





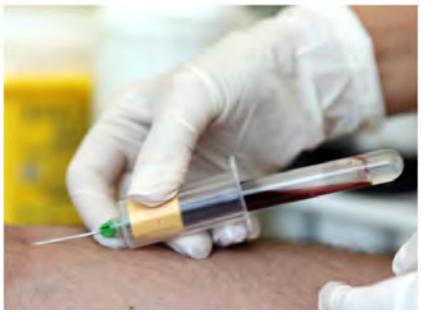

2013 Community Health Needs Assessment

SOMERSET HOSPITAL
IMPROVING YOUR HEALTH. AND YOUR LIFE.

Strategy solutions, inc.

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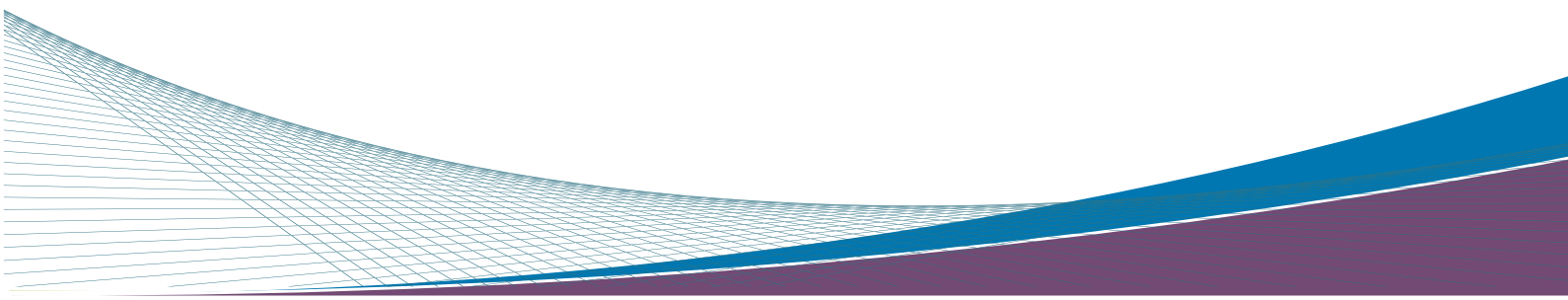

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SOMERSET HOSPITAL

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Executive Summary

2013 Community Health Needs Assessment

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SOMERSET HOSPITAL
IMPROVING YOUR HEALTH. AND YOUR LIFE.

Message to the Community

Improving the health of the community is the foundation of the mission of Somerset Hospital and guides our planning and decision making. Somerset Hospital is proud to present its 2012-2013 Community Health Needs Assessment (CHNA) Report. This report includes a comprehensive review and analysis of data regarding the health issues and needs of the service region of Somerset Hospital, which encompasses Somerset County.

This study was conducted to identify the health needs and issues of the region and to provide useful information to public health and health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, local health department and other providers to more strategically establish priorities, develop interventions and commit resources to improve the health status of the region.

Improving the health of the community should be an important focus for everyone in the service area, individually and collectively. In addition to the education, patient care and program interventions provided through the hospital, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community, and be a useful community resource.

Executive Summary

The 2012-2013 Somerset Hospital Community Health Needs Assessment (CHNA) was conducted to identify primary health issues, current health status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

To assist with the CHNA process, Somerset retained Strategy Solutions, Inc., a planning and research firm with the mission to create healthy communities, to facilitate the process. The planning for the assessment began in mid-2012, following best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association in their CHNA Toolkit. The process was also designed to ensure that the report meets the requirements in the latest draft IRS 990 guidelines. This Community Health Needs Assessment included a detailed examination of the following areas that became the chapters outlined in this study:

* Demographics & Socio-Economic Indicators
* Access to Quality Health Care
* Chronic Disease
* Healthy Environment
* Healthy Mothers, Babies & Children
* Infectious Disease
* Mental Health & Substance Abuse
* Physical Activity & Nutrition
* Tobacco Use
* Injury

Secondary data on disease incidence and mortality as well as behavioral risk factors were gathered from numerous sources including the Area Agency on Aging, PA Department of Health, County Health Rankings, and the Centers for Disease Control, as well as the Healthy People 2020 website. Data was collected for the hospital's service area encompassing Somerset County. Hospital utilization data was included from the Somerset Hospital patient records as well as the Pennsylvania Health Care Cost Containment Council. Demographic data was collected from the Nielsen Claritas demographic database. Primary data collected specifically for this study included 2 community Focus Groups and 3 in-depth Stakeholder Interviews, representing the needs and interests of various community groups and sub-populations.

After all data were reviewed and analyzed, the data suggested a total of 27 distinct issues, needs and possible priority areas for intervention. After prioritization and discussion, the Steering Committee identified heart/ cardiovascular disease, diabetes and obesity as the top priority areas for intervention and action planning in response to the needs identified in the study. The action plan includes reducing childhood obesity through re-establishing a treatment center, as well as training and education; increasing self-esteem of children living; and increasing diabetes education and training throughout the community.

Methodology

Somerset Hospital formed a Steering Committee that consisted of medical center board members, community leaders and internal program managers to guide this study. The Steering Committee met a total of 4 times between September 2012 and March 2013 to provide guidance on the components of the Community Health Needs Assessment.

Service Area Definition

Although at the time that this community health needs assessment process was conducted, the Internal Revenue Service (IRS) had not finalized its guidelines for Community Health Needs Assessments, the available information published by the IRS and American Hospital Association suggested that the service area selected for the study equal the geography from which 70% of the hospital discharges originate. This study was designed to collect disease incidence and prevalence data for the entire service territory, and to focus the primary data collection efforts (Focus Groups and Stakeholder Interviews) in the primary service area. The overall service area includes Somerset County.

Asset Inventory

Somerset Hospital identified the existing health care facilities and resources within the community that are available to respond to the health needs of the community. The information included in the asset inventory and map is a subset of the information maintained and utilized by internal staff when making referrals to community resources.

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the service area and to meet all of the known guidelines and requirements of the IRS 990 standards that had been published to date, the consulting team employed both qualitative and quantitative data collection and analysis methods. The Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included in the study to the extent possible given the resource constraints of the project.

The secondary data collection process included demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com) and the US Census Bureau (www.census.gov), disease incidence and prevalence data obtained from the Pennsylvania Department of Health and PA Vital Statistics, BRFSS data collected and by the Centers for Disease Control, Healthy People 2020 goals from http://www.healthypeople.gov/2020, the US Department of Agriculture, selected inpatient and outpatient utilization data on primary care sensitive conditions that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care were obtained from Somerset Health Center and from the Pennsylvania Health Care Cost Containment Council and the County Health Rankings, www.countyhealthrankings.org .

The primary data collection process included 3 individual stakeholder interviews conducted by members of the consulting team to gather a personal perspective from those who have

insight into the health of a specific population group or issue, the community or the region, along with 2 focus groups that were conducted by members of the Strategy Solutions consulting team to gather information directly from various groups that represent a particular interest group or area.

Needs/Issues Prioritization Process

On March 7, 2013, the Steering Committee met to review all of the primary and secondary data collected through the needs assessment process and to discuss and identify key needs and issues that they felt were present in the community. The Steering Committee prioritized the needs and issues in order to identify potential intervention strategies and an action plan. The meeting was facilitated by Jacqui Lanagan, Director of Nonprofit & Community Services, and Rob Cotter, Research Analyst of Strategy Solutions, Inc., who conducted the prioritization exercise using the OptionFinder audience response polling technology. In preparation for the meeting, the group identified 3 criteria by which the issues would be evaluated using a criteria matrix approach. The participants completed the prioritization exercise using the OptionFinder audience response polling technology to quickly rate/rank the needs and issues.

Action Planning Process

Following the prioritization session, the Somerset Hospital staff involved in the CHNA process met to discuss the top priorities and identify possible intervention strategies and action plans. The top 4-5 priority need areas were discussed to identify the greatest needs to the hospital's mission, current capabilities and focus areas. On March 7, 2013, the team met with the members of the Steering Committee to identify the key areas that will be the focus of intervention action plans. The group consensus during that discussion was that heart/ cardiovascular disease, diabetes and obesity would be the focus area for intervention.

Following this discussion, clinical and administrative leaders developed an action plan along with the timeframe and budget associated with the activities.

Review and Approval

The final implementation action plan was presented to the Somerset Board of Directors for approval on June 24, 2013.

General Findings

Demographics

The service area for this study is Somerset County in Pennsylvania. The overall population of Somerset County as of the 2010 Census is 77,742. Somerset County showed a slight decline in population since the 2000 census, and Somerset's county is expected to continue to decline slightly.

The population of Somerset County is older and aging, with 18.9% currently over age 65, and another 29.4% between the ages of 45 and 64. Somerset County has a slightly higher population of females (51.1%) than males (48.9%). A little over half of the population is employed in the civilian workforce, with a high population of low income households.

Somerset County has a percentage of the population married with spouse present at 53.3%, compared to 24.7% of the population who have never married. A little over half (51.9%) of the population is employed in the civilian labor force while 42.8% are not in the labor force.

The County is low to middle income, with 32.5% of households with incomes under $25,000, and an additional 34.2% with incomes between $25,000 and $50,000.

In terms of education level, about half of the population has a high school diploma or GED (49.1%), although 17.0% of Somerset County's population doesn't have a high school education.

Asset Inventory

The hospital staff compiled a list of community assets and resources that are available in the community to support residents. The list includes: nursing homes, personal care assisted living, pharmacy, senior services, youth services, community services, family services, employment services, support groups, home health care services, veterans services, bahvioral services, educational services and mental health services.

Key Findings –BRFSS & Public Health Data

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

As outlined in the following tables, for many of the BRFSS questions, the service area's data was comparable to the state data, with some slight variability across the indicators. Behavioral risks in the service area where the regional rates were worse than the state include the those who have been told they had a heart attack, those who are obese, binge drinking, those who reported no leisure time/physical activity in the past month, females, as well as those with a college degree who reported no leisure time/physical activity in the past month, current and every day smokers, and adults who have quit smoking 1+ days in the past year.

While not consistent year to year for Somerset County, the region has increasing rates of bronchus and lung cancer mortality, pneumonia, drug-induced, motor vehicle and suicide mortality, Type I and Type II diabetes in students, Medical Assistance rates among mothers, unemployment, and children living in poverty.

Overall Key Findings

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

The table below highlights the key findings of the Behavioral Risk Factor Survey.

	Indiana, Cambria, Somerset, Armstrong	Community Health Status	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2012	2008-10	2010	Goal	Comp	Comp	Comp
ACCESS								
Physical Health Not Good 1+Days/Month	40.0%		37.0%			+		
Health Fair or Poor	20.0%	15.5%	15.0%	14.7%		+	+	
Limited in Activity Due to Physical/Mental/Emotional Problems	22.0%		20.0%			+		
No Health Insurance (Ages 18-64)	14.0%	10.9%	13.0%	17.8%	0.0%	+	-	+
No Personal Health Care Provider	10.0%	5.3%	11.0%	18.2%	16.1%	-	-	-
Routine Check-up Within the Past 2 Years	80.0%		83.0%			-		
Community Length of Time Since Last Checkup, 1 Year or Less		76.7%						
Community Length of Time Since Last Dental Checkup, 1 Year or Less		54.7%						
Needed to See a Doctor But Could Not Due to Cost, Past Year	8.0%		11.0%	14.6%	4.2%	-	-	+
Needed to See a Doctor But Could Not Due to Cost, Past Year (Male)	3.0%		10.0%			-		
Needed to See a Doctor But Could Not Due to Cost, Past Year (Female)	12.0%		11.0%			+		
Community Did Not Fill a Prescription Due to Cost, Past 12 Months		14.8%						
Community Length of Time Since Last Mammogram, 1 Year or Less		56.4%						
CHRONIC DISEASE								
Community Routine Colonoscopy, GE 55		73.7%						
Community Length of Time Since Last PSA Test, 1 Year or Less		81.5%						
Community Length of Time Since Last Pap, 1 Year or Less		55.7%						
Community Told Have High Blood Pressure, GE 65		61.5%						
Told They Have Heart Disase- Age 35 and Older	9.0%		7.0%	4.1%		+	+	
Told They Had a Heart Attack- Age 35 and Older	9.0%		6.0%	4.2%		+	+	
Told They Had a Heart Attack- Age 35 and Older (Male)	11.0%		9.0%			+		
Told They Had a Heart Attack- Age 35 and Older (Female)	8.0%		4.0%			+		
Told They Had a Stroke- Age Greater Than 35	4.0%		4.0%	2.7%		=	+	
Overweight, Adults (BMI 25-30)	34.0%	35.1%	36.0%	36.2%		-	-	
Obese, Adults (BMI ≥ 30)	37.0%	38.3%	28.0%	27.5%	30.5%	+	+	+
Told They Have Diabetes	11.0%		9.0%	8.7%		+	+	
HEALTHY ENVIRONMENT								
Told They Had Asthma	12.0%		14.0%	13.8%		-	-	
Currently Have Asthma	7.0%		10.0%	9.1%		-	-	

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

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

The table below highlights the key findings of the Behavioral Risk Factor Survey.

	Indiana, Cambria, Somerset, Armstrong	Community Health Status	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2012	2008-10	2010	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE								
Had Pneumonia Vaccine- Age 35 and Older	69.0%		70.0%	68.8%	90.0%	-	+	-
Adults Ever Tested for HIV	23.0%		34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE								
Adults Who Are Satisfied or Very Satisfied With Their Life	93.0%		94.0%			-		
Rarely/Never Get the Social or Emotional Support They Need	10.0%		8.0%			+		
Mental Health Was Not Good 1+ Days in the Past Month	35.0%		34.0%			+		
Adults Who Reported Chronic Drinking (≥2 drinks/day for past 30 days)	6.0%		6.0%	5.0%		=	+	
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)	20.0%	26.0%	17.0%	17.1%	24.4%	+	+	-
Adults at Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	4.0%		5.0%			-		
Adults at Risk for Heavy Drinking (Male)	7.0%		6.0%			+		
Adults at Risk for Heavy Drinking (Female)	2.0%		5.0%			-		
PHYSICAL ACTIVITY AND NUTRITION								
Reported No Leisure Time/Physical Activity in the Past Month	29.0%	35.9%	25.0%	23.9%	32.6%	+	+	-
Reported No Leisure Time/Physical Activity in the Past Month (Male)	21.0%		21.0%			=		
Reported No Leisure Time/Physical Activity in the Past Month (Female)	37.0%		29.0%			+		
Reported No Leisure Time/Physical Activity in the Past Month (College Deg.)	26.0%		15.0%			+		
TOBACCO USE								
Adults Who Reported Being a Current Smoker	24.0%	12.0%	20.0%	17.3%	12.0%	+	+	+
Adults Who Reported Being a Current Smoker (Male)	21.0%		21.0%			=		
Adults Who Reported Being a Current Smoker (Female)	27.0%		19.0%			+		
Community Adults Who Reported Using Smokeless Tobacco (Chewing Tobacco, Snuff, or Snus)		7.0%						
Adults Who Reported Being An Everyday Smoker	18.0%		15.0%	12.4%		+	+	
Adults Who Reported Being An Everyday Smoker (Male)	12.0%		15.0%			-		
Adults Who Reported Being An Everyday Smoker (Female)	23.0%		14.0%			+		
Adults Who Reported Being a Former Smoker	24.0%		26.0%	25.1%		-	-	
Adults Who Reported Being a Former Smoker (Male)	30.0%		29.0%			+		
Adults Who Reported Being a Former Smoker (Female)	18.0%		23.0%			-		
Adults Who Reported Never Being a Smoker	52.0%		54.0%	56.6%		-	-	
Adults Who Have Quit Smoking 1+ Days in the Past Year	47.0%		50.0%	80.0%		-	-	

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

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

The following table highlights various health indicators included in the study:

	Somerset County							Trend	PA (the last	US (2010)	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	2011	2012	+/-	Rate	Rate	Goal	Comp	Comp	Comp
ACCESS														
Mammogram Screenings						61.0%	64.0%	+	74.0%		81.1%			
CHRONIC DISEASE														
Breast Cancer Rate per 100,000	69.5	53.3	46.8	44.4				-	71.5	121.9	41.0			
Breast Cancer Mortality		15.8		7.4	10.9			-	13.1	22.2	20.6			
Bronchus and Lung Cancer Rate per 100,000	59.7	49.0	52.6	46.3				-	69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000		34.6	45.7	30.9	43.0			+	48.7		45.5			
Colorectal Cancer Rate per 100,000	58.0	47.1	40.7	50.4				-	47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000		22.2	17.0	12.1	20.1			-	17.0	16.9	14.5			
Prostate Cancer Rate per 100,000	143.1	186.6	149.8	129.2				+	139.6					
Prostate Cancer Mortality Rate per 100,000		28.2			20.1			-	21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000		232.5	198.6	223.6	209.7			-	185.3	179.1				
Acute Myocardial Infarction Mortality Rate per 100,000		83.3	83.9	64.7	57.7			-	38.2					
Coronary Heart Disease Mortality Rate per 100,000		173.1	152.2	160.5	158.5			-	123.0	113.6	100.8			
Cardiovascular Disease Mortality Rate per 100,000		295.9	259.0	270.9	253.8			-	237.6					
Cerebrovascular Mortality Rate per 100,000		54.0	47.9	36.7	36.3			-	38.9	39.1	33.8			
Diabetes Mortality Rate per 100,000		32.4	29.3	35.4	21.3			-	19.6	20.8	65.8			
Type I Diabetes, Students		0.30%	0.29%	0.21%				-	0.30%					
Type II Diabetes, Students		0.06%	0.09%	0.16%				+	0.07%					
HEALTHY ENVIRONMENT														
Asthma, Students		9.6%	10.5%	5.7%				-	6.8%					
High School Graduation Rates					89.0%	93.0%	93.0%	+	79.0%		82.4%			
Unemployment Rates					7.0%	8.7%	9.5%	+	8.7%	8.9%				
Children Living in Poverty					17.0%	21.0%	23.0%	+	19.0%					
Children Living in Single Family Households						24.0%	23.0%	-	32.0%					
Number of Air Pollution Ozone Days					4	0	0	-	8					

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

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

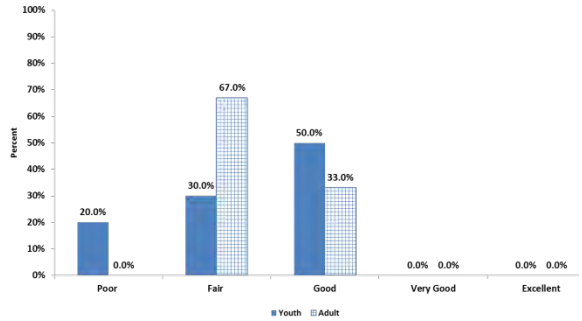
The following table highlights various health indicators included in the study:

	Somerset County							Trend	PA (the last	US (2010)	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	2011	2012	+/-	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN														
Mothers Who Received Care in 1st Trimester		78.5%	77.0%	76.7%	80.2%			-	71.3%					
Reported Not Smoking During Pregnancy		75.7%	76.0%	79.6%	78.9%			+	84.1%		98.6%			
Reported Not Smoking Three Months Prior to Pregnancy		69.3%	69.4%	73.8%	73.7%			+	78.7%					
Low Birth Weight Births		8.4%	8.3%	8.4%	8.3%			-	8.3%		7.8%			
Mothers Receiving WIC		46.8%	56.5%	49.9%	44.8%			+	40.1%					
Mothers Receiving Medicaid		37.6%	39.7%	37.4%	40.3%			+	32.7%					
Mothers Who Reported Breastfeeding		65.2%	68.6%	71.7%	72.1%			+	70.0%					
Teen Pregnancy Rate per 100,000		31.1	29.2	28.9	29.6			-	39.6	34.2	36.2			
Teen Live Birth Outcomes		87.1%	78.1%	75.8%	93.8%			-	68.0%					
Overweight BMI, Grades K-6					15.8%									
Obese BMI, Grades K-6					19.3%									
Overweight BMI, Grades 7-12					16.3%									
Obese BMI, Grades 7-12					18.7%									
INFECTIOUS DISEASE														
Pneumonia Mortality Rate per 100,000		10.7	10.8	15.6	15.3			+	13.4					
Chlamydia Rate per 100,000		127.1	87.8	83.2	101.6			-	374.1	426.0				
MENTAL HEALTH AND SUBSTANCE ABUSE														
Drug Induced Mortality Rate per 100,000				13.9	19.3			+	15.5		11.3			
Mental and Behavioral Disorders Mortality Rates		33.3	23.0	12.8	31.6			-	37.6					
PHYSICAL ACTIVITY AND NUTRITION														
Fast Food Restaurants							42.0%		48.0%					
INJURY														
Motor Vehicle Mortality		21.0	15.0	16.0	28.0			-	10.5	11.9	12.4			
Suicide Mortality Rate per 100,000		12.8	14.1					+	11.7	11.8	10.2			
Firearm-Related Mortality Rate per 100,000		12.1	10.8					-	10.0	10.1	9.2			
Fall Mortality Rate per 100,000		14.0	11.3	15.6	7.8			-	8.3	8.1	7.0			

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

Focus Group Results

Focus group participants (17) were asked to rate the health status of the community.

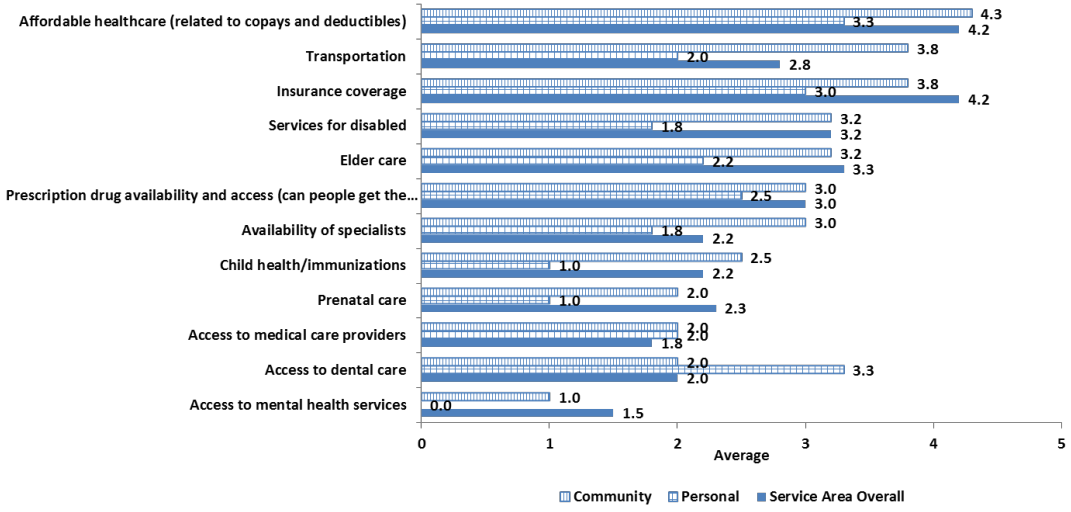


There were a number of reasons given for rating the health status of the community fair or poor. Reasons included: the area is an aging community so you see more health issues, many people in the community cannot afford to pay for health insurance, it has been a bad flu season and a lot of people have not been feeling well, and those adults who do have insurance, do not receive preventative care

Focus group participants were also asked to rate the extent to which a list of community needs was a problem for them personally, the extent to which the items were a problem in their local community and the extent to which each of the items were a problem in Somerset's overall service territory. The items were rated on a 5 point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem. Most participants (both youth and adults) tended to rate the problems in their local community as more serious than the extent to which those same items were a problem in the overall service area or in their individual family. The highest rated problems identified across all groups are outlined below:

General Health Status and Access to Care

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not at all a Problem



After the rating and ranking, participants discussed the items that they rated as higher priorities, identified those that they felt were the highest priority and discussed the reasons why they picked those items as the most serious problem areas.

Access

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, the workforce and affordability; education; transportation and location; communication; and quality and availability of providers all affect access to health care. There is great concern in this community about access to healthcare and how it affects the overall quality of life and other healthy indicators for the Somerset Hospital service area.

The Focus Group participants discussed the economic climate of the county and the implications on access to healthcare. Many noted the loss of industry in the area which attributes to the loss of jobs and has created financial strains for families. In general, there is the perception that full-time employment opportunities are limited in the community. Participants commented on the relationship that poverty and those struggling financially may be unable to afford insurance and may not be able to receive needed medical care as a result. The economic climate was also seen as leading to increased depression and anxiety. Due to the low economic status of the county, individuals often have to make the decision of not filling prescriptions in order to provide food for their families.

Participants also discussed the increasing cost of health care in general as well as the cost for prescription medication. Due to lack of insurance, families often rely on the school nurse for basic health care, such as getting ears checked for infection. Although participants did indicate that there is a free clinic in the community and that seniors can receive free assistance for vision and hearing.

Transportation to and from medical appointments, especially for seniors, was also seen as a barrier to accessing healthcare. Transportation was seen as a major issue because the geography of Somerset County is very large a spread out, with the sense that Individuals often need to drive 45 minutes or more to get to a medical appointment. There is also a perception that the county has a large population of low-income families without access to a car and public transportation is limited.

The Stakeholders interviewed also commented on other impacts to health care access, including that access to care is extremely limited for people with poor insurance, health care plans have high deductibles. There is a perception that jobs today are less likely to include health care insurance and that individuals are resistant to seek care because it is not affordable.

Chronic Disease

Conditions that are long-lasting, with relapses, remissions and continued persistence can be categorized as chronic diseases.

Focus group participants talked about the relationship between age, obesity and chronic diseases as well as between eating habits and obesity. Participants perceived that there are challenges associated with healthy eating because parents are busy, they often don't have the time to cook healthy meals and often rely on fast food. Many also commented on the high number of fast food restaurants in the community, making them easily accessible. There is also a perception that unhealthy food is cheaper to buy, which relates to the struggling economic environment in the community.

Many participants perceive that children are less active and many, even younger kids, are overweight. Many think this has to do with children's increased access and use of technology such as video games and computers.

The issue of obesity was identified as a major concern in all of the focus groups and participants commented that it is the root of many other health problems.

Stakeholders also identify obesity as a key community health issue for both children and adults. In addition, they perceive there to be high rates of lung disease in the area which may be related to work in the coal mines and mills.

Healthy Environment

Environmental quality is a general term which can refer to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather and the potential effects which such characteristics may have on physical and mental health caused by human activities. However, environmental quality also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and geographic information.

Issues related to the environment were not discussed during the focus groups other topics were rated as more significant problems in the community.

Focus group participants commented on the lack of good paying jobs in the area suggesting that many of them offer low wages with no benefits. The loss of two manufacturing plants results in the loss of over 1,000 jobs in the community.

Many perceive the county to have gone from industrial to recreational which does not offer jobs which provide life sustaining wages nor does it create a high volume of jobs within the community.

Potential health implications due to the coal mines and mills were identified by stakeholders and focus group participants.

Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The Healthy Mothers, Babies and Children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

This was not a topic that received much discussion during focus groups or from individual stakeholders.

Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions. (World Health Organization)

Infectious disease was not a major concern discussed in the focus groups or by the stakeholders during their interviews.

Mental Health and Substance Abuse

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

According to the World Health Organization, Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Adult focus group participants reported that many teens in the community drink alcohol and use marijuana, but hard drug use, including prescription drugs, do not seem to be as large a problem. Participants expressed that substance abuse is often the result of other issues such as depression. Increased unemployment is perceived to lead to increased depression. Remarks were made suggesting “When you are used to working and want to work it is hard to sit at home all day, it also causes a lot of anxiety.”

Student focus group participants talked about the stress associated with adolescence. Students express that there is a lot of stress when you are taking honors courses because of the workload demand. Students also indicated that it is also stressful to try to manage school, work, family, and extra-curricular activities.

Stakeholders were interviewed indicated that alcohol and drug abuse is a problem in the county. Participants noted that even though many residents in the county do not live in high crime areas, people in the community have been killed because of drug related issues. There is a perception that, due to the turnpike, it is easy to bring drugs such as heroin into the area.

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition is critical to good health and achieving and maintaining a healthy weight isn't just about a "diet" or "program". It is part of an ongoing lifestyle that should be adopted to maintain health. However, identifying which foods that are needed for a healthy diet and then buying and consuming them as well as well as maintaining appropriate levels of physical activity can be challenging for many individuals.

Students who participated in the focus group commented that the school lunch often does not fill you up so you are hungry in the afternoon and eat junk food.

As noted in discussions around obesity in chronic disease, participants commented on the convenience of fast food, noting that often parents are too busy to cook healthy meals at home and fast food is inexpensive.

It was also noted that children are less active today than in previous generations due to technology.

Stakeholders commented that there are very nice parks and trails available but due to the rural area it is difficult for many people to access them.

Tobacco Use

According to the CDCP, tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

Tobacco use remains an issue in the Somerset Hospital service area, according to stakeholders and focus group participants. Students commented that a lot of students in the high school smoke and that boys in the high school use chewing tobacco.

Unintentional/Intentional Injury

Injury, both intentional and unintentional, was not a major concern for the stakeholders. One stakeholder mentioned that working in the mining industry was unsafe and could lead to injury.

Conclusions

Demographics

The conclusions that can be reached based on the demographic information include:

- The overall population of Somerset County combined as of the 2010 Census is 77,742.
- The county's population has declined since the 2000 census. Somerset County's population is expected to continue to decline slightly.
- The population of Somerset County is older and aging.
- In Somerset County, approximately half of the population is married with spouse present.
- A little over half of the population in the county is employed in the civilian labor force.
- Somerset County has a high percentage of the population with incomes under $25,000 (32.5%).
- Somerset County's average household income is $50,014 and the median household income is $40,003. Approximately 9% of families live below the poverty level.
- About half of the population has a high school diploma or GED.
- About a third of the population travels more than 30 minutes to work, and a sizable portion (between 7 and 10%) does not have a vehicle.

Access

2013 Somerset Hospital CHNA Focus Group participants were asked to identify the overall health status of the community, the top needs and issues impacting community health status, resources that are currently available in the community, and potential solutions to problems.

Focus Group participants identified and discussed that they thought the health status of the community was fair to good due to the increasing age of residents and the inability to afford health insurance.

The Focus Group participants also commented on the top health needs in the community, including affordable health care, transportation and lack of insurance coverage.

Stakeholder Interviews were conducted and participants were asked to comment on the top health needs in the community, environmental factors that are driving the needs of the community, activities currently underway to address community needs, and areas to develop for unmet community needs. The Stakeholders interviewed also commented on other impacts to health care access, including access to care is extremely limited to people with poor insurance, health care plans have high deductibles, jobs today are less likely to include health care insurance, and individuals are resistant to seek care because it is not affordable.

Because of the aging population and the rural nature of the region, Somerset County has some unique access needs and challenges. Many in the community rate the health status and access to care of the community as fair because of the cost of care and lack of insurance tops the list of the most serious problems in the community. Sizable percentages of the population did not see the doctor (5%) or get the prescriptions (14.8%) that they needed due to cost.

Lack of economic/employment opportunities in Somerset County were viewed as a driving force behind much of the issues involving access to health care services. Low income families and the elderly were especially at risk in terms of access to health care.

The most significant needs among the elderly population are related to in-home services and supports, transportation, and nutritional services. Focus group participants also identified lack of dental care as somewhat of problem for them personally. Almost a quarter of the survey respondents indicated that they have not seen a doctor in the last 5 years.

There are a number of observations and conclusions that can be derived from the data related Intellectual and physical Disabilities. They include:

- Compared to the state and national statistics, Somerset County had a higher percentage of adults who rated their health as fair or poor (20%). From the Community Survey, (15.5%) of respondents rated their health status as fair or poor.
- Over a third (40%) of adults in the county reported that their physical health was not good at least one day in the past month. Almost a quarter (22%) reported being limited in activity due to mental, physical or emotional problems in the past month.
- The percentage of adults aged 18-24 in the county without health insurance (14.0%) is on par with the state statistic of 13.0% and lower than the national rate of 17.8%. From the Community Survey, 10.9% of respondents reported not having health insurance.
- In the past two years, 80% of adults in the county visited a doctor for a routine check-up; however, 10% do not have a regular health care provider (5.3% in the Community Survey) and 8% did not see a doctor because of cost in the past year. When broken out by gender, 3% of males and 12% of females couldn't see a doctor in the past year because of cost.
- The reasons that Community Survey respondents gave for not having a health care provider included no insurance, healthy/no need, and cost.
- The majority of community survey respondents (88.9%) have seen a doctor in the past two years for a routine check-up.
- Almost a quarter of the community survey respondents (22.0%) have not seen a dentist in over 5 years. A sizable percentage (14.8%) did not fill a prescription in the past year due to cost.
- The percentage of mammogram screenings in Somerset County for years 2011 and 2012 is lower than that of the state; however, the percentage is increasing. From the Community Survey, 56.4% of the respondents reported having a mammogram screening within the past year.
- Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community.
- According to the Somerset County Area Agency on Aging Needs Assessment, the greatest senior needs include in home supports/services, transportation, in home nursing services, financial problems or needs and nutritional services.

- Community Survey respondents ranked access to affordable health care followed by access to insurance coverage as the most serious problems in the county.
- Adult focus group participants were more likely to rate the overall health status of the community as fair, while youth that participated in the focus groups were more likely to rate the community health status as good or poor. Affordable health care, transportation and insurance coverage were rated as the most serious community health issues related to access, although participants rated access to dental care somewhat of a problem for them personally.
- Focus group participants indicated that people are aging in the community and this creates more health issues for the population. Many people in the community cannot afford insurance and this affects their ability to receive medical coverage. There is also a perception that a lot of people have the flu in the community because it has been a bad flu season.
- Stakeholders interviewed cited transportation is a huge issue in the county because the county is spread out. There are many low income families without cars, gas money or jobs. People are often forced to make decisions between food and getting a prescription filled. Due to a lack of insurance, many children are relying on the school nurse for basic health care.

Chronic Disease

Chronic disease related conclusions include:

- Although 12% of the regional population has been told at some point in their life that they have asthma, 7% currently report that they have the condition.
- Almost three quarters (71%) of the regional population is overweight and 37% is obese. Both rates are significantly higher than the state rates.
- Almost a third of children in grades K-6 and 7-12 are overweight or obese.
- Diabetes mortality rates in Somerset County are higher than the state rates, and are slightly lower in Cambria County. About 11% of the current population indicates that they have been told that they have diabetes.
- Heart disease incidence rates are significantly higher than the state rates in Cambria County over the past 3 years and slightly lower than the state rates in Somerset. Mortality rates are significantly higher than state rates in both counties over the last few years.
- Heart Failure incidence rates are higher in both counties than the state rates, and significantly higher in Cambria County over the past 4 years.
- Heart attack mortality rates are higher in both counties significantly higher than state rates in Somerset County over the past 4 years, although rates are declining.
- Inpatient discharge rates for Congestive Heart Failure and COPD are high.

- A small portion (4%) of the regional population has been told they had a stroke; cerebrovascular mortality rates are lower than state rates in the last 2 years.
- Breast cancer incidence rates have been increasing in Cambria County over the past 4 years, while rates in Somerset County have decreased, nearing the Healthy People 2020 goal. Breast Cancer mortality rates are below the state rates and the HP 2020 goal.
- Colorectal cancer incidence rates are above the state rates in both counties, and above the HP 2020 goal. Colorectal cancer mortality rates are also above the state rates, and significantly higher in Cambria County in 2010.
- Incidence rates of bronchus and lung cancer were significantly lower in both counties than the state rates over the last 3 years. Mortality rates are below the state rate as well as the HP 2020 goal.
- Incidence rates of prostate cancer have decreased over the past 3 years, and are lower than the state rates in 2010. Mortality rates are on par with the state and at the HP 2020 goal.
- The percentage of overweight and obese adults living in Somerset County is comparatively higher than the percent of overweight and obese adults across Pennsylvania or the nation.
- Obesity, diabetes and hypertension were identified as the most serious chronic disease concerns in the region. Participants talked about the relationship between eating habits, obesity and chronic diseases and indicated that there is not enough emphasis on healthy nutrition and exercise.
- Stakeholders echoed the comments received in the focus groups and indicated that there is a lack of education regarding the relationship between risk factors and behaviors. There are many issues related to obesity and many stem from a lack of proper nutrition and exercise habits.

Infectious Disease

The conclusions related to infectious disease include:

- Residents of Somerset County are as likely as other state residents to have a pneumonia vaccine, but at lower rates than the HP 2020 goal
- The influenza and pneumonia mortality rates are not significantly different from the state rates.
- Although the incidence rate of chlamydia is significantly lower for residents of Somerset County, stakeholders express concern regarding risky youth behaviors related to STDs and HIV.

Healthy Environment

The conclusions related to Healthy Environment include:

- Economic concerns especially lack of jobs and the impact of the economy on families top the list of healthy environment concerns; blight and crime are on the rise in certain areas as a result.
- According to the United Way Community Survey, unemployment, drug and alcohol use and credit/criminal histories are the most often cited reasons for people not reaching self-sufficiency. Unemployment, affordable

medical care and drug and alcohol abuse top the list of issues facing families today.
- Economic factors are driving health care and access choices. Unemployment rates have been increasing in both counties over the last few years.
- Although Somerset County have met air quality standards, community stakeholders express concern regarding water and other environmental contamination related to manufacturing and mining
- Employment/economic opportunities, crime and affordable/adequate housing were rated by focus group participants as the most serious community health issues. Participants talked about the effects of the economy forcing people to work longer, limiting opportunities for young people and returning veterans. Blight is a problem in the local area.
- Stakeholders interviewed echoed the concerns, citing a lack of "community" within neighborhoods that would allow people to take better care of each other.

Healthy Mothers, Babies & Children

Conclusions related to Healthy Mothers, Babies and Children include:

- The percent of families receiving WIC and Medicaid is significantly higher in Somerset County compared to the state.
- The percent of women breastfeeding is significantly lower in Cambria County compared to Somerset County and the state.
- The percent of mothers who reported not smoking during pregnancy is lower for Somerset County compared to the state.
- The incidence of teen pregnancy for Somerset County tend to be lower compared to state averages while positive teen live birth outcomes are significantly higher.
- There is a shortage of providers in Somerset County to support children with special needs, especially autism.
- Early childhood development, child abuse and teen pregnancy were identified as somewhat serious issues facing the region.
- Stakeholders report a lack of early care and education support services as well as a lack of parent engagement and involvement with children and youth
- Discouraged parents lead the list of issues facing children and youth. Stakeholders report a higher level of need related to neglect (lack of food and a place to sleep) than child abuse.

Mental Health and Substance Abuse

Conclusions related to mental health and substance abuse include:

- Residents of Somerset County do not differ significantly from the rest of the state in terms of life satisfaction, lack of emotional and social support, positive mental health, heavy drinking, and binge drinking.
- In 2009, it was projected that almost 15,000 residents of Somerset County suffered from some type of substance abuse; the most prevalent reasons for inpatient admission were alcohol abuse, heroin and other opiates.
- Somerset County 12 graders report a higher rate of driving under the influence of alcohol than the state.

- Somerset County youth are less likely than the state to have abused prescription drugs in their lifetime.
- Over a third of Somerset County youth report feeling depressed most days.
- Drug abuse, alcohol abuse and depression/ mental health issues were all rated as serious issues in the region by focus group participants. Discussion included the need for additional mental health professionals, the lack of insurance as well as stigma causing access issues.
- Stakeholders report a need for additional mental health professionals in the community, particularly psychiatrists and that depression and mental health issues are a serious problem in their communities.

Physical Activity and Nutrition

Physical activity and nutrition related conclusions include:

- College educated, female residents reported significantly higher rates of not having leisure time physical activity
- Stakeholders report issues with hunger; access to healthy foods is an issue in certain parts of the community
- In some places (particularly with youth) lack of recreational opportunities is an issue

Tobacco Use

Conclusions related to tobacco use include:

- Women who live in Indiana, Cambria, Somerset and Armstrong counties are significantly more likely to be smokers than men (27% versus 21%) and are more likely to be every day smokers (23% versus 12%)
- Stakeholders report that youth smoking and youth smokeless tobacco use are prevalent. Stakeholders also report that tobacco use is a serious problem both in their community as well as in the Somerset Service Area

Injury

Injury related conclusions include:

- Suicide rates were significantly higher for Cambria County in 2009 but decreased the following year.
- Motor vehicle mortality rates were significantly higher for Cambria County in 2008 and Somerset County in 2010.
- The mortality rate for falls was significantly higher in Somerset County in 2007 and 2009 compared to the state data.

Prioritization Process

At the end of the data presentation and discussion, a list of 27 needs, issues and potential priorities were identified. Steering Committee members rated each of the issues that were identified in the data collection process on a 1 to 10 scale on 3 different criteria using the OptionFinder audience response polling system.

The overall top 10 priorities were as follows:

1. Heart/Cardiovascular Disease
2. Diabetes
3. Obesity
4. Childhood Obesity
5. Cancer

6. Cerebrovascular Disease/Stroke
7. Tobacco Use During Pregnancy
8. Access to Mental Health Services
9. Alcohol Abuse
10. Lack of Physical Activity

Action Plan

The action plan to address the priorities is designed to focus on increasing access to education, screening and nutrition and exercise programs. The hospital will be partnering with the regional school districts to address youth obesity. Strategies include re-implementing the childhood obesity treatment program and offering training programs to children family practice providers; continuing to provide the Botvin Life Skills Curriculum to middle schools in Somerset County; piloting the Botvin Life Skills Elementary Curriculum to third graders in two school districts; ensuring physicians and advanced care practitioners are following the American Diabetes Association recommendations for diabetes screenings; and increasing the screening for women who had gestational diabetes post-partum. **The attached table** outlines Somerset Hospital's Action Plan.

Approval

The 2013 Community Health Needs Assessment and Action Plan was presented and approved by the Somerset Hospital Board on June 24, 2013. Following Board approval, the 2013 Somerset Hospital CHNA will be published and made widely available to the public.

Somerset Hospital's Action Plan

Goal: Reduce Childhood Obesity in Somerset County

Focusing on the prevention and treatment of childhood obesity has the potential to reduce the rates of heart disease, cancer, diabetes and may other chronic diseases for many years into the future.

Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Re-Implement childhood obesity treatment program	1. Select program and determine budget • # of staff needed to implement • # of sessions that will be conducted • Cost of supplies (including incentives) • Cost of advertising • Cost of purchasing program (if needed) • Cost of training staff (if applicable) 2. Train staff 3. Determine and secure location(s) of program 4. Advertise program and Recruit participants • Determine if it is possible to identify children in the 85th BMI percentile and above through Paragon to be able to identify those kids who would be eligible for participation 5. Implement program 6. Evaluate (ongoing)	• Exercise physiologist • Registered Dietitian • Mental Health Professional • Site Coordinator • Corporate Communications • Management Support • IT Support?	• Offer 1st session beginning September 2013; continue to offer once per quarter. • Evaluate program during and after conclusion of each session.	• Upon program completion, 75% of program participants will score at least 90% on post-test. (Knowledge pre-test/post-test) • 80% of kids, who complete program, will report that their likeliness to adapt new habits will be at least "likely". (Likert scale on post-program survey) • 80% of participants who complete the program will report that their confidence in maintaining their new behavior to be at least "confident" (Likert scale on post-program survey • 25% of participants who complete program, will report on their health tracker that: -They are exercising at least 60 minutes per day 5 times per week -They are eating at least 2 servings of fruit per day -They are eating at least 3 servings of vegetables per day -They are eating at least 3 servings of whole grains per day (Weekly Health Tracker Submissions) • 75% of kids who complete program will demonstrate a decrease in BMI (Pre/Post program evaluation)
Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Offer running training program to children, specifically targeting those who participate in the Daily American Kids Fun Run	1. Select program and determine budget • # of staff needed to implement • # of sessions that will be conducted • Cost of supplies (including incentives)	• Exercise physiologist • Corporate Communications • Management Support	• Coincide training program with annual Daily American 5k/10k, which occurs in June	• 75% of kids who complete the running program will be able to run 1 mile without stopping (observation) • 100% of kids who complete the running training program will be able to demonstrate a series of

Goal: Reduce Childhood Obesity in Somerset County

	• Cost of advertising • Cost of purchasing program (if needed) • Cost of training staff (if applicable) 2. Train staff 3. Advertise program and Recruit participants 4. Implement program 5. Evaluate (ongoing)			stretches that they should complete before beginning their run (observation) • 75% of kids who participate in the running training program will report that they are at least "prepared" (likert scale on post program survey) • 60% of kids who complete the running training program will participate in and complete the Daily American Kids Fun Run (race records)
Provide training to family practice providers to educate them on identifying children who are in the 85th percentile and above for BMI	1. Identify who will provide information 2. Determine mode of delivery (individual physician offices or group training) 3. Prepare information that will be disseminated to physicians 4. Recruit physicians, PAs and NPs 5. Implement program 6. Evaluate	• Family practice physicians • Educator (Exercise physiologist or dietitian) • Management support	• Complete trainings by June 2014	• Childhood BMI training will be offered to all Somerset Hospital affiliated family practice providers by June 2014. • Every provider, who completes training, will be able to demonstrate the proper way to measure a child's BMI (observation of case studies)

Goal: Increase self-esteem of children living in Somerset County

Along with alcohol, tobacco and other drug use, there is a strong correlation between self-esteem and obesity. By offering programming that targets the self-esteem of the youth in Somerset County, it is our hope that children will be empowered to make healthy choices in all realms of their lives.

Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Continue to provide the Botvin Life Skills Curriculum to Middle Schools in Somerset County (currently funded through grant from United Way and the University of Colorado)	1. Ensure that funding remains in place so that program can continue to be offered. 2. Continue to evaluate the program	• Prevention Coordinator • Educators trained to teach curriculum (currently teachers in the school system who went through train the trainer approach • School district • Management support	• During school year 2013-2014 & 2014-2015, 6th graders: 15 sessions, 7th graders: 10 sessions, 8th graders: 5 sessions • Ongoing evaluation	• Continue to evaluate attitudes, beliefs and knowledge through evaluation tool provided by Botvin Life Skills -improving true/false scores -reporting when approached to use alcohol, tobacco or other drugs the response would be no -use of stress management/anxiety reducing technique
Pilot the implementation of the Botvin Life Skills Elementary Curriculum to 3rd graders in two school districts (possibly Rockwood and Somerset School districts)	1. Gain permission from school district to implement program 2. Determine budget • # of staff needed to be trained/ training cost (1 person in county trained currently) • Cost of purchasing program (if needed) 3. Train staff 4. Implement program 5. Evaluation (Ongoing)	• Prevention Coordinator • Educators trained to teach curriculum • School district • Management support	• During school year, 2013-2014 & 2014-2015, Level 1: 8 sessions, Level 2: 8 sessions, Level 3: 8 sessions • Ongoing evaluation	• Continue to evaluate attitudes, beliefs and knowledge through evaluation tool provided by Botvin Life Skills -improving true/false scores -use of stress relief techniques

Focus Area: Diabetes

Somerset Hospital offers the community a Diabetes Education Center, which over the past few years has provided several services to those in the community with Diabetes. The hospital would like to continue to focus on Diabetes, as it still remains a large issue for the residents of Somerset County.

Goal	Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Ensure physicians and advanced care practitioners are following the American Diabetes Association recommendations for diabetes screenings	• Educate physicians and advanced care practitioners with the screening recommendations set by the American Diabetes Association (ADA). • Establish a diabetes screening and reporting protocol based on ADA recommendations for all hospital affiliated primary care providers	1. Have forum with physicians and advanced care practitioners to determine what current recommendations are for screening for diabetes 2. Determine whether or not recommendations are being followed 3. Determine if recommendations are being followed, are results (even if normal) being reported to patients? 4. Determine insurance coverage for screenings 5. Establish policy for diabetes screening 6. Evaluate to determine if policy is being followed	• Primary Care Providers • Diabetes Educator • Management support	Education received and policy in place by June 30, 2015	• By June 30, 2015 all primary care providers will receive educational material on the diabetes screening recommendations by the ADA • By June 30, 2015, Somerset Hospital will develop and implement a policy establishing diabetes screening and reporting requirements for all hospital affiliated primary care providers. • By June 30, 2015, 100 % of primary care providers will report that they are following set guidelines for diabetes screening and reporting. (provider questionnaire)

Focus Area: Diabetes

Goal	Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Increase the number of women, who have had gestational diabetes, that are screened for diabetes post-partum	• Provide post-partum education to women with a history of gestational diabetes (highlighting the importance of post-partum screening, the likelihood of developing diabetes and healthy habits to minimize risk of future diabetes) • Provide diabetes screenings specifically to those women who have had a history of gestational diabetes	1. Determine the format of educational offerings 2. Determine the recommended tool for screening women with a history of gestational diabetes 3. Determine budget • # of staff needed • Cost of testing • Cost of educational programs • Incentives 4. Implement educational programs/screenings 5. Evaluate	• Primary Care Providers/OB-GYN Providers • Diabetes Educator • Management support • Laboratory Services	• July 1, 2013 to June 30, 2015, evaluation ongoing	• # of women who participate in post-partum education class • # of women with gestational diabetes who are screened for diabetes post-partum at the ADA recommended time frame
Improve the self-management skills of those people who have been diagnosed with diabetes in Somerset county	• Continue to offer and promote Diabetes Self-Management Program • Continue to offer and promote Peer-Led Diabetes Support Group • Continue to offer and promote Diabetes Support Programs • Continue to offer individual services through Diabetes Education Center (DEC)	1. Determine budget • Staff salaries • Supplies for programs • # of programs that are going to be offered 2. Continue to plan monthly/quarterly calendar of DEC events/programs • Location of programs • Projected # of participants 3. Continue to advertise all programs and events offered by DEC 4. Continue to evaluate programs	• Diabetes Educator • Corporate Communications • Management Support	• Ongoing, July 1, 2013 to June 30, 2015 • Ongoing evaluation July 1, 2013 to June 30, 2015	• Continue to evaluate the A1C values of those participants who complete Diabetes Self-Management Program (lab values) -% of participants with A1C ≤7.0 -% of participants with decrease in A1C • Continue to monitor the level of achievement of behavioral goal as set by program participant • Monitor attitudes of participants -% of participants who will report a confidence level of at least confident in managing their diabetes (post class evaluation)

SOMERSET HOSPITAL
IMPROVING YOUR HEALTH. AND YOUR LIFE.

Background and Community Benefit

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Background and Community Benefit

As a 150 bed, not-for-profit community hospital, Somerset Hospital serves the Somerset County area. It is a community asset committed: to providing care to the sick and injured, preserving and sustaining life. The hospital is dedicated to promoting health and well-being, to the promotion and development of complementary programs and services, manpower and facilities; to the continuous improvement of quality, accessibility and continuity of patient care; to the welfare and livelihood of its employees; and to ensuring the Hospital's financial viability necessary to meet the healthcare needs of the community and region today and in the future.

Somerset Hospital, one of the top five employers in Somerset County, provides quality health care in a compassionate manner regardless of race, creed, sex, national origin, handicap, age or the patient's ability to pay. Although reimbursement for services rendered is critical to the operation and stability of Somerset Hospital, the hospital, under its written charity care policy, is committed to providing necessary health care services at no charge or at a reduced charge to patients. In fiscal year 2012, the hospital provided the following community benefits:

Bad Debt	**$**2,879,996
Free Care	**$**2,158,058
Contractual Allowances	**$**124,987,219
TOTAL CHARITY CARE	**$130,025,273**

Through signage posted in the Hospital's Information Center, Admissions Department, Emergency Room and Credit Office, the public is provided with the organization's policy of providing care regardless of ability to pay. Additionally, public notices advertised in the local daily newspaper call attention to the Hospital's Open Admissions Policy.

Somerset Hospital generally designates services as "charity care" after billing. Based on an individual's ability to pay, Somerset Hospital offers payment plans and assists individuals in applying for the state's Medical Assistance Program. Self-pay patients are requested to provide partial pre-payment for services rendered by the Hospital. However, services by Somerset Hospital are provided without regard to an individual's ability to pay.

During fiscal year 2012, Somerset Hospital also provided the following services and contributions to the community. **Tables 1 through 7** outline the various programs and services that are offered. The services are provided free of charge or at a nominal fee to cover a portion of direct costs.

Table 1: Community Health Education

Program	Participants	Hours
Pre-natal Education	34	24
Breastfeeding Class	68	20
CPR	43	16
Total	**145**	**60**

Table 2: Speaker's Bureau

Number of Groups	Participants	Hours
27	1911	81

Table 3: Support Groups

Group	Participants	Hours
Hospice Bereavement	191	10
Arthritis	95	24
Diabuddies	63	18
Diabuddies with pumps	42	18
Alzheimer's	10	10
Sleep Apnea	145	18
Compassionate Friends	98	12
Parkinson's	63	12
Healthwalk	75	30
Camp Kidd Bereavement	14	6
Support Group Picnic	50	6
Digestive Disorders Support	7	18
Transplant Support	39	8
Weight Loss Support	10	4
Total	902	194

Table 4: Community Education Information Requests

Requests	Participants	Hours
Phone	4023	125
Mail	192	16
Walk In	147	10
Diabetes Boot Camp	88	48
Total	4450	199

Table 5: School Programs

Programs	Participants	Hours
Second grade tours	273	32
Poison prevention programs	450	36
Shadow students	102	408
Teacher tours	24	6
Total	849	482

Table 6: Health Fairs or Community Education Programs

Programs	Participants	Hours
Smoking Cessation	89	32
Diabetic Education Programs	475	32
Health Fairs	1317	36
Highmark Programs	316	64
Community Education	869	48
Free Screenings	90	18
Silver Sneakers	252	26,208
KidShape	23	414
Total	3,987	26,852

Table 7: Hospital Staff Contributions to Community Organizations

Contributions	Hours
Somerset Rotary	150
Health & Welfare Council	24
Redevelopment Authority	24
Somerset County Chamber of Commerce	24

Other Contributions provided to the community include "In Touch" Hospice. Through the hospital's Home Health and Hospice Care Department, terminally ill patients and their families are provided clinical and emotional support. This service is supported through community contributions: The annual operating budget was $2,921,854 in Fiscal Year 2011.

Somerset Hospital' Social Work Services Department, with an operating budget in excess of $116,829 in FY 2011, is responsible for meeting both inpatient and outpatient social needs including the placement of patients in an appropriate community setting upon discharge. The staff provides expertise to many community organizations.

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Methodology

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Methodology

Community Health Needs Assessment and Planning Approach

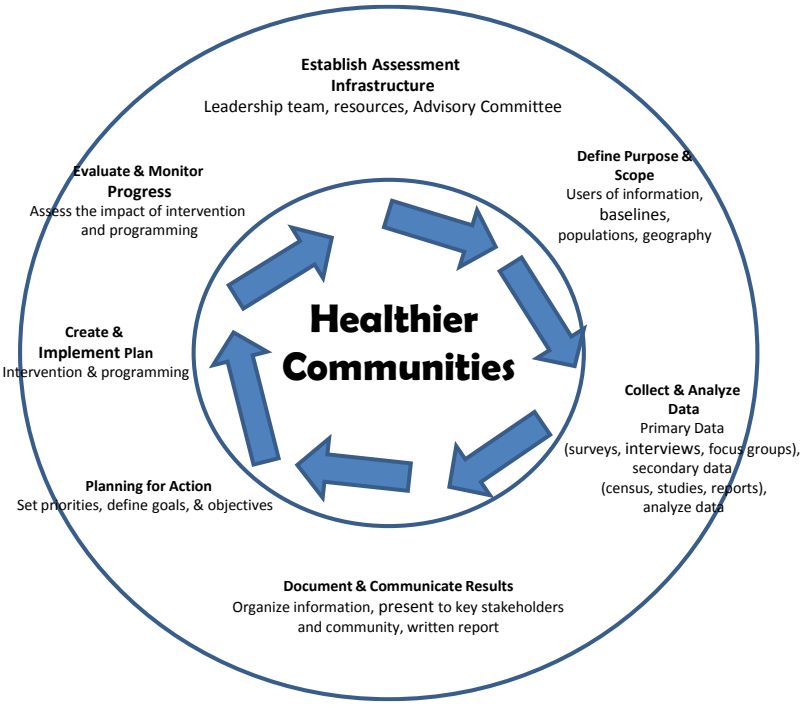
The process of completing the 2012 Somerset Hospital Community Health Needs Assessment (CHNA) began in September 2012. The purpose of this study is to complete a comprehensive assessment of the health status and healthcare access needs of residents living in the Somerset Hospital Primary Service Area.

The community health needs assessment and planning process is a significant step toward meeting the goal and mission of Somerset Hospital to improve the health of the community. This initiative brought the hospital and other community leaders together in a collaborative approach to:

- Identify the current health status of community residents to include baseline data for benchmarking and assessment purposes
- Identify the availability of treatment services, strengths, service gaps and opportunities
- Determine unmet community health needs and target priorities
- Develop a plan to direct community benefit and allocation of resources to meet targeted needs
- Enhance strategic planning for future services

As illustrated in **Figure 1**, the Community Health Needs Assessment (CHNA) process develops a system that is better able to meet the needs of communities while avoiding duplicative efforts and achieving economies of scale. This process supports the commitment of a cross section of community agencies and organizations working together to achieve healthier communities. The Community Health Needs Assessment Process facilitated by Strategy Solutions, Inc. in 2012, follows best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association in their CHNA Toolkit and follows the latest draft IRS 990 guidelines.

Figure 1. Schematic of the Community Health Needs Assessment Process



To support the CHNA process, Somerset Hospital assembled a Steering Committee that included a diverse group of community leaders representing various facets of the community. The Steering Committee membership is outlined in **Table 8**.

Table 8: Steering Committee Membership

First Name	Last Name	Organization
Ron	Aldom	Somerset County Chamber of Commerce
Amy	Bailey	Allegany College of Maryland-Somerset
Rhonda	Beckner	Somerst Hospital
Michele	Beener	Somerset Hospital
Greg	Chiappelli	Somerset Hospital
Sharon	Clapper	Board of Directors
Chuck	Crimone	Children & Youth Services
Sarah	Deist	Somerset Hospital
Deb	Hittie	% Rep. Carl Metzgar's Office
Chris	Hoover	Somerset Hospital Home Health
Vicky	Hull	Somerset Hospital
Travis	Hutzel	Salisbury Family Center
Vincent	Jacob	Board of Directors
Matt	Kociola	Somerset Hospital
Debbie	Lepley	Tapestry of Health
Cathy	Lilly	Job Service
Dr. Matthew	Masiello	Somerset Pediatrics
Krista	Mathias	Somerset Area School District
Brooke	McKenzie	Twin Lakes Center
Karen	Ritchey	Area Agency on Aging
Andy	Rush	Somerset Hospital
Craig	Saylor	Somerset Hospital
Pamela	Tokar-Ickes	Somerset County Commissioner
Brian	Whipkey	Daily American

Table 9 outlines the Steering Committee meeting dates and agenda items.

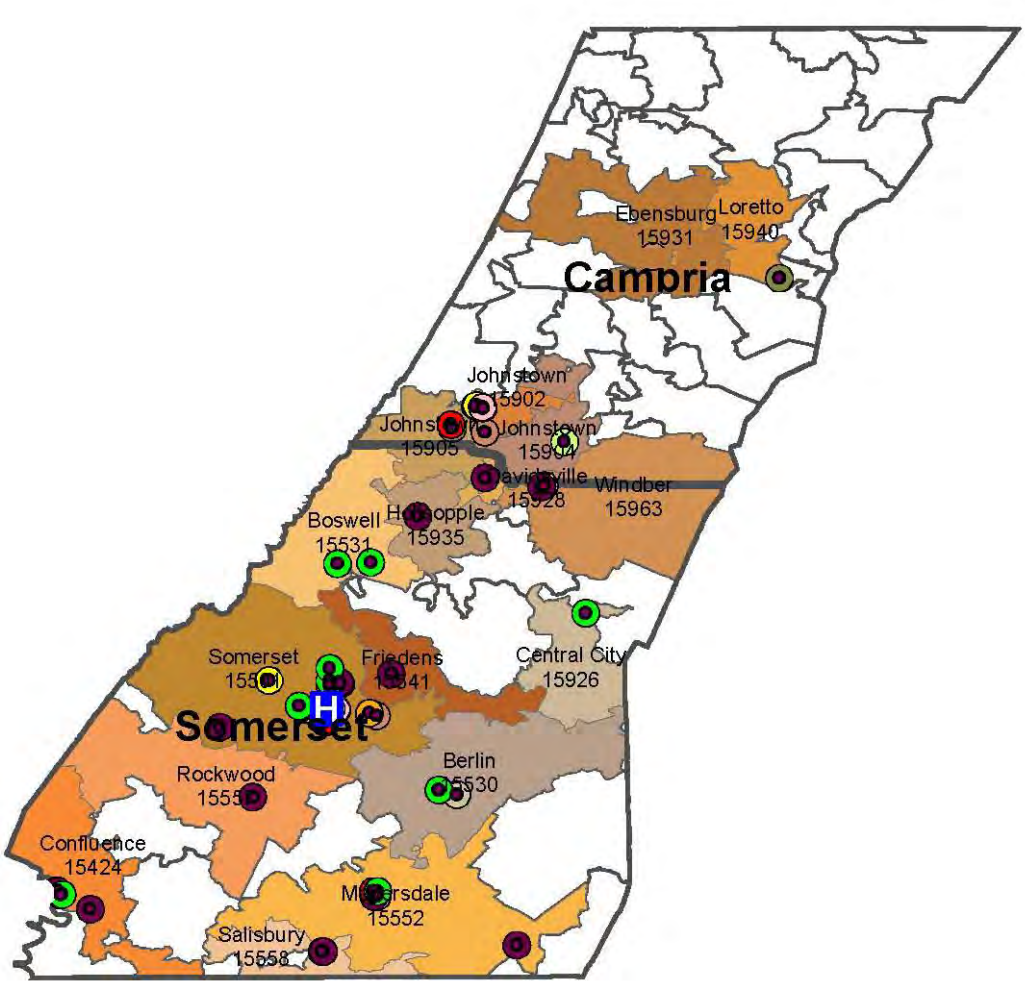
Table 9. Steering Committee Dates and Agenda Topics

Date	Meeting Location	Topic
September 4, 2012	Somerset Hospital Board Room	Overview meeting
November 8, 2012	Somerset Hospital Board Room	Secondary Data
January 16, 2013	Somerset Hospital Board Room	Midterm Primary data Collection status
March 7, 2013	Somerset Hospital Board Room	Presentation of Overall Primary and Secondary Data; Prioritization and Discussion
May 14, 2013	Somerset Hospital Board Room	Discussion of Action Plans
TBD	Somerset Hospital Board Room	Review of Action Plans/Final Report Summary

Service Area Definition

Although at the time that this community health needs assessment process was conducted, the Internal Revenue Service (IRS) had not finalized its guidelines for Community Health Needs Assessments, this process was developed to ensure compliance with the draft guidelines. The available information published by the IRS and American Hospital Association suggested that the service area selected for the study could be selected based on geography. As illustrated in **Figure** 2, the geography selected for the study was the primary service area of Somerset Hospital and includes Somerset County.

Figure 2: Somerset Hospital Primary Service Area



Strategy Solutions, Inc. a planning and research firm with the mission to create healthy communities was retained to facilitate the process. The Strategy Solutions, Inc. consulting team that was involved in the project included:

Debra Thompson, BS, MBA, President, served as the Project Director, completed stakeholder interviews, guided the action planning process and developed the final report
Rob Cotter, BA, MS, Research Analyst, facilitated community focus groups, and completed the demographic analysis and mapping required for the project
Jacqui Lanagan, BA, MS, Director of Nonprofit and Community Services, analyzed the community survey and focus group data, conducted stakeholder interviews, and facilitated the prioritization process
Laurel Swartz, MA, Research Coordinator, assisted with focus group and interview scheduling and logistics
Diane Peters, Office Manager, managed the focus group and interview scheduling and logistics
Ann DiVecchio, Research Assistant, assisted with the report development and writing
Stacy Weber, Project Coordinator, provided logistics coordination, data presentation and reporting support
Melissa Rossi, Operations Manager, provided report development and logistics coordination support
Kathy Roach, Project Coordinator, coordinated the final CHNA report writing and editing.
Connie Barringer, Administrative Assistant, provided logistics support and scheduling assistance

Asset Inventory

Somerset Hospital identified the existing health care facilities and resources within the community that are available to respond to the health needs of the community. The information included in the asset inventory and map includes the hospital, pharmacies, youth services, veterans services, support services, senior services, personal care/assisted living facilities, nursing homes, mental health services, home health services, family services, employment service, education services, community service and behavioral health services.

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the service area and to meet all of the known guidelines and requirements of the IRS 990 standards that had been published to date, the consulting team employed both qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions that are exploratory in nature and are typically employed in interviews and focus groups. Quantitative data is data that can be displayed numerically. In addition, both primary and secondary data were collected. Primary data is data that was collected specifically for this study by the consultant team. Secondary data includes data and information that was previously collected and published by some other source.

The consulting team and Steering Committee determined that the data collected would be defined by hypothesized needs within the following categories (that define the various chapters of this study):

- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury

The Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included in the study to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of PA Health Department and Centers for Disease Control data.

The secondary data collection process included:

- Demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com) and the US Census Bureau (www.census.gov).
- Disease incidence and prevalence data obtained from the Pennsylvania Department of Health and PA Vital Statistics
- The Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health conduct an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS data is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report for the US in 2010 are BRFSS data collected by the CDC. The health related indicators included in this report for Pennsylvania are BRFSS data collected by the Pennsylvania Department of Health. CDC: http://www.cdc.gov/brfss/)
- CDC Chronic Disease Calculator, available at http://cdc.gov/chronicdisease/resources/calculator/index.htm
- In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. Available Healthy People 2020 goals are included in this report (http://www.healthypeople.gov/2020/default.aspx.).
- County Health Rankings, A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org

The primary data collection process included:

- A community Survey consisting of 1,347 respondents from throughout Somerset County.
- A total of 3 individual stakeholder interviews were conducted by members of the consulting team to gather a personal perspective from those who have insight into the health of a specific underrepresented population group or issue, the community or the region.
- A total of 2 focus groups were conducted by members of the Strategy Solutions consulting team to gather information directly from groups that represented a particular interest group or area.

Focus Groups

In an effort to obtain in-depth feedback related to what community leaders and residents feel are the biggest challenges and assets in the community a series of focus groups were conducted. The goal was to obtain a broad and diverse picture of health care, health-related behaviors, needs and issues that have an impact of the residents of the Somerset Hospital Service Area. **Table 10** identifies the focus groups and number of participants in each group.

Table 10: Focus Groups

Schedule	Contact Person	Organization	Constituency	Attendance
1/9/2013	Cathy Lilly	Career Link	Unemployed	6
1/18/2013	Krista Mathias	Somerset HS	Students	11
			Total	17

Key Stakeholder Interviews

In an effort to obtain in-depth feedback related to what community leaders feel are the biggest challenges and assets in the community key stakeholder interviews were conducted with selected individuals that represented populations that were underrepresented in the Community Survey. The goal was to obtain a broad and diverse picture of health care, health-related behaviors and issues that have an impact of the residents of the service area region. A copy of the interview guide is included in **Appendix A. Table 11** outlines the individual stakeholders who participated in interviews.

Table 11: Stakeholder Interviews

Schedule	Participant	Representing	Perspective
1/18/2013	Susan Gary	Somerset High School	School Nurse
2/10/2013	Holly Beckner	Salvation Army	Poverty
2/7/2013	Dave Fox	911 Center	Emergency Response

Needs/Issues Prioritization Process

On March 7, the steering committee met to review all of the primary and secondary data collected through the needs assessment process and to identify key needs and issues that they felt were present in the community. During this meeting, the steering committee prioritized the issues in order to identify potential intervention strategies and an action plan. The meeting was facilitated by Jacqui Lanagan who conducted the prioritization exercise using the OptionFinder audience response polling technology. In preparation for the meeting the group identified three criteria by which the issues would be evaluated. **Table 12** outlines the prioritization criteria.

Table 12: Prioritization Criteria

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

The participants completed the prioritization exercise using the OptionFinder audience response polling technology to quickly rate/rank the issues based on the various criteria during the March 7 session.

Action Planning Process

Following the prioritization session, the Somerset Hospital staff involved in the CHNA process met to discuss the top priorities and identify possible intervention strategies and action plans. The top 4-5 priority need areas were discussed to identify the greatest needs to the hospital's mission, current capabilities and focus areas. Following this discussion, clinical and administrative leaders developed an action plan along with the timeframe and budget associated with the activities.

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SOMERSET HOSPITAL
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Demographics and Assets

Strategy solutions, inc.

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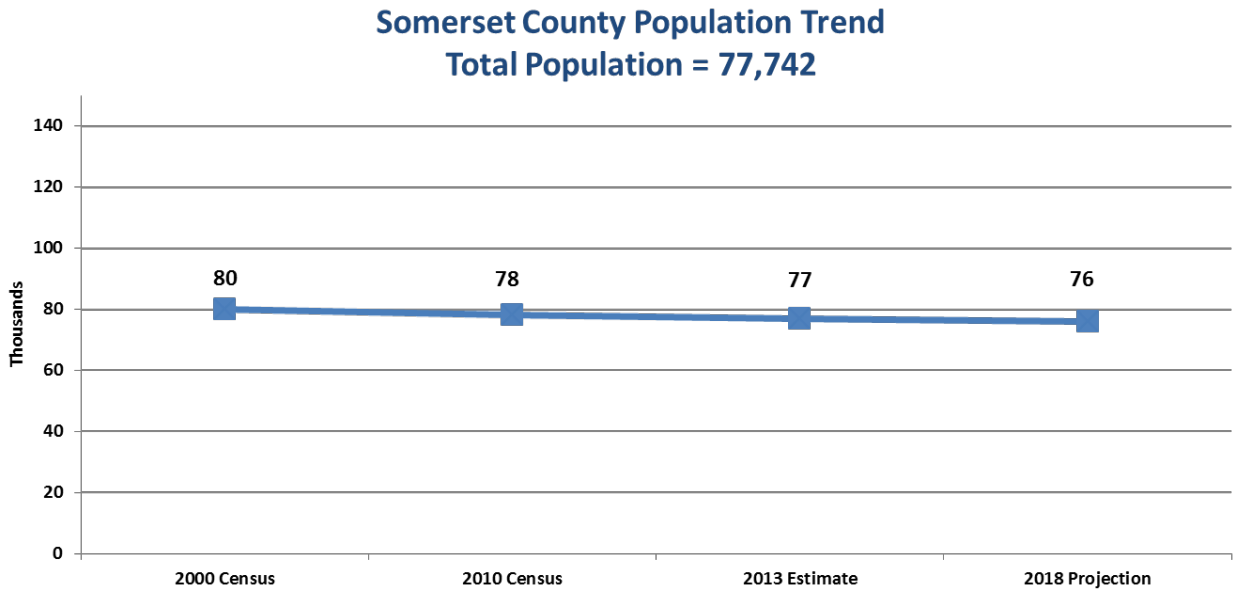
Demographics and Assets

Figure 3 illustrates the population trend for Somerset County from the 2000 census to the 2018 projection. The census data shows a slight decrease in the population over the past ten years from 2000 to 2010 and that trend is projected to continue through 2018.

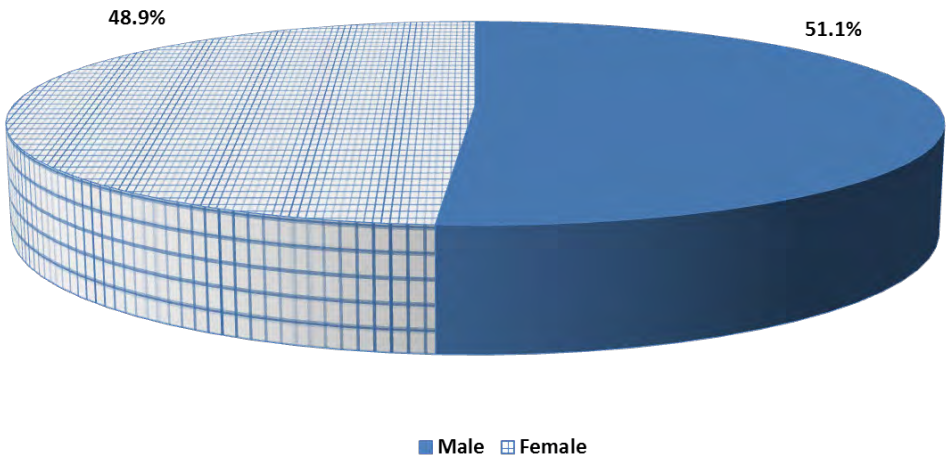
Figure 3: Somerset County Population Trend



Source: Nielsen/Claritas

Figure 4 illustrates Somerset County by gender. At 51.1%, there are slightly more males in the county than females.

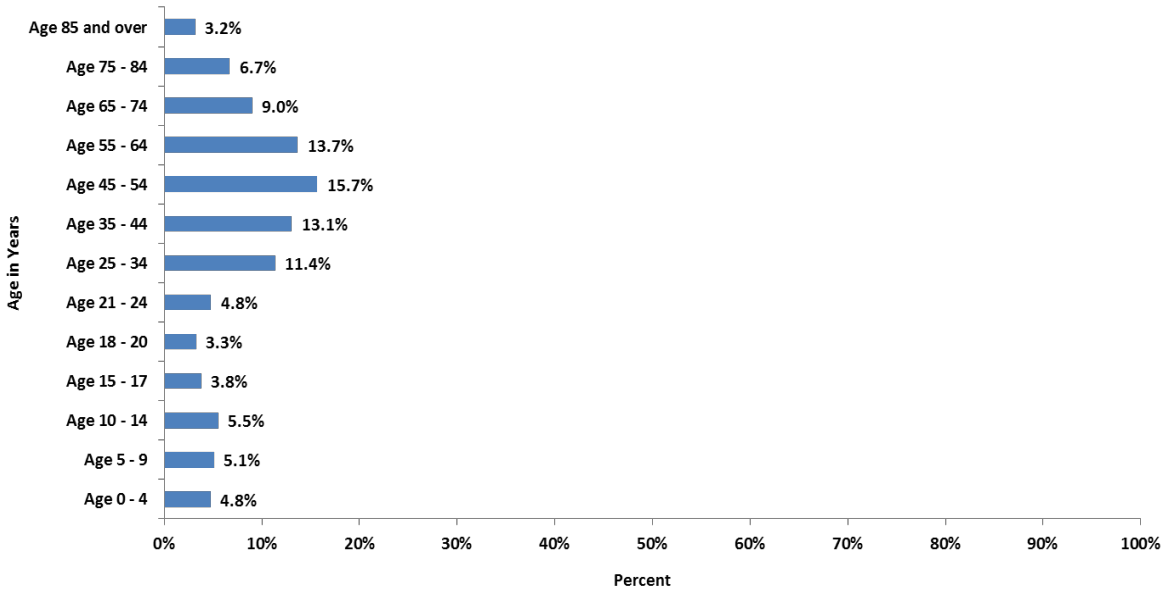
Figure 4: Somerset County by Gender



Source: Nielsen/Claritas

Figure 5 illustrates Somerset County by age. The data shows an aging population with almost half (48.3%) of the county over the age of 45. Almost 20% of the population is age 65 or over.

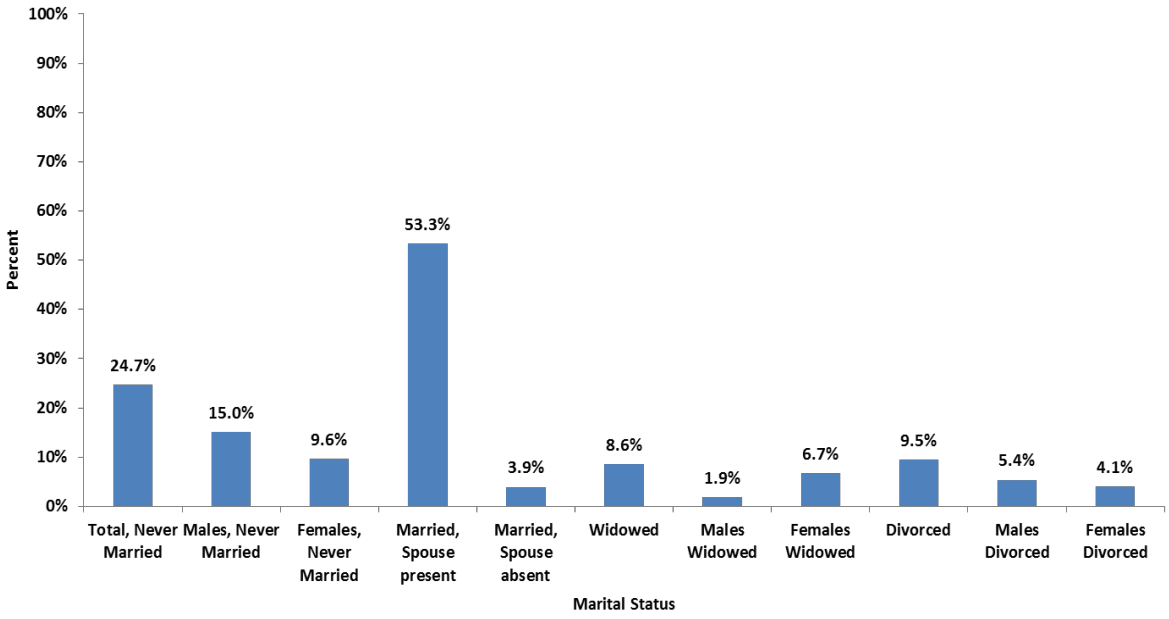
Figure 5: Somerset County by Age



Source: Nielsen/Claritas

Figure 6 illustrates Somerset County by marital status. Almost a quarter of the population (24.7%) has never been married. While the majority of the population (53.3%) is married and living with their spouse, 9.5% of the population is divorced and 8.6% widowed.

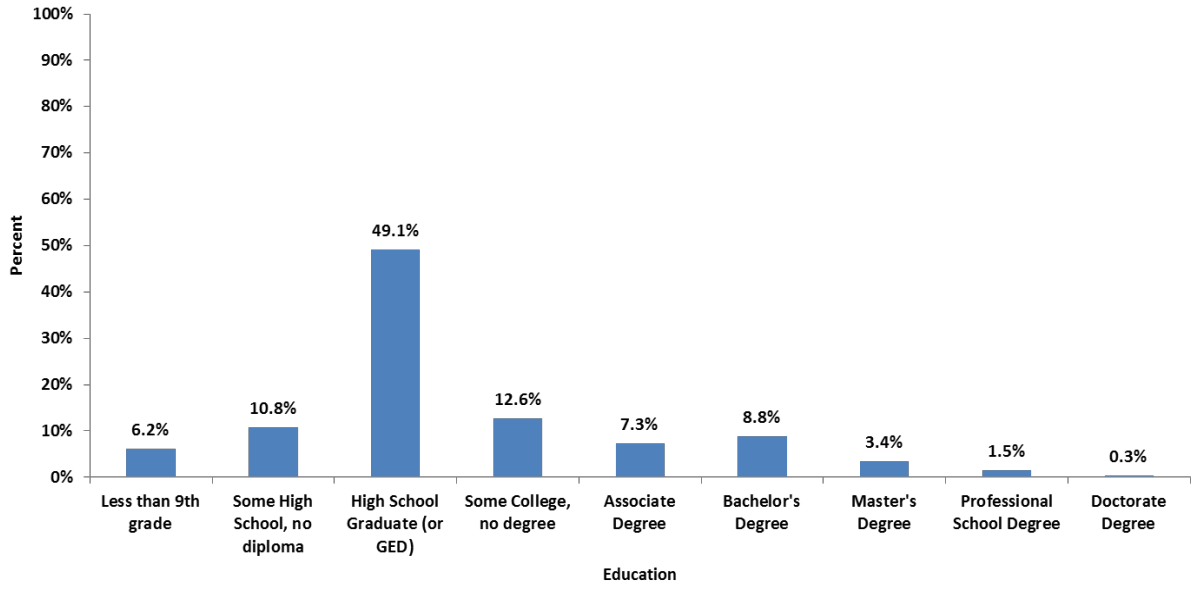
Figure 6: Somerset County by Marital Status



Source: Nielsen/Claritas

Figure 7 illustrates Somerset County by education status. Although the majority of the population (49.1%) has obtained a high school diploma or GED, a substantial percentage (17%) of the population does not have a high school diploma. A little over a quarter of the population has some post-secondary education, with about 13% of the population obtaining a Bachelor's Degree or higher.

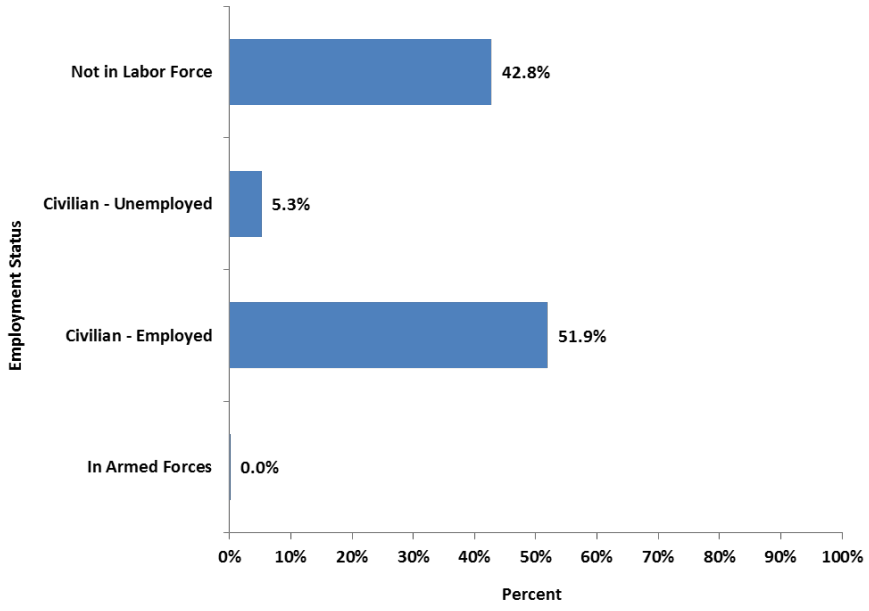
Figure 7: Somerset County by Education Status



Source: Nielsen/Claritas

Figure 8 illustrates Somerset County by employment status. The majority of the population (51.9%) is civilian employed; however, 42.8% are not in the labor force.

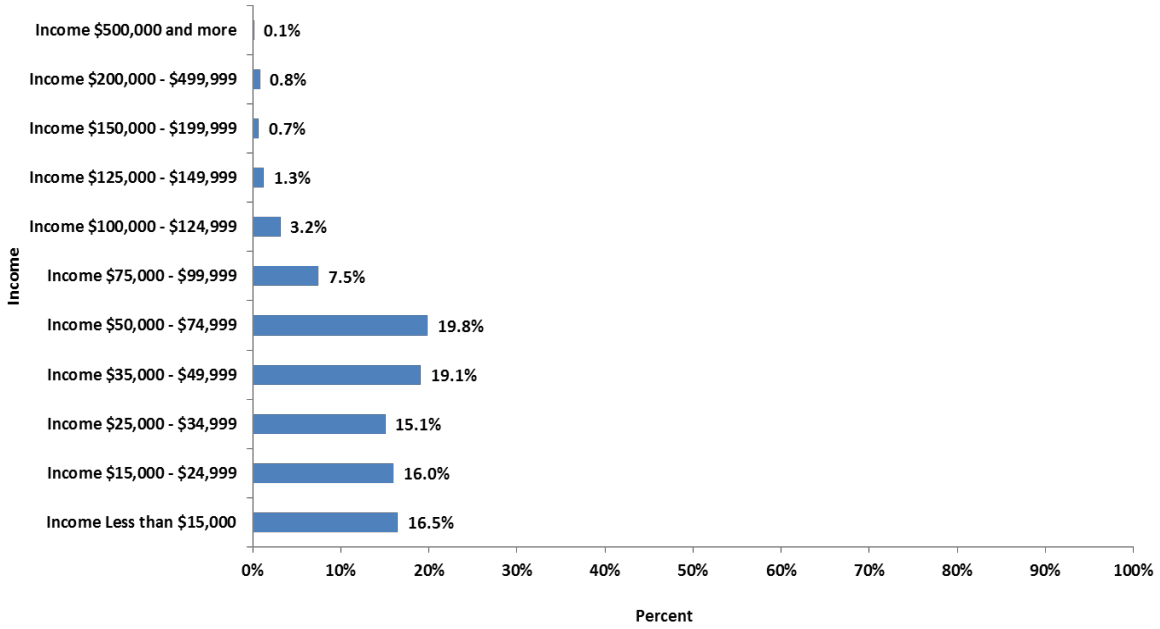
Figure 8: Somerset County by Employment Status



Source: Nielsen/Claritas

Figure 9 illustrates Somerset County by income. The statistics show the county to be low-to-middle income, with almost half (47.6%) of the households earning less than $35,000 a year. Almost a third of the population (32.5%) has annual incomes less than $25,000.

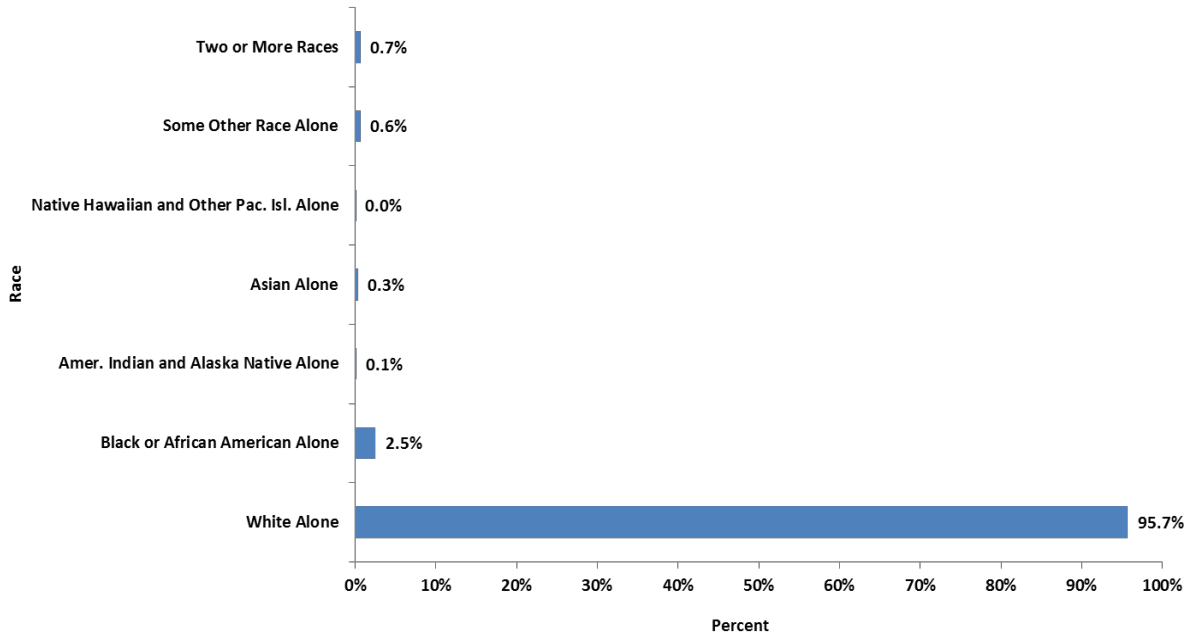
Figure 9: Somerset County by Income



Source: Nielsen/Claritas

Figure 10 illustrates Somerset County by race. The population of the county is predominately white alone (95.7%).

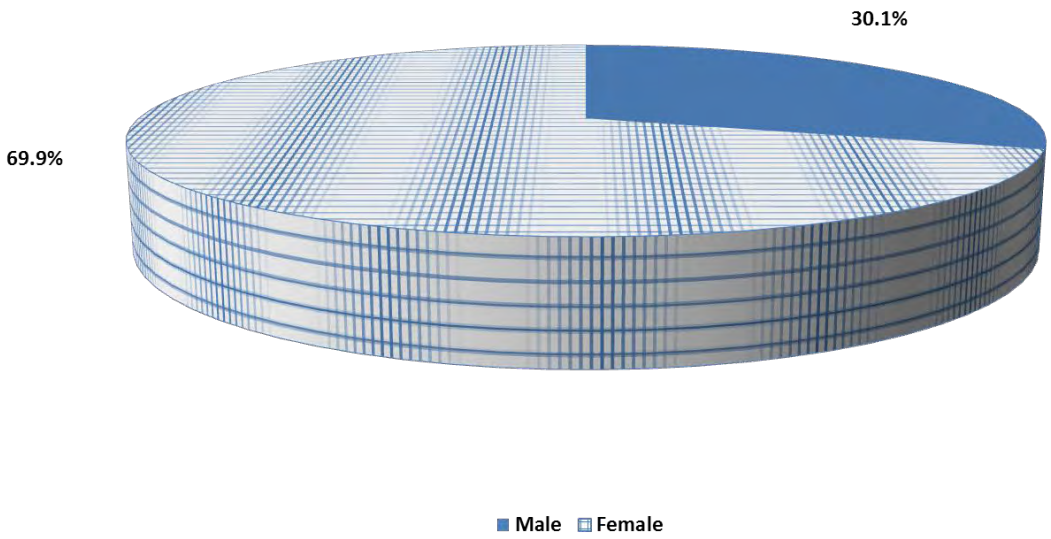
Figure 10: Somerset County by Race



Source: Nielsen/Claritas

Figure 11 illustrates the 2013 Community Survey respondents by gender. A large majority (69.9%) of respondents were female.

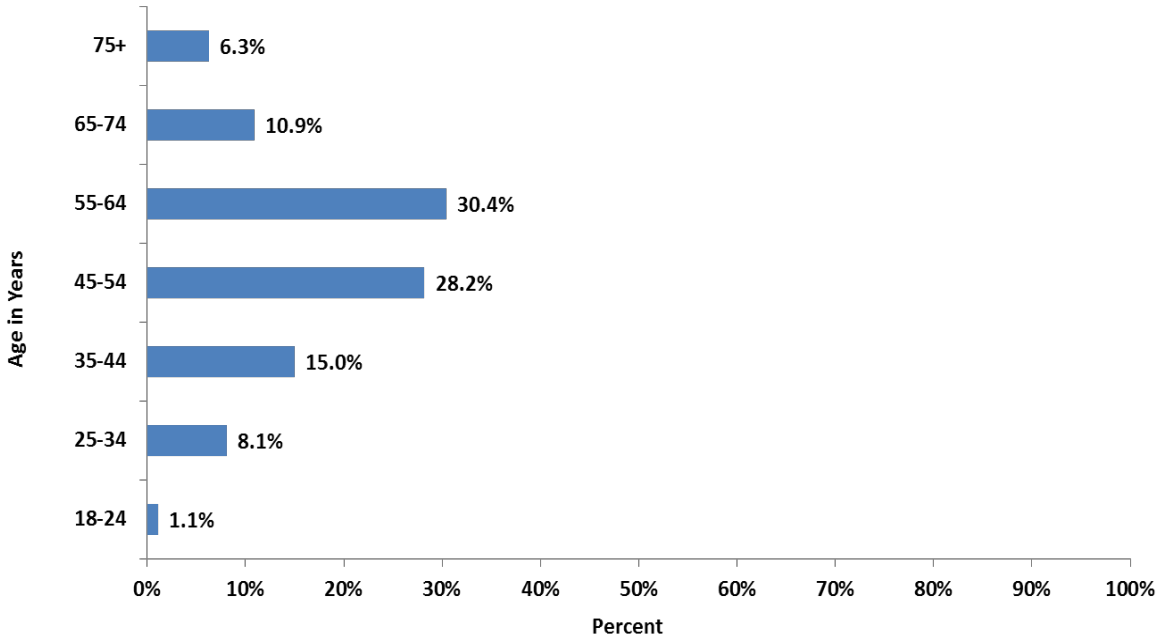
Figure 11: 2013 Community Survey: Gender



Source: Somerset CHNA Community Survey, 2013

Figure 12 illustrates the 2013 Community Survey respondents by age. The majority of survey respondents (58.6%) were between the ages of 45-64.

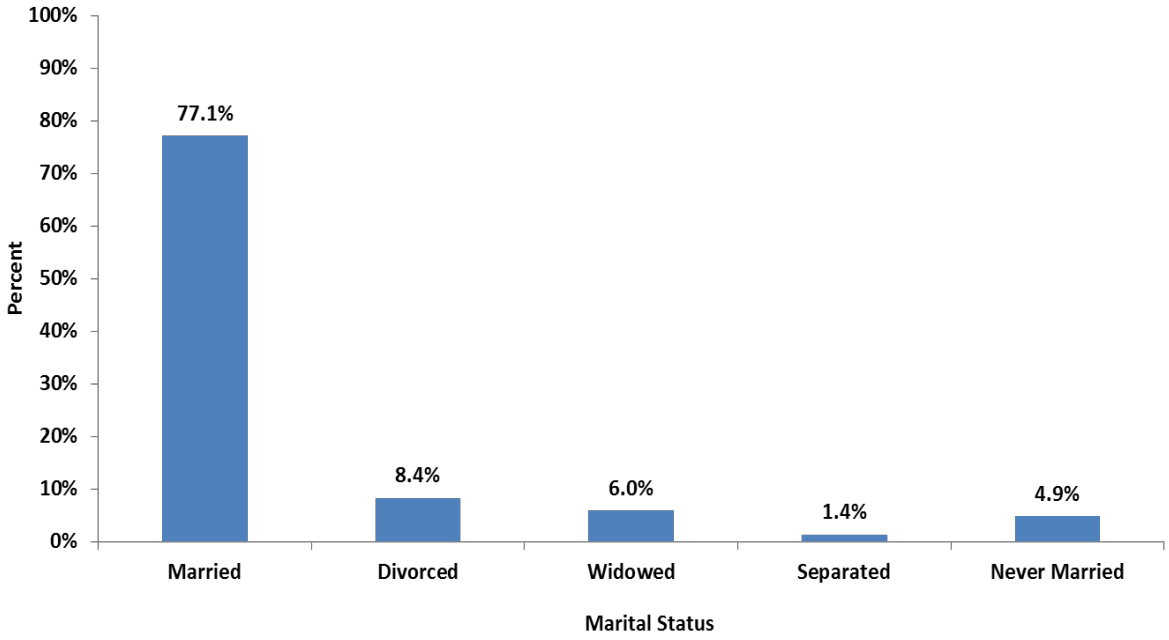
Figure 12: 2013 Community Survey: Age



Source: Somerset CHNA Community Survey, 2013

Figure 13 illustrates the 2013 Community Survey respondents by marital status. The majority of survey respondents (77.1%) were married.

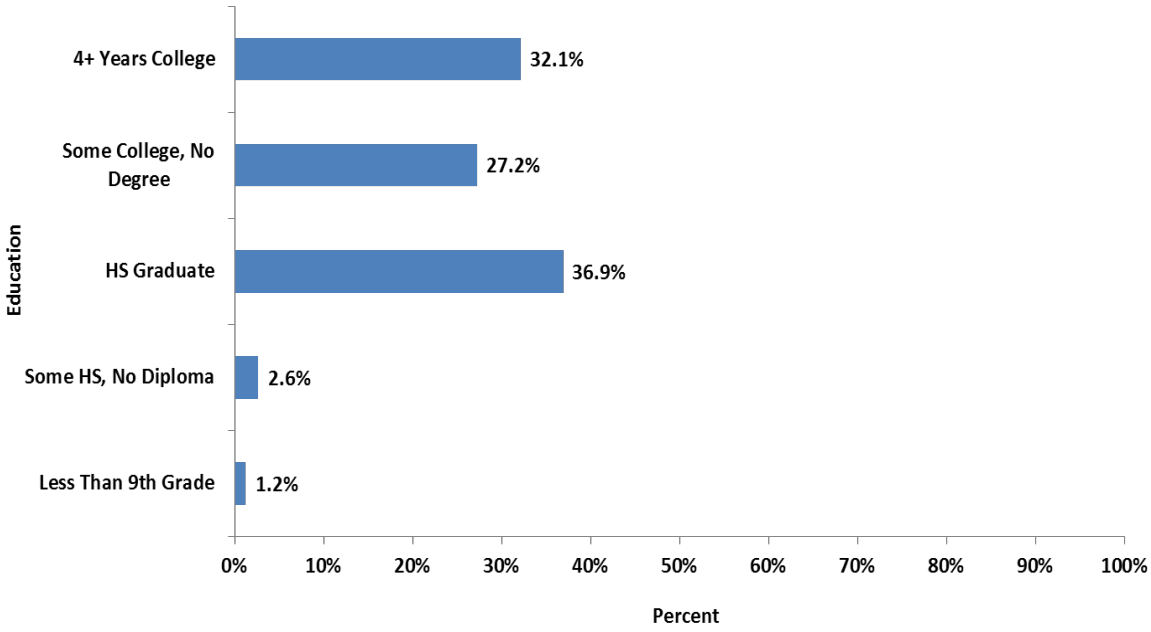
Figure 13: 2013 Community Survey: Marital Status



Source: Somerset CHNA Community Survey, 2013

Figure 14 illustrates the 2013 Community Survey respondents by education. The majority of survey respondents (36.9%) were high school graduates, while 32.1% had at least four years of college.

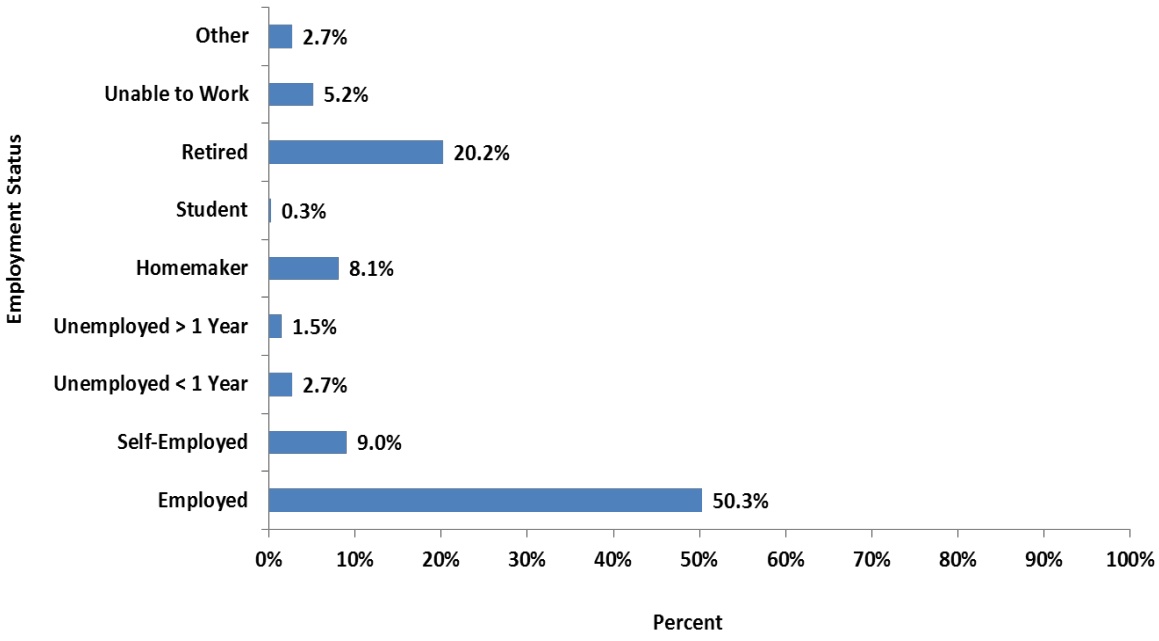
Figure 14: 2013 Community Survey: Education



Source: Somerset CHNA Community Survey, 2013

Figure 15 illustrates the 2013 Community Survey respondents by employment status. The majority of survey respondents (50.3%) were employed, while 20.2% were retired.

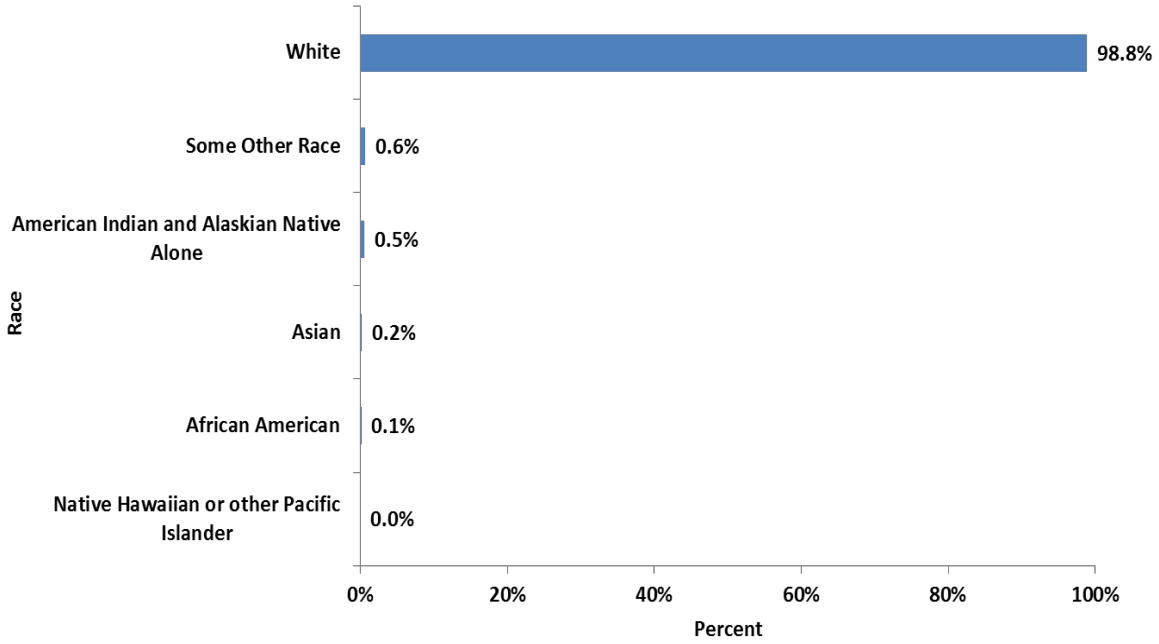
Figure 15: 2013 Community Survey: Employment Status



Source: Somerset CHNA Community Survey, 2013

Figure 16 illustrates the 2013 Community Survey respondents by race. The majority of survey respondents (98.8%) were white.

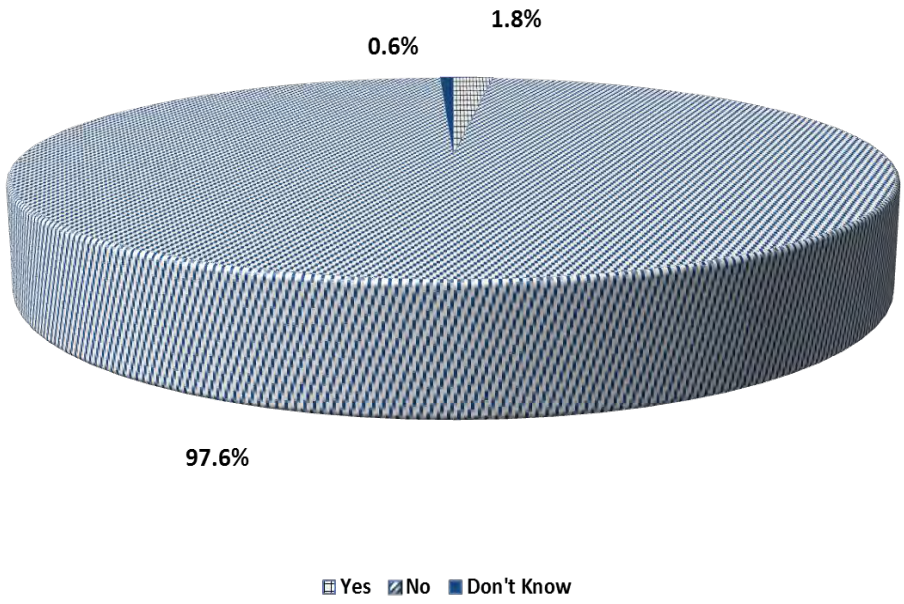
Figure 16: 2013 Community Survey: Race



Source: Somerset CHNA Community Survey, 2013

Figure 17 illustrates the 2013 Community Survey respondents by Hispanic race. A small percentage (1.8%) of survey respondents identified themselves as Hispanic.

Figure 17: 2013 Community Survey: Hispanic Race



Source: Somerset CHNA Community Survey, 2013

Demographic Conclusions

The population of Somerset County has declined slightly over the past ten years and that trend is expected to continue. The population of the county is aging, with almost half over the age of 45. While the majority of the county residents are employed, a sizable portion of households have incomes under $35,000.

Overall the findings that can be derived from the demographic data include:

- From the 2000 to 2010 census, the population decreased slightly (by about 2,000 people) and the 2018 projection shows that trend continuing.
- There are slightly more males (51.1%) than females living in Somerset County.
- The majority 61.4% of the population of Somerset County is over the age of 35. Almost 20% of the population is age 65 or older.
- The majority of adults in Somerset County, 53.3%, are married and living with their spouse.
- The majority of adults in Somerset County, 49.1%, have a high school education; while 8.8% have a Bachelor's Degree.
- The majority of adults in Somerset County, 51.9% are employed, while 42.8% are not in the labor force.
- Somerset County is low to middle income, with 32.5% of households with incomes under $25,000 and an additional 34.2% with incomes between $25K and $50K.
- Somerset County is predominately white, 95.7%.
- The community survey sample is comparable to the county age and employment demographics, but is somewhat skewed female, married, and higher educated than the overall county population.

Asset Inventory

The map below in **Figure 18** identifies an inventory of community assets and resources in Somerset County that the CHNA Steering Committee identified as important to the health of the community. The community resources are categorized into several areas including the hospital, pharmacies, youth services, veterans services, support services, senior services, personal care/assisted living facilities, nursing homes, mental health services, home health services, family services, employment service, education services, community service and behavioral health services. The full listing of assets and resources are included in **Table 18**.

Figure 18: Asset Inventory

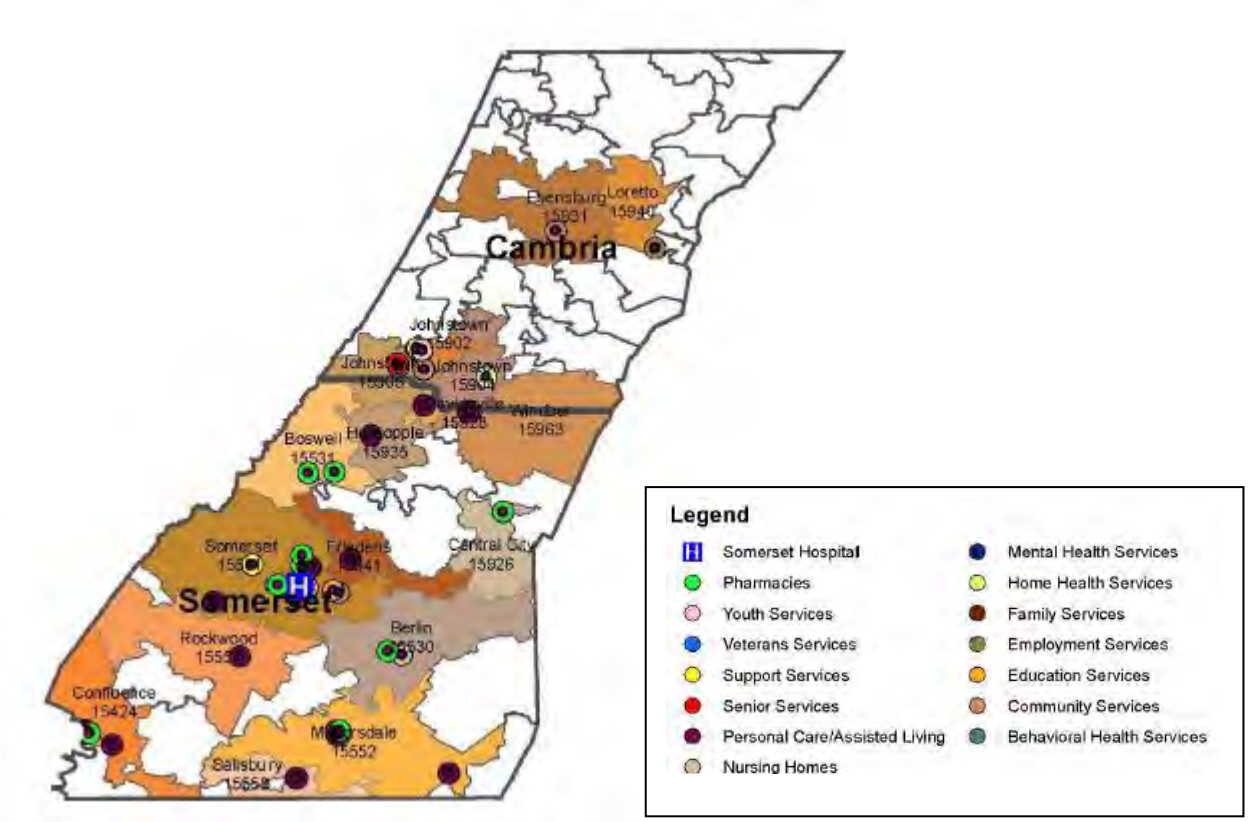


Table 13: Community Asset Inventory

Nursing Homes	Address	City	State	Zip
Church of the Brethren Home	277 Hoffman Ave.	Windber	PA	15963
Meadow View Nursing Center	1404 Hay St.	Berlin	PA	15530
Patriot Senior Choice	495 West Patriot St.	Somerset	PA	15501
Siemon Lakeview Manor	28 Siemon Dr.	Somerset	PA	15501
Laurel View Village	2000 Cambridge Dr.	Davidsville	PA	15928
Golden Living Center	201 Hospital Dr.	Meyersdale	PA	15552
Meadow View Nursing Center	1404 Hay Street	Berlin	PA	15530
Personal Care Assisted Living	**Address**	**City**	**State**	**Zip**
Deneane's Personal Care Home	142 Fairview Ave.	Confluence	PA	15424
Keren Miller	1619 Listonburg Rd.	Confluence	PA	15424
Katie's	137 Fairview Ave.	Confluence	PA	15424
Sage Karlyne	537 Oden St.	Confluence	PA	15424
Laurel View Village	2000 Cambridge Dr.	Davidsville	PA	15928
Shaffer's Countryside Asisted Living, Inc.	1841 Stoystown Rd.	Friedens	PA	15541
Country Manor Living	170 Phillips St.	Jerome	PA	15937
Johnson's PCH	222 Salisbury St.	Meyersdale	PA	15552
Rest Assured Living Center	1137 Shirleys Hollow Rd.	Meyersdale	PA	15552
Martins'Care Home, Inc.	522 West Main St.	Rockwood	PA	15557
Devine Inn, Inc.	120 Grant St.	Salisbury	PA	15558
Mallard House PCH, Inc.	455 Chippewa Rd.	Somerset	PA	15501
Patriot Street Manor	495 West Patriot St.	Somerset	PA	15501
The Heritage at Siemon's Lakeview Manor Estates	166 Siemon Dr.	Somerset	PA	15501
Pettikoffer House	3028 Circle Dr.	Windber	PA	15963
Laurel View Village	2000 Cambridge Dr	Davidsville	PA	15928
Pharmacy	**Address**	**City**	**State**	**Zip**
Berlin Pharmacy	413 Broadway	Berlin	PA	15530
Bosewell Prescription Center	210 Ohio St	Boswell	PA	15531
Boswell Pharmacy	131 Schoolhouse Rd	Jennerstown	PA	15547
CVS Pharmacy	110 S Pleasant Ave	Somerset	PA	15501
Fb Thomas Drug Store	327 Main St	Meyersdale	PA	15552
Findley's pharmacy	136 W. Main St	Somerset	PA	15501
Giant Eagle Pharmacy	1606 N Center Ave	Somerset	PA	15501
Giant Eagle Pharmacy	4192 Glades Pike	Somerset	PA	15501
Medicine Shoppe	131 S Pleasant	Somerset	PA	15501
Penn-Laurel Pharmacy	112 Sunshine Ave	Central City	PA	15926
Somerset Drug Co	168 W Main	Somerset	PA	15501
Walmart	2028 N Center Ave	Somerset	PA	15501
Yough Valley Pharmacy	511 Williams St	Confluence	PA	15424

Senior Services	Address	City	State	Zip
Allegheny Lutheran Social Ministries	807 Goucher St	Johnstown	PA	15905
Allegheny Lutheran Social Ministries	231 Tabernacle Drive	Somerset	PA	15501
Area Agency on Aging of Somerset Co	1338 S Edgewood Ave	Somerset	PA	15501
Arthritis Foundation Western PA Chapter	100 W Station Square, Suite 1950	Pittsburgh	PA	15219
Experience Works-PA and New Jersey	817 S Market St	Mechanicsburg	PA	17055
Senior Daily Living Center	231 Tabernacle Drive	Somerset	PA	15501
Senior Daily Living Center	120 North St	Meryersdale	PA	15552
Youth Services	**Address**	**City**	**State**	**Zip**
Adelphio Village	1119 Villageway	Latrobe	PA	15650
Child Care Information Services of Somerset Co.	300 N Center Ave, Suite 320	Somerset	PA	15501
Children's Aid Home Programs of Somerset Co., Inc.	1476 N Center Ave	Somerset	PA	15501
Girl Scouts Western PA	612 Locust St	Johnstown	PA	15901
Make-A-Wish Foundation of Greater PA and Southerr	707 Grant St., 37th Floor	Pittsburgh	PA	15219
Somerset Co Head Start/PA Pre-K Counts Preschool P	535 E Main St	Somerset	PA	15501
Somerset Co juvenile Probation	300 N Center Ave., Suite 100	Somerset	PA	15501
Community Services	**Address**	**City**	**State**	**Zip**
Community Connection Somerset Hospital	225 S Center Ave	Somerset	PA	15501
Easter Seal Society	571 E Main St	Somerset	PA	15501
Easter Seal Society	232 Walnut St	Johnstown	PA	15901
Goodwill Industries of the Conemaugh Valley, Inc.	540 Central Ave	Johnstown	PA	15902
Penn State Coorperative Extension in Somerset	6024 Glades Pike, Suite 101	Somerset	PA	15501
PA Mountain Service Corps Americorps Program	119 Park St	Ebensburg	PA	15931
Salvation Army	140 E Fairview St	Somerset	PA	15501
Somerset Co Chamber of Commerce	601 N Center Ave	Somerset	PA	15501
State Health Center	651 S Center Ave	Somerset	PA	15501
Community Connection Somerset Hospital	225 S Center Ave	Somerset	PA	15501
American Red Cross, Keystone Chapter	647 Main St	Johnstown	PA	15901
Family Services	**Address**	**City**	**State**	**Zip**
Gladney Center for Adoption	960 Penn Ave., Suite 1002	Pittsburgh	PA	15222
Somerset Co Children and Youth Services	300 N Center Ave., Suite 220	Somerset	PA	15501
Planned Parenthood	118 S Kimberly Ave., Suite 201	Somerset	PA	15501
The Family Center	192 Smith Ave	Salisbury	PA	15558
Domestic Relations Section	300 N Center Ave, Suite 200	Somerset	PA	15501
Employment Services	**Address**	**City**	**State**	**Zip**
New Choices/New Options	7373 Admiral Peary Hwy	Cresson	PA	16630
Office of Vocational Rehabilitation	727 Goucher St., Section 10	Johnstown	PA	15905
PA Careerlink Somerset County	218 N Kimberly Ave	Somerset	PA	15501
Support Groups	**Address**	**City**	**State**	**Zip**
Alcoholics Anonymous	PO box 909	Somerset	PA	15501
Community Care Management (The Rural AIDS Progra	320 Main St	Johnstown	PA	15901
Home Health Care Services	**Address**	**City**	**State**	**Zip**
Homestead Unlimited Inc.	160 Jari Drive, Suite 140	Johnstown	PA	15904
Interim Health Care	512 Georgian Place	Somerset	PA	15501
Laurel Springs Center for Human Services	614 S Franklin Ave., Suite 200	Somerset	PA	15501

Veterans Services	Address	City	State	Zip
Department of Veterans Services	300 N Center Ave, Suite 380	Somerset	PA	15501
Behavioral Services	**Address**	**City**	**State**	**Zip**
Alternative Community Resources Program	651 S Center Ave	Somerset	PA	15501
Educational Services	**Address**	**City**	**State**	**Zip**
Appalachia Intermediate Unit 8	558 E Main St	Somerset	PA	15501
Somerset Co Literacy Council	281 Technology Drive	Somerset	PA	15501
Somerset Co Technology Center	281 Technology Drive	Somerset	PA	15501
Mental Health Services	**Address**	**City**	**State**	**Zip**
Somerset Co Counsseling and Treatment Center	300 N Center Ave., Suite 220	Somerset	PA	15501
Somerset Hospital Behavioral Health Unit	225 S Center Ave	Somerset	PA	15501
Bedford-Somerset Mental Helath/Mental Retardatior	245 W Race St	Somerset	PA	15501

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Access

Strategy solutions, inc.

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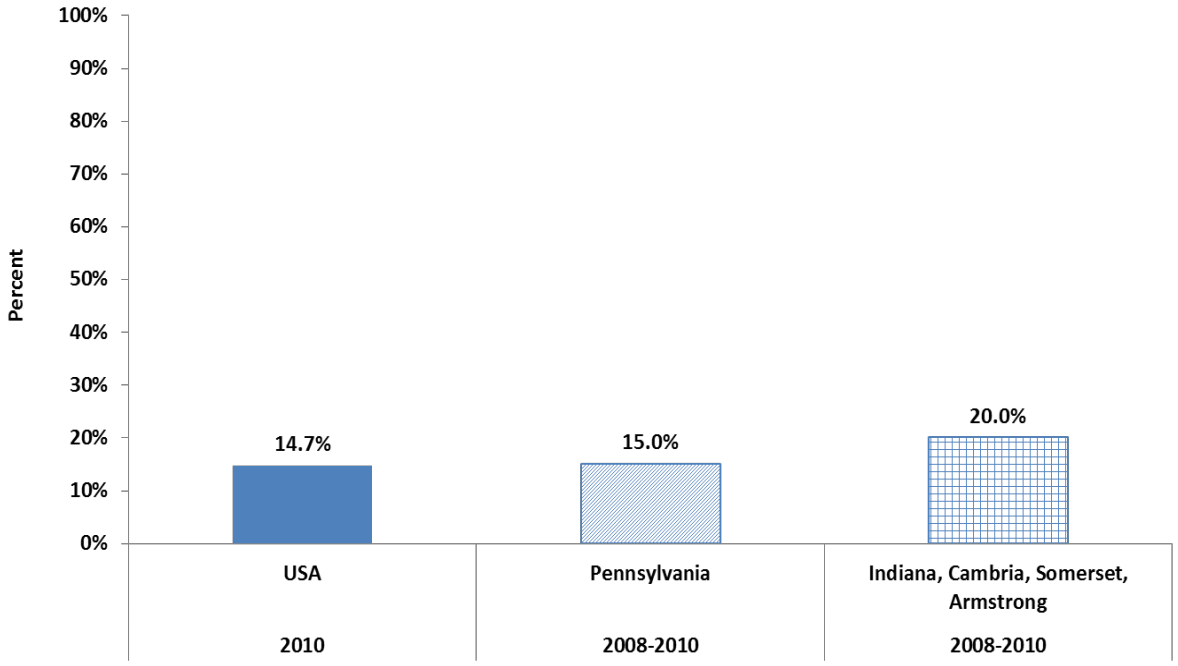
Access

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community.

General Health Status

Figure 19 illustrates the percentage of all adults who reported their health as "fair" or "poor" in the United States, Pennsylvania, and the Somerset County cluster (including Indiana, Cambria, Somerset & Armstrong counties) of the service region for 2008 through 2010. Adults in the Somerset County cluster reported a higher rate of fair or poor health at 20.0%, compared to the national rate of 14.7% and state rate of 15.0%.

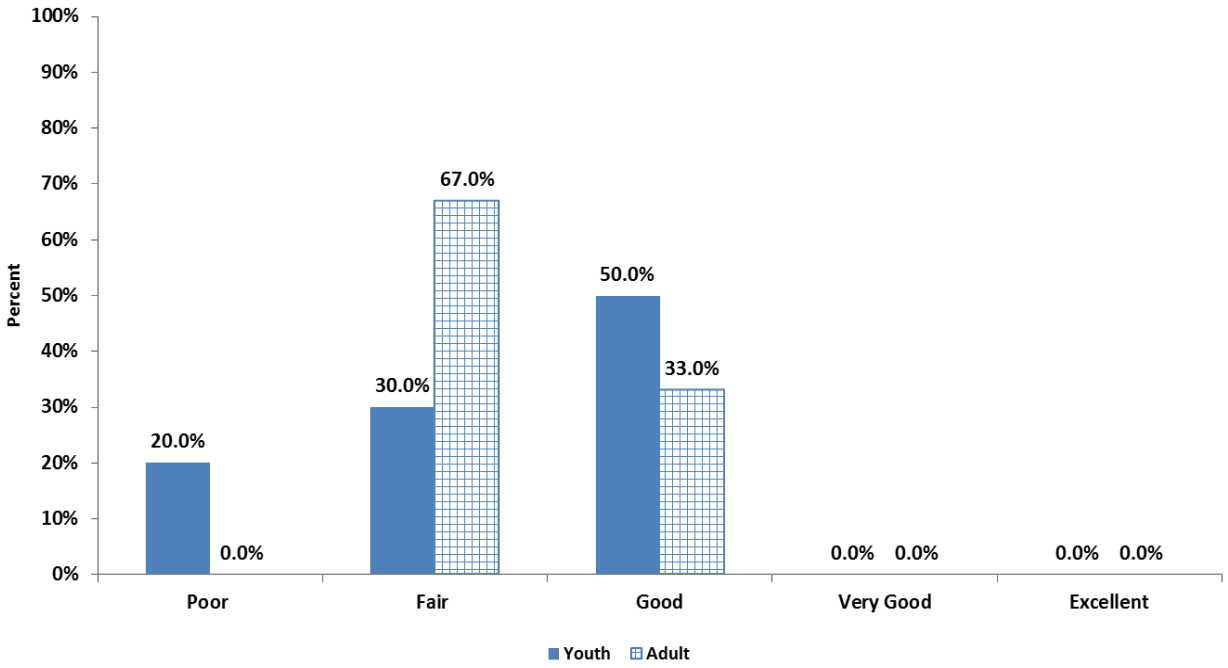
Figure 19. Percentage of All Adults Who Reported Their Health as Fair or Poor



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 20 illustrates the responses from the 2013 Somerset Hospital CHNA Focus Groups where respondents were asked, "How would you rate the overall health of the community?" The majority of respondents (67.0%) from the adult focus group rated the overall health of the community as fair, while the majority of respondents (50.0%) from the youth group rated the overall health of the community as good. No respondents for either group rated the overall health status of the community as very good or excellent.

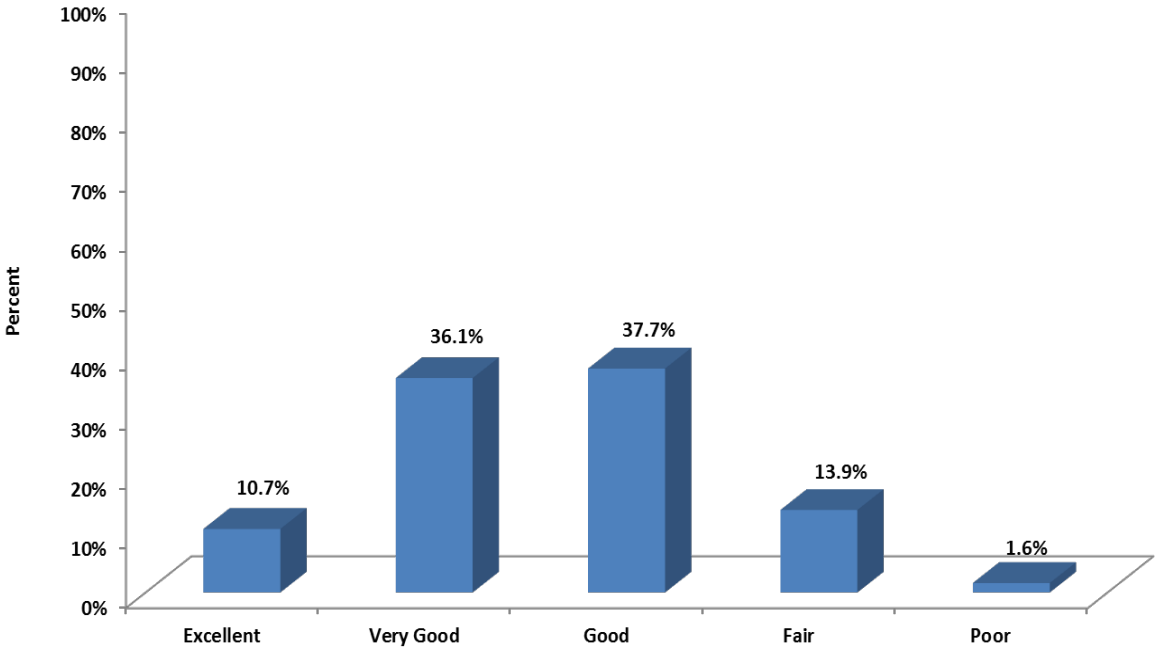
Figure 20: 2013 Focus Groups: Overall Community Health Status (n=17)



Source: Somerset Hospital CHNA Focus Groups, 2013

Figure 21 illustrates the responses from the 2013 Somerset Hospital CHNA Community Survey when respondents were asked, "How would you rate your general health?" The majority of the survey rated their general health as positive, with 37.7% reporting a good rating, 36.1% reporting a very good rating, and 10.7% an excellent rating. Only 1.6% of respondents rated their general health as poor.

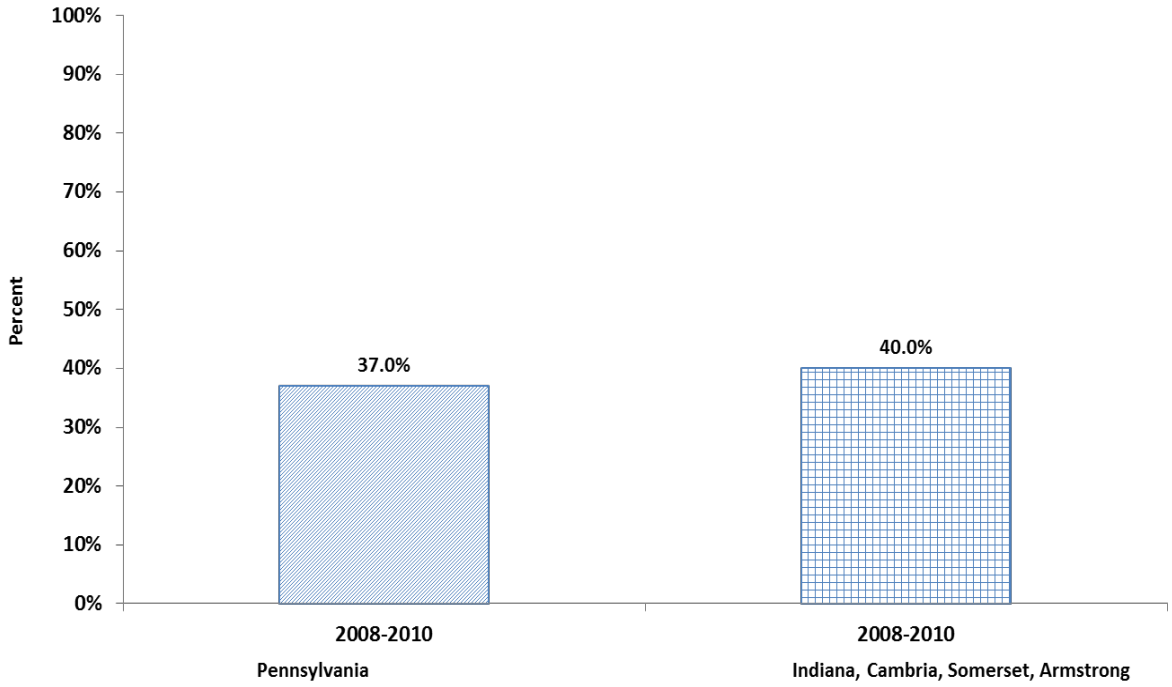
Figure 21: 2013 Community Survey: General Health (n-1,346)



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 22 illustrates the percentage of adults who reported their physical health as not good one or more days in the past month from Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The percentage of adults reporting poor health in the Somerset County cluster is slightly higher (40.0%) than Pennsylvania (37.0%).

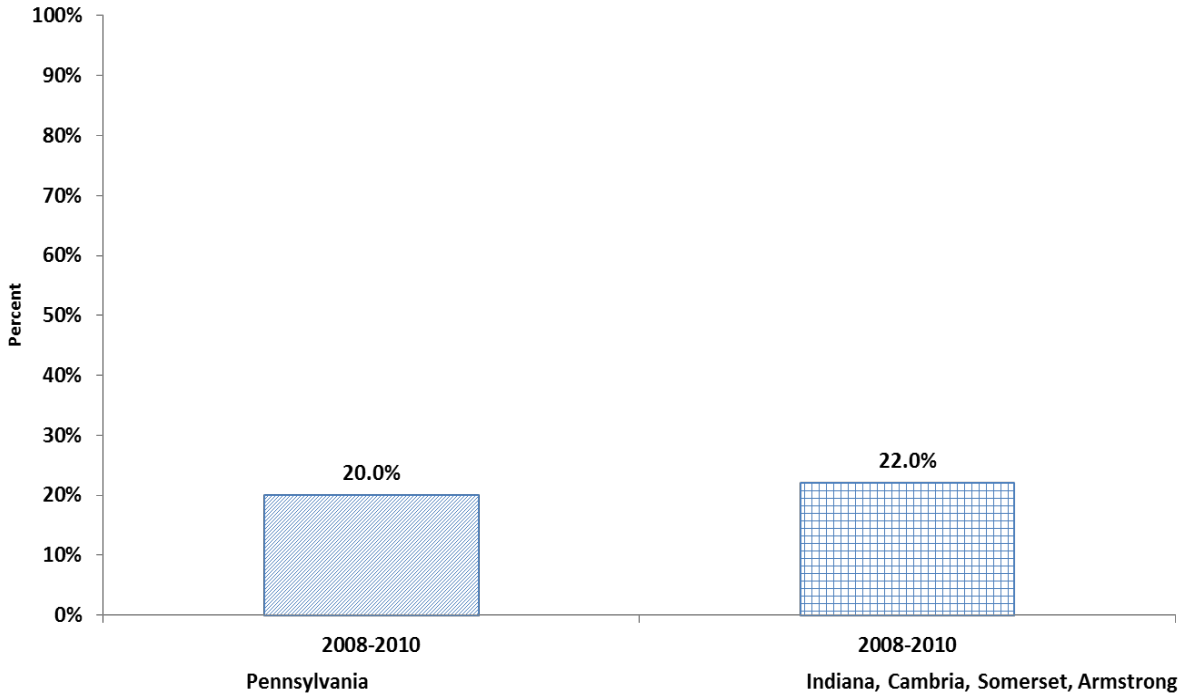
Figure 22: **Percentage of All Adults Who Reported Their Physical Health Not Good One or More Times in the Past Month**



Source: Pennsylvania Department of Health

Figure 23 illustrates the percentage of adults who reported being limited in activity due to physical, mental, or emotional problems for Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The percentage of adults in the Somerset County cluster reporting being limited is slightly higher (22.0%) than Pennsylvania (20.0%).

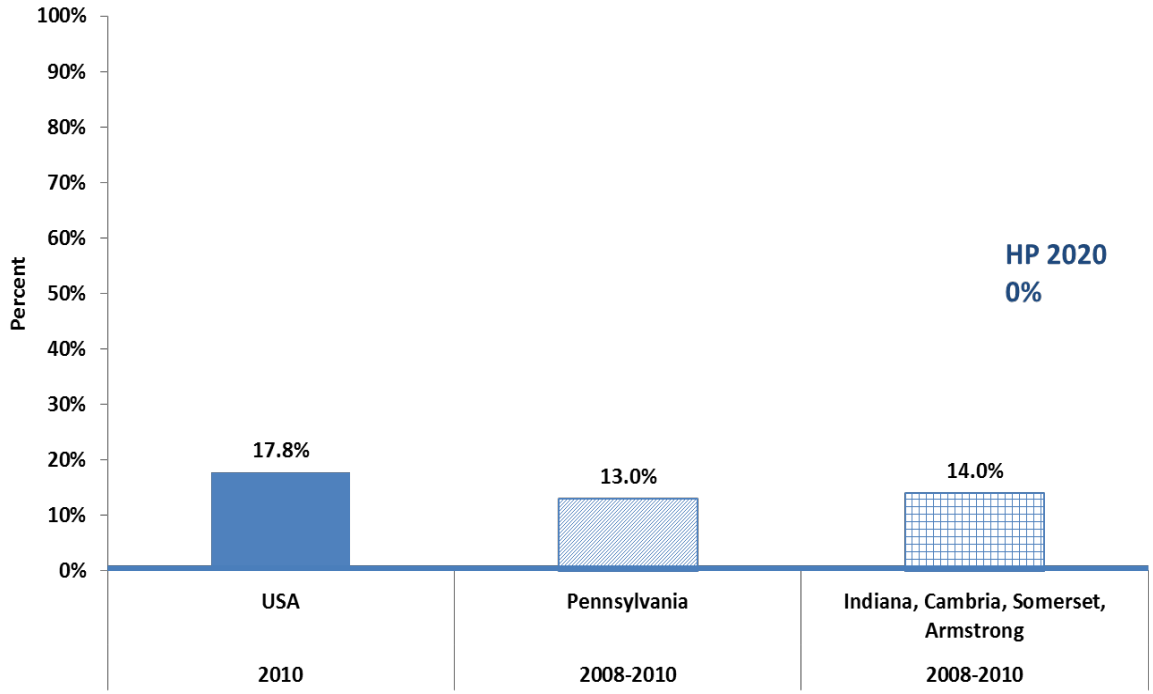
Figure 23: Percentage of All Adults Who Reported Being Limited in Activity Due to Physical, Mental, or Emotional Problems in the Past Month.



Source: Pennsylvania Department of Health

Figure 24 Illustrates the percentage of adults aged 18-64 with no health insurance in the United States, Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The percentage of adults with no health insurance in both Pennsylvania and the county cluster are lower, 13.0% and 14.9%, respectively, than the national percentage at 17.8%. All rates are higher than the Healthy People 2020 goal of 0%.

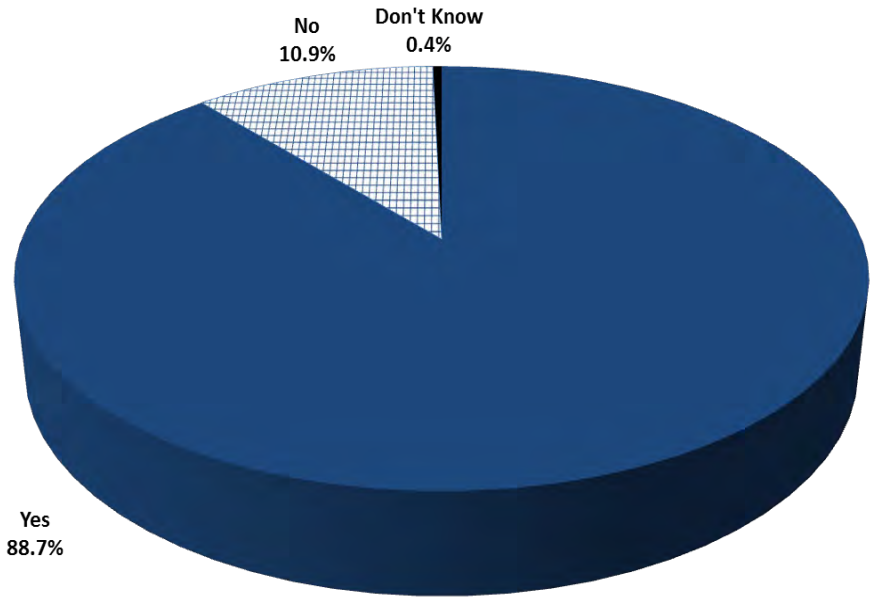
Figure 24: Percentage of All Adults with No Health Insurance, Age 18-64



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

Figure 25 illustrates the responses from the 2013 Community Survey when asked if the respondents had health insurance. The majority responded answered yes (88.7%), they had health insurance, while 10.9% responded no, they did not have health insurance.

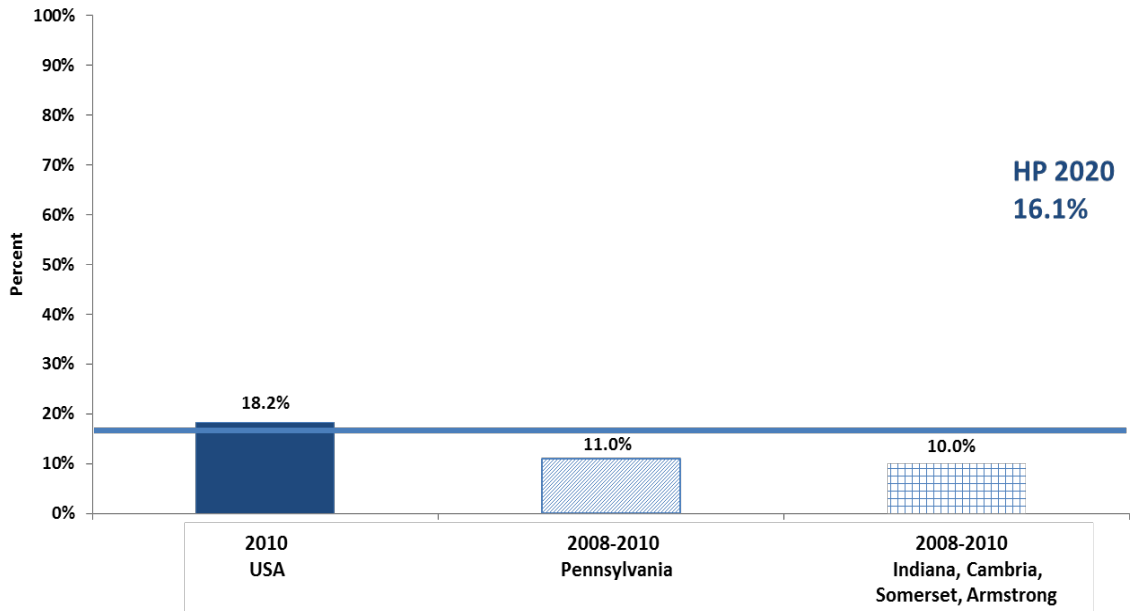
Figure 25: 2013 Community Survey: Health Insurance



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 26 illustrates the percentage of adults with no health care provider from Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The percentage of adults with no health care provider was slightly lower for the county (10.0%) than Pennsylvania (11.0%). Both the state and Somerset County cluster were below the Healthy People 2020 Goal of 16.1%.

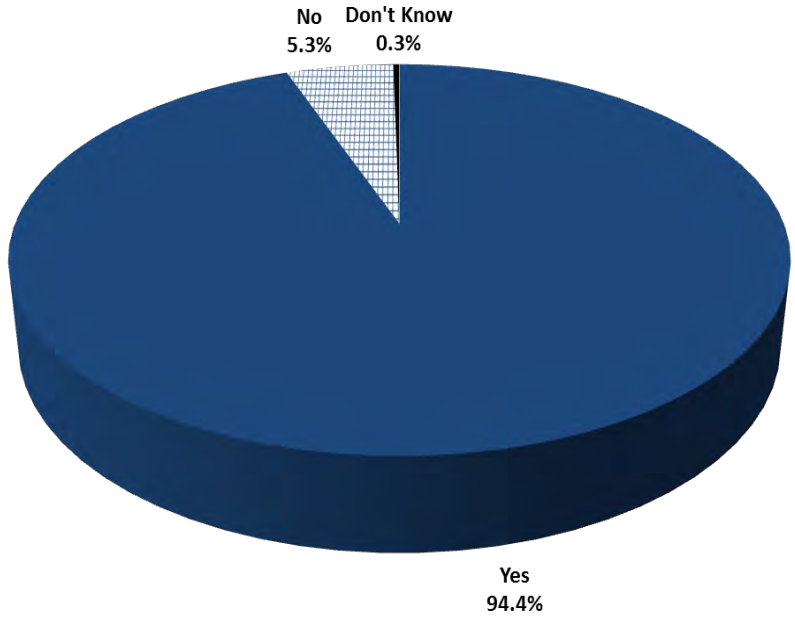
Figure 26: Percentage of All Adults Who Reported not Having a Personal Health Care Provider



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

Figure 27 illustrates the responses from the 2013 Community Survey when asked if the respondents had a regular health care provider. The majority responded answered yes (94.4%), they had a regular health care provider, while 5.3% responded no, they did not have a regular health care provider.

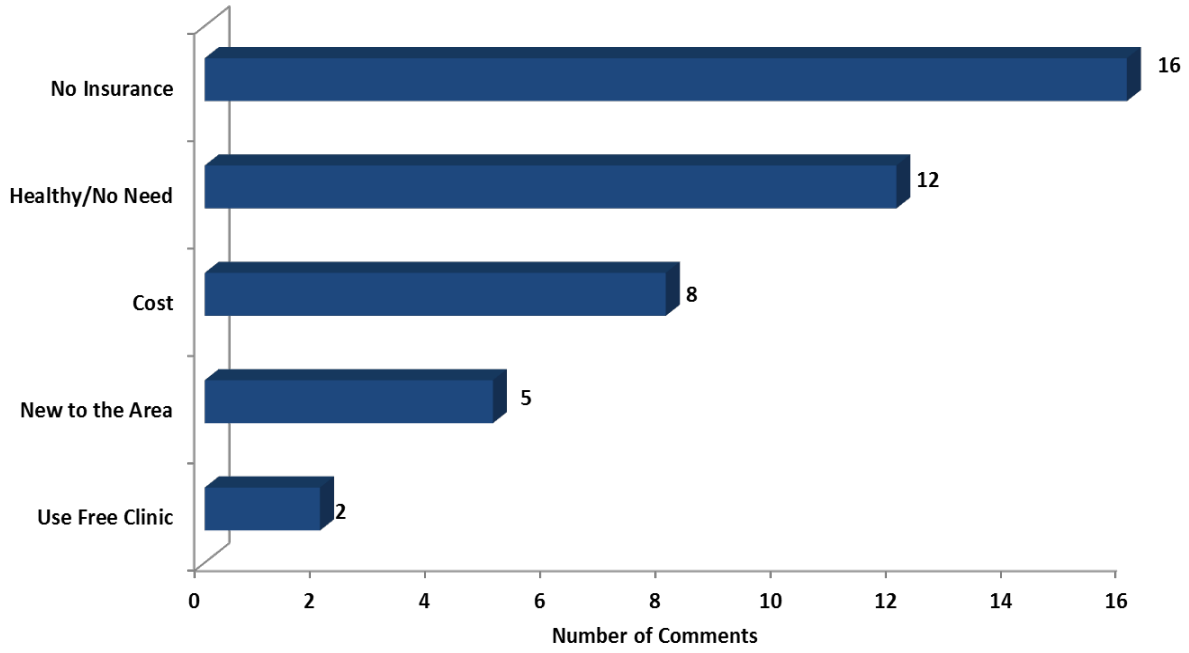
Figure 27: Community Survey: Regular Health Care Provider



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 28 Illustrates the responses from the 2013 Community Survey, for respondents with no regular health care provider and the reason they did not have one. The majority of respondents (16) stated that they did not have health insurance as the reason they did not have a regular health care provider. This was followed by being healthy/no need with a count of 12. An additional eight respondents (8) reported that cost was the reason they did not have a regular health care provider.

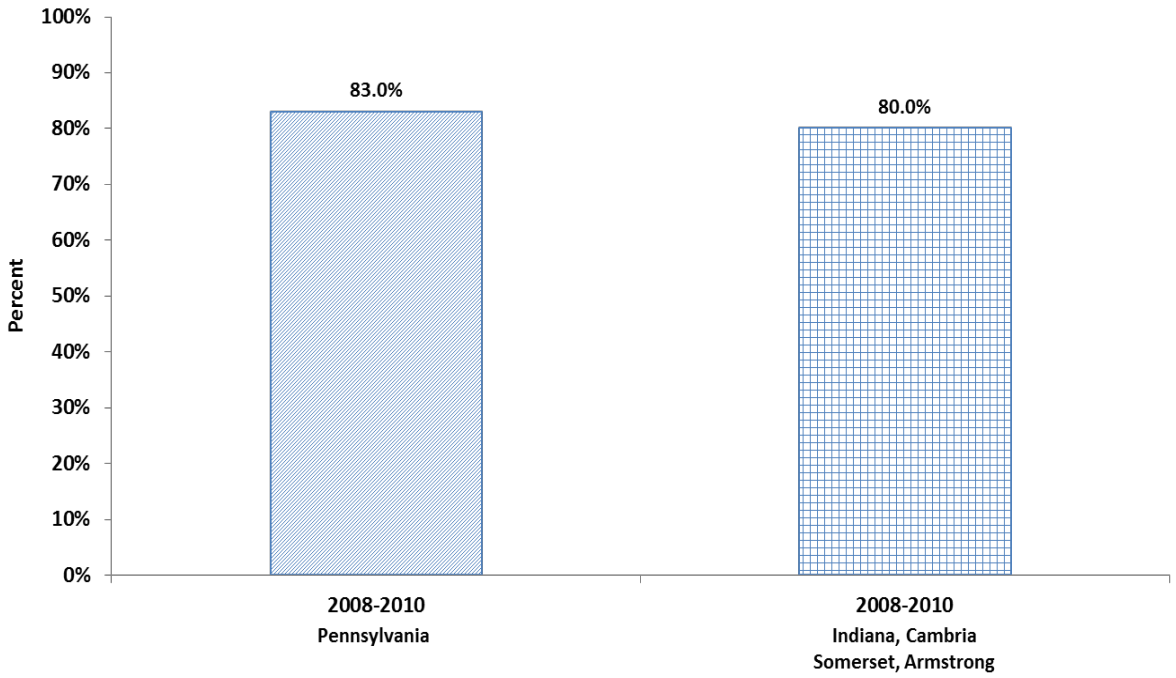
Figure 28: Community Survey: Reason for No Health Care Provider



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 29 illustrates the percentage of all adults who visited a doctor for a routine check-up in the past two years in Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The state percentage (83.0%) is slightly higher than the county percentage (80.0%).

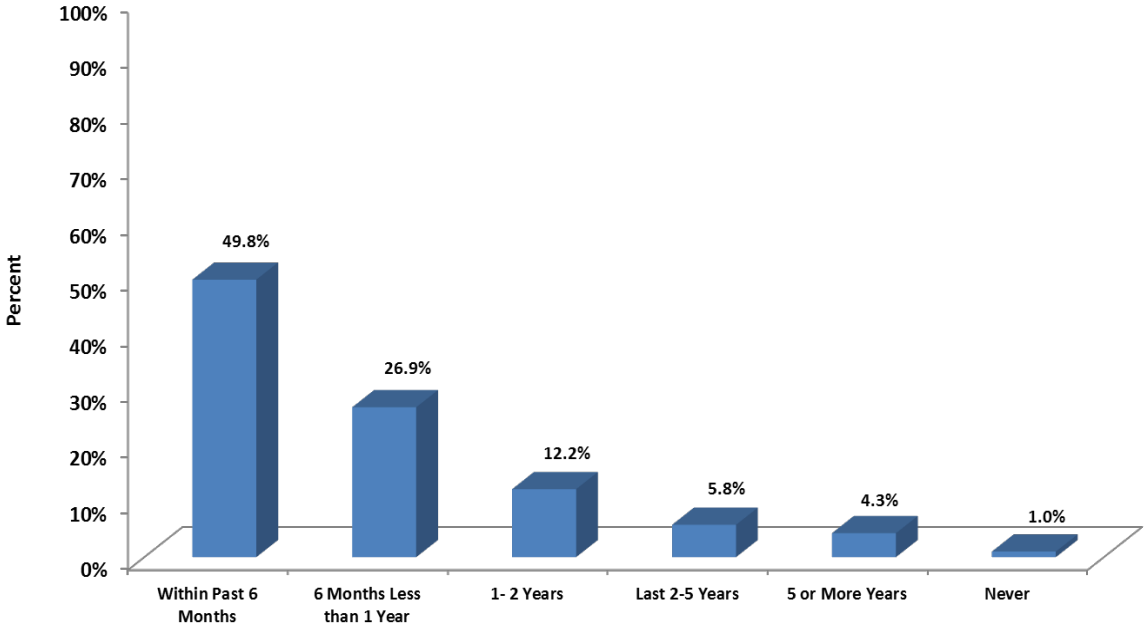
Figure 29: Percentage of All Adults Who Visited a Doctor for a Routine Check-Up in the Past 2 Years



Source: Pennsylvania Department of Health

Figure 30 illustrates responses from the 2013 Community Survey when asked the last time they received a routine check-up. The highest percentage of respondents (49.8%) has received a check-up within the past six months. The majority of respondents, 88.9% received a check-up within the last two years.

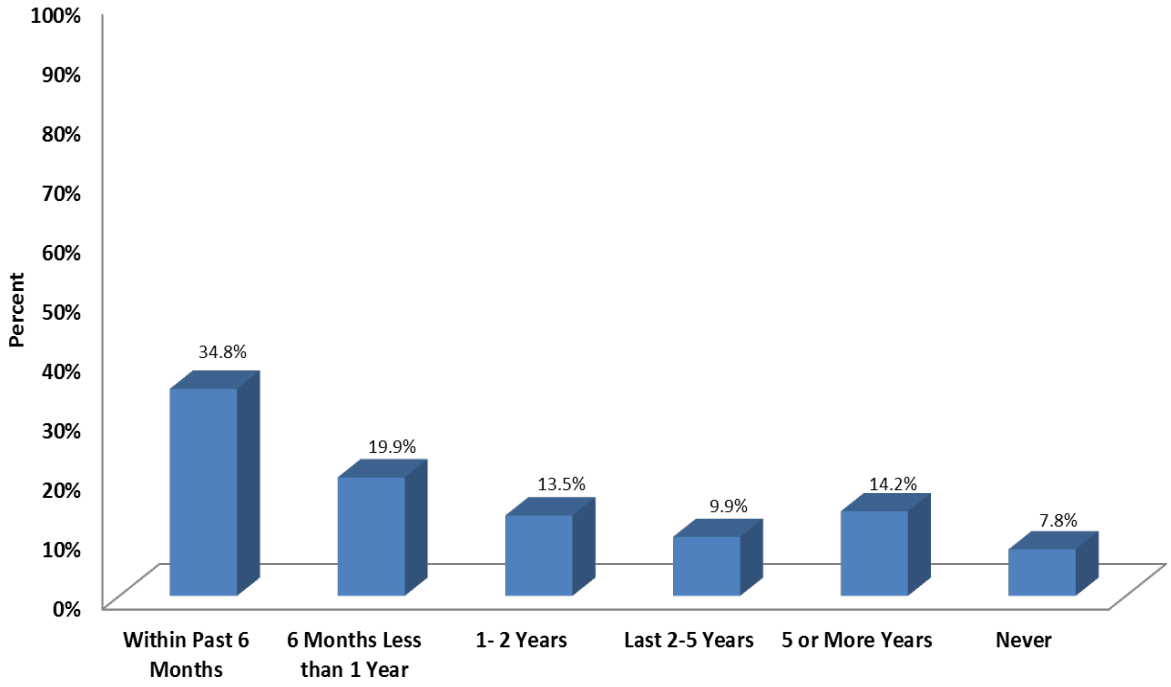
Figure 30: 2013 Community Survey: Length of Time Since Last Routine Check-Up



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 31 illustrates responses from the 2013 Community Survey when asked the last time they have seen a dentist. The highest percentage of respondents (34.8%) has received a dental check-up within the past six months and two-thirds (68.2%) have visited a dentist within the last two years. A sizable portion of the respondents (14.2%) visited the dentist five or more years ago and 7.8% have never visited a dentist.

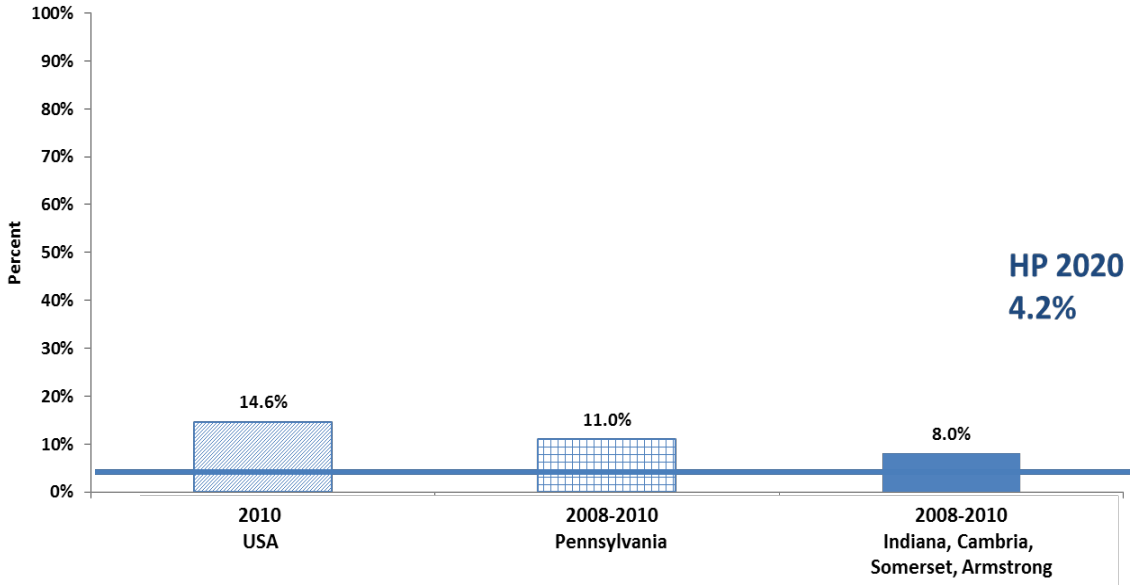
Figure 31: 2013 Community Survey: Length of Time Since Last Dental Visit



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 32 illustrates the percentage of adults who needed to see a doctor in the past year but could not due to cost in Pennsylvania and the Somerset County cluster for the years 2008 through 2010. The percentage of adults was lower for the county (10.0%) compared to Pennsylvania (11.0%). Both the state and Somerset County cluster rates were below the Healthy People 2020 goal of 16.1%.

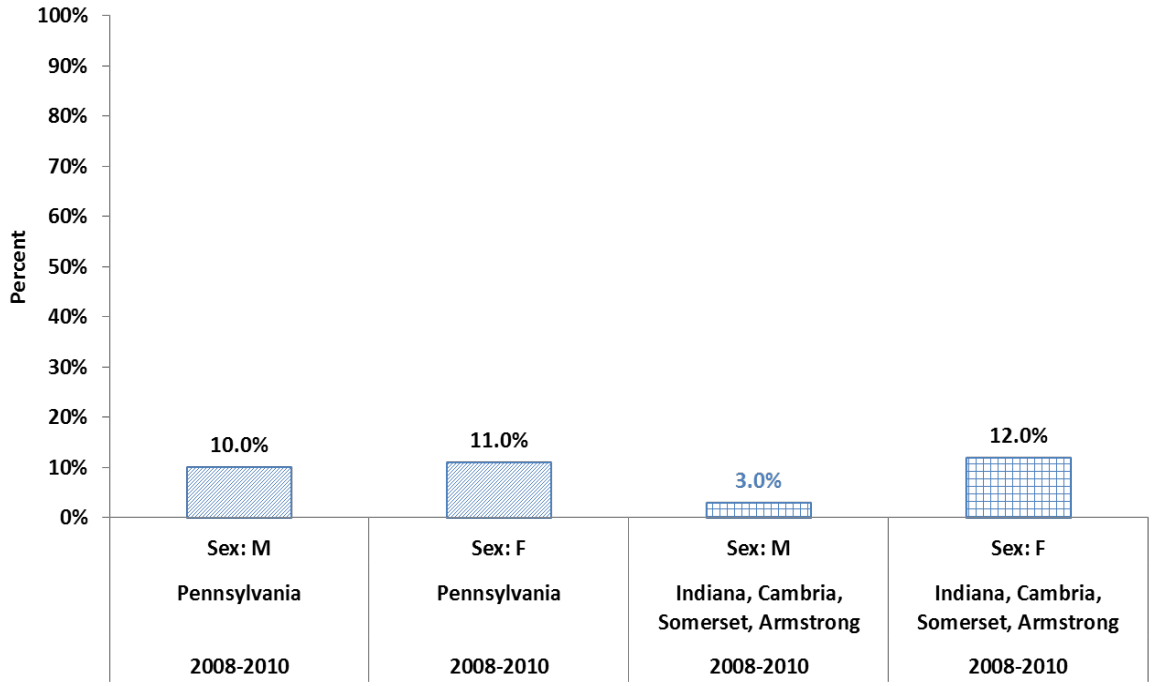
Figure 32: Percentage of All Adults Who Needed to See a Doctor in the Past Year but Could Not Due to Cost



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

Figure 33 illustrates the percentage of adults who needed to see a doctor in the past year but could not due to cost in Pennsylvania and the Somerset County cluster for the years 2008 through 2010, based on gender. The percentage of males at the county level were significantly less likely not to be able to see a doctor due to cost, compared to males across the state.

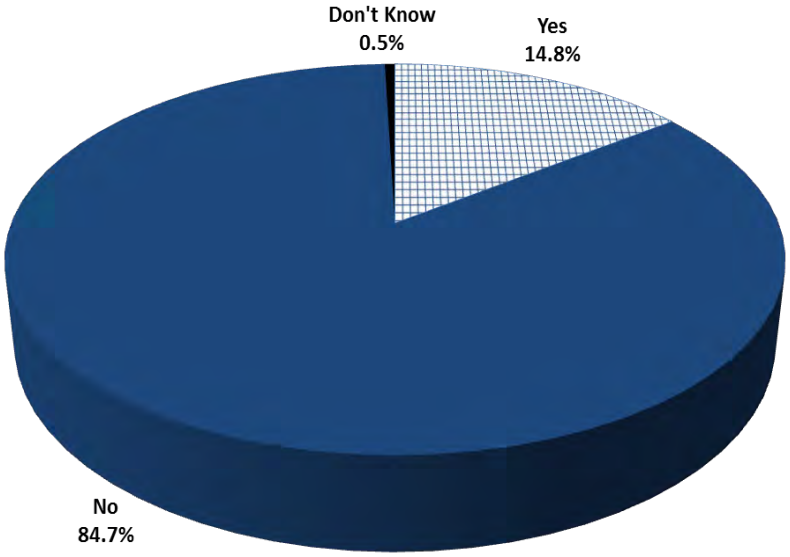
Figure 33: Percentage of All Adults Who Needed to See a Doctor in the Past Year but Could Not Due to Cost by Gender



Source: Pennsylvania Department of Health

Figure 34 illustrates responses from the 2013 Community Survey when asked if they did not fill a prescription due to cost in the past 12 months. The highest percentage of respondents (84.7%) reported that cost did not prevent them from filling a prescription; however, 14.8% reported that cost did prevent them from filling a prescription in the past 12 months.

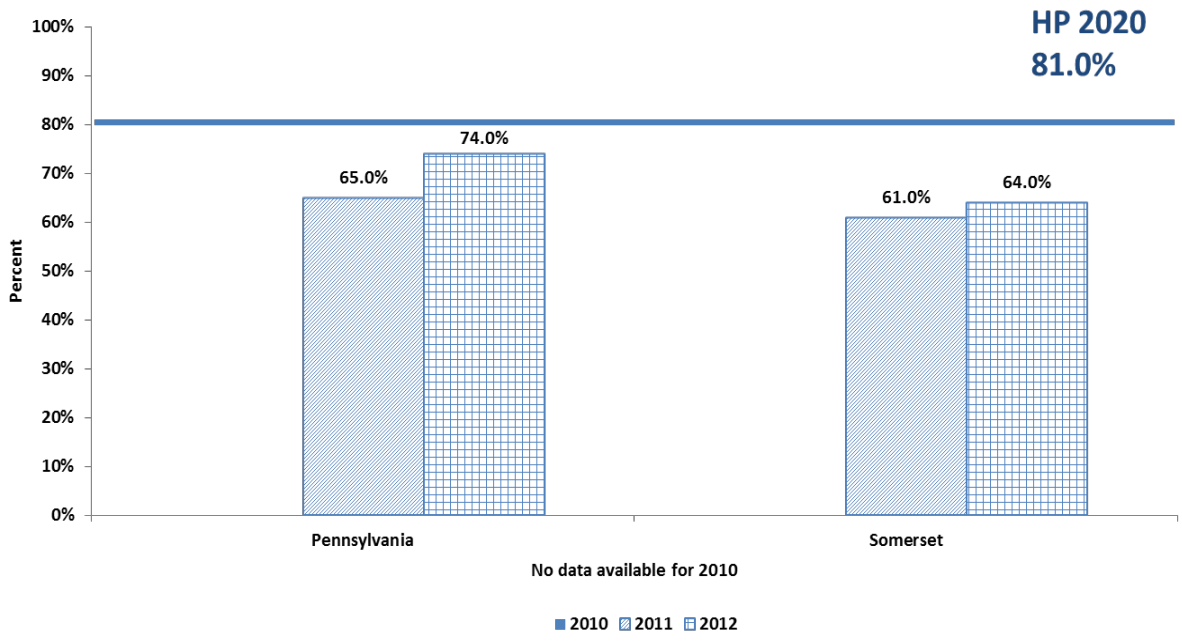
Figure 34: 2013 Community Survey: Did Not Fill a Prescription Due to Cost in the Past 12 Months



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 35 shows the percentages of mammogram screenings for the state of Pennsylvania and Somerset County for 2010-2012, where data was available. Somerset County mammogram screenings are below the Pennsylvania rate for 2011 and 2012, although the rates for both the state and county are increasing. Somerset County and Pennsylvania are below the Healthy People 2020 goal of 81.0%.

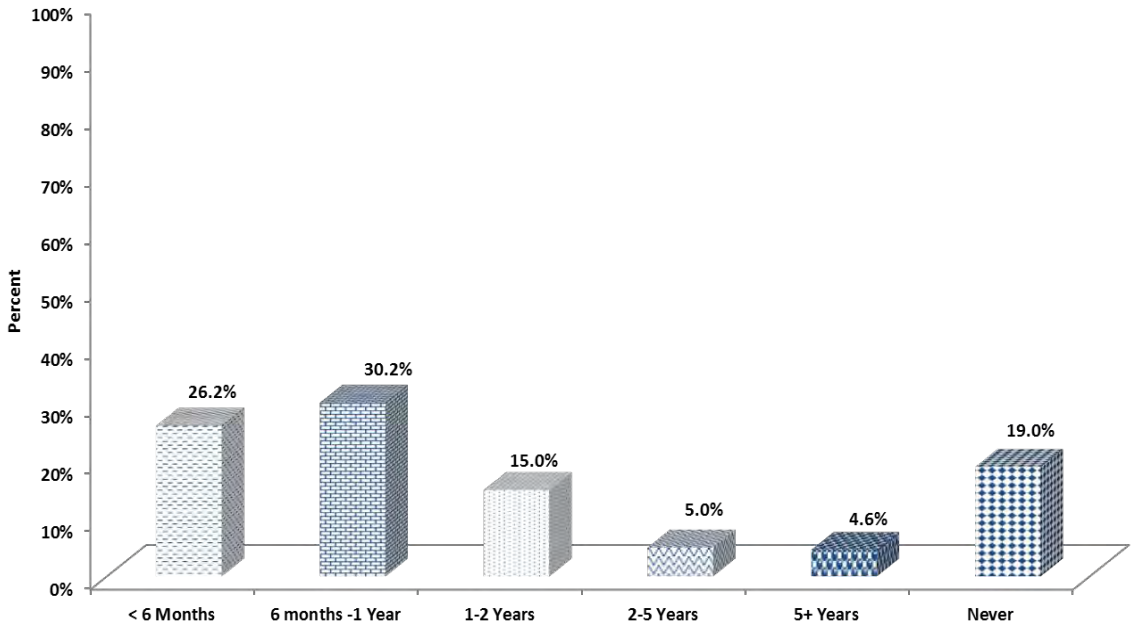
Figure 35: Mammogram Screenings by County 2010-2012



Source: PA Department of Health

Figure 36 illustrates the responses from the 2013 Community Survey for length of time since female respondents last had a mammogram. The majority of respondents (56.4%) reported having a mammogram screening within the past year.

Figure 36: 2013 Community Survey: Mammogram Screening



Source: Somerset Hospital CHNA Community Survey, 2013

Senior Needs

The Somerset County Area Agency on Aging conducts a comprehensive needs assessment every 3 years. The community needs assessment was last conducted for fiscal year 2011-12 and was conducted by targeting specific groups for feedback. The groups participating in the needs assessment included:

- Consumers (at home and senior center participants)
- Providers (including nursing and personal care facilities, health services)
- Agency employees
- Other (consisting of completed surveys not classified under any of the above mentioned target groups including Advisory Council members, and other human service agencies and the community at large).
- Over 1000 surveys were distributed within the service area with approximately a 68% return rate.

All of the target groups reflected very similar results within the following key areas:

1. Greatest needs for older adults living independently
2. Biggest barriers to transitioning people from facilities to their own home

Somerset County's greatest senior needs that were identified in the study included:

- **In-home supports and services.** This was the number one identified need across all of the surveyed groups.
- **Transportation.** Within the Senior Center and "Other" surveyed group, transportation tied with the need for in home supports and services.
- **Transportation** was also identified at least in the top four needs in the other surveyed groups

The following needs were also identified in varying orders of the top five identified needs among the surveyed groups:

- In-home nursing services
- Nutritional services
- Financial problems or needs

Somerset County's greatest senior needs for the combined service groups in descending order that were identified are:

1. In-home supports/services
2. Transportation
3. In-home nursing services
4. Financial problems or needs
5. Nutritional services

Out of all of the survey groups, except for the Senior Center consumer survey group, the following top two barriers were consistently identified:

1. No one at home to care for the person
2. Not enough money to pay for the services/supports

Within the Senior Center consumer group the top three barriers were as follows:

1. No one at home to care for the person
2. Home structure would need adapted
3. Not enough money to pay for services/supports

Focus Group Input

2013 Somerset Hospital CHNA Focus Group participants were asked to identify the overall health status of the community, the top needs and issues impacting community health status, resources that are currently available in the community, and potential solutions to problems. Focus Group participants identified and discussed that they thought the health status of the community was fair to good due to the increasing age of residents and the inability to afford health insurance.

The Focus Group participants also commented on the top health needs in the community, including affordable health care, transportation and lack of insurance coverage. Below are the individual comments we received in regards to general health status and access to care:

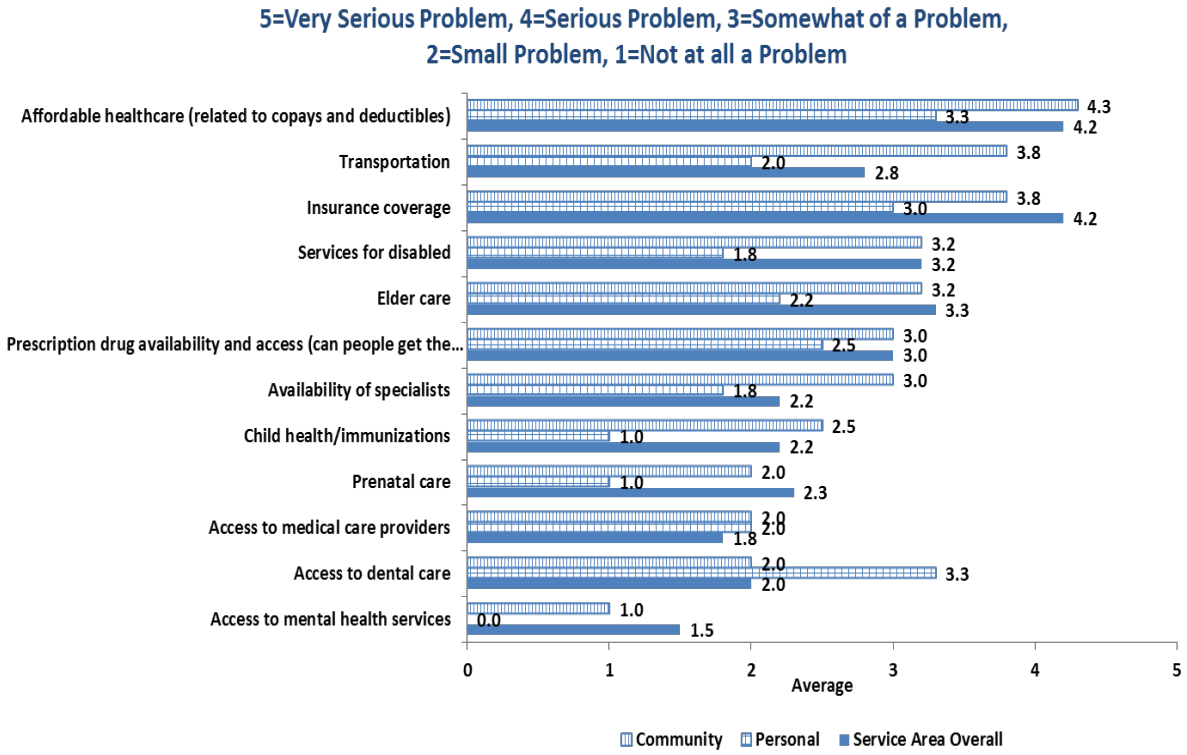
- Some industries have shut down which created job loss
- Lack of full-time employment opportunities
- Health care costs are increasing
- Increased unemployment often leads to increased depression and anxiety

- There is an increase in the cost for prescription medication
- Transportation to and from medical appoints is often difficult, especially for seniors
- With an aging population you see more health related problems
- There is an increased need for preventative care

Focus group participants reported that there is a free clinic in the community and that seniors can receive free assistance for vision and hearing. It was also reported that the local government and commissioners need to do more to bring industry and good paying jobs back to the community.

Figure 37 illustrates Focus Group participant responses after they were given a list of potential community health issues and asked to rate them on a 5 point scale regarding how much of a problem each is in their community, for Somerset County overall and for them personally where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 37** shows the results for the Focus Group participants in rank order. The top three issues related to Access including affordable care, transportation, and insurance coverage were rated closer to "serious" problems in the community, while the other issues on the list were rated as somewhat serious on average. Participants rated access to dental care as somewhat of a problem for them personally.

Figure 37: Somerset Hospital Focus Groups: Community Health Issues



Source: Somerset Hospital CHNA Focus Groups, 2013

Stakeholder Input

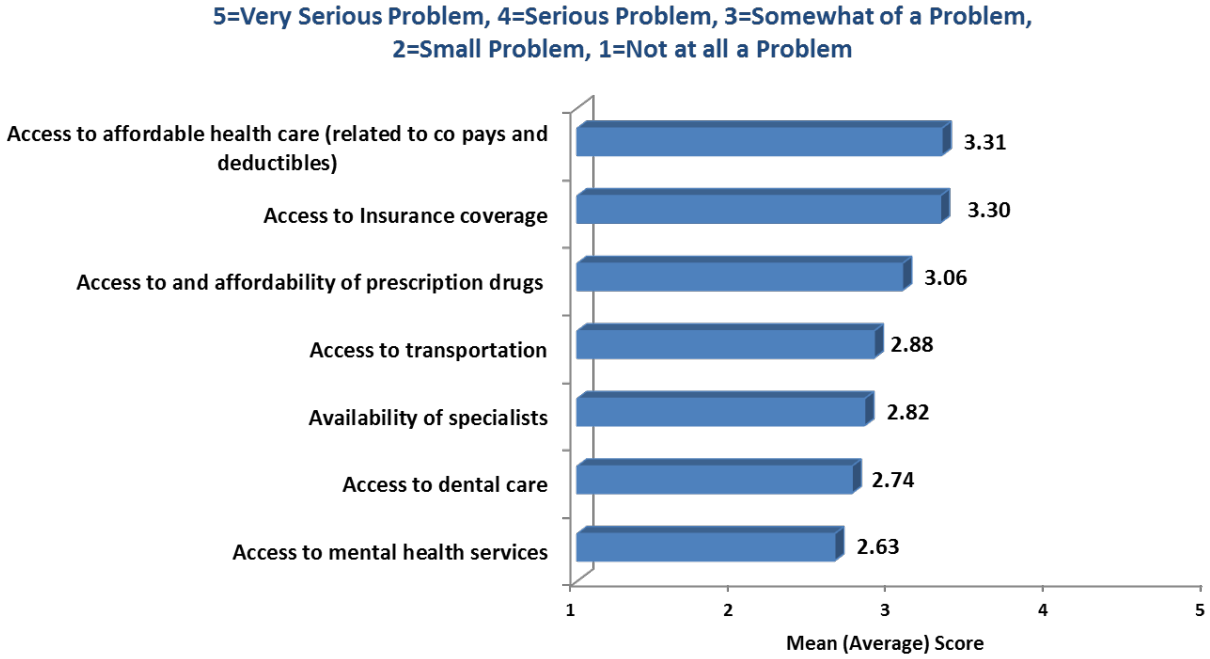
Stakeholder interviews were conducted and participants were asked to comment on the top health needs in the community, environmental factors that are driving the needs of the community, activities currently underway to address community needs, and areas to develop for unmet community needs. Below are individual comments we received in regards to general health status and access to care:

- Transportation is a major issue because the geography of Somerset County is very large a spread out. Individuals often need to drive 45 minutes or more to get to a medical appointment. We have a large population of low-income families without access to a car and public transportation is limited
- Due to the low economic status of the county, individuals often have to make the decision of not filling prescriptions in order to provide food for their families
- Due to lack of insurance, families often rely on the school nurse for basic health care, such as getting ears checked for infection

The Stakeholders interviewed also commented on other impacts to health care access, including that access to care is extremely limited for people with poor insurance, health care plans have high deductibles. There is a perception that jobs today are less likely to include health care insurance and that individuals are resistant to seek care because it is not affordable.

Figure 38 illustrates Community Survey results where respondents were given a list of potential community health issues and were asked to rate them on a 5 point scale regarding how much of a problem each was in their community where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 38** shows the results in rank order. The top three issues, access affordable care, access to insurance coverage, and access to and affordability of prescription drugs were rated closer to "serious" problems in the community, while the other issues on the list were rated as somewhat serious on average.

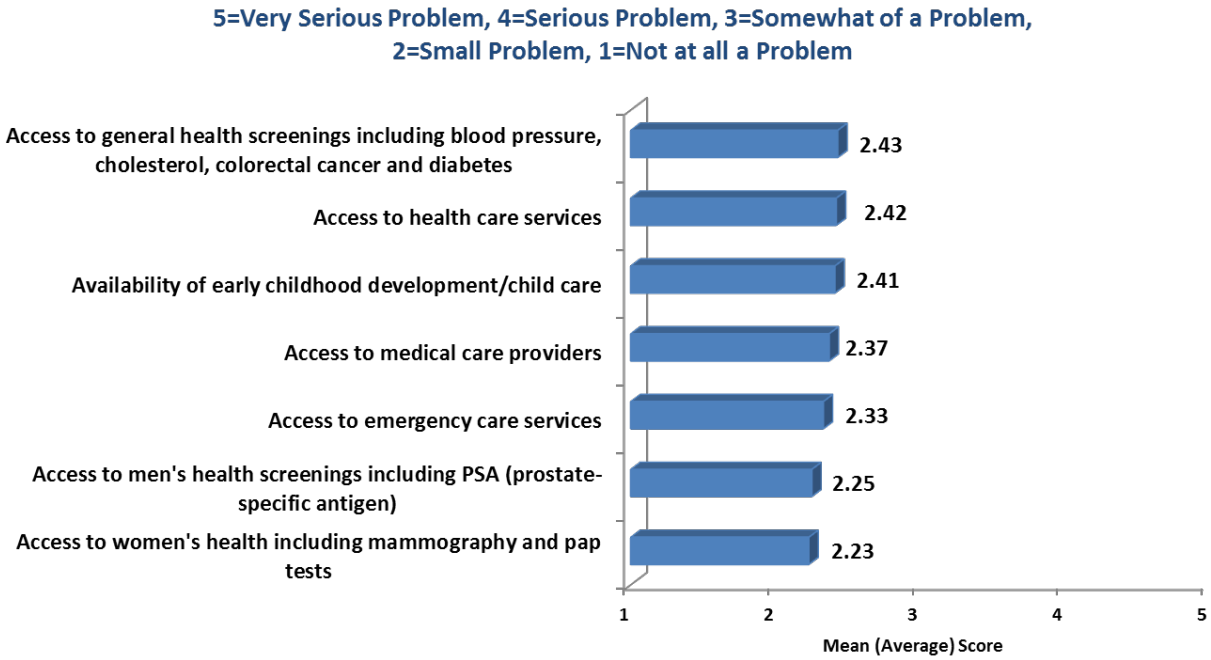
Figure 38: Community Survey: Access to Health Care (Chart 1 of 2)



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 39 illustrates additional Community Survey participant responses after rating a list of potential community health issues. Respondents were asked to rate how much of a problem each was in their community on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 39** is a continuation of **Figure 38** where the issues related to access to care were rated as a small problem to somewhat of a problem.

Figure 39: Community Survey: Access to Health Care (Chart 2 of 2)



Source: Somerset Hospital CHNA Community Survey, 2013

Access Conclusions

Because of the aging population and the rural nature of the region, Somerset County has some unique access needs and challenges. Many in the community rate the health status and access to care of the community as fair because of the cost of care and lack of insurance tops the list of the most serious problems in the community. Sizable percentages of the population did not see the doctor (5%) or get the prescriptions (14.8%) that they needed due to cost.
Lack of economic/employment opportunities in Somerset County were viewed as a driving force behind much of the issues involving access to health care services. Low income families and the elderly were especially at risk in terms of access to health care.

The most significant needs among the elderly population are related to in-home services and supports, transportation, and nutritional services. Focus group participants also identified lack of dental care as somewhat of problem for them personally. Almost a quarter of the survey respondents indicated that they have not seen a doctor in the last 5 years.

There are a number of overall findings that can be derived from the data. They include:

- Compared to the state and national statistics, Somerset County had a higher percentage of adults who rated their health as fair or poor (20%). From the Community Survey, (15.5%) of respondents rated their health status as fair or poor.
- Over a third (40%) of adults in the county reported that their physical health was not good at least one day in the past month. Almost a quarter (22%) reported being limited in activity due to mental, physical or emotional problems in the past month.
- The percentage of adults aged 18-24 in the county without health insurance (14.0%) is on par with the state rate of 13.0% and lower than the national rate of 17.8%. From the Community Survey, 10.9% of respondents reported not having health insurance.
- Within the past two years, 80% of adults in the county visited a doctor for a routine check-up; however, 10% do not have a regular health care provider (5.3% in the Community Survey) and 8% did not see a doctor because of cost in the past year. When broken out by gender, 3% of males and 12% of females couldn't see a doctor in the past year because of cost.
- The reasons that Community Survey respondents gave for not having a health care provider included no insurance, healthy/no need, and cost.
- The majority of community survey respondents (88.9%) have seen a doctor in the past two years for a routine check-up.
- Almost a quarter of the community survey respondents (22.0%) have not seen a dentist in over 5 years. A sizable percentage (14.8%) did not fill a prescription in the past year due to cost.

- The percentage of mammogram screenings in Somerset County for years 2011 and 2012 is lower than that of the state; however, the percentage is increasing. From the Community Survey, 56.4% of the respondents reported having a mammogram screening within the past year.
- According to the Somerset County Area Agency on Aging Needs Assessment, the greatest senior needs include in home supports/services, transportation, in home nursing services, financial problems or needs and nutritional services.
- Community Survey respondents ranked access to affordable health care followed by access to insurance coverage as the most serious problems in the county.
- Adult focus group participants were more likely to rate the overall health status of the community as fair, while youth that participated in the focus groups were more likely to rate the community health status as good or poor. Affordable health care, transportation and insurance coverage were rated as the most serious community health issues related to access, although participants rated access to dental care somewhat of a problem for them personally.
- Focus group participants indicated that people are aging in the community and this creates more health issues for the population. Many people in the community cannot afford insurance and this affects their ability to receive medical coverage. There is also a perception that a lot of people have the flu in the community because it has been a bad flu season.
- Stakeholders who were interviewed cited that transportation is a huge issue in the county because the county is spread out. There are many low income families without cars, gas money or jobs. People are often forced to make decisions between food and getting a prescription filled. Due to a lack of insurance, many children are relying on the school nurse for basic health care.

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Chronic Disease

Strategy solutions, inc.

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Chronic Disease

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

Figure 40 and 41 illustrate breast cancer incidence and mortality rates for Somerset County and Pennsylvania. The breast cancer incidence rate has steadily declined in Somerset County between 2006 and 2009. In 2008, the incidence rate was significantly lower compared to the state rate. For 2009, the county is approaching the Healthy People 2020 Goal of 41.0. When comparing the national breast cancer incidence rate to Somerset County and the state, both are well below the national rate of 121.9. Although no data regarding breast cancer mortality was available for Somerset County in 2008, the mortality rate for the county showed a decline from 2007 to 2010. From 2007 to 2010 both the state and county rates are below the Healthy People 2020 goal of 20.6 and the national rate of 22.2.

Figure 40: Breast Cancer Incidence Rate

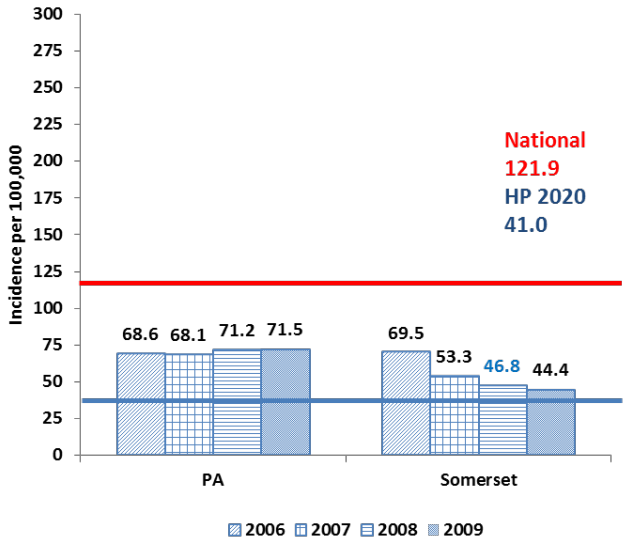
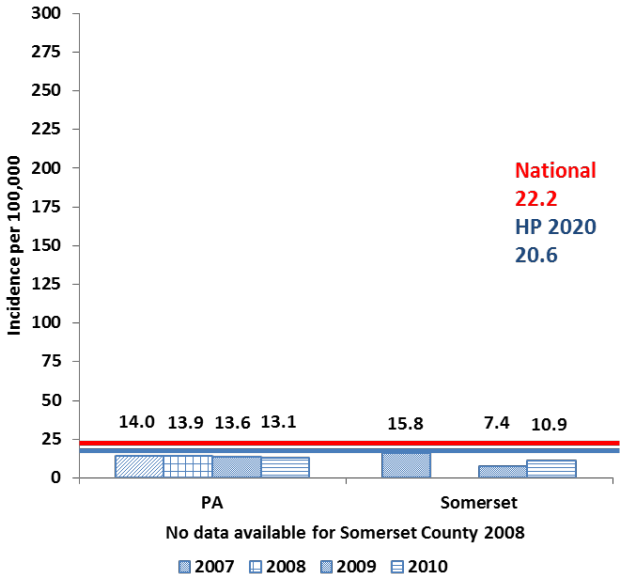


Figure 41: Breast Cancer Mortality Rate



Source: Pennsylvania Department of Health; www.healthypeople.gov

Figure 42 and 43 illustrate bronchus and lung cancer incidence and mortality rates for Somerset County and Pennsylvania. The bronchus and lung cancer incidence rate has steadily declined in Somerset County between 2006 and 2009. Between 2007 and 2009 the incidence rate was significantly lower than the state rate. The mortality rate in Somerset County has fluctuated between 2007 and 2010 but was significantly lower than the state rate in 2007 and 2009.

Figure 42: Bronchus and Lung Cancer Incidence Rate

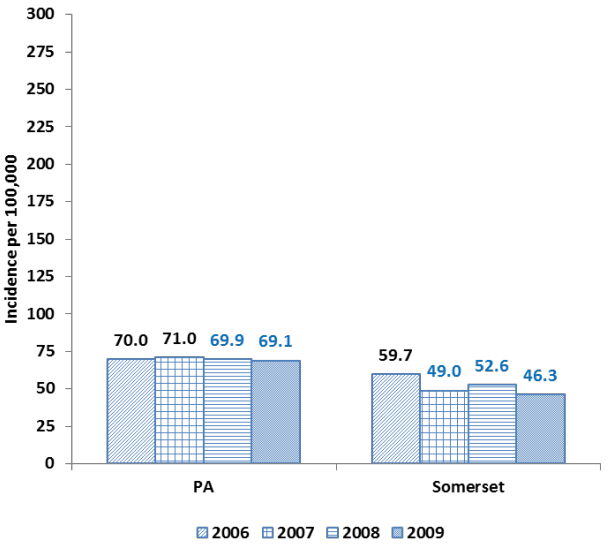
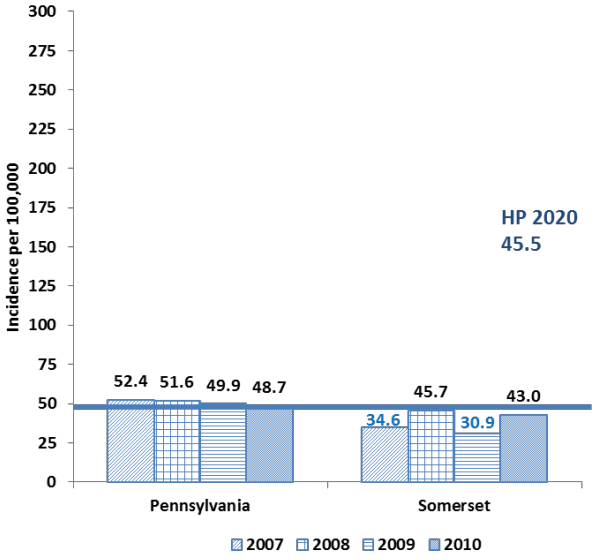


Figure 43: Bronchus and Lung Cancer Mortality Rate



Source: Pennsylvania Department of Health; www.healthypeople.gov

Figure 44 and 45 illustrate colorectal cancer incidence and mortality rate for Somerset County and Pennsylvania. The state rate has steadily declined between 2006 and 2009 as well as the rate in Somerset County except for an increase in 2009. The incidence rates for both the state and county are above the Healthy People 2020 Goal of 38.6 which means that the county has not yet achieved the goal. The mortality rates are comparable and slightly above the Healthy People 2020 Goal of 14.5.

Figure 44: Colorectal Cancer Incidence Rate

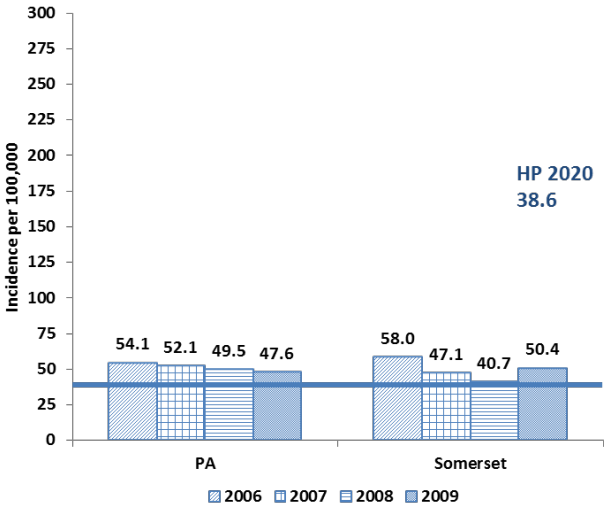
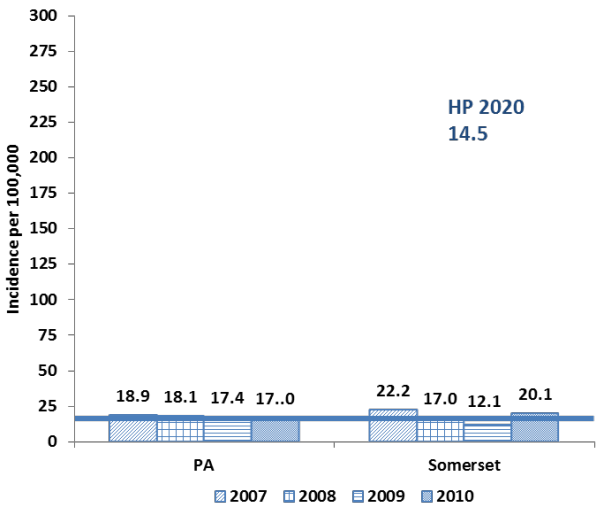


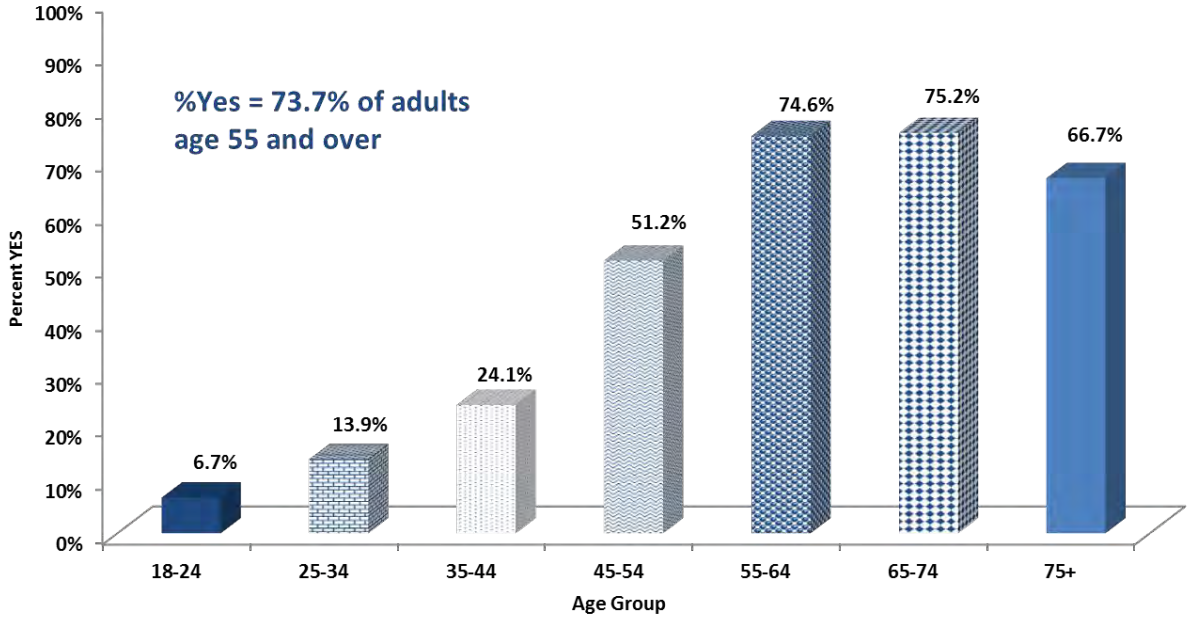
Figure 45: Colorectal Cancer Mortality Rate



Source: Pennsylvania Department of Health; www.healthypeople.gov

Figure 46 illustrates responses from the 2013 Community Survey for respondents who have had a colonoscopy, categorized by age groups. The majority (73.7%) of respondents over the age of 55 reported that they have had a colonoscopy.

Figure 46: 2013 Community Survey: Colonoscopy by Age



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 47 and **Figure 48** illustrate prostate cancer incidence and mortality rate for Somerset County and Pennsylvania. In 2007, both the state and Somerset County had a slight increase in incidence rates but the numbers decreased the following two years. Although no data was available for Somerset County in 2008 and 2009, the prostate cancer mortality rate is comparable to the state and national rates. At a rate of 20.1 for Somerset County in 2010, the county is below the Healthy People 2020 Goal of 21.2 which means that if the rate remains at this level, the county has achieved the HP 2020 goal.

Figure 47: Prostate Cancer Incidence Rate

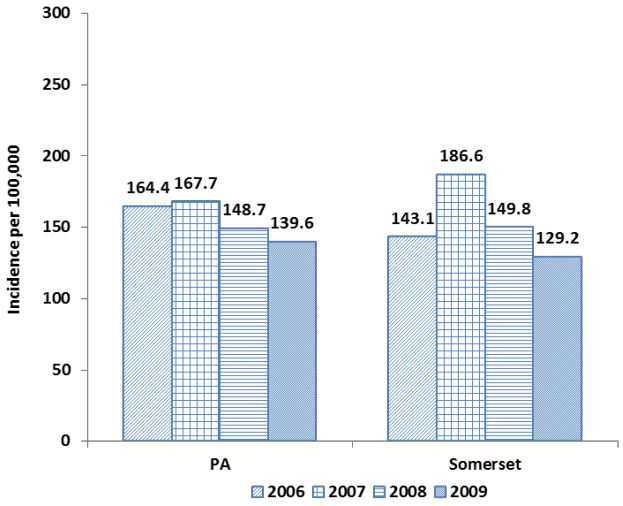
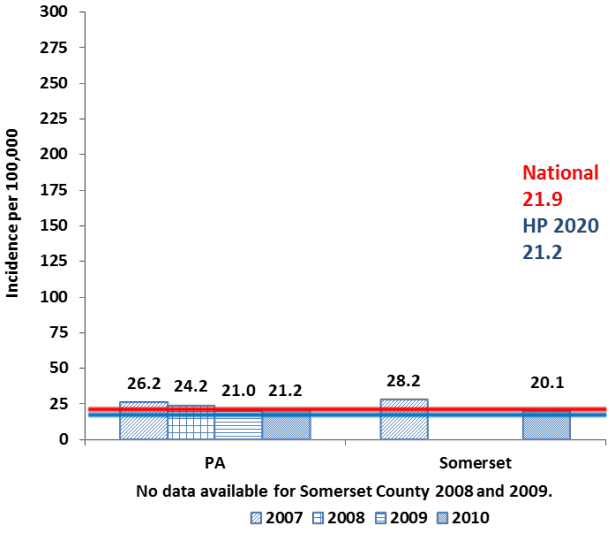


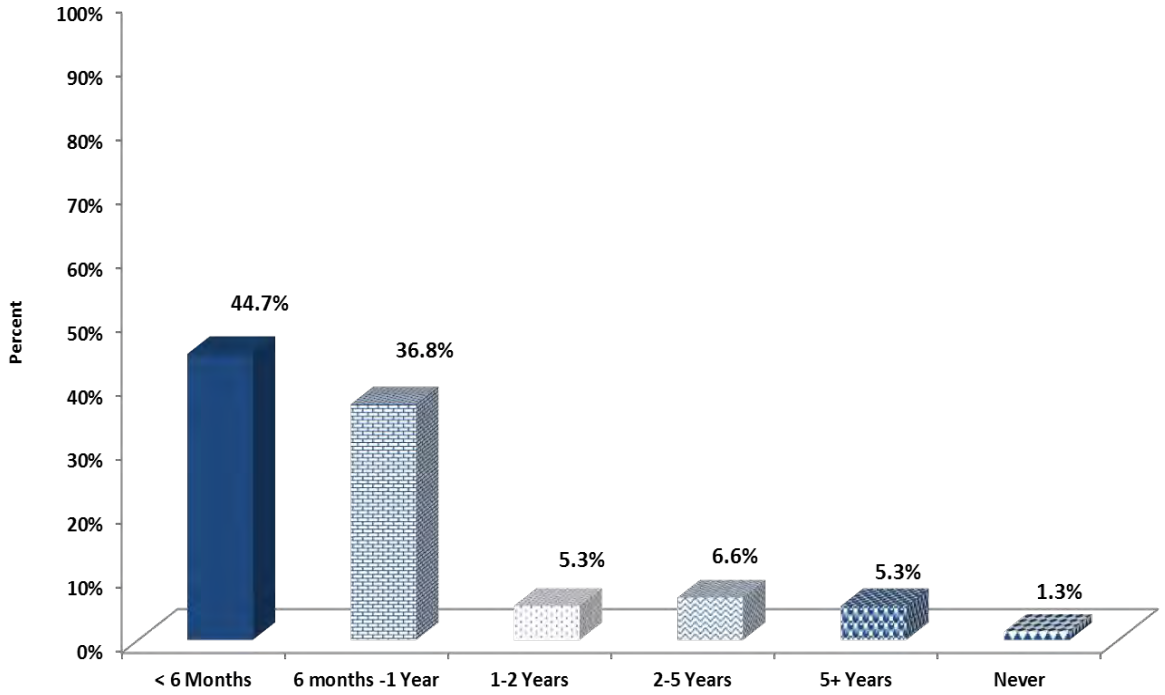
Figure 48: Prostate Cancer Mortality Rate



Source: Pennsylvania Department of Health; www.healthypeople.gov

Figure 49 illustrates responses from the 2013 Community Survey for male respondents over the age of 65 who have had a PSA Test. The majority of male respondents over age 65 (81.5%) have had a PSA Test within the past year.

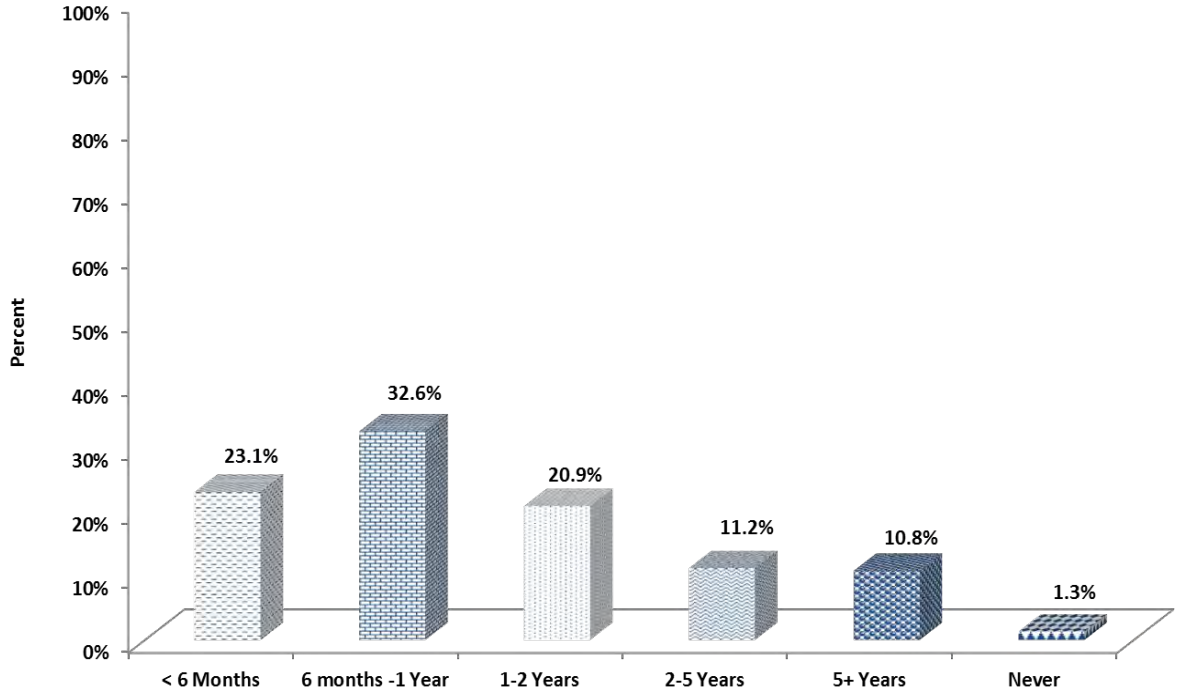
Figure 49: 2013 Community Survey: PSA Test (Males Age 65+) N=76. Length of Time Since Last PSA



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 50 illustrates responses from the 2013 Community Survey for female respondents who had a PAP test. The majority of female respondents (55.7%) have had a PAP test within the past year.

Figure 50: 2013 Community Survey: Length of Time Since Last PAP Test



Source: Somerset Hospital CHNA Community Survey, 2013

Table 14 illustrates responses from the 2013 Community Survey for the length of time respondents last had their blood pressure checked. With age, the frequency of respondents having their blood pressure checked increased, with between 79% and 87% of respondents over the age of 55 having their blood pressure checked within the past 6 months.

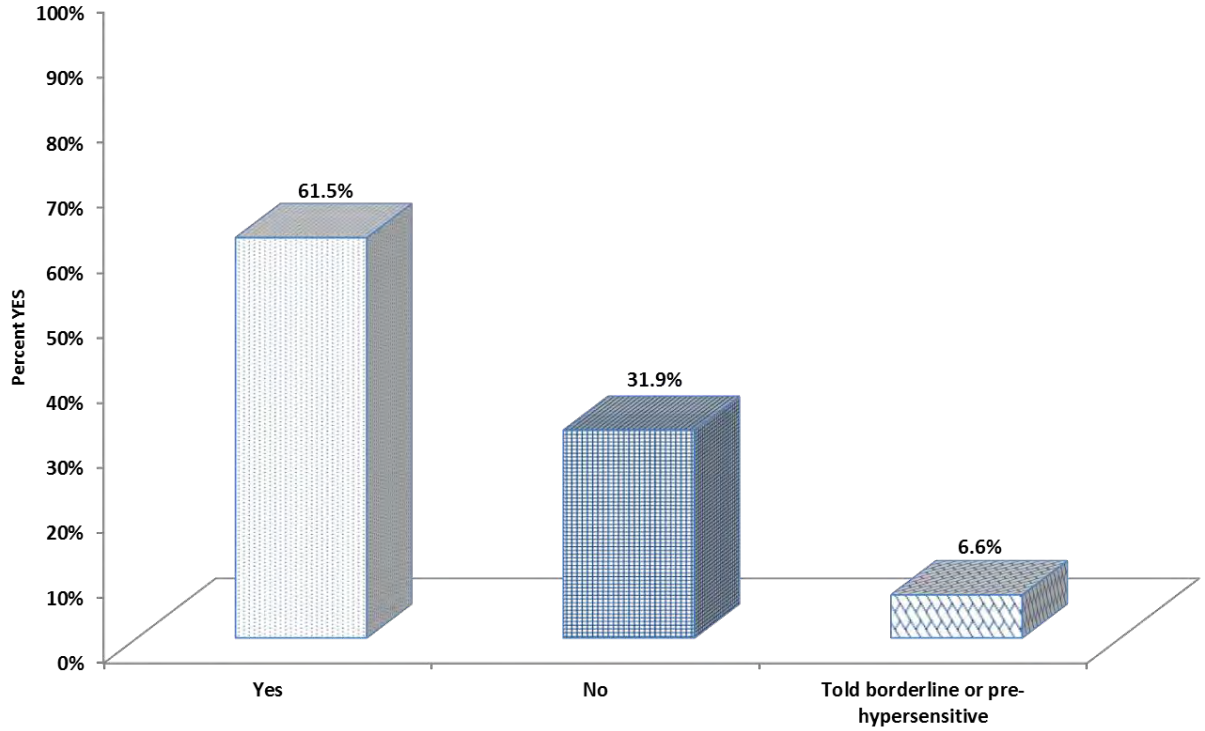
Table 14: 2013 Community Survey: Last Time Blood Pressure was Checked

Length of Time					
Age Category	< 6 Months	7-12 Months	1-2 Years	2-5 Years	5+ Years
18-24	46.7%	13.3%	33.3%	6.7%	0.0%
25-34	61.1%	19.4%	13.9%	2.8%	2.8%
35-44	67.7%	20.2%	9.6%	2.0%	0.5%
45-54	73.3%	18.7%	5.3%	1.6%	1.1%
55-64	79.3%	15.1%	4.0%	0.7%	1.0%
65-74	87.6%	10.3%	2.1%	0.0%	0.0%
75+	86.9%	11.9%	1.2%	0.0%	0.0%

Source: Somerset Hospital CHNA Community Survey, 2013

Figure 51 illustrates responses from the 2013 Community Survey for respondents over the age of 65 who were told that they have high blood pressure. A majority of respondents over the age of 65 (61.5%) had been told that they have high blood pressure.

Figure 51: 2013 Community Survey: Told You Have High Blood Pressure, Age 65+



Source: Somerset Hospital CHNA Community Survey, 2013

Table 15 outlines responses from the 2013 Community Survey for the length of time respondents last had their blood cholesterol checked. With age, the frequency of respondents having their blood cholesterol checked increased, with 50% or more of the population over the age of 55 having their blood cholesterol checked within the past 6 months.

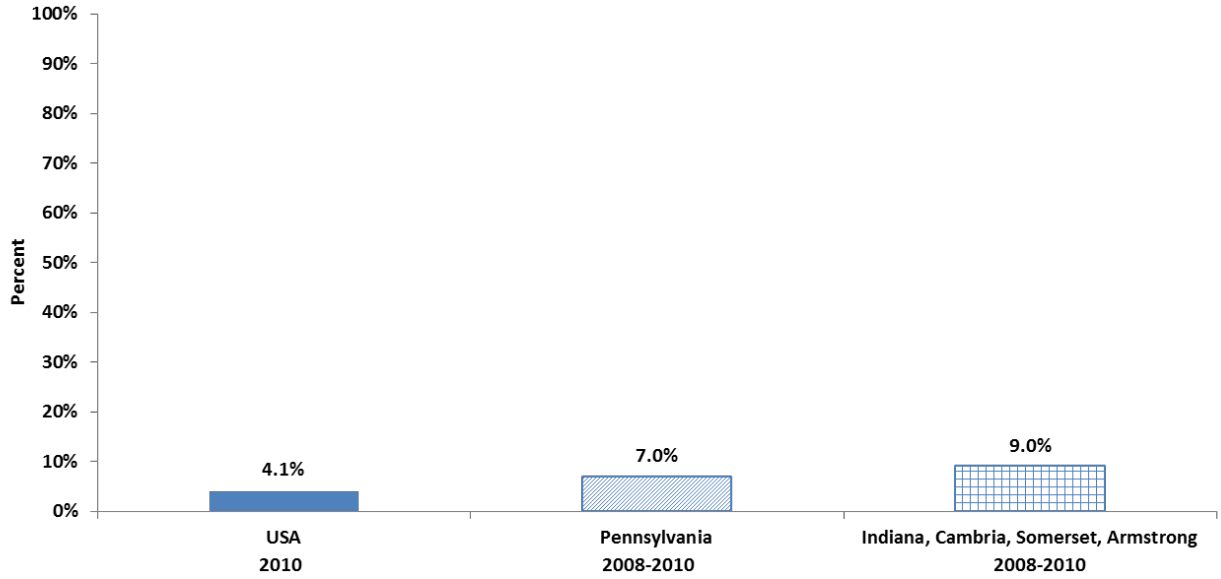
Table 15: 2013 Community Survey: Last had Blood Cholesterol Checked

	Length of Time					
Age Category	< 6 Months	7-12 Months	1-2 Years	2-5 Years	5+ Years	Never
18-24	6.7%	0.0%	26.7%	6.7%	6.7%	53.3%
25-34	17.8%	15.0%	22.4%	7.5%	8.4%	29.0%
35-44	31.2%	20.1%	18.6%	14.1%	3.0%	13.1%
45-54	36.2%	29.2%	16.9%	9.7%	3.8%	4.3%
55-64	49.9%	30.3%	10.2%	5.2%	2.5%	2.0%
65-74	61.7%	29.8%	4.3%	2.1%	0.0%	2.1%
75+	48.8%	27.4%	15.5%	2.4%	2.4%	3.6%

Source: Somerset Hospital CHNA Community Survey, 2013

Figure 52 illustrates the percentage of adults over the age of 35 who have ever been told that they have heart disease for Somerset County and Pennsylvania. The Somerset County cluster rate (9.0%) is slightly higher than the state rate (7.0%). Both the county and state rates are higher than the USA rate of 4.1%.

Figure 52: Percentage of Adults Ever Told They Have Heart Disease – Age GE 35



Source: Pennsylvania Department of Health

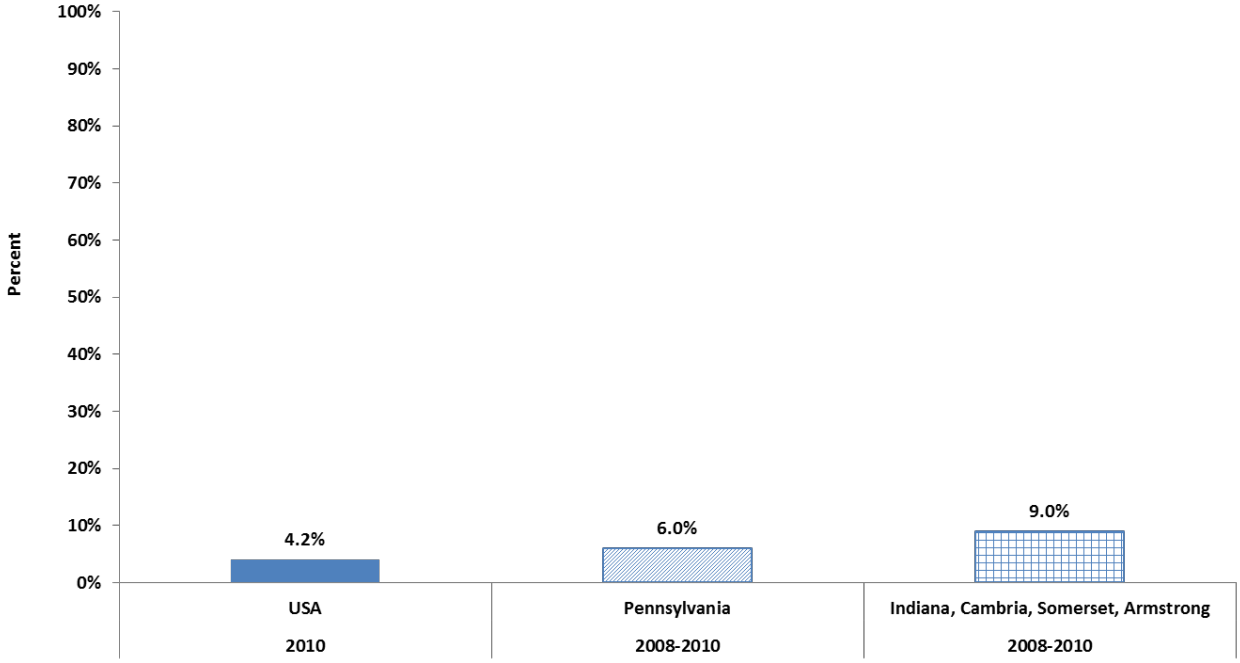
Figure 53 illustrates heart disease mortality rates for Somerset County and Pennsylvania. Between 2007 and 2010, the state rate has steadily decreased. In 2009, the heart disease mortality rate in Somerset County (223.6) was significantly higher than the state rate (190.8). Both Somerset County and the state are higher than the national rate of 179.1.

Figure 53: Heart Disease Mortality Rates

Source: Pennsylvania Department of Health

Figure 54 illustrates the percentage of adults over the age of 35 who were ever told that they had a heart attack for Somerset County and Pennsylvania. The state percentage (6.0%) and Somerset County cluster percentage (9.0%) are higher than the national rate of 4.2%.

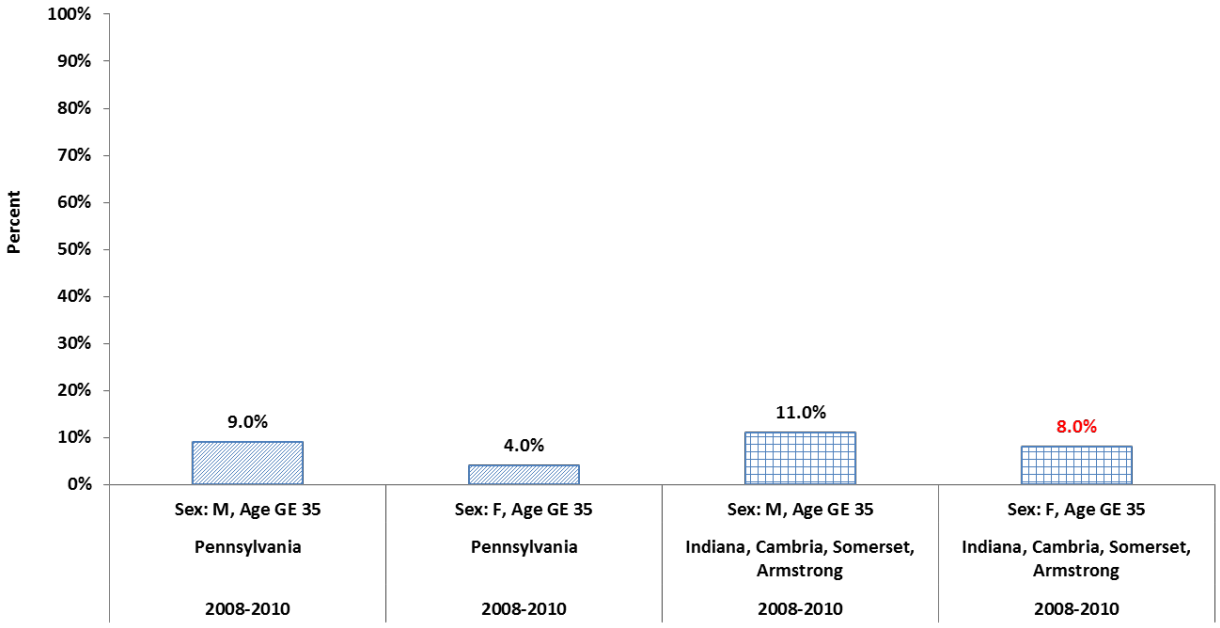
Figure 54: Percentage of Adults Ever Told They Had a Heart Attack – Age GE 35



Source: Pennsylvania Department of Health

Figure 55 illustrates the percentage of adults over the age of 35 who were ever told that they had a heart attack by gender for Somerset County and Pennsylvania. Compared to the state, females over the age of 35 in the Somerset County cluster were significantly more likely than females across the state to be told that they ever had a heart attack.

Figure 55: Percentage of Adults Ever Told They Had a Heart Attack – Age GE 35 by Gender



Source: Pennsylvania Department of Health

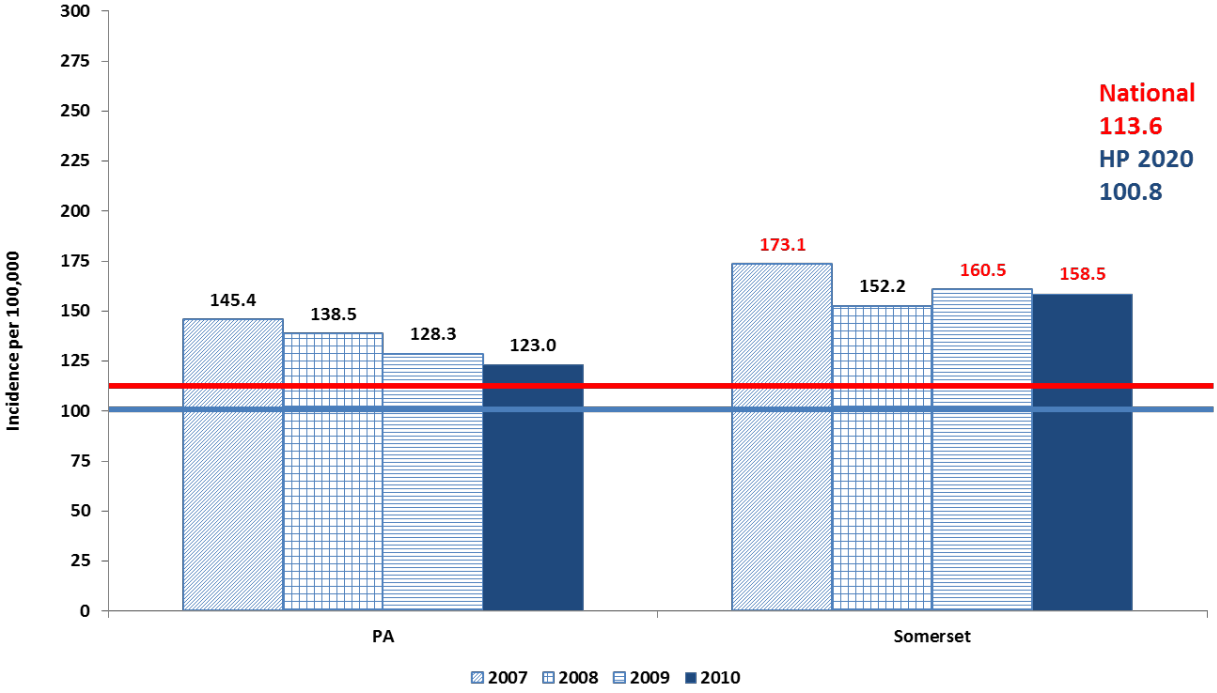
Figure 56 illustrates the acute myocardial infarction mortality rates for Somerset County and Pennsylvania. Between 2007 and 2010 the mortality rate across the state has steadily decreased. In Somerset County, although the mortality rate has decreased overall, the rate is significantly higher than the state rate for all four years.

Figure 56: Acute Myocardial Infarction Mortality Rate

Source: Pennsylvania Department of Health

Figure 57 illustrates coronary heart disease mortality rate for Somerset County and Pennsylvania. Between 2007 and 2010 the mortality rate for the state has steadily decreased. Compared to the state rate, Somerset County is significantly higher for all years except 2008. When looking at the national rate of 113.6 and the Healthy People 2020 Goal of 100.8, the coronary heart disease mortality rate is higher in both Somerset County and Pennsylvania.

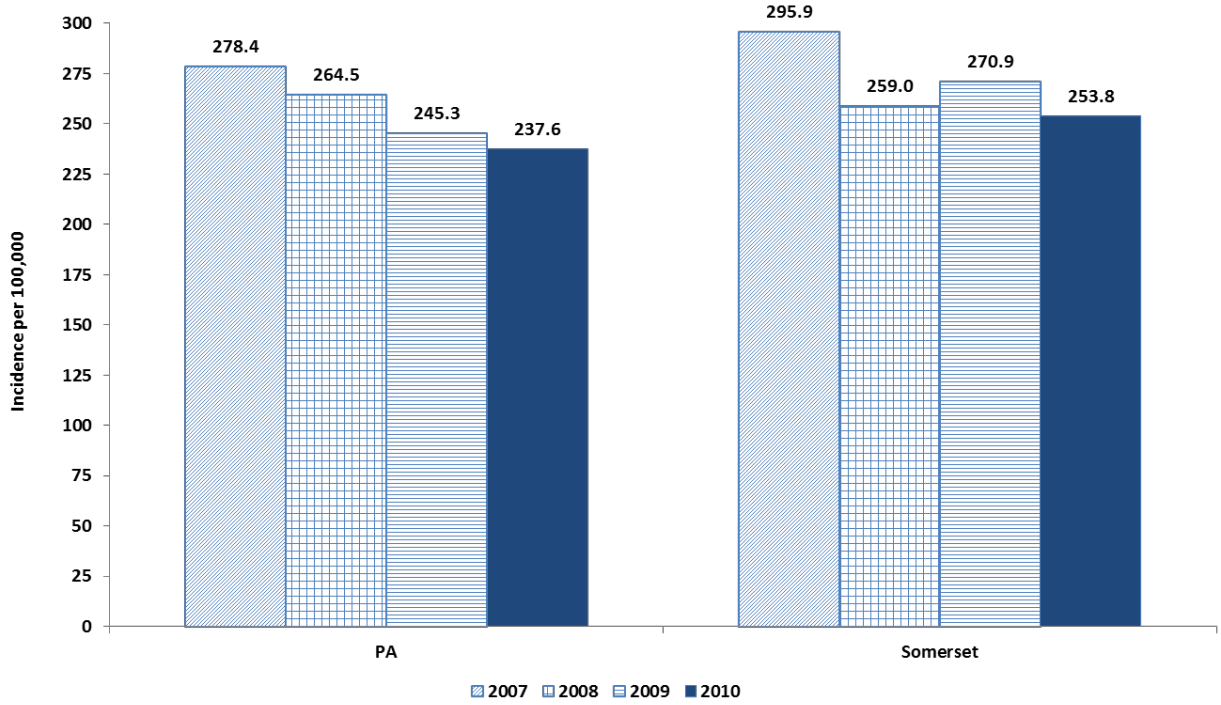
Figure 57: Coronary Heart Disease Mortality Rate



Source: Pennsylvania Department of Health

Figure 58 illustrates the cardiovascular disease mortality rates for Somerset County and Pennsylvania. Between 2007 and 2010 the rate in Somerset County is higher than the state; however, the rate is steadily decreasing for both the state and county.

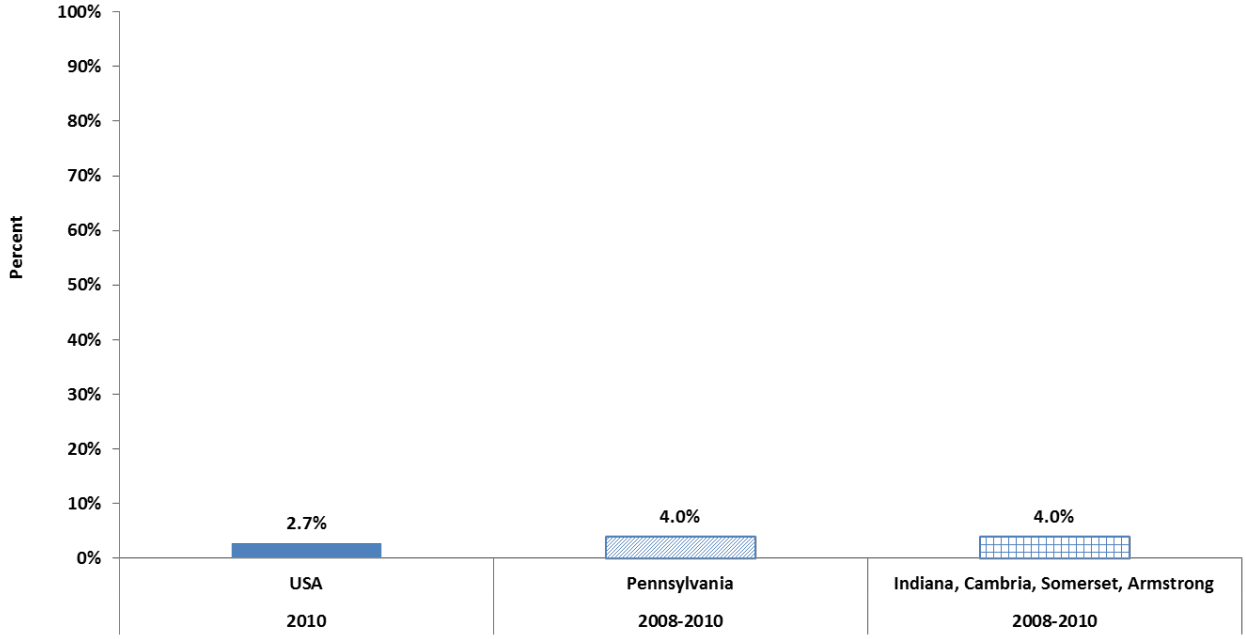
Figure 58: Cardiovascular Disease Mortality Rate



Source: Pennsylvania Department of Health

Figure 59 illustrates the percentage of adults over the age of 35 who had been told that that they ever had a stroke for Somerset County and Pennsylvania. The state (4.0%) and Somerset County cluster (4.0%) percentages are comparable to the national rate (4.1%).

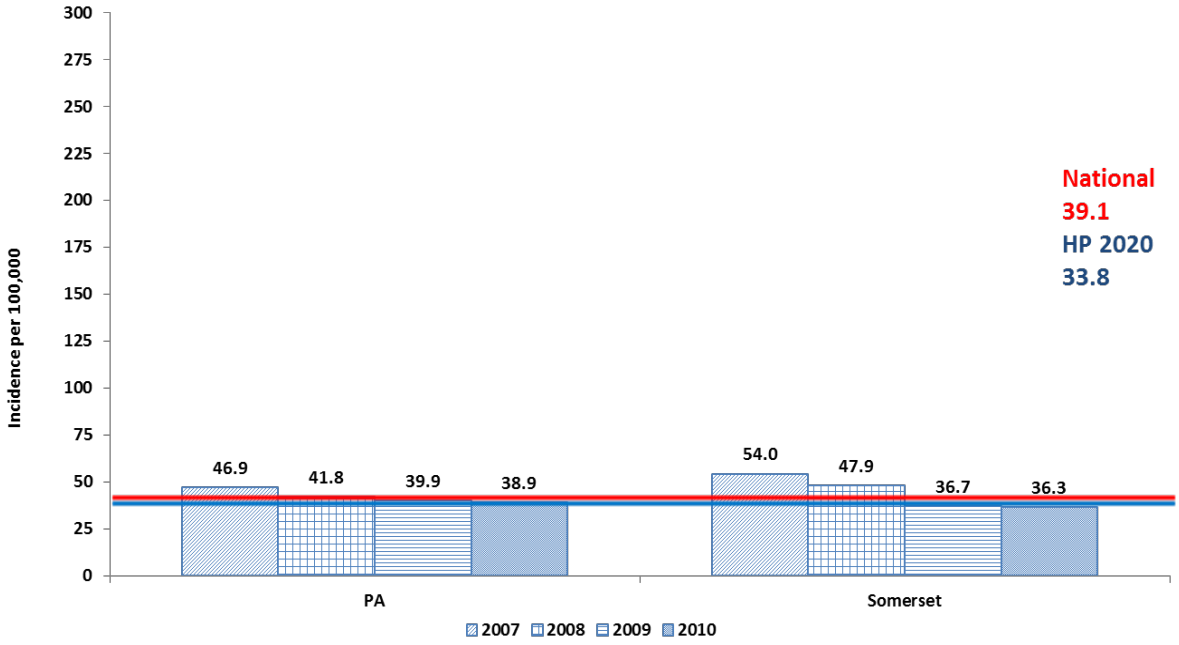
Figure 59. Percentage of Adults Ever Told They Had a Stroke – Age GE 35



Source: Pennsylvania Department of Health

Figure 60 illustrates the cerebrovascular disease mortality rates for Somerset County and Pennsylvania. Between 2007 and 2010 the rates for the state and Somerset County are steadily decreasing with no significant differences. When looking at the state and Somerset County, the cerebrovascular disease mortality rate is slightly higher than both the Healthy People 2020 Goal (33.8) and the national rate (39.1), except for the years 2009 and 2010 for Somerset County.

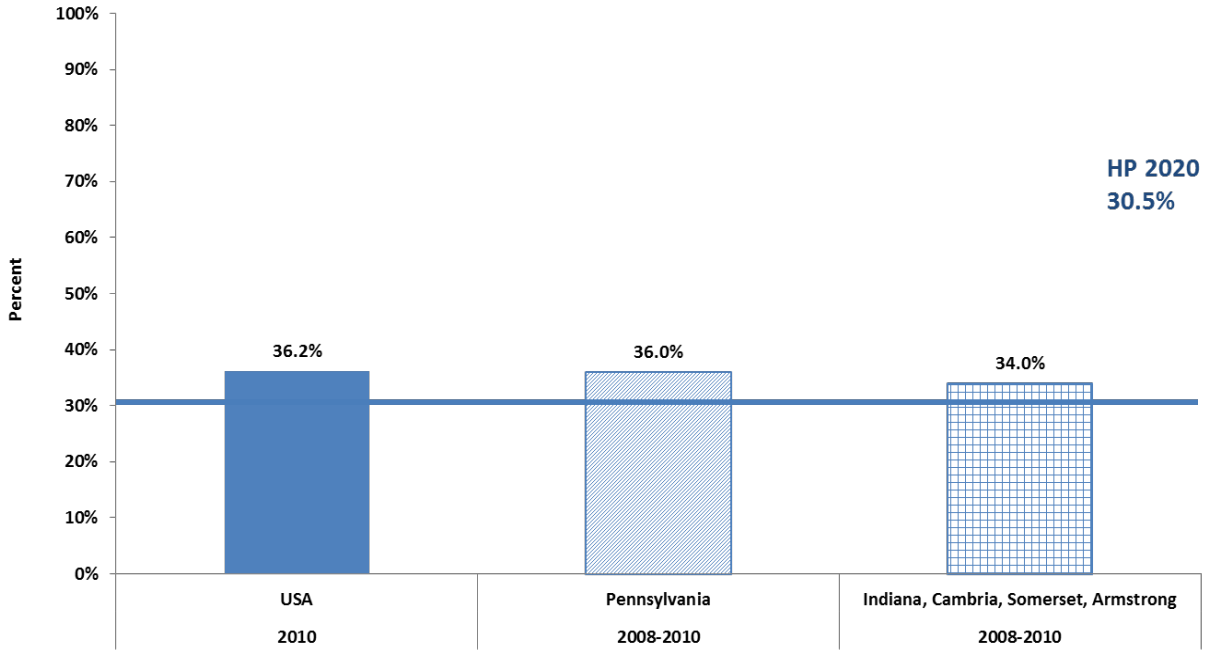
Figure 60: Cerebrovascular Disease Mortality Rate



Source: Pennsylvania Department of Health

Figure 61 illustrates the percentage of adults who are overweight for Somerset County and Pennsylvania. The state (36.2%) and Somerset County cluster (34.0%) percentages are comparable to the national rate (36.2%), and are slightly above the Healthy People 2020 Goal (30.5%).

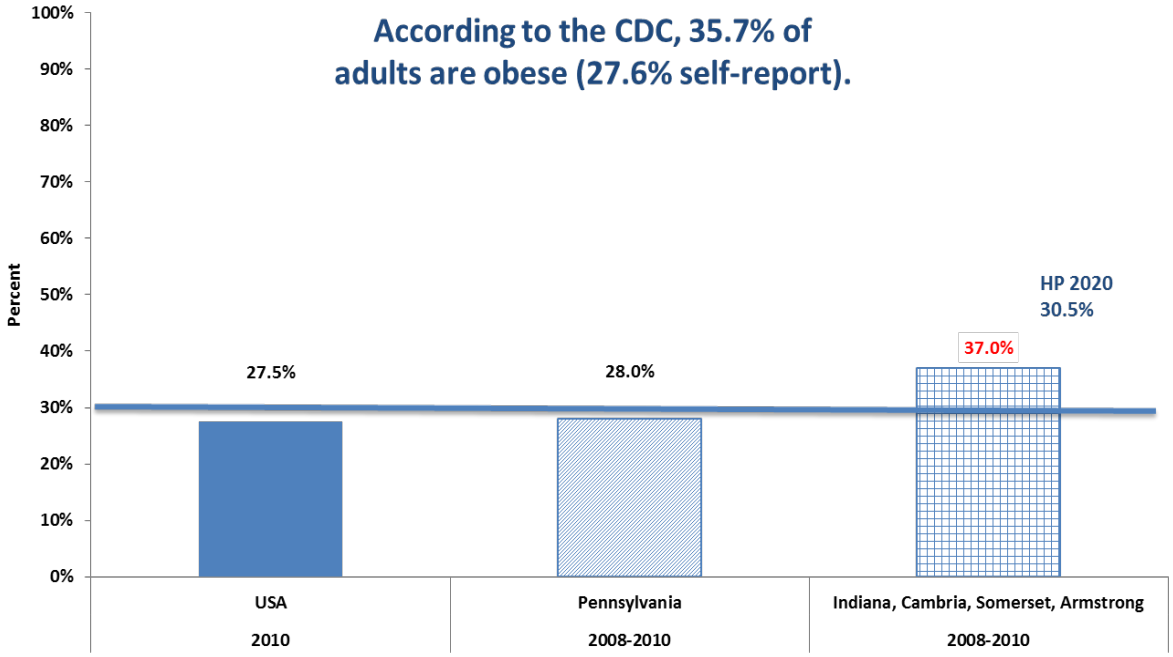
Figure 61: Percentage of Adults Overweight (BMI 25-30)



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 62 illustrates the percentage of adults who are obese for Somerset County and Pennsylvania. Compared to the state percentage of 28.0%, the Somerset County cluster is significantly higher with a rate of 37.0%. Both the state and county are higher than the national rate of 27.5%. The Somerset County cluster is also above the Healthy People 2020 Goal of 30.5%, which means that the county has not yet achieved the goal.

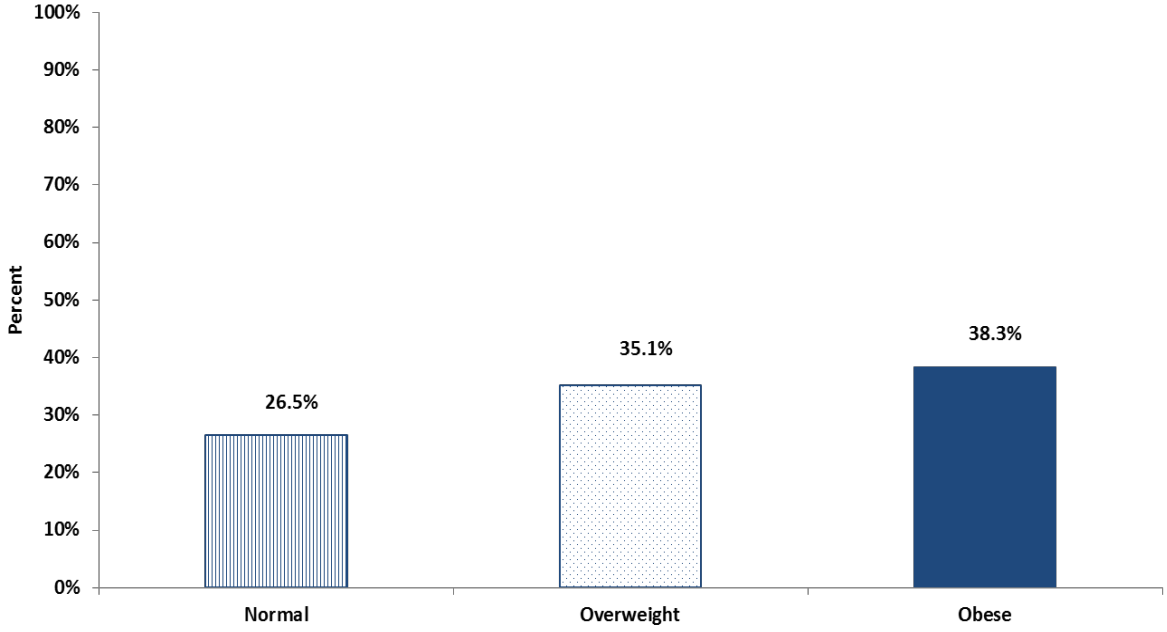
Figure 62: Percentage of Adults Obese (BMI GE 30)



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

Figure 63 illustrates responses from the 2013 Community Survey for respondents overweight or obese. Over a third of the respondents (35.1%) reported a height and weight that classifies them as overweight, while 38.3% reported heights and weights that classify them as obese.

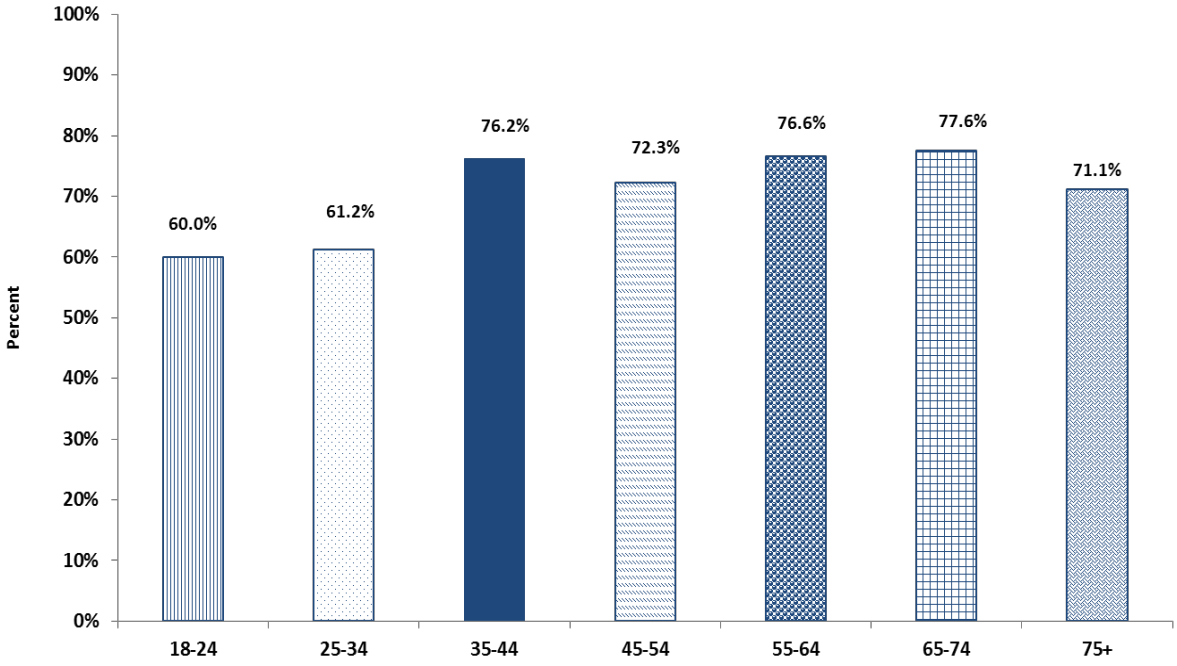
Figure 63: 2013 Community Survey: Overweight and Obese Adults



Note: Due to rounding issues, percentages do not equal 100%.
Source: Somerset Hospital CHNA Community Survey, 2013

Figure 64 illustrates responses from the 2013 Community Survey for respondents overweight or obese by age group. With age, the percentage of adults who responded heights and weights that would classify them as overweight or obese increased, although the percentage decreases for the 75+ age cohort.

Figure 64: 2013 Community Survey: Overweight and Obese Adults by Age



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 65 and **66** illustrate the percentage of all adults who have ever been told that they have diabetes for Somerset County and Pennsylvania. At 11.0%, the Somerset County cluster is slightly higher than the state (9.0%) and national (8.7%) rates. Between 2007 and 2010 the mortality rate in the Somerset County cluster was higher than the national state rates and is significantly higher in 2009. Both the state and Somerset County rates are below the Healthy People 2020 Goal of 65.8.

Figure 65: Percentage of All Adults Ever Told They Have Diabetes

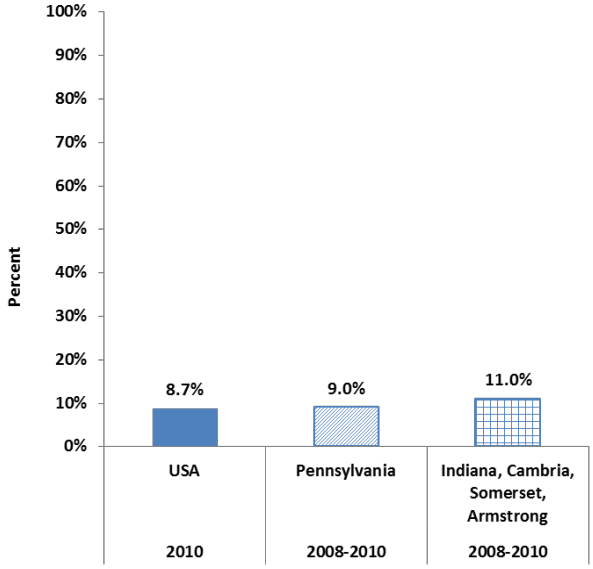
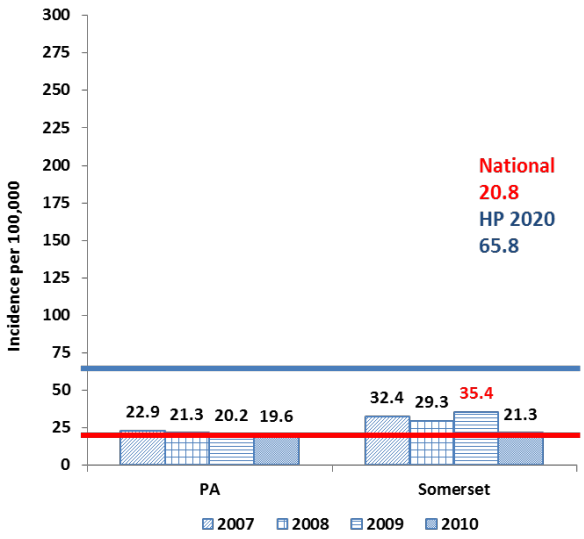


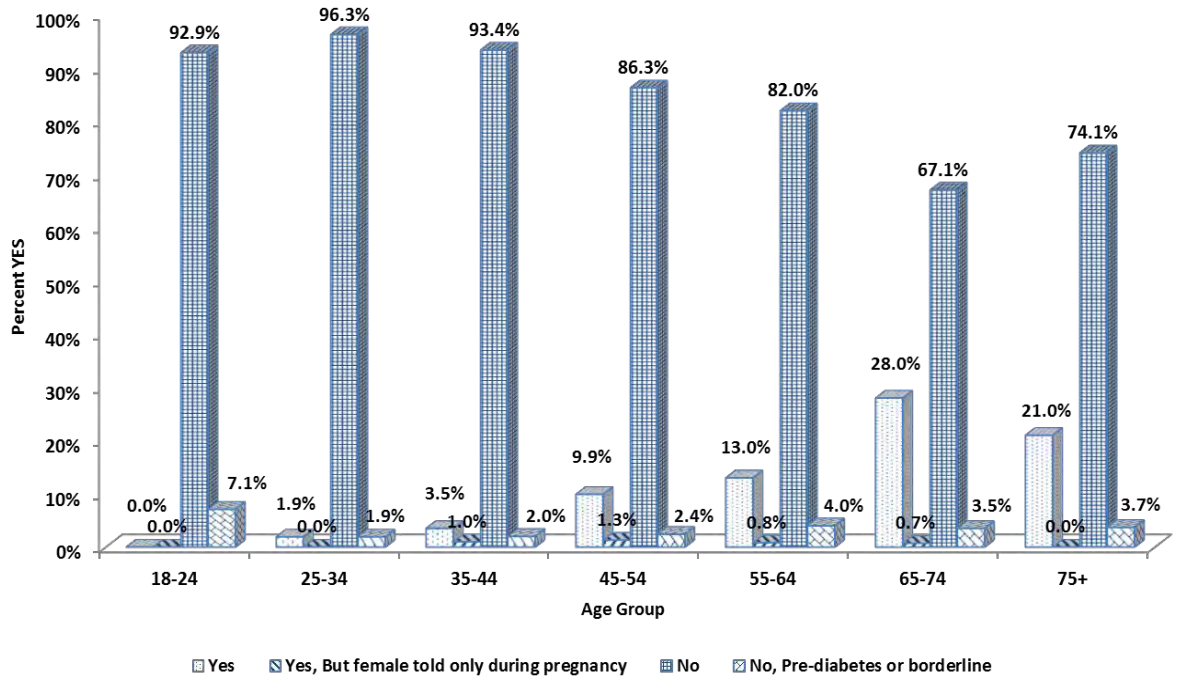
Figure 66: Diabetes Mortality Rate



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 67 illustrates responses from the 2013 Community Survey for respondents ever told that they have diabetes by age group. The responses show that older respondents were more likely to report having diabetes, with the highest percentage (28.0%) in the 65-74 age group.

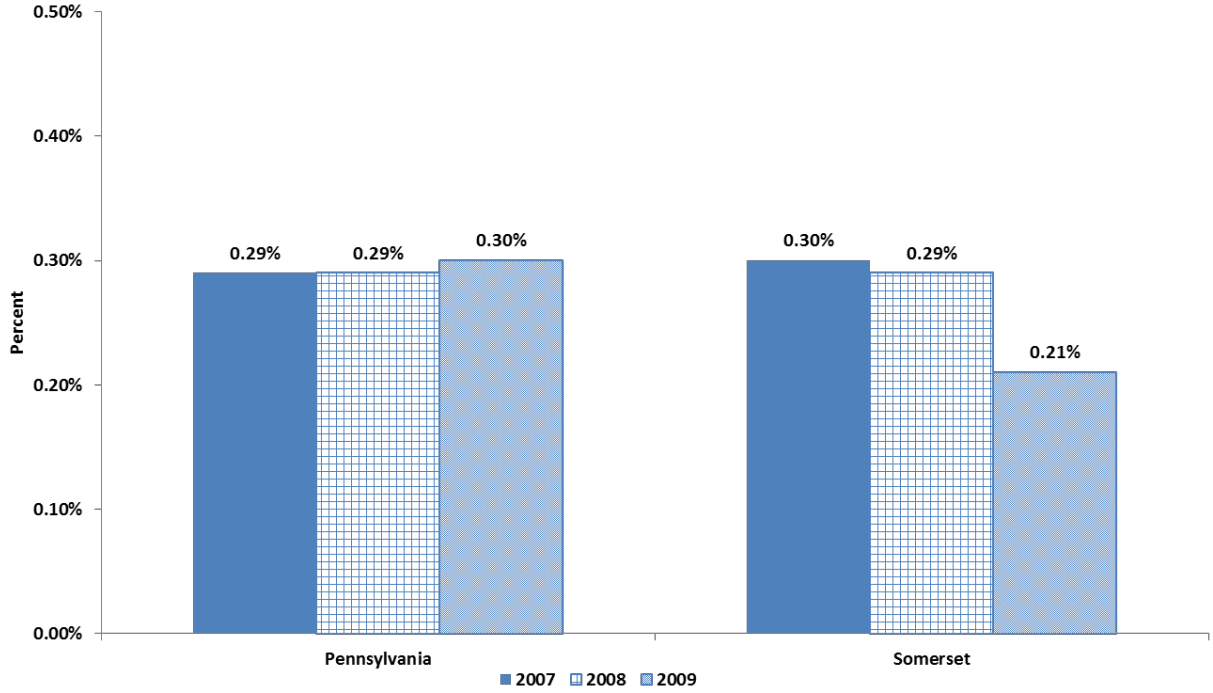
Figure 67: 2013 Community Survey: Percentage Told They Have Diabetes



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 68 illustrates students medically diagnosed with Type I diabetes for Somerset County and Pennsylvania. Although the percentages are small, the state and Somerset County rates are comparable.

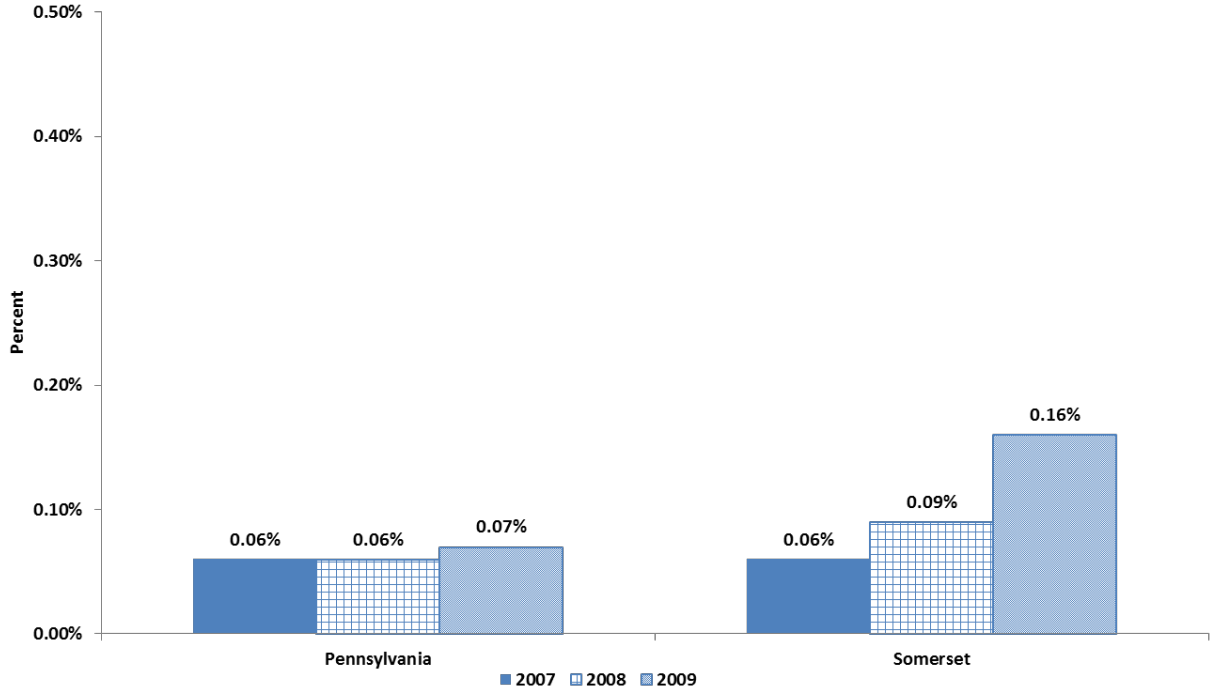
Figure 68: Student Health – Type I Diabetes



Source: Student Health Records, Pennsylvania Department of Health

Figure 69 illustrates students diagnosed with Type II diabetes for Somerset County and Pennsylvania. Although the numbers are small, the percentage in Somerset County is increasing.

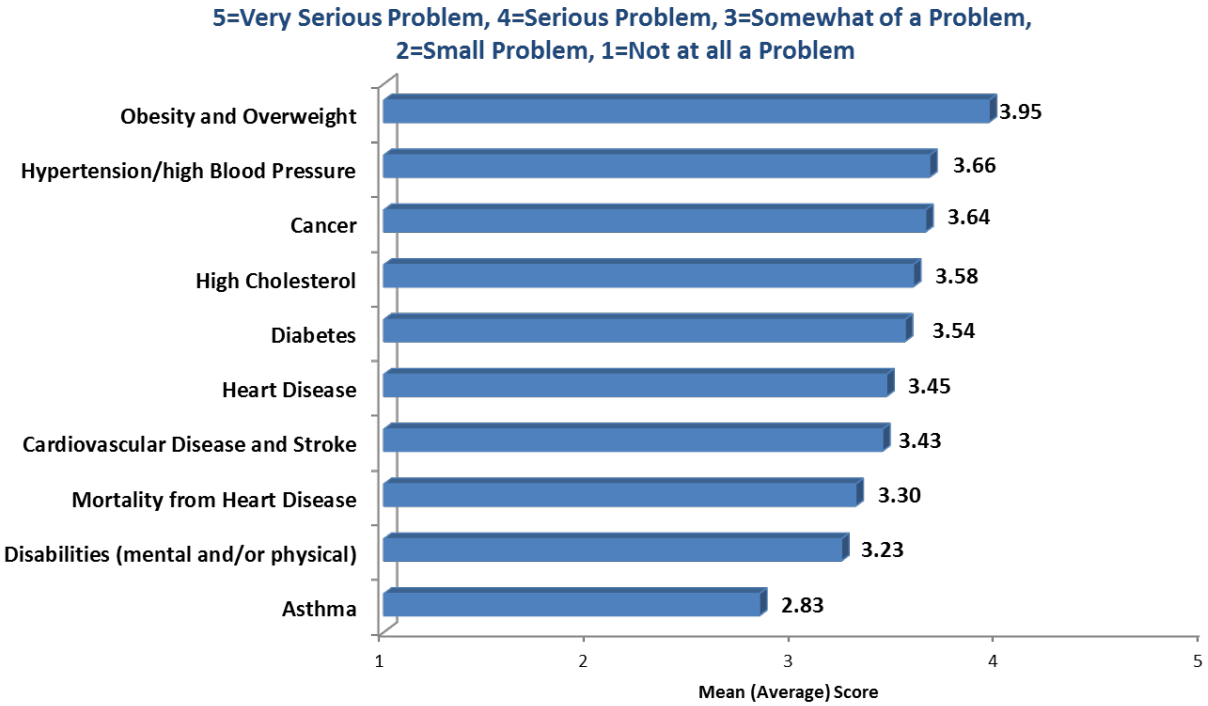
Figure 69: Student Health – Type II Diabetes



Source: Student Health Records, Pennsylvania Department of Health

Figure 70 Illustrates Community Survey responses for chronic disease related issues. Respondents were given a list of potential community health issues and were asked to rate how serious of a problem each is in their community on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. The top three issues, obesity and overweight, hypertension/high blood pressure, and cancer were rated closer to "serious" problems in the community, while the other issues on the list were rated as somewhat serious on average.

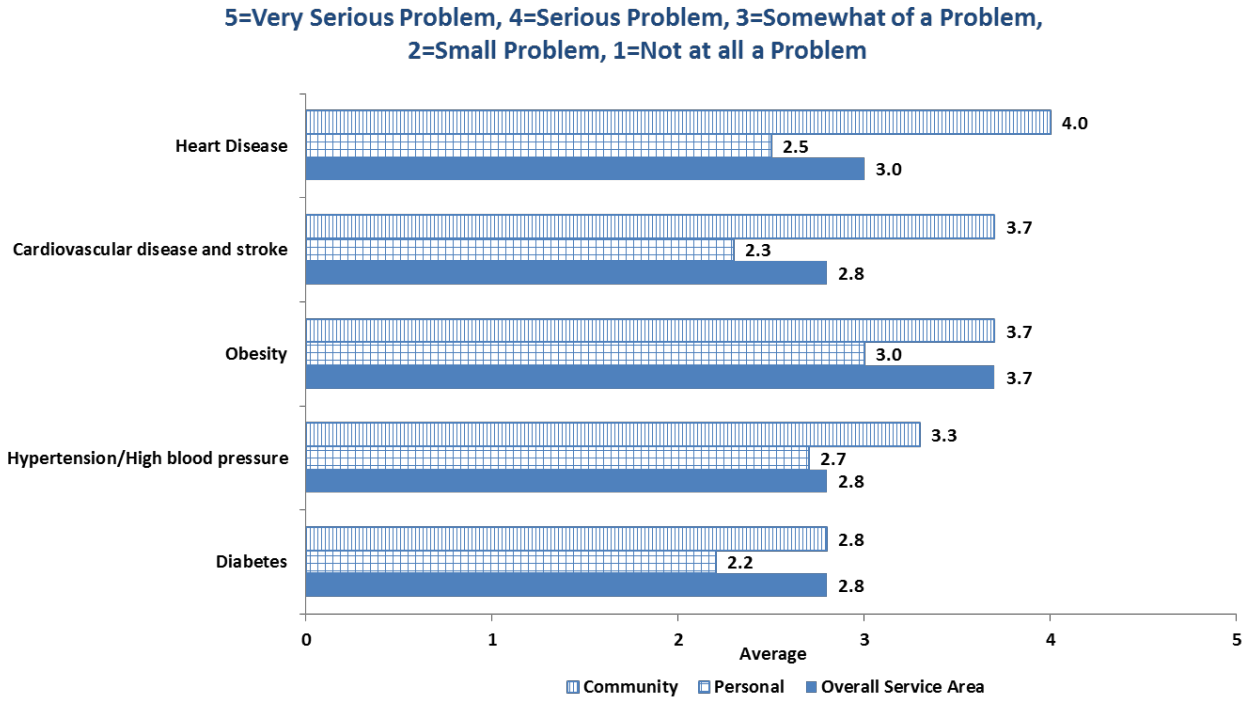
Figure 70: 2013 Community Survey: Chronic Disease



Source: Somerset Hospital CHNA Community Survey, 2013

Focus group participants were given a list of potential community health issues and were asked to rate how much of a problem each was in their community, family and the service area overall on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 71** illustrates responses related to chronic disease related issues. The top three issues, heart disease, cardiovascular disease and stroke, and obesity were rated closer to "serious" problems in the community, while the other issues on the list were rated as somewhat serious on average. Obesity was rated as somewhat of a problem for their family.

Figure 71: Adult Focus Group: Community Health Issues



Source: Somerset Hospital CHNA Focus Groups, 2013

Focus Group Input

Focus Group participants were asked to discuss the needs and issues regarding those topics that were rated as serious issues in the community. The participants talked about the relationship between age, obesity and chronic diseases as well as between eating habits and obesity. Participants perceived that there are challenges associated with healthy eating because parents are busy, they often don't have the time to cook healthy meals and often rely on fast food. There is a perception that unhealthy food is cheaper to buy. Children are less active and many, even younger kids, are overweight. The issue of obesity was identified as a major concern in all of the focus groups and participants commented that it is the root of many other health problems. Specific themes and comments included:

- There are many fast food restaurants in town
- It is cheaper to buy unhealthy food
- Many kids in the school, even the younger kids, are overweight
- Parents are often too busy to cook everyday
- Children are less active due to video games, computers, etc.
- Obesity is related to many other chronic health problems
- With and aging community you tend to see more incidence of chronic disease

Stakeholder Input

Stakeholder interview participants were asked to comment on the top health needs in the community, environmental factors that are driving the needs of the community, activities currently underway to address community needs, and areas to develop for unmet community needs. Below are individual comments received related to chronic disease:

- There seems to be high rates of lung disease, which may be related to working in the coal mines and mills
- Obesity is an issue for both adults and children

Chronic Disease Conclusions

Somerset County is faring reasonably well related to many chronic disease conditions, although others continue to offer challenges for the community and the health care system. Breast cancer, bronchus and lung cancer, prostate cancer incidence rates are comparatively low. Cardiovascular (heart) and cerebrovascular (stroke) disease related incidence and mortality rates, although they are high, and in some indicators significantly higher than state rates, are declining.

On the other hand, obesity and diabetes rates are high and are not declining. The diabetes mortality rate is higher, although not significantly, compared to the state. Although the numbers are small, the rate of students with Type II diabetes has doubled between 2007 and 2009. For Community Survey respondents, the diabetes rate for respondents over age 65 is almost double the rates of younger age groups. They also rated obesity/overweight followed by hypertension/high blood pressure and cancer as the most serious problems in the community.

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

- The breast cancer incidence rate is trending downward for Somerset County and is near the Healthy People 2020 goal of 41.0.
- For the state and Somerset County, breast cancer mortality rates are below the Healthy People 2020 goal of 20.6.
- The percentage of mammogram screenings in Somerset County for years 2011 and 2012 is lower than that of the state; however, the percentage is increasing. From the Community Survey, 56.4% of the respondents reported having a mammogram screening within the past year.
- Bronchus and lung cancer incidence rate is significantly lower in Somerset County compared to the state. The county level mortality rate, however, has fluctuated and was significantly lower than the state rate in 2007 and 2009. Somerset County has been at or below the Healthy People 2020 goal of 45.5.
- In Somerset County, the colorectal cancer incidence and mortality rate is declining but still slightly higher than the Healthy People 2020 goals of 38.6 and 14.5, respectively. The majority (73.7%) of community survey respondents over age 55 have had a colonoscopy.

- Prostate cancer incidence and mortality rates are trending downward in the state and Somerset County. In 2010, Somerset County was below the Healthy People goal of 21.2. From the Community Survey, 81.5% of males over the age of 65 have had a PSA test within the past year.
- From the Community Survey, the majority (55.7%) of females had a PAP test within the past year.
- The likeliness that a community survey respondent has had their blood pressure checked in the last six months increases with age. The vast majority of all respondents over age 25 have had their blood pressure checked within the last year. Over half (61.9%) of respondents over age 65 have been told they have high blood pressure.
- In Somerset County, 9% of the population over age 35 has been told they have heart disease. The heart disease mortality rate is slightly higher in Somerset County compared to the state, but have been declining over the past few years.
- In Somerset County, females over the age of 35 were significantly higher (8.0%) in terms of being told they had a heart attack compared to the state (4.0%).
- Heart attack and coronary heart disease mortality rates were significantly higher in Somerset County between 2007 and 2010 compared to the state, although the rate is decreasing.
- In Somerset County, the cardiovascular disease mortality rate is higher than the state rate, but not significantly, and is trending downward.
- In Somerset County, the percentage of people told they had a stroke was equal to the state rate, but above the national rate. The cerebrovascular disease mortality rate in Somerset County is higher than the state rate, but not significantly, and is trending downward.
- In Somerset County, 34% of adults were considered overweight and 37% of adults were considered obese, which is significantly higher when compared to the state rate. These findings are comparable to community survey results. The percentage of overweight and obese adults reported on the community survey increases substantially at age 35 (from 61 to 76%).
- In Somerset County, the diabetes mortality rate is higher, although not significantly, compared to the state. For community Survey respondents, diabetes rates for those over age 65 are almost double the rate of younger age groups. Although the numbers are small, the rate of students with Type II diabetes has doubled between 2007 and 2009. The trend for students with Type I diabetes in Somerset County is declining.
- Community survey respondents rated obesity/overweight followed by hypertension/high blood pressure and cancer as the most serious problems in the community.
- Heart disease, cardiovascular disease/stroke and obesity were the most serious rated chronic disease related problems in the community. Focus group respondents tended to

rank chronic disease issues as more of a problem in their community compared to their personal life or hospital service area.

- Focus group participants commented on the number of fast food restaurants in the community and that it is cheaper to buy unhealthy foods. There are many kids that are overweight, often because parents are too busy to cook every day. Children are also less active due to video games.
- Stakeholders indicated that there tends to be high rates of lung disease in the area which may be related to working in the coal mines and mills. They also expressed that obesity is an issue in the region for both adults and children.

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Healthy Environment

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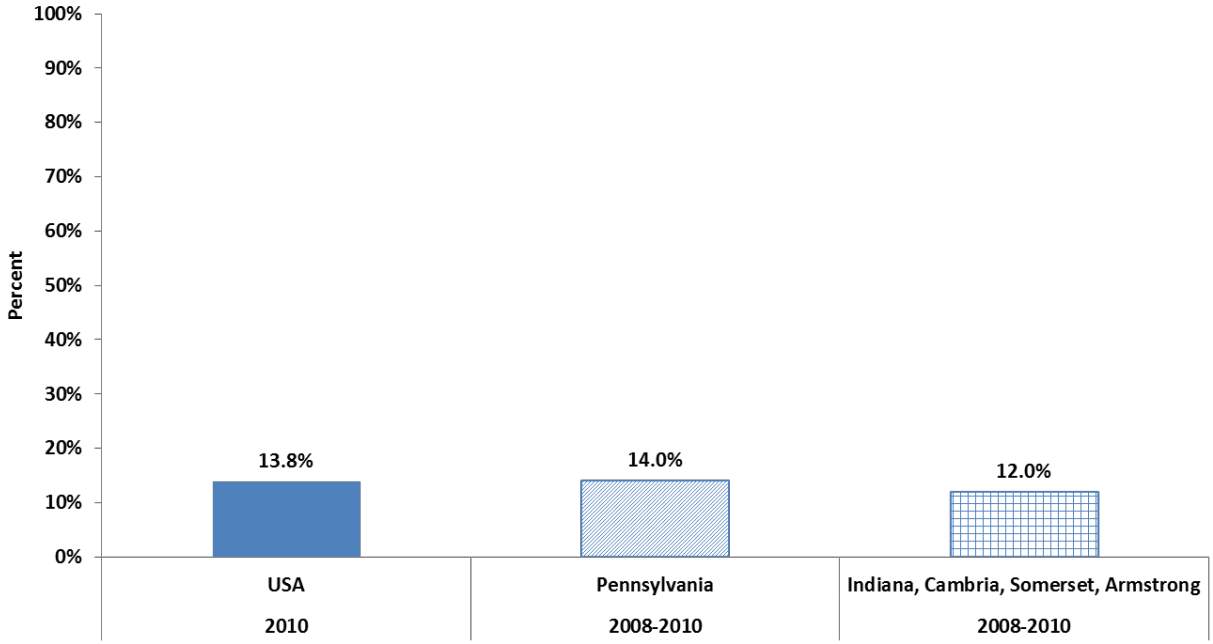
Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and geographic information.

Figure 72 illustrates the percentage of all adults who were ever told that they have asthma. The Somerset County cluster (12.0%) is slightly lower than the state (14.0%) and national (13.8%) percentages.

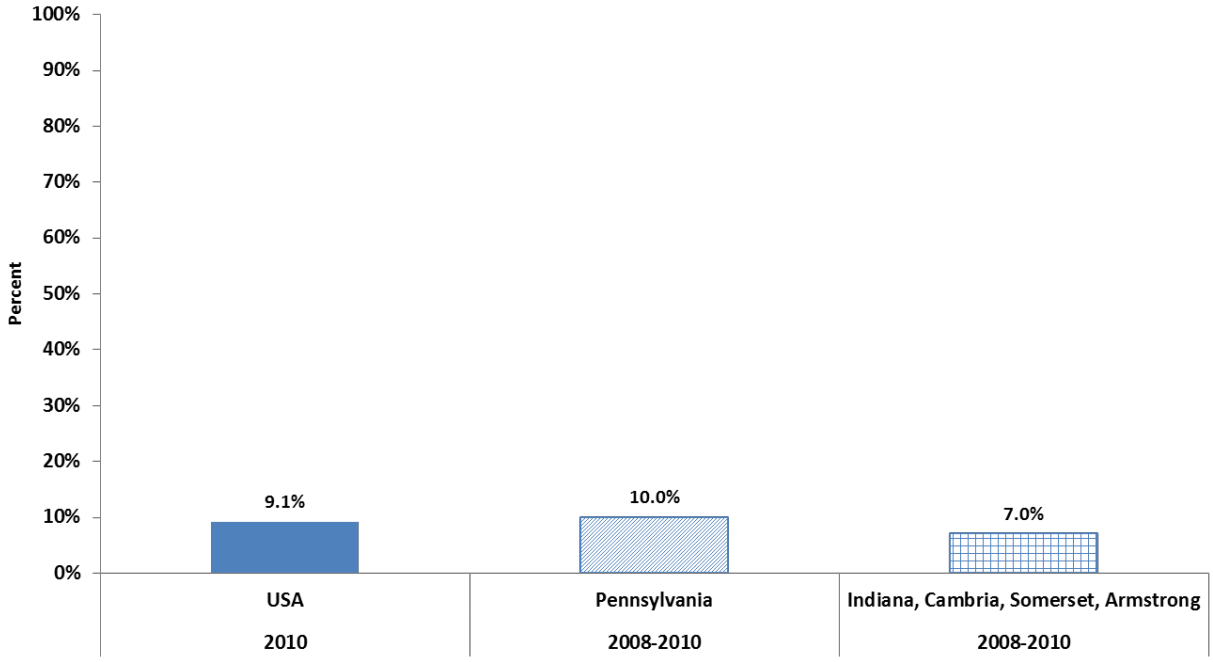
Figure 72: Percentage of All Adults Ever Told They Have Asthma



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 73 illustrates the percentage of all adults who currently have asthma. The Somerset County cluster (7.0%) is slightly lower than the state (10.0%) and national (9.1%) percentages.

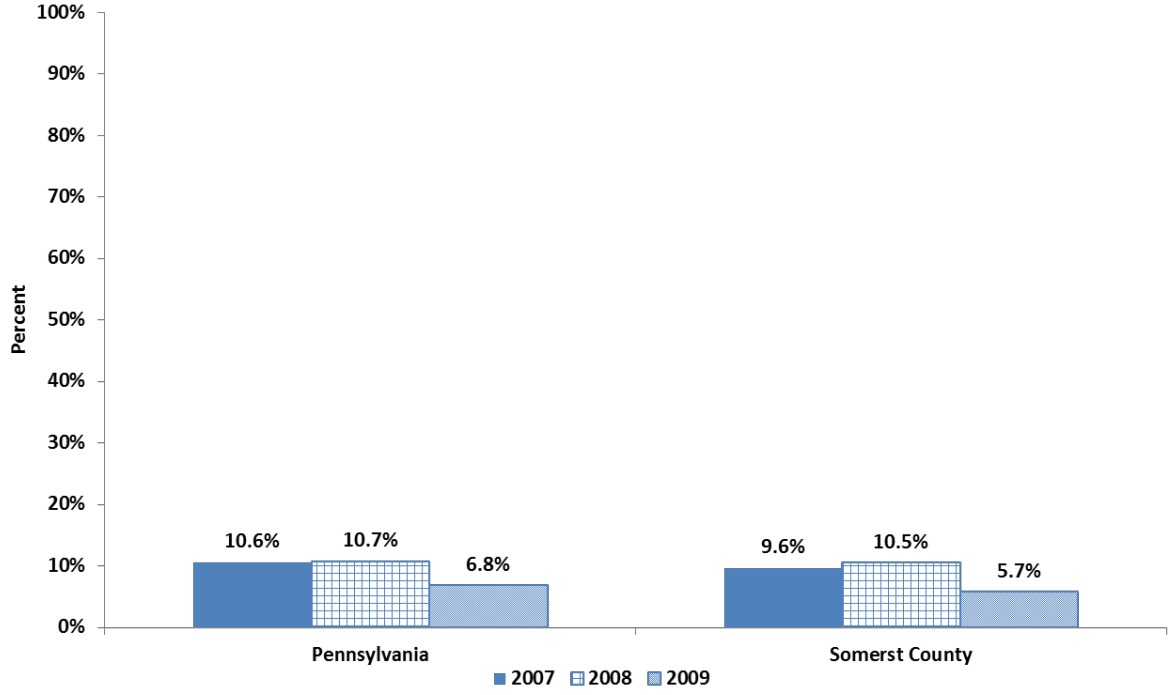
Figure 73: Percentage of All Adults Who Currently Have Asthma



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 74 illustrates students who have been diagnosed with asthma. Between 2007 and 2009 Somerset County had slightly lower rates compared to the state rates.

Figure 74: Student Health - Asthma



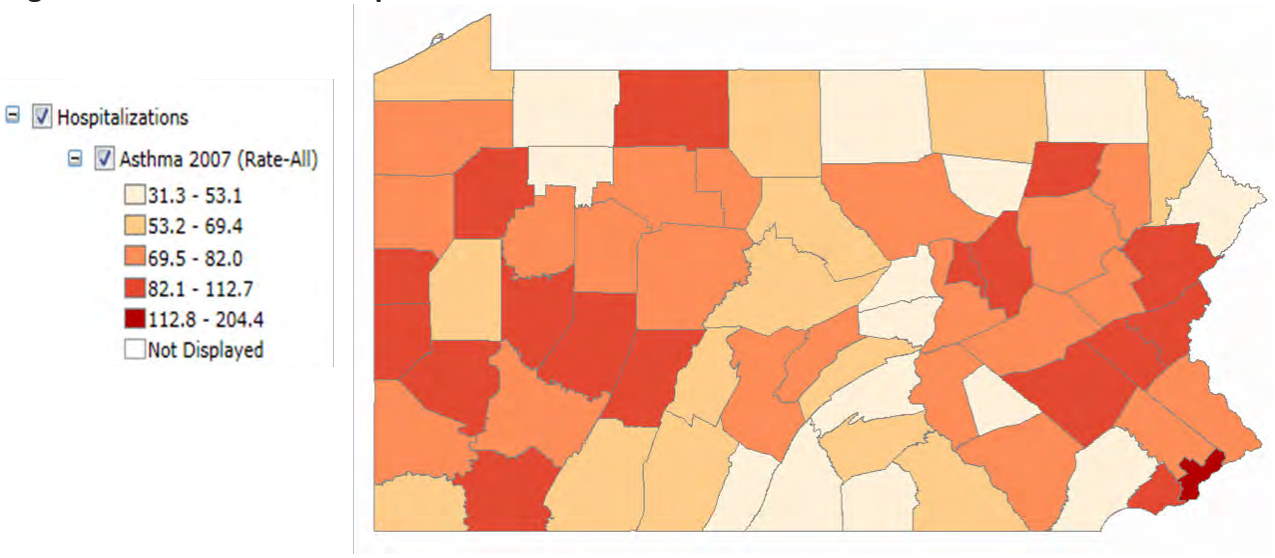
Source: Student Health Records, Pennsylvania Department of Health

In 1980, the Center for Disease Control (CDC) established the National Center for Environmental Health. In 2006, the Pennsylvania Department of Health began collection of environmental data associated with health. Selected information from this dataset is included in this study to provide a graphical depiction of the service region compared to the state related to specific indicators. This is a fairly new process with limited national and state data available. The goal is to eventually include the following in the statewide dataset:

- Ambient Air Quality Measures (Ozone, PM 2.5)
- Contaminants in Drinking Water (arsenic, nitrates, disinfectant-by-products, lead)
- Hospitalization for Asthma and Myocardial Infarction
- Birth Defects and related Premature Births
- Childhood Blood Lead
- Vital Statistics and Birth Outcomes
- Cancer

Figure 75 illustrates asthma hospitalizations for Pennsylvania in 2007. Somerset County had low rate of asthma hospitalizations in 2007.

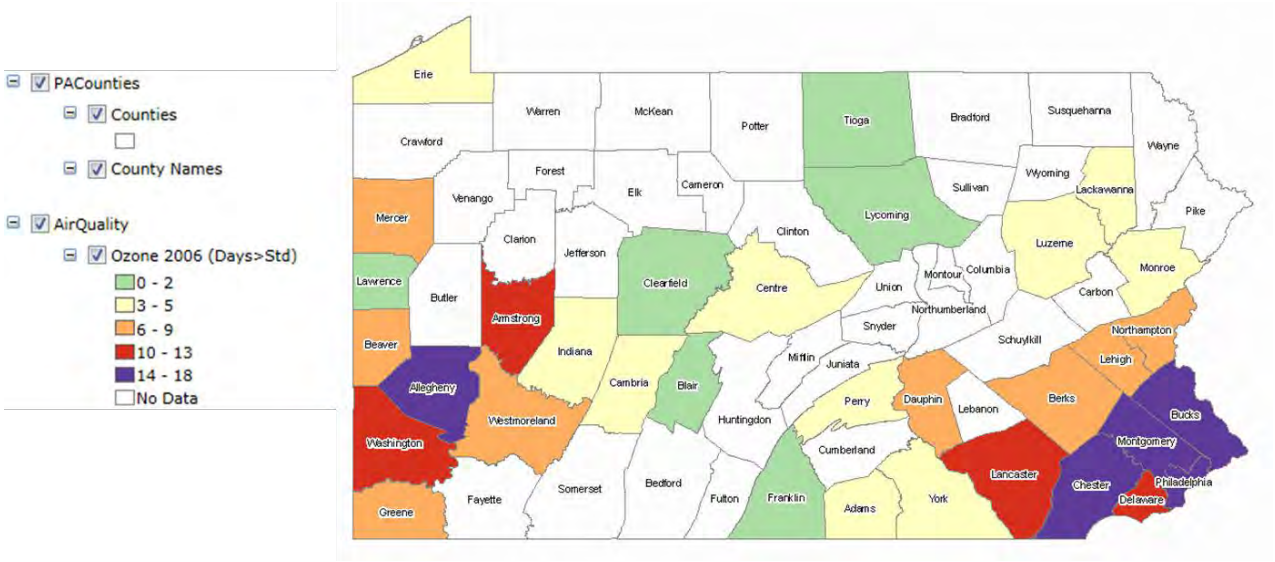
Figure 75: 2007 Asthma Hospitalizations



Source: Pennsylvania Department of Health

Figure 76 illustrates the greater than standard ozone days for Pennsylvania in 2006. No data was available for Somerset County in 2006.

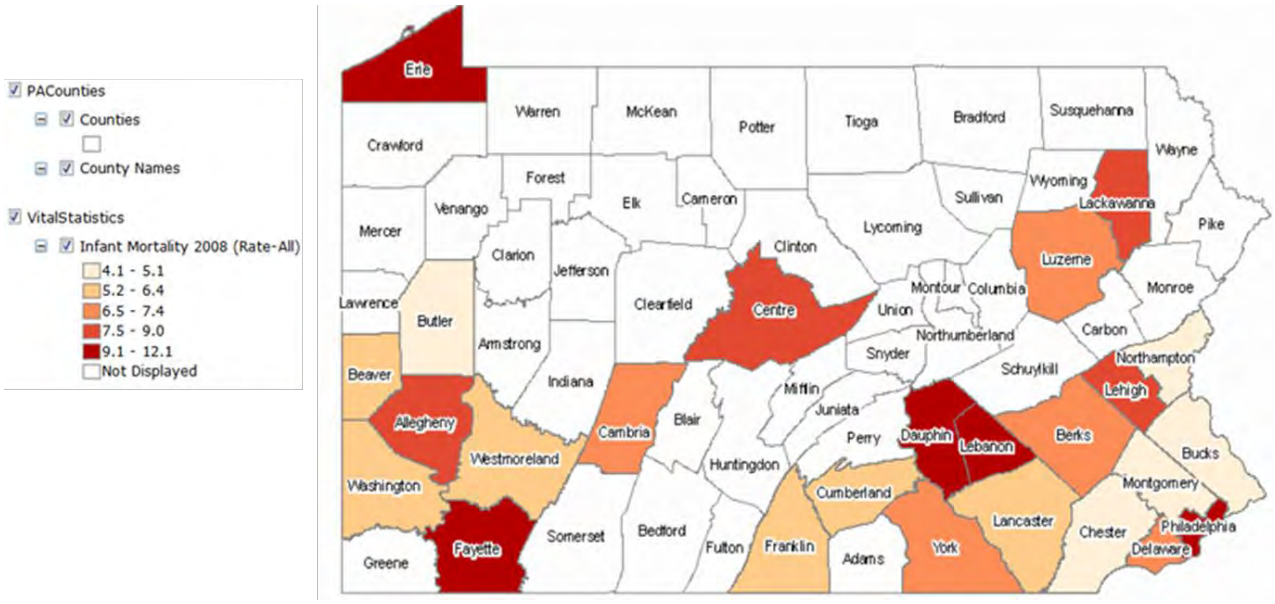
Figure 76: 2006 Air Quality – Greater Than Standard Ozone Days



Source: Pennsylvania Department of Health

Figure 77 illustrates the infant mortality rate for Pennsylvania in 2008. No data was available for Somerset County in 2008.

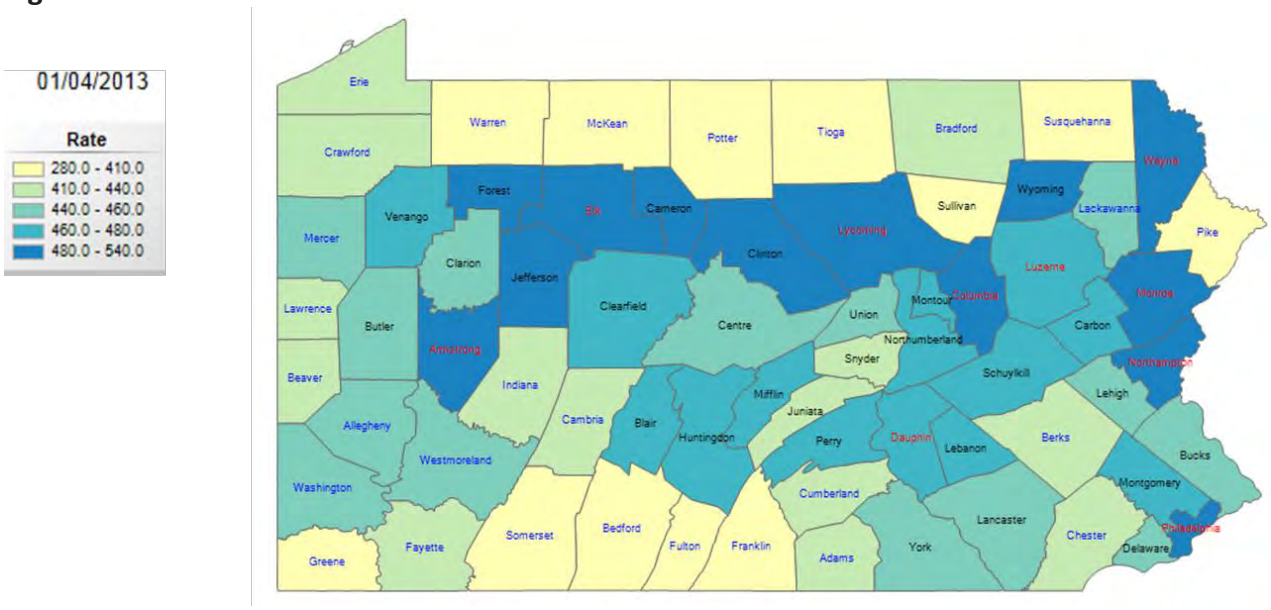
Figure 77: 2008 Infant Mortality Rate



Source: Pennsylvania Department of Health

Figure 78 illustrates cancer incidence rate for Pennsylvania between 1990 thru 1994. Somerset County reported low incidence rate of cancer.

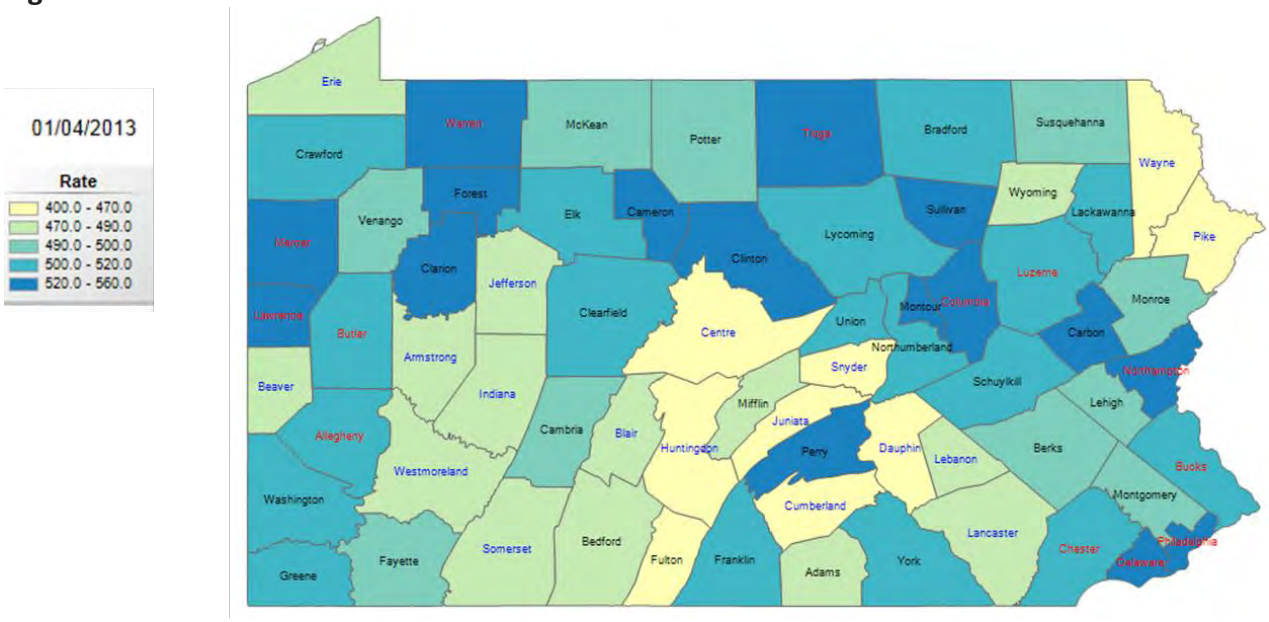
Figure 78: All Cancers 1990-1994



Source: Pennsylvania Department of Health

Figure 79 illustrates cancer incidence rate for Pennsylvania between 2005 thru 2009. Somerset County reported low incidence rate of cancer.

Figure 79: All Cancers 2005-2009



Source: Pennsylvania Department of Health

Fracking

"Fracking," or hydraulic fracturing, is a widely used oil and gas drilling technique. Fracking involves injecting huge volumes of water mixed with sand and chemicals deep underground to fracture rock formations and release trapped gas. Potential concerns associated with fracking include impact on both water and air quality, including possible contamination of underground drinking water supplies, surface water contamination by the wastewater that is the byproduct of the drilling (including carcinogens and radioactive elements), and smog-forming pollutants. These effects could contribute to air pollution. In addition, methane is released after the well is producing natural gas and is considered a potential global warming pollutant.

There are few comprehensive studies that outline the net effects of these processes on the community or the environment. As a result, there are several psycho-social issues associated with Marcellus Shale and "fracking" that have been documented, including the stress associated with health concerns and community disruptions associated with the drilling processes themselves. The information included in this study provides relevant excerpts from the few comprehensive studies that have been published to date.

Although "real time" air quality data is available in selected areas, the compiled data is several years old (2007). Additionally, water quality data is only collected in municipalities that have public water systems and is not centrally reported and accessing it is a challenge. Outside of urban areas, water quality data is sporadic and dependent on individual owner testing; current testing standards do not include some of the substances of concern related to fracking.

One study, *"Drilling Down on Fracking Concerns: The Potential and Peril of Hydraulic Fracturing to Drill for Natural Gas"* by Tom Kenworthy and Daniel J. Weiss published in 2011 noted, "In 2008 and 2009, total dissolved solids (TDS) levels exceeded drinking standards in the Monongahela River, the source of drinking water for some residents of Pittsburgh. Pittsburgh's water treatment plants are not equipped to remove them from the water supplied to residents." The study also notes "….statistical analyses of post-drilling versus pre-drilling water chemistry did not suggest major influences from gas well drilling or hydro fracturing (fracking) on nearby water wells, when considering changes in potential pollutants that are most prominent in drilling waste fluids."

Another study "The Impact of Marcellus Gas Drilling on Rural Drinking Water Supplies," by Elizabeth W. Boyer, Ph.D.; Bryan R. Swistck, M.S.; James Clark, M.A.; Mark Madden, B.S.; and Dana E. Rizzo, M.S., of the Pennsylvania State University for the Center for Rural Pennsylvania published in March 2012 reported "when comparing dissolved methane concentrations in the 48 wells that were sampled both before and after drilling, the research found no statistically

significant increases in methane levels after drilling and no significant correlation to distance from drilling. However, the researchers suggest that more intensive research on the occurrence and sources of methane in water wells is needed."

According to the Pediatric Environmental Health Unit of the American Academy of Pediatrics, a study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling." (Osborne SG, et al., 2011) "While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on the reproductive, neurological, and endocrine systems." (ATSDR, Colborn T., et al., U.S. EPA 2009). "Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices….volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone." (CDPHE 2008, 2010)

Recent research conducted by the RAND Corporation analyzed water quality, air quality and road damage. The results of the air quality and road damage are not yet published. An article titled "Estimation of regional air-quality damages from Marcellus Shale natural gas extraction in Pennsylvania," by RAND authors A. Litovitz, A. Curtright, S. Abramzon, N. Burger, and C. Samaras was recently published in "Environmental Research Letters." The full publication and video abstract are available, with open access, at: http://iopscience.iop.org/1748-9326/8/1/014017.

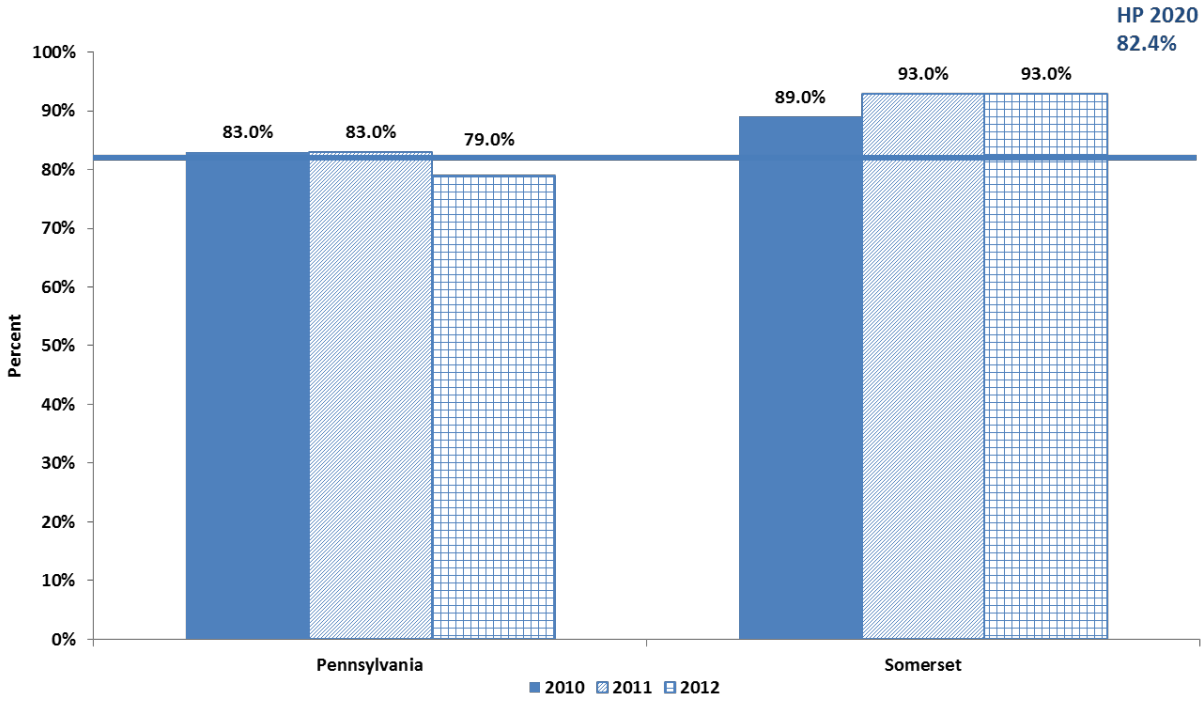
This paper provides an estimate of the conventional air pollutant emissions associated with the extraction of unconventional shale gas in Pennsylvania, as well as the monetary value of the associated regional environmental and health damages. The conclusions include:

- In 2011, the total monetary damages from conventional air pollution emissions from Pennsylvania-based shale gas extraction activities is estimated to have ranged from $7.2 to $32 million dollars. For comparison, the single largest coal-fired power plant alone produced $75 million in annual damages in 2008.
- This emissions burden is not evenly spread, and there are some important implications of when and where the emissions damages occur. In counties where extraction activity is concentrated, air pollution is equivalent to adding a major source of NO_x emissions, even though individual facilities are generally regulated separately as minor sources. The majority of emissions are related to the ongoing activities which will persist for many years into the future; compressor stations alone represent 60–75 percent of all damages.

- Further study of the magnitude of emissions, including primary data collection, and development of appropriate regulations for emissions will both be important. This is because extraction-related emissions, under current industry practices, are virtually guaranteed and will be part of the cost of doing business.

Figure 80 illustrates high school graduation rate for Pennsylvania and Somerset County between the years 2010 thru 2012. Across the time period, Somerset County has had a higher graduation rate compared to the state achieving 93.0% in 2011 and 2012. Somerset County has a higher graduation rate than the Healthy People 2020 Goal of 82.4% over the three years presented.

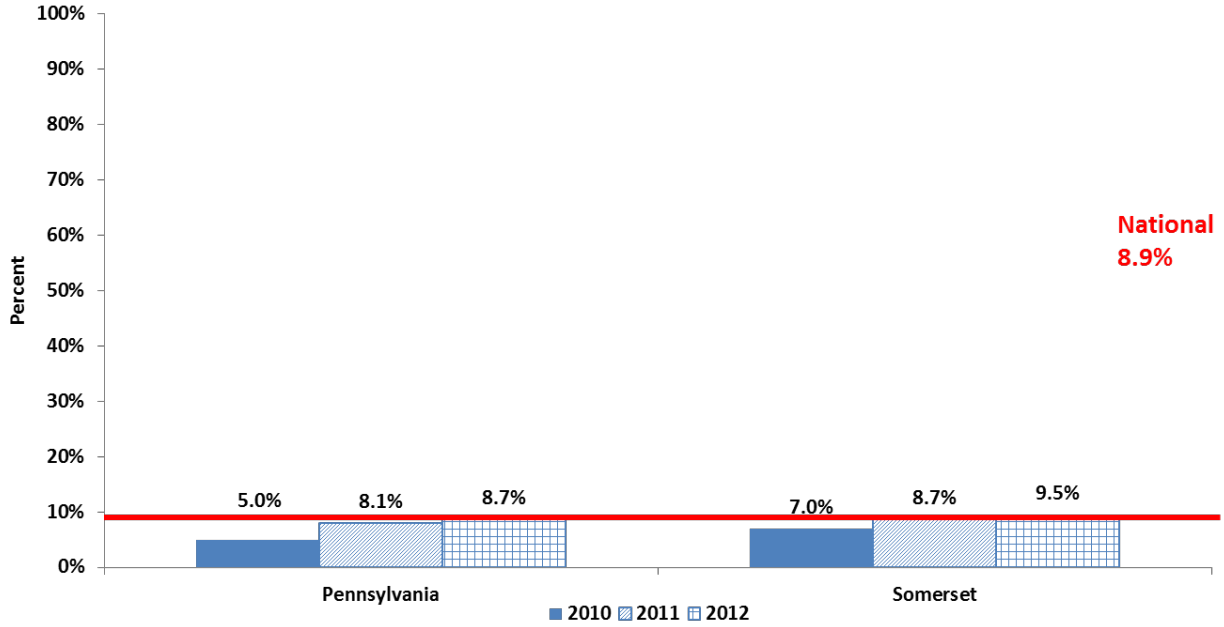
Figure 80: High School Graduation Rate



Source: www.countyhealthrankings.org

Figure 81 illustrates the unemployment rate for Pennsylvania and Somerset County between the years 2010 through 2012. Across the time period, the unemployment rate steadily increased in both the state and county, with the county reporting slightly higher rate. For 2012, Somerset County (9.5%) was higher than the national unemployment rate of 8.9%.

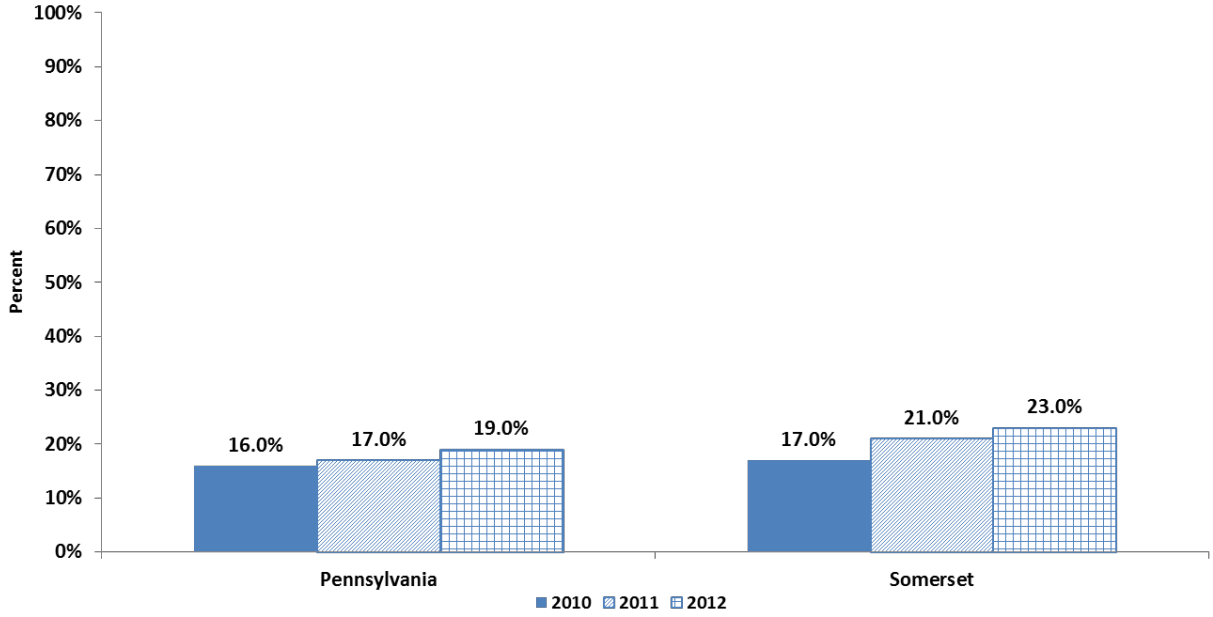
Figure 81: Unemployment Rate



Source: www.countyhealthrankings.org

Figure 82 illustrates the percentage of children living in poverty for Pennsylvania and Somerset County between the years 2010 and 2012. Across the time period, the percentage of children living in poverty steadily increased in both the state and county, with the county reporting slightly higher rate.

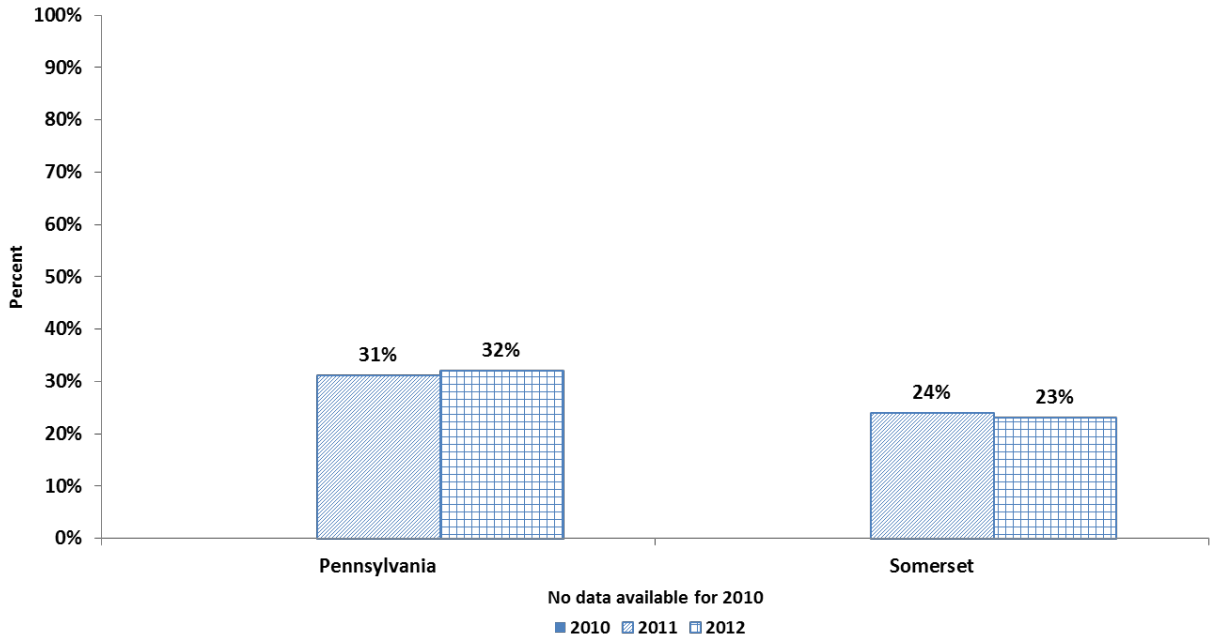
Figure 82: Percentage of Children Living in Poverty



Source: www.countyhealthrankings.org

Figure 83 illustrates the percentage of children living in single parent households for Pennsylvania and Somerset County between the years 2011 through 2012 (Data was not available for 2010). Across the time period Somerset County reported lower percentages compared to the state.

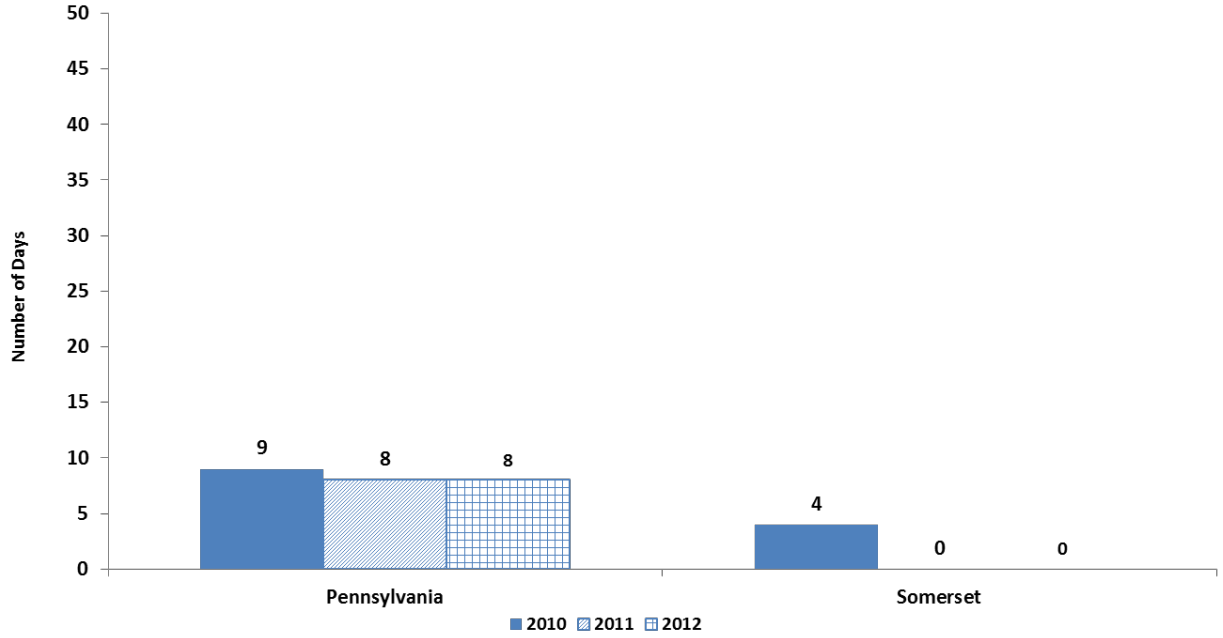
Figure 83: Percentage of Children Living in Single Parent Households



Source: www.countyhealthrankings.org

Figure 84 illustrates the number of air pollution ozone days for Pennsylvania and Somerset County between the years 2010 through 2012. Compared to the state, Somerset County reported fewer air pollution days and had zero in 2011 and 2012.

Figure 84: Number of Air Pollution Ozone Days



Source: www.countyhealthrankings.org

Table 16 illustrates that all of the National Air Quality Standards for Somerset County have been met.

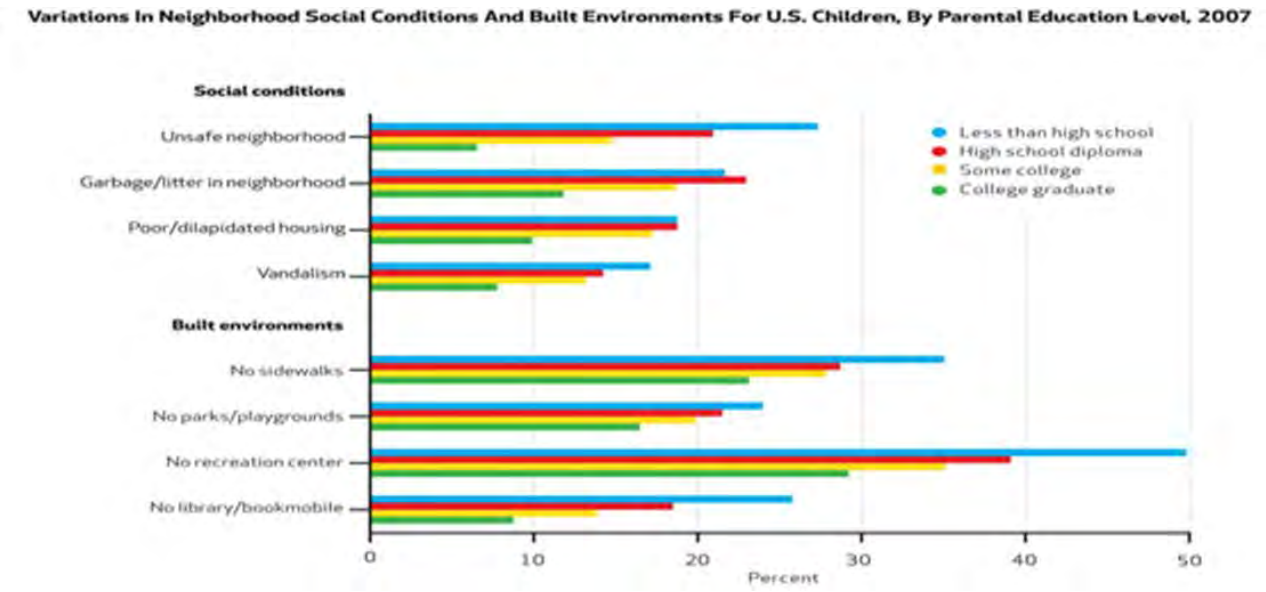
Table 16: National Air Quality Standards

	Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Somerset County	**YES**	**YES**	**YES**	**YES**	**YES**	**Yes**

Source: www.countyhealthrankings.org

Figure 85 illustrates variations in neighborhood social conditions and built environments for U.S. children by parental education level in 2007. Children with parents that have less than or equal to a high school education are more likely to live in unsafe neighborhoods and have neighborhoods with few recreational assets.

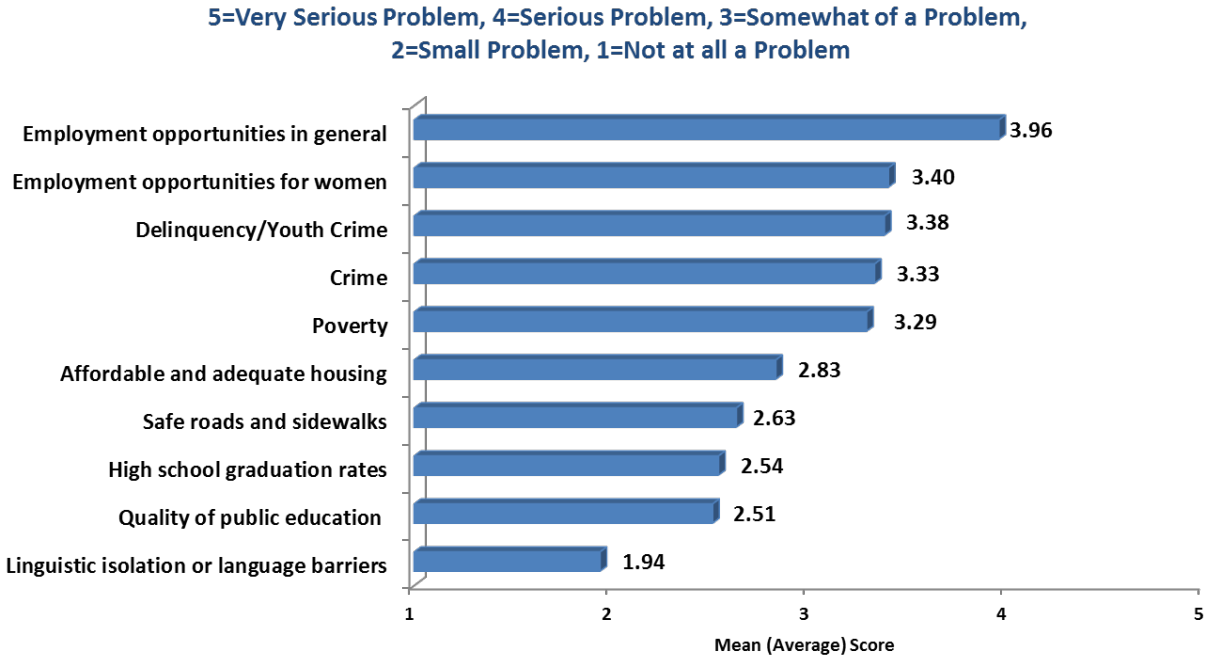
Figure 85: Variations in Neighborhood Social conditions and Built Environment by Parent Education Level (N=90,100)



Source: National Survey of Children's Health, 2007

Figure 86 illustrates Community Survey participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 86** shows the results for the participants in rank order. The top three issues, employment opportunities in general, employment opportunities for women, and delinquency/youth crime were rated closer to "serious" problems in the community, while the other issues on the list were rated as somewhat of a problem or a small problem on average.

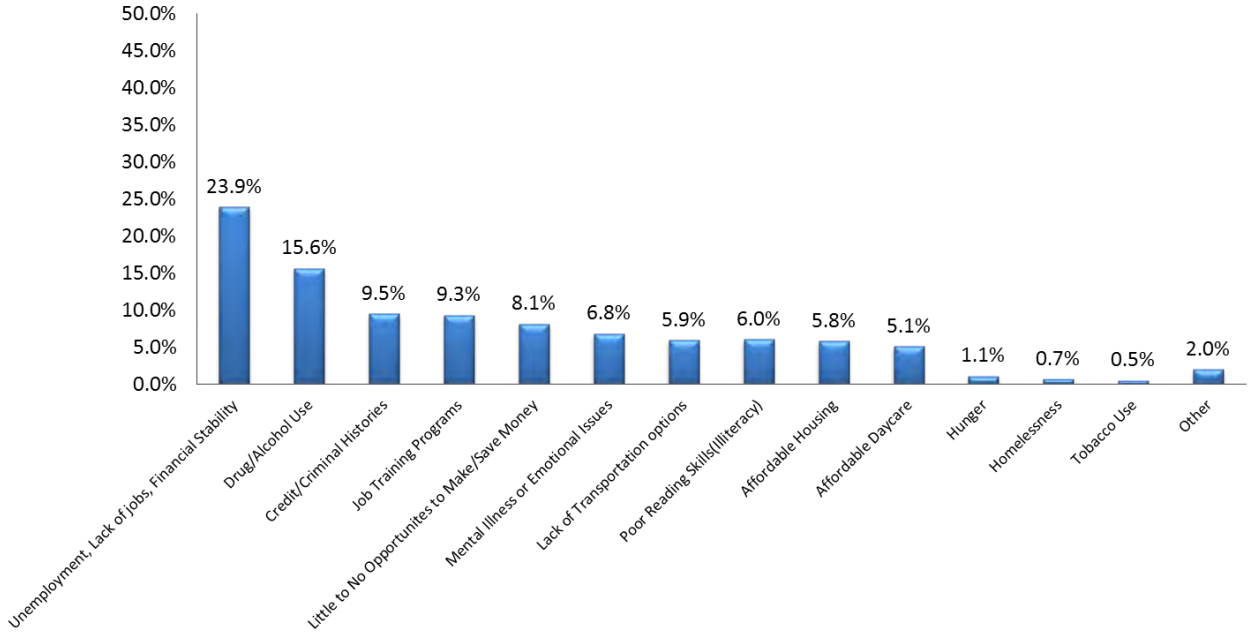
Figure 86: 2013 Community Survey: Healthy Environment Community Issues



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 87 illustrates issues that prevent people from reaching self-sufficiency from the 2011 United Way Community Needs Assessment. At 23.9%, unemployment/lack of job opportunities were the most significant issues keeping people from reaching self-sufficiency, followed by drug/alcohol use (15.6%) and credit/criminal histories (9.5%).

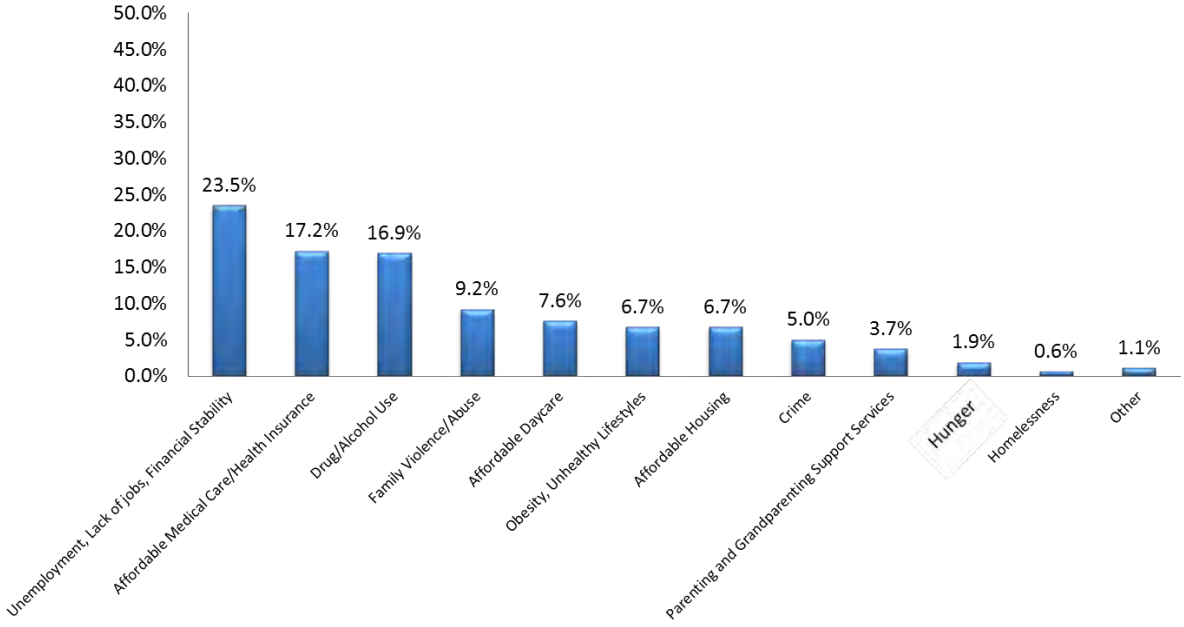
Figure 87: Issues That Prevent People From Reaching Self-Sufficiency



Source: United Way of Cambria & Somerset Counties, Community Needs Assessment, 2011

Figure 88 illustrates issues facing families from the 2011 United Way Community Needs Assessment. At 23.5%, unemployment and lack of job opportunities were the most significant issues keeping people from reaching self-sufficiency, followed by affordable health care (17.2%) and drug/alcohol use (16.9%).

Figure 88: Issues Facing Families



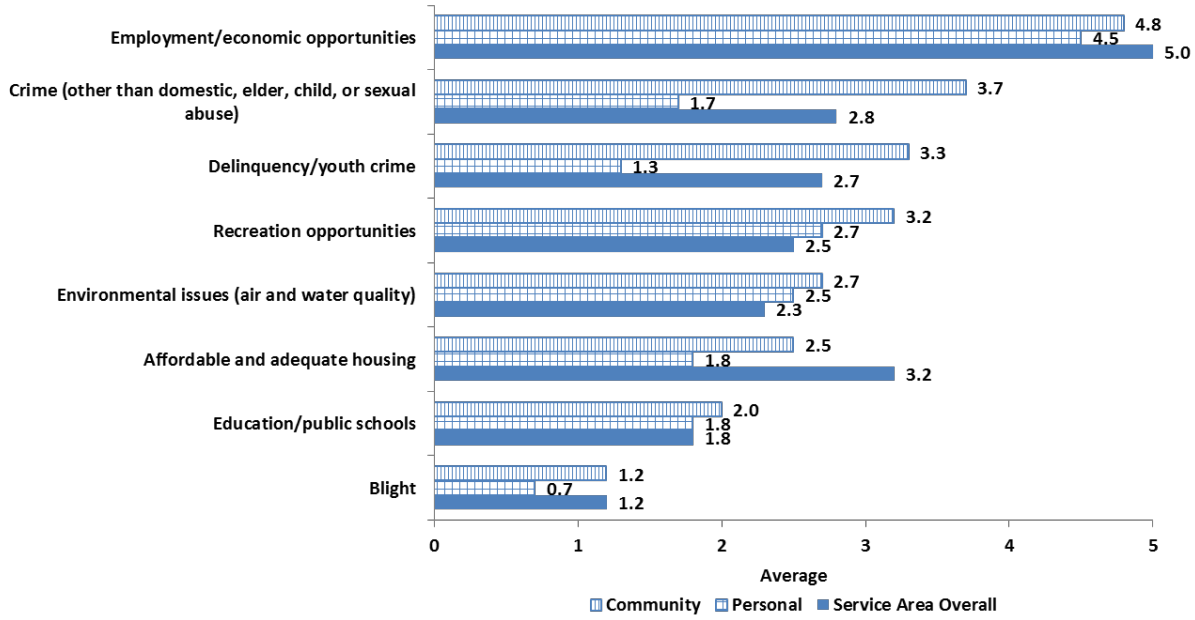
Source: United Way of Cambria & Somerset Counties, Community Needs Assessment, 2011

Adult Focus Group Input

Adult focus group participants were given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem they felt each was in the service area, their community, and for their family.

Figure 89 illustrates the results for the community problems that relate to healthy environment. As seen in **Figure 89**, employment/economic opportunities were considered the greatest problem. Participants tended to rate the issues as more of a problem in the community and overall service area, compared to their personal life and family.

Figure 89: Adult Focus Group: Healthy Environment Issues.



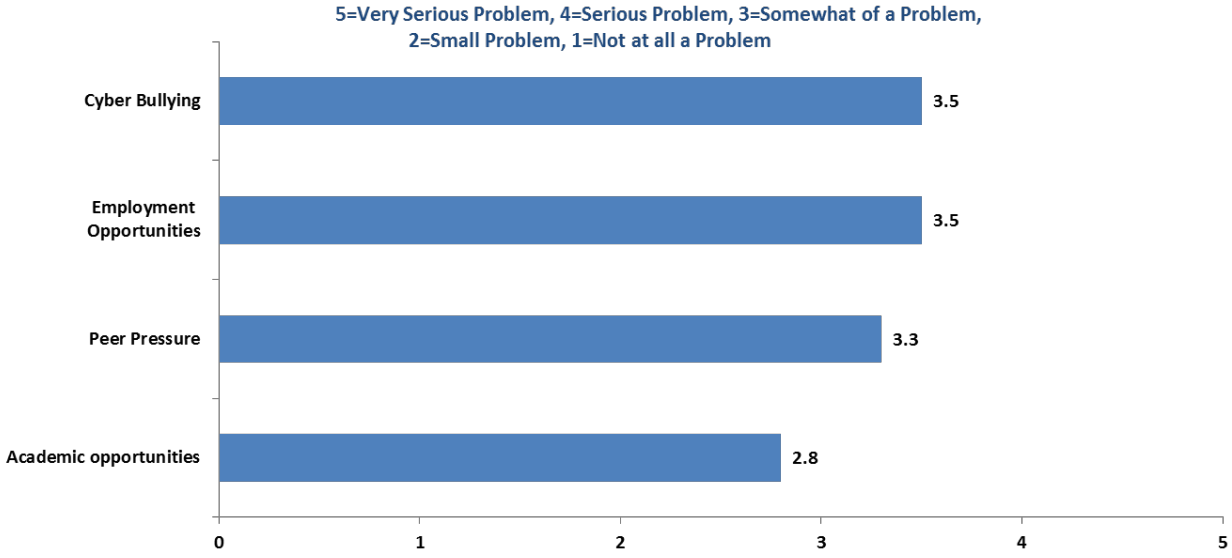
Source: Somerset Hospital CHNA Focus Groups, 2013

Student Focus Groups Input

Student focus group participants were given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem they felt each was for them and their family.

Figure 90illustrates the results for the community problems that relate to healthy environment. As seen in **Figure 90**, cyber bullying and employment/economic opportunities were considered the greatest problems.

Figure 90: Student Focus Group: Healthy Environment Issues



Source: Somerset Hospital CHNA Focus Groups, 2013

Adult and Student Focus Group Input

Participants were asked to provide comments on employment and economic opportunities. Some common themes of these comments included:

- There are no good paying jobs in the area, most are low-wage with no benefits
- Industries have shut down or moved. We lost two manufacturing plants and over 1,000 lost their jobs
- It is especially difficult to find a job if you are a non-skilled worker
- Somerset County turned from an industrial area to a recreational one, which does not create jobs
- Hard to find above minimum wage jobs that fit into the school schedule

Healthy Environment Conclusions

As a rural area, Somerset County faces fewer environmental health challenges related to the air and water quality than many rural areas. While a portion of the population does have asthma, the county has met all of its air quality standards. In discussions and community surveys, air and water quality issues are not identified as major concerns. On the other hand, the unemployment rate has been increasing along with the percentage of children living in poverty. Recent surveys and focus groups conducted confirm resident concerns regarding the economy and the lack of job opportunities available within the county as important environmental concerns.

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

- The percentages of adult ever told they have asthma (12.0%) and who currently have asthma (7.0%) for Somerset County are comparable with the state rate. In Somerset County, students diagnosed with asthma have decreased from 10.5% in 2008 to 5.7% in 2009. Asthma hospitalizations are lower in Somerset County than many of the neighboring counties.
- High school graduation rate is higher in Somerset County compared to the state, and achieved 93.0% rate in 2011 and 2012.
- In both Pennsylvania and Somerset County the unemployment rate has been increasing as is the percentage of children living in poverty between 2010 and 2012.
- In Somerset County, the percentage of children living in single parent households was lower than the state statistics for 2011 and 2012.

- The number of air pollution ozone days was lower for the Somerset County compared to the state, and met the National Air Quality Standards.
- Data from the National Survey of Children's Health (2007) showed that children with parents that have less than or equal to a high school education are more likely to live in an unsafe neighborhoods and have neighborhoods with few recreational assets.
- According to the United Way of Cambria and Somerset Counties Community Needs Assessment (2011), the top issues that prevent self-sufficiency include unemployment/lack of jobs, drug and alcohol abuse and credit/criminal histories. Unemployment, affordable medical care and drug and alcohol abuse are the most serious issues facing families.
- Adult Focus Group respondents ranked employment/economic opportunities, crime and delinquency/youth crime as the most serious environment related issues and tended to rank healthy environment issues as more of a problem in their community compared to their personal life or hospital service area.
- Student Focus Group respondents ranked cyber bullying and employment opportunities as the most serious issues.
- Focus group respondents discussed the lack of good paying jobs in the community, indicating that most jobs are low wage with no benefits. Many manufacturing plants have shut down or moved. It is difficult to find a job if you are a non-skilled worker.
- Community Survey respondents ranked employment opportunities followed by employment opportunities for women and delinquency/youth crime as the most serious community health issues related to the environment.

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Healthy Mothers, Babies, and Children

Strategy solutions, inc.

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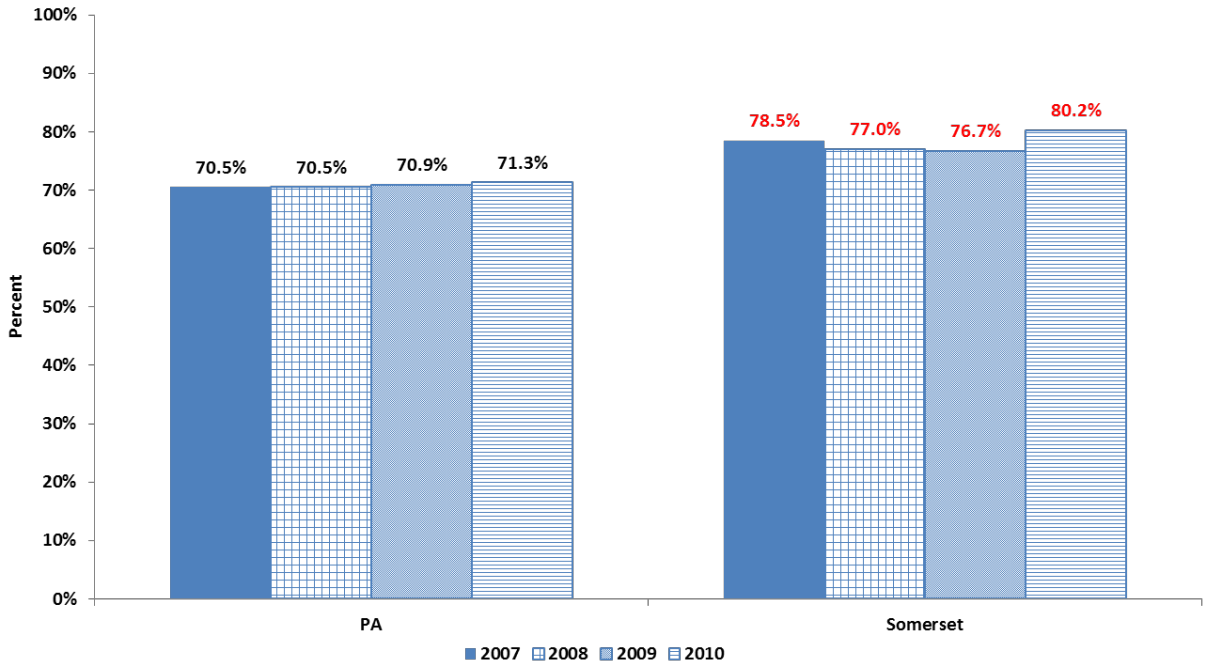
Healthy Mothers, Babies, and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The Healthy Mothers, Babies and Children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

Figure 91 illustrates the percentage of mothers who received prenatal care in the first trimester of pregnancy for the years 2007 through 2010 in Pennsylvania and Somerset County. Compared to the state statistics, each year Somerset County was significantly higher in terms of mothers who received prenatal care during their first trimester.

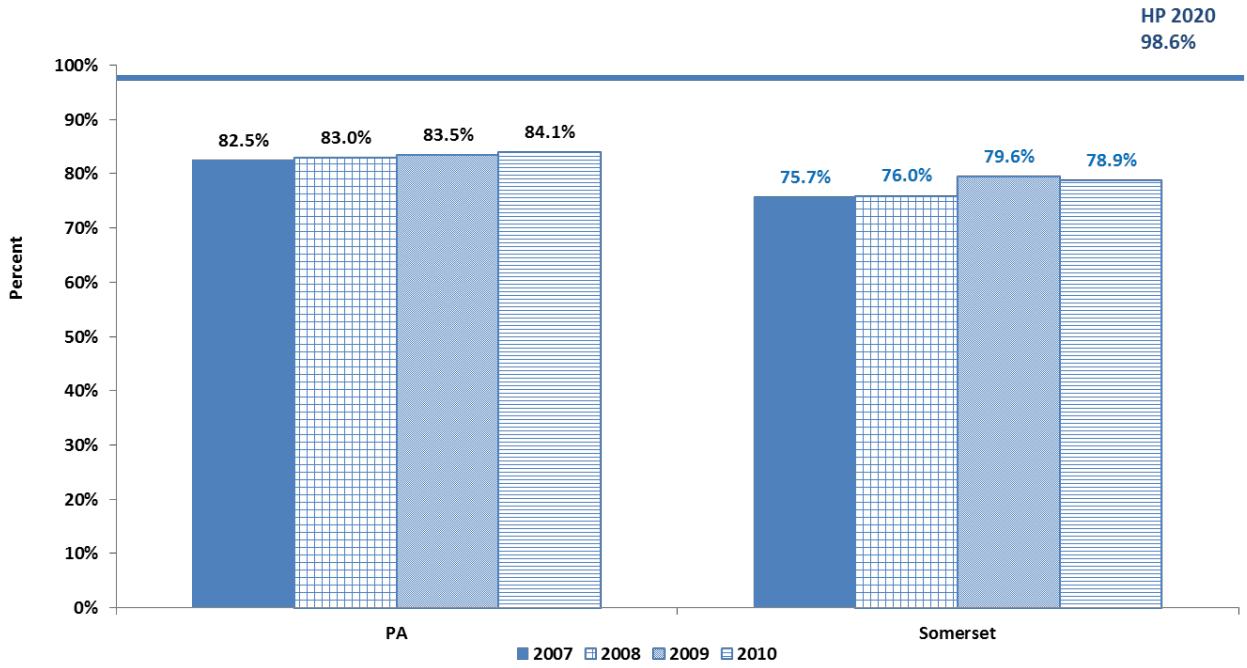
Figure 91: Percentage of Mothers who Received Prenatal Care in the First Trimester



Source: Pennsylvania Department of Health

Figure 92 illustrates the percentage of mothers who reported not smoking during pregnancy for the years 2007 through 2010 in Pennsylvania and Somerset County. Compared to the state rates, each year Somerset County was significantly lower in terms of mothers who did not smoke during pregnancy. Both Somerset County and the state are below the Healthy People 220 Goal of 98.6%. This is an area of concern, as it suggests that a higher percentage of women in Somerset County smoke during pregnancy.

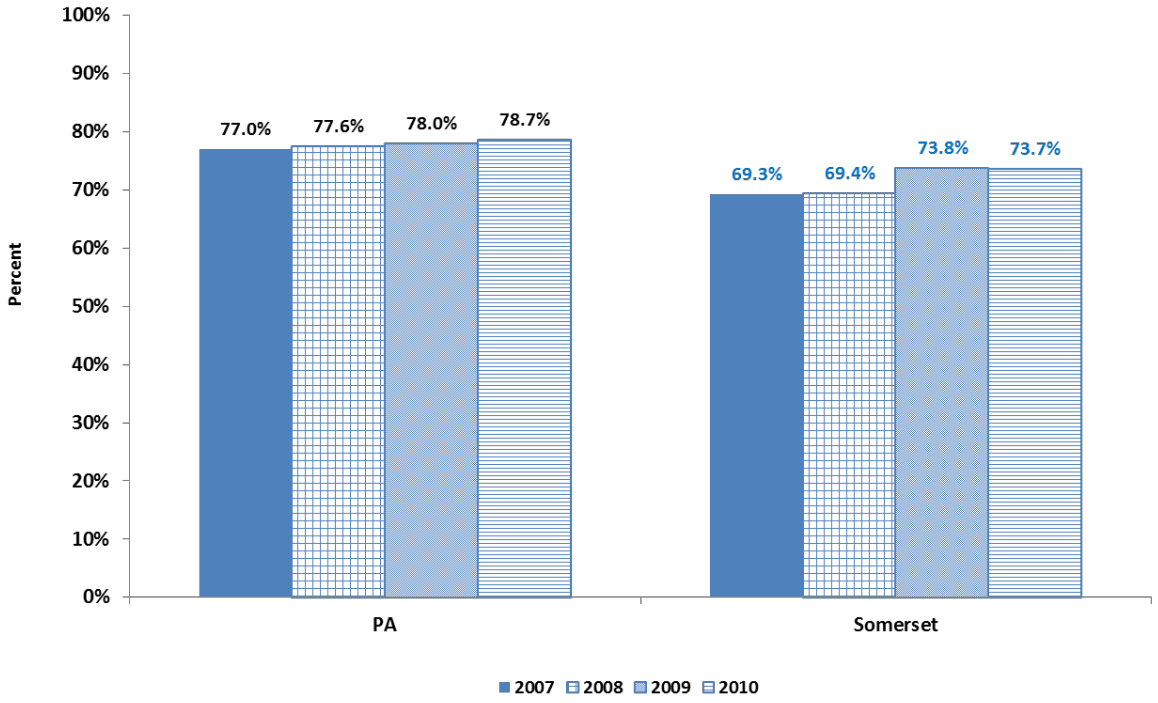
Figure 92: Percentage of Mothers Who Reported Not Smoking During Pregnancy



Source: Pennsylvania Department of Health

Figure 93 illustrates the percentage of mothers who reported not smoking three months prior to pregnancy for the years 2007 through 2010 in Pennsylvania and Somerset County. Compared to the state statistics, each year Somerset County was significantly lower in terms of mothers who did not smoke three months prior to pregnancy. This is an area of concern, as it suggests that a higher percentage of women in Somerset County smoke prior to pregnancy, although the rate of not smoking has been increasing in recent years.

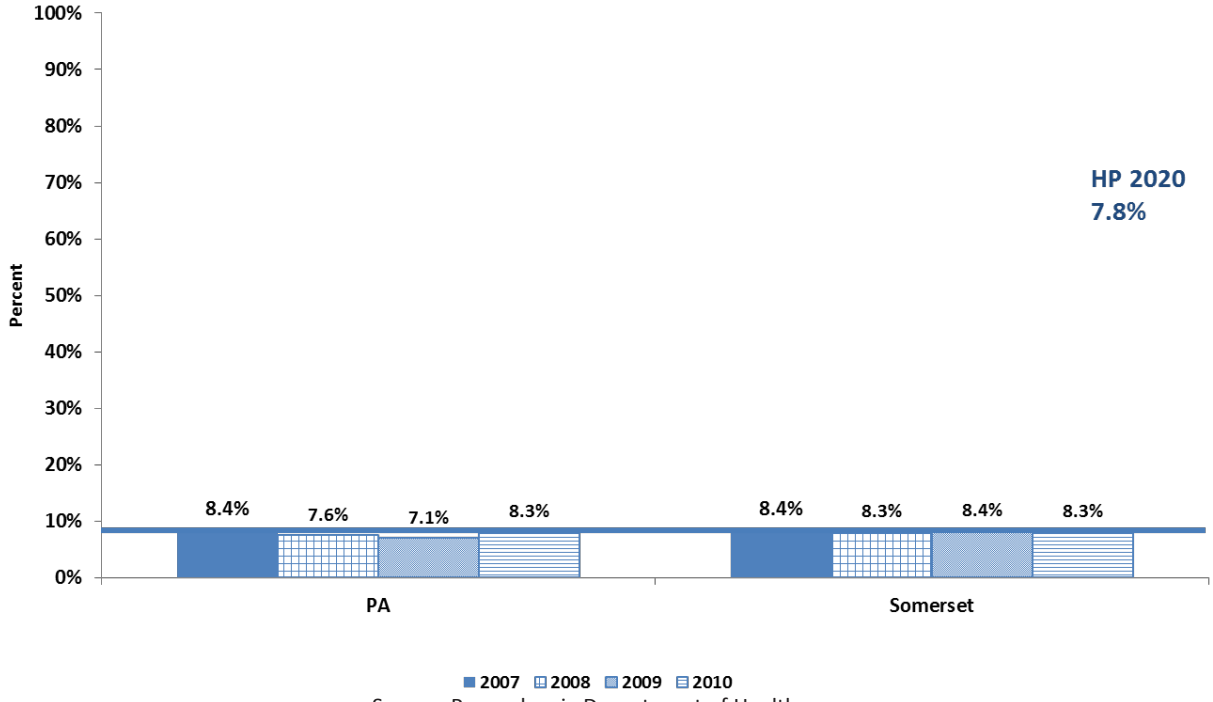
Figure 93: Percentage of Mothers Who Reported Not Smoking Three Months Prior to Pregnancy



Source: Pennsylvania Department of Health

Figure 94 illustrates the percentage of low birth weight births for the years 2007 through 2010 for Pennsylvania and Somerset County. Across the time period, the rates between the state and county are comparable. Somerset County is above the Healthy People 2020 Goal of 7.8% for all years, as is the state, except for 2008 and 2009.

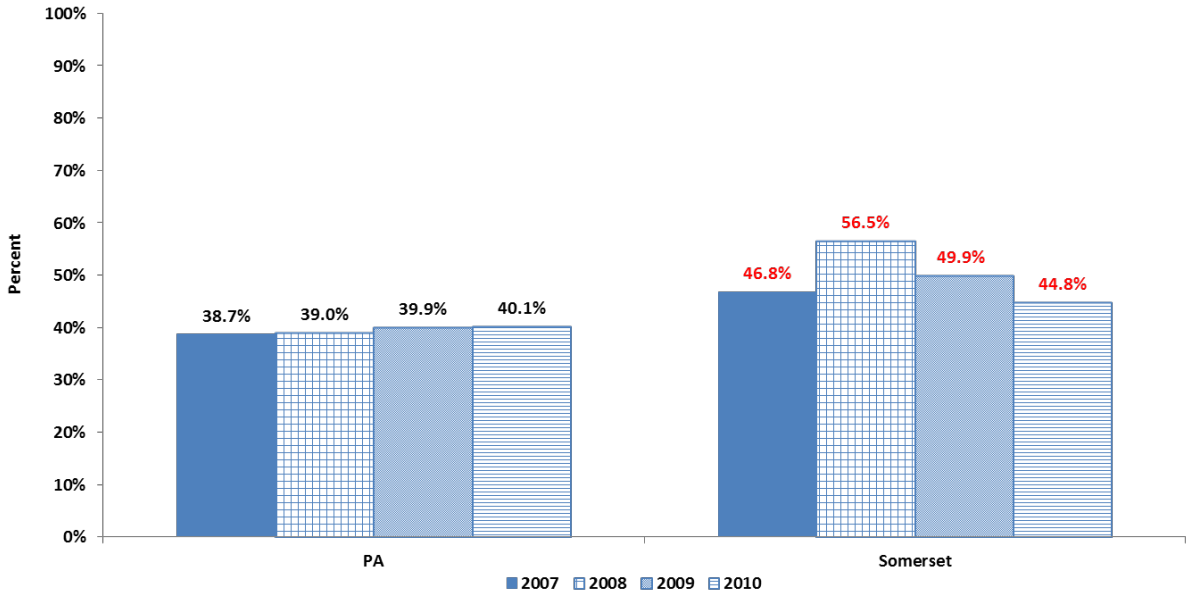
Figure 94: Percentage of Low Birth Weight Births



Source: Pennsylvania Department of Health

Figure 95 illustrates the percentage of mothers who received WIC for the years 2007 through 2010 for Pennsylvania and Somerset County. Compared to the state rate, each year Somerset County was significantly higher in terms of mothers who received WIC.

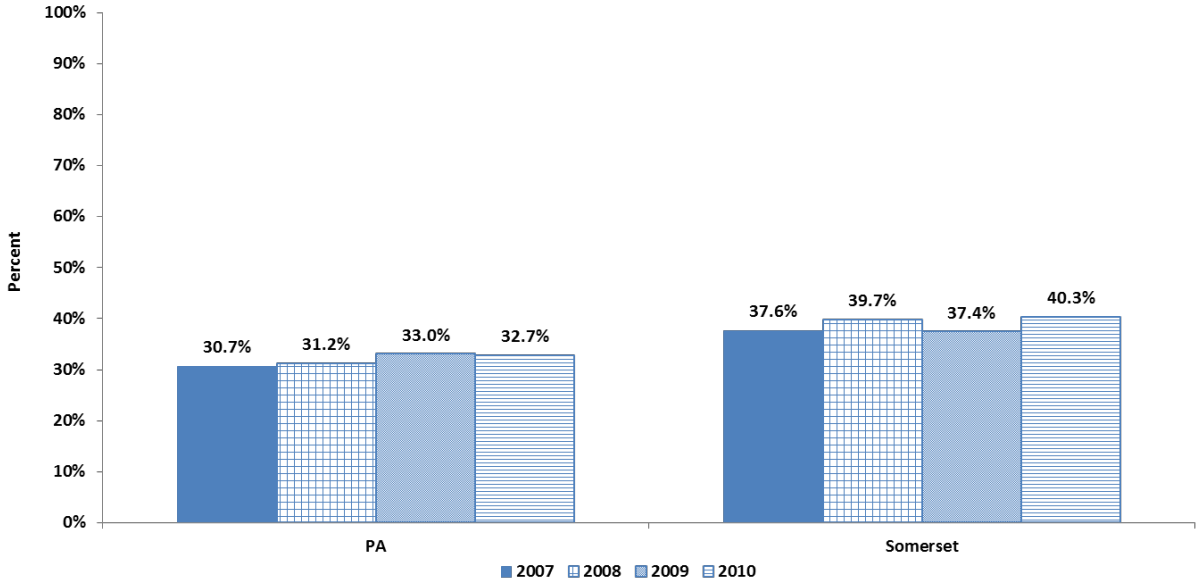
Figure 95: Percentage of Mothers Who Reported Receiving WIC



Source: Pennsylvania Department of Health

Figure 96 illustrates the percentage of mothers who received Medicaid for the years 2007 through 2010 for Pennsylvania and Somerset County. Across the time period Somerset County had slightly higher percentages of mothers who received Medicaid each year, and the rate is increasing.

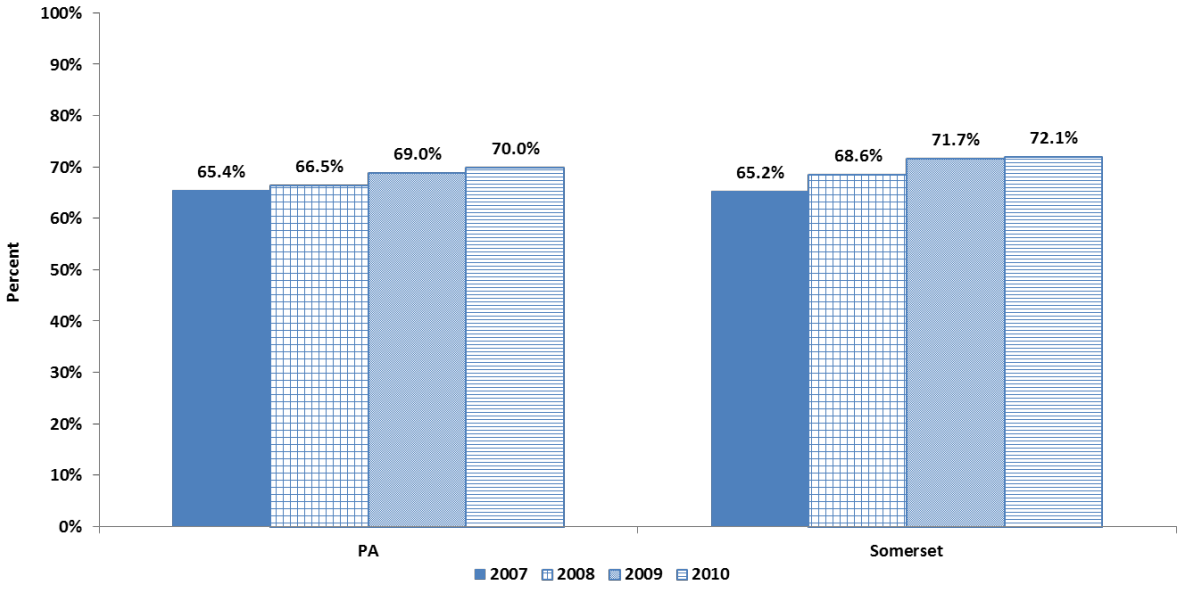
Figure 96: Percentage of Mothers Who Reported Receiving Medicaid



Source: Pennsylvania Department of Health

Figure 97 illustrates the percentage of mothers who reported breastfeeding for the years 2007 through 2010 for Pennsylvania and Somerset County. Across the time period the state and county the rates are comparable in terms of mothers who breast fed and have increased each year.

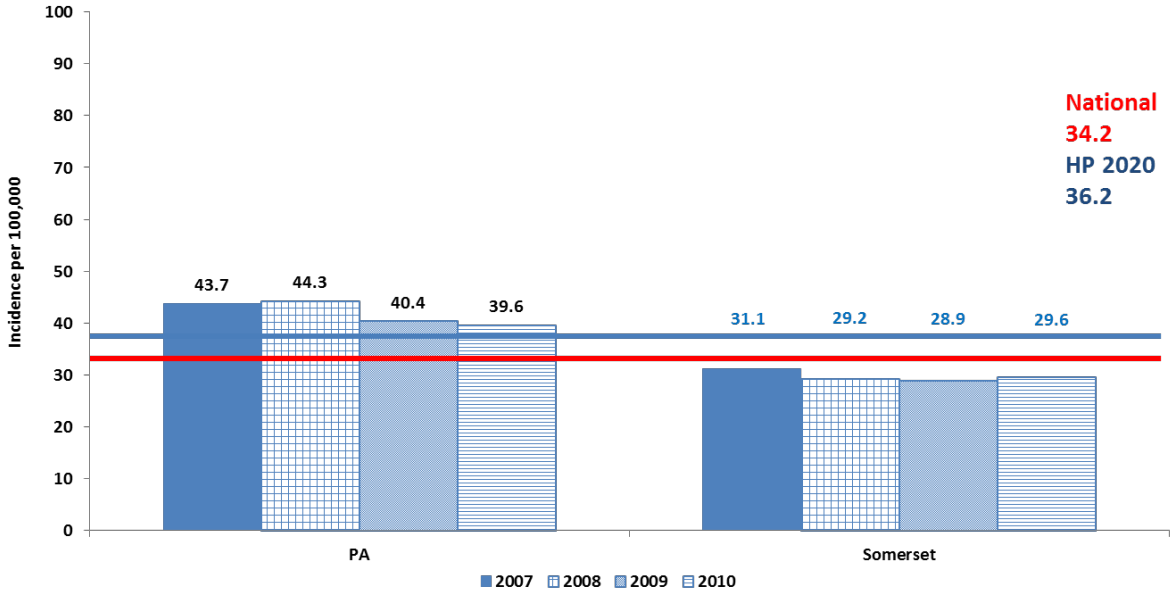
Figure 97: Percentage of Mothers Who Reported Breastfeeding



Source: Pennsylvania Department of Health

Figure 98 illustrates teenage pregnancy rates for the years 2007 through 2010 for Pennsylvania and Somerset County. Compared to the state rate, each year Somerset County was significantly lower in terms of the teenage pregnancy rate. Somerset County is below the national rate of 34.2 and the Healthy People 2020 Goal of 36.2.

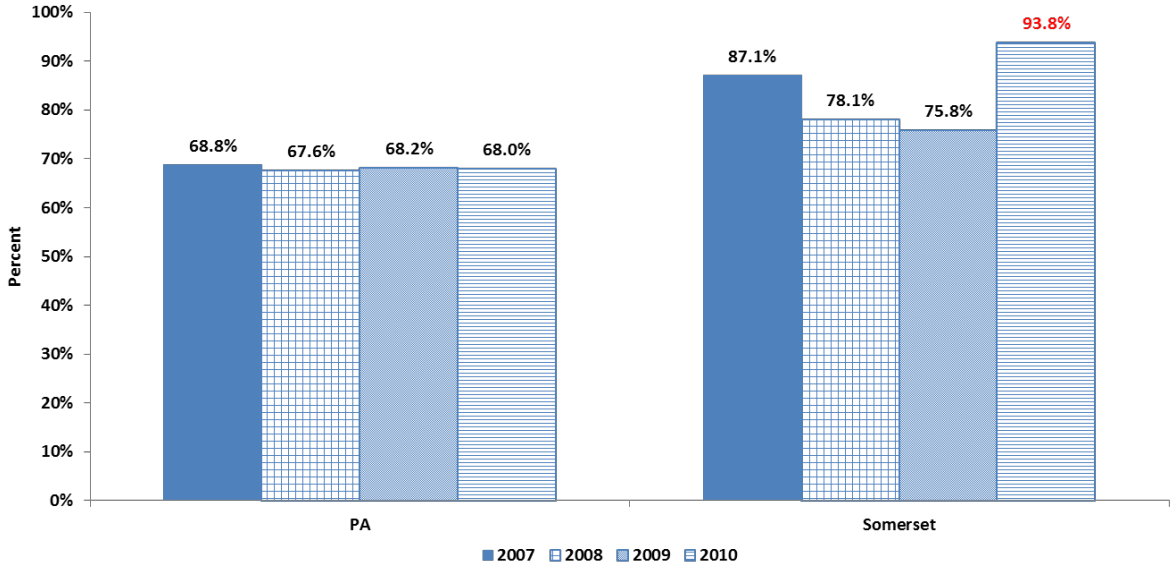
Figure 98: Teen Pregnancy Rates (Ages 15-19)



Source: Pennsylvania Department of Health

Figure 99 illustrates the percentage of teen live birth outcomes for the years 2007 through 2010 for Pennsylvania and Somerset County. Compared to the state rate, Somerset County had higher percentages of teen live birth outcomes across the time period and was significantly higher in 2010.

Figure 99: Percentage of Live Birth Outcomes for Teen Pregnancy



Source: Pennsylvania Department of Health

Childhood Obesity

According to the CDC, Childhood obesity has more than tripled in the past 30 years. In 1980, 7% of 6-11 year olds and 5% of 12 to 19 year olds were obese. In 2008, 20% of 6-11 year olds and 18% of 12-19 year olds were obese. In a population based sample (2010), the CDC reported that 70% of obese youth had at least one risk factor for cardiovascular disease.

Table 17 illustrates the prevalence of obesity and overweight by environment for children ages 10-17 in the United States. In neighborhoods that do not have access to sidewalks or walking paths, parks and playgrounds, a recreation center and access to a library or bookmobile, the prevalence of childhood obesity is more likely.

Table 17: Childhood Obesity by Environment

Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10–17, By Neighborhood Built Environmental Characteristics

	Obesity				Overweight			
	Weighted				Weighted			
Neighborhood characteristic	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Index of neighborhood built environment (mean index score = 100; SD = 20)								
46.40–67.04 (low amenities)	19.72	1.79	1.44	1.34	37.38	2.10	1.41	1.29
67.05–81.39	18.60	1.35	1.36	1.44	32.92	1.44	1.17	1.18
81.40–104.99	17.20	0.86	1.22	1.21	32.31	1.01	1.13	1.09
105.00–116.40 (high amenities)	14.55	0.70	1.00	1.00	29.69	0.89	1.00	1.00
Neighborhood access to sidewalks or walking paths								
Yes	15.72	0.60	1.00	1.00	31.29	0.73	1.00	1.00
No	18.20	0.83	1.19	1.32	32.53	0.93	1.06	1.09
Neighborhood access to parks or playgrounds								
Yes	15.88	0.56	1.00	1.00	30.76	0.68	1.00	1.00
No	18.27	0.97	1.20	1.26	34.82	1.19	1.22	1.23
Neighborhood access to a recreation center, community center, or boys' and girls' club								
Yes	15.34	0.58	1.00	1.00	30.27	0.73	1.00	1.00
No	18.19	0.87	1.23	1.20	34.30	1.00	1.20	1.15
Neighborhood access to a library or bookmobile								
Yes	15.86	0.51	1.00	1.00	30.88	0.62	1.00	1.00
No	19.68	1.51	1.31	1.15	35.63	1.67	1.25	1.09

SOURCE National Survey of Children's Health, 2007. **NOTES** This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). $N = 44,101$. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. The chi-square test for independence between each covariate and obesity or overweight prevalence was statistically significant at $p < 0.05$. SE is standard error. SD is standard deviation. [a]Adjusted by logistic regression for age and sex only. [b]Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. Neighborhood socioeconomic index and built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Table 18 shows the socioeconomic factors that affect obesity and overweight percentages in children ages 10-17 in the United States. Higher percentages of obesity and overweight children exist in neighborhoods that are considered "unsafe." In other words, if there is a prevalence of litter or garbage in neighborhood, if the housing is poorly kept or dilapidated and/or there is vandalism/graffiti in the neighborhood, there is likely to be a higher childhood obesity rate.

Table 18: Socioeconomic Factors Affecting Obesity

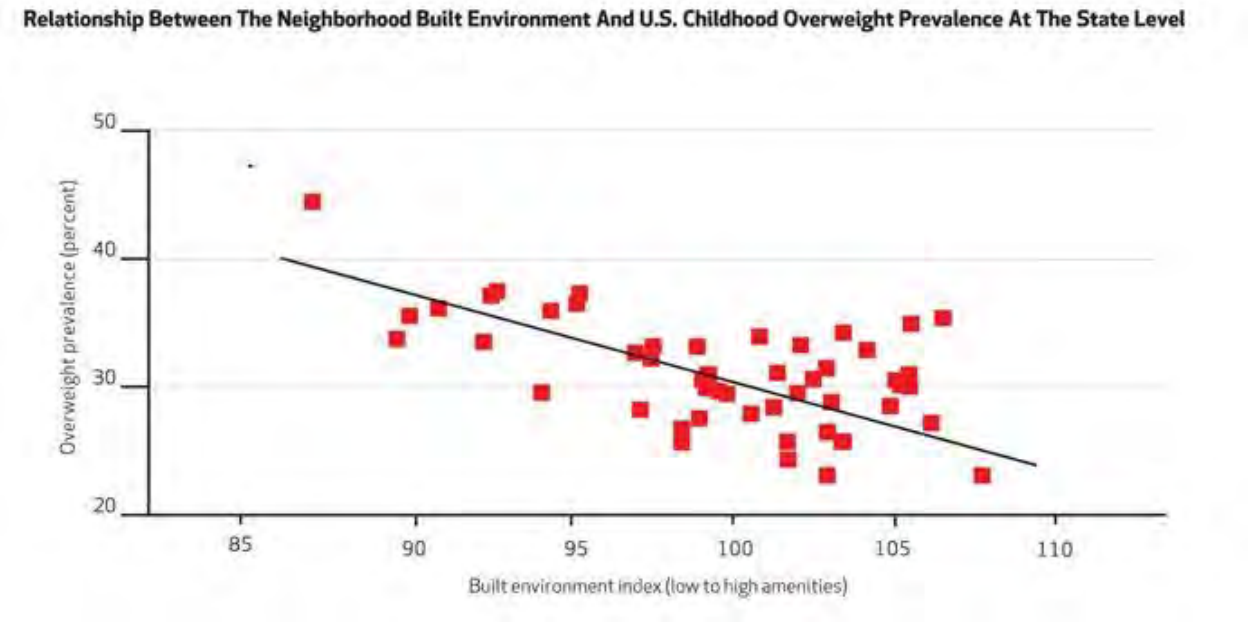
Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10–17, By Neighborhood Socioeconomic Conditions

	Obesity				Overweight			
	Weighted				Weighted			
Neighborhood characteristic	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Total population	16.37	0.49			31.64	0.59		
Index of neighborhood socioeconomic conditions (mean index score = 100; SD = 20)								
20.78–67.09 (least favorable)	19.74	1.99	1.45	0.99	36.96	2.23	1.41	0.97
67.10–88.32	20.32	2.21	1.52	1.06	33.89	2.31	1.24	0.90
88.33–104.99	19.30	1.19	1.40	1.09	34.85	1.41	1.27	1.01
105.00–111.40 (most favorable)	14.74	0.56	1.00	1.00	29.79	0.71	1.00	1.00
Neighborhood safety								
Safe	15.53	0.51	1.00	1.00	30.64	0.62	1.00	1.00
Unsafe	22.27	1.61	1.61	1.05	38.24	1.82	1.43	0.96
Presence of garbage/litter in neighborhood								
Yes	20.74	1.41	1.44	1.10	36.43	1.54	1.31	1.01
No	15.56	0.51	1.00	1.00	30.70	0.64	1.00	1.00
Poorly kept or dilapidated/rundown housing in neighborhood								
Yes	19.63	1.50	1.31	1.04	36.32	1.65	1.29	1.04
No	15.86	0.51	1.00	1.00	30.85	0.63	1.00	1.00
Vandalism such as broken windows or graffiti in neighborhood								
Yes	17.28	1.65	1.09	0.84	33.65	1.95	1.13	0.87
No	16.27	0.51	1.00	1.00	31.38	0.62	1.00	1.00

SOURCE National Survey of Children's Health, 2007. **NOTES** This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). $N = 44,101$. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. Chi-square test for independence between each covariate (except vandalism) and obesity or overweight prevalence was statistically significant at $p < 0.05$. SE is standard error. SD is standard deviation. [a]Adjusted by logistic regression for age and sex only. [b]Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. The neighborhood socioeconomic index and the built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Figure 100 illustrates the relationship between the built environment and overweight prevalence. This suggests that the more amenities (such as recreation centers, libraries, parks and playgrounds) in the built environment the less likely that children in the neighborhood will be overweight.

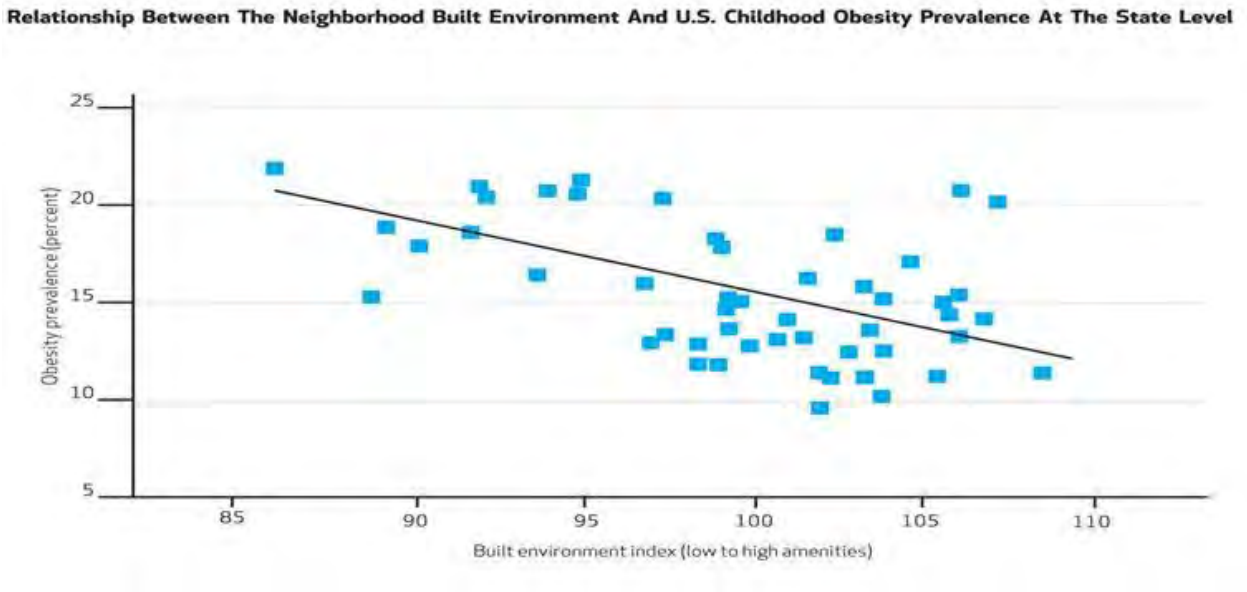
Figure 100: Neighborhood vs. US Childhood Overweight Prevalence



Source: National Survey of Children's Health, 2007

Figure 101 illustrates the relationship between the built environment and obesity prevalence. This suggests that the more amenities (such as recreation centers, libraries, parks and playgrounds) in the built environment the less likely that children in the neighborhood will be obese.

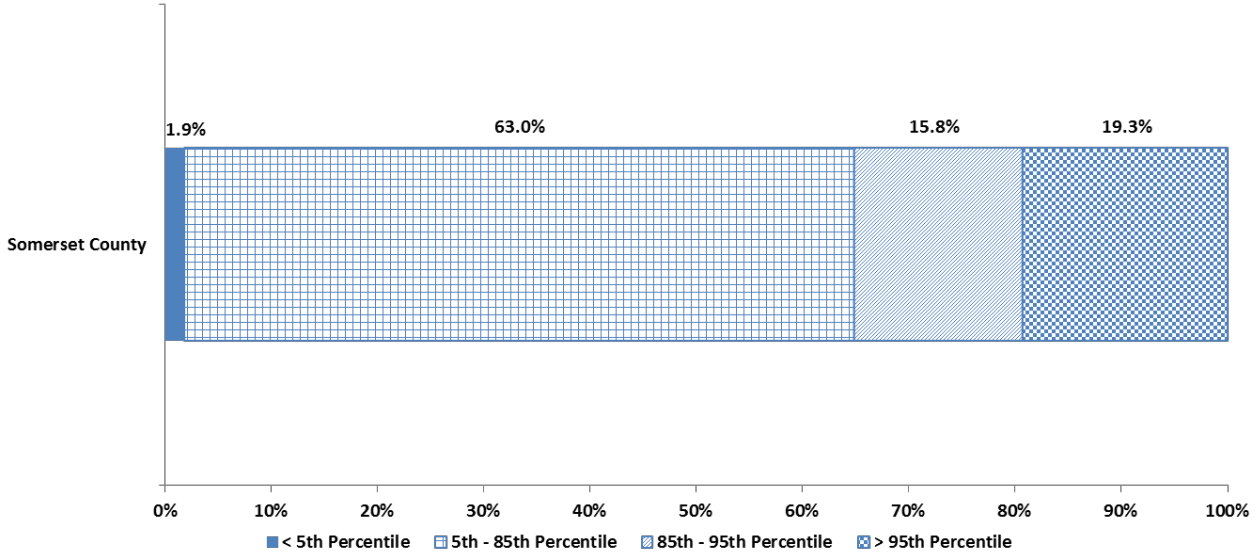
Figure 101: Neighborhood vs. US Childhood Obesity Prevalence



Source: National Survey of Children's Health, 2007

Figure 102 illustrates the body mass index (BMI) percentiles for children in grades kindergarten through sixth grade for the 2010-2011 school year. In Somerset County 15.8% of students in this class range were overweight and 19.3% were obese.

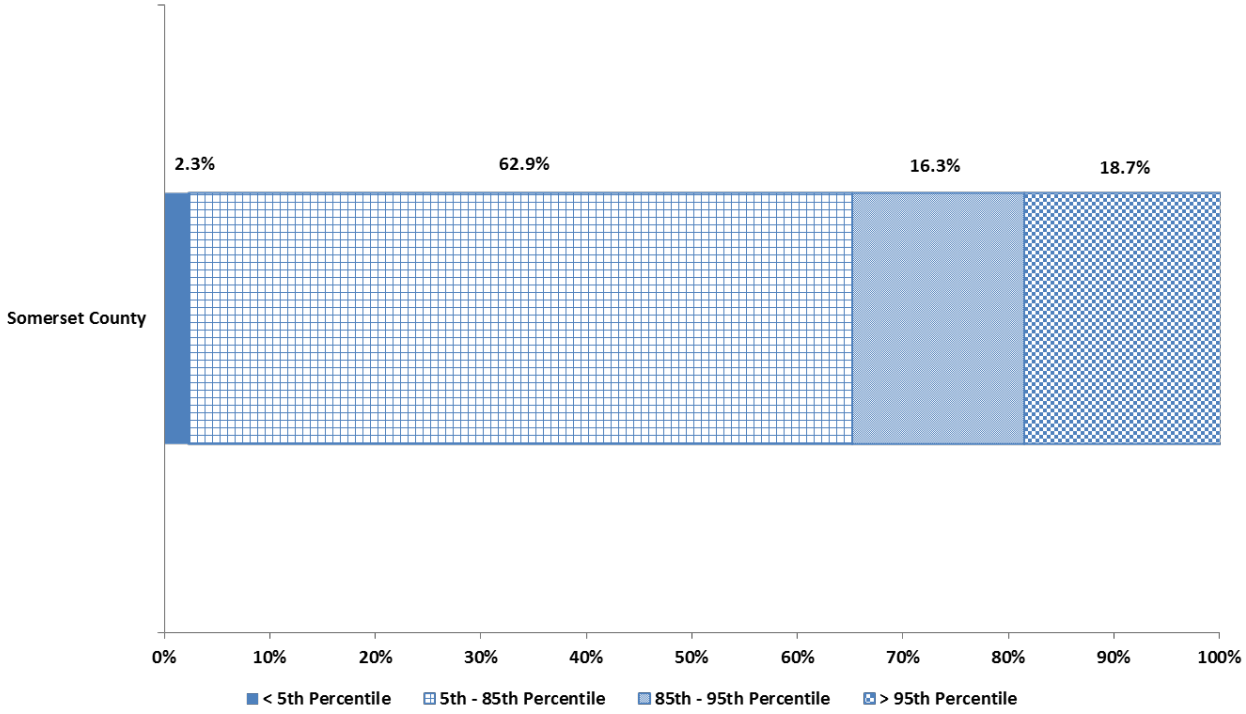
Figure 102: BMI Percentiles, Grades K-6



Source: Pennsylvania Department of Health

Figure 103 illustrates the body mass index (BMI) percentiles for children in grades seven through twelve for the 2010-2011 school year. In Somerset County 16.3% of students in this class range were overweight and 18.7% were obese.

Figure 103: BMI Percentiles, Grades 7-12



Source: Pennsylvania Department of Health

Table 19 illustrates juvenile delinquency data for the years 2008 through 2012 for Somerset County. The number and percent of juveniles who successfully completed supervision without a new offense tended to decrease across the time period. The median length of supervision ranged between 9 and 12 months.

Table 19: Juvenile Delinquency and Supervision (chart 1 of 2)

	2008	2009	2010	2011	2012 (first 6 months)	2013 (estimate)
The number and percent of juveniles who successfully completed supervision without a new offense resulting in a consent decree, adjudication of delinquency, ARD, nolo contendere or finding of guilt in a criminal proceeding	61	47	56	46	19	53
The number and percent of juveniles who, while under supervision, were charged with a new offense, and whose cases are pending in criminal court	2	1	0	7	0	2
Number and percentage of juveniles with no judicial finding of technical violations of probation while under supervision	55	43	48	42	19	48
Number and percentage with a judicial finding of technical violations of probation while under supervision	13	8	18	14	4	13
Median length of supervision	11 months	9 months	12 months	12 months	10 months	11 months

Source: Somerset County Office of Children, Youth, and Families, Needs Based Budget and Plan 2013-2014

Table 20 illustrates the number and percent of juveniles who were committed to out-of-home placement for 28 or more consecutive days for the years 2008 through 2012 for Somerset County. Across the time period the number of juveniles committed to out-of-home placement was fairly low, between 6 and 11. The median length of stay for out-of-home placement ranged between 6 and 12 months.

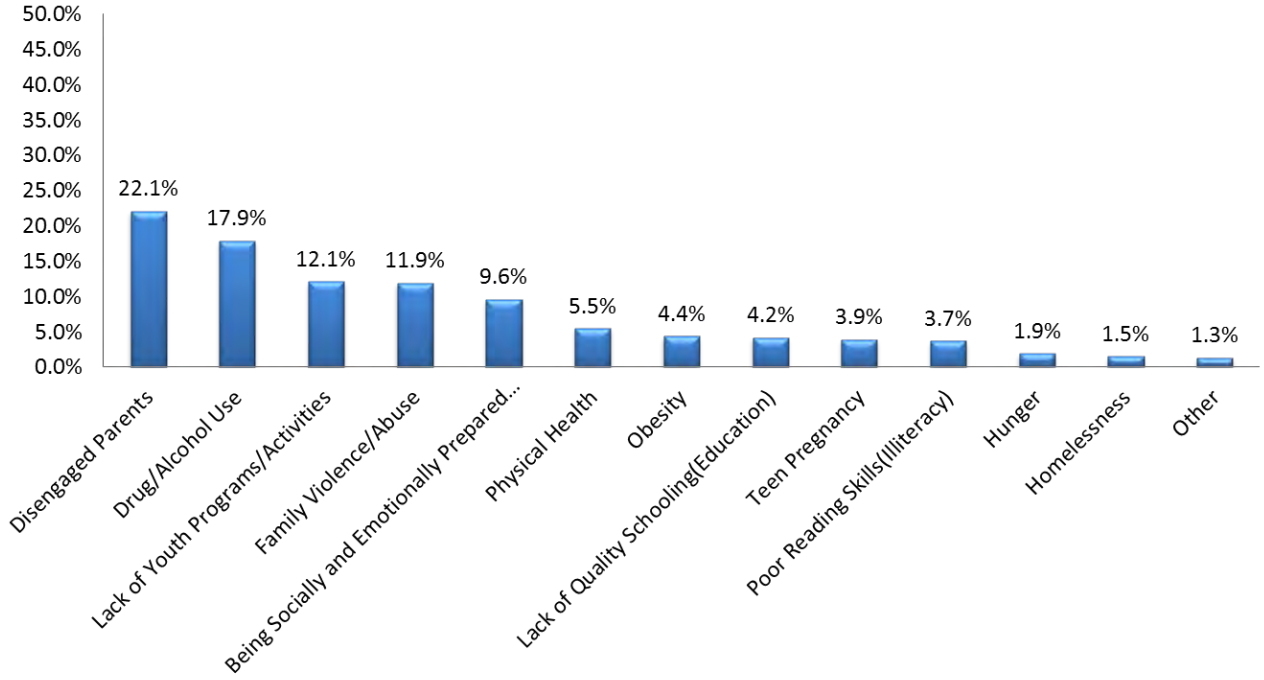
Table 20: Juvenile Delinquency and Supervision (chart 2 of 2)

	2008	2009	2010	2011	2012 (first 6 months)	2013 Estimate
Number and percentage of juveniles committed to out-of-home placement for 28 or more consecutive days (excluding detention, shelter care and diagnostic placement)	11 (16%)	6 (12%)	10 (15%)	10 (18%)	0 (0%)	9 (15%)
Median length of stay in out-of-home placement (excluding detention, shelter care and diagnostic placement)	12 Months	7 Months	6 Months	8 Months	0 Months	6 Months

Source: Somerset County Office of Children, Youth, and Families, Needs Based Budget and Plan 2013-2014

Figure 104 Illustrates issues facing youth and children based on the results of the United Way of Cambria and Somerset Counties Community Needs Assessment, 2011. The top three issues facing youth and children are disengaged parents, drug/alcohol abuse, and lack of youth programs/programs.

Figure 104: Issues Facing Youth and Children



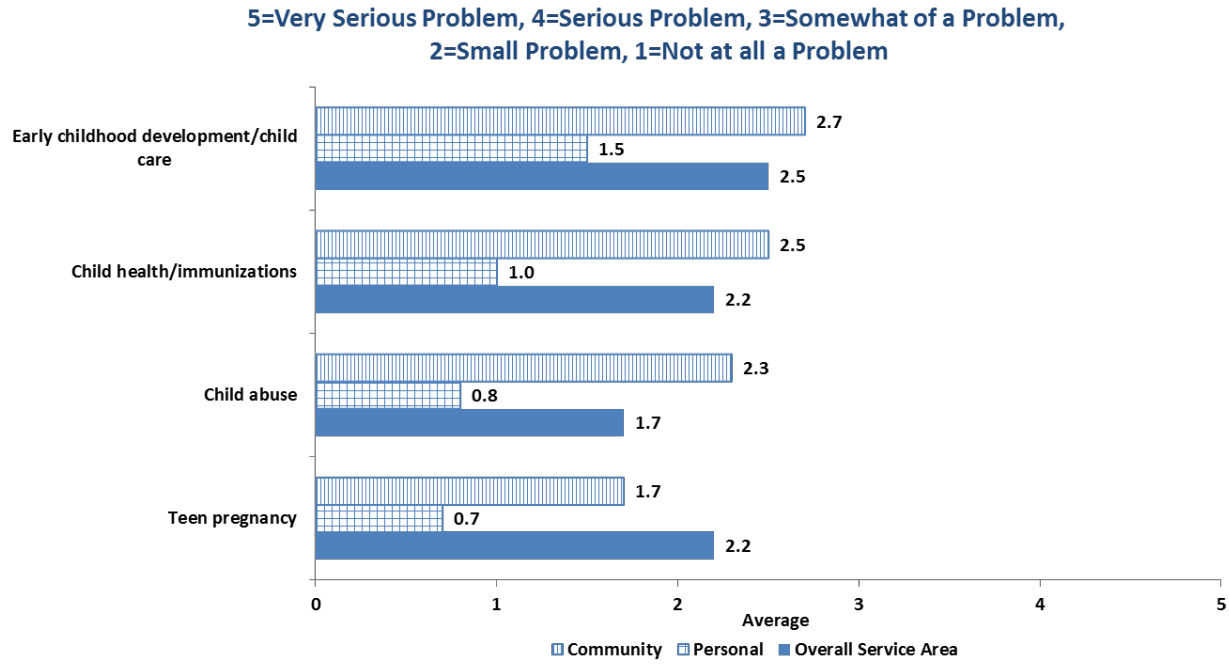
Source: United Way of Cambria and Somerset Counties Community Needs Assessment, 2011

Adult Focus Group Input

Focus group participants were given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem how much of a problem they felt each was in the service area, their community, and for their family.

Figure 105 illustrates the results for the community problems that relate to healthy mothers, babies, and children. As seen in **Figure 105**, early childhood development/child care was considered the greatest problem. Participants tended to rate the issues as more of a problem in the community and overall service area, compared to their personal/family situation.

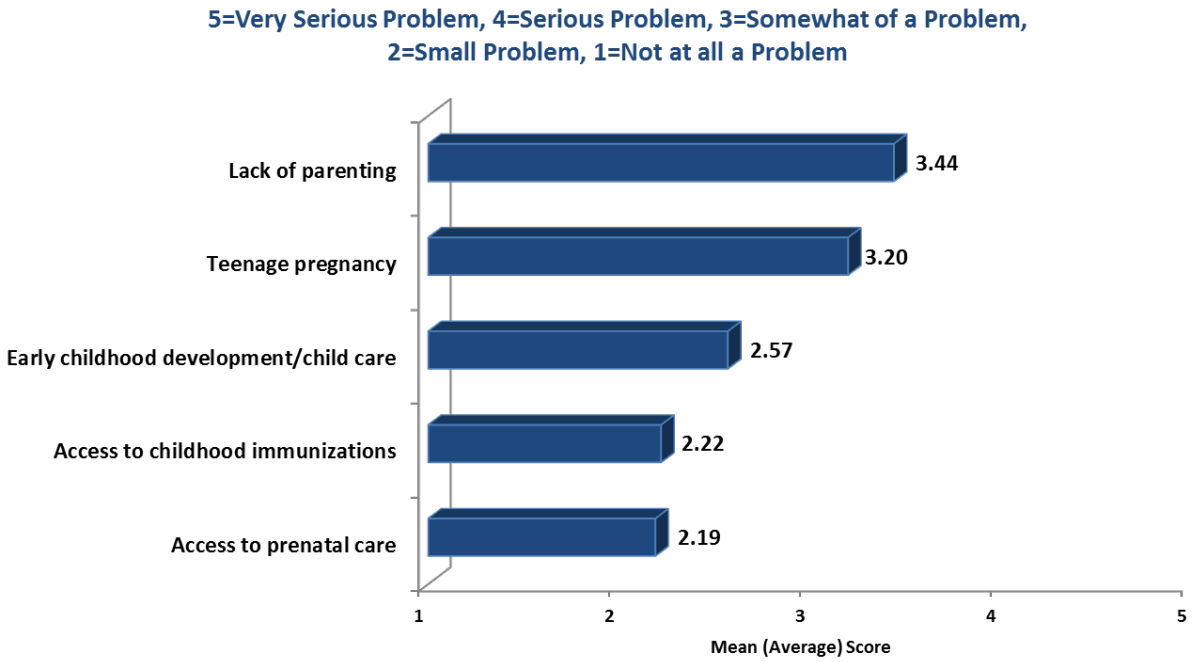
Figure 105: Adult Focus Group: Healthy Mother's, Babies, and Children



Source: Somerset Hospital CHNA Focus Groups, 2013

Figure 106 Illustrates Community Survey responses where respondents were given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 106** shows the results for the participants in rank order. The top three issues, lack of parenting, teenage pregnancy, and early childhood development/child care were rated closer to "serious" problems or "somewhat of a problem" in the community, while the other issues on the list were rated as a "small" problem.

Figure 106: 2013 Community Survey: Healthy Mother's, Babies, and Children Issues



Source: Somerset Hospital CHNA Community Survey, 2013

Healthy Mother's, Babies, and Children Conclusions

Comparatively, although Somerset County is faring reasonably well related to maternal/child health issues, there are a number of issues and concerns. For example, while a higher percentage of women in Somerset County seek prenatal care and the percentage of teen pregnancies is lower, women are also more likely to smoke before and continue to smoke during pregnancy. And while the percentage of low birth weight babies is comparable to the state, any children who start off needing additional support at birth are likely to continue to need it for at least some time. There are also higher than average rates of women receiving Medicaid and WIC within Somerset County compared to the state. Sizable portions of children living in the county are overweight or obese as well. Residents who participated recent community surveys and focus groups identified lack of parent engagement, parenting, drug and alcohol abuse and lack of youth programs/recreation are seen as the most pressing needs.

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

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Somerset County for years 2007 through 2010, compared to the state statistics.
- The percentage of mother's who reported not smoking during pregnancy and not smoking three months prior to pregnancy was significantly lower in Somerset County, compared the state, although the rate is increasing slightly.
- The percentage of low birth weight babies is comparable to the state rate for years 2007 through 2010.
- The percentage of mothers who received WIC was significantly higher in Somerset County for years 2007 through 2010, compared to the state statistics.
- The percentage of mothers receiving Medicaid was higher for Somerset County, but not significantly when compared to the state.
- The percentage of mother's breastfeeding is comparable between the state and Somerset County for years 2007 through 2010 and has steadily increased each year.
- Teen pregnancy rates were significantly lower in Somerset County compared to the state for years 2007 through 2010 and are declining slightly.
- The percentage of teen live birth outcomes was higher than the state for years 2007 through 2010 and significantly higher in 2010.

- In Somerset County, 19.3% of children in grades K-6 and 18.7% of children in grades 7-12 were considered to be obese. National statistics show that there is a relationship between socio-economic status and obesity as well as between the built environment and obesity. Children who have more access to community assets and resources are less likely to be obese.
- According to Somerset County Office of Children, Youth, and Families, between the years of 2008 through 2012 the number of juvenile offenders who successfully completed supervision without a new offense has declined and the median length of supervision was between 9 and 12 months. During the same time period the number of juveniles committed to out-of-home placement for 28 or more consecutive days ranged from 0 to 11. The median length of stay for out-of-home placement ranged from 6 to 12 months.
- According to the United Way survey, disengaged parents, drug and alcohol use, and lack of youth programs/activities are the top issues facing children and youth.
- Focus Group participants rated early childhood development and child health/ immunizations the most serious maternal/child health related issues and tended to rank issues as more of a problem in their community compared to their personal life or hospital service area.
- Community survey respondents rated lack of parenting and teenage pregnancy as the most serious maternal/child health related community issues.

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Infectious Disease

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Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

Figure 107 illustrates the percentage of adults age 65 and older who have had a pneumonia vaccine for years 2008 through 2010. There are no significant differences between the Somerset County cluster, state, and national data, and all were under the Healthy People 2020 Goal of 90.0%. **Figure 108** illustrates the pneumonia mortality rate for years 2007 through 2010. The rate in Somerset County was slightly higher in 2009 and 2010 compared to the state rate.

Figure 107: Percentage of Adults Who Have Had a Pneumonia Vaccine – Age GE 65

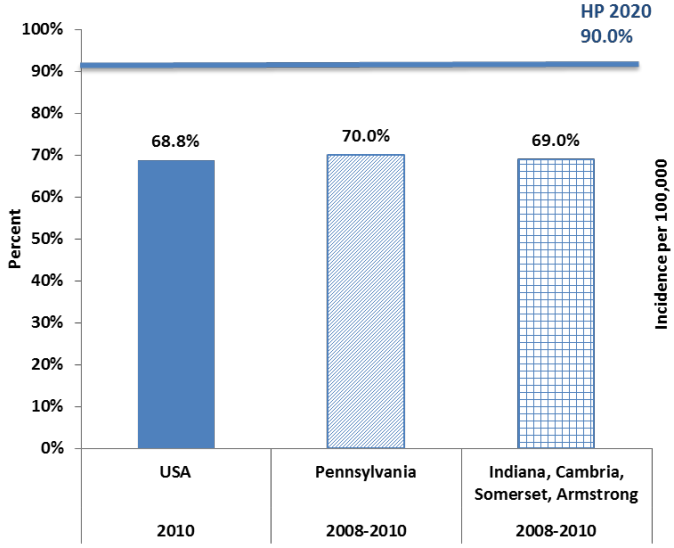
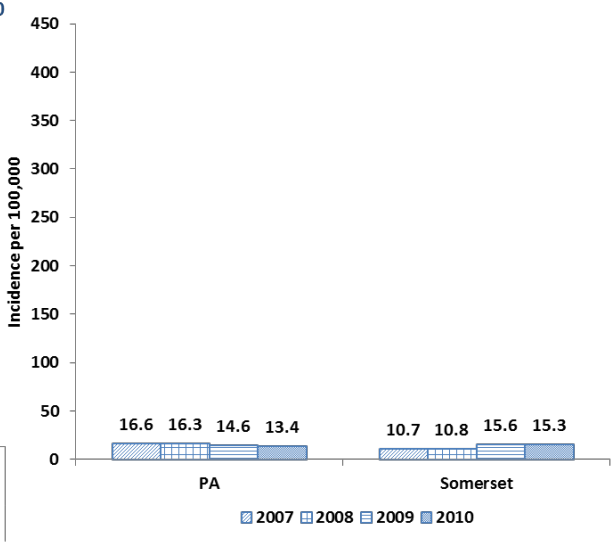


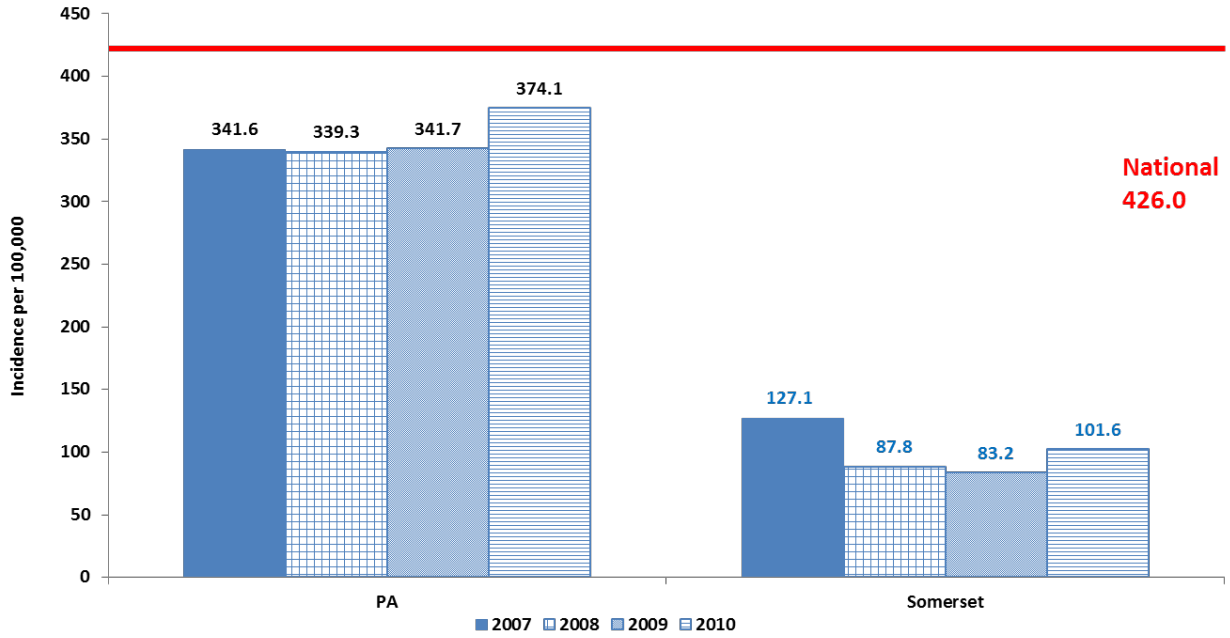
Figure 108: Pneumonia Mortality Rate



Source: Pennsylvania Department of Health; Centers for Disease Control; www.healthpeople.gov

Figure 109 illustrates the chlamydia rate for years 2007 through 2010. For each year the rate in Somerset County was significantly lower than the state rate.

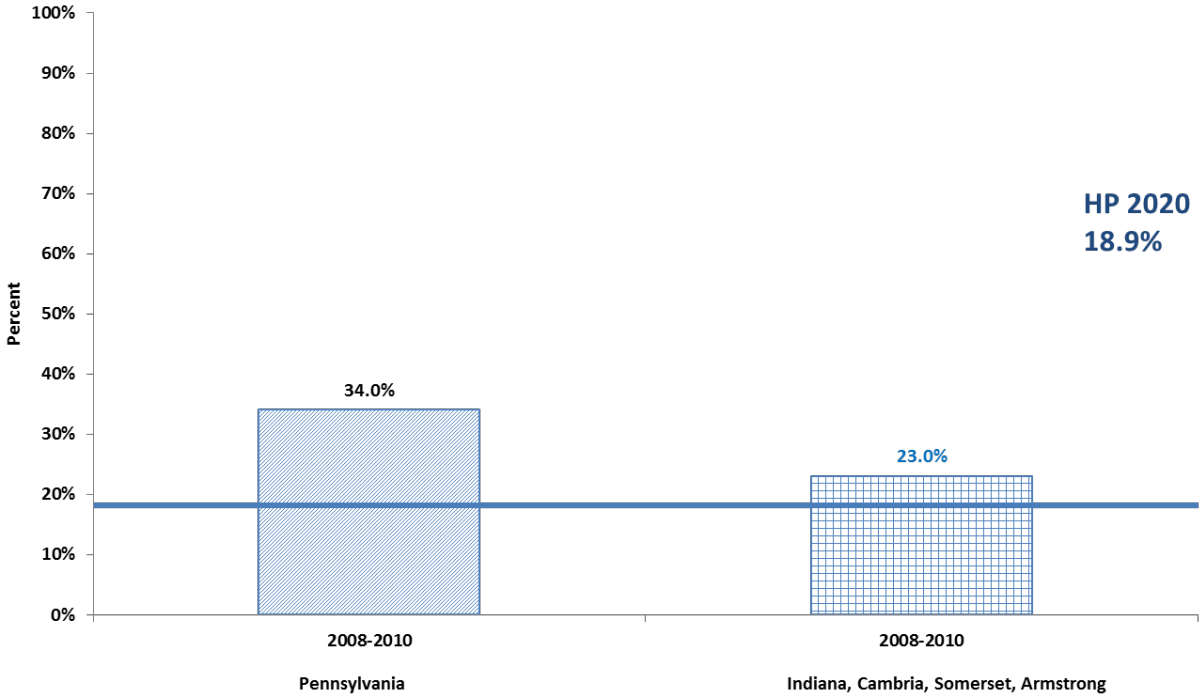
Figure 109: Chlamydia Incidence Rate



Source: Pennsylvania Department of Health

Figure 110 illustrates the percentage of all adults ever tested for HIV for the years 2008 through 2010. The rate for the Somerset County cluster, at 23.0%, was significantly lower than the state rate of 34.0%, yet higher than the Healthy People 2020 goal of 23.0%.

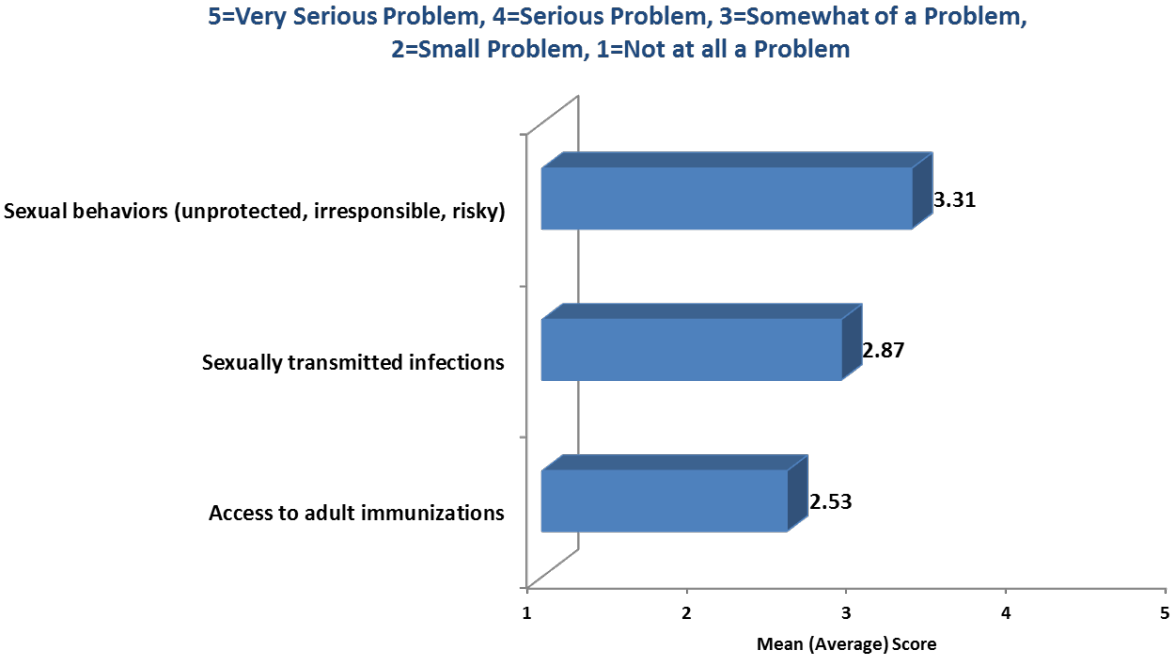
Figure 110: Percentage of All Adults Ever Tested for HIV



Source: Pennsylvania Department of Health

Figure 111 illustrates Community Survey participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem to 1=Not at all a Problem. **Figure 111** shows the results for the participants in rank order. The top three issues, sexual behaviors, sexually transmitted infections, and access to adult immunizations was rated closer to "somewhat" of a problem in the community.

Figure 111: 2013 Community Survey: Infectious Disease Problems



Source: Somerset Hospital CHNA Community Survey, 2013

Infectious Disease Conclusions

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

- There were no significant differences between the Somerset County cluster, state, and nation for the percentage of adults over the age of 65 who received a pneumonia vaccine and all were below the Healthy People 2020 Goal of 90.0%.
- The pneumonia mortality rate was slightly higher in Somerset County in 2009 and 2010 compared to the state rate.
- For years 2007 through 2010, the chlamydia incidence rate was significantly lower in Somerset County each year compared to the state and national rates.
- For years 2008 through 2010, the percentage of all adults ever tested for HIV (23.0%) was significantly lower than the state percentage (34.0%), but higher than the Healthy People 2020 Goal (18.9%).
- Community Survey respondents ranked sexual behaviors, sexually transmitted infections, and access to adult immunizations as “somewhat” serious issues.

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Mental Health and Substance Abuse

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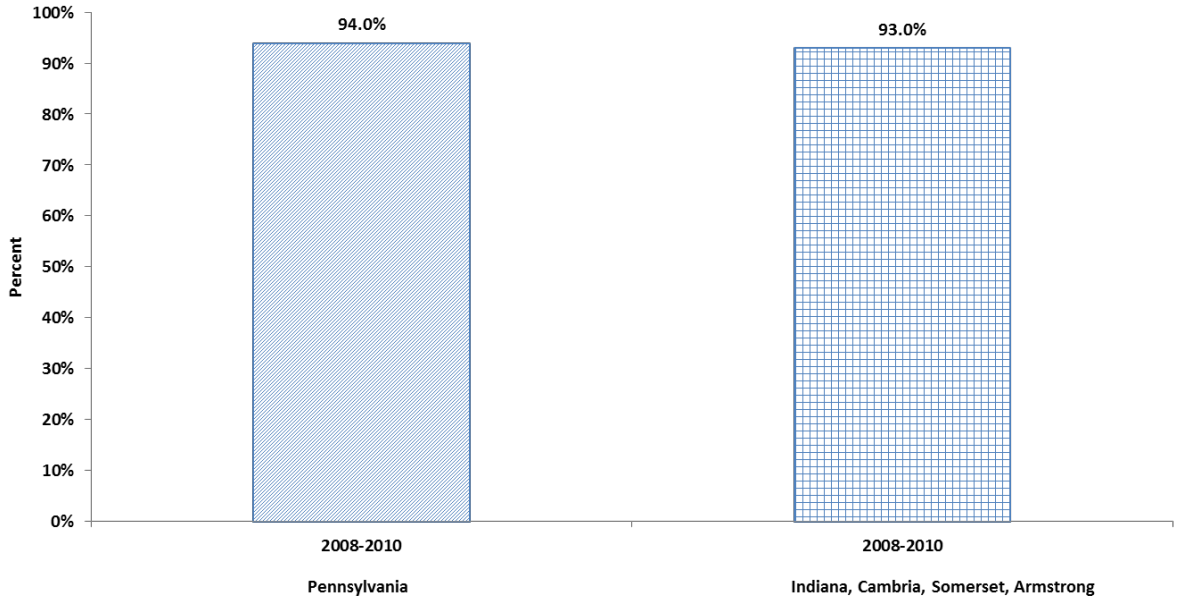
Mental Health & Substance Abuse

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

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Figure 112 illustrates the percentage of all adults who reported being satisfied or very satisfied with their life for the years 2008 through 2010. In the Somerset County cluster, 93.0% of adults reported being satisfied or very satisfied with their life, just below the state rate of 94.0%.

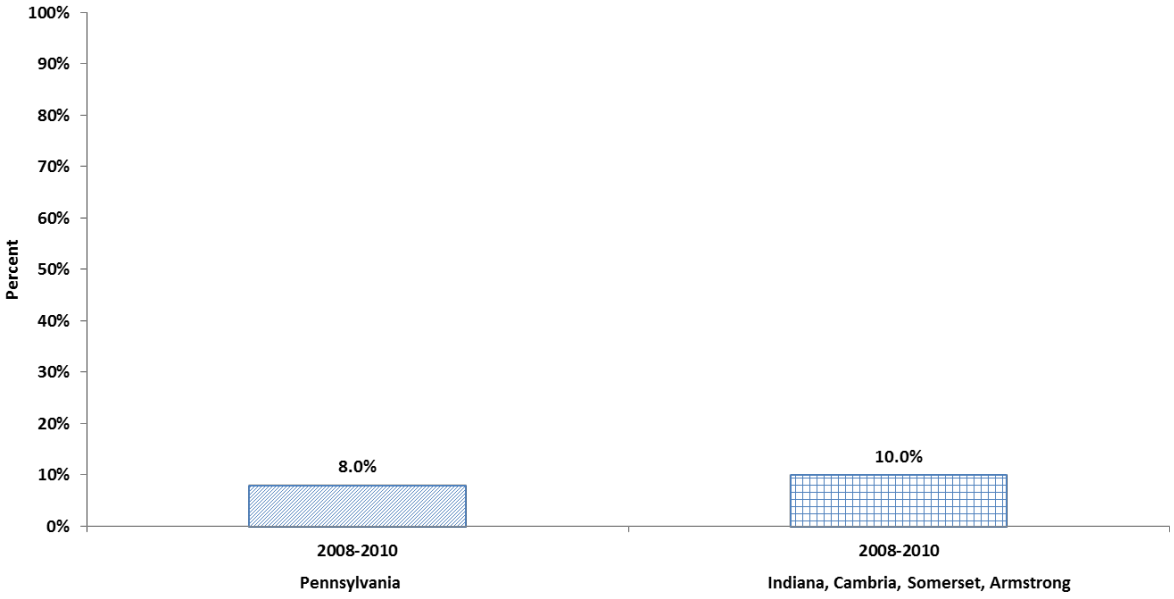
Figure 112: Percentage of All Adults Who Reported Being Satisfied or Very Satisfied With Their Life



Source: Pennsylvania Department of Health

Figure 113 illustrates the percentage of all adults who reported rarely or never getting the social or emotional support they needed for years 2008 through 2010. In the Somerset County cluster, 10.0% of adults reported rarely or never getting the social or emotional support they needed, which is slightly higher than the state percentage of 8.0%.

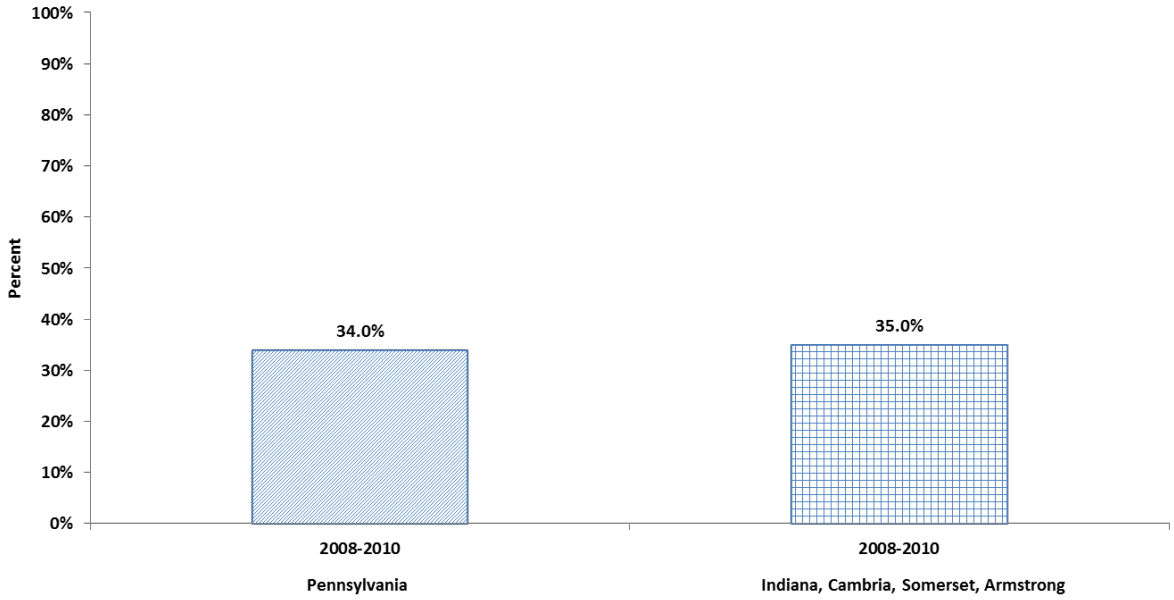
Figure 113: Percentage of All Adults Who Rarely or Never Got the Social or Emotional Support They Needed



Source: Pennsylvania Department of Health

Figure 114 illustrates the percentage of all adults who reported their mental health was not good at least one day in the past month. In the Somerset County cluster, 35.0% of adults reported that their mental health was not good at least one day in the past month, which is slightly higher than the state percentage of 35.0%.

Figure 114: Percentage of All Adults Who Reported Their Mental Health Not Good 1+ Days in the Past Month



Source: Pennsylvania Department of Health

Table 21 illustrates responses from the 2013 Community Survey. Over a third the respondents, (35.7%) reported feeling depressed in the past two weeks, while 62.0% reported trouble sleeping in the past two weeks.

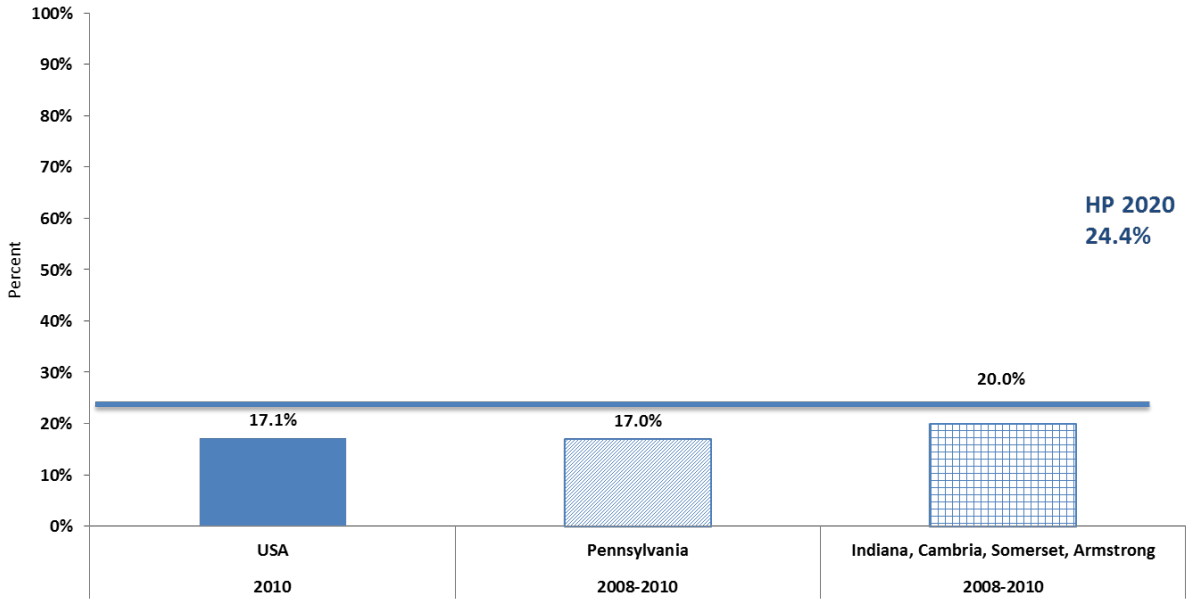
Table 21: 2013 Community Survey: Mental Health

	Yes	No
% Depressed, Past 2 Weeks	35.7%	64.3%
% Trouble Sleeping, Past 2 Weeks	62.0%	38.0%

Source: Somerset Hospital CHNA Community Survey, 2013

Figure 115 illustrates the percentage of all adults who reported binge drinking for the years 2008 through 2010. The Somerset County cluster (20.0%) was slightly higher than the state (17.0%) and national (15.1%) percentages. The county, state, and nation percentages were all below the Healthy People 2020 Goal of 24.3%.

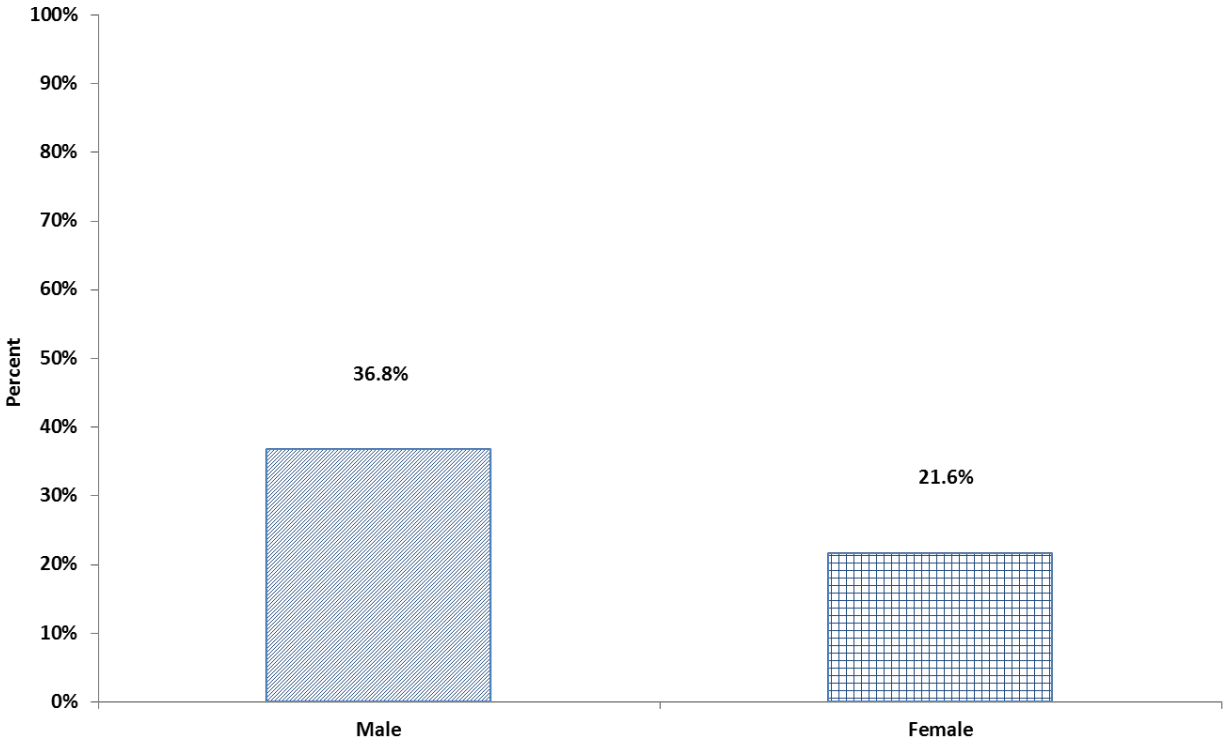
Figure 115: Percentage of All Adults Who Reported Binge Drinking – 5 Drinks for Men, 4 Drinks for Women on One Occasion



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

Figure 116 illustrates responses from the 2013 Community Survey for binge drinking in the past 30 days. Males (36.8%) were more likely to report binge drinking compared to females (21.6%).

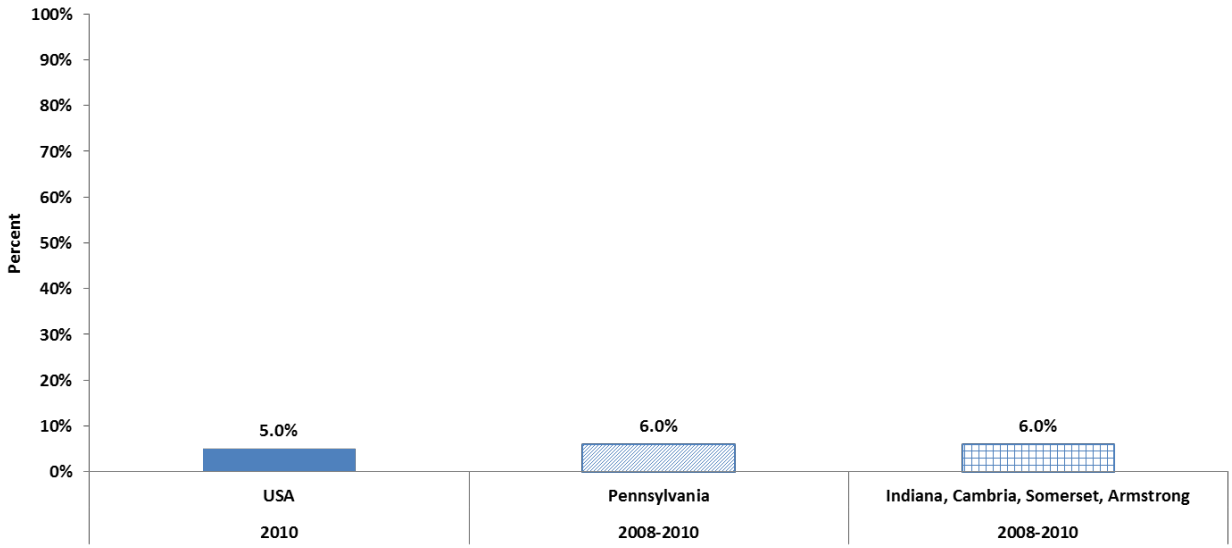
Figure 116: 2013 Community Survey: Binge Drinking Past 30 Days (26.0% Overall)



Source: Pennsylvania Department of Health

Figure 117 illustrates the percentage of all adults who reported chronic drinking for the years 2008 through 2010. The Somerset County cluster and the state percentages for adults who reported chronic drinking were both 6.0%, just above the national statistic of 5.0%.

Figure 117: Percentage of All Adults Who Reported Chronic Drinking – 2 or More Drinks a Day Every Day for the Past 30 Days



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 118 illustrates the percentage of all adults who reported heavy drinking for the years 2008 through 2010. The Somerset County cluster (4.0%) was slightly lower than the state percentage (5.0%). **Figure 119** illustrates the percentage of all adults who reported heavy drinking by gender. Females in the Somerset County cluster were significantly lower (2.0%) compared to females in the state (5.0%).

Figure 118: Percentage of All Adults Who Reported Heavy Drinking – 2 Drinks for Men and 1 Drink For Women Daily

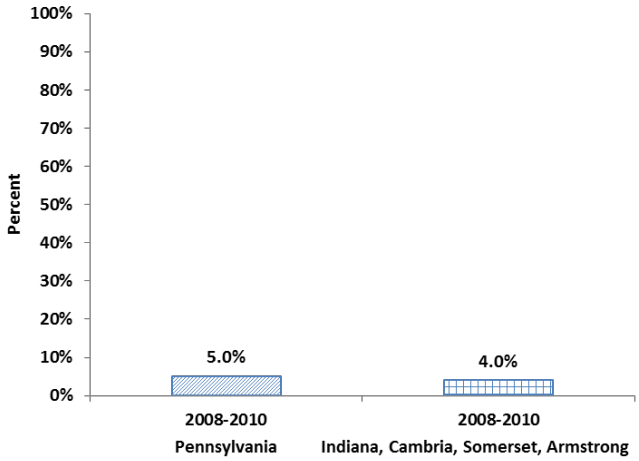
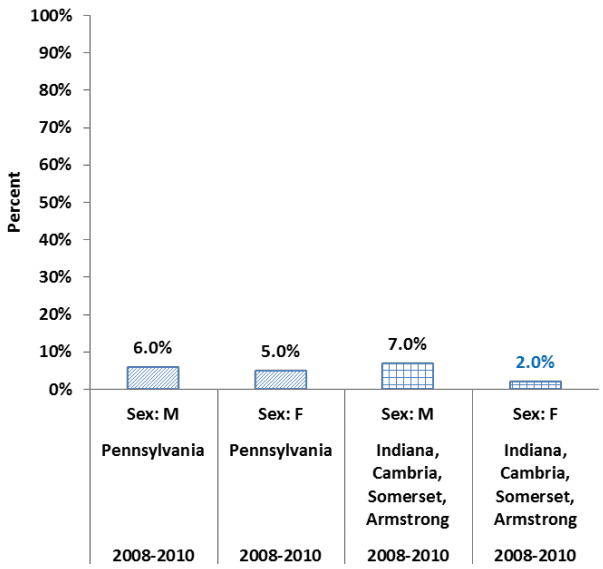


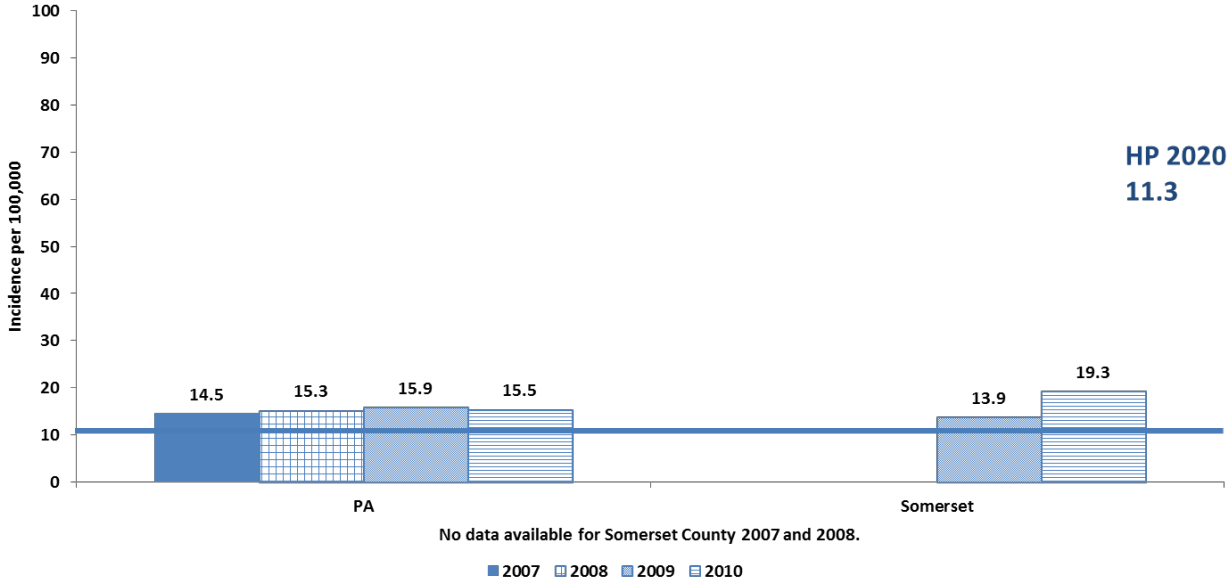
Figure 119: Percentage of All Adults Who Reported Heavy Drinking by Gender



Source: Pennsylvania Department of Health

Figure 120 illustrates the drug induced mortality rates for Somerset County and Pennsylvania. Although the data is not available for 2007 and 2008, Somerset County increased over the two years. Somerset County and Pennsylvania are both above the Healthy People 2020 Goal of 11.3.

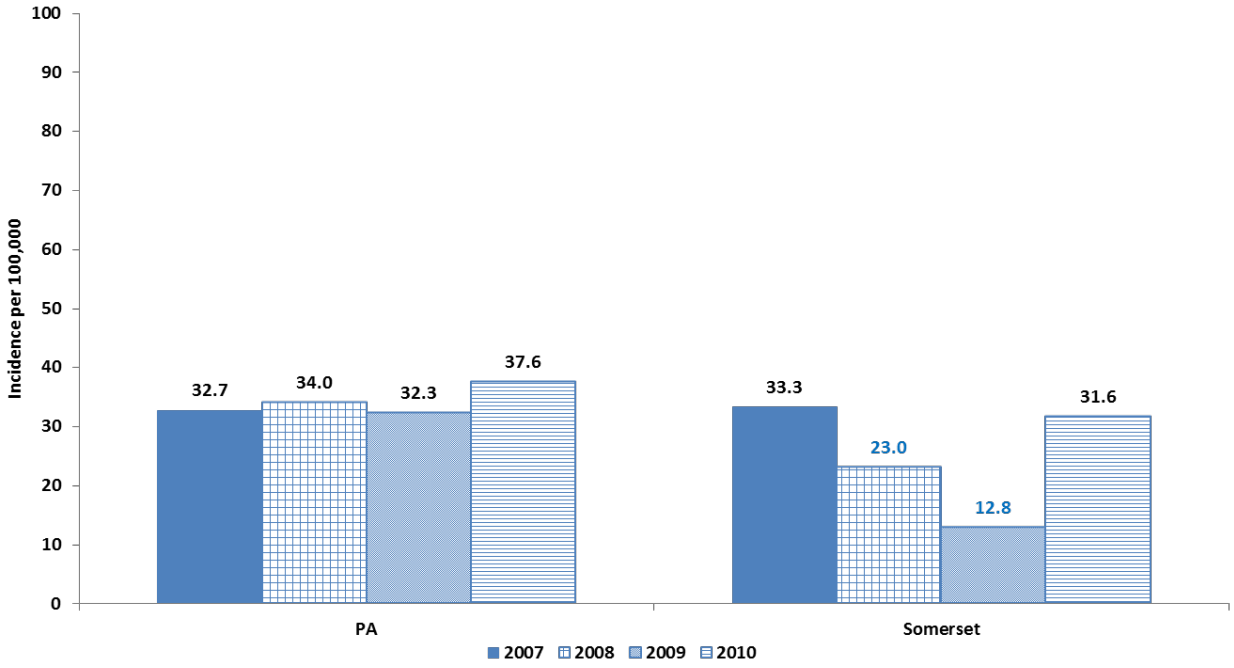
Figure 120. Drug Induced Mortality Rates



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 121 illustrates the mental and behavioral disorder mortality rate for the years 2007 through 2010. Compared to the state rate, Somerset County was significantly lower in 2008 and 2009.

Figure 121: Mental and Behavioral Disorder Mortality Rates



Source: Pennsylvania Department of Health

Table 22illustrates positive drug test rates by reason across the United State for years 2007 through 2011. Across the time period, an average of 3.6% of individuals had positive pre-employment drug tests.

Table 22: Positivity Rates by Testing Reason – Urine Drug Tests (For General US Workforce)

TESTING REASON	2007	2008	2009	2010	2011
Follow-Up	7.7%	7.6%	7.5%	6.5%	6.6%
For Cause	19.2%	22.0%	26.8%	26.9%	26.8%
Periodic	1.4%	1.4%	1.5%	1.3%	1.3%
Post-Accident	5.8%	5.6%	5.3%	5.3%	5.3%
Pre-Employment	3.9%	3.6%	3.4%	3.6%	3.5%
Random	5.7%	5.3%	5.4%	5.3%	5.2%
Returned to Duty	5.6%	5.3%	4.6%	5.2%	5.2%

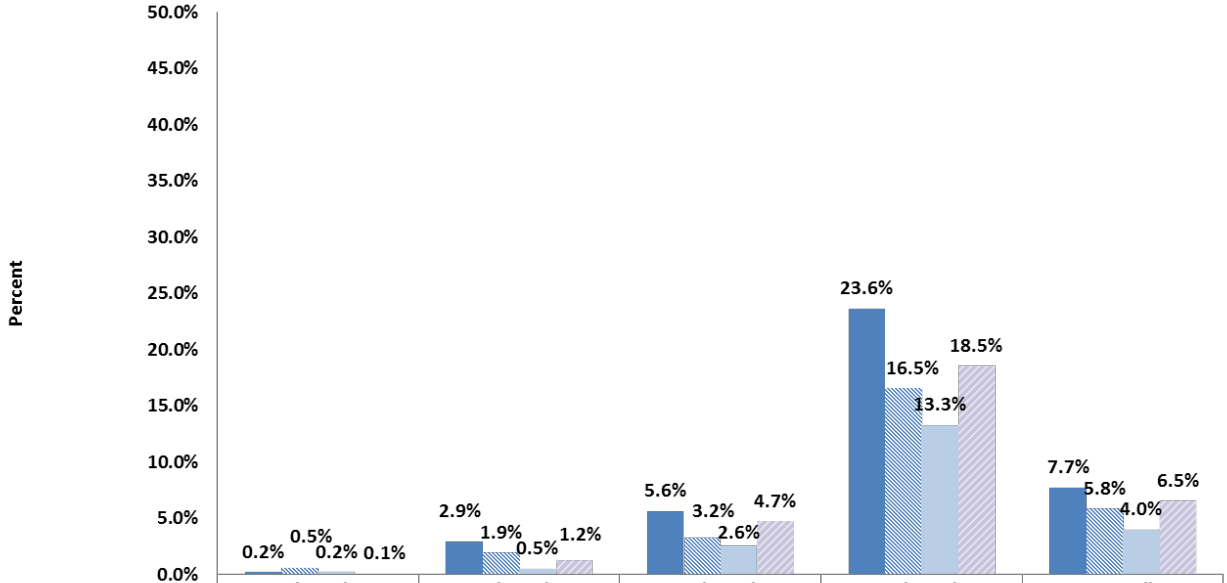
Source: Quest Diagnostic Drug Test Index™ Reports at QuestDiagnostics.com/DTI

Quest Diagnostics completed a Prescription Drug Monitoring Report in 2012. For the present study, Quest Diagnostics medical and health informatics experts analyzed a national sample of 75,997 de-identified urine specimen results performed in 2011. The study included results of patients of both genders, ranging in age from 10 years old and above, from 45 states and the District of Columbia. The objectives of our study were to assess the scope and demographic drivers of prescription drug misuse in America and the impact of laboratory testing on monitoring for prescription drug adherence. Important findings of the study included:

- Of patients tested, 63% were inconsistent with a physician's orders.
- Evidence of misuse was found across all commonly prescribed, controlled substances.
- More than half (60%) of inconsistent reports showed evidence of drugs that had not been prescribed by the ordering physician.
  - 32% tested positive for the prescribed drug(s) and at least one other additional drug. 28% percent tested positive for a drug, but not the one for which they were prescribed.
  - In 40% of inconsistent cases, the prescribed drug was not detected by lab testing.

Figure 121 illustrates student driving under the influence rates for alcohol and marijuana in Pennsylvania and Somerset County. The data show, that with age, the percentages of students who drove under the influence of both alcohol and marijuana increased for both the state and county. In Somerset County, 23.6% of 12th graders drove under the influence of alcohol, while 13.3% drove under the influence of marijuana.

Figure 121: 2009 Pennsylvania Youth Survey Report – Driving Under the Influence of Alcohol

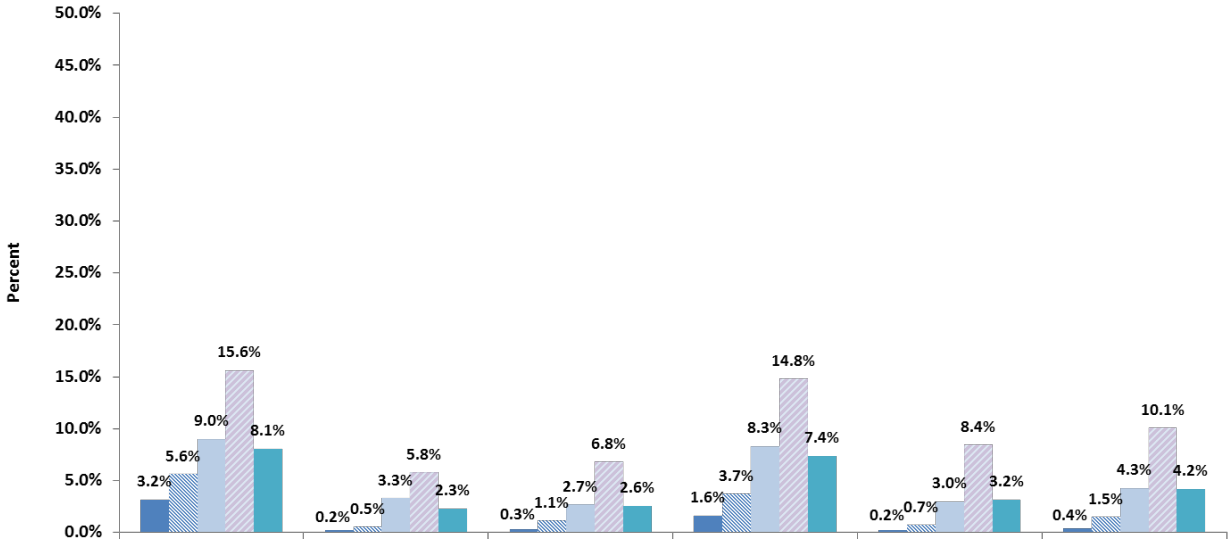


	6th grade	8th grade	10th grade	12th grade	Overall
Somerset Alcohol	0.2%	2.9%	5.6%	23.6%	7.7%
PA Alcohol	0.5%	1.9%	3.2%	16.5%	5.8%
Somerset Marajuana	0.2%	0.5%	2.6%	13.3%	4.0%
PA Marajuana	0.1%	1.2%	4.7%	18.5%	6.5%

Source: Pennsylvania Youth Survey Report, Somerset County 2009

Figure 122 illustrates student lifetime use of pain relievers, tranquilizers, and stimulants for Pennsylvania and Somerset County. The data show, that with age, the percentages of students who used prescription increased for both the state and county. In Somerset County, 9.0% of 12th graders have used pain relievers, 3.8% tranquilizers, and 6.8% stimulants.

Figure 122: 2009 Pennsylvania Youth Survey Report – Lifetime Use of Prescription Drugs

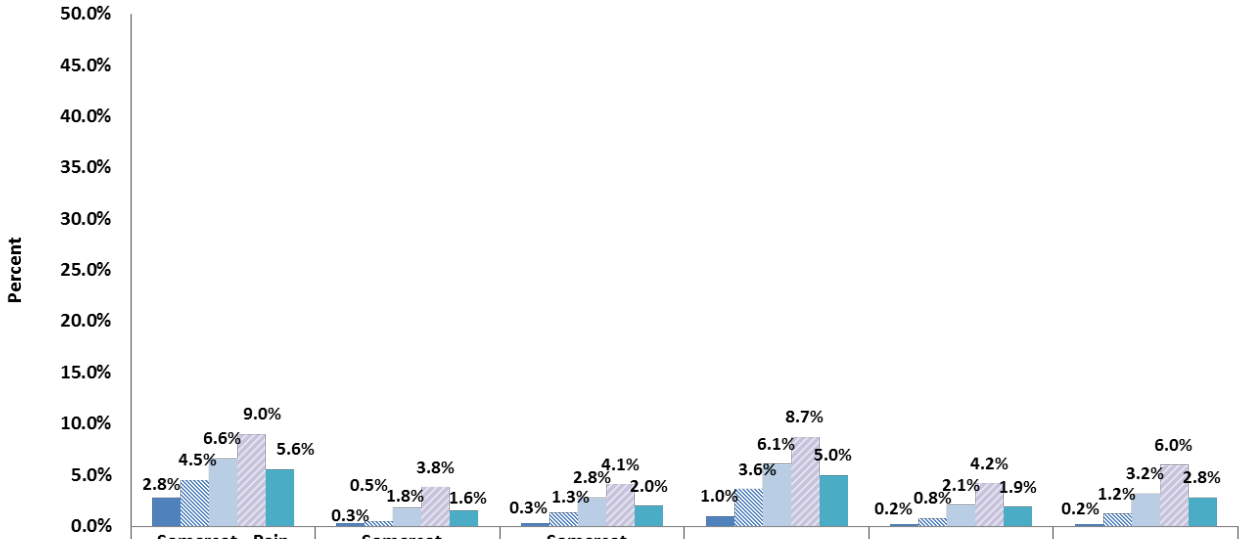


	Somerset - Pain Relievers	Somerset - Tranquilizers	Somerset - Stimulants	PA - Pain Relievers	PA - Tranquilizers	PA - Stimulants
6th grade	3.2%	0.2%	0.3%	1.6%	0.2%	0.4%
8th grade	5.6%	0.5%	1.1%	3.7%	0.7%	1.5%
10th grade	9.0%	3.3%	2.7%	8.3%	3.0%	4.3%
12th grade	15.6%	5.8%	6.8%	14.8%	8.4%	10.1%
Overall	8.1%	2.3%	2.6%	7.4%	3.2%	4.2%

Source: Pennsylvania Youth Survey Report, Somerset County 2009

Figure 123 illustrates student use of prescription drugs in the past 30 days for Pennsylvania and Somerset County. The data show, that with age, the percentages of students who used prescription drugs in the past 30 days increased for both the state and county. In Somerset County, 9.0% of 12th graders used pain relievers, 3.8% tranquilizers, and 4.1% stimulants.

Figure 123: 2009 Pennsylvania Youth Survey Report - Past 30 Day Use of Prescription Drugs

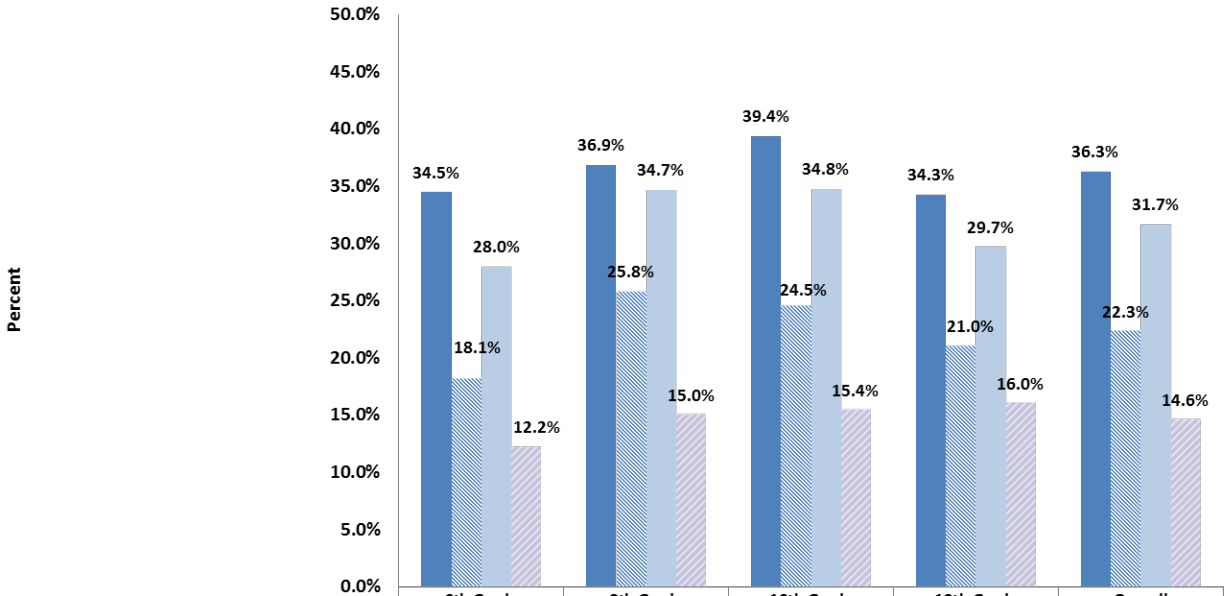


	Somerset - Pain Relievers	Somerset - Tranquilizers	Somerset - Stimulants	PA - Pain Relievers	PA - Tranquilizers	PA - Stimulants
6th grade	2.8%	0.3%	0.3%	1.0%	0.2%	0.2%
8th grade	4.5%	0.5%	1.3%	3.6%	0.8%	1.2%
10th grade	6.6%	1.8%	2.8%	6.1%	2.1%	3.2%
12th grade	9.0%	3.8%	4.1%	8.7%	4.2%	6.0%
Overall	5.6%	1.6%	2.0%	5.0%	1.9%	2.8%

Source: Pennsylvania Youth Survey Report, Somerset County 2009

Figure 124 illustrates the percentage of student who reported depression in Somerset County. The data show that approximately one third of the students at each of the grade levels reported that in the past year they felt depressed or sad most days. The rate is highest for students in the 10th grade.

Figure 124: 2009 Pennsylvania Youth Survey Report – Youth Reporting Depression – Somerset County

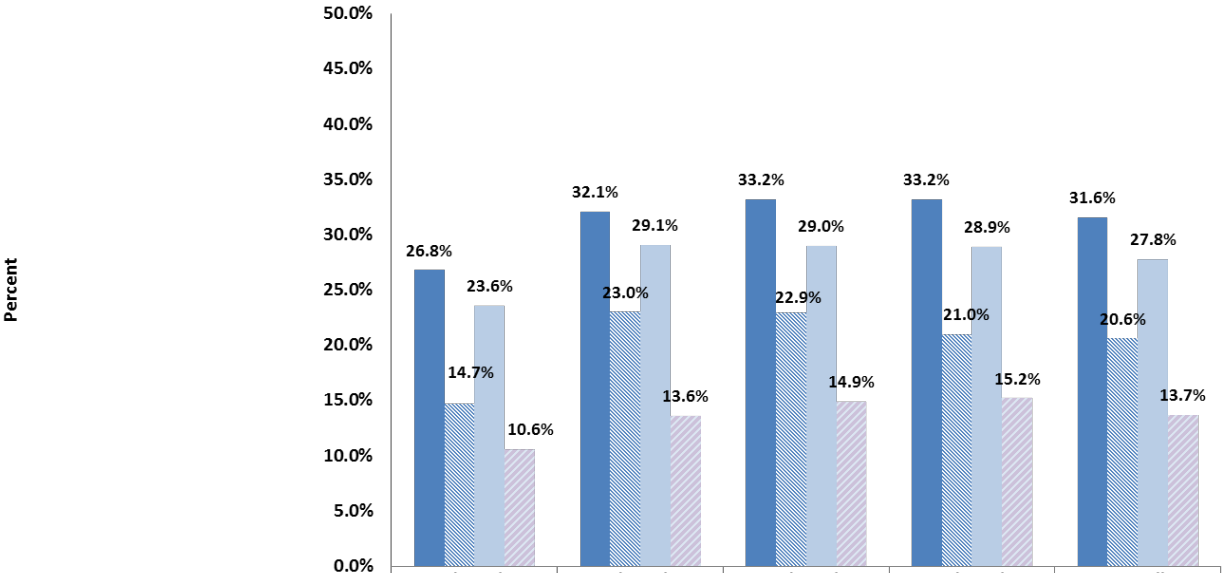


	6th Grade	8th Grade	10th Grade	12th Grade	Overall
In the past year, felt depressed or sad most days	34.5%	36.9%	39.4%	34.3%	36.3%
Sometimes I think that life is not worth it	18.1%	25.8%	24.5%	21.0%	22.3%
At times I think I am no good at all	28.0%	34.7%	34.8%	29.7%	31.7%
All in all, I am inclined to think that I am a failure	12.2%	15.0%	15.4%	16.0%	14.6%

Source: Pennsylvania Youth Survey Report, Somerset County 2009

Figure 125 illustrates the percentage of students who reported depression for the state. The data show that approximately one third of the students at each of the grade levels reported that in the past year they felt depressed or sad most days. The rates are highest in grades 10 and 11.

Figure 125: 2009 Pennsylvania Youth Survey Report – Youth Reporting Depression - Pennsylvania

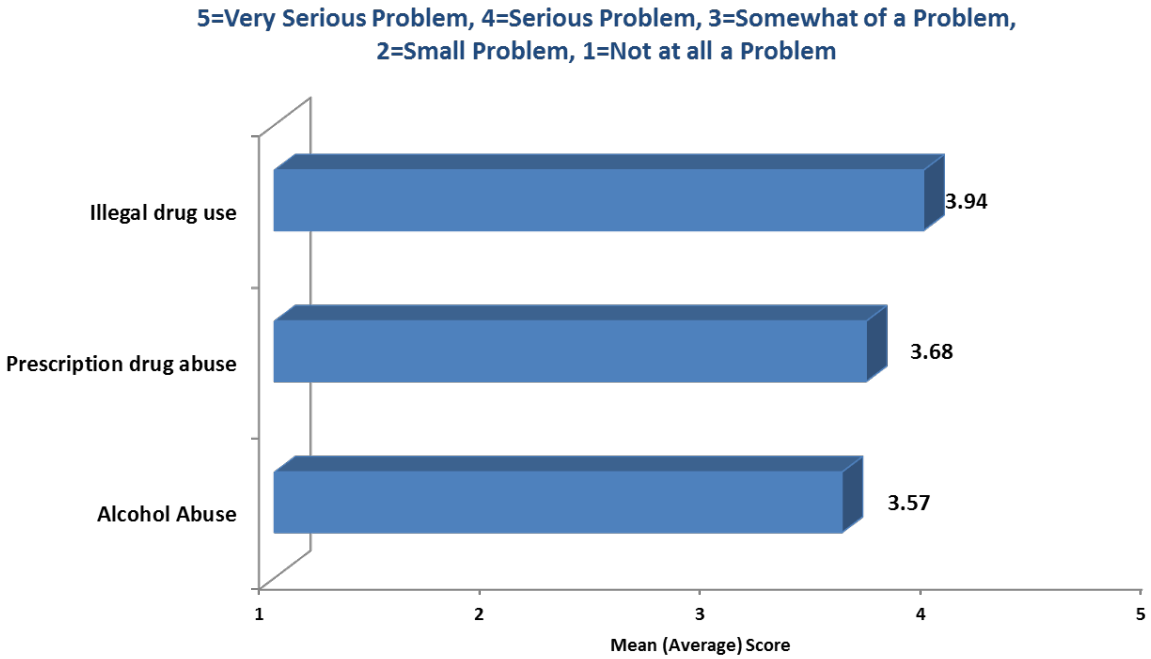


	6th Grade	8th Grade	10th Grade	12th Grade	Overall
In the past year, felt depressed or sad most days	26.8%	32.1%	33.2%	33.2%	31.6%
Sometimes I think that life is not worth it	14.7%	23.0%	22.9%	21.0%	20.6%
At times I think I am no good at all	23.6%	29.1%	29.0%	28.9%	27.8%
All in all, I am inclined to think that I am a failure	10.6%	13.6%	14.9%	15.2%	13.7%

Source: Pennsylvania Youth Survey Report, Somerset County 2009

Figure 126 Illustrates Community Survey participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 126** shows the results for the participants in rank order. The top three issues, illegal drug use, prescription drug abuse, and alcohol abuse were rated closer to "serious" problems in the community.

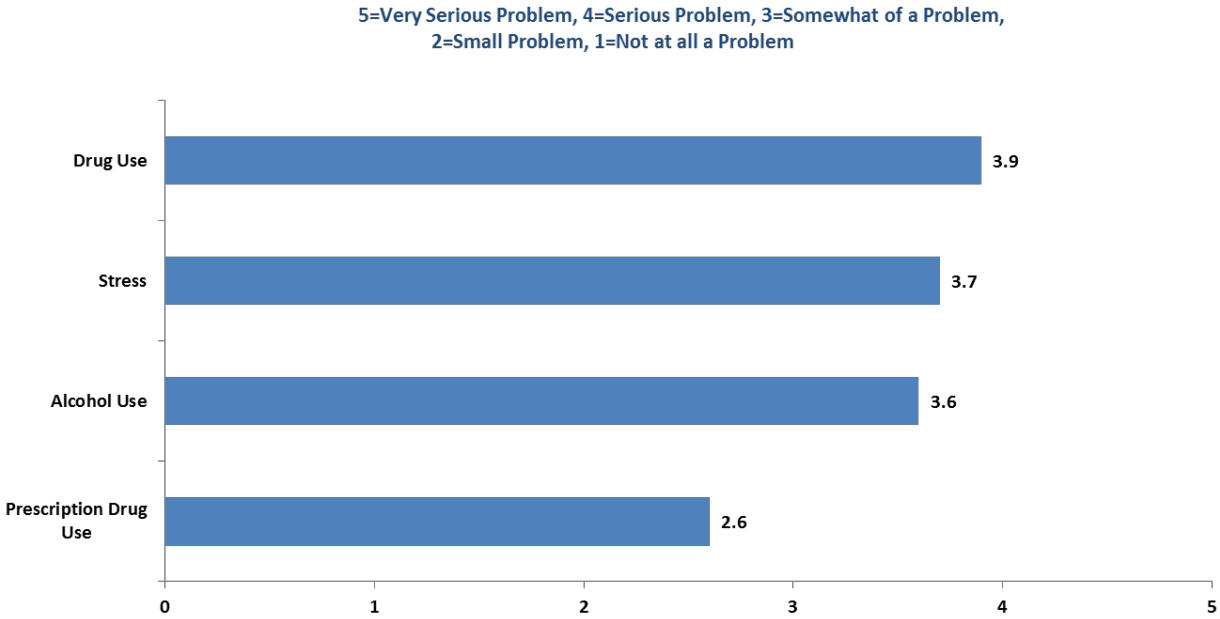
Figure 126: 2013 Community Survey: Mental Health and Substance Abuse



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 127 Illustrates student Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 127** shows the results for the Focus Group participants in rank order. The top three issues related to mental health and substance abuse drug use, stress, and alcohol use were rated closer to being a "serious" problem.

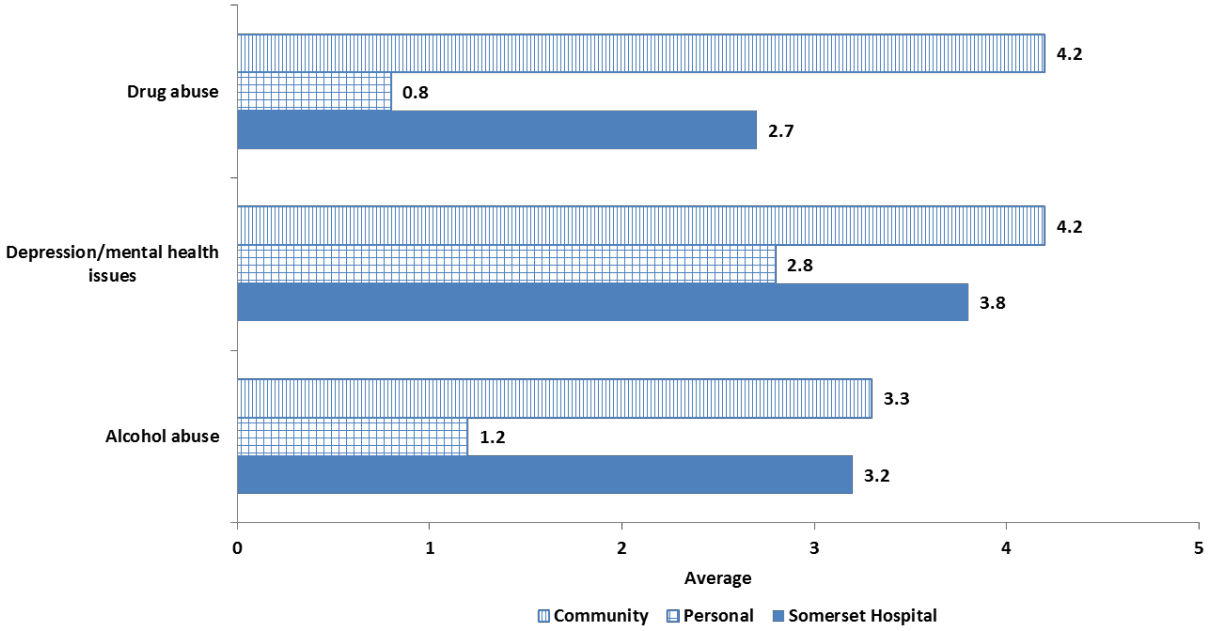
Figure 127: Student Focus Group: Mental Health and Substance Abuse Issues



Source: Somerset Hospital CHNA Focus Groups, 2013

Figure 128: Illustrates adult Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 128** shows the results for the Focus Group participants in rank order. The top three issues related to mental health and substance abuse drug abuse, depression/mental health issues, and alcohol abuse were rated closer to being a "serious" problem.

Figure 128: Adult Focus Group: Mental Health and Substance Abuse Issues



Source: Somerset Hospital CHNA Focus Groups, 2013

Adult and Student Focus Group Input

Adult focus group participants reported that many teens in the community drink alcohol and use marijuana, but hard drug use, including prescription drugs, do not seem to be as large a problem. Participants expressed that substance abuse is often the result of other issues such as depression. Increased unemployment is perceived to lead to increased depression. Remarks were made suggesting "When you are used to working and want to work it is hard to sit at home all day, it also causes a lot of anxiety."

Student focus group participants talked about the stress associated with adolescence. Students express that there is a lot of stress when you are taking honors courses because of the workload demand. Students also indicated that it is also stressful to try to manage school, work, family, and extra-curricular activities.

Stakeholder Interview Input

Stakeholders were interviewed indicated that alcohol and drug abuse is a problem in the county. Participants noted that even though many residents in the county do not live in high crime areas, people in the community have been killed because of drug related issues. There is a perception that, due to the turnpike, it is easy to bring drugs such as heroin into the area.

Mental Health and Substance Abuse Conclusions

Mental health and substance abuse issues are an area of concern in the county, even though the mortality rate for mental and behavioral disorders has been lower than the state rates two of the past four years. The drug induced mortality rate in the county is increasing and a sizable percentage of students use and abuse various forms of drugs and alcohol. The level of depression within the student population is concerning and students talk about the stress level associated with juggling multiple responsibilities, even if they are good students. Economic stressors are also perceived to be contributors to drug and alcohol problems.

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

- While 93.0% of adults in Somerset County reported being satisfied or very satisfied with their life, 10.0% of adults reported they rarely or never got the emotional or social support they needed.

- Over a third (35.0%) of adults in Somerset County reported that their mental health was not good at least one day in the past month. From the Community Survey, 35.7% of the respondents indicated that they have been depressed in the past two weeks and a majority (62.0%) reported that they had trouble sleeping in the past two weeks.
- There were no significant differences between Somerset County and the state for chronic and binge drinking. Both the county and state are below the Healthy People 2020 Goal of 24.3% for binge drinking. From the Community Survey, 36.8% of males reported binge drinking in the past 30 days, 21.6% for females.
- Females in Somerset County (2.0%) were significantly lower compared to the state (5.0%) for heavy drinking.
- In Somerset County, the drug induced mortality rate increased in 2010, but was lower than the state rate in 2009.
- In Somerset County, the mental and behavioral disorders mortality rates were lower than the state rate for the years 2007-2010, and was significantly lower than the state in 2008 and 2009.
- National data from Quest Diagnostics for years 2007 through 2011 showed that an average of 3.6% of individuals had a positive drug test for pre-employment.
- National data from Quest Diagnostics on prescription drug use/misuse showed that 63.0% of patients tested were inconsistent with the physician's orders. Further, 32% tested positive for the prescribed drug(s) and at least one other additional drug. 28% percent tested positive for a drug, but not the one for which they were prescribed.
- According to the Pennsylvania Youth Survey, the rate of driving under the influence of alcohol for Somerset County 12th graders was higher compared the state rate. Lifetime prescription drug use increased with age, although the rate in Somerset County was lower than the state.
- The use of prescription drugs over a 30-day period was comparable between the state and Somerset County.
- According to the Pennsylvania Youth Survey, over a third of students report being depressed, up to almost 40% of students in 10th grade.
- Students from the focus group ranked drug use followed by stress and alcohol as the most serious issues in the community.
- Adults in the focus group saw mental health and drug/alcohol abuse as a bigger problem in their community, than in their families or in the service area overall.
- Community survey respondents ranked illegal drug use followed by prescription drug use as the most serious issues in the community.

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Physical Activity and Nutrition

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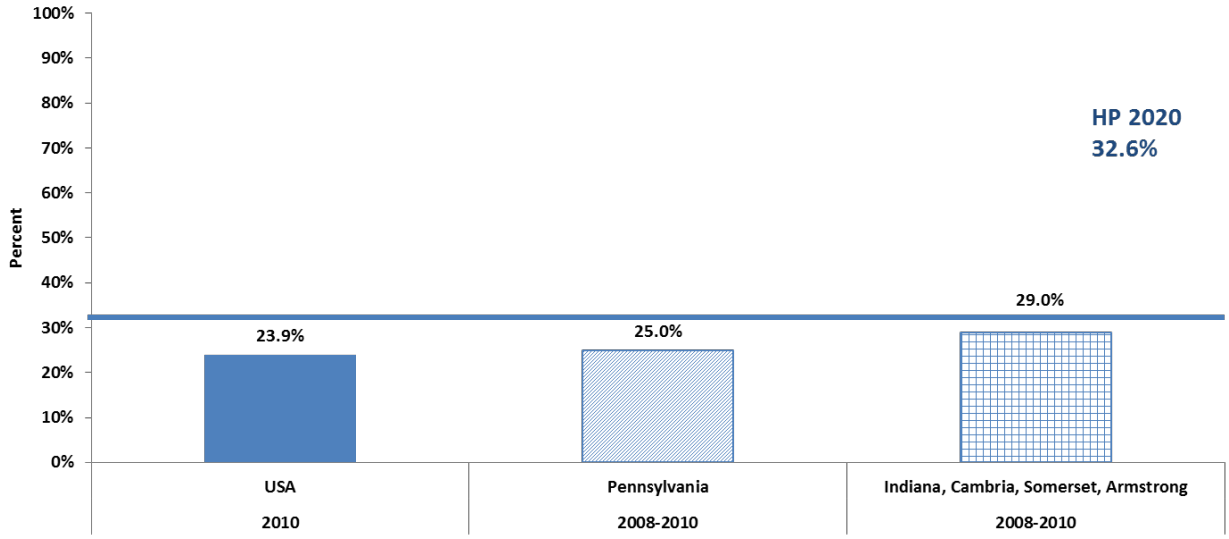
Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.

Figure 129 illustrates the percentage of all adults who reported no leisure time physical activity at least one day in the past month in the nation, Pennsylvania, and Somerset County cluster for the years 2008 through 2010. The percentage of adults who reported no leisure time physical activity at least one day in the past month in Somerset County cluster (29.0%) was higher than the state (25.0%) and national (23.9%) percentage.

Figure 129: Percentage of All Adults Who Reported No Leisure Time Physical Activity 1+ Days in the Past Month



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 130 illustrates the percentage of all adults who reported no leisure time physical activity at least one day in the past month by gender, which was significantly higher for females in the Somerset County cluster (37.0%) compared to the state statistic (29.0%). **Figure 131** illustrates the percentage of all adults who reported no leisure time physical activity at least one day in the past month by educational status, which was significantly higher for individuals with a college degree in the Somerset County cluster (26.0%) compared to the state statistic (15.0%).

Figure 130: Percentage of All Adults Who Reported No Leisure Time Physical Activity in the Past Month by Gender

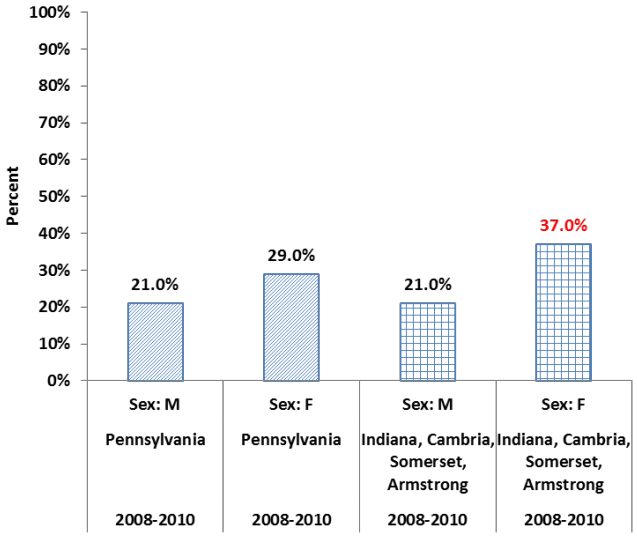
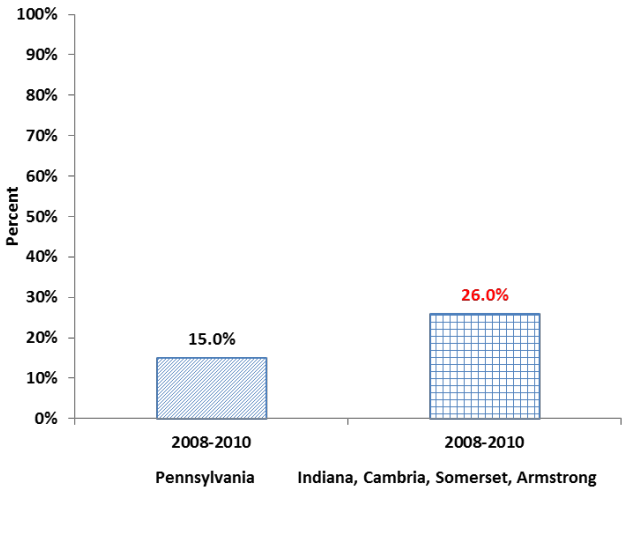


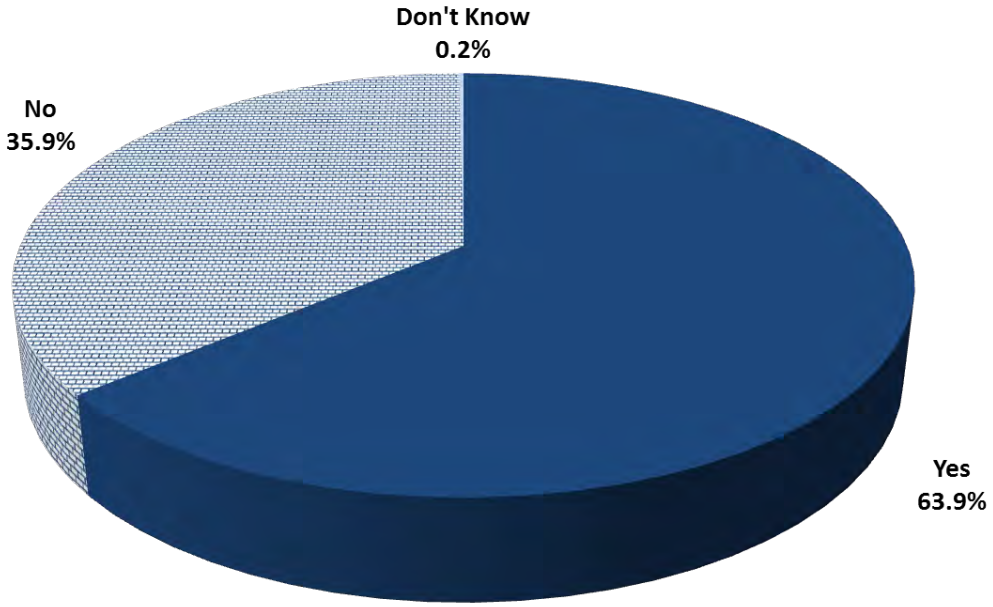
Figure 131: Percentage of All Adults With a College Degree Who Reported No Leisure Time Physical Activity in the Past Month



Source: Pennsylvania Department of Health

Figure 132 illustrates responses from the 2013 Community Survey, a majority of respondents (63.9%) reported physical activity in the past 30 days.

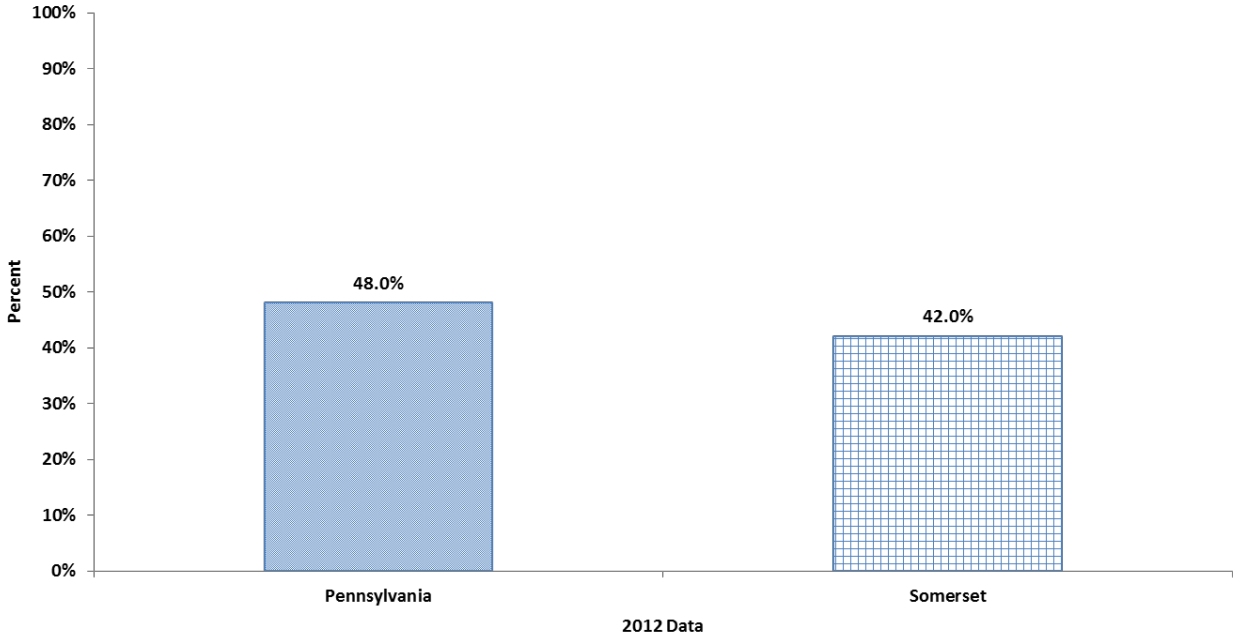
Figure 132: 2013 Community Survey: Physical Activity, Past 30 Days



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 133 illustrates the percentage of all restaurants that are fast food restaurants. In Somerset County, 42.0% of the restaurants are fast food restaurants, lower than the state statistic of 48.0%.

Figure 133: Percent of All Restaurants that are Fast Food Restaurants



www.countyhealthrankings.org

Table 23 illustrates responses from the community survey for number of times per day, week, and month, in the past month respondents ate vegetables, and 19.7% responded that they never ate vegetables.

Table 23: 2013 Community Survey: Nutrition (chart 1 of 2)

Nutrition	Times Per Day		Times Per Week		Times Per Month	
Vegetables	1	54.4%	1-2	34.8%	1-5	41.3%
	2-4	37.0%	3-5	51.6%	6-10	10.0%
	5 or More	2.6%	6 or More	11.8%	11 or More	36.2%
Never	19.7%					

Source: Somerset Hospital CHNA Community Survey, 2013

Table 24 illustrates responses from the community survey for number of times per day, week, and month, in the past month respondents ate fruit, and 56.7%% responded that they ate fruit two to four times a day.

Table 24: 2013 Community Survey: Nutrition (chart 2 of 2)

Nutrition	Times Per Day		Times Per Week		Times Per Month	
Fruit	1	40.4%	1-2	23.1%	1-5	31.7%
	2-4	56.7%	3-5	55.6%	6-10	8.0%
	5 or More	1.9%	6 or More	20.4%	11 or More	58.6%
Never	2.8%					

Source: Somerset Hospital CHNA Community Survey, 2013

Table 25 illustrates food desert data in Somerset County for 2010. The percentage of the population with low access to a grocery store was 14.4%. The percentage of children with low access to a grocery store was 2.7%. The percentage of senior citizens with low access to a grocery store was 2.7%. The percentage of households with no car and low access to a grocery store was 5.6%.

Table 25: Somerset County Food Desert Data

US Department of Agriculture Food Desert Data 2010				
	% of Population with Low Access to a Grocery Store	% of Children with Low Access to a Grocery Store	% of Seniors with Low Access to a Grocery Store	% of Households with No Car and Low Access to a Grocery Store
Somerset County	14.4%	2.7%	2.7%	5.6%

Source: United States Department of Agriculture

Table 26 illustrates the rate and percentage of students in Somerset County who are eligible for free and reduced priced lunch in 2011. The percentage of students eligible for free enrollment was 33.5% and for reduced enrollment 8.3%.

Table 26: Somerset County Free and Reduced Priced Lunch

Somerset County				
Enrollment	Free Eligible	Reduced Eligible	% Free Enrollment	% Reduced Enrollment
9,963	3,339	828	33.5%	8.3%

Source: Pennsylvania Department of Education

Focus Group Input

Focus Group and stakeholder interview participants were asked to provide comments on physical activity and nutrition. Some common themes emerged in the discussion including:

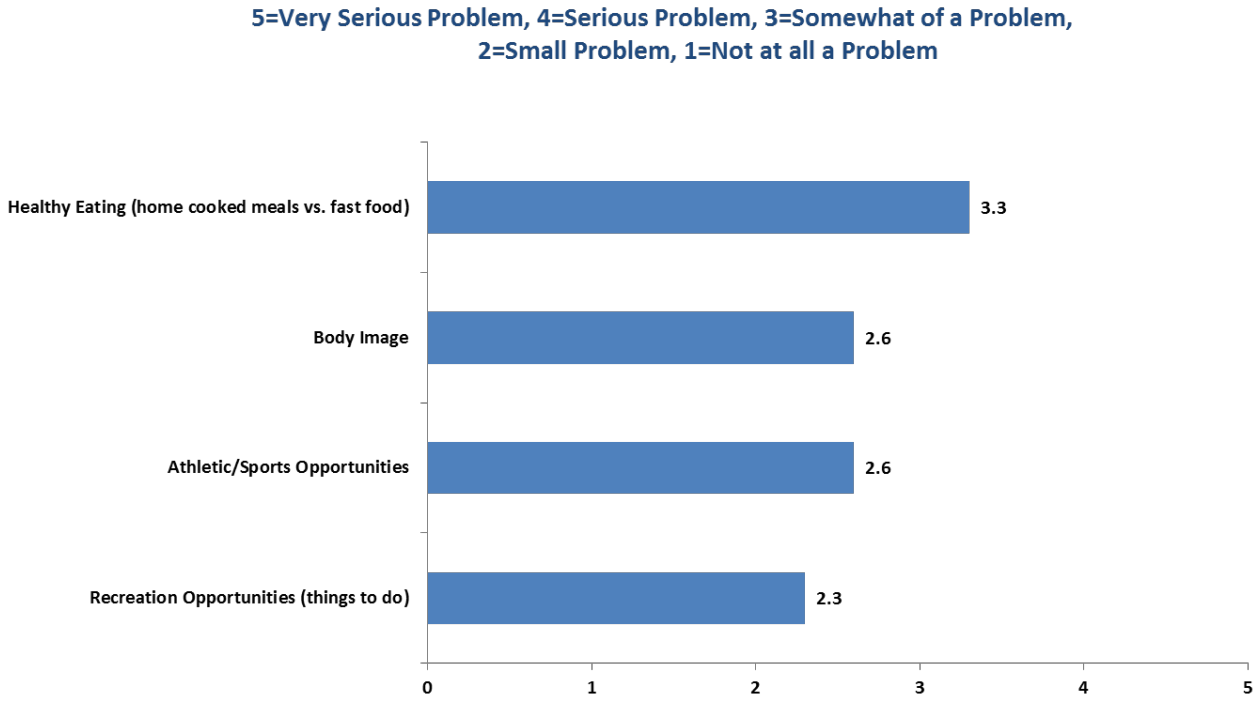
- The school lunch often does not fill you up so you are hungry in the afternoon and eat junk food
- It is related to the obesity topics, unhealthy food is cheaper, parents are busy so giving the kids fast foods is easier, etc.
- Children are less active now

Stakeholder Interview Input

- There are very nice parks and trails available but due to the rural area it is difficult for many people to access them

Figure 134 Illustrates student Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 134** shows the results for the Focus Group participants in rank order. The top three issues related to physical activity and nutrition were lack of exercise, body image, and lack of athletic/sports opportunities were rated closer to being a "somewhat" of a problem.

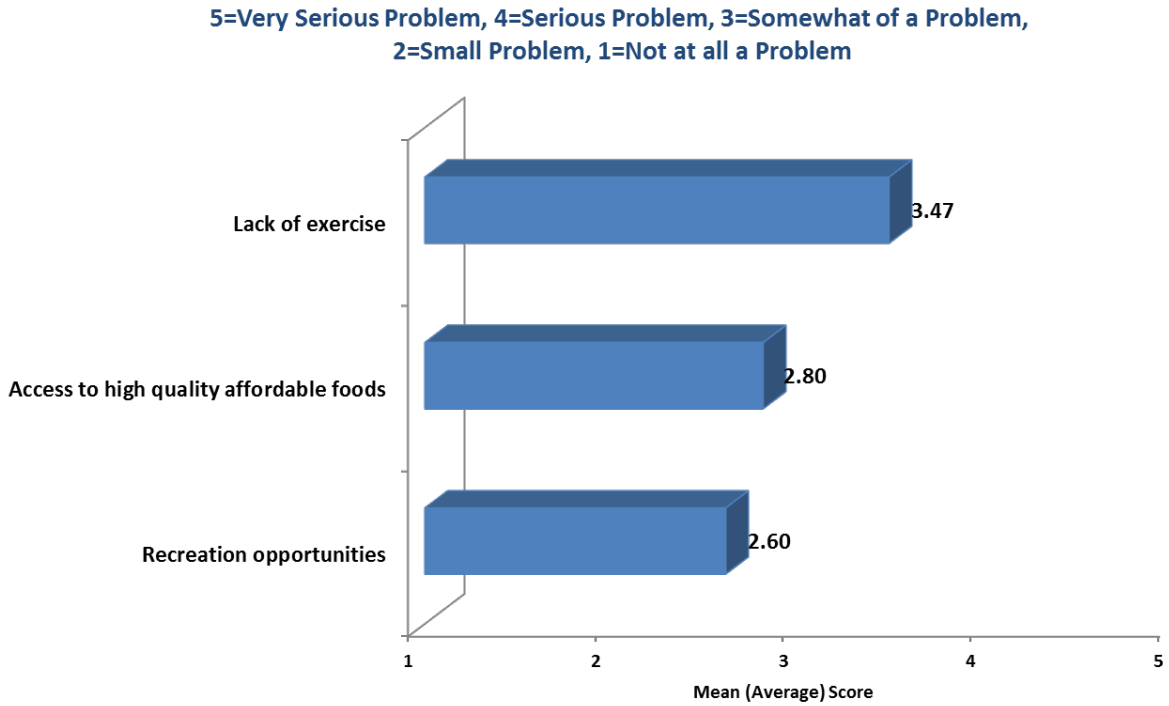
Figure 134: Student Focus Group: Physical Activity and Nutrition



Source: Somerset Hospital CHNA Focus Groups, 2013

Figure 135 Illustrates Community Survey participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 135** shows the results for the participants in rank order. The top three issues, lack of exercise, access to high quality affordable foods, and lack of recreational activities were rated closer to "somewhat" of a problem in the community.

Figure 135: 2013 Community Survey: Physical Activity and Nutrition Issues



Source: Somerset Hospital CHNA Community Survey, 2013

Physical activity and Nutrition Conclusions

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

- In Somerset County, 29.0% of adults have not had leisure time physical activity in the last 30 days. Females and those with a college degree were significantly more likely to not have leisure time physical activity compared to the state rate. From the Community Survey, 63.9% of respondents reported physical activity.
- In Somerset County, 42.0% of all restaurants are fast food restaurants, which is less than the state statistic of 48.0%.
- From the Community Survey, 19.7% of respondents reported not eating vegetables in the past 30 days; however, 56.7% reported eating fruit 2-4 times per day.
- In Somerset County, 14.4% of the population has low access to a grocery store and 41.8% of the students are eligible for free and reduced price lunches.
- Community Survey respondents ranked lack of exercise followed by access to high quality affordable foods as the most serious issues related to physical activity and nutrition.
- Students from the focus group rated healthy eating followed by body image as the most serious physical activity and nutrition related issues.

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Tobacco Use

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Tobacco Use

According to the Centers for Disease Control, Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

Figure 136 illustrates the percentage of all adults in the nation, Pennsylvania, and Somerset County cluster who are current smokers for the years 2008 through 2010. In the Somerset County cluster, 24.0% of adults reported being a smoker, higher than the state (20.0%) and national (17.3%) percentage and all were above the Healthy People 2020 Goal of 12.0%. **Figure 137** illustrates the percentage of all adults who are current smokers in Pennsylvania and the Somerset County cluster by gender. In the Somerset County cluster, females were significantly higher (27.0%) compared to the state (19.0%) for being a current smoker.

Figure 136: All Adults Who Reported Being a Current Smoker

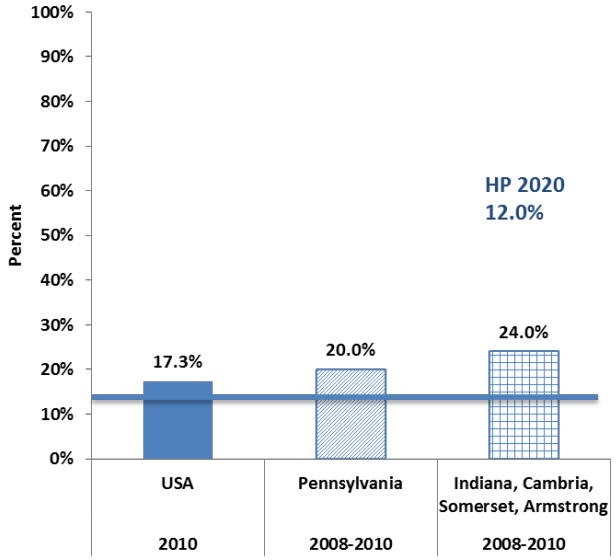
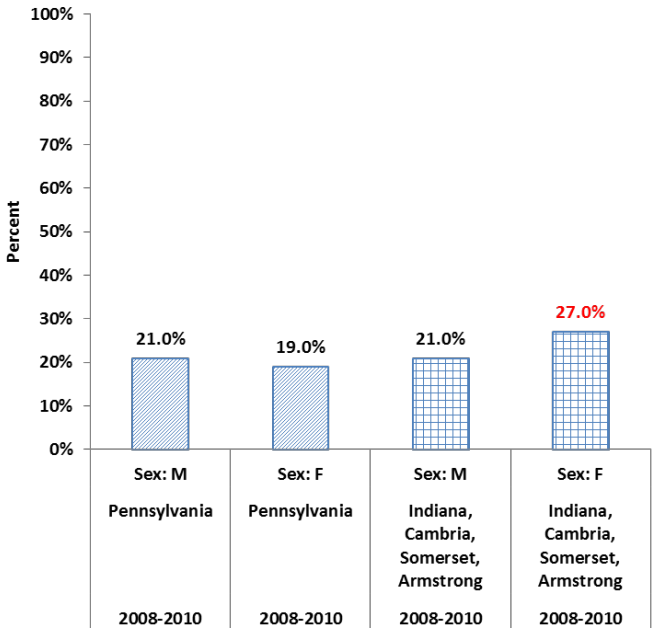


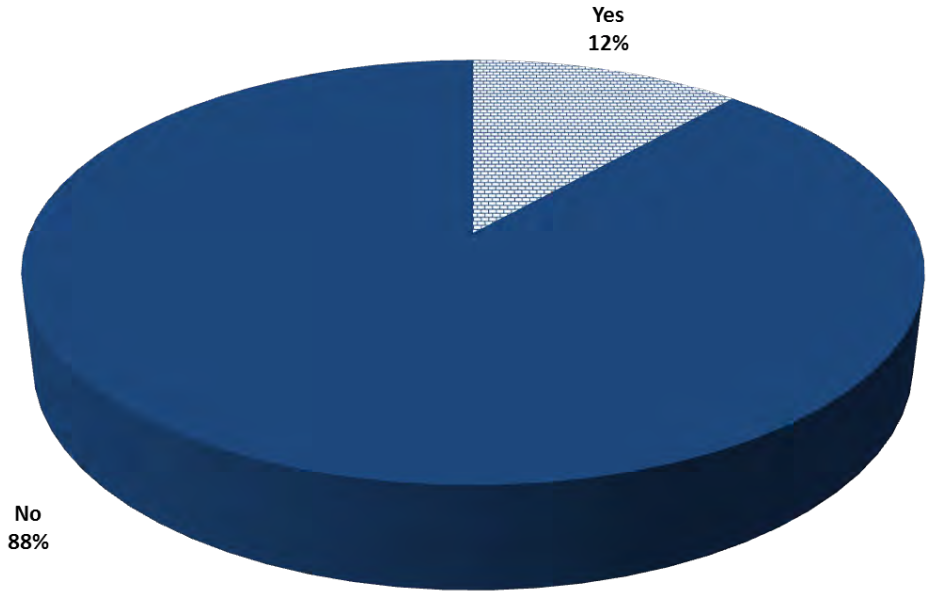
Figure 137: All Adults Who Reported Being a Current Smoker by Gender



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

Figure 138 illustrates responses from the 2013 Community Survey when asked if they are current smokers, which 88.0% of respondents answered no.

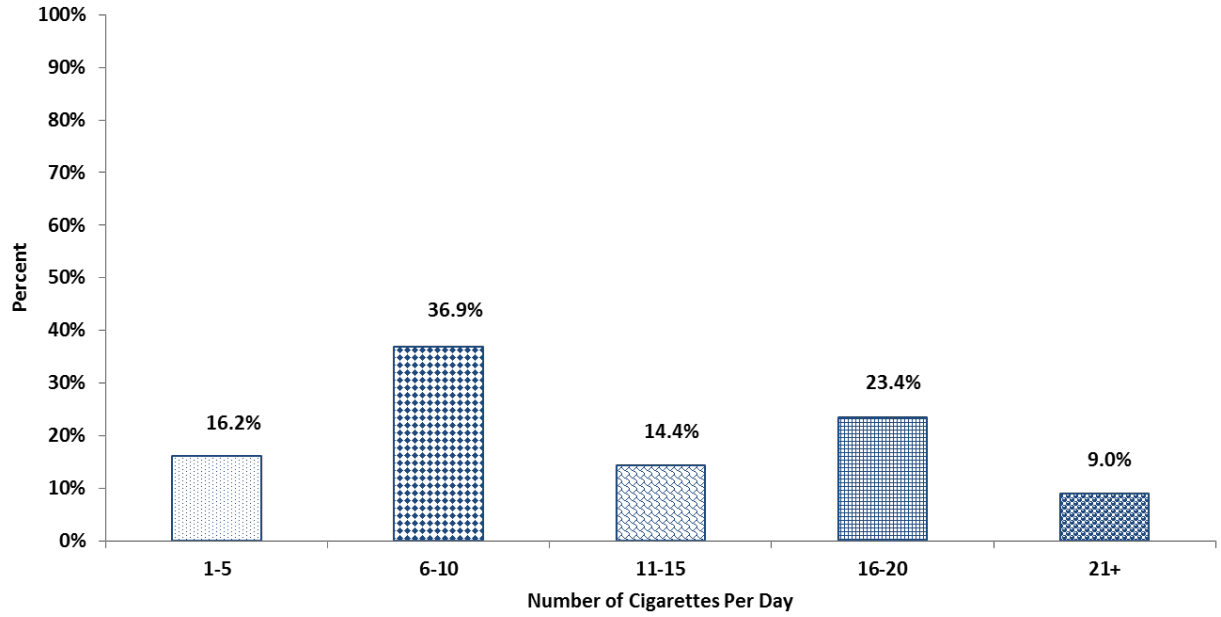
Figure 138: 2013 Community Survey: Current Smokers



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 139 illustrates responses from the 2013 Community Survey for the number of cigarettes smoked per day. Of the respondents who reported being a current smoker 9.0% smoke at least a pack of cigarettes a day.

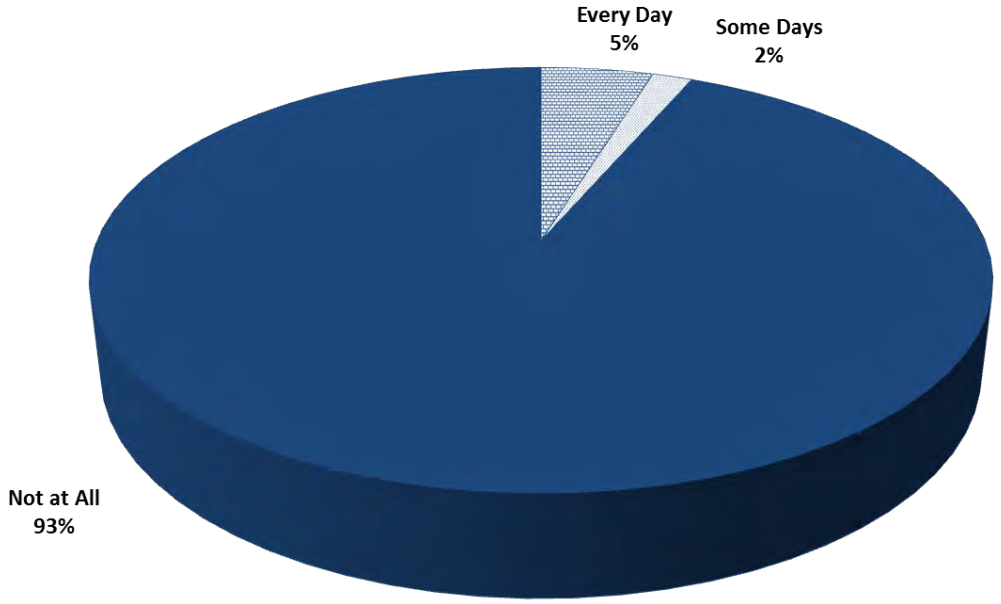
Figure 139: 2013 Community Survey: Cigarettes Smoked per Day
Smokers Only (N = 111)



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 140 illustrates responses from the 2013 Community Survey when asked if they use chewing tobacco, snuff, or snus, which 93.0% answered no.

Figure 140: 2013 Community Survey: Currently Use Chewing Tobacco, Snuff, or Snus



Source: Somerset Hospital CHNA Community Survey, 2013

Figure 141illustrates the percentage of all adults in the nation, Pennsylvania, and Somerset County cluster who are everyday smokers for the years 2008 through 2010. In the Somerset County cluster, 18.0% of adults reported being an everyday smoker, higher than the state (15.0%) and national (12.4%) percentage. **Figure 142** illustrates the percentage of all adults who are everyday smokers in Pennsylvania and the Somerset County cluster by gender. In the Somerset County cluster, females were significantly higher (23.0%) compared to the state (14.0%) for being an everyday smoker.

Figure 141: Percentage of All Adults Who Are Everyday Smokers

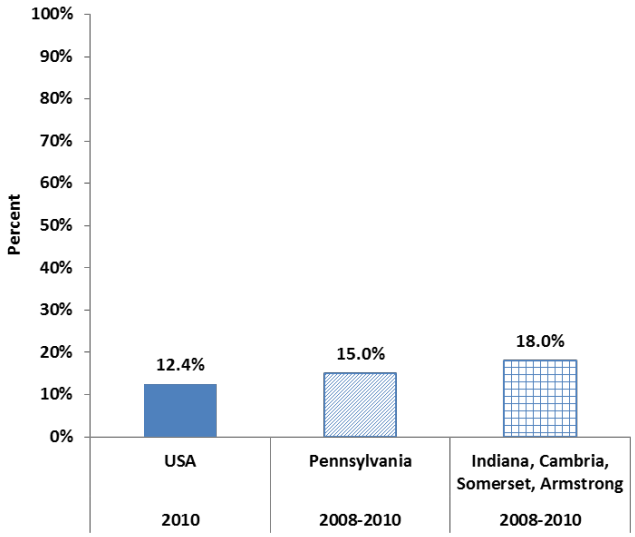
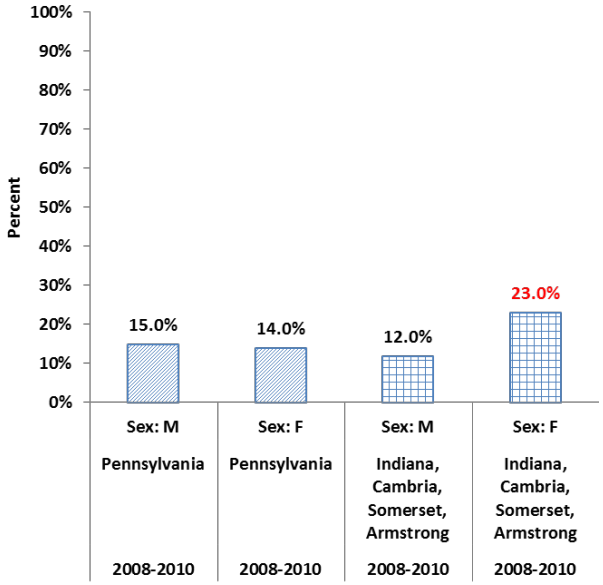


Figure 142: Percentage of All Adults Who Are Everyday Smokers by Gender



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 143 illustrates the percentage of all adults in the nation, Pennsylvania, and Somerset County cluster who are former smokers for the years 2008 through 2010. In the Somerset County cluster, 24.0% of adults reported being an everyday smoker, slightly lower than the state (26.0%) and national (25.1%) percentage. **Figure 144** illustrates the percentage of all adults who are former smokers in Pennsylvania and the Somerset County cluster by gender. In the Somerset County cluster, females were significantly lower (18.0%) compared to the state (23.0%) for being a former smoker.

Figure 143: Percentage of All Adults Who Who Reported Being a Former Smoker

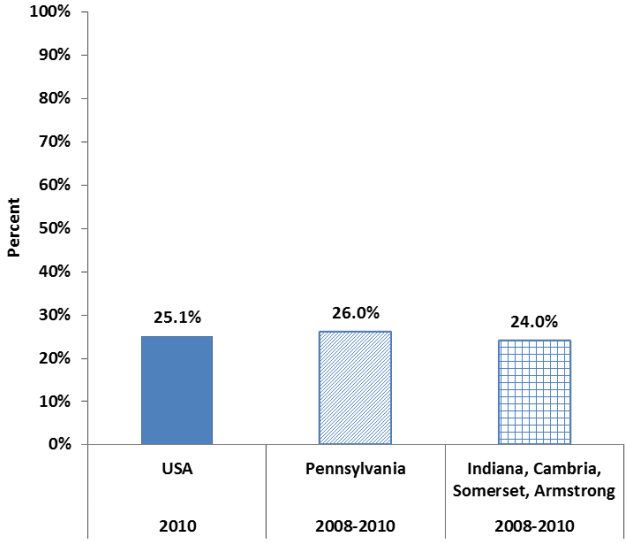
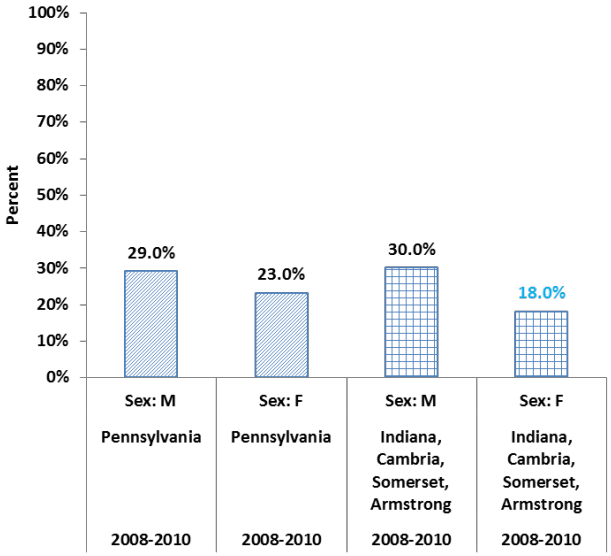


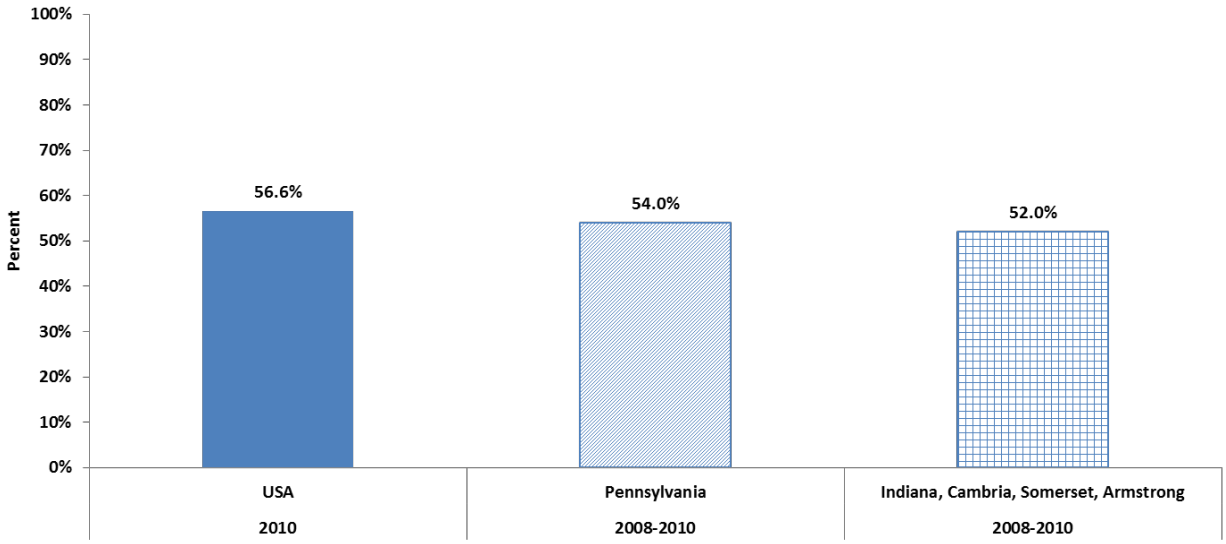
Figure 144: Percentage of All Adults Who Reported Being a Former Smoker by Gender



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 145 illustrates the percentage of all adults in the nation, Pennsylvania, and Somerset County cluster who reported never being a smoker for the years 2008 through 2010. In the Somerset County cluster, 52.0% of adults reported never being a smoker, slightly lower than the state (54.0%) and national (56.6%) percentage.

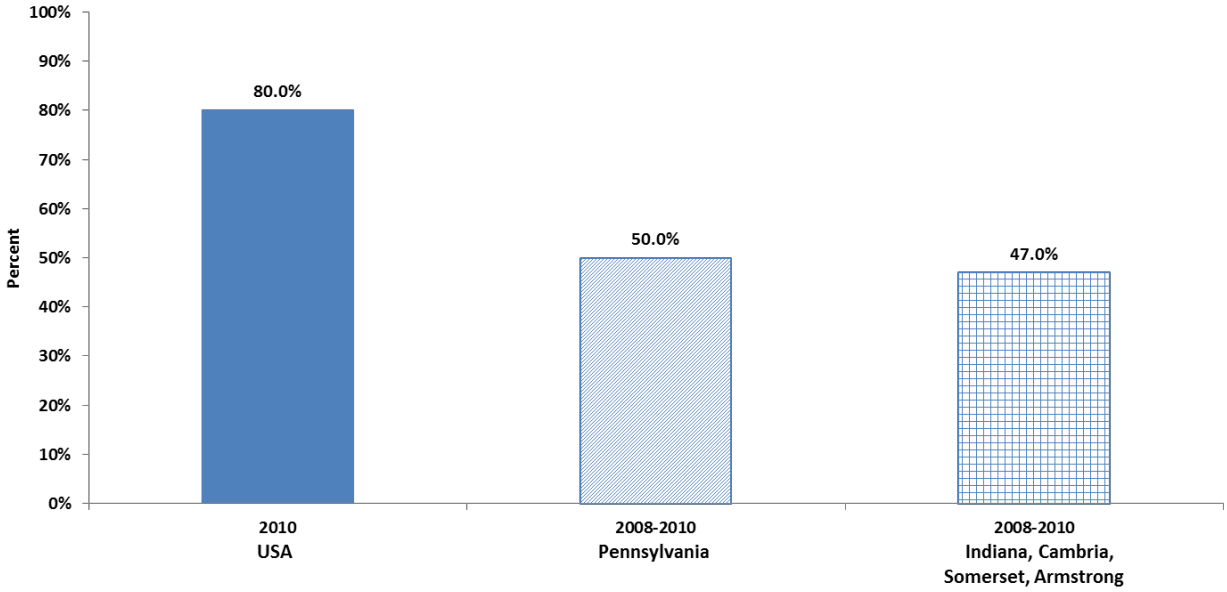
Figure 145: Percentage of All Adults Who Reported Never Being a Smoker



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 146 illustrates the percentage of all adults in Pennsylvania, and the Somerset County cluster who reported quitting smoking at least one day in the past year for the years 2008 through 2010. In the Somerset County cluster, 47.0% of adults reported quitting smoking at least one day in the past year, slightly lower than the state (50.0%) percentage.

Figure 146: Percentage of Adults Who Quit Smoking at Least One Day in the Past Year (Out of Adults Who Smoke Everyday)



Source: Pennsylvania Department of Health

2010 – 2011 Somerset County Tobacco Free Program Results

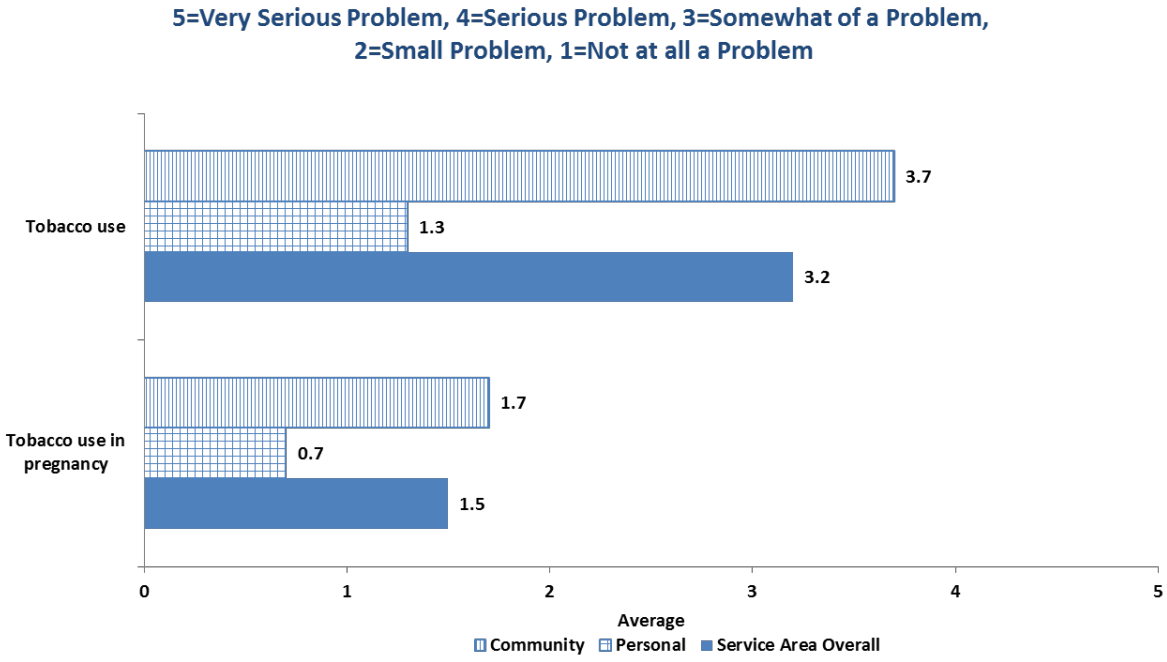
- Twenty six programs in schools and community locations reached 6,564 children with tobacco prevention and cessation education.
- The average yearly compliance rate of tobacco retailers not selling tobacco products to minors was 95%.
- 32 tobacco users participated in local cessation classes, made 32 quit attempts, and had an impressive 48% quit rate. Group cessation rates are typically between 11.6% and 16.1%.
- 22 tobacco users received $2,546.72 of financial assistance for obtaining tobacco cessation pharmaceuticals.
- 1,085 valentine stickers and 12 tobacco free stop signs were distributed.

Focus Group Input

- A lot of students in the high school smoke
- A lot of boys in the high school use chewing tobacco

Figure 147 Illustrates adult Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 147** shows the results for the Focus Group participants in rank order. The top issue, tobacco use, was rated as "somewhat of a problem in the community and service area, while smoking during pregnancy was rated as a "small" problem.

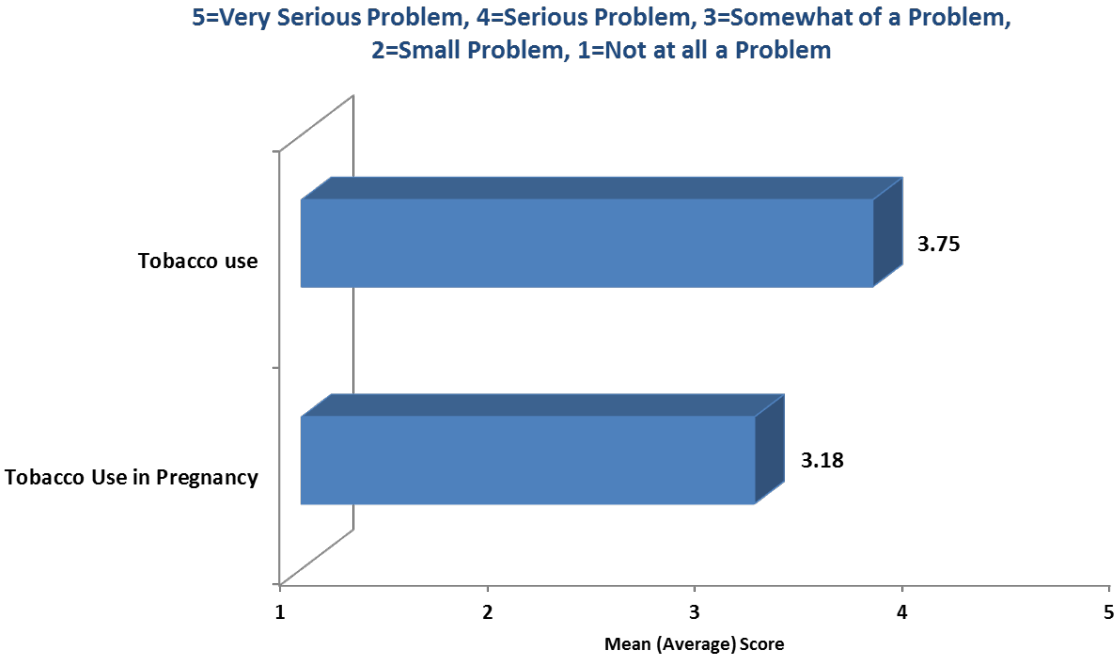
Figure 147: Adult Focus Group: Tobacco Use



Source: Somerset Hospital CHNA Focus Groups, 2013

Figure 148 Illustrates 2013 Community Survey responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem and 1=Not at all a Problem. **Figure 148** shows the results for the participants in rank order. Both tobacco use and tobacco use during pregnancy were seen as "somewhat" of a problem.

Figure 148: 2013 Community Survey: Tobacco Use



Source: Somerset Hospital CHNA Community Survey, 2013

Tobacco Use Conclusions

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

- In Somerset County between the years 2008 through 2010, 24.0% of adults reported being a current smoker. Females in the county were significantly more likely to be current smokers, smoke every day, and less likely to be former smokers, compared to the state.
- From the Community Survey, 12.0% of the respondents reported being a current smoker and 9.0% reported smoking at least a pack of cigarettes per day.
- In Somerset County between the years 2008 through 2010, of adults who smoke every day, 47.0% had quit at least one day in the past year, slightly lower than the state (50.0%) percentage.
- In Somerset County , 24.0% of adults reported being a former smoker, which is lower than the state (26.0%) and national (25.1) rates. Males in the county were more liley to be a former smoker than females.
- In Somerset County between the years 2008 through 2010, 52.0% of adults reported never being a smoker, slightly lower than the state (54.0%) and national (56.6%) percentage.
- Adults in Somerset County who quit smoking at least one day in the past year (47.0%) was less than the state rate (50.0%) and lower than the national rate (80.0%).
- From the Community Survey, 5.0% of respondents reported using chewing tobacco, snuff, or snus every day.
- Adult Focus Group participants rated tobacco use as somewhat of a problem in the community and primary service area, and rated tobacco use during pregnancy as less of a problem.
- Community Survey respondents rated tobacco use and tobacco use during pregnancy as somewhat of a problem.

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Injury

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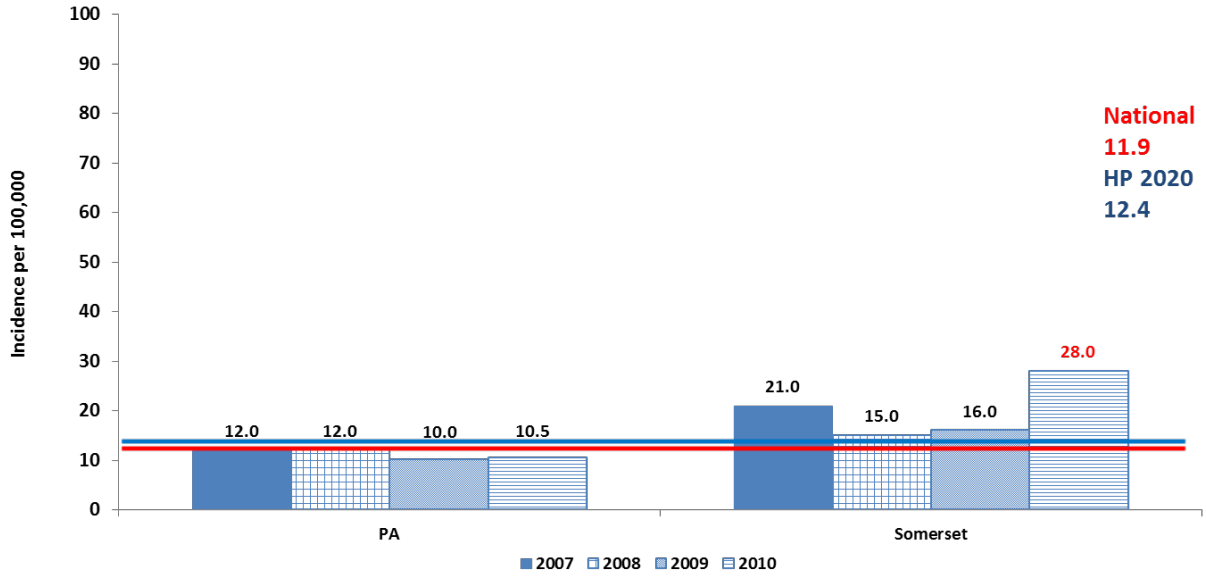
Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Similar to tobacco use, unintentional/intentional injury were not discussed extensively by focus group or interview participants.

Figure 149 illustrates the motor vehicle mortality rates for the four years ending 2010. During this time frame, Somerset County was above not only the state rate, but also the national and Healthy People 2020 goal. In fact, for 2010, Somerset County was significantly higher (28.0) than the state rate (10.5).

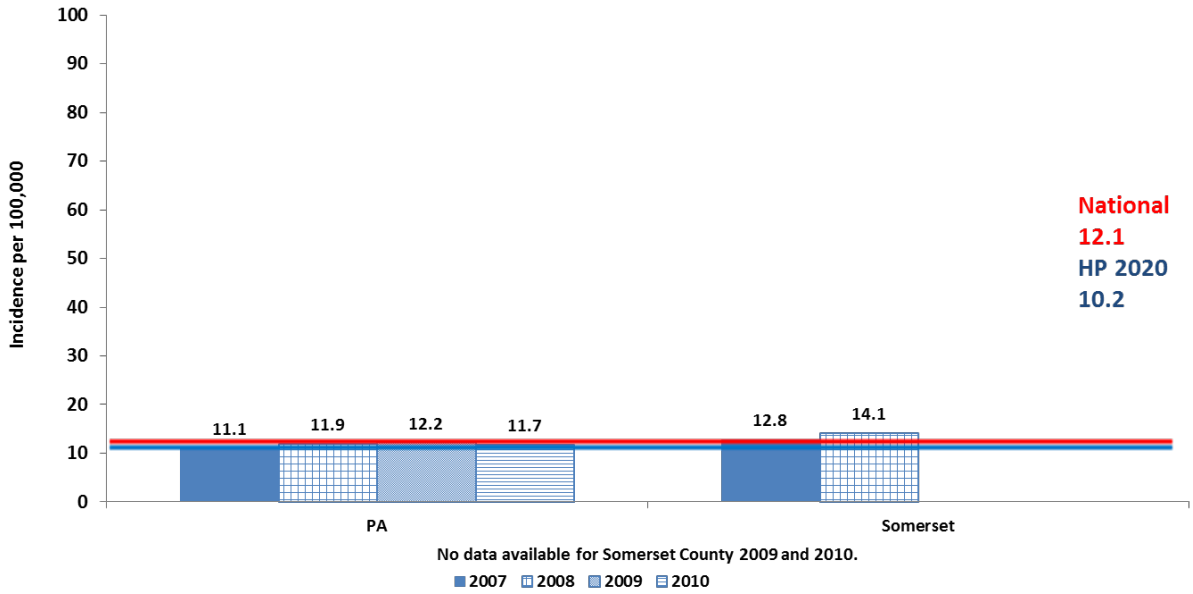
Figure 149. Motor Vehicle Mortality Rates



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

Figure 150 illustrates the suicide mortality rates for Somerset County, the state and nation. Although no data was available for Somerset County for the years 2009 and 2010, the county had a higher suicide mortality rate than the state, nation and Healthy People 2020 Goal for the years 2007 and 2008.

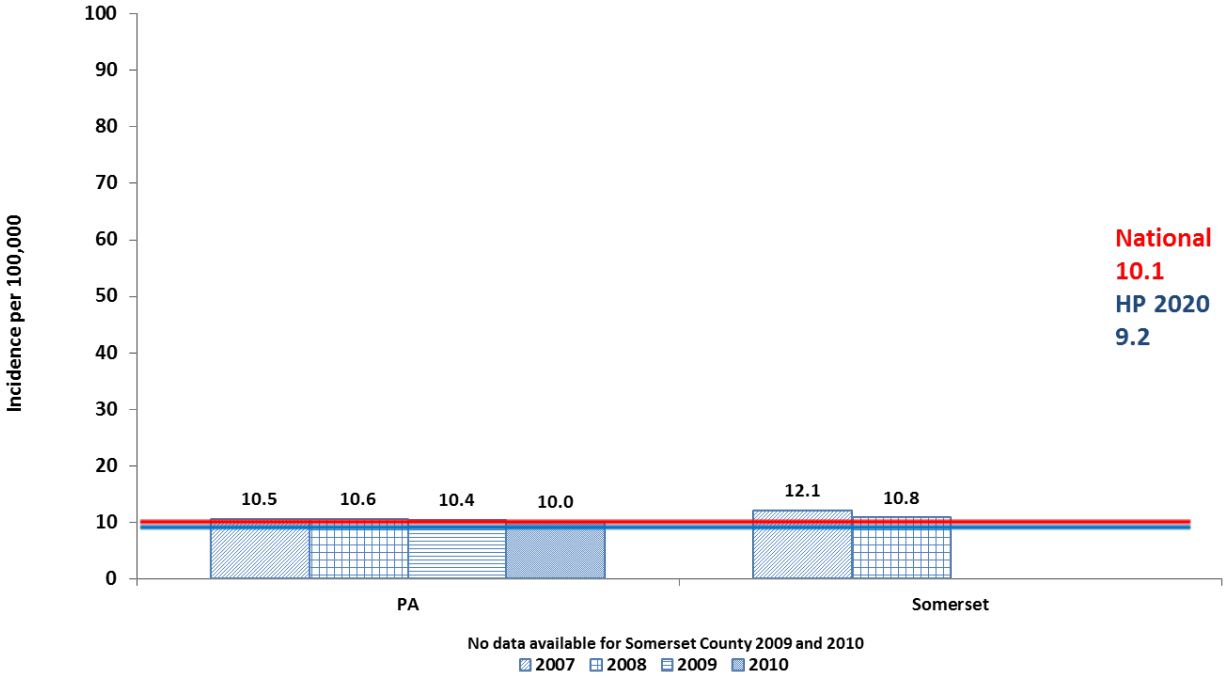
Figure 150. Suicide Mortality Rates



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

Figure 151 illustrates firearm related fatalities for Somerset County, the state and nation. Although no data was available for Somerset County for the years 2009 and 2010, the county had a higher firearm related fatalities rate than the state, nation and Healthy People 2020 Goal for the years 2007 and 2008.

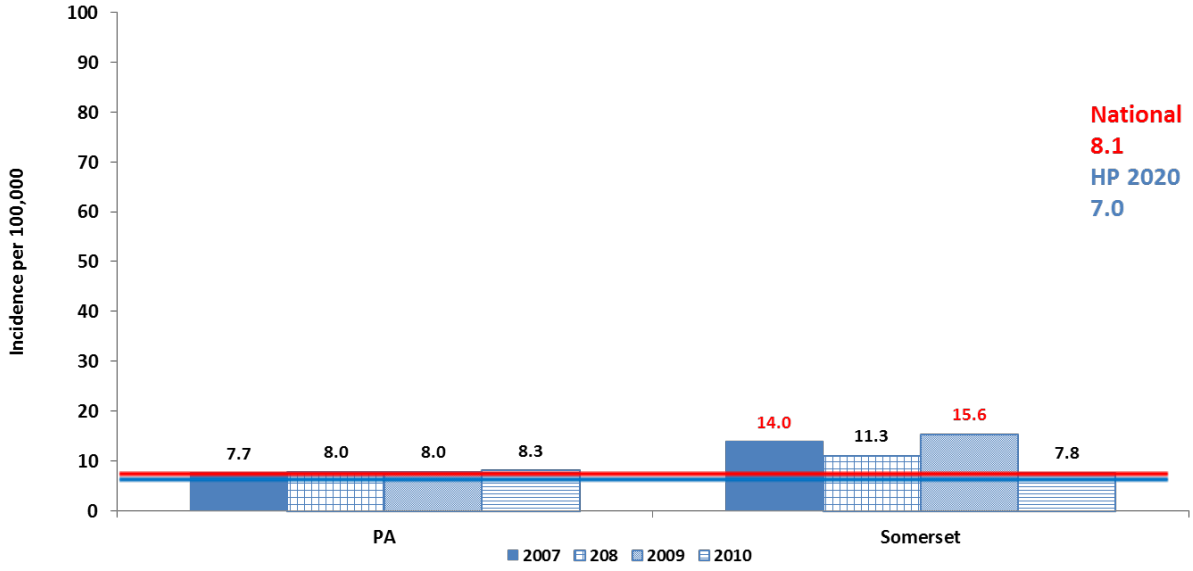
Figure 151. Firearm Related Fatalities



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

Figure 152 illustrates the fall mortality rates for Somerset County, the state and nation. The fall mortality rates are significantly higher in Somerset County for the years 2007 and 2009 when compared to the state. The county fall mortality rates are above the nation and Healthy People 2020 Goal.

Figure 152. Fall Mortality Rates



Source: PA Department of Health

Table 27 illustrates domestic violence fatalities in Somerset County for the years 2008 through 2011. Somerset County had an increase in domestic violence fatalities in 2011.

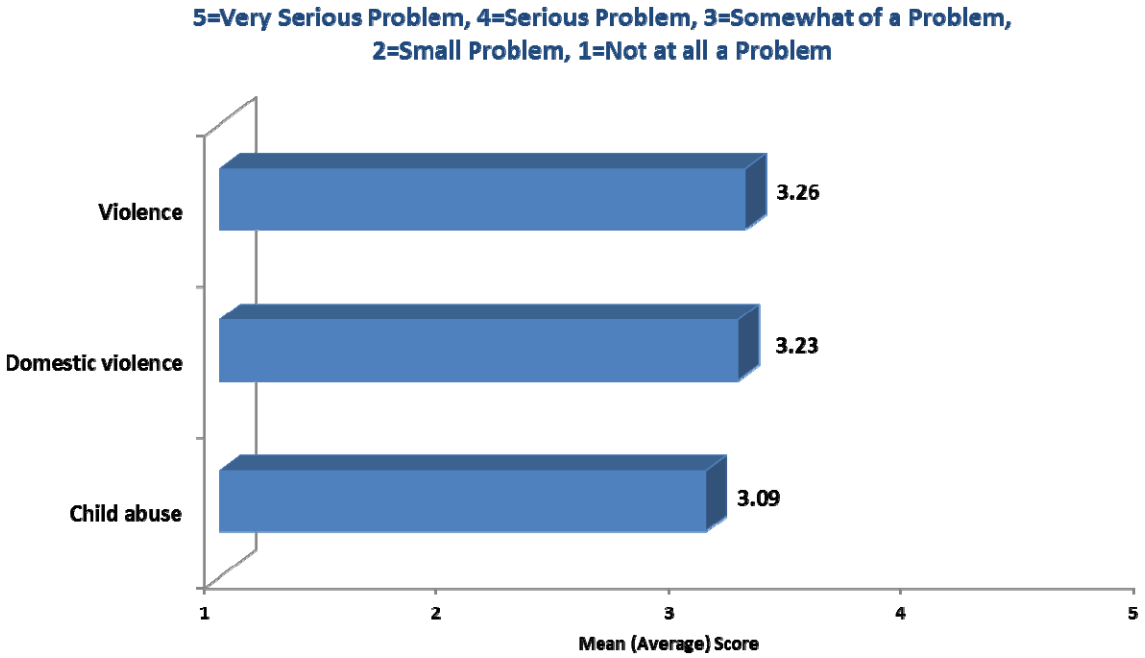
Table 27. Domestic Violence Fatalities

Domestic Violence Fatalities								
	2008		2009		2010		2011	
	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)
Somerset County	1	1	1	1	0	1	2	2

Source: PA Coalition Against Domestic Violence

Figure 153 illustrates Community Survey participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem to 1=Not at all a Problem. **Figure 153** shows the results for the participants in rank order. The top three issues, violence, domestic violence and child abuse was rated closer to "somewhat" of a problem in the community.

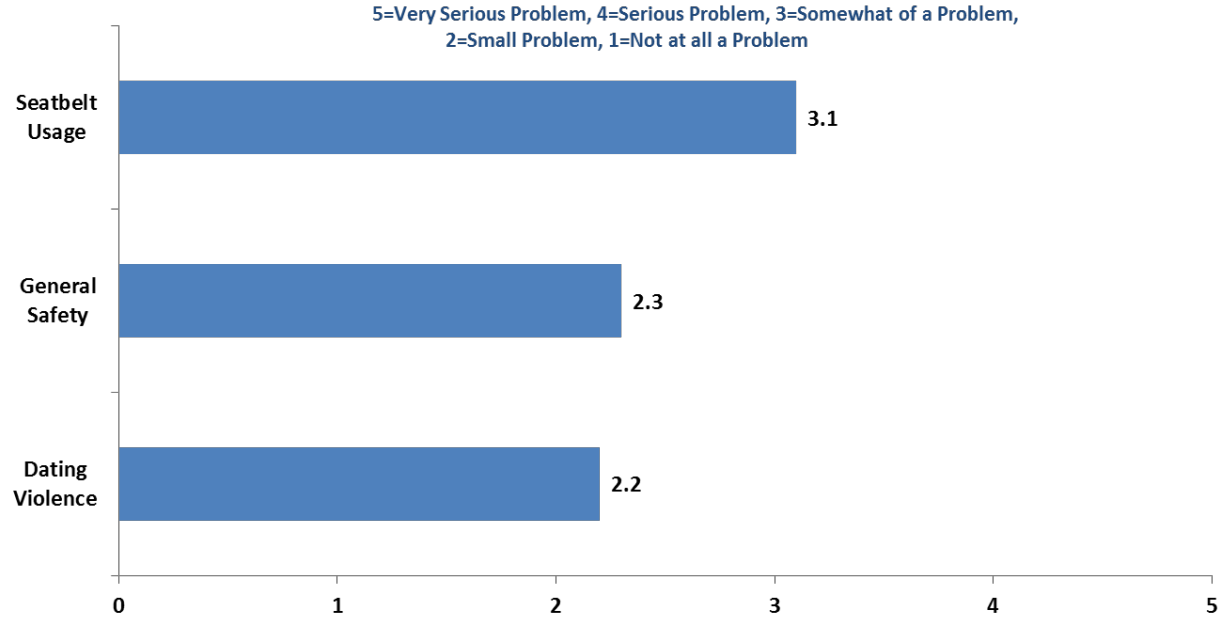
Figure 153. 2013 Community Survey: Injury Problems



Source: Somerset CHNA Community Survey, 2013

Figure 154 illustrates Student Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem to 1=Not at all a Problem. **Figure 154** shows the results for the participants in rank order. The top three issues, seatbelt usage, general safety and dating violence was rated closer to "somewhat" of a problem in the community.

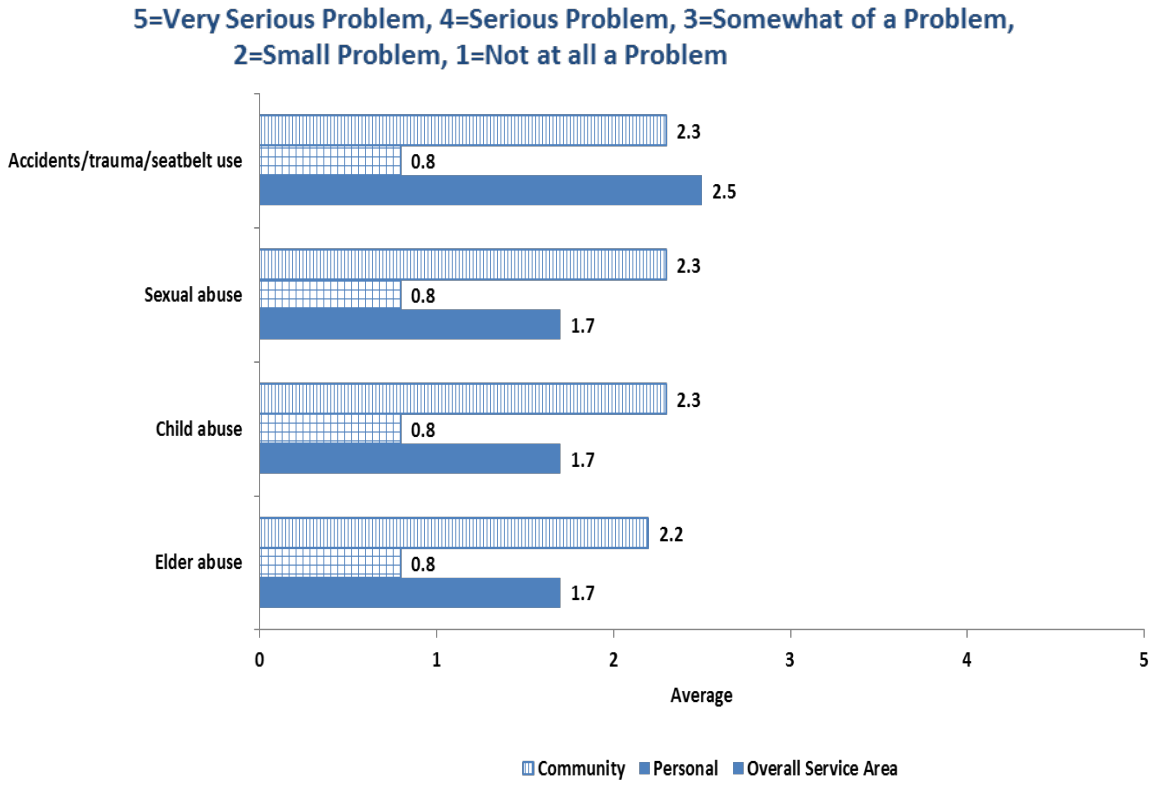
Figure 154. Student Focus Group: Injury



Source: Somerset CHNA Focus Group, 2013

Figure 155 illustrates Adult Focus Group participant responses after given a list of potential community health issues and were asked to rate on a 5 point scale where 5=Very Serious Problem to 1=Not at all a Problem. **Figure 155** shows the results for the participants in rank order. The top three issues, accidents/trauma/seatbelt use, sexual abuse and child abuse were rated closer to "small" problem in the community.

Figure 155. Adult Focus Group: Injury



Source: Somerset CHNA Focus Group, 2013

Injury Conclusions

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

- The county had higher rates of motor vehicle mortality (that are increasing) but the rates are not significantly higher that the state.
- Suicide rates have increased slightly, although there were no significant differences between the county and state rates.
- The mortality rates for falls was significantly higher at the county level in 2007 and 2009.
- In Somerset County, incidence rates for domestic violence fatalities are very low.
- Community survey respondents rated violence followed by domestic violence and child abuse as serious injury related issues.
- Both the student and adult focus groups saw seatbelt usage as the most serious injury related community health issue.

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Conclusions

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Conclusions

Access Conclusions

Because of the aging population and the rural nature of the region, Somerset County has some unique access needs and challenges. Many in the community rate the health status and access to care of the community as fair because of the cost of care and lack of insurance tops the list of the most serious problems in the community. Sizable percentages of the population did not see the doctor (5%) or get the prescriptions (14.8%) that they needed due to cost.
Lack of economic/employment opportunities in Somerset County were viewed as a driving force behind much of the issues involving access to health care services. Low income families and the elderly were especially at risk in terms of access to health care.

The most significant needs among the elderly population are related to in-home services and supports, transportation, and nutritional services. Focus group participants also identified lack of dental care as somewhat of problem for them personally. Almost a quarter of the survey respondents indicated that they have not seen a doctor in the last 5 years.

There are a number of overall findings that can be derived from the data. They include:

- Compared to the state and national statistics, Somerset County had a higher percentage of adults who rated their health as fair or poor (20%). From the Community Survey, (15.5%) of respondents rated their health status as fair or poor.
- Over a third (40%) of adults in the county reported that their physical health was not good at least one day in the past month. Almost a quarter (22%) reported being limited in activity due to mental, physical or emotional problems in the past month.
- The percentage of adults aged 18-24 in the county without health insurance (14.0%) is on par with the state rate of 13.0% and lower than the national rate of 17.8%. From the Community Survey, 10.9% of respondents reported not having health insurance.
- Within the past two years, 80% of adults in the county visited a doctor for a routine check-up; however, 10% do not have a regular health care provider (5.3% in the Community Survey) and 8% did not see a doctor because of cost in the past year. When broken out by gender, 3% of males and 12% of females couldn't see a doctor in the past year because of cost.
- The reasons that Community Survey respondents gave for not having a health care provider included no insurance, healthy/no need, and cost.
- The majority of community survey respondents (88.9%) have seen a doctor in the past two years for a routine check-up.

- Almost a quarter of the community survey respondents (22.0%) have not seen a dentist in over 5 years. A sizable percentage (14.8%) did not fill a prescription in the past year due to cost.
- The percentage of mammogram screenings in Somerset County for years 2011 and 2012 is lower than that of the state; however, the percentage is increasing. From the Community Survey, 56.4% of the respondents reported having a mammogram screening within the past year.
- According to the Somerset County Area Agency on Aging Needs Assessment, the greatest senior needs include in home supports/services, transportation, in home nursing services, financial problems or needs and nutritional services.
- Community Survey respondents ranked access to affordable health care followed by access to insurance coverage as the most serious problems in the county.
- Adult focus group participants were more likely to rate the overall health status of the community as fair, while youth that participated in the focus groups were more likely to rate the community health status as good or poor. Affordable health care, transportation and insurance coverage were rated as the most serious community health issues related to access, although participants rated access to dental care somewhat of a problem for them personally.
- Focus group participants indicated that people are aging in the community and this creates more health issues for the population. Many people in the community cannot afford insurance and this affects their ability to receive medical coverage. There is also a perception that a lot of people have the flu in the community because it has been a bad flu season.
- Stakeholders who were interviewed cited that transportation is a huge issue in the county because the county is spread out. There are many low income families without cars, gas money or jobs. People are often forced to make decisions between food and getting a prescription filled. Due to a lack of insurance, many children are relying on the school nurse for basic health care.

Chronic Disease Conclusions

Somerset County is faring reasonably well related to many chronic disease conditions, although others continue to offer challenges for the community and the health care system. Breast cancer, bronchus and lung cancer, prostate cancer incidence rates are comparatively low. Cardiovascular (heart) and cerebrovascular (stroke) disease related incidence and mortality rates, although they are high, and in some indicators significantly higher than state rates, are declining.

On the other hand, obesity and diabetes rates are high and are not declining. The diabetes mortality rate is higher, although not significantly, compared to the state. Although the numbers are small, the rate of students with Type II diabetes has doubled between 2007 and 2009. For Community Survey respondents, the diabetes rate for respondents over age 65 is almost double the rates of

younger age groups. They also rated obesity/overweight followed by hypertension/high blood pressure and cancer as the most serious problems in the community.

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

- The breast cancer incidence rate is trending downward for Somerset County and is near the Healthy People 2020 goal of 41.0.
- For the state and Somerset County, breast cancer mortality rates are below the Healthy People 2020 goal of 20.6.
- The percentage of mammogram screenings in Somerset County for years 2011 and 2012 is lower than that of the state; however, the percentage is increasing. From the Community Survey, 56.4% of the respondents reported having a mammogram screening within the past year.
- Bronchus and lung cancer incidence rate is significantly lower in Somerset County compared to the state. The county level mortality rate, however, has fluctuated and was significantly lower than the state rate in 2007 and 2009. Somerset County has been at or below the Healthy People 2020 goal of 45.5.
- In Somerset County, the colorectal cancer incidence and mortality rate is declining but still slightly higher than the Healthy People 2020 goals of 38.6 and 14.5, respectively. The majority (73.7%) of community survey respondents over age 55 have had a colonoscopy.
- Prostate cancer incidence and mortality rates are trending downward in the state and Somerset County. In 2010, Somerset County was below the Healthy People goal of 21.2. From the Community Survey, 81.5% of males over the age of 65 have had a PSA test within the past year.
- From the Community Survey, the majority (55.7%) of females had a PAP test within the past year.
- The likeliness that a community survey respondent has had their blood pressure checked in the last six months increases with age. The vast majority of all respondents over age 25 have had their blood pressure checked within the last year. Over half (61.9%) of respondents over age 65 have been told they have high blood pressure.
- In Somerset County, 9% of the population over age 35 has been told they have heart disease. The heart disease mortality rate is slightly higher in Somerset County compared to the state, but have been declining over the past few years.
- In Somerset County, females over the age of 35 were significantly higher (8.0%) in terms of being told they had a heart attack compared to the state (4.0%).
- Heart attack and coronary heart disease mortality rates were significantly higher in Somerset County between 2007 and 2010 compared to the state, although the rate is decreasing.
- In Somerset County, the cardiovascular disease mortality rate is higher than the state rate, but not significantly, and is trending downward.

- In Somerset County, the percentage of people told they had a stroke was equal to the state rate, but above the national rate. The cerebrovascular disease mortality rate in Somerset County is higher than the state rate, but not significantly, and is trending downward.
- In Somerset County, 34% of adults were considered overweight and 37% of adults were considered obese, which is significantly higher when compared to the state rate. These findings are comparable to community survey results. The percentage of overweight and obese adults reported on the community survey increases substantially at age 35 (from 61 to 76%).
- In Somerset County, the diabetes mortality rate is higher, although not significantly, compared to the state. For community Survey respondents, diabetes rates for those over age 65 are almost double the rate of younger age groups. Although the numbers are small, the rate of students with Type II diabetes has doubled between 2007 and 2009. The trend for students with Type I diabetes in Somerset County is declining.
- Community survey respondents rated obesity/overweight followed by hypertension/high blood pressure and cancer as the most serious problems in the community.
- Heart disease, cardiovascular disease/stroke and obesity were the most serious rated chronic disease related problems in the community. Focus group respondents tended to rank chronic disease issues as more of a problem in their community compared to their personal life or hospital service area.
- Focus group participants commented on the number of fast food restaurants in the community and that it is cheaper to buy unhealthy foods. There are many kids that are overweight, often because parents are too busy to cook every day. Children are also less active due to video games.
- Stakeholders indicated that there tends to be high rates of lung disease in the area which may be related to working in the coal mines and mills. They also expressed that obesity is an issue in the region for both adults and children.

Healthy Environment Conclusions

As a rural area, Somerset County faces fewer environmental health challenges related to the air and water quality than many rural areas. While a portion of the population does have asthma, the county has met all of its air quality standards. In discussions and community surveys, air and water quality issues are not identified as major concerns. On the other hand, the unemployment rate has been increasing along with the percentage of children living in poverty. Recent surveys and focus groups conducted confirm resident concerns regarding the economy and the lack of job opportunities available within the county as important environmental concerns.

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

- The percentages of adult ever told they have asthma (12.0%) and who currently have asthma (7.0%) for Somerset County are comparable with the state rate. In Somerset County, students diagnosed with asthma have decreased from 10.5% in 2008 to 5.7% in 2009. Asthma hospitalizations are lower in Somerset County than many of the neighboring counties.
- High school graduation rate is higher in Somerset County compared to the state, and achieved 93.0% rate in 2011 and 2012.
- In both Pennsylvania and Somerset County the unemployment rate has been increasing as is the percentage of children living in poverty between 2010 and 2012.
- In Somerset County, the percentage of children living in single parent households was lower than the state statistics for 2011 and 2012.
- The number of air pollution ozone days was lower for the Somerset County compared to the state, and met the National Air Quality Standards.
- Data from the National Survey of Children's Health (2007) showed that children with parents that have less than or equal to a high school education are more likely to live in an unsafe neighborhoods and have neighborhoods with few recreational assets.
- According to the United Way of Cambria and Somerset Counties Community Needs Assessment (2011), the top issues that prevent self-sufficiency include unemployment/lack of jobs, drug and alcohol abuse and credit/criminal histories. Unemployment, affordable medical care and drug and alcohol abuse are the most serious issues facing families.
- Adult Focus Group respondents ranked employment/economic opportunities, crime and delinquency/youth crime as the most serious environment related issues and tended to rank healthy environment issues as more of a problem in their community compared to their personal life or hospital service area.
- Student Focus Group respondents ranked cyber bullying and employment opportunities as the most serious issues.
- Focus group respondents discussed the lack of good paying jobs in the community, indicating that most jobs are low wage with no benefits. Many manufacturing plants have shut down or moved. It is difficult to find a job if you are a non-skilled worker.
- Community Survey respondents ranked employment opportunities followed by employment opportunities for women and delinquency/youth crime as the most serious community health issues related to the environment.

Healthy Mother's, Babies, and Children Conclusions

Comparatively, although Somerset County is faring reasonably well related to maternal/child health issues, there are a number of issues and concerns. For example, while a higher percentage of women in Somerset County seek prenatal care and the percentage of teen pregnancies is lower, women are also more likely to smoke before and continue to smoke during pregnancy. And while the percentage of low birth weight babies is comparable to the state, any children who start off

needing additional support at birth are likely to continue to need it for at least some time. There are also higher than average rates of women receiving Medicaid and WIC within Somerset County compared to the state. Sizable portions of children living in the county are overweight or obese as well. Residents who participated recent community surveys and focus groups identified lack of parent engagement, parenting, drug and alcohol abuse and lack of youth programs/recreation are seen as the most pressing needs.

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

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Somerset County for years 2007 through 2010, compared to the state statistics.
- The percentage of mother's who reported not smoking during pregnancy and not smoking three months prior to pregnancy was significantly lower in Somerset County, compared the state, although the rate is increasing slightly.
- The percentage of low birth weight babies is comparable to the state rate for years 2007 through 2010.
- The percentage of mothers who received WIC was significantly higher in Somerset County for years 2007 through 2010, compared to the state statistics.
- The percentage of mothers receiving Medicaid was higher for Somerset County, but not significantly when compared to the state.
- The percentage of mother's breastfeeding is comparable between the state and Somerset County for years 2007 through 2010 and has steadily increased each year.
- Teen pregnancy rates were significantly lower in Somerset County compared to the state for years 2007 through 2010 and are declining slightly.
- The percentage of teen live birth outcomes was higher than the state for years 2007 through 2010 and significantly higher in 2010.
- In Somerset County, 19.3% of children in grades K-6 and 18.7% of children in grades 7-12 were considered to be obese. National statistics show that there is a relationship between socio-economic status and obesity as well as between the built environment and obesity. Children who have more access to community assets and resources are less likely to be obese.
- According to Somerset County Office of Children, Youth, and Families, between the years of 2008 through 2012 the number of juvenile offenders who successfully completed supervision without a new offense has declined and the median length of supervision was between 9 and 12 months. During the same time period the number of juveniles committed to out-of-home placement for 28 or more consecutive days ranged from 0 to 11. The median length of stay for out-of-home placement ranged from 6 to 12 months.
- According to the United Way survey, disengaged parents, drug and alcohol use, and lack of youth programs/activities are the top issues facing children and youth.

- Focus Group participants rated early childhood development and child health/ immunizations the most serious maternal/child health related issues and tended to rank issues as more of a problem in their community compared to their personal life or hospital service area.
- Community survey respondents rated lack of parenting and teenage pregnancy as the most serious maternal/child health related community issues.

Infectious Disease Conclusions

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

- There were no significant differences between the Somerset County cluster, state, and nation for the percentage of adults over the age of 65 who received a pneumonia vaccine and all were below the Healthy People 2020 Goal of 90.0%.
- The pneumonia mortality rate was slightly higher in Somerset County in 2009 and 2010 compared to the state rate.
- For years 2007 through 2010, the chlamydia incidence rate was significantly lower in Somerset County each year compared to the state and national rates.
- For years 2008 through 2010, the percentage of all adults ever tested for HIV (23.0%) was significantly lower than the state percentage (34.0%), but higher than the Healthy People 2020 Goal (18.9%).
- Community Survey respondents ranked sexual behaviors, sexually transmitted infections, and access to adult immunizations as "somewhat" serious issues.

Mental Health and Substance Abuse Conclusions

Mental health and substance abuse issues are an area of concern in the county, even though the mortality rate for mental and behavioral disorders has been lower than the state rates two of the past four years. The drug induced mortality rate in the county is increasing and a sizable percentage of students use and abuse various forms of drugs and alcohol. The level of depression within the student population is concerning and students talk about the stress level associated with juggling multiple responsibilities, even if they are good students. Economic stressors are also perceived to be contributors to drug and alcohol problems.

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

- While 93.0% of adults in Somerset County reported being satisfied or very satisfied with their life, 10.0% of adults reported they rarely or never got the emotional or social support they needed.
- Over a third (35.0%) of adults in Somerset County reported that their mental health was not good at least one day in the past month. From the Community Survey, 35.7% of the respondents indicated that they have been depressed in the past two weeks and a majority (62.0%) reported that they had trouble sleeping in the past two weeks.
- There were no significant differences between Somerset County and the state for chronic and binge drinking. Both the county and state are below the Healthy People 2020 Goal of 24.3% for binge drinking. From the Community Survey, 36.8% of males reported binge drinking in the past 30 days, 21.6% for females.
- Females in Somerset County (2.0%) were significantly lower compared to the state (5.0%) for heavy drinking.
- In Somerset County, the drug induced mortality rate increased in 2010, but was lower than the state rate in 2009.
- In Somerset County, the mental and behavioral disorders mortality rates were lower than the state rate for the years 2007-2010, and was significantly lower than the state in 2008 and 2009.
- National data from Quest Diagnostics for years 2007 through 2011 showed that an average of 3.6% of individuals had a positive drug test for pre-employment.
- National data from Quest Diagnostics on prescription drug use/misuse showed that 63.0% of patients tested were inconsistent with the physician's orders. Further, 32% tested positive for the prescribed drug(s) and at least one other additional drug. 28% percent tested positive for a drug, but not the one for which they were prescribed.
- According to the Pennsylvania Youth Survey, the rate of driving under the influence of alcohol for Somerset County 12th graders was higher compared the state rate. Lifetime prescription drug use increased with age, although the rate in Somerset County was lower than the state.
- The use of prescription drugs over a 30-day period was comparable between the state and Somerset County.
- According to the Pennsylvania Youth Survey, over a third of students report being depressed, up to almost 40% of students in 10th grade.
- Students from the focus group ranked drug use followed by stress and alcohol as the most serious issues in the community.
- Adults in the focus group saw mental health and drug/alcohol abuse as a bigger problem in their community, than in their families or in the service area overall.
- Community survey respondents ranked illegal drug use followed by prescription drug use as the most serious issues in the community.

Physical activity and Nutrition Conclusions

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

- In Somerset County, 29.0% of adults have not had leisure time physical activity in the last 30 days. Females and those with a college degree were significantly more likely to not have leisure time physical activity compared to the state rate. From the Community Survey, 63.9% of respondents reported physical activity.
- In Somerset County, 42.0% of all restaurants are fast food restaurants, which is less than the state statistic of 48.0%.
- From the Community Survey, 19.7% of respondents reported not eating vegetables in the past 30 days; however, 56.7% reported eating fruit 2-4 times per day.
- In Somerset County, 14.4% of the population has low access to a grocery store and 41.8% of the students are eligible for free and reduced price lunches.
- Community Survey respondents ranked lack of exercise followed by access to high quality affordable foods as the most serious issues related to physical activity and nutrition.
- Students from the focus group rated healthy eating followed by body image as the most serious physical activity and nutrition related issues.

Tobacco Use Conclusions

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

- In Somerset County between the years 2008 through 2010, 24.0% of adults reported being a current smoker. Females in the county were significantly more likely to be current smokers, smoke every day, and less likely to be former smokers, compared to the state.
- From the Community Survey, 12.0% of the respondents reported being a current smoker and 9.0% reported smoking at least a pack of cigarettes per day.
- In Somerset County between the years 2008 through 2010, of adults who smoke every day, 47.0% had quit at least one day in the past year, slightly lower than the state (50.0%) percentage.
- In Somerset County , 24.0% of adults reported being a former smoker, which is lower than the state (26.0%) and national (25.1) rates. Males in the county were more liley to be a former smoker than females.
- In Somerset County between the years 2008 through 2010, 52.0% of adults reported never being a smoker, slightly lower than the state (54.0%) and national (56.6%) percentage.
- Adults in Somerset County who quit smoking at least one day in the past year (47.0%) was less than the state rate (50.0%) and lower than the national rate (80.0%).

- From the Community Survey, 5.0% of respondents reported using chewing tobacco, snuff, or snus every day.
- Adult Focus Group participants rated tobacco use as somewhat of a problem in the community and primary service area, and rated tobacco use during pregnancy as less of a problem.
- Community Survey respondents rated tobacco use and tobacco use during pregnancy as somewhat of a problem.

Injury Conclusions

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

- The county had higher rates of motor vehicle mortality (that are increasing) but the rates are not significantly higher that the state.
- Suicide rates have increased slightly, although there were no significant differences between the county and state rates.
- The mortality rates for falls was significantly higher at the county level in 2007 and 2009.
- In Somerset County, incidence rates for domestic violence fatalities are very low.
- Community survey respondents rated violence followed by domestic violence and child abuse as serious injury related issues.
- Both the student and adult focus groups saw seatbelt usage as the most serious injury related community health issue.

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Action Plan

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Prioritization and Implementation Strategy

On March 7, 2013, the Somerset Hospital steering committee reviewed the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the community. The steering committee prioritized the needs and issues identified throughout the assessment in order to identify potential intervention and implementation. Jacqui Lanagan, Director of Community and Nonprofit Services and Rob Cotter, Research Analyst presented the data and facilitated a prioritization exercise. Steering committee members completed the prioritization exercise using the OptionFinder audience response polling technology to quickly rate and rank the needs and issues. In advance of the meeting, the members of the Steering Committee identified three criteria by which the community needs and issues would be evaluated. The criteria are listed in **Table 28.**

Table 28: Prioritization Criteria

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

A total of 19 steering committee members completed the prioritization exercise. After the presentation of the data, the steering committee rated each of the issues that were identified in the data collection process on a 1 to 10 scale for each criterion using the OptionFinder audience response polling system. **Table 29** outlines the results:

Table 29: Prioritization Results

	Accountability	Magnitude of the problem	Capacity	Combined
H-Chronic Disease - Heart/Cardiovascular Disease	9.7	7.7	8.7	16.4
K-Chronic Disease - Diabetes	9.1	7.1	8.2	15.3
G-Chronic Disease - Obesity	8.0	8.6	6.5	15.1
Q-Healthy Mothers, Babies & Children - Childhood Obesity	7.4	7.7	7.3	15.0
I-Chronic Disease - Cancer	9.2	7.2	7.3	14.5
J-Chronic Disease - Cerebrovascular Disease/Stroke	8.8	5.4	7.4	12.8
P-Healthy Mothers, Babies & Children - Tobacco Use During Pregnancy	8.0	4.9	7.3	12.2
E-Access - Access to Mental Health Services	7.1	4.9	7.2	12.1
S-Mental Health/Substance Abuse - Alcohol Abuse	3.6	5.3	6.7	12.0
W-Physical Activity/Nutrition: Lack of Physical Activity	3.3	6.9	5.1	12.0
D-Access - Senior Services	2.4	6.2	5.6	11.8
C-Access - Early Screening	8.8	4.7	7.0	11.7
Y-Tobacco Use	5.3	5.8	5.9	11.7
R-Infectious Disease - Flu & Pneumonia	9.4	4.6	6.9	11.5
T-Mental Health/Substance Abuse - Drug Abuse	3.1	4.9	6.6	11.5
X-Physical Activity/Nutrition: Eating Habits/Access to Healthy Foods	2.8	6.9	4.4	11.3
V-Mental Health/Substance Abuse - Depression	6.1	5.4	5.7	11.1
F-Access - Dental Care	6.1	4.4	6.2	10.6
O-Social Environment - Poverty/Lack of Jobs/Unemployment	1.0	7.9	2.2	10.1
U-Mental Health/Substance Abuse - Prescription Drug Misuse/Abuse	4.8	4.3	5.7	10.0
L-Healthy Environment - Asthma	7.1	2.8	6.7	9.5
A-Access - Transportation to/from Medical Services	1.8	5.3	4.0	9.3
B-Access - Insurance/Affordability of Health Care/Copays	5.3	6.3	2.3	8.6
Z-Injury - Motor Vehicle Crash Deaths/Seatbelt Use	2.6	3.9	3.6	7.5
N-Social Environment - Delinquency/Crime/Violence	1.7	3.7	3.1	6.8
2A-Injury - Falls	5.6	2.5	3.9	6.4
M-Healthy Environment - Air and Water Quality	2.4	2.1	2.9	5.0

The top priorities that were identified included heart/cardiovascular disease, diabetes and obesity. Following the prioritization session and based on the greatest needs related to the health system's mission, current capabilities and focus areas, staff top priorities and identified implementation strategies to meet identified needs. Implementation strategies focus on childhood obesity, youth risk behaviors including tobacco, drug and alcohol use, and diabetes.

Review and Approval

The final implementation strategies for Somerset Hospital were presented to the Board of Trustees for approval in June 2013. **Table 30** outlines the implementation strategies, and timeframe.

Table 30: Implementation Strategy

Goal: Reduce Childhood Obesity in Somerset County Focusing on the prevention and treatment of childhood obesity has the potential to reduce the rates of heart disease, cancer, diabetes and may other chronic diseases for many years into the future				
Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Re-Implement childhood obesity treatment program	1. Select program and determine budget • # of staff needed to implement • # of sessions that will be conducted • Cost of supplies (including incentives) • Cost of advertising • Cost of purchasing program (if needed) • Cost of training staff (if applicable) 2. Train staff 3. Determine and secure location(s) of program 4. Advertise program and Recruit participants • Determine if it is possible to identify children in the 85th BMI percentile and above through Paragon to be able to identify those kids who would be eligible for participation 5. Implement program	• Exercise physiologist • Registered Dietitian • Mental Health Professional • Site Coordinator • Corporate Communications • Management Support • IT Support?	• Offer 1st session beginning September 2013; continue to offer once per quarter. • Evaluate program during and after conclusion of each session.	• Upon program completion, 75% of program participants will score at least 90% on post-test. (Knowledge pre-test/post-test) • 80% of kids, who complete program, will report that their likeliness to adapt new habits will be at least "likely". (Likert scale on post-program survey) • 80% of participants who complete the program will report that their confidence in maintaining their new behavior to be at least "confident" (Likert scale on post-program survey • 25% of participants who complete program, will report on their health tracker that: -They are exercising at least 60 minutes per day 5 times per week -They are eating at least

Goal: Reduce Childhood Obesity in Somerset County Focusing on the prevention and treatment of childhood obesity has the potential to reduce the rates of heart disease, cancer, diabetes and may other chronic diseases for many years into the future				
Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
	6. Evaluate (ongoing)			2 servings of fruit per day -They are eating at least 3 servings of vegetables per day -They are eating at least 3 servings of whole grains per day (Weekly Health Tracker Submissions) • 75% of kids who complete program will demonstrate a decrease in BMI (Pre/Post program evaluation)
Offer running training program to children, specifically targeting those who participate in the Daily American Kids Fun Run	1. Select program and determine budget • # of staff needed to implement • # of sessions that will be conducted • Cost of supplies (including incentives) • Cost of advertising • Cost of purchasing program (if needed) • Cost of training staff (if applicable) 2. Train staff 3. Advertise program and	• Exercise physiologist • Corporate Communications • Management Support	• Coincide training program with annual Daily American 5k/10k, which occurs in June	• 75% of kids who complete the running program will be able to run 1 mile without stopping (observation) • 100% of kids who complete the running training program will be able to demonstrate a series of stretches that they should complete before beginning their run (observation) • 75% of kids who participate in the

Goal: Reduce Childhood Obesity in Somerset County Focusing on the prevention and treatment of childhood obesity has the potential to reduce the rates of heart disease, cancer, diabetes and may other chronic diseases for many years into the future				
Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
	Recruit participants 4. Implement program 5. Evaluate (ongoing)			running training program will report that they are at least "prepared" (likert scale on post program survey) • 60% of kids who complete the running training program will participate in and complete the Daily American Kids Fun Run (race records)
Provide training to family practice providers to educate them on identifying children who are in the 85th percentile and above for BMI	1. Identify who will provide information 2. Determine mode of delivery (individual physician offices or group training) 3. Prepare information that will be disseminated to physicians 4. Recruit physicians, PAs and NPs 5. Implement program 6. Evaluate	• Family practice physicians • Educator (Exercise physiologist or dietitian) • Management support	• Complete trainings by June 2014	• Childhood BMI training will be offered to all Somerset Hospital affiliated family practice providers by June 2014. • Every provider, who completes training, will be able to demonstrate the proper way to measure a child's BMI (observation of case studies)

Goal: Increase self-esteem of children living in Somerset County Along with alcohol, tobacco and other drug use, there is a strong correlation between self-esteem and obesity. By offering programming that targets the self-esteem of the youth in Somerset County, it is our hope that children will be empowered to make healthy choices in all realms of their lives.				
Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Continue to provide the Botvin Life Skills Curriculum to Middle Schools in Somerset County (currently funded through grant from United Way and the University of Colorado)	1. Ensure that funding remains in place so that program can continue to be offered. 2. Continue to evaluate the program	• Prevention Coordinator • Educators trained to teach curriculum (currently teachers in the school system who went through train the trainer approach • School district • Management support	• During school year 2013-2014 & 2014-2015, 6th graders: 15 sessions, 7th graders: 10 sessions, 8th graders: 5 sessions • Ongoing evaluation	• Continue to evaluate attitudes, beliefs and knowledge through evaluation tool provided by Botvin Life Skills -improving true/false scores -reporting when approached to use alcohol, tobacco or other drugs the response would be no -use of stress management/anxiety reducing technique
Pilot the implementation of the Botvin Life Skills Elementary Curriculum to 3rd graders in two school districts (possibly Rockwood and Somerset School districts)	1. Gain permission from school district to implement program 2. Determine budget • # of staff needed to be trained/ training cost (1 person in county trained currently) • Cost of purchasing program (if needed) 3. Train staff 4. Implement program 5. Evaluation (Ongoing)	• Prevention Coordinator • Educators trained to teach curriculum • School district • Management support	• During school year, 2013-2014 & 2014-2015, Level 1: 8 sessions, Level 2: 8 sessions, Level 3: 8 sessions • Ongoing evaluation	• Continue to evaluate attitudes, beliefs and knowledge through evaluation tool provided by Botvin Life Skills -improving true/false scores -use of stress relief techniques

Focus Area: Diabetes Somerset Hospital offers the community a Diabetes Education Center, which over the past few years has provided several services to those in the community with Diabetes. The hospital would like to continue to focus on Diabetes, as it still remains a large issue for the residents of Somerset County.					
Goal	Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Ensure physicians and advanced care practitioners are following the American Diabetes Association recommendations for diabetes screenings	• Educate physicians and advanced care practitioners with the screening recommendations set by the American Diabetes Association (ADA). • Establish a diabetes screening and reporting protocol based on ADA recommendations for all hospital affiliated primary care providers	1. Have forum with physicians and advanced care practitioners to determine what current recommendations are for screening for diabetes 2. Determine whether or not recommendations are being followed 3. Determine if recommendations are being followed, are results (even if normal) being reported to patients? 4. Determine insurance coverage for screenings 5. Establish policy for diabetes screening 6. Evaluate to determine if policy	• Primary Care Providers • Diabetes Educator • Management support	Education received and policy in place by June 30, 2015	• By June 30, 2015 all primary care providers will receive educational material on the diabetes screening recommendations by the ADA • By June 30, 2015, Somerset Hospital will develop and implement a policy establishing diabetes screening and reporting requirements for all hospital affiliated primary care providers. • By June 30, 2015, 100 % of primary care providers will report that they are

Focus Area: Diabetes Somerset Hospital offers the community a Diabetes Education Center, which over the past few years has provided several services to those in the community with Diabetes. The hospital would like to continue to focus on Diabetes, as it still remains a large issue for the residents of Somerset County.					
Goal	Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
		is being followed			following set guidelines for diabetes screening and reporting. (provider questionnaire)
Increase the number of women, who have had gestational diabetes, that are screened for diabetes post-partum	• Provide post-partum education to women with a history of gestational diabetes (highlighting the importance of post-partum screening, the likelihood of developing diabetes and healthy habits to minimize risk of future diabetes) • Provide diabetes screenings specifically to those women who have had a history of gestational diabetes	1. Determine the format of educational offerings 2. Determine the recommended tool for screening women with a history of gestational diabetes 3. Determine budget • # of staff needed • Cost of testing • Cost of educational programs • Incentives 4. Implement educational programs/screenings 5. Evaluate	• Primary Care Providers/OB-GYN Providers • Diabetes Educator • Management support • Laboratory Services	July 1, 2013 to June 30, 2015, evaluation ongoing	• # of women who participate in post-partum education class • # of women with gestational diabetes who are screened for diabetes post-partum at the ADA recommended time frame

Focus Area: Diabetes Somerset Hospital offers the community a Diabetes Education Center, which over the past few years has provided several services to those in the community with Diabetes. The hospital would like to continue to focus on Diabetes, as it still remains a large issue for the residents of Somerset County.					
Goal	Activity	Action Steps	Accountability	Time Frame	Evaluation Metrics/Measures
Improve the self-management skills of those people who have been diagnosed with diabetes in Somerset county	• Continue to offer and promote Diabetes Self-Management Program • Continue to offer and promote Peer-Led Diabetes Support Group • Continue to offer and promote Diabetes Support Programs • Continue to offer individual services through Diabetes Education Center (DEC)	1. Determine budget • Staff salaries • Supplies for programs • # of programs that are going to be offered 2. Continue to plan monthly/quarterly calendar of DEC events/programs • Location of programs • Projected # of participants 3. Continue to advertise all programs and events offered by DEC 4. Continue to evaluate programs	• Diabetes Educator • Corporate Communications • Management Support	Ongoing, July 1, 2013 to June 30, 2015	• Continue to evaluate the A1C values of those participants who complete Diabetes Self-Management Program (lab values) • -% of participants with A1C ≤7.0 • -% of participants with decrease in A1C • Continue to monitor the level of achievement of behavioral goal as set by program participant • Monitor attitudes of participants • -% of participants who will report a confidence level of at least confident in managing their diabetes (post class evaluation)

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Glossary

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A

Access to Health Care

The timely use of personal health services to achieve the best possible outcomes." It can include, but is not limited to, availability of information, care, public or private insurance coverage, transportation, culturally and linguistically competent care, and other factors that affect personal and cultural decisions related to seeking health care services.

Actual Causes of Death

While the leading causes of death are heart disease, cancer, stroke, and respiratory disease, the actual causes of death are defined as lifestyle and behavioral factors such as smoking and physical inactivity that contribute to this nation's leading killers. Physical inactivity and poor nutrition is catching up to tobacco at the top of the list of actual causes of death. In 2000, the most common actual causes of death in the United States were tobacco (435,000), poor diet and physical inactivity (400,000), alcohol consumption (85,000), microbial agents (e.g., influenza and pneumonia, 75,000), toxic agents (e.g., pollutants, asbestos, etc., 55,000), motor vehicle accidents (43,000), firearms (29,000), sexual behavior (20,000) and illicit use of drugs (17,000).

Adjusted Rates

Adjusted rates are summary rates constructed to permit fair comparison between groups differing in some important characteristic such as age, sex or race. When comparing the rate of disease between two or more counties, adjusted rates standardize the composition of their populations so that the influence of ethnic, racial, or age differences is minimized. Adjusted rates are also referred to as standardized rates and can be contrasted with "crude rates" where there have been no adjustments to the data.

Age

The number of complete years an individual has lived. The age classification is based on the age of the person at his or her last birthday.

Age Adjusted Rate

Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared.

Assessment

One of public health's three core functions, the others are policy development and assurance. It is the regular collection, analysis and sharing of information about health conditions, risks and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.

Asset Mapping

A tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried.

Attributable Risk

The arithmetic or absolute difference in incidence rates between an exposed and non-exposed group.

B

Behavioral Risk Factors

Behaviors which are believed to cause, or to be contributing factors to, accidents, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.

Benchmarks

Indicators of progress that tell us whether elements of a long-term strategic plan are being achieved.

Best Available Evidence

Conclusive evidence of the links between, for example, socio-environmental factors and health or the effectiveness of interventions is not always available. In such cases, the best available evidence – that which is judged to be the most reliable and compelling – can be used, but with caution.

Bias

In statistics, bias is the difference between this estimator's expected value and the true value of the parameter being estimated. Although the term bias sounds pejorative, bias is tolerated and sometimes even welcome in statistics.

Birth Rate

The average annual number of births during a year per 1,000 population. Also known as the crude birth rate.

Board of Health

A legally designated governing body whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community.

BRFSS

Behavioral Risk Factor Surveillance Survey. A national survey of behavioral risk factors conducted by states with CDC support.

C

Capacity

The ability of an individual, organization or system to effectively complete specific tasks over time and across issues.

Case-Control Study

A study in which people diagnosed as having a disease (cases) are compared with persons who do not have the disease (controls). Also referred to as a retrospective study.

Causality

The relationship between two variables whereby a change in one is followed by a change in the other. The criteria used to assess the likelihood of the causal nature of an association are:

- consistency
- specificity
- strength
- temporal correctness
- coherence (biological plausibility)

Cause of Death

Any condition that leads to or contributes to death and is classifiable according to the International Classification of Diseases.

Cause-Specific Death Rate

A rate which approximates the risk of death from a specific condition; differences in the magnitude of this measure in subgroups and by time and place suggest etiologic hypotheses and document the need for control measures.

CDC

The Centers for Disease Control and Prevention.

Coalition

A group of individuals and/or organizations that join together for a common purpose.

Community

The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds.

Community Assets

Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well being, and quality of life for the community and all its members.

Community Collaboration

A relationship of working together cooperatively toward a common goal. Such relationships may include a range of levels of participation by organizations and members of the community. These levels are determined by: the degree of partnership between community residents and organizations, the frequency of regular communication, the equity of decision making, access to information, and the skills and resources of residents. Community collaboration is a dynamic, ongoing process of working together, whereby the community is engaged as a partner in public health action.

Community Health

A perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community, its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems.

Community Health Needs Assessment (CHNA)

The Department of Health (DOH) requests that each county prepare a community health needs assessment on a regular basis, usually every four years. The community health needs assessment, or CHNA, identifies those health issues of most concern in the county. Among those issues, a smaller number usually are selected as priority health issues. For those priority health issues, additional detail is provided, additional data collection occurs, stakeholders are identified and invited to participate, and action items are formulated. Progress is charted over the next four years and reported on in the next CHNA document.

Community Health Improvement Process

The community health improvement process involves an ongoing collaborative, community wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the entire process.

Community Health Needs

Traditionally defined as the gaps and deficiencies identified through a community health assessment that needs to be addressed. However, there is increasing recognition that gaps and deficiencies must be balanced with recognition of building on strengths identified in the community.

Community Health Profile

A comprehensive compilation of measures representing multiple categories that contributes to a description of health status at a community level and the resources available to address health needs. Measures within each category may be tracked over time to determine trends, evaluate health interventions or policy decisions, compare community data with peer, state, nation, or benchmark measures, and establish priorities through an informed community process.

Community Health Status

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease--cancer and non-cancer or injury--intentional, unintentional). Morbidity may be represented by age-adjusted incidence of disease.

Community Partnerships

A continuum of relationships that foster the sharing of resources, responsibility and accountability in undertaking activities within a community. A cooperative relationship formed between two or more organizations to achieve a shared goal or pursue a common interest.

Community Support

Actions undertaken by those who live in the community that demonstrate the need for and value of a healthy community and an effective local public health system. Community support often consists of, but is not limited to, participation in the design and provision of services, active advocacy for expanded services, participation at board meetings, support for services that are threatened to be curtailed or eliminated, and other activities that demonstrate that the community values a healthy community and an effective local public health system.

Contributing Factors

Those factors that directly or indirectly influence a risk factor's influence on a specific health problem (also referred to as a causative factors, risk factors, or determinants).

Crude Rate

A summary rate based on the actual number of events (e.g., birth or deaths) in a total population over a given time period. A rate that has not been "adjusted" or "standardized" for any other factor, such as age.

D

Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease. This is a category of data recommended for collection within the Community Health Status Assessment.

Demographic Characteristics

Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns. This is a category of data recommended for collection within the Community Health Status Assessment. Characteristic data such as size, growth, density, distribution, and vital statistics that are used to study human population. Demographic characteristics of your jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

Determinants (or Risk Factors)

Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem. Broad causal factors involved in influencing health and illness, including social, economic, genetic, perinatal, nutritional, behavioral, and environmental characteristics. A primary risk factor (causative factor) associated with the level of health problem.

Disadvantaged Groups

Disadvantaged (or vulnerable or marginalized) applies to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded.

E

Economic Impact Assessment

Economic impact assessment involves exploring and identifying the ways in which the economy in general, or local economic circumstances in particular, will be affected by a policy, program or project.

Evidence Based

The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and "grey" literature, which tells us something about what is already known about factors affecting health. For example, in the field of housing and health there are a number of studies which demonstrate the links between damp and cold housing and respiratory disease and, increasingly, the links between high quality housing and quality of life.

F

Family

A group of two or more people who reside together and who are related by birth, marriage, or adoption.

Family Household

A family household consists of a householder and one or more people living together in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. People not related to the householder are not included as part of the householder's family in census tabulations. In 1950 and 1960, a household enumerated in the census could contain more than one family. Thus, there were more families than family households.

G

Geocode

Addresses matched and assigned to a corresponding latitude and longitude. The process of assigning geographic location information to attribute data that are to be used for analytic purposes.

Geographic Information System (GIS)

GIS combines modern computer and super computing digital technology with data management systems to provide tools for the capture, storage, manipulation, analysis, and visualization of spatial data. Spatial data contains information, usually in the form of a geographic coordinate system, that gives data location relative to the earth's surface. These spatial attributes enable previously disparate data sets to be integrated into a digital mapping environment. Geographic information systems that are computer based processes for capturing, lining, summarizing, and analyzing data containing geographical location information. These systems are particularly useful in supporting visual analysis and communication of data using maps that display the geographic distribution of data.

H

Health

A dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity. The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is recognized, however, that health has many dimensions (anatomical, physiological, and mental) and is largely culturally defined. The relative importance of various disabilities will differ depending on the cultural milieu and on the role of the affected individual in that culture. Most attempts at measurement have been assessed in terms of morbidity and mortality.

Health Care

The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Health Disparity

A statistically significant difference in a health indicator between groups that persists over time.

Health Equity

Distribution of disease, disability and death in such a way as to not create a disproportionate burden on one population; the absence of persistent health differences over time, between racial and ethnic groups.

Health Gain

Improvement in health status.

Health Impact

A health impact can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. For example, having a sense of control over one's life and having choices is known to have a beneficial effect on mental health and well being, making people feel "healthier". A negative health impact has the opposite effect, causing or contributing to ill health. For example, working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status.

Health Indicator

A health indicator is numeric value for a specific health-related occurrence, such as the percentage of smokers or the number of people diagnosed with cancer within a given population. Health indicators are documented over-time to assess trends and compare values in the local population to state and national averages. While health indicators are important for understanding the depth and breadth of a health problem, data alone cannot solve health problems. Solutions require health experts and community stakeholders working together to understand the context and influences on the problem, including the demographic, social, environmental, and economic characteristics within the population.

Health Issues

Health issues summarize or categorize the health indicators of most concern within a population. A health issue can be a particular disease such as chronic or infectious disease. A health issue also can be the social, economic, or behavioral conditions that are causing or exacerbating a disease. For example, tobacco use, poor diet and lack of physical fitness are health issues because they are known to directly contribute to diseases of the heart, lungs, and circulatory system. Health issues usually are comprised of multiple health indicators and efforts to address and improve a health issue require broad-based community attention and support.

Health Insurance Coverage

A person is considered covered by health insurance at some time during the year if he or she was covered by at least one type of coverage.

Health Promotion

Any planned combination of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. An intervention strategy that seeks to eliminate or reduce exposures to harmful factors by modifying human behaviors. Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. This process enables individuals and communities to control and improve their own health. Health promotion approaches provide opportunities for people to identify problems, develop solutions, and work in partnerships that build on existing skills and strengths. Any combination of educational, organizational, environmental, and economic interventions designed to encourage behavior and conditions of living that are conducive to health.

Healthy People 2010

A national health promotion and disease prevention initiative that brings together national, state, and local government agencies; nonprofit, voluntary, and professional organizations; businesses; communities; and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. In Healthy People 2010, 467 health promotion and disease prevention objectives are identified for achievement by the year 2010. There will be a Health People 2020 initiative.

Household

One person or a group of people living in a housing unit.

Housing Unit

A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied or intended for occupancy, as separate living quarters. Separate living quarters are those in which the occupant(s) live separately from any other people in the building and which have direct access from outside the building or though a common hall.

I

Impact Assessment

Impact assessment is about judging the effect that a policy or activity will have on people or places. It has been defined as the prediction or estimation of the consequences of a current or proposed action.

Impact Objective

A short term (less than three years) and measurable. The object of interest is on knowledge, attitudes, or behavior.

Incidence

A measure of the health condition in the population; generally the number of new cases occurring during a specified time period.

Indicator

A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. A measure of health status or a health outcome. An element used to measure health status, risk, or outcome. See also “Health Indicator”

Inequalities Audit or Equity Audit

A review of inequalities within an area or of the coverage of inequalities issues in a policy, program or project, usually with recommendations as to how they can be addressed.

Infrastructure

The resources (e.g., personnel, information, monetary, and organizational) used by the public health system to provide the capacity to perform its duties.

Integrated Impact Assessment

Integrated impact assessment brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programs, or projects may affect the physical, social and economic environment.

Intervention

A public health program intended to improve the health of a specific population or the overall population. The focus of a public health intervention is to prevent rather than treat a disease through surveillance of cases and the promotion of healthy behaviors. Interventions can be used to create change in different settings, including: communities, work sites, schools, health care organizations, faith-based organizations or at home. Interventions may be most effective when they include multiple settings.

Injury

Injuries can be classified by the intent or purposefulness of occurrence in two categories, intentional and unintentional injuries. Intentional injuries are ones that are purposely inflicted and often associated with violence. These include child abuse, domestic violence, sexual assault, aggravated assault, homicide, and suicide. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted.

International Classification of Disease (ICD-10-CM)

The ICD-10 is used to code mortality data. Its purpose is to provide a common language, specifically number and letter codes, for identifying illnesses, injuries and causes of death. This enables communities, health care organizations, insurance companies, regulatory agencies, etc. to compare rates of disease and injury, as well as allowing comparison of cost and pricing practices.

L

Latent Period

The interval of time from exposure to chemical agents and the onset of signs and symptoms of the illness.

Local Health Department

An administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state. Functionally, a local (county, multicounty, municipal, town, other) health agency, operated by local government, often with oversight and direction from a local board of health, that carries out public health's core functions throughout a defined geographic area. A more traditional definition is an agency serving less than an entire state that carries some responsibility for health and has at least one full time employee and a specific budget.

M

Mean

The measure of central location commonly called the average. It is calculated by adding together all the individual values in a group of measurements and dividing by the number of values in the group.

Median

The measure of central location which divides a set of data into two equal parts.

Median Age

The median divides the age distribution into two equal parts, one-half of the population falling below the median age and one-half above the median.

Mental Health

A term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.

Morbidity

The condition of being sick or diseased, the prevalence of a disease in a population.

Mortality Rate

The number of deaths from a given condition in a defined population in a specified time period, the ratio of deaths in an area to the population of that area, can be crude or age-adjusted.

N

Natality

Natality is another term for births.

Neonatal Death Rate

The number of deaths among infants under 28 days of age in a defined population and time period divided by the number of live births in that population and time period.

O

Outcome Objective

The level to which a health problem is to be reduced as a result of an intervention, usually measured in terms of mortality, morbidity, or disability. An outcome objective usually is long term (greater than 3 years) and measurable.

P

Per Capita Income

The per capita income for an area is defined as the total personal income in an area, divided by the number of people in that area. The Census Bureau derived per capita income by dividing the total income of a particular group by the total population in that group (excluding patients or inmates in institutional quarters).

Policy Development

One of public health's three core functions, the others are assessment and assurance. Processes by which public health organizations formulate policies and plans to address priority health issues for the populations they serve, and advocate for the adoption and implementation of these policies by legislative and regulatory bodies and by private sector institutions. The means by which problem identification, technical knowledge of possible solutions, and societal values converge to set a course of action. Policy development processes typically involve planning and priority-setting efforts that include broad participation by community members as well as health-related professionals and institutions. Policy development is not synonymous with the development of laws, rules, and regulations. Laws, rules,

and regulations may be adopted as tools among others to implement policy. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health. Policy development involves serving the public interest in the development of comprehensive public health policies by promoting the use of the scientific knowledge base in decision making and by leading in developing public health policy.

Population Health

An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups.

Population Projections

A calculation of population size derived for future dates using assumptions about future trends and data from population censuses, administrative records, sample surveys, and/or other sources.

Prevalence

The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention

An active process that promotes the personal, physical and social well-being of individuals and families to reinforce positive health behaviors and lifestyles that minimize morbidity and maximize the overall quality of life. Primary care can be viewed as a form of prevention as its proper use can result in fewer hospitalizations for conditions such as asthma, diabetes, chronic obstructive pulmonary disease, and congestive heart failure, which are affected by the level of care given on an outpatient basis.

Preventive Care

A set of measures taken in advance of symptoms to prevent illness or injury. This type of care is best exemplified by routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.

Process Objective

A process objective is short term and measurable. The object of interest is the level of professional practice in the completion of the methods established in a Community Health Plan. Process objectives may be evaluated by audit, peer review, accreditation, certification, or administrative surveillance. Objects of evaluation may include adherence to projected timetables, production, distribution, and utilization of products, and financial audits.

Proportional Mortality

The relative importance of a specific cause of death in relation to all deaths in a population group. The two measures in the proportional mortality rate are measured over the same period of time.

Public Health

The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Activities that society undertakes to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, and counter threats to the health of the public.

Public Health Leadership

This is demonstrated by both individuals and organizations that are committed to the health of the community. Leadership defines key values and guides action; participates in scanning the environment both internal and external for information critical to implementing the public health mission; keeps the public health mission in focus and articulates it clearly; and facilitates the creation of a vision of excellence, a compelling scenario of a preferred future. Through shared information and decision making, public health leadership facilitates the empowerment of others to create and implement plans to enact the shared vision and to participate actively in the process of community health improvement.

Public Health Mission

To fulfill society's interest in assuring conditions in which people can make choices to be healthy in their communities. Public health carries out its mission through organized, interdisciplinary efforts that help prevent and treat the physical, mental and environmental health concerns of communities and populations.

Public Health System

The network of organizations and professionals that participate in producing public health services for a defined population or community. This network includes governmental public health agencies as well as relevant health care and social service providers, community based organizations, and private institutions with an interest in population health.

Q

Quality of Life

A construct that connotes an overall sense of well-being when applied to an individual and a supportive environment when applied to a community. While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community well being, other valid dimensions include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

R

Race/Ethnicity

Race and ethnicity are social, not biological constructs, referring to social groups often sharing cultural heritage and ancestry. Race and ethnicity are not valid biological or genetic categories. As per the U.S. Census, prior to 1980, race was determined either solely by the observation of the enumerator or by a combination of enumerator observation and self-identification. These categories reflect social usage and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

Random

Chance used to refer to the type of error that results from fluctuations around a value because of sampling variability.

Rate

A measure of some event, disease or condition in relation to a unit of population where time and place are stated. A true rate can be determined only if the numerator is included as part of the denominator if the denominator represents the entire population at risk and a unit of time is specified.

Ratio

A relative number expressing the magnitude of one occurrence or condition in relation to another.

Relative Risk

The ratio of the incidence rate of those exposed to a factor to the incidence rate of those not exposed.

Resource Allocation

The process of deciding what is needed to carry out an activity and providing for those needs. This can include making provision for financial resources (money), capital resources (such as buildings and computer hardware) and staff resources (including the number of staff needed and the skill mix required).

Risk Assessment

The scientific process of evaluating adverse effects caused by a substance, activity, lifestyle, or natural phenomenon. Risk assessment is the means by which currently available information about public health problems arising in the environment is organized and understood. A systematic approach to quantifying the risks posed to individuals and populations by environmental pollutants and other potentially harmful exposures.

Root Causes

Root causes are primary causes of health problems that underlie the more obvious causes. Social problems are often root causes that result in health inequalities through complex pathways. For example, racism is a root cause because it results in income inequality, lack of power, residential and occupational segregation, and stress in marginalized groups. These things in turn cause things like inadequate health care, working in dangerous environments, living in cramped conditions where infections spread easily, smoking, and the inability to afford nutritious food. These things, in turn, are related to a host of health problems like injury, infectious and chronic disease, and mental illness. While addressing root causes will not eliminate disease and death, it will reduce health disparities between populations.

S

Social Impact Assessment

Social impact assessment is the process of assessing or estimating, in advance, the social consequences that are likely to follow from specific policy actions or project development, particularly in the context of appropriate national, state or provisional policy legislation. It is based on the assumption that the way in which the environment is structured can have a profound effect on people's ability to interact socially with other people and to develop networks of support. For example, a major road cutting across a residential area can have the effect of dividing a community with implications for social cohesion.

Socioeconomic Characteristics

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Specificity

The ability to identify correctly those who do not have a given disease.

Standard Population

The age distribution of a population for a given period of time

Strategic Planning

A disciplined effort to produce fundamental decisions and actions that shape and guide what an organization (or other entity) is, what it does, and why it does it. Strategic planning requires broad scale information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. It can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision making and successful implementation.

Strategies

Patterns of action, decisions, and policies that guide a group toward a vision or goals. Strategies are broad statements that set a direction. They are pursued through specific actions (i.e., those carried out in programs and services of individual components of the local public health system).

Statistical Significance

In statistics "significant" means a finding is probably true and reliable and not due to chance. Significance levels show how likely a result is due to chance. The most common level, used to mean something is good enough to be believed, is 95%. This means that the finding has a 95% chance of being true. When quantitative differences found between populations are labeled as statistically significant, it means the differences are considered highly likely to be real and are not due to mere coincidence (random error). For example, if the diabetes rate for Hispanics is higher than the rate for other racial/ethnic groups and those differences are statistically significant, it means the rates probably reflect true disparities between groups.

Surveillance

The systematic collection, analysis, interpretation, and dissemination of health data to assist in the planning, implementation, and evaluation of public health interventions and programs. Systematic monitoring of the health status of a population. The process of collecting health related data that are representative of a population of interest, for use in assessing trends in disease and other health conditions, measuring the prevalence of health risk factors and health behaviors, and monitoring the use of health services.

Sustainability

The long-term health and vitality - cultural, economic, environmental, and social - of a community. Sustainable thinking considers the connections between various elements of a healthy society, and implies a longer time span (i.e., in decades, instead of years).

Systems Change

The process of improving the capacity of the public health system to work with many sectors to improve the health status of all people in a community.

T

Teen Pregnancy Rate

Annual number of pregnancies to women aged 15-19 per 1,000 female population aged 15-19.

U

Underlying Cause of Death

The disease or injury that initiated the sequence of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.

V

Values

The fundamental principles and beliefs that guide a community driven process. These are the central concepts that define how community members aspire to interact. The values provide a basis for action and communicate expectations for community participation.

Vision

A compelling and inspiring image of a desired and possible future that a community seeks to achieve. A health vision states the ideal, establishes a stretch linked explicitly to strategies, inspires commitment, and draws out community values. A vision expresses goals that are worth striving for and appeals to ideals and values that are shared throughout the local public health system.

Vital Events

Live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during an individual's lifetime.

Vital Statistics

Data derived from certificates and reports of birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and related reports. Information compiled by state health agencies concerning births, deaths, marriages, divorces, fetal deaths, and abortions.

Y

Years of Life Lost

A measure of premature mortality. The measure subtracts the person's age at death from the life expectancy for someone that age in a standard population. The younger the age at death, the greater the Years of Life Lost. Since many younger deaths could be prevented or postponed this measure has implications for prevention efforts.