

## **Executive Summary**

The Tamaqua Area Community Partnership (TACP) contracted with St. Luke's Hospital and Health Network (SLHHN) Community Health Department to design and conduct The Tamaqua Health Needs Assessment in April 2010. The assessment was done within the Tamaqua Area School District (TASD), which includes Tamaqua Borough, Rush Township, West Penn Township, Walker Township and Schuylkill Township and was funded by the Local Initiatives Support Corporation (LISC).

The purpose of this Executive Summary is to summarize The Tamaqua Health Needs Assessment results. A comprehensive report of demographic trends and the assessment analysis follows. Included in the full report are plans for next steps to address the results and to generate interest in ways to engage additional community participation in future TACP activities.

### **Methodology**

A variety of data collection methods were used to identify community assets, community concerns and individual health status. Information gathered from the assessment can later serve as baseline measures for community health status improvement efforts. Data was collected from the following sources:

**Secondary data** – Social and demographic data were collected and analyzed for the TASD when available, and Schuylkill County from the following sources:

- Pennsylvania Department of Health (PA DOH), Schuylkill County 2010 Health Profile
- Robert Wood Johnson County Health Rankings
- 2000 U.S. Census
- 2005-2009 American Community Survey Estimates
- National Center for Chronic Disease and Health Promotion 2008 and 2009 Behavioral Risk Factor Surveillance Survey (BRFSS)
- St. Luke's Hospital and Health Network
- Tamaqua School District
- Pennsylvania Department of Education
- Pennsylvania Department of Public Welfare
- 2008 National Occupant Protection Use Survey

**Community Agency Survey** – A total of 37 representatives from local agencies participated in a one-on-one interview and corresponding survey relating to health services in Schuylkill County. Key informants were asked to speak about barriers to health care, the relevance of certain health and social issues to residents, and the geographic areas within the county most in need of health services. Key informants also had the opportunity to distribute imaginary, extra health care funding to both the populations they perceived would most benefit and the services that demand the greatest attention.

**Focus Groups** – Qualitative data pertaining to quality of life in the TASD was collected from residents using focus groups conducted at various locations. A total of 4 focus groups were held.

**Community Needs Survey** – Surveys were administered to a convenience sample of 381 community members living within the TASD. They were administered at local community agencies, churches, senior living facilities, grocery stores and within the general community. Respondents were asked to complete survey questions to the best of their ability. Staff was available to provide assistance with reading and interpreting questions when requested. Respondents were compensated for their participation by receiving a \$10 gift certificate to a local store or restaurant. The survey collected data pertaining to individual health status, access to medical care and social and health needs. In general, more female, lower income and less educated respondents completed the survey as compared to the national and state 2009 BRFSS. Survey respondents age ranged from 16-88 years old, with 51% older than 50. Female (72%) and white residents (93%) comprised the majority of survey respondents. Fifty-six percent of respondents achieved an educational attainment of a high school degree or less and 49% reported a household income of less than \$15,000.

### **Community Assets**

The Tamaqua area is home to a wealth of resources; from weekly farmer’s markets to outdoor recreation spots to the dependability of next-door neighbors, the regional assets provide opportunities for wellness and a good quality of life. With an influx of specialized funding towards revitalization efforts, the town center of Tamaqua has been able to renovate buildings, streets, and historic landmarks, as well as expand the arts and culture scene by attracting big city artists to its affordability and small town charm. Most notably, Tamaqua is one of only two towns in the country designated by the national non-profit Rural LISC as a sustainable rural community. It is also designated as one of only 22 “Blueprint Communities” in Pennsylvania. Furthermore, its proximity to three state parks and the Appalachian Trail makes it a destination for outdoor enthusiasts. Above all, community members are rooted in deep history, united by family and cultural tradition as they continue a legacy of Schuylkill County residency.

The following compilation of community assets is taken from local survey responses and focus group discussion. Community assets, for the purpose of this report, are local institutions, organizations, and events that are enjoyed by the people of the Tamaqua area and that provide essential services, stability, opportunity, and cohesiveness.

### **Educational Opportunities**

- Public school system
  - Substance abuse treatment program, DARE program
  - Immunizations, Carbon County dental van, counseling
- Head Start, funded for 70 children in the Tamaqua site
  - Mobile dental clinic, mental health observations, health screenings

- Lehigh Carbon Community College, located within Tamaqua borough
  - Free tuition for high performing T ASD students
  - Student center for community use
- Tamaqua Area Public Library
  - Internet access
  - Diabetes reference information
  - Children’s story time

**St. Luke’s Miners Memorial Hospital**

- Knowledgeable doctors
- Good emergency department
- Daily “Loop” transportation service to Lehigh Valley facilities
- Financial assistance program
- 3 rural health centers

**National Children’s Study**

- Schuylkill County is one of only 105 study locations in the country chosen for this groundbreaking research
- Will follow children and families from birth to age 21 to examine the effects of the environment, development and health of children across the U.S
- Close observation by staff will help close gaps in health services for participants

**Community Outreach Organizations**

- Salvation Army
  - Financial assistance during the holidays, community programming
- Chamber of Commerce
  - Tamaqua Area Community Partnership
- South Ward Neighborhood Committee
- Senator Argle’s office
  - Social service referrals and assistance
- Shepp Fund, emergency funds for households in crisis

**Markets and festivals**

- Hometown Farmer’s Market
  - Fresh, local produce
- Summerfest and Heritage festivals
- Summer concert series at the depot

**Recreation**

- Youth and adult sports leagues
- Estimated 70% student participation rate in school extracurricular activities
- Community access to school district’s athletic facilities
- YMCA
- Proximity to Appalachian Trail
- 3 State Parks within 15 miles

## **Community Issues of Concern**

Based on the percent of participants reporting a T ASD community issue as “very serious” or “serious”, the following are the top ten concerns as identified in the Community Needs Survey:

1. Unemployment
2. Alcohol abuse
3. Illegal drug use
4. Poverty
5. Lack of recreational/cultural activities
6. Crime
7. Youth violence
8. Public transportation
9. Domestic violence
10. Racism

The unemployment rate was the number one issue identified by community members with 71% reporting it as a “very serious” or “serious” problem. According to the Bureau of Labor Statistics, the county unemployment rate in December 2010 of 9.6% remains higher than that of the Pennsylvania state rate of 8.1% further demonstrating the importance of this issue.

## **Health Status**

Residents of the T ASD (42%) are more likely to have physical, mental or emotional limitations as compared to respondents to the state (19%) and national (19%) BRFSS. Seventeen percent of respondents reported physical health and 20% reported emotional health interferes with normal social activities all or most of the time. Despite physical, mental and emotional limitations, 68% of respondents reported their general health status as good or excellent and 74% reported being satisfied or very satisfied with their life.

The following are the five most prevalent conditions reported by survey respondents:

1. Hypertension - 43%
2. Diabetes - 23%
3. Migraines - 23%
4. Asthma - 21%
5. Mental Health Problems - 17%

Potential health behaviors which may directly impact the above chronic conditions include physical activity, alcohol consumption, tobacco use, obesity and stress. Data for each of these health behaviors as reported in the Community Needs Survey are as follows:

- 63% of respondents reported participating in physical activity in the past six months and 44% reported exercising 2-3 times per week.

- 41% of respondents reported having consumed at least one alcoholic beverage within the past month with 61% of these respondents reporting having 3 or less alcohol beverages per week, and 26% having 4 or more per week.
- 34% of respondents smoke cigarettes, which is higher compared to the state (20%) and national (18%) 2009 BRFSS data.
- 47% of respondents have a BMI indicating obesity. This rate is much higher than state (28%) and national (27%) 2009 BRFSS data.
- 40% of respondents reported that most days their life is a bit stressful.

Coincidentally, agency key informants identified some of the same health conditions and behaviors as very important issues in the community. The following are the top ten health and social issues identified as very important to agency key informants:

1. Cancer
2. Alcoholism
3. Drug Abuse
4. Tobacco Use
5. Obesity
6. Diabetes
7. Lack of Exercise
8. Heart Disease
9. Hypertension
10. Teenage Pregnancy

### **Access to Health Care**

Respondents were asked questions regarding where they currently seek health care, hospital emergency room utilization, health insurance type and willingness to travel for health care. The following data pertains to access to health care:

- 87% of respondents reported having a particular person or place for primary health care.
- 46% of respondents reported having a dental exam in the past year.
- 15% of respondents reported having no health insurance.
- 26% of respondents reported utilizing the hospital emergency room instead of a doctor's office when sick.
- 78% of respondents who reported using the emergency room also reported an income of less than \$25,000.
- The most common response (46%) reported for utilizing the emergency room was because the doctor's office was not open when care was sought.
- 65% of respondents reported a current travel time of 15 minutes or less to their health care provider. When asked what the maximum amount of time a respondent was willing to travel to seek care, 43% said 30-60 minutes.
- 60% of respondents reported willingness to travel 30-60 minutes to seek specialty care.
- Respondents reported being "completely satisfied", "very satisfied" or "satisfied" with the quality (78%) and results (75%) of their medical care.

## **Barriers to Accessing Health Care**

Four of the top five barriers to accessing health care highlight financial issues. This is supported by the high unemployment rates and struggling economy. The top five barriers to accessing health care as identified by agency key informants are as follows:

1. Cost of health insurance
2. The number of under/uninsured
3. Community does not practice healthy lifestyles
4. Limited funding for health services
5. Cost of health services

## **Allocation of New and Extra Funding**

When asked to allocate new or extra funding to health services within the county, agency key informants emphasized community based primary care, mental health services, substance abuse treatment/recovery programs and dental health services as the priority areas. Although 70% of agency key informants agreed or strongly agreed that transportation is a barrier to health care for T ASD residents, the issue was not considered a top priority when allocating funds to services.

## **Focus Group Conversation Points**

Qualitative data collected from focus groups, highlighted six key conversation points. They are as follows:

- Transportation
  - Due to geographic layout, cars are often necessary to access health care and shop for clothing yet many focus group participants reported they do not own a car.
  - The Schuylkill Transportation System (STS) has limited hours of operation and does not cross the county line.
  - Emergency Medical Services will take patients to the hospital but there is no way to get home.
- State of the Local Economy
  - High rates of unemployment.
  - No job opportunities or growth in the area.
  - Cannot retain recent graduates.
- Medical Assistance Providers
  - Local primary care providers are at their capacity for medical assistance patients.
  - The St. Luke's Hospital Rural Health Centers are inaccessible or are not known to many who live in the Tamaqua Borough.
  - Dentists who accept medical assistance are scarce so many residents often have to cross county lines to receive dental care.
  - There is a stigma associated with being a medical assistance patient.
- Medical Specialists

- There are few specialists in the area and many respondents have to travel 30 minutes to receive care.
- The local health networks should consider providing incentives to attract specialist to Tamaqua.
- The local health networks should utilize local medical schools to train specialists in Tamaqua.
- **Elderly Population**
  - Community struggles to meet unique needs of growing elderly population.
  - No health prevention coverage.
  - No local veteran's services.
- **Mental Health**
  - There are high rates of undiagnosed or untreated mental health problems.
  - There are few mental health providers in the Tamaqua area.

## Demographic Trends

Tamaqua is located in eastern Schuylkill County, Pennsylvania, situated in the coal region section of the Appalachian Mountains. The borough is located 12 miles south of Hazleton, 5 miles southwest of Lansford and approximately 79 miles northwest of Philadelphia. Considering the assessment was done within the T ASD, which includes Tamaqua Borough, Rush Township, West Penn Township, Walker Township and Schuylkill Township, total demographic data will include township data when available. Since development of this report occurred just months before the May 2011 release of the 2010 national census data, 2000 census data and 2005-2009 American Community Survey data estimates are used.

The total population for T ASD from the 2000 U.S. Census Data was 17,042. The estimated 2007 population was 16,665 and the estimated 2009 population was 16,685. Tamaqua Borough, Rush Township and Schuylkill Township have shown a steady decline in population since the 2000 U.S. Census. Both West Penn Township and Walker Township have shown a slight increase. It should be noted that about 2% of Rush Township does not attend T ASD due to district delineation.

**Table 1: Population Comparison of Tamaqua School District Service Area**

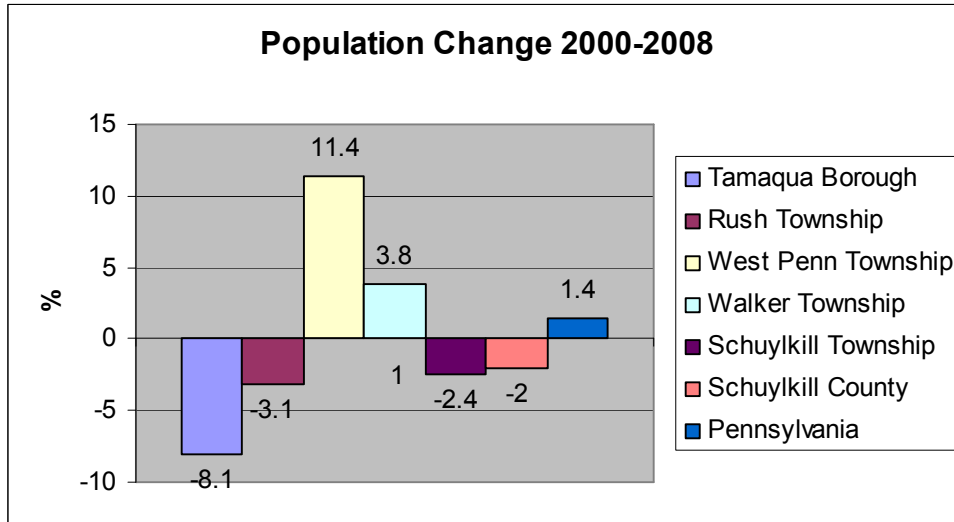
	<b>2009 U.S. Census Estimate</b>	<b>2007 U.S. Census Estimate</b>	<b>2000 U.S. Census Data</b>
<b>Tamaqua Borough</b>	6,550	6,617	7,174
<b>Rush Township</b>	3,748	3,727	3,957
<b>West Penn Township</b>	4,318	4,258	3,852
<b>Walker Township</b>	976	967	936
<b>Schuylkill Township</b>	1,093	1,096	1,123
<b>Totals</b>	16,685	16,665	17,042

### Population Change

Although the state of Pennsylvania continues to experience a steady population increase (+1.4%) since 2000, Schuylkill County has seen an overall decline in the number of residents (-2%). This trend is consistent with other rural towns in the state with a history of mining and manufacturing. Within the T ASD, only West Penn Township and Walker Township has had population growth (11.4% and 3.8% respectively).



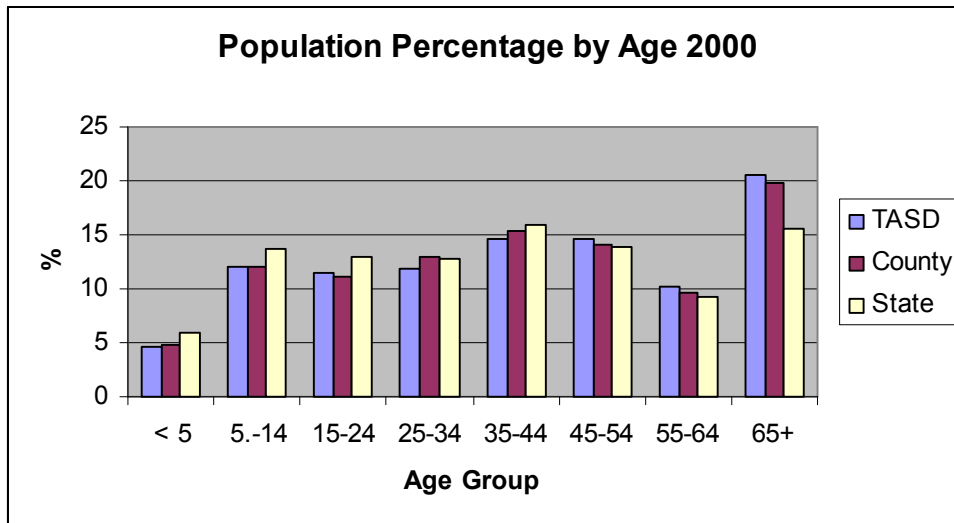
**Figure 1: Population Change within TASD**



**Age Groups**

In general, the TASD has older residents. This population difference is most notable in the category of residents over the age of 65. The elderly composed 20.5% of the school district's population in 2000 as compared to 15.6% in the state.

**Figure 2: Age of TASD Population**



**Ethnic and Racial Profiles**

Predominately white, non-Hispanic residents live within the TASD (98.3%), as well as Schuylkill County (96.6%). The county and TASD continue to report very low numbers of Black and African Americans (2.1% and 0.7% respectively) in comparison to the state of Pennsylvania.

**Table 2**

**Population Percentage by Race and Ethnicity 2000**

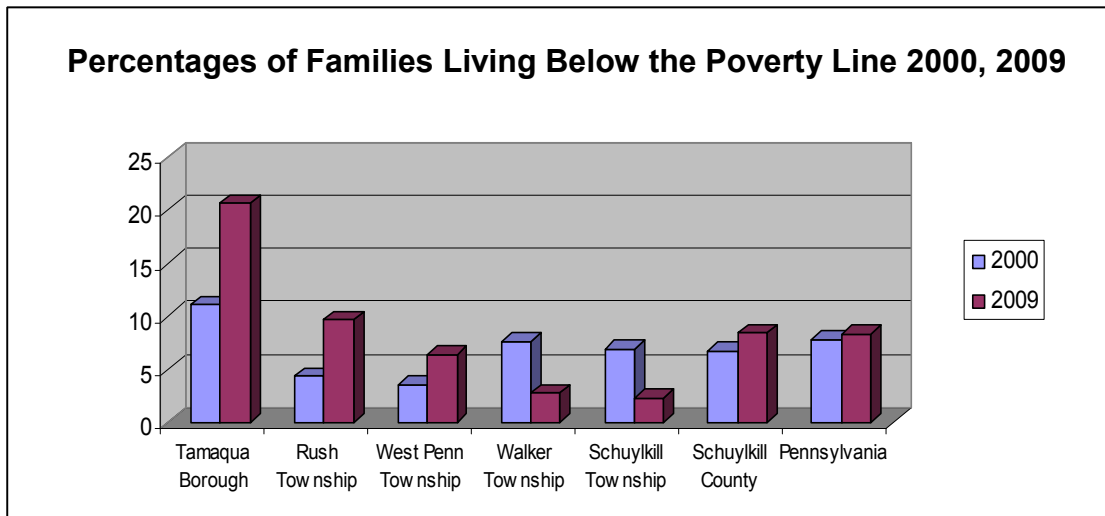
	<b>White</b>	<b>Black</b>	<b>Hispanic (of any race)</b>
<b>State of Pennsylvania</b>	85.4%	10%	3.2%
<b>Schuylkill County</b>	96.6%	2.1%	1.1%
<b>Tamaqua Area School District</b>	98.3%	0.7%	1.0%

**Socioeconomic Status**

As determined by median family income and percentage of families living below the poverty line, Schuylkill County has a comparable socioeconomic status to that of the state, with varying levels of poverty by municipality; however, according to the Bureau of Labor Statistics, the county unemployment rate in December 2010 of 9.6% remains higher than that of the state of Pennsylvania (8.1%)

In 2000, the median income average for families within the TASD was \$37,221, falling just under the state’s median family income of \$40,106. As demonstrated in the graph below, the number of families living below the poverty line increased across the state, county, and in three of the municipalities within TASD from 2000 to 2009. Only Walker Township and Schuylkill Township showed a decline in poverty over the last decade. Furthermore, the number of children qualifying for free or reduced school lunches in the TASD rose 8.4% from 2004 (24.6%) to 2009 (33%), as reported by the Pennsylvania Department of Education.

**Figure 3: Percent of Families within TASD Living Below Poverty Line**



## Agency Organization Survey

The following section presents data from 37 key informants as reported from the Agency Organization Survey. The results are discussed by category as listed in the survey.

### **Barriers to Health Care**

On a five point scale of strongly agree to strongly disagree, respondents were asked to express how much of a barrier some issues are for residents. Four of the top five identified barriers to health care are financial issues, which is in line with the struggling economy of Schuylkill County. The majority of respondents were also in agreement that the community’s lack of education and awareness surrounding health information is a barrier, especially as it relates to making healthy lifestyle choices.

**Table 3: Top 10 Barriers to Health Services**

Rank	Barrier	Mean	Strongly Agree	Agree
1	Cost of health insurance	4.39	21	11
2	Number of under- and uninsured people in county	4.27	18	14
3	The community does not practice healthy lifestyles	4.24	15	17
4	Limited funding for health services	4.22	17	11
5	High cost of health care	4.19	15	15
6	The community is unaware of available health services	4.03	13	15
7	The community is not educated about health/healthy lifestyles	4.00	10	19
8	Lack of efficient transportation	3.94	15	10
9	Availability of mental health programs	3.86	15	10
10	Lack of data regarding the community’s health service needs	3.78	8	14

### **Health and Social Issues**

Agency key informants were asked to place importance on health and social issues for residents in the T ASD. Cancer was considered to be of most importance, closely followed by alcohol, drug, and tobacco abuse.

**Table 4: Importance of Health and Social Issues**  
**Scale - 1=Very Important, 4=No Importance**

Health Issue	Mean	Very Important	Somewhat Important	Of Little Importance
Cancer	1.06	34	2	0
Alcoholism	1.08	34	3	0
Drug Abuse	1.11	34	2	1
Tobacco Use	1.11	33	4	0
Obesity	1.16	31	6	0
Diabetes	1.22	29	6	1
Lack of Exercise	1.24	29	7	1
Heart Disease	1.25	28	7	1
Hypertension	1.31	26	9	1
Teenage Pregnancy	1.43	21	16	0
Mental Illness	1.46	22	13	2
Stroke	1.54	17	17	1
Tooth Decay	1.58	19	14	2
Violence	1.84	15	15	5
Inadequate Housing	1.89	11	17	7
Racism	2.2	7	17	8
Sexually Transmitted Diseases	2.3	6	14	5
HIV/AIDS	2.33	7	13	13
Low Levels of Immunization	2.48	7	7	9
Lyme Disease	2.51	5	17	6
Low Birth Weight	2.64	1	13	9
Tuberculosis	2.92	2	12	10

**New or Extra Funding**

When asked to allocate new or extra funding across 13 health services within the county, respondents placed highest importance on the big picture of health by choosing community based primary care to receive the most funding. Key informants further emphasized the current lack of mental health services, dental services, and substance abuse treatment programs by prioritizing new funds to these issues.

**Table 5: Extra Funding Allocation by Type of Service**

Rank	Health Services	Average % Allocation
1	Community Based Primary Care	14.4%
2	Mental Health Services	14.0%
3	Substance Abuse Treatment/Recovery Programs	13.1%
4	Dental Health Services	11.1%
5	Transportation Services to Medical Providers	8.7%
6	Public Health Services	7.1%
7	School Based Services	6.2%
8	Medication and Pharmacy Programs	5.0%
9	Home Health Care	4.2%
10	Long-Term Care	4.0%
11	Emergency Room Medical Services	3.4%
12	Centralized, Information and Referral System	3.0%
13	Other	2.6%
14	Infrastructure Development	1.4%

The results for new or extra funding allocation across 7 special population groups directly reflect the current population breakdown of the county. Respondents distributed the most funds to elder care and child/adolescent health.

**Table 6: Extra Funding Allocation by Population Group**

<b>Rank</b>	<b>Population Group</b>	<b>Average % Allocation</b>
<b>1</b>	<b>Elder Care</b>	16.7%
<b>2</b>	<b>Child/Adolescent Health Services</b>	16.7%
<b>3</b>	<b>Adult Health Services</b>	15.5%
<b>4</b>	<b>Chronic Care</b>	14.1%
<b>5</b>	<b>Prenatal Care</b>	11.5%
<b>6</b>	<b>Infant Health Care</b>	11.0%
<b>7</b>	<b>Women’s Health Services</b>	10.9%
<b>8</b>	<b>Other</b>	2.7%

Finally, given the opportunity to identify any part of Schuylkill County in the greatest need of health services, almost half (n=16) of respondents listed “Tamaqua” or “Tamaqua Borough.” No other town or municipality received nearly close to as many duplicated votes. Other areas mentioned were Mahanoy City (n=3), Shenandoah (n=2), and “the entire county” (n=5).

## Community Needs Survey

The following section presents data from 381 individuals living in the TASD who completed the Community Needs Survey. The survey question/number is listed beside each heading below. The discussion of each question includes a description of the overall answers to the question. When available, there is comparison of survey data to state and national BRFSS data.

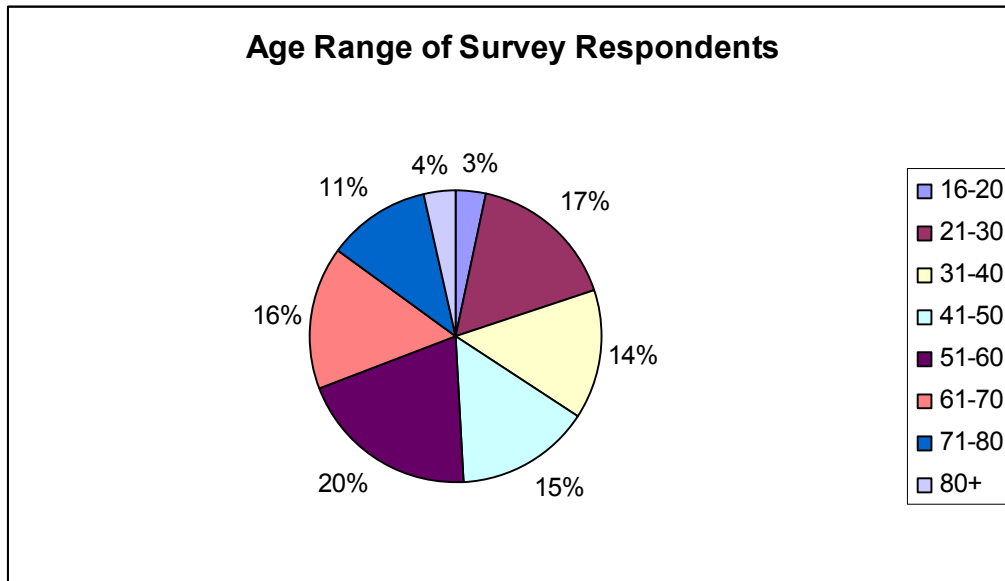
### Demographic Household Characteristics

#### **Age (Section 13 Q-A)**

n=361; Missing data=20

Survey respondent's age ranged from a minimum of 16 years old to a maximum of 88 years old, with the largest percentage (20%) between 51-60 years old.

**Figure 4: Age Range of Survey Respondents**

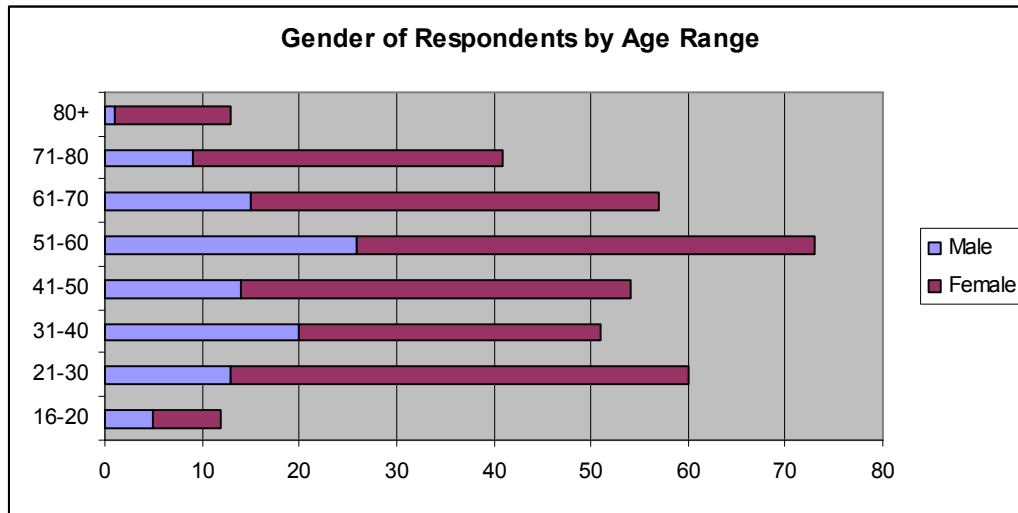


#### **Gender (Section 13 Q-B)**

n=368; Missing Data=13

Females comprise the majority of survey respondents (72% female vs. 28% male). In all age categories, females are the largest percentage completing the survey, as is typically experienced with community-based surveys. Historically, women tend to be more interested in health issues and more likely to complete surveys. Compared to state (52%) and national (51%) 2009 BRFSS data, the TASD survey had a large female response rate.

**Figure 5: Gender of Respondents by Age Range**



**Education (Section 13 Q-C)**

n=367; Missing Data=14

Respondent’s highest level of educational attainment is as follows: 4% attended some or completed grade school (1<sup>st</sup> through 8<sup>th</sup> grade); 19% attended some high school (9<sup>th</sup> through 12<sup>th</sup> grade); 33% completed high school; 31% attended some college or vocational school; 11% finished college or vocational school; 2% attended graduate school. In comparing age range to education attainment (n=304), older respondents have less education than younger respondents. The T ASD survey had a higher percentage of respondents with less than a high school education (23%) compared to state (8%) and national (8%) 2009 BRFSS; a lower percentage of respondents who completed high school (33%) compared to state (36%) data but a higher percentage compared to national (29%) data; a higher percentage who attended some college or vocational school (31%) compared to state (24%) and national (28%) data; and a lower percentage that had a college or graduate degree (13%) compared to state (32%) and national (34%) data.

**Table 7: Educational Attainment by Age Range**

Age Range (n=304)	Grade School	Some High School	Completed High School	Some College/Vocational School	Completed College/Vocational School	Graduate School	Total
16-30	1	20	21	24	5	1	72
31-60	5	32	50	60	26	5	178
61-80+	9	12	21	11	1	0	54
<b>Total</b>	15	64	92	95	32	6	304

**Race/Ethnicity (Section 13 Q-D)**

n=359; Missing Data=22

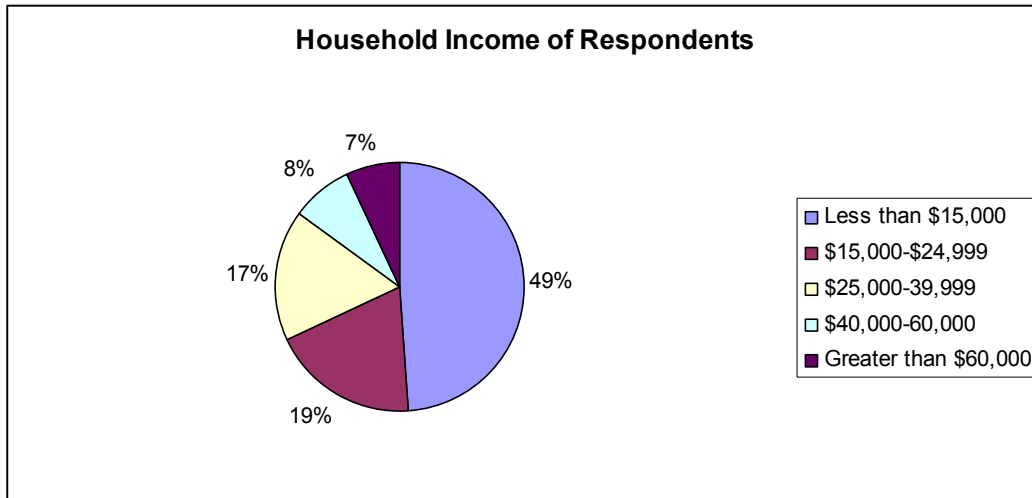
Tamaqua is predominately white. Ninety-three percent of respondents reported race as white of which 98% reported Non-Hispanic and 2% reported Hispanic; 1% Asian or Pacific Islander; 2% Black or African American of which 25% reported Hispanic and 75% reported Non-Hispanic; 3% reporting American Indian or Alaska Native of which 11% reported Hispanic and 89% reported Non-Hispanic, 1% reported other. This data is consistent with the American Communities Survey Estimates from 2005-2009 which reports 97% white in the TASD and 95% in Schuylkill County. Compared to state (83%) and national (80%) 2009 BRFSS data, the TASD survey had a larger percentage of white respondents.

**Household Income (Section 13 Q-E)**

n=360; Missing Data=21

Nearly half (49%) of respondents reported a household income of less than \$15,000. This percentage is much higher compared to state (9%) and national (9%) 2009 BRFSS data. Individuals 16-20 years old and 80 or older were more likely to report income less than \$15,000 than other age groups.

**Figure 6: Percent of Survey Respondents by Household Income**



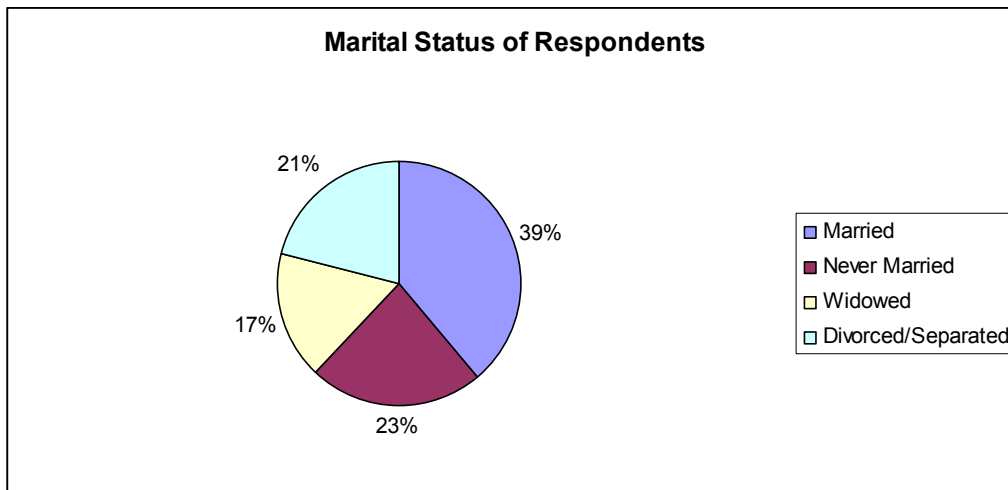
**Marital Status (Section 13 Q-F)**

n=371; Missing Data=11

Thirty-nine percent of respondents reported they were married, which is lower than state (58%) and national (62%) 2009 BRFSS data.



**Figure 7: Percent of Survey Respondents by Marital Status**



Marital status varied by income. Respondents with lower income were less likely to be married as compared to respondents with higher household incomes. Residents with a household income of less than \$15,000 were more likely to be divorced/separated (32%), never married (30%) or widowed (21%) while residents with an income of \$25,000 or greater were more likely to be married (77%).

#### **Household Composition (Section 13 Q-G, H, I, J)**

n=370; Missing Data=11

One-third of survey respondents reported living in a single person household. The remaining two-thirds reported living with other adults and/or children. Twenty-one percent reported having one or more children over the age of 18 living in the household, 28% having one or more children between the ages of 6-17 years old and 26% having one or more children younger than 6 years old.

#### **Housing Arrangements (Section 13 Q-K)**

n=372; Missing Data=9

More than half (53%) of respondents reported renting their home, 42% own and 5% reported other (living with parents, family members, partners, etc.). Of the respondents (n=356) that reported housing status and income, 72% with an income of less than \$20,000 rent. Of those who reported housing arrangement and age (n=357), more respondents age 30 and older (52%) rent versus owning their home. Less educated respondents were more likely to rent (59%) than own their own home.

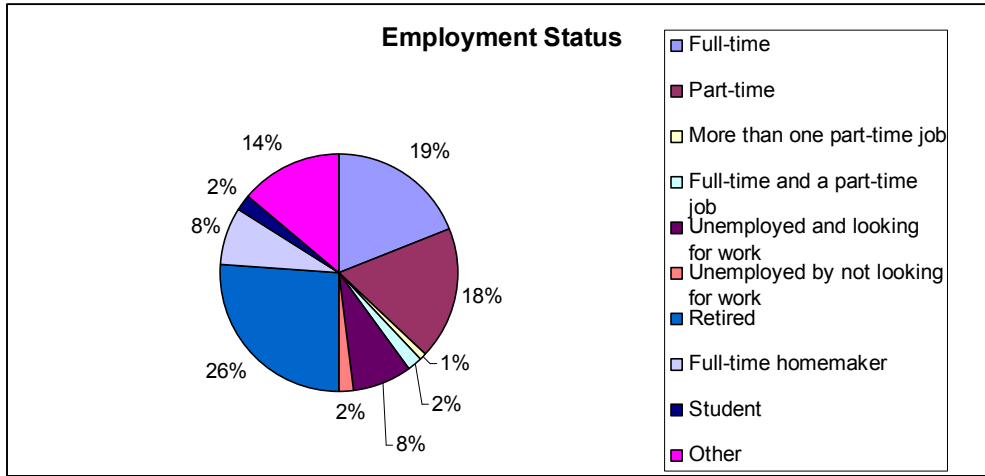
#### **Employment Status (Section 13 Q-L)**

n= 368; Missing Data=13

One quarter of respondents reported being retired, consistent with 31% of survey respondents 60 or older. Nineteen percent work full-time, 18% work part-time and 10% are unemployed. Figure 8 shows the employment status of survey respondents. As

expected, respondents who work full-time reported a higher income compared to respondents who work part-time.

**Figure 8: Employment Status of Survey Respondents**



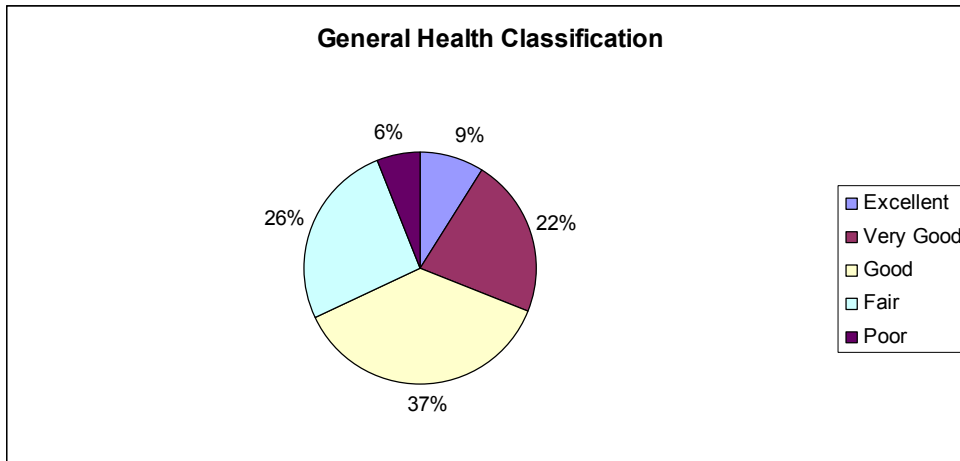
**Health and Daily Activities**

**General Health (Section 1 Q-A)**

n=381

The majority (68%) of respondents reported their general health status as good to excellent. This percentage is lower than the state (85%) and national (86%) 2009 BRFSS data. Lower income and individuals over age 50 were less likely to report good or excellent health status.

**Figure 9: General Health Classification of Survey Respondents**

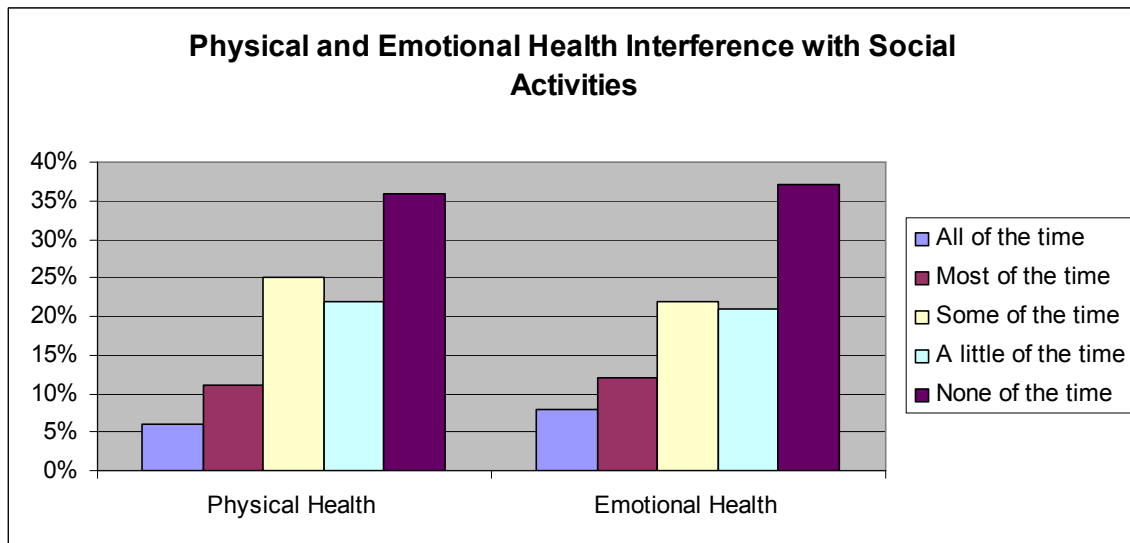


**Physical Health and Emotional Health Interference with Social Activities (Section 1 Q-B and Q-C)**

n=381

Seventeen percent of respondents reported physical health and 20% reported emotional health interferes with normal social activities all or most of the time. Additionally, half of these respondents also reported their general health as poor or fair. For those reporting their physical health interfered with social activities, 56% were older than 50.

**Figure 10: Classification of Physical and Emotional Health Interference with Normal Social Activities**



**Limitations Due to Physical, Mental or Emotional Problems (Section 1 Q-D)**

n=377; Missing Data=4

Overall, 42% of respondents reported having physical, mental or emotional limitations. However, 64% of these respondents are over the age of 50. Residents of the T ASD are more likely to have physical, mental or emotional limitations as compared to state and national BRFSS respondents (19% and 19% respectively).

**Health Problems Requiring Special Equipment (Section 1 Q-E)**

n=379; Missing Data=2

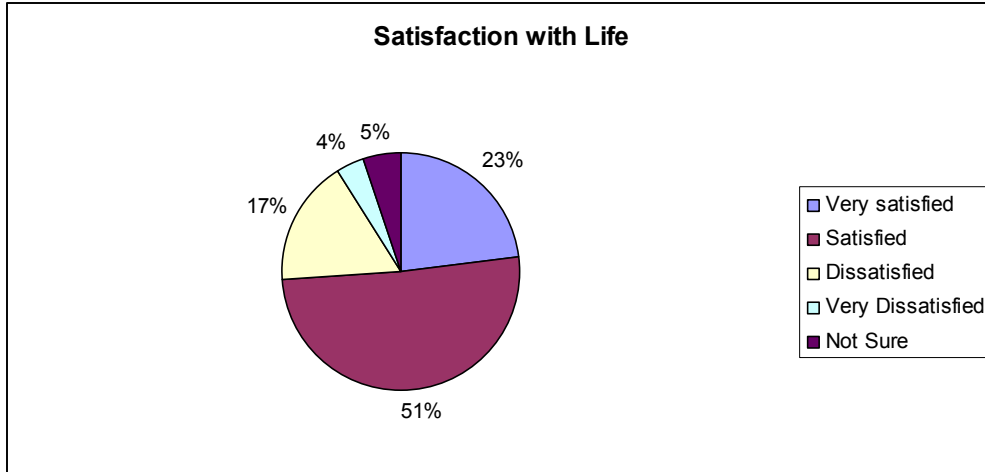
Twenty-percent of respondents require special equipment for health problems. Of those, 73% are age 51 years old and older. Compared to state and national data, a higher percentage of residents of the T ASD need special equipment for health problems (20% of survey respondents vs. 8% of state BRFSS respondents and 7% national BRFSS respondents).

### Satisfaction with Life (Section 1 Q-F)

n=379; Missing Data=2

Seventy-four percent of respondents reported being satisfied or very satisfied with their life. Of the 81 respondents who reported being dissatisfied or very dissatisfied with their life, 78% reported their general health was fair or poor and 74% reported that physical, mental or emotional health limits activities. Additionally, 80% reported a household income of less than \$25,000.

**Figure 11: Respondents Satisfaction with Life**

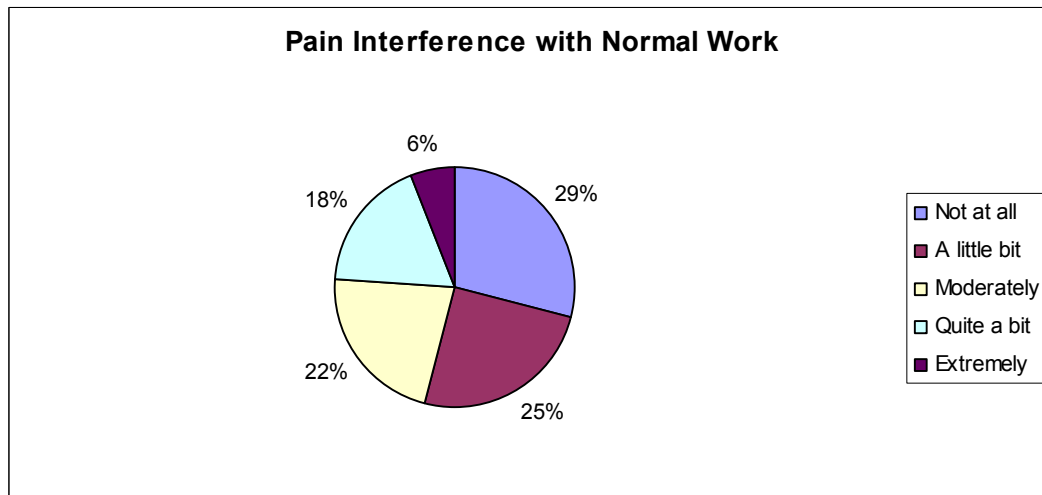


### Pain Interference with Normal Work (Section 1 Q-G)

n=379; Missing Data=2

Less than half (46%) of respondents reported that pain interferes with normal work. Seventy-eight percent who reported that pain interferes with normal work, reported their satisfaction with life as dissatisfied or very dissatisfied.

**Figure 12: Respondent's Classification of Pain Interference with Normal Work**



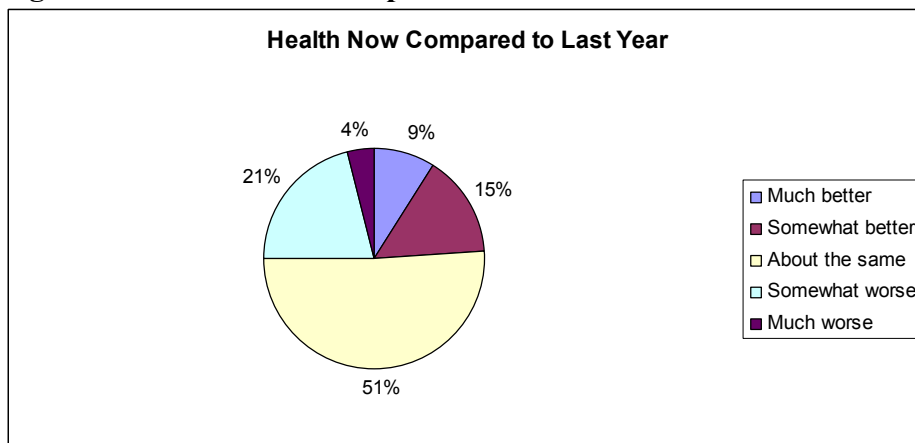
## Health Now Compared to Last Year

### **Health Now Compared to Last Year (Section 2 Q-A)**

n=380; Missing Data=1

The majority of respondents (51%) reported that their health is about the same this year compared to last year. Forty-one percent of the 94 respondents who reported that their health now compared to last year is somewhat worse or much worse reported that they are dissatisfied or very dissatisfied with their life. Additionally, seventy-five percent of the same 94 respondents reported that their activities are limited due to physical, mental or emotional problems.

**Figure 13: Health Now Compared to Last Year**



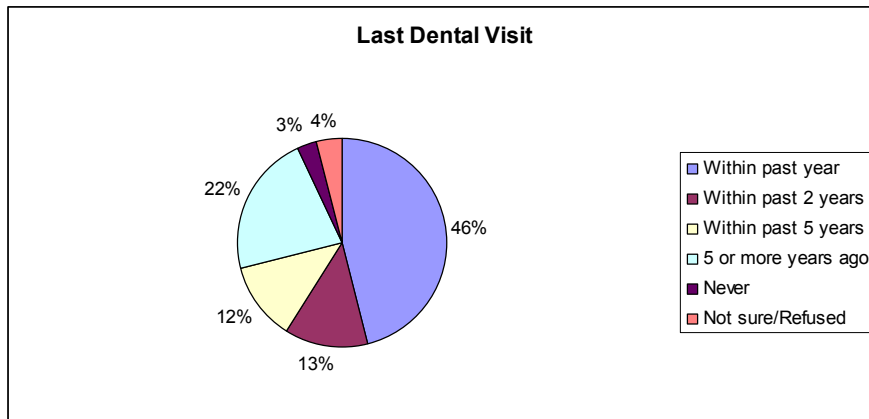
## Oral Health

### **Last Oral Health Visit (Section 3 Q-A)**

n=379; Missing Data=2

Forty-six percent of respondents had a dental exam in the past year. This percentage is low compared to 2008 state (71%) and national (71%) BRFSS data. Twelve percent of respondents reported not having a dental exam within the past five years and 22% in five or more years.

**Figure 14: Last Time Survey Respondents Visited a Dentist**

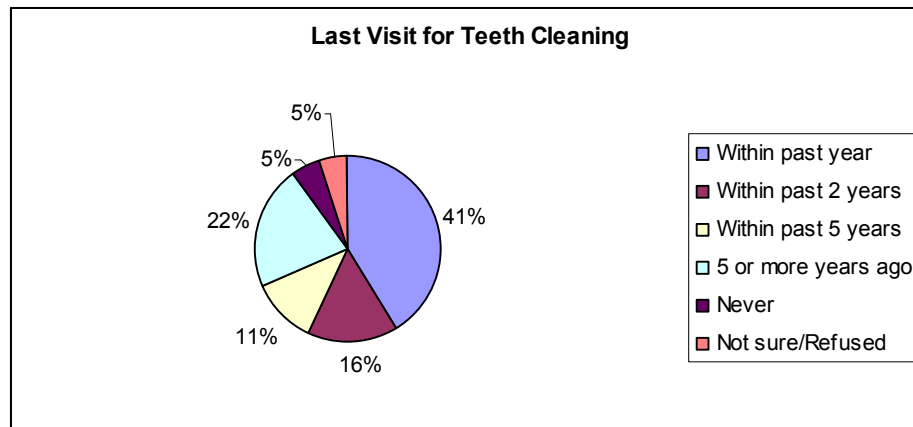


**Last Time Teeth Were Cleaned (Section 3 Q-B)**

n=379; Missing Data=2

Forty-one percent of respondents reported having their teeth cleaned within the past year, and 34% reported not having their teeth cleaned in the past 5 years.

**Figure 15: Last Time Survey Respondents Had Teeth Cleaned**



**Immunization**

**Seasonal Flu Vaccine (Section 4 Q-A, Q-B and Q-C)**

n=379; Missing Data=2

Less than half (41%) of respondents had a seasonal flu shot and less than 1% had a seasonal flu vaccine sprayed into the nose this past year. Of the 156 respondents that reported having a flu shot, 50% are 61 years old or older. One third of respondents reported ever having a pneumonia shot.

## **Falls**

(For respondents 45 years or older.)

### **Number of Falls (Section 5 Q-A and Q-B)**

n=213; Missing Data=168

Of the 213 respondents who are 45 years or older that answered the question, 17% reported they have fallen 1-2 times, 7% have fallen 3-4 times and 1% have fallen 5 or more times in the past three months. Forty-six percent of respondents who reported 1 or more falls also reported using special equipment such as a wheelchair, cane, etc. Of the 54 clients that reported falling 1 or more times, 67% reported that the falls caused injury, which limited regular activities for at least one day or required a visit to the doctor.

## **Medical History**

### **Chronic Conditions (Section 6 Q-A)**

n=381

The five most prevalent conditions reported by survey respondents were:

- Hypertension 43%
- Diabetes 23%
- Migraines 23%
- Asthma 21%
- Mental Health Problems 17%

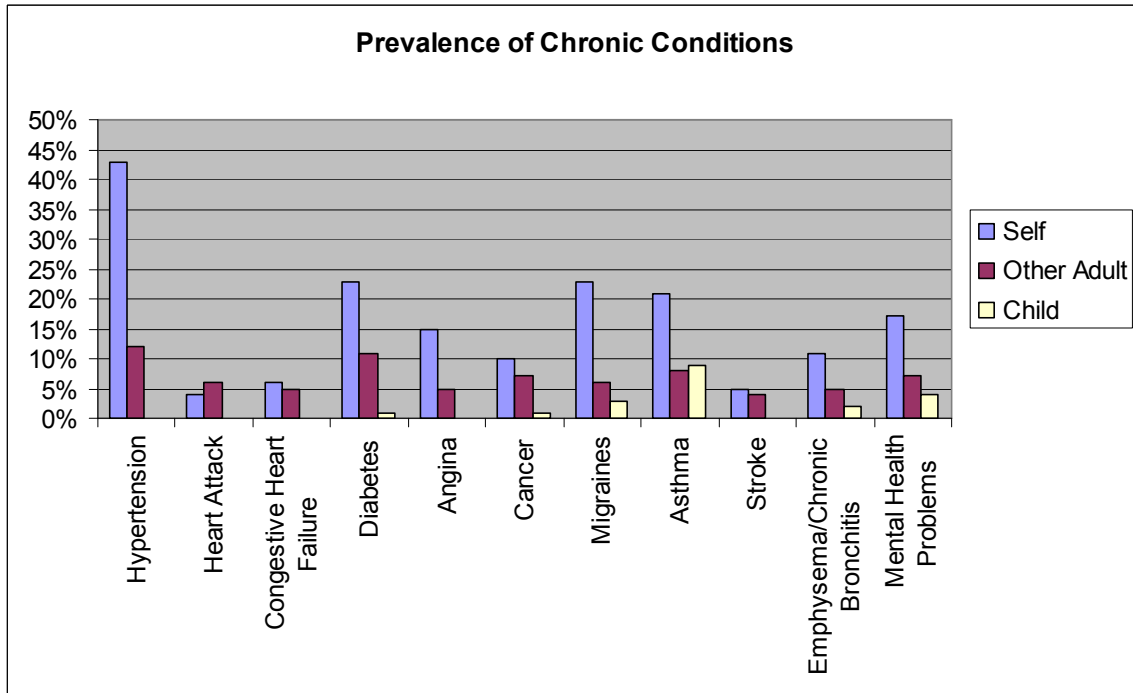
The five most prevalent conditions reported for other adults living in the household were:

- Hypertension 12%
- Diabetes 11%
- Asthma 8%
- Mental Health Problems 7%
- Cancer 7%

The most prevalent conditions reported for children living in the household were:

- Asthma 8%
- Mental Health Problems 4%
- Migraines 3%
- Chronic Bronchitis 2%
- Diabetes 1%

**Figure 16: Prevalence of Chronic Conditions**



Prevalence rates comparing chronic conditions available from BRFSS data are below in Table 8.

**Table 8: Chronic Condition Prevalence Data**

	Survey	Pennsylvania	National
Hypertension	43%	31%	29%
Diabetes	23%	9%	8%
Asthma	21%	13%	13%
Angina	15%	5%	4%
Stroke	5%	2%	2%
Heart Attack	4%	5%	4%

**Women’s Health**

(265 Women Completed the Survey)

**Women’s Preventive Screenings (Section 7 Q-A)**

There is some variation as to when mammograms are recommended with some healthcare providers recommending annual mammograms after the age of 40 and others after the age of 50. In this report, mammograms are calculated using the recommendation after the age of 40. Fifty-one percent of women had a breast exam (n=265) in the past 12 months, 67% of women 40 and older had a mammogram (n=169) in the past two years and 66% of women 18 and older had a pap smear (n=250) within the past two years. In comparing mammogram and pap smear survey data to state and national 2008 BRFSS data, pap smear data in the survey is reported within the past two years and BRFSS data



is reported within the past three years. Although the data is measured differently, it still is a good indicator that women living in the TASD have lower rates of preventive screenings.

**Table 9: TASD Pap Smear and Mammogram Rates Compared to State and National Rates**

	<b>Survey Rate</b>	<b>State BRFSS Rate</b>	<b>National BRFSS Rate</b>
<b>Pap Smear</b>	66% (reported within past 2 years)	82% (reported within past 3 years)	83% (reported within past 3 years)
<b>Mammogram</b>	51%	76%	76%

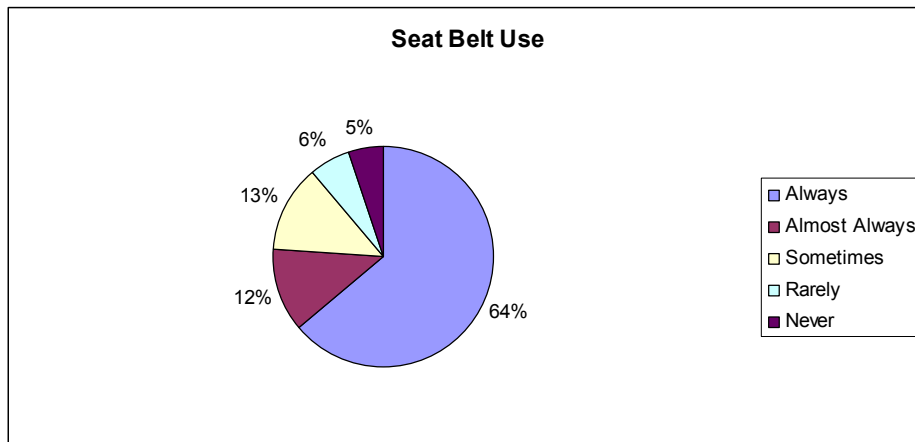
**Health Habits**

**Seat Belt Use (Section 8 Q-A)**

n=380; Missing Data=1

More than half (64%) of survey respondents always use a seatbelt when they drive or ride in a vehicle. This rate is lower than the national 2008 rate of 83% reported by the National Occupant Protection Use Survey. Additionally, older respondents were slightly more likely to always wear their seatbelt than younger respondents.

**Figure 17: Survey Respondents Reported Seat Belt Use**



**Physical Activity (Section 8 Q-B)**

n=381

Sixty-three percent of respondents reported participating in physical activity other than their regular job during the past month. Compared to national (76%) and state (74%) 2009 BRFSS data, TASD residents are less likely to participate in physical activity. More male respondents reported participating in physical activity than females (72% vs. 58%). Forty-four percent of respondents reported exercising 2-3 times per week.

### Alcohol Consumption (Section 8 Q-C and Q-D)

n=380; Missing Data=1

Forty percent of respondents reported having consumed at least one alcoholic beverage within the past month. Compared to national (54%) and state (55%) 2009 BRFSS data, TASD residents are less likely to consume one drink of alcohol within the past month. Men (42%) are more likely to consume alcohol beverages than females (38%). Respondents who have an income of less than \$25,000 are also more likely to consume alcohol (61%). Sixty-one percent of respondents who reported having consumed at least one alcohol beverage within the past month reported having 3 or less alcohol beverages per week, 26% reported having 4 or more alcohol beverages per week and 13% reported not having alcohol beverages weekly.

### Driving After Drinking Alcohol Beverages (Section 8 Q-E)

n=375; Missing Data=6

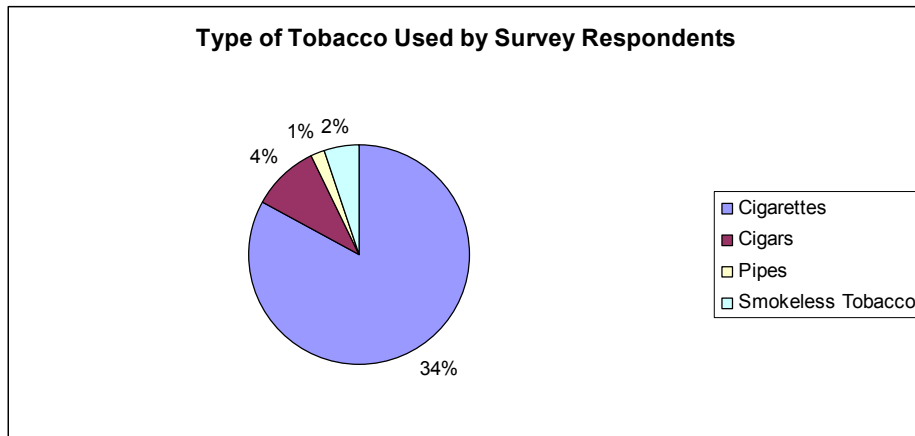
The majority of respondents (95%) reported that they never drive after drinking two or more alcoholic beverages in the hour before they drove, 4% reported they have 1-2 times and 1% reported they have greater than 3 times.

### Tobacco Use (Section 8 Q-F, Q-G, Q-H and Q-I)

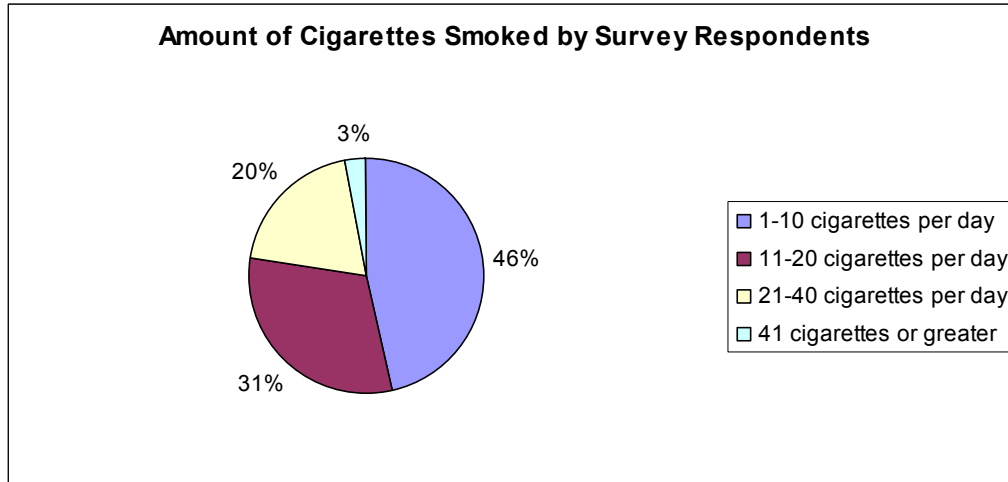
n=378; Missing Data=5

Figure 18 shows the type of tobacco used by survey respondents. To compare smoking rates to state and national data, the percent who currently smoke cigarettes only is being used. Thirty-four percent of survey respondents reported currently smoking cigarettes. TASD residents have a higher tobacco use rate compared to state (20%) and national (18%) 2009 BRFSS respondents. Respondents with an income of less than \$25,000 (38%) are more likely to smoke compared to respondents with an income of \$25,000 or greater (26%). Males (36%) are slightly more likely to smoke cigarettes than females (34%). Of the 128 respondents that reported smoking cigarettes, 110 reported the amount they smoke. See Figure 19 for the amount respondents smoke.

**Figure 18: Type of Tobacco Used by Survey Respondents**



**Figure 19: Amount of Cigarettes Smoked as Reported by Survey Respondents**

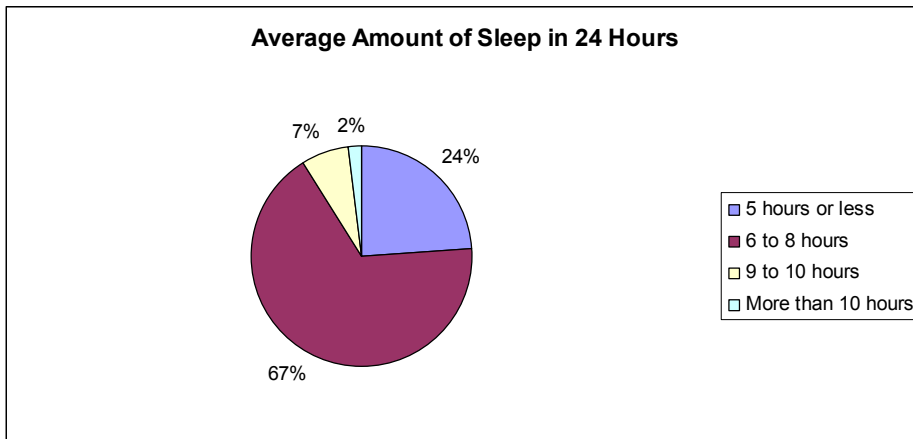


**Amount of Sleep in a 24 Hour Period (Section 8 Q-J)**

n=372; Missing Data=9

Seventy-six percent of respondents reported getting 6 or more hours of sleep in a 24 hour period. In general, male respondents (81%) reported getting more sleep than female respondents (73%).

**Figure 20: Average Amount of Sleep in 24 Hours as Reported by Survey Respondents**



**Body Mass Index (Section 8 Q-K and Q-L)**

n=368; Missing Data=13

Body Mass Index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. BMI Categories are as follows:

- Underweight = <18.5
- Normal weight = 18.5–24.9

- Overweight = 25–29.9
- Obese = BMI of 30 or greater

The majority of survey respondents (47%) are obese based on their calculated BMI. TASD residents are more likely to be obese as compared to national (27%) and state (28%) 2009 BRFSS data. Only one-fourth of survey respondents are of normal weight. Additionally, females (47%) are more likely to be obese compared to males (44%). Slightly more than half of the respondents who have a household income of less than \$25,000 are obese. Table 10 shows the calculated BMI range for survey respondents.

**Table 10: Calculated BMI Range of Survey Respondents**

	<b>Percent of Survey Respondents</b>
<b>Underweight &lt;18.5</b>	2%
<b>Normal Weight 18.5-24.9</b>	25%
<b>Overweight 25-29.9</b>	26%
<b>Obesity &gt;30</b>	47%

Comparing TASD health data reported June 2010 to Schuylkill County PA DOH 2007-2008 data (most recent data available), more children grades kindergarten through 6 from the TASD are overweight and obese as compared to the county. In grades 7 through 12, slightly more children are overweight in the TASD as compared to the county, but fewer are obese. Table 11 shows the overweight and obesity charts for the TASD and county.

**Table 11: Overweight and Obesity Rates for TASD compared to Schuylkill County**

	<b>TASD</b>		<b>Schuylkill County</b>	
	<b>Grades K-6</b> (n=177)	<b>Grades 7-12</b> (n=931)	<b>Grades K-6</b> (n=11,006)	<b>Grades 7-12</b> (n=10,461)
<b>Overweight</b> (BMI 85 <sup>th</sup> to < 95 <sup>th</sup> Percentile)	17%	17%	15%	16%
<b>Obese</b> (BMI >= 95 <sup>th</sup> Percentile)	25%	20%	21%	22%

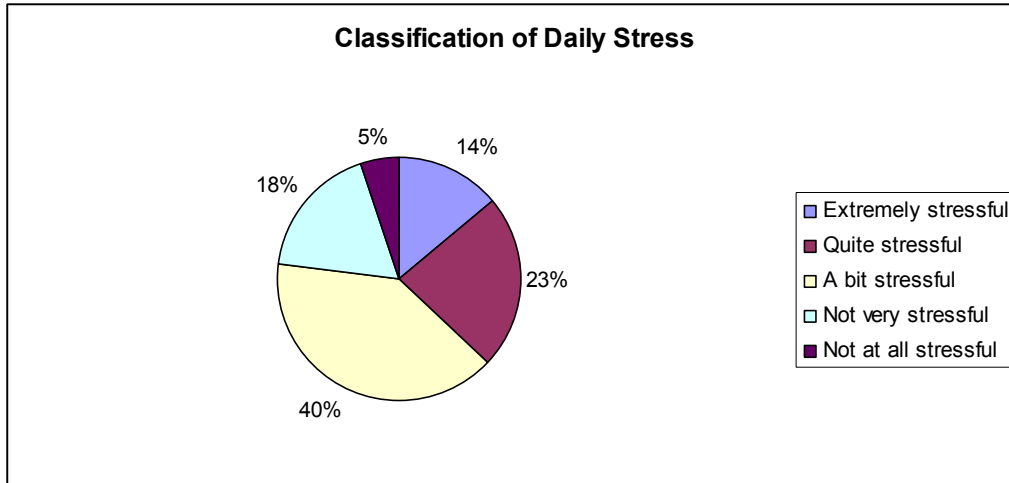
**Stress (Section 8 Q-M)**

n=381

Forty percent of respondents reported that most days their lives are a bit stressful. Stress level did not differ by gender as 38% of males and 37% of females reported that most days their life is either quite or extremely stressful. Seventy-six percent of respondents

who reported that most days are quite or extremely stressful reported a household income of less than \$25,000. Despite reporting either quite or extremely stressful lives, 60% of these respondents reported that they are satisfied or very satisfied with their lives.

**Figure 21: Survey Respondents Classification of Daily Stress**

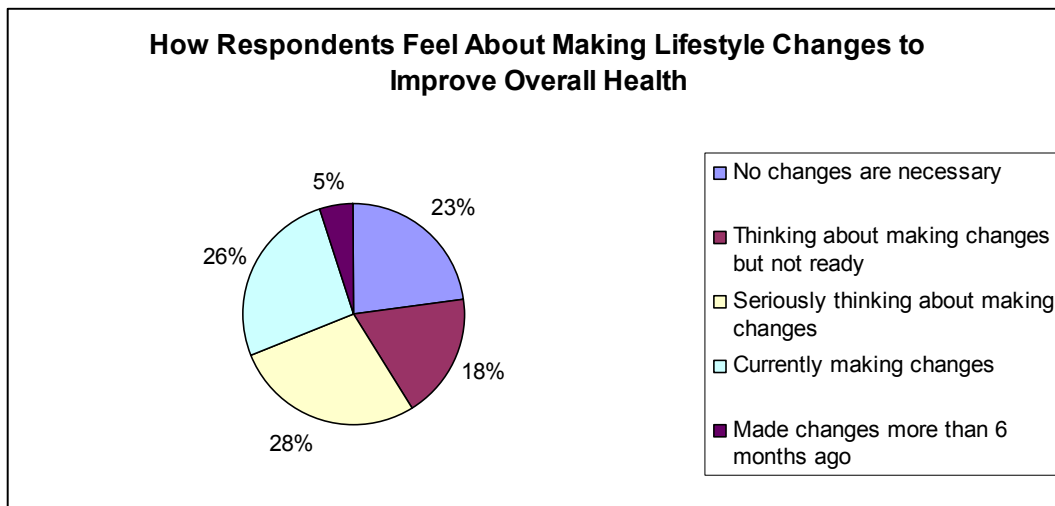


**Readiness to Make Lifestyle Changes (Section 8 Q-N)**

n=376; Missing Data=5

The majority of respondents (59%) are seriously thinking about making lifestyle changes or have made lifestyle changes to improve overall health and quality of life.

**Figure 22: How Survey Respondents Feel About Making Lifestyle Changes to Improve Overall Health and Quality of Life**



## **Community Issues**

Survey respondents were asked to rank a series of 24 community issues on a scale ranging from “not a problem” to “very serious problem.” Table 10 ranks the community issues based on percent reporting the issues as “very serious” or “serious” problem.

**Table 13: Percent of Respondents Reporting Community Issues as “Very Serious” or “Serious” Problem**

<b>Community Issue</b>	<b>n Value</b>	<b>Mean</b>	<b>Very Serious Problem</b>	<b>Serious Problem</b>
Unemployment	371	3.78	43%	28%
Alcohol Abuse	369	3.57	36%	28%
Illegal Drug Use	372	3.56	36%	28%
Poverty	368	3.44	29%	23%
Lack of Recreational/Cultural Activities	364	3.29	28%	19%
Crime	366	3.12	21%	23%
Youth Violence	361	3.01	15%	19%
Public Transportation	364	2.96	23%	15%
Domestic Violence	361	2.90	16%	17%
Racism	363	2.85	17%	17%
Mental Health Issues	352	2.80	14%	17%
Availability of Affordable Housing	362	2.79	16%	16%
Access to Health Care	365	2.77	17%	16%
Child Abuse	356	2.76	12%	16%
Dental Care	359	2.75	17%	16%
Quality of Local Government/Leadership	359	2.71	16%	11%
Water Quality	366	2.71	16%	16%
People Moving into the County	366	2.69	15%	15%
Air Pollution	359	2.67	13%	14%
Quality of Public Services	359	2.64	13%	14%
Neighborhood Safety	364	2.51	8%	13%
Landlord or Tenant Issues	354	2.49	14%	12%
Quality of Public Schools	352	2.39	10%	11%
Homelessness	361	2.37	9%	8%

Unemployment was the number one issue of concern for residents with 71% of respondents citing it as a serious or very serious problem followed by alcohol abuse (64%), illegal drug use (64%), poverty (52%) and lack of recreational and cultural activities (47%).

## **Places of Care**

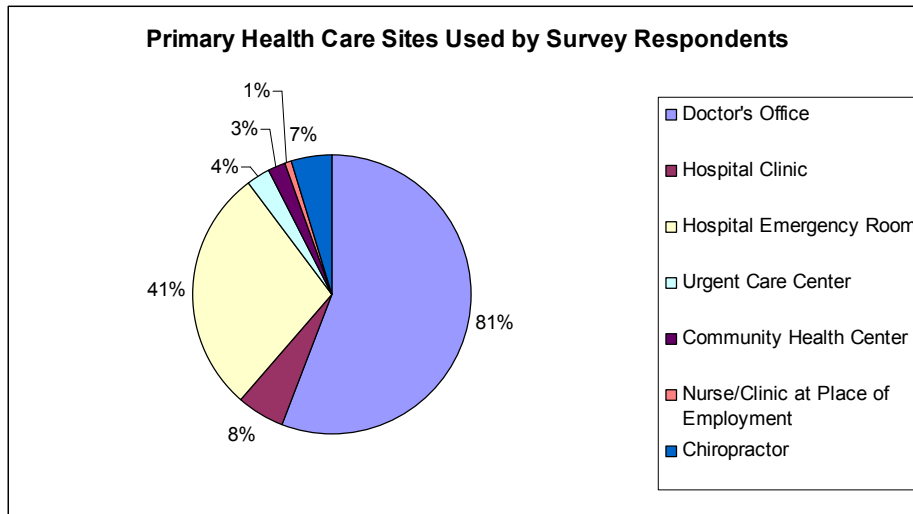
### **Primary Health Care (Section 10 Q-A and Q-B)**

n=369; Missing Data=12 (Respondents may have reported more than one answer)

The majority of respondents (87%) reported having a particular person or place for primary health care. Eighty-one percent of respondents reported going to a doctor’s office for primary care or when health advice is needed. Additionally, 41% reported going to a

hospital emergency room when needing primary care or health advice, although 130 of these respondents also reported using a doctor’s office for primary care. Of the respondents who reported using the hospital emergency room, 80% reported an income of less than \$25,000. In reviewing all the sites used for primary health care, respondents reported utilizing these sites at a minimum of one time in the past year up to fifty times, with the majority of respondents reporting 6 or less times in the past year. Figure 23 shows the percent of respondents reporting where they receive primary health care. The total percentage is greater than 100 due to respondents reporting more than one response.

**Figure 23: Primary Health Care Sites Used by Survey Respondents**



**Emergency Room Utilization (Section 10 Q-C and Q-D)**

n=364; Missing Data=17

Twenty-six percent of respondents reported utilizing the emergency room instead of a doctor’s office when sick. Again, lower income residents have higher emergency room utilization. Seventy-eight percent of respondents who reported using the emergency room also reported an income of less than \$25,000. Table 14 shows five reasons why respondents reported utilizing the emergency department. Respondents may have reported more than one answer as to why they utilize the emergency room.

**Table 14: Reasons Respondents Utilize the Emergency Department**

Reason	Response Rate
Doctor’s office not open when I seek care	46%
I was very sick or injured	35%
The emergency department is easier to get to	21%
I don’t have a regular doctor	18%
I do not have insurance	9%

In reviewing secondary data collected from the St. Luke’s Miners Memorial Hospital Emergency Department, the top ten reasons for visiting the emergency Department based on admitting diagnosis are:

1. Limb Pain
2. Backache
3. Abdominal Pain
4. Chest Pain
5. Open Wound Site
6. Cough
7. Lower Leg Injury
8. Shortness of Breath
9. Fever
10. Vomiting

**Hospital Admissions (Section 10 Q-E)**

n=368; Missing Data=13

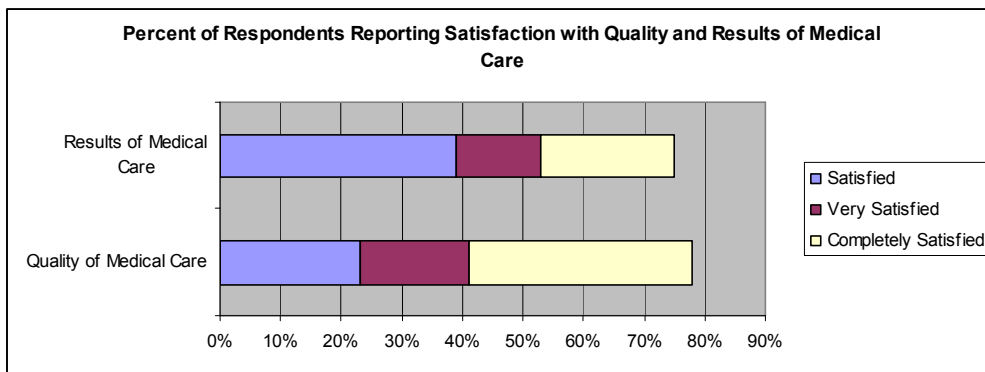
Fourteen percent of respondents reported having an overnight stay or longer in the hospital within the past 6 months. Of the respondents who reported staying in the hospital (n=50), 59% were older than 50.

**Satisfaction with Quality and Result of Medical Care (Section 10 Q-F)**

n=360; Missing Data=21

Respondents were asked to rate the quality and results of their health care on a scale ranging from “completely satisfied” to “completely dissatisfied.” The majority of respondents reported being “satisfied”, “very satisfied” or “completely satisfied”. Figure 24 shows the response rate for each. Eighty-two percent of respondents who reported satisfaction with quality of medical care and 78% who report satisfaction with results of medical care receive primary care from a doctor’s office.

**Figure 24: Percent of Respondents Reporting Satisfaction with Quality and Results of Medical Care**





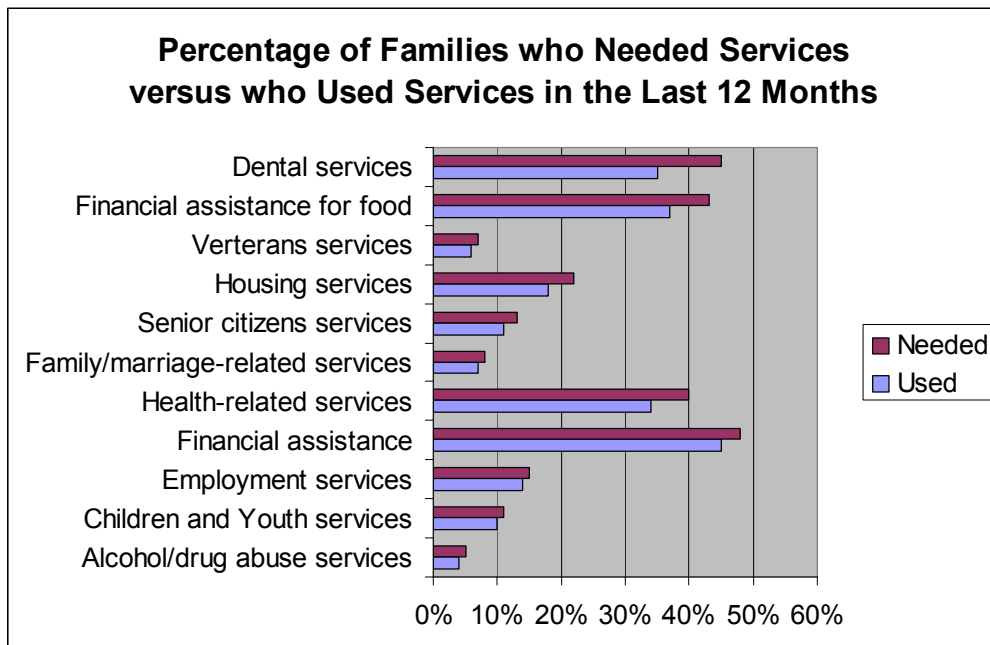
**Distance to Health Care Provider/Specialists (Section 10 Q-G, Q-H and Q-I)**  
n= 352; Missing Data=29

Of the 352 respondents who reported travel time to their health care provider, 65% reported traveling 15 minutes or less, 30% reported 30-60 minutes and 5% reported greater than 60 minutes. Respondents reported that they are willing to increase their travel time if needed to seek care. The maximum amount of time respondents are willing to travel for primary medical care is as follows: 17% expressed willingness to travel 15 minutes or less, 70% reported 30-60 minutes and 13% reported greater than 60 minutes. TASH residents typically do not have access to specialty care, as identified under the medically underserved area/population designation (MUA). When asked what is the maximum amount of time a respondent is willing to travel to seek specialty care, the response rates for travel time increases. The majority of respondents (60%) are willing to travel 30-60 minutes to see a specialist, with 33% reporting they are willing to travel more than 60 minutes and only 7% reporting 15 minutes or less.

**Other Services**

Across all service areas, more survey respondents needed services in the last 12 months than used services. The largest disparity is found in dental service rates, with 45% of families reporting a need for services, but only 35% reporting to have received dental care. Almost half of respondents reported a need for general financial assistance (48%), and 43% for financial assistance for food. Health-related services were also needed by residents (40%), but only 34% received that health care.

**Figure 25: Percent of Families Who Needed Services vs. Who Used Service in the Last 12 Months**



## **Health Insurance**

### **Type of Health Insurance (Section 12 Q-A)**

n=371; Missing Data=10

Fifteen percent of TASD residents reported having no health insurance. TASD has a higher uninsured rate compared to state (11%) and national (14%) 2009 BRFSS data and to the county (11%) according to Robert Wood Johnson 2010 County Health Rankings. Of the 55 respondents that reported having no health insurance, 60% reported working part-time only or being unemployed and looking for work. Additionally, 36% reported utilizing the emergency department for medical care.

### **Type of Medical Insurance (Section 12 Q-B)**

n= 359; Missing 22

When answering the insurance type questions, respondents were given the opportunity to choose more than one insurance type. The following table shows the response rate for insurance type.

**Table 15: Number of Responses for Each Insurance Type**

	<b># of Responses</b>	<b>% Response</b>
<b>Medicaid Only</b>	40	11%
<b>Medicare Only</b>	85	24%
<b>Medicare/Medicaid</b>	37	10%
<b>Private Insurance Only</b>	87	24%
<b>Medicare/Private Insurance or Subsidized Insurance</b>	49	14%
<b>Uninsured</b>	55	15%
<b>Other</b>	6	2%

### **Insurance Coverage (Section 12 Q-C)**

Respondents were asked to report what services are covered by their insurance plan. The following table lists the “yes” response rate for each service.

**Table 16: Response Rate for Health/Social Services Covered by Insurance**

	<b>n Value</b>	<b>% Reporting Yes</b>
<b>Dental Services</b>	316	58%
<b>Vision Services</b>	317	57%
<b>Mental Health Services</b>	316	59%
<b>Drug and Alcohol Abuse Services</b>	315	39%
<b>Prescription Services</b>	319	88%

**Length of Time without Health Insurance (Section 12 Q-D)**

n=357; Missing Data=24

Respondents were asked to report the length of time over the past 3 years that they have been without health insurance. The majority of respondents (67%) reported that they have not been without health insurance over the specified time frame. Eighteen percent reported not having health insurance for 13 months or longer. One-fourth of these respondents work part-time.

## “Report Card”

The Robert Wood Johnson County Health Rankings 2010 places Schuylkill County 60<sup>th</sup> out of 67 counties in Pennsylvania for its health status as determined by multiple health indicators.

Below is a breakdown of county data in relation to Pennsylvania data. When available, local data collected from the Community Needs Survey and secondary data sources are also included.

**Table 17: Community Health Report Card**

	TASD Service Area	Schuylkill County	Pennsylvania
<b>Health Outcomes</b>			
Premature death	-	8,652	7,465
Poor or fair health	32%	18%	14%
Low birthweight	-	7%	8%
<b>Health Factors</b>			
<i>Health Behaviors</i>			
Adult smoking	34%	25%	23%
Adult obesity	47%	30%	28%
Childhood obesity	25%	21%	17%
K-6	20%	22%	17%
7-12	-	20%	17%
Binge drinking	-	20%	17%
Teen birth rate (per 1,000 female teens)	-	32	31
<i>Clinical Care</i>			
Uninsured adults	15%	11%	12%
Primary care provider rate	-	53	119
Diabetic screening	-	82%	82%
<i>Social &amp; Economic Factors</i>			
High school graduation	77%	85%	83%
College degrees	13%	13%	26%
Unemployment	10%	6%	5%
Inadequate social support	-	23%	21%
Single-parent households	-	9%	9%
Violent crime rate (per 100,000 people)	-	197	427
<i>Physical Environment</i>			
Air pollution-ozone days	-	9	9
Access to healthy foods	-	27%	36%
Liquor store density (per 10,000 people)	-	2.0	1.4

## **Where Do We Go From Here?**

The data from The Tamaqua Health Needs Assessment will only find its value in practical application through work of the TACP, as well as in other community settings that can use the data for planning and evaluation purposes. The TACP must work to develop strategies for both disseminating the information gathered by the assessment and initiating action based on these findings. It is recommended that the TACP continue to build and strengthen partnerships with community agencies, the TASP, medical providers and community leaders to focus efforts on the following priorities listed in no particular order:

1. Chronic Disease Management
2. Wellness and Chronic Disease Prevention
3. Obesity Prevention
4. Substance Abuse including tobacco, illegal drugs and alcohol
5. Access to Care for Under/Uninsured for Medical, Dental and Mental Health Services
6. Strong Health Education Programs to Disseminate Targeted Health Messages
7. Studying How the Community Seeks Health Information and Responds to Targeted Health Messages
8. Expansion of Recreational and Cultural Activities
9. Services for the Growing Elderly Population
10. Community and Economic Development to Address the High Rates of Poverty and Unemployment

Questions pertaining to the assessment and above report can be directed to St. Luke's Hospital Community Health Department at 610-954-2100.