Geisinger Community Medical Center
Community Health Needs Assessment

January 1, 2021 – December 31, 2023

Adopted December 2020

Geisinger

Contents

OUR COMMITMENT TO OUR COMMUNITIES 1
A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT 2
2021 CHNA EXECUTIVE SUMMARY 3
CHNA LEADERSHIP 3
CHNA METHODOLOGY 4
COMMUNITY ENGAGEMENT 4
PRIORITIZED COMMUNITY HEALTH NEEDS 4
CHNA IMPLEMENTATION PLAN 5
BOARD APPROVAL 5
NORTHEAST REGION SUMMARY OF FINDINGS 6
SECONDARY DATA PROFILE 15
BACKGROUND 15
NORTHEAST REGION SERVICE AREA 16
GEISINGER COMMUNITY MEDICAL CENTER SERVICE AREA 17
REGIONAL DEMOGRAPHICS AND SOCIOECONOMICS 21
PUBLIC HEALTH DATA ANALYSIS 27
HEALTHCARE ACCESS 27
CHRONIC DISEASE AND HEALTH RISK FACTORS 35
BEHAVIORAL HEALTH 43
MATERNAL AND CHILD HEALTH 49
AGING POPULATION 57
KEY INFORMANT SURVEY FINDINGS 60
EVALUATION OF IMPACT FROM PRIOR CHNA IMPLEMENTATION PLAN 75
BOARD APPROVAL AND NEXT STEPS 82
APPENDIX A: SECONDARY DATA REFERENCES 83
APPENDIX B: PUBLIC HEALTH DATA SUMMARY 85
APPENDIX C: KEY INFORMANTS 87

Our Commitment to Our Communities

Founded over a century ago as a single hospital in Danville, Pa., today Geisinger provides superior healthcare services to communities throughout central and northeast Pennsylvania. The nonprofit mission of the professionals at our nine hospital campuses and other locations is not only to meet the immediate healthcare needs of their region's residents, but to anticipate, identify and address future health issues and trends.

Our integrated healthcare system has become a nationally recognized model of care delivery. Together with our communities, we have a shared goal to help people stay well, not just through clinical treatment and positive patient experiences, but also through education and programs that help them prevent or manage disease and live healthier lives.

The community health needs assessment (CHNA) report is exactly what the name describes. Every three years we conduct a formal survey to identify the specific needs of the communities and regions we serve — and then we develop meaningful, measurable responses to those needs in conjunction with our communities.

Geisinger's well-being is closely tied to the health of our communities, and we remain committed to understanding and responding to identified community health needs. We have taken major steps toward constant improvement and more focused responsiveness to community needs at each of our campuses as demonstrated by this report.

We are firmly committed to staying on the forefront of innovation, quality and value; finding the most efficient and effective ways to deliver care; and collaborating with other organizations to best serve the communities where we live, work and play.

A Collaborative Approach to Community Health Improvement

CHNA Collaborating Health Systems

The 2021 Geisinger Community Health Needs Assessment (CHNA) was conducted in partnership with Geisinger, Allied Services Integrated Health System, and Evangelical Community Hospital. The study area included 15 counties across central and northeastern Pennsylvania, which represented the health systems' collective service areas. Collaboration in this way conserves vital community resources while fostering a platform for "collective impact" that aligns community efforts toward a common goal or action. To distinguish unique service areas among hospitals, regional research and reporting was developed.

2021 CHNA Geographic Regions and Primary Service Counties

Region	Primary Service Counties	Hospitals
Central	Columbia County Montour County Northumberland County Schuylkill County Snyder County Union County	Geisinger Bloomsburg Hospital Geisinger Medical Center Geisinger Shamokin Area Community Hospital Geisinger Encompass Health Rehabilitation Hospital Evangelical Community Hospital
North Central	Clinton County Lycoming County	Geisinger Jersey Shore Hospital Geisinger Medical Center Muncy (new)
Northeast Region	Lackawanna County Luzerne County Wayne County Wyoming County	Allied Services Rehab Hospital Geisinger Community Medical Center Geisinger South Wilkes-Barre Geisinger Wyoming Valley Medical Center Heinz Rehab Hospital
Western Region	Centre County Juniata County Mifflin County	Geisinger Lewistown Hospital

Geisinger Systemwide CHNA Approach

The 2021 CHNA focused on the primary service areas of each of Geisinger's nine hospital campuses. Understanding overlapping geographic boundaries, socioeconomics, and related community indicators, Geisinger hospitals were grouped into regions to allow for localized data comparisons.

Systemwide priorities were determined to address common needs across the whole service area, while individual hospital Implementation Plans outlined specific strategies to guide local efforts and collaboration with community partners.

The following pages describe the process, research methods, and findings of the 2021 CHNA.

2021 CHNA Executive Summary

CHNA Leadership

The 2021 CHNA was overseen by a Planning Committee of representatives from each health system, as well as a Regional Advisory Committee of hospital and health system representatives. Community health consultants assisted in all phases of the CHNA, including project management, data collection and analysis, and report writing.

CHNA Planning Committee

Rachel Manotti, Vice President Strategy and Market Advancement, Geisinger
Allison Clark, Community Benefit Coordinator, Geisinger
John Grabusky, Senior Director Community Relations, Geisinger
Barb Norton, Director Corporate & Foundation Relations, Allied Services Integrated Health System
Sheila Packer, Director Community Health and Wellness, Evangelical Community Hospital

CHNA Regional Advisory Committee

David Argust, Vice President, Allied Services Integrated Health System
Jordan Barbour, Operations Director, Geisinger Marworth Treatment Center
Renee Blakiewicz, Administrative Director, Geisinger Community Medical Center
Julie Bordo, Vice Presidents, Geisinger Wyoming Valley Medical Center/Geisinger South Wilkes-Barre
Jim Brogna, Vice President, Allied Services Integrated Health System
Lissa Bryan-Smith, Vice President, Geisinger Bloomsburg Hospital
Sherry Dean, Operations Manager, Geisinger Community Medical Center
Stephanie Derk, Specialist Community Engagement, Geisinger
John Devine, MD, Vice President, Evangelical Community Hospital
Kristin Dobransky, Administrative Fellow, Geisinger Holy Spirit*
Brian Ebersole, Senior Director, Geisinger
Eileen Evert, Senior Director, Geisinger Health Plan
Starr Haines, Communications Specialist, Geisinger
Allison Hess, Vice President, Geisinger Health Plan
Kristy Hine, Associate Vice President, Geisinger Lewistown Hospital
Karen Kearney, Vice President, Allied Services Integrated Health System
Daniel Landesberg, Associate Vice President, Geisinger Wyoming Valley Medical Center/Geisinger South Wilkes-Barre
Jose Lopez, Administrative Fellow, Geisinger Lewistown Hospital
Diana Lupinski, Associate Vice President, Geisinger Jersey Shore Hospital/Geisinger Medical Center Muncy
Lori Moran, Director, Geisinger
Michael Morgan, Administrative Director, Geisinger Medical Center/Geisinger Shamokin Area Community Hospital
Paulette Nish, Vice President, Geisinger Jersey Shore Hospital/Geisinger Medical Center Muncy
Karley Oeler, Administrative Fellow, Geisinger Medical Center
Tamara Persing, Vice President, Evangelical Community Hospital
Valerie Reed, Communications Specialist, Geisinger
Peter Rowe, Manager Internal Communications, Geisinger
Rebecca Ruckno, Director, Geisinger
Brock Trunzo, Communications Specialist, Geisinger Jersey Shore Hospital
Tina Westover, Senior Tax Accountant, Geisinger
Amy Wright, Business Development Director, Geisinger Encompass Health Rehabilitation Hospital
Randy Zickgraf, Director, Geisinger
Amy Zumkhawala-Cook, Administrative Director, Operations, Geisinger Holy Spirit*

*Geisinger Holy Spirit representatives served on the RAC through November 1, 2020, the effective date for the hospital's transfer of ownership to Penn State Health.

Consulting Team

Catherine Birdsey, MPH, CHES, Baker Tilly
Colleen Milligan, MBA, Community Research Consulting

CHNA Methodology

The 2021 CHNA was conducted from July to December 2020. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health and social trends and disparities across each region and hospital service area. The following research methods were used to determine community health needs:

- Statistical analysis of health and socioeconomic data indicators; a full listing of data references is included in Appendix A, and a summary of data findings is included in Appendix B
- Electronic survey of key stakeholders, including experts in public health and individuals representing medically underserved, low-income and minority populations; a list of key informants and their respective organizations is included in Appendix C
- Discussion and prioritization of community health needs to determine the most pressing health issues on which to focus community health improvement efforts

Community Engagement

Community engagement was an integral part of the 2021 CHNA. A Virtual Town Hall was held in August 2020 to announce the onset of the CHNA and encourage broad stakeholder participation. A Key Informant Survey was sent to nearly 1,000 community stakeholders to solicit input on health disparities, opportunities for collaboration, COVID-19 response, community health priorities, among other insights. Continued community engagement activities are planned to ensure ongoing dialogue and a forum for addressing community health needs.

Prioritized Community Health Needs

To work toward health equity, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within the community. Priorities were jointly determined by the CHNA collaborating health systems using feedback from community stakeholders. Through this process, CHNA partners affirmed the following priority health needs:

- **Access to Care**
- **Behavioral Health**
- **Chronic Disease Prevention and Management**

These priorities are consistent with those determined in the previous FY2019 CHNA and reflect complex needs requiring sustained commitment and resources.

Maternal and child health needs are also prevalent across the service area. While CHNA partners did not identify maternal and child health as a priority issue due to the need to focus available resources, many of the hospitals support maternal and child health strategies as part of their Implementation Plan. These strategies include free or low-cost classes and support groups for pregnant and new mothers, lactation consultation, treatment and support services for mothers in recovery, social assistance, and postpartum depression screening, among others.

CHNA Implementation Plan

To direct community benefit and health improvement activities, CHNA partners created individual hospital Implementation Plans to detail the resources and services that will be used to address health priorities. The Implementation Plans build upon previous health improvement activities and take into consideration new health needs and the changing health care delivery environment as detailed in the 2021 CHNA.

Board Approval

The 2021 CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The research findings will be used to guide community benefit initiatives for the hospitals and engage local partners to collectively address identified health needs.

The CHNA report was presented to the Geisinger Board of Directors and approved in December 2020. Geisinger is committed to advancing initiatives and community collaboration to support the issues identified through the CHNA.

Following the Board's approval, all CHNA reports were made available to the public via the Geisinger website at https://www.geisinger.org/about-geisinger/in-our-community/chna.

Geisinger's prior CHNA was adopted in June 2018, consistent with their fiscal tax year beginning July 1 and ending the following June 30. Starting in 2021, Geisinger will transition its year-end to a calendar year. Due to the change in year-end, the 2021 CHNA and Implementation Plan adopted for Geisinger Community Medical Center will be in effect from January 1, 2021 through December 31, 2023.

For questions regarding the CHNA or Geisinger's commitment to community health, please contact Allison Clark, Community Benefit Coordinator, Strategy & Market Advancement, Geisinger at aclark1@geisinger.edu.

Northeast Region Summary of Findings

Population Trends

The Northeast Region is predominantly rural with significant urban settings in Scranton (Lackawanna County), Wilkes-Barre (Luzerne County), and Hazleton (Luzerne County). With a population of about 76,200, Scranton is the largest city in northeastern PA, followed by neighboring Wilkes-Barre with about 42,200 residents. Hazleton (Luzerne County) has about 26,700 residents. Wayne County, with a total population of about 54,000, and Wyoming County, with about 28,000, are more rural overall with less dense population clusters.

Driven by the Scranton–Wilkes-Barre–Hazleton metropolitan statistical area, approximately half of all Northeast Region residents live in Luzerne County and one-third live in Lackawanna County.

All Northeast Region counties have a higher percentage of seniors and a higher median age compared to the state and nation. Wayne County has the oldest population: 24% of residents are age 65 or over and the median age is 48.6 compared to 41.6 statewide.

The Northeast Region is aging at a faster rate than the state and nation overall

Consistent with much of PA's rural geography, the population of the Northeast Region is slightly declining and projected to decrease by 0.1% by 2025. The largest population decline is expected in Wyoming County. Wayne County had the largest population growth in the Northeast Region from 2017-2020 at about 3%.

Scranton, Wilkes-Barre, and Hazleton are diverse, densely populated areas in an otherwise predominantly rural geography

As a whole, the Northeast Region is less diverse compared to state or national benchmarks, but the cities of Scranton, Wilkes-Barre, and Hazleton are significantly more diverse than surrounding towns. Hazleton benefits from the greatest diversity among cities in the region. In Hazleton, approximately 64% of residents are Latinx (of any race); 48% are White; 6% are Black; and 1% are Asian. In Wilkes-Barre, 64% of the population is White; about 27% are Latinx; 16% are Black; and 2% are Asian. In Scranton, about 75% of the population is White; 17% are Latinx; 8% are Black; and 6% are Asian.

The Scranton–Wilkes-Barre area is home to multiple colleges and universities: The University of Scranton, Geisinger Commonwealth School of Medicine, Johnson College, King's College, Lackawanna College, Marywood University, Misericordia University, and Wilkes University. Satellite campuses, community colleges, and vocational schools include Fortis Institute, Luzerne County Community College, Penn Foster Career School, Penn State Scranton, and Penn State Wilkes-Barre. University and college campuses often bring greater community diversity, particularly with regard to age. Due to partial year residency, student populations can impact community demographics and needed services.

Socioeconomic Trends

The economy in the Northeast Region grew from its early roots in iron and coal production, attracting a diverse labor force to work in the industrial center. Today, the top industries across the region are health and human services, professional services, and retail. Tourism is an important economic engine for the region. Major revitalization projects have been underway in recent years in Scranton, Wilkes-Barre, Hazleton, Carbondale, and other town centers across the region to preserve the rich heritage of the area and design for the future. Scranton is the geographic and cultural center of the Lackawanna River Valley and northeastern PA.

Lackawanna and Luzerne county residents, particularly children, experience more poverty and related concerns than Wayne and Wyoming county residents. In Lackawanna and Luzerne counties, approximately 15% of residents live in poverty compared to 13% statewide. Approximately 22% of Lackawanna County children and 26% of Luzerne County children live in poverty compared to 18% statewide. Nearly one in five children in either county live in food insecure households compared to 15% statewide and nationally.

> More than one in five of children live in poverty in Lackawanna and Luzerne counties

Poverty was widely seen by Key Informant Survey respondents as a key contributor to poorer health outcomes. Healthcare and social services were listed among the community's strengths, yet about one-third of key informants indicated a community need for more socioeconomic assistance, especially affordable housing.

Higher poverty rates within Lackawanna and Luzerne counties are partially driven by income and education inequality among racial and ethnic groups. Across both counties, 35%-45% of Black and Latinx residents live in poverty compared to 12%-14% of White residents. Approximately 8%-12% of Black residents and 10%-13% of Latinx residents have a bachelor's degree compared to 24%-28% of White residents.

In comparison to the state and nation, residents of Wayne and Wyoming counties are more likely to own their home, while residents of Lackawanna and Luzerne counties are just as likely to own their home. Wayne County has the highest median home value and newest housing stock in the region, and a higher percentage of cost burdened homeowners (spending 30% or more of household income on mortgage expenses). Housing stock in Lackawanna and Luzerne counties is generally older than in Wayne and Wyoming counties, and the state and nation.

> Unemployment more than doubled in the Northeast Region due to COVID-19

As a result of the COVID-19 pandemic, the Northeast Region unemployment rate more than tripled in Lackawanna, Luzerne, and Wayne counties and more than doubled in Wyoming County from May 2019 to May 2020. As of May 2020, Luzerne County has the highest unemployment at 16%, nearly 3 percentage points higher than the state unemployment.

Health Trends

Access to Healthcare

The total uninsured population across the Northeast Region has steadily declined since 2010, and all counties have fewer uninsured adults and children compared to the state and nation. Uninsured rates among minority residents also declined, but continue to be disproportionately higher compared to Whites.

The Northeast Region has fewer uninsured adults and children than state and national benchmarks

Availability of primary care providers and dentists in Lackawanna and Luzerne counties is comparable to state and national rates, while the provider rates in Wayne and Wyoming counties are notably lower. Wyoming County in particular has lower provider rates than other counties, and a declining dental provider rate. All counties are dental Health Professional Shortage Areas (HPSAs) for low-income residents. While the mental health provider rate increased in the Northeast Region, all counties have a lower provider rate than the state and nation. Wayne County is a mental health HPSA. Key Informant Survey respondents affirmed the need for additional behavioral health services, particularly mental health services.

Chronic Disease Prevention and Management

Obesity among adults in the Northeast Region is on par or slightly higher than state and national averages, but obesity among school students is higher for every reported age group and in every county compared to the state. Obesity among students in grades 7-12 increased for all counties. Key informants saw health habits as a top contributing factor to obesity and other regional health concerns.

Adult obesity is on par with the state and the nation, but obesity among children and adolescents is higher than the state and nation, and increasing

Tobacco use is increasing among adults and youth in PA and the Northeast Region

In contrast to national trends, tobacco use is increasing among adults in PA and the Northeast Region. Lackawanna (20.3%) and Luzerne (19.3%) counties exceed the state (18.8%) and nation (17.1%) for the percentage of adults who smoke. Vaping and e-cigarette use has surpassed traditional cigarette use among students, and the percentage of students using vaping or e-cigarette products in the Northeast Region is higher than statewide averages.

Lackawanna County saw the greatest increase in adult smoking, and has a higher, increasing rate of death due to chronic lower respiratory disease. The county also has a higher percentage of youth with diagnosed asthma.

Health risk factors may contribute to higher death rates from chronic disease. The Northeast Region has higher death rates than the state and nation for heart disease and diabetes. Cancer death rates are also higher and increasing in Lackawanna and Wyoming counties. Of note, deaths due to chronic disease are decreasing in Wayne County.

Notable health disparities exist within Luzerne and Wyoming Counties. Both counties have the highest prevalence of adult obesity and diabetes in the region, as well as the highest death rates due to diabetes. Wyoming County saw increases in both diabetes prevalence and death rates. Wyoming County also has the highest rates of death due to cancer and CLRD in the region; death rates increased and exceed state and national benchmarks.

Notable health disparities exist within Luzerne and Wyoming counties, including diabetes prevalence and chronic disease death rates

Higher poverty rates, lower education attainment, and rural geographies consistent with most of the Northeast Region contribute to health disparities and reduce residents' ability to access needed health and social services. People of color historically and frequently experience a higher incidence of poor health and socioeconomic status than White people. While the Northeast Region is significantly less diverse compared to the state and nation, city centers that benefit from more diversity, like Scranton, Wilkes-Barre, and Hazleton, must be monitored to appreciate the nature and extent of disparities among racial and ethnic subpopulations.

Behavioral Health

Behavioral health, particularly mental health, was seen as a top community health need by Key Informant Survey respondents. The Northeast Region has higher rates of suicide death than the state and nation. Wayne County has the highest rate of suicide in the region, exceeding the state benchmark by 10 points. Wyoming County data is limited due to low death counts, but reportable rates mirror Wayne County. Lackawanna and Luzerne county rates generally increased over the past few years and currently exceed the state by 4 points. Both Lackawanna and Luzerne counties have a higher rate of mental disorders hospitalizations than the state.

Overdose deaths in the Northeast Region have generally declined, but mental health concerns are on the rise

Overdose deaths declined in 2019 for Lackawanna, Wayne, and Wyoming counties (Data are not available for Luzerne County). In Lackawanna County, overdose deaths dropped from a high of 98 deaths in 2018 to 50 deaths in 2019. While these findings are indicative of improved access to care and treatment for substance use disorder, they should continue to be monitored, particularly in light of COVID-19. The American Medical Association (AMA) stated in October 2020 that it, "Is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid- and other drug-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs."

Northeast Region adults are more likely to drink excessively than their peers statewide and nationally, and percentages increased from the FY2019 CHNA. However, driving deaths due to alcohol impairment declined in all counties. Luzerne and Wayne counties continue to have a higher percentage of alcohol-impaired deaths than the state and nation.

Youth behavioral health data are only reported for Lackawanna, Luzerne, and Wayne counties. A higher percentage of youth in these counties report feeling consistently sad or depressed; have used alcohol or marijuana in the last 30 days; and/or have attempted suicide. From 2015 to 2019, more youth reported having symptoms associated with poor mental health.

Youth in the Northeast experience a higher percentage of negative behavioral health measures than youth across the state

Maternal & Child Health

The birth rate in the Northeast Region is generally lower than the state and declining in all counties except Luzerne. In 2018, 25% of births in Luzerne County were to Latina mothers and 8% were to Black mothers, demonstrative of increasing population diversity within the county. Lackawanna County also had a higher percentage of births to Latina and Black mothers.

All Northeast Region counties have a higher percentage of births to teens compared to the state, although Lackawanna County nearly meets the benchmark. Teen births generally declined in Lackawanna (4.5%) and Luzerne counties (6.1%), increased in Wayne County (5.1%), and remained variable in Wyoming County (5.8%).

Teen births in the Northeast Region exceed the state average

In Luzerne County, the death rate for Black infants is nearly double the death rate for White infants

The percentage of women in the Northeast Region who receive prenatal care during their first trimester has been variable, but generally increasing in all counties except Luzerne. The Luzerne County percentage has been declining since 2015 with greater disparity among women of color. Currently, 66% of all pregnant women in Luzerne County receive first trimester care, with lower reported percentages for Black (47%), Asian (54%), and Latina (58%) mothers. Lackawanna County shows similar disparity for prenatal care among women of color. Nationally, women of color and their infants experience more negative birth outcomes than their White peers. In the Northeast, Black women and their infants are more likely to have preterm births and low birth weight. In Luzerne County, the death rate for Black infants (13.9 per 1,000 live births) is nearly double the death rate for White infants (7.5).

Women in the Northeast Region are more likely to smoke during pregnancy and less likely to breastfeed compared to the state and nation, which may also contribute to poorer birth and infant health outcomes. These metrics are generally improving for all counties, with the exception of smoking rates in Wyoming County, which continue to be high (25%).

More women in the Northeast Region smoke during pregnancy compared to the state and nation; fewer women breastfeed

Senior Health

The Northeast Region is aging faster than state and national averages. Consistent with the increasing aging population, seniors in these counties are more likely to have multiple chronic conditions than their peers statewide or nationally. Seniors in Lackawanna and Luzerne counties are particularly at risk with 1 in 5 Medicare beneficiaries reporting 6 or more chronic conditions and annual Medicare expenses that exceed state and national benchmarks.

Senior Medicare beneficiaries in all Northeast Region counties are more likely to have arthritis, COPD, and/or ischemic heart disease compared to the state and nation. All counties except Wayne also have a higher prevalence of heart failure and stroke.

> Senior Medicare beneficiaries in Lackawanna and Luzerne counties are more likely to have multiple chronic conditions than state and national averages

Prevalence of Alzheimer's disease is lower in the Northeast Region than state and national trends, although the death rate (calculated per 100,000) for Alzheimer's disease is higher for Wayne (235.5) and Lackawanna (215.1) counties than the state (180.8). The Alzheimer's disease death rate in Luzerne County (159.2) is lower than the other benchmarks. No rate is available for Wyoming County.

Complicating the challenge of chronic disease management, more seniors live alone in PA (13%) than the nation (11%). About 15% of seniors live alone in Luzerne, Wayne, and Lackawanna counties, and about 12% live alone in Wyoming County. Living alone is a key driver for social isolation, which is associated with poor mental and physical health among seniors.

COVID-19 Statistics

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19, named as a novel coronavirus discovered in Wuhan China in December 2019, caused a worldwide pandemic, resulting in nearly one million deaths worldwide (as of the printing of this report) and global economic impact. New insights are derived daily during this dynamic situation and we will continue to learn from data collected throughout the pandemic. As of October 2020, Lackawanna County had 3,125 cases and 217 deaths; Luzerne County had 4,550 cases and 190 deaths; Wayne County had 273 cases and 12 deaths; and Wyoming County had 93 cases and 8 deaths due to COVID-19.

Responses from the Key Informant Survey indicated that community representatives were "moderately" worried about the long-term impact of COVID-19 on communities and residents. They were most concerned about the impact on the well-being of the elderly, community financial health, and mental and emotional health of residents. Most agencies had effectively transitioned to using technology and social media to provide virtual learning and services, although key informants acknowledged an increased need for safety net services. They encouraged increased cross-sector collaboration to disseminate services and consistent communication.

Racial and Ethnic Disparities

> About 40% of key informants indicated that social and community context declined in the past 3-5 years

Historical public policies and systematic inequities have perpetuated stark and persistent racial disparities in wealth, education attainment, health, power distribution, and nearly every measure of well-being for people of color. While efforts to reconcile these disparities are being made, people of color in the Northeast Region continue to experience these inequities, as demonstrated by disproportionate poverty levels, lower education attainment, and related socioeconomic measures. These social determinants of health directly drive decreased access to healthcare, higher death rates, and overall lower life expectancy. About 40% of key informants indicated that social and community context, including perceptions of discrimination and equity, declined in the past 3-5 years.

Across the state and nation, and demonstrated where data is available for the Northeast Region, Black and Latinx residents historically experience disproportionately high death rates due to chronic conditions. Women of color and their babies also experience poorer maternal and birth outcomes. These disparities can be seen most notably within the city centers of Scranton, Wilkes-Barre, and Hazleton. To ensure disparities are quantified and reconciled, it is imperative that patient outcome data is carefully tracked and regularly reviewed for patients of color to ensure equitable healthcare access and outcomes.

Rural Health Factors

Nearly 50% of key informants perceived that economic stability had declined across the region. Rural communities have been particularly impacted due to decreased availability of services, as well as increased travel time and distance to health and social services. These factors can delay or deter residents' ability to receive care when they need it.

Generally, more healthcare providers and social services are available in Lackawanna and Luzerne Counties than in Wayne and Wyoming counties. Lackawanna and Luzerne county primary care provider rates are in line with national and statewide rates, while Wayne and Wyoming county provider rates are more than 20 points lower than the state, but increasing. Despite similar primary care provider rates as the state and nation, Lackawanna and Luzerne counties have a higher rate of preventable hospitalizations than the state, which may indicate other access to care barriers.

> Households in all Northeast Region counties except Wyoming are less likely to have internet service and/or smart devices

Telehealth and other virtual services are increasing and can be a successful way to mitigate rural health disparities. Internet service and smart devices are essential tools for successful utilization of these services. In the Northeast Region, residents of all counties except Wyoming are less likely to own a computer device compared to state and national averages. Approximately 76%-79% of households in Lackawanna, Luzerne, or Wayne counties have an internet subscription compared to about 80% statewide and nationally, and 83% in Wyoming County.

Community Engagement and Collaboration

Among questions on the Key Informant Survey, respondents were asked about their partnerships with health providers and community engagement of diverse stakeholders and residents. About 60% of respondents indicated that they regularly partnered with hospitals on health improvement initiatives. About 50% of respondents thought that these types of partnerships were effective at addressing health needs, while 30% of informants thought there was room for improvement. Similarly, 30% of informants thought that healthcare providers could do better to garner resident feedback or engage residents when developing health improvement initiatives.

Getting local leaders to work together by overcoming competition or varying agendas; using shared data or measurement tools; using consistent and timely communication; and demonstrating outcomes were seen as the top ways that healthcare and social service providers could improve effective collaboration.

Multiple respondents referenced “silos” that keep community-based organizations from effectively collaborating on community initiatives. Other recommendations included reorganizing the “Healthy NEPA Initiative” or developing similar community coalitions of health and service providers to coordinate efforts. Action, follow-through, and accountable leadership were noted as needed factors to advance discussion and planning.

A full summary of CHNA research findings and comparisons to state and national benchmarks follows.

Full Report of CHNA Research Findings

Secondary Data Profile

Background

Secondary data, including demographic, socioeconomic, and public health indicators, were analyzed for the Northeast Region and Geisinger Community Medical Center service area to measure key data trends and priority health issues identified in the FY2019 CHNA, and to assess emerging health needs. Data were compared to Pennsylvania (PA) and United States (US) benchmarks and Healthy People 2020 (HP2020) goals, as available, to assess areas of strength and opportunity for the region. Healthy People 2020 is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

All reported demographic and socioeconomic data were provided by ESRI Business Analyst, 2020 and the US Census Bureau, American Community Survey, unless otherwise noted. Public health data were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, and maternal and child health. Data were compiled from secondary sources including the Pennsylvania Department of Health, the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS), the University of Wisconsin County Health Rankings & Roadmaps program, among other sources. A comprehensive list of data sources can be found in Appendix A.

Age-adjusted rates are referenced throughout the report to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

The BRFSS is a telephone survey of residents age 18 or over conducted nationally by states as required by the CDC. A consistent survey tool is used across the US to assess health risk behaviors, prevalence of chronic health conditions, access to care, preventive health measures, among other health indicators. BRFSS data indicators are referenced throughout the public health data analysis.

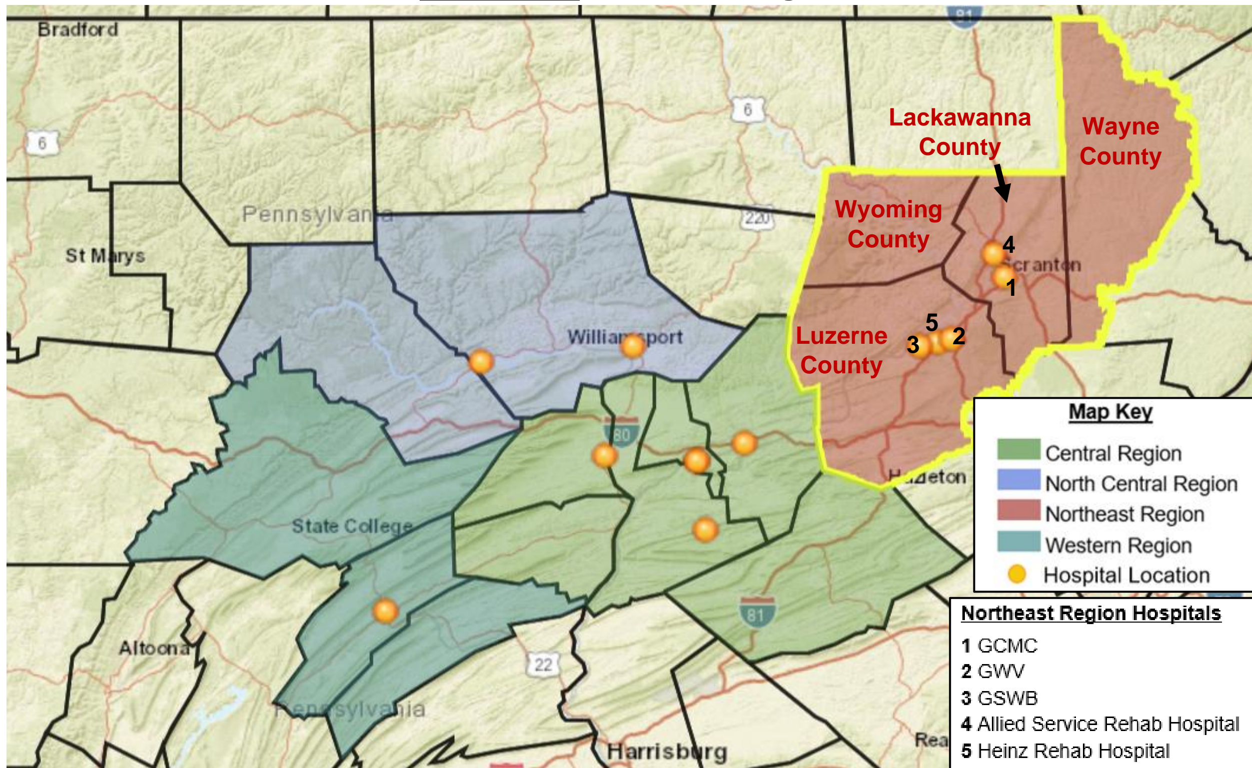
A summary of public health data findings is included in Appendix B. The summary provides a snapshot of areas of strength and opportunity for the region in comparison to state and national benchmarks.

Northeast Region Service Area

For purposes of the CHNA, Geisinger and its CHNA partners, Allied Services Integrated Health System and Evangelical Community Hospital, focused on their collective primary service areas comprising 15 counties across Pennsylvania. To better understand the strengths and challenges of unique communities across this wide geography, CHNA partners grouped communities into four regional service areas based on common political jurisdictions, geographical considerations, population trends, and related factors.

The Northeast Region is comprised of four counties and is primarily served by the following hospitals: Geisinger Community Medical Center (GCMC), Geisinger Wyoming Valley Medical Center (GWV), Geisinger South Wilkes-Barre (GSWB), Allied Services Rehab Hospital, and Heinz Rehab Hospital, as shown on the map below.

2021 CHNA 15-County Service Area
Focus Area: Northeast Region



Northeast Region Population Trends

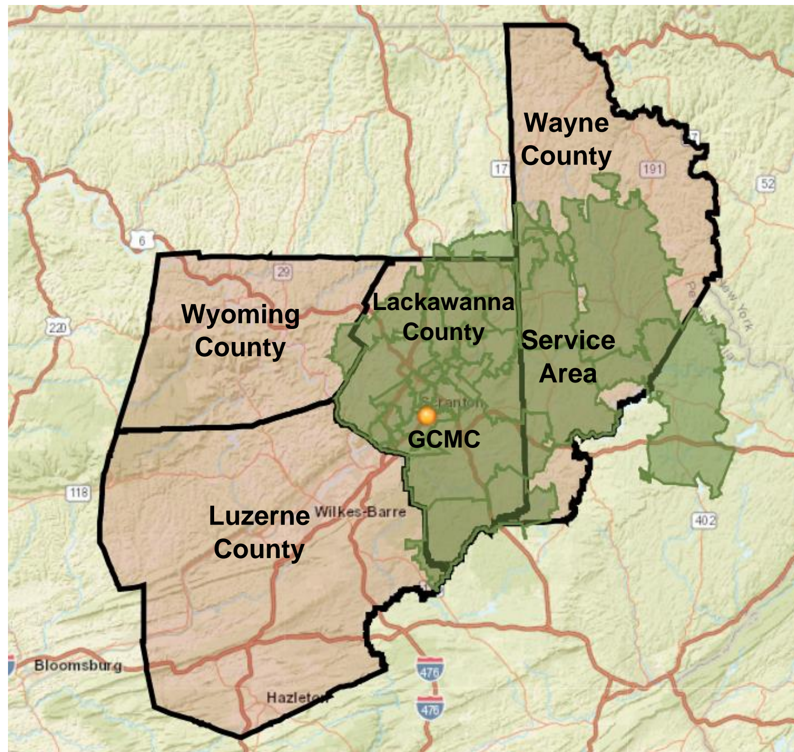
	2017 Population*	2020 Population	Growth 2017-2020	Growth by 2025
Lackawanna County	215,921	215,973	0.0%	0.5%
Luzerne County	320,999	322,054	0.3%	-0.3%
Wayne County	52,769	54,278	2.9%	0.3%
Wyoming County	27,396	27,692	1.1%	-2.0%
Total Population	**617,085**	**619,997**	**0.5%**	**-0.1%**

*Population as measured at the time of the FY2019 CHNA.

Geisinger Community Medical Center Service Area

For the purposes of the 2021 CHNA, GCMC defined its primary service area as 25 zip codes, primarily within the Northeast Region and shown in the map below. The primary service area was identified based on the patient zip codes of origin comprising 80% or more of hospital discharges in fiscal year 2019.

GCMC Service Area



GCMC Service Area Zip Codes

Zip Code	County	Zip Code	County
18403, Archbald	Lackawanna	18452, Peckville	Lackawanna
18407, Carbondale	Lackawanna	18472, Waymart	Wayne
18411, Clarks Summit	Lackawanna	18504, Scranton	Lackawanna
18414, Dalton	Lackawanna	18505, Scranton	Lackawanna
18421, Forest City	Susquehanna	18507, Moosic	Lackawanna
18424, Gouldsboro	Lackawanna	18508, Scranton	Lackawanna
18428, Hawley	Pike	18509, Scranton	Lackawanna
18431, Honesdale	Wayne	18510, Scranton	Lackawanna
18433, Jermyn	Lackawanna	18512, Scranton	Lackawanna
18434, Jessup	Lackawanna	18517, Taylor	Lackawanna
18436, Lake Ariel	Wayne	18518, Old Forge	Lackawanna
18444, Moscow	Lackawanna	18519, Scranton	Lackawanna
18447, Olyphant	Lackawanna		

Population Overview

Zip code of residence is one of the most important predictors of health disparity; where residents live matters in determining their health. The Community Need Index (CNI) was developed by Dignity Health and Truven Health Analytics to illustrate the potential for health disparity at the zip code level. The CNI scores zip codes on a scale of 1.0 (low need) to 5.0 (high need) based on data indicators for five socioeconomic barriers:

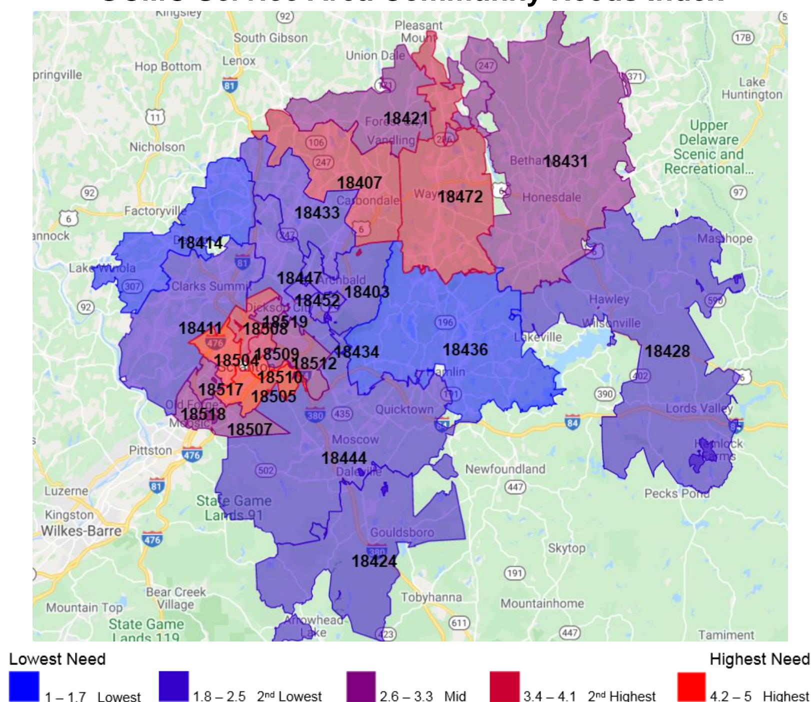
- Income: Poverty among elderly households, families with children, and single female-headed families with children
- Culture/Language: Minority populations and English language barriers
- Education: Population over 25 years without a high school diploma
- Insurance coverage: Unemployment rate among population 16 years or over and population without health insurance
- Housing status: Householders renting their home

The weighted average CNI score for GCMC's service area is 2.9, indicating moderate overall community need. CNI scores by service area zip code are shown in the map below.

CNI scores increased in 17 out of the 25 GCMC service area zip codes from the FY2019 CHNA

While the region overall reports moderate community need, notable socioeconomic disparities exist in Scranton, particularly zip codes 18504, 18505, 18508, and 18510. These zip codes report CNI scores of 4.0-4.2, and consistent with historical racial and ethnic disparities, are home to more diverse populations. Across the service area, CNI scores increased in 17 out of the 25 zip codes, with the largest increase (1 point) in zip code 18504, Scranton, followed by zip codes 18421, Forest City and 18510, Scranton (0.6 points).

GCMC Service Area Community Needs Index



The following tables analyze demographic characteristics for GCMC's service area, as well as select social determinants of health contributing to zip code CNI scores. Cells highlighted in yellow are at least 3 percentage points *higher* than the state and nation.

The GCMC service area comprises a majority White population with 19 out of 25 zip codes reporting a White population proportion of 90% or higher. Exceptions include Scranton zip codes and 18472, Waymart, where greater proportions of Asian, Black, and/or Latinx populations reside. The GCMC service area population is older than the state overall with 22% of residents age 65 or over. Consistent with an older demographic, population growth is projected to be largely stagnant across the service area.

GCMC Service Area 2020 Population (pop.) Demographics

	Total Pop.	Pop. Growth by 2025	Asian	Black	White	Latinx (any race)	Under Age 18	Age 65 or Over
18403	7,817	1.8%	1.7%	2.0%	94.1%	2.6%	19.0%	19.9%
18407	13,412	-1.2%	0.7%	1.5%	94.3%	5.3%	20.5%	21.5%
18411	22,709	0.6%	4.3%	1.4%	92.1%	3.0%	18.5%	23.7%
18414	5,366	-0.6%	2.4%	0.6%	94.9%	2.4%	19.0%	22.8%
18421	4,757	-1.1%	0.5%	0.9%	96.2%	2.7%	17.1%	21.8%
18424	5,949	1.2%	1.6%	2.5%	91.9%	7.8%	17.5%	22.9%
18428	12,468	0.8%	1.2%	2.4%	92.9%	6.1%	15.2%	27.8%
18431	13,815	0.1%	0.7%	1.0%	96.2%	3.4%	17.9%	23.3%
18433	6,665	0.3%	0.8%	1.4%	95.3%	3.2%	17.8%	20.7%
18434	4,211	0.9%	0.8%	1.3%	95.0%	3.7%	17.4%	20.6%
18436	14,483	0.5%	0.7%	1.7%	95.4%	4.3%	16.4%	27.0%
18444	14,077	0.9%	1.2%	0.8%	96.0%	3.2%	18.9%	21.7%
18447	10,297	1.0%	0.9%	2.0%	94.3%	4.8%	17.7%	23.5%
18452	5,076	0.3%	1.6%	1.8%	93.5%	4.0%	15.9%	29.1%
18472	7,398	0.6%	0.8%	16.3%	74.8%	11.0%	10.9%	15.5%
18504	21,278	-0.4%	2.0%	5.3%	82.7%	14.1%	20.0%	20.2%
18505	20,806	0.2%	4.9%	8.4%	70.9%	24.4%	21.4%	20.1%
18507	5,434	1.1%	3.9%	1.6%	91.2%	7.0%	18.8%	23.9%
18508	11,797	0.3%	3.6%	6.5%	76.9%	17.4%	21.2%	19.8%
18509	13,567	0.2%	3.9%	7.3%	80.2%	11.2%	17.0%	20.1%
18510	14,004	0.9%	14.1%	8.0%	68.5%	13.1%	14.0%	17.4%
18512	12,277	0.3%	2.1%	1.7%	93.0%	4.4%	16.2%	22.8%
18517	5,176	0.2%	1.5%	1.3%	91.6%	8.4%	17.8%	25.3%
18518	8,519	0.8%	1.6%	1.8%	94.1%	5.8%	16.7%	24.3%
18519	5,109	0.7%	1.7%	1.8%	91.9%	8.2%	18.8%	20.6%
GCMC Service Area	**266,467**	**0.4%**	**2.8%**	**3.7%**	**87.9%**	**8.4%**	**18.0%**	**22.1%**
PA	**--**	**0.9%**	**3.8%**	**11.4%**	**78.5%**	**8.2%**	**19.9%**	**19.3%**
US	**--**	**3.6%**	**5.9%**	**13.0%**	**69.4%**	**18.8%**	**22.0%**	**16.6%**

Source: Esri

GCMC service area zip codes with a higher proportion of minority residents have the highest CNI scores, driven by more households living in poverty and/or low education attainment and home ownership. These disparities are most notable in Scranton zip codes 18504, 18505, 18508, 10509, and 18510, where as many as 24% of residents identify as Latinx; 14% identify as Asian; and 8% identify as Black. GCMC is located within zip code 18510.

GCMC Service Area Social Determinants of Health Indicators

	2014-2018 Households in Poverty	2020 No High School Diploma	2014-2018 No Health Insurance	2014-2018 Renter Households	2020 CNI	2017 CNI*
18403	17.1%	5.4%	3.1%	22.3%	2.4	2.2
18407	17.4%	8.6%	5.2%	37.4%	3.4	3.4
18411	6.0%	3.5%	2.1%	22.3%	1.8	1.6
18414	6.9%	3.8%	3.3%	16.0%	1.6	1.4
18421	10.4%	7.4%	6.6%	28.4%	3.2	2.6
18424	10.6%	6.4%	6.7%	14.3%	1.8	2.2
18428	10.2%	6.4%	6.1%	17.2%	2.0	2.0
18431	14.3%	7.8%	6.3%	27.7%	2.6	2.6
18433	8.6%	5.9%	3.2%	24.7%	2.2	2.0
18434	9.4%	3.9%	3.2%	31.4%	2.2	2.4
18436	7.7%	7.0%	2.8%	13.2%	1.6	1.4
18444	7.5%	5.4%	3.8%	16.4%	1.8	1.4
18447	10.9%	5.2%	5.3%	31.8%	2.4	2.2
18452	9.1%	6.1%	2.0%	30.3%	2.2	2.6
18472	10.0%	16.0%	5.8%	22.4%	3.4	3.4
18504	19.3%	12.0%	6.5%	46.0%	4.2	3.2
18505	19.8%	14.7%	8.0%	48.2%	4.2	3.8
18507	11.9%	7.2%	5.9%	24.5%	3.2	2.8
18508	21.1%	11.6%	6.0%	48.1%	4.0	3.8
18509	20.7%	10.2%	4.4%	52.7%	3.4	3.4
18510	26.4%	13.3%	5.3%	62.2%	4.2	3.6
18512	10.4%	4.7%	5.7%	38.4%	3.0	2.6
18517	17.4%	7.5%	9.5%	32.7%	3.0	2.6
18518	13.8%	4.5%	4.4%	34.1%	2.8	2.6
18519	11.7%	5.9%	6.0%	39.5%	3.0	2.8
GCMC Service Area	**13.9%**	**8.1%**	**5.1%**	**33.2%**	**--**	**--**
PA	**12.3%**	**8.7%**	**6.2%**	**31.0%**	**--**	**--**
US	**13.4%**	**11.3%**	**9.4%**	**36.2%**	**--**	**--**

Source: Esri & Dignity Health

*CNI score reported at the time of the FY2019 CHNA.

Regional Demographics and Socioeconomics

Analyses of demographic and socioeconomic data are essential in understanding health trends and determining key drivers of health status. Socioeconomic indicators play a significant role in community and individual health. Known as **social determinants of health**, they are defined as factors within the environment in which people live, work, and play that can affect health and quality of life. Social determinants of health are often the root causes of **health disparities**.

Demographic Key Findings

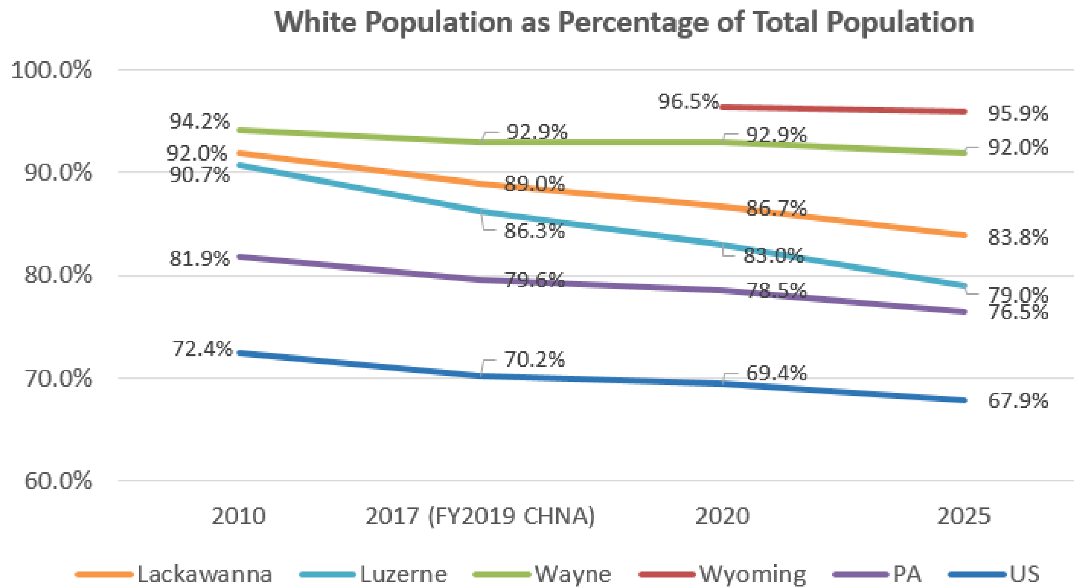
- The PA population as a whole is less diverse and older than the population nationwide. Residents of Northeast Region counties are less diverse and older than the state. Consistent with a rural demographic, Wayne and Wyoming counties are the least diverse with more than 90% of residents identifying as White. Luzerne County is the most diverse with 83% of residents identifying as White, and a Latinx (any race) population that comprises 15% of the population. All Northeast Region counties have a higher percentage of seniors and a higher median age than the state and nation; Wayne County is the oldest with 24% of residents age 65 or over and a median age of 48.6 compared to the state median of 41.6.
- Consistent with the FY2019 CHNA, population diversity within the Northeast Region is increasing. The White population as a percentage of the total population will continue to decline through 2025 with the greatest decline projected in Lackawanna and Luzerne counties. Within Lackawanna and Luzerne counties, growth is primarily expected among Black and Latinx populations.
- The senior population is also projected to increase within the Northeast Region through 2025. From 2010 to 2025, the senior population as a percentage of the total population will increase approximately 8 percentage points in Wayne and Wyoming counties and 6-7 percentage points in Lackawanna and Luzerne counties.
- All Northeast Region counties except Wyoming have a higher percentage of residents with a disability compared to the state and nation. Wayne County has the highest percentage of all residents with a disability, but Lackawanna and Luzerne counties have the highest percentage of seniors with a disability. Seniors in Lackawanna and Luzerne counties are more likely to report ambulatory, independent living, and/or hearing disabilities when compared to the state and nation.
- All Northeast Region counties have a higher percentage of children with a disability compared to the state and nation. Wayne County has the highest percentage of children with a disability (7%) compared to PA (5%) and the US (4%).
- Residents of all Northeast Region counties except Wyoming are less likely to have access to computer devices and internet when compared to the state and nation. Access is particularly low in Luzerne County, where only 83% of residents have a computer device and 75.5% have internet, compared to the national average of 89% and 81% respectively.

Demographic Data Summary

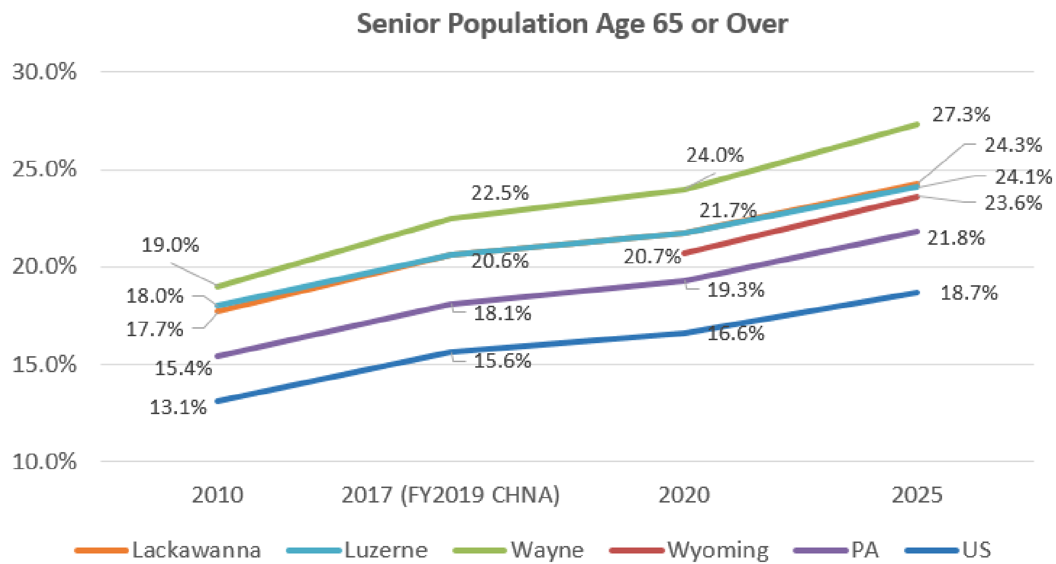
Yellow highlighting indicates a percentage that is at least 3 points *higher* than the state and nation.
Grey highlighting indicates a percentage that is at least 3 points *lower* than the state and nation.

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
Racial and Ethnic Diversity (ESRI)						
2020 Asian	3.4%	1.4%	0.7%	0.5%	3.8%	5.9%
2025 Projection	4.2%	1.6%	0.8%	0.6%	4.5%	6.5%
2020 Black	3.7%	5.5%	3.3%	1.0%	11.4%	13.0%
2025 Projection	4.5%	6.7%	3.6%	1.2%	11.8%	13.1%
2020 White	86.7%	83.0%	92.9%	96.5%	78.5%	69.4%
2025 Projection	83.8%	79.0%	92.0%	95.9%	76.5%	67.9%
2020 Latinx, any race	9.1%	14.9%	5.1%	2.0%	8.2%	18.8%
2025 Projection	11.3%	18.8%	6.3%	2.3%	9.8%	20.1%
Primary language other than English (2014-2018)	9.7%	11.5%	4.6%	2.0%	11.3%	21.5%
Age Distribution (ESRI, 2020)						
Under 15 years	15.3%	14.7%	12.9%	16.0%	16.5%	18.4%
15-24 years	12.1%	11.6%	9.3%	10.9%	12.7%	13.0%
25-34 years	12.2%	12.5%	11.5%	11.9%	12.8%	14.0%
35-54 years	24.2%	24.9%	25.2%	24.6%	24.6%	25.0%
55-64 years	14.4%	14.5%	16.9%	15.8%	14.2%	13.0%
65+ years	21.7%	21.7%	24.0%	20.7%	19.3%	16.6%
Median Age	43.8	44.6	48.6	44.3	41.6	38.5
Disability Status (US Census Bureau, 2014-2018)						
Total population	15.6%	15.6%	17.9%	13.6%	13.9%	12.6%
Under 18 years	6.5%	6.3%	7.2%	6.0%	5.3%	4.2%
65+ years	35.7%	36.4%	33.2%	31.4%	34.1%	35.0%
Ambulatory	21.8%	23.1%	19.4%	16.0%	21.2%	22.2%
Independent Living	15.7%	14.8%	11.6%	12.5%	14.2%	14.5%
Hearing	15.1%	16.5%	15.6%	16.8%	14.1%	14.6%
Cognitive	6.8%	7.9%	7.2%	6.1%	8.0%	8.8%
Vision	5.6%	6.4%	5.4%	5.8%	5.7%	6.4%
Household Internet/Digital Access (US Census Bureau, 2014-2018)						
Computer device (1+)	83.6%	82.7%	85.4%	86.9%	86.5%	88.8%
Desktop/laptop	73.0%	71.0%	76.8%	74.8%	76.6%	77.9%
Smartphone	68.7%	66.8%	63.4%	67.8%	70.9%	75.9%
Other	55.4%	54.4%	52.1%	55.2%	57.9%	61.5%
Internet subscription	77.0%	75.5%	79.4%	82.9%	79.9%	80.9%
Dial-up only	0.8%	0.9%	2.3%	1.1%	0.7%	0.5%
Broadband	76.1%	74.6%	77.1%	81.8%	79.2%	80.4%

Notable Demographic Trends



Source: Esri Business Analyst
*Wyoming County was not included in the FY2019 CHNA; data for 2017 are not available.



Source: Esri Business Analyst
*Wyoming County was not included in the FY2019 CHNA; data for 2017 are not available.

Socioeconomic Key Findings

- Northeast Region poverty trends differ from the state and nation. While the percentage of people living in poverty declined statewide and nationally, percentages stabilized in Lackawanna County and increased in Wayne and Wyoming counties. Luzerne is the only county to experience consistent declines in individual poverty. Despite these trends, poverty in Wayne and Wyoming counties remains lower than state and national benchmarks, while Lackawanna and Luzerne counties have higher poverty and a lower median household income than the state and nation.
- Luzerne County children experience notable socioeconomic disparity and greater potential for health disparity with higher reported poverty (26%) and food insecurity (19%) compared to the state (18%, 15%) and nation (19.5%, 15%).
- Pennsylvania has greater income inequality among racial and ethnic groups when compared to the nation. While White PA residents are less likely to live in poverty than their peers nationwide, Asian, Black, and Latinx residents are more likely to live in poverty. This trend is reflected in the Northeast Region, particularly among Black and Latinx residents and most notably in Lackawanna and Luzerne counties. Within Lackawanna and Luzerne counties, 35%-45% of Black and Latinx residents live in poverty compared to 12%-14% of White residents. Wayne and Wyoming counties also report income disparity, although the findings are based on low population counts.
- Differences in income can be partially explained by education inequalities. While all Northeast Region counties have fewer residents attaining higher education compared to the state and nation, percentages for Black and Latinx residents are lower than for White and Asian residents. In Luzerne County, where there is greater population diversity, 8% of Black residents and 10% of Latinx residents have attained a bachelor's degree compared to 24% of White residents.
- COVID-19 has increased unemployment rates. Unemployment rates more than tripled in Lackawanna, Luzerne, and Wayne counties from May 2019 to May 2020 and more than doubled in Wyoming County. Luzerne County has the highest unemployment at 16%, nearly 3 percentage points higher than the state unemployment.
- Home ownership varies widely across the Northeast Region. Residents of Wayne and Wyoming counties are more likely to own their home compared to the state and nation, while residents of Lackawanna and Luzerne counties have similar homeownership rates. Wayne County has the highest median home value in the region and a higher percentage of cost burdened homeowners. Renters across the region are less likely to be housing cost burdened compared to the state and nation, although an average of 45% of all Northeast Region renters are in this category.
- Pennsylvania's housing stock is older than the nation's housing stock with 70% of homes built before 1980. Housing stock in Lackawanna and Luzerne counties is older than the state at nearly 80% of homes built before 1980. Wayne County has the newest housing stock with only 49% of homes built before 1980. In general, occupants of older housing have higher rates of chronic disease and accidental injury.

Socioeconomic Data Summary

Red highlighting indicates potential *disparity* based on at least a 3-point difference from the state and nation.
Green highlighting indicates potential *strength* based on at least a 3-point difference from the state and nation.

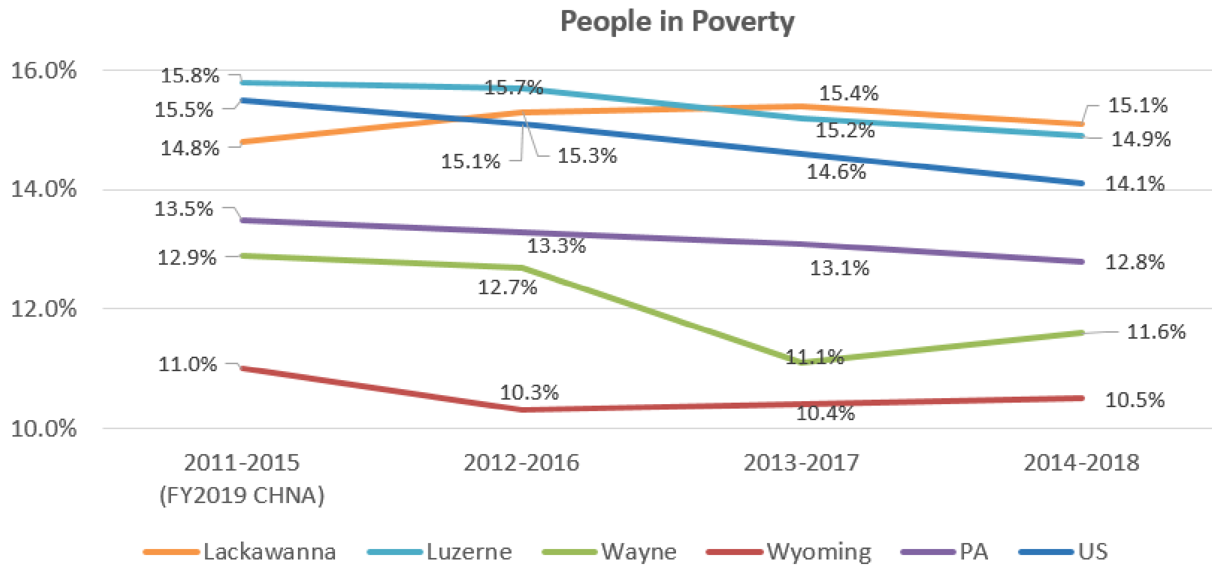
	Lackawanna County	Luzerne County	Wayne County[1]	Wyoming County[1]	PA	US
Income and Poverty (US Census Bureau, 2014-2018)						
Median household income	$50,875	$51,646	$54,851	$59,308	$59,445	$60,293
All people in poverty	15.1%	14.9%	11.6%	10.5%	12.8%	14.1%
Asian	24.5%	16.2%	8.1%	49.2%	14.3%	11.5%
Black	36.1%	42.3%	30.8%	48.0%	26.9%	24.2%
White	13.7%	12.1%	11.4%	10.1%	10.0%	11.6%
Latinx, any race	45.0%	34.7%	14.9%	20.1%	29.4%	21.0%
Children in poverty	21.8%	25.6%	15.7%	15.2%	18.1%	19.5%
Seniors in poverty	8.5%	8.5%	7.0%	8.0%	8.1%	9.3%
Households with SNAP[2]	16.7%	17.2%	12.3%	10.6%	13.2%	12.2%
Food Insecurity (Feeding America, 2018)						
All people	12.0%	11.9%	10.9%	9.7%	10.9%	11.5%
Children	17.1%	18.6%	16.6%	15.2%	15.1%	15.2%
Unemployment (US Bureau of Labor Statistics)						
May 2019	4.5%	5.2%	4.0%	4.4%	4.0%	3.4%
May 2020	14.4%	16.0%	13.0%	11.8%	13.2%	13.0%
Housing (US Census Bureau, 2014-2018)						
Renters	35.0%	31.4%	19.5%	22.1%	31.0%	36.2%
Cost burdened[3]	45.9%	44.1%	46.6%	45.1%	48.4%	50.2%
Owners	65.0%	68.6%	80.5%	77.9%	69.0%	63.8%
Median home value	$149,700	$125,400	$181,000	$164,000	$174,100	$204,900
Cost burdened[3]	28.0%	24.7%	32.8%	27.9%	26.0%	28.7%
Housing built before 1980	77.2%	77.2%	49.4%	63.0%	70.1%	54.2%
Education (ESRI, 2020; US Census Bureau, 2014-2018 race/ethnicity data)						
No high school diploma	8.1%	9.5%	9.0%	6.5%	8.7%	11.3%
Bachelor's degree or higher	29.3%	24.6%	21.7%	20.4%	32.3%	33.1%
Asian	33.5%	51.7%	41.5%	19.1%	55.4%	53.5%
Black	12.4%	7.8%	3.3%	0.0%	18.5%	21.1%
White	28.1%	23.8%	21.1%	19.7%	31.7%	32.9%
Latinx, any race	12.8%	10.1%	14.3%	17.3%	15.8%	15.8%

[1] Wayne and Wyoming county race/ethnicity data are based on small counts; interpret data findings with caution.

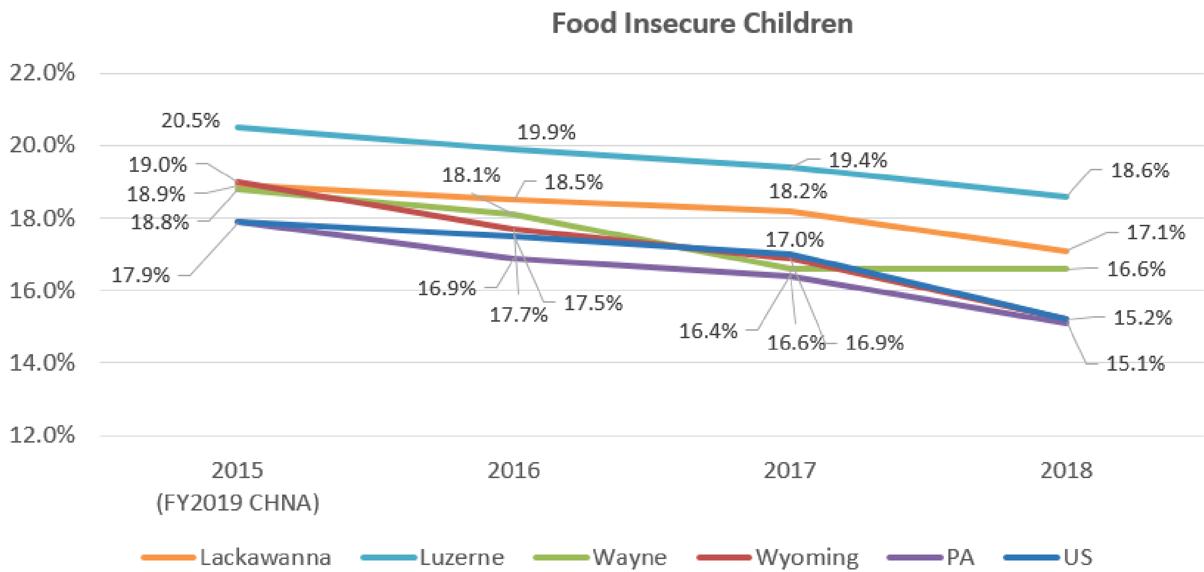
[2] Supplemental Nutrition Assistance Program.

[3] Housing cost burden is defined as spending 30% or more of household income on housing-related costs.

Notable Socioeconomic Trends



Source: US Census Bureau



Source: Feeding America

Public Health Data Analysis

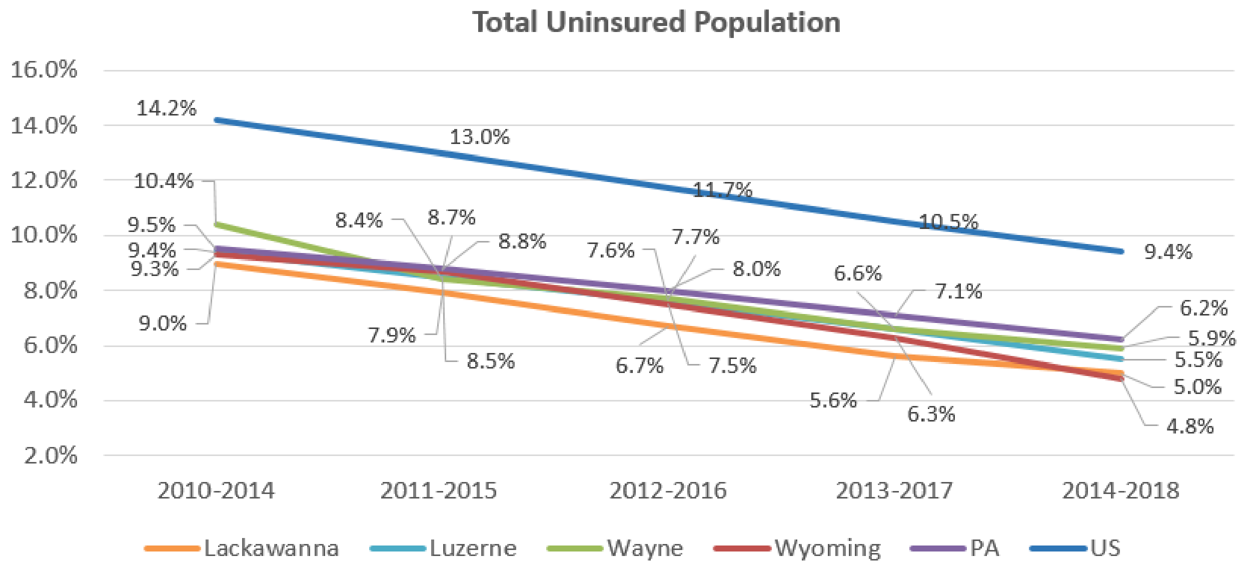
Public health data supports that the FY2019 CHNA priorities of Access to Care, Behavioral Health, and Chronic Disease Prevention and Management continue to be community health needs within the Northeast Region. These priorities reflect complex needs requiring sustained commitment and resources.

The following sections highlight key public health data findings by topic area, with a focus on priority health needs and vulnerable and high-risk populations.

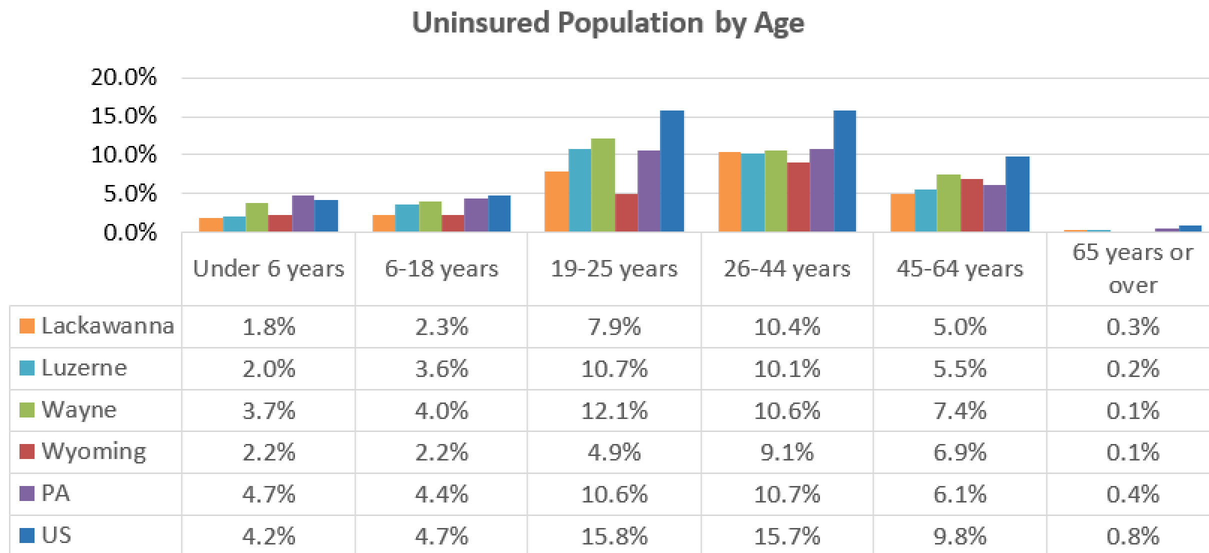
Healthcare Access Key Findings

- The total uninsured population continued to decline across the region, and all counties have fewer uninsured than the state and nation. All counties also have fewer uninsured children, although rates are slightly higher in Wayne County compared to other counties.
- Uninsured rates among minority residents declined statewide and nationally, but continue to be disproportionately higher compared to Whites. Similar disparities exist across the Northeast Region, particularly in Lackawanna and Luzerne counties.
- Employer-based insurance is the majority coverage type within the region, covering 53% to 59% of residents. Consistent with the expansion of Medicaid in PA, the number of Medicaid insured grew from the FY2019 CHNA. Lackawanna, Luzerne, and Wayne counties have a higher percentage of Medicaid insured than PA at approximately 20%.
- Lackawanna and Luzerne county primary care provider (PCP) rates are consistent with rates reported as of the FY2019 CHNA and mirror the state and nation. Wayne and Wyoming county rates are increasing, but fall below the state by more than 20 points.
- Dental provider availability varies widely across the region. Lackawanna and Luzerne counties have similar or higher provider rates than the state and nation. Wayne and Wyoming county provider rates are lower than the state and nation; the Wyoming County rate declined and is nearly 30 points lower than state and national averages. All counties are Health Professional Shortage Areas for low-income residents.
- The mental health provider rate increased across the region, but all counties have a lower provider rate than the state and nation, with significantly lower rates in Luzerne, Wayne, and Wyoming counties. Wayne County is a Health Professional Shortage Area.
- Potentially preventable hospitalizations are inpatient stays that might have been avoided with effective primary or preventative care. Lackawanna and Luzerne counties have higher rates of preventable hospitalization than the state, indicating care access barriers other than PCP availability.
- COVID-19 has highlighted long-standing, systemic health and socioeconomic disparities among minority populations, particularly Black residents. Across PA, the COVID-19 death rate is more than 3 times higher among Black residents as White residents. This statewide trend likely also impacts Lackawanna and Luzerne counties, where there is greater population diversity and socioeconomic barriers.

Health Insurance Coverage Data



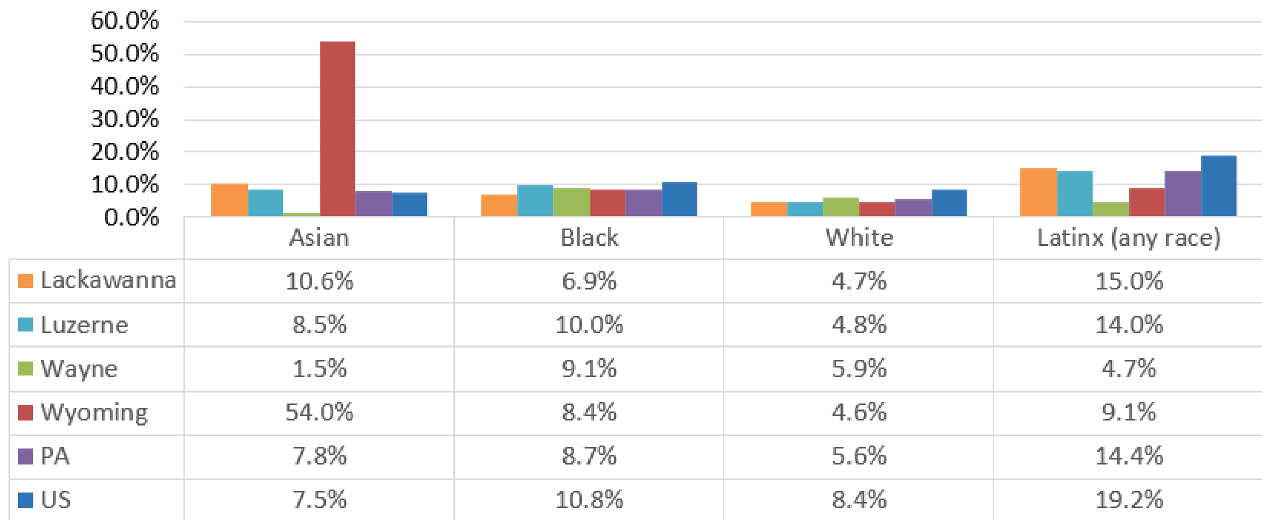
Source: US Census Bureau



	Under 6 years	6-18 years	19-25 years	26-44 years	45-64 years	65 years or over
Lackawanna	1.8%	2.3%	7.9%	10.4%	5.0%	0.3%
Luzerne	2.0%	3.6%	10.7%	10.1%	5.5%	0.2%
Wayne	3.7%	4.0%	12.1%	10.6%	7.4%	0.1%
Wyoming	2.2%	2.2%	4.9%	9.1%	6.9%	0.1%
PA	4.7%	4.4%	10.6%	10.7%	6.1%	0.4%
US	4.2%	4.7%	15.8%	15.7%	9.8%	0.8%

Source: US Census Bureau, 2014-2018

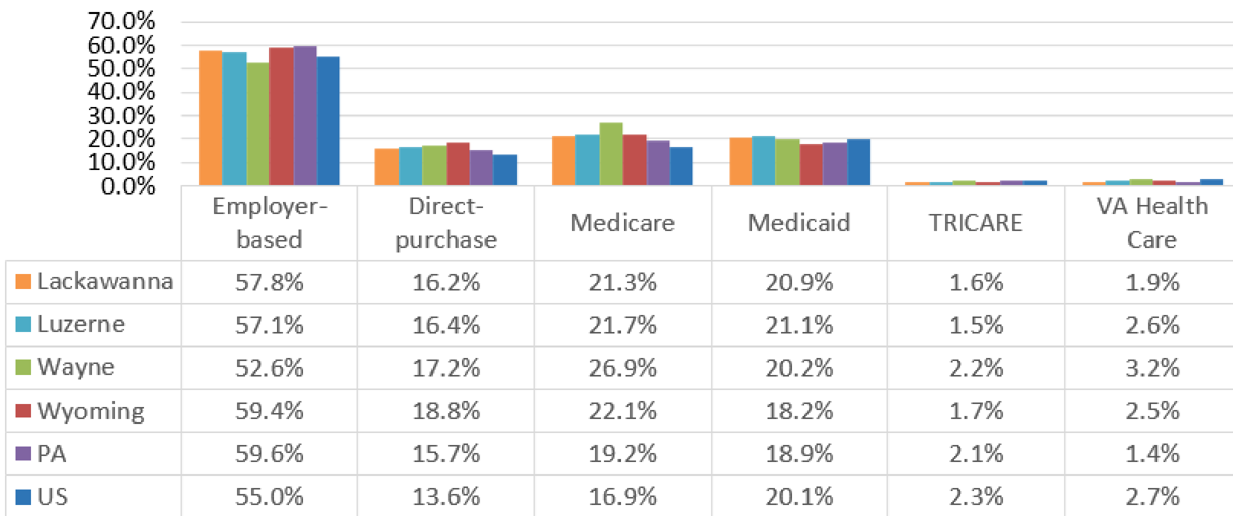
Health Insurance Coverage Data



	Asian	Black	White	Latinx (any race)
Lackawanna	10.6%	6.9%	4.7%	15.0%
Luzerne	8.5%	10.0%	4.8%	14.0%
Wayne	1.5%	9.1%	5.9%	4.7%
Wyoming	54.0%	8.4%	4.6%	9.1%
PA	7.8%	8.7%	5.6%	14.4%
US	7.5%	10.8%	8.4%	19.2%

Source: US Census Bureau, 2014-2018

*Note: The Asian uninsured percentage for Wyoming County is based on a count of 34 individuals.

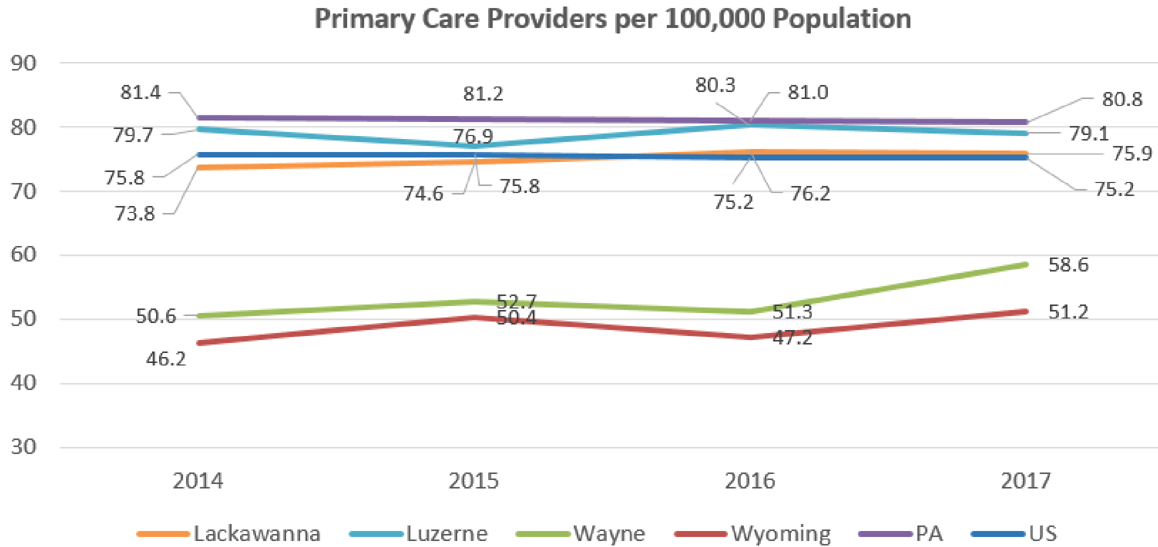


	Employer-based	Direct-purchase	Medicare	Medicaid	TRICARE	VA Health Care
Lackawanna	57.8%	16.2%	21.3%	20.9%	1.6%	1.9%
Luzerne	57.1%	16.4%	21.7%	21.1%	1.5%	2.6%
Wayne	52.6%	17.2%	26.9%	20.2%	2.2%	3.2%
Wyoming	59.4%	18.8%	22.1%	18.2%	1.7%	2.5%
PA	59.6%	15.7%	19.2%	18.9%	2.1%	1.4%
US	55.0%	13.6%	16.9%	20.1%	2.3%	2.7%

Source: US Census Bureau, 2014-2018

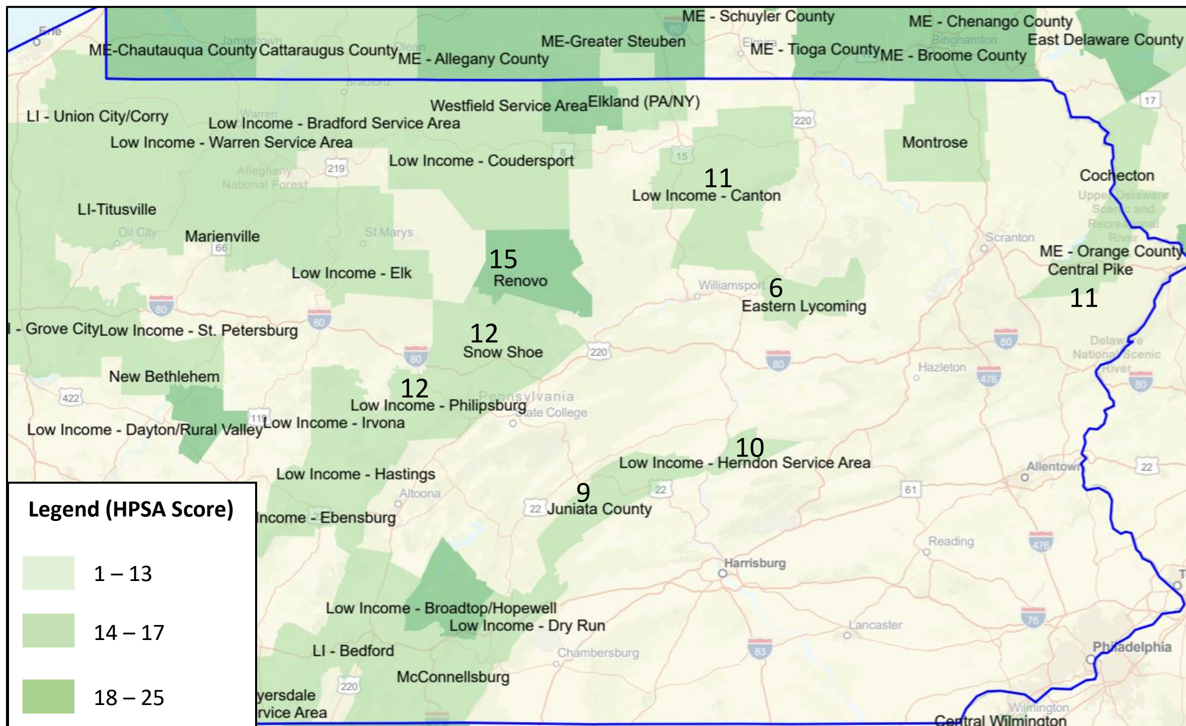
Provider Availability Data

Note: Providers are identified based on their preferred business mailing address; provider rates do not take into account providers that serve multiple counties or satellite clinics.



Source: Health Resources & Services Administration

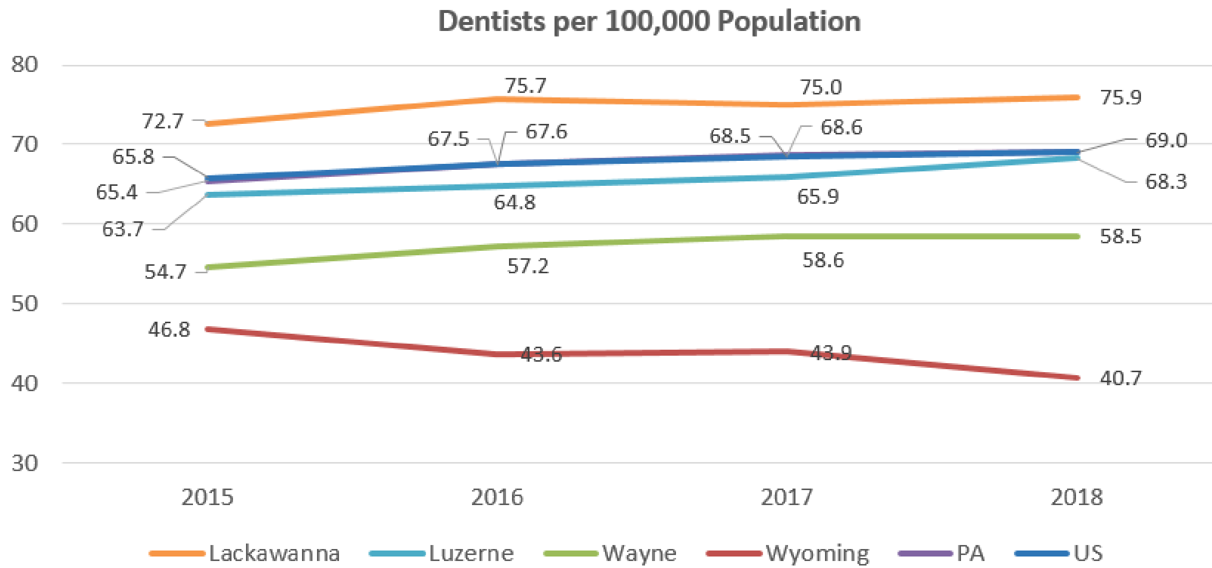
Primary Care Health Professional Shortage Areas (HPSA)
HPSA Scores Noted within CHNA Service Counties



Source: Health Resources & Services Administration

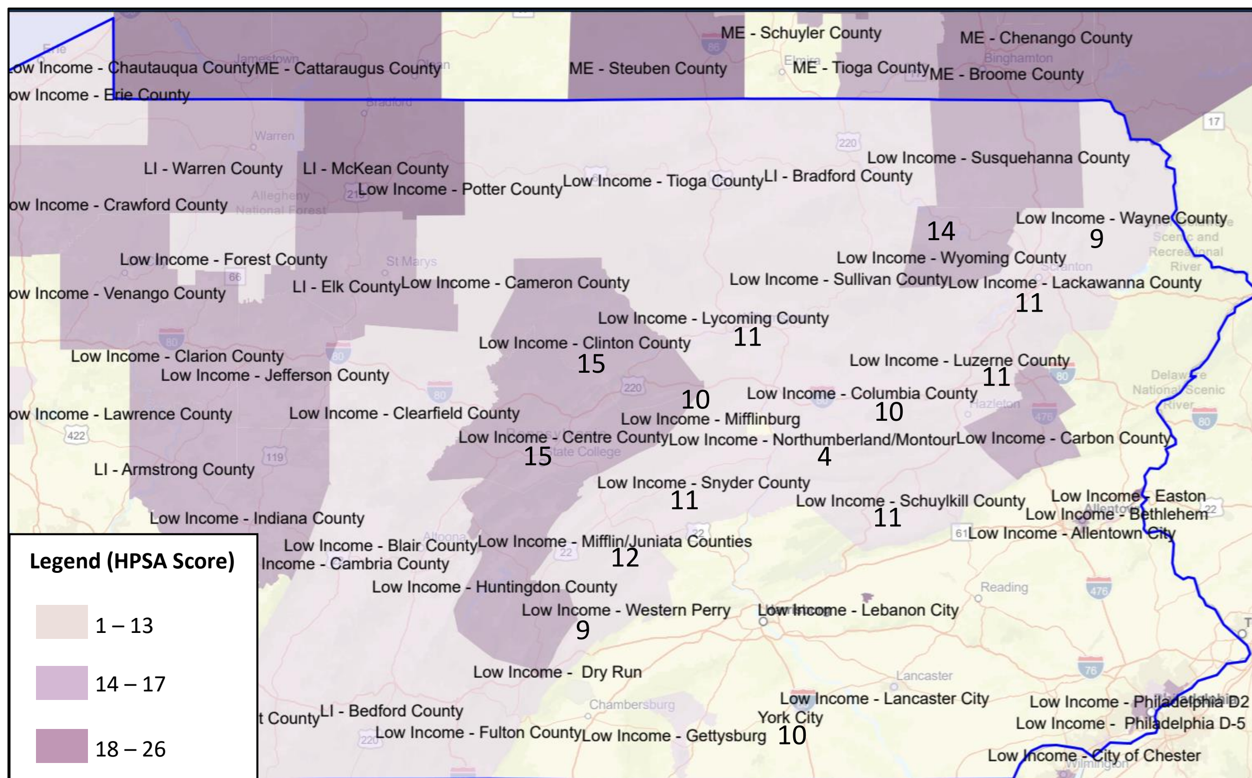
*Primary care HPSAs can receive a score between 0-25 with 25 indicating the highest need.

Provider Availability Data



Source: Health Resources & Services Administration

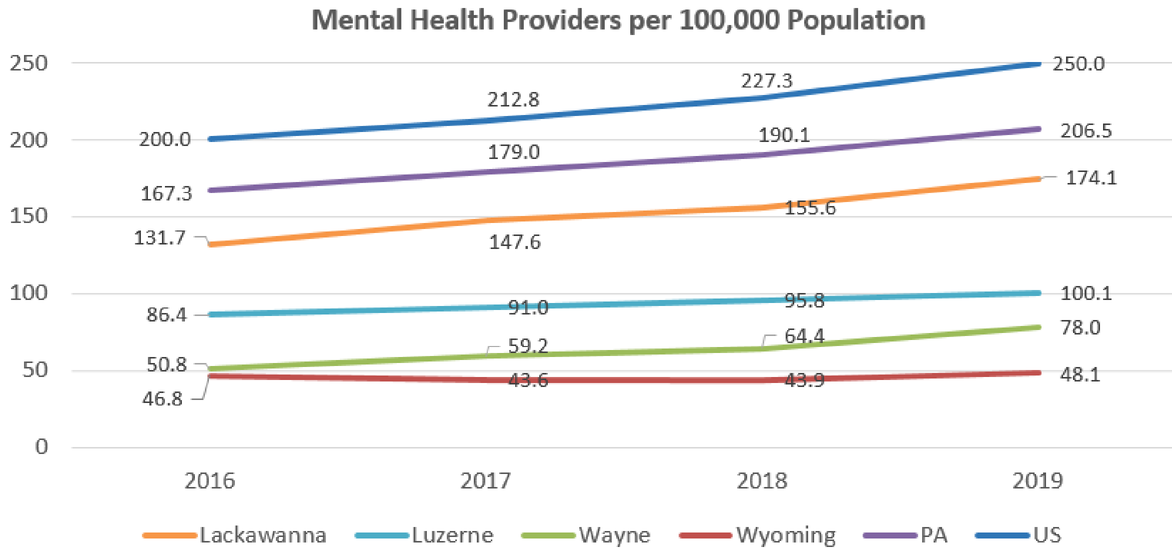
Dental Care Health Professional Shortage Areas (HPSA)
HPSA Scores Noted within CHNA Service Counties



Source: Health Resources & Services Administration

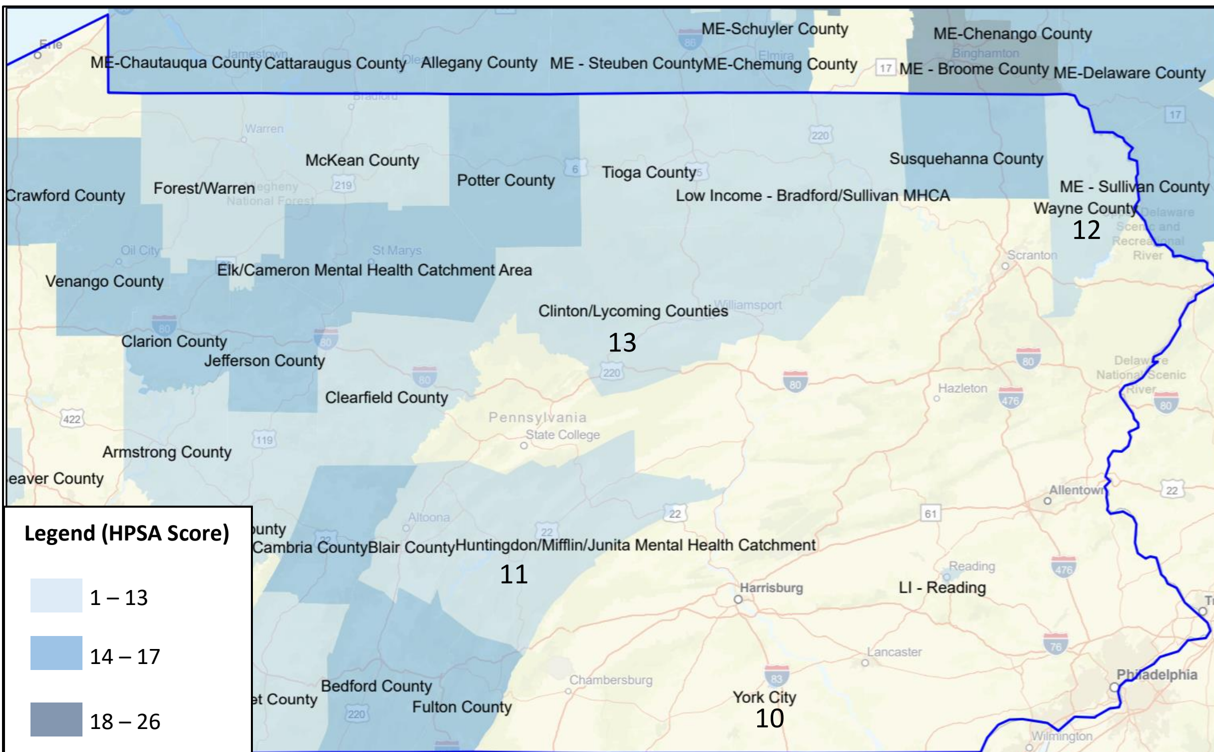
*Dental care HPSAs can receive a score between 0-26 with 26 indicating the highest need.

Provider Availability Data



Source: Centers for Medicare and Medicaid Services
*Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among other providers.

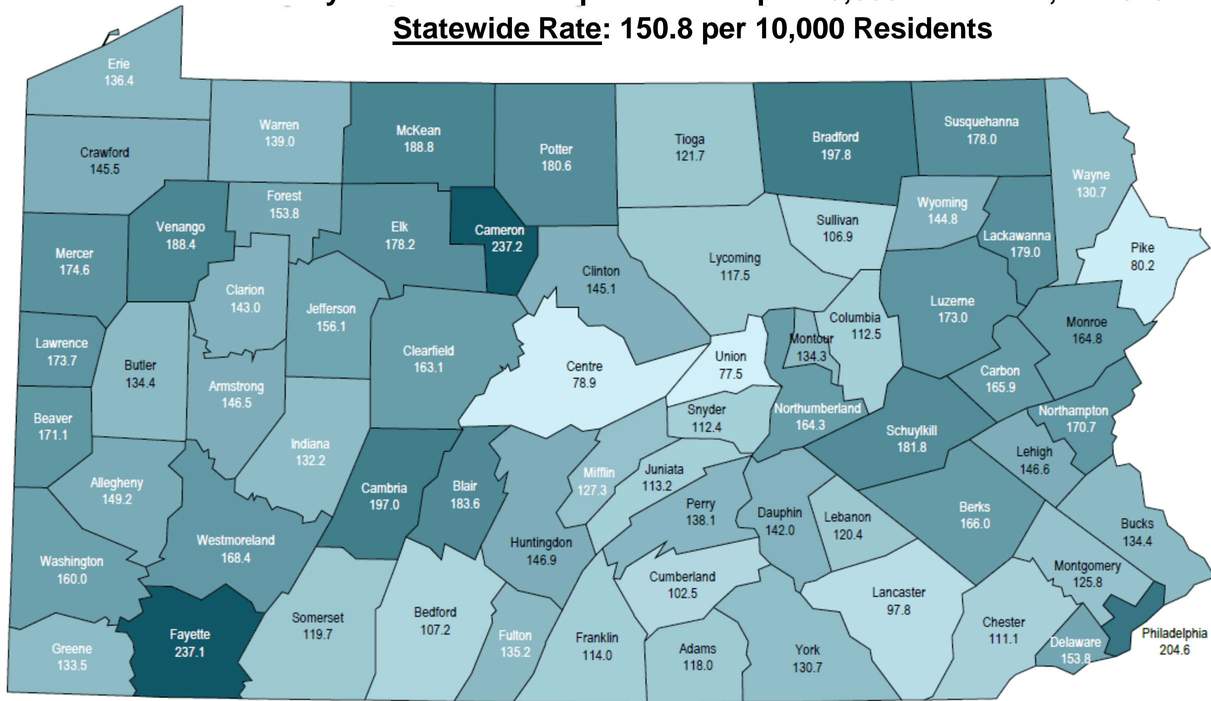
Mental Health Professional Shortage Areas (HPSA)
HPSA Scores Noted within CHNA Service Counties



Source: Health Resources & Services Administration
*Mental health HPSAs can receive a score between 0-25 with 25 indicating the highest need.

Preventable Hospitalizations Data

Potentially Preventable Hospitalizations per 10,000 Residents, FY2019
Statewide Rate: 150.8 per 10,000 Residents



Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019

*PHC4 defines potentially preventable hospitalizations as, "Inpatient stays for select conditions that might have been avoided with effective primary or preventive care—thereby avoiding the need for a more expensive hospital admission."

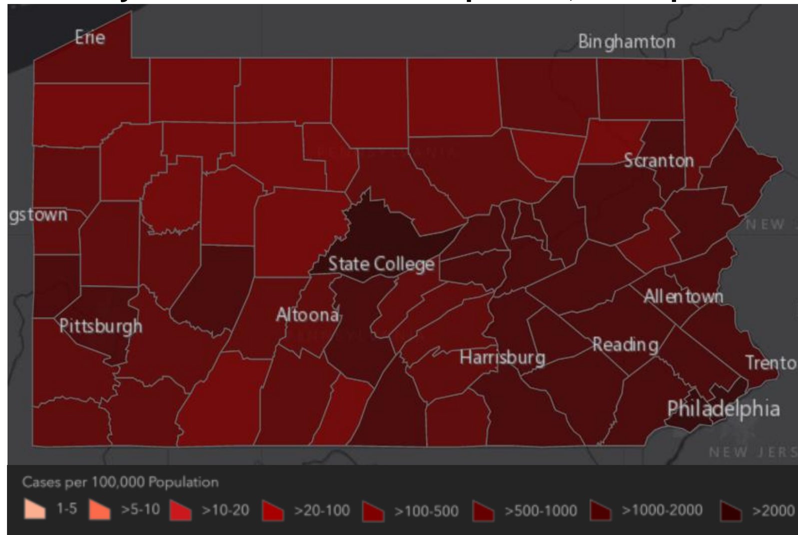
Statewide Potentially Preventable Hospitalizations by Condition, FY2019

	Number of Cases	Percent of Cases	Total Number of Hospital Days
Heart Failure	54,676	35.7%	284,232
COPD or Asthma (adults age 40+)	28,742	18.8%	116,136
Pneumonia	20,472	13.4%	87,354
Urinary Tract Infection	13,974	9.1%	51,454
Diabetes – Long-term Complications	10,641	6.9%	61,254
Diabetes – Short-term Complications	8,387	5.5%	29,718
Hypertension	6,142	4.0%	19,430
Diabetes – Uncontrolled	4,824	3.1%	16,288
Lower Extremity Amputation	3,876	2.5%	41,393
Asthma (adults age 18-39)	1,502	1.0%	4,039
Total	**153,236**	**100.0%**	**711,298**

Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019

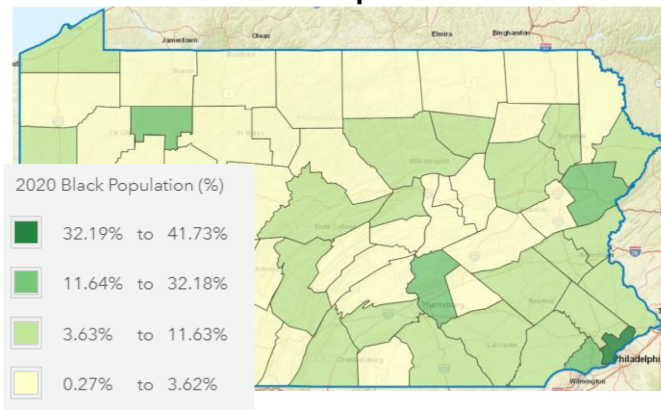
COVID-19 Data

Pennsylvania COVID-19 Cases per 100,000 Population

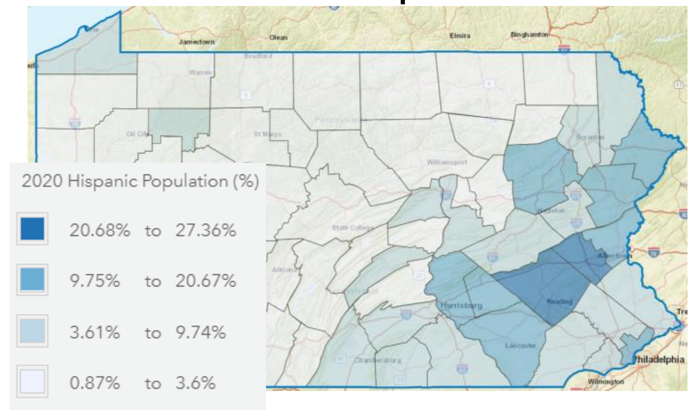


Source: Pennsylvania Department of Health, October 15, 2020

2020 Black Population



2020 Latinx Population



COVID-19 Age-Adjusted Death Rate per 100,000 by Race and Ethnicity

	Black	Latinx	White	Asian
PA	147.7	121.2	43.5	57.1
US	131.3	125.1	38.4	49.7

Source: American Public Media Research Lab, September 15, 2020

Northeast Region COVID-19 Cases

	Cases	Cases per 100,000	Deaths	Deaths per 100,000
Lackawanna County	1,952	926.0	212	100.6
Luzerne County	3,553	1118.5	185	58.2
Wayne County	162	315.9	10	19.5
Wyoming County	62	229.2	8	29.6

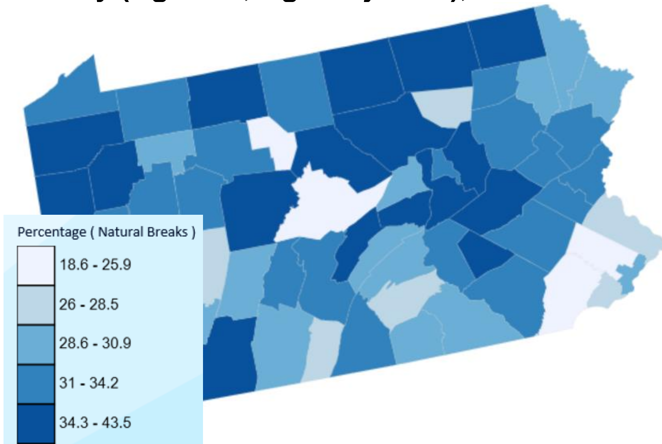
Source: Pennsylvania Department of Health, October 15, 2020

Chronic Disease and Health Risk Factors Key Findings

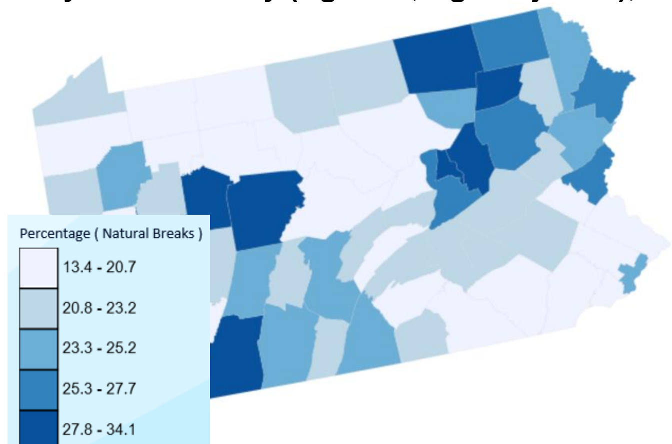
- Socioeconomic barriers have a direct impact on health. Pennsylvania counties with a lower median income and fewer opportunities for physical activity generally have higher rates of obesity and chronic conditions. This trend is reflected in the Northeast Region, particularly in Luzerne and Wyoming Counties, where more than 30% of adults are obese and 10% of adults have diabetes.
- Adult obesity increased in Luzerne County and currently exceeds state and national benchmarks. Wyoming County has historically had high adult obesity, exceeding state and national averages. Adult obesity declined in Wyoming County in 2017, but should continue to be monitored. Lackawanna and Wayne counties have lower obesity than the state and nation, but Lackawanna County saw increases over the past three years.
- Youth obesity is consistently higher in every Northeast Region county compared to the state, and increased in all counties for youth in grades 7-12. Lackawanna, Luzerne, and Wayne counties saw the most notable increases in obesity, but Wyoming County continues to have the highest percentage (26%) compared to the state (19.5%).
- Luzerne and Wyoming counties have the highest adult diabetes prevalence and highest diabetes death rates in the region, exceeding state and/or national benchmarks; Wyoming County saw increases in both metrics. It is worth noting that all Northeast Region counties report higher diabetes death rates than the state and nation.
- Adult smoking continued to decline across the nation, but increased in PA and the Northeast Region from 2016 to 2017. Lackawanna County saw the greatest increase in adult smoking and currently exceeds state and national benchmarks, along with Luzerne County. Lackawanna County also has a higher, increasing rate of death due to chronic lower respiratory disease (CLRD) and a higher percentage of youth with asthma.
- Youth are particularly vulnerable to vaping/e-cigarette trends. Approximately 1 in 4 youth in the Northeast Region report vaping/e-cigarette use, a higher proportion than the state. Consistent with adult smoking trends, Lackawanna County has the highest prevalence of youth vaping/e-cigarette use and saw the greatest increase over the past few years.
- Heart disease and cancer continue to be the leading causes of death in the Northeast Region. All counties have a higher heart disease death rate than the state and nation; death rates increased in Lackawanna and Luzerne Counties. The cancer death rate is higher and increasing in Lackawanna and Wyoming counties. Luzerne County has historically had a higher cancer death rate, which should continue to be monitored.
- Contrary to state and national trends, White residents of Lackawanna and Luzerne counties have a higher rate of death due to heart disease than Black residents, and cancer death rates are similar among the two population groups. Within Lackawanna County, Latinx residents have a higher rate of death due to both heart disease and cancer compared to their peers statewide and nationally.
- Notable chronic disease death disparities exist within Wyoming County, including the highest rates of death due to cancer, CLRD, and diabetes in the region. Death rates due to these conditions increased and exceed state and national benchmarks.

Health Risk Factors Data

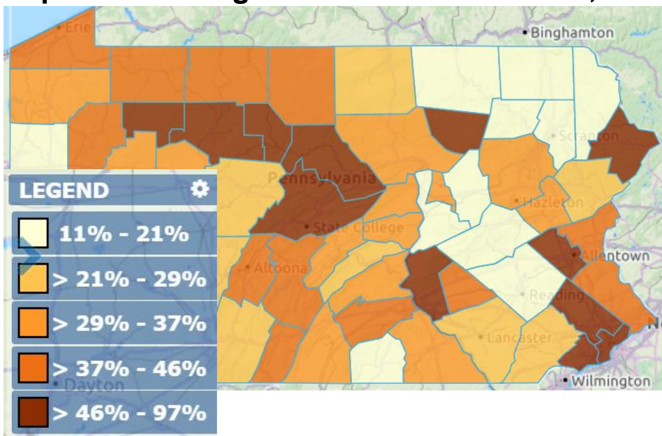
Obesity (Age 20+, Age-Adjusted), 2017



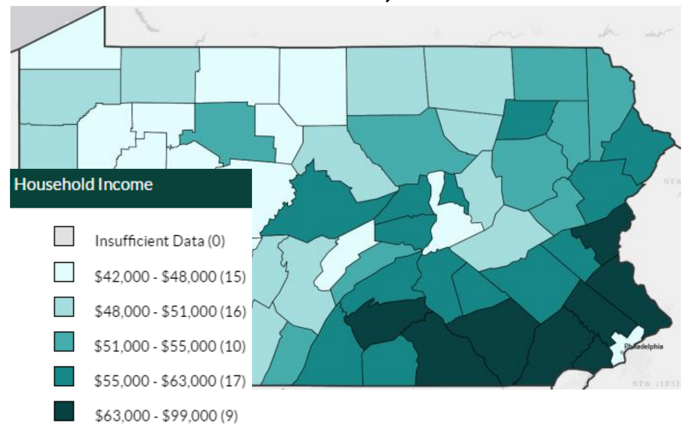
Physical Inactivity (Age 20+, Age-Adjusted), 2017



Population Living within 1/2 Mile of a Park, 2015



Median Household Income, 2014-2018



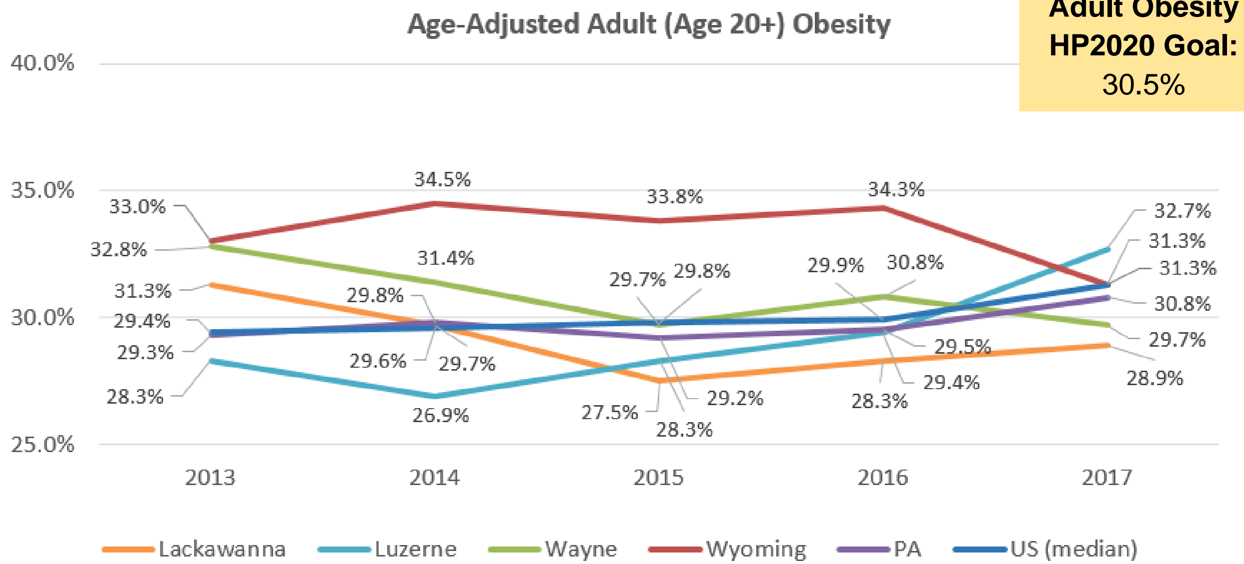
Age-Adjusted Adult (Age 20+) Health Risk Factors and Social Determinants of Health

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US (median)
Obesity	28.9%	32.7%	29.7%	31.3%	30.8%	31.3%
Physical inactivity	21.9%	27.4%	24.1%	28.7%	23.9%	25.6%
Population living with 1/2 mile of a park	12.0%	35.0%	5.0%	1.0%	47%	NA
Median household income	$50,875	$51,646	$54,851	$59,308	$59,445	$60,293

Source: Centers for Disease Control and Prevention

*Green highlighting indicates positive socioeconomic *and* health outcomes in comparison to the state and nation; red highlighting indicates negative outcomes.

Health Risk Factors Data



Source: Centers for Disease Control and Prevention

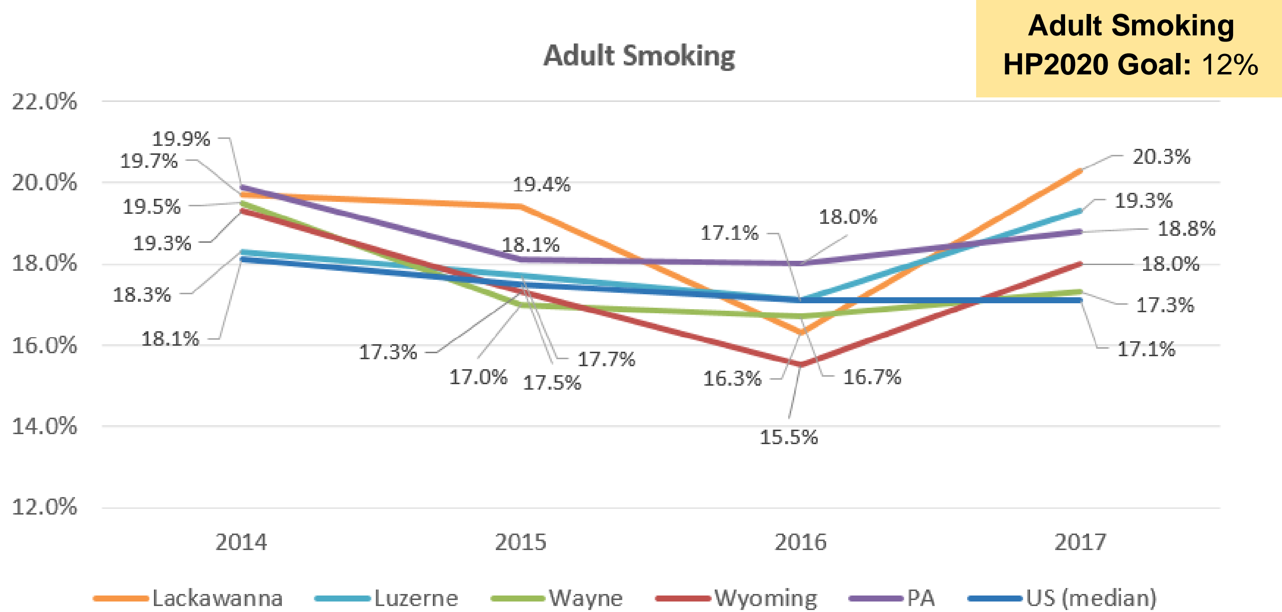
Youth Obesity by School Year

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA
Grades K-6					
2017-2018	21.1%	19.4%	18.7%	19.3%	16.8%
2016-2017	21.2%	18.4%	19.1%	19.1%	16.4%
2015-2016	21.0%	19.6%	19.0%	19.8%	16.7%
2014-2015	19.4%	19.9%	19.4%	20.2%	16.5%
2013-2014	19.8%	18.5%	20.0%	19.2%	16.3%
Grades 7-12					
2017-2018	21.2% ▲	21.3% ▲	23.1% ▲	26.2%	19.5%
2016-2017	23.4%	19.5%	22.8%	25.0%	18.9%
2015-2016	22.1%	19.2%	22.0%	23.5%	19.1%
2014-2015	23.9%	19.1%	22.0%	24.0%	18.6%
2013-2014	18.9%	19.0%	20.7%	24.8%	18.2%

Source: Pennsylvania Department of Health

*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2013-2014.

Health Risk Factors Data



Source: Centers for Disease Control and Prevention

Youth Tobacco Use (Grades 6, 8, 10, 12)

	Lackawanna County	Luzerne County	Wayne County	PA
Cigarette use within Past 30 Days				
2019	3.8% ▼	3.2% ▼	5.8% ▼	3.5%
2017	3.9%	6.0%	7.1%	5.6%
2015	6.9%	6.8%	9.9%	6.4%
Vaping/E-cigarette use within Past 30 Days				
2019	26.7% ▲	23.5%	23.9% ▼	19.0%
2017	18.1%	21.2%	18.0%	16.3%
2015	15.8%	22.1%	28.2%	15.5%

Source: Pennsylvania Commission on Crime and Delinquency
*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2015.
**Wyoming County data are not reported due to low school district participation.

Chronic Disease Data

Leading Chronic Disease Causes of Death, Age-Adjusted Death Rates per 100,000

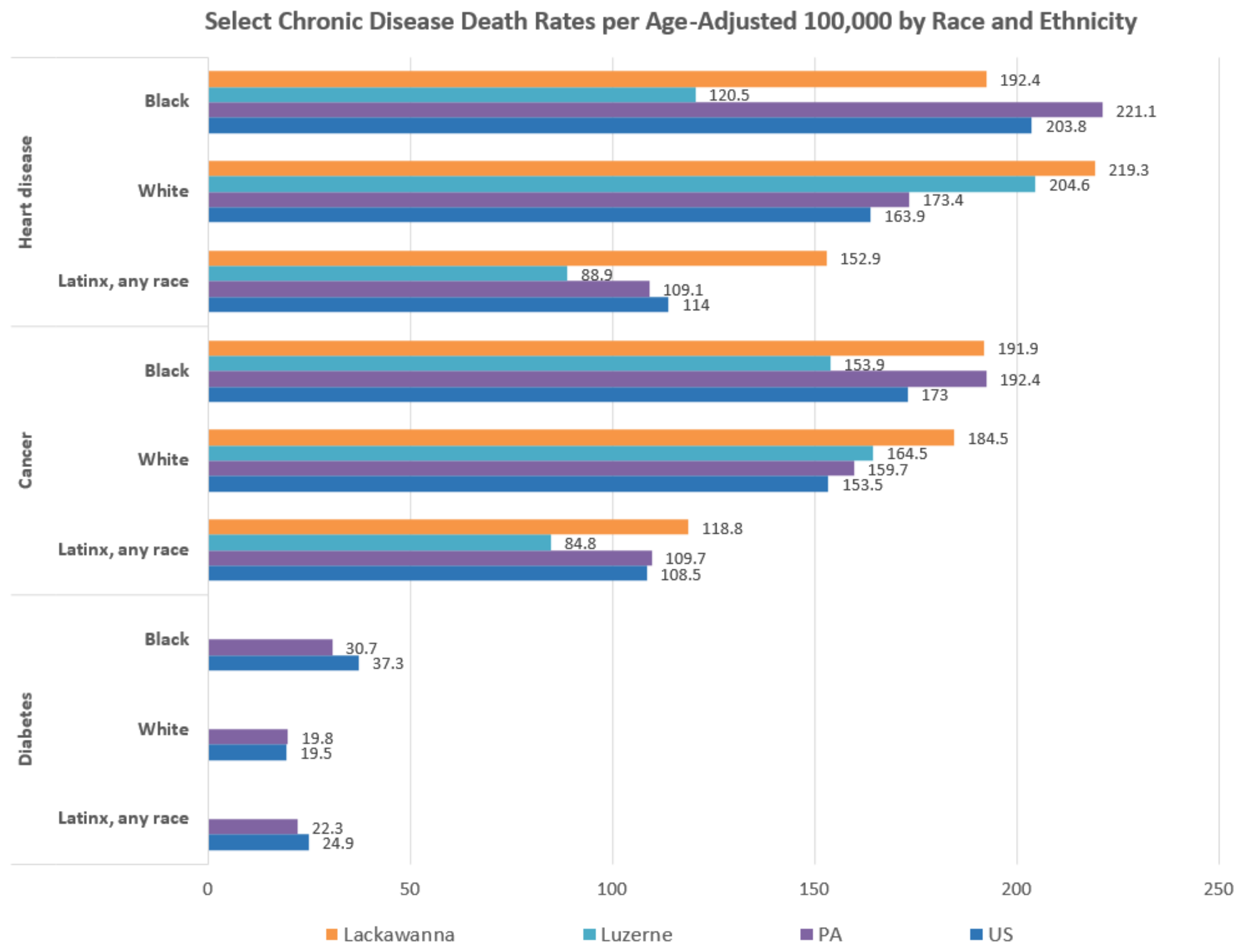
	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
Heart Disease						
2018	230.1 ▲	213.2 ▲	199.2 ▼	192.6 ▼	176.1	163.6
2017	220.1	203.2	179.1	219.4	176.0	165.0
2016	200.7	191.9	225.4	217.9	176.2	165.5
2015	223.5	202.4	225.0	175.4	177.8	168.5
2014	210.9	197.1	212.8	230.1	175.8	167.0
Cancer						
2018	185.9 ▲	150.2 ▼	150.3 ▼	204.8 ▲	156.6	149.1
2017	180.5	174.0	153.4	173.0	161.0	152.5
2016	180.7	165.8	161.1	175.3	164.7	155.8
2015	174.3	176.7	182.8	176.5	167.2	158.5
2014	179.3	186.7	181.3	157.5	169.6	161.2
Chronic Lower Respiratory Disease (CLRD)						
2016-2018	40.7 ▲	37.8	37.8 ▼	57.4 ▲	36.3	40.4
2015-2017	40.6	37.1	38.2	51.7	37.3	41.0
2014-2016	38.3	39.7	47.8	38.4	37.3	40.9
Stroke						
2016-2018	33.8	32.4	29.9 ▼	32.0 ▼	36.2	37.3
2015-2017	35.0	33.8	35.0	31.0	37.4	37.5
2014-2016	33.5	32.1	32.9	34.2	37.5	37.2
Diabetes						
2016-2018	23.2 ▼	30.9	23.3 ▼	35.4 ▲	20.5	21.3
2015-2017	24.5	30.4	23.7	31.1	21.1	21.2
2014-2016	27.2	31.6	26.2	30.1	21.5	21.1

Source: Centers for Disease Control and Prevention

*Death rates for CLRD, stroke, and diabetes are shown as a 3-year aggregate due to lower death counts.

**Green highlighting indicates a lower rate than the state and nation; red highlighting indicates a higher rate. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2014/2014-2016.

Chronic Disease Data



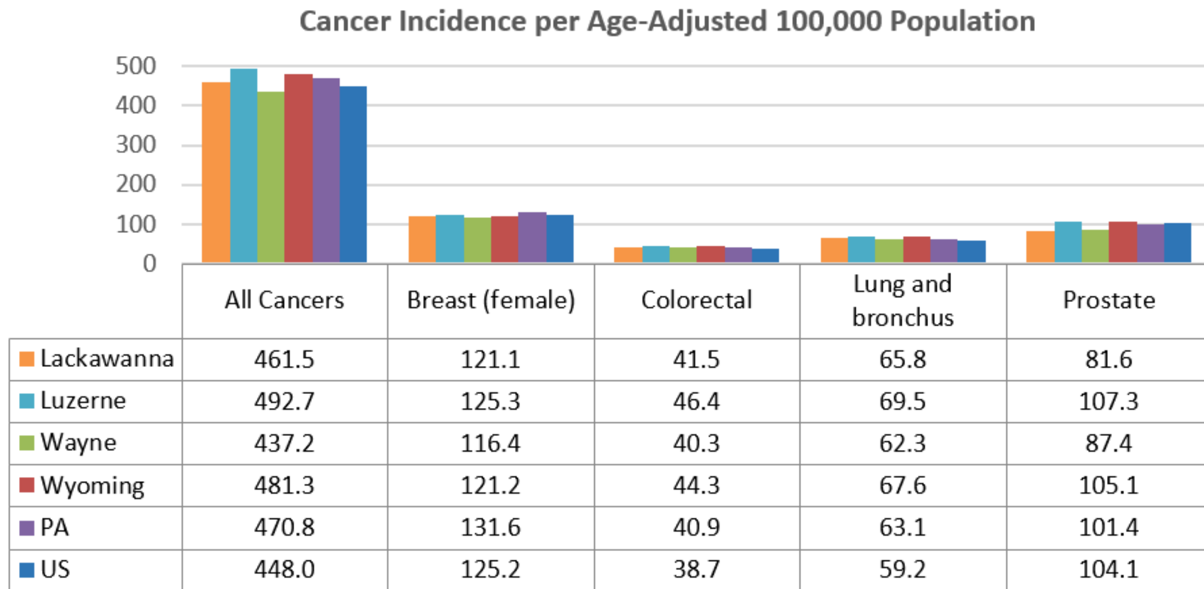
Source: Centers for Disease Control and Prevention, 2016-2018
*Data for Northeast Region counties are reported as available due to low death counts.

Youth Chronic Disease Prevalence

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA
Asthma					
Total students	3,630	3,493	534	255	206,712
Percent	12.1%	7.8%	11.5%	7.7%	11.3%
Type II Diabetes					
Total students	15	26	0	2	1,052
Percent	0.05%	0.06%	0.0%	0.06%	0.06%

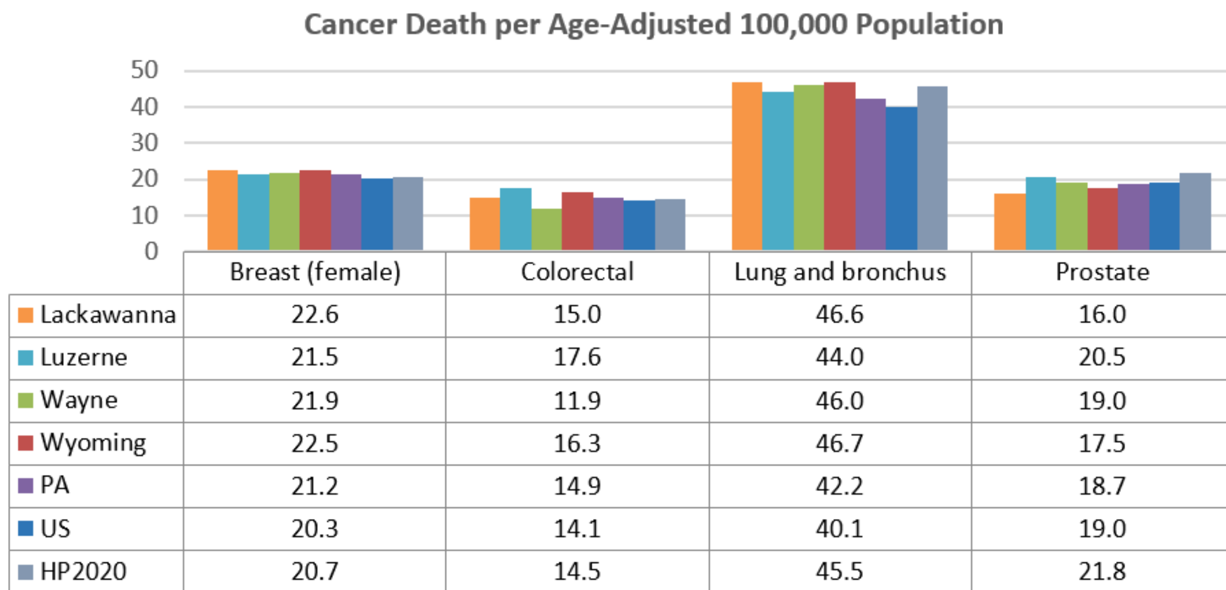
Source: Pennsylvania Department of Health, 2017-2018
*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage.

Chronic Disease Data



	All Cancers	Breast (female)	Colorectal	Lung and bronchus	Prostate
Lackawanna	461.5	121.1	41.5	65.8	81.6
Luzerne	492.7	125.3	46.4	69.5	107.3
Wayne	437.2	116.4	40.3	62.3	87.4
Wyoming	481.3	121.2	44.3	67.6	105.1
PA	470.8	131.6	40.9	63.1	101.4
US	448.0	125.2	38.7	59.2	104.1

Source: Pennsylvania Department of Health, 2013-2017; Centers for Disease Control and Prevention, 2012-2016 (most recent available)

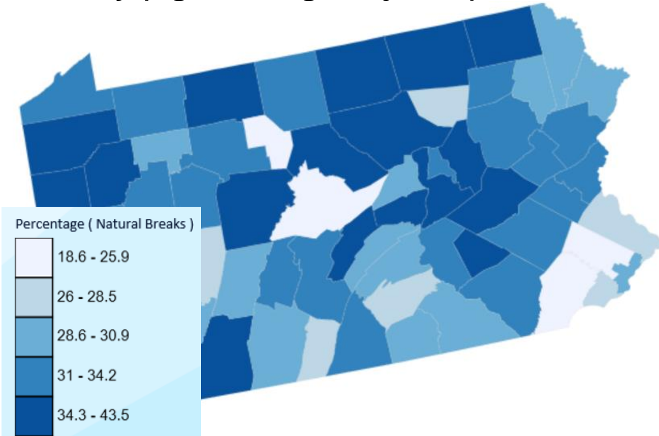


	Breast (female)	Colorectal	Lung and bronchus	Prostate
Lackawanna	22.6	15.0	46.6	16.0
Luzerne	21.5	17.6	44.0	20.5
Wayne	21.9	11.9	46.0	19.0
Wyoming	22.5	16.3	46.7	17.5
PA	21.2	14.9	42.2	18.7
US	20.3	14.1	40.1	19.0
HP2020	20.7	14.5	45.5	21.8

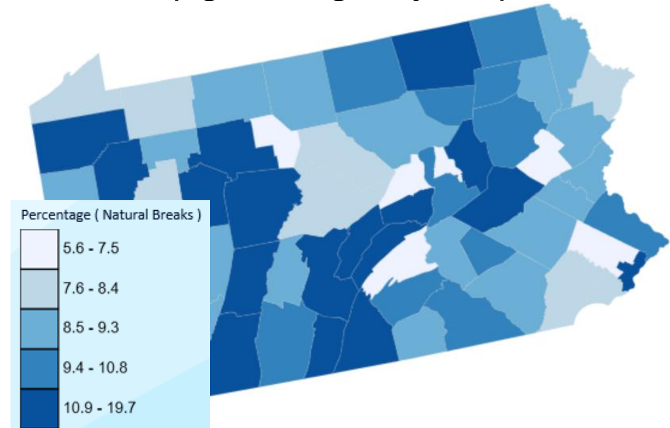
Source: Pennsylvania Department of Health, 2013-2017; Centers for Disease Control and Prevention, 2013-2017

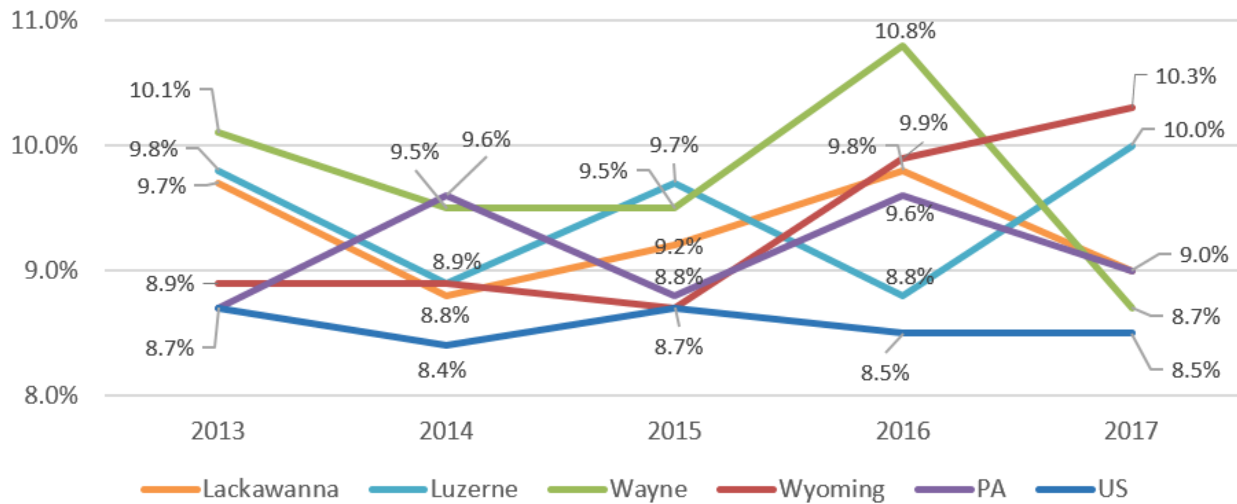
Chronic Disease Data

Obesity (Age 20+, Age-Adjusted), 2017



Diabetes (Age 20+, Age-Adjusted), 2017





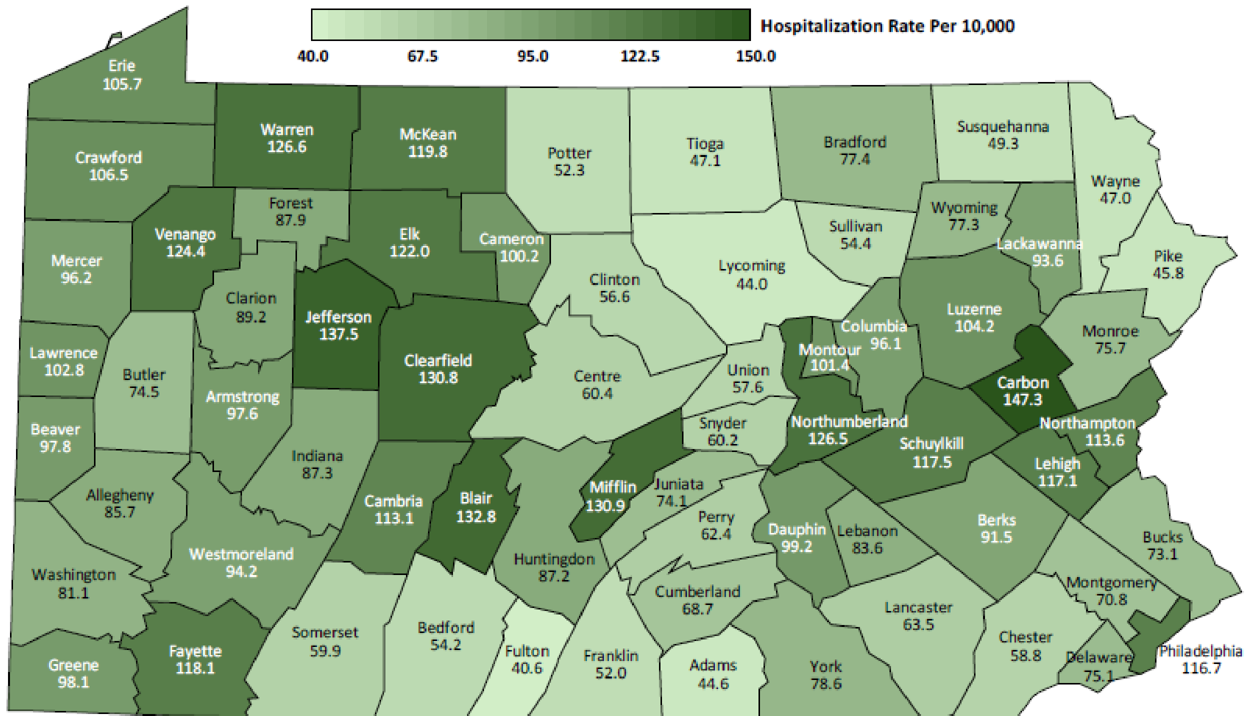
Source: Centers for Disease Control and Prevention

Behavioral Health Key Findings

- Across the state in 2018, there were 113,704 hospital stays for mental disorders for a rate of 88.8 per 10,000 residents. Lackawanna and Luzerne counties have a higher rate of hospitalizations than the state. Mental distress in these counties may be partially attributed to socioeconomic barriers. Statewide, mental disorder hospitalizations were approximately 3 times higher in areas of high poverty and low educational attainment.
- Across the state in 2018, depression diagnoses accounted for nearly 44% of all mental disorders hospitalizations. About half of all patients were between the ages of 18-44 and one-third were ages 45-64.
- The Northeast Region has higher rates of suicide death than the state and nation. Wayne County has the highest rate of suicide in the region, exceeding the state benchmark by 10 points. Wyoming County data is limited due to low death counts, but reportable rates mirror Wayne County. Lackawanna and Luzerne county suicide rates generally increased over the past few years and currently exceed the state by 4 points.
- The PA Health Care Cost Containment Council reports that across PA from 2016 to 2017, "the number of hospitalizations for opioid overdose increased from 3,342 to 3,500—a 4.7% increase. In 2018, the number dropped to 2,667—a 23.8% decrease from 2017." The percentage of overdoses due to pain medication increased from 2017 to 2018, while the percentage due to heroin decreased. Opioid overdose hospitalizations were more prevalent in areas of socioeconomic distress.
- Overdose deaths dropped significantly in 2019 for Lackawanna, Wayne, and Wyoming counties. In Lackawanna County, deaths dropped from a high of 98 in 2018 to 50 in 2019. Luzerne County deaths were only reported through 2018 and were the highest in the region (161).
- As of June 2019, Neonatal abstinence syndrome (NAS) rates per 1,000 births in Lackawanna (18.2), Luzerne (17.5), and Wayne (14.3) counties exceeded the state (13.8), indicating a potentially at-risk demographic.
- Northeast Region counties have a slightly higher percentage of adults who report excessive drinking (20%-21%) than the state and nation (19%); percentages increased from the FY2019 CHNA. Lackawanna County saw the greatest increase in excessive drinking (3.2 percentage points) and has the highest prevalence in the region.
- Despite increases in adult excessive drinking, driving deaths due to alcohol impairment declined in all counties from the FY2019 CHNA. Luzerne and Wayne counties continue to have a higher percentage of deaths (34%-35%) than the state (27%) and nation (28%).
- Youth behavioral health data are reported for Lackawanna, Luzerne, and Wayne counties. A higher percentage of youth in these counties report feeling consistently sad or depressed (44%-48%) and have attempted suicide (11%-13%) compared to the state (38% and 10% respectively); nearly all percentages increased. Youth in these counties are also more likely to report alcohol (18%-21%) and marijuana (11%-14%), than youth statewide (17% and 10% respectively).

Behavioral Health Data

Hospitalizations for Mental Disorders per 10,000 Residents, 2018
Statewide Rate: 88.8 per 10,000 Residents



Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

Mental Disorders Hospitalizations per 10,000 by Socioeconomic Factors, 2018

	Pennsylvania
Poverty Rate	
Areas of high poverty (>25% of population)	163.3
Areas of low poverty (≤5% of population)	53.0
Education	
Areas of low education (≤10% with a bachelor's degree)	159.4
Areas of higher education (≥40% with a bachelor's degree)	58.4
Race/Ethnicity	
Black, Non-Hispanic	154.0
White, Non-Hispanic	81.7
Hispanic/Latinx	67.9

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

Behavioral Health Data

Mental Disorders Hospital Stays, 2018

	Pennsylvania (Total Hospital Stays: 113,704)
Treatment Setting	
Acute care hospital	56.4%
Psychiatric hospital	43.6%
Average Length of Stay	
Acute care hospital	8.6 days
Psychiatric hospital	12.3 days
Type of Mental Disorder	
Depression	44.0%
Schizophrenia	20.7%
Bipolar	20.2%
Other (conduct, anxiety, somatic, miscellaneous)	7.3%
Suicidal	4.2%
Trauma (adjustment, post-traumatic stress and dissociative disorders)	3.6%
Patient Age	
Under 18 years	14.8%
18-44 years	50.8%
45-64 years	27.2%
65-74 years	4.7%
75 years or over	2.6%

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

Suicide Death HP2020 Goal: 10.2

Suicide Death per Age-Adjusted 100,000 Population

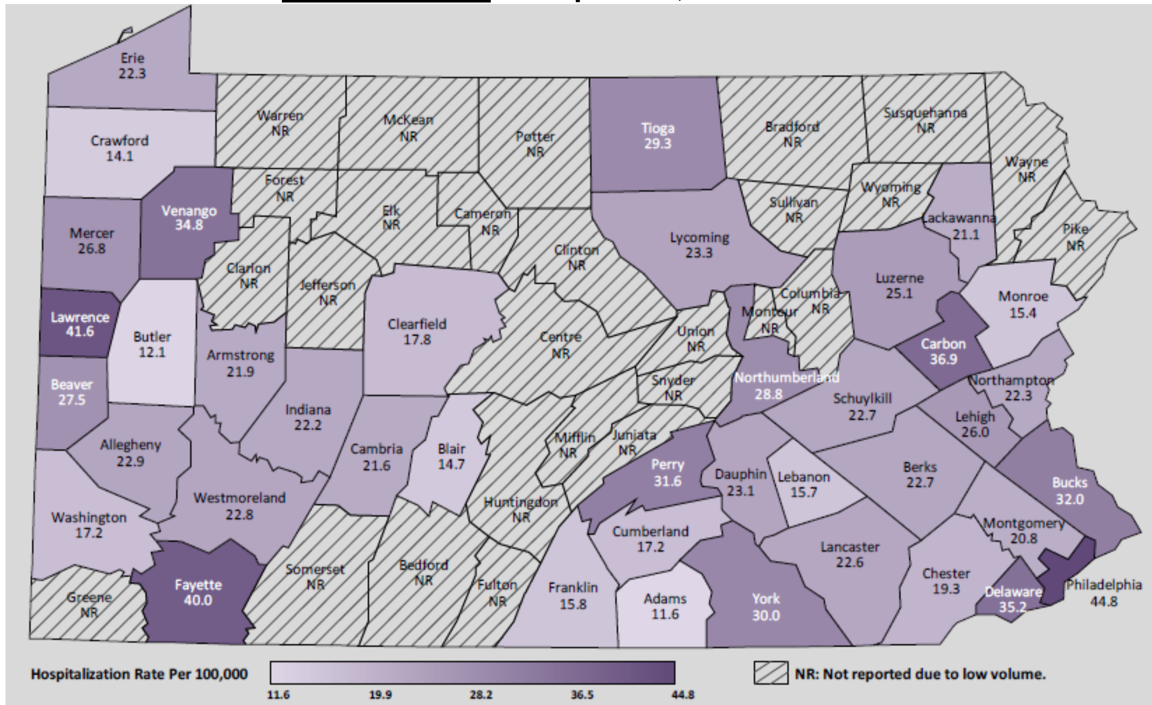
	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
2016-2018	19.0	19.0	25.1 ▲	NA (n=18)	14.9	13.9
2015-2017	17.4	20.0	25.2	25.0 (n=22)	14.6	13.6
2014-2016	17.7	18.4	22.1	NA (n=15)	14.0	13.2

Source: Centers for Disease Control and Prevention

*Green highlighting indicates a lower rate than the state and nation; red highlighting indicates a higher rate. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2014-2016.

Behavioral Health Data

Opioid Overdose Hospitalizations per 100,000 Residents, 2018
Statewide Rate: 25.1 per 100,000 Residents



Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

Opioid Overdose Hospitalizations, 2018

	Pennsylvania
Total Hospitalizations	
2018	2,667
2017	3,500
2016	3,342
Heroin Overdose Admissions	
2018	1,115 (41.8%)
2017	1,753 (50.1%)
2016	1,555 (46.5%)
Pain Medication Overdose Admissions	
2018	1,552 (58.2%)
2017	1,747 (49.9%)
2016	1,787 (53.5%)

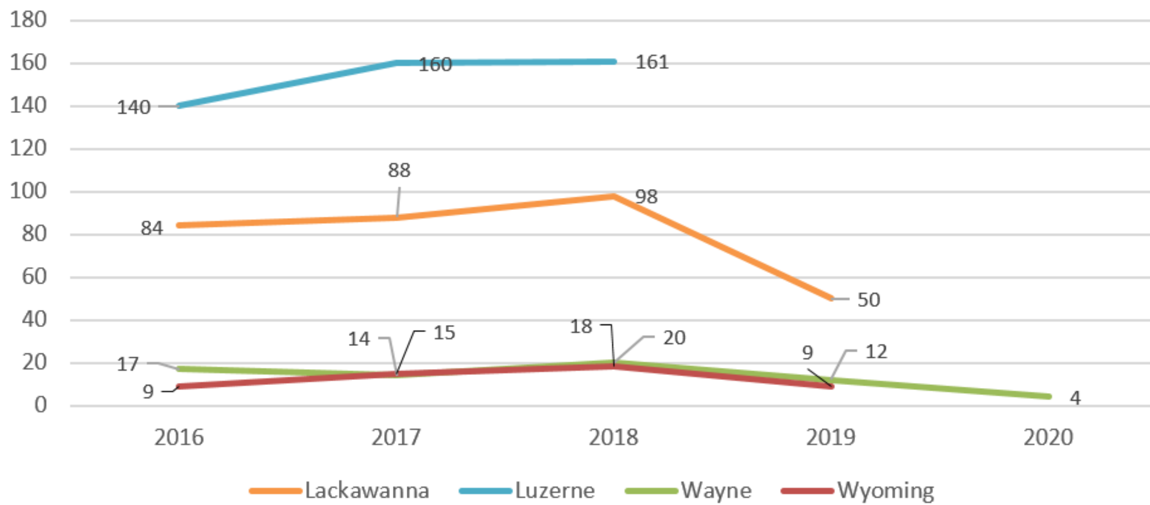
Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

Behavioral Health Data

Opioid Overdose Hospitalizations per 100,000 by Socioeconomic Factors, 2018

	Pennsylvania
Income	
Low-income areas (avg. less than $30,000)	54.4
High-income areas (avg. $90,000 or higher)	17.3
Education	
Areas of low education (≤10% with a bachelor's degree)	46.2
Areas of higher education (≥60% with a bachelor's degree)	14.6
Race/Ethnicity	
Black, Non-Hispanic	28.9
White, Non-Hispanic	25.2
Hispanic/Latinx	20.0

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018



Source: OverdoseFreePA

*Data are reported as available through 2020; 2020 counts reflect deaths reported as of August.

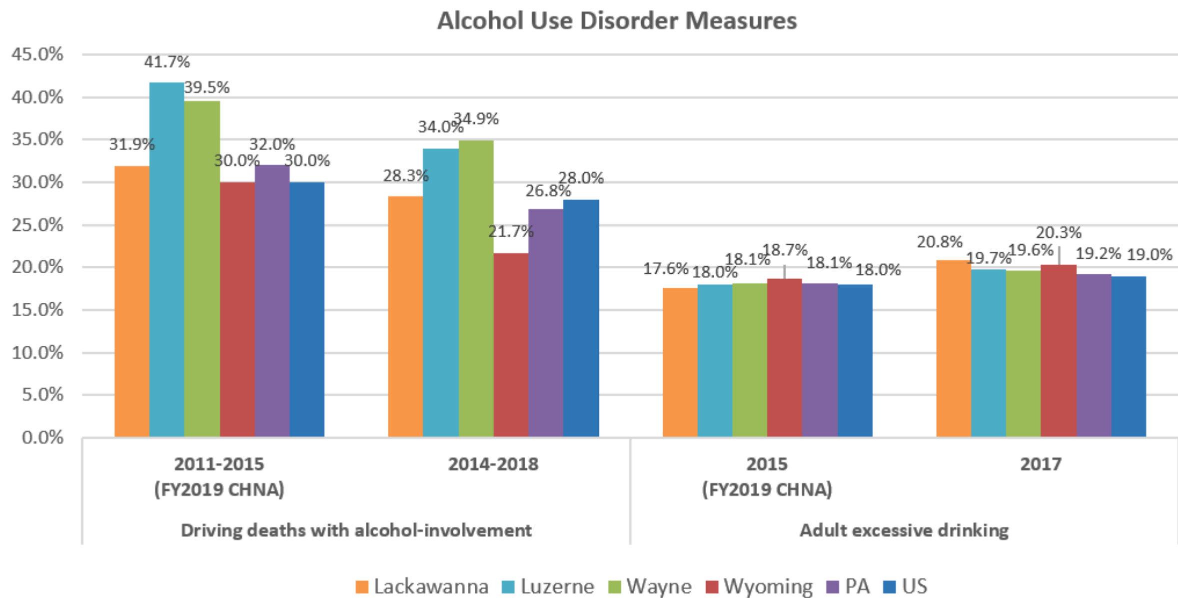
Neonatal Abstinence Syndrome (NAS), FY2019

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA
Number of NAS stays	37	57	NA	NA	1,733
Rate per 1,000 newborn stays	18.2	17.5	14.3	NA	13.8

Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019

*PHC4 defines NAS as "An array of withdrawal symptoms that develops soon after birth in newborns exposed to addictive drugs (e.g., opioids) while in the mother's womb."

Behavioral Health Data



Source: Centers for Disease Control and Prevention & National Highway Safety Administration

Youth Behavioral Health Measures (Grades 6, 8, 10, 12)

	Lackawanna County	Luzerne County	Wayne County	PA
Sad or Depressed Most Days in the Past Year				
2019	46.9% ▲	44.2% ▲	47.9% ▲	38.0%
2017	42.5%	40.0%	41.7%	38.1%
2015	37.2%	41.9%	42.6%	38.3%
Attempted Suicide				
2019	11.2% ▲	12.2% ▲	13.3%	9.7%
2017	10.2%	10.8%	12.9%	10.0%
2015	8.8%	10.2%	13.8%	9.5%
Alcohol Use within Past 30 Days				
2019	18.2%	18.4%	20.9%	16.8%
2017	16.4%	18.8%	21.3%	17.9%
2015	17.0%	17.0%	22.5%	18.2%
Marijuana Use within Past 30 Days				
2019	14.3% ▲	11.0%	11.9% ▼	9.6%
2017	9.5%	13.4%	11.8%	9.7%
2015	10.2%	10.1%	17.6%	9.4%

Source: Pennsylvania Commission on Crime and Delinquency

*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2015.

**Wyoming County data are not reported due to low school district participation.

Maternal and Child Health Key Findings

- The Luzerne County birth rate increased, contrary to statewide trends. In 2018, 25% of births in Luzerne County were to Latina mothers and 8% were to Black mothers, demonstrative of increasing population diversity within the county. Lackawanna, Wayne, and Wyoming counties have a lower birth rate than the state; the Lackawanna County birth rate has consistently declined.
- All Northeast Region counties have a higher percentage of births to teens compared to the state overall, although the Lackawanna County teen birth percentage is declining and nearly meets the state benchmark. Of note, the Wayne County teen birth percentage increased, nearly doubling from 2015 to 2018.
- The percentage of women in the Northeast Region who receive prenatal care during their first trimester has been variable but generally increasing in all counties except Luzerne. Approximately 66% of pregnant women in Luzerne County receive early prenatal care, a more than 5-point decrease from 2015 and notably lower than state (74%) and national (77.5%) benchmarks. The decline in prenatal care access in Luzerne County may be due in part to the increasing regional population of Black and Latina women, who are less to receive early prenatal care.
- The percentage of low birth weight and preterm births in Northeast Region counties varies on a year-to-year basis, but nearly all counties saw an increase within the last 1-2 years. Lackawanna and Luzerne counties have the highest percentage of low birth weight and preterm births, exceeding state and national benchmarks.
- Northeast Region mothers are less likely to report breastfeeding compared to the state and nation, but the percentage increased in all counties. From 2014 to 2018, Lackawanna County saw the greatest increase of 20 percentage points, followed by Wayne County at 12 percentage points. Across the region, Asian, Black, and Latina mothers are more likely than White mothers to report breastfeeding.
- All Northeast Region counties have a higher percentage of pregnant women who report smoking compared to the state and nation. The percentage is highest in Wyoming County (nearly 25%), and has remained largely unchanged over the past five years. The percentage of pregnant women who smoke declined in Lackawanna, Luzerne, and Wayne counties, consistent with state and national trends. Across the region, Asian, Black, and Latina pregnant women are less likely than White mothers to report smoking.
- The current infant death rate for Lackawanna and Luzerne counties is similar to the state rate, but the Lackawanna death rate has historically trended higher and the Luzerne death rate is increasing. Within Luzerne County, increasing infant deaths may be due in part to health inequities among Black mothers and their infants. The Luzerne County death rate for Black infants (13.9) is nearly double the death rate for White infants (7.5).
- As demonstrated in these data, across PA and the nation, Black and/or Latina mothers experience notable maternal and child health disparities. Of grave concern, as a national average, Black mothers are more than 2.5 times as likely as White and/or Latina mothers to die due to pregnancy-related causes.

Maternal and Child Health Data

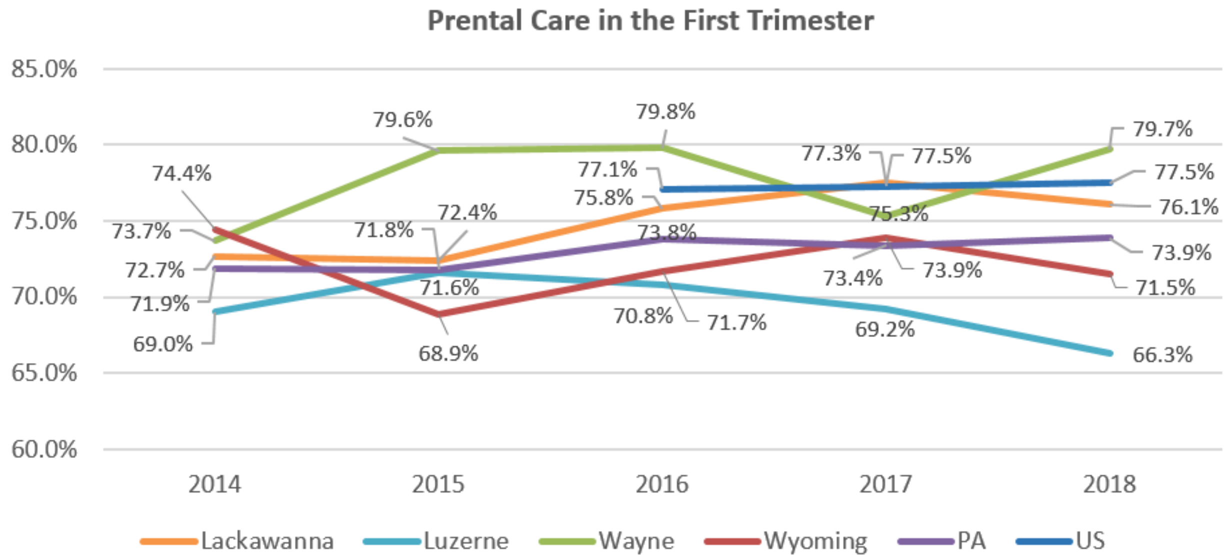
Total Births

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA
Birth Rate per 1,000					
2018	18.7	20.7 ▲	16.4	17.8	20.8
2017	19.0	20.5	16.0	21.2	21.1
2016	20.5	20.0	18.2	18.9	21.4
2015 (FY2019 CHNA)	20.1	19.7	16.8	18.7	21.5
2018 Births by Race and Ethnicity					
Total	2,027	3,317	396	240	135,677
Asian	3.5%	1.7%	1.0%	0.8%	4.6%
Black	5.8%	8.4%	1.0%	0.0%	13.9%
White	79.5%	68.6%	91.9%	97.9%	70.1%
Latinx	14.8%	25.3%	5.3%	2.5%	11.6%
Births to Teens					
2018	4.3% ▼	6.1%	5.1% ▲	5.8%	4.1%
2017	4.9%	5.9%	4.9%	7.6%	4.3%
2016	6.2%	6.4%	4.4%	5.0%	4.6%
2015 (FY2019 CHNA)	6.7%	7.6%	2.7%	NA	5.1%

Source: Pennsylvania Department of Health

*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2015.

Maternal and Child Health Data



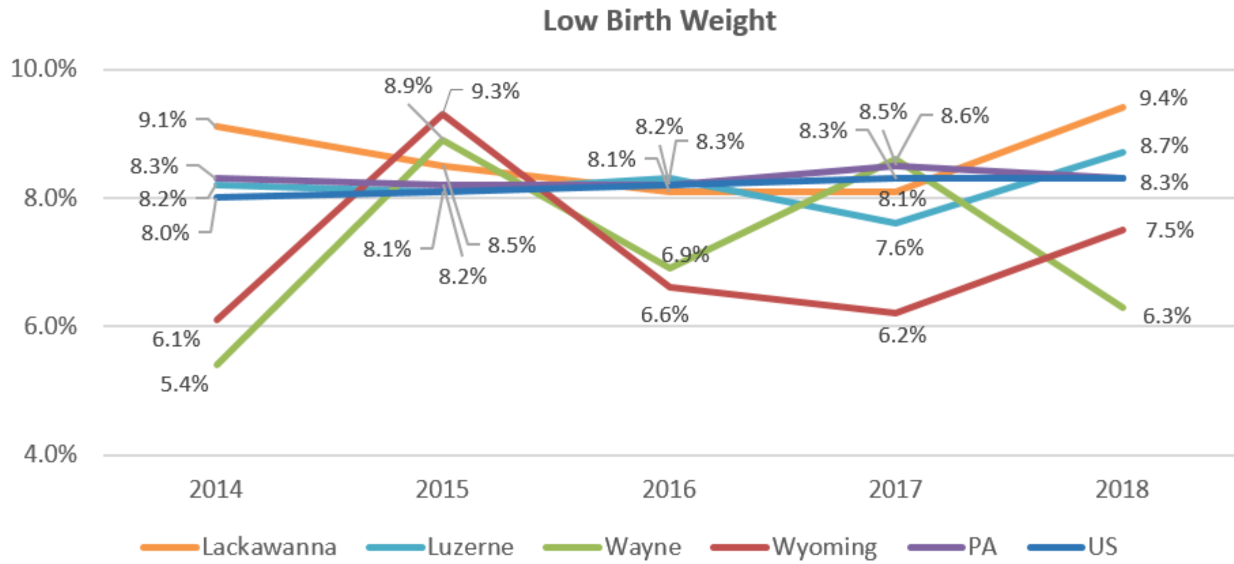
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention
*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

Prenatal Care in the First Trimester by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Lackawanna County	76.1%	69.1%	60.2%	79.7%	64.3%
Luzerne County	66.3%	53.8%	46.5%	71.5%	58.1%
Wayne County	79.7%	NA	NA	81.0%	70.0%
Wyoming County	71.5%	NA	NA	71.8%	NA
PA	73.9%	73.0%	64.6%	77.3%	65.3%
US	77.5%	81.8%	67.1%	82.5%	72.7%
HP2020	77.9%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

Maternal and Child Health Data



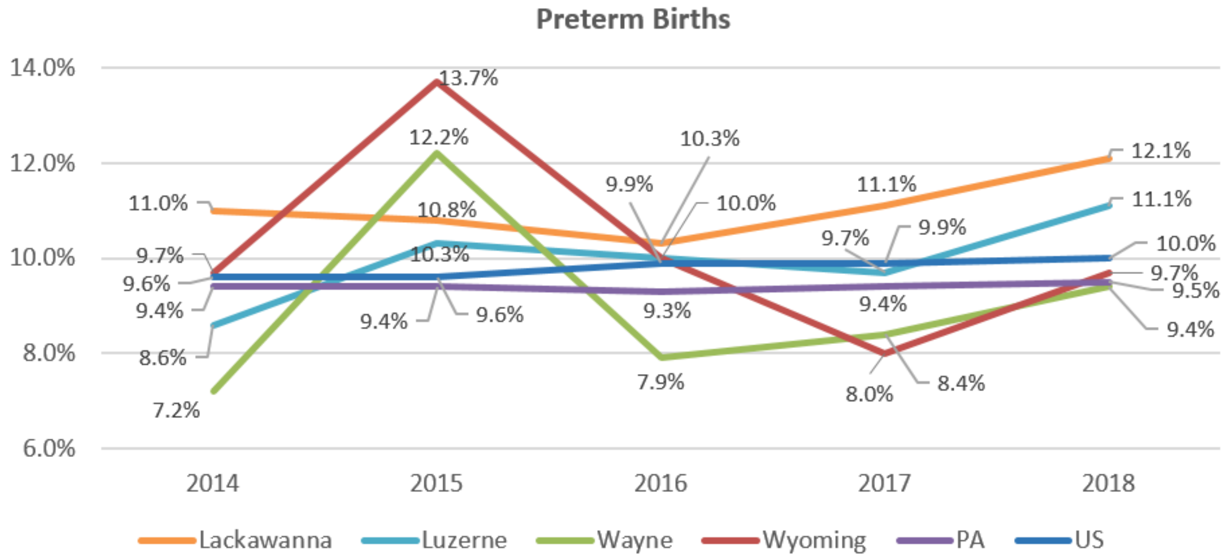
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

Low Birth Weight by Race and Ethnicity

	Total Births	Asian	Black	White	Latinx
Lackawanna County	9.4%	14.3%	15.3%	8.8%	8.3%
Luzerne County	8.7%	NA	13.6%	7.9%	9.1%
Wayne County	6.3%	NA	NA	5.5%	NA
Wyoming County	7.5%	NA	NA	7.2%	NA
PA	8.3%	8.8%	13.9%	7.0%	9.0%
US	8.3%	8.6%	14.1%	6.9%	7.5%
HP2020	7.8%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Green highlighting indicates a lower percentage than state and national benchmarks; red highlighting indicates a higher percentage.

Maternal and Child Health Data



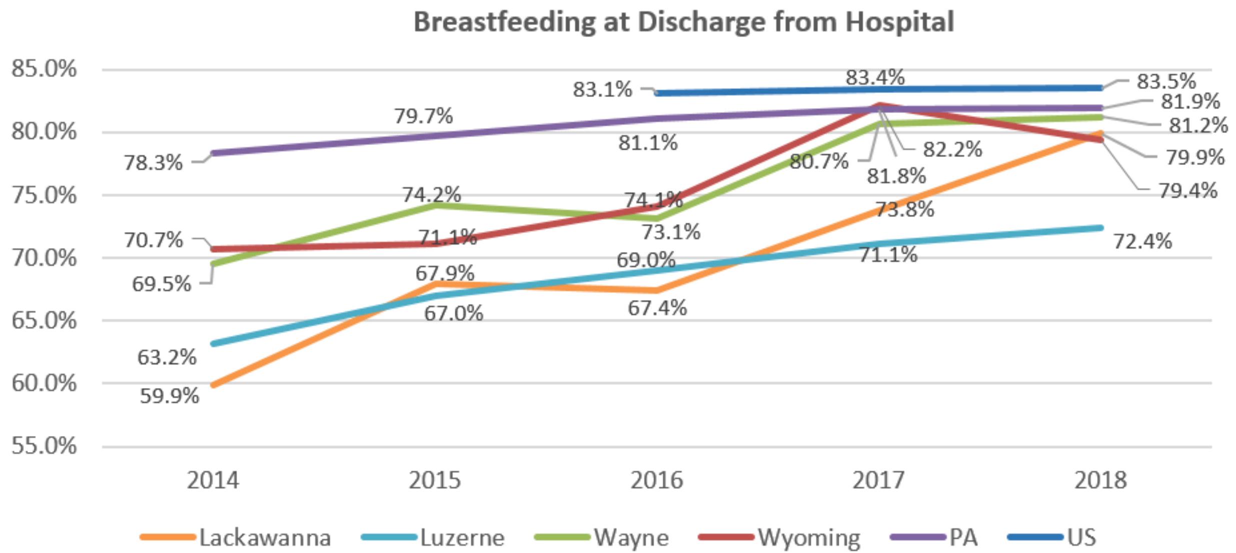
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

Preterm Births by Race and Ethnicity

	Total Births	Asian	Black	White	Latinx
Lackawanna County	12.1%	NA	15.3%	12.1%	13.5%
Luzerne County	11.1%	NA	12.5%	10.8%	10.6%
Wayne County	9.4%	NA	NA	8.8%	NA
Wyoming County	9.7%	NA	NA	9.4%	NA
PA	9.5%	8.1%	13.6%	8.7%	10.0%
US	10.0%	8.6%	14.1%	9.1%	9.7%
HP2020	9.4%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Green highlighting indicates a lower percentage than state and national benchmarks; red highlighting indicates a higher percentage.

Maternal and Child Health Data



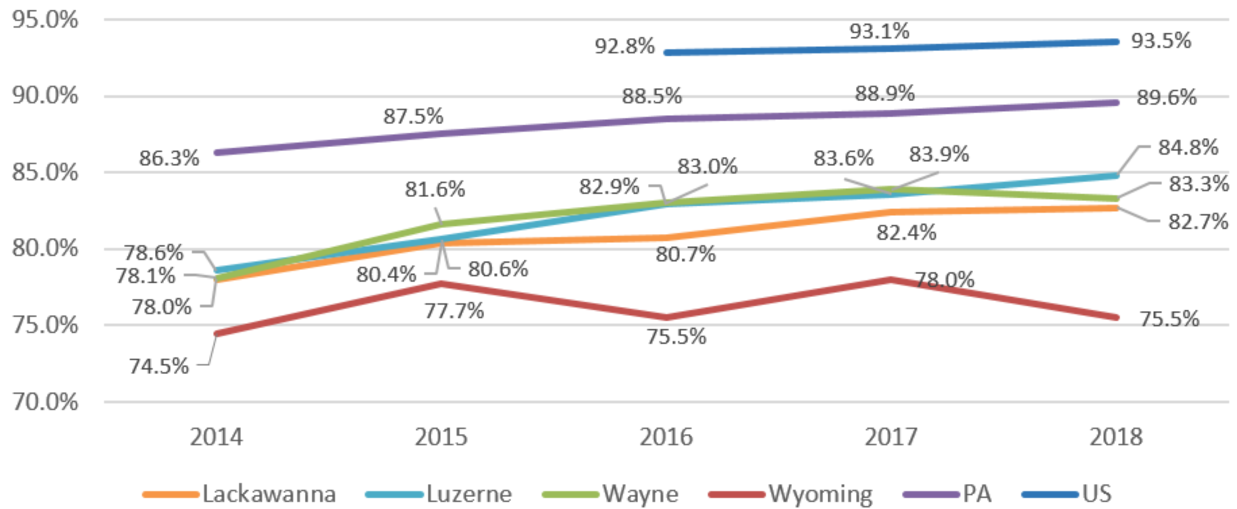
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention
*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

Breastfeeding at Discharge from Hospital by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Lackawanna County	79.9%	94.0%	80.0%	79.6%	82.8%
Luzerne County	72.4%	94.4%	76.4%	68.9%	81.6%
Wayne County	81.2%	NA	NA	80.9%	90.5%
Wyoming County	79.4%	NA	NA	79.1%	NA
PA	81.9%	92.1%	76.7%	82.4%	80.6%
US	83.5%	90.9%	72.3%	84.9%	87.1%
HP2020	81.9%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

Maternal and Child Health Data



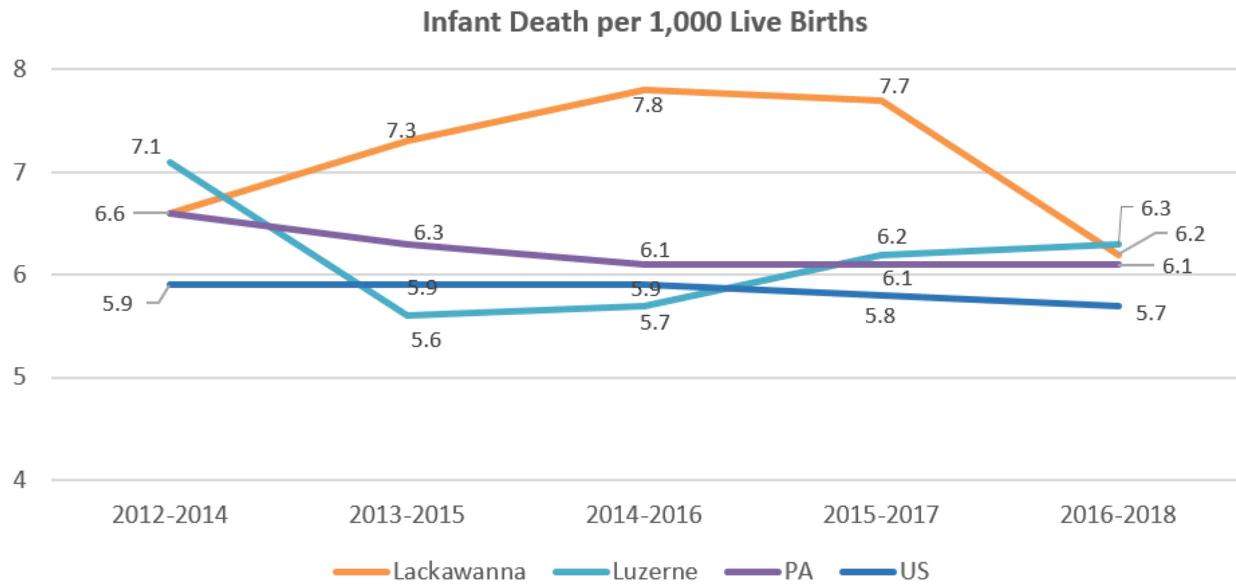
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention
*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

Mothers Who Do Not Smoke during Pregnancy by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Lackawanna County	82.7%	97.1%	82.8%	81.2%	91.9%
Luzerne County	84.8%	96.3%	89.2%	80.7%	97.1%
Wayne County	83.3%	NA	NA	82.4%	95.2%
Wyoming County	75.5%	NA	NA	75.5%	NA
PA	89.6%	99.2%	91.8%	88.1%	94.6%
US	93.5%	99.5%	94.8%	90.5%	98.3%
HP2020	98.6%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

Maternal and Child Health Data



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention
*Wayne and Wyoming county data are not reported due to low death counts.

Maternal Death per 100,000 Live Births

	Total Deaths	Total Death Rate	Black Death Rate	White Death Rate	Latina Death Rate
PA	19	14.0	NA	NA	NA
US	658	17.4	37.1	14.7	11.8

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018
*Maternal deaths include deaths of women while pregnant or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management.

Aging Population Key Findings

- Approximately three-quarters of senior Medicare beneficiaries in Lackawanna and Luzerne counties have multiple chronic conditions (comorbidities), a higher percentage than other Northeast Region counties and the state and nation. Of particular concern, approximately 1 in 5 senior Medicare beneficiaries in Lackawanna and Luzerne counties have 6 or more chronic conditions and annual Medicare expenses for these individuals exceed state and national benchmarks. Chronic disease burden within Lackawanna and Luzerne counties may be partially attributed to a higher proportion of older senior residents. Nearly 10% of residents are age 75 or over compared to 8% statewide and 7% nationally.
- Approximately 70% of Wayne and Wyoming county senior Medicare beneficiaries have multiple chronic conditions (comorbidities), a slight decrease from the FY2019 CHNA and consistent with the state and nation.
- Seniors spend more money on healthcare than any other age group, and spending increases with a higher reported number of chronic conditions. Across the Northeast Region, senior Medicare beneficiaries with 6 or more chronic conditions have approximately $28,000 or more in annual Medicare expenses.
- Across all Northeast Region counties, senior Medicare beneficiaries have a lower prevalence of Alzheimer's disease and asthma compared to the state and nation, but a higher prevalence of arthritis, COPD, and ischemic heart disease. All counties except Wayne also have a higher prevalence of heart failure and stroke. Lackawanna and Luzerne county senior Medicare beneficiaries have a higher prevalence of 8 out of the 12 reported chronic conditions.
- Alzheimer's disease death rates among seniors increased statewide and nationally before leveling off in recent years. Some of the increase in death rates may be due to reclassification of cause of death to Alzheimer's disease as the primary cause of death rather than the resulting acute condition e.g. pneumonia or heart failure. Lackawanna and Luzerne counties experienced similar death rate trends as the state and nation, but Luzerne County continues to have a notably lower rate of death than all comparison geographies. The Wayne County death rate has historically been higher than both the state and nation, but declined in recent years. Data are not reported for Wyoming County.
- As seniors age, they are at risk for isolation due to physical limitations and decreasing social circles. One indicator of isolation is the percentage of seniors who live alone. The percentage of seniors living alone increased statewide and nationally with a higher percentage in PA (13%) versus the US (11%). Within the Northeast Region, a higher percentage of seniors in Lackawanna, Luzerne, and Wayne counties live alone compared to the state and nation; the Wyoming County percentage closely mirrors the state.

Aging Population Data

2017 Chronic Conditions among Medicare Beneficiaries 65 Years or Over

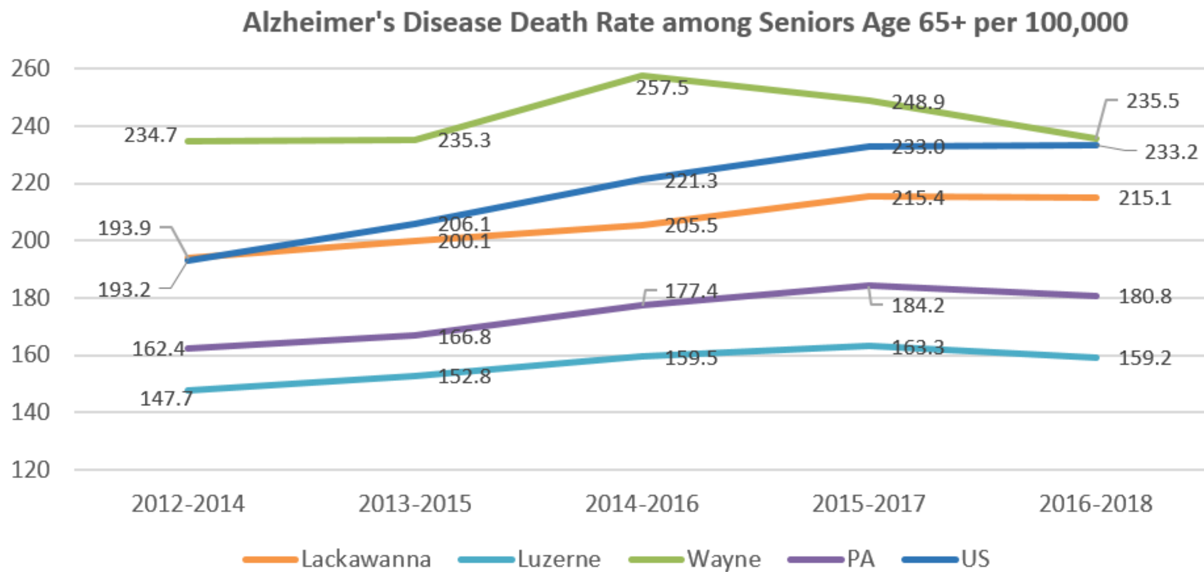
	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
Multiple Chronic Conditions (Comorbidities)						
2 to 3 Conditions	32.2%	30.9% ▲	32.9%	31.1%	31.1%	29.6%
2015 (FY2019 CHNA comparison)	32.6%	29.8%	33.8%	31.0%	31.1%	30.0%
4 to 5 Conditions	24.1%	24.7%	23.2%	21.0% ▼	22.9%	21.8%
2015 (FY2019 CHNA comparison)	23.9%	25.3%	22.5%	22.4%	22.9%	21.6%
6 or More conditions	19.1%	21.0%	14.2% ▼	18.1%	18.2%	17.4%
2015 (FY2019 CHNA comparison)	18.8%	20.9%	15.2%	17.7%	17.6%	16.2%
Per Capita Standardized[1] Spending						
2 to 3 Conditions	$4,952	$4,771	$5,408	$4,573	$5,141	$5,392
4 to 5 Conditions	$10,313	$9,730	$11,009	$9,166	$10,117	$10,475
6 or More conditions	$29,328	$30,317	$27,608	$30,380	$29,184	$29,004
Chronic Condition Prevalence by Type						
Alzheimer's Disease	11.4%	11.4%	8.2%	8.8%	12.2%	12.1%
Arthritis	41.0%	42.8%	36.3%	36.8%	36.1%	34.2%
Asthma	4.4%	4.0%	3.9%	3.7%	4.9%	4.6%
Cancer	10.3%	9.7%	10.2%	10.0%	10.1%	9.2%
COPD	12.6%	13.8%	12.4%	13.9%	11.2%	11.6%
Depression	16.0%	13.7%	11.3%	13.7%	16.1%	15.4%
Diabetes	27.2%	27.6%	27.3%	26.0%	26.6%	27.4%
Heart Failure	15.9%	16.2%	14.2%	14.8%	14.4%	14.5%
High Cholesterol	48.7%	50.8%	40.3%	46.9%	47.6%	43.0%
Hypertension	65.9%	67.3%	61.9%	60.6%	62.3%	59.9%
Ischemic Heart Disease	31.5%	38.9%	30.2%	32.7%	29.9%	28.8%
Stroke	5.0%	4.8%	4.5%	4.9%	4.6%	4.0%

Source: Centers for Medicare & Medicaid Services, 2015 & 2017

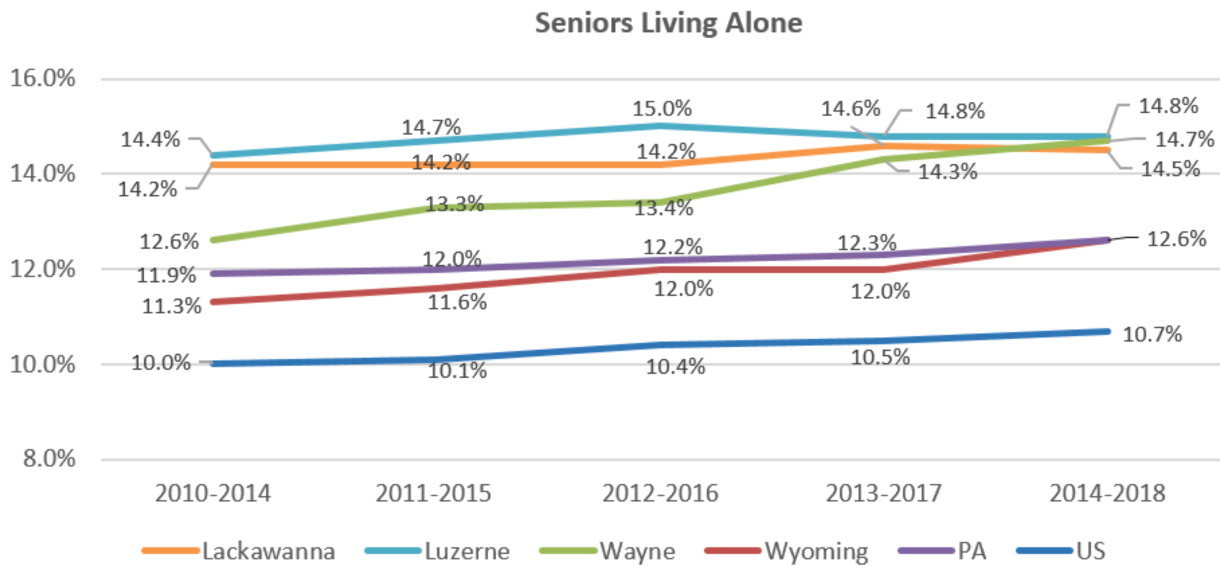
*Green highlighting indicates a lower burden of disease than the state and nation; red highlighting indicates a higher burden. Trending denoted as increasing (▲) or decreasing (▼) by ≥1 percentage point since 2015.

[1] Standardized spending takes into account payment factors that are unrelated to the care provided (e.g. geographic variation in Medicare payment amounts)

Aging Population Data



Source: Centers for Disease Control and Prevention
*Wyoming data are not reported due to low death counts.



Source: US Census Bureau

Key Informant Survey Findings

Background

A Key Informant Survey was conducted with community representatives of the Northeast Region to solicit information about health needs among residents. A total of 61 individuals responded to the survey, including health and social service providers; community and public health experts; civic, religious, and social leaders; policy makers; and others representing diverse populations including minority, low-income, and underserved residents. A list of the represented community organizations and the key informants' respective titles is included in Appendix C. Key informant names are withheld for confidentiality.

These key informants were asked a series of questions about their perceptions of community health including health drivers, barriers to care, community infrastructure, and needed services within the community. Following is a summary of findings from their responses.

Summary of Findings

- Key informants identified the Northeast Region's top community strengths as access to healthcare and social services (34%) and safe neighborhoods (33%).
- Behavioral health was seen as the top community health concern for the region. About 50% of informants selected mental health conditions and 43% of informants selected substance use disorder (SUD) among the top three health concerns across the region. Other top health concerns indicated by key informants were overweight/obesity and aging-related problems.
- Health habits were identified as the top contributing factor to resident health concerns with 43% of informants selecting them among their top three choices. Other top contributing factors to health issues were drug/alcohol use and poverty, both selected within the top three factors by 38% of informants.
- Consistent with the top identified health concern for the region, mental health services was identified as a top missing resource by 56% of informants. Approximately one-third of informants selected transportation options and health and wellness education and programs. While available social services was identified as a strength for the region, 30% of informants identified the need for additional assistance options (e.g. housing, electric, food, clothing). Verbatim comments by informants reinforced that affordable housing options are among the top social service needs.
- SUD was the second ranked health concern, and drug/alcohol use was the second ranked contributing health factor, but fewer key informants (26%) saw SUD services as a missing resource (tied with community support groups and healthy food options). This finding may indicate an awareness of available capacity among existing SUD services. Verbatim comments by informants indicated a need for SUD prevention-focused efforts.
- Approximately one-quarter of respondents perceived improvement in the region's "neighborhood and built environment" and "health and healthcare" over the past 3-5

years. In contrast, 47.5% of informants perceived that "economic stability" declined and 39% that "social and community context" declined. These findings may be indicative of the economic impact of COVID-19 and the acknowledgement of historical and systemic racial inequities.

- More than 60% of informants "agreed" or "strongly agreed" that health and social service providers welcome partnership opportunities with area hospitals, and 59% "agreed" or "strongly agreed" that they regularly partner with hospitals on health improvement initiatives. Some informants commented that more work is needed to ensure effective collaboration to address the region's health needs and to engage residents when developing health initiatives.
- The top perceived barriers to health and social service partnerships (in ranked order) were: 1) the ability to get local leaders to work together; 2) lack of shared data or measurement tools; and 3) lack of consistent or timely communication. These barriers were selected by 40%-45% of informants. Verbatim comments by informants indicated that the region has multiple forums to discuss partnership opportunities, but lacks formal structure and resources to initiate and sustain collective action.
- Key informants were "moderately" worried about the long-term impact of COVID-19 on communities and residents. They were most concerned about the impact on the well-being of the elderly, community financial health, and mental and emotional health of residents.
- When asked to share how their organization is effectively engaging community residents during COVID-19, many informants spoke to the increased use of technology and social media to provide virtual learning and service environments, increased support for social needs and safety net providers, and cross-sector partnerships to better understand COVID-related needs and disseminate available information and resources.

Survey Participants

Key informants represented diverse organizations and populations across the Northeast Region. The table below shows the breakdown of survey participants by county, with the highest number of responses from Lackawanna and Luzerne counties, the largest population centers within the region. The most commonly served special population groups were low-income/poor and seniors/elderly. Approximately 41% of key informants indicated that they served all populations.

Northeast Region Counties Served by Key Informants

	Percent of Informants*	Number of Informants
Luzerne County	78.7%	48
Lackawanna County	75.4%	46
Wayne County	47.5%	29
Wyoming County	39.3%	24

*Key informants were able to select multiple counties. Percentages may not add up to 100%.

Populations Served by Key Informants

	Percent of Informants*	Number of Informants
Low-Income/Poor	41.0%	25
Not Applicable (serve all populations)	41.0%	25
Seniors/Elderly	32.8%	20
Children/Youth	27.9%	17
Emotionally or Physically Disabled	26.2%	16
Families	26.2%	16
Women	21.3%	13
Homeless	18.0%	11
Men	16.4%	10
Uninsured/Underinsured	16.4%	10
Hispanic/Latinx	14.8%	9
LGBTQ+	14.8%	9
Black/African American	13.1%	8
Veteran	13.1%	8
Other**	11.5%	7
Asian/Pacific Islander	8.2%	5
Immigrant/Refugee	6.6%	4
American Indian/Alaska Native	4.9%	3

*Key informants were able to select multiple populations. Percentages do not add up to 100%.
**Other populations included: Patients with HIV and/or Hepatitis C; adults and children with development exceptionalities; businesses; behavioral health patients; persons with criminal records

Community Health and Well-Being

An asset-based approach to health improvement planning acknowledges and makes visible the strengths, resources, and potential in communities. This approach helps community planners to identify the existing factors that support resident health and well-being to better mobilize stakeholders.

Community Strengths

Choosing from a wide-ranging list of environmental, health, and social resources, key informants were asked to select the top three strengths in the communities they serve. An option to “write in” any resource not included on the list was provided. The top responses are depicted in the table below. The table is rank ordered by the percentage of respondents that selected the resource as a top three community strength.

Access to healthcare and available social services were identified as the top strengths in the Northeast Region as confirmed by 34% of key informants. Safe neighborhoods was noted as a top strength by 33% of informants. Other top identified community strengths acknowledged social cohesion, including strong family life and community connectedness.

Top Community Strengths

Ranking	Community Strength	Informants Selecting as a Top 3 Community Strength	
		Percent*	Count
1	Access to healthcare services	34.4%	21
1	Available social services	34.4%	21
3	Safe neighborhoods	32.8%	20
4	Strong family life	21.3%	13
5	Community connectedness	19.7%	12
6	Affordable housing	18.0%	11
6	Good schools	18.0%	11
6	Recreation resources	18.0%	11
9	Employment opportunities	14.8%	9
10	Resources for seniors	13.1%	8

*Key informants were able to select up to three community strengths. Percentages do not add up to 100%.

Health Concerns

Key informants were asked to similarly select what they perceived as the top three health concerns and contributing factors impacting the population(s) they serve. An option to "write in" any health issue or contributing factor not included on the lists was provided. The top responses are depicted in the tables below. The tables are rank ordered by the percentage of respondents that selected the issue or contributing factor as a top three concern.

Nearly 50% of informants chose mental health conditions among the top three community health concerns and approximately 43% chose substance use disorder (SUD). This agreement demonstrates a consistent perspective that behavioral health is a key community issue. Overweight/Obesity was ranked the third health concern with 41% of informants choosing it as a key issue.

The Northeast Region has a higher proportion of senior residents and is aging at a faster rate than the state and nation. Consistent with these population trends, key informants' responses indicated aging-related problems as the fourth ranked health concern for the region. While chronic diseases affect residents of all ages, seniors typically have a higher prevalence of disease. Chronic conditions, including diabetes, cancer, and heart disease, were among the top 10 health concerns identified by key informants.

Top Health Concerns Affecting Residents

Ranking	Health Concern	Informants Selecting as a Top 3 Health Concern	
		Percent*	Count
1	Mental health conditions	52.5%	32
2	Substance use disorder	42.6%	26
3	Overweight/Obesity	41.0%	25
4	Aging-related problems	36.1%	22
5	Diabetes	18.0%	11
6	Cancers	16.4%	10
7	Tobacco use	13.1%	8
8	Dental problems	11.5%	7
8	Heart disease and stroke	11.5%	7
10	Suicide	8.2%	5

*Key informants were able to select up to three health concerns. Percentages do not add up to 100%.

Key informants had varied perspectives regarding the top contributing factors to community health concerns. Health habits (e.g. diet, physical activity) were the most commonly identified factors by 43% of informants, followed by drug/alcohol use and poverty, each chosen by about 38% of key informants. Healthcare access barriers—including affordability, health literacy, lack of transportation, and available providers—were also among the top contributing factors identified by key informants.

Top Contributing Factors to Community Health Concerns

Ranking	Contributing Factor	Informants Selecting as a Top 3 Contributor	
		Percent*	Count
1	Health habits (diet, physical activity)	42.6%	26
2	Drug/Alcohol use	37.7%	23
2	Poverty	37.7%	23
4	Ability to afford healthcare	26.2%	16
5	Health literacy (ability to understand health information)	24.6%	15
6	Lack of social support (family, friends, social network)	19.7%	12
7	Lack of transportation	13.1%	8
8	Availability of healthcare providers	11.5%	7
8	Housing quality/stability	11.5%	7
8	Stress (work, family, school, etc.)	11.5%	7

*Key informants were able to select up to three contributing factors. Percentages do not add up to 100%.

Missing Resources

Key informants were asked what resources are missing in the community that would help residents optimize their health. Respondents could choose as many options as they saw as needed. An option to “write in” any resource not included on the list was provided.

Consistent with behavioral health as the top community health concern for the region, mental health services were the most commonly identified missing resource by 56% of informants. There was less agreement on other missing services within the community as demonstrated by similarly ranked resources in the table below.

Of note, SUD was the second ranked health concern for the region, but only 26% of informants identified SUD services as missing in the community. This finding may indicate an awareness of available capacity among existing SUD services.

Top Missing Resources within the Community to Optimize Health

Ranking	Resource	Percent of Informants	Number of Informants
1	Mental health services	55.7%	34
2	Transportation options	37.7%	23
3	Health and wellness education and programs	31.2%	19
4	Social services assistance (housing, electric, food, clothing)	29.5%	18
5	Community support groups	26.2%	16
5	Healthy food options	26.2%	16
5	Substance use disorder services	26.2%	16
8	Adult education (GED, training, work force development)	24.6%	15
8	Affordable housing	24.6%	15
8	Community health screenings (blood pressure, cancer risk, stroke, etc.)	24.6%	15

Social Determinants of Health

The US Department of Health and Human Services' Healthy People initiative defines social determinants of health (SDoH) as, "The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."

Informants were asked to rate select SDoH dimensions, as well as overall quality of life, based on perceived trends in the community over the past 3-5 years. Statements were rated on a scale of (1) "declined" to (3) "improved." Key informants' responses are outlined in the table below; SDoH are rank ordered by mean score.

Key informants perceived that quality of life and SDoH have been largely consistent in the Northeast Region over the past 3-5 years. Approximately 69% of informants stated that quality of life stayed the same, and 43% or more of informants stated that SDoH stayed the same.

Key informants perceived the greatest progress occurred in addressing the SDoH dimensions of "neighborhood and built environment" and "health and healthcare." Approximately one-quarter of respondents indicated that these two dimensions improved over the past 3-5 years. "Economic stability" and "social and community context" were rated more negatively with 39%-

47.5% of informants indicating these dimensions declined over the past 3-5 years. These findings may be indicative of the economic impact of COVID-19 and recent emphasis on historical and systemic racial inequities.

Quality of Life and Social Determinants of Health: Perceived Trends

	Improved (3)	Stayed the Same (2)	Declined (1)	Don't Know/NA	Mean Score
Quality of Life, defined as the general well-being of individuals and communities	8.2%	68.9%	16.4%	6.6%	1.79
Social Determinants of Health					
Neighborhood and built environment (access to healthy foods, sidewalks, open spaces, transportation)	26.2%	59.0%	11.5%	3.3%	2.08
Health and healthcare (access, cost, availability, quality)	21.3%	57.4%	16.4%	4.9%	1.95
Education (high school graduation, enrollment in higher education, language/literacy, early childhood education and development)	4.9%	67.2%	21.3%	6.6%	1.70
Housing opportunity (quality, cost, availability)	3.3%	57.4%	31.2%	8.2%	1.56
Social and community context (social cohesion, civic participation, perceptions of discrimination and equity, incarceration/ institutionalization)	8.2%	44.3%	39.3%	8.2%	1.52
Economic stability (poverty, food security, employment, housing stability)	4.9%	42.6%	47.5%	4.9%	1.48

Informants were asked to share open-ended feedback regarding community health and well-being for the populations they serve. Many informants spoke to the impact of COVID-19 on the community, as well as behavioral health needs and lack of affordable housing and healthcare options. Verbatim comments by key informants are included below.

> *"Affordable and available housing continues to be a problem in the community, including rural and urban areas. Blight and lack of responsibility/enforcement to keep properties and the built environment safe, and always striving for improvement."*

> *"The COVID-19 pandemic has exposed shortfalls in public health, hospitals/health systems, payment systems/insurance."*

> *"Healthcare access and overall economic conditions did improve with the ACA, but have dramatically declined recently due to the pandemic."*

- *“Mental health services are a huge gap. We continue to struggle with that on a daily basis, particularly with respect to children, adolescents, and geriatric patients.”*
- *“Geriatrics, Social and Economic Determinants of Health (SEDH), outdated housing, transportation challenges, mental health and substance misuse/overdose are undeniable challenges of our region. We need unprecedented cross-organizational, and frankly cross-sector collaboration, to overcome our Medicaid medical and behavioral health carve out, and challenges with our long-term care historical mistakes, which have marginalized many vulnerable elderly to institutionalization because of inability to maintain independent community living because of an inadequacy of social and family support systems. We need wide scale health and SEDH and enriched community network IT interoperability.”*
- *“Safe, affordable, and dignified housing remain a priority need in our community. Drug/alcohol prevention, not only treatment, remains a high need area as well.”*
- *“The opioid epidemic has stunted efforts being made to improve health and wellness in our region.”*
- *“The price of healthcare keeps rising faster than inflation, and the toxic political culture nationally has poisoned the local mood too. This latter comes directly from the top, i.e. the president. Likewise, the utterly awful response to COVID-19, nationally, has filtered down to a stupid, piecemeal approach statewide and locally -- high school sports most important, again? -- and this has left many of our businesses and all of us as citizens floundering.”*
- *“Too many children are left alone and unsupervised during the day. Grandparents raising grandchildren. A tradition of poor eating/food choices. Lack of family cohesiveness and caring.”*
- *“We do a great job. However, jobs are low paying and politics is a major issue.”*
- *“We have noticed that the housing market, specifically multi-family units, have been bought in anticipation of ex-New York residents choosing to come to Scranton for lower cost of living while they work remotely. Four months ago, there were 15 multi-family units on the market. Last week, it was down to 3. There are fewer low-rent apartments available, especially for teens getting their first job and needing to move out and get their own apartment. Landlords are developing properties into high-end apartments and charging much more than an 18-year-old can afford.”*

Community Engagement and Partnerships

Key informants were asked to rate their agreement to statements pertaining to community partnerships and engagement of diverse stakeholders and residents. Statements were rated on a scale of (1) “strongly disagree” to (5) “strongly agree.” Key informants’ responses are outlined in the table below in rank order by mean score.

More than 60% of informants “agreed” or “strongly agreed” that health and social service providers welcome partnership opportunities with area hospitals and that they know whom to contact at the hospital to discuss opportunities. Approximately 59% of informants “agreed” or

"strongly agreed" that they regularly partner with hospital providers on health improvement initiatives. These factors received the highest mean scores by key informants.

Fifty-percent (50%) of key informants "agreed" or "strongly agreed" that health and social service providers effectively collaborate to address health needs, while 30% of informants "disagreed" or "strongly disagreed" that providers effectively collaborate. Similarly, 30% of informants "disagreed" or "strongly disagreed" that partners garner resident feedback or engage residents when developing health improvement initiatives. These factors received the lowest mean scores by key informants.

Community Engagement and Partnership Indicators in Descending Order by Mean Score

	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Mean Score
Health and social service providers in the community I serve welcome partnership opportunities with surrounding hospital(s)/health system(s).	1.7%	5.0%	26.7%	53.3%	13.3%	3.72
If I want to collaborate with the hospital(s)/health system(s) located in the community I serve, I know who to contact.	5.0%	23.3%	10.0%	36.7%	25.0%	3.53
My organization regularly partners with the local hospital(s)/health system(s) on health improvement initiatives.	6.9%	15.5%	19.0%	43.1%	15.5%	3.45
The hospital(s)/health system(s) located in the community I serve welcome partnership opportunities with surrounding health and social service providers.	1.7%	15.0%	35.0%	38.3%	10.0%	3.40
Health and social service partners in the community I serve effectively collaborate to address health needs.	1.7%	28.3%	20.0%	48.3%	1.7%	3.20
Health and social service partners in the community I serve garner resident feedback or engage residents when developing health improvement initiatives.	1.7%	28.3%	36.7%	31.7%	1.7%	3.03

Key informants were asked what they perceived as barriers to health and social service partnerships within their communities. Respondents could choose as many barriers as applied. The following were the top identified barriers, selected by 40%-45% of informants: Ability to get local leaders to work together (competition, varying agendas); lack of shared data or measurement tools; and lack of consistent or timely communication. Ability to demonstrate outcomes was the fourth ranked barrier (38%), followed by lack of operating support (35%).

Top Perceived Barriers to Community Collective Impact Partnerships

Ranking	Barrier	Percent of Informants	Number of Informants
1	Ability to get local leaders to work together (competition, varying agendas)	45.0%	27
2	Lack of shared data or measurement tools	41.7%	25
3	Lack of consistent or timely communication	40.0%	24
4	Ability to demonstrate outcomes	38.3%	23
5	Lack of operating support	35.0%	21
6	Lack of agreement on the functions or management of the partnership	26.7%	16
7	Lack of backbone structure or leadership	25.0%	15
8	Lack of agreement on partnership structure or roles	21.7%	13
9	Inconsistent service areas or geographic boundaries	20.0%	12
10	Lack of agency leadership engagement (support, commitment to act)	16.7%	10

Informants provided the following comments related to community partnerships and engagement:

- *“At my organization there is a failure to recognize how community collaboration is mutually beneficial to the community as well as organizations involved.”*
- *“Closing the gap between espoused theory and theory in action with demonstration of unprecedented, effective collaboration requires high impact, courageous leadership, dedicated resources—people and financial—and disciplined and focused commitment to establish and track shared metrics of success. We have many stimulating forums to talk about collaborative approaches to difficult problems, but too infrequent forums to actually generate and launch an action strategy.”*
- *“Everyone has limited scope of clients, so people in need fall through the cracks. There is not a supply of low-income housing options.”*
- *“I have been working with and trying to create partnerships and cooperative efforts with health care providers, social service organizations, and educational institutions for years. What I have witnessed is too many meetings and discussions that either allow a concept to die before it's born or no one to take ownership and continue the program after it's inception or trial run. There is no one willing to be held accountable for long-term commitment for change.”*

- *“I think with better communication among agencies, access to services would increase. I see many agencies operating in "silos," not aware of what others are doing.”*
- *“Most organization leaders like their role and do not want to partner, or heaven forbid, merge operations to generate greater efficiencies and economies of scale. We must raise salaries and benefits to living wages. Working for a nonprofit is NOT a vow of poverty. We must provide opportunities for training and advancement. We must provide diverse, well paid, and challenging jobs. Warehousing does not cut it!”*
- *“Partnership for true community based quality improvement issues is vital. Often that is challenged by the ability of partners and providers to have the structure and resources necessary to do so effectively. Within our scope of focusing on those 65+ and particularly those with cognitive concerns, we know there are well-documented challenges in detection and diagnosis, particularly in primary care and community settings. Geisinger's Memory Clinic staff have been incredibly engaged leaders and partners but overall sites and departments throughout the system are not and quite often any willingness or responsiveness to further discussions is met with silence or significant institutional barriers that make true partnerships difficult to advance.”*
- *“There used to be an organization of health and social service partnerships, called the Healthy NEPA Initiative. At one time it was robust. Overtime, the membership declined and it became more hospital-focused around the CHNA requirement. As the non-profit hospitals became for-profit hospitals there wasn't a requirement for them to conduct the collaborative needs assessment and the organization dissolved.”*
- *“Very corrupt unethical agreements keeping perceived power within A group. No accountability to citizens for mental health care and county funding spending.”*
- *“We do have an excellent COC. However, when dealing directly with clients, there can be a lot of "not my job" responses. Clients are bounced around from one agency to another. Sometimes a plan can be cobbled together but it is incomplete and the potential for the client to slip through the cracks increases.”*

COVID-19 Response and Recovery

COVID-19, named as a novel coronavirus discovered in Wuhan China in December 2019, caused a worldwide pandemic, resulting in nearly one million deaths worldwide (as of the printing of this report) and global economic impact. New insights are derived daily during this dynamic situation and the CHNA partners will continue to learn from data collected throughout the pandemic.

Key informants were asked to rate the extent to which their organization is worried about the long-term impact of the COVID-19 health crisis on communities and residents. Ratings were based on a scale of (1) “not at all worried” to (5) “very worried.” Key informants’ responses are outlined in the table below in rank order by mean score.

Mean score findings indicate that key informants were generally “moderately worried” about the long-term impact of COVID-19 on communities and residents. All factors received rounded

mean scores of 3.8 or higher, with the exception of “trust in public health institutions and information” rated at a mean score of 3.4. Approximately 80% of informants indicated that they were “moderately” or “very worried” about the impact of COVID-19 on the well-being of the elderly, community financial health, the mental and emotional health of residents, and the well-being of healthcare workers and minority groups.

Perceived Level of Worry for the Long-Term Impact of COVID-19 on Communities and Populations in Descending Order by Mean Score

	Not At All Worried (1)	Slightly Worried (2)	Somewhat Worried (3)	Moderately Worried (4)	Very Worried (5)	Mean Score
Well-being of the elderly	1.7%	6.9%	10.3%	32.8%	48.3%	4.19
Community financial health	1.7%	3.5%	17.2%	32.8%	44.8%	4.16
Mental and emotional health of residents	1.7%	5.2%	15.5%	31.0%	46.6%	4.16
Well-being of healthcare workers	3.5%	3.5%	13.8%	37.9%	41.4%	4.10
Well-being of racial and ethnic minority groups	3.5%	6.9%	12.1%	44.8%	32.8%	3.97
Well-being of young people	1.7%	12.1%	20.7%	39.7%	25.9%	3.76
Trust in public health institutions and information	8.6%	17.2%	24.1%	27.6%	22.4%	3.38

COVID-19 has created new challenges for engaging residents in their health and well-being, and has highlighted longstanding inequities that perpetuate disparities among people of color and within vulnerable communities. Health and social service providers have the opportunity to apply lessons learned from COVID-19 to future efforts to better engage residents and promote sustained changes for community health.

Key informants were asked to share how their organization is effectively engaging community residents during COVID-19. Many informants spoke to the increased use of technology and social media to provide virtual learning and service environments, increased support for social needs and safety net providers, and cross-sector partnerships to better understand COVID-related needs and disseminate available information and resources. Select verbatim comments by key informants are included below.

- *“As a school district, aside from our virtual learning platform, we are holding regular community meetings.”*
- *“Continuing to provide services in a safe manner using social distancing and creative scheduling.”*
- *“Launched several initiatives aimed at helping businesses, schools, and community organizations reopen, as well as served as the trusted healthcare partner to disseminate info on COVID.”*

- *“NAMI has adapted all support and education programs to an online format that utilizes Zoom. The support group that meets in a rural area is able to meet in person following all CDC guidelines for small groups. NAMI has increased our use of social media to reach into our community. We are facilitating activities that are of general interest to all while raising awareness of the NAMI mission of helping to improve the lives of all who have been affected by mental illness in our community.”*
- *“Open access same day appointments for medical, dental, behavioral, and addiction services; increasing telehealth engagement for medical and behavioral health services; increasing outreach by community deployed care teams; increasing deep immersion efforts into community based settings with food drives, vaccination outreach efforts; testing and contact tracing; newly purchased Mobile Unit ‘Driving Better Health.’"*
- *“Our organization, in cooperation with other Luzerne County Chambers, is engaging employers via a series of surveys and roundtables to better understand the challenges and opportunities they have identified so we can offer services or access to services to better support their needs.”*
- *“Our United Way has been exceptionally busy as a result of COVID-19. We have facilitated the distribution of philanthropy more widely than we have previously; monitored the status of our funded partners; increased our support for safety net providers; and distributed nearly 6,000 summer learning workbooks to K-2 students to prevent the summer learning loss and keep them on tract for key academic milestones.”*
- *“Providing programming and services to help meet the needs of patients, members, and communities to help them successfully navigate through this challenging time. Engaging with CBOs and forming partnerships and formalized referral options in conjunction with newly introduced tech support (Neighborly). Doing "check in" appointments and making sure we are embedding questions during appointments to better understand if any concerns or issues.”*
- *“The Chamber has created multiple initiatives during the COVID-19 pandemic to disseminate much-needed information regarding business resources. For example, we launched an industry partnership initiative which included the healthcare sector, developed the reviveNEPA campaign, and participate in the Regional Recovery Task Force.”*
- *“We are working on developing programs that can provide hope for a brighter future and prosperity for our region as a whole. Trying to get the right people at the table to seriously address the mental and psychological treatment that is and will be needed long term. Trying to create alternatives for employers to hire and retain employees that either have skills and/or get the necessary skills while employed.”*
- *“We have funds available to provide financial assistance with rent, car repairs, utility shut off notices, and other unexpected financial obligations that arose during COVID (e.g., a death in family).”*
- *“We have taken a leading role in developing multilingual educational materials and engaging different subgroups of the community to help them understand the risks inherent in the spread of COVID and the mitigation tactics.”*

Additionally, informants were asked to share how hospitals and community partners can effectively collaborate to address health and social disparities highlighted by COVID-19. Informants provided the following suggestions:

- *“By speaking the same language and helping to ensure there is one source of truth in the recommendations for what type of care to seek - when, where, and how.”*
- *“Collaborate on testing and getting results quickly.”*
- *“Communication. Would love to see a shared resource that includes all healthcare and social service agencies, their primary functions and accurate referral or contact information.”*
- *“Community education and coordination of services offered. Collaborate through referrals of people in need.”*
- *“Continued synergy is critical as we look to continue to provide services and programs to meet the needs for our communities.”*
- *“First, these disparities need to be recognized and understood to exist. Education and conversation around these disparities is essential in findings ways to address them, but it is also important to acknowledge that they are not new issues-they are simply highlighted by the pandemic. Education and discussions are the most important means to address these issues. Until people are on the same page, effective initiatives cannot be implemented.”*
- *“Help leverage your buying power for more affordable PPE. Be friendly --- we recognize that the hospital systems and employees are stressed and overwhelmed. This comes across and impacts the patient's experience. Create more pop-up clinics, health screenings, and COVID testing so the community has more access without entering into the hospital properties. Provide education to agency staff and consumers on how to stay healthy and safe.”*
- *“High impact leadership required that can cross organizational boundaries; role clarification for each partnering stakeholder; continuous cross-organizational communication; generation of and alignment around a few high impact, visible and widely circulated shared metrics of success.”*
- *“I am in favor of suggesting an ordinance for the county that would require developers to reserve 10% of their rental units for low income people, including single moms with children and young adults 18-24. These groups need more help than is available currently and because there is no housing available.”*
- *“I feel that telehealth is key for our communities in this period of time. It allows access to healthcare without risk to others.”*
- *“Increase outreach by phone.”*
- *“Let's start by being honest. The health and social disparities were not highlighted by covid-19, as much as they were made worse and thus more apparent due to the orders put in place in response to covid-19. For example, in the case of COVID patients being placed in nursing homes, where the population was most vulnerable, there was an egregious disparity*

of elitism in that the health secretary who made that decision took her own mother out of the senior home just prior to enacting the decision. Hospitals and community partners can address such disparity by effectively collaborating to holding these officials in government accountable.”

- *“New community programs in health and well-being that help all groups be more resilient to health challenges. “*
- *“Share data, resources, equipment, and even personnel to combat the virus and keep down any surge. Continually educate the public on COVID prevention measures!”*
- *“The leadership of the local foundations around this issue was impressive. They worked together and made rapid changes to collectively address the needs. Convening health and social service agencies to do the same would be extremely beneficial for the community. Historically it seems there are attempts to make this happen, but the various initiatives unfortunately dissolve as the interest or funding wanes.”*
- *“There needs to be open and constant communications between hospitals and regional agencies to ensure each entity is aware of what the other is doing and to identify any areas of potential collaboration with the intent of bolstering each other's services.”*
- *“Volunteers in Medicine (VIM) continues to receive calls from people with private insurance or Medicaid stating they can't get into their doctor or they can't find a new doctor that will take them on as a patient. As specialty providers joined the large healthcare systems, there is now extreme difficulty with finding specialty providers to see uninsured patients. We get referrals from the local emergency departments with patients needing dental care. We are limited on the amount of volunteer dentists that have time to help so there is a backlog of patients needing dental care. VIM is the only full time, full service free clinic in the region offering quality patient centered care. We are not federally funded and do not charge for services. We are helping the population that want to work and have a household income at or below 200% of the federal poverty guidelines.”*

Evaluation of Impact from Prior CHNA Implementation Plan

Background

In FY2019, GCMC completed a CHNA and developed a supporting Implementation Plan to address identified health priorities. The strategies implemented to address the health priorities reflect Geisinger's mission and commitment to improving the health and well-being of the community.

Guided by the findings from the FY2019 CHNA and input from key community stakeholders, Geisinger leadership identified the following priorities to be addressed by the Implementation Plan:

- Access to Care
- Behavioral Health (to include substance abuse and mental health strategies)
- Chronic Disease Prevention and Management (with a focus on increasing healthy habits)

Geisinger's timeline for completing the FY2019 CHNA was consistent with their fiscal tax year, beginning July 1 and ending June 30. Starting in 2021, Geisinger will transition its year-end to a calendar year. Due to the change in year-end, the Implementation Plan initiated by GCMC was in effect from July 1, 2018 to December 31, 2020. The hospital's new Implementation Plan will be effective January 1, 2021 through December 31, 2023.

FY2019-CY2020 Evaluation of Impact

Geisinger Community Medical Center developed and implemented a plan to address community health needs that leverages resources across the health system and the community. The following section highlights the status and outcomes from the implemented strategies.

Access to Care

Goal: Reduce barriers to receiving care for underserved populations.

Objective #1: Increase the number of residents who have a regular primary care provider (PCP).	
Strategies	**Status**
1. Assist residents with eligibility determination and enrollment in subsidized health insurance programs to increase provider options.	Active
Additional Information	
• GCMC actively monitors the number of uninsured patients seeking care, and works to increase insurance coverage rates by providing enrollment assistance for Medicaid and the Health Insurance Marketplace.	

Objective #2: Increase access to primary and specialty care providers.	
Strategies	**Status**
1. Recruit specialist providers.	Active
2. Explore telemedicine options to provide services.	Active
Additional Information	
• Geisinger implemented a strategic workforce plan, including provider recruitment and retention targets. GCMC is working to achieve or exceed workforce targets through the execution of a best-in-class provider talent attraction strategy • GCMC is developing health hubs to better serve individuals without home internet or computer access through expanded telemedicine options and home delivery of services, among others.	

Objective #3: Reduce barriers to receiving care for residents without transportation.	
Strategies	**Status**
1. Partner with Geisinger Health Plan and local agencies (e.g. Equitable Transit Workgroup) to expand transportation services to access health and social services.	Active
2. Explore telemedicine options to address transportation barriers to care.	Active
3. Explore options and partners to provide home-based care services.	Active
Additional Information	
• GCMC provides coordinated rides to clinical appointments for Geisinger Health Plan patients referred by a Community Health Assistant, and identified as medically complex and having a transportation barrier. The urban Scranton area (within 25 miles) is a target geography for the program. • GCMC began providing post-discharge patient transports as a result of limited transportation resources due to COVID-19. • All patients enrolled in Complex and Behavioral Health Care Management are screened for Social Determinants of Health needs. Using Neighborly, an enrollment and administration software for community development programs, members with identified needs are referred to community resources such as housing and food sources.	

Objective #4: Foster pursuit of health careers and ongoing training of health professionals.	
Strategies	**Status**
1. Provide professional training and education for current health care providers and students.	Active
2. Encourage pursuit of careers in the health field.	Active
Additional Information	
• GCMC collaborates with the Geisinger Commonwealth School of Medicine (GCSOM) to enroll medical students in the Abigail Geisinger Scholars Program. The program aims to help students achieve their professional goals without financial burden, while promoting needed medical specialty areas, including primary care and psychiatry. Participant scholars graduate from medical school without tuition debt and receive a $2,000 monthly stipend. Upon completion of residency training, scholars become Geisinger-employed physicians with a two-year minimum employment requirement. • GCMC also collaborates with GCSOM on the Regional Education Academy for Careers in Health - Higher Education Initiative (REACH-HEI) and the Center of Excellence (COE) Undergraduate Summer Research Program. REACH-HEI is an out-of-school program that provides academic enrichment opportunities, including mentoring by medical and graduate students, for low-income and/or first-generation-to-college students in northeastern and central PA. REACH-HEI has a proven record of success. All high school participants have completed high school with nearly 90% continuing to college, often the first in their family. Of the 75 undergraduate students, 34 have been admitted to medical schools, including GCSOM, and the remainder completed their pursuit of health-related professions. The COE program, funded by HRSA COE, US Department of Health and Human Services, offers an eight-week summer research program for undergraduate sophomore or junior students from underrepresented backgrounds who are interested in attending medical school. Participants gain experience in clinical, biomedical, or community research projects, along with valuable information in planning for medical school, academic strategies, MCAT test preparation strategies, medical lectures, mentoring from medical students, poster presentations, and the opportunity for publication and shadowing.	

Objective #5: Increase cultural competency among all Geisinger healthcare providers and staff.	
Strategies	**Status**
1. Offer Unconscious Bias Training to providers to increase culture competence among health providers.	Active
Additional Information	
• GCMC provides Unconscious Bias Training sessions and regularly monitors patient experience scores, particularly among diverse patient populations, to measure outcomes and ongoing opportunities for improvement.	

Behavioral Health

Goal: Model best practices to address community behavioral health care needs and promote collaboration among organizations to meet the health and social needs of residents.

Objective #1: Advance local and state dialogue to address behavioral health needs.	
Strategies	**Status**
1. Convene partners or participate in existing coalitions (e.g. Behavioral Health Initiative, Springboard Healthy Scranton, The Wright Center) to identify and address gaps in services.	Active
2. Advocate to remove regulatory barriers to the provision of behavioral health services.	Achieved
3. Explore partnership opportunities with school-based community health services to better serve pediatric patients with a behavioral health condition.	Deferred
4. Partner with Scranton Counseling Center and The Wright Center to offer integrated behavioral health care services within primary care clinics.	Active
Additional Information	
• Due to COVID-19, a number of regulatory barriers to providing telepsychiatry care were removed, resulting in improved access to services for residents. Geisinger advocated with the Office of Mental Health and Substance Abuse Services (OMHSAS) for these changes to become permanent beyond the pandemic, and will continue to advocate for further reductions in regulatory barriers. • Due to COVID-19 and the closure of schools, GCMC's plans to explore partnership opportunities with school-based community health services to expand youth behavioral healthcare were put on hold. • GCMC continues to partner with The Wright Center, a Federally Qualified Health Center Look-Alike, to foster an integrative approach to primary care and specialty services and a patient-centered medical home model aimed at offering comprehensive healthcare in one location.	

Objective #2: Foster integration of behavioral and primary health care.	
Strategies	**Status**
1. Integrate primary and behavioral healthcare within PCP practices.	Active
2. Explore options to create a Mental Health Hub in the NE Region to include a diverse medical team (physicians, pyschiatrists, social workers, etc.).	Achieved
Additional Information	
• Geisinger Wilkes-Barre Psychology opened at 8 Church Street in Wilkes-Barre, PA. Available providers include 2.0 full-time employee (FTE) Advanced Practice Providers, 1.0 FTE Adult Psychologist, and 1.0 FTE Licensed Clinical Social Worker. The practice will also add a Neuropsychologist.	

Objective #3: Provide education to increase residents' awareness of behavioral health issues and reduce stigma associated with behavioral health conditions.	
Strategies	**Status**
1. Provide educational programs addressing chemical dependency among youth and young adults.	Deferred
2. Provide educational programs and support groups for family members of addicted individuals.	Active
3. Offer the medication take-back program in partnership with retail locations.	Achieved
4. Explore options for a Medication-Assisted Treatment (MAT) Program in Scranton.	Active
Additional Information	
• Due to COVID-19, educational programs and support groups for 2020 were significantly reduced. Geisinger Addiction Medicine clinics are still actively seeing patients and their families, but youth programming has been deferred. • Geisinger implemented a medication takeback box on the GCMC campus to provide a mechanism for community members to dispose of unwanted medications, including controlled substances. Over the past year, the GCMC collection site has been able to remove over 182 pounds of unwanted medication from the community. GCMC also has external partners in this program, including Weis Markets and independent pharmacies. In April 2020, a GCMC provider gave a newspaper interview to provide guidance to the community on how to dispose of unused/unwanted medication during COVID-19. • Geisinger continues to expand MAT services and provider availability. As of September 2020, the MAT clinics saw a total of 3,705 unique patients; 85% of patients were seen within 10 days of referral. As of June 2020, MAT clinics reported an 86% reduction in all-cause mortality among individuals with opioid use disorder.	

Objective #4: Increase access to behavioral health services.	
Strategies	**Status**
1. Explore telemedicine options to provide services.	Active
Additional Information	
• Due to COVID-19, a number of regulatory barriers to providing telepsychiatry care were removed, allowing GCMC to offer services to residents. • GCMC is exploring additional telemedicine opportunities in the following settings to create and increase points of access and entry for those with behavioral health issues: Integrated Primary Care, Memory and Cognition Center, Specialty Care, and Geisinger at Home.	

Chronic Disease Prevention and Management

Goal: Reduce risk factors and premature death attributed to chronic diseases.

Objective #1: Encourage community initiatives that support access to and availability of healthy lifestyle choices.	
Strategies	**Status**
1. Offer free or reduced cost exercise or education programs for community members. Support community races, fun runs, walks and other events that promote physical activity. Participate in or host free community health fairs targeting diverse populations.	Active
2. Enhance food services opportunities for residents and employees.	Active
Additional Information	
• Geisinger engaged and convened a network of global, national, and local partners as part of Springboard Healthy Scranton. The goal of the partnership is to transform healthcare by focusing on preventive care, behavioral health, and economic growth. Springboard Healthy Scranton seeks bold goals, such as the coordination of all community resources to eliminate hunger and preventable chronic disease, and to eliminate preventable cancer and disease through genomic medicine. Once developed, tested, and implemented, projects will be optimized in order to create the most cost-effective and sustainable solutions to issues affecting community health. Once proven, they will be replicated in order to be shared both nationally and globally. • GCMC is an active partner in the community, both as part of Springboard Healthy Scranton and other community initiatives and collaborations. The hospital offers no-cost health education and programming events to diverse communities and populations. Note: Several events were cancelled in 2020 due to COVID-19. Geisinger was able to transition most evidence-based programs to a virtual setting. • Food insecurity can happen at any point in time for any given individual. Geisinger patients are screened annually for food insecurity and are provided available resources to assist in the provision of food as needed. Patients who are identified as food insecure with uncontrolled type II diabetes can be referred to Geisinger's Fresh Food Farmacy (FFF) program. Patients enrolled in the FFF receive enough food for themselves and their entire household, providing two meals a day, five days per week. Patients are also surrounded with a team of healthcare professionals, such as, but not limited to, a registered dietician and a registered nurse. Nutrition education is provided in conjunction with food supplies to empower patients to take control of their chronic condition and live a healthier life. • In addition to the FFF program, Geisinger provides emergency food boxes to identified food insecure patients. Each box contains enough food for two people for four days, and includes non-perishable food items such as peanut butter, oatmeal, dry milk, and canned fruits/vegetables. Patients are also referred to the FFF program and/or community organizations to assist in the ongoing provision of food. Overall, Geisinger provided 639 emergency food boxes across the service area.	

Objective #2: Initiate early stage interventions for individuals at high risk for chronic disease.	
Strategies	**Status**
1. Provide free diabetes prevention and management education, support groups, and screenings.	Active
2. Provide free nutrition and weight management classes (e.g. education and cooking demonstrations) at GCMC and in collaboration with community organizations.	Deferred
3. Provide training on diabetes management and insulin administration to local personal care home employees.	Active
4. Provide Live Your Best Life, a six-week chronic disease management course in partnership with Geisinger Health Plan.	Active
5. Offer the Healthy Steps for Older Adults, a guide for preventing falls and staying active.	Achieved
6. Promote and support the Geisinger Fresh Food Farmacy, including diabetes wellness classes and dietary consultations, to food-insecure, diabetic patients.	Active
Additional Information	
• GCMC offers no-cost, evidence-based diabetes prevention and management and nutrition and weight management programs to patients and residents. Note: Several programs were cancelled in 2020 due to COVID-19, including nutrition and weight management classes. Geisinger was able to transition most programs to a virtual setting. • GCMC provided diabetes management and insulin administration programming to two personal care homes, reaching a total of 23 participants. A post-test was administered to participants to measure change in knowledge; all participants scored 80% or higher. This program is available to personal care homes upon request. • GCMC offers Live Your Best Life and Live Your Best Life with Diabetes, evidence-based programs originally developed by Stanford University and held worldwide. Participants learn healthy eating habits, exercise and relaxation techniques, how to set goals for improving their chronic condition, and how to monitor their condition.	

Objective #3: Address health literacy to improve residents' self-efficacy in disease management.	
Strategies	**Status**
1. Provide support groups for stroke patients, and their caregivers.	Achieved
2. Provide support groups for cancer patients, and their caregivers.	Achieved
3. Collaborate with the Springboard Healthy Scranton Initiative to improve preventative care services for residents.	Active
Additional Information	
• GCMC offers a variety of health and wellness programs, both in person and virtually, for the Springboard Healthy Communities. Programs include chronic condition management and SDOH identification and resource referral using Neighborly. NeighborlyPA.com was created by the Scranton Area Community Foundation and funded by an initial grant from Geisinger. The website launched in March 2020.	

Board Approval and Next Steps

The GCMC 2021 CHNA final report was reviewed and approved by the Geisinger Board of Directors in December 2020. Following the Board's approval, the CHNA report was made available to the public via the Geisinger website at https://www.geisinger.org/about-geisinger/in-our-community/chna.

Questions or comments regarding the 2021 CHNA or Geisinger's commitment to community health can be directed to Allison Clark, Community Benefit Coordinator, Strategy & Market Advancement, Geisinger at aclark1@geisinger.edu.

Geisinger is committed to our not-for-profit mission and an evolution of caring. Everything we do is about caring for our patients, our members, our students, our Geisinger family, and our communities. Founded more than 100 years ago by Abigail Geisinger for her central Pennsylvania community, Geisinger has expanded and evolved to meet regional needs and developed innovative, national programs in the process.

The organizations throughout northeast and central Pennsylvania are strong representations of what makes our community unique. We are proud to foster partnerships that focus on strengthening our communities - whether directly health care related or not. We welcome community organizations to engage with us as we work to address the region's top health issues and implement a plan for community health improvement.

Appendix A: Public Health Secondary Data References

American Public Media Research Lab. (2020). *The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S*. Retrieved from https://www.apmresearchlab.org/covid/deaths-by-race

Centers for Disease Control and Prevention. (n.d.). *BRFSS prevalence & trends data*. Retrieved from http://www.cdc.gov/brfss/brfssprevalence/index.html

Centers for Disease Control and Prevention. (2019). *CDC wonder*. Retrieved from http://wonder.cdc.gov/

Centers for Disease Control and Prevention. (2019). *Diabetes data and statistics*. Retrieved from https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Centers for Disease Control and Prevention. (2020). *National environmental public health tracking network*. Retrieved from https://ephtracking.cdc.gov/

Centers for Disease Control and Prevention. (2019). *National vital statistics system*. Retrieved from https://www.cdc.gov/nchs/nvss/index.htm

Centers for Medicare & Medicaid Services. (2019). *Chronic conditions*. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and Reports/Chronic-Conditions/CC_Main.html

Centers for Medicare & Medicaid Services. (2020). *National provider identification file*. Retrieved from http://www.countyhealthrankings.org/

County Health Rankings & Roadmaps. (2020). *Pennsylvania.* Retrieved from http://www.countyhealthrankings.org/

ESRI. (2020). *Business Analyst*. Retrieved from https://www.esri.com/en-us/home

Feeding America. (2020). *Food insecurity in the United States*. Retrieved from http://map.feedingamerica.org/

Health Resources & Services Administration. (2020). *Area health resource file*. Retrieved from http://www.countyhealthrankings.org/

Health Resources and Services Administration. (2020). *HPSA find*. Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Healthy People 2020. (2010). 2020 t*opics and objectives – objectives a-z.* Retrieved from http://www.healthypeople.gov/2020/topics-objectives

National Highway Traffic Safety Administration. (2020). *Fatality analysis reporting system*. Retrieved from http://www.countyhealthrankings.org/

OverdoseFreePA. (n.d.). *View county death data*. Retrieved from https://www.overdosefreepa.pitt.edu/

Pennsylvania Commission on Crime and Delinquency. (2019). *Pennsylvania youth survey (PAYS)*. Retrieved from https://www.https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx

Pennsylvania Department of Health. (n.d.). *COVID-19 data for Pennsylvania*. Retrieved from https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx

Pennsylvania Department of Health. (n.d.). *Enterprise data dissemination informatics exchange (EDDIE)*. Retrieved from https://www.phaim1.health.pa.gov/EDD/

Pennsylvania Department of Health. (n.d.). *School health statistics*. Retrieved from https://www.health.pa.gov/topics/school/Pages/Statistics.aspx

Pennsylvania Health Care Cost Containment Council. (n.d.) *Public reports – research briefs.* Retrieved from http://www.phc4.org/reports/researchbriefs/

United States Bureau of Labor Statistics. (2020). *Local area unemployment statistics*. Retrieved from https://www.bls.gov/lau/

United States Census Bureau. (n.d.). *American Community Survey*. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Appendix B: Public Health Data Summary

The following table highlights key public health data findings for the Northeast Region. A "red" finding indicates an area of opportunity, while a "green" finding indicates an area of strength, in comparison to state and national benchmarks. Arrows indicate increasing (▲) or decreasing (▼) trends, as demonstrated in this report.

Public Health Data Summary

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
Access to Healthcare (**FY2019 CHNA Priority Area**)						
Total Uninsured (2014-2018)	5.0% ▼	5.5% ▼	5.9% ▼	4.8% ▼	6.2%	9.4%
Black uninsured	6.9%	10.0%	9.1%	8.4%	8.7%	10.8%
Latinx uninsured	15.0%	14.0%	4.7%	9.1%	14.4%	19.2%
Medicaid insured (2014-2018)	20.9%	21.1%	20.2%	18.2%	18.9%	20.1%
Primary care providers per 100,000 (2017)	75.9	79.1	58.6 ▲	51.2 ▲	80.8	75.2
Dentists per 100,000 (2018)	75.9	68.3 ▲	58.5 ▲	40.7 ▼	69.0	69.0
Potentially Preventable Hospitalizations per 10,000 (FY2019)	179.0	173.0	130.7	144.8	150.8	NA
Chronic Disease and Health Risk Factors (**FY2019 CHNA Priority Area**)						
Adult smoking (2017)	20.3% ▲	19.3% ▲	17.3% ▲	18.0% ▲	18.8%	17.1%
Adult obesity (2017)	28.9% ▲	32.7% ▲	29.7%	31.3% ▼	30.8%	31.3%
Adult physical inactivity (2017)	21.9%	27.4%	24.1%	28.7%	23.9%	25.6%
Adult diabetes (2017)	9.0%	10.0%	8.7% ▼	10.3% ▲	9.0%	8.5%
Heart disease death[1] (2018)	230.1 ▲	213.2 ▲	199.2 ▼	192.6 ▼	176.1	163.6
Black (2016-2018)	192.4	120.5	NA	NA	221.1	203.8
Latinx (2016-2018)	152.9	88.9	NA	NA	109.1	114.0
Cancer death[1] (2018)	185.9 ▲	150.2 ▼	150.3 ▼	204.8 ▲	156.6	149.1
Black (2016-2018)	191.9	153.9	NA	NA	192.4	173.0
Latinx (2016-2018)	118.8	84.8	NA	NA	109.7	108.5
CLRD[2] death[1] (2016-2018)	40.7 ▲	37.8	37.8 ▼	57.4 ▲	36.3	40.4

[1] Death per age-adjusted 100,000.

[2] Chronic Lower Respiratory Disease (e.g. asthma, COPD, emphysema).

Public Health Data Summary, cont'd

	Lackawanna County	Luzerne County	Wayne County	Wyoming County	PA	US
Behavioral Health (**FY2019 CHNA Priority Area**)						
Mental health providers per 100,000 (2019)	174.1 ▲	100.1 ▲	78.0 ▲	48.1 ▲	206.5	250.0
Mental disorders hospitalizations per 10,000 (2018)	93.6	104.2	47.0	77.3	88.8	NA
Suicide death[1] (2016-2018)	19.0	19.0	25.1 ▲	NA	14.9	13.9
Adult excessive drinking	20.8% ▲	19.7% ▲	19.6% ▲	20.3% ▲	19.2%	19.0%
Opioid overdose hospitalizations per 10,000 (2018)	21.1	25.1	NA	NA	25.1	NA
Maternal and Child Health						
Teen births (2018)	4.3% ▼	6.1%	5.1% ▲	5.8%	4.1%	4.7%
First trimester care (2018)	76.1%	66.3% ▼	79.7%	71.5%	73.9%	77.5%
Black	60.2%	46.5%	NA	NA	64.6%	67.1%
Latina	64.3%	58.1%	70.0%	NA	65.3%	72.7%
Low birth weight (2018)	9.4% ▲	8.7% ▲	6.3%	7.5% ▲	8.3%	8.3%
Preterm births (2018)	12.1% ▲	11.1% ▲	9.4% ▲	9.7% ▲	9.5%	10.0%
Breastfeeding (2018)	79.9% ▲	72.4% ▲	81.2% ▲	79.4% ▲	81.9%	83.5%
Non-smoking during pregnancy (2018)	82.7% ▲	84.8% ▲	83.3% ▲	75.5%	89.6%	93.5%
Aging Population Age 65 or Over						
Two or more chronic conditions (2017)	75.3%	76.6%	70.3% ▼	70.2%	72.2%	68.8%
Alzheimer's disease	11.4%	11.4%	8.2%	8.8%	12.2%	12.1%
Depression	16.0%	13.7%	11.3%	13.7%	16.1%	15.4%
Diabetes	27.2%	27.6%	27.3%	26.0%	26.6%	27.4%
High cholesterol	48.7%	50.8%	40.3%	46.9%	47.6%	43.0%
Hypertension	65.9%	67.3%	61.9%	60.6%	62.3%	59.9%
Living alone (2014-2018)	14.5%	14.8%	14.7% ▲	12.6% ▲	12.6%	10.7%
Youth Health						
Obesity (Grades 7-12, 2017-2018)	21.2% ▲	21.3% ▲	23.1% ▲	26.2%	19.5%	NA
Asthma diagnosis (2017-2018)	12.1%	7.8%	11.5%	7.7%	11.3%	NA
Sad or depressed most days (2019)	46.9% ▲	44.2% ▲	47.9% ▲	NA	38.0%	NA
E-cigarette use (2019)	26.7% ▲	23.5%	23.9% ▼	NA	19.0%	NA
Alcohol use (2019)	18.2%	18.4%	20.9%	NA	16.8%	NA

[1] Death per age-adjusted 100,000.

Appendix C: Key Informants

A Key Informant Survey was conducted with 61 community representatives. The organizations represented by key informants, and their respective role/title, included:

Key Informant Organization	Key Informant Title/Role
Allied Services Integrated Health System	Vice President, Finance
Allied Services Integrated Health System	Director
Allied Services Integrated Health System	Vice President, Home Care Services
Allied Services Integrated Health System	Assistant Vice President, In-Home Care
Alzheimer's Association	Executive Director
Benton Area Rodeo Association, Inc.	Chairman
Berwick Industrial Development Association	Executive Director
Camp Victory	Camp Director
Catholic Social Services	Chief Executive Officer
Columbia County Volunteers in Medicine	Executive Director
Community Intervention Center	Executive Director
Family Services Association	Chief Executive Officer
Geisinger Community Medical Center	Trauma Educator
Geisinger Health Plan	Senior Director, Health and Wellness
Geisinger Health System	Community Benefit Coordinator
Geisinger Health System	Marketing Specialist
Geisinger Health System	Associate Vice President, Clinical Operations
Geisinger Health System	Director, Tax Services
Geisinger Health System	Community Specialist
Geisinger Health System	Vice President, Health Innovation
Geisinger Health System	Chief Executive Officer
Geisinger Northeast	Director, Nursing Services
Good Samaritan Mission	Executive Director
Goodwill Industries of NEPA	Job Coach
Goodwill Industries of NEPA	Employment Specialist
Goodwill Industries of NEPA	Chief Operating Officer
Goodwill Industries of NEPA	Job Coach
Greater Pittston Chamber of Commerce	Executive Vice President
Hanover Area School District	Superintendent
Harrisburg Area YMCA	Executive Director of Chronic Disease
Lackawanna and Luzerne County Medical Societies	Executive Director
Lackawanna County Medical Society	President Elect
Lackawanna County Mental Health Court	Coordinator
McBride Memorial Library	Library Director
Moses Taylor Foundation	President/Chief Executive Officer
National Alliance on Mental Illness Northeast Region PA	Executive Director
NEPA Youth Shelter	Executive Director
New Roots Recovery Support Center	Outreach Director
Northeast Suicide Prevention Initiative	Vice President
Pediatrics of Northeastern PA	Physician

Key Informant Organization	Key Informant Title/Role
Penn State Extension/Nutrition Links	Nutrition Education Adviser
Pennsylvania Office of Rural Health	Director and Outreach Associate Professor of Health Policy and Administration
Scranton	Executive Director
Scranton Area Community Foundation	President
Scranton Primary Health Care Center, Inc.	Chief Executive Officer
St. Joseph's Center	Administrator of Operations
St. Joseph's Center	President/Chief Executive Officer
The Children's Museum	Director
The Exchange	Executive director
The Greater Scranton Chamber of Commerce	Workforce and Entrepreneurial Development Specialist
The Luzerne Foundation	President/Chief Executive Officer
The Wright Center for Community Health	President/Chief Executive Officer
The Wright Center for Community Health	Vice President, Strategic Initiatives
The Wright Center for Community Health	Community Health Worker
The Wright Center for Community Health	Vice President
United Way of Lackawanna and Wayne Counties	President/Chief Executive Officer
United Way of Wyoming Valley	President/Chief Executive Officer
Valley In Motion	President
Volunteers in Medicine	Executive Director
Westmoreland Club	General Manager/Chief Operating Officer
Wyoming Valley Alcohol & Drug Services, Inc.	Manager