Somerset Hospital 2016 Community Health Needs Assessment



Table of Contents

Background Information and Community Benefit	Page 2
Methodology	Page 6
Community Assets/Resources	Page 11
Demographic Information	Page 14
Service Area Definition	Page 24
Community Health Status	Page 25
Access to Healthcare	Page 29
Heart Disease/Stroke	Page 36
Cancer	Page 42
Diabetes	Page 48
Respiratory Illness	Page 50
Overweight/Obesity	Page 53
Prenatal Behaviors	Page 56
Sexually Transmitted Infections	Page 61
Tobacco	Page 63
Substance Abuse	Page 67
Mental Health	Page 73
Motor Vehicle Accident/Deaths/Seatbelt Use	Page 77
Crime	Page 80
Environment	Page 81
Need Prioritization Process	Page 82
Discussion	Page 85
Action Planning	Page 86



Background and Community Benefit

Somerset Hospital is a not for profit 111-bed community hospital located in Somerset Borough, Somerset County, Pennsylvania. Somerset Hospital is licensed through the Pennsylvania Department of Health and accredited with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). It offers a wide range of services. Somerset Hospital also operates Somerset Health Services, which includes the outpatient offices of Somerset Family Practice, Somerset Orthopedics, Somerset Cardiology, Somerset Pulmonary Medicine, Somerset Pain Management, and Somerset Surgical Services. Somerset Hospital also has Twin Lakes Center for Drug and Alcohol Rehabilitation and In Touch Hospice.

The mission of Somerset Hospital is to deliver personalized health care that our community will value and trust, now and into the future. The vision is to redefine health care in our community by connecting individuals with the medical expertise they need and the compassion they deserve. The values of priority at Somerset Hospital include commitment: we create access to the best health care available, now and for the future, compassion: we deliver compassionate care that our community will recommend to friends and family, and courtesy: we enjoy providing courteous and considerate service for all.

Somerset Hospital, one of the top five employers in Somerset County, provides quality health care in a compassionate manner regardless of race, creed, sex, national origin, handicap, age or the patient's ability to pay. Although reimbursement for services rendered is critical to the operation and stability of Somerset Hospital, the hospital, under its written charity care policy, is committed to providing necessary health care services at no charge or at a reduced charge to patients. In fiscal year 2015, the hospital provided the following community benefits:

Charity Care	FY 2015
Bad Debt	\$2,254,038
Free Care	\$489,285
Contractual Allowances	\$140,884,869
TOTAL CHARITY CARE	\$143,628,193

Through signage posted in the Hospital's Information Center, Admissions Department, Emergency Room and Credit Office, the public is provided with the organization's policy of providing care regardless of ability to pay. Additionally, public notices advertised in the local daily newspaper call attention to the Hospital's Open Admissions Policy. Somerset Hospital generally designates services as "charity care" after billing. Based on an individual's ability to



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

During fiscal year 2015, Somerset Hospital also provided the following services and contributions to the community.

Community Health Educatio	n (free or minimal fees charged to o	cover direct costs)
Pre-natal Education	32/year	108 hours
Breastfeeding Class	30/year	12 hours
CPR	41/year	16 hours
Babysitting Class	19/year	10 hours
Hip and Knee Pain Seminars	30/year	4 hours
Total	152/year	150 hours
Support Groups (no charge)		
Hospice Bereavement	150/year	10 hours
Arthritis	85/year	8 hours
Sleep Apnea	102/year	18 hours
Compassionate Friends	36/year	12 hours
Parkinson's	42/year	12 hours
Transplant Support	31/year	8 hours
Mental Health Support	123/year	24 hours
Total	569/year	92 hours
-	mation Requests (no charge)	
Phone/Mail requests	403/year	37 hours
School Programs (no charge)	
Second Grade tours	205/year	32 hours
Poison Prevention programs	480/year	36 hours
Shadow students	77/year	2017 hours
Total	762/year	2085 hours
Health Fairs or Community I	Education Programs (no charge to t	he community)
Diabetic Education Programs	s 10/year	32 hours

3



Health Fairs/Screenings	1519/year	36 hours
Heart Month Seminar	45/year	4 hours
Seminars off Campus	63/year	8 hours
Home Grown Project	18/year	3 hours
Drop 10 in 10	17/year	10 hours
Memorial Tree Lighting	20/year	2 hours
Programs on Campus	45/year	8 hours
Handwashing Programs	145/year	10 hours
Silver Sneakers	292/year	30,368 hours
Healthways	72/year	6,786/hours
Silver and Fit	8/year	640 hours
TOPS program	29/year	1 hour
Senior Center Programs	67/year	2 hours
Mammo Day	26/year	8 hours
Leadership Camp	30/year	3 hours
Total	2,406/year	38,254 hours

Hospital Staff Contributions to Community Organizations

Somerset Rotary	104 hours/year
Somerset County Chamber of Commerce	36 hours/year
Somerset Exchange Club	52 hours/year
Health & Welfare Council	12 hours/year
Redevelopment Authority	24 hours/year
Drug-Free Communities	12 hours/year
Child Advocacy Investigative Committee	8 hours/year

Other Contributions

"In Touch" Hospice

Through the hospital's In Touch Hospice Care Department, terminally ill patients and their families are provided clinical and emotional support. This service is supported through community contributions: Annual operating budget: \$2,795,154 in Fiscal Year 2015.

Social Work Services

Somerset Hospital' Social Work Services Department, with an operating budget in excess of \$135,323 in FY 2015, is responsible for meeting both inpatient and outpatient social needs including the placement of patients in an appropriate community setting upon discharge. The staff provides expertise to many community organizations.

The last Community Health Needs Assessment (CHNA) was completed June 30, 2013. During this process, the top priority areas were identified as Heart Disease, Obesity, Childhood Obesity



and Diabetes. Through this process we were able to implement a childhood obesity program, as well as continue our diabetes education and the support of the Botvin Lifeskills program, which is administered through Twin Lakes Center and is implemented in 10 out of the 11 school districts in the county. The CHNA was made widely available and over the course of the three years that the report has been made available, no feedback has been received, besides the acknowledgement of the magnitude of the childhood obesity problem in our community.



Methodology

The purpose of this process and report is to identify the most prevalent health issues in our community and determine programs and services to address these issues. This process also assists the hospital to better define the community which is being served.

Data for this assessment was collected from a variety of primary and secondary sources and incorporated both qualitative and quantitative data.

Steering Committee:

A steering committee was formed to direct this process. Over the last 8 months, the steering committee met in person three times to discuss the Community Health Needs Assessment. To accommodate members' outside demands, additional actions were taken through email.

October 2, 2015: Initial Meeting

- Provide an overview of the IRS requirements for the Community Health Needs Assessment.
- Discuss the role of the Steering Committee.
- Review the CHNA conducted in 2012-2013.
- Discuss the data collection process, including the types of data to collect and data sources.

December 18, 2015

- Finalize questions for community survey.
- Review secondary data collected.

April 22, 2016

- Review all data collected.
- Discuss next steps.

The steering committee was also tasked with prioritizing all of the needs identified in the Community Health Needs Assessment.



Steering Committee Members

Name	Organization	Role
Adam Bowser	Pennsylvania Highlands Community	Director-Somerset Campus
	College	
Aimee Krause	Somerset Hospital	Clinical Nutrition Manager
Alyssa Paros	Somerset Hospital	Diabetes Education
		Coordinator
Andy Rush	Somerset Hospital	Chief Operating Officer,
		Chief Executive Officer-SHS
Arthur Gotjen	Next Step Center	Volunteer
Brian Whipkey	Daily American	Editor
Brooke McKenzie	Twin Lakes Center	Director
Chuck Crimone	Children and Youth Services	Director
Craig Saylor	Somerset Hospital	Chief Executive Officer
Debbie Lepley	Somerset Tapestry of Health	Director/Nutritionist
Erin Howsare	Single County Authority	Director
Greg Chiappelli	Somerset Hospital	Director of Corporate
		Communications
Jeanette Croner	Somerset Hospital	Director of Quality
Kay Mihelcic	PA Department of Health	Community Health
Kerri Burtner	Boys and Girls Club of Somerset County	Chief Professional Officer
Krista Mathias	Somerset Area School District	Superintendent
	Somerset Hospital	Board Member
Manjit Bhullar	Somerset Hospital	Director of Emergency
		Room
Matt Kociola	Somerset Hospital	Chief Financial Officer
Rebecca Witt	SCI-Laurel Highlands	Re-Entry Specialist
Ron Aldom	Somerset Chamber of Commerce	Executive Director
	Somerset Hospital	Board Member
Ronna Yablonski	Twin Lakes Center	Prevention Coordinator
	Somerset County Drug Free Communities	Director
Sally Manges	Somerset Hospital	Director of Regulatory
		Infection Prevention Coord.
Sarah Deist	Somerset Hospital	Public Relations Coord.
Suellen Lichtenfels	Somerset Hospital	Chief Nursing Officer
Tracy Shultz	Behavioral Health Services Somerset and	Program Manager
	Bedford County	
Travis Hutzell	United Way	Grant Writer



Primary Data Collection:

Community Survey:

A community survey was utilized to obtain input from a large sample of our communities. The Steering Committee met to develop the survey tool. This tool was then inputted into Survey Monkey, which is a site that allows individuals to anonymously submit their results. Once the survey was complete on Survey Monkey, the Steering Committee was asked to review prior to the survey going live. The survey was also made available in hard copy so that individuals, who were unable to access a computer, were able to participate in the survey.

The survey went live in January 2016. The link to the survey was placed on Somerset Hospital's website, Facebook page, emailed out to all steering committee members and emailed to all hospital employees. Additionally, an invitation to participate in the survey was mailed out to approximately 6,000 households in our primary service area. A total of 1,023 individuals completed the survey. Data received from the survey was analyzed by Survey Monkey.

The survey included questions about personal health, as well as the perception of health in the community.

Key Informant Interviews:

Five key informant interviews were conducted. The interviewees were selected based on their role in working with Somerset Hospital's priority populations. This includes the aging community, those with physical and mental disabilities, economically disadvantaged, women and children and those without health insurance.

Name	Organization	Role
Beth Hollis	Area Agency on Aging	Somerset/Boswell Senior
		Center Director
Amanda Webreck	Community Action Partnership	Homeless Assistance Case
		Manager
Michelle Younkin	PA Link to Aging and Disability Services	Lead Coordinator
Debbie Lepley	Somerset Tapestry of Health	Director/Nutritionist
Kay Mihelcic	PA Department of Health	Community Health Nurse

Interviewees were asked the following questions:

- 1. What is your name, your job title and the name of the organization that you work for?
- 2. What are some of the strengths in our community?
- 3. What are some weaknesses of our community?
- 4. When you think of the general health of our community, what do you think are the most prevalent health issues?



- 5. With the specific population you work with, what do you see as the most prevalent health issues?
- 6. When considering these health issues, what are some of the factors in our community that contribute to these issues?
- 7. When considering these health issues, what are some programs, initiatives or services that the hospital could offer that would address these issues?
- 8. Is there anything else you would like to add?

Interviews conducted with Beth Hollis, Amanda Webreck and Kay Mihelcic were conducted at their place of employment, the interview conducted with Debbie Lepley was conducted at the hospital and the interview conducted with Michelle Younkin was conducted via telephone.

Focus Groups:

One focus group was conducted with a group of individuals who participate in the Housing program/Home Grown (Community Garden) at the Community Action Partnership of Somerset County. The group consisted of four males and two females. Ages ranged from 17 to 59. Lunch was given to the individuals as an incentive for participation. The Focus Group lasted approximately 1 hour.

Focus Group Participants were asked the following questions:

- 1. Please introduce yourself with your name, age and one interesting fact about yourself.
- 2. What are some strengths of our community?
- 3. What are some weaknesses of our community?
- 4. When I say the word health, what is the first thing that comes to mind?
- 5. Would you say that our community is healthy?
- 6. What is the biggest health related problem in our community?
- 7. Do you think Somerset Hospital does a good job of meeting the health needs of the community?
- 8. How can the hospital better meet the health needs of the community?
- 9. Is there anything else you would like to mention?

Secondary Data Collection:

Secondary Data was collected from the following sources:

- Demographic and socioeconomic data was collected from the United States Census Bureau
- Pennsylvania Department of Health and the Pennsylvania Department of Vital Statistics
- County Health Rankings, which is provided by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute within the School of Medicine and Public Health.



- Pennsylvania Youth Survey (PAYS) 2016
- American Lung Association State of the Air Report
- Healthy People 2020, from the Office of Disease Prevention and Health Promotion
- Community Health Status Indicators, from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- Somerset County Hunger Profile, a publication of the Greater Pittsburgh Food Bank
- Pennsylvania Center for Workforce Information and Analysis
- Pennsylvania State Police
- Pennsylvania Department of Transportation

Priority Needs Identification Process:

On April 22, 2016, the Steering Committee met to discuss all of the data that had been collected during this process. Participants were then asked to review the data. A survey created on Survey Monkey was then made available to the Steering Committee to prioritize the needs. Members of the committee were asked to rate the health issues based on:

- Severity of the Issue- Severity of the issue refers to the potential for the health issue to result in death, disability or impaired quality of life. It also refers to the prevalence of the problem in our community.
- Capacity to address issue- Capacity to address issue refers to the hospital's ability to either address the issue or partner with another organization in the community to address the issue.
- Accountability- Accountability refers to the extent the hospital is responsible for addressing health issue.

Fourteen members of the Steering Committee participated in this process.



Community Assets/Resources

Nursing Homes:

- Church of the Brethren Home, Windber
- Meadow View Nursing Center, Berlin
- Patriot Senior Choice, Somerset
- Siemon Lakeview Manor, Somerset
- Laurel View Village, Davidsville
- Golden Living Center, Meyersdale

Personal Care/Assisted Living:

- Deneane's Personal Care Home, Confluence
- Keren Miller, Confluence
- Katie's, Confluence
- Sage Karlyne, Confluence
- Laurel View Village, Davidsville
- Shaffer's Countryside Assisted Living, Inc., Friedens
- Country Manor Living, Jerome
- Johnson's PCH, Meyersdale
- Rest Assured Living Center, Meyersdale
- Martins'Care Home, Inc., Rockwood
- Devine Inn, Inc., Salisbury
- Mallard House PCH, Inc., Somerset
- Patriot Street Manor, Somerset
- The Heritage at Siemon's Lakeview Manor Estates, Somerset
- Pettikoffer House, Windber

Pharmacy:

- Berlin Pharmacy, Berlin
- Boswell Prescription, Boswell
- Boswell Pharmacy, Jennerstown
- CVS Pharmacy, Somerset
- Fb Thomas Drug Store, Meyersdale
- Findley's Pharmacy, Somerset
- Giant Eagle Pharmacy (2), Somerset
- Medicine Shoppe, Somerset
- Penn-Laurel Pharmacy, Central City
- Rite Aid, Windber



Pharmacies continued:

- Somerset Drug Co., Somerset
- Township Pharmacy, Davidsville
- Walmart, Somerset
- Yough Valley Pharmacy, Confluence

Senior Services:

- Allegheny Lutheran Social Ministries, Somerset
- Area Agency on Aging of Somerset County, Somerset
- Senior Daily Living Center, Somerset
- Senior Daily Living Center, Meyersdale

Youth Services:

- Boys and Girls Club of Somerset Co., Somerset
- Child Care Information Services of Somerset Co., Somerset
- Children and Youth Services of Somerset Co., Somerset
- Children's Aid Home Programs of Somerset Co., Inc. Somerset
- Somerset Co Head Start/PA Pre-K Counts Preschool Program, Somerset
- Somerset Co Juvenile Probation, Somerset

Family Services:

- Planned Parenthood, Somerset
- The Family Center, Salisbury
- Domestic Relations Section, Somerset
- Birthright, Somerset

Community Services:

- Community Connection at Somerset Hospital, Somerset
- Community Action Partnership, Somerset
- Easter Seal Society, Somerset
- Penn State Cooperative Extension, Somerset
- Salvation Army, Somerset
- Somerset Co. Chamber of Commerce, Somerset
- State Health Center, Somerset
- Somerset Tapestry of Health, Somerset
- Johnstown Free Medical Clinic, Somerset (Thursdays)

Employment Services:

• PA Careerlink, Somerset



Hospitals:

- Somerset Hospital, Somerset
- Chan Soon-Shiong Medical Center, Windber
- Conemaugh Meyersdale Medical Center, Meyersdale

Veterans Services:

- Department of Veterans Services, Somerset
- Veteran's Choice Program at Somerset Hospital, Somerset

Educational Services:

- Appalachia Intermediate Unit 8, Somerset
- Somerset Co. Literacy Council, Somerset
- Somerset Co. Technology Center, Somerset

Mental Health Services:

- Somerset Co. Counseling and Treatment Center, Somerset
- Somerset Hospital Behavioral Health Unit, Somerset
- Bedford-Somerset Mental Health/Mental Retardation, Somerset

Behavioral Services:

- Alternative Community Resources Program, Somerset
- Behavioral Health Services of Somerset and Bedford Counties, Inc., Somerset
- Children's Behavioral Health, Somerset
- Family Behavioral Resources, Somerset



Demographic Information

Somerset County is classified as a rural county, with the population density being 72 people per square mile. The large majority of the population is Caucasian, with Hispanics, African American, Asians, Native Americans and Alaska Natives only making up approximately 5% of the population combined. The sex of the population is close to evenly distributed, with their being slightly more men than women. The percentage of individuals over the age of 65 continues to grow and the population continues to decline. Both per person and median family income is below the state average. 13.5% of the population is living at or below the poverty line, which is slightly lower to the state rate of 13.6%. Approximately 15.4% of the population is eligible for Medical Assistance. 86.4% of the population over the age of 25 has graduated from high school and 14.9% of the population over the age of 25 has attained at Bachelor's degree or higher, which is lower than the state average. The average annual unemployment rate in 2015 was 9.2% of the population. The top four industries of unemployment are construction, natural resources and mining, trade, transportation and utilities and manufacturing.



































Community Survey Demographics

1,023 surveys were returned either electronically through Survey Monkey or hard copy through the mail. The majority of the survey respondents were white, females, between the ages of 18-64. Household income, education level and employment level of survey respondents is higher than average, when compared to Somerset County. This is most likely a result of the survey being shared with co-workers of the Steering Committee.

Many of those interviewed also reported a problem in our community of generational poverty; people being unable to break the cycle of poverty within their families.





















Service Area Definition

The primary service area (the areas in which 50% of our admissions derive from) includes Somerset Borough, Berlin, Boswell, Confluence, Friedens, Rockwood and Stoystown. The secondary service area (the areas in which an additional 25% of our admissions derive from) includes Jennerstown, Jenners, Markleton, Meyersdale, Salisbury, Shanksville and Ursina.





Community Health Status

In general, the health status of residents in Somerset County is worse than those living in other counties in the state. The rates of those adults reporting their health as fair or poor, having poor physical health at least one day out of the last thirty, and those reporting being limited in activity due to poor physical or mental health are higher for residents of Indiana, Cambria, Somerset and Armstrong Counties compared to Pennsylvania. However, the percentage of adults reporting that their mental health as not good for at least one day out of the last thirty is lower than the state average.

The top ten causes of death in Somerset County are as follows: heart disease, cancer, chronic lower respiratory disorders, stroke, accidents, diabetes, Alzheimer's disease, nephritis/nephrosis, influenza/pneumonia, and septicemia. The mortality rate in 2013 was 13.8 per 1,000.

When examining the results of the Community Survey, the majority of respondents reported their personal health as being very good or good. However, when considering the general health of Somerset County, most respondents view the health status as good or fair.





















Access

In general, healthcare access in Somerset County is satisfactory. Approximately, 13% of the population does not have health insurance. Only 11% of the population reported not having a primary care provider (PCP), compared to the state average of 14% not having a PCP. This is despite the fact that the ratio of people to healthcare providers, including primary care providers, dentists and mental health providers is much higher in Somerset County compared to the state. Also, the percentage of people reporting not receiving recommended health services due to cost is lower in Somerset County (11%) than the state (12%).

In regards to those who completed the community survey, the results were similar to those received from the Department of Health data. Approximately 12% of those surveyed did not have health insurance. Of those that do have insurance, 47% have High Deductible Health Plans, which may be a barrier to receiving health care. About 27% of those surveyed reported not being able to afford their co-payments, premiums or deductibles. 26% of those surveyed reported not receiving a recommended health service because of cost, which is higher than the county average. About 2% of those surveyed reported transportation being a barrier to receiving a recommended negative.

Both the key informants and focus group participants reported transportation being a large issue in the access to health care and other resources in our community. The key informants feel that there are unique programs and services for our rural area and a lot of different avenue to disseminate information to the community. They do feel that there are not enough specialists in the county. Another issue noticed by the key informants is that people are still using the emergency department rather than their primary care provider. Also, there are a large number of people that use the internet for healthcare.




































Heart Disease/Stroke

Heart Disease is the number one cause of death in Somerset County. Stroke is the fourth leading cause of death in Somerset County. 7% of the population in Somerset County has been diagnosed with Heart Disease. 8% of the population in Somerset County has been told that they have experienced a heart attack. The rates of Acute Myocardial Infarction (heart attack) mortalities are higher in Somerset County (four year average of 51.6 per 100,000) than Pennsylvania (37.45 per 100,000). The mortality rate for Coronary Heart Disease in Somerset County (four year average of 145.5 per 100,000) is higher than Pennsylvania (four year average of 121.7 per 100,000). This rate is also higher than the Healthy People 2020 goal of 100.8 per 100,000. The mortality rate for cardiovascular disease is slightly lower in Somerset County (four year average of 227.8 per 100,000) than Pennsylvania (four year average of 236.5 per 100,000). Over the four years, the mortality rates of acute myocardial infarction, coronary heart disease and cardiovascular disease have decreased.

In the community survey, 30.04% of the respondents reported being diagnosed with high blood pressure and 31.3% of the respondents reported being diagnosed with high cholesterol. 84.9% of respondents are being screened for high blood pressure on a recommended basis. 70.7% of respondents are being screened for high cholesterol on a recommended basis.

4% of the population in Somerset County has had a stroke. The mortality rate in Somerset County (four year average of 36.2 per 100,000) is slightly lower than Pennsylvania (four year average of 38.7 per 100,000). However, this is higher than the Healthy People 2020 goal of 33.8 per 100,000.































Cancer

Breast Cancer: The Breast Cancer Incidence Rate in Somerset County (four year average of 52.7 per 100,000) is lower than that of the state (four year average of 69.5 per 100,000); however the rate is higher than the Healthy People 2020 goal of 41.0 per 100,000. The Breast Cancer Mortality Rate in Somerset County (four year average of 16.3 per 100,000) is slightly lower than the state (four year average of 16.5 per 100,000), but both are meeting the Healthy People 2020 goal of 20.6 per 100,000. In the Community Survey, 73.6% of the women surveyed reported receiving their annual recommended mammogram. According to the County Health Rankings, only 59.1% of women in Somerset County ages 67-69 on Medicare received their recommended Mammogram, which is lower than the state average of 64%.

Bronchus and Lung Cancer: Both the four year average incidence rate and mortality rate of Bronchus and Lung Cancer is lower in Somerset County (49.6 per 100,000 incidence and 36.4 per 100,000 mortality) than the State of Pennsylvania (66.3 per 100,000 incidence and 48.1 per 100,000 mortality). Somerset County is also meeting the Healthy People 2020 goal for Bronchus and Lung Cancer Mortality, which is 45.5 per 100,000.

Colorectal Cancer: The Colorectal Cancer Incidence Rate in Somerset County (four year average of 50.4 per 100,000) is higher than that of the state (four year average of 44.5 per 100,000); the rate is also exceeding the Healthy People 2020 goal of 38.6 per 100,000. The Colorectal Mortality Rate in Somerset County (four year average of 16.3 per 100,000) is slightly lower than the state (four year average of 16.5 per 100,000), but exceeding the Healthy People 2020 goal of 14.5 per 100,000. In the Community Survey, only 56.6% are receiving their recommended colonoscopy.

Prostate Cancer: The Prostate Incidence Rate in Somerset County (four year average of 112.5 per 100,000) is lower than that of the state (four year average of 127.7 per 100,000). The Prostate Cancer Mortality Rate in Somerset County (two year average of 21.2 per 100,000) is slightly higher than the state (four year average of 20.5 per 100,000), but both are meeting the Healthy People 2020 goal of 21.8 per 100,000. In the Community Survey, only 40% of men are receiving their recommended PSA screening.

























* There is no data in Somerset County for 2009 and 2012 due to there being fewer than 10 cases.







Diabetes

Diabetes is the sixth leading cause of death in Somerset County. It can be difficult to identify the cause of death as diabetes because in many cases a complication of diabetes is listed as the cause of death. 11% of the population in Somerset County has been diagnosed with diabetes. The diabetes mortality rate in Somerset County (four year average of 30.5 per 100,000) is higher than Pennsylvania (four year average of 20.7 per 100,000); however, the mortality rate is meeting the Healthy People 2020 guideline of 65.8 per 100,000.

11.78% of community survey respondents reported being diagnosed with diabetes, prediabetes or gestational diabetes. 65.6% report receiving a blood glucose screening on a recommended basis.











Respiratory Illness

12% of the population in Somerset County has been diagnosed with Asthma and 8% currently have Asthma. This is slightly lower than the state average of 14% being diagnosed and 10% currently having Asthma.

The mortality rate of pneumonia in Somerset County (four year average of 14.2 per 100,000) is slightly higher than Pennsylvania (four year average of 14.1 per 100,000). 70% of the eligible population in Somerset County has received the recommended pneumonia vaccination. This is the same as the state rate.













Overweight/Obesity

The percentage of people who are overweight or obese in Somerset continues to be a problem. Overweight is defined as having a body mass index (bmi) greater than 25. Obesity is defined as having a body mass index greater than 30. 69% of the population in Somerset is overweight. 37% of the population in Somerset is classified as obese. This is greater than the state average, in which 65% of the population is overweight and 30% of the population is obese. Somerset County is also exceeding the Healthy People 2020 goal of 30.5% of the population being classified as obese.

Being overweight as a child is defined as being in at least the 85^{th} percentile for height, weight and age. Obesity is defined as being in at least the 95^{th} percentile for height, weight and age. When looking at childhood overweight/obesity, 36.64% of children in grades kindergarten through 6^{th} are overweight. 20.97% are obese. 34.5% of children in grades 7-12 are classified as overweight. 18.23% are obese. The Healthy People 2020 goal is 15.7% of children in grades k-12 being classified as obese. Therefore, Somerset County is not meeting the goal.

Obesity, both in children and adults, was identified in the community survey, key informant interviews and focus group as one of the greatest health problems in our community. Suggested reasons for this include the lack of affordability of healthy food, lack of access to recreation, lack of time to exercise and lack of affordability of gyms.















Prenatal Behaviors

Mothers who receive prenatal care in their first trimester usually have better pregnancy outcomes. The four year average for receiving prenatal care in the first trimester in Somerset County is 78.25% which is higher than the state average, which is 71.58%. Somerset County is also exceeding the Healthy People 2020 goal of 77.9%. When considering low birthweight babies, or those that are born weighing less than 5.5 lbs., about 7.2% of the babies born in Somerset County are of low birthweight, which is lower than the state average of 7.6% and also meets the Healthy People 2020 goal of 7.8%. In order to qualify for WIC, which is a program that provides nutrition for women, infants and children, a family's income must be at 185% of the federal poverty income guidelines. The percentage of women receiving WIC in Somerset County (four year average of 44.43% of mothers) is higher than the percentage in the state (four year average of 39.9% of mothers). Over the last year, approximately 1,400 families each month receive WIC. The percentage of mothers receiving Medicaid is higher in Somerset County (four year average of 37.75%) than Pennsylvania (four year average of 33.03%). In order to qualify for Medicaid as a pregnant mother, the family income cannot exceed 215% of the federal poverty income guidelines. The percentage of teen pregnancies resulting in a live birth is higher for Somerset County (four year average of 83.1%) than Pennsylvania (four year average of 68.83%).

When looking at the data for pregnant women not using tobacco during pregnancy, there is a lower percentage in Somerset County (four year average of 78.18%) than Pennsylvania (four year average of 84.38%). There are fewer women in Somerset County (73.08%) that abstain from using tobacco three months prior to conception than in Pennsylvania (79.05%).



Percentage of Mothers Who Recieved Care in the First Trimester 82.00% 80.20% 80.00% 78.40% 77 70% 78.00% 76.70% 76.00% 2009 2010 74.00% 72.40% 70.90% 71.30% 71.70% 2011

Pennsylvania

2012

HP

2020

Somerset

72.00%

70.00%

68.00%

66.00%





















Sexually Transmitted Infections

Rates of Sexually Transmitted Infections (STIs) in Somerset County remain lower than the state average. The most prevalent STI is Chlamydia with an average rate of 118.2 per 100,000. This is followed by Gonorrhea with an average rate of 6.5 per 100,000.

The rate of HIV infection is 2.6 per 100,000 people. Approximately 1 out of every 6 people with HIV does not know they have the disease. This is why HIV testing is recommended. Only 25% of residents of Somerset County have been tested for HIV. This is less than the 38% of Pennsylvania residents that have been tested. The Healthy People 2020 goal is 73.6% of the population being tested for HIV.



*Data for Syphilis due to there being <10 events.









Tobacco Use

Tobacco use is more prevalent in Somerset County than the state of Pennsylvania. 22% of the population in Somerset County currently smokes. 21% of the population in Pennsylvania smokes. The Healthy People 2020 goal is 12% of the population smoking. 17% of the population in Somerset County smoke on a daily basis. 23% of the population in Somerset County report being a former smoker. 55% of the population in Somerset County report never being a smoker. When looking at Pennsylvania, 15% report smoking on a daily basis, 25% report being a former smoker and 54% report never being a smoker.

Only 12.32% of community survey respondents report smoking cigarettes. 3.51% report smoking cigars. 5.16% report using chewing tobacco, snuff, or snus.

When looking at the youth that were surveyed in Somerset County, in 2015, 23.9% have smoked cigarettes, 17.2% have used smokeless tobacco and 18.3% have used vaping or an electronic cigarette. When looking at the results across Pennsylvania in 2015, 16.3% have smoked cigarettes, 8.4% have used smokeless tobacco and 15.5% have used vaping or an electronic cigarette.

















Tobacco and Vaping - Lifetime and 30-day use Somerset County 2015 Pennsylvania Youth Survey



3		Cigaret	ttes (Lifetin	me use)		S. S	Smokeless tobacco (Lifetime use)					Cigare	ay use)	8	Smokeless tobacco (30-day use)						Vaping/e-cigarette (30-day use)				
Grade	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015
6	4.7	3.1	4.2	2.9	n/a	3.2	2.0	4.0	1.2	n/a	1.2	0.7	1.1	0.8	n/a	0.7	0.4	0.7	0.4	n/a	n/a	n/a	25	2.6	n/a
8	20.8	14.5	11.7	11.0	13.3	15.3	11.3	10.5	4.5	8.6	6.5	6.5	3.7	3.5	3.6	8.5	4.9	4.6	1.8	3.2	n/a	n/a	10.3	11.7	9.5
10	34.3	34.2	32.2	18.3	19.9	25.9	20.5	23.3	9.8	12.3	13.3	19.2	15.1	6.8	6.3	15.6	11.3	12.9	4.9	4.9	n/a	n/a	26.1	20.4	14.0
12	46.7	43.9	47.7	32.7	31.1	31.8	29.0	30.9	18.1	13.2	23.2	23.2	23.3	14.6	11.4	19.3	18.0	15.5	9.2	6.1	n/a	n/a	34.3	27.0	16.2
All	25.9	24.3	23.9	16.3	n/a	18.7	16.0	17.2	8.4	n/a	10.6	12.6	10.8	6.4	n/a	10.8	8.8	8.5	4.1	n/a	n/a	n/a	18.3	15.5	n/a



Drug/Alcohol Use

The drug induced mortality rate in Somerset County (two year average of 18.4 per 100,000 is slightly higher than the average drug induced mortality rate in Pennsylvania (three year average of 17.6 per 100,000). This rate is also higher than the Healthy People 2020 goal of 11.3 per 100,000.

When looking at alcohol use, 7% of the population in Somerset County admits to chronic drinking and 6% of the population is at risk for heavy drinking.

When looking at the Community Survey, 72.21% of the respondents report never binge drinking, which is defined as 4 or more drinks in a sitting for women and 5 or more drinks in a sitting for men. 19.42% of respondents reported rarely binge drinking. 98.41% of respondents report never using illegal drugs.

When examining the Pennsylvania Youth Survey, the percentage reporting using the following drugs is lower in Somerset County than the state for all ages: narcotic prescriptions (Somerset 5.4%, Pennsylvania 6.3%), prescription tranquilizers (Somerset 1.5%, Pennsylvania 2.3%), prescription stimulants (Somerset 2.5%, Pennsylvania 3.7%), the use of over the counter drugs to get high (Somerset 3.4%, Pennsylvania 4.0%), hallucinogens (Somerset 2.3%, Pennsylvania 2.8%), ecstasy/molly (Somerset 1.7%, Pennsylvania 2.1%) and synthetic drugs (Somerset 1.5%, Pennsylvania 2.7%). The rate of usage in Somerset County is equal to or higher than Pennsylvania for the following drugs: heroin (Somerset 0.9%, Pennsylvania 0.6%), cocaine (Somerset 1.5%, Pennsylvania 1.5%), crack (Somerset 0.8%, Pennsylvania 0.5%), methamphetamines (Somerset 0.6%, Pennsylvania 0.5%) and performance enhancing drugs (Somerset 1.4%, Pennsylvania 1.0%).





^{*}No data available in 2011 due to fewer than 10 cases











Prescription and over-the-counter drugs and medications - Lifetime use Somerset County 2015 Pennsylvania Youth Survey



The most recent national data available for lifetime narcotic prescription drug use in 8th and 10th graders are from the 2014 Monitoring the Future administration. (However, 12th grade data are from the 2015 administration.)

		PEDs & Steroids						Narcotic	prescriptio	iption drugs* Prescription tranquilizers Prescription stimulants Used over-the-counter								counter dr	r drugs to get high							
G	rade	County 2011	County 2013	County 2015	State 2015	MTF 2014/ 2015*	County 2011	County 2013	County 2015	State 2015	MTF 2014/ 2015*	County 2011	County 2013	County 2015	State 2015	MTF 2014/ 2015*	County 2011	County 2013	County 2015	State 2015	MTF 2014/ 2015*	County 2011	County 2013	County 2015	State 2015	MTF 2014/ 2015*
	6	0.3	0.2	1.1	0.7	n/a	1.2	2.0	1.3	1.9	n/a	0.2	0.0	0.4	0.3	n/a	0.5	0.7	0.0	0.6	n/a	n/a	n/a	2.7	2.6	n/a
	8	0.5	0.9	0.5	0.6	1.0	3.1	4.9	2.3	4.3	2.3	1.0	0.7	0.4	0.8	3.0	1.0	1.5	0.7	1.0	6.8	n/a	n/a	1.6	2.5	n/a
	10	0.7	2.7	1.0	1.2	1.2	8.0	8.4	7.1	6.7	6.8	1.4	2.4	1.8	2.6	5.8	3.1	3.1	2.9	3.3	9.7	n/a	n/a	3.6	4.2	n/a
	12	1.4	1.4	2.9	1.6	2.3	12.9	12.4	11.0	12.1	8.4	4.7	3.7	3.7	5.3	6.9	5.5	6.7	6.4	9.7	10.8	n/a	n/a	5.7	6.5	n/a
	All	0.7	1.3	1.4	1.0	n/a	6.1	7.0	5.4	6.3	n/a	1.7	1.7	1.5	2.3	n/a	2.4	3.0	2.5	3.7	n/a	n/a	n/a	3.4	4.0	n/a
1	0																									



Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - Lifetime use Somerset County 2015 Pennsylvania Youth Survey



			Heroin					Hallucinogens			18	E	cstasy or Moll	y	Synthetic drugs					
Grade	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015	County 2011	County 2013	County 2015	State 2015	MTF 2015
6	0.0	0.4	0.5	0.2	n/a	0.2	0.0	0.4	0.3	n/a	0.0	0.0	0.7	0.2	n/a	n/a	0.9	1.3	1.5	n/a
8	0.2	0.6	0.0	0.3	0.5	1.0	1.5	0.0	0.7	2.0	0.3	0.9	0.4	0.7	2.3	n/a	1.6	0.5	1.8	n/a
10	0.3	1.3	0.3	0.6	0.7	1.7	4.0	3.4	3.4	4.6	1.4	2.3	1.1	2.0	3.8	n/a	1.5	1.0	2.6	n/a
12	1.0	1.0	2.9	1.4	0.8	5.3	6.8	5.3	6.9	6.4	3.5	3.7	4.8	5.4	5.9	n/a	5.8	3.5	4.8	n/a
All	0.4	0.8	0.9	0.6	n/a	2.0	3.2	2.3	2.8	n/a	1.2	1.8	1.7	2.1	n/a	n/a	2.5	1.5	2.7	n/a


Other drugs (cocaine, crack, methamphetamines) - Lifetime use Somerset County 2015 Pennsylvania Youth Survey



	Cocaine							Crack		Methamphetamines						
Grade	County 2011	County 2013	County 2015	State 2015	MTE	County 2011	County 2013	County 2015	State 2015	MTF	County 2011	County 2013	County 2015	State 2015	MTF	
6	0.0	0.4	0.5	0.3	n/a	0.0	0.2	0.5	0.2	n/a	0.2	0.2	0.4	0.3	n/a	
8	0.5	0.7	0.0	0.5	1.6	0.3	1.3	0.2	0.4	1.0	0.5	0.7	0.2	0.4	0.8	
10	1.0	1.5	1.3	1.3	2.7	0.7	1.0	0.7	0.6	1.1	0.7	1.5	0.5	0.6	13	
12	2.1	3.0	4.4	3.8	4.0	1.0	1.4	1.8	0.9	1.7	0.4	1.4	1.5	1.0	1.0	
All	0.9	1.4	1.5	1.5	n/a	0.5	1.0	0.8	0.5	n/a	0.4	1.0	0.6	0.5	n/a	



Mental Health

The suicide mortality rate in Somerset County (12.2 per 100,000) is very close to the average rate for Pennsylvania (3 year average incident rate of 12.23 per 100,000). In 2010 and 2011, there were fewer than 10 cases; therefore there is no incident data for Somerset County. The mortality rates for all mental and behavioral disorders is lower in Somerset County than Pennsylvania and also continue to decrease, whereas the rate continues to increase in Pennsylvania. About 20% of the population has been diagnosed with a depression disorder.

Looking at the Pennsylvania Youth Survey data from 2015 for Somerset County, approximately 14% of teens surveyed reported self-harming within the last year. Another 35.2% of the youth report feeling depressed most days out of the last 30 days. While this rate is lower than the state average, it has continued to increase since 2011. About 13.6% of the youth surveyed have considered suicide and another 9% admitted to attempting suicide. 2.5% required medical attention for their attempt.

Mental health issues were also brought up in the community survey, key informant interviews and focus group. Many in this community feel that mental health is the root of many of the problems in Somerset, including drug usage, poverty and poor physical health.



* No data provided in 2010 or 2011 due to <10 cases









Mental Health Concerns Somerset County 2015 Pennsylvania Youth Survey





	Self-ham		, scraping, bu 12 months	ming) in	Felt depressed or sad MOST days in the past 12 months				Sometimes I think that life is not worth it				At times I think I am no good at all				All in all, I am inclined to think that I am a failure			
Grade	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015
6	n/a	n/a	75	10.4	26.2	27.7	31.1	33.9	17.0	15.0	14.4	18.1	25.0	25.2	25.1	29.5	10.1	12.9	13.3	15.6
8	n/a	n/a	12.9	16.7	27.3	33.8	31.9	37.7	20.5	23.3	17.8	24.2	26.0	33.1	24.0	33.9	13.5	18.7	15.2	21.1
10	n/a	n/a	17.6	17.8	28.7	37.1	39.7	40.6	18.9	27.6	25.3	26.0	27.8	37.1	35.2	37.3	14.6	23.7	20.6	21.2
12	n/a	n/a	17.3	15.1	29.0	31.2	37.3	40.7	18.5	25.2	25.7	26.8	25.4	34.3	34.4	37.5	11.8	19.0	21.8	21.6
All	n/a	n/a	14.1	15.1	27.8	32.7	35.2	38.3	18.7	23.1	21.1	23.9	26.1	32.8	29.9	34.7	12.5	18.8	17.9	19.9



Suicide risk Somerset County 2015 Pennsylvania Youth Survey



County 2013	County 2015	٠	State 2015
-------------	-------------	---	------------

	So sad stopped doing usual activities				Considered suicide				Planned suicide				Attempted suicide				Needed medical treatment for suicide attempt			
Grade	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015	County 2011	County 2013	County 2015	State 2015
6	n/a	17.1	12.0	14.9	n/a	4.5	4.9	8.7	n/a	3.7	4.2	6.2	n/a	2.5	22	5.8	n/a	0.6	0.7	1.2
8	n/a	23.4	18.6	20.9	n/a	15.6	10.8	15.4	n/a	11.9	7.9	12.7	n/a	8.8	6.5	10.1	n/a	1.8	1.1	2.5
10	n/a	27.7	23.3	23.9	n/a	19.0	16.1	19.2	n/a	15.5	15.2	15.1	n/a	9.4	11.1	10.5	n/a	3.5	3.8	2.6
12	n/a	22.2	21.9	25.4	n/a	14.9	20.4	19.5	n/a	13.6	17.5	15.8	n/a	7.8	14.9	11.2	n/a	1.5	3.9	2.6
All	n/a	22.8	19.4	21.5	n/a	13.9	13.6	16.0	n/a	11.5	11.7	12.7	n/a	7.4	9.0	9.5	n/a	1.9	2.5	2.3



Motor Vehicle Accidents/Deaths/Seatbelt Usage

The rate of motor vehicle mortality in Somerset County (three year average of 20.5 per 100,000) is about twice as high than the average of Pennsylvania (three year average of 10.4 per 100,000). The rate is also above the Healthy People 2020 goal of 12.4 per 100,000. Between the years of 2012-2015, there has been 425 alcohol related motor vehicle accidents, resulting in 20 fatalities. The number of accidents involving alcohol has declined for the last three years. Between the years of 2012-2015, there have been 29 crashes involving phones (both handheld and hands free) and 1 fatality.

88.27% of respondents of the Community Health Survey reported always wearing their seatbelt as a driver and passenger. Only 3.87% reported rarely or never wearing a seatbelt. 60.18% of those surveyed reported never texting and driving. Another 29.69% reported rarely texting and driving.















Crime

The type of crime with the highest incidence rate in Somerset County is property offenses. Over the past two years, the incident rates of sex related offenses, assaults, property offenses, drug violations and other alcohol crimes has increased. Rates of criminal homicide, robbery and arson have decreased.





Environment-Air and Water Quality

According to the 2016 State of the Air Report from the American Lung Association, Somerset County receives a letter grade of C for the number of annual high ozone days. When compared to the rest of the state, 25 counties received a letter grade of F, 3 counties received a letter grade of D and 8 counties received a letter grade of C. 31 counties have no monitoring. Somerset county does not monitor particle pollution.

Public water is supplied by the Quemahoning Dam and is purchased through the Cambria Somerset Authority. Over the past three years, there have been no violations in regards to the level of contaminants that are found in the water.



Need Prioritization Results

Community Survey:

The following issues were rated by those that participated in the Community Survey, whether or not the issue is a serious problem in our community. The following issues are in order of severity from highest to lowest:

- 1. Illegal Drug Abuse
- 2. Prescription Drug Abuse
- 3. Tobacco Use
- 4. Obesity and Overweight
- 5. Employment Opportunities in General
- 6. Lack of Exercise
- 7. Alcohol Abuse
- 8. Cancer
- 9. Lack of Parenting
- 10. Hypertension/High Blood Pressure
- 11. High Cholesterol
- 12. Diabetes
- 13. Crime
- 14. Cardiovascular Disease and Stroke
- 15. Poverty
- 16. Heart Disease
- 17. Domestic Violence
- 18. Access to Affordable Health Care
- 19. Sexual Behaviors (unprotected, irresponsible/risky)
- 20. Disabilities (mental and/or physical
- 21. Child Abuse
- 22. Delinquency/Youth Crime
- 23. Access to Insurance Coverage
- 24. Violence
- 25. Teenage Pregnancy
- 26. Access and Affordability of Prescription Drugs
- 27. Availability of Specialists
- 28. Access to Transportation
- 29. Access to High Quality Affordable Foods
- 30. Affordable and Adequate Housing
- 31. Recreation Opportunities
- 32. Asthma
- 33. Access to Mental Health Care and Services
- 33. Early Childhood Development/Child Care



- 34. Sexually Transmitted Infections
- 35. Access to Dental Care
- 36. Safe Roads and Sidewalks
- 37. Quality of Public Education
- 38. Access to Adult Immunizations
- 39. Access to Medical Care Providers
- 40. High School Graduation Rates
- 41. Access to General Health Screenings
- 42. Access to Emergency Care Services
- 43. Access to Women's Health Screenings
- 44. Access to Men's Health Screenings
- 45. Access to Prenatal Care
- 46. Access to Childhood Immunizations
- 47. Language Barriers

Community Survey Respondents were also given the option to list the top community health priority for Somerset County. Responses were recorded in an open ended format. 744 people responded to this question. The responses were then coded based on the subject they were related to. The top ten responses are as follows:

- 1. Drug Use/Abuse
- 2. Affordability of Health Care
- 3. Transportation/Access to Health Care
- 4. Obesity
- 5. Cancer
- 6. Poverty/Lack of Jobs
- 7. Mental Health Care
- 8. Heart Disease
- 9. Elder Care/Resources for Senior Citizens
- 10. Parenting



Steering Committee:

The steering committee was asked to consider all of the data, including the community's opinion of the top health priorities. Health issues presented were then rated on the severity of the issue, the capacity for the hospital to address the issue, and the degree to which the hospital is responsible for addressing the health issue (accountability). The ratings are as follows:

Health Issue	Magnitude of Problem	Capacity	Accountability	Total
Heart Disease	8.62	8.71	8.36	25.69
Diabetes	8.77	8.54	8.36	25.67
Cancer	8.46	8.29	8.21	24.96
Stroke	7.85	8.57	8.36	24.78
Overweight/Obesity	8.54	7.5	7.08	23.12
Mental Health Disorders	7.38	7.29	7.92	22.59
Childhood Obesity	8.15	7.5	6.93	22.58
Prescription Drug Misuse/Abuse	8.17	7.14	7.15	22.46
Access to Mental Health Care Services	7	7.21	7.64	21.85
Access to Primary Care Physicians	5.77	7.71	8.21	21.69
Tobacco Use	7.71	6.86	7	21.57
Illegal Drug Use	8.64	6.46	5.92	21.02
Access to Affordable Health Insurance/Co- Pays/Deductibles	7.69	6	7	20.69
Access to Prenatal Care	4.38	7.64	8.64	20.66
Asthma	6.08	7.23	7.23	20.54
Tobacco Use in Pregnancy	6	6.71	7.5	20.21
Physical Activity	7.15	6.64	6.23	20.02
Alcohol Use	8	6	5.93	19.93
Nutrition/Access to Healthy Foods	7.09	5.69	5.38	18.16
Transportation to and from Medical Appointments	6.69	5.86	5.29	17.84
Teenage Pregnancy	5.07	6	6.21	17.28
Access to Dental Care	5.62	5.57	5.43	16.62
Sexually Transmitted Infections/Risky Sexual Behaviors	4.54	5.36	6.15	16.05
Motor Vehicle Accidents/ Motor Vehicle Deaths/Seatbelt Usage	5.54	3.64	4.08	13.26
Unemployment Rates/Poverty	7.21	3.21	2.69	13.11
Adolescent Crime/Delinquency	5	4.07	3.38	12.45
Crime/Violence	5.15	3.93	3.31	12.39
Environmental Health-Air & Water Quality	3.31	3.36	2.77	9.44



Discussion

In many aspects, results from this data collection process are to be expected. Chronic disease continues to be present in the list of top ten causes of death nationwide. This is no different for Somerset County, especially with high rates of heart disease, hypertension, obesity and high cholesterol. It is a community expectation that the hospital offer services to treat these diagnoses, as well as programs to prevent these issues.

Results from this process have been very similar to those that were completed three years ago, with the exception of the concern of drug abuse. There has been increasing attention placed on the heroin epidemic in Western Pennsylvania. This has garnished a large amount of media attention, which has allowed the community to become more informed about the problem.

The data collection process does have some flaws. From a primary data collection stance, there are inherently the potential for biases. While the surveys were mailed out to random households throughout the Primary Service Area of Somerset Hospital and Survey Monkey was set to completely anonymously collect the data, the majority of the surveys were completed through links provided in emails or Facebook, therefore decreasing the likelihood of a blind random collection of data. In order to collect as many responses as possible, the Survey Monkey program was set up to allow collection the survey to be completed twice on the same device. There is the potential for someone to have completed the survey multiple times. As far as the informant interviews and the focus group, there is the potential for results to be skewed based on personal and professional needs, rather than the general needs of our priority populations. With that being said, interviewees were selected from a wide variety of human service agencies to alleviate the potential for biases. The biggest issue in the secondary data collection process is finding data that is current. While this report is supposed to cover the past three years, data has not necessarily been updated yet to reflect this.



Action Planning

Through the Community Health Needs Assessment process, the areas identified for action are as follows:

Heart Disease

Goal: Reduce heart disease morbidity and mortality in Somerset County. **Target Population:** Residents of Somerset County over the age of 18 **Activities:**

- Community education seminars/events
- Offer CPR courses to the community and businesses
- Promote availability and services of the Cardiac Catheterization Lab
- Offer Cardiac Rehabilitation to those patients with a cardiac diagnosis

Measures:

- # of participants for education events
- # of individuals becoming certified in CPR
- Total # of CPR classes offered during the year
- # of people receiving cardiac catheterization related procedures
- # of people enrolling in cardiac rehabilitation
- For those individuals completing cardiac rehab:
 - Change in blood pressure
 - Lipid management (whether or not pt. is on moderate-high dose statin
 - Change in weight
 - o Waist circumference
 - Change in depression screen

Resources:

- Cardiologists
- Primary Care Providers
- Marketing team
- CPR Instructors
- Cardiac Catheterization Lab Staff
- Cardiac Rehabilitation Staff



Diabetes

Goal: Reduce diabetes morbidity and mortality in Somerset County

Target Population: All residents of Somerset County, individuals diagnosed with pre-diabetes or diabetes

Activities:

- Offer community education seminars
- Promote the availability of diabetes self-management education

Measures:

- # of individual participants of education seminars
- # of individuals participating in diabetes education self-management program
 - For those completing program:
 - Reduction in A1C
 - Increase in knowledge
 - Increase in confidence in managing diabetes

Resources:

- Diabetes Education Center
 - Registered dietitians
- Primary care physicians
- Marketing

٠

Tobacco Use

Goal: Reduce tobacco use in Somerset County **Target Population:** All individuals living in Somerset County **Activities:**

- Offer free tobacco cessation classes
- Promote the PA Quitline for Tobacco Cessation
- Provide additional training to respiratory therapists in tobacco cessation
- Participate in community education/outreach activities

Measures:

- Participants of Class:
 - % of people quitting tobacco
 - Increase in knowledge of dangers of tobacco use
 - Increase in confidence of quitting/remaining tobacco free
- # of inpatients referred to PA Quitline
- # of therapists receiving training

Resources:

- Respiratory Therapists
- Physicians
- Marketing



<u>Cancer</u>

Goal: Increase awareness about the importance of early detection for certain cancers and reduce barriers to individuals getting recommended screenings for cancer.

Target Population: Adult residents living in Somerset County

Activities:

- Offer community education for the prevention of cancer/early detection
- Offer annual mammogram program which provides mammograms to women who are uninsured, underinsured or have insurance that does not cover mammogram in conjunction with the Susan G. Komen Foundation
- Assist in promoting the annual Colorectal Cancer Screening program that is conducted through the Somerset Oncology Center
- Promote the availability of low dose CT scans for individuals who are high risk for lung cancer

Measures:

- # of education seminars conducted
- # of participants
- # of participants in each screening
- # of people requiring follow up

Resources:

- Radiology Department
- Primary Care Physicians
- Marketing

Partnerships:

- Susan G. Komen Foundation
- Somerset Oncology Center (Allegheny Health Network)
- Foundation Radiology
- Johnstown Free Medical Clinic
- American Cancer Society



<u>Stroke</u>

Goal: Reduce Stroke Mortality in Somerset County

Target Population: All residents of Somerset County, people at risk for having a stroke **Activities:**

- Educate the community on the signs and symptoms of Stroke, as well as the importance of early medical intervention
- Develop and promote Primary Stroke Center

Measures:

- # of community outreach events completed
- # of people attending outreach events
- For those patients being admitted with a stroke:
 - % of people coming in by ambulance
 - o Reduction of time between last known well and arrival at ED
 - Length of Stay
 - o Early anti thrombotic: Measure door to needle time
 - o Stroke Education
 - o Discharge on Statin
 - Discharge on Antithrombotic
 - Smoking Cessation
 - Diabetic Education
 - Number of Stroke Alerts
 - Teleneurology consults

Resources:

- Members of the Stroke Team
 - o Administrative Director
 - Clinical Coordinator
 - o Medical Director
- Medical Staff
 - Physicians (Emergency Department and Hospitalists primarily)
 - o Nurses
 - Laboratory
 - Radiology
- Marketing

Partnerships

- Allegheny Health Network
- Ambulance Services in Somerset County



Mental Health Disorders/Access to Mental Health Caregivers

Goal: Increase access to Mental Health Care

Target Population: Adults living in Somerset County

Activities:

- Through a variety of media outlets, promote the availability of Mental Health Care at Somerset Hospital
- Promote the availability of mental health support groups in the county

Measures:

- Track growth in outpatient visits
- Track growth in geriatric population

Resources:

- Behavioral Health Unit
- Marketing

Potential Partnerships:

• Bedford Somerset DBHS

Overweight/Obesity

Goal: Increase awareness and education about obesity

Target Population: All individuals living in Somerset County Activities:

- Promote Rehabilitation and Wellness Center
- Promote the Availability of Outpatient Medical Nutrition Therapy (MNT)
- Organize Annual Family Health Fair (offsite)
- Provide community education seminars regarding obesity

Measures:

- # of participants
- # of events
- Outpatient MNT
 - % of participants losing weight
 - Average weight loss

Resources:

- Dietitian
- Staff of Somerset Hospital Rehabilitation & Wellness Center
- Marketing
- Various departments within the hospital

Potential Partnerships:

- School Districts
- WIC Office



<u>Illegal Drug Use/Prescription Drug Abuse</u> Goal: Reduce drug use in Somerset County Target Population: All individuals residing in Somerset County Activities:

- Promote availability of Pain Management Specialist
- Increase patient education on medications through occupational therapy and pharmacy
- Promote safe disposal of medications
- Promote Twin Lakes Center
 - Drug and Alcohol Detox
 - o Residential Program
 - Outpatient Program
 - Prevention/Education
 - DUI Services

Measures:

- Patient volume in pain management services
- # of inpatient consults for medication management
- Weight of medication collected through medication drop off box and prescription drug take back days
- # of individuals enrolled in programs at Twin Lakes
- # of students reached through prevention programming
- Media reach through anti-drug advertising campaigns

Resources:

- Pain Management Specialist
- Twin Lakes Center Staff
- Occupational Therapy
- Pharmacy Department

Partners:

- Somerset County Drug Free Communities
- Single County Authority
- Somerset Borough Police Department
- United Way of the Laurel Highlands



In 2013, the focus areas of the Community Health Needs Assessment were identified as Childhood Obesity, Self-Esteem in Children and Diabetes. As progress was very minimal in these areas, they will continue to be a focus of the 2016 Community Health Needs Assessment within the above topics of action.

The areas that will not be addressed in the Community Health Needs Assessment include access to primary care providers, access to affordable health insurance/co-pays/deductibles, access to prenatal care, asthma, medical transportation, access to dental care, sexually transmitted infections, motor vehicle accident/deaths/seatbelt usage, unemployment rates/poverty, crime/delinquency/violence, and environmental health. Many of these areas will still be addressed within the hospital, but the ranking of significance in our community were not as high as the rankings of the other health issues identified in this assessment. Therefore, they will not be a priority focus. The hospital does lack resources to directly address issues such as unemployment rates, poverty and crime and delinquency.

The Somerset Hospital Board of Directors approved the Community Health Needs Assessment Action Plan on Monday, October 31st, 2016. Updates will be provided to the Board of Directors every six months for the next three years.

Somerset Hospital invites the community to comment on any portion of the Community Health Needs Assessment. If you have issues you would like to see addressed or have ideas of how to address any of the identified issues, we would love to hear from you. You may contact Sarah Deist at 814-443-5735 or sedeist@somersethospital.com