



WAYNE MEMORIAL

2022

Community Health Needs Assessment

Prepared by



THE INSTITUTE
for Public Health
Research & Innovation
East Stroudsburg University

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An Introduction

Wayne Memorial Hospital (WMH) is a non-profit, community-controlled hospital based in Honesdale, Pennsylvania serving over 100,000 people across Wayne and Pike Counties and surrounding areas. WMH offers 92 acute-care beds, including 50 in private rooms, and an additional 14 bed inpatient rehabilitation unit as part of the Good Shepherd Rehabilitation Network.

WMH features 30 medical specialties and includes a Certified Primary Stroke Center, a Level IV Trauma Center and a certified cardiac catheterization laboratory. Outpatient physician services in hematology/oncology, cardiology/interventional cardiology, pulmonology, sleep medicine are also available.

This community health needs assessment (CHNA) was completed in 2022, approximately two years after the COVID-19 pandemic was first identified. Completion of a CHNA is required every three years per Internal Revenue Service regulation. In response to CHNA requirements, insights gained from interviews with community members and surveying of local residents were combined with health data from surrounding counties, the Commonwealth of Pennsylvania, and the United States to identify the leading health needs of WMH's service area.

Together, these elements illustrate that WHM's service area is generally healthy- many health needs are being met well and health outcomes are strong. This assessment also identified aspects of the community's health that remain a concern, pointing toward next steps in health improvement.

Our community can, and should, respond to these health needs together. Partner agencies across the region are encouraged to use these findings to advance collaborative efforts to further enhance community health.



Partner in Rural Healthcare

Wayne Memorial Hospital is one of 18 rural hospitals currently part of Pennsylvania's Rural Health Model, a project of the Centers for Medicare and Medicaid Services and the Pennsylvania Department of Health.

Through this work, WMH is actively working to improve the delivery of care for community members while remaining financially viable for the long-term.



Since joining this program in 2019, WMH has enhanced efforts to:

- Increase access to primary and specialty services;
- Reduce rural health disparities through improved chronic disease management and preventive screenings; and
- Decrease deaths from substance use disorder and improve access to treatment for opioid abuse.

The Rural Healthcare Model's goals reflect our community's needs.

Our Community



Limited but Increasing Racial & Ethnic Diversity

The WMH service area is predominantly non-Hispanic white and significantly less diverse than Pennsylvania, on average. Susquehanna County (96% non-Hispanic white) is the least diverse while Pike County is more diverse (79% non-Hispanic white). Residents identifying as Hispanic are the second most represented group in each county, followed by non-Hispanic black residents.



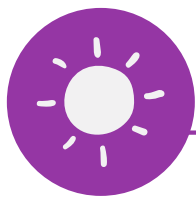
Socioeconomic Status

In Wayne County, both unemployment, 9%, and children living in poverty, 14%, mirror Pennsylvania averages. However, rapidly rising rental prices across the region and widespread inflation are beginning to pose a challenge to both housing and financial security for vulnerable community members.



Counties are Rural

Rural communities have a population density below the statewide average of 291 people per square mile. Wayne (73 people per sq mi), Pike (105 people per sq mi), and Susquehanna Counties (53 people per sq mi) are all rural, falling well below Pennsylvania's average. As with much of rural PA, the WMH service area experiences more tick-borne illness than seen elsewhere.



Population Swells Each Summer

As a summer camp and vacation destination, the population increases each summer. Pandemic-related lifestyle changes have allowed some owners of vacation homes to now live full-time in our region, contributing to recent increases in the full-time population.



Community is Comparably Healthy

Pike and Wayne Counties rank in the top 50-75% of PA counties for overall health outcomes and health factors. Susquehanna County is also in the top 50-75% for health outcomes but only 25-50% for health factors. Lackawanna County's health outcomes are lower, 0-25%, though health factors, 50-75%, are strong. Together, these data reflect many positives within the community's health.

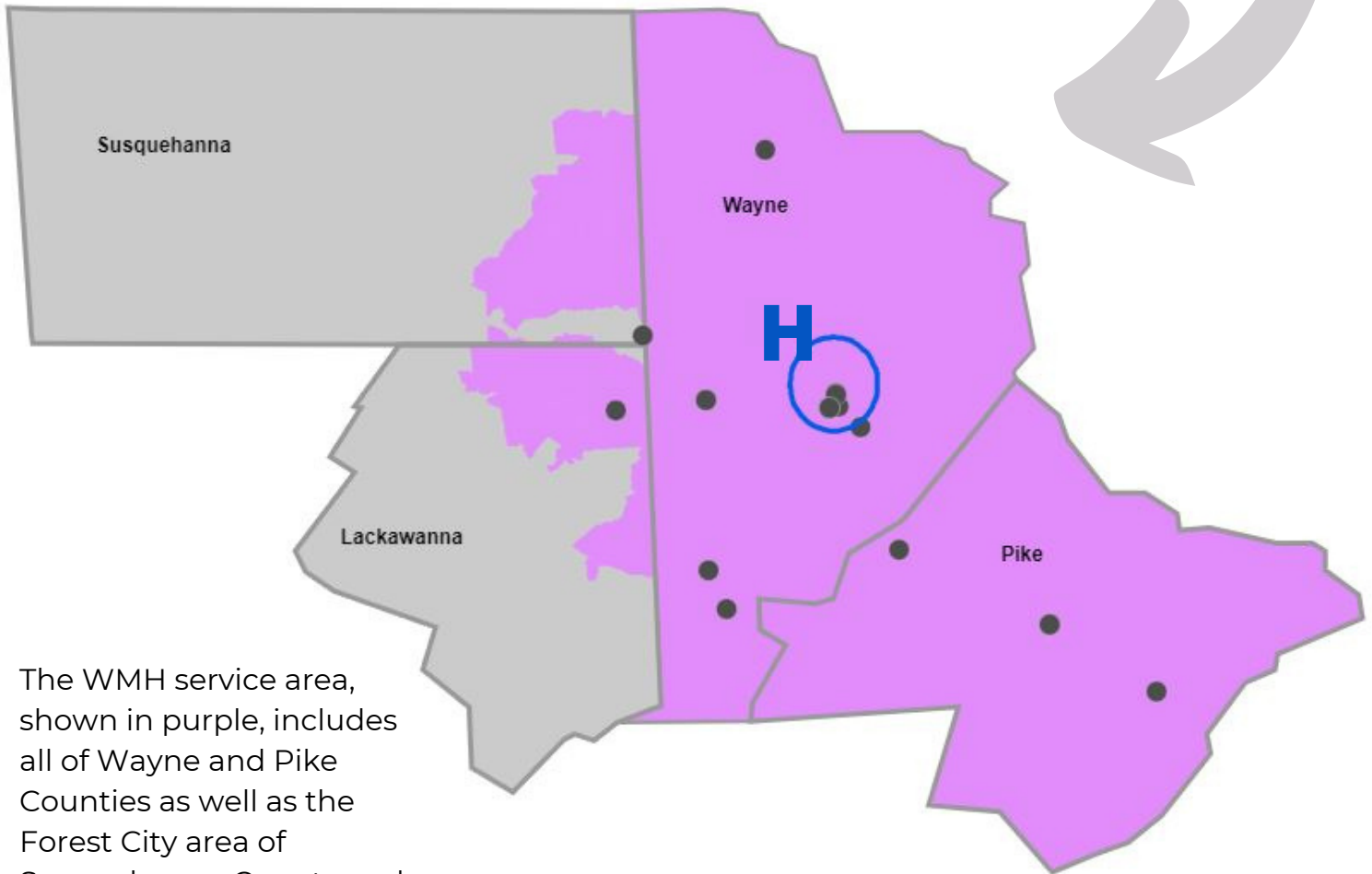


Neighborhoods are Safe

Violent crime is significantly less frequent in Wayne County (111 per 100,000 people) than in all of Pennsylvania (315 per 100,000 people).



Located in
Northeast
Pennsylvania



The WMH service area, shown in purple, includes all of Wayne and Pike Counties as well as the Forest City area of Susquehanna County and the Carbondale area of Lackawanna County. The service area is bordered by New York State to the north and New Jersey to the east.

WMH is in Honesdale, the county seat of Wayne County. In addition to traditional emergency and inpatient hospital services, this facility also houses the outpatient hospital services of:

- Honesdale Cardiology
- Honesdale Nephrology
- Honesdale Gastroenterology
- Honesdale Pulmonology & Sleep Medicine

The black dots on the map show the location of each affiliated primary care family health center, pediatric practice, dental practice, women's health center, urgent care, walk-in care, behavioral health, and specialty location; some sites offer multiple services. Visit WMH.org for detailed location information.

Leading Community Health Needs

An Introduction



• COVID-19 Pandemic

Over the past three years, the emergence of COVID-19 has dramatically impacted all facets of life, including the community's health. Though data collection for this CHNA corresponded to a period of eased pandemic restrictions, widespread vaccine availability, and lower disease transmission in the community, evidence of the pandemic's presence remains.



• Mental Health Services

Clear community concern for mental health was conveyed in every phase of CHNA completion. Our local counties have fewer mental healthcare providers per population size than does the state, on average. Combined with increasing need for treatment among both youth and adult populations, mental health is a significant challenge across our community.



• Substance Abuse

Overdose deaths and alcohol use have risen across the United States during the pandemic; opioid misuse was already of particular concern throughout rural Pennsylvania pre-pandemic. Local data reflects national and state trends and brings additional medical concerns to the healthcare and social services systems.



• Improved Access to Care

Despite suboptimal population-to-provider ratios which limit access, most who do receive primary care are satisfied with that care. Improved access to specialty services remains concern for community members.

Pike County has no emergency care within its boundaries and ambulance service is limited there and across the region. Public transportation is also lacking. These factors combine to limit timely access to care for some in our rural community, particularly when facing health emergencies.



• Older Adult Services

WMH's service area is older, on average, than the balance of Pennsylvania. Beyond the expected medical care for older adults, our region is challenged by a higher-than-expected Alzheimer's rate, even after accounting for age. Elevated average age can also increase the chronic disease burden and demand for nursing home care, which is limited locally. Not surprisingly, requests for caregiver support groups as well as engagement opportunities for older adults themselves were among the survey results.



• Cancer & Heart Disease

Deaths prior to age 75 are considered premature deaths. Although our region reflects the statewide average for years of potential life lost due to premature death, efforts to further reduce mortality associated with cancer and heart disease have the potential to positively impact many in the WMH community. Local counties retain modifiable community and behavioral risk factors that can be addressed to improve health outcomes.

Addressing the

COVID-19 Pandemic

The novel COVID-19 virus is a new threat to health, contributing to local deaths and illnesses since early 2020.

COVID-19 conveys serious implications for lung and cardiovascular health among other systemic health effects, particularly for older adults and those with compromised health. Longer-term health impacts are not fully understood at this time. This section of the CHNA addresses elements of community health from the COVID-19 virus itself, ancillary effects on mental and behavioral health are addressed later in this report.

Through June 15, 2022, Pike County has reported 11,046 COVID-19 cases and 101 deaths. Wayne County has reported 10,953 cases and 175 deaths. These rates of infection and death are comparable to statewide data.

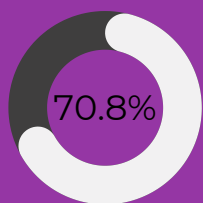
COVID-19 is the

3rd

Leading Cause of
Death In Pennsylvania

through Q3 of 2021,
behind heart disease
and cancer.

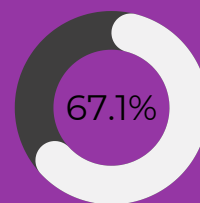
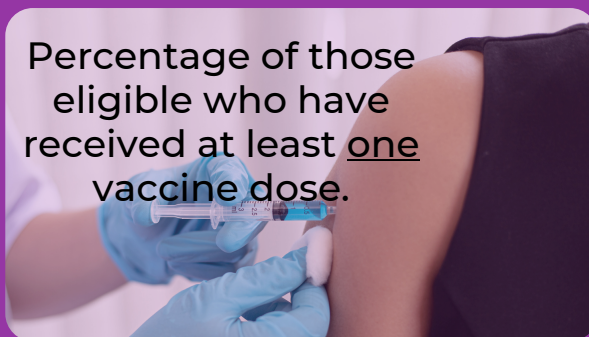
Initial vaccine uptake in much of WMH's service area ranks among the top half of all Pennsylvania counties.



Wayne County

ranking in top 1/3 of all
PA counties

Percentage of those
eligible who have
received at least one
vaccine dose.



Pike County

ranking in top 1/2 of all
PA counties

Locally, vaccine uptake is highest in Lackawanna County at 83.0% and lowest in Susquehanna County at 52.4%.

However, many eligible residents are still not fully vaccinated, increasing individual and community risk. ⁷

Leading the Pandemic Response

Community feedback reflects WMH's positive impact in managing the region's COVID-19 response.

Schools and community partners report appreciating WMH's help in developing safety plans and policies and in making vaccines readily available to community members. Explains one community leader,

"Wayne Memorial has always been a partner for us but in the past year, they have become even more critical and have helped us in every possible way."

-School Official

Continued support for recovery from multiple health impacts is needed.

State and national trends reflect a significant reduction in health screenings completed during the pandemic, including those for cancer.

15%

of survey respondents reported concern for COVID-19 exposure as a reason for not seeking needed medical care for new conditions that emerged during the pandemic, raising concern for delayed diagnoses and the potential need for more complex care in the local community.

For some, mistrust of the medical community has increased.

Of those delaying care in the WMH area, identified mistrust of the medical system as the rationale.

17%





Need for Increased Mental Health Services

The number of mental health providers in the community has increased, yet need still outpaces availability of care.

Community feedback clearly demonstrated challenges in accessing mental or behavioral health services when needed. Concerns included:

- Long wait times, often multiple months long, to see a mental health provider.
- Observing mental health emergencies more frequently within their daily lives, including at schools and in community settings such as libraries.
- Inability to find local inpatient beds for mental health crises for family members or for students and no fallback plan for support in that moment.
- Frequent requests for increased mental health services and for mental health-related support groups.

The population-to-mental health provider ratio is substantially higher locally than the statewide average, contributing to reduced access to care.

1,070:1 vs **420:1**
population-to-provider ratio in Wayne County;
1000:1 in Pike County. population-to-provider ratio across Pennsylvania.

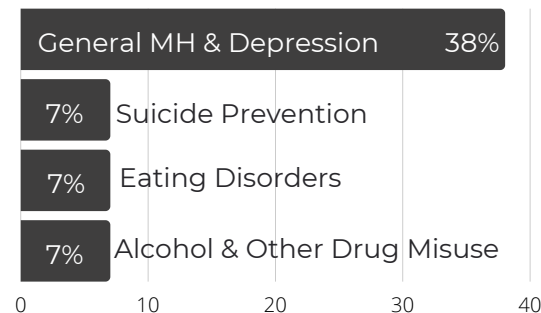
Intentional Self-Harm

was the 4th leading cause of death in Wayne County, impacting

25.6

per 100,000 people

Proportion of Survey Respondents Requesting Services For



"This year we have doubled our allocation of social workers, counselors, and behavioral supports for our students. It is not enough. We still need more."

-Area School District Administrator

Substance Abuse

Increased Throughout the Pandemic



The CDC's National Center for Health Statistics estimates 107,622 drug overdose deaths occurred in the United States during 2021, an increase of nearly 15% from 2020.

26.3%

Locally, Wayne County's increase in alcohol sales through June 30, 2021 ranks as the 7th largest increase in Pennsylvania.

Community leaders report experiencing more frequent interactions with residents who are drunk or high and described challenges across all segments of the region.

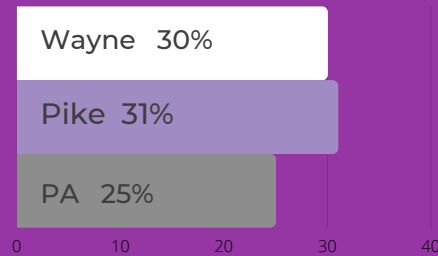
Unfortunately, since drug use has risen, community health resources to address the problem are strained.

Limitations in staffing and agency budgets have contributed to limitations in appointment availability and outpatient treatment options throughout the community.

Vaping in Schools is Increasing

School officials report rising vaping use among students. As a result, area school districts are spending increased time and resources managing this risk. Determining effective mitigation and policy responses is anticipated to be an ongoing challenge.

Percentage of Local Alcohol-Related Driving Deaths



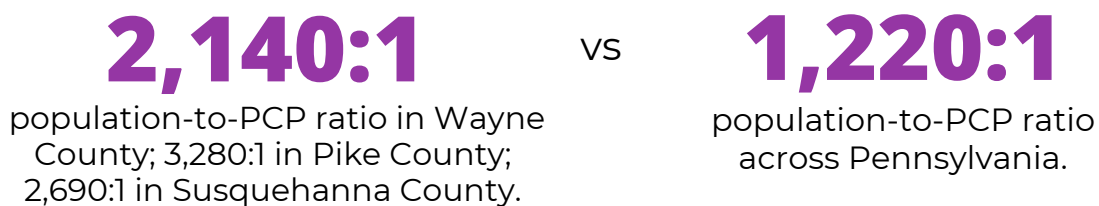
Nearly one-third of all driving deaths in the WMH community are alcohol-related, higher than experienced in Pennsylvania, on average.



Need to Improve Access to Care

Population-to-Primary Care Provider Ratio is Higher Locally than the Pennsylvania Average

Primary care providers (PCPs) deliver consistent medical care and support early detection and treatment of disease, chronic disease management, along with preventive care. Access to primary care is associated with positive health outcomes.



The WMH community also has a more challenging population-to-dentist ratio than the statewide average- 1,710:1 in Wayne County; 7,010:1 in Pike County, 5,000:1 in Susquehanna County compared to 1,410:1 across Pennsylvania.

Lackawanna County has more PCPs (1,130:1) and more dentists (1,230:1) than the state average.

Limited Availability of Emergency and Public Transportation

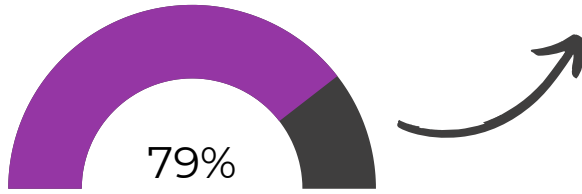
Much of the area is served by volunteer ambulance services; volunteers are limited and response times vary- when responding to one call, that unit is out of service to respond to any other emergencies.

Fee-for-service medical transport is limited beyond the immediate area, in part because companies are only paid to bring patients to the facility, not for their return trip.



County-wide public transportation requires reservations, typically 1-2 days in advance, and availability has been reduced in some areas due to staffing limitations. Many lower-income residents reported appreciating the rides yet described difficulties when there were last-minute appointments or emergencies. Further, travel time on county transportation is lengthy, often turning a short doctor's appointment into an all-day affair. This is particularly challenging when juggling work and caregiving schedules.

Community Responses About Use of Care



of survey respondents received all medical care and services they desired within the past year.

70% perceived WMH's services to be staying the same or improving over the past two years.

Among those not accessing needed care, common barriers included:

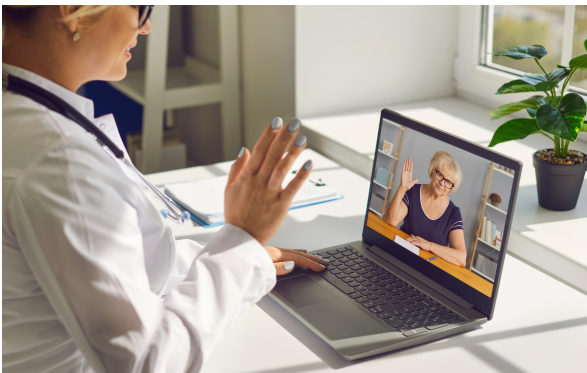
- Financial and insurance concerns (18%)
- Lengthy wait times for appointments (14%)
- Limited availability due to work or caregiving responsibilities (6%)
- Lack of transportation (4%)

If faced with a health emergency,

50% Would seek care at an ER. **37%** go to an urgent care center.

Expansion of Telemedicine was Generally Well Received

54% & **73%**
used telemedicine in the past 2 years. were satisfied with their care.
Among non-users, 40% were not interested in receiving care via telemedicine. Less than 5% of users were not satisfied with their experience.



Patients are Highly Satisfied with Primary Care

Community members with a PCP broadly reported loving the care received.

Offering primary care that many community members are willing to use no doubt contributes to the lower preventable hospital admissions rate within the WMH service area than for Pennsylvania overall.

3,704 per 100,000 in Wayne County
3,609 per 100,000 in Pike County vs **3,906** per 100,000 in Pennsylvania

Community members' experiences seeking emergency care at WMH were more varied with both positive and negative interactions reported.

Higher Demand for Older Adult Services



Local Counties have a greater proportion of older adults than does Pennsylvania.



24.6%

vs



18.7%

of the population is age 65 or older in Wayne County. Pike (23.5%) and Susquehanna Counties (24.3%) are similar while Lackawanna County's proportion of older adults (20.3%) is slightly lower.

of the population is age 65 or older across Pennsylvania, on average.



After accounting for age, the Alzheimer's burden remains high in Wayne County.

33.8 per 100,000 people

vs

21.4 per 100,000 people

are diagnosed with Alzheimer's Disease in Wayne County.

are diagnosed with Alzheimer's Disease in Pennsylvania.

The high rate of Alzheimer's Disease in Wayne County is not reflected elsewhere in the WMH service area. Lackawanna County (23.9 per 100,000) and Susquehanna (21.7 per 100,000) are near the statewide average; Pike County (13.5 per 100,000) is below that average.



Much of the region has fewer nursing home beds than does Pennsylvania, on average.

29.2 nursing home beds
in Wayne County per
1,000 people age 65+

vs

36.6 nursing home beds
in Pennsylvania per
1,000 people age 65+

The proportion of nursing home beds per population in Susquehanna (25.6 per 1,000) and Pike Counties (8.4 per 1,000) are also well below the state average. Only Lackawanna County (55.7 per 1,000) far exceeds Pennsylvania's average.



Additional Support Groups and Services for Older Adults are Requested

Calls for caregiver support groups, bereavement groups, and for engagement opportunities for older adults themselves were common during local data collection.

Focus group members from an area YMCA conveyed joy at being back together with other seniors for their classes. They conveyed gratitude for strong health and attributed their fitness class and associated social opportunities for their positive state, wishing more of their peers could experience the benefits of similar programming with WMH or community partners.

“This is a great resource! I love the classes and the social time. Not having this during the pandemic made life so much harder.”

- A Silver Sneakers Participant

Specific suggestions to further improve existing support programs in the community were also offered. These included:

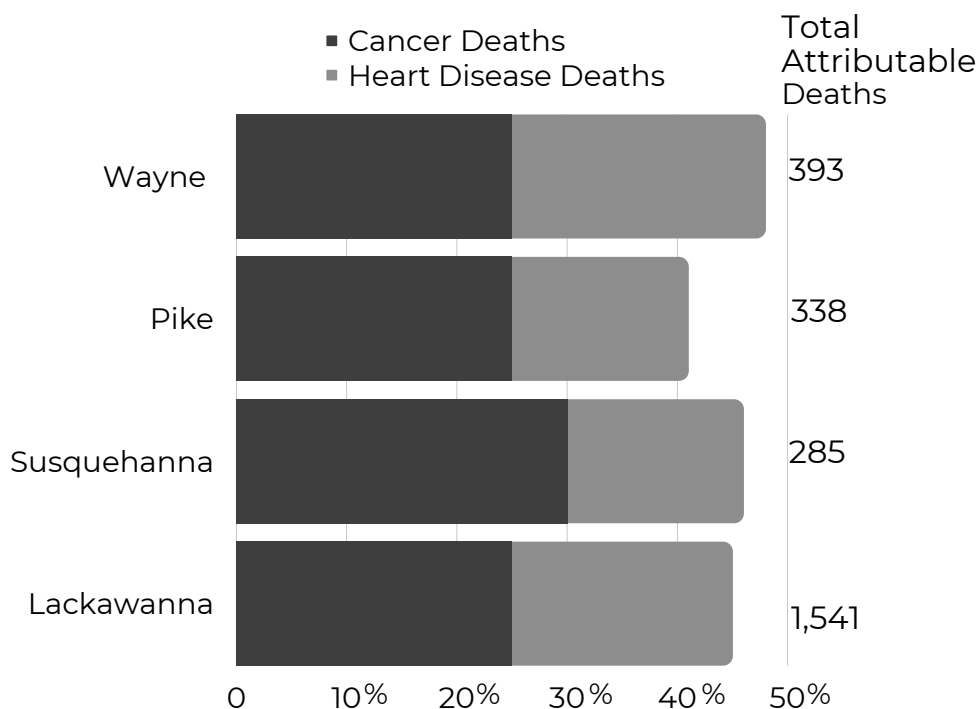
- Offering additional types of support groups.
- Offering extra meeting times for support groups.
- Increasing advertising of existing opportunities.
- Working to engage more underrepresented groups.

Cancer & Heart Disease

Are the Leading Causes of Premature Death

Cancer and heart disease are not more common in our community than elsewhere, yet they remain burdensome.

As shown below, these diseases account for between 41% and 48% recorded deaths among those under age 75 across Wayne, Pike, Susquehanna, and Lackawanna Counties. between 2018 and 2020.



Leading cancer diagnoses in Northeast PA:

1. Bronchus & lung
2. Breast (female)
3. Prostate (male)
4. Colon & rectum
5. Urinary bladder

Among the top five services or screenings requested by community members to help maintain health were:

- Blood Pressure Screening (69% of respondents)
- Cholesterol Screening (62% of respondents)
- Exercise/Physical Activity Services (46% of respondents)

Effective use of each health activity above can reduce risk of premature death from heart disease.

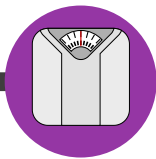


Shared Risk Factors



Smoking
21%

of area adults are current smokers.



Obesity
35%

of area adults have a body mass index (BMI) equal to or greater than 30.0.



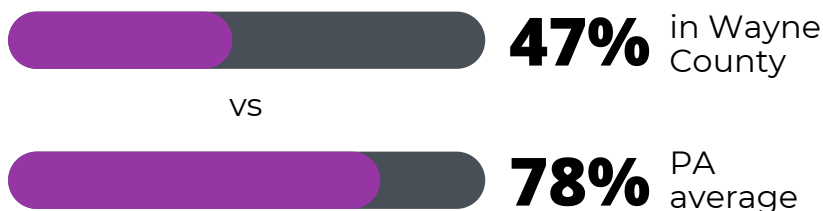
Inactivity
28%

of area adults reporting no leisure-time physical activity.

The local prevalence of these risk factors for cancer and heart disease align with state averages. That said, these data translate to more than 9,000 current smokers in Wayne County alone- a sizeable population to be facing increased risk of cancer and heart disease each day.

Fewer residents can easily access exercise opportunities

in the WMH service area than elsewhere in Pennsylvania, on average.



Physical activity or exercise can help prevent disease, disability, injury, and premature death. Regular physical activity supports healthy body weight and cardiovascular function while also helping improve quality of life for patients with cancer. Participation in physical activity is increased when opportunities are safe, affordable, and conveniently located.



Methodology

A robust mix of new data collection from the community and analysis of local, state, and national data sources helped to form the summary presented in this CHNA. Leading health needs include those that deeply impact our community through frequency of occurrence and severity of outcomes as well as those experienced at disproportionately high rates relative to other communities. The following provides additional details about this project's methodology.

Secondary Data Analysis

Data summarizing health outcomes and factors influencing health were obtained from the Pennsylvania Department of Health, the 2022 County Health Rankings and Roadmaps, The Center for Rural Pennsylvania, and beyond. These publicly available data sources provide valid, reliable summaries of community health, often aggregated at the county-level. Given the rapidly changing health and economic landscape, additional media reports were incorporated into the analysis when needed.

Data from Pike and Wayne Counties were relied upon most heavily as WMH serves the entirety of those areas. Data from Lackawanna and Susquehanna Counties were also incorporated. Comparison of local data to state and national averages enabled identification of strength and of concern for further analysis.

Key Informant Interviews

N=21 leaders from healthcare, social services, education, government, housing, and the general public were interviewed in early 2022. Each provided insight into health-related experiences of their constituents and staff. Qualitative findings were coded for common themes which then informed questions for the community-wide survey.

Focus Groups

Five focus groups were held with different segments of the community to discuss perceptions of leading health needs, availability of services, and how health is approached within their households. Each group lasted 45-60 minutes and provided valuable insight into data trends.

Community Survey

An electronic survey was completed by n=526 community members in early June 2022. Surveys were advertised in social and print medias; in WMH practices and FQHCs; in senior centers and libraries; in area housing developments and school districts; and distributed through WMH's listservs. Considerable effort was made to include all demographic segments of the service area in survey completion.

Survey questions, provided in the appendix, focused on access to care and use of medical services; perceptions of WMH; health concerns and interests; and demographic characteristics.

Questions were drawn from validated inventories used in previous CHNAs and federal health assessments.

Analysis & Dissemination

Descriptive and inferential statistical analysis of survey data was completed using the SPSS v27.0 software package. Findings were then combined with qualitative findings from interviews and focus groups to elucidate primary data results for the region. This report integrates this primary and secondary into a cohesive picture of the region's health.

WMH's Board of Directors accepted this CHNA on June 29, 2022. The CHNA report was published on WMH's website on June 30, 2022 and has been provided to interested community members and leaders.

An action plan to address elements from this CHNA is under consideration and will be adopted during the Fall of 2022.

The Institute for Public Health Research & Innovation at East Stroudsburg University completed this CHNA in collaboration with WMH. The Institute, led by Dr. Clare Lenhart, is deeply involved in community-focused research with partners across Pennsylvania focusing on the chronic disease and health disparity-related needs of our region. More information about The Institute is available at www.esu.edu.



THE INSTITUTE
for Public Health
Research & Innovation
East Stroudsburg University

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WAYNE MEMORIAL

2022 Community Health Needs Assessment Community Survey

Text of questions asked of community members:

Access to Care & Use of Medical Services

1. Do you have a primary care doctor (sometimes called a PCP)?

a. Yes

b. No

i. (if yes) How long ago was your most recent well-visit/physical with your primary care doctor (PCP)?

a. Within the past 12-months

b. More than 1 year ago

c. More than 2-years ago

d. Unsure

ii. (if no) What is the main reason you don't have a primary care doctor (PCP)?

a. Do not know how to find a PCP.

b. Do not feel the need to have a PCP.

c. I feel there are not many choices of PCPs in my area.

d. No medical insurance or unable to pay co-pays/deductibles.

2. In the last year, have you or a household member needed any of the following but could not get it?

a. Medical care

b. Prescriptions to treat a medical condition

c. Mental health services

d. I was able to get all care and services I needed.

i. (if a, b, or c) Why were you unable to get the care or services you needed?

a. No health insurance

b. Can't afford co-pay or deductible

c. Lack of transportation

d. Doctor/clinic refused my insurance or Medicaid

e. Don't know how to find a doctor

f. Fear of medical exams or a diagnosis

g. Fear of being exposed to COVID-19 at the appointment

h. Too long to wait for appointment

i. I couldn't get time off from work or school

j. I didn't have a sitter for my child/parent

k. I was able to get all the care I needed.

l. Other

survey questions continued

3. In the past two years, have you utilized telemedicine or had a video visit with a medical provider?
- a. Yes
 - b. No
 - i. (if yes) I am satisfied with the medical care I received via telemedicine.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
 - ii. (if no) Why have you not utilized telemedicine?
 - a. This has not been offered to me.
 - b. I am not interested in receiving medical care this way.
 - c. I do not have consistent phone/internet access to receive care using telemedicine.
 - d. I did not need any medical care within the past year.
4. During the past two years, did you develop a new medical condition and not seek medical advice?
- a. Yes
 - b. No
 - i. (if yes) Why did you not seek medical advice?
 - a. I was afraid of contracting COVID.
 - b. I didn't trust the medical system.
 - c. I thought it would go away or get better.
 - d. Don't know how to find a doctor
 - e. Other
5. Where would you go for emergency medical services if you were able to take yourself?
- a. Emergency room
 - b. Urgent care clinic
 - c. Physician's office
 - d. Health department
 - e. Other clinic
 - f. I would not seek care
 - g. Other

Perception of Wayne Memorial Hospital

6. I (or a member of my household) have received care at Wayne Memorial Hospital within the past two years.
- a. Yes
 - b. No
 - i. (if no) Why have you NOT used WMH for care?
 - a. I have not needed care during the past year.
 - b. I went to a different hospital/health system because it was closer.
 - c. I went to a different hospital/health system because I preferred their care.
 - d. I was afraid to go anywhere because of COVID-19.
 - e. Other

survey questions continued

ii. (if yes) Over the past two years, how would you describe the quality of WMH's services?

	Services Improved	Services Stayed the Same	Services Declined	Unsure
Emergency room services				
Inpatient hospital care				
Outpatient hospital services				
Specialty services				
Community programming & services				
Primary care providers				
Hospice care				
Home care				
Mental health services				
Nursing home care				
Women's health				
Infectious disease services				

Health Concerns and Interests

7. Overall, I describe my health as:

- a. Good
- b. Average
- c. Fair
- d. Poor

8. Where do you get most of your trusted medical information?

- a. Doctor or other medical professional
- b. Internet
- c. Social media (ex: Facebook or twitter)
- d. Newspapers or the news
- e. Pharmacy
- f. Gym/trainer
- g. Health-related group
- h. Other

survey questions continued

9. What types of health screenings and/or services are needed to keep you and your family healthy?

- a. Blood pressure
- b. Cancer
- c. Cholesterol (fats in the blood)
- d. Dental screenings
- e. Diabetes
- f. Disease outbreak prevention
- g. Drug & alcohol abuse
- h. Eating disorders
- i. Emergency preparedness
- j. Exercise/physical activity
- k. Fall prevention for the elderly
- l. Heart disease
- m. HIV/Aids & STDs
- n. Memory loss
- o. Mental health/depression
- p. Nutrition
- q. Prenatal care
- r. Quitting smoking
- s. Routine well check ups
- t. Support groups
- u. Suicide prevention
- v. Vaccination/immunizations
- w. Weight loss help
- x. Other

i. (if t) What specific types of support group(s) would be of help, if any? _____

10. Please select the top three health challenges you or your family face.

- a. Alzheimer's
- b. Cancer
- c. COPD or other lung disease
- d. Dementia or memory loss
- e. Diabetes
- f. Overweight/obesity
- g. High blood pressure
- h. Stroke
- i. Heart disease
- j. Joint pain or back pain
- k. Mental health issues
- l. Lyme disease or other tick borne illness
- m. Alcohol overuse
- n. Other drug abuse
- o. I do not have any health challenges
- p. Other

11. What is needed to improve the health of your family and neighbors?

- a. Healthier food
- b. Job opportunities
- c. Mental health services
- d. Recreation facilities
- e. Transportation
- f. Housing or safe place to live
- g. Wellness services
- h. Free or affordable health screenings
- i. Free or affordable medications
- j. Safe places to walk or play
- k. Substance abuse / rehabilitation services
- l. Other drug abuse
- m. I don't know
- n. Other

12. What type of speciality physicians are you interested in, if any? _____

Demographics

13. Gender:

- a. Male
- b. Female
- c. Prefer not to say
- d. Other

14. In which county do you live?

- a. Lackawanna
- b. Pike
- c. Susquehanna
- d. Wayne

survey questions continued

15. For how much of the year do you live in this county?
- a. Full time
 - b. Part time (ex: all summer)
 - c. I only visit occasionally
16. Which race(s)/ethnicity are you?
- a. Native Hawaiian/Pacific Islander
 - b. Black/African American
 - c. Native American/Alaskan Native
 - d. White/Caucasian
 - e. Hispanic/Latino
 - f. Other
17. How many people live in your household? _____
18. Does any member of your household qualify for SNAP, WIC, or Medicare?
- a. Yes
 - b. No
 - c. Unsure
19. Which of the following best describes your job status?
- a. Full-time (more than 32 hours per week)
 - b. Part-time (32 hours per week or less)
 - c. Unemployed
 - d. Homemaker
 - e. Retired
 - f. Disabled
 - g. Student
 - h. Armed Forces
20. What is your highest level of education?
- a. Less than high school
 - b. Some high school (no degree)
 - c. High school degree (or GED/equivalent)
 - d. Some college (no degree)
 - e. Associates degree
 - f. Bachelors degree
 - g. Graduate or professional degree
 - h. Other
21. And finally, are you currently employed in or retired from the health care, prevention, behavioral health, dental care or human services areas?
- a. Yes
 - b. No

Additional Details of Stakeholder Engagement in Data Collection

WMH provided a registry of 23 different CHNA stakeholders representing different segments of the community. These individuals were contacted during primary data collection with requests for participation in key informant interviews and/or focus groups. Additional community leaders were also included in data collection as they were identified. Ultimately, the 2022 CHNA focus groups (n=5) and key informant interviews (n=21) included representation from:

Community members

- General community members age 18 and over
- Older adults
- Parents of young children
- Economically vulnerable community members

Community services and agencies

- Area Agency on Aging
- Carbondale Housing Authority
- Carbondale YMCA
- Carbon-Monroe-Pike Drug and Alcohol Commission
- First responders
- Food pantries
- Public libraries
- YMCA

Clinical services

- Community-based case managers
- Community nurses
- WMH leadership & board members

Elected officials

- County Commissioners

K-12 schools

- Carbondale Area School District
- Forest City Regional School District
- Wallenpaupack Area School District
- Wayne Highlands School District
- Western Wayne School District

The online survey portion of primary data collection was open to any community member. Among those 526 people who responded, 227 identified as members of the medical community while the remaining individuals answered in their capacity as general community members.

Taken together, the primary data collection for this CHNA successfully engaged multiple constituencies within WMH's service area.

Top 5 Leading Causes of Death by County

Leading Causes of Death under age 75 in Wayne County (deaths between 2018-2020)

1. Malignant neoplasms (cancer) 204
2. Diseases of heart 189
3. Accidents 87
4. Intentional self-harm 39
5. Chronic lower respiratory diseases 36

Leading Causes of Death under age 75 in Pike County (deaths between 2018-2020)

1. Malignant neoplasms (cancer) 209
2. Diseases of heart 129
3. Accidents 117
4. Diabetes mellitus 52
5. Chronic lower respiratory diseases 49

Leading Causes of Death under age 75 in Lackawanna County (deaths between 2018-2020)

1. Malignant neoplasms (cancer) 846
2. Diseases of heart 695
3. Accidents 376
4. Chronic lower respiratory diseases 172
5. Intentional self-harm 103

Leading Causes of Death under age 75 in Susquehanna County (deaths between 2018-2020)

1. Malignant neoplasms (cancer) 188
2. Diseases of heart 97
3. Accidents 54
4. Chronic lower respiratory diseases 42
5. Diabetes mellitus 54

Source: CDC WONDER via 2022 County Health Rankings.: Premature mortality.
<https://www.countyhealthrankings.org/app/pennsylvania/2022/rankings/>

The most recent statewide estimates (through Quarter 3 of 2021) reflect the following leading causes of death in PA overall:

1. Heart disease
2. Cancer
3. COVID-19
4. Accidents
5. Stroke

Source: National Center for Health Statistics via CDC.
https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality/Provisional_COVID19.htm

Community Reported Needs and Interests

The CHNA survey of community members generated 526 responses between June 3 and June 17, 2022.

Within this inventory, respondents were asked, “What types of health screenings and/or services are needed to keep you and your family healthy?”(*check all that apply*)

The ten most common requested services/screenings included:

1. Blood pressure (69%)
2. Routine well checks (65%)
3. Dental screenings (64%)
4. Cholesterol screenings (62%)
5. Exercise/physical activity (48%)
6. Vaccinations (46%) In addition, a related request included,
 - i. Disease outbreak prevention screening/services (18%)
7. Cancer (44%)
8. Mental health/depression (38%) In addition, related requests included,
 - i. Suicide prevention screening/services
 - ii. Eating disorder screening/services (7%)
 - iii. Drug & alcohol abuse screening/services (7%)
9. Heart disease (37%)
10. Diabetes (35%) In addition, related requests included.
 - i. Nutrition screening/services (30%)
 - ii. Weight loss help (23%)

Community members also reported the top three challenges they and their family face. Health challenges endorsed by 10% or more of respondents included:

1. High blood pressure (41%)
2. Joint or back pain (39%)
3. Overweight/obesity (36%)
4. Mental health issues (27%)
5. Heart disease (20%)
6. Cancer (17%)
7. Diabetes (16%)
8. Lyme/tick borne disease (12%)
9. Dementia/memory loss (10%)

i. an additional 4% also reported Alzheimer's Disease as a top 3 concern

The survey also asked community members, "What is needed to improve the health of your family and neighbors?" *Check three*

Responses endorsed by 10% or more of respondents included:

1. Healthier food (39%)
2. Mental health services (39%)
3. Free or affordable medications (37%)
4. Free or affordable health screenings (33%)
5. Specialty physicians (32%)
6. Wellness services (31%)
7. Recreation facilities (29%)
8. Safe places to walk/play (23%)
9. Transportation (16%)
10. Job opportunities (15%)
11. Substance abuse/rehabilitation (10%)

Among the specialty physicians requested by community members, dermatology, mental health, urology, allergy/asthma, and rheumatology were most commonly listed.