



Community Health Needs Assessment
And
Community Health Strategic Plan

June 30, 2016

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EXECUTIVE SUMMARY

UPMC Altoona Plays a Major Role in its Community:

UPMC Altoona is a nonprofit, 375-bed tertiary-care teaching hospital located in Blair County, Pennsylvania. It is the largest employer in the county, and delivers an array of specialized programs and services to the residents of Blair County and surrounding areas. Known for its expertise in trauma care, stroke care, and advanced cardiothoracic, neurological, and vascular surgery, UPMC Altoona stands apart from other hospitals in the region.

The hospital has a history of maintaining a strong connection with the community and offers an array of programs and services to improve the health of local residents. Notable examples include UPMC Altoona's Partnership for a Healthy Community, which provides low-income individuals with access to free health and dental care. In 2014 and 2015, 1,030 uninsured patients received care, and 3,572 children received dental care. Other efforts include the hospital's generous support for local food banks and homeless shelters.

UPMC Altoona in the Community

*UPMC Altoona employs nearly
2,500 individuals.*

*Providing behavioral health care to
the region with both inpatient and
outpatient services*

*Total economic impact of the
hospital is \$577 million*



UPMC Altoona is part of UPMC, a leading Integrated Delivery and Finance System (IDFS) headquartered in Pittsburgh, Pennsylvania.

Identifying the Community's Significant Health Needs:

In Fiscal Year 2016, UPMC Altoona conducted a Community Health Needs Assessment (CHNA) in keeping with requirements described in section 501(r)(3) of the Internal Revenue Code. Building on the initial CHNA conducted in Fiscal Year 2013, the Fiscal Year 2016 CHNA provided an opportunity for the hospital to re-engage with community stakeholders in a rigorous, structured process guided by public health experts.

An ongoing objective of the CHNA effort is to help align community benefit programs and resources with community health needs. This report documents progress toward addressing the significant health needs identified in Fiscal Year 2013, as well as an implementation plan to address new and ongoing community health needs over the Fiscal Year 2016-2019 period.

UPMC partnered with experts at the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) to conduct the CHNA using a best-practice methodology. The assessment blended analysis of documented health and socioeconomic factors with a structured community input survey process that solicited feedback from a community advisory panel composed of leaders and organizations that represent patient constituencies, including medically-underserved, low-income, and minority populations within the hospital’s community. UPMC Altoona also collaborated with the Healthy Blair County Coalition to understand, assess, and address the challenges and needs of the county’s residents.

Addressing the Community’s Significant Health Needs:

When the Fiscal Year 2013 CHNA was conducted, the significant health needs identified at that time were:

- **Obesity**
- **Diabetes**
- **Behavioral Health**

Three years later, when the Fiscal Year 2016 CHNA was conducted, UPMC Altoona affirmed the following significant health needs:

- **Obesity**
- **Diabetes**
- **Behavioral Health**

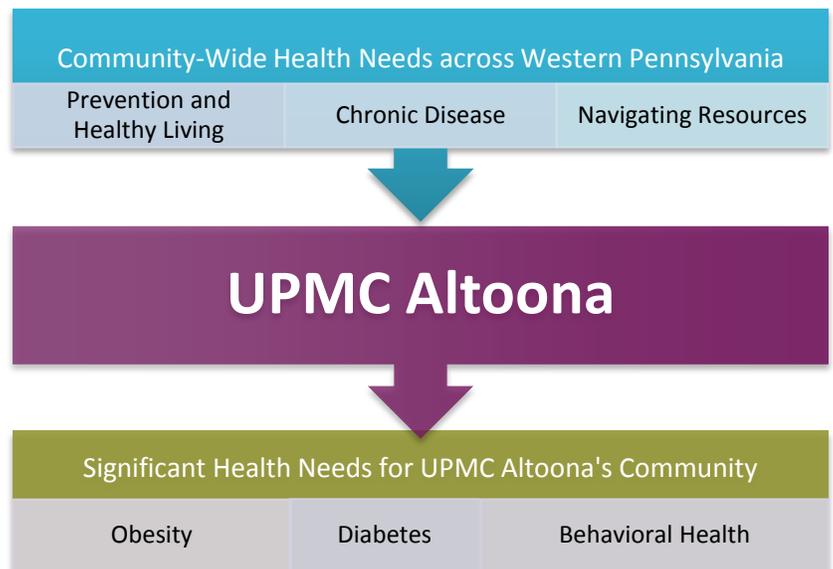
On March 17, 2016, the UPMC Altoona Board of Directors adopted an implementation plan to address the significant health needs identified in the Fiscal Year 2016 CHNA, and to set measurable targets for continued progress in improving community health. The plan drew support from an array of community partners, as well as from the larger UPMC system. This plan builds upon the Fiscal Year 2013 plan, recognizing that significant health issues will generally need more than two to three years to show meaningful change.

Topic	Importance to the Community
Obesity	Obesity rates in Blair County are higher than the state and nation. Community input gathered through the CHNA process placed significant emphasis on the importance of obesity in the UPMC Altoona community.
Diabetes	Obesity, a risk factor associated with diabetes, is high in Blair County. Diabetes rates in Blair County are high, compared to the state and nation.
Behavioral Health	31 percent of adults in Blair County reported experiencing poor mental health in the past month. Prevention, early diagnosis, and management of behavioral health issues can enhance the quality of life of those affected, including individuals, families, and communities.

Collective Impact Across Western Pennsylvania:

Western Pennsylvania has a diverse range of health needs. Key themes that emerged from the Fiscal Year 2016 UPMC Altoona CHNA process were consistent with those found through CHNAs conducted at other UPMC hospitals throughout western Pennsylvania. These themes are increasingly important in the rapidly changing landscape of health care reform:

- **Focus on a Few High-Urgency Issues and Follow-Through:** The hospital is concentrating on a limited number of significant community health needs, and has developed concrete plans to chart measurable improvements.
- **Chronic Disease Prevention and Care:** Nearly two-thirds of deaths in the community are attributable to chronic disease. UPMC Altoona is planning a wide range of prevention and chronic disease support activities.
- **Navigating Available Resources:** Established health care programs in UPMC Altoona’s community are often untapped due, in part, to social and logistical challenges faced among populations and individuals lacking social support systems.
- **Community Partnerships:** UPMC Altoona is collaborating successfully with local organizations on improving community health. The hospital will also leverage resources and synergies within the UPMC system, which include population-focused health insurance products and comprehensive programs and resources targeted at areas including seniors and children.



PROGRESS REPORT 2013-2016: OBESITY AND DIABETES

GOAL: UPMC Altoona is increasing community participation in programs that encourage healthy eating and physical activity.

STRATEGY:

The hospital is leading efforts to address obesity and diabetes throughout Blair County.

To achieve this goal, the hospital is targeting all residents of Blair County. In collaboration with the Healthy Blair County Coalition, UPMC Altoona is helping to spearhead efforts to encourage children and adults to eat healthier and be physically active. The hospital's recent efforts include:

- » Launching *Let's Move Blair County*, an extension of the national *Let's Move* campaign, by promoting outreach and education about obesity and diabetes
- » Partnering with community organizations to provide education and intervention
- » Educating children, parents, and caregivers in various settings, such as schools and grocery stores

PROGRESS:

UPMC Altoona is documenting a measurable impact in community health.

Walking 8,277 miles to encourage healthier lifestyles

UPMC Altoona supported a range of *Let's Move Blair County* programs, including *Let's Move Blair County* kickoff events, where more than 380 participants attended blood pressure screenings, cooking demonstrations, and learning sessions on healthy portions. UPMC Altoona also supported the *Everybody Walk Across Pennsylvania Project*. This project united Blair County residents, including UPMC Altoona employees, into 20 different teams. Over an eight-week period, participants walked an impressive 8,277 total miles—the equivalent of walking from Pittsburgh to Anchorage, Alaska, and back again.



Teaching healthy habits in area schools

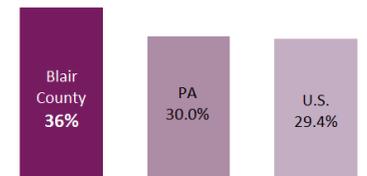
UPMC Altoona supported the Hollidaysburg Area School District, which is inspiring more than 3,000 local youth to eat healthier and be more physically active through the *Fuel Up to Play 60* program, an in-school nutrition and exercise program launched by the National Dairy Council and the NFL. In addition, UPMC Altoona supported a *Let's Move Lunch and Learn*, held for staff of area daycares and preschools. This event encouraged childcare providers to emphasize healthy eating, physical activity, and limited screen time.

Empowering 4,400 residents to make healthier choices

The hospital offers seven different programs and classes to encourage physical activity and prevent obesity and chronic disease. One initiative — a partnership between UPMC and a regional grocer, Giant Eagle — empowers community members to make healthier food and nutrition choices. Once a month, Blair County residents are invited to join a UPMC Altoona clinical dietician at the grocery store. In their local supermarket, participants learn how to buy foods that support a healthy diet. To date, 92 individuals have learned how to shop smart and healthy.

Community Need

36% of Blair County residents are obese, which is higher than the state and nation.



(PADOH, 2011-2013; CDC, 2013)

PROGRESS REPORT 2013-2016: BEHAVIORAL HEALTH

GOAL: UPMC Altoona is improving access and coordination of care for behavioral health services.

STRATEGY:

The hospital is identifying best practices for meeting the behavioral health needs of children and adolescents.

To achieve this goal, the hospital is targeting children and adolescents. Leveraging the expertise of UPMC Western Psychiatric Institute and Clinic (WPIC), UPMC Altoona studied how to improve access to behavioral health care for children and adolescents. Efforts under review include:

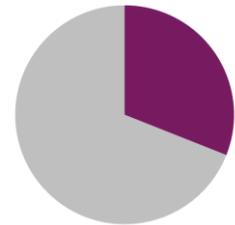
- » Improving services for local at-risk youth
- » Assessing the need for an inpatient behavioral health facility located in Blair County
- » Collaborating with community service providers, schools, and agencies to better coordinate behavioral health care services

PROGRESS:

UPMC Altoona is using information from the Healthy Blair County Coalition assessment to identify, intervene, and provide appropriate treatment to children and adolescents.

Community Need

Nearly one in three children and adolescents reported feeling depressed most days in the past year.



(2013 PA Youth Survey)

Enhancing programs for at-risk youth

A survey of Blair County schools identified a gap in programming for at-risk adolescents — a lack of summer programs. With support from the UPMC Altoona Foundation, Blair County offered a summer program for at-risk adolescents in 2015. Trained counselors provided teens with coaching and coping strategies, helping them remain focused, engaged, and ready to start the new school year in the fall.

Assessing children and adolescents' needs for behavioral health services in Blair County

UPMC Altoona is partnering with WPIC to study how an inpatient behavioral facility for children and adolescents would impact Blair County. In addition, the hospital is exploring the capacity for tele-psychiatry services in the area.

Improving coordination of behavioral health care services

UPMC Altoona and stakeholders are advancing how inpatient facilities, schools, and social service agencies can work together. Approaches to be explored include assessing the capacity for a crisis intervention center, developing a post-discharge effort to connect patients to community resources, and improving coordination among different stakeholders, including behavioral providers and schools.



Caring for Uninsured Families

Through its subsidiary, UPMC Altoona Partnership for a Healthy Community, UPMC Altoona helps provide medical and dental services to the uninsured residents of Blair County. In 2014 and 2015, 1,030 uninsured patients received care at 6,041 visits. And, in Fiscal Year 2014-15, UPMC Altoona provided funding to supplement pediatric dental visits to the James Barner Community Clinic, helping 3,572 children get dental care.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

I. Objectives of a Community Health Needs Assessment

CHNA Goals and Purpose:

In Fiscal Year 2016, UPMC Altoona conducted a CHNA. In keeping with IRS 501(r) guidelines, the CHNA incorporated input from community stakeholders and public health experts, and established action plans to address identified significant community health needs. The plan builds upon a prior assessment and implementation plan developed in Fiscal Year 2013.

UPMC Altoona has many long-standing initiatives focused on improving the health of its community. UPMC approached this CHNA process as an opportunity to evaluate and assess needs through a formalized, rigorous, and structured process to ensure that health improvement efforts and resources are aligned with community health priorities. Goals of the CHNA were to:

- **Better understand community health care needs**
- **Develop a roadmap to direct resources where services are most needed and impact is most beneficial**
- **Collaborate with community partners where, together, positive impact can be achieved**
- **Improve the community's health and achieve measurable results**

The overall health of the community is a shared responsibility among many stakeholders and entities, including government agencies, health care providers, nongovernmental organizations, and community members themselves. While the new IRS CHNA requirements apply specifically to nonprofit hospital organizations, collaboration with community partners is essential for implementing and achieving effective community health improvement.

Description of UPMC Altoona:

UPMC Altoona is a nonprofit, 375-bed tertiary-care hospital located in Blair County, Pennsylvania, and operates as UPMC's regional hub in central Pennsylvania. It offers a full range of quality medical services to the people of the county and the surrounding region, including medical, surgical, behavioral health, obstetrics, rehabilitation, and transitional care. Cutting edge specialized services include a regional trauma center, stroke care, cancer care, and advanced cardiothoracic, neurological, and vascular surgery. During the Fiscal Year ended June 30, UPMC Altoona had a total of 25,939 admissions and observations, 68,843 emergency room visits, and 14,002 surgeries.

UPMC Altoona is a teaching hospital, with a family medicine residency program and a palliative medicine fellowship program. It is also part of UPMC, one of the country's leading Integrated Delivery and Finance Systems (IDFS), which positions the hospital to draw on the expertise of the larger organization when patients require access to more complex or highly specialized care.

VITAL STATISTICS		JOBS AND STRENGTHENING THE LOCAL ECONOMY	
Fiscal Year 2015			
Licensed Beds	375	UPMC Altoona is the largest employer in Blair County.	
Hospital Patients	24,527	UPMC Altoona Employees	2,408
Emergency Dept. Visits	68,843	Community Benefits Contributions	\$41 million
Total Surgeries	14,002	Free and Reduced Cost Care	\$18.5 million
Affiliated Physicians	381	\$577 million Total Economic Impact of Hospital Operations	

II. Definition of the UPMC Altoona Community

For the purpose of this CHNA, the UPMC Altoona community is defined as Blair County. With 64 percent of patients treated at UPMC Altoona residing in Blair County, the hospital primarily serves residents of this geographic region. By concentrating on the county, UPMC Altoona can both consider the needs of the great majority of its patients and do so in a way that allows accurate measurement using available secondary data sources.

Most Patients Treated at UPMC Altoona Live in Blair County

County	UPMC Altoona %	Medical Surgical Discharges
Blair County	64.4%	10,470
All Other Regions	35.6%	5,786
Total Hospital Discharges	100%	16,256

Source: Pennsylvania Health Care Cost Containment Council, FY2015

The hospital is situated centrally in Blair County, Pennsylvania. This area includes 241.7 persons per square mile as compared with 283.9 persons per square mile in Pennsylvania.

Existing Healthcare Resources in the Area:

Hospitals in Blair County



-  UPMC Altoona
-  Other Hospitals
-  Blair County Interstates

UPMC Altoona is the largest of three licensed hospitals in Blair County.

In the immediate service area, UPMC Altoona is supported by 16 UPMC outpatient offices and other UPMC facilities located in the county. These facilities include a cancer center, imaging center/laboratory services, and primary and specialty care doctors' offices.

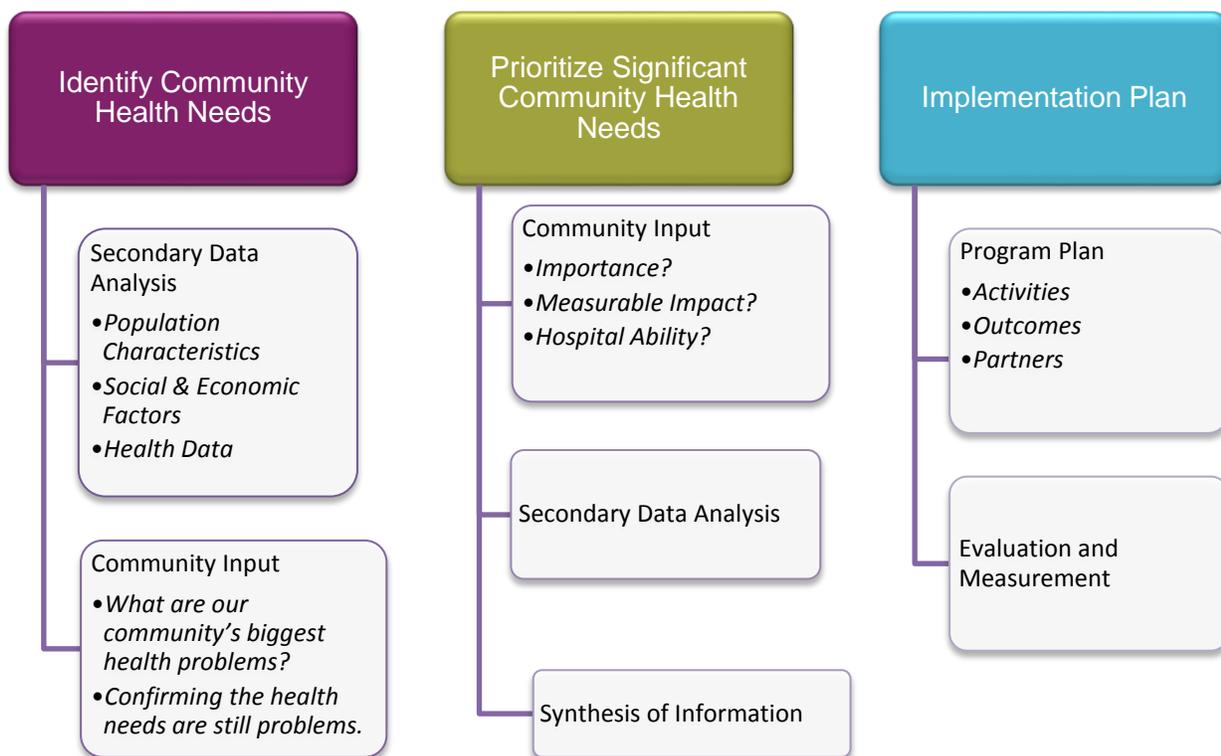
III. Methods Used to Conduct the Community Health Needs Assessment

Overview:

In conducting this CHNA and the prior CHNA conducted in Fiscal Year 2013, UPMC pursued an approach that was comprehensive, methodologically rigorous, inclusive, and open to the community’s perspective on health care needs. To conduct the CHNA in a manner that reflects best practices, UPMC partnered with the University of Pittsburgh Graduate School of Public Health (Pitt Public Health). Pitt Public Health’s mission is to provide leadership in health promotion, disease prevention, and the elimination of health disparities in populations. Pitt Public Health faculty and researchers’ expertise supported a structured process for obtaining community input on health care needs and perceived priorities and helped establish criteria for the evaluation and measurement of progress.

Framework for Conducting the CHNA:

The Community Health Improvement Process developed by the Institute of Medicine served as a guiding framework in assessing the health needs of the UPMC hospital communities. The hospital adapted this model to guide the development of its CHNA.



Secondary Data Sources and Analysis:

To identify the health needs of a community, UPMC conducted an analysis of publicly available data. Secondary data — including population demographics, mortality, morbidity, health behavior, clinical care, and physical environmental data — were used to identify and prioritize significant community health needs. Data which informed this CHNA were compiled from a variety of state and national data sources and are reflected in the table below.

Population characteristics, socioeconomic, and health status data were also examined. Community-level data (usually county-level) were compared to the state, nation, and *Healthy People 2020* benchmarks to help identify key health issues. When available, data specific to low-income individuals, underserved minorities, and uninsured populations were examined. In addition, analysis considered federal designations of Health Professional Shortage Areas (HPSA) — defined as “designated as having a shortage of primary medical care providers” and Medically Underserved Areas (MUA) — which may consist of a whole county or a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts.

Publicly Available Data and Sources Used for Community Health Needs Assessment

Data Category	Data Items	Description	Source
Demographic Data	Population Change	Comparison of total population and age-specific populations in 2000 and 2010 by county, state, and nation.	U.S. Census
	Age and Gender	Median age, gender, and the percent of Elderly Living Alone by Zip Code, county, state, and nation in 2010.	
	Population Density	2010 total population divided by area in square miles by county, state, and nation.	
	Median Income/Home Values	By Zip Code, county, state, and nation in 2010.	
	Race/Ethnicity	Percent for each item by Zip Code, county, state, and nation in 2010. Note: Zip Code level data was not available for disabled.	
	Insurance: Uninsured, Medicare, Medicaid		
	Female Headed Households		
	Individuals with a Disability		
	Poverty		
	Unemployed		
	No High School Diploma		

Data Category	Data Items	Description	Source	
Morbidity Data	Adult Diabetes	2010-2013 data collected and compared by county, state, and nation.	PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics.	
	Cancer			
	Mental Health			
	Asthma (Childhood)			
	Birth Outcomes			
Health Behaviors Data	Obesity (Childhood and Adult)	2010-2013 data collected and compared by county, state, and nation.	U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System.	
	Alcohol Use			
	Tobacco Use			
	Sexually Transmitted Disease			
Clinical Care Data	Immunization	2010-2015 data collected and compared by county, state, and nation.	PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics.	
	Cancer Screening (breast/colorectal)			
	Primary Care Physician Data			
Benchmark Data	Mortality Rates, Morbidity Rates, Health Behaviors, and Clinical Care Data	National benchmark goal measures on various topics for the purpose of comparison with current measures for neighborhood, county, state, and nation.	Healthy People 2020.	

Information Gaps Impacting Ability to Assess Needs Described:

The best available data were used to obtain the most meaningful comparison and analysis possible. Public data sources, however, are limited by some information gaps, and small sample sizes can represent statistically unreliable estimates.

The community definition hinged at the county-level, in part, because the quality and availability of data at this level was generally most comprehensive and allowed for meaningful comparisons with state and national data. In some cases, data from geographical sources below the county level (such as Zip Codes) were available with adequate sample size for analysis. Whenever possible, population health data were examined for individual neighborhoods and sub-populations including low-income, high-minority, and uninsured populations.

Community Input:

Community input on the perceived health needs of the region was used to complement analysis of publicly available data. UPMC used an inclusive and systematic process to collect information pertaining to the community's perceptions of its greatest needs, as well as its expectations of what the hospital's role should be in meeting those needs.

The Fiscal Year 2016 CHNA builds on the assessment process originally applied in Fiscal Year 2013. In the initial assessment, UPMC Altoona engaged in a rigorous community input process in conjunction with the Healthy Blair County Coalition. In the subsequent assessment, UPMC conducted surveys of community leaders and stakeholders specific to the hospital's community to assess the continuing importance of identified community health needs.

To gather community input, the hospital formed a community advisory panel to provide broad-based input on health needs present in the hospital's surrounding community. These groups were made up of:

- **Persons with special knowledge or expertise in public health**
- **Representatives from health departments or governmental agencies serving community health**
- **Leaders or members of medically underserved, low-income, minority populations, and populations with chronic disease**
- **Other stakeholders in community health (*see Appendices C and D for more information on the Healthy Blair County Coalition CHNA process and for a complete list and description of community participants*)**

The full community input survey process consisted of multiple stages:

- **Community surveys, key informant interviews, and focus groups:** UPMC Altoona, through its membership on the Healthy Blair County Coalition, collaborated with 75 community member organizations and three acute-care hospitals to more thoroughly understand the health needs in Blair County. During the period from July through December 2015 a number of community input surveys were administered to various constituents including: a random household survey mailed to more than 3,000 households; a key informant survey mailed to state, county, and local officials and major employers; a service provider survey; an association survey; and faith-based surveys. Additionally, health provider interviews and focus groups were conducted. Complete details of the Blair County Coalition survey process can be found in Appendix D.
- **Confirming Topics:** In Fiscal Year 2016, community advisory panels were again surveyed about the continuing importance of the identified health needs. Advisory panel members participated in an online Qualtrics survey facilitated by faculty at the University of Pittsburgh Graduate School of Public Health that solicited feedback on new health problems and asked participants to rate whether the health problem "remains a major problem," "is somewhat of a problem," or "is no longer a problem."

Synthesis of Information and Development of Implementation Plan:

In the final phase of the process, the community input survey results were summarized by experts from Pitt Public Health and merged with results gathered from the analysis of publicly available data. Through this process, UPMC hospital leadership identified a set of significant health needs that are critical, addressable, and have high levels of urgency in the community. The process then matched those needs to:

- **Best-practice methods for addressing these needs**
- **Existing hospital community health programs and resources**
- **Programs and partners elsewhere in the community that can be supported and leveraged**
- **Enhanced data collection concerning programs**
- **A system of assessment and reassessment measurements to gauge progress over regular intervals**

IV. Results of the Community Health Needs Assessment and In-Depth Community Profile

Characteristics of the Community:

Sizable Elderly Population with High Social Needs: A notable characteristic of Blair County is the large and increasing percentage of elderly residents (age 65 and over). Blair County has a large elderly population (18 percent) compared to Pennsylvania (15 percent) and the United States (13 percent). A higher percentage of elderly in Blair County live alone, compared with Pennsylvania and the United States. Reflective of the higher proportion of elderly, the percentage of Medicare recipients was higher in the county than the state and nation (See Appendix B).

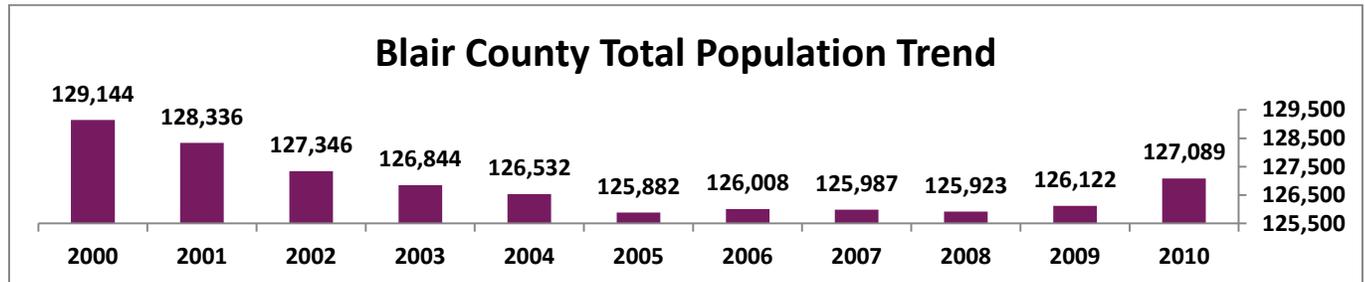
Blair County Has a Sizable Elderly Population

Age Distribution – 2010			
	Blair County	Pennsylvania	United States
Median Age	42.0	40.1	37.2
% Children (<18)	21.1%	22.0%	24.0%
% 18-64	61.2%	62.6%	63.0%
% 20-49	36.2%	39.0%	41.0%
% 50-64	21.4%	20.6%	19.0%
% 65+	17.7%	15.4%	13.0%
% 65-74	8.7%	7.8%	7.0%
% 75-84	6.2%	5.4%	4.3%
% 85+	2.9%	2.4%	1.8%
% Elderly Living Alone	13.5%	11.4%	9.4%

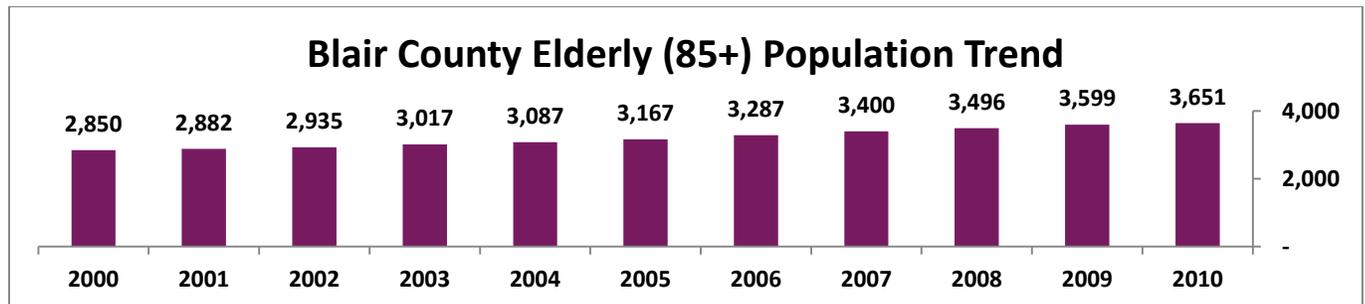
Source: U.S. Census

Total Population Stable In Blair County But Aging Population Increasing: Although the population has remained stable since 2000, the county’s most elderly (age 85 and over) population increased significantly (see figure below).

Blair County’s total population has seen a decrease of less than 2 percent from 2000 to 2010.



However, the most elderly population in Blair County (85+) has seen a 28 percent increase from 2000 to 2010.



Source: U.S. Census

Socioeconomic challenges in Blair County: When compared to the Commonwealth of Pennsylvania or the nation, the overall population of Blair County faces some economic challenges. Blair County tends to have:

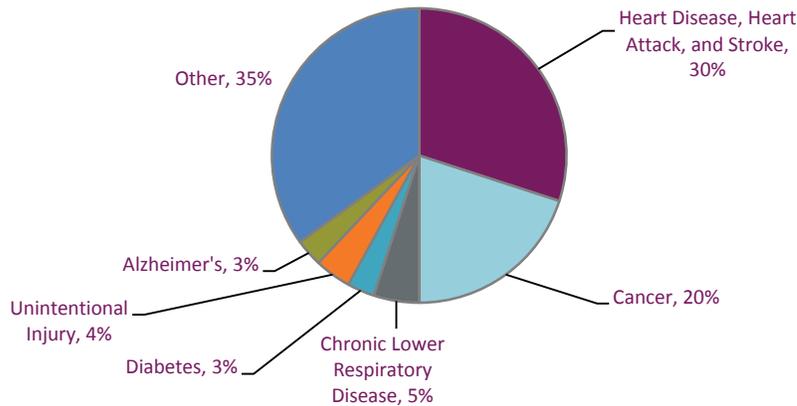
- **A lower median household income**
- **More recipients of the income-based Medicaid health insurance program and uninsured (see Appendix B)**

Social and Economic Population Demographics			
	Blair County	Pennsylvania	United States
Median Household Income	\$40,926	\$49,288	\$50,046
% in Poverty	13.8%	13.4%	15.3%
% with No High School Diploma (among those 25+)	9.7%	11.6%	14.4%
% Unemployed (among total labor force)	7.4%	9.6%	10.8%
Racial Groups			
% White	96.2%	81.9%	72.4%
% African-American	1.7%	10.8%	12.6%
% Other Race	2.1%	7.3%	15.0%

Source: U.S. Census

Chronic Disease and Mortality:

Nearly two-thirds of deaths in Blair County are attributable to chronic disease.



Source: Pennsylvania Department of Health, 2012

Significant Health Needs for UPMC Altoona's Community:

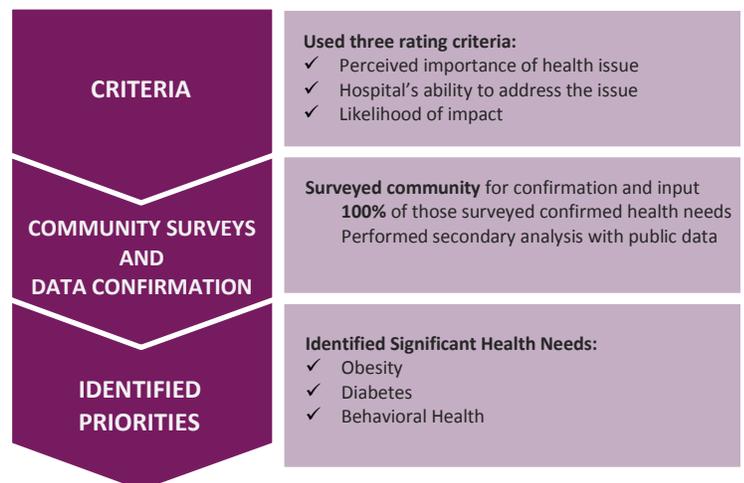
In Fiscal Year 2016 UPMC Altoona's community affirmed the following significant health issues using standard criteria: importance, likelihood of making a measurable impact, and the hospital's ability to address the problem.

The significant health needs are:

- **Obesity**
- **Diabetes**
- **Behavioral Health**

In-depth secondary data analysis reinforced that these health topics were areas of concern for the UPMC Altoona community.

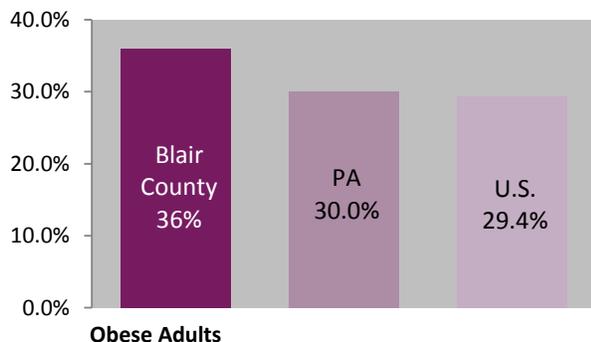
Prioritizing Community Health Needs



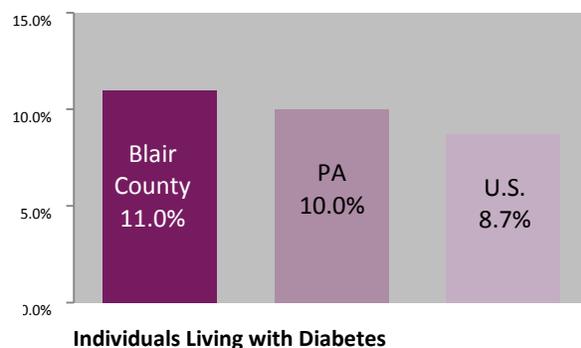
Obesity and Diabetes – Importance to the Community:

- More than two-thirds of the Blair County population is overweight or obese, and 36 percent of the population is obese with a BMI of 30+.
- Obesity is an underlying factor associated with many chronic diseases, such as diabetes.
- Diabetes is a leading cause of death in Blair County.
- In addition, a high percentage of individuals in Blair County are living with diabetes.

36% of Blair County residents are obese, which is higher than the state and the nation



Diabetes is an important health issue in Blair County



Source: Pennsylvania Department of Health, 2011-2013

The prevalence of obesity is high: Obesity (body mass index >30) is a costly, prevalent condition in the United States, and an underlying risk factor for many chronic diseases, including diabetes, heart disease, stroke, and cancer. This is of relevance to Blair County where 36 percent of residents are obese, and nearly two-thirds of deaths are due to chronic disease.

Obesity is a preventable condition: Obesity is a complex condition that can be influenced by healthy eating and physical activity. A comprehensive and integrated approach is needed to curtail the obesity epidemic both locally and nationally. Thus, providing education and interventions that target particular groups (children, parents, caregivers) in various settings (schools, workplaces, grocery stores, local churches) can improve awareness about preventing obesity on a wider scale.

Obesity is a risk factor for diabetes, which affects many people: Nationally, 8.7 percent of the total population has been diagnosed with diabetes, and it is estimated that almost one-third of people with the disease have not been diagnosed. Diabetes is a leading cause of death in the Blair County. Nearly two-thirds of deaths in Blair County are due to chronic disease, and diabetes is a major cause of many of them, including heart disease and stroke. Unmanaged diabetes can lead to hypertension, blindness, kidney disease, and lower-limb amputations. In Blair County, 11 percent of residents reported having diabetes, which was higher than the state and the nation. In collaboration with the Healthy Blair County Coalition, UPMC Altoona has existing programs and efforts that promote obesity prevention and address diabetes and also leverage strong community partnerships to enhance these efforts.

Behavioral Health – Importance to the Community:

- **More than 18 percent of U.S. adults have a mental illness. In addition, millions of U.S. children and adolescents live with a mental disorder, including depression (2.1 percent), behavioral or conduct problems (3.5 percent), and illicit drug use disorder in the past year (4.7 percent).**
- **31 percent of Blair County adults reported experiencing poor mental health in the past month. About 31 percent of children and adolescents in grades 6 through 12 “felt depressed or sad most days in the past 12 months.”**
- **Prevention and early diagnosis of behavioral health issues may decrease the risk for or mitigate the worsening of other chronic diseases. Management of existing behavioral health issues can increase the quality of life for those living with these issues.**

Behavioral health affects many individuals: Behavioral health includes mental health (state of well-being) and mental illness (diagnosable mental disorders). National data suggest that more than 18 percent of U.S. adults have a mental illness. In addition, millions of U.S. children and adolescents live with a mental disorder, including depression (2.1 percent), behavioral or conduct problems (3.5 percent), or illicit drug use disorder in the past year (4.7 percent). Although data on the prevalence of mental illness is unavailable at the local level, about 31 percent of adults in Blair County reported poor mental health in the past month and 31 percent of children and adolescents reported feeling depressed most days in the past year. In collaboration with the Healthy Blair County Coalition and leveraging resources offered through Western Psychiatric Institute and Clinic of UPMC, UPMC Altoona is developing efforts to address behavioral health needs in Blair County.

Behavioral health can affect certain sub-populations, including low-income individuals: A higher percentage of low-income individuals (41 percent) reported poor mental health compared to those earning higher incomes (26 percent). Those with less than a high school education (31 percent) had a higher percentage of poor mental health, compared to those with a college education (24 percent). In addition, women (35 percent) were more likely to report poor mental health than men (26 percent).

V. Overview of the Implementation Plan

Overview:

UPMC Altoona developed an implementation plan that addresses the significant community health needs identified through the CHNA process. The plan relies on collaboration and the leveraging of partnerships with many of the same organizations and stakeholders that participated in the assessment process. The plan also represents a synthesis of input from:

- **Community-based organizations**
- **Government organizations**
- **Non-government organizations**
- **UPMC hospital and Health Plan leadership**
- **Public health experts that include Pitt Public Health**

Adoption of the Implementation Plan:

On March 17, 2016 the UPMC Altoona Board of Directors adopted an implementation plan to address the identified significant health needs:

- **Obesity**
- **Diabetes**
- **Behavioral Health**

A high level overview of the UPMC Altoona implementation plan is illustrated in the figure below and details are found in Appendix A:

High-Level Overview of UPMC Altoona Implementation Plan

Topic	Programs	Anticipated Impact	Planned Collaborations
		Goal-Year 3	
Obesity	Let's Move Blair County Blair County Corporate Fitness Challenge	Increase the number of children, parents, employees, and community members participating in programs to encourage healthy eating and becoming more physically active.	Healthy Blair County Coalition, a collaborative effort comprised of 75 community organizations and three health care systems in the area
Diabetes	National Diabetes Day Health Fair Community Educational Programs	Increase education and awareness about diabetes.	Additional collaborations include school districts, early child care providers, and businesses, local churches, and grocery stores
Behavioral Health	Feasibility study for inpatient behavioral facility Access to behavioral health services	Assessment of inpatient behavioral health needs in Blair County. Enhance behavioral health services offered to children and adolescents in Blair County.	Healthy Blair County Coalition Mental Health Work Group, Western Psychiatric Institute and Clinic of UPMC, Blair County Department of Social Services, Blair County Drug and Alcohol Program, Inc.

The UPMC Altoona implementation plan calls for collaboration with community partners and leveraging UPMC system-wide resources, to support a number of initiatives focused on the identified health priorities.

VI. APPENDICES

APPENDIX A: Detailed Implementation Plan

Priority Health Issue: Addressing Chronic Disease - Obesity and Diabetes

Obesity and diabetes are important priorities in UPMC Altoona’s community: Obesity rates are high in Blair County, where 36 percent of residents are obese. It is a complex condition that can be influenced by healthy eating and physical activity. Obesity is a risk factor for many chronic diseases, including diabetes. Diabetes is a leading cause of death in Blair County, and 11 percent of residents reported having diabetes, which was higher than the state and the nation. A comprehensive and integrated approach is needed to curtail obesity and diabetes both locally and nationally.

UPMC Altoona is leveraging UPMC and community resources to address obesity and diabetes: In collaboration with the Healthy Blair County Coalition, UPMC Altoona has existing programs and efforts that promote obesity prevention and address diabetes, leveraging strong community partnerships to enhance these efforts. UPMC Altoona is helping improve awareness and obesity prevention on a wider scale by helping spearhead and support the Let’s Move Blair County movement and working with other community organizations to provide education and interventions that target particular groups (children, parents, caregivers) in various settings (schools, workplaces, grocery stores, local churches). In addition, UPMC Altoona programs are complemented by UPMC Insurance Services’ efforts in many clinical areas. Primary care programs for health plan members — coupled with provider-focused incentives — enhance clinical care for health plan members diagnosed with diabetes or obesity.

Chronic Disease: Obesity and Diabetes				
Program	Intended Actions	Anticipated Impact Goal-Year 3	Target Population	Planned Collaborations
Let’s Move Blair County	Promote obesity prevention, such as eating healthier and engaging in physical activity throughout the community.	Increase the number of children, parents, employees, and community members participating in programs to encourage healthy eating and becoming more physically active.	All Individuals	Healthy Blair County Coalition, a collaborative effort comprised of 75 community organizations and three health care systems in the area Additional collaborations include school districts, early child care providers, businesses, local churches, and grocery stores
Blair County Corporate Fitness Challenge	Promote the Corporate Fitness Challenge to encourage employees to lose weight.		Blair County businesses and employees	Healthy Blair County Coalition, Blair County Chamber of Commerce, Nason Hospital, Tyrone Regional Health Network, Northern Blair Recreation Center, Garver YMCA, and the Hollidaysburg YMCA
Community Educational Programs	Provide classes on healthier eating, physical activity, and stress reduction in convenient locations throughout the community.		Overweight/obese and/or physically inactive individuals	Giant Eagle Grocery Store, UPMC Altoona Regional Health Services, Blair County Drug & Alcohol Program
National Diabetes Day Health Fair	Host health fair and offer free screenings, cooking demonstrations, and educational classes.	Increase diabetes education and awareness.	All individuals	UPMC Bedford

Priority Health Issue: Addressing Behavioral Health

Access to behavioral health is an important priority in UPMC Altoona’s community: Behavioral health is an important health issue in Blair County. 31 percent of Blair County residents reported poor mental health in the past month, and about 31 percent of children and adolescents “felt depressed or sad most days in the past 12 months.”

UPMC Altoona is leveraging UPMC and community resources to address behavioral health: In collaboration with the Healthy Blair County Coalition and leveraging resources offered through Western Psychiatric Institute and Clinic of UPMC, UPMC Altoona is developing efforts to address behavioral health needs in Blair County. Efforts include exploring the feasibility of enhancing behavioral health services in Blair County, such as an offering inpatient behavioral services for children and adolescents, consultation through tele-psychiatry, crisis services, and improving coordination of services for at-risk children and adolescents. In addition, UPMC Altoona programs are complemented by UPMC Insurance Services’ efforts in many clinical areas, including community-based programming that screens health plan members for behavioral health conditions, refers them to treatment resources, and coordinates their care.

Behavioral Health				
Program	Intended Actions	Anticipated Impact Goal-Year 3	Target Population	Planned Collaborations
Feasibility study for inpatient behavioral facility	Determine demand and feasibility of establishing an inpatient behavioral health unit for children and adolescents in Blair County.	Assessment of inpatient behavioral health needs in Blair County	Children and adolescents	Healthy Blair County Coalition Mental Health Work Group, Western Psychiatric Institute and Clinic of UPMC, Blair County Department of Social Services, Altoona Area and Hollidaysburg High Schools, Blair County Children, Youth, and Families, North Star Support Services, Community Care Behavioral Health, Blair Health Choices, Penn State Altoona, Home Nursing Agency, Primary Health Network, Blair Family Solutions
Access to behavioral health services	Improve service coordination, cooperation, and communication among and between service providers.	Enhanced behavioral health services offered to children and adolescents in Blair County		

Outcomes and Evaluation of Hospital Implementation Plans:

UPMC engaged with researchers from Pitt Public Health at the University of Pittsburgh to develop evaluation metrics to measure and track progress related to this implementation plan. The metrics vary by hospital, according to health outcomes, current hospital efforts, and hospital resources.

The implementation plan was developed with the expectation that future progress would be reviewed by the hospital as well as potentially by public health agencies. Therefore, two types of outcomes are considered:

- **Process Outcomes (directly relating to hospital/partner delivery of services)**

Process outcomes indicate efforts hospitals and community partners can undertake to increase delivery of a service designed to change a health impact indicator. These mostly involve increases (or better targeting) in programming, outreach, publicity, or related efforts. Process outcomes can be measured by increases in investment (dollars or personnel), outreach (media messages, public service announcements), service units delivered (classes, screenings), people attending or completing programs, and number of sites for delivery of programs.

- **Health Impact Outcomes (applies to changes in population health for which the hospital's efforts are only indirectly responsible)**

Health impact outcomes are changes in population health related to a broad array of factors of which hospital and community partner efforts are only one contributing part. These outcomes include reductions in the prevalence of disease, risk factors, and health behaviors associated with disease. Benchmarks for progress in population indicators are available from *Healthy People 2020* and county rankings compiled by the Robert Wood Johnson Foundation.

APPENDIX B:**Community Health Needs Profile***Population Demographics*

Characteristics	Blair County	Pennsylvania	United States
Area (square miles)	525.80	44,742.70	3,531,905.43
Density (persons per square mile)	241.7	283.9	87.4
Total Population, 2010	127,089	12,702,379	308,745,538
Total Population, 2000	129,144	12,281,054	281,424,600
Population Change ('00-'10)	-2,055	421,325	27,320,938
Population % Change ('00-'10)	-1.6%	3.4%	9.7%
Age			
Median Age	42.0	40.1	37.2
% <18	21.1%	22.0%	24.0%
% 18-44	32.7%	34.3%	36.5%
% 45-64	28.5%	28.1%	26.4%
% >65+	17.7%	15.4%	13.0%
% >85+	2.9%	2.4%	1.8%
Gender			
% Male	48.6%	48.7%	49.2%
% Female	51.4%	51.3%	50.8%
Race/Ethnicity			
% White*	96.2%	81.9%	72.4%
% African-American*	1.7%	10.8%	12.6%
% American Indian and Alaska Native*	0.1%	0.2%	0.9%
% Asian*	0.6%	2.7%	4.8%
% Native Hawaiian/Other Pacific Islander*	0.0%	0.0%	0.2%
% Hispanic or Latino**	1.0%	5.7%	16.3%
Disability	15.4%	13.1%	11.9%

*Reported as single race; **Reported as any race

Source: US Census

Social and Economic Factors

Characteristics	Blair County	Pennsylvania	United States
Income, Median Household	\$40,926	\$49,288	\$50,046
Home Value, Median	\$102,200	\$165,500	\$179,900
% No High School Diploma*	9.7%	11.6%	14.4%
% Unemployed**	7.4%	9.6%	10.8%
% of People in Poverty	13.8%	13.4%	15.3%
% Elderly Living Alone	13.5%	11.4%	9.4%
% Female-headed households with own children <18	6.3%	6.5%	7.2%
Health Insurance			
% Uninsured	9.4%	10.2%	15.5%
% Medicaid	15.0%	13.1%	14.4%
% Medicare	11.3%	11.2%	9.3%

*Based on those ≥25 years of age; **Based on those ≥16 years and in the labor force

Source: US Census

Leading Causes of Mortality for the United States Compared to Pennsylvania and Blair County (rates per 100,000 population)

Causes of Death	Blair County	Pennsylvania	United States
	Percent of Total Deaths	Percent of Total Deaths	Percent of Total Deaths
All Causes	100.0	100.0	100.0
Diseases of Heart	25.4	24.3	23.5
Malignant Neoplasms	20.1	22.8	22.5
Chronic Lower Respiratory Diseases	5.2	5.2	5.7
Cerebrovascular Diseases	4.7	5.1	5.0
Unintentional Injuries	4.4	4.9	5.0
Alzheimer's Disease	3.3	2.8	3.3
Diabetes Mellitus	2.8	2.9	2.9
Influenza and Pneumonia	1.9	1.9	2.2
Nephritis, Nephrotic Syndrome and nephrosis	1.5	2.2	1.8
Intentional Self-Harm (Suicide)	1.1	1.3	1.6

Source: Pennsylvania Department of Health, 2012; National Center for Health Statistics, 2013

Comparison of Additional Health Indicators for Blair County to Pennsylvania, United States, and Healthy People 2020

Characteristics	Blair County	Pennsylvania	United States	Healthy People 2020
Morbidity				
Diabetes (%)	11.0	10.0	8.7	NA
Mental Health (Mental health not good \geq 1 day in past month) (%)	31.0	35.0	NA	NA
Low Birthweight (% of live births)	7.7	8.1	8.0	7.8
Health Behaviors				
Obesity (Adult) (%)	36.0	30.0	29.4	30.5
Excessive Alcohol Use (%)	15.0	17.0	16.8	24.4
Current Tobacco Use (%)	22.0	21.0	19.0	12.0
STDs (Gonorrhea per 100,000)*	63.4	150.5	250.6	251.9
Clinical Care				
Immunization: Ever had a Pneumonia Vaccination (65+) (%)	69.0	69.0	69.5	90.0
Cancer Screening				
Mammography(%)	NA	60.0	74.0	81.1
Colorectal Screening(%)	NA	69.0	67.3	70.5
Primary Care Physician: Population (PCP Physicians/100K Population)	83.9	82.0	75.8	NA
Receive Prenatal Care in First Trimester (%)	77.5	72.4	71.0	77.9

Sources:

Blair County Data: Pennsylvania Department of Health, 2010-2012; Data from Behavioral Risk Factor Surveillance System, 2011-2013; Health Resources and Services Administration (HRSA), 2014-2015

Pennsylvania Data: Pennsylvania Department of Health, 2012; Data from Behavioral Risk Factor Surveillance System, 2013; Health Resources and Services Administration (HRSA), 2014-2015

U.S. Data: U.S. Centers for Disease Control and Prevention, 2013; Health Resources and Services Administration (HRSA), 2014-2015; Healthy People, 2020

**Gonorrhea data: County and Pennsylvania rates are per 15-35+ year old women; National and Healthy People 2020 rates are per 15-44 year old women*

APPENDIX C:

Input from Persons Representing the Broad Interests of the Community

Overview:

To identify and prioritize health needs of the communities served by UPMC hospitals, the organization solicited and took into account input from persons who represent the broad interests of the community. During June through July 2015, more than 1,500 community leaders and members representing medically underserved, low-income and minority populations, consumer advocates, nonprofit organizations, academic experts, local government officials, local school districts, community-based organizations, and health care providers were invited to participate in UPMC's community health needs survey. More than 500 individuals completed the survey, and greater than 70 percent of those participants self-identified as being a representative or member of a medically underserved, minority, or low-income population. The goal of the survey was not only to provide community members with an opportunity to comment on UPMC's 2013 CHNA and implementation strategy, but also to identify other potential significant health needs.

To ensure the CHNA community input process was conducted in a rigorous manner reflecting best practices, UPMC sought support and guidance from individuals and organizations with expertise in public health. UPMC engaged with the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) Department of Behavioral and Community Health Sciences to build on the methodology employed in UPMC's 2013 CHNA. Pitt Public Health assisted in:

- Developing a framework to itemize and prioritize community health needs
- Developing a survey tool for obtaining structured input from community leaders and community members
- Administering the online survey using Qualtrics web software (and also in paper format upon request)
- Analyzing survey results

In addition, local and state public health department input and data were obtained and utilized in this community health needs assessment. UPMC relied on publicly available Pennsylvania Department of Health reports and additional local health department information accessed via telephone conversations and in-person meetings.

In addition to participating in UPMC's system-wide community survey process, UPMC Altoona, through its membership on the Healthy Blair County Coalition, collaborated with 75 community member organizations and 3 acute care hospitals to more thoroughly understand the health needs in Blair County.

Stakeholder Input

UPMC Altoona's Fiscal Year 2016 CHNA builds on the assessment process originally applied in 2013. The Fiscal Year 2013 CHNA incorporated community input gathered through the Healthy Blair County Coalition, which included both quantitative and qualitative community input (surveys, focus group, and interviews).

For the 2013 CHNA, the Healthy Blair County Coalition utilized several sources to obtain input. The household survey included questions regarding demographics, neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs. The household survey was administered to a random sample of 3,000 households, to clients/consumers of four community agencies (Child Advocates for Blair County/Head Start Program, Family Resource Center, Altoona Regional Health System's Healthy Living Club program, and Home Nursing Agency), and 78 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.). In addition, a separate survey was administered to assess community assets, programs, and services that are already in place to serve the community. Asset surveys were administered to service providers, community associations, faith-based organizations, labor councils, and businesses. Additional community input efforts included interviews with health care providers and focus groups with youth.

For the 2016 CHNA, the Healthy Blair County Coalition conducted a similar process to obtain community input. During the period from July through December 2015 a number of community input surveys were administered to various constituents including: a random household survey mailed to more than 3,000 households; a key informant survey mailed to state, county, and local officials and major employers; a service provider survey; an association survey; and faith-based surveys. Additionally, health provider interviews were conducted. Complete details of the Blair County Coalition survey process can be found in Appendix D.

Confirming Community Health Needs

In Fiscal Year 2015, surveys of hospital community advisory panels were used to assess the stability and continuing importance of Fiscal Year 2013 significant health needs. Advisory panels were invited to participate in an online Qualtrics survey, administered by Pitt Public Health. Survey respondents were presented community health priorities from Fiscal Year 2013 and asked to rate these on whether the health problem "remains a major problem," "is somewhat of a problem," or "is no longer a problem." Before the survey was sent out, advisory panels were able to nominate new health priorities, which were added to this initial list. In addition, panels repeated their ratings of importance, impact, and hospital ability for a set of all 18 community health priorities identified by all UPMC hospitals in the previous Fiscal Year 2013 CHNA to identify potentially new community health needs. Finally, the survey included an open-ended question to allow participants an opportunity to suggest other health problems.

Overall, nearly 90 percent of participants responded that health topics identified in the first round of CHNAs continue to remain or are somewhat a problem in UPMC's hospital communities. Stability and consistency are not surprising, given that these are significant health issues that need more than two to three years to show meaningful improvement. Fiscal Year 2013 community health need priorities were considered to remain priorities if more than half of respondents considered them to "remain a major problem." If a Fiscal Year 2013 health priority did not achieve this rating, new priorities were added based on ratings of other health priorities. These new health priorities were identified by high scores on the dimensions of importance, measurable impact, and hospital ability and also represented health concerns not subsumed in current specified priorities.

Community Representation and Rationale for Approach

Each hospital community advisory panel consisted of hospital board members, hospital staff, and community members. Community members were leaders of organizations that represented different patient constituencies and medically underserved, low-income, and minority populations and were invited to participate to ensure that a wide range of community interests were engaged in identifying community health needs. Organizations serving the medically underserved were well represented on the panels. In addition to hospital panels, the CHNA also included a community-wide panel consisting of health departments, mental health service providers, philanthropies, and other agencies providing health services not linked to particular hospitals.

Analyses disaggregated ratings to confirm that ratings were stable across different stakeholders.

The panels ensured that a wide variety of constituencies had an opportunity to weigh in on hospital community health priorities. Use of advisory panels and a survey explicitly assessing the continuing relevance of prior health priorities offers a number of advantages:

- It explicitly assesses stability/change of community health needs, while allowing participants an opportunity to consider new health priorities
- It uses the same measures to assess importance, impact, and hospital ability to address health priorities, which will allow tracking over time
- It elicits perceptions of a broad and inclusive list of hospital and community leaders who in turn represent a broad group of constituents
- It allows assessment of consensus across different kinds of stakeholders

UPMC Altoona invited representatives from the following organizations to participate in the community needs survey conducted in June 2015:

- | | |
|--|---|
| • Altoona-Blair County Development Corporation, Altoona, PA | • Healthy Blair County Coalition, Altoona, PA |
| • Blair County Commissioner, Hollidaysburg, PA | • Nason Hospital, Roaring Spring, PA |
| • Blair County Community Action Agency, Altoona, PA | • Operation Our Town, Altoona, PA |
| • Blair County Department of Social Services, Hollidaysburg, PA | • Partnering for Health Services, Altoona, PA |
| • Blair Drug and Alcohol Partnerships, Altoona, PA | • Penn State Altoona, Altoona, PA |
| • Blair Health Choices, Hollidaysburg, PA | • Pennsylvania Office of Rural Health, University Park, PA |
| • Family Services, Inc., Altoona, PA | • Sheetz, Inc., Altoona, PA |
| | • Spring Cover School District, Roaring Springs, PA |
| | • Tyrone Regional Health Network, Tyrone, PA |
| | • United Way of Blair County, Altoona, PA |

The UPMC Altoona community survey was also supported by members of the hospital's Board of Directors and physicians, as well as hospital leadership.

Additionally, a UPMC system-wide group comprised of individuals and organizations representing the broad interests of the region's communities — including representatives from medically underserved, low-income, and minority populations — was invited to participate in the survey. Invitees included representatives from the following organizations:

- **Achieva, Pittsburgh, PA**
- **Action Housing, Inc., Pittsburgh, PA**
- **Allegheny County Area Agency on Aging, Pittsburgh, PA**
- **Allegheny County Department of Human Services, Pittsburgh, PA**
- **Allegheny County Office of Children, Youth, and Families, Pittsburgh, PA**
- **Allegheny Intermediate Unit, Homestead, PA**
- **Bethlehem Haven, Pittsburgh, PA**
- **Big Brothers Big Sisters of Greater Pittsburgh, Pittsburgh, PA**
- **Carlow University, Pittsburgh, PA**
- **Catholic Charities Free Health Care Center, Pittsburgh, PA**
- **Center for Engagement and Inclusion, UPMC, Pittsburgh, PA**
- **City of Pittsburgh Bureau of Police, Pittsburgh, PA**
- **Community College of Allegheny County, Monroeville, PA**
- **Consumer Health Coalition, Pittsburgh, PA**
- **Coro Center for Civic Leadership, Pittsburgh, PA**
- **EDSI Solutions, Pittsburgh, PA**
- **Erie Regional Chamber and Growth Partnership, Erie, PA**
- **Expanding Minds, LLC, Pittsburgh, PA**
- **Goodwill of Southwestern Pennsylvania, Pittsburgh, PA**
- **Greater Pittsburgh Community Food Bank, Duquesne, PA**
- **Healthy Lungs Pennsylvania, Cranberry Township, PA**
- **Higher Achievement, Pittsburgh, PA**
- **Hosanna House, Inc., Wilkensburg, PA**
- **iGate Corporation, Pittsburgh, PA**
- **Imani Christian Academy, Pittsburgh, PA**
- **Jewish Family and Children's Service of Pittsburgh, Pittsburgh, PA**
- **Josh Gibson Foundation, Pittsburgh, PA**
- **Junior Achievement of Western Pennsylvania, Pittsburgh, PA**
- **Kaplan Career Institute, Pittsburgh, PA**
- **Kingsley Association, Pittsburgh, PA**
- **LEAD Pittsburgh, Pittsburgh, PA**
- **Let's Move Pittsburgh, Pittsburgh, PA**
- **Mainstay Life Services, Pittsburgh, PA**
- **The Mentoring Partnership of Southwestern PA, Pittsburgh, PA**
- **NAMI Southwest Pennsylvania, Pittsburgh, PA**
- **Neighborhood Learning Alliance, Pittsburgh, PA**
- **Office of Human Services, Allegheny County Department of Human Services, Pittsburgh, PA**

- Operation StrongVet Western Pennsylvania, Wexford, PA
- Pennsylvania Health Access Network, Pittsburgh, PA
- Pennsylvania Health Law Project, Pittsburgh, PA
- Persad Center, Pittsburgh, PA
- Pittsburgh Action Against Rape, Pittsburgh, PA
- Pittsburgh Black Nurses in Action, Pittsburgh, PA
- Pittsburgh Board of Education, Pittsburgh, PA
- Pittsburgh Disability Employment Project for Freedom, Pittsburgh, PA
- Pittsburgh Job Corps Center, Pittsburgh, PA
- The Pittsburgh Promise, Pittsburgh, PA
- Ralph A. Falbo, Inc., Pittsburgh, PA
- Randall Industries, LLC, Pittsburgh, PA
- Salvation Army of Western Pennsylvania, Carnegie, PA
- Smart Futures, Pittsburgh, PA
- United Way of Allegheny County, Pittsburgh, PA
- University of Pittsburgh School of Health and Rehabilitation Sciences, Pittsburgh, PA
- University of Pittsburgh Health Sciences, Pittsburgh, PA
- UPMC Board Diversity and Inclusion Committee, Pittsburgh, PA
- Urban League of Greater Pittsburgh, Pittsburgh, PA
- Ursuline Support Services, Pittsburgh, PA
- VA Pittsburgh Healthcare System, Pittsburgh, PA
- The Waters Foundation, Pittsburgh, PA
- The Wynning Experience, Pittsburgh, PA
- Vibrant Pittsburgh, Pittsburgh, PA
- Western Pennsylvania Conservancy, Pittsburgh, PA
- Women for a Healthy Environment, Pittsburgh, PA
- Women's Center and Shelter of Greater Pittsburgh, Pittsburgh, PA
- YMCA of Greater Pittsburgh, Pittsburgh, PA
- YWCA of Greater Pittsburgh, Pittsburgh, PA

APPENDIX D:

Healthy Blair County Coalition – Community Health Needs Assessment

BLAIR COUNTY PROFILE 3

Community Health Needs Assessment and Implementation Plan



Healthy Blair County Coalition – June 2016
www.healthyblaircountycoalition.org

Prepared for the Healthy Blair County Coalition by:

Coleen A. Heim, M.S., Director



The Healthy Blair County Coalition (HBCC) is a partnership of individuals and organizations working together to understand, assess, and address the challenges and needs of the residents of Blair County. The Coalition, joined by all three hospitals serving the Blair County Region, chose to conduct a joint community health needs assessment and subsequently, issue a joint implementation plan.

This report, *Blair County Profile 3: Community Health Needs Assessment and Implementation Plan* describes our methods used while conducting the survey, highlights the results of surveys and healthcare interviews, and summarizes community indicator data. This is the third needs assessment that has been conducted in Blair County since 2007. This report will also highlight the outcomes and accomplishments and future strategies that will be implemented over the next three years. The matrix at the end of the report outlines the supporting data which led to the selection of the six priority areas. This process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals who are deeply committed to assuring the overall health and well-being of Blair County. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. The results also indicate that we must address not only specific health needs, but as feasible, the underlying causes.

The overall goal of the Healthy Blair County Coalition is to promote healthy living through community interventions that result in improvement of social, economic, and environmental factors. There is a unique opportunity to evaluate current strategies, deliver high-quality services, and collaborate with other organizations to positively impact community and household challenges.

Without the support and dedication of the individuals who served on the Steering Committee, work groups, and Coalition, this community health needs assessment would have been difficult to complete. We hope those individuals, new partners, and most of all the residents of Blair County will join us in the implementation phase as we try to improve the overall health of Blair County.

Sincerely,

Coleen A. Heim, Director
Healthy Blair County Coalition Chairperson

Timothy Harclerode, FACHE
Chief Executive Officer, Nason Hospital

Jerry Murray
President/Chief Executive Officer, UPMC Altoona

Joseph Peluso
Chief Executive Officer, Tyrone Regional Health Network



INTRODUCTORY COMMENTS

As described in this Community Health Needs Assessment (CHNA) Report the Health Blair County Coalition (HBCC) is a collaborative partnership of over 105 community organizations in Blair County, including the two non-profit community hospitals: UPMC Altoona and Tyrone Regional Health Network as well as Nason Hospital.

On Friday April 5, 2013, the Department of Treasury, Internal Revenue Service issued 26 CFR Parts 1 and 53, (REG 106499-12) / RIN 1543 – BL30: Community Health Needs Assessments for charitable Hospitals, issued in the Federal Register Vol. 78, No 66, pp 20523 – 20544.

Consistent with these proposed regulations (p. 20532, Sec. 3, a, v.) this is a joint Community Health Needs Assessment issued by the Healthy Blair County Coalition, and the three Blair County community hospitals: UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network. Additionally this joint CHNA Report is consistent with these proposed regulations, specifically as:

- All of the collaborating facilities may produce a joint CHNA report as long as all of the facilities define their community to be the same and conduct a joint CHNA process.
- This CHNA Report clearly identifies each hospital facility to which it applies.
- Additionally, consistent with these proposed regulations (p. 20533) regarding UPMC Altoona - the UPMC Altoona Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 16, 2016 meeting.
- Additionally, consistent with these proposed regulations (p. 20533) regarding Nason Hospital - the Nason Hospital Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 16, 2016 meeting. Due to the importance of the work being conducted, Nason Hospital has voluntarily remained active in the project and utilizes the data similarly to the other two hospitals (Nason Hospital is no longer required based on the Affordable Care Act to conduct a CHNA).
- Additionally, consistent with these proposed regulations (p. 20533) regarding Tyrone Regional Health Network - the Tyrone Regional Health Network Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 20, 2016 meeting.
- As an active member of the Healthy Blair County Coalition, UPMC Altoona has actively participated in the needs assessment and prioritization of the identified community needs. UPMC Altoona, in collaboration with the Coalition, is actively participating in implementing strategies to meet the six priority challenges identified, and UPMC Altoona is taking a leadership role in meeting specifically two of these identified, priority needs: promoting a healthy lifestyle (obesity, physical inactivity, and diabetes) and behavioral health (mental health needs of children/adolescents).
- As an active member of the Healthy Blair County Coalition, Nason Hospital has actively participated in the needs assessment and prioritization of the identified community needs. Nason Hospital, in

collaboration with the Coalition, is actively participating in implementing strategies to meet the six priority challenges identified. Specifically, Nason Hospital is taking a leadership role in meeting specifically two of these identified, priority needs: promoting a healthy lifestyle through initiatives aimed at decreasing obesity, physical inactivity, and diabetes rates as well as the implementation of smoking cessation education and outreach programs in the Southern Blair County region.

- As an active member of the Healthy Blair County Coalition, Tyrone Regional Health Network has actively participated in the needs assessment and prioritization of the identified community needs. Tyrone Regional Health Network, in collaboration with the Coalition, is actively participating in implementing strategies to meet the six priority challenges identified. Tyrone Regional Health Network has initiated programs that are targeting obesity (including diabetes) in the Northern Blair County region.
- Consistent with the proposed regulations (p. 20529 – 30: Sec 3 a iii) UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network have made this CHNA Report “widely available to the public” by placing it on their respective websites, and by making a “hard copy” available to the public.
- The Healthy Blair County Coalition, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network welcome public input and comments regarding the CHNA Report. Comments may be provided via the avenues described in the Report.

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Executive Summary

The Healthy Blair County Coalition (HBCC) is a community partnership collaboration with the intent of providing a comprehensive and enduring assessment of the needs and assets in our community. Its purpose is to identify community assets, identify targeted needs, and develop an implementation plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. The outcome was the publication of two documents: Blair County Profile: Our Strengths, Challenges, and Issues (January 2009) and the Blair County Community Plan (March 2012). Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. In 2013, our community health needs assessment report entitled, Blair County Profile II: Community Health Needs Assessment was published.

Organizational Structure and Funding

The community health needs assessment process was directed by a Steering Committee, including a consultant who was hired as the part-time Director of the Healthy Blair County Coalition. UPMC Altoona, Nason Hospital, and the Tyrone Regional Health Network are active participants on the HBCC Steering Committee. In addition, the Steering Committee collaborated with a broader group of 105 partners identified as the Healthy Blair County Coalition. Members of the Coalition included stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing an Implementation Plan. The CHNA took into account input from persons who represent the broad interests of the community served by each of the three hospitals.

For this reporting period, the HBCC Steering Committee convened to meet the following objectives:

- ⦿ Conduct a comprehensive community health needs assessment to determine the overall health status of Blair County (July 2015 – December 2015).
- ⦿ Solicit input from individuals and organizations that represent the broad interests of the community served by the hospitals (July 2015 – December 2015).
- ⦿ Present and publish the findings of the community health needs assessment in a report that outlines trends, creates a baseline for strategic planning decisions, highlights outcomes and accomplishments, and assists in developing an implementation plan (June 2016).
- ⦿ Implement programs and services to address identified needs.
- ⦿ Review accomplishments and measure the impact of selected program and activities.

Currently, members of the Steering Committee and HBCC served on seven work groups and/or committees.

The **Data Analysis Work Group** reviews all primary indicator data such as survey results and assisted in the collection and analysis of secondary indicator data.

The **Alcohol and Other Drugs Work Group** is assisting in the implementation of SBIRT (Screening, Brief Intervention and Referral to Treatment) which includes substance abuse as an area screened during routine healthcare. As part of the project, physicians and other healthcare workers are trained to intervene and a protocol for referral to drug and alcohol services was developed.

The **Bridges Network** was formed to research model programs, develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues, and to develop a model to coordinate services such as emergency financial assistance in order to effectively use resources available within the county.

The **Let's Move Blair County Committee** is implementing programs/activities to address obesity, encourage physical activity, and impact the incidence of diabetes. One of their goals is to encourage the integration of health and wellness into every aspect of community life by coordinating and collaborating with all other agencies currently working on this effort. Blair County is a national Let's Move Cities, Towns, and Counties site.

The **Marketing Work Group** is responsible for providing awareness of the Healthy Blair County Coalition, inform residents and community members about the surveys and how to participate, share the results of the needs assessment and other data collections, including the strengths and assets of Blair County, and lastly to increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition.

The **Mental Health Work Group** is addressing unmet needs and working to improve issues related to mental health services for children and adolescents.

The **Tobacco-Free Work Group** is promoting policies and programs that promote a smoke-free community (e.g. smoke-free workplaces, clean air ordinances, smoking cessation programs, etc.).

In collaboration with the Healthy Blair County Coalition, the Blair County Chamber of Commerce created a **Workplace Wellness Committee**. The purpose is to encourage businesses to become part of the wellness movement and share resources to develop or enhance current workplace wellness programs.

The **Dental Care Work Group** is researching and gathering data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.

The community health needs assessment process was primarily funded by the three county hospitals including UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network. Additional funding was provided by Altoona Blair County Development Corporation, Blair County Drug and Alcohol Partnerships, Blair Health Choices, Blair County Human Services Block Grant, and the Pennsylvania Office of Rural Health. However, several other agencies contributed significantly to the

project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, donation of services, and volunteer hours were provided by many other organizations.

Methods

The Community Health Needs Assessment (CHNA) was conducted as a result of the Affordable Care Act Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA will also support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status; while, providing hospitals and other organizations with an essential understanding of the health of Blair County.

Another important reason was to determine whether challenges and issues had changed since the first comprehensive needs assessment was conducted in 2007. In Blair County, the community health needs assessment included a broad perspective of physical, social, emotional, and economic health issues.

The CHNA was enhanced by a mixed methodology which included both quantitative and qualitative community input as well as collection and analysis of incidence data through secondary research. The community health needs assessment in Blair County focused on the following areas:

- ⦿ Neighborhood and Community Strengths
- ⦿ Community Challenges and Issues
- ⦿ Household Challenges and Issues
- ⦿ Involvement in Community Initiatives/Projects
- ⦿ Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

The surveys, healthcare provider interviews, and data analysis focused on ten areas: economics, education, environment, health, housing, leisure activity, safety, social, transportation and other.

Summary of the Household Survey and Results

The purpose of the household survey was to collect both subjective (opinion) and incidence data from people who live within Blair County. The household survey included questions regarding demographics, neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs. The household survey and cover letter are included as Appendix A.

A random sample of 3000 households (approximately six percent) was drawn from the 51,902 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2015, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 457 surveys returned for a response rate of 15.2%. The Marketing Work Group along with Coalition members publicized the household survey through television interviews, newspaper and other media releases, and hospital and agency newsletters to consumers.

The household survey was also administered to clients/consumers by seven other groups including Allegheny Lutheran Social Ministries, the Arc of Blair County, Center for Independent Living, Child Advocates of Blair County/Head Start Program, Community Support Program/HOPE Drop-in Center, Family Resource Center, and Southern Alleghenies EMS Council. A total of 388 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 845 surveys were returned: 457 from households and 388 from the seven groups mentioned above.

The household survey asked recipients to state their level of agreement to six questions regarding **neighborhood/community strengths**. Respondents were asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community. This is the third household survey that has been conducted since 2007 and results are fairly consistent over that time period.

The results in this last survey indicate that 70% of respondents felt that people in their neighborhood trust each other and two-thirds agreed that people in their neighborhoods help each other out when they have a problem or in times of crisis. However, only slightly more than one-third gather together formally or informally to participate in activities. With regard to volunteering, 45% say that they regularly volunteer in their community with helping a religious group receiving the most responses at 56.9%.

Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 69% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 82% reported that they vote in most elections.

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 30 different **community issues**.

A comparison with the 2007 responses cannot be accurately made since the options changed somewhat for respondents in the 2012 and 2015 household surveys since more health related questions were added. The following chart lists the six priority community issues identified for Blair County were (50% or more of respondents identified these as a major/moderate issue):

Table 1: Priorities Identified in Blair County Community Needs Assessments

2007	2012	2015
Crime	Lack of jobs	Obesity
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs
Lack of jobs	Obesity	Poverty/lack of adequate income
Lack of affordable medical care	Poverty	Unemployment or underemployment
Poverty	Crime	Smoking and tobacco

In 2015, nearly 70% of respondents identified obesity and alcohol and other drugs as major issues followed by issues related to the economy. A separate analysis on these same questions was conducted based on the geographic area for the three hospitals with similar results. For northern Blair County (Tyrone Regional Health Network), alcohol and other drugs, smoking and tobacco, inadequate transportation, lack of affordable medical care, and obesity were ranked as the highest concerns in that order. For central Blair County (UPMC Altoona), alcohol and other drugs, obesity, lack of jobs, and poverty/lack of adequate income were identified. Lastly, the results for southern Blair County (Nason Hospital) reflected the opinions of the other areas (obesity, poverty/lack of adequate income, lack of jobs, unemployment/underemployment, and smoking/tobacco).

Respondents from the household survey that was administered to clients/consumers by seven other groups agreed that obesity, alcohol and other drugs, smoking and tobacco, poverty, and lack of jobs were among the highest ranking challenges. However, they also identified mental health issues, lack of affordable medical care, substandard housing and/or shortage of affordable housing, diabetes, family violence, and shortage of recreational venues as issues affecting their particular population.

In the next section of the household survey, participants were asked whether any of the same type of issues had been a **challenge or an issue in their household**. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major issue, or No Opinion/Don't Know.

In 2015, 39.8% of respondents identified being overweight as the top challenge within their household. Nearly 36% reported finding it difficult to budget and having anxiety, stress, or depression. The results were also identical to those in the last two needs assessments. The analysis based on geographic areas for the three hospitals once again yielded similar results with being overweight, finding it difficult to budget, and having stress, anxiety, and depression as the highest ranking issues within households.

Respondents in surveys conducted by other organizations agreed that being overweight, finding it difficult to budget and having anxiety, stress, or depression were among the highest ranking challenges in their households. However, they also identified not being able to find work, mental health issues, not being able to afford recreational or cultural activities, children being bullied/harassed, and lack of transportation as issues related to their particular population.

In order to obtain information from residents on **health care issues affecting themselves or members of their family**, the first question in this section asked "which of these problems ever prevented you or a member of your family from getting the necessary health care"? High deductibles/co-pays and/or insurance not covering what was needed were the greatest barriers which prevented people from getting health care.

On a positive note, over 46.0% of households reported that none of the items prevented them from getting health care and was consistent across geographic areas. However, results varied from 21.4% to 80.0% depending on the subgroup completing the survey from other organizations. Residents were asked about their own experiences with the healthcare system.

Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Once again regardless of geographic area, residents felt that the greatest gap in health care was dental care. In

four out of the seven other organizations, respondents also identified dental care as the greatest gap in health care services. Other gaps tended to reflect the population that was being surveyed (e.g. persons with disabilities indicated services for persons with disabilities).

When asked “What are the **greatest gaps in health education and prevention services** in Blair County”, alcohol and other drug abuse prevention (62.8%) and obesity prevention (62.2%) received the highest percentages. However, mental health/depression/suicide followed closely behind with 58%.

Blair County residents were asked what keeps them from eating a healthy diet and cost of healthy foods like fruits and vegetables was the overwhelming reason given. However, when asked what keeps them from increasing their physical activity, the most widely selected reasons were the cost, do not have the motivation, time, and their current health or physical condition.

Summary of the Key Informant Survey and Results

A survey was distributed to 138 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO’s, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2015. Forty completed surveys were received, a 29% response rate.

Eighty-seven percent (87.5%) of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues.

Out of the responses for community strengths, key informants see mainly positive strengths including 71.5% perceive leaders as having mutual respect among all sectors of the community.

For community challenges across key informant responses (2015), poverty/lack of adequate income (95%), unemployment/underemployment (92.5%), alcohol/drug abuse (90.5%), obesity (90%), and smoking and tobacco (85%) were ranked the highest among community issues. The same issues were of concern in the 2007 and 2012 needs assessments except that crime was the second highest issue in the first assessment.

The top community challenges identified in the key informant survey were the same as in the household surveys. This was also true for the top reasons which prevented residents from getting the necessary health care (e.g. deductible/co-pay was too high and insurance didn’t cover what was needed).

Key informants also agreed that alcohol and other drug abuse and obesity were the greatest needs regarding health education and prevention services. Key informants believe that dental care and mental health services for adults and children are the greatest gaps in health services in the county.

Summary of the Community Economic Needs Assessment Survey and Results

In cooperation with the Altoona-Blair County Development Corporation (ABCD Corp), a Community Economic Needs Assessment survey was distributed to key business leaders and companies. The business survey and cover letter were emailed in July 2015 and thirty-eight surveys were returned.

Many of the questions on the survey were related to strengths and issues that impact local businesses and were of particular interest to ABCD Corp. However, several questions were helpful and related to the overall community health needs assessment. When asked, “what are the five most important concerns for the community in which your business resides”, alcohol and other drugs was by far the greatest concern at 73%. Community image (40.5%), job training (35%), education levels (29.3%), family violence, abuse of children, adults, and the elderly (29.7%), and mental health issues (29.7%) were ranked as their top concerns.

Although, lack of job and unemployment are always identified by residents as a community challenge, businesses report having difficulty finding people with the skill level to fill positions. Over 57% of respondents have positions that currently need filled.

The Community Economic Needs Assessment also highlights the extent that businesses invest in the community through charitable contributions, sponsoring community groups and events, and donations of goods and services.

Over 48% reported that they have a workplace wellness program or conduct similar activities. Another 21.6% would like to start a program at their organization.

Asset Mapping Surveys

Surveys were sent to a variety of groups in order to learn more about the strengths and assets we have available as well as their opinions of the challenges and needs of the community. We also wanted to gather information and develop an understanding of the ways in which citizens and other organizations are engaged in this effort.

A. Service Provider Survey

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. A total of 104 service providers were asked to participate with 51 responding, or 49%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

Service providers stated that they were most involved in the following five community initiatives: health wellness/prevention (47%), information and referral (47%), mental health services (35.3%), education (33.3%), and alcohol and other drug prevention, intervention, and treatment (27.5%).

Of those who responded, over 78% utilized volunteers in providing services for their agency;

however, 70% reported that they could use more volunteers. Over 87% of these organizations make an effort to purchase goods and services from local enterprises (e.g. Chamber of Commerce Buy Here, Live Here).

With regard to healthcare challenges, they also believe that insurance not covering what is needed (86%), and deductible/co-pays that are too high (72%) are the biggest reasons that prevent residents from getting the necessary health care.

Service providers also agree with key informants that dental care and mental health services are the greatest gaps in health care in Blair County.

Lastly, service providers believe that both obesity (69%) and mental health depression/suicide (64.2% each) are the greatest needs regarding health education and prevention services.

B. Associations Survey

The purpose of the association survey was to create awareness of the Healthy Blair County Coalition while learning how the citizens in the community are already engaged in the process of improving the quality of life. A total of 95 associations received the request with 10 responding (10.5% response rate).

Associations reported that they were most involved in promoting community networks (70%) and reducing poverty (60%) followed by promoting volunteering, education/prevention, promoting good health, preparing people for jobs, and supporting people with disabilities.

With regard to healthcare challenges, they also believe that insurance not covering what is needed and high deductibles/co-pays are the main reasons that prevent residents from getting the necessary health care. Those completing the survey believe that mental health services followed by dental care are the greatest gaps in health care services in the county.

Lastly, they believe that healthy lifestyles (80%), obesity prevention (70%), mental health/depression/suicide (70%), and alcohol and other drug abuse prevention (60%) are the greatest needs regarding health education and prevention services.

C. Faith-Based Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. Of the 55 faith-based organizations, 25 responded or 45.4%.

Members of the faith-based community that responded to the survey identified alcohol and other drugs as the top community challenge (100%) followed by poverty/lack of jobs (95.8%), smoking and tobacco (91.7%), adults with mental illness or emotional issues (91.7%), and crime (91.3%).

Results were also similar to other surveys that asked for the top reasons which prevented residents from getting the necessary health care (e.g. insurance didn't cover what was needed and deductible/co-pay was too high).

Members of the faith-based community reported that out-patient mental health services for adults (57.9%), services for low-income residents (47.4%), and the ability to serve different languages/cultures (47.4%) were the greatest gaps in health care services. They responded that alcohol and other drug prevention (90.5%) and mental health/depression/suicide prevention (85.7%) were the two greatest needs for health education and prevention services followed by obesity prevention (71.4%).

D. Healthcare Provider Interviews

Interviews were conducted with 20 healthcare providers representing a variety of disciplines such as physicians, dentists, school nurses, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs, environmental factors driving or creating healthcare needs in our county, the needs related to special populations, and programs and initiatives currently underway to address those needs.

Healthcare providers ranked access to health care (40.9%) and drug abuse (40%) as the top community health needs followed by obesity and poverty both at 25%. Comments regarding access to health care included the need for more primary care physicians/services, not enough providers, and the number of medical assistance patients.

Thirty-nine percent of healthcare providers believe that obesity (e.g. lack of attention/understanding diet and the role of health, lack of access to healthy foods for low-income families, cost of healthy foods, and the number of fast food restaurants are driving or creating our community health needs.

Over 31% of respondents felt that access to primary care services especially for low income or poorly insured adults is a critical concern.

Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is also useful as a mechanism to answer whether research supports or does not support the perceptions of stakeholders and the general public as reflected in survey results. Members of the Data Analysis Work Group, along with the Director collected state and local secondary indicator data. Data were obtained from a variety of federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Center for Disease Control, County Health Ranking Report, BRFSS, etc. In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends.

Demographic Highlights for Blair County

Blair County is located in south-central Pennsylvania and covers a land area of 526 square miles. The County includes the City of Altoona, fifteen townships, and eight boroughs. It also includes a portion of another borough, which is split between Blair County and Cambria County. Blair County sits as the heart of the I-99 Corridor and is the crossroads for Route 22 and I-99 covering all points north, south, east and west.

According to the 2016 data from the Claritas, Inc., the population of Blair County is 125,354. From 2010 to 2016 the population of Blair County decreased by 1.37% while Pennsylvania's population increased by .82%. Blair County's population projections suggest relatively flat growth.

Blair County is fairly homogeneous with white persons representing 95.5% of the county's population. There are more females (64,255) than males (61,099). In general, it is a county with a large older population without children. At the same time, Blair County is losing younger professional adults with children. In Blair County, people 65 years and older represent 20.3% of the total adult population. That is the only population expected to increase in numbers over the next few decades. Approximately, 16.2% of the population in the county has a disability.

Blair County Health Care Resources

Hospitals, Clinics, and Physicians

There are three acute care hospitals in Blair County: UPMC Altoona (376 licensed beds), Nason Hospital (46 licensed beds), and Tyrone Regional Health Network (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and HealthSouth Rehabilitation Hospital. There are approximately 428 physicians (MD, DOs, and DPMs).

Altoona's Partnership for a Healthy Community provides low-income individuals with access to free health and dental care. Primary Health Network: Altoona Community Health Center (FQHC) are serving specific populations within the county.

Tyrone Regional Health Network provides a federally designated rural health clinic in Tyrone to serve specific populations within the community. LionCare Tyrone, a free health clinic, is available the first Saturday of each month. LionCare is offered through a partnership between the Penn State College of Medicine University Park campus, Penn State College of Nursing, and the Tyrone Regional Health Network.

Nason Hospital also participates in a free clinic in their primary service area.

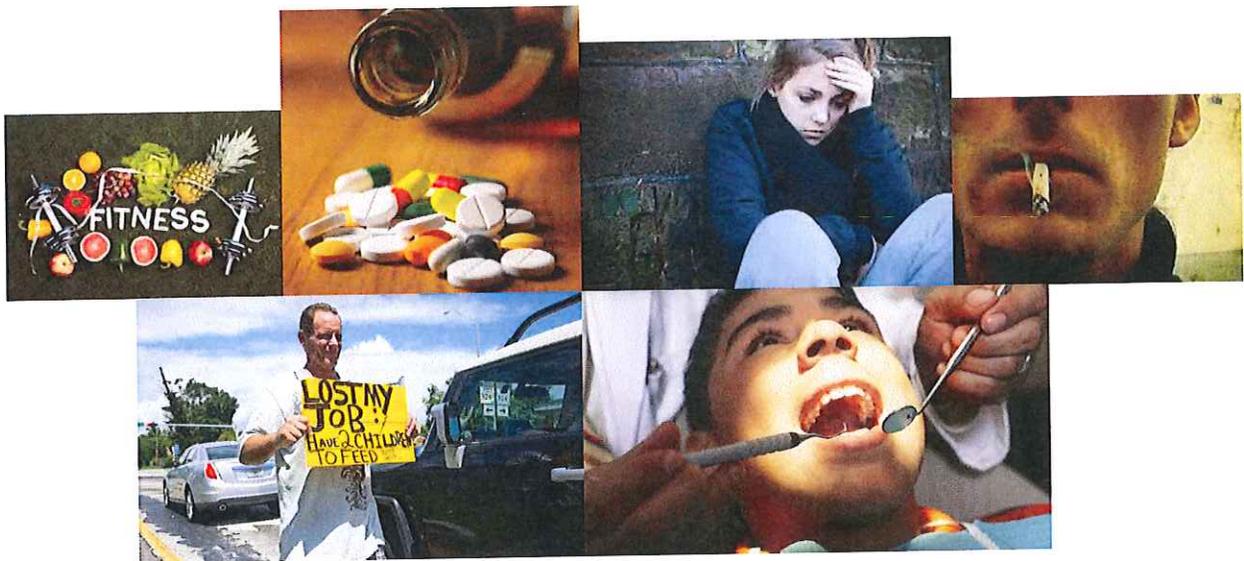
Other Facilities

There are other Freestanding Ambulatory Surgery Centers, Freestanding Imaging, Urgent Care, and multiple Physical Therapy Centers. There are visiting nursing associations, long term care providers, and ten nursing homes.

Key Community Health Needs for Blair County

As a result of this community health needs assessment, there were five priority challenges that remained the same from the 2012 needs assessment and one additional identified for Blair County:

- ⦿ Promoting a Healthy Lifestyle (obesity, physical inactivity, and diabetes)
- ⦿ Alcohol and Other Substance Abuse
- ⦿ Mental Health Needs of Children/Adolescents
- ⦿ Smoking and Tobacco
- ⦿ Poverty/Lack of Adequate Income
- ⦿ Access to Dental Care (new)



The Matrix of Priority Issues and Supporting Data/Survey Results will assist in understanding how the priority challenges were selected and are supported by state and local indicator data (Appendix C of the report). Given the confirmation of the indicator data, whose discussion follows, we are confident in the validity of these results.

Strategy 1: Promoting a Healthy Lifestyle

The need to promote a healthier lifestyle for the residents of Blair County remains an identified need in both the 2012 and 2015 community health needs assessments. Based on the 2015 CHNA household survey, 70.0% of respondents felt obesity was the greatest health-related community challenge while 39.8% reported being overweight as a problem within their household. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, obesity was ranked either first or second in nine out of twelve surveys.

As part of their interview, healthcare providers ranked obesity (25.0%) as one of the top three community health needs and it was the top issue driving our community health needs (38.9%). They felt there is a lack of understanding regarding diet and its role in health and disease. Their concern was for children in particular who experience poor diets and lack of physical exercise on a regular basis.

The results of the County Health Rankings Report for Blair County have not been positive overall; although, the trend has improved over the last six years as shown below. Table 2 shows the ranking for Blair County out of the 67 counties (with 67 being the least healthy county in Pennsylvania).

Table 2: Blair County Health Rankings						
2010	2011	2012	2013	2014	2015	2016
63	62	56	56	51	48	46

According to that same report, 34% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 29.0% and the national benchmark at 25.0%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 7,500 as compared to Pennsylvania at 6,900. The report indicates the ranking for physical inactivity among adults in Blair County is 29.0% again comparing that with Pennsylvania at 24.0% and the national benchmark at 21.0%. It is important to state that 75.4% of residents in Blair County live in close proximity to a park or recreational facility.

According to the Center for Disease Control, obesity rates in Blair County increased from 25.3% to 33.1% from 2004 – 2013. Reports of physical inactivity increased from 26.9% to 27.2% while reported diagnosis of diabetes rose from 9.3% to 11.3%. In Blair County, 34.6% of K-6 students and 35.4% of students in grades 7-12 are considered overweight or obese.

Food insecurity is an economic and social indicator of the health of a community. It's defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. In Blair County, 12.8% of the population experienced food insecurity at some point during the year. In addition, 54% of all restaurants are fast-food establishments.

The 2015 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 206.2 (per 100,000) as opposed to Pennsylvania at a rate of 179.2 (per 100,000).

Similar results for obesity, lack of physical activity, and diabetes were highlighted in the most recent Behavioral Risk Factor Surveillance System Report for Blair County (2011-2013).

Strategy: Obesity, Diabetes, and Lack of Physical Activity

Goal(s): Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes

Encourage the integration of health and wellness into every aspect of community life.

Coordinate and collaborate with all other agencies currently working on this effort.

Accomplishments for this strategy (2012 – 2015) are summarized on pages 63-64 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on pages 81-82 of this report.

Strategy 2: Alcohol and Other Substance Abuse

Although there have been many proactive initiatives to address alcohol and other drug within Blair County, it continues to adversely affected the quality of life for individuals and the community itself. It was the second highest rated issue in the random household survey at 69.5%. An analysis based on geographic areas indicated that residents in northern and central Blair County ranked alcohol and other drugs as the highest ranking issue at 80.0% and 72.0% respectively.

Alcohol and other drugs was ranked third by 90.5% of key informants as a major/moderate issue. For the second time, 100% of respondents to the faith-based survey held the opinion that it was a major/moderate community challenge.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, alcohol and other drugs was ranked highest at 62.8%. Key informants and the faith-based community also ranked alcohol and others drugs as the greatest need. It also ranked in the top three in all household surveys and ranked in the top four of every other survey group.

Members of the business community that responded to the Economic Business Survey reported that alcohol and other drugs was the most important concern right now for the community (72.9%).

The Blair Drug and Alcohol Partnerships (BDAP) is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund, and administer drug and alcohol activities. The Blair SCA provides a central point of contact for individuals seeking care for a drug and alcohol related issues.

Blair County data continues to see the impact of opiates on its citizens. Data from the SCA assessments and Blair HealthChoices shows opiates, prescription and heroin, as a top drug of choice. Data from our largest hospital emergency room (1840 cases from January 1, 2013 - April 30, 2015 that included a drug and alcohol reference) presented a snap shot of these issues in our community. Overdoses and intoxication resulted in 39% of the AOD related cases in the Emergency Department. Approximately 442 presented as overdose/possible overdose. Coroner reports indicate a mixture of prescription drug use has been the primary reason for overdose deaths. They are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000s when opiate use started to

increase in Blair County. SCA and Blair HealthChoices data confirms opioids a primary drug of choice for those entering the system.

A total of 995 assessments were completed through BDAP. This number does not represent all persons in drug and alcohol treatment. Some individuals are funded through private insurance or Medicaid and can go directly to treatment providers for services. The SCA provided demand information that indicated over 9043 individuals have substance abuse issues with only 7%-10% seeking services. The demand rate in Blair County exceeds the national average.

Blair HealthChoices data shows an increase from 2012-2013 to 2014-2015 of individuals eligible for medical assistance and receiving drug and alcohol services. One thousand six hundred twenty-one (1621) individuals 12+ years of age and older received drug and alcohol services. Two thousand one hundred fifty-nine (2159) individuals 12+ years of age and older received treatment in 2014-2015.

The demand for treatment shows an increased rate of engagement in treatment within the county. This may be a result of having a significant opiate dependent population and concentrated efforts to provide access to treatment for adolescents. Adolescent services continue to be provided within the school setting over the last ten years. The penetration rate of persons treated is the foundation for the assumption that the demand rate is higher in the Blair County.

The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. Blair County has seen declines in the percentage of youth engaging in alcohol, inhalants, cigarettes, smokeless tobacco, hallucinogens, methamphetamines, and ecstasy for lifetime use but an increase in marijuana and prescription drugs.

Strategy: Alcohol and Other Substance Abuse

Goal(s): Implement the evidenced-based SBIRT (Screening, Brief Intervention and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Accomplishments for this strategy (2012 – 2015) are summarized on page 67 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on page 82 of this report.

Strategy 3: Mental Health Needs of Children/Adolescents

Although this strategy will target children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. Thirty-five percent (35.4%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. When reviewing household survey responses from the seven other organizations that conducted the survey that number varied from 14.7% - 74.5% for having anxiety, stress, or depression. Eighty-two percent (82.4%) of key informants stated that children with mental illness or emotional issues was a major/moderate issue. Respondents to the faith-based survey believed that adults (91.7%) and children (87.5%) with mental illness or emotional issues was a major/moderate community challenge.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, mental health/depression/suicide prevention was ranked in the top three for every survey conducted.

As part of their interview, healthcare providers ranked mental health services as one of the top community health need (20.0%). Many believe that mental health services especially for children and adolescents is a critical need (e.g. expansion of crisis services, the need for an inpatient facility, access to behavioral health providers, and additional psychiatrists, etc.).

In 2014, the HBCC Mental Health Work Group conducted an informal study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. In a two-year period, 304 Blair County residents ages 0-18 received in-patient care at UPMC Altoona. Another 253 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

A review of the Student Assistance Program (SAP) implementation in Blair County identified many strengths including the availability of agency services and parent permission for SAP services. In 2014 - 2015, 84% of parents provided written permission for their child to participate in SAP as compared to the state average of 71%. The lack of psychiatrists, insurance issues/lack of credentialed staff, lack of an in-patient facility in the county and/or available beds in other facilities, and the need for more summer programs were identified as weaknesses in our child/adolescent mental health services system.

In 2014 – 2015 fiscal year, over 7,453 residents of Blair County received mental health services through the Behavioral Health Managed Care provider and another 4021 uninsured individuals received care through Department of Human Services funding. Over the last five years, an average of \$32,000,000 annually has been spent for mental health services in the county alone.

Blair County has one of the most active crisis centers in the Pennsylvania for volume of patients served.

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.

The national annual suicide rate is 13 per 100,000 with large increases in suicide rates affecting virtually every age group. The rate in Blair County is slightly higher at 13.6%.

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student’s life. In Blair County, 41.9% of students in this county reported the death of close friend or family member in the past twelve months, compared to 40.3% at the state level. 11.7% of students reported changing homes once or twice within the past 12 months, and 5.2% of students reported having changed homes three or more times in the past three years. Results from the Pennsylvania Youth Survey indicate that 40.1% of students felt depressed or sad most days as compared to 30.1% in 2011 and 30.9% in 2013.

Bullying and harassment often leads to depression and suicide especially among young people. Students

in Blair County (grades 6, 8, 10, and 12) reported on the 2015 Pennsylvania Youth Survey that overall 21.1% had been teased, called names, or made fun. These results are slightly higher than those reported by students across the Commonwealth (16.9%) but less than reporting in previous years. Although not ranked as high as other issues, about 49.0% of participants in the household survey considered bullying a major/moderate issue with approximately 27.5% reported having children who were being bullied/harassed.

The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 460:1 as compared to Pennsylvania at 580:1.

Strategy: Mental Health Needs of Children/Adolescents

Goal(s): Develop a better understand of the services available to identify, intervene, and provide treatment to children and adolescents within the county.

Explore unmet needs and work toward establishing or enhancing programs and strategies to more effectively serve children and families.

Accomplishments for this strategy (2012 – 2015) are summarized on page 71 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on pages 82-83 of this report.

Strategy 4: Smoking/Tobacco (environmental strategy)

The results of the 2012 and 2015 community health needs assessment reflected a concern with smoking and tobacco use. Based on the 2015 CHNA household survey, 60.2% of respondents felt smoking and tobacco use was a major/moderate concern. Respondents from northern Blair County ranked it the second highest challenge for the community at 80%. The results were similar for the survey conducted by the other seven agencies with a range of 45.0% - 91.7%. Twenty (20.0%) of households experienced negative effects of smoking and tobacco use. Key informants considered smoking and tobacco use (85.0%) in the top five community challenges. Members of the faith-based community ranked it in the top three challenges (91.7%).

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, 37.5% reported tobacco prevention and cessation. Responses were even higher for those completing the survey from other organizations.

According to the County Health Ranking Report for Blair County, 20.0% of the adult population in Blair County currently smoke every day. The Healthy People 2020 national health target is to reduce the proportion of adults who smoke to 12.0%. This is an area designated for Blair County to address in the county health ranking report. Each year approximately 480,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions. Another upcoming concern is e-cigarette use which has tripled from 2013 – 2014 among middle and high school students. In Blair County, 29.9% of students in grade 12 reported vaping/e-cigarette use in the last 30 days.

According to the 2015 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 167.5 (per 100,000) as compared to Pennsylvania at a rate of 173.4 (per 100,000).

Twenty-three percent (22.4%) of mothers in Blair County report smoking during pregnancy.

Strategy: Smoking/Tobacco (environmental strategy)

Goal(s): Identify and support the implementation of policies and programs that promote a smoke free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).

Collaborate with the Blair Drug and Alcohol Partnerships to conduct smoking cessation programs for all three hospitals and local businesses.

Accomplishments for this strategy (2012 – 2015) are summarized on page 73 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on pages 83-84 of this report.

Strategy 5: Poverty

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, etc.).

Poverty and the lack of adequate income was identified as the number one challenge by key informants (95%). This was reflected in various rates all other surveys conducted as one of the top challenge for the county. Over 31.4% didn't have enough money to meet daily needs/food and as high as 66.7% as reported in the subgroups (other organizations that conducted the survey).

In the 2007 needs assessment, 77.0% of key informants agreed that unemployment/under-employment was a major/moderate issue. In the 2015 community health needs assessment that number increased to 92.5%.

The per capita income for Blair County is \$38,336 which is lower than for Pennsylvania at \$47,679. The medium household income is \$43,343 which is significantly lower than the state at \$53,224. This may be due in part to Blair County having more technical-service type jobs that tend to pay lower wages.

The average unemployment rate in Blair County has ranged from 3.6% to 10.9% in the time period from 1990-2016 and is currently slightly less than the state's rate at 5.4%. On the positive side, the cost of living in Blair County is 87 (less than the U.S. average at 100).

The 2014 estimated poverty rate in Blair County at 15.0% is slightly higher than Pennsylvania at 13.6%. However, the estimated poverty rate for children under 18 in Blair County is 20.1% which is higher than that of Pennsylvania at 19.0%. The use of food stamps and medical assistance is higher than state average. About 24.1% of the population in Blair County is eligible for medical assistance as compared to 20.1%

for the state. Seventeen percent of people are getting food stamps in the county as compared to 14.5% in Pennsylvania. Approximately, 20.1% of adults ages 65 and older are enrolled in Pennsylvania's prescription assistance program (PACE/PACENET) as compared to the state at 14.1%. There are 10,521 persons ages 18-64 and 7,977 persons over the age of 64 with disabilities in Blair County.

The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 48.5% (2014) as compared to Pennsylvania at 46.9%. About 44.4% of children under the age of 18 are living in low-income families. The percentage of uninsured children under 18 years old in Blair County was 3.2% as compared to Pennsylvania at 5.2%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the state percentage of 68.9%. There are 1,521 children in Blair County receiving in-home services through the child welfare system and 220 in foster care placement.

The latest child abuse statistics (2014) indicate 432 reports of child abuse in Blair County with 56 being substantiated (13.0%). The total substantiated reports per 1000 children is at 2.2% which is higher than the state percent at 1.2%.

When reviewing education indicator data, the high school graduation rate for Blair County is 90.5% as compared to the state at 87.7%. However, those earning a bachelor's degree or higher is much less than the state at 28.1% compared to Blair County at 18.6%. The high school dropout rate for Blair County is 1.1% which is comparable to Pennsylvania is at 1.7%.

According to the latest Reach and Risk Report, children in Blair County are at moderate-high risk of school failure. When children experience risk factors such as living in economically stressed families, poor or no pre-natal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. The more risk factors a child experiences, the greater his/her risk of school failure. This data indicates that 7,227 children in Blair County fall into this category.

The teen birth rate for Blair County stands at 32 which is higher than for Pennsylvania at 27 (birth rate per 1,000 population). There were 89 teen births (ages 19 and under) in Blair County in 2013.

Data taken from the 2016 County Health Rankings Report indicate 11% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania. Without health insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use. Results from the 2015 Household Survey indicate that between 15% – 37% use a hospital emergency room for routine health care.

Although housing and homelessness were not identified as significant challenges in the community health needs assessment, service providers have identified the lack of decent, affordable housing has a predominant issue. The number of clients who received Rental Assistance through Blair Senior Services from July 1, 2015 through April 2016 was 332. The number of individuals who received Emergency Shelter through Blair Senior Services and Family Services in 2015/2016 was 311. According to our housing providers, current unmet housing needs and gaps include: a significant shortage of shelter beds in

Blair County, transportation, limited communication between agencies when consumer receives assistance, lack of jobs that provide a living wage, and lack of permanent, affordable housing. The lack of permanent and affordable housing results in longer lengths of stay in the shelter decreasing the number of individuals served. The current housing situation lends to two year (or longer) waiting lists for subsidized housing in the Blair County area. The family shelter, operated by Family Services, turned away 544 people from July 2015 through April 2016, due to the shelter being full. The number of women served by the domestic abuse shelter was 54 women and 31 children.

The 2016 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Claysburg and Altoona are the areas of highest need in Blair County with Hollidaysburg having the least need.

Strategy: Poverty

Goal(s): Develop a plan to identify and address issues related to poverty in Blair County.

Identify programs that provide resources and/or address poverty related issues in Blair County.

Provide training and increase awareness of the impact of poverty on children and families.

Accomplishments for this strategy (2012 – 2015) are summarized on page 77 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on pages 84-85 of this report.

Strategy 6: Dental Care

The new strategy chosen as a result of the 2015 community health needs assessment is exploring and addressing access to dental care. Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Once again regardless of geographic area, age cohort, or other grouping, residents felt that the greatest gap in health care was dental care. Lack of access to dental care received the highest ranking at 47% overall and was ranked first in all geographic areas. It was ranked first in the key informant survey (59.5%) and the service provider survey (61.9%). The gap in dental care was ranked fourth in the association survey (44.4%) and seventh in the faith-based survey (42.1%). In addition, responses from four out of seven other organizations also ranked dental care as the number one gap in health care services.

According to a 2013 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 22.0% accepted Medicaid, 22.0% accepted Medicare, and 89.0% accepted private insurance. The percent of dentists that accepted dental coverage for new patients was about the same (22% accepted Medicaid, 24% accepted Medicare, and 92% accepted private insurance, and 98% accepted from uninsured). In addition, Blair County is designated as a Health Professional Shortage Area for dental care.

In Pennsylvania, there are only 37.7 dentists for every 100,000 Pennsylvanians compared to the national

average of 64 dentists for every 100,000 people. In Blair County, we are below the state average at 31.4 for every 100,000 people.

In Pennsylvania, schools are required to provide dental screenings for children in kindergarten or first grade, third grade, and seventh grade if they do not have a family dentist. In 2012 – 2013, 1318 students in Blair County were screened and 335 were referred for treatment. However, only 39 completed referrals forms were returned by families.

Our three hospital emergency departments reported a total of 1347 patients that were seen because of dental issues.

Strategy: Access to Dental Care

Goal(s): Research and gather data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.

Research, select, and implement one or more initiatives to address access to dental care and/or oral health prevention programs.

Accomplishments for this strategy (2012 – 2015) are summarized on page 79 of this report. Implementation plans and projected outcomes (2015 – 2018) can be located on page 85 of this report.

Tracking the Progress and Outcomes of all Strategies

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. The HBCC, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform provides updated and quality community health assessment data, health indicator tracking, and mechanism for sharing the progress with stakeholders and the community itself.

Other Relevant Indicator Data

By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas. The intent was also to determine if the statistics supported or did not support the perceptions of key informants and the general public. For the purpose of this report, data related to the identified priorities has been summarized within each section.

In lieu of providing other data in this section, readers are directed to the Healthy Blair County Coalition's website. On the home page, there is a tab for [Blair County Data](#) which includes the following:

County Health Rankings Reports (2010 – 2016)
County Health Profiles (1998 – 2015)
U.S Census Data for Blair County

The Robert Wood Johnson Foundation County Health Rankings measures two types of health outcomes (mortality and morbidity). These outcomes are a result of a collection of health factors and health behaviors. The County Health Rankings are based on weighted scores of four types of factors: health behaviors, clinical care, social and economic, and physical environment. Pennsylvania has 67 counties. In 2016, Blair County ranked 46 out of 67 counties (one being the healthiest and 67 being the unhealthiest county).

In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to key health and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets. On the home page, there is a tab for [Blair County HCI Dashboard](#). This resource includes the following:

- Health Data – over 100 health, economic, social, and wellbeing indicators
- Demographic Data (2016)
- Health Disparities in Blair County
- Socioneds Index – compare the socio-economic need between zip codes in Blair County
- Healthy People 2020 – track indicators compared to Healthy People 2020 targets
- Promising Practices – database of over 2,000 successful programs happening in other communities

The Healthy People 2020 progress tracker for Blair County is included in Appendix D.

The Blair County Planning Commission completed an Area wide Comprehensive Plan Report for Blair County in 2007. The plan includes extensive information and data related to land use, economic development, and overall quality of life for residents. The report outlines strengths and weaknesses in many areas which were not covered in this needs assessment.

Conclusions

Everyone involved in this endeavor, including the Steering Committee, hospitals, members of the Healthy Blair County Coalition, healthcare providers, and participants is committed to strategies that create clearly recognizable improvement in the lives of Blair County residents. This can be accomplished by creating new partnerships and by joining existing collaborations to focus on results that create measurable impact on the six priority challenges and issues that were identified by survey results, interviews, and supported by indicator data.

This needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the surveys and those who dedicated many hours as members of the Coalition Steering Committee and work groups are some of what makes Blair County a great place to live.

We will continue to implement community interventions that result in improvement of social, economic, and environmental factors. The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them. This is our third report, *Blair County Profile 3: Community Health Needs Assessment and Implementation Plan*.

Each of the three hospitals chose to collaborate with each other on the CHNA and each hospital board approved this joint CHNA report. Although UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network may already have initiatives and programs aimed at addressing the community health needs that were identified in this CHNA, all three facilities have agreed to adopt a joint implementation plan as permitted by the IRS guidelines. Each hospital has chosen specific strategies that they as individual facilities will take a lead in implementing but each will also collaborate on the implementation of all six strategies adopted by the Healthy Blair County Coalition Steering Committee.

Individuals and organizations from Blair County will be invited to hear the results of the most recent community health needs assessment as well as accomplishments from the last three years. They will have an opportunity to join the hospitals and Healthy Blair County Coalition as we pursue other initiatives and address issues in the most recent Implementation Plan.

Once again, we thank all those who were involved in the community health needs assessment process and welcome those who are willing to work on improving their community.

How to Use and Obtain Copies of This Report

This report summarizes the 2015 community health needs assessment process adopted by the Healthy Blair County Coalition and utilized by UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network to satisfy the requirements of the Patient Protection and Affordable Care Act.

The initial stages of this effort in Blair County began in early 2007 and involved the collection of data from multiple sources, including several different types of surveys, public indicator data, focus groups, and community meetings. Reference to the 2007 and 2012 needs assessments and comparison of results and trends are included in this report. The Executive Summary on pages 10 - 31 provides a concise overview of the findings from all the data sources. For those who want more information on methods and findings within each data type, the body of the report provides more detail as outlined in the table of contents.

Readers are urged to keep track of which particular set of findings they are reviewing and systematically work through these different sources of information. References for all sources of data are included at the end of each page. Finally, the report outlines the goals, accomplishments, and future plans for the implementation of the six strategies chosen by the Steering Committee and hospitals.

For those who want electronic access to the information contained in this report, please visit the website of the Healthy Blair County Coalition (www.healthyblaircountycoalition.org). If you have questions or would like more information on how to become involved, please contact any member of the Steering Committee or the Director of the Healthy Blair County Coalition at (814) 944-0884 ext. 305.

This report is also posted on each hospital's website.

UPMC Altoona (www.UPMCAaltoona.org under the health library tab and then community health tab).

Nason Hospital (www.nasonhospital.org)

Tyrone Regional Health Network (www.tyroneregionalhealthnetwork.org)

Additional a hard copy of the CHNA Report is available at each hospital's Administration Department for public inspection during normal business hours: Monday through Friday, 8:AM to 5:00 PM.

Public input is invited and may be provided to:

Healthy Blair County Coalition
5414 6th Avenue
Altoona, PA 16602
info@healthyblaircountycoalition.org

UPMC Altoona Administration

620 Howard Avenue

Altoona, PA 16601

info@altoonaregional.org

or by clicking on the public comment reply button

Nason Hospital Administration

105 Nason Drive

Roaring Spring, PA 16673

814-224-2141 or 877-224-2141

or by emailing hkreider@nasonhospital.com

Tyrone Regional Health Network Administration

187 Hospital Drive

Tyrone, PA 16686

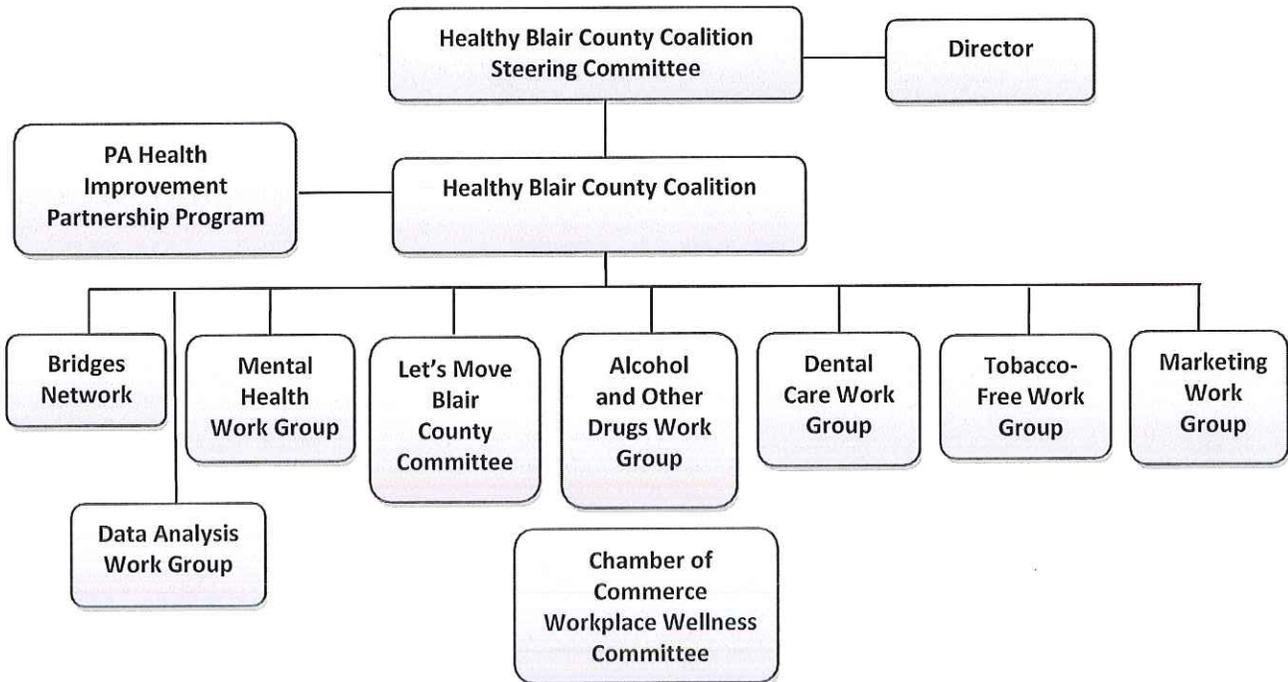
814-684-1255

Section One: Blair County Community Health Needs Assessment

A. Collaboration and Implementation of the Community Health Needs Assessment (CHNA)

The Healthy Blair County Coalition is a community partnership effort to provide a comprehensive and enduring assessment of the needs and assets in our community. Its purpose is to identify community assets, identify targeted needs, and develop an action plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the exiting partnership. UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network are active participants on the Healthy Blair County Coalition Steering Committee. The organizational structure that was implemented is shown in Figure 1.

Figure 1: Healthy Blair County Coalition Organizational Chart



B. Healthy Blair County Coalition Steering Committee

The Steering Committee for the Healthy Blair County Coalition was responsible for directing the community health needs assessment, the development of the strategies to meet identified needs, and the tracking and monitoring of programs and interventions. This group meets at least monthly to oversee the needs assessment and to assure that the process was moving forward appropriately. The following persons serve as members and were involved in the community health needs assessment:

Michele Adams, UPMC Altoona Partnership for a Healthy Community (health care)
Lawrence Baronner, PA Office of Rural Health (rural health)
Dr. Donald Beckstead, Altoona Family Physicians (health care)
Ted Beam, Jr., Blair County Commissioner (ad hoc)
Cathy Crum, Blair County Department of Social Services (social services)
Donna D. Gority, Former, Blair County Commissioner (government)
Coleen A. Heim, Healthy Blair County Coalition Director
Lisa Hann, Family Services, Inc. (social services)
Timothy Harclerode, Nason Hospital (health care)
Kevin Hockenberry, UPMC Altoona (health care planning)
Shawna Hoover, Operation Our Town (crime)
James Hudack, Blair County Department of Social Services (mental health)
Lauren Jacobson, Penn State Altoona (higher education)
Dr. Luke Lansberry, Altoona Area School District (education)
Stacy LoCastro, Blair County Community Action Agency (social services)
Amy Marten-Shanafelt, Blair HealthChoices (behavioral health)
Patrick Miller, Altoona-Blair County Development Corporation (economic development)
John Moryken, Conemaugh Health System (health care)
Joseph Peluso, Tyrone Regional Health Network (health care)
Judy Rosser, Blair Drug and Alcohol Partnerships and Coalition Chairperson (social services)
Tom Shaffer, Penn State Altoona (higher education)
Melanie Shildt, United Way of Blair County (social services)
Bill Young, Sheetz, Inc. (business)

C. Healthy Blair County Coalition (HBCC)

The Steering Committee collaborated with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County Coalition is comprised of 105 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

D. Director of the Healthy Blair County Coalition

A consultant was hired to assume the role of part-time Director. This person was responsible for the day-to-day administration of the community health needs assessment; scheduling and facilitating meetings; distributing the surveys; maintaining an expense report; attending briefings/webinars on the CHNA process, supporting work groups/committees, updating the HBCC website, and preparing the final report. The Steering Committee, HBCC, and work groups were provided with meeting agendas and minutes.

E. Work Groups

Members of the Coalition served on seven workgroups.

The **Data Analysis Work Group** reviews all primary indicator data such as survey results and assisted in the collection and analysis of secondary indicator data.

The **Alcohol and Other Drugs Work Group** is assisting in the implementation of SBIRT (Screening, Brief Intervention and Referral to Treatment) which includes substance abuse as an area screened during routine healthcare. As part of the project, physicians and other healthcare workers are trained to intervene and a protocol for referral to drug and alcohol services was developed.

The **Bridges Network** was formed to research model programs, develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues, and to develop a model to coordinate services such as emergency financial assistance in order to effectively use resources available within the county.

The **Let's Move Blair County Committee** is implementing programs/activities to address obesity, encourage physical activity, and impact the incidence of diabetes. One of their goals is to encourage the integration of health and wellness into every aspect of community life by coordinating and collaborating with all other agencies currently working on this effort. Blair County is a national Let's Move Cities, Towns, and Counties site.

The **Marketing Work Group** is responsible for providing awareness of the Healthy Blair County Coalition, inform residents and community members about the surveys and how to participate, share the results of the needs assessment and other data collections, including the strengths and assets of Blair County, and lastly to increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition.

The **Mental Health Work Group** is addressing unmet needs and working to improve issues related to mental health services for children and adolescents.

The **Tobacco-Free Work Group** is promoting policies and programs that promote a smoke-free community (e.g. smoke-free workplaces, clean air ordinances, smoking cessation programs, etc.).

In collaboration with the Healthy Blair County Coalition, the Blair County Chamber of Commerce created a **Workplace Wellness Committee**. The purpose is to encourage businesses to become part of the wellness movement and share resources to develop or enhance current workplace wellness programs.

The **Dental Care Work Group** is researching and gathering data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.

F. Data Entry

The Center for Community-Based Studies at Penn State Altoona was a valuable resource by providing the resources necessary for data entry and analysis. Data were entered using survey monkey then exported into Excel software for further analysis.

G. Funding

The community health needs assessment process was primarily funded by the three county hospitals including UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network. Additional funding was provided by Altoona-Blair County Development Corporation, Blair County Drug and Alcohol Partnerships, Blair HealthChoices, Blair County Human Services Block Grant, and the Pennsylvania Office of Rural Health. However, several other agencies contributed significantly to the project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, and volunteer hours were provided by many other organizations.

H. Geographic Area

Since all three hospitals involved in the collaboration primarily serve the residents of Blair County, the Steering Committee with input from the hospitals determined that the scope of the community health needs assessment would be the geographic boundaries of Blair County. The following indicates the percent of each hospital's inpatient population served that is from Blair County: UPMC Altoona (64.4%), Nason Hospital (80%), and Tyrone Regional Health Network (73%).

I. Input from the Community

The CHNA took into account input from persons who represent the broad interests of the community served by each of the three hospitals. This was accomplished in the following ways:

1. Each hospital has collaborated and obtained input from the Healthy Blair County Coalition Steering Committee. Their names, organizations, and entity they represent within the community are listed above in section B.
2. Members of the Healthy Blair County Coalition (the organizations involved are listed on the HBCC website and on page 90) had an opportunity to be involved in the CHNA process by attending meetings, serving on work groups, administering the household survey with their clients/consumers, completing the surveys as appropriate for their organization, and providing secondary indicator data for analysis.
3. Residents of Blair County had an opportunity to complete a household survey which included questions regarding neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs.
4. CHNA surveys were also distributed to a variety of other community groups such as service providers, associations, businesses, faith-based organizations, and service providers.

5. A CHNA survey was distributed to key informants such as local, county, and state elected officials; school district leaders and board members; police chiefs; library presidents; media contacts; community foundations; public health entities, civic leaders; county planners; leaders of non-government funding sources; recreation commission; etc. They had an opportunity to share their input and comment on community challenges as well as healthcare needs and gaps.
6. In order to obtain specific information on needs and gaps especially for certain populations within Blair County, interviews were conducted with a variety of healthcare providers, including physicians, dentists, school nurses, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services.
7. Seven other agencies, including ones that serve income eligible families and children and persons with disabilities conducted the CHNA household survey.
8. Representatives from the local health department, UPMC Altoona, Nason Hospital, Tyrone Regional Health Network as well as other agencies serving medically underserved populations, low-income persons and/or minority groups served on the Data Analysis Work Group and provided valuable health data and knowledge of local conditions and resources as part of the CHNA process.

Section Two: Methods

The Community Health Needs Assessment (CHNA) was conducted for two primary reasons. The first as a result of the Affordable Care Act Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA will also support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status; while, providing hospitals and other organizations with an essential understanding of the health of Blair County. Another important reason was to determine whether challenges and issues had changed since the last comprehensive needs assessment was conducted in 2007. In Blair County, the community health needs assessment included a broad perspective of physical, social, emotional, and economic health issues.

Each of the three needs assessments are providing stakeholders as well as the community with increased knowledge of the current challenges and issues that affect residents of the county, our strengths and assets, and a better understanding of the healthcare needs. The community health needs assessment was enhanced by a mixed methodology which included both quantitative and qualitative community input (surveys and interviews) as well as collection and analysis of incidence data through secondary research. The community health needs assessment in Blair County focused on the following areas:

- ⊙ Neighborhood and Community Strengths
- ⊙ Community Challenges and Issues
- ⊙ Household Challenges and Issues
- ⊙ Involvement in Community Initiatives/Projects
- ⊙ Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

A. Method for Household Survey

A random sample of 3000 households (approximately six percent) was drawn from the 51,902 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2015, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. The Marketing Work Group along with Coalition members publicized the household survey through television interviews, newspaper and other media releases, and hospital and agency newsletters to consumers.

There were 457 surveys returned for a response rate of 15.2%. All survey responses were entered into survey monkey and then exported into Excel which was used for analysis and graphic displays.

The household survey was also administered to clients/consumers by seven other groups including Allegheny Lutheran Social Ministries, the Arc of Blair County, Center for Independent Living, Child Advocates of Blair County/Head Start Program, Community Support Program/HOPE Drop-in Center,

Family Resource Center, and Southern Alleghenies EMS Council. A total of 388 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 845 surveys were returned: 457 from households and 388 from the seven groups mentioned above.

B. Method for Key Informant Survey

The purpose of this component was to assess what community key informants believed to be the strengths, community challenges, and needs of Blair County, including health care. A survey was distributed to 138 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2015. Forty completed surveys were received, a 29% response rate.

C. Method for the Community Economic Needs Assessment Survey

In cooperation with the Altoona-Blair County Development Corporation (ABCD Corp), a Community Economic Needs Assessment survey was distributed to key business leaders and companies. The business survey and cover letter were emailed in July 2015 and thirty-eight surveys were returned.

D. Method for Service Provider Survey

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. An Excel spreadsheet distribution list of key service providers in the county was developed and then an email was sent asking participants to complete a survey on survey monkey. A total of 104 service providers were asked to participate with 51 responding, or 49%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

E. Method for Associations Survey

An association is a group of citizens working together for a common purpose or common interest. The purpose of the association survey was to create awareness of the Healthy Blair County Coalition while learning how the citizens in the community are already engaged in the process of improving the quality of life. An Excel spreadsheet distribution list of the major associations in Blair County was developed and an email was sent in July 2015 asking the leadership of the association to complete a survey on survey monkey. A total of 95 associations received the request with 10 responding (10.5% response rate).

F. Faith-Based Community Survey

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. An Excel spreadsheet distribution list was developed and an email was sent in July 2015 asking the leadership of

the congregation to complete a survey on survey monkey. Of the 55 faith-based organizations, 25 responded or 45.4%.

G. Healthcare Provider Interviews

Healthcare interviews were conducted with 20 healthcare providers representing a variety of disciplines such as physicians, dentists, school nurses, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs, environmental factors driving or creating healthcare needs in our county, the needs related to special populations, and programs and initiatives currently underway to address the needs our the community. All comments and opinions were summarized.

Table 3: Blair County Community Health Needs Assessment Survey Tracker¹

Surveys/Interviews	Survey Sent	Surveys Returned	Percentage
Household	3000	457	15.2%
Key Informant	138	40	29.0%
Service Provider	104	51	49.0%
Associations	95	10	10.5%
Faith-Based	55	25	45.4%
Economic Needs Assessment	N/A	38	N/A
Household Surveys from Other Agencies	N/A	388	N/A
Healthcare Providers	N/A	20	N/A

H. Collection and Analysis of Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. The Data Analysis Work Group, along with the Director collected federal, state, and local secondary indicator data. Data were obtained from a variety of local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Center for Disease Control, County Health Ranking Report, BRFSS, Healthy People 2020, etc. In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to key health and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets.

I. Data Entry and Analysis

All survey responses were entered into survey monkey. With the assistance of Penn State Altoona, Center for Community-Based Studies, the results were exported from survey monkey into Excel which was used for analysis and graphic displays.

¹ Blair County Community Health Needs Assessment (2012)

Section Three: Household Survey

A. Blair County Demographic Data and Comparisons for Persons Completing the Household Survey

The purpose of the household survey was to collect both subjective (opinion) and incidence data from people who live within Blair County. The household survey included questions regarding demographics, neighborhood/community strengths, community concerns, issues within households, and healthcare challenges and needs (Appendix A).

A random sample of 3000 households (approximately six percent) was drawn from the 51,902 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2015, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 457 surveys returned for a response rate of 15.2%.

As shown in Table 4, our random household survey (2015) was generally representative of Blair County.

Table 4: Comparisons of Blair County Demographics/Characteristics & Those Completing the Household Survey²

Characteristics	Blair County Population	Household Survey (2015)
Gender		
Male	48.7%	35.2%
Female	51.3%	64.8%
Race		
White	96.1%	95.3%
Black or African American	1.8%	.93%
Hispanic/Latino	1.1%	.47%
Asian or Pacific Islander	0.6%	.47%
American Indian/Alaska native	0.1%	2.1%
Two or More races in Household	1.3%	0.7%
Income		
Less than \$10,000	7.4%	4.3%
\$10,000 - \$19,999	33.1%	13.3%
\$20,000 - \$34,999		19.3%
\$35,000 - \$49,999	15.6%	17.9%
\$50,000 - \$74,999	19.6%	20.7%
\$75,000 - \$99,000	11.1%	12.1%
\$100,000 or above	13.2%	12.4%

² U.S Census Bureau and Blair County Household Survey (2010 - 2014)

Household Type		
2 or more adults without children	31.3%	38.8%
2 or more adults with children	16.7%	20.2%
1 Adult with at least 1 child	8.8%	3.0 %
1 Adult living alone	29.6%	23.4%
Adult(s) 65 years or older	18.9%	16.7%

B. Neighborhood/Community Strengths

The household survey asked recipients to state their level of agreement to six questions regarding **neighborhood/community strengths**. Respondents were asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community. This is the third household survey that has been conducted since 2007 and results are fairly consistent over that time period.

The results in this last survey indicate that 70% of respondents felt that people in their neighborhood trust each other and two-thirds agreed that people in their neighborhoods help each other out when they have a problem or in times of crisis. However, only slightly more than one-third gather together formally or informally to participate in activities.

With regard to volunteering, 45% say that they regularly volunteer in their community with helping a religious group receiving the most responses at 56.9%.

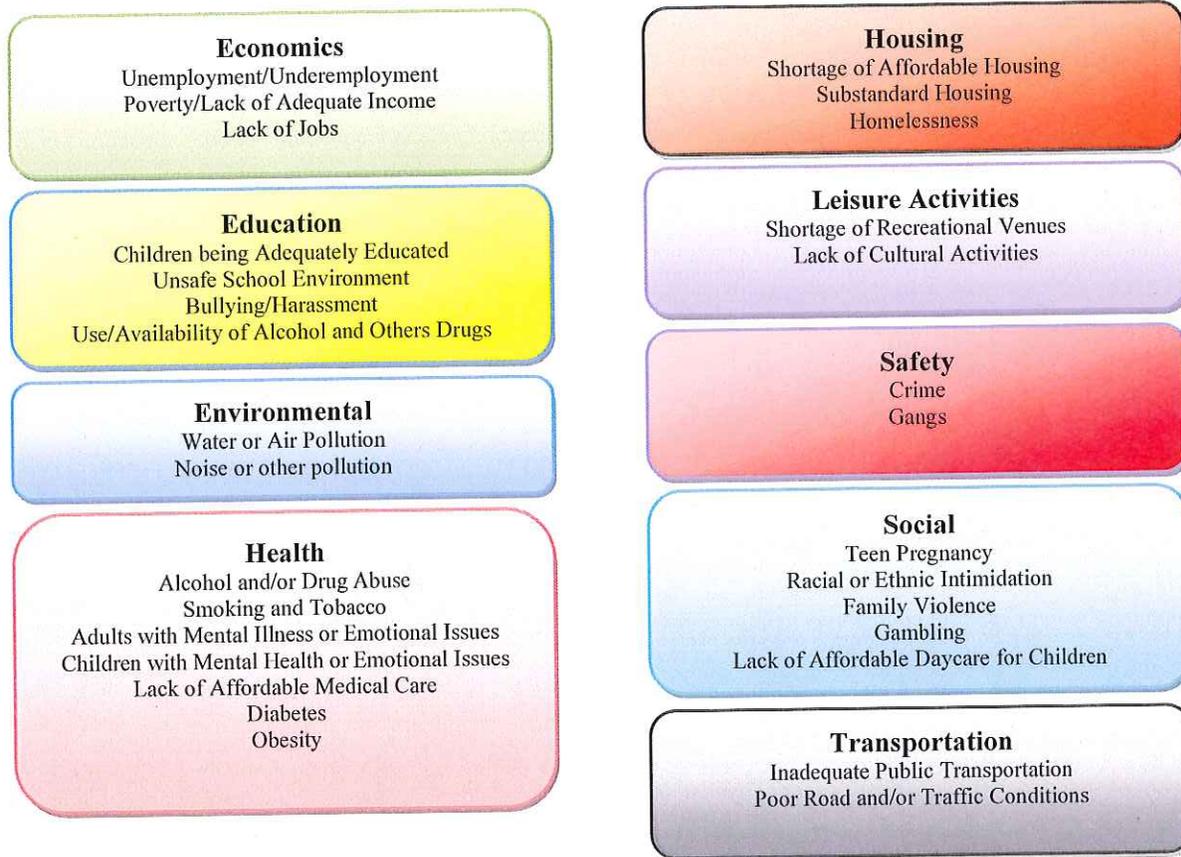
Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 69% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 82% reported that they vote in most elections.

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 30 different **community issues**.

C. Community Challenges and Issues

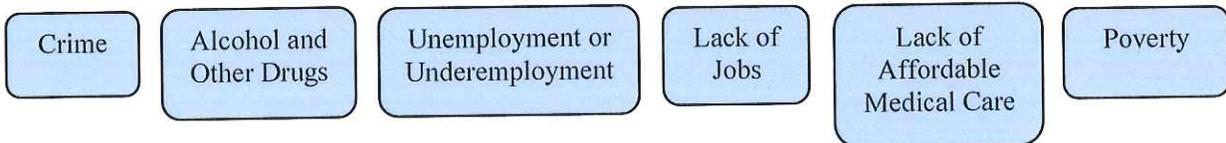
The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 30 different community issues in the categories shown in Figure 2.

Figure 2: Categories of Community Challenges and Issues

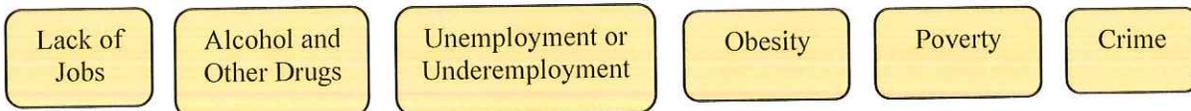


A comparison with the 2007 responses cannot be accurately made since the options changed somewhat for respondents in the 2012 and 2015 household surveys when more health related questions were added.

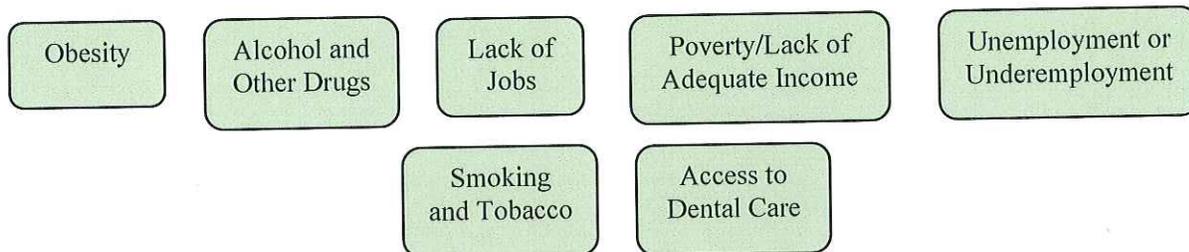
2007 – Identified Priority Community Issues for Blair County



2012 – Identified Priority Community Issues for Blair County



2015 – Identified Priority Community Issues for Blair County

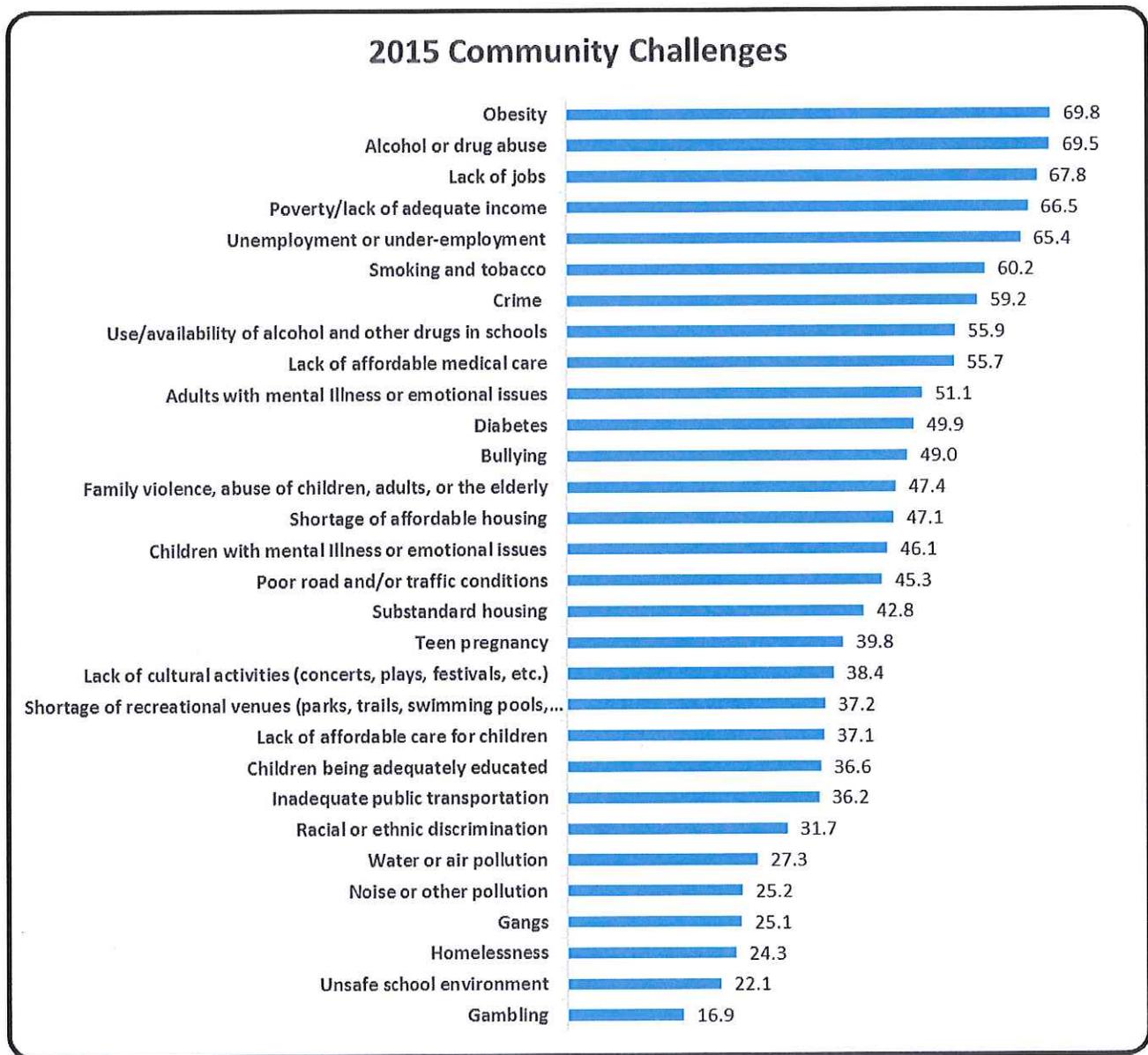


As can be seen on Figure 3, nearly 70% of respondents identified obesity and alcohol and other drugs as major issues followed by issues related to the economy.

A separate analysis on these same questions was conducted based on the geographic area for the three hospitals with similar results. For northern Blair County (Tyrone Regional Health Network), alcohol and other drugs, smoking and tobacco, inadequate transportation, lack of affordable medical care, and obesity were ranked as the highest concerns in that order. For central Blair County (UPMC Altoona), alcohol and other drugs, obesity, lack of jobs, and poverty/lack of adequate income were identified. Lastly, the results for southern Blair County (Nason Hospital) reflected the opinions of the other areas (obesity, poverty/lack of adequate income, lack of jobs, unemployment/underemployment, and smoking/tobacco).

The household survey was also administered to clients/consumers by seven other groups including Allegheny Lutheran Social Ministries, the Arc of Blair County, Center for Independent Living, Child Advocates of Blair County/Head Start Program, Community Support Program/HOPE Drop-in Center, Family Resource Center, and Southern Alleghenies EMS Council. Respondents in those surveys agreed that obesity, alcohol and other drugs, smoking and tobacco, poverty, and lack of jobs were among the highest ranking challenges. However, they also identified mental health issues, lack of affordable medical care, substandard housing and/or shortage of affordable housing, diabetes, family violence, and shortage of recreational venues as issues affecting their particular population.

Figure 3: COMMUNITY CHALLENGES & ISSUES (Ranked by percentage identified as major or moderate issue).



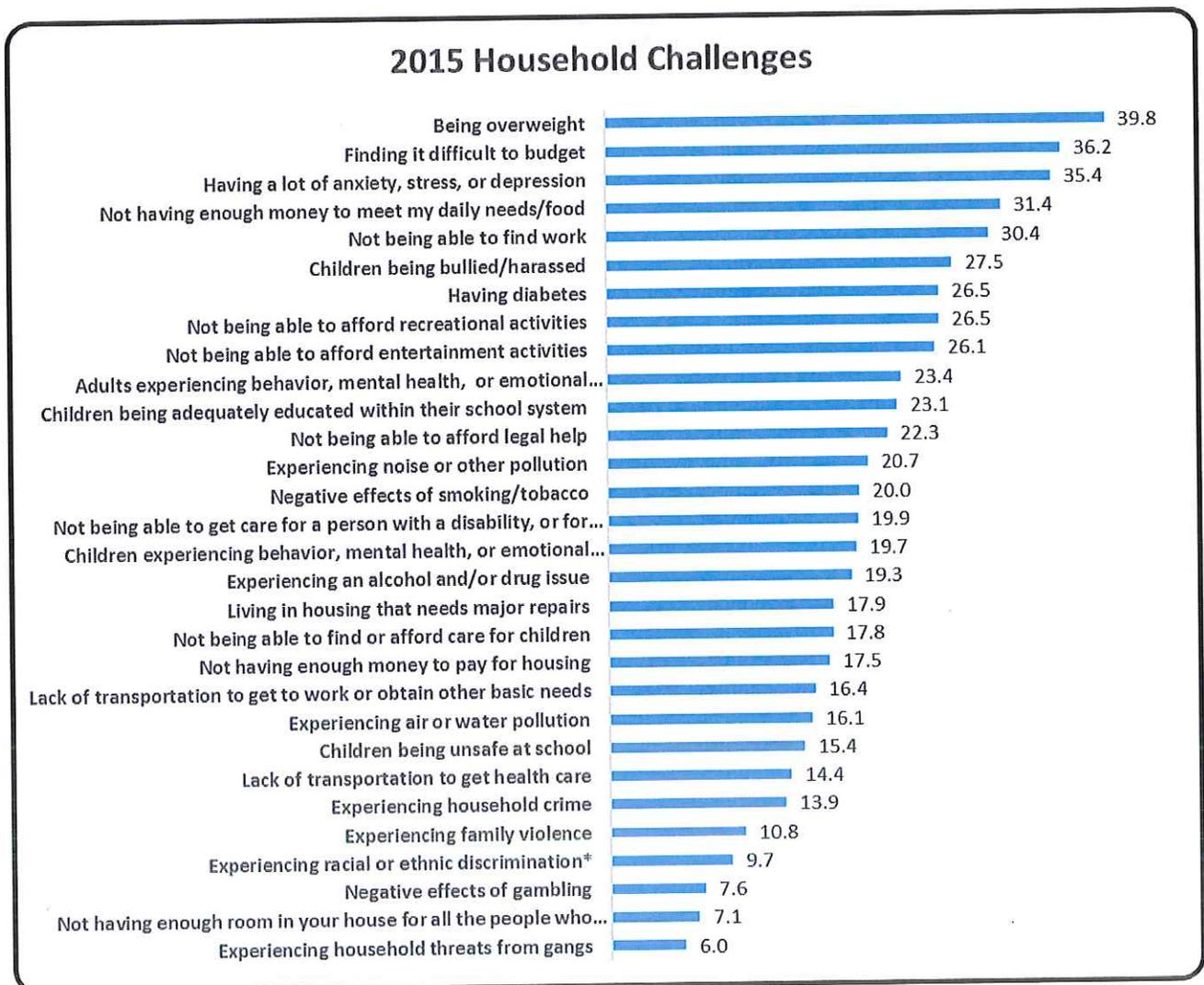
D. Household Challenges and Issues

In the next section of the household survey, participants were asked whether any of the same type of issues had been a **challenge or an issue in their household**. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major issue, or No Opinion/Don't Know.

As Figure 4 indicates, 39.8% of respondents identified being overweight as the top challenge within their household. Nearly 36% reported finding it difficult to budget and having anxiety, stress, or depression. The results were also identical to those in the last two needs assessments. The analysis based on geographic areas for the three hospitals once again yielded similar results with being overweight, finding it difficult to budget, and having stress, anxiety, and depression as the highest ranking issues within households.

Respondents in surveys conducted by other organizations agreed that being overweight, finding it difficult to budget and having anxiety, stress, or depression were among the highest ranking challenges in their households. However, they also identified not being able to find work, mental health issues, not being able to afford recreational or cultural activities, children being bullied/harassed, and lack of transportation as issues related to their particular population.

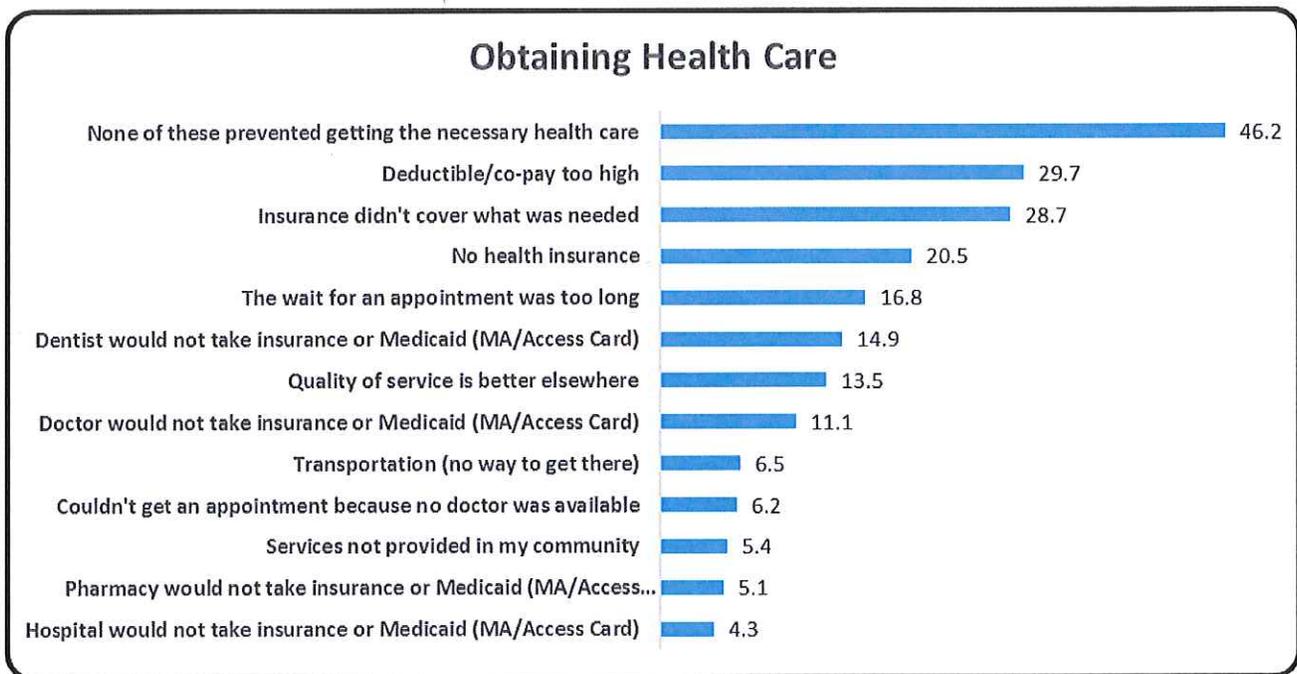
Figure 4: HOUSEHOLD CHALLENGES & ISSUES (Ranked by percentage identified as major or moderate issue).



E. Health Care Challenges and Issues

In order to obtain information from residents on **health care issues affecting themselves or members of their family**, the first question in this section asked “which of these problems ever prevented you or a member of your family from getting the necessary health care”? High deductibles/co-pays and/or insurance not covering what was needed were the greatest barriers which prevented people from getting health care.

Figure 5: CHALLENGES & ISSUES FOR OBTAINING HEALTH CARE (Ranked by percentage identified as major or moderate issue).



On a positive note, over 46.0% of households reported that none of the items prevented them from getting health care and was consistent across geographic areas. However, results varied from 21.4% to 80.0% depending on the subgroup completing the survey from other organizations.

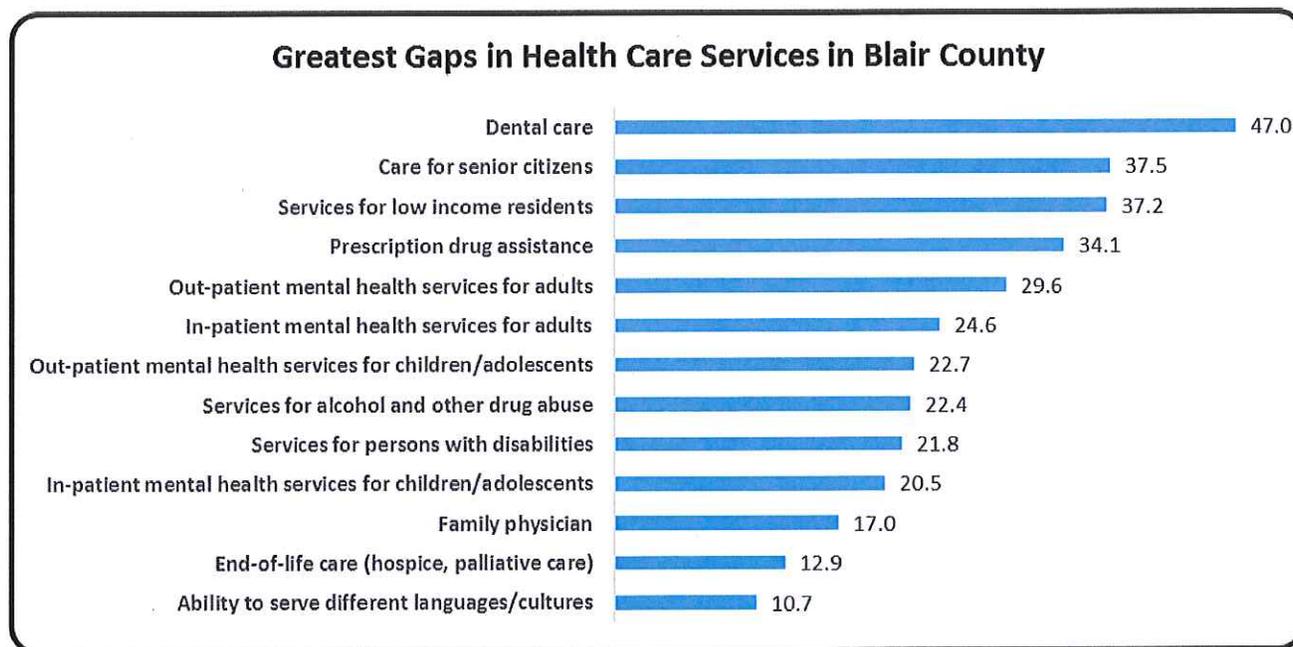
Residents about were asked their own experiences with the health care system. Table 5 summarizes their responses.

Table 5: Navigating the Healthcare System

	Yes	No	Sometimes
When you need help are you able to navigate the healthcare system and community resources?	63.5%	9.43%	27.1%
Do you clearly understand what is going on with your healthcare?	59.2%	16.5%	24.3%
Do you feel your healthcare provides coordinate your healthcare needs well with other medical providers?	55.1%	17.8%	27.6%

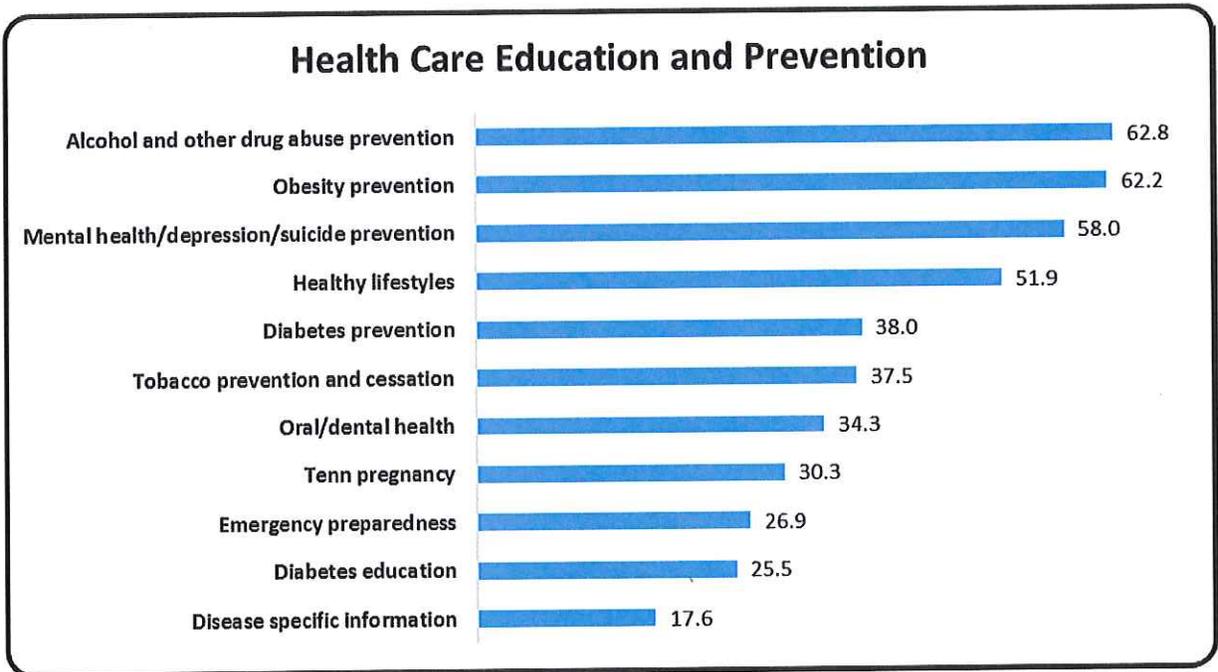
Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Once again regardless of geographic area, residents felt that the greatest gap in health care was dental care. In four out of the seven other organizations, respondents also identified dental care as the greatest gap in health care services. Other gaps tended to reflect the population that was being surveyed (e.g. persons with disabilities indicated services for persons with disabilities).

Figure 6: GREATEST GAPS IN HEATH CARE SERVICES (Ranked by percentage identified as major or moderate issue).



When asked “What are the **greatest gaps in health education and prevention services** in Blair County”, alcohol and other drug abuse prevention (62.8%) and obesity prevention (62.2%) received the highest percentages. However, mental health/depression/suicide followed closely behind with 58%.

Figure 7: Greatest Gaps in Health Education and Prevention Services (Ranked by percentage identified as major or moderate issue).



Blair County residents were asked what keeps them from eating a healthy diet and cost of healthy foods like fruits and vegetables was the overwhelming reason given. However, when asked what keeps them from increasing their physical activity, the most widely selected reasons were the cost, do not have the motivation, time, and their current health or physical condition.

Section Four: Key Informant Survey, Health Care Provider Interviews, and Economic Needs Assessment

A. Key Informant Survey

A survey was distributed to 138 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2015. Forty completed surveys were received, a 29% response rate.

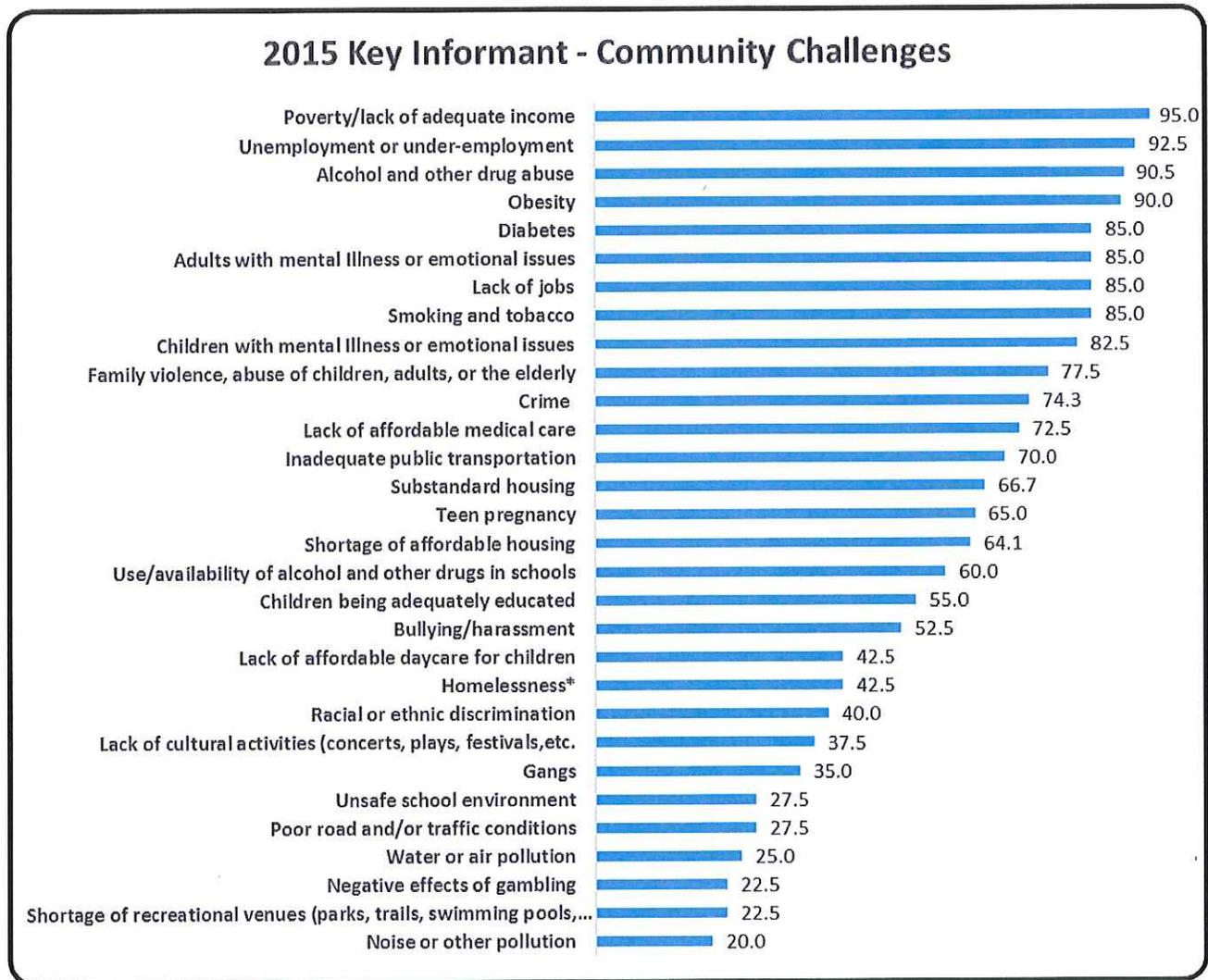
Table 6: Key Informant Responses for Community Strengths

Community Strength	Strongly/Somewhat Agree
Leaders come together and work productively to address critical community issues.	87.5%
Our community actively promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.	80.0%
Religious groups come together to address pressing social concerns.	67.5%
Our community actively promotes participation in the political process from all races, genders, ages, and cultures, including persons with disabilities.	65.0%
There exists a great deal of mutual respect among leaders from all sectors of the community.	75.0%

Key Informant Survey Highlights, Community Strengths, and Challenges:

- ⊙ For community challenges across key informant responses (2015), poverty/lack of adequate income (95%), unemployment/ underemployment (92.5%), alcohol/drug abuse (90.5%), obesity (90%), and smoking and tobacco (85%) were ranked the highest among community issues. The same issues were of concern in the 2007 and 2012 needs assessments except that crime was the second highest issue in the first assessment.
- ⊙ The top community challenges identified in the key informant survey were the same as in the household surveys. This was also true for the top reasons which prevented residents from getting the necessary health care (e.g. deductible/co-pay was too high and insurance didn't cover what was needed).
- ⊙ Key informants also agreed that alcohol and other drug abuse and obesity were the greatest needs regarding health education and prevention services. Key informants believe that dental care and mental health services for adults and children are the greatest gaps in health services in the county.

Figure 8: Key Informant Responses for Community Challenges



B. Health Care Provider Interviews

Healthcare interviews were conducted with twenty-four healthcare providers representing a variety of disciplines such as physicians, dentists, school nurses, pharmacists, behavioral health, hospice, optometrist, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs, environmental factors driving or creating healthcare needs in our county, the needs related to special populations, and programs and initiatives currently underway to address the needs our the community.

Summary of Health Care Provider Interviews:

- ⦿ When asked “What do you believe are the top three community health needs”, access to health care (40.0%) and drug abuse (40.0%) were ranked as the top two concerns followed by obesity (25.0%) and poverty (25.0%).
- ⦿ Health care providers responded to the second question, “What environmental factors do you believe are driving or creating our community health needs” with 38.9% believing that obesity and other economic factors (27.8%) were the top responses.
- ⦿ The third question focused on the needs related to special populations in our county (e.g. children, persons with disabilities, adults, medical assistance, etc.). The highest rated response was access to primary care for medical assistance patients and for poorly insured adults. Providing parents with education and support regarding a variety of issues was the second highest response (15.8%).
- ⦿ Health care providers were able to highlight many programs and initiatives already underway in our community to address the needs mentioned above but reinforced the need for a county-wide coordinated effort in order to assess outcomes and demonstrate success.

C. Community Economic Needs Assessment Survey

In cooperation with the Altoona-Blair County Development Corporation (ABCD Corp), a Community Economic Needs Assessment survey was distributed to key business leaders and companies. ABCD Corporation conducted this needs assessment to assist and fulfill its charitable mission and that the nexus between the organization and its community continues to be its primary goal.³

In July 2015, the economic business survey and cover letter were disseminated through a partnership with the Blair County Chamber of Commerce. Thirty-eight surveys were returned. Many of the questions were of particular importance to ABCD Corp; however, many were also helpful as part of this community health needs assessment. Survey respondents came from various municipalities across Blair County as well as from different industries. They also range from a few employees to over 500 employees.

In the 2015 household survey, 67.8% of respondents identified lack of jobs as a major/moderate community challenge; however, 56.7% of businesses that responded in the Economic Needs Assessment reported having positions that currently need filled. They stated many reasons for having difficulty filling positions but most often the reasons were the lack of applicants with the skills required.

Members of the business community that responded to the Economic Business Survey reported that alcohol and other drugs was the most important concern right now for the community (72.9%) followed by community image (40.5%), and job training (35.0%). Family violence, mental health, and low education attainment levels were tied at 29.7%.

With regard to services in the community that address community issues, the overwhelming majority felt that they were excellent to average. The following listing represents those services by priority based upon

³ Altoona-Blair County Development Corporation. Community Economic Needs Assessment (January 2016)

the opinion that the services offered in the community range from poor to excellent. The number one concern was mental health services (37.8%) followed by transportation, programs for at risk children, access to healthy foods, and drug and alcohol treatment. Services that were considered to be average to excellent included a quality education opportunity, affordable housing, medical and dental care, access to business financing and access to job training.

Of the businesses that responded, 48.6% have workplace wellness programs or similar activities and 21.6% would like to start a program or similar activities.

The results of the Economic Needs Assessment highlighted the extent of charitable contributions contributed by the businesses in Blair County. Almost 80% of the respondents have been located in the same community for over 21 years.

- ⊙ Over 27.7% reported that they provide charitable contributions (e.g. goods and services) to community organizations.
- ⊙ Over 22.2% sponsor community events.
- ⊙ About 3.0% sponsor community groups/sports teams.

ABCD Corporation has been an active member of the Healthy Blair County Coalition (HBCC) since its inception in 2007. This provides a unique opportunity to better address community-wide issues in a more “holistic” approach recognizing that as an economic development organization, the resources of the corporation and the mission of the organization cannot and will not be sufficient to address all identified community needs. It is only through this unique partnership with the network of service providers, a broader group of local resource people, and other stakeholders can the many diverse issues within the community be address over time.

Although economic development issues as it relates to lack of jobs and unemployment/underemployment are a significant community and household challenge, Altoona-Blair County Development Corporation and other local and regional economic development organizations are aggressively addressing this need and therefore this need did not have to be specifically addressed as part of the HBCC Implementation Plan. Altoona-Blair County Development Corporation works as a catalyst for comprehensive economic, community and workforce development to enhance the quality of life and sustainability of the environment in Blair County.

Section Five: Community Asset Surveys

Communities are built on strengths and assets; therefore, surveys were sent to a variety of groups in order to learn more about the strengths and assets we have available as well as their opinions of the challenges and needs of the community. We also wanted to gather information and develop an understanding of the ways in which citizens and other organizations are engaged in this effort.

A. Service Provider Survey

Service Provider Survey Highlights, Community Initiatives/Projects, and Assets:

- ⊙ Service providers stated that they were most involved in the following four community initiatives: supporting people with disabilities (47.1%), health education/prevention (39.2%), reducing poverty (37.3%), and promoting volunteering (37.3%).
- ⊙ Of those who responded, over 78% utilize volunteers in providing services for their agency; however, 69% reported that they could use more volunteers.
- ⊙ Almost 87% make an effort to purchase goods and services from local enterprises.
- ⊙ Over 71% tried to hire people who are transitioning from welfare to work, are disabled, or economically challenged.
- ⊙ With regard to healthcare challenges, they also believe that insurance doesn't cover what is needed (86.0%), and deductible/co-pays are too high (72.0%) are top reasons that prevent residents from getting the necessary health care.
- ⊙ Service providers also agree with key informants that dental care (65.8%) and mental health services are the greatest gaps in health care in Blair County.
- ⊙ Lastly, service providers believe that both obesity prevention (6.0%), mental health/depression/suicide (64.3%), and healthy lifestyles (62.0%) are the greatest needs regarding health education and prevention services.

B. Associations Survey

Association Survey Highlights, Community Initiatives/Projects, and Assets:

- ⊙ Associations reported that they were most involved in the following programs/services: fostering community networks (70%), reducing poverty (60%), promoting volunteering (50%), promoting

community revitalization (50%), supporting people with disabilities (50%), preparing people for jobs (50%), and a variety of education and prevention programs.

- ⊙ With regard to healthcare challenges, they also believe that insurance doesn't cover what is needed (90%), and deductible/co-pays are too high (90%) are the main reasons that prevent residents from getting the necessary health care.
- ⊙ Those completing the survey believe that mental health services for adults and children/adolescents (55.6%) is the greatest gaps in health care services in the county followed by dental care (44.4%).
- ⊙ Lastly, they believe that healthy lifestyles (80%), obesity (70%) and mental health/depression/suicide prevention are the greatest needs regarding health education and prevention services.

C. Faith-Based Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members.

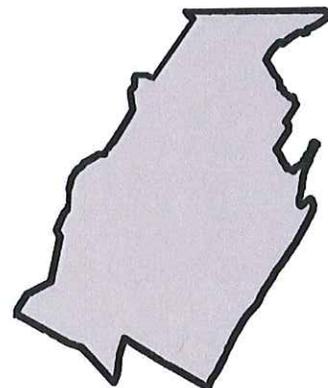
Faith-Based Survey Highlights, Community Initiatives/Projects, and Assets:

- ⊙ Thirty-nine percent (39.1%) of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues.
- ⊙ About 30% believe that our community is one that promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.
- ⊙ Thirty-seven (37.5%) agreed that our community is one where religious groups come together to address pressing social concerns.
- ⊙ Over 63% of the congregations reported having a youth group.
- ⊙ Members of the faith-based community that responded to the survey reported that alcohol and other drugs (100%) is our number one community challenges followed by poverty/lack of jobs (95.8%), smoking and tobacco (91.7%), adults with mental health issues (91.7%), and crime (91.3%).
- ⊙ Results were also similar to other surveys for the top reasons which prevented residents from getting the necessary health care (e.g. insurance didn't cover what was needed and deductible/co-pay was too high).
- ⊙ Members of the faith-based community reported that mental health services followed by services for low-income residents, ability to serve different languages/cultures, services for alcohol and other drug abuse, and dental care were the greatest gaps in health care services.

- Ⓒ They responded that alcohol and other drugs (90.5%), mental health/depression/suicide prevention (85.7%), and obesity (71.4%) were the three greatest needs for health education and prevention services.

Section Six: Demographics of Blair County

Blair County is located in south-central Pennsylvania and covers a land area of 526 square miles. The County includes the City of Altoona, fifteen townships, and eight boroughs. It also includes a portion of another borough, which is split between Blair County and Cambria County.⁴ Blair County sits at the heart of the I-99 Corridor and is the crossroads for Route 22 and I-99 covering all points north, south, east and west.



According to the 2016 data from the Claritas, Inc., the population of Blair County is 125,354 (Table 6).⁵

From 2010 to 2016 the population of Blair County decreased by 1.37% while Pennsylvania's population increased by .82% (Table 7).⁶ Blair County's population projections suggest relatively flat growth.⁷

Blair County is fairly homogeneous with white persons representing 95.5% of the county's population. There are more females (64,255) than males (61,099).⁸ In general, it is a county with a large older population without children. At the same time, Blair County is losing younger professional adults with children. In Blair County, people 65 years and older represent 20.3% of the total adult population. That is the only population expected to increase in numbers over the next few decades. Approximately, 16.2% of the population in the county has a disability.

Table 7: Demographic Data for Blair County

	Blair	Pennsylvania
2016 Population	125,354	12,806,177
2016 Households	51,902	5,087,465
2016 Housing Units	56,756	5,677,596
2016 Families	33,384	3,304,258
Percent Pop Growth 2010 to 2016	-1.37%	0.82%

⁴ Blair County Planning Commission 2007 Area wide Comprehensive Plan Report for Blair County

⁵ Claritas (January 2016)

⁶ Claritas (January 2016)

⁷ Claritas (January 2016)

⁸ Claritas (January 2016)

	Blair	Pennsylvania
Percent Household Growth 2010 to 2016	-0.49%	1.37%
Percent Housing Unit Growth 2010 to 2016	0.85%	1.98%
2016 Population by Age	125,354	12,806,177
2016 Pop, Age <18	25,537 (20.37%)	2,679,913 (20.93%)
2016 Pop, Age 18+	99,817 (79.63%)	10,126,264 (79.07%)
2016 Pop, Age 25+	88,795 (70.84%)	8,876,016 (69.31%)
2016 Pop, Age 65+	25,238 (20.13%)	2,227,601 (17.39%)
2016 Median Age	43.10	40.80
2016 Pop 15+ by Sex, Marital Status		
Never Married	29,671 (28.45%)	3,548,185 (33.44%)
Married, Spouse present	50,823 (48.73%)	4,857,412 (45.78%)
Married, Spouse absent	3,888 (3.73%)	443,899 (4.18%)
Divorced	11,473 (11.00%)	1,017,308 (9.59%)
Widowed	8,431 (8.08%)	742,671 (7.00%)
2016 Owner-Occupied Housing Units by Value		
2016 Median Value	\$127,743	\$175,691
2016 Average Value	\$164,307	\$221,993
2016 Households		
2016 Households	51,902	5,087,465
2016 Average Household Size	2.34	2.43
2016 Households by Household Income		
2016 Median Household Income	\$45,929	\$55,392
2016 Average Household Income	\$61,287	\$75,108
2016 Families by Poverty Status		
2016 Families Below Poverty	3,375 (10.11%)	309,464 (9.37%)
2016 Families Below Poverty with Children	2,786 (8.35%)	233,191 (7.06%)

	Blair	Pennsylvania
2016 Population by Sex and Educational Attainment		
2016 Population 25+ with Less Than High School Graduation	8,050 (9.07%)	972,004 (10.95%)
2016 Population 25+, Male, with Less Than High School Graduation	4,041 (9.56%)	482,253 (11.33%)
2016 Population 25+, Female, with Less Than High School Graduation	4,009 (8.62%)	489,751 (10.60%)
Population 25+ by Educational Attainment	88,795	8,876,016
Male Population 25+ by Educational Attainment	42,270	4,256,505
Female Population 25+ by Educational Attainment	46,525	4,619,511
2016 Population Age 16+ by Employment Status		
2016 Percent Labor Force Unemployed	5.83%	8.52%

Blair County Health Care Resources

Hospitals, Clinics, and Physicians

There are three acute care hospitals in Blair County: UPMC Altoona (376 licensed beds), Nason Hospital (46 licensed beds), and Tyrone Regional Health Network (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and HealthSouth Rehabilitation Hospital. There are approximately 428 physicians (MD, DOs, and DPMs).

Altoona's Partnership for a Healthy Community provides low-income individuals with access to free health and dental care. Primary Health Network: Altoona Community Health Center (FQHC) are serving specific populations within the county.

Tyrone Regional Health Network provides a federally designated rural health clinic in Tyrone to serve specific populations within the community. LionCare Tyrone, a free health clinic, is available the first Saturday of each month. LionCare is offered through a partnership between the Penn State College of Medicine University Park campus, Penn State College of Nursing, and the Tyrone Regional Health Network.

Nason Hospital also participates in a free clinic in their primary service area.

Other Facilities

There are other Freestanding Ambulatory Surgery Centers, Freestanding Imaging, Urgent Care, and multiple Physical Therapy Centers. There are visiting nursing associations, long term care providers, and ten nursing homes.

Table 8: Health Insurance Coverage in Blair County⁹

	% County Population	Estimated Subscribers
With Health Insurance Coverage	90.6%	113,268
With Private Health Insurance	70.0%	87,425
With Public Coverage	37.9%	47,339
No Health Insurance Coverage	9.4%	11,684

⁹ American Community Survey 2014

Section Seven:

Strategy 1: Promote Healthy Lifestyle

Findings and Documented Need

The need to promote a healthier lifestyle for the residents of Blair County remains an identified need in both the 2012 and 2015 community health needs assessments. Based on the 2015 CHNA household survey, 70.0% of respondents felt obesity was the greatest health-related community challenge while 39.8% reported being overweight as a problem within their household. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, obesity was ranked either first or second in nine out of twelve surveys.

As part of their interview, healthcare providers ranked obesity (25.0%) as one of the top three community health needs and was the top issue driving our community health needs (38.9%). They felt there is a lack of understanding regarding diet and its role in health and disease. Their concern was for children in particular who experience poor diets and lack of physical exercise on a regular basis.

The results of the County Health Rankings Report for Blair County have not been positive overall; although the trend has improved over the last six years as shown in Table 9.¹⁰

2010	2011	2012	2013	2014	2015	2016
63	62	56	56	51	48	46

According to that same report, 34% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 29.0% and the national benchmark at 25.0%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 7,500 as compared to Pennsylvania at 6,900. The report indicates the ranking for physical inactivity among adults in Blair County is 29.0% again comparing that with Pennsylvania at 24.0% and the national benchmark at 21.0%. It is important to state that 75.4% of residents in Blair County live in close proximity to a park or recreational facility.¹¹

According to the Center for Disease Control, obesity rates in Blair County increased from 25.3% to 33.1% from 2004 – 2013. Reports of physical inactivity increased from 26.9% to 27.2% while reported

¹⁰ 2016 County Health Rankings Report for Blair County

¹¹ 2016 County Health Rankings Report for Blair County

diagnosis of diabetes rose from 9.3% to 11.3%.¹² In Blair County, 34.6% of K-6 students and 35.4% of students in grades 7-12 are considered overweight or obese.¹³

Food insecurity is an economic and social indicator of the health of a community. It's defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. In Blair County, 12.8% of the population experienced food insecurity at some point during the year.¹⁴ In addition, 54% of all restaurants are fast-food establishments.¹⁵

The 2015 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 206.2 (per 100,000) as opposed to Pennsylvania at a rate of 179.2 (per 100,000).¹⁶

Similar results for obesity, lack of physical activity, and diabetes were highlighted in the most recent Behavioral Risk Factor Surveillance System Report for Blair County (2011-2013).¹⁷

Strategy: Obesity, Diabetes, and Lack of Physical Activity

Goal(s): Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes

Encourage the integration of health and wellness into every aspect of community life.

Coordinate and collaborate with all other agencies currently working on this effort.

Progress and Accomplishments (2012 – 2015)

- ❖ The **Healthy Lifestyle Community Work Group** adopted the national **Let's Move** Initiative and held a launch event in five communities. Over 380 participants and 85 volunteers participated in educational and physical activities promoting the overall message of eating healthy, getting active, and having fun.
- ❖ A **Let's Move Blair County Facebook** page has been sharing tips for healthy eating and getting active, including posting events and activities. Visit us at facebook.com/letsmoveblaircounty.
- ❖ With the support of the Blair County Board of Commissioners, Blair County became a national **Let's Move Cities, Towns, and Counties** site.
- ❖ In collaboration with the Blair County Chamber of Commerce, a Workplace Wellness Committee hosted three **Wake Up to Wellness Events**.
- ❖ The Blair County **Let's Move Child Care Committee** hosted a Lunch and Learn event attended by 24 participants.
- ❖ A **Fuel Up to Play 60** training program was held for local school districts with 27 participants.

¹² Center for Disease Control. Diabetes Data and Trends County Level Estimates

¹³ Pennsylvania Department of Health. Bureau of Community Health Systems. Division of School Health

¹⁴ Feed America. 2014

¹⁵ 2013 County Health Rankings Report for Blair County

¹⁶ Pennsylvania Department of Health. County Health Profile Report for Blair County (2015)

¹⁷ Pennsylvania Department of Health. 2011-2013 Behavioral Risks of Blair County Adults

- ❖ HBCC participated in the eight-week **Everybody Walk Across PA** project and 20 teams from Blair County walked a total of 8,277 miles.
- ❖ HBCC supported the efforts of the Blair County Planning Commission to increase opportunities for physical activity by creating three walking routes through a project called **WalkWorks**.
- ❖ **UPMC Altoona** offered seven different programs and classes to encourage physical activity and prevent obesity and chronic disease (over 4,400 participants). Many of these are offered through the Healthy Living Club. Another initiative which is a partnership between UPMC and a grocery store empowers community members to make healthier food and nutrition choices by learning how to buy foods that support a healthy diet. To date, 92 individuals have participated.
- ❖ **UPMC Altoona** also provides health management activities that are available to all UPMC employees, including: free group or individual health coaching, Walk/Run at Work Days, Lunch N Learn Presentations with various health topics, healthy recipes monthly in the Daily Extra, presentations by dieticians on Diabetes and Weight Management, etc.
- ❖ In 2014, **Tyrone Regional Health Network** and the Northern Blair County Recreation Center conducted the **Corporate Fitness Challenge** with 10 companies, 187 participants with a total of 1100 pounds lost. In 2015, there were 14 companies, 350 participants with a total of 2700 pounds lost.
- ❖ **Tyrone Regional Health Network** co-sponsored the Annual Bellwood-Antis Public Library Community Health and Safety Fair. Thirty vendors offered free health screenings and health-related information to almost 200 participants. The hospital contributes to a health related column in the Tyrone Daily Herald which has over 1,000 subscribers. The hospital created the Wellness and Awareness Circuit which has been presented to students and faculty in two Blair County school districts. The establishment of the Tyrone Fitness and Wellness Center is a resource for residents of the community to focus on health and fitness.
- ❖ **Nason Hospital** took their Wellness Unit trailer to community events in Williamsburg, Claysburg, Roaring Spring and Martinsburg each summer. The focus was on nutrition and MyPlate information was provided. They also participated in the Health and Safety Carnival at two locations in conjunction with Head Start with an emphasis on the MyPlate eating formula and handouts were provided to attendees. Over 300 people including children attended each event.
- ❖ The Dietician at **Nason Hospital** conducted presentations during the school year for about 40 students per week at an afterschool program. The programs focused on making healthy meal choices, cooking demonstrations, importance of eating 3 meals per day, eating appropriate snacks including fruits and vegetables, etc. Parents attended an end of year program with their children and did a program on gardening over the summer. The Dietician visited the Saxton Station Pharmacy once per year to provide nutrition and healthy lifestyle choices to patrons.
- ❖ **Nason Hospital** also conducted Nutrition and Wellness programs on-site for local employers, including Appvion (over 100 attendees), Curry Supply (50-60 employees attended each time), Smith Transport (20 employees), and Roaring Spring Paper Products (60 employees).



The implementation plan for the continuation of this strategy is outlined in Section 14 of this report.

Section Eight:

Strategy 2: Alcohol and Other Substance Abuse

Findings and Documented Need

Although there have been many proactive initiatives to address alcohol and other drug within Blair County, it continues to adversely affected the quality of life for individuals and the community itself. It was the second highest rated issue in the random household survey at 69.5%. An analysis based on geographic areas indicated that residents in northern and central Blair County ranked alcohol and other drugs as the highest ranking issue at 80.0% and 72.0% respectively.

Alcohol and other drugs was ranked third by 90.5% of key informants as a major/moderate issue. For the second time, 100% of respondents to the faith-based survey held the opinion that it was a major/moderate community challenge.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, alcohol and other drugs was ranked highest at 62.8%. Key informants and the faith-based community also ranked alcohol and others drugs as the greatest need. It also ranked in the top three in all household surveys and ranked in the top four of every other survey group.

Members of the business community that responded to the Economic Business Survey reported that alcohol and other drugs was the most important concern right now for the community (72.9%).

The Blair Drug and Alcohol Partnerships (BDAP) is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund and administer drug and alcohol activities. The Blair SCA provides a central point of contact for individuals seeking care for a drug and alcohol related issues.

Blair County data continues to see the impact of opiates on its citizens. Data from the SCA assessments and Blair HealthChoices shows opiates, prescription and heroin, as a top drug of choice. Data from our largest hospital emergency room (1840 cases from January 1, 2013 - April 30, 2015 that included a drug and alcohol reference) presented a snap shot of these issues in our community. Overdoses and intoxication resulted in 39% of the AOD related cases in the Emergency Department. Approximately 442 presented as overdose/possible overdose. Coroner reports indicate a mixture of prescription drug use has been the primary reason for overdose deaths. They are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000s when opiate use started to increase in Blair County. SCA and Blair HealthChoices data confirms opioids a primary drug of choice for those entering the system.

A total of 995 assessments were completed through BDAP. This number does not represent all persons in drug and alcohol treatment. Some individuals are funded through private insurance or Medicaid and can go directly to treatment providers for services. The SCA provided demand information that indicated over

9043 individuals have substance abuse issues with only 7%-10% seeking services. The demand rate in Blair County exceeds the national average.¹⁸

Blair HealthChoices data shows an increase from 2012-2013 to the 2014-2015 of individuals eligible for medical assistance and receiving drug and alcohol services. One thousand six hundred twenty-one (1621) individuals 12+ years of age and older received drug and alcohol services. Two thousand one hundred fifty-nine (2159) individuals 12+ years of age and older received treatment in 2014-2015.

The demand for treatment shows an increased rate of engagement in treatment within the county. This may be a result of having a significant opiate dependent population and concentrated efforts to provide access to treatment for adolescents. Adolescent services continue to be provided within the school setting over the last ten years. The penetration rate of persons treated is the foundation for the assumption that the demand rate is higher in the Blair County.

The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. As shown in Table 10, Blair County has seen declines in the percentage of youth engaging in alcohol, inhalants, cigarettes, smokeless tobacco, hallucinogens, methamphetamines, and ecstasy for lifetime use but an increase in marijuana and prescription drugs.¹⁹

Table 10: Pennsylvania Youth Survey Results for Blair County (Percent of Lifetime Use for Students in Grade 12)

	Blair County 2001	Blair County 2003	Blair County 2005	Blair County 2007	Blair County 2009	Blair County 2011	Blair County 2013	Blair County 2015	State 2015
Alcohol	86.6	82.2	82.0	77.8	66.0	60.7	72.7	65.1	71.0
Marijuana				30.8	29.0	38.7	31.9	33.8	38.2
Inhalants				11.1	10.8	5.2	7.1	7.0	5.2
Cigarettes	61.6	55.2	50.3	47.7	47.5	49.3	40.9	37.2	32.7
Smokeless Tobacco	0.4	28.5	27.7	30.6	30.1	35.8	29.4	21.8	18.1
E-Cigarettes (past 30 days not lifetime)	-	-	-	-	-	-	-	29.9	27.0
Narcotic Prescription Drug	-	-	-	-	-	12.3	12.7	12.1	12.1
Prescription Tranquilizers	-	-	-	-	-	2.6	6.1	6.1	5.3
Prescription Stimulants	-	-	-	-	-	7.4	9.4	10.6	9.7
Steroids	3.3	1.3	1.1	2.4	0.5	1.3	1.7	1.3	1.6
Cocaine	7.4	6.4	5.6	6.9	2.9	2.6	3.1	2.5	3.8
Methamphetamines	6.6	5.0	3.9	0.6	0.8	0.4	2.1	0.7	1.0
Heroin	3.1	3.3	2.6	0.3	0.9	0.6	1.7	1.3	1.4
Hallucinogens	12.7	9.0	5.9	9.3	3.7	7.2	6.4	8.0	6.9
Ecstasy	11.1	5.4	3.3	2.7	2.2	2.0	1.7	1.7	2.1

¹⁸ Blair Drug and Alcohol Partnerships (2015 Needs Assessment)

¹⁹ Pennsylvania Youth Survey. 2001 - 2015 Blair County Survey.

In Blair County, there were over 459 arrests for driving under the influence, 224 liquor law violations, 245 for drunkenness, and 645 drug arrests (2015).²⁰ There were 800 criminal justice referrals to drug and alcohol treatment²¹.

Since 2007, Operation Our Town has raised over 3.3 million dollars through business, individuals, organizations, and federal grants to fund law enforcement, prevention, and treatments programs to combat crime and substance abuse in Blair County. The implementation of a variety of specialty courts has also had a positive impact.²²

Strategy: Alcohol and Other Substance Abuse

Goal(s): Implement the evidenced-based SBIRT (Screening, Brief Intervention and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Progress and Accomplishments (2012 – 2015)

- ❖ Under the leadership of the Blair County Drug and Alcohol Partnerships, a \$100,793 grant was secured. This grant formed partnerships with two medical clinics (Altoona Family Physicians Residency Program and Partnering for Health Services) for training and implementation of the evidenced-based SBIRT (Screening, Brief Intervention, and Referral to Treatment). This process screens patients for substance abuse as part of routine health care.
- ❖ As part of the SBIRT project, training was provided to 2 champions, 20 providers, 13 clinical staff, and 22 resident physicians. In both clinics, 627 patients were screened, 72 brief interventions conducted, and 6 patients referred to treatment.²³

The implementation plan for the continuation of this strategy is outlined in Section 14 of this report.

²⁰ PA State Police. Uniform Crime Reports.

²¹ Blair Drug and Alcohol Partnerships (2015 Needs Assessment)

²² Operation Our Town 2015 Newsletter

²³ University of Pittsburgh. Program Evaluation Research Unit.

Section Nine:

Strategy 3: Mental Health Needs of Children/Adolescents

Findings and Documented Need

Although this strategy will target children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. Thirty-five percent (35.4%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. When reviewing household survey responses from the seven other organizations that conducted the survey that number varied from 14.7% - 74.5% for having anxiety, stress, or depression. Eighty-two percent (82.4%) of key informants stated that children with mental illness or emotional issues was a major/moderate issue. Respondents to the faith-based survey believed that adults (91.7%) and children (87.5%) with mental illness or emotional issues was a major/moderate community challenge.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, mental health/depression/suicide prevention was ranked in the top three for every survey conducted.

As part of their interview, healthcare providers ranked mental health services as one of the top community health need (20.0%). Many believe that mental health services especially for children and adolescents is a critical need (e.g. expansion of crisis services, the need for an inpatient facility, access to behavioral health providers, and additional psychiatrists, etc.).

In 2014, the HBCC Mental Health Work Group conducted an informal study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. In a two-year period, 304 Blair County residents ages 0-18 received in-patient care at UPMC Altoona. Another 253 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

A review of the Student Assistance Program (SAP) implementation in Blair County identified many strengths including the availability of agency services and parent permission for SAP services. In 2014 - 2015, 84% of parents provided written permission for their child to participate in SAP as compared to the state average of 71%.²⁴ The lack of psychiatrists, insurance issues/lack of credentialed staff, lack of an in-patient facility in the county and/or available beds in other facilities, and the need for more summer programs were identified as weaknesses in our child/adolescent mental health services system.

In 2014 – 2015 fiscal year, over 7,453 residents of Blair County received mental health services through the Behavioral Health Managed Care provider and another 4021 uninsured individuals received care through Department of Human Services funding.²⁵ Over the last five years, an average of \$32,000,000 annually has been spent for mental health services in the county alone.²⁶

²⁴ Pennsylvania Department of Education. Student Assistance Program Data (2014- 2015)

²⁵ Department of Social Services and Blair HealthChoices

²⁶ Blair HealthChoices

Blair County has one of the most active crisis centers in the Pennsylvania for volume of patients served.²⁷

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.²⁸

The national annual suicide rate is 13 per 100,000 with large increases in suicide rates affecting virtually every age group. The rate in Blair County is slightly higher at 13.6% as indicated in Table 11.

Table 11: Suicide Statistics in Blair County 2002-2013²⁹

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number of Suicides	18	16	25	20	17	20	16	15	14	16	13	17
Male	16	14	21	16	13	17	14	9	9	13	12	15
Female	2	2	4	4	4	3	3	6	5	3	1	2
Age												
0-15	0	0	0	0	0	0	0	1	0	0	0	0
16-25	2	3	4	1	0	5	3	2	4	2	1	2
26-35	3	0	3	2	1	3	2	2	2	2	3	4
36-45	3	3	5	4	7	8	6	6	3	1	3	2
46-55	3	5	7	2	2	3	2	2	1	7	1	2
55-65	1	1	3	6	4	1	2	1	4	1	4	5
66-75	2	2	2	1	1	0	1	1	0	3	0	1
75 and older	4	1	1	4	2	0	1	0	0	1	1	1

The number of Student Assistance Program referrals for suicide ideation, gesture, or attempt is summarized in Table 12. As indicated on the Pennsylvania Youth Survey, youth in Blair County also report symptoms of depression.

²⁷ Blair County Department of Social Services

²⁸ American Association of Suicidology

²⁹ Blair County Coroner

Table 12: Summary of Blair County Student Assistance Program Data - Number of Referrals and Statistics Related to Suicide Ideation, Gesture, or Attempt³⁰

School Year	Total Number of SAP Referrals	Number of Referrals for Suicide Ideation, Gestures, or Attempts	Number of Referrals for Suffered Recent Loss
1996-1997	1151	36	-
1997-1998	973	48	-
1998-1999	964	54	-
1999-2000	1023	65	-
2000-2001	1010	43	-
2001-2002	949	44	-
2002-2003	912	35	183
2003-2004	998	37	51
2004-2005	1055	34	73
2005-2006	1008	27	87
2006-2007	1018	19	69
2007-2008	1116	13	57
2008-2009	1206	14	106
2009-2010	1359	22	83
2010-2011	1478	51	96
2011-2012	1358	30	64
2012-2013	1368	33	55
2013-2014	1569	40	63
2014-2015	1647	37	64

(Student Assistance Programs have been established by law in all school districts to identify and assist students who may be experiencing problems with school performance or behavior. These problems may be related to mental health concerns, or alcohol and other drug use.).

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student’s life. In Blair County, 41.9% of students in this county reported the death of close friend or family member in the past twelve months, compared to 40.3% at the state level. 11.7% of students reported changing homes once or twice within the past 12 months, and 5.2% of students reported having changed homes three or more times in the past three years.³¹

As shown in Table 13, 40.1% of students felt depressed or sad most days as compared to 30.1% in 2011 and 30.9% in 2013.

³⁰ Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2015)

³¹ Pennsylvania Youth Survey. 2015 Blair County Survey

Table 13: Blair County Youth Reporting Symptoms of Depression (2015)³²

	6th	7th	8th	9th	10th	11th	12th	Overall
In the past year, felt depressed or sad most days	34.8%	-	38.9%	-	43.6%	-	44.2%	40.1%
Sometimes I think that life is not worth it	17.0%	-	23.6%	-	28.1%	-	31.5%	24.7%
At times I think I am no good at all	27.2%	-	33.9%	-	38.4%	-	39.8%	34.6%
All in all, I am inclined to think that I am a failure	15.1%	-	20.9%	-	21.9%	-	22.6%	20.0%

Note: The symbol "--" indicates that data is not available because only students in grades 6, 8, 10, and 12 were surveyed as part of the Pennsylvania Youth Survey.

Bullying and harassment often leads to depression and suicide especially among young people. Students in Blair County (grades 6, 8, 10, and 12) reported on the 2015 Pennsylvania Youth Survey that overall 21.1% had been teased, called names, or made fun. These results are slightly higher than those reported by students across the Commonwealth (16.9%) but less than reporting in previous years.³³ Although not ranked as high as other issues, about 49.0% of participants in the household survey considered bullying a major/moderate issue with approximately 27.5% reported having children who were being bullied/harassed.

The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 460:1 as compared to Pennsylvania at 580:1.³⁴

Strategy: Mental Health Needs of Children/Adolescents

Goal(s): Develop a better understand of the services available to identify, intervene, and provide treatment to children and adolescents within the county.

Explore unmet needs and work toward establishing or enhancing programs and strategies to more effectively serve children and families.

Progress and Accomplishments (2012 – 2015)

- ❖ Conducted an informal feasibility study to assess the need and sustainability of an inpatient behavioral health facility for children and adolescents.
- ❖ Conducted and reviewed data on the implementation of Student Assistance Programs in Blair County schools.
- ❖ Advocated for additional summer support groups to be conducted for students identified by school SAP teams.

The implementation plan for the continuation of this strategy is outlined in Section 14 of this report.

³² Pennsylvania Youth Survey. 2015 Blair County Survey

³³ Pennsylvania Youth Survey, 2015 Blair County Survey

³⁴ 2016 County Health Rankings Report for Blair County

Section Ten:

Strategy 4: Smoking and Tobacco

Findings and Documented Need

The results of the 2012 and 2015 community health needs assessment reflected a concern with smoking and tobacco use. Based on the 2015 CHNA household survey, 60.2% of respondents felt smoking and tobacco use was a major/moderate concern. Respondents from northern Blair County ranked it the second highest challenge for the community at 80%. The results were similar for the survey conducted by the other seven agencies with a range of 45.0% - 91.7%. Twenty (20.0%) of households experienced negative effects of smoking and tobacco use. Key informants considered smoking and tobacco use (85.0%) in the top five community challenges. Members of the faith-based community ranked it in the top three challenges (91.7%).

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, 37.5% reported tobacco prevention and cessation. Responses were even higher for those completing the survey from other organizations.

According to the County Health Ranking Report for Blair County, 20.0% of the adult population in Blair County currently smoke every day. The Healthy People 2020 national health target is to reduce the proportion of adults who smoke to 12.0%. This is an area designated for Blair County to address in the county health ranking report. Each year approximately 480,000 premature deaths can be attributed to smoking.³⁵ Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions. Another upcoming concern is e-cigarette use which has tripled from 2013 – 2014 among middle and high school students.³⁶ In Blair County, 29.9% of students in grade 12 reported vaping/e-cigarette use in the last 30 days.³⁷

According to the 2015 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 167.5 (per 100,000) as compared to Pennsylvania at a rate of 173.4 (per 100,000).³⁸

Twenty-three percent (22.4%) of mothers in Blair County report smoking during pregnancy.³⁹

³⁵ 2016 County Health Rankings Report for Blair County

³⁶ Center for Disease Control. 2014 National Youth Tobacco Survey

³⁷ Pennsylvania Youth Survey. 2015 Blair County Survey

³⁸ Pennsylvania Department of Health. County Health Profile Report for Blair County (2015)

³⁹ Pennsylvania Department of Health. Health Statistics and Research. (2013)

Strategy: Smoking/Tobacco (environmental strategy)

Goal(s): Identify and support the implementation of policies and programs that promote a smoke free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).

Collaborate with the Blair Drug and Alcohol Partnerships on conducting smoking cessation programs for all three hospitals and local businesses.

Progress and Accomplishments (2012 – 2015)

- ❖ The Tobacco-Free Work Group developed and distributed a webinar to provide information and resources for businesses and organizations on how to become 100% tobacco-free workplaces.
- ❖ In collaboration with career services personnel and guidance counselors, a roundtable meeting was held. The purpose was to educate students on issues related to seeking employment in companies that are currently or will be tobacco-free workplaces.
- ❖ In collaboration with the Blair Drug and Alcohol Partnerships, local hospitals, businesses, and other organizations, fifteen smoking cessation classes were conducted. Of the 143 smokers that attended the classes, 49% quit smoking.

The implementation plan for the continuation of this strategy is outlined in Section 14 of this report.

Section Eleven:

Strategy 5: Poverty

Findings and Documented Need

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, etc.). The following comment which was made by a key leader on a survey response has been stated one way or another by others.

“Poverty will be linked in some way, either directly or indirectly, to all other important challenges such as drugs, health, crime, education, employment, housing, etc.”

Poverty and the lack of adequate income was identified as the number one challenge by key informants (95%). This was reflected in various rates all other surveys conducted as one of the top challenge for the county. Over 31.4% didn't have enough money to meet daily needs/food and as high as 66.7% as reported in the subgroups (other organizations that conducted the survey).

In the 2007 needs assessment, 77.0% of key informants agreed that unemployment/under-employment was a major/moderate issue. In the 2015 community health needs assessment that number increased to 92.5%.

The per capita income for Blair County is \$38,336 which is lower than for Pennsylvania at \$47,679. The medium household income is \$43,343 which is significantly lower than the state at \$53,224. This may be due in part to Blair County having more technical-service type jobs that tend to pay lower wages.⁴⁰

The average unemployment rate in Blair County has ranged from 3.6% to 10.9% in the time period from 1990-2016 and is currently slightly less than the state's rate at 5.4%.⁴¹ On the positive side, the cost of living in Blair County is 87 (less than the U.S. average at 100).⁴²

The 2014 estimated poverty rate in Blair County at 15.0% is slightly higher than Pennsylvania at 13.6%. However, the estimated poverty rate for children under 18 in Blair County is 20.1% which is higher than that of Pennsylvania at 19.0%. The use of food stamps and medical assistance is higher than state average. About 24.1% of the population in Blair County is eligible for medical assistance as compared to 20.1% for the state. Seventeen percent of people are getting food stamps in the county as compared to 14.5% in Pennsylvania. Approximately, 20.1% of adults ages 65 and older are enrolled in Pennsylvania's

⁴⁰ The Center for Rural Pennsylvania 2016 County Profiles

⁴¹ U.S. Bureau of Labor Statistics

⁴² Altoona Blair County Development Corporation

prescription assistance program (PACE/PACENET) as compared to the state at 14.1%. There are 10,521 persons ages 18-64 and 7,977 persons over the age of 64 with disabilities in Blair County.⁴³ The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 48.5% (2014) as compared to Pennsylvania at 46.9%.⁴⁴

Table 14: Percent of Children Enrolled in Free and Reduced Lunch Programs (2015 – 2016)⁴⁵

School District	Percent of Children
Altoona Area	59.9%
Bellwood-Antis	36.8%
Claysburg-Kimmel	62.0%
Hollidaysburg Area	33.1%
Spring Cove	40.1%
Tyrone Area	47.5%
Williamsburg Community	48.7%
Nonpublic Schools	8.95% - 25.7%

About 44.4% of children under the age of 18 are living in low-income families. The percentage of uninsured children under 18 years old in Blair County was 3.2%% as compared to Pennsylvania at 5.2%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the state percentage of 68.9%.⁴⁶

The 2016 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Table 14 shows the areas of highest need in Blair County. The selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

Table 15: SocioNeeds Index for Blair County Zip Codes⁴⁷

Zip Code	Ranking
16625 - Claysburg	5
16601 - Altoona	5
16693 - Altoona	5
16602 – East Freedom	4
16637 - Williamsburg	4
16662 - Martinsburg	3
16673 – Roaring Spring	3
16635 - Tyrone	2
16686 - Duncansville	2
16617 - Bellwood	2
16648 - Hollidaysburg	1

⁴³ The Center for Rural Pennsylvania 2016 County Profiles

⁴⁴ Pennsylvania Department of Education. Data and Statistics.

⁴⁵ Pennsylvania Department of Education. Data and Statistics.

⁴⁶ www.papartnerships.org State of the Child County Profile (Blair 2015)

⁴⁷ Healthy Communities Institute (2016)

There are 1,521 children in Blair County receiving in-home services through the child welfare system and 220 in foster care placement.⁴⁸

The latest child abuse statistics (2014) indicate 432 reports of child abuse in Blair County with 56 being substantiated (13.0%). The total substantiated reports per 1000 children is at 2.2% which is higher than the state percent at 1.2%.⁴⁹

When reviewing education indicator data, the high school graduation rate for Blair County is 90.5% as compared to the state at 87.7%. However, those earning a bachelor's degree or higher is much less than the state at 28.1% compared to Blair County at 18.6%. The high school dropout rate for Blair County is 1.1% which is comparable to Pennsylvania is at 1.7%.⁵⁰

According to the latest Reach and Risk Report, children in Blair County are at moderate-high risk of school failure. When children experience risk factors such as living in economically stressed families, poor or no pre-natal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. The more risk factors a child experiences, the greater his/her risk of school failure. This data indicates that 7,227 children in Blair County fall into this category.⁵¹

The teen birth rate for Blair County stands at 32 which is higher than for Pennsylvania at 27 (birth rate per 1,000 population). There were 89 teen births (ages 19 and under) in Blair County in 2013.⁵²

Data taken from the 2016 County Health Rankings Report indicate 11% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania.⁵³ Without health insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use. Results from the 2015 Household Survey indicate that between 15% – 37% use a hospital emergency room for routine health care.

Although housing and homelessness were not identified as significant challenges in the community health needs assessment, service providers have identified the lack of decent, affordable housing has a predominant issue. The number of clients who received Rental Assistance through Blair Senior Services from July 1, 2015 through April 2016 was 332. The number of individuals who received Emergency Shelter through Blair Senior Services and Family Services in 2015/2016 was 311.⁵⁴ According to our housing providers, current unmet housing needs and gaps include: a significant shortage of shelter beds in Blair County, transportation, limited communication between agencies when consumer receives assistance, lack of jobs that provide a living wage, and lack of permanent, affordable housing. The lack of permanent and affordable housing results in longer lengths of stay in the shelter decreasing the number of individuals served. The current housing situation lends to two year (or longer) waiting lists for subsidized

⁴⁸ www.papartnerships.org State of the Child County Profile (Blair 2015)

⁴⁹ Pennsylvania Department of Public Welfare (2014)

⁵⁰ Pennsylvania Department of Education. (2014-2015)

⁵¹ Pennsylvania Office of Child Development and Early Learning Program Reach and Risk Report. (www.ocdelresearch.org).

⁵² Pennsylvania Department of Health

⁵³ 2016 County Health Rankings Report for Blair County

⁵⁴ Blair County Department of Social Services. Homeless Assistance Program

housing in the Blair County area. The family shelter, operated by Family Services, turned away 544 people from July 2015 through April 2016, due to the shelter being full. The number of women served by the domestic abuse shelter was 54 women and 31 children.⁵⁵

Strategy: Poverty

Goal(s): Develop a plan to identify and address issues related to poverty in Blair County.

Identify programs that provide resources and/or address poverty related issues in Blair County.

Provide training and increase awareness of the impact of poverty on children and families.

Progress and Accomplishments (2012 – 2015)

- ❖ In cooperation with other community partners, our Bridges Network sponsored and/or assisted with five poverty simulations in Blair, Bedford, and Cambria Counties with more than 500 participants and volunteers.
- ❖ Members of the work group have worked with and/or expanded programs that provide resources to low-income students at the elementary, secondary, and higher education levels.
- ❖ Members assisted in developing a Fuel Bank Program to more efficiently provide financial assistance to low-income individuals and families. During the first year of operation, 78 households were assisted for a total amount spent of \$19,177.50. Twenty-eight clients attended the required budgeted classes. Fuel Bank clients who did not attend the budgeting class will have a higher co-pay if they request assistance from the Fuel Bank again.
- ❖ Work group members provided 15 Bridges Out of Poverty trainings for over 250 participants.

The implementation plan for the continuation of this strategy is outlined in Section 14 of this report.

⁵⁵ Family Service Inc.

Section Twelve:

Strategy 6: Dental Care

Findings and Documented Need

The new strategy chosen as a result of the 2015 community health needs assessment is exploring and addressing access to dental care. Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Once again regardless of geographic area, age cohort, or other grouping, residents felt that the greatest gap in health care was dental care. Lack of access to dental care received the highest ranking at 47% overall and was ranked first in all geographic areas. It was ranked first in the key informant survey (59.5%) and the service provider survey (61.9%). The gap in dental care was ranked fourth in the association survey (44.4%) and seventh in the faith-based survey (42.1%). In addition, responses from four out of seven other organizations also ranked dental care as the number one gap in health care services.

According to a 2013 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 22.0% accepted Medicaid, 22.0% accepted Medicare, and 89.0% accepted private insurance. The percent of dentists that accepted dental coverage for new patients was about the same (22% accepted Medicaid, 24% accepted Medicare, and 92% accepted private insurance, and 98% accepted from uninsured).⁵⁶ In addition, Blair County is designated as a Health Professional Shortage Area for dental care.

In Pennsylvania, there are only 37.7 dentists for every 100,000 Pennsylvanians compared to the national average of 64 dentists for every 100,000 people. In Blair County, we are below the state average at 31.4 for every 100,000 people.⁵⁷

In Pennsylvania, schools are required to provide dental screenings for children in kindergarten or first grade, third grade, and seventh grade if they do not have a family dentist. In 2012 – 2013, 1318 students in Blair County were screened and 335 were referred for treatment. However, only 39 completed referrals forms were returned by families.⁵⁸

Table 16: Number of Patients Seen for Dental Issues in Emergency Departments (2015)⁵⁹

	Nason Hospital	Tyrone Regional Health Network	UPMC Altoona
Total Number of ER Visits	13,691	8990	68,748
Number and Percent for Dental Issues	245 (2.0%)	33 (3.7%)	1069 (1.5%)

⁵⁶ Pennsylvania Department of Health. A Report on the 2013 Survey of Dentist and Dental Hygienist. September 2014.

⁵⁷ Bureau of Health Planning. Department of Health.

⁵⁸ Pennsylvania Department of Health

⁵⁹ Nason, Tyrone, and UPMC Altoona Hospitals

Strategy: Access to Dental Care

Goal(s): Research and gather data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.

Research, select, and implement one or more initiatives to address access to dental care and/or oral health prevention programs.

Progress and Accomplishments (2012 – 2015)

- ❖ UPMC Altoona's Partnership for a Healthy Community which provides low-income individuals with access to free health and dental care served 1,030 uninsured patients and 3,572 children with dental care (2014 – 2015).

The implementation plan for this strategy is outlined in Section 14 of this report.

Section Thirteen: Blair County Indicator Data

By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas. The intent was also to determine if the statistics supported or did not support the perceptions of key informants and the general public. For the purpose of this report, data related to the identified priorities has been summarized within each section. In lieu of providing other data in this section, readers are directed to the Healthy Blair County Coalition's website. On the home page, there is a tab for [Blair County Data](#) which includes the following:

County Health Rankings Reports (2010 – 2016)
County Health Profiles (1998 – 2015)
U.S Census Data for Blair County

The Robert Wood Johnson Foundation County Health Rankings measures two types of health outcomes (mortality and morbidity). These outcomes are a result of a collection of health factors and health behaviors. The County Health Rankings are based on weighted scores of four types of factors: health behaviors, clinical care, social and economic, and physical environment. Pennsylvania has 67 counties. In 2016, Blair County ranked 46 out of 67 counties (one being the healthiest and 67 being the unhealthiest county).

In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to key health and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets. On the home page, there is a tab for [Blair County HCI Dashboard](#). This resource includes the following:

Health Data – over 100 health, economic, social, and wellbeing indicators
Demographic Data (2016)
Health Disparities in Blair County
Socioneds Index – compare the socio-economic need between zip codes in Blair County
Healthy People 2020 – track indicators compared to Healthy People 2020 targets
Promising Practices – database of over 2,000 successful programs happening in other communities

The Healthy People 2020 progress tracker for Blair County is included in Appendix D.

The Blair County Planning Commission completed an Area wide Comprehensive Plan Report for Blair County in 2007.⁶⁰ The plan includes extensive information and data related to land use, economic development, and overall quality of life for residents. The report outlines strengths and weaknesses in many areas which were not covered in this needs assessment.

⁶⁰ Blair County Planning Commission 2007. Area wide Comprehensive Plan Report for Blair County.

Section Fourteen: Implementation Plans

Strategy 1: Obesity/Physical Activity/Diabetes



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Let's Move Blair County	Promote obesity prevention, such as eating healthier and engaging in physical activity throughout the community.	Increase the number of children, parents, employees, and community members engaging in programs to encourage healthy eating, becoming more physically active, and limiting screen time.	All individuals	Healthy Blair County Coalition Nason Hospital Tyrone Regional Health Network UPMC Altoona
Blair County Corporate Fitness Challenge	Promote the Corporate Fitness Challenge to encourage employees to attain their optimal state of health.	Increase the organizations, businesses, and employees, engaging in programs to encourage healthy eating and becoming more physically active	Blair County businesses and employees	Blair County Chamber of Commerce Healthy Blair County Coalition Nason Hospital Tyrone Regional Health Network UPMC Altoona
Community Education Programs	Provide classes on healthier eating, physical activity, diabetes education, and stress reduction.	Increase the number of children, parents, employees, and community members engaging in programs to encourage healthy eating, becoming more physically active, and limiting screen time.	Overweight/obese and/or physically inactive individuals	Healthy Blair County Coalition Nason Hospital Tyrone Regional Health Network UPMC Altoona
National Diabetes Day Health Fair	Host health fair and offer screenings, cooking demonstrations, and educational classes.	Increase diabetes education and awareness	All individuals	Healthy Blair County Coalition UPMC Altoona

Tyrone Fitness and Wellness Center	Provide exercise classes, cardio equipment, treadmills, stationary bikes, and other state-of-the-art fitness equipment.	Increase the number of community members engaging in activities to become more physically active.	Community members	Tyrone Regional Health Network
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Strategy 2: Alcohol and Other Substance Abuse



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
SBIRT (Screening, Brief Intervention and Referral to Treatment)	Improve the early identification of and evidence-based intervention on substance use disorders by the medical community.	Reduce the impact of substance use disorders on the criminal justice system and community.	Adults and families	Blair Drug and Alcohol Partnerships Altoona Family Physicians Partnering for Health Services

Strategy 3: Mental Health Needs of Children/Adolescents



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Feasibility study for an inpatient behavioral health facility	Determine the demand and feasibility of establishing an inpatient behavioral health unit for children and adolescents.	Assessment of inpatient behavioral health needs in Blair County.	Children and adolescents	UPMC Altoona Healthy Blair County Coalition's Mental Health Work Group

Access to behavioral health services	Improve service coordination, cooperation, and communications among and between service providers.	Enhance behavioral health services offered to children and adolescents in Blair County.	Children and adolescents	Healthy Blair County Coalition's Mental Health Work Group Blair County Department of Social Services Blair County Behavioral Health Providers
Student Assistance Programs	Monitor the implementation of Student Assistance Programs	Assure that K-12 students are being identified, referred, and provided services as required by Act 211 and Chapter 12.	Children and adolescents	Blair County SAP Coordination Team
Summer SAP Support Groups	Increase access to summer support programs.	Provide support during the summer for students who were identified as having school performance and school behavior problems due to substance abuse and/or mental health concerns.	Referrals from SAP core teams	Blair County Student Assistance Programs Blair County Department of Social Services UPMC Altoona
Develop services and address system issues to meet current service/program gaps.	Expand capacity for child psychiatry and tele-psychiatry Address issues related to insurance and lack of credentialed agency staff	Decrease future re-admissions	Children and adolescents	Blair County Department of Social Services UPMC Altoona Blair County Behavioral Health Providers

Strategy 4: Smoking/Tobacco (Environmental Strategy)



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Tobacco-Free Workplace Webinar	Provide a resource to encourage businesses and organizations to become tobacco-free facilities.	Increase the number of businesses and organizations that are tobacco-free facilities.	Businesses and organizations	Healthy Blair County Coalition's Tobacco-Free Work Group
Tobacco-free Workplace	Provide a resource for career services	Increase awareness on the issues related to tobacco use	Students and adult learners	Healthy Blair County Coalition's Tobacco-Free Work Group

Webinar	personnel to educate students on the impact of tobacco use on employment.	on employment, insurance premiums, and health effects.		
Smoking Cessations Programs	Increase the number of smoking cessations programs offered in Blair County.	Increase the number of individuals who participate in smoking cessations programs and commit to quitting.	Individuals who use tobacco	Blair Drug and Alcohol Partnerships

Strategy 5: Poverty



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Bridges out of Poverty	Learn how to identify policies, procedures, and practices that make it difficult for individuals and families to emerge from poverty.	Reduce poverty in Blair county.	Schools, businesses, service providers, and the community	Healthy Blair County Coalition's Bridges Network
Poverty Simulations	Provide an opportunity for participants to role-play a month in poverty and experience low-income families' lives.	Increase awareness of the impact of poverty on children and families.	Schools, businesses, service providers, and the community	Healthy Blair County Coalition's Bridges Network Saint Francis University
Rural Impact County Challenge	Develop a plan to identify and address issues related to poverty in Blair County.	Reduce the number of children and families living in poverty.	Children and families	Healthy Blair County Coalition's Bridges Network
Mentoring Programs	Work with and/or expand programs that provide resources/support to students from elementary to post-secondary school.	Increase the number of students involved in mentoring and/or other related programs.	Students	Altoona Area School District Bellwood-Antis School District

Fuel Bank	Coordinate services such as emergency financial assistance in order to effectively use resources available within the county.	Provide fuel for low income individuals and families.	Low income individuals and families	Blair County Department of Social Services Catholic Charities Community Action Agency
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Strategy 6: Access to Dental Care



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Dental Care	Research and gather data to determine the gaps and available resources for dental care for individuals in Blair County.	Increase the number of individuals that have access to dental care and oral health prevention programs in Blair County.	Children and adults	Healthy Blair County Coalition's Dental Care Work Group UPMC Pediatric and Adult Dental Clinics PA Office of Rural Health
Dental Care	Research, select, and implement one or more initiatives to address access to dental care and/or oral health prevention programs.	Increase the number of individuals that have access to dental care and oral health prevention programs in Blair County.	Children and adults	Healthy Blair County Coalition's Dental Care Work Group UPMC Pediatric and Adult Dental Clinics PA Office of Rural Health

The following action steps toward implementation of strategies will be taken by the Healthy Blair County Coalition, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network:

- ✓ The Steering Committee will provide each work group or other entity with a specific charge, including outlining goals.
- ✓ The Steering Committee will provide a general timeline based on IRS 990 requirements for the implementation of interventions.

- ✓ Based on survey results and secondary indicator data, the work group will research, select, and implement a program/activities to address their strategy, including a determining a target population costs and funding needed, and timeline for their tasks. In certain areas, the work group will continue and/or expand current initiatives.
- ✓ The work group will gather baseline data and select one or two outcome measurements that will be used to measure outcomes.
- ✓ The chairperson of each work group will become a member of the HBCC Steering Committee.
- ✓ The work group will assist the Marketing Work Group in promoting their programs/ activities.

Tracking the Progress and Outcomes

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. The HBCC, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform provides updated and quality community health assessment data, health indicator tracking, and mechanism for sharing the progress with stakeholders and the community itself.

Resources and Support from Hospitals

UPMC Altoona is, and has been, an active member of the Healthy Blair County Coalition and will continue to budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of UPMC Altoona have been members of the Steering Committee, Data Analysis Work Group, Mental Health Work Group, Let's Move Blair County Committee, Corporate Challenge Committee, Chamber Workplace Wellness Committee, Alcohol and Other Drugs Work Group, Tobacco-Free Work Group, Marketing Work Group, and Dental Care Work Group.

In addition to active participation and financial support of the Coalition, UPMC Altoona has provided a variety of in-kind services such as meeting space, designing and printing of documents, marketing, etc. UPMC Altoona plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. It is anticipated that most of the Work Group meetings will occur during normal work days; however some community programs will be scheduled in the evenings and on weekends. The hospital will compensate hospital staff for their time spent in providing community programs. Additionally the UPMC Altoona will provide all the educational material that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Nason Hospital is, and has been, an active member of the Healthy Blair County Coalition and will continue to budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of Nason Hospital have been members of the Steering Committee, Data Analysis Work Group, Let's Move Blair County Committee, Corporate Challenge Committee, Chamber Workplace Wellness Committee, Marketing Work Group, and Tobacco-Free Work Group.

In addition to active participation and financial support of the Coalition, Nason Hospital has provided in-kind services as needed. Nason Hospital plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. The hospital will provide all the educational material that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Tyrone Regional Health Network is, and has been, an active member of the Healthy Blair County Coalition and will continue to budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of Tyrone Regional Health Network have been members of the Steering Committee, Data Analysis Work Group, Let’s Move Blair County Committee, Corporate Challenge Committee, Chamber Workplace Wellness Committee, Marketing Work Group, and Tobacco-Free Work Group.

In addition to active participation and financial support of the Coalition, Tyrone Regional Health Network has provided in-kind services as needed. Tyrone Regional Health Network plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. The hospital will provide all the educational material that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Challenges Identified and Coalition Members Addressing Each Challenge

In addition to the above identified, significant, health care needs that will be specifically addressed by UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network, each of the three hospitals will as part of the Healthy Blair County Coalition work with other coalition members to address other identified needs; however none will take a lead role.

Table 17 below lists the community and household challenges derived from input through the Household Survey. Survey respondents indicated what they believed to be challenges in Blair County as well as specific challenges within their households. The chart also indicates which needs are being addressed by the Healthy Blair County Coalition (HBCC) and by specific Coalition members as well as the needs not being specifically addressed by the HBCC or its hospital members and why.

Community/Household Challenges/Need	Need being specifically addressed	Reason why need is not being specifically addressed, as part of the Community Health Needs Assessment, by UPMC Altoona, Nason Hospital, and/or Tyrone Regional Health Network
Obesity	HBCC UPMC Altoona Nason Hospital Tyrone Regional	HBCC, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network will specifically address this need as part of promoting a healthy life style which is part of its CHNA.
Lack of jobs	No	Other community organizations (e.g. Altoona Blair County Development Corporation, Chamber of Commerce, etc.) are addressing this need.
Alcohol or drug abuse	HBCC	As a HBCC member, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network will collaborate with the Coalition to address this need but will not take a lead role. Other

		community organizations (e.g. Blair Drug and Alcohol Partnerships, Operation Our Town, etc.) are addressing this need.
Unemployment or under employment	No	Other community organizations (e.g. Altoona Blair County Development Corporation, Chamber of Commerce, Career Link, etc.) are addressing this need.
Poverty/lack of adequate income	HBCC	Other community organizations, including the HBCC through the Bridges Network are addressing this need.
Crime	No	Other community organizations (e.g. Operation Our Town, Attorney General's Drug Task Force, local and state law enforcement, District Attorney, etc.) are addressing this need.
Smoking and tobacco	HBCC	As a HBCC member, UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network will collaborate with the Coalition to address this need but will not take a lead role. Other community organizations (e.g. Blair Drug and Alcohol Partnerships, Lung Disease Center of Central PA, etc.) are addressing this need.
Lack of affordable medical care and dental care and/or afford prescription medications	No	UPMC Altoona has already taken many steps, independent of the CHNA process to address provision of affordable medical care, including establishment of a free clinic. Nason Hospital participates in a free clinic in their primary service area. Tyrone Regional Health Network offers free walk-in health care on Saturdays once per month.
Use/availability of drugs in schools	No	Other community organizations (e.g. Blair Drug and Alcohol Partnerships, school districts, Student Assistance Programs, etc.) are addressing this need.
Teen pregnancy	No	Other community organizations (e.g. Teen Link) are addressing this need.
Diabetes	HBCC UPMC Altoona Nason Hospital Tyrone Regional	UPMC Altoona, Nason Hospital, and Tyrone Regional Health Network will specifically address this need as part of promoting a healthy life style which is part of its CHNA
Bullying/school safety	No	This need is being addressed by other community organizations (e.g. School Districts).
Lack of cultural activities	No	This need is being addressed by other community organizations, including the Blair County Arts Foundation and the Blair County Historical Society.
Family violence	No	This need is being addressed by other community organizations (e.g. Family Services, Inc.)
Shortage of recreational venues	No	This need is being addressed by other community organizations (e.g. Central Blair Recreation and Park Commission, YMCA, etc.).
Adults – behavioral health needs, including anxiety, stress, and depression.	No	UPMC Altoona has been providing behavioral health services to the community for many years and has partnered with other community providers to increase the availability and accessibility of services to residents of the community.
Shortage of affordable housing /substandard housing	No	Other community organizations (e.g. Improved Dwellings for Altoona, Inc., Altoona Housing Authority, Blair Co. Community Action, Blair Senior Services, etc.) are addressing this need.
Homelessness	No	This need is being addressed by other community organizations (e.g. Family Services, Inc.)

Children/adolescents – behavioral health needs	HBCC UPMC Altoona	UPMC Altoona will specifically address this need as part which is part of its CHNA.
Noise, air, water pollution	No	This identified issue is being addressed by others in our community (e.g. EPA Region 3 and PA Environmental Protection Agency).
Public transportation	No	This need is being addressed by others in our community.
Affordable child care	No	This need is being addressed by others in our community (e.g. Child Advocates of Blair County, Child Care Information Service of Blair County, etc.).
Gambling – negative effects	No	This need is being addressed by the Blair Drug and Alcohol Partnerships.
Racial or ethnic discrimination	No	This need is being addressed by others in our community.
Services for individuals with disabilities, and end of life care	No	This need is being addressed by others in our community (e.g. Center for Independent Living, Blair County Association for Citizens with Learning Disabilities, Blair/Clearfield County Association for the Blind and Visually Impaired, The ARC of Blair County, Blair Senior Services, etc.).

Table 18: List of Healthy Blair County Coalition Partners

Collaboration between Hospitals and other Organizations – The following community partners have contributed by participating in the needs assessment, attending meetings, joining work groups and committees, funding and sponsorships, promotion of HBCC, and/or participating/sponsoring programs and activities that support the strategies identified in the community health needs assessment.

<p>Ace Fix-It Hardware Aetna Better Health Albermarle Allegheny Lutheran Social Ministries Altoona Area Public Library Altoona Area School District Altoona Blair County Development Corporation Altoona Curve Altoona Family Physicians Altoona Mirror Altoona Planning Commission American Eagle American Heart Association Appvion Bellwood-Antis School District Big Brothers/Big Sisters of Blair County Blair Conservation District Blair County Chamber of Commerce Blair County Children, Youth & Family Services Blair County Board of Commissioners Blair County Community Action Agency Blair County Courthouse Blair County Department of Social Services Blair Drug and Alcohol Partnerships Blair County Head Start Blair County Health & Welfare Council Blair County Juvenile Probation Blair County Libraries System Blair County Planning Commission Blair Health Choices Blair Medical Associates Blair Senior Services Catholic Charities, Inc. Center for Community Action Center for Independent Living</p>	<p>Chicago Rivet Child Advocates of Blair County Child Care Information Services Claysburg Education Foundation Claysburg-Kimmel School District Community Care Behavioral Health DelGrosso's Discovery House Explore Altoona Family Behavior Resources Family Resource Center Family Services, Inc. Garver YMCA Geisinger Health Plan Highmark Blue Cross Blue Shield Hite Company Hollidaysburg Borough Hollidaysburg Area Public Library Hollidaysburg Area School District Hollidaysburg Area YMCA Kids First Blair County Logan Township L.R. Webber Associates, Inc. Lung Disease Center of Central PA Mainline Medical Associates McLanahan Corporation Mid Atlantic Dairy Association Mountain Research Nason Foundation Nason Hospital New Balance Altoona Northern Blair County Recreation Center North Star Support Services Operation Our Town</p>	<p>PA Office of Rural Health Partnership for a Healthy Community Pennsylvania Department of Health Penn Highland Community College Penn State Altoona Penn State Cooperative Extension Pittsburgh Glass Works Preferred Healthcare Systems Primary Health Network Rep. John McGinnis, 79th District Saint Francis University Sheetz, Inc. Sen. John H. Eichelberger, Jr. 30th District Smith Transport Southern Alleghenies EMS Council Southern Alleghenies Service Man. Group Spring Cove School District Stiffer, McGraw and Associates Stuckey Ford & Subaru The Arc of Blair County Through, Inc. Tyrone Area School District Tyrone Borough Tyrone Regional Health Network UPMC Altoona Behavioral Health UPMC Altoona UPMC Altoona Home Nursing Agency WIC Program UPMC Health Plan United Way of Blair County WTAJ TV Williamsburg Community School District</p>
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Section Fifteen: Charge to the Community

This community health needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. But it is also apparent that there are significant challenges, many of which have become even more challenging with recent job losses and economic conditions that are impacting our local community and the nation.

One of our goals is to promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. The County Health Rankings Model describes population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, work, and play (Appendix B). The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them. The ultimate goal of this process is to improve the quality of life for the residents of Blair County.

We will continue to utilize the “collective impact” concept as we move forward in which a highly structured collaborative effort can achieve substantial impact on large scale social problems.⁶¹

The five conditions for collective impact are:

- A common agenda
- Shared measurement
- Mutually reinforcing activities
- Continuous communications
- Backbone support

This is our third community needs assessment and we will use the information contained in this report to continue the progress that has been made thus far. Individuals and organizations from Blair County will be invited to hear the results of the community health needs assessment and join the Healthy Blair County Coalition and the 105 other community partners in developing and assisting with the Implementation Plan. The priorities chosen for the implementation plan are highlighted in Figure 9.

⁶¹ Stanford Social Innovation Review: Channeling Change: Making Collective Impact Work 2012

Figure 9: Priority Needs Identified for Blair County



Once again, we thank all those who were involved in the community health needs assessment process and welcome those who are willing to work on improving their community.

For those who want electronic access to the information contained in this report, please visit the website of the Healthy Blair County Coalition (www.healthyblaircountycoalition.org). This report is also posted on each hospital's website.

UPMC Altoona (www.altoonaregional.org)

Nason Hospital (www.nasonhospital.com)

Tyrone Regional Health Network (www.tyroneregionalhealthnetwork.org)

Appendices

Appendix A: Household Cover Letter and Survey

Appendix B: County Health Rankings Model

Appendix C: Matrix of Priority Issues and Supporting Data/Survey Results

Appendix D: Healthy People 2020 Progress Tracker for Blair County

Appendix A: Household Cover Letter and Survey



Dear Neighbor:

As part of the effort to build a better community in Blair County, we are conducting a Household Survey to learn more about strengths and issues in neighborhoods and households. We are contacting you because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, etc.).

Your address has been randomly selected and there is no way to identify you or your household when the survey is returned.

We would like an adult (18 years of age or older) in your household to complete this survey and return in the enclosed self-addressed stamped envelope as soon as possible, but no later than **August 20, 2015**.

When you are completing this survey:

Neighborhood means people who live near you (e.g. within a few blocks or down the street/road).

Community means your municipality, township, borough, or city.

Household means members of your family and others living in your house.

Your participation will help ensure that this is a successful effort. Thank you in advance for your support in making this a better community.

Instead of mailing the survey back, you may go to the link below and complete the survey on the internet through survey monkey. Again, there will be no way to track who completed the survey.

<https://www.surveymonkey.com/r/6R8DHGN>

If you have questions or need more information, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305.

Sincerely,

Coleen Heim, Director
Healthy Blair County Coalition



2015 Blair County Community Health Needs Assessment

Household Survey – Start Here

A. NEIGHBORHOOD STRENGTHS

Neighborhoods have strengths that help people make their neighborhood a better place to live. Here is a list of common strengths. For each one, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the strength exists in your neighborhood. **CHECK ONE NUMBER IN EACH ROW.**

1. Neighborhood Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1a. People in your neighborhood gather together formally or informally (for example at picnics or meetings).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
1b. People and groups in your neighborhood help each other out when they have a problem.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
1c. People in your neighborhood trust each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Do you regularly do volunteer work in your community? **CHECK ONE.**

₁ Yes ₂ No

2a. If yes, for which of the following do you volunteer? **CHECK ALL THAT APPLY.**

- ₁ Children or youth activities
- ₂ Civic group (e.g. Rotary, Kiwanis, Lion's Club, Women's Club, etc.).
- ₃ Cultural group such as a music group or museum
- ₄ Environmental group
- ₅ Group that works with lower-income people, elders, or homeless people
- ₆ Hospital or health group
- ₇ Human services organization
- ₈ Neighborhood group such as a neighborhood association
- ₉ Political group or candidate
- ₁₀ Religious group
- ₁₁ School
- ₁₂ Sports group
- ₁₃ Veterans support
- ₁₄ Other, please explain: _____

3. Do you vote in most elections? **CHECK ONE.**

- ₁ Yes ₂ No

4. How much opportunity do you have to affect how things happen in your community?
CHECK ONE.

- ₁ Much opportunity
₂ Some opportunity
₃ Little opportunity
₄ No opportunity

B. COMMUNITY CHALLENGES AND ISSUES

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please describe whether you believe it is not an issue, is a minor issue, is a moderate issue or is a major issue for **people in your community (e.g. township, borough, or city).**

CHECK ONE NUMBER IN EACH ROW.

Community Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Unemployment or under-employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Poverty/lack of adequate Income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Children being adequately educated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Unsafe school environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Bullying/harassment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Use/availability of alcohol and other drugs in school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅

Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Water or air pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Noise or other pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Alcohol and/or drug abuse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Smoking and tobacco use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Adults with mental illness or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Children with mental illness or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of affordable medical care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Obesity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅

Community Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Shortage of affordable housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Substandard housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Shortage of recreational venues (parks, trails, swimming pools, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of cultural activities (concerts, plays, festivals, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Crime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Gangs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Teen pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Racial or ethnic discrimination	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Family violence, abuse of children, adults, or the elderly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Gambling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of affordable daycare for children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homelessness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅

Community Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Inadequate public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Poor road and/or traffic conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Are there other issues in the community that are not listed? _____

C. HOUSEHOLD CHALLENGES AND ISSUES

Here is a list of questions about challenges and issues for which people and families often look for help. These challenges and issues affect people of all ages. The questions ask whether any one of the following has been a challenge or an issue for you or anyone **in your household over the past 12 months**. If it has been a challenge or an issue, please describe it as either a minor issue, moderate issue, or major issue.

CHECK ONE NUMBER IN EACH ROW.

Household Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Not having enough money for daily needs/food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Finding it difficult to budget	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Not being able to find work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Household Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Children being adequately educated within their school system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Children being unsafe at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Children being bullied/harassed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Household Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Experiencing water or air pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Experiencing noise or other pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅
<input type="checkbox"/> ₅

Household Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue
Having a lot of anxiety, stress, or depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Experiencing an alcohol and/or drug issue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Negative effects of smoking/tobacco use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Adults experiencing behavior, mental health, or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Children or teenagers experiencing behavior, mental health, or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

No Opinion/ Don't Know
<input type="checkbox"/> ₅

Household Issue HEALTH (continued)	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Being overweight	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Having diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not having enough room in your house for all the people who live there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Living in housing that needs major repairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not having enough money to pay for housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not being able to afford recreational activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not being able to afford entertainment activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Experiencing crime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Experiencing threats from gangs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not being able to afford legal help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not being able to get care for a person with a disability or serious illness, or for an elder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Experiencing racial or ethnic discrimination	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Experiencing family violence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue SOCIAL (continued)	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Negative effects of gambling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not being able to find or afford day care for children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Lack of transportation to get to work or obtain other basic needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of transportation to get healthcare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Are there other issues in your household that are not listed? _____.

D. HEALTHCARE CHALLENGES AND ISSUES

1. Do you have a family physician? **CHECK ONE.**

- ₁ Yes ₂ No

2. Where do you go for routine health care? **CHECK ALL THAT APPLY.**

- ₁ Physician's office
- ₂ Hospital emergency room
- ₃ State Health Clinic
- ₄ Free clinic
- ₅ Urgent Care Center
- ₆ Do not seek care

3. Have any of these problems ever prevented you or someone in your family from getting necessary health care? **CHECK ALL THAT APPLY.**

- ₁ No health insurance
- ₂ Insurance didn't cover what I/we needed
- ₃ My/our deductible/co-pay was too high
- ₄ Doctor would not take insurance or Medicaid (MA/Access Card)
- ₅ Hospital would not take insurance or Medicaid (MA/Access Card)
- ₆ Pharmacy would not take insurance or Medicaid (MA/Access Card)
- ₇ Dentist would not take insurance or Medicaid (MA/Access Card)
- ₈ Transportation (no way to get there)

- ₉ Couldn't get an appointment because there was no available doctor
- ₁₀ The wait for an appointment was too long
- ₁₁ Services were not provided in my community
- ₁₂ Quality of service is better elsewhere
- ₁₃ None of the above prevented getting the necessary health care

4. When you need help are you able to easily navigate the healthcare system and community resources available?

- ₁ Yes ₂ No ₃ Sometimes

5. Do you clearly understand what is going on with your healthcare?

- ₁ Yes ₂ No ₃ Sometimes

6. Do you feel your healthcare providers coordinate your healthcare needs well with other medical providers?

- ₁ Yes ₂ No ₃ Sometimes

7. What are the greatest gaps in health care services for Blair County?
CHECK ALL THAT APPLY.

- ₁ Dental care
- ₂ Care for senior citizens
- ₃ Ability to serve different languages/cultures
- ₄ End-of-life care (hospice, palliative care)
- ₅ In-patient mental health services for adults
- ₆ Out-patient mental health services for adults
- ₇ In-patient mental health services for children/adolescents
- ₈ Out-patient mental health services for children/adolescents
- ₉ Prescription drug assistance
- ₁₀ Family physician
- ₁₁ Services for low income residents
- ₁₂ Services for alcohol and other drug abuse
- ₁₃ Services for persons with disabilities
- ₁₄ Other, please specify: _____

8. What are the greatest needs regarding health education and prevention services in Blair County?
CHECK ALL THAT APPLY.

- ₁ Tobacco prevention and cessation
- ₂ Mental health/depression/suicide prevention
- ₃ Disease specific information
- ₄ Obesity prevention
- ₅ Diabetes prevention
- ₆ Oral/dental health

- ₇ Healthy lifestyles
- ₈ Alcohol and other drug abuse prevention
- ₉ Diabetes education
- ₁₀ Teen pregnancy
- ₁₁ Emergency preparedness
- ₁₂ Other, please specify: _____

9. Where do you get health-related information? **CHECK ALL THAT APPLY.**

- ₁ Family and friends
- ₂ Doctor/nurse/pharmacist
- ₃ Television/newspapers/magazines/newsletters
- ₄ Library/books
- ₅ Telephone helpline (PA 211, hospital physician referrals, etc.)
- ₆ Health department
- ₇ School
- ₈ Internet/social media
- ₉ Holistic providers/stores

10. What keeps you from eating a healthy diet? **CHECK ALL THAT APPLY.**

- ₁ Cost of healthy foods like fruits and vegetables
- ₂ Healthy foods are not available
- ₃ Don't have the time
- ₄ Don't know how to prepare healthier foods
- ₅ Don't like the taste
- ₆ Too much trouble to prepare healthier foods
- ₇ Don't have the motivation to eat better
- ₈ Not sure what to eat to be healthier

11. What keeps you from increasing your physical activity? **CHECK ALL THAT APPLY.**

- ₁ Cost
- ₂ No place to go
- ₃ Don't have the time
- ₄ Don't know what is available in my community
- ₅ Don't have the motivation
- ₆ Rather spend time doing other things (video games, watching TV, being with friends, etc.)
- ₇ My current health or physical condition makes it hard for me to get more exercise
- ₈ Not sure how to start
- ₉ Tried before and did not see any results
- ₁₀ Weather

E. The following questions will help us be certain we have included a valid sampling of people.

1. What is your postal Zip code? _____

2. Are you... **CHECK ONE.** ₁ Male ₂ Female

3. Which of the following, including yourself, live in your household? **CHECK ONE.**

- ₁ Two or more adults without children
- ₂ Two or more adults with at least one child (age 17 or younger)
- ₃ One adult with at least one child (age 17 or younger)
- ₄ One adult living alone
- ₅ Adult(s) 65 years of age or older

4. How old are you (in years)? _____

5. What do you consider to be your primary racial or ethnic group? **CHECK ONE.**

- ₁ American Indian/Alaska Native
- ₂ Asian or Pacific Islander
- ₃ Black or African American
- ₄ White or European American
- ₅ Hispanic/Latino
- ₆ Two or more races in household

6. Does anyone in your household receive public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (food stamps), or Supplemental Security Income (SSI)? **CHECK ONE.**

- ₁ Yes ₂ No

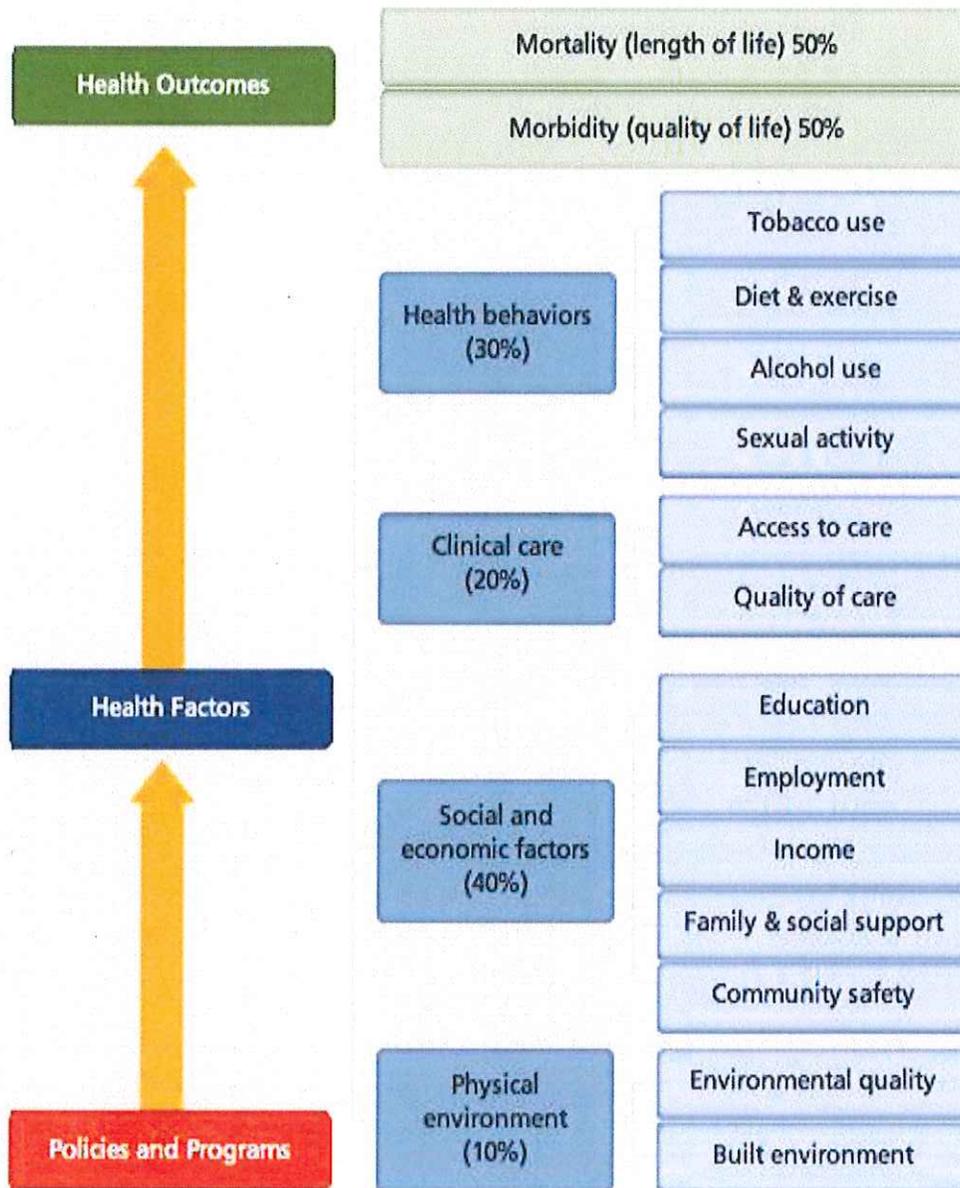
7. Counting income from all sources (including all earnings from jobs, unemployment insurance, disability, workers' compensation, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? **CHECK ONE.**

- ₁ Less than \$10,000
- ₂ \$10,000 - \$19,999
- ₃ \$20,000 - \$34,999
- ₄ \$35,000 - \$49,999
- ₅ \$50,000 - \$74,999
- ₆ \$75,000 - \$99,999
- ₇ \$100,000 or above

**THANK YOU FOR HELPING OUR COMMUNITY
BY COMPLETING THIS SURVEY!**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

Appendix B: County Health Rankings Model



County Health Rankings model ©2012 UWPHH

Appendix C: Matrix of Priority Issues and Supporting Data/Survey Results (Table 19)

Priority Issues	Surveys Results and Indicator Data
Alcohol and other drugs	<ul style="list-style-type: none"> • Ranked #2 community challenge on household survey (69.5%) • Ranked #1 community challenge on household survey for northern and central Blair County • Ranked in the top three in all household surveys and ranked in the top four of every other survey group. • Ranked #3 community challenge on key informant survey (90.2%) • Ranked #1 greatest need regarding health education/prevention on household survey (62.8%) • Ranked #1 greatest need regarding health education/prevention by key informants (71.8%) and faith-based community (90.5%) • Ranked #4 greatest need regarding health education/prevention by associations (60.0%) and service providers (58.7%) • Ranked #1 community challenge for faith-based community (100%) • Ranked #1 concern for community in economic needs assessment (72.9%) • Ranked #2 by healthcare providers as a community health care need (40.0%) • PA Youth Survey • Blair County Drug and Alcohol Program, Inc. 2015 Needs Assessment
Obesity	<ul style="list-style-type: none"> • Ranked #1 community challenge on household survey (69.8%) • Ranked #1 household challenge on household survey (39.8%) • Ranked #1 community challenge by four out of seven other agencies on the household survey • Ranked #2 greatest need regarding health education/prevention on household survey (62.2%) • Ranked #4 community challenge on key informant survey (90.0%) • Ranked #1 greatest need regarding health education/prevention by service providers (69.6%) • Ranked #2 greatest need regarding health education/prevention by key informants (69.2%) and by associations (70.0%) • Ranked #3 greatest need regarding health education/prevention by faith-based (71.4%) • Ranked #1 by healthcare providers as the driving community health need (38.9%) • 2010 - 2016 County Health Ranking Reports • 2010 - 2015 Blair County Health Profile Reports • Center for Disease Control Blair County Report
Smoking and Tobacco	<ul style="list-style-type: none"> • Ranked #6 community challenge on household survey (60.2%) • Ranked #2 community challenge on household survey for northern Blair County (80%) • Ranked in the top five community challenges by five out of seven other agencies on the household survey • Ranked #3 greatest need regarding health education/prevention on household survey (36.1%) • Ranked #3 community challenge on faith—based community (91.7%) • Ranked #5 community challenge on key informant survey (85.0%) • 2010 - 2015 County Health Ranking Reports • Pennsylvania Department of Health • Healthy People 2020 • PA Youth Survey • Blair County Drug and Alcohol Partnerships

<p>Children with Mental Health Issues (some results included mental health issues of children but also adults)</p>	<ul style="list-style-type: none"> • Ranked #15 household challenge on household survey (46.1%) • Ranked #18 community challenge on other agencies Household survey (38.3%) • Ranked #5 community challenge on key informant survey (84.6%) • Ranked #2 by healthcare providers as a community health care need (31.8%)* • Ranked #2 greatest need regarding health education/prevention by the faith-based community (85.7%) and by service providers (67.4%) • Ranked in the top three greatest needs regarding health education/prevention by all other agencies in the household survey • One of the top two gaps in health care on faith-based, key informant, service provider, and association surveys • Ranked #6 concern for community in economic needs assessment (29.7%) • Suicide Statistics for Blair County • Summary of Student Assistance Program Data • Percent of Youth Reporting Symptoms of Depression • Blair County Mental Health Data
<p>Poverty</p>	<ul style="list-style-type: none"> • Ranked #4 community challenge on household survey (66.5%) • Ranked #2 community challenge on household survey for southern Blair County (80%), #4 for central Blair County (68%), and tied for #3 for northern Blair County (60.0%) • Ranked #1 community challenge on key informant survey (95.0%) • Ranked #2 community challenge on faith-based survey (95.8%) • Tied for #3 by healthcare providers as a community health care need (25.0%) and ranked #3 as driving community health needs (16.7%) • 2010 - 2016 County Health Ranking Reports • The Center for Rural Pennsylvania 2016 County Profiles • Pennsylvania Department of Education • Healthy Communities Institute • Pennsylvania Office of Child Development and Early Learning Program • Pennsylvania Partnership for Children
<p>Dental Care</p>	<ul style="list-style-type: none"> • Ranked #1 greatest gap in health care services on the household survey (47.0%) and ranked #1 for all geographic areas • Ranked #1 greatest gap in health care services by key informants (59.5%) and by service providers (61.9%) • Ranked #1 greatest gap in health care services by four out of seven other agencies on the household survey • Pennsylvania Department of Health • A Report on the 2013 Survey of Dentist and Dental Hygienist

Appendix D: Healthy People 2020 Progress Tracker for Blair County

Population Health Data

[Home](#) > [Healthy People 2020 : Progress Tracker](#)

Healthy People 2020 : Progress Tracker

Healthy People provides a framework for prevention for communities in the U.S. Healthy People 2020 is a comprehensive set of key disease prevention and health promotion objectives. The health objectives and targets allow communities to assess their health status and build an agenda for community health improvement.



Tracker for County: Blair

[View the Legend](#)

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance MAP	Current: 86.9 Target: 100.0 percent	86.9 100.0 Current Target	=	TARGET NOT MET
Children with Health Insurance MAP	Current: 95.1 Target: 100.0 percent	95.1 100.0 Current Target	=	TARGET NOT MET
Cancer				
Age-Adjusted Death Rate due to Breast Cancer MAP	Current: 24.5 Target: 20.7 deaths/100,000 females	24.5 20.7 Current Target	=	TARGET NOT MET
Age-Adjusted Death Rate due to Cancer MAP	Current: 182.3 Target: 161.4 deaths/100,000 population	182.3 161.4 Current Target	=	TARGET NOT MET
Age-Adjusted Death Rate due to Colorectal Cancer MAP	Current: 19.3 Target: 14.5 deaths/100,000 population	19.3 14.5 Current Target	=	TARGET NOT MET
Age-Adjusted Death Rate due to Lung Cancer MAP	Current: 44.8 Target: 45.5 deaths/100,000 population	44.8 45.5 Current Target	=	TARGET MET
Age-Adjusted Death Rate due to Prostate Cancer MAP	Current: 21.0 Target: 21.8 deaths/100,000 males	21.0 21.8 Current Target	=	TARGET MET
Cervical Cancer Incidence Rate MAP	Current: 6.2 Target: 7.2 cases/100,000 females	6.2 7.2 Current Target	=	TARGET MET
Colorectal Cancer Incidence Rate MAP	Current: 52.6 Target: 39.9 cases/100,000 population	52.6 39.9 Current Target	=	TARGET NOT MET

Heart Disease and Stroke

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) MAP	Current: 43.8 Target: 34.8 deaths/100,000 population			 TARGET NOT MET
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Injury and Violence Prevention

Age-Adjusted Death Rate due to Falls MAP	Current: 9.9 Target: 7.2 deaths/100,000 population			 TARGET NOT MET
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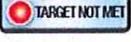
Age-Adjusted Death Rate due to Firearms MAP	Current: 10.8 Target: 9.3 deaths/100,000 population			 TARGET NOT MET
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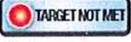
Age-Adjusted Death Rate due to Unintentional Injuries MAP	Current: 48.8 Target: 36.4 deaths/100,000 population			 TARGET NOT MET
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Maternal, Infant and Child Health

Babies with Low Birth Weight MAP	Current: 6.4 Target: 7.8 percent			 TARGET MET
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Infant Mortality Rate MAP	Current: 5.4 Target: 6.0 deaths/1,000 live births			 TARGET MET
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Mothers who Breastfeed MAP	Current: 67.8 Target: 81.9 percent			 TARGET NOT MET
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Mothers who did not Smoke During Pregnancy MAP	Current: 77.6 Target: 98.6 percent			 TARGET NOT MET
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Mothers who Received Early Prenatal Care MAP	Current: 79.7 Target: 77.9 percent			 TARGET MET
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Mental Health and Mental Disorders

Age-Adjusted Death Rate due to Suicide MAP	Current: 13.6 Target: 10.2 deaths/100,000 population			 TARGET NOT MET
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Nutrition and Weight Status

Adults who are Obese MAP	Current: 33.1 Target: 30.5 percent			 TARGET NOT MET
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Children who are Obese: Grades K-6 MAP	Current: 19.5 Target: 15.7 percent			 TARGET NOT MET
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Teens who are Obese MAP	Current: 19.6 Target: 16.1 percent			 TARGET NOT MET
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Physical Activity

Adults who are Sedentary [MAP](#)

Current: 27.2
Target: 32.6
percent



TARGET MET

Substance Abuse

Adults who Drink Excessively [MAP](#)

Current: 17.3
Target: 25.4
percent



TARGET MET

Tobacco Use

Adults who Smoke [MAP](#)

Current: 19.5
Target: 12.0
percent



TARGET NOT MET