



# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

## Introduction

The Community Health Needs Assessment (CHNA) is a written report that summarizes the medical needs of the Warren General Hospital (WGH) service area and how we as a hospital intend to assist with 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 concerns within the community including illnesses like diabetes and cancer, and conditions including obesity, teen pregnancy, mental illness. The mortality rate, auto accidents, and addictions were additionally taken into account.

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, a community survey, as well as a provider survey that was distributed to physicians, certified registered nurse practitioners, and physician's assistants.

WGH then coordinated with a strategic plan to address these concerns. The current program was developed in fiscal year 2022 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 third report that is to be generated every three years thereafter. This report covers the timeframe of July 1, 2022 through June 30, 2025.



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## Purpose

The Warren General Hospital (WGH) is an independent, private, non-profit acute care hospital. At present, WGH has approximately 650 employees, with an annual operating budget of just over \$78 million. The Board of Directors responds to the needs of the local community and surrounding county. 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 to afford 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.

In addition to its care services, 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. 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 methods used were, demographic statistics collection from state, federal and local sources found on the internet and hospital databases, survey of community residents and a provider survey to obtain data from health care providers 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, 2020).

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 the 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 47 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.



Data from the United States Census Bureau state that the population of Warren County is 38,587 persons. This figure indicates a – 7.7% net change since the 2010 census data was reviewed. In comparison, the State of Pennsylvania experienced an overall -0.3% decrease in population (U.S. Census, April 1, 2020).

Population by age reflects an aging community that is not being replenished by younger generations. The largest age group in the county is the 65+ age group, at 23.5%. The 0-5 age represents the smallest age group at 5.3% of the population (U.S. Census, April 1, 2020). The birth rate in Warren County is reported as 4.7%, while the birth rate for the Commonwealth of Pennsylvania is 5.1%. This lower birth rate is representative of the overall declining birth rate observed at Warren General Hospital.

### **Income:**

In Warren County the median household income was last reported as \$50,250 with per capita income at \$28,230. This is a significant increase of 8.89% when compared to U.S. Census data from 2010 when considering the median household income, and an increase of 5.9% at the per capita level. 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 2020 states that the poverty rate is 11.1% 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, 16.5% were reported as living at or below the poverty line (100% of poverty). The State, by comparison, reports that 14.3% of all persons aged 0-17 are living in poverty during this same time frame. At both the local and state levels, the percentage of persons aged 0-17 living in poverty has decreased since the prior assessment. The overall poverty rate in Warren County is 11.1%, while the overall poverty rate in the Commonwealth of Pennsylvania is 12%.

The most recent findings released by the U.S. Census Bureau from the April 1, 2020 Census, representing 2015-2019 further describe household income by source for the Warren County service area. The data released in December 2021 state 17,115 households in Warren County. Of these, household income from various sources can be described as follows:

- 57.3% of Warren County residents are employed in the civilian workforce
- 53% of women in Warren County are employed in the civilian workforce
- Manufacturing is the largest employer in the county, at 21.4%





- Healthcare & Social Assistance are the next largest industry, at 18.8%
- Retail is the third largest industry, at 13.6%

The uninsured population of Warren County as reported in 2020 was 6.5%. This is compared to a state average of 7% and a national average of 10.2%. Among patients at Warren General Hospital, 7% were insured by Medical Assistance in 2019, 8% in 2020, and 8% in 2021. Medicare continues to insure the largest percentage of patients, at 38% in 2019 and 2020, an 40% in 2021. The uninsured, or self-pay percentage was 5% for each year, 2019 – 2021.

### **Race:**

The population, both historically and at present, is homogenous in its ethnic composition and is predominately white. Data from the U.S. Census Bureau, which collected data April 1, 2020, describes Warren’s population as 97.6% Caucasians, with 1% claiming mixed race and 0.6% African Americans, and equal to or less than half of one percent each 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 County residents at 92.9% have received a high school diploma. Nineteen and a half percent of residents have received a bachelor degree and 7% achieve a postgraduate or professional degree.

### **Employment:**

The overall unemployment rate for Warren County is 4.5% as compared to 5.4% in the State of Pennsylvania and 3.8% in the nation. Manufacturing employs the largest percentage of those in the workforce, at 21.4%. Healthcare & Social Assistance follow, with an employment rate of 18.8%. Retail is also a significant employer in the county, with 13.6% of residents employed in that sector.

## **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 comprises 65.4% of all of the providers in Warren County. To reflect this majority, of whom all are aligned with the hospital, 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. There were changes observed in 2020 and 2021 specific to infectious disease admissions and respiratory infections. These were likely related to the COVID-19 pandemic. The care provided to patients hospitalized with COVID-19 was more significant, with longer lengths of stay and more resources utilized throughout.

### **Warren General Hospital Admissions**

<b><u>2019</u></b>		<b><u>2020</u></b>		<b><u>2021</u></b>	
PSYCHOSES	371	PSYCHOSES	270	SEPSIS	316
VAGINAL DELIVERY	197	SEPSIS	227	PSYCHOSES	265
SEPSIS	184	VAGINAL DELIVERY	171	RESPIRATORY INFECTIONS	226
NORMAL NEWBORN PULMONARY EDEMA/RESPIRATORY FAILURE	167	NORMAL NEWBORN	164	VAGINAL DELIVERY	158
ALCOHOL/DRUG ABUSE	144	DEPRESSIVE NEUROSES PULMONARY EDEMA/RESPIRATORY FAILURE	122	PNEUMONIA & PLEURISY	115
DEPRESSIVE NEUROSES	118	HIP/KNEE JOINT REPLACEMENT	119	DEPRESSIVE NEUROSES	110
HEART FAILURE	111	ALCOHOL/DRUG ABUSE	118	HIP/KNEE JOINT REPLACEMENT	105
PNEUMONIA & PLEURISY	95	PNEUMONIA & PLEURISY	110	ALCOHOL/DRUG ABUSE	101
HIP/KNEE JOINT REPLACEMENT	86	HEART FAILURE	107	NORMAL NEW BORN PULMONARY EDEMA/RESPIRATORY FAILURE	93
			75		88

### **Source: Internal Data Source**

The diagnosis most commonly leading to 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 Sepsis. This correlates to the experience of the Hospital in the prior 2 years related to the COVID-19 pandemic and the effect of such on the health of the population. Those residents who are seeking medical care are sicker than they have been historically and these data support that. To round out the top five categories for admission, vaginal deliveries, inclusive of newborns, respiratory infections, and depressive neuroses represent the main medical conditions. Heart failure and total joint replacements represent declining trends in admissions, but still command a higher volume of care provided. The decline in total joint replacements is likely reflective of limits on elective surgeries in place during the COVID-19 pandemic. When reviewing other top diagnoses, there is a strong representation in respiratory related conditions.

### **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 Exam (not otherwise classified), Orthopedic injuries, Respiratory complaints, Abdominal Pain, and Neurologic complaints. Orthopedic complaints represent largest increase in presentation. Neurologic complaints often result in an admission to the hospital, or the need for a higher level of specialty care. In the past, WGH has needed to transfer almost all of these types of cases; as a result of the adoption of telemedicine services, many of these patients are now able to receive Neurology care locally at WGH.

### **Warren General Hospital Emergency Room Visits CY 2019-2021**

<b><u>2019</u></b>		<b><u>2020</u></b>		<b><u>2021</u></b>	
Exam	1941	Exam	1703	Exam	1832
Respiratory	1630	Orthopedic Injury	1681	Orthopedic Injury	1542
Abdominal Pain	1469	Respiratory	1386	Respiratory	1483
Orthopedic Injury	1286	Abdominal Pain	1208	Abdominal Pain	1156
Cardiac	1024	Neuro	985	Neuro	1021
Neuro	1010	Cardiac	911	Cardiac	900
Fall	929	Fall	711	Fall	719
Nausea/Vomiting/Diarrhea	704	Psychiatric Complaints	631	Psychiatric Complaints	620
Psychiatric Complaints	695	Back Injury/Pain	466	Nausea/Vomiting/Diarrhea	439
Back Injury/Pain	547	Nausea/Vomiting/Diarrhea	429	Back Injury/Pain	336

### **Source: Internal Data Source**

Patients who present requesting an exam represent the largest number of presentations. This category is the largest portion of presentation each year. This could



be an indicator of a lack of primary care available in a manner desirable to the population, or representative of concerns for immediate care for maladies less easily characterized.

### **Warren Medical Group:**

A review was completed of the reason for visit with Warren Medical Group providers. Warren Medical Group is a group of employed physicians, Certified Registered Nurse Practitioners (CRNP), and Physician's Assistants (PA-C) 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, anxiety, and COVID-19 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 2019-2021**

<b><u>2019</u></b>		<b><u>2020</u></b>		<b><u>2021</u></b>	
HYPERTENSION	7873	HYPERTENSION	10358	HYPERTENSION	18113
HYPERGLYCEMIA	5882	DYSLIPIDEMIA	8578	COVID EXPOSURE	17353
DIABETES	3914	DIABETES	4556	DYSLIPIDEMIA	16080
HYPOTHYROID	2071	HYPOTHYROID	2753	DIABETES	7892
ANXIETY	1612	ANXIETY	2304	ANXIETY	5654
DEPRESSION	1566	COPD	2259	HYPOTHYROID	4431
BACK PAIN	1439	GERD	2164	COUGH	3777
COPD	1422	BACK PAIN	1897	GERD	3724
TOBACCO USE	870	DEPRESSION	1607	VITAMIN D DEFICIENCY	3669
GERD	867	VITAMIN D DEFICIENCY	1307	TOBACCO USE	3403

### **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 medical 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 in patients presenting with significant medical problems requiring inpatient medical care.

The presence of psychiatric and behavioral health services reflects one of the larger 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, these continue to represent a large portion of care provided at Warren General Hospital. While not providing outpatient behavioral health services, Warren General does work closely with behavioral health services in the community, specifically partnering with Beaconlight Behavioral Health and services provided by Warren County. Some of the behavioral health needs are also being met through primary care provided by Warren Medical Group.

In the primary care and specialty practices, there is a significant presence of cardiac related ailments. These conditions do not always lead to patients that are admitted to the hospital. Respiratory admissions are related to the significant use of tobacco products and nicotine dependence, along with COVID-19 related conditions. Respiratory conditions represent a high number of admissions to the hospital, both related and unrelated to COVID-19 infections.

**Secondary Data:**

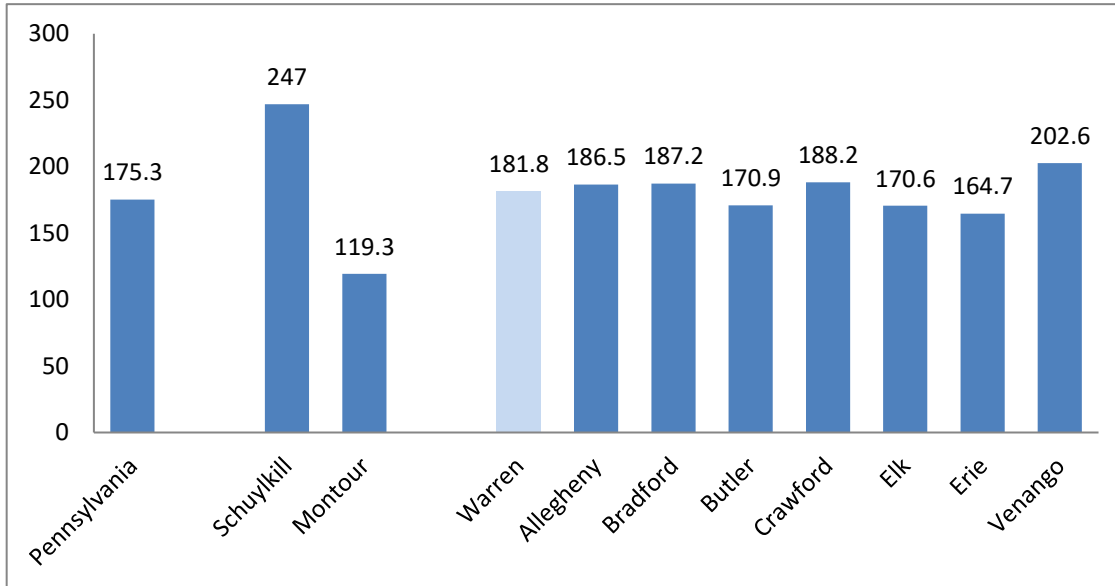
Warren County disease and incident statistics are an important part of determining the concerns in Warren County. While there are some concerns that ranked higher than others, sample size does need to be taken into consideration.

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 (October 2021). All national data attached was obtained from statehealthfacts.org. Please note that the national statistics obtained contain the most recent data available at the time of collection (October 2021).



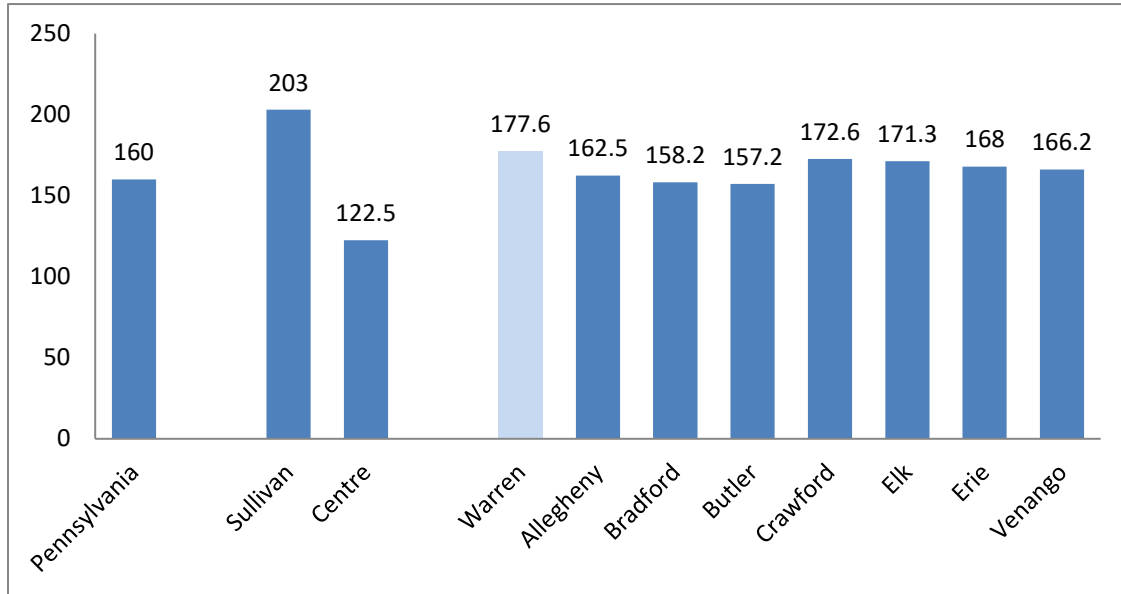
### Heart Disease Death Rate 2015-2019



This rate represents reported cases per 100,000; Warren ranked the 28<sup>th</sup> highest of 67 counties.  
(Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

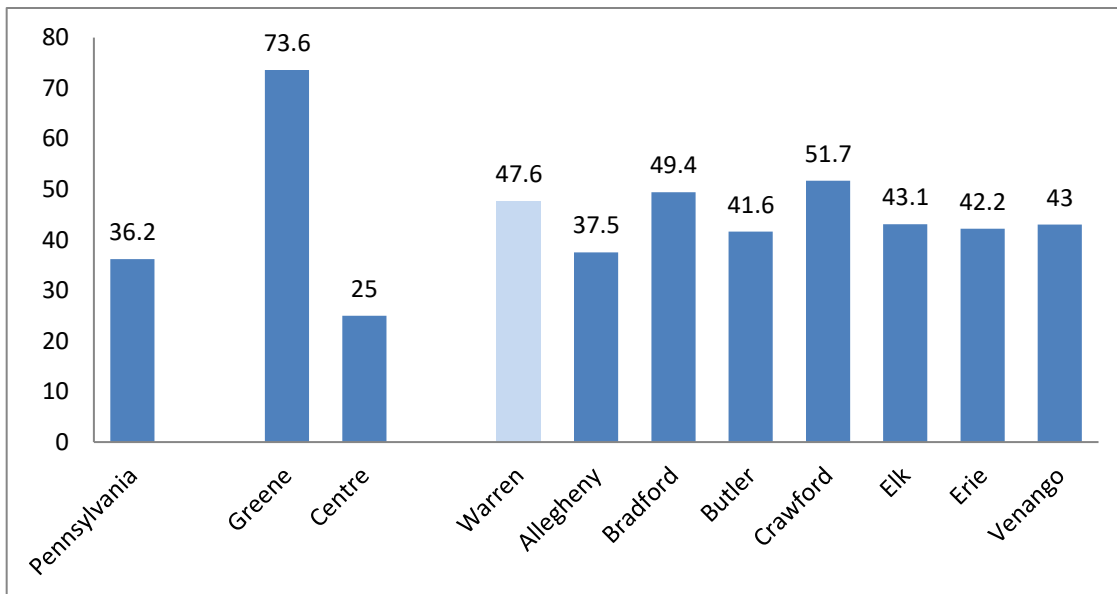


**Cancer Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 11th highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

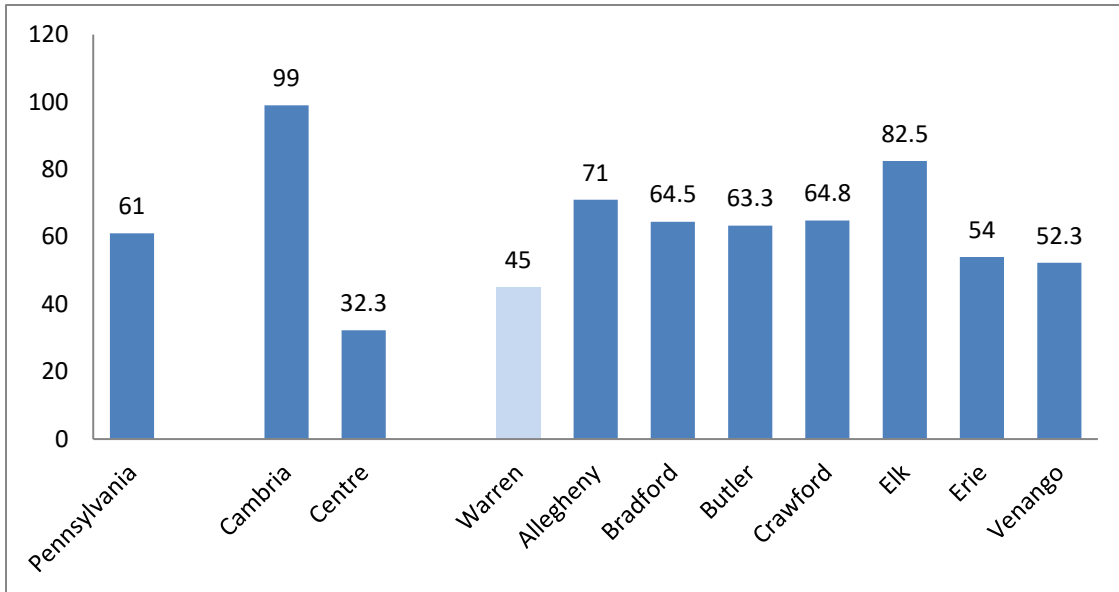
**Chronic Lower Respiratory Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 10th highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

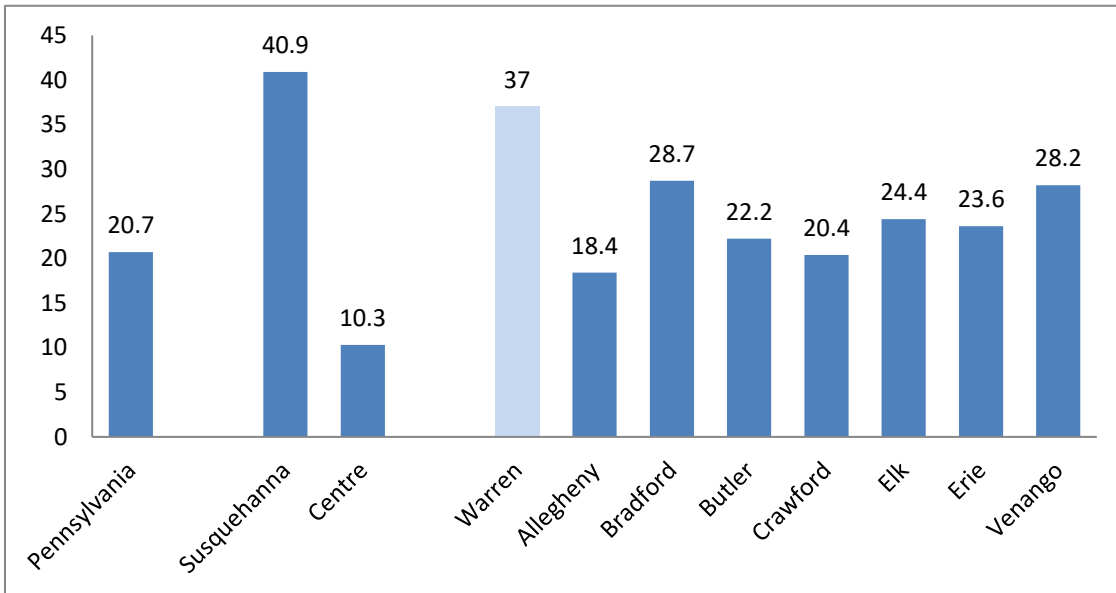


**Accident Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 61<sup>th</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

**Diabetes Mellitus Death Rate**  
2015-2019

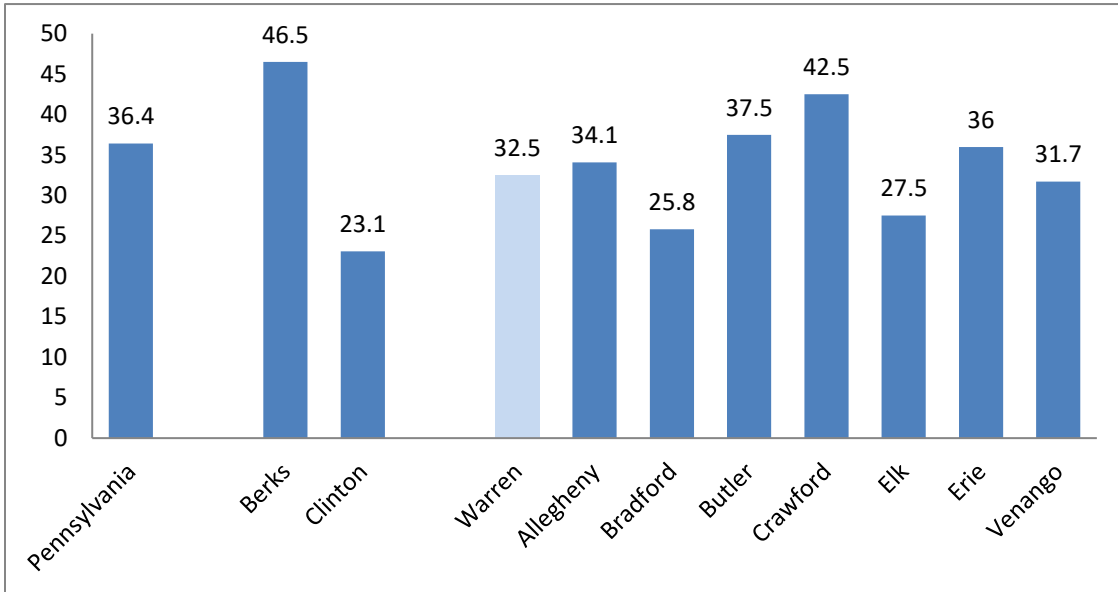


This rate represents reported cases per 100,000; Warren ranked the 3<sup>rd</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)



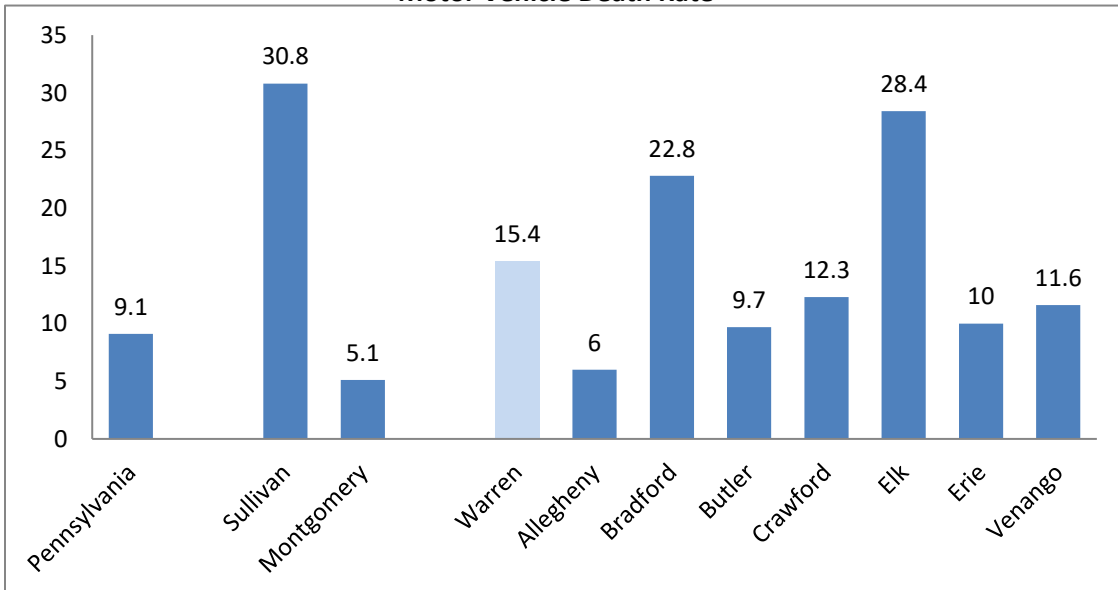


**Cerebrovascular Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 39<sup>th</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

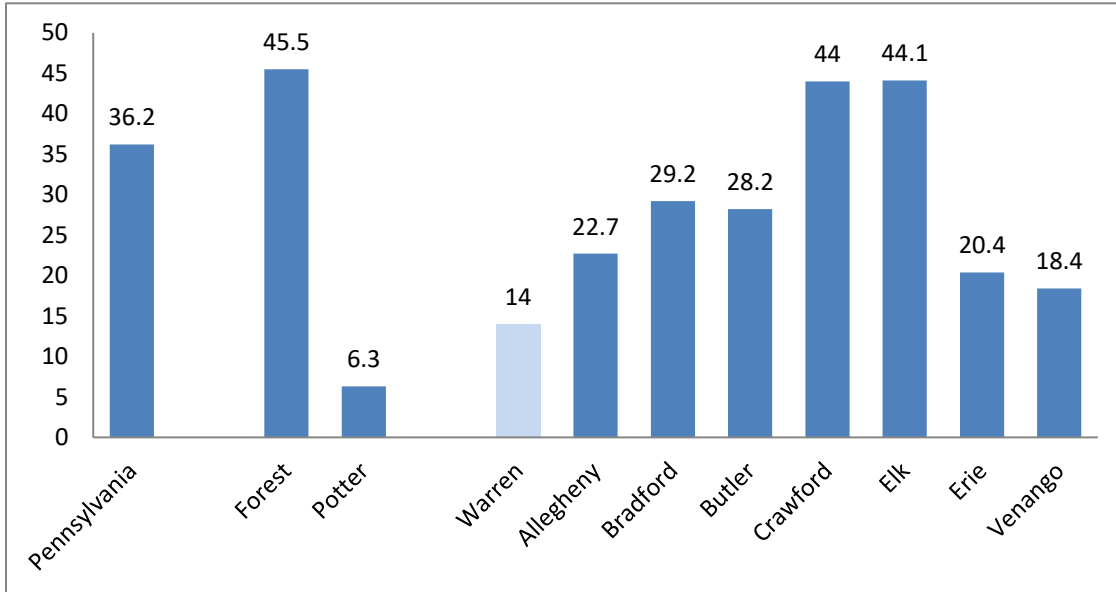
**Motor Vehicle Death Rate**



This rate represents reported cases per 100,000; Warren ranked the 16<sup>th</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

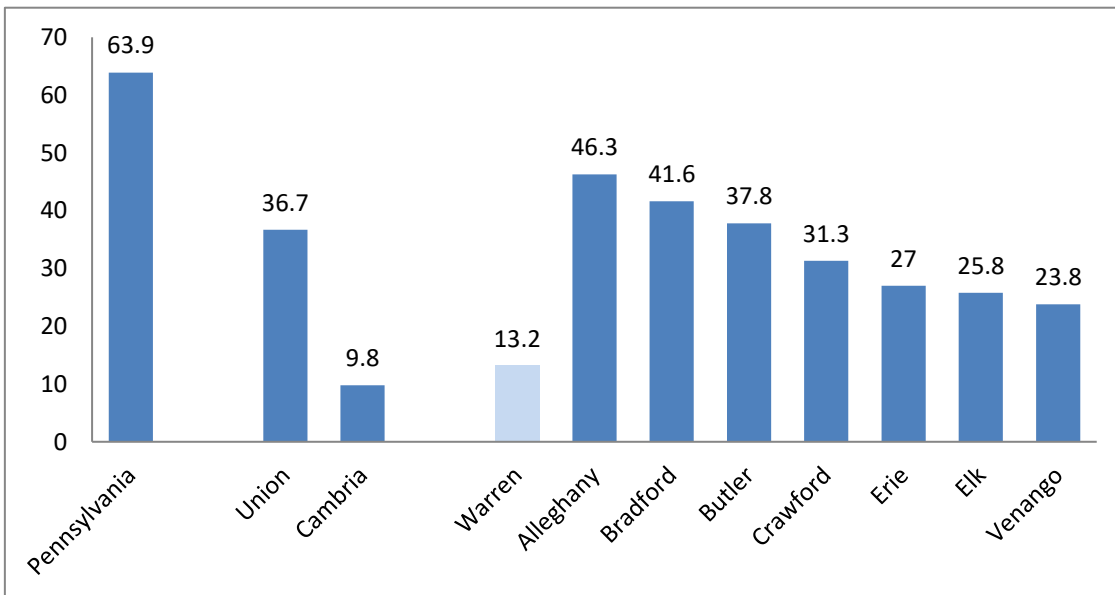


**Alzheimer's Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 61<sup>st</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

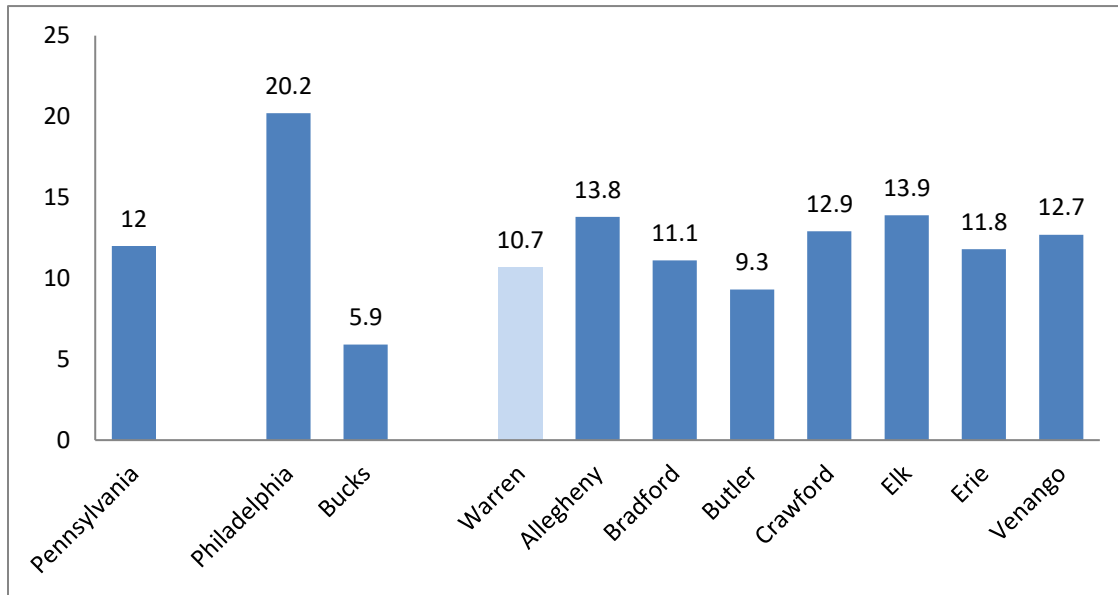
**Drug- Induced Death Rate**  
2015-2019



This rate represents reported cases per 100,000; Warren ranked the 61<sup>st</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

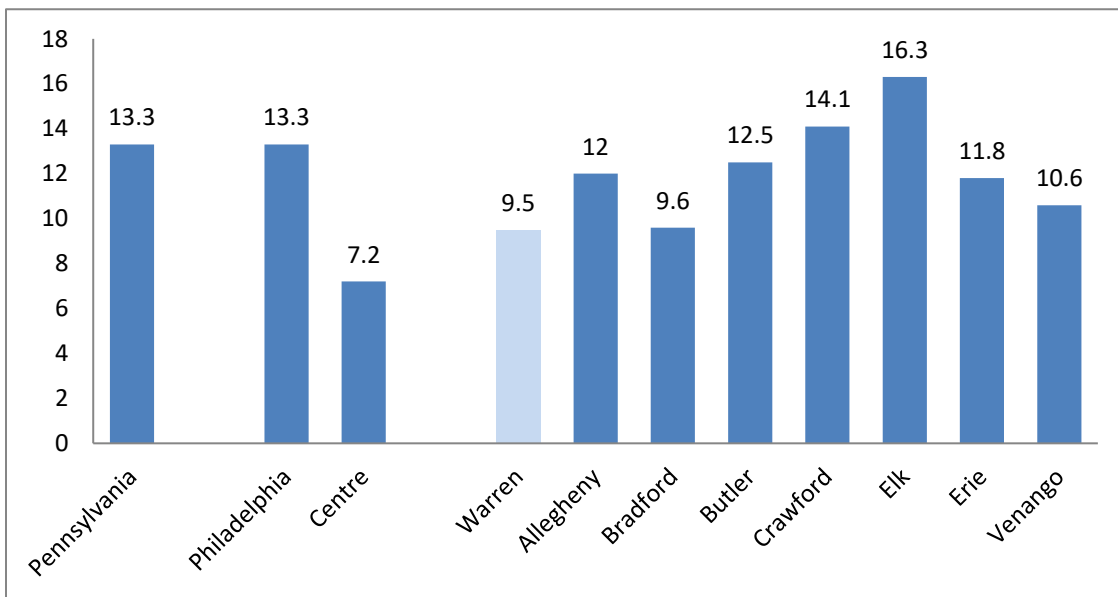


### Firearm Death Rate 2015-2019



This rate represents reported cases per 100,000; Warren ranked the 44<sup>th</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)

### Septicemia Death Rate 2015-2019



This rate represents reported cases per 100,000; Warren ranked the 54<sup>th</sup> highest of 67 counties. (Enterprise Data Dissemination Informatics Exchange (EDDIE), PA DOH)



## Healthcare Provider Survey

### Provider 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 regard to the impact of social determinants of health on ones' ability or inability to improve the health status of Warren County residents.

During the month of May 2022 a survey was sent to providers who are on the medical staff of Warren General Hospital. The providers included Physicians, Certified Registered Nurse Practitioners, and Physician's Assistants. Surveys were completed using Survey Monkey. Providers completed 17 surveys. This is a 56% response rate. This is an increase from prior surveys sent to physicians. Of the respondents, 58.82% were Physicians, 17.65% were Nurse Practitioners, 23.53% were Physician's Assistants (2022 data).

### Survey Responses:

In response to the question "What services do you think would have the biggest benefit to the community if they were offered at Warren General Hospital?", 57 % of the respondents selected Cardiology, 43% Gastroenterology, 29% Rheumatology, with ENT and Rheumatology both at 21%. Additional services mentioned in the comment section were: Oral surgery, OBGYN, Internal Medicine, Hematology Oncology specialists and Neurology.

In response to the question "What are the biggest barriers to care that you think your patients are currently facing?", Transportation ranked the highest at 53%, followed by cost at 47% and belief at 24%. Education was also mentioned as a barrier in the comment section.

In response to the question "When considering population health, what is the most significant impact on your patient's population?", 67% responded with the lack of understanding of the importance of care, 47% responded with the lack of services offered. Additionally, preventative care and wellness, cost and impact of COVID, lack of physicians and lack of motivation for good health were all mentioned in the comments.



**Provider 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 patient's understanding of the need for routine healthcare
- Unnecessary medical specialty referrals to services outside Warren County
- Patient's ability to get to medical appointments considering transportation difficulties and the significant size of Warren County geographically

The concern mentioned the most was the ability to work with residents understanding of the importance of healthcare. 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 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 an increase in use for routine exams, which may indicate lack of understanding on the part of the patient regarding the best location for routine care.

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 and cardiology services. This is another clinical area that is validated by being the tenth highest county in the Commonwealth with health issues related to chronic respiratory ailments and 28<sup>th</sup> in the Commonwealth with health issues related to cardiac events.



## 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 this assessment, the hospital continued 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.

In addition to experiences, participants were also asked preferences for health care services. This was achieved through the use of a survey published on the Warren General Hospital Facebook page with a link to a Survey Monkey. Because of the nature of the survey, no response rate could be specifically calculated, as the reach is unknown. The survey was available from April to May 13, 2022.

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:**

In response to the question "How would you rate your personal overall health?", 46% responded their overall health is good, 34% responded very good and 10% each responded excellent or fair.

In response to the question "Overall, how would you rate the health status of your community?", 61% responded good, 22% responded fair, 12% responded poor and 2% each responded excellent or very good.

In response to the question "How often are you physically active for 30 minutes or more? ", 40% selected 3-5 times per week, 25% selected none other than regular daily activities, 15% selected 1-2 times per week, 12.5% selected 6-7 times per week, 5% selected try to add physical activity when possible and 2.50% selected other.



Community members were then asked, “What would help you to become more active?”

The top 5 responses were:

- Discounts for gyms or exercise programs – 50%
- an exercise partner - 37%
- a walking or exercise group - 29%
- a safe place to walk or exercise - 24%
- activities you can do with your children – 21%

All of the community members surveyed reported they have access to food, reliable transportation, and have access to affordable housing. They also state their primary source for food is a grocery store.

Of those surveyed, 95% reported having health insurance, while 5% stated they used to have health coverage but no longer do.

When asked how Health Care is paid for, 63% of respondents stated they have health insurance through their employer, 20% reported having Medicare, 10% reporting having health coverage through someone in their household, 5% reported paying cash and 2.5% reported having Medicaid.

In response to the question “How often do you see your primary care doctor?”, 37% stated several times a year, 32% stated for a yearly checkup, 27% stated only when I am sick and 5% stated I don’t go see my primary care provider.

When asked, “In the past year, was there any time that you needed medical care but could not- or did not-get it?” 85% of those surveyed said no, with 15% stating yes. Among those who answered yes, most experienced a lack of medical care 2 times in the last year. Additionally, respondents were asked “What were the main reasons you did not get the medical care you needed?”. They responded as follows:

- Cost-without insurance it was too expensive – 38%
- Hours-they weren’t open when I could get there – 38%
- I couldn’t get time off work - 38%
- I couldn’t get a referral to a specialist – 25%
- I couldn’t get an appointment for a long time – 25%
- cost-even with insurance was too expensive - 12.5%

Respondents were asked “If you needed specialist care, were you able to get that care locally?” with 46% responding no, 24% responding yes and 29% responding that they didn’t need specialist care. Community members were then asked, “If that specialist care were available locally would you have used that service instead of leaving the area?” 58% responded yes, 28% responded that they didn’t need specialist care and



15% responded no. This correlates with the concerns identified by the providers related to local specialty care as well.

Respondents were asked, “Have you or someone in your household used the services of a hospital in the past 24 months?”, with 88% responding yes. Of those responses, 82% stated they used services at Warren General Hospital as opposed to other hospitals.

The most commonly used service at Warren General Hospital was the Laboratory (81%). Next were Imaging services (69%), the Emergency Room (36%) and Physician services (36%). Inpatient services (22%) other outpatient services (17%) rounded off the top 5 services used.

### **Community Survey Summary:**

In reviewing the results from an aggregate, there were several trends that suggest that social determinants of health are more concerning to the provider group than to the community members who responded. As an example, the providers identified transportation concerns as a primary barrier to care. Those community members who responded to the survey all indicated that they have reliable transportation. This could be related to the nature of the survey and the demographic who may have been more likely to respond.

The community response indicated that there is a strong interest in maintaining an in-person specialty presence in Warren County, and that obtaining affordable care is a challenge for some in the community. There is also an interest in physical health, with several barriers to good physical health practices identified.





## 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 November 2021. Current strategies were reviewed and recommendations were made to reflect changes in the current service area. Review of prior surveys of the physicians, community leaders and community residents were utilized for consideration in the development of future strategies to address the health needs of Warren County. There were four areas identified reflected a continued effort to address the strategic direction of the organization. These areas of focus were healthcare partnerships, impact of value based care, coordination in chronic disease management and gauging the impact of social determinants of health in the effort to enhance health status of Warren County residents.

The COVID-19 pandemic created the need to identify immediate community planning, resulting in delayed implementation of current Community Health Needs strategies. In addition to the new community strategies, Warren General Hospital will continue to address needs related to the pandemic as well as the overarching community health needs as identified in this assessment.



## Assessment Summary

Warren General Hospital commenced in the spring of 2022 to review the health status of the communities that they serve. Activity commenced with the review of initiative outlined in the 2018 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 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.

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 socioeconomic 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 socioeconomic 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 WarrenCounty 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 two 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 2022 Community Health Needs Assessment was approved at the Warren General Hospital Board of Directors meeting held on June 22, 2022. The final version was posted to the Warren General Hospital website on June 30, 2022.



## References

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