

Community Health Needs Assessment

Conemaugh Health System

Conemaugh Memorial Medical Center

Conemaugh Meyersdale Medical Center

Conemaugh Miners Medical Center

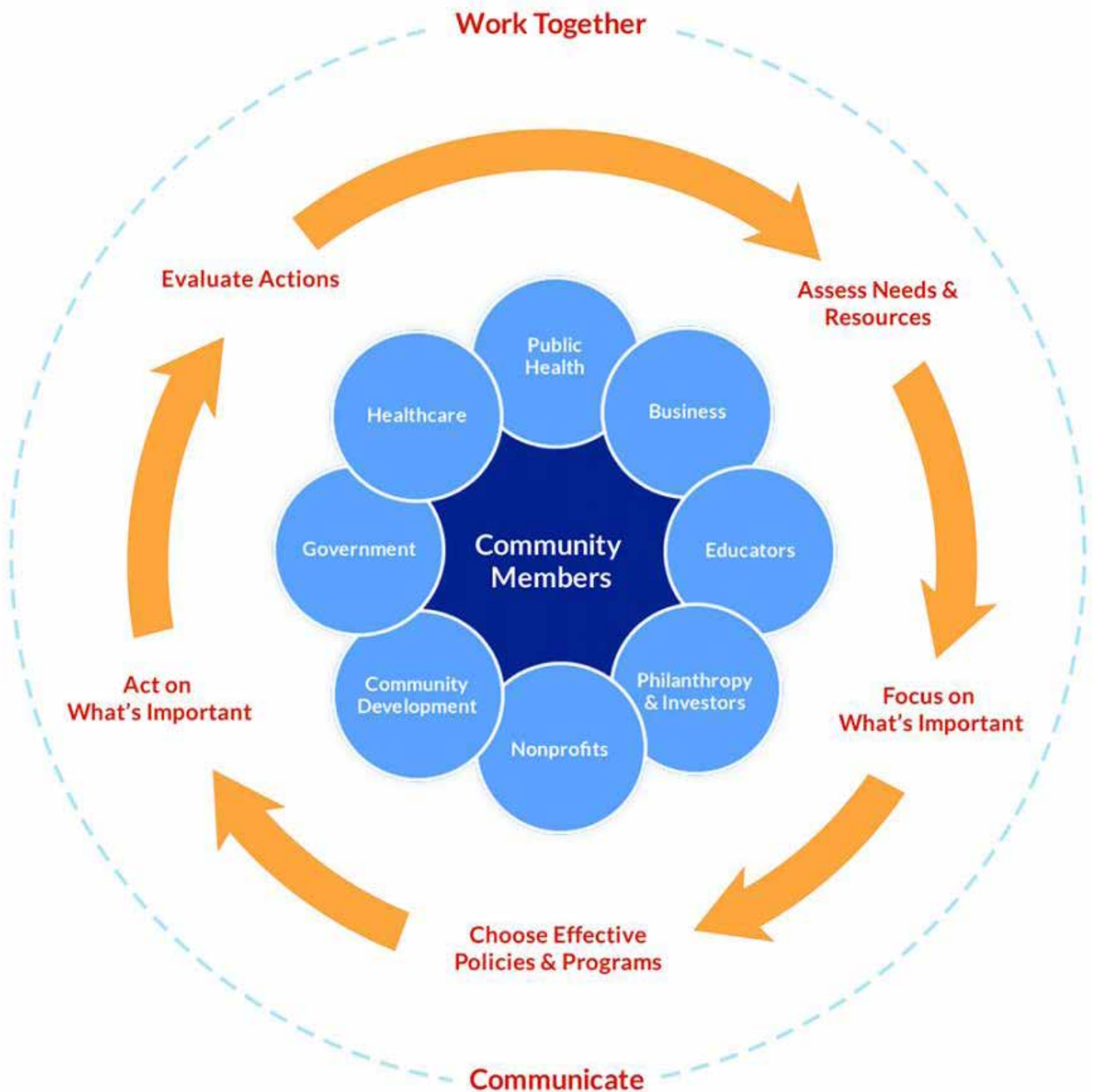
Paper copies of this document may be obtained at:

Conemaugh Memorial Medical Center, 1086 Franklin Street, Johnstown, PA 15905,
Conemaugh Meyersdale Medical Center, 200 Hospital Drive, Meyersdale, PA 15552,
Conemaugh Miners Medical Center, 290 Haida Avenue, Hastings, PA 16646,
by phone at 800.587.5875, or via the website <http://www.conemaugh.org>



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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

Perspective

Creating a culture of health in the community

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 understand the health needs of Cambria and Somerset Counties, Pennsylvania. In partnership with the United Way of the Laurel Highlands (UWLH), Conemaugh Health System (CHS) initiated a Community Health Needs Assessment on behalf of three of its member hospitals: Conemaugh Memorial Medical Center (MMC), Conemaugh Meyersdale Medical Center (MYMC), and Conemaugh Miners Medical Center (MIMC). This assessment analyzes progress since the last assessment in 2013 and defines new priorities for the next three years.

LIVE UNITED



**United Way
of the Laurel Highlands**





2013 Conemaugh Memorial Medical Center Implementation Plan / Impact Evaluation

Conemaugh Health System last adopted a CHNA plan in 2013. Identified Opportunities from 2013 Community Health Needs Assessment included:

- Increase percentage of females age 40+ who obtain an annual mammogram
- Increase number of individuals who receive an annual flu shot
- Increase ratio of primary care physicians to population in Somerset County
- Increase ratio of mental health providers to population
- Access to dental care for individuals who are un/underinsured
- Improve community education for living a healthy lifestyle
- Community education about drug/alcohol dependency and treatment
- Community education about access to care for un/underinsured

At Conemaugh Health System, a CHNA Committee developed initiatives around the identified opportunities, which included:

- Increase percentage of 40+ females that obtain an annual mammogram
 - Addition of 3-D mammography at Conemaugh Health System with a robust advertising campaign to increase awareness of the need for annual screenings
 - Conemaugh Physician Group (CPG) practitioners encouraged annual mammograms during Primary Care and annual Gynecological visits
 - Continued partnership with the Susan G. Komen Foundation to provide vouchers for free or low cost mammograms, offered at six CHS sites in Cambria and Somerset County every month
- Increase number of individuals who receive an annual flu shot
 - A multi-media campaign to increase awareness of need for an annual flu shot
 - CPG practitioners encouraged patients to receive annual flu shot during Primary Care visits
 - Offering of the flu vaccine at all Conemaugh MedWELL sites as a walk-in service
 - In 2015, all CHS employees were required to receive the annual flu shot as a condition of employment. CHS is the largest employer in a multi-county region.
- Increase ratio of Primary Care Physicians to population in Somerset County
 - CPG actively recruits for additional Primary Care physicians in both Cambria and Somerset Counties
 - The Conemaugh Meyersdale Outpatient Center opened in the fall of 2015 and, via consolidating of primary care practices, extended office hours are now available Monday through Thursday.
- Increase ratio of mental health providers to population.
 - In 2016, the number of Psychiatrists in the market decreased. There is also a national shortage of Psychiatrists. CHS is working with a national healthcare physician recruitment firm and actively recruiting three to four Psychiatrists who will treat patients in Cambria and Somerset counties.
- Access to dental care for individuals who are un/underinsured
 - The UWLH partnered with the Salvation Army to open a dental clinic in 2014 that accepts Medicaid, sliding payment scale patients and services to patients with insurance

- Improve community education for living a healthy lifestyle
 - A policy change (Tobacco-Free Shift Policy) throughout CHS now prohibits use of tobacco products by employees during work hours
 - Individual and group tobacco cessation classes are offered by CHS at no or limited cost to the community
 - Collaborated with local businesses and school districts to promote a healthier workplace and lifestyles through an online Wellness platform
- Community education about drug/alcohol dependency and treatment
 - UWLH funds Botvin Life Skills Training, an evidence-based prevention program provided to all schools in Somerset and Cambria Counties
 - CHS is working to support efforts of the recently implemented Cambria County Drug Coalition
- Community education about access to care for un/underinsured
 - CHS, UWLH and other funders provide annual grant awards to the Johnstown Free Medical Clinic and Free Dental Clinic
 - CHS advertises healthcare access options and assists eligible patients with enrollment in the Healthcare Exchanges, Medicaid, CHIP and other programs by utilizing both internal and external resources





2016 Community Health Needs Assessment

In the summer of 2016, LifePoint Health, Conemaugh Health System and the United Way of the Laurel Highlands, sponsored a CHNA, engaging national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics firm based in Nashville, Tennessee, was engaged to assist in the process. Stratasan provided the analysis of community health data, facilitated the focus group, conducted surveys to the general community, CHS employees and physicians in the community, to assist with determining significant health needs and goals for improvement. Stratasan also facilitated a Community Health Summit to receive community input into the priorities and brainstorm solutions.

This CHNA assesses health in both Cambria and Somerset Counties, the service areas of three hospitals in the CHS: Conemaugh Memorial Medical Center, Conemaugh Meyersdale Medical Center and Conemaugh Miners Medical Center. The assessment and the implementation plan is the same for all three hospitals. Throughout this document, CHS refers to these three hospitals.

This report is made widely available to the community via Conemaugh Health System's website, www.conemaugh.org, and paper copies are available free of charge by calling **800-587-5875**.

The Conemaugh Health System board of directors approved this assessment and the hospital's implementation plan on January 24, 2017.

Participants

Individuals from community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of residents in Cambria and Somerset Counties. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health.

Project goals

1. To continue a formal and comprehensive community health assessment process which will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

"These assessments and their findings have laid the foundation for several specific social change initiatives driven by our United Way," said Bill McKinney, President of the United Way of the Laurel Highlands. "The results of our collaborative work will be a healthier community where our youth and families thrive".

"We initiated the Community Health Needs Assessment with the goal to analyze changes from the 2013 assessment and reassess the health and needs of the community and address those needs," said Steve

Tucker, Chief Executive Officer, Conemaugh Health System. “It is our goal to use our findings to continue community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by Conemaugh Health System to create an internal implementation plan,” added Susan Williams, Chief Medical Officer, Conemaugh Health System. “The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing proven strategies—begins.”





Community Input and Collaboration

Data Collection and Timeline

In June 2016, Conemaugh Health System, the United Way of the Laurel Highlands and Stratasan began a Community Health Needs Assessment for Cambria and Somerset Counties. Input was sought from persons who represent the broad interests of the community using several methods:

- 25 community members, representing not-for-profit organizations, foundations, schools, health providers, and government representatives participated in a focus group to gain their perspectives on community health needs and issues.
- Information gathering, using secondary public health sources, occurred in June and July of 2016.
- 38 community physicians and 586 Conemaugh Health System employees were surveyed via electronic and paper surveys, regarding their perspectives on community health status and needs from July 13 through August 6, 2016.
- 304 online and print community surveys were conducted between July and August 2016. Community partners distributed the survey to clients and employees.
- A Community Health Summit was conducted on August 16, 2016 with almost 70 community stakeholders. The audience consisted of healthcare providers, business leaders, law enforcement, government representatives, universities, not-for-profit organizations, and other community members.

Organizations represented at the Focus Group and Community Health Summit included:

Community Organizations Represented (68 participants)	Program Participation
1889 Foundation	Summit, Focus Group
Alternative Community Resource Program	Summit, Focus Group
Alleghenies Unlimited Care Providers, Inc.	Summit
Beginnings, Inc.	Summit, Focus Group
Behavioral Health Services of Somerset and Bedford Counties	Summit
Cambria County Area Agency on Aging	Summit
Cambria County Behavioral Health	Summit, Focus Group
Cambria County Coroner	Summit
Cambria County Detective, Law Enforcement	Summit
Cambria County District Attorney	Focus Group
Cambria County Drug and Alcohol	Focus Group
Cambria County Transit Authority	Summit, Focus Group
Catholic Charities	Summit, Focus Group
Church of the Brethren	Summit
City of Johnstown	Summit, Focus Group
Community Action Partnership — Cambria County	Summit
Community Action Partnership — Somerset County	Summit
Community Foundation for the Alleghenies	Focus Group
Conemaugh Health System	Summit, Focus Group
Crown American Corporation	Summit
Ferndale Area School District	Summit

First National Bank	Summit
Goodwill Industries of the Conemaugh Valley	Summit
Greater Johnstown Community YMCA	Summit
Greater Johnstown School District	Focus Group
Highmark Blue Cross / Blue Shield	Summit
Home Nursing Agency / Nurse Family Partnership	Summit
Johnstown Free Medical Clinic	Summit, Focus Group
Johnstown Police Department	Summit, Focus Group
Laurel View Village	Summit
Lee Initiatives	Summit
Lift Johnstown	Summit
NAACP Johnstown	Focus Group
Saint Francis University	Summit
The Learning Lamp	Focus Group
Tribune Democrat	Summit
Twin Lakes	Summit
United Way of Laurel Highlands	Focus Group
University of Pittsburgh at Johnstown	Summit
Victim Services	Summit
Vision 2025	Summit

Input of Public Health Officials

Neither Cambria nor Somerset Counties have a County Health Department. Currently in Pennsylvania, there are six county and four municipal health departments.

Input of Community Organizations on Community Health Initiatives

At the Community Health Summit, Jeannine McMillan, Conemaugh Health System, provided an update on the 2013 CHNA identified priorities and status of initiatives undertaken (see page 5). Bill McKinney, United Way of Laurel Highlands, provided an update regarding the newly formed Cambria County Drug Coalition. Jim Hargreaves, Chairman 1889 Foundation, provided an update on the 1889 Foundation - Jefferson Center for Population Health initiative. Wally Burlack, with Vision 2025, provided an update on the progress of the Vision 2025 initiatives throughout Greater Johnstown.

The CHNA and Implementation Plan will coordinate with these organizations and initiatives with the ultimate goal of improving health of the communities. The following updates are in regard to current initiatives by these organizations:

United Way of the Laurel Highlands (UWLH)

Mission Statement: To improve lives by mobilizing the caring power of our community.

The UWLH has most recently been working to build a civic infrastructure around shared community goals, collaborative actions, evidence-based outcomes, and investment and sustainability. UWLH evaluates, measures and reports to the community the positive change that occurs around its social change initiatives. The UWLH follows an Enhanced Community Impact Model, as show here:



UWLH's focus is several long-term community initiatives as identified by the 2011 Community Needs Assessment including Early Childhood Development, Parental Engagement and Youth Drug & Alcohol Prevention. The top three social change initiative goals are:

1. Preparing all children socially, emotionally, and academically for kindergarten
2. Increasing parental knowledge of child development and care
3. Preventing substance abuse among our youth

UWLH partners with many diverse local organizations to solve these complex social problems and provide needed services in Cambria and Somerset Counties.

Specific evidence-based programming introduced and/or expanded in Cambria and Somerset Counties to address the social change initiatives are Nurse-Family Partnership, Parents as Teachers and Botvin LifeSkills Training.

The UWLH has established networks, partnerships, and long-term strategic initiatives in place to lead our region toward a shared community vision, with evidence-based measurable outcomes that are sustainable.

For further information on the UWLH, please visit www.uwlaurel.org

Cambria County Drug Coalition

The Cambria County Drug Coalition (CCDC) operates as an independent decision-making body with leadership and governance from throughout Cambria County including Conemaugh Health System, United Way of the Laurel Highlands, Cambria County District Attorney, 1889 Foundation, Cambria County Commissioners and Johnstown Police Department. CCDC will take the leadership role in helping to coordinate anti-drug efforts in Cambria County.

CCDC is currently developing a strategic plan to identify goals to pursue, as well as the plan to execute and methodology to measure achievements. The 2017 goals, the first of a multi-year plan, will be announced to the community in early 2017.

The goals of the CCDC include:

1. To establish and strengthen collaboration among Cambria County's private nonprofit agencies, Federal, State, and local governments, law enforcement, treatment providers, and local organizations to support the efforts of our community Coalition to treat, reduce, and prevent substance use and abuse
2. To support and work with law enforcement and others in the community for the eradication of illegal drugs in our community
3. To support and work with treatment providers in addressing the healing process of those afflicted with substance use and abuse, and work to mitigate the harms of substance abuse
4. To reduce substance abuse among our youth and adults, by addressing the factors in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse
5. To engage in a strategic plan which will allow the organization to identify focus areas and action steps
6. To measure, track, and report appropriate data.

1889 Foundation – Jefferson Center for Population Health

1889 Foundation, Inc., the Conemaugh Health Foundation, was the recipient of funds from Conemaugh Health System's sale to Duke LifePoint Healthcare in September 2014. The Foundation's mission is to support innovative programs and initiatives that improve and transform the overall health and wellness of our region. The 1889 Foundation is dedicated to partnering within the community to identify areas of greatest impact such as population health and disease prevention.

The 1889 Foundation has established collaborative partnerships to assist in fulfilling its mission. The following major funding distribution was announced in February 2016 through a partnership with the Jefferson College of Population Health:

- A \$7.5 million, five-year gift establishes the 1889 Foundation-Jefferson Center for Population Health in Johnstown. The work of this Center will identify, develop, and help to implement innovative strategies for improving the health of residents in Cambria and Somerset Counties.

In addition to the grant announcement, the 1889 Foundation is partnering with other community organizations who know and understand the special needs of our community to serve more residents and maximize the impact of 1889 Foundation funds. Additional funding initiatives:

- A three-year commitment to the United Way of the Laurel Highlands was made to provide a challenge grant of up to \$500,000 annually to significantly increase the reach of United Way's community impact grants. These grants provide local funding for health and human service programs with a key emphasis on evidence-based programs that prepare children socially, emotionally and academically for kindergarten, increase parental knowledge of child development and care, and prevent youth drug and alcohol use.
- A three-year commitment of \$25,000 annually was made to the Pennsylvania Rural Arts Alliance to provide funding through the 1889 Foundation Creative Impact Grants that will provide support for health and wellness-related arts programs delivered in the community.
- The Foundation is helping fund the new Cambria County Drug Coalition, which will address the issue of drug abuse through coordinated efforts in prevention, law enforcement and treatment.
- Additional funding is provided from designated funds, raised under the former Conemaugh Health Foundation, for needs such as transportation and meals for individuals receiving chemotherapy treatments, preventative screenings and education, and scholarships for nursing and medical education students.

For more about the 1889 Foundation, visit www.1889foundation.org.

Johnstown Vision 2025

Vision 2025 is a volunteer-based organization that has created a vision around improving the Johnstown region. While being a relatively new movement, it has already collected an impressive amount of members of all ages, who are ready to support the area. Vision 2025 focuses on three main areas: the Strong Sense of Community group, the Life Sustaining Landscapes group, and the Vibrant and Open Local Economy group. Within these groups are smaller divisions, named capture teams, which are sets of people working together to accomplish a specific goal. Some examples of these capture teams are the Youth Engagement capture team and the Welcome to Johnstown capture team. As capture teams begin reaching goals, the Johnstown region will continue to grow and prosper. For more information, visit www.johnstown25.com.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income, and minority populations was received during the focus group and the community health summit as well as the community survey. Agencies representing these population groups were intentionally invited to the focus group and summit. Hospital employees and community physicians were also surveyed because they have insight into medically underserved, health needs and the community at-large.

Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review and join the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the Conemaugh.org website or by contacting Conemaugh Health System.



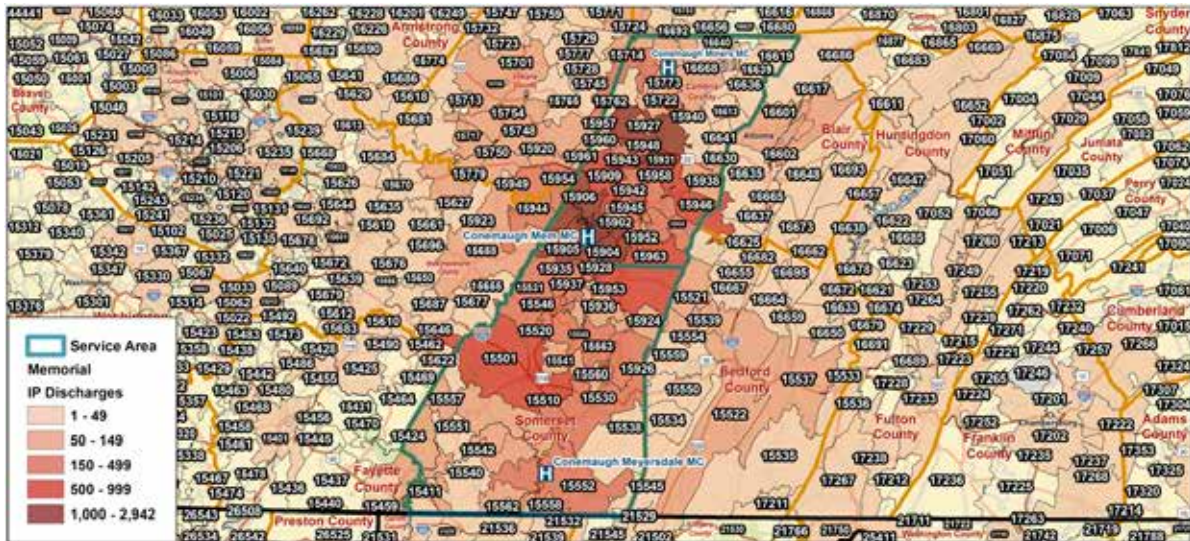
Community Selected for Assessment

Cambria and Somerset Counties are the primary focus of the CHNA due to the service areas of three of its hospitals, including Conemaugh Memorial Medical Center in Johnstown (Cambria County), Conemaugh Miners Medical Center in Hastings (Cambria County) and Conemaugh Meyersdale Medical Center in Meyersdale (Somerset County). 80% of inpatient discharges at CHS emanate from Cambria and Somerset counties and this patient base will define the primary service area. Adjacent counties of Blair, Bedford, Indiana and Westmoreland define the secondary service area and efforts to improve health in Cambria and Somerset counties will also be directed to CHS patients in the secondary service area.

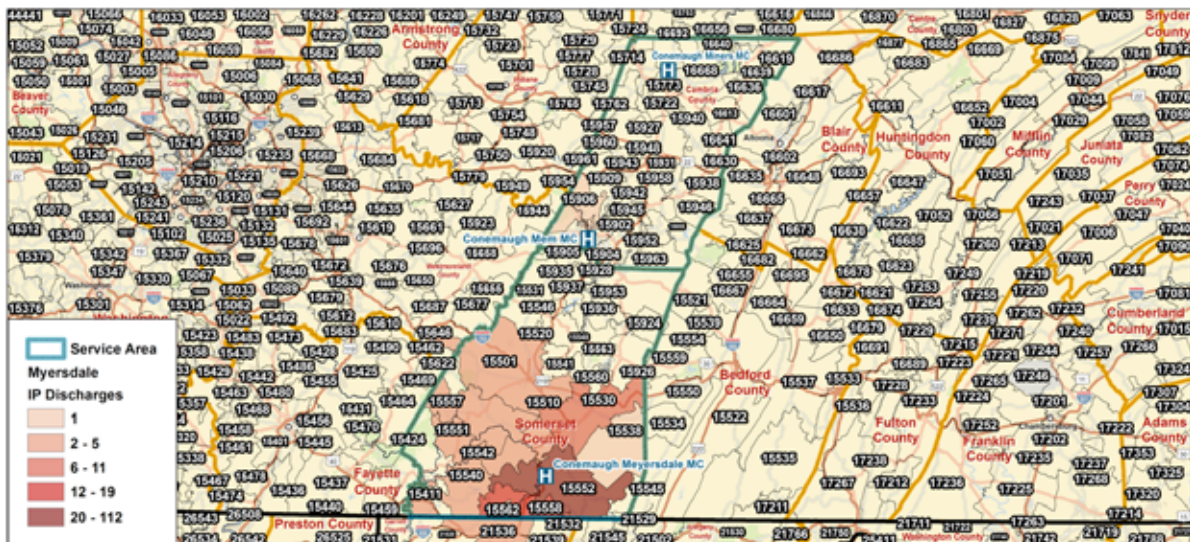
The community includes medically underserved, low-income or minority populations who live in the geographic areas from which Conemaugh Health System draws its patients. Patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Conemaugh Health System's Financial Assistance Policy.



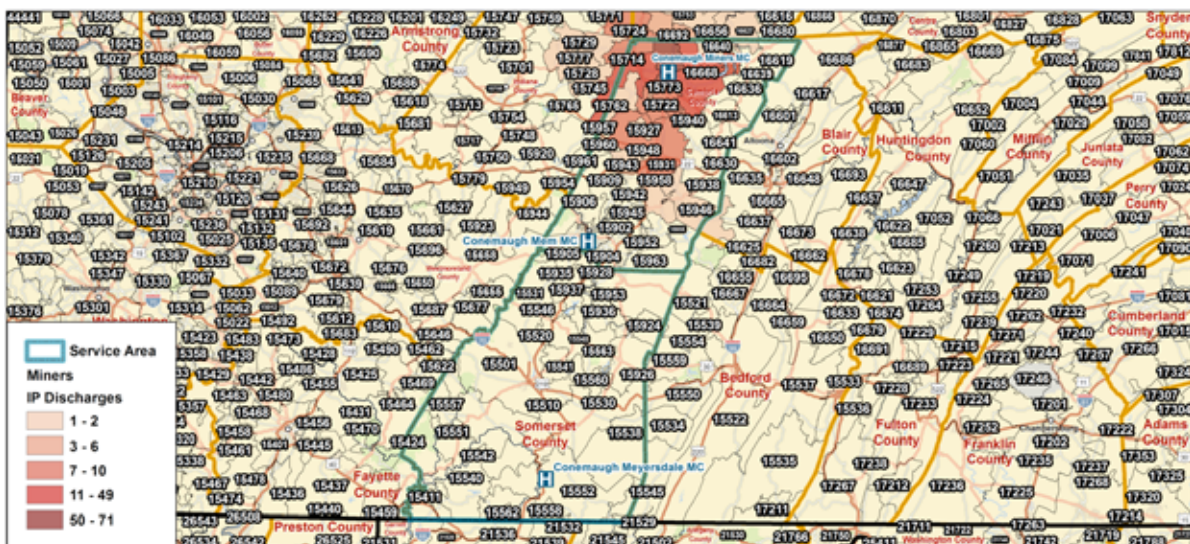
Conemaugh Memorial Medical Center Patients - 2015



Conemaugh Meyersdale Medical Center Patients - 2015



Conemaugh Miners Medical Center Patients - 2015





Key Findings of the Community Health Assessment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community focus group
- Hospital employee and community physician electronic and paper surveys
- Community electronic and paper surveys
- Community health summit

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics

Demographics of the Community

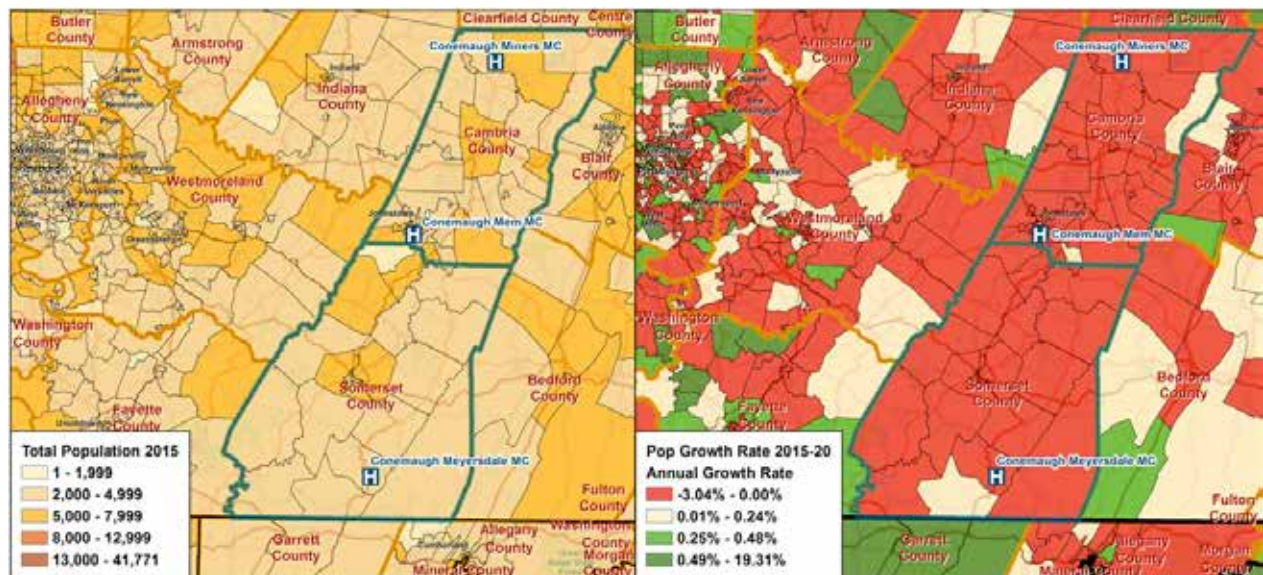
The table below shows the demographic summary of Cambria and Somerset Counties compared to Pennsylvania and the United States.

	Cambria County	Somerset County	Pennsylvania	USA
Population (2015)	140,863	76,746	12,840,278	318,536,439
Median Age (2015)	Older 44.9	45.5	41.0	37.9
Median Household Income (2015)	Lower HH Inc. \$41,335	\$41,236	\$53,104	\$53,217
Annual Pop. Growth (2015-20)	Declining (-0.46%)	(-0.38%)	0.24%	0.75%
Household Population (2015)	58,291	30,988	5,101,362	120,746,349
Dominant Tapestry (2015)	Heartland Communities (6F)	Heartland Communities (6F)	Salt of the Earth (6B)	Green Acres (6A)
Businesses (2015)	5,847	3,355	528,569	13,340,415
Employees (2015)	67,078	32,504	6,707,623	158,567,719
Medical Care Index* (2015)	83	84	100	100
Average Health Expenditures (2015)	\$1,738	\$1,758	\$2,103	\$2,098
Total Health Expenditures (2015)	\$101.3 M	\$54.5 M	\$10.7 B	\$253.3 B
Racial and Ethnic Make-up				
White	93%	95%	80%	77%
Black	4%	3%	11%	13%
American Indian	0%	0%	0%	1%
Asian/Pacific Islander	1%	0%	3%	6%
Mixed Race	1%	1%	3%	3%
Other	2%	1%	2%	
Hispanic Origin	2%	1%	7%	17%

Source: Esri

- The population of Cambria and Somerset Counties was projected to decrease from 2015 to 2020 (.46% per year in Cambria and .38% in Somerset). Pennsylvania is projected to increase slightly .24% per year. The U.S. is projected to increase .75% per year. From 2000 to 2015, Cambria County decreased in population by 16,187 or 10.6% and Somerset decreased in population by 4,501 or 5.6%. Bedford and Blair Counties declined by 2.8% and Huntington increased .2% and Indiana County declined 1.9%.
- Cambria and Somerset Counties was older (44.9 median age in Cambria and 45.5 median age in Somerset) than PA, 41.0 and the U.S. 37.9 and had lower median household income (\$41,335 in Cambria and \$41,236 in Somerset) than both PA, \$53,104 and the U.S., \$53,217.
- The medical care index measures how much the counties spent out of pocket on medical care services. The U.S. index was 100. Cambria and Somerset Counties (83 and 84 indices) spent 17% and 16% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Cambria and Somerset Counties was 94% and 95% white, 4% and 3% black, 1% Asian/Pacific Islander in Cambria, 3% and 2% some other race, and 2% and 1% Hispanic origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race)
- The median household income distribution of Cambria County was 13% higher income (over \$100,000), 59% middle income (between \$100,000 and \$25,000) and 29% lower income (under \$24,999) and in Somerset County, 12% higher income, 60% middle income and 28% lower incomes.

2015 Population by Census Tract and Population Change 2015-2020

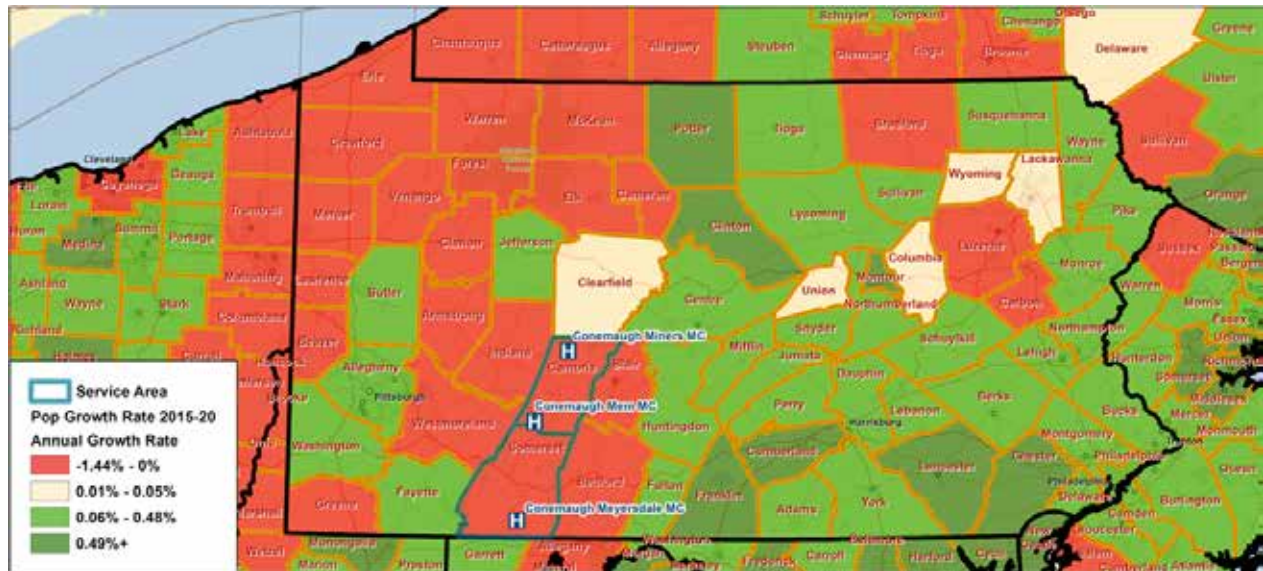


Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. Most census tracts in the two counties had 2,000-4,999 population. There were several higher population census tracts, 5,000-7,999 in Johnstown, Hastings, Ebensburg in Cambria County and Jerome and Listie in Somerset County.

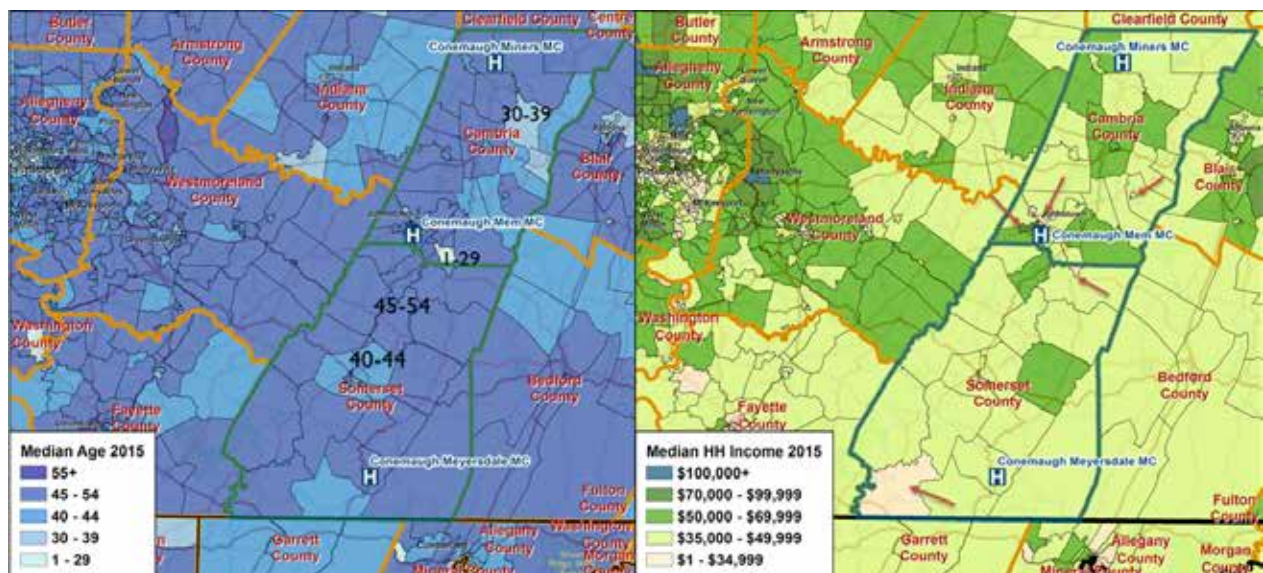
The population was projected to grow in the census tracts in the northeast and east of Johnstown in Cambria County and in Meyersdale/Salisbury in Somerset. All other census tracts were projected to decline in population. This has also been the trend in recent years with Cambria and Somerset losing more population than surrounding counties since 2010.

Western Pennsylvania is projected to decline in population except for counties around and including Pittsburgh.



2015 Median Age

Median Income



These maps depict median age and median income by census tract. Most of the census tracts in the two counties have a median age in the range of 45-54. There are a few 40-44 census tracts in southern Somerset, Ebensburg, north of Johnstown and in the Ashville areas that have a median age in the range of 40-44. There are two tracts with median ages in the range of 30-39 near Patton. There is also a tract with a median age in the range of 1-29, which includes the University of Pittsburgh Johnstown.

Most of the census tracts in both counties had a median income in the range of \$35,000 to \$49,000. However, there were four areas of lower median household income, \$1-\$34,999.¹ These areas include the southwest corner and north central Somerset County. The lower income areas in Cambria County include Johnstown and Cresson. There was one tract with higher income, \$70,000 - \$99,999 in western Johnstown (Westmont). There were also several tracts in both counties with \$50,000 to \$69,999 median income. Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention.

The rate of poverty in Cambria County was 14.9% (2009-2013 data) and 12.4% in Somerset County, which was above PA (13.3%), but lower than the United States (15.4%).

Cambria and Somerset County's June 2016 preliminary unemployment was 7.3% and 7.1% compared to 5.6% for Pennsylvania and 4.9% for the United States.

Business Profile

60% of employees in Cambria County are employed in healthcare, retail trade, education, public administration and accommodation and food services. In Somerset County 57% of employees are employed in healthcare, accommodation and food service, manufacturing, retail trade and other services. Retail and accommodation and food service offer health insurance at a lower rate than healthcare, education or manufacturing.

Many residents choose to leave the counties for retail shopping. This has a negative effect on the ability of the region to agglomerate retail/dining and exacerbates the exodus. This phenomenon also has a negative impact to selection of physicians and other professional services as well as negative impact to commercial real estate values.

Cambria County loses 1,554 commuters per day commuting outside the county for work. Somerset County loses 4,638 commuters per day, 6% of its population, who go outside the county for work.

Tapestry Segmentation

The dominant Tapestry Segments in the two counties are Heartland Communities (23%), Midlife Constants (17%), and Salt of the Earth (15% of the households). *For more information on Tapestry Segments, visit <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>*

These segments have high home ownership of older homes and like do it yourself (DIY) projects.

Health Status Data

The major cause of death in Cambria and Somerset Counties is heart disease, followed by cancer, which is the same in Pennsylvania and the U.S. However, Cambria and Somerset's deaths per 100,000 for heart disease were higher than Pennsylvania and the U.S. In Cambria County, the next causes of death are accidents, chronic lower respiratory diseases, stroke, kidney disease, Alzheimer's Disease, suicide, diabetes, influenza and pneumonia, and liver disease. All causes except cancer, stroke, diabetes and influenza and pneumonia are higher than PA and the U.S. In Somerset County, the other causes of death are accidents, chronic lower respiratory disease, diabetes, stroke, Alzheimer's Disease, influenza and pneumonia, suicide, kidney disease, and liver disease. *Source: 2013 Pennsylvania Death Certificate Database, CDC, National Vital statistics system*

¹The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Cambria County ranked 60th healthiest county in Pennsylvania out of the 67 counties ranked (1= the healthiest; 67 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Cambria County are: **higher adult smoking and adult obesity, higher alcohol-impaired driving deaths and preventable hospital stays, lower percentages of mammography screening, higher unemployment, children in poverty and injury deaths.** The areas of strength were identified as lower uninsured, lower population to primary care physicians, higher percentage with some college, higher number of social associations and lower percentage of housing problems.

Somerset County ranked 48th healthiest county in Pennsylvania out of the 67 counties ranked (1= the healthiest; 67 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Somerset County are: **higher adult smoking, adult obesity and physical inactivity, alcohol-impaired driving deaths and uninsured, higher ratio of population per primary care physician, preventable hospital stays, lower percentages of mammography screening, lower percentage with some college and higher unemployment.** The areas of strength are identified as higher high school graduation, lower ratio of income inequality, lower percentage of children in single parent households and higher number of social associations.

When analyzing the health status data, local results were compared to Pennsylvania, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Cambria and Somerset Counties' results were worse than PA and U.S., there is an opportunity for group and individual actions that will result in improved community measures. There are several lifestyle gaps that need to be closed to move Cambria and Somerset Counties in ranking to be the healthiest communities in Pennsylvania and eventually the Nation. For additional perspective, Pennsylvania was ranked the 29th healthiest state out of the 50 states. *Source: America's Health Rankings*

Focus Group, Survey Results, Health Status Rankings and Comparisons

Focus Group Results

Twenty-five community stakeholders representing the broad interests of the community participated in a focus group for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion.

- The focus group attendees described the health of the community as poor, primarily related to poverty and drug use. Health may be tied to socioeconomic status. The economy still struggles in West-Central PA. It was felt that those who have jobs and health insurance have good health, exercise, do not smoke and eat right.
- When asked about the largest health or healthcare concerns for Cambria and Somerset Counties feedback from the focus group included:
 - Drug abuse, overdose deaths, complicated treatment issues, drug addicted newborns
 - Obesity/Diabetes
 - No sidewalks, few exercise facilities, few public parks
 - Food programs available, but many unaware they exist
 - Residents unsure how to cook healthy food
 - Barriers in homes to cook food – no stove, table, utensils

²The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

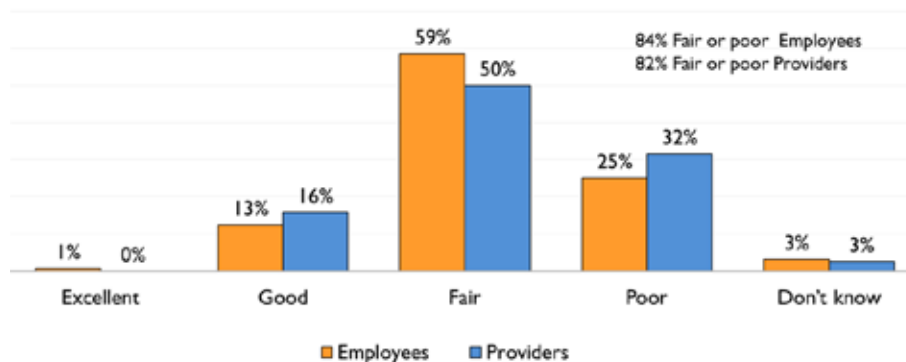
- Smoking – particularly among low income
- Socioeconomic issues – jobs, affordable housing, poverty
- Lack of hope in segments of the population due to loss of jobs
- Lack of mental health professionals
- Chronic stress
- Aging population
- Lack of parenting skills classes
- Culture of only going to the doctor when sick
- Perceived lack of transportation options – especially in Somerset County
- Affordable Care Act (ACA) complicated/high deductible plans
- Formerly incarcerated population reintegrating into the community
- The focus group felt the following issues changed in the last three years:
 - Formation of the 1889 Foundation, focusing on population health initiatives
 - Increase funding for more children's programming
 - Homeless Shelter opened in Dale Borough
 - Increase in community use of drug has resulted in a public health crisis. Drug overdose mortality third in the State of Pennsylvania.
 - Programs to engage population in healthier lifestyles yielded little success
 - Marketing the importance of obtaining yearly mammograms yielded little success
- The focus group felt the largest barriers to improving health in the last three years and moving forward are:
 - Produce to People is located in Richland, however it is difficult to get produce to people in other parts of the county
 - Community's need for immediate gratification; health improvement takes time whether changing personal habits or changing health outcomes of a population
 - Stigma associated with seeking mental health treatment
 - Agencies are excellent resources, but budgets have been cut, leading to feeling overworked and understaffed. Not-for-profits are doing more with less
 - No Big Brothers Big Sisters program for mentoring and vision for a better life
 - HIPAA prevents the sharing of health information
 - Lack of sufficient paying jobs
 - Access to evening and weekend doctor appointments/testing
- The group listed the following as community assets to support health:
 - Public transportation systems
 - Food pantries
 - Produce to People
 - Somerset mobile food pantry
 - 1889 Foundation
 - Children's programming
 - Johnstown Backpack Project
 - Peer Empowerment Network
 - Senior programs
 - State pursuing Medicaid money for housing
 - Conemaugh Health System; ability to access health records online
 - Mental Health Court
 - Goodwill and Vo-Tech job training
 - Johnstown Area Regional Industries
 - Strong leadership; People willing to work on problems
 - Salvation Army Homeless
 - United Way of the Laurel Highlands
 - Parents as Teachers
 - Nurse Family Partnership

- For basic healthcare needs, the group believed members of the community turn to:
 - Physicians
 - Conemaugh MedWell Urgent Care Center
 - Conemaugh Health System Emergency Department/Ultra Track
- When asked what the community needs to manage health conditions or stay healthy, responses included:
 - Make the healthy choice the easy choice – convenience store makeovers
 - Healthy lifestyle classes – help with how to change behaviors
 - Demonstration on how to eat healthy with little equipment
 - Money to keep utilities on for low-income populations
 - Individual plans and relationships. One size solution will not fit all
 - Give parents the tools to be good parents
 - Strengthen the community
 - More foster homes and good homes for children
 - More drug and alcohol treatment facilities and detox unit locally
 - Pain clinics to manage pain responsibly
 - Access to mental health programs/services
 - Call line for teens to anonymously report issues peers may be having
 - Mechanism to share information on community resources available
- When asked what priority health improvement action should Cambria and Somerset Counties focus on, the group listed:
 - Decrease crime
 - Employment – decrease poverty
 - Break cycle of generational welfare
 - Focus on the young people - open dialogue with kids, talking honestly
 - Obesity – sidewalks, exercise facilities accessible
 - Find a way to help felons have a chance to give back and contribute
 - Parental engagement with Parents and Teachers and Nurse Family Partnership
 - Mental health beds for children and adolescents
 - Anonymous tip line for kids to report drugs, violence
 - Teach health care providers, including dentists, prescribing guidelines for pain pills
 - Focus on best practices for health improvement
 - Need everyone working together with clear, realistic goals
 - Structure longer term outcomes – culture shift
 - Get the community healthy – physically and mentally
 - Hold people accountable and responsible for themselves; empower people
 - One stop shopping – collaborating, shared space, education

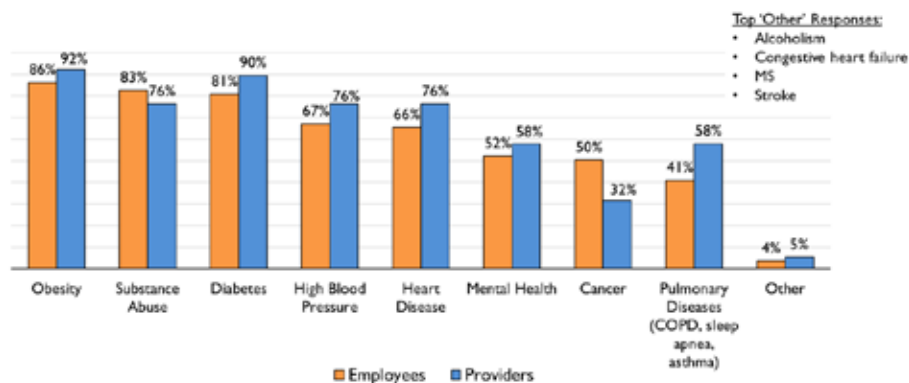


Community Physician and Conemaugh Health System Employee Survey

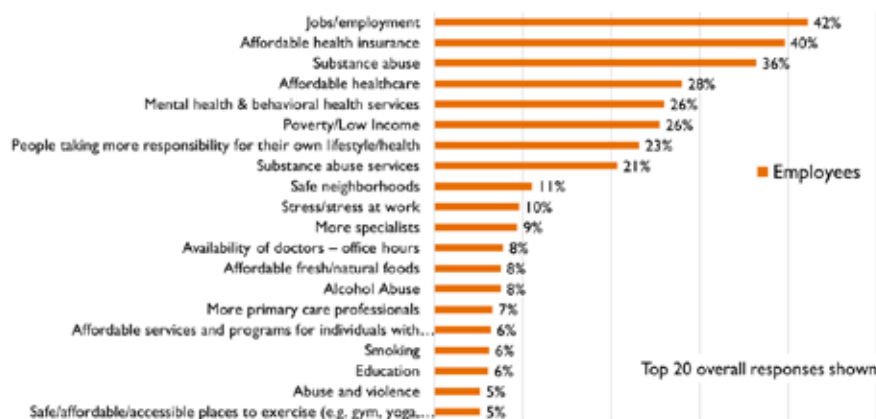
Thirty-eight community physicians and 586 Conemaugh Health System employees were surveyed via electronic and paper surveys regarding their perspectives on community health status and needs from July 13 through August 6, 2016. Conemaugh Health System physicians and employees are members of the local community and have unique insight into the health status and needs of the community.



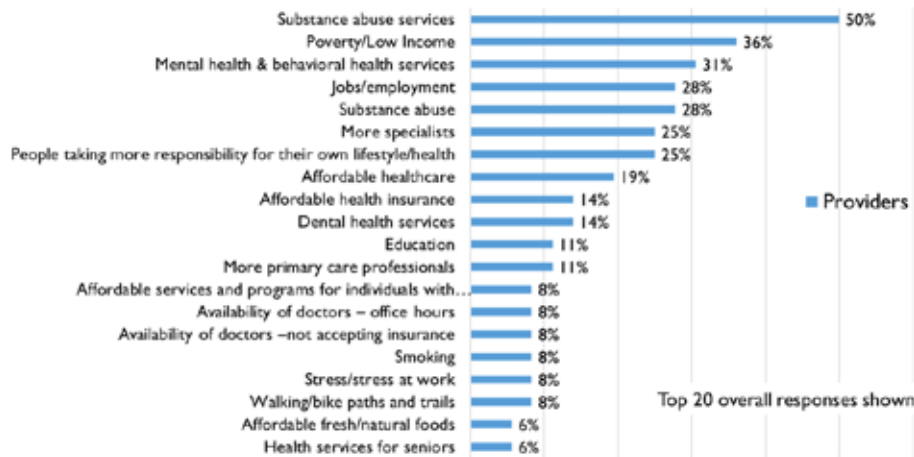
- Fifty-percent of providers responded the community's health was fair, 32% responded poor. 16% responded good and 3% don't know. 59% of employees responded the community's health was fair, 25% responded poor, 13% responded good, 1% responded excellent, and 3% responded, don't know.



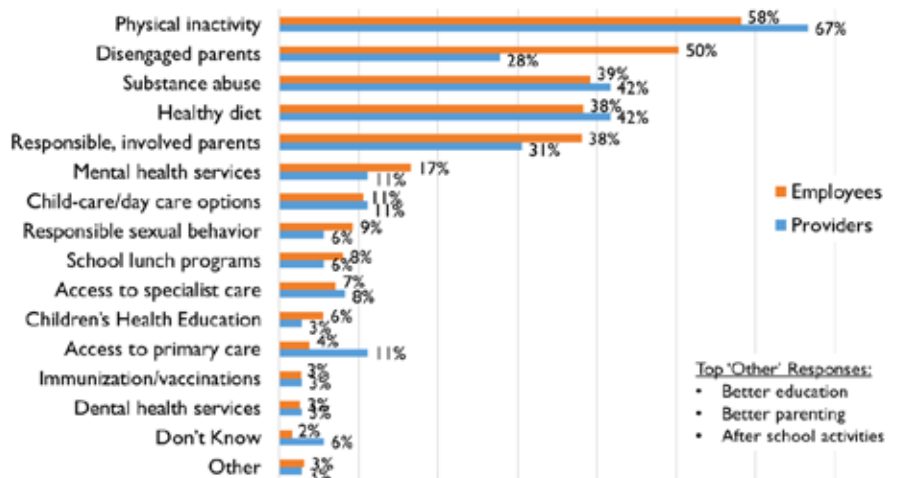
- Ninety-two percent of physician responses indicated obesity was the most prevalent disease followed by diabetes (90%) and substance abuse, high blood pressure and heart disease all at 76%. Like the physicians, 86% of employees' responses indicated obesity was the most prevalent chronic disease. Unlike the physicians, substance abuse received the second most responses with 83%, followed by diabetes (81%), high blood pressure (67%), and heart disease (66%).



- When asked about the top three issues impacting people's health, employers responded first with jobs/employment at 42%, followed by affordable health insurance (40%), and substance abuse at 36%.



- For physicians, the top issues were, substance abuse led with 50%, followed by poverty/low income (36%), and mental health & behavioral health services (31%). The employees responded consistently that substance abuse and mental health issues were impactful and important issues.



- The top health concerns for children for physicians were physical inactivity (67%), substance abuse and healthy diet both at 42%. For employees, the top health concerns for children were physical inactivity (58%), disengaged parents (50%), and substance abuse (42%).



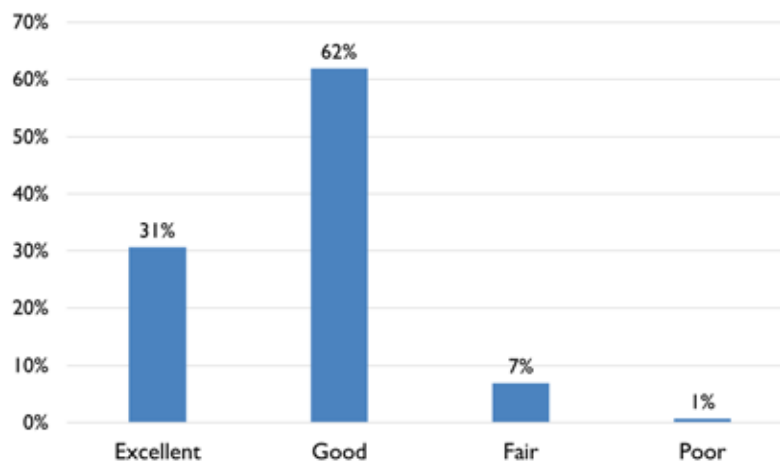
- For physicians, a better support system was seen as most needed by people in the community to manage their health more effectively (51%), followed by more integrated approach among providers to coordinate patient care (40%) and training on how to care for their condition(s) (37%). For employees, affordable healthcare was seen as most needed by people in the community to manage their health more effectively (55%), insurance that is more affordable (49%), and financial assistance for doctor visits/medical supplies.

A 45-question electronic and print survey was distributed between July and August 6, 2016. 304 surveys were received, 30 in paper copy and 274 on-line. On three questions, 88 responses were received due to technical issues with the survey. At 95% confidence, the error rate for 304 questions was +/-5.6%, for the questions with 88 responses, the error rate was +/- 10.5%. Several questions required follow-up answers, so the error rates vary based on the number of responses.

The purpose of the surveys was to obtain input into the health needs of the counties.

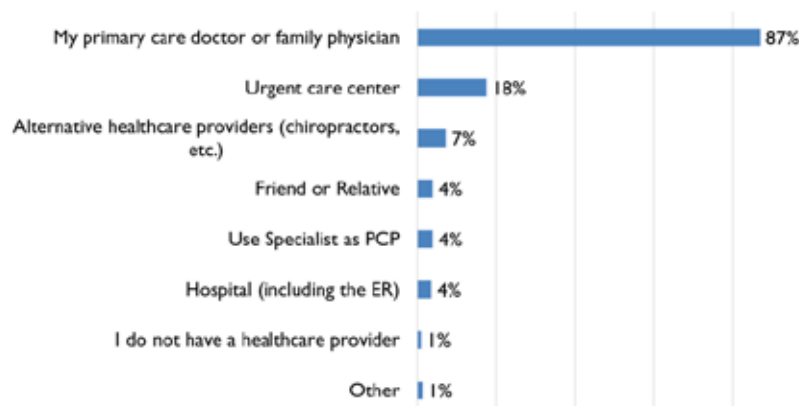
Health Status

When asked to describe their health, the responses were 93% excellent and good and only 8% fair or poor.



Turn for Healthcare Needs

When asked where they turn for basic healthcare needs, the responses were overwhelmingly primary care doctor or family physician followed by urgent care center.

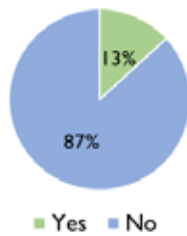


Access

Doctors

Thirteen percent of respondents indicated there was a time when they could not access a doctor. The primary reason was doctor was unavailable, inconvenient office hours and lack of money/insurance for office visit.

Was there a time you couldn't see a doctor?



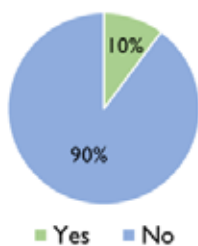
What are some reasons why you could not see a doctor?



Dentists

Ten percent indicated there was a time they could not access a dentist. Lack of money/insurance for office visit was the primary reason.

Was there a time you couldn't see a dentist?



What are some reasons why you could not?



Mental Health Professionals

Seven percent indicated there was a time they could not see a mental health professional. Lack of money/insurance for the office visit was the primary answer given.

Was there a time you couldn't see a mental health professional?



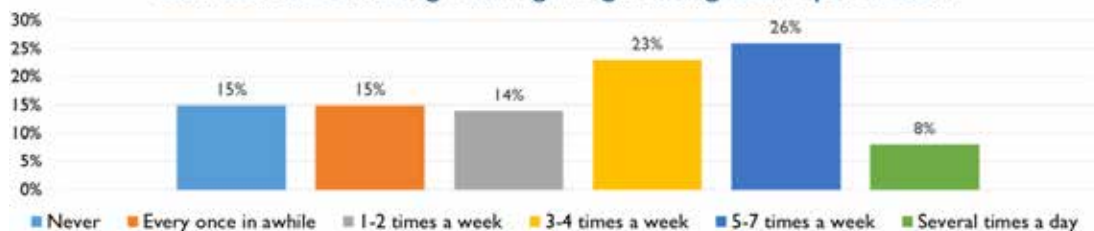
What are some reasons why you could not?



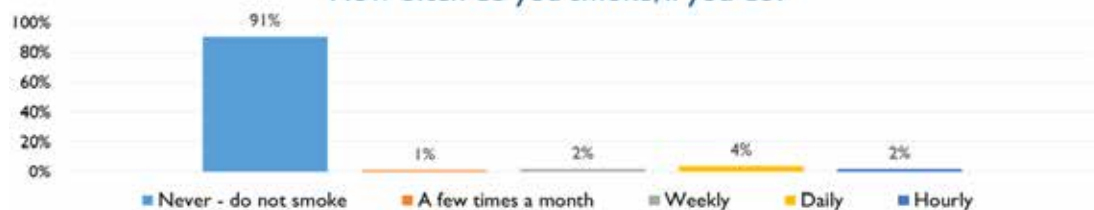
Physical Activity and Smoking

Thirty percent of the population responded that they do not exercise regularly, with 70% responding that they do exercise regularly. Only 9% responded that they smoke.

How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

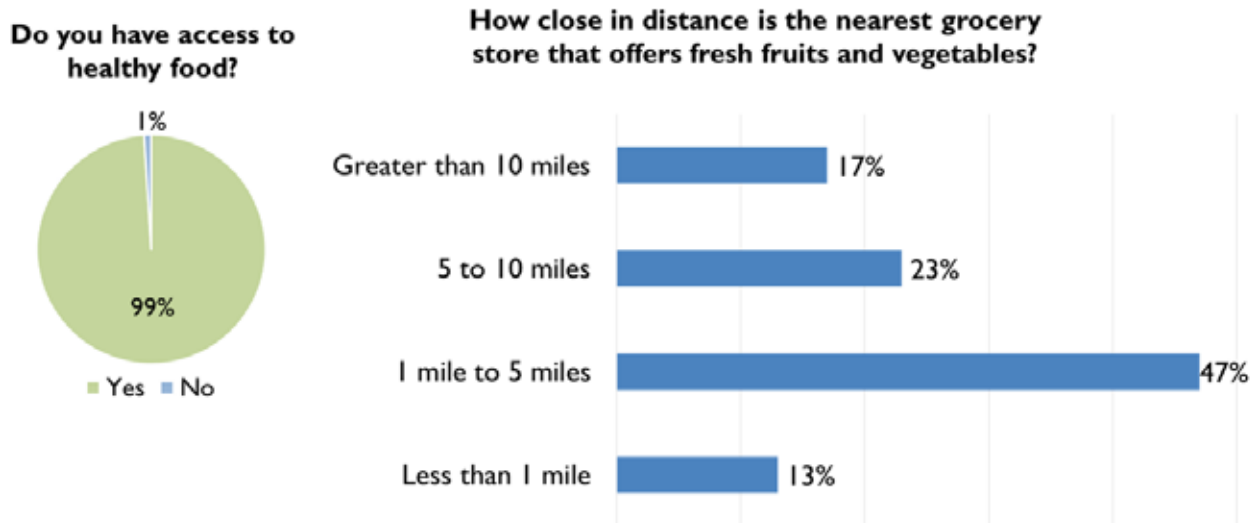


How often do you smoke, if you do?



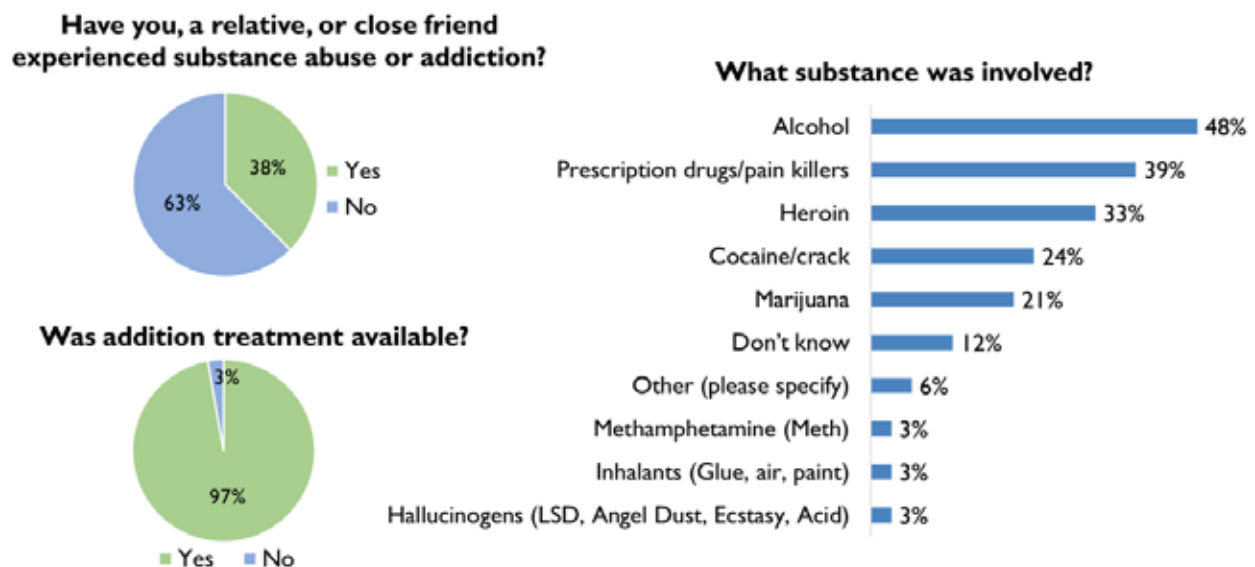
Access to Healthy Foods

Ninety-nine percent responded that they have access to healthy foods, with 40% traveling five miles or more to a grocery store with fresh fruits and vegetables.



Substance Abuse

Thirty-eight percent responded they have themselves, or have a close friend or relative, that has experienced substance abuse or addiction. Three percent responded there was not treatment available. The most common substance involved was alcohol followed by prescription drugs/pain killers, then heroin.



Top Three Issues That Impact Health

Respondents to the community survey felt the top issues that impact an individual's health are:

- Affordable health insurance (42%)
- Substance abuse (37%)
- Poverty/low income (32%)
- Jobs/employment (24%)
- Affordable healthcare (24%)

Top Health Concerns for Children

The top health concerns for children were:

- Disengaged parents (51%)
- Physical activity (40%)
- Healthy diet (37%)
- Obesity (29%)
- Substance Abuse (27%)

Disease Prevalence

When asked, “have you ever been told by a doctor you have any of these conditions, diseases or challenges,” 67% responded affirmatively. The most prevalent issues were:

- Overweight or obese (31%)
- High blood pressure/hypertension (25%)
- High cholesterol (24%)
- Arthritis (22%)
- Asthma (12%)
- Cancer (11%)
- Mental or emotional problems (10%)
- Diabetes (8%)
- Heart disease (5%)
- Lung disease (2%)
- Developmental/learning concerns (1%)

Respondents were also asked if they had everything they needed to manage their health conditions. 85% responded yes and 15% responded no. Of those that responded no, they stated they needed affordable healthcare/insurance, financial assistance for doctor visits/medical supplies and more access to physicians/doctors.

Top Health Needs in the Community

The top health needs in the community, identified through the survey, were:

- Substance abuse assistance (57%)
- Increase healthy eating, active living options (43%)
- Mental health assistance (34%)
- Access to health insurance (33%)
- Obesity assistance (31%)
- Access to care (23%)
- Chronic diseases (20%)
- More exercise opportunities (19%)
- Help people to quit smoking (15%)
- Getting immunizations/vaccinations (2%)

Demographics of the Community Survey

Seventy-two percent of the respondents lived in Cambria and 24% lived in Somerset. The survey skewed female with 70% and higher income (37%), more education (35% bachelor's degree). The race and ethnicity of the survey mirrored the population, 95% white.

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Data analyzed included causes of death, demographics, socioeconomic, consumer health spending, focus group, and surveys of the hospital employees. When data was available for Pennsylvania, the United States or the top 10% of counties (90th percentile), it was used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is identified in the following pages. The community can build on strengths and prevent regression. The full data analysis can be seen in the complete CHNA PowerPoint. Opportunities are denoted with red stars, and strengths are denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data is contained in the source notes below the graphs.



Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Cambria County (2013)	Somerset County (2013)	Pennsylvania (2013)	US (2013)
Heart Disease	192.3	213.6	178.4	169.8
Cancer	159.5	175.5	170.1	163.2
Chronic Lower Respiratory Disease	40.3	48.1	39.2	42.1
Accidents	70.4	58.0	44.4	39.4
Stroke	33.7	37.3	37.0	36.2
Alzheimer's Disease	22.4	24.0	17.4	23.5
Diabetes	16.7	46.0	22.6	21.2
Influenza and Pneumonia	15.0	16.2	16.0	15.9
Kidney Disease	25.3	15.1	15.6	13.2
Suicide	17.9	15.8	13.3	12.6
Liver Disease	13.5	11.6	7.9	10.2

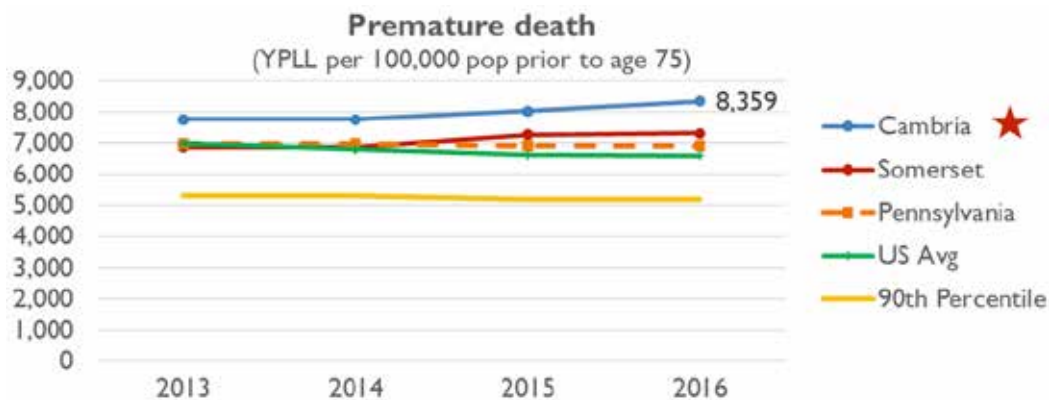
Source(s): 2014 Pennsylvania Death Certificate Registry. Division for Vital Records & Health Statistics, Pennsylvania Department of Health & Human Services; Population Estimate (latest update 9/2014), National Center for Health Statistics, U.S. Census Populations

With Bridged Race Categories; CDC: 1999-2014 Final Data

Red font indicates death rates higher than the state. The leading cause of death in all three geographies was heart disease followed by cancer. Less prevalent causes of death are stroke, accidents, chronic lower respiratory disease, Alzheimer's disease, diabetes, liver and kidney disease, influenza and pneumonia, and suicide.

Health Outcomes (Length of Life and Quality of Life)

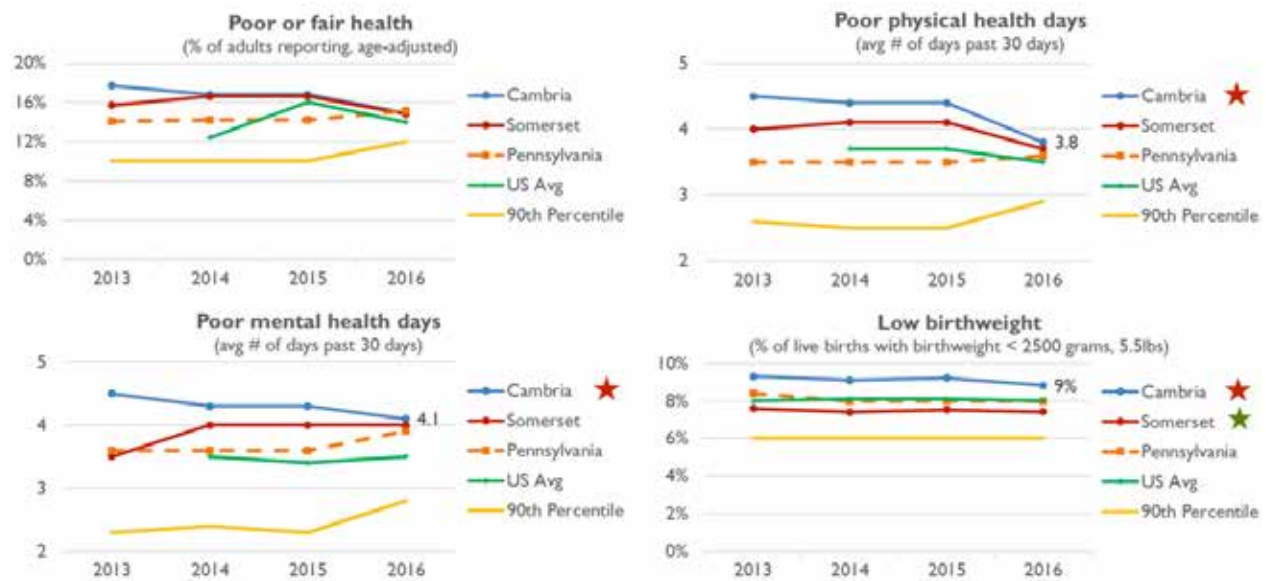
Health Outcomes are a combination of length of life and quality of life measures. Cambria County ranked 63rd and Somerset County ranked 38th in Health Outcomes out of 67 Pennsylvania counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013

In most of the following graphs, Cambria County will be blue, Somerset County will be red, Pennsylvania (PA) orange, U.S. green and the 90th percentile gold.

Quality of life is measured by percentage of individuals reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and percentage of live births with birthweight less than 2500 grams, or 5.5 lbs. Cambria County ranked 61st and Somerset County ranked 36th out of 67 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

*Indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

Strengths

- The percent of low birthweight babies, less than 5.5 pounds, in Somerset County was lower than PA and the U.S. with 7%.
- Ninety-three percent of community residents surveyed indicated they are in excellent or good health with only 8% indicating they are in fair or poor health.

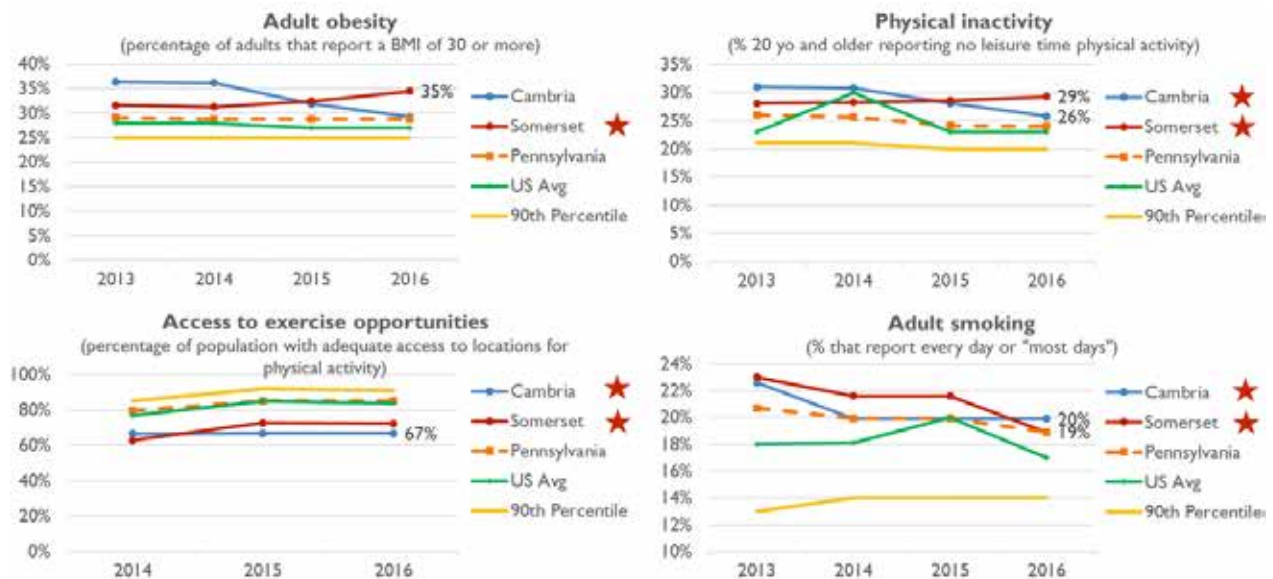
Opportunities for Improvement

- Years of Potential Life Lost (YPLL) per 100,000 population prior to age 75, is much higher in Cambria County and slightly higher Somerset Counties than the U.S. and Pennsylvania.
- Cambria County had a higher average number of poor physical health days than Pennsylvania and the U.S. with 3.8 poor physical health days out of the past 30 days, and Somerset County had slightly higher poor physical health days.
- Cambria County had higher average number of poor mental health days than PA and the U.S. with 4.1 poor mental health days out of the past 30 days. Somerset County had slightly higher poor mental health days than PA and the U.S.
- The percent of low birthweight babies, less than 5.5 pounds, in Cambria County was higher than PA and the U.S. with 9%.

Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social and economic factors, and physical environment. Health behaviors are comprised of nine measures. Health behaviors account for 30% of the county rankings. Cambria and Somerset Counties ranked 41st and 45th respectively out of 67 counties in Pennsylvania.

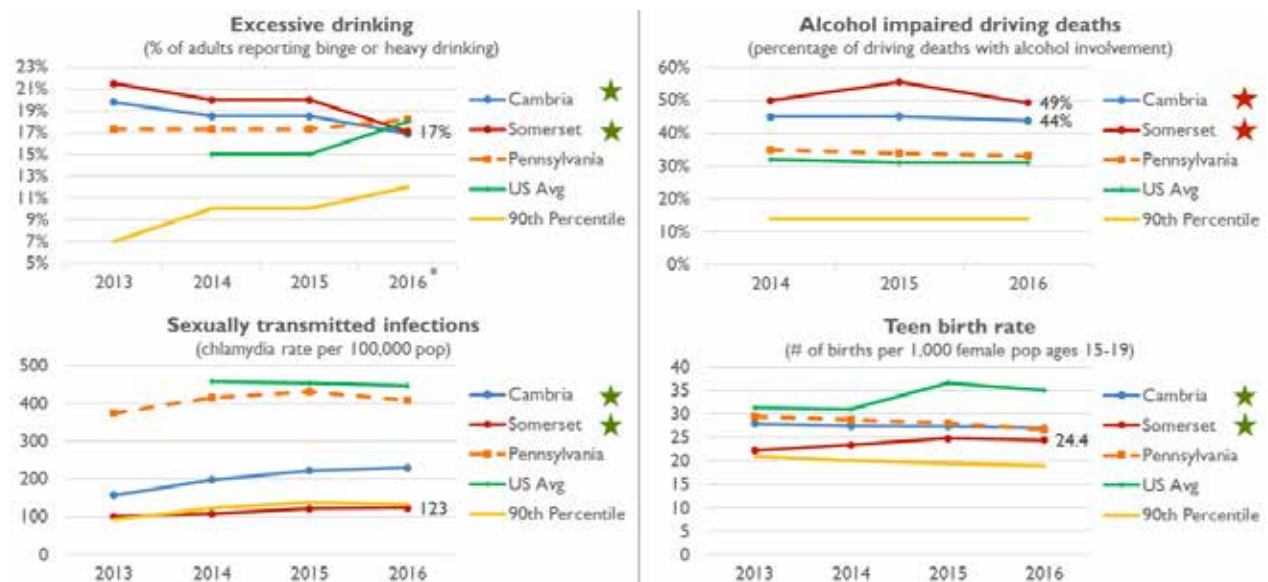
Health Behaviors



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and U.S. Census Tigerline Files, 2013

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)



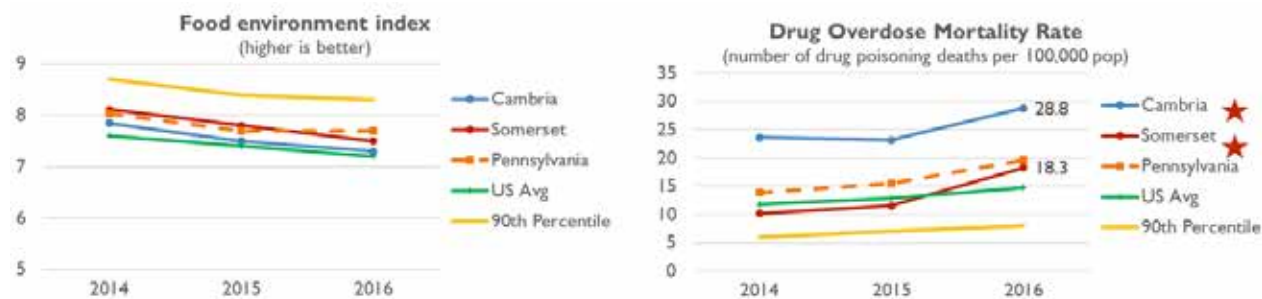
Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014

Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014

Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013

The food environment index is comprised of percentage of the population with limited access to healthy foods and percentage of the population with food insecurity. Limited access to foods estimates the percentage of the population who are low income and do not live close to a grocery store. Food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year.



Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013

Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

Strengths

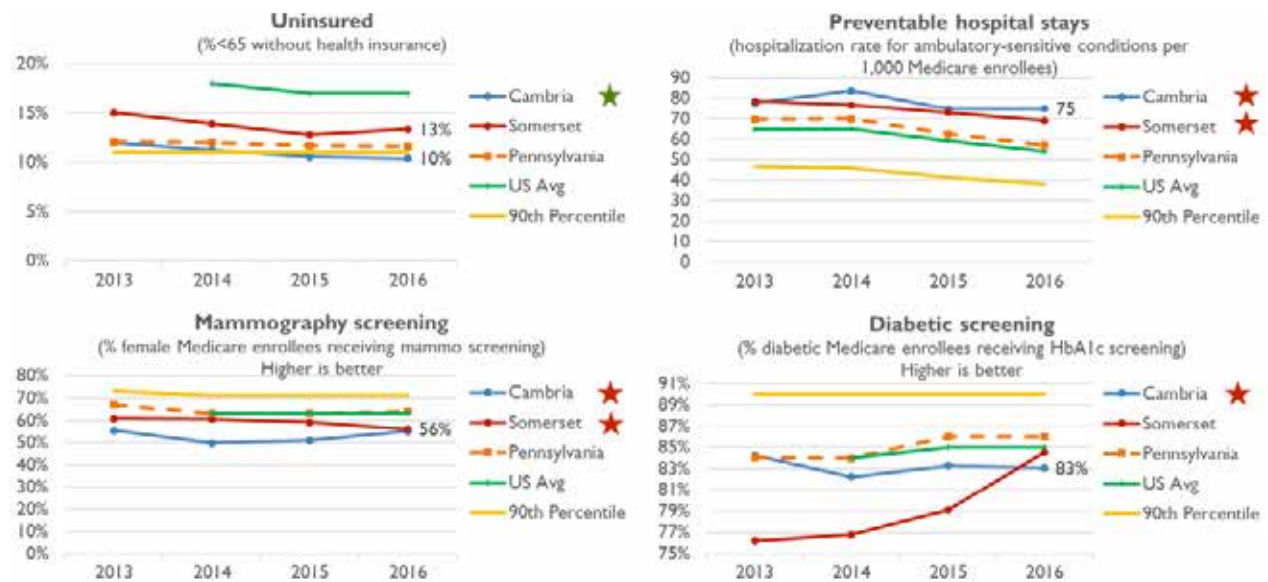
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population was lower in Cambria and Somerset Counties than PA and the U.S., Somerset County is at the top 10% of counties in the U.S. Note: This may be due to average age.
- The teen birth rate in Cambria and Somerset Counties was lower than PA and the U.S.
- Excessive drinking in Cambria and Somerset Counties was slightly lower than PA and the U.S.

Opportunities for Improvement

- Adult obesity in Cambria County was slightly higher than PA and the U.S. Adult obesity in Somerset County was much higher than PA and the United States. Obesity puts individuals at increased risk of chronic diseases, including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can also cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. In the community survey, 31% responded they had been told by a doctor they were obese.
- Physical inactivity was higher in Cambria and Somerset Counties than PA and the U.S. In the community survey, only 22% responded they never exercise or exercise once in a while, meaning 78% exercise regularly.
- The percentage of the population with adequate access to locations for physical activity was lower in Cambria and Somerset Counties than PA and the U.S.
- Adult smoking in Cambria and Somerset Counties was higher than PA and the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. However, the community survey indicated only 10% smoke.
- The percentage of driving deaths with alcohol involved in both Cambria and Somerset was higher than PA and the U.S.
- The drug overdose mortality rate was much higher in Cambria County than PA and the U.S. Somerset County as higher than the U.S., but slightly lower than PA. 38% in the community survey responded that they, a relative or a close friend experienced substance abuse or addiction.

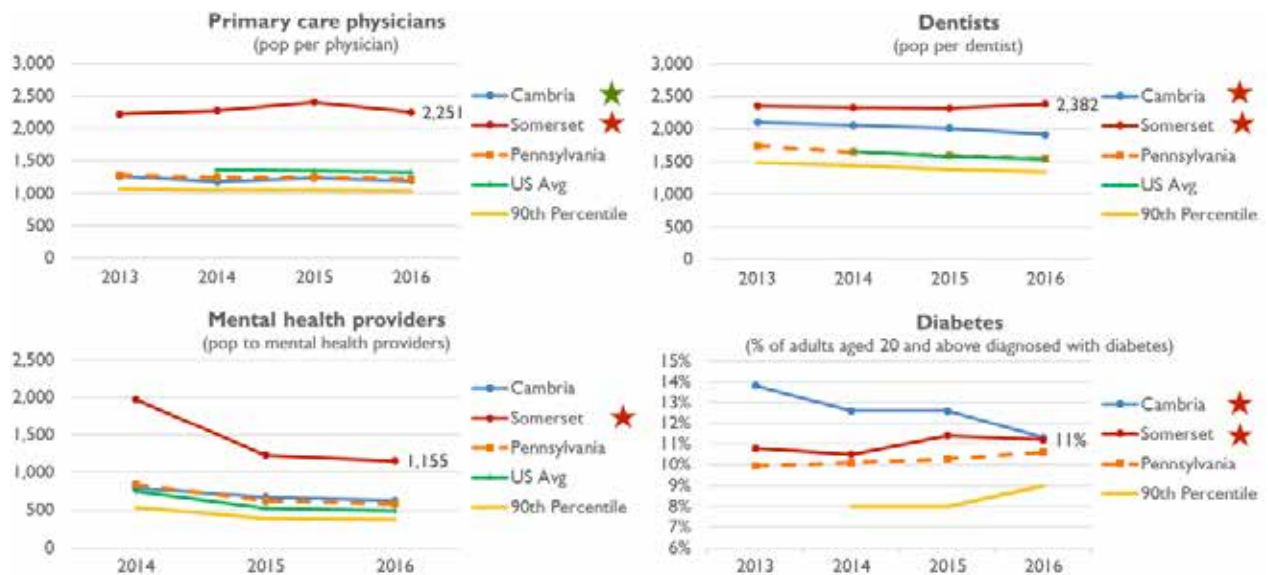
Clinical Care

Clinical care ranking is made up of seven indicators, and accounts for 20% of the county rankings. Cambria County ranked 45th out of 67 Pennsylvania counties in clinical care and Somerset ranked 62nd.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014

Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Strengths

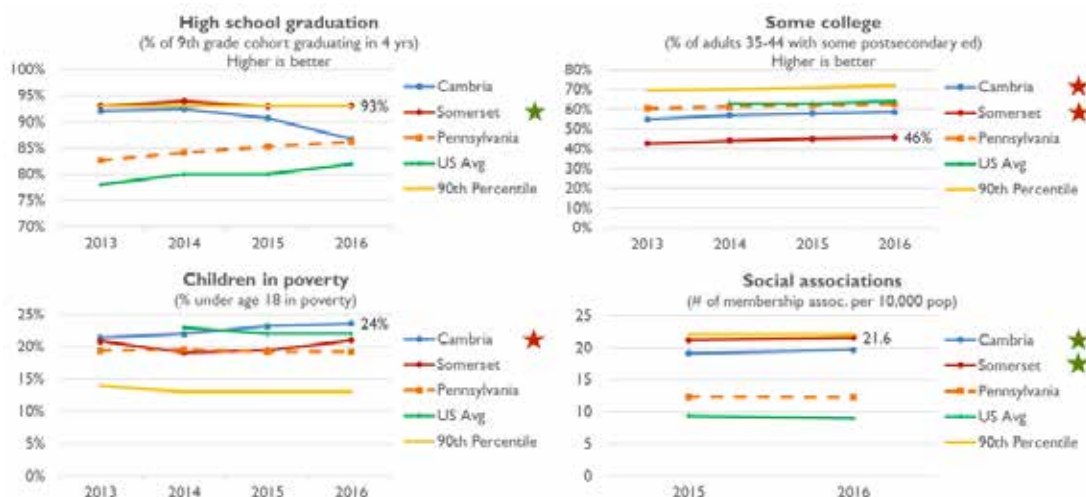
- The percent of population under 65 without health insurance was lower in Cambria County than PA and the U.S.
- The population per Primary Care physician was lower in Cambria County than PA and the U.S. In the community survey, 13% responded there was a time in the past 12 months when they needed to see a doctor but could not.

Opportunities for Improvement

- Preventable hospital stays are higher in both Cambria and Somerset Counties than PA and the U.S.
- Mammography screening is lower in Cambria and Somerset Counties than PA and the U.S.
- The percent of diabetic Medicare enrollees receiving screening is lower in Cambria and Somerset than PA and the U.S. However, the screening percentage is increasing in Somerset County.
- The population per Primary Care physician is higher in Somerset County than PA and the U.S.
- The population per dentist is higher in Cambria and Somerset Counties than PA and the U.S. In the community survey, 10% responded there was a time in the past 12 months when they needed to see a dentist but could not.
- The population per mental health provider is higher in Somerset County than PA and the U.S. In the community survey, 7% responded there was a time in the past 12 months when they needed to see a mental health professional but could not.
- Eleven percent of Cambria and Somerset Counties has diabetes, which is higher than PA. In the community survey, 8% of respondents had been told by a doctor they have diabetes.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Cambria County ranked 60th out of 67 Pennsylvania counties and Somerset ranked 41st in social and economic factors.

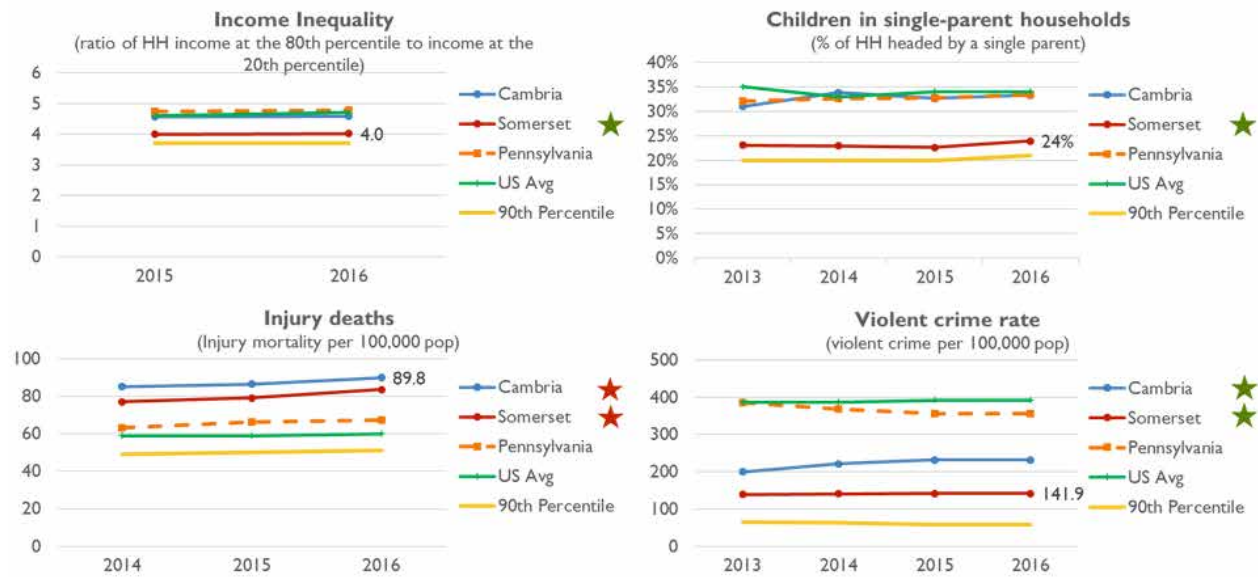


Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths - County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting - FBI, 2011 - 2013

Strengths

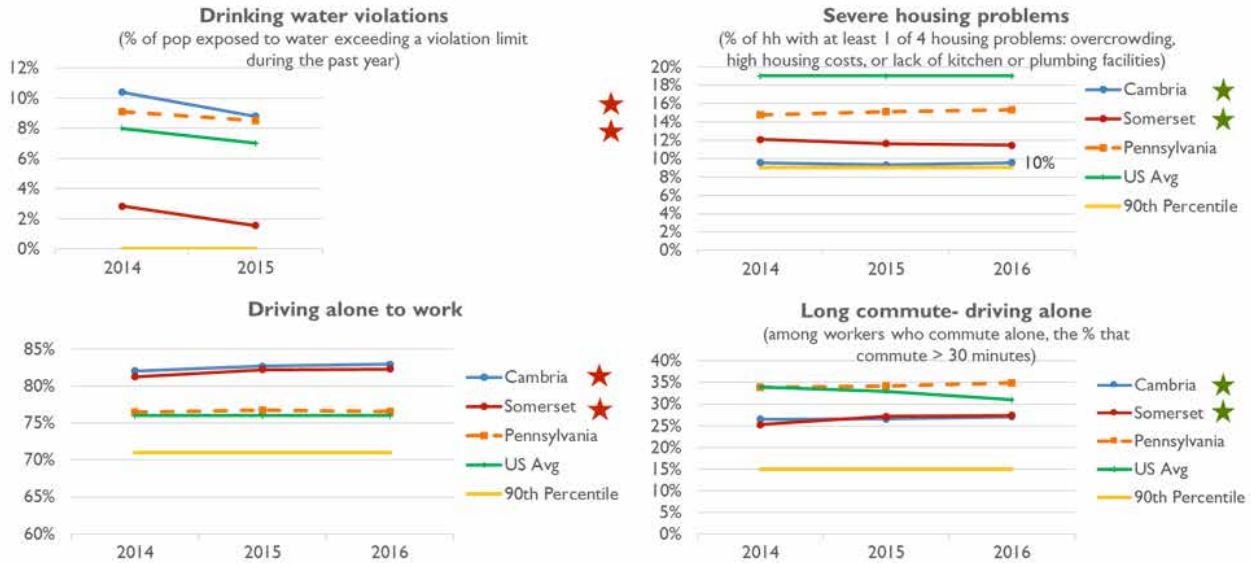
- High school graduation is higher in Somerset County than PA and U.S., at the top 10%. High school graduation in Cambria County was the same as PA and higher than the U.S.
- Social associations are higher in Cambria and Somerset Counties than PA and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality is lower in Somerset County than PA and the U.S.
- The percentage of children in single-parent households is lower in Somerset County, 24%, than PA and the U.S.
- Violent crime rate per 100,000 population is lower in Cambria and Somerset Counties than in Pennsylvania and the U.S.

Opportunities for Improvement

- The percent of adults with some college is lower in Cambria and Somerset Counties than PA and the U.S.
- The percentage of children in poverty is higher in Cambria County than Pennsylvania and the U.S. at 24%
- Injury deaths are higher in both Cambria and Somerset Counties than PA and the U.S.
- Lower median household income than PA and the U.S.

Physical Environment

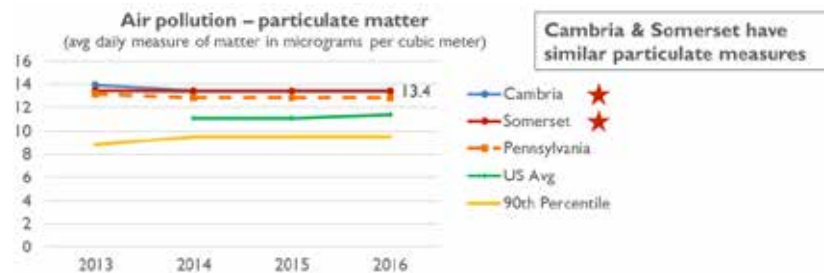
Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Cambria County ranked 42nd out of 67 Pennsylvania counties in physical environment and Somerset ranked 49th.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings; CDC WONDER environmental data, 2010

Strengths

- Cambria and Somerset Counties have lower severe housing problems than PA and the U.S. Cambria was near the top 10%.
- Cambria and Somerset Counties do not have long commute times. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in.

Opportunities for Improvement

- There were drinking water violations in Cambria and Somerset Counties. These statistics are prior to the Flint water crisis.
- Cambria and Somerset had higher percentages of population driving alone to work.
- Cambria and Somerset Counties had higher air particulate matter in micrograms per cubic meter than PA and the U.S.

There are four broad themes that emerged after reviewing the data and focus group feedback:

- Cambria and Somerset Counties need to create a “Culture of Health” which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall positive picture of community health, there are significantly challenged subgroups such as the census tracts north of Conemaugh Memorial Medical Center in Johnstown and southwestern Somerset County.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the counties to improve health.





Results of the CHNA

*Community Health Summit Needs,
Goals and Actions*

Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

Magnitude / scale of the problem	How significant is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What could happen if the issue is not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What is already being done, and is it working? What are the community's intrinsic barriers and how difficult are they to overcome?

The following issues were prioritized and goals and actions were brainstormed by the table groups at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are the summarized actual comments received on the sticky notes.

1. **Substance Abuse Prevention (37)**

- Smoking & smoking among low income, uninsured
- Substance use/abuse (opiates, heroin, alcohol)
- Substance abuse education
- Substance use disorders
- Tobacco Use

2. **Obesity/Healthy Living (30)**

- Obesity/Chronic health issues
 - Diabetes
 - Heart Disease
 - High Blood Pressure
- Healthy lifestyles (food, access to exercise, smoking, etc.)
 - Unhealthy eating
 - Lack of exercise/inactivity
- Access to educational services to reduce obesity

3. **Jobs/Socioeconomic Issues (22)**

- Unemployment/lack of good paying jobs
- Lack of education/skill development for available employment
- Overabundance of subsidized housing in the city
- Lack of affordable housing

- Poverty (income vs. life expectancy)
 - Population loss – aging demographics and outmigration
 - Generational poverty
4. **Mental/Behavioral Health (17)**
- Lack of access to mental/behavioral health providers and treatment
 - Anxiety related to drug use
 - Mental health issues correlated to chronic diseases
5. **Disengaged Parenting (17)**
- Parenting skills/engagement/issues
 - Education for parents on child care
 - Poor parenting
 - Family support – parenting, jobs, affordable housing, insurance
 - Improve early childhood education/options
6. **Access/Affordable Healthcare (11)**
- Medical transportation
 - Access to quality healthcare
 - Affordable healthcare – co-pays, deductibles, prescriptions, eye and dental
 - Affordable health insurance
 - Medical and pharmacy services to low income, uninsured and underinsured
 - Communication of resources available for healthcare
 - Access to specialists (telemedicine)
 - Shortage of psychiatric doctors and adolescent beds for inpatient
 - Community health knowledge and awareness
- **Infrastructure/Best Practices (4)**
- Lack of education opportunities for caregivers and family support groups
 - Need for an understanding of best practices and possibilities
 - Technology
 - Lack of comprehensive collective model to unite all providers across continuum of care (i.e. Healthy Blair County Coalition)
7. **Youth Issues (3)**
- Health/physical well-being/safety for middle school and high school students
 - Reaching youth with meaningful, life-changing, pattern-breaking healthy living education
 - Lack of engaging activities for middle school/high school students outside of school (evenings and weekends)
8. **Violence (1)**
- Violence – not feeling safe



Community Health Summit Brainstorming

Focus Areas, Goals

During the Community Health Summit, attendees analyzed the discussion of the most significant health needs, and opportunities were compiled into potential categories of significant health needs. Table groups brainstormed potential goals and actions as areas of focus. These potential goals and actions brainstormed by the attendees have been organized below.

Significant Health Need 1: Substance Abuse – Smoking/Alcohol/Violence

Goal 1 – Increase substance abuse prevention programs

- Promote alternative activities and engagement across all ages and inclusive of all groups
- Provide more programs to address healthy coping skills and recognize need for more mental health education and providers

Goal 2 – Smarter options for law enforcement

- Support ongoing resources and training for law enforcement to incentive good behavior and recognize/refer mental health issues
- More promotion, encouragement of anonymous tip lines

Goal 3 – More treatment services, stronger support systems and alternatives

- Strengthen support systems to coach recovering addicts
- Provide referrals/resources when not in inpatient treatment program

Goal 4- Identify vulnerable populations/areas – domestic, crime street, adolescent, child

- Collect data

Goal 5- Provide education – law enforcement

- Acquire funding
- Provide programming

This community input into the goals as well as information from the focus group, surveys and data were combined for the final implementation plan which is included in a separate document.

Significant Health Need 2: Decrease Obesity/Increase Healthy Living

Goal 1 – Community education/awareness on three major concerns due to obesity (heart disease, high blood pressure, diabetes)

- Media outlet campaigns
- Community health fairs (school/workplace)

Resources Needed:

- Television partnerships
- Media partnerships
- Social media
- Hospital/healthcare providers
- Educators
- Staff/volunteers
- Partnerships

Goal 2 – Affordable, safe, family recreational options

- Work with local municipalities to determine if recreational space is safe/adequate
- Engage community social clubs/groups/churches

Resources Needed:

- Local/National parks
- Clergy
- Social groups and clubs (Rotary clubs)

Goal 3 – Accessibility to healthy food option/ choices in the home, school, and/or workplace

- Promote/build upon existing programs
- Give food pantries, schools, workplaces healthy food options

Resources Needed:

- Engage Penn State University co-op news
- TV
- Radio partnerships
- Food coalition
- Tapestry of health
- WIC
- Hospital nutritionist

Significant Health Need 3: Focus on Mental Health Needs

Goal 1- Overall availability of mental health services

- Implement and promote telehealth services
- Aggressive recruitment

Resources needed:

- Money

Goal 2 – Urgent care for psychiatric emergencies

- On-call psychiatrist (telehealth)
- Crisis intervention team – increased training and teams

Resources Needed:

- Money
- Education

Goal 3 – Education/Intervention

- De-stigmatizing
- Early and continued education

Resources Needed:

- Willingness of communities to accept new services

Significant Health Need 4: Parental Support/Youth Opportunities

Goal 1 – Involve parents – meet parents where they are

- Insure mentorship programs in early childhood programs support experimental
- Realize the household ability to meet basic needs, home, stove, table (obstacles to overcome)

Goal 2 – Identify and address why parents are disengaged

- Educate to the level of the parent
- Adjust curriculum/language
- Get parent input and especially engage fathers/males

Goal 3 – Develop a plan to address the issues of disengaged parents – socioeconomic issues (jobs, poverty), mental health, and substance abuse of some parents

- Decrease the stigma of getting help with underlying issues
- Overcome the obstacles to participation
- Continue to support the children with meals and the backpack program

Goal 4 - Increase access to youth activities

- Create a survey that is given to diverse focus groups in all Cambria and Somerset school districts
- Prioritize data by geographical area

Goal 5 – Provide youth activities in a safe environment

- Create a data collection clearing house
- Provide data results to agencies so that youth programming can be provided that meets the needs

Goal 6 – Provide transportation to youth so they can participate in positive youth activities

- Seek funding that provides opportunities for youth to participate in activities/services
- Seek funding that allows access to transportation for youth who want to travel to positive youth activities/services

Significant Health Need 5: Access/affordable healthcare

Goal 1 – Adequate supply of providers

- Active recruitment plan and execution at CHS
- Emphasis on primary care and behavioral health
- Emphasis on high tech academics, tertiary hospital
- Enhance development of arts, retail, etc. to attract providers to the area

Resources Needed:

- Assistance from community to help in recruitment

Goal 2 – Implement strong population health strategy to manage patient health – commitment to change care delivery

- Collaboration with 1889 Foundation, and Free Medical Clinic
- Collaboration between providers to coordinate care to reduce cost and improve effectiveness

Goal 3 – Structure of care delivery model

- Ease of scheduling, transportation
- Focus on areas with low income population, partner with urgent care, go to patients, churches, parent education to understand need for screening and compliance

Significant Health Need 6: Jobs/Socioeconomics

Goal 1 – Expanded training of specialized skills to fill local job needs

- Programs to bring local specialists and trainers into training/mentoring relationships with young people.
- Database of resources/skills that can be offered by local business/industry

Resources Needed:

- More networking of this community group

Goal 2: Build support for unemployed with barriers to employment such as felony conviction, no transportation

- Train employers on the needs of those in recovery
- Connection with jobs and potential employees (should involve Chambers of Commerce and community agencies)

Resources Needed:

- More networking of this community group

Goal 3: Match employment with healthcare coverage (what I can afford doesn't cover what I need)

- Subsidize co-pays
- Hospital liaisons to assist. Instructional phone number "call center" to call and ask "where can I go? What are my options?"

Significant Health Need 7: Infrastructure/Best Practices

Goal 1: Revise and enhance 211 systems

- Determine individual/organization to coordinate and update the database
- Determine how to advertise and inform the community about 211 and how to use it

Resources Needed:

- A dedicated leader

Goal 2: Enhance community health education and literacy through universities and colleges

- Use healthcare students from University of Pittsburgh at Johnstown and Saint Francis University to educate community proper diet, medication to prevent readmissions
- Create videos, web media series on health issues

Resources Needed:

- Cooperation from universities and Conemaugh Health System

Goal 3: Decrease silos in mental health and drug/alcohol treatment

- Develop more rural health clinics – one-stop shop for patients' health, mental health
- Integrate physical care with mental care
- Increase access to telemedicine

Next Steps

CHS is focused on improving the health of the communities that we serve. CHS will address community health needs and work collaboratively with our partner, the United Way of the Laurel Highlands, and other organizations to address broader community needs.

For the prioritized significant health needs listed, colleagues at CHS will work as appropriate with community partners to:

- Identify related activities being conducted by others in the community that could be expanded
- Develop measurable goals and objectives so the effectiveness of efforts can be measured
- Build support for the initiatives within the community and among other health providers
- Develop detailed action plans

Internally at CHS, a CHNA Action Committee will be formed to evaluate the public health data, results from the surveys and the identified Significant Health Needs prioritized at the Community Health Summit. Internal action plans will be developed and implemented to address opportunities to improve the health of our patients and communities. Ongoing programs will also be evaluated to ensure they continue to meet community health needs and goals established.

The complete Conemaugh Community Health Needs Assessment is available on the Conemaugh website at www.conemaugh.org.

