



Chan Soon-Shiong
Medical Center
at Windber

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COMMUNITY HEALTH NEEDS ASSESSMENT

PREPARED BY:
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WELCOME



COMMUNITY HEALTH NEEDS ASSESSMENT

CHAN SOON-SHIONG MEDICAL CENTER AT WINDBER

[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.

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COMMUNITY MESSAGE

Chan Soon-Shiong Medical Center at Windber (CSSMCW) is proud to present its 2022 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 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.

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.

We offer special thanks to the 209 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.

Thank you for being a part of our community.



*Providing our
community with
a personalized
approach to high
quality health care.*

COMMUNITY HEALTH NEEDS ASSESSMENT 2022



For over 115 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

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 2022 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.

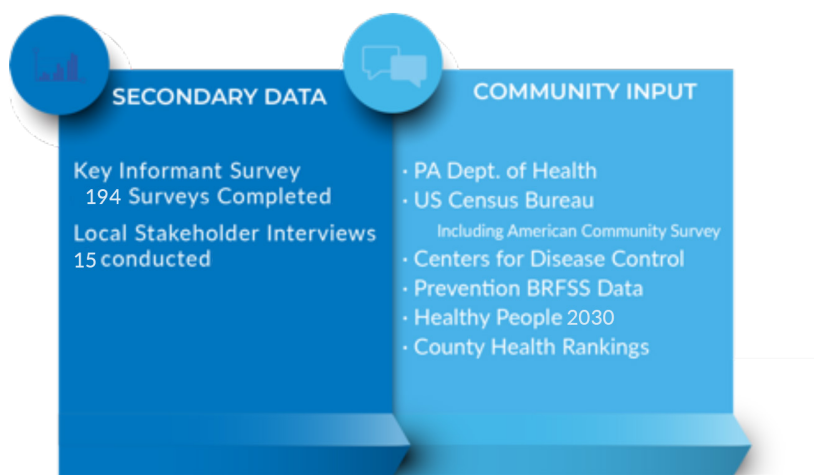
Figure 1: CHNA Report Chapters

- | | |
|---|--|
| <p>01 Introduction</p> <p>02 Executive Summary</p> <p>03 Methodology</p> <p>04 Demographics</p> <p>05 Primary Service Area</p> <p>06 Community and Hospital Resources</p> <p>07 Evaluation</p> | <p>08 General Findings</p> <ul style="list-style-type: none"> Access to Quality Health Services Barriers to Healthcare Chronic Disease Physical Activity and Nutrition Tobacco Use Mental Health and Substance Use Disorder Healthy Environment Healthy Women, Mothers, Babies and Children Infectious Disease Injury <p>09 Prioritization</p> |
|---|--|

Source: 2022 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: 2022 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 2030, County Health Rankings, US Census, American Community Survey, and the 2019 PA Youth Survey.

Demographic data was collected from Claritas-Pop-Facts Premier, 2022, Environics Analytics. Primary data collected specifically for this study were based on the primary service area of the hospital. CSSMCW collected a total of 194 key informant surveys, as well as conducted 15 stakeholder interviews.

On March 3, 2022, the CSSMCW CHNA leadership team met to review the primary and 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 CHNA leadership team and discussed the needs of the local area and what the hospital is currently offering the community and other potential needs that were not reflected in the data collected. A total of 36 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, negative trends, or growing incidence). The CHNA leadership team evaluated the needs based on areas of core competency and progress made on the prior implementation plan.

On March 17, 2022, the CSSMCW CHNA leadership met and decided 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
 - » Nutrition
- Chronic Disease Management
 - » Cardiovascular Disease
 - » Cancer
- Obesity
 - » Diabetes
- Access to Quality Health Care
 - » Mammogram Screenings
 - » Navigator
 - » Primary Care Services

Review and Approval

The CSSMCW Board of Directors approved the hospital's CHNA in June 2022.

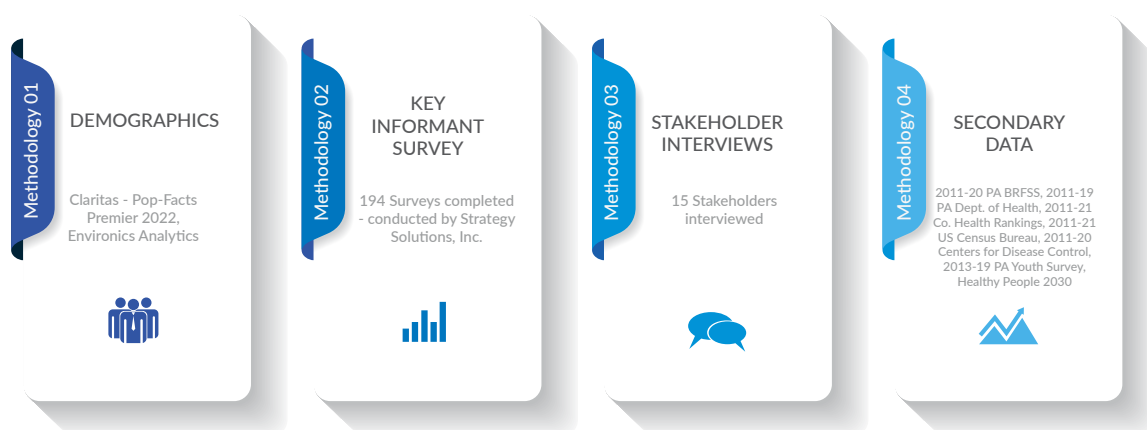
METHODOLOGY

To guide this assessment, CSSMCW's leadership team identified community leaders who represented the broad interests of their local region to provide input as stakeholders and key informants. 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 CHNA had an internal leadership team guiding the process and ensuring key groups were included in the process.

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 2022 CSSMCW CHNA report.

Figure 3: CSSMCW 2022 CHNA Methodology Summary



Source: 2022 Strategy Solutions, Inc.

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, 2022, 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 2030 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 Counties 2019 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. The Key Informant Survey was developed and distributed as an online survey through SurveyMonkey. The survey was launched on January 2, 2022 and closed on March 6, 2022. A total of 194 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 15 Stakeholder Interviews were conducted by the consulting team via telephone during November and December 2021. 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 1 is a listing of the stakeholders interviewed.

Table 1: Stakeholder Interviews Conducted

Name	Organization	Date of Interview
Doug Ledney	WHCF	November 30, 2021
Paula Epply-Newman	Beginnings, Inc.	December 6, 2021
James Marker	Hiram G. Andrews Center	December 6, 2021
Ron Aldom	Somerset County Chamber of Commerce	December 6, 2021
Linda Thomson	Johnstown Area Regional Industries, Inc.	December 7, 2021
Gloria Hollis	Pennsylvania Department of Health	December 7, 2021
Kathleen Carnahan	Somerset Trust Company	December 7, 2021
Nicole McGrogan	Pennsylvania Department of Health	December 7, 2021
Maureen Barron	Pennsylvania Department of Health	December 7, 2021
Michele Brenneman	Boy Scouts of America	December 8, 2021
Dennis Kotzan	Kotzan CPA	December 8, 2021
Kim Moore	Greater Johnstown School District	December 9, 2021
Karen Struble Myer	United Way of Laurel Highlands	December 9, 2021
Christopher Zakraysek	Hiram G. Andrews Center	December 14, 2021
Mike Dadey	Greater Johnstown School District	December 15, 2021

Previous CSSMCW CHNA Report

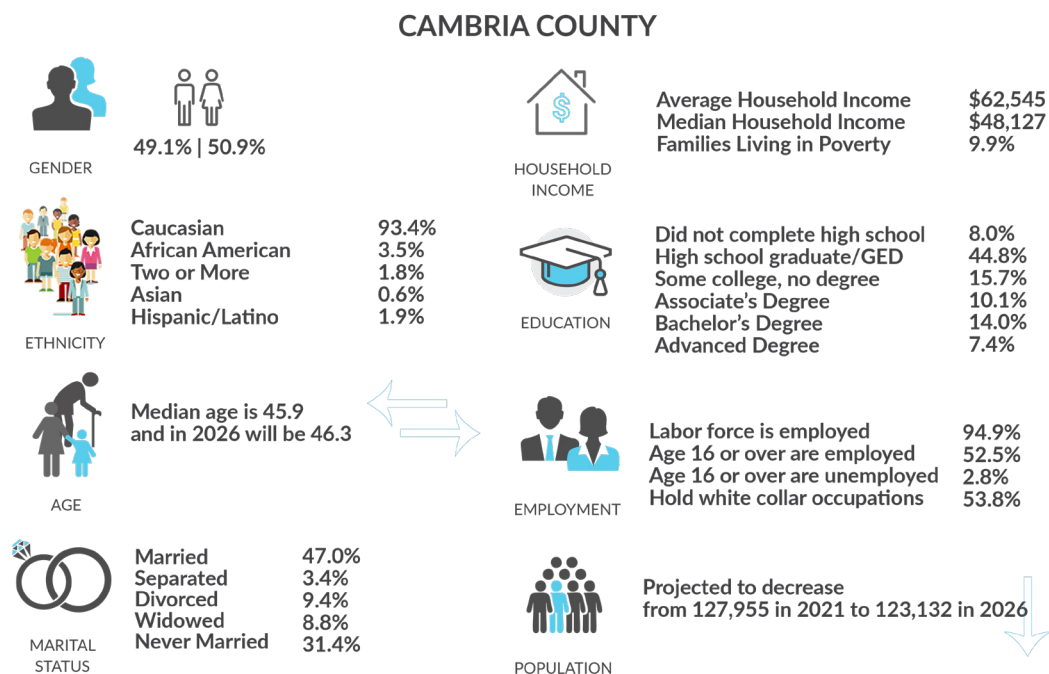
No written comments were received from the community by CSSMCW regarding the previous 2019 CHNA report.

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, 2022, 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 127,955 in 2012 to 123,132 in 2026. There were slightly more females (50.9%) than males (49.1%). The population was predominantly Caucasian (93.4%). The median age was 45.9 and was projected to increase slightly to 46.3 by 2026. Just under one-third (31.4%) of residents had never been married, while 47.0% were married, 3.4% were separated, 9.4% were divorced and 8.8% were widowed. Those who did not complete high school were 8.0%, while 44.8% were a high school graduate, 14.0% had a bachelor's degree and 7.4% had an advanced degree. The average household income was \$62,545, with 9.9% of families living in poverty. Most (94.9%) of the labor force was employed.

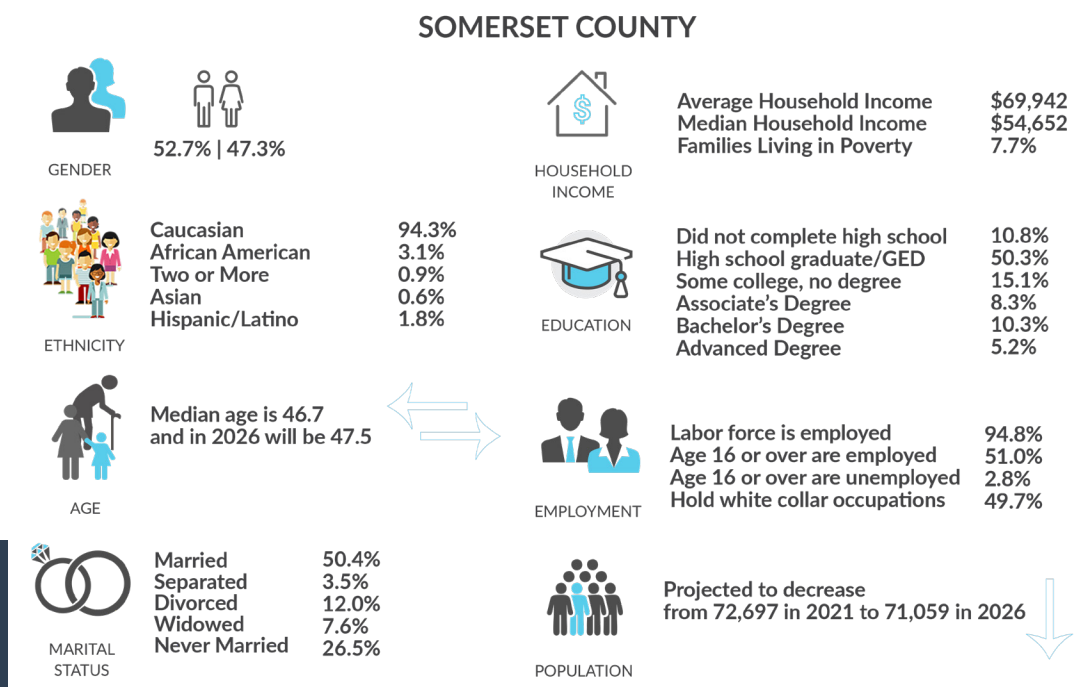
Figure 4: CSSMCW's Service Area Demographics Summary, Cambria County



Source: Claritas-Pop-Facts Premier, 2022, 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 72,697 in 2021 to 71,059 in 2026. There were slightly more males (52.7%) than females (47.3%). The population was predominantly Caucasian (94.3%). The median age was 46.7 and was projected to increase slightly to 47.5 by 2026. Just over one-fourth (26.5%) of residents had never been married, while 50.4% were married, 3.5% were separated, 12.0% were divorced and 7.6% were widowed. Those who did not complete high school were 10.8%, while 50.3% were a high school graduate, 10.3% had a bachelor's degree and 5.2% had an advanced degree. The average household income was \$69,942, with 7.7% of families living in poverty. Most (94.8%) of the labor force was employed.

Figure 5: CSSMCW's Service Area Demographics Summary, Somerset County

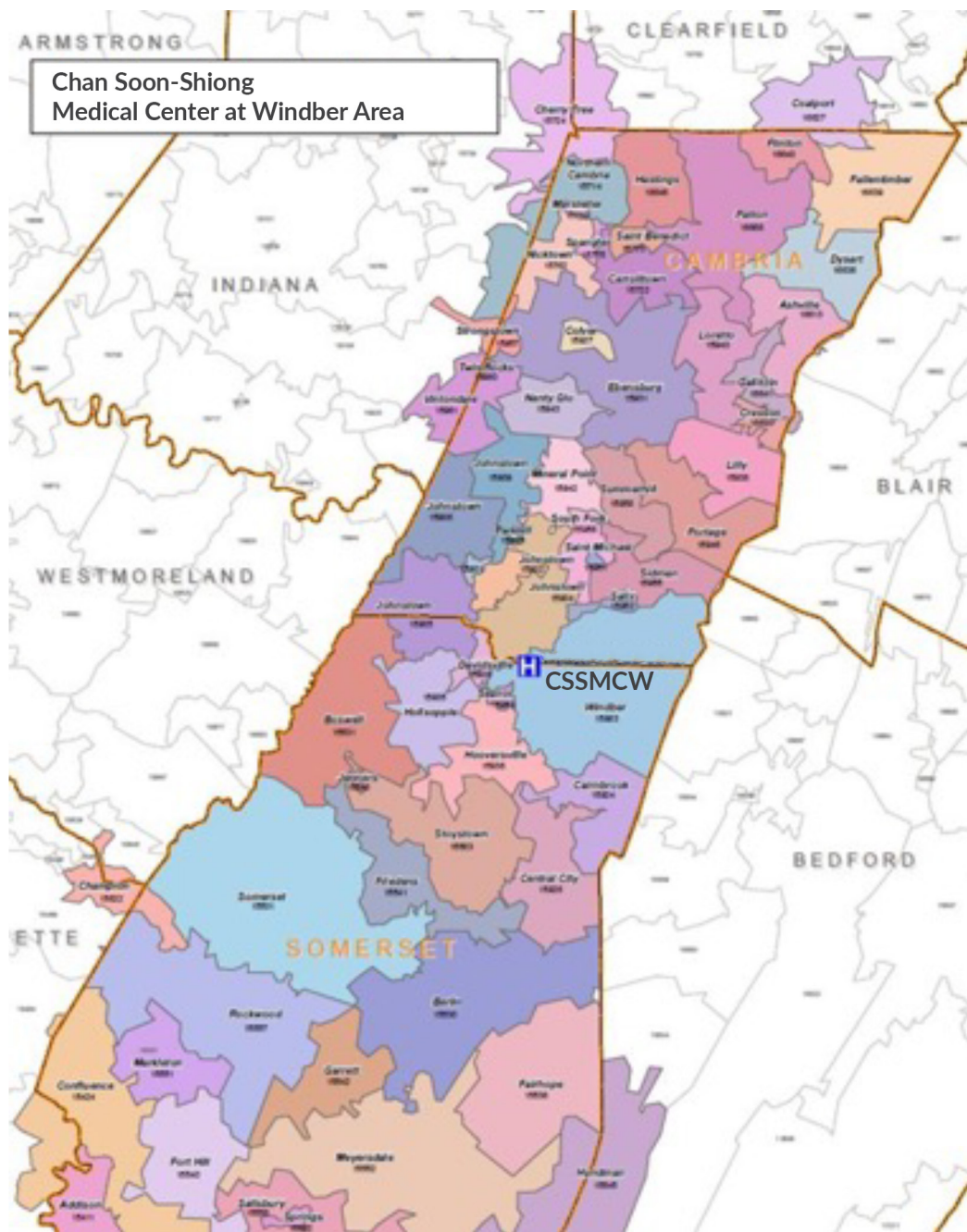


Source: Claritas-Pop-Facts Premier, 2022, Environics Analytics

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



Source: 2022 Strategy Solutions, Inc.

COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in CSSMCW's service area to respond to the significant health needs of the community can be found in the United Way's PA 2-1-1 System. The PA 2-1-1 System is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services-for everyday needs and in crisis situations. Residents can search the United Way's vast database of services and providers to find the help they need. Figure 7 below shows the number of resources available within a 50-mile radius of CSSMCW's zip code (15963) per service category. For a complete listing of available resources, please visit <https://www.pa211.org/>.

Table 2 lists the available hospital resources.

Figure 7: Available Community Resources in 50 Mile Radius from CSSMCW



Table 2: Hospital Resources

Available Services at CSSMCW	
Bariatric Surgery	Medical Weight Loss
Breast Care	Occupational Therapy
Cardiac Catheterization Lab	Orthopedic Walk-In Clinic
Cardiac Rehabilitation	Orthopedic Surgery
Community Based Palliative Care	Pediatric Therapies
Critical Care Unit	Pelvic Physical Therapy
Emergency Department	Physical Therapy
Gastroenterology	Primary Care
Genetic Services	Pulmonary Rehabilitation
Gynecological Care	Sleep Lab
Healthstyles Fitness Center	Social Services
Home Health	Speech Therapy
Hospice	Surgical Services
Imaging & Radiology	Weight Loss Services
Laboratory	Women's Health
Lung and Respiratory Care	

Evaluation of the 2019 Chan Soon-Shiong Medical Center at Windber CHNA Implementation Strategies.

EVALUATION

EVALUATION OF THE 2019 CSSMCW CHNA IMPLEMENTATION STRATEGIES

CSSMCW conducted an evaluation of the implementation strategies undertaken since the completion of the 2019 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. It is important to note that the efforts of CSSMCW shifted to support the community during the COVID-19 pandemic, which impacted progress made towards the 2019 Implementation Plan.

In reviewing the status of the priority area, CSSMCW reported the following:

Priority Area: Lifestyle Intervention

Goal Statement: Promote physical activity, nutrition and smoking cessation (including e-cigarettes, vaping and juuling).

In June 2019, a community running workshop was held at Portage Physical Therapy Clinic which provided information on strength training for runners, basics of running form, common running injuries and running footwear. That month CSSMCW collaborated with Windber Borough, Windber Municipal Authority and Windber Area School District, along with the Pennsylvania Department of Health and University of Pittsburgh Graduate School of Public Health in a free program designed to increase opportunities for physical activity, WalkWorks.

WalkWorks aims to improve the health status of the population through:

- Development of fun, fact-filled walking routes that are accessible to individuals of all ages and abilities;
- Facilitation of walking groups lead by a group leader; and
- Promotion of policy development to enhance opportunities for active transportation.

The running workshop at Portage Physical Therapy Clinic was also held in February 2020, focusing on cross-training for runners as well as urinary incontinence and pelvic pain.

In October 2019 CSSMCW held an Inner Core and Pelvic Floor educational seminar which discussed the anatomy of the inner core/pelvic floor muscles and pelvic organs. The effects of incorrect breathing/inner core stabilization and female life cycle events. And prevention and treatment of pelvic, abdominal, urinary, and bowel symptoms.

In February 2020, they hosted a Squat Clinic & DARI Motion Assessment for local members of Legends Warehouse Cross-fit Gym. Attendees of the squat clinic learned about the key points of a back squat; common errors when completing the squat that can lead to pain, injury, and affect performance; as well as how to find their individual and optimal squat position. Additionally, those who opted to complete the DARI analysis were provided a one-on-one review of their results and individualized instruction on exercises/stretchers with our highly skilled and trained physical therapists to improve asymmetries or body regions at risk for injury.

That month, two DARI Motion assessment presentations were held (with more than 30 attendees). Coaches, parents, and athletes learned how the DARI Motion assessment can help athletes at all levels transform their motion, recover from injury, and perform at a higher level. Gym goers, physical therapy patients, individuals with balance issues or falling risks will learn the many ways the DARI Motion assessment can help them avoid injury and more safely exercise.

CSSMCW also held a “What’s the Skinny on Obesity Webinar”, where over 25 participants learned about the disease of obesity and how it’s possible to reduce the effects of weight-related health problems with weight loss as small as 5 to 10%.

In May of 2020, CSSMCW did an online Exercise Library, where the Physical Therapy department joined together to create work-out videos to help individuals stay active at home.

In November of 2020, Conemaugh Valley Physical Therapy Clinic and Fitness Center opened.

Priority Area: Chronic Disease Management

Goal Statement: Reduce cardiovascular disease, including heart disease and cholesterol, cancer and obesity across the continuum of care.

CSSMCW held a Cardiovascular Disease Seminar in February 2019 to educate on the causes, signs, symptoms and possible treatment and prevention of cardiovascular disease. During the seminar attendees had the opportunity to have their blood pressure checked. There were 40 individuals in attendance.

In February 2020, a Cardiovascular Disease & Peripheral Vascular Disease Seminar was held where participants learned about the causes, signs, symptoms, and possible treatment and prevention of cardiovascular disease and peripheral vascular disease.

In February 2021, CSSMCW held a Lunch & Learn Webinar: Heart Healthy Food Demo, with over 35 participants. Participants spent their lunch break learning how to prepare heart healthy foods: Flavored Tuna (like the grocery store pouches, only cheaper and healthier!) and Chia Pudding. Later that month they hosted an educational Webinar: Weight Loss, Heart Health & You, with nearly 20 participants. Participants learned about the disease of obesity and how you can reduce the effects of heart disease and other weight-related health problems with weight loss as small as 5 to 10%.

Priority Area: Access to Quality Health Care

Goal Statement: Promote health screenings (mammograms and biometric screenings) and increase access to health care.

CSSMCW offered a Breast Cancer Support Group during the months of October and December 2019 and February of 2020, all subsequent groups were cancelled due to COVID-19. The goal of the group is to help build a community of survivors and fighters to help each other during their breast cancer journey. Participants are encouraged to share their experiences, concerns, and feelings with others who can understand and relate.

During August 2020, Antibody Testing for JMBCC Cancer Patients began. This initiative was funded by the Taunia Oechslin Girls Night Out Foundation, COVID-19 IgG antibody testing for Joyce Murtha Breast Care Center (JMBCC) cancer patients began on Thursday, August 6. The patients have the option to have one antibody test for their personal knowledge or to volunteer to participate in Chan Soon-Shiong Institute of Molecular Medicine's (CSSIMMW) SARS-CoV-2 antibody surveillance (COVID-19) research, with retesting every three months for at least a year.

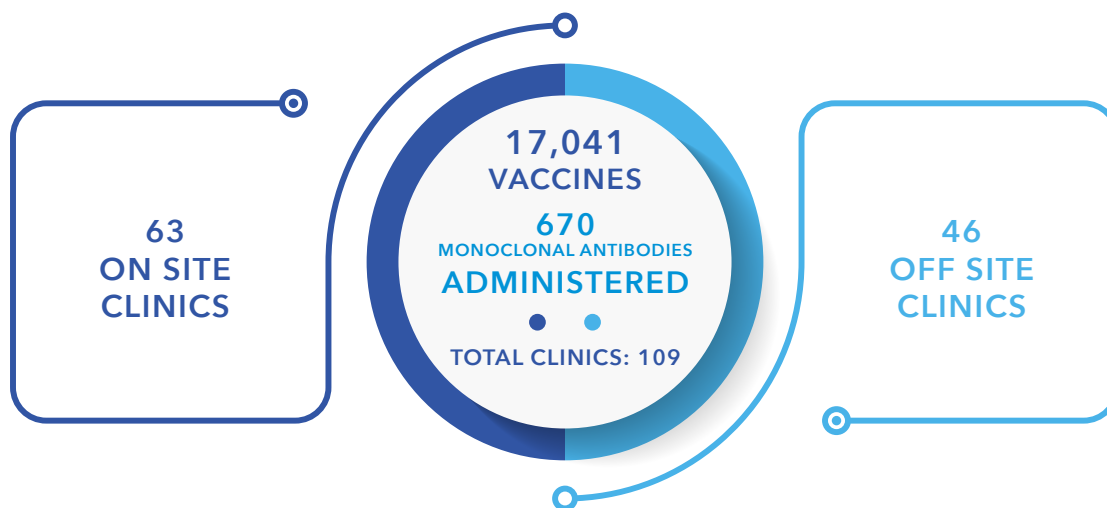
On October 7, 2020, CSSMCW held Drive-Thru Flu Shots for WindberCare Physicians Patients. Despite COVID-19 gathering restrictions, the staff were able to give nearly 400 vaccines to patients while they remained in their vehicles. On October 14-15, 2021, another Drive-Thru Flu Shots for WindberCare Physicians Patients was held, also vaccinating nearly 400 patients.

In January 2021, the Screen One Screen All Campaign Launched. In June 2021, CSSMCW partnered with Ann Harris Smith Foundation on Screen One Screen All.

Responding to the Pandemic

The COVID-19 pandemic caused CSSMCW to shift its priorities to meeting the immediate needs of the community. While CSSMCW may not have made as much progress towards its implementation plan as it would have liked, the hospital was able to support the community during the pandemic. Figure 8 below shows the total of vaccines administered.

Figure 8: Total Vaccines Administered



HOSPITAL UTILIZATION DATA

Table 3 shows that from 2019 to 2021, hospital DRG conditions for CSSMCW increased for: breast cancer, cancer and fracture.

As seen in Table 4 from 2019 through 2021, hospital ER and/or inpatient discharges for mental health for CSSMCW increased for: alcohol related, other organic psych conditions, bipolar, adjustment related, and conduct/social disturbances.

In Table 5 for the same time period, hospital ER discharges for ambulatory care sensitive conditions for CSSMCW increased for: convulsions, gastroenteritis, kidney/urinary infection, and diabetes with other conditions.

Table 3: Hospital Inpatient Conditions

Diagnosis Related Groups	2019	2020	2021
Hypertension	2	0	2
CHF	61	48	54
Breast Cancer	0	2	3
Cancer	0	2	3
Pneumonia	79	76	58
Complications Baby			
Reproductive Disorder	1		
Bronchitis/Asthma < 18	1		
Bronchitis/Asthma >18	2	5	1
Alcohol/Drug Abuse	3	3	2
COPD	40	21	10
Fracture	4	6	8

Source: CSSMCW, 2022

Table 4: Mental Health ICD-9 and ICD-10 Codes

Code	2019 ER	2019 IN	2020 ER	2020 IN	2021 ER	2021 IN
Dementia		52		45		43
Alcohol Related	35	22	27	20	29	17
Drug Related	17	2	13	1	16	3
Transient Organic Psychotic	13	1	8	2	10	2
Other Chronic Organic Psych		21		9		28
Schizophrenia		4		5		1
Manic Disorder						
Depressions		152		96		100
Bi Polar		2		5		6
Paranoia Psychosis		3		1		2
Anxiety	3	109		73	2	86
Phobias						
Personality Disorders	3	3		0	1	1
Sexual Deviations						
Psychogenic Disorders						
Sleep Disorders						
Eating Disorders						1
Stress Related	3	2	18	2	17	2
Adjustment Related	5	2	9	2	2	3
Conduct/Social Disturbances		1	1		4	
Emotional- Youth	2				1	
Mental Retardation		2		1		2

Source: CSSMCW, 2022

Table 5: Ambulatory Care Sensitive Conditions- ER Only

Preventable Conditions	2019	2020	2021
Congenital Syphilis	0	0	0
Failure to Thrive	0	0	0
Dental Conditions	43	55	51
Vaccine Preventable Cond	0	0	0
Hemophilus Meningitis ages 1-5	0	0	0
Iron Deficiency Anemias	16	10	3
Nutritional Deficiencies	0	0	0
Acute Conditions			
Bacterial Pneumonia	12	52	3
Cervical Cancer	0	0	0
Cellulitis	32	23	28
Convulsions	11	9	17
Dehydration	2	6	3
Gastroenteritis	63	90	96
Hypoglycemia	5	4	4
Kidney/Urinary Infection	140	161	207
Pelvic Inflammatory Dis	6	4	2
Severe ENT Infections	178	157	65
Skin Grafts with Cellulitis	0	0	0
Chronic Conditions			
Angina	8	3	1
Asthma	168	139	94
COPD	208	146	68
CHF	77	63	72
Diabetes with ketoacidosis	26	41	37
Diabetes with other conditions	55	84	84
Diabetes without other conditions	18	37	33
Grand Mal and other Epileptic	2	5	4
Hypertension	62	53	60
Tuberculosis- Non Pulmonary	0	0	0
Pulmonary Tuberculosis	0	0	0

Source: CSSMCW, 2022

GENERAL FINDINGS

Health Status

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.



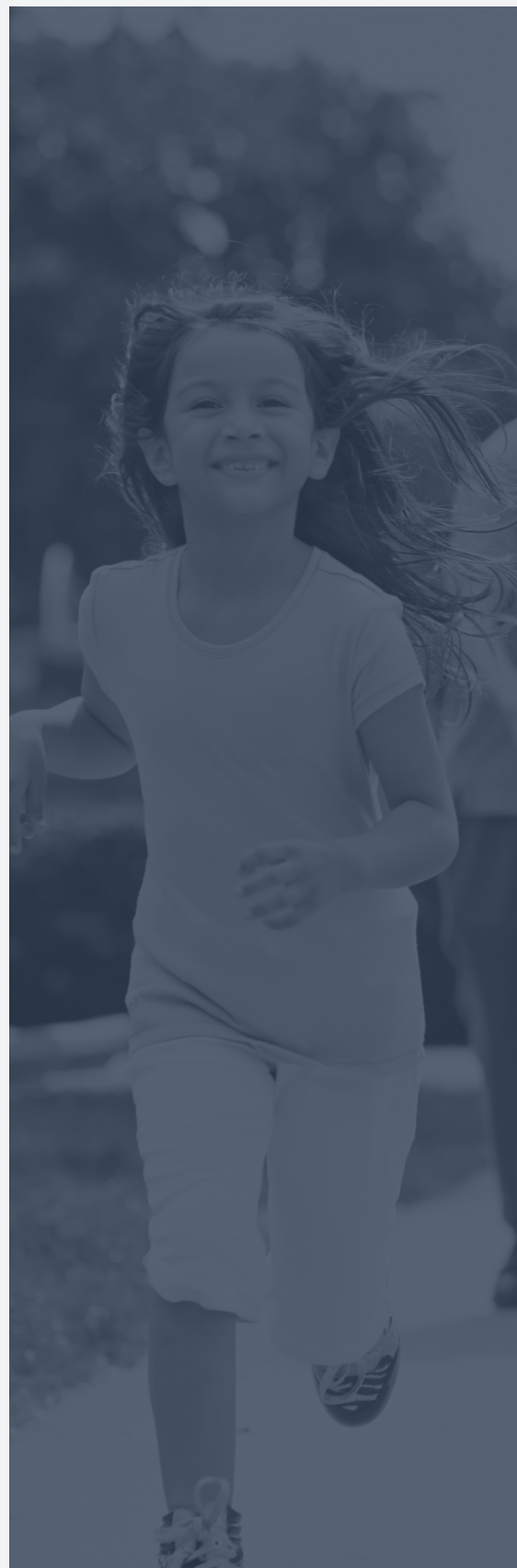
WHERE WE ARE MAKING A DIFFERENCE

No areas were prevalent from the secondary data.



WHAT THE COMMUNITY IS SAYING

Stakeholders and survey respondents did not comment on health status.





WHERE THERE ARE OPPORTUNITIES

Fair or Poor Health

In 2018-2020 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 in the combined counties of Indiana, Cambria, Somerset and Armstrong (40.0%) was higher than the state (36.0%) in 2018-2020, although the percentage did decrease from 43.0% in 2017-2019.



ACCESS TO QUALITY HEALTHCARE

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, employment and affordability; education; transportation and location; community; and quality and availability of providers all affect access.



WHERE THERE ARE OPPORTUNITIES

Needed to See a Doctor But Could Not Due to Cost

In 2018-2020 a higher percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong (12.0%) reported they needed to see a doctor but could not in the past year due to cost, compared to the state (9.0%).

Mammography Screenings

In 2021, Women Receiving Mammograms in Cambria (42.0%) and Somerset (43.0%) counties was lower compared to the state (45.0%) and well below the Healthy People 2030 Goal of 77.1%.

Health Insurance

In 2021 in Somerset County, there was a higher percentage of uninsured adults (8.8%) and children (6.1%) when compared to the state (7.5% and 4.4% respectively).



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 9.0% in 2018-2020, just below the state (10.0%).

In 2021, the percentage of uninsured adults (6.2%) and children (3.1%) in Cambria County was lower than the state (7.5% and 4.4% respectively) and nation (12.0% and 5.0% respectively).

Routine Check-Ups

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong with a routine physical in the past 2 years increased from 83.0% in 2011-2013 to 89.0% in 2018-2020, which was comparable to the state (89.0%).



WHAT THE COMMUNITY IS SAYING

One fourth (25.4%) of key informant survey respondents identified access to care/uninsured as one of the top 3 most pressing health related issues. Some

respondents do not feel residents can access primary care (27.3%), medical specialists (38.1%) or dentists (23.9%) when needed. Over half of the respondents (55.1%) do not feel there is a sufficient number of bi-lingual providers in the area. Over one third (40.9%) do not think there is transportation for medical appointments available in the area.

Stakeholders talked about the lack of transportation. One spoke of the challenges for seniors with regards to getting them to services, healthcare, food and shelter. Another shared a story of someone walking 8 miles to their appointment because they do not have transportation. This stakeholder also mentioned that she saw a young mother and child who needed money for the bus to take her daughter to a doctor's appointment. A few mentioned that rural communities who are not on a bus route struggle to access transportation. One talked about the fact people are intimidated by the healthcare system which leads them to not seek the care they need. They talked about how overwhelming it can be for those who have multiple appointments with different specialists. Another spoke of the cost of insurance and the challenges employers have providing good health insurance to their employees. One stakeholder noted that there is an underserved population in the region, who is very impoverished and has a hard time accessing healthcare resources. Others talked about the challenges getting timely appointments. Several talked about staff shortages and the challenge that creates accessing care.

Key Informant Survey Respondent

"I work with the elderly, and they often lack the help and services they need. It's not a lack of insurance, but a lack of resources available."

Barriers to Healthcare

According to Healthy People 2030, 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 9, Key Informant Survey Respondents identified the following among the Top 3 Barriers people in the community experience:

- Inability to Pay Out of Pocket Expenses (78.6%)
- Lack of Insurance Coverage (51.3%)
- Inability to Navigate Health Care System (50.5%)
- Availability of Providers (35.3%)
- Lack of Transportation (31.3%)
- Time Limitations (30.1%)

Figure 9: Barriers to Care



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2022



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

The Breast Cancer Incidence Rate per 100,000 increased in Cambria County from 108.5 in 2017 to 149.0 in 2018, which is higher compared to the state (129.8). For Somerset County, the Breast Cancer Incidence Rate increased from 118.7 in 2017 to 137.2 in 2018, also higher than the state. In 2018, Late State Breast Cancer Rate per 100,000 was higher in both Cambria (43.2) and Somerset (47.1) counties compared to the state (39.5).

In 2019, the Breast Cancer Mortality Rate per 100,000 for Cambria County (22.3) was higher than the state (19.5) and exceeds the Healthy People 2030 Goal of 15.3. The rate in Somerset County (19.4) was comparable to the state (19.5).

Lung Cancer

The Bronchus and Lung Cancer Mortality Rate per 100,000 increased from 46.7 in 2017 to 64.7 in 2018, which was higher than the state (59.9). For Somerset County, the Bronchus and Lung Cancer Incidence Rate has increased slightly from 54.2 in 2017 to 55.3 in 2018 and higher compared to the state (59.9).

Prostate Cancer

In 2018, the Prostate Cancer Incidence Rate per 100,000 in Cambria (107.0) and Somerset (108.8) was higher compared to the state (103.0). In 2019, the Prostate Cancer Mortality Rate per 100,000 was also higher in Cambria (18.9) and Somerset (31.4) counties when compared to the state (17.5) and exceeds the Healthy People 2030 goal of 16.9.

Obesity and Overweight

The percentage of adults considered Obese in combined counties of Indiana, Cambria, Somerset and Armstrong in 2018-2020 (37.0%) was higher when compared to the state (32.0%) and nation (31.9%).

The percentage of adults in the combined counties considered Overweight (71.0%) was also higher compared to the state (67.0%).

Alzheimer Mortality

In 2019, the Alzheimer Mortality Rate in Somerset County (41.2) was significantly higher compared to the state (21.2).

Heart Related

The Cardiovascular Disease Mortality Rate Per 100,000 in Cambria County (244.8) was significantly higher than the state (220.4) in 2019. The rate in Somerset County (229.7) was also higher than the state.

In 2019, the Heart Disease Mortality Rate per 100,000 was significantly higher in Cambria County (198.6) compared to the state (172.7). That same year the Heart Failure Mortality Rate per 100,000 (37.3) was also significantly higher than the state (26.1). The Heart Disease Mortality Rate per 100,000 in Somerset County (187.5) in 2019 was also higher than the state (172.7)

In 2019, the Coronary Heart Disease Mortality Rate per 100,000 was significantly higher in Somerset County (123.1) compared to the state (102.3). The rate in Cambria County (107.0) was also higher than the state.

Diabetes Mortality

In 2019, the Diabetes Mortality Rate per 100,000 was significantly higher in Somerset County (46.9) compared to the state (20.4).

Lyme Disease

The Lyme Disease Rate per 100,000 has increased in Cambria County from 20.9 in 2011 to 134.4 in 2019, which was significantly higher than the state (70.3). The same is true in Somerset County increasing from 26.1 in 2013 to 98.0 in 2019, which was also significantly higher than the state.



WHERE WE ARE MAKING A DIFFERENCE

Colorectal Cancer

The Colorectal Cancer Incidence Rate in Cambria County has decreased from 51.0 in 2017 to 41.2 in 2018, although the rate was higher than the state (37.3).

Heart Related

The Cerebrovascular Mortality Rate per 100,000 has decreased in Somerset (41.6 in 2011 to 35.4 in 2019) and Cambria (48.2 to 26.1) counties. In 2019, the rate in Cambria County was significantly lower than the state (35.3).

Key Informant Survey Respondent

“Almost everyone you see is overweight and this includes children.”

The percentage of adults ever told they have heart disease has decreased in the combined counties of Indiana, Cambria, Somerset and Armstrong Counties from 8.0% in 2011-2013 to 6.0% in 2018-2020, which is comparable to the state.



WHAT THE COMMUNITY IS SAYING

Figure 10 illustrates the top community health issues related to chronic disease that Key Informants identified: obesity and overweight (59.1%), diabetes (25.0%), heart disease (24.8%), and breast cancer (6.7%).

Figure 10: Top Health Issues Identified By Key Informant Survey Respondents



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2022

Diabetes, heart disease, and cancer were identified as top community health concerns by stakeholders. Others talked about the need to travel outside of the area for oncology or cardiac services.

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

Physical Activity

The percentage of adults in Indiana, Cambria, Somerset and Armstrong counties with no Leisure Time Physical Activity in 2018-2020 (30.0%) was higher than the state (25.0%).

The percentage of adults reporting Physical Inactivity has increased in Somerset County from 28.1% in 2013 to 30.5% in 2021, which was higher than the state (22.0%) and nation (23.0%).

Food Insecurity

In 2021, a higher percentage of residents in Cambria (12.8%) and Somerset (11.3%) counties reported food insecurity compared to the state (10.9%) and was well above the Healthy People 2030 Goal of 6.0%.

Limited Access to Healthy Foods

The percentage of residents with Limited Access to Healthy Foods in Cambria County in 2021 (8.9%) was twice as high as the state (4.6%). The percentage was also higher in Somerset County (6.4%) compared to the state.

Free or Reduced Lunch

The percentage of students Receiving Free or Reduced Lunch has increased in both counties since 2013. In 2021, both Cambria (52.9%) and Somerset (48.2%) counties had a higher percentage receiving Free or Reduced Lunch compared to the state (51.3%) and nation (52.0%).



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 80.0% in 2021) and Somerset (62.8% to 71.2%) counties, although both are lower than the state (84.4%).



WHAT THE COMMUNITY IS SAYING

One stakeholder talked about the need for residents to understand healthy eating and the impact that has on one's physical health. Another talked about the lack of physical activity noted that people are spending more time inside doing things online than outside being active. This was particularly noted for youth.

TOBACCO USE

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



WHERE THERE ARE OPPORTUNITIES

Adults

A higher percentage of adults in Indiana, Cambria, Somerset and Armstrong counties were Current Smokers in 2018-2020 (21.0%) compared to the state (17.0%). A higher percentage of adults in the combined counties report being an Everyday Smoker (17.0%) compared to the state (13.0%).

A significantly higher percentage of adults in the combined counties report currently using Chewing Tobacco (9.0%) compared to the state (4.0%) for years 2018-2020.

Youth

The percentage of students who report vaping in the past 30 days has increased in Cambria County from 17.7% in 2015 to 25.0% in 2019, which was higher than the state (19.0%). The percentage also increased in Somerset County from 18.3% to 21.3%.



WHERE WE ARE MAKING A DIFFERENCE

Adults

The percentage of adults who report never being a smoker has increased in the combined counties of Indiana, Cambria, Somerset and Armstrong from 53.0% in 2011-2013 to 57.0% in 2018-2020, which was comparable to the state (57.0%).

Youth

Lifetime Cigarette Use among youth has decreased in Cambria (22.2% in 2013 to 14.7% in 2019) and Somerset (24.3% to 16.2%) counties, although in 2019 both were higher than the state (10.8%).

Smokeless Tobacco Lifetime Use among youth also decreased from 14.4% in 2013 to 9.8% in 2017 in Cambria County and from 16.0% to 10.2% in Somerset County, although both were higher than the state (5.5%).



WHAT THE COMMUNITY IS SAYING

One in ten (10.8%) Key Informant Survey Respondents identified Tobacco as a Top 3 health issue.

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

Depressive Disorder

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong who have ever been told they have a Depressive Disorder has increased from 21.0% in 2011-2013 to 24.0% in 2018-2020 and in 2018-2020 was higher than the state (20.0%) and nation (19.2%).

Mental Health Not Good

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong whose Mental Health was Not Good one or more days in the past month has increased from 34.0% in 2011-2013 to 39.0% in 2018-2020 and in 2018-2020 was higher than the state (38.0%).

Mental and Behavioral Health Disorders Mortality

The Mental and Behavioral Health Disorders Mortality Rate per 100,000 in Cambria County increased from 29.3 in 2011 to 50.8 in 2019, which was higher than the state (42.8). The rate has also increased in Somerset County from 24.7 to 36.0, although the rate was lower than the state.

Suicide Mortality

Suicide Mortality per 100,000 has increased in Cambria County and in 2019 (17.2) was higher compared to the state (14.0).

The Suicide by Firearm Mortality rate per 100,000 in Cambria County increased from 6.9 in 2011 to 10.1 in 2016, which was higher than the state (6.7). Data is not available for Somerset County.

Drug Induced Mortality

The Drug Induced Mortality Rate per 100,000 has increased in Cambria County and in 2018-2020 (55.5) was significantly higher than the state (36.2).

Chronic Drinking

The percentage of adults who reported Chronically Drinking in the combined counties of Indiana, Cambria, Somerset and Armstrong increased from 6.0% in 2017-2019 to 8.0% in 2018-2020, which was higher than the state (6.0%).

Youth Lifetime Alcohol Use

The percentage of students in Grade 6 who report Lifetime Alcohol Use has increased from 13.2% in 2013 to 17.8% in 2019, which was higher than the state (17.7%). The percentage has also increased in Somerset County from 9.6% to 17.1%.



WHERE WE ARE MAKING A DIFFERENCE

Drug-Induced Mortality

In 2019, the Drug-Induced Mortality rate per 100,000 in Somerset County was lower when compared to the state (36.2).

Youth Lifetime Alcohol Use

The percentage of students in both Cambria (47.2% in 2013 to 44.8% in 2019) and Somerset (48.0% to 42.3%) counties who report Lifetime Alcohol Use has decreased.

Youth Lifetime Marijuana Use

Lifetime Marijuana Use has decreased for students in Cambria (17.2% in 2013 to 16.5% in 2019) and Somerset (16.4% to 13.4%) counties. In 2019, both were lower than the state (17.3%).

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. Driving after drinking decreased from 11.3% in 2013 to 5.3% in 2019 in Cambria County. The percentage in Somerset County decreased from 12.5% to 4.9%.

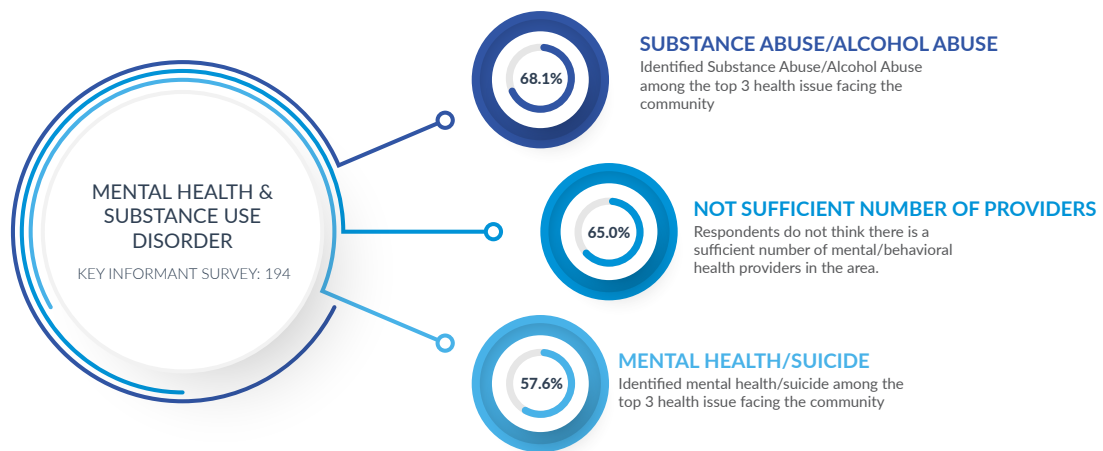


WHAT THE COMMUNITY IS SAYING

Figure 11 highlights responses to primary data related to mental health and substance use. Over two thirds (68.1%) of Key Informant Survey Respondents identified Substance Abuse/Alcohol Abuse among the Top 3 health issue facing the community. Mental Health /Suicide was also identified by 57.6% of Key Informant Survey Respondents within the Top 3 health issues. Almost two thirds (65.0%) of Key Informant Survey Respondents do not think there is a sufficient number of mental/behavioral health providers in the area.

Mental health and substance use were among the top identified health needs by Stakeholders. One stakeholder talked about the fact that substance abuse is generational and that it is relatively cheap and easy to get. They spoke of the increase in Meth and that to some degree is the result of things being shut down due to COVID-19. Others talked about the fact the people turn to drugs and alcohol as a way to cope when they are stressed. One talked about grandparents raising grandchildren because their parents are either incarcerated or have passed away as a result of substance use. Mental health among the youth was noted by a few stakeholders with some commenting on the impact of social media on mental health. Several talked about the lack of behavioral health providers and services.

Figure 11: Mental Health and Substance Use Indicators, Primary Data



Source: CSSMCW Key Informant Survey, Strategy Solutions, Inc. 2022

HEALTHY ENVIRONMENT

"This community has extreme poverty and with it all the barriers that come with it."

- Key Informant Survey Respondent

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

Asthma

The percentage of adults Ever Told They Have Asthma has increased in Indiana, Cambria, Somerset and Armstrong counties from 12.0% in 2011-2013 to 15.0% in 2018-2020 which was comparable to the state (15.0%).

The percentage of adults in the combined counties who Currently Have Asthma has increased from 8.0% in 2011-2013 to 13.0% in 2018-2020, which was higher than the state (10.0%).

Children Living in Poverty

A higher percentage of Children are Living in Poverty in 2021 in Cambria (22.5%) and Somerset (20.2%) counties compared to the state (16.5%).

Disconnected Youth

The percentage of Disconnected Youth in 2021 in Somerset County (11.3%) was twice as high as the state (5.7%).



WHERE WE ARE MAKING A DIFFERENCE

Unemployment

The Unemployment Rate has dropped in both Cambria (8.6% in 2013 to 5.3% in 2021) and Somerset (8.7% to 5.3%) counties, which was higher than the state (4.4%).

Students Graduating High School

The percentage of Students Graduating High School in 2021 was higher in Cambria (94.5%) and Somerset (94.0%) counties was higher when compared to the state (86.3%) and has been increasing since 2013.

Children Living in Single Parent Homes

In Somerset County in 2021 (18.8%) a lower percentage of Children were Living in Single Parent Homes compared to the state (25.8%). The percentage decreased from 27.6% in 2020 to 18.8% in 2021.



WHAT THE COMMUNITY IS SAYING

One Stakeholder talked about the fact that the town had been a vibrant mining and mill town but with the loss of jobs several people are living in low income.

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



WHERE THERE ARE OPPORTUNITIES

Prenatal Care

In 2019, the percentage of mothers receiving Prenatal Care in the First Trimester in Somerset County (69.7%) was significantly lower compared to the state (74.2%) and below the Healthy People 2030 Goal (80.5%).

The percentage receiving No Prenatal Care in 2019 in Cambria County (1.1%) was significantly lower compared to the state (2.1%).

Infant Mortality

In 2019, the Infant Mortality Rate per 1,000 live births in Cambria County (10.6) was significantly higher compared to the state (5.9). No data was available for Somerset County.

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 2019.

Breastfeeding

The percentage of Breastfeeding mothers in Cambria County has been significantly lower compared to the state for years 2011 through 2019. In 2019, the percentage in Somerset County (78.7%) was significantly lower than the state (82.0%).

Mothers Receiving Assistance

The percentage of Mothers Receiving WIC Assistance in Cambria County has been significantly higher than the state from 2011 to 2019. The same is true for those receiving Medicaid Assistance. Although not significantly higher the percentage in Somerset County was also higher than the state in 2019.

Youth Overweight and Obesity

The percentage of students Grades K-6 and 7-12 who are Overweight or Obese has been increasing in both Cambria and Somerset Counties since 2014 to 2018. In 2018, the percentage of students Grades 7-12 who are Obese (22.3%) in Cambria County was higher than the state (19.5%). In Somerset County, in 2018, the percentage of students Grades K-6 considered Obese (21.5%) was higher than the state (16.8%) as were those Grades 7-12 considered Obese (25.4% vs. 19.5%).



WHERE WE ARE MAKING A DIFFERENCE

Prenatal Care

In 2019, the percentage of mothers receiving Prenatal Care in First Trimester in Cambria County (79.4%) was significantly higher than the state (74.2%).

Teenage Pregnancy

The Teenage Pregnancy Rate (Ages 15 to 17) has decreased in Cambria County (17.0 in 2011 to 10.7 in 2019), which was comparable to the state (9.0). Data is not available for Somerset County in 2019.

The rate also decreased for teens ages 18-19 in Cambria County from 43.3 in 2011 to 33.4 in 2019, compared to the state (32.9). The rate has also decreased in Somerset County (68.2 to 33.4).

Teen Births

The percentage of Live Births to Teens age 15-17 in 2019 for Cambria County (82.6%) was higher than the state (62.9%). Data is not available for Somerset County for 2019. In 2019, Live Births to Teens age 18-19 was also higher for Cambria (82.3%) and Somerset (91.3%) counties compared to the state (69.8%).



WHAT THE COMMUNITY IS SAYING

Maternal/Infant Health was identified by 6.8% of Key Informant Survey Respondents among the Top 3 community health issues. Key Informant Survey respondents commented on the fact that childhood obesity is an issue. One Stakeholder talked about the increase in child abuse from parent stress and/or substance use. Another talked about the overall socio-emotional welfare of children and the need for parenting 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).



WHERE THERE ARE OPPORTUNITIES

Adults Ever Tested for HIV

The percentage of adults Ever Tested for HIV in Indiana, Cambria, Somerset and Armstrong counties decreased from 37.0% in 2017-2019 to 35.0% in 2018-2020, which is lower than the state (43.0%).

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 has increased in Cambria and Somerset counties, although in 2021 both were well below the state. In 2021, 41.0% of adults in Cambria County and 36.0% in Somerset County had received the flu vaccination compared to 53.0% in the state and 48.0% in the nation.

Influenza and Pneumonia Mortality

In 2019, the Influenza and Pneumonia Mortality Rate per 100,000 was significantly higher in Cambria County (23.1) when compared to the state (13.4).



WHERE WE ARE MAKING A DIFFERENCE

Sexually Transmitted Diseases

The Chlamydia and Gonorrhea rate per 100,000 has been significantly lower in both Cambria and Somerset County since 2011 when compared to the state. In 2019, the Chlamydia rate per 100,000 was 285.7 in Cambria County and 128.0 in Somerset County, compared to 482.2 in the state. In 2019, the Gonorrhea rate per 100,000 was 39.9 in Cambria County and in 2018 was 18.9 in Somerset County. The state rate in 2019 was 125.6.

HIV Prevalence

In 2021, the HIV Prevalence rate was lower in both Cambria (73.7) and Somerset (71.0) counties compared to the state (330.8) and nation (373.0).



WHAT THE COMMUNITY IS SAYING

Sexually Transmitted Diseases were not identified by Key Informant Survey Respondents or Stakeholders.

INJURY

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



WHERE THERE ARE OPPORTUNITIES

Auto Accident Mortality

In 2019, the Auto Accident Mortality rate per 100,000 was higher in both Cambria (13.0) and Somerset (14.9) counties compared to the state (8.1), although was below the Healthy People 2030 Goal (20.7).

Fall Mortality

In 2019, the Fall Mortality rate per 100,000 was higher in Cambria County (15.4) compared to the state (10.8) and has been increasing.

Accidents Mortality

The Accidents Mortality rate per 100,000 was significantly higher in Cambria County when compared to the state for years 2015 through 2019. In 2019 the county rate was 91.8 while the state rate was 61.0.

Poisoning

In 2019, the Poisoning rate per 100,000 was significantly higher in Cambria County (56.2) compared to the state (37.7).



WHERE WE ARE MAKING A DIFFERENCE

Firearm Mortality

In 2019, the Firearm Mortality rate per 100,000 in Cambria County (10.9) was just below the state (11.6) and comparable to the Healthy People 2030 Goal (10.7).



WHAT THE COMMUNITY IS SAYING

This topic was not mentioned by Stakeholders or Key Informants.

PRIORITIZATION

On March 3, 2022, the CSSMCW CHNA leadership team met to review the primary and 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 CHNA leadership team and discussed the needs of the local area and what the hospital is currently offering the community and other potential needs that were not reflected in the data collected. A total of 36 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, negative trends, or growing incidence). Table 6, lists the priorities and areas of competency. The CHNA leadership team evaluated the needs based on areas of core competency and progress made on the prior implementation plan. On March 17, 2022, the CSSMCW CHNA leadership team finalized the list of priorities.



Table 6: Potential Priorities

Need	Secondary Data	Survey (N=192)	Core Competency
Lifestyle Intervention			
Poor Health	X		
Adults Ever Tested for HIV	X		
Mental Health/Suicide	X	X	
Substance Use (including youth)	X	X	
Lack Physical Activity/Exercise	X		
Tobacco Use	X		
Housing Problems	X		
Food Insecurity	X		
Chronic Disease Management			
Overweight/Obesity (including childhood obesity)	X	X	X
Diabetes	X		X
Asthma	X		X
Cancer	X		X
Heart Related	X		
Lyme Disease	X		
Alzheimer's Disease	X		
Parkinson's Mortality	X		
Renal Failure Mortality	X		
Septicemia Mortality	X		
Premature Deaths	X		
Access to Quality Care			
No Personal Care Provider	X		
Could Not See Doctor Due to Cost/ Did Not Get Care b/c of Cost	X	X	
Access to Care		X	X
Uninsured		X	
Dental Care		X	
Healthy Women and Children			
Non-Smoking Mothers	X		
Mothers on Assistance	X		
Teen Live Birth Outcomes	X		
Infant Mortality	X		
Mammogram Screenings	X		X
Children Living in Poverty	X		
Communicable/Infectious Disease			
Influenza Mortality	X		
Pneumonia Mortality	X		
STDs	X		
Injury			
Auto Accident Mortality	X		
Fall Mortality	X		
Poisoning (including accidental)	X		

Much of the above significant needs will be addressed in CSSMCW's Implementation Strategy, which will be published under a separate cover and made accessible to the public. The three 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
 - » **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 2022 CHNA was presented and approved by the CSSMCW Board of Directors in June 2022. The CSSMCW 2019 CHNA is posted on the CSSMCW website (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.





Our Mission at 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.