

# Healthy Northeast Pennsylvania Initiative

## Community Health Improvement Process

Executive Summary

*prepared by Tripp Umbach & Associates, Inc.  
July, 1998*

***T***hroughout 1997 and early 1998, Lackawanna Lackawanna and Luzerne county residents,idents, health and human service providers, and community leaders engaged in a comprehensive program of research and planning to measurably improve the health of the bi-county region. The results of the research and planning activities, commissioned by the Healthy Northeast Pennsylvania Initiative and performed by Tripp, Umbach & Associates, are summarized herein. The study's findings are not a final report. Rather, this summary signals a critical starting point for a regional partnership that will build a Healthy Northeast Pennsylvania.

# Healthy Northeast Pennsylvania Initiative

## *A Community Health Improvement Process*

### I. Introduction

Citizens and community leaders in Lackawanna and Luzerne counties have an opportunity to implement a series of actions, which over time, will measurably impact the health status and quality of life of residents within their community.

The Healthy Northeast Pennsylvania partnership is particularly noteworthy due to its proven record of building bridges between: a diverse range of health and human service providers, distinctive communities, multifaceted community resources, and unique individuals. The capacity-building potential of this exciting partnership has been lauded by leading funding organizations, health and human service professionals, and the Pennsylvania Department of Health. This alliance is among the most comprehensive community health improvement efforts underway in the United States.

#### **Project Sponsors**

Allied Services,  
Blue Cross of NEPA,  
Community Medical Center,  
Lackawanna County  
Department of Human Services,  
Luzerne County  
Department of Human Services,  
Marian Community Hospital,  
Mercy Health Partners,  
Mid Valley Hospital,  
Moses Taylor Hospital,  
PA Department of Health—  
NE District Office,  
Penn State Geisinger,  
Scranton Area Foundation,  
The Luzerne Foundation,  
United Way of Lackawanna County,  
United Way of Wyoming Valley,  
US Healthcare,  
Voluntary Action Center of Northeastern  
Pennsylvania, Volunteer Action Center of  
Wyoming Valley, and  
Wyoming Valley Health Care System.

In 1997, health and human service providers in the Northeast Pennsylvania region initiated a collaborative community health improvement process to address critical needs of residents

#### **Healthy Northeast Pennsylvania Goal**

“To measurably improve the health and quality of life of area residents through a collaborative effort involving health related businesses and organizations along with many diverse community agencies, organizations, schools, religious organizations, corporations, and units of government.”

living in Lackawanna and Luzerne Counties. The goal of this partnership is to measurably improve the health and quality of life of area residents through a collaborative health improvement process. To accomplish their health and quality of life improvement goal,

the initiating organizations formed a unique collaborative health improvement coalition which was named the “Healthy Northeast Pennsylvania Initiative.” While all of the sponsoring organizations provided support for the process, the United Way of Luzerne County appointed a representative to manage the day-to-day activities of the Partnership.

The United Way of Lackawanna County and the United Way of Wyoming Valley, on behalf of the initiating institutions, retained Tripp, Umbach & Associates, Inc., a national community health planning firm, to facilitate a community health assessment procedure and to provide guidance for a comprehensive community health improvement process. Tripp Umbach has assisted over 100 communities in all regions of the United States with community health improvement activities.

This summary report documents a continuing, collaborative, comprehensive, and community-driven process. The commitment of the assortment of individuals and organizations that comprise the Healthy Northeast Pennsylvania Initiative to this effort is a key step in achieving ambitious and sustained endeavors to improve the health and well-being of community residents.

**"Never doubt that a small group of thoughtful,  
committed people can change the world.  
For indeed, it is the only thing that ever has."  
-Margaret Mead**

## II. Community Health Improvement Process

### Community Health Improvement Process

- Development and review of a community health profile from existing data sources.
- Development, distribution, and analysis of a health status and risk behavior household survey.
- Facilitation of qualitative research events to gather additional community input.
- Accomplishment of a community health prioritization and resource planning process.
- Announcement of priority health issues at a public forum.
- Formation of action-oriented task groups.
- Achievement of community health improvement goals.

### Community Health Profile

At the first meeting of the Healthy Northeast Pennsylvania Initiative, Tripp Umbach reviewed the community health assessment and planning methodology designed to guide the Partnership through the community health improvement process. After discussing the objectives of the process and gathering the visions of each initial participant, Tripp Umbach presented existing health-related statistical information for Lackawanna and Luzerne Counties. This data presentation detailed relevant health and quality of life statistics for the study area, Pennsylvania, and the United States. The health profile of existing data gave the Partnership an initial picture of the mortality, morbidity, and behavioral issues facing the study area.

Much of the data included in the county health profiles were provided by the sponsoring organizations including the regional office of the Pennsylvania Department of Health and participating hospitals and social service agencies.

## Household Survey Process

After reviewing existing data, Steering Committee members provided input into the design of a health status and risk behavior survey instrument. The purpose of the survey was to gather primary health status and risk behavior information not available elsewhere. The Healthy Northeast Pennsylvania partnership based their household survey upon a national survey conducted by Tripp Umbach and Associates, Inc. entitled “Benchmarks ‘96,” to allow comparative analysis.

The household survey collected data regarding: access to healthcare, awareness of services, nutrition and fitness, tobacco and alcohol use, health screening and testing, substance abuse, and mental health. Special questions were also used to target specific segments of the population (e.g., women, children, and senior citizens.) Although the Healthy Northeast Pennsylvania household survey generally followed the “Benchmarks ‘96” format, community representatives did suggest a number of revisions to help remedy community-specific data deficiencies.

The household survey was distributed randomly through the mail to 10,000 households living within the study area. A total of 1,069 useable surveys were completed by residents within the study area and returned to the offices of Tripp Umbach. After the returned surveys were coded, entered into Tripp Umbach's computer system, and analyzed by Tripp Umbach the key household survey data were presented to the Partnership in December, 1997.

## Community Input Events

After the Healthy Northeast Pennsylvania Initiative reviewed and discussed data findings, they identified specific areas of concern. These areas of concern were probed using qualitative research collection techniques including: focus groups, provider forums, and key informant interviews. The purpose of the qualitative research was twofold: 1) to explore further the health concerns identified through primary and secondary data findings; and 2) to supplement survey data in cases where segments of the population are often underrepresented.

### **Qualitative Research Audiences**

Adolescents  
Caregivers  
College Students  
Faith Community Representatives  
Health and Human Service Providers  
Medical Personnel  
Parents  
Public Safety Personnel  
Senior Citizens  
Teenage Mothers

## Prioritization and Planning Retreat

At a one-day planning retreat, conducted in June 1998, members of the Healthy Northeast Pennsylvania Initiative, along with other organizations and individuals, refined the focus of the Initiative by participating in prioritization and planning activities.

Retreat facilitators used individual and group activities to facilitate the selection of priority community health issues. The retreat participants reviewed data collected throughout the process and used specific priority determination criteria

to select key health issues. The participants selected “access to health services” and “health promotion and wellness” as priority health issues.

**Priority Health Issues**

Access to Health Services  
Health Promotion & Wellness

Upon completion of this initial prioritization activity, retreat participants further refined their focus. Community service providers and leaders of the Healthy Northeast Pennsylvania

Initiative specified components of each priority health issue, developed specific issue statements, and identified related community resources. Finally, the retreat participants recorded “keys to success” for the implementation process. These recommendations included vision statements as well as specific program actions that retreat participants felt were critically important to future efforts.

**Retreat Activities**

- Identified priority areas.
- Clarified issues.
- Developed issue statements.
- Described community resources.
- Established keys to success.

The retreat participants will present the work of the partnership at an upcoming town meeting. This information sharing event will increase awareness of the Healthy Northeast Pennsylvania Initiative. In addition, this public forum will serve to recruit involvement of interested individuals on specific task-oriented action groups.

**Implementation Process (1998 – 2001)**

Task groups will be formed to insure coordinated actions toward measurable health improvement. The outcomes of these task groups will address the health issues prioritized by the Healthy Northeast Pennsylvania Initiative. It is important to note that the specific goals of each task group have not yet been formally defined. Specific task groups may target issues common to multiple health priorities (e.g., a task group may work on education and outreach, thus addressing components of both access and wellness). The work of each task group will be coordinated during the Fall of 1998 so that task group formation can begin as soon as possible. It is the hope of the community health partnership that existing organizations and broad cross section of community representatives will provide ongoing leadership in the areas identified through this process.

## II. Summary of Priority Area Findings

### Health Priority Areas

#### ACCESS TO HEALTH SERVICES

transportation  
health insurance costs  
health system education

#### HEALTH PROMOTION, WELLNESS, & PREVENTIVE HEALTH SERVICES

alcohol abuse  
nutrition and exercise  
tobacco use

Recently, the Healthy Northeast Pennsylvania Initiative met to review the process and outcomes of their year-long health assessment. Upon reviewing multiple data sources, the partnership selected two priority health concerns to focus their efforts upon. While the partnership aims to measurably improve the specific health issues outlined in this report, note that the scope of the Initiative’s endeavors will be broad and flexible. This summary presents key findings related to the selected health

priority areas: Access to Health Services and Health Promotion, Wellness, and Preventive Health Services.

### A. Envisioning a Healthy Community

Throughout the Healthy Northeast Pennsylvania health assessment process, community members took part in “visioning” exercises that captured key characteristics of the community’s perception of a healthy community. See Figure 1.

### Healthy Community Building Blocks

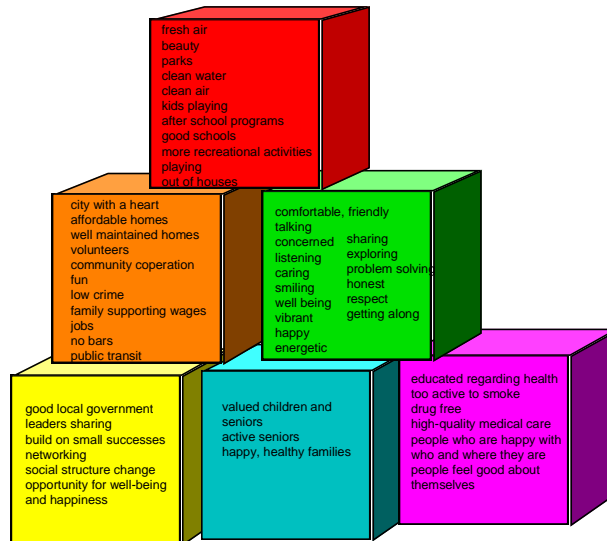


Figure 1

Northeastern Pennsylvania residents paint their picture of a healthy community with broad and sweeping strokes. Many people mention the presence of specific medical care and support services when describing their healthy vision. However, most people also mention economic, social, psychological, and spiritual

assets. On the whole, Northeastern Pennsylvania citizens envision a continuum of health and wellness: from rich to poor, from child to senior, from employer to employee, and from individuals to systems.

## B. ACCESS TO HEALTH SERVICES

Multiple data sources reveal that understanding and affording health service access is a major problem for Lackawanna and Luzerne County residents. While there may be many health and human service providers in Northeastern Pennsylvania, access to their services is often limited by cost, insurance, or transportation barriers.

The Healthy Northeast Pennsylvania Initiative has identified three key components of the access problem:

- transportation,
- cost of care and insurance issues, and
- health system education.

### Transportation

#### Transportation Problems

- Limited mass transit service (no weekend or evening hours).
- Multiple, uncoordinated, and unpublicized transportation services.
- Public services that do not cross county lines (and a lack of awareness of services that do).
- Customer service limitations of some public and private transportation providers.

Qualitative research indicates that while transportation services may be available in Northeastern Pennsylvania, many people feel that these services do not meet their needs. Local service providers suggest that some of those experiencing transportation problems (e.g., senior citizens, those with a disability, and caregivers) are

not aware of local transportation services. Transportation problems not only pose an inconvenience, they impede one's ability to access community health and human services.

The Healthy Northeast Pennsylvania Initiative has selected transportation barriers as a priority issue area due to: the partnership's chance for success in addressing the problem, the potential long-term impact of intervention, evidence of community need, and the ability to address this problem in a coordinated fashion without duplicating existing community services. Future transportation-related initiatives will likely target the following populations: children, women, those lacking transportation, senior citizens, and the working poor.

#### Transportation Goal

Increasing and expanding access to services through transportation.

Currently, many organizations are working hard to meet community transportation needs. The Healthy Northeast Pennsylvania Initiative wishes to partner with these existing service providers (e.g., local transportation systems and health and human service agencies) to increase and expand access to services through improved transportation. While the Healthy Northeast Pennsylvania Transportation Task Group is only just forming, project leaders have already

discussed exciting opportunities to establish car pools, automobile donation programs, and employer-supported mass transit vouchers.

## **Cost of Health Care and Insurance Issues**

**Health Care Cost and Insurance Issues**

- High cost of health care (including doctor's visits, dental care, eye exams and prescriptions).
- Lack of health insurance coverage.
- Limited health insurance coverage.
- Limited understanding of health insurance benefits.
- HMO access barriers (cost and location).

In Northeastern Pennsylvania, health care consumer and provider focus groups indicate that the costs and confusion surrounding modern health insurance create a substantial barrier to receiving needed health services. In particular, senior citizens and caregivers need help understanding what services are available to them and how to access these services.

### **Health Care Costs**

According to the Healthy Northeast Pennsylvania household survey, one out of four Northeastern Pennsylvania residents who do not have a primary care physician list "cost" as the reason why they do not have access to this type of medical care.

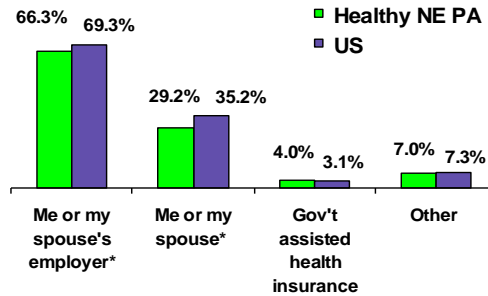
The strong majority of the Northeastern Pennsylvania population does have some form of health insurance (97% do so). However, the working poor are the least likely to have health insurance. According to statistical analysis, the people most likely to lack health insurance are those who are employed and have a household income less than \$15,000 per year.

**Healthy Northeast PA Survey Data**

Of those without a primary care physician, 1 out of 4 list "cost" as the reason.

While Northeastern Pennsylvanians struggle to revitalize their local economy, the burden of paying for health care is falling upon individuals. One out of three Healthy Northeast Pennsylvania survey respondents stated that they (or their spouse) must pay for their health insurance. Only sixty-six percent of the Northeast Pennsylvania respondents stated that their employer or their spouse's employer pays for their health insurance. See Figure 2 (on following page).

**Household Survey Data**  
**"My health insurance is paid by..."**



*Figure 2*

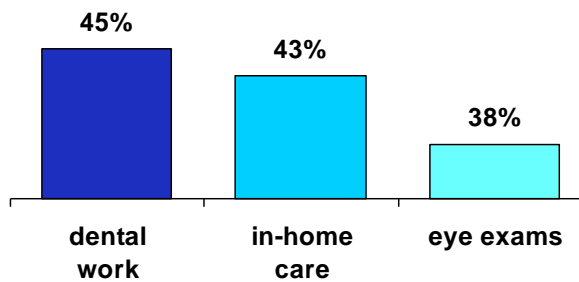
**Health Insurance Coverage**

For those in Northeastern Pennsylvania who are fortunate enough to have health insurance, barriers to care remain. Of those with health insurance, many must deal with limited coverage, high deductibles, and confusing service options. Although many community residents do have health insurance, specific coverage guidelines often fail to meet their needs. Both qualitative and quantitative research reveal that health insurance often fails to cover dental coverage, in-home care, and ophthalmological services. In addition, prescription expenses also add to consumers' financial stress.

**Household Survey Data**

**Those lacking (a) specific type(s) of health insurance coverage**

(Of those Healthy Northeast PA survey respondents who have health insurance)



*Figure 3*

Various focus group participants, in most audiences, stated that although there may be low or no cost services available, they do not qualify because their limited income exceeds assistance eligibility levels. Imagine the hardship faced by families who must deal with serious financial limitations, health problems, and access to service barriers, simultaneously.

To address health service cost and insurance issues, the Healthy Northeast Pennsylvania Initiative hopes to further public understanding of healthcare cost and insurance options. By involving human resource personnel, medical assistance case workers, consumers, legislators, and insurance companies; the Healthy Northeast Pennsylvania Initiative plans to increase the public's understanding of and access to affordable health care.

**Health Care Cost and Insurance Goal**  
Furthering public understanding of healthcare costs and insurance options.

### Health System Education

- Components of the Health System Comprehension Dilemma**
- Poor communication between organizations.
  - Fragmented service delivery.
  - Poor media assistance.
  - Systems that do not communicate clearly with each other or the individual.
  - Fragmentation among systems and providers of health-related services.

According to public input events conducted with local senior citizens, caregivers, religious leaders, and health and human service providers, many Lackawanna and Luzerne county residents have experienced problems understanding and accessing health and human service delivery systems. The Healthy Northeast partnership has characterized

this problem as a system navigation problem.

According to household survey data, Northeast Pennsylvania residents exhibit a relatively high awareness of community resources. However, qualitative research challenges this finding by showing that many community members experience problems *understanding* and *utilizing* existing community resources. For example, participants in both the senior citizen and caregiver focus groups discussed the services that they have discovered over the years and the “tricks” of receiving much needed assistance. Due to their frustration with understanding where and how to access community services, many focus group participants pleaded for a comprehensive resource directory that lists local community service contact people *as well as* an explanation of exactly services and eligibility information.

The Healthy Northeast Pennsylvania Initiative hopes to bridge the gap between available community resources and those lost in the web of the health and human service delivery system. The Healthy Northeast partnership seeks to work with information and referral systems to: 1) improve the public's ability to navigate “the system,” and 2) facilitate improved communication within and between health and human service systems.

**Health System Education Goal**  
Improving the public's ability to navigate health and human service systems and facilitating improved communication.

## C. Health Promotion, Wellness & Preventive Health Services

Issues of health promotion, wellness, and preventive health services are particularly important to the Healthy Northeast Partnership because they are critical components of a holistically healthy community. Preventable illnesses, injuries, and disabilities are a costly national and community problem.<sup>1</sup>

Targeting community wellness is no simple task. For the purpose of developing actionable programs, the Healthy Northeast Pennsylvania partnership has identified three target areas to initially focus on as they strive to increase community wellness. The partnership will target these issue areas because of community need, the potential long term impact of intervention, the uniqueness of regional collaboration on this topic, the likelihood of measurable success, and the ability to reach a large segment of the population.

The areas of focus within the topic of health promotion, wellness, and preventive health services are:

- 1) alcohol abuse,
- 2) nutrition and exercise, and
- 3) tobacco use.

### Alcohol Abuse

Alcohol abuse is a formidable national and community problem. The misuse of alcohol leads to other unhealthy events including: violence, crime, accidents, and increased health risks. Nationally, alcohol is involved in nearly half of all deaths caused by motor vehicle crashes and fatal intentional injuries (e.g., suicide and homicide). In addition, victims are intoxicated in approximately one-third of all homicide, drowning, and boating deaths.<sup>2</sup> Not only is alcohol abuse a leading national problem, it is a pronounced community challenge in Northeastern Pennsylvania.

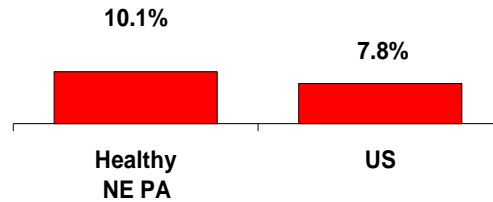
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<sup>1</sup> A increasingly large share of the US Gross National Product (GNP) is spent on medical services (5% in 1960 and 12% in 1990). Also, the cost of treating preventable illnesses is skyrocketing. For example, approximately 300,000 heart bypass procedures are performed each year at approximately \$30,000/each. This means that 9 billion dollars a year is spent on this one procedure! (Source: Healthy People 2000)

<sup>2</sup> Surgeon General's Workshop on Drunk Driving: Background Papers. (1989)

Household survey data reveals that more than six in ten Northeastern Pennsylvania residents drink alcohol. Alarmingly, one out of ten Northeastern Pennsylvania residents consume five or more drinks when drinking alcohol. See Figure 4.

**Household Survey Data**  
**Those who drink alcohol heavily**  
*(5+ drinks)*



*Figure 4*

Secondary data reviews, and data derived from *all* focus group audiences reveal that alcohol abuse is pervasive and lethal community threat. During public input events, many community residents shared their concern about teenage alcohol use and resulting problems (drinking and driving, suicide, addiction, etc.). Focus groups conducted with adolescents reaffirm the fact that drinking is indeed prevalent among their peers. Unfortunately, teens are pessimistic about the likelihood of reducing adolescent alcohol use since adult alcohol use is such a ubiquitous community norm.

Some local health and human service providers explained that the prevalence of bars in the area promotes the notion that drinking is acceptable recreational entertainment. Other providers stated that the area’s ethnic history contributes to contemporary alcohol problems. Regardless of the cause, the community’s alcoholism feeds other health problems (e.g., cirrhosis of the liver, heart disease, alcohol related accidents and fatalities, etc.)

**Alcohol Abuse Goal**  
 Reducing the percentage of the local community that imbibes to an unhealthy degree.

The Healthy Northeast Pennsylvania Initiative seeks to reduce the percentage of the local community that drinks alcohol to an unhealthy degree. The partnership hopes to particularly improve the alcohol use record of college students, the elderly, grade school children, pregnant women, and adolescents.

While many organizations are actively involved in meeting the needs of the community with regard to alcohol-related issues, the Healthy Northeast Pennsylvania partnership hopes to engender new resources so that alcohol treatment and prevention services can do their job more effectively and efficiently.

## Nutrition & Exercise

Fitness and nutrition status are key indicators of an individual's health. Dietary and fitness factors have been shown to be related to many leading causes of death including: coronary heart disease, some types of cancer, stroke, and non-insulin-dependent diabetes mellitus. Not only is there strong household survey evidence of poor dietary and exercise habits in Northeastern Pennsylvania, but the prevalence of certain causes of disease and death seem inextricably related to the area's poor nutrition and exercise performance.

### **Evidence of Northeast PA Nutrition and Exercise Challenges In Northeast Pennsylvania...**

1 out of 4 people are overweight.

15% of those who are underweight want to lose weight.

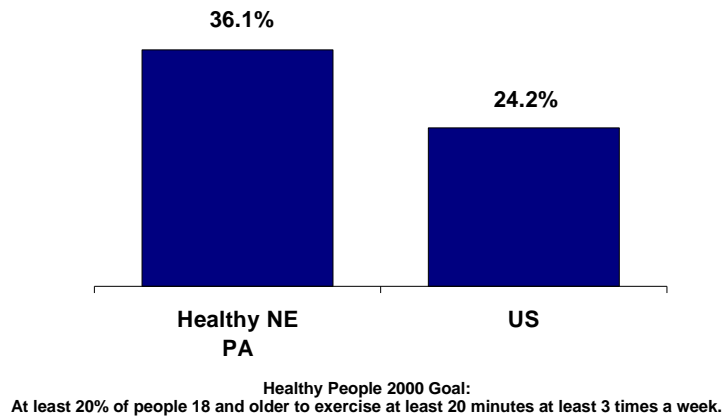
1 out of 4 never exercise.

Evidence of nutrition and exercise problems in Northeastern Pennsylvania are numerous. The community demonstrates high incidences of weight problems (both overweight and underweight), poor nutritional standards, poor exercise patterns, and high incidences of chronic diseases that are often caused or exacerbated by nutrition and fitness deficiencies.

Weight problems are perhaps the most visually apparent evidence of community nutrition and fitness challenges. Nearly one out of four Northeastern Pennsylvania residents are moderately or severely overweight. However, the evidence of weight problems does not confine itself to those who are overweight. Survey data shows that fifteen percent of those who are underweight are trying to lose weight.

Survey data and information from local health professionals reveal that dietary habits in Northeastern Pennsylvania are not particularly healthy. Survey data show that many community residents fail to eat a healthy diet. For example, more than one out of six Northeast PA residents *never* limit fat in their diet. Moreover, health professionals explained that few local eating establishments assist consumers in selecting healthy (e.g., low fat or "heart healthy") food options.

## Household Survey Data Those who do not exercise at all



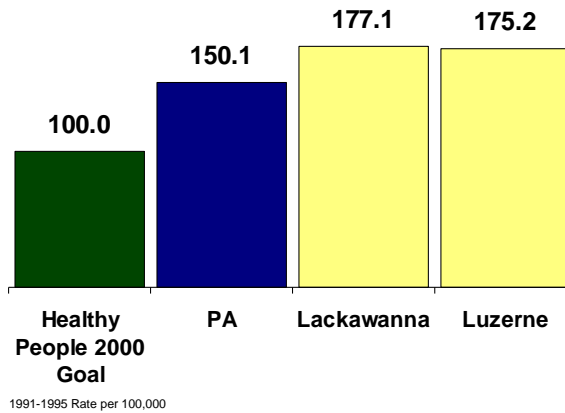
*Figure 5*

Poor nutritional status is further compounded by poor physical activity habits. Figure 5 shows that more than one out of three Northeastern Pennsylvania residents *never* exercise. Northeastern Pennsylvania residents are also less likely than the general US population to exercise the recommended interval (3 days per week for 20 minutes or more.)

Area health professionals are quick to point out that maintaining good dietary and exercise patterns is not a means to achieve unhealthy, media-contrived standards of good health. Instead, feeding and exercising one's body is an important part of maintaining good health and preventing serious health problems. Health care providers (locally and nationally) attribute some major community health problems (particularly heart disease) to poor diet and exercise patterns.

One example of the negative consequences of poor nutrition and activity levels is heart disease. In general, Pennsylvania is known for its high rates of heart disease and related health problems. Heart disease rates are particularly disturbing in Northeastern Pennsylvania. According to data provided by the Pennsylvania Department of Health, the heart disease death rate in Lackawanna and Luzerne Counties is significantly higher than that of the state or nation and is well above the Healthy People 2000 goal. See Figure 6 (on following page).

## Secondary Data Age-adjusted Heart Disease Death Rate



*Figure 6*

Survey and community input data also demonstrates evidence of cardiac health problems on the Northeastern Pennsylvania community. Local health care providers explain that heart disease runs rampant in the region. According to household survey data, 14% of household survey respondents have been told by a health professional in the past two years that they have a heart problem (versus 12% in the US). Furthermore more than six out of ten Healthy Northeast respondents have a family history of heart disease.

Using the aforementioned health data, the Healthy Northeast Pennsylvania Initiative has selected exercise and nutrition as a priority community health challenge. The Initiative seeks to promote improved nutrition and exercise in the local community.

### Exercise and Nutrition Goal

Improving community nutrition and exercise patterns.

To measurably achieve their goal, the Healthy Northeast Pennsylvania Initiative will work within a resource-rich environment to coordinate and collaborate existing and potential assets. To succeed, the nutrition and exercise task group will need to: 1) remain holistically focused, 2) avoid duplication of services, 3) strive to promote easy access to recreation and healthy food, and 4) offer inexpensive recreational activities.

## Tobacco Use

Tobacco use is responsible for more than one of every six deaths in the United States and is perhaps the most important single preventable cause of death and disease in our society.<sup>3</sup> Tobacco use is a major risk factor for low birth weight infants, heart disease, chronic obstructive pulmonary disease, many types of cancer, and respiratory infections.

Despite increased media attention upon the dangers of smoking, the use of tobacco remains widespread in Northeastern Pennsylvania. Household survey data show that one out of four Healthy Northeast PA respondents smoke cigarettes. However, the household survey data does not include adolescent smoking information.

### Household Survey Data Those who use tobacco

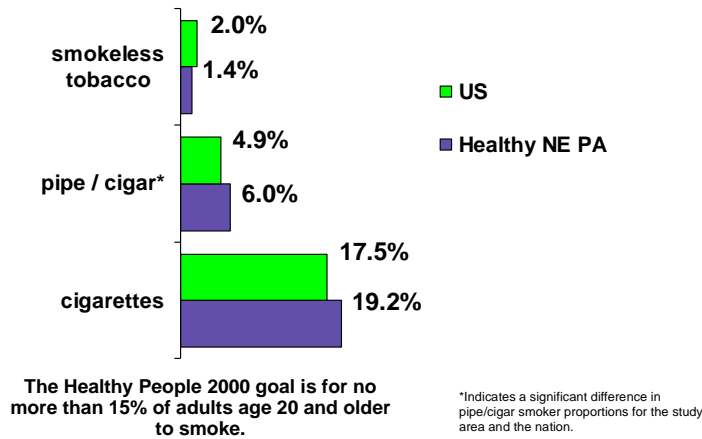


Figure 7

The Federal Office on Smoking and Health estimates that **3,000** young people begin smoking every day.

According to the Final Report of the National Commission on Drug-Free Schools, children and adolescents consume more than **one billion** packs of cigarettes a year.

(source: National Commission on Tobacco Use)

National and community data show substantial rates of tobacco use among children. The Federal Office on Smoking and Health estimates that 3,000 young people begin smoking every day. According to Northeastern Pennsylvania teens and service providers, youth smoking is very widespread in Northeastern Pennsylvania. Local epidemiologist and professor, Dr. Bernard Healy, an expert on adolescent risk behaviors, reports that more than half of Northeastern Pennsylvania teenagers smoke cigarettes.

<sup>3</sup> Source: Healthy People 2000

The Healthy Northeast Pennsylvania partnership aims to decrease tobacco use among all age groups. To do this, the task group will involve community resources that are already involved in tobacco cessation policy (e.g., Northeast Tobacco Coalition, Nicotine Anonymous, American Cancer Association, the Wellness Council, etc.) and will seek to involve new players such as politicians, economic development initiatives, athletes, and celebrities. The Healthy Northeast partnership will empower coordinated, collaborative and fundable efforts to achieve their goal of reducing community tobacco use.

**Tobacco Use Goal**  
Reducing the incidence of tobacco use among Northeastern Pennsylvania residents.

#### **D. Conclusions**

Building a healthier community involves far more than the avoidance of disease. Building health requires the active pursuit of a broader, more comprehensive form of community wellness. The completion of this phase of the Healthy Northeast Pennsylvania partnership’s health improvement process singles an important shift from a focus on planning to a focus on results. As this partnership mobilizes support it will establish detailed action plans and will produce results that measurably impact the priority health issues, empower citizens, and change how the community addresses public concerns.

## IV. Appendix

## **A. Community Partners**

The following organizations participated in the Healthy Northeast Pennsylvania process.

### **Sponsoring Organizations:**

Allied Services  
Blue Cross of Northeastern PA  
Community Medical Center  
Lackawanna County Department of Human Services  
Luzerne County Department of Human Services  
Marian Community Hospital  
Mercy Health Partners  
Mid Valley Hospital  
Moses Taylor Health Care System  
PA Department of Health, N E District Office  
Penn State Geisinger  
Scranton Area Foundation  
The Luzerne Foundation  
United Way of Lackawanna County  
United Way of Wyoming Valley  
US Healthcare  
Voluntary Action Center of Northeastern PA  
Volunteer Action Center of Wyoming Valley  
Wyoming Valley Health Care System

### **Provider Forum and Focus Group Sponsors:**

Allied Services  
Boys and Girls Club of Scranton  
Inter-Collegiate Leadership Wilkes-Barre  
Marian Community Hospital  
Mercy Health Partners  
Scranton Area Family Center  
Scranton Temple Health Center  
Telespond Senior Services, Inc.  
United Way of Lackawanna County  
United Way of Wyoming Valley  
West Side Senior Center

### **Other Participating Organizations:**

American Diabetes Association  
American Red Cross  
Arbor Career Center  
Carbondale 2000  
Carbondale Area Chamber of Commerce  
Carbondale Business Association  
Carbondale Police Department  
Carbondale YMCA  
Caring Foundation of NE PA  
Caron Counseling Services  
Children's Service Center

**Other Participating Organizations, *continued***

CITE Business School  
City of Carbondale  
Department of Nursing University of Scranton  
Department of Public Welfare  
Dial-a-Driver  
Domestic Violence Service Center  
Economic Development Council of NE PA  
Family Enhancement Center; Wyoming Valley Health Care System  
Forest City Head Start  
Friendship House  
Governor's Northeast Office  
Head Start  
Lackawanna County Area Agency on Aging  
Lackawanna County Assistance Office  
Lackawanna County Children & Youth  
Lackawanna County Commission on Drug & Alcohol Abuse  
Lackawanna County Subsidized Day Care Program  
Luzerne County Assistance Office  
Luzerne County Head Start  
Luzerne County Juvenile Probation  
Luzerne Intermediate Unit 18  
Marian Home Health Services  
Marywood University  
Maternal and Family Health Services  
Nonprofit Resource Center, University of Scranton  
Northeast Regional Cancer Institute  
PA Department of Health  
Pediatric Care  
Penn State Cooperative Extension  
Pennsylvania State Attorney General's Office  
Planned Parenthood of NE PA  
Sallie Mae  
Scranton Primary Health Care Center  
SLHDA  
Sordoni Foundation Inc.  
St. Joseph's Center  
St. John Lutheran Church  
Susan G. Komen Breast Cancer Foundation  
Tri-County Health & Human Services Center  
United Neighborhood Centers of Lackawanna County  
University of Scranton  
Welfare Rights of Scranton  
Wellness Council of NE PA  
WIC  
Wyoming Valley Alcohol & Drug Services, Inc  
Wyoming Valley Children's Association

Please note that every effort has been made to include the many generous contributions made to this process. If you or your organization has not been acknowledged and should be, please contact Vanessa Lund at 412-281-2311, ext. 12 so that our records may be updated. ***Many thanks to the many dedicated individuals who have donated resources to this important initiative!***

## **B. Additional Information**

Additional information about the Healthy Northeast Pennsylvania Initiative may be obtained by contacting Carol Clegg at the United Way of Wyoming Valley (717) 829-6711.

The following materials are available, upon request, from the Healthy Northeast Pennsylvania Initiative:

### **Secondary data**

- data summary - tabular report
- data summary - power point presentation

### **Household Survey Data**

- survey instrument
- household survey data - SPSS database
- household survey data - tabular report
- household survey data - key findings report
- household survey data - power point presentation

### **Qualitative Data**

- qualitative data report (#1)
- qualitative data report (#1) - power point presentation
- qualitative data report (#2)

### **Prioritization and Planning Data**

- key findings presentation to retreat participants - power point presentation
- summary of retreat proceedings

### **Other**

- Healthy Northeast Pennsylvania Initiative, Executive Summary
- Town Meeting Presentations (available in September, 1998)