Community Health Needs Assessment for Brookville Hospital and DuBois Regional Medical Center

2011

Executive Summary
Healthcare providers are committed to addressing and understanding the ever-changing healthcare landscape of the needs of their communities. In the spring of 2011, Brookville Hospital and DuBois Regional Medical Center partnered together to identify the health needs of residents living in Clearfield and Jefferson Counties. With mutual interest of the health and well-being of residents in North Central Pennsylvania, a community health needs assessment was conducted to evaluate and understand the region’s health needs. The community health needs assessment was conducted by Tripp Umbach, a nationally recognized leader in health assessments; it identified specific community health needs and evaluated how those needs are being met in order to better connect health and human services with the needs of residents in the multi-county region.

The community health needs assessment (CHNA) was a comprehensive community-wide process that involved community leaders from health-related fields, private organizations, human and service organizations, educational institutions, government officials, and faith-based organizations to evaluate the health and social needs of the community. Tripp Umbach’s independent review of existing data and in-depth interviews with local stakeholders, as well as detailed input provided by focus groups, resulted in the identification of key community health needs served by Brookville Hospital and DuBois Regional Medical Center.
Methodology

The community health assessment included primary and secondary data collection from community leader interviews, focus groups with community residents, and a community forum.

**Community Health Assessment Planning Meeting:** On-site meetings were facilitated by Tripp Umbach, along with leadership from Brookville Hospital and DuBois Regional Medical Center, to finalize project goals and objectives.

**Secondary Data:** Tripp Umbach completed a comprehensive analysis of health status and socio-economic environmental factors related to the health of residents in the communities of Brookville Hospital and DuBois Regional Medical Center. The comprehensive analysis was completed from existing data sources that include: state and county public health agencies; the Centers for Disease Control and Prevention; Healthy People 2020; and additional data sources.

**Interviews with Key Community Stakeholders:** Tripp Umbach conducted interviews with community leaders in each of the two multi-community service areas. Leaders contacted for interviews included a wide spectrum of professional backgrounds such as education, healthcare, media, local government, human service organizations, institutes’ of higher learning, religious institutions, and the private sector. The interviews gave community leaders an opportunity to provide feedback on the needs of the community, selection of focus group audiences, secondary data resources, and other information relevant to the study.

**Focus Groups with Community Residents:** To assure that community members, including under-represented residents were included in the needs assessment planning process, a series of six focus groups were conducted by Tripp Umbach in Clearfield and Jefferson Counties. Focus group audiences included: Senior Citizens (two focus groups with seniors), Women with a household income under $30,000, Men ages 18-60, Youths, and Underinsured and Uninsured Residents.

**Community Health Planning Retreat:** Tripp Umbach facilitated a community planning session (retreat). The planning session enabled community leaders to share their visions and plans for community health improvement in their communities and prioritize their concerns.
Regional Prioritized Findings

As a result of extensive primary and secondary research over a six-month period, hospital leaders, community members, community leaders, and project leaders identified three regional priorities. The findings show that there is a need for additional information and services that allow residents to access health information (bridging the gap between service providers to end-users), health education and communication, dental care, and drug/alcohol prevention (the prioritized findings are not listed in order of importance).

1. Accessing Health Information/Lack of Access

In the planning retreat, a one-stop-shop ideology was discussed (a central location for public and professional health education information to be accessed, obtained, and readily available for the community). Bridging the gap between service providers to end-users was an important function of accessing health information. Making healthcare information more readily available to the public is vital to strengthening the knowledge of the community and its residents. Access to healthcare information must also be organized, communicated, and preserved for current and future use.

Brookville Hospital, DuBois Regional Medical Center and other community-based organizations need to leverage their strengths to successfully create and implement an access point for residents to obtain information. A formal strategic plan or system created by the hospitals and other partnering community organizations would create a strong partnership and a team approach.

2. Health Education and Communication

The planning group identified the need for a convenient method to assist community residents in obtaining existing information and the growing pool of community information. Available community information should be easy to comprehend and obtainable. Health education
improves the health status of individuals, families, communities, states, and the nation. Health education enhances the quality of life for all people and reduces premature deaths. By focusing on prevention, health education reduces overall healthcare costs to families, the community, and local healthcare institutions.

Community health focuses on the health needs and concerns of a specific geographic area. Whether to improve the community’s ability to access healthcare resources or to take part in educational outreach to prevent common health issues, communities have better health outcomes when a community health effort is in place.

3. Dental Care

It was identified that dental care is a great need in Clearfield and Jefferson Counties. Dental coverage and access to dental care is limited for low-income adults and adults with dental coverage are not getting sufficient levels of adequate dental care. While local clinics are providing primary care to those in need, a collaboration among dental providers in the community could bridge the gap for those in need. Services that are free or significantly reduced would be the ultimate goal. It is also important to identify dental education (maintenance, prevention, and linking patients to services) as being an important piece of the community’s dental needs. A rotation of dental services could be obtained at the clinics from local providers. Dental providers may agree to provide reduced and/or free dental services to those in need because they feel an overall sense of community duty. In turn, the community could also promote the aid that dental providers give to those within their community.

4. Drug/Alcohol Prevention

Substance abuse, whether it is alcoholism or drug abuse, is a community concern. This behavioral issue is a topic that is not readily discussed and is often ignored. It is important to report that the planning participants believe in strong community collaboration efforts. The group is aware of existing resources that can be utilized and built upon for further prevention success.

Substance use and its consequences touch every sector of our society. Substance use strains our economy, our healthcare, and criminal justice systems, and endangers the future of our youth. The community cannot reach its full potential without a drug-free program/substance abuse program for the next generation. Central to substance prevention is the development and implementation of programs that prevent illicit drug use, keep drugs/alcohol out of neighborhoods and schools, and providing a safe and secure environment for all community residents. Preventing substance use before it begins is a cost-effective, common-sense approach to promoting safe and healthy communities.
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Secondary Data Key Findings

Tripp Umbach collected and analyzed secondary data from multiple sources, including: Clearfield and Jefferson County Health Profiles, Community Health Status Indicators, Healthy People 2020, PA Cancer Registry, Bureau of Health Statistics and Research, Pennsylvania Department of Health, The Centers for Disease Control and Prevention, The U.S. Census Bureau, etc. The data resources were related to disease prevalence, socio-economic factors, and behavioral habits. Tripp Umbach benchmarked data against state and national trends where applicable in the final report.

Overall, Jefferson County ranked 60 in health outcomes and 58 in health factors (67 being the worst ranking when compared to all of the counties in Pennsylvania) according to County Health Rankings and Roadmap.¹

Rural counties have fewer primary care physicians than urban counties. In 2008, there was one rural primary care physician for every 1,501 residents. In urban counties, there was one primary care physician for every 981 residents.²

Jefferson County shows a very poor ranking of 59 compared to 51 in Clearfield County for social and economic factors. Social and economic factors include employment rates, education, children in poverty, single-parent households, violent crime rates, and inadequate social support.

The unemployment rate in Clearfield County is 10.1% compared to Pennsylvania’s 8.7%.

It is alarming to see in Jefferson and Clearfield County, 25% of children are living in poverty; this is much higher than Pennsylvania’s rate of 19% according to County Health Rankings.¹

Jefferson County ranks 58 in clinical care. Factors that fall under clinical care include: primary care physicians, preventable hospital stays, diabetic screening, mammography screenings, and the uninsured population. 14% of residents in Clearfield County are uninsured compared to 13% in Jefferson County and 12% of Pennsylvanians overall.¹

Pennsylvania’s major causes of death are consistent with national trends: Heart Disease is the leading cause of death in Pennsylvania among both men and women. In 2010, there were 338 deaths, 86 of which were due to heart disease, 18 deaths were due to stroke, and nine deaths were due to diabetes (heart disease comorbidity). Cancer is the second leading cause of death, exceeded only by heart disease. Over 28,500 Pennsylvanians died of the disease in 2005. More than 75,000 Pennsylvanians are diagnosed every year.²

55 areas in Pennsylvania are experiencing a shortage of dental professionals.³
“45,000 deaths annually linked to lack of health coverage. Uninsured working-aged Americans have a 40% higher death risk than privately insured counterparts.”

Harvard University; Harvard Gazette 2009

68% of Pennsylvania adults said in 2004 that they had visited a dentist or a dental clinic in the past year. Adults ages 30-44 and ages 45-64 had significantly higher percentages for dental visits in the past year (72%) compared to adults age 65+ (63%).

All groups with more education were significantly higher in percentages to have visited a dentist or a dental clinic compared to those with less education. White, non-Hispanic adults had a significantly higher percentage that visited a dentist in the past year (70%) compared to black, non-Hispanic adults (57%).

More children are affected by dental decay than asthma. Tooth decay affects 48% of children by the age of eight. By age 15, this increases to 50%. In low-income households, 33% of children have untreated tooth decay, compared to 10% of children in higher-income households.

There were 1,370 diagnosed cases of oral cancer and 356 deaths attributed to oral cancer in 1997 in Pennsylvania. Children in households of less than $20,000 were three times more likely to have untreated dental cavities than children in households with an annual income of more than $100,000.

In 2010, 17% of the rural population were seniors.

PA has almost 1.4 million Medical Assistance recipients that are eligible for dental care. In 1996, approximately 1.1 million MA recipients were eligible for dental care.

America’s illicit drug use has been increasing. In 2010, an estimated 8.9% of the population had used an illicit drug or abused a psychotherapeutic medication in the past month. This is up from 8.3% in 2002. The increase mostly reflects a recent rise in the use of marijuana; the most commonly used illicit drug.

Marijuana is the most commonly used illicit drug. Due to increasing popularity of marijuana – illicit drug use among teenagers has been rising. Daily use has also increased; 6.6% of 12th graders now use marijuana every day, compared to 5% in the mid-2000s.

Alcohol is the most commonly used substance in the United States. Nationally, about half (50.4%) of Americans aged 12 or older reported past month use of alcohol in 2002-2004.

About 6% of persons aged 12 or older who drank alcohol in the past month also reported using an illicit drug during or within two hours of their last alcohol drink. Youth aged 12 to 17 and young adults aged 18 to 25 were more likely than older persons in the past month to drink alcohol concurrently with an illicit drug.
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Next Steps

With the completion of the health needs assessment, Brookville Hospital and DuBois Regional Medical Center will begin to develop individual implementation plans to leverage their organization’s individual strengths and resources to best address their community’s health needs and improve the overall health and well-being of residents of North Central Pennsylvania.

For additional information about the study, please contact:

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CHNA Fast Facts

- Collaboration between two area hospitals to efficiently and accurately assess the needs of the community while reducing cost and duplication of effort.
- Fulfill the IRS requirement for non-profit hospitals to conduct a community health needs assessment under The Patient Protection and Affordable Care Act.
- Comprehensive community health needs analysis of Clearfield and Jefferson Counties.
- Community health priorities for Brookville Hospital and DuBois Regional Medical Center have been defined.

1 County Health Rankings and Roadmaps
2 Pennsylvania Department of Health
3 Pennsylvania Department of Public Welfare
4 The Center for Rural Pennsylvania
5 National Institutes of Health: National Institute on Drug Abuse
6 HHS Substance Abuse and Mental Health Services Administration Office of Applied Studies
7 U.S. Department of Health and Human Services: Office of Supplied Statistics