

Community Health Status Assessment 2007

# Key Informant Interviews Summary

Commissioned by:



## Methodology

As part of the overall Health Status Assessment study conducted by the Carlisle Area Health & Wellness Foundation in 2006/2007, a total of 20 in-depth interviews were conducted. These key informants were selected based on their background, experience and expertise in the areas identified as priorities in the household survey designed from the Behavioral Risk Factor Surveillance System (BRFSS) survey administered by the Centers for Disease Control & Prevention (CDC) and the Pennsylvania Department of Health.

At the beginning of the Health Status Assessment process, a number of individuals were suggested by steering committee members to participate in the in-depth interviews. Selected participants were prioritized based on the fit of their expertise with the final sections of the household survey.

Contact information on the selected participants was compiled by the Carlisle Area Health & Wellness Foundation and letters were sent in January 2007, asking for their participation in the interview process. Melanie Geci of Strategy Solutions, followed up with phone calls to schedule the interviews. Interviews were conducted by telephone during February and early March 2007. Several of the interviews had to be rescheduled due to several days of inclement weather in the Carlisle area that caused business closings. Interviews were conducted by Melanie Geci and JT Rehill of Strategy Solutions.

Interviewees included the following:

	<b>Topic</b>	<b>Expert Name</b>	<b>Representing Agency</b>
1	General Health	Dr. Anthony Guarracino	Carlisle Regional Medical Center Director of Emergency Department
2	General Health/ Immunizations	Stephanie Gellatly, RN	Cumberland County State Health Center Community Health Nurse
3	Access & Coverage	Elaine Herstek	Sadler Health Center, Executive Director
4	Access & Coverage	Elaine Livas	Project SHARE, Executive Director
5	Access & Coverage	Sen. Pat Vance	State Senator
6	Access & Coverage	Jim Washington	Hope Station, Executive Director
7	Activity/Exercise	Betsy Aumiller	Byrnes Health Education Center, Director of Adult Education
8	Diabetes	Andrew J. Behnke, MD	Cumberland Valley Endocrinology Center, Endocrinologist
9	Asthma	Philip D. Carey MD	Pulmonologist
10	Tobacco	Glenys DiLissio	Perry Human Services, Executive Director
11	Alcohol Addiction	Jack Carroll	Cumberland Perry Drug & Alcohol Commission, Executive Director
12	Domestic Violence Services	Deb Donahue	Domestic Violence Services of Cumberland/Perry Counties, Executive Director
13	Consumer Information/ Nutrition	Rayna Cooper	Family Health Council of Central PA Inc., Nutrition Education Administrative Specialist
14	Mental Health	Silvia Herman	Cumberland County MH/MR, Mental Health Director
15	Disabilities/ Mental Retardation	Jim Guerreri	Cumberland/Perry Association for Retarded Citizens, Executive Director
16	Oral Health	Roderick L. Frazier	Sadler Health Center, Dental Director

	Topic	Expert Name	Representing Agency
		DDS	
17	Prescriptions	Denny Yeingst	MGM Pharmacy, Pharmacist
18	Child Health	Dr. Steve Krebs	Carlisle Pediatrics Associates
19	Family Practice	Dr. Ryan Crim	Family Practice Center
20	HIV/AIDS	Philip Goropoulos	AIDS Community Alliance, Executive Director

Respondents were asked to respond to a series of nine questions based on their area of expertise. Questions asked their opinions of the health status related issues and solutions already underway and those that might additionally be needed in the community. The telephone interviews lasted an average of 25 minutes, with the shortest completed in about 20 minutes, and the longest lasting approximately 45 minutes. The feedback was recorded in a “free flow” manner to represent the interviewee’s opinions and statements as reported.

## General Findings

### Question 1: First of all, please tell me a little bit about yourself and your background/experience with community health related issues.

- Betsy Aumiller - representing Activity/Exercise. I've worked with health education in York mostly based on experimental learning. We had a health theater school from grades K thru 12. The job was to develop an adult worksite that helps address intervention. We develop on-site classes in a theatrical role-playing group to work not as a traditional class. We received a grant. Our organization submitted a proposal for one year. The second year we had the opportunity for more funding. We worked with eight companies in Carlisle as a group and as individuals. The health assessment needs process was yearlong including us being on site. We looked at what the coalition needed. Each calendar was shared with classes at other coalition sites. Raise accessibility. We had great outcomes and high-level participation.
- Dr. Andrew Behnke, Cumberland County Endocrinology Center. Quite a lot of experience.
- Deb Donahue - Domestic Violence Service. I have my undergraduate degree in psychology and worked at Hamilton Health Center serving the uninsured. I also worked for a Juvenile Probation Center. I worked in New York City, then got my MBA. Then, I went to law school. I started for the DVS eight years ago and I have been doing this type of work for eight and a half years.
- Denny Yeingst - Prescriptions - Have been a Pharmacist in Carlisle and in the surrounding area including Newville since 1978. I have worked in a pharmacy since 1970. I have seen Carlisle come and go to what it is now. I have worked in professional organizations both state and across country I have been a member of NCPA, PA Pharmacy Association, and APHA. I had been a consultant with nursing homes in first 10 years of my practice. I am active in a local church and working with healthcare in churches. I am also working with Guatemala. For seven years, I have been appointed and a member of the Department of Health and on the advisory board dealing with changes with school health code. That all stopped after Governor Ridge left after September 11. I had some good experience with that. I have been a consultant for Cumberland County with the MH/MR Program, (mental health and mental retardation program). I spent time working in mental health hospitals and also am a board member of American Cancer Society.
- Dr. Carey - Asthma - Have been practicing Pulmonology and been in the area for 27 years.
- Dr. Crim - Family Practice. I worked in Perry County for three years. Also worked at Sadler Health Center for one year as the Medical Director. I returned to Perry County and been here since 2004. I am also the team physician for the Carlisle High School. I am also the physician for the Youth Detention Center in Loysville.
- Dr. Guarracino - General Health. I am the director of the emergency room. I have been here a total of 14 years. I work with ambulatory services, teaching the medics, continuing education and working with local ambulances and giving updates and giving lectures.
- Dr. Rod Frazier - Oral Health. I'm a retired army dentist. I was hired in Carlisle in 2001. I was not interested in private practice after I retired. I wanted to do something community related. The health center had volunteer dentists and that really didn't turn out. I have the first full time job at Sadler.
- Dr. Steven Krebs - Child health. I am a pediatrician and have been in the Carlisle area for 30 years. I have been involved with hospitals and have been a former board member of both the Health & Wellness Foundation and the hospital physicians organization.
- Elaine Herstek - Access and Coverage. (Became Executive Director in June 2006 at Sadler.)
- Elaine Livas - I work at Project Share which is a food bank. We see about 950 to 1000 families, most have health related issues.

We write grants to the Health & Wellness Foundation. The Foundation has been very supportive since they've started. So the health of the people really matters. Some of the people would not have to come if they were healthier.

- Glenys DiLissio. - Tobacco. I have been with Perry Human Services for 23 years. I worked with drug and alcohol prevention and became a specialist then I got certified. In 2000 I became the Executive Director for the agency.
- Jack Carroll – Alcohol/Addiction. I am the Executive Director of the Cumberland/Perry Drug & Alcohol Commission and have been the Executive Director for 11 years. I worked with drug and alcohol issues since 1976. I have worked with schools and prevention. The PA tobacco settlement has been trying to implement a comprehensive tobacco control program. We are trying to define the scope relying on the nine best practices for tobacco control programs.
- Jim Guerreri - Disabilities/Mental Retardation. I lived in area since 1977 working for the same organization for 30 years. I have experience living and working in the community. This includes United Way for the same number of years; I know what is going on - read the newspaper, watch TV. Do fundraising in the community and am aware of what is going on with Penn State buying Dickinson School of Law. I live 10 miles east of Carlisle but worked in the Carlisle area for 30 years.
- Jim Washington - Access and Coverage. I am the Executive Director of the Hope Station in Carlisle. We need to address the needs of the community and to get the word out in our neighborhoods of the Health & Wellness Foundation to better suit my constituents.
- Phil Goropoulos - I run the regional HIV/AIDS service and prevention provider, AIDS Community Alliance. We serve the region of the Foundation. I also reside in the region and went to Dickinson College.
- Rayna Cooper - Consumer Information (nutrition): Registered dietitian and has been involved in the WIC program for 6 years. The WIC program helps women and children. In other states too - other health issues including subcontracting for other programs - breast feeding, adolescent health, WIC, family planning, genetics, parenting adoption and family planning. Advocate for nutrition and activity. Involved as partner of organizations that work on problems regarding nutrition. Preventive health - many chronic health conditions are all related to poor nutrition and joint disease affected by activity level - getting the community involved together. Recreation guide to utilize playground and recreation, biking, hiking, swimming pools, preschool project to get them recreation guide
- Senator Pat Vance - State Senator, was a State Representative and was a nurse.
- Stephanie Gellatly - General Health: I have been a community health nurse with the health department for 14 years. The last 9 years in Cumberland County. Before in York. Our focus is public health issues, community health, partnering, and the services we do provide. The push has been for every county office to get into its own community.
- Silvia Herman - Mental Health. I am the Mental Health director for Cumberland and Perry Counties. I have a Masters degree in Community Psychology and have been in the field for 27 years. I've worked in private and public mental health services. I've worked in Cumberland, Perry, Dauphin Counties and then in Carlisle. I have been working on grants around psychiatric support.

### Question 2: What, in your opinion, are the top 3 community health needs for the Carlisle area?

#### Top Need:

- Underinsured or not insured.
- Need doctors in Carlisle hospital to deliver babies for people with little or low income and with Medical Assistance so that poor mothers don't have to go to Harrisburg or Chambersburg. See people for prenatal appointments. There is no transportation, so they are not getting prenatal care and then waiting to last minute to have their babies.
- Drugs – expand into specificity/type.
- Care for Medical Assistance for giving birth.
- Drug and alcohol.
- Cardiovascular health, nutrition habits as well as activity. Need help around getting people involved in prevention. There is no money to pay for preventive help.
- Funding; trying to find adequate funds for programs, especially would try to find those who are falling through the cracks of the MA program or Gateway. Income changes through Social Security - lose benefits then can't afford meds. Sadler helps funding of the existing program's moneys once earmarked. No one there to help fund the ones who fall through cracks.
- Diabetes awareness.
- Substance abuse.
- Access to and availability of mental health services.
- Mental health.
- Obesity.
- Underserved folks, access to variety of information and resources.
- I am referring to Perry County and the western part of the county drug and alcohol issues.
- Air quality.

- To focus on healthy living, smoking cessation, making a healthy lifestyle by diet and exercise. Need a program to address drug abuse and especially having people take personal responsibility for their health. Patients come in wearing gold rings and their kids have Play Station 2, which my kids don't even have, and yet they can't pay for their prescriptions. Getting people to prioritize what is important in their lives. They need education and tools to take care of what they can.
- Oral health care is mainly for the disadvantaged. The whole community needs oral health care.
- More clinics for the uninsured.
- Substance abuse. I am painfully aware of the gap for funds to pay for the costs for programs. I am aware of limits of private sectors to send them or a child to rehab. While seeing some trends for teens, the county coroner saw big increase of deaths due to drug overdose, that being a national trend. It is a more potent form of heroin laced with fentanyl and can account for many deaths not only in this area, but everywhere. There has been a serious increase of heroin for ten years. It used to be small, until it became less expensive than marijuana. People could try it by smoking or snorting it and not injecting it. It was the stigma of a needle. Then they get addicted and move to needles, they think it is safer smoking it. It is higher now, since we have been documenting it. Trends in drug use come and go, like, cocaine and crack. Regardless of what is the hottest drug, alcohol is the most common one, the legal one. Alcohol needs funding as well.
- Transportation - for folks not just to get to their doctor appointments but transportation for life kinds of things like getting to church, the grocery store, and library.

**Second Mention:**

- Access to care.
- Access to care, the Medical Assistance program, and people don't understand how they (MA) work, so, they shy away from using them. No one wants to read anything. There are educational concerns. If we could help people by using simple terms.
- Access to health care.
- Affordable housing.
- Dental.
- Diabetes.
- Emergency shelter / transitional housing.
- Health issues, cardiology.
- Helping people understand what diabetes is and understanding what sugar is and what to do with it.
- Mentally ill.
- More OB/GYN services.
- Nutrition/obesity.
- Obesity. Include cardio, cancers, nutrition - get people paying attention to nutritional habits.
- OB/GYN and prenatal care. Chronically underserved, particularly with malpractice in PA. Central PA is a tough area to recruit for anyway. Specifically the underinsured and the uninsured to provide out-patient services. The practice is working with the Foundation. The Foundation needs to take more responsibilities. I don't think they use enough grant money to support some of these programs.
- Overweight kids.
- Prenatal care for women.
- STDs/HIV.
- Tobacco cessation and education.
- We need further coalition work with community players. For people to know what the hospital is doing vs. what the cancer center is doing vs. what the Foundation is doing.
- Access to special care like oral, or neurology, or any kinds of specialties with people on Medicare and Medicaid.

**Third Mention:**

- Adequate planning for future. With all the changes that happen so rapidly, I am concerned about the local planning in the future, nobody has a crystal ball to look to the future. For people, this is just a way of life. Without adequate planning, it's always going to be reactionary instead being proactive.
- Control of diabetes and similar diseases.
- Diabetes.
- Diabetes.
- Full spectrum of obstetrics.
- Helping people with their teeth. They can't eat fruits and vegetables. They can't eat them and they can't digest them.
- Housing support for those in early recovery and the mentally ill with traditional independent living in an apartment while in recovery from an addiction or mental illness.
- Improvement of air quality - Young patients with asthma. The truck traffic in this area is not good.

- In general there is a lot of alliances between employer groups. They are all involved in community health. There is not a glue or force that is bringing that all together.
- Lack of affordable housing, if you don't have a place to live and take a bath and get warm, it will affect your mental health.
- Lack of perinatal care in the County.
- Lack of specialists and oncologists.
- Mental Health.
- More specialty services in pulmonology and pediatrics.
- Need a not for profit hospital.
- Psychiatric care in the area. Kush is the only one. They are financially involved. Grant assistance is coming to end. They make it difficult for physicians to practice. They need to do in more in that area. Mental health is neglected by the insurance companies. It's very hard to get reimbursements. This is the population that the Foundation serves through Sadler and has the most need of these services.
- The erosion of the doctor/patient relationship.
- Transportation.
- Transportation getting connected to their service.
- Supporting parents and the role as parents is an incredible need. Parents are in a position to make a difference.

#### Other Needs:

- Alcohol, prenatal care, OB/GYN for low income and uninsured people.
- More access to mental health and psychiatric services.
- More dentists that take the uninsured.
- Oral health is an area of chronic need. Wellness programs are also needed.
- Poor women that I see are having trouble with the size of their breasts. They get free mammograms and are asking for breast reductions. Their back is hurting them. It is not for cosmetic needs, but for medical needs. Giving mammograms is probably not on your priority list, but they tell me about it. If we give them mammograms maybe at some point we can help them in that way too.
- Public transportation - to get patients to the dentist or medical facility.
- The clinic (Sadler) seems overwhelmed. It could run a lot smoother by getting patients through quicker, with some kind of a system. Medical records and medical information play a role. Should have a Local Area Network or Intranet throughout the entire field. Should have medical records be available to all the doctors so they all know about their patients. That, in the long run will have the greatest impact on patient care.
- There are a lot of issues.
- They are numerous, for Cumberland County: cardiovascular risk, high blood pressure, and then mental health services or lack of mental health services.
- Transportation needs to be resolved with the patients we see

#### **Question 3: What, in your opinion, are the issues and the environmental factors that are driving these community health needs?**

- As a society we have lost our values in dealing with family needs and being isolated. They have a lot of non-physical activity. There is no safe environment for children to play outside. There is a lack of desire to change habits, which causes a lot of depression. They have given up and they see no hope for the future.
- Carlisle is the worst place to live for the air quality. Lack of recycling in Cumberland County: we need a complete program for the entire county to preserve our natural environment, water, and to get rid of the toxic things in soil. We need clean air and clean water. This will drive a lot of health care needs down. Infrastructure and delivery of clean water through the pipes. The pipes were put in place in the 20's and 30's, and now there is no money to help to repair the system to ensure clean water. Also, like the bridges, there is no money to repair them.
- I think lack of education, lack of availability of resources. The changing environment or some of the healthcare providers in becoming for-profit. These are some of the barriers.
- I think the costs of living just in general and wages not meeting up with those costs. For example, older folks with Medicare and prescription claims and the cost of living going up, people can't make ends meet. All of the changes in the environment contribute to unaffordable housing and then prescription drugs. People have to choose to eat or pay for their prescription drugs. The drain from the Iraq War and the money going there and less money going to PA is one thing. There are a lot of retired folks who would like to settle here. There are 4 to 5 colleges in the area and there are a lot of military. Just the regular folks who like to stay in the area, they are concerned about the homes with fixed incomes and how to make ends meet.
- Inactivity is ingrained in people's lives. It's the layout of the community. People will not walk or bike even if there was transportation. They will not even walk to or from the bus stop because of the layout of the community. People are too busy.

They work the high demand jobs. They work more than one job. There is no time for nutritious food, only time for high calorie and high fat foods. They only eat what is readily available and that is fast food. The lack of reimbursement for providers for services related to prevention. For example, the people who really need to pay attention more to their diet and also exercise more. They are confused and need counseling. Those who already had a heart attack, or whatever, will get that attention, not those who need help preventing it.

- Increasing truck traffic. Building monster warehouses, fluoridation, Carlisle has fluoride. A lot of people are using well water, which has no fluoride. There is a fluoride bill in the Senate and it needs to get passed.
- It's not the environment. Physicians are unwilling to treat them. Reimbursements is why they are not doing it
- Lack of public transportation. Lack of emergency shelters. We pay for hotels because our agency does. We have county transportation, but no public transportation, no buses running through. Drug and alcohol. Acceptance – they think that alcohol and marijuana are OK and the denial of the other drug issues and don't talk about them.
- Mental health, poor reimbursements, lack of psychiatrists and lack of child psychiatrists; Nationally - obesity, mostly society issues, obstetrics, malpractice plus reimbursement issues.
- Money is the biggest one. People worry about getting reimbursed when the hospital went for profit. Going from 'nonprofit' to 'for profit' change in the status of their budget. Transportation, people are getting the food where convenient, and not getting food where it is the freshest or healthiest.
- PA is one of the lowest for reimbursements. Also one of the highest malpractice rates. More physicians are refusing to see these patients in their office because of the poor insurance. In this country in general, obesity is driving these needs.
- Pollution related issues. I am referring to car and industrial emissions. There are tons of truck stops and it is kind of overwhelming.
- Profit trumps people. Air quality issue in Carlisle, hub for transportation diesel trucks that come through here and idle here, that is the main source of air pollution in our town. The community needs to address how to clean up our air. The Federal Government knows we have bad air here, what is needed is stricter restrictions here. Profit trumps people... profit, profit, profit, profit... if it doesn't make a profit we won't do it. They don't listen to anything that the citizens have to say.
- Resources, it's always that and money. Better understanding of these needs.
- Rural geography area challenge - to get the information out.
- The high number of uninsured or the number of low income folks. The need for pregnant women to have Medicaid is not being met. People have to go to Hershey for care. It would be beneficial to have closer physicians to refer to in our area.
- There are still high levels of denial of the issues being present in Cumberland County and the Foundation service area in each of those major areas. The inability of the community to respond directly and also to provide care. There is still a lot of stigma in all three of those areas.
- We have a reputation of being a historic town and a beautiful, popular place for trucking terminals. We have one of the poorest air qualities; even though it is a lot of rural area the quality of air is a big concern. The truck emissions are a big concern. Trucks are allowed to idle all night long contributing to air pollution. We need a stronger indoor clean air law. Going to a restaurant even though there is a no smoking section, it does nothing for the workers in the restaurant and bar industry.
- With cardiovascular you have your diet and fast foods. I don't know if it is a lack of education or apathy or just not living more healthy lifestyles. And as far as cardiovascular and diabetes and with obesity for children, and for pregnant women that lack prenatal health care. if you have no insurance then you have nothing. There is not a free clinic or anything. As it stands now what we do here when we get a referral, the closest place is at Pinnacle Health in Harrisburg - that is a 30 minute ride. Transportation is a whole other issue. Mechanicsburg and Camp Hill are left out of the service area of the Foundation. They are outside of the catchment area. It is a problem for us because our office is concerned about what the county as a whole (is affected with).
- Don't have public transportation in Cumberland/Perry County and the demand is high. Housing is big issue.

**Question 4: Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/knowledge regarding a specific area. What do you feel are the key issues related to this topic?**

- Access to care - right now we have one HIV treatment provider who comes into the area with a satellite clinic out of Sadler. Having people who live in Shippensburg or Perry County, transportation is a barrier. There's also a huge stigma around HIV - for people to acknowledge their status and seek care is another barrier we face. Lack of knowledge about the disease is something we're combating all the time. Who is at risk? How do you know you're at risk? Knowing you should be tested.
- Access to care for the whole community. Having doctors available to meet the community needs and not waiting for 3-4 weeks for an appointment when one is needed now. Malpractice. Working with state and local government to lower malpractice rates Insurance payments, some will only accept patients that they know will pay them.
- Continue public awareness. Education on the key issues around health related issues. We need to keep it in the forefront. Public awareness and coming up with advertisements, saying that it's not cool to smoke. Teenagers who haven't started smoking before the age of 18 are likely never to start smoking.
- Creating a set of resources, outreaches that are recognized. Not sure how they are being communicated to the community. For

example, a family member has just been diagnosed with cancer. There is no recognition in the Carlisle area, we do offer a lot, but people just don't know it.

- Getting the word out. To have people fill the forms out and getting access to a computer. People don't understand how to do the input. Getting the word out and take advantage of the programs that are out there.
- I am a nurse and we hit everything in this area. It is not that we treat disease here - childhood immunizations and communicable diseases are big things
- I am the President of the Cumberland County Medical Society. Review board member, President of Physician Resource Council. PA Medical Society for Patient Advocacy.
- Issues related to diabetes and mental retardation. The folks who have disabilities are going to request assistance, and support, both human and financial. These people are not easily understood. We need to educate the community on the ones who we are dealing with and why they need our support. They don't drive and can't read, especially if they have developed health difficulties early. They are going to need different support. Support like that costs money and they can't do the basic things like raise children. It will be challenging, they do not blend in easily at the local YMCA. They are not going to get the kind of attention that they need. We get mental disabilities and that affects those involved with advocacy work. People with disabilities often fall through the cracks. Some of these disabilities don't fit in with related health issues, such as preventive healthcare.
- Lack of affordable housing
- Mental health and obesity are the most critical
- Population, I work with the lower economic group. The main focus is education. Parents are teaching their kids and they serve as role models and if they don't care about their teeth... Access as far as where to go for healthcare. Some people don't know we are even here. Access, as far as transportation, we treat a wide service area. There are quite a few patients who don't have insurance; they are caught in between not qualifying for assistance and then not being able to afford dental care. Oral health care is probably, say, 65% of the people are on some form of medical assistance. We are the only place, besides one other, that accepts medical assistance patients. Perry County accepts no Medical Assistance patients. There is a disconnect there. There are two reasons for that: poor reimbursement rates from the Department of Public Welfare and the lengthy returns before they get their money. Most dentists don't want to see this population of people, and there are reasons for that too. And that will take forever to talk about that stuff... Many of these patients are non-compliant, not showing up for their appointment.
- Same as question 2
- The difficulty with access is trouble getting to medical care. Too many people that I see go to the emergency room for medical issues, not their family doctor. We did a survey 8 or 9 years ago. The same two doctor's names came up. Others use the emergency room. Some are too proud to go to the emergency room because they can't pay the bill. One lady, I know, her arm is broken, and she won't go because she can't afford to get it fixed. I tried to convince people to get basic care. People don't understand the insurance so they don't bother with it at all. I do home visits. I see the sick stay sick for a long time, and never getting better - its just the way it's going to be. These people are always sick and it adds to a sense of depression or helplessness.
- The key issue is knowledge. People don't need to be a physician to know general health. People need to take responsibility for themselves and having money and having a job that has health benefits. And also having access to healthcare.
- The number one concern is the availability of the drugs to those who need them. There are a lot of people who need them and are not getting them or access to care. There is no knowledge or funding to purchase them. Then, when you do succeed in getting the funding, it goes back to the knowledge, and then they don't know what to do with it. There is also abuse of the medication. The person who actually needs the pain relievers is sometimes different than the one who is going to be using them. A person signed up to be treated turned out not to be the right person who was using the pain medications. There was a recent article in the newspaper of a number of overdoses and mentioned in the article was the use of vicodins more than oxycodones and oxycotin. It all comes back to knowledge of patient and physicians who prescribe the medications.
- The poor air quality in the town. I have witnessed the lung cancers of people who have never even smoked and I can relate that to diesel fuel.
- The uninsured population. Even though it is a small percentage in PA, it is a problem. Physicians are unwilling to treat the Medical Assistance population.
- Tobacco funding and smoking cessation, health insurance don't have benefits to cover the cessation coverage. They will put them in self help, but will not fund the session. Insurance companies will not help to quit smoking. If anyone would be interested in quitting smoking they should help with benefits. Some reasons: healthcare is so competitive and companies switch insurances every 3-5 years and short term profits. No insurance company wants to have the reputation of being friendly to smokers. They want as many nonsmokers as possible to use their health insurance. More often it will raise their costs. Underage drinking and substance abuse have been a problem in Cumberland/Perry for the past 26 years. The attitude with parents is that underage drinking is no big deal, so that encourages kids to drink, like it's a community norm, environment. In terms of substance abuse, there is still a problem with underage drinking and driving. The air quality with the trucking industry, there are no laws on truck idling all night long and emissions impact on air quality and more trucks in the area.
- Transportation and the lack of insurance
- Transportation, housing and access to specialty care. I think that is all contributing to income.

**Question 5: What, in your opinion, are the issues and the environmental factors that are driving the needs in this topic area?**

- Adult role models who smoke – negative examples. We have a lot of role models who say, “Do as I say, not as I do.” We need to talk to parents to set examples.
- Childhood immunizations - that is a tough one because we don't turn anyone away and don't know why our numbers don't get higher. I don't know if it is lack of parent information. We struggle with that because we don't charge here. They are free, and everyone knows about our clinic but why the apathy on the parent's sake - we have yet to figure that one out. Perhaps parents feel "we will deal with that when they go to school". Communicable diseases - more information needs to get out there - this is a multi-agency thing. The Department of Agriculture works on licensing food service places. We are not a true health department. In those counties where you don't have health departments (you need interagency cooperation). We have a good relationship with the Agriculture Department, we work with them on inspections but we don't have a say there. We are fortunate, it is hard to say, they just have too many places to try to inspect all the time.
- Disabilities itself. If one earns less money that is less money they have to spend. They have a disadvantage from the get go. They will always earn minimum wage.
- I can't really give a strong opinion with environmental factors with this question. When I think environmental factors, I think of water pollution or air pollution.
- I don't see how that differs from the previous question.
- Lung cancers, with the stuff that is floating in the air. It is contaminated by outside substances or bacteria in the air causing diarrhea and vomiting from food born substances. I have some great concerns of cancer rates in this area and can not prove that these cancers and deaths are related.
- Mainly what we have seen is a high rate of obesity and sedentary life styles, cancer rate, and cardio risk.
- Mental health, same answer as question three and poor reimbursements, the failure of inadequately addressing the mental health issues. I think the breakdown of families. Obesity, society factors, and poor nutrition, the lack of exercise and activities. There are too much sedate activities, such as television and video games.
- People are not understanding enough about that they have almost a right to feel well or try and get better. They don't understand that most people feel better most of the time. For example, "my dad died at 50 and I'm 49, so I'm going to die soon." There is a sense of helplessness and the environment determines the quality of life. They don't feel empowered and the rest of the country is taking control of their health. Food Bank when the country was eating sugar and Lucky Charms, we were getting a lot of donations of fruits and berries cereals because there was a surplus. Now it costs more to get the healthy food as the country gets more healthy. It is harder for us to get the poor healthy. I am noticing a trend. We give them our leftovers and we wonder why they are fat.
- Same as 4.
- See question 3.
- This is a redundant question.
- The family practice is in need of more family physicians in the area. If the malpractice rates were lower, families would be going to the OB/GYN. Insurance payments. The drop in physicians. Have the federal government work to fix the medical payment rates. That would be a big plus.
- There is a lack of public water fluoridation. There is poor diet especially for kids, factors such as high caloric snacks, obesity and other factors. Early smoking or tobacco use. Needs to be more education on the parent's part before kids develop bad habits. Prenatal. Before the parent even has the child, there should be prenatal counseling
- Transportation and lack of insurance. The people who are eligible for sliding fee for medical are 18% and 38% for dental. A lot of people who have appointments and don't have insurance and don't show up and those who do have insurance don't show up because they don't have the transportation they need to get to the appointment. The “healthy” people, or the people who don't have any previous medical conditions, are the ones who have no help. They have to rely on further testing and they don't have the money for prescriptions, blood work, or x-rays.
- Underage drinking. Drinking in general is a part of our culture and promotes drinking in excess. That is the model that teenagers and young adults see. We have a poster in our office promoting people to come on out and get wasted not come out and have a drink. The alcohol business gets more money if you drink more. 1/3 of the population is non-drinkers or if they drink it is so infrequent that the alcohol industry does not even acknowledge them. The college population and spring break and “Girls Gone Wild” lead to a lot of consequences and date rapes on campuses. Also leads to alcohol abuse and a drunk driving culture. Address drug strong law enforcement. We know that addiction is an issue because we see them over and over - The rising costs and expansion of prisons and more probation officers. The same people coming in over and over. Both prisons have 85% of drug offenses that is selling and abusing their girlfriend or spouse or fighting or theft or burglary to support their drug habits. We are focusing too much attention on enforcing we need to funnel these people in treatment.
- What I said before. Buying into the programs that we already have out there. People saying "this isn't me." They feel apathy. They don't want to admit they need help. People are afraid of going to dentist and doctor.
- Same as earlier question

**Question 6: What activities/initiatives are currently underway in the community to address the needs within this topic area?**

- As far as medical records, physicians are going to electronic systems. The link that is missing is linking all of the offices together. I think that is where the Foundation needs to step in. To help set up that link between the hospitals and the doctors' offices.
- Carlisle Health and Wellness and Sadler Center have been a blessing, but neither goes to surrounding counties.
- Childhood immunizations - there's always something going on with that - campaigns through the state or federal government. Here we have a high Amish population. We go out to the farms and they bring them in with horses. We have been able to develop a relationship in the last 9 years with those folks. We hold satellite clinics and the physicians know to send their patients here when they don't have insurance. Communicable diseases - the only thing that happens is what is mandated by law. We do phone calls and investigations into that and we will get Agriculture involved and they do their inspection. There are a lot of things that are mandated by law and all the hospitals and labs know it. Our part is to do the investigation so we don't have an outbreak situation. We also work on vaccine preventables - such as pertussis.
- Sadler takes care of a needy population Where else would these people go? Project SHARE, which is free food to the underprivileged in the area. Centers for homes where the abused live until their situation is safe or there is another available place to live. I was impressed when I moved to the Carlisle area of all services they have to offer, like the Stevens Center for mental health patients. These places are needed especially to teach job skills for people who don't have those skills, to help teach English.
- Cool things, one is the "Five a Day" challenge. We give 50 items in a food box for a family of four to last a week. We found that was not enough. Shifted the food box to include five servings of fruits and vegetables. We felt we had to make an institutional shift. The "Five a Day" challenge is important to us as an organization. We started a farm stand project at an abandoned convenience store - put in some fruits and vegetables from local farms. We expected 35 people per day, but ended up having 135 people a day. Commissary from the War College delivers food to the store. This serves as an educational tool and runs all year long. We invested \$2,800 last summer and gave away \$103,000 worth of fruits and vegetables. Good return on \$2,800. Some people thought that if you don't have cigarettes and soda, people will not come. People go at least once per week to the farm stand where they would only get food from the food bank once a month. We were giving out gallons of milk but found that older folks could not hold them. We started buying 1/2 gallon containers and even though they cost more they didn't go to waste and milk consumption has gone up. Just a simple change increased people's consumption of milk. We are learning a lot of stuff. We have to be open to learning.
- Use an electronic monitoring device with DUI cases instead of prison and also, must participate in treatment. Probation day reporting program for those who violate and don't follow through with treatment. The have to stick with sessions for treatment to work. Strong provider of promoting for several restaurants to go smoke free. Each year these restaurants increase and promote smoke free environments. Team up with neighboring counties. There is a project starting up at Carlisle Regional Medical to provide coordination to provide buprenorphine. It's a medicine that is available for heroin addicts to eliminate the craving. It can be prescribed by physicians to work with patients. The patients need to take advantage of the treatment services available. Only Medical Assistance patients can use this. Carlisle recovery house for women. They don't have a home as a result of being an addict or a home that they were living in would not be a supportive one. Not just a treatment program, but something that provides a safe place to live.
- Don't really see anyone doing anything around diabetes awareness and access. There's a small group that does some things, but that's the only one doing anything - Cumberland Valley Diabetes Education and Awareness fund. Tom Hurley is the President. Other than that, I don't see anything
- I am a member since the grass roots of the Clean Air Board and there are over 500 members. I work with the EPA on issues with this problem to improve the air quality. So far the Health and Wellness Board has not recognized the CAB. I think it is important for the Health and Wellness Board to do so.
- I know that the Foundation supports numerous initiatives - for example, WIC, smoking cessation. I can't speak to all the funding by the Foundation. But outside of the Foundation's the community activity, it was very hard to find out about those. It's kind of hard to tap into and bring the knowledge to the average employees at a worksite.
- Sadler Health Center has done a lot. They're pushing a lot. Trying to help work one on one with people. Drugs. We have AA at Hope Station, that's growing by leaps and bounds. More people are coming through recruiting. More people are coming through the front door. Now people know that the meetings are at 7:00 on Fridays. Identify obesity and starting a dance class to get kids more active at the YMCA. This guy started a program getting people to make music using drums called, Funky Buckets. People are realizing that they have to get out and start doing things.
- Sadler Health Center is expanding and helping meet the needs of the uninsured. Folks in the area are not aware of all the Health & Wellness provides. It is working to improve access to care.
- Sadler Health consults more with pharmaceutical needs. Trying to help patients understand what their prescriptions are and how to use them. The Clean Air Board is trying to make changes in the area. There is a lot of diesel fuel in the air.
- Substance abuse - I'm not sure of what's going on outside of some small community based initiatives. It depends on if you know people to know what's going on. The local SHIP Partnership program is here but hasn't gone very far at this point. As far as HIV, we do testing every week at Sadler, though it's not a heavily utilized service. We just started a pilot program the Foundation funded targeting African-Americans in Cumberland County with prevention messages through the churches and in the community.

It's being well received. It's really the first time a concerted effort has been made to spread a sort of message like that and have a constant presence in the community instead of having prevention and awareness activities as one-time things. I think that's where a lot of our problems come from - awareness activities around those issues are one-time things and it's hard to affect behavior changes when you're only there for an hour then gone.

- The Foundation has funded some mental issues, by bringing in a psychiatrist. They also sponsored a lecture series. They have a "Fit for Life" program for obesity problems. Those are the main things.
- There are a number of partnerships in the community on board right now. We are looking to get health care and coverage for diabetes and other forms of disease. Local hospitals and the State of PA are being used to do those kinds of things... Like teaming up with "CPARC." The YMCA has physical fitness with exercise groups. Writing grants, the United Way makes grants that coordinate community prevention: fetal alcohol syndrome leading cause of mental retardation. We want to talk to 5th and 6th graders about what causes low cranium in babies and what costs millions of dollars per person. We want to make sure the community is aware of this area. We see a lot of this in the community because we are close knit in Carlisle. Partnership is the buzz word today.
- Things going on at the Y. The WIC program. Obesity, the initiative to make parents aware of their children(s) BMI body mass index at school. CRANA meetings are pulling people together. Worksite wellness programs thru CRANA.
- Tobacco - we contract with Cumberland/Perry Drug and Alcohol Commission. Tobacco prevention, health fairs, networking. We have a tobacco prevention specialist full time on staff that does prevention work. Housing and emergency housing - we do homeless assistance programs. The Task force is a part of the Perry Family Services, the Partnership Board subcommittee is moving ahead with very strong initiatives about getting emergency housing. There is a 5 year planning range for a 501(c)3. We do not have a name yet. It is a 501c3 so we can plan for grants. Transportation - Perry County Transit Authority just got funding for handicap accessibility. There is a lack of public transportation regarding bus services. Drug and alcohol, we contract with the schools for prevention and are an outpatient provider.
- We are very involved with the Women's Task Force, legal services, training with police officers, public awareness, social workers, county government. Also, with Cumberland Cares, that helps the low income households and the lack of resources, Safe Harbor, and clients who are waiting to get long term housing. Judges, probation officers, the District Attorney's office, other elected offices, and we train clergy too. Medical Advocacy training, for new staff on domestic violence, to learn how to recognize and diagnose it accordingly. We need funding.
- We help underwrite to try to outreach to get people on CHIP and Adult Basic. We attend health fairs to let them know about our services.
- Develop psych rehab, develop relationships, provide grants to providers and organization. The Foundation is working with 2 providers in funding a nurse, psychiatrist and physician's assistant. Bringing in a psychiatrist to the community both public and private. Redevelopment Authority and housing transformation. We are working with the state on that. Part time position to help find apartments. Full time position for mental health housing development specialist employed by the Redevelopment Authority, who pays the salary and benefits. To develop a strategic development plan. Local housing option team - not just mental health, but for low income... Doing a lot around that. Transportation not as much. Looking at providing transportation for folks who don't have it.

**Question 7: In your opinion, what else still needs to be done in order to address this community health topic area?**

- As for the air quality, the Health and Wellness Board needs to support and get behind CAB. There needs to be improvement in the hospital. The community needs to get the Health and Wellness Board's attention. The Health and Wellness Board has the ability to influence people.
- Dedication is the major problem. It would not hurt to have more resources, Health and Wellness is doing a good job. Funding from grants for seed money to specific issues.
- Drug and alcohol - I would love to see a lot more education and a center whether here or somewhere else. I'd like to see a FASD, to help people identify and deal with fetal alcohol. There is nothing in this area and nothing in the state. We need to address these issues. For example, the Kennedy Krieger Institute - part of Johns Hopkins - love to see that replicated up here and have Central PA be a lead in that. Housing, we are moving forward. Any way that the Health and Wellness could be a part of that would be wonderful. Emergency shelter in Cumberland County, the Redevelopment Authority is taking a strong lead.
- Mental health, prenatal, and OB/GYN - need to attract to the area, physicians and specialists. Insurance, medical assistance, we need better reimbursement rates. We need to improve public transportation in outlying areas so people can get to their appointments. We need to control pollutants in the air or reduce truck traffic - or make air quality standards stricter. We need a place for mental health patients to go. On an out patient basis and an inpatient basis for treatment, need some type of facility. We have a lot of patients with mental health issues, and we have other needs such as dental healthcare.
- Highlighted in question 2.
- I think it is legislative issues in providing and developing better mental health systems and reimbursement systems. Removing hurdles in improving mental health care. Also, reemphasizing physical fitness in schools and nutrition programs. Also include parents to help take responsibility in their child's exercise programs and getting the televisions out of the bedrooms.
- I think there has to be an intentional effort to help people become aware of diabetes. How to treat and prevent. Access to

education for those that can't afford it. People need to be educated in schools. They need to be educated in the economy of medicine. The differences between what a for-profit and non-profit can do.

- I would like to see physicians become more active in the community. I would like to have state government and more politicians become active, getting our names and faces out; getting more politically active both locally and on a state level.
- If we have a community awareness campaign, doing a lot with the schools and employers. Having people want to make one small change that will better themselves. (For example, to change from drinking whole milk to 1% or skim.) To pilot a cardiac event program to see how it would affect how to stay healthy.
- It still gets back to communication. The people at centers including churches, really push these things. Schools and other social organizations have an influence. Our neighborhood is surrounded by family public housing. The center for public housing gets people together. They take people through the process and get people involved. They could even publish a newsletter. Just getting the word out.
- It would be great if there was: 1. transportation to grocery store or you can walk to the store but can't walk home. Need to have transportation there. 2. Could have a shopping mentor, they'll shop with you and casually say, hey I get the 2% milk. It tastes just as good as the whole. Changing people's diet takes a personal relationship. Friends can change diets. Chinese food. If you had it where people could sign up for a food mentor or partner to shop with. We had one guy that would buy the groceries then go out to dinner together to sit and talk as friends changing their lives and making lasting changes. We are now providing a more nutritious box of food. It used to cost \$11 to do a box of food 5 years ago, this year it will be \$23. The food is not the same but it is more nutritious. Help them to eventually build those habits. We have some great gleaning projects; whatever the farmers couldn't sell. People are getting out in the fresh air. However, we can't get support for doing the work. We can get grant money for buying food from Washington, but we can't get gas money to go pick the apples for free. We can get a church group or sorority to go and get the food out of the fields; we want to model this and support it.
- Part of it is developing programs that are specifically for the community. Our African-American program is a grassroots program being directed by people in the community using best practices that guide how the material is being distributed, how they look, etc. There needs to be more of that - approaching people that are in recovery and asking them how we can reach more people that are still using with effective, non-judgmental messages. We need to invite people toward behavior change instead of pushing them away and further into their problems, whether mental health related or drug use or risks around HIV.
- Somehow there has to be a massive campaign and it needs to be done in such a way to get the population to be not so apathetic. I don't know what it takes to get people to make a change and to want to change, in those issues it is not that there is a lack of it - it is getting people to want to make a change. How do you get someone who is 300 pounds to...how do you motivate them? You can lead the horse to water but you can't make them drink.
- The biggest thing is to have as much information about how to use the medications and how not to abuse them. They need to know how to gain access to finances. The also need to know how these people should get to their doctors. The question is how do you do this? Do you put it on the radio? People don't read anything anymore. It seems that TV is the best place or is it? It probably is the best way access everyone on healthcare issues and how to fund the medications.
- There has to be more community awareness so the community as a whole can identify domestic violence because it is a health care issue. Abuse starts with pregnant women. We need funding to do outreach and to have enough staff on hand for shelters.
- There needs to be a general-athon for change. We need to start early in education and provide more support. We can do that in cooperation with the Y and extend to other social services. We need more case management. We are not capable; we need a navigator to get the steps done right.
- There needs to be services available. We need a recovery house for men and women. Greater funding, wider use of these criminal justice programs in all counties. Programs have been around for many years, like teen assistance, agency personnel. They serve as ad hoc to identify people in trouble and the schools have supported financially. The problem with Bush, he wants to eliminate that program. We will lose that program that has been working so well. Everyone looks to the schools, natural to look to the schools. We may lose funding for Safe and Drug Free Schools - some get \$4,000 and some get \$30,000. We have done a very good job supporting other programs. Discourage assemblies, better to have a series built into the system. Get our legislators to recognize how important it is to our schools.
- To have Sadler become Federal status (full Federally Qualified Health Center) to be able to serve more people.
- What I've learned from working at the Foundation is that there are a lot of leaders who care and there are few barriers. At the work site arena, there is a lot of potential for businesses to step up and share with the community. At large, there is a lot of interest, which would have a good return on investment. I see the Foundation in a key position. They are the driver. From a public relations stand point, they have the ability to create linkages to make them more visible.
- Adequate and solid resources to supplement them fiscally. We need everyone to work together to move forward. Make revisions to existing programs. To work with families and get support.

### **Question 8: What advice do you have for the project steering committee who is implementing this community health assessment process?**

- (As you do your planning) don't just consider our needs (as an agency). Make sure it is what the populations' needs are.

- Make sure that you include rich people as well as poor people and include a wide definition of health. Consider the emotional side of including people that are marginal. In Project SHARE people are passively receiving something. We need to shift to actively getting it for their neighbors and see us move toward buying from local farmers. We want to see more health providers do outreach at the food bank. People tell us it's not a health clinic. However, we see people whose feet are broken down. I know one woman with diabetes, her feet looked like she had socks on and she really didn't. People are afraid or too ashamed to ask somebody (for help). If the people (who knew about good health) were more accessible, it would be easier. I do home visits and will find someone who is unresponsive because they haven't taken their insulin. People won't take a flu shot because they are afraid they will get sick because they don't understand.
- Really get down to the grass roots as much as possible. Go to Salvation Army or Safe Harbor or Sadler to get to the people you're going to help.
- Nothing.
- When you get a group to form a committee the buzz words or credibility of the request of the proposal usually indicates where the money goes and how it's going to be funded. It's always best to look for best practices, and often times it is not generalized; they are called that because they should be amplified. We write grants to get funding. Volunteer groups would go unnoticed. Do a good job at everything and not just responders to requests for proposal. Sometimes people don't know how to respond to requests for proposal for a grant.
- Stay in touch with CRANA
- Funding, meaning they have to develop other ways, not just giving money away. They also need to look for grants and not just giving grants. This is a great group to have to look for outside funding to help, then, they can expand with public service announcements where TV and radio can piggyback into that somehow. We need to have some clinics or sessions open to the public for information and teach how to use medications and how to use the dollars appropriately. We need to stay away from funding people and their medication purchases, but spend the money to be a conduit of information. Could look at some of the area local church groups that need help and we could get information out that way.
- I think they need to invite everyone who's working in the field to help out. Sometimes they don't include all the players, not be biased, in terms of pre-existing paradigms. I think there are a lot of smaller groups that have valuable ideas that aren't taken into account because they're small. Don't just ask the bigger organizations - be inclusive. I think there has to be a real openness to do things that maybe weren't done before. There's a lot of resistance - if you have a new way of doing things or have new ideas. There's no accountability - it's hard to break into that. Especially when you're working in an organization that has its roots in a for profit organization. They said in the past they have to support the hospital... Why? That's an inherent bias.
- Do a lot of listening. They need to reach out to segments of the community they don't normally hear. Reach out through community organizations that have access to populations that traditionally don't come forward. Those efforts are important and I think they'll be surprised with what they learn. The more we can get from these people in these high-risk groups the better. It's better than hearing it second or third hand from a provider.
- We need to bring to their attention domestic violence and the health and wellness in our community. It all starts when women get pregnant. When they go to the hospital because of high blood pressure or ulcers and not being properly screened, we need to find the root of the problem. Or because of a broken nose or broken bones and they say they ran into the door or fell down the stairs. They are victims and could use help. We have to see correlation between mental health and domestic violence in a timely manner, particularly concerning mental health. Mental health is a cause of domestic violence, not the other way around.
- I think the initial efforts have been good by the Foundation. These are such universal problems that we need to have discussion with legislators to look for some political ways of dealing with those problems.
- To continue to look at service providers who will be able to support the programs and not look for new targets.
- To be helpful to assess some viewpoints and target audiences. Ask those folks what they would do to be more helpful in their opinion. There is a total lack of awareness. They should be working with employee groups.
- I have such a strong passion for FASD. Misdiagnosis and diagnosing it. The information has been out there for so long and 1/500 live births are FASD and 1/100 live births has some level of FASD. They have not gotten the services that they needed and I think it's time that we get that.
- To pay attention to the air quality in this area, it is very important to the future of the community. To take a good look at what was once a proud and responsive hospital. The people of our community want a hospital not to benefit the stockholders of Naples FL, but to benefit the patients who go there. Need to provide care to Medicaid mothers.
- They need to come up with a strategic plan. It's not apparent what they may have. If they have one - it's not apparent of what the big picture is. They need to get the word out to the community. So that the patients and the community both realize what is available and make use of them.
- I am not sure what the steering committee could do. Do we need to give a presentation to someone? Or get more political people involved? Healthcare needs of the community
- There is a great need in Perry County for more for the uninsured and for those who are not directly in Carlisle, but in the surrounding community like Perry County.
- Advice none...Community survey, phone interviews, focus groups - good to get input from all corners, this is great.

**Question 9: Any other comments/discussion?**

- Grateful to what CAHWF gives us, to help our programs get stronger.
- Happy they are doing this. I think it is very helpful.
- I appreciate the opportunity to make an impact.
- I really appreciate what the Foundation is doing and I think it's important.
- I think as far as our health center, a big warehouse will attract more blue collar workers and families, I think that will increase healthcare needs. We are getting more refugees in the area and population is just continuing to grow. We need an organization like Sadler. It is just going to increase. This is a universal need, not just a need in PA.
- It has been a pleasure working with the folks in the Carlisle area.
- No.
- No.
- No.
- The Health & Wellness is doing a great job and I am impressed at how well the Sadler clinic is doing. I appreciate the opportunity to speak with you today, thank you.
- There are ongoing issues with doctors and also among adolescents that continues to be a problem. I think there is a continued problem with adolescent pregnancies and lack of good prenatal care locally for the uninsured and Medical Assistance patients. I think the malpractice suits that continue to be a problem in PA and that has led to the loss of medical students who leave the state, which leads to deficiencies. People can't be referred to local doctors. They have to be referred to doctors further away for more complicated problems.
- Reaching out to the community to get even more information and I think you are doing that. I think that is critical. Develop some strategic plan to move forward with whatever the needs are.