2018 Community Health Needs Assessment

UPMC Pinnacle Harrisburg
UPMC Pinnacle Community Osteopathic
UPMC Pinnacle West Shore
UPMC Pinnacle Carlisle
Hamilton Health Center
The Pennsylvania Psychiatric Institute

UPMC Pinnacle

A. Introduction

To better serve the residents of South Central Pennsylvania, UPMC Pinnacle is conducting a comprehensive community health needs assessment (CHNA) in collaboration with Hamilton Health Center and The Pennsylvania Psychiatric Institute, to identify health issues and concerns affecting residents, as well as ways to address those concerns.

As part of the CHNA phase, telephone interviews were completed with community stakeholders in the service area to better understand the changing community health environment. Community stakeholder interviews were conducted during late December 2017 through early February 2018. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds including: 1) public health expertise; 2) professionals with access to community health related data; 3) representatives of underserved populations; 4) government leaders; and 5) religious leaders. In total, 26 interviews were conducted with community leaders and stakeholders. The counties in which community stakeholders served included: Adams, Cumberland, Dauphin, Juniata, Lebanon, Lancaster, North Umberland, Perry, Snyder, and York.

The interviews offered community stakeholders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

The qualitative data collected from community stakeholders are the opinions, perceptions, and insights of those who were interviewed as part of the CHNA process. The information in this report is meant to provide insight and add greater depth to the qualitative data. This report represents one section of the overall CHNA project completed by Tripp Umbach.

B. Data Collection

Tripp Umbach worked closely with the UPMC Pinnacle Steering Committee to identify community stakeholders. An email was delivered to community stakeholders to introduce Tripp Umbach and define the stakeholders' roles in the CHNA process. The email introduced the project and conveyed the importance of the CHNA for the community. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 30 to 60 minutes in duration. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and reviewed by the UPMC Pinnacle Steering Committee. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, as well as ways to address those concerns. A diverse representation of community-based organizations and agencies were among the 27 stakeholders interviewed. A complete listing of interviewees can be found in Appendix A.

C. Community Stakeholder Recommendations

Community leaders provided recommendations to address health, socioeconomic, and resource issues of community residents in the community. Below is a list of recommendations (in no particular order).

- Identify ways to provide additional resources and services in more rural regions where resources are lacking. Specialty care, mental health, and substance abuse providers and services are not readily available in more rural regions. The region must bridge the gap for care.

- Open discussions regarding trauma; focusing on children and youth. Having community organizations work closely together to spread and increase coverage on information and education on ways to reduce and lessen stress and trauma in daily life.

- Education and prevention is key to combatting health and socioeconomic issues. Education provides a pathway for residents to obtain health care and community outreach can implement those goals. With increased education, community residents can understand their health needs, navigate the health care system, and have greater employment opportunities; thereby, leading to greater financial gain. Word of mouth is an effective avenue to communicate information and events. The promotion and transmission of preventive methods via word of mouth can be effectively relayed using this measure.

- Craft strong relationships with insurance companies and prescription organizations to increase insurance acceptance. The cost for prescription medicine for residents is excessive and residents do not have the financial means to afford the out-of-pocket costs for their medication. While some health organizations have sliding scale programs for prescription medication, working poor families are still plagued with high prescription out-of-pocket costs.

- Provide resources for those struggling with mental health and substance abuse issues. Address ways for residents to discuss the trauma they face. These are problems that are currently plaguing the community. It is crucial for organizations to identify ways to provide assistance for these community residents in order to stretch what the community currently has to offer.

- Improve and increase services for behavioral health issues, as both inpatient and outpatient are not sufficient to combat the growing need. Emphasize information on services and navigating the system in the community. Have navigators and managers who can personally support and assist residents and patients through the system.

- Continue to provide nutritional information and intervention paths to combat the obesity epidemic. Hospitals and local organizations must continue to be promotional of the existing community programs regarding healthy cooking and eating. Organizations should continue their collaborative measures to work together to educate residents on the types of behaviors that lead to obesity and chronic conditions; and teach residents how to lead healthier lifestyles.

- Reduce accessibility issues residents face through preventive education information. Continuous messaging of health factors and what needs to be relayed. For residents who have a language

barrier issue, working closely with community organizations to message culturally appropriate information will improve their health outcome. While health care service institutions have provided more translation services to non-English speaking residents, close partnerships and collaborations must be strengthened and reinforced.

- Addressing the physician and health care provider shortage would alleviate long waiting periods and increase health care services overall. Without a strong source of available health care providers, community residents will have difficulty finding a provider and developing a consistent pathway for care.

D. Problem Identification

In the discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category. Below are five key themes community stakeholders communicated from the most discussed to the least discussed (in descending order).

1. Obstacles to Health

2. Mental Health

3. Chronic Health Issues

4. Substance Abuse

5. Dental Care

1. Obstacles to Health

Community stakeholders reported accessibility, transportation, affordability, and language barriers as obstacles to residents wanting to improve their health. The availability and accessibility of health services is essential to the maintenance and well-being of community residents. It is important to lift restrictions and lessen barriers to services for families and residents to improve health outcomes.

Affordability

Barriers to health (insurance, care, and services) was the most discussed topic among the 27 community stakeholders. Accessibility to health care services can impact and determine the health of community residents in a variety of ways. The disadvantaged and underprivileged are unable to obtain needed health care coverage according to community stakeholders. Out-of-pocket costs and high deductibles often prohibit community residents from purchasing health insurance. Individuals and/or the working poor are at a greater disadvantage due to the income bracket they hold. As healthcare is available, generally due to the Affordable Care Act (ACA), out-of-pocket costs and high deductibles prohibit

community residents from purchasing health insurance. Affordability remains a significant health concern for community residents.

Accessibility

Health services are oftentimes hard to access due to location, available appointment times, and affordability according to community stakeholders. Specialty care shortages have placed pressure on residents to travel, as the number of specialists has dwindled. Transportation is a significant issue and many organizations are working diligently to provide this service to their community; unfortunately, the navigation process to secure a health appointment remains a challenge on many fronts. These factors create barriers to health and contribute to poor health outcomes for community residents.

Community health centers, clinics, and federally qualified health centers (FQHCs) have played a significant role in providing care to the underserved and underinsured populations. Families and community residents are frequent users of clinics and FQHCs due to the type of coverage they possess.

Challenges often lie in providing services in a timely manner and the effectiveness in how the services were utilized.

Transportation

Transportation was discussed as a significant factor that inhibits a resident's ability to access resources. Residents who live in more populated regions have better accessibility to local resources as public transportation is present; however, services in rural areas require support and assistance.

Community leaders stated that the lack of available transportation is a major challenge for residents; lack of or limited transportation prevents residents from managing their health issues because the care they need is not available within their local community. Transportation will dramatically effect access to health care, employment, and social activities. Connection to reliable transportation would provide access to a plethora of human and social services, also limiting isolation and creating individual independence to services outside of the region.

Language Barriers

Dauphin County has a large, growing immigrant population and the need for bilingual services is great. Language barriers create significant obstacles for individuals who need employment, health and social services, and daily communication. Organizations that cater to the immigrant population are located in the region. There are close partnerships and collaborations between these organizations, and health and hospital institutions are employing more bilingual personnel to meet the growing demands. Providing services for non-English speaking residents and health education information in multiple languages will reduce negative behaviors.

Health Insurance

Portions of community residents remain uninsured even as the implementation of the ACA has provided health insurance coverage and health care access to the uninsured. An area of concern and challenge is the ability to obtain dental and specialty care, as insurance coverage is limited in these areas.

Community stakeholders reported that overall there are many factors that limit residents to seeking care; however, improved health insurance coverage can achieve this goal.

2. Mental Health

Mental health can affect all age groups and encompasses individuals of all demographics. It has a wide-reaching effect on physical health, education, employment, and overall daily life. Mental health interventions and services are available for individuals who seek care as the community has a strong mental health network. Unfortunately, the need for such services continues to grow. Traumatic life events, especially those experienced at a young age, have had a negative impact physically and emotionally on community residents. Accessibility accounts for one of the main reasons why residents face challenges in receiving care; coupled with difficulties in securing timely appointments, residents will resort to using the emergency room or opt not to obtain any care at all.

It was reported that there is not an adequate amount of services or providers to deal with the increasing mental health problem. A shortage of psychiatrists, counselors, and facilities to treat patients, particularly long term, are factors which contribute to residents obtaining mental health services in the community. Mental health is a large community issue, one which community stakeholders believe cannot be resolved without substantial funding and efforts made by all in the region.

Community leaders see mental health as a major issue and expressed that while mental health has received more publicity, as well as exposure in the media, there has not been enough to focus to treat the disease. Residents dealing with mental health issues need assistance in acquiring programs and resources for treatment and care. It is essential that organizations identify ways to provide assistance for these community residents.

3. Chronic Health Issues

Chronic health conditions, specifically, obesity/nutrition, heart disease, diabetes, and women's health issues effect residents within the service area. Community leaders cited these chronic conditions as the top health issues and concerns in their community. These chronic conditions most frequently stem from limited access to health care, poor health choices, and lack of education and information which deter residents from taking adequate measures toward leading a healthier lifestyle.

Obesity/Poor Nutrition

According to community stakeholders, obesity and poor nutrition were cited as major health problems, leading community residents to an array of health-related issues. Obesity is a health problem that has plagued residents of South Central PA; having detrimental effects in the community. Limited income, accessibility, education, information, and individual interests play a role in the obesity epidemic.

The lack of available healthy food options in the region contributes to the obesity issue. Accessibility and availability of grocery stores and healthy food choices limit residents in rural areas. For some residents,

convenience stores are the only place to purchase food, making it difficult for them to access healthy foods, such as fruits and vegetables. Impoverished residents face financial restraints; thereby, affecting their ability to eat heathy. Eating healthy is costly and many families are on a limited income

Recreation and physical activity also play an important role in the obesity epidemic. Limited financial resources and residents' desire to participate and engage in a healthy lifestyle are interwoven. The reinforcement of the importance of regular exercise to maintaining a healthy lifestyle needs to be resonated consistently.

Community leaders reported that chronic conditions are often the effect of obesity; leading to diabetes, high blood pressure, and heart disease, etc. Education for community residents should play a large role in encouraging residents to making healthy choices and living a healthy lifestyle. The lack of understanding that chronic conditions are preventable or at least more easily managed is a reason why residents do not make healthy eating and living a priority, according to community stakeholders. There is not a strong emphasis on this education piece; therefore, residents are prone to make poor eating choices and fail to make physical activity a priority because they do not realize the positive effects of engaging in a healthy lifestyle. Understanding the importance of healthy living allows people to recognize the correlation between living a healthy lifestyle and more positive health outcomes.

4. Substance Abuse

Substance abuse effects everyone surrounding the individual; it negatively impacts relationships. Substance abuse effects and alters the way individuals of all demographics behave, altering their mood and lowering inhibitions. Substance abuse has become a national problem and has infiltrated South Central PA. It is a growing problem as community leaders believe opioid usage has impacted the community considerably. Substance abuse does not target any one specific group or age demographic; it is all encompassing.

It was reported that substance abuse and mental health issues dovetail one another. Stakeholders reported that individuals who have a mental health problem are more likely to have a co-occurring substance abuse issue and vice versa. Resources that address these issues simultaneously would greatly improve outcomes for residents with co-occurring substance abuse and mental health issues.

Unfortunately, community leaders do not think there are enough services or providers available to deal with these issues; leading residents to travel outside of their local community to obtain care and treatment. Oftentimes, patients are referred to facilities out-of-state as the need for such services outpaces local providers. Community leaders were also quick to note that individuals dealing with substance abuse are deterred from seeking help due to negative social stigmas that continue to surround this disease.

5. Dental Care

Dental health impacts the entire body and effects overall health. Community leaders agree that the need for such services is significant. While some clinics are addressing a majority of the population's needs, residents still need insurance and are still required to pay out-of-pocket costs. Clinics located in the Harrisburg area serve a significant number of residents; unfortunately, not all clinics provide the scale and scope of services that communities need, such as dental care. Dental care is in high demand; forcing residents, who are able to obtain dental care, to wait long periods for services and care.

Stakeholders listed access issues for those who need dental care. Children and families do not have regular access to dental care in the community due to availability and coverage. While some schools provide pediatric dental screening programs, children needing higher level dental care, such as extractions and fillings, require a payment source. Oftentimes, high level dental care for children requires parents to pay out of pocket expenses and travel out of their local community to facilities that conduct services for this patient population. This barrier creates additional difficulty if parents need to take time off work and/or secure transportation. Providing dental care services would be a huge step in addressing access issues for the underserved population.

E. Regional Healthcare Changes

A strong healthcare environment is the creation of a healthful, wholesome, and beneficial atmosphere for an individual. A positive health care environment is a community collective effort, taking several factors into account and the implementation of such factors is also an essential element. A strong health care environment is the responsibility of everyone involved, this includes policy makers to government leaders to stakeholders and coordinators of care.

The environment of health care has changed over the past several years and community stakeholders reported either no change or were able to identify specific changes they have seen in their community.

- Accessibility of services was related most often to affordability of insurance, acceptance of insurance, awareness of services available, and the number and location of providers. A notable change in the past several years has been the decrease in the number of available providers to treat those in medical need, as well as the length of traveling time for patients to obtain health care services. Stakeholders also cited the length of time to secure a specialist appointment for their patients. The ability to obtain care is also dependent on the health care provider accepting the insurance of the patient. There have been many changes overall affecting the health care landscape in the region; however, it is not solely pinpointed to South Central PA as these changes have affected many communities throughout the state.

- Health care coverage for residents in the region has slightly improved for some; although, many still cannot afford insurance through the ACA, cannot afford private pay insurance or the cost of uninsured health services. This includes residents who are considered the working poor.

- Additional changes seen over the past few years include the inclusion of culturally competent health services for residents who have limited English speaking skills. There has been a shift to increase the number of available translators to assist those who have limited English skills in a hospital setting.

- There are continued efforts from hospitals and health systems to alleviate primary care services through the emergency room. Access to health services have improved through the development of urgent care facilities, FQHCs, and community-based clinics; gaps in services are slowly closing due to these facilities. The primary goal of clinics and FQHC's is to aid underserved communities and assist them overcome their barriers. While individual challenges will continue, this safety net has been implemented to assist those in need.

- Dental care remains a great concern as residents' struggle to obtain dental insurance and services. Accessibility remains the dominant issue.

- Community stakeholders reported the continued difficulties regarding treatment for mental health patients and the stigma that is often associated with the disease. While treatment and services are available there has not been measurable change. Patients still face accessibility issues and funding for care and services remain stagnant.

Education and Information

- A notable change in the health care environment has been the type of available information made to residents. While barriers still exist in the community, residents are slightly more aware about what services are available and where they are located. Residents are able to secure (to a degree) health services at the proper locations because they are attentive to where clinics and FQHCs are located.

- Increased awareness of mental health challenges around addiction has slightly improved; however, challenges still remain. Working with organizations and service providers, care is available if navigation and accessibility is not an issue for residents. Understanding the overall educational challenges of residents requires a strong community and family support structure.

- Health literacy remains an issue. There is information to many within the community and strong efforts are made to assist those to comprehend data on preventative services. The overall population is understanding education and absorbing information more; however, the scope of the problem remains large.

Collaboration

- There is an increase in collaboration and partnerships with regional hospitals, health care systems, and organizations in the region providing additional services and support towards health and wellness amenities. Building and bridging relationships in communities is a large endeavor and notable connections have been crafted as a result. Community residents benefit from strong associations.

- Open and improved robust dialogue that was not previously present has led to better changes. There is a strong understanding that we can each bring resources to the table and address challenges as a team. There is relationship building, which therefore leads to action plans.

Prevention

- Residents do not typically understand policy changes; therefore, comprehension of health insurance coverage and plans associated with Medicaid expansion is often futile. Residents do not understand policy changes made at the state level and long-term issues related to those changes; they are concerned with daily living challenges such as food, shelter, and expenses. Residents are often troubled with basic living hardships and are reminded of their living situation in a consistent manner. These environmental factors have not changed significantly as the impact of these environment problems are growing.

Appendix A: Community Stakeholders

Tripp Umbach completed 27 interviews with community stakeholders throughout the region to gain a deeper understanding of community health needs from organizations, agencies, and government officials that have day-to-day interactions with populations in greatest need.

Interviews provide information about the community's health status, risk factors, service utilizations, and community resource needs, as well as gaps and service suggestions.

Listed below in alphabetic order by last name are the community stakeholders.

	Name	Organization
1.	Fred Banyelos	Harrisburg Housing Authority
2.	Mike Beck	Dauphin County Case Management Unit
3.	Brenda Benner	Perry County Commissioner
4.	Crystal Brown	Brethren Housing Association
5.	Sybil Knight Burney, Ph.D.	Harrisburg School District
6.	Robert Burns	Dauphin County Area Agency on Aging
7..	Caren Butera	Harrisburg School District
8.	Kelley Gollick	Contact Helpline
9.	George Hartwick	Dauphin County Commissioner
10.	Jamien Harvey	Camp Curtin YMCA
11.	Linda Hengst	Community Check-Up Center
12.	Bonnie Kent	The Northern Dauphin Human Services Center
13.	Patty Kim	Pennsylvania State Representative
14.	Shannon Mason	UPMC Pinnacle
15.	Gloria Vazquez-Merrick	Latino Hispanic American Community Center
16.	George Payne	Redevelopment Authority of Harrisburg
17.	Jo Pepper	Capital Area Head Start
18.	Craig Skurcenski, M.D.	UPMC Pinnacle
19.	Drew Stockstill	Holy Spirit Medical Outreach
20.	Mark Totaro, M.B.A, Ph.D.	Catholic Charities
21.	Phong N. Trong	International Services Center
22.	Denise Welch	Carlisle County Crisis Intervention
23.	Jennifer Wintermyer	Tri-County Community Action
24.	Gail Witwer	Partnership for Better Health
25.	Tim Whelan	Cumberland County Housing and Redevelopment Authority
26.	Susan Wokulich	United Way of the Capital Region
27.	Randie Yeager	Dauphin County Human Services

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Name/Title:

Organization:

General Community Experience and Role within the Community:

1. What county/counties does your organization serve?

2. What specific populations does your organization have a focus on?

3. Could you elaborate on how your job position interacts with community health?

   a. In what ways is your work/your organization—involved with health issues or health care services?

Community Perception:

1. Can you describe your community?

   a. What are the strengths and weaknesses?

   b. What are the priorities and concerns?

   c. What challenges do you think are most common among your community members?

2. What changes have you seen in the local/regional healthcare landscape during the last 3 to 5 years?

   a. What is the cause of these changes?

   b. How have changes impacted residents and their health?

   c. Have these changes affected your business/sector? In what way?

   d. What data do you use to inform this decision?

Health and health care:

1. In your opinion what are the top three health concerns affecting residents in the community that your organization serves?

   #1 Health Concern: _____

   #2 Health Concern: _____

   #3. Health Concern: _____

2. Why do you feel those are particularly significant?

   a. Who experiences these health issues in the community (e.g. a particular age group or gender)?

   b. To what extent are services available and accessible to prevent and manage these issues?

   c. Are there any factors that make it difficult for people to manage these issues? (e.g., lack of insurance, housing, transportation, language, poverty)

3. What are the most significant behavioral health issues (including substance abuse and addiction) in your community?

   a. Who do these behavioral health issues affect (e.g. a particular age group, culture or gender)?

   b. What services are available to help people with behavioral health issues?

   c. Can you describe the access issues—what limits access and what promotes access?

4. To what extent is health care accessible to members of your community?

   a. How accessible is preventive care? Primary care? Specialty care?

   b. Are there any significant gaps?

   c. What specifically makes it easy or difficult to get health care?

   d. How are the services utilized?

   e. Have you seen measurable changes? In what manner?

5. Where are people in your community most likely to go for health care? Why?

   a. What are the qualities that are most important to people in your community when they are choosing healthcare?

   b. Could you provide us with names of persons or organizations in the community who serve these populations?

Available Resources in Addressing the Issues that were Discussed

1. In response to the issues that were identified, what is the best available way to address these issues / problems?

   a. What organizations, institutions and/or people would be best suited to address these issues?

2. Do you believe there are adequate local/regional resources available to address these issues / problems? If no, what is needed that is missing?

4. Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible)

5. Does your organization have upcoming plans that relate to community health? (i.e. health fairs, promotional activities etc.) if so please detail.

6. Do you have any existing data resources (such as reports, survey data, etc.) that you think would be beneficial to use in our research? ① Yes   ② No

   Would you be willing to get us a copy or tell us how to access these documents? ① Yes   ② No

7. What has worked or is working in your community?

   a. What has not worked in your community?

Public Commentary Results

A. Introduction

Tripp Umbach solicited comments related to the 2015 Community Health Needs Assessment (CHNA) and 2016 Implementation Strategy Plan (ISP) completed on behalf of UPMC Pinnacle as part of the CHNA.

The solicitation of feedback was obtained from community stakeholders identified by the Steering Committee. Observations offered community representatives the opportunity to react to the methods, findings, and subsequent actions taken as a result of the previous CHNA and implementation planning process. The public comments below are a summary of stakeholder's feedback regarding the former CHNA and ISP.

This report represents a section of the overall CHNA completed for UPMC Pinnacle.

B. Data Collection

The following qualitative data was gathered by Tripp Umbach on behalf of UPMC Pinnacle. Community leaders and stakeholders were asked to review the 2015 CHNA report and the ISP adopted by UPMC Pinnacle in 2016. Stakeholders were posed questions developed by Tripp Umbach and reviewed by the Steering Committee. Feedback was collected from 19 community stakeholders related to the public commentary survey.

The collection period for the survey began late December 2017 and continued through early February 2018.

C. Public Comments

When asked if the assessment "included input from community members or organizations" all survey respondents reported that it did (100.0%).

More than half (52.6%) of survey respondents reported that the assessment reviewed did not exclude any community members or organizations that should have been involved in the assessment; three participants, or 15.8%, reported that a community member/organization was excluded; 31.6% were unsure.

In response to the question, "Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not represented in the CHNA", close to one-third of participants (31.6%) indicated that there were needs not represented in the 2015 CHNA. More than half (63.2%) reported that the assessment represented the needs of the community, and 5.3% were unsure.

Survey participants gave the following examples of community needs not represented in the 2015 CHNA: sexually transmitted diseases, pre and postnatal care, the opioid crisis, and services and support for

individuals with autism and their families; as well as overall assistance and advocacy groups to help identify resources. Populations which experience these needs and barriers specifically include: middle school students, young adults, African American women, and children overall.

More than half of survey respondents (68.4%) indicated that the ISP was directly related to the needs identified in the CHNA; while 31.6% were unsure.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner (in no specific order):

- The importance and the benefits of working in collaboration with one another and assessing ways to complement each organization is needed in the community.

- The findings aligned with the health issues and concerns in our schools.

- Provided a check and balance in the community.

- The results from the CHNA and ISP plan allowed us to be more aware of what we should be focusing on and recognize what is missing to bridge the gap for those in need.

- The overall health needs were identified and were trickled down and recognized collectively as a group –the process for this identification was important.

- Maintaining new and existing partnerships is important. Having a healthy relationship between organizations is vital as we need to stay strong and work collectively as county agencies.

- Showed that organizations need to be better connected and promotional of all services and the network needs to stay strong for better advancement within the community.

- The inclusion of our organization in the process gave us a broad spectrum of the gaps and we value the course of actions taken to impact and address these barriers. The support of our local health initiative network includes many of our CHNA partners-this shows great unity. Together we are building relationships and need to continue the journey for a better network and healthier community.

- The data related to dental care provided more education for our population - we inform our population of what is available and access to information is essential for our residents.

- The overall CHNA and ISP plan were great approaches. Tactic and strategic on a scale and piloting some of these strategies would be utilized in other communities.

- The data provided us with a community health outlook perspective and with a large health system in the forefront the outcome can be positive, but partnership must exist for a positive conclusion.

- Highlighting and keeping mental health in the spotlight will lessen the stigma of the disease. There are many in need due to this disease.

- The CHNA ensured that organizations worked in unison. The outcomes were positive and ensured that organizations do not have to work in silos.

- The findings highlighted the success of the impact of the ACA and how it is helping those who struggle with accessing health care.

D. Additional feedback collected from survey respondents include:

- We are waiting to see changes in the community.

- More data related to physical therapy and mental health for seniors needed to be included. Senior health is lacking, and we need to focus on their needs regularly.

- As a community, we need to pose the question, what are we not completing and doing to help those in need? And how can we be more involved?

- We need to encompass and collect feedback about health issues and concerns from the perspective of young adult minorities.

- The overall inclusion of the work and the scope in which the data was collected was a nice composition. Efforts for inclusion of the region, particularly rural regions, were appreciated.

- The CHNA and its findings provides us with raw data to educate others outside of this community and to ask for help and support when needed.

Appendix C: Public Commentary Questions

The following questions are related to the CHNA and implementation strategy plan.

1. Do you feel that the assessment you reviewed included input from community members and organizations?

    ① Yes   ② No   ③ I don't know

2. Do you feel that the assessment you reviewed excluded any community members or organizations that should have been involved in the assessment?

    ① Yes   ② No   ③ I don't know

3. If <u>YES</u>, what is the name of the community member or organization that was excluded?
    _____

4. Are there needs in the community related to health (e.g., physical health, mental health, medical services, dental services, etc.) that were not presented in the CHNA?

    ① Yes   ② No   ③ I don't know

4a. If YES, what needs/barriers to health were not covered in the CHNA?
_____

4b. Which population experiences these needs/barriers to health?
_____

5. In your opinion, was the Implementation Strategy directly related to the needs identified in the CHNA?

    ① Yes   ② No   ③ I don't know

6. How did this CHNA and resulting Implementation plan benefit you and your community? (Be specific as possible.)_____

7. Please share any additional feedback on the CHNA and/or Implementation Plan you reviewed that was not covered already? _____

8. Do you have any additional comments or questions?

_____

Thank you for your time and participation!