



PennState Health

A SIX-COUNTY

Berks | Cumberland | Dauphin | Lancaster | Lebanon | Perry

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW



Conducted on behalf of:

Penn State Health Milton S. Hershey Medical Center

Penn State Health Holy Spirit Medical Center

Penn State Health St. Joseph Medical Center

Penn State Health Hampden Medical Center

Pennsylvania Psychiatric Institute

Penn State Health Rehabilitation Hospital

2021

Introduction – Our Commitment to Community Health

Penn State Health is committed to understanding and addressing the health needs of the communities it serves. In order to best do that, the health system completed its 2021 Community Health Needs Assessment (CHNA).

For this fourth assessment cycle, Penn State Health formed a collective workgroup that included Penn State Health Milton S. Hershey Medical Center, Penn State Health Holy Spirit Medical Center, Penn State Health St. Joseph Medical Center, Penn State Health Hampden Medical Center, Pennsylvania Psychiatric Institute, Penn State Health Rehabilitation Hospital and key community stakeholders to identify and address the needs of residents living in Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry counties. Because Penn State Health Lancaster Medical Center was under construction during this assessment, this community was also included. The Department of Public Health Sciences at Penn State College of Medicine coordinated the CHNA efforts. By taking a systemwide approach to data collection and community health planning, Penn State Health will leverage system assets across the service area to address prioritized health needs.

The following pages describe the process and methods used in the 2021 CHNA and our findings on the health status of the communities we serve. We thank all of our community partners who joined us in these efforts. Our next step will be to develop our Implementation Plan to foster a collective impact to improve health across the region and reduce health disparities. We look forward to continued partnership to strengthen our community together.

Thank you,

Ashley Visco

Community Health Director
Penn State Health and Penn State Health
Milton S. Hershey Medical Center
avisco@pennstatehealth.psu.edu

Don McKenna

Regional President
Penn State Health Hampden Medical Center
dmckenna2@pennstatehealth.psu.edu

Sister Mary Joseph Albright

Vice President of Mission Effectiveness
Penn State Health Holy Spirit Medical Center
malbright2@pennstatehealth.psu.edu

Ruth Moore

Business Development Director
Pennsylvania Psychiatric Institute
rmoore@ppimhs.org

James Bennett

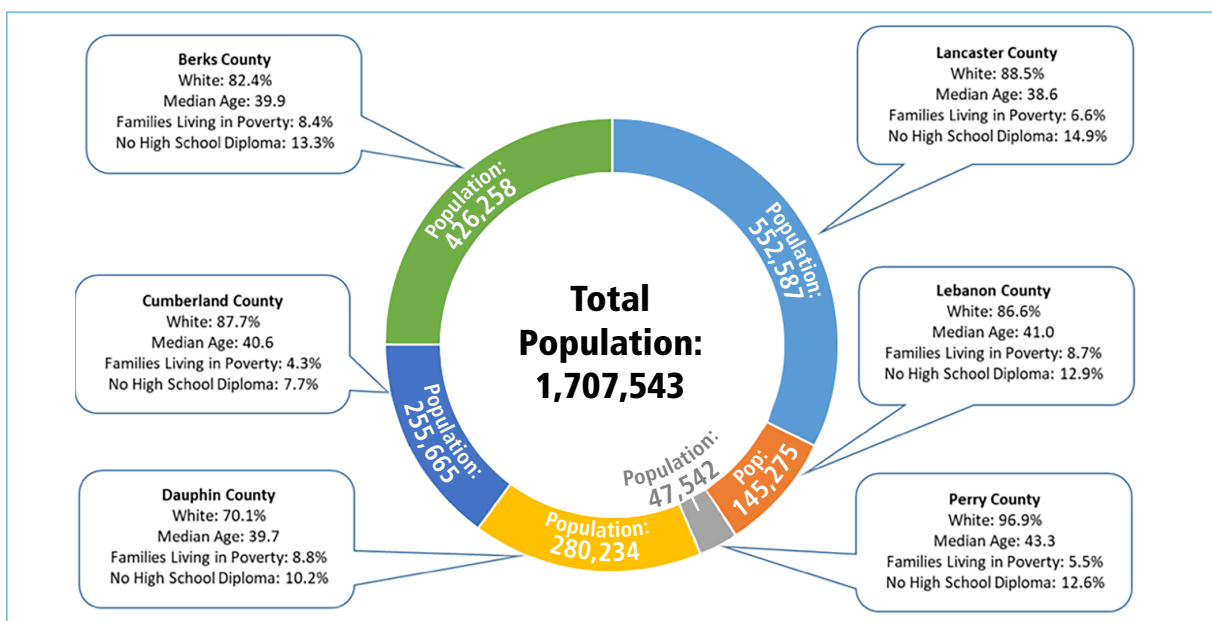
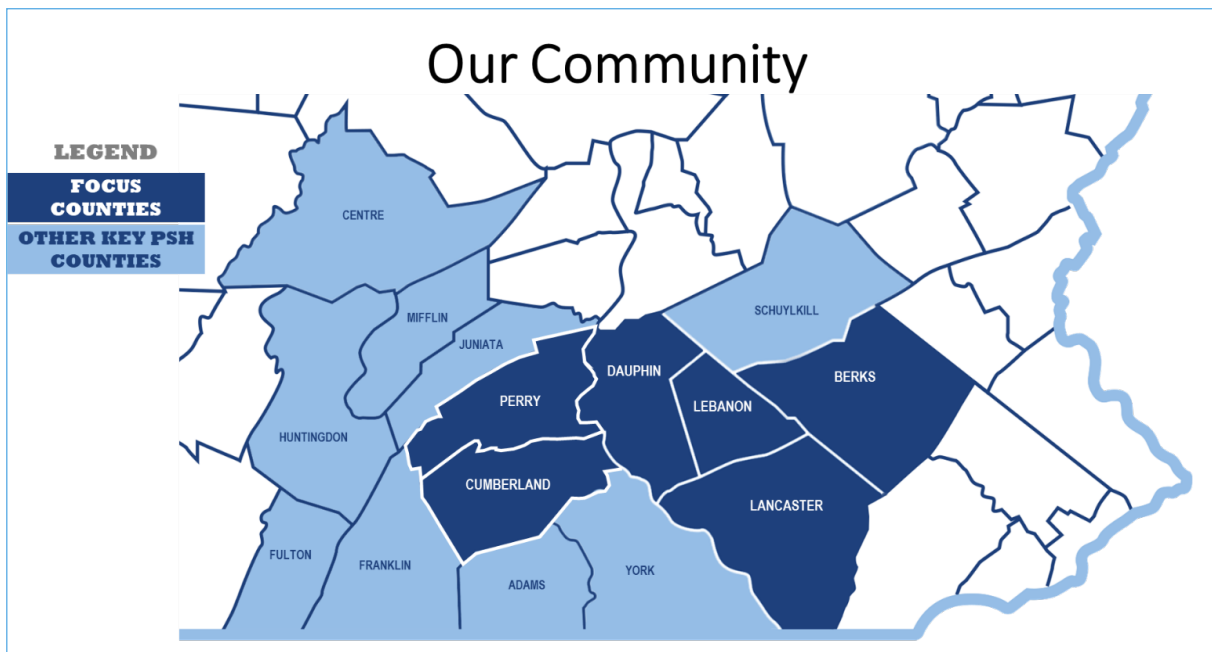
Senior Vice President/Chief Operating Officer
Penn State Health St. Joseph Medical Center
jbennett1@pennstatehealth.psu.edu

Michelle Von Arx

Chief Executive Officer
Penn State Health Rehabilitation Hospital
mvonarx@selectmedical.com

Community Description

The service area defined for purposes of the CHNA encompasses 225 ZIP codes in six Pennsylvania counties: Berks, Cumberland, Dauphin, Lancaster, Lebanon, and Perry. These six focus counties represent the community where health care resources are available and provided by the partnering Penn State Health organizations. The counties are also home to the majority of Penn State Health’s patient population.



CHNA Process

The 2021 CHNA used both primary and secondary methods to solicit community input and compare health trends and disparities across the six-county service area. The CHNA timeline complied with IRS Tax Code 501(r) requirements to conduct a CHNA every three years, as set forth by the Affordable Care Act.

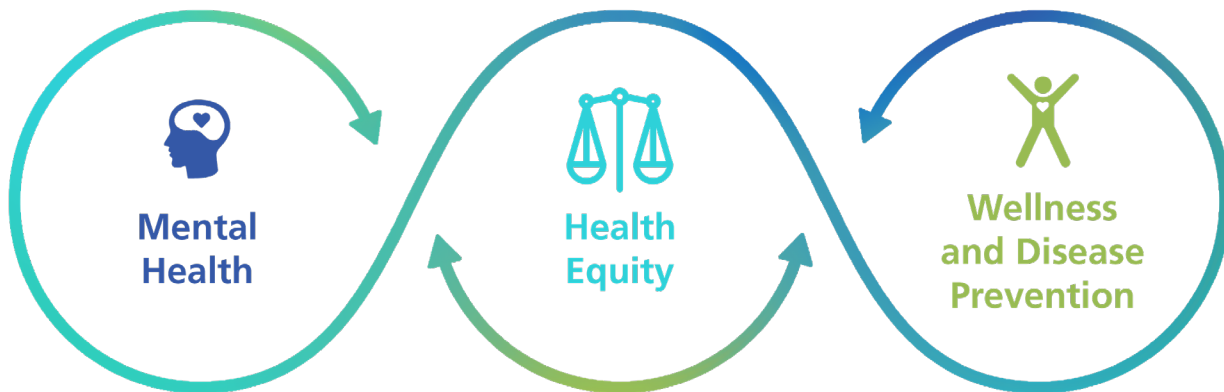
Specific CHNA steps included:

- » *Kickoff meeting to announce the start of the CHNA process and host all internal community-minded staff members. They provided input on community partners to engage based on high-need areas, as defined by Community Need Index (CNI) scores*
- » *Monthly leadership meetings, including all hospitals, to review progress and provide feedback*
- » *A Key Informant Survey with 317 community leaders and stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income and minority populations*
- » *A Community Member Survey (CMS) completed by 2,778 individuals, with 2,532 responses able to be used based upon county of residence and age*
- » *An analysis of existing secondary data sources, including public health statistics, demographic and social measures and health care utilization*
- » *Two Partner Forums, with representatives from diverse community-based and public health organizations, to gather insight on community health needs and foster collaboration toward community health improvement – the first forum hosted 112 participants and the second 103 participants*
- » *Review of the current CHNA Implementation Plan and available resources*
- » *Prioritization of identified community health needs to determine the most pressing issues on which to focus community health improvement efforts*

Appendix B in the full report contains a list of community partner organizations that participated in any aspect of the assessment process. Please note this list may not be all-inclusive since participants could remain anonymous.

Prioritized Community Health Needs

Through multiple methods of community engagement, facilitated dialogue with community health experts and a series of criteria-based voting exercises, the most significant issues to focus systemwide health improvement efforts over the three-year cycle from July 1, 2022, to June 30, 2025, are **1) Mental Health** **2) Health Equity** and **3) Wellness and Disease Prevention**.



Mental Health includes a focus on community groups, such as the LGBTQ+ community, people of color and youth. Substance use disorder will also be addressed under this priority. Health Equity covers concerns that include access to care, elder issues with access, social determinants of health, racism, diversity, transportation and housing. Wellness and Disease Prevention encompasses food access and nutrition, substance use prevention, chronic disease prevention, health education and physical activity. Everyone agreed that these priorities, and focus areas within, represent all six ranked health concerns, that all of these areas are very interrelated and one cannot be addressed without the other.

Additional Information and Feedback

For additional information about the CHNA and opportunities for collaboration, please contact us at CHNA@pennstatehealth.psu.edu.

To provide feedback on this CHNA at any time, please link or scan:

Link: redcap.link/34eua53p

Scan:



CHNA Summary of Findings Per Priority

Partnering hospitals will focus systemwide health improvement efforts over the next three-year cycle on the identified priority areas of 1) Mental Health 2) Health Equity and 3) Wellness and Disease Prevention. The following section summarizes key CHNA findings, community health needs and comments related to the priority areas.



Priority 1 – Mental Health

Within the six-county service area, the average number of mentally and physically unhealthy days reported in the past 30 days has continued to increase, with more mentally unhealthy days being reported than physically unhealthy days (CHR, 2021). **Fifty-seven percent** of adult community member survey respondents had at least one poor mental health day in the past month (up from 54% in the 2018 survey), and **1 in 10** respondents reported 15 or more days of poor mental health.

Among the LGBTQ+ population, **63%** said depression was a top three health concern (LGBTQ Health Needs Assessment, 2020). **Eighteen percent** of community member survey respondents needed and received mental health services, while **1 in 11** respondents needed, but did not receive, mental health services. Furthermore, **40%** of children in the service area reported feeling sad or depressed most days in the past year, and **1 in 6** reported considering suicide one or more times in the past year (PAYS, 2019).

One community member commented, *“I think that our largest community health issue, which is of epidemic proportions, is childhood trauma/adverse childhood experiences.”*



Priority 2 – Health Equity

While **8%** of community member respondents were unemployed, **11%** of Black/African American respondents were unemployed, compared to only **3%** of white/Caucasian respondents. **Twenty-seven percent** of households in the service area earn above the poverty level but below the cost of living (United Way, 2018). One community member stated, *“Many of the supports offered regarding food or health care are aimed at those who are eligible for free government programs, but there are many of us who are in the ‘working poor’ category who qualify for nothing.”*

For respondents who were uninsured, **almost half** indicated that they cannot afford insurance, while **one-quarter** indicated they are ineligible for employer-paid insurance. Hispanic/Latino individuals and Black/African American individuals were more likely to report being uninsured compared to white individuals. Even though many individuals do have health insurance, **1 in 11** still did not receive care in the past year due to cost. One key informant mentioned, *“Most people are forced to travel outside of an hour to get to doctors who accept Medicaid or Medicare.”* However, many individuals don’t seek care at all due to a lack of transportation.

Fifty-four percent of Key Informant Survey respondents indicated that residents may not have transportation to medical appointments. In particular, **1 in 15** community respondents indicated that they or their family needed transportation services but were not able to access them.



Priority 3 – Wellness and Disease Prevention

Unfortunately, **44%** of CMS respondents reported being told they're overweight or obese (up from 41% in 2018), and **1 in 5** children in grades 7-12 were found to be obese during the 2017-2018 school year (School Health Statistics, 2017-18). Two large contributors to obesity include lack of exercise and poor diet. Access to exercise opportunities has been decreasing among all counties in the service area, and approximately **1 in 5** community member respondents reported no days of physical activity in the past month.

While **98%** of respondents said they're able to have fresh/healthy foods when they want them, **1 in 8** respondents reported being worried about running out of food before having money to buy more, and **1 in 14** children reported having skipped a meal due to family finances (PAYS, 2019). Poor eating habits, lack of exercise and obesity can result in many negative health outcomes. **Forty-two percent** of CMS respondents reported having been told they have high blood pressure and **39%** had high cholesterol. Overall, **16%** of respondents had diabetes; however, **22%** of Hispanic/Latino respondents had diabetes compared to **16%** of non-Hispanics/Latinos.

Further exacerbating these negative health outcomes, about **1 in 7** respondents age 50 or older had never received a colonoscopy, and approximately **1 in 15** women respondents aged 40+ had not received a mammogram. Unfortunately, there are more cases of melanoma within our service area compared to Pennsylvania overall and, as one community member stated, *"Dermatologist appointments are not available in a reasonable time frame or at all."*

Board Approvals

The 2021 CHNA final report was reviewed and approved by the hospitals' boards of directors and made available to the public via each hospital's website:

Penn State Health Milton S. Hershey Medical Center
Penn State Health Holy Spirit Medical Center
Penn State Health St. Joseph Medical Center
Penn State Health Hampden Medical Center
pennstatehealth.org/community

Pennsylvania Psychiatric Institute
ppimhs.org/about-us/community-programs

Penn State Health Rehabilitation Hospital
psh-rehab.com/patients-and-caregivers/admissions/community-health-needs-assessment/



PennState Health

2021