Punxsutawney Area Hospital Community Health Needs Assessment 2015
ACKNOWLEDGEMENTS

The Punxsutawney Area Hospital (PAH) and Pennsylvania Mountain Care Network (PMCN) Community Health Needs Assessment (CHNA) was made possible through the generous support of PAH, Clarion Hospital, Indiana Regional Medical Center, and Strategy Solutions, Inc. (SSI). Representatives from these three hospitals and SSI worked collaboratively to guide and conduct this assessment. A steering committee made up of senior representatives of each hospital, as well as representatives from local health departments, leading health and social service organizations and county government provided additional input. The combined expertise, knowledge and commitment of the members of these committees were vital to the project. The project team of Ben Hughes, Larry Sedlemeyer, Nancy Smith, John Stroup and Bridget Thornton were the main liaisons between the steering committees and SSI, the consulting group that PMCN hired to assist with the assessment. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, two dozen individuals were interviewed by representatives from all three hospitals including administrative and clinical staff from the hospitals, representatives from health and social service agencies, public health officers, warden, school district personnel, veteran’s affairs, clergy, and other public and elected officials. SSI also conducted a community survey with 1,144 completed surveys. Finally information was gathered by the project team through a series of focus groups. These information-gathering efforts allowed the project team and steering committees to gain a better understanding of the health status, health care needs, service gaps and barriers to care of those living in the counties of Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango. The project team would like to thank all of the people who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.
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Punxsutawney Area Hospital (PAH) is proud to present its 2015 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of PAH. The data also reflects a collaboration that PAH entered into on July 24, 2014 with Clarion Hospital and Indiana Regional Medical Center, known as the Pennsylvania Mountain Care Network (PMCN). PMCN was formed to improve the health of the communities they serve by controlling costs, remaining independent, improved access, an expanded network of specialty physicians and improved patient outcomes. This report also includes secondary and disease incidence and prevalence data from Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango Counties, as the PMCN service area includes portions of all of these counties. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall, and each individual hospital service area.

The primary purpose of this assessment was to identify the health needs and issues of the community defined as the primary service area of each hospital in the PMCN. In addition, the CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital as well as other community providers to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region.

The full report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.
Individually and collectively, improving the health of the community and region is a top priority of each of PMCN. Beyond the education, patient care and program interventions provided by PAH, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.
The 2015 Punxsutawney Area Hospital (PAH) Community Health Needs Assessment (CHNA) was conducted to identify health issues and needs, as well as to provide critical information to PAH and others in a position to make a positive impact on the health of the region’s residents. The results enable the hospital and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the PAH service area.

To assist with the CHNA process, PAH and the Pennsylvania Mountain Care Network (PMCN) retained Strategy Solutions, Inc., a planning and research firm, whose mission is to create healthy communities to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. This CHNA included a detailed examination of the following areas:

- Evaluation of the 2012 PAH CHNA Implementation Strategies
- Demographics & Socio-Economic Indicators
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury
Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, County Health Rankings, as well as a number of other reports and publications. Data were collected primarily for the PAH service area of Clearfield, Indiana and Jefferson Counties and the PMCN overall, although some selected national data is included where local/regional data was not available. Demographic data were collected from the Nielsen/Claritas demographic database. Primary qualitative data collected specifically for this assessment included a total of 24 in-depth stakeholder interviews, with six specifically representing the needs of the PAH service area. A total of five focus groups were also conducted, one with nine participants from the PAH area. A PMCN community survey with 1,144 responses received from the region with 241 from Jefferson County. In addition to gathering input from stakeholder interviews, input and guidance also came from hospital and community representatives who served on the PAH Steering Committee.

After all primary and secondary data were reviewed and analyzed; the data suggested a total of 35 distinct issues, needs and possible priority areas for intervention. The Steering Committees of all three hospitals prioritized and discussed the significant needs of the region overall which included hypertension, obesity, cardiovascular disease, diabetes, preventative care/screenings, cancer (specifically breast, colorectal and prostate), flu and pneumonia, prescription drug abuse, Lyme disease and drug abuse/mortality. The PAH Steering Committee analyzed the needs further and ultimately selected the following most significant priority needs based on the magnitude, impact and capacity criteria:

1. Preventative Care/Screenings
2. Obesity
3. Cardiovascular Disease (Heart Disease, Cholesterol, etc.)

The Punxsutawney Steering Committee also discussed the priority of Lyme Disease; however since this was a priority addressed with the 2012 CHNA, the hospital and steering committee felt that the community is well-educated on the dangers of Lyme Disease, the medical community is aware of what to look for and screenings through the Punxsutawney Rotary Club are ongoing (over 2,000 screenings completed thus far).

The implementation strategies selected by the hospital, the PMCN and community partners will address the most significant needs through a variety of implementation strategies and is published in a separate document.
To guide this assessment, each hospital leadership formed a Steering Committee in their local service area that consisted of hospital and community leaders who represented the broad interests of their local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, and those with chronic disease needs, individuals with expertise in public health, and internal program managers. The PAH Steering Committee met three times between April 2015 and May 2015 to provide guidance on the various components of the CHNA.

Service Area Definition

Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location based on the primary service area of the hospital, as well as the service area of PMCN overall. More specifically, the geographic location of the PAH service area includes Clearfield, Indiana and Jefferson Counties, as illustrated in Figure 1. The geographic location of the primary service area for PMCN includes the counties of Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango and is illustrated in Figure 2.
Figure 1: PAH Service Area
Asset Inventory

The hospital staff in each member hospital identified existing health care facilities and resources within their primary service area and the region overall available to respond to the significant health needs of the community. Resource directories
currently utilized by the hospital case management and social service departments were compiled. The information included in the asset inventory and map includes a listing of alcohol and drug services, athletic services, developmental disability service, domestic violence services, educational services/preschool, family services, food banks, halfway house/personal care homes, health clinics, housing, in-home personal care, medical supply services, mental health services, nutritional services, performing arts, pharmacies, public education services, rehabilitation services, senior services, speech and hearing services, summer camps for youth, transportation and youth services.

**Qualitative and Quantitative Data Collection**

In an effort to examine the health related needs of the residents of the county wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of PA Health Department and Centers for Disease Control data and public health department participation on the Steering Committee.

The existing secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas (www.claritas.com); disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment: the US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org). Selected data was also included from the 2014 Pennsylvania Autism Census Update 2014, Clarion County 2013 PA Youth Survey and the National Survey Results on Drug Abuse – 1975-2013. Selected Emergency Department and inpatient utilization data from each hospital was also included. Data presented are the most recent published by the source at the time of the data collection.

The primary data collection process also included conducting a community survey during April 2015, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet. Each network hospital put a link to
the survey on their website, distributed the survey link via e-mail to local residents on their individual mailing lists and distributed paper surveys in selected locations in their facilities. The North Central Workforce Investment Board emailed the survey link to their contact lists. A total of 1,144 surveys were completed, including 241 from Jefferson County residents.

The primary data collection process included qualitative data from six stakeholder interviews conducted during March and April 2015 by staff members of PAH, with an additional 18 interviews conducted during that timeframe by staff members of the other regional hospitals. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations:

- Head Start/Retired Hospital staff/Certified Diabetic Educator/ Yoga Instructor/ Registered Dietitian, Punxsutawney
- Hospitalist/Family Practice Physician, Punxsutawney
- Punxsutawney Area Community Center
- Primary Health Network/Billing
- Clarion Hospital/Emergency Room Physician
- Indiana County Sheriff’s Office
- Office of Veterans Affairs, Indiana County
- Clarion Area School District Superintendent
- Children and Youth Services/Human Services, Clarion County
- Pennsylvania Department of Public Welfare
- Service and Access Management, Clarion County
- Indiana County Emergency Management
- Indiana County Head Start
- Punxsutawney Rotary Club/Creative Garden Daycare
- Visiting Nurse Association of Indiana County
- Indiana County Housing Authority
- Clarion County Prison
- Office of Veterans Affairs, Clarion County
- Clarion Ministerium
- Area Agency on Aging, Clarion County
- Armstrong-Indiana Behavioral Health and Developmental Health Program
- PA State Government, Representative for 62nd Legislative District, Indiana County

Focus groups were conducted with five different groups in March and April 2015 representing the following groups as seen in Table 1:
Table 1: PMCN Focus Groups Conducted

<table>
<thead>
<tr>
<th>Date Conducted</th>
<th>Group</th>
<th>Total # Participants</th>
<th>Hospital Area Represented</th>
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<tr>
<td>March 20, 2015</td>
<td>Clarion County School Nurses</td>
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<td>Clarion</td>
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<tr>
<td>March 25, 2015</td>
<td>Laurel Lake Church Bible Group</td>
<td>9</td>
<td>Punxsutawney</td>
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<tr>
<td>April 14, 2015</td>
<td>Senior Citizens from Senior Center</td>
<td>16</td>
<td>Clarion</td>
</tr>
<tr>
<td>April 20, 2015</td>
<td>Clarion County Rotary Club</td>
<td>25</td>
<td>Clarion</td>
</tr>
<tr>
<td>April 22, 2015</td>
<td>Clarion University Students</td>
<td>8</td>
<td>Clarion</td>
</tr>
</tbody>
</table>

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the county overall.

**Needs/Issues Prioritization Process**

On May 1 2015, each PMCN hospital Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in both the region and their local service territory. Kathleen Roach, Project Manager/Research Analyst at Strategy Solutions, Inc. presented the data to the PAH Steering Committee and discussed the needs of the local area, what PAH and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 35 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence. Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were identified that the group would use to evaluate identified needs and issues.

During the week after the meeting, Steering Committee members from all three PMCN hospitals completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each the needs and issues on a one to ten scale by each of the selected criteria.
The number of Steering Committee members participating in the prioritization exercise included:

- PMCN: 34 participants (note: one committee member represents 2 hospitals – Clarion and Indiana)
- Clarion – 13 participants
- Indiana – 11 participants
- Punxsutawney – 11 participants

The consulting team analyzed the data from the prioritization exercise and ranked ordered the results by overall composite score (reflecting the scores of all criteria) for the PMCN region as well as for each individual hospital Steering Committee.

On May 29, 2015, each hospital Steering Committee met again to discuss the prioritization results and the significant needs for their local area, and to discuss whether the hospital or another collaborative partner would be the lead agency in addressing selected needs.

**Review and Approval**

The PAH CHNA report was approved by the PAH Board of Directors on June 29, 2015.
Evaluation of the 2012 PAH CHNA Implementation Strategies

In March 2015, PAH conducted a 3-year evaluation of the implementation strategies undertaken since the completion of the 2012 CHNA. Although the status for most county level indicators did not move substantially, it is clear that PAH is working to improve the health of the community.

In reviewing the status of each of the four priority areas, PAH reported that:

- **Health Improvement Priority** – decrease instances of Lyme disease: educational materials and programs were created and conducted in 2013, creation of a Lyme disease web resource was completed in 2012, and a tracking system for Lyme disease was instituted in 2013.

- **Improve per capita statistics (reduce instances) for diabetes and heart disease**: a long range plan to impact change was completed in 2013, collaborative partners were identified and a meeting with the PA Department of Health to define “evidence based” strategies was all conducted in 2013.

- **Health Resource Priorities** – improve available resources to address “cost of care” challenges for consumers: charity care promotion began in 2012/2013 and educational materials/seminars regarding reimbursement topics were conducted.

- **Improve linkages between healthcare providers to address access to care issues for people in the primary service area**: collaborative partners were identified and the linking of health professionals through the hospital’s office manager luncheons to increase physician offices knowledge of support services, i.e., mental services, insurers and public assistance was completed in 2013.
Demographics

For purposes of this assessment, the geographic scope of this study (also referred to as the service area, community and/or region) is defined as certain zip codes in Clearfield, Indiana and Jefferson Counties. The overall population of this area as of the 2010 Census was 19,110.

- From the 2000 to 2010 census the population of the Primary Service Area decreased slightly and the trend is projected to continue through 2020.
- At 50.59%, there are slightly more females living in the Primary Service Area.
- The Primary Service Area is predominately white, with a rate of 55.4%.
- Roughly a third of the Primary Service Area (36.1%) is between the ages of 25-54, with another third (34.0%) being in the age group 55 and older.
- The majority of the Primary Service Area (53.1%) is married and living with their spouse.
- 51.4% of the Primary Service Area has obtained a high school diploma or GED, while 8.2% has obtained at least a college education.
- The income statistics for the Primary Service Area indicates the region to be low to middle income.
- 52.3% of the Primary Service Area is employed; however, 4.7% are not in the labor force.
- Almost a third (26.4%) of residents in the Primary Service Area travel less than 30 minutes to get to work.

Asset Inventory

A list of community assets and resources that are available in the community to support residents was compiled and is mapped in Figures 3 and 4. The assets identified a listing of alcohol and drug services, athletic services, developmental disability service, domestic violence services, educational services/preschool, family services, food banks, halfway house/personal care homes, health clinics, housing, in-home personal care, medical supply services, mental health services, nutritional services, performing arts, pharmacies, public education services, rehabilitation services, senior services, speech and hearing services, summer camps for youth, transportation and youth services. Also included in the asset inventory is a listing of all assets available under the PMCN collaboration.
Figure 3: PAH Asset Map
Figure 4: PMCN Asset Map

Clarion CHNA Assets
- Clarion Hospital Services
- Community Assistance
- Education and Family
- Health Care
- Mental/Behavioral Health
- Support

Indiana Regional Medical Center Assets
- Aging Services
- Alcohol/Drug Abuse/Prevention Education
- Children & Youth Services
- Clothing
- Counseling/Support
- Education/Educational Information
- Employment Training/Counseling
- Food
- Fuel/Utilities
- Health/Medical Care/Educational Information
- Housing/Shelter
- Mental Health/Developmental Disabilities
- Money/Income
- Pregnancy Services
- Protective Services
- Recreation/Socialization
- Transportation
- Veterans

Punxsutawney Area Hospital Assets
- Alcohol and Drug Services
- Athletic Services
- Developmental Disability Services
- Domestic Violence Services
- Educational Services/Preschool
- Family Services
- Food Banks
- Halfway House/Personal Care Homes
- Health Clinics
- Housing
- In Home Personal Care
- Medical Supply Services
- Mental Health Services
- Nutritional Services
- Performing Arts
- Pharmacies
- Public Education Services
- Rehabilitation Services
- Senior Services
- Speech and Hearing Services
- Summer Camp
- Transportation
- Youth Services
Table 2: PAH Asset Listing

<table>
<thead>
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<th>Alcohol and Drug Services</th>
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<td>Clearfield Jefferson Drug and Alcohol Commission</td>
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<td>Punxsutawney</td>
<td>PA</td>
<td>15767</td>
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<tr>
<td>Passages</td>
<td>Punxsutawney</td>
<td>PA</td>
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<td>Punxsutawney Elks</td>
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<td>American Legion</td>
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<td>Department of Public Welfare</td>
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<td>We Care Pregnancy Crisis Center</td>
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<td>Pittsburgh Aids Task Force</td>
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<td>Make a Wish Foundation</td>
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<td>Salvation Army</td>
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### 2015 Community Health Needs Assessment

#### Executive Summary

<table>
<thead>
<tr>
<th><strong>Food Banks</strong></th>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip</strong></th>
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<tr>
<td>St Vincent DePaul/SSCD</td>
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<td>Woodland Avenue Food Bank</td>
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**Halfway House/Personal Care Homes**

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<th><strong>City</strong></th>
<th><strong>State</strong></th>
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<tbody>
<tr>
<td>Sprankles Personal Care Home</td>
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<td>PA</td>
</tr>
<tr>
<td>Mahoning Riverside Manor</td>
<td>Punxsutawney</td>
<td>PA</td>
</tr>
<tr>
<td>Crossroads House</td>
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<tr>
<td>AM/PM Personal Care Home</td>
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**Health Clinics**

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<th><strong>State</strong></th>
<th><strong>Zip</strong></th>
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<tbody>
<tr>
<td>Primary Health Network-FQHC</td>
<td>Punxsutawney</td>
<td>PA</td>
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<tr>
<td>Jefferson County State Health Center</td>
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**Housing**

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<tr>
<td>Jefferson County Housing Authority</td>
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**In Home Personal Care**

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<tbody>
<tr>
<td>Punxsutawney Area Home Health Care</td>
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**Medical Supply Services**

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</thead>
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<tr>
<td>Advantage Home Supply and Respiratory Services</td>
<td>Punxsutawney</td>
<td>PA</td>
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<tr>
<td>Punxsy Medical Supply</td>
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**Mental Health Services**

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<thead>
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<th><strong>State</strong></th>
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<tbody>
<tr>
<td>Punxsutawney Area Hospital</td>
<td>Punxsutawney</td>
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<tr>
<td>Clearfield / Jefferson MHMR</td>
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**Nutritional Services**

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<tbody>
<tr>
<td>Punxsutawney Area Hospital</td>
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**Performing Arts**

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<tr>
<td>Punxsutawney Theater Arts Guild</td>
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<tr>
<td>Van Dyke Dance Studio</td>
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**Pharmacies**

<table>
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<tbody>
<tr>
<td>Medicine Shoppe</td>
<td>Punxsutawney</td>
<td>PA</td>
</tr>
<tr>
<td>Rite Aide</td>
<td>Punxsutawney</td>
<td>PA</td>
</tr>
<tr>
<td>Walmart</td>
<td>Punxsutawney</td>
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<tr>
<td>Home Town Pharmacy</td>
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**Public Education Services**

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<tbody>
<tr>
<td>Intermediate Unit 1</td>
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**Rehabilitation Services**

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<th><strong>State</strong></th>
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<tr>
<td>Punxsutawney Area Hospital</td>
<td>Punxsutawney</td>
<td>PA</td>
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<tr>
<td>Jefferson Manor</td>
<td>Punxsutawney</td>
<td>PA</td>
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</table>
Key Findings – BRFSS & Public Health Data

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

As outlined in the following tables, for many of the BRFSS questions, PAH’s service area data was comparable to the state data, with some slight variability across the indicators. Behavioral risks in the service area where the regional rates were worse than the state include the percentage of people who rated their health status fair or poor, obesity and those currently using chewing tobacco/snuff/snus somewhat or every day.

When looking at the BRFSS questions related to PMCN’s service area data, the regional rates that were worse than Pennsylvania include the percentage of people who rated their health status fair or poor, adults ever told they had a heart attack, obesity, adults 18-64 who were tested for HIV, those currently using chewing tobacco/snuff/snus somewhat or every day and adults who report being an everyday smoker.
The public health data for PAH’s service area shows that the region has increasing rates of breast cancer incidence, colorectal cancer incidence, heart disease mortality, heart attack mortality, cerebrovascular mortality, diabetes mortality, Type 1 diabetes in students, Lyme disease, Alzheimer mortality, student health asthma, low birth-weight babies born, overweight in students grades 7-12 and obesity in students grades K-12, influenza and pneumonia mortality, Chlamydia, Gonorrhea, drug-induced mortality, mental and behavior disorders mortality, and auto accident mortality.

The 2013 Pennsylvania Youth Survey for children in grades 6, 8, 10 and 12 for the PAH service area suggests that there are increasing rates in lifetime use of alcohol, marijuana and pain relievers, as well as percent of students who drove after drinking or marijuana use.

PMCN’s service area has increasing rates of chronic diseases in several areas: breast cancer incidence in the counties of Armstrong, Butler and Clarion; breast cancer mortality in Clearfield County; bronchus and lung cancer incidence in Armstrong and Indiana counties; bronchus and lung mortality in the counties of Armstrong and Forest; colorectal cancer incidence in Armstrong County; colorectal cancer mortality in Butler and Venango counties; ovarian cancer incidence in Butler County; heart disease mortality in Indiana County; heart attack mortality for the counties of Butler and Indiana; diabetes mortality in Armstrong, Clarion, Clearfield, Jefferson and Venango counties; Type 1 diabetes in students in the counties of Butler, Clarion, Clearfield, and Jefferson; Type 2 diabetes in Armstrong County; Lyme disease in Armstrong, Butler, Clarion, Clearfield, Indiana and Jefferson counties; and Alzheimer mortality in Clearfield County.

For the Healthy Environment indicators, PMCN’s service area has increasing rates of student health asthma in Armstrong, Butler, Clearfield, Forest, Indiana and Jefferson counties. Healthy Mothers, Babies and Children shows decreasing rates for PMCN’s service area in prenatal care during the first trimester in Armstrong and Indiana counties and breastfeeding in Forest County. Increasing trends for PMCN’s service area can be seen in low birth-weight of babies born in Clearfield County; mothers reporting Medicaid assistance in Butler County; teen live birth outcomes in Clearfield and Venango counties; infant mortality in Butler County; students in grades K-12 who are overweight in all counties but Indiana; and students in grades K-12 who are obese in Clarion and Clearfield counties.

For the selected indicators within Infectious Disease, Mental Health and Substance Abuse, Tobacco Use and Injury, PMCN’s service has increasing rates of Chlamydia in all counties, although all counties are well below the Pennsylvania rate; Gonorrhea in Butler, Indiana, Jefferson and Venango counties but again all below the state rate; drug induced mortality in the counties of Armstrong, Butler, Clearfield and Indiana;
mental and behavior disorders mortality in Armstrong, Butler, Clarion, Clearfield, Indiana and Jefferson counties; never/rarely get the social or emotional support they need in the counties of Armstrong, Butler, Clearfield, Venango; adults who smoke in Clearfield, Jefferson and Venango counties; auto accident mortality in Indiana County; and firearm mortality in Butler County.

Other indicators that show an increasing trend in the PMCN service area include unemployment, children living in poverty and children living in a single parent home in all eight counties.

The 2013 Pennsylvania Youth Survey for children in grades 6, 8, 10 and 12 for the PMCN service area shows that there are increasing rates in lifetime alcohol use for all counties except Forest, as Forest County’s numbers cannot be reported as there is only one school district in the county; lifetime marijuana use for Armstrong, Clarion, Clearfield, Indiana and Jefferson counties; percent of students who drove after drinking in the counties of Armstrong, Butler, Indiana, Jefferson and Venango; percent of students who drove after marijuana use in Clearfield, Indiana and Venango counties; and lifetime use of abusing pain relievers in the counties of Armstrong, Butler, Clarion, Indiana, Jefferson and Venango.

Other Secondary Data: Hospital Utilization Rates

The 2011 through 2013 PAH emergency department discharges for ambulatory care sensitive conditions shows decreasing numbers of many ambulatory care sensitive conditions. However, there are increasing numbers of discharges with bacterial pneumonia, convulsions, Chronic Obstructive Pulmonary Disease (COPD), epileptic seizures, depression and anxiety.

Inpatient utilization for ambulatory care sensitive conditions for the 3-year period also show increasing numbers of discharges for pneumonia, psychosis and anxiety.
The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

### Table 3: PMCN Behavioral Risk Factor Survey

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</thead>
<tbody>
<tr>
<td>Needed to See a Doctor But Could Not Due to Cost, Past Year</td>
<td>11.0%</td>
<td>13.0%</td>
<td>12.0%</td>
<td>10.0%</td>
<td>8.0%</td>
<td>12.0%</td>
<td>10.0%</td>
<td>12.0%</td>
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</tr>
<tr>
<td>CHRONIC DISEASE</td>
<td>Ever Told They Have Heart Disease- Age 35 and older</td>
<td>9.0%</td>
<td>6.0%</td>
<td>8.0%</td>
<td>8.0%</td>
<td>9.0%</td>
<td>8.0%</td>
<td>6.0%</td>
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</tr>
<tr>
<td></td>
<td>Ever Told They Had a Heart Attack- Age 35 and Older</td>
<td>8.0%</td>
<td>7.0%</td>
<td>9.0%</td>
<td>7.0%</td>
<td>9.0%</td>
<td>8.0%</td>
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<tr>
<td></td>
<td>Ever Told They Had a Stroke- Age 35 and older</td>
<td>6.0%</td>
<td>5.0%</td>
<td>4.0%</td>
<td>4.0%</td>
<td>3.0%</td>
<td>3.0%</td>
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<tr>
<td></td>
<td>Ever Told They Had a MI, Heart Disease, or Stroke- Age 65+</td>
<td>15.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>12.0%</td>
<td>12.0%</td>
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<tr>
<td></td>
<td>Ever Told They Had Kidney Disease, Not Including Kidney Stones, Bladder Infection or Incontinence</td>
<td>3.0%</td>
<td>2.0%</td>
<td>3.0%</td>
<td>2.0%</td>
<td>3.0%</td>
<td>2.0%</td>
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</tr>
<tr>
<td>Overweight (BMI 25-30)</td>
<td>38.0%</td>
<td>32.0%</td>
<td>34.0%</td>
<td>37.0%</td>
<td>34.0%</td>
<td>38.0%</td>
<td>38.0%</td>
<td>36.0%</td>
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<tr>
<td>Obesity (30-99 kg)</td>
<td>30.0%</td>
<td>35.0%</td>
<td>32.0%</td>
<td>30.0%</td>
<td>37.0%</td>
<td>36.0%</td>
<td>25.0%</td>
<td>27.0%</td>
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<td>+/-</td>
<td>+/-</td>
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<tr>
<td>Adults Who Were Ever Told They Have Diabetes</td>
<td>10.0%</td>
<td>12.0%</td>
<td>11.0%</td>
<td>12.0%</td>
<td>11.0%</td>
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<tr>
<td>HEALTHY ENVIRONMENT</td>
<td>Adults Who Have Ever Been Told They Have Asthma</td>
<td>13.0%</td>
<td>13.0%</td>
<td>11.0%</td>
<td>13.0%</td>
<td>12.0%</td>
<td>12.0%</td>
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<tr>
<td></td>
<td>Adults Who Currently Have Asthma</td>
<td>10.0%</td>
<td>8.0%</td>
<td>9.0%</td>
<td>9.0%</td>
<td>9.0%</td>
<td>8.0%</td>
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<tr>
<td>INFECTIOUS DISEASE</td>
<td>Adults Who Had a Pneumonia Vaccine, Age 65 and older</td>
<td>69.0%</td>
<td>74.0%</td>
<td>63.0%</td>
<td>68.0%</td>
<td>69.0%</td>
<td>70.0%</td>
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<td></td>
<td>Ever Tested for HIV, Ages 18-64</td>
<td>26.0%</td>
<td>28.0%</td>
<td>24.0%</td>
<td>27.0%</td>
<td>23.0%</td>
<td>25.0%</td>
<td>24.0%</td>
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<tr>
<td>MENTAL HEALTH AND SUBSTANCE ABUSE</td>
<td>Mental Health Not Good 1+ Days in the Past Month</td>
<td>33.0%</td>
<td>34.0%</td>
<td>32.0%</td>
<td>35.0%</td>
<td>34.0%</td>
<td>30.0%</td>
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<tr>
<td></td>
<td>Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)</td>
<td>14.0%</td>
<td>15.0%</td>
<td>21.0%</td>
<td>17.0%</td>
<td>20.0%</td>
<td>18.0%</td>
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<tr>
<td></td>
<td>At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)</td>
<td>4.0%</td>
<td>5.0%</td>
<td>7.0%</td>
<td>5.0%</td>
<td>4.0%</td>
<td>6.0%</td>
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<tr>
<td></td>
<td>Reported Chronic Drinking (12 or more drinks daily for the past 30 days)</td>
<td>5.0%</td>
<td>5.0%</td>
<td>8.0%</td>
<td>6.0%</td>
<td>7.0%</td>
<td>4.0%</td>
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<tr>
<td>PHYSICAL ACTIVITY AND NUTRITION</td>
<td>No Leisure Time/Physical Activity in the Past Month</td>
<td>24.0%</td>
<td>29.0%</td>
<td>29.0%</td>
<td>25.0%</td>
<td>25.0%</td>
<td>23.0%</td>
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<tr>
<td></td>
<td>No Leisure Time/Physical Activity in the Past Month: Education Level College</td>
<td>15.0%</td>
<td>12.0%</td>
<td>22.0%</td>
<td>26.0%</td>
<td>14.0%</td>
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<tr>
<td>TOBACCO USE</td>
<td>Adults Who Reported Never Being a Smoker</td>
<td>52.0%</td>
<td>50.0%</td>
<td>46.0%</td>
<td>52.0%</td>
<td>52.0%</td>
<td>53.0%</td>
<td>58.0%</td>
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<tr>
<td></td>
<td>Adults Who Reported Being a Former Smoker</td>
<td>25.0%</td>
<td>26.0%</td>
<td>25.0%</td>
<td>24.0%</td>
<td>25.0%</td>
<td>24.0%</td>
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<tr>
<td></td>
<td>Adults Who Reported Being a Former Smoker (Female)</td>
<td>26.0%</td>
<td>20.0%</td>
<td>18.0%</td>
<td>22.0%</td>
<td>16.0%</td>
<td>19.0%</td>
<td>21.0%</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td></td>
<td>Adults Who Reported Being a Former Smoker (Male)</td>
<td>34.0%</td>
<td>31.0%</td>
<td>31.0%</td>
<td>30.0%</td>
<td>30.0%</td>
<td>31.0%</td>
<td>26.0%</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td></td>
<td>Currently using Chewing Tobacco, Snuff, or Snus, Somewhat or Everyday</td>
<td>NA</td>
<td>6.0%</td>
<td>NA</td>
<td>12.0%</td>
<td>NA</td>
<td>12.0%</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td></td>
<td>Adults Who Have Ever Smoked at Least 1 Day in the Past Year (daily)</td>
<td>48.0%</td>
<td>47.0%</td>
<td>56.0%</td>
<td>50.0%</td>
<td>47.0%</td>
<td>54.0%</td>
<td>57.0%</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td></td>
<td>Adults Who Reported Being a Current Smoker</td>
<td>23.0%</td>
<td>24.0%</td>
<td>29.0%</td>
<td>23.0%</td>
<td>24.0%</td>
<td>22.0%</td>
<td>18.0%</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td></td>
<td>Adults Who Reported Being An Everyday Smoker</td>
<td>18.0%</td>
<td>18.0%</td>
<td>18.0%</td>
<td>18.0%</td>
<td>18.0%</td>
<td>14.0%</td>
<td>15.0%</td>
<td></td>
<td></td>
<td></td>
<td>+/-</td>
<td>+/-</td>
<td></td>
<td></td>
<td>+/-</td>
</tr>
</tbody>
</table>

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

Table 4 highlights various public health indicators included in the assessment for PMCN.

<table>
<thead>
<tr>
<th>Armstrong County</th>
<th>Butler County</th>
<th>Clarion County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>35.2</td>
<td>32.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>20.7</td>
<td>20.6</td>
</tr>
<tr>
<td>Stroke</td>
<td>18.7</td>
<td>18.6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12.4</td>
<td>12.3</td>
</tr>
<tr>
<td>Influenza-like Illnesses</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Suicide Mortality Rate per 100,000</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>Teen Live Birth Outcomes, Ages 15-19</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Bloody Outfit</td>
<td>56.0</td>
<td>56.0</td>
</tr>
<tr>
<td>Drug-Induced Mortality Rate per 100,000</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Respiratory Disease Mortality Rate per 100,000</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Overweight BMI, Grades K-6</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>County Health Risk</td>
<td>10.5</td>
<td>10.5</td>
</tr>
<tr>
<td>The 2010 county average is shown in red. Armstrong County is higher and another is lower. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 highlights various public health indicators included in the assessment for PMCN.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm Mortality Rate (Accidental, Suicide, Homicide)</td>
<td>19.3</td>
<td>21.6</td>
<td>19.3</td>
<td>21.6</td>
<td>19.3</td>
<td>21.6</td>
<td>19.3</td>
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<td>19.3</td>
<td>21.6</td>
<td>19.3</td>
<td>21.6</td>
<td>19.3</td>
</tr>
<tr>
<td>Chlamydia Rate per 100,000</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
<td>71.9</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
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<td>9.9</td>
<td>9.9</td>
<td>9.9</td>
</tr>
<tr>
<td>Non-Smoking Mother 3 Months Prior to Pregnancy</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
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<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
<td>67.3</td>
</tr>
<tr>
<td>Type II Diabetes, Students</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Percent of Public High School Students Asthma, Ages 15-19</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
</tr>
<tr>
<td>Low Birth-Weight Babies Born</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Latinos In Health Information</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
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<td>1.8</td>
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<td>1.8</td>
</tr>
</tbody>
</table>

Table 6 highlights various county health indicators included in the assessment for PMCN.

Table 6: PMCN County Health Rankings, Table 1 of 2

<table>
<thead>
<tr>
<th>Other Indicators</th>
<th>ARMSTRONG COUNTY</th>
<th>Trend</th>
<th>BUTLER COUNTY</th>
<th>Trend</th>
<th>CLARION COUNTY</th>
<th>Trend</th>
<th>CLEARFIELD COUNTY</th>
<th>Trend</th>
<th>PA (the last year)</th>
<th>PA (HP 2020)</th>
<th>US - 2010</th>
<th>HP Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram Screenings</td>
<td>63.0%</td>
<td>57.9%</td>
<td>57.4%</td>
<td>+/-</td>
<td>63.7%</td>
<td>57.4%</td>
<td>57.8%</td>
<td>+/-</td>
<td>67.8%</td>
<td>62.4%</td>
<td>64.8%</td>
<td>73.6%</td>
</tr>
<tr>
<td>HEALTHY ENVIRONMENT</td>
<td>8.4%</td>
<td>8.5%</td>
<td>8.0%</td>
<td>+/-</td>
<td>8.7%</td>
<td>6.5%</td>
<td>6.3%</td>
<td>+/-</td>
<td>9.8%</td>
<td>9.0%</td>
<td>8.0%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Unemployment Rates</td>
<td>92.0%</td>
<td>91.0%</td>
<td>85.0%</td>
<td>+/-</td>
<td>94.0%</td>
<td>94.0%</td>
<td>93.0%</td>
<td>+/-</td>
<td>90.0%</td>
<td>90.0%</td>
<td>92.0%</td>
<td>84.0%</td>
</tr>
<tr>
<td>High School Graduation Rates</td>
<td>19.0%</td>
<td>19.0%</td>
<td>20.0%</td>
<td>+/-</td>
<td>11.0%</td>
<td>12.0%</td>
<td>10.0%</td>
<td>+/-</td>
<td>18.0%</td>
<td>19.0%</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Children Living in Poverty</td>
<td>31.0%</td>
<td>30.0%</td>
<td>32.0%</td>
<td>+/-</td>
<td>23.0%</td>
<td>22.0%</td>
<td>21.0%</td>
<td>+/-</td>
<td>30.0%</td>
<td>31.0%</td>
<td>30.0%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Children Living in Single Parent Homes</td>
<td>12.9%</td>
<td>12.9%</td>
<td>8.7%</td>
<td>+/-</td>
<td>8.7%</td>
<td></td>
<td></td>
<td></td>
<td>14.0%</td>
<td>14.0%</td>
<td>13.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Illiteracy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PHYSICAL ACTIVITY AND NUTRITION</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>+/-</td>
<td>3.0%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>+/-</td>
<td>2.0%</td>
<td>2.0%</td>
<td>2.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Limited Access to Healthy Foods</td>
<td>15.0%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>+/-</td>
<td>12.0%</td>
<td>11.0%</td>
<td>10.0%</td>
<td>+/-</td>
<td>10.0%</td>
<td>14.0%</td>
<td>14.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Food Insecurity</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Eligible for Free Lunch</td>
<td>32.0%</td>
<td>33.0%</td>
<td>38.0%</td>
<td>+/-</td>
<td>17.0%</td>
<td>32.0%</td>
<td>17.0%</td>
<td>+/-</td>
<td>30.0%</td>
<td>29.0%</td>
<td>37.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Adults who Smoke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: County Health Rankings, Centers for Disease Control, www.healthypeople.gov
Table 7 highlights various county health indicators included in the assessment for PMCN.

Table 7: PMCN County Health Rankings, Table 2 of 2

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Forest County</th>
<th>Indiana County</th>
<th>Jefferson County</th>
<th>Venango County</th>
<th>Trend US</th>
<th>Trend PA</th>
<th>HP Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram Screenings</td>
<td>78.5%</td>
<td>67.6%</td>
<td>62.5%</td>
<td>69.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Rates</td>
<td>8.1%</td>
<td>9.5%</td>
<td>9.3%</td>
<td>7.6%</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Graduation Rates</td>
<td>96.0%</td>
<td>94.0%</td>
<td>92.0%</td>
<td>90.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Living in Poverty</td>
<td>32.0%</td>
<td>32.0%</td>
<td>30.0%</td>
<td>28.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy</td>
<td>12.9%</td>
<td>12.9%</td>
<td>11.8%</td>
<td>11.5%</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Eligible for Free Lunch</td>
<td>33.0%</td>
<td>37.0%</td>
<td>39.0%</td>
<td>36.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who Smoke</td>
<td>34.0%</td>
<td>34.0%</td>
<td>32.0%</td>
<td>26.0%</td>
<td>+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Source: County Health Rankings, Centers for Disease Control, www.healthypeople.gov
Table 8: PMCN 2013 Pennsylvania Youth Survey, Table 1 of 2

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 6</td>
<td>22.6</td>
<td>18.9</td>
<td>20.4</td>
<td>20.7</td>
<td>13.3</td>
<td>+/−</td>
<td>22.0</td>
<td>17.5</td>
<td>18.0</td>
<td>+/−</td>
<td>23.6</td>
<td>17.4</td>
<td>20.0</td>
<td>+/−</td>
<td>16.1</td>
<td>20.1</td>
<td>13.3</td>
<td>+/−</td>
<td>14.3</td>
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</tr>
<tr>
<td>Grade 8</td>
<td>32.1</td>
<td>25.4</td>
<td>36.1</td>
<td>+/−</td>
<td>37.7</td>
<td>35.8</td>
<td>36.1</td>
<td>+/−</td>
<td>44.3</td>
<td>37.5</td>
<td>42.0</td>
<td>+/−</td>
<td>44.8</td>
<td>39.6</td>
<td>41.3</td>
<td>+/−</td>
<td>52.4</td>
<td>37.1</td>
<td>40.2</td>
<td>+/−</td>
</tr>
<tr>
<td>Grade 10</td>
<td>38.5</td>
<td>60.6</td>
<td>67.9</td>
<td>70.3</td>
<td>61.5</td>
<td>+/−</td>
<td>59.3</td>
<td>57.4</td>
<td>60.6</td>
<td>+/−</td>
<td>59.3</td>
<td>58.3</td>
<td>67.1</td>
<td>+/−</td>
<td>43.2</td>
<td>56.4</td>
<td>59.1</td>
<td>+/−</td>
<td>65.2</td>
<td>57.2</td>
</tr>
<tr>
<td>Grade 12</td>
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<td>86.2</td>
<td>74.2</td>
<td>+/−</td>
<td>69.9</td>
<td>64.7</td>
<td>79.4</td>
<td>+/−</td>
<td>65.5</td>
<td>69.3</td>
<td>76.3</td>
<td>+/−</td>
<td>57.1</td>
<td>65.7</td>
<td>71.4</td>
<td>+/−</td>
<td>64.9</td>
<td>63.2</td>
<td>68.0</td>
<td>+/−</td>
</tr>
<tr>
<td>Overall</td>
<td>28.1</td>
<td>55.5</td>
<td>41.5</td>
<td>46.9</td>
<td>+/−</td>
<td>51.5</td>
<td>44.9</td>
<td>53.9</td>
<td>+/−</td>
<td>47.2</td>
<td>47.6</td>
<td>51.7</td>
<td>+/−</td>
<td>40.1</td>
<td>45.3</td>
<td>48.2</td>
<td>+/−</td>
<td>50.9</td>
<td>48.8</td>
<td>50.1</td>
</tr>
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<td>Marijuana Child/Adolescent Lifetime Use</td>
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<td>0.0</td>
<td>0.9</td>
<td>+</td>
<td>0.0</td>
<td>0.5</td>
<td>0.5</td>
<td>+</td>
<td>1.0</td>
<td>0.9</td>
<td>1.1</td>
<td>+/−</td>
<td>1.6</td>
<td>0.4</td>
<td>0.5</td>
<td>+/−</td>
<td>0.0</td>
<td>2.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Grade 6</td>
<td>6.4</td>
<td>1.4</td>
<td>2.1</td>
<td>+/−</td>
<td>3.8</td>
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*PAYS for Forest County was not available to protect identification of individual students as this county did not have two public school districts participate or had only one school district.

Source: 2013 Pennsylvania Youth Survey – Clarion County, National Survey Results on Drug Abuse – 1975-2013
### Table 9: PMCN 2013 Pennsylvania Youth Survey, Table 2 of 2

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Source: 2013 Pennsylvania Youth Survey – Clarion County, National Survey Results on Drug Abuse – 1975-2013
Primary Research Results

A total of 24 stakeholder interviews were conducted throughout the region, with six conducted specifically with stakeholders from Jefferson County. A PMCN community survey conducted through Internet and paper survey distribution received 1,144 completed surveys, including 241 from Jefferson County. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. A total of five focus groups were conducted in the overall region, with one specifically conducted with participants from Jefferson County.

While the interviews, focus groups and surveys were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Overall Community Health Status

Community survey respondents (1,144) were asked to rate the health status of the community. A third of survey responses commented that their health status was fair as seen in Figure 5 below. Jefferson County respondents were slightly more likely than average to rate their health status as fair.
Other survey findings related to health status included:

- Approximately ten percent (10.1%) of the 2015 PMCN Community Survey respondents rated the health of their community as “Excellent” or “Very Good.”
- Just over half of the Punxsutawney (52.3%) and PMCN (53.0%) Community Survey respondents rated the community health status as “Good.”
- Over a third (36.9%) of PMCN Community Survey respondents rated the health of their community as “Fair” or “Poor.” PAH Community Survey respondents rated the health of their community as “Fair” or “Poor” a little higher at 42.6%.

The majority of focus group respondents (30 out of 38) rated the health status of the community as “Fair.” When asked to comment on why they gave the rating they did, respondents cited the following community health issues:

- aging population and associated health needs
- obesity is a problem due to lack of healthy food choices and inactivity
- substance abuse
- stress levels (diet, poor sleeping habits)
- not enough physicians to manage healthcare needs
- children are connected to technology as opposed to physical activity
- lack of education and awareness
When asked to identify factors that impact the health of the community, focus group respondents indicated that a variety of things impact health including:

- age
- drugs (legal and illegal)
- lack of healthy eating
- inactivity, sometimes due to technology
- limited opportunities for kids and adults
- lack of religion and faith
- “Appalachia” mindset impacts the health of the community because several generations do not seek care and do not “buy” into preventative care
- Lack of parent support and education

Suggestions to improve community health by the focus group participants included:

- Devote time and resources to the problem(s)
- Improved communication between providers and others involved
- Offer free/low income clinics
- More physicians
- Improve transportation
- Identify gaps in service and look for providers to fill them
- Wellness Center
- Improve access and affordability

Stakeholders were asked to identified the environmental factors that most contributed to the health of the community. Responses are listed in Figure 6.
Figure 6: Stakeholder Interviews: Environmental Factors Impacting Community Health

Initiatives Currently Underway

Stakeholders who were interviewed were asked to identify initiatives that are already underway that can address community health needs. The initiatives included:

- FQHC in the area
- Charitable foundation as part of Primary Health Network offers scholarships
- Primary Health Network will offer transportation May 1, 2015, expanding drug and alcohol services and mental health services
- Chronic Disease Management through PCRC project at IRMC
- Church Food Pantries
- Celebration Recovery - church based recovery group for addiction
- Community Care Behavioral Health grant (PCORI) to assist people with mental illness to connect to physical health
- Community Center
- Diabetes Clinic through Clarion Hospital
- YMCA Silver Sneakers, New Facility
- Prime Time Health program – stroke screenings, blood pressure screenings, etc...
- Drug Free Communities
- Child Abuse Awareness programs
- The Care Center
Domestic Violence Task Force  
Family Promise  
Cessation Classes  
Commissioners addressing drug addiction  
Head Start – Medical Care Organization Liaison to work with insurance providers  
Oral Health Dental Task Force – address dental care for low income individuals  
Mandated health screenings at school  
Economic Development Councils  
Local Legislators working on diabetes issues  
Mental Health Services – CCR and SAM  
Charity Care program at hospital  
Rotary sponsors a Community Garden project  
Community Blood Bank screening program  
Relay for Life  
Suicide Task Force  
NAMI  
Project Share – agencies purchase a van together for client/patient transport  
VA Clinic

Additional Suggestions

Stakeholders also provided additional ideas and suggestions regarding how to improve the health of the community. Responses included:

- Better promotion and marketing of available services  
- Clergy needs to be involved  
- Community leaders and groups need to work together  
- More educational programs and advice on health and wellness  
- Increase laws related to smoking  
- Improve access to transportation  
- Family education and awareness – resources available, healthy choices, stress management  
- Promote awareness of mental health issues and strategies  
- Improve broadband access for tele health  
- Break negative generational cycle  
- Rural Health Clinics  
- Increase number of PCP providers
Access to Quality Health Care

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

Stakeholders identified access to and awareness of available medical services as a top community need. They also identified the need for health insurance for the working poor and general information on insurance coverage as a need. It was suggested that many patients cannot afford healthcare, even with a payment plan or sliding fee. Stakeholders noted that there is not a dentist who accepts MA or that offers a sliding fee schedule. Transportation to and from medical services, including the Emergency Department were also identified as a need. Stakeholders noted that there is limited or no reimbursement or funding for transportation available in the community. The transportation services that are available are typically regulated in the number of days they can provide transportation for an individual, or offer limited routes. There is also a lack of available services to veterans in the community with limited transportation available to help Veterans access services.

Focus group participants were asked to identify existing resources to address community needs. Responses included:

- Passages – abuse intervention service
- Seminars and hospital instructional services
- Area Agency on Aging
- Clarion Senior Center
- Student Assistance Program (SAP)
- Service and Access Management (SAM)
- Social service agencies
- YMCA new building project
- Taxi service
- County transportation
- Primary Health Network

Barriers to accessing community resources included:

- Lack of knowledge of what is available
- Cost/lack of insurance
- Laziness
There are a number of observations and conclusions that can be derived from the data related to Access to quality health care. They include:

- 40% of adults in the service area of Clearfield, Indiana and Jefferson counties reported their physical health as not good one plus days in the past month, compared to the state (38%).
- Adults who reported their health as fair or poor was significantly higher for the three year-period 2011-2013 in Indiana County (21.0%) and higher for the Clearfield and Jefferson counties (20.0%).
- The service area and Pennsylvania percentages are below the Healthy People 2020 Goal of 16.1% for adults with no personal health care provider.
- There were no significant differences between the county and state in terms of adults who visited a doctor for a routine check-up in the past year.
- The service area and Pennsylvania percentages are below the Healthy People 2020 Goal of 90.0% for adults who visited a doctor for a check-up within the past two years.
- All service area counties and Pennsylvania percentages are above the Healthy People 2020 Goal of 4.2% for adults who needed to see a doctor in the past year but could not due to cost.
- 90.6% of Indiana County survey respondents indicated that they currently have health care coverage, slightly less than the overall region (93.5%)
- Access to affordable health care, access to insurance coverage and access to dementia care services were the top three issues related to access on the community survey.
- 12.8% of the regional survey respondents could not fill a prescription in the last 12 months due to cost.
- Almost half of the regional survey respondents (49.4%) had a routine medical checkup within the last six months, with another 24.8% indicating that they have had a checkup within the last year. A small portion (6%) indicated that it has been 5 or more years since they have had a checkup.
- Most (94.4%) of the regional survey respondents indicated that they had a regular health care provider. The most frequent reasons cited that they did not have a provider was that they were healthy/had no need or had no insurance.
- According to the PRC National Child & Adolescent Health Survey, more than half of the children in the United States are covered under Private 65.3% Insurance.
• The study also found that 6.6% of children in the Northeast Region are uninsured, which is comparable to the United States (6.5%).
• According to the PRC National Child & Adolescent Health Survey, the majority (91.7%) of children in the Northeast Region had a routine physician visit in the past year, which is higher when compared to the United States (85.3%).
• The study also found that 83.6% of children in the Northeast region had an annual routine dental check-up, which is slightly lower than the United States (84.9%).
• The Northeast region (19.5%) had the lowest number of children accessing health care through an urgent care center when compared to the other regions and the United States (28.6%).
• The majority of 2015 PMCN Community Survey respondents (93.5%) have health insurance. Respondents from IRMC's service area were significantly more likely to not have health insurance (8.7%) when compared to the other hospital service area respondents.
• According to the PRC National Child & Adolescent Health Survey, one in four children (24.5%) in the Northeast Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).
• Slightly more than one in ten (12.8%) PMCN Community Survey Respondents were not able to fill a prescription due to cost during the past year.
• When looking at the Ambulatory Care Sensitive Conditions for PAH, the following conditions are showing an upward trend: pneumonia, vaccine preventable conditions, bacteria pneumonia, convulsions, COPD, CHF, diabetes with ketoacidosis, diabetes with other conditions and Grand Mal with other Epileptic.
• For PAH, there is an increasing trend in the following mental health diagnoses: alcohol related, other chronic organic psychotic, Schizophrenia, depressions, paranoia psychosis, anxiety, personality disorders, conduct/social disturbances and emotional-youth.

Chronic Disease

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as chronic diseases. The issues of obesity, hypertension/high blood pressure, and a high cancer rate were identified as major concerns in the community survey.
Stakeholders identified obesity as a top community health need. They also noted the need for management of chronic disease as a top need. Stakeholders suggest that there is an increase in chronic disease related to lifestyle behaviors.

Focus group participants identified several chronic diseases as the biggest community needs, including diabetes, heart disease, stroke and cancer.

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

- Heart disease and heart attack mortality rates are decreasing over the period 2008-2012 for PAH’s service area.
- Cardiovascular mortality rates were higher in Jefferson County for 2012 then the other service area counties.
- Breast cancer incident rates are significantly lower in Clearfield County (49.8) and are showing an increasing trend over the five-year period ending 2012 for both Indiana and Jefferson counties. The PAH service area is above the Healthy People 2020 goal of 41.0.
- For the year 2012, bronchus and lung mortality rates were significantly lower in Clearfield and Indiana counties.
- Lyme disease was significantly higher in the service area for the years 2011 and 2012.
- Obesity rates for Indiana County are significantly higher than the state rate for the period 2008-2013.
- Mammogram screenings for the PAH service area are trending downward for the years 2013-2015 and are below the Healthy People 2020 goal of 81.1%.
- According to the PMCN Community Survey 76.0% of all adults age 55 and older had a sigmoidoscopy or colonoscopy.
- Over half (61.4%) of male PMCN Community Survey respondents age 65 and older had a Prostate-Specific Antigen Test (PSA) within the past year.
- All of the PMCN Community Survey respondents ages 65 to 74 have had their blood pressure checked within the past two years.
- Of the PMCN Community Survey respondents age 65 and older, 65% have been told they have high blood pressure.
- Less than half of the survey respondents younger than 75 had their blood cholesterol checked in the past six months, regardless of age group. Just over half (55.9%) of those over the age of 75 had their blood cholesterol checked within the past six months.
- According to the PRC National Child & Adolescent Health Survey, twice as many children in the Northeast region (1.4%) have diabetes compared to the United States (0.7%).
• Approximately one in ten (10.7%) PMCN Community Survey respondents have been told they have diabetes. Respondents from the Punxsutawney Area Hospital service region were significantly less likely to have been told they have diabetes compared to Overall half of respondents in each age group on the PMCN Community Survey are considered overweight or obese. The highest percentage (78.3%) is between the ages of 18 to 24 and 65 to 74.
• Overall, 71.4% of the PMCN Community Survey Respondents are considered overweight or obese.
• Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.
• The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.
• Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.
• Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.
• The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.
• Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.
• The top chronic disease problems identified on the community survey included obesity and overweight (3.95), Hypertension/High Blood Pressure (3.58), Cancer (3.58), Diabetes (3.56), High Cholesterol (3.50), and Cardiovascular Disease (3.47).

Healthy Environment

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

Focus group participants identified several environmental factors as contributing to community health needs. Parental involvement was identified as one of the biggest
community health needs. Poverty and lack of education about health and wellness were identified as perceived barriers.

Stakeholder indicated that the depressed economy in the area is a factor in all health related topics. They went on to note that there is a lack of good paying jobs that provide health insurance. There is a large portion of the population that falls below federal poverty guidelines and rely on government assistance. One stakeholder reported that 12% of the population lives in poverty. Another reported that individuals with a criminal or drug record are unable to qualify for available housing.

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

- The high school graduation rates are higher than the state rate (85.0%) and Healthy People 2020 goal (82.4%).
- The unemployment rates across the county are comparable to the state rate, and are lower than the national rate.
- The percentage of children living in poverty is higher than the state percentage.
- The percent of children living with a single parent is lower than the state percentage.
- Asthma hospitalization rates for Indiana County in 2010 (the last data available) was moderately high, in the 17.6 to 29.8 range.
- A study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling.” (Osborne SG, et al., 2011)
- “While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on the reproductive, neurological, and endocrine systems (ATSDR, Colborn T., et al., U.S. EPA 2009).
- “Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices….volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone.” (CDPHE 2008, 2010)
- According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
Slightly more than one in four (27.0%) children in the United States had an Asthma related visit to the Emergency Room or Urgent Care Facility.

According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).

PMCN Community Survey respondents identified employment/lack of jobs (3.72) and poverty (3.51) as top community health needs.

The top environmental problems identified on the community survey were employment opportunities/lack of jobs (3.72), poverty (3.51), crime (3.13) and delinquency/youth crime (3.12)

Healthy Mothers, Babies and Children

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

Stakeholders noted a need for dental services for low income children as a top community health need. Child abuse and neglect was also identified as a top community need. It was noted that parents are having difficulty re-enrolling with the Department of Human Services, resulting in a lapse in health care coverage for children. Another health concern was addicts having babies, noting that there are drug addicted pregnant women currently incarcerated.

Focus group participants did not talk much about maternal child health issues, although parental involvement was noted as one of the biggest community health need and youth health and wellness was noted as a problem that one focus group participant noted that they would change if they had the opportunity to.

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

- Clearfield County is significantly higher (77.9%) and Indiana County is significantly lower (65.8%) when compared to the state for mothers who received prenatal care in their 1st trimester.
- The percentage of mothers who reported breastfeeding is significantly lower in Clearfield County than the state. Although the entire PAH service area shows an increasing trend all counties are below the Healthy People 2020 Goal of 81.9%.
The PAH service area has significantly lower rates of mothers smoking during pregnancy, as well as smoking three months prior to pregnancy for the last three years when compared to the state.

The percentage of mothers receiving WIC is significantly higher in Clearfield and Jefferson counties, while the percentage of mothers receiving Medicare is significantly higher in Clearfield County when compared to the state.

Teen pregnancy rates were significantly lower in Indiana County when compared to the state.

Infant mortality is significantly higher in Indiana County for 2012, but is moderately low compared to the other counties in PA, in the 6.2 to 8.1 range.

The trend is decreasing for children in grades K-12 for being overweight or obese in Indiana County, but showing a slight increase in Clearfield and Jefferson counties.

According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.

One in four (26.8%) children in the Northeast Region were exclusively breastfed for the first six months, which is slightly less when compared to the United States (27.2).

According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.

Childhood obesity (3.73) and teen pregnancy (3.11) were the top identified community health needs from the PMCN Community Survey.

The top problems identified in the community survey related to healthy mothers, babies and children included: childhood obesity (3.73), teenage pregnancy (3.11), and early childhood development/childcare (2.51)

Infectious Disease

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

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease, although the topic was not discussed in the stakeholder interviews. They include:
The incidence rates of chlamydia and gonorrhea were significantly lower for the PAH service area when compared to the state, although the trend is increasing for both infectious diseases.

Those adults ever tested for HIV is significantly lower than the state, national and Healthy People 2020 percentages.

According to the PMCN Community Survey, sexual behaviors (3.30) and Lyme disease (3.14) were the top identified community health priorities.

The top problems related to infectious disease identified in the community survey include sexual behaviors (3.30) and Lyme Disease (3.34)

There were no comments from stakeholder interviews or focus groups noting infectious disease related issues or problems as top community needs or issues that were high priority to address.

**Mental Health and Substance Abuse**

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

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

The Addiction Recovery Mobile Outreach Team (ARMOT) program is a collaboration between the Armstrong-Indiana-Clarion Drug and Alcohol Commission, Inc. (AICDAC), the Armstrong County Council on Alcohol and Other Drugs, Inc. (d/b/a: ARC Manor), the Armstrong County Memorial Hospital (ACMH), the Indiana Regional Medical Center (IRM C), and The Open Door (TOD) treatment agency. The collaboration grew out of the implementation strategies undertaken by IRMC since its 2012 CHNA. The mission of ARMOT is to enhance the linkage between rural hospital emergency department/ inpatient units and substance abuse treatment service delivery to individuals with substance use disorders in Armstrong and Indiana Counties in Western Pennsylvania.
Substance abuse and addiction constitute the nation’s number one public health problem contributing to 70 health conditions and to the 5 leading causes of death. The National Survey on Drug Use and Health Of 2010 (NSDUH 2010) reported an estimated 22.6 million Americans aged 12 or older were current (used in the last 30 days) illicit drug users (8.9% of this population). Of the 22.6 million, 7.1 million (or 33%) met the criteria for substance abuse or dependence of illicit drugs.

The Drug Abuse Warning Network (DAWN) reports that each day nationally 20,000 individuals are seen in emergency departments for alcohol related injuries and 60% of patients seen in trauma centers are under the influence of alcohol and/or drugs at the time of admission. When comparing the national drug use rate of 8.9% to the population of the three Counties (197,809), an average of 17,605 residents could be current illicit drug users. Of the 17,605 users, an average of 33% or 5,809 county residents would meet the criteria for substance abuse or dependence on illicit drugs.

Western Pennsylvania has experienced an epidemic of heroin and opiate abuse in the past 8-10 years. Pennsylvania now has the 7th highest drug overdose mortality rate in the United States, with over 3,000 deaths being heroin-related overdoses. Drug overdose deaths in Pennsylvania have now exceeded the number of deaths from automobile accidents.

The heroin epidemic has spread to rural and suburban communities previously unharmed by such widespread heroin abuse, and instead of this upward trend flat-lining or decreasing, abuse and overdose continue to escalate, resulting in the loss of life across every age group and demographic. Locally, ACMH treated 77 overdose patients in 2013. IRMC treated 109 overdose patients in 2013, more than has ever been reported at IRMC in the past. In November 2014, Citizen’s Ambulance Company of Indiana County reported that they have responded to an average of 90 overdoses in the past 90 days.

The majority of stakeholders participating in this CHNA identified mental health and substance abuse issues as one of the top community health needs. Stakeholders identified the need for an inpatient mental health unit noting the only available beds locally are for geriatric mental health needs. They also suggest the need for education regarding mental health and the stigma that is often associated with mental health. A few stakeholders commented that although mental health services are available, people do not seek them out suggesting that something might be missing from the continuum of care. It was noted that substance abuse is often involved in cases of abuse and neglect. The need for services for Post-Traumatic Stress Disorder, as well as Alzheimer’s beds was also noted.
The most frequently mentioned top community health need mentioned by focus group participants was mental health. Substance abuse was also mentioned by participants as a top need. Mental health and drug use were also identified as problems that focus group participants would change.

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

- A third of adults reported their mental health not good at least one or more days in the past month.
- There were no significant differences in heavy drinking between the service area counties, state, and nation.
- In the child/adolescent population, the use of alcohol, marijuana, and pain relievers increased with age, as did the prevalence rates of driving under the influence of these substances.
- The rate of 12th graders driving under drinking alcohol is increasing over the past few years.
- Just under half (45.4%) of male PMCN Community Survey respondents report binge drinking in the past month, compared to 37.7% of overall survey respondents.
- Over a third (37.1%) of PMCN Community Survey respondents report feeling depressed in the past two weeks.
- Over half (61.9%) report having difficulty sleeping in the past two weeks.
- The top mental health and substance abuse problems identified in the community survey include illegal drug use (4.04), prescription drug abuse (3.73), and alcohol abuse (3.65).

**Physical Activity and Nutrition**

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

Stakeholders identified the need for access to programs and services that support a healthy lifestyle for low income residents. They also noted a need for more focus on healthy eating and physical activity from the medical community, including pediatricians. The lack of access to healthy foods has resulted in some community members growing their own food. One stakeholder also noted that school districts have reduced or eliminated gym class for children.
Several focus group participants noted access to healthy food and poor eating habits along with lack of outside activity and biggest community health needs. Increasing education on health and wellness was also identified as a problem to be changed.

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

- A third of students in service area schools districts are eligible for free or reduced price lunches.
- 13%-14% of adults have food insecurity and between 2% and 5% have limited access to healthy foods.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- The study found that less than half (41.0%) of children in the Northeast Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- More than half (73.2%) of PMCN Community Survey respondents report being physically active during the past month.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV.
- Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand held device.
- Over half (65.2%) of the children in the Northeast Region are spending over three hours in on “screen time”, which is higher than the United States (63.8%).
- According to the PRC National Child & Adolescent Health Survey, one in three (33.9%) children is receiving five or more servings of fruits and vegetables per day, which is lower compared to the United States (41.8%).
- The majority of PMCN Community Survey respondents is eating vegetables (93.8%) and fruit (95.9%) daily.
- Over half (69.9%) of children in the United States are eating fast food at least one time per week.
- Lack of physical activity/recreation (3.58) was the top identified Physical Activity and Nutrition priority on the PMCN Community Survey, followed by access to high quality affordable foods (2.97).
Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.

Stakeholders identified that there is a large population of cigarette smokers in the community and that there is a need for education on the relationship between smoking and cardiac disease. It was also noted that cigarettes are readily available. One stakeholder identified tobacco use as a top community health need.

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use, although the topic was not discussed extensively in focus groups or stakeholder interviews. These include:

- Over half of the adults in the service area reported never being a smoker.
- The percentage of adults currently using chewing tobacco, snuff, or snus somewhat or every day is significantly higher in the PAH service area.
- The percentage of current smokers is higher than everyday smokers in the service area.
- One in ten (10.0%) of the PMCN Community Survey respondents report being a current smoker.
- Of those, one third (35.7%) smoke 10 cigarettes or more per day.
- Very few (4.5) PMCN Community Survey respondents report using chewing tobacco, snuff or snus.
- Tobacco use (3.74) and tobacco use in pregnancy (3.13) were both considered priorities from the PMCN Community Survey. Respondents in the Punxsutawney hospital region rated tobacco use and tobacco use in pregnancy as significantly higher problems when compared to the other hospital regions.

Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Stakeholders indicate that domestic violence is on the rise in the community and that the issue requires more community education to increase people’s knowledge and awareness of available resources.

Injury related topics were not discussed by focus group participants as top needs or problems that they would change if they could.
There are a number of observations and conclusions that can be derived from the data related to injury, although the topic was not discussed in focus groups or stakeholder interviews. These include:

- Although there was missing data, the mortality rate due to auto accidents was significantly higher in the service area than the state.
- According to the PMCN Community Survey, domestic violence (3.20) and child abuse (3.19) were both considered community health problems.
- Respondents from Indiana Regional Medical Center rated crime a significantly higher problem than the other hospital regions.
- Top problems related to injury identified in the community survey included domestic violence (3.20), child abuse (3.19), and violence (3.08).
- According to the PRC National Child & Adolescent Health Survey, 7.1% of children in the Northeast region had an injury serious enough to require medical attention in the past year, which is lower when compared to the United State (10.6%).
Demographic Conclusions

There are a number of observations and conclusions that can be derived from the Demographic data for PAH and its primary service areas of Clearfield, Indiana and Jefferson counties.

- From the 2000 to 2010 census the population of the Primary Service Area decreased slightly and the trend is projected to continue through 2020.
- At 50.59%, there are slightly more females living in the Primary Service Area.
- The Primary Service Area is predominately white, with a rate of 55.4%.
- Roughly a third of the Primary Service Area (36.1%) is between the ages of 25-54, with another third (34.0%) being in the age group 55 and older.
- The majority of the Primary Service Area (53.1%) is married and living with their spouse.
- 51.4% of the Primary Service Area has obtained a high school diploma or GED, while 8.2% has obtained at least a college education.
- The income statistics for the Primary Service Area indicates the region to be low to middle income.
- 52.3% of the Primary Service Area is employed; however, 4.7% are not in the labor force.
- Almost a third (26.4%) of residents in the Primary Service Area travel less than 30 minutes to get to work.

Access to Quality Health Care Conclusions

There are a number of observations and conclusions that can be derived from the data related to Access to quality health care. They include:
• 40% of adults in the service area of Clearfield, Indiana and Jefferson counties reported their physical health as not good one plus days in the past month, compared to the state (38%).
• Adults who reported their health as fair or poor was significantly higher for the three year-period 2011-2013 in Indiana County (21.0%) and higher for the Clearfield and Jefferson counties (20.0%).
• The service area and Pennsylvania percentages are below the Healthy People 2020 Goal of 16.1% for adults with no personal health care provider.
• There were no significant differences between the county and state in terms of adults who visited a doctor for a routine check-up in the past year.
• The service area and Pennsylvania percentages are below the Healthy People 2020 Goal of 90.0% for adults who visited a doctor for a check-up within the past two years.
• All service area counties and Pennsylvania percentages are above the Healthy People 2020 Goal of 4.2% for adults who needed to see a doctor in the past year but could not due to cost.
• 90.6% of Indiana County survey respondents indicated that they currently have health care coverage, slightly less than the overall region (93.5%)
• Access to affordable health care, access to insurance coverage and access to dementia care services were the top three issues related to access on the community survey
• 12.8% of the regional survey respondents could not fill a prescription in the last 12 months due to cost
• Almost half of the regional survey respondents (49.4%) had a routine medical checkup within the last six months, with another 24.8% indicating that they have had a checkup within the last year. A small portion (6%) indicated that it has been 5 or more years since they have had a checkup.
• Most (94.4%) of the regional survey respondents indicated that they had a regular health care provider. The most frequent reasons cited that they did not have a provider was that they were healthy/had no need or had no insurance.
• According to the PRC National Child & Adolescent Health Survey, more than half of the children in the United States are covered under Private 65.3% Insurance.
• The study also found that 6.6% of children in the Northeast Region are uninsured, which is comparable to the United States (6.5%).
• According to the PRC National Child & Adolescent Health Survey, the majority (91.7%) of children in the Northeast Region had a routine physician visit in the past year, which is higher when compared to the United States (85.3%).
The study also found that 83.6% of children in the Northeast region had an annual routine dental check-up, which is slightly lower than the United States (84.9%).

The Northeast region (19.5%) had the lowest number of children accessing health care through an urgent care center when compared to the other regions and the United States (28.6%).

The majority of 2015 PMCN Community Survey respondents (93.5%) have health insurance. Respondents from IRMC's service area were significantly more likely to not have health insurance (8.7%) when compared to the other hospital service area respondents.

According to the PRC National Child & Adolescent Health Survey, one in four children (24.5%) in the Northeast Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).

Slightly more than one in ten (12.8%) PMCN Community Survey Respondents were not able to fill a prescription due to cost during the past year.

When looking at the Ambulatory Care Sensitive Conditions for PAH, the following conditions are showing an upward trend: pneumonia, vaccine preventable conditions, bacteria pneumonia, convulsions, COPD, CHF, diabetes with ketoacidosis, diabetes with other conditions and Grand Mal with other Epileptic.

For PAH, there is an increasing trend in the following mental health diagnoses: alcohol related, other chronic organic psychotic, Schizophrenia, depressions, paranoia psychosis, anxiety, personality disorders, conduct/social disturbances and emotional-youth.

**Chronic Disease Conclusions**

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

- Heart disease and heart attack mortality rates are decreasing over the period 2008-2012 for PAH’s service area.
- Cardiovascular mortality rates were higher in Jefferson County for 2012 then the other service area counties.
- Breast cancer incident rates are significantly lower in Clearfield County (49.8) and are showing an increasing trend over the five-year period ending 2012 for both Indiana and Jefferson counties. The PAH service area is above the Healthy People 2020 goal of 41.0.
- For the year 2012, bronchus and lung mortality rates were significantly lower in Clearfield and Indiana counties.
Lyme disease was significantly higher in the service area for the years 2011 and 2012.

Obesity rates for Indiana County are significantly higher than the state rate for the period 2008-2013.

Mammogram screenings for the PAH service area are trending downward for the years 2013-2015 and are below the Healthy People 2020 goal of 81.1%.

According to the PMCN Community Survey 76.0% of all adults age 55 and older had a sigmoidoscopy or colonoscopy.

Over half (61.4%) of male PMCN Community Survey respondents age 65 and older had a Prostate-Specific Antigen Test (PSA) within the past year.

All of the PMCN Community Survey respondents ages 65 to 74 have had their blood pressure checked within the past two years.

Of the PMCN Community Survey respondents age 65 and older, 65% have been told they have high blood pressure.

Less than half of the survey respondents younger than 75 had their blood cholesterol checked in the past six months, regardless of age group. Just over half (55.9%) of those over the age of 75 had their blood cholesterol checked within the past six months.

According to the PRC National Child & Adolescent Health Survey, twice as many children in the Northeast region (1.4%) have diabetes compared to the United States (0.7%).

Approximately one in ten (10.7%) PMCN Community Survey respondents have been told they have diabetes. Respondents from the Punxsutawney Area Hospital service region were significantly less likely to have been told they have diabetes compared to Overall half of respondents in each age group on the PMCN Community Survey are considered overweight or obese. The highest percentage (78.3%) is between the ages of 18 to 24 and 65 to 74.

Overall, 71.4% of the PMCN Community Survey Respondents are considered overweight or obese.

Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.

The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.

Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.

Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.
The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.

Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.

The top chronic disease problems identified on the community survey included obesity and overweight (3.95), Hypertension/High Blood Pressure (3.58), Cancer (3.58), Diabetes (3.56) High Cholesterol (3.50), and Cardiovascular Disease (3.47).

**Healthy Environment Conclusions**

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

- The high school graduation rates are higher than the state rate (85.0%) and Healthy People 2020 goal (82.4%).
- The unemployment rates across the county are comparable to the state rate, and are lower than the national rate.
- The percentage of children living in poverty is higher than the state percentage.
- The percent of children living with a single parent is lower than the state percentage.
- Asthma hospitalization rates for Indiana County in 2010 (the last data available) was moderately high, in the 17.6 to 29.8 range.
- A study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling.” (Osborne SG, et al., 2011)
- “While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on the reproductive, neurological, and endocrine systems (ATSDR, Colborn T., et al., U.S. EPA 2009).”
- “Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices….volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone.” (CDPHE 2008, 2010)
• According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
• Slightly more than one in four (27.0%) children in the United States had an Asthma related visit to the Emergency Room or Urgent Care Facility.
• According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
• PMCN Community Survey respondents identified employment/lack of jobs (3.72) and poverty (3.51) as top community health needs.

Healthy Mothers, Babies and Children Conclusions

Focus group participants did not talk much about maternal child health issues, although parental involvement was noted as one of the biggest community health need and youth health and wellness was noted as a problem that one focus group participant noted that they would change if they had the opportunity to. There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

• Clearfield County is significantly higher (77.9%) and Indiana County is significantly lower (65.8%) when compared to the state for mothers who received prenatal care in their 1st trimester.
• The percentage of mothers who reported breastfeeding is significantly lower in Clearfield County than the state. Although the entire PAH service area shows an increasing trend all counties are below the Healthy People 2020 Goal of 81.9%.
• The PAH service area has significantly lower rates of mothers smoking during pregnancy, as well as smoking three months prior to pregnancy for the last three years when compared to the state.
• The percentage of mothers receiving WIC is significantly higher in Clearfield and Jefferson counties, while the percentage of mothers receiving Medicare is significantly higher in Clearfield County when compared to the state.
• Teen pregnancy rates were significantly lower in Indiana County when compared to the state.
• Infant mortality is significantly higher in Indiana County for 2012, but is moderately low compared to the other counties in PA, in the 6.2 to 8.1 range.
• The trend is decreasing for children in grades K-12 for being overweight or obese in Indiana County, but showing a slight increase in Clearfield and Jefferson counties.
According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.

One in four (26.8%) children in the Northeast Region were exclusively breastfed for the first six months, which is slightly less when compared to the United States (27.2).

According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.

Childhood obesity (3.73) and teen pregnancy (3.11) were the top identified community health needs from the PMCN Community Survey.

The top problems identified in the community survey related to healthy mothers, babies and children included: childhood obesity (3.73), teenage pregnancy (3.11), and early childhood development/childcare (2.51)

**Infectious Disease Conclusions**

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease, although the topic was not discussed in the stakeholder interviews. They include:

- The incidence rates of chlamydia and gonorrhea were significantly lower for the PAH service area when compared to the state, although the trend is increasing for both infectious diseases.
- Those adults ever tested for HIV is significantly lower than the state, national and Healthy People 2020 percentages.
- According to the PMCN Community Survey, sexual behaviors (3.30) and Lyme disease (3.14) were the top identified community health priorities.
- The top problems related to infectious disease identified in the community survey include sexual behaviors (3.30) and Lyme Disease (3.34)
- There were no comments from stakeholder interviews or focus groups noting infectious disease related issues or problems as top community needs or issues that were high priority to address.

**Mental Health and Substance Abuse Conclusions**

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

- A third of adults reported their mental health not good at least one or more days in the past month.
- There were no significant differences in heavy drinking between the service area counties, state, and nation.
In the child/adolescent population, the use of alcohol, marijuana, and pain relievers increased with age, as did the prevalence rates of driving under the influence of these substances.

The rate of 12th graders driving under drinking alcohol is increasing over the past few years.

Just under half (45.4%) of male PMCN Community Survey respondents report binge drinking in the past month, compared to 37.7% of overall survey respondents.

Over a third (37.1%) of PMCN Community Survey respondents report feeling depressed in the past two weeks.

Over half (61.9%) report having difficulty sleeping in the past two weeks.

The top mental health and substance abuse problems identified in the community survey include illegal drug use (4.04), prescription drug abuse (3.73), and alcohol abuse (3.65)

Physical Activity and Nutrition Conclusions

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

- A third of students in service area schools districts are eligible for free or reduced price lunches.
- 13%-14% of adults have food insecurity and between 2% and 5% have limited access to healthy foods.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- The study found that less than half (41.0%) of children in the Northeast Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- More than half (73.2%) of PMCN Community Survey respondents report being physically active during the past month.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV.
- Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand held device.
• Over half (65.2%) of the children in the Northeast Region are spending over three hours in on “screen time”, which is higher than the United States (63.8%).
• According to the PRC National Child & Adolescent Health Survey, one in three (33.9%) children is receiving five or more servings of fruits and vegetables per day, which is lower compared to the United States (41.8%).
• The majority of PMCN Community Survey respondents is eating vegetables (93.8%) and fruit (95.9%) daily.
• Over half (69.9%) of children in the United States are eating fast food at least one time per week.
• Lack of physical activity/recreation (3.58) was the top identified Physical Activity and Nutrition priority on the PMCN Community Survey, followed by access to high quality affordable foods (2.97).

**Tobacco Use Conclusions**

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use, although the topic was not discussed extensively in focus groups or stakeholder interviews. These include:

• Over half of the adults in the service area reported never being a smoker.
• The percentage of adults currently using chewing tobacco, snuff, or snus somewhat or every day is significantly higher in the PAH service area.
• The percentage of current smokers is higher than everyday smokers in the service area.
• One in ten (10.0%) of the PMCN Community Survey respondents report being a current smoker.
• Of those, one third (35.7%) smoke 10 cigarettes or more per day.
• Very few (4.5) PMCN Community Survey respondents report using chewing tobacco, snuff or snus.
• Tobacco use (3.74) and tobacco use in pregnancy (3.13) were both considered priorities from the PMCN Community Survey. Respondents in the Punxsutawney hospital region rated tobacco use and tobacco use in pregnancy as significantly higher problems when compared to the other hospital regions.

**Injury Conclusions**

There are a number of observations and conclusions that can be derived from the data related to Injury, although the topic was not discussed in focus groups or stakeholder interviews. These include:
- Although there was missing data, the mortality rate due to auto accidents was significantly higher in the service area than the state.
- According to the PMCN Community Survey, domestic violence (3.20) and child abuse (3.19) were both considered community health problems.
- Respondents from Indiana Regional Medical Center rated crime a significantly higher problem than the other hospital regions.
- Top problems related to injury identified in the community survey included domestic violence (3.20), child abuse (3.19), and violence (3.08).
- According to the PRC National Child & Adolescent Health Survey, 7.1% of children in the Northeast region had an injury serious enough to require medical attention in the past year, which is lower when compared to the United State (10.6%).

**Top Priorities**

Figure 7 illustrates the top 10 community health problems identified in the PMCN survey.

**Figure 7: Top 10 PMCN Community Health Problems**

![Top 10 Community Health Problems Chart]

Source: PMCN CHNA Community Survey, 2015

Figure 8 shows the open ended responses to the survey. The top priorities identified included:
Figure 8: Top 10 PMCN Community Health Priorities, Open Ended

Table 10: Community Survey: Top 20 Overall Regional Priorities

<table>
<thead>
<tr>
<th>Top 20 Community Health Problems</th>
<th>% Serious &amp; Very Serious Problem</th>
<th>PMCN Region</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Illegal Drug Use</td>
<td>76.6%</td>
<td>86.9%</td>
<td></td>
</tr>
<tr>
<td>2. Obesity and Overweight</td>
<td>73.5%</td>
<td>79.5%</td>
<td></td>
</tr>
<tr>
<td>3. Childhood Obesity</td>
<td>63.3%</td>
<td>71.7%</td>
<td></td>
</tr>
<tr>
<td>4. Prescription Drug Abuse</td>
<td>62.8%</td>
<td>73.4%</td>
<td></td>
</tr>
<tr>
<td>5. Tobacco Use</td>
<td>62.7%</td>
<td>72.5%</td>
<td></td>
</tr>
<tr>
<td>6. Employment Opportunities/Lack of Jobs</td>
<td>62.2%</td>
<td>61.2%</td>
<td></td>
</tr>
<tr>
<td>7. Alcohol Abuse</td>
<td>58.4%</td>
<td>66.7%</td>
<td></td>
</tr>
<tr>
<td>8. Diabetes</td>
<td>57.7%</td>
<td>47.0%</td>
<td></td>
</tr>
<tr>
<td>9. Hypertension/High Blood Pressure</td>
<td>57.6%</td>
<td>65.0%</td>
<td></td>
</tr>
<tr>
<td>10. Cancer</td>
<td>57.4%</td>
<td>67.5%</td>
<td></td>
</tr>
<tr>
<td>11. Lack of Exercise/Physical Activity</td>
<td>56.3%</td>
<td>65.7%</td>
<td></td>
</tr>
</tbody>
</table>

Table 10 illustrates the top 20 overall regional priorities identified in the community survey based on the percentage of respondents who rated the issue as a serious or very serious problem. The overall regional results are compared with the respondents from Indiana County only.
### 2015 Community Survey

<table>
<thead>
<tr>
<th>Top 20 Community Health Problems</th>
<th>% Serious &amp; Very Serious Problem</th>
<th>PMCN Region</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. High Cholesterol</td>
<td></td>
<td>54.5%</td>
<td>63.4%</td>
</tr>
<tr>
<td>13. Heart Disease</td>
<td></td>
<td>54.0%</td>
<td>58.9%</td>
</tr>
<tr>
<td>14. Poverty</td>
<td></td>
<td>53.5%</td>
<td>62.1%</td>
</tr>
<tr>
<td>15. Cardiovascular Disease and Stroke</td>
<td></td>
<td>52.5%</td>
<td>59.9%</td>
</tr>
<tr>
<td>16. Sexual Behaviors (unprotected, irresponsible/risky)</td>
<td></td>
<td>42.1%</td>
<td>53.0%</td>
</tr>
<tr>
<td>17. Access to Affordable Health Care (related to copays and deductibles)</td>
<td></td>
<td>38.4%</td>
<td>40.8%</td>
</tr>
<tr>
<td>18. Dental Hygiene/Dental Problems</td>
<td></td>
<td>37.9%</td>
<td>44.1%</td>
</tr>
<tr>
<td>19. Lyme Disease</td>
<td></td>
<td>36.9%</td>
<td>44.5%</td>
</tr>
<tr>
<td>20. Domestic Violence</td>
<td></td>
<td>36.6%</td>
<td>36.9%</td>
</tr>
</tbody>
</table>

Figure 9 outlines the top priority community needs identified by the stakeholders who were interviewed.
The most frequently identified biggest health need for the community identified by the focus group participants included the following:

- Access to healthy food/poor eating habits (4)
- Affordability of health care (4)
- Access to health care (3)
- Services for individuals with a disability (3)
- Substance abuse (2)
- Mental health (stress, depression, etc.) (2)

Focus group participants asked to identify the one problem they would change in the community. Responses included:

- Lack of motivation and accountability
- Drug use
- Youth health and wellness
- Poverty and mental health “perceived” barriers
- Increase education on health and wellness

Focus group participants were also asked to identify top priority community needs. Responses are outlined in Figure 10.
Figure 10: PMCN Focus Groups Top Priority Needs

Source: PMCN CHNA Focus Groups, 2015

Prioritization and Significant Health Needs

As a result of the data analysis, the consulting team identified 35 distinct community needs and issues that demonstrated a disparity, negative trend or gap between the local/ regional data and the state, national or healthy people goal and/or that qualitative information suggested that it was a growing need in the community. At their meeting on May 1, 2015, the PAH Steering Committee agreed with the list of potential needs, participated in prioritizing the needs based on the selected criteria and met again to discuss the prioritization results. Table 11 identified the selected criteria:
The PAH Steering Committee was asked to rank the top needs of the community via the prioritization criteria listed above. Table 12 illustrates the needs of the service area ranked by the steering committee. The top needs that were identified include preventative care/screenings, high blood pressure/hypertension, cardiovascular disease (heart disease, cholesterol, etc.), obesity, breast cancer, need to expand women's health services/prenatal care, diabetes, Lyme disease, prescription drug misuse/abuse, and colorectal cancer, as outlined in Table 13 when compared to the region based on magnitude, impact and capacity.
### Table 12: Prioritization Results

<table>
<thead>
<tr>
<th>Role</th>
<th>Role</th>
<th>Magnitude</th>
<th>Impact</th>
<th>Capacity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Care/Screenings</td>
<td>8.82</td>
<td>7.73</td>
<td>8.82</td>
<td>8.64</td>
<td>25.19</td>
</tr>
<tr>
<td>High Blood Pressure/ Hypertension</td>
<td>7.64</td>
<td>8.18</td>
<td>8.55</td>
<td>7.91</td>
<td>24.64</td>
</tr>
<tr>
<td>Cardiovascular Disease (Heart Disease, Cholesterol, etc.)</td>
<td>8.00</td>
<td>8.45</td>
<td>8.55</td>
<td>7.45</td>
<td>24.45</td>
</tr>
<tr>
<td>Obesity</td>
<td>7.27</td>
<td>8.80</td>
<td>8.73</td>
<td>6.91</td>
<td>24.44</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>8.45</td>
<td>7.00</td>
<td>7.64</td>
<td>7.91</td>
<td>22.55</td>
</tr>
<tr>
<td>Need to Expand Women's Health Services/Prenatal Care</td>
<td>7.09</td>
<td>7.00</td>
<td>8.55</td>
<td>6.91</td>
<td>22.46</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.27</td>
<td>6.55</td>
<td>8.27</td>
<td>7.45</td>
<td>22.27</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>6.27</td>
<td>8.18</td>
<td>7.27</td>
<td>6.77</td>
<td>22.22</td>
</tr>
<tr>
<td>Prescription Drug Misuse/Abuse</td>
<td>5.45</td>
<td>8.27</td>
<td>8.36</td>
<td>5.27</td>
<td>21.90</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>8.00</td>
<td>6.91</td>
<td>7.45</td>
<td>7.45</td>
<td>21.81</td>
</tr>
<tr>
<td>Flu &amp; Pneumonia</td>
<td>6.36</td>
<td>6.64</td>
<td>7.18</td>
<td>7.73</td>
<td>21.55</td>
</tr>
<tr>
<td>Drug Abuse/Mortality</td>
<td>4.55</td>
<td>8.18</td>
<td>7.82</td>
<td>5.09</td>
<td>21.09</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>6.82</td>
<td>6.27</td>
<td>6.91</td>
<td>7.86</td>
<td>21.04</td>
</tr>
<tr>
<td>Tobacco Use During Pregnancy</td>
<td>4.55</td>
<td>6.09</td>
<td>8.00</td>
<td>6.73</td>
<td>20.82</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>4.18</td>
<td>6.27</td>
<td>7.18</td>
<td>6.70</td>
<td>20.15</td>
</tr>
<tr>
<td>Specialty Medical Care</td>
<td>6.09</td>
<td>6.55</td>
<td>7.82</td>
<td>5.73</td>
<td>20.10</td>
</tr>
<tr>
<td>Healthy Eating Habits/Access to Healthy Foods</td>
<td>5.00</td>
<td>7.09</td>
<td>7.82</td>
<td>5.18</td>
<td>20.09</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>4.73</td>
<td>6.82</td>
<td>7.82</td>
<td>5.40</td>
<td>20.04</td>
</tr>
<tr>
<td>Lack of Physical Activity/Recreation</td>
<td>3.55</td>
<td>6.73</td>
<td>7.70</td>
<td>5.45</td>
<td>19.88</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>6.82</td>
<td>6.55</td>
<td>6.64</td>
<td>6.64</td>
<td>19.83</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>3.73</td>
<td>7.73</td>
<td>7.64</td>
<td>4.45</td>
<td>19.82</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>6.09</td>
<td>6.09</td>
<td>7.82</td>
<td>5.82</td>
<td>19.73</td>
</tr>
<tr>
<td>Youth Risk Behaviors</td>
<td>2.00</td>
<td>6.73</td>
<td>7.55</td>
<td>5.36</td>
<td>19.64</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>5.27</td>
<td>7.09</td>
<td>7.45</td>
<td>4.73</td>
<td>19.27</td>
</tr>
<tr>
<td>Affordability of health care/insurance costs/co-pays</td>
<td>6.00</td>
<td>5.45</td>
<td>7.55</td>
<td>5.82</td>
<td>18.82</td>
</tr>
<tr>
<td>Food Instability/Children's Hunger</td>
<td>4.09</td>
<td>6.27</td>
<td>7.55</td>
<td>4.55</td>
<td>18.37</td>
</tr>
<tr>
<td>Dental Hygiene/Dental Problems</td>
<td>3.91</td>
<td>6.36</td>
<td>6.82</td>
<td>4.91</td>
<td>18.09</td>
</tr>
<tr>
<td>HIV/Hepatitis C</td>
<td>6.73</td>
<td>5.27</td>
<td>6.82</td>
<td>5.91</td>
<td>18.00</td>
</tr>
<tr>
<td>Need Community-Wide Vision and Plan</td>
<td>2.55</td>
<td>6.82</td>
<td>6.27</td>
<td>4.64</td>
<td>17.73</td>
</tr>
<tr>
<td>Transportation to/from Medical Services</td>
<td>3.55</td>
<td>6.00</td>
<td>6.45</td>
<td>4.91</td>
<td>17.36</td>
</tr>
<tr>
<td>Poverty/Lack of Jobs/Unemployment</td>
<td>1.45</td>
<td>7.00</td>
<td>6.73</td>
<td>3.45</td>
<td>17.18</td>
</tr>
<tr>
<td>Domestic Violence/Child Abuse</td>
<td>1.91</td>
<td>5.36</td>
<td>6.18</td>
<td>3.91</td>
<td>15.45</td>
</tr>
</tbody>
</table>
Suicide | 3.82 | 4.82 | 5.27 | 4.73 | 14.82
Homelessness/Affordable and Adequate Housing | 1.91 | 5.27 | 5.36 | 3.00 | 13.63
Motor Vehicle Crash Deaths | 2.55 | 4.36 | 4.27 | 3.82 | 12.45

The items highlighted in blue have "role" scores that are an average of 7 or higher, meaning that they were rated "high" in terms of the accountability for that item belonging to the hospital/health system.

Table 13: Overall Significant Community Needs (Magnitude/Impact/Capacity)

<table>
<thead>
<tr>
<th>Regional Rank</th>
<th>Issue/Need</th>
<th>PAH Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High Blood Pressure/ Hypertension</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Obesity</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Cardiovascular Disease (Heart Disease, Cholesterol, etc.)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Preventative Care/Screenings</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Breast Cancer</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Colorectal Cancer</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>Prostate Cancer</td>
<td>13</td>
</tr>
<tr>
<td>7</td>
<td>Flu &amp; Pneumonia</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>Prescription Drug Misuse/Abuse</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>Lyme Disease</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>Drug Abuse/Mortality</td>
<td>12</td>
</tr>
<tr>
<td>18</td>
<td>Need to Expand Women’s Health Services/Prenatal Care</td>
<td>6</td>
</tr>
</tbody>
</table>

Using this methodology, and factoring in the role of the health system, the final priorities selected by the PAH Steering Committee as most significant include:

1. Preventative Care/Screenings
2. Obesity
3. Cardiovascular Disease (Heart Disease, Cholesterol, etc.)

The Punxsutawney Steering Committee also discussed the priority of Lyme Disease; however since this was a priority addressed with the 2012 CHNA, the hospital and steering committee felt that the community is well-educated on the dangers of Lyme Disease, the medical community is aware of what to look for and screenings...
through the Punxsutawney Rotary Club are ongoing (over 2,000 screenings completed thus far).

**Review and Approval**

The 2015 Community Health Needs Assessment and Action Plan was presented and approved by the PAH Board of Directors on June 29, 2015. Following Board approval, the 2015 PAH CHNA will be published and made widely available to the public.
2012 Community Health Needs Assessment
Implementation Strategy Evaluation

PAH conducted a 3-year evaluation of its 2012 CHNA implementation strategies. Although the status for most indicators were completed, it is clear that PAH is working to improve the health of the community.

In reviewing the status of each of the four priority areas, PAH reported that:

**Health Improvement Priorities-Action Steps - Decrease Instances of Lyme’s Disease**

- Provision of Educational materials/training for clinical providers in the emergency department of the hospital *(Education Manager)*. *Minimal cost Completion Date: 7/13.* Comprehensive training has occurred in the Emergency department with all staff. Ongoing support materials are available to staff for ongoing training/support to address questions and concerns of patients in the area.

- Provision of educational programs to the public *(Physician Community Liaison)*. *budgeted 2012/2013 Completion Date: 7/13.* 50+ attendees at the Lyme’s disease presentation. *Follow up presentation scheduled in 2015.*

- Provision of a web link to Lyme’s disease resources for customers *(V.P. Corporate Services)*. *Website project budgeted 2011/2012/2013 Completion Date: 12/12.* Weblink to the CDC Lyme disease in place.

- Create a tracking system for Lyme’s Disease *(Emergency Department Manager)*. *Minimal cost Completion Date: 7/13.* To date Infection prevention manager tracks the Lyme through the NEDS data base.
Improve per capita statistics (reduce instances) for Diabetes, Heart Disease

- Create a long range plan to impact change (Patient Safety Committee, Community Health Needs Assessment Coordinator). Minimal cost Completion Date: 7/13. Corporate Services is promoting the Blood Screening program and looking to increase wrap around programming with education to target customers.


- Meet with PA Dept. of Health to define ‘evidence based’ strategies (Education manager). Minimal cost Completion Date: 7/13. Evidence based strategies including teach back have been implemented with 2 grant initiatives including the DOH funded Amish Initiative Grant and the Highmark Foundation Emergency Department Grant (2014/2015).

- Review of Hospital Services to assure hospital services and budgets are synthesized with need to address diabetes and heart disease (VP Patient Care). Minimal cost. 2014/2015 budget for corporate services was designed to address the financial need/commitment to the CHNA goals and objectives Completion Date: 10/13

Health Resource Priorities-Action Steps: Improve available resources to address ‘cost of care’ challenges for consumers

- Provision of advertising and ‘free press’ to direct consumers to available hospital resources: charity care programs (CFO, VP Corporate Services, Community Physician Liaison) advertising budget approved for 2012/2013- charity care promoted on the hospital website.

- Provision of educational materials/seminars for reimbursement topics. i.e. What you need to know about Medicare. Making decision about health insurance... (CFO, Community Physician Liaison) minimal cost. Hospital sponsored seminars directed to educated seniors on insurance options/billing questions. PAH hired a financial counselor in 2014 to improve access to information to area residents.
Improve linkages between healthcare providers to address access to care issues for people in the primary service area.

- Identify collaborative partners (*Community Health Needs Assessment Coordinator*). Minimal cost Completion Date: 10/13. Secured a grant to establish a formal collaborative agreement with the local FQHC 2014. Signed an affiliation agreement with IRMC and Clarion Hospital to strengthen the hospitals and their ability to provide services to the communities in the 3 county region.

- Link health professionals through the hospital’s office manager luncheons to increase physician offices knowledge of support service, i.e., mental health services, insurers, public assistance... (*Medical Staff Services*). Minimal cost-budgeted 2012/2013 Completion Date: 7/13. Office manager luncheons are scheduled on an ongoing basis and connect all of the primary service providers in the region. Shared decision making and communication is a part of the ongoing process which connects the unified issues of patients accessing care.