2021 COMMUNITY HEALTH NEEDS ASSESSMENT

COMPASSION. RESPECT. INTEGRITY. EXCELLENCE

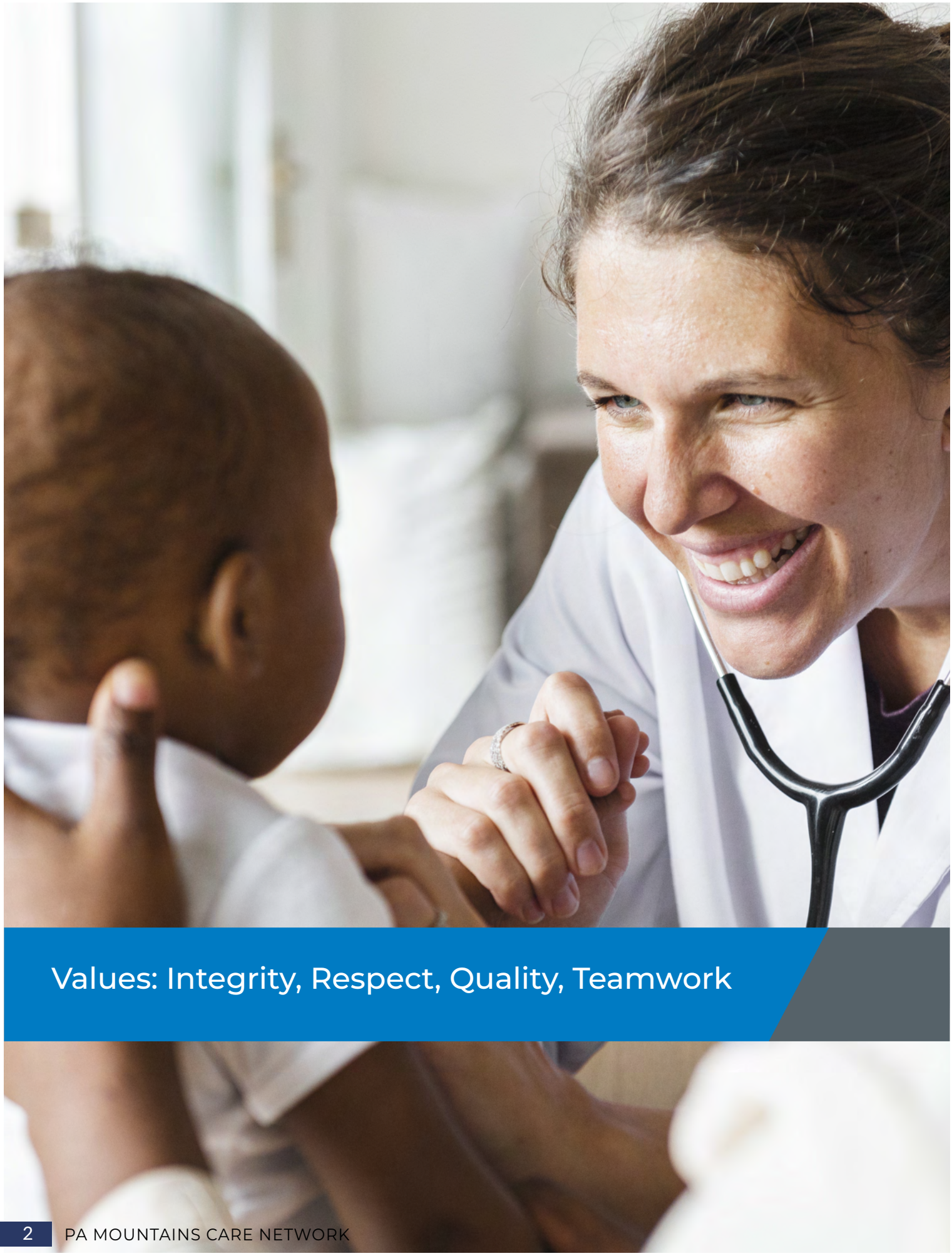
IRMC

PUNXSUTAWNEY AREA HOSPITAL

Pennsylvania MOUNTAINS CARE NETWORK

Punxutawney Area Hospital
81 Hillcrest Drive
Punxsutawney, PA 15767

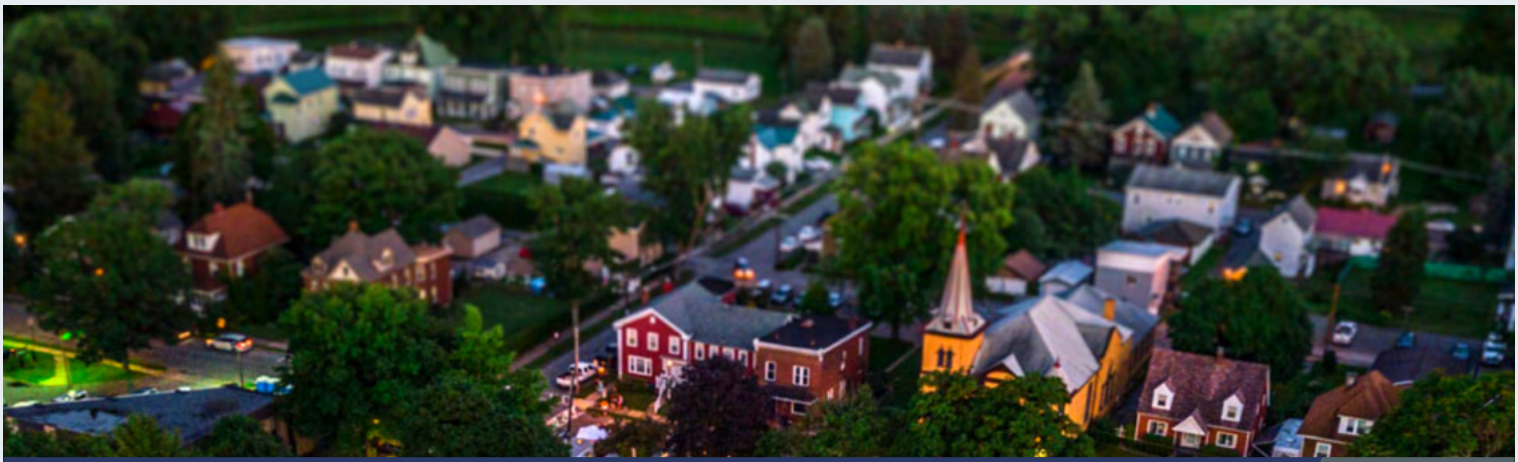
Ben Hughes, VP of Professional & Corporate Services
P: 814.938.1826



Values: Integrity, Respect, Quality, Teamwork

TABLE OF

CONTENTS



Thank you for being part of our community.

WELCOME TO OUR

COMMUNITY HEALTH NEEDS ASSESSMENT

VISION: To be a vibrant network of healthcare providers achieving synergies and efficiencies through collaborative initiatives.

PA MOUNTAINS CARE NETWORK

MISSION: To improve the quality of life for residents in our communities by partnering to create health care that is affordable, locally accessible, and evidence-based.

Indiana Regional Medical Center (IRMC) and Punxsutawney Area Hospital (PAH) are proud to present the 2021 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 areas of IRMC and PAH. This report also includes secondary and disease incidence and prevalence data from Indiana and Jefferson counties, the primary service area of each hospital, respectively. The data was reviewed and analyzed to determine the top priority needs and issues facing the communities served as well as the region overall.

The primary purpose of this assessment was to identify the health needs and issues of Indiana and Jefferson counties defined as the primary service areas of IRMC and PAH. 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.

Improving the health of the community is the foundation of the mission of IRMC and PAH, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospitals, we hope the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the communities that IRMC and PAH serve.

WELCOME
FROM OUR PRESIDENT

Stephen A. Wolfe
PMCN President & CEO

On behalf of Indiana Regional Medical Center (IRMC) and Punxsutawney Area Hospital (PAH), I would like to thank you for your continued support and interest in our 2021-2024 Community Health Needs Assessment.

In the fall of 2020, Indiana Regional Medical Center (IRMC) and Punxsutawney Area Hospital (PAH) formalized a collaboration under one governing board of directors called the Pennsylvania Mountains Care Network (PMCN). This collaboration helps to sustain a high level of patient care residents already receive in both Indiana and Jefferson County. Our knowledge and familiarity with each other's capabilities and resources has enabled both hospitals to further strengthen our connection.

Both IRMC and PAH have proudly served the region as independent non-profit organizations and plan to continue the mission to serve for many years to come. This Community Health Needs Assessment is unique as it marks the first assessment with both organizations as PMCN. Furthermore, the health and well-being of our communities is at the forefront of all that we do.

The Community Health Needs Assessment is a valuable tool that helps us shape the decisions we make and guide the strategic direction of PMCN. It provides insight into the communities' needs and gives us the opportunity to partner with agencies throughout the region. While we can't solve every problem alone, we are confident that we can align the resources to make our communities healthier.

We have lived through a historic time on the front lines of health care over the past year. The community support of PPE, meals and snacks, as well as encouraging messages, kept our hospitals in good spirits throughout countless hours of patient care and time away from family. I am extremely proud of each and every member of the PMCN team. Despite the challenges of the last year, our hospitals together have persevered. Your efforts as a community made a lasting impact on us and we appreciate the chance to continue to make an impact on the lives of the people we serve. We look forward to sharing our plan with you.

IRMC

INDIANA REGIONAL MEDICAL CENTER

Indiana Regional Medical Center (IRMC) has been serving Indiana County and surrounding communities since 1914. As a nationally recognized employer, IRMC continues to meet the needs of patients and employees alike. IRMC maintains its commitment to serving the region by continually re-investing in its facilities, technology and people in order to provide the highest levels of care possible. IRMC's vision to be the best community hospital in the nation is the cornerstone to our commitment of caring.

PUNXSUTAWNEY AREA HOSPITAL

Punxsutawney Area Hospital (PAH) continues to improve services, recruit skilled physicians, update technology, and focus on providing the best health care to people in the tri-county area. Garnering both state and national recognition, PAH is committed to upholding a 130-year tradition of meeting the health care needs of the people in Punxsutawney and surrounding communities. PAH's vision is to be valued as the highest quality community hospital in the region. As such, we will be your primary health care provider, committed to continuously improving services while containing costs.

PUNXSUTAWNEY AREA HOSPITAL

We offer special thanks to the representatives of the CHNA Steering Committee and to the 1,085 citizens and stakeholder participants of the interviews and community survey who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed below.

Steering Committee Members

2021 CHNA Committee

IRMC REPRESENTATION

Kami Anderson, Executive Director, Armstrong, Indiana, Clarion Drug and Alcohol Commission
Amanda Augustine, Manager Corporate & Community Health, Indiana Regional Medical Center
Maureen Barron, Pennsylvania Department of Health
Barbara Croce, Executive Director, Chevy Chase Community Center
Jared Cronauer, Business Manager, Indiana Area School District
Melissa Dick, Health Service Nurse Director, Indiana University of PA
Sherene Hess, Indiana County Commissioner
Shannon Kundla, Director, Housing Authority of Indiana County
Madelin Kuzneski – Public Health Student, Indiana Regional Medical Center
Jane Lockard, Executive Director, United Way of Indiana County
Janine Maust, Director, Aging Services, Inc
Vince Mercuri, Executive Director, The Open Door
Mark Richards, Chief Growth Officer, Indiana Regional Medical Center
Lisa Spencer, Director, Indiana County Department of Human Services
Randy Thomas, Director of Operations, Citizens Ambulance

PAH REPRESENTATIVES

Amy Behrendt, Infection Preventionist, Punxsutawney Area Hospital
Richard Britten, Assistant Superintendent, Punxsutawney Area School District
Marcie Caine, Jefferson County Emergency Management Services
Matt Conrad, Chief of Police, Punxsutawney Borough Police
Katie Donald, Punxsutawney Area Hospital
Susan Ford, Clearfield- Jefferson Drug & Alcohol Commission
Lori Fulton, Pennsylvania Department of Health- Jefferson County
Donnie Haines, Jefferson County EMS
Ben Hughes, Punxsutawney Area Hospital
Jon Johnston, Past Punxsutawney Area Hospital Board President
Robin Moran, Punxsutawney Area Hospital
Jeff Pisarick, Jefferson County Commissioner
Tracy Zents, Jefferson County Emergency Management Services

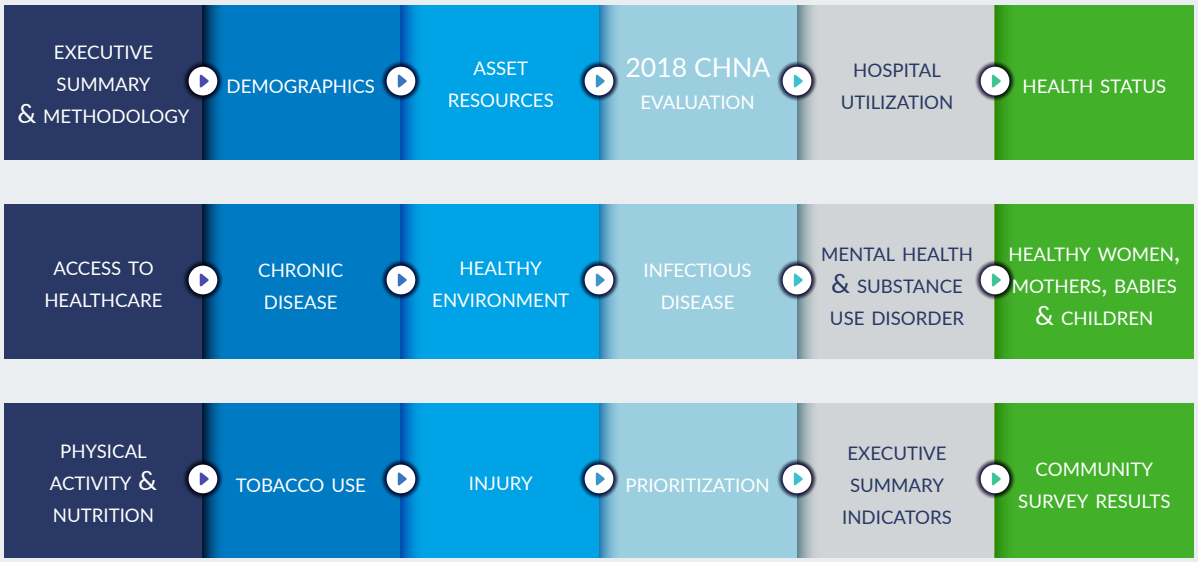
EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve population health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

Facilitated by Strategy Solutions, Inc. (SSI), a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Indiana Regional Medical Center and Punxsutawney Area Hospital, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

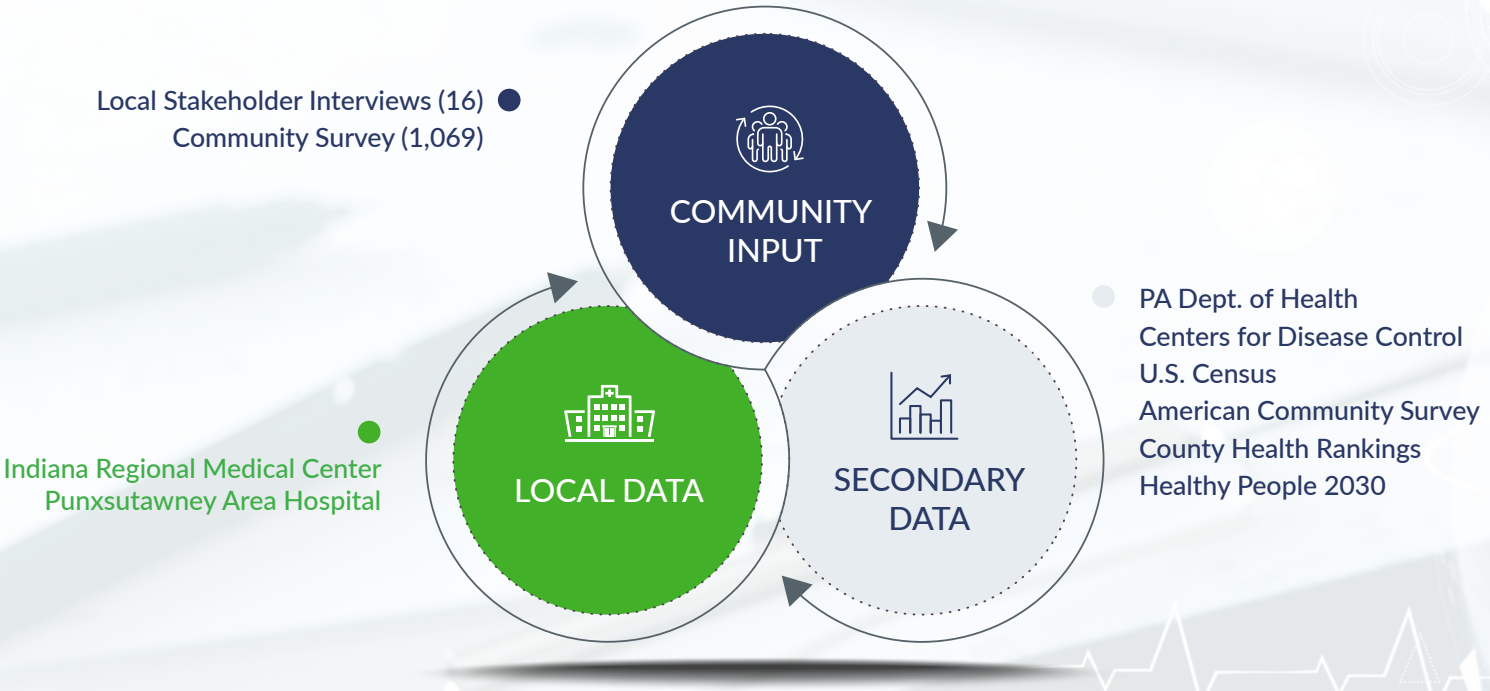
The 2021 IRMC and PAH CHNA was conducted to identify primary health issues, current health status and needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in Figure 1 below.

Figure 1: CHNA Topic Areas



To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called triangulation outlined in Figure 2.

Figure 2: Data Triangulation



Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Pennsylvania Department of Health and the Centers for Disease Control, as well as Healthy People 2030, County Health Rankings, US Census, American Community Survey, and the 2019 PA Youth Survey. Aggregate utilization data was included from IRMC and PAH patient records.

Demographic data was collected from Environics Analytics-Claritas. Primary data collected specifically for this study were based on the primary service areas of Indiana and Jefferson counties. IRMC and PAH collected a total of 1,069 community surveys and conducted 16 stakeholder interviews.

After review and analysis, the data suggested 24 distinct issues, needs and possible priority areas for intervention for the system to address. After prioritization and discussion, the Board of Directors identified 3 needs as the top priorities for intervention and action planning at the system level 3 for IRMC and 5 for PAH. The PMCN Board of Directors approved the CHNA on June 10, 2021.

METHODOLOGY

To guide this assessment, the leadership at IRMC and PAH formed a Steering Committee 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 IRMC and PAH Steering Committee met two times between March 2021 and April 2021 to provide guidance on the various components of the CHNA.

Consistent with IRS guidelines at the time of data collection, IRMC defined its primary service area as Indiana County and PAH defined its primary service area as Jefferson County.

Stakeholder Interviews

The CHNA leadership at IRMC and PAH identified key community stakeholders to participate in a one-on-one interview as part of the CHNA. The CHNA Steering Committee refined the stakeholder list to ensure board community representation. Strategy Solutions, Inc. developed the Stakeholder Interview Guide and created an online data collection tool to help record stakeholder responses. IRMC and PAH staff scheduled and conducted interviews and entered data into the collection tool. As shown below a total of 16 interviews were completed (7 for IRMC's service area and 9 for PAH's service area).

Stakeholder Interviews

IRMC
- Michael Vuckovich, Superintendent of Schools, IASD
- Janine Maust, Director of Aging Services
- Mark Hilliard, Indiana County Chamber of Commerce
- Sherene Hess, County Commissioner
- Vince Mercuri and Megan Miller, Open Door
- Justin Schawl, Chief of Police
- Thomas Stutzman, Director, Indiana County EMA

PAH
- Jon Johnston, Dentist
- Rob McCoy, Director, Punxsutawney Area Community Center
- Ellen Overly, School Nurse, Punxsutawney High School
- Jeff Pisarick, Jack Matson, Herb Bullers, Jefferson County Commissioners
- Tracy Zents, Director, Jefferson County Department of Emergency Services
- Shaun Donald, Teacher, Punxsutawney Area Elementary School
- Susan Ford, SCA, Clearfield and Jefferson
- Lori Fulton, Public Health Nurse, Department of Health

The stakeholder interviews were designed to capture the following information:

- Top community health needs
- Environmental factors driving the needs
- Needs and factors specific to target populations
- Efforts currently underway to address needs
- Advice for the Steering Committee

Community Survey

The community survey was modeled after the survey used in the 2018 CHNA process. The survey was reviewed by the Steering Committee at the March 2021 meeting. The survey was launched on April 1, 2021 and remained open until April 16, 2021. The survey link was sent via email to hospital and physicians' group patients and employees, steering committee members, and posted via several social medial and other digital platforms. Paper copies were also available at select community locations. A total of 1,069 surveys were completed within IRMC and PAH's service area.


VOLUNTEER

DEMOGRAPHICS

The population in Indiana County has been decreasing and is projected to continue to decrease into 2026. The population is predominately Caucasian (94.3%) and there is a comparable number of males (50.1%) and females (49.9%). The median age is 40.2 and is projected to remain steady over the next five years. Just under half of the population is married (47.1%), while 9.1% are divorced and 5.6% are widowed. One in ten residents (9.7%) did not graduate high school, while 42.7% are high school or equivalent graduates. One in ten (11.0%) have an advanced degree. The average household income is $65,781, with a median income of $50,130. Most of the labor force is employed (94.1%), with approximately half of those employed holding white collar occupations (49.2%). Figure 3 below shows the demographics breakdown for Indiana County.

Figure 3: IRMC Demographics

POPULATION

PROJECTED TO DECREASE FROM
83,236 IN 2021 TO 81,414 IN 2026

GENDER

MALE: 50.1%
FEMALE: 49.9%

ETHNICITY

CAUCASIAN: 94.3%
AFRICAN AMERICAN: 2.6%
ANOTHER RACE: 3.1%
HISPANIC/LATINO: 1.5%

AGE

MEDIAN AGE IS 40.2
AND IN 2026 WILL BE 40.4

MARITAL STATUS

MARRIED: 47.1%
SEPARATED: 3.0%
DIVORCED: 9.1%
WIDOWED: 5.6%
NEVER MARRIED: 35.2%

EDUCATION

DID NOT COMPLETE HIGHSCHOOL: 9.7%
HIGHSCHOOL GRADUATE/GED: 42.7%
SOME COLLEGE, NO DEGREE: 14.0%
ASSOCIATES DEGREE: 9.7%
BACHELOR DEGREE: 12.9%
ADVANCED DEGREE: 11.0%

INCOME

AVG HOUSEHOLD INCOME: $65,781
MEDIAN HOUSEHOLD INCOME: $50,130
FAMILIES LIVING IN POVERTY: 7.6%

EMPLOYMENT

EMPLOYED: 94.1%
OVER 16 EMPLOYED 52.0%
OVER 16 UNEMPLOYED: 3.3%
WHITE COLLAR 49.2%

The population in Jefferson County has been decreasing and is projected to continue to decrease into 2026. The population is predominately Caucasian (97.6%) and there is a comparable number of males (49.8%) and females (50.2%). The median age is 44.5 and is projected to remain steady over the next five years. Just over half of the population is married (53.2%), while 11.2% are divorced and 7.2% are widowed. One in ten residents (10.3%) did not graduate high school, while 50.2% are high school or equivalent graduates. A small percentage of the population (5.8%) have an advanced degree. The average household income is $66,266, with a median income of $51,454. Most of the labor force is employed (95.7%), with just under half of those employed holding white collar occupations (44.3%). Figure 4 below shows the demographics breakdown for Jefferson County.

Figure 4: PAH Demographics

POPULATION

PROJECTED TO DECREASE FROM
43,090 IN 2021 TO 42,386 IN 2026

GENDER

MALE: 49.8%
FEMALE: 50.2%

ETHNICITY

CAUCASIAN: 97.6%
AFRICAN AMERICAN:0.6%
ANOTHER RACE: 1.8%
HISPANIC/LATINO: 1.1%

AGE

MEDIAN AGE IS 44.5
AND IN 2026 WILL BE 44.7

MARITAL STATUS

MARRIED: 53.2%
SEPARATED: 3.5%
DIVORCED: 11.2%
WIDOWED: 7.2%
NEVER MARRIED: 24.9%

EDUCATION

DID NOT COMPLETE HIGHSCHOOL: 10.3%
HIGHSCHOOL GRADUATE/GED: 50.2%
SOME COLLEGE, NO DEGREE: 13.4%
ASSOCIATES DEGREE: 9.8%
BACHELOR DEGREE: 10.6%
ADVANCED DEGREE: 5.8%

INCOME

AVG HOUSEHOLD INCOME: $66,266
MEDIAN HOUSEHOLD INCOME: $51,454
FAMILIES LIVING IN POVERTY: 9.9%

EMPLOYMENT

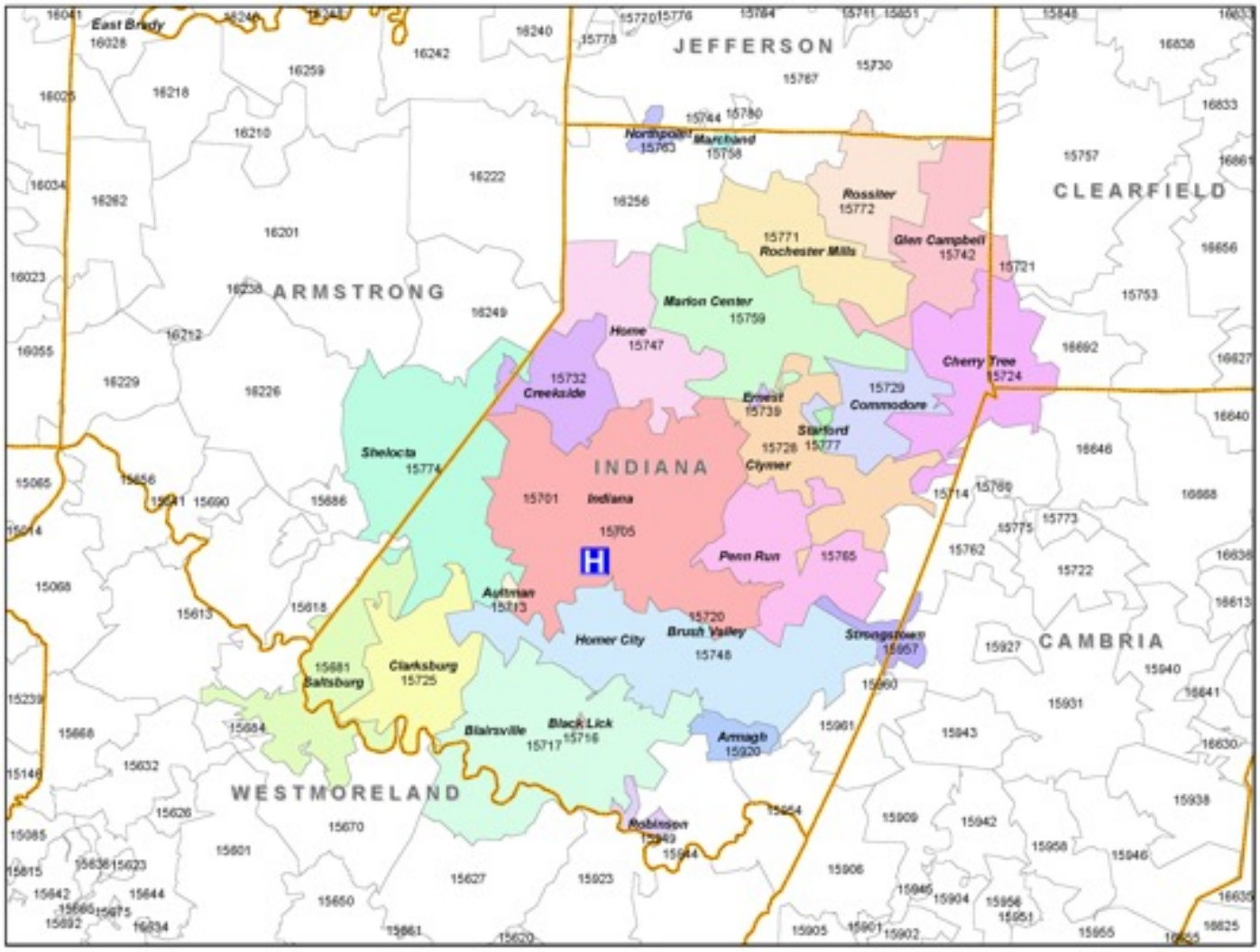
EMPLOYED: 95.7%
OVER 16 EMPLOYED 55.5%
OVER 16 UNEMPLOYED: 2.5%
WHITE COLLAR 44.3%

PRIMARY SERVICE AREA

Indiana Regional Medical Center

IRMC's primary service area covers Indiana County. The primary service area map depicting the zip codes serviced by the hospital is shown in Figure 5 below.

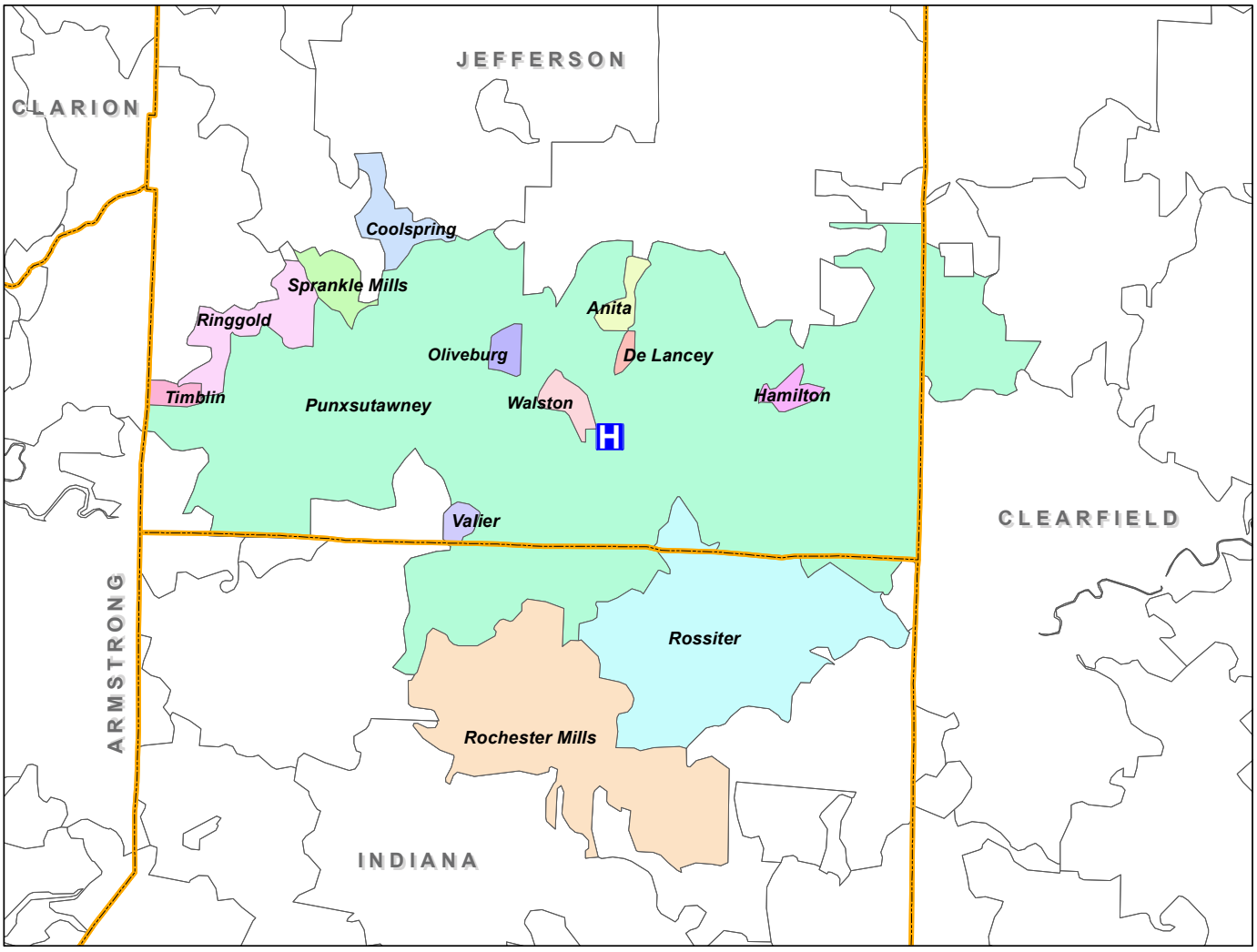
Figure 5: IRMC Primary Service Area



Punxsutawney Area Hospital

PAH's primary service area covers Jefferson County. The primary service area map depicting the zip codes serviced by the hospital is shown in Figure 6 below.

Figure 6: PAH Primary Service Area



COMMUNITY & HOSPITAL RESOURCES

Resources that are available in IRMC's service area to respond to the significant health needs of the community can be found in the United Way's PA 2-1-1 System. The PA 2-1-1 System is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services-for everyday needs and in crisis situations. Residents can search the United Way's vast database of services and providers to find the help they need. Figure 7 below shows the number of resources available within a 50 mile radius of IRMC's zip code (15701) per service category. For a complete listing of available resources, please visit https://www.pa211.org/.

Figure 7: PA 2-1-1 Service Category Breakdown for 50 Mile Radius of IRMC

IRMC SERVICES:

Behavioral Health
Cancer Care
Cardiac and Vascular Care
Comprehensive Breast Center
Corporate Wellness
Dermatology
Diabetes and Nutrition
Emergency Department
Foot and Ankle Surgery (Podiatry)
Gastroenterology
Hospitalists
Imaging
Infectious Diseases
Infusion Services
Intensive Care Unit
Laboratory
Maternity Care
Neurology
OB-GYN
Occupational Health
Orthopedics
Palliative Care
Primary Care
Pulmonology
Rehabilitation
Rheumatology
Sleep Medicine
Spine and Pain Management
Sports Medicine
Surgical Services
Telemedicine
UrgiCare
Urology
Weight Management
Wellness Center
Wound Care


Welcome To IRMC Main
EXIT
PARKING
PARKING
INDIANA
REGIONAL MEDICAL CENTER

Resources that are available in PAH's service area to respond to the significant health needs of the community can be found in the United Way's PA 2-1-1 System. The PA 2-1-1 System is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services-for everyday needs and in crisis situations. Residents can search the United Way's vast database of services and providers to find the help they need. Figure 8 below shows the number of resources available within a 50 mile radius of PAH's zip code (15767) per service category. For a complete listing of available resources, please visit https://www.pa211.org/.

Figure 8: PA 2-1-1 Service Category Breakdown for 50 Mile Radius of PAH

PAH SERVICES:

Cancer Care
Cardiology
Cardiopulmonary
Clinical Nutrition
Counseling Services
Discharge Planning
Emergency Services
Expecting You
Home Health Care
Hospitalists
Imaging/ Radiology
Intensive Care Unit
Laboratory
Medical Outpatient
Clinic
Medical Surgical Unit
Neurology
Pain Management
Pharmacy
Primary Care
Pulmonology
Radiology
Rapid Care
Rehabilitation
Short Procedure Unit & Surgical Services
Transitional Care Services
Urology


PUNXSUTAWNEY AREA HOSPITAL

EVALUATION

Indiana Regional Medical Center

IRMC conducted an evaluation of the implementation strategies undertaken since the completion of their 2018 CHNA. Although the status for most county level indicators did not move substantially, it is clear IRMC is working to improve the health of the community. Figure 9 below highlights the areas of major accomplishments that the hospital made in each of the three goals that were outlined in their implementation strategy action plan. It is important to note that IRMC's ability to implement several activities in its implementation strategy action plan were limited due to Covid-19 restrictions during 2020 and 2021. Data included in the summary below is for the full year for Years 1 and 2 and only the first 6 months for Year 3.

Figure 9: IRMC Major Accomplishments

GOAL ONE

- Over 2,000 hospital employees and employees from corporate partners participating in BeWell corporate wellness program with close to 30 area employers also participating
- Over 800 employees have participated in various challenges with over 31,000 miles walked collectively and an average of 7.2 pounds lost per participant
- IRMC provided a total of 2,518 health coaching sessions
- Provided 1,676 lipids and 3,289 biometric screenings
- 575 individuals who participated in the Diabetes Self-Management series with 98% reporting they feel better able to handle their diabetes and know where to find support
- 708 individuals with diabetes participated in Medical Nutrition Therapy and nutrition counseling, with 85% reporting an improvement in eating habits

GOAL TWO

- Hosted 24 outreach events for women regarding breast cancer, with 329 women receiving a screening
- The Patient Navigator saw 169 patients and made 407 referrals
- There were 65 participants in the educational programs offered by the Patient Navigator
- IRMC provided: 13,390 Pap Tests; 5,716 PSA Screenings; 3,908 Colonoscopies and 198 low dose CT scans reporting an improvement in eating habits

GOAL THREE

- Collaboration has been recognized as the model for Pennsylvania with visits by the CDC, John Hopkins, Bloomberg Philanthropy Group, Governor Wolf and Philadelphia Inquirer
- Fatal overdoses have been reduced in the community, with 72 fatal overdoses in 3 years compared to 53 in a single year back in 2016
- On average, 94% of those who meet with ARMOT enter Drug and Alcohol treatment
- Distributed over 500 Naloxone kits have been distributed and held 57 educational training and events
- A total of 119 patients directly entered substance use treatment

The following is a more detailed summary of the work IRMC has done related to its implementation strategy.

Goal 1: Improve Health Status through Chronic Disease and Care Management Across the Continuum by Increasing Participation in Education and Wellness, Focusing on Overweight/ Obesity, Diabetes, Breast and Lung Cancer, Cardiovascular Disease and Stroke

IRCM continues to offer its BeWell Program to hospital employees and corporate partners, with close to 2,000 employees participating. IRMC was also able to transition its online portal from OneCommunity to WellRight. Over the 3 years, IRMC has posted 114 wellness challenges to employees with over 800 employees participating. Collectively, employees have walked over 31,000 miles, with an average weight loss of 7.2 pounds.

IRMC continues to reach out to area employers to promote the BeWell Program with close to 30 employers participating. IRMC was able to offer 34 educational sessions and provided 2,518 health coaching sessions.

The BeWell Program also provides education and screenings, reaching the following numbers: 1,676 lipids and 3,289 biometric screenings. All of the individuals with abnormal results were referred to a primary care physician.

IRMC was limited in its ability to offer community education due to Covid-19. There were a total of 575 individuals who participated in the Diabetes Self-Management series with 98% reporting they feel better able to handle their diabetes and know where to find support. There were 708 individuals with diabetes who participated in Medical Nutrition Therapy and nutrition counseling, with 85% reporting an improvement in eating habits. Over 6,000 educational placements were distributed. IRMC offered 2,341 hospital consults for patients with a primary or secondary diagnosis of diabetes.

Goal 2: Increase Awareness and Outreach for Preventable Care and Access to Health, including Community Health Screenings

IRMC was able to host 24 outreach events for women regarding breast cancer, with 329 women receiving a screening. Screenings did refer 19 women for diagnostic testing. A total of 129 PCPs received standard practice for receiving a mammogram education. The Patient Navigator saw 169 patients and made 407 referrals. There were 65 participants in the educational programs offered by the Patient Navigator.

IRMC continued to make preventative screenings available throughout the community offering the following: 13,390 Pap Tests; 5,716 PSA Screenings; 3,908 Colonoscopies and 198 low dose CT scans.

Goal 3: Decrease Drug and Alcohol Use in Indiana County by Collaborating with the Armstrong-Indiana-Clarion Drug & Alcohol Commission on Prevention, Education and Intervention Strategies

IRMC has continued to partner with the Armstrong-Indiana-Clarion Drug and Alcohol Commission and the Addiction Recovery Mobile Outreach Team and Overdose Task Force (ARMOT) to address substance use. This collaborative has been recognized as the model for Pennsylvania with visits by the CDC, John Hopkins, Bloomberg Philanthropy Group, Governor Wolf and Philadelphia Inquirer. Representatives also did a speaking engagement at the DTAP Conference. Fatal overdoses have been reduced in the community, with 72 fatal overdoses in 3 years compared to 53 in a single year back in 2016.

The warm handoff continues to be a success with, on average, 94% of those who meet with ARMOT entering Drug and Alcohol treatment. Over 500 Naloxone kits have been distributed and 57 educational training and events were held.

IRMC developed policies and protocols in the Emergency Department to be able to distribute Naloxone kits to patients and/or families as well as provide suboxone. Patients receiving suboxone (18) or buprenorphine (10) were referred to Open Door of ARMOT. A total of 119 patients directly entered substance use treatment.

Ongoing informal education continues to occur for IRMC staff done by ARMOT staff with all new IRMC employees trained about substance use disorder treatment and the ARMOT program during orientation. IRMC website was also designed to provide education on the opioid epidemic and treatment opportunities in the area.

Punxsutawney Area Hospital

PAH conducted an evaluation of the implementation strategies undertaken since the completion of their 2018 CHNA. Although the status for most county level indicators did not move substantially, it is clear PAH is working to improve the health of the community. Figure 10 below highlights the areas of major accomplishments that the hospital made in each of the five goals that were outlined in their implementation strategy action plan. It is important to note that PAH's ability to implement several activities in its implementation strategy action plan were limited due to Covid-19 restrictions during 2020 and 2021.

Figure 10: PAH Major Accomplishments

GOAL ONE

- Operationalized Rapid Care walk-in clinic with expanded evening and weekend hours to meet the needs of the community
- Continued to collaborate with local school district, chamber and businesses
- Wellness program was delayed due to Covid but had approximately 10% of PAH employees participating
- Occupational Health services expanded to include 8 local businesses

GOAL TWO

- Implemented comprehensive vaccine clinics which have provided over 4,700 Covid-19 vaccines
- New tracking system coming online in 2021 to track the usage of providers in the community that are directly related to our community health efforts and if the community health educational efforts are showing results
- Continued to participate in community events and outreach initiatives to offer education and screenings to residents

GOAL THREE

- Expanded cardiology service line at PAH
- Developed transformational plan designed to reduce readmissions through chronic care management

GOAL FOUR

- Developed collaborative partnerships in the community to improve service delivery
- Updated hospital webpage to include links to state and national resources
- Working collaboratively with the PA Department of Health to potentially offer a medical clearance detox program

GOAL FIVE

- Received telehealth grant and are currently in implementation phase focused on telehealth related to neurology, behavioral health, opioids and overall health education
- During Covid was able to provide telehealth services for Rapid Care, neurology, urology and primary care

The following is a more detailed summary of the work PAH has done related to its implementation strategy.

Goal 1. Reduce obesity in the community through an increase in physical activity and other wellness/prevention strategies.

In an effort to increase access Rapid Care was operationalized in April 2020. Rapid Care is a walk-In clinic that offers telehealth visits, occupational health, employee health, monoclonal antibody therapy, and general care. Its hours are 8 a.m. to 8 p.m. daily and Sunday's Noon- 8 p.m. Occupational Health was added as an offering through Rapid Care to expand needs to local business and the provision of services to PAH staff through employee health.

PAH began to lay the groundwork to offer a workplace wellness program that would be available to PAH employees with plans to expand to local employers. Unfortunately, Covid delayed the ability to fully implement the wellness and weight loss program. Approximately 10% of PAH staff had been participating in the program. Additionally, 8 local employers were also planning to extend Occupational Health services to their employees.

PAH has continued to collaborate with Punxsutawney School District related to student health and health education. PAH worked with the district athletic trainer to align objectives for student athletes. They also explored providing school physicals and lab testing. Most recently, PAH participated on the committee to develop the school district comprehensive plan. PAH and the district are currently reviewing a contract to hire an athletic trainer to work in conjunction with the school district.

PAH plans to expand the reach of Rapid Care to other businesses. PAH has worked with the Punxsutawney Chamber of Commerce to identify local business to reach out to for inclusion in the Rapid Care program. PAH also participates with both the chamber and North Central CEDS committee to identify health and wellness needs of area employers. In May or 2020, PAH hosted a virtual Covid-19 Guidance meeting for employers to discuss testing options and other Covid related information. Expansion of the program to local employers was delayed due to Covid.

PAH offers educational programming and screening throughout the community. In 2020, PAH hired an employee to establish screening and align RHM transformation plan and CHNA planning activities. A review of Healthy People 2030 Goals occurred and where applicable was rolled into the transformation plan. Community education programs and screening events were postponed due to Covid.

Goal 2. Improve preventative care/screenings and educate the community regarding infectious and chronic disease to impact population health.

In 2019, over 90% of PAH employees, medical staff and volunteers had received the flu shot. As a result of Covid-19, scheduled flu shot clinics were cancelled. PAH was able to pivot and held multiple Covid-19 Comprehensive Vaccine Clinics resulting in over 4,700 vaccines given in the community.

In 2019, PAH was able to hold CPR trainings that were open to the public as well as those scheduled with private industries in the area. In 2020, PAH looked to hire a dedicated staff to do education and trainings to meet the needs of the community. CPR and First Aid trainings were postponed for much of 2020 and early 2021 due to Covid-19 restrictions.

PAH updated its website in 2019, which included information on Lyme Disease. Additional information related to Lyme Disease was sent via email as well as available at the Festival in the Park. In 2021, PAH will attend the Festival in the Park to continue to focus on Lyme Disease education and prevention. Heart disease will also be a focus as well as the Rapid Care services.

PAH was able to offer interactive health screening programs in 2019 and 2020. The program was able to transition to a virtual Health Fair for Women during Covid which was available and accessible to the community for 3 months. Presenters included various clinicians providing information on various topics. In person screenings were postponed due to Covid.

Colorectal and skin screenings continue in fall of 2019 but were then postponed due to Covid. PAH began conducting an annual multi-phasic blood screening program in 2019, with testing delayed in subsequent years due to Covid. PAH is onboarding a new tracking system that will roll out summer 2021 with the blood screening program. PAH also offered annual blood screenings for physicians with outreach completed in 2019 and 2020 and targeted for summer 2021.

PAH continued to offer blood pressure screenings, glucose screenings and cholesterol testing as well as other educational opportunities throughout the week of the annual Groundhog Festival.

Goal 3. Increase awareness and prevention of Cardiovascular Disease (heart disease, cholesterol, etc.)

PAH implement discharge planning for high-risk patients where they are scheduled for a follow up with their primary care provider within 7 days of hospital discharge and receive a follow up call 72 hours after discharge to review med management and any at home needs. This was intended to reduce hospital readmissions through better chronic care management. For all 3 years, PAH has met and exceeded its goal to reduce overall readmission rate to less than 14% and COPD readmission rate to 12%. PAH also sought to decrease readmission rates in the Transitional Care Program. The program was closed for a portion of time in 2020 and 2021 to accommodate the Covid patient area.

PAH will provide supplemental information to patients, including blood pressures, heart disease screening questionnaire, provision of nutritional information during an annual community blood screening. Information was distributed to participants in 2019, with the program postponed in 2020 due to Covid, with hopes of resuming summer 2021. During this year's event a new framework will be in place to better track and monitor participants.

PAH began promoting the Congestive Heart Failure Clinic in 2019. The clinic was operational in 2020. A brochure and marketing plan were created in 2021 to market the expansion of services to include Cardiology at PAH. PAH continues to maintain a relationship with the American Heart Association to identify opportunities to collaborate and support regional and national initiatives.

Goal 4. Position the hospital and community to respond to the National Opioid Crisis by using evidence based practices and research while partnering to ensure efficacy.

PAH established partnerships with several community groups and organizations such as rotary, the school district, chamber and local government. PAH has been meeting with the Pennsylvania Department of Health to explore a medical clearance detox program, with final decision anticipated July 2021.

PAH updated its website in 2019 and included links to state and national resources. PAH worked with state partners to established new services for patients suffering from addiction. In May 2021, PAH met with Spirit Life Leadership and the Jefferson County Commissioners to continue to discuss collaborative opportunities in an effort to improve service delivery. PAH continues to bring physicians together to develop addiction services programs and enhancements.

Goal 5. Explore tele health/tele medicine to improve access to care issues for rural residents.

PAH has evaluated funding opportunities to implement telemedicine throughout the PA Mountain Care Network. They were successfully awarded a grant and are currently in the implementation phase. This grant is evaluating telehealth opportunities for Neurology, Behavior Health, and Opioid.

Throughout the pandemic, PAH was able to continue to provide services via telehealth for Rapid Care, Neurology, Urology and Primary Care.

PAH along with the PA Mountains Care Network evaluated telestroke program and telepsychiatry initiative with regional partners and determined it would not meet the needs of the hospital.

HOSPITAL UTILIZATION DATA

Indiana Regional Medical Center

As seen in Table 1 from 2018 through 2020, hospital ER discharges for ambulatory care sensitive conditions for IRMC increased for: vaccine preventable conditions, iron deficiency anemia, severe ear, nose and throat infections, and diabetes without complications.

For the same time period, hospital ER and/or inpatient discharges for mental health for IRMC, as seen in Table 2, increased for: alcohol related, bipolar, conduct/social disturbance, depression, drug related, emotional disorders youth, mental retardation, other organic psych conditions, personality disorders, stress related and transient organic psych conditions.

Table 3 shows that from 2018 to 2020, hospital DRG conditions for IRMC increased for: pneumonia, bronchitis/asthma, fracture and behavioral health.

It is important to note that portions of the 2018 data below was reported through Meditech while portions of 2018 and all of 2019 and 2020 was reported through Cerner.

Table 1: Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions – ER Only			
Preventable Conditions	**2018**	**2019**	**2020**
Failure to Thrive	0	0	0
Dental Conditions	198	243	126
Vaccine Preventable Conditions	0	3	2
Iron Deficiency Anemia	4	14	10
Acute Conditions	**2018**	**2019**	**2020**
Bacterial Pneumonia	95	53	11
Cellulitis	58	96	41
Convulsions	64	120	48
Dehydration	15	17	5
Gastroenteritis	57	144	41
Hypoglycemia	15	28	13
Kidney/Urinary Infection	209	608	206
Pelvic Inflammatory Disease	5	16	5
Severe Ear, Nose and Throat Infections	319	860	638
Chronic Conditions	**2018**	**2019**	**2020**
Angina	11	11	3
Asthma	280	280	123
COPD	206	432	129
Congestive Heart Failure	123	61	35
Diabetes with Ketoacidosis	89	96	27
Diabetes with other complications	113	140	42
Diabetes without complications	122	774	236
Grand Mall/Epileptic	58	48	13
Hypertension	460	267	111

Source: Indiana Regional Medical Center, 2021

Table 2: Mental Health ICD-9 and ICD-10 Codes

Mental Health ICD-9 and ICD-10 Codes						
Code	2018 ER	2018 IN	2019 ER	2019 IN	2020 ER	2020 IN
Adjustment related	56	58	94	106	28	57
Alcohol Related	94	135	423	198	147	78
Anxiety	393	744	771	867	412	307
Bipolar	48	195	191	230	104	95
Conduct/Social Disturbance	49	15	142	28	55	11
Dementia	62	273	157	507	40	189
Depression	242	511	466	697	264	238
Drug Related	149	155	321	239	153	107
Eating Disorders	2	6	7	7	2	4
Emotional Disorders Youth	19	4	26	2	28	4
Manic Disorders	1	0	1	5	0	0
Mental Retardation	19	69	72	66	20	21
Other org psych conditions	4	44	32	119	16	54
Paranoia/Psychosis	71	65	134	100	45	50
Personality Disorders	13	46	31	16	21	18
Psychogenic Disorders	20	6	0	16	3	3
Schizophrenia	27	51	58	97	22	30
Sleep Disorders	3	4	2	9	0	3
Stress Related	22	29	113	43	29	11
Transient Organic Psychotic Conditions	0	63	1	155	1	53

Source: Indiana Regional Medical Center, 2021

Table 3: Hospital Inpatient Conditions

Hospital Inpatient Conditions			
Diagnosis Related Groups	2018	2019	2020
Hypertension	5	10	4
CHF	91	208	88
Breast Cancer	1	1	0
Cancer	7	13	6
Pneumonia	66	178	86
Complications Baby	14	0	0
Bronchitis/Asthma	25	51	28
Alcohol/Drug Abuse	16	56	10
COPD	52	101	35
Fracture	6	21	9
Behavioral Health	31	268	103
No DRG	0	0	0
Other DRG	2,288	0	0

Source: Indiana Regional Medical Center, 2021

Punxsutawney Area Hospital

As seen in Table 4 from 2018 through 2020, hospital ER discharges for ambulatory care sensitive conditions for PAH increased for: pelvic inflammatory disease, COPD and diabetes with ketoacidosis.

For the same time period, hospital ER and/or inpatient discharges for mental health for PAH, as seen in Table 5, increased for: adjustment related, anxiety, conduct/social disturbance, dementia, depression, emotional disorders youth, mental retardation, schizophrenia, stress related and transient organic psychotic.

Table 6 shows that from 2018 to 2020, hospital DRG conditions for PAH increased for: complications baby.

Table 4: Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions – ER Only			
Preventable Conditions	**2018**	**2019**	**2020**
Failure to Thrive	0	0	0
Dental Conditions	146	106	111
Vaccine Preventable Conditions	1	5	0
Iron Deficiency Anemia	6	5	3
Acute Conditions	**2018**	**2019**	**2020**
Bacterial Pneumonia	64	99	2
Cellulitis	61	42	53
Convulsions	34	46	33
Dehydration	0	0	0
Gasteroenteritis	213	228	104
Hypoglycemia	8	7	3
Kidney/Urinary Infection	216	199	170
Pelvic Inflammatory Disease	2	1	3
Severe Ear, Nose and Throat Infections	484	531	325
Chronic Conditions	**2018**	**2019**	**2020**
Angina	7	3	6
Asthma	117	127	117
COPD	79	89	90
Congestive Heart Failure	19	21	19
Diabetes with Ketoacidosis	26	27	29
Diabetes with other complications	36	40	34
Diabetes without complications	31	32	30
Grand Mall/Epileptic	21	19	12
Hypertension	81	75	54

Source: Punxsutawney Area Hospital, 2021

Table 5: Mental Health ICD-9 and ICD-10 Codes

Mental Health ICD-9 and ICD-10 Codes						
Code	2018 ER	2018 IN	2019 ER	2019 IN	2020 ER	2020 IN
Adjustment related	25	11	23	8	11	12
Alcohol Related	25	31	21	25	15	23
Anxiety	593	224	761	229	698	156
Bipolar	127	39	156	39	124	28
Conduct/Social Disturbance	19	3	11	0	7	5
Dementia	62	138	100	142	76	108
Depression	346	188	427	240	390	158
Drug Related	1,707	106	1,606	77	751	25
Eating Disorders	2	0	0	0	0	0
Emotional Disorders Youth	2	0	8	0	5	0
Manic Disorders	0	0	0	0	0	0
Mental Retardation	12	14	9	11	22	15
Other org psych conditions	12	60	9	45	4	15
Paranoia/Psychosis	17	8	22	10	17	4
Personality Disorders	3	1	6	2	2	1
Psychogenic Disorders	3	0	5	0	1	1
Schizophrenia	31	23	63	21	31	24
Sleep Disorders	0	1	2	0	0	0
Stress Related	18	2	32	2	17	5
Transient Organic Psychotic Conditions	1	0	1	9	0	6

Source: Punxsutawney Area Hospital, 2021

Table 6: Hospital Inpatient Conditions

Hospital Inpatient Conditions			
Diagnosis Related Groups	2018	2019	2020
Hypertension	3	1	1
CHF	37	46	35
Breast Cancer	0	3	0
Cancer	27	10	7
Pneumonia	103	98	78
Complications Baby	41	31	75
Bronchitis/Asthma < 18	2	0	0
Bronchitis/Asthma > 18	4	11	4
Alcohol/Drug Abuse	3	6	3
COPD	25	37	16
Fracture	12	15	10
Behavioral Health	1	4	1
No DRG	0	0	0
Other DRG	1,236	998	1,042

Source: Punxsutawney Area Hospital, 2021

2,234 HOSPITAL ADMISSIONS

111

31,124 VACCINES ADMINISTERED

4,800

COVID-19 RESPONSE

IRMC and PAH have lived through a historic time on the front lines of health care over the past year. Despite the challenges of the last year, the hospitals together have persevered. IRMC and PAH continued to provide care and compassion to those that served with the new challenge of keeping everyone safe while also caring for Covid-19 patients. Many in the community looked to the local hospital for education, guidance and support during these uncertain times. The hospitals responded by offering clinics, testing sites, vaccinations as well as community education and outreach. As IRMC and PAH move into the next several years they will continue to support the ever changing health needs of the community.

Indiana Regional Medical Center

IRMC was able to respond to the Covid-19 pandemic offering critical care, testing, vaccinations and education. IRMC was able to accomplish the following throughout the pandemic:

- Quickly implemented Covid-19 testing in partnership with Indiana University of PA to provide daily drive through testing with timely test results
- Successfully screened over 32,000 patients per month for Covid-19 at IRMC entrances
- Conducted monthly Covid-19 updates to the public in partnership with Renda Broadcasting's Indiana in the Morning Show
- Chief Medical Officer gave regular Covid-19 updates to members of the Indiana County Chamber of Commerce
- Consulted with several area school districts to implement Covid-19 Health and Safety Plans
- Provided informational and educational Covid-19 updates to the community via IRMC website, patient newsletters, social media, print and radio advertising
- Successfully administered 31,142 Covid-19 vaccines to Indiana and surrounding counties at various locations including rural areas
- Partnered with area school district to offer vaccinations to students
- Created an area for Covid-19 positive patients to receive outpatient testing

Punxsutawney Area Hospital

PAH was able to respond to the Covid-19 pandemic offering critical care, testing, vaccinations and education. PAH was able to accomplish the following throughout the pandemic:

- Successfully conducted employee and Phase 1a Clinics
- Successfully conducted first responder Vaccine Clinics
- Successfully conducted a mass vaccine clinic for the community working in conjunction with the Jefferson County Commissioners, Punxsutawney Area School District, Punxsutawney Borough, Jefferson County EMS, PA State Police
- Provided opportunities for local businesses to learn about testing by hosting Zoom Meetings
- Provided educational and informational updates for community by using website, mass email, social media, print and radio advertising
- Successfully established a monoclonal antibody treatment program
- Successfully established a program in Primary Care to address Post Covid Patients or 'Long Haulers'
- Created a video to promote the Post Covid Patient Program

HEALTH STATUS

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.

WHERE WE ARE MAKING A DIFFERENCE

No areas were prevalent from the secondary data.

WHERE THERE ARE OPPORTUNITIES

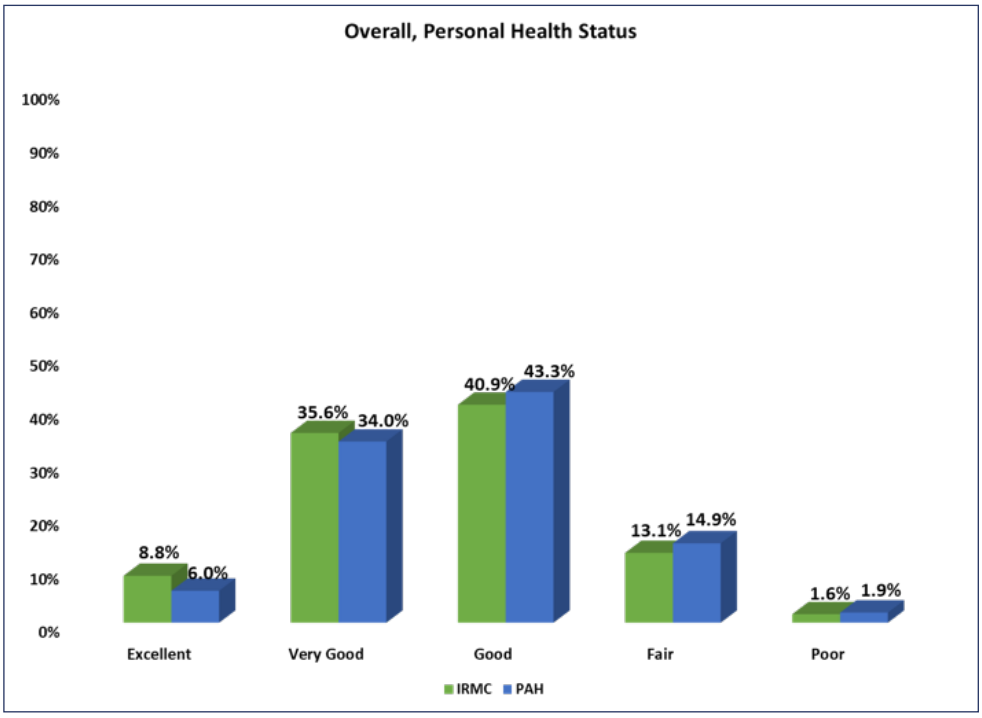
The percentage of adults who reported their health as fair or poor for years 2017-2019 was higher in the combined counties of Indiana, Cambria, Somerset and Armstrong (22.0%) when compared to the state (19.0%) and nation (18.2%) in 2019. The percentage was also higher in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (25.0%) during the same time.

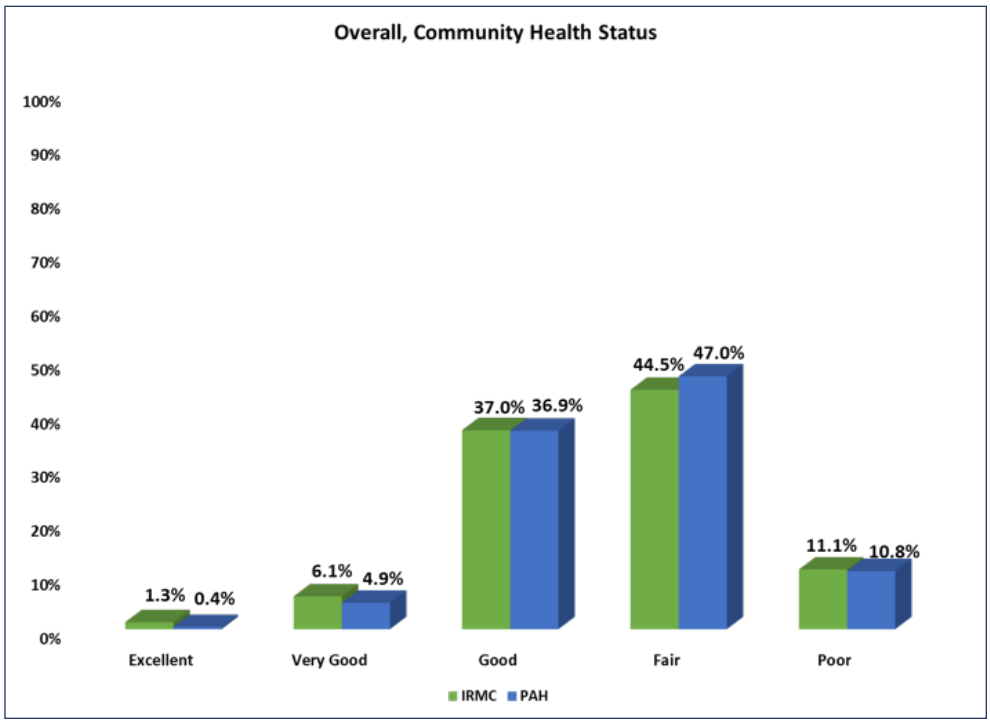
During the same time for the combined counties, a higher percentage of adults reported their physical health as not good (43.0%) when compared to the state (39.0%) and nation (37.2%).

The percentage of adults who report poor physical or mental health prevented them from doing usual activities in the past month has been increasing in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren between 2011-2013 (19.0%) and 2017-2019 (29.0%) and in 2019 was higher than the state (25.0%).

WHAT THE COMMUNITY IS SAYING

Community survey were more likely to rate their personal health as good, very good, or excellent in both IRMC (85.3%) and PAH's (83.3%) service areas than the overall IRMC (44.4%) and PAH (42.2%) communities.





A few stakeholders from IRMC noted that the community is predominantly an older population who are more prone to negative health outcomes.

ACCESS TO
QUALITY HEALTHCARE

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, employment and affordability; education; transportation and location; community; and quality and availability of providers all affect access.

WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults ages 18-64 who do not have health insurance in the combined counties of Indiana, Cambria, Somerset and Armstrong has decreased from 15.0% in 2011-2013 to 8.0% in 2017-2019. In 2019, this was just below the state (9.0%) and was lower than the nation (11.0%). The percentage of adults who do not have health insurance also decreased in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren from 17.0% in 2011-2013 to 10.0% in 2017-2019. The percentage in the combined counties of Indiana, Cambria, Somerset, and Armstrong that do not have a personal health care provider (14.0%) exceeded the Healthy People 2030 Goal (16.0%) in 2017-2019.

The percentage of adults who have had a routine check-up within the past 2 years has increased in the combined counties of Indiana, Cambria, Somerset and Armstrong from 83.0% in 2011-2013 to 89.0% in 2017-2019. During the same timeframe, the percentage also increased in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (84.0% to 86.0%). The percentage in these same combined counties that do not have a personal health care provider (12.0%) exceeded the Healthy People 2030 Goal (16.0%) in 2017-2019.

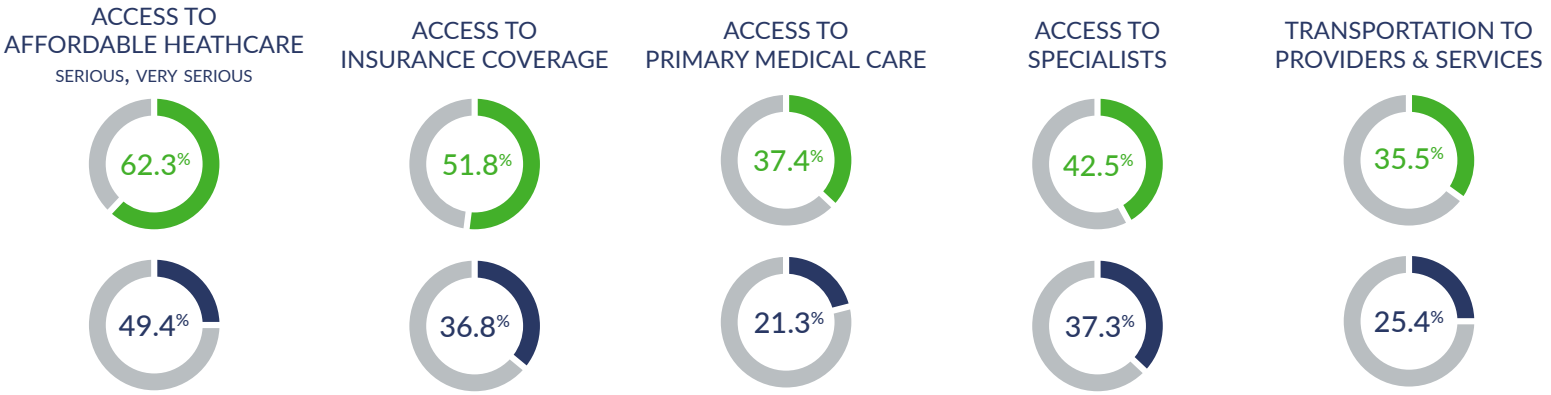
WHERE THERE ARE OPPORTUNITIES

The percentage of adults who do not have a personal health care provider has increased from 11.0% in 2011-2013 to 14.0% in 2017-2019 in the combined counties of Indiana, Cambria, Somerset and Armstrong. In 2017-2019, the percentage of adults age 18-64 in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren who do not have health insurance (10.0%) was above the Healthy People 2030 Goal of 7.9%.

WHAT THE COMMUNITY IS SAYING

The majority of community survey respondents from IRMC (81.8%) and PAH (82.2%) service areas have had a routine physical in the past year. Most have also had their blood cholesterol checked within the past year (IRMC: 76.9%, PAH: 70.3%). Approximately half of the respondents who should be receiving preventative screenings are. Of the respondents to the community survey who are males ages 55 and older, 58.0% of those in IRMC's service area and 55.8% in PAH's service area had received a PSA Test in the past year. When looking at female respondents ages 40 and older, 66.2% of those in IRMC's service area and 61.6% in PAH's service area have had a mammogram in the past year. For woman ages 25 and older, 52.4% (IRMC) and 41.7% (PAH) had received a pap test within the past year.

Access to affordable health care was identified as a serious or very serious problem by 62.3% of community survey respondents from IRMC's service area and 49.4% of the respondents from PAH's service area. Access to insurance coverage was identified as a problem by 51.8% of respondents from IRMC's service area and 36.8% for PAH. Access to primary medical care providers (IRMC: 37.4%, PAH: 21.3%) and access to specialists (IRMC: 42.5%, PAH: 37.3%) were also identified as problems. Transportation to medical providers and services were also identified as a problem by 35.5% of respondents from IRMC and 25.4% of respondents from PAH.



Stakeholders from IRMC's service area talked about the need for transportation for both medical and mental health care related services. They also talked about the potential barriers created by the lack of technology. While telehealth can help open up access, for those without the technology or broadband they are still unable to access these services. One stakeholder also noted the challenges identified during the Covid-19 pandemic due to not having a county health department to address the health care needs of the community. Another noted that access to health care is difficult for people in minority communities or communities that are in remote areas. One stakeholder talked about the fear people have accessing health care – possibly the fear of being stigmatized or fear of the diagnosis.

A few stakeholders from PAH's service area noted that resources are available in the community but they are not being utilized. Another noted that the fact the community is rural drives the health needs of the community. The need for preventative dental care was identified by one of the stakeholders. A few also noted that the population is aging and technology can be a barrier when it comes to accessing telehealth services. One stakeholder spoke to the need for access to free or low-cost health care as a challenge in the community. The lack of transportation was also noted as a barrier to care by a few stakeholders.

CHRONIC DISEASE

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

WHERE WE ARE MAKING A DIFFERENCE

CANCER

In 2018, the breast cancer incidence rate per 100,000 was significantly lower in Indiana County (96.3) when compared to the state (129.8) and was lower compared to the nation (125.1). Although not significantly lower, the incidence rate in Jefferson County (116.0) was also lower when compared to both the state and nation. The breast cancer mortality rate per 100,000 decreased in Indiana County from 30.1 in 2011 to 16.6 in 2019.

In 2018, the bronchus and lung cancer incidence rate per 100,000 in Indiana County (40.6) was significantly lower when compared to the state (59.9). In 2019, the bronchus and lung cancer mortality rate per 100,000 was also lower in Indiana County (28.4) when compared to the state (35.8).

In 2018, the colorectal cancer incidence rate per 100,000 in Jefferson County (30.8) was lower when compared to both the state (37.3) and nation (36.8). This rate has also decreased from 49.8 in 2011. The colorectal cancer mortality rate per 100,000 has decreased in Indiana County from 24.2 in 2011 to 11.3 in 2019, which was lower than the state (13.0) and nation (13.5).

The prostate cancer incidence rate per 100,000 has decreased from 116.1 in 2011 to 67.9 in 2018, which was significantly lower when compared to the state (103.0) as well as lower than the nation (106.5). The incidence rate also decreased in Jefferson County from 175.1 to 107.0 during the same timeframe.

HEART RELATED

The heart disease mortality rate per 100,000 has decreased in Indiana County from 160.1 in 2011 to 154.8 in 2019, which was lower when compared to the state (172.7). The rate also decreased in Jefferson County during this time from 180.4 to 177.9, although remained higher than the state.

The heart failure mortality rate per 100,000 has increased in Indiana County from 13.1 in 2011 to 19.7 in 2019, although the rate was lower when compared to the state (26.1).

The coronary heart disease mortality rate per 100,000 has decreased in Indiana County from 104.6 in 2011 to 97.0 in 2019, which was lower compared to the state (102.3). During this timeframe, the rate also decreased in Jefferson County from 104.4 to 91.7, which was also lower than the state.

In Indiana County, the cardiovascular mortality rate per 100,000 decreased from 211.0 in 2011 to 206.4 in 2019, which was lower than the state 220.4. The rate also decreased in Jefferson County during this same timeframe from 261.3 to 231.0, although the rate remained higher than the state.

OTHER HEALTH CONDITIONS

The diabetes mortality rate per 100,000 has decreased in Indiana County from 27.4 in 2011 to 16.3 in 2019, which was lower when compared to the state (20.4). The rate also decreased in Jefferson County during this timeframe from 23.0 to 20.4.

The Alzheimer's mortality rate per 100,000 has decreased in Indiana County from 23.4 in 2011 to 14.7 in 2019, which was lower when compared to the state (21.2).

WHERE THERE ARE OPPORTUNITIES

CANCER

In 2018, the bronchus and lung cancer incidence rate per 100,000 in Jefferson County (73.7) was higher when compared to the state (59.9). In 2019, the bronchus and lung cancer mortality rate per 100,000 was also higher in Jefferson County (39.9) when compared to the state (35.8) and Healthy People 2030 Goal (25.1).

In 2018, the colorectal cancer incidence rate per 100,000 in Indiana County (42.0) was higher when compared to both the state (37.3) and nation (36.8). The colorectal cancer mortality rate per 100,000 was higher in Jefferson County in 2019 (21.0) when compared to the state (13.0), nation (13.5) and Healthy People 2030 Goal (8.9).

HEART RELATED

The percentage of adults age 35 and older who have ever been told they have heart disease in 2017-2019 was higher in the combined counties of Indiana, Cambria, Somerset and Armstrong (7.0%) and Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (5.0%) when compared to the nation (3.9%). During the same timeframe, the percentage of adults age 35 and older who had ever been told they had a heart attack was also higher in the combined counties of Indiana, Cambria, Somerset and Armstrong (7.0%) when compared to the nation (4.3%).

The heart failure mortality rate per 100,000 has increased in Jefferson County from 26.1 in 2013 to 34.9 in 2019, which was higher when compared to the state (26.1).

In 2019, the cerebrovascular mortality rate in Indiana County (41.2) and Jefferson County (41.1) were higher when compared to the state (35.3) and the Healthy People 2030 Goal (33.4).

In 2019, the coronary heart disease mortality rate per 100,000 in Indiana (97.0) and Jefferson (91.7) counties was well above the Healthy People 2030 Goal of 71.1.

OBESITY AND OVERWEIGHT

In 2017-2019, the percentage of adults who were considered overweight (BMI 25+) was higher in the combined counties of Indiana, Cambria, Somerset and Armstrong (72.0%) when compared to both the state (67.0%) and nation (34.6%). The percentage in the combined counties has been increasing since 2011-2013 (68.0%). The percentage of adults considered overweight in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren has been increasing since 2011-2013 (67.0%). In 2017-2019, the percentage in the combined counties (77.0%) was significantly higher than the state (67.0%) and higher when compared to the nation (34.6%).

The percentage of adults who are considered obese (BMI 30+) has increased in the combined counties of Indiana, Cambria, Somerset and Armstrong from 36.0% in 2011-2013 to 39.0% in 2017-2019, which was higher than both the state (32.0%) and nation (32.4%). The percentage has also increased in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren from 30.0% in 2011-2013 to 41.0% in 2017-2019. In 2019, the percentage of adults considered obese was significantly higher in the above combined counties (41.0%) than the state (32.0%).

OTHER HEALTH CONDITIONS

The percentage of adults who have ever been told they have kidney disease in 2017-2019 was higher in the combined counites of Indiana, Cambria, Somerset and Armstrong (4.0%) and Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (5.0%) when compared to the nation (2.9%).

The Lyme disease rate per 100,000 increased in Indiana County from 91.8 in 2011 to 237.9 in 2018. The rate also increased in Jefferson County during the same timeframe from 240.1 to 485.8. The rate in the counties was significantly higher compared to the state for years 2011 to

WHAT THE COMMUNITY IS SAYING

Approximately one in three (34.0%) community survey respondents from IRMC's service area have ever been told they have high blood pressure, while just under a half (44.6%) of those from PAH's service area have. Very few community survey respondents from IRMC (11.9%) or PAH (15.5%) have ever been told they have diabetes.

Community survey respondents from IRMC's service area identified the following conditions among the Top 10 problems: Obesity and Overweight (80.6%), Diabetes (69.5%), Cardiovascular Disease and Stroke (64.4%), Hypertension/High Blood Pressure (65.9%), and Childhood Obesity (64.0%).

Community survey respondents from PAH's service area identified the following conditions among the Top 10 problems: Obesity and Overweight (78.4%), Childhood Obesity (65.2%), Diabetes (60.5%) and Hypertension/High Blood Pressure (58.6%).

A stakeholder for IRMC noted that Lyme disease is an issue in the county. This stakeholder also noted the need for education on how to improve health outcomes. Another noted chronic illness and the fact a lot of people deal with heart issues as well as cancer. One stakeholder mentioned obesity in adults, chronic disease management, diabetes, chronic health conditions and congestive heart failure as top community health needs. This stakeholder noted that people lack the education and understanding of their health conditions to better prevent and manage them.

Stakeholders from PAH's service area identified obesity and childhood obesity among the Top 3 community health needs. One stakeholder also noted that often times people do not take the medications that are prescribed to them.

HEALTHY ENVIRONMENT

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

WHERE WE ARE MAKING A DIFFERENCE

In 2018, the percentage of students with asthma in Jefferson County (8.5%) was lower when compared to the state (11.3%).

Unemployment rates have decreased in Indiana (7.5% to 4.9%) and Jefferson counties (8.2% to 4.6%) between 2011 and 2020. In 2020, the unemployment rate was comparable to the state (4.3%).

The percentage of students graduating from high school have increased in Jefferson County from 89.0% in 2011 to 93.2% in 2020. In 2020, the percentage of students graduating high school in Indiana (93.3%) and Jefferson (93.2%) counties were higher when compared to state (86.6%) and the nation (85.0%).

WHERE THERE ARE OPPORTUNITIES

In 2020, the percentage of children living in poverty was higher in Indiana (19.3%) and Jefferson (20.3%) counties was higher when compared to the state (16.7%).

In 2020, the percentage of youth disconnected youth, those ages 16-19 who are neither working nor in school, in Indiana (9.7%) and Jefferson (14.3%) counties was higher when compared to the state (5.9%).

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong who have ever been told they have asthma has been increasing from 12.0% in 2011-2013 to 15.0% in 2017-2019. During this time, the percentage also increased in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (13.0% to 20.0%), and in 2019 was higher than the state (15.0%). The percentage of adults who currently have asthma also increased in both counties, with the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren higher when compared to the state.

WHAT THE COMMUNITY IS SAYING

Community survey respondents identified poverty/living paycheck to paycheck among the Top 10 problems facing the community for both IRMC (68.6%) and PAH (75.6%).

A few stakeholders for IRMC's service area commented on the importance of individuals having access to basic needs and in the absence of that, nothing else really matters. They also talk about the impact of poverty on access to health care and the ability to manage one's health. They discussed the fact that people often forgo their prescriptions because they need to put food on the table. It was also noted that there are available resources in place for those living in poverty but people may not be aware of them or have the ability to access the information to sign up. Another talked about the increase in the number of students who qualify for free or reduced lunch in recent years and other barriers created by socioeconomic status. A stakeholder for IRMC talked about the implications prior working conditions have had on the health of the community. They noted retired coal miners and power plant workers in particular. Another talked about the increase in abuse as a result of the pandemic and people not being able to get out of situations or the added stress it caused for individuals and families.

A few stakeholders from PAH's service area noted that poverty is a key factor influencing the health of the community. Another identified isolation and the lack of confidence in the government. Others talked about the prevalence of unemployment or under employment because people are choosing to remain on public assistance as opposed to seeking available employment opportunities. It was also noted that for those working, often times they are in low paying jobs which do not provide enough financial resources to pay for insurance, bills, healthy food, etc. It was also noted what COVID has impacted peoples work and income putting them in a position where they are unable to pay for food or pay their bills.

INFECTIOUS DISEASE

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

WHERE WE ARE MAKING A DIFFERENCE

The chlamydia rate per 100,000 has been significantly lower in both Indiana and Jefferson counties when compared to the state for years 2011 through 2019. In 2019, the rate in Indiana County was 406.8, the rate in Jefferson County was 138.2, while the state was 482.2. The gonorrhea rate per 100,000 was also significantly lower in Indiana County when compared to the state for the same timeframe. In 2019, the rate in Indiana County was 27.4 compared to the state 125.6.

WHERE THERE ARE OPPORTUNITIES

The influenza and pneumonia mortality rate per 100,000 was higher in Indiana County in 2019 (17.0) when compared to the state (13.4). The most recent year data was available for Jefferson County was 2018, and at that time the rate was significantly higher (32.6) when compared to the state.

In 2017-2019, the percentage of adults age 65 and older who received the pneumonia vaccine in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (70.0%) was lower when compared to the state (75.0%).

The percentage of adults age 18-64 who have ever been tested for HIV was lower in the combined counties of Indiana, Cambria, Somerset and Armstrong (37.0%) when compared to the state (44.0%) in 2019. The percentage was significantly lower in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (35.0%) during the same time.

WHAT THE COMMUNITY IS SAYING

Community survey respondents for IRMC did not view access to adult immunizations (19.6%) or access to childhood immunizations (11.1%) as big problems in the community. Just under half (48.8%) identified Covid-19 as a serious or very serious problem. Respondents from PAH also did not identify access to adult immunizations (12.6%) or access to childhood immunizations (3.7%) as big problems in the community. Covid-19 was identified as a serious or very serious problem by 37.9% of respondents from PAH.

A stakeholder for IRMC identified Covid-19 among the top community health needs. It was noted that even with the vaccination they continue to see cases.

MENTAL HEALTH AND SUBSTANCE USE DISORDER

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

Post-Traumatic Stress Disorder (PTSD) is a natural but sometimes debilitating reaction to events that cause extreme trauma. These events include, but are not limited to: exposure to combat conditions, being the victim of a terrorist attack, sexual or physical abuse as a child, a serious accident or a natural disaster. Three mechanisms typically may lead to the formation of PTSD are:

- **Trauma**—a single moment, like an injury, or an episode of extreme fear, danger, or a state of helplessness
- **Fatigue**—wear and tear from living in abnormally stressful conditions
- **Loss**—grief, and often misplaced guilt, over the death of others

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.

WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong who report binge drinking decreased from 18.0% in 2011-2013 to 15.0% in 2017-2019, which was below the state (17.0%).

In 2020, the percentage of alcohol-impaired driving deaths in Jefferson County (19.4%) was lower when compared to the state (26.8%) and exceeded the Healthy People 2030 Goal (28.3%).

The percentage of adults reporting insufficient sleep in both Indiana (34.6%) and Jefferson (34.9%) counties was lower when compared to the state (37.9%) in 2020.

In 2019, a lower percentage of students in grade 12 report using marijuana in Indiana (33.0%) and Jefferson (30.4%) counties when compared to the state (37.5%) and nation (43.7%). The percentage of students using prescription narcotics has decreased in both Indiana and Jefferson counties.

WHERE THERE ARE OPPORTUNITIES

The percentage of adults in the combined counties of Indiana, Cambria, Somerset and Armstrong who report their mental health was not good 1 or more days in the past month increased from 34.0% in 2011-2013 to 37.0% in 2017-2019, which was just below the state (39.0%). During the same time, the percentage also increased in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (32.0% to 37.0%).

The drug-induced mortality rate per 100,000 increased in Indiana County from 30.9 in 2011 to 51.1 in 2019, which was higher when compared to the state (36.2) and Healthy People 2030 Goal (20.7). The rate increased in Jefferson County from 23.8 in 2012 to 33.9 in 2019, which was higher than Healthy People 2030, although the rate was lower than the state.

In 2019, the mental and behavioral disorders mortality rate per 100,000 was significantly higher in both Indiana (65.7) and Jefferson (60.8) counties when compared to the state (42.8).

In 2020, the percentage of alcohol-impaired driving deaths in Indiana County (37.5%) was higher when compared to the state (26.8%) and Healthy People 2030 Goal (28.3%).

In 2019, a higher percentage of students in grade 6 reported having used alcohol (20.1%) in Indiana County when compared to the state (16.7%). In Jefferson County a higher percentage of students in grade 8 (42.8%) and grade 10 (56.4%) reported having used alcohol when compared to the state (32.3%, 52.0%). In 2019, a higher percentage of students in grade 10 reporting using marijuana in Jefferson County (27.7%) when compared to the state (22.4%).

WHAT THE COMMUNITY IS SAYING

Community survey respondents from IRMC identified illegal drug use (79.3%) and prescription drug abuse (64.8%) among the Top 10 problems facing the community. Respondents from PAH identified illegal drug use (85.2%), prescription drug abuse (66.0%) and alcohol abuse (64.0%) among the Top 10 problems facing the community.

Of those who responded to the community survey 42.7% of respondents from IRMC and 38.5% of respondents from PAH report binge drinking in the past month. Just under half (46.5%) of those from IRMC's service area report feeling down, depressed or hopeless in the past 2 weeks, while 43.2% of those from PAH's service area have.

Just under half of the respondents from IRMC's service area identified social isolation (46.8%) as a serious or very serious problem. Access to mental health care services was identified as a problem by 52.7% of respondents, while 46.7% identified access to drug and alcohol treatment services as a problem.

Social isolation was identified as a serious or very serious problem by 41.3% of community survey respondents from PAH's service area. A similar percentage (41.8%) identified access to mental health care services as a problem, while 40.1% identified access to drug and alcohol treatment services as a problem.

Several stakeholders from IRMC's service area identified mental health among the top 3 community health needs for Indiana County. Stakeholders talked about the limitation in the county as well as neighboring counties of psychiatric beds. They talked about the burden this creates in the Emergency Rooms, the stress for the individuals and the overall cost to the system. It was also noted that while outpatient services are available in the community it continues to be difficult for individuals as well as prescribers when it comes to medication. Facilities for mental health emergency episodes was identified by another stakeholder as a need in the community. Another talked about overall mental health and wellness referring to the need as social emotional learning. They spoke of the importance in wrapping parents and children in the appropriate supportive programs to equip them for success. A few talked about the impact social isolation or reduced employment related to Covid-19 and the impact that has had on mental health.

A few stakeholders from IRMC also talked about drug use and noted that this is something that is likely going to increase over the next few years. It was noted that in the absence of other things to do during the pandemic many people sat around and drank. Another noted that there is a large college population which creates opportunities for individuals to use alcohol and other substances. This stakeholder noted binge drinking and the opioid epidemic as challenges facing the community.

Stakeholders from PAH's service area identified both mental health and substance use among the Top 3 community health needs Jefferson County. One stakeholder noted that EMS often gets calls regarding mental health. Another noted that drugs are easily accessible in the community which leads to drug use as a top health concern. It was also noted that the community lacks services to respond to those in a mental health crisis. The need for intervention and education related to drug use was also identified. One stakeholder noted that seasonal depression is a problem in the community due to the weather. Hepatitis C and liver failure were also noted by one of the stakeholders as health problems related to substance use. This stakeholder also spoke to the lack of integrated behavioral health and mental health services.

HEALTHY WOMEN, MOTHERS,
BABIES & CHILDREN

Improving the well-being of women, mothers, babies and children is a critical and necessary community health need identified for the IRMC and PAH service areas. 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 Women, Mothers, Babies and Children section 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.

WHERE WE ARE MAKING A DIFFERENCE

The percentage of mothers receiving prenatal care during their first trimester in Jefferson County increased from 56.7% in 2011 to 72.4% in 2018, which was comparable to the state (73.9%), although remained below the Healthy People 2030 Goal (80.5%).

The teen pregnancy rate per 100,000 for those age 18-19 was significantly lower in Indiana County when compared to the state for years 2011 through 2018. The rate in 2018 was 14.4 compared to the state (34.3). In Jefferson County the percentage of live birth outcomes in 2019 to teens age 18-19 was 87.5% compared to 70.7% for the state.

WHERE THERE ARE OPPORTUNITIES

The percentage of mothers receiving prenatal care during their first trimester was significantly lower in Indiana County when compared to the state for years 2011 to 2018. In 2018, 66.1% received prenatal care in their first trimester compared to 73.9% in the state and Healthy People 2030 Goal (80.5%).

The percentage of mothers not smoking during pregnancy as well as 3 months prior to pregnancy was significantly lower in both Indiana and Jefferson counties when compared to the state for years 2011-2018. In 2018, the percentage of non-smoking mothers during pregnancy was 84.2% in Indiana County, 79.0% in Jefferson County and 89.6% for the state. Both counties fell below the Healthy People 2030 Goal of 95.7%. The percentage of non-smoking mothers 3 months prior to pregnancy in 2018, was 79.5% in Indiana County, 73.7% in Jefferson County and 86.0% in the state.

In 2018, the percentage of mothers reporting WIC assistance was significantly higher in Jefferson County (37.0%) when compared to the state (32.6%). The percentage of mothers in Jefferson County who breastfed was significantly lower in 2018 (77.7%) when compared to the state (81.9%).

The teen pregnancy rate per 100,000 for those age 18-19 was higher in Jefferson County (49.1) when compared to the state (34.3) in 2019.

In 2018, a higher percentage of students in grades K-6 were considered obese in Indiana (19.5%) and Jefferson (22.1%) counties when compared to the state (16.8%). The percentage of students in grades 7-12 was also higher in the counties (24.1%, 26.7% respectively) compared to the state (19.5%).

The percentage of women receiving a mammogram decreased from 64.2% in 2011 to 43.0% in 2020 in Indiana County. The percentage also decreased in Jefferson County during the same time frame (72.2% to 48.0%). Both counties are well below the Healthy People 2030 Goal of 77.1%.

WHAT THE COMMUNITY IS SAYING

Access to early childhood development was identified as a serious or very serious problem by 45.3% of respondents from IRMC's service area and 47.0% of respondents from PAH's service area. Teenage pregnancy was identified as a problem by 29.3% of respondents from IRMC and 41.3% identified tobacco use in pregnancy as a problem. Of the respondents from PAH's service area, 29.3% identified teenage pregnancy as a problem and 43.9% identified tobacco use in pregnancy as a problem. Access to women's health services was identified as a problem by 24.4% of respondents from IRMC's service area, while 18.4% identified access to prenatal care as a problem. For PAH, 16.2% of respondents identified access to women's health services as a problem and 10.6% identified access to prenatal care as a problem.

One stakeholder from IRMC's service area spoke about the need to help support parents and reach children at a younger age. They noted the importance of offering needed supports prior to Kindergarten to ensure students are ready.

A stakeholder from PAH's service area also talked about the need for education and support for parents on how to be a parent and the important role they play as role models. Another noted that parents and guardians may not be reliable or competent in childcare. It was also noted that not all children have a stable home life. One stakeholder commented on the need for low-cost childcare. Another mentioned the need for pediatric care in the community and the lack of pediatric specialists.

PHYSICAL ACTIVITY & 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

WHERE WE ARE MAKING A DIFFERENCE

In 2020, the percentage of the population with limited access to healthy foods in Jefferson County was 1.8%, which was lower than the state (4.6%) and nation (6.0%).

WHERE THERE ARE OPPORTUNITIES

In 2017-2019, the percentage of adults who report no leisure time physical activity was higher in the combined counties of Indiana, Cambria, Somerset and Armstrong (29.0%) and in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (28.0%) counties when compared to the state (25.0%) and nation (26.4%).

The percentage of the population with limited access to healthy foods increased in Indiana County from 4.0% in 2013 to 9.1% in 2020, which was higher than the state (4.6%) and nation (6.0%). The percentage of students receiving free or reduced lunch increased in Indiana County from 33.5% in 2013 to 46.9% in 2020. The percentage also increased in Jefferson County from 36.0% in 2011 to 63.9% in 2020 which was higher than both the state and nation.

In 2020, the percentage of residents with food insecurity was twice as high as the Healthy People 2030 Goal (6.0%) in both Indiana (13.3%) and Jefferson (12.0%) counties.

WHAT THE COMMUNITY IS SAYING

The lack of exercise/physical activity was identified among the Top 10 problems identified by community survey respondents from IRMC's service area (65.5%) and PAH's service area (73.1%). Access to high quality affordable healthy foods was identified as a serious or very serious problem by 40.6% of respondents from IRMC's service area and 27.8% identified access to emergency food as a problem. Of the community survey respondents from PAH's service, 39.3% identified access to high quality affordable healthy foods as a serious or very serious problem and 28.4% identified access to emergency food as a problem.

A stakeholder from PAH's service area talked about the fact that as a result of the pandemic students are eating in their classroom so they are eating more processed foods. This stakeholder also noted that in general food assistance programs often provide processed food items as opposed to healthier options. A different stakeholder also identified the need to access healthy affordable foods is a challenge for low-income families. Another spoke of the need for diet and nutrition and education as it relates to obesity.

TOBACCO USE

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

WHERE WE ARE MAKING A DIFFERENCE

The percentage of smokers who report having quit for at least one day in the past year has been increasing in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren (50.0%) in 2011-2013 to 59.0% in 2017-2019. In 2017-2019, the percentage in the combined counties was higher when compared to the state (51.0%), although well below the Healthy People 2030 Goal (65.7%).

WHERE THERE ARE OPPORTUNITIES

The percentage of adults in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren who report never having been a smoker has been decreasing since 2011-2013 (52.0%). In 2017-2019 the percentage of adults who report never having been a smoker (47.0%) was significantly lower when compared to the state (56.0%) and also lower than the nation (58.8%).

A higher percentage of adult's report being a current smoker (21.0%) and an everyday smoker (17.0%) in the combined counties of Indiana, Cambria, Somerset and Armstrong when compared to the state (18.0%, 13.0%) and nation (16.0%, 11.1%) in 2017-2019. During this time, the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren had a significantly higher percentage report being a current smoker (27.0%) and an everyday smoker (22.0%). Both counties are well above the Healthy People 2030 Goal of 5.0% for being a current smoker.

In 2017-2019, the percentage of adults who report using chewing tobacco or snus in the combined counties of Indiana, Cambria, Somerset and Armstrong (7.0%) was higher than the state (4.0%) and nation (4.0%). During that time in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean and Warren the percentage (9.0%) was significantly higher when compared to the state and had been significantly higher since 2011-2013.

The percentage of students who report vaping in the past 30 days increased in Indiana County for students in grade 6 from 3.3% in 2015 to 6.0% in 2019, which was higher than the state (3.8%). During this time, the percentage also increased in Jefferson County (2.7% to 5.1%). In Jefferson County, the percentage of students overall who vape (26.4%) was higher that the state (19.0%) in 2019.

WHAT THE COMMUNITY IS SAYING

Tobacco use was among the Top 10 problems identified by community survey respondents from IRMC (64.6%) and PAH (64.6%). Very few community survey respondents from IRMC (6.3%) or PAH (8.1%) report being a current smoker.

INJURY

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.

WHERE WE ARE MAKING A DIFFERENCE

The suicide mortality rate per 100,000 has fluctuated in Indiana County with an overall decrease from 16.2 in 2011 to 12.0 in 2019, which was just below the state (14.0).

WHERE THERE ARE OPPORTUNITIES

In 2019 the auto accident mortality rate per 100,000 was significantly higher in Indiana County (16.8) when compared to the state (8.1) and was also higher than the nation (11.5).

WHAT THE COMMUNITY IS SAYING

Stakeholders did not comment on this topic.

PRIORITIES

On April 29, 2021, the IRMC and PAH Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in their respective hospital's local service territory. Jacqui Catrabone, Director of Community and Nonprofit Services, of Strategy Solutions, Inc., presented the data to the IRMC and PAH Steering Committee and discussed the needs of the local area and potential priorities for the hospital and overall system to focus on over the next few years. A total of 24 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 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. Table 7 identified the selection criteria.

Table 7: Prioritization Selection Criteria

		Scoring		
Item	Definition	Low (1)	Medium (5)	High (10)
Accountable Organization	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system(s)
Magnitude of the Problem	The degree to which the problem leads to death, disability, or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on Other Health Outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health oucomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources to implement evidence-based solutioins)	This would include the capacity to and ease of implementing evidence-based solutions	There is little or no capacity (systems and resources) to implement evidence-based solutions	Some capacity (system and resources) exist to implement evidence-based solutions	There is solid capacity (system and resources) to implement evidence-based solutions in this area

During the week after the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. Table 8 illustrates the needs of the service area ranked for the PA Mountains Network. Table 9 illustrates the needs of the service area ranked by the IRMC Steering Committee. Table 10 illustrates the needs of the service area ranked by the PAH Steering Committee. Items highlighted in yellow scored an 8 or higher for accountability suggesting the hospital or system should address.

Table 8: PA Mountains Network Prioritization Results

PA Mountain Network Priorities						
	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Mental Health	9.36	8.83	7.56	8.33	34.09	1
Diabetes	9.40	7.31	8.13	8.33	33.17	2
Cardiovascular Disease	8.00	8.46	8.93	7.73	33.12	3
Chronic Disease	7.75	7.40	8.57	6.92	30.64	4
High Blood Pressure	8.81	7.36	7.57	6.75	30.50	5
Overweight/Obesity	3.25	8.75	10.00	7.86	29.86	6
Tobacco Use	5.40	7.50	8.57	7.50	28.97	7
Colorectal Cancer	7.88	5.22	8.21	7.50	28.81	8
Childhood Obesity	4.00	8.67	7.44	8.33	28.44	9
Substance Use	4.77	7.25	9.06	7.00	28.08	10
Cerebrovascular Disease	8.40	3.90	8.29	7.33	27.92	11
Prescription Drug Abuse	6.31	5.86	8.13	7.14	27.44	12
Access to Care/Services	6.40	6.93	7.86	6.14	27.33	13
Vaccinations	6.67	4.92	7.40	7.57	26.56	14
Early Prenatal Care	7.80	5.27	6.50	6.91	26.48	15
Youth Substance Use	3.93	6.50	8.75	6.82	26.00	16
Physical Activity	3.20	5.85	8.67	8.15	25.87	17
Influenza and Pneumonia	6.81	6.00	5.92	7.08	25.81	18
Non-Smoking Mothers During Pregnancy	6.36	4.25	7.58	7.10	25.29	19
Lyme Disease	6.08	5.73	7.13	6.10	25.04	20
Social Supports	6.07	6.60	6.62	5.17	24.45	21
Basic Needs (i.e., Food, Clothing, Shelter)	4.87	7.27	7.00	5.17	24.31	22
Poverty	2.63	7.31	6.94	5.23	22.10	23
Support for Youth	3.33	5.20	7.21	6.33	22.08	24

Table 9: Indiana Regional Medical Center Prioritization Results

Indiana Regional Medical Center Priorities						
	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Mental Health	9.18	10.00	9.09	9.00	37.27	1
Cardiovascular Disease	10.00	7.78	9.55	8.00	35.32	2
Diabetes	9.18	6.82	9.55	8.50	34.05	3
Chronic Disease	9.18	6.60	9.55	7.50	32.83	4
Childhood Obesity	3.70	8.50	10.00	8.64	30.84	5
High Blood Pressure	8.73	6.38	8.27	7.10	30.48	6
Tobacco Use	5.40	7.50	8.89	8.13	29.91	7
Substance Use	3.82	8.50	9.55	7.78	29.64	8
Overweight/Obesity	2.64	8.64	10.00	8.18	29.45	9
Cerebrovascular Disease	8.73	4.63	7.33	7.67	28.35	10
Colorectal Cancer	8.73	3.86	7.22	7.86	27.66	11
Prescription Drug Abuse	6.73	5.20	8.64	6.50	27.06	12
Physical Activity	2.55	6.36	9.55	8.27	26.73	13
Early Prenatal Care	7.60	3.29	7.50	8.13	26.51	14
Access to Care/Services	6.40	5.22	8.18	6.45	26.26	15
Youth Substance Use	3.00	5.71	9.50	7.22	25.44	16
Influenza and Pneumonia	7.82	4.13	5.67	7.78	25.39	17
Vaccinations	5.90	4.80	6.60	7.60	24.90	18
Social Supports	5.00	6.38	7.22	4.56	23.15	19
Non-Smoking Mothers During Pregnancy	7.44	2.33	6.38	6.57	22.72	20
Lyme Disease	4.90	5.78	6.70	5.14	22.52	21
Basic Needs (i.e., Food, Clothing, Shelter)	3.00	6.25	7.50	4.67	21.42	22
Support for Youth	3.00	6.25	6.22	5.75	21.22	23
Poverty	2.18	6.11	7.27	4.67	20.23	24

Table 10: Punxsutawney Area Hospital Prioritization Results

Punxsutawney Area Hospital Priorities						
	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Non-Smoking Mothers During Pregnancy	4.40	10.00	10.00	8.33	32.73	1
Colorectal Cancer	6.00	10.00	10.00	6.67	32.67	2
Basic Needs (i.e., Food, Clothing, Shelter)	10.00	10.00	6.00	6.67	32.67	3
Lyme Disease	10.00	5.50	8.00	8.33	31.83	4
Diabetes	10.00	10.00	4.25	7.50	31.75	5
Overweight/Obesity	4.60	9.00	10.00	6.67	30.27	6
Vaccinations	8.20	5.33	9.00	7.50	30.03	7
Social Supports	10.00	7.50	5.25	7.00	29.75	8
High Blood Pressure	9.00	10.00	5.00	5.00	29.00	9
Prescription Drug Abuse	5.40	7.50	7.00	8.75	28.65	10
Access to Care/Services	6.40	10.00	6.67	5.00	28.07	11
Tobacco Use	5.40	7.50	8.00	6.25	27.15	12
Poverty	3.60	10.00	6.20	6.50	26.30	13
Influenza and Pneumonia	4.60	9.00	6.67	5.00	25.27	14
Cardiovascular Disease	3.60	10.00	6.67	5.00	25.27	15
Cerebrovascular Disease	7.50	1.00	10.00	6.67	25.17	16
Youth Substance Use	6.50	8.33	5.00	5.00	24.83	17
Early Prenatal Care	8.20	8.75	4.00	3.67	24.62	18
Substance Use	10.00	1.00	8.00	5.25	24.25	19
Chronic Disease	4.60	9.00	5.00	5.00	23.60	20
Childhood Obesity	4.60	9.00	1.80	7.50	22.90	21
Mental Health	10.00	3.00	4.20	5.00	22.20	22
Physical Activity	5.00	3.00	6.25	7.50	21.75	23
Support for Youth	4.25	1.00	9.00	7.50	21.75	24

The above significant needs will be addressed in IRMC, PAH and system-wide Implementation Strategy, which will be published under a separate cover and accessible to the public. The leadership of each hospital reviewed the results from the prioritization exercised completed by the Steering Committee and selected the following priority areas to include in their Implementation Strategy based on need and availability of programs and services to address each area.

	Identified As a Priority		
	Indiana Regional Medical Center	Punxsutawney Area Hospital	PA Mountain Network
Mental Health	X	X	X
High Blood Pressure/Heart Disease		X	
Diabetes		X	
Lyme Disease		X	
Substance Use/Abuse	X	X	X
Obesity	X		

REVIEW & APPROVAL

This report serves to identify and assess the health needs of the community served by IRMC and PAH. This hospital's 2021 CHNA was approved on June 10, 2021, for its fiscal year ending on June 30, 2021. This schedule complied with federal tax law requirements set forth in Internal Revenue Code section 501(c) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code 501(c)(3).

Pennsylvania
MOUNTAINS CARE NETWORK

835 HOSPITAL ROAD • INDIANA PA 15701 | P: 724.357.7188