



# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Chan Soon-Shiong Medical Center at  
Windber  
600 Somerset Ave,  
Windber, PA 15963

Email: [koleksa@windbercare.org](mailto:koleksa@windbercare.org)  
Website: [www.windbercare.org](http://www.windbercare.org)

Strategy Solutions, Inc.  
8425 Peach Street  
Erie, PA 16509

Email 1: [info@getstrategy.com](mailto:info@getstrategy.com)  
Email 2: [Debbie@getstrategy.com](mailto:Debbie@getstrategy.com)

Website: [www.getstrategy.com](http://www.getstrategy.com)



Chan Soon-Shiong  
Medical Center  
at Windber

# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

## Our Mission

Chan Soon-Shiong Medical Center at Windber is a nonprofit, community healthcare provider dedicated to providing excellence in personalized, quality healthcare services through innovation, research and education in response to community needs.

## Our Vision

Chan Soon-Shiong Medical Center at Windber is the preferred provider for extraordinary patient and family centered care.

# 2019



Chan Soon-Shiong  
Medical Center  
at Windber

## CONTENT OF CHNA

04.	<b>INTRODUCTION</b>
08.	<b>EXECUTIVE SUMMARY</b>
12.	<b>METHODOLOGY</b>
16.	<b>DEMOGRAPHICS</b>
20.	<b>PRIMARY SERVICE AREA</b>
22.	<b>COMMUNITY AND HOSPITAL RESOURCES</b>
26.	<b>EVALUATION</b>
32.	<b>GENERAL FINDINGS</b>
	<ul style="list-style-type: none"><li>• Access to Quality Health Services<ul style="list-style-type: none"><li>• Barriers to Healthcare</li></ul></li><li>• Chronic Disease</li><li>• Physical Activity and Nutrition</li><li>• Tobacco Use</li><li>• Mental Health and Substance Use Disorder</li><li>• Healthy Environment</li><li>• Healthy Women, Mothers, Babies and Children</li><li>• Infectious Disease</li><li>• Injury</li></ul>
58.	<b>PRIORITIZATION</b>



# WELCOME TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT

## PROVIDING OUR COMMUNITY WITH A PERSONALIZED APPROACH TO HIGH QUALITY HEALTH CARE

### THANK YOU FOR BEING A PART OF OUR COMMUNITY.

For over 110 years, our hospital has been serving our patients with the highest level of quality care and customer service. We strive to exceed your expectations by providing you with top quality care in a comfortable, home-like environment. Our philosophy of patient centered care helps to improve the quality of life by healing the mind, body, and spirit.

We believe good health care is simply:

- A better understanding of your needs and concerns
- A personal relationship with your doctor and our staff
- Making you and your family as comfortable as possible
- Treating you with the dignity and respect you deserve
- Helping you understand and participate in your own healthcare

While offering all the latest technology found in only the best community-based hospitals, the people of Chan Soon-Shiong Medical Center at Windber understand that the true power of healing lies not only in the tools of medicine, but in the hearts of the people providing the care. This is our pledge to those we serve:

- To use our skills and resources to help others
- To focus first on overall health in order to reduce the need to treat disease
- To bring the most advanced medical science to bear on illness and injury
- To treat those, we serve as we would guests or loved ones
- To bring creativity and fresh ideas to the pursuit improving life and health.



### Our Message to the Community Members of the Chan Soon-Shiong Medical Center at Windber Service Area:

Chan Soon-Shiong Medical Center at Windber (CSSMCW) is proud to present its 2019 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 both 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.

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.





## THANK YOU

We offer special thanks to the representatives of the CHNA Steering Committee and to the 285 citizens and stakeholder participants of interviews and key informant surveys who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed in **Table 1** below.

Table 1  
Steering Committee Members

Name	Company	Position
Donna Meinecke	Somerset Trust	Marketing Admin
Bill Bahorik	PennMetal Fabricators	President/CEO
Michelle Hamula	CSSMCW	Quality/Director of Nursing
Natalie Samuel	CSSMCW	Marketing
Kim Moore	Greater Johnstown Elementary	Assistant Principal
Lladel Lichty	United Way of Laurel Highlands	Relationship Manager
Dr. Douglas Ledney	University of Pittsburgh at Johnstown	Assistant Professor
Arnie Nadonley	Richland School District	Superintendent
Randy Salem	Randy's BiLo	Owner
Glen Gaye	Windber Area School District	Director of Education
Shannon Dusack	Winder Health Center Foundation	Board Member
Larry McCracken	Richland School District	Board Member
John Kubinsky	First Summit Bank	Senior Vice President
Tracy Pecora	Conemaugh Hospital Greater Johnstown School District	Registered Nurse
Mike Thomas	Winder Borough	Mayor
Matt Grohal	Winder Borough	Director of Municipal Authority
Vince Strugala	First National Bank	AVP – Business Banker
Nicole McGrogan	PA Department of Health	Registered Nurse, CHN
Jim Marker	Hiram G. Andrews Center	Deputy Director
Trish Corle	Penn Highlands Community College	Vice President, Student Services
Rick Sukenik	CSSMCW	Chief Financial Officer
Kim Oleksa	CSSMCW	Foundation/Development







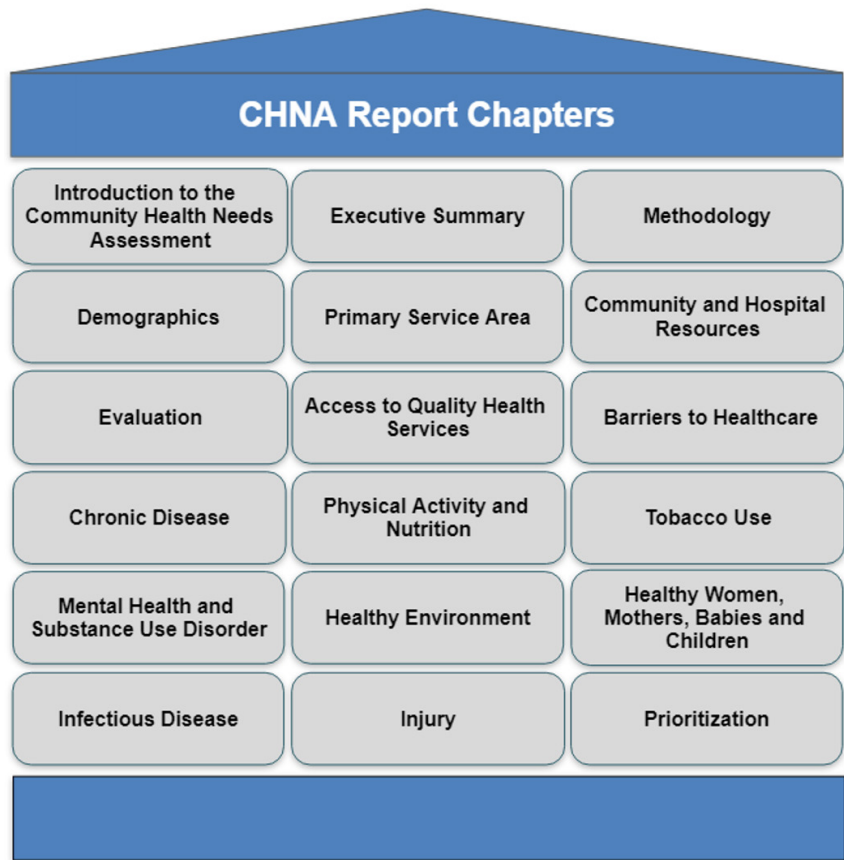
## EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Chan Soon-Shiong Medical Center at Windber (CSSMCW), including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2019 CSSMCW CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in **Figure 1** below.

**Figure 1**  
**CHNA Report Chapters**

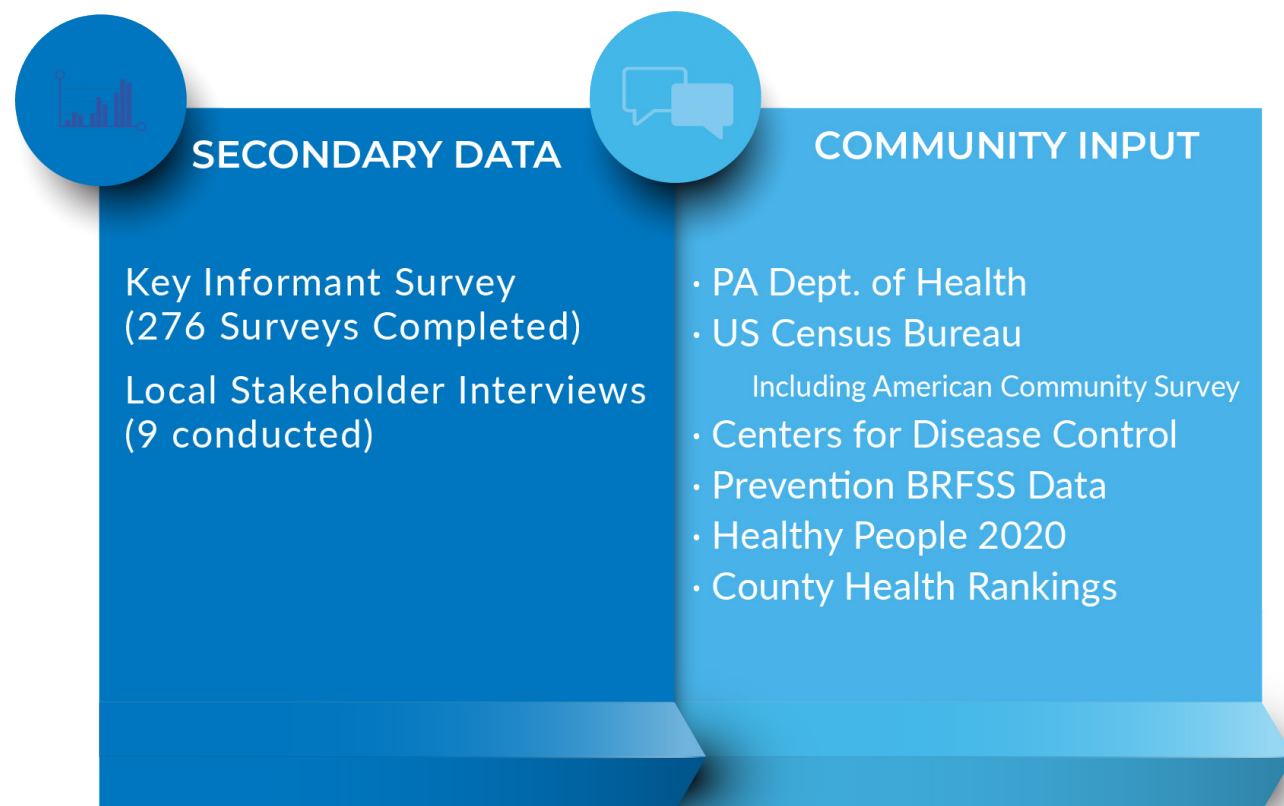


Source: 2019 Strategy Solutions, Inc.



To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, data collected are outlined in **Figure 2**.

**Figure 2**  
**Data Collected**



Source: 2019 Strategy Solutions, Inc.

Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Pennsylvania Department of Health and the Centers for Disease Control, as well as Healthy People 2020, County Health Rankings, US Census, American Community Survey, and the 2017 PA Youth Survey.

Demographic data was collected from Claritas-Pop-Facts Premier, 2019, Environics Analytics. Primary data collected specifically for this study were based on the primary service area of the hospital. CSSMCW collected a total of 276 key informant surveys, as well as conducted nine stakeholder interviews.



On June 4, 2019, the CSSMCW Steering Committee met to review the secondary data collected through the needs assessment process and discussed needs and issues present in the hospital's service territory. The team from SSI 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 other potential needs that were not reflected in the data collected, including other stakeholders from whom input was received. A total of 30 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.

Following the June 4 meeting, Steering Committee members from the hospital and community completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each of 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. See Table 6 for a detailed listing of the prioritization of identified needs. As a result of the Steering Committee's prioritization exercise, the following areas will be a focus of CSSMCW for intervention and action planning over the next three years:

- Lifestyle Intervention
  - Promotion of Physical Activity
  - Smoking Cessation (including E-Cigarettes, Vaping and Juuling)
  - Nutrition
- Chronic Disease Management
  - Cardiovascular Disease
  - Cancer
  - Obesity
- Access to Quality Health Care
  - Mammogram Screenings
  - Navigator
  - Primary Care Services

### Review and Approval

The CSSMCW Board of Directors approved the hospital's CHNA on June 28, 2019.





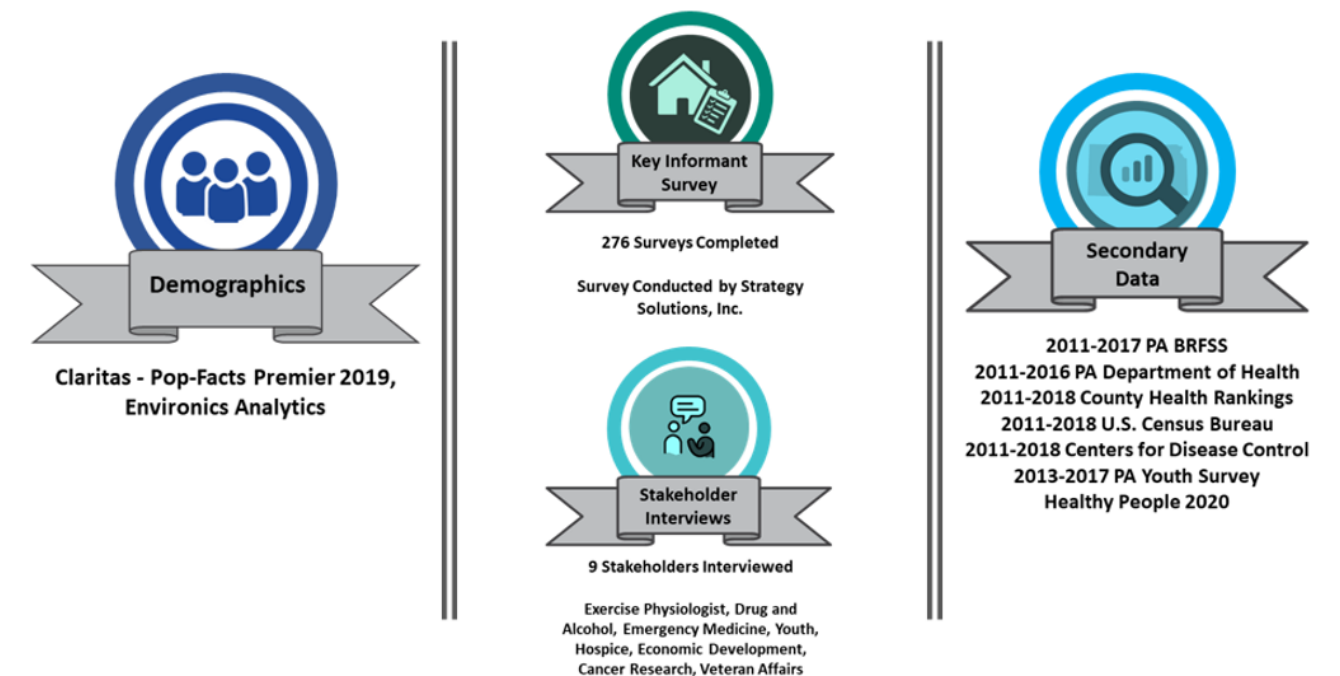
## METHODOLOGY

To guide this assessment, CSSMCW's leadership team formed a Steering Committee that consisted of hospital and community leaders who represented the broad interests of their 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, those with chronic disease needs, individuals with expertise in public health, and internal program managers. The CSSMCW Steering Committee met on April 30, 2019 and June 4, 2019 to provide guidance on the various components of the CHNA.

Consistent with IRS guidelines at the time of data collection, CSSMCW defined its primary service area as the counties of Cambria and Somerset in Pennsylvania.

Figure 3 is a summary of the methodology used to create the 2019 CSSM CHNA report.

**Figure 3**  
 CSSMCW 2019 CHNA Methodology Summary



Source: Strategy Solutions, Inc., 2019





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 area, 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 key stakeholders that represented various subgroups in the community. In addition, the process included public health input, through extensive use of PA Health Department and Centers for Disease Control data.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Claritas-Pop-Facts Premier, 2019, Environics Analytics; 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](http://www.countyhealthrankings.org)). Selected data was also included from the Cambria and Somerset Counties 2017 PA Youth Survey. Data presented are the most recent published by the source at the time of the data collection.

### Key Informant Survey Collection Tool

The purpose of conducting a Key Informant Survey is obtain vital information about the community from an “expert” in a particular area or discipline. It is used to gather information for a needs assessment and utilize the findings for effective prevention planning. The Survey tool can be used to assess if the needs in your community have changed over time and to identify the top needs and priorities from a diverse point of view.

The audience for the Key Informant Survey collection tool included professionals within various disciplines related to the Social Determinants of Health and underrepresented populations. It also targeted individuals who didn’t make the Stakeholder Interview list from whom the Steering Committee wanted to receive feedback. The Key Informant Survey was developed and distributed as an on-line survey through SurveyMonkey. The survey was launched on April 28, 2019 and closed on May 22, 2019. A total of 276 individuals completed the Key Informant Survey.

### Stakeholder Interviews

The purpose of conducting Stakeholder Interviews is to gather information to explore complex issues, allow follow up questions to clarify for understanding, and to provide immediate results. It also enables the research team to pilot test ideas and reach underrepresented populations. The audience for the Stakeholder Interview collection tool included those community members who represent the underserved population through programs and services offered. A total of 9 Stakeholder Interviews were conducted by the consulting team via telephone during May 2019. Interview questions included the following topics: top community health needs, environmental factors driving the needs, efforts currently underway to address needs, and advice for the Steering Committee. **Table 2** is a listing of the stakeholders interviewed.



**Table 2**  
**Stakeholder Interviews Conducted**

Name	Organization	Date of Interview
Stella Somiari	CSS Institute of Molecular Medicine at Windber	May 17, 2019
John Jordan	Northern EMS	May 17, 2019
Julia Dello	Assurance Counseling Services / Windber School District	May 17, 2019
Kristie Berkebile	CSSMCW Hospice	May 17, 2019
Ronna Yoblonski	Cambria Country Drug and Alcohol Commission	May 20, 2019
Erin Howsare	SCA of Somerset County	May 20, 2019
Angie Rokita	CSSMCW Cardiac Rehabilitation	May 22, 2019
Tom Caulfield	Veteran Community Initiatives of Western PA	May 24, 2019
Linda Thompson	Johnstown Area Regional Industries	May 24, 2019

### Previous CSSMCW CHNA Report

No written comments were received from the community by CSSMCW regarding the previous 2016 CHNA report.





## DEMOGRAPHICS

For purposes of this assessment, the CSSMCW service area geography is defined as the counties of Cambria and Somerset in Pennsylvania. These counties were used to pull demographic data from Claritas-Pop-Facts Premier, 2018, Environics Analytics and the U.S. Census Bureau – American Community 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.

**Figure 4** highlights information on select demographic characteristics of residents in Cambria County. The population in the county was projected to decrease from 130,851 in 2019 to 126,245 in 2024. There were slightly more females (51.0%) than males (49.0%). The population was predominantly Caucasian (93.6%). The median age was 45.7 and was projected to increase slightly to 46.2 by 2024. Just under one-third (30.7%) of residents had never been married, while 47.9% were married, 3.3% were separated, 9.5% were divorced and 8.5% were widowed. Those who did not complete high school were 8.4%, while 44.3% were a high school graduate, 13.2% had a bachelor's degree and 8.5% had an advanced degree. The average household income was \$63,343, with 10.3% of families living in poverty. Most (92.3%) of the labor force was employed. Most (92.3%) of the labor force was employed. Most (92.3%) of the labor force was employed.

**Figure 4**  
CSSMW's Service Area Demographics Summary, Cambria County



**Projected to decrease  
from  
130,851 in 2019 to  
126,245 in 2024**



**GENDER**

**49.0% 51.0%**



**ETHNICITY**

**Caucasian 93.6%  
African American 3.4%  
Two or More Races 1.8%  
Hispanic/Latino 1.7%  
Asian 0.5%**



**AGE**

**Median age is 45.7  
And in 2024 will be 46.2**



**MARITAL STATUS**

**47.9% Married  
3.3% Separated  
9.5% Divorced  
8.5% Widowed  
30.7% Never  
Married**



**EDUCATION**

**8.4% did not complete high school  
44.3% high school graduate/GED  
13.2% Bachelor's Degree  
8.5% Advanced Degree**



**INCOME**

**Average Household Income  
\$63,343  
Median Household Income  
\$48,139  
Families Living in Poverty 10.3%**



**EMPLOYMENT**

**92.3% of the labor force is employed  
50.6% age 16 and older are employed  
4.2% age 16 and older are unemployed  
55.5% hold white collar occupations**

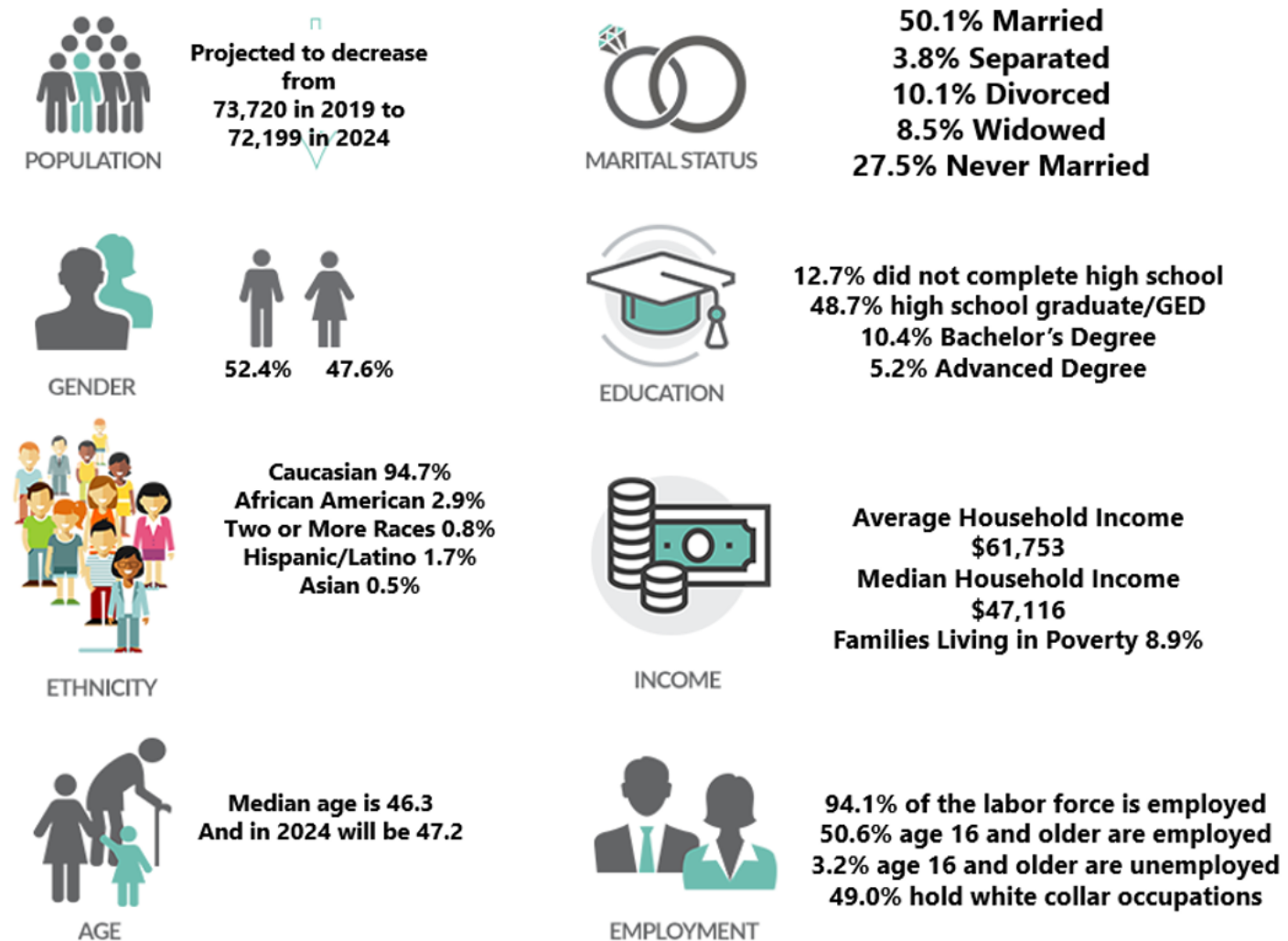
Source: Claritas-Pop-Facts Premier, 2019, Environics Analytics





**Figure 5** highlights information on select demographic characteristics of residents in Somerset County. The population in the county was projected to decrease from 73,720 in 2019 to 72,199 in 2024. There were slightly more males (52.4%) than females (47.6%). The population was predominantly Caucasian (94.7%). The median age was 46.3 and was projected to increase slightly to 47.2 by 2024. Just over one-fourth (27.5%) of residents had never been married, while 50.1% were married, 3.8% were separated, 10.1% were divorced and 8.5% were widowed. Those who did not complete high school were 12.7%, while 48.7% were a high school graduate, 10.4% had a bachelor's degree and 5.2% had an advanced degree. The average household income was \$61,753, with 8.9% of families living in poverty. Most (94.1%) of the labor force was employed. Most (94.1%) of the labor force was employed.

**Figure 5**  
CSSMW's Service Area Demographics Summary, Somerset County



Source: Claritas-Pop-Facts Premier, 2019, Environics Analytics



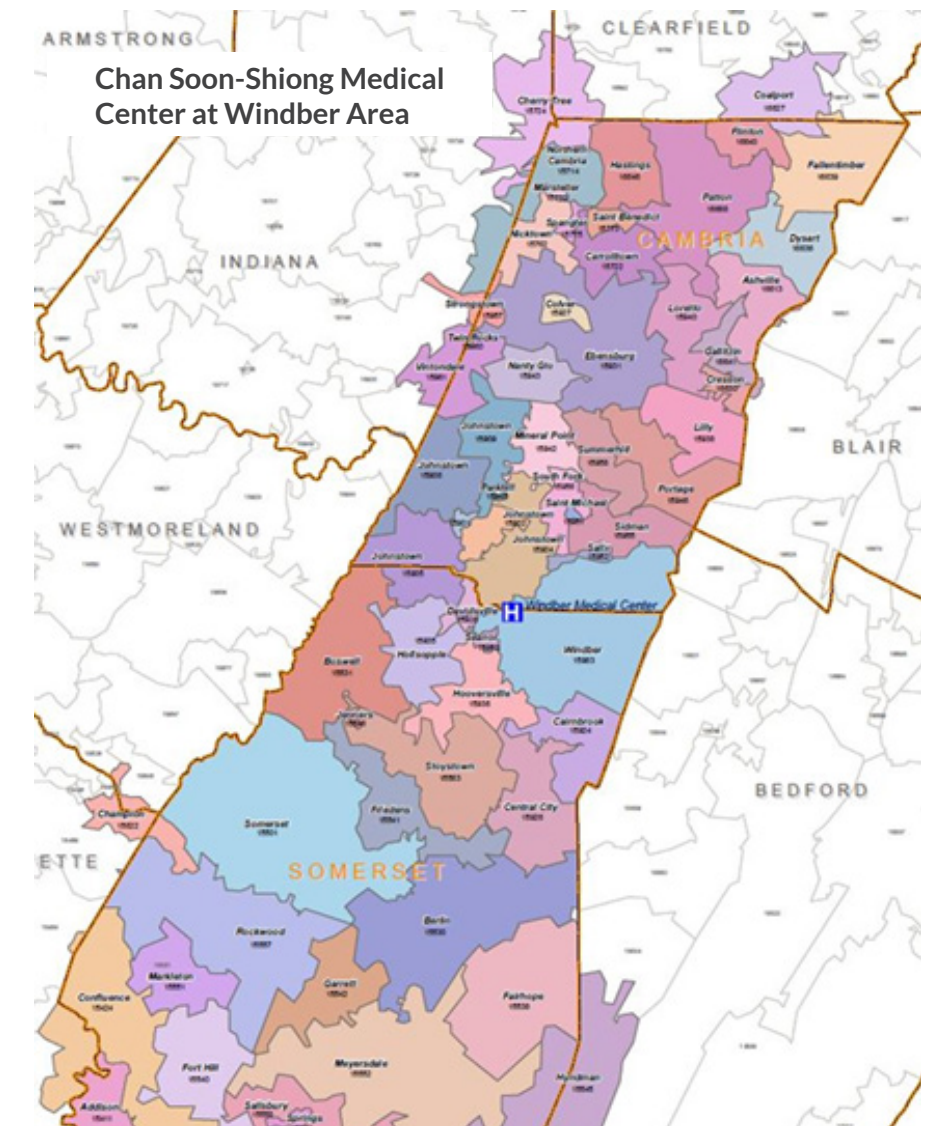




## PRIMARY SERVICE AREA

As previously mentioned, CSSMCW's primary service area covers Cambria and Somerset Counties in Pennsylvania. The primary service area map depicting the counties serviced by the hospital is shown in **Figure 6** below.

Figure 6  
CSSMCW Overall Service Area



Chan Soon-Shiong Medical  
Center at Windber  
Area







## COMMUNITY AND HOSPITAL RESOURCES

Community Resources are available in CSSMCW’s service area to respond to the significant health needs of the community. The types of resources and number of related services in the community appear in **Table 3** with hospital resources listed in **Table 4**.

Table 3  
Available Community Resources in CSSMCW Service Area

Category	Available Resources	Category	Available Resources
Addictions	47	Legal Issues	8
Anesthetists	1	Literacy	23
Assisted/Skilled Facility & Nursing Home Referral List	26	Medical Practices	13
Behavioral Services	23	Mental Health/Disabilities	28
Blind and Deaf Services	8	Nutrition	4
Budgeting Skills	4	Parenting Services	18
Child Abuse	5	Pharmacies	26
Childcare Resources	8	Physical Disabilities/Services	4
Clothing	6	Recreation	11
Community Services	22	Religious	11
County Services	11	Safety	4
Counseling	32	Special Needs Assistance	46
Domestic Relations	2	Special Needs: Developmentally Disabled	13
Domestic Violence	4	Support Groups	22
Education	33	Terminally Ill	11
Elderly Care/Services	27	Transportation	6
Emergency Medical Services	20	Utility Assistance	9
Emergency Services	4	Veteran’s/Military Services	6
Employment Help/Services	16	Victim Rights and Services	3
Financial Assistance	8	Women’s Care/Services	12
Food/M meal Assistance	25	Youth Programs	29
Health Care/Health Related	60		
Home Care Service Providers	14		
Housing/Shelter	13		
Important Numbers			
• Abuse/Assault	9		
• Children/Parents	19		
• Employment Assistance	1		
• Environmental	3		
• General Information	4		
• Health and Safety	19		
• Legal/Financial Assistance	9		
• Reporting	7		
• Substance Abuse/Addictions	12		



**Table 4**  
**Hospital Resources**

The following services are available at CSSMCW:

- Cardiac Catheterization Lab
- Diagnostic Imaging
- Emergency Department
- Gynecology Services
- HealthStyles
- Home Health
- Hospice
- Hospitalist
- Inpatient Unit
- Critical Care Unit
- Joyce Murtha Breast Cancer Center
- Laboratory
- Orthopedics
- Primary Care Physicians
- Rehabilitation Services
  - Cardiac Rehabilitation
  - Pulmonary Rehabilitation
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- Respiratory Care/EKG
- Sleep Lab
- Surgical Services
- Weight Loss Services







## EVALUATION OF THE 2016 CSSMCW CHNA IMPLEMENTATION STRATEGIES

CSSMCW conducted an evaluation of the implementation strategies undertaken since the completion of the 2016 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, CSSMCW reported the following:

### Priority Area: Chronic Disease

#### Goal 1: Reduce Cardiovascular Disease, including heart disease and cholesterol

In evaluating this priority area, CSSMCW reported that the following objectives of this priority area had been met:

#### Objective A: Reduce the Incidence of Cardiovascular and Heart Disease, as well as cholesterol

Offer Activities in February for Heart Month: Over the last three years, CSSMCW has conducted blood screenings every two weeks as a community lab in churches and senior centers around the community. We also offer a walk-in clinic once a month at the Richland Community Health Center and have done screenings at area employers. The blood screenings will test for thyroid, CBC, cholesterol, and uric acids.

The pathologist at the hospital will review all the abnormal screenings. All blood tests will be sent to a patient's Primary Care Physician (PCP), for which protocols are established every year with the PCPs. If a person does not have a PCP, we encourage them to have one. On February 14, 2017, three Dietitians and GM did a heart healthy cooking demonstration and provided a meal for patients who were formally in our cardiac rehab program. We had 36 people attend. We talked about heart healthy eating and then cooked a meal. Participants left with the recipes for the meal. We also had snack bags of heart healthy mix and a recipe on how to make heart healthy trail mix available. We could not have the same for the years 2018 and 2019 due to a staffing issue. Instead we did a quinoa salad, super foods like kale, fish in foil pockets and chocolate covered strawberries. In 2017, our Cardiologist, Dr. Hadeed, spoke about heart health for heart month and had heart healthy trail mix and a table of literature. For all events where heart healthy trail mix was distributed, we discussed the health benefits of the ingredients in the trail mix.

#### Offer quarterly speaker series to senior population at Windber Place screenings

One of our Dietitians went to the Children's Aid Home of Somerset County and spoke to them about healthy eating. We conducted an educational seminar on Diabetes in 2016 at the Windber Place Senior Center as per a request from the senior center.

EVALUATION







#### Continue to offer Physician Exercise Program (PEP Program) diet and nutrition intervention

This is something CSSMCW is actively engaged in. This is a diet instruction program that patients are referred to from their doctor. There is an exercise component and participants get set up with a dietician who meets with them. This program is about weight loss and we supply information on either chronic diseases that they have or on topics they are interested in. This is done on a one on one basis. Everyone who participates in the PEP Program receives one dietary consultation with one follow-up.

#### Participation in county-wide health fairs by offering heart health/nutrition education by Dietician

We have conducted 12 health fairs, 3 of which were held at local schools: Windber Elementary School, Westmont United Methodist Church (PreK), and Richland High School. We have provided speaking engagements including Dr. Hadeed in the spring of 2019 who spoke on heart health alongside a dietician. They also had a table of information in October 2016. CSSMCW presented on “cooking for one” in September 2018 for those who lost a loved one through our hospice program.

#### Opening of new Cath Lab January on hospital campus

We opened our new Cath Lab in August 2018. This will allow us to begin to focus on peripheral cardiovascular disease patients in the coming years and offer Senior Lipid each Spring.

### **Priority Area: Chronic Disease**

#### **Goal 2: Reduce the incidence of Breast Cancer and educate on the importance of mammography**

#### **Objective A: Increase access to breast cancer support, services, and screenings**

##### Create and offer a Monthly support group for patients, survivors and family members of breast cancer

We never started a support group at the center. There is a breast cancer program for the community where it is an individualized support group for the patient and their family and referrals are made to this person. The barrier to having a hospital run support group is finding the right staff person to commit to being exclusively on campus. Our Breast Cancer Physician went to part-time and another Breast Cancer Physician came on board full-time. Looking into the next CHNA, the goal is to have one of these two physicians commit to a support group.

##### Create a navigational system for those with breast cancer by hiring a nurse navigator

This did not happen due to staff turnover and we would like to continue to seek nurse navigator certification for the 2019 CHNA.

##### Offer additional mammography choice for the area with 3-D mammography screening for those physicians referred

In the beginning of 2018, we replaced two of the hospital’s mammography units with 3-D machines and now are able to offer 3-D and 2-D mammography. Since having the two new machines 2018 numbers include: 60% are 3D mammograms and 40% are 2-D mammograms.



#### Continue to offer community screenings, i.e., bone density and breast MRI

We have continued to provide screenings in the community.

#### **Objective B: Increase breast cancer education in the community**

##### Participate in Tania Oeschlin Girls Night Out through speakers, and educational materials

We have participated in a total of 6 of these events, 2 per year. The event has consistently sold at with 850 women attending each event in Johnstown and 875 attending each event in Altoona.

##### Continue to participate in Breast Cancer Awareness Month

In 2017 our Survivor’s Luncheon was attended by 50 individuals. Due to the low turnout (prior years 200+ individuals would participate), we didn’t continue to offer this.

For our 2017 Speakers Series we had approximately 25 attendees and in 2018 we went out into the community for events speaking at different businesses with between 6 and 275 attendees. Topics included: Breast Health, Imaging, and Research.

We continued to offer 2 community Health Fairs per year with a total of 250 total participants.

All mammograms require a physician’s order and no self-referrals are accepted so we are not able to have a walk-in mammogram screening. In October have the Scaredy Cat for walk-ins but individuals still need a physician’s order.

We do still participate with Adagio and the Healthy Women Program and Susan B. Komen.

We continue to raise funding for the Pink Ribbon Care Fund. Money is raised through Girl’s Night Out, various community events, and pink out at sporting events.

#### **Objective C: Increase breast cancer research and clinical trials**

##### Dr. Weiss to continue oncogenesis research and conduct the BRACA testing

We continue the oncogenesis research and conduct the BRACA testing. Dr. Weiss retired and a nurse went for certification in order to conduct research and genetic testing. These 2 programs are done with Highlands Hospital, Walter Reed Medical Center, Anne Arundel Medical Center and CSSMCW.

##### Continue to collaborate with Walter Reed and the Research Institute to collect the breast CBCP

We have a program, Magview, that automatically sends patients who “no show” for their mammogram recall letters.

##### Catching cancer at an earlier stage – seen within a couple of days and biopsy results within a 1-2 weeks

If a patient needs a biopsy, we get the patient in within the week. If a patient is being seen on campus by our Breast Cancer Physician and a biopsy is needed, one is done same day.



### Reinstitute Oncology for clinical trials at Women's Care Center

We have not done anything with Oncology. This is on-hold right now due to staff changes and the need for a physician in the Oncology program to make these trials happen. Will be looking at hiring and reinstituting trial during the 2019 CHNA.

### **Priority Area: Physical Activity/Nutrition**

**Goal 3: Increase awareness of the health issues associated with obesity and provide educational, nutritional and exercise opportunities for the community**

**Objective A: Increase community awareness and provide education regarding the benefits of proper nutrition, weight management and exercise**

To increase community awareness regarding the health issues associated with obesity

Know your Numbers campaign did not officially get re-established, but we did go out into the community at health fairs and events to educate the community regarding BMI screenings. If an individual has a high BMI that showed overweight, we always have a dietician on site, so the dietician talks to them about eating healthy and about our bariatric surgery program to recommend they come in to talk with the nurse practitioner about the program.

We also provide educational materials on healthy diet, exercise suggestions to fit their lifestyle to get them more active; information about hospital services and what is offered as a weight loss center. We offer surgical weight loss and non-surgical weight loss programs. These are physician guided where our patients meet monthly and use the Keto diet. It is customized per patient and what fits best for their lifestyle and their medical condition.

**Objective B: Increase the number of community Biometric Screening opportunities and educate the community to become aware of their health numbers and the risks associated with abnormal readings**

To increase awareness of the health risks and potential health problems associated with obesity

Participants provide their weight and our lab conducted blood work for the resting blood sugar and cholesterol. We did have the conversation and mentioned that even though we were providing them with education and what the hospital offers, we encouraged them to have a conversation with their PCP on their numbers to set up a plan.

If an individual has a high BMI that showed overweight, we always have a dietician on site, so the dietician talks to them about eating healthy and about our bariatric surgery program to recommend they come in to talk with the nurse practitioner about the program.

Continue to offer educational events/workshops on topics such as: weight loss and wellness, PEP Program and Health Styles, focusing on healthy nutrition, weight management and stress management techniques

We do weight loss seminars monthly (5-10 participants a month) and weight loss surgery support groups (quarterly with 10-15 participants). We did initiate a Facebook page that was a closed community forum to get support through our network on-line since we found that our patients were going more towards online support groups. Our Facebook page lists our surgeons, Bariatric Coordinator, our dietician and our exercise physiologist who also contribute to the conversation and offer online support. They do weekly postings that range from recipes, articles from surgeons, or community health fairs we participate in. Just recently we started going to some businesses that were having health education seminars where we talked about weight loss programs at the hospital and healthy lifestyle changes (started in in 2018 and have visited 2 businesses with over 100 participants).



### Provide educational opportunities for the community in an effort to enhance knowledge of appropriate nutritional choices, healthy eating, physical activity, and formal exercise

Our support groups touch on this and each support group has a topic such as exercise, cooking, and cooking demonstrations (especially before Thanksgiving for the holidays).

Our dietician attends health fairs and also does cooking demonstrations and nutrition education in the community by offering different seminars.

**Objective C: Provide fitness and exercise opportunities for the community that will engage them in fitness activities and help them to set and achieve fitness goals to provide tools to measure their progress**

Continue to provide fitness and exercise opportunities in the community

All of our support groups have our exercise physiologist come in. We offer our patients our gym at the HealthStyles and patients can walk the track for free and get a 50% off a gym membership. This is available to both surgical and non-surgical patients. We always have an exercise physiologist at the health fairs as well. Our support groups and seminars are open to the community as well as the Facebook page.

We did just start an App for our patients – there are videos on exercise, nutritional eating, and tons of educational information right from the App.

**Objective D: Decrease childhood and adult obesity**

Offer free Wellness Center access to students ages 10 and up M-F from 2:00pm-4:00pm

HealthStyles offers a program for children after school to come in and participate in physical activity.

Windber Fit Kids was a 6-week program (February 1, 2018 – March 8, 2018) and had a different subject each week such as eating vegetables and what health drink choices you should choose. This program was to encourage youth to exercise and eat healthy. The children weren't necessarily overweight so we didn't track BMI due to self-esteem.

Continue to offer the Maintain No Gain employee wellness nutrition program

We did participate in this program through 10,000 Steps; Biggest Loser; and Hike, Bike and Row challenge.

Continue to offer the Biggest Loser competition to hospital employees

We did a presentation on Maintain Don't Gain before the holidays. In 2017 and 2018 a dietician did not speak at it due to low attendance.

Continue to offer Quick and Fit program

We have offered Lunch and Learn Lectures, began to offer healthier lunch and soup choices, as well as a smoothie bar in the cafeteria.





## ACCESS TO QUALITY HEALTH SERVICES

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.



### WHERE THERE ARE OPPORTUNITIES

#### Fair or Poor Health

In 2015-2017 a higher percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong (21.0%) reported health as Fair or Poor compared to the state (17.0%).

#### Physical Health Not Good 1+ Days, Past Month

Physical Health Not Good 1+ Days, Past Month increased from 40.0% in 2011-2013 to 43.0% in 2015-2017, higher than the state (39.0%).

#### Poor Physical or Mental Health Prevent for Usual Activities 1+ Days, Past Month

Poor Physical or Mental Health Prevent for Usual Activities 1+ Days, Past Month increased in combined counties 23.0% to 27.0%, which was higher than the state (24.0%).

#### Mammography Screenings

Woman Receiving Mammograms in Cambria County decreased from 55.3% in 2013 to 37.0% in 2019, lower than the state (44.0%). However, Women Receiving Mammograms in Somerset County increased from 13.5% in 2019 to 39.0% in 2019, although lower than the state (44.0%).



### WHERE WE ARE MAKING A DIFFERENCE

#### Health Insurance

Adults in the combined counties of Indiana, Cambria, Somerset and Armstrong with No Health Insurance has decreased from 15.0% in 2011-2013 to 8.0% in 2015-2017 comparable to the state (9.0%).

Uninsured adults decreased in Cambria (12.0% in 2013 to 6.0% in 2019) and Somerset (15.0% to 7.7%) counties.



### WHAT THE COMMUNITY IS SAYING

One Stakeholder identified the need for access to affordable healthcare among their top 3 health issues. Other Stakeholders mentioned the need for Community Based Palliative Care, Follow Up Care, Primary Care, and Specialists.

“This is a rather low-income area. I believe many people cannot afford healthcare costs, even those who work.”  
~Key Informant Survey Respondent

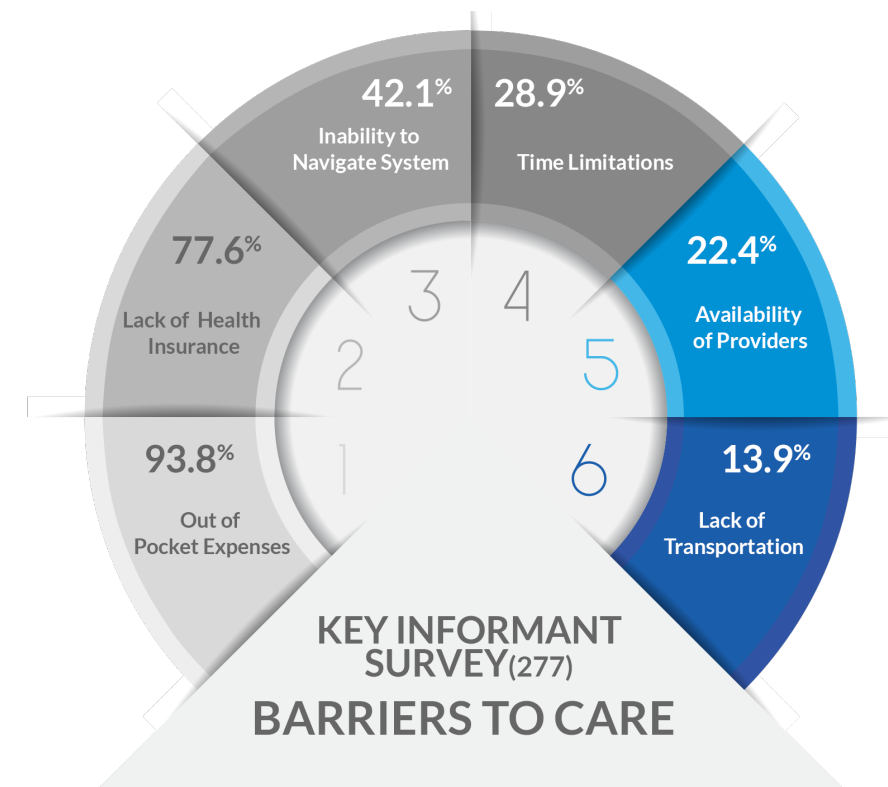
## BARRIERS TO HEALTHCARE

According to Healthy People 2020, barriers or social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the barriers of health—including both social and physical determinants.

As illustrated in **Figure 7**, Key Informant Survey Respondents identified the following among the Top 3 Barriers people in the community experience:

- Inability to Pay Out of Pocket Expenses (93.8%)
- Lack of Insurance Coverage (77.6%)
- Inability to Navigate Health Care System (41.1%)
- Time Limitations (28.9%)
- Availability of Providers (22.4%)
- Lack of Transportation (13.9%)

**Figure 7**  
**Barriers to Care**



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2019 Interviews.





## CHRONIC DISEASE

Conditions that are long-lasting, relapse, in remission, and have continued persistence are categorized as chronic diseases.



### WHERE THERE ARE OPPORTUNITIES

#### Breast Cancer

For Somerset County, the Breast Cancer Incidence Rate has increased from 45.7 in 2012 to 65.5 in 2016, although lower than the state (71.1). For Cambria County, the rate has remained fairly constant and is lower than the state.

The Breast Cancer Mortality Rate for Cambria County has increased from 9.7 in 2012 to 13.8 in 2016 and is higher than the state (11.9).

#### Lung Cancer

For Somerset County, the Lung Cancer Incidence Rate has increased slightly from 61.0 in 2012 to 63.5 in 2016 and is comparable to the state (63.0).

#### Obesity and Overweight

The percentage of adults considered Obese in combined counties of Indiana, Cambria, Somerset and Armstrong in 2015-2017 (38.0%) was higher when compared to the state (31.0%).

The percentage of adults in the combined counties considered Overweight in 2015-2017 (66.0%) was higher when compared to the state (66.0%).

#### Alzheimer Mortality

The Alzheimer Mortality Rate (30.4 in 2016) is higher compared to the state (21.6).

#### Cardiovascular Disease Mortality

The Cardiovascular Disease Mortality Rate Per 100,000 has increased in Somerset County (251.7 in 2011) to 254.5 in 2016, which was significantly higher compared to the state (225.8). Although the rate decreased in Cambria County (271.6 in 2011) to 254.8 in 2016) the rate remains significantly higher compared to the state.

#### Diabetes Mortality

Diabetes Mortality increased in Cambria County from 19.8 in 2011 to 28.0 in 2016, which was significantly higher compared to the state (20.2).

“I think mental health and money are the two biggest challenges to living a healthy lifestyle.”  
~Key Informant Survey Respondent



### Heart Disease Mortality

The Heart Disease Mortality Rate in Somerset County increased from 198.8 in 2011 to 206.9 in 2016 which was significantly higher when compared to the state (175.8).

### Lyme Disease

The Lyme Disease Rate has increased in both Somerset (26.1 in 2013 to 80.5 in 2017) and Cambria (20.9 in 2011 to 130.0 in 2017) counties. The rate in Cambria County in 2017 was significantly higher compared to the state (92.9).



### WHERE WE ARE MAKING A DIFFERENCE

#### Colon Cancer

The Colon Cancer Incidence rate for both Cambria and Somerset counties have decreased over the last 5 years and both counties are slightly lower than the state. The Colon Cancer Mortality rate for both Cambria and Somerset counties have decreased over the last 5 years ending 2016, although both rates are comparable to the state.

#### Lung Cancer

The Lung Cancer Incidence rate in Cambria County has decreased from 65.1 in 2012 to 61.1 in 2014 and is slightly lower than the state (63.0). The Lung Cancer Mortality rate for both Cambria and Somerset counties have decreased over the last 5 years ending 2016 and both are lower than the state rate.

#### Cerebrovascular Mortality

The Cerebrovascular Mortality Rate per 100,000 has decreased in Somerset (41.6 in 2011 to 37.5 in 2016) and Cambria (48.2 to 40.7) counties, although Cambria County is still above the state (36.8).

#### Coronary Heart Disease

The Coronary Heart Disease Rate has also decreased in both Somerset (142.0 to 125.3) and Cambria (132.9 to 109.4) counties, although both are higher compared to the state (106.1).

#### Diabetes Mortality

Diabetes Mortality decreased in Somerset County from 40.9 in 2011 to 27.5 in 2016, which is higher than the state (20.2).

#### Heart Disease Mortality

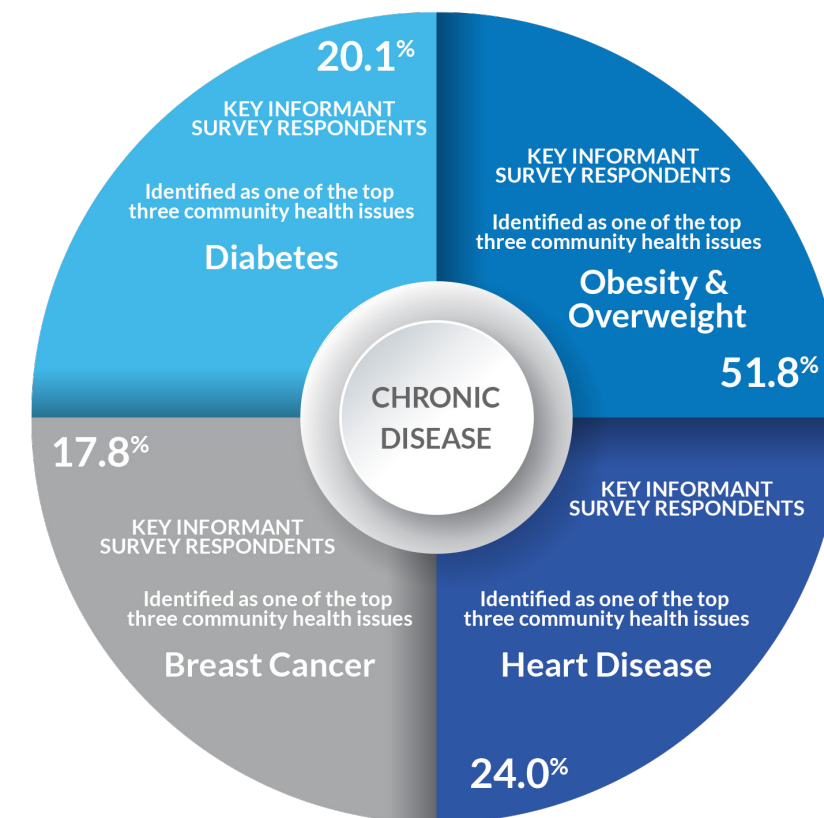
The Heart Disease Mortality Rate in Cambria County decreased from 201.5 in 2011 to 191.9 in 2016 although remains above the state (175.8).



### WHAT THE COMMUNITY IS SAYING

Figure 8 illustrates the top community health issues related to chronic disease that Key Informants identified: obesity and overweight (51.8%), heart disease (24.0%), diabetes (20.1%) and breast cancer (17.8%).

**Figure 8**  
**Top Health Issues Identified By Key Informant Survey Respondents**



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2019

Diabetes was identified as a top community health concern by one of the Stakeholders.





# PHYSICAL ACTIVITY AND NUTRITION



## 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.



### WHERE THERE ARE OPPORTUNITIES

#### Leisure Time Physical Activity

The percentage of adults on Indiana, Cambria, Somerset and Armstrong Counties with no Leisure Time Physical Activity in 2015-2017 (29.0%) was higher than the state (25.0%).

#### Limited Access to Healthy Foods

The percentage of residents with Limited Access to Healthy Foods in Cambria County in 2019 (8.9%) was twice as high as the state (4.6%).

#### Free or Reduced Lunch

The percentage of students Receiving Free or Reduced Lunch has increased in both counties.



### WHERE WE ARE MAKING A DIFFERENCE

#### Access to Exercise Opportunities

The percentage of adults with Access to Exercise Opportunities has increased in both Cambria (66.9% in 2014 to 80.4% in 2019) and Somerset (62.8% to 78.6%), although both are lower than the state (84.3%).



### WHAT THE COMMUNITY IS SAYING

One Stakeholder talked about the need for education on the right life choices such as diet and exercise as one of the top 3 community health issues. Another identified inactivity due to the large number of people sitting around playing video games.

“Programs like Meals on Wheels and SeniorLife are great for the aging community ensuring that seniors are getting the nutrition, social time, and health screening they need. “

~Key Informant Survey Participant





## TOBACCO USE

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.



### WHERE WE ARE MAKING A DIFFERENCE

#### Adults

A higher percentage of adults in Indiana, Cambria, Somerset and Armstrong counties were Current Smokers in 2015-2017 (21.0%) compared to the state (18.0%). A higher percentage of adults in the combined counties report being an Everyday Smoker (16.0%) compared to the state (13.0%).

A significantly higher percentage of adults in the combined counties report currently using Chewing Tobacco compared to the state for years 2011-2017.



### WHAT THE COMMUNITY IS SAYING

#### Youth

The percentage of youth who report vaping in 2017 in Cambria (7.6%) and Somerset (7.1%) counties was lower than the state (12.6%). The percentage at all grade levels reported was also lower than the state.

Lifetime Cigarette Use among youth has decreased in Cambria (22.2% in 2013 to 16.0%) and Somerset (24.3% to 19.6%) counties and in 2017 were both lower than the state (14.5%).

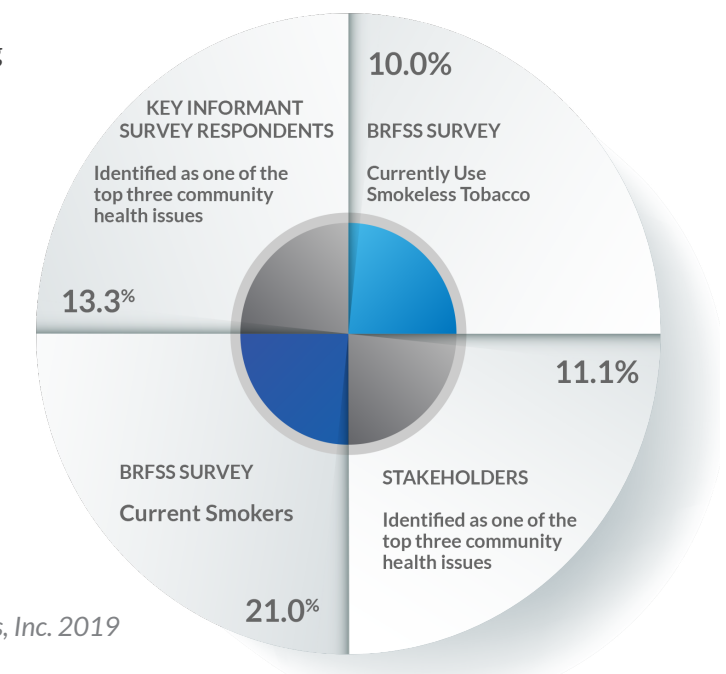
Smokeless Tobacco Lifetime Use among youth also decreased from 14.4% in 2013 to 10.2% in 2017 in Cambria County and from 16.0% to 13.8% in Somerset County, both were lower than the state (7.6%).



### WHAT THE COMMUNITY IS SAYING

One Stakeholder identified tobacco among their Top 3 identified health issues in the community, while 13.3% of Key Informant Survey Respondents identified Tobacco as a Top 3 health issue. **Figure 9** highlights primary and secondary data related to tobacco use.

Figure 9  
Tobacco Use Indicators



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2019



# MENTAL HEALTH & SUBSTANCE USE DISORDER



## MENTAL HEALTH AND SUBSTANCE USE DISORDER

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.



### WHERE THERE ARE OPPORTUNITIES

#### Binge Drinking

The percentage of adults age 18-44 who binge drink (5+ drinks males, 4+ drinks females) has increased in Indiana, Cambria, Somerset and Armstrong counties from 27.0% in 2011-2013 to 31.0% in 2015-2017, which was higher than the state (27.0%).

#### Drug Induced Mortality

The Drug Induced Mortality rate has increased in both Somerset and Cambria counties. The rate in 2015-2017 in Somerset County (44.3) was higher than the state (38.5) and the rate in Cambria County (88.5) was significantly higher.

#### Mental and Behavioral Health Disorders Mortality

The Mental and Behavioral Health Disorders Mortality rate in Cambria County increased from 29.3 in 2011 to 50.6 in 2016, which was higher than the state (42.7).

#### Suicide Mortality

Suicide Mortality has increased in Cambria County and in 2016 (24.0) was significantly higher compared to the state (14.6).

#### Suicide by Firearm Mortality

The Suicide by Firearm Mortality rate per 100,000 in Cambria County increased from 6.9 in 2011 to 13.5 in 2016, which was significantly higher than the state (7.0). Data is not available for Somerset County.

#### Youth Lifetime Alcohol Use

In 2017, a higher percentage of students in 6th grade (12.2%) in Cambria County reported Lifetime Alcohol use compared to the state (16.6%).





## WHERE WE ARE MAKING A DIFFERENCE

### Heavy Drinking

The percentage of adults age 18-44 who are at risk for Heavy Drinking (2+ drinks per day) has decreased in Indiana, Cambria, Somerset and Armstrong counties from 7.0% in 2011-2013 to 4.0% in 2015-2017, which was lower than the state (7.0%).

### Chronic Drinking

Those engaging in Chronic Drinking (2+ drinks per day, past month) has also decreased in the combined counties from 8.0% to 5.0%, which is comparable to the state (6.0%).

### Mental Health Was Not Good 1+ Days In The Past Month

The percentage of adults in Indiana, Cambria, Somerset and Armstrong counties who report their Mental Health Was Not Good 1+ Days In The Past Month has remained steady at 34.0%, which was lower than the state in 2015-2017 (38.0%).

### Mental and Behavioral Health Disorder Mortality

The Mental and Behavioral Health Disorder Mortality rate per 100,000 in Somerset County has been significantly lower when compared to the state for years 2011 through 2017.

### Youth Lifetime Alcohol Use

The percentage of students in both Cambria (47.2% in 2013 to 41.3% in 2017) and Somerset (48.0% to 41.9%) counties who report Lifetime Alcohol Use has decreased.

### Youth Lifetime Marijuana Use

Lifetime Marijuana Use in Somerset County has decreased for students in grade 10 (20.7% in 2013 to 14.1% in 2017) and in 2017 was lower than the state (22.4%) and nation (30.7%). Overall usage also decreased in Somerset County and in 2017 (13.3%) was lower than the state (17.7%).

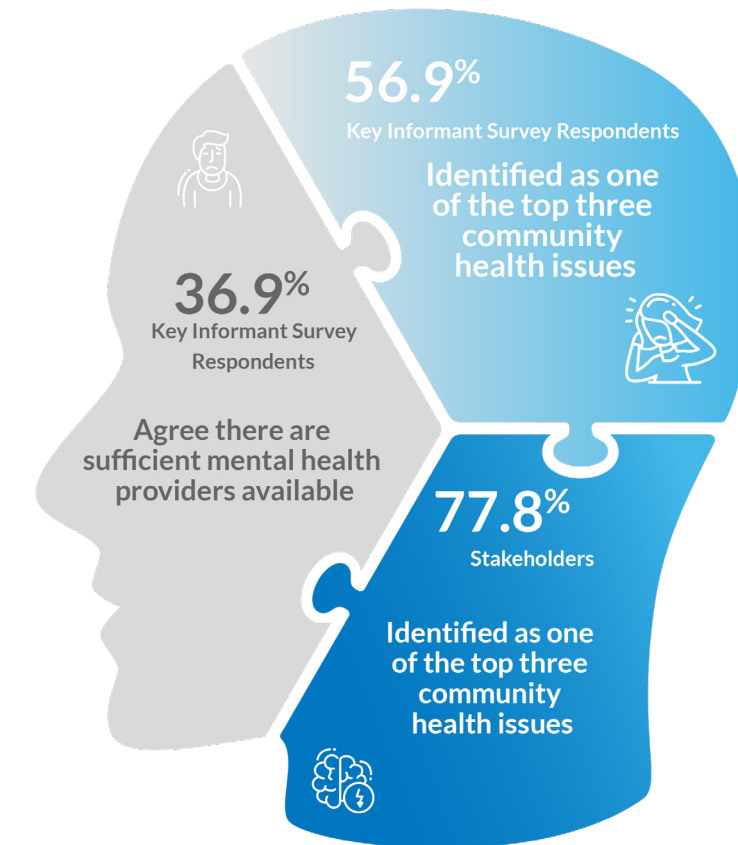
### Youth Driving After Drinking or Using Marijuana

The percentage of 12th grade students who reported Driving After Drinking or Using Marijuana has decreased in both counties.



## WHAT THE COMMUNITY IS SAYING

**Figure 10** highlights responses to primary data related to mental health. Nearly two thirds (64.2%) of Key Informant Survey Respondents identified Substance Abuse/Alcohol Use as the number 1 health issue facing the community and 91.6% had it in their Top 5. Mental Health was also identified by 56.9% of Key Informant Survey Respondents within the Top 3 health issues. Most (77.8%) Stakeholders identified mental health and substance use as one of the Top 3 community health needs. Over one third (36.9%) of Key Informant Survey Respondents agree there is a sufficient number of mental/behavioral health providers in the area.



Sources: CSSMCW Key Informant Survey and Stakeholders, Strategy Solutions, Inc. 2019





## 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.



### WHERE THERE ARE OPPORTUNITIES

#### Adults Ever Told They Have Asthma

According to the Ohio Department of Health the 2017-2018 percentage of students graduating high school in Jefferson County (89.6%) is higher when compared to both Ohio (82.1%) and Healthy People 2020 Goal (87.0%) but this percentage has been dropping since the 2010-2011 school year (90.2%).

#### Children Living in Poverty

A higher percentage of Children are Living in Poverty in 2019 in Cambria (23.4%) and Somerset (20.1%) counties compared to the state (16.9%).

"Our hospital accepts most insurance and does not refuse care. We have a variety of specialty care and offer hospice care as well."

~Key Informant Survey Respondent



### WHERE WE ARE MAKING A DIFFERENCE

#### Unemployment

The Unemployment Rate has dropped in both Cambria (8.6% in 2013 to 6.1% in 2019) and Somerset (8.7% to 6.1%) Counties, which was comparable to the state (4.9%).

#### Students Graduating High School

The percentage of Students Graduating High School in 2019 was higher in Cambria (93.3%) and Somerset (91.7%) counties when compared to the state (86.6%).

#### Children Living in Single Parent Homes

In Somerset County in 2019 (25.9%) a lower percentage of Children were Living in Single Parent Homes compared to the state (33.6%).

#### Disconnected Youth

The percentage of Disconnected Youth has decreased in both counties since 2017.



### WHAT THE COMMUNITY IS SAYING

This topic was not mentioned by Stakeholders or Key Informants.





# HEALTHY WOMEN, MOTHERS, BABIES AND CHILDREN



## HEALTHY WOMEN, MOTHERS, BABIES & 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. There have been mixed results on a number of these indicators among the counties.



### WHERE THERE ARE OPPORTUNITIES



#### Infant Mortality

The Infant Mortality rate per 1,000 live births in 2016 for Cambria County (8.2) was higher than the state (6.1). Data was not available for Somerset County.

#### Teen Births Age 18-19

The percentage of Live Births to Teens age 18-19 in Cambria County has decreased from 89.5% in 2011 to 79.5%, although it is still higher than the state (71.5%).

#### Non-Smoking Mothers and During Pregnancy

The percentage of Non-Smoking Mothers 3 months prior to as well as During Pregnancy in both counties has been significantly lower when compared to the state for years 2011 through 2017.

#### Breastfeeding

The percentage of Breastfeeding mothers in Cambria County has been significantly lower compared to the state for years 2011 through 2017.

#### Medicaid Births

The percentage of Medicaid Births in Cambria County has been significantly higher when compared to the state for years 2011 through 2017.

#### Mothers Receiving WIC

Although the percentage of Mothers Receiving WIC has decreased in Somerset County in 2017 (39.6%) it was significantly higher compared to the state (34.1%). Cambria County has been significantly higher for years 2011 through 2017.

#### Teenage Pregnancy Age 18-19

The Teenage Pregnancy rate for teens age 18 to 19 has decreased in Somerset County (63.6 to 57.0 in 2017) it was significantly higher than the state (36.3). The rate in Cambria County (41.3) was also higher than the state although not significantly.





## WHERE WE ARE MAKING A DIFFERENCE

### Teenage Pregnancy Age 15-17

The Teenage Pregnancy Rate (Ages 15 to 17) has decreased in Cambria County (17.0 in 2011 to 10.0 in 2017), which was comparable to the state (9.5).

### Teen Births Age 15-17

The percentage of Live Births to Teens age 15-17 in 2017 for Cambria County (73.9%) was higher than the state (67.5%). Data is not available for Somerset County for 2017.

### Breastfeeding

The percentage of Breastfeeding Mothers in Somerset County has increased from 67.7% in 2011 to 79.6% in 2017.

### Medicaid Births

The percentage of Medicaid Births has decreased in Somerset County (39.5% in 2011 to 35.3% in 2017).



## WHAT THE COMMUNITY IS SAYING

Maternal/Infant Health was identified by 16.4% of Key Informant Survey Respondents among the Top 5 community health issues. One Stakeholder identified childhood obesity among their top 3 community health issues.







# INFECTIOUS DISEASE

## 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).



### WHERE THERE ARE OPPORTUNITIES

#### Adults Ever Tested for HIV

The percentage of adults Ever Tested for HIV in Indiana, Cambria, Somerset and Armstrong counties has been significantly lower when compared to the state for years 2011-2017.

#### Flu Shot/Vaccine for Adults Age 50 and Over

The percentage of Adults Age 50 and Over Who Had a Flu Shot/Vaccine in the Past Year in 2015-2017 in the combined counties (50.0%) was below the state (54.0%).

#### Influenza and Pneumonia Mortality

The Influenza and Pneumonia Mortality Rate per 100,000 has increased in Somerset County from 13.4 in 2011 to 20.3 in 2016, which was higher than the state (13.7).

The percentage of adults age 65 and older in Indiana, Cambria, Somerset and Armstrong counties has increased from 70.0% in 2011-2013 to 79.0% in 2015-2017, which was higher than the state (74.0%).



### WHERE WE ARE MAKING A DIFFERENCE

#### Sexually Transmitted Diseases

Although the Chlamydia rate per 100,000 has increased in both counties they remain significantly lower compared to the state for years 2011 through 2017. The same is true for Gonorrhea (although the rate has decreased in Somerset County).

#### Pneumonia Vaccine

The percentage of Adults age 65 and Older who have ever received a Pneumonia Vaccine in Indiana, Cambria, Somerset and Armstrong counties has increased from 70.0% in 2011-2013 to 79.0% in 2015-2017, which was higher than the state (74.0%).



### WHAT THE COMMUNITY IS SAYING

Sexually Transmitted Diseases were identified by 5.4% of Key Informant Survey Respondents as one of the Top 5 health issues.





## INJURY

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.



### WHERE THERE ARE OPPORTUNITIES

#### Fall Mortality

The Fall Mortality rate per 100,000 has increased in Somerset County from 7.8 in 2011 to 10.4 in 2016, which was comparable to the state (8.8).

#### Firearm Mortality

The Firearm Mortality rate has increased in Cambria County since 2011 (10.1) and in 2016 (20.6) was significantly higher than the state (11.9).



### WHERE WE ARE MAKING A DIFFERENCE

#### Motor Vehicle Accident Mortality

The Motor Vehicle Accident Mortality rate per 100,000 has decreased in both Somerset (16.2 in 2011 to 13.1 in 2016) and Cambria Counties (14.8 to 9.7), although in 2016 Somerset County was higher than the state (9.4).



### WHAT THE COMMUNITY IS SAYING

This topic was not mentioned by Stakeholders or Key Informants.

INJURY





## PRIORITIZATION

On June 4, 2019, the CSSMCW Steering Committee met to review the secondary data collected through the needs assessment process and discussed needs and issues present in the hospital’s service territory. The team from SSI 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 other potential needs that were not reflected in the data collected, including other stakeholders to receive input from. A total of 30 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. **Table 5** identified the selection criteria.

Table 5  
Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
<b>Accountable Organization</b>	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)
<b>Magnitude of the Problem</b>	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 an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
<b>Impact on Other Health Outcomes</b>	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
<b>Capacity (systems and resources to implement evidence-based solutions)</b>	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





**Accountable Organization:** The purpose of the first criterion is to get your input regarding whether the “hospital/health system” is the accountable entity to address the selected issue or if the accountable entity should be “another community partner or other entity.” If you think that the hospital/health system should take a leadership role on this issue, you want to choose (10) or one of the buttons on the right side of the scale. If you think that a community partner or other entity should take a leadership role on this issue, choose (1) or one of the buttons on the left side of the scale. If you think that this is not an issue that should be addressed through this initiative, please choose (5) or one of the buttons toward the middle of the scale.

**Magnitude of the Problem:** The purpose of this second criterion is to get your input regarding the “magnitude of the problem.” If this is something that affects a large number of people or puts the community at risk for an epidemic, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that affects a low number of people, please vote this low (1).

**Impact on Other Health Outcomes:** The purpose of this third criterion is to get your input regarding the “impact” on health outcomes or other conditions. If this is something that has a large impact on health outcomes or other conditions, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that has little impact on health outcomes or other conditions, please vote this low (1).

**Capacity: (systems and resources) to Implement Evidence Based Solutions:** The purpose of this fourth criterion is to get your input regarding the “capacity” of the health system/community to address this issue and implement evidence-based solutions. Evidence based solutions are programs that are “proven” to achieve a positive outcome when implemented. If there is solid capacity in place to address this issue, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that has little current capacity to address the issue or implement solutions, please vote this low (1).

Following the June 4 meeting, Steering Committee members from the hospital and community completed the prioritization exercise using the SurveyMonkey Internet survey tool to rate each of 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.

The areas of focus over the next three years include: lifestyle intervention, chronic disease management, and access to quality health care.



**Table 6**  
**Prioritization Results, Top 20**

	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Chronic Disease: Cardiovascular Disease (heart disease, cholesterol, etc.)	8.2	7.4	7.7	7.1	30.5	1
Chronic Disease: Cancer (Breast, Lung, Colon)	8.7	6.7	7.2	6.8	29.5	2
Chronic Disease: Diabetes	7.7	7.2	7.7	6.8	29.4	3
Chronic Disease: Chronic Lung Disease	8.1	7.1	7.3	6.7	29.2	4
Chronic Disease: Obesity	6.3	8.3	8.0	6.3	28.9	5
Access to Quality Health Services: Affordability of Health Care Premiums/Copays/Deductibles/Cost/Meds	6.7	7.2	8.8	5.7	28.4	6
Access to Quality Health Services: Specialists (Endocrinologists, Neurologist, Pulmonologist)	8.3	6.8	7.3	5.9	28.4	7
Access to Quality Health Services: Mammogram Screenings	8.4	5.7	6.7	7.3	28.1	8
Access to Quality Health Services: Primary Care Services	6.9	6.1	7.7	6.8	27.4	9
Mental Health/Substance Use Disorder: Lack of Mental Health Providers (long wait times for appointments)	5.3	8.6	8.7	4.4	27.0	10
Infectious Disease: Influenza and Pneumonia	7.2	6.3	6.4	6.6	26.4	11
Mental Health/Substance Use Disorder: Drug Abuse (all ages)/Drug-Induced Mortality	4.3	8.9	8.6	4.4	26.2	12
Mental Health/Substance Use Disorder: Mental Health (including Depression and Suicide)	3.9	8.9	8.7	4.2	25.8	13
Mental Health/Substance Use Disorder: Alcohol Abuse (all ages)	4.6	8.3	8.4	4.4	25.7	14
Healthy Women, Infants, Children: Obesity in Students (K-12)	5.1	6.6	7.5	6.4	25.7	15
Tobacco Use: Vaping/Juuling (Youth)	4.1	7.2	8.6	5.6	25.5	16
Access to Quality Health Services: Navigator to assist with moving through the medical system (advocate)	6.3	7.0	7.0	5.1	25.4	17
Chronic Disease: Lyme Disease	7.3	6.2	6.6	5.2	25.2	18
Physical Activity/Nutrition: Lack of Physical Activity	4.4	6.4	7.4	6.4	24.7	19
Tobacco Use: Smoking	3.8	5.9	8.3	6.1	24.1	20

Source, 2019 CSSMCW Prioritization Results, Strategy Solutions, Inc.





Much of the above significant needs will be addressed in CSSMCW's Implementation Strategy, which will be published under a separate cover and accessible to the public. The three (3) areas with a few sub areas that CSSMCW will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Lifestyle Intervention
  - o Promotion of Physical Activity
  - o Smoking Cessation (including E-Cigarettes, Vaping and Juuling)
  - o Nutrition
- Chronic Disease Management
  - o Cardiovascular Disease
  - o Cancer
  - o Obesity
- Access to Quality Health Care
  - o Mammogram Screenings
  - o Navigator
  - o Primary Care Services

## REVIEW AND APPROVAL

The 2019 CHNA was presented and approved by the CSSMCW Board of Directors on June 28, 2019. The CSSMCW 2019 CHNA is posted on the CSSMCW website ([www.windbercare.org](http://www.windbercare.org)). Printed copies are available by contacting:

Kimberly Oleksa, Chan Soon-Shiong Medical Center at Windber Foundation/Development by calling (814) 467-3705 or via email at [koleksa@windbercare.org](mailto:koleksa@windbercare.org).