Cambria & Somerset Counties 2025

Community Health Needs Assessment

-Cambria & Somerset Counties, Pennsylvania-

Conemaugh Health System

Duke LifePoint Healthcare

Adopted by Board of Trustees 11.19.25

Paper copies of this document may be obtained at: Conemaugh Health System
Location details can be found on page 3

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Overview

This document will serve as a hospital system Community Health Needs Assessment (CHNA) for Conemaugh Health System comprised of Conemaugh Memorial Medical Center, Conemaugh Meyersdale Medical Center, and Conemaugh Miners Medical Center.

Conemaugh Health System, the sponsor of the assessment, participated in a partnership with other community organizations to complete the CHNA. Members of the partnership include 1889 Foundation, Center for Population Health, and United Way of the Southern Alleghenies. Throughout the document, they will be designated as “The Health & Wellness Committee”.

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community served by The Health & Wellness Committee (Cambria and Somerset Counties, PA).

Paper copies of this document may be obtained at:

1. Conemaugh Health System: 1086 Franklin Street, Johnstown, PA 15905
    - Phone 814-534-9000 or conemaugh.org
2. Conemaugh Meyersdale Medical Center: 200 Hospital Dr, Meyersdale, PA 15552
    - Phone 814-634-5911 or conemaugh.org
3. Conemaugh Miners Medical Center: 290 Haida Ave, Hastings, PA 16646
    - Phone 814-247-3100 or conemaugh.org

Letter to the Community

Dear Community,

The mission of Conemaugh Health System (Conemaugh) is *making communities healthier*. Our patients can expect quality health care with a personal touch, and we continually work to expand services to better meet the needs of patients and communities we serve.

Every three years, we conduct a community health needs assessment to gain insight and feedback from those we serve. This allows us to understand how our efforts have impacted communities and what changes are needed to continue progress toward a healthier community.

The 2025 community health needs assessment not only highlights local health needs but also provides an action plan outlining how Conemaugh will respond. We believe it is of utmost importance that people are able to access as much care as possible without having to leave their community. Through expanded service offerings, telemedicine and partnerships with other organizations we strive to be your hub for healthcare in Cambria and Somerset Counties. Our implementation strategy outlines the need, the overview of how we will address the need, and the measures we will use to gauge success.

At Conemaugh, we are committed to working with our local governments, nonprofits and other key stakeholders to address larger community issues such as affordable housing, access to affordable childcare and other social drivers that often have an adverse effect on people's health and wellbeing.

Conemaugh is a diverse facility that strives to create places where people who choose to come for healthcare, physicians and providers want to practice, and employees want to work. I am committed to leading your health system to continue improving and growing to meet your healthcare needs. We all enjoy this wonderful community and, together, we can make our community healthier for all.

Sincerely,
Rodney Reider
Market President & CEO | Conemaugh Health System

Community Health Needs Assessment (CHNA) Overview

In 2025, The Health & Wellness Committee performed a Community Health Needs Assessment (CHNA) in partnership with Strata Decision Technology ("Strata") to determine the health needs of the local community and develop an accompanying implementation plan to address the identified health needs of the community.

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It uses systematic, comprehensive data collection and analysis to provide information about the community including health status, needs, and disparities. The CHNA also offers a targeted action plan to address areas of need and allows the hospital to truly understand the health needs of the community it serves.

CHNA Benefits

- Identify health disparities and social drivers to inform future initiatives, programs, and outreach strategies
- Identify gaps in healthcare
- Develop an understanding of perceptions and ideas among community members
- Form collaborations with community organizations to address local health needs

The core elements of a CHNA include:

- a definition and description of the community served
- a description of the process and methods used to conduct the CHNA
- a description of how the hospital facility solicited and took into account input received from community members
- a description of the identified significant health needs of the community, including selection process and criteria
- a description of resources available to address the significant health needs
- an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA

Community Health Needs Assessment (CHNA) Overview

The CHNA Process

The process to conduct the CHNA included the following:

Conemaugh Health System's health priorities identified through the 2025 process are:

1. Cancer
2. Cardiovascular Health: Heart Disease, Diabetes, & Stroke
3. Mental Health

This report was approved by the Board of Trustees on 11.19.25

Process and Methods used to Conduct the Assessment

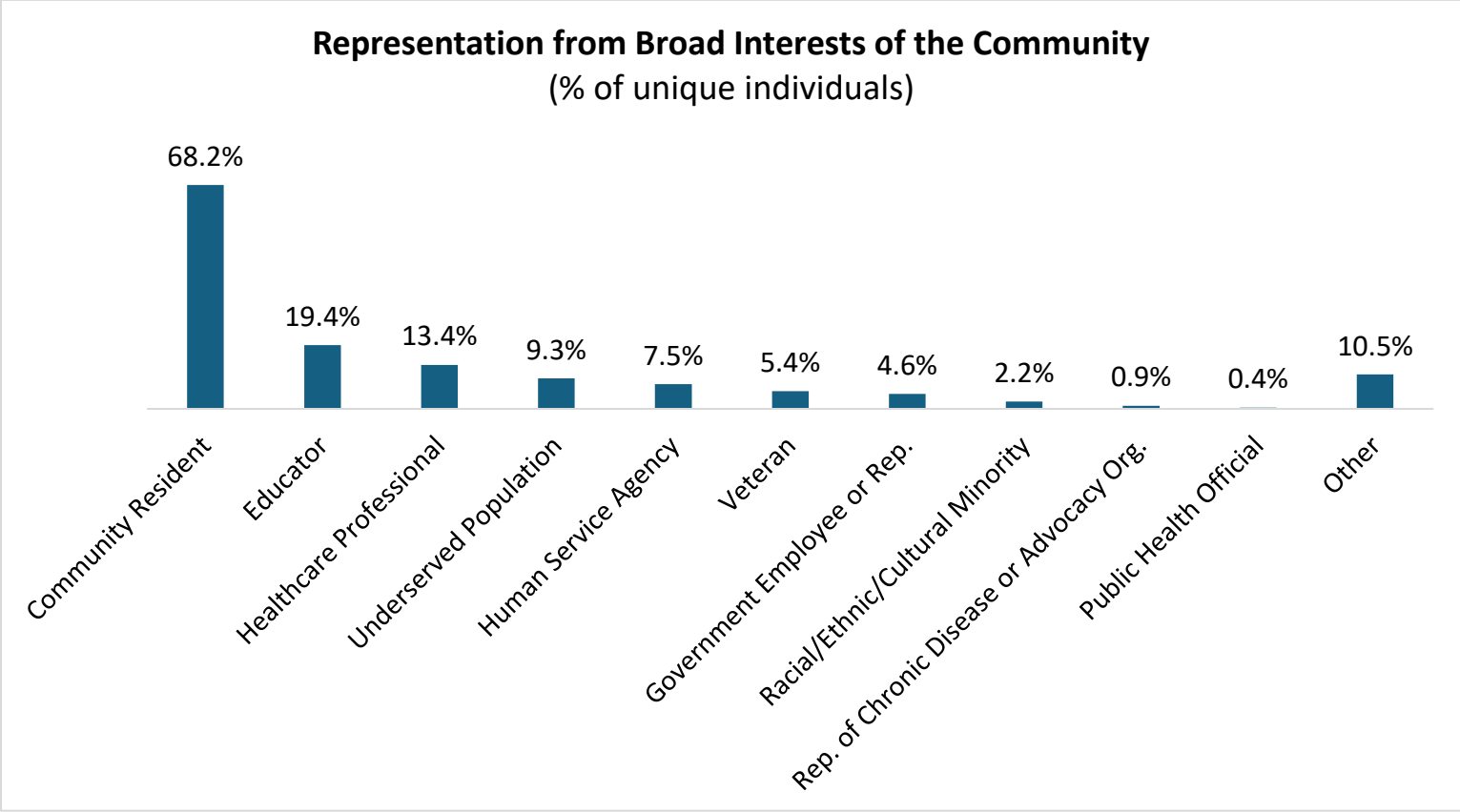
To assess the health needs of the community, a comprehensive approach was utilized. This included collecting community health data via secondary sources and a survey of community members to assess healthcare needs. A community summit was then held to review these inputs with community stakeholders to prioritize the health needs of the community and create action plans.

Community Health Data Collection and Analysis

The Health & Wellness Committee relied on secondary source data to define and assess the community. This data was sourced at the county level from available public sources, including www.countyhealthrankings.org and ESRI.

A community survey was deployed by The Health & Wellness Committee to gain input on local health needs, including those of priority populations such as the medically underserved, low-income, and minority populations. The survey received feedback from 775* community members. The survey was open from May 12, 2025 to June 20, 2025 and distributed digitally, hard copies, and by mail. The Community Summit was held on August 4, 2025 and had 112 participants.

Survey respondents and summit participants represented the stakeholder groups below:



*22 responses removed due to primary residence outside the service area

About Conemaugh Health System

Conemaugh Health System of Duke LifePoint Healthcare is the largest healthcare provider in west central Pennsylvania, serving over a half-million patients each year through the Conemaugh Physician Group and Medical Staff, a network of hospitals, specialty clinics, and patient-focused programs. Conemaugh Health System employs approximately 3200 clinical and non-clinical staff, including more than 450 physicians committed to providing the ideal patient experience.

Conemaugh Memorial Medical Center, the flagship hospital of Conemaugh Health System, is a tertiary care regional referral hospital known for clinical excellence and nationally recognized patient outcomes. Conemaugh Memorial is the most technologically sophisticated hospital between Pittsburgh, PA and Hershey, PA and offers specialized services including a regional Level 1 Trauma Center, Level 3 Neonatal Intensive Care Unit and high-risk obstetrical care.

Conemaugh Miners Medical Center is a critical access hospital that has served northern Cambria County's rural population for 116 years. The 25-bed facility features a 24/7 Level IV Trauma Emergency Department with chest pain accreditation, offering sophisticated emergency care close to home. Originally developed to serve the coal mining community, the hospital has grown to provide high-quality, comprehensive outpatient, imaging, diagnostic, and specialty services to all patients throughout the entire course of their lives.

Conemaugh Meyersdale Medical Center is a critical access hospital that has served the rural Meyersdale community for 70 years. The hospital provides 24/7 emergency care as an accredited chest pain center, and offers high-quality, comprehensive outpatient, imaging, diagnostic, and specialty services close to home. Conemaugh Meyersdale Medical Center also provides primary care services, preventative care, and community education to the Meyersdale community through its Family Health Care Rural Health Clinic.

Mission

Making communities healthier®

Vision

We want to create places where people choose to come for healthcare, physicians and providers want to practice, and employees want to work.

Values

About The Partners

1889 Foundation

1889 Foundation supports innovative programs and initiatives that improve and transform the overall health and wellness of our region. Our organization actually began decades ago. We were officially founded in 1993 as Conemaugh Health Foundation. We were the philanthropic arm of the hospitals of Conemaugh Health System. In September 2014, Conemaugh Health System was purchased by Duke LifePoint Healthcare. At that time, Conemaugh Health System became a for-profit organization. Months later, on March 1, 2015, the Conemaugh Health Foundation was reborn as 1889 Foundation, a completely independent 501(c)3 nonprofit organization.

Through collaborations and partnerships, with a focus on population health, the Foundation is dedicated to making meaningful change in the areas that are negatively impacting the health and well-being of our local communities. 1889 Foundation has invested over $22 million in health and wellness grants within Cambria and Somerset Counties.

Center for Population Health

Center for Population Health was founded as a collaborative research and resource center focused on population health and disease prevention to benefit the citizens living in Cambria and Somerset Counties. The Center's work focuses on identifying key contributing factors to poor health in the region and developing proactive and responsive strategies to address them. The Center is the first of its kind established in a small rural community rather than a large metropolitan area. It is envisioned that the work of the Center will provide a national model of how population health interventions can work in rural communities.

United Way of the Southern Alleghenies

United Way of the Southern Alleghenies (UWSA) strives to improve lives by mobilizing the caring power of community. UWLH is a volunteer-driven, community leading organization responsible for creating positive social change in Cambria and Somerset Counties.

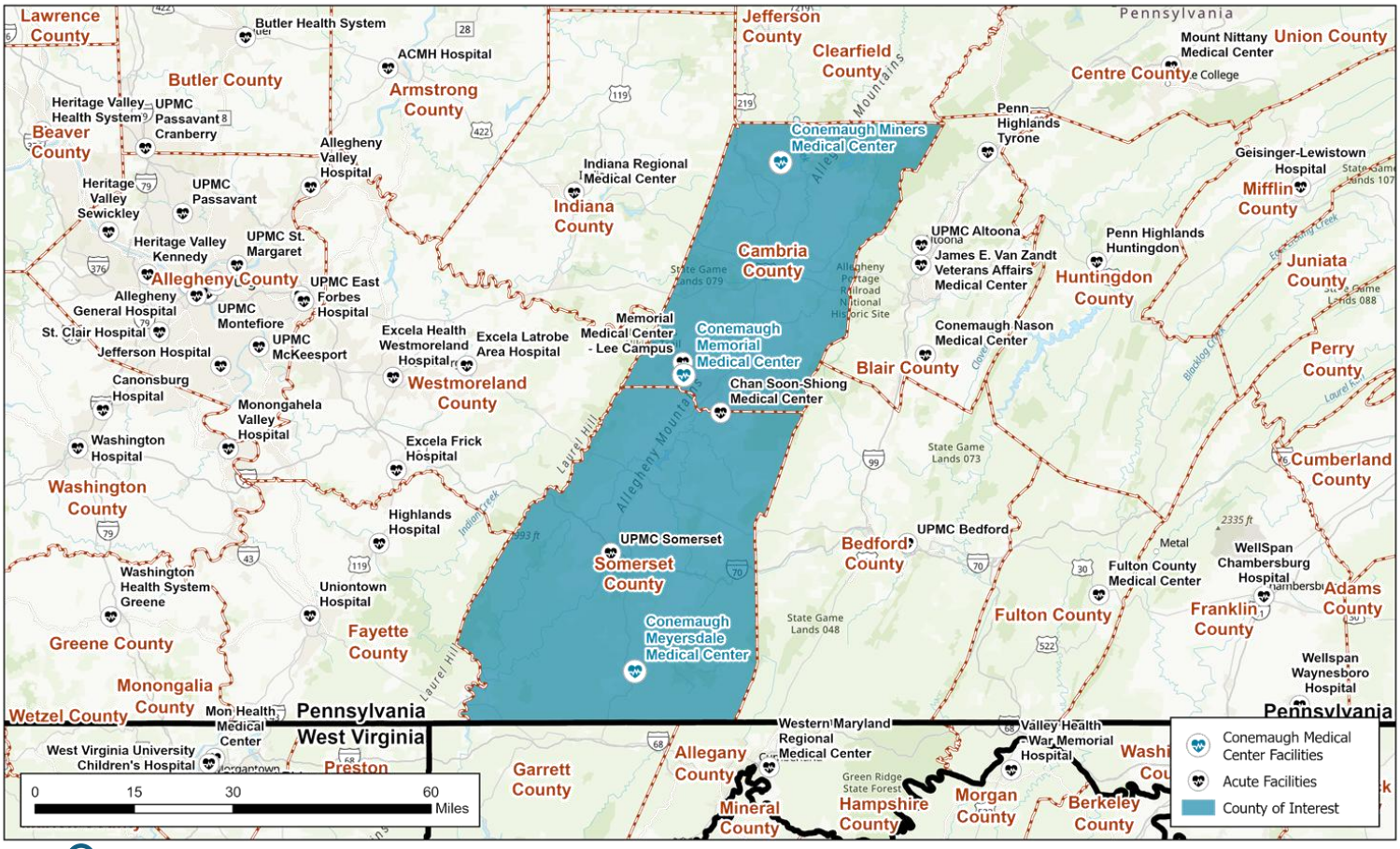
In addition to supporting essential health and human services, the organization engages in three social change initiatives -- early childhood development, parental engagement programs, and youth drug & alcohol prevention. The United Wau of Southern Alleghenies funds 24 diverse Partner Agencies that are responsive to the needs of the community.

Specific evidence-based programming introduced and expanded in Cambria and Somerset Counties include Nurse-Family Partnership, Parents as Teachers, and Botvin LifeSkills Training. These programs are designed to prepare all children socially, emotionally and academically for kindergarten; increase parental knowledge of child development and care; and prevent substance abuse among youth.

Through an Enhanced Community Impact Model, UWSA leverages local leadership from staff, board, committees, and Partner Agencies to evaluate, measure, and report on programming. The annual campaign generates nearly $1.1 million that is thoughtfully invested in results-driven programs.

Community Served

For the purpose of this study, The Health & Wellness Committee defines its service area as Cambria and Somerset Counties, Pennsylvania.

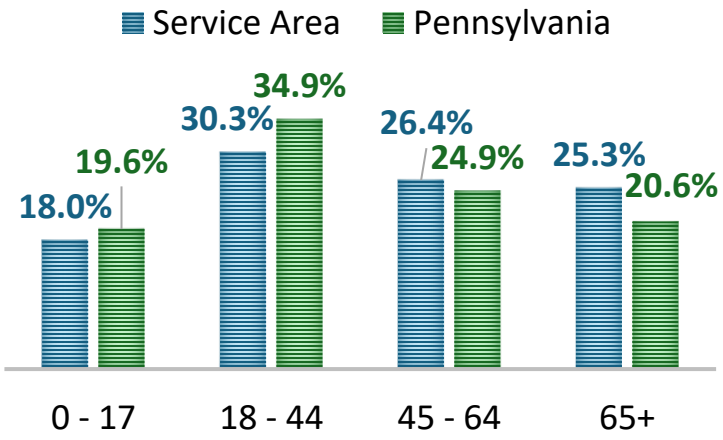


2024 Total Service Area Population: 202,193
2029 Projected Total Service Area Population: 197,558

-0.5% change per year

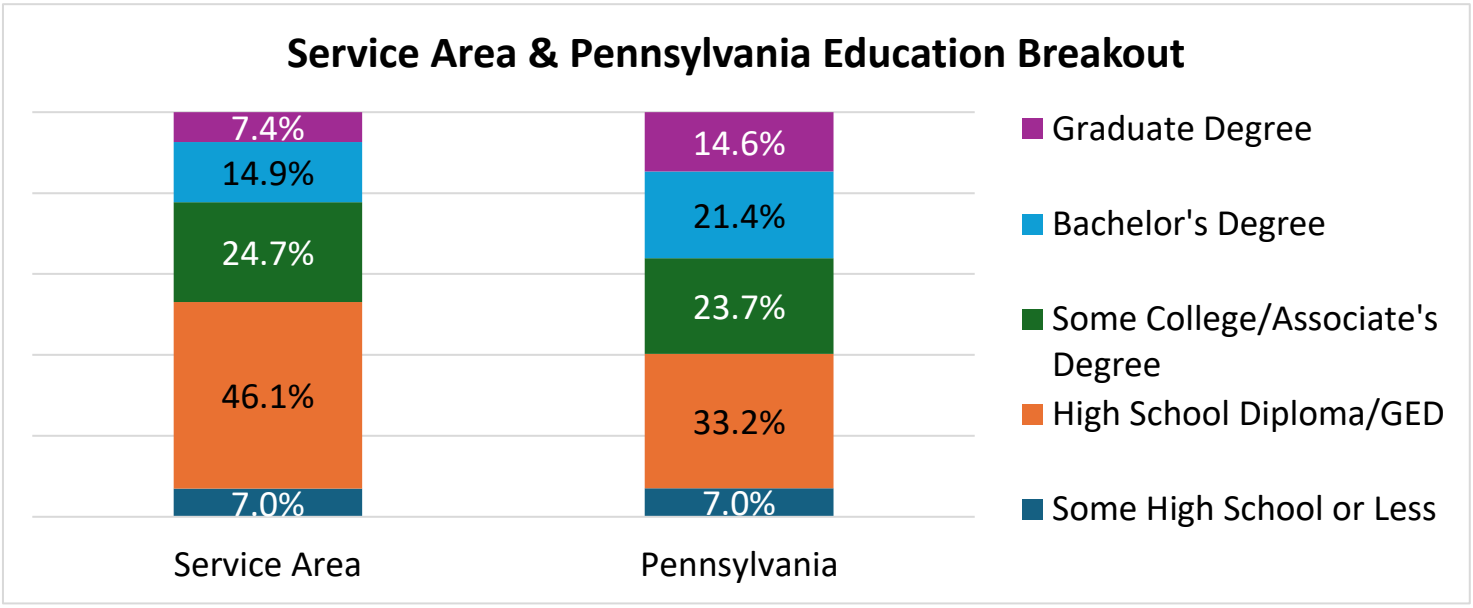
Race & Ethnicity		
	Service Area	**PA**
White	90.6%	73.7%
Black	4.0%	11.1%
American Indian	0.1%	0.3%
Asian/Pacific Islander	0.5%	4.3%
Other Race	0.7%	4.2%
Two or More Races	4.1%	6.4%
Hispanic Origin	*1.9%*	*8.8%*

Service Area & PA Age Breakout

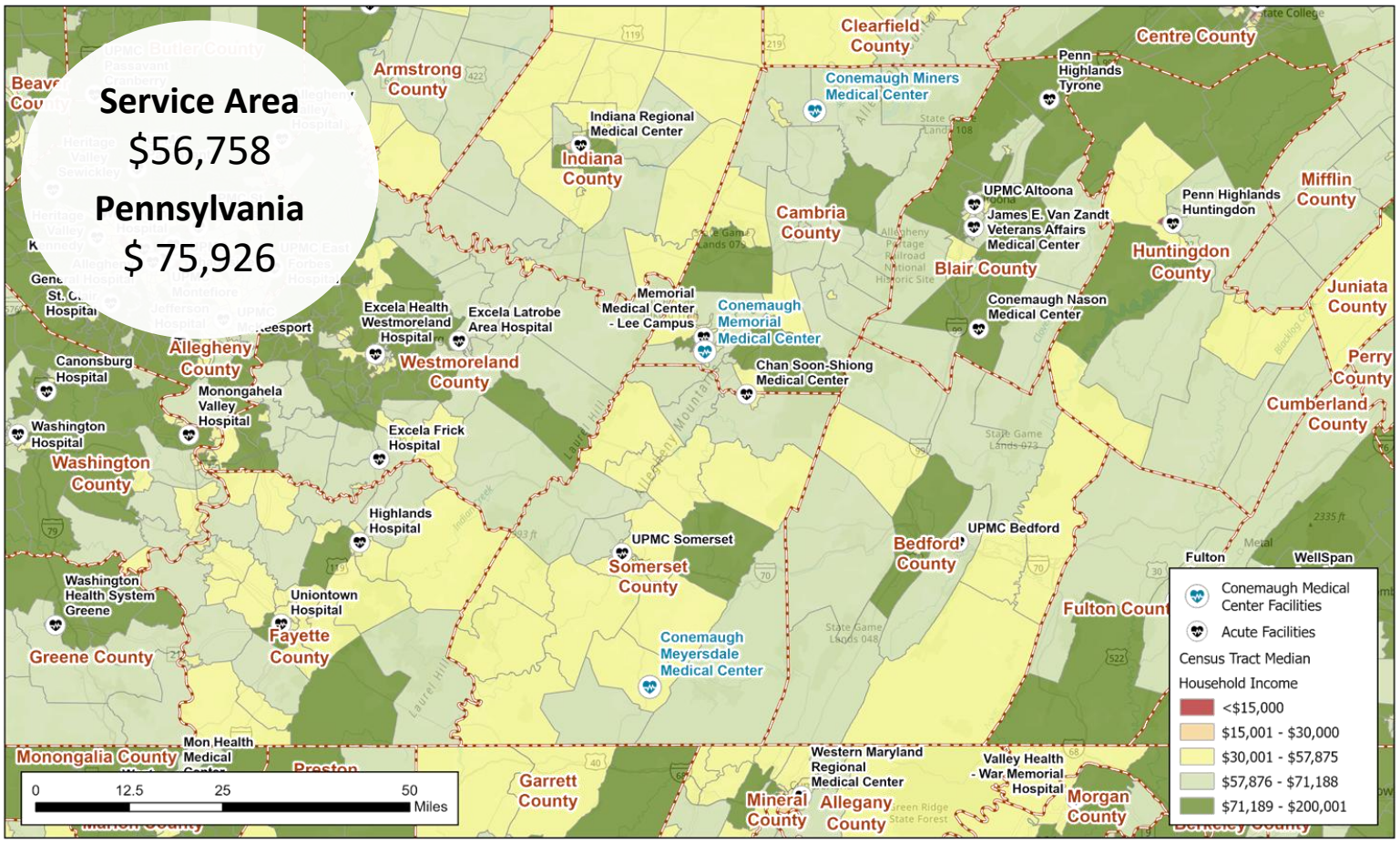


Source: Esri 2024

Community Served



2024 Median Household Income {by Census Tract}



Census Tract: small, relatively permanent statistical subdivisions of a county uniquely numbered; average about 4,000 inhabitants

Note: weighted average used to calculate median household income

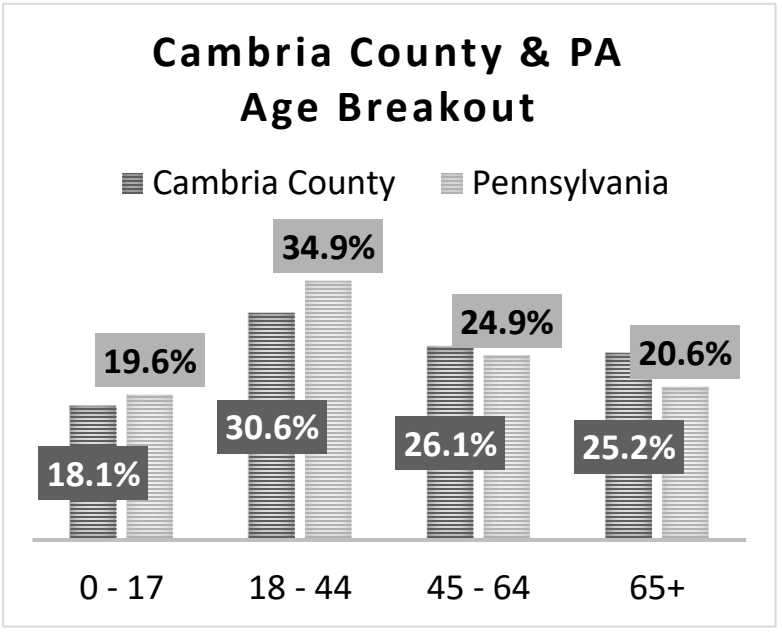
Source: Esri 2024; census.gov

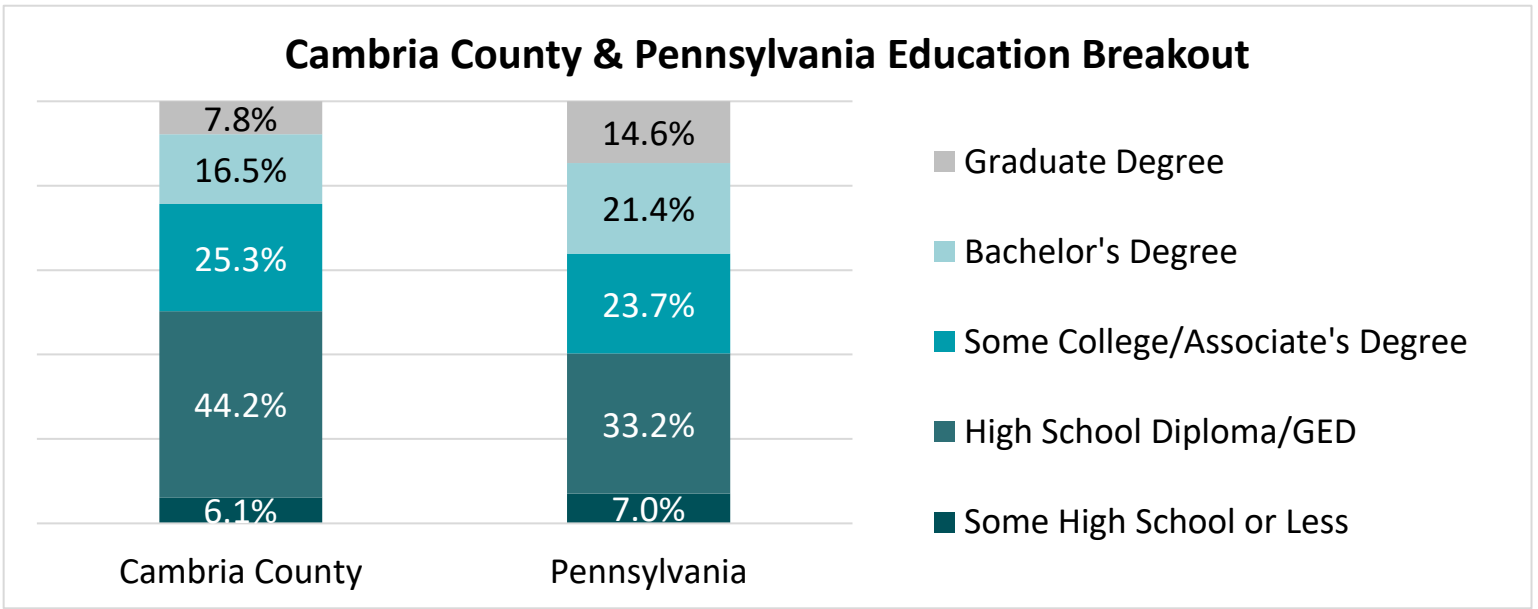
Community Served: Cambria County

2024 Total Cambria County Population: 130,065
2029 Projected Total Cambria County Population: 126,827

-0.5% change per year

Race & Ethnicity		
	Cambria County	PA
White	89.1%	73.7%
Black	4.9%	11.1%
American Indian	0.1%	0.3%
Asian/Pacific Islander	0.7%	4.3%
Other Race	0.6%	4.2%
Two or More Races	4.6%	6.4%
Hispanic Origin	*2.1%*	*8.8%*





Population % Female
49.8%

Population % Rural
46.1%

Median Household Income
$57,202

Population % <18 years
18.1%

Population % 65+ years
25.2%

Source: Esri 2024

Cambria County Community Health Characteristics

The data below provides an overview of Cambria County's community health including health behaviors, quality of life, socioeconomic factors, access to health and physical environment. For detailed descriptions and dates for each measure, please visit https://www.countyhealthrankings.org/app/pennsylvania/2025/overview. Each indicator impacts the health of the entire community.

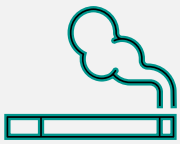
Health Status Indicators

Health Behaviors

Teen Births per 1,000

15

PA: 12



Adult Smoking

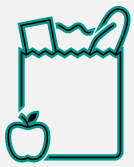
20%

PA: 16%

Adult Obesity

37%

PA: 33%



Food Insecurity

14%

PA: 12%

Drug Overdose Deaths per 100,000

65

PA: 41

Excessive Drinking

21%

PA: 20%

Quality of Life

Life Expectancy

74.6

PA: 76.9

Suicide Rate per 100,000

18

PA: 14

Poor or Fair Health

19%

PA: 17%

Diabetes Prevalence

10%

PA: 10%

Average number of physically and mentally unhealth days in the last 30 days

Poor Physical *Health Days*	**4.3**	*PA: 3.9*
Poor Mental Health Days	**5.8**	*PA: 5.1*

Source: County Health Rankings 2025

Cambria County Community Health Characteristics

Socioeconomic Factors

Unemployment
4.1%
PA: 3.4%

Living Wage*
$42.07
PA: $54.37

Some College
63%
PA: 68%

Children in Poverty
18%
PA: 16%

Injury Deaths per 100,000
134
PA: 97

High School Graduation
91%
PA: 87%

Access to Health

Uninsured
5%
PA: 6%

Preventable Hospital Stays per 100,000
3,167
PA: 2,953

Access to Exercise Opportunities
85%
PA: 86%

Number of people per 1 provider

Primary Care Provider
1,440
PA: 1,260

Dentist
1,690
PA: 1,400

Mental Health Provider
410
PA: 350

Physical Environment

Severe Housing Problems**
10%
PA: 14%

Severe Housing Cost Burden***
10%
PA: 13%

Drinking Water Violations
Yes

Broadband Access
83%
PA: 89%

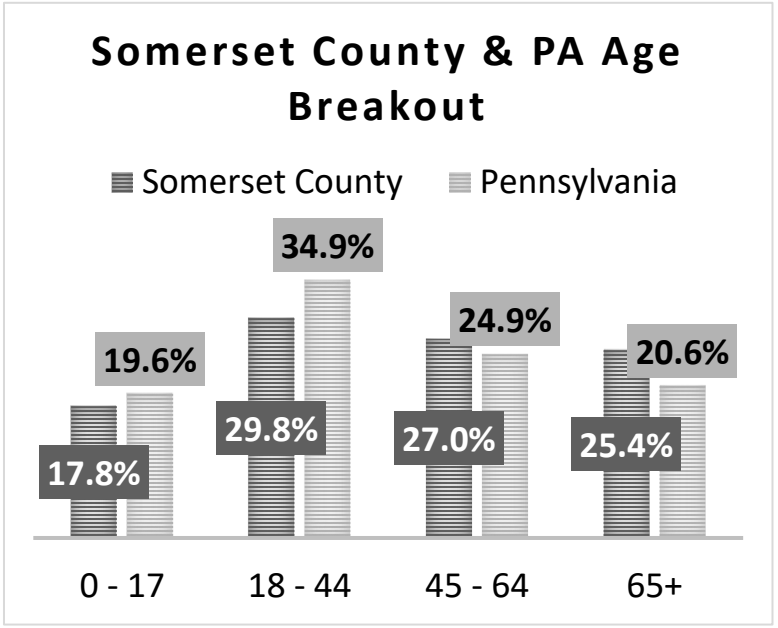
*The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.
**% of households with at least 1/4 of problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
***% of households that spend 50% or more of their household income on housing

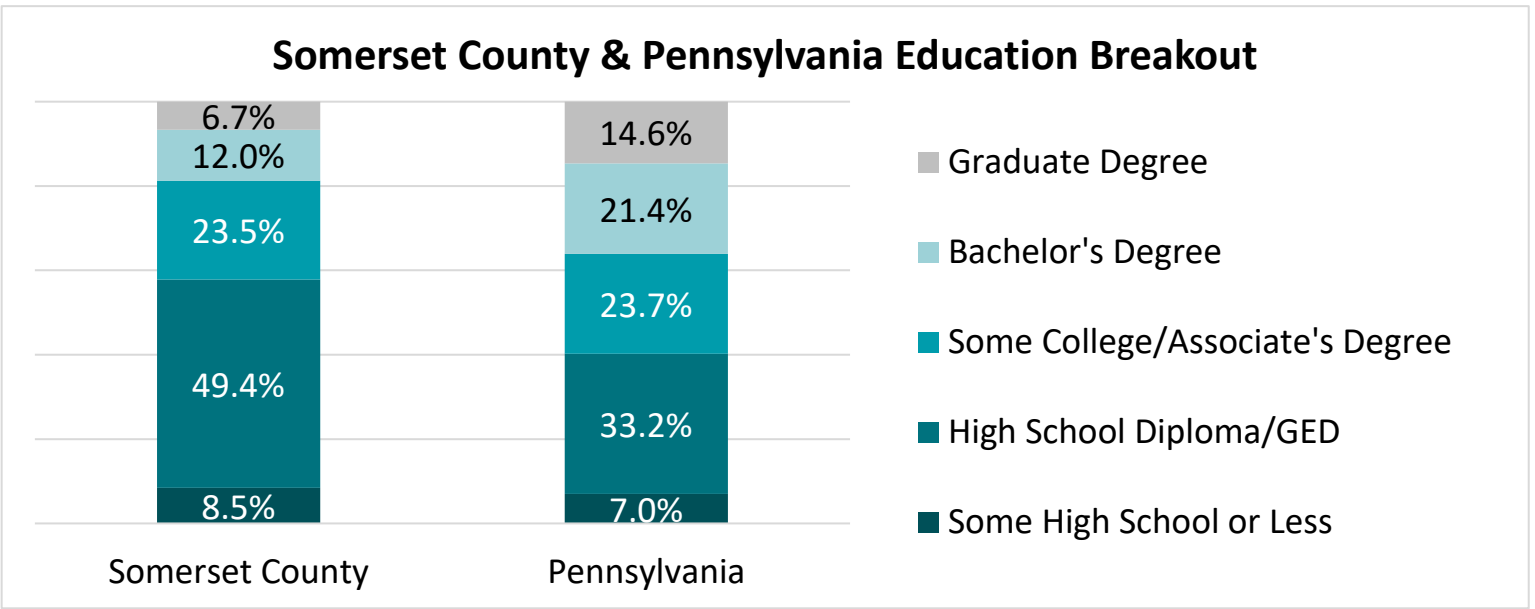
Community Served: Somerset County

2024 Total Somerset County Population: 72,128
2029 Projected Total Somerset County Population: 70,731

-0.4% change per year

Race & Ethnicity		
	Somerset County	PA
White	93.4%	73.7%
Black	2.4%	11.1%
American Indian	0.1%	0.3%
Asian/Pacific Islander	0.3%	4.3%
Other Race	0.8%	4.2%
Two or More Races	3.0%	6.4%
Hispanic Origin	*1.5%*	*8.8%*





Population % Female
47.4%

Population % Rural
77.6%

Median Household Income
$55,958

Population % <18 years
17.8%

Population % 65+ years
25.4%

Source: Esri 2024

Somerset County Community Health Characteristics

The data below provides an overview of Somerset County's community health including health behaviors, quality of life, socioeconomic factors, access to health and physical environment. For detailed descriptions and dates for each measure, please visit https://www.countyhealthrankings.org/app/pennsylvania/2025/overview. Each indicator impacts the health of the entire community.

Health Status Indicators

Health Behaviors

Teen Births per 1,000

15

PA: 12

Adult Smoking

20%

PA: 16%

Adult Obesity

37%

PA: 33%

Food Insecurity

13%

PA: 12%

Drug Overdose Deaths per 100,000

36

PA: 41

Excessive Drinking

21%

PA: 20%

Quality of Life

Life Expectancy

75.7

PA: 76.9

Suicide Rate per 100,000

14

PA: 14

Poor or Fair Health

20%

PA: 17%

Diabetes Prevalence

9%

PA: 10%

Average number of physically and mentally unhealth days in the last 30 days

Poor Physical *Health Days*

4.6

PA: 3.9

Poor Mental Health Days

6.0

PA: 5.1

Source: County Health Rankings 2025

Somerset County Community Health Characteristics

Socioeconomic Factors

Unemployment
4.0%
PA: 3.4%

Living Wage*
$42.96
PA: $54.37

Some College
49%
PA: 68%

Children in Poverty
16%
PA: 16%

Injury Deaths per 100,000
98
PA: 97

High School Graduation
94%
PA: 87%

Access to Health

Uninsured
8%
PA: 6%

Preventable Hospital Stays per 100,000
2,492
PA: 2,953

Access to Exercise Opportunities
62%
PA: 86%

Number of people per 1 provider

Primary Care Provider
2,730
PA: 1,260

Dentist
2,350
PA: 1,400

Mental Health Provider
630
PA: 350

Physical Environment

Severe Housing Problems**
9%
PA: 14%

Severe Housing Cost Burden***
9%
PA: 13%

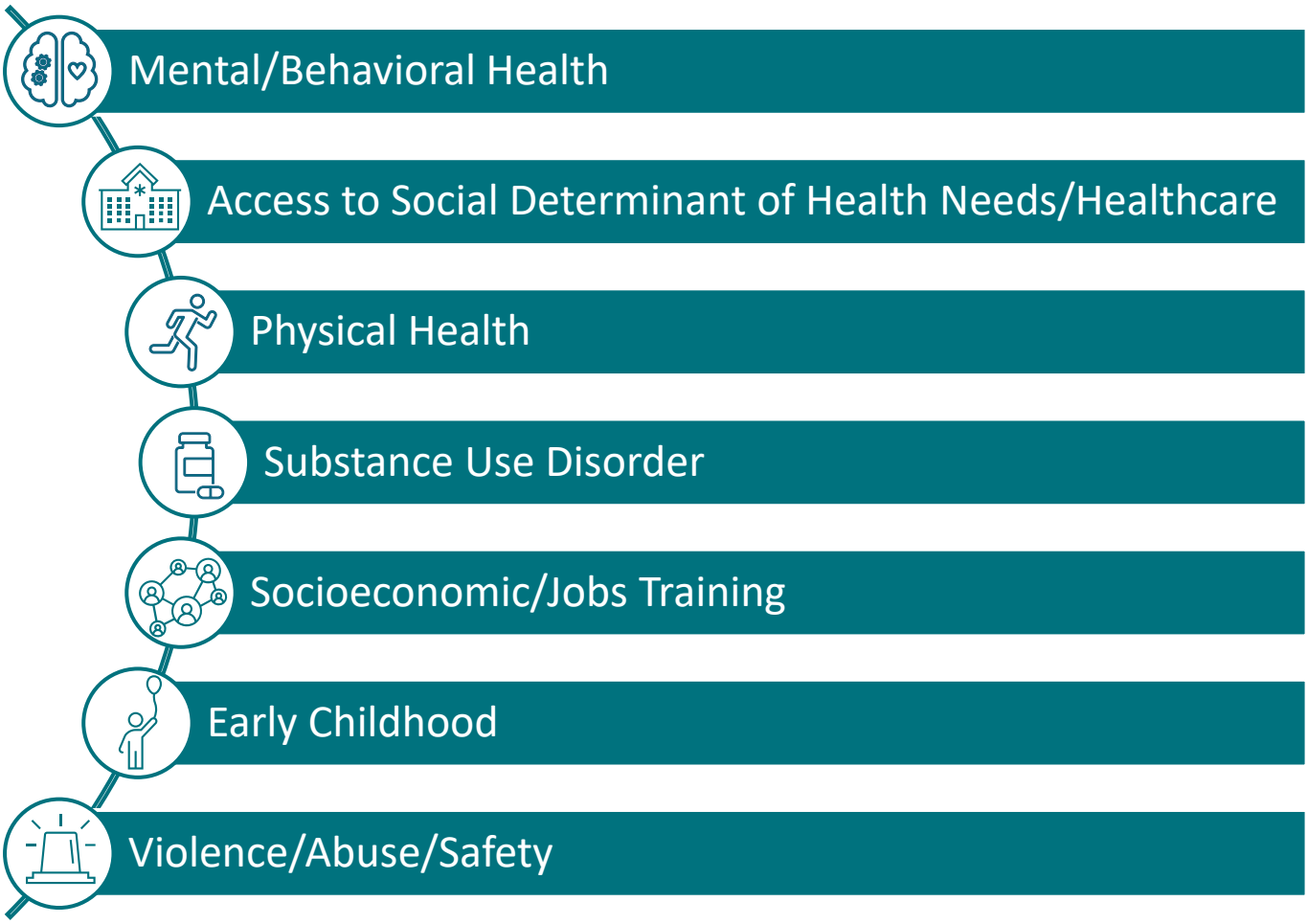
Drinking Water Violations
No

Broadband Access
80%
PA: 89%

*The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.
**% of households with at least 1/4 of problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
***% of households that spend 50% or more of their household income on housing

Impact Since Last CHNA

The IRS requires there to be an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA. The health priorities identified in the 2022 CHNA are listed below.



Written comments and insights were gained from community members through the Cambria and Somerset County Community Survey regarding the 2022 identified health priorities and implementation plan. Details of the comments and actions Conemaugh Health System and its partners have taken to address the identified health priorities can be found on the next four pages.

Impact Since Last CHNA

Mental/Behavioral Health

1. Mental health counseling expansion in schools
2. Recruitment of new mental health providers
3. Expanded work of Suicide Prevention Task Force and Trauma-Informed Coalition
4. Increased availability of local inpatient and partial hospitalization services

Themes from Community Survey Comments (178 responses)*:

1. Mental health counseling in schools (76)
2. REACH program and crisis centers (34)
3. Suicide prevention efforts (28)
4. Provider shortage/recruitment (27)
5. Trauma-informed care/education (22)
6. Inpatient/partial hospitalization issues (21)
7. Community outreach/awareness (19)
8. Barriers to access (18)
9. School-based (non-clinical support) (11)
10. Substance use and recovery (7)

Access to Social Determinant of Health Needs/Healthcare

1. Expanded housing stabilization and homeless prevention programs
2. Screening patients and connecting them to services for things like food, housing, transportation, utilities and safety
3. Growth of programs to address food insecurity through food banks, community gardens and more
4. Promotion of the 2-1-1 phone number to connect people to resources

Themes from Community Survey Comments (100 responses)*:

1. Food insecurity and food support programs (35)
2. Housing instability and homelessness services (30)
3. Promotion and awareness of 2-1-1 resource hotline (25)
4. Screening patients for social needs and connecting to resources (20)
5. Expansion and growth of community-based programs (15)
6. Transportation barriers (10)
7. General concerns about program effectiveness and access (10)
8. Mental health and additional social supports (5)

*Additional comments can be found in the Appendix

Impact Since Last CHNA

Physical Health

1. Education sessions at housing communities, senior centers, libraries and churches
2. Community health fairs across both counties
3. Expanded mobile health unit
4. Promotion of healthy outdoor activities, walking groups, and increased physical activity

Themes from Community Survey Comments (117 responses)*:

1. Physical activity and outdoor recreation (40)
2. Community health educations sessions (35)
3. Community health fairs and mobile units (25)
4. General perceptions and suggestions (15)
5. Health services and clinics (12)
6. Barriers and access issues (10)
7. Youth and school-based activity (8)

Substance Use Disorder

1. Increased prevention education and stigma/harm reduction activities
2. Availability of medication assisted treatment in the Emergency Department
3. Expansion of Narcan availability to community and first responders
4. Increased connections for individuals in recovery to support services

Themes from Community Survey Comments (159 responses)*:

1. Narcan availability and distribution (78)
2. Prevention education and awareness campaigns (52)
3. Recovery support services (i.e. peer support, recovery centers like FAVOR) (34)
4. Harm reduction (fentanyl test strips, safe drug kits, disposal events) (28)
5. Medication-Assisted Treatment (MAT) (21)
6. Advertising and public messaging (TV, billboards, social media) (18)
7. Stigma reduction and mental health integration (16)
8. School-based education and youth prevention efforts (15)
9. Availability of services (clinics, community centers) (14)
10. Law enforcement and policy changes (i.e. arrests, task forces) (12)
11. Emergency department interventions/warm handoff (11)

*Additional comments can be found in the Appendix

Impact Since Last CHNA

Socioeconomic/Jobs Training

1. Trainings for clinical staff (nursing, EMS etc.)
2. Increased employment training/support programs through Goodwill, JARI, Johnstown Housing Authority and others
3. Pennsylvania Highlands Community College certificate programs expansion

Themes from Community Survey Comments (109 responses)*:

1. Employment training and job readiness programs (74)
2. Community college and certification programs (33)
3. Career fairs and job placement events (26)
4. Healthcare workforce training (clinical, EMS, nursing) (16)
5. Transportation, accessibility, and cost barriers (14)
6. Motivation, engagement, and follow-through challenges (10)
7. Awareness and communication gaps (7)
8. Childcare and family barriers (4)

Early Childhood

1. Development of Early Childhood Initiative for collaboration to address health, economic security, learning, hunger and harm
2. Growth of childcare/early childhood support agencies/capacity
3. Expansion of the Diaper Bank
4. Home visiting programs for children and families

Themes from Community Survey Comments (158 responses)*:

1. Diaper Bank (36)
2. Early childhood education programs (35)
3. Growth of childcare/early childhood support agencies/ capacity (25)
4. Community collaboration and cross-sector support (20)
5. Childcare cost, availability, and affordability (18)
6. Home visiting/early intervention programs (15)
7. General awareness (15)
8. Screenings and readiness support (10)

*Additional comments can be found in the Appendix

Impact Since Last CHNA

Violence/Abuse/Safety

1. Support of Safe Places initiative, with weekend programs at eight different locations in both counties for close to 1,000 youth each week
2. Growth of supportive programs through agencies including the Women's Help Center and Victim Services

Themes from Community Survey Comments (94 responses)*:

1. Awareness and visibility of programs (35)
2. Positive impact/community value (30)
3. Concerns about capacity, gaps, or program reach (18)
4. Public safety, abuse, & prevention education (15)
5. Youth engagement and mentoring (9)
6. Suggestions for improvement (8)
7. Systemic or structural concerns (7)

*Additional comments can be found in the Appendix

Methods of Identifying Health Needs

Analysis of existing data

Utilization of secondary data sources to gain analytical insights of the community

Data source: County Health Rankings

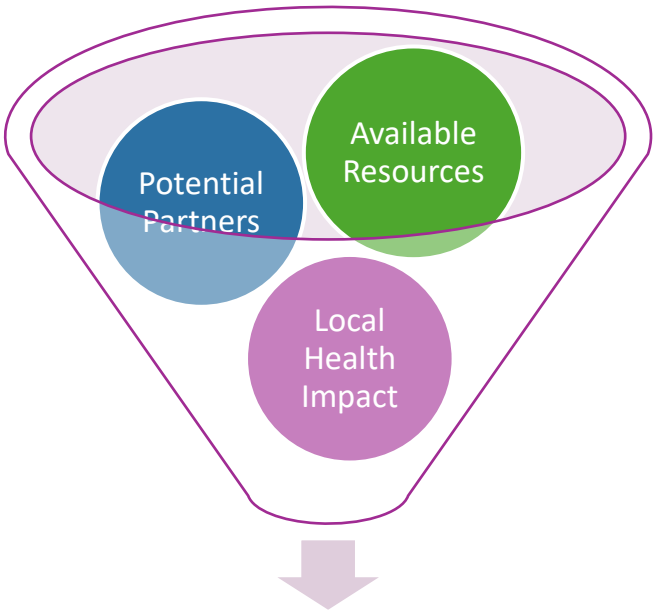
Collection of new data

*22 responses removed due to primary residence outside the service area

Evaluate indicators and responses on below criteria

- Severity or urgency of health need
- Feasibility and effectiveness
- Impact on health disparities
- Importance identified by community

Select priority health needs for implementation plan



Health Priority

Conemaugh Health System's Health Priorities

- Cancer
- Cardiovascular Health: Heart Disease, Diabetes, Stroke
- Mental Health

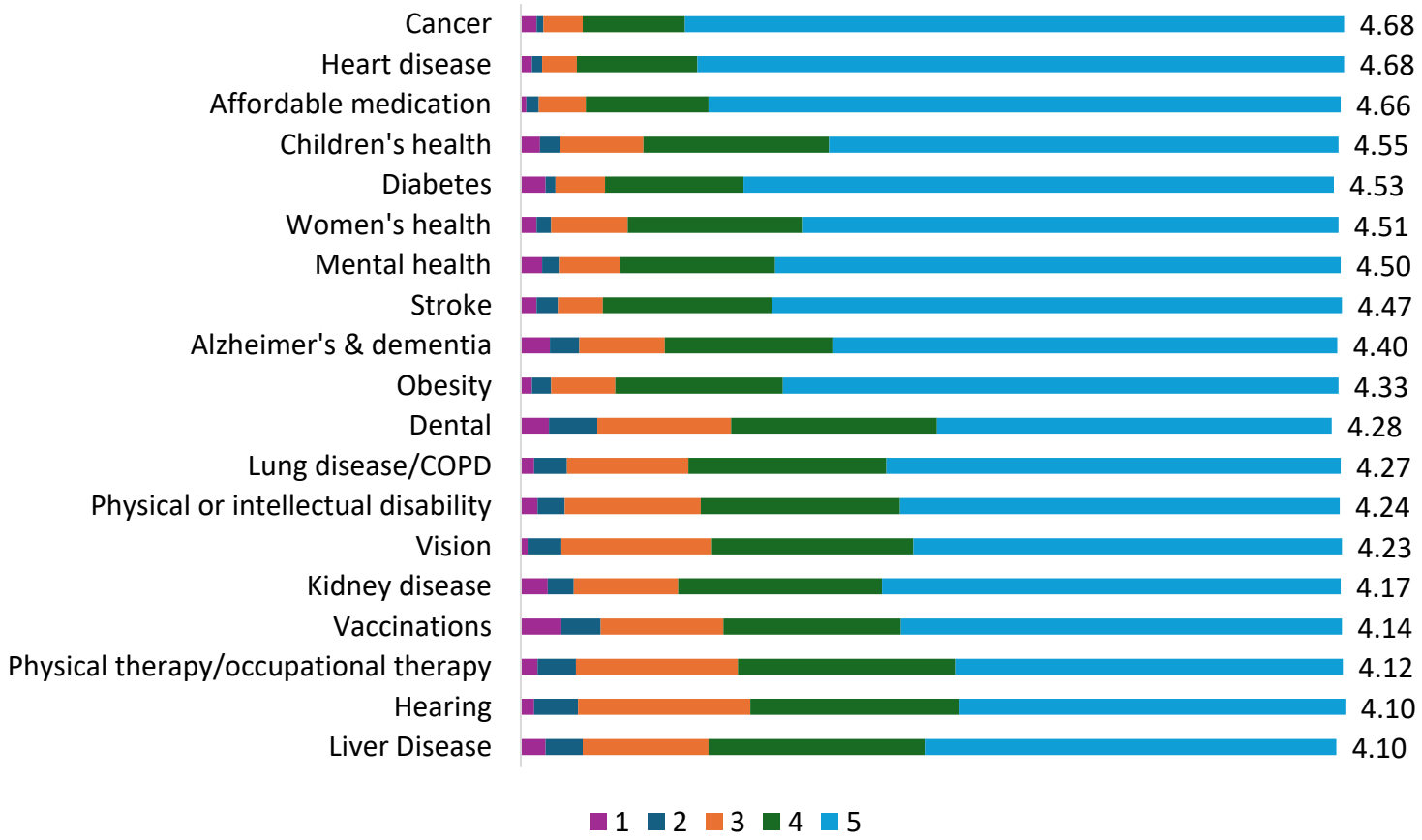
Community Survey Data

The health needs of the community include requisites for the improvement and maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities. The community survey asked questions regarding health factors, lifestyle and personal factors, and community and healthcare services factors to better understand the local needs for the health status including groups with the highest health needs.

Health factors addressed areas such as chronic conditions, health conditions, and physical health. Lifestyle and personal factors addressed areas that affect the individual's health outcomes such as physical inactivity and substance abuse. Community and healthcare services factors addressed social drivers that influence community health, such as access to care, safety, and affordability.

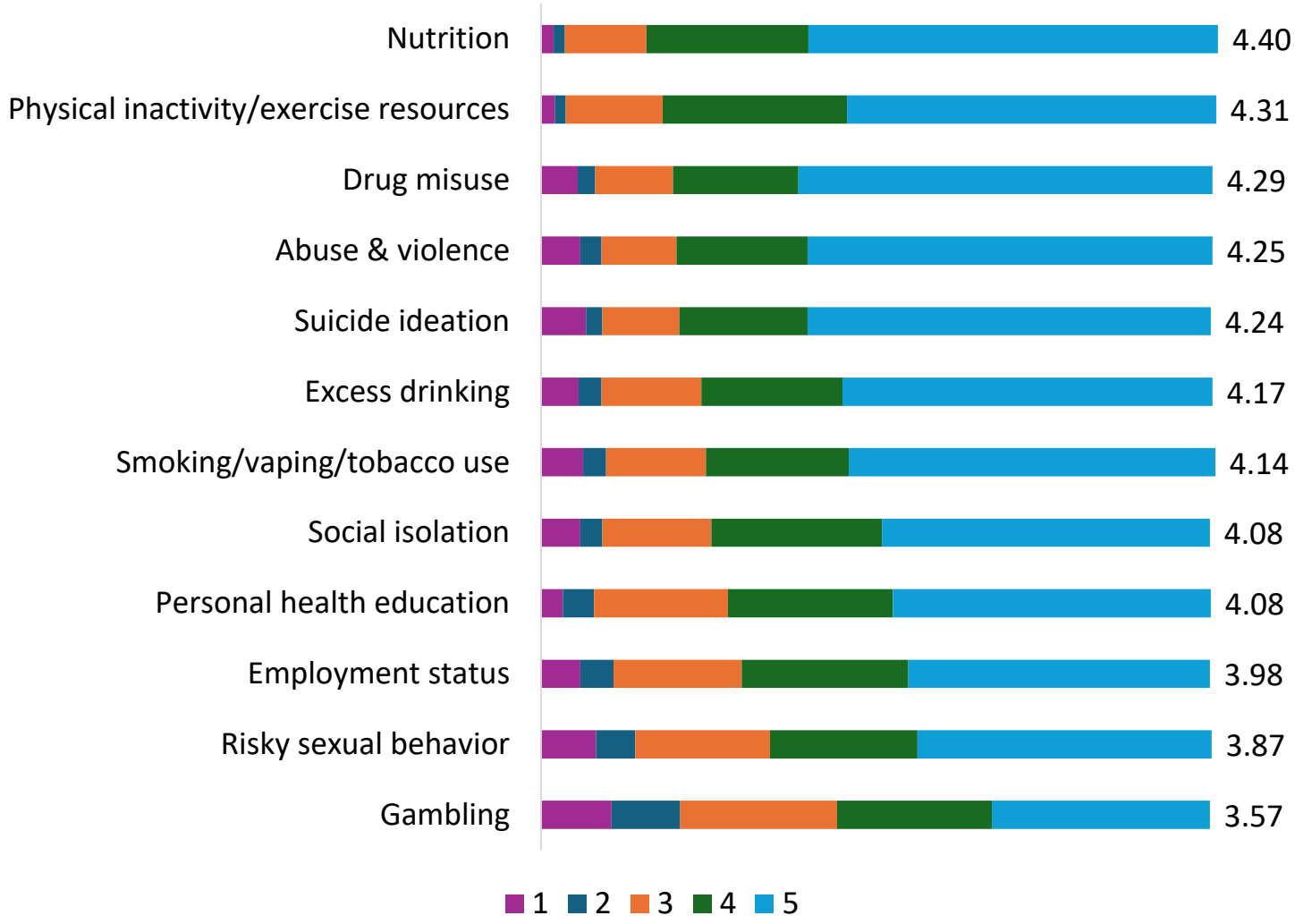
In our community survey, respondents had the opportunity to rate the importance of addressing different components of each factor. Results of the rankings are below.

Survey Question: Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).



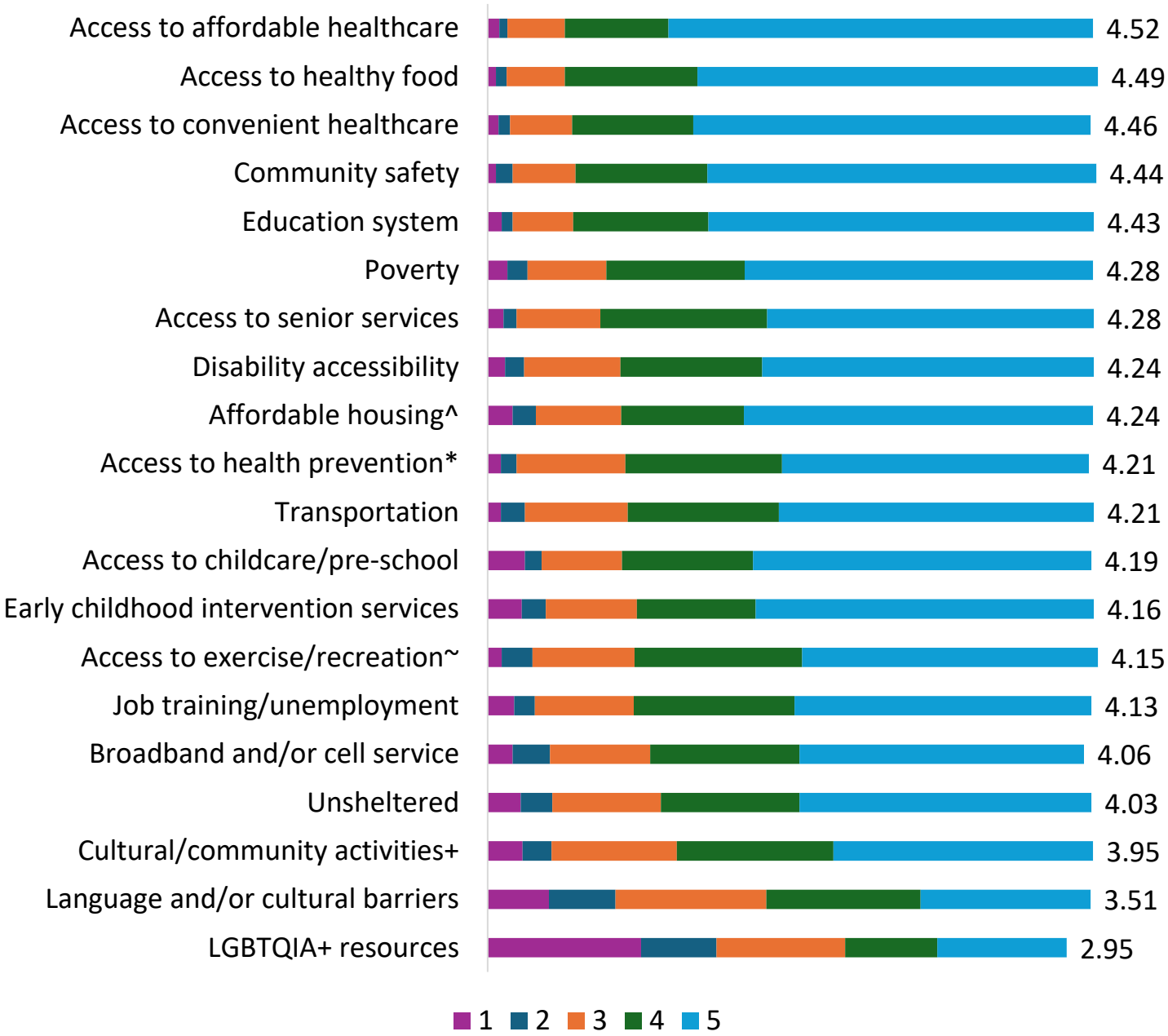
Community Survey Data

Survey Question: Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).



Community Survey Data

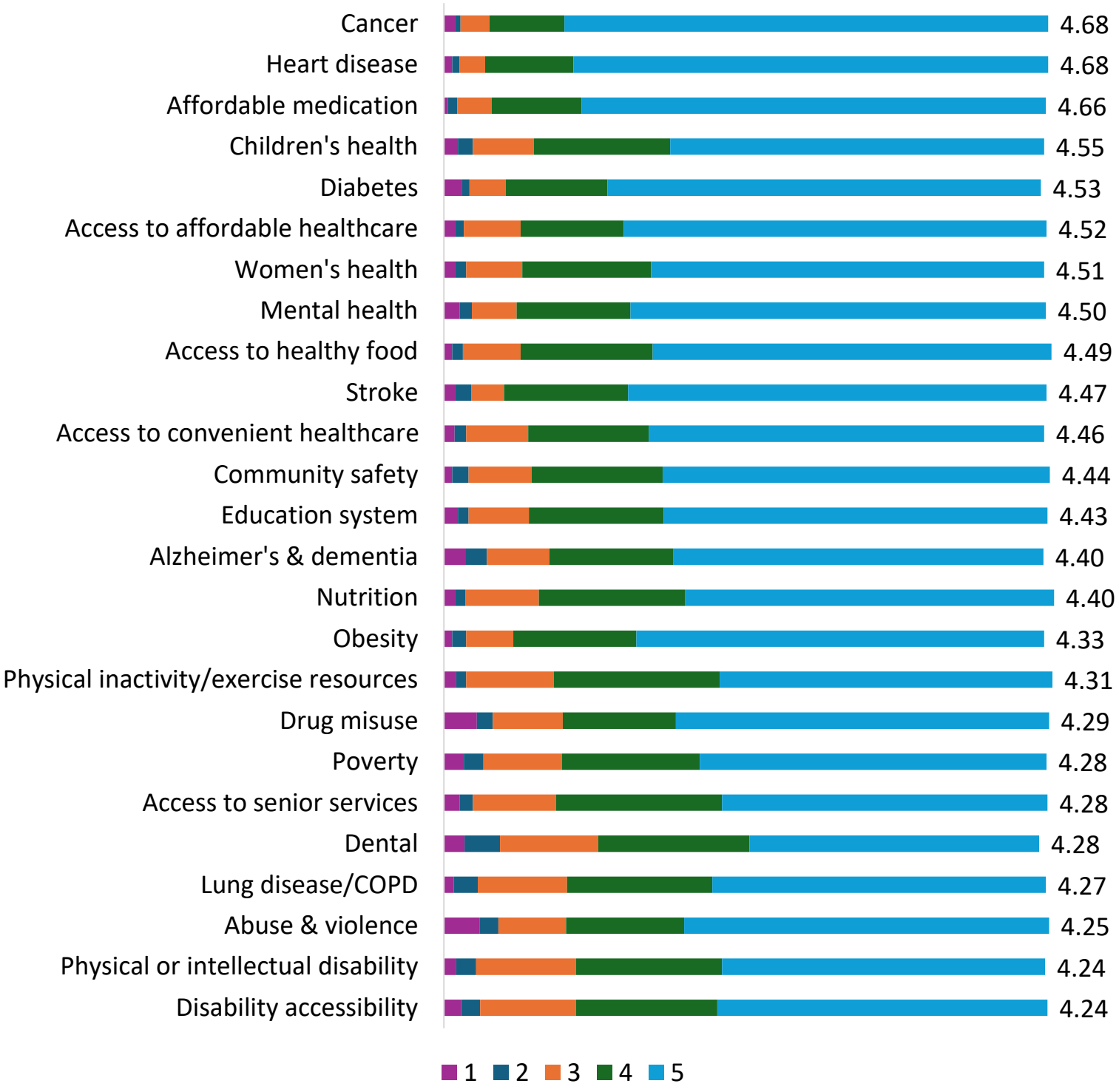
Survey Question: Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).



**Access to health prevention & education services*
^Affordable housing (under $100,000) and/or utility cost
~Access to exercise/recreation (including trails and parks)
+Cultural/community activities (including youth activities)

Community Survey Data

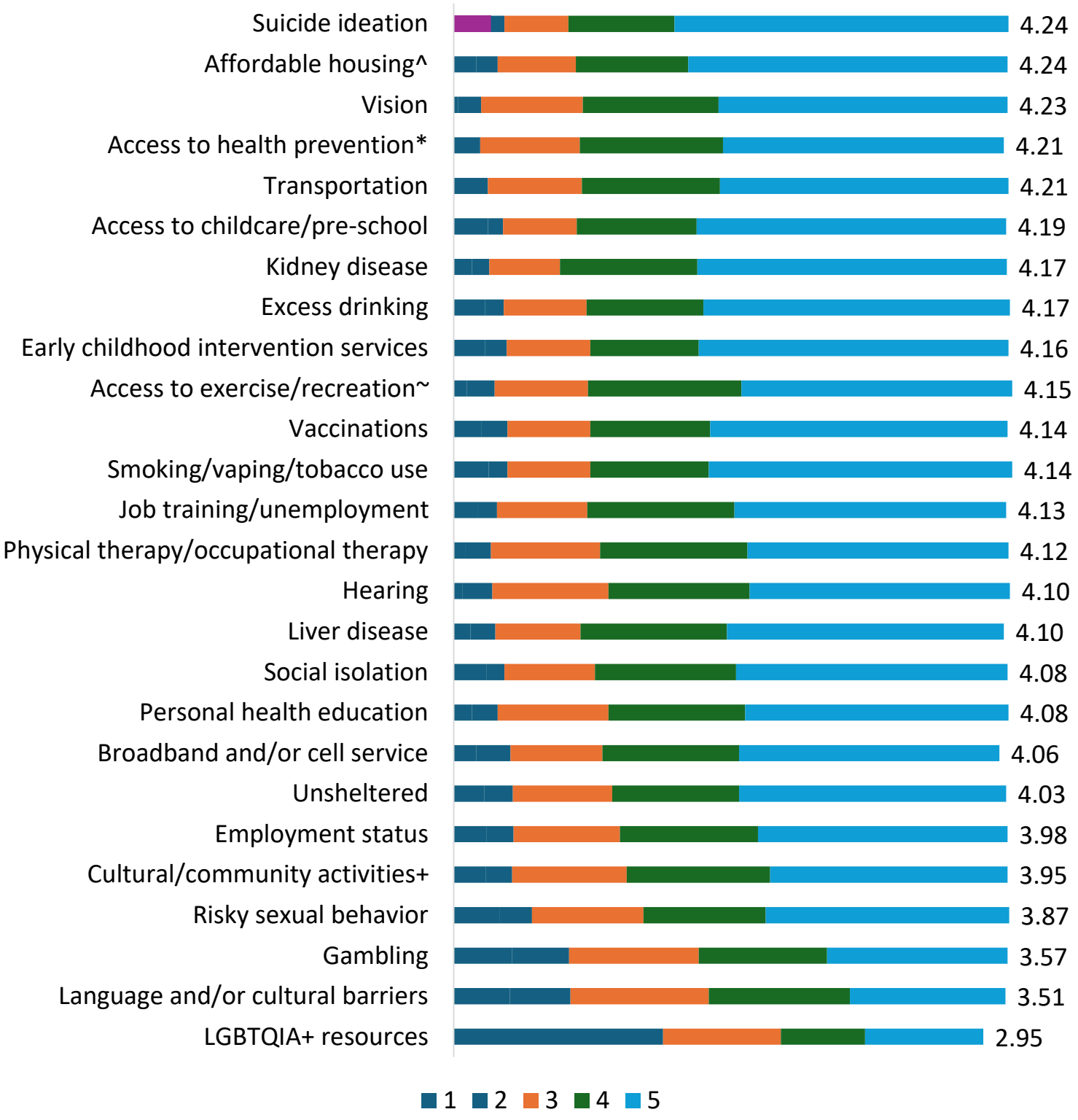
Overall Health Priority Ranking Top 25
(includes all three factor categories)



**Access to health prevention & education services*
^Affordable housing (under $100,000) and/or utility cost
~Access to exercise/recreation (including trails and parks)
+Cultural/community activities (including youth activities)

Community Survey Data

Overall Health Priority Ranking 26-51 (includes all three factor categories)



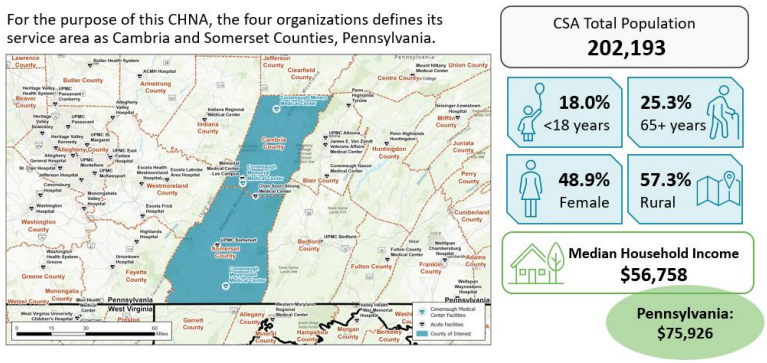
**Access to health prevention & education services*
^Affordable housing (under $100,000) and/or utility cost
~Access to exercise/recreation (including trails and parks)
+Cultural/community activities (including youth activities)

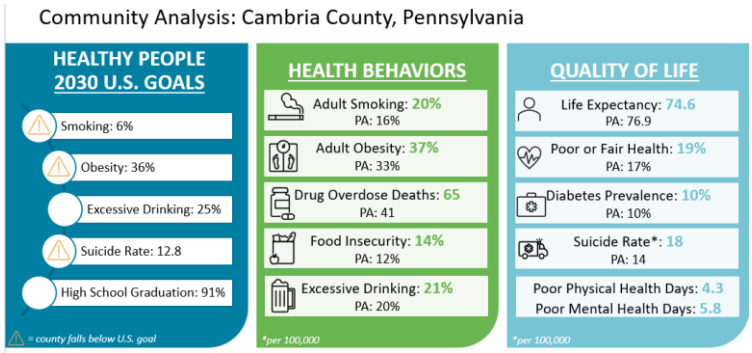
Community Summit

The Health & Wellness Committee held a Community Summit on August 4, 2025. Below are topics of discussion and key takeaways.

Demographics*

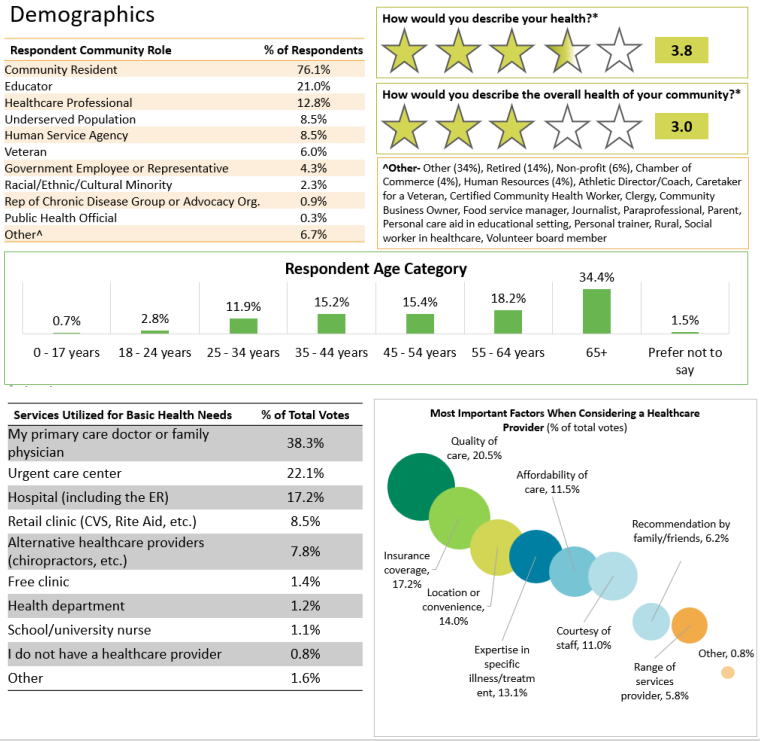
Slide examples





Survey Analysis**

Slide examples



Services Utilized for Basic Health Needs	% of Total Votes
My primary care doctor or family physician	38.3%
Urgent care center	22.1%
Hospital (including the ER)	17.2%
Retail clinic (CVS, Rite Aid, etc.)	8.5%
Alternative healthcare providers (chiropractors, etc.)	7.8%
Free clinic	1.4%
Health department	1.2%
School/university nurse	1.1%
I do not have a healthcare provider	0.8%
Other	1.6%

Prioritizing Health Needs

Focus areas for identified health needs

Health Need
Chronic Diseases – Cancer & Diabetes
Chronic Diseases – Heart Disease & Stroke
Women's Health
Access to Affordable Healthcare & Medication
Children's Health
Access to Healthy Food
Community Safety including abuse & violence
Mental Health
Substance Use Disorder

Addressing Health Needs

Participant created goals

- ❑ **Chronic Diseases – Cancer & Diabetes:** Increase awareness of screening & resources in our counties
- ❑ **Chronic Diseases – Heart Disease & Stroke:** Lower the stroke risk ranking and decrease heart disease stats through screenings
- ❑ **Access to Affordable Healthcare & Medication:** Gather community input to understand barriers and create collaboration to address
- ❑ **Children's Health:** Access to physical and mental health
- ❑ **Access to Healthy Food:** Making healthy foods available by bringing to the community
- ❑ **Community Safety:** Making safe community for everyone through collaboration
- ❑ **Mental Health:** Approach mental health from a family-system perspective to increase engagement and buy-in
- ❑ **Substance Use Disorder:** Improve awareness and provide access to substance use disorder services

*Demographics can be seen on pages 10-17

**Survey results can be found in the Appendix

Community Summit: Participants

During the community summit, prioritized health needs were assigned to breakout groups. Each group was tasked with developing action plans to address their assigned health issue. Participants were able to draw on their existing knowledge of the community as well as the information presented during the summit, including impacts from the prior CHNA, community demographics and social determinants of health data, and community survey results.

Participation in the community summit included:

Organization	Population(s) Represented
AdvantagePoint Health Alliance/ Lifepoint	Community Resident, Healthcare Professional, Other
Alleghenies United Cerebral Palsy	Healthcare Professional, Other
Alliance Medical	Other
Ameriserv	Government Employee or Representative
Bedford-Somerset Developmental and Behavioral Health Services (DBHS)	Healthcare Professional, Other
Beginnings, Inc.	Other
Breaking the Barriers	Other
Bridges Cooperative Ministry	Underserved Population, Other
Cambria County Drug and Alcohol	Government Employee or Representative
Cambria County Emergency Management	Community Resident, Government Employee or Representative, Public Health Official
Cambria County Library	
Cambria County Redevelopment Authority	Government Employee or Representative
Cambria Regional Chamber	Other
CamTran	Community Resident, Other
Catholic Charities	Other
Center for Independent Living	Underserved Population
Center for Population Health	Community Resident, Educator, Racial/Ethnic/Cultural Minority, Underserved Population, Other – Food Insecurity
Child Advocacy Center	Community Resident
Community Action Partnership of Cambria County	Other
Community Foundation	Other

Input of medically underserved, low-income, and minority populations was received through both the community survey and summit.

Community Summit: Participants (continued)

During the community summit, prioritized health needs were assigned to breakout groups. Each group was tasked with developing action plans to address their assigned health issue. Participants were able to draw on their existing knowledge of the community as well as the information presented during the summit, including impacts from the prior CHNA, community demographics and social determinants of health data, and community survey results.

Participation in the community summit included:

Organization	Population(s) Represented
Conemaugh – Maternal Addiction Resource Center	Healthcare Professional
Conemaugh Health System	
Connexus	Other
County Planning Commission	Community Resident, Government Employee or Representative
Crown American Associates	
Goodwill of the Southern Alleghenies	Other
Greater Johnstown School District	
Greater Johnstown YMCA	Underserved Population, Representative of Chronic Disease Group or Advocacy Organization, Other
Healing Patch	
Hyndman Area Health Center	
Indiana University of Pennsylvania	Healthcare Professional, Educator
Johnstown Housing Authority	Other
Laurel View Village	Healthcare Professional
Magellan Healthcare	Other
Nulton Diagnostics	Healthcare Professional
Open Rhodes to Recovery	Healthcare Professional
Peniel	Community Resident, Healthcare Professional, Racial/Ethnic/Cultural Minority, Other
Pennsylvania Highlands Community College	Educator
Pennsylvania Office of Rural Health	Educator, Other
Pinnacle	Other

Input of medically underserved, low-income, and minority populations was received through both the community survey and summit.

Community Summit: Participants (continued)

During the community summit, prioritized health needs were assigned to breakout groups. Each group was tasked with developing action plans to address their assigned health issue. Participants were able to draw on their existing knowledge of the community as well as the information presented during the summit, including impacts from the prior CHNA, community demographics and social determinants of health data, and community survey results.

Participation in the community summit included:

Organization	Population(s) Represented
Senator Fetterman's Office	Government Employee or Representative
Small Town Hope	Healthcare Professional, Underserved Population, Other – Early Education
Somerset Area School District	Educator
Somerset County Emergency Management	Government Employee or Representative
Spectrum Mobile Imaging	
St. Francis University	Community Resident, Other
Tableland Services	
The Learning Lamp	
United Way Southern Alleghenies	Community Resident, Educator, Other
University of Pittsburgh – Program Evaluation and Research Unit	Healthcare Professional
University of Pittsburgh at Johnstown	
UPMC Health Plan	Healthcare Professional
Veteran's Leadership Initiative	Other
Veterans Leadership Program	Other
Victim Services	Underserved Population, Other
Vision Together 2025	Other
Walnut Medical	
Windber Area School District	Educator
Women's Help Center	Underserved Population, Other

Input of medically underserved, low-income, and minority populations was received through both the community survey and summit.

Evaluation & Selection Process

Severity or urgency of health need	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Health need has a higher severity, urgency, or burden and if addressed, could be positively impacted	Pressing health needs where hospital interventions are feasible and impactful	Priority population health needs that have the ability to be positively impacted if addressed	Health needs with online survey higher rankings or frequently mentioned by community members

Conemaugh Health System Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Cancer	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Affordable Medication	✓		✓	✓
Children's Health	✓	✓	✓	✓
Diabetes		✓	✓	✓
Access to Affordable Healthcare	✓		✓	✓
Women's Health	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Access to Healthy Food	✓		✓	✓
Stroke	✓	✓	✓	✓

Overview of Priorities

Cancer

Cancer was the highest ranked health need in the community with a ranking of 4.68.

The following data points provide insight regarding cancer in Pennsylvania.

- In 2022, the Pennsylvania rate of new cancer diagnoses was 440.2 per 100,000 population compared to the United States at 442 per 100,000 population.
- In 2023, the Pennsylvania rate of cancer deaths was 147.7 per 100,000 population compared to the United States at 142 per 100,000 population.

Cardiovascular Health: Heart Disease

Heart disease was tied with cancer for the highest ranked health need in the community with a ranking of 4.68.

The following data points provide insight regarding heart disease in Pennsylvania.

- The 2023 mortality rate for heart disease in Pennsylvania was 166.6 deaths per 100,000 people, which was the 20th highest rate in the United States.

Cardiovascular Health: Diabetes

Diabetes had the fifth highest ranking of 4.53 in the community survey.

The following data point provides insight regarding diabetes in the service area.

- In 2022, the diabetes prevalence rate was 10% in Cambria County, compared to 10% in Pennsylvania and 10% in the United States.
- In 2022, the diabetes prevalence rate was 9% in Somerset County, compared to 10% in Pennsylvania and 10% in the United States.

Cardiovascular Health: Stroke

Stroke was the tenth highest ranked health need in the community with a ranking of 4.47.

The following data point provides insight regarding stroke in Pennsylvania.

- The 2023 mortality rate for stroke in Pennsylvania was 34.8 deaths per 100,000 people (6,487 deaths), which was the 19th lowest rate in the United States.

Overview of Priorities

Mental Health

Mental health was the eighth highest ranked health need in the community with a ranking of 4.50.

The following data points provide insight regarding mental health in the service.

Cambria County

- In 2025, access to mental health was 410 people per mental health provider compared to Pennsylvania at 320 people per mental health provider.
- Between 2018-2022, the suicide rate was 18 deaths by suicide per 100,000 people compared to Pennsylvania at 14 deaths per 100,000 people.
- In 2022, poor mental health days was 5.8 days of the previous 30 days compared to Pennsylvania at 5.1 days.
- In 2022, 19% of adults reported experiencing poor mental health for 14 or more of the last 30 days compared to Pennsylvania at 16%.

Somerset County

- In 2025, access to mental health was 590 people per mental health provider compared to Pennsylvania at 320 people per mental health provider.
- Between 2018-2022, the suicide rate was 14 deaths by suicide per 100,000 people compared to Pennsylvania at 14 deaths per 100,000 people.
- In 2022, poor mental health days was 6.0 days of the previous 30 days compared to Pennsylvania at 5.1 days.
- In 2022, 19% of adults reported experiencing poor mental health for 14 or more of the last 30 days compared to Pennsylvania at 16%.

Overview of Priorities

Not Selected Health Priorities

Conemaugh Health System understands the need to address all health needs and is committed to making impacts across the community where possible. For the purpose of this CHNA, Conemaugh Health System has decided to focus efforts toward the previous three health priorities.

The health priorities not selected are:

- ❑ **Affordable Medication**- While we recognize the importance of this need, there is a lack of an identified effective method to address the need.
- ❑ **Children's Health -** This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ❑ **Access to Affordable Healthcare**- While we recognize the importance of this need, there is a lack of an identified effective method to address the need.
- ❑ **Women's Health** - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ❑ **Access to Healthy Food**- While we recognize the importance of this need, it is outside the scope of services the facility provides.

Implementation Plan Framework

Conemaugh Health System's (CHS) executive and clinical leadership gathered to discuss plans to address the identified health priorities. The leaders decided to breakout the health priorities into sub-categories to effectively create action plans to make positive community impacts. The next six pages outline the implementation plan for each identified health need seen below.

Conemaugh Health System Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Cancer	✓	✓	✓	✓
Cardiovascular Health	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓

This implementation plan was approved by the Board of Trustees on 11.19.25

Implementation Plan: Cancer

Initiative: Cancer Awareness

Goal: Increase patient access and awareness of screenings and resources available for cancer treatment

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 1: Amplify recruitment efforts of providers, APPs and nurses.	2026 – 2028	➢ CHS & Conemaugh Physician Group ➢ CHS People Services ➢ CHS Growth & Outreach ➢ CHS Marketing & Communications	➢ Lifepoint Health Physician Recruitment ➢ Duke Health ➢ Local colleges and universities
Strategy 2: Partner with Allegheny Health Network for medical oncology.	Quarter 1, 2026	➢ CHS Administration ➢ Conemaugh Physician Group ➢ CHS Medical Oncology Team	➢ Lifepoint Health
Strategy 3: Implement regular support groups through the Enhanced Supportive Care Clinic.	January 1, 2027	➢ CHS Enhanced Supportive Care Clinic ➢ CHS Family Medicine Clinic ➢ CHS Growth & Outreach Liaisons ➢ CHS Marketing & Communications	➢ Local support organizations who work with cancer and palliative care patients like Operation BeYOUtiful.

Anticipated Impact:

- Increased number of patients seen for screenings and treatment at Conemaugh Cancer Care Center
- Increased number of available providers to meet the current and growing need of cancer care within our community
- Increased number of visits to the enhanced supportive care clinic and provide patients at various levels of care a shared group space

Implementation Plan: Cardiovascular Health

Initiative: Heart Disease Awareness

Goal: Improve community sentiment and awareness of various cardiovascular programs available at Conemaugh Health System (CHS)

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 1: Implement quarterly community screenings across the health system	2026 - 2028	➢ CHS Cardiovascular Team ➢ CHS Marketing & Communications ➢ CHS Administration ➢ CHS Lab Team	➢ Local health professionals
Strategy 2: Implement quarterly educational series at Conemaugh East Hills Outpatient Center	2026 – 2028	➢ CHS Cardiovascular Team ➢ CHS Marketing & Communications	
Strategy 3: Partner with the American Heart Association to bring the Heart Walk back to Cambria/Somerset County	Quarter 3, 2026	➢ CHS Cardiovascular Team ➢ CHS Marketing & Communications	➢ American Heart Association
Strategy 4: Quarterly workplace wellness days with local companies and organizations	2026 – 2028	➢ CHS Employee Health ➢ CHS Cardiovascular Team ➢ CHS Administration ➢ CHS Marketing & Communications ➢ CHS Lab Team	➢ Local companies and organizations

Anticipated Impact:

- Increased health education and awareness of heart disease and other cardiovascular diseases
- Increased awareness of available screening, testing, and health options at Conemaugh Health System through outreach education and regular screening opportunities
- Improved health and wellness of current employees
- Increased number of patients seeking treatment at earlier stages of heart disease

Implementation Plan: Cardiovascular Health

Initiative: Diabetes Awareness

Goal: Increase awareness and total number of patients visiting the Diabetic Institute

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 1: Educational programming at local nursing homes, schools, and local organizations.	January 1, 2026	➢ Diabetic Institute and educators throughout CHS ➢ CHS Cardiovascular Team ➢ CHS Growth & Outreach Liaisons	➢ Local nursing homes ➢ Local high schools ➢ Local companies and organizations
Strategy 2: Implement regular foot exam care through PCP and family medicine offices.	January 1, 2026	➢ Conemaugh Physician Group ➢ Diabetic Institute and educators throughout CHS ➢ CHS Growth & Outreach Liaisons	➢ Primary care offices ➢ Independent provider offices
Strategy 3: Increase diabetes awareness education through community programming during Diabetes Awareness Month (November).	2026 – 2028	➢ Diabetes Institute and educators throughout CHS ➢ CHS Cardiovascular Team ➢ CHS Marketing & Communications ➢ CHS Growth & Outreach Liaisons	

Anticipated Impact:

- Increased number of patients referred to and visiting the Diabetic Institute
- Increased number of PCP visits for patients with Diabetic related health concerns
- Increased overall awareness of diabetes health and available resources to students and the local community

Implementation Plan: Cardiovascular Health

Initiative: Stroke Awareness

Goal: To lower the stroke risk ranking, decrease heart statistics through numerous regular screening measures, and improve community education about stroke and recognizing signs.

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 1: Implement and distribute Balance Eyes Face Arms Speech Time (BE FAST) Cards in the community during Stroke Awareness Month (May)	May 2026	➢ CHS Marketing & Communications ➢ CHS Stroke Team ➢ CHS Growth & Outreach Liaisons	➢ Local Pharmacies
Strategy 2: Improve the Tobacco Cessation Program Awareness through yearly programming and community/physician outreach	Quarter 4, 2026	➢ CHS Pulmonology Team ➢ CHS Marketing & Communications ➢ CHS Lung Health Navigator ➢ CHS Growth & Outreach Liaisons	➢ Community Centers ➢ Primary Care and Family Medicine offices ➢ Outpatient Centers ➢ Schools ➢ Workplaces

Anticipated Impact:

- Increased total enrollment into tobacco cessation program and a decrease in number of stroke patients
- Increased awareness of stroke and how to recognize signs of stroke as early as possible

Implementation Plan: Mental Health

Initiative: Mental Health Awareness and Action

Goal: Improve awareness and availability of current and forthcoming mental health resources available in the community while educating as early and as many people as possible

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 1: Complete the self-study and earn American Psychological Association accreditation for the current Psychology Internship at CMMC to attract more top talent in mental health.	March 1, 2026	➢ CHS Psychology Internship Faculty	➢ American Psychological Association
Strategy 2: Amplify recruitment efforts of psychologists, psychiatrists, and therapists to help meet the growing need of mental health professionals in the PSA.	2026 – 2028	➢ Conemaugh Physician Group and CHS Administration ➢ CHS Behavioral Health Team	➢ Lifepoint Health ➢ Duke Healthcare ➢ Local colleges and universities ➢ Current GME programs

Anticipated Impact:

- Accreditation through the American Psychological Association will allow for a larger recruitment pull for doctoral-level interns with subsequent recruitment of master's level trainees and an overall increase in the mental health provider footprint at CHS.
- The addition of mental health professionals will help meet the growing need of mental health support in the community and increase enrollment in treatment.
- Partnering with local girl scout and eagle scout groups to promote mental health awareness, self-care, and teach the important of stress management and emotional regulation at early ages. Encourage open conversations about feelings and provide age-appropriate resources and activities that build resilience and confidence. This would help the reduction of stigma seen around mental health.

Implementation Plan: Mental Health (continued)

Initiative: Mental Health Awareness and Action

Goal: Improve awareness and availability of current and forthcoming mental health resources available in the community while educating as early and as many people as possible

Strategies Actions facility plans to implement	**Goal Completion Date**	**Accountable Organization/Team**	**Community Resources & Partnerships**
Strategy 3: Develop a mental health resource guide to be displayed and given at schools, primary care offices, outpatient clinics, community centers, and more to help educate and promote current mental health resources.	January 1, 2027	➢ CHS Behavioral Health Team ➢ CHS Marketing & Communications ➢ CHS Growth & Outreach	➢ Lifepoint Health ➢ Center for Population Health
Strategy 4: Partner with local youth groups and organizations to promote early intervention, self-care, and important mental health topics.	Quarter 1, 2026	➢ CHS Behavioral health Team ➢ CHS Marketing	➢ Local Youth Groups and Organizations

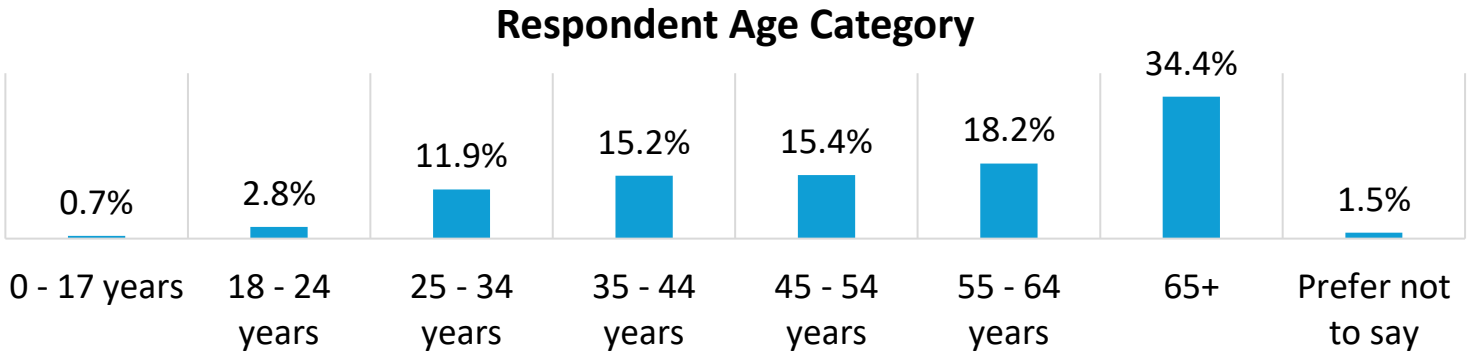
Anticipated Impact:

- Accreditation through the American Psychological Association will allow for a larger recruitment pull for doctoral-level interns with subsequent recruitment of master's level trainees and an overall increase in the mental health provider footprint at CHS.
- The addition of mental health professionals will help meet the growing need of mental health support in the community and increase enrollment in treatment.
- Partnering with local youth groups and organizations to promote mental health awareness, self-care, and teach the important of stress management and emotional regulation at early ages. Encourage open conversations about feelings and provide age-appropriate resources and activities that build resilience and confidence. This would help the reduction of stigma seen around mental health.

Appendix: Survey Results

Survey Results

Survey Question 1: Please provide your age.



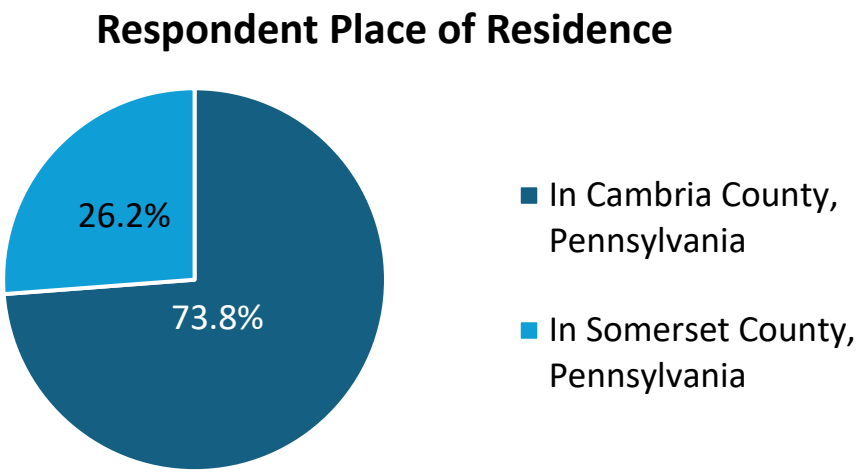
Survey Question 2: Please select which roles apply to you. [Check all that apply]

Respondent Community Role	% of Respondents
Community Resident	76.1%
Educator	21.0%
Healthcare Professional	12.8%
Underserved Population	8.5%
Human Service Agency	8.5%
Veteran	6.0%
Government Employee or Representative	4.3%
Racial/Ethnic/Cultural Minority	2.3%
Rep of Chronic Disease Group or Advocacy Org.	0.9%
Public Health Official	0.3%
Other^	6.7%

^Other – Other (34%), Retired (14%), Non-profit (6%), Chamber of Commerce (4%), Human Resources (4%), Athletic Director/Coach, Caretaker for a Veteran, Certified Community Health Worker, Clergy, Community Business Owner, Food service manager, Journalist, Paraprofessional, Parent, Personal care aid in educational setting, Personal trainer, Rural, Social worker in healthcare, Volunteer board member

Survey Results

Survey Question 3: Where is your primary residence?



Survey Question 4: What is your postal ZIP code?

Top 3 zip codes of the 64 represented:

1. 15905 – 17.7%
2. 15904 – 11.0%
3. 15902 – 10.1%

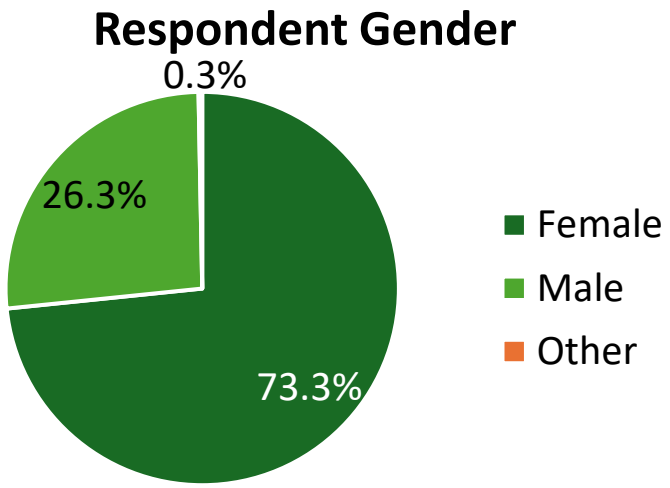
Survey Question 5: What is your city/boro/township?

Top 3 cities/boros/townships of the 96 represented:

1. Johnstown – 17.0%
2. Richland – 7.0%
3. Somerset – 6.8%

Survey Results

Survey Question 6: What is your gender?



Survey Question 7: Which of the following, including yourself, live in your household? (Choose one)

Household Residents	% of Respondents
Single person	30.1%
Married - couple with no children	28.6%
Married - couple with own children (under 18)	23.2%
Single parent (male/female, no spouse, with children under 18)	6.8%
Other^	11.3%

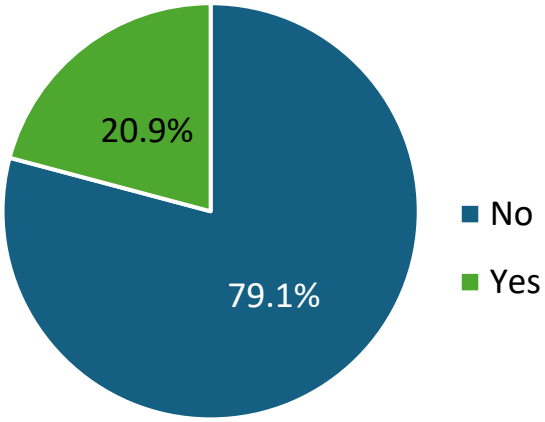
^Other- Other (38.1%), Married - with adult children (28.6%), Widow (7.8%), Single parent with adult children (4.8%), Unmarried couple (4.8%), Divorced (2.4%), Single parent with adult child with disability (2.4%), Remaining groups at 1.2%: Grown children living elsewhere, Live with parent (s), Live with partner, Married - couple with adopted and foster children, Married - with adult children not at home, Married - with child under 18 and elderly parent, Married - with grandchildren, Mother, brother, and myself, Single person with elderly mom, With parents

Survey Results

Survey Question 8: What do you consider to be your primary racial or ethnic group? (Choose one)

Respondent Primary Race/Ethnic Group	% of Respondents
White or European American	92.1%
Black or African American	4.4%
Two or More Races	2.1%
Hispanic/Latino	0.8%
Other	0.5%

Survey Question 9: Does anyone in your household receive public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (food stamps), Supplemental Security Income (SSI), or Social Security Disability (SSD)?



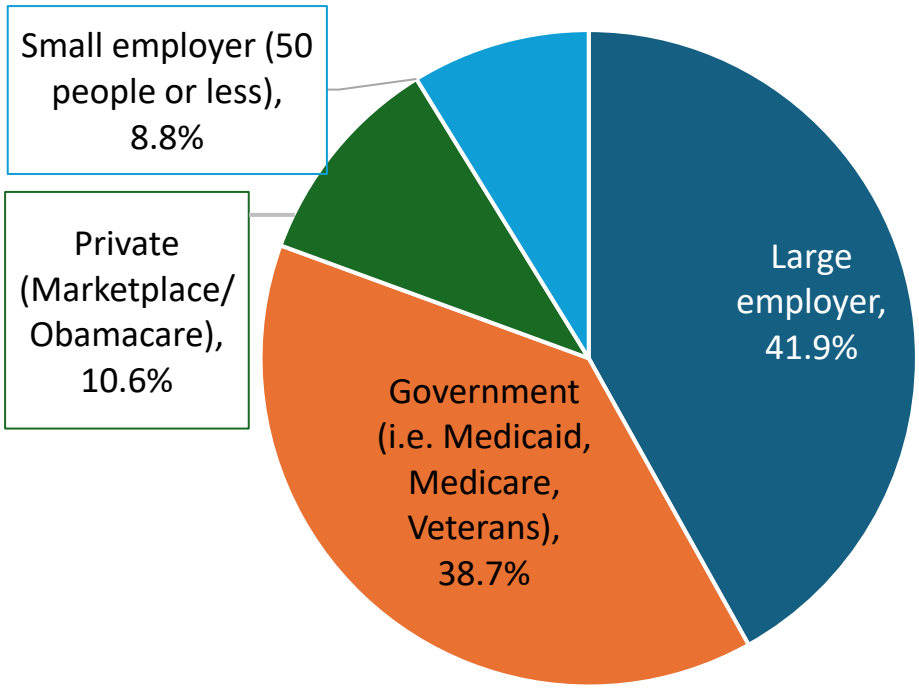
Survey Results

Survey Question 10: What type of health insurance do you have? (Select all that apply)

Respondent Primary Race/Ethnic Group	% of Respondents
Commercial Plan (through an employer)	43.3%
Medicaid (Medical Assistance/Access)	15.3%
Medicare	27.9%
Tricare/VA	2.3%
No insurance	2.2%
Other^	9.1%

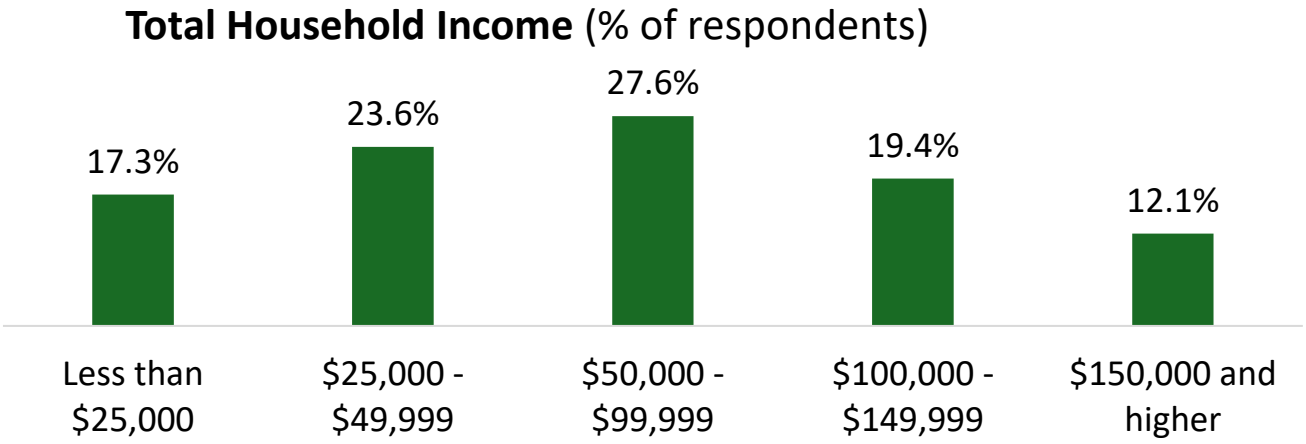
^Other- Other (28.8%), No insurance (21.3%), Medicare supplemental (7.5%), Pennie (7.5%), Commercial (Aetna, BCBS, HMO) (6.3%), Healthcare Marketplace (including UPMC) (6.3%), UPMC for Life (6.3%), Highmark (Blue Shield, Wholecare, Medicare Advantage) (5.0%), Medicare Advantage (5.0%), Remaining groups at 1.3%: ACA, CHIP for child, Hop, Keystone First, Self pay

Survey Question 11: Where do you get your health insurance you have? (Choose one)



Survey Results

Survey Question 12: Counting income from all sources (including all earnings from jobs, unemployment insurance, disability, worker's compensation, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?



Survey Question 13: How would you describe your health?

(1 star = Poor; 5 stars = Excellent)

Survey Question 14: How would you describe the overall health of your community?

(1 star = Poor; 5 stars = Excellent)

Survey Results

Survey Question 15: Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Cancer	**4.68**
Heart Disease	**4.68**
Affordable medication	**4.66**
Children's Health	**4.55**
Diabetes	**4.53**
Women's Health	**4.51**
Mental Health	**4.50**
Stroke	**4.47**
Alzheimer's & Dementia	4.40
Obesity	4.33
Dental	4.28
Lung Disease/COPD	4.27
Physical or Intellectual Disability	4.24
Vision	4.23
Kidney Disease	4.17
Vaccinations	4.14
Physical/Occupational Therapy	4.12
Hearing	4.10
Liver Disease	4.10

Factor is in the overall top 10

Survey Question 16: If there is another Health Factor that needs addressing, please specify

- Addiction/Substance Use/ Substance Abuse (20)
- Healthcare Affordability (8)
- Provider/Clinician Access (7)
- Arthritis (5)
- Orthopedics (5)
- Preventive Care/ Wellness (5)
- Autoimmune Diseases (5)
- Environmental Health (Pollution, Drinking Water, etc.) (4)
- Mental Health (4)
- Aging/Elderly Population Health Needs (4)
- Improved Clinician Care (3)
- Perinatology/Development Care/Post Partum (3)
- Healthy Lifestyle (2)
- Men's Health (2)
- Vaccine Access (2)
- Endocrinology (2)
- Poverty (2)
- Epilepsy (2)
- Healthy Eating / Specialty Foods (2)
- Metabolic Care (2)
- Substance Use Disorder (2)
- Minority Health (2)
- Gastroenterology (2)
- Violence (2)
- LGBTQIA+ & Gender Affirming Care (2)
- Neurology (1)
- Vision (1)
- Health Literacy (1)
- Home Care (1)
- Diabetes Care (1)
- Transportation to Healthcare Services (1)

Survey Results

Survey Question 17: Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).

	Weighted average of votes
Nutrition	4.40
Physical Inactivity/Exercise Resources	4.31
Drug Misuse	4.29
Abuse & Violence	4.25
Suicide Ideation	4.24
Excess Drinking	4.17
Smoking/Vaping/Tobacco Use	4.14
Social Isolation	4.08
Personal Health Education	4.08
Employment Status	3.98
Risky Sexual Behavior	3.87
Gambling	3.57

Factor is in the overall top 10

Survey Question 18: If there is another Lifestyle & Personal Factor that needs addressing, please specify

- Senior Care (5)
- Family Counseling/Therapy (5)
- Mental/Psychiatric Health (5)
- Substance Use/Abuse (4)
- Transportation Access/Vehicle Safety (4)
- Spirituality/Religion (3)
- Bullying (3)
- Negative Personality Traits (2)
- Social Media Use/Overuse (2)
- Sleep (1)
- Homelessness (1)
- LGBTQIA+ Education and Rights (1)
- Nutrition (1)

Survey Results

Survey Question 19: Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Access to affordable healthcare	**4.52**
Access to healthy food	**4.49**
Access to convenient healthcare	**4.46**
Community safety	4.44
Education system	4.43
Poverty	4.28
Access to senior services	4.28
Disability accessibility	4.24
Affordable housing (under $100,000) and/or utility cost	4.24
Access to health prevention & education services	4.21
Transportation	4.21
Access to childcare/pre-school	4.19
Early childhood intervention services	4.16
Access to exercise/recreation (including trails and parks)	4.15
Job training/unemployment	4.13
Broadband and/or cell service	4.06
Unsheltered	4.03
Cultural/community activities (including youth activities)	3.95
Language and/or cultural barriers	3.51
LGBTQIA+ resources	2.95

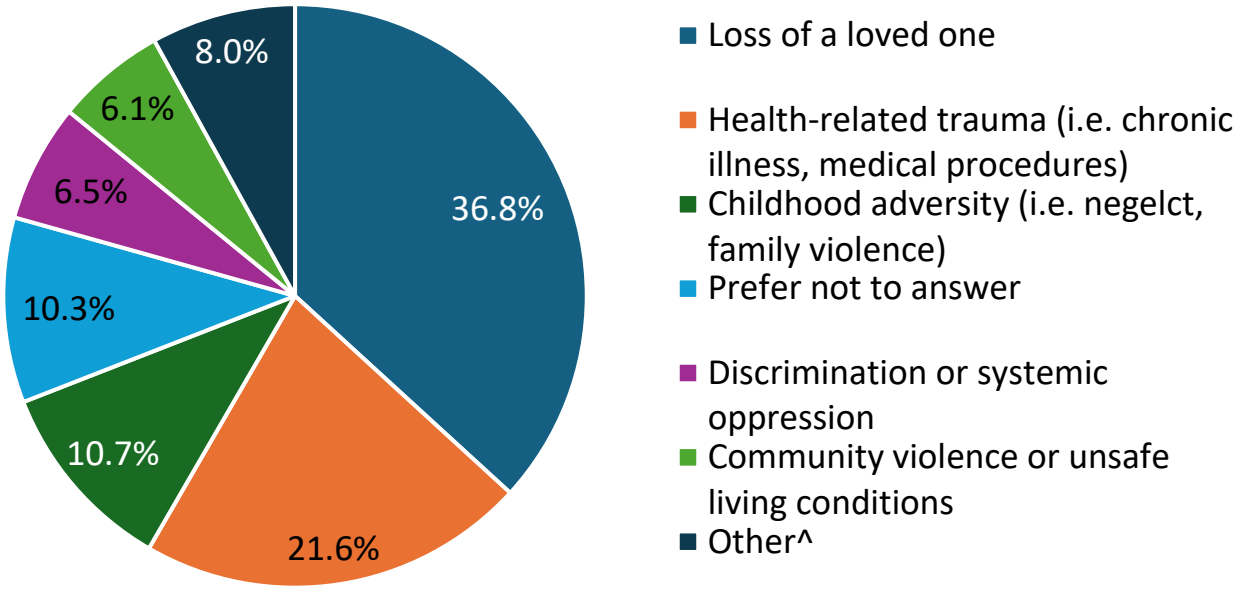
Factor is in the overall top 10

Survey Question 20: If there is another Community & Healthcare Services Factor that needs addressing, please specify

- Improved care delivery (7)
- Disability / Special Needs Services (4)
- Senior Care (4)
- Children's Activities and Programming (3)
- Housing / Rent Affordability / Renters' Rights (3)
- Transportation (3)
- Utilities (3)
- Affordable Childcare (1)
- Arts & Culture (1)
- Emergency Services (EMS, Fire, Police, etc.) (1)
- Environment / Pollution (1)
- Veteran Services (1)
- Youth Services & Activities (1)

Survey Results

Survey Question 21: Have you experienced any of the following situations that may have affected your well-being?



^Other:

- *Partner abuse/domestic abuse (3)*
- *Dirty neighbors*
- *Divorce*
- *Drug addicts and sales on the main road through town*
- *Employer oppression*
- *Exposure to hatred politically related*
- *Homelessness*
- *Immediate family: pediatric cancer, hearing loss, and pediatric diabetes. With no local child specialists here--everything is done at children's hospital in Pittsburgh, the time and expense to help children who are sick with any kind of illness or disability*
- *Lack of good doctors*
- *Poor nutritional practices*
- *Poverty*
- *PTSD*
- *Unsafe living conditions only from loose dogs roaming*

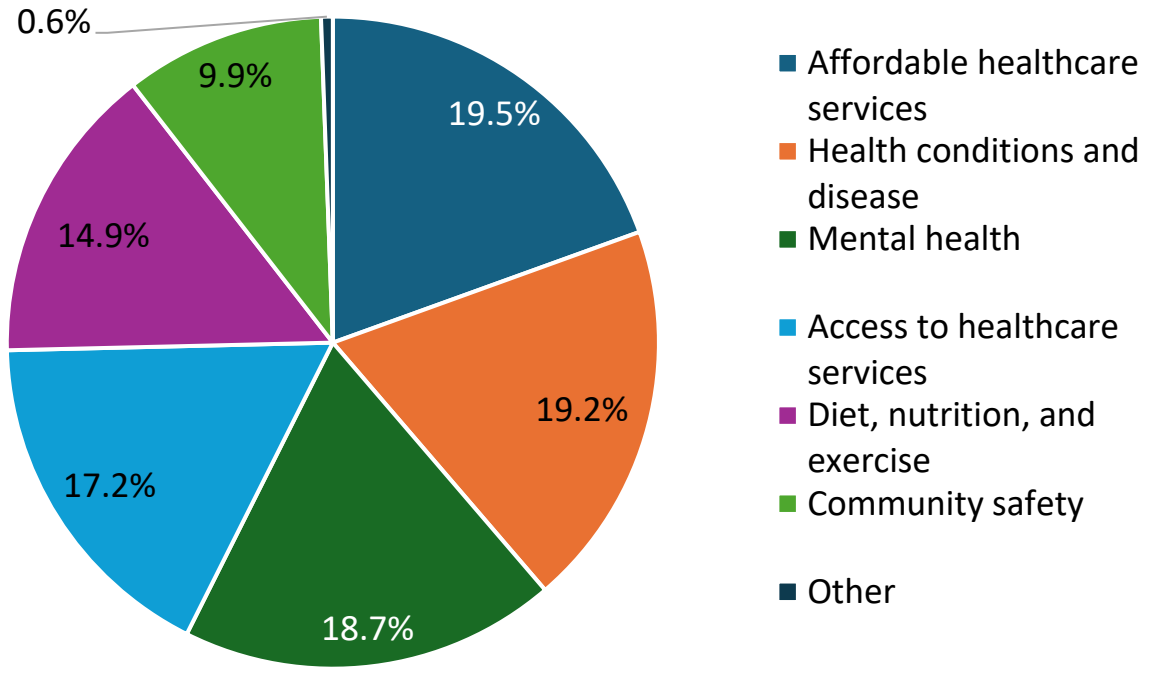
Survey Results

Survey Question 22: Which groups have the highest health needs in your community? (Select all that apply)

Groups with Highest Health Needs	% of Total Votes
Older adults	17.9%
Low-income groups	16.0%
Individuals with chronic conditions	12.4%
Physically or intellectually disabled	11.0%
Veterans	10.9%
Children	9.8%
Women	8.0%
Teens	5.4%
Racial and ethnic minority groups	4.6%
LGBTQIA+	3.4%
Other^	0.7%

^Other- folks with a mental health diagnosis/mental health (2), all community segments based on health status assessment (obesity/arthritis/prevention), better diabetes care of properly trained doctors, middle class, seniors, young adults, 90% of people are metabolically unhealthy

Survey Question 23: What are the health needs, if any, for the group(s) selected above? (Select all that apply)



Survey Results

Survey Question 24: How would you rate the quality of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)

3.2

Survey Question 25: How would you rate the convenience of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)

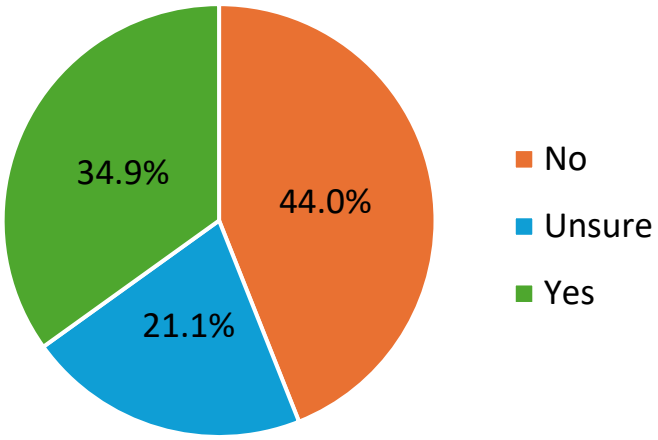
3.1

Survey Question 26: How would you rate the affordability of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)

2.8

Survey Results

Survey Question 27: Are you aware of efforts to address Mental/Behavioral Health in your community in the last 3 years?



Survey Question 28: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (178 responses):

1. Mental health counseling in schools (76)
2. REACH program and crisis centers (34)
3. Suicide prevention efforts (28)
4. Provider shortage/recruitment (27)
5. Trauma-informed care/education (22)
6. Inpatient/partial hospitalization issues (21)
7. Community outreach/awareness (19)
8. Barriers to access (18)
9. School-based (non-clinical support) (11)
10. Substance use and recovery (7)

Additional Comments:

- Mentions of personal experiences (i.e. abuse, custody disputes)
- Nutrition as a solution to mental health
- Systemic critiques toward government not addressing root issues
- Criticism of group homes or institutional failures

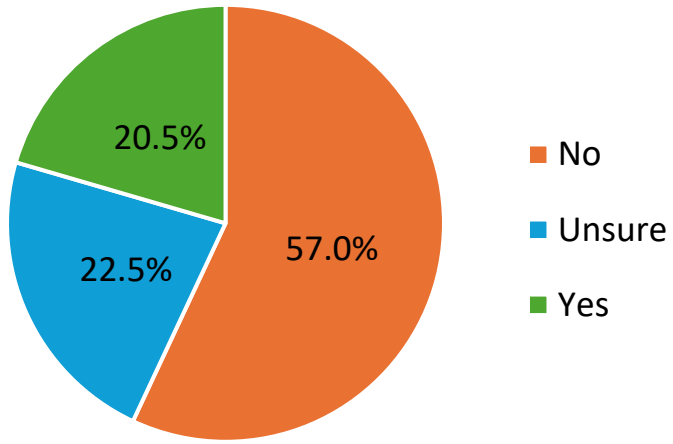
Survey Results

Survey Question 28: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Mental health counseling in schools (76)
   - ❑ Many mentioned that these services are essential, though access is limited, services are inconsistent, and elementary students are underserved
   - ❑ Some highlighted the importance of dog therapy, grief groups, or school guidance counselors
2. REACH program and crisis centers (34)
   - ❑ Includes references to REACH programs, walk-in centers, mobile crisis teams, or 24/7 services
   - ❑ Locations mentioned: Downtown Johnstown, New Choices, Drop-in Centers
3. Suicide prevention efforts (28)
   - ❑ Includes the Suicide Prevention Task Force, 988 advertising, awareness campaigns in schools
   - ❑ Some expressed concern about effectiveness or age-appropriateness
4. Provider shortage/recruitment (27)
   - ❑ Mentions include: loss of local providers, long waitlists, recruitment challenges, and lack of psychiatrists (especially child/adolescent)
   - ❑ Some people drive over 1.5 hours for care or report waitlists of 6+ months
5. Trauma-informed care/education (22)
   - ❑ References to training for providers, school staff, and community leaders
6. Inpatient/partial hospitalization issues (21)
   - ❑ Key concerns: reduction in local inpatient beds, closure of adolescent psychiatric wards, decreased partial hospitalization services
   - ❑ Mentions of Conemaugh included both positive comments (expansions) and concerns about safety, conditions, and stigma
7. Community outreach/awareness (19)
   - ❑ Noted awareness of billboards, ads, education through social media, school handouts, training events, or QRP training
   - ❑ Some noted these are helpful but not sufficient
8. Barriers to access (18)
   - ❑ References to barriers such as: transportation, insurance coverage, parental consent, service inconsistency, income barriers, and people being dropped after missing 1-2 appointments
   - ❑ Rural and low-income populations mentioned as particularly affected
9. School-based (non-clinical support) (11)
   - ❑ Mindfulness programs, school seminars, after-school programs, and nutrition in early education
   - ❑ Seen as valuable early intervention tools
10. Substance use and recovery (7)
    - ❑ Mentions of recovery centers, addiction treatment, and support groups
    - ❑ Some praised New Choices, NA meetings, and community work

Survey Results

Survey Question 29: Are you aware of efforts to address Access to Social Determinants of Health Needs/Healthcare in your community in the last 3 years?



Survey Question 30: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (100 responses):

1. Food insecurity and food support programs (35)
2. Housing instability and homelessness services (30)
3. Promotion and awareness of 2-1-1 resource hotline (25)
4. Screening patients for social needs and connecting to resources (20)
5. Expansion and growth of community-based programs (15)
6. Transportation barriers (10)
7. General concerns about program effectiveness and access (10)
8. Mental health and additional social supports (5)

Additional Comments:

- Clinical care quality concern
- Healthcare staffing needs
- Lack of access to education
- Food quality concern

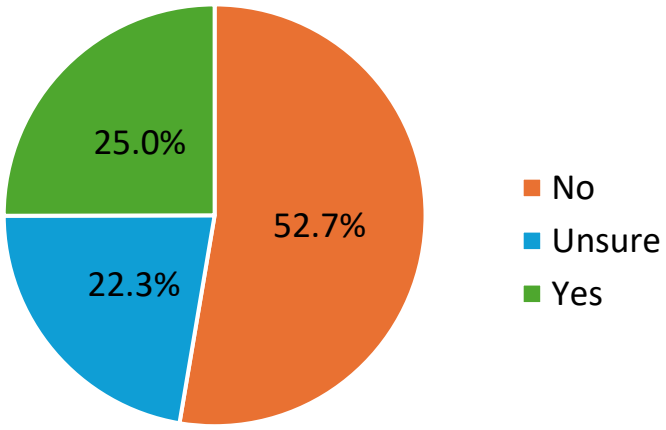
Survey Results

Survey Question 30: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Food insecurity and food support programs (35)
   - ❑ Some noted growth in food banks, community gardens, and good programs
   - ❑ Food insecurity remains a significant challenge requiring ongoing efforts
2. Housing instability and homelessness services (30)
   - ❑ Mixed perceptions about housing support
   - ❑ Some progress with shelters and stabilization programs, but many noted they feel the services are insufficient
3. Promotion and awareness of 2-1-1 resource hotline (25)
   - ❑ Many noted 2-1-1 as a vital resource but called for a greater public awareness and improved responsiveness
4. Screening patients for social needs and connecting to resources (20)
   - ❑ Increased screening efforts in healthcare settings are positive, but need better follow-through and integration
5. Expansion and growth of community-based programs (15)
   - ❑ Community efforts are expanding, but further outreach and coordination are necessary to reach underserved populations
6. Transportation barriers (10)
   - ❑ Transportation remains a key barrier impacting access to services and opportunities despite some programs in place
7. General concerns about program effectiveness and access (10)
   - ❑ Skepticism exists regarding whether programs truly address root causes and reach all who need help due to systemic barriers (i.e. waitlists, transportation, difficulty navigating where to find care, etc.)
8. Mental health and additional social supports (5)
   - ❑ Integrated mental health-social needs support programs are growing but require more attention and resources- more funding, staffing, and program expansion
   - ❑ Some mentioned that mental health support is being integrated into programs aimed at homelessness and other social needs, recognizing that mental health challenges often intertwine with issues like housing instability and food insecurity

Survey Results

Survey Question 31: Are you aware of efforts to address Physical Health in your community in the last 3 years?



Survey Question 32: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (117 responses):

1. Physical activity and outdoor recreation (40)
2. Community health educations sessions (35)
3. Community health fairs and mobile units (25)
4. General perceptions and suggestions (15)
5. Health services and clinics (12)
6. Barries and access issues (10)
7. Youth and school-based activity (8)

Additional Comments:

- Concerns regarding lack of inclusive spaces
- Reflections on community health including overweight children and smoking
- Long wait times for specialists and difficulty finding PCPs accepting new patients

Survey Results

Survey Question 32: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Physical activity and outdoor recreation (40)
   - ❑ Many commented on trails/walking paths, outdoor recreation events, walking groups, and organized runs/walks
   - ❑ Local organizations and media visibly promote healthy outdoor lifestyles
   - ❑ YMCA, Silver Sneakers, and gym memberships help increase physical activity, especially with some scholarships or free memberships available
   - ❑ Some noted concerns that overall physical activity levels remain low or declining despite efforts
2. Community health educations sessions (35)
   - ❑ Frequent education sessions at housing communities, senior centers, libraries, churches, and other venues
   - ❑ Some emphasized the need for expanded hours and locations, including evenings, to increase accessibility
   - ❑ Mentions of providers and organizations actively promoting healthcare education to improve lifestyle awareness
3. Community health fairs and mobile units (25)
   - ❑ Community health fairs occur regularly across the counties and are widely recognized
   - ❑ Mobile health units, including dental vans and vaccine clinics, provide outreach services
   - ❑ Mentions of desire for more consistent, frequent, and well-advertised mobile health services
   - ❑ Some feel the health fairs offer giveaways rather than substantive education or engagement
4. General perceptions and suggestions (15)
   - ❑ Many appreciate existing programs but call for expansion, better outreach, and more sustained engagement
   - ❑ Comments stress that education and fairs alone don't fully address root causes of poor health (e.g., sedentary lifestyles, nutrition)
   - ❑ Calls for more holistic, integrated approaches that combine education, physical activity, access, and social supports
5. Health services and clinics (12)
   - ❑ New clinics with extended hours have opened
   - ❑ Some concerns about access to primary care providers and specialist wait times
   - ❑ Clinics and hospitals offer classes, support groups, and some community health programming
   - ❑ Affordability concerns, especially for seniors regarding copays and access

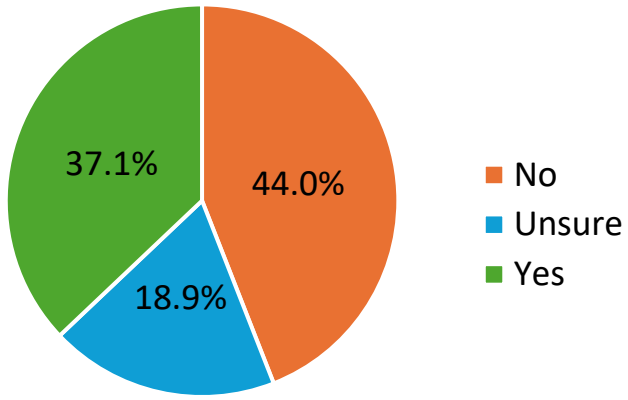
Survey Results

Survey Question 32: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

6. Barries and access issues (10)
   - ❑ Transportation and location challenges limit attendance and participation, especially in rural areas or for seniors
   - ❑ Concerns about programs not reaching those most in need or hard to engage populations
   - ❑ Some respondents feel uncomfortable or unwelcome at certain venues (e.g., lack of inclusive spaces for transgender community members)
   - ❑ Limited awareness of programs before or outside of event days
7. Youth and school-based activity (8)
   - ❑ School sports and youth fitness programs are noted as important for establishing lifelong habits
   - ❑ Requests for more school-based and early childhood physical activity initiatives

Survey Results

Survey Question 33: Are you aware of efforts to address Substance Use Disorder in your community in the last 3 years?



Survey Question 34: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (159 responses):

1. Narcan availability and distribution (78)
2. Prevention education and awareness campaigns (52)
3. Recovery support services (i.e. peer support, recovery centers like FAVOR) (34)
4. Harm reduction (fentanyl test strips, safe drug kits, disposal events) (28)
5. Medication-Assisted Treatment (MAT) (21)
6. Advertising and public messaging (TV, billboards, social media) (18)
7. Stigma reduction and mental health integration (16)
8. School-based education and youth prevention efforts (15)
9. Availability of services (clinics, community centers) (14)
10. Law enforcement and policy changes (i.e. arrests, task forces) (12)
11. Emergency department interventions/warm handoff (11)

Additional Comments:

- Several mentioned that current efforts are “band-aids”, not solutions, including easy access to Narcan, which may inadvertently enable repeat overdoses
- Some noted that while SUD efforts are concentrated in low-income areas, the are also needed in the broader community

Survey Results

Survey Question 34: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Narcan availability and distribution (78)
   - ❑ Broad consensus that Narcan is widely available and distribution has increased
   - ❑ Recognized as life-saving and important, but some concern it doesn't address root causes
2. Prevention education and awareness campaigns (52)
   - ❑ Positive feedback on TV ads, billboards, community training events
   - ❑ Mentions of programs in schools, libraries, and through coalitions
   - ❑ Desire for more targeted efforts, especially in high-need areas
3. Recovery support services (34)
   - ❑ Growth in peer-led recovery groups (i.e. FAVOR, Twin Lakes)
   - ❑ Appreciation for services that connect individuals to support in recovery
   - ❑ Gaps remain in connecting people post-discharge from hospitals or jails
4. Harm reduction (fentanyl test strips, safe drug kits, disposal events) (28)
   - ❑ Efforts like fentanyl test strips, COR bags, and drug takeback events seen as valuable
   - ❑ Some expressed a lack of awareness or access in more rural or underserved areas
5. Medication-Assisted Treatment (MAT) (21)
   - ❑ Increased access noted, especially in community clinics
   - ❑ Mixed reports on whether MAT is being offered in emergency departments
   - ❑ Some expressed frustration about inconsistency in MAT application
6. Advertising and public messaging (TV, billboards, social media) (18)
   - ❑ Many commented on the effectiveness of TV ads, radio, and billboards
   - ❑ Some noted fatigue with messaging if not paired with visible, accessible services
7. Stigma reduction and mental health integration (16)
   - ❑ Frequent mentions of importance of addressing stigma
   - ❑ Calls for integrated mental health services and more compassion-based approaches
   - ❑ Some mentioned concern that stigma is still a major barrier, especially in rural areas
8. School-based education and youth prevention efforts (15)
   - ❑ Prevention education is present in some districts
   - ❑ Reports of awareness, but gaps in consistency across regions remain
9. Availability of services (clinics, community centers) (14)
   - ❑ Several pointed to increased services like clinics and recovery centers
   - ❑ Others mentioned feeling left out or underserved, especially rural areas
   - ❑ Barriers mentioned: wait lists, travel distances, and lack of providers

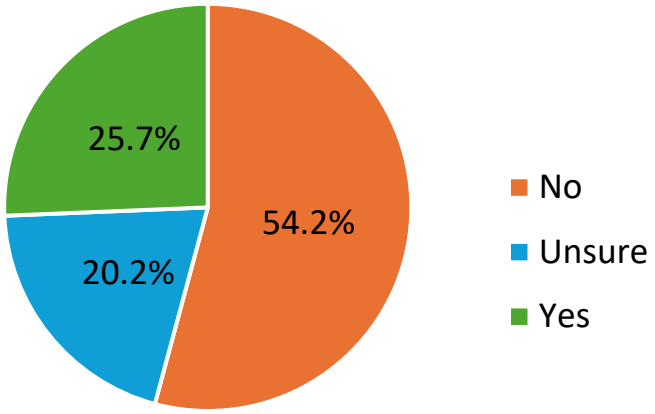
Survey Results

Survey Question 34: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

10. Law enforcement and policy changes (i.e. arrests, task forces) (12)
    - ❑ Some mentioned enforcement is lacking or ineffective
    - ❑ Others point to visible efforts: drug arrests, task forces, K9 units
    - ❑ Desire to balance public safety with harm reduction and treatment access
11. Emergency department interventions/warm handoff (11)
    - ❑ Mixed awareness of ED-based MAT and warm handoff programs
    - ❑ Some praise the initiatives, while others reported they are not reliably implemented

Survey Results

Survey Question 35: Are you aware of efforts to address Socioeconomic/Jobs Training in your community in the last 3 years?



Survey Question 36: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (109 responses):

1. Employment training and job readiness programs (74)
2. Community college and certification programs (33)
3. Career fairs and job placement events (26)
4. Healthcare workforce training (clinical, EMS, nursing) (16)
5. Transportation, accessibility, and cost barriers (14)
6. Motivation, engagement, & follow-through challenges (10)
7. Awareness and communication gaps (7)
8. Childcare and family barriers (4)

Additional Comments:

- Concerns about outdated/inaccessible socioeconomic/job training (i.e. Goodwill's Project Youth program)
- Economic opportunity landscape concerns ("what good is training if there aren't jobs in the area?")
- Frustration with the social welfare system (motivation for people to work and giving free services/resources away)

Survey Results

Survey Question 36: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Employment training and job readiness programs (74)
   - ❑ Widespread awareness and approval of programs by Goodwill, JARI, CareerLink, Johnstown Housing Authority (JHA), and Tableland
   - ❑ Many noted the positive impact of on-site programs, GED prep, and support for job placement
   - ❑ Some mentioned increased visibility and marketing
2. Community college and certification programs (33)
   - ❑ Strong awareness of Pennsylvania Highlands Community College's certificate programs- both clinical and non-clinical
   - ❑ Programs often seen as accessible, affordable alternatives to traditional college, especially helpful for low-income individuals
   - ❑ Mentions of early childhood education, culinary training, and apprenticeship programs via The Learning Lamp
3. Career fairs and job placement events (26)
   - ❑ Multiple mentions of CareerLink-hosted job fairs and JARI job events
   - ❑ Some noted more frequent fairs would be helpful
   - ❑ Generally viewed positively as low-barrier points of access to employment opportunities
4. Healthcare workforce training (clinical, EMS, nursing) (16)
   - ❑ Acknowledgement of training programs for nurses, EMS, paramedics, and other clinical roles
   - ❑ Examples included Pennsylvania Highlands Community College and Conemaugh health System internal workforce development
   - ❑ Some mentions of tuition support or scholarships, especially for health occupations
5. Transportation, accessibility, and cost barriers (14)
   - ❑ Transportation is a major barrier, especially when services move to less transit-accessible areas
   - ❑ Programs that go to where people live (i.e. housing authority sites) are seen as more effective
   - ❑ Childcare and financial costs (both program cost and lost time) remain key deterrents, particularly for parents and low-income individuals
   - ❑ There is a desire for community-integrated solutions and supports beyond just training access
6. Motivation, engagement, & follow-through challenges (10)
   - ❑ Lack of motivation or perceived incentives is a concern – especially among individuals receiving public assistance
   - ❑ Program awareness doesn't always translate into engagement or action
   - ❑ Noted skepticism about long-term employment outcomes

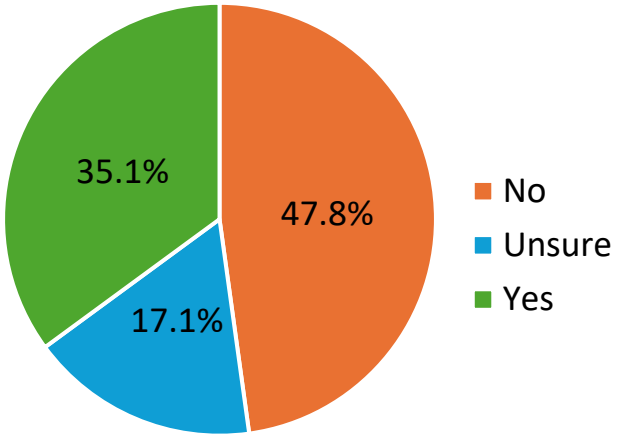
Survey Results

Survey Question 36: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Awareness and communication gaps (7)
   - ❑ Limited public knowledge of available services or trainings
   - ❑ Lack of clarity around how to access or benefit from programs
   - ❑ Disconnect between program advertising and community understanding/engagement
   - ❑ Mentions of advertisements on TV and radio
2. Childcare and family barriers (4)
   - ❑ Lack of childcare is directly limiting participation in jobs training
   - ❑ Family obligations require programs to be more local and flexible
   - ❑ Young parents need scholarships or subsidiaries to overcome financial barriers
   - ❑ Interest in neighborhood-based or mobile programming to reduce strain on families

Survey Results

Survey Question 37: Are you aware of efforts to address Early Childhood in your community in the last 3 years?



Survey Question 38: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (158 responses):

1. Diaper Bank (36)
2. Early childhood education programs (35)
3. Growth of childcare/early childhood support agencies/ capacity (25)
4. Community collaboration & cross-sector support (20)
5. Childcare cost, availability, & affordability (18)
6. Home visiting/early intervention programs (15)
7. General awareness (15)
8. Screenings and readiness support (10)

Additional Comments:

- All good programs
- Well advertised- billboards and TV advertising
- Most programs focus on early childhood with very little for adolescents
- Quality staffing has declined

Survey Results

Survey Question 38: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Diaper Bank (36)
   - ❑ Many noted its usefulness and appreciated its distribution through partnerships with schools, nonprofits, and community organizations
   - ❑ Several mentioned increased visibility, support from United Way, and localized access
   - ❑ Concerns mentioned included misuse, lack of ID checks, and the absence of coverage in high-need rural areas
2. Early childhood education programs (35)
   - ❑ Recognition of the positive impact of programs like Head Start, Pre-K Counts, & IU8
   - ❑ Some mentioned concerns about declining funding, staffing shortages, enrollment drops, and the challenge of sustaining quality and access
3. Growth of childcare/early childhood support agencies/capacity (25)
   - ❑ Mentions of a noticeable increase in childcare facilities, early childhood education programs, and community services
   - ❑ Many commented on new daycare centers and expanded program capacity
   - ❑ Frequent mentions of expansions for The Learning Lamp and Little Dreamers and growing support from agencies like United Way and Tableland
4. Community collaboration & cross-sector support (20)
   - ❑ Many mentioned appreciation for the collaborative efforts between nonprofits, healthcare providers, schools, and community leaders
   - ❑ Specific examples mentioned: Early Childhood Initiative, coordination with local physicians, and United Way-led efforts to streamline and enhance services
5. Childcare cost, availability, & affordability (18)
   - ❑ Affordability and access remain major concerns
   - ❑ Many mentioned that quality childcare is too expensive or full
   - ❑ Some mentioned 24/7 care options, financial assistance, and better pay for childcare workers to improve retention and staffing
6. Home visiting/early intervention programs (15)
   - ❑ Mentions of programs like Nurse Family Partnership, IU8 home visits, and Screen2Succeed noting their value for providing personalized developmental support to young children
   - ❑ Desire to expand these programs and extend them past the age of 3

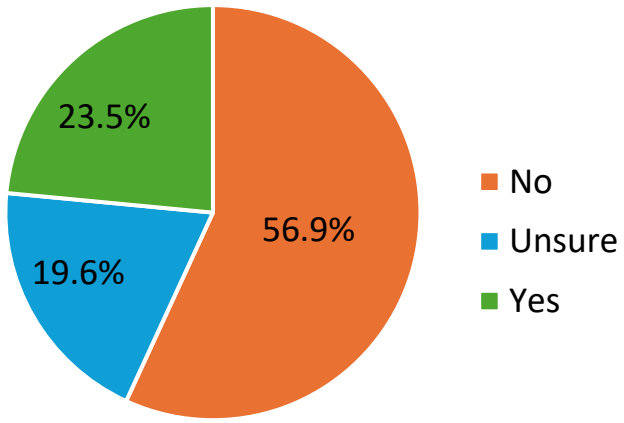
Survey Results

Survey Question 38: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

7. General awareness (15)
   - ❑ Awareness could be improved via increased volunteering opportunities, social media/TV exposure, or increased local advertising
   - ❑ Some acknowledged improvements in early childhood efforts but lacked deep familiarity with the programs themselves
8. Screenings and readiness support (10)
   - ❑ Some mentioned the importance of developmental screenings and school readiness assessments (like Screen2Succeed) for identifying delays and providing early support
   - ❑ Some mentioned concern about an increasing number of kindergarten students entering school unprepared, with needs in areas like speech, behavior, and socialization

Survey Results

Survey Question 39: Are you aware of efforts to address Violence/Abuse/Safety in your community in the last 3 years?



Survey Question 40: If yes, please share comments or observations about the positive changes you have seen in the community.

Themes from Comments (94 responses):

1. Awareness and visibility of programs (35)
2. Positive impact/community value (30)
3. Concerns about capacity, gaps, or program reach (18)
4. Public safety, abuse, & prevention education (15)
5. Youth engagement and mentoring (9)
6. Suggestions for improvement (8)
7. Systemic or structural concerns (7)

Additional Comments:

- Number of drug related issues

Survey Results

Survey Question 40: If yes, please share comments or observations about the positive changes you have seen in the community (continued).

1. Awareness and visibility of programs (35)
   - ❑ Many indicated awareness of the Women's Help Center and Victim Services
   - ❑ Some recognized the Forged Futures or Safe Places initiative
   - ❑ Mentions of learning about these from billboards, media, or word-of-mouth, while others expressed lack of knowledge
2. Positive impact/community value (30)
   - ❑ Numerous comments praising the programs for providing vital services and support to vulnerable populations
   - ❑ Comments highlighted value in prevention, education, youth development, and victim protection
3. Concerns about capacity, gaps, or program reach (18)
   - ❑ Some comments highlighted long waitlists, access issues, and programs being too Johnstown-centric, leaving rural or surrounding communities underserved
4. Public safety, abuse, & prevention education (15)
   - ❑ Several comments focused on the importance of education around abuse and violence, especially in schools and faith communities
   - ❑ Others mentioned the need for better societal understanding of abuse
5. Youth engagement and mentoring (9)
   - ❑ Many mentioned increased youth programming (especially after-school/weekend) and praised its value in giving children safe, productive environments
6. Suggestions for improvement (8)
   - ❑ Ideas included expanding services geographically, improving outreach, adding shelters, and enhancing mental health access
7. Systemic or structural concerns (7)
   - ❑ Lack of communication efforts and execution from organizations (i.e. not returning calls or emails)
   - ❑ Some questioned organizational effectiveness, sustainability, or trust in agencies including a mention of loss of accreditation

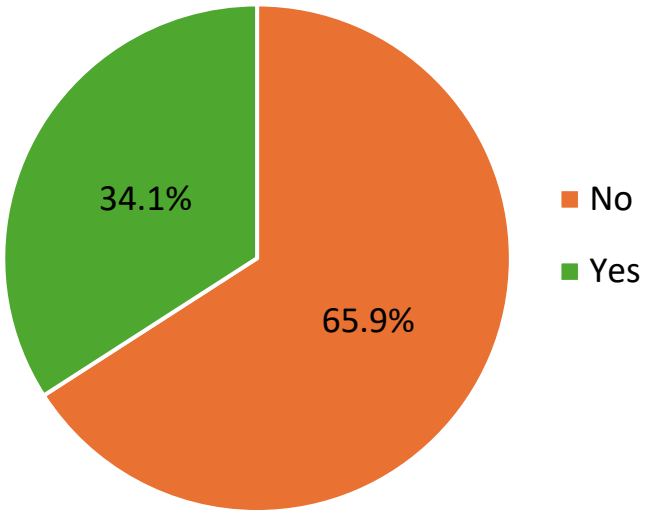
Survey Results

Survey Question 41: Which services do you use for basic health needs? (Select all that apply)

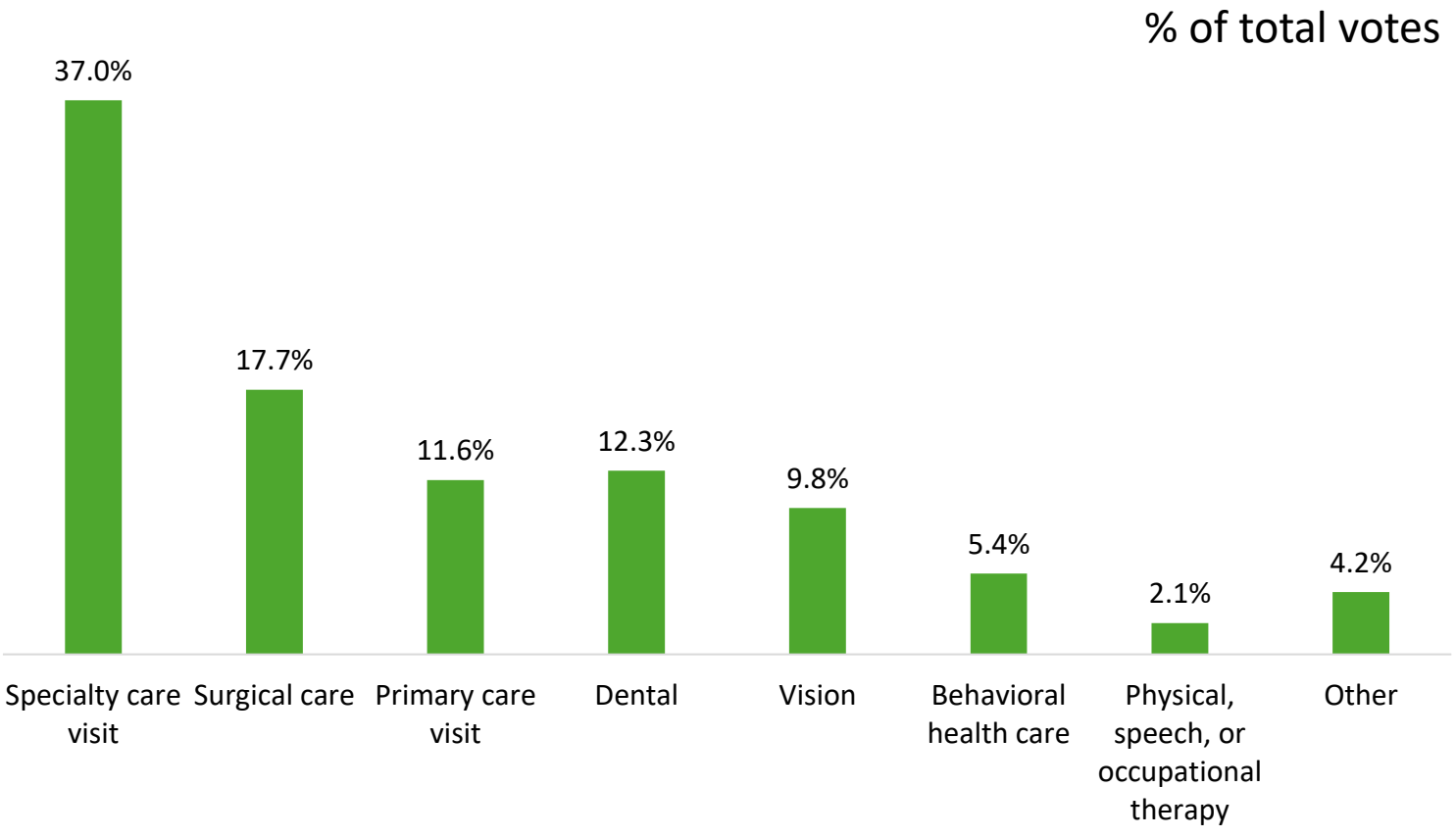
Services Utilized for Basic Health Needs	% of Total Votes
My primary care doctor or family physician	38.3%
Urgent care center	22.1%
Hospital (including the ER)	17.2%
Retail clinic (CVS, Rite Aid, etc.)	8.5%
Alternative healthcare providers (chiropractors, etc.)	7.8%
Free clinic	1.4%
Health department	1.2%
School/university nurse	1.1%
I do not have a healthcare provider	0.8%
Other	1.6%

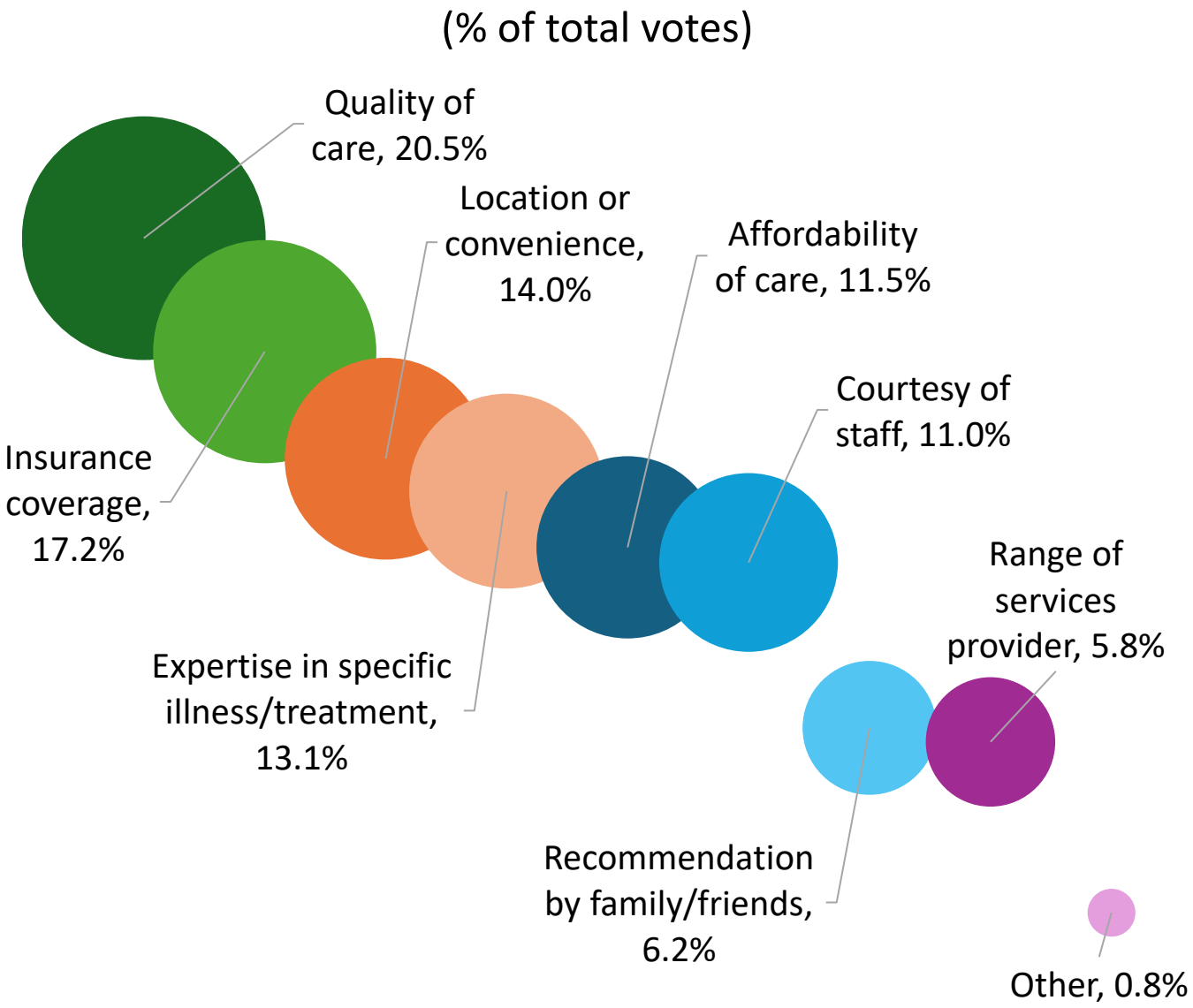
Survey Results

Survey Question 42: In the last 12 months, have you received healthcare outside of your community?



Survey Question 43: Which of the following services did you receive outside the community? (Select all that apply)



Survey Results

Survey Question 44: What do you consider to be the most important when considering a healthcare provider? (Select all that apply)