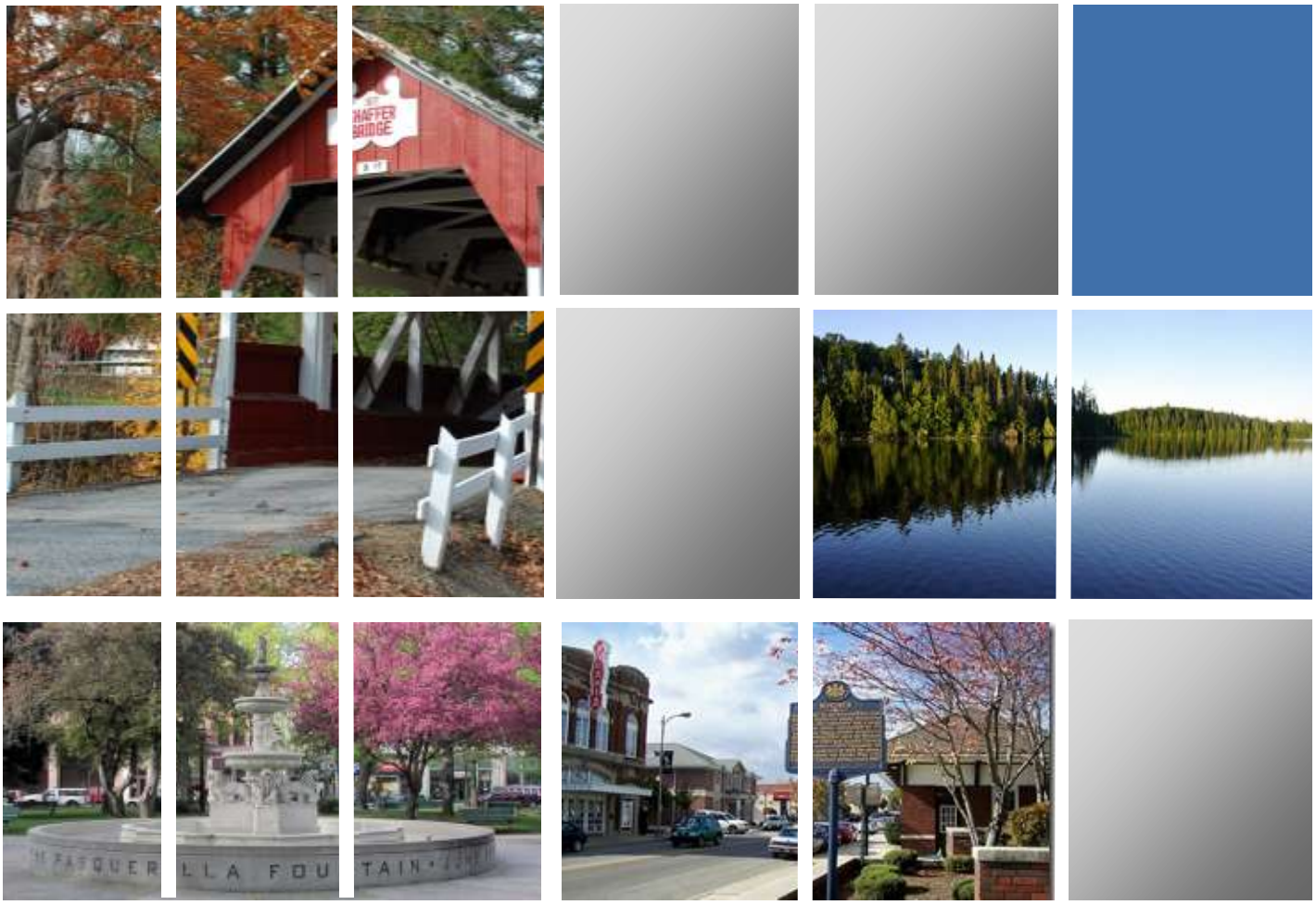

Chan Soon-Shiong Medical Center at Windber 2016 Community Health Needs Assessment

Chan Soon-Shiong Medical Center at Windber

ACKNOWLEDGEMENTS

The Chan Soon-Shiong Medical Center at Windber (CSSMCW) Community Health Needs Assessment (CHNA) was developed with the support of Strategy Solutions, Inc. (SSI), the consulting group engaged by CSSMCW to assist with the assessment. Representatives from CSSMCW and SSI worked collaboratively to guide and conduct the assessment. A steering committee made up of senior representatives of CSSMCW, as well as representatives from local health departments, leading health and social service organizations, local area school districts and county government provided additional input. The combined expertise, input and knowledge of the members of the steering committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, eight individuals were interviewed by SSI and fifty-four individuals participated in focus groups including representatives from health and social service agencies, emergency responders, veterans, jail personnel, school district personnel, a pastor, and higher education. Individuals who were unable to participate in an interview or focus group were able to give input online, with a total of ninety-five individuals providing input.

These information-gathering efforts allowed the project team and steering Committee to gain a better understanding of the health status, health care needs, service gaps and barriers to care of those living in the counties of Cambria and Somerset (PA), which represent the primary and secondary service area of CSSMCW. The administration of CSSMCW would like to thank all of those who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.

PROJECT COORDINATION

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Rich Sukenik	Chan Soon-Shiong Medical Center at Windber
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Jacqui Catrabone	Strategy Solutions, Inc.
Kathy Roach	Strategy Solutions, Inc.
Robin McAleer	Strategy Solutions, Inc.

STEERING COMMITTEE MEMBERS

Ron Aldom	Somerset County Chamber of Commerce
Amy Arcurio	Greater Johnstown School
Mike Artim	Cambria-Rowe Business College
Walter Asonevic	Pennsylvania Highlands Community College
Anson Bloom	Winder Fire Company/Northern EMS
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Edwin Bowser	Forest Hills School District
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Gregory Briggs	Somerset County Jail
Mike Capriotti	Greater Johnstown Fire Department
Kathleen Carnahan	Somerset Trust Company
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Kirby Deater	Greater Johnstown School District
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Glen Gaye	Windber Area School District
John George	Winder Fire Company
Bob Haddad	Winder Fire Company
Sylvia King	Ameriserv Financial Bank
Lladel Lichty	United Way of the Laurel Highlands
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John Lumly	Richland School District
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MESSAGE TO THE COMMUNITY

Chan Soon-Shiong Medical Center at Windber (CSSMCW) is proud to present its 2016 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of CSSMCW. This report also includes secondary and disease incidence and prevalence data from Cambria and Somerset Counties in Pennsylvania, as the CSSMCW service area includes portions of all of these counties. The data was reviewed and analyzed to determine the priority needs and issues facing the region.

The primary purpose of this assessment was to identify the health needs and issues of the community defined as the primary service area of CSSMCW. In addition, the CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region.

The full report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.

Improving the health of the community and region is a top priority of CSSMCW. Beyond the education, patient care and program interventions provided by CSSMCW, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.

EXECUTIVE SUMMARY

The 2016 Chan Soon-Shiong Medical Center at Windber (CSSMCW) Community Health Needs Assessment (CHNA) was conducted to identify significant health issues and needs, as well as to provide critical information to CSSMCW and others in a position to make a positive impact on the health of the region's residents. The results enable the hospital and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the CSSMCW service area.

To assist with the CHNA process, CSSMCW retained Strategy Solutions, Inc. (SSI), Erie, PA, a planning and research firm whose mission is to create healthy communities to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. This CHNA and its supplemental resource data located in the appendices document include a detailed examination of the following areas:

- Evaluation of the 2013 CSSMCW CHNA
- Demographics & Socio-Economic Indicators
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse

- Physical Activity and Nutrition
- Tobacco Use
- Injury

Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, and County Health Rankings, as well as a number of other reports and publications. Data were collected for CSSMCW, although some selected national data is included where local/regional data was not available. Demographic data were collected from the Nielsen/Claritas demographic database. Primary qualitative data collected specifically for this assessment included a total of eight in-depth interviews, four focus groups, and ninety-five online input forms completed with individuals from different consistencies and interest groups representing the needs of the CSSMCW service area. In addition to gathering input from stakeholder interviews, input and guidance also came from CSSMCW and community representatives who served on the CSSMCW Steering Committee.

After all primary (individual input survey, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 54 distinct issues, needs and possible priority areas for potential intervention by CSSMCW. Members of the CSSMCW CHNA Workgroup met on May 10, 2016 to review the final priorities (see **Table 11** on page 60) selected by the CSSMCW Steering Committee. Using the methodology of looking at the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) to implement evidence-based solutions, along with the rank order of the final priorities selected by the CSSMCW Steering Committee, the following top ten priorities are considered the most significant. Refer to **Table 10** on page 59 for a more in-depth description of the four prioritization criteria.

1. Chronic Disease: Cardiovascular Disease (Heart Disease, Cholesterol, etc.)
2. Chronic Disease: Diabetes
3. Chronic Disease: Breast Cancer
4. Chronic Disease: Colorectal Cancer

5. Chronic Disease: Obesity
6. Chronic Disease: Cerebrovascular Disease (Stroke)
7. Chronic Disease: Lung Cancer
8. Chronic Disease: Child Obesity
9. Access: Affordability of Health Care Premiums/Copays/Deductibles/Cost
10. Access: Mental Health Inpatient Services for Youth

The implementation strategies selected by CSSMCW and its community partners will address the most significant needs through a variety of implementation strategies which will be published in a separate document.

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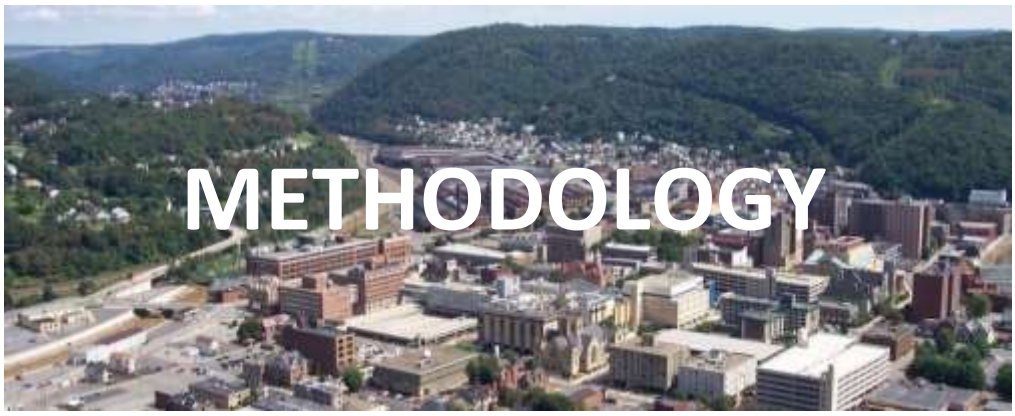
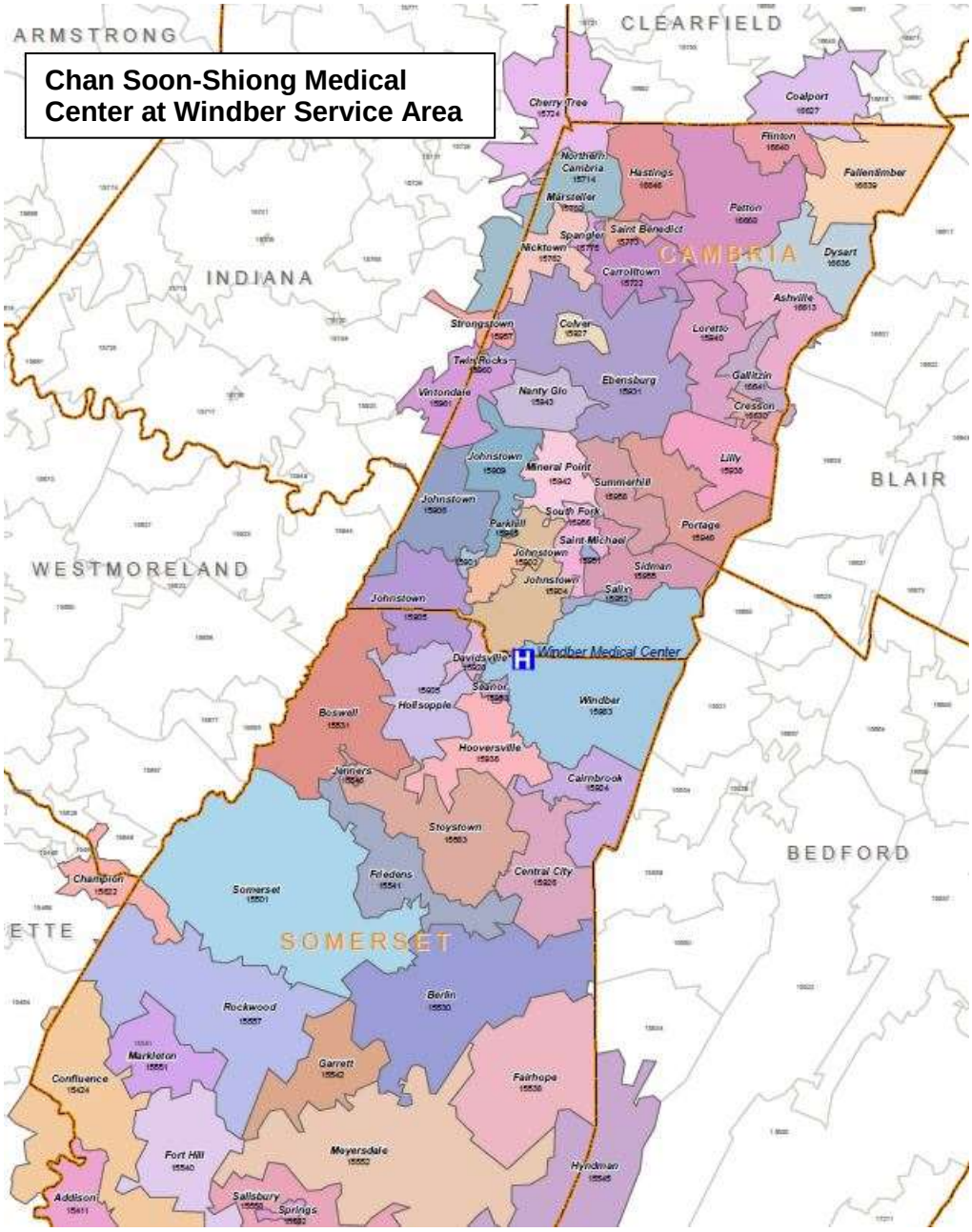


To guide this assessment, the hospital's leadership team formed a Steering Committee that consisted of hospital and community leaders who represented the broad interests of the local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, veterans, youth and individuals with expertise in public health, and internal program managers. The CSSMCW Steering Committee met two times between March 2016 and April 2016 to provide guidance on the various components of the CHNA.

Service Area Definition

Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location based on the service area of CSSMCW. The geography of the CSSMCW region includes the counties of Cambria and Somerset in Pennsylvania and is illustrated in Figure 1.

Figure 1: CSSMCW Overall Service Area



Asset Inventory

The hospital staff identified existing health care facilities and resources within their primary service area and the region overall available to respond to the significant health needs of the community. Resource directories currently utilized by the hospital's case management and social service departments were compiled. The information included in the asset inventory and map includes a listing of community and hospital services:

Community Resources:

Addiction
Anesthetists
Assisted/Skilled Facility
Behavioral Services
Blind and Deaf Services
Budgeting Skills
Child Abuse
Childcare Resources
Clothing
Community Services
Counseling
County Services
Domestic Relations
Domestic Violence
Education
Elderly Care/Services
Emergency Medical Services
Emergency Services
Employment Help/Services
Financial Assistance
Food/Meal Assistance
Health Care/Health Related
Home Care Service Providers
Housing/Shelter
Legal Issues
Literacy
Medical Practices
Mental Health/Disabilities
Nutrition
Parenting Services
Pharmacies
Physical Disabilities/Services
Recreation
Religious
Safety
Special Needs Assistance
Special Needs: Developmentally Disabled
Terminally Ill
Transportation
Utility Assistance
Veteran's Military Services
Victim Rights and Services
Women's Care/Services
Youth Programs

Hospital Resources:

Anesthesiology
Cardiac and Pulmonary Rehabilitation
Cardiology
Cardiovascular and Thoracic Surgery
Clinical Orthopedics
Dentistry
Dermatology
Diagnostic Imaging
Diagnostic Radiology
Emergency Department
Emergency Medicine
Family Practice
Gastroenterology
General Surgery
Gynecology
Gynecology Services
HealthStyles Fitness Facility
Hematology/Oncology
Home Health
Hospice
Inpatient and Critical Care Units
Internal Medicine
Joyce Murtha Breast Care Center
Laboratory
Nephrology
Ophthalmology
Orthopedic Surgery
Otolaryngology
PM&R
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Physical and Occupational Therapy
Plastic Surgery
Pulmonary Medicine
Radiation Oncology
Respiratory Care/EKG
Sleep Lab
Surgery
Urology
Weight Loss Center

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the county-wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through

extensive use of PA Health Department and Centers for Disease Control data and public health department participation on the Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas (www.claritas.com); disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment: the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org). Selected data was also included from the Cambria and Somerset County 2013 PA Youth and the 2014 PRC National Child & Adolescent Health Survey. Selected Emergency Department and inpatient utilization data from the hospital was also included. Data presented are the most recent published by the source at the time of the data collection.

The primary data collection process included qualitative data from eight stakeholder interviews conducted during April 2016 by staff members of SSI. Refer to Appendix E of the Supplemental Data Resource for a copy of the interview guide. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations:

- Higher Education
- Veterans
- United Way
- Low Income
- Jail
- Church
- Community Action
- Children

Table 1. CSSMCW Stakeholder Interviews

Date Conducted	Name	Organization	Title
April 7, 2016	Dianna Sulosky	Compassion House	
April 7, 2016	Christopher Zakraysek	Hiram G. Andrews Center	Director of Institutional Management
April 15, 2016	Tom Caulfield	Veteran Community Initiatives of Western PA	Director
April 19, 2016	Sylvia King	Financial Bank/ Church Pastor	Church Pastor, Community Activist and Advocate
April 19, 2016	Paula Epply-Newman	Early Children's Intervention Program: A New Beginnings, Inc.	Director
April 19, 2016	Lladel Lichty	United Way of Laurel Highlands	Community Relations Manager
April 20, 2016	Greg Briggs	Somerset County Jail	Warden
April 20, 2016	Rachel Trice	Somerset County Jail	Health Services Administrator
April 21, 2016	Bethany Winters	Cambria County Prevention Coalition	Community Mobilizer

Focus groups were conducted with four different groups in April 2016 representing the following groups as seen in Table 2. Refer to Appendices F and G of the Supplemental Data Resource for copies of the focus group questions used.

Table 2. CSSMCW Focus Groups Conducted

Date Conducted	Group	Total # Participants
April 6, 2016	EMT Personnel and Veterans	9
April 7, 2016	Windber Area School District	11
April 7, 2016	Forest Hills School District	18
April 9, 2016	United Methodist Food Pantry	16
	TOTAL PARTICIPANTS	**54**

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the county overall. Community representatives who were unable to participate in an individual interview or focus group were given the opportunity to provide input online, with a total of 95 individuals participating during April 2016. Refer to Appendix D of the Supplemental Data Resource for a copy of the community input questions used.

Needs/Issues Prioritization Process

On April 28, 2016, the CSSMCW Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in both the region and their local service territory. The team from SSI, including Kathy Roach, Project Manager/Research Analyst and Jacqui Catrabone, Director of Nonprofit and Community Services, presented the data to the CSSMCW Steering Committee and discussed the needs of the local area, what the hospital and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 54 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence. Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were identified that the group would use to evaluate identified needs and issues.

During the two weeks after the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each the needs and issues on a one to ten scale by each of the selected criteria.

Twenty-one Steering Committee members participated in the prioritization exercise.

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the CSSMCW region, as well as for the hospital's Steering Committee.

On May 9, 2016, CSSMCW's Work Group met again to discuss the prioritization results.

Review and Approval

The CSSMCW CHNA report was approved by the CSSMCW Board of Directors on June 24, 2016.

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Evaluation of the 2013 CSSMCW CHNA Implementation Strategies

CSSMCW conducted an evaluation of the implementation strategies undertaken since the completion of the 2013 CHNA. Although the status for most county level indicators did not move substantially, it is clear that CSSMCW is working to improve the health of the community.

In reviewing the status of the priority area of increasing awareness of the health issues associated with obesity and providing educational, nutritional, and exercise opportunities for the public, CSSMCW reported that:

- Since 2013, the hospital instituted a Physician Exercise Program which is a referral system for physicians to prescribe the program to their patients. Over three years, 149 patients participated in the Physician Exercise program (48 in 2013, 55 in 2014 and 46 in 2015).
- Over the last three years, the hospital conducted 17 educational seminars around the primary service area on topics such as colon cancer, atrial fibrillation, understanding patient choice, heart health and therapeutic music.
- The hospital created a weight loss program in 2013 called “Drop 10 in 10” that was offered to both employees and the public. There were 13 support classes held between February and April 2013. This program was discontinued due to staff restructuring, and no replacement was assigned.
- Bi-monthly bariatric support group meetings were held with an average of five participants a month. CSSMCW also held monthly educational seminars regarding bariatric programs offered at the

hospital with an average of ten participants a month. Both of these programs are ongoing.

- On July 20, 2013, CSSMCW kicked off the Know Your Numbers campaign. This campaign was to provide educational opportunities to promote the health risks associated with obesity, along with the benefits of healthy interventions. Know Your Numbers information was provided at all biometric screenings and educational sessions held throughout the hospital and the community. This program was discontinued due to staff restructuring, and the campaign was discontinued in 2014.
- In 2014, the hospital instituted a Fighting Fat program to decrease obesity in the community. Over two years, eight patients participated in the Fighting Fat program (3 in 2014 and 5 in 2015).
- The hospital increased the number of biometric screenings offered to the community over three years. These biometric screenings included identifying five crucial health numbers – blood pressure, weight, BMI, A1C levels and cholesterol. Since 2013, CSSMCW conducted 47 lab screening opportunities throughout the community, participated in 14 health fairs around the region, and conducted 13 health checks for the senior population, along with bone density screenings (the bone density screenings were discontinued when the loaner machine malfunctioned and wasn't replaced).

- Community blood screenings were offered every Saturday by CSSMCW ($30 a person) whether a person has insurance or not and no doctor's order needed. If a bad read occurs, the results are sent to the family physician for follow-up. If the person does not have a primary physician, a CSSMCW physician will receive the results for follow-up.
- CSSMCW's Dietician attended all of the company wellness, CSSMCW care physician group educational programs, senior fairs, and community screenings, including heart awareness in February, and supplied healthy snacks, nutrition literature and answered questions. At company wellness visits, the Dietician also demonstrated healthy cooking.
- CSSMCW's Exercise Physiologist has gone to workplace visits to talk about exercise and one of the hospitals Physical Therapists has gone to companies to demonstrate proper lifting. CSSMCW's Sports Medicine Department has done to the local high schools to educate

students and athletes on concussions, proper lifting techniques, stretching and injuries.

- CSSMCW did not receive funding for the Internet-based health educational programs it wanted to offer the public.
- CSSMCW offered the following employee wellness and nutrition programs:
    - Quarterly wellness weight loss challenge for employees offered by CSSMCW's Wellness Committee; provided wellness screenings, measurements, weigh-ins, and pedometers with a goal of 10,000 steps per day.
    - Maintain/Don't Gain weight challenge over the holidays
    - September - back to school nutrition (i.e., salads in a mason jars)
    - In 2015, CSSMCW's Exercise Physiologist offered their services four days a week for employees - 2 classroom days and 2 gym days.
    - Walking program for employees once a week
- CSSMCW provided fitness and exercise opportunities for the community through:
    - Annual 5K run/walk
    - Color run (which had 450 participants in 2015 for its first year)
    - Raised $10,000 for breast cancer research
    - Health memberships to employees and public for CSSMCW's wellness center
    - Employees and public able to utilize walking track for free

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For purposes of this assessment, the CSSMCW service area geography is defined as Cambria and Somerset Counties in Pennsylvania.

The counties were used to pull Demographic data from Nielsen/Claritas and the U.S. Census Bureau – American Family Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work. Below are the Demographic conclusions from this data. For a more in-depth review of the Demographic data, please see Appendix A of CSSMCW's CHNA Supplemental Data Resource.

Demographic Conclusions

- The population for the counties within the service area have been steadily declining and are projected to continue to decline in Cambria County from 135,462 (2016) to 130,707 (2021) as well as in Somerset County from 75,951 (2016) to 74,403 (2021).
- There are slightly more females (50.5%) than males (49.5%) in Cambria County, while Somerset County has slightly more males (52.1%) than females (47.9%).
- Over three-fourths of the residents in the service area are White (93.3% in Cambria County, 95.2% in Somerset County).
- The majority of the population is between the ages of 25 and 84, with approximately one third between the ages of 25-54 and one third between the ages of 55-84.

- Just under half (46.5%) of the population in Cambria County is married, while slightly more than half (53.1%) of the population in Somerset County is married.
- Just under half (46.5% in Cambria County and 49.2% in Somerset County) have received a high school diploma or GED as their highest level of education.
- Over one-third of the population has household incomes less than $35,000 (42.2% in Cambria County and 37.9% in Somerset County).
- Half of the population (50.4% in Cambria County and 52.1% in Somerset County) is currently employed. Very few (4.8% in Cambria County and 4.3% in Somerset County) residents are currently unemployed.
- Just under three-fourths of those employed (72.2% in Cambria County and 70.2%) travel less than 30 minutes to work.

Asset Inventory

A list of community assets and resources that are available in the community to support residents was compiled and is mapped in Figure 2 and listed in CSSMCW's CHNA Supplemental Data Resource, Appendix B. The assets identified are broken down into the following sections:

Community Resources:

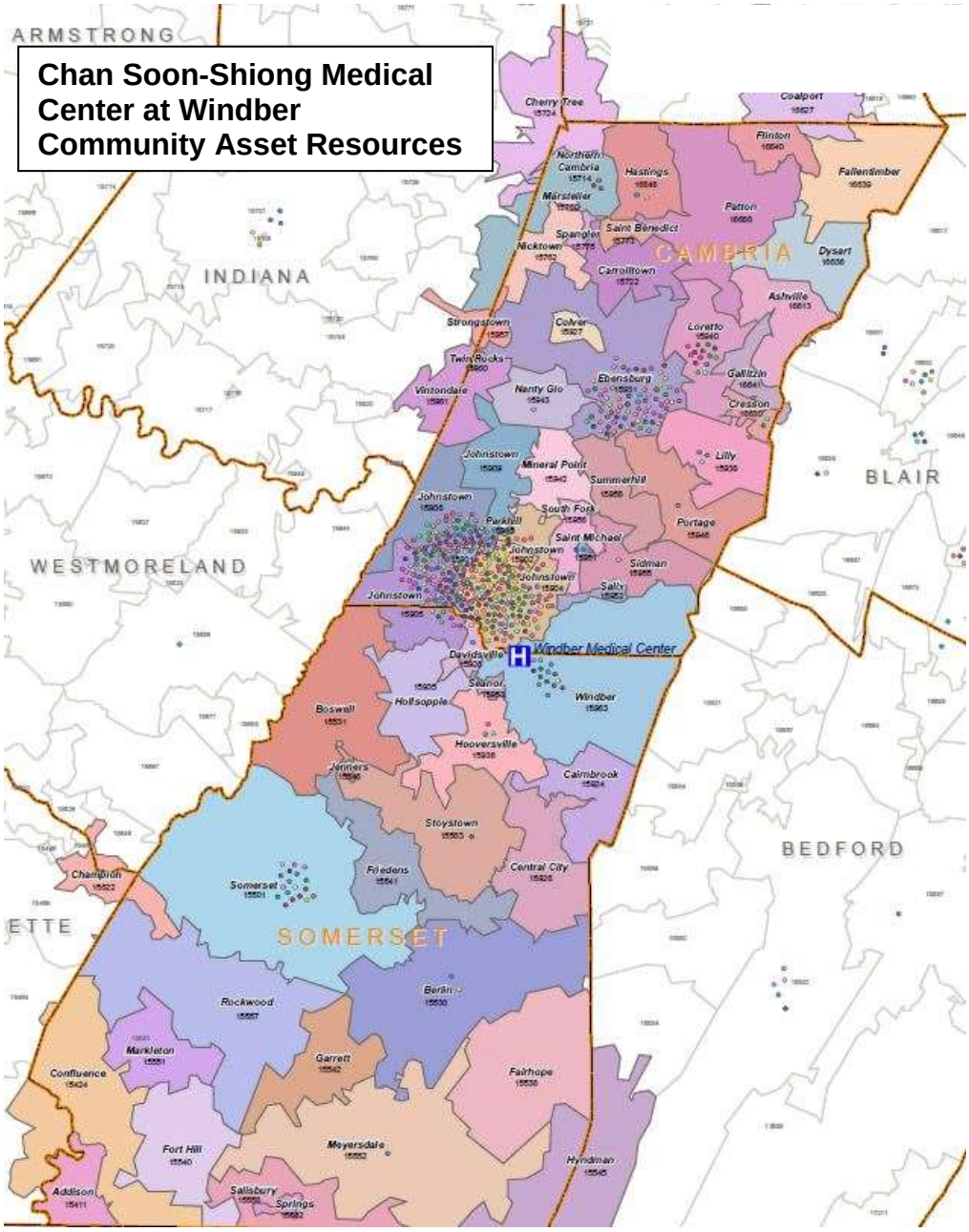
Addiction
Anesthetists
Assisted/Skilled Facility
Behavioral Services
Blind and Deaf Services
Budgeting Skills
Child Abuse
Childcare Resources
Clothing
Community Services
Counseling
County Services
Domestic Relations
Domestic Violence
Education
Elderly Care/Services
Emergency Medical Services
Emergency Services
Employment Help/Services
Financial Assistance
Food/Meal Assistance
Health Care/Health Related
Home Care Service Providers
Housing/Shelter
Legal Issues
Literacy
Medical Practices
Mental Health/Disabilities
Nutrition
Parenting Services

Pharmacies
Physical Disabilities/Services
Recreation
Religious
Safety
Special Needs Assistance
Special Needs: Developmentally Disabled
Terminally Ill
Transportation
Utility Assistance
Veteran's Military Services
Victim Rights and Services
Women's Care/Services
Youth Programs

Hospital Resources:

Anesthesiology
Cardiac and Pulmonary Rehabilitation
Cardiology
Cardiovascular and Thoracic Surgery
Clinical Orthopedics
Dentistry
Dermatology
Diagnostic Imaging
Diagnostic Radiology
Emergency Department
Emergency Medicine
Family Practice
Gastroenterology
General Surgery
Gynecology
Gynecology Services
HealthStyles Fitness Facility
Hematology/Oncology
Home Health
Hospice
Inpatient and Critical Care Units
Internal Medicine
Joyce Murtha Breast Care Center
Laboratory
Nephrology
Ophthalmology
Orthopedic Surgery
Otolaryngology
PM&R
Pathology
Pediatrics
Physical Medicine and Rehabilitation
Physical and Occupational Therapy
Plastic Surgery
Pulmonary Medicine
Radiation Oncology
Respiratory Care/EKG
Sleep Lab
Surgery
Urology
Weight Loss Center

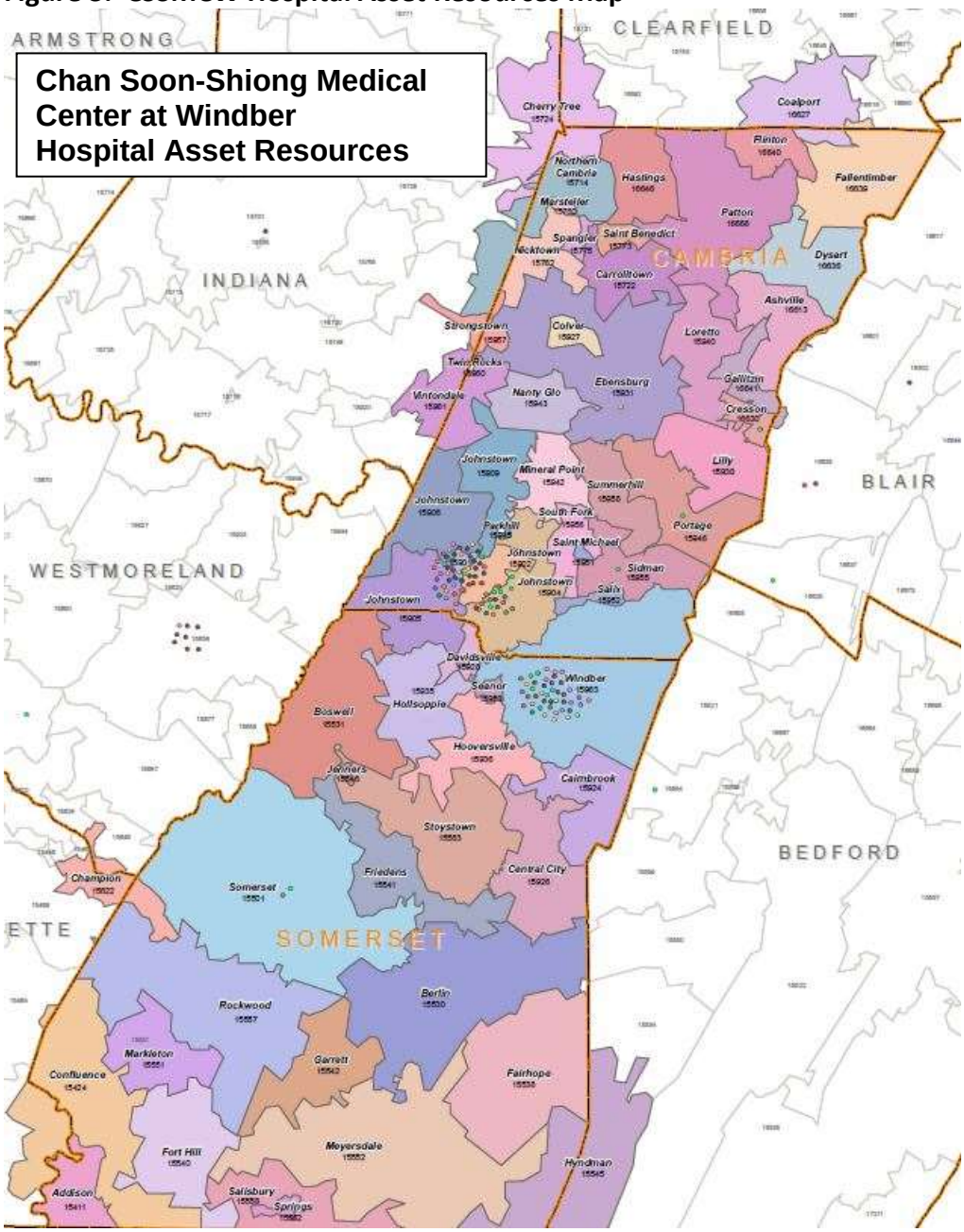
Figure 2: CSSMCW Asset Resources Map



CSSMCW Community Asset Resources

- Addiction
- Anesthetists
- Assisted/Skilled Facility
- Behavioral Services
- Blind and Deaf Services
- Budgeting Skills
- Child Abuse
- Childcare Resources
- Clothing
- Community Services
- Counseling
- County Services
- Domestic Relations
- Domestic Violence
- Education
- Elderly Care/Services
- Emergency Medical Services
- Emergency Services
- Employment Help/Services
- Financial Assistance
- Food/Meal Assistance
- Health Care/Health Related
- Home Care Service Providers
- Housing/Shelter
- Legal Issues
- Literacy
- Medical Practices
- Mental Health/Disabilities
- Nutrition
- Parenting Services
- Pharmacies
- Physical Disabilities/Services
- Recreation
- Religious
- Safety
- Special Needs Assistance
- Special Needs: Developmentally Disabled
- Terminally Ill
- Transportation
- Utility Assistance
- Veteran's/Military Services
- Victim Rights and Services
- Women's Care/Services
- Youth Programs

Figure 3: CSSMCW Hospital Asset Resources Map



CSSMCW Hospital Asset Resources

- Anesthesiology
- Cardiac and Pulmonary Rehabilitation
- Cardiology
- Cardiovascular & Thoracic Surgery
- Clinical Orthopedics
- Denistry
- Dermatology
- Diagnostic Imaging
- Diagnostic Radiology
- Emergency Department
- Emergency Medicine
- Family Practice
- Gastroenterology
- General Surgery
- Gynecology
- Gynecology Services
- HealthStyles Fitness Facility
- Hematology\Oncology
- Home Health
- Hospice
- Inpatient and Critical Care Units
- Internal Medicine
- Joyce Murtha Breast Care Center
- Laboratory
- Nephrology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- PM&R
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Physical and Occupational Therapy
- Plastic Surgery
- Pulmonary Medicine
- Radiation Oncology
- Respiratory Care/EKG
- Sleep Lab
- Surgery
- Urology
- Weight Loss Center

Key Findings –BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS), as well as disease incidence and mortality indicators. For this analysis, the service area data was compared to state and national data where possible.

As outlined in the following tables, when looking at the BRFSS questions related to CSSMCW's service area data, the regional rates that were worse than Pennsylvania include the percentage of people who report their physical health as not good one or more days per month, health as fair or poor, overweight and obese adults, adults who have been told they have arthritis, and adults who use chewing tobacco, snuff, or snus.

The public health data within CSSMCW's service area has increasing rates of chronic diseases as well as rates that are significantly higher when compared to the state in several areas: heart failure mortality in Cambria County, diabetes mortality, heart disease mortality, coronary heart disease, cardiovascular disease mortality and bronchus and lung cancer mortality in Somerset County.

For the Healthy Mothers, Babies and Children indicators, CSSMCW's service area has increasing rates of mothers who report not smoking three months prior to pregnancy and teen liver birth outcomes in both Cambria and Somerset counties. The percentage of mothers breastfeeding has increased in Cambria County, while the percentage of mothers receiving WIC or Medicaid Assistance, and receiving prenatal care in the first trimester have

decreased in the county. The percentage of mothers in Somerset County who report not smoking during pregnancy, receive WIC has increased, while the percentage of mothers who breastfeed, or receive prenatal care in the first trimester has decreased.

For the selected indicators within Infectious Disease, Mental Health and Substance Abuse, Tobacco Use and Injury, CSSMCW's service has increasing rates of influenza and pneumonia mortality and suicide for both Cambria and Somerset counties. Cambria County has increasing rates of accidental drug poisonings, firearm related mortality and poisoning mortality, while Somerset County has increasing rates of fall mortality.

Other indicators that show an increasing trend in the CSSMCW service area include children living in poverty and children eligible for free lunch in both Cambria and Somerset counties, while high school graduation rates are decreasing.

The 2013 Pennsylvania Youth Survey for children in grades 6, 8, 10 and 12 for the CSSMCW service area shows that there are increasing rates in lifetime alcohol, marijuana use, and the percentage of adolescents who drove after using marijuana in both Cambria and Somerset counties. The percentage of adolescents who drove after drinking is increasing in Somerset County.

Overall Key Findings

Table 3 below highlights the key findings of the Behavioral Risk Factor Survey for CSSMCW.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 3. CSSMCW Behavioral Risk Factor Comparative Table

	Cambria/ Somerset/ Indiana/Armstrong	Cambria/ Somerset/ Indiana/Armstrong	Cambria/ Somerset/ Indiana/Armstrong	Trend	PA	PA	PA	US	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-2010	2011-2013	2012-2014	+/-	2008-2010	2011-2013	2012-2014	2010	2013	Goal	Comp	Comp	Comp
ACCESS													
Physical Health Not Good 1+Days/Month	40.0%	40.0%	40.0%	=	37.0%	38.0%	37.0%				+		
Health Fair or Poor	20.0%	21.0%	21.0%	+	15.0%	17.0%	17.0%	14.7%	16.7%		+	+	
No Health Insurance	14.0%	15.0%	13.0%	-	13.0%	16.0%	15.0%	17.8%	16.8%	0.0%	=	-	+
No Personal Health Care Provider	10.0%	11.0%	11.0%	+	11.0%	13.0%	14.0%	18.2%	22.9%	16.1%	-	-	-
Routine Check-up Within the Past 2 Years	80.0%	83.0%	83.0%	+	83.0%	83.0%	83.0%		81.3%	90.0%	=	-	-
Needed to See a Doctor But Could Not Due to Cost, Past Year	8.0%	12.0%	11.0%	+	11.0%	13.0%	12.0%	14.6%	15.3%	4.2%	-	-	+
CHRONIC DISEASE													
Overweight, Adults	71.0%	68.0%	69.0%	-	64.0%	65.0%	35.0%	36.2%	35.4%		+	+	
Obese, Adults	37.0%	36.0%	37.0%	=	28.0%	29.0%	30.0%	27.5%	29.4%	30.5%	+	+	+
Told They Have Diabetes	11.0%	11.0%	11.0%	=	9.0%	10.0%	10.0%	9.0%	9.7%		+	+	
Told They Had a Heart Attack- Age 35 and Older	9.0%	8.0%	8.0%	-	6.0%	6.0%	7.0%	4.2%	4.3%		+	+	
Told They Had a Stroke- Age Greater Than 35	4.0%	3.0%	4.0%	=	4.0%	4.0%	4.0%	4.1%	2.8%		=	+	
Told They Had Arthritis		34.0%	35.0%	+		29.0%	30.0%				+		
HEALTHY ENVIRONMENT													
Told They Had Asthma	12.0%	12.0%	12.0%	=	14.0%	14.0%	14.0%	13.8%	14.1%		-	-	
Currently Have Asthma	7.0%	8.0%	8.0%	+	10.0%	10.0%	10.0%	9.1%	9.0%		-	-	
INFECTIOUS DISEASE													
Had Pneumonia Vaccine- Age 65 and Older	69.0%	70.0%	70.0%	+	70.0%	71.0%	70.0%	68.8%	69.5%	90.0%	=	+	-
Ever Tested for HIV - Ages 18-64		25.0%	25.0%	=		38.0%	28.0%		35.2%	73.6%	-	-	-
MENTAL HEALTH AND SUBSTANCE ABUSE													
Mental Health Was Not Good 1+ Days in the Past Month	35.0%	34.0%	35.0%	=	34.0%	36.0%	36.0%				-		
Adults Who Had At Least 1 Alcoholic Drink in the Past Month		50.0%	50.0%	=	6.0%	56.0%	55.0%				-		
Adults Who Reported Binge Drinking	20.0%	18.0%	18.0%	-	17.0%	18.0%	17.0%	17.1%	16.8%	24.4%	+	+	-
TOBACCO USE													
Adults Who Reported Being a Current Smoker	24.0%	22.0%	22.0%	-	20.0%	22.0%	21.0%	17.3%	18.8%	12.0%	+	+	+
Adults Who Reported Being An Everyday Smoker	18.0%	18.0%	17.0%	-	15.0%	16.0%	15.0%	12.4%	13.4%		+	+	
Adults Who Reported Being a Former Smoker	24.0%	25.0%	23.0%	-	26.0%	26.0%	25.0%	25.1%	25.3%		-	-	
Adults Who Reported Never Being a Smoker	52.0%	53.0%	55.0%	+	54.0%	53.0%	54.0%	57.0%			+	-	
Adults Who Have Quit Smoking 1+ Days in the Past Year	47.0%	54.0%	52.0%	+	50.0%	54.0%	54.0%			80.0%	-		-
Adults Who Using Chewing Tobacco, Snuff or Snus		12.0%	12.0%	=		4.0%	4.0%		4.2%		+		+

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Table 4 highlights various public health indicators included in the assessment for CSSMCW.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 4. CSSMCW Public Health Indicators

	Cambria County								Trend	Somerset County								Trend	PA				US	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	2011	2012	2013	+/-	2006	2007	2008	2009	2010	2011	2012	2013	+/-	2010	2011	2012	2013	2010	2012	Goal	Comp	Comp	Comp
CHRONIC DISEASE																												
Diabetes Mortality Rate per 100,000		20.5	17.5	14.2	16.1	19.8	20.4	16.7	-		32.4	29.3	35.4	21.3	40.9	24.4	46.0	+/-	19.6	20.8	22.0	22.6	20.8	73.3	66.6	+/-	-	-
Heart Disease Mortality Rate per 100,000				231.9	222.8	201.5	206.8	192.3	-				223.6	209.7	198.8	205.6	213.6	-	185.3	184.1	175.2	178.4		176.8		+	+	
Heart Failure Mortality Rate per 100,000				37.6	32.4	30.2	32.2	31.8	-				24.6	23.1	23.7	27.3	23.8	+/-	18.3	19.3	17.9	19.7				+		
Myocardial Infarction Mortality (Heart Attack) Rate per 100,000		53.5	60.5	46.1	56.9	52.1	58.7	41.8	+/-		83.3	83.9	64.7	57.7	44.2	39.8	39.1	+/-	38.2	36.3	34.7			89.2		+	-	
Coronary Heart Disease Mortality Rate per 100,000		156.7	160.1	151.8	154.8	132.9	138.8	119.7	+/-		173.1	152.2	160.5	158.5	142.0	127.0	140.3	-	123.0	120.1	115.3	114.3		108.9	103.4	+	+	+
Cerebrovascular Mortality Rate per 100,000		44.2	34.0	39.0	36.5	48.2	29.7	33.7	+/-		54.0	47.9	36.7	36.3	41.6	30.2	37.3	-	38.9	39.1	36.8	37.0	39.1	39.9	34.8	+/-	+/-	+/-
Cardiovascular Disease Mortality Rate per 100,000				290.0	278.9	271.6	257.9	243.7	-				270.9	253.8	251.7	246.7	265.0	+/-	237.6	237.6	225.5	229.4		233.73		+	+	
Breast Cancer Rate per 100,000	63.6	55.0	63.9	76.9	55.8	59.4	66.0		+/-	69.5	53.3	46.8	44.4	55.2	51.7	45.7		-	67.9	69.4	69.4		121.9	122.0	41.0	+/-	-	+
Breast Cancer Mortality Rate per 100,000		13.0	17.9	13.2	12.5	10.1	9.7	10.5	+/-		15.8		7.4	10.9	9.1				13.1	12.8	12.5	12.1	22.2	21.5	20.7	+/-	-	-
Colorectal Cancer Rate per 100,000	62.1	57.8	60.7	56.2	51.0	53.9	53.5		-	58.0	47.1	40.7	50.4	41.4	54.1	54.0		+/-	43.7	44.0	42.5			46.1	38.6	+/-	+/-	+
Colorectal Cancer Mortality Rate per 100,000		17.1	16.6	15.2	24.2	15.1	19.3	12.4	+/-		22.2	17.0	12.1	20.1	15.2	17.7	21.1	+/-	17.0	15.7	15.8	15.9	16.9	18.1	14.5	+/-	+/-	+/-
Bronchus and Lung Cancer Rate per 100,000	60.5	52.6	58.5	55.4	49.0	59.9	65.1		+/-	59.7	49.0	52.6	46.3	49.8	41.2	61.0		+/-	65.9	66.0	63.9			73.0		+/-	-	
Bronchus and Lung Cancer Mortality Rate per 100,000		44.0	42.4	50.4	42.6	37.6	45.7	44.1	+/-		34.6	45.7	30.9	43.0	28.0	43.6	44.3	+/-	48.7	47.2	46.5	45.0		57.9	45.5	+/-	-	+/-
Prostate Cancer Rate per 100,000	156.6	208.3	148.9	124.8						143.1	186.6	149.8	129.2											128.3				
Prostate Cancer Mortality Rate per 100,000		21.6	30.2	11.9	17.6						28.2			20.1										20.8	21.8			
Alzheimer's Disease Mortality Rate per 100,000				27.0	25.6	19.8	27.2	22.4	-/=				31.6	29.1	32.3	31.1	24.0	+/-	19.9	19.0	18.7	17.4		26.8		+	+/-	
INFECTIOUS DISEASE																												
Influenza and Pneumonia Mortality Rate per 100,000		14.1	17.8	18.3	17.5	19.8	14.2	15.0	+/-		10.7	10.8	16.6	15.3	13.4	12.6	16.2	+/-	13.4	15.7	13.3	16.0	16.2	15.1		+/-	+/-	
Chlamydia Rate per 100,000		167.6	126.1	162.5	157.3						127.1	87.8	83.2	101.6									426.0					
MENTAL HEALTH AND SUBSTANCE ABUSE																												
Drug Induced Mortality Rate per 100,000				26.2	28.9	20.5	23.8	39.4	+/-				13.9	19.3		17.4	14.7	+/-	15.5	18.2	19.2	19.9		10.2	11.3	+/-	+	+
Mental and Behavioral Disorders Mortality Rate per 100,000				29.8	29.8	29.3	34.5	34.7	+/=				12.8	31.6	24.7	19.8	32.5	+/-	37.6	40.3	43.0	45.4		63.3		+/-	-	
HEALTHY MOTHERS, BABIES AND CHILDREN																												
Reported Not Smoking 3 Months Prior to Pregnancy				64.6%	65.0%	64.9%	65.8%	67.6%	+				73.8%	73.7%	73.0%	71.8%	73.7%	+/-		79.4%	80.1%	80.8%		76.8%		+/-	-	
Reported Not Smoking During Pregnancy		72.0%	72.1%	73.3%	71.8%	71.6%	73.7%	73.8%	+/-		75.7%	76.0%	79.6%	78.9%	77.4%	76.8%	79.4%	+		84.7%	85.2%	85.8%		89.3%	98.6%	-	-	-
Mothers Who Reported Breastfeeding		58.1%	59.0%	59.9%	63.4%	64.2%	67.3%	69.5%	+		65.2%	68.6%	71.7%	72.1%	67.7%	73.4%	72.6%	+		71.2%	73.1%	75.6%		77.0%	81.9%	-	-	-
Mothers Receiving WIC		49.1%	50.4%	49.2%	48.4%	47.6%	45.3%	44.7%	+/-		46.8%	56.5%	49.9%	44.8%	42.3%	40.7%	42.1%	+/-		40.0%	39.3%	38.2%				+		
Mothers Receiving Medicaid		43.8%	45.7%	43.8%	44.6%	45.9%	45.2%	41.2%	+/-		37.6%	39.7%	37.4%	40.3%	39.5%	33.8%	33.7%	+/-		32.8%	33.6%	32.6%				+		
Teen Pregnancy Rate per 100,000, Ages 15-19		35.5	31.7	26.8	33.1						31.1	29.2	28.9	29.6									34.2	30.0	36.2			
Teen Live Birth Outcomes, Ages 15-19		87.1%	87.3%	91.3%	90.6%	91.9%	91.2%	92.0%	+		87.1%	78.1%	90.6%	91.8%	90.7%	91.7%	93.6%	+/-		79.9%	80.3%	81.4%		73.4%		+/-	+	
Prenatal Care 1st Trimester				79.7%	78.9%	79.6%	80.8%	79.0%	+/=				76.7%	80.2%	78.4%	77.7%	71.4%	+/-		71.7%	72.4%	72.5%		70.8%	77.9%	+/-	+	+/-
Infant Mortality, Rate per 1,000						7.3													7.3	6.5	7.0	6.7	6.2	6.1	6.0			
INJURY																												
Suicide, All Adults Rate per 100,000		13.5	12.4	18.8	14.4	12.1	14.9	17.9	+/-		12.8	14.1				12.2	15.8	+/-	11.7	12.9	12.1	13.3	12.1	4.5	10.2	+/-	+	+
Motor Vehicle Mortality Per 100,000		10.5	19.5	10.5	14.2	14.8	15.9	10.4	+/-		20.5	14.7	16.0	28.3	16.2	17.1	16.6	+/-	10.5	10.6	10.0	9.8	11.9	10.7	12.4	+	+/-	+/-
Fall Mortality Rate per 100,000		11.3	7.5	10.9	11.9	11.2	11.5	9.7	+/-		14.0	11.3	15.6	7.8	7.8	12.3	18.3	+/-			8.4		8.1	9.6	7.2	+/-	+	+
Accidental Drug Poisoning Rate per 100,00				25.3	27.8	18.9	22.7	36.6	+/-				13.9	16.7		17.4	12.4	+/-	12.5	15.4	16.3	16.9				+/-		
Firearm Related Mortality per 100,00				10.5	11.1	10.1	14.3	17.3	+/-								14.7		10.0	10.9	11.0	11.1	10.1	10.1	9.3	+/=	+	+
Poisoning Mortality Rate per 100,000				28.0	30.3	22.3	23.1	40.1	+/-				14.7	23.3		20.6	14.8	+/-	16.3	19.3	19.9	20.6				+/-		

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Table 5 highlights various county health indicators included in the assessment for CSSMCW.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 5. CSSMCW County Health Rankings

	CAMBRIA COUNTY			Trend	SOMERSET COUNTY			Trend	PA			US	HP 2020	PA	US	HP Goal
Other Indicators	2014	2015	2016	+/-	2014	2015	2016	+/-	2014	2015	2016	2010	Goal	Comp	Comp	Comp
ACCESS																
Mammogram Screening	49.7%	50.8%	55.0%	+	60.6%	59.1%	56.0%	-	63.0%	63.4%	64.0%	67.1%	81.1%	-	-	-
HEALTHY ENVIRONMENT																
Unemployment Rates	8.8%	8.6%	6.9%	-	8.8%	9.0%	7.2%	+/-	7.9%	7.4%	5.8%	8.9%		+	+/-	
High School Graduation Rates	92.0%	91.0%	87.0%	-	94.0%	93.0%	93.0%	-	84.0%	85.0%	86.0%		82.4%	+		
Children Living in Poverty	22.0%	23.0%	24.0%	+	19.0%	19.0%	21.0%	+/=	20.0%	19.0%	19.0%			+/=		
Children Living in Single Parent Homes	34.0%	33.0%	33.0%	-/=	23.0%	23.0%	24.0%	+/=	33.0%	33.0%	33.0%			-/=		
PHYSICAL ACTIVITY AND NUTRITION																
Limited Access to Healthy Foods	7.0%	7.0%	7.0%	=	6.0%	6.0%	6.0%	=	4.0%	4.0%	4.0%			+		
Food Insecurity	13.0%	14.0%	14.0%	+	12.0%	13.0%	14.0%	+	15.0%	14.0%	14.0%			-/=		
Children Eligible for Free Lunch	35.0%	37.0%	37.0%	+	31.0%	33.0%	35.0%	+	33.0%	34.0%	36.0%			+/-		
TOBACCO USE																
Adults who Smoke	20.0%	20.0%	20.0%	=	22.0%	22.0%	19.0%	-/=	20.0%	20.0%	20.0%	20.0%	12.0%	+/-	+/-	+

Source: County Health Rankings, Centers for Disease Control, www.healthypeople.gov

Table 6 highlights various youth survey indicators included in the assessment for CSSMCW.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 6. CSSMCW 2013 Pennsylvania Youth Survey

	CAMBRIA COUNTY			Trend	SOMERSET COUNTY			Trend	PA (the last year)	US	PA	US
MENTAL HEALTH AND SUBSTANCE ABUSE	**2009**	**2011**	**2013**	**+/-**	**2009**	**2011**	**2013**	**+/-**	**Rate**	**Rate (2011)**	**Comp**	**Comp**
% of Alcohol Child/Adolescent Lifetime Use												
Grade 6	19.4%	15.0%	13.2%	-	23.4%	12.8%	9.6%	-	13.3%		+/-	
Grade 8	49.8%	38.1%	37.6%	-	50.3%	38.8%	39.6%	-	35.1%	27.8%	+	+
Grade 10	60.1%	61.7%	65.2%	+	70.5%	54.2%	64.7%	+/-	61.5%	52.1%	+/-	+
Grade 12	62.8%	63.2%	77.6%	+	77.0%	66.9%	74.4%	+/-	74.2%	68.2%	+/-	+/-
Overall	48.4%	45.7%	47.2%	+/-	54.9%	42.4%	48.0%	+/-	46.9%		+/-	
% of Marijuana Child/Adolescent Lifetime Use												
Grade 6	0.5%	1.1%	0.8%	+/-	1.0%	0.3%	0.9%	+/-	0.8%		+/-	
Grade 8	5.9%	6.5%	6.8%	+	5.3%	5.2%	7.3%	+/-	6.4%	16.5%	+/-	-
Grade 10	23.3%	22.9%	24.6%	+/-	15.4%	17.6%	20.7%	+	25.8%	35.8%	-	-
Grade 12	26.1%	28.3%	39.8%	+	30.9%	30.1%	35.4%	+/-	40.3%	45.5%	-	-
Overall	13.7%	15.3%	17.2%	+	13.0%	12.8%	16.4%	+/-	18.9%		-	
% of Children/Adolescents Who Drove After Drinking												
Grade 6	0.4%	0.7%	0.1%	+/-	0.2%	0.2%	0.2%	=	0.2%		+/-	
Grade 8	0.9%	0.4%	0.9%	-/=	1.3%	1.0%	1.2%	+/-	0.4%		+/=	
Grade 10	2.6%	1.8%	2.3%	+/-	2.4%	3.6%	1.5%	+/-	1.8%		+/-	
Grade 12	12.4%	12.0%	11.3%	-	15.7%	11.3%	12.5%	+/-	8.7%		+	
Overall	3.7%	3.9%	3.4%	+/-	4.9%	3.8%	4.1%	+/-	2.9%		+	
% of Children/Adolescents Who Drove After Using Marijuana												
Grade 6	0.1%	0.2%	0.2%	+	0.2%	0.2%	0.0%	-/=	0.1%		+/-	
Grade 8	0.5%	0.2%	0.5%	-/=	0.5%	0.9%	0.5%	+/=	0.4%		+/-	
Grade 10	3.2%	1.6%	2.9%	+/-	1.5%	1.6%	1.7%	+	2.4%		+/-	
Grade 12	7.6%	8.5%	11.8%	+	11.4%	10.4%	11.1%	+/-	12.4%		-	
Overall	2.7%	2.8%	3.6%	+	3.4%	3.1%	3.5%	+/-	4.1%		-	
% of Pain Reliver Child/Adolescent Lifetime Use												
Grade 6	1.2%	0.9%	1.2%	-/=	3.2%	1.2%	2.0%	+/-	2.1%		+/-	
Grade 8	3.5%	2.4%	2.4%	-	3.4%	4.9%	4.1%	+/-	4.1%		+/-	
Grade 10	9.9%	6.5%	7.1%	+/-	8.0%	8.4%	8.3%	+/-	8.3%		+/-	
Grade 12	7.7%	9.5%	10.9%	+	12.9%	12.4%	12.1%	-	12.1%		+/-	
Overall	5.6%	5.0%	5.2%	+/-	6.1%	7.0%	6.8%	+/-	6.8%		+/-	

Source: 2013 Pennsylvania Youth Survey, National Survey Results on Drug Abuse – 1975-2013

Other Secondary Data: Hospital Utilization Rates

As seen in **Table 7,** from 2013 through 2015, hospital inpatient discharges for ambulatory care sensitive conditions for CSSMCW increased for: bacterial pneumonia, gastroenteritis, kidney/urinary tract infection, severe ENT infections, angina, COPD, and diabetes with other conditions.

For the same time period, hospital ER and inpatient discharges for mental health for CSSMCW, as seen in **Table 8**, increased for: drug related, and have decreased or remained the same for other conditions.

Table 9 shows that from 2013 to 2015, hospital DRG conditions for CSSMCW increased for: breast cancer, COPD and fractures.

Table 7. Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions- ER Only			
Preventable Conditions	**2013**	**2014**	**2015**
Congenital Syphilis	0	0	0
Failure to Thrive	0	0	0
Dental Conditions	156	187	147
Vaccine Preventable Cond	2	0	1
Hemophilus Meningitis ages 1-5	0	0	0
Iron Deficiency Anemias	22	16	16
Nutritional Deficiencies	3	2	1
Acute Conditions	**2013**	**2014**	**2015**
Bacterial Pneumonia	149	105	115
Cervical Cancer	0	1	0
Cellulitis	197	207	199
Convulsions	47	32	22
Dehydration	220	270	194
Gastroenteritis	148	84	124
Hypoglycemia	2	1	4
Kidney/Urinary Infection	173	144	173
Pelvic Inflammatory Dis	4	6	4
Severe ENT Infections	398	301	317
Skin Grafts with Cellulitis	0	1	0
Chronic Conditions	**2013**	**2014**	**2015**
Angina	17	11	14

Ambulatory Care Sensitive Conditions- ER Only			
Asthma	132	99	82
COPD	117	112	125
CHF	101	87	79
Diabetes with ketoacidosis	28	13	9
Diabetes with other conditions	29	24	34
Diabetes without other conditions	20	24	14
Grand Mal and other Epileptic	5	4	6
Hypertension	35	44	39
Tuberculosis- Non Pulmonary	0	0	0
Pulmonary Tuberculosis	0	0	0

Table 8. Mental Health ICD-9 Codes

Mental Health ICD-9 File						
Code	2013 ER	2013 IN	2014 ER	2014 IN	2015 ER	2015 IN
Dementia	0	0	0	0	0	0
Alcohol Related	40	5	29	9	13	8
Drug Related	25	17	28	9	32	22
Transient Organic Psychotic	10	0	23	0	16	1
Other Chronic Organic Psych	3	2	2	1		1
Schizophrenia	3	0	0	0	1	0
Manic Disorder	0	0	0	0	0	0
Depressions	2	157	4	126	2	110
Bi Polar	1	0	0	0	2	0
Paranoia Psychosis	1	48	0	113	0	78
Anxiety	5	3	4	5	3	1
Phobias	0	0	0	1	0	0
Personality Disorders	0	0	1	0	1	0
Sexual Deviations	1	0	0	0	0	0
Psychogenic Disorders	0	0	0	0	0	0
Sleep Disorders	0	0	0	0	0	0
Eating Disorders	0	0	0	0	0	0
Stress Related	5	1	12	0	11	1
Adjustment Related	7	0	17	2	14	3
Conduct/Social Disturbances	18	0	6	0	2	0

Mental Health ICD-9 File						
Code	2013 ER	2013 IN	2014 ER	2014 IN	2015 ER	2015 IN
Emotional- Youth	3	0	2	0	1	0
Mental Retardation	0	2	0	2	0	5

Table 9. Diagnosis Related Groups

DRG File			
DRG File	2013	2014	2015
Hypertension	2	5	0
CHF	96	82	71
Breast Cancer	0	0	5
Cancer	8	2	2
Pneumonia	97	81	62
Complications Baby	10	0	0
Reproductive Disorder	0	1	0
Bronchitis/Asthma < 18	1	0	0
Bronchitis/Asthma >18	8	14	6
Alcohol/Drug Abuse	2	1	1
COPD	45	45	50
Fracture	8	0	6

Primary Research Results

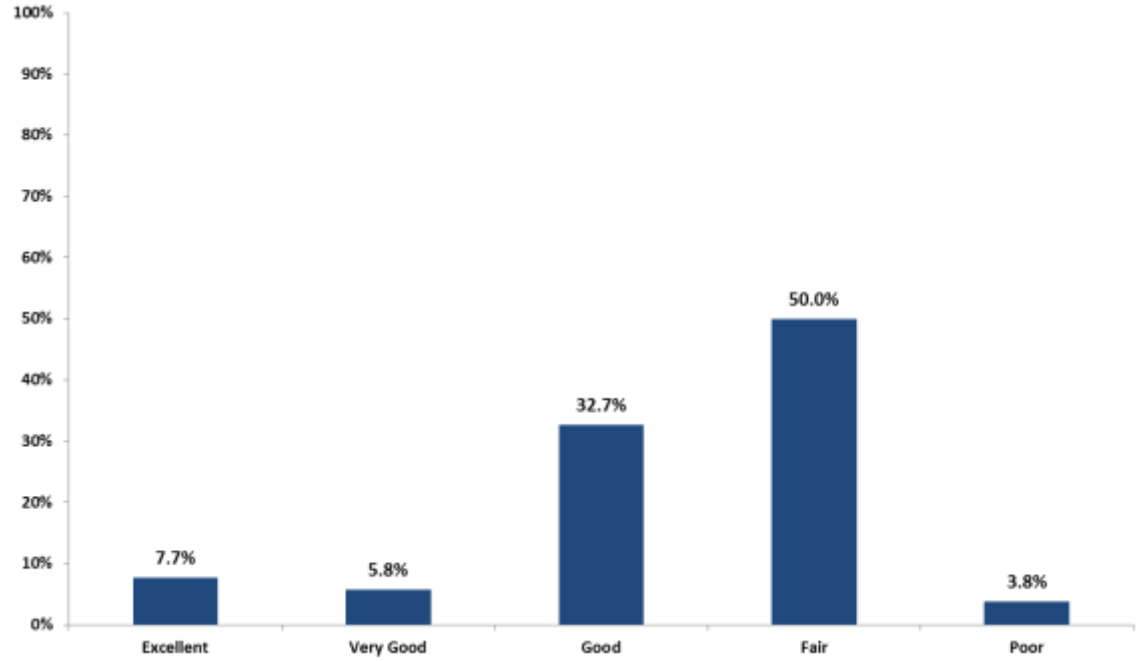
A total of eight stakeholder interviews and four focus groups were conducted throughout the region. Stakeholders and focus group participants were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. Individuals who were unable to participate in an interview or focus group provided input online with an additional ninety-five stakeholders providing input this way.

While the interviews and focus groups were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Overall Community Health Status

As seen in **Figure 4**, over half of focus group respondents (53.8%) rated the health status of the community as "Fair" or "Poor," while approximately one-third of the respondents (32.7%) rated the health status of the community as "Good."

Figure 4. Focus Groups – Community Health Status



Source: 2016 CSSMCW Focus Groups, Strategy Solutions, Inc.

When asked to comment on why they gave the rating they did, respondents cited the following community health issues:

- Aging population
- Cancer
- Drug abuse
- Obesity
- Lack of mental health services
- Noncompliance to medical treatment
- Lack of parental involvement
- Unhealthy diet
- Consolidation of healthcare systems

- Smoking
- Depressed economy
- High readmission rates
- Teenage pregnancy

When asked to identify factors that impact the health of the community, focus group respondents indicated that a variety of things impact health including:

1. Drugs/Substance Abuse
2. Lack of CYS Presence/Follow Through
3. Lack of Mental Health Providers
4. Lack of Parental Responsibility
5. Lack of Youth Inpatient Program
6. Poverty
7. Cancer
8. Overweight
9. Heroin Use
10. Changing Family Dynamics
11. Diabetes
12. Parenting Skills
13. Obesity
14. Suicide Ideation/Feeling Hopeless

Suggestions to improve community health by the focus group participants included:

- Community paramedicine program
- Child and adolescent inpatient program
- Youth shelter/detention facility
- Additional mental health services
- Veterans support group
- Physical and mental health triage evaluations completed in the schools
- Transportation to physical and mental health services
- Parent education and support
- Monitoring of prescription medication
- Mental health screeners in the community

Additional suggestions to improve community health offered online included:

- Physician recruitment
- Parent education on health for children

- Recruit interpreters
- Improve access to affordable healthy food options
- Recreation opportunities
- Neurologists
- Transportation
- Mental health services

Initiatives Currently Underway

Stakeholders who were interviewed were asked to identify initiatives that are already underway that can address the health needs of the community. The initiatives included:

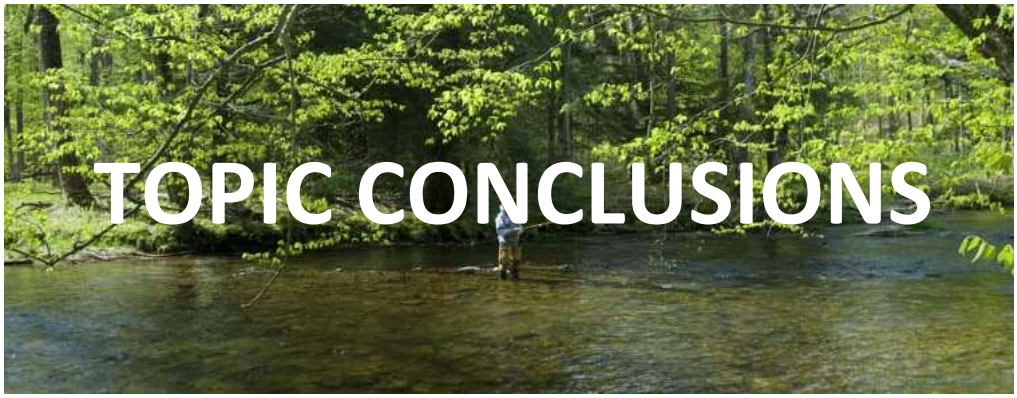
- Churches
- Cambria County Prevention Coalition
- Somerset County Prevention Coalition
- Day Reporting Center
- United Way
- Drug Free Communities
- Parents as Teachers
- Early Care and Education Providers
- Commission on Hope

Additional Suggestions

Stakeholders also provided additional ideas and suggestions regarding how to improve the health of the community. Responses included:

- Outreach – inform community members of available services
- Collaboration among providers
- Mental health services
- Halfway house for those re-entering society
- Addiction services
- Job opportunities
- Senior housing
- Health and dental clinics
- Transportation
- Homeless shelters

- Endocrinologists
- Wellness awareness
- Yoga/meditation



Access to Quality Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community. For a more in-depth review of the Access to Quality Health Care data, please see pages Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders identified the need for more mental health services, veterans' services, dental providers, transportation, drug treatment facilities, preventative health services for children and medical providers. They also noted the cost of insurance and lack of providers who accept CHIP/Medicare as barriers to receiving health care.

Focus group participants identified the need for more physicians, transportation, mental health services, specialists, cancer screenings, low cost wellness, veterans' services, and rehab services. Participants also noted that the cost of health and dental care as a factor impacting access.

Focus Group participants were asked to identify barriers to accessing health care. Responses included:

- Transportation
- Cost of Health Care
- Lack of Services/Activities Covered by Insurance
- Lack of Local Doctors
- Lack of Local Senior Center
- Knowledge of Available Resources

Services needed but not available in the community included:

- Specialists
- Preventative services
- Emergency/urgent care
- Primary care physicians
- Cancer treatment
- Heart disease treatment
- Neurologists
- Children's hospital

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Health Care. They include:

- For all three years data was available, adults in Cambria/ Somerset/Indiana/Armstrong counties were more likely to rate their health status as fair or poor, compared to the state and the nation.
- The majority (86.0%) of focus group participants rated their personal health as good or better.
- Conversely, focus group participants rated the health of the community as fair or poor (61.0%).
- Focus group participants sited the aging population and mental health as the key factors when rating the health of the community as fair or poor.
- For all three years data was available, adults in Cambria/Somerset/ Indiana/Armstrong counties were more likely to report having one or more days in the past month where their physical health was not good, compared to the state and the nation.
- The percentage of adults in Cambria/Somerset/Indiana/Armstrong who report not having health insurance has fluctuated, and in most recent years 2012-2014, was slightly less (13.0%) than the state (15.0%) and nation (16.8%). All rates are well above the Healthy People 2020 Goal of 0.0%.
- According to the PRC National Child & Adolescent Health Survey, 6.5% of children in the United States do not have insurance.
- The study found that 6.6% of children in the Northeast region do not have health insurance.

- Fewer adults in Cambria/Somerset/Indiana/Armstrong counties report not having a personal health care provider than the state and nation. The combined counties also meet the Healthy People 2020 Goal of 16.1%.
- A comparable amount of adults in the combined county clusters report having had a routine check-up in the past two years as the state and nation. The county cluster, state and nation all fail to meet the Healthy People 2020 Goal of 90.0% of adults having a routine check-up.
- According to the PRC National Child & Adolescent Health Survey, the majority (91.7%) of children in the Northeast Region had a routine physician visit in the past year, which is higher when compared to the United States (85.3%).
- The study also found that 83.6% of children in the Northeast region had an annual routine dental check-up, which is slightly lower than the United States (84.9%).
- The Northeast region (19.5%) had the lowest number of children accessing health care through an urgent care center when compared to the other regions and the United States (28.6%).
- The percentage of adults in Cambria/Somerset/Indiana/ Armstrong counties who could not see a doctor due to cost decreased slightly in most recent years and at 11.0% in 2012-2014, was just below the state (12.0%) and nation (15.3%); however well above the Healthy People 2020 Goal of 4.2%).
- According to the PRC National Child & Adolescent Health Survey, one in four children (24.5%) in the Northeast Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).
- The percentage of females receiving a mammogram screening in Cambria County has been increasing, while the percentage has been decreasing in Somerset County. Both counties are below the state and nation as well as the Healthy People 2020 Goal of 81.1%.
- Focus group participants identified lack of mental health providers and the lack of youth inpatient program as the top access-related community health problems.
- The individual input identified individuals whose health is fair or poor and prevalence of individuals on Medicaid as problems in the community.

- Focus group participants also noted lack of mental health services, transportation, length of time to get an appointment and the need for veterans' services as access-related needs.
- Focus group participants cited transportation issues of buses not running longer hours and the high cost of health care (premiums/copays/deductibles) as barriers to health care.
- Stakeholders identified the lack of mental health services, lack of services for veterans, lack of dental providers, inability to afford insurance, and lack of transportation as needs.
- Individual input identified affordable health care, specialists, prevention, and primary care as needs.
- Individual input identified the need for elderly residents to have assistance in financial support for home care, transportation, prescription coverage, and the cost and lack of advocates among community health needs for this population.
- Specialists and education on nutrition were identified for individuals with diabetes.
- Children/youth were identified as needing education on wellness, mental health, dental care, primary care, and a drug free culture as a few of the key issues facing this population.
- Individual input identified the need for low income residents to have access to preventative services, affordable primary care, transportation, and affordable insurance.
- Those with a mental illness need access to services, alternative treatments and parenting skills.
- Affordability, lack of providers, lack of insurance, transportation, and lack of knowledge of what is available were all noted as barriers to accessing health care.

Chronic Disease

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as Chronic Disease. For a more in-depth review of the Chronic Disease data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders identified obesity, overweight, diabetes and heart disease as serious problems in the community. They also note that there are high rates of cancer in the community, possibly attributed to environmental factors.

Focus Group participants identified several chronic diseases as the biggest community needs, including cancer, overweight, diabetes and obesity. They also commented that obesity and diabetes are problems for children.

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

- In 2010, breast cancer incidence was significantly lower in Cambria County (55.8) than it was in PA (67.9), although the rate has been increasing. The rate in Somerset County was significantly lower than the state in 2011 and 2012. The rates are all above the Healthy People 2020 Goal of 41.0.
- Breast cancer mortality has increased slightly in Cambria County and decreased slightly in Somerset County; although both are below the state and nation and meet the Healthy People 2020 Goal of 20.7.
- While the bronchus and lung cancer incidence rates in Cambria and Somerset Counties have been significantly lower than the state, both are increasing with Cambria County in 2013 (65.1) having a rate higher than the state (63.9). The counties and state are lower than the nation.
- The bronchus and lung cancer mortality rate has been comparable to the state in recent years, all meeting the Healthy People 2020 Goal of 45.5 and falling below the nation (57.9).
- Colorectal cancer incidence rates have been steady, although in 2012 the rate in Cambria County (53.5) was significantly higher than the state. The counties are above the state and nation, with all rates above the Healthy People 2020 Goal of 38.6.
- Colorectal cancer mortality decreased in Cambria County, while the rate increased in Somerset County. The rate in Somerset County in 2013 (21.1) exceeds that of Cambria County (12.4), the state (15.9) and the nation (18.1). The rate in Cambria County meets the Healthy People 2020 Goal of 14.5.
- Prostate cancer mortality increased in Cambria County, with the counties and nation just meeting the Healthy People 2020 Goal of 21.2.
- Heart disease mortality rates have fluctuated, with several years significantly higher when compared to the state.
- From 2009-2013, the heart failure mortality rate in Cambria County was significantly higher when compared to the state.

- Slightly more adults in Cambria/Somerset/Indiana/Armstrong counties have been told they had a heart attack when compared to the state and nation.
- Heart attack mortality rates have decreased in Cambria and Somerset counties, although several years the rate was significantly higher when compared to the state.
- Coronary heart disease mortality rates decreased in Cambria County but increased in Somerset County. Both are above the state and nation as well as the Healthy People 2020 Goal of 103.4.
- Cardiovascular disease mortality rates decreased in Cambria County but increased in Somerset County. Both are above the state and nation.
- Cerebrovascular disease mortality increased in both Cambria and Somerset counties, with the rate in Somerset (37.3) slightly higher than Cambria (33.7) and the state (37.0), as well as the Healthy People 2020 Goal of 34.8.
- In 2013, the diabetes mortality rate in Cambria County (16.7) was significantly lower than the state, while Somerset County (46.0) was significantly higher. The counties and state meet the Healthy People 2020 Goal of 66.6.
- Slightly more adults in Cambria/Somerset/Indiana/Armstrong counties have been told they have diabetes than the state and nation.
- According to the PRC National Child & Adolescent Health Survey, twice as many children in the Northeast region (1.4%) have diabetes compared to the United States (0.7%).
- More adults are considered overweight in Cambria/Somerset/ Indiana/Armstrong counties than the state and nation.
- Significantly more adults are obese in Cambria/Somerset/ Indiana/Armstrong counties than the state.
- The Alzheimer morality rate has been significantly higher in both counties when compared to the state.
- Significantly more adults have been told they have arthritis in Cambria/Somerset/Indiana/Armstrong counties when compared to the state.
- Focus group participants identified cancer, overweight, diabetes and obesity as serious problems.
- Individuals identified obesity, overweight, diabetes and heart disease as serious problems.

- Focus group participants also noted children who are overweight and youth with diabetes.
- Stakeholders commented on cancer and obesity.

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information. For a more in-depth review of the Healthy Environmental data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders identified the following needs regarding the health of their environment: poverty, food deserts/insecurities, single parent households, unemployment, housing, lack of parental engagement, and the aging population.

Focus Group participants identified several environmental factors as contributing to community health needs. Poverty and changing family dynamics were identified as serious problems in the community. The lack of parental involvement and family traditions were also identified.

There are a number of observations and conclusions that can be derived from the data related to Healthy Environment. They include:

- High school graduation rates in Cambria County are decreasing, while they have stayed the same in Somerset County. Both counties have graduation rates higher than the state and meet the Healthy People 2020 Goal of 82.4%.
- Unemployment rates in both counties have decreased, but remain slightly higher than the state.
- The percentage of children living in poverty has been increasing in both counties and remains higher than the state.
- The percentage of children living in single parent homes increased slightly in Somerset County, although lower than the state and Cambria County.
- Slightly fewer adults in Cambria/Somerset/Indiana/Armstrong counties have been told they have asthma compared to the state and nation.

- Similarly slightly fewer adults currently have asthma then the state or nation.
- According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
- Slightly more than one in four (27.0%) children in the United States had an Asthma related visit to the Emergency Room or Urgent Care Facility.
- Focus group participants identified changing family dynamics and transient families as serious problems in the community.
- They also noted the socioeconomics, lack of parent support and family traditions as factors impacting the health of the community.
- Stakeholders note poverty, food insecurity and single parent households as problems.
- Individuals identify the aging population as a factor when looking at the health of the community.

Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community. For a more in-depth review of the Healthy Mothers, Babies and Children data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders noted that 30% of children born in the hospital are addicted and that women are giving birth in jail. They also commented that children are not being immunized, that there is an increase in male head of households. A needed service identified was a local Children's Hospital. Mothers smoking while pregnant, teen pregnancy and prevalence of individuals using WIC were seen as problems in the community.

Focus Group participants identified the lack of CYS presence/follow through, lack of parental responsibility and parenting skills as serious problems in the community. They also noted that there are high teenage pregnancy rates as

well as children participating in the nutrition programs available through the school districts.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- Very little data is available for infant mortality due to the low numbers, but in 2011 Cambria County (7.3) had a rate higher than the state and nation as well as the Healthy People 2020 Goal of 6.0.
- The percentage of non-smoking mothers during pregnancy has increased slightly in the counties, and is lower than the state and nation. All rates fall below the Healthy People 2020 Goal of 98.6%.
- The percentage of non-smoking mothers three months prior to pregnancy has also increased slightly, although remains below the state and nation.
- Significantly more mothers report using WIC and Medicaid Assistance when compared to the state.
- The percentage of breastfeeding mothers has been increasing in Cambria County, but decreased in recent years in Somerset County.
- According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.
- One in four (26.8%) children in the Northeast Region were exclusively breastfed for the first six months, which is slightly less when compared to the United States (27.2).
- Teenage pregnancy rates increased in both counties and fall below the Healthy People 2020 Goal of 36.2.
- Teen live birth outcomes have increased slightly in the counties and remain above the state and nation.
- Focus group participants identified lack of CYS presence, lack of parental responsibility and parenting skills as serious problems.
- Individuals identified mothers smoking during pregnancy, teen pregnancy, and prevalence of individuals using WIC as problems.
- Focus group participants also noted high rates of teenage pregnancy and students receiving nutritional programs available through the school.
- Stakeholders comment on the lack of children being immunized, babies born addicted, and changing family dynamics as problems.
- Individuals also note student hygiene and lack of parent education.

Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). For a more in-depth review of the Infectious Disease data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease, although the topic was not discussed in the Focus Groups or Stakeholder Interviews. They include:

- Pneumonia vaccine rates for those over age 65 have remained steady in Cambria/Somerset/Indiana/Armstrong counties and are comparable to the state and nation, but below the Healthy People 2020 Goal of 90.0%
- The percentage of adults age 18-64 ever tested for HIV has remained the same, although it is significantly lower than the state and is below the Healthy People 2020 Goal of 73.6%.
- Individuals noted the flu as a health problem in the community.

Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive and physiological phenomena that develop

after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Western Pennsylvania has experienced an epidemic of heroin and opiate abuse in the past 8-10 years. Pennsylvania now has the 7th highest drug overdose mortality rate in the United States, with over 3,000 deaths being heroin-related overdoses. Drug overdose deaths in Pennsylvania have now exceeded the number of deaths from automobile accidents. For a more in-depth review of the Mental Health and Substance Abuse data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders identified mental health, substance abuse (drug and alcohol), heroin addiction, suicide and PTSD among the veteran community and the lack of mental health services (notably an inpatient youth program) as top community needs. Those that providing input online identified drug/substance abuse as a serious problem in the community.

Focus group participants identified drug/substance abuse, heroin, and suicide ideation/feeling hopeless as serious problems in the community. The need for more mental health services/providers was noted by all groups.

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- Mental and behavioral disorder mortality rates have fluctuated, although they increased in most recent years but remain lower than the state.
- Drug-induced mortality increased in Cambria County, while it decreased in Somerset County. Cambria is significantly higher when compared to the state. All rates are above the Healthy People 2020 Goal of 11.3.
- There are slightly more adults in Cambria/Somerset/ Indiana/Armstrong counties who report binge drinking when compared to the state and nation, although the counties meet the Healthy People 2020 Goal of 24.4%.

- Significantly fewer adults in the combined counties report having at least one alcoholic drink when compared to the state.
- Youth alcohol, marijuana, and narcotic prescription drug use increases with age throughout high school and for most grades has increased over the past four years in Cambria County.
- For 12th grade students, youth driving after drinking has decreased slightly over the past few years while driving after marijuana has increased in Cambria County.
- Focus group participants identified drug/substance abuse, heroin use and suicide ideation as serious problems in the community.
- Individuals identified drug/substance abuse as a serious problem.
- Stakeholders identified mental health, substance abuse, the growing drug problem, and heroin addiction as community needs.
- Individuals also sited drugs and mental health as top community needs.
- Addiction and mental health were also identified as barriers to accessing health care.

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children. For a more in-depth review of the Physical Activity and Nutrition data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders identified the following as top community health needs: nutrition and food insecurity.

Several Focus Group participants noted the lack of affordable healthy food options and the inactivity of children as problems in the community.

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- Residents in Cambria and Somerset Counties are more likely to have limited access to healthy foods when compared to the state.
- The percentage of children eligible for free lunch has been increasing in the counties.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- The study found that less than half (41.0%) of children in the Northeast Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV.
- Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand held device.
- Over half (65.2%) of the children in the Northeast Region are spending over three hours in on "screen time", which is higher than the United States (63.8%).
- According to the PRC National Child & Adolescent Health Survey, one in three (33.9%) children is receiving five or more servings of fruits and vegetables per day, which is lower compared to the United States (41.8%).
- Over half (69.9%) of children in the United States are eating fast food at least one time per week.
- Focus group participants identified lack of nutritional needs of students as a serious problem.
- Focus group participants indicated that fast food is more affordable than healthy food, there are not many healthy restaurant options and children are not active as community health needs.
- Stakeholders site nutrition and food insecurity as problems.
- Individuals identified a need for wellness/nutrition.

Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions. For a more in-depth review of the Tobacco Use data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Both Stakeholders and Focus Group participants rated smoking and chewing tobacco, snuff, snus as the biggest needs regarding Tobacco Use.

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use. These include:

- The percentage of adults who report being a current smoker have been steady over the past few years in Cambria/Somerset/ Indiana/Armstrong counties, although slightly higher than the state and nation. All exceed the Healthy People 2020 Goal of 12.0%.
- Significantly more adults in the combined counties using chewing tobacco when compared to the state.
- The percentage of smokers who quit at least one day has decreased in the counties, and is lower than the state and Healthy People 2020 Goal of 80.0%.
- The percentage of adults in the counties who report being an everyday smoker decreased, but is higher than the state and nation.
- The percentage of adults who smoke has remained the same in Cambria County, but decreased in Somerset County. All are above the Healthy People 2020 Goal of 12.0%.
- Focus group participants identified smoking and chewing tobacco as problems.
- Individuals identified smoking as a serious problem.

Unintentional and Intentional Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence. For a more in-depth review of the Demographic data, please see Appendix C of CSSMCW's CHNA Supplemental Data Resource.

Stakeholders and Focus Group participants identified accidental drug poisoning, motor vehicle accidents and falls as problems in the community.

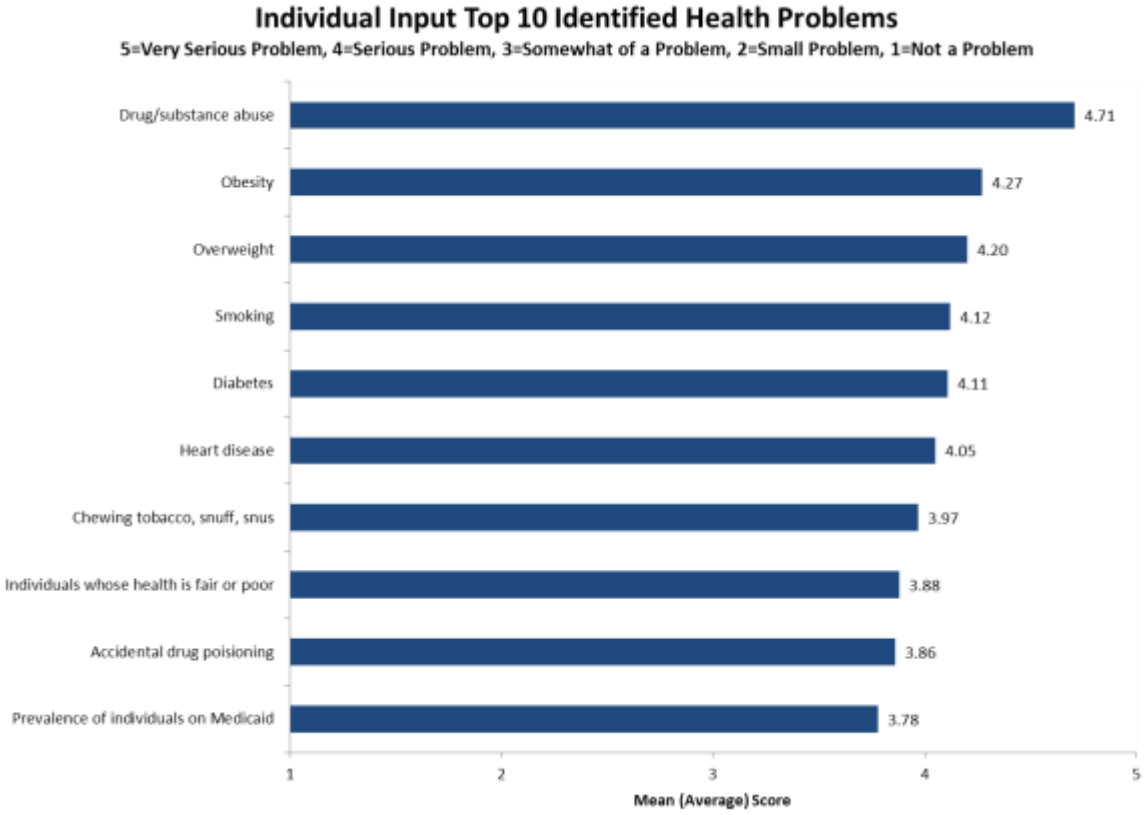
There are a number of observations and conclusions that can be derived from the data related to Unintentional and Intentional Injury, although the topic was not discussed in stakeholder interviews. These include:

- Auto accident mortality has decreased in the counties, but remains above the state and nation.
- Suicide morality has been increasing in the counties, and is above the state, nation, and Healthy People 2020 Goal of 10.2.
- Fall mortality decreased in Cambria County, but was significantly higher in Somerset County compared to the state.
- Firearm mortality has been increasing in Cambria County and both counties are higher than the state, nation, and Healthy People 2020 Goal of 9.3.
- Accidental drug poisoning and poisoning were significantly higher in Cambria County when compared to the state and has been increasing, while the rate in Somerset County has been decreasing.
- According to the PRC National Child & Adolescent Health Survey, 7.1% of children in the Northeast region had an injury serious enough to require medical attention in the past year, which is lower when compared to the United States (10.6%).
- Focus group participants identified accidental drug poisoning as a problem.
- Individuals identified accidental drug poisoning and motor vehicle accidents as problems.

Top Priorities

Figure 5 outlines the top priority community needs identified by the stakeholders who provided input online.

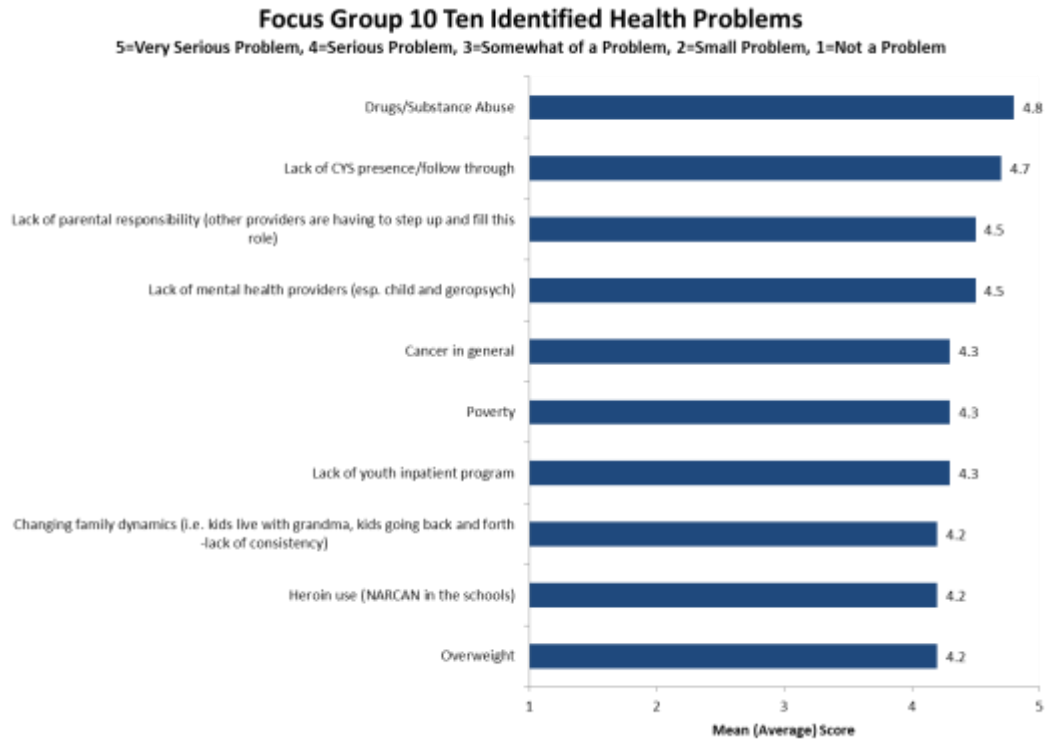
Figure 5. CSSMCW Stakeholder Top Priorities



Source: CSSMCW CHNA Stakeholder Online Input, 2016

Figure 6 outlines the top priority community health needs identified by Focus Group participants.

Figure 6. CSSMCW Top 10 Focus Groups Top Priorities



Source: CSSMCW CHNA Focus Groups, 2016

The listing below illustrates the overall top priorities by topic area, based on the secondary data as well as input from the CSSMCW 2016 Stakeholder Interviews and Focus Groups. There were a total of 54 identified needs.

Access:

1. Affordability of health care
2. Mental health inpatient services for youth
3. Specialty medical care
4. Mammogram screenings
5. Urgent care services
6. Health education programs
7. Elder care
8. Health literacy
9. Routine check-ups
10. Education on available services
11. Dental care
12. Transportation

Chronic Disease:

13. Cardiovascular disease
14. Diabetes
15. Breast cancer
16. Colo-rectal cancer
17. Obesity
18. Cerebrovascular disease
19. Lung cancer
20. Child obesity
21. Prostate cancer
22. Alzheimer's disease
23. COPD/Chronic bronchitis
24. Arthritis

Healthy Environment:

25. Asthma
26. Children living in poverty

Healthy Mothers/Children:

27. Drug use during pregnancy
28. Prenatal care first trimester
29. Women's health services
30. Tobacco use during pregnancy
31. Breastfeeding
32. Mothers receiving Medicaid assistance
33. Mothers receiving WIC assistance
34. Teenage pregnancy

Infectious Diseases:

35. Influenza and pneumonia

Mental Health/Substance Abuse:

36. Youth risk behaviors
37. Alcohol abuse
38. Substance abuse rehabilitation
39. Mental health treatment
40. Prescription drug abuse
41. Depression
42. Drug addiction

Physical Activity and Nutrition:

43. Affordable fitness programs
44. Food insecurity
45. Diet/proper nutrition

Tobacco Use:

46. Smoking
47. Chewing Tobacco Use

Injury:

48. Child abuse
49. Sexual abuse
50. Suicides
51. Auto accident mortality
52. Unintentional poisoning
53. Poisoning mortality
54. Fall mortality

Prioritization and Significant Health Needs

As a result of the primary and secondary data analysis, the consulting team identified 54 distinct community needs and issues that demonstrated disparity, negative trend or gap between the local/ regional data and the state, national or healthy people goal and/or that qualitative information suggested that it was a growing need in the community. At their meeting on April 28, 2016, the CSSMCW Steering Committee agreed with the list of potential needs, participated in prioritizing the needs based on the selected criteria and met again to discuss the prioritization results. **Table 10** identified the selected criteria.

Table 10. Prioritization Criteria

		Scoring		
Item	**Definition**	**Low (1)**	**Medium**	**High (10)**
Accountable Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system(s)
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

Table 11 illustrates the needs of the service area ranked by the steering committee. The top 10 needs that were identified include cardiovascular disease, diabetes, breast cancer, colo-rectal cancer, obesity, cerebrovascular disease, lung cancer, child obesity, affordability of health care and mental health inpatient services for youth.

Table 11. CSSMCW CHNA Prioritization Survey Sorted by Total of Accountability, Magnitude, Impact and Capacity

Priorities	Accountability	Magnitude	Impact	Capacity	Total	Rank
Chronic Disease: Cardiovascular Disease (Heart Disease, Cholesterol, etc.)	8.83	8.42	8.06	7.67	32.98	1
Chronic Disease: Diabetes	8.47	8.74	8.17	7.50	32.88	2
Chronic Disease: Breast Cancer	9.22	7.11	7.78	8.72	32.83	3
Chronic Disease: Colo-rectal Cancer	9.37	7.06	7.33	7.50	31.26	4
Chronic Disease: Obesity	7.89	8.58	8.50	6.28	31.25	5
Chronic Disease: Cerebrovascular Disease (Stroke)	8.95	7.05	7.89	7.33	31.22	6
Chronic Disease: Lung Cancer	9.32	6.74	7.33	7.61	31.00	7
Chronic Disease: Child Obesity	7.79	8.33	8.28	6.50	30.90	8
Access to Quality Health Services: Affordability of Health Care Premiums/Copays/Deductibles/Cost	8.42	7.68	8.44	6.18	30.72	9
Access to Quality Health Services: Mental Health Inpatient Services for Youth	8.00	8.37	8.33	5.88	30.58	10
Access to Quality Health Services: Mental Health Services	7.95	7.84	8.33	6.06	30.18	11
Access to Quality Health Services: Specialty Medical Care	9.44	6.53	7.44	6.61	30.02	12
Chronic Disease: Prostate Cancer	9.32	6.42	6.83	7.28	29.85	13
Access to Quality Health Services: Mammogram Screenings	9.28	5.68	7.39	7.50	29.85	14
Chronic Disease: Alzheimer Disease	7.95	7.53	7.44	6.67	29.59	15
Mental Health/Substance Abuse: Mental Health/Treatment	6.95	7.84	9.50	4.94	29.23	16
Chronic Disease: COPD/Chronic Bronchitis	8.37	6.11	7.06	7.11	28.65	17
Chronic Disease: Arthritis	7.16	7.21	6.94	6.56	27.87	18
Access to Quality Health Services: Access to Urgent Care Services	8.21	4.58	6.61	8.33	27.73	19
Physical Activity/Nutrition: Diet/Proper Nutrition Education/Programs	6.05	7.63	8.17	5.83	27.68	20
Mental Health/Substance Abuse: Prescription Drug Misuse/Abuse	5.42	8.47	8.76	5.00	27.65	21
Healthy Mothers, Babies & Children: Drug Use During Pregnancy	5.17	7.74	8.89	5.78	27.58	22
Mental Health/Substance Abuse: Depression	6.21	7.53	8.59	5.22	27.55	23
Mental Health/Substance Abuse: Drug Addiction/Abuse	4.74	8.42	9.11	5.17	27.44	24
Infectious Disease: Influenza and Pneumonia	8.42	5.79	6.61	6.33	27.15	25
Access to Quality Health Services: Access to Health Education Programs	6.47	7.05	7.00	6.47	26.99	26

Priorities	Accountability	Magnitude	Impact	Capacity	Total	Rank
Access to Quality Health Services: Elder Care Services	6.79	5.89	6.78	7.11	26.57	27
Healthy Mothers, Babies & Children: Prenatal Care During First Trimester	6.00	6.53	8.11	5.89	26.53	28
Healthy Mothers, Babies & Children: Need to Expand Women's Health Services	6.37	6.68	7.44	5.94	26.43	29
Healthy Mothers, Babies & Children: Tobacco Use During Pregnancy	5.16	7.00	7.89	6.06	26.11	30
Access to Quality Health Services: Health Literacy	7.47	5.84	6.44	6.33	26.08	31
Mental Health/Substance Abuse: Youth Risk Behaviors	4.16	7.79	9.17	4.78	25.90	32
Healthy Mothers, Babies & Children: Breastfeeding	6.05	6.47	7.28	6.06	25.86	33
Mental Health/Substance Abuse: Alcohol Abuse	3.79	7.63	8.94	5.29	25.65	34
Access to Quality Health Services: Routine Check-Ups	6.68	5.32	6.11	7.50	25.61	35
Injury: Child Abuse	3.89	7.32	8.56	5.61	25.38	36
Mental Health/Substance Abuse: Substance Abuse Rehabilitation	3.95	7.94	8.61	4.72	25.22	37
Access to Quality Health Services: Communication/Education on Available Services in the Area	6.32	6.16	6.06	6.22	24.76	38
Healthy Mothers, Babies & Children: Mothers Receiving Medicaid Assistance	3.74	7.26	7.61	6.00	24.61	39
Physical Activity/Nutrition: Affordable Fitness/Programs	3.68	6.58	7.78	6.56	24.60	40
Access to Quality Health Services: Dental Hygiene/Dental Problems	5.84	5.84	6.83	6.06	24.57	41
Healthy Environment: Asthma	5.79	6.05	6.50	5.94	24.28	42
Healthy Environment: Children Living in Poverty	2.58	7.74	8.61	5.11	24.04	43
Access to Quality Health Services: Transportation to/from Medical Services	4.42	6.11	7.50	6.00	24.03	44
Injury: Sexual Abuse	3.68	6.53	8.17	5.50	23.88	45
Physical Activity/Nutrition: Food Insecurity	3.32	6.37	8.11	6.00	23.80	46
Tobacco Use: Chewing Tobacco, Snuff, Snus	3.05	7.63	7.72	5.39	23.79	47
Tobacco Use: Smoking	3.05	7.37	7.94	5.28	23.64	48
Social Environment: Poverty/Lack of Jobs/Unemployment	1.32	8.58	8.94	4.78	23.62	49
Healthy Mothers, Babies & Children: Teenage Pregnancy	3.74	6.67	7.83	5.33	23.57	50
Injury: Suicides	4.16	6.79	7.29	5.22	23.46	51
Healthy Mothers, Babies & Children: Mothers Receiving WIC Assistance	2.53	7.26	7.22	6.06	23.07	52

Priorities	Accountability	Magnitude	Impact	Capacity	Total	Rank
Injury: Auto Accidents Mortality	3.32	5.26	6.56	5.65	20.79	53
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.21	4.21	5.33	5.22	19.97	54
Injury: Poisoning Mortality	4.74	4.11	6.00	4.89	19.74	55
Injury: Fall Mortality	4.11	5.00	5.28	5.18	19.57	56

Members of Winder Medical Center CHNA Workgroup met on May 9, 2016 to review the final priorities selected by the CSSMCW Steering Committee. Using the methodology of looking at the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) to implement evidence-based solutions, along with the rank order of the final priorities selected by the CSSMCW Steering Committee, the following top ten priorities are considered the most significant:

1. Chronic Disease: Cardiovascular Disease (Heart Disease, Cholesterol, etc.)
2. Chronic Disease: Diabetes
3. Chronic Disease: Breast Cancer
4. Chronic Disease: Colorectal Cancer
5. Chronic Disease: Obesity
6. Chronic Disease: Cerebrovascular Disease (Stroke)
7. Chronic Disease: Lung Cancer
8. Chronic Disease: Child Obesity
9. Access: Affordability of Health Care Premiums/Copays/Deductibles/Cost
10. Access: Mental Health Inpatient Services for Youth

The CSSMCW Implementation Strategy will address the following priorities:

- Chronic Disease: Cardiovascular Disease (Heart Disease, Cholesterol, etc.)
- Chronic Disease: Breast Cancer (including Mammogram Screenings)
- Physical Activity/Nutrition: Diet/Proper Nutrition Education/Programs (including Obesity)

The CSSMCW Implementation Strategy will be published under separate cover and accessible to the public.

Please refer to Appendix H – Prioritization Criteria Listings in the Supplemental Data Resource to see how the needs were prioritized by the different criteria of:

- Accountability (hospital role)
- Magnitude and Impact
- Magnitude, Impact and Capacity
- Top ten needs comparison by total ranking, accountability and magnitude and impact

Review and Approval

The 2016 Community Health Needs Assessment was presented and approved by the CSSMCW Board of Directors on June 24, 2016. The Chan Soon-Shiong Medical Center at Windber 2016 Community Health Needs Assessment is posted on the CSSMCW website (www.windbercare.org). Printed copies are available by contacting: koleksa@windbercare.org.