



## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

## Introduction

The Community Health needs Assessment (CHNA) is a written report that summarizes the medical needs of WGH service area and how we as a hospital intend to assist those needs. CHNA is mandated by the Patient Protection Act of 2010 and requires all non-profit hospitals to complete the assessment.

Requirements that **must** be included in the report:

- Demographic information about our community.
- A description of the process and methods used to obtain the demographic data including sources and dates of the data.
- A description of how we obtain the data for the project (surveys, interviews, internet, etc) and who or where it came from.
- A prioritized description of the community needs as well as a report describing how and why we prioritized them in the manner, which was used.
- A description of the hospital or other resources that will be used to meet the needs of the community.

In order to assess the community, demographic information about the community was obtained. This included age, gender, race, income, employment, and education. Secondary data was also obtained to identify other issues within the community such as illnesses (diabetes, cancer, etc), obesity, teen pregnancy, mental illness, mortality rate, auto accidents, and addictions.

At least two top concerns are recommended to focus on to adequately fulfill the CHNA requirement. Warren General Hospital identified two concerns of the community. These concerns were identified utilizing the primary data, secondary data, interviews, a focus group, as well as a physician and community survey.

WGH then coordinated with a strategic plan to address these concerns. The current program was developed in fiscal year 2019 as a way to improve the overall health of Warren County. The strategic plan is updated annually by the hospital leadership and Board of Directors.

The original report was for the tax year beginning after March 23, 2015, which for Warren General Hospital was July 1, 2015 to June 30, 2016. This report is the second report that is to be generated every three years thereafter. This would cover the timeframe of July 1, 2019 through June 30, 2022.

## Contents

Purpose .....	3
Mission, Vision .....	4
Methodologies .....	5
Warren County Demographics .....	6
Warren General Hospital Data.....	11
Warren General Hospital Secondary Data.....	12
Key Stakeholders Findings .....	21
Physician Survey Results .....	24
Community Health Survey .....	28
Strategic Plan Integration .....	31
Summary .....	32
Implementation .....	35
Review and Approval .....	36
References .....	37

## Purpose

The Warren General Hospital (WGH) is a private, non-profit acute care hospital. At present, WGH has approximately 650 employees, with an annual operating budget of just over \$72 million. The Board of Directors responds to the needs of the local community. WGH provides healthcare services to the public. These services include: Inpatient acute care and psychiatric care, 24 hour emergency room, outpatient home care and other outpatient care for residents of Warren County and surrounding areas. In addition, the hospital offers an outpatient Cancer Care Center to relieve the need for residents to travel during these most difficult times. As a part of its commitment to the community, the hospital provides care to residents regardless of their ability to pay for services. A charity care program is utilized when residents have limited resources afforded the cost of care provided. The hospital also provides care to residents with Medicaid insurance. This is done at a cost to the hospital, as the reimbursements do not cover the cost to provide the service.

The hospital also provides screenings at no cost to residents and employers which include, but are not limited to: cancer, diabetes, heart disease, vascular disease, and osteoporosis. In addition, rural community health fairs are sponsored, providing diagnostic testing and healthcare education to participants. Various community service organizations utilize the hospital's resources, both space and staff, to send a message or support a program that coincides with the hospital's mission.

## **Mission Statement**

Improve the health of residents of the communities we serve.

## **Vision Statement**

Warren General Hospital is an independent, community-focused hospital delivering “world class” medical care and service through the collaborative efforts of physicians, staff and volunteers.

## Methodologies

There were multiple quantitative and qualitative methods used to collect data in determining the most critical health care needs in Warren County. The three forms used were, demographic statistics collection from the internet and hospital databases, personal interviews, group discussions that included a wide range of individuals holding diversified positions within the community, survey of community residents and a physician survey to obtain data from health care experts in the immediate area

## Warren County Demographics

### Geography

Under Pennsylvania law, Warren County is comprised of three types of incorporated municipalities. Warren is the sole City. There are then five boroughs: Bear Lake, Clarendon, Sugar Grove, Tidioute, and Youngsville. Smaller than a borough; there are twenty-one recognized townships which include: Brokenstraw, Cherry Grove, Columbus, Conewango, Deerfield, Eldred, Elk, Farmington, Freehold, Glade, Limestone, Mead, Pine Grove, Pittsfield, Pleasant, Sheffield, Southwest, Spring Creek, Sugar Grove, Triumph, and Watson. Akeley, Lander, and Torpedo are not incorporated yet but are considered part of Warren County. (U.S. Census, 2000)

As is typical of rural areas in traditional “rust belt” states, Warren County has experienced significant population loss over the past several decades, as jobs, especially those in the formerly well paying manufacturing sector, move elsewhere. Typically, service sector jobs that have come to replace these losses do not pay as well and offer fewer benefits. This scenario creates long-term social and economic strains for remaining families in the area.

The City of Warren is located along the Allegheny River and Conewango Creek. It is the only city and most populated location in the county. It serves as the headquarters for the Allegheny National and the Cornplanter State Forests. The Allegheny Reservoir and Kinzua Dam are located in close proximity to the City and are within Warren County. The County has become well known for its year round outdoor recreation which includes hiking, cycling, boating, fishing, and hunting. Of note, the section of the Allegheny River running from the Kinzua Dam to the City of Warren has been designated a “Recreational Waterway” by the United States Congress.

### Population

Predominantly rural, Warren is located in northwest Pennsylvania, with a significant portion of all available land being either State Park or National Forest. This is a primary factor contributing to the rural nature of the area. In Warren County, the Allegheny National Forest covers approximately 119,000 acres or 26% of the total acreage. Warren is noticeably smaller with a population density of 46 persons per square mile. Geographically, the Warren County School District is the second largest school district in the state spanning 884.13 square miles but, as mentioned, a large portion of this area is uninhabited.

Estimates from the United States Census Bureau and the American Community Survey (2012 Data Release), state that the population of Warren County is 40,345 persons. This figure indicates a – 3.0% net change for since the 2016 census data was reviewed. In



comparison, the State of Pennsylvania experienced an overall 3.67% increase in population.

Population by age reflects an aging community that is not being replenished by younger generations. The largest age group in the county is the 45-64 age group. The largest single group of individuals is the female group greater than sixty-four years old. At 4,621, this represents 10.6% of the total population in Warren County. The 0-4 age represents the smallest age group at less than 5% of the population.

### **Income:**

In Warren County the median household income was last reported as \$45,781 with per capita income at \$26,558 and the average income per earner \$31,817 for 2017. This is a modest growth of 1.79%. An earner is defined as someone 15 years of age or older receiving any type of income (wages, salaries, benefits, or other) while per capita income is best defined as the total personal income in an area divided by the number of people in the area.

The Small Area Income and Poverty Estimates (SAIPE) from 2013 states that the poverty rate is 14.4% for Warren County. The poverty line is defined as the level of income below which one cannot afford to purchase all resources and necessities. In Warren County it is further worth noting that for all persons aged 0-17, 24.5% were reported as living at or below the poverty line (100% of poverty). The State, by comparison, reports that 16.9% of all persons aged 0-17 are living in poverty during this same time frame.

The most recent findings released by the U.S. Census Bureau from the American Community Survey, 5-year estimates (2013-2017) further describe household income by source for the Warren County service area. The data released in December 2014 estimates approximately 17,257 households in Warren County. Of these, household income from various sources can be described as follows:

The uninsured population of Warren County as reported in 2017 was 11.7%. This is compared to a State average of 12% and a national average of 17%.

### **Race:**

The population, both historically and at present, is homogenous in its ethnic composition and is predominately white. Data from the American Community Survey, which averages information collected between 2013 and 2017, describes Warren's population as 97.9% Caucasians, with 1% claiming mixed race and less than half of one



percent each of African Americans, Asians, Native Americans, and Other make up the remainder of the races in Warren County. There is little to suggest that the overly homogenous ethnic composition of the area population will change dramatically at any point in the future.

### **Education:**

Warren residents at 92% have received a high school diploma. Those that are college bound represent 60% of the population. An additional 8% of Warren County obtained an associates degree and 11 % have received a bachelor degree and 6.5% achieve a postgraduate or professional degree. Of the high school graduates 61% are college bound. With regards to adult literacy, 12% of the population over the age of 18 lack basic literacy skills. This is compared to a State average of 13% and a national average of 12%.

### **Employment:**

The overall unemployment rate for Warren County is 6.63% as compared to 5.9% in the State of Pennsylvania and 5.6% in the nation. Manufacturing makes up 21% of the jobs in Warren County. This is the largest rate of employment in Warren County, with sales and health care falling closely behind.

## **Health Factors**

### **Primary Data:**

Warren General Hospital (WGH) reviewed its experience with the types of care and treatments provided to residents of Warren County. In this review, all inpatient admissions were reviewed with emphasis being placed on the top 10 Diagnostic related Groups (DRGs). DRGs are relative groupings of like disease processes. In addition, all individuals presenting to the Emergency Care Center were reviewed to reflect the outpatient and ambulatory needs of area County residents. Warren Medical Group is also aligned with the hospital, so a review was completed of the top ten medical conditions being treated in the outpatient arena.

### **Inpatient Data:**

When reviewing the time period since completion of the most recent Community Health Needs Assessments, WGH has maintained relative consistency in the top ten types of conditions which require admission to the hospital. The top admission for the time



period is psychosis. WGH has an inpatient behavioral health service unit that covers the entire County area. The second highest admission is related to maternity and delivery of babies. While deliveries represent the second largest group, there is also a correlating

### Warren General Hospital Admissions CY 2016-2018

<u>2016</u>		<u>2017</u>		<u>2018</u>	
PSYCHOSES	415	PSYCHOSES	436	PSYCHOSES	434
VAGINAL DELIVERY	224	NORMAL NEWBORN	204	VAGINAL DELIVERY	188
NORMAL NEWBORN	224	VAGINAL DELIVERY	200	NORMAL NEWBORN	170
ALCOHOL/DRUG ABUSE	166	ALCOHOL/DRUG ABUSE	158	ALCOHOL/DRUG ABUSE	144
SEPSIS	162	COPD	146	COPD	139
COPD	137	SEPSIS	140	SEPSIS	111
HEART FAILURE	134	HEART FAILURE	128	PNEUMONIA	95
HIP/KNEE REPLACEMENT	117	C-SECTION	113	HIP/KNEE REPLACEMENT	87
PNEUMONIA	95	HIP/KNEE REPLACEMENT	106	C-SECTION	86
PULMONARY EDEMA/RESP FAILURE	88	KIDNEY AND UTI	97	NEONATE WITH SIGNIFICANT PROBLEMS	84

**Source: Internal Data Source**

number of newborns with this category. The delivery category is inclusive of vaginal and cesarean section deliveries. To round out the top five categories for admission, septicemia, alcohol and drug dependence, and heart failure represent the main medical conditions. Septicemia and alcohol dependence represent declining trends in admissions, but still command a higher volume of care provided. When reviewing other top diagnoses, there is a strong representation in respiratory related conditions. Also elective surgeries for joint replacement, to include hips and knees, make up another large portion of admissions to the hospital.

### **Emergency Care Center:**

When reviewing all visits to the emergency department, there are consistencies in trends with presenting complaints of patients seeking care in the emergency department. The top five categories are a combination of cardiac, abdominal and respiratory complaints. Cardiac complaints continue to see the largest increase in presentation. Approximately 31% of these cases result in admission to a hospital, whether at Warren General Hospital or another hospital offering a higher level of care

### Warren General Hospital Emergency Room Visits CY 2016-2018

<u>2016</u>		<u>2017</u>		<u>2018</u>	
Abdominal Pain	1621	Abdominal Pain	1469	Abdominal Pain	1375
Cardiac Complaints	1147	Cardiac Complaints	1076	Exam	1375
Dyspnea/SOB/Asthma/ COPD/Croup	1043	Exam	1054	Cardiac Complaints	1015
Exam	937	Dyspnea/SOB/Asthma/ COPD/Croup	1020	Dyspnea/SOB/Asthma/ COPD/Croup	984
Back Injury	827	Fall	791	Cough	793
Lower Extremity Pain	824	Lower Extremity Pain	764	Fall	728
Upper Extremity Pain	716	Upper Extremity Pain	701	Lower Extremity Pain	703
Fall	696	Cough	655	Nausea/Vomiting/Diarrhea	
Psychiatric Evaluation	648	Psychiatric Evaluatoin	639	Psychiatric Evaluation	628
Cough	611	Nausea/Vomiting/Diarrhea	628	Upper Extremity Pain	623

**Source: Internal Data Source**

Patients presenting with complaints related to abdominal pain reflect the largest number of presentations while continuing to grow each year. This category is the largest portion of presentation each year. Excluding psychiatric presentations, less acute minor care represents a large portion of the remaining presentations in the top ten complaints.

#### **Warren Medical Group:**

A review was completed of the reason for visit with Warren Medical Group physicians. Warren Medical Group is a group of employed physicians comprised of family practice, internal medicine and surgical specialties. For the purpose of this review, the physicians that are members of the medical staff at the Cancer Care Center were not included.

Review of base data reflects a need for cardiac related care. Diabetes, hyperlipidemia, hypertension and Coronary Artery disease (CAD) are prevalent throughout each of the practices of Warren Medical Group. While the incidence for each medical complaint may change year by year, the diagnoses remain the same.

**Warren Medical Group Combined Visits****CY 2016-2018**

<u>2017</u>		<u>2018</u>		<u>2019*</u>	
Dyslipidemia	5276	Dyslipidemia	4708	Dyslipidemia	4234
Hypertension	4593	Hypertension	3929	Hypertension	3074
Diabetes	2618	Diabetes	2506	Diabetes	2366
Tobacco Abuse	1797	Hypothyroidism	1645	Hypothyroidism	1619
Hypothyroidism	1666	Anxiety	1394	Gastroesophageal	1123
Depression	1518	Gastroesophageal	1268	reflux disease (GERD)	
Anxiety	1516	reflux disease (GERD)		Anxiety	1051
Gastroesophageal	1297	COPD	1256	Depression	982
reflux disease (GERD)		Depression	1112		981
COPD	1286	Back Pain	1058	COPD	880
Back Pain	1139	Tobacco Abuse	809	Tobacco Abuse	516

\*Reflects January through May, 2019.

**Source: Internal Data Source**

Other trends in the primary care practices have seen an increase in incidence of nicotine dependence. The use of tobacco products is a factor associated with many other medical conditions that have been identified as the primary reason for seeking medical care. Another trend identified in the primary practice review is the increasing incidence of patients presenting with more than one complaint or medical problem. Patients are presenting with more needs for coordinated care.

**Summary**

The hospital represents a primary service provider for behavioral health and maternity services. Trends reveal a declining cardiac population that is being admitted to the hospital. This does not reflect the need on the outpatient side. Cardiac related treatment for chronic cardiac conditions remains a high need for the community. The Emergency Care Center and the Warren Medical Group see a continual growth in the outpatient arena. From an inpatient perspective, WGH has seen an increase of cardiac patients being transferred to a higher level of care at other facilities.

The presence of psychiatric and behavioral health services reflects the largest number of admissions and a large component of services provided on an outpatient basis. While visits for alcohol drug abuse and drug dependence services are decreasing in number, it represents a large portion of care provided at Warren General Hospital. While not providing outpatient physician care for behavioral health, Warren General does work closely with behavioral health services in the community.

In the primary care and specialty practices, there is a significant presence of cardiac related ailments. These conditions do not always correlate with the patients that are admitted to the hospital. Respiratory admissions do correlate with the significant use of tobacco products and nicotine dependence. Chronic obstructive pulmonary disease (COPD) is a high admitting diagnosis for residents and also is reflective of other respiratory diseases.

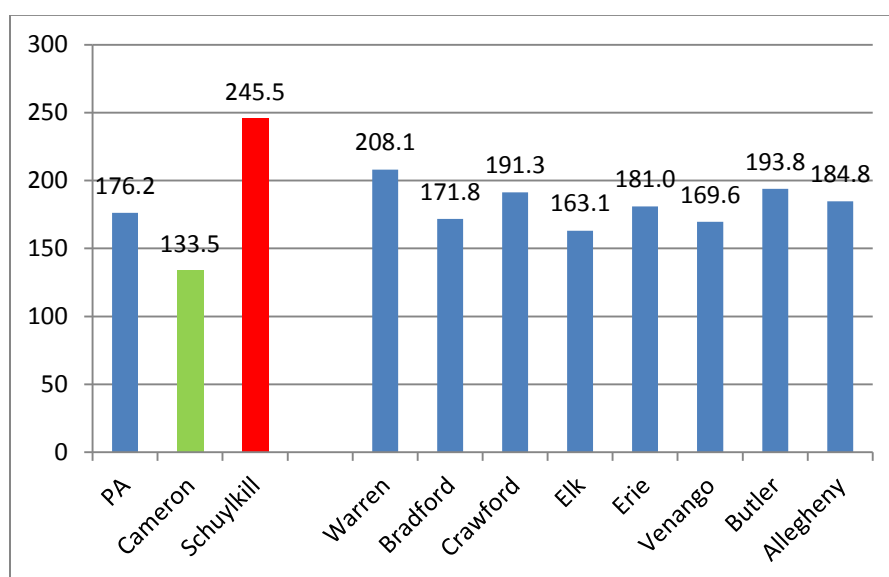
### **Secondary Data:**

Warren County disease and incident statistics are an important part of determining the concerns in Warren County. While there are some concerns that ranked higher than others, sample size does need to be taken into consideration.

Statistics were obtained utilizing PA Department of Health (PA DOH), Healthy People 2020 and the Center for Disease Control websites. The statistics have a broad range of incidents and diseases that occur in Warren County. Some of the incidents are outside of the hospitals realm of control.

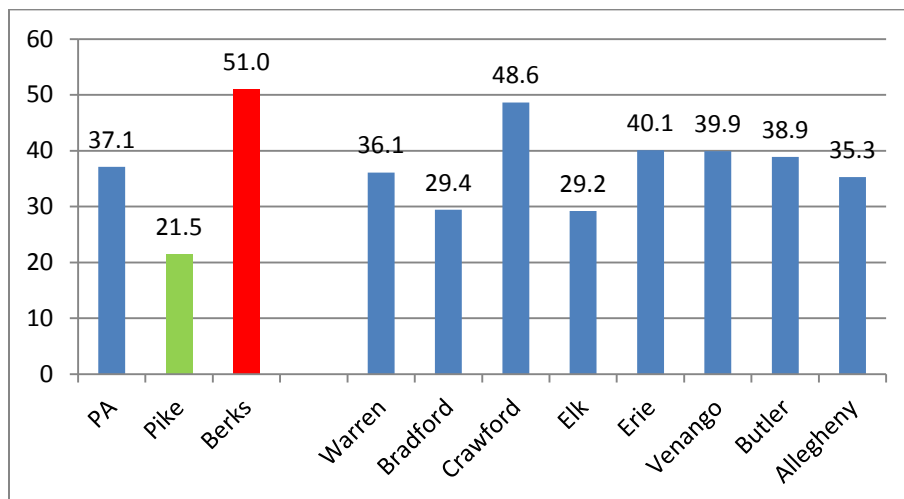
Listed below are the top diseases and incidents found in Warren County. Please note that the Warren County statistics obtained contain the most recent data available at the time of collection (May 2019). All national data attached was obtained from [statehealthfacts.org](http://statehealthfacts.org). Please note that the national statistics obtained contain the most recent data available at the time of collection (May 2019).

**Heart Disease Death Rate  
2012 – 2016**



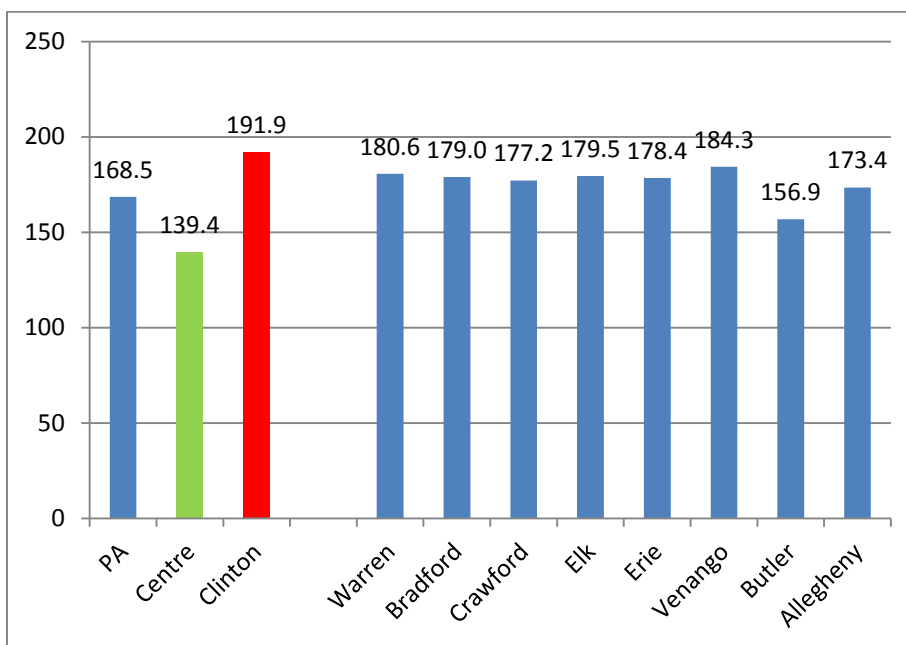
- 2012 – 2016 Heart Disease Death Rate. This rate represents reported cases per 100,000. 10<sup>th</sup> highest of 67 counties (Pennsylvania County Health Profiles, PA DOH)

### Stroke Death Rate 2012 – 2016



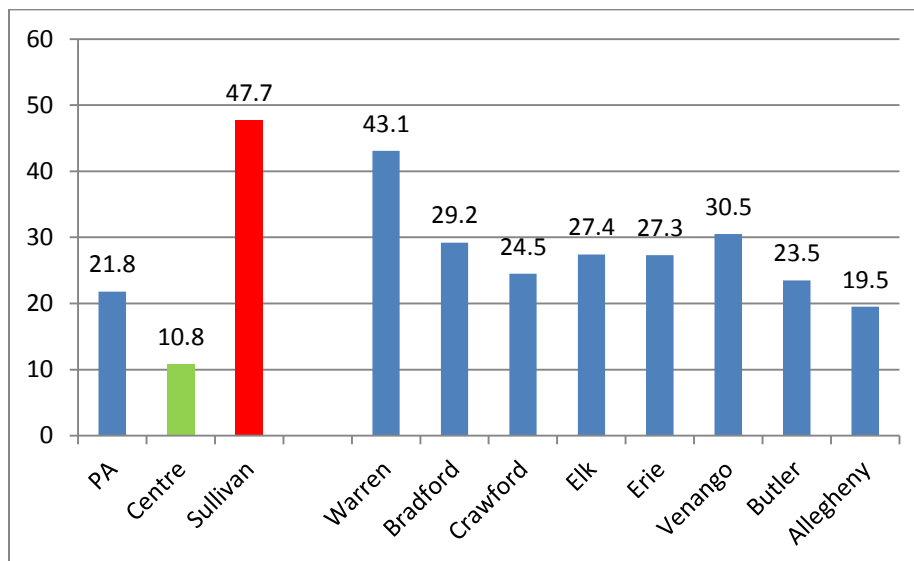
- 2012 – 2016 Stroke Death Rate. This rate represents reported cases per 100,000. 27<sup>th</sup> highest of 67 counties (Pennsylvania County Health Profiles, PA DOH)

### Cancer Death Rate 2012 – 2016



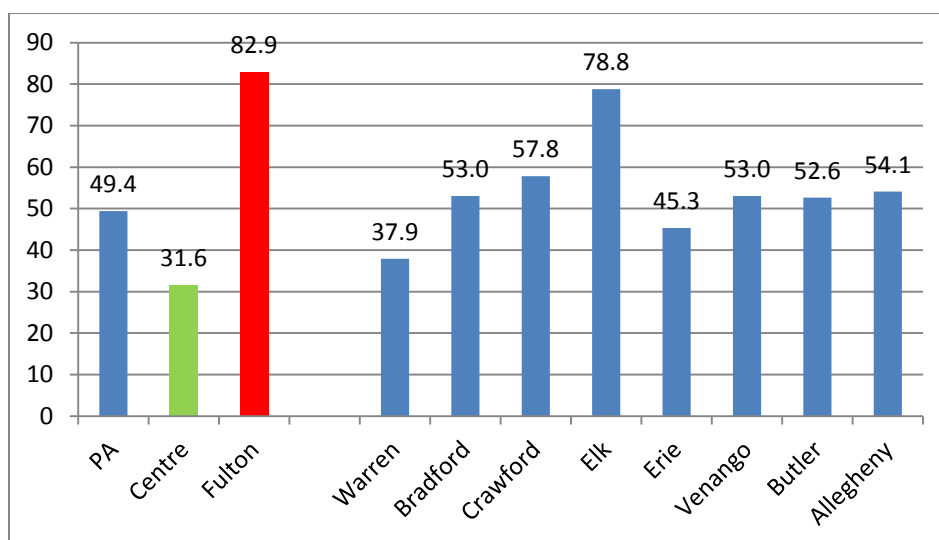
- 2012 – 2016 Cancer Death Rate. This rate represents reported cases per 100,000. 12<sup>th</sup> highest of 67 counties (Pennsylvania County Health Profiles, PA DOH)

### Diabetes Death Rate 2012 – 2016



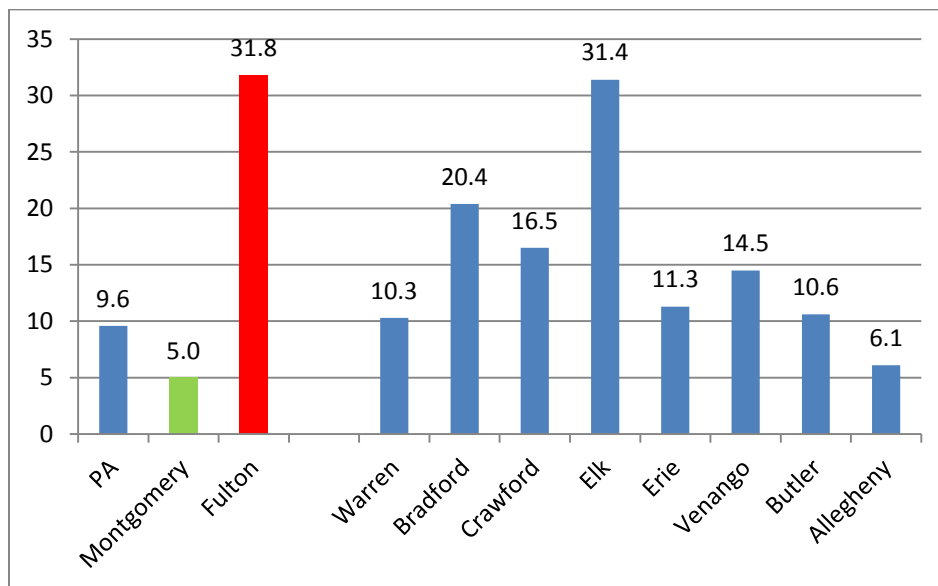
- 2012 – 2016 Diabetes Death Rate. 2<sup>nd</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Accident Death Rate 2012 – 2016



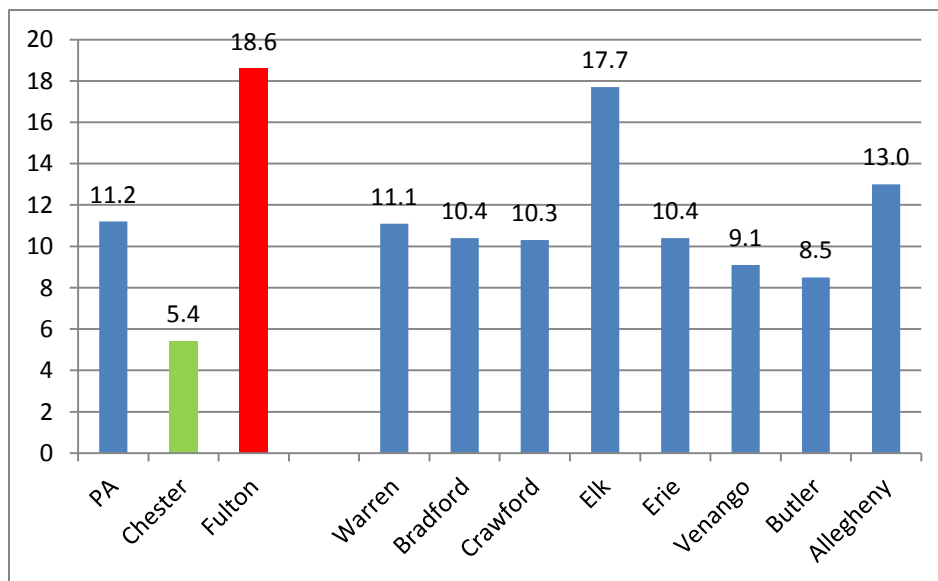
- 2012 – 2016 Accident Death Rate. 63<sup>rd</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Motor Vehicle Death Rate 2012 – 2016



- 2012 – 2016 Motor Vehicle Death Rate. 48<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

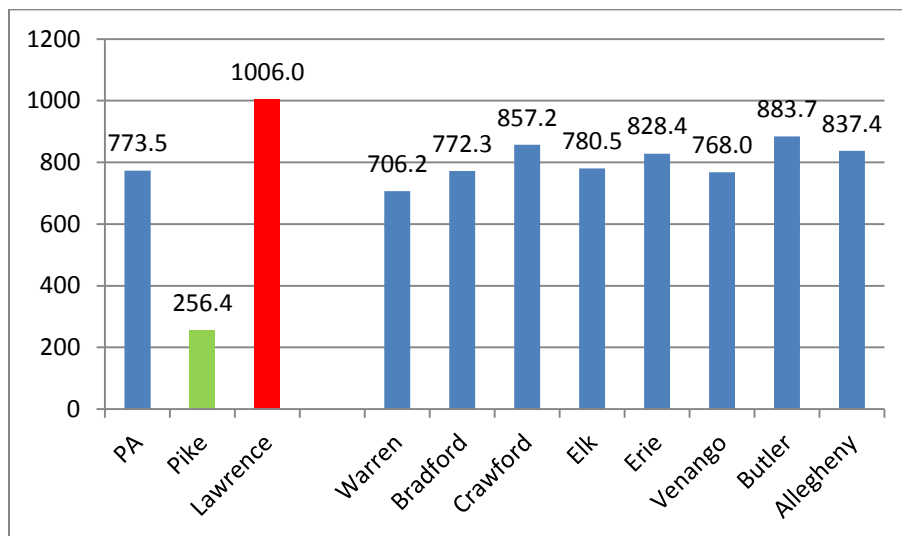
### Firearm-Related Death Rate 2012 – 2016



- 2012 – 2016 Firearm-Related Death Rate. 25<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

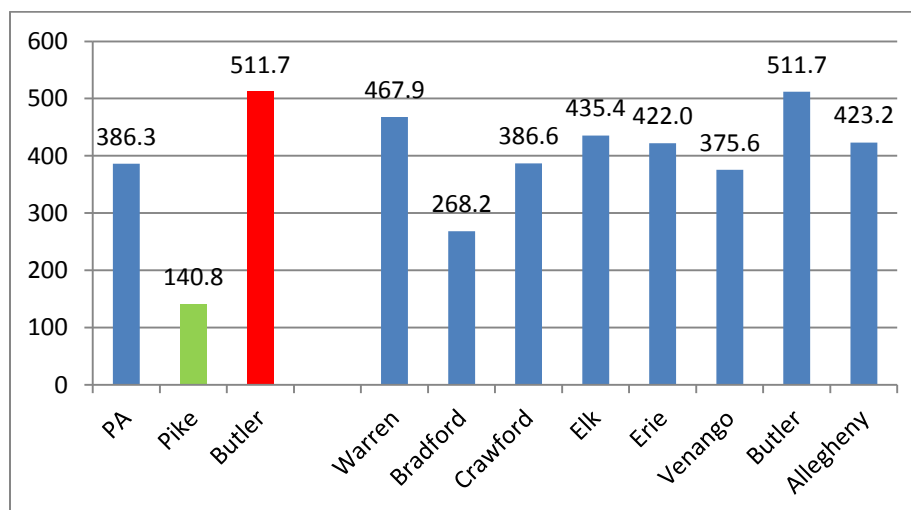


### Hospitalization Rate for Hip Fractures among Females +65 2012 – 2016



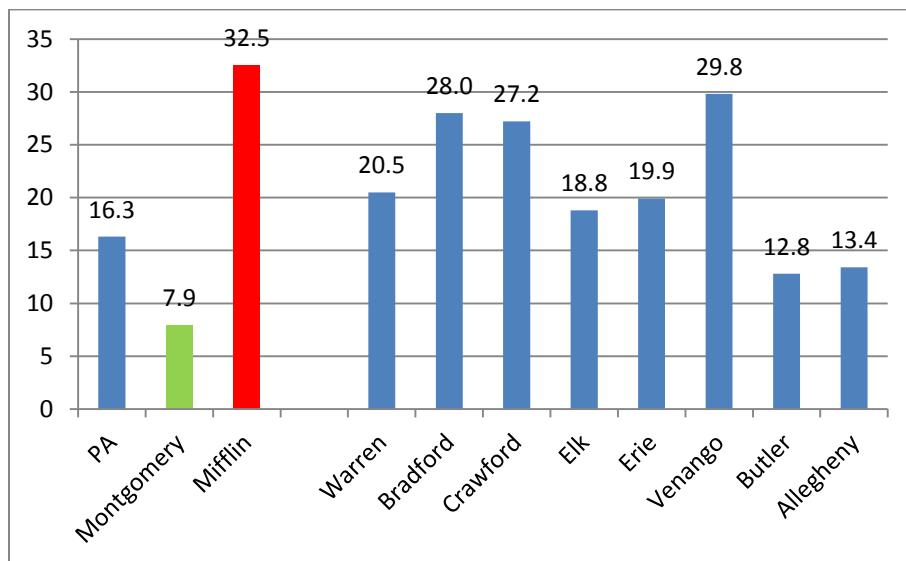
- 2012 – 2016 Hospitalization Rate for Hip Fractures among Females. 50<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Hospitalization Rate for Hip Fractures among Males +65 2012 – 2016



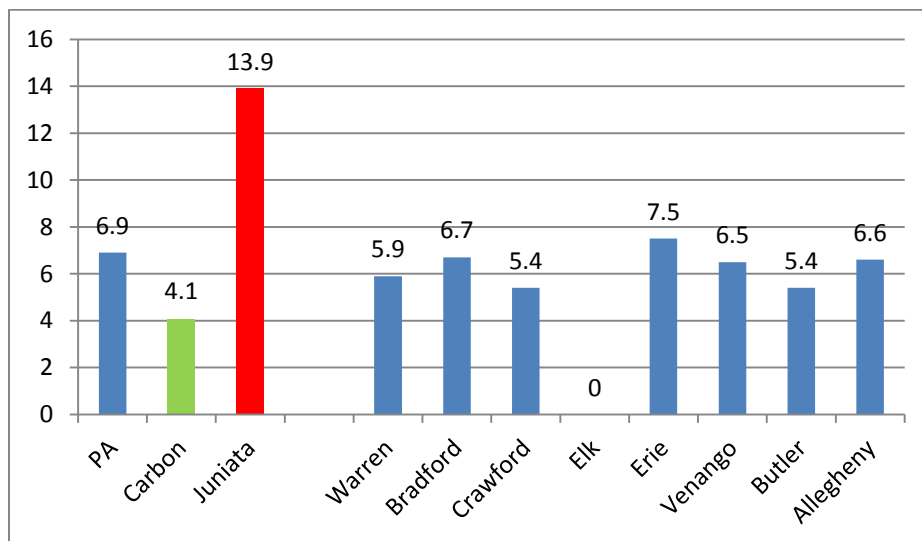
- 2012 – 2016 Hospitalization Rate for Hip Fractures among Males. 4<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Child Maltreatment Rate 2012 – 2016



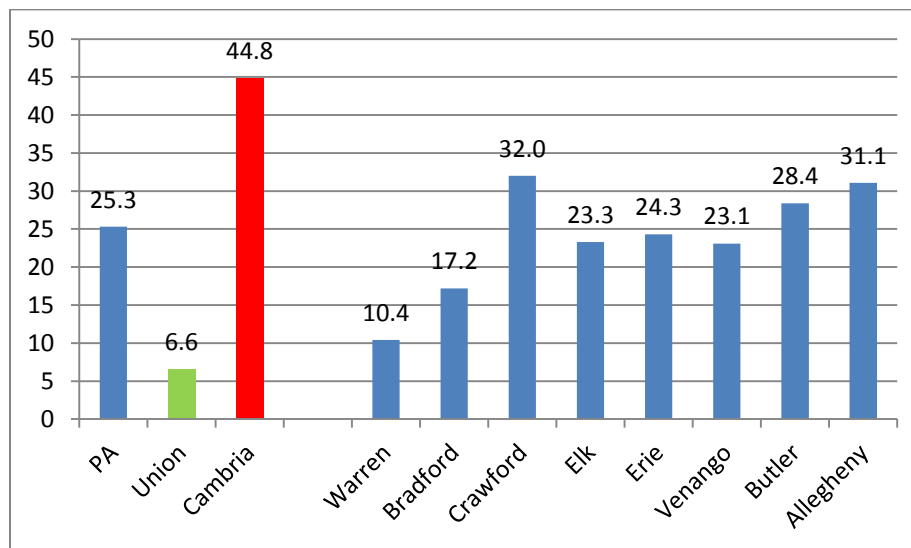
- 2012 – 2016 Child Maltreatment Rate. 21<sup>st</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Perinatal Mortality Rate 2012 – 2016



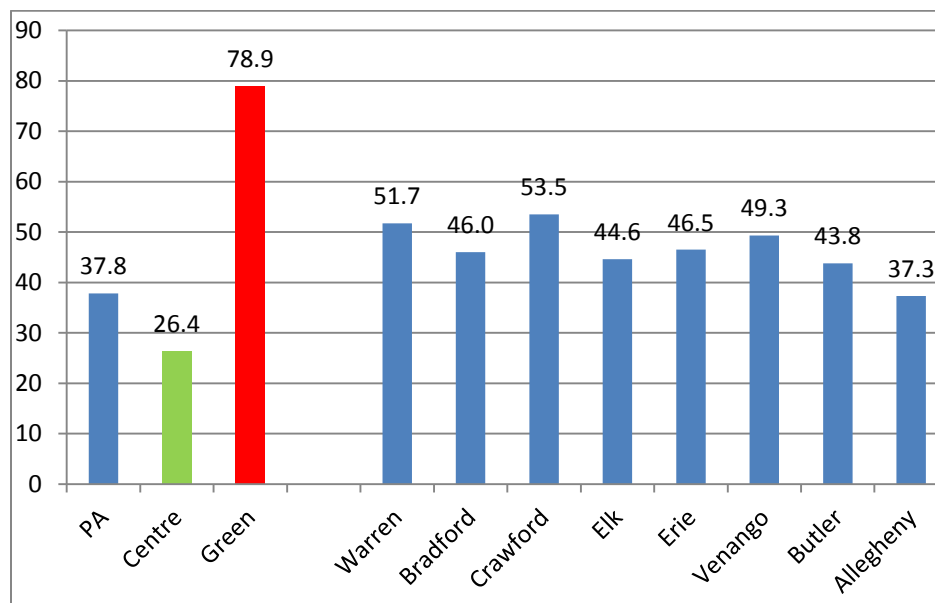
- 
- 2012 – 2016 Perinatal Mortality Rate. 43<sup>rd</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Drug-Induced Death Rate 2012 – 2016



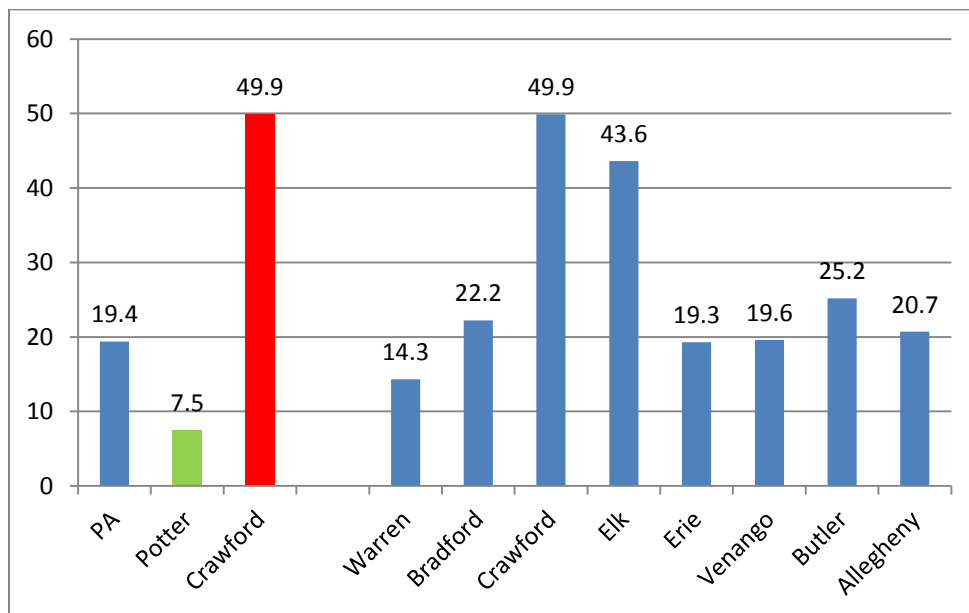
- 2012 – 2016 Drug-Induced Death Rate. 61<sup>st</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Chronic Lower Respiratory Diseases Death Rate 2012 – 2016



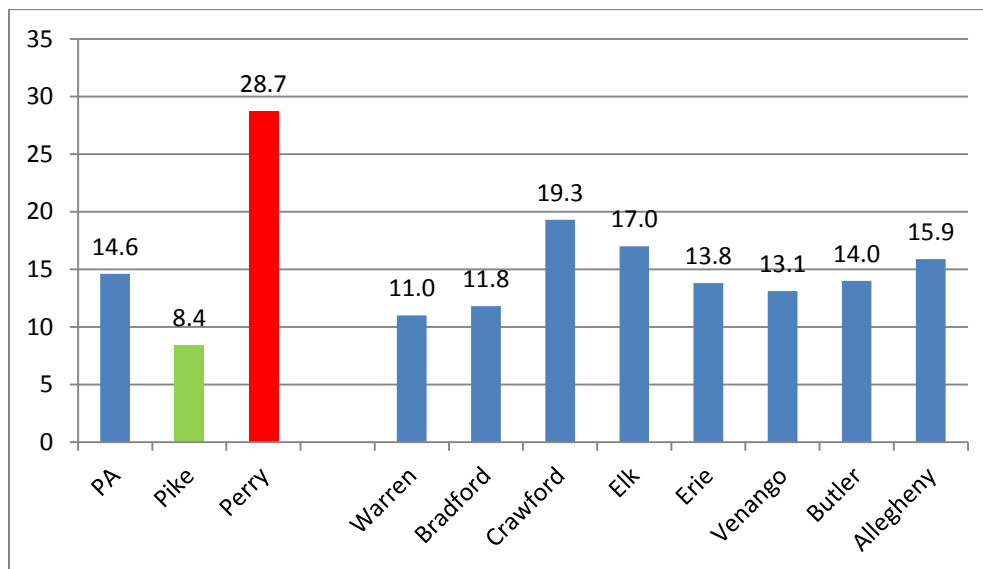
- 2012 – 2016 Chronic Lower Respiratory Diseases Death Rate. 7<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Alzheimer's Disease Death Rate 2012 – 2016



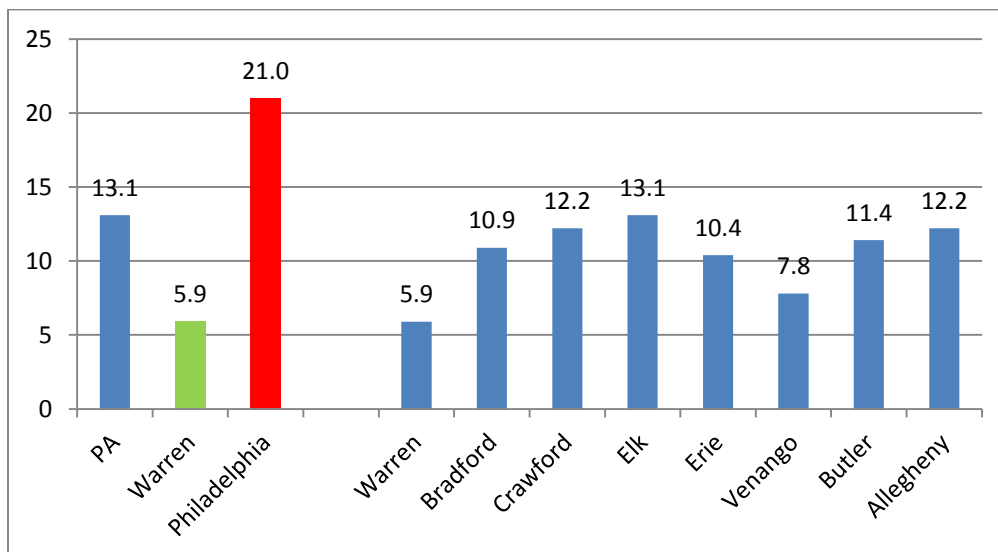
- 2012 – 2016 Alzheimer's Disease Death Rate. 60<sup>th</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Influenza & Pneumonia Death Rate 2012 – 2016



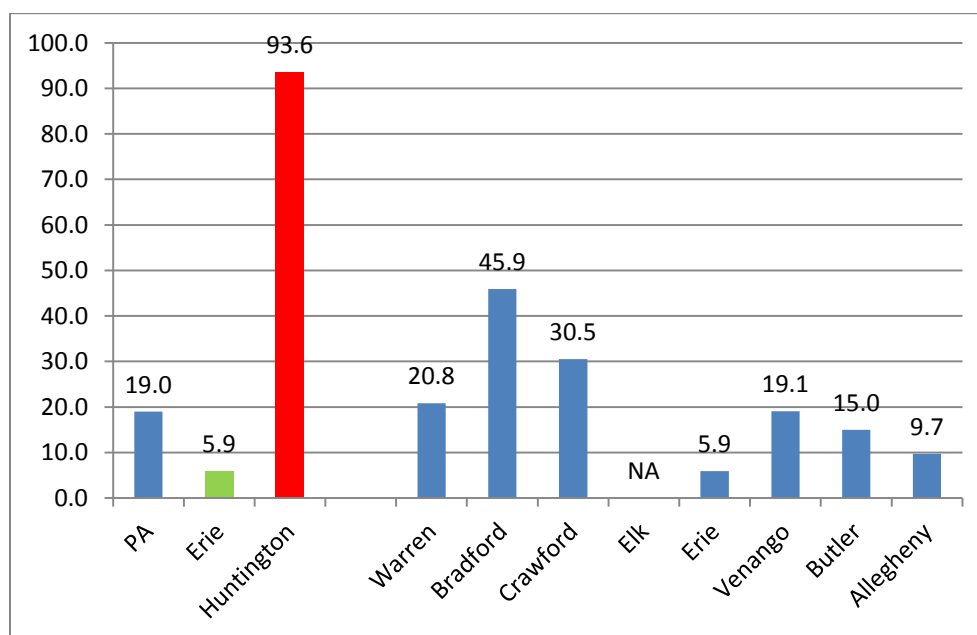
- 2012 – 2016 Influenza & Pneumonia Death Rate. 63<sup>rd</sup> highest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Septicemia Death Rate 2012 – 2016



- 2012 – 2016 Septicemia Death Rate. 67<sup>th</sup> lowest of 67 counties. This rate represents reported cases per 100,000. (Pennsylvania County Health Profiles, PA DOH)

### Campylobacter Species Incident Rate 2015 – 2017



- 2015 – 2017 Campylobacter Species Incident Rate. 28<sup>th</sup> highest of 67 counties. This rate represents per 100,000 reported cases. (Pennsylvania County Health Profiles, PA DOH)

## Key Stakeholders Findings

### Participant Profile:

The main objective of the interaction with community leaders was to obtain information, knowledge, and ideas from business leaders within the community about the impact of community health status on their ability to operate and provide services in Warren County. The discussion revolved around three basic questions. The questions dealt with what their impression was of the issues that were currently impacting the health of the community, environmental factors that they felt were impacting the health of the community, and the role of social determinants in improving health status and availability of a healthy workforce. Findings from these interviews provided very real and similar responses to the prior survey of business leaders.

### **Observations**

What are the things that you think are impacting the health of the community? To follow are themes of the discussion.

- Access to healthcare from residents.
  - Clarity in options covered by insurance
  - Lack of an availability/access of medical specialists
- Substance abuse and alcohol addiction are increasing among residents. This includes employees at the leadership and staff line levels.
- Behavioral and mental health needs are a growing concern for residents.
- Workplace healthcare may be looked as an alternative to primary care resources in the community.

What environmental factors are affecting community health?

- The shrinking population base with an aging demographic is perceived to be a by-product of the loss of the manufacturing base in Warren County, there has been a steady decline in the Warren County population.
  - Lack of employable residents
  - Lack of skilled labor
  - Drug dependence
- The impact of technology in the community and local business.
  - Connecting with telephone cell service
- Healthcare literacy

- Addictions
- Lifestyle choices
  - High smoking rates
  - High use of alcohol by residents
  - Obesity
  - Dining options-menu selections. Warren County has a large availability of restaurants and bar establishments. High fast food use due to economic issues. A diminished diversity in nutritionally rich offerings on menus.
- Growing mental health concerns
- Gap between individuals related to socio-economic disparities.
  - Working poor lost in the gap
  - Identifying root causes of issues not just treating medial problems
  - Education of residents to healthy alternatives
  - Drug testing employees
- Patient compliance. Patients perceived to not be following medical direction due to cost, access or personal decision.

What should be the community be doing to improve community health?

- Employer based wellness programs supported by healthcare providers
  - Develop strategies to integrate Warren Medical Group with local employers
- Continue to identify collaboration to provide education to Medicare eligible residents on benefit knowledge
- Identify additional opportunities to collaborate with the YMCA
- Leverage and expand community based wellness programming
  - TANGO Race
  - Availability of biking and hiking trail (Jake's Rocks)
- Expand the school district backpack program School Districts and COG
- Develop opportunities for local employers to offer programming to employees directly to employees. Looking to reduce cost by direct contracting with healthcare providers.

## Summary

In summation, the group identified access to healthcare with increasing populations of substance and alcohol abuse contributing to the current health challenges in Warren County. There was also a concern that the lack of healthcare providers and skilled labor to provide these services would challenge the ability of the community to enhance or improve its community health status. These all contribute challenges to local business to attract potential employees to the region.

The current population does not appear to grasp an understanding of the healthcare options available to them. Also the remaining workforce pool present issues with



employability related to poor health decisions. The increase of cardiac related issues may also be related to health care decision making by community residents. Increasing challenges with substance abuse coupled with decreasing demographics of younger employees seriously threatens the industry base in Warren County. Local businesses are looking for new alternatives to address healthcare needs of their employee population. With the burgeoning cost of healthcare and its impact on bottom lines, employers have expressed an interest of developing new opportunities directly with healthcare providers to diminish the impact of healthcare costs on their businesses.



## Physician Survey Results

### Physician Profile:

Medical and surgical providers of Warren County were asked to participate and give their perspectives toward their current experiences with providing care to Warren County residents. Providers were also asked to identify any gaps that they may experience in their current practice of medicine in Warren County. Categories developed represented issues related to provider concerns, barriers to healthcare, clinical trends and their top related health issues faced in their practices. In addition to market influences on the residents of Warren County, the hospital also inquired to the perception of providers with regards to the impact of social determinant of health on ones' ability or inability to improve the health status of Warren County residents.

During the month of February 2019 a survey was sent to physicians that are on the medical staff of Warren General Hospital. Surveys were sent electronically via email. 48 surveys were sent to physicians with 27 surveys returned completed. This is a 56% response rate. This is an increase from prior surveys sent to physicians. 63% of the respondents were primary care providers, 22% were medical specialist with 15% being surgical specialist.

Of the physicians responding, 36% have been practicing in this service area for greater than 20 years, 32% have practiced in the Warren service area between 5 and 20 years and 32% have practiced in Warren for less than five years. This sample is representative of the current experience level of physicians on the medical staff of Warren General Hospital.

When queried on the types of medical insurances that each provider was experiencing in their practice, public funding was the largest component of carriers that they encountered (61%). Medicare represented 38% and medical assistance represented 23%. Self-pay represented 5% of respondents. Private insurance and managed care products composed of 34% of patients that sought care from the providers.

When asked about their role in patient decision-making, 57.8% of respondents felt that the patient and provider made decisions jointly. The patient was identified as the



decision maker 15.8% of the time with the provider being the sole decision maker 26.3% of the time.

### **Survey Responses:**

When asked, “What do you feel the top concern is in Warren County in regards to patient care?”. Lack of primary care providers was cited 31.5% as the top concern with 47.4% recognizing that availability of medical specialists also presents a concern. Respondents were less concerned with access to care, insured/uninsured residents and quality of care issues. This is a flip from prior responses where primary care availability was the largest concern.

When restated with relations to barriers within their practice, 42% felt access to medical specialists was the primary challenge to providing care to their patient population. To a lesser extent, 24% of the respondents felt that the supply of primary care providers were a barrier. Another concern stated in the responses correlated to the needs to transfer or refer patients to providers outside of the Warren County service area for specialized care.

When asked, “Do you seem to see clinical trends in any certain area of the patients that you treat?, the overwhelming response was related to diabetes and obesity. They were seen to be hand in hand in clinical trends. Other areas seen as increasing are tobacco related (42%) and dental concerns. Drug dependence and mental health were also listed as a growing concern.

When asked, “What do you feel are the top health related issues in the community?” many physicians responded with several answers, but the top answer was access to enough primary care providers. This response was chosen 52.4% of the time. Access to medical specialist also was an oft-selected response at 28.5% of the time.

The last question asked was, “Do you have any recommendations to help eliminate the concerns listed in any or all of the above questions?”, many physicians responded in the same manner, suggesting there needs to be better access to specialty physicians, and other options to provide open access for patients, especially patients on a limited income. Specific areas identified were access to psychiatric care and the need for



qualified diabetic nutritionists. Providers also made mention of the need to better understand the utility of telemedicine options and the ability to bring these services to Warren .

The major concern of many physicians, obesity and diabetes was addressed with suggestions such as increasing exercise programs in schools, improving the nutritional options available in the community as well as the educational institutions. Other issues seen with in the community that concern physicians are hypertension, congestive heart failure, coronary artery disease, and drug use. Physicians also responded that there is an increase in elderly patients with complex health issues.

### **Physician Survey Summary:**

The overall trend was very consistent across the board. Medical providers characterized current challenges in Warren County to be representative of three categories:

- Attention to wellness and self-care especially with regard to the cardiac related challenges that their patients are encountering.
- Healthcare literacy and decision-making. Confusion with the current landscape in insurance offerings between Highmark and UPMC
- (patient accountability)
- Unnecessary medical specialty referrals to services outside Warren County. Patient's ability to afford transfer of poverty and elderly patients (to include primary care and cardiac care). Will telemedicine options improve the availability and access to all Warren county residents.

The first concern mentioned the most was the ability to work with residents understanding the impact of obesity. It is closely correlated with diabetes and cardiac related issues with patients. This is validated with Warren County having the second highest risk of diabetes in the Commonwealth out of 67 counties. Warren is also ranked tenth highest in cardiac disease. There were several requests for additional nutritional services for referrals.

With the largest growing populations being the elderly and those in poverty, there are educational needs directly related to health care literacy. These groups are not completely aware of existing assistance within the community and often have to leave the community for specialty services. This travel burden diminishes compliance and in turn causes greater dependence on the non-traditional care providers. The use of the

Emergency Care Center at Warren General Hospital is now reflecting a multi-generational dependence on this resource as their source of primary and specialty care. The current public dispute between Highmark and UPMC insurance plans has also led to confusion with the medical assistance population. They are not aware of what is available to them.

When asked for recommendations to eliminate the concerns listed in the body of the survey, there were consistent trends. Providers felt an increase in the number of medical specialists would assist in the growing need for management of chronic disease processes. According to respondents, there is a growing concern that drug dependence is slowly becoming a new problem with younger populations as they are accessing the healthcare system. This is another clinical area that is validated by being the seventh highest county in the Commonwealth with health issues related to chronic respiratory ailments. Tobacco related problems are growing significantly from prior years.

## Community Health Survey

### **Respondent Profile:**

Residents of Warren County were asked to complete a Health Survey for Warren General Hospital (WGH). The survey was developed to inquire as to the individual's experience with WGH and services offered by the hospital. This could be their personal experience or a family member's experience. In the 2018/2019 assessment, the hospital embarked on the inclusion of questions regarding social determinants of health. This brings an additional dimension to data gathered from a statistical perspective and adds the color of social and behavioral factors. A modified survey from the Health Leads Social Needs Screening Toolkit was utilized with all of the community residents that participated in the survey completion for patient input.

In addition to experiences, participants were also asked preferences for health care services. This was achieved through three separate surveys. The first survey was distributed at the Senior Expo on October 26, 2018. This group had a 42% response rate. A second round of surveys was conducting with all patients presenting to Warren Medical Group offices in one week of April, 2019. This survey had a 67% response rate. A third survey was also distributed to all patients presenting to Primary Health Network (PHN) offices during a week in March 2019. Primary Health Network is a federally qualified health center. The collaboration was undertaken so as to enhance the opportunities to reach as many socio-economic residents of Warren County as possible. There was a 23.6% response rate for this group.

The individuals responding identified the community that they reside in with 86% coming from the communities of Warren, Russell and Youngsville. The city of Warren represented 68% of respondents. There were no trends amongst the remaining respondents.

### **Survey Responses:**

When responding to education with level of school completed, the aggregate response revealed 9.3% had not completed a high school or GED level of education. The PHN cohort revealed that 24% of respondents had not achieved a GED or high school degree.



46% of respondents had a college level education. This is compared to the PHN cohort that had 23% of respondents completing with a college degree.

Review of current working situation, 74% of all respondents were either working or not seeking employment at this time. Those not seeking employment were either student, retired, disabled or unpaid caregivers. 19.6% of respondents were unemployed at the time the survey was completed. Within the PHN cohort, 30% were unemployed.

When asked about insurance coverage, 4% were uninsured, while Medicare represented 38% of respondents and private insurance represented 38%. Medical Assistance was 17% of the total responses. The PHN cohort differed with 27% covered with medical assistance and 17% were uninsured.

When queried concerning current living situations, 84% of the respondents lived with three or less individuals. The largest cohort was the respondent living with two additional people. This was 27% of the total. The expo cohort reflected 63% either lived alone or with one other person. With this group, 69% stated that they owned their own home and 27% stated that they rented or leased a home. 3.8% stated that they currently do not have a home that they live in. Within the PHN cohort, 55% owned a home and 45% rented. When asked if they were worried about losing their current housing, 23.5% of the PHN cohort was concerned that they may lose their housing, while 3% were worried of losing their housing arrangements.

When discussing financial resources, respondents were asked that if in the last 12 months if they have ate less food because they were unable to pay for it. From the aggregate cohort, 9.8% of the responses felt that they lacked the financial resources to always afford food. When looked more closely at the PHN cohort, 52.6% of respondents felt that in the last twelve months they had difficulty affording food purchases. Similar inquiry was made with regards to utilities being shut off in th last 12 months due to a lack of financial resources. 4.25% Of respondents experienced this in the last 12 months with the sub group of PHN respondents having a 28% experience. The last financial inquiry related to whether the respondent was able to see a doctor, but could not because of cost. From the total respondents, 6.7% answered that they could not see a doctor due to cost, while the sub group of PHN respondents stated that 44% could not see a doctor due to cost.



Two additional categories addressed were related to transportation and child care. 95.5% of respondents did not feel that access to child care for work or study was an issue. In the PHN cohort, 27.8% of respondents identified child care as a barrier to work or study. The other question related to a respondents ability to access care due to availability of transportation. 5.9% of the responses had no issues with the availability of transportation. Within the PHN cohort, 38.8% did identify transportation as a limiting factor to accessing healthcare.

The final inquiry related to the respondent's ability to read hospital materials. When asked if they needed help understanding hospital literature, 8.9% of the total respondents needed help with written literature. When reviewing with the PHN cohort, 28% of those that responded had difficulty reading hospital material.

### **Community Survey Summary:**

In reviewing the results from an aggregate, there were several trends that were immediately evident. When closing the lens and looking more closely at each of the separate cohorts of data, there appears to be more pressing needs with regards to social determinant of health that impact the social and behavioral factors impacting health care decision making by residents. The Primary Health Network cohort identified disparities in this demographic group to access and affordable healthcare options. All groups reflected similar characteristics with living arrangements and family make up. There starts to identify differences when reviewing financial and literacy related topics.

On many occasions, 1 out of 3 or 4 interactions identified challenges for the PHN cohort. This group often cited barriers to care and food opportunities due to limited financial resources. This group had a lower graduation or GED level. This group also had unemployment rates above the County level and those other cohorts identified within this survey. this group also had higher needs related to understanding leath related information and materials.

## Strategic Plan Integration

Warren General Hospital completes an annual strategic plan that is reviewed with community members and the Board of Directors of the organization. The most recent review of the hospital's strategic plan was April 2018. Current strategies were reviewed and recommendations were made to reflect changes in the current service area. Results of the surveys of the physicians, community leaders and community residents were utilized in the development of future strategies to address the health needs of Warren County. There were four areas identified to start to shape the strategic direction of the organization. These areas of focus were healthcare partnerships, impact of value based care, coordination in chronic disease management and gaging the impact of social determinants of health in the effort to enhance health status of Warren County residents.

Warren General Hospital's most recent strategic planning efforts have concentrated efforts to find clinical partners that would collaborate with the hospital with resources and services to allow the hospital to remain an independent provider of healthcare services to the residents of Warren County and surrounding areas. These efforts resulted in a partnership with a joint venture between Allegheny Health Network (AHN) and Lake Erie College of Osteopathic Medicine (LECOM). While this partnership assists the hospital remain independent and fiscally viable, it creates future opportunities to bring new services and providers to this rural community.





## Assessment Summary

Warren General Hospital commenced in the fall of 2018 to review the health status of the communities that they serve. Activity commenced with the review of initiative outlined in the 2016 Community Health Needs Assessment completed. Based upon these efforts, quantitative data was reviewed for county experience with top health related issues. This data was compared to other counties in the Commonwealth of Pennsylvania and the United States' national averages. In addition to this data, Warren General Hospital specific data was reviewed for the top diagnoses treated for patients admitted to the hospital, top presenting complaints to the emergency department and the top diagnoses treated in the Warren Medical Group. After review of this quantitative data, surveys and interviews were conducted with members of the medical community and local residents of Warren County. Based upon community responses and quantitative data review, the following themes are the basis for the hospital to work with community organizations to improve the overall health status of the community. While the hospital can provide leadership in these initiatives, a coordinated community effort must be developed to dive deeply into these issues and strategies to improve.

For the first time Warren General Hospital has expanded its review of community health status to include social determinants of health. As defined by the World Health Organization, Social determinants of Health are “conditions in which people are born, grow, live and work and age.” Studies show that these factors contribute significantly to health and well-being. For example, average life expectancy is reduced by 15-20 years for people living in low-income communities, due to increased risk for stroke, chronic disease and other health concerns.

There are a wide range of conditions that are social determinants of health, and experts tend to classify them into six categories. **Economic stability.** Factors such as employment, income and debt that impact an individual's ability to access healthcare. **Neighborhood and physical environment.** Where individuals live, their access to transportation, and safety for walkability in the community will influence decisions that contribute to wellness. **Education.** Access to schools improve literacy, early childhood development, and access higher education. **Food.** Access to healthy food options leaves individuals to deal with hunger and food insecurity, which can complicate health issues. **Community and social context.** Poor social integration and lack of community engagement. **Healthcare system.** Potential barriers to access healthcare to include lack



of insurance, lack of providers and lack of providers with linguistic and cultural understanding.

The issues identified to address in the next several years are, improving the communities understanding of healthcare issues and information through health literacy to improve the health status of the community. In addition, this effort will work in concert with medical provider community to enhance the services addressing chronic disease management. Warren General hospital will also become active with the local community business leaders in the Warren County Chamber for Business and Industry to address the socio economic challenges facing the county through exploration of social determinants of health.

### **Health Literacy**

- Residents identified a need to better understand the current health care system and resources available to them. Through collaboration with community providers and employers develop educational options for residents to navigate the local health care system.
- The current complexities of medications and drug treatments have created a need for education to be provided more in depth and earlier in care. Opportunities exist to collaborate with local pharmacies to provide medication education prior to discharge from the hospital and engage the full continuum of services that a resident may encounter.

### **Chronic Disease Management**

- Health care is no longer being provided on an episodic basis but rather on a more coordinated continuum of care. Coordination with local health care service providers, physicians and residents to coordinate care a better understanding of the health care system is needed. Development of public education need to be developed.
- Provide more wellness and prevention opportunities in the business sector at places of employment.
- Poor health outcomes combined with the use of illegal substances and tobacco were identified by business leaders as deterrents to establishing a more robust workforce to meet the need of local businesses.

### **Improvement of socio economic conditions**

- Although Warren has identified many opportunities for healthy activities and exercise, socio economic status reveals a chasm in residents accessing these

opportunities. This is seen as a contributing factor to the current challenges with obesity. Identify opportunities to collaborate with local business to introduce younger residents to healthy outdoors activities.

- Also, residents with lower socio economic status are turning more to fast food and less healthy eating habits. Identify opportunities to work with local government and providers through existing farmers markets to combine education and availability of healthy eating alternatives.
- Many of the social issues identified were the foundation of review of the social determinants of health that contribute or prevent residents from Warren County to seek medical care or improve their medical status.

## Implementation

Summary of the plan has led to the development of an implementation plan for future development. Below are listed the activities anticipated to be completed to close the loop on the identified shortcoming in the Warren General Hospital community. Working with key stakeholders, WGH will take a leadership role in these activities.

Warren General Hospital listens to community concerns, analyzes healthcare utilization and costs, explores access issues, and collaborates with and develops effective programs to improve the health of those in Northwest Pennsylvania.

Of the identified CHNA and prioritized health needs, Warren General Hospital will focus on three of the community needs:

- 1) Health Literacy
- 2) Chronic Disease Management

The remaining category of improvement to socio-economic conditions will be satisfied through Warren General Hospital's participation with existing community initiatives. Warren General Hospital be an active participant and corporate partner in the communed support of community initiatives to enhance the health status of our residents.

Warren General Hospital completed a work session facilitated where an implementation plan was discussed and concepts were developed for the needs selected. The implementation planning process included the following steps:

- 1) Select key community needs where the hospital will play a leadership role
- 2) Identify goals and key objectives that will be achieved through the hospital's leadership in the selected need areas
- 3) Develop inventories of internal hospital as well as external community resources already focused on the selected need areas
- 4) Develop specific strategies to be implemented by the hospital to achieve measurable community health improvement in selected need areas.

Short-term goals will be measured annually in each of the priority areas related to the program. Adjustments and modifications will be made to the program as issues emerge and develop. It is important to report that Warren General Hospital will take the primary leader role in addressing the listed needs. Regional hospitals and other community organizations and healthcare providers will also provide supportive roles to other health and community issues as needed. The implementation Plan includes recommended programs and action steps for successful community needs execution.



## Review and Approval

The 2019 Community Health Needs Assessment was approved at the Warren General Hospital Board of Directors meeting held on June 27, 2019. The final version was posted to the Warren General Hospital website on June 28, 2019.

## References

Paruk, Fatima, MD, MPH, Uncovering social determinants of health in your HER data, <https://www.beckershospitalreview.com/hospital-physician-relationships/uncoveringsociadeterminants>

The Pennsylvania Department of Education, *Graduates Public by School 2012-2013*, December 2015.

Pennsylvania Health Department, *Healthy People 2020, County*,

[http://www.statistics.health.pa.gov/HealthStatistics/HealthyPeople/Documents/Healthy\\_People\\_2020\\_Cnty.pdf](http://www.statistics.health.pa.gov/HealthStatistics/HealthyPeople/Documents/Healthy_People_2020_Cnty.pdf) county

Pennsylvania Health Department, *Healthy People 2020, State*,

[http://www.statistics.health.pa.gov/HealthStatistics/HealthyPeople/Documents/Healthy\\_People\\_2020\\_statePA.pdf](http://www.statistics.health.pa.gov/HealthStatistics/HealthyPeople/Documents/Healthy_People_2020_statePA.pdf)

Social Needs Screening Toolkit, <https://nopren.org/wp-content/uploads/2016/12/Health-Leads-Screening-Toolkit-July-2016.pdf>

United States Census Bureau, *American Community Survey, 2013 Data Release*, December 2014.

United States Department of Labor, *Bureau of Labor Statistics Local Unemployment Statistics*, September 1, 2015.

University of Wisconsin Population Health Institute, *County Health Rankings and Roadmaps*, <http://www.countyhealthrankings.org/app/pennsylvania/2016/rankings/warren/county/outcomes/overall/snapshot> 2016.

Warren-Forest Counties Economic Opportunity County, Inc, *2015 Community Needs Assessment*, December 2015.

Warren General Hospital Strategic Plan, Updated April 2018.