.35%), but is higher than the Pennsylvania percentage (43.58%) (NCES- Common Core of Data, 2013-14). According to the Panther Valley School District, 65% of the students are currently enrolled in the free and reduced lunch program.

It is important to look at risky health behaviors involving drugs and alcohol in youths, because it is likely that these bad habits could carry on into adulthood. According to PAYS 2013 individual county reports, 47.5% of students in Schuylkill County and 41.6% of students in Carbon County reported ever consuming alcohol. 32.9% of 12th grade Schuylkill County students reported smoking marijuana and 37% of 12th grade Carbon County students reported the same. 33.4% of students in Schuylkill County and 31.3% of students in Carbon County reported feeling "sad or depressed MOST days". The use of alcohol, tobacco and other drugs increases the likelihood of depression in teenagers and depression is closely linked to suicide (PAYS Report, 2013). In Schuylkill County, 16.3% of students contemplated committing suicide, and 8.2% actually attempted suicide. In Carbon County, 14.7% of the students contemplated committing suicide, and 8% actually attempted suicide.

Many of the health needs that pertain to child and adolescent health were discussed in the access to care and mental health sections. Some of these needs discussed by the focus group members include the lack of access to primary care, dental care, vision care, and healthy foods. Additionally, education about living active lifestyles and eating right were pointed to as avenues for improvement in order to reduce obesity and better children's physical and mental health. All of these health needs are directly tied to the Adopt-A-School program, in which St. Luke's

Miners, the Panther Valley School District (PVSD) and key community partners and organizations are working together to improve the health of students and their families. Through rural health outreach the partners will use the school district as a main channel through which to promote healthy lifestyles and prevent chronic disease, improve mental health, and connect community members to services. The Mobile Health Services will provide and or connect students to medical, dental, vision and mental health services, which is especially important for children who lack insurance coverage. Tail on the Trail and School Garden and Nutrition programs will be important in teaching children the value of physical activity and how eating healthy can improve one's emotional and physical health. In terms of improving educational outcomes, there are programs to empower students such as leadership programs, as well as programs to bolster literacy such as Dr. Seuss Day.

One educational resource the focus group members said should be built upon in the school districts is the summer reading program hosted by the Tamaqua Public Library in conjunction with Schuylkill Vision Summer Reading. They dedicate some of their summer program to reading and learning about healthy living such as the "My Plate" program to encourage children to eat vegetables and fruits of many different colors. The stakeholders said that engaging children at the library and allowing parents to learn a little bit about these great programs may encourage them to get their children more involved in healthy lifestyles.

5. Improving Elder Health

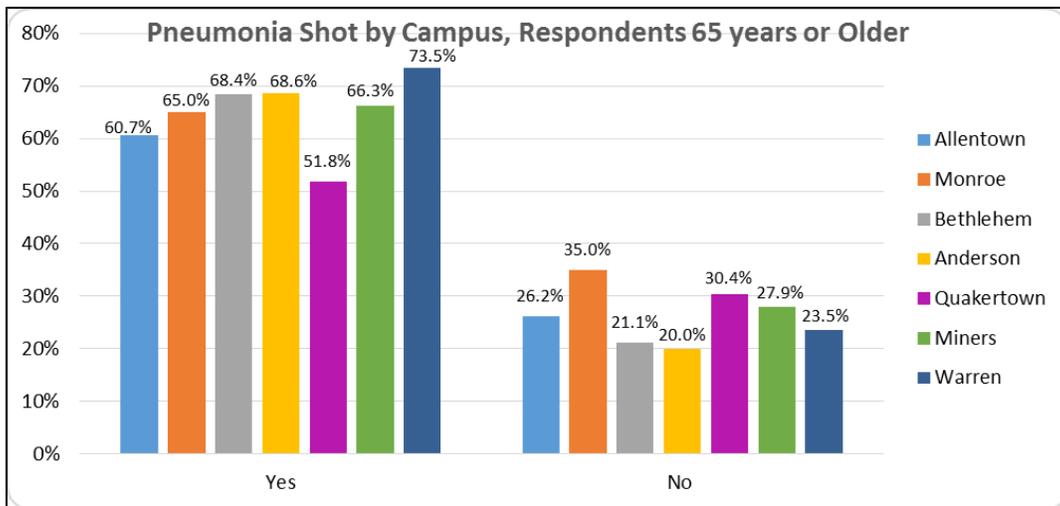
Elder health is important to address because the elderly represent a very vulnerable population who may have trouble navigating the healthcare system. We can see through America's Health Rankings that Pennsylvania ranks 25th out of 50 for elder health, placing it squarely in the middle of all of the states within the U.S. The main challenges that Pennsylvania faces in preserving the health of the elderly are the high prevalence of obesity, the lack of physical activity, and the low prevalence of high quality nursing home beds (America's Health Rankings, 2015).

The elderly population who are living to be the oldest tend to face more chronic illnesses (U.S. Census Bureau). Approximately 80% of the elderly population in the U.S. has one chronic disease; treatment and care for chronic diseases represents 95% of their healthcare expenditures (Pennsylvania Department of Health- Bureau of Health Promotion and Risk Reduction, 2011). Increasing rates of physical activity, improving healthy eating, decreasing rates of tobacco and alcohol use are all lifestyle behaviors that could be altered to help decrease rates of chronic disease.

One important chronic disease to examine is diabetes, due to the high rates of obesity in our service area. 29.28% of the Medicare beneficiaries in the St. Luke's Miners service area have been diagnosed with diabetes, which is higher than the percentage in Pennsylvania (26.66%) and the percentage seen nationally (27.03%) (Centers for Medicare and Medicaid Services, 2012).

Heart disease is another common chronic disease amongst the elderly, and since it is the leading cause of death in Pennsylvania and the U.S. it should be examined in detail. In the St. Luke's Miners service area, 31.69% of the Medicare population have ischemic heart disease, which is higher than the Pennsylvania percentage of 30.04% and the U.S. percentage of 28.55% (Centers for Medicare and Medicaid Services, 2012).

In our 2016 community survey, we looked at the variety of different health conditions present within each of the SLUHN hospital campuses, but this was not broken down by age. A high prevalence of elevated blood pressure, high cholesterol, and arthritis were identified in the St. Luke's Miners service area (for the whole respondent population-not broken down by age), which happens to correspond with the chronic disease conditions listed for the elderly in the Lehigh Valley Seniors Healthy at Home Survey (2014). Additionally, in our 2016 community survey, we looked at preventive health services utilized by respondents. In particular for the elderly, we examined whether or not they received their pneumonia shot. The graph below shows that 66.3% of respondents over the age of 65 in the St. Luke's Miners service area reported receiving their pneumonia shot.



The prevalence of seniors living in poverty is important to examine because many times older adults must be able to cover costs of living and medical expenses on their own. Additionally, as they age they may encounter more health issues, which results in greater healthcare costs. According to the Kaiser Family Foundation June 2015 issue brief, the national poverty rate for the population over the age of 65 is 15% under the Supplemental Poverty Measure (SPM), as compared to 10% poverty rate for the over 65 population using the Federal Poverty Level (FPL). (The SPM was created by the Census Bureau to take into account modern factors affecting level of income, such as information about financial resources, regulating of poverty threshold depending on geographical differences in the prices of homes). In 2013, the percentage of the 65 and older population that were positioned below 200% below the SPM was 45%.

Mental health issues facing the elderly community are vast and many times are overlooked, due to the many other physically visible chronic health issues that seniors face. In the St. Luke's Miners service area, 16.07% of Medicare beneficiaries have depression, as compared to 16.2% of the Medicare enrollees in Pennsylvania and 15.4% in the U.S. as a whole (Centers for Medicare and Medicaid Services, 2012). The focus group members discussed how it is difficult to provide mental health services for the elderly. Many times they will not accept the help that is being offered, which makes it hard to provide the care needed.

III. Conclusion

Improving access to care/reducing health disparities, promoting healthy lifestyles and preventing chronic disease, improving mental/behavioral health, improving child and adolescent health, and improving elder health are the five main health categories that were identified as areas for improvement through our community survey, our key stakeholder focus groups, and secondary data analyses. We already have many great services available to help improve health in our region, but a concentrated and sustained effort will be necessary amongst all those who contribute to our community's health to create new programs and continue existing programs to more comprehensively address the current concerns. The needs discussed within the health categories will serve as our guide in creating a campus specific implementation plan to best address the needs of the St. Luke's Miners service area.

SLUHN CHNA Data Sources

Allentown School District. (2015). Retrieved from: <http://www.allentownsd.org/content/about-allentown-school-district>

American Association of Retired Persons. *Chronic Conditions Among Older Americans*. Retrieved from: http://assets.aarp.org/rgcenter/health/beyond_50_hcr_conditions.pdf

American Diabetes Association. (2014). National Diabetes Statistics Report. Retrieved from: <http://www.diabetes.org/diabetes-basics/statistics/>

American Lung Association (2015). *State of the Air*. Retrieved from: <http://www.stateoftheair.org/2015/states/pennsylvania/>

America's Health Rankings: United Health Foundation. (2015). Retrieved from: <http://www.americashealthrankings.org/states>

Bangor Area School District. (2014). *St. Luke's University Health Network Adopt a School Program at Bangor Area School District*. Retrieved from: <http://www.bangor.k12.pa.us/Community%20Schools/Adopt%20a%20School.pdf>

Bethlehem Health Bureau. (2006-2012). *City of Bethlehem Health Profile*. Retrieved from: <http://www.bethlehem-pa.gov/health/healthdata.html>

Boston Children's Hospital. *Low Birth Weight in Newborns Symptoms and Causes*. Retrieved from: <http://www.childrenshospital.org/conditions-and-treatments/conditions/low-birthweight-in-newborns/symptoms-and-causes>

Centers for Disease Control and Prevention. (2005-2009). *Behavioral Risk Factor Surveillance System*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>.
Original source: <http://www.cdc.gov/brfss/>

Centers for Disease Control and Prevention. (2006-2012). *Behavioral Risk Factor Surveillance System*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>.
Original source: <http://www.cdc.gov/brfss/>

Centers for Disease Control and Prevention. (2011-2012). *Behavioral Risk Factor Surveillance System*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>.
Original source: <http://www.cdc.gov/brfss/>

Centers for Disease Control and Prevention- National Center for Chronic Disease Prevention and Health Promotion. (2012). *Division of Nutrition Physical Activity and Obesity*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.cdc.gov/nccdphp/dnpao/index.html>

Centers for Disease Control and Prevention. (2006-2012). *National Vital Statistics System (NVSS)*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.cdc.gov/nchs/nvss.htm/>

Centers for Disease Control and Prevention. (2009-2013). *National Vital Statistics System (NVSS)*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.cdc.gov/nchs/nvss.htm/>

Centers for Disease Control and Prevention and National Center for Injury Prevention and Control. (2012). *Protect the Ones You Love: Child Injuries are Preventable*. Retrieved from: <http://www.cdc.gov/safecild/NAP/background.html#fatal>

Centers for Disease Control and Prevention (2013). *Youth Behavior Risk Factor Surveillance System*. Retrieved from: <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>

Centers for Disease Control and Prevention- Morbidity and Mortality Weekly Report. (September, 2015). *Alcohol use and binge drinking among women of childbearing age – United States, 2011–2013*. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm>

Centers for Disease Control and Prevention- Morbidity and Mortality Weekly Report. (November 2013). *Tobacco Product Use Among Middle and High School Students — United States, 2011 and 2012*. Retrieved from: <http://www.cdc.gov/mmwr/index.html>

Centers for Disease Control. (2014). *Stats of the State of New Jersey*. Retrieved from: http://www.cdc.gov/nchs/pressroom/states/NJ_2014.pdf

Centers for Medicare and Medicaid Services. (2012). Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <https://www.cms.gov/>

Centers for Medicare and Medicaid Services. *Physician Compare*. Retrieved from: <https://www.medicare.gov/physiciancompare/search.html>

Community Commons. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>

Executive Office of the President of the United States. *Pennsylvania Drug Control Update*. Retrieved from: https://www.whitehouse.gov/sites/default/files/docs/state_profile_-_pennsylvania.pdf

Feeding America. (2013). *Map the Food Gap 2015*. Retrieved from: http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2013/PA_AllCounties_CDs_MMG_2013.pdf

Harris, N. St. Luke's Warren. Analytics & Business Intelligence.

Health Care Council of the Lehigh Valley. (2012). *Community Health Needs Assessment for the Lehigh Valley*. Retrieved from: <http://www.bethlehem-pa.gov/health/pdf/CommunityHealthProfile.pdf>

Healthy People 2020. (2014). Retrieved from: <http://www.healthypeople.gov/>

Healthy People 2020. (2014). *Nutrition, Physical Activity, and Obesity*. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

Healthy People 2020. (2014). *Social Determinants of Health*. Retrieved from: <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

Lehigh Valley Research Consortium and United Way of the Greater Lehigh Valley. (2012). *Helping Lehigh Valley Older Adults Stay as Independent As Possible: 2012 Status Report*. Retrieved from: <http://www.lehighvalleyresearch.org/files/articles/Final%20Outcome%20and%20Indicator%20Report%202012.pdf>

Lehigh Valley Research Consortium and United Way of the Greater Lehigh Valley. (2014). *Lehigh Valley Seniors Healthy at Home Phone Survey*. Retrieved from: <http://www.unitedwayglv.org/UnitedWay/media/PDFs/Alliance%20on%20Aging/Seniors-Healthy-At-Home-Phone-Survey-2014.pdf?ext=.pdf>

Northampton County Pennsylvania. *Children, Youth, and Families Division*. Retrieved from: <http://www.northamptoncounty.org/northampton/cwp/view.asp?Q=620623>

National Alliance on Mental Illness. (2013). *Mental Illness: Facts and Numbers*. Retrieved from: http://www2.nami.org/factsheets/mentalillness_factsheet.pdf

National Alliance on Mental Illness. *Dual Diagnosis*. Retrieved from: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis>

National Institute of Mental Health. *Use of Mental Health Services and Treatment Among Adults*. Retrieved from: <http://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-adults.shtml>

New Jersey Health Care Quality Institute. (2014). *Mayors Wellness Campaign*. Retrieved from: <http://www.njhcqi.org/initiative/mayors-wellness-campaign/about/>

Olanoff, Lynn. (2013). Lehigh Valley Live. *Lehigh Valley has nation's 14th worst particle pollution levels, American Lung Association finds*. Retrieved from: http://www.lehighvalleylive.com/breaking-news/index.ssf/2013/04/lehigh_valley_has_nations_14th.html

Pennsylvania Commission on Crime and Delinquency. (2013). *Pennsylvania Youth Survey (PAYS)*. Retrieved from: <http://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-for-2013---County-Reports-.aspx>

Pennsylvania Department of Education. (2014). *Pennsylvania School Performance Profile*. Retrieved from: <http://paschoolperformance.org/>. Original source: <http://www.education.pa.gov/Teachers%20-%20Administrators/PIMS/Pages/default.aspx>

Pennsylvania Department of Health. (2014). *Injuries in Pennsylvania- County Profiles 2014*. Retrieved from: http://www.statistics.health.pa.gov/HealthStatistics/BehavioralStatistics/InjuryStatistics/Documents/Injury_County_Profiles_2014.pdf

Pennsylvania Department of Health- Bureau of Health Promotion and Risk Reduction. (2011). *Chronic Disease in Pennsylvania*. Retrieved from: <http://www.health.pa.gov/migration/Documents/ChronicDiseaseBurdenReport.pdf>

Pennsylvania Department of Health- Division of Health Informatics. (2014). *Pennsylvania and County Health Profiles 2014*. Original source: www.statistics.health.pa.gov. Retrieved from: http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2014.pdf

Pennsylvania Department of Human Services. (2014). *Annual Child Abuse Report*. Retrieved from: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/report/c_208256.pdf

Pennsylvania Liquor Control Board. (2015). *Report on Underage and High-Risk Drinking*. Retrieved from: <http://www.lcb.state.pa.us/cons/groups/externalaffairs/documents/form/002552.pdf>

PoconoInfo. (2015). Pocono Alliance July 2015. Retrieved from: <http://poconoinfo.communityos.org/cms/>

Promise Neighborhoods of the Lehigh Valley. (2014). *Allentown Promise Neighborhood: 2014 Status of the Promises*. Retrieved from: http://promiseneighborhoodslv.org/wp-content/uploads/2012/09/APN-2014-Neighborhood-Survey-Report_Final_1.2.15.pdf

Promise Neighborhoods of the Lehigh Valley. (2014). *Easton Environmental Scan*. Original source: <http://promiseneighborhoodslv.org/about-us/> Retrieved from: <http://promiseneighborhoodslv.org/wp-content/uploads/2015/01/Easton-Environmental-Scan-01.30.pdf>

Rural Health Reform Policy Research Center. (2014). *The 2014 Update of the Rural-Urban Chartbook*. Retrieved from: <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>

Satullo, S. (2015). Lehigh Valley Live. *Pennsylvania's Child-Abuse Hotline Reporting 'Unprecedented' Number of Phone Calls*. Retrieved from: http://www.lehighvalleylive.com/breaking-news/index.ssf/2015/01/pennsylvanias_child_abuse_hotl.html

State of New Jersey Department of Health. (2011-2012). *NJ Behavioral Risk Factor Survey Data Query Outcome Measure Selection*. Retrieved from: <https://www26.state.nj.us/doh-shad/query/selection/njbrfs/BRFSSSelection.html>

Statista. (2015). *Total Medicaid enrollment from 1966 to 2015 (in millions)*. Retrieved from: <http://www.statista.com/statistics/245347/total-medicaid-enrollment-since-1966/>

The Child Abuse Prevention Coalition of Lehigh Valley. *Project Child*. Retrieved from: <https://www.projectchildlv.org/what-we-are>

The Henry J. Kaiser Family Foundation. (2012). *Medicare Beneficiaries as a Percent of Total Population*. Retrieved from: <http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/>

The Henry J. Kaiser Family Foundation. (2015). *Poverty Among Seniors: An Updated Analysis of National and State Level Poverty Rates Under the Official and Supplemental Poverty Measures*. Retrieved from: <http://kff.org/report-section/poverty-among-seniors-issue-brief/>

Trust for America's Health and Robert Wood Johnson Foundation. (2014). *The State of Obesity: Better Policies for a Healthier America*. Retrieved from: <http://stateofobesity.org/adult-obesity/>

University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2015*. Retrieved from: www.countyhealthrankings.org

U.S. Bureau of Labor Statistics. (July 2015). *Local Area Unemployment Statistics*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.bls.gov/lau/>

U.S. Bureau of Labor Statistics. (August 2015). *Local Area Unemployment Statistics*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.bls.gov/lau/>

U.S. Census Bureau. (2008). *A Preliminary Evaluation of Health Insurance Coverage in the 2008 American Community Survey*. Retrieved from: https://www.census.gov/hhes/www/hlthins/data/acs/2008/2008ACS_healthins.pdf

U.S. Census Bureau. (2009-13). *American Community Survey 5-year estimates*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.census.gov/programs-surveys/acs/>

- U.S. Census Bureau. (2012). *County Business Patterns*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.census.gov/econ/cbp/>
- U.S. Census Bureau. (2013). *County Business Patterns*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.census.gov/econ/cbp/>
- U.S. Census Bureau. (2000-2010). *Decennial Census*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.census.gov/>
- U.S. Census Bureau. (2013). *Small Area Health Insurance Estimates*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.census.gov/did/www/sahie/>
- U.S. Census Bureau (2014). *An Aging Nation: The Older Population in the United States- Population Estimates and Projections*. Retrieved from: <https://www.census.gov/prod/2014pubs/p25-1140.pdf>
- U.S. Census Bureau- Department of Commerce Economics and Statistics Administration. (2015). *Measuring America: An Overview on Vision Disability Statistics*. Retrieved from: https://www.census.gov/mso/www/training/pdf/MA_visiondisability2.pdf
- U.S. Department of Agriculture Economic Research Service. (2010). *Food Access Research Atlas*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>
- U.S. Department of Education. (2015). *Promise Neighborhoods: Eligibility*. Retrieved from: <http://www2.ed.gov/programs/promiseneighborhoods/eligibility.html>
- U.S. Department of Education, National Center for Education Statistics- NCES (2013-2014). *Common Core of Data*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://nces.ed.gov/>
- U.S. Federal Bureau of Investigation (FBI). (2010-2012). *Uniform Crime Reports*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <https://www.fbi.gov/about-us/cjis/ucr/ucr>
- U.S. Department of Health and Human Services. (2006-2012). *Health Indicators Warehouse*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://www.healthindicators.gov/>

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2012). *Area Health Resource File*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://ahrf.hrsa.gov/>.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2013). *Area Health Resource File*. Retrieved from: <http://assessment.communitycommons.org/CHNA/Datalist.aspx>. Original source: <http://ahrf.hrsa.gov/>

U.S. Department of Health and Human Services and Centers for Disease Control and Prevention. *Community Health Status Indicators- Information for Improving Community Health*. Retrieved from: <http://www.cdc.gov/CommunityHealth/home>

U.S. Department of Health And Human Services- Health Information Technology. *What is a Medical Home? Why is it Important?* Retrieved from: <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

U.S. Department of Transportation. (2012). *RITA State Transportation Facts*. Retrieved from: <https://www.transportation.gov/>

Warner, E. & Kalavoda, S. (2015). St. Luke's University Health Network. Analytics & Business Intelligence.

Warren County Health Department (2015). *Warren County Community Health Improvement Plan 2015*. Retrieved from: http://www.co.warren.nj.us/healthdept/includings/WC_CHIP_2015.pdf

World Health Organization. (2012). *Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors*. Retrieved from: http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Appendix A: Miners Focus Group Overview

Miners Campus Priority Areas

1. Improving Access to Care, Health Equity, and Community Outreach
2. Chronic Disease Prevention & Management, Healthy Living Initiatives, and Community Outreach
3. Mental Health, Substance Abuse, and Community Outreach

I. Priority Area Specific Questions

1) Improving Access to Care, Health Equity, and Community Outreach

- a. What strengths and resources can be built upon and utilized to promote access to care, health equity, and community outreach?**

The St. Luke's Mobile Health Vans in the PVSD are a great resource to continue using to promote access to care.

The Tamaqua Public Library is a good place for residents to receive health information; there is a bulletin board with fliers about different health services and programs.

The Salvation Army is an important resource to build upon because they provide people with access to different services, as well as rooms for rent for community meetings or other events.

The Arts Center offers similar renting services to Salvation Army, where community organizations can hold public seminars and workshops.

Another strength that can be utilized to promote access to care and health equity are the three rural health clinics. Community members can receive services for a low fee, even if they do not have insurance.

- b. What are the barriers and challenges that our community faces in providing access to care, health equity, and improving community outreach?**

One major issue is that care is sporadic because people are moving so often. Many times children will receive immunizations when they are young and then since they aren't getting sick they do not go back to the doctor. This results in a rush to try to get all children the immunizations they need before starting school. One suggestion made was that the mobile vans can help administer immunizations. Another issue that the mobile vans can potentially help with is that physicians are not ordering screenings for children during their yearly checkups. This presents a challenge for the Head Start program, where screenings need to be completed 45 days before school begins. It was recommended that maybe the mobile vans should work with school nurses to provide lead screenings and physicals for students at the schools.

Another barrier in providing access to care and health equity is transportation. Transportation is limited and the hours of service do not match up with people's needs for getting to the doctor. There are three buses that have been dedicated to running to the hospital and Pottsville, but there is a need for more transportation and more hours.

There is a lack of mental health services in the Coaldale/Tamaqua area, so these patients must travel to Pottsville to access these services. This is inconvenient for many patients and transportation is limited. These services used to be provided through the Red Cross in the Salvation Army building, but this is no longer the case.

2) Chronic Disease Prevention & Management, Healthy Living Initiatives, and Community Outreach

a. What strengths and resources can be built upon and utilized to *enhance chronic disease prevention and healthy living initiatives?*

The Tamaqua Public Library in conjunction with Schuylkill Vision Summer Reading dedicates part of the summer reading program to talk about healthy living programs. One of these is the “My Plate” program to promote children eating a rainbow of different fruits and vegetables in every meal. Materials promoting these programs are given to the school districts, daycares, and St. Jerome’s. Engaging children at the library and allowing parents to learn a little bit about these great programs may encourage them to get their children more involved.

Another good resource to take advantage of is the faith network of 14 congregations in the area. Many congregations have growth groups that focus on healthy living. This could be a good place to share health information with community members. There are also six vacation bible schools in the Tamaqua region, which could be another easy place to reach out to children and their families.

The quarterly health services advisory committee is another strength to build upon, where health information is shared amongst one another and each member could bring something they want to get out to the community.

b. What are the barriers and challenges that our community faces in *attaining success in chronic disease prevention, enhancing healthy living initiatives, and community outreach?*

One barrier to attaining success in chronic disease prevention and promoting healthy living initiatives is how to help families overcome generational health habits, such as smoking. Many times grandparents and parents smoke, so the issue is how to get them involved in smoking cessation programs so that smoking is not a behavior that is passed on to their children/grandchildren.

A recurring issue is that many people do not have health insurance or cannot afford the co-pays. There are many cases where people were enrolled in programs but are now no longer eligible, so it is difficult for them to receive the health information that they need.

There are many situations in which families may not know how to cook, so they will just stop for fast food. Fast food meals are also easy when families have two working parents; the kids are hungry and need to eat so stopping to pick up food is easier than having to cook. There is a need for a program similar to Meals on Wheels (which is done for seniors), but in this case it would be for families. Cooking classes for parents would also be beneficial.

A large challenge is getting services to the families who are the most in need, because in many instances these are the families who are not accessing these services.

Mindset of individuals in the community is also seen as a barrier. It is hard to help families if they are resistant to help or if they are not willing to change their lifestyles.

3) Mental Health, Substance Abuse, and Community Outreach

a. What strengths and resources can be built upon and utilized to *enhance access to mental health services and substance abuse prevention/treatment?*

The Panther Valley School District employs drug testing for all of its employees, and there is also voluntary drug testing for students in grades 6-12. Students have to get tested five times a year if play on an athletics team, where they are randomly chosen to be tested.

St. Luke's has a controlled substance program, which is a resource to build upon in order to prevent substance abuse. There is still a need for more education amongst parents and providers. The EPIC health exchange will help continue outreach by helping to identify patients who may be receiving excess prescriptions. It will help track ER visits and prescriptions received in order to limit abuse.

b. What are the barriers and challenges that our community faces in *attaining success within the mental health and substance abuse priority area?*

As mentioned earlier, one barrier to attaining success in the prevention of substance abuse is the abuse of prescription medications. Kids have easy access to their parent's medicine cabinets, so parents must be educated about prescription drug abuse so that they can learn to keep these medications out of sight. Additionally, access to cheaper drugs is rising in popularity in Pennsylvania, such as heroine. This is an issue that should be paid attention to in the near future.

The lack of mental health services in the Tamaqua/Coaldale area is a huge challenge in attaining success within mental health. The only mental health services location is in Pottsville, and transportation is limited, so it is difficult for community members to get to this clinic.

Lastly, at times it is difficult to provide care to the elderly. There are services that people in this population need, but many times they will not accept the help that is being offered.

II. Non-Priority Specific Questions

1) Do you see any additional emerging community health needs especially among underserved populations?

Hunger is seen as an important community health issue. During the time between when summer programs end and school begins, children are not receiving lunches. Food pantries have fewer supplies in the spring/summer because the main food drives occur between October and December. Food pantries should possibly consider restocking during the summer and run some food drives during this time to help get food out to children. One issue associated with hunger is that there is no list to keep track of who is receiving food. There are so many great programs providing kids with food but we do not know who is not getting reached. One program that has been implemented in some areas is the backpack program, where kids are sent home with a backpack containing food. Funding for this program is a major barrier, and there have also been instances where backpacks have either not come back or they come back in bad shape.

Dental care is another major issue. There is only one clinic in Pottsville. There is also the dental van which has come to the Nesquehoning Center. When the van came there were a huge number of appointments booked, but only a few of the children showed. If children cannot be seen in Pottsville or by the van, parents must bring them to a pediatric dentist in Allentown, Bethlehem, or Wilkes-Barre, but transportation is a barrier to accessing these services. It is a necessity to educate parents about serious health issues resulting from lack of dental care, because many times dental issues will go unchecked because parents know the child's baby teeth will fall out and they will get a new set anyway. One suggestion made to combat dental health issues is to contact dental schools to see if dental students would be willing to do free exams.

Lastly, an important emerging community health issue is vision care. It is hard for young children to let

someone know if they are having trouble seeing, and unfortunately unchecked vision issues can lead to developmental problems. It is important that the completion of school eye exams happens in the beginning of the year so that children can get checked early on and receive the care they need.

2) Do you feel that people in the community are fully aware of the healthcare services/options that are available to them? How do they receive information about healthcare services?

The stakeholders agreed that community members are not aware about the services and resources offered in the community. There are many instances of misinformation where people receive wrong information about what services are offered for free or for reduced fees.

People receive information about health services from case manager outreach, a resource list that is given out when one is enrolled in a service program, as well as by calls to Schuylkill United Way.

3) Do you have any recommendations to improve communication about healthcare services?

One idea was to have a senior expo at the mall with information about available social services. There could also be an event at the mall for parents where they could search for information and make connections to social services.

Another recommendation was to schedule an information session with clergy members so that they can relay information to their congregants. The clergy come in contact with a huge population of community members, so providing them with the ability to give these individuals health information is vital.

Having an accessible health resource list in the library was another recommendation to improve communication about available health care services.

It was also suggested that a booth be set up at athletic events, where organizations could give out water bottles that have social services information on the label or on the inside. This would be a great opportunity to reach a new demographic.

Lastly, it was suggested that a health fair be held at the PathStone center. SLUHN could hold screenings and give out information about available health services.

4) Are there groups who have been identified as underserved with regard to receiving vital information about healthcare services?

Pregnant teens are one underserved population that is difficult to reach because schools cannot provide information to the Nurse Family Partnership due to confidentiality agreements. The elderly is another underserved population, especially those who are living alone and do not have any family helping them. Lastly, migrant and homeless populations also may not be receiving important information about health services.

5) What accommodations are available for groups who may not have access to typical avenues of information?

The internet, the public library, and schools are accommodations available for groups who may not have access to typical avenues of information.

6) What do you think St. Luke's role should be in improving health and quality of life in the community?

SLUHN should continue to bring community leaders together (such as was done here) and have all of the leaders work together to solve community problems. SLUHN also needs to show the community that SLUHN has in fact improved the quality of care that community members receive, and that we will continue to provide this top notch care. This will involve working on how community members perceive SLUHN and the care they are receiving.

Instead of just using billboards and newspaper advertisements, SLUHN should get more involved with the school districts to distribute health information. It may be beneficial to start with the younger students, so as they get older they will carry this information with them.

7) What do you see as the top 3 most important needs within our community? Please rank these in order from most to least important, with 1 being the most important need and 3 being important, but perhaps not quite as critical.

1. Substance Abuse
2. Mental Health
3. Education

8) What makes a need greater than the others?

A need is considered greater than the others because it is consistently seen over and over again. One participant mentioned that she sees the top three priority issues as aligning with Maslow's hierarchy of needs.

**Appendix B. Stakeholder Focus Group Synopsis
Miners Campus Community Health Needs Assessment**

Priority Area	Strengths	Challenges	Suggestions
Improving Access to Care, Health Equity, and Community Outreach	<p>SLUHN Mobile Health Vans in PVSD</p> <p>Tamaqua Public Library- bulletin board</p> <p>Salvation Army</p> <p>The Arts Center</p> <p>3 rural health clinics- can go even if do not have insurance</p>	<p>Transiency of the community- immunization issues</p> <p>Physicians not ordering lead screenings during yearly checkups</p> <p>Transportation limited- hours of operation don't match needs</p> <p>Lack of access to mental health services- only in Pottsville</p> <p>Access to dental care- vans/clinic in Pottsville</p> <p>Access to vision care</p>	<p>Mobile vans help administer immunizations/ lead screenings/physicals</p> <p>More hours of operation for buses</p> <p>Educating parents about dangers of not receiving dental care- could help improve attendance at appointments</p> <p>See if dental students can perform free exams</p> <p>Conducting vision exams at schools early in the year</p> <p>Inform community members about the rural health clinics</p> <p>Health resource list in public libraries</p>
Chronic Disease Prevention & Management, Healthy Living Initiatives, and Community Outreach	<p>Tamaqua Public Library & Schuylkill Vision summer reading- healthy living programs</p> <p>Fliers to promote programs- distributed to schools, daycares, St. Jerome's Faith network- growth groups & vacation bible schools</p> <p>Quarterly health services advisory committee</p>	<p>Overcoming generational habits- smoking</p> <p>Lack of health insurance/cannot afford co-pays</p> <p>No cooking/no time- fast food often</p> <p>Mindset in the community- if do not want to be helped/change</p> <p>Hunger amongst children</p>	<p>Meeting with clergy- help distribute health info</p> <p>Some sort of Meals on Wheels program for families</p> <p>Cooking classes for parents</p> <p>Food pantries restocking during the summer to feed kids</p> <p>Backpack program- funding issue</p> <p>Senior expo at mall/health fair at PathStone center – screenings/info</p>
Mental Health, Substance Abuse, and Community Outreach	<p>PVSD drug testing (employees/voluntary for students)</p> <p>SLUHN controlled substance program- also EPIC health exchange</p>	<p>Abuse of prescription medication- easy access for teens</p> <p>Lack of mental health services in Tamaqua/Coaldale area- only in Pottsville</p>	<p>Educating parents about dangers of prescription drug use- keeping medications out of sight</p> <p>More transportation/hours of operation to bring people to Pottsville</p>

Miners Focus Group Participants: Community Stakeholders and Public Health Professionals
Friday, April 24, 2015
8:30-10:30 AM

	Name	Organization/Affiliation
1.	Leona Rega	Tamaqua Community Arts Center
2.	Tina Soley	Schuylkill Community Action
3.	Kelly Malone	Schuylkill United Way
4.	Michelle Halabura	Schuylkill United Way
5.	Gayle Heath	Tamaqua Public Library
6.	Cheryl Martuscelli	Majestic House Apartments
7.	Barbara Still	Nurse Family Partnership
8.	Cheryl O'Connor	Nurse Family Partnership
9.	Dina Depos	Program Director Salvation Army
10.	Janette Triano Sinn	Pathstone, Deputy of Health and Disability Services
11.	Tracie Mercado	Pathstone
12.	Mary Wieand	Pathstone
13.	Dana Moyer	Schuylkill County Transportation Authority
14.	Gary Martinaitis	Schuylkill County Transportation Authority
15.	Nick Zigmant	Director Tamaqua YMCA
16.	George Taylor	Faith Fellowship Network
17.	Dennis Kergick	Superintendent, Panther Valley School District
18.	Claudia Kupec	SLUHN- SLM-VP, Pt. Care Services
19.	Rosemarie Lister	SLUHN-SLM Community Health
20.	Rajika Reed	SLUHN-Community Health, Epidemiologist
21.	Dr. Bonnie Coyle	SLUHN- Director of Community Health
22.	Kathleen Lynch	SLUHN Community Health Intern
23.	Marissa Galante	SLUHN Community Health Intern
24.	Nicole Geary	St. Luke's RHC and Community Health
25.	Robert Summers	Facilitator, Total Package LTD Consulting
26.	Kristin Black	Panther Valley Athletic Director
27.	Pat Stefanek	ABC Tamaqua High Rise

Appendix C. Community Resources and Programs

St. Luke's Miners Campus

The following is a list of community resources, which include current partners as well as potential partners or organizations for our implementation plan:

American Association of Diabetes Educators
American Diabetes Association
Carbon County Dental Van
Carbon County Drug and Alcohol Commission
Child Development Corporation
Delaware and Lehigh National Heritage Corridor
Eastern Schuylkill Recreation Committee
Hometown Farmers Market
Lehigh Carbon Community College
Local dentists
Local faith based organizations
Local restaurants and businesses
Maternal and Family Health Services
New Beginnings
Panther Valley Library
Panther Valley School District
Penn State Cooperative Extension
Schuylkill Vision
SHINE After School Program
Sodexo
Tamaqua Area Community Partnership
Tamaqua Area School District
Tamaqua Arts Center
Tamaqua Public Library
Tamaqua YMCA
The Tamaqua Salvation Army
Times News
Tobacco Free Northeast Pennsylvania
Faith Fellowship Network
Schuylkill Community Action
Dr. Barry Schneider, OD
Pinnacle Health
Turn to Us
Jim Thorpe Library
Penn Kidder Library
PathStone Coaldale and Lehighon Head Start
Schuylkill and Carbon County United Way
14 Acre Farm
Leiby's Farm
Behavioral Health Associates

Nurse Family Partnership
Tamaqua Area Adult Care Center
Majestic House Apartments
Schuylkill County Drug and Alcohol
Schuylkill County Transportation Authority
Lions Club
ABC Tamaqua High Rise Apartments
Summit Hill Heritage Center