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# Community Health Needs Assessment 2025

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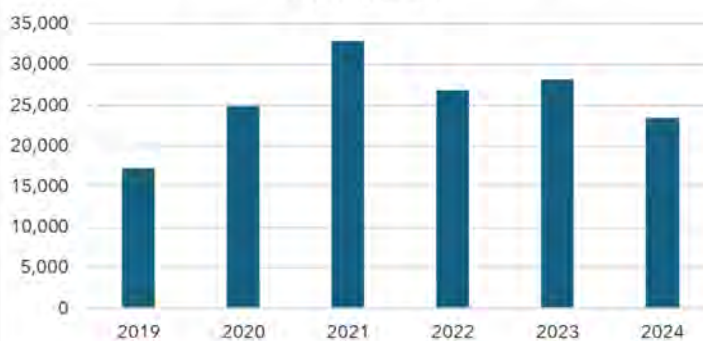
# Introduction

The Wright Center (also referred to as TWC) is a Federally Qualified Health Center Look-Alike (FQHC-LA) based in Scranton, Pennsylvania. Its mission is to improve the health and welfare of its communities through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve. The Wright Center is also a federally supported teaching institution.

The Wright Center was founded in 1976 as the Scranton-Temple Residency Program. Pioneering physician Dr. Robert E. Wright, a native of Archbald, Pennsylvania, led the startup and rallied community support. Dr. Wright and other early proponents of the physician training program were especially interested in developing doctors who would choose to practice locally. These community leaders foresaw the coming challenge in filling the slots of retiring physicians in Northeast Pennsylvania.



**Figure 1: TWC Patient Count 2019-2024**



The residency program welcomed its first students on July 1, 1977. Its inaugural class consisted of six internal medicine physicians. In the decades since then, the program has blossomed into one of the largest Health Resources and Services Administration (HRSA) - funded Teaching Health Center Graduate Medical Education (THCGME) Safety Net Consortiums in the nation.

In 2010, the Scranton-Temple Residency Program's board of directors voted to rename the organization in Dr. Wright's honor. The Wright Center later gained status as an FQHC-LA in 2019.

The Wright Center served 23,362 unduplicated patients in 2024 (Figure 1). Unlike many health centers, its patient count increased during the pandemic, largely due to COVID-19 testing and treatment.





# Executive Summary

## Community Health Needs Assessment

This Community Health Needs Assessment (CHNA) was completed in February 2025 and meets the Health Resources and Services Administration's (HRSA) requirement to complete a comprehensive needs assessment at least every three years. Data from the CHNA will be used by The Wright Center to ensure its services are responsive to patient, community, and staff needs. The CHNA drew upon data from a variety of sources, summarized in Appendix 1, including:

- Staff Surveys: *128 responses*
- Patient and Community Survey: *1,045 responses*
- Partner Interviews: *16 conducted*
- Staff Focus Groups: *5 completed with 8 staff members*
- Patient Interviews: *Conducted with 5 patients*
- Secondary Data Sources: *See bibliography*
- Internal and External Community Health Needs Assessments

## Priority Areas

The CHNA process included identification of six priority need areas, listed below, within The Wright Center's service area. The priority areas were identified with The Wright Center leadership and staff. Priority areas are highlighted throughout the report by a flag icon . Summaries of key findings from each priority area, as well as recommendations for action, are included below. As concerns related to Spanish speaking residents and other minorities cross many health areas, disparities related to these populations are highlighted throughout the report with a disparity symbol. 

- Behavioral Health
- Access to Care
- Affordable Housing and Homelessness
- Support for Spanish Speaking and Other Minority Populations
- Healthy Lifestyles, Nutrition, and Weight Management
- Needs for an Aging Population



## **Behavioral Health**

### ***Key Findings:***

- Mental Health was a top health concern noted by staff, partners, patients, and community members. For community survey respondents under age 65, it was the top health concern. Alcohol use and drug abuse were the top “risky behaviors” identified by the community survey.
- Depression and anxiety rates continue to climb throughout the United States and Pennsylvania.
- In The Wright Center’s service area, the following aspects of mental health compare unfavorably to rates in Pennsylvania and the United States:
  - Self-reports of poor mental and physical health
  - Suicide rates
  - Tobacco use
- While excessive drinking in the service area is typically lower than in Pennsylvania and the United States, deaths related to impaired driving indicate concerning alcohol use in multiple counties.
- Throughout the service area, drug overdose rates are among the highest in Pennsylvania, with the highest percentages among people who are either male, Black, Hispanic, or ages 35-44.
- The number of mental health providers in Lackawanna County falls roughly 12% short of the benchmark for the United States. Other counties have half the providers, if not fewer, than recommended.

### ***Considerations for Further Action:***

- Expand suicide prevention awareness, including Mental Health First Aid, in collaboration with community partners.
- Focus quality improvement efforts on depression screening and follow-up to improve this lagging measure post-pandemic.
- Consider and/or further adopt evidence-based integrated behavioral health interventions such as collaborative care and Screening, Brief Intervention and Referral to Treatment (SBIRT).
- Expand bilingual behavioral health staffing and focus efforts on the provision of culturally competent care.
- Expand awareness of mental health resources to immigrant populations.
- Implement trauma-informed care training.



## **Access to Care**

### ***Key Findings:***

- Many community members experience barriers to care including long wait times, high cost of care, lack of insurance, and Social Determinants of Health (SDOH) needs.
- Uninsurance rates in the service area's rural counties generally exceed those in the rest of the state, with one county at 8.9%. However, the overall average of 6.2% is slightly better than the Pennsylvania rate of 6.5% and the national rate of 9.5%.
- Significant portions of the service area are designated as Medically Underserved Areas (MUA) and Health Provider Shortage Areas (HPSA).
- In rural counties, provider ratios are unfavorable for primary care, dental health and mental health. Some counties have 2-3 times fewer providers per capita than state and national averages.
- Provider shortages in key specialties (e.g., pediatrics, maternity care/obstetrics) exist throughout the service area. The shortage of experienced providers and staff has become more acute with the demands of an aging population.
- Facilities for obstetrics and inpatient pediatrics are scarce and the possible closure of key hospitals in the service area could further restrict access.

### ***Considerations for Further Action:***

- Given the large numbers of unserved low-income residents (98,000) and Medicaid enrollees (95,000) in the service area, there is potential for The Wright Center to improve access for the target population.
- Inform, educate, and support uninsured individuals to both access subsidized insurance programs and utilize the sliding fee program.
- Prioritize participation in state and regional advocacy efforts related to creating career training pathways and local employment.
- Continue expanding partnerships to increase the health workforce pipeline and training opportunities.
  - Give special consideration to increasing the pipeline of workers who can support Spanish-speaking, immigrant, and Black communities.
  - Partner with high schools and community colleges to create accessible and paid internships.
  - Train and certify Medical Assistants and Dental Assistants in-house.
  - Consider residency programs for Nurse Practitioners and behavioral health providers.
- Continue burnout prevention and ongoing support to minimize turnover of existing staff and clinicians.

## Affordable Housing and Homelessness

### **Key Findings**

- Housing stability is a health concern: it leads to increased mental health stress and can impede health care access.
- On a dollar basis, median rent and median mortgage are less for those living in the service area compared to other parts of the state and nationally. However, the percentage of individuals spending 35% or more of their income toward housing is generally higher.
- Renters in the service area are more highly burdened by cost than homeowners, especially in Lackawanna County (47.4% burdened vs 21.2% of homeowners). Both statistics are much higher than the Pennsylvania averages of 40.1% (renters) and 18.3% (homeowners).
- The Wright Center is seeing more homeless patients, from 0.5% of the patient population in 2019 to 4.5% in 2024. Proactive outreach to public housing and unhoused residents may be driving the increase in homeless patients receiving care.

### **Considerations for Further Action:**


- Consider collaboration with local Continuum of Care (CoC) strategic planning processes.
- Prioritize SDOH supports and resource referrals for individuals experiencing homelessness or at risk of homelessness.
- Advocate for housing supports that are available to recent immigrants given significant population increases in this area.
- Continue to prioritize provision of community-based services, such as mobile medicine, street medicine, and outreach within shelters to reach unhoused individuals.
- Prioritize access to mental health services for those who are at risk of becoming homeless.
- Ensure that staff are regularly trained to offer financial supports to low-income individuals with high housing cost burdens.
- Consider partnership for medical respite to support patients who lack space and support to recover from illness and medical procedures.





## **Support for Spanish Speaking and Other Minority Populations**

### ***Key Findings***

- The Hispanic population is growing in northeastern Pennsylvania with each of the 10 counties in the service area nearly doubling its Hispanic population during the 2010 - 2022 time period. The percentage of patients with Hispanic or Latino background increased from 10% in 2019 to almost 16% in 2024.
-  Health disparities occur among Hispanic and other minority populations. Examples include:
  - Hispanic patients have lower rates of diagnosed hypertension and diabetes, but lower rates of control.
  - Drug overdose rates are higher among Hispanics than non-Hispanics.
  - Hispanic children are more likely to be uninsured than their non-Hispanic counterparts.

### ***Considerations for Further Action:***

- Continue to expand the workforce of bilingual staff and clinicians and provide cultural awareness training for all team members. These capabilities are especially critical for mental health and street/mobile outreach services.
- Study the unique barriers to accessing healthcare for The Wright Center's Hispanic and Spanish-speaking population.
- Consider specific chronic disease education, such as group classes, for Spanish-speaking patients.
- Ensure that systems and processes used to educate potential new patients are accessible in a variety of languages and modalities.

## Healthy Lifestyle, Nutrition, and Weight Management Support

### **Key Findings**

- Weight and obesity are significant concerns within the service area, with rates typically exceeding those of Pennsylvania and increasing on a year-over-year basis.
- Pennsylvania ranks 23rd nationally for childhood obesity, with 16% of children and adolescents experiencing obesity.
- 34% of community survey respondents identified obesity as a health issue in their household.
- Access to healthy food and food insecurity are notable concerns. 58% of Latino survey respondents and 49% of Black respondents indicated a likelihood to use food assistance (34% overall).

### **Considerations for Further Action:**

- Increase patient and community awareness of The Wright Center's existing lifestyle and obesity medicine offerings.
- Ensure effective system of referrals to nutrition counseling after obesity screenings.
- Review programs to ensure availability, relevance, and cultural competence for immigrant, Hispanic, and Black populations.
- Consider offering group education on nutrition and exercise.
- Consider partnering with YMCA, or similar, to create a medical-exercise program.
- Ensure that providers understand prescribing options for GLP-1 medications as well as potential cost supports for patients.
- Implement planned provider education for intellectually and developmentally disabled patients (a group especially impacted by high obesity rates).





## **Needs for an Aging Population**

### ***Key Findings***

- Health concerns related to aging were the top issue cited by community members, were one of the five top issues noted by community partners, and a repeated issue mentioned in the staff survey.
- As of 2022, a majority share of the regional population was between 55 and 64 years old. Over 20% of the population was age 65 or older. Less than 11% was nine years old or younger. This inverted pyramid age structure could create an imbalance in available community resources, including health care services.
- The median age is higher than in Pennsylvania in 9 of 10 service area counties. All 10 are higher than the US median.
- The top 5 health conditions cited by 65+ survey respondents include hypertension, diabetes, heart disease, hearing, and sleep.

### ***Considerations for Further Action:***

- Ensure robust continuing education options for all primary care and mental health providers for geriatric care.
- Continue supporting geriatric-specific medical programming.
- Expect further pressure on jobs requiring extensive experience as the workforce ages and demand for services increases due to the aging population.
- Consider partnerships that enable streamlined referrals for in-home care and daily assistance.
- Create group health education programs specific to the needs of seniors (e.g., fall prevention, hypertension, coping with loss) and help to address social isolation.
- Create efficient workflows for Medicare wellness visits (e.g., team-based approach).
- Provide supports for seniors who may struggle with access to medical records and forms.



# Service Area Overview and Patient Characteristics

## The Wright Center Service Area

The Wright Center serves a 10-county region in northeastern Pennsylvania (Figure 2). About 80% of its patients reside in Lackawanna County [1], largely in the Scranton area. Of the service area counties, only two (Luzerne and Lackawanna) are considered urban [2].

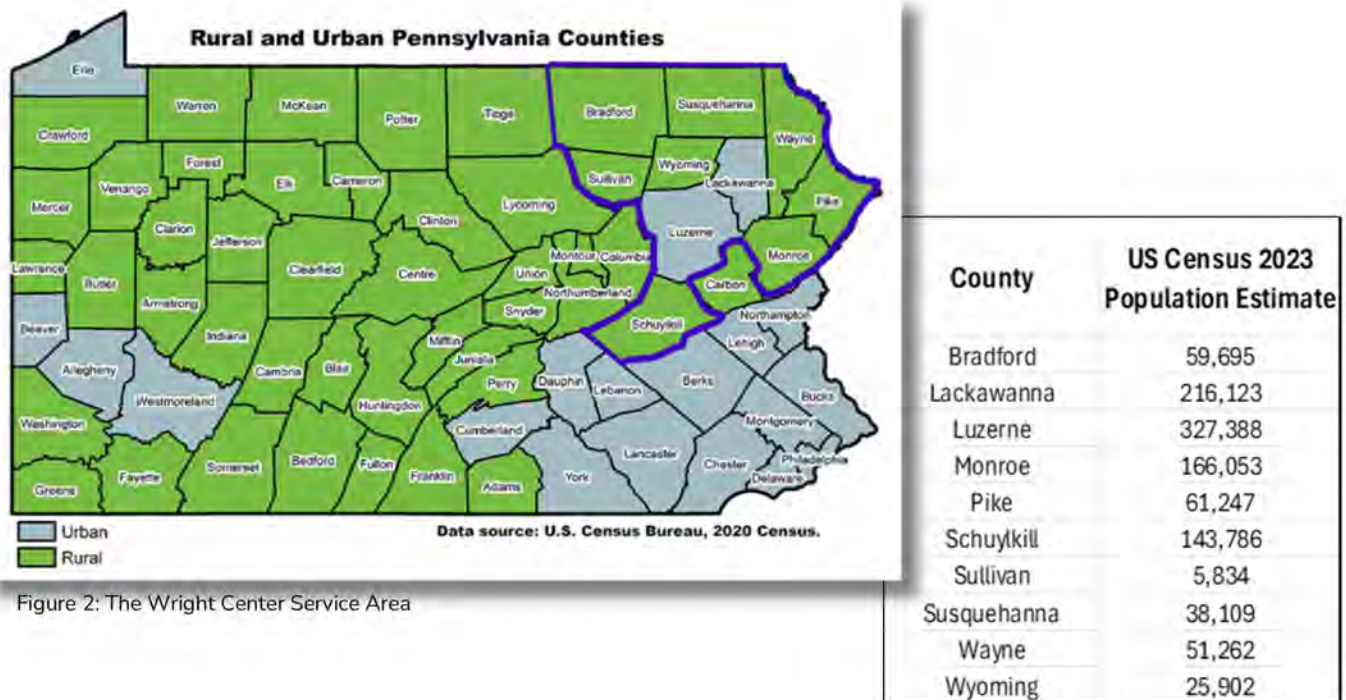


Figure 2: The Wright Center Service Area

The service area, represented in Figure 3, is non-contiguous and reflects the zip codes in which The Wright Center’s patient population resides. The top 75% of the patient population (a metric typically used by HRSA to define service areas) is captured in Figure 4. 75% of the total patient population resides in the zip codes listed in Table 1. Note that most zip codes in the top 75% are located in Lackawanna County, three are in Luzerne County, and two are in Wayne County.

[1] (HRSA GeoCare Navigator, 2024)

[2] (Center for Rural Pennsylvania, 2025)

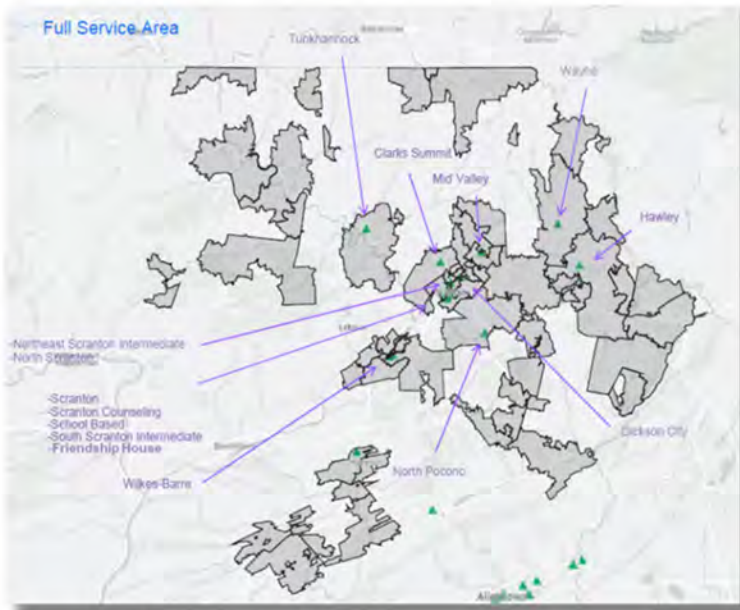


Figure 3: Full Service Area

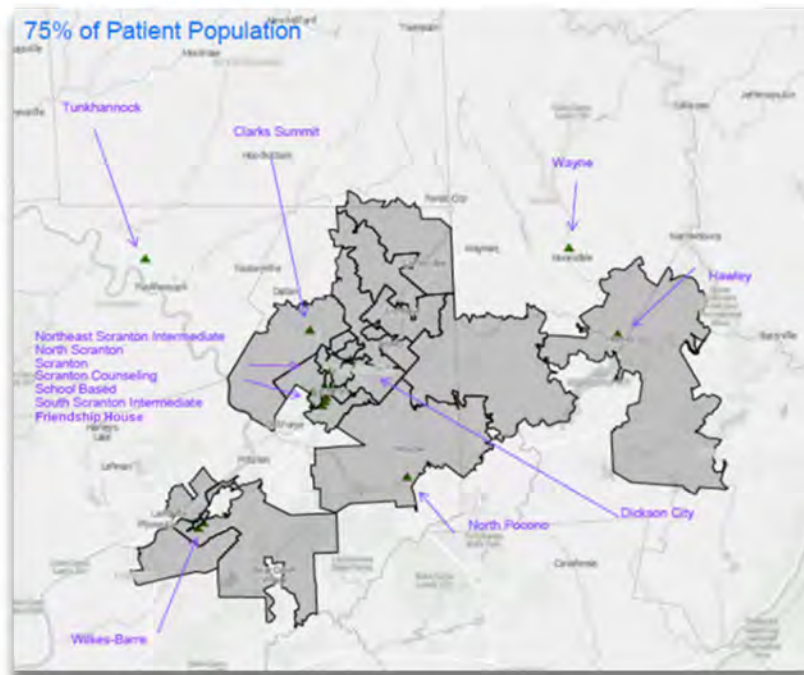


Figure 4: 75% of Patient Population

Top 75% of The Wright Center Patient Population - 2023			
Zip Code	County	Zip Code	County
18505	Lackawanna	18510	Lackawanna
18504	Lackawanna	18704	Luzerne
18407	Lackawanna	18512	Lackawanna
18702	Luzerne	18444	Lackawanna
18411	Lackawanna	18428	Wayne
18508	Lackawanna	18519	Lackawanna
18403	Lackawanna	18452	Lackawanna
18447	Lackawanna	18434	Lackawanna
18509	Lackawanna	18706	Luzerne
18433	Lackawanna	18436	Wayne

Table 1: Top 75% of the Wright Center Patient Population 2023

## Clinic Locations and Services Provided

The Wright Center's clinical sites are in Lackawanna, Luzerne, Wayne, and Wyoming Counties.



### **Clarks Summit**

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Behavioral Health, Geriatric Care, Lifestyle Medicine, Women's Health, Telehealth

**County:** Lackawanna

**Address:** 1145 Northern Blvd. South Abington Township, PA 18411

### **Dickson City**

**Services:** Primary and Preventive Care, Pediatrics, Geriatric Care

**County:** Lackawanna

**Address:** 312 Boulevard Ave., Dickson City, PA 18519



### **Friendship House**

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Telehealth

**County:** Lackawanna

**Address:** 200 Wyoming Ave., Suite 250 Scranton, PA 18503

### **Hawley**

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Lifestyle Medicine, Geriatric Care, Women's Health, Telehealth COVID-19

**County:** Wayne

**Address:** 103 Spruce St. Hawley, PA 18428





## Mid-Valley

**Services:** Primary and Preventive Care, Pediatrics, Behavioral Health, Addiction and Recovery Services, Lifestyle Medicine, Geriatric Care, Women’s Health, Dental, Alzheimer’s and Dementia Care, COVID-19, Hepatitis C Testing and Treatment, Telehealth, Obesity Medicine

**County:** Lackawanna

**Address:** 5 S. Washington Ave. Jermyn, PA 18433

## North Pocono

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Telehealth

**County:** Lackawanna

**Address:** 260 Daleville Highway, Suite 103 Covington Twp., PA 18444



## North Scranton

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Lifestyle Medicine, Geriatric Care, Women’s Health, Telehealth

**County:** Lackawanna

**Address:** 1721 N. Main Ave. Scranton, PA 18508



## School Based

**Services:** Primary Care, Pediatrics, Lifestyle Medicine, Geriatric Care, Women’s Health, Addiction and Recovery Services, Behavioral Health, Telehealth

**County:** Lackawanna

**Address:** 1401 Fellows St. Scranton, PA 18504





## Scranton

**Services:** Primary and Preventive Care, Pediatrics, Behavioral Health, Addiction and Recovery Services, Lifestyle Medicine, Geriatric Care, Women's Health, Sports Medicine, Rheumatology, COVID-19, Hepatitis C Testing and Treatment, Ryan White HIV Clinic, Dental, Telehealth, Obesity Medicine, Infectious Disease Services

**County:** Lackawanna

**Address:** 501 S. Washington Ave., Suite 1000 Scranton, PA 18505

## Scranton Counseling Center

**Services:** Lifestyle Medicine, Addiction and Recovery Services, Primary and Preventive Care, Geriatric Care, COVID-19, Opioid Center of Excellence, Pediatrics, Telehealth, Women's Health

**County:** Lackawanna

**Address:** 329 Cherry St. Scranton, PA 18505



## Tunkhannock

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Geriatric Care, Lifestyle Medicine, COVID-19, Women's Health, Telehealth, Hepatitis C Testing and Treatment, Opioid Center of Excellence

**County:** Wyoming

**Address:** 5950 U.S. Route 6, Suite 401 Tunkhannock, PA 18657





## Wayne

**Services:** Addiction and Recovery Services, Primary and Preventive Care, Telehealth

**County:** Wayne

**Address:** 1855 Fair Ave. Honesdale, PA 18431

## Wilkes-Barre

**Services:** Primary and Preventive Care, Pediatrics, Addiction and Recovery Services, Lifestyle Medicine, Geriatric Care, Women's Health, Infectious Disease Services, Telehealth, Ryan White HIV Clinic, Hepatitis C Testing and Treatment, Behavioral Health, Alzheimer's and Dementia Care, Healthy MOMS, Opioid Center of Excellence, COVID-19

**County:** Luzerne

**Address:** 169 N. Pennsylvania Ave. Wilkes-Barre, PA 18701

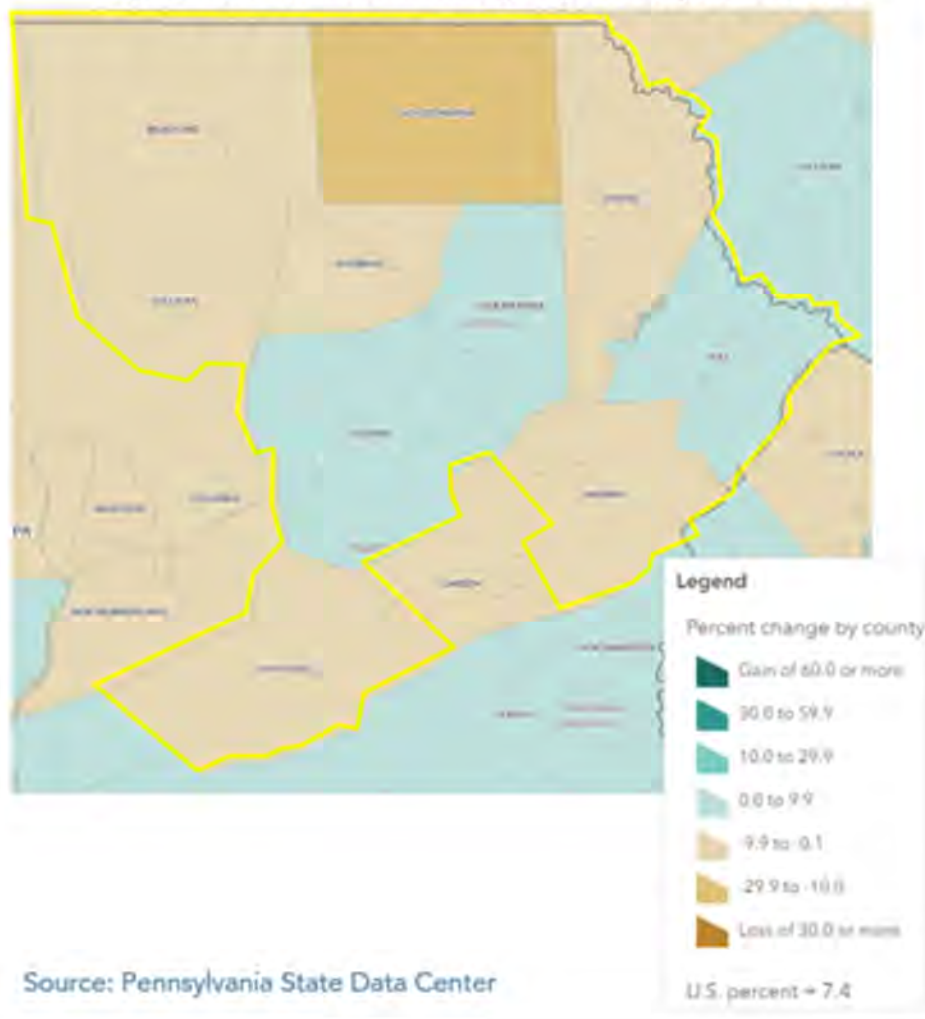


## Patient Characteristics

### *Population Trends*

Pennsylvania's population increased 2.4% between 2010 and 2020. The population for most of the counties in the service area, however, decreased, with additional decline forecasted through 2050 [3]. Susquehanna County experienced the largest 2010 to 2020 population decrease (Figure 5). Susquehanna, Wayne and Pike Counties are expected to decrease at the highest rates in the next 25 years (Figure 6).

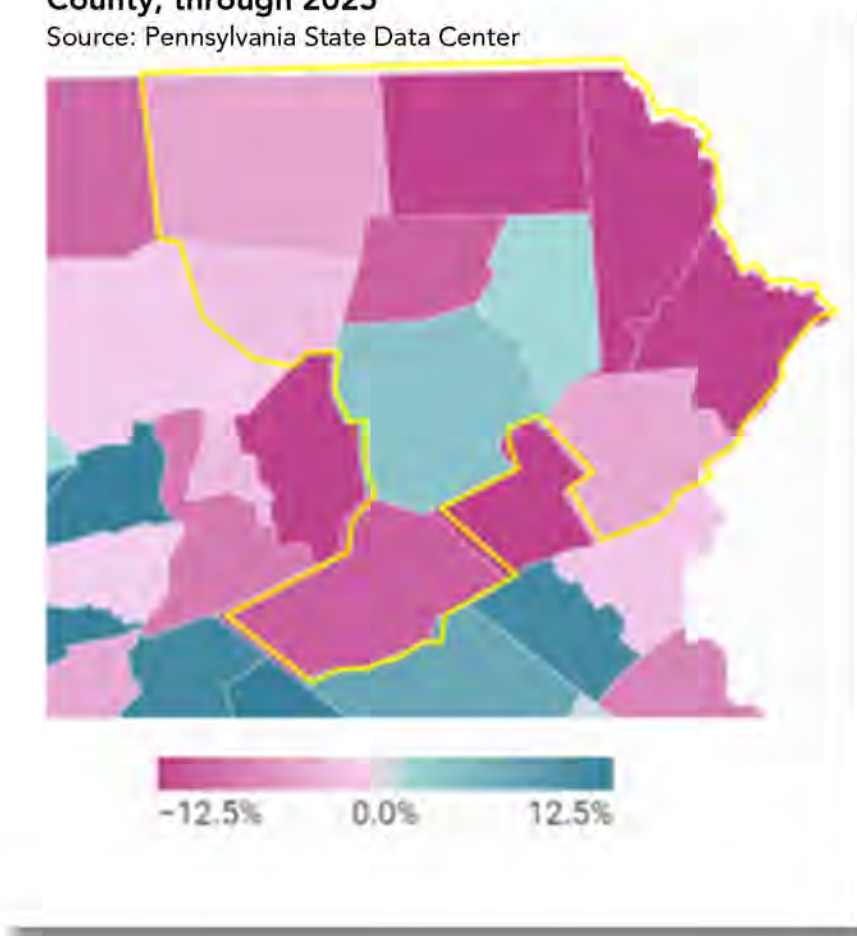
**Figure 5: Population Change by County 2010-2020**



[3] PA State Data Center, 2024

### Figure 6: Pennsylvania Population Projections by County, through 2025

Source: Pennsylvania State Data Center



### Age Trends

The median age in each county within the service area exceeds state and national averages (Figure 7). The dramatic percentage increase in the size of the 65+ population between 2010 and 2023 is illustrated in Figure 8.

Between 2019 and 2023, The Wright Center saw a 25% decrease in its under 18 population (from 27% to 20% of the patient population) and a 45% increase in its 65+ population, from 11% to 16% of the total (Figure 9).

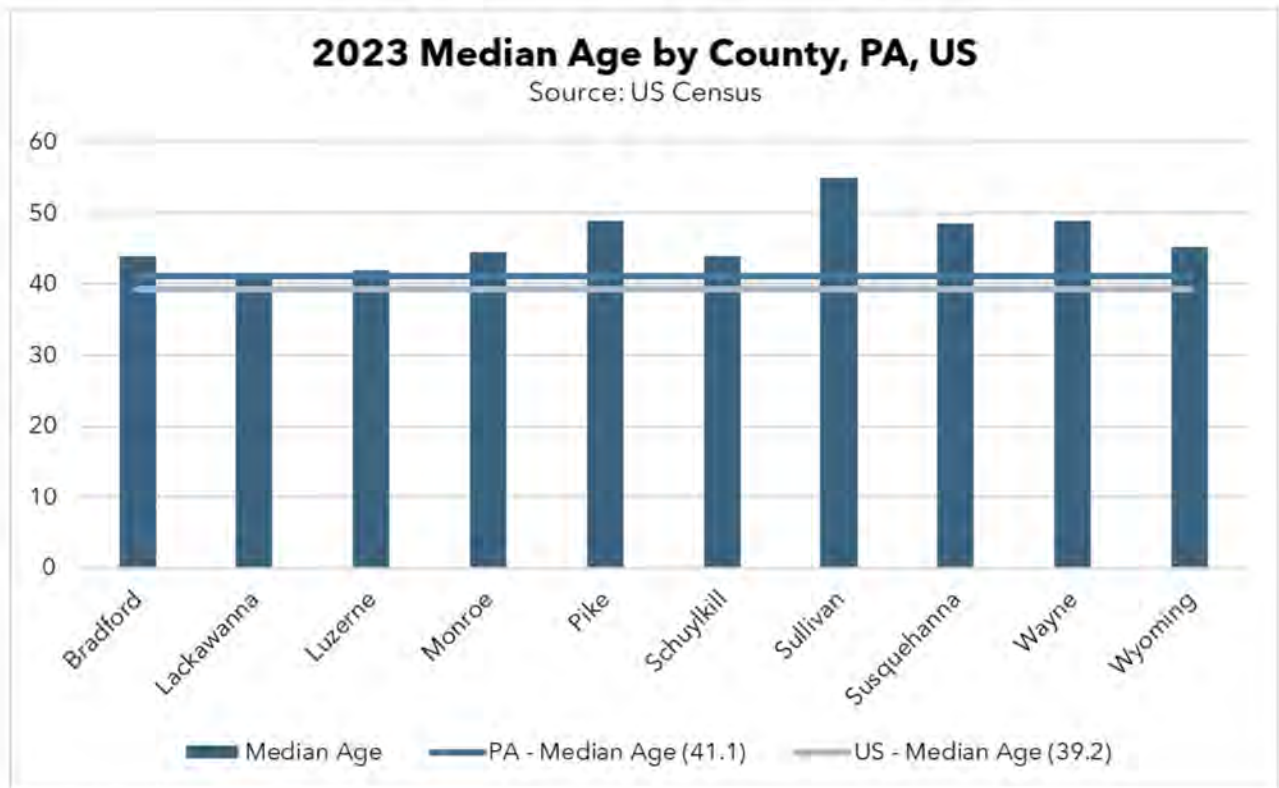


Figure 7: 2023 Median Age by County

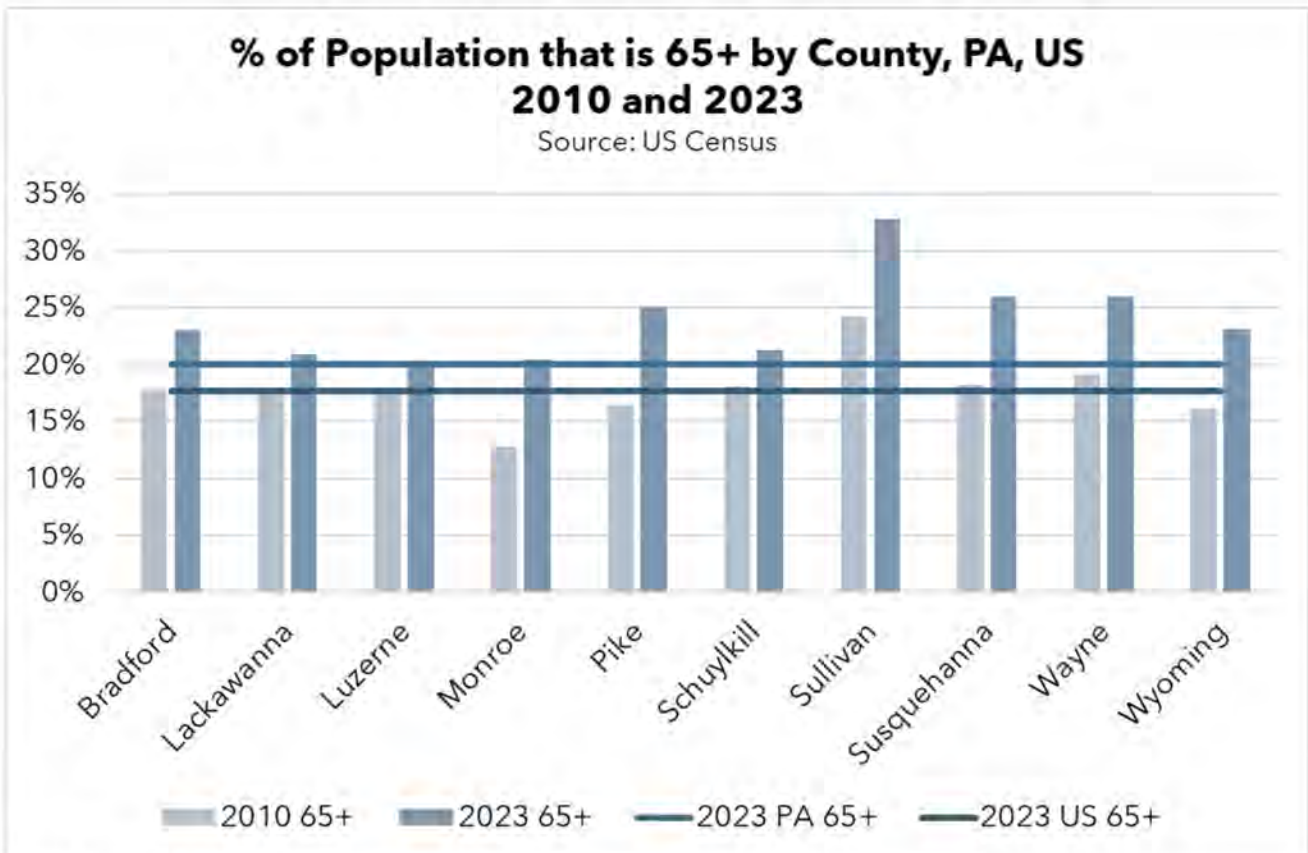


Figure 8: 65+ Population by County

## TWC Patients by Age Group 2019 - 2023 with % 65+ and Under 18

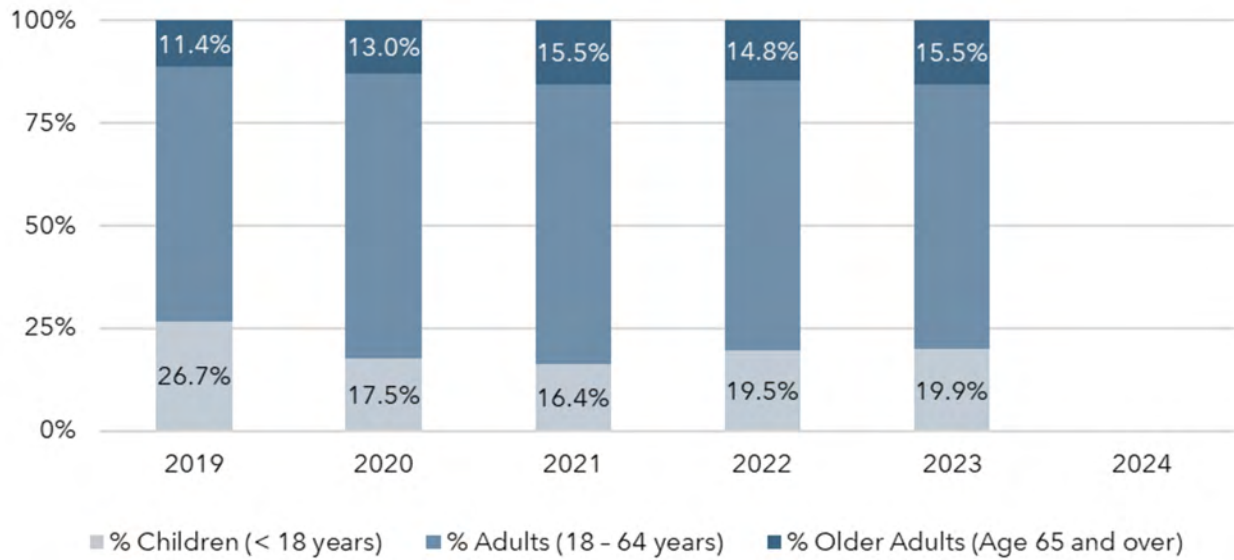


Figure 9: Patients by Age Group 2019-2023 with % 65+ and Under 18



## Race and Ethnicity

US Census data indicates that service area counties are less racially and ethnically diverse than Pennsylvania and the United States, with all but Monroe County having a higher percentage of White residents. The percentage of Hispanic residents in each county is less than the national average [4].

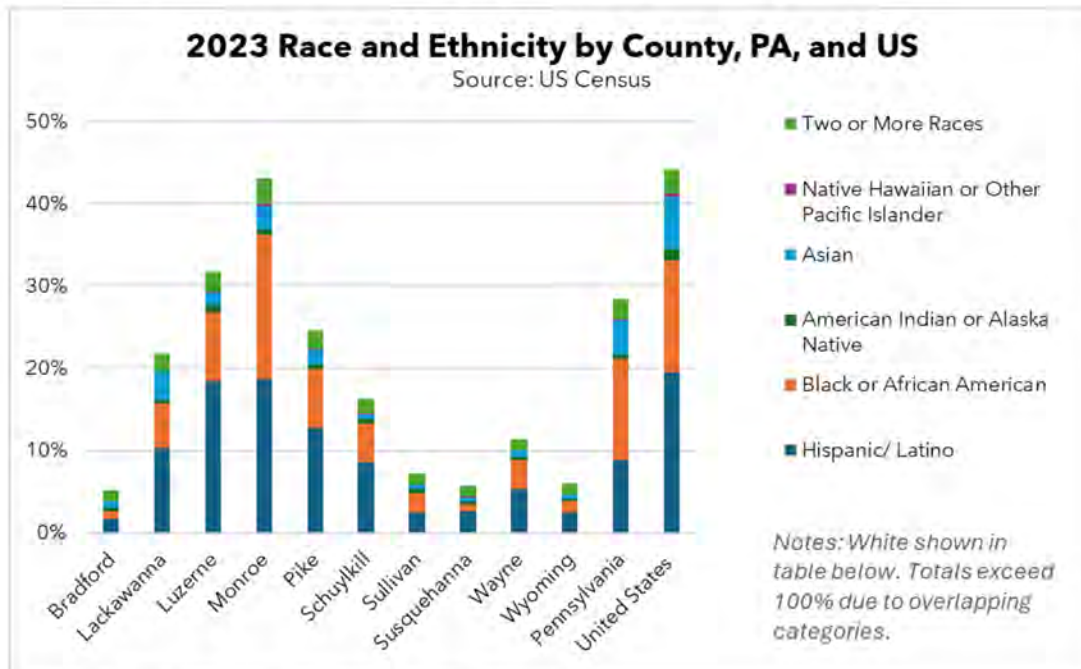


Figure 10: 2023 Race and Ethnicity by County, PA, and US

County	Hispanic/ Latino	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or More Races	White
Bradford	1.7%	1.0%	0.3%	0.8%	0.0%	1.4%	96.5%
Lackawanna	10.4%	5.4%	0.4%	3.4%	0.1%	2.1%	88.3%
Luzerne	18.4%	8.4%	1.0%	1.4%	0.2%	2.4%	86.6%
Monroe	18.7%	17.6%	0.7%	2.8%	0.2%	3.1%	75.7%
Pike	12.8%	7.1%	0.6%	1.7%	0.1%	2.4%	88.2%
Schuylkill	8.6%	4.7%	0.5%	0.6%	0.1%	1.8%	92.2%
Sullivan	2.5%	2.3%	0.5%	0.6%	0.0%	1.3%	95.2%
Susquehanna	2.6%	0.9%	0.3%	0.5%	0.1%	1.3%	96.9%
Wayne	5.4%	3.4%	0.4%	0.9%	0.0%	1.3%	93.9%
Wyoming	2.5%	1.3%	0.3%	0.5%	0.0%	1.4%	96.5%
<b>Pennsylvania</b>	<b>8.9%</b>	<b>12.3%</b>	<b>0.5%</b>	<b>4.2%</b>	<b>0.1%</b>	<b>2.4%</b>	<b>80.6%</b>
<b>United States</b>	<b>19.5%</b>	<b>13.7%</b>	<b>1.3%</b>	<b>6.4%</b>	<b>0.3%</b>	<b>3.1%</b>	<b>75.3%</b>

Cells are highlighted in yellow when county % exceeds Pennsylvania.

Table 2: Race and Ethnicity by County, PA, and US

[4] US Census, 2024



The changing demographics of the patient population (Figure 11) align with the broader population, with increases in the percentage of patients who are Hispanic, Black, or More than One Race.

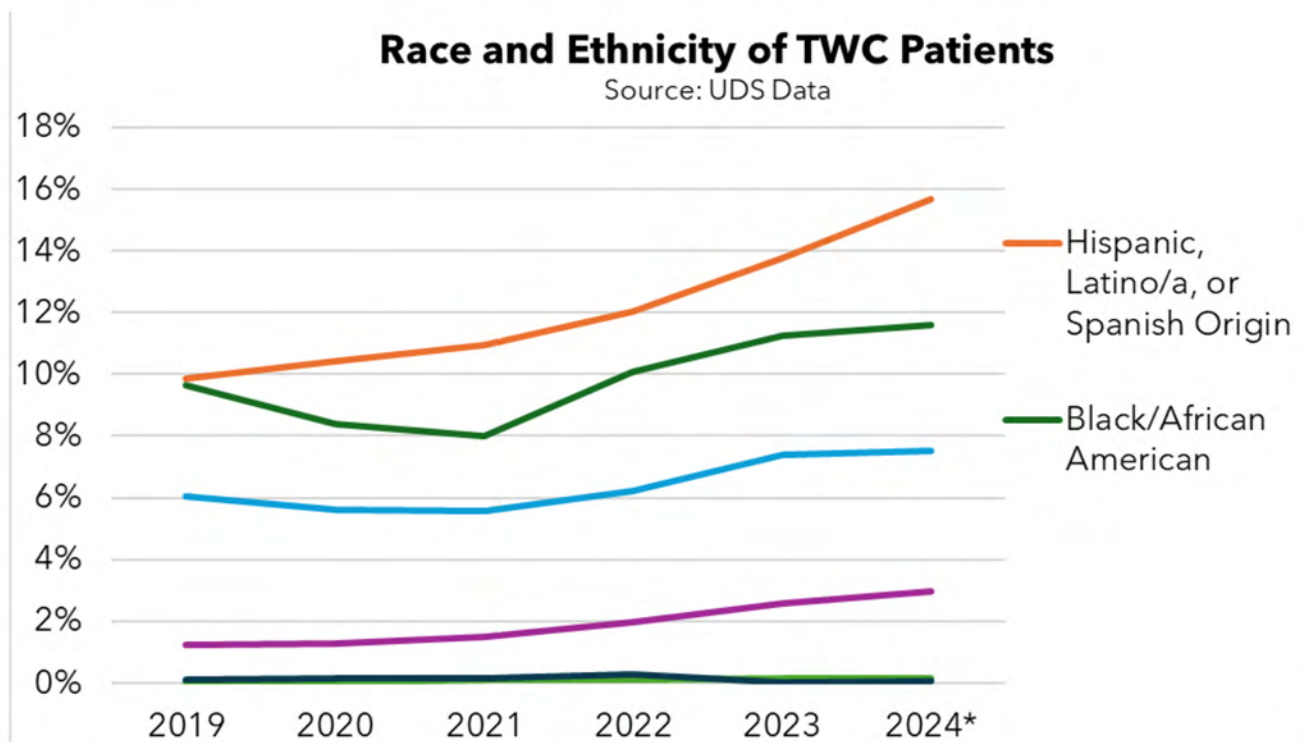


Figure 11: Race and Ethnicity of TWC Patients  
Note: 2024 data is preliminary pending HRSA review of The Wright Center's UDS report.



## Changing Demographics of the Hispanic Population

Notable among the changing demographics of the service area population is the increase in the Hispanic population. This rapid increase, coupled with the unique needs of immigrants and racial minority populations, suggests a cultural shift that has implications for health care and the needs of this population. To indicate these concerns, health disparities and service implications are highlighted throughout this report.

Between 2010 [5] and 2023 [6], the Hispanic population grew faster than state and national averages in almost every service area county (Figure 12). Growth in this population was most pronounced in Schuylkill, Luzerne, and Lackawanna Counties. One example of this trend is seen in Luzerne County, where the Community College's student body is now almost 25% Hispanic and growing. In some public K12 schools, about 75% of students are Hispanic.

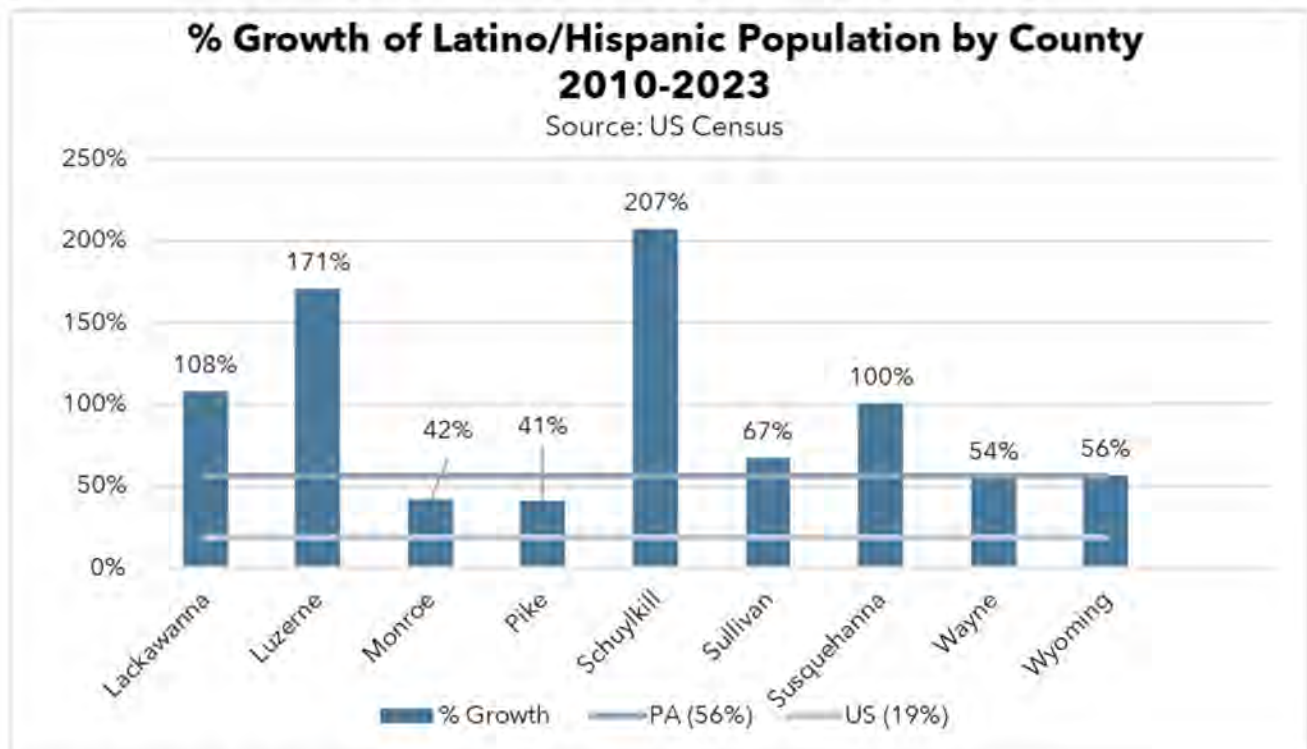


Figure 12: % Growth of Latino/Hispanic Population by County 2010-2023

[5] US Census Bureau, 2020

[6] US Census, 2024



Figure 8 compares The Wright Center’s 2023 patient population to 2018-2022 GeoCare Navigator [7] data specific to the zip codes included in The Wright Center’s service area. This data illustrates that The Wright Center is serving a greater percentage of Black residents than are represented in the overall population (11.3% of patients compared to 6.1% in the general population), but a lower percentage of Hispanic residents (13.8% of patients compared to 14.4% in the general population).

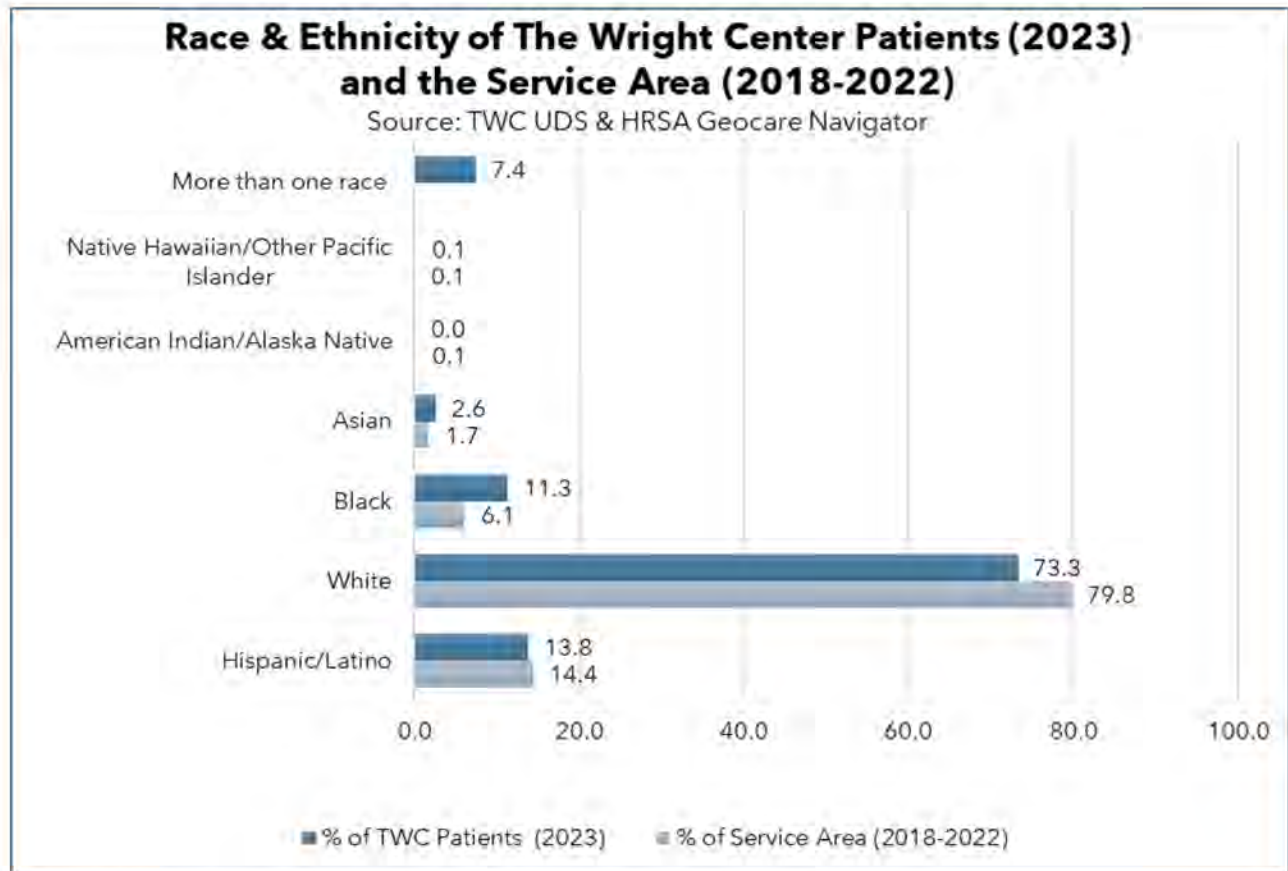


Figure 13: Race and Ethnicity of the Wright Center Patients 2023 and Service Area 2018-2022

Information gleaned from partner interviews suggests that this under-representation may be influenced by the availability of targeted health services for the Hispanic population in the urban area. The trend may be changing, however, as The Wright Center’s Hispanic patient population increased by 32.2% between 2020 and 2023 and will likely increase further as The Wright Center continues its efforts to connect with this community.

[7] HRSA GeoCare Navigator, 2024

## Gender Identify and Sexual Orientation

While The Wright Center's male/female patient ratio remains stable (approximately 45% male, 53% female and 2% other) [8] [9], the number of transgender or other patients increased by 28% between 2023 and 2024, from 131 to 168 patients (Figure

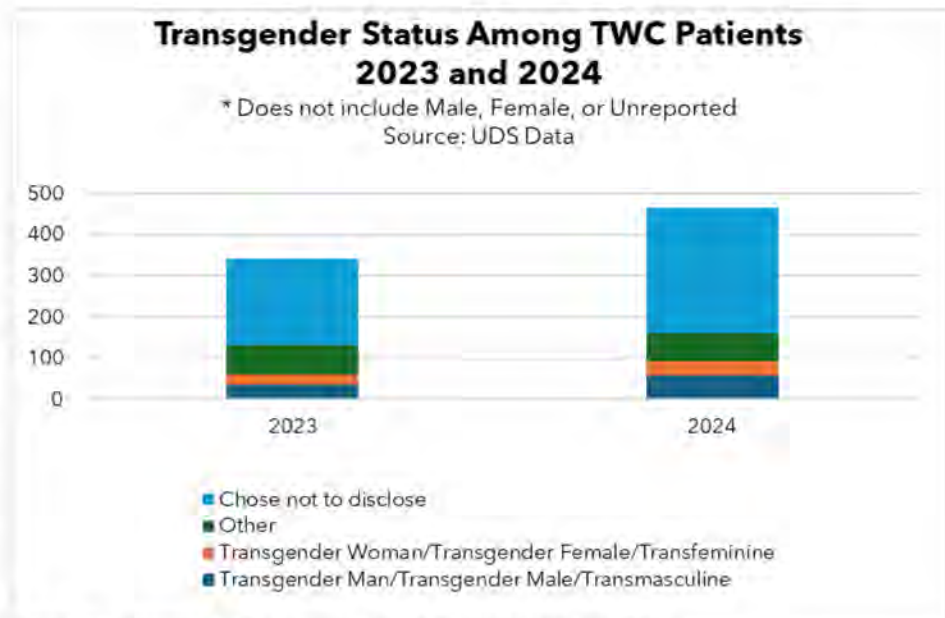


Figure 14: Transgender Status Among TWC Patients 2023 and 2024

14). The number of individuals who chose not to disclose their gender identity also increased year-over-year by 43%, possibly indicating a lack of perceived safety to address this topic in the clinical setting.

The percentage of patients who identify as lesbian or gay (2.3%), bisexual (2.2%), or something else (0.8%) remained relatively constant between 2023 and 2024 [10].

While patients who identify with non-majority gender and sexual orientation represent a small percentage of the overall patient population, the increase in their numbers may present an opportunity for further training in culturally appropriate care.

## Veterans

The Wright Center is serving a smaller percentage of veterans than are present in the overall population (Figure 15). While health centers are often an important access point for veterans, low numbers served likely relates to the presence of Veterans Administration (VA) facilities in Scranton and Wilkes-Barre. This may be an area to explore, however, as multiple Patient and Community Survey responses referenced a need for improved access to care for this population.



*"I don't know if The Wright Center can provide veterans' health care but being a federal facility, I wonder what options there may be in the future to ease the backlog in being treated at the VA facilities."*

[8] HRSA, 2024

[9] The Wright Center, 2024

[10] The Wright Center, 2024

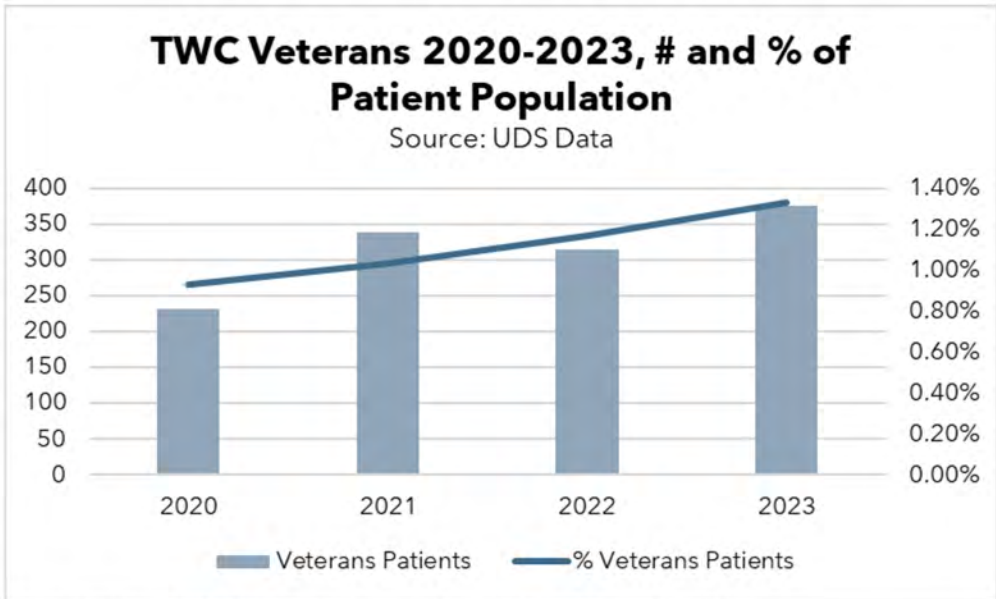


Figure 15: Veterans (2019-2023) Number and Percentage of Patient Population

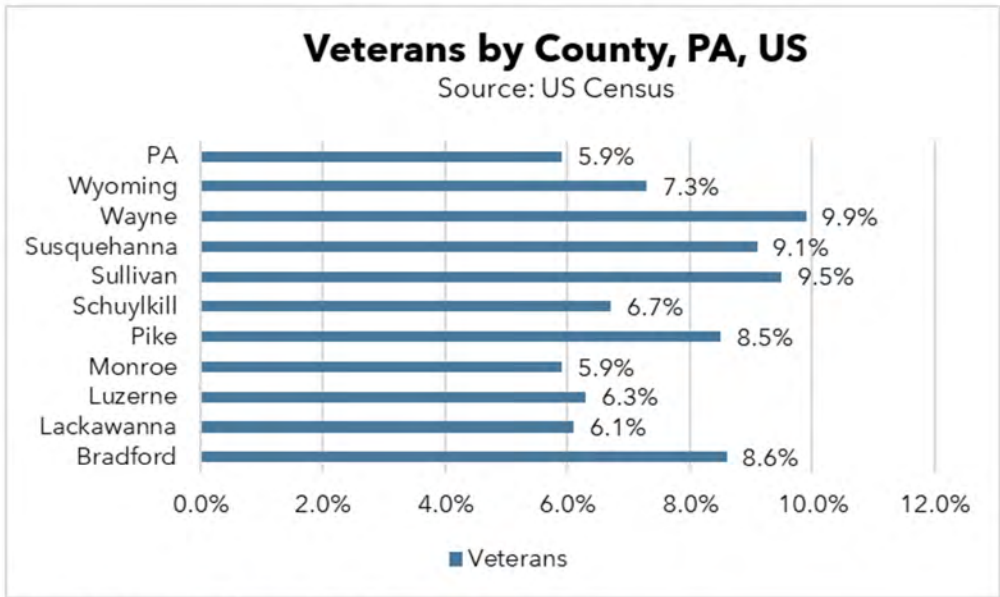


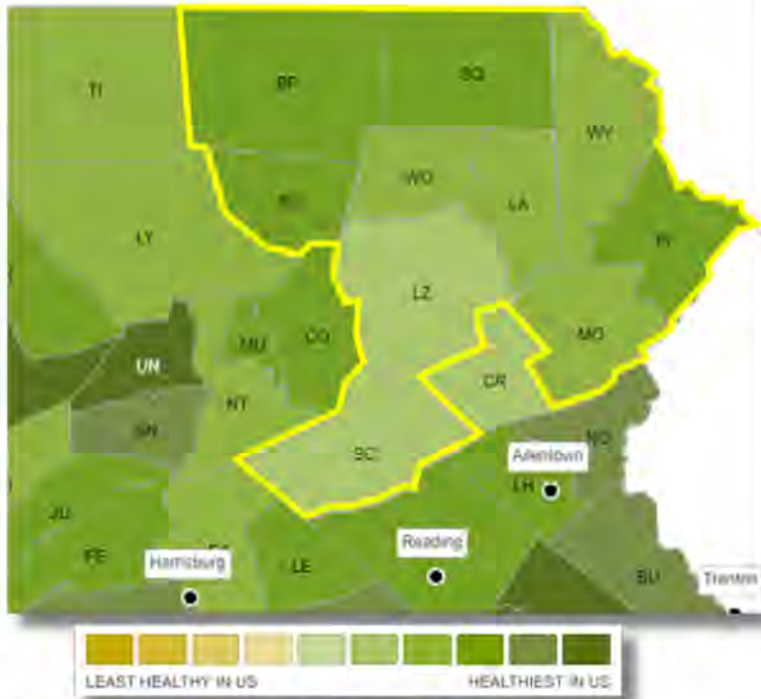
Figure 16: Veterans by County, PA, US





# Overall Health Status

Overall, counties in the service area appear to be as healthy or healthier than the national average based on County Health Rankings [11]. This ranking system is based on health factors including risk taking behaviors (smoking, obesity, food environment, drinking, physical activity), access to health care, and Social Determinants of Health (SDOH) concerns (income, education, employment, socialization and housing).



The positive overall health status of the service area was generally confirmed through the Patient and Community Survey, in which only 10% of respondents indicated poor health (unhealthy or very unhealthy) compared to 13.6% nationally. [12]

Figure 17: Health Status of the TWC Service Area

## Life Expectancy and Causes of Death

### *Life expectancy*

Life expectancy in the service area ranges from a low of 74.6 years in Schuylkill County to 79.5 years in Pike County. The state and national averages are 77.3 and 77.6 years, respectively [13]. Life expectancy at birth declined by 2.4 years between 2019 and 2021; this was largely the result of COVID-19 but drug overdoses, heart disease, chronic liver disease and cirrhosis, and suicide also played a role. Although life expectancy rebounded in 2022 to 77.5 years, it is still lower than it was pre-pandemic [14].

[11] (Robert Wood Johnson Foundation , 2024)

[12] CDC QuickStats: Percentage of Adults Aged ≥18 Years in Fair or Poor Health, National Health Interview Survey, US, 2021

[13] (Robert Wood Johnson Foundation , 2024)

[14] (PRB, 2024)

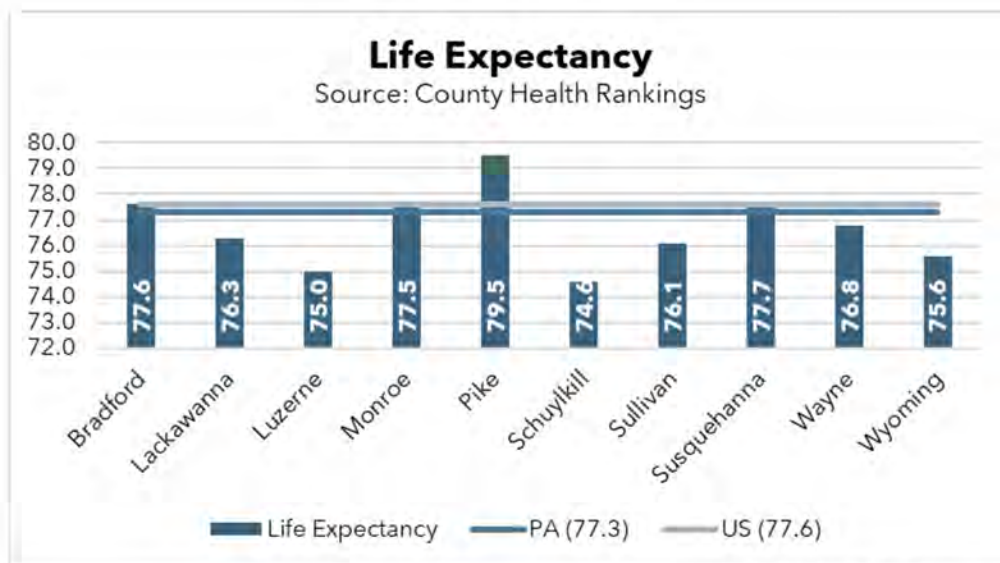


Figure 18: Life Expectancy

### Death Rates

Four counties in the service area (Luzerne, Schuylkill, Wayne, Wyoming) stand out for having significantly higher death rates than Pennsylvania or the United States. Lackawanna and Pike Counties have lower death rates overall and across multiple, specific causes of death. Key causes of death across the service area are heart disease and cancer; this is consistent with leading causes of death statewide and nationally.

#### Age-Adjusted Rates of Selected Causes of Death, 2018-2022

Green: Better than Pennsylvania. Orange: Worse than Pennsylvania. (Statistical significance based on PA calculations)  
 Source: Pennsylvania Department of Health

	Bradford	Lackawanna	Luzerne	Monroe	Pike	Schuylkill	Sullivan	Susquehanna	Wayne	Wyoming	PA
All causes of death	833.2	722.6	943.8	819.6	681.0	978.4	887.6	836.6	855.0	961.0	821.9
Heart disease	186.6	148.4	197.3	186.9	140.7	253.0	157.0	177.0	201.0	216.0	178.4
Cancer	148.5	142.6	160.6	155.6	134.5	180.8	178.3	164.6	157.5	182.0	152.9
Accidents	63.4	63.4	85.8	70.8	73.9	53.7	53.4	64.8	74.4	85.8	66.6
Cerebrovascular diseases	27.6	43.7	31.4	30.0	22.2	35.2	24.0	33.1	29.6	31.4	36.5
Chronic lower respiratory diseases	45.9	27.8	38.8	35.0	32.4	40.3	41.6	46.7	38.7	40.5	32.8
Diabetes mellitus	27.8	20.9	35.4	25.2	28.9	19.9	45.4	41.3	24.0	34.2	22.1
Alzheimer's disease	33.8	30.8	19.7	25.6	11.4	21.6	20.5	25.7	33.1	23.4	22.0
Nephritis, nephrotic syndrome and nephrosis	12.4	16.0	18.4	16.4	12.8	15.0	ND	14.9	18.1	18.6	16.2
Septicemia	10.4	9.8	15.0	12.0	8.8	21.8	ND	10.0	12.2	11.0	13.3
Influenza and pneumonia	12.6	8.6	9.9	8.6	7.3	14.0	ND	13.6	16.7	12.3	12.7

Table 3: Age-Adjusted Rates of Selected Causes of Death

## Injury Deaths [15]

Injury deaths are generally higher in the service area than in Pennsylvania and the United States (Table 4). Particularly notable are motor vehicle crash deaths and suicides, both of which are discussed further in the Behavioral Health section of the current report.

Injury Deaths												
Green: Better than Pennsylvania. Orange: Worse than Pennsylvania.												
Source: County Health Rankings and Roadmaps												
	Bradford	Lackawanna	Luzerne	Monroe	Pike	Schuylkill	Sullivan	Susquehanna	Wayne	Wyoming	PA	US
Injury Deaths	91	98	113	93	105	111	103	97	109	120	96	80
Homicides	3	2	4	4	3	11	NA	4	4	NA	6	8
Suicides	17	17	18	15	16	20	NA	22	26	25	14	14
Firearms Fatalities	11	10	13	14	12	14	NA	17	23	18	13	13
Motor Vehicle Crash Deaths	19	11	10	13	16	16	28	15	16	19	9	12
Drug Overdose Deaths	20	41	55	39	36	45	NA	18	36	39	39	27
Alcohol Impaired Driving Deaths	30%	18%	25%	18%	37%	25%	ND	38%	26%	29%	25%	26%

Table 4: Injury Deaths In Service Area vs. PA and the United States

## Patient and Community Perceptions of Health Status and Concerns

Overall, patients and community members confirm experiencing a generally positive overall health status, with the majority indicating that they are Healthy or Somewhat Healthy.

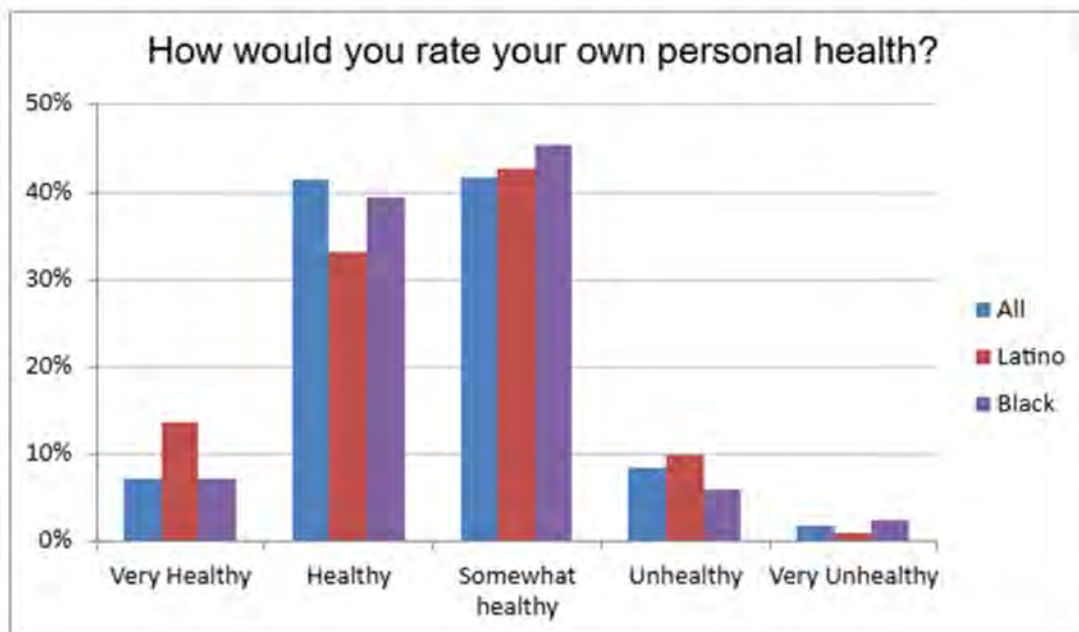
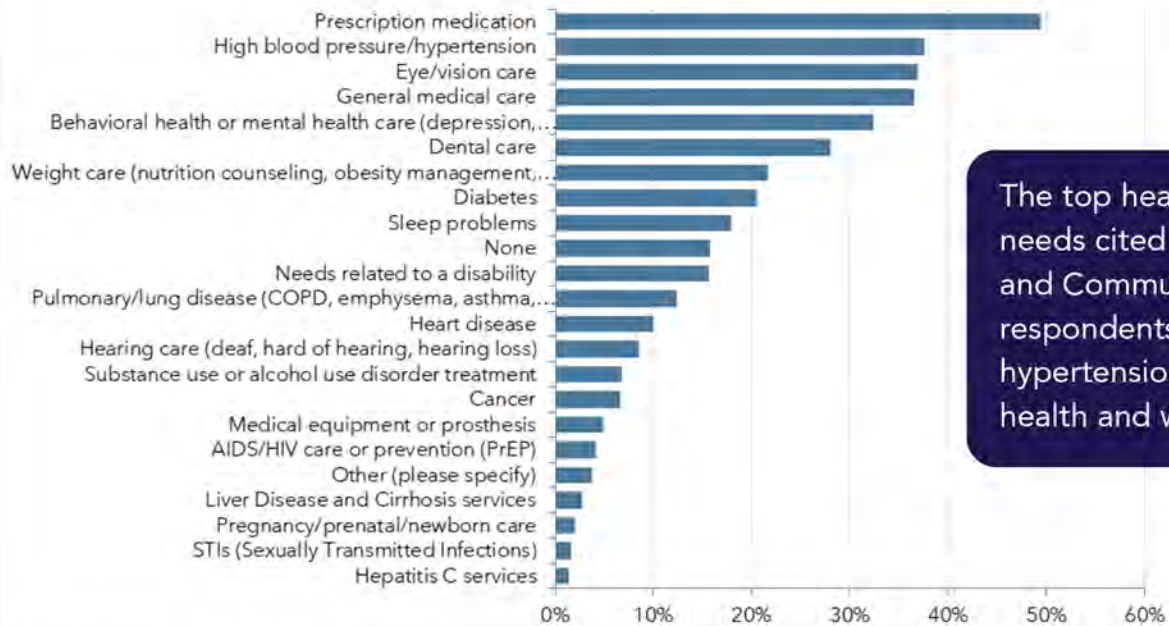


Figure 19: Personal Health

## Do you or someone in your household have any of the following healthcare needs?

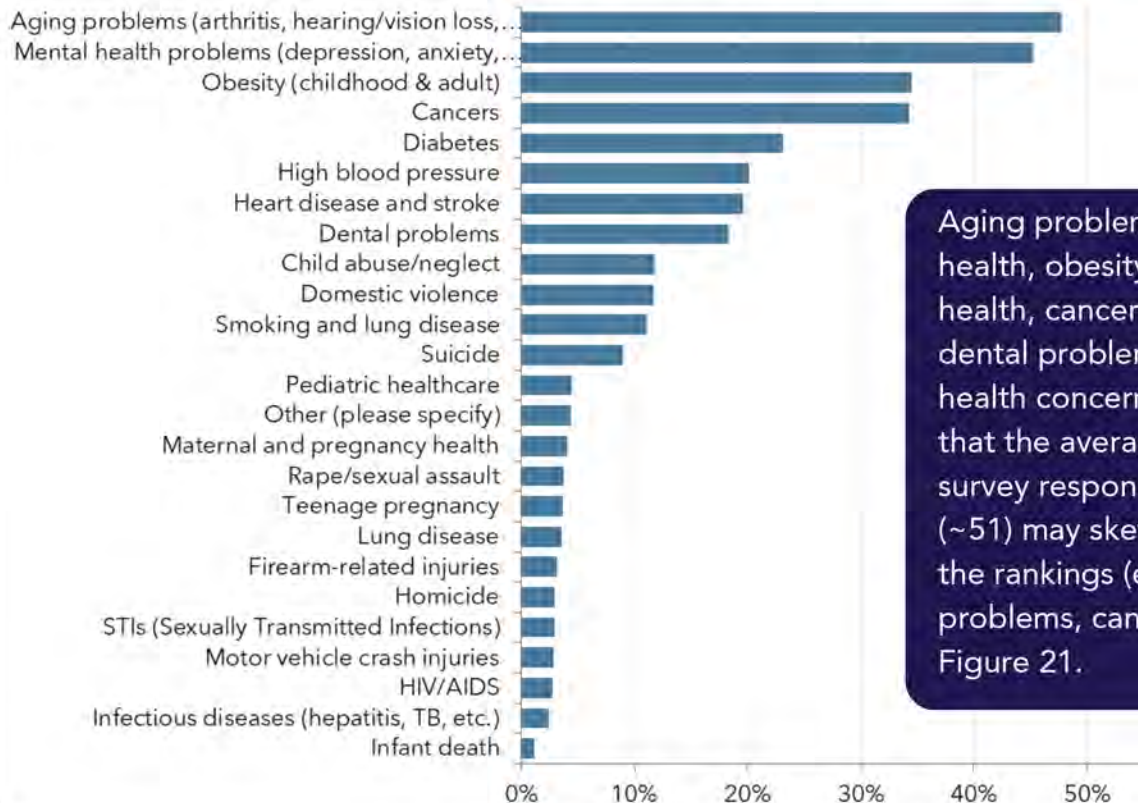


The top health care needs cited by Patient and Community Survey respondents include hypertension, behavioral health and weight care.

Figure 20: Top Health Care Needs

## What do you think are the three most important health-related issues in your community?

Source: Community and Patient Survey, n=987



Aging problems, mental health, obesity, heart health, cancer, and dental problems are top health concerns. Note that the average age of survey respondents (~51) may skew some of the rankings (e.g., aging problems, cancer) in Figure 21.

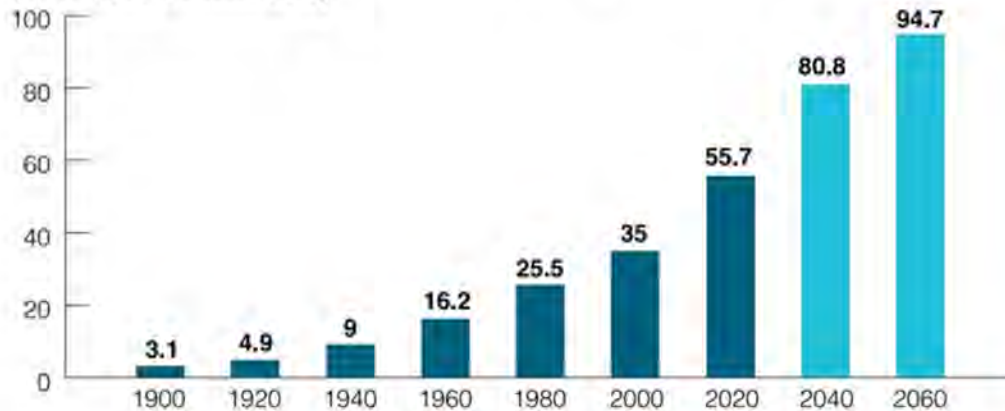
Figure 21: Most Important Community Health Related Issues



## Aging Populations

As noted previously, the demographics of the service area, like that of the state and nation, are changing. The national population is older today that it has ever been, with the median age increasing from 30 to 38.9 between 1980 and 2022. By 2030, older Americans will make up 21% of the nation's population, and by 2060, one in four Americans will be aged 65 or over. The increase in the senior population is illustrated in Figure 22 [17].


**Number of Persons Age 65 and Older, 1900-2060  
(numbers in millions)**



*Note: Lighter bars (2040 and 2060) indicate projections.  
Source: U.S. Census Bureau, Population Estimates and Projections*

Figure 22: Number of Persons Age 65 and Older, 1900-2060

Some key trends associated with the aging population include:

- **Increased diversity in the older population** – Between 2022 and 2050, the share of the older population that identifies as non-Hispanic White is projected to drop from 75% to 60%.
- **Education levels are increasing** - Among people ages 65 and older in 1965, only 5% had completed four years of college or more. In 2023, this figure rose to 33%.
- **Older Americans are working longer** – In 2022, 24% of men and about 15% of women ages 65 and older were in the labor force. By 2032, these levels are projected to rise further to 25% for men and 17% for women.
-  **The poverty rate of Americans aged 65 and older is dropping** – In 1966, nearly 30% of older Americans lived in poverty; this dropped to 14% in 2022. The poverty rate varies by subgroup, however, with 17% and 18% of older adults identifying as Hispanic and Black, respectively, living in poverty compared to 8% who identify as non-Hispanic White.
- **More adults can meet their daily care needs** - Home modifications and assisted devices such as walker and emergency alert systems allow many older Americans to maintain their independence in their homes.

However, a host of challenges exist, including:

- **Caregiving gap** - Older adults are facing a caregiving gap, especially those with lower incomes and dementia. Demand for elder care is expected to increase sharply with a rise in the number of Americans living with Alzheimer's disease, which could more than double by 2050 to 13 million, from 6 million today.
- **More older women are living alone** - Over one-fourth (27%) of women ages 65 to 74 lived alone in 2023.
- **Workforce Challenges** - By 2030, baby boomers will be older than 65, leading to about one in every five residents being retirement age. This shift will not only create increased need for care for seniors but will also impact the availability of providers in a health care system that is already strained [18].

Health issues that are particularly relevant to older Americans include:

- **Obesity** - Between 1988-1994 and 2015-2018, the share of US adults with obesity nearly doubled, from 22% to 40%. In Pennsylvania, 29.3% of those 65 and older were obese in 2012 (compared to 26.3% nationally); this figure grew to 34.3% (30.6% nationally) in 2022 [19].
- **Chronic Health Conditions** - In the United States, 85% of those over age 65 have at least one chronic care condition, and 60% have two. Comparatively, 54% of adults aged 18 to 34 have one chronic condition and 22% have two [20]. Chronic conditions include diseases including diabetes, hypertension, osteoporosis, and Alzheimer's.
- **Injury from Falling** - One in four adults fall each year, and falls are a leading cause of injury for this age group [21].
- **Hospitalization from Infectious Disease** - Illnesses such as pneumonia, which is a leading cause of death for this age group [22], are prevalent.
- **Social Isolation and Loneliness** - Social isolation is associated with a higher risk of dementia and other serious health issues in older adults.
- **Disability** - Older adults with lower incomes are more likely to have disabilities and to die younger.

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[18] (Jones, 2024)

[19] (America's Health Rankings, 2025)

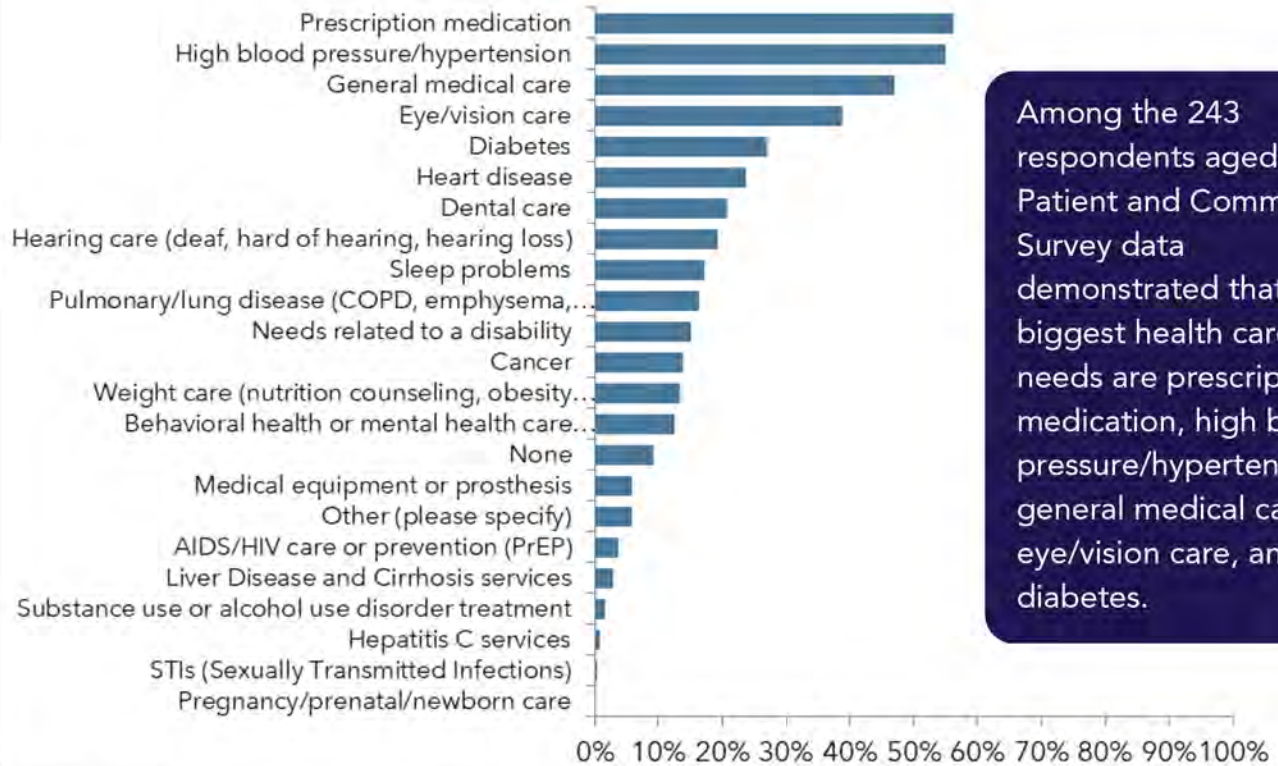
[20] (Kathleen B Watson, 2019)

[21] (Healthy People 2030, 2025)

[22] (Healthy People 2030, 2025)

## Do you or someone in your household have any of the following health care needs?

Source: Community and Patient Survey, 65+ Population: n=243



Among the 243 respondents aged 65+, Patient and Community Survey data demonstrated that the biggest health care needs are prescription medication, high blood pressure/hypertension, general medical care, eye/vision care, and diabetes.

Figure 23: Health Care Needs Reported by 65+ Population

When asked about their most important community health needs, respondents aged 65+ identified aging problems, cancers, obesity, heart disease and stroke, and mental health problems as their top concerns (Figure 24).



*"[We need] in-home health care for seniors. Home assistance such as daily assistance with daily living. Especially in very rural areas such as Wyoming and Susquehanna Counties where elders live with no one around them for support such as cleaning, bathing, food prep, errands, etc. They also need things such as "daycare for elders" - someone who could come in and - for lack of better terms, babysit an elder when a spouse may need to leave for an appointment and the other spouse can't be left home alone."*

## What do you think are the three most important health related issues in your community?

Source: Community and Patient Survey, 65+ Population: n=243

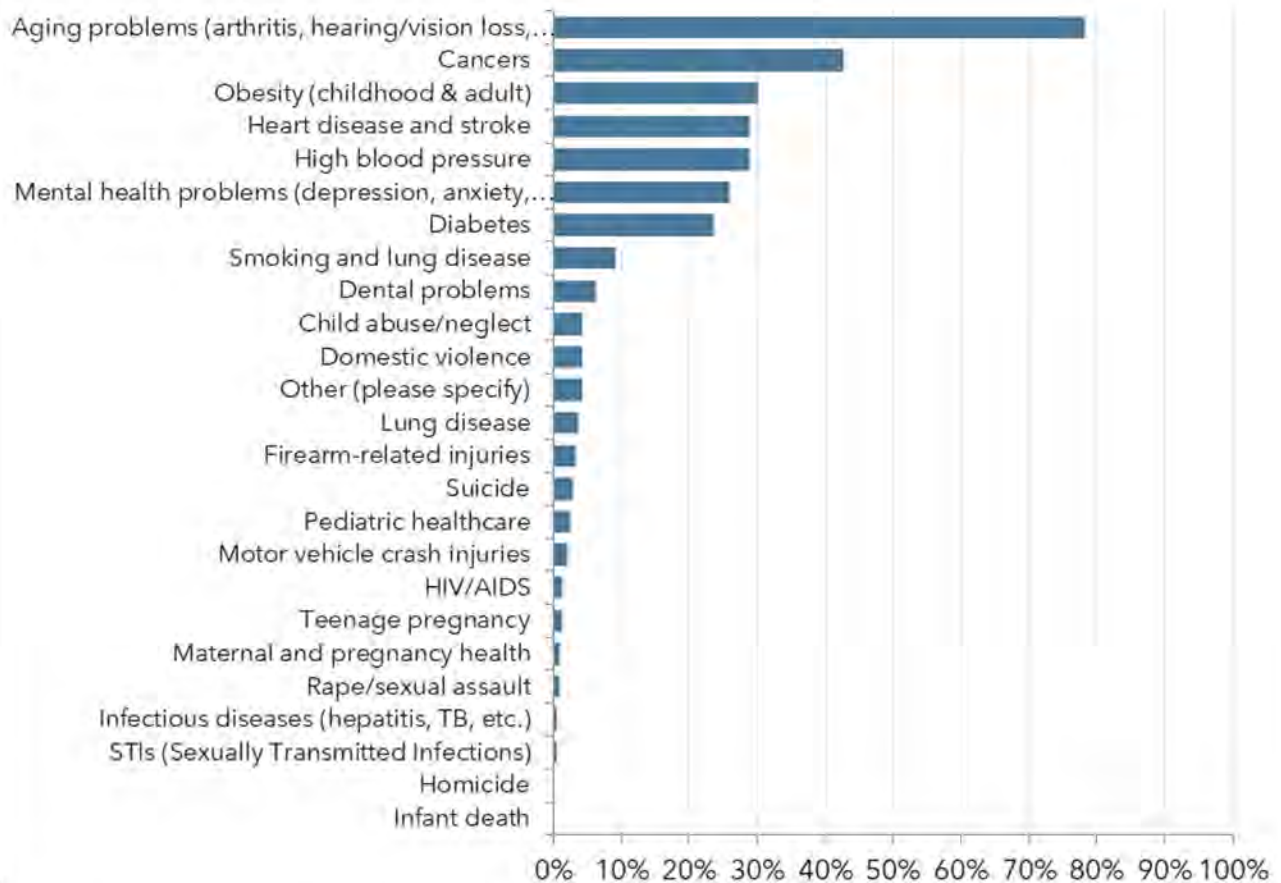


Figure 24: 65+ Community Health Related Issues Reported by 65+ Population

The need for additional services for aging populations was also reflected in the comments provided in the survey process. Many people noted the need for expanded services for the elderly.



*"Our population is aging so we will need to be ready to serve the needs of senior citizens."*

## Chronic Diseases

Hypertension - Hypertension was a health factor for approximately 25% of The Wright Center’s patients in 2024; this represents a slight decrease from 2019, taking in variability that occurred due to decreased utilization of health care services during the Covid-19 pandemic. The percent of patients with controlled high blood pressure is generally in line with national metrics [23].

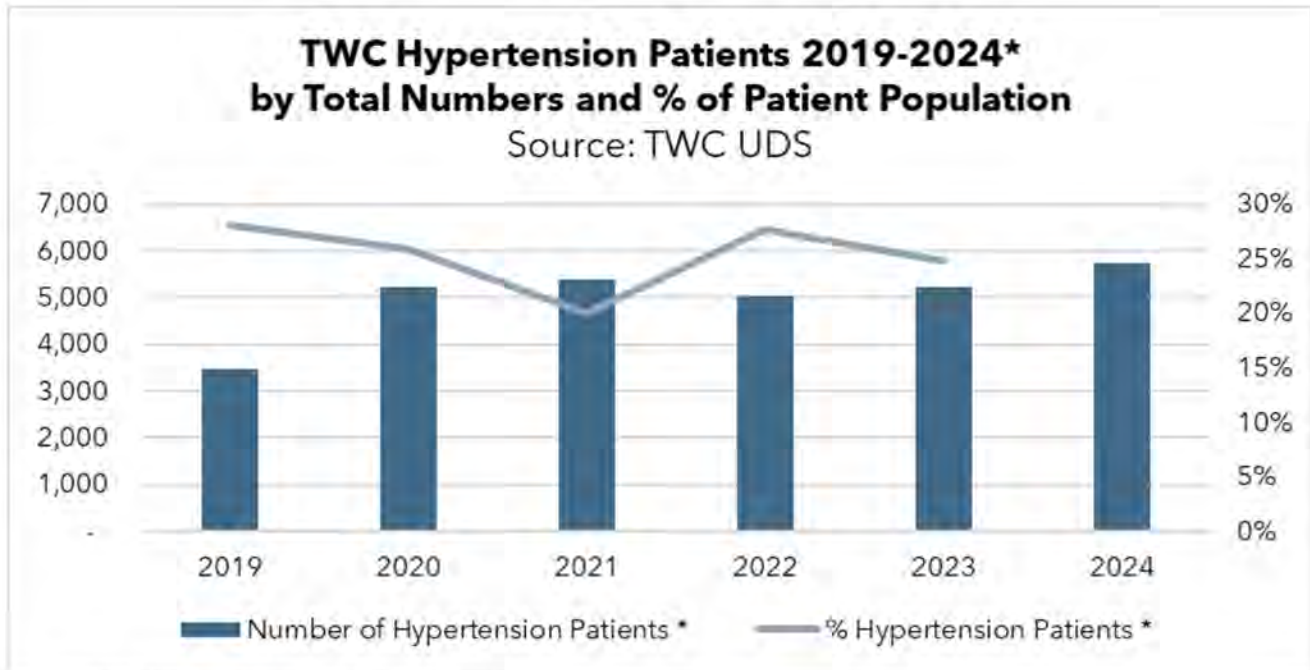


Figure 25: TWC Hypertension Patients 2019-2024

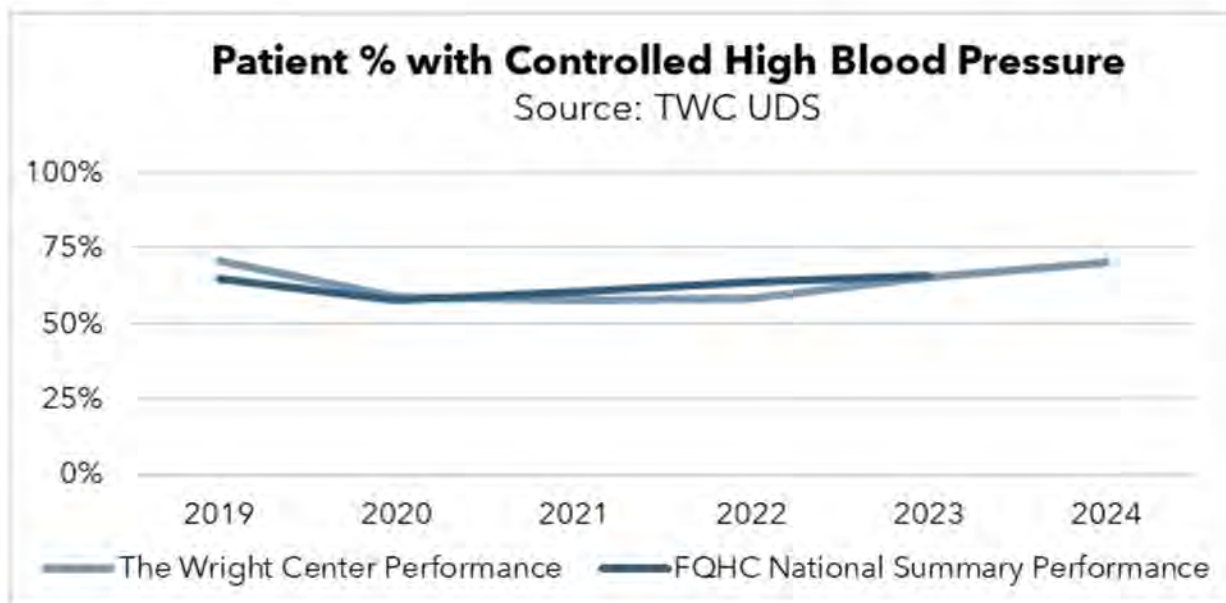


Figure 26: Patient with Controlled High Blood Pressure

[23] HRSA, 2024

## Diabetes

Diabetes is a health factor for about 13% of patients; this compares to about 9% throughout the service area’s general population (Figure 27) [24]. Among those with diabetes, the percentage of patients with poor hemoglobin A1c control is trending down and is slightly better than the national benchmark (Figure 28).

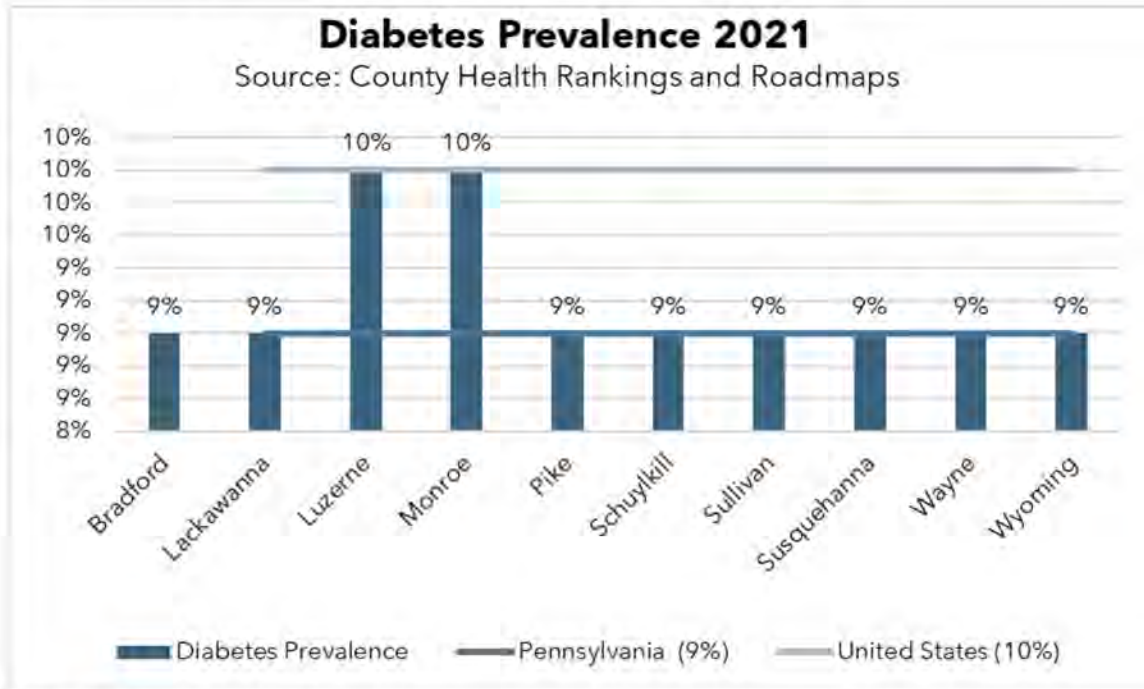


Figure 27: Diabetes Prevalence 2021

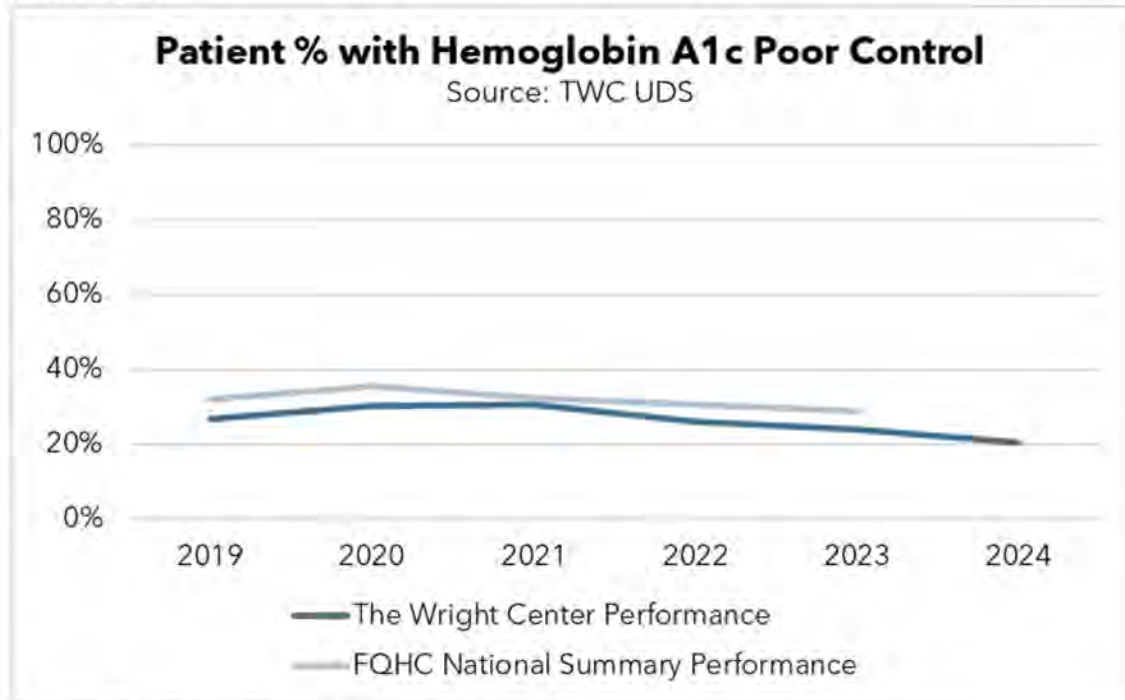


Figure 28: Patient % with Hemoglobin A1c Poor Control

[24] Robert Wood Johnson Foundation, 2024



While the Hispanic population has lower rates of hypertension and diabetes, its ability to control these chronic conditions lags other race and ethnicities. Differences in control rates between Non-Hispanic and Hispanic populations may be attributable to cultural differences, access to care, language barriers, or other factors. It may be important to identify and address key barriers to decrease disparities in these areas.

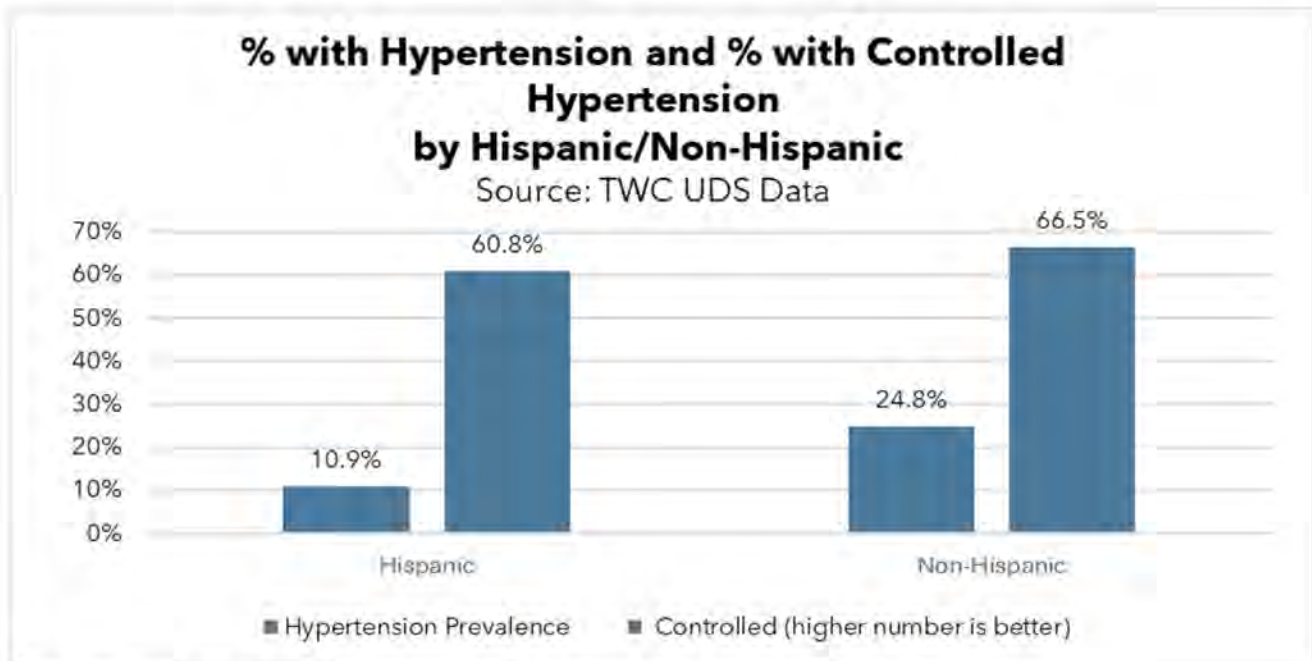


Figure 29: % with Hypertension and % with Controlled Hypertension by Hispanic/Non-Hispanic

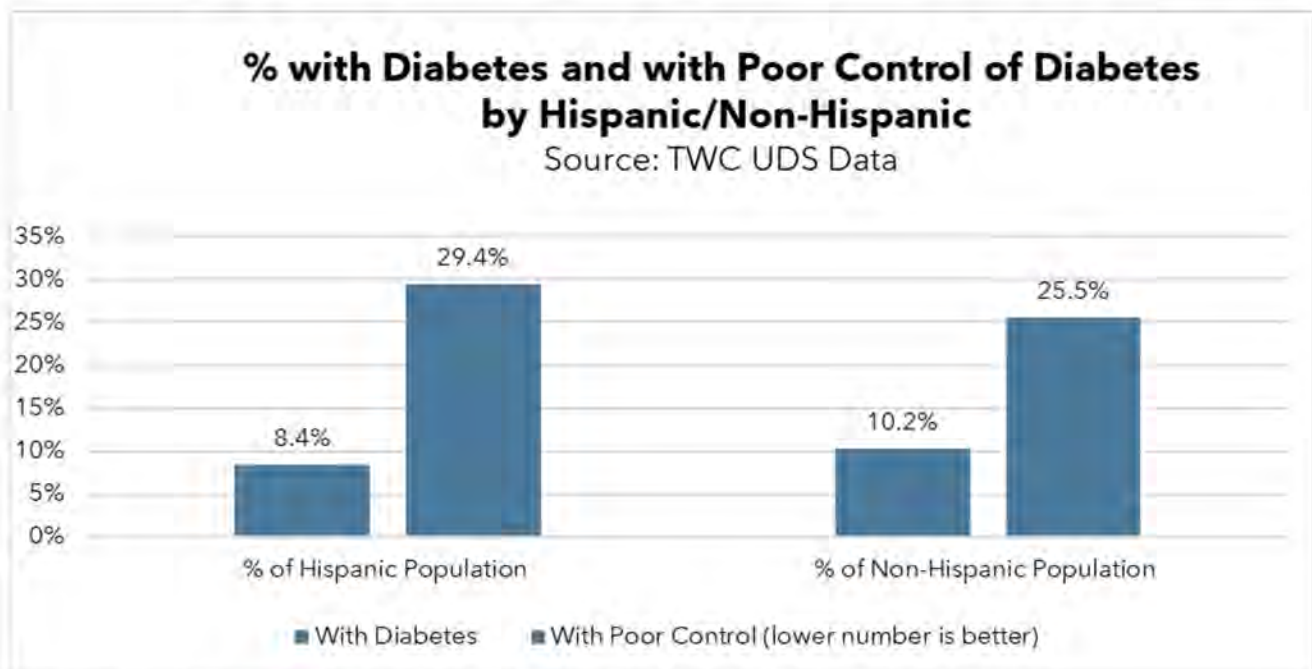


Figure 30: % with Diabetes and with Poor Control of Diabetes by Hispanic/Non-Hispanic

## Maternal and Child Health

The General Fertility Rate [25] (ages 15-44) in the service area varies by county, ranging from 47.1 to 65.9 per 1,000; this compares to a Pennsylvania rate of 55. The teen birth rate [26] (ages 15-19) significantly exceeds the state average (12.3 per 1,000) in Bradford (23.4), Luzerne (18.7) Schuylkill (17.7) and Sullivan (23.3) Counties.

The Wright Center's data demonstrates that most patients receive prenatal care in the first trimester. However, county-wide data indicates that pregnant women in Luzerne, Pike, Schuylkill and Susquehanna Counties are less likely to receive care in the first trimester relative to their statewide peers [27].

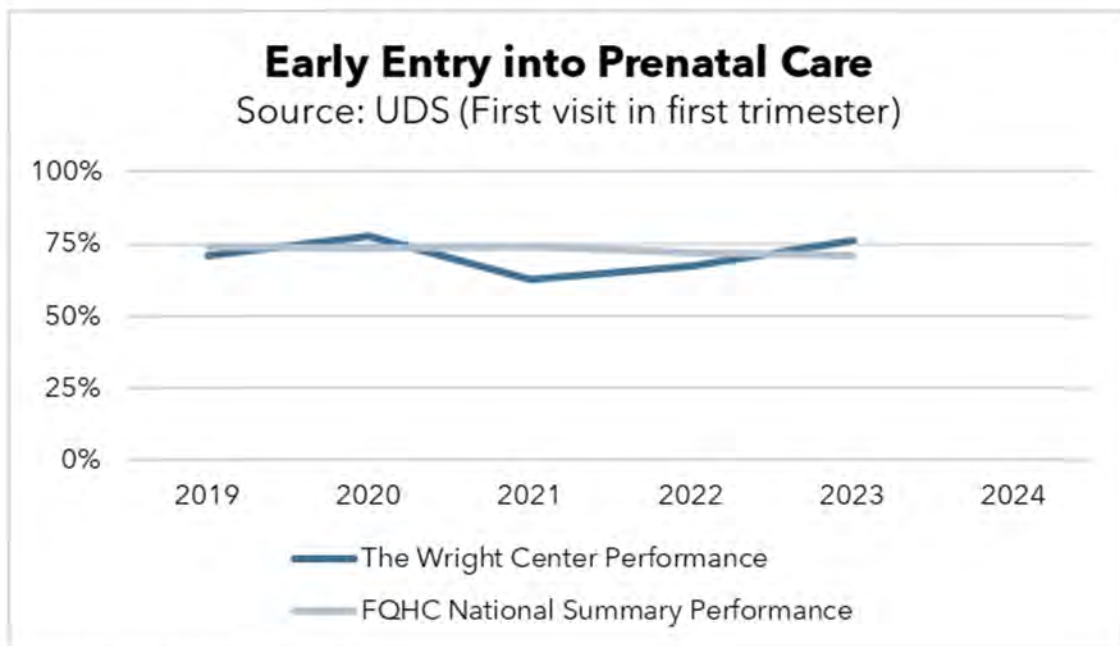


Figure 31: Early Entry into Prenatal Care

[25] (Pennsylvania Department of Health, 2018-2022)

[26] (Robert Wood Johnson Foundation, 2024)

[27] (Pennsylvania Department of Health, 2025)





The most concerning indicator related to prenatal care appears to be the poor rate in every county of births to non-smoking mothers. In every service area county, smoking is a concern among pregnant women.

**Birth Statistics 2018-2022 by County in Service Area**  
**Green: Better than Pennsylvania. Orange: Worse than Pennsylvania. (Statistical significance based on PA calculations)**

	Bradford	Lackawanna	Luzerne	Monroe	Pike	Schuylkill	Sullivan	Susquehanna	Wayne	Wyoming	Pennsylvania
<b>% Low Birth Weight</b>	6.4	8.6	8.3	9	8.1	8.3	8.1	6.2	7.4	7.5	8.4
<b>% Preterm Births</b>	8.7	10.8	9.9	10.2	10.7	9.8	8.6	8.4	9.7	9.5	9.7
<b>% Births with Non-Smoking Mother</b>	82.8	85.6	87.4	90.4	87.1	82	82.9	80.9	85.3	80.3	91.5
<b>% Births with Prenatal Care in 1st Term</b>	74.9	75.2	68.7	73	67.3	71.8	72.3	65.4	76	73.1	73.5
<b>General Fertility Rate (age 15-44)</b>	65.9	52.7	56.7	47.1	48.3	56.2	58.3	63.4	57.1	53	55
<b>Teen Birth Rate (age 15-19)</b>	23.4	12.7	18.7	7.3	6.3	17.7	23.3	15.3	12.4	13.8	12.3

Table 5: Birth Statistics 2018-2022 by County



## Healthy Lifestyles and Weight Management

As seen in Figures 32 and 33, 33% of adults in Pennsylvania are obese and 67% are overweight, an increase from 20.3% in 2000. Almost all service area counties exceed the state rates for both indicators. Obesity is a risk factor for type 2 diabetes, cardiovascular disease, obstructive sleep apnea, non-alcoholic fatty liver disease, arthritis, infertility, and many types of cancer.

### % of Population that is Overweight 2020-2022

Source: Pennsylvania Department of Health



Figure 32: % Of Population is Overweight 2020-2022

### % of Population that is Obese 2020-2022

Source: Pennsylvania Department of Health

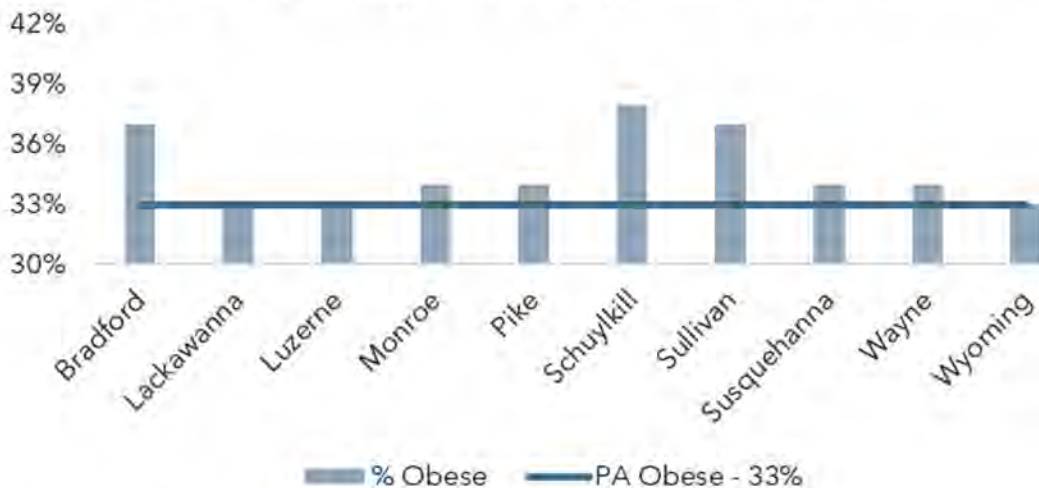


Figure 33: % of Population that is Obese 2020-2022

Pennsylvania Department of Health data (Figure 34) demonstrates the increase in obesity over time.

**Figure 34: Adult Obesity Rate (BMI > 30.0)**

Source: Pennsylvania Department of Health

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021
Lackawanna, Luzerne, and Wyoming	30%	30%	30%	29%	32%	33%
Pike, Monroe, Susquehanna, and Wayne	33%	33%	35%	35%	35%	34%
Pennsylvania	30%	31%	31%	32%	32%	33%

Obesity prevalence increases as family income decreases. In 2020-2022, obesity prevalence was:

- 11.5% - family income of 350%+ of Federal Poverty Level (FPL).
- 21.2% - family income 130% - 350% of FPL.
- 25.8% - family income 130% or less of FPL.

### **Childhood Obesity**

Approximately 1 in 5 US children and adolescents have obesity. In 2017-2020, obesity affected [28]:

- 19.7% of children and adolescents
- 12.7% of those aged 2–5
- 20.7% of those aged 6–11
- 22.2% of adolescents aged 12–19



In Pennsylvania, 16% of children have obesity, giving Pennsylvania a ranking of 23rd nationally. Obesity affects some groups more than others. It is highest in Hispanic children (26.2%), followed by non-Hispanic white (16.6%) and non-Hispanic Asian (9.0%) children. Among girls, the obesity prevalence was highest among non-Hispanic Black girls (30.8%). Among boys, obesity prevalence was highest among Hispanic boys (29.3%).


[28] (CDC, 2025)

[29] (CDC, 2025)

## Lead Poisoning

Lead exposure [30] is one of the most common preventable poisonings, and yet 6% of children have toxic levels of lead in their blood. As recently as 2019, Pennsylvania had the 2nd highest number of children who tested positive for lead poisoning in the country.

The main source of lead poisoning is lead-based paint, which wasn't banned for residential use in Pennsylvania until 1978. Pennsylvania has the 5th highest rate of older housing stock, with 70% of units built before 1980. Houses built prior to 1950 carry the greatest risk of lead-based paint.

 Lead exposure can impact children's health in the short-and long-term, school performance, job prospects, and potential to commit crime. Compared to White children, nearly five times more Black children and two times more Hispanic children experience lead poisoning.

Testing for lead exposure in Pennsylvania and the United States was paused during the pandemic, resulting in fewer children being diagnosed and treated. Figure 36 demonstrates testing levels and confirmed Elevated Blood Lead Levels (EBLL) in children aged 0-71 months throughout Pennsylvania.

## 2022 Testing for Elevated Blood Lead Levels (EBLL) and Confirmed EBLL in Children Aged 0-71 months

Figure 3: Number and Percentage<sup>1</sup> of Children Aged 0-71 Months Tested for Blood Lead Level by County, 2022

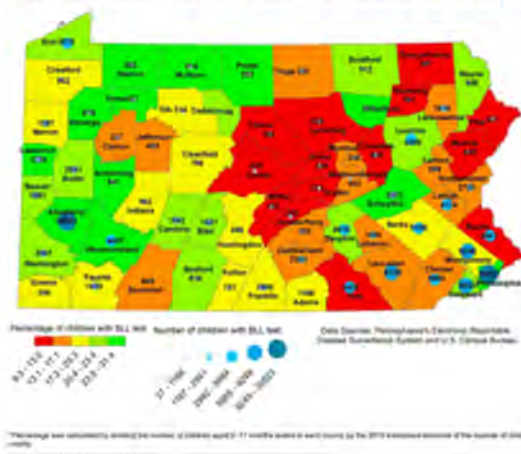
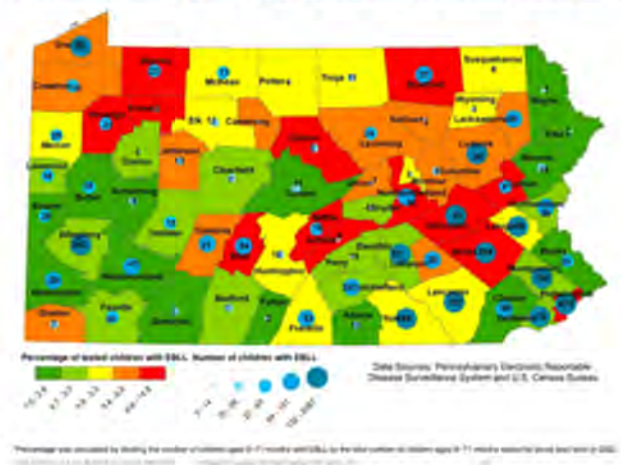


Figure 4: Number and Percentage<sup>1</sup> of Children Aged 0-71 Months with Confirmed Elevated Blood Lead Level by County, 2022



Source: Pennsylvania Department of Health

Figure 36: Elevated Blood Lead Levels

[30] Council for a Strong America, 2021



*"I believe The Wright Center can assist with the need of assisting Mental Health Disorders by really focusing on expanding these services we already offer. I think we should look to grow and try to become as involved as possible in the community."*

## Suicide and Depression

Data from Mental Health America's 2023 [31] report indicates that in the United States:

- 21% of adults are experiencing a mental illness.
- 55% of adults with a mental illness receive no treatment.
- 15% of adults had a substance use disorder in the past year; 93.5% of these individuals did not receive treatment.
- 4.8% of adults reported seriously considering suicide; this rate increased to 11% for those who identified with two or more races.
- 16% of youth suffered at least one major depressive episode in the past year, and 60% of youth with major depression do not receive treatment.
- 11% of adults with a mental illness are uninsured and 1 in 10 youth with private insurance do not have coverage for mental or emotional difficulties.
- 28% of adults with mental illness reported not being able to access needed treatment.
- 23% of adults reporting more than 14 mentally unhealthy days per month were not able to see a doctor due to cost.

In the United States, rates of depression continue to increase [32]. The Covid-19 pandemic is largely blamed for increasing depression and anxiety rates worldwide due to new and increased stress factors and gaps in care [33].

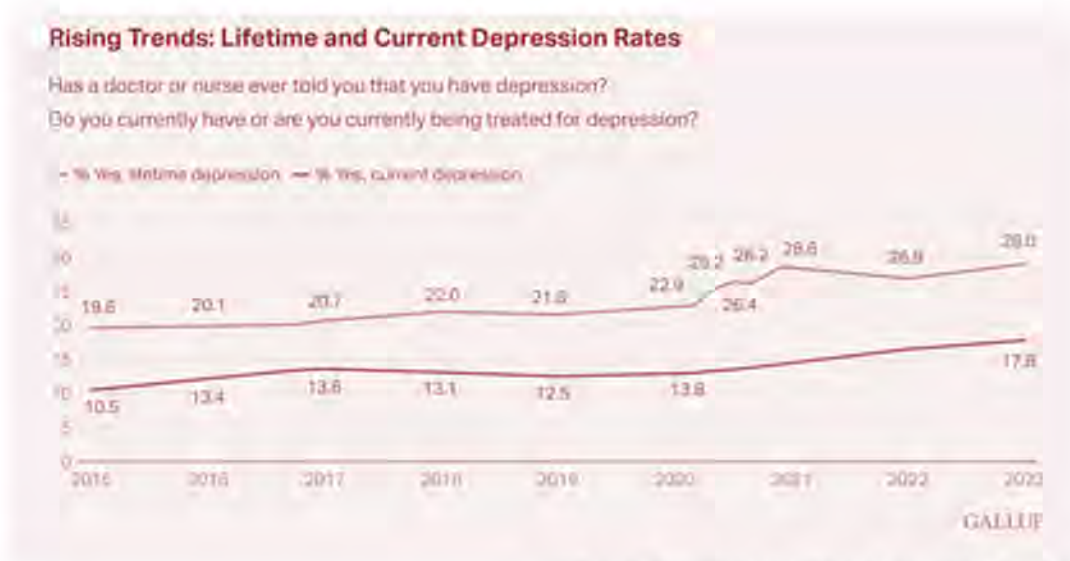


Figure 37: Lifetime and Current Depression Rates

[31] (Reinert, 2022)

[32] (Witters, 2023)

[33] (World Health Organization, 2022)

Mental Health America’s 2023 state-to-state ranking [34] identifies Pennsylvania as second only to Wisconsin for the lowest prevalence of mental illness and the highest rates of access to care. This ranking fell to 7th in 2024 [35]. The following rankings from the 2023 report (detailed data not yet available for 2024) demonstrate that despite a positive overall ranking compared to other states, Pennsylvania still faces challenges related to mental health:

- 24th - Adults with thoughts of suicide in the last year
- 34th - Youth with Substance Abuse Disorder
- 28th - Adults with Any Mental Illness AMI who did not receive treatment
- 24th - Youth with a Major Depressive Episode (MDE) who did not receive treatment
- 33rd - Mental Health workforce availability

Within the service area, mental health is a larger concern. Those reporting poor mental health days and poor physical health days exceed state and national averages in every service area county [36].

**Quality of Life Measures compared to Pennsylvania and US rates**  
 Green: Better than Pennsylvania; Orange: Worse than Pennsylvania.  
 Source: County Roadmaps and Rankings 2021

	Bradford	Lackawanna	Luzerne	Monroe	Pike	Schuylkill	Sullivan	Susquehanna	Wayne	Wyoming	PA	US
Poor Physical Health Days	3.9	3.7	3.9	3.6	3.6	3.8	3.9	3.9	3.7	3.7	3.4	3.3
Poor or Fair Health	17%	16%	17%	17%	15%	17%	16%	17%	16%	15%	15%	14%
Poor Mental Health Days	5.1	5.1	5.1	5.1	4.8	4.9	5.2	5.1	5.2	5.1	4.7	4.8

Table 6: Quality of Life Measures by County, PA, US

- Poor Mental Health Days are defined as the average number of mentally unhealthy days in the past 30 days. This measure is generally considered to be highly correlated to rates of depression, but the Behavioral Risk Factor Surveillance System (BRFSS) does not ask about depression directly. BRFSS respondents are asked to share how many days in the last month they felt their mental health was “not good.”
- Poor Physical Health Days are defined as the average number of physically unhealthy days reported in past 30 days.
- Fair or Poor Health is defined as the percentage of adults reporting fair or poor health.

[34] (Reinert, 2022)  
 [35] (Mental Health America, 2024)  
 [36] (Robert Wood Johnson Foundation , 2024)

UDS data confirms the pervasiveness of mental health concerns in the service area. The Wright Center’s diagnosis rates exceed national rates [37] in almost every category (Figure 38).

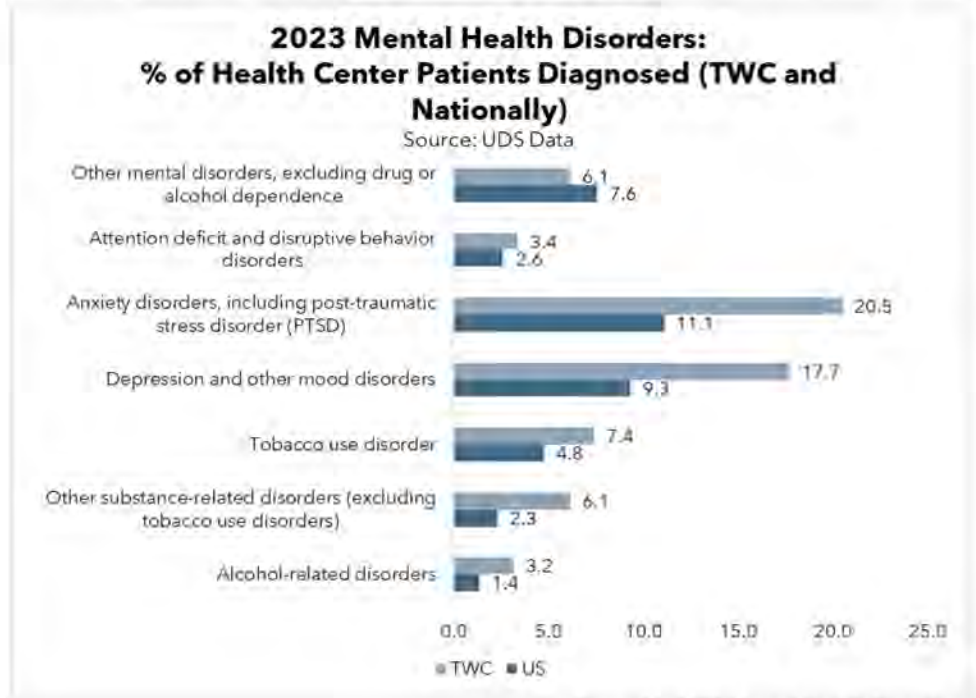


Figure 38: 2023 Mental Health Disorders



Although rates of mental health conditions tend to be similar across categories, access to care can vary along with race, ethnicity, gender and sexual orientation. Disparities occur due to factors such as inaccessibility of high-quality mental health services, cultural and linguistic differences, discrimination, distrust of service systems, and/or lack of awareness about mental health [38].

Special considerations for individual populations include:

- **Immigrant Populations** - Immigrants, asylum seekers, and refugees live with extreme stress, consistent vulnerability, and life-long health consequences because of barriers that limit their psychological care.
- **Hispanic Populations** - In the Hispanic population, depression and other mental health conditions can be perceived as a personal weakness, decreasing a willingness to seek care.
- **LGBTQ Populations** - Individuals who are lesbian, gay, bi-sexual, transgender, queer or other are more than twice as likely as heterosexual men and women to have a mental health disorder, and are 2.5 times more likely to experience depression, anxiety and substance abuse. Transgender populations are particularly prone to suicide risk and suicide, with more than 50% of transgender adults considering suicide [39].

[37] (HRSA, 2024)

[38] (American Psychological Association, n.d.)

[39] (Kohnepoushi, 2023)

## Suicide and Suicide Risk

Pennsylvania has lower suicide rates than many parts of the country (Figure 39). However, suicide rates within the service area are amongst the highest in Pennsylvania [40] and in every county are higher than the statewide rate (Figure 40).

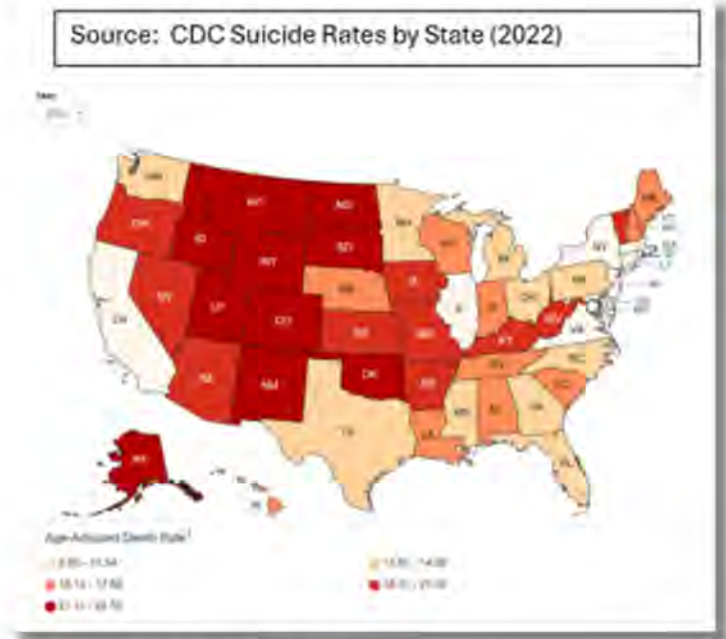


Figure 39: CDC Suicide Rates by State

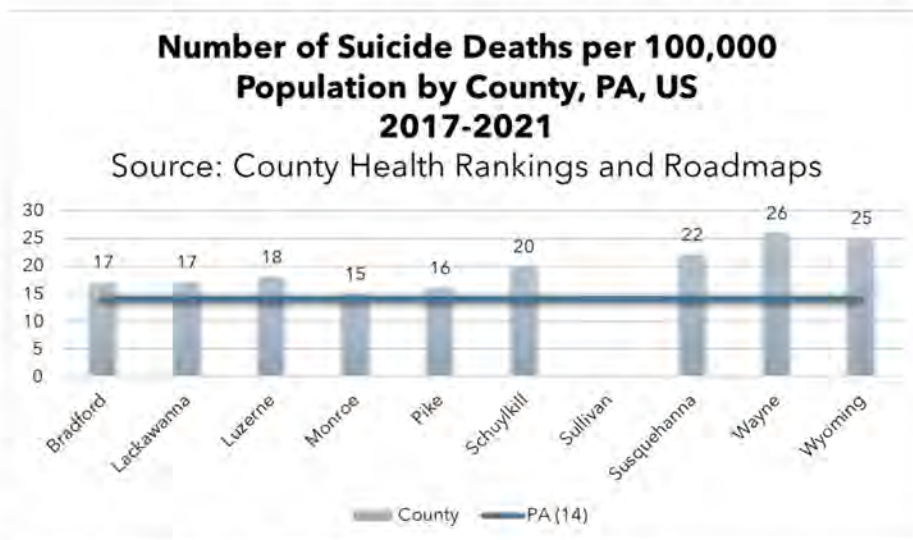


Figure 40: Suicide Deaths per 100,000 by County, PA, US  
Note: Sullivan County data is suppressed due to low population numbers.

Risk of suicide is associated with a variety of factors including race and ethnicity, age, sex and metro/non-metro status (Figure 41). Between 2011 and 2021 [41]:



- American Indians had the highest rate of suicide among racial/ethnic groups, although increases amongst Black and Hispanic populations were also notable.
- Increased risk for those aged 12-17 and 18-25 was significant.
- Males are more likely to die by suicide than females.
- Those living in non-metro areas had a higher rate of risk than those in metro areas.

[40] CDC, 2025

[41] Panchal, Suicide Death Rates by Demographics and Location, 2011 to 2021, 2023

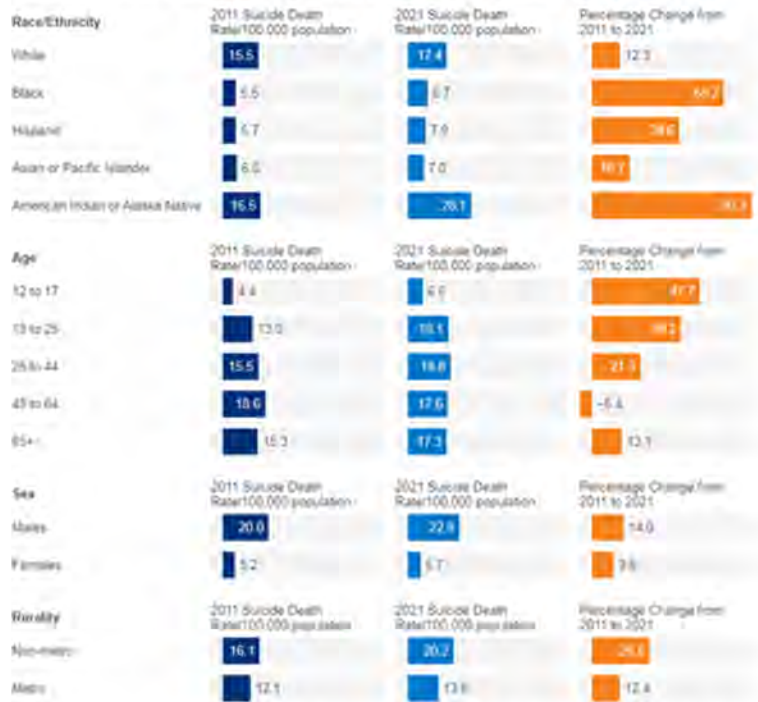


*"We desperately need more access to therapists throughout our area."*

**Figure 41: US Suicide Death Rates: Detail by Race/Ethnicity, Age, Sex, Rurality**

Source: KFF

**Suicide Death Rates by Demographics and Location, 2011 to 2021**



NOTE: Analysis of CDC WONDER underlying cause of death data (2011 to 2021). Suicide deaths were identified using ICD-10 U03.0-U03.9. Rates are age-adjusted to all ages using a single age group. Because of rounding, slight variations of any race but are considered as missing for this analysis; other groups are non-missing. Data were modified to allow for inclusion of other race groups.

**KFF**

SOURCE: KFF Analysis of CDC WONDER, 2011 to 2021. PHO

As is the case for suicide, suicide risk is elevated in the service area and exceeds the state average. Mental Health America [42] presents data related to risk of suicide based on reported suicide ideation in PHQ-9 questionnaires (Figure 42). Sullivan County shows a very high rate of risk for suicide.

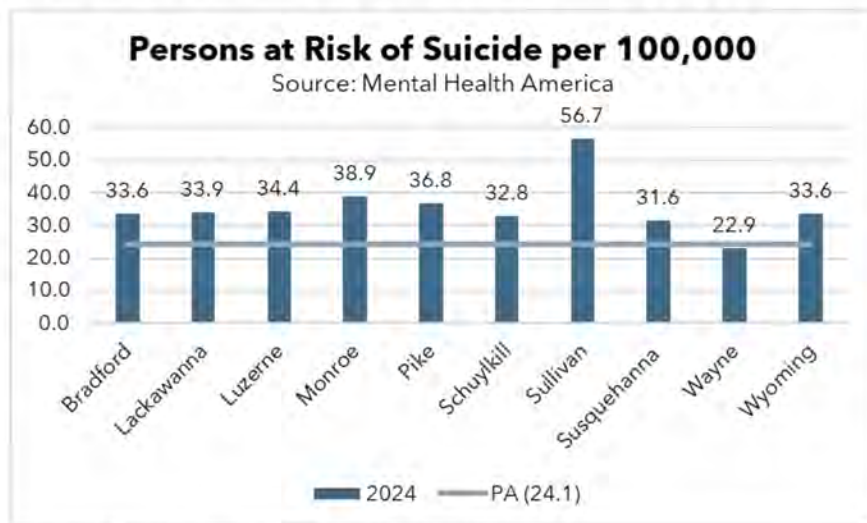


Figure 42: Persons at Risk of Suicide per 100,000

[42] Mental Health America, 2024



### Depression Screening Rates

Although improving, The Wright Center’s depression screening rate continues to fall short of national benchmarks (Figure 43 [43]).

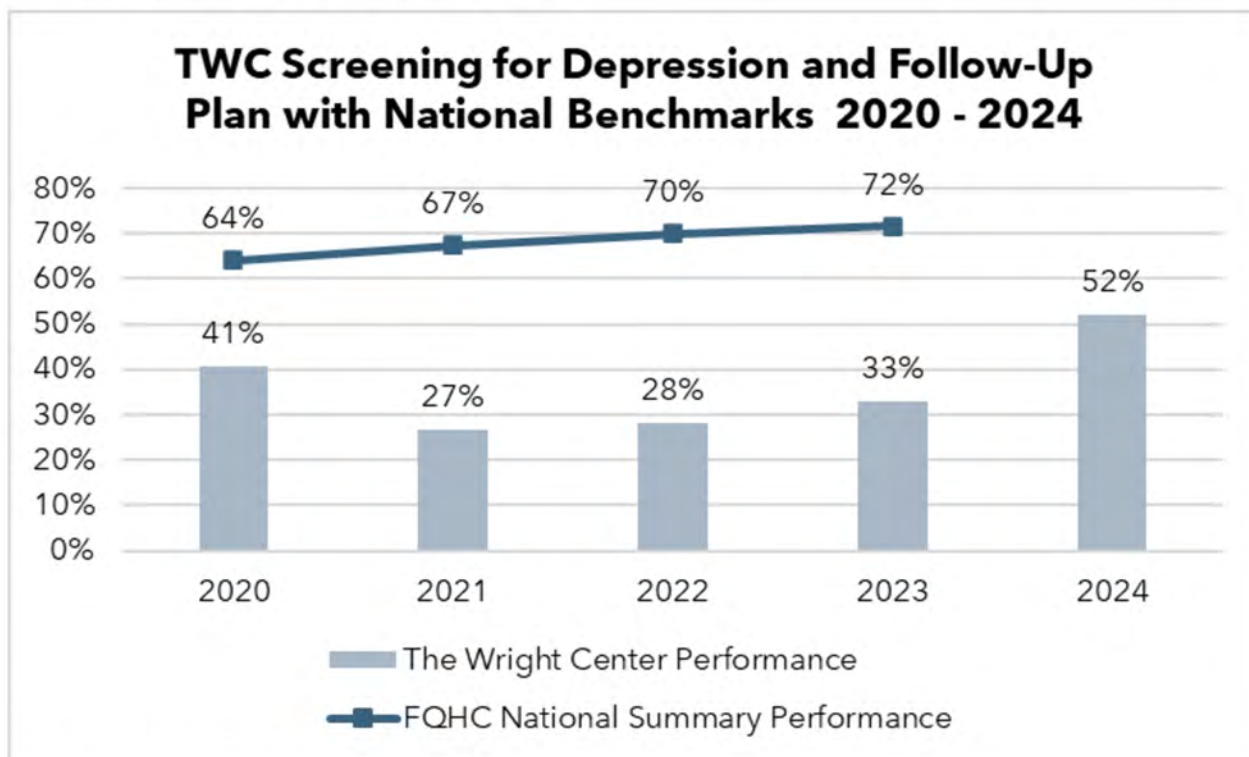


Figure 43: TWC Screening for Depression and Follow-Up Plan

[43] HRSA, 2024

## Community Perspectives

Staff, patients, and community members agree on the importance of mental and behavioral health needs. Figure 44 shows results from the Patient and Community Survey, with almost 45% of those who expressed a need for expanded services identifying mental health care as a priority. Substance abuse programs were also identified as a priority. Community members (Figure 44) reiterated the importance of behavioral health and substance abuse services, with these programs cited as the top 2 concerns.

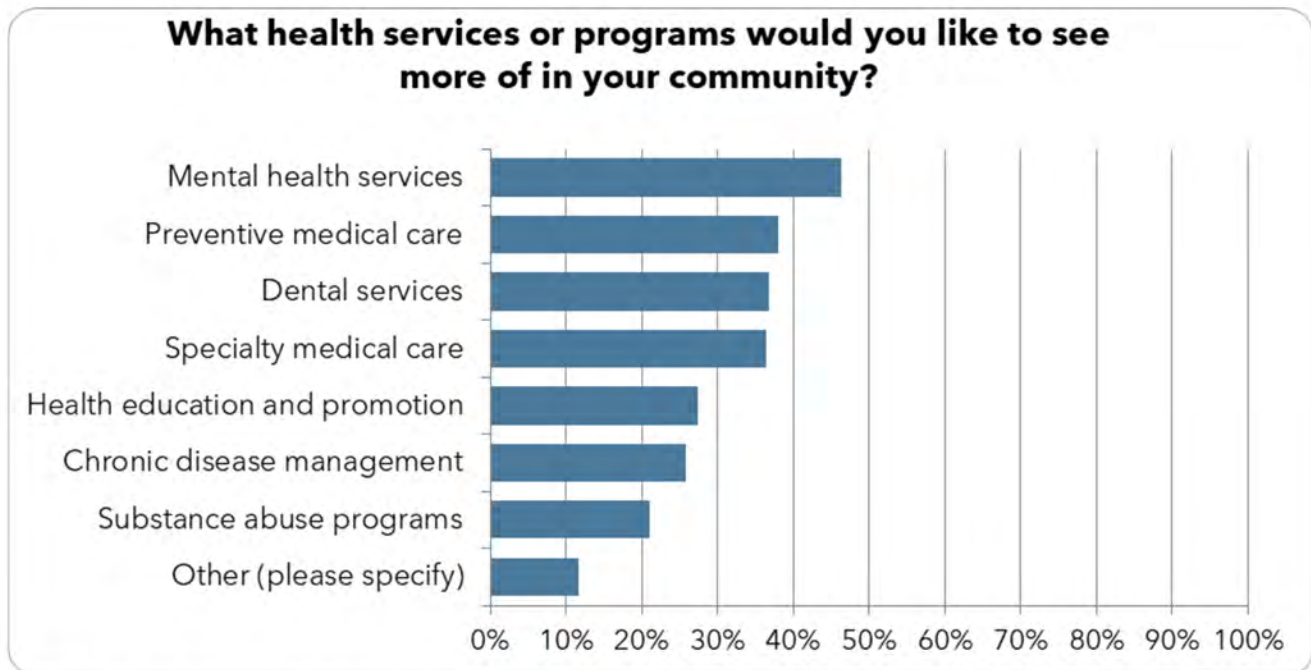
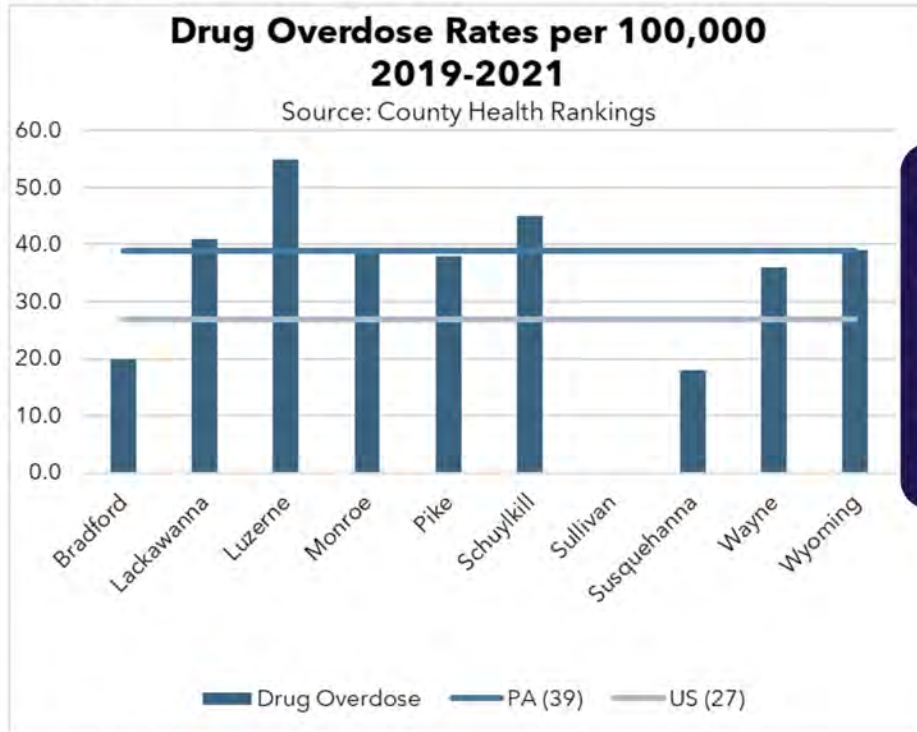


Figure 44: Health Services or Programs for the Community



## Drug Overdose



Drug overdose rates in the service vary, with Lackawanna, Luzerne, and Schuylkill Counties notable for rates that exceed state and/or national averages [44].

Figure 45: Drug Overdose Rates per 100,000

Figure 46 [45] illustrates the variation in drug overdose across the state, with many service area counties having some of the worst rates. Fentanyl contributed to 77% of the state’s fatal drug overdoses.

**Pennsylvania Overdose Death Rate per 10,000 Population – 2023**  
Source: Pennsylvania Department of Health

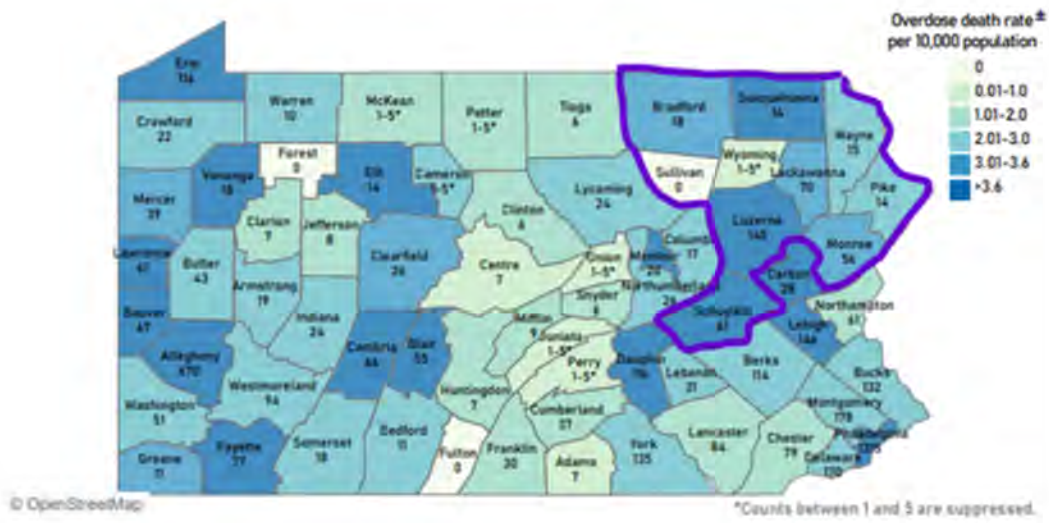


Figure 46: PA Overdose Death Rates per 10,000

[44] Robert Wood Johnson Foundation, 2024

[45] Pennsylvania Department of Health, 2025



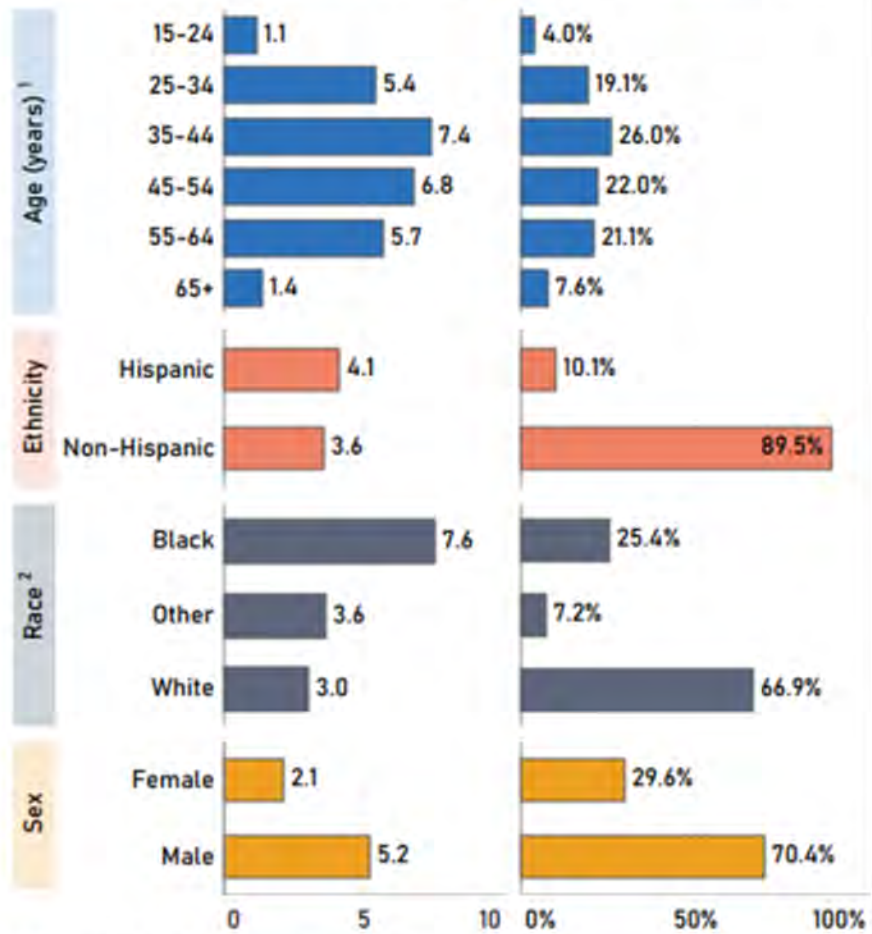
Figure 47 illustrates that statewide, overdose death rates are highest among those aged 35-44-year, Hispanics, Black persons, and males.

**Figure 47: Pennsylvania Overdose Death Rates: Detail by Age, Ethnicity, Race, and Sex – 2023**

Source: Pennsylvania Department of Health

Overdose death rates were the highest among those ages 35-44 years old, Hispanic persons, Black persons, and males.

Overdose death rate per 10,000 population\* Percent of total overdose deaths



1) Decedents aged 0-14 years were excluded.

2) Other persons of color include persons who identify as Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and Other Race

## Alcohol

Although excessive drinking, including binge and/or heavy drinking, is typically below state and national averages, alcohol-impaired driving death rates indicate that alcohol use may be an important risk factor in several counties [46].

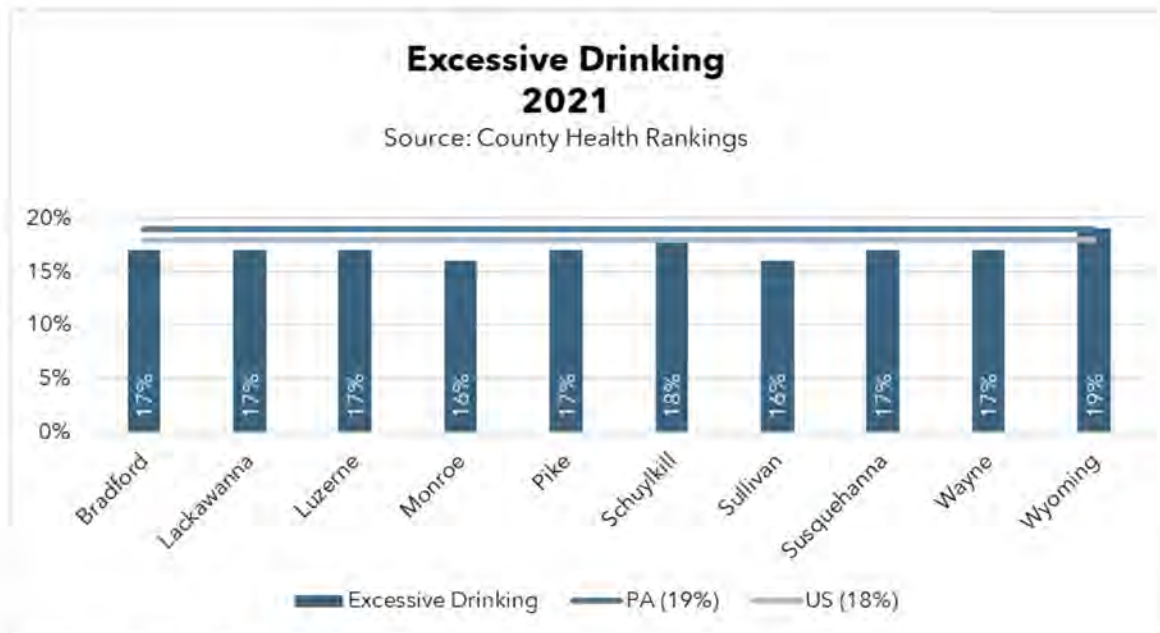


Figure 48: Excessive Drinking 2021

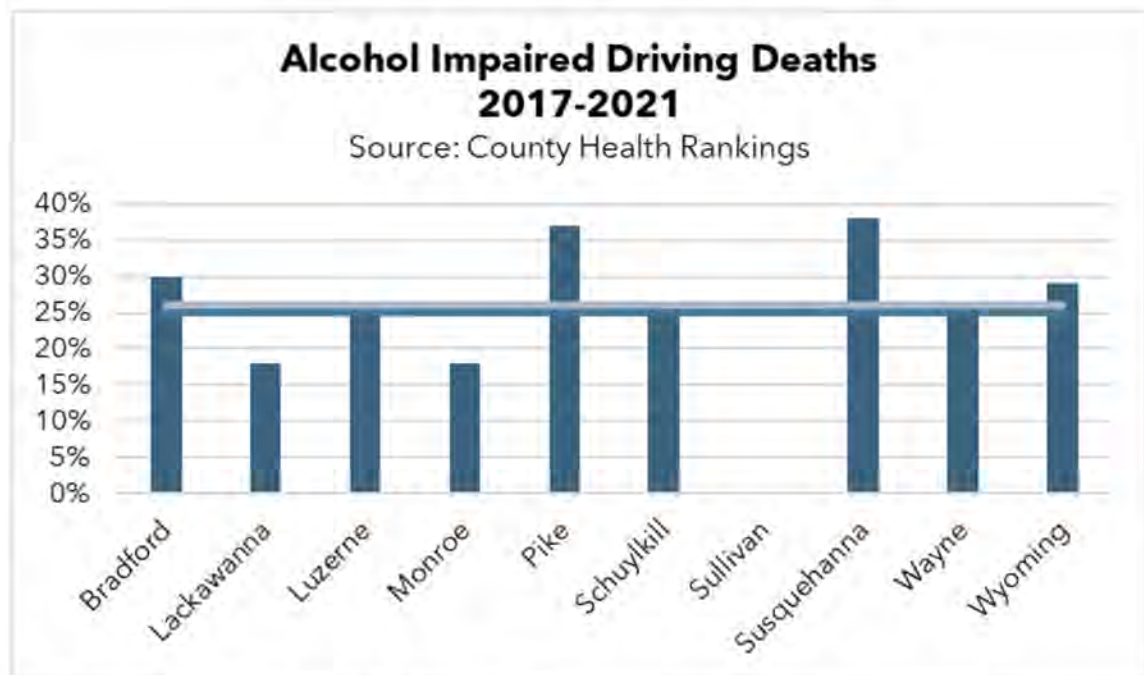


Figure 49: Alcohol Impaired Driving Deaths 2017-2021  
Note: Sullivan County data is suppressed due to low population numbers.

[46] Robert Wood Johnson Foundation, 2024

## Smoking and Tobacco Use Reduction

**Health Effects of Smoking** – Cigarette smokers can lose 9.0 Quality Adjusted Life Years (QALYs) compared to never-users, and smokeless tobacco users lose 3.3 QALYs. Quitting smoking can add 5.4 QALYs [47].

**Tobacco Trends** – Smoking rates [48] in the service area are higher than Pennsylvania and the nation (Figure 50). Although smoking rates are trending downward in most counties, they are still about 25% worse than Pennsylvania and stubbornly higher in rural counties (Figure 51).

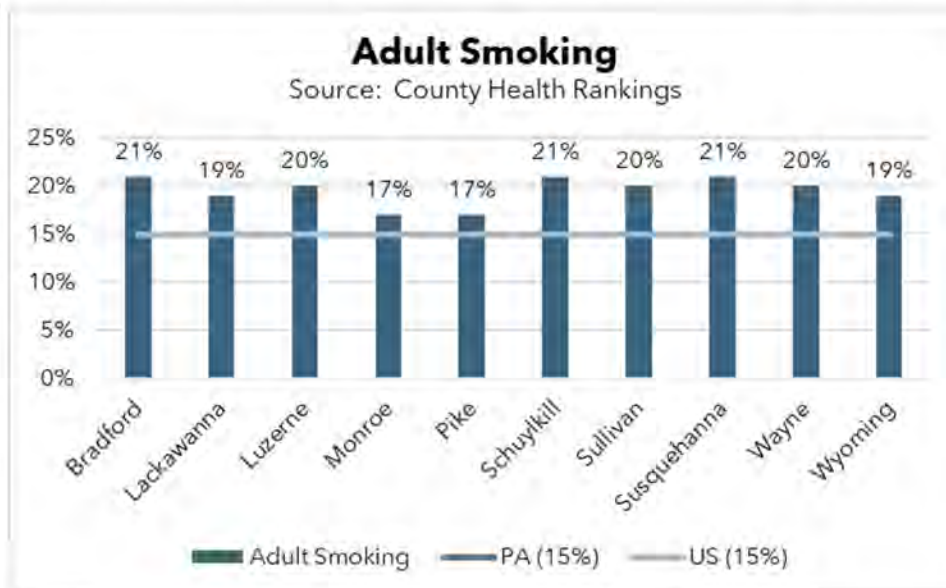


Figure 50: Adult Smoking

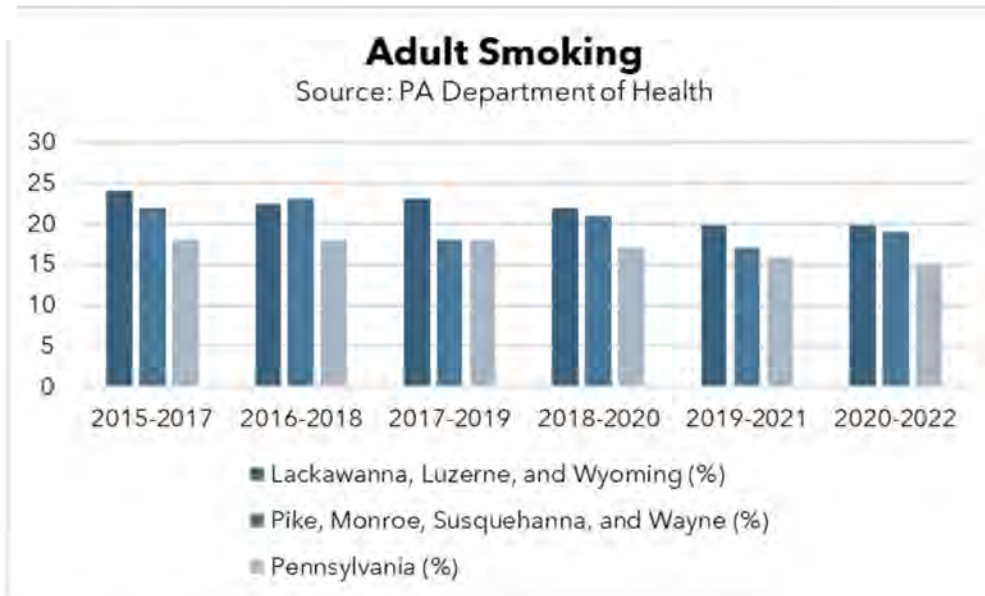


Figure 51: Adult Tobacco Smoking

[47] [Assessing quality-adjusted years of life lost associated with tobacco use - ScienceDirect](#)

[48] (Robert Wood Johnson Foundation, 2024)

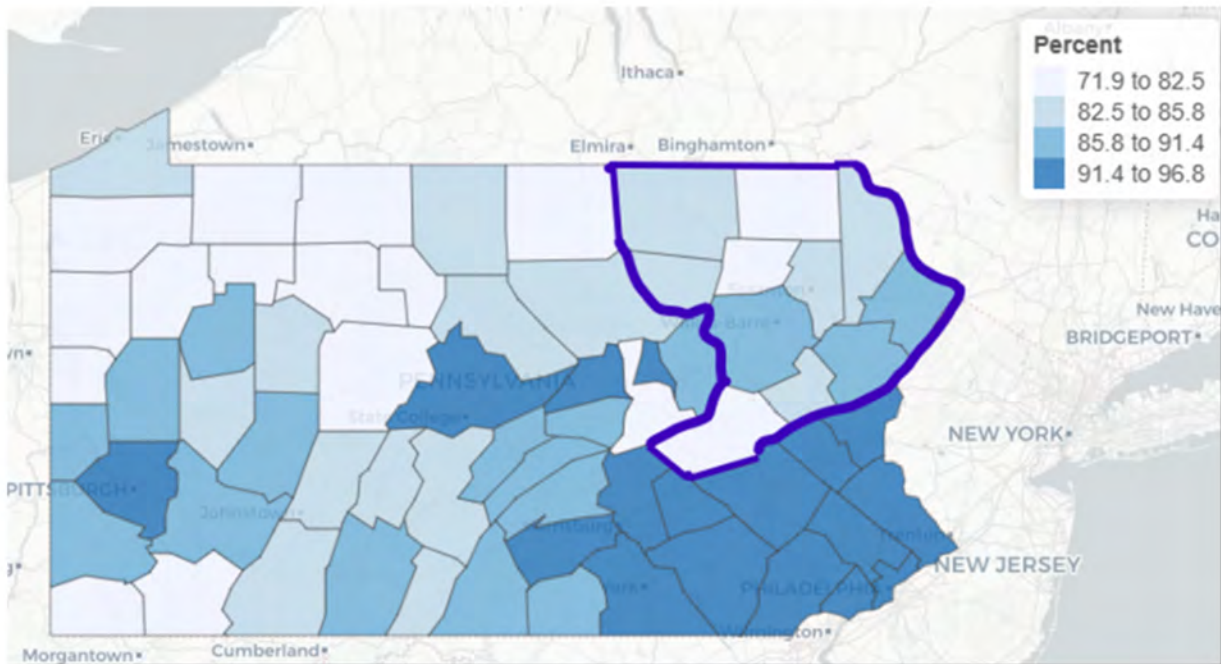


### ***Tobacco Use Among Pregnant Women***

As noted previously, smoking among pregnant women is a concern throughout the service area.

**Figure 52: Percent of Births to Mothers who Did Not Smoke During Pregnancy by County, 2018-2022** (darker shades represent lower rates of tobacco use)

Source: Pennsylvania County Health Profiles



## The Wright Center Tobacco Efforts

The Wright Center's tobacco screening efforts lagged national rates in recent years but are now rebounding. Given high rates of tobacco use, smoking cessation programs, including those specific to pregnant women, are a community need. The Wright Center may wish to verify that tobacco screening is taking place consistently among pregnant women and implementing smoking cessation programs specific to this population.

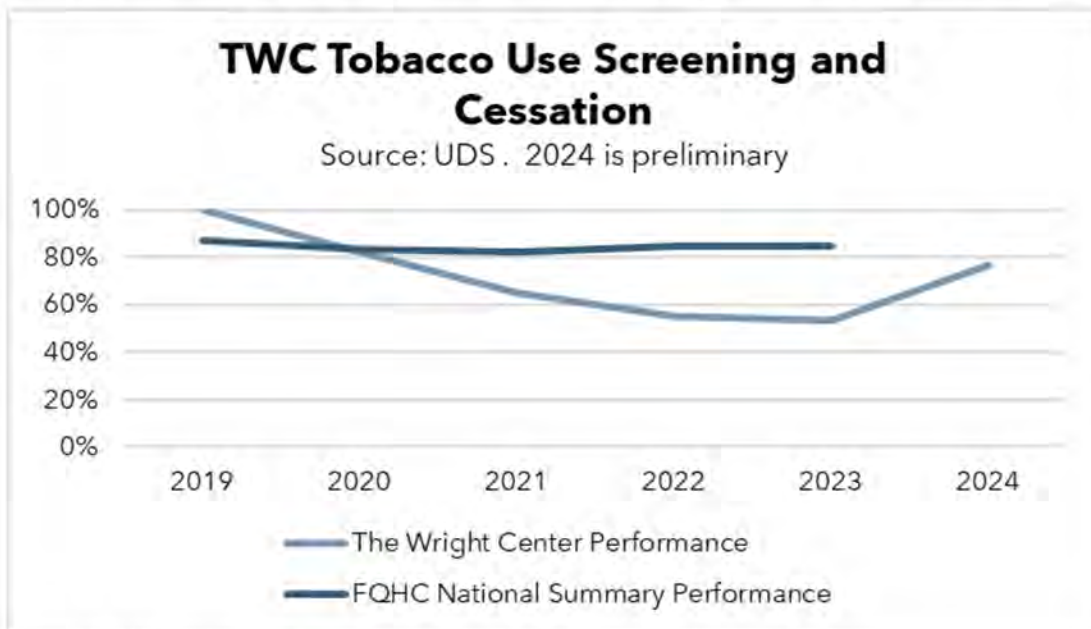


Figure 53: TWC Tobacco Use Screening and Cessation



*"I feel there is a high tobacco and alcohol consumption in the community due to various socioeconomic stressors as well as intergenerational trauma. To address these concerns, there needs to be more behavioral health staff to assist with behavioral health integration."*



*"I believe there will be a larger mental health crisis if we do not address our current [crisis], such as figuring out how to grow our workforce."*



# Access to Care

## Unmet Need Scores

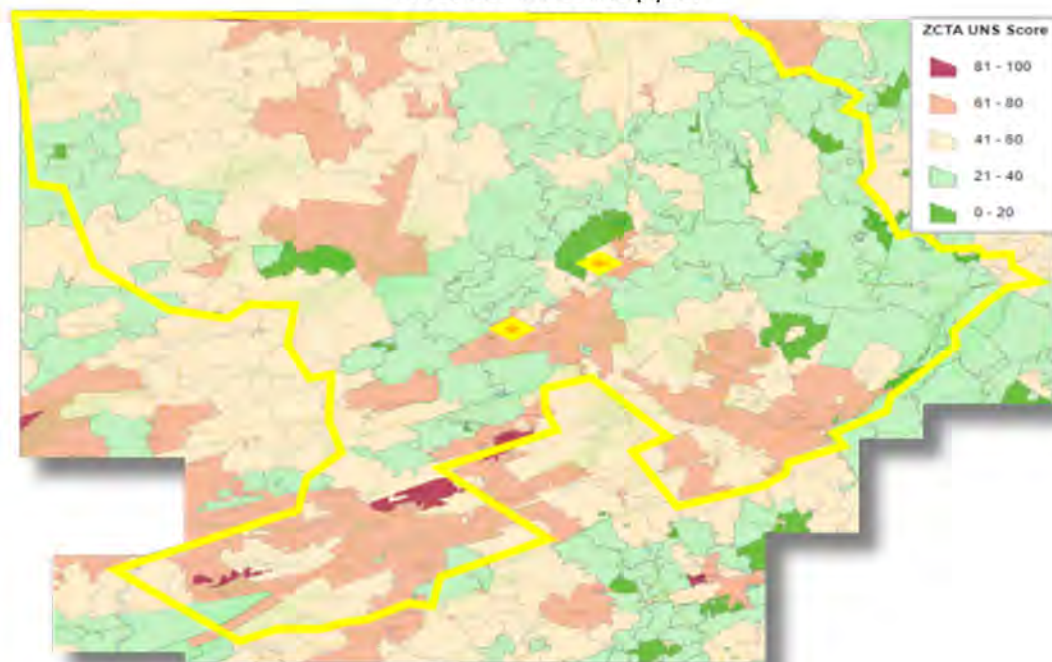
The Unmet Need Score (UNS) [49] is depicted by county in Appendix 2 and visually in **Figure 54**. The UNS was developed by HRSA to compare health-related needs across regions; it is based on a 1-100 scale with a higher score representing greater need. UNS scores are derived from 28 SDOH and health status measures in the following categories:

- All-cause mortality
- Life expectancy
- Education
- Chronic disease prevalence
- Community health center penetration
- Poverty
- Broadband Access
- Drug Use Mortality
- Linguistic Isolation
- Healthy Food Access
- Poor Health
- Smoking
- Unemployment
- Insurance Status
- Violence

Overall health needs vary greatly by location, even within a municipality (such as Scranton), with several ZIP Code Tabulation Areas (ZCTAs) in the service area scoring over 75. ZCTAs are similar to ZIP codes but where ZIP codes can refer just to a post office location and overlap, ZCTAs always represent distinct geographical areas. Wayne and Wyoming Counties have lower UNS scores than other service area locales.

**Figure 54: UNS Scores in Service Area**

Source: UNS Mapper



[49] US Department of Health and Human Services, 2024

## Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas that lack access to primary care services. MUAs designate a shortage of primary care health services within a geographic area, while MUPs indicate a shortage of primary care services for a specific population subset within a geographic area [50].

MUA designations exist across The Wright Center's service area, with the designation in Monroe County being specific to Low-Income populations. A full list of MUA/MUP designations [51] for the service area is provided in Appendix 3.

## Health Center Program Penetration Rates

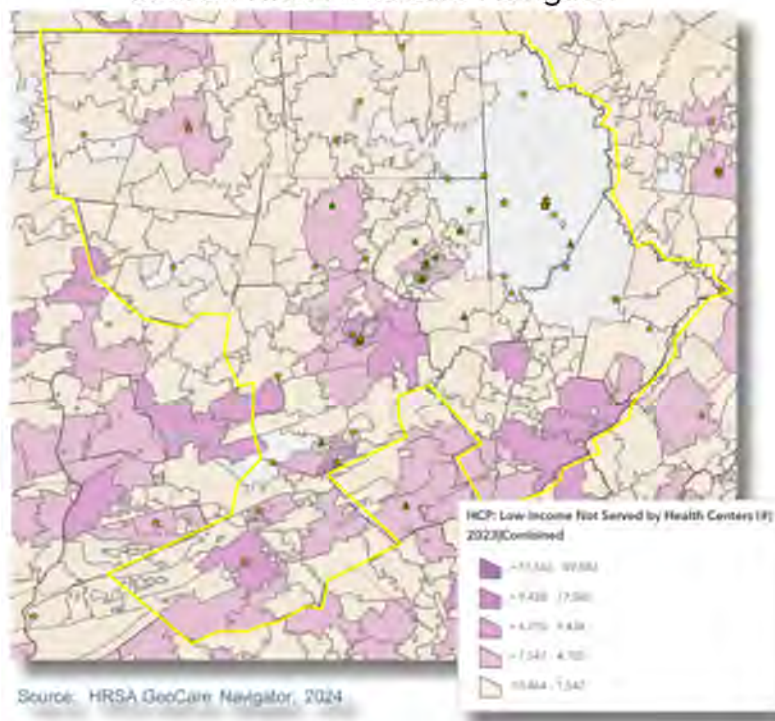
Throughout the service area, the Health Center Program (HCP) penetration of low-income populations (Figure 55) is 50.3% and the corresponding rate for Medicaid-covered residents is 31.7%.

There is potential for The Wright Center to improve access for low-income and Medicaid-covered residents. Expanded access for Medicaid patients, particularly, may have positive effects on financial results.

**Figure 55: Low-Income Population Not Served by a Health Center**

Source: HRSA GeoCare Navigator

Among Patient and Community Survey respondents, 37% face challenges to accessing health care, with the biggest barriers being long wait times, cost of health care (including prescriptions), lack of insurance, and "something else." Top responses in the "something else" category include wait times and distance to care (especially for specialists), and lack of in-network doctors nearby.



[50] HRSA, n.d.

[51] HRSA, 2024

## Health Insurance

Health insurance is one of the greatest health care access barriers[ 52], with a lack of coverage contributing to:

- Out-of-pocket costs that lead to delayed or foregone care.
- Decreased access to preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease.
- Decreased likelihood of children receiving care for conditions such as asthma, or critical preventive services such as dental care, immunizations, and well-child visits.

Those with health insurance have improved access to health services and better health monitoring. Gaining Medicaid coverage for previously uninsured adults significantly increased their chances of receiving a diabetes diagnosis and using diabetic medications.

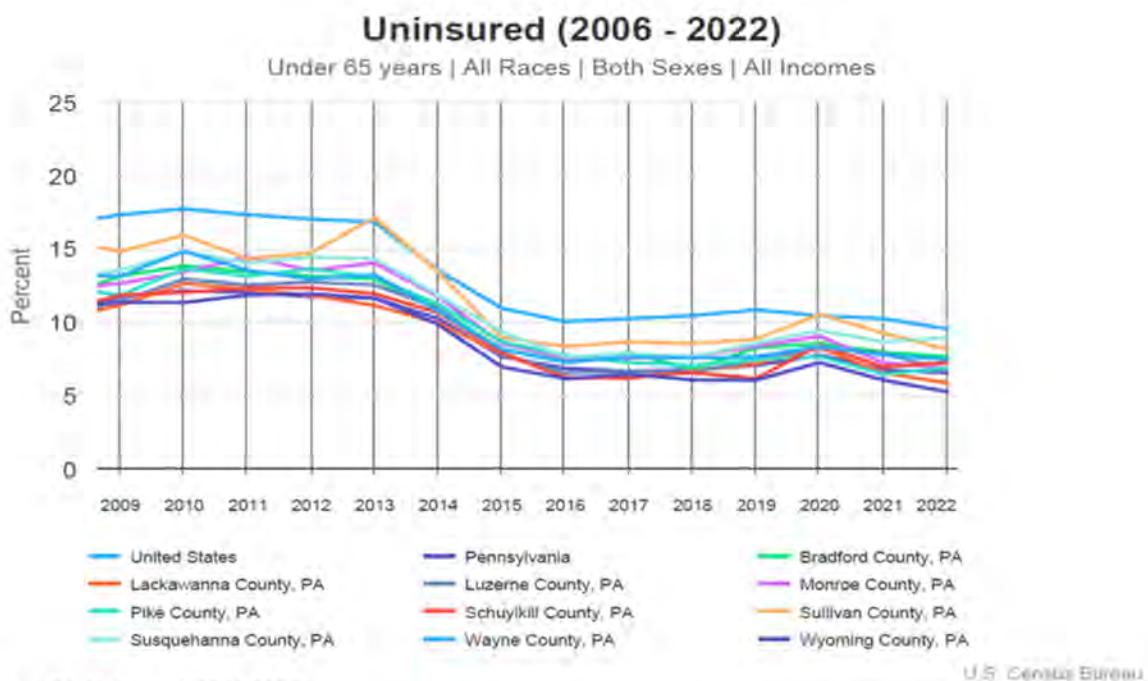


Figure 56: Uninsured (2006-2022)

Census Service Area Health Insurance Estimates (SAHIE) demonstrate the overall downward trend in uninsurance rates in the United States, Pennsylvania, and the service area (Figure 57) [53].

[52] Healthy People 2030

[53] US Census, 2022

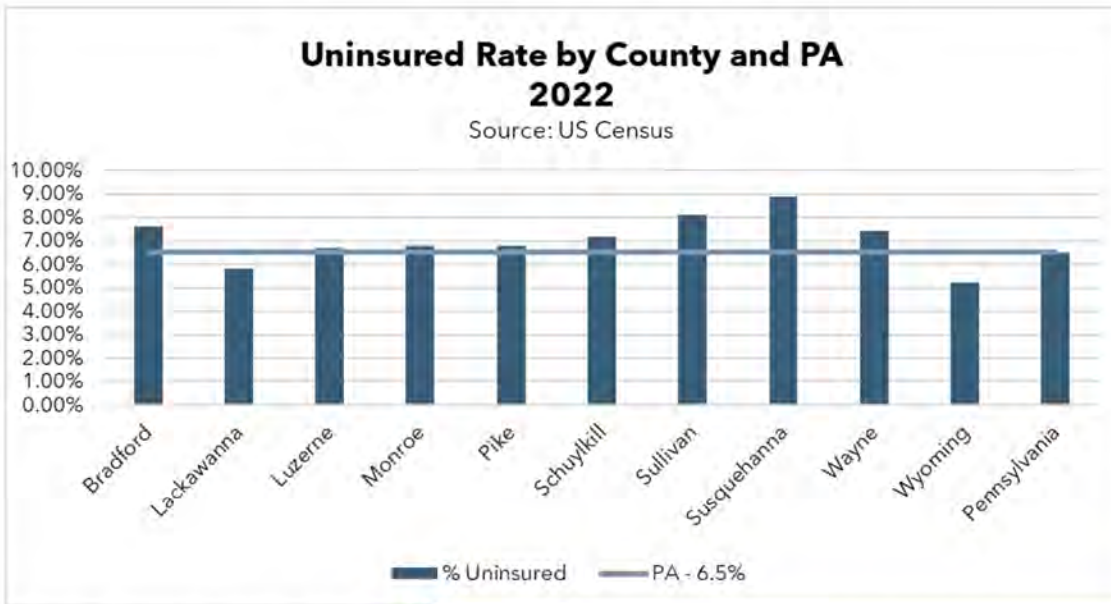


Figure 57: Uninsured Rate by County and PA, 2022

Most of the counties in the service area have uninsured rates equal to or greater than Pennsylvania (Figure 57). Note that the uninsured rate refers to all residents under the age of 65; this is due to Medicare typically being available for those aged 65 and over.

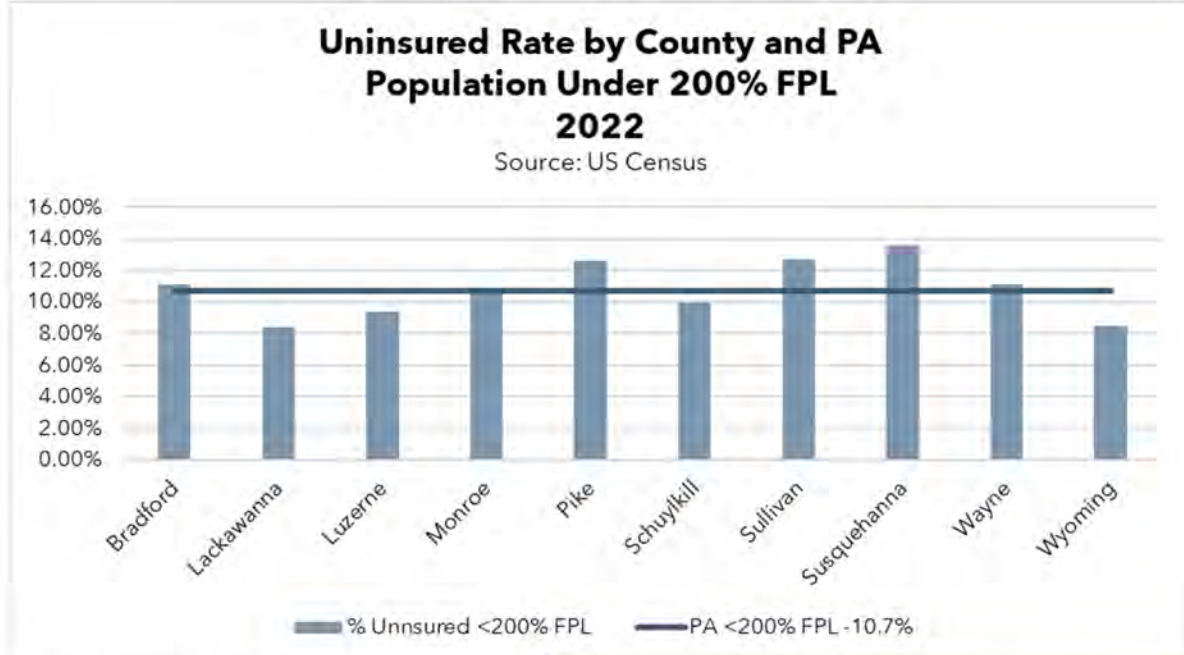


Figure 58: Uninsured Rate by County and PA under 200% FPL 2022

As is the case for all residents, the rate of uninsurance for those who are living at or below 200% of Federal Poverty Level (FPL) meets or exceeds the state level in many of the service area counties.

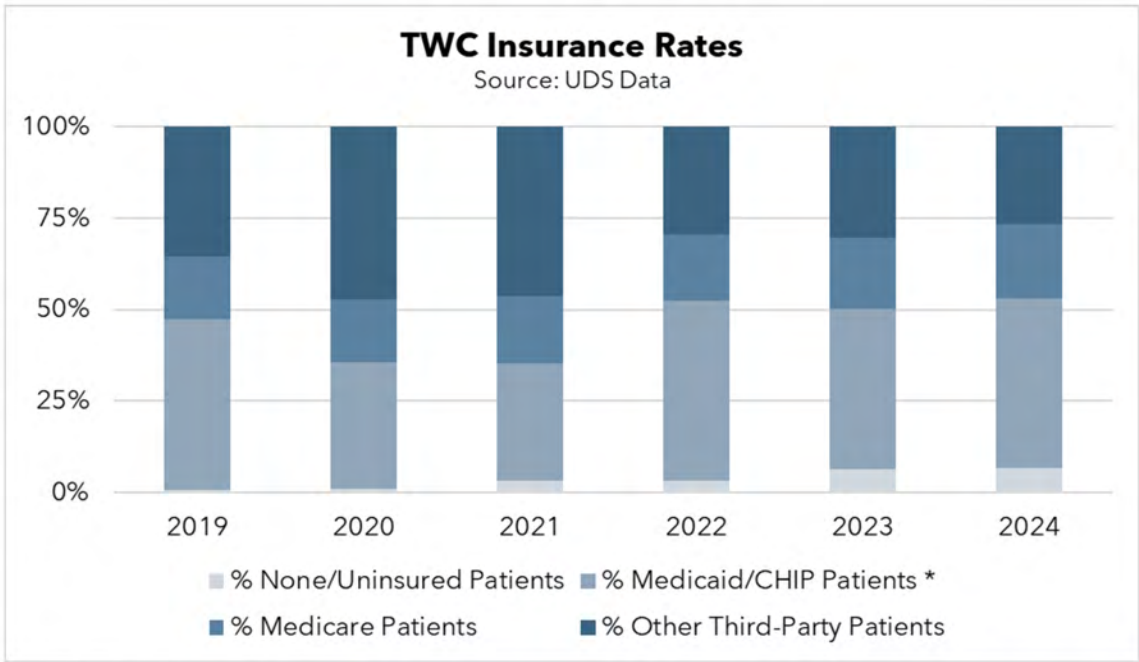


Figure 59: TWC Insurance Rates

The percentage of uninsured patients served by The Wright Center grew from less than 1% in 2019 to 6.7% in 2024. This trend may reflect local changes in health care access, decreased effectiveness in verifying insurance or supporting enrollment, and/or improved penetration into uninsured populations enabled by becoming an FQHC in 2019.



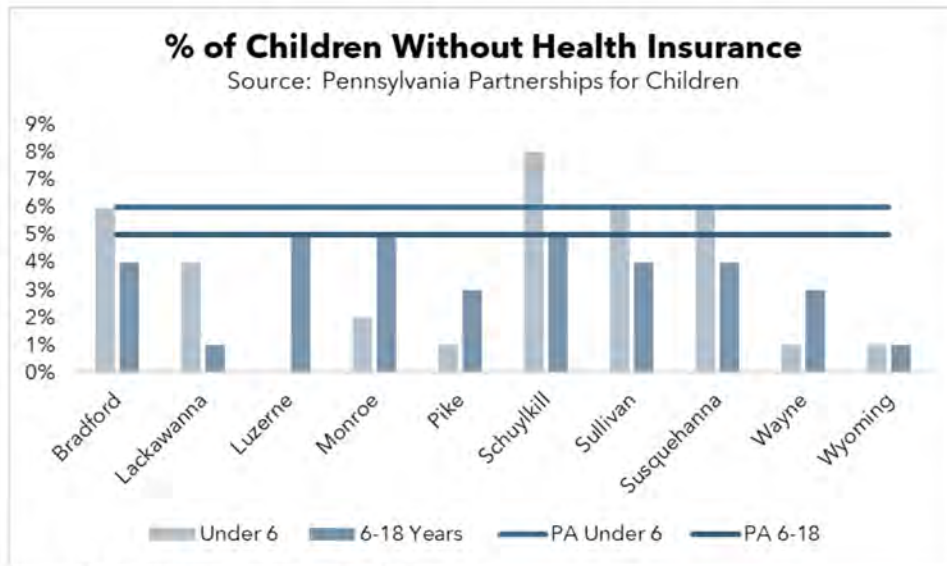


Figure 60: % Of Children Without Health Insurance

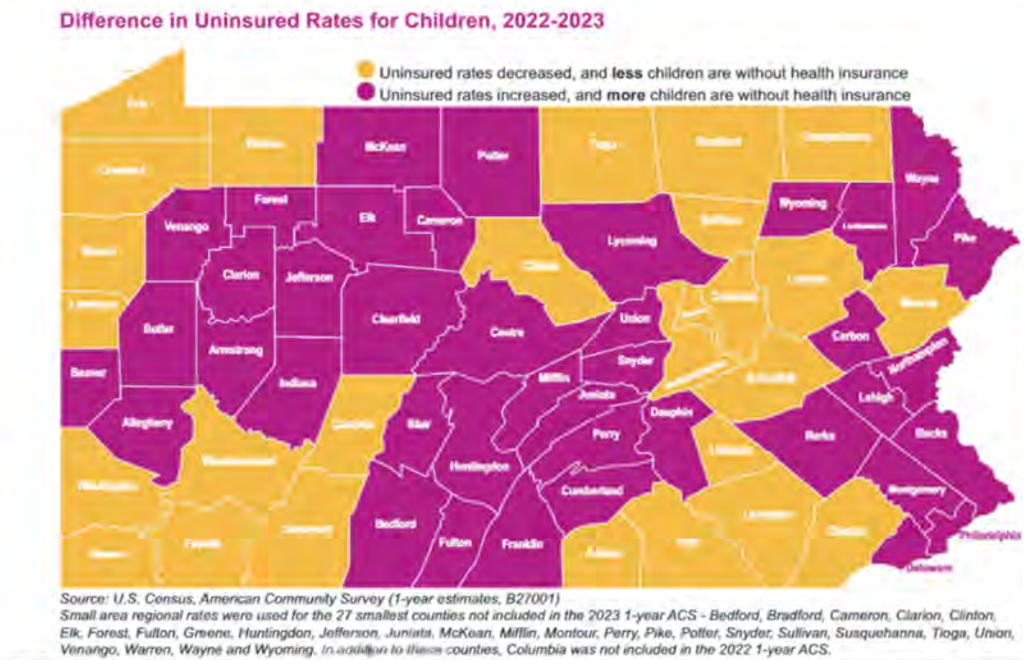



Figure 61: Difference in Uninsured Rates for Children, 2022-2023

### Uninsured Children

 In 2023, Pennsylvania had the 7th lowest rate of uninsured children in the United States, with 5.2% uninsured (compared to 5.4% in US) [54]. Children from lower income families are more likely to be uninsured or underinsured. Approximately 6.8% of Medicaid-eligible are not enrolled in Medicaid. Younger children are also more likely than older children to be uninsured (Figure 60). Figure 61 [55] shows that between 2022 and 2023, the rates of uninsured children increased most in Wyoming, Lackawanna, Wayne and Pike Counties. By race and ethnicity, children who are most likely to be uninsured are “some other race” or Hispanic/Latino (Figure 62).

[54] Pennsylvania Partnerships for Children, 2024


[55] Pennsylvania Partnerships for Children, 2024

### Children more likely to be uninsured by race/ethnicity



Bars to the right of 1.1 show overrepresentation, meaning the uninsured rates are higher than expected based on the proportion of this race within the state's child population. An index of 1.0 indicates no disproportionality. Bars to the left of 1.0 indicate underrepresentation, meaning the uninsured rates are lower than expected. The index is based on American Community Survey 1-year estimates (2023).

Figure 62: Children More Likely to be Uninsured by Race/Ethnicity

 Those children who are more likely to be uninsured in Pennsylvania include Hispanic populations and those who are "some other race" (Figure 62).

## Hospital Ratings

Community rankings of hospitals in the service area, gathered via Centers for Medicare & Medicare Services research, are displayed in Figure 63 [56]. Several local hospitals received significantly lower ratings than seen in Pennsylvania. Based on partner conversations and staff survey responses, a common perception is that hospitals in the area are often under-resourced, underperforming, and lacking needed access to specialty services.

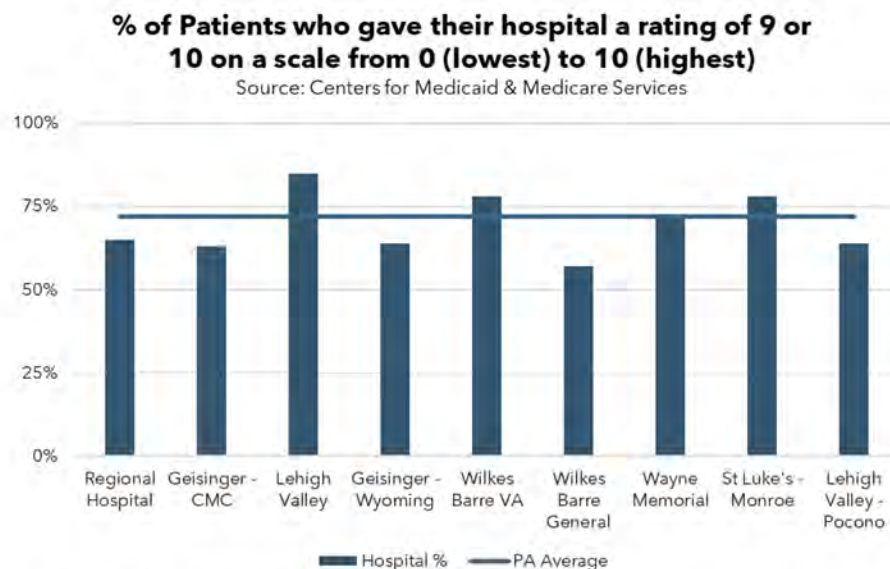


Figure 63: % of Patients Who Gave Their Hospital a Rating of 9 or 10

[56] Centers for Medicare & Medicaid Services, 2025

## Access to Care Among The Wright Center's Patients

Among Patient and Community Survey respondents, 74% reported no difficulty accessing health services. Difficulties increased for those who are uninsured; only 55% of this population reported no difficulties access services (Figure 65).

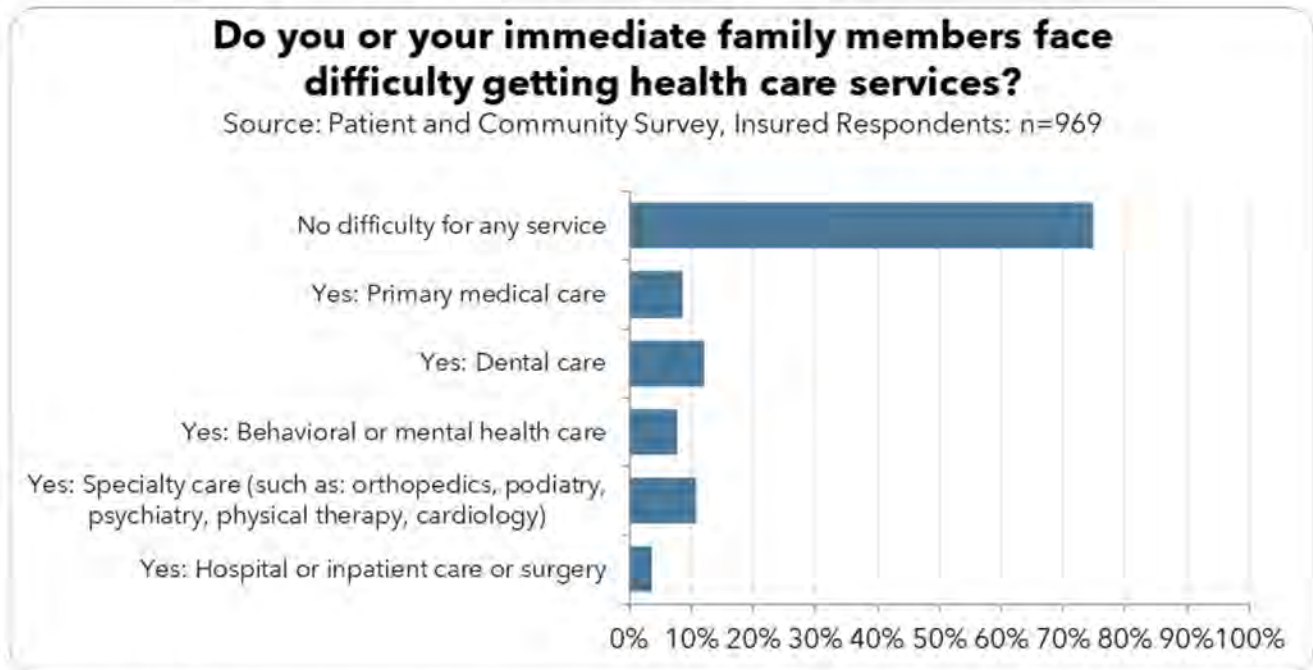


Figure 64: Difficulty Getting Health Care Services - Insured Respondents

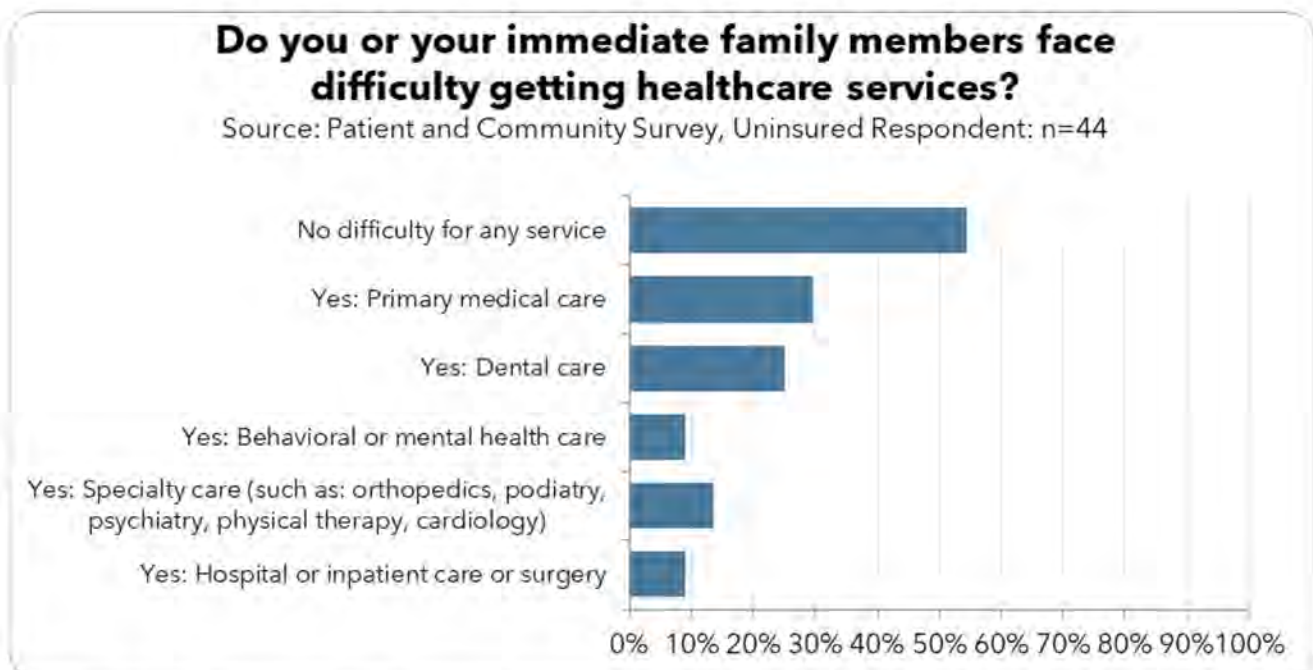


Figure 65: Difficulty Getting Health Care Services - Uninsured Respondents

Of those who experienced challenges accessing care, the primary responses were long wait times, cost of health care and lack of insurance (Figure 66).

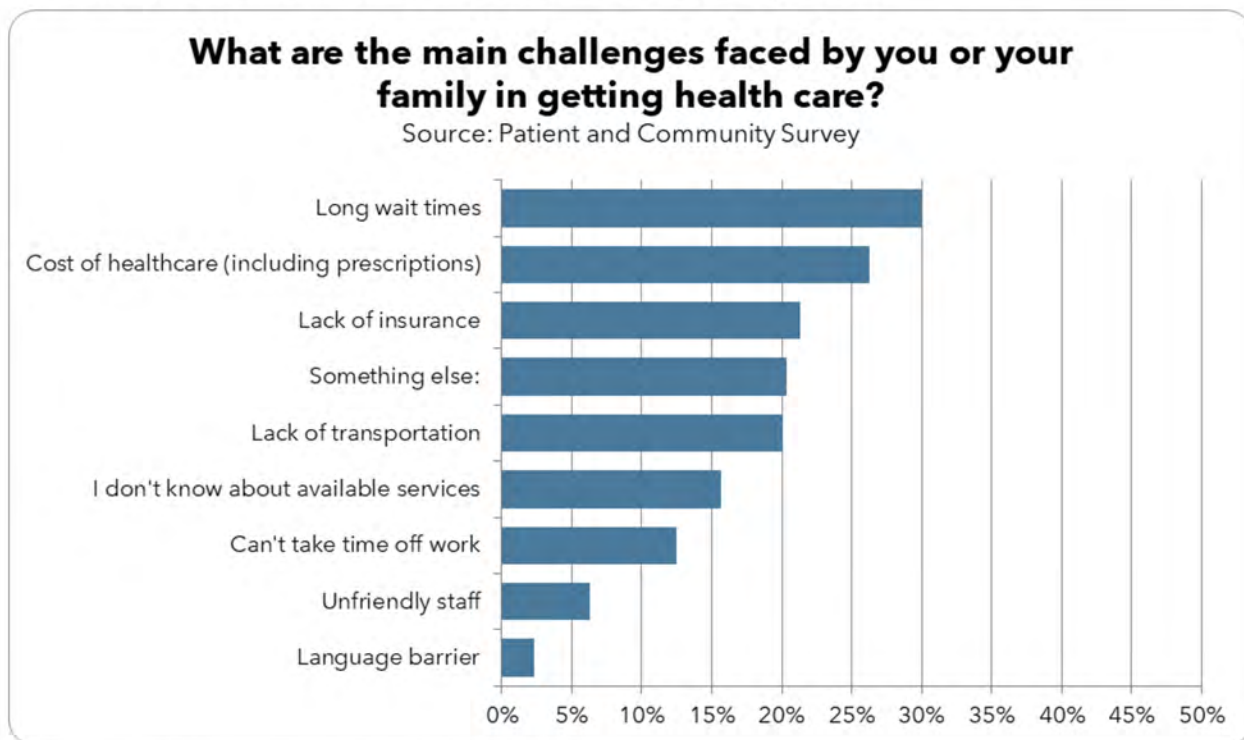


Figure 66: Main Challenges Faced in Getting Health Care

The Wright Center's internal data demonstrates generally rapid access to appointments, as illustrated in Figure 67.

### TWC # of Days to Next Available Appointment (Goal is next-day availability)

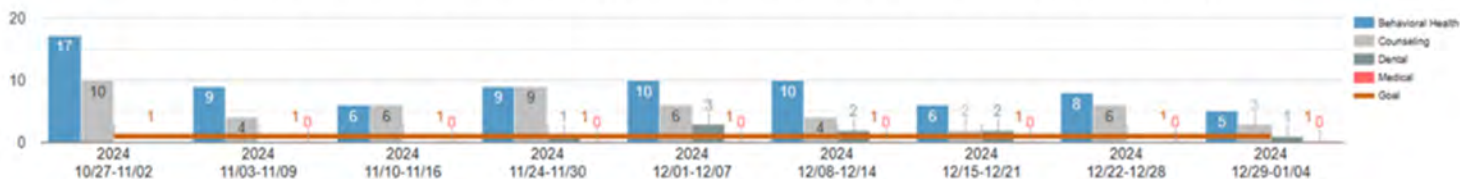


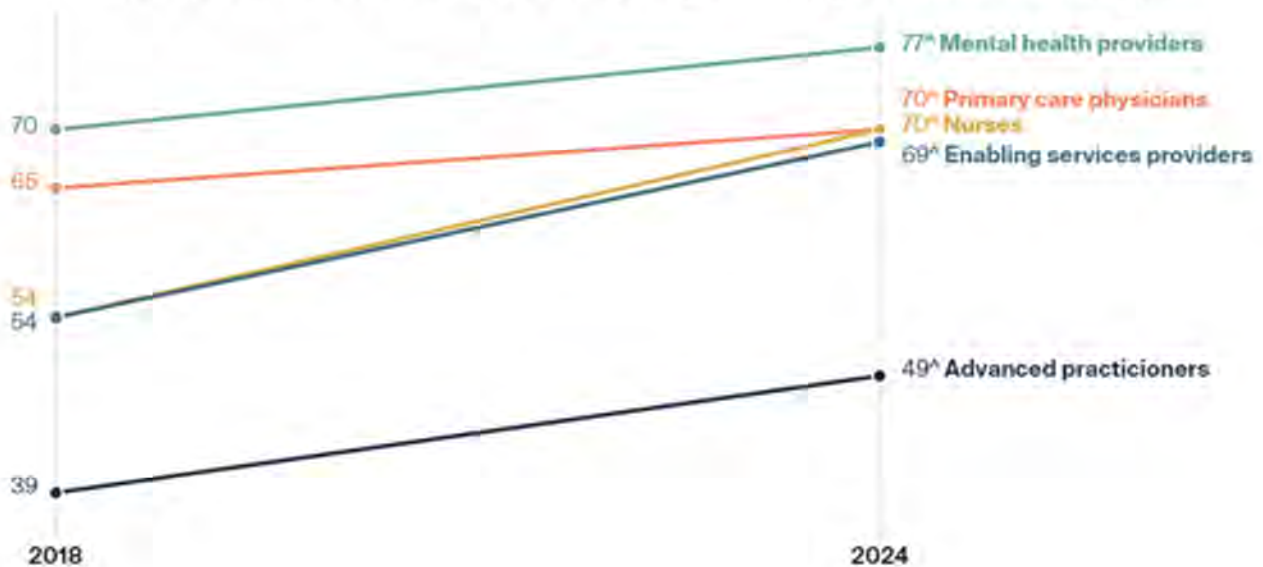
Figure 67: TWC # of Days to Next Available Appointment



## Workforce

Workforce shortages are an ongoing – and increasing – barrier nationally as well as in the service area. Shortages are increasing across professions, with over 70% of community health centers now reporting primary care physician, nurse, or mental health staffing challenges (Figure 68). Most health centers find it difficult to obtain specialty care appointments for their patients (73%), particularly those covered by Medicaid or lacking insurance [58].

**Figure 68: Percentage of FQHCs That Responded “Yes” When Asked if There Are Currently Experiencing Workforce Shortages**



*“Our community is lacking enough providers to meet the low-income demographics here. Our patients ... wait months for follow up appointments.”*

[57] Celli Horstman, 2024

[58] Commonwealth Fund National Survey of FQHCs in 2018 and 2024 (n=657 in 2018 and 737 in 2024)

## Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) [59] are areas identified as having a shortage of primary care, dental, or mental health care providers. HPSA designations are used to assign participants in the National Health Service Corps to areas with the most need.

- A **Geographic HPSA** indicates a shortage of providers for an entire group of people within a defined service area.
- A **Population HPSA** indicates a shortage of providers for a specific group of people within a defined geographic area (such as low-income, homeless, or migrant farmworkers).
- A **Facility HPSA** indicates an organization that serves a population or geographic area with a shortage of providers. The Wright Center is designated as a Facility HPSA.

A list of service area HPSAs [60] is included in Appendix 4.

## Provider Ratios

Expanding access for low-income populations requires a workforce that is currently in short supply. Throughout the service area, provider ratios for primary care, dental, and mental health typically exceed state and national averages—indicating that there are fewer professionals available to serve the population than what is needed and common for the rest of the United States.

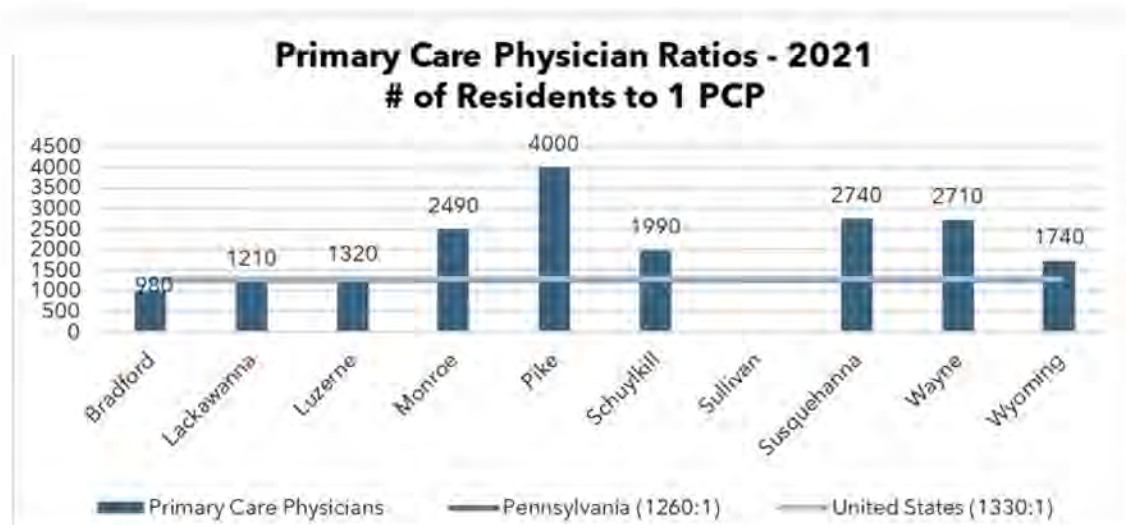


Figure 69: Primary Care Physician Ratios - 2021

[59] HRSA, n.d.

[60] HRSA, 2024

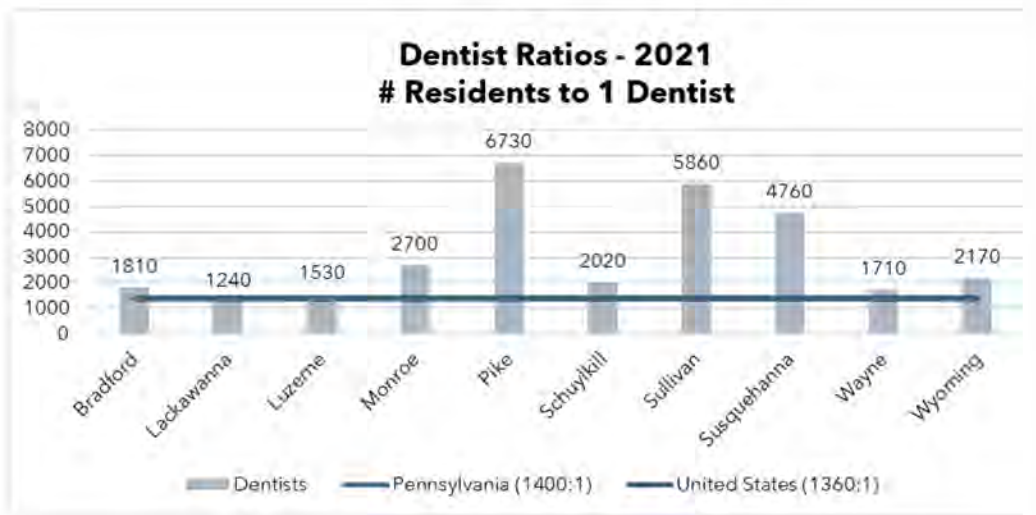


Figure 70: Dentist Ratios - 2021

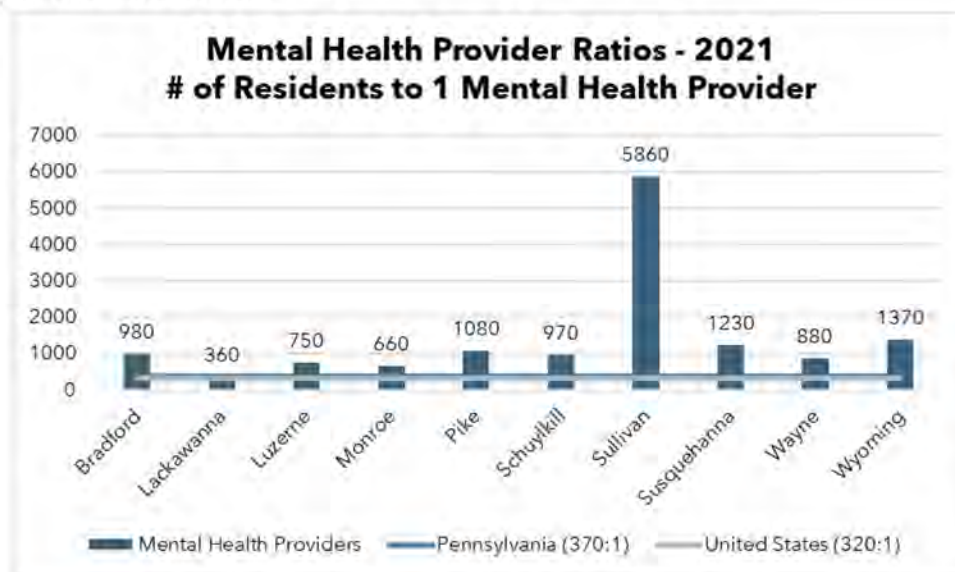


Figure 71: Mental Health Provider Ratios

The supply of physicians grew more slowly after the 1997 Congressional cap on graduate medical education. While this cap was lifted in 2020 due to the pandemic, the shortage of physicians persists [61]. Data from the Cicero Institute [62] indicates that by 2030, the United States is projected to have a shortfall of 120,000 doctors nationally.

An estimated 40% of today's physicians will be expected to have reached retirement age by 2030. In Pennsylvania, 34% of working physicians are currently within retirement age, with more reaching this milestone every day. Pennsylvania, however, has only 350 primary care residency slots per year and nearly half of those residents are expected to practice out of state. As a result of these trends, many Pennsylvania counties have already seen significant decreases in primary care providers.

Stakeholder interviews identified health care workforce development and shortages, particularly for primary care and specialty care, as a major concern.

[61] March of Dimes, 2024

[62] Cicero Institute, 2025]

## Maternity Care Deserts

Sullivan County is considered a Maternity Care Desert – a term coined to represent a lack of hospitals or birth centers offering obstetric care and a lack of obstetric care providers [63]. Pike, Susquehanna, and Wyoming Counties currently have moderate access to maternity care; with all other service area counties currently having full access. Partner interviews and staff survey responses reflected challenges in access to maternity care.

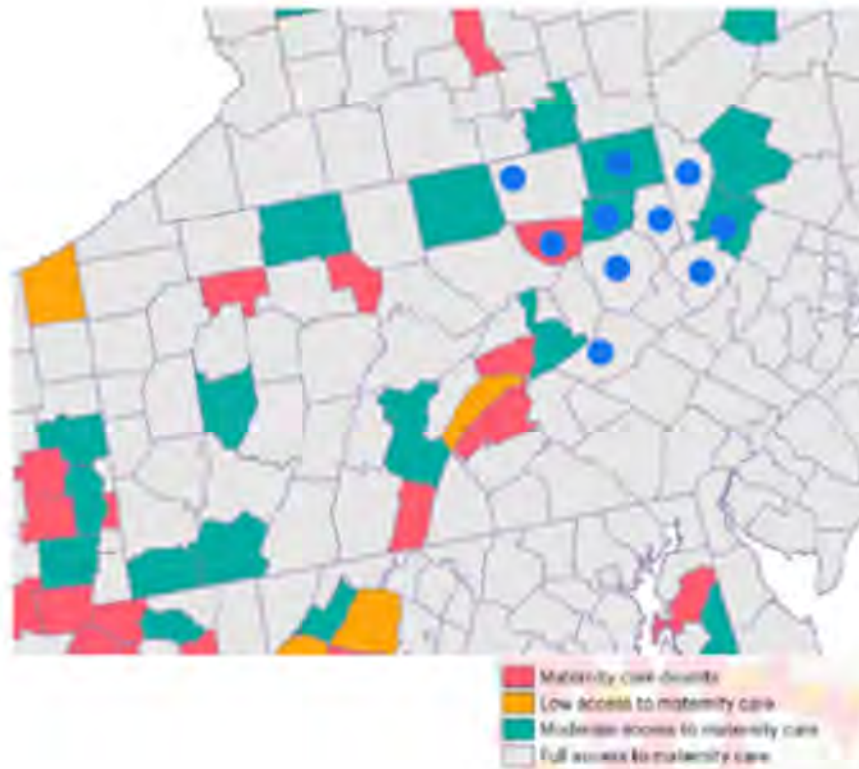


Figure 72: Maternity Care Deserts

Maternity Care Deserts exist largely due to shortages of OB/GYNs, anesthesiologists, and registered nurses. Currently in the United States, approximately 40% of OB/GYNs are over the age of 55, and a growing percentage of new doctors are pursuing sub-specialty training or part-time status [64]. Despite declining birth rates, access remains a challenge in part due to the concentration of OB/GYNs in large, urban areas, retirements, practice patterns, and shortages of other clinical and support team members.

[63] March of Dimes, 2024

[64] AMN Healthcare, 2024



## Pediatric Provider Shortages

Like maternity care, pediatric care is in short supply – especially among pediatric specialties. An estimated 28% of children in Pennsylvania have health conditions, such as cancer, Down syndrome, asthma, and depression, that require specialty care.

Pediatricians are among the lowest paid of all physicians. The American Academy of Pediatrics [65] believes that many medical school graduates elect not to pursue a career in pediatrics because the incremental training cost may not yield commensurate compensation benefits. Figure 73 [66] illustrates the distances that children in Pennsylvania need to travel to access subspecialty care. One patient interviewed for this project noted that many families need to drive almost two hours to access pediatric inpatient care.

### HOW FAR DOES A CHILD IN PENNSYLVANIA NEED TO DRIVE FOR PEDIATRIC SUBSPECIALTY CARE?



### WHAT SUBSPECIALTY SHORTAGES MEAN FOR CHILDREN AND THEIR FAMILIES:

1. Traveling long distances to get care
2. Waiting weeks or months to get an appointment with a subspecialist
3. Going without care or getting care from providers with less specific training

CHILDREN WHO SUFFER FROM JUVENILE ARTHRITIS IN PENNSYLVANIA NEED TO DRIVE AS FAR AS 95 MILES FOR CARE.

Figure 73: Distance to Access Subspecialty Care


[65] American Academy of Pediatrics, 2025

[66] American Academy of Pediatrics, 2025

## Behavioral Health

Patient and Community Survey respondents ranked mental health as the top need for expansion in their community. Write-in responses often complimented the high quality of mental health care provided by The Wright Center but expressed a high level of need for more service availability.

Behavioral health care encompasses a wide variety of interventions delivered by many types of providers (Psychiatrists, Psychologists, and Social Workers, for example) and in the United States, providers in all these professions are in short supply [67]. Key gaps include:

- Rural areas, which often experience less provider availability and a lack of psychiatric care.
- Medicaid recipients, many of whom struggle to find providers who accept their insurance.
-  Underserved groups including people of color, non-English speakers, and LGBTQ populations, as the demographics of the workforce often do not reflect those of the people that they serve. For example, while nearly a third of the national population is Black or Hispanic, only about a tenth of practicing psychiatrists come from these communities [68].



*"The Wright Center should definitely have more therapists. The amount of people looking for one that cannot find help in a timely fashion is sad."*

[67] The Commonwealth Fund, 2023

[68] The Commonwealth Fund, 2023

## Dental Services

Across the service area, 37.5% of adults had no dental visit in the last year [69]. Patient and Community Survey responses indicated that:

- 28% of households have dental care needs (rated 6th of all needs).
- 12.7% of families have difficulty accessing dental care.
- 37% of those who see gaps in health care services in the community see need for more dental services (rated 3rd after mental health and primary care).

The Wright Center’s staff members ranked dental care 3rd for health care needs that would benefit from more attention.

Clinical quality data confirms staff perceptions that additional dental services may be needed. As seen in Figure 74 for the period between 2019 and 2024, The Wright Center’s performance on dental sealants for children aged 6-9 fell and is now significantly lower than the national benchmark.

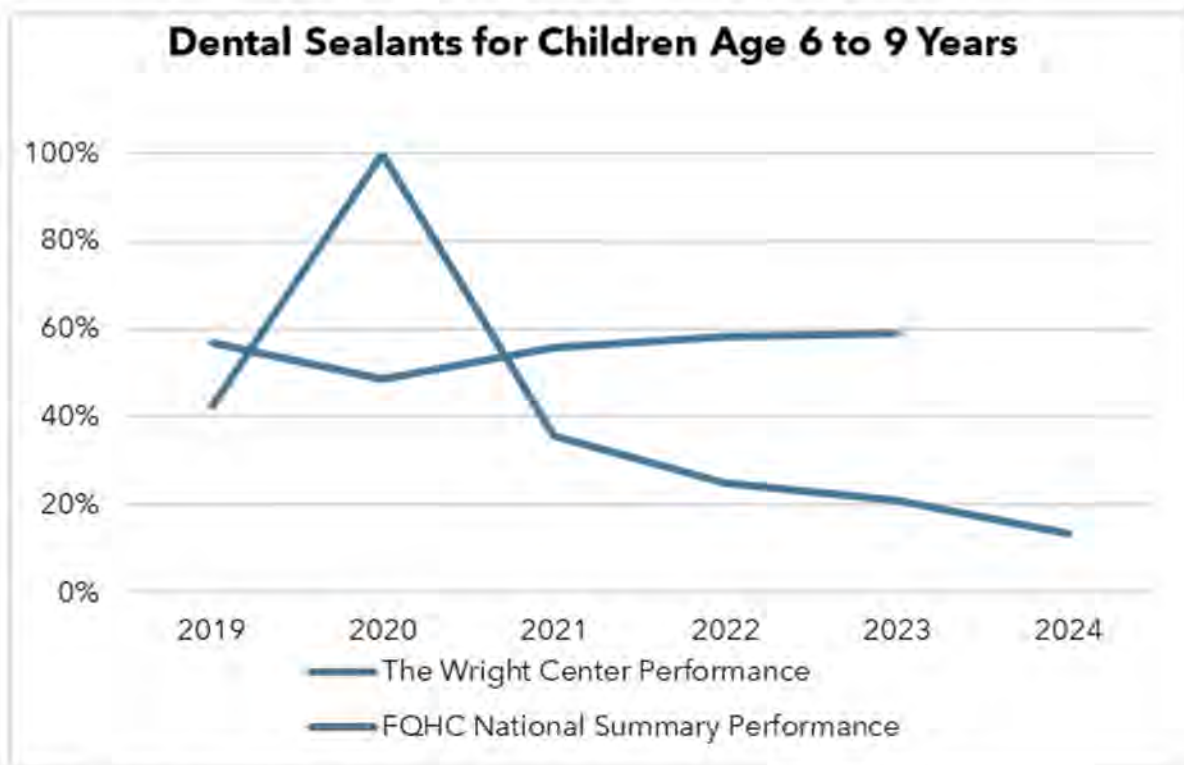


Figure 74: Dental Sealants for Children Age 6 to 9 Years

[69] HRSA GeoCare Navigator, 2024

## Locally Prioritized Health Care Professions

Each year, the Pennsylvania Department of Labor & Industry identifies High Priority Occupations (HPOs) [70] that are in demand, have evolving skill needs, and are likely to provide family-sustaining wages. It uses federal, state, and local labor market data as well as projections based on United States Department of Labor models to derive its list of HPOs. Figure 75 shows health professions that are prioritized across the service area, with the following being those most frequently cited:

- Registered Nurses
- Licensed Practical and Licensed Vocational Nurses
- Nursing Assistants
- EMTs and Paramedics
- Radiologic Technologists and Technicians
- Dental Hygienists
- Medical Assistants

High Priority Occupations (HPO)									
	Registered Nurses	Licensed Practical and Licensed Vocational Nurses	Nursing Assistants	EMTs and Paramedics	Radiologic Technologists and Technicians	Dental Hygienists	Medical Assistants	Physicians and Ophthalmologists, All Other	Physician Assistants
Luzerne & Schuylkill	X	X	X	X	X	X		X	X
Northern Tier*	X	X	X	X	X				
Pocono**	X	X	X	X	X	X	X		
Lackawanna	X	X	X				X		
	Pharmacists	Mental Health and Substance Abuse Workers	Respiratory Therapists	Medical Dosimetrists, Record Specialists & Other Technicians	Surgical Technologists	Clinical Laboratory Technicians	Diagnostic Medical Sonographers	Dental Assistants	Physical Therapy Assistants
Luzerne & Schuylkill	X	X	X	X					X
Northern Tier*									
Pocono**									
Lackawanna					X	X	X	X	

Figure 75: High Priority Occupations



*"[We need] whole person wellness - identifying ALL areas of wellness and addressing them appropriately; the lack of good specialist care and insane wait lists (several months to a year for some specialists!), and mental health needs (including in-patient treatment and more intensive services for teens and families)."*

[70] Commonwealth of Pennsylvania, 2025



# Social Determinants of Health

## The Wright Center's Social Determinants of Health (SDOH) Needs

The Wright Center assesses the SDOH needs of each patient twice per year with automated prompting from its Electronic Health Record. Among patients screened in 2024, the most common areas of need were food, utility costs, and clothing (Figure 76).

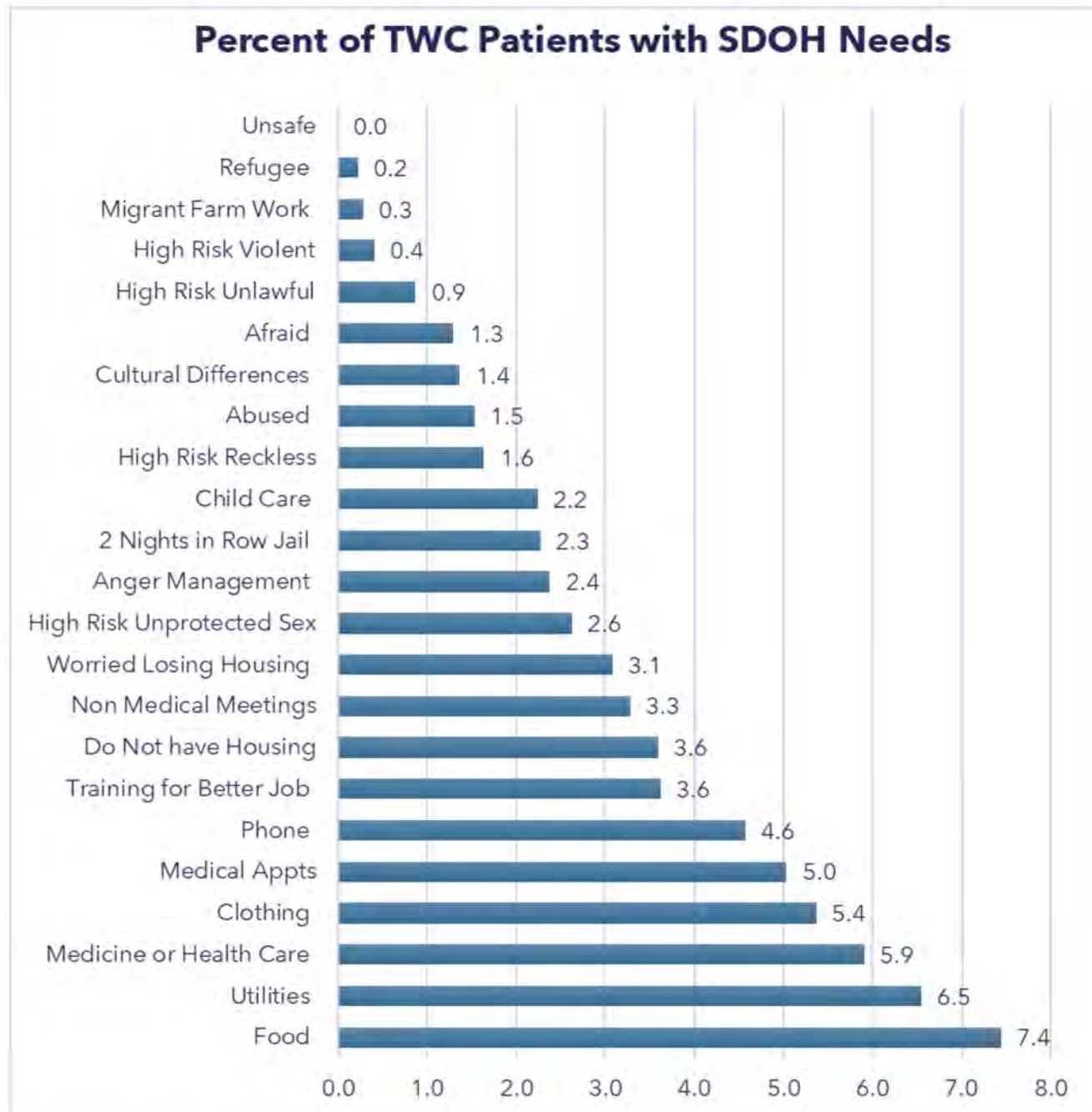


Figure 76: Percent of TWC Patients with SDOH Needs

Patient and Community Survey data confirms that food assistance is the top need (Figure 77); other priorities reported by respondents indicate housing assistance and transportation as top priorities, as well.

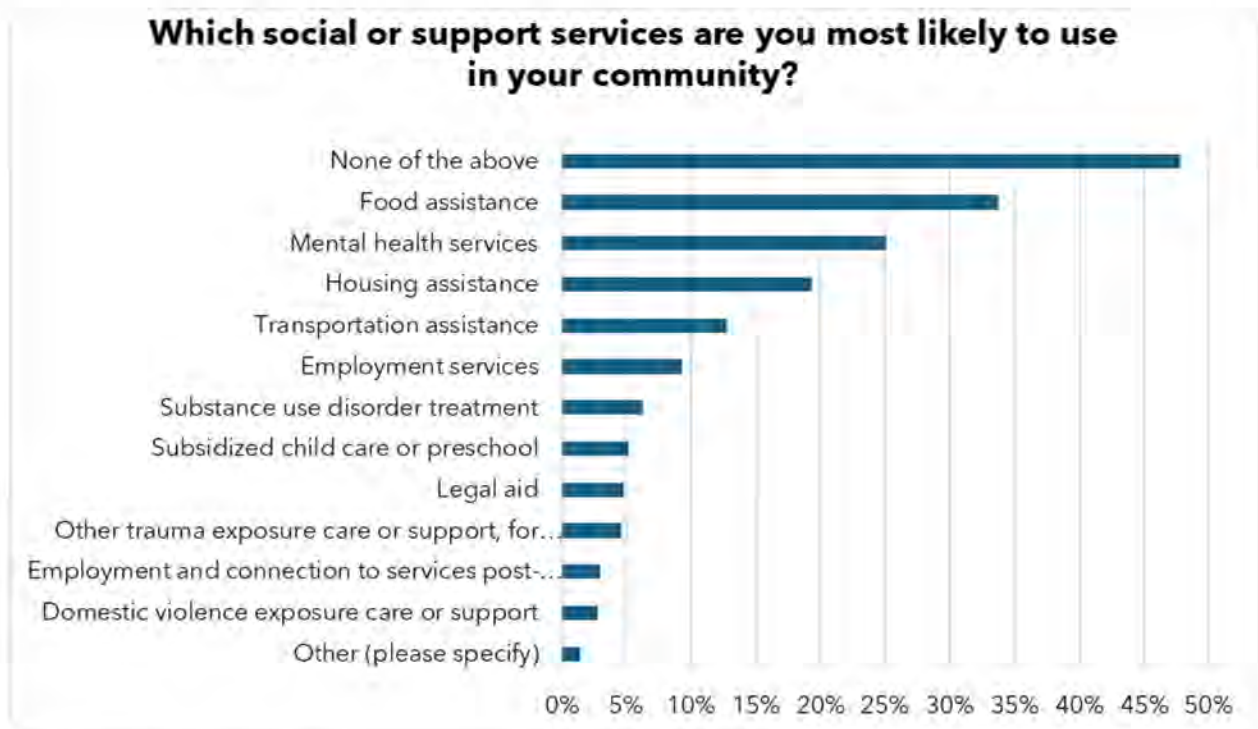


Figure 77: Social Support Services

## Food Security and Healthy Food Access



**Health Implications of Food Insecurity** - In 2020, 28.6% of low-income households in the United States were food insecure, with Black households over two times as likely to fall into this category (21.7% versus 10.5%, respectively).

The food insecurity rate measures the percentage of the population that lacks adequate access to food. This measure also quantifies the ability of individuals and families to eat balanced meals, including fruits and vegetables, thereby capturing an additional barrier to healthy eating [71].

Food insecurity can lead to a variety of health concerns such as obesity, chronic disease, developmental delay and mental health issues for children, and premature mortality.

[71] Robert Wood Johnson Foundation, 2024

As demonstrated in Figure 78 [72], food insecurity appears to be worsening in most of the service area. It was the top ranked SDOH concern in the Patient and Community Survey.

**Figure 78: Food Insecurity in Northeastern Pennsylvania 2019-2022**

Source: Feeding America

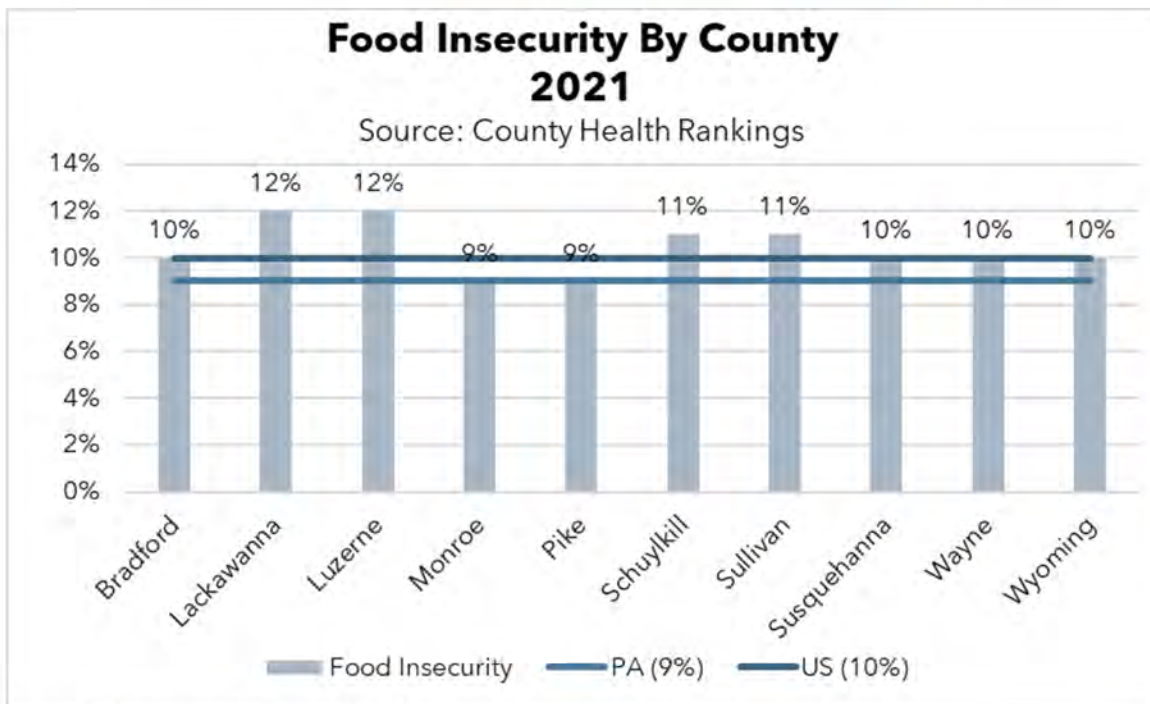
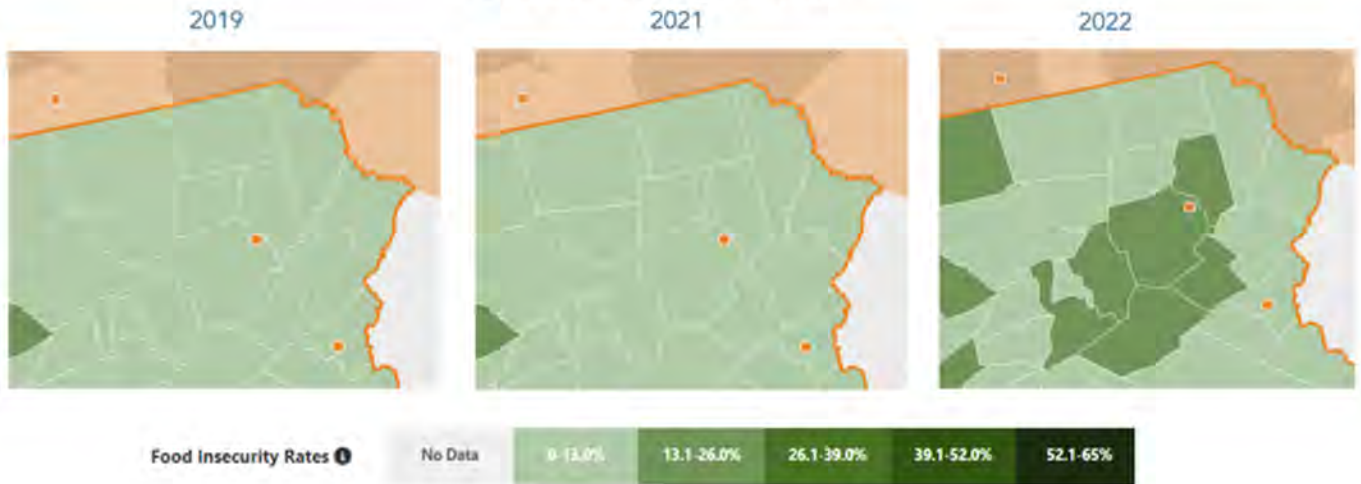


Figure 79: Food Insecurity by County 2021



*"[One idea is] exploring more partnerships with housing for the food insecurity working with local food banks, maybe looking into starting our own internal food bank for our patients. Even starting a community fridge at each of our clinics?"*

[72] Feeding American, n.d.

## Income and Poverty

A literature review conducted by Healthy People 2030 [73] indicates significant disparities or those who live in poverty. Among people living at low income:

- Unmet social needs, environmental factors, and barriers to accessing care contribute to worse health outcomes.
- Many people have difficulty accessing insurance or paying for medical procedures and medications.
- Neighborhood factors (e.g., difficulty accessing healthy food, violence) influence health behaviors and stress.

Key health concerns among low-income populations and those living in poverty are increased risk of mental illness, obesity, smoking, substance abuse, chronic disease, higher mortality rates, and lower life expectancy. Childhood poverty is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits.

### **Median Household Income and Poverty**

In all counties except Pike (\$76,416) and Monroe (\$80,656), the Median Household Income is lower than that of Pennsylvania (\$73,170) and the United States (\$75,149). Counties with the highest percentages of residents living in poverty include Luzerne (15.2%), Lackawanna (13.1%), Wayne (12.8%), Bradford (12.4%), Monroe (12.3%), and Schuylkill (12.2%); these rates are higher than Pennsylvania's poverty rate (12.0%) and the national rate (11.1%) [74].

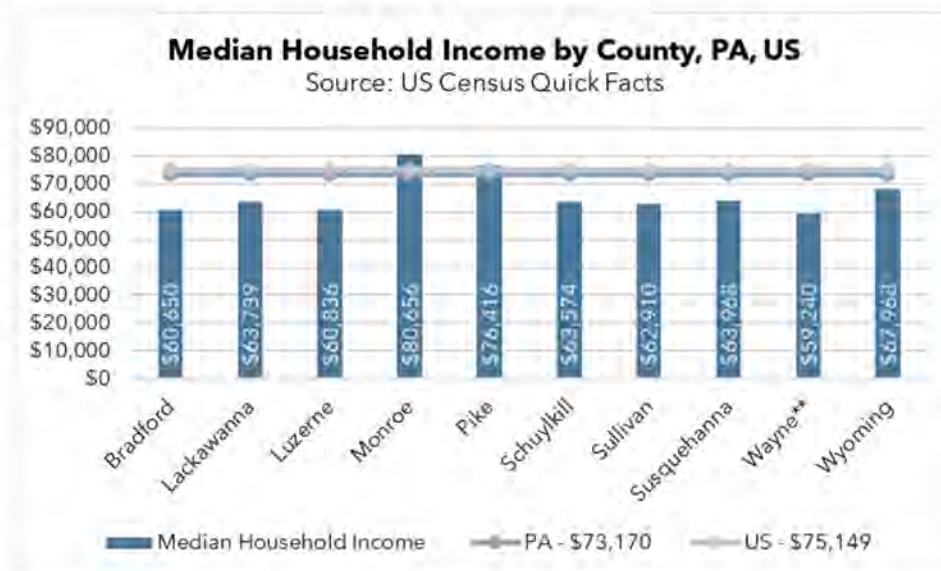


Figure 80: Median Household Income by County, PA, US

[73] Healthy People, 2030

[74] US Census, 2024

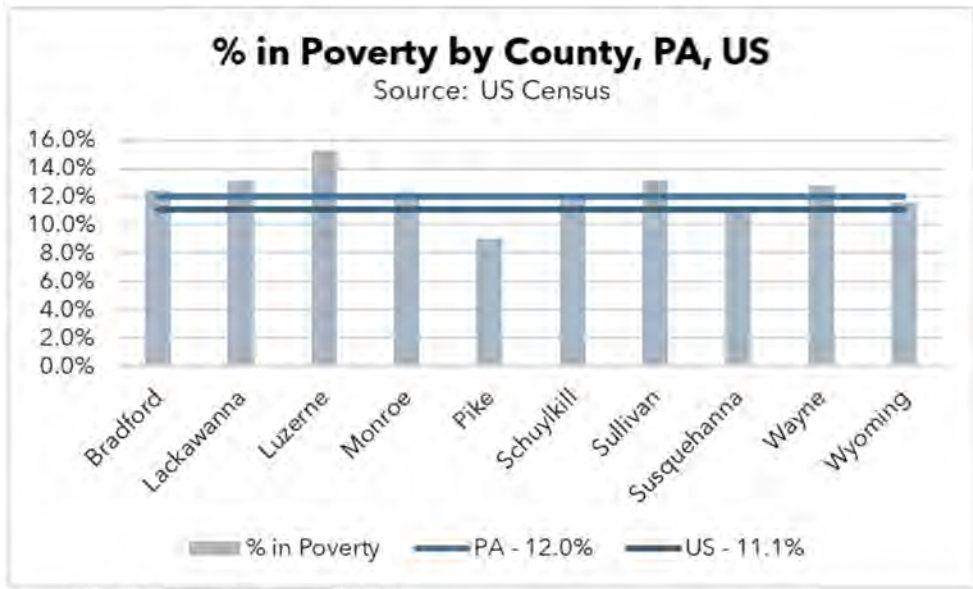


Figure 81: % in Poverty by County, PA, US

### Living Wage

The living wage [75] is one method for assessing cost of living. The living wage is typically lower in the service area than statewide (Figure 82). The living wage is higher than the Federal Poverty Level (FPL); this indicates that many of those living above FPL are likely struggling to make ends meet. Living wage estimates are available for a variety of family configurations in contrast to the individual metric provided below.



Figure 82: Living Wage for One Person/No Kids with Poverty Wage 2024

[75] MIT Living Wage Calculator, 2024



**Poverty by Race and Ethnicity** [76] – Nationally and in Pennsylvania, people of color experience poverty at a disproportionate rate. This is especially true for American Indian and Alaska Native (AIAN) populations, Hispanics, Blacks, and other races.

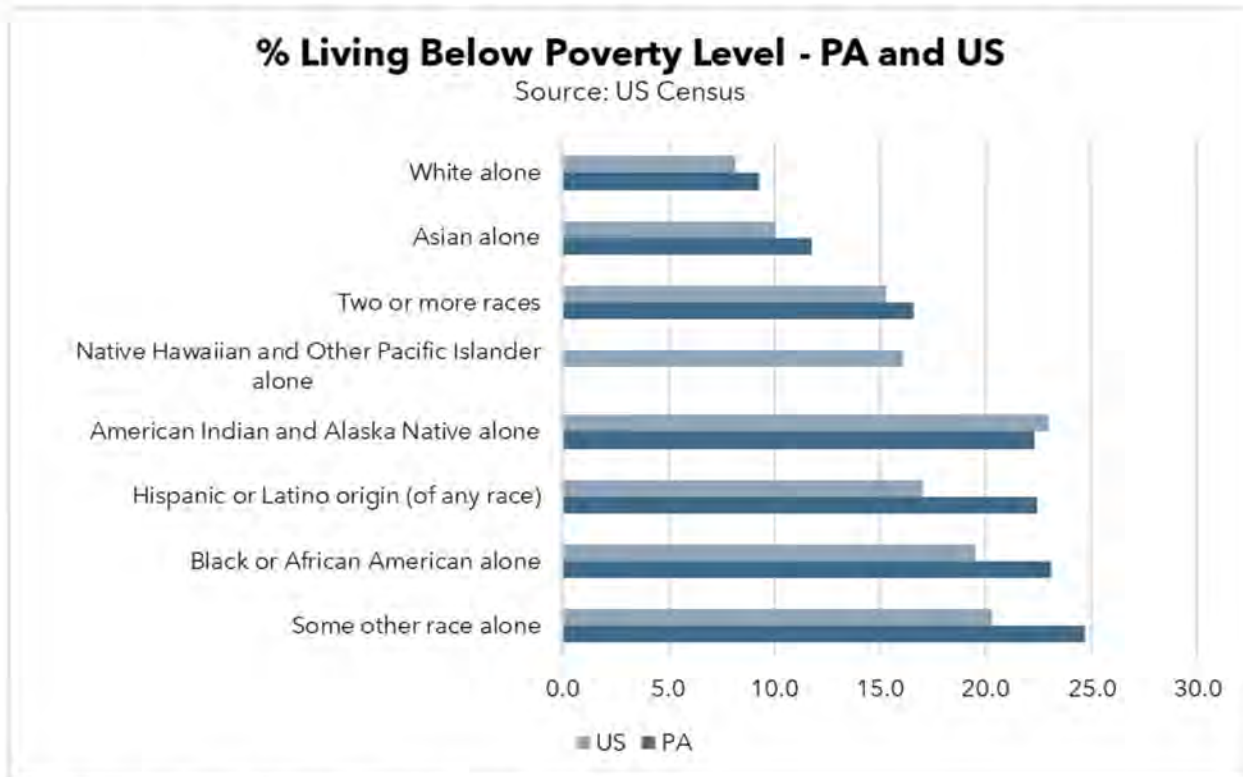


Figure 83: % Living below Poverty Level - PA and US



*“Honestly, I think we need to look at what people are making as everyone is struggling financially. I'm not sure what to do regarding hospitals and specialists, but for some reason people do not want to live in NEPA and we need to figure out why.”*

[76] US Census, 2025

## Children in Poverty

The highest rates of children in poverty in the service area are in Sullivan, Luzerne, and Susquehanna Counties [77] (Figure 84). Free and Reduced Lunch (FRL) data by County [78] (Figure 85) for 2021-2022 (the most recent available on the county level) indicates that Luzerne, Bradford, Lackawanna, Wyoming and Schuylkill Counties are all above the state and national benchmarks for this metric.

**Figure 84: Free and Reduced Lunch Eligibility in Pennsylvania Counties 2021-2022**

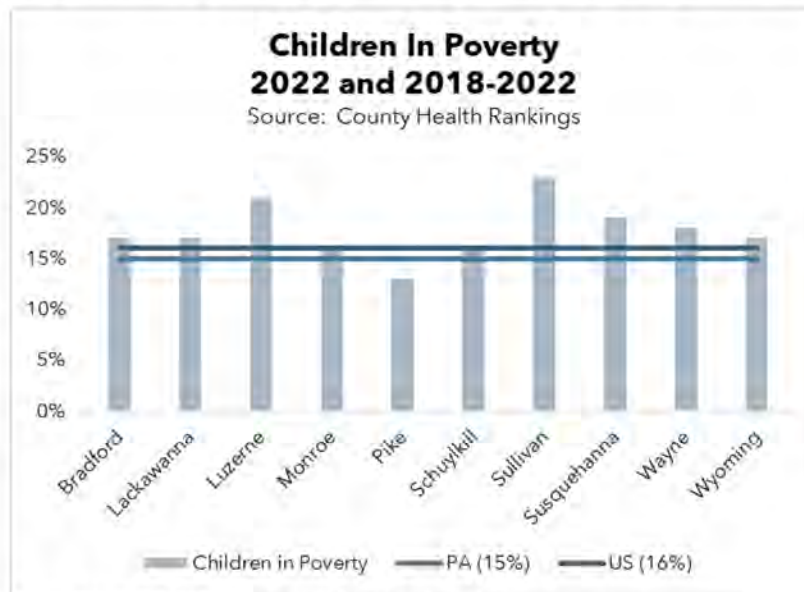


Figure 84: Children in Poverty 2022 and 2018-2022

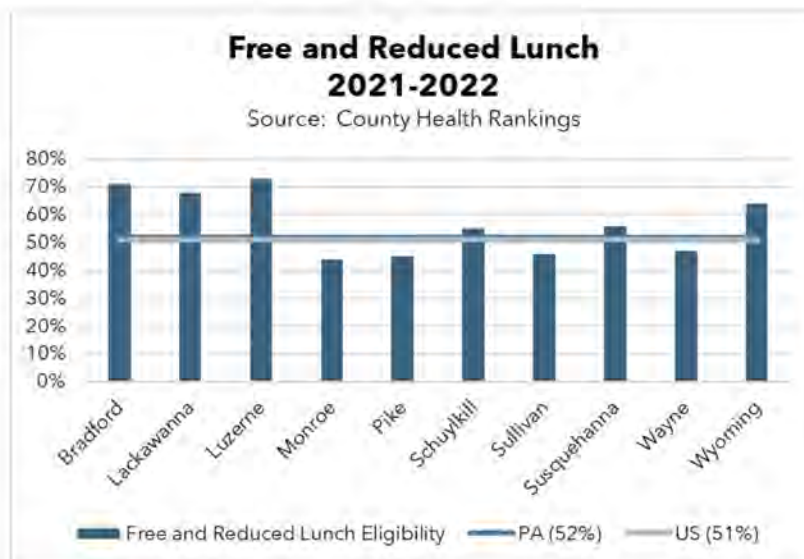


Figure 85: Free and Reduced Lunch 2021-2022

[77] Robert Wood Johnson Foundation, 2024

[78] Robert Wood Johnson Foundation, 2024

### Patients Living at Low-Income

HRSA's Community Health Center (CHC) program exists to support residents who are living at or below 200% of FPL. Among The Wright Center's patients [79] (Figure 86), 31.5% were at or below 200% of FPL in 2023 and 27.5% met the same metric in 2024.

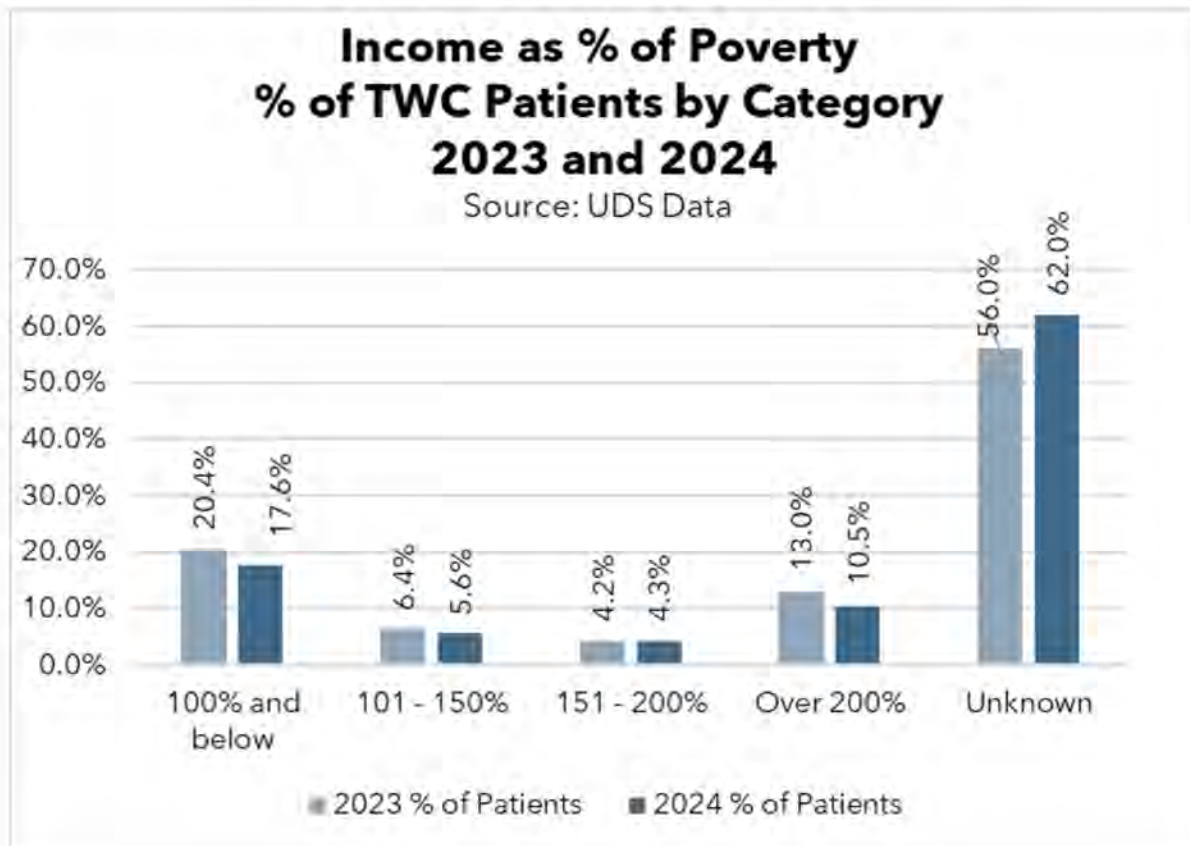


Figure 86: Income as % of Poverty and % of TWC Patients by Category 2023 and 2024





## Affordable Housing and Homelessness

### *Housing*

Housing instability creates a variety of challenges [80] including difficulty with expenses, overcrowding, frequent moves, or spending the bulk of income on housing.

### *Housing Costs*

The cost of housing is a driving force increasing homelessness nationally, especially in urban areas. Although the cost of housing is a top concern in northeastern Pennsylvania and for patients, prices tend to be lower in the service area than in Pennsylvania and the United States (Figures 87 and 88).

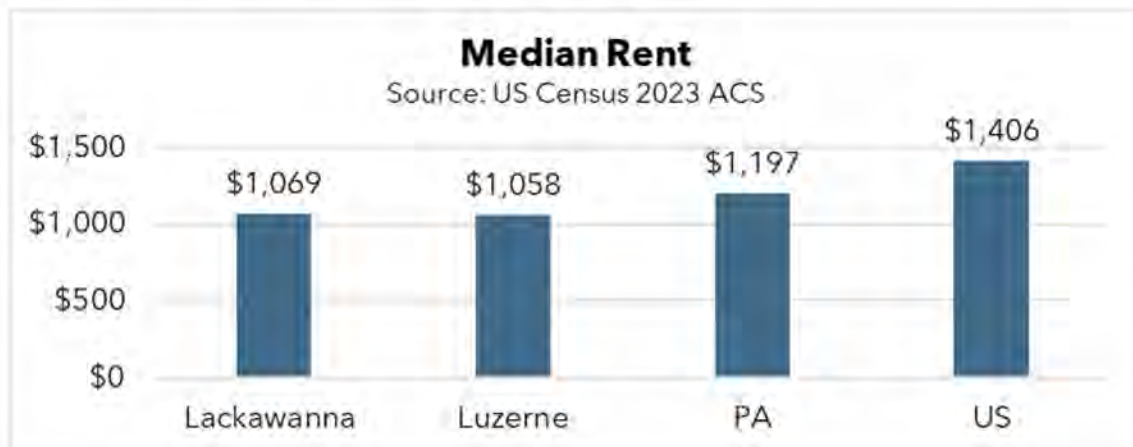


Figure 87: Median Rent

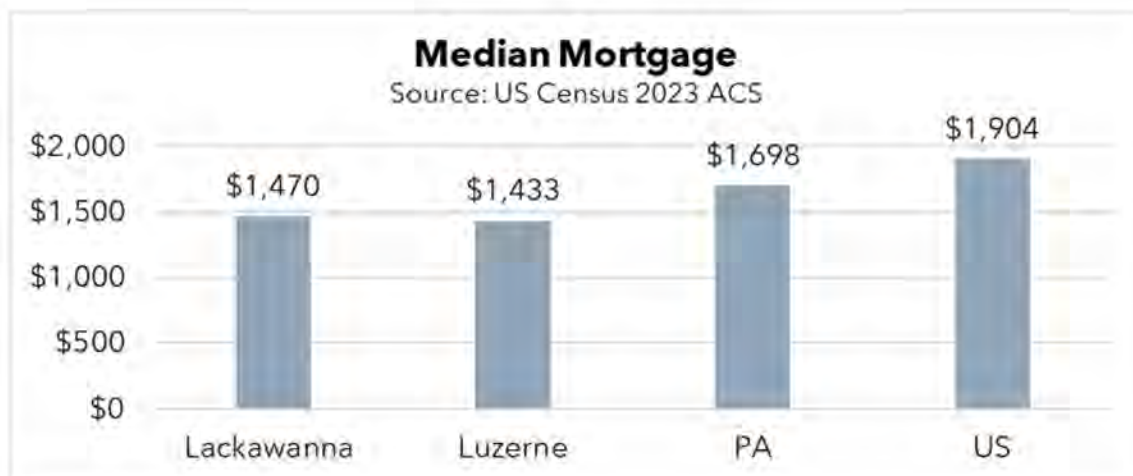


Figure 88: Median Mortgage

[80] Healthy People 2030, 2025

Tables 7 and 8 illustrate that between 1990 and 2023, rents increased in every service area county at a rate higher than in Pennsylvania and the United States. However, rates of increase have slowed in recent years, with most of the impact on price taking place in past decades.

<b>Housing Cost Increases in Service Area Compared to Pennsylvania: 1990-2023</b>										
Source: US Census										
	1990	2000	2010	2020	2023	% INCREASE 1990- 2000	% INCREASE 2000- 2010	% INCREASE 2010- 2020	% INCREASE 2020-2023	% INCREASE 1990-2023
Bradford	\$250	\$491	\$579	\$761	\$872	96.4%	17.9%	31.4%	14.6%	248.8%
Lackawanna	\$300	\$450	\$600	\$973	\$1,008	50.0%	33.3%	62.2%	3.6%	236.0%
Luzerne	\$250	\$450	\$600	\$824	\$850	80.0%	33.3%	37.3%	3.2%	240.0%
Monroe	\$400	\$600	\$800	\$1,200	\$1,300	50.0%	33.3%	50.0%	8.3%	225.0%
Pike	\$400	\$650	\$850	\$1,250	\$1,350	62.5%	30.8%	47.1%	8.0%	237.5%
Schuylkill	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Sullivan	\$200	\$400	\$550	\$700	\$800	100.0%	37.5%	27.3%	14.3%	300.0%
Susquehanna	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Wayne	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Wyoming	\$250	\$491	\$579	\$761	\$872	96.4%	17.9%	31.4%	14.6%	248.8%
<b>PA</b>	<b>\$404</b>	<b>\$531</b>	<b>\$654</b>	<b>\$951</b>	<b>\$1,162</b>	<b>31.4%</b>	<b>23.2%</b>	<b>45.4%</b>	<b>22.2%</b>	<b>187.6%</b>

Table 7: Housing Cost Increase in Service Area Compared to PA

<b>Housing Cost Increases in Service Area Compared to the United States: 1990-2023</b>										
Source: US Census										
	1990	2000	2010	2020	2023	% INCREASE 1990- 2000	% INCREASE 2000- 2010	% INCREASE 2010- 2020	% INCREASE 2020-2023	% INCREASE 1990-2023
Bradford	\$250	\$491	\$579	\$761	\$872	96.4%	17.9%	31.4%	14.6%	248.8%
Lackawanna	\$300	\$450	\$600	\$973	\$1,008	50.0%	33.3%	62.2%	3.6%	236.0%
Luzerne	\$250	\$450	\$600	\$824	\$850	80.0%	33.3%	37.3%	3.2%	240.0%
Monroe	\$400	\$600	\$800	\$1,200	\$1,300	50.0%	33.3%	50.0%	8.3%	225.0%
Pike	\$400	\$650	\$850	\$1,250	\$1,350	62.5%	30.8%	47.1%	8.0%	237.5%
Schuylkill	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Sullivan	\$200	\$400	\$550	\$700	\$800	100.0%	37.5%	27.3%	14.3%	300.0%
Susquehanna	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Wayne	\$250	\$450	\$600	\$800	\$900	80.0%	33.3%	33.3%	12.5%	260.0%
Wyoming	\$250	\$491	\$579	\$761	\$872	96.4%	17.9%	31.4%	14.6%	248.8%
<b>US</b>	<b>\$447</b>	<b>\$602</b>	<b>\$895</b>	<b>\$1,164</b>	<b>\$1,448</b>	<b>34.7%</b>	<b>48.7%</b>	<b>30.1%</b>	<b>24.4%</b>	<b>223.9%</b>

Table 8: Housing Cost Increases in Service Area Compared to US

Rental affordability improved between 1990 and 2022, as seen in Figure 89, with the percentage of income used for rent decreasing.

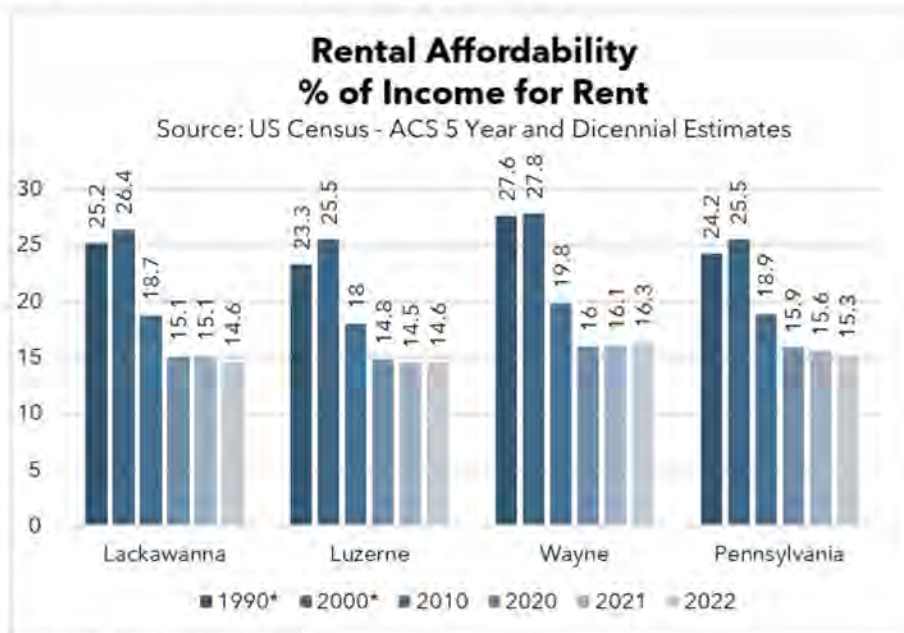


Figure 89: Rental Affordability

### **Housing Cost Burden**

Despite data on the history of cost increases for housing, affordable housing is a significant concern in northeastern Pennsylvania and for The Wright Center’s patients. Housing support ranked as one of the top five concerns in the Patient and Community Survey.

While housing costs are not as high as is the case statewide, the relative income of locals creates additional burden in meeting this basic need. This cost burden places a high percentage of residents at risk of homelessness and forces daily decisions about vital needs such as housing, food, and health care. The experience of being cost-burdened impacts health status negatively [81]. Key examples documented in research include:

- **Increased suicide rates:** Suicide rates linked to stress doubled between 2005 and 2010 when the United States experienced historically high rates of foreclosures, including foreclosures on rental properties.
- **Health effects in children:** Children who move frequently are more likely to have chronic conditions and poor physical health, and are less likely to have consistent health insurance.

[81] Healthy People 2030, 2025



Households are cost-burdened if they spend 30% or more on housing, and severely cost-burdened if they spend 50% or more on housing. Black and Hispanic households are almost twice as likely to be cost-burdened.

Greater percentages of residents in Lackawanna and Luzerne Counties (Figure 90) are paying more than 35% of their income for housing, regardless of rent or mortgage status.

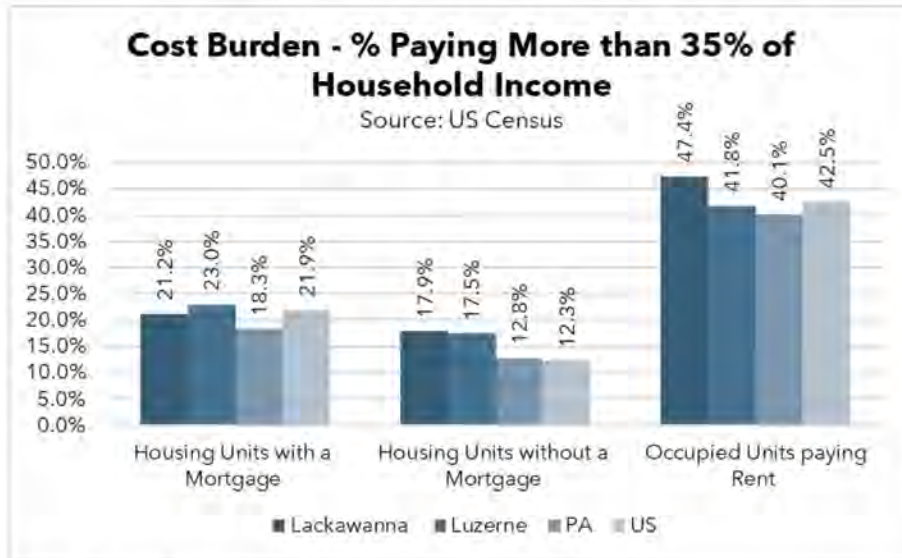


Figure 90: Cost Burden

In some counties [82], high percentages of residents are experiencing Severe Housing Cost Burden (Figure 91).

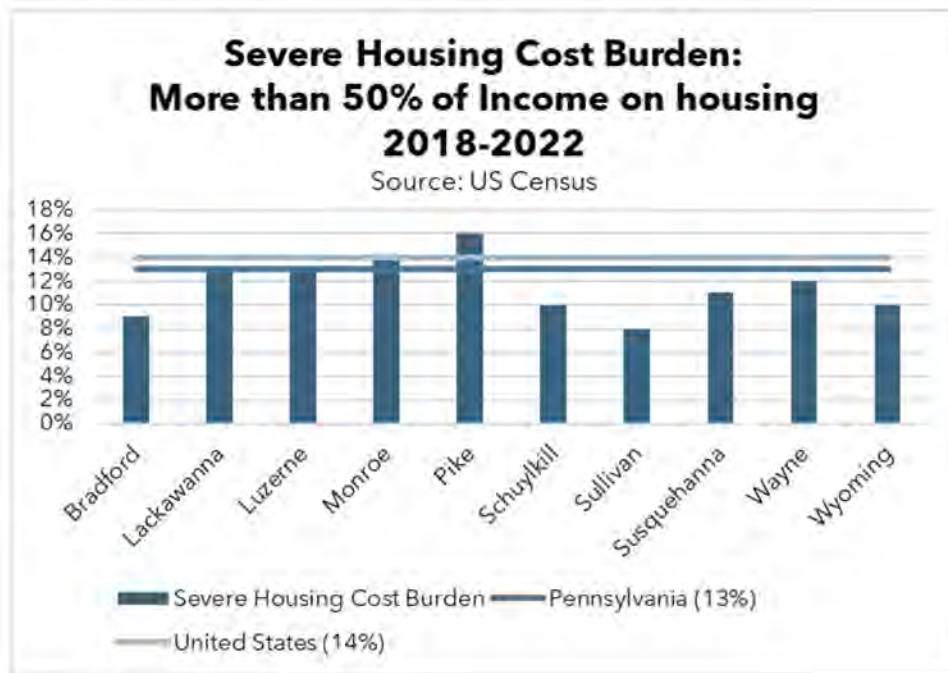


Figure 91: Severe Housing Cost Burden

[82] US Census, 2024



## ***Homelessness***

Homelessness is defined as “lacking a regular nighttime residence or having a primary nighttime residence that is a temporary shelter or other place not designed for sleeping” [83]. Research indicates that the homeless are likely to experience a variety of health conditions, including increased rates of chronic disease, premature death, and pre-term and low birthweight babies.

### ***Continuum of Care Areas and Service Area Homeless Demographics***

Homeless data is reported via Continuum of Care (CoC) areas, three of which are located within the service area (Figure 92). A CoC is a group composed of representatives of organizations who can carry out the responsibilities outlined within the cited legislation to address homelessness [84].

In Pennsylvania, there are about 10.4 homeless people per 10,000 population; this represents the 24th lowest rate nationally.

PA Homeless data is collected via Continuum of Care (CoC) areas.

PA-503: Scranton/Lackawanna County  
PA-508: Wilkes-Barre, Hazleton/Luzerne County  
PA-509: Eastern Pennsylvania



Figure 92: Continuum of Care (COC) Areas

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[83] Healthy People 2030, 2025

[84] HUD Exchange, 2025



Nationally, more than 40% of the homeless are Black and nearly 33% identify as Hispanic or Latino [85] [86]. In the service area, about 18-23% of homeless persons are Black based on CoC area, compared to 47% statewide (Figure 93), and 12-17% are Hispanic, compared to 14% statewide (Figure 94).

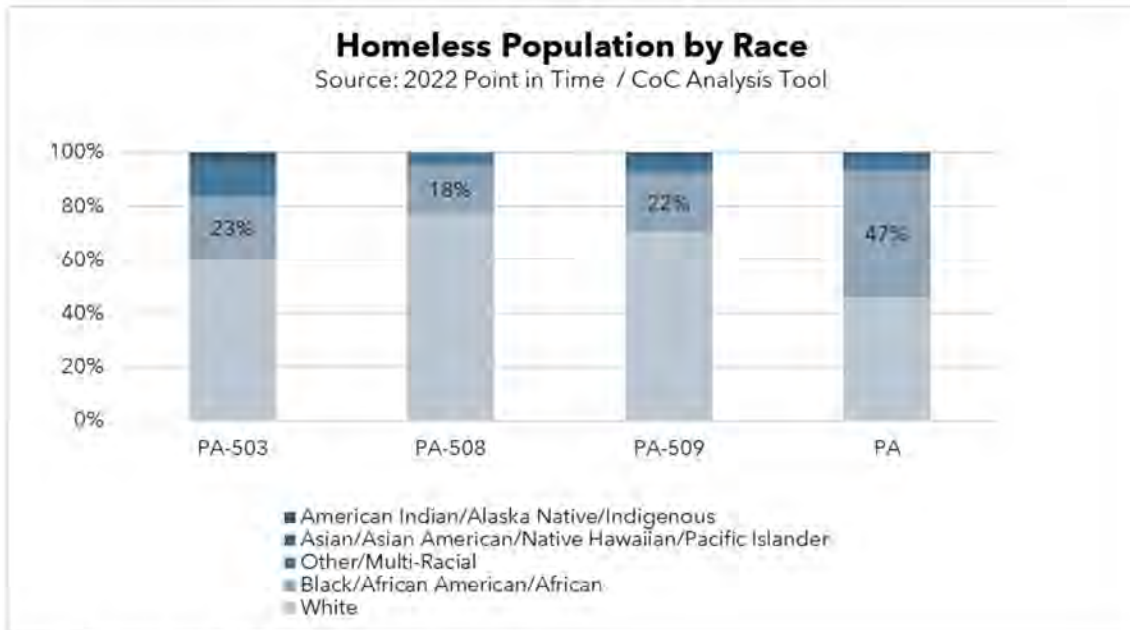


Figure 93: Homeless Population by Race

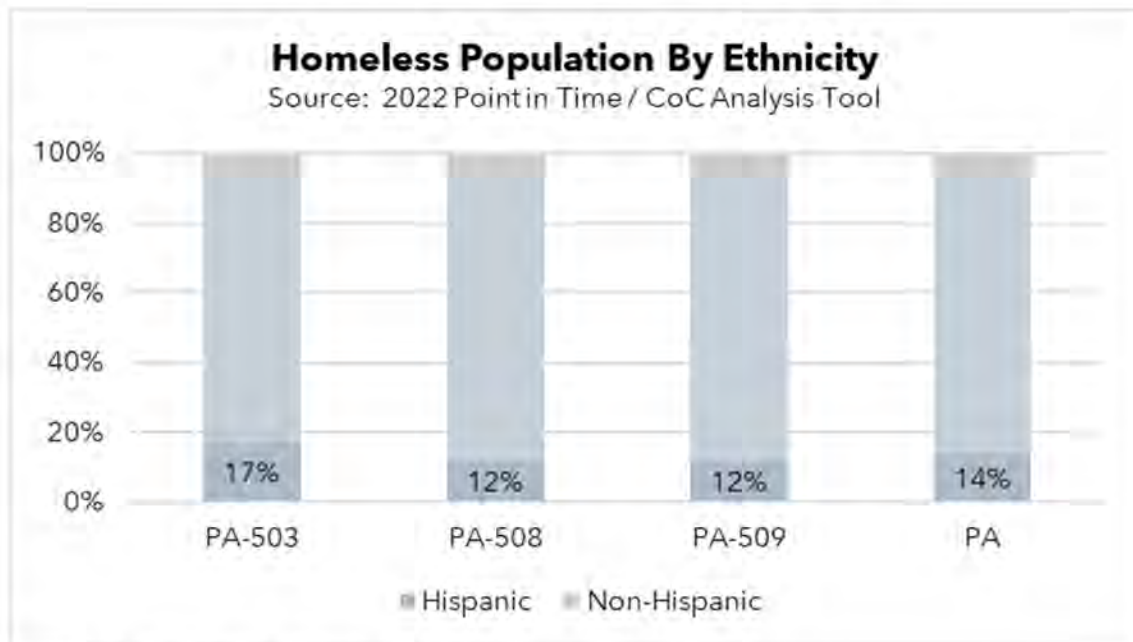


Figure 94: Homeless Population by Ethnicity

[85] HUD.Gov, 2023

[86] HUD Exchange / Abt Associates, 2022

Figure 95 illustrates the age distribution within the PA-509 CoC, with the largest percentage of homeless individuals being children under the age of 18, indicating that families contribute significantly to homelessness totals in the area [87]. In comparison to local data, in 2023 those people aged 35-44 represented the largest age cohort (20%) of homeless, and those under 18 accounted for 17% of the total [88].

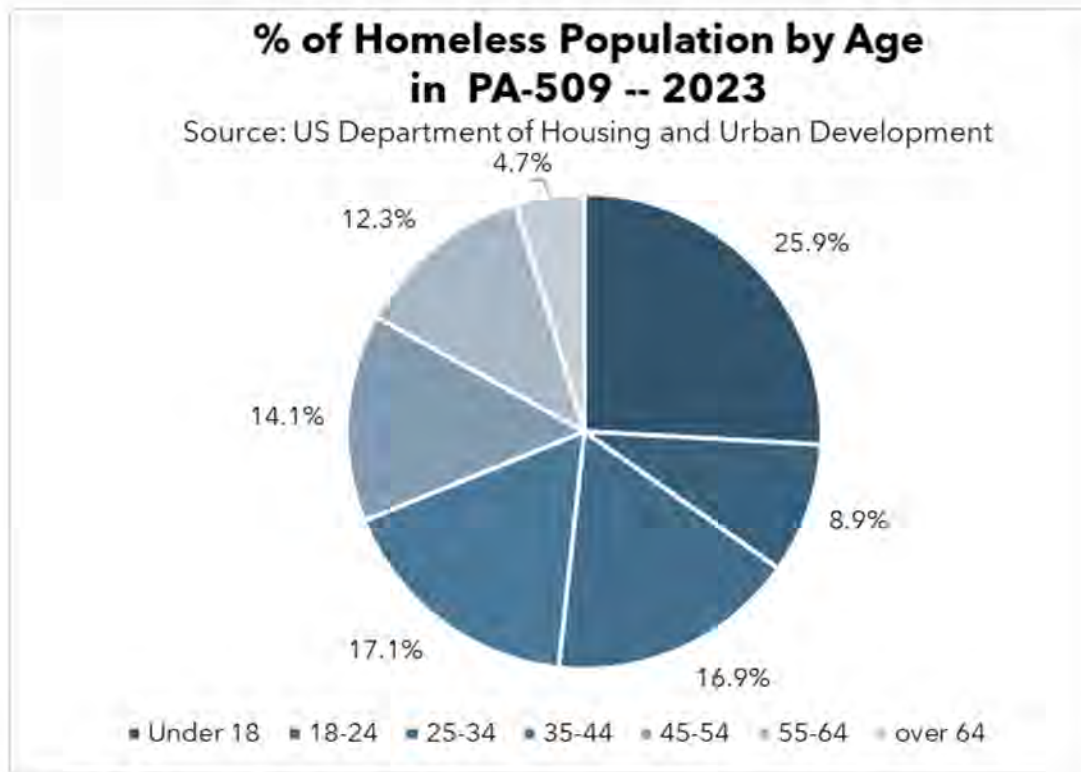


Figure 95: % Of Homeless Population by Age

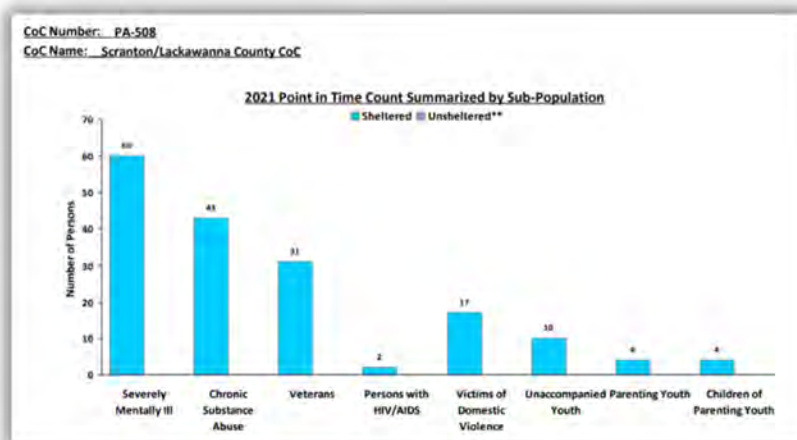
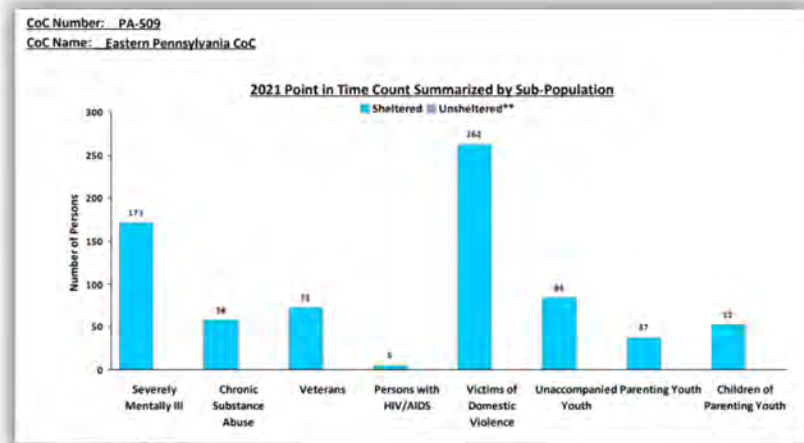
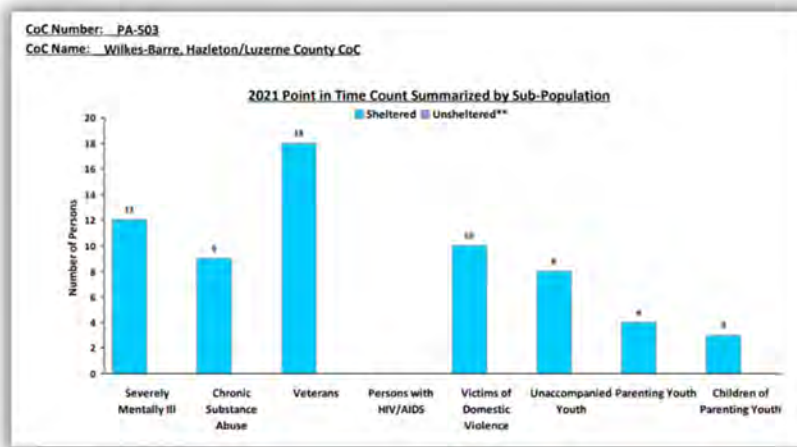
[87] 2023 Point-in-Time County PA 509 Eastern Pennsylvania CoC, 2023

[88] US Department of Housing and Urban Development , 2023

Figure 96 [89] demonstrates a variety of characteristics reported by those who are homeless in each of the CoCs. Veterans, victims of domestic violence, and the severely mentally ill stand out as over-represented populations.

**Figure 96: 2021 Point in Time County Summarized by Sub Population**

Source: US Department of Housing and Urban Development



[89] US Department of Housing and Urban Development , 2022

## The Wright Center's Homeless Patients

The number of unhoused patients served by The Wright Center has increased dramatically since 2019 (Figure 97), with 4.5% of the patient population self-reporting as homeless in 2024. In response to housing challenges faced by patients, The Wright Center has increased outreach to homeless individuals and public housing sites, as illustrated in Figure 98.

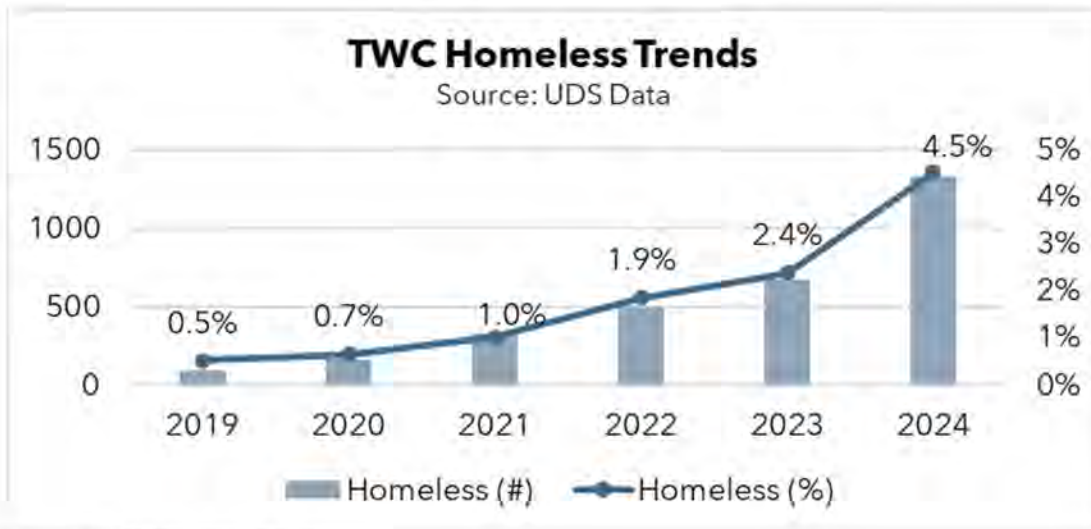


Figure 97: TWC Homeless Trends

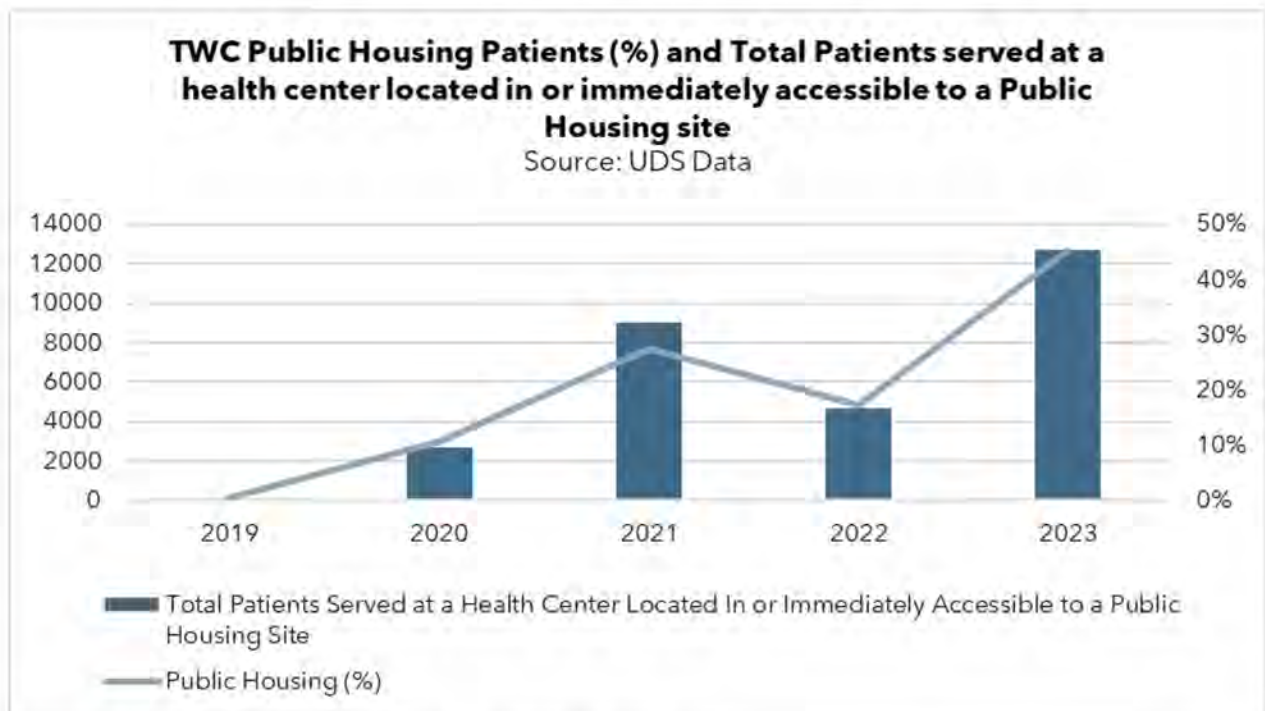


Figure 98: TWC Public Housing Patients and Total Patients Served

## Education

Throughout the service area, high school completion rates are on par with state and national averages, but fewer people earn bachelor's degrees.

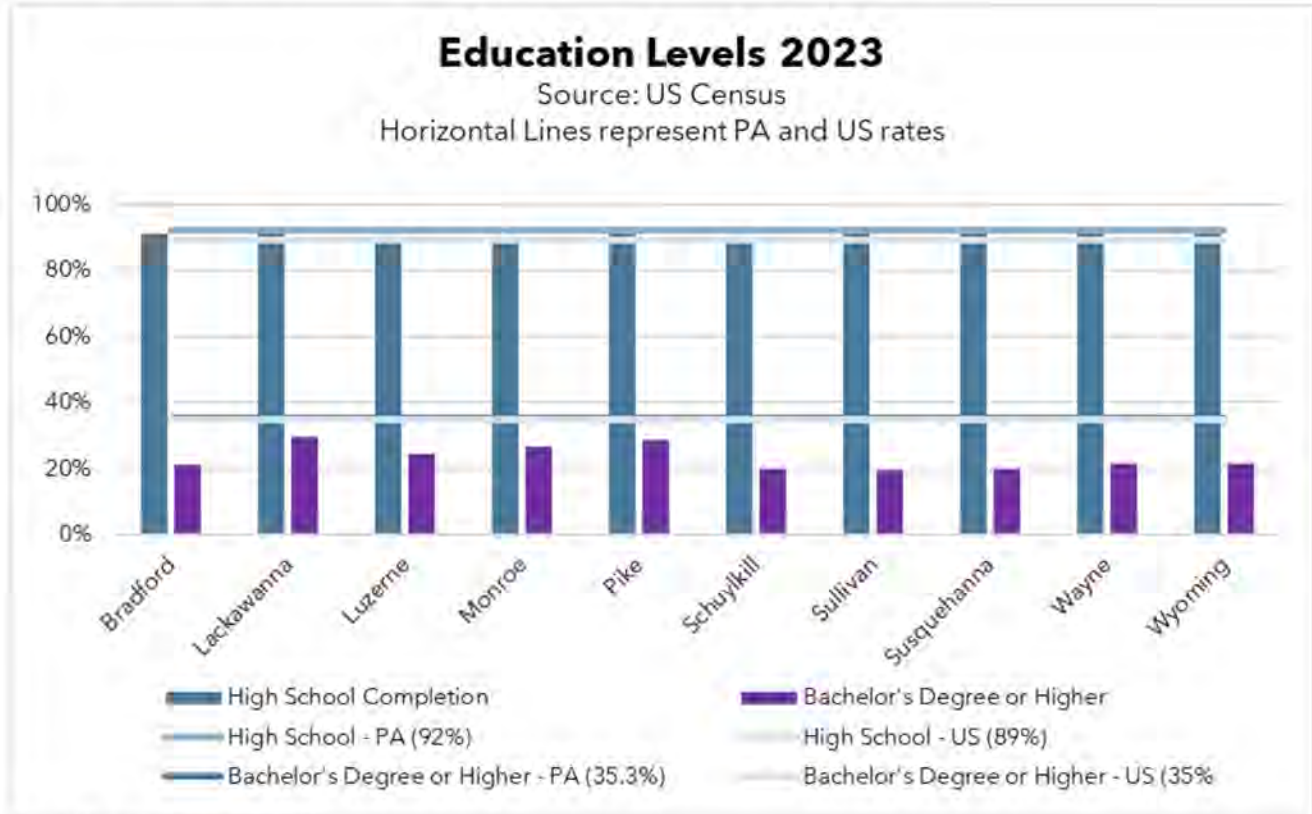


Figure 99: Education Levels 2023

Graduation from college has positive impacts for health as well as for employment [90]. Some advantages of college completion include the following:

- Higher wages, with average lifetime earnings being double that of those who don't complete college.
- Improved health and well-being, as well as reduced risk for premature death.
- Better self-reported health, with less likelihood of experiencing conditions such as heart disease, high blood pressure, diabetes, anxiety, and depression.
- Improved likelihood to exercise, drink less alcohol, and seek preventive health care when needed.

[90] Healthy People 2030, n.d.

## Health and Service Delivery Implications for Hispanic and Other Immigrant Populations

**Language** - While Spanish is the predominant non-English language spoken, Other Indo-European languages represent 4.8% of the population in Pike County, 4.7% of the population in Monroe County, and 1.9 to 2.1% of the population in Wayne, Luzerne, and Lackawanna Counties. Luzerne, and Lackawanna Counties. Compared to the state, Luzerne, Monroe, and Pike Counties have higher percentages of non-English speakers [91].

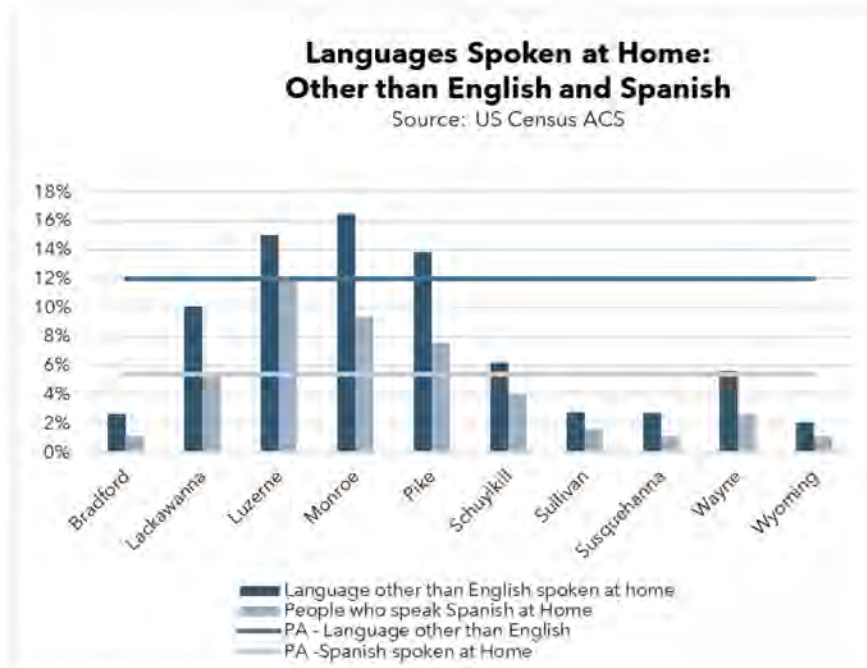


Figure 100: Languages Spoken at Home

## **Language and Literacy**

Per Healthy People 2030 [92], limited literacy is a barrier to accessing health information, proper medication use, and utilization of preventive services. These barriers exist as a result of difficulties following instructions, communicating with health providers, and attaining needed health information.

- There is a positive correlation between limited literacy skills and chronic condition prevalence, including diabetes and cancer.
- Hispanic children who do not speak English and immigrant Hispanic children are more likely to lack a usual source of care.
- Older immigrants with limited English proficiency have less access to care health than their counterparts who speak English proficiently.

[91] USA Facts, 2024

[92] Healthy People, 2030

Services provided by health centers to support language access impact patient health outcomes [93]. Offering primary care services only in English can negatively impact access for non-native English-speaking patients, and a lack of well-trained interpreters and culturally competent health care adversely affect the health of individuals with low literacy and limited English proficiency. In mental health services:

- Lower-quality care is associated with inadequate interpretation services, as interpreters may normalize or omit pathological symptoms from their interpretations.
- Trained interpreters and bilingual providers improve patient satisfaction, quality of care, and health outcomes.

### ***Immigrant Populations***

Immigrant populations are at increased risk for health issues given a host of issues including lack of connection to community resources, language barriers, and fear of accessing services. Health issues often seen in immigrant populations include [94]:

- **Mental Health Issues** including depression, anxiety, and PTSD as a result of relocation and cultural adaptation.
- **Chronic Diseases** including diabetes and hypertension.
- **Access to health care services** including challenges with insurance coverage, language barriers, and cultural differences.
- **Infectious Diseases** such as tuberculosis, Hepatitis B and C, and seasonal flu.
- **Nutritional Deficiencies** such as anemia, vitamin D, and vitamin B12.
- **Substance Abuse** including alcohol, drug addiction, and tobacco.
- **Reproductive Health Issues** including maternal and sexual health concerns.
- **Respiratory Issues** such as asthma, chronic obstructive pulmonary disease (COPD) and allergies.
- **Dental Health** including cavities, gum disease, and oral cancer.

---

[93] Healthy People 2030

[94] IAMA Charitable Foundation, 2024

## Health Literacy

Healthy Literacy [95] encompasses both personal and organizational components.

- **Personal Health Literacy** is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Personal health literacy is associated with racial/ethnic minority status, age, poverty, health insurance coverage, educational attainment, language spoken before starting school, and self-reported health.
- **Organizational Health Literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

As with the general limited literacy challenges noted above, the lack of health-specific literacy is associated with worse health care and health outcomes.



## Transportation

Transportation can be a significant barrier to health care access, often leading to delayed or foregone care and contributing to negative health outcomes [96].

Among Patient and Community Survey respondents, transportation ranked 4th of the services that they are likely to use (after mental health services, food, and housing). Staff ranked transportation as the 2nd most challenging social/support service (after housing) for patients to access.

For counties with data available, a significant portion of households lack access to a vehicle. This creates a dependence on inconsistent public transportation options or on friends and family.

% of Households without Access to a Vehicle (for counties with data available)			
Lackawanna	Luzerne	Monroe	Schuylkill
11%	9%	7%	10%

Table 9: Households without Access to a Vehicle

Even for those with a personal vehicle, transportation costs disproportionately burden those living in poverty.

Example – Lackawanna County (where most patients reside)		
	Minimum Wage (\$7.25 / \$15,080)	Living Wage (\$19.90 / \$41,392)
Typical Annual Transportation Cost	\$9,039	\$9,039
Annual Income	\$15,080	\$41,392
Proportion of Income on Transportation	60%	21.8%

Table 10: Lackawanna County Example

Transportation involves costs in terms of money and time. Low-income patients with transportation barriers face difficult decisions related to health care services in terms of taking time off work and paying for gas and auto maintenance.



*“To better address transportation challenges, a program would have to be developed involving the transportation authorities, we already have funding for Uber but it can only be used in emergencies.”*



*“Have mobile vans, home visits, and pop-up clinics to treat patients with limited transportation and access to care.”*



## Violence and Crime

### Crime Rates



In the Patient and Community Survey, Black and Latino respondents expressed the highest levels of concern about violence and abuse (Figure 101).

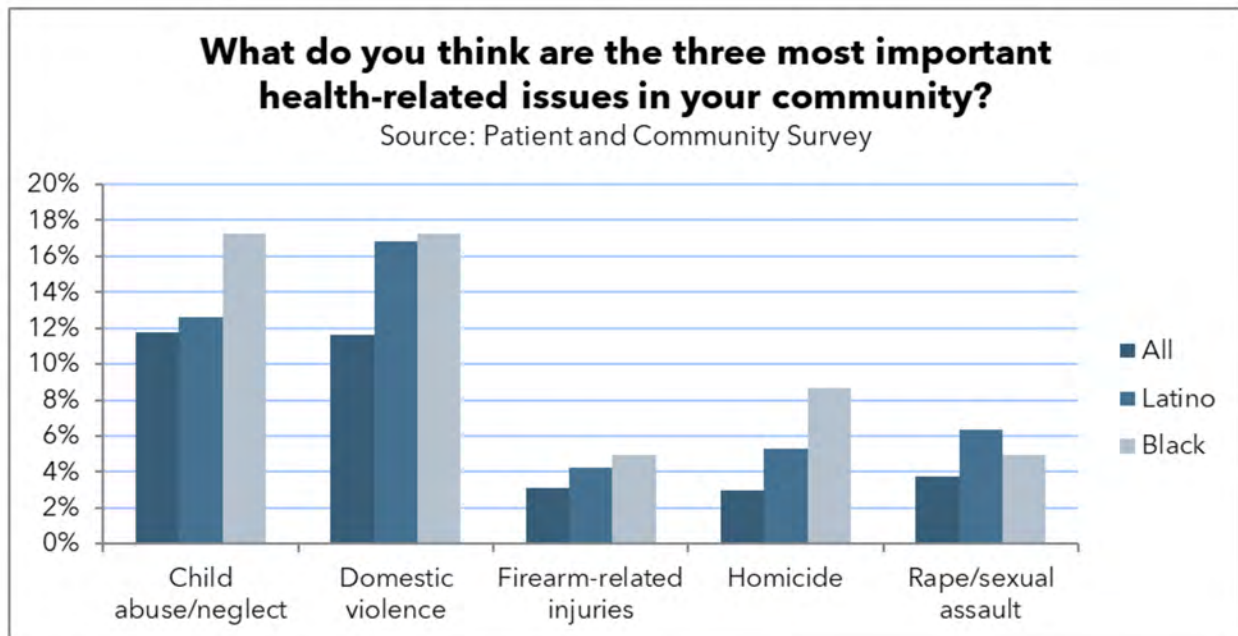
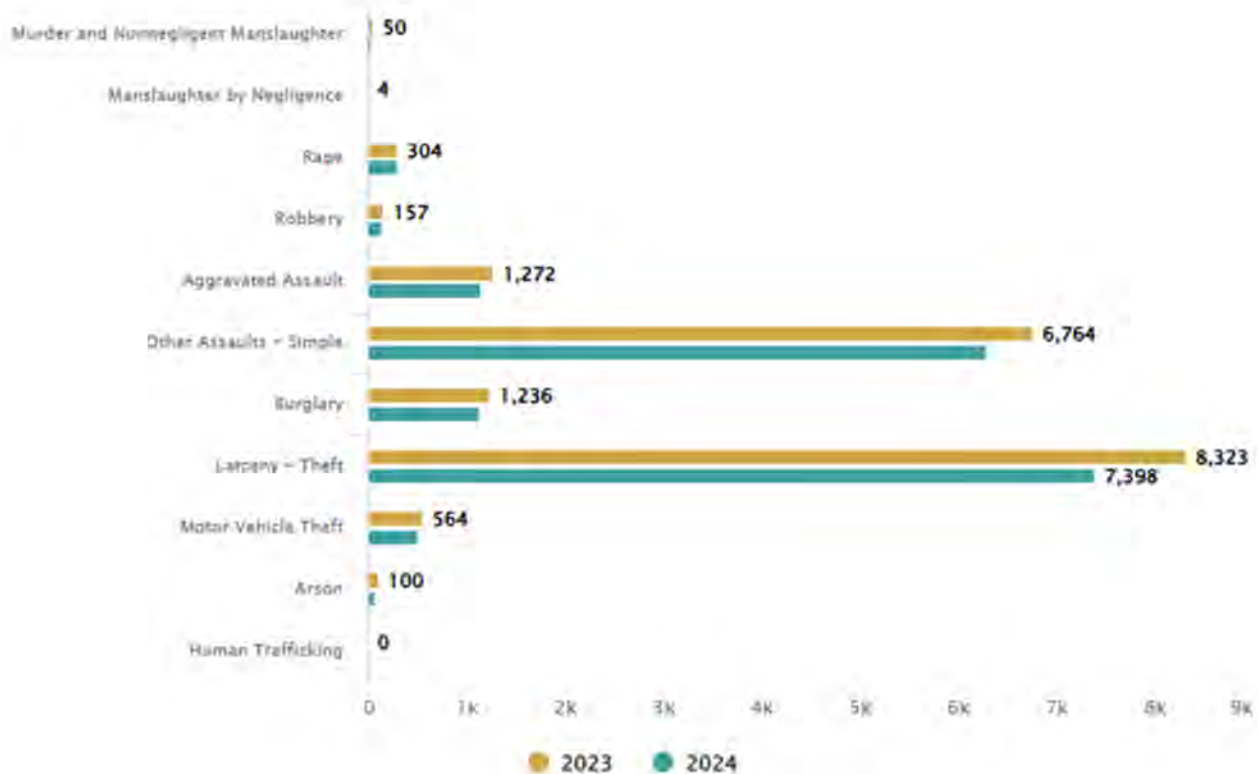


Figure 101: Three Most Important Health-Related Issues

Incidents of crime in the service area decreased between 2023 and 2024, consistent with Pennsylvania trends [97].

**Figure 102: 2023 and 2024 Offense Count for Service Area Counties**

Source: Pennsylvania Uniform Crime Reporting System



### Gang Violence

Despite decreased crime across the service area, gang violence continues to be a concern, with local law enforcement saying that gang violence and the influence of gangs in rural and urban settings in eastern Pennsylvania is on the rise. In 2021-2022, of 548 reported violent crimes, 38% were committed by people aged 10 and 20 [98]. The Scranton School District is said to have about 100 known gang members with Wyoming County District Attorney's office reporting a growing trend: "We're seeing a growing trend. It doesn't matter if it's urban setting or rural areas. Gangs are making a resurgence." [99]

[98] Riese, 2024

[99] Mehalshick, 2024



# Looking Forward

The Wright Center is committed to addressing the health needs present in its community and will be using this assessment to help guide its work. Areas of special interest include:

- Behavioral Health
- Affordable Health Care Access
- Housing and Homelessness
- Support for Spanish Speaking Populations
- Healthy Lifestyle, Nutrition, and Weight Management Support
- Needs for an Aging Population



*"Continue to be an active participant working with all systems to support our community."*



*"It is important to make sure patients who struggle know about programs and services in the community that can help them, like pharmacy assistance programs."*

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## About Community Link Consulting

The Wright Center partnered with Community Link Consulting (CLC), a private healthcare consulting firm, to conduct this CHNA. CLC specializes in providing professional, high-quality services tailored to the unique needs of Federally Qualified Health Centers (FQHCs), Look-Alikes, and Primary Care Associations. With extensive firsthand knowledge of community health operations, CLC's certified professionals—many of whom have served as health center leaders—bring a wealth of expertise to every project.

CLC has a proven track record of conducting comprehensive CHNAs, combining data-driven analysis with a deep understanding of the challenges and opportunities within the community health landscape. From survey design and stakeholder engagement to delivering actionable results, CLC ensures each assessment is a meaningful tool for driving community-focused improvements. With decades of collective experience, CLC is dedicated to helping health centers better serve their patients and communities.



*Experts Embracing your Mission and Delivering Results*

## **APPENDICES**

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## APPENDIX 1: Alignment of Need Areas Across Data Sources

Issue	Community Survey	Staff Discussions	Staff Survey	Partner Interviews	Patient Interviews	Research	Last TWC CHNA	Other CHNAs
Mental Health and Behavioral Health Services	✓	✓	✓	✓	✓	✓	✓	✓
Primary Care and Healthcare Access		✓	✓	✓	✓	✓	✓	✓
Dental Access	✓		✓		✓	✓	✓	✓
Affordable Housing and Homelessness		✓	✓	✓	✓	✓	✓	✓
Support for Spanish-speaking Population				✓	✓	✓		✓
Transportation Assistance	✓	✓	✓	✓	✓		✓	✓
Food Security and Healthy Food Access		✓	✓	✓		✓	✓	✓
Support for Aging Populations and Caregivers	✓	✓			✓	✓		✓
Healthy Lifestyle, Nutrition, and Weight Management	✓		✓	✓	✓	✓		✓
Health Care Workforce Expansion			✓	✓		✓		✓

Smoking and Tobacco Use Reduction						✓		✓
Alcohol and Drug Use Reduction	✓		✓		✓	✓		✓
Diabetes and Hypertension Management	✓					✓		✓

APPENDIX 2: Unmet Need Scores

# Unmet Needs Score by ZCTA (similar to Zip Code)

(Red = Highest Need, Green = Least Need)

Zip Code	Top 75%	Primary Town	County	ZCTA UNS	Zip Code	Top 75%	Primary Town	County	ZCTA UNS	Zip Code	Top 75%	Primary Town	County	ZCTA UNS
18840		Sayre	Bradford	63.4	18201		Hazleton	Luzerne	82.0	17901		Pottsville	Schuylkill	73.3
18846		Sugar Run		63.6	18202		Hazleton		69.2	17921		Ashland		72.5
18848		Towanda		64.5	18634		Nanticoke		66.9	17931		Frackville		64.8
18851		Warren Center		53.8	18651		Plymouth		61.8	17959		New Philadelphia		71.3
18853		Wyalusing		54.8	18701		Wilkes-Barre		56.1	17970		Saint Clair		69.0
18403	X	Archbald	Lackawanna	32.6	18702	X	Wilkes-Barre		67.2	17976		Shenandoah		80.3
18407	X	Carbondale		42.2	18704	X	Kingston		51.6	18237		McAdoo		79.1
18411	X	Clarks Summit		18.2	18705		Wilkes-Barre		55.7	18252		Tamaqua		66.4
18433	X	Jermyn		23.2	18706	X	Wilkes-Barre		61.5	18614		Dushore	Sullivan	61.3
18434	X	Jessup		43.5	18334		Long Pond		71.3	18619		Hills Grove		70.6
18444	X	Moscow		26.6	18344		Mount Pocono	Monroe	68.0	18821		Hunlock Creek	Susquehanna	58.4
18447	X	Olyphant		47.7	18346		Pocono Summit		61.6	18822		Hallstead		47.7
18452	X	Pecirville		35.9	18360		Stroudsburg		64.9	18828		Lawton		64.0
18503		Scranton		57.9	18466		Tobyhanna		76.3	18847		Susquehanna		56.2
18504	X	Scranton		58.4	18610		Blakeslee		78.5	18405		Beach Lake	Wayne	27.5
18505	X	Scranton		66.9	18324		Bushkill		58.5	18417		Equinunk		27.5
18508	X	Scranton		65.3	18328		Dingmans Ferry		37.5	18428	X	Hawley		30.8
18509	X	Scranton		59.9	18337		Milford		21.9	18431		Honesdale		40.1
18510	X	Scranton		64.1	18425		Greeley		28.4	18436	X	Lake Ariel	31.6	
18512	X	Scranton	42.9	18451		Paupack		22.2	18438		Lakeville	25.4		
18518		Old Forge	45.6	18458		Shohola		26.7	18445		Newfoundland	53.2		
18519	X	Scranton	47.7	18464		Tafton		15.4	18454		Poynbelle	27.3		
									18460		South Sterling	56.1		
									18657		Tunkhannock	Wyoming	33.5	

Zip codes in urban counties are shaded gray.

Source: UNS Data, based on 2022 County population figures and 2023 TWC patient number of 29,395

### APPENDIX 3: Medically Underserved Areas (MUA)

Medically Underserved Area (MUA) and Medically Underserved Population (MUP) Designations for The Wright Center's Service Area								
<b>Bradford</b>	Primary Care	2996	Rome Service Area	Medically Underserved Area	Pennsylvania	Bradford County, PA	60	<b>60.0</b>
<b>Lackawanna</b>	Primary Care	2943	Lackawanna Service Area	Medically Underserved Area	Pennsylvania	Lackawanna County, PA	61.4	<b>61.4</b>
<b>Luzerne</b>	Primary Care	2952	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	61.3	<b>57.1</b>
	Primary Care	2953	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	61.6	
	Primary Care	2954	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	60.7	
	Primary Care	2992	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	54.4	
	Primary Care	2993	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	60.7	
	Primary Care	1421372025	Luzerne Service Area	Medically Underserved Area	Pennsylvania	Luzerne County, PA	44	
<b>Monroe</b>	Primary Care	7525	Low Inc - Stroudsburg	MUP Low Income	Pennsylvania	Monroe County, PA	59.8	<b>59.8</b>
<b>Pike</b>	Primary Care	2979	Greene Service Area	Medically Underserved Area	Pennsylvania	Pike County, PA	61.2	<b>61.2</b>
<b>Schuylkill</b>	Primary Care	1427758823	Coaldale	Medically Underserved Area	Pennsylvania	Carbon County, PA   Schuylkill County, PA	57.4	<b>57.4</b>
	Primary Care	2999	Shamokin Service Area	Medically Underserved Area	Pennsylvania	Northumberland County, PA   Schuylkill County, PA	57.1	
	Primary Care	1422323401	Shenandoah MUA	Medically Underserved Area	Pennsylvania	Schuylkill County, PA	57.7	
<b>Sullivan</b>	Primary Care	7023	Sullivan Service Area	Medically Underserved Area	Pennsylvania	Sullivan County, PA	58.1	<b>58.1</b>
<b>Susquehanna</b>	Primary Care	1424154074	Susquehanna County	Medically Underserved Area	Pennsylvania	Susquehanna County, PA	59	<b>59</b>
<b>Wayne</b>	Primary Care	2982	Damascus Service Area	Medically Underserved Area	Pennsylvania	Wayne County, PA	46.5	<b>46.5</b>
<b>Wyoming</b>	Primary Care	2950	Eaton Service Area	Medically Underserved Area	Pennsylvania	Wyoming County, PA	51.1	<b>55.3</b>
	Primary Care	3008	Nicholson Service Area	Medically Underserved Area	Pennsylvania	Wyoming County, PA	57.7	
	Primary Care	3009	Noxen Service Area	Medically Underserved Area	Pennsylvania	Wyoming County, PA	57.1	

## APPENDIX 4: Health Provider Shortage Areas (HPSA)

<b>Mental Health HPSA Designation</b>	<b>HPSA Score</b>	<b>HPSA ID</b>
LI - Bradford County	11	7426786856
The Wright Center	14	7424453335
LI - Sullivan County	9	7428236654
<b>Primary Care HPSA Designation</b>	<b>HPSA Score</b>	<b>HPSA ID</b>
LI - Canton	12	1424176894
The Wright Center	12	1421320030
LI - Susquehanna County	14	1428046382
<b>Dental Health HPSA Designation</b>	<b>HPSA Score</b>	<b>HPSA ID</b>
LI - Bradford County	14	6427812157
LI - Lackawanna County	16	6424856863
The Wright Center	23	6421537493
LI - Luzerne County	16	6421267498
LI - Sullivan County	16	6422553790
LI - Susquehanna County	13	6423393175

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