

THE WRIGHT
CENTER
for
COMMUNITY
HEALTH

THE WRIGHT
CENTER
for
GRADUATE MEDICAL
EDUCATION

THE WRIGHT
CENTER
for
PATIENT & COMMUNITY
ENGAGEMENT

Community Health Needs Assessment

2022





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Frequently Asked Questions

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is an organized process for achieving continuous improvements in the health of the community. The process involving healthcare providers, institutions, and community stakeholders come together providing a pathway for achieving measurable health status improvements in the community.

Why Was a CHNA Performed?

Through the compilation of a comprehensive data analysis, a CHNA is a local health assessment that identifies key health needs and issues. Federally Qualified Health Center (FQHCs) Look-Alikes under section 1905(I)(2)(B) of the Social Security Act are required to provide benefits to the communities they serve.

FQHC Look-Alikes must conduct a CHNA and adopt an implementation strategy at least once every three years to identify the responsiveness of the organization to meet the needs of the community. CHNAs identify areas of concern within the community related to the current health status of the region. The identification of the region's health needs provides The Wright Center for Community Health (TWCCCH) and its community organizations a framework to improving the health of its community.

What is the CHNA Process?

The CHNA process began in spring 2022 and concluded in January 2023. Study process participants of the study process include community leaders, healthcare professionals, and healthcare leaders in The Wright Center for Community Health's service area.

A working group¹ composed of leaders from The Wright Center for Community Health delineated project plans, roles, responsibilities, and processes. A steering committee of representatives from The Wright Center for Community Health participated and provided feedback in key project milestones, including completion of secondary data, and project findings.

Numerous secondary and quantitative data sources were gathered from public health sources throughout the needs assessment to establish the population's current health status. Primary data was collected through the completion of community stakeholder interviews. The primary and secondary data created a framework of current health status as outlined in the CHNA roadmap in Figure 1.

The CHNA process continued with the prioritization and identification of The Wright Center for Community Health's community health needs for 2022. After the needs were identified, the CHNA process concluded with a community resource inventory. The community resource inventory highlights areas of excess capacity for service providers, and deficits in specific categories related to identified community health needs in the seven-county service area. The CHNA roadmap was designed to engage all aspects of the community to address the community health issues identified.

¹ Members of the working group consisted of Meaghan Ruddy, Senior Vice President Academic Affairs, Enterprise Assessment and Advancement, Chief Research and Development Officer, The Wright Center for Community Health, Lisa Baumann, Vice President of Strategic Initiatives and Chief Strategic Initiatives Officer, The Wright Center for Community Health; Ha T. Pham, Senior Principal, Tripp Umbach; Barbara Terry, Senior Advisor, Tripp Umbach; and Julia Muchow, Project Manager, Tripp Umbach; Teri Ooms, President and CEO, The Institute, Dr. Jolene Carey-Pace, Research Analyst, The Institute.

Figure 1: Roadmap for Community Health Needs Assessment at The Wright Center for Community Health



How Was Data for the CHNA Collected?

A working group was formed in summer 2022 completed the CHNA and its process alongside a steering committee of other representatives of The Wright Center for Community Health. The two groups composed a list of individuals representing the community's broad interests who participated in telephone interviews, also referred to as stakeholder interviews. Qualitative and quantitative data was collected from various sources throughout the needs assessment creating the secondary data compilation. Information collected from secondary data provides reliable and valid facts from government and social agencies. The collection of a comprehensive database provides necessary information to understand the community's overall health.

The information collected is a snapshot of the health of residents in the service area of The Wright Center for Community Health and encompasses socioeconomic information, health statistics, demographics, and mental health issues. The working group worked passionately and tirelessly to adequately be the voice of the residents served.

The most current data was used to determine the community needs of The Wright Center for Community Health's service area. While this assessment is comprehensive, information gaps may exist. It must be recognized that these information gaps limit the ability to assess all the community's health needs.

The Wright Centers for Community Health and Graduate Medical Education

Who are we?

The Wright Centers comprise a physician-led non-profit enterprise with more than 650 employees. Advocating for improvements to medical education and care delivery system, it is increasingly active in the national healthcare arena.

In 2019, HRSA designated The Wright Center for Community Health as a Federally Qualified Health Center Look-Alike. This designation and related federal resources allow The Wright Center for Community Health to better meet community needs and expand access to affordable, nondiscriminatory, high-quality healthcare to the region's residents, including those from rural and other medically underserved areas.

The Wright Center for Community Health has practice locations in Lackawanna, Luzerne, and Wayne counties. Its integrated care model offers patients the convenience of going to a single site to receive medical, dental, and behavioral healthcare services, including addiction treatment and recovery support services for substance use disorders.

During the COVID-19 pandemic, The Wright Center for Community Health acquired a mobile medical vehicle called Driving Better Health. A care team uses the vehicle to extend primary and preventive services, such as immunizations, to historically marginalized and hard-to-reach populations, meeting patients where they live and work.

The Wright Centers have a shared mission to improve the health and welfare of the communities through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve. This is accomplished via a Graduate Medical Education Safety-Net Consortium framework that integrates patient care delivery, workforce development, and innovation.





The Wright Centers work in tandem to fulfill the enterprise mission. In support of our mission, The Wright Centers:

- Co-create transformational healthcare teams of leaders who empower people, families, and communities to own and optimize their health
- Develop and operate a network of community health centers throughout Northeast Pennsylvania that include primary and preventive care, behavioral health, dental and addiction and recovery services
- Address barriers to health equity to eliminate racial and ethnic disparities in health outcomes
- Train healthcare professionals to provide patient-centered primary and specialty care in a patient-centered medical home model approach
- Promote the meaningful use of health information technology to enhance the quality and efficiency of care, increase coordination with other providers and provide patients with access to their health records – all while maintaining the highest levels of privacy and security of personal health information
- Offer needs-responsive, community-based health promotion and outreach programs
- Promote workforce diversity and provides a work environment that encourages the personal and professional development of our employees at all levels.

The Wright Center was founded in 1976 as the Scranton-Temple Residency Program. Pioneering physician Dr. Robert E. Wright led the startup and rallied community support. Dr. Wright and other early proponents of the physician training program were especially interested in developing doctors who would choose to practice locally. These community leaders foresaw the coming challenge in filling the slots of retiring physicians in Northeast Pennsylvania. The residency program welcomed its inaugural cohort of 6 Internal Medicine residents on July 1, 1977. In the decades since those trainees graduated in 1980, The Wright Center has blossomed into the largest U.S. Health Resources and Services Administration-funded Teaching Health Center Graduate Medical Education Safety Net Consortium in the nation. In 2010, the Scranton-Temple Residency Program's board of directors voted to rename the organization in Dr. Wright's honor. In the nearly 50 years since its founding, The Wright Center has grown in size and scope to reflect the community's – and the nation's – evolving needs. It now trains about 250 residents and fellows each academic year in programs accredited by the Accreditation Council for Graduate Medical Education.

The Wright Center's learners train in hospitals and community-based settings, including the primary-care practices operated by The Wright Center for Community Health. Its first primary-care location opened in Jermyn in 1999. The Wright Center for Community Health now has multiple practices across a five-county service area in Northeast Pennsylvania, serving more than 30,000 patients annually.

The Wright Center provides care to all patients regardless of income level or whether they are underinsured or uninsured. No patient is turned away because of an inability to pay. Eligible individuals may qualify, based on family size and income, for a sliding-fee discount program.

The Wright Center for Patient and Community Engagement

The Wright Center for Patient & Community Engagement, a subsidiary of The Wright Center for Community Health, was formalized in 2016. It focuses on addressing the social and economic determinants of health – including food insecurity, homelessness, and poverty – that can adversely affect underserved patients.

Who do we serve?

Located in Lackawanna County, The Wright Center for Community Health serves a seven-county service area. The data collection process focused on the primary areas of Lackawanna, Luzerne, Pike, Susquehanna, Monroe, Wayne, and Wyoming counties.

The primary service area of The Wright Center for Community Health includes the inpatient population of which 92 ZIP codes were derived within the seven counties. Some of the ZIP codes overlap in counties that are not considered to be in the primary service area but are considered a secondary service area. ZIP code level data helps to narrow a scope and demographic of which The Wright Center of Community Health serves to better focus on the community served.

Figure 2: The Wright Center for Community Health Primary Service Area Counties and ZIP Codes

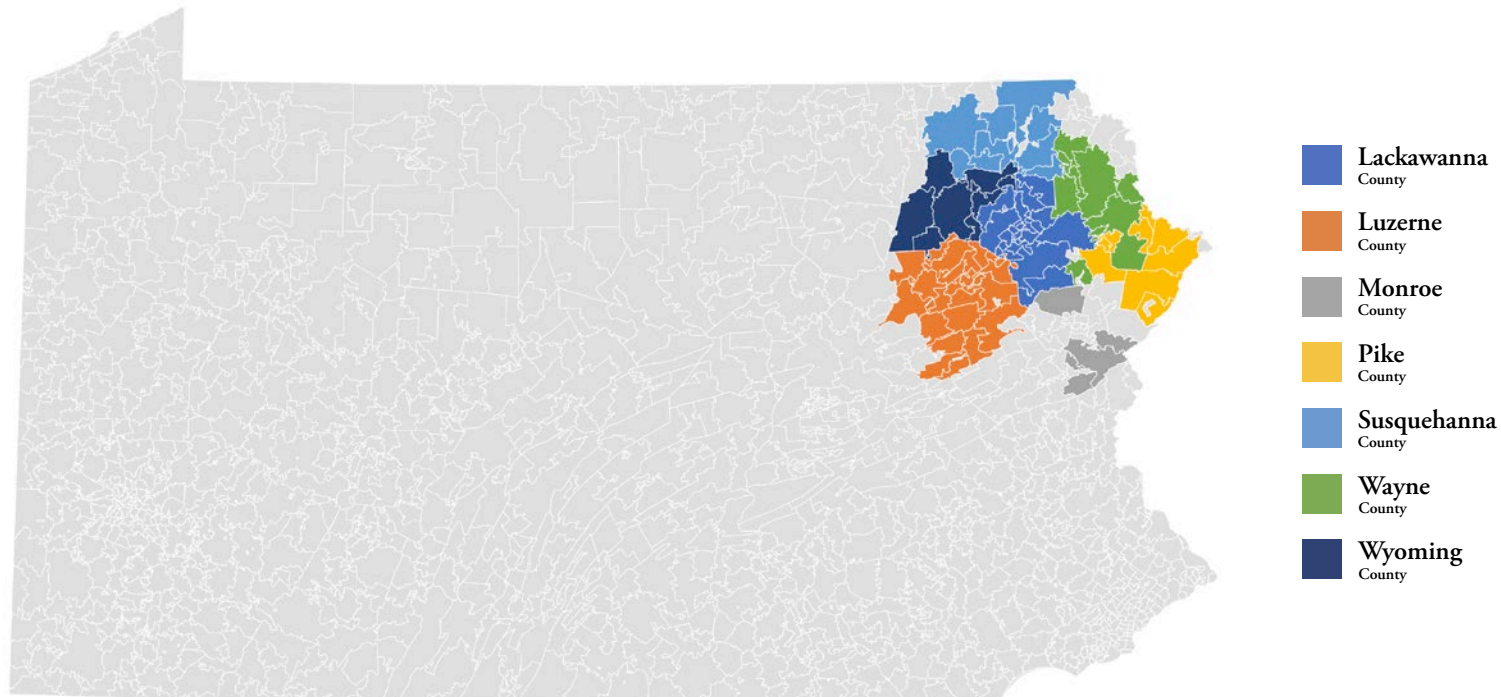
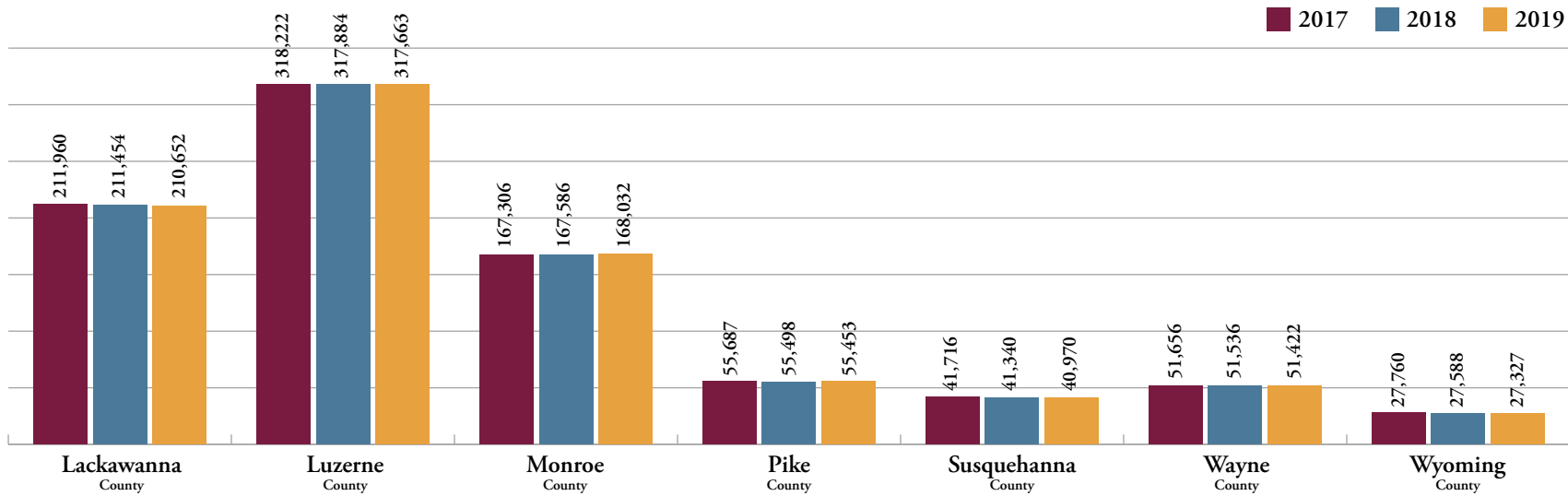


Figure 3: The Wright Center for Community Health’s Primary Service Area ZIP Codes

ZIP Code	County	ZIP Code	County	ZIP Code	County	ZIP Code	County
18403	Lackawanna	18518	Lackawanna	18703	Luzerne	18470	Susquehanna
18407	Lackawanna	18519	Lackawanna	18704	Luzerne	18801	Susquehanna
18411	Lackawanna	18201	Luzerne	18705	Luzerne	18824	Susquehanna
18414	Lackawanna	18202	Luzerne	18706	Luzerne	18826	Susquehanna
18420	Lackawanna	18222	Luzerne	18707	Luzerne	18834	Susquehanna
18424	Lackawanna	18224	Luzerne	18708	Luzerne	18844	Susquehanna
18433	Lackawanna	18612	Luzerne	18709	Luzerne	18847	Susquehanna
18434	Lackawanna	18617	Luzerne	18301	Monroe	18405	Wayne
18436	Lackawanna	18618	Luzerne	18353	Monroe	18428	Wayne
18444	Lackawanna	18621	Luzerne	18360	Monroe	18431	Wayne
18447	Lackawanna	18634	Luzerne	18466	Monroe	18438	Wayne
18452	Lackawanna	18640	Luzerne	18324	Pike	18445	Wayne
18471	Lackawanna	18641	Luzerne	18328	Pike	18453	Wayne
18501	Lackawanna	18642	Luzerne	18337	Pike	18456	Wayne
18503	Lackawanna	18643	Luzerne	18425	Pike	18472	Wayne
18504	Lackawanna	18644	Luzerne	18426	Pike	18419	Wyoming
18505	Lackawanna	18651	Luzerne	18435	Pike	18446	Wyoming
18507	Lackawanna	18655	Luzerne	18451	Pike	18615	Wyoming
18508	Lackawanna	18656	Luzerne	18458	Pike	18625	Wyoming
18509	Lackawanna	18660	Luzerne	18464	Pike	18629	Wyoming
18510	Lackawanna	18661	Luzerne	18421	Susquehanna	18630	Wyoming
18512	Lackawanna	18701	Luzerne	18441	Susquehanna	18636	Wyoming
18517	Lackawanna	18702	Luzerne	18465	Susquehanna	18657	Wyoming

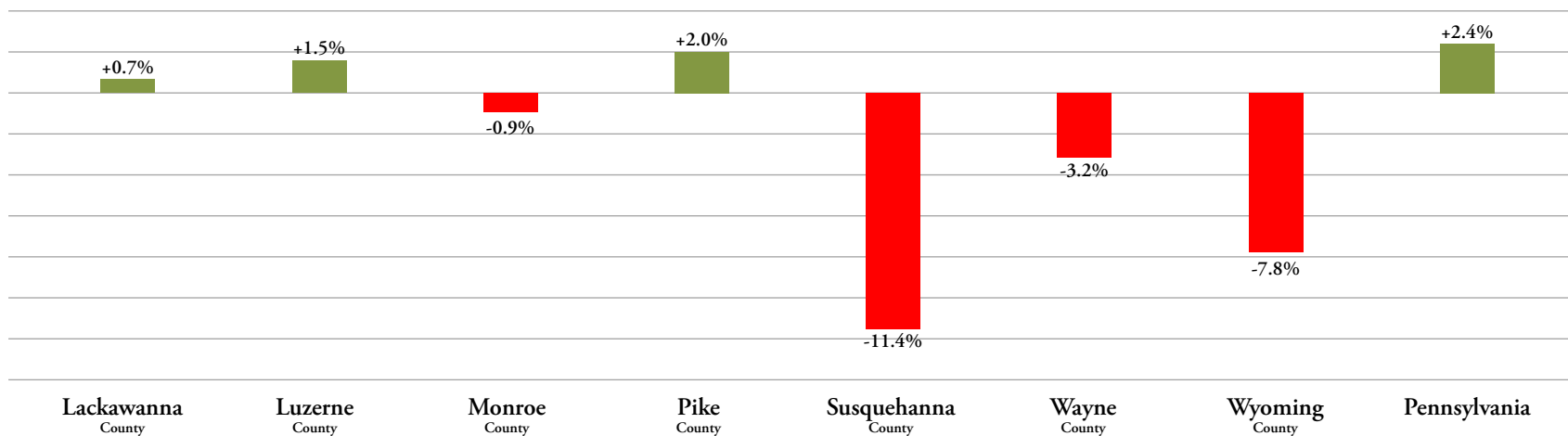
Community Snapshot

Figure 4: Population (2017-2019)



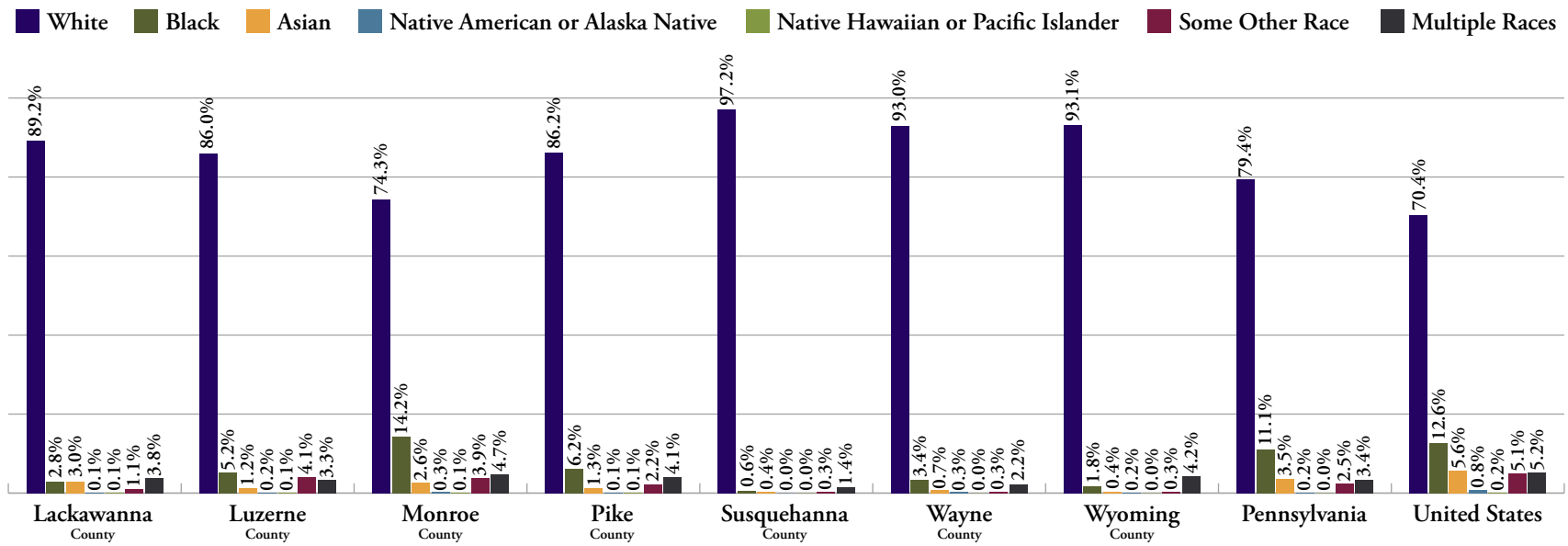
Source: U.S. Census Bureau

Figure 5: Population Change (2010-2020)



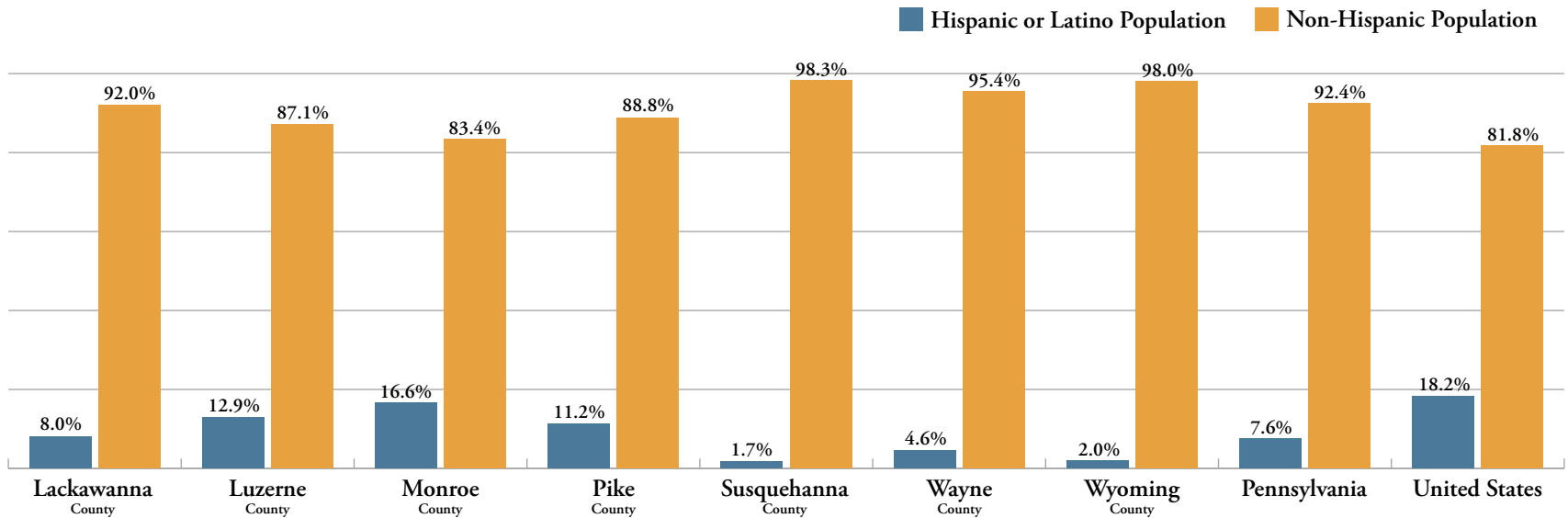
Source: U.S. Census Bureau

Figure 6: Total Population by Race Alone (2016-2020)



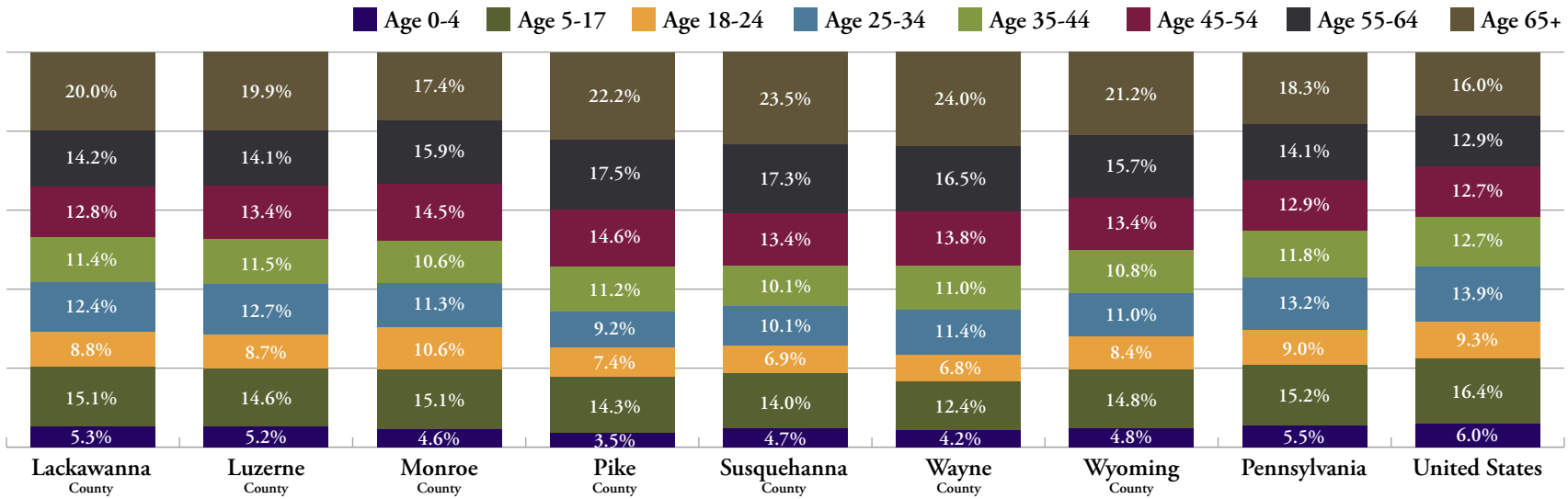
Source: U.S. Census Bureau

Figure 7: Total Population by Ethnicity Alone (2016-2020)



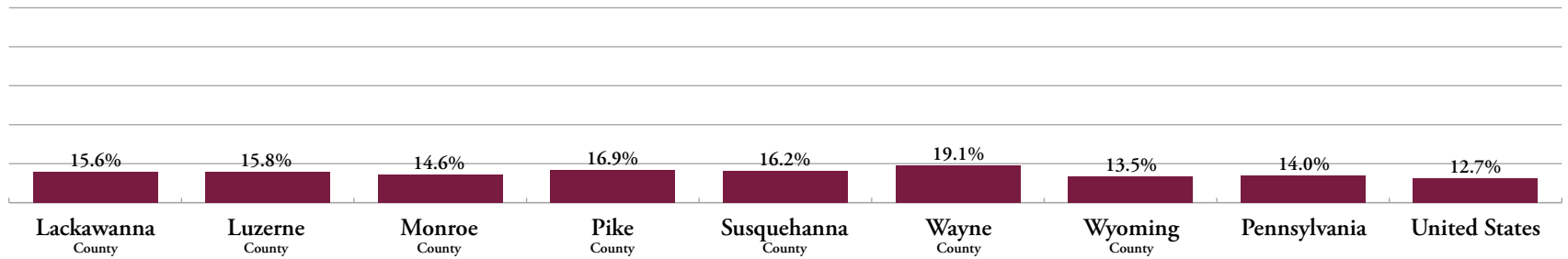
Source: U.S. Census Bureau

Figure 8: Age Distribution (2016-2020)



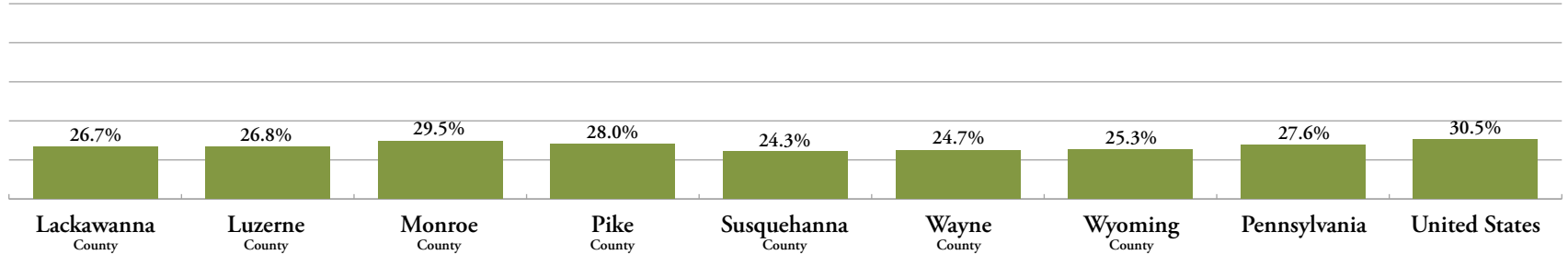
Source: U.S. Census Bureau

Figure 9: Population with Any Disability (2016-2020)



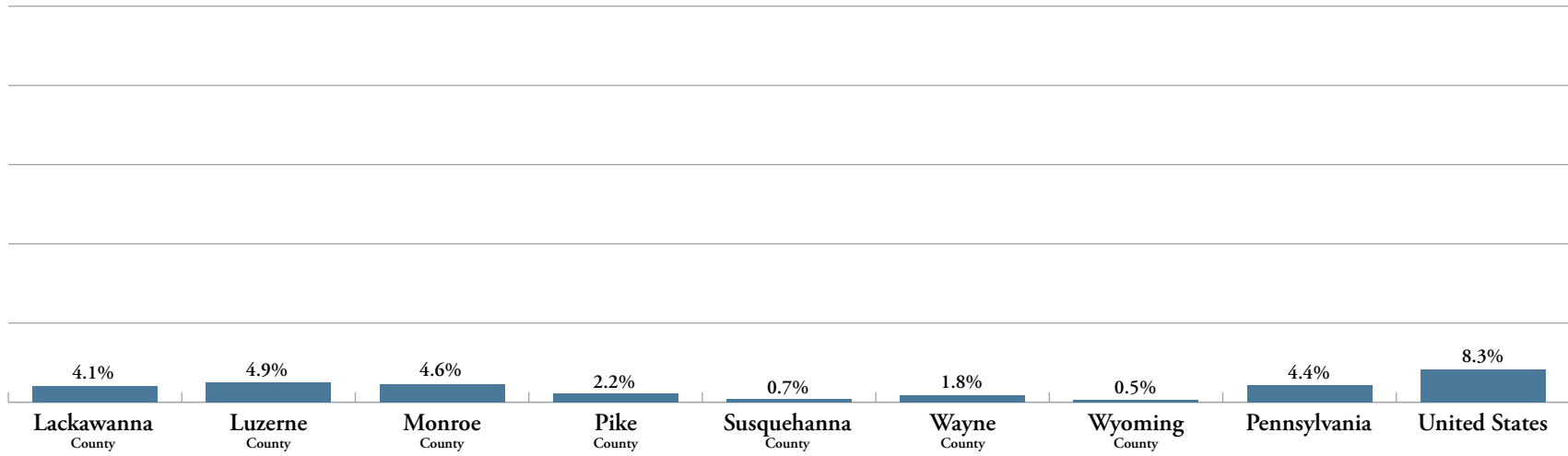
Source: U.S. Census Bureau

Figure 10: Families with Children Under Age 18 (2016-2020)



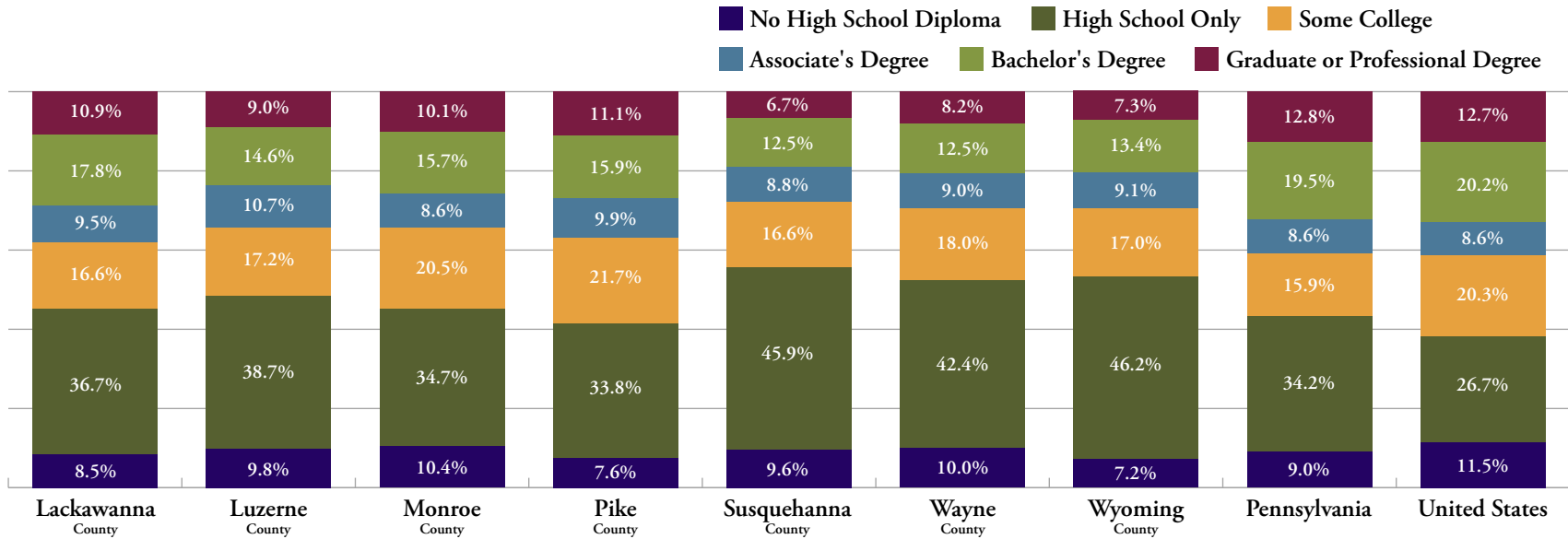
Source: U.S. Census Bureau

Figure 11: Population 5+ Years Old with Limited English Proficiency (2016-2020)



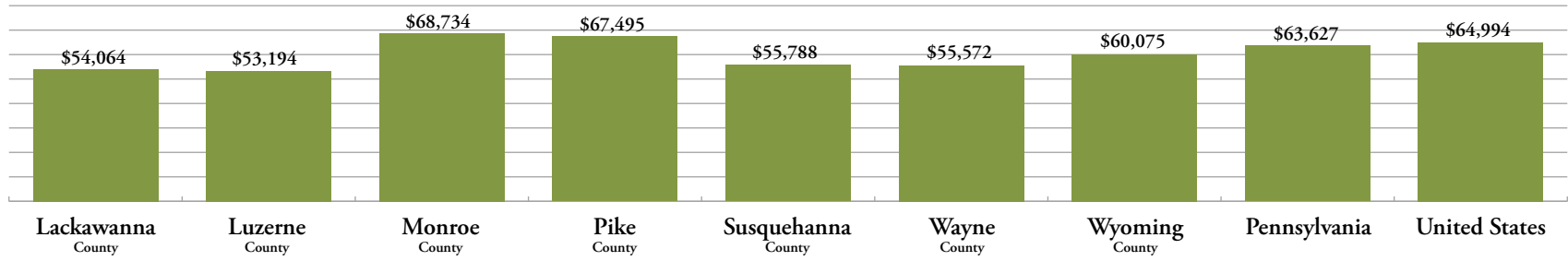
Source: U.S. Census Bureau

Figure 12: Education Level (2016-2020)



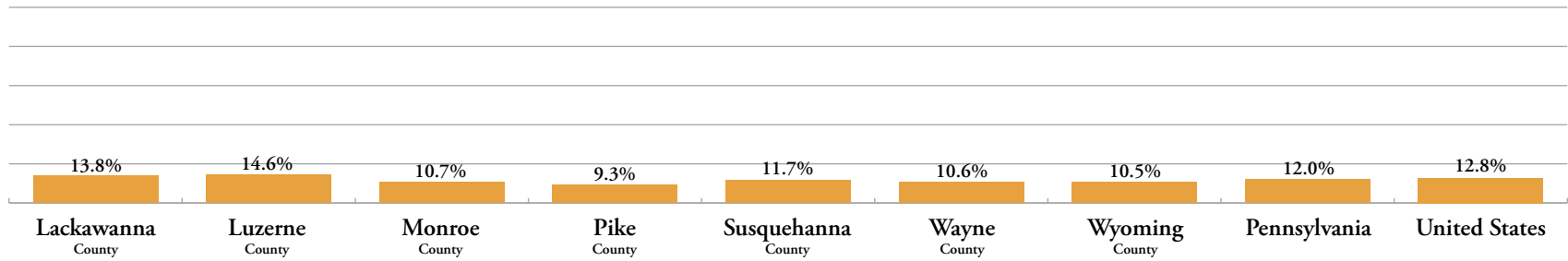
Source: U.S. Census Bureau

Figure 13: Median Household Income (2016-2020)



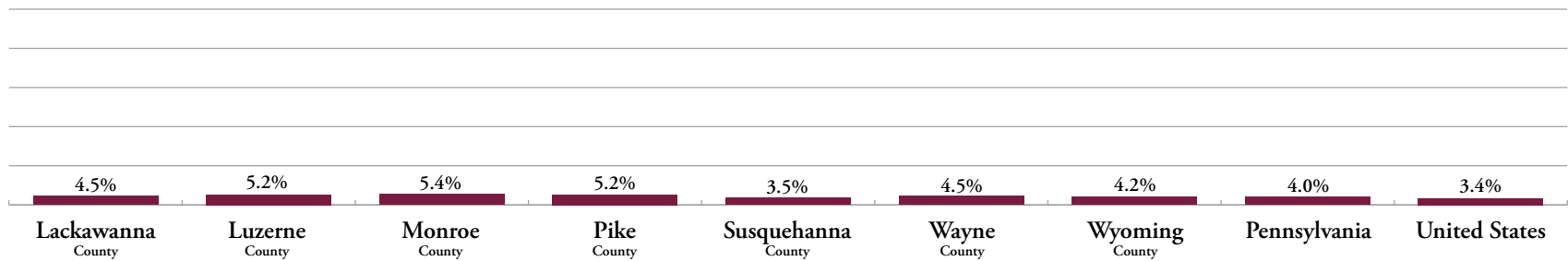
Source: U.S. Census Bureau

Figure 14: Population Below 100% Poverty Level (2016-2020)



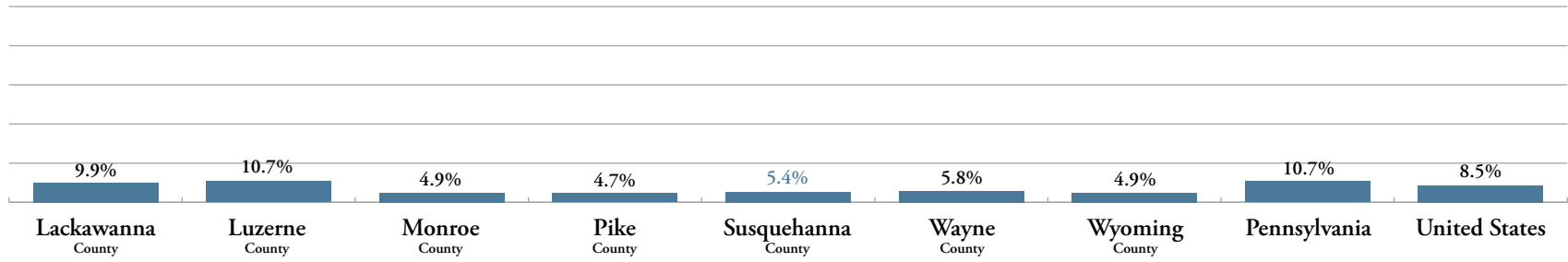
Source: U.S. Census Bureau

Figure 15: Unemployment Rate (2022)



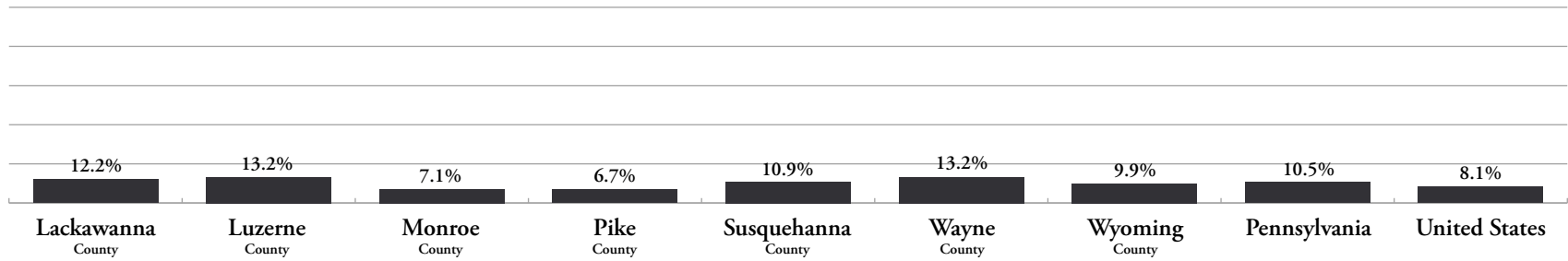
Source: U.S. Department of Labor

Figure 16: Households with No Motor Vehicle (2016-2020)



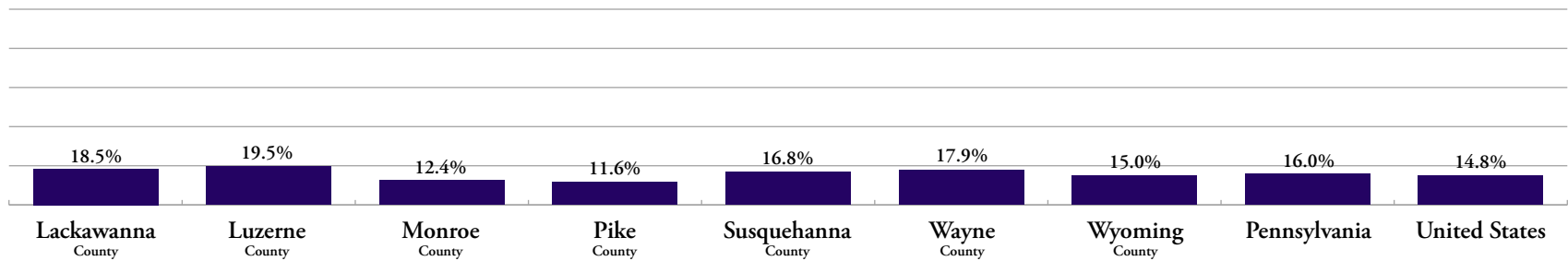
Source: U.S. Census Bureau

Figure 17: Households with No Computer (2016-2020)



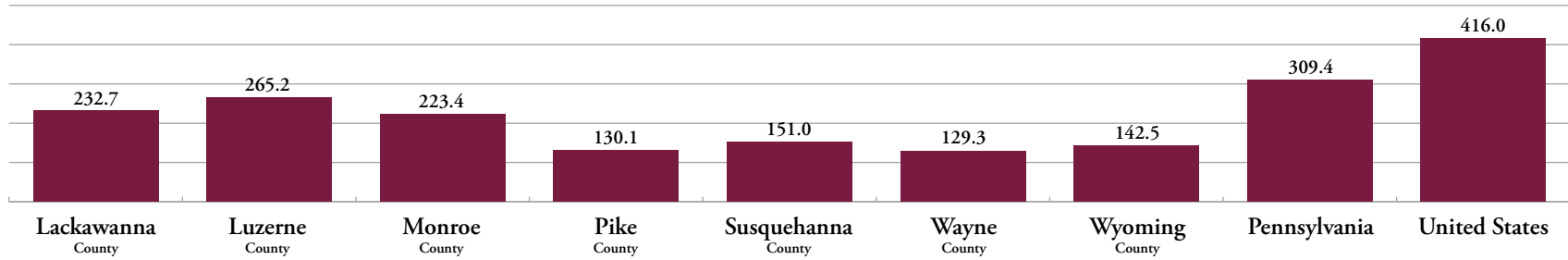
Source: U.S. Census Bureau

Figure 18: Households with No or Slow Internet (2016-2020)



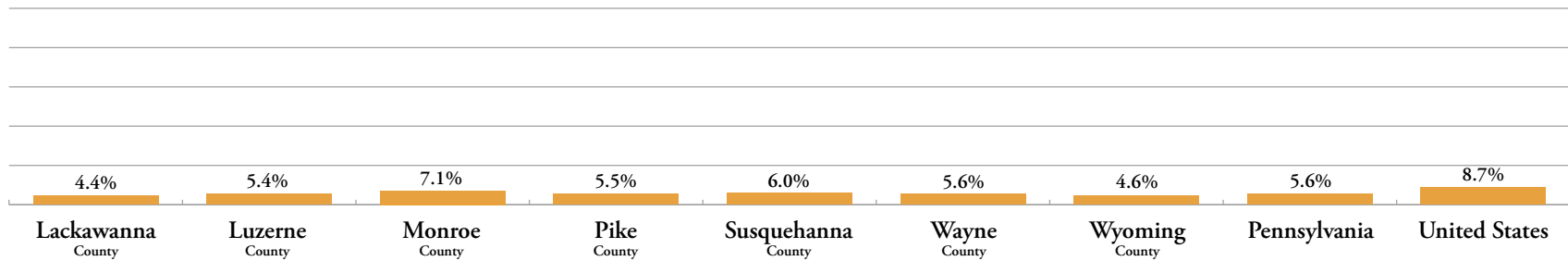
Source: U.S. Census Bureau

Figure 19: Violent Crime Rater Per 100,000 Population (2015-2017)



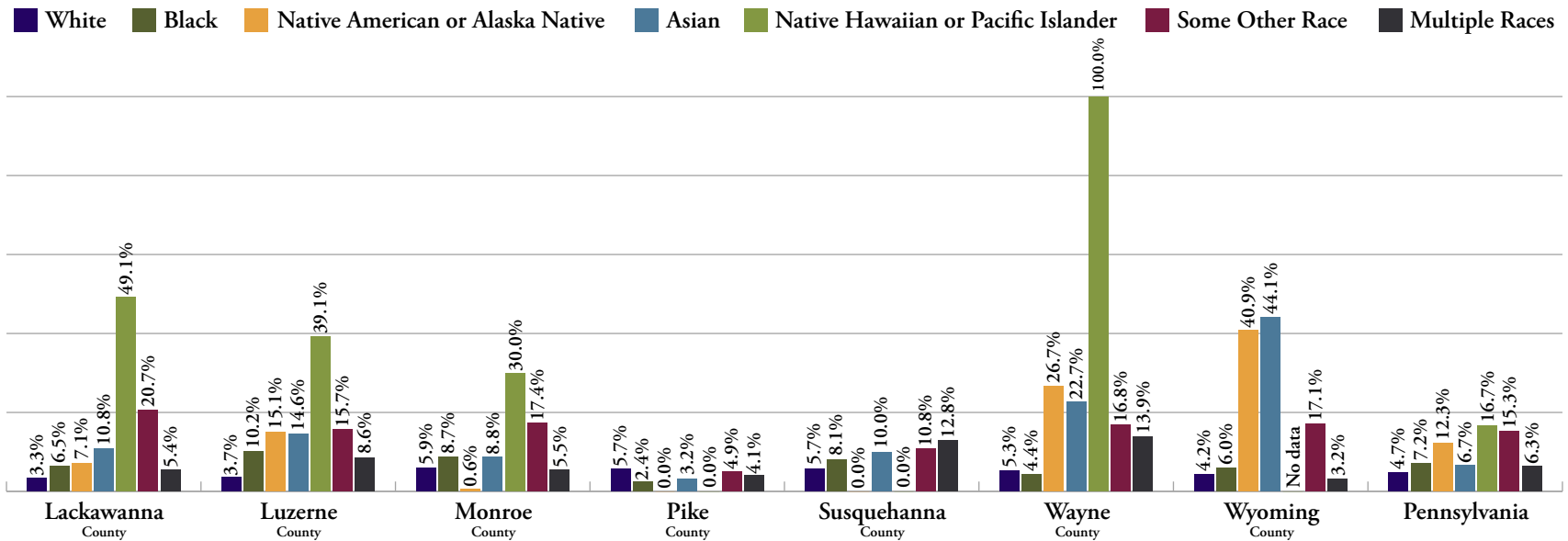
Source: Federal Bureau of Investigation, FBI Uniform Crime Reports

Figure 20: Uninsured (2016-2020)



Source: U.S. Census Bureau

Figure 21: Uninsured by Race (2016-2020)



Source: U.S. Census Bureau





Demographics Summary

Overall, Pennsylvania's population grew 2.4% from 2010 to 2020. Of the counties in the primary service area, Lackawanna County grew by 0.7%, Luzerne County grew by 1.5%, and Pike County grew by 2.0% while Monroe County, Susquehanna County, Wayne County, and Wyoming County all saw population decreases. The seven counties exhibit no significant differences regarding the total population by race from 2016 to 2020. Monroe County had the highest Black population at 14.2%; Pennsylvania recorded 11.1% of the population Black. All seven counties reported white as the highest percentage of residents.

The age distribution indicates that all counties in the service area with the exception of Monroe County, have a higher senior population – aged 65 and older when compared to the state at 18.3%. Wayne County had the highest senior population (24.0%) when compared to the state and also had the highest senior population with a disability at 36.6% compared to the state from 2016 to 2020. Wyoming County (27.7%) and Pike County (32.0%) were the only counties with a lower senior population with a disability when compared to the state (33.3%).

Luzerne County recorded the highest percentage of residents 5 years and older with limited English proficiency at 4.9%, whereas the state recorded 4.4%. Those with limited English proficiency speak a language other than English at home and speak English less than “very well.” The inability to speak English well creates barriers to healthcare access, provider communication, and health education/literacy.

Roughly one-third of the individuals in the seven-county service area and in the state have only a high school degree. Individuals in Wayne County (10.0%) reported the highest population of individuals without a high school diploma from 2016 to 2020.

The average household income for only Monroe and Pike counties exceeded the state average. Lackawanna, Luzerne, Susquehanna, Wayne, and Wyoming counties reported less than the state average of household income. This indicator reports the income of the homeowner and all other individuals 15 years and older in the household, regardless of relationship. Because many households consist of only one-person, average household income tends to be less than average family income.

Lackawanna and Luzerne counties reported the highest percentages of residents who are below the federal poverty level. Poverty contributes to poor health status and creates barriers to accessing health services, healthy food, and other necessities.

Of the counties containing households with no motor vehicle, Lackawanna (9.9%) and Luzerne (10.7%) counties have the highest percentage. Luzerne, Wayne, Lackawanna counties have the highest percentages of households with no computer. This includes desktop, laptops, smartphones, tablets, or other portable wireless computers. Parallel to households with no computers, Luzerne, Lackawanna, and Wayne counties have the highest percentages of households with no or slow internet.

Within the report area, Wayne County (129.3 per 100,00 population) reported the lowest rate of violent crime compared to other counties within the study area, and in the state (309.4). Violent crime includes homicide, rape, robbery, and aggravated assault. Monroe County reported the highest percentage of uninsured population at 7.1%, exceeding the state rate of 5.6%.



Prioritization Process

An internal prioritization session on November 29, 2022 offered an overview of the comprehensive data collected and allowed validation of preliminary results relevant to the community being served. The session is designed to determine and prioritize the major and/or key community health needs identified throughout the assessment of the seven-county primary service area. Discussion took place surrounding primary and secondary data to further validate health needs and priorities within the community served by The Wright Center for Community Health.

Through concerted discussions, participants achieved consensus and set priorities based on the magnitude of the identified health problem or issue, any historical or societal trends, its severity related to risk, morbidity, and mortality as well as the impact of the health issue on vulnerable populations and groups. To ensure continuity, participants reflected on community health needs from the 2022 assessment and aligned those with identified needs from 2019. New and emerging areas of focus and strategic direction for the future were determined.

2022 Final CHNA Needs

Based on the 2019 CHNA priorities, primary and secondary data, stakeholder interviews, and the prioritization session, The Wright Center for Community Health selected the following community health needs and sub needs to be the focus of work over the next three years:

A. Access to Care

- a. Shortage of providers who take Medicaid
- b. Chronic diseases among seniors
- c. Optometric services for children and youth

B. Behavioral Health

- a. Care coordination
- b. Lack of providers
- c. Need for behavioral health services

C. Chronic Diseases

- a. Affordability of services
- b. Lack of primary care providers
- c. Prevention and health management
- d. HIV education, prevention, and treatment

D. Dental Care

- a. Availability of dental services
- b. Access to dental care
- c. Appointment wait times

E. Social Determinants of Health (SDOH)

- a. Housing/homelessness
- b. Transportation
- c. Underserved populations
- d. Food insecurity



A) Access to Care

The Office of Disease Prevention and Health Promotion² indicates that access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing, and managing chronic diseases, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Access to care is imperative for a healthy community, affecting all other matters related to the health status of Pennsylvanians. Access to care, specifically primary care and specialty care is important to maintain sufficient health and wellbeing, receive adequate treatments, and take preventative measures. The Wright Center for Community Health will address access to care, emphasizing the shortage of providers who take Medicaid, chronic diseases among the senior population, and optometric services for the children and youth population.

² [Office of Disease Prevention and Health Promotion](#)

Community Need Index

Tripp Umbach obtained data from Dignity Health and Truven Health Analytics to quantify health disparities and their severity. Truven Health Analytics provides data and analytics to hospitals, health systems, and health-supported agencies.

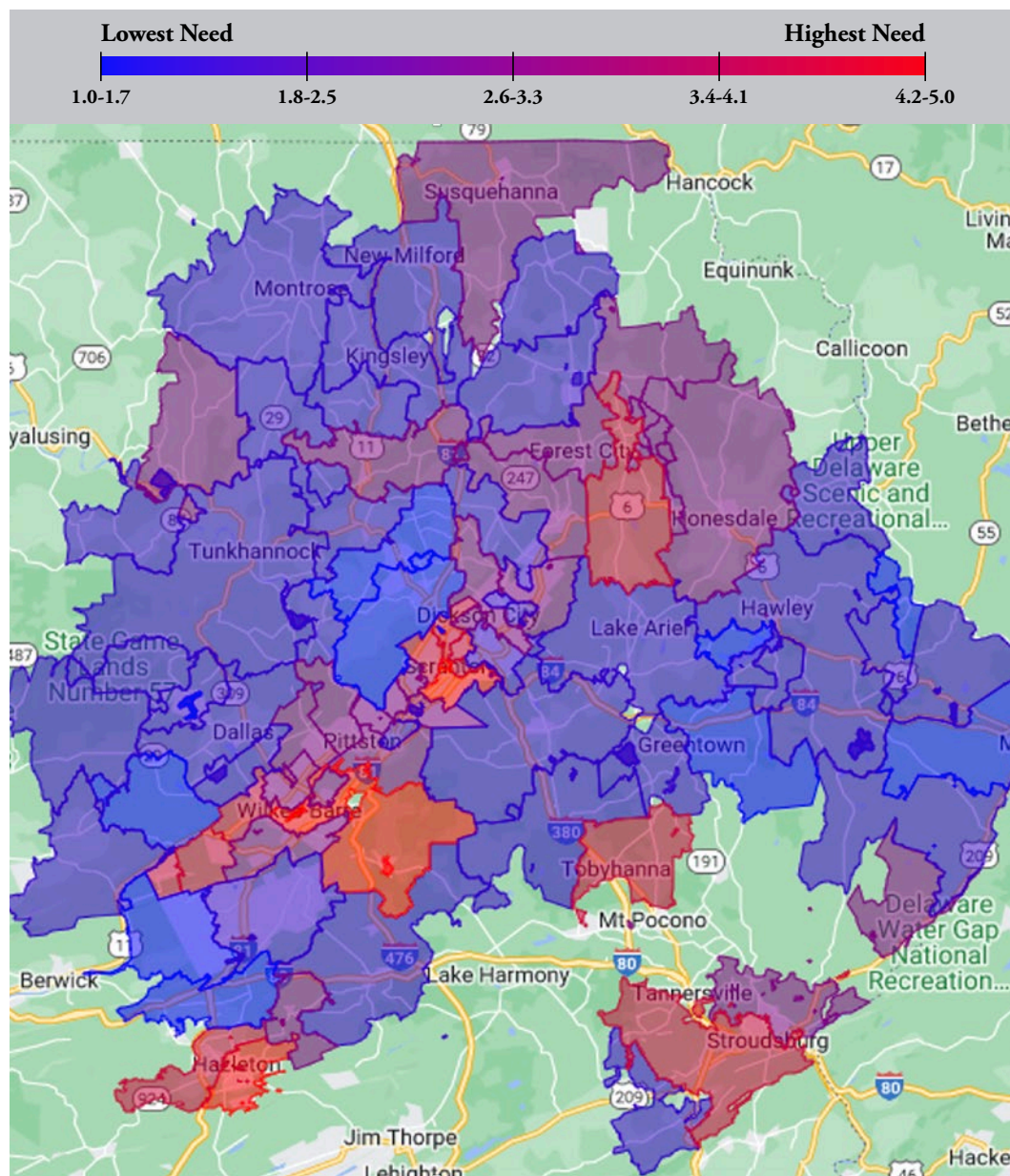
Five prominent socioeconomic barriers to community health are quantified in the Community Need Index (CNI): Economic barriers, cultural and language barriers, educational barriers, insurance barriers, and housing barriers. Based on the wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI should be used as part of a larger community need assessment and can help pinpoint specific areas of greatest need.

The ZIP codes in the CNI data reflect the seven-county primary service area of The Wright Center for Community Health. The CNI scores within each of the ZIP codes helped assist The Wright Center for Community Health in determining community needs and will assist when proceeding with the implementation strategies.

Data might not be available for a few ZIP codes because:

- CNI scores are not calculated for non-populated ZIP codes. These include such areas as national parks, public spaces, post office boxes, and large unoccupied buildings.
- CNI scores for ZIP codes with small populations (especially less than 100 people) may be less accurate. This is because the sample of respondents to the 2010 census is too small to provide accurate statistics for such ZIP codes. This issue is mitigated by either eliminating such ZIP codes from an analysis, or by making sure that low population ZIP codes are combined with other surrounding high population ZIP codes using the weighted average technique described above.

Figure 22: CNI ZIP Code Summary for The Wright Center for Community Health Primary Service Area



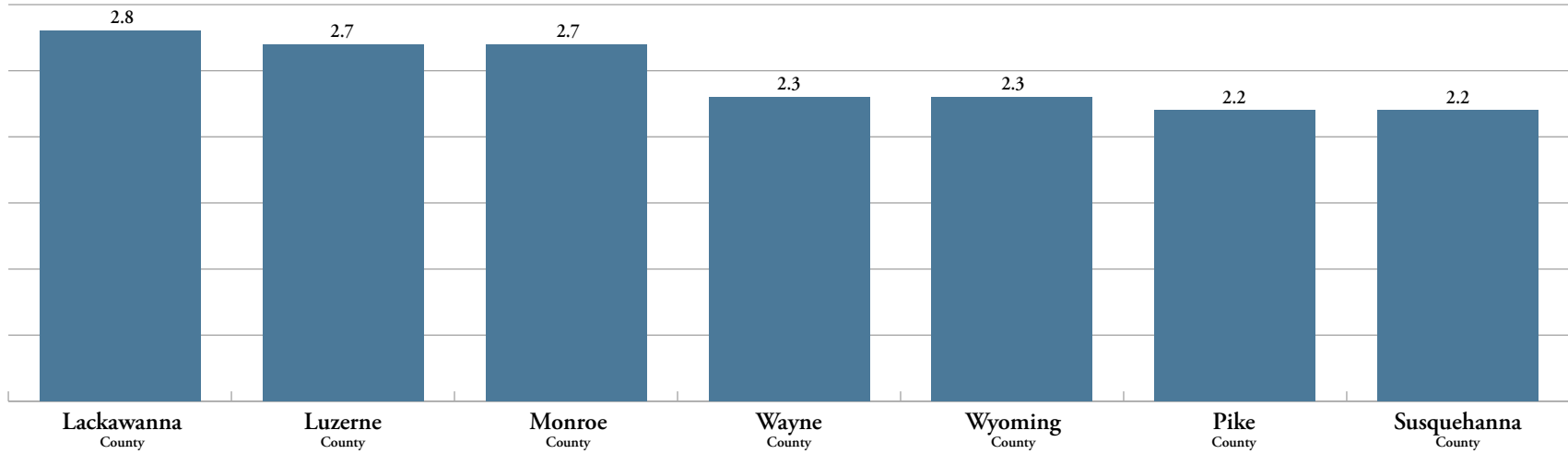
Source: Dignity Health and Truven Health Analytics

Figure 23: CNI Summary of ZIP Codes (2021)

ZIP Code	CNI Score	ZIP Code	CNI Score	ZIP Code	CNI Score	ZIP Code	CNI Score	ZIP Code	CNI Score
18503	4.4	18346	3	18461	2.6	18433	2	18350	1.6
18702	4.4	18372	3	18446	2.6	18434	2	18415	1.6
18505	4.2	18431	3	18340	2.6	18444	2	18427	1.6
18201	4.2	18437	3	18421	2.6	18452	2	18443	1.6
18508	4	18441	3	18847	2.6	18612	2	18435	1.6
18701	4	18518	2.8	18622	2.4	18405	2	18471	1.4
18504	3.8	18519	2.8	18641	2.4	18417	2	18222	1.4
18510	3.8	18643	2.8	18655	2.4	18615	2	18337	1.4
18344	3.8	18302	2.8	18322	2.4	18636	2	18426	1.4
18509	3.6	18332	2.8	18330	2.4	18657	2	18825	1.4
18202	3.6	18334	2.8	18353	2.4	18451	2	18842	1.4
18617	3.6	18354	2.8	18610	2.4	18470	2	18438	1.2
18634	3.6	18455	2.8	18445	2.4	18824	2	18812	1.2
18225	3.4	18623	2.8	18462	2.4	18826	2		
18651	3.4	18630	2.8	18425	2.4	18219	1.8		
18327	3.4	18324	2.8	18458	2.4	18618	1.8		
18360	3.4	18336	2.8	18512	2.2	18635	1.8		
18466	3.4	18371	2.8	18661	2.2	18656	1.8		
18472	3.4	18828	2.8	18708	2.2	18707	1.8		
18507	3.2	18403	2.6	18331	2.2	18058	1.8		
18224	3.2	18447	2.6	18347	2.2	18436	1.8		
18706	3.2	18246	2.6	18463	2.2	18469	1.8		
18301	3.2	18642	2.6	18419	2.2	18464	1.8		
18321	3.2	18644	2.6	18629	2.2	18818	1.8		
18460	3.2	18709	2.6	18328	2.2	18830	1.8		
18821	3.2	18325	2.6	18428	2.2	18844	1.8		
18822	3.2	18326	2.6	18430	2.2	18411	1.6		
18407	3	18355	2.6	18465	2.2	18414	1.6		
18517	3	18370	2.6	18801	2.2	18249	1.6		
18640	3	18439	2.6	18823	2.2	18621	1.6		
18704	3	18453	2.6	18834	2.2	18660	1.6		
18705	3	18456	2.6	18424	2	18333	1.6		

Source: Dignity Health and Truven Health Analytics

Figure 24: CNI Summary of County Average (2021)



Source: Dignity Health and Truven Health Analytics

Figure 25: 15 Highest CNI Scores in PSA (2021)

ZIP Code	CNI Score	City
18503	4.4	Scranton
18702	4.4	Wilkes-Barre
18505	4.2	Scranton
18201	4.2	Hazleton
18508	4.0	Scranton
18701	4.0	Wilkes-Barre
18504	3.8	Scranton
18510	3.8	Scranton
18509	3.6	Scranton
18202	3.6	Hazleton
18617	3.6	Glen Lyon
18634	3.6	Nanticoke
18651	3.4	Plymouth
18360	3.4	Stroudsburg
18466	3.4	Tobyhanna

Source: Dignity Health; Truven Health Analytics

Figure 26: 15 Lowest CNI Scores in PSA (2021)

ZIP Code	CNI Score	City
18656	1.8	Sweet Valley
18707	1.8	Mountain Top
18464	1.8	Tafton
18844	1.8	Springville
18436	1.8	Lake Ariel
18411	1.6	Clarks Summit
18414	1.6	Dalton
18621	1.6	Hunlock Creek
18660	1.6	Wapwallopen
18435	1.6	Lackawaxen
18471	1.4	Waverly
18222	1.4	Drums
18337	1.4	Milford
18426	1.4	Greentown
18438	1.2	Lakeville

Source: Dignity Health; Truven Health Analytics

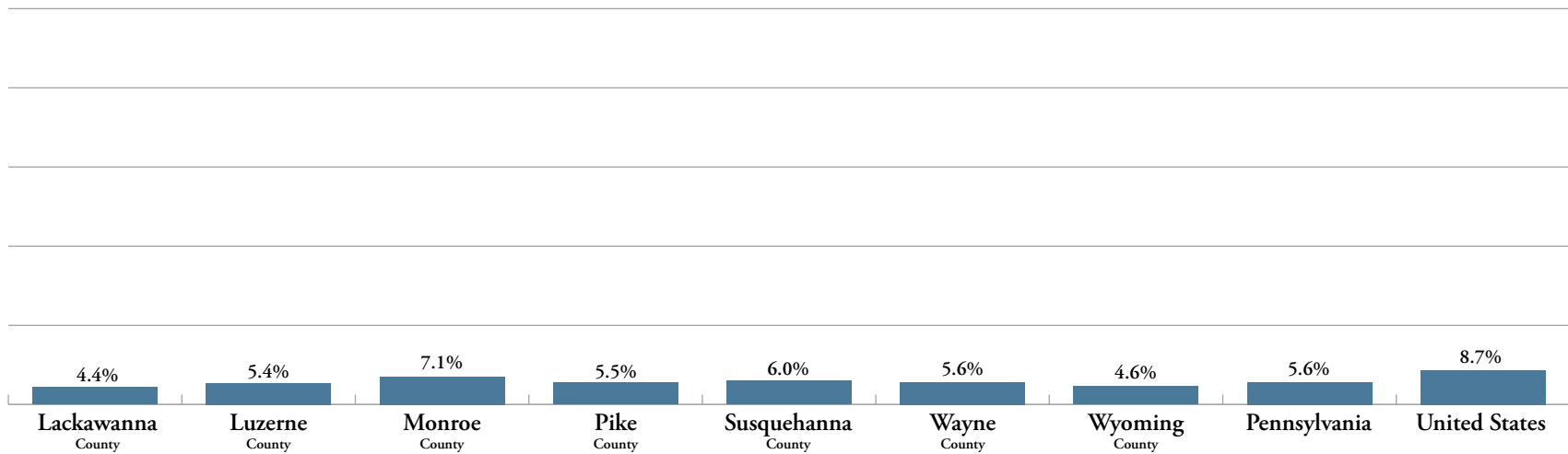
Shortage of Providers Who Take Medicaid

Medicaid was created in 1966 to provide health coverage to uninsured, low-income Americans. Since then, the state-federal program has become a vital source of healthcare for children, adults, the elderly, and people with disabilities. Medicaid costs more than \$600 billion a year and provides healthcare to more than 70 million Americans.³

Medicaid in Pennsylvania has experienced a significant transformation since expanding in 2015. More than three million residents are covered by Medicaid, including more than 1 million non-disabled, non-elderly adults, and more than 1.1 million children.⁴

Having health insurance does not always mean that people can access care. Insurance policy limitations regarding provider networks and covered services, provider availability, and provider acceptance of various insurance plans vary across Pennsylvania. In the report area, an average of 5.5% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 5.6%. Figure 27 below shows that Lackawanna County reported the lowest percentage of uninsured population at 4.4% and Monroe County reported the highest percentage of uninsured population at 7.1%.

Figure 27: Health Insurance, Uninsured Total Population (2016-2020)



Source: U.S. Census Bureau, American Community Survey

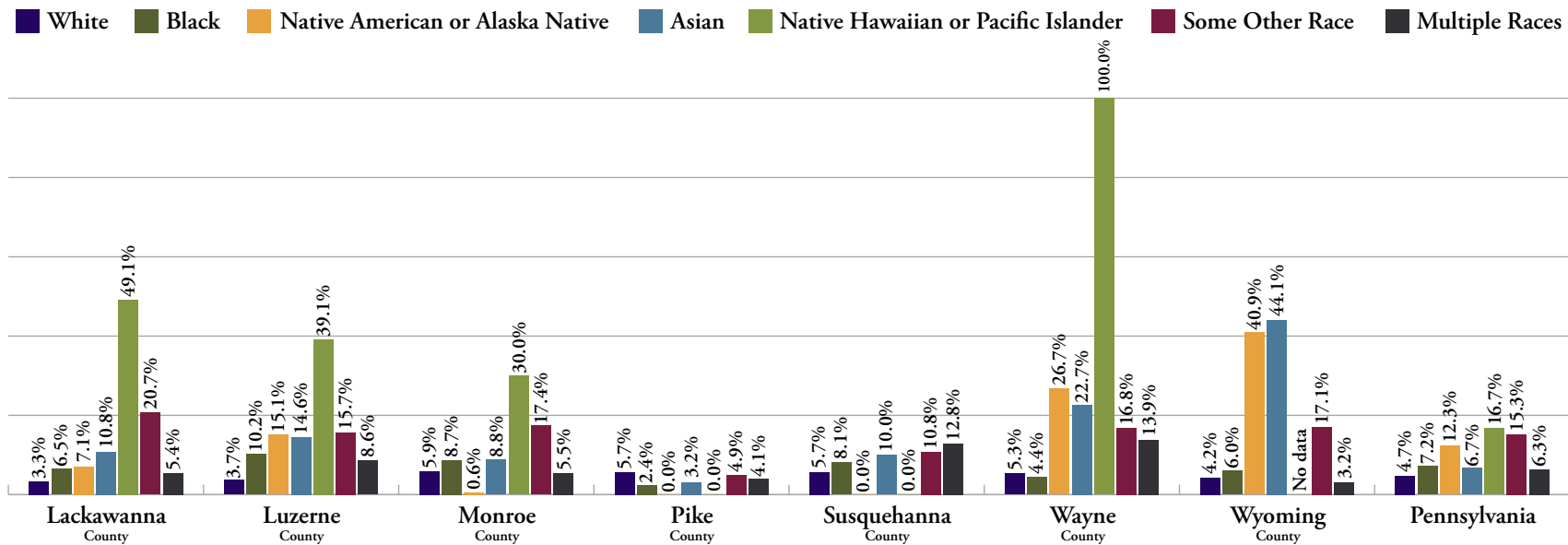
³ [Pennsylvania Department of Human Services, 2020](#)

⁴ Ibid.



In Pennsylvania in 2020, non-Hispanic Black adults were less likely to have healthcare insurance and be more unable to see a doctor because of cost than white adults. Hispanics were less likely to have insurance, be more unable to see a doctor because of cost, and more likely to not have a personal healthcare provider than non-Hispanic White adults.⁵

Figure 28: Health Insurance – Uninsured by Race (2016-2020)



Source: U.S. Census Bureau

⁵ [The State of Our Health: A Statewide Health Assessment of Pennsylvania, 2022](#)

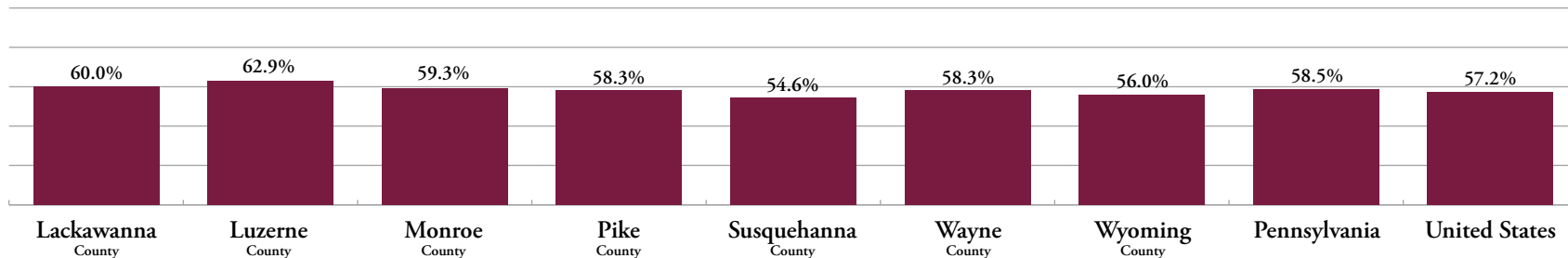


Chronic Diseases Among Seniors

Older adults are at a significantly higher risk of having multiple chronic diseases and associated functional impairment. According to the National Institute on Aging, approximately 85 percent of older adults have at least one chronic health condition, and 60 percent have at least two chronic conditions. For many older people, coping with a chronic condition can be a serious challenge. Learning to manage a variety of treatments while maintaining quality of life can be problematic. As aging continues, many older adults live with a growing number of complex health issues, impacting their day-to-day functioning and overall quality of life. In order to enhance the lives of seniors, it is important to educate them about chronic diseases and connect them with appropriate community resources.

Figure 29 below shows the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Luzerne County has the highest reported percentage of residents with high blood pressure among the Medicare population.

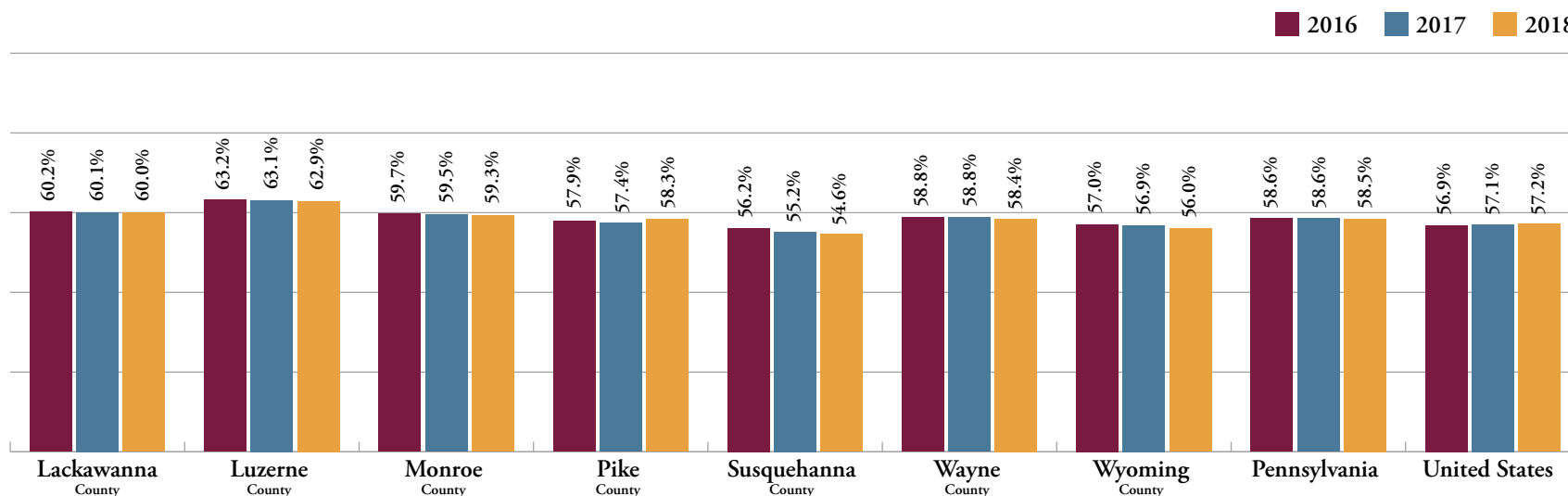
Figure 29: High Blood Pressure, Medicare Population (2018)



Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018

Figure 30 below shows the percentages of individuals within the Medicare population reporting high blood pressure in 2016, 2017 and 2018.

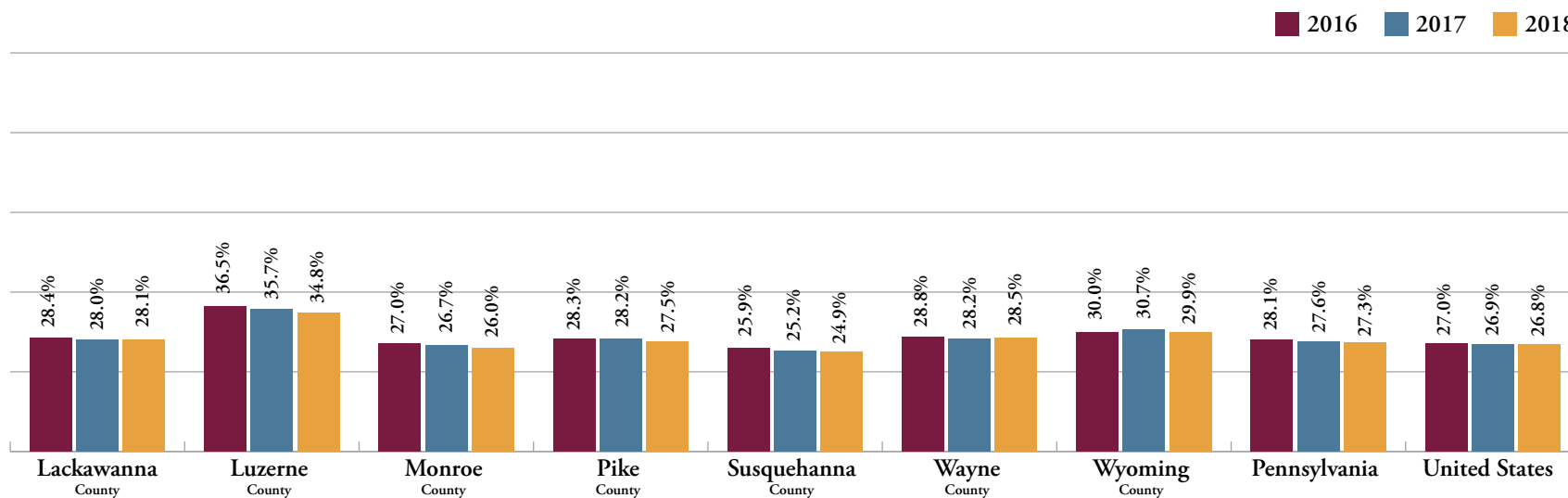
Figure 30: Population with High Blood Pressure, Medicare Population (2016-2018)



Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018

Figure 31 below reports the percentage of the Medicare fee-for-service population with ischemic heart disease. Luzerne County consistently reported higher rates of the Medicare population with heart disease from 2016 to 2018.

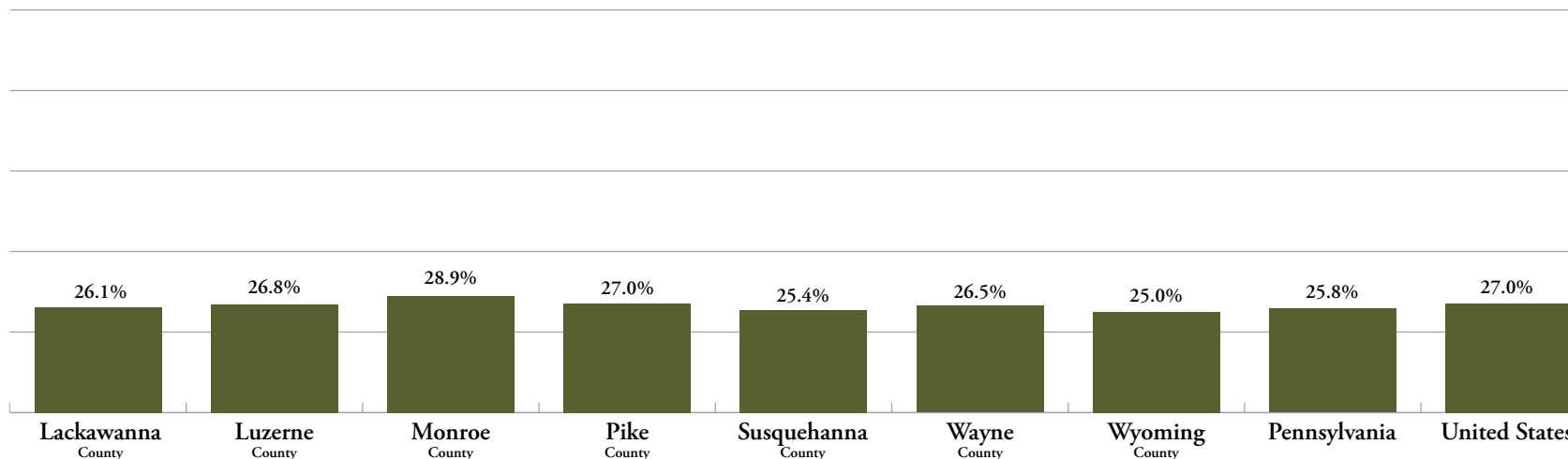
Figure 31: Population with Heart Disease, Medicare Population (2016-2018)



Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018

Figure 32 below reports the percentage of the Medicare fee-for-service population with diabetes. Monroe County reported the highest rates of the Medicare population with diabetes compared to other counties and the state.

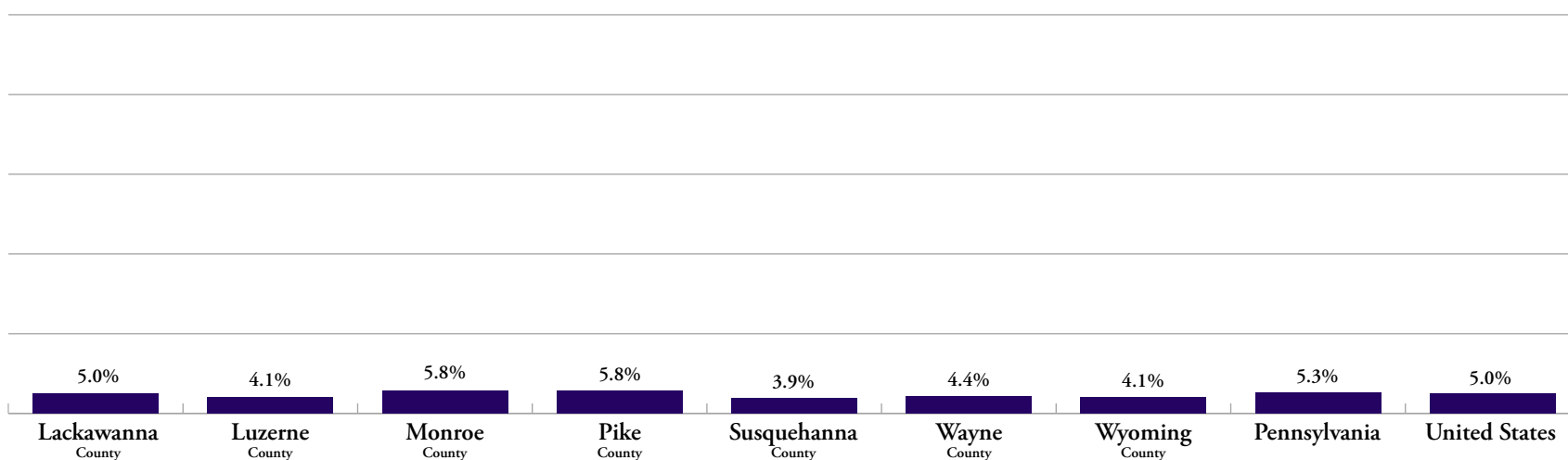
Figure 32: Diabetes, Medicare Population (2018)



Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018

Figure 33 below shows the percentage of the Medicare fee-for-service population with asthma. Monroe County and Pike County residents have the highest asthma rates among the Medicare population compared to other counties in the service area.

Figure 33: Asthma, Medicare Population (2018)



Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018



Optometric Services for Children⁶

Vision plays a critical role in children’s physical, cognitive, and social development. Without early detection and treatment, uncorrected vision disorders can impair child development, interfere with learning, and even lead to permanent vision loss. Visual functioning is a strong predictor of academic performance in school-aged children, and vision disorders in childhood may continue to affect health and well-being through adulthood. Vision is a global concern. According to the World Health Organization (WHO)⁷, 2.2 billion people have vision impairment, with an estimated 1 billion of them children. One of the biggest concerns is that vision loss will impact a child’s quality of life, affecting financial, social, and employment opportunities over their lifespan.

The economic costs of children’s vision disorders are significant, amounting to \$10 billion yearly in the United States.⁸ This estimate accounts for the costs of medical care, vision aids and devices, caregivers, special education, federal assistance programs, vision screening programs, and quality of life losses, and does not take into account any limitations in future employment or social opportunities.

According to the 2016–2017 National Survey of Children’s Health, 1.6% of U.S. children from birth through 17 years suffered from blindness or had problems seeing even with the use of glasses, which represents over 1.1 million children. The number of preschool children (ages 3 to 5) in the U.S. with vision impairment is estimated to be more than 174,000.¹³ An analysis of children’s vision disorders in 2015 with projections to 2060 indicates significant increases in visual impairment among Hispanic, Asian American, and multi-racial children ages three to six years old.⁹ It is difficult to determine with certainty how many children receive vision a screening in the United States. since estimates vary depending on the date source and type of screenings studied. Figure 34 below shows data from the National Survey of Children’s Health. The numbers represent the percentage of respondents that answered “yes” to the question: “Has (child) [ever (0-5)/during the past 2 years (2016-2017)] had his or her vision tested with pictures, shapes, or letters?”

Figure 34: Vision Screening Percentages (2016-2017)¹⁰

	0-5 Years Old	6-11 Years Old	12-17 Years Old	Hispanic	White	Black	Asian	Other
Pennsylvania	41.1%	86.2%	88.1%	75.9%	71.0%	68.0%	80.6%	69.8%

Source: National Center for Children’s Vision and Eye Health

As difficult as it is to determine reliable rates of vision screening, it is even more difficult to determine population-based estimates of the percentages of children receiving diagnostic examinations and treatment after receiving a referral for an eye examination from a vision screening program.

⁶ [Pennsylvania Department of Health](#)

⁷ [World Health Organization \(WHO\)](#), 2019

⁸ [The Economic Burden of Major Adult Visual Disorders in the United States](#), 2006

⁹ [National Survey of Children’s Health, Child and Adolescent Health Measurement Initiative](#), 2016-2017

¹⁰ [National Center for Children’s Vision and Eye Health](#)

In a study of vision screening within medical home settings, fewer than half of preschool-age children who did not pass the screening were referred for diagnostic examination.¹¹ Additionally, some children who receive referrals do not obtain the necessary care. In one study, two-thirds of children with referrals did not obtain further care. Cost, access to providers, and parental awareness of the significance of vision disorders pose barriers to obtaining eye examinations and eyeglasses after a referral from a vision screening.

Figure 35 below shows the percentage of Pennsylvanians who are blind or have a serious difficulty seeing, even while wearing glasses.

Figure 35: Blind or Serious Difficulty Seeing, Even With Glasses, (2019)¹²

Blind or Serious Difficulty Seeing, Even with Glasses*	
All Adults	4%
Gender	
Male	4%
Female	4%
Age	
18-29	2%
30-44	2%
45-64	4%
65+	6%
Education	
Less than high school	9%
High school	5%
Some college	3%
College degree	2%

Household Income	
< \$15,000	12%
\$15,000 to \$24,999	9%
\$25,000 to \$49,999	4%
\$50,000 to \$74,999	2%
\$75,000+	1%
Race	
White, non-Hispanic	3%
Black, non-Hispanic	7%
Hispanic	7%

*Excludes missing, don't know, and refused

Source: Pennsylvania Department of Health

Given the importance of vision in early childhood development, much work and effort is needed to build awareness of the significance of vision disorders and ensure that every state initiates a comprehensive system to promote vision and eye health.

Access to healthcare services should always be convenient and available for all populations. Access to good healthcare can improve residents' overall health status, improve quality of life, reduce chronic diseases, and provide sufficient treatment to illnesses and other conditions. Overall, improving access to care is critical for improving the community health of the community.

¹¹ [Centers for Disease Control](#), 2014

¹² [Pennsylvania Department of Health](#)



B) Behavioral Health

Behavioral health, which includes mental health and substance use, affects everyone throughout the United States. The prevalence of behavioral health continues to grow exponentially. Behavioral health examines how a person's habits affect their mental and physical health. This includes behaviors related to physical activity, nutrition, smoking, sleep, and more. Individuals with mental health or substance use issues may benefit from changes in their behaviors to better cope. Behavioral health is an umbrella term that also includes mental health and substance-use disorder. Access to behavioral health services is a growing concern not only regionally but nationally as well. In 2019-2020, 20.78% of adults reported that they were experiencing a mental illness. That is equivalent to more than 50 million Americans.¹³

While healthcare providers deliver behavioral healthcare services every day, access to affordable services, availability of qualified providers, and care coordination remains a significant challenge for many Americans, and The Wright Center for Community Health's service area is no exception.

¹³ [Mental Health America](#)



Care Coordination

Collaboration among healthcare institutions, individual providers, nonprofit organizations, government organizations, and community leaders is imperative in supporting behavioral health outcomes across the world.

More than half of adults with a mental illness do not receive treatment, totaling more than 28 million individuals nationally. The majority of individuals with a substance use disorder are not receiving treatment. A total of 15.35% of adults reported having a substance use disorder in the past year. Of those individuals, 93.3% of them did not receive any treatment.¹⁴ Access to behavioral health is essential to good overall health; with prevention and effective treatment options, behavioral health services allow individuals to recover from a mental health crisis.

More than one in 10 youths in the United States are experiencing depression that is severely impairing their ability to function at school, work, at home, with family, or socially. Most youths with severe depression do not receive any care.¹⁵

^{14,15} Ibid.

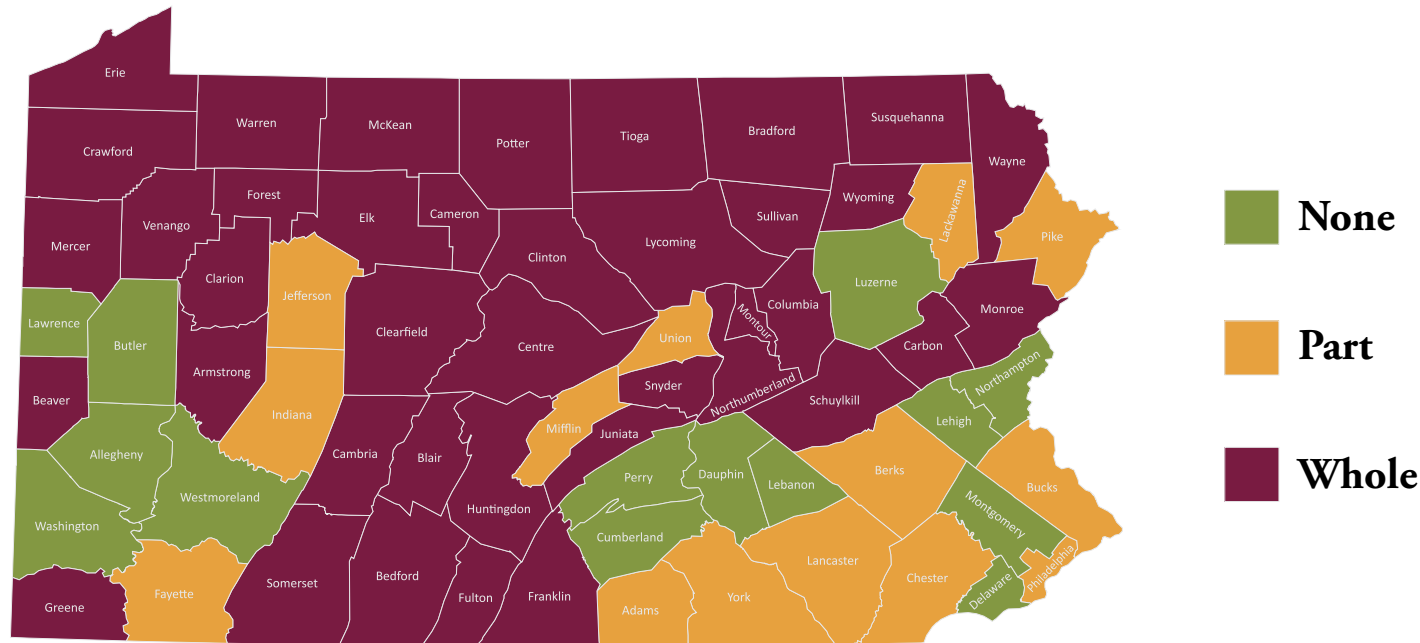
Lack of Providers

Health Professional Shortage Areas (HPSAs) indicate geographic areas and populations experiencing a shortage of healthcare professionals and facilities in primary care, dental health, or mental health. In 2021, according to the Pennsylvania Department of Health, about two million Pennsylvanians (16%) lived in dental HPSAs, 1.7 million (14%) lived in mental healthcare HPSAs, and a half million (4%) lived in primary-care HPSAs. In order to remove these designations, an additional 280 dentists, 103 mental health professionals, and 117 primary-care physicians would be needed.¹⁶

According to the U.S Bureau of Labor Statistics, in 2018, about 85 primary-care physicians practiced per 100,000 residents. Millions of Pennsylvanians lived in Health Professional Shortage Areas. Rates per 100,000 residents of primary-care doctors, dentists, mental health providers, and nurse practitioners in rural Pennsylvania are low compared to urban areas.

The Mental Health Professional Shortage Areas (HPSAs) shown in map 36 below indicate that although Luzerne County is not experiencing a mental health professional shortage, four of the seven counties in the service area are in a mental health professional shortage area as a whole county, and two of the seven counties are partially in a mental health professional shortage area.

Map 36: Mental Health HPSAs by County



Source: Geisinger Northeast Region and Behavioral Health

¹⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)

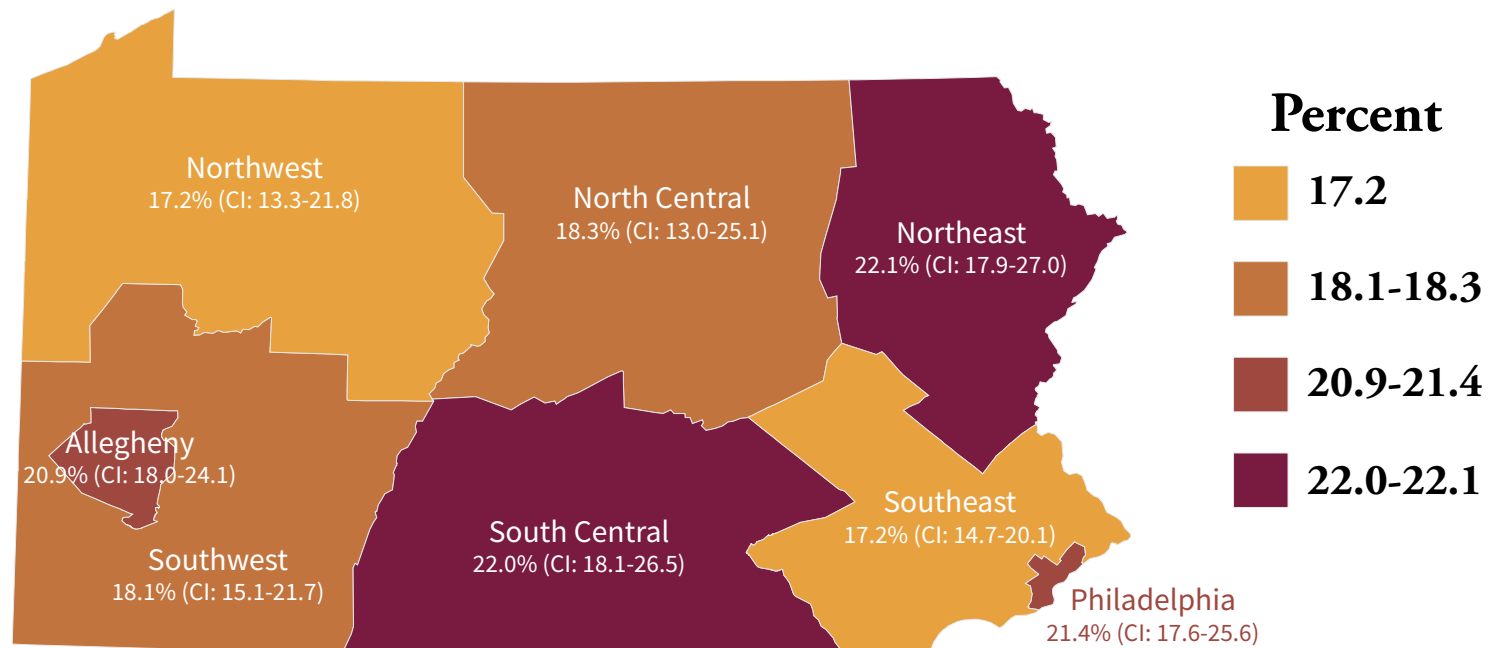
Need for Behavioral Health Services

Mental illnesses are the most common health condition in the United States as more than 50% will be diagnosed with a mental illness or disorder in their lifetime.¹⁷

In 2020, about 14% of adults in Pennsylvania experienced frequent mental distress, defined as having not good mental health in 14 or more days in the past month. The rate of suicides increased over the past decade, and 1,887 Pennsylvanians took their lives in 2019. By race, the highest suicide rates were among whites. Among high school students, in 2019, 35% felt sad or hopeless, and 8% reported to have attempted suicide. Hispanic youth (42%) and lesbian, gay, or bisexual youth (62%) were even more likely to have reported feeling sad or hopeless.¹⁸

Map 37 below shows Pennsylvania broken into regions. The northeast area of Pennsylvania has the highest percentage of those under age 18 living with anyone who was depressed, mentally ill, or suicidal.

Map 37: Younger Than 18, Lived with Anyone Who Was Depressed, Mentally Ill or Suicidal, Pennsylvania Health Districts (2019)



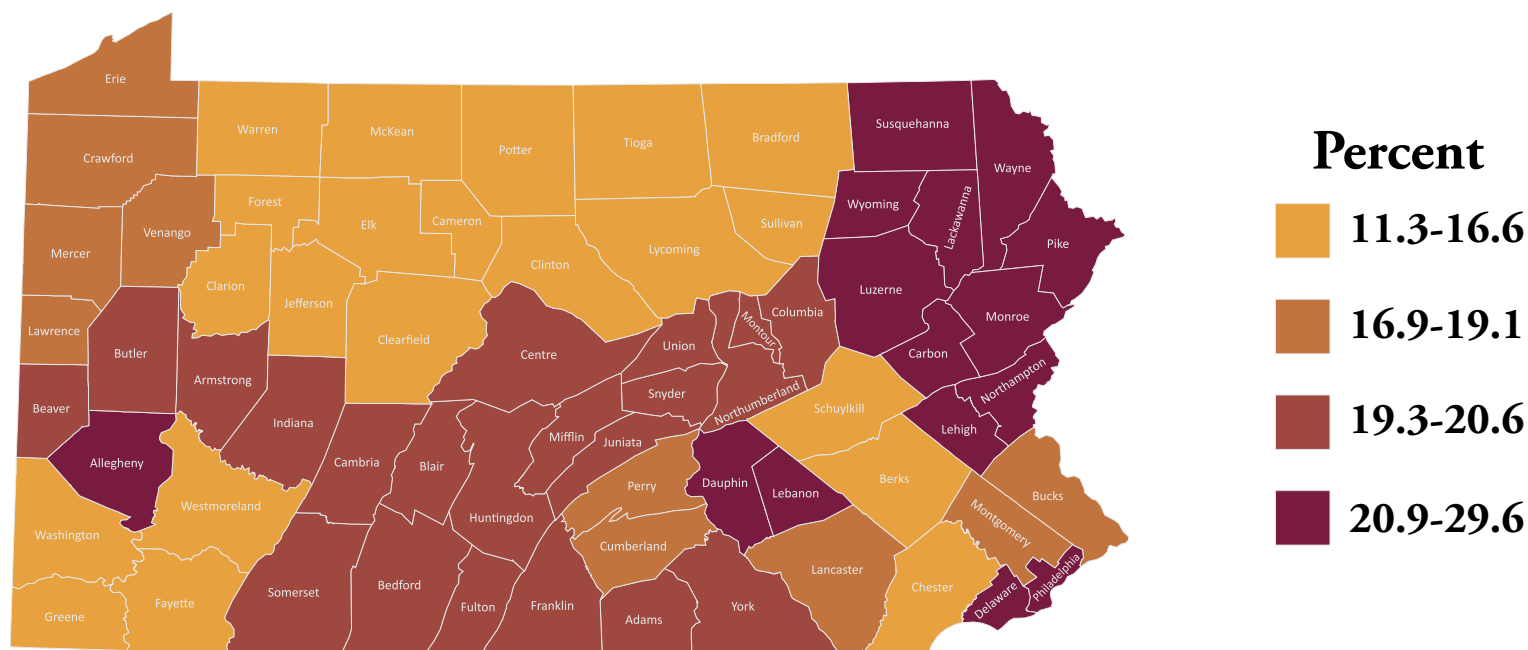
Source: Pennsylvania BRFSS

¹⁷ [Centers for Disease Control and Prevention](#)

¹⁸ [Center for Disease Control and Prevention](#)

Map 38 shows a further breakdown of the Pennsylvania regions above. A total of 21.6% of the Lackawanna, Luzerne, and Wyoming county regions indicated that they lived with anyone who was depressed, mentally ill, or suicidal before age 18. Nearly 24% in the Pike, Monroe, Susquehanna, and Wayne county regions reported living with anyone who was depressed, mentally ill, or suicidal before age 18.

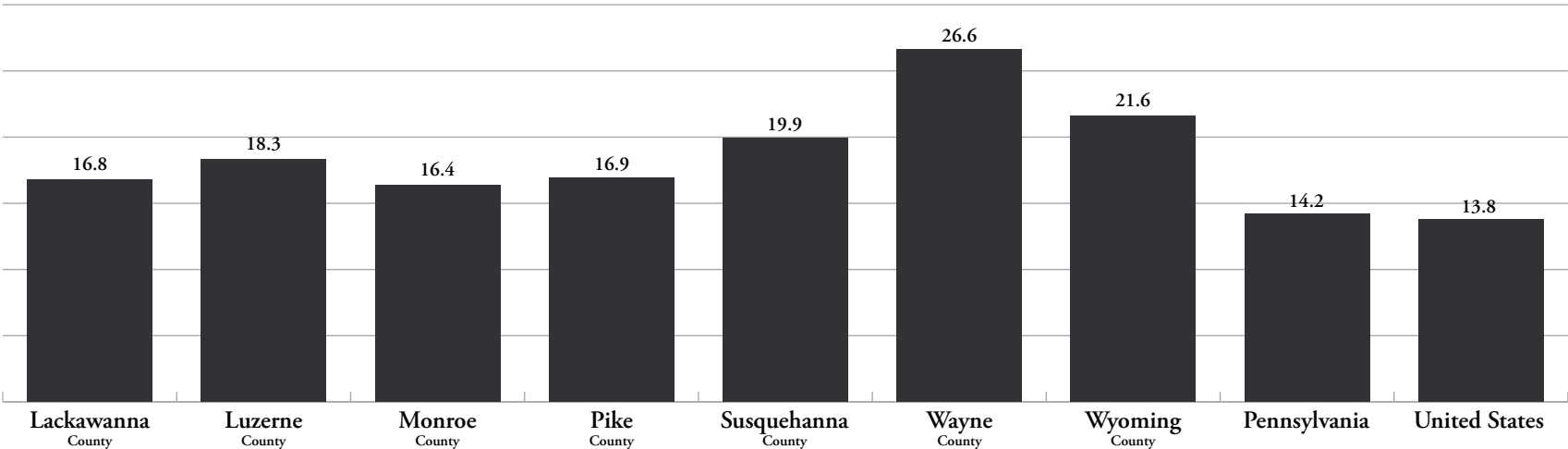
Map 38: Younger Than 18, Lived with Anyone Who Was Depressed, Mentally Ill or Suicidal, Pennsylvania Regions (2019)



Source: Pennsylvania BRFSS

Wayne County (26.6 per 100,000 residents) reported the highest rate of suicide mortality compared to the state (14.2). This indicator represents the 2016-2020 five-year average rate of death caused by intentional self-harm. Suicide is an indicator of poor mental health.

Figure 39: Suicide Mortality (2016-2020)



Source: Centers for Disease Control and Prevention, National Vital Statistics System



According to the CDC, excessive alcohol use contributes to approximately 88,000 death each year within the United States. The estimates of adults who indicated binge drinking, chronic drinking, or being at risk for problem drinking are shown in Figure 40.

Binge drinking is defined as having five or more drinks on one occasion for men and having four or more drinks on one occasion for women. An individual at risk for problem drinking means adult men having more than two drinks per day and adult women having more than one drink per day. Chronic drinking is defined as having an average of two drinks or more every day for the past 30 days. In 2018, adults identifying as lesbian, gay, or bisexual were more likely to report binge drinking (31%) than heterosexual adults (16%).

Figure 40: Adults Reporting Excessive Drinking (2019)¹⁹

Demographic	Binge Drinking	At Risk for Problem Drinking	Chronic Drinking
All Adults	17%	7%	7%
Gender			
Male	21%	8%	11%
Female	13%	7%	4%
Age			
18-29	28%	9%	9%
30-44	23%	10%	8%
45-64	16%	8%	8%
65+	5%	3%	5%
Education			
Less than high school	11%	4%	4%
High school	15%	7%	7%
Some college	20%	9%	8%
College degree	17%	8%	8%
Household Income			
< \$15,000	17%	7%	8%
\$15,000 to \$24,999	9%	5%	5%
\$25,000 to \$49,999	16%	6%	6%
\$50,000 to \$74,999	19%	8%	10%
\$75,000+	21%	10%	9%
Race			
White, non-Hispanic	17%	8%	8%
Black, non-Hispanic	17%	7%	7%
Hispanic	16%	5%	5%

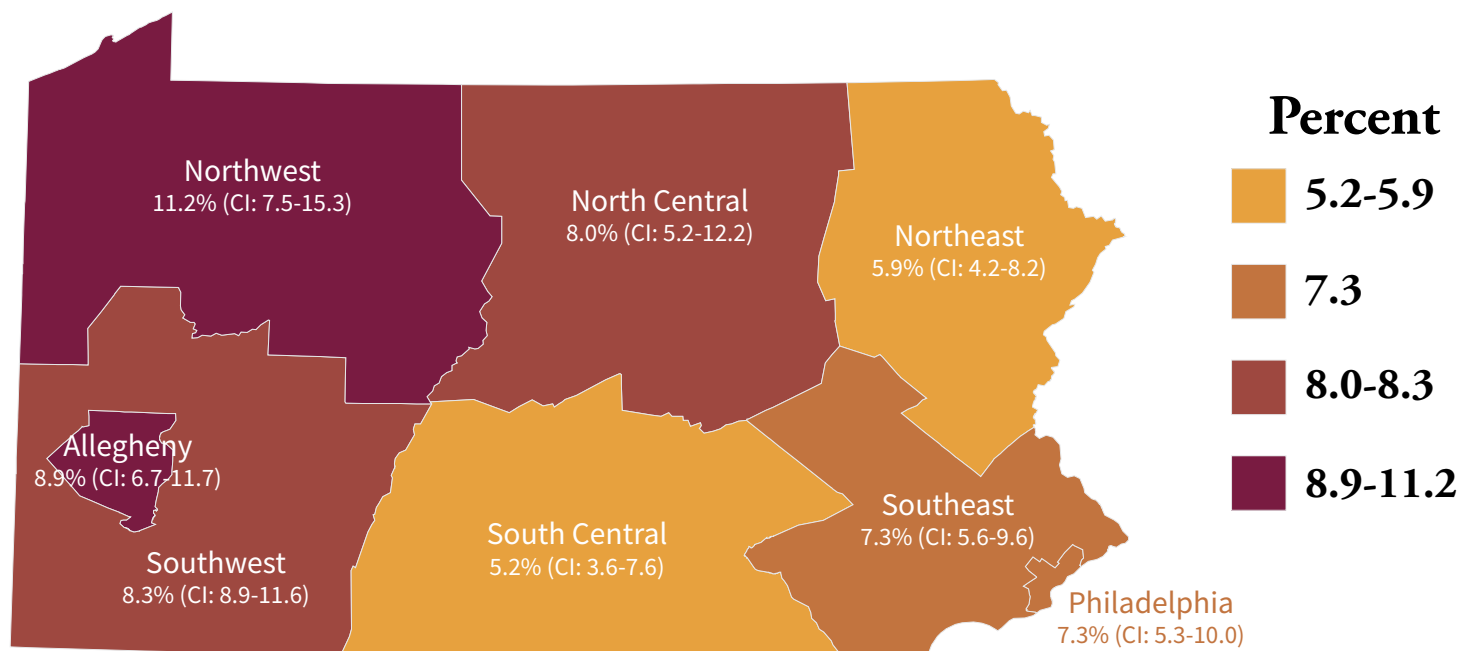
Source: Pennsylvania Department of Health

¹⁹ [Pennsylvania Department of Health](#), 2020



The excessive drinking rate has exceeded the statewide totals in the past few years. The percentage of adults participating in excessive drinking throughout the region, 9%, exceeds the statewide rate of 6%, following a sharp increase in 2016-2018. Regarding at-risk problem drinking, the regions remained stable except for the Northwest region, 11.2% (2020) and 4.7% (2019).

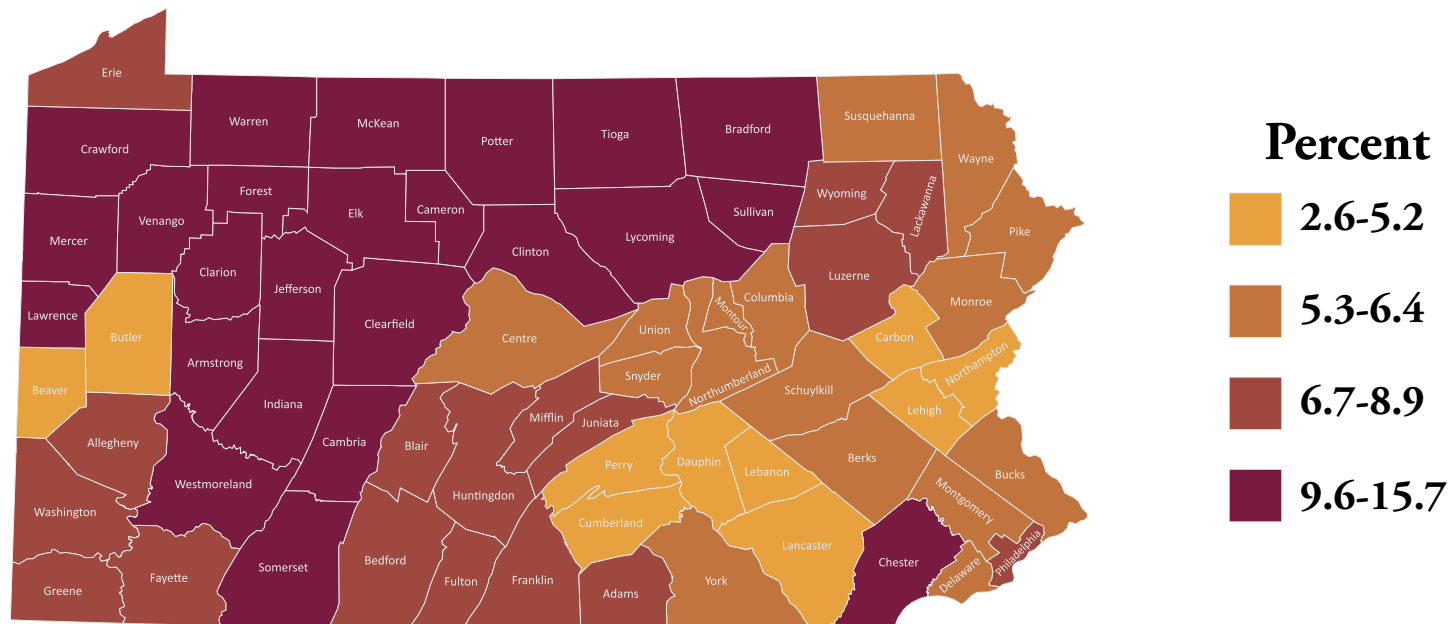
Map 41: At Risk for Problem Drinking, Pennsylvania Health Districts (2020)



Source: Pennsylvania BRFSS

In the further breakdown of regions in map 42, Lackawanna, Luzerne, and Wyoming Counties saw a slight increase from 6.5% (2019) to 6.7% (2020). Pike, Monroe, Susquehanna, and Wayne were 5.8% (2020).

Map 42: At Risk for problem Drinking (2020)



Source: Pennsylvania BRFS





Substance abuse is one of the biggest challenges in Pennsylvania, with the use of opioids a major problem. Drug overdose deaths in Pennsylvania increased by 14% from 2020 to 2021.²⁰ In 2019, 27% of high school students used cigarettes, cigars, smokeless tobacco, or electronic vapor products. Non-Hispanic whites were more likely than non-Hispanic Black or Hispanic students to use cigarettes, cigars, smokeless tobacco, or electronic vapor products.²¹

More than 1,000 people are treated in emergency departments each day for misusing prescription opioids. The estimate of adults who reported they used any prescription pain medications in the past year, used prescription pain medicines not prescribed to them in the past year, or used non-prescription street drugs that were injected or snorted in the past year are shown in Figure 43.

A total of 6% of adults in Pennsylvania used prescription pain medicines not prescribed to them in the past year, and 2% used non-prescription street drugs that were injected or snorted in the past year. The percentages of males and females regarding opioid use was approximately even. The age bracket of 30-44-year-olds had the highest percentage for use of prescription pain medicines not prescribed to them in the past year and use of non-prescription street drugs that were injected or snorted in the past year. The race demographic with the highest percentage in all three categories displayed in figure 43 is Black, non-Hispanic.

²⁰ [Pennsylvania Office of Rural Health](#)

²¹ Ibid.

Figure 43: Opioid Use, Pennsylvania Adults (2020)²²

Demographic	Used Any Prescription Pain Medications in the Past Year*	Used Prescription Pain Medicines Not Prescribed to You in the Past Year	Used Non-Prescription Street Drugs That Were Injected or Snorted in the Past Year
All Adults	28%	6%	2%
Gender			
Male	26%	7%	2%
Female	29%	5%	1%
Age			
18-29	19%	NSR	2%
30-44	23%	7%	4%
45-64	27%	5%	1%
65+	38%	4%	1%
Education			
Less than high school	35%	NSR	3%
High school	28%	6%	1%
Some college	29%	5%	2%
College degree	24%	7%	1%
Household Income			
< \$15,000	43%	4%	3%
\$15,000 to \$24,999	37%	8%	2%
\$25,000 to \$49,999	31%	7%	3%
\$50,000 to \$74,999	24%	7%	1%
\$75,000+	22%	6%	1%
Race			
White	27%	5%	1%
Black	34%	10%	4%
Hispanic	32%	NSR	NSR

*Excludes missing, don't know and refused

Note: If “NSR” is displayed, then the total response is less than 50 and/or the percentage prevalence is considered “not statistically reliable”

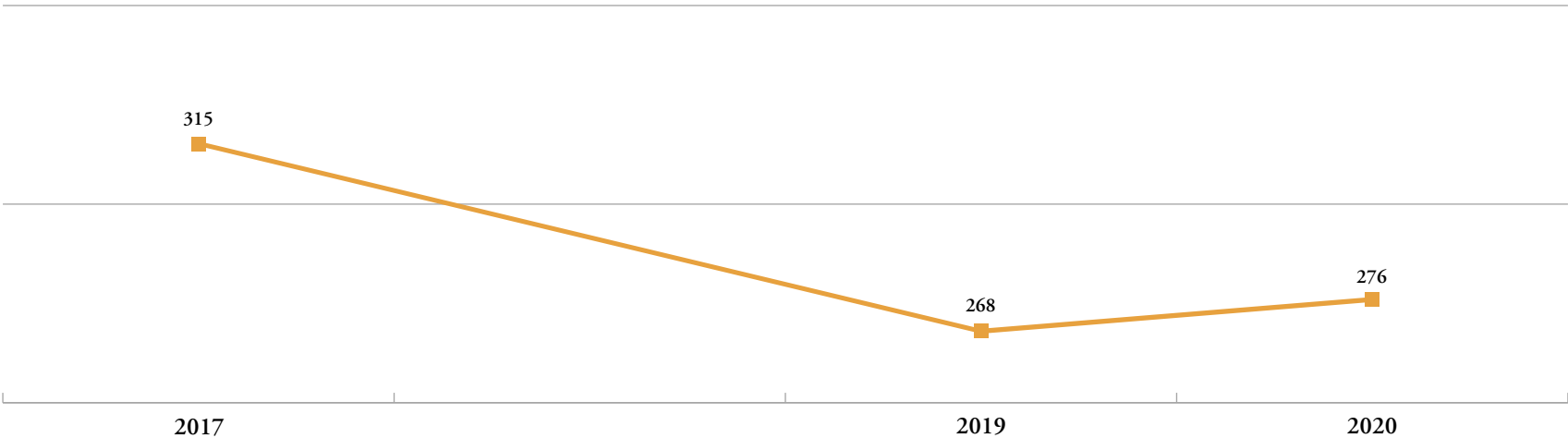
Source: Pennsylvania Department of Health

²² [Pennsylvania Department of Health, 2020](#)

Fentanyl is a major factor in persistent deaths from drug overdoses. Drug overdose deaths in Lackawanna and Luzerne counties increased from 2019 to 2020. Wayne County had a decrease in drug overdose deaths from 2019 to 2020. The prevalence of these high-risk behaviors is a substantial public health concern.

Looking at Figure 44 below, reports a decline in the number of adults per 1,000 Pennsylvanians who have used prescription pain medications from 2017 to 2019, but an increase into 2020.

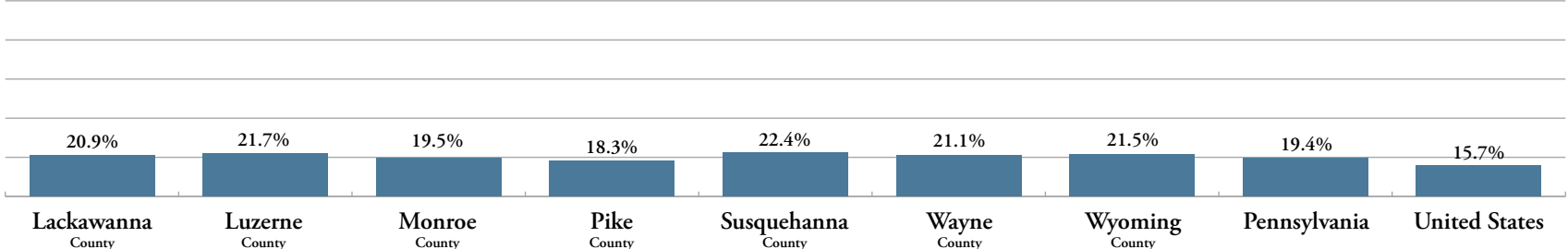
Figure 44: Used Any Prescription Paid Medications in the Past Year Prevalence per 1,000 Pennsylvania Population (2017-2020)²³



Source: Pennsylvania Department of Health

All counties except for Pike County reported higher rates of tobacco use compared to the state. This indicator reports the percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Figure 45: Tobacco Usage – Current Smokers (2019)²⁴



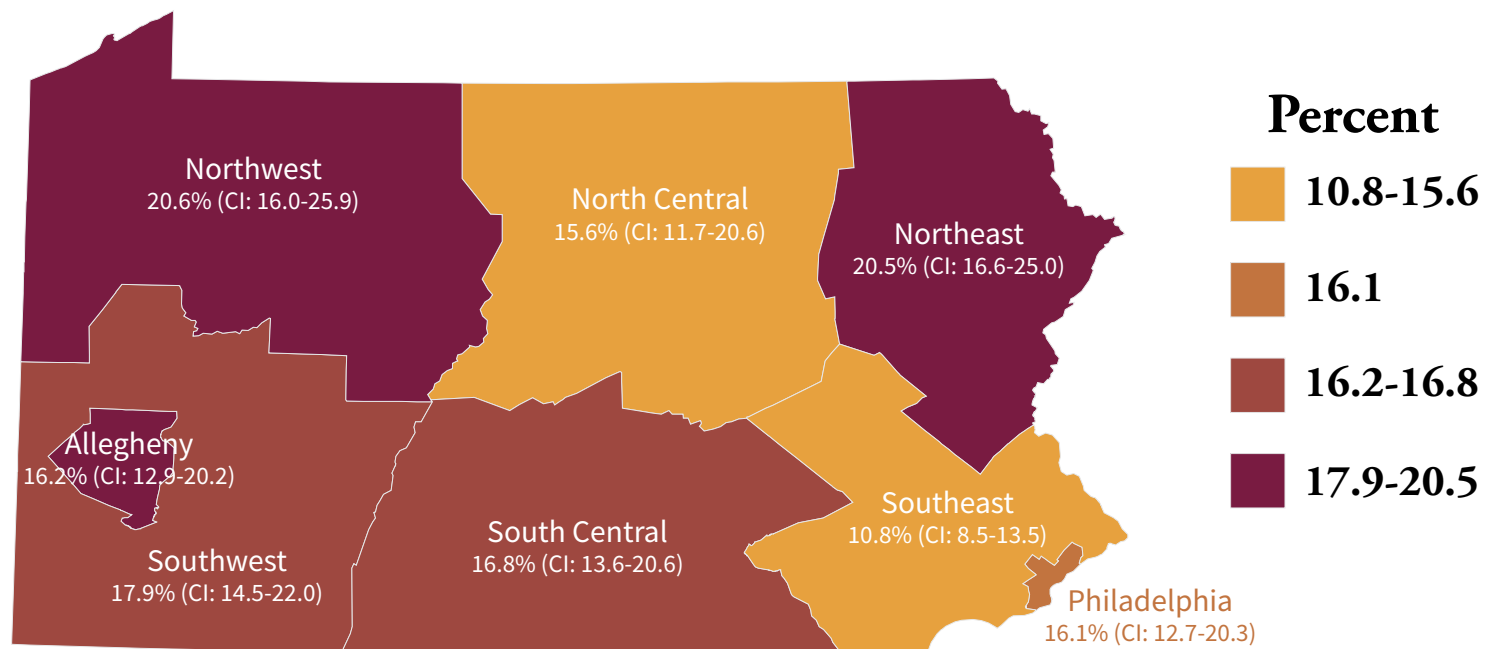
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

²³ Ibid.
²⁴ Centers for Disease Control and Prevention



Map 46 below indicates that the Northeast has the highest prevalence of current smokers, alongside the Northwest region at 20.5%.

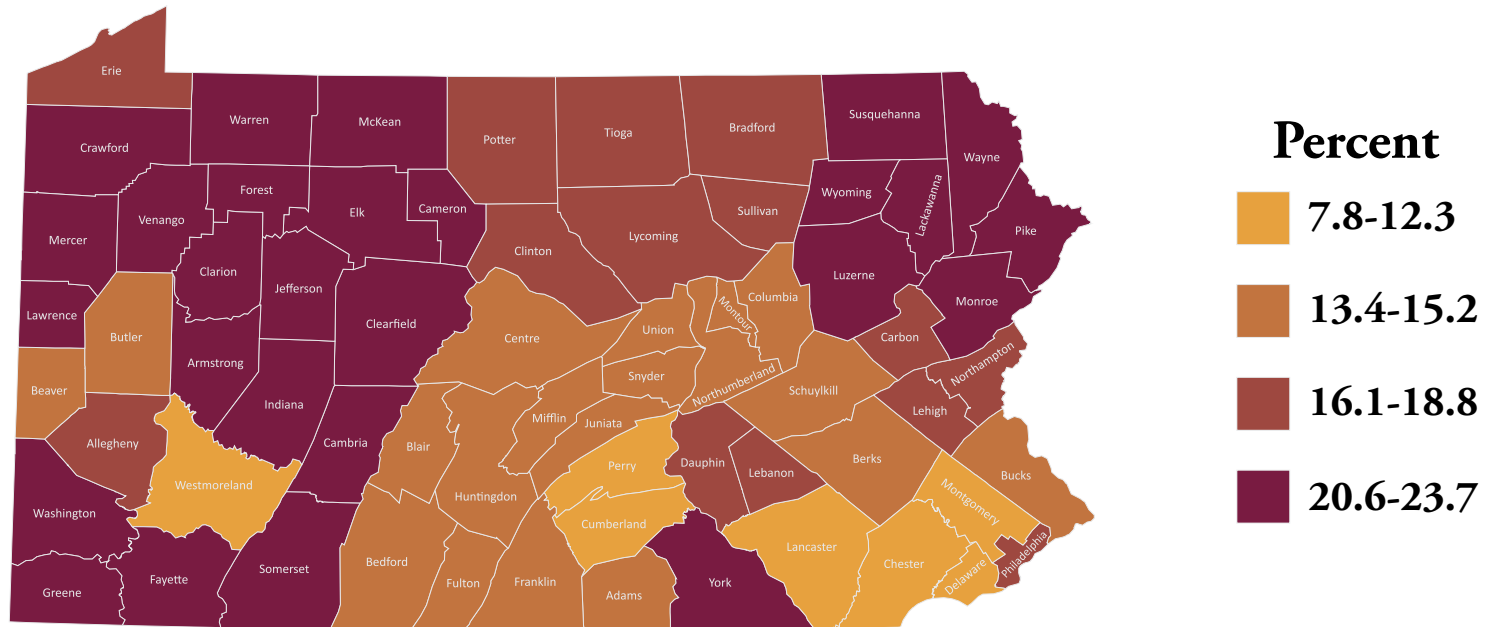
Map 46: Current Smokers (2020)



Source: Pennsylvania BRFSS

The seven-county service area has consistently had a higher proportion of adult cigarette smokers compared to Pennsylvania. Lackawanna, Luzerne, and Wyoming counties (22%) and Pike, Monroe, Susquehanna, and Wayne counties (23.3%) have some of the highest rates of current smokers than other areas across the state.

Map 47: Current Smokers (2020)



Source: Pennsylvania BRFSS

Behavioral health disorders can lead to a multitude of different physical and emotional problems, if left untreated. Access to behavioral health services and resources, availability of providers, and care coordination can aid in the improvement of behavioral healthcare. The need for communities to address the behavioral and mental health crisis is growing, and with coordination and collaboration, the nation can help close the gap to those who are challenged with behavioral health issues.





C) Chronic Diseases

Chronic diseases are broadly defined as conditions that last at least one year and require consistent medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's \$4.1 trillion in annual healthcare costs. Six in 10 adults in the nation have a chronic disease and four in 10 adults have two or more chronic diseases.²⁵

Chronic diseases can hinder autonomy and the health of people with disabilities and limit day-to-day activities. Chronic diseases persist over an extended period of time; however, chronic diseases can be prevented or controlled through healthy eating, not smoking, regular participation in physical activity, and avoiding excessive alcohol consumption.

²⁵ [Center for Disease Control and Prevention](#)

Affordability

Affordability is one of the most important challenges influencing Americans' ability to access healthcare. Healthcare affordability is influenced by many complex factors. One in four Americans say the cost of healthcare is the biggest concern facing their family. One in three Americans report that they could not access care in the last year because of cost.²⁶

According to table 48 below, in 2020, 8.0% of Pennsylvanians reported a time in the past 12 months when they needed to see a doctor but could not because of cost. The affordability of being able to see a healthcare provider influences the ability to access care.

Figure 48: Healthcare Affordability, Pennsylvania Adults (2020)

Couldn't Afford to Receive Care in the Past Year	
All Adults	8%
Gender	
Male	8%
Female	8%
Age	
18-29	10%
30-44	11%
45-64	8%
65+	4%
Education	
Less than high school	8%
High school	9%
Some college	8%
College degree	6%

Household Income	
< \$15,000	11%
\$15,000 to \$24,999	12%
\$25,000 to \$49,999	12%
\$50,000 to \$74,999	10%
\$75,000+	4%
Race	
White, non-Hispanic	7%
Black, non-Hispanic	12%
Hispanic	13%

Source: Pennsylvania Department of Health

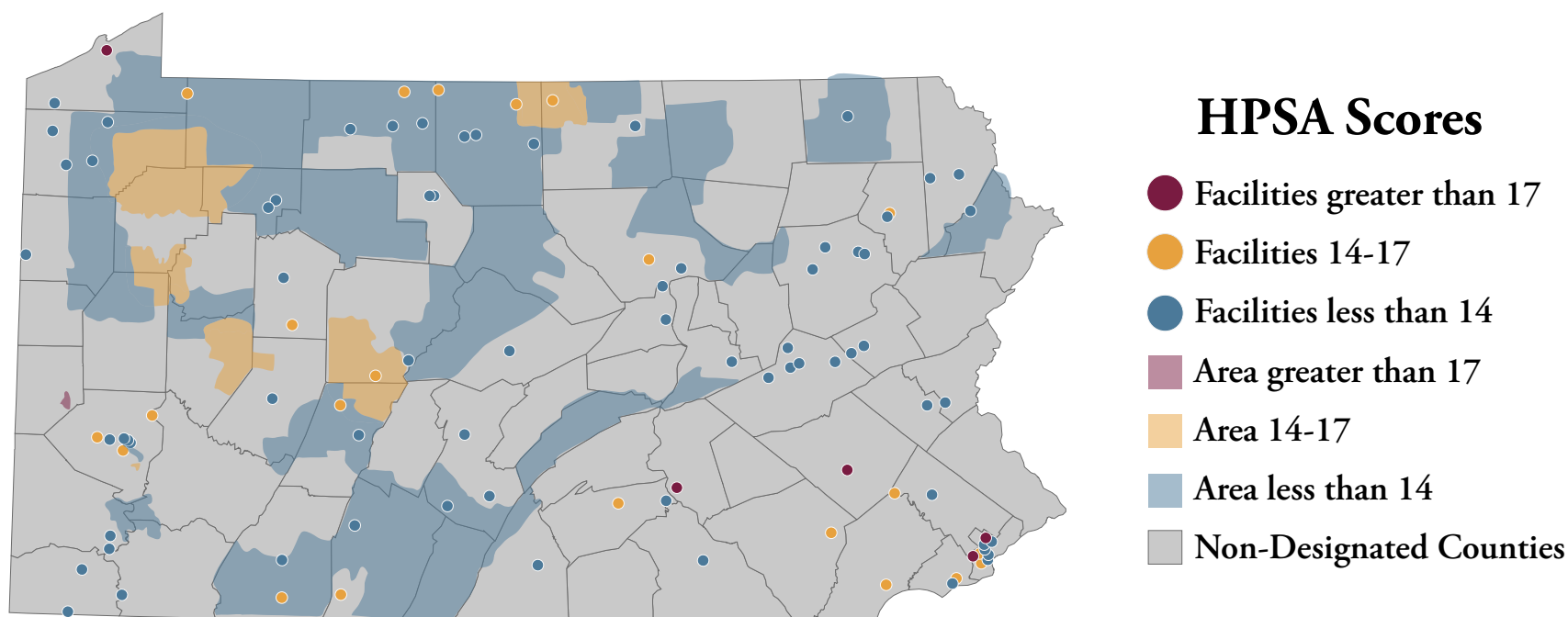
²⁶ Kaiser Family Foundation

Lack of Primary Care Physicians

Residents in the United States, which is experiencing a shortage of primary-care physicians, in 2020 spent 5% to 7% of healthcare dollars on primary care services, while the same spending in a group of other countries averaged 14%. In a study of 29 states, Pennsylvania had the second or fourth lowest primary care spending percentage from 2011 to 2016, depending on how the primary care was defined. Burnout among healthcare physicians is a growing problem – especially among primary care physicians. The emotional exhaustion, and depersonalization lead to decreased efficiency at work.

According to the Robert Graham Center, by 2030, Pennsylvania is projected to be short 1,039 primary-care physicians. As of 2021, Pennsylvania had 143 designated Primary Care Health Professional Shortage Areas (HPSAs) covering a population of 495,949. More than 100 primary-care physicians would be needed to remove these HPSA designations. The map below represents the locations of primary care HPSAs and primary care facility HPSAs throughout Pennsylvania.

Map 49: Primary Care Geographic, Population, and Facility as of October 2021

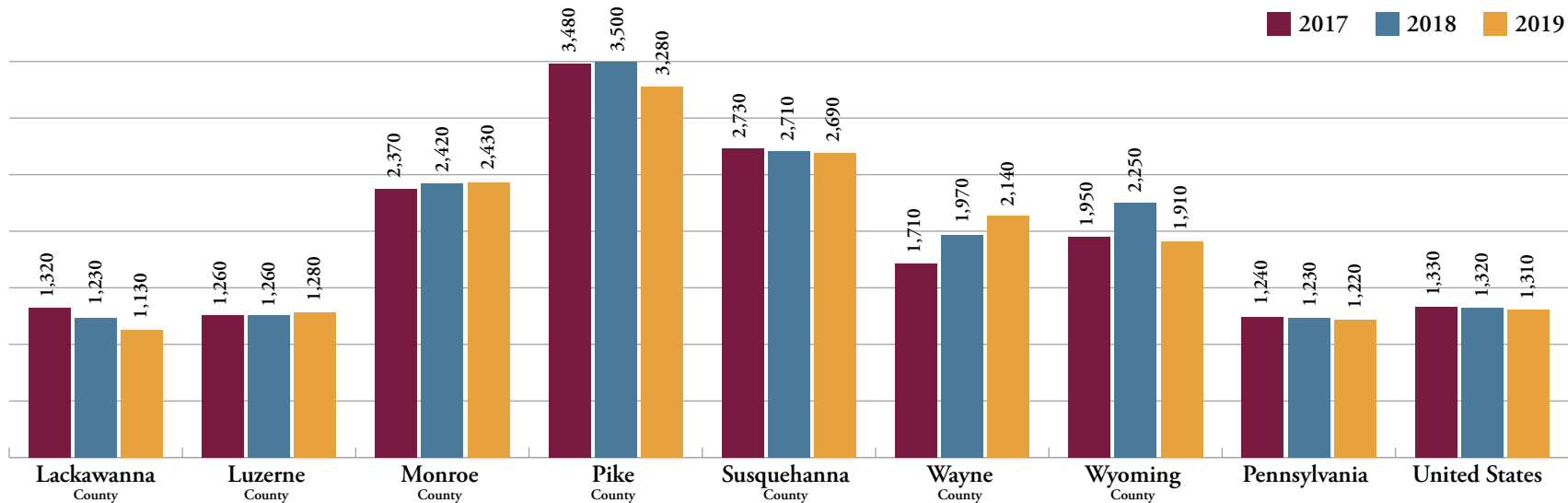


Source: Joint State Government Commission, General Assembly of the Commonwealth of Pennsylvania



Pennsylvania had one primary-care physician per 1,220 people in 2019.²⁷ The patient physician ratio for Pike County is higher than all counties within the service area.

Figure 50: Access to Primary Care Physicians – Rate of Physicians per Patient (2017-2019)



Source: Area Health Resource File/American Medical Association

²⁷ [County Health Rankings, 2022](#)

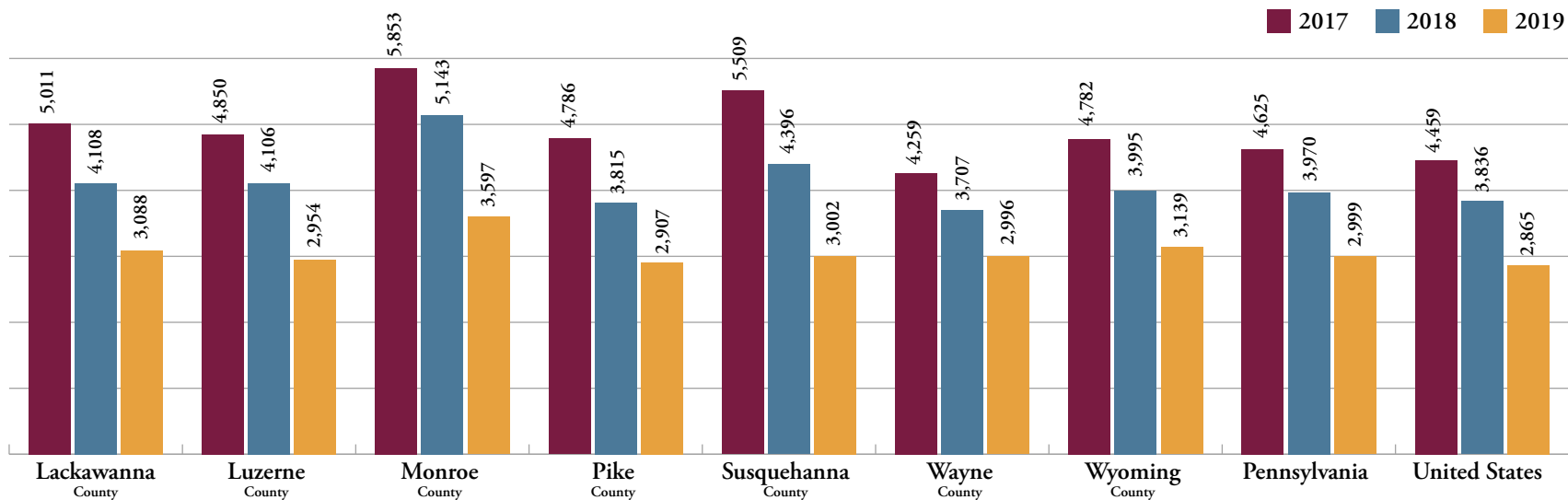
Prevention and Health Management

Getting preventative care reduces the risk for diseases, disabilities, and death around the world. Children and youth need regular well-child and dental visits to track their development and find health problems early, as they tend to be easier to treat. Services such as screenings, dental check-ups, and vaccinations are imperative to keeping people of all ages healthy.

Prevention and health management strategies are available for many chronic diseases. These strategies include but are not limited to intervening before the disease occurs, detecting and treating disease at an early stage, and managing the disease to slow or stop the progression. These strategies combined with lifestyle changes can substantially reduce the incidence of chronic diseases and death.

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The figure below reports the preventable hospitalization rate among Medicare beneficiaries. All counties within the seven-county service area reported a decrease in preventable hospital visits per 100,000 Medicare beneficiaries.

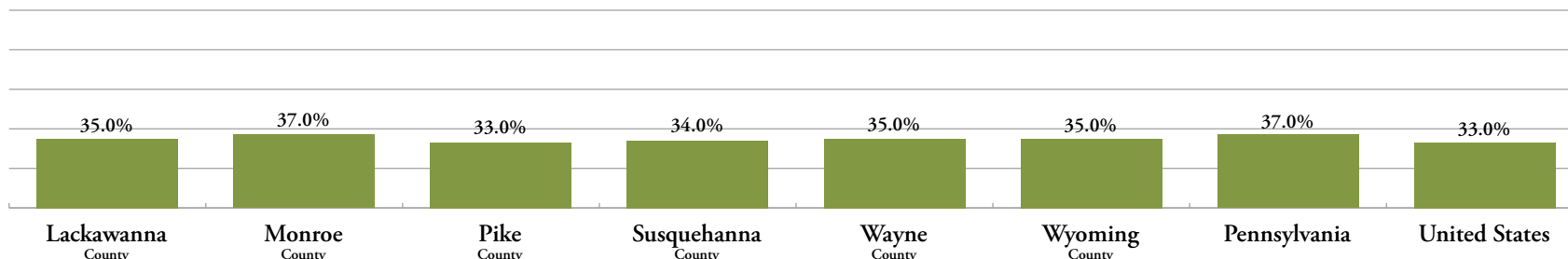
Figure 51: Preventable Hospital Events (Per 100,000 Medicare Beneficiaries) (2018-2020)



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities

The following figures represent cancer screenings. The American Cancer Society recommends that women aged 45 to 54 should get a mammogram every year, and women aged 55 and older should get a mammogram every other year. In the latest reporting period, 123,594 Medicare beneficiaries live in the report area, and 35% of female beneficiaries aged 35 or older had a mammogram in the past year.

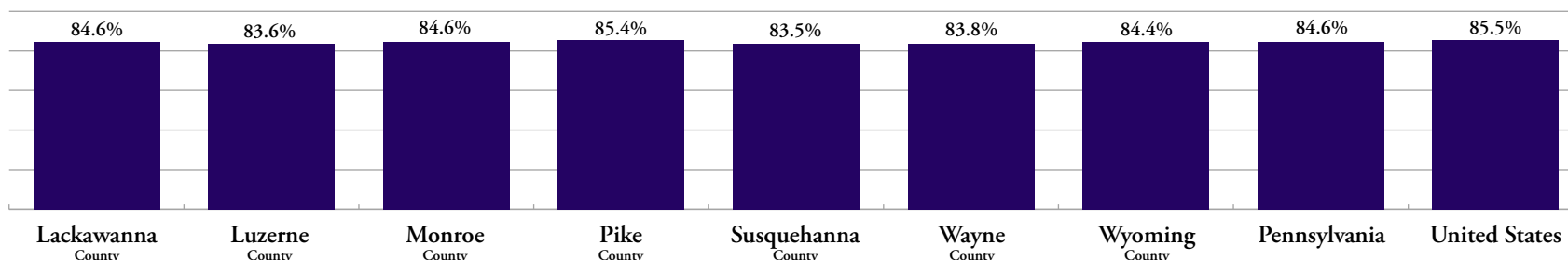
Figure 52: Cancer Screening – Mammogram (2019)



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool

This figure represents the percentage of females aged 21-65 who reported having had a Papanicolaou (Pap) smear within the previous three years.

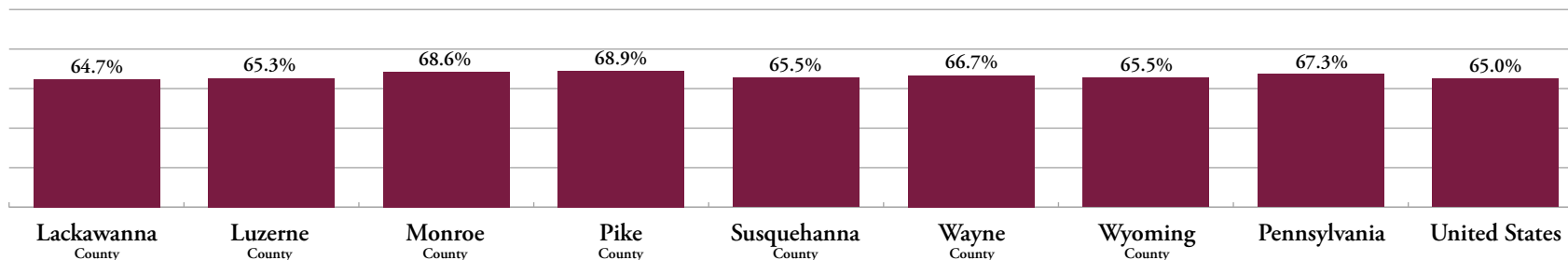
Figure 53: Cancer Screening – Pap Smear (2018)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2018

Engaging in preventive procedures allows for early detection and treatment of health problems. The figure below shows that Monroe and Pike counties showed the highest percentages for colonoscopy screenings in the seven-county service area.

Figure 54: Colonoscopy Screenings (2018)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2018.

In 2020, 50% of Pennsylvania adults received a flu shot or flu vaccine, compared to 48% in 2019. Seventy-one percent of Pennsylvania adults 65 and older have had the pneumonia vaccination, compared to 74% in 2019. Finally, 42% of Pennsylvania adults have had the shingles or Zoster vaccination.

Figure 55: Immunizations, Pennsylvania Adults (2020)²⁸

Demographic	Had Flu Shot or Flu Vaccine Sprayed in Nose in the Past Year*	Ever Had Pneumonia Vaccination, Age 65+*	Ever Had Shingles or Zoster Vaccination, Age 60+*
All Adults	50%	71%	42%
Gender			
Male	45%	67%	38%
Female	55%	75%	47%
Age			
18-29	41%	NSR	NSR
30-44	39%	NSR	NSR
45-64	52%	NSR	NSR
60+	NSR	NSR	42%
65+	67%	71%	NSR
Education			
Less than high school	38%	67%	NSR
High school	46%	72%	40%
Some college	51%	71%	43%
College degree	58%	74%	52%
Household Income			
< \$15,000	38%	67%	NSR
\$15,000 to \$24,999	48%	71%	31%
\$25,000 to \$49,999	49%	75%	38%
\$50,000 to \$74,999	45%	74%	49%
\$75,000+	55%	70%	50%
Race			
White	52%	74%	45%
Black	44%	53%	24%
Hispanic	37%	NSR	NSR

*Excludes missing, don't know and refused

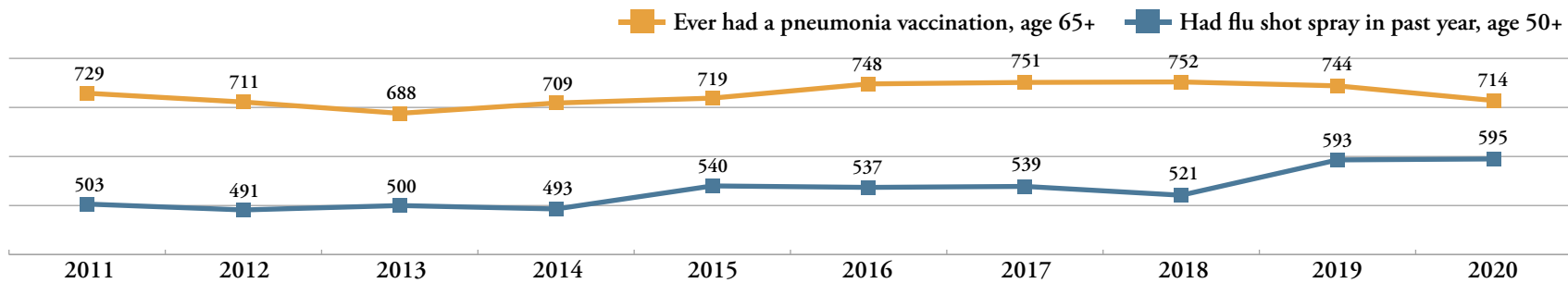
Note: If “NSR” is displayed, then the total response is less than 50 and/or the percentage prevalence is considered “not statistically reliable.”

Source: Pennsylvania Department of Health

²⁸ [Pennsylvania Department of Health](#)

According to the figure below, the share of adults aged 65 and older who have ever had a pneumonia vaccination has fluctuated throughout the years. The figure also depicts the gradual increase of the flu shot spray among those aged 50 and older and a sudden increase from 2018 to 2019.

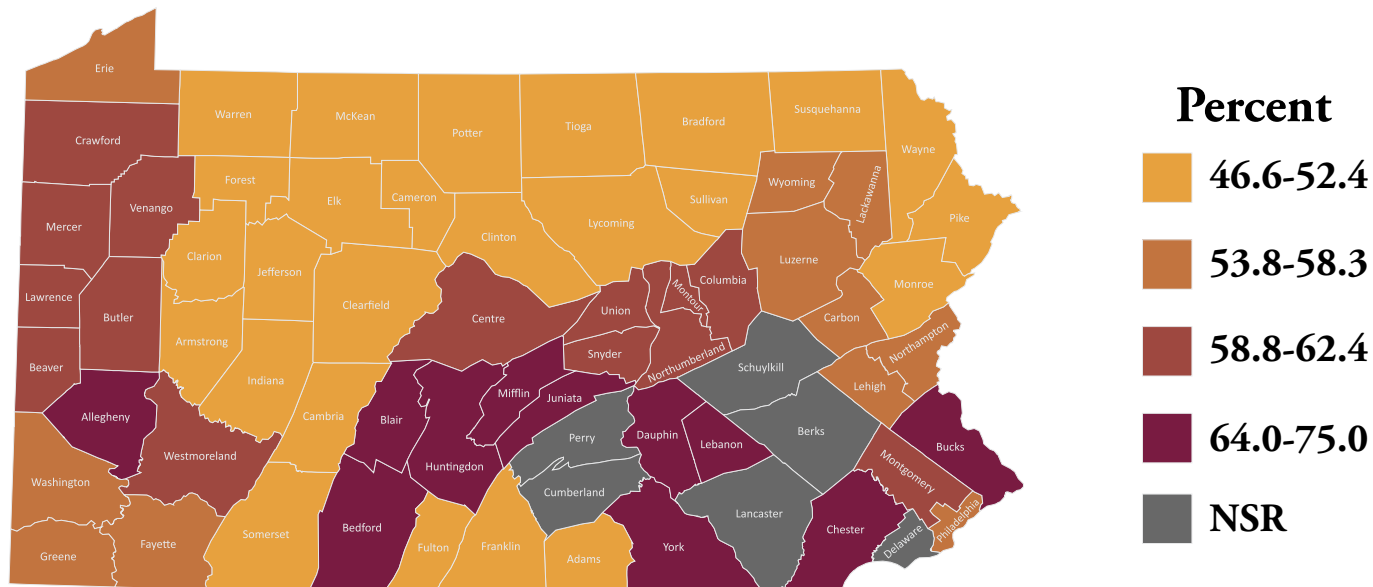
Figure 56: Immunization Prevalence in Pennsylvania by Year (2011-2020)²⁹



Source: Pennsylvania Department of Health

The Northeast region of Pennsylvania has the lowest percentage (52.7%) of people who have had the flu shot or a flu vaccine sprayed in the nose in the past year. When broken down by county, Lackawanna, Luzerne, and Wyoming (54.8%) and Pike, Monroe, Susquehanna, and Wayne counties (46.6%) have some of the lowest percentages throughout the state of Pennsylvania.

Figure 57: Had a Flu Shot or Flu Vaccine Sprayed in Nose in the Past Year (2020)



Note: If “NSR” is displayed, then the total response is less than 50 and/or the percentage prevalence is considered “not statistically reliable”

Source: Pennsylvania BRFS

²⁹ Ibid



Human Immunodeficiency Virus (HIV) Education, Prevention, and Treatment

HIV is a disease of the immune system, which progressively reduces the immune system's effectiveness and leaves the individual susceptible to opportunistic infections throughout the body.

Serving Northeast Pennsylvania for more than 20 years is The Wright Center's Ryan White HIV Clinic. The Ryan White Clinic offers comprehensive services for people living with or at risk for HIV/AIDS, including prevention, testing, and treatment. The Ryan White HIV Clinic provides confidential testing services and continuous, coordinated medical care for patients diagnosed with HIV. The providers and staff at the clinic have helped more than 500 patients achieve undetectable viral rates, allowing them to live long, healthy, and happy lives.

In 2021, there were 886 new reported cases of HIV, which represents a 15% increase from 2020. Approximately three times as many males have been diagnosed with HIV compared to females. Blacks and Hispanics make up 12% and 6.6% of the population of Pennsylvania but accounted for 47% and 18.3% of all new diagnoses in 2021. Although an individual can become infected at any age, the majority of new HIV diagnoses occurred in people ages of 13 to 44.

The estimate(s) of adults aged 18- 64 who indicated they were ever tested for HIV (except during a blood donation) or that an HIV situation applies to them are shown below in figure 59. As the figure reveals, 46% of adults have been tested for HIV, 15% have tested for HIV in the past year, and an HIV situation applies to 9% of Pennsylvania adults. An HIV situation is defined as "having injected unprescribed drugs, having been treated for sexually transmitted or venereal disease, having given or received money or drugs in exchange for sex, having anal sex without a condom, or having four or more sex partners in the past year."

Figure 58: HIV/AIDS, Pennsylvania Adults, Age 18-64 (2020)³⁰

Demographic	Ever Tested for HIV, Except Blood Donation*	Tested for HIV in the Past Year, Except Blood Donation*	HIV Situation Applies * **
All Adults	41%	10%	7%
Gender			
Male	39%	9%	8%
Female	44%	10%	6%
Age			
18-29	30%	12%	14%
30-44	55%	14%	8%
45-64	38%	4%	2%
Education			
Less than high school	44%	6%	8%
High school	37%	9%	7%
Some college	45%	11%	8%
College degree	42%	9%	6%
Household Income			
< \$15,000	55%	17%	14%
\$15,000 to \$24,999	53%	19%	6%
\$25,000 to \$49,999	49%	12%	11%
\$50,000 to \$74,999	35%	7%	9%
\$75,000+	37%	6%	5%
Race			
White, non-Hispanic	36%	6%	6%
Black, non-Hispanic	74%	33%	13%
Hispanic	51%	18%	10%

*Excludes missing, don't know, and refused

**Defined as having injected unprescribed drugs, having been treated for a sexually transmitted or venereal disease, having given or received money or drugs in exchange for sex, had anal sex without a condom or had four or more sex partners in the past year

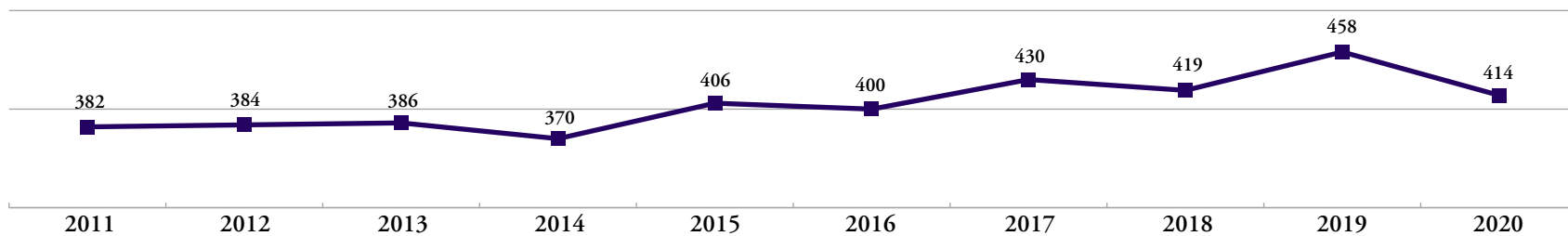
Source: Pennsylvania Department of Health

³⁰ [Pennsylvania Department of Health](#)



As figure 59 below demonstrates, the number of Pennsylvania adults aged 18-64 who have tested for HIV has risen from 2014 to 2019, with a decline from 2019 to 2020.

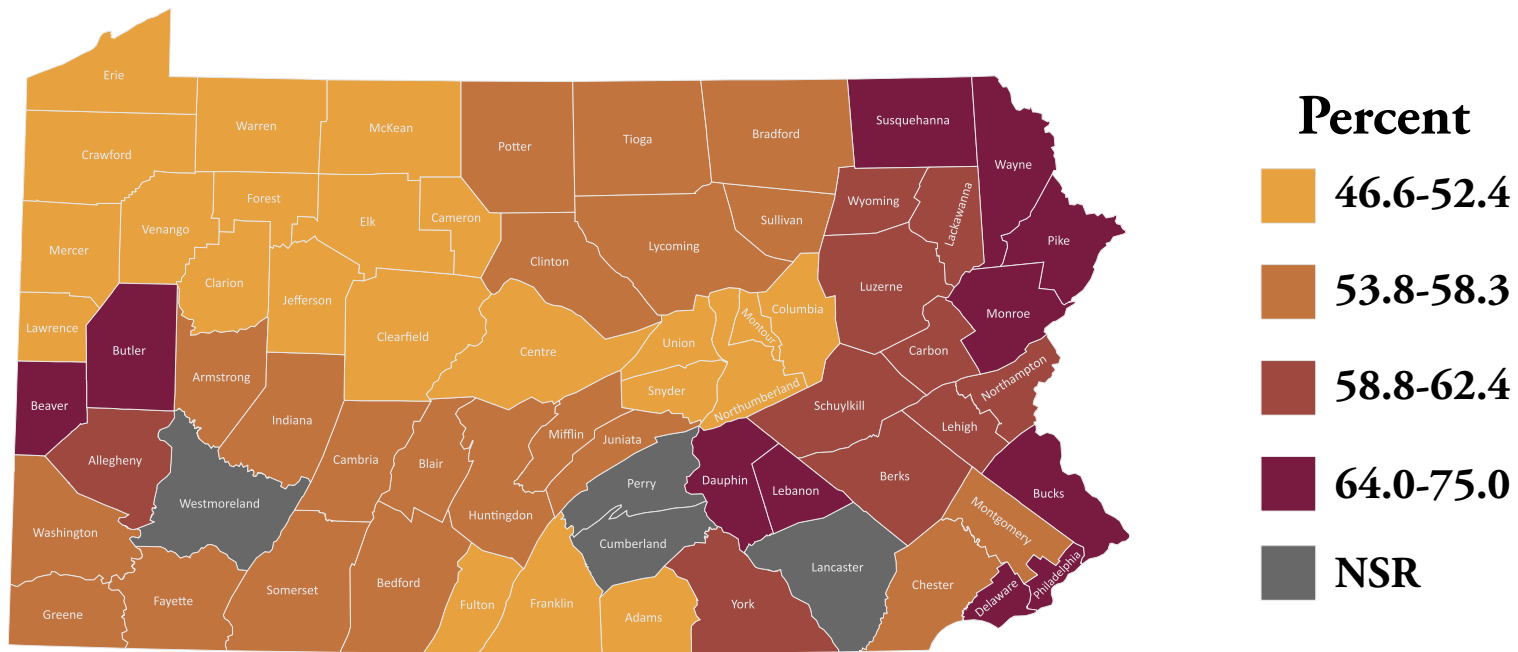
Figure 59: Ever Tested for HIV, Except Blood Donation Prevalence per 1,000 Pennsylvania Population (2011-2020)



Source: Pennsylvania Department of Health

The Northeast region of Pennsylvania has a higher incidence of individuals who have ever been tested for HIV (age 18-64) than most other regions. Similarly, the county group of Lackawanna, Luzerne, and Wyoming (44.4%) and Pike, Monroe, Susquehanna, and Wayne (44.9%) are higher than most other counties in Pennsylvania.

Map 60: Ever Tested for HIV, Except Blood Donation, Age 18-64, Pennsylvania Regions (2020)



Note: If “NSR” is displayed, then the total response is less than 50 and/or the percentage prevalence is considered “not statistically reliable”

Source: Pennsylvania BRFSS

The engagement of healthy behaviors and positive lifestyle habits such as regular physical activity, participating in a healthy diet, and eliminating the use of tobacco contribute to significantly reducing chronic diseases and overall improving one’s quality of life. Negative health behaviors can significantly impact an individual’s overall health status, shortening their lifespan by creating diseases and illnesses that will make day-to-day life more complicated. Living a healthy lifestyle is essential to maintaining good health status and ultimately reduces the likelihood of being diagnosed with a chronic disease.



D) Dental Care

Oral health is an essential part of everyday life and is a critical component of overall physical, mental, and social health and well-being, regardless of age, race, ethnicity, or other factors. Dental, oral, and craniofacial conditions are the result of a complex matrix of biological, behavioral, environmental, and systems-level factors. In fact, a healthy mouth reduces the risk of developing and/or exacerbating diseases such as diabetes, cardiovascular disease and respiratory issues that can lead to chronic illness and undesirable outcomes.

Oral disease, infection and pain hinder daily functions such as speaking, chewing, swallowing, smiling, and making other facial expressions to show feelings and emotions at home, in the workplace and at school. Dental caries, the disease that causes cavities, is the most common chronic childhood disease and five times more prevalent than asthma.

While effective prevention and treatment efforts have caused significant progress in Americans' oral health, these gains have not been shared by all. Oral health disparities stem from persistent and pervasive health inequities such as reduced access to prevention and treatment strategies, leading to higher rates of new and unmet oral health needs.

In 2020, 68% of all adults had visited a dentist in the past year in Pennsylvania. Only 46% of those with household incomes less than \$15,000 visited a dentist, while 79% of those with household incomes \$75,000 or greater had a dentist visit. Similarly, only 47% of those with an education of less than high school visited a dentist, while 79% of those with a college degree made a dentist visit.

Figure 61: Dental Visits (2019)

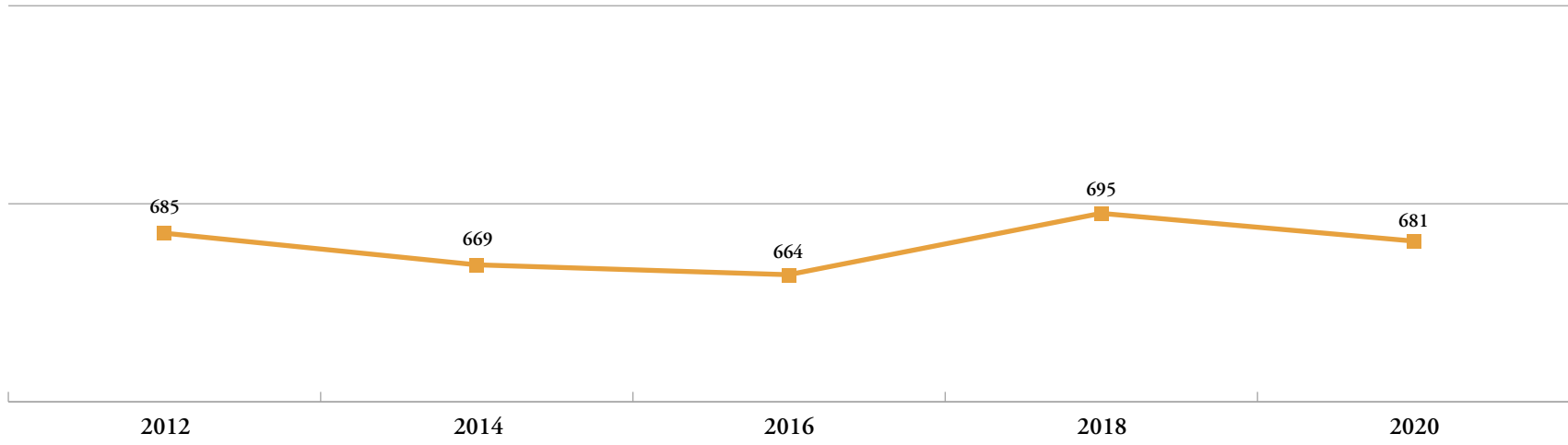
Demographic	Visited a Dentist in the Past Year*	Had Any Permanent Teeth Removed* **	Had Teeth Cleaning by a Dentist or Dental Hygienist in the Past Year*
All Adults	68%	42%	70%
Gender			
Male	65%	43%	66%
Female	71%	42%	73%
Age			
18-29	69%	12%	71%
30-44	63%	31%	62%
45-64	72%	50%	72%
65+	68%	70%	73%
Education			
Less than high school	47%	60%	51%
High school	64%	51%	65%
Some college	70%	41%	70%
College degree	79%	28%	81%
Household Income			
< \$15,000	46%	65%	49%
\$15,000 to \$24,999	54%	62%	55%
\$25,000 to \$49,999	61%	53%	63%
\$50,000 to \$74,999	71%	42%	73%
\$75,000+	79%	31%	80%
Race			
White	71%	44%	72%
Black	58%	47%	57%
Hispanic	63%	36%	64%

*Excludes missing, don't know, and refused

**Due to tooth decay or gum disease

Source: Pennsylvania Department of Health

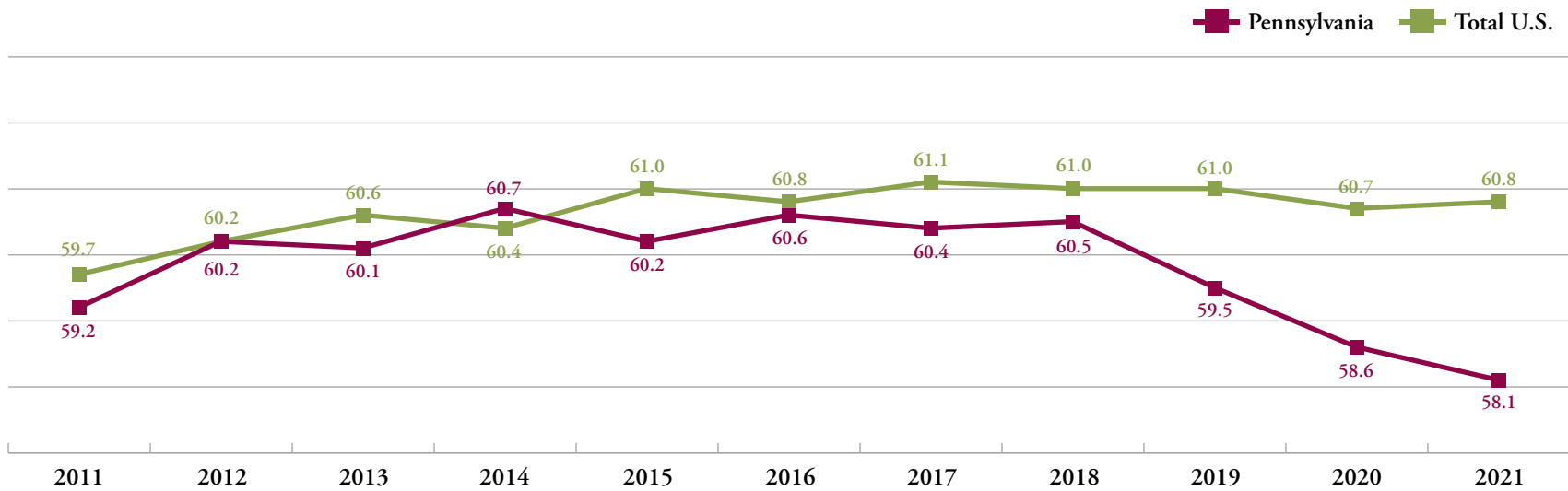
Figure 62: Visited a dentist in the Past Year Prevalence per 1,000 Pennsylvania Population, Pennsylvania Adults (2012-2020)



Source: Pennsylvania Department of Health

Availability of Dental Services

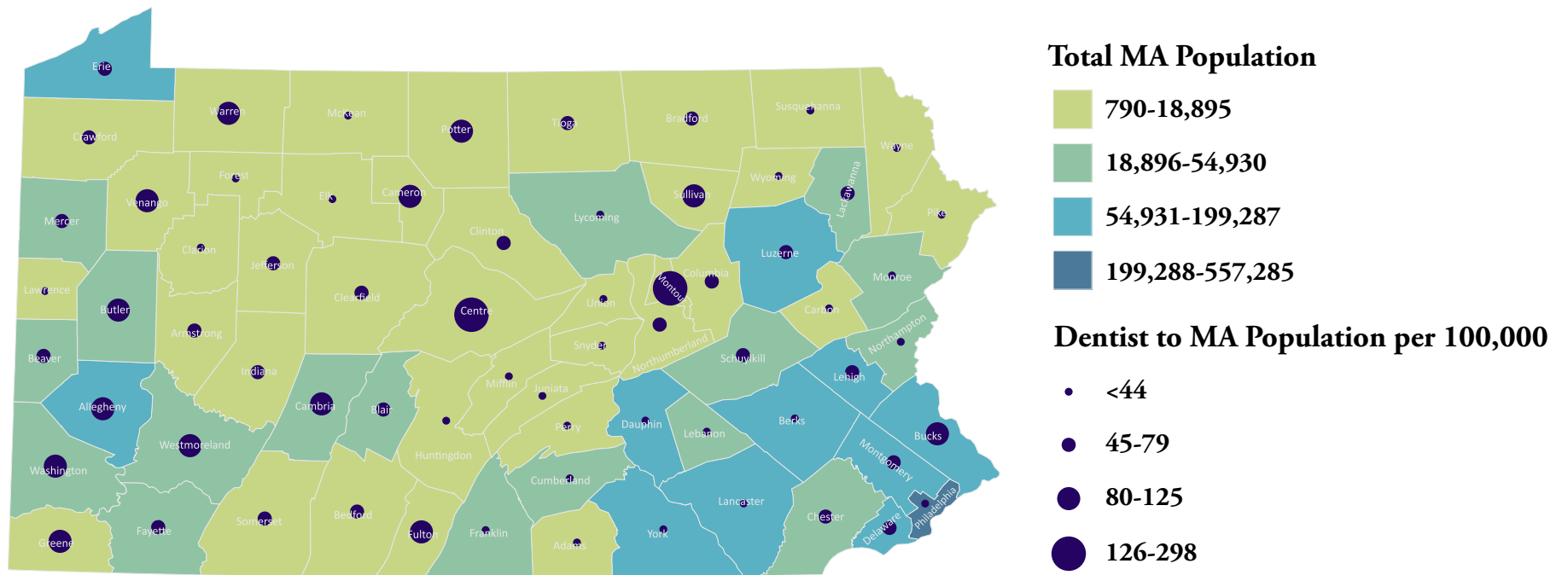
Figure 63: Dentists per 100,000 Population – Dentists working in dentistry



Source: American Dental Association, Health Policy Institute analysis of ADA Masterfile

In 2019, 4,992 dentists practicing direct patient care responded to the Pennsylvania re-licensure survey. Only 23% of these dentists reported that they accepted patients with Medicaid. This ranged from 7% to 66% across counties. Possible reasons for the low acceptance of Medicaid by dentists include a low reimbursement schedule and minimum coverage for procedures. Some counties have a high number of patients with Medicaid but the rate of dentists who accept Medicaid is relatively low as seen in map 64 below.

Map 64: Total Medicaid Population and Dentists to Medicaid Population (2019)



Source: Pennsylvania Department of Health



Accessibility to Dental Services

Dental health is important for all Americans. Individuals with dental insurance are more able to easily obtain dental care. However, those vulnerable populations who endure socioeconomic barriers are confronted with more roadblocks to accessing dental services. Access to basic primary and preventive oral healthcare services is a struggle for many. Unfortunately, residents in rural areas travel across counties and wait months to see a dental provider.

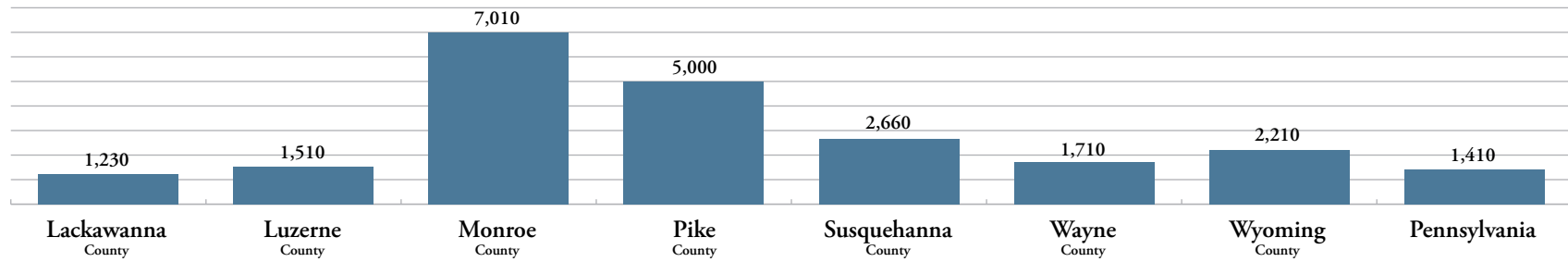
Figure 65: Oral Health in Pennsylvania



Source: Pennsylvania Department of Health

According to figure 66 below, Pike County had the largest ratio of population to dentists at 7,010:1 which is significantly larger than the state ratio of 1,410:1.

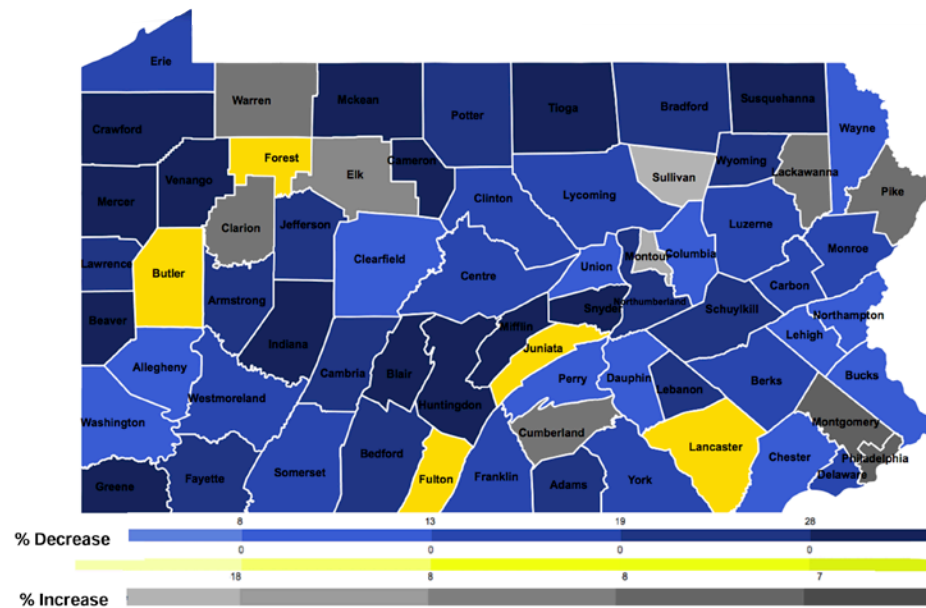
Figure 66: Ratio of Population to Dentists (2020)



Source: County Health Rankings

The map below indicates the percentage change in active licensed dentists by county. Susquehanna county has experienced the biggest decrease in active licensed physicians compared to other counties in the service area.

Map 67: Percentage Change in Active Licensed Dentists (2015-2021)



Note: Rural counties may demonstrate an increase in providers, as viewed in gray, however many of these increases represent only 1-5 new providers and still demonstrate poor dentist to population ratio

Source: American Dental Association

Appointment Wait Times

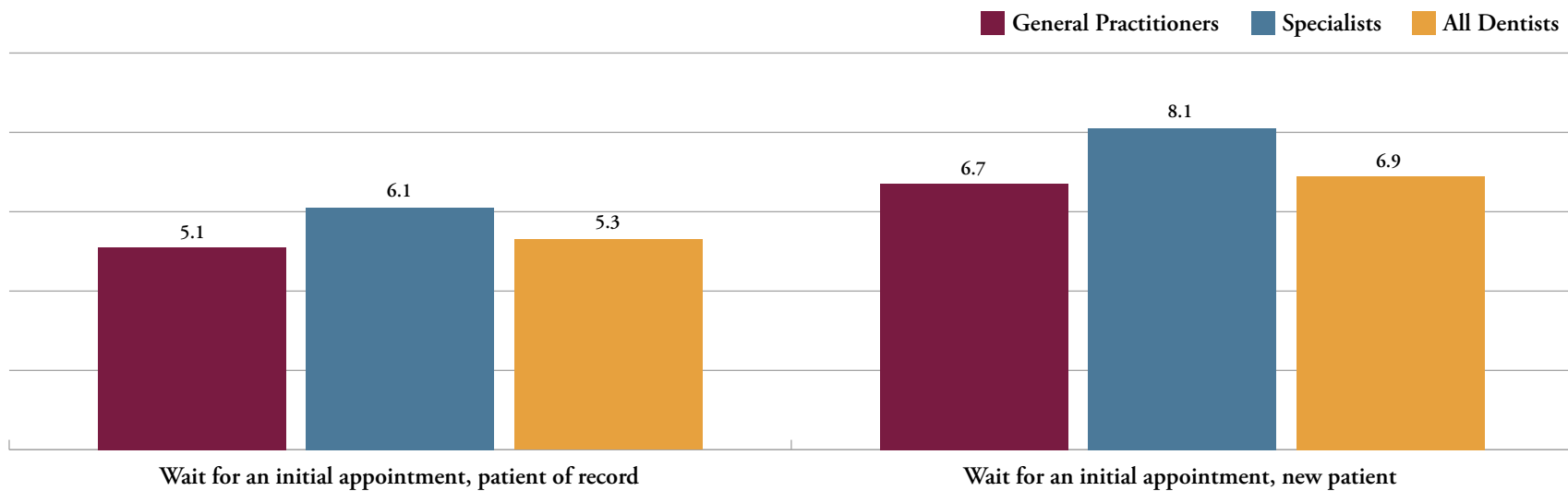
How long patients must wait to access medical care is a critical measure of a healthcare system's quality. Extended appointment wait times are major impediments to a quality patient experience. A study performed by The Institute reported that wait times of a few weeks to a few months for providers is an issue within the service area.

Several factors may contribute to long wait times, including a complicated referral process, too few specialists for the demand, staffing shortages and deferred healthcare during the COVID-19 pandemic.

In the United States, 28% of people sometimes, rarely, or never get an answer from their doctor on the same day.

Figure 68 below shows the average patient wait time for dental appointments. The average wait time for an initial appointment at the general dentist for a new patient was 6.7 days.

Figure 68: Average Patient Wait in Days for U. S. Dental Appointments by Type of Dentist (2018)³²



Source: Statista

It is important to explore different avenues and programs on how to provide dental care access while including organizations that are already active in providing oral health and education to the community. It is also imperative to include organizations whose populations are in need of dental and oral services, in particular children, the underserved, underinsured, and the vulnerable populations.

³¹ [World Population Review](#)

³² [Statista](#), 2018



E) Social Determinants of Health

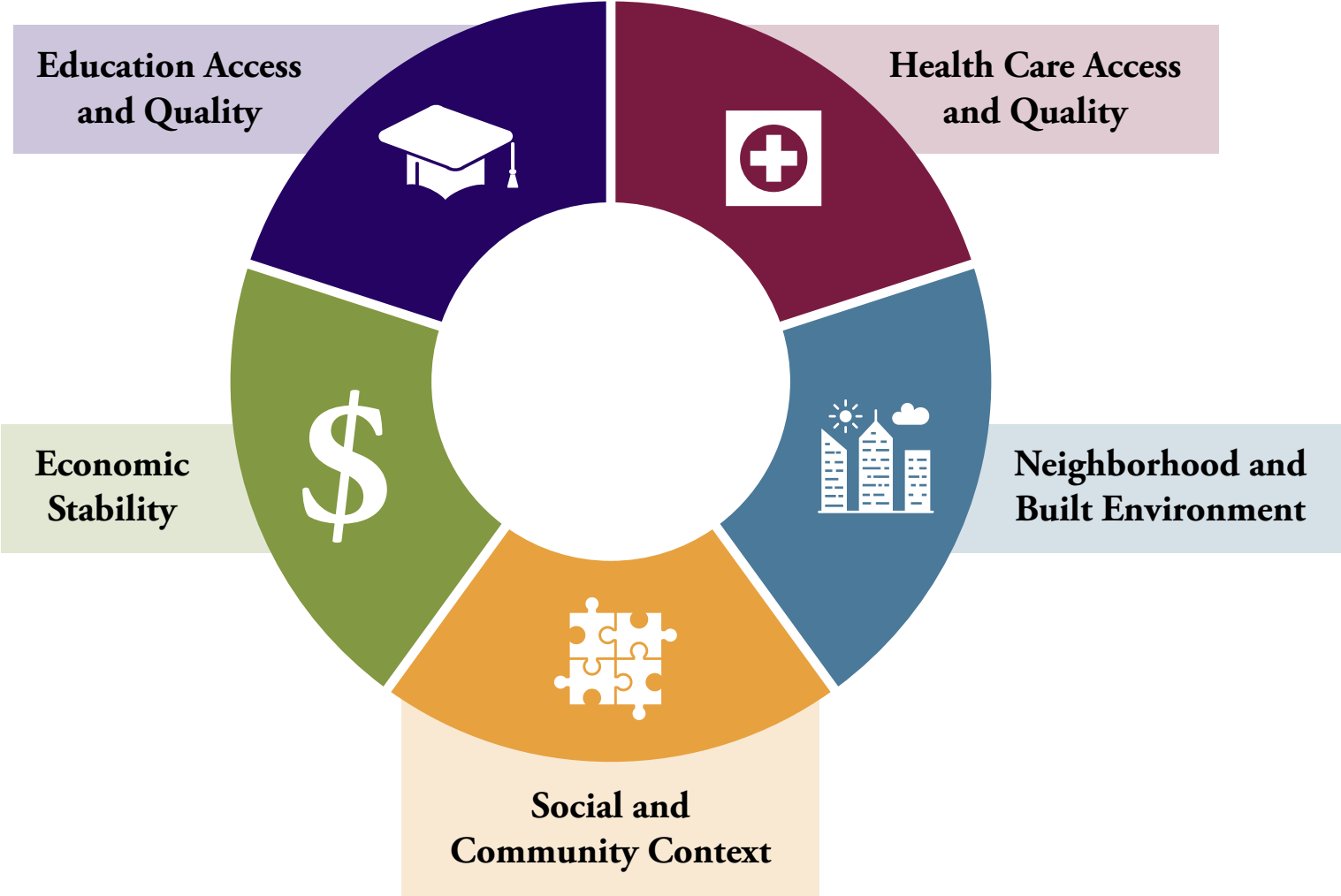
Healthy People 2030 defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Social determinants of health have a major impact on people's health, wellbeing, and quality of life.³³ SDOH can be grouped into five categories:

- 1. Economic Stability:** In the United States, one in 10 people live in poverty, and many people can't afford healthy foods, healthcare, and housing. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.
- 2. Education Access and Quality:** People with higher levels of education are more likely to be healthier and live longer. Children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination like bullying are more likely to struggle with math and reading. They're also less likely to graduate from high school or go to college. This means they're less likely to get safe, high-paying jobs and more likely to have health problems such as heart disease, diabetes, and depression.
- 3. Healthcare Access and Quality:** Many people in the United States don't get the healthcare services they need. About one in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford needed healthcare services and medications. Strategies to increase insurance coverage rates are critical for making sure more people get important healthcare services, like preventive care and treatment for chronic illnesses.
- 4. Neighborhood and Built Environment:** The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.
- 5. Social and Community Context:** People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control such as unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life. Positive relationships at home, at work, and in the community can help reduce these negative impacts. But some people often don't get support from loved ones or others.

³³ [Healthy People 2030](#)

These five SDOH categories contribute to health disparities and inequities across the nation (see figure 69 below).

Figure 69: Social Determinants of Health

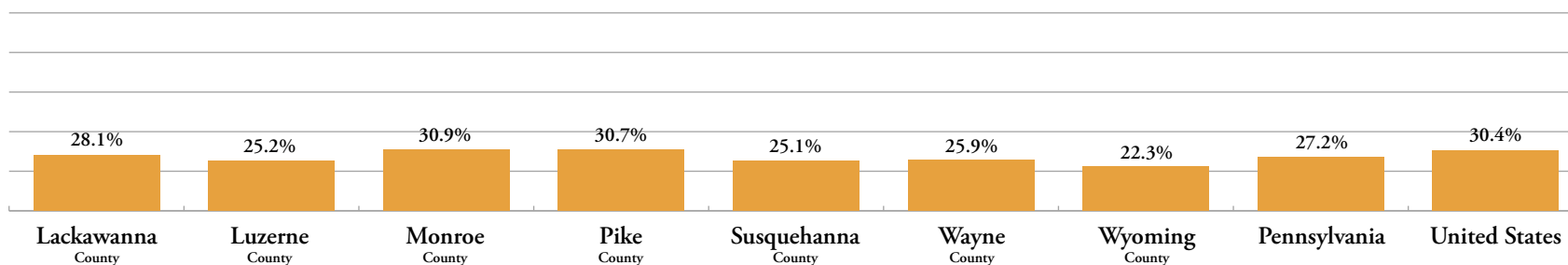


Source: Healthy People 2030

Housing and Homelessness

The figure below shows the percentage of the households in which housing costs are 30% or more of total household income. This is a good measure of housing affordability and excessive shelter cost. This also serves to aid in the development of housing programs to meet the needs of people at different economic levels.

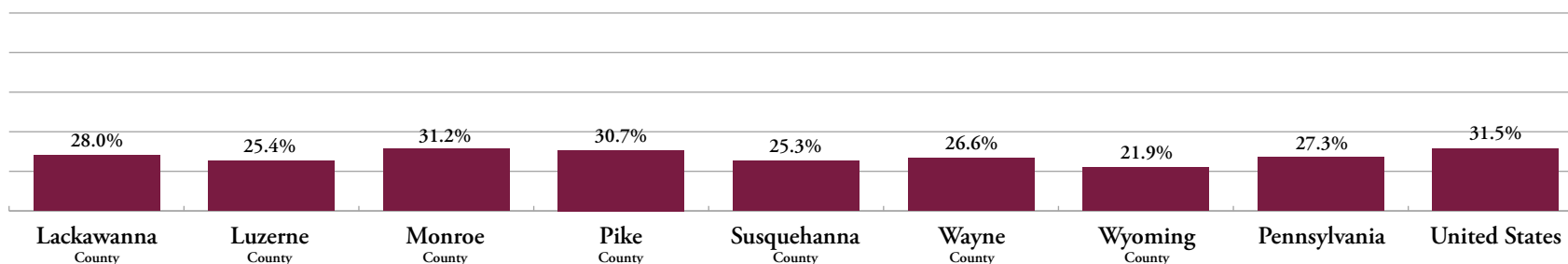
Figure 70: Housing Costs – Cost Burden (30%) (2016-2020)



Source: US Census Bureau, American Community Survey.

The figure below reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with one or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Figure 71: Substandard Housing (2016-2020)



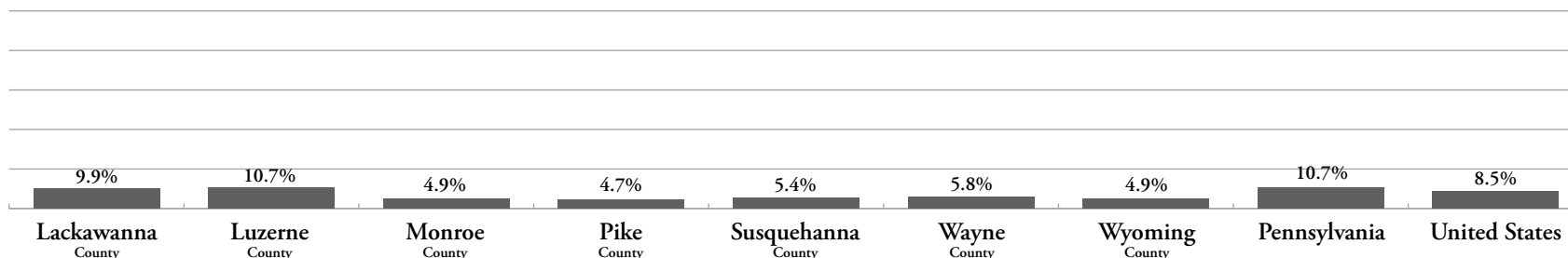
Source: US Census Bureau, American Community Survey.

Transportation

Public transportation is a vital service across Pennsylvania. The need for public transportation increased after COVID-19, as the pandemic led to significant labor shortages in all sectors including transit. According to a PennDOT survey in 2022, 45% of respondents reported a shortage of fixed route drivers. Fixed route public transportation is defined as a regularly scheduled public transportation provided on designated routes with specific stopping points. Just more than half, 51%, of respondents reported a shortage of shared-ride drivers. These shortages resulted in reduced services, fewer trips, and poorer on-time performance.

Transportation is an extreme issue for those who rely on public transportation, considering that the hours of availability, and routes of transit are a concern when accessing healthcare providers. It is vital that transportation be regularly available, affordable, and accessible to promote the overall health and well-being of the community.

Figure 72: Households with No Motor Vehicle (2016-2020)



Source: US Census Bureau, American Community Survey.

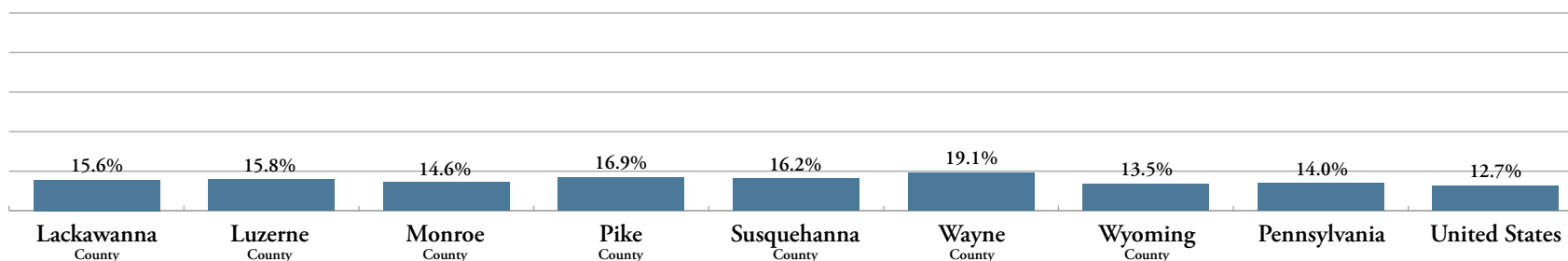


Underserved and Vulnerable Populations

Pennsylvania is increasingly becoming more diverse. Cultural differences can impact quality of care and access to care. Vulnerable populations may not understand the healthcare system, resources that are available to them, or their potential medical diagnoses.

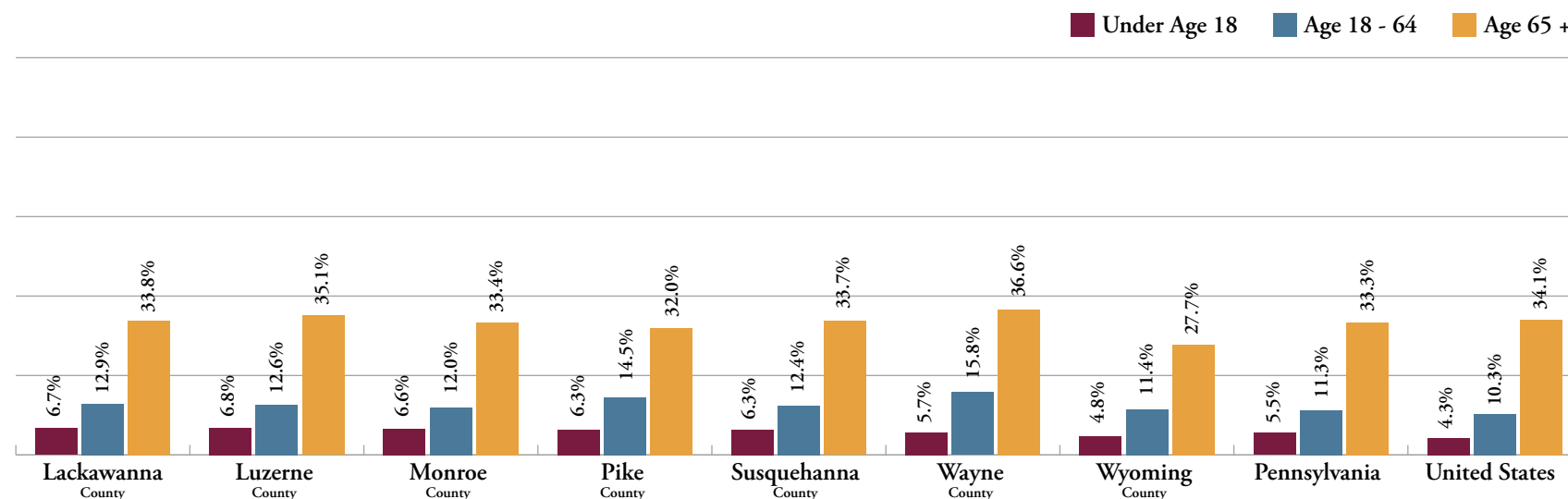
The report area has a population of 854,025 for whom disability status has been determined, of which 134,178 or 15.7% have any disability. Disabled individuals require targeted services and outreach by providers.

Figure 73: Population with Any Disability (2016-2020)



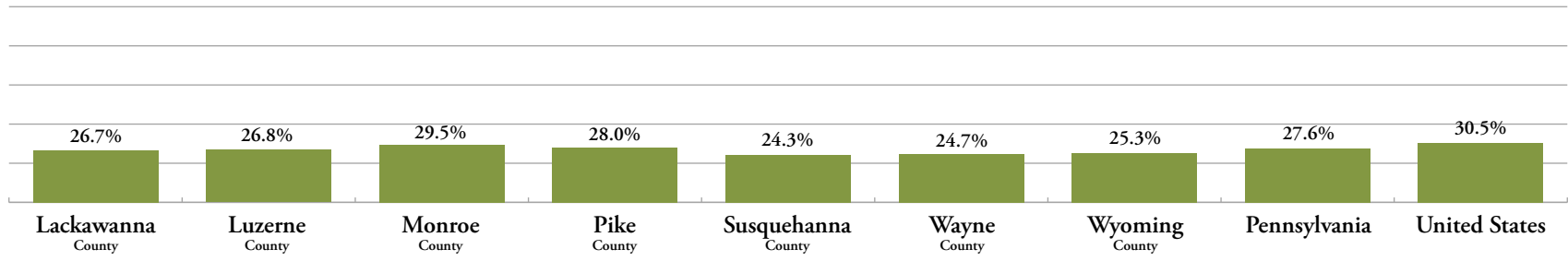
Source: US Census Bureau, American Community Survey.

Figure 74: Population with Any Disability by Age



Source: US Census Bureau, American Community Survey.

Figure 75: Families with Children (under age 18) (2016-2020)



Source: US Census Bureau, American Community Survey.



Adverse childhood experiences (ACEs) are described by The Institute as potentially traumatic events that can have negative, lasting effects on health and well-being. Nearly one in eight children (12%) have had three or more negative life experiences associated with levels of stress that can harm their health and development.

The estimates of adults who indicated that, before age 18, they lived with anyone who was depressed, mentally ill, or suicidal; with anyone who was a problem drinker or alcoholic; with anyone who used illegal street drugs or abused prescription medications; or with anyone who was sentenced to serve time in a prison, jail or other correctional facility are shown below.

Figure 76: Adverse Childhood Experiences (2019)³⁴

Demographic	Before Age 18, Lived with Anyone Who Was Depressed, Mentally Ill, or Suicidal*	Before Age 18, Lived with Anyone Who Was a Problem Drinker or Alcoholic*	Before Age 18, Lived with Anyone who Used Illegal Street Drugs or Abused Prescriptions	Before Age 18. Lived with Anyone Who Was Sentenced to Serve Time in Prison
All Adults	19%	24%	13%	10%
Gender				
Male	16%	22%	13%	11%
Female	23%	27%	12%	9%
Age				
18-29	34%	28%	19%	19%
30-44	24%	27%	22%	17%
45-64	16%	26%	10%	7%
65+	9%	17%	3%	3%
Education				
Less than high school	20%	28%	20%	18%
High school	17%	25%	13%	12%
Some college	23%	27%	13%	11%
College degree	20%	20%	9%	5%
Household Income				
< \$15,000	22%	30%	19%	13%
\$15,000 to \$24,999	20%	27%	14%	15%
\$25,000 to \$49,999	22%	27%	13%	11%
\$50,000 to \$74,999	19%	24%	11%	10%
\$75,000+	19%	22%	11%	7%
Race				
White, non-Hispanic	20%	24%	11%	8%
Black, non-Hispanic	17%	25%	22%	21%
Hispanic	27%	27%	21%	21%

*Excludes missing, don't know and refused

Source: Pennsylvania Department of Health

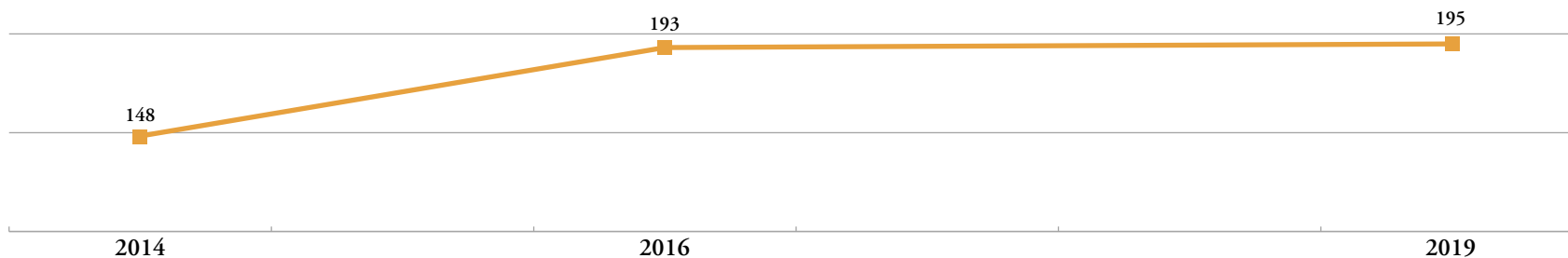
³⁴ [Pennsylvania Department of Health](#)

The Adverse Childhood Experiences for 2019 demonstrate that 19% of adults before age 18 lived with anyone who was depressed, mentally ill, or suicidal throughout Pennsylvania. Twenty-four percent of adults throughout the state, before age 18, lived with anyone who was a problem drinker or alcoholic. Thirteen percent before age 18 lived with anyone who used illegal street drugs or abused prescriptions. And 10% lived with anyone who was sentenced to serve time in prison before age 18.

In general, people who identify as Black or Hispanic make up the majority of those who indicated an Adverse Childhood Experience. Adverse Childhood Experiences and those with lower household incomes and levels of education are correlated.

Figure 77 below reports a spike from 2014 to 2016 in those under age 18 living with anyone who was depressed, mentally ill, or suicidal. This spike has since plateaued from the years 2016-2019.

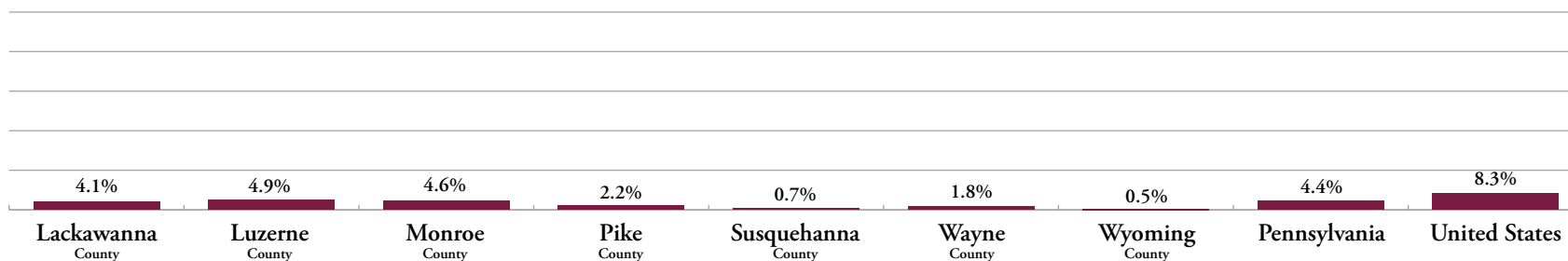
Figure 77: Before Age 18, Lived with Anyone Who Was Depressed, Mentally Ill or Suicidal Prevalence per 1,000 Pennsylvania Population, 2014-2019³⁵



Source: Pennsylvania Department of Health

Figure 78 below displays the population five years old and older with limited English proficiency. Luzerne County had the highest percentage of the population who were limited in English proficiency.

Figure 78: Population 5 Years and Older with Limited English Proficiency (2016-2020)



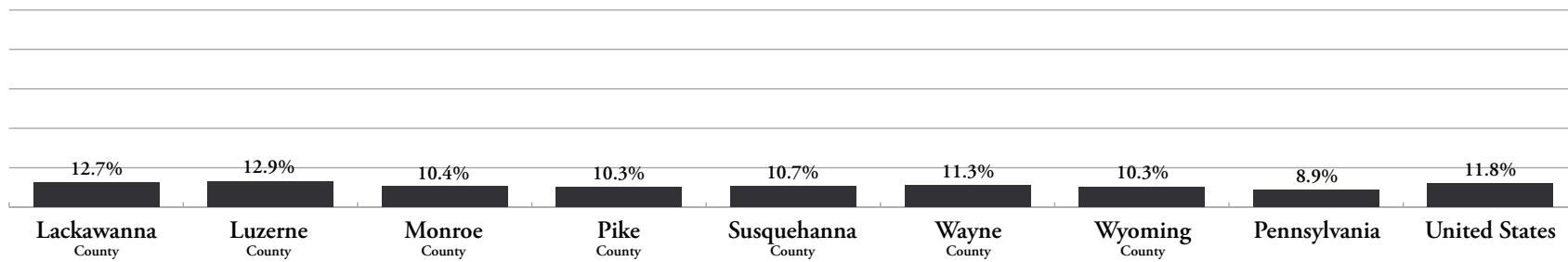
Source: US Census Bureau, American Community Survey

³⁵ [Pennsylvania Department of Health](#)

Food Insecurity

Food insecurity is the most broadly used measure of food deprivation in the United States. The USDA defines food insecurity as meaning “consistent access to adequate food is limited by a lack of money and other resources at times during the year.” In 2020, Lackawanna County and Luzerne County reported the highest percentage of food insecure residents in 2020 as pictured in the figure below.

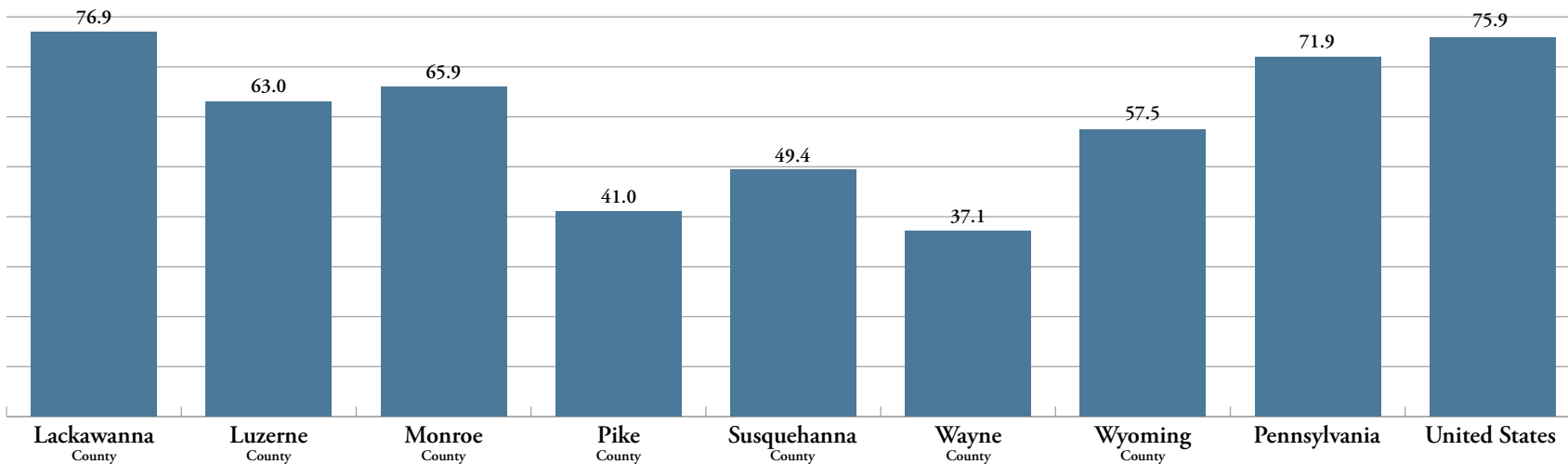
Figure 79: Food Insecurity (2020)



Source: Feeding America. 2020.

Figure 80 below represents the number of fast-food restaurants per 100,000 population. The prevalence of fast-food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast-food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Figure 80: Fast-Food Restaurants – Rate per 100,000 Population (2020)

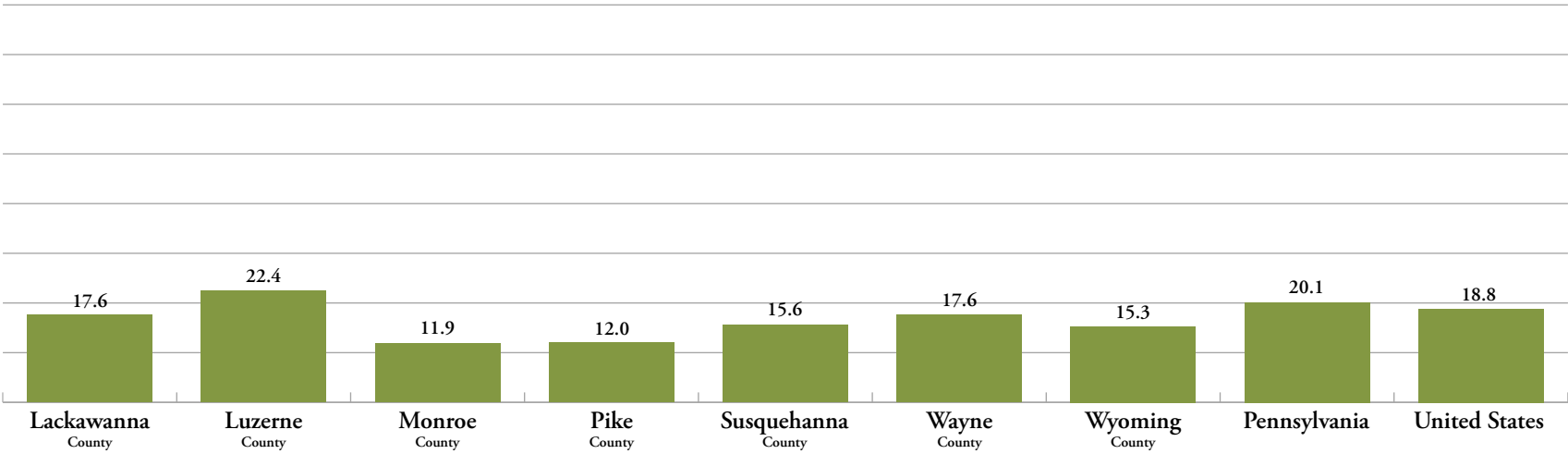


Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES.



Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. The figure below shows the number of grocery stores per 100,000 in the report area.

Figure 81: Grocery Stores per 100,000 Population (2020)



US Census Bureau, County Business Patterns. Additional data analysis by CARES.

Low food access means living more than a half mile from the nearest supermarket, supercenter, or large grocery store. Making healthy food choices is extremely important. However, eating healthy can be expensive, and access to healthy food can be scarce. When many are living with low or moderate incomes, healthy choices are not always top priorities. Issues of social determinants and the existence of food deserts in the region also complicate efforts to improve community health.

Eating fruits and vegetables is a healthy behavior that can lower the risk of developing many chronic diseases and can also help with weight management. The estimates of adults who indicated they eat five or more fruits or vegetables daily, consume two or more fruits or 100% fruit juice daily or consume three or more vegetables or salads daily are shown below. As reported by The Institute and shown in figure 82, only 10% of adults indicate meeting the daily fruit and vegetable intake recommendations.

Figure 82: Fruits and Vegetable Consumption, Pennsylvania Adults (2019)³⁶

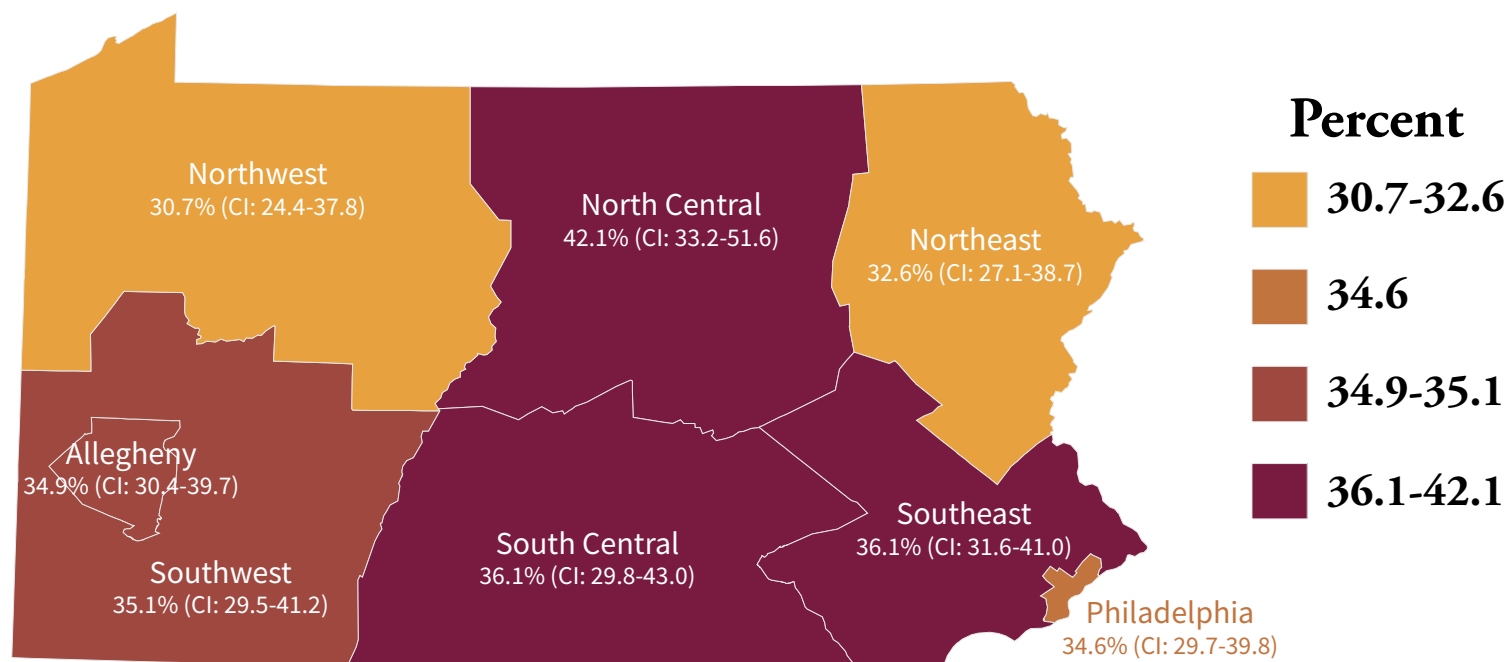
Demographic	Eat Five or More Fruits or Vegetables Daily*	Consume Two or More Fruits or 100% Fruit Juice Daily*	Consume Three or More Vegetables or Salads Daily*
All Adults	10%	29%	8%
Gender			
Male	7%	26%	5%
Female	13%	32%	10%
Age			
18-29	9%	25%	6%
30-44	14%	31%	12%
45-64	9%	27%	7%
65+	9%	33%	6%
Education			
Less than high school	10%	25%	5%
High school	7%	26%	4%
Some college	9%	28%	7%
College degree	15%	36%	13%
Household Income			
< \$15,000	6%	24%	5%
\$15,000 to \$24,999	10%	30%	6%
\$25,000 to \$49,999	7%	26%	4%
\$50,000 to \$74,999	10%	26%	8%
\$75,000+	12%	32%	11%
Race			
White, non-Hispanic	9%	29%	7%
Black, non-Hispanic	12%	31%	7%
Hispanic	16%	33%	8%

*Excludes missing, don't know, and refused

Source: Pennsylvania Department of Health

³⁶ [Pennsylvania Department of Health](#)

Map 83: Consume Two or More Fruits of 100% Fruit Juice Daily, Pennsylvania Health Districts (2019)



Source: Pennsylvania BRFSS

Responding to social determinants of health can help mitigate the existing health gaps or health inequities that exist – especially for vulnerable populations. By encouraging and promoting policies that promote healthy behaviors, it may prevent greater health problems down the road.

Healthcare Labor and Workforce

The healthcare industry is ever-changing. Currently, there are critical staffing shortages that prevent access to care in communities. The COVID-19 pandemic has taken a heavy toll on healthcare teams who have been on the front lines. The ongoing shortage of healthcare workers is one of the most critical challenges that healthcare organizations face. Workforce shortages lead to an overflow of appointments, staff burnout, inefficient care, and ultimately a large negative impact on patient outcomes. In the healthcare industry, there is no room to live with these shortages and the negative impacts they bring to healthcare organizations, especially as patient volume remains at an all-time high. According to a study from the U.S. Centers for Disease Control from 2021, healthcare-associated infections are increasing significantly, after years of decline. This is attributed to the increase in labor shortages and steady flow of patients. This shortage crisis also threatens patient outcomes, increase in error, higher morbidity, and mortality rates.



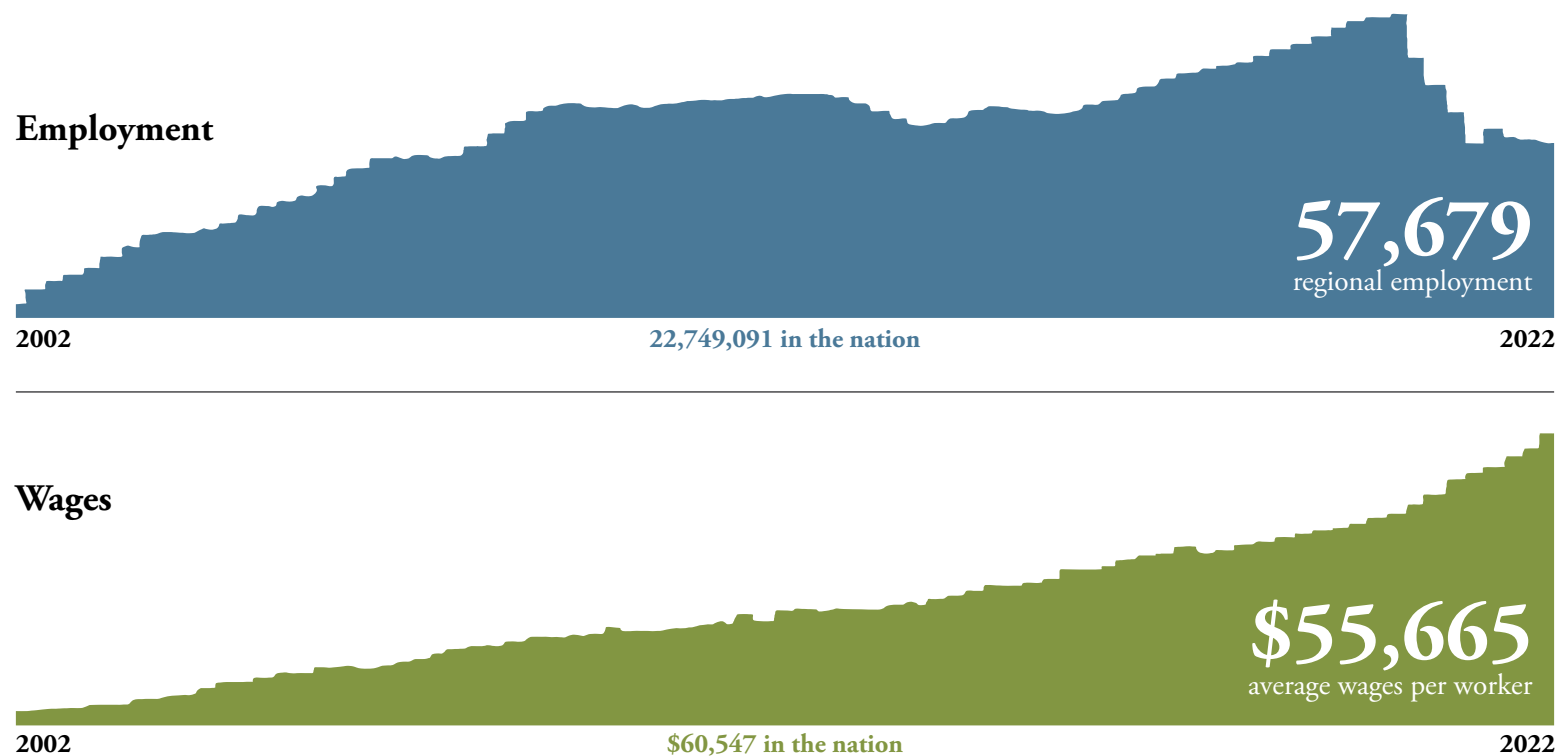
Healthcare and Social Assistance

Throughout the seven counties as of the first quarter of 2022, regional employment for the healthcare and assistance industry totaled 57,679 of 22,749,091 employed nationally. This is an average decrease of 0.2% over 10 years in the region compared to a 1.6% increase nationally. The healthcare and social assistance industry comprises 16.4% of employment in this seven-county region and 14.5% of national employment.

Wages for this industry on average are \$55,679, compared to \$60,547 nationally. Healthcare and social assistance saw an average annual increase of 3.3% in the region compared to a 2.8% increase in the United States.

Figure 84 below shows the drop in employees (currently at 57,679) and an annual demand of 5,878, with a gradual rise in wages (\$55,665) and a projected annual growth of 0.6%.

Figure 84: Change in Regional Employment and Wages, Q1 2022

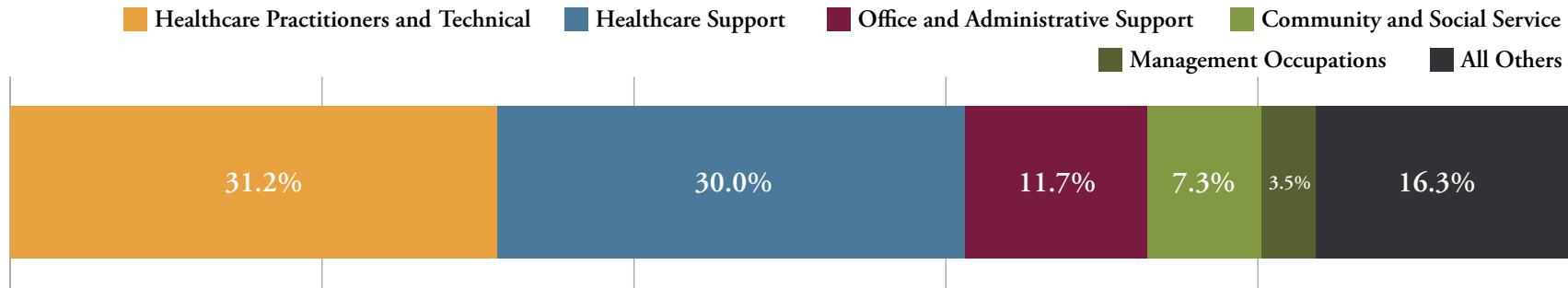


Source: JobsEq

Healthcare Staffing Patterns

The graph below illustrates the staffing patterns across the Lackawanna, Luzerne, and Wayne County region with healthcare practitioners and technical employees at 31.2% and healthcare support at 30.0%. The annual demand for personal care aides (1,250) exceeds all other categories, with nursing assistants (409), home health aides (367), and registered nurses (341) next in demand.

Figure 85: Occupation Distribution for Healthcare and Social Assistance



Source: JobsEq

Figure 86 below shows the annual demand for occupations across the seven-county service area. The annual demand for personal care aides (1,250) exceeds all other categories, with nursing assistants (409), home health aides (367), and registered nurses (341) following.

Table 86: Staffing Patterns

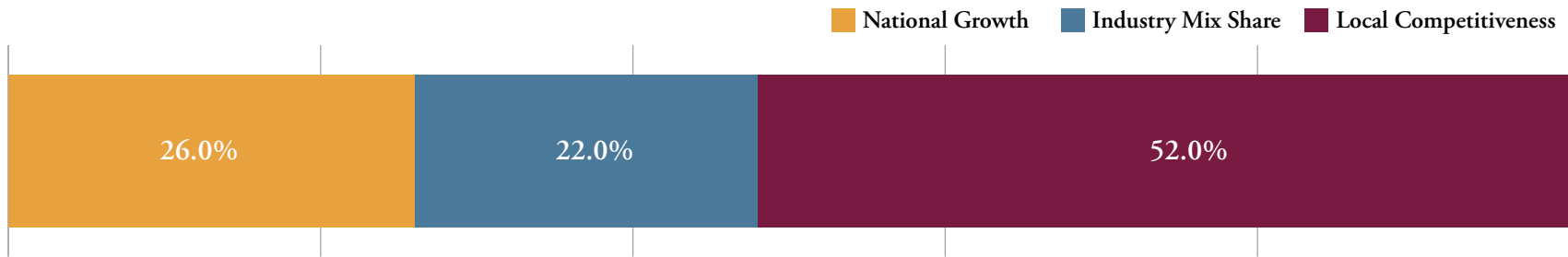
Occupation	Demand
Personal Care Aides	1,250
Registered Nurses	341
Nursing Assistants	409
Home Health Aides	367
Licensed Practical and Licensed Vocational Nurses	137
Medical Secretaries and Administrative Assistant	169
Medical Assistants	182
Childcare Workers	146
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	117
Office Clerks, General	104
Remaining Component Occupations	2,817

Source: JobsEq

Drivers of Employment Growth

Over the 10 years ending 2021, employment in the Healthcare and Social Assistance sector shed 1,153 jobs. After adjusting for national growth during this period and industry mix share, the part of this employment change because of local competitiveness was a loss of 12,669 jobs—meaning this industry was less competitive than nationally during this period.

Figure 87: Drivers of Employment Growth



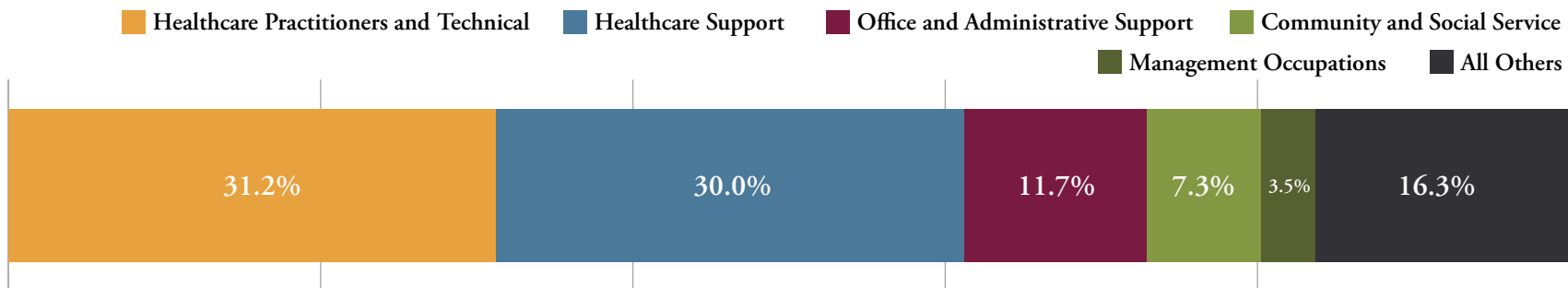
Source: JobsEq

Top Healthcare Occupation Groups and Industries

The top occupation groups in the seven-county region are healthcare practitioners and technical (31.2 percent), Healthcare support (30.0 percent), Office and Administrative support (11.7 percent) and Community and Social Service (7.3 percent).

Ambulatory Healthcare services and social assistance employment experienced approximately a one percent average annual change in employment each over the last ten years while hospitals experienced a 1.3 percent decrease.

Figure 88: Top Occupation Groups



Source: JobsEq

Postsecondary Programs Linked to Healthcare and Social Assistance

Programs	Awards
Career Technology Center of Lackawanna County	
Licensed Practical/Vocational Nurse Training	53
CDE Career Institute	
Health and Medical Administrative Services, Other	80
Fortis Institute-Scranton	
Medical/Clinical Assistant	54
King's College	
Health/Healthcare Administration/Management	50
Luzerne County Community College	
Registered Nursing/Registered Nurse	121
Misericordia University	
Registered Nursing/Registered Nurse	73
University of Scranton	
Health/Healthcare Administration/Management	105
Registered Nursing/Registered Nurse	74
Wilkes University	
Registered Nursing/Registered Nurse	205
Wilkes-Barre Area Career and Technical Center Practical Nursing	
Licensed Practical/Vocational Nurse Training	66

Source: JobsEq

10-Year Projected Occupation Gaps

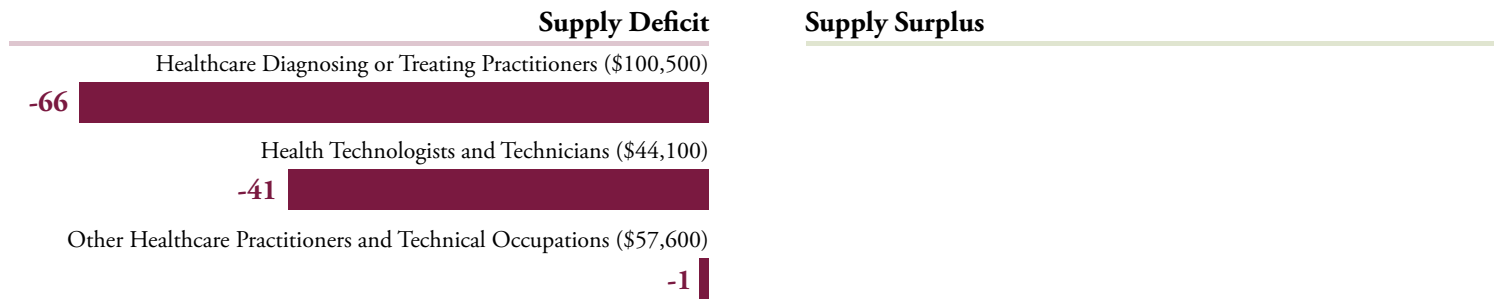
Below are graphs illustrating the expected occupation gaps over the next 10 years for healthcare practitioners and technical operations and healthcare support organizations.

The healthcare practitioner and technical operations graph below shows an expected supply deficit in the healthcare diagnosing or treating practitioners and health technologists and technician fields.

Figure 89: Healthcare Practitioners and Technical Operations

Occupation Gaps

Potential Average Annual Occupation Gaps over 10 Years in 7-County CHNA



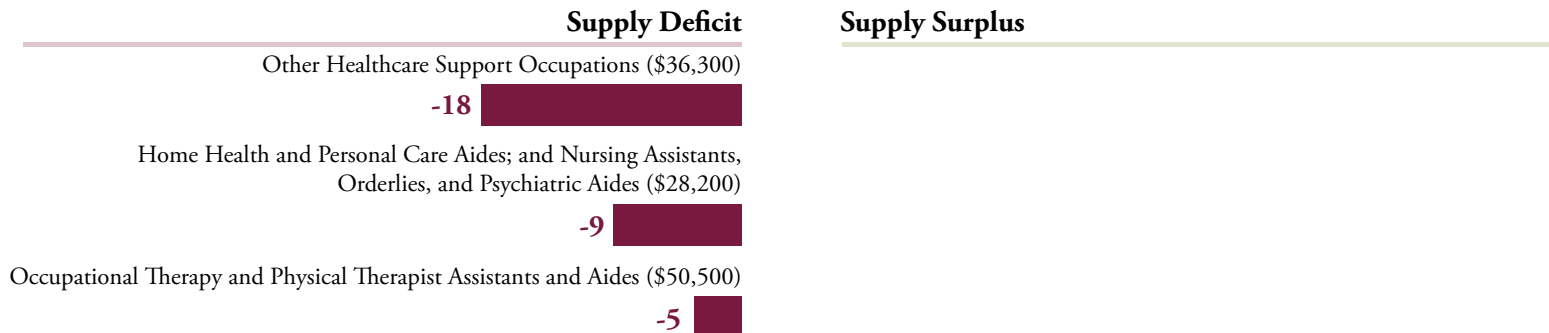
Source: JobsEq

From the 10-year occupation gap for healthcare support occupations, the largest deficit will be in other healthcare support occupations, followed by health and personal care aides, nursing assistants, orderlies, and psychiatric aides.

Figure 90: Healthcare Support Occupations

Occupation Gaps

Potential Average Annual Occupation Gaps over 10 Years in 7-County CHNA



Source: JobsEq



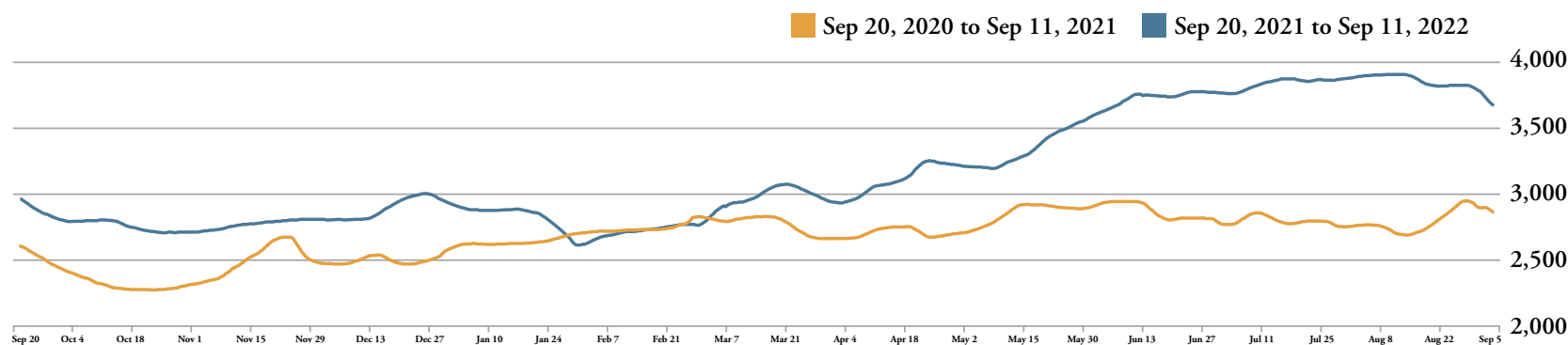
Awards in Healthcare Occupations

Of awards granted in healthcare occupation categories, including two-year, four-year, and postgraduate awards throughout the seven-county region, registered nursing/registered nurse programs led with 561, followed by exercise and kinesiology (173) and licensed practical/vocational nurse training (163). All categories totaled 2,146 awards. This does not track post-graduate employment, therefore, not all these degree holders remain here to work.

Real Time Job Postings

Figure 91 below represents active jobs by date for healthcare practitioners and technical occupations in the seven-county region from September 21, 2020, to September 12, 2021, and from September 20, 2021, to September 11, 2022. Active job ads spike notably from March 2022 to August 2022.

Figure 91: Active Job Ads by Date



Source: JobsEq

Figure 92 is a listing of active job ads by occupation for the seven-county region in the last 12 months. The highest number of active job ads (6,394) pertained to registered nurses, followed by ads for licensed practical and licensed vocational nurses (2,058) and pharmacy technicians (559).

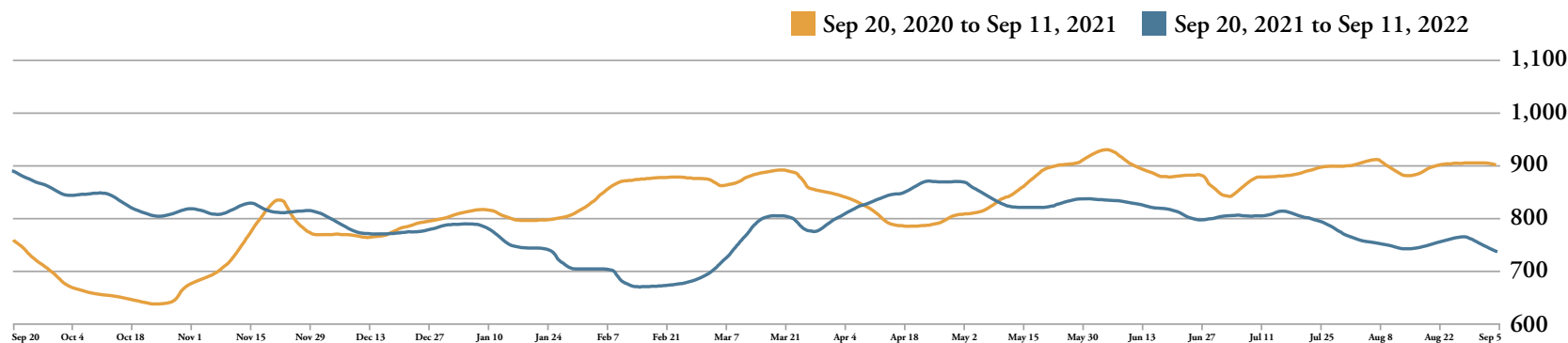
Figure 92: Healthcare Practitioners and Technical Occupations

Occupation	Active Job Ad (last 12 months)
Registered Nurses	6,394
Licensed Practical and Licensed Vocational Nurses	2,058
Pharmacy Technicians	559
Physician Assistants	503
Speech-Language Pathologists	470
Surgical Technologists	386
Radiologic Technologists and Technicians	358
Respiratory Therapists	274
Physical Therapists	267
Nurse Practitioner	266

Source: JobsEq

Below is a charting of active jobs listings by date for healthcare support occupations in the seven-county region from September 21, 2020 to September 12, 2021, and from September 20, 2021 to September 11, 2022. Active job ads gradually increased from September 2021 to February 2022. February 2022 through April 2022 also saw an increase in active job ads, followed by another decrease continuing to September 2022. Active job ads spiked notably between March 2022 and May 2022.

Figure 93: Active Jobs by Date



Source: JobsEq

Below in figure 94, is a listing of active job ads by occupation for the seven-county region during the last 12 months. The highest number of active job ads (1,586) involved positions for personal care aides, followed by ads for nursing assistants (1,433) and medical assistants (519).

Figure 94: Healthcare Support Occupations

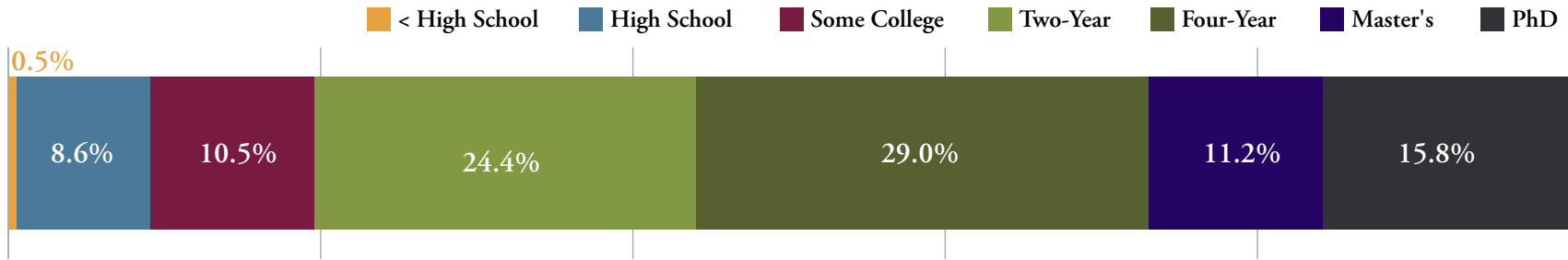
Occupation	Active Job Ad (last 12 months)
Personal Care Aides	1,586
Nursing Assistants	1,433
Medical Assistants	519
Home Health Aides	502
Phlebotomists	365
Physical Therapist Assistants	212
Medical Equipment Preparers	162
Occupational Therapy Assistant	157
Dental Assistants	148
Healthcare Support Workers, All Other	104

Source: JobsEq

Educational Profile

As noted in figure 95, most healthcare practitioners and technical occupations require a four-year degree (29.0%), and 24.4% require a two-year degree. Nearly 16% require a PhD.

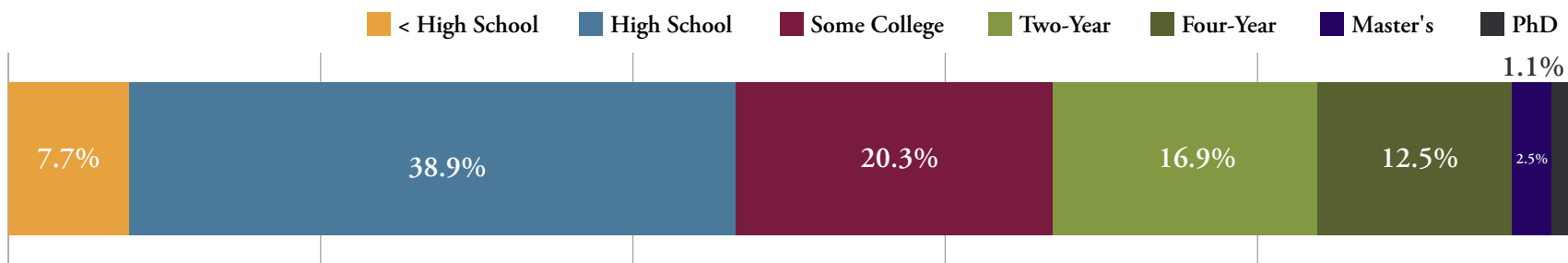
Figure 95: Healthcare Practitioners and Technical Occupations Educational Attainment



Source: JobsEq

As figure 96 below illustrates, nearly 40% of healthcare support occupations are required to have a high school diploma or equivalent. Twenty percent require some college and 16.9% required a two-year degree.

Figure 96: Healthcare Support Occupations Educational Attainment



Source: JobsEq

Provided that the healthcare industry's labor and workforce shortage is not expected to go away anytime soon, healthcare organizations should work to ensure that despite the shortage, they are still delivering adequate care to their community. These workforce shortages, alongside an aging population, a rise in chronic diseases and behavioral health conditions, and advancements in the delivery of care, all contribute to the need for more healthcare workers so that the healthcare workforce can ensure access to care and be adequately prepared for the future of healthcare.

Conclusions and Recommendations

The Wright Center for Community Health will use its resources and outreach efforts to identify the best ways to tackle and address its communities' healthcare needs with the goal of improving the region's health issues and residents' overall well-being. The CHNA's identification of who was involved, what, where, and why aims to help The Wright Center for Community Health address the identified community health needs. Vital steps in tackling these needs are collaboration and continuous planning efforts. These CHNA findings are essential to communicate to community organizations, community leaders, and community residents who will better understand the needs of the community and how to best combat these needs. The 2022 CHNA identified the following as The Wright Center for Community Health's top community health needs and sub needs:

A. Access to Care

- a. Shortage of providers who take Medicaid
- b. Chronic diseases among seniors
- c. Optometric services for children and youth

B. Behavioral Health

- a. Care coordination
- b. Lack of providers
- c. Need for behavioral health services

C. Chronic Diseases

- a. Affordability of services
- b. Lack of primary care providers
- c. Prevention and health management
- d. HIV education, prevention, and treatment

D. Dental Care

- a. Availability of dental services
- b. Access to dental care
- c. Appointment wait times

E. Social Determinants of Health (SDOH)

- a. Housing/homelessness
- b. Transportation
- c. Underserved populations
- d. Food insecurity



The primary and secondary data summarized in this CHNA document provide an abundance of information relative for The Wright Center for Community Health's service area. Reinforcing relationships and building new ones are imperative in addressing these top community health needs. Tripp Umbach recommends the following steps (in no particular order):

- Communicate and promote the CHNA within the community.
- Strengthen existing and engage potential new relationships and partnerships.
- Focus on the five specific community needs and create strategies to best combat the identified community needs.



About Tripp Umbach

The Wright Center for Community Health contracted with Tripp Umbach, a private healthcare consulting firm, to complete this CHNA. Tripp Umbach is a recognized national leader in completing community health needs assessments, having conducted more than 500 such projects over the past 25 years. Many of our projects are national pilots and have received statewide and national recognition. Since 2010, Tripp Umbach has completed more than 75 CHNAs and implementation plans that meet regulations and industry standards including assessments, planning, measurement, and reporting. Tripp Umbach's extensive experience in the community health arena allows clients to manage the healthcare of their population. Tripp Umbach has successfully facilitated hundreds of CHNA and planning engagements for leading healthcare organizations nationally and internationally. As community health needs assessment has progressed, Tripp Umbach has worked to ensure that CHNAs best meet the current and future needs of the community.

About The Institute

The Institute, a partnership of 13 colleges and universities and the business community, is a data analysis, research, and consulting organization that provides customized client solutions and strategies to facilitate decision-making and planning that enhances growth, impact, and sustainability. Our mission is to empower people and organizations with data, knowledge, and strategic recommendations for informed decision-making.

Tripp Umbach Collaboration with The Institute

Tripp Umbach worked collaboratively with The Institute. The Institute is a nonprofit economic and social innovation research and policy organization that is dedicated to empowering business and community leaders with research-based strategies for informed decision making. Members of The Institute conducted independent research to identify opportunities, issues, and challenges specifically for The Wright Center for Community Health's service area.



Appendix A: Community Stakeholder Interviews

Tripp Umbach worked closely with representatives from The Wright Center for Community Health to identify community stakeholders. An email delivered to community stakeholders introduced Tripp Umbach and defined the stakeholders' role in the CHNA process. The email introduced the project and conveyed the importance of the CHNA to the community. Each interview was conducted by a Tripp Umbach consultant and lasted 30 to 40 minutes. Each community stakeholder answered the same set of questions, as developed by Tripp Umbach and approved by The Wright Center for Community Health representatives. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, and ways to address those concerns. The stakeholders represented a diverse group of community-based organizations and agencies were among the stakeholders interviewed.

Twenty-five community stakeholder interviews were conducted beginning in September - October 2022. Some community stakeholders represented the same organization. Industry leaders who participated in the interviewing process represented the following organizations:

Data collected from the interviews are presented below.

- The Wright Center for Community Health Board
- Fortis Clinical
- Lackawanna/Susquehanna SCA
- MFHS
- United Way Ryan White
- Traditional Home Health
- Wayne County SCA
- NEPA Rainbow Alliance
- Lackawanna County AAA
- Luzerne County Headstart
- PA AHEC
- Valley View School District
- UCP
- Wyoming Valley AIDS Counsel
- Aging PA
- Lackawanna/Susquehanna BH/ID/EI Program
- City of Scranton
- Outreach-Lead Safe Care Family Development
- Scranton School District
- United Way

Figure 97: County in Which You Work

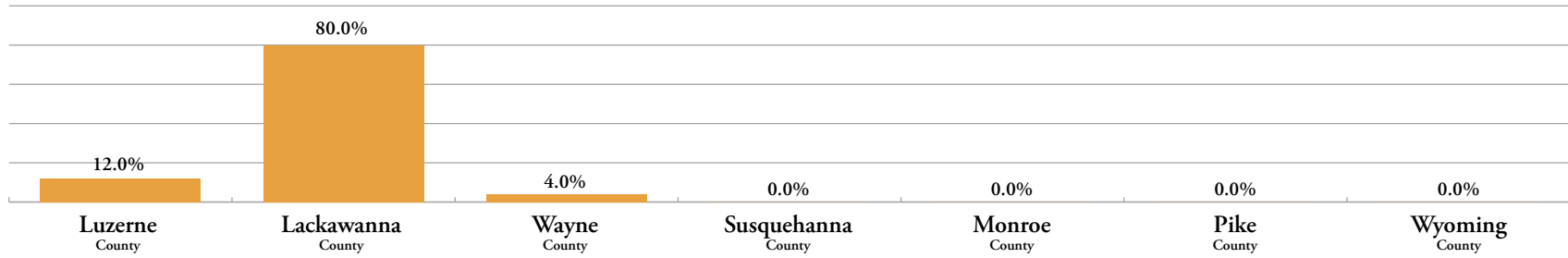
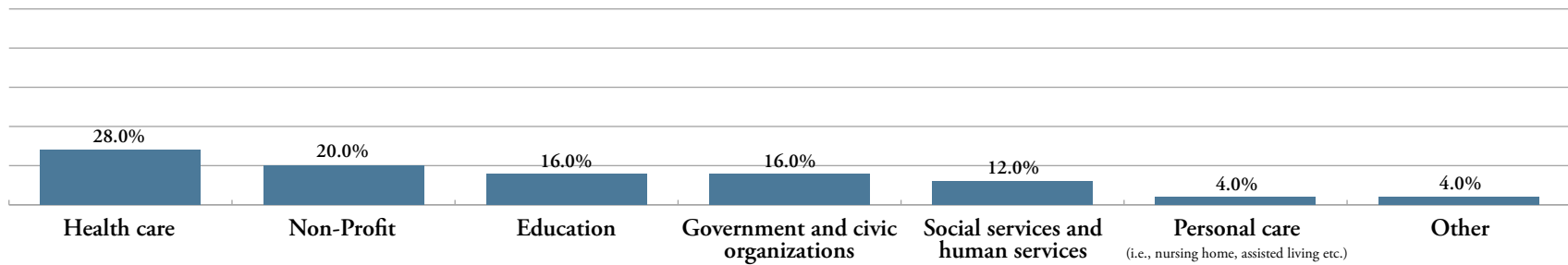


Figure 98: Industry you represent



Note: Other represents volunteer with different organizations

Figure 99: Rating Statements

■ Excellent
 ■ Very Good
 ■ Good
 ■ Fair
 ■ Poor

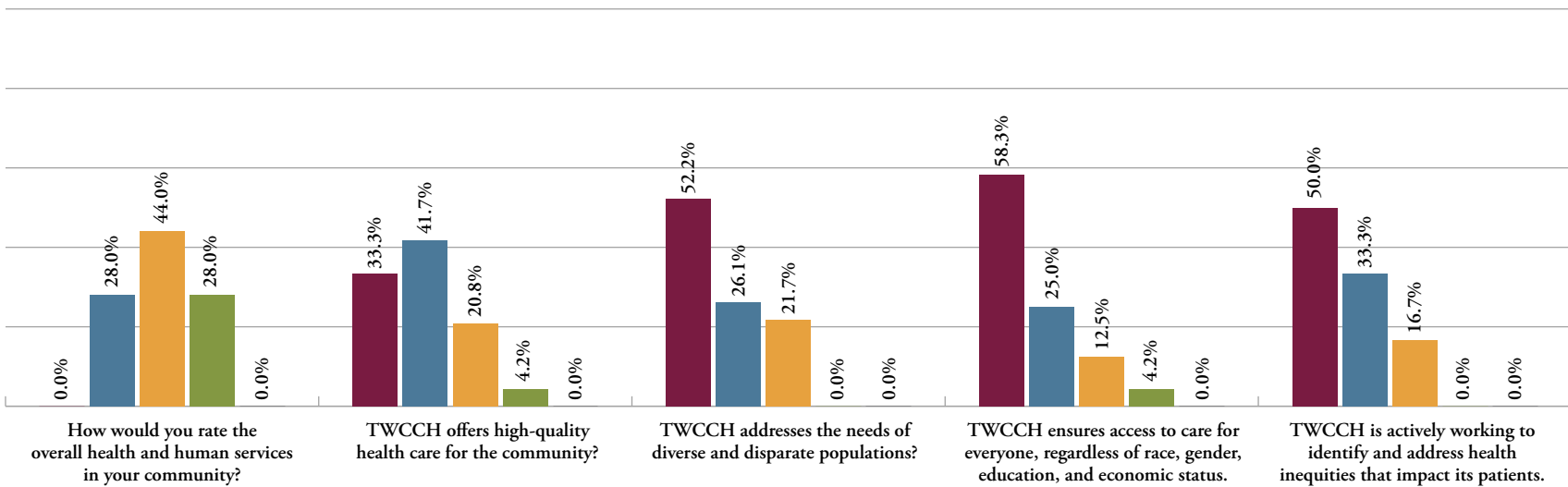


Figure 100: Biggest Health/Social Concerns (Top Five)

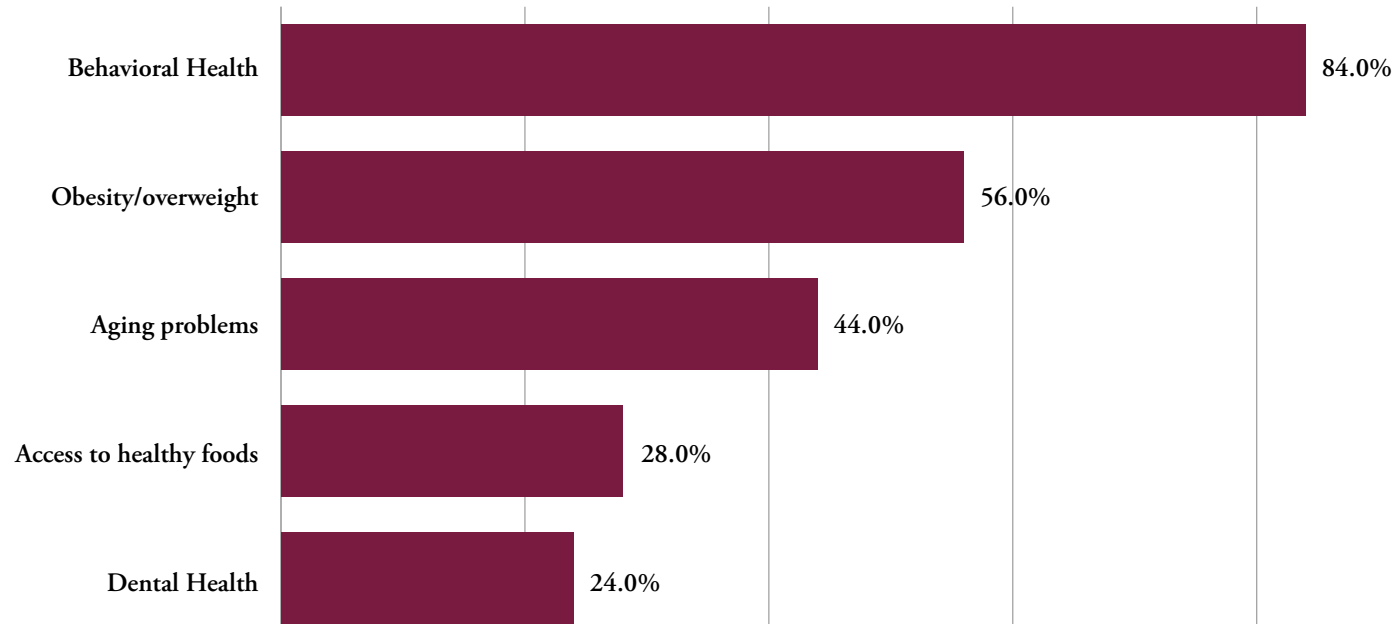


Figure 101: Persistent High-Risk Behaviors (Top Five)

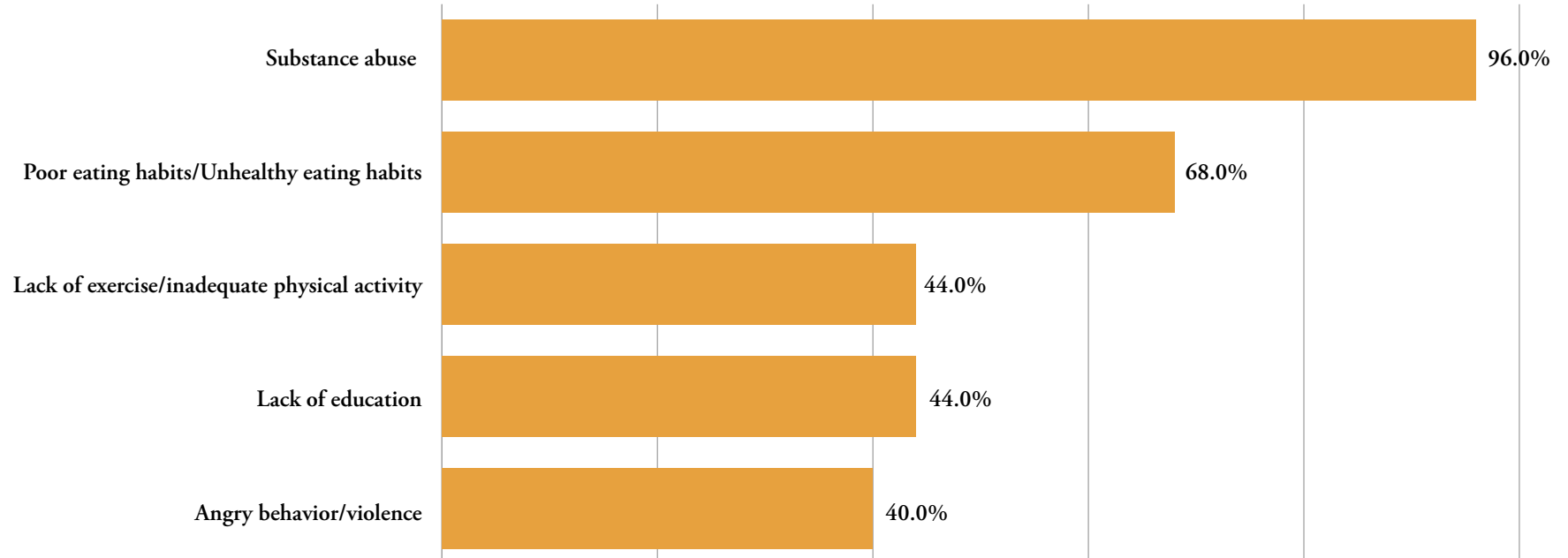


Figure 102: Largest Barrier(s) for People Not Receiving Care or Services (Top Five)

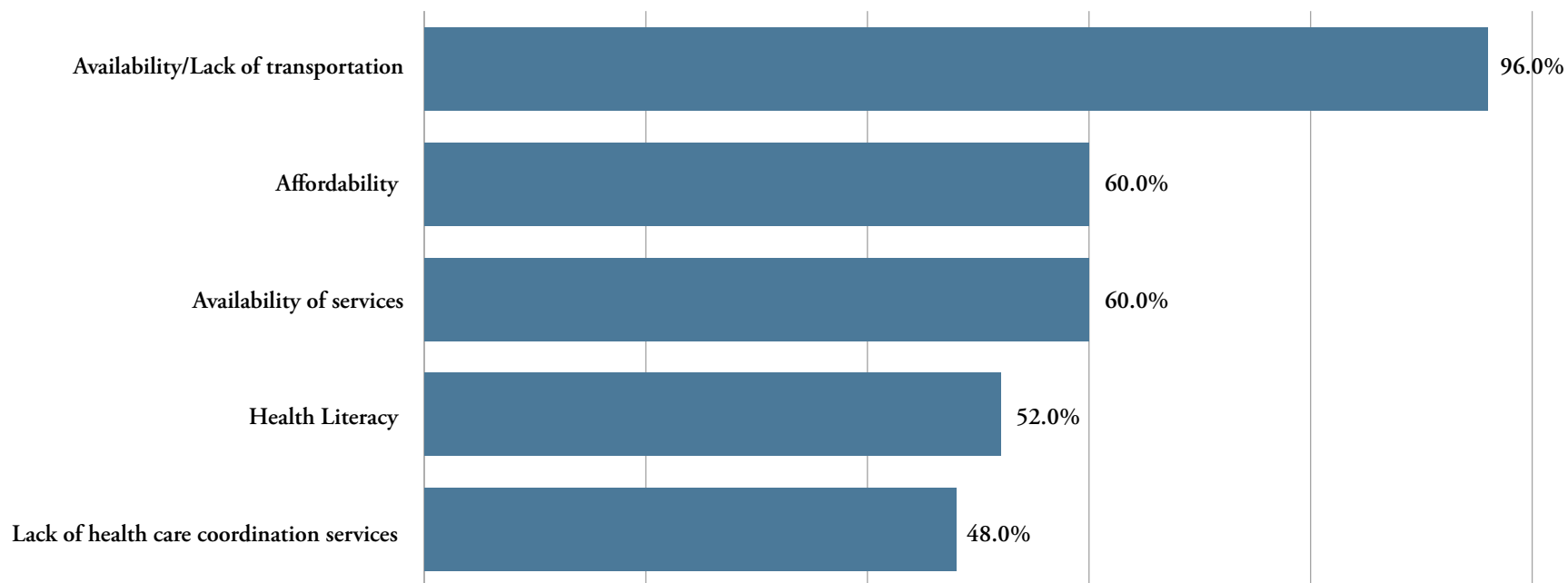


Figure 103: Transportation Issues (Top Three)

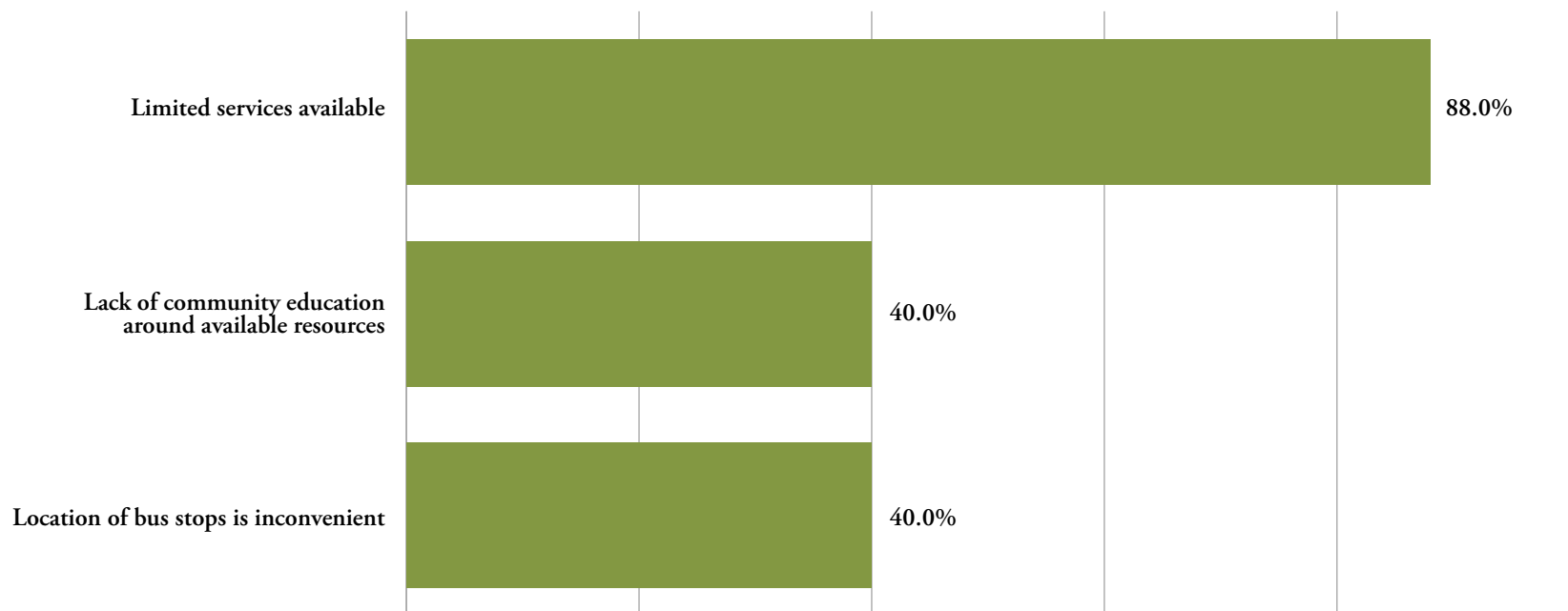


Figure 104: What would Improve the Quality of Life for Residents?

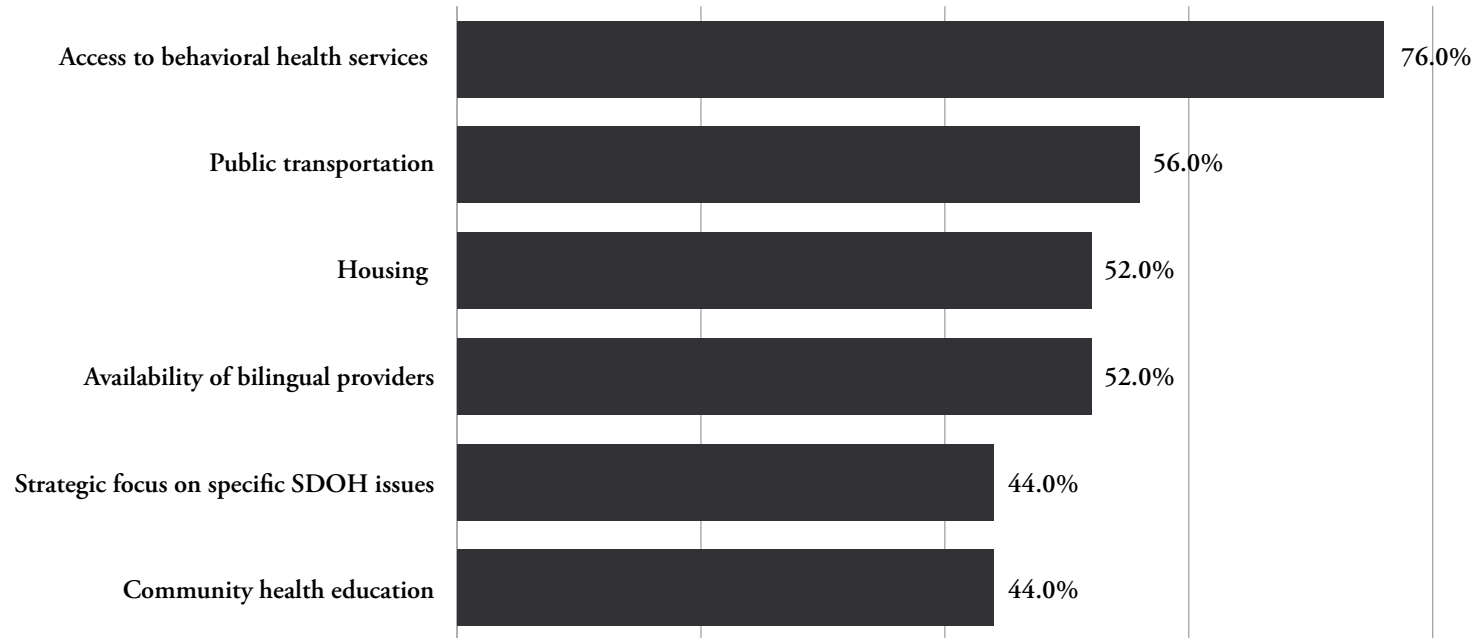
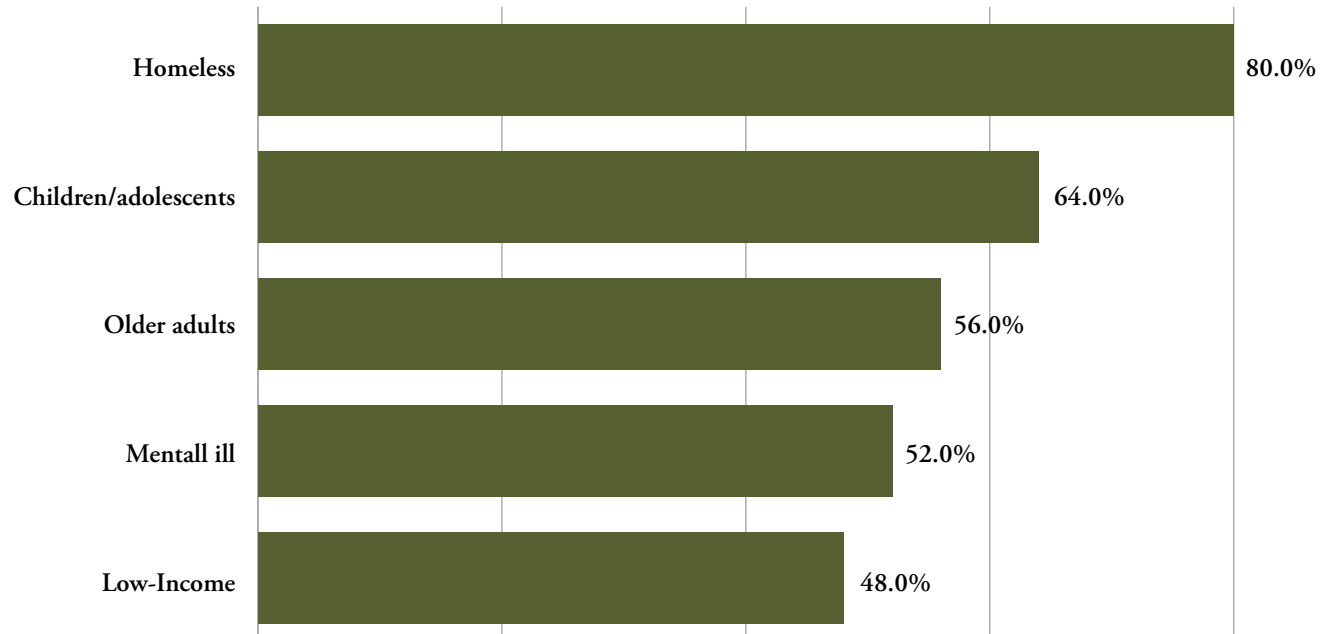


Figure 105: Vulnerable Populations (Top Five)



How did COVID-19 Further Impact Care? Overall Themes

- The shutdown of public transportation during covid-19 impacted access to healthcare providers
- Increased mental health/behavioral health issues and made it a larger issue
- The pandemic created significant social isolation which impacted care and impacted those who gave the care
- Disruption of services caused backlog of services
- Individuals put their health problems on hold instead of seeking help
- High burnout rate of healthcare staff
- Longer time to get appointment, unreasonable scheduling times, made it harder to see healthcare professional
- Increase in homeless population
- Fear and isolation

How did Telemedicine/Virtual Platforms Ease Access to Care? Overall Themes

- The communities without computers or internet had no access to care
- It does not give the proper connection to the patients. Patients need and want better interaction because this will have better health outcomes
- Rural areas did not have the broadband internet
- Culture language utilization was a problem
- It helped for those with behavioral health. Helped with someone who can talk and did not disrupt the care that they needed.
- Reduced the lapse in care. It is valued
- More convenient (especially with kids), quicker with seeing patients
- Not impressed with it, could have the same over the phone, has a lot of potential, people were resistive towards zoom, comfortability – people will adapt, has a future but future is not realized yet
- Less requirements for virtual appt, transportation less of an issue, lessened burden of going to doctor

Addressing Health Disparities/Overall Themes

- Tackle/expand mental health and more behavioral health and addiction related issues
- Introduce more mobile clinics in rural communities.
- Working with minorities, LGBTQ+ and communities with disabilities.
- Expanding partnerships, community collaboration
- Advocate for more transportation solutions
- Work on housing issues and other social determinants of health
- More pediatric dental providers, more bilingual providers, and dental care in elderly populations.
- TWCCH during the pandemic was able to get resources and help families, staple in the community, TWCCH should continue the outreach and collaboration.
- TWCCH enters areas with underserved populations and is doing a great job at it thus far. TWCCH should improve telehealth use, transportation and, educate people and community on the available resources.

Appendix B: Committee Lists

The CHNA process was overseen by a committee of representatives who participated during the process. Members of the Steering Committee are listed in alphabetical order by last name.

Figure 106: Steering Committee List

Name	Title/Role
Kathleen Barry	Organizational Operations Representative; The Wright Center for Community Health
Shane Cobert	Ryan White and LGBT Rep; The Wright Center for Community Health
Scott Constantini	Behavioral Health - Mental Health/Addictions; The Wright Center for Community Health
Sheila Ford	Employee Health Rep; The Wright Center for Community Health
Maria Kolcharno	Women's Health/Addiction Services Rep; The Wright Center for Community Health
Nicole Lipinski	Senior Care Rep.; The Wright Center for Community Health
Kari Machelli	Integrated Care Rep; The Wright Center for Community Health
Geraldine McAndrew	Community Outreach Rep; The Wright Center for Community Health
Kim McGoff	Dental Health Rep; The Wright Center for Community Health
Kim Robinson	Clinical Management Rep; The Wright Center for Community Health
Connie Sixta	Population Health Manager; The Wright Center for Community Health
Amanda Vomarro	Network Navigator



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